



West Virginia

EPI-LOG

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Hepatitis C database now online

In 2003, West Virginia initiated a hepatitis C registry. Data entry is initiated from a laboratory report, and persons are classified with past or present hepatitis C in accordance with the CDC case definition. To date, a total of 17,106 unduplicated individuals with past or present hepatitis C infection have been reported. A total of 13,623 of these reports have a known county of residence recorded at the time of diagnosis. This is 0.75% of all West Virginia residents. Since some laboratory results do not have an address recorded, this is likely to be an underestimate of the true number of newly diagnosed cases in our state.

Hepatitis C data by county and year of first report are now available online at <http://www.wvdhhr.org/Immunizations/DIDE/Hepatitis%20C/atlas.html>. Local Health Departments can use this information to plan and prioritize services for persons with hepatitis C. Counties with high rates of hepatitis C diagnosis could also collaborate with stakeholders to improve drug abuse prevention and treatment programs available within the county. Past or current injection drug use is the number one risk factor for hepatitis C.



(See *Hepatitis*, page 5)

Statewide Disease Facts & Comparisons

A quarterly publication of the West Virginia Office of Epidemiology & Prevention Services

IN THIS ISSUE:

- Hep C online database
- Your flu season checklist
- 7th grade vaccine initiative

Office of Epidemiology & Prevention Services

AIDS Surveillance	(304) 558-2987
AIDS Prevention	(304) 558-2195
Cancer Epidemiology	(304) 558-6421
Infectious Disease Epidemiology	(304) 558-5358
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Earl Ray Tomblin, Governor
Patsy A. Hardy, Secretary (DHHR)

Are you ready for FLU SEASON?

Here's a readiness checklist for local health departments, physicians, infection preventionists, laboratories and nursing homes.

Local Health Departments

Establish responsibility for reporting influenza-like illness to the Division of Infectious Disease Epidemiology. Have a back-up plan. Regular reporting every week by close of business on Monday makes the surveillance system work. If you have a back-up in the office, you can still get your data in on time if the primary person is out of the office or ill.

Make sure your providers and laboratories know what conditions they should report to you. Providers should report:

- Influenza-like illness (ILI) - weekly. Make sure they know the ILI case definition: fever >100°F and cough or sore throat without another identified cause.
- Pediatric (age < 18 years) death from influenza - within one week.
- Novel influenza - immediately.
- Outbreaks - immediately.

Laboratories should also report novel influenza and outbreaks immediately. Novel influenza is of concern because it could herald development of the next pandemic.

Meet with the point-of contact in your sentinel provider office. Make sure they know how to report ILI and how to submit viral specimens to the Office of Laboratory Services. There is often turnover in sentinel provider offices. A personal visit from the health department serves to emphasize the importance of regular and complete reporting. Call before you visit and make certain they have a influenza/respiratory virus specimen kit including unexpired media for influenza testing. Sentinel provider resources are found on the DIDE website at <http://www.wvdep.org/AZIndexofInfectiousDiseases/Influenza/tabid/1518/Default.aspx>.

Review influenza outbreak investigation procedures on the DIDE website. Two outbreak toolkits are on the DIDE website. One toolkit is for healthy populations and the other toolkit is designed for nursing homes and settings with chronically ill persons.

Make sure you have a influenza/respiratory virus specimen kit ready to go in case of an outbreak. Check your kit now. Make sure the media is NOT expired. Rapid confirmation of influenza is critical for outbreaks in chronically ill populations.

Make sure LHD staff have their flu vaccinations and you have a supply of surgical masks in the health department. If you have to investigate an influenza outbreak, you need to be protected. Flu vaccine is the best way to do this. Droplet precautions (surgical mask) are also important to protect personnel who have face-to-face contact with influenza patients.

Know how to get current statewide influenza surveillance data. Statewide influenza surveillance data is available at <http://www.wvdep.org/tabid/1960/Default.aspx>. Make a plan to share this data with providers in your county.

If you offer clinical services, implement a cough etiquette program in your clinical area. Information on cough etiquette is found at <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>.

Ask your regional epidemiologist for help with any of these activities.

Nursing Homes

Make sure all residents have been offered influenza vaccine before the season. Standing orders are a great way to get this done.

Make sure all staff are offered the vaccine at no cost. Encourage them to take the vaccine for their own health and the health of their patients.

