



## West Virginia

# EPI-LOG

## Vaccine-autism link declared "fraudulent"

A British physician's claim in 1998 that the Measles, Mumps and Rubella (MMR) vaccine might cause autism forced many parents to choose whether the risk of the combination vaccine was worth the risk. After the latest series of articles published in the *British Medical Journal* by author Brian Deer, perhaps the vaccine can be left out of the autism debate for good.

Since Andrew Wakefield's claims more than a decade ago, many parents decided against vaccination for MMR and cases of measles spiked. Many children became ill and some died from the disease. England declared a measles epidemic in 2008, the first time in 14 years.



Andrew Wakefield

Wakefield's study focused on only eight children that had allegedly developed symptoms of autism within a month of receiving the MMR vaccine. His findings fueled parents concerns that the MMR vaccine was unsafe and could cause autism. Even the *Lancet*, a leading medical journal published his findings even though many scientists were questioning the science and methodology used in the report. Numerous studies on several different continents were unable to duplicate the findings in Wakefield's study. No links to autism were demonstrated and the *Lancet* has retracted their report.

(See *Wakefield*, page 7)

## Statewide Disease Facts & Comparisons

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

### IN THIS ISSUE:

- Link between MMR vaccine and autism dismissed
- New 2010 STD treatment guidelines
- 2010 year-end HIV/AIDS data
- 2010 rabies surveillance

### 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
Immunization Services	(304) 558-2188
Sexually Transmitted Diseases	(304) 558-2950
TB Elimination	(304) 558-3669



Earl Ray Tomblin, Acting Governor  
Michael J. Lewis, Secretary (DHHR)

## CDC releases new 2010 STD treatment guidelines

The Centers for Disease Control and Prevention announced publication of *Sexually Transmitted Diseases Treatment Guidelines—2010*, in the Centers for Disease Control and Prevention's (CDC) December 17, 2010 issue of *Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports*. These guidelines for the treatment of individuals who have sexually transmitted diseases (STDs) were developed by CDC following consultation with a group of professionals knowledgeable in the field of STDs who met in Atlanta, Georgia from April 18–30, 2009. The guidelines are based on newly available evidence and include:

- Expanded STD prevention recommendations, including HPV vaccination
- Revised gonorrhea treatment regimens
- New treatment regimens for genital warts and bacterial vaginosis
- The role of *Mycoplasma genitalium* and trichomoniasis in the evaluation of urethritis and cervicitis and treatment-related implications
- Revised guidance on the diagnostic evaluation and management of syphilis

CDC revises the *Guidelines* periodically, approximately every three to four years, using a scientific, evidence-based process that includes CDC and external expert review of current scientific literature.

Over 19 million cases of STDs occur in the United States each year, with a disproportionate share among young people and racial and ethnic minority populations. According to CDC, the estimated annual direct medical costs of treating STDs and STD sequelae are \$16.4 billion. If untreated, STDs can cause serious health problems ranging from infertility to increased risk of HIV infection. The 2010 *Guidelines*, which update the 2006 *Guidelines*, serve as a source of clinical guidance and advise health care providers on the most effective treatment regimens, screening procedures, and prevention and vaccination strategies for STDs.

To obtain a copy of the *Guidelines*, please go to the website at <http://www.cdc.gov/std/treatment/2010> or contact CDC-INFO at 800-CDC-INFO (800-232-4636), or e-mail [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov). A podcast featuring lead author, Dr. Kimberly Workowski, was posted on <http://www.cdc.gov/std/treatment/2010> on December 20, 2010 for viewing.

CDC and the National Network of STD/HIV Prevention Training Centers (NNPTC) hosted the first of a series of live STD Treatment Guidelines Webinars for health professionals on January 13, 2011. This Webinar has been archived and is now available on the [NNPTC](#) and the [CDC 2010 STD Treatment Guidelines](#) Webpages. The *2010 STD Treatment Guidelines Webinar: An Overview by CDC and the NNPTC* highlights several key changes to the 2010 STD Treatment Guidelines including the recommended treatment regimens for uncomplicated gonococcal infections of the cervix, urethra, and rectum and antimicrobial resistance in gonorrhea and other STDs.

This Webinar is intended for clinicians providing care for persons with or at risk for STDs and/or clinicians and other staff working in health care settings that provide clinical care for persons with or at risk for STDs. This activity has been approved for *AMA PRA Category 1 Credit™*.

