



West Virginia EPI-LOG

Revised reportable disease rules now in effect in West Virginia

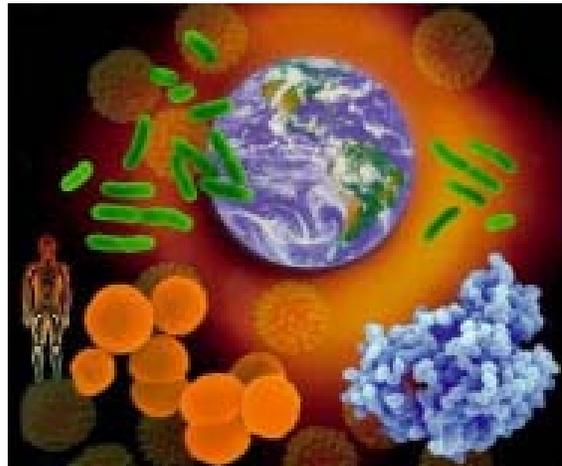
The legislative rule governing reportable diseases, events and conditions - 64CSR7 - has been newly updated and is currently in effect. This rule lists all infectious diseases and conditions that must be reported by providers and laboratories. The rule is the legal basis for disease surveillance, prevention and control activities conducted by state and local health departments in West Virginia. A summary of key changes follows.

The rule revises the list of reportable conditions for hospitals, health care providers and laboratories into five categories of diseases. One new category requires immediate reporting of agents of bioterrorism, measles, SARS and outbreaks. Enteric agents are now reportable within 72 hours. The rule also enables electronic reporting of diseases and requires local health departments to report cases in the same timeframe as providers.

Animal bites are now reportable to the local health department within 24 hours. Other changes to the animal bite section include:

- Ferrets were added to the list of animals that may be quarantined, in addition to dogs and cats.

(See *Reportable Diseases*, page 5)



Statewide Disease Facts & Comparisons

A quarterly publication
of the West Virginia
Division of Surveillance
and Disease Control

IN THIS ISSUE:

- Revised rules in effect for reportable diseases (page 1)
- 2006 year-end HIV/AIDS surveillance (page 2-3)
- Norvirus outbreak guidelines (page 4)

Division of Surveillance & Disease Control

| | |
|-------------------|----------------|
| AIDS Surveillance | (304) 558-2987 |
| AIDS Prevention | (304) 558-2195 |
| Cancer Registry | (304) 558-6421 |
| Epidemiology | (304) 558-5358 |
| Immunization | (304) 558-2188 |
| STD Program | (304) 558-2950 |
| TB Control | (304) 558-3669 |



Joe Manchin III, Governor
Martha Walker, Secretary (DHHR)

**West Virginia AIDS and HIV Infection Cases
by Age Group, Gender, Race and Risk Behavior
Cumulative through December 31, 2006***

| Characteristic | AIDS | | HIV | | Total | |
|---|-------------|------------|------------|------------|-------------|------------|
| | # | % | # | % | # | % |
| Age Group~ | | | | | | |
| Under 5 | 9 | 1 | 4 | 1 | 13 | 1 |
| 5-12 | 3 | <1 | 0 | 0 | 3 | <1 |
| 13-19 | 16 | 1 | 42 | 6 | 58 | 3 |
| 20-29 | 234 | 16 | 258 | 35 | 492 | 23 |
| 30-39 | 612 | 42 | 257 | 35 | 869 | 40 |
| 40-49 | 417 | 29 | 123 | 17 | 540 | 25 |
| 50 and Over | 164 | 11 | 47 | 6 | 211 | 10 |
| Total | 1455 | 100 | 731 | 100 | 2186 | 100 |
| Gender | | | | | | |
| Male | 1214 | 83 | 510 | 70 | 1724 | 79 |
| Female | 241 | 17 | 221 | 30 | 462 | 21 |
| Total | 1455 | 100 | 731 | 100 | 2186 | 100 |
| Race | | | | | | |
| White | 1144 | 79 | 435 | 60 | 1579 | 72 |
| Black | 290 | 20 | 274 | 37 | 564 | 26 |
| Other/Unknown | 21 | 1 | 22 | 3 | 43 | 2 |
| Total | 1455 | 100 | 731 | 100 | 2186 | 100 |
| Risk Behavior | | | | | | |
| Adult | | | | | | |
| MSM | 786 | 55 | 317 | 44 | 1103 | 51 |
| IDU | 220 | 15 | 139 | 19 | 359 | 17 |
| MSM/IDU | 77 | 5 | 18 | 2 | 95 | 4 |
| Coagulation Disorder | 41 | 3 | 5 | 1 | 46 | 2 |
| Heterosexual Contact with Known Risk | 165 | 11 | 121 | 17 | 286 | 13 |
| Heterosexual Contact with Unknown Risk | 37 | 3 | 35 | 5 | 72 | 3 |
| Transfusion/Transplant | 36 | 2 | 6 | 1 | 42 | 2 |
| No Identified Risk/Other** | 80 | 6 | 86 | 12 | 166 | 8 |
| Subtotal | 1442 | 100 | 727 | 100 | 2169 | 100 |
| Pediatric | | | | | | |
| Coagulation Disorder | 1 | 8 | 0 | 0 | 1 | 6 |
| Mother HIV Positive | 12 | 92 | 4 | 100 | 16 | 94 |
| Subtotal | 13 | 100 | 4 | 100 | 17 | 100 |
| Total Adults & Pediatrics | 1455 | 100 | 731 | 100 | 2186 | 100 |

