



## Immunization guidelines for a new school year

It's that time of year again for health care providers to make sure students have the proper vaccinations before school starts back in West Virginia.

All students entering the 7<sup>th</sup> and 12<sup>th</sup> grades in West Virginia for the 2015-2016 school year must show proof of age-appropriate Tdap (tetanus, diphtheria and pertussis) and MCV4 (meningitis) vaccinations before entering school.

Physicians enrolled in the Vaccines for Children (VFC) program and other immunization providers should be prepared to receive an increase in requests for appointments and for immunization documentation from the parents and guardians of their patients in the period leading up to the start of school.

These are the vaccine requirements for children entering West Virginia schools:

- Children entering a West Virginia school for the first time from kindergarten through grade 12 are required to have the DTaP, polio, MMR, chickenpox and hepatitis B vaccines.
- 7<sup>th</sup> graders must have had one dose of Tdap and one dose of MCV4 vaccine.

(See *Immunization*, page 2)



## Statewide Disease Facts & Comparisons

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

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- Cancer Registry is "Gold Standard"
- Tips for preventing foodborne illness
- HIV/AIDS mid-year surveillance update
- 2nd quarter 2015 outbreak report

### Office of Epidemiology & Prevention Services

HIV/AIDS Surveillance & Prevention	(304) 558-2195
Cancer Epidemiology	(304) 356-4953
Infectious Disease Epidemiology	(304) 558-5358
Immunization Services	(304) 558-2188
Sexually Transmitted Diseases	(304) 558-2195
Hepatitis Prevention	(304) 558-2195
TB Elimination	(304) 558-3669
Epidemiologic Informatics and Evaluation	(877) 408-8930



Earl Ray Tomblin, Governor  
Karen L. Bowling, Cabinet Secretary  
Dr. Rahul Gupta, Commissioner and  
State Health Officer

*(Immunization, continued from page 1)*

- 12<sup>th</sup> graders must have had one dose of Tdap and a second dose of MCV4 vaccine, if indicated. Only one dose of MCV4 is required if the first dose was administered after 16 years old.

Please note that although Human Papillomavirus (HPV) vaccination is not required for 7<sup>th</sup> and 12<sup>th</sup> grade entry, immunization providers and advocates are urged to recommend HPV for preteen boys and girls at age 11 or 12, so they are protected before ever being exposed to the virus. Every year, more than 27,000 women and men are affected by a cancer caused by HPV. Most of these cancers are preventable by HPV vaccination at ages 11-12.

The West Virginia Statewide Immunization Information System (WVSIIS) may be utilized by providers to produce lists of patients by age groups who have or have not received these vaccinations, in addition to standard vaccine forecasting reports and recall/reminder reports.

#### **Medical Exemption Process Changes**

Effective June 16, 2015, changes have been made in the process for parents and physicians to request an exemption from compulsory immunization requirements for school entry, and the process by which medical exemption requests are reviewed and evaluated.

Senate Bill 286, enacted on March 18, 2015, makes the medical exemption process more consistent by moving

it from the local health departments (LHDs) to the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health (BPH), where an Immunization Officer (licensed physician) will make determinations on each request for medical exemptions.

A *Request for Medical Exemption from Compulsory Immunization* form may be filled out on behalf of a child by a licensed physician who has treated or examined the child. A parent who wishes to initiate a medical exemption request may download the *Letter of Request for Medical Exemption* from the WVDHHR website, complete and submit it to a physician who has treated or examined the child. The physician will then submit the request form to the BPH with supporting medical documentation to validate the request.

LHD staff, school nurses and other school officials, who receive requests for medical exemptions from either a guardian or physician, can use their access (or that of their appropriate designee) to WVSIIS to verify the medical exemption has been submitted and is in-process; submitted and approved, submitted and denied, or not submitted. If it is determined the medical exemption request is not yet documented in WVSIIS at any stage, the person receiving the request for medical exemption must inform the applicant of the process using the information and links provided in this memorandum. ☒

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## **West Virginia Cancer Registry gets “Gold Standard” recognition**

The West Virginia Cancer Registry (WVCR) has attained the prestigious Gold Standard for Registry Certification, the highest possible standard for completeness, timeliness, and quality of data as evaluated by the North American Association of Central Cancer Registries (NAACCR). WVCR data was certified at the Silver Standard in 1998 and 1999 but has consistently attained the Gold Standard for the last 16 years.