Wall charts and pocket guides will be available for order from the CDC website or by contacting CDC-INFO. CDC is also developing iPhone and eBook applications for these new treatment guidelines. ☒

### HIV Counseling & Testing Training

These classes are designed for licensed health care professionals and social workers who are doing HIV counseling and testing, or plan to do so in the future.

#### **2-Day Class:**

#### **HIV Counseling & Testing Fundamentals**

March 15-16, Charleston  
Kanawha-Charleston Health Department

Sept. 13-14, Morgantown  
Ramada Inn

#### **1-Day Class:**

#### **HIV Counseling & Testing Recertification (required every three years)**

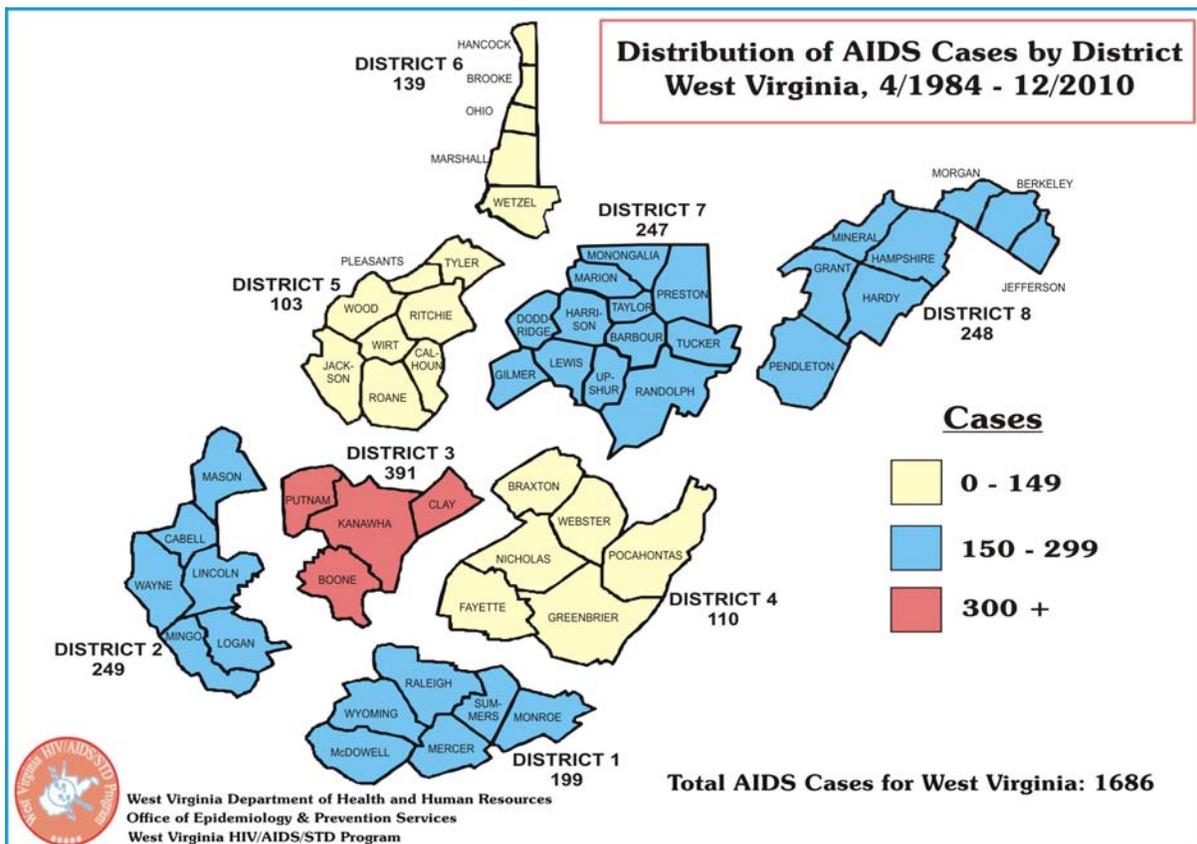
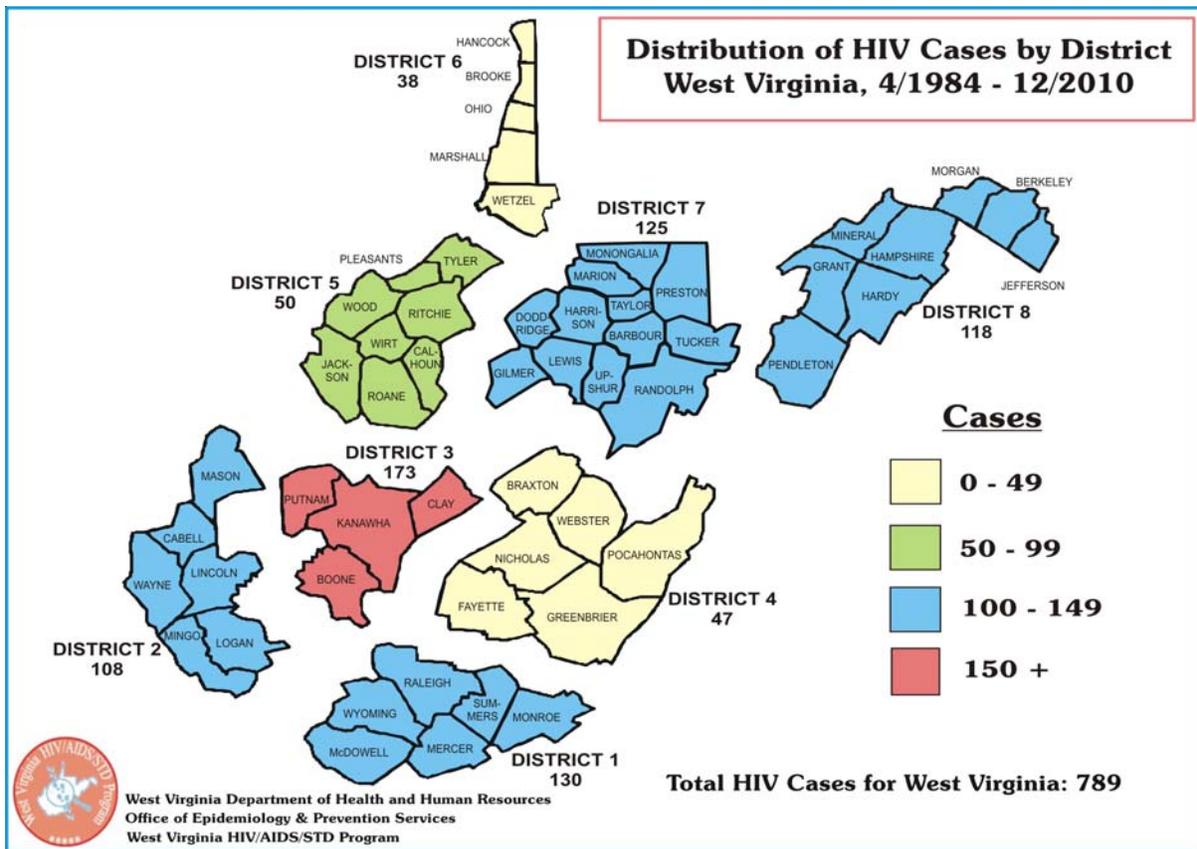
March 17, Charleston  
Kanawha-Charleston Health Department

