



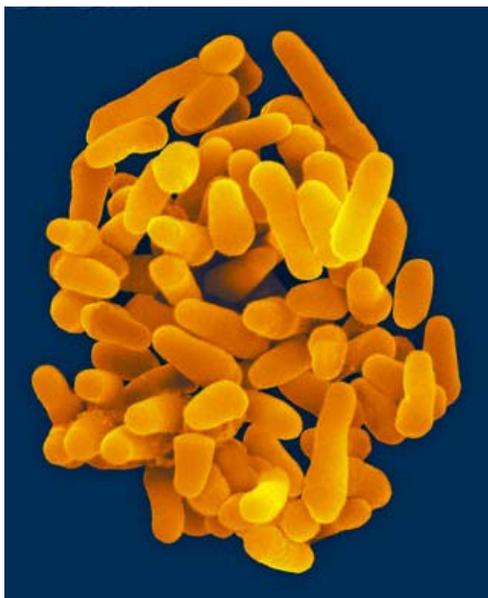
West Virginia

# EPI-LOG

Fourth Quarter/2007  
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## TB control in West Virginia continues to be a challenge

Although faced with various challenges in 2006, the West Virginia Tuberculosis Control Program continues to show improvement towards the objectives which have been set. West Virginia has historically had very few complex cases of tuberculosis [multidrug resistant TB (MDR-TB), HIV/TB co-infection, etc.]. In 2006, there was one person diagnosed with TB/HIV co-infection and none with MDR-TB. In the first half of 2007, there were no persons diagnosed with MDR-TB or TB/HIV co-infection. The state of West Virginia reported 22 confirmed cases of TB in 18 of the 55 counties during 2006, giving an incidence rate of 1.2. This is a 22% decrease over the 28 cases in 2005. During the first half of 2007, there have been 10 cases of TB reported in West Virginia, one each from ten different counties.



*Mycobacterium Tuberculosis*

(See **Tuberculosis**, page 2)

## Statewide Disease Facts & Comparisons

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

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### Division of Surveillance & Disease Control

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|-------------------|----------------|
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| 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 |

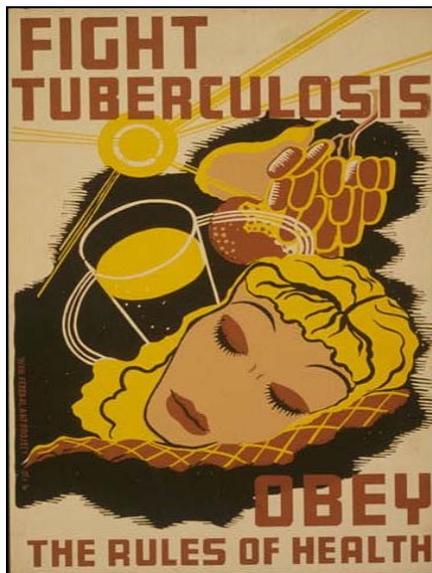


Joe Manchin III, Governor  
Martha Walker, Secretary (DHHR)

*(Tuberculosis, continued from page 1)*

The percent of cases over the age of 65 was 41% in 2006, in 2005 the percent was 50%; in the first 6 months of 2007, the percentage of cases over age 65 was 30%. The age group 45 to 64 was 27% of cases in 2006, up from 2005 at 25%; in the first 6 months of 2007, the percentage of cases 45 to 64 was 30%. The 25 to 44 age group constituted 23% of the reported cases in 2006, and in the first 6 months of 2007, that age group constituted 20%. Fourteen percent (14%) of TB reported in 2005 was in the age group 25 to 44. In the first half of 2007, there were two reported cases (20%) under the age of 25. In 2006, there were two cases (9%) reported under the age of 25.

In previous years the ratio had been at least 2:1 males versus females reported with TB. In 2006, the ratio of TB remained higher in males than in females. During the first half of 2007, this fact remained the same: there were 8 males (80%) and only two females (20%) diagnosed with active TB disease. Of the 22 persons reported with active TB disease in 2006, one (5%) was classified as homeless. The percent of persons not employed in 2006 was 64%. The percentage of persons not employed at the time of diagnosis with TB in the first 6 months of 2007 was 70%. Percent of alcohol use in persons with TB was 7% in 2005, 37% in 2006, and 30% in the first half of 2007. TB was a significant factor in three deaths (11%) in 2005 and one death (1%) in 2006. There was one (0.04%) healthcare worker reported with active TB in 2006. There were no healthcare workers reported with active TB in 2003, 2004, nor in 2005. A significant change was noted in the percentage of non-U.S. persons with active TB disease in West Virginia in the year 2004. This percentage increased from 5% in 2003 to 13% in 2004. In 2005, there were 4 (14%) whose country of origin was not U.S., and in 2006, there were 4 (18%) non-U.S. born persons diagnosed with TB. In the first half of 2007, there was one person (10%) reported to be a non-U.S. born and diagnosed with TB.