To achieve Gold Certification, the data from a cancer registry must meet all of the following criteria:

- Case ascertainment has achieved 95% or higher completeness.
- A death certificate is the only source for

identification of fewer than 3% of reported cancer cases.

- Fewer than 0.1% duplicate case reports are in the file.
- All data variables used to create incidence statistics by cancer type, sex, race, age, and county are 100% error-free.
- Less than 2% of the case reports in the file are missing meaningful information on age, sex, and county.
- Less than 3% of the cases in the file are missing meaningful information on race.

*(See **Cancer Registry**, page 9)*

## A few simple rules can keep your family safe from foodborne illnesses

Foodborne illness can affect anyone at any time. It's estimated that one in six Americans get sick from a foodborne illness each year. We have our share of foodborne illnesses in West Virginia, although for the most part we are the same or below the national rates of infection with some of the common foodborne illnesses (see table below).

One of the most important things you can do to keep your family safe from foodborne illnesses is to make sure you store and handle foods properly. Proper handling starts as soon as you return home from the store.

Quickly refrigerate or freeze any meat, poultry or dairy products. The refrigerator should be 40°F or lower and the freezer 0°F or lower to keep bacteria at bay. When it is time to cook, use a food thermometer to make sure that food is cooked thoroughly. Using a food thermometer is the only way to be sure that the meat is cooked to a temperature high enough to kill harmful bacteria. Color is NOT a reliable indicator. Just because a hamburger or piece of chicken looks "done" does not mean that it was cooked properly. You should only eat ground beef patties that have been cooked to an internal temperature of 160°F and poultry needs to be cooked to 165°F. Cooked to these



temperatures, hamburgers and poultry can be safe and juicy, regardless of color. Food left out for two or more hours can begin to grow bacteria, so be sure to put leftovers in the refrigerator or freezer as you finish eating.

We must contend with different kinds of weather events that can also threaten the safety of our food. Storms, flooding and power outages are common here in our West Virginia hills, and these few important steps can help keep you and family safe from foodborne illness during those times:

- Keep the refrigerator and freezer doors closed as much as possible. The refrigerator will keep food cold for about 4 hours if it is unopened. With the door closed, a full freezer will keep the temperature for about 48 hours or for 24 hours if it's half full.

- If you plan to eat the refrigerated food during the power outage, make sure it is thoroughly cooked to its proper temperature. If at any point the food was above 40°F for 2 hours or more, it isn't safe and should be thrown away.

- When the power is back on, check the temperature in the freezer. If it is 40°F or below, the food items can be refrozen or cooked and eaten safely.

Further information about general food safety and keeping your food safe during a weather event can be found at the following websites:

<http://www.foodsafety.gov>

<http://www.fsis.usda.gov>

<http://www.fda.gov> ☒

Disease	# Cases in 2013	WV Rate* in 2013	<sup>†</sup> US Rate* in 2013	# Cases in 2014	WV Rate* in 2014	<sup>†</sup> US Rate* in 2014
Salmonellosis	194	10.7	15.1	180	10.0	15.5
Campylobacteriosis	274	15.2	13.7	271	15.1	13.5
Shiga toxin-producing <i>E.coli</i>	37	2.1	2.3	33	1.8	1.5
Giardiasis	50	2.8	na	66	3.7	na
Shigellosis	7	0.4	4.8	13	0.7	5.8

\*Rate per 100,000 population

<sup>†</sup> From Foodborne Diseases Active Surveillance Network (FoodNet), United States, 1996–2014

na – data not available

**West Virginia AIDS and HIV Infection Cases Diagnosed by  
Age Group, Gender, Race and Exposure Category  
Cumulative through June 30, 2015**