Call 1-800-642-8244 for more information.

**West Virginia AIDS and HIV Infection Cases Diagnosed by  
Age Group, Gender, Race and Exposure Category  
Cumulative through December 31, 2010**

Characteristic	AIDS		HIV		Total	
	No.	%	No.	%	No.	%
<b>Age at Diagnosis</b>						
<13	11	1	11	1	22	1
13-24	105	6	171	22	276	11
25-34	510	30	287	36	797	32
35-44	649	38	210	27	859	35
45-54	292	17	89	11	381	15
55-64	94	6	15	2	109	4
65+	25	1	6	1	31	1
<b>Gender</b>						
Males	1,408	84	575	73	1,983	80
Females	279	17	214	27	493	20
<b>Race/Ethnicity</b>						
White	1,297	77	502	64	1,799	73
Black	349	21	256	32	605	24
Other/Unknown*	40	2	30	4	70	3
<b>Exposure Category</b>						
Male-to-male sex (MSM)	915	54	360	46	1,275	52
Injection drug use (IDU)	260	15	128	16	388	16
MSM/IDU	85	5	20	3	105	4
Heterosexual contact	208	12	132	17	340	14
Perinatal	11	1	12	2	23	1
Other/Unknown**	207	12	137	17	344	14
<b>Total</b>	<b>1686</b>	<b>100</b>	<b>789</b>	<b>100</b>	<b>2475</b>	<b>100</b>

Notes. These are actual numbers of cases of HIV/AIDS that were reported to the West Virginia Health Department as of December 31, 2010. No adjustments were made for reporting delays. AIDS data includes reports from April 1984 through December 31, 2010; HIV data includes reports from January 1989 through December 31, 2010. Numbers include persons diagnosed with HIV infection (not AIDS), HIV infection and later AIDS, and concurrent diagnoses of HIV infection and AIDS. Percentages may not add to 100% due to rounding. \*"Other" race category includes Hispanic, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaskan Native, Multiple Races, and Unknown race. \*\*"Other" risk category includes hemophilia, blood transfusion, and risk not reported or not identified.