*Vintage Anti-TB Poster*

An issue which will continue to take priority will be finding, evaluating and treating contacts of active cases. West Virginia started addressing this issue more aggressively in 2004. When the state TB Control Program learns that a patient has been diagnosed with active TB, the surveillance nurse calls the local health department (LHD) and schedules a visit. She reviews the case and gives the LHD on-site technical assistance. The program manager, surveillance nurse and program secretary meet every two weeks for case review and to check completeness of data. If any information is lacking, the surveillance nurse calls the LHD or makes a visit to obtain the needed information, make the needed correction, or give the needed instructions.

West Virginia's work towards TB elimination appears to be at a relative stand still. In the past seven years (2000-2006), the incidence rate of TB in this state has fluctuated steadily from 1.8 to 1.2 per 100,000. It appears that West Virginia may well have reached a plateau from which only vigorous work against not only active TB disease, but also latent TB infection (LTBI) will be needed to move forward towards TB elimination. This will necessitate targeted testing and directly observed preventive therapy (DOPT) to all persons with LTBI.

All this translates into more time devoted to case management by the county public health nurses, which in turn translates into a need for increased TB funding. The federal support for TB control in the state is of utmost importance for the continuation of effective tuberculosis prevention, control and elimination activities.

The state TB Control Program will continue to systematically evaluate their work towards prevention, control and elimination. West Virginia will implement changes in policies and procedures in order to increase both program effectiveness and accountability. There will be a continued commitment to work diligently to find ways to reduce morbidity with the challenge of level or reduced funding. ☒

**West Virginia AIDS and HIV Infection Cases  
by Age Group, Gender, Race and Risk Behavior  
Cumulative through December 31, 2007**

| Characteristic                            | AIDS        |            | HIV        |            | Total       |            |
|---|-------------|------------|------------|------------|-------------|------------|
|   | #           | %          | #          | %          | #           | %          |
| <b>Age Group~</b>                         |             |            |            |            |             |            |
| Under 5                                   | 9           | 1          | 4          | 1          | 13          | 1          |
| 5-12                                      | 3           | <1         | 0          | 0          | 3           | <1         |
| 13-19                                     | 16          | 1          | 44         | 6          | 60          | 3          |
| 20-29                                     | 242         | 16         | 262        | 36         | 504         | 22         |
| 30-39                                     | 637         | 42         | 250        | 34         | 887         | 39         |
| 40-49                                     | 445         | 29         | 122        | 17         | 567         | 25         |
| 50 and Over                               | 176         | 12         | 52         | 7          | 228         | 10         |
| <b>Total</b>                              | <b>1528</b> | <b>100</b> | <b>734</b> | <b>100</b> | <b>2262</b> | <b>100</b> |
| <b>Gender</b>                             |             |            |            |            |             |            |
| Male                                      | 1268        | 83         | 515        | 70         | 1783        | 79         |
| Female                                    | 260         | 17         | 219        | 30         | 479         | 21         |
| <b>Total</b>                              | <b>1528</b> | <b>100</b> | <b>734</b> | <b>100</b> | <b>2262</b> | <b>100</b> |
| <b>Race</b>                               |             |            |            |            |             |            |
| White                                     | 1200        | 79         | 446        | 61         | 1646        | 73         |
| Black                                     | 308         | 20         | 267        | 36         | 575         | 25         |
| Other/Unknown                             | 20          | 1          | 21         | 3          | 41          | 2          |
| <b>Total</b>                              | <b>1528</b> | <b>100</b> | <b>734</b> | <b>100</b> | <b>2262</b> | <b>100</b> |
| <b>Risk Behavior</b>                      |             |            |            |            |             |            |
| <b>Adult</b>                              |             |            |            |            |             |            |
| MSM                                       | 825         | 54         | 318        | 44         | 1143        | 51         |
| IDU                                       | 231         | 15         | 133        | 18         | 364         | 16         |
| MSM/IDU                                   | 78          | 5          | 16         | 2          | 94          | 4          |
| Coagulation Disorder                      | 41          | 3          | 4          | 1          | 45          | 2          |
| Heterosexual Contact with<br>Known Risk   | 186         | 12         | 128        | 18         | 314         | 14         |
| Heterosexual Contact with<br>Unknown Risk | 33          | 2          | 29         | 4          | 62          | 3          |
| Transfusion/Transplant                    | 32          | 2          | 4          | 1          | 36          | 2          |
| No Identified Risk/Other**                | 89          | 6          | 98         | 13         | 187         | 8          |
| <b>Subtotal</b>                           | <b>1515</b> | <b>100</b> | <b>730</b> | <b>100</b> | <b>2245</b> | <b>100</b> |
| <b>Pediatric</b>                          |             |            |            |            |             |            |
| Coagulation Disorder                      | 1           | 8          | 0          | 0          | 1           | 6          |
| Mother HIV Positive                       | 12          | 92         | 4          | 100        | 16          | 94         |
| <b>Subtotal</b>                           | <b>13</b>   | <b>100</b> | <b>4</b>   | <b>100</b> | <b>17</b>   | <b>100</b> |
| <b>Total Adults &amp; Pediatrics</b>      | <b>1528</b> | <b>100</b> | <b>734</b> | <b>100</b> | <b>2262</b> | <b>100</b> |