Characteristic	HIV/AIDS †		HIV-NA †		AIDS †	
	No.	%	No.	%	No.	%
<b>Age at Diagnosis §</b>						
< 13 years	23	1	12	1	11	1
13 - 24 years	329	12	205	24	124	7
25 - 44 years	1,765	64	516	60	1,249	66
45 - 64 years	590	21	126	15	464	25
65 + years	43	2	7	1	36	2
<b>Gender</b>						
Males	2,224	81	650	75	1,574	84
Females	527	19	216	25	311	16
<b>Race/Ethnicity</b>						
White	2,045	74	593	68	1,452	77
Black	581	21	223	26	358	19
Other*	125	5	50	6	75	4
<b>Exposure Category</b>						
Male-to-male sex (MSM)	1,461	53	432	50	1,029	55
Injection drug use (IDU)	388	14	116	13	272	14
MSM/IDU	127	5	27	3	100	5
Heterosexual contact	391	14	143	17	248	13
Perinatal	24	1	12	1	12	1
Other/Unknown†	360	13	136	16	224	12
<b>Total</b>	<b>2,751</b>	<b>100</b>	<b>866</b>	<b>100</b>	<b>1,885</b>	<b>100</b>

Notes: These are HIV/AIDS case numbers reported to the West Virginia Department of Health and Human Resources as of June 30, 2015. No adjustments were made for reporting delays. AIDS data includes reports from April 1984 through June 30, 2015; HIV data includes reports from January 1989 through June 30, 2015. Federal prisoners have been excluded. Percentages may not add to 100% due to rounding.

† HIV/AIDS provides information on the person's earliest diagnosis of HIV or AIDS in West Virginia. HIV-NA provides information on individuals diagnosed with HIV but not AIDS in West Virginia. These individuals may have been diagnosed with AIDS in another state. Individuals with AIDS may or may not have been diagnosed with HIV in West Virginia.

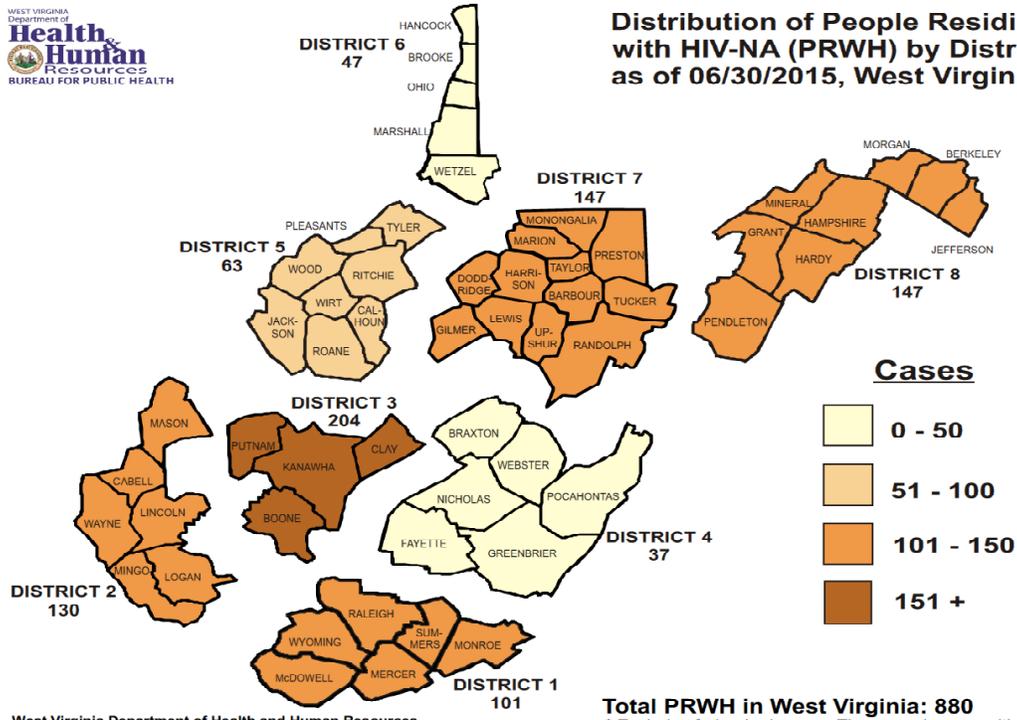
\*Other race categories include Hispanic, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaskan Native, Multiple Races, and Unknown race.

