

Outbreak Report, April - June, 2011, State of West Virginia

In West Virginia, outbreaks are immediately reportable to local health departments. Between April and June 2011, there were 28 outbreaks reported in West Virginia. Of the 28 outbreaks reported during this period, 25 (89%) were confirmed as outbreaks or clusters of disease. Of the 25 confirmed outbreaks, 14 (56%) were reported from healthcare facilities. The Twenty-five confirmed outbreaks were reported from 16 counties; 3 of these were investigated as part of multi-state outbreaks. Of the 25 confirmed outbreaks, 8 (32%) were enteric disease outbreaks, 8 (32%) were rash illness outbreaks, 5 (20%) were respiratory disease outbreaks, and 4 (16%) outbreaks were categorized as “other”.

This report summarizes the types and reporting sources of the confirmed outbreaks:

Enteric Disease Outbreaks

The 8 enteric disease outbreaks were reported from 8 counties; 3 of these outbreaks were investigated as part of multi-state outbreaks.

The following table describes enteric disease outbreaks:

Table I: Enteric Disease Outbreaks, West Virginia, April - June, 2011 (n = 8)

Type of Outbreak	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Norovirus	2	LTCFs	Lab confirmed
Salmonellosis	3	Community-multistate	Lab confirmed
Acute Gastroenteritis	3	LTCFs	No testing done

Rash Illness Outbreaks

Eight rash illness outbreaks were reported from 5 counties. The following table describes rash illness outbreaks:

Table II: Rash Illness Outbreaks, West Virginia, April - June, 2011 (n = 8)

Type of Outbreak	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Scabies	2	1 Out-patient clinic 1 Group Home	No testing done
Varicella	4	Schools	3 Lab confirmed 1 No testing done
Herpes Gladiatorum	1	Schools	Lab confirmed
Fifth's Disease	1	School	No testing done

Respiratory Disease Outbreaks:

Five respiratory disease outbreaks were reported from 3 counties. Upper respiratory illness (URI) outbreaks were the most common, accounting for 60% of respiratory disease outbreaks. Of the 5 respiratory outbreaks, 4 (80%) were reported from long-term care facilities (LTCFs)

The following table describes respiratory disease outbreaks:

Table III: Respiratory Disease Outbreaks, West Virginia, April - June, 2011 (n=5)

Type of Outbreak	Number of outbreaks	Outbreak Setting	Laboratory Testing
Influenza	1	LTCF	Lab Confirmed
Upper Respiratory Illness (URI) (Undetermined etiology)	3	LTCFs	1 No testing done 2 Negative or non-contributory lab results
Streptococcal Pharyngitis	1	School	Rapid test positive

Other Outbreaks

Of the 4 confirmed outbreaks characterized as “other”, all were caused by multi-drug resistant organisms (MDROs).

The following table describes outbreaks caused by MDROs:

Table IV: MDROs Outbreaks, West Virginia, April - June, 2011 (n=4)

Type of Outbreak	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Carbapenem-Resistant <i>Klebsiella pneumoniae</i> (CRKP)	4	1 Hospital 3 LTCFs	Lab confirmed

The guidelines for management of suspected MDROs outbreaks in LTCFs can be found at

<http://www.dhhr.wv.gov/oeps/disease/AtoZ/Documents/Guideline%20for%20MDROs%20outbreaks%20in%20LTCFs.pdf>

Healthcare-Associated Outbreaks (HAOs)

Healthcare-associated outbreaks accounted for 14 (56%) of all confirmed outbreaks during this period. Of the 14 HAOs, 11 (79%) outbreaks were reported in LTCFs, 2 (14%) in hospitals, and 1 (7%) in an outpatient medical clinic.

The following table summarizes the types of HAOs:

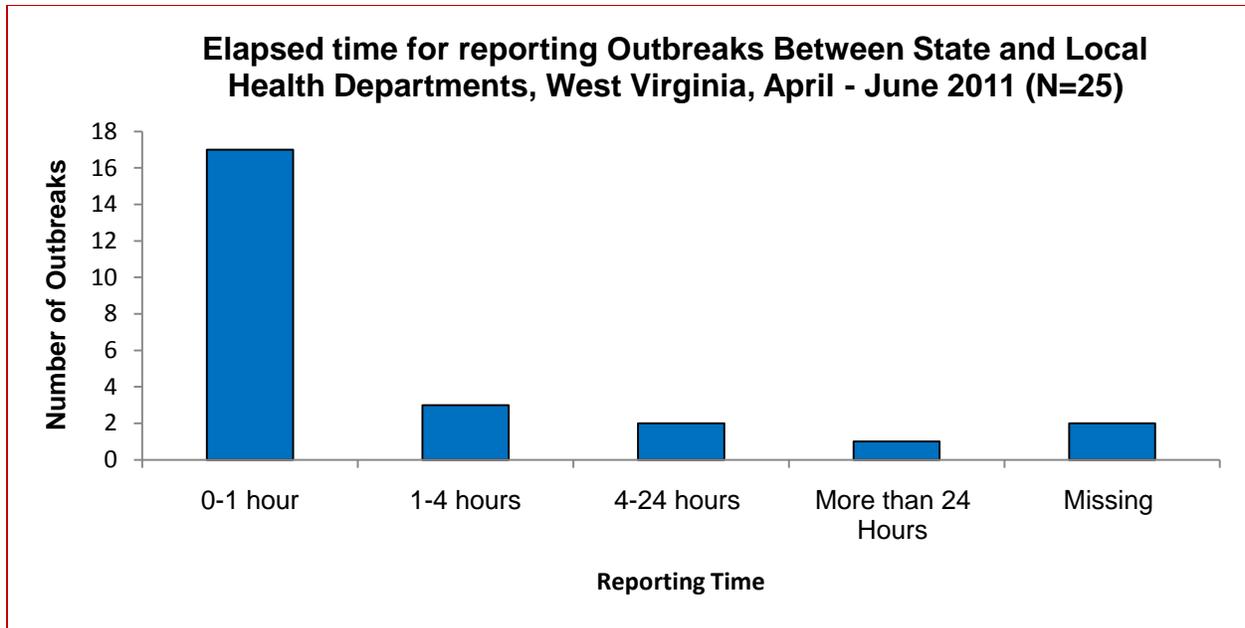
Table V: Healthcare-Associated Outbreaks, West Virginia, April - June, 2011 (n=14)

Type of Outbreak	Number of outbreaks	Percent
Enteric	5	35%
Respiratory	4	29%
MDROs	4	29%
Rash	1	7%
Total	14	100%

Reporting Time

In West Virginia, outbreaks should be immediately reported to the local health departments (LHDs) according to infectious disease rules and regulations. LHDs should report outbreaks within 60 minutes to the Bureau for Public Health (BPH). There has been continual improvement in outbreak recognition and reporting. Of 25 confirmed outbreaks, 17 (68%) were reported to BPH within one hour; however this data was missing in 2 (8%) outbreaks.

The following graph illustrates the time elapsed for reporting outbreaks between the state and local health departments.



Outbreak toolkits to assist in investigating the most commonly encountered outbreaks can be found at: <http://www.dhr.wv.gov/oeps/disease/ob/Pages/OutbreakToolkits.aspx>