



## CDC issues updated flu vaccination guidelines for 2014-2015

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) has published its 2014-15 influenza recommendations and there are some changes for this flu season.

Adults 65 years of age or older are now recommended to get the pneumococcal conjugate vaccine (PCV13, Prevnar-13®) followed by the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23) 6-12 months later.



Also, for the first time, the ACIP says the FluMist nasal spray version is the preferred vaccine for healthy children ages 2-8.

The ACIP continues to recommend influenza vaccination for all people 6 months and older. However, children 6 months through 8 years of age will require 2 doses of influenza vaccine (administered about 4 weeks apart) during their first vaccination season to optimize immune response.

(See *Vaccine*, page 2)

## Statewide Disease Facts & Comparisons

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

### IN THIS ISSUE:

- Updated guidelines for flu vaccines
- A guide to the safe disposal of sharps
- Vaccine-preventable disease statistics
- Tuberculosis surveillance report

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Earl Ray Tomblin, Governor  
Karen L. Bowling, Cabinet Secretary

(*Vaccine*, continued from page 1)

Influenza can occur at any time. Most influenza occurs from November through May and particularly January through March in West Virginia.

The U.S. licensed influenza vaccines will contain the same virus strains as those in the 2013 - 2014 vaccines. Trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/California/7/2009 (H1N1)-like virus, an A/Texas/50/2012 (H3N2)-like virus, and a B/Massachusetts/2/2012-like (Yamagata lineage) virus. Quadrivalent influenza vaccines will contain these antigens and a B/Brisbane/60/2008-like (Victoria lineage) virus. The West Virginia Division of Immunization Services is providing only Quadrivalent influenza vaccines for the 2014-15 flu season.

Considerations for the Use of Live Attenuated Influenza Vaccine (LAIV) and Inactivated Influenza Vaccine (IIV):

Both LAIV (the nasal spray version commonly known as FluMist) and IIV have proven to be safe and effective in children and adults. However, several studies have demonstrated superior efficacy of LAIV in children. ACIP gave a preferential recommendation for LAIV over IIV for healthy children age 2-8 years. ACIP also recommended that if LAIV is not immediately available, vaccination should not be delayed and IIV should be administered.

ACIP recommends the following for the 2014-2015 flu season:

1. Everyone 6 months and older should receive an influenza vaccine annually. Influenza vaccination should not be delayed to get a specific type of vaccine if an appropriate one is already available.

2. LAIV (nasal spray) should be used for healthy children between the ages of 2 and 8 who have no contraindications or precautions (Category A). If LAIV is not immediately available, IIV should be used. Getting a flu shot should not be delayed. The age of 8 years is selected as the upper age limit for this recommendation based on the proven superior efficacy of LAIV in children 2 to 6 years

old and for programmatic consistency (8 years is the upper age limit for receipt of 2 doses of influenza vaccine in a previously unvaccinated child).

3. LAIV should not be used in the following populations:

- People younger than 2 years or older than 49 years
- Pregnant women
- Immunosuppressed people
- People with a history of egg allergy
- People who have taken influenza antiviral medications within the previous 48 hours
- Children 2 through 4 years old who have asthma

or have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated the child had wheezing or asthma within the last 12 months (for those age 5 and

older with asthma, recommendations are described in item 4 of this list)

● Those with contraindications listed in the package insert

● Children between 2 and 17 years old who are receiving aspirin or aspirin-containing products

● People who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any

influenza vaccine

4. In addition to the groups above for whom LAIV is not recommended, the LAIV package "Warnings and Precautions" include:

● An increased risk of wheezing for anyone with asthma.

● Possible complications from infection to those with underlying medical conditions which have not been established. Examples include chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic or metabolic disorders (including diabetes mellitus). These conditions, in addition to asthma in people 5 years and older, should be considered precautions for the use of LAIV.

(See *Vaccine*, page 6)



# A household guide to the proper disposal of syringes and sharps



The responsible disposal of syringes and sharps can be your part in protecting the public and the environment. You can help prevent injury, illness and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in your home.

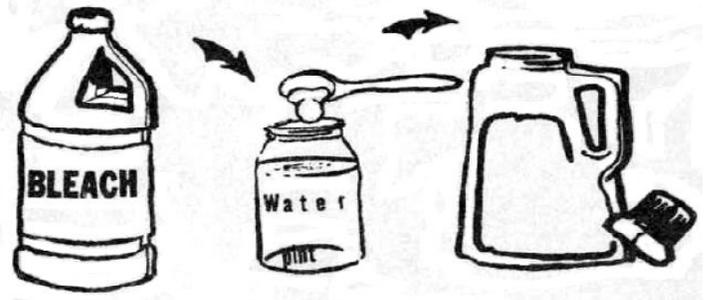
1: Place needles, syringes, lancets and other sharp objects in a hard-plastic or metal container with a screw-on or tightly secured lid. A coffee can will do if the plastic lid is reinforced and sealed with heavy duty tape. **Do not use glass or clear-plastic containers!**



2: Place the container where you will be using your syringes and sharps to minimize handling. Make sure your storage location is child-proof and animal-proof.