†Other/Unknown risk categories include hemophilia, blood transfusion, and risk not reported or not identified.

§Total includes one person with unknown age at diagnosis.



**Distribution of People Residing with HIV-NA (PRWH) by District as of 06/30/2015, West Virginia\***

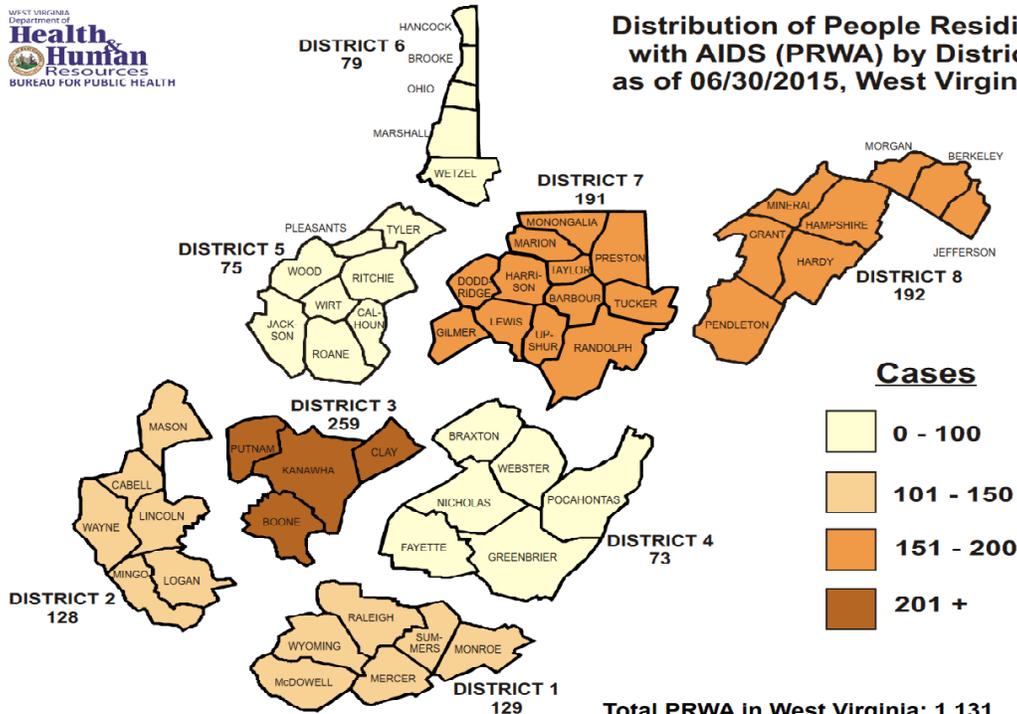


West Virginia Department of Health and Human Resources  
Office of Epidemiology & Prevention Services  
West Virginia HIV/AIDS/STD Program

**Total PRWH in West Virginia: 880**  
\* Excludes federal prisoners. There are 4 cases with unknown district of residence.



**Distribution of People Residing with AIDS (PRWA) by District as of 06/30/2015, West Virginia\***



West Virginia Department of Health and Human Resources  
Office of Epidemiology & Prevention Services  
West Virginia HIV/AIDS/STD Program

**Total PRWA in West Virginia: 1,131**  
\* Excludes federal prisoners. There are 5 cases with unknown district of residence.