## 2010 Annual Rabies Surveillance Summary, West Virginia

Rabies is a virus that affects the nervous system and is nearly always fatal once clinical signs appear. The rabies virus is generally transmitted from saliva through the bite of an infected animal. Fortunately, the number of human rabies cases in the United States has decreased dramatically since the 1950's. This is mainly due to vaccination of companion and livestock animals for rabies, as well as the development of human rabies vaccine and immunoglobulin. Rabies is now a relatively rare disease of humans, with only 2-3 cases diagnosed in the U.S. each year.

Most cases of animal rabies in the U.S. now occur in wildlife. Therefore, surveillance is important to monitor for changes in rabies epidemiology, including the geographic spread of particular rabies virus variants. Passive rabies surveillance in West Virginia includes testing animals that have exposed a person or domestic animal. Active rabies surveillance in WV involves both passive surveillance and testing of animals that are found dead, sick acting, or have other clinical signs of rabies. The United States Department of Agriculture (USDA), Wildlife Services (WS) conducts much of the active surveillance in WV and focuses on particular "high-risk" animal species for rabies. These animals include raccoons, skunks, foxes, and coyotes.

In West Virginia, most animal rabies cases are found in the eastern portion of the state and are raccoon-strain rabies. Efforts to prevent the westward spread of raccoon-strain rabies include the distribution of oral rabies vaccine to vaccinate raccoons against rabies. These vaccines are distributed as baits during the fall by USDA, WS throughout the middle portion of the state. Surveillance is conducted on either side of the bait zone to monitor rabies epidemiology and determine correct placement of future baits.

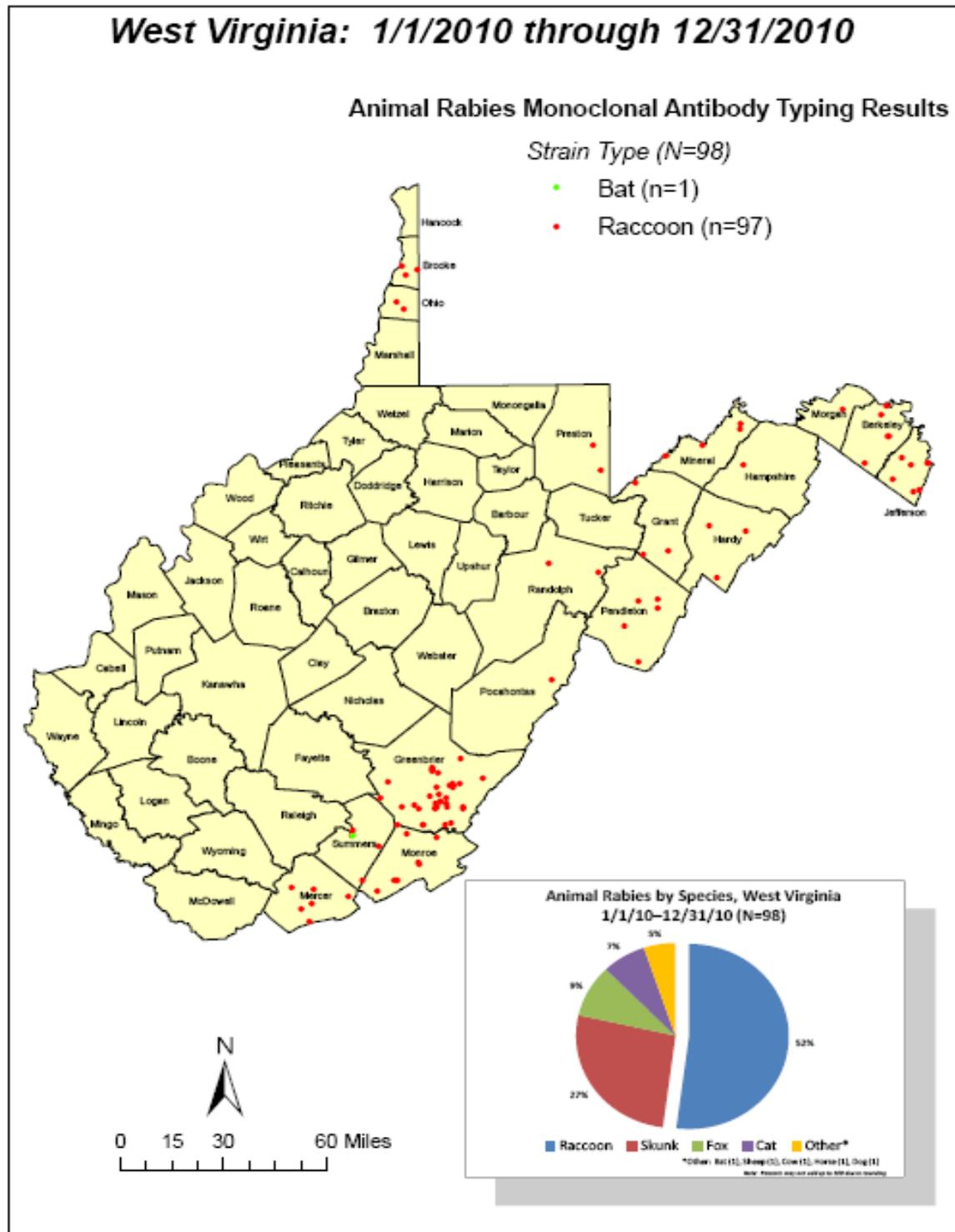
Other rabies resources including surveillance data (updated monthly) and brochures on active surveillance and rabies can be found on the Division of Infectious Disease Epidemiology rabies webpage: <http://www.wvdep.org/AZIndexofInfectiousDiseases/RabiesHumanorAnimal/tabid/1543/Default.aspx> ☒