MSM = Men having Sex With Men; IDU = Injecting Drug User

* AIDS data includes April 1984 through December 31, 2006;

HIV data includes January 1989 through December 31, 2006.

** Other risk behavior includes cases reported with no risk identified due to death or person moving away. These cases are closed due to inability to follow-up.

~ Age group intervals depicted in the table above may not be uniform due to:

a) Small number of cases in the under 13 age groups.

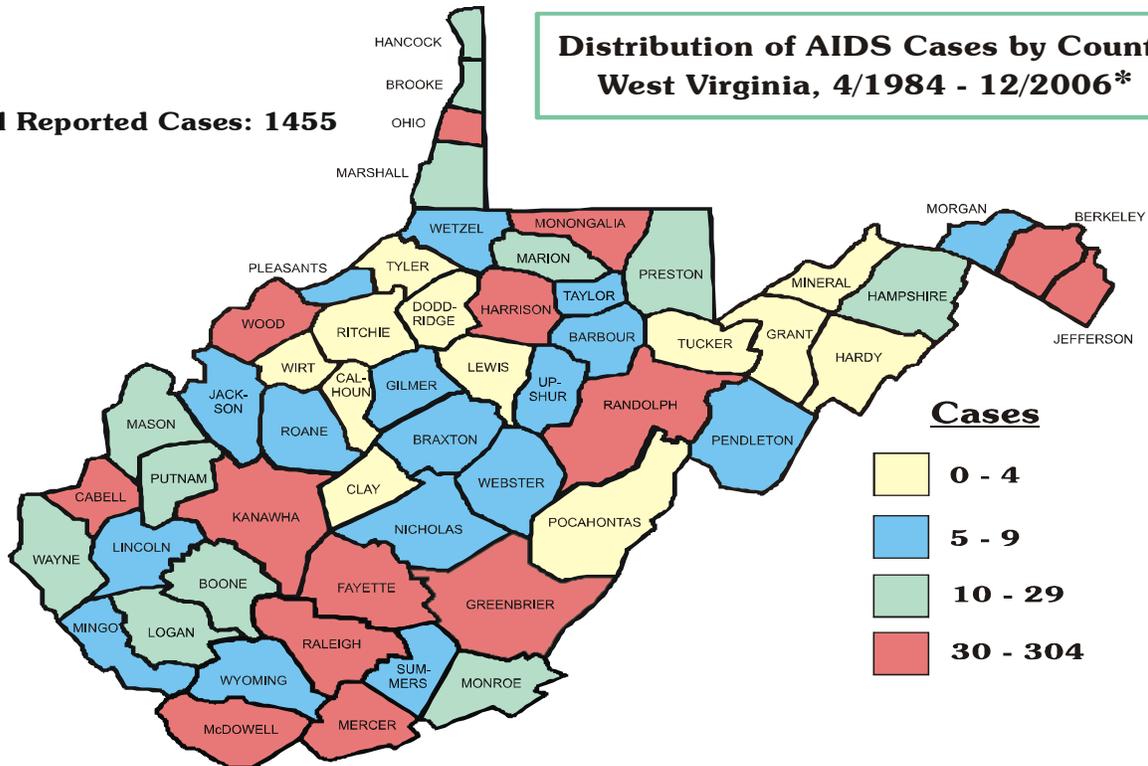
b) Cases twelve years of age and under are pediatric cases.

c) 13-19 being the adolescent age group.

Note: Percent in columns may not add up to 100% due to rounding.