# West Virginia Infectious Disease Outbreak Report

## April - June 2015

### Introduction

In West Virginia, outbreaks are immediately reportable to LHDs regardless of setting, as per Reportable Disease Rule 64CSR-7. LHDs, in collaboration with the West Virginia BPH, Division of Infectious Disease Epidemiology (DIDE), investigate all reported outbreaks. DIDE provides outbreak surveillance reports on a monthly and annual basis, and upon request. This report provides a brief description of confirmed outbreaks during the second quarter of 2015. All data provided is provisional since several investigations are ongoing.

### Methods

Data on outbreaks are routinely compiled in Microsoft Excel 2010. Data analyzed for the purpose of this report includes information on outbreak type and setting, reporting region, time of reporting to LHDs and DIDE by region, clinical diagnosis, and laboratory information.

### Results

During the months of April, May and June 2015, there were 31 outbreaks reported in West Virginia. Of the 31 reported outbreaks, 29 (94%) were confirmed as outbreaks or clusters of disease. The remaining 2 (4%) were investigated and determined not to be outbreaks or clusters. Fifteen (15) were reported from health care facilities, 6 from schools, 3 from communities, 1 from a workplace, 1 from a daycare facility, 1 from a correctional facility and 2 were part of multi-state investigations.

Among the 15 outbreaks reported in health care facilities, 13 were reported from long-term care facilities (LTCFs), 1 from an assisted living facility, and 1 from a hospital.

The following tables summarize the confirmed outbreaks during this period:

#### Enteric Disease Outbreaks from April-June 2015 (n=12)

Type of Outbreak or Cluster	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Norovirus Gastroenteritis	5	5 LTCFs	PCR* Confirmed
Acute Gastroenteritis	5	3 LTCFs	Not Done
		2 Schools	Not Done
Salmonellosis	2	Multi-state	PCR* Confirmed

\*PCR: Polymerase Chain Reaction

#### Multidrug-Resistant Organism (MDRO) Outbreaks from April-June 2015 (n=1)

Type of Outbreak or Cluster	Number of Outbreaks	Outbreak Setting	Laboratory Testing
<i>Clostridium difficile</i>	1	Hospital	Lab Confirmed

(See **Outbreaks**, page 7)

*(Outbreaks, continued from page 6)***Respiratory Illness Outbreaks from April-June 2015 (n=7)**

Type of Outbreak or Cluster	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Influenza	2	Assisted Living	PCR* Confirmed
		LTCF	RIDT** Confirmed
Acute Respiratory Illness	3	2 LTCF	Not Done
		1 Workplace	Pending
Rhinovirus Respiratory Illness	1	LTCF	PCR* Confirmed
Pertussis	1	Community	PCR* Confirmed

\* PCR: Polymerase Chain Reaction \*\* RIDT: Rapid Influenza Diagnostic Test

**Rash Outbreaks from April-June 2015 (n=5)**

Type of Outbreak or Cluster	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Scabies	4	LTCF	Not Done
		School	Not Done
		Community	Not Done
		Correctional Facility	Not Done
Fifth Disease	1	LTCFs	Not Done