<b>Animal Species</b>	<b>Number Positive for Rabies</b>
Raccoon	51
Skunk	26
Fox	9
Cat	7
Dog	1
Bat	1
Horse	1
Sheep	1
Cow	1
<b>Total</b>	<b>98</b>

*Positive Animal Rabies Cases by Species, West Virginia, 2010*

# Positive Animal Rabies Results by Strain Type

**West Virginia: 1/1/2010 through 12/31/2010**



Map depicts coordinate data for all positive rabies results reported by the WV Office of Laboratory Services and USDA Wildlife Services from 1/1/2010 through 12/31/2010

Map created 10/14/2010 (jml)  
 Map updated 1/19/2011 (jml)

*(Wakefield, continued from page 1)*

In January 2011, British journalist Brian Deer explained in detail in a series of articles in the *British Medical Journal* that not a single aspect of Wakefield's claim connecting MMR to autism has been correct. Deer characterized the claims as "fraudulent" as he concluded that the medical histories of all children had been misrepresented to make the vaccine look culpable. Numerous other complaints have surfaced in Deer's articles that Wakefield's claims were part of an effort to profit millions of dollars from lawsuits.

Wakefield has since had his medical license stripped and Britain's General Medical Council has ruled that

Wakefield's research was unethical and displayed serious professional misconduct. Despite the media's reporting of Wakefield's erroneous studies across the world, he still has many supporters in the United States and Britain that believe his argument and his findings were correct, despite the evidence to the contrary. Meanwhile, credible scientists across the globe including the Centers for Disease Control and Prevention (CDC) continue to search for the real cause of autism.

As the Wakefield saga ends, parents should now be able to continue to get their children immunized with the MMR vaccine without reservation as legitimate scientific studies have shown MMR is a safe and effective vaccine that does not cause autism. ☒

## 2010 WV Public Health Symposium

The 2010 West Virginia Public Health Symposium was held November 18th and 19th in Charleston. The featured speaker was Anne Schuchat, MD, Director of the CDC's National Center for Immunization and Respiratory Diseases.



*(The topic of Dr. Anne Schuchat's address was "Reflections on a Post-Pandemic Era.")*



*(Left-Right: Chris Curtis, Acting Commissioner for the WV Bureau for Public Health; Cathy Slemp, WV State Health Officer; Dr. Schuchat; Loretta Haddy, WV State Epidemiologist)*

*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 & Prevention Services. Graphic layout by Chuck Anziulewicz. Please call the Office of Epidemiology & Prevention Services 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.*