10 or 12 Things I Didn't Learn in School

or Real Life Epidemiology

Robert W. White II

Regional Epidemiologist

Registered Sanitarian

Master of Public Health

Introduction

- How my education prepared me for this job
- How real life differs from the model
- How things can really go wrong (even when you have good intentions)

My Education

- Graduated from Fairmont State College (now University) with a double major in Health Education and Physical Education
- Graduated from West Virginia University in 1999 with a Master of Public Health degree

My Work Experience

- Hired as a Sanitarian at the Marion County Health Department
- Transferred to Monongalia County Health Department and eventually became Sanitarian Supervisor
- Became Regional Epidemiologist in 1996

1. When is information not that necessary?

- 1977 Halloween Party Outbreak
- 23 sick students
- Allergic reaction to hay
- CDC advised blood samples on all 23 ill patients
- ***Science Doesn't Overcome 23 Crying Children***

2. Just What is Swine Flu?

- Mass immunization clinics held throughout the county
- Marion County Armory was the site
- But what does a Sanitarian do ? Register patients and run for coffee

- ***Be ready to do whatever is needed***

3. Are you ever off the record?

- Superfund Clean-up site in Marion County
- Public meeting on testing and remediation
- Spoke to some individuals in the hallway prior meeting (one was a reporter)
- Headlines the following day- “Sanitarian says It’s All Just Part of the Plan”
- ***Know Your Audience***

4. How do you get away from the rioting crowd?

- Community sewage problems in South Fairmont
- Public hearing set
- Another Sanitarian and I didn't think the meeting would be well attended - we put out maps showing the problem locations
- ***Help- 250 angry residents***

5. How gross can it get?

- Family with recurring diarrhea
- Physician asked if HD would collect water sample
- 37 miles and 4 dirt roads one way
- Opened the hand dug well- a family of mice had drowned
- ***Excuse me while I …..***

6. Should you always do what the boss says?

- Shigella outbreak in Morgantown
- I had been a Regional Epi for 1 week
- News station wanted to go with a live outdoor remote broadcast
- 15 seconds before broadcast the wind and rain started
- Reporter looked at me and said, “Tell me everything you know, you have 2 minutes live.”
- ***The boss isn’t always right***

7. How long does it take to wrap up an investigation?

- Food borne outbreak at a Christmas party at a medical center
- Outbreak team responded well and had under control within 1 day
- B. Cereus as the culprit but couldn't find the source- six months later employee volunteered information
- ***It's not over till it's over***

8. Is the Doctor Always Right?

- Meningitis outbreak in jail
- Set up a meeting with the corrections officers- I got there first and began giving handouts from CDC website
- Physician showed 30 minutes late and wanted to go on TV with his message.
- ***You may know more but…don't show up the Doctor—Still have him stick to the script***

9. What is Validity (and will I ever use it in real life)?

- Working on a major food borne outbreak at an elementary school
- Surveyed 4th and 6th graders as to what they ate for lunch for the week
- One student answered that he ate lunch every day at school, then said he had been sick all week and hadn't been to class
- ***Now I know what Validity is***

10. How far will you go to complete the job?

- Food borne outbreak at a medical center luncheon (Mardi Gras)
- Completed surveys, sampled leftovers, and wrapped most of the investigation
- Evidence pointed to drinks, particularly ice rings made in Pennsylvania
- ***In the darkness of night I was invited into a PA home, sampled the well and snuck back into WV for lab testing (Whatever it takes)***

11. Anthrax (or not?)

- On Saturday afternoon I received a call from a Volunteer Fire Company
- Spoke with Captain and elderly woman
- Suspect Anthrax in her home
- ***Whoa!!! White Powder in a box of Tide….What will terrorists think of next?***

12. WVEDSS and Animal Bites

- Reportable Disease System took a while for HDs to get used to it, especially Sanitarians
- Animal bite report not fully completed
- Type of animal was not recorded
- Let's supersede this one
- ***Hospital reported patient was intoxicated and only that "a big blond bit me"***

In Conclusion

- Make sure the information is worth the effort
- Be ready to do what is necessary
- Know your audience and adjust the message
- Don’t cause undo hardship on yourself
- Don’t bring in notions of what’s right and wrong
- Realize that orders can be changed