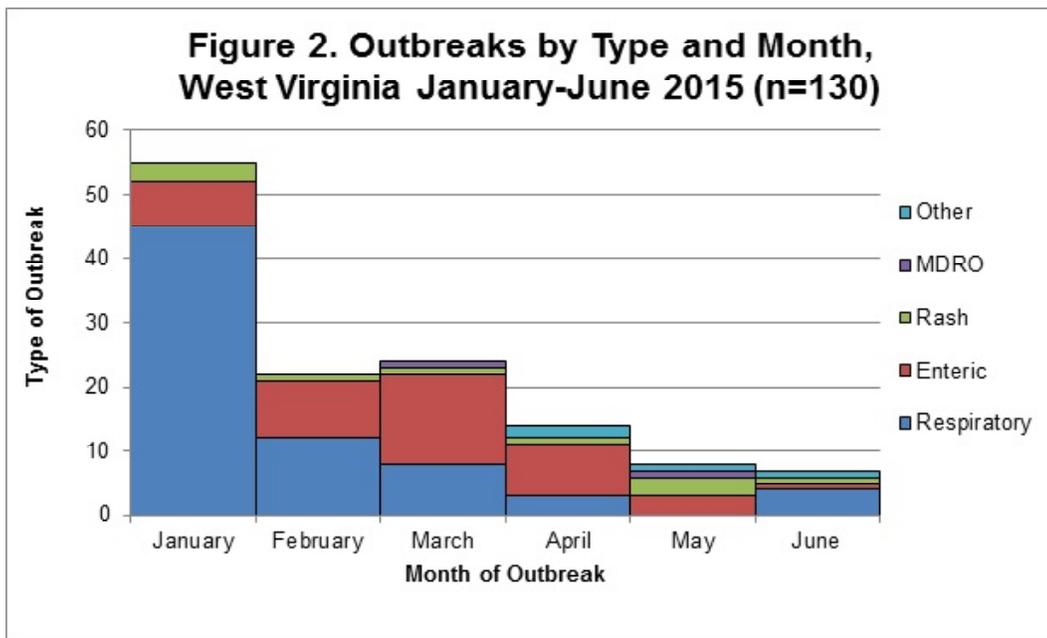
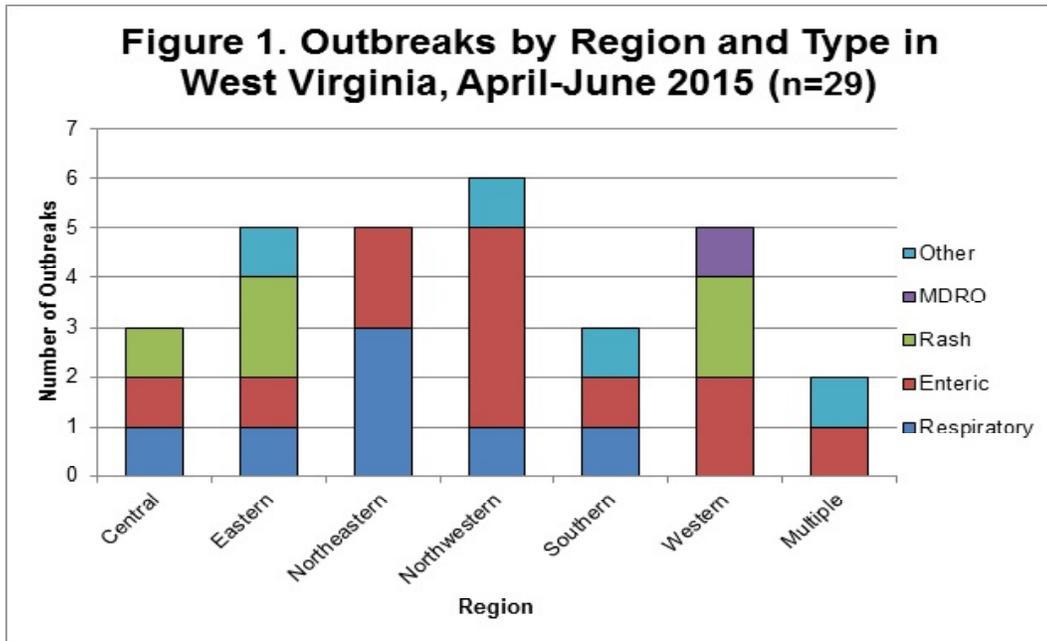
**Other Outbreaks from April-June 2015 (n=4)**

Type of Outbreak or Cluster	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Conjunctivitis	1	Daycare	Not Done
Streptococcal pharyngitis	1	School	Lab Confirmed
Skin Infection	1	School	Not Done
Syphilis	1	Community	Lab Confirmed

*(See Outbreaks, page 8)*

(Outbreaks, continued from page 7)

During this period, all surveillance regions reported outbreaks (Figure 1). Enteric outbreaks were the most common outbreaks reported accounting for 12 (41%) of all confirmed outbreaks. Respiratory illness outbreaks represented the second most common outbreaks at 7 (24%) followed by rash illness outbreaks at 5 (17%). Figure 2 depicts types of outbreak by month of onset from January through June 2015.