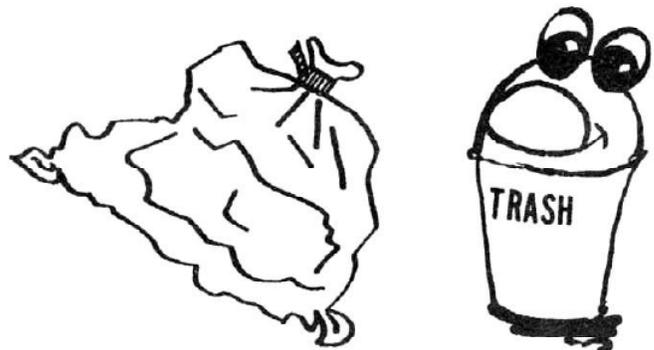
3: Place the sharps in the container immediately after use. **Do not try to recap, remove, bend or break needles; this is when most injuries occur!**

4: When the container is nearly full, add a sanitizing solution. Add one teaspoon of household bleach to one pint of water, pour into your sharps container, then seal tightly.



5: With a permanent marker, print: **"NOT RECYCLABLE TREATED SHARPS"** on the outside of the container with a contrasting color. Place the sharps container in a plastic bag and seal it with tape in case leakage occurs.

6: Discard with the rest of your garbage.



For more information contact:

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Office of Environmental Health Services  
Public Health Sanitation Division  
Infectious Medical Waste Program  
350 Capitol Street, Room 313  
Charleston, WV 25301-3713  
Phone: (304) 558-2981  
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Website: <http://www.wvdhhr.org/wvimw> ☒

# Vaccine Preventable Diseases (VPD) Surveillance in West Virginia

The table below summarizes the VPD Program's performance on essential components of surveillance and case investigation. Target estimates were set and agreed upon between OEPS/DIDE and CDC. CY 2012 and CY 2013 represents percent compliance to the measure for the disease with onset date during the calendar year (CY).

	PERFORMANCE MEASURE	Target	CY 2012	CY 2013
1	The proportion of <b>Haemophilus influenzae invasive disease</b> cases among children under 5 years of age with complete vaccination history.	90%	100% (3/3)	100% (1/1)
2	The proportion of <b>Haemophilus influenzae</b> isolates from cases under 5 years of age that were serotyped.	90%	100% (3/3)	0% (0/1)
3	The proportion of <b>measles</b> cases with complete vaccination history.	100%	n/a	n/a
4	The proportion of <b>measles</b> cases or chains of transmission that have an imported source.	100%	n/a	n/a
5	The proportion of <b>meningococcal</b> cases with complete vaccination history.	90%	75% (3/4)	100% (2/2)
6	The proportion of <b>meningococcal</b> cases with known serogroup.	90%	75% (3/4)	100% (1/1)
7	The proportion of <b>mumps</b> cases for which appropriate clinical specimens were obtained and submitted to the laboratory.	80%	0%	67% (2/3)
8	The proportion of <b>mumps</b> cases with complete vaccination history.	90%	50% (1/2)	33% (1/3)
9	The proportion of <b>pertussis</b> cases from which clinical specimens were obtained.	60%	91% (67/74)	94% (17/18)
10	The proportion of probable and confirmed <b>pertussis</b> cases meeting the clinical case definition that are laboratory confirmed.	70%	68% (50/74)	89% (16/18)
11	The proportion of cases confirmed by isolation of <b>B. pertussis</b> by culture.	2%	3% (2/74)	6% (1/18)
12	The proportion of probable and confirmed <b>pertussis</b> cases with a complete vaccination history.	50%	61% (45/74)	83% (15/18)
13	The proportion of <b>pneumococcal invasive disease</b> cases among children under 5 years of age with complete vaccination history.	90%	69% (11/16)	88% (14/16)
14	The proportion of <b>pneumococcal</b> isolates from cases of invasive disease under 5 years of age that are serotyped and tested for antibiotic resistance.	80%	81% (13/16)	69% (11/16)
15	The proportion of confirmed <b>rubella</b> cases among women of child-bearing age with known pregnancy status.	100%	n/a	n/a
16	The proportion of confirmed <b>rubella</b> cases that are laboratory confirmed.	100%	n/a	n/a
17	Percentage of <b>varicella</b> cases with complete information for age, vaccination history and severity of disease.	90%	n/a	n/a