Total Reported Cases: 1455

**Distribution of AIDS Cases by County
West Virginia, 4/1984 - 12/2006***

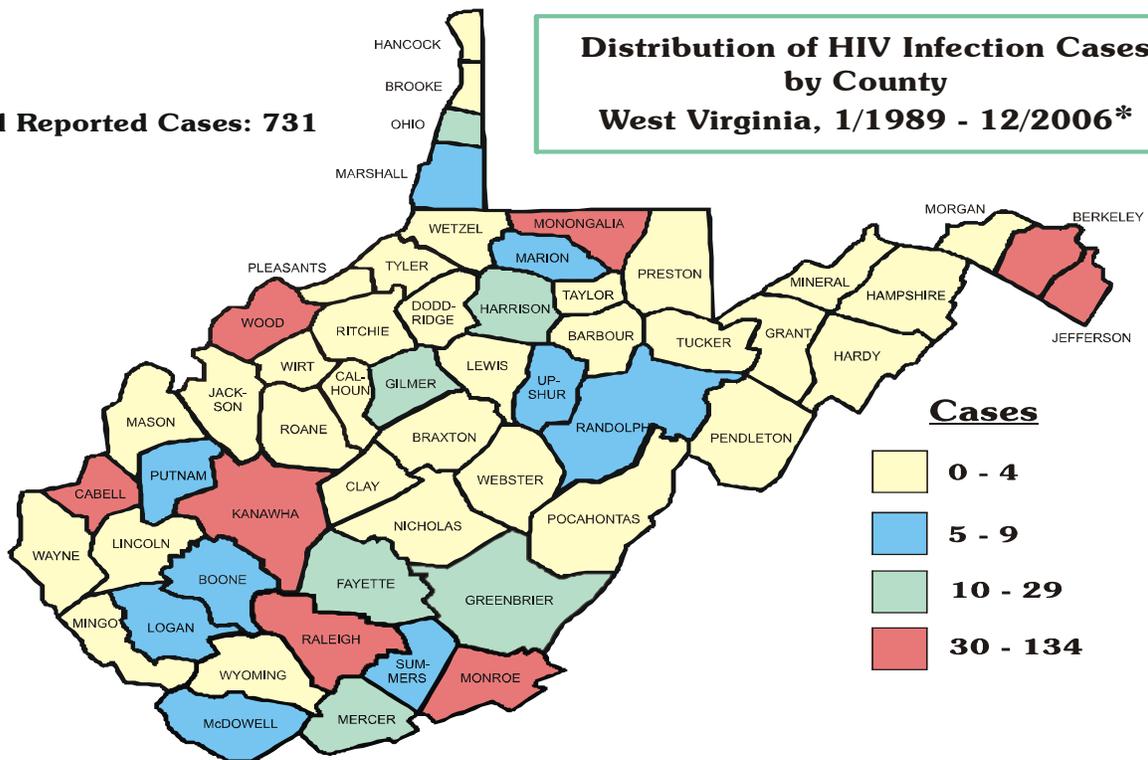


Division of Surveillance and Disease Control
West Virginia HIV/AIDS/STD Program

* AIDS data includes April 1984 through December 31, 2006.

Total Reported Cases: 731

**Distribution of HIV Infection Cases
by County
West Virginia, 1/1989 - 12/2006***



Division of Surveillance and Disease Control
West Virginia HIV/AIDS/STD Program

* HIV data includes January 1989 through December 31, 2006.

Guidelines for Suspected Norovirus Outbreaks in Healthcare Settings

DEFINE THE OUTBREAK:

Case Definition: Vomiting or two or more episodes of diarrhea in a 24 hour period

Outbreak Definition: Onset of 3 to 5 new cases within in a 3 day period

WHEN YOU HAVE AN OUTBREAK:

- 1: Begin a line listing of ill persons (including staff and residents):
 - Complete for the duration of the outbreak (until you have no new cases for 48 hours).
 - Use the line listing to track the progress of the outbreak and to adjust your control measures.
 - An example can be seen at the following website:
http://www.wvdhhr.org/idep/pdfs/idep/norovirus/Nursing_Home_GI_outbreak_linelist.xls
- 2: Implement appropriate control measures (see below).
- 3: Report the outbreak to your local health department and stay in touch throughout the outbreak.
- 4: Collect specimens:
 - Discuss the need for testing with your local health department or IDEP.
 - If you choose to collect specimens, please collect 8-10 stool specimens from recently ill persons.