(See *Flu Season*, page 3)

(Flu Season, continued from page 2)

Review the outbreak toolkit for nursing homes so you know what you need to do if influenza strikes your facility. Rapid response to influenza is necessary in chronically ill populations. The outbreak toolkit is found on the DIDE website at <http://www.wvdeh.org/AZIndexofInfectiousDiseases/Influenza/tabid/1518/Default.aspx>. Outbreaks are reportable to the local health department immediately.

Secure standing orders for influenza testing and antiviral prophylaxis in the event you have an influenza outbreak at your facility. Don't delay evaluation of patients with influenza-like illness just because you are calling each person's physician to get orders. Similarly, once influenza infection is confirmed by laboratory results, don't delay starting patients on antiviral agents. Think ahead.

Know how you can get influenza test results quickly if you have an outbreak of influenza-like illness so you can start antiviral agents without delay. Antiviral agents must be started quickly for maximum benefit. A delay in diagnosis means a delay in starting antiviral agents. The Office of Laboratory Services can test nasopharyngeal swabs for influenza free of charge during respiratory outbreaks, and results can be available within hours of arrival at the laboratory. However, in remote parts of the state, local laboratory resources may need to be utilized because of the difficulty in transporting specimens to South Charleston.

Private Providers

Set a good example with your patients and your staff, and get your flu shot! Flu vaccine is recommended for everyone age 6 months and older.

Encourage your staff to get their flu vaccine. Flu vaccination of healthcare workers prevents illness in staff and transmission to patients. It also prevents absenteeism during influenza season.

Know how to report influenza-like illness, pediatric deaths, novel influenza and outbreaks to your local health department. Talk to your local health department directly if you are not sure how to report. Reporting of these conditions by private providers, like health departments, is required by law in West Virginia:

- Influenza-like illness (ILI) - weekly. Make sure they know the ILI case definition: fever >100°F and cough or sore throat without another identified cause.
- Pediatric (age < 18 years) death from influenza - within one week.
- Novel influenza - immediately.
- Outbreaks - immediately.

Know where to get good influenza surveillance data so you can make good decisions about testing, treatment and prophylaxis for flu. Current influenza surveillance data is available at <http://www.wvdeh.org/tabid/1960/Default.aspx>.

If you use rapid tests for influenza diagnosis, take a minute to review the limitations of these tests. Rapid tests may give false positive results when influenza activity is low and false negative results when influenza activity is high. More information is available at http://www.wvdeh.org/Portals/31/PDFs/IDEP/influenza/Provider_how%20do%20interpret%20rapid%20results_revised%20Oct2010.pdf.

Know how you can get good quality influenza testing. More information can be found at http://www.wvdeh.org/Portals/31/PDFs/IDEP/influenza/Provider_how%20do%20test%20for%20influenza.pdf.

Keep up to date with antiviral treatment guidelines. The West Virginia Bureau for Public Health (WVBPH) will issue a health alert when updated antiviral guidelines are available.

Laboratories

Know how to report aggregate cases of influenza, by type and subtype, if known. Weekly reporting of aggregate total positive influenza results by culture, PCR and immunofluorescent antibody (DFA or IFA) is required in West Virginia. Report by Monday, close of business to the Division of Infectious Disease Epidemiology (Fax: 304-558-8736).

(See Flu Season, page 4)

(Flu Season, continued from page 3)

Contact the Office of Laboratory Services (304)-558-3530 if you want to send a sample of your influenza A isolates for subtyping during the season. Subtyping helps us all know what strains of influenza are circulating in our state, and whether the isolates are vaccine-strain. These data are very important to influenza surveillance in the state.

Know your responsibility to report novel influenza and outbreaks immediately to your local health department. Novel influenza in animals or humans is a sentinel event that must be investigated immediately. Recognition of novel influenza could be the first sign of an influenza pandemic. Outbreaks of influenza are also reportable immediately to your local health department.

Infection Preventionists

Collaborate with your occupational health program to encourage widespread vaccination of hospital staff before the season. Influenza vaccination is recommended for all persons age 6 months and older and for all healthcare workers.

Initiate or maintain the cough etiquette program in your hospital. A good website for cough etiquette is <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>.

Collaborate with your occupational health program to encourage ill healthcare workers to stay home. Educate your healthcare workers (HCW) to stay home if they develop febrile respiratory illness. HCW should stay home until free of fever for 24 hours, off antipyretic medications. For more detailed guidance, go to <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.