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

\* AIDS data includes April 1984 through December 31, 2007;

HIV data includes January 1989 through December 31, 2007.

\*\* 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.



## Primary Healthcare Associates receive statewide honor

The West Virginia Immunization Network (WIN) hosted their third annual awards luncheon Wednesday, January 23, 2008, at the University of Charleston with Primary Healthcare Associates receiving the first ever Screen Shot award.

WIN is a public/private partnership that works to promote immunizations across the lifespan throughout the state. During the annual event, top immunization providers from across the state are recognized for their outstanding service in promoting or encouraging immunizations. Among the six awards presented during the ceremony was the first ever Screenshot Award which recognizes a healthcare facility's achievement in fully utilizing the West Virginia Statewide Immunization Information System (WVSIS) which is the state's immunization's registry. West Virginia law requires all healthcare providers to report immunizations administered to children under age 18 to the registry within two weeks.



L-R: Jeff Neccuzzi, immunization director; Joe Barker, OEHP director; Traci Samples, Primary Healthcare Assoc.; Samuel Crosby, CDC public health advisor; Tim Allman, WIN chairman

Winning the 2008 Screenshot Award was Primary Healthcare Associates. Traci Samples, who oversees the registry for their facility, was one of the factors for the provider receiving the award. "Traci willingly notifies the WVSIS helpdesk when errors occur in reporting; notifies the helpdesk when technical issues with the registry occur; shares ideas of how the registry could be better; and even encourages other providers to utilize the registry," said Shanen Wright vice-president of the Center for Rural Health who served as master of ceremonies for the event.

Samples was touted during the ceremony as not only reporting immunizations administered as required, but also for going beyond the call of duty to input historical immunization records, utilizing patient listings, and for encouraging others in her community to use the registry. Primary Healthcare Associates used the registry to initiate reminder recall efforts to alert parents of needed or missed vaccinations. "If anyone deserved the first Screen-Shot award, it was Traci Samples and Primary Healthcare Associates," said Wright. ☒

## Infectious disease training sessions scheduled

The Infectious Disease Epidemiology Program (IDEP) has scheduled several upcoming quarterly training conferences:

During the second quarter of 2008, topics to be covered will related to arboviral infections, rabies and animal bites. This training will be held **May 15**.

**August 21** is the date for the third quarter training conference. This training will focus on working with local health departments, regional jails and corrections staff to do a joint training on infectious disease investigations in correctional facilities.

The fourth quarter training will be held in

conjunction with the Infectious Diseases Conference. The ID Conference will be held in Charleston on **November 20-21**. A "hot topics in public health" session will be held on November 19. This quarterly training will also be in Charleston to accommodate those that will be traveling for the ID Conference.

Other than the 4<sup>th</sup> quarter training, the locations for these quarterly trainings have yet to be determined. More information will be made available in the near future.

If you have any questions related to IDEP training, check out the IDEP website at <http://www.wvdhhr.org/idep/> or contact Christina Lynch, IDEP Training Coordinator, at [christinalynch@wvdhhr.org](mailto:christinalynch@wvdhhr.org) or (304) 558-8312. ☒

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