Information on collection and shipment are attached and can also be found on the Office of Laboratory Services website: www.wvdhhr.org/labservices/shared/docs/Micro/Collection_and_Transport_Guidelines_for_Noroviruses.pdf

TO HELP CONTROL THE SPREAD OF INFECTION:

- 1: Use standard precautions with careful attention to hand hygiene and contact precautions when caring for diapered or incontinent patients.
- 2: Begin thorough environmental cleansing with a 10% bleach solution.
- 3: Place ill patients in private rooms or in the same room or wing as other ill patients.
- 4: Ill staff should stay off work until they are recovered. To the extent possible, keep staff from "floating" between floors/units.
- 5: Consider the following measures:
 - Limit or stop visitation to the facility until there have been no new cases for at least 48 hours.
 - Stop all group activities (in dining halls and activity rooms, for instance).
 - Serve meals in residents' rooms.

REMEMBER: Outbreaks are immediately reportable to your local health department!

For further questions or information contact the Infectious Disease Epidemiology Program (IDEP) :
304-558-5358 or 800-423-1271

ADDITIONAL ONLINE RESOURCES:

<http://www.wvdhhr.org/idep/a-z/a-z-norwalk.asp>
<http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm>

(Reportable Diseases, continued from page 1)

- Language was added to allow humane destruction of animals other than a domestic dog, cat or ferret, 'especially a wild mammal or hybrid.'

- Rabies post-exposure prophylaxis is now reportable to the West Virginia Electronic Disease Surveillance System (WVEDSS).

Reporting requirements for immunizations were expanded to include persons 18 years of age and younger. Newly reportable vaccinations include smallpox and pandemic influenza. Language was added to enable voluntary reporting of adult immunizations.

An entirely new section was added to guide health officials in responding to outbreaks. Immediate notification of the local health officer and the Bureau is now required. Health Officers investigating outbreaks are required to collaborate with the Bureau, other local health jurisdictions and Federal public health officials as needed to investigate the outbreak. The rule also outlines appropriate steps that should be taken for outbreak investigation. New language allows health officials to conduct special studies, such as case-control and cohort studies. Individually identifying data in these studies is held confidential.

The new rule also gives the Commissioner authority to perform evaluation of surveillance systems, including the right to:

- Request medical or laboratory records to perform audits for completeness, accuracy and timeliness of reporting.

- Do special studies (e.g., case-control, cohort, cross-sectional) on the health of the population for the purpose of quantifying the risk to the population or access to appropriate prevention and control services.

- Hold data from surveillance evaluation and special studies as confidential.

The rule also clarifies the public health and law enforcement roles in bioterrorism response. Immediate notification of suspected or confirmed bioterrorist events is required as well as collaboration with the appropriate public health officials, including other local health officers, and state and federal health officials. The Commissioner is given the right to draft a protocol for conducting a joint public health-

law enforcement investigation.

Language was added enabling syndromic surveillance and electronic laboratory reporting. When electronic laboratory reporting is a reality, laboratories with automatic reporting capability will be required to report daily. These laboratories will also be required to report additional conditions, including adenovirus, enterovirus, influenza, RSV and rotavirus.

Laboratory surveillance (confirmation, serotyping and strain typing) is an extremely important aspect of a well-run infectious disease epidemiology program. The rule clarifies which isolates and serological specimens need to be forwarded to the Office of Laboratory Services. These include:

Isolates from any site:

- Bacillus anthracis
- Clostridium botulinum
- Corynebacterium diphtheriae
- Tularemia
- Salmonella
- Shigella
- Campylobacter
- Listeria monocytogenes
- Suspect or confirmed ETEC
- Yersinia pestis

Isolates from a sterile site:

- N meningitidis
- S pneumoniae
- Haemophilus influenzae

Serological specimens:

- Arbovirus, including LaCrosse, West Nile, Eastern equine, and St Louis encephalitis viruses
- Orthopox virus
- Poliomyelitis
- Rabies
- Rubella
- Rubeola
- SARS

Other specimens may be requested as determined by the Commissioner.

A complete copy of the Reportable Disease Rule is available at the following website: http://www.wvdhhr.org/idep/PDFs/IDEP/communicable_disease_rule.pdf 

The West Virginia EPI-LOG is published quarterly by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology & Health Promotion, Division of Surveillance and Disease Control. Graphic layout by Chuck Anziulewicz. Please call the Division of Surveillance & Disease Control at (304) 558-5358 if you need additional information regarding any article or information in this issue, or if you have suggested ideas you would like to contribute for a future issue.