# West Virginia Tuberculosis Surveillance

(2007-2013 data plus newly confirmed cases in 2014)

COUNTY	2010 census	2007	2008	2009	2010	2011	2012	2013	1st Half 2014	1st Half 2014 Infection Rate*
Barbour	16,589	0	1	0	0	0	0	0	0	0.00
Berkeley	104,169	3	5	0	1	1	0	1	1	0.96
Boone	24,629	0	0	0	0	0	0	0	0	0.00
Braxton	14,523	0	0	0	0	0	0	0	0	0.00
Brooke	24,069	0	1	0	0	0	0	0	0	0.00
Cabell	96,319	0	4	3	0	2	2	3	2	2.08
Calhoun	7,627	0	0	0	0	0	0	0	0	0.00
Clay	9,386	0	0	0	0	0	0	0	0	0.00
Doddridge	8,202	0	0	0	0	0	0	1	2	24.38
Fayette	46,039	2	1	0	0	0	0	0	0	0.00
Gilmer	8,693	0	0	2	3	0	1	0	0	0.00
Grant	11,937	0	0	0	0	0	0	1	0	0.00
Greenbrier	35,480	1	0	0	0	0	0	0	0	0.00
Hampshire	23,964	0	0	0	0	0	0	0	0	0.00
Hancock	30,676	0	0	0	0	0	0	0	0	0.00
Hardy	14,025	0	0	0	0	1	0	0	0	0.00
Harrison	69,099	1	0	0	0	1	0	1	0	0.00
Jackson	29,211	0	0	0	0	0	0	0	0	0.00
Jefferson	53,498	0	1	0	0	1	0	1	0	0.00
Kanawha	193,063	2	2	2	1	0	1	0	1	0.52
Lewis	16,372	1	0	0	0	0	0	0	0	0.00
Lincoln	21,270	0	0	0	0	0	0	0	0	0.00
Logan	36,743	0	0	0	2	0	1	0	1	2.72
Marion	56,418	0	0	0	0	0	0	1	0	0.00
Marshall	33,107	0	0	0	1	0	0	0	0	0.00
Mason	27,324	0	0	1	0	0	0	0	0	0.00
McDowell	22,113	2	1	2	0	1	1	0	0	0.00
Mercer	62,264	0	0	2	0	1	0	1	1	1.61
Mineral	28,212	0	0	1	0	0	0	0	0	0.00
Mingo	26,839	2	0	0	1	0	0	0	0	0.00
Monongalia	96,189	2	1	2	2	1	0	2	0	0.00
Monroe	13,502	0	0	0	0	0	0	0	0	0.00
Morgan	17,541	1	1	0	0	0	0	0	0	0.00
Nicholas	26,233	0	0	0	1	0	0	0	0	0.00
Ohio	44,443	0	1	1	0	0	0	0	0	0.00
Pendleton	7,695	0	0	0	0	0	0	1	0	0.00
Pleasants	7,605	1	0	0	0	0	0	0	0	0.00
Pocahontas	8,719	0	1	0	0	0	0	0	0	0.00

(See *Tuberculosis*, page 6)

*(Tuberculosis, continued from page 5)*

COUNTY	2010 census	2007	2008	2009	2010	2011	2012	2013	1st Half 2014	1st Half 2014 Infection Rate*
Preston	33,520	0	0	0	1	0	0	0	0	0.00
Putnam	55,486	1	1	1	0	2	0	0	0	0.00
Raleigh	78,859	1	4	1	0	1	1	0	0	0.00
Randolph	29,405	0	0	0	1	0	0	0	0	0.00
Ritchie	10,449	0	0	0	0	0	0	0	0	0.00
Roane	14,926	0	0	0	0	0	0	0	0	0.00
Summers	13,927	0	0	0	0	0	0	0	0	0.00
Taylor	16,895	0	0	0	0	0	0	0	0	0.00
Tucker	7,141	1	0	0	0	0	0	0	0	0.00
Tyler	9,208	0	0	0	0	0	0	0	0	0.00
Upshur	24,254	0	0	0	0	0	0	0	0	0.00
Wayne	42,481	1	0	0	1	1	1	0	0	0.00
Webster	7,154	0	0	0	0	0	0	0	0	0.00
Wetzel	16,583	0	0	1	0	0	0	0	0	0.00
Wirt	5,717	0	0	0	0	0	0	0	0	0.00
Wood	86,956	2	2	0	0	0	0	0	0	0.00
Wyoming	23,796	0	1	0	0	0	0	0	0	0.00
<b>TOTAL</b>	<b>1,852,994</b>	<b>24</b>	<b>28</b>	<b>19</b>	<b>15</b>	<b>13</b>	<b>8</b>	<b>13</b>	<b>8</b>	
Infection Rate* for WV		1.3	1.5	1	0.82	0.7	0.43	0.70	0.43	
# counties with TB cases		16	15	12	11	11	7	10	6	