(See *Outbreaks*, page 9)

*(Outbreaks, continued from page 8)*

**Limitations**

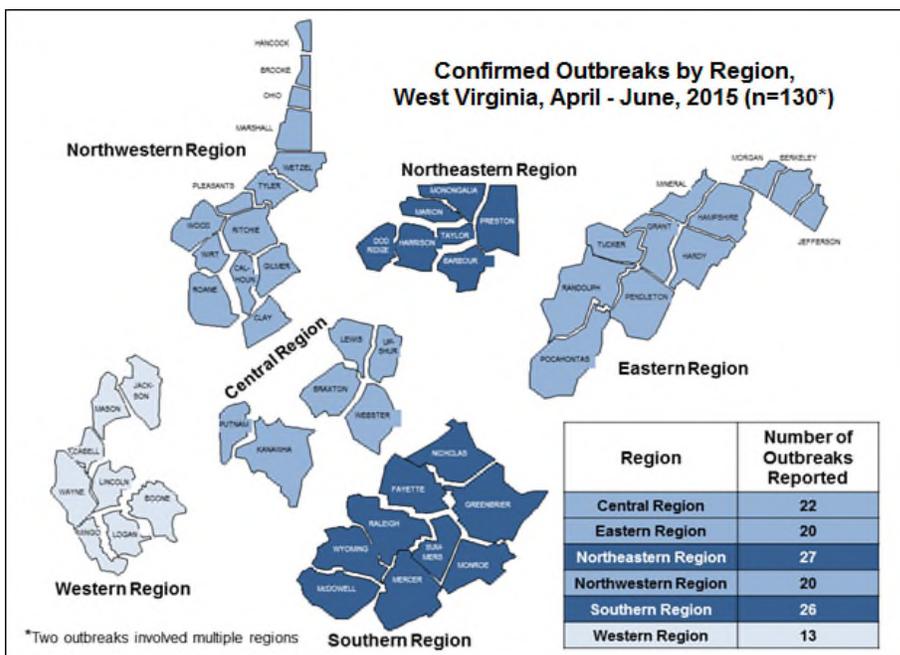
Data provided in this report is provisional since some investigations are ongoing.

**Conclusions**

Enteric outbreaks represented the majority of outbreaks during this period. Norovirus was confirmed in 5 enteric outbreaks. Outbreaks of acute gastroenteritis (5) exhibited a pattern of clinical course and transmission similar to that of norovirus outbreaks suggesting that these outbreaks may have been caused by norovirus.

DIDE encourages LHDs to provide testing options to facilities during enteric outbreaks. The West Virginia Office of Laboratory Services provides free testing for enteric pathogens during outbreaks.

For information on outbreak guidelines or any disease or condition, please visit the Division of Infectious Diseases Epidemiology’s website at [www.dide.wv.gov](http://www.dide.wv.gov), call 304-558-5358, or call toll free at 1-800-423-1271. ☒



*(Cancer Registry, continued from page 2)*

- The file is submitted to NAACCR for evaluation within 23 months of the close of the diagnosis year under review.

WVCR began collecting data in 1993 on all cancers diagnosed in the State except basal and squamous cell cancer of the skin and early (in situ) cancer of the cervix. WVCR also began collecting data on non-malignant brain and central nervous system tumors in 2002. Approximately 11,000 cases of invasive cancer (including early bladder cancer) are reported

to WVCR each year by hospital-based registrars and physician office staff. Attaining the Gold Standard Certification reflects the hard work and dedication by these reporters as well as WVCR’s surveillance and data quality staff.

The award shows a commitment to the people of West Virginia to accurately and professionally track the burden of cancer in the State. Accurate data allows organizations to plan, implement, and evaluate cancer prevention and control activities that are conducted in order to reduce the burden of cancer on our citizens. ☒

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