If your hospital uses rapid tests for influenza diagnosis, review the limitations of these tests. Rapid tests may give false positive results when influenza activity is low and false negative results when influenza activity is high. More information can be found at http://www.wvidep.org/Portals/31/PDFs/IDEP/influenza/Provider_how%20do%20interpret%20rapid%20results_revised%20Oct2010.pdf. Share this information with your physicians and laboratory.

Know where you can get good quality influenza testing. For information on influenza testing, go to http://www.wvidep.org/Portals/31/PDFs/IDEP/influenza/Provider_how%20do%20test%20for%20influenza.pdf. The Office of Laboratory Services can accept specimens from hospital laboratories for confirmation and subtyping. Several other laboratories in the state offer testing by PCR, culture and immunofluorescence (IFA or DFA).

Train staff to implement the new influenza isolation guidelines. CDC has posted new infection control guidelines at <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.

Know where to get good influenza surveillance data so your personnel can make good decisions about testing, treatment and prophylaxis for flu. Current West Virginia influenza surveillance data is available at <http://www.wvidep.org/tabid/1960/Default.aspx>.

Know your reporting responsibilities. Hospitals are required to report the following to the local health department:

- Influenza-like illness (ILI) - weekly. Make sure they know the ILI case definition: fever >100°F and cough or sore throat without another identified cause.
- Pediatric (age < 18 years) death from influenza - within one week.
- Novel influenza - immediately.
- Outbreaks - immediately.
- Positive tests for influenza by culture, PCR or immunofluorescent antibody (IFA or DFA) - weekly, in aggregate, to the Bureau for Public Health.

Help your physicians stay up to date on antiviral treatment and prophylaxis. When CDC updates antiviral guidelines, WVBPH will issue a health alert to physicians and hospitals. Prophylaxis guidelines may be particularly important to you in the event of an outbreak in your facility or if you identify staff or patient exposures. ☒

Seventh graders targeted in vaccination initiative

Health departments and school based health centers across the state are actively participating in the 7th Grade Vaccination Initiative presented by the Division of Immunization Services.

The vaccination campaign encourages parents of 7th graders to have their child's shot record reviewed by the school, family physician or local health department to determine if the child has been vaccinated with tetanus, diphtheria, and pertussis (Tdap) vaccine and meningococcal conjugate vaccine (MCV).

National Immunization Survey (NIS) statistics from the Centers for Disease Control and Prevention (CDC) indicated that 3 out of 4, West Virginia 7th grade students were missing at least one of the two recommended shots. The 7th Grade Vaccination Initiative is funded by the American Recovery and Reinvestment

Act or stimulus funds to provide both Tdap and MCV to students in the 7th grade without any out-of-pocket cost to the parent.

Roadside billboards have been placed across West Virginia, in addition to 270 banners distributed to health departments, 7th grade schools, and other locations across the state in an effort to promote the project.

All shots administered as part of the project are required to be reported to the West Virginia Statewide Immunization Information System (WVSIIS). ☒

(Hepatitis, continued from page 1)

Other hepatitis C risk factors include:

- Receipt of clotting factor concentrates made before 1987
 - Blood transfusion or solid organ transplant before July 1992, when better testing of blood donors became available
 - Chronic hemodialysis
 - Known exposure to HCV via needlesticks, blood transfusion or organ donation from a known hepatitis C-positive individual
 - Birth to a HCV-positive mother
- Persons with HIV are also more likely to be HCV-positive.
- Most people with HCV infection develop chronic infection. A minority suffer other more severe complications. CDC estimates that of every 100 persons infected with hepatitis C, approximately
- 75-85 will develop chronic infection.

- 60-70 will develop chronic liver disease.
- 5-20 will develop cirrhosis over a period of 20-30 years.
- 1-5 will die from the consequences of chronic infection (liver cancer or cirrhosis).

While the most severe complications are uncommon in HCV-infected individuals, the sheer number of infected persons means that a large number of complications will occur. Cirrhosis, in particular, results in significant disability and expense. Clearly, prevention and treatment of injection drug use is very important to stem the tide of infection.

For more information on surveillance data, contact the Division of Infectious Disease Epidemiology: 800-423-1271.

To identify low-cost medical services for HCV-infected individuals, contact Sandy Graham: 304-558-2195.

To get more information about drug treatment and prevention in West Virginia, contact Merritt Moore: 304-558-3847. ☒

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