(\*Infection Rate = cases per 100,000 population)

*(Vaccine, continued from page 2)*

5. People who care for severely immunosuppressed individuals who require a protective environment should not receive LAIV or should avoid contact with immunosuppressed individuals for 7 days after getting the LAIV vaccine, given the theoretical risk for transmission of the live attenuated vaccine virus.

Vaccination recommendations regarding people with egg allergies have changed. New guidelines are available at <http://www.immunize.org/catg.d/p3094.pdf>.

Information on vaccine use and contraindications for different vaccine types can be found at <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult-contraindications-shell.html>.

The West Virginia Vaccines for Children (VFC) Program will provide flu vaccine for VFC eligible children aged 6 months through 18 years.

The CDC Vaccine Information Statement (VIS) can be found at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.html>.

The VIS for the inactivated flu virus vaccine can be found at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>.

Note in the "risks" section that young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at an increased risk for seizures caused by fever; however, the ACIP is not recommending any change to the recommendations for either IIV or PCV13 during the 2014-15 flu season.

The West Virginia Division of Immunization Services thanks health care providers for their efforts to vaccinate patients. It saves lives. If you have questions, contact the Division of Immunization Services at 1-800-642-3634. ☒

# West Virginia Tuberculosis Surveillance

(Clinical data for 01.01.2014 through 06.30.2014)

## STATUS AT DIAGNOSIS OF TB

<u>CLASSIFICATION</u>	<u>NUMBER OF RECORDS</u>	<u>PERCENT</u>
Alive	8	100.00%
Dead	0	0.00%
Unknown/Missing	0	0.00%
<b>TOTAL</b>	<b>8</b>	<b>100.00%</b>

## PREVIOUS DIAGNOSIS OF TB

<u>CLASSIFICATION</u>	<u>NUMBER OF RECORDS</u>	<u>PERCENT</u>
No	8	100.00%
Yes	0	0.00%
Unknown/Missing	0	0.00%
<b>TOTAL</b>	<b>8</b>	<b>100.00%</b>

## SITE OF DISEASE

<u>CLASSIFICATION</u>	<u>NUMBER OF RECORDS</u>	<u>PERCENT</u>
Pulmonary	6	75.00%
Extrapulmonary	1	12.50%
Both	1	12.50%
Site Not Stated/Missing	0	0.00%
<b>TOTAL</b>	<b>8</b>	<b>100.00%</b>

## SPUTUM SMEAR

<u>CLASSIFICATION</u>	<u>NUMBER OF RECORDS</u>	<u>PERCENT</u>
Positive	3	37.50%
Negative	3	37.50%
Not Done	2	25.00%
Unknown/Missing	0	0.00%
	<b>8</b>	<b>100.00%</b>

# West Virginia Tuberculosis Surveillance

(Demographic data for 01.01.2014 through 06.30.2014)

## ETHNICITY

<b>CLASSIFICATION</b>	<b>NUMBER OF RECORDS</b>	<b>PERCENT</b>
Hispanic or Latino	1	12.50%
Not Hispanic or Latino	7	87.50%
Unknown or Missing	0	0.00%
<b>TOTAL</b>	<b>8</b>	<b>100.00%</b>

## RACE

<b>CLASSIFICATION</b>	<b>NUMBER OF RECORDS</b>	<b>PERCENT</b>
Single Race:		
American Indian or Alaska Native	0	0.00 %
Asian	0	0.00%
Black or African-American	1	12.50%
Native Hawaiian or Pacific Islander	1	12.50%
White	6	75.00%
Multiple Races	0	0.00%
Unknown/Missing	0	0.00%
<b>TOTAL</b>	<b>8</b>	<b>100.00%</b>

## SEX

<b>CLASSIFICATION</b>	<b>NUMBER OF RECORDS</b>	<b>PERCENT</b>
Male	6	75.00%
Female	2	25.00%
Unknown/Missing	0	0.00%
<b>TOTAL</b>	<b>8</b>	<b>100.00%</b>

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. If you have ideas or contributions you would like to make in a future issue, ask for editor Loretta Haddy.