In Conclusion

- It takes time to solve problems
- Everybody makes mistakes
- Text books don’t tell the whole story
- It’s sometimes better to beg forgiveness than to ask for permission
- People only hear what they want
- Don’t ask a question if you don’t want the answer

Mark Twain (1835 - 1910)

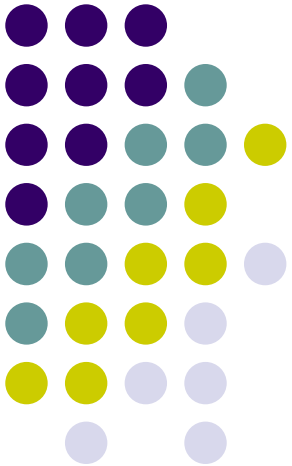
I have never let my schooling interfere with my education.

– Mark Twain (1835 - 1910)

Molecular Testing at OLS

Presented By:
Christi Clark, M(ASCP)
Microbiologist Supervisor

WVPHA Annual Meeting
Snowshoe Resort
September 18, 2008



Outline

- About OLS
- Molecular Testing
- DNA 101
- PCR Overview
- Data and Statistics
- Report Interpretation
- Specimen Collection
- Summary

About OLS

- State Public Health Lab
  - Formerly called Hygienic Laboratory
- Established in 1913 in Morgantown
- Now located in South Charleston
  - Branches in Big Chimney and Kearneysville
- Testing Sections include . . .
  - Diagnostic Immunology
  - Newborn Screening
  - Environmental Micro/Chem
  - Microbiology
  - Threat Preparedness, Bio/Chem

Molecular Testing Worldwide

- DNA cloning
- DNA-based phylogeny
  - Analysis of genes
- Diagnosis of hereditary diseases
- Identification of genetic fingerprints
- Detection and diagnosis of infectious diseases

Molecular Testing at OLS

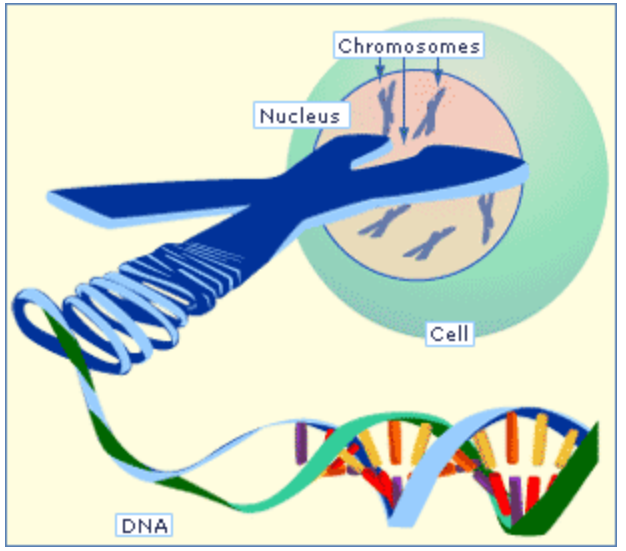
- Testing can be . . .
  - Requested
    - Norovirus
  - Part of routine testing
    - Pertussis
    - *Neisseria meningitidis*
    - Tuberculosis
    - Arbovirus
    - Influenza
  - For Surveillance
    - Department of Agriculture

Image Courtesy: www.inmagine.com

DNA 101

- DNA = deoxyribonucleic acid
- Building blocks of life
- Instructs cells what to become
- Located in nucleus
- Comprises chromosomes

Image Courtesy: www.intelihealth.com

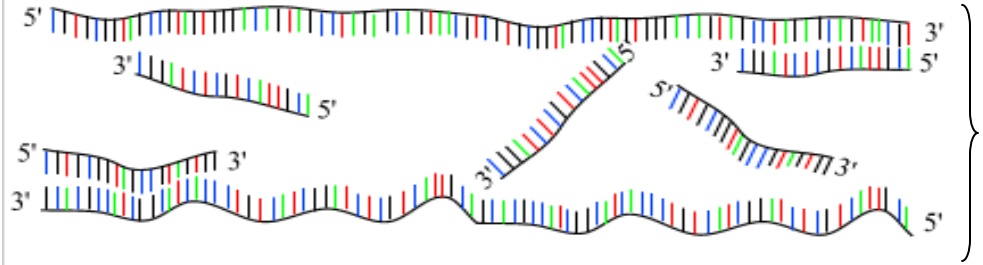


Principles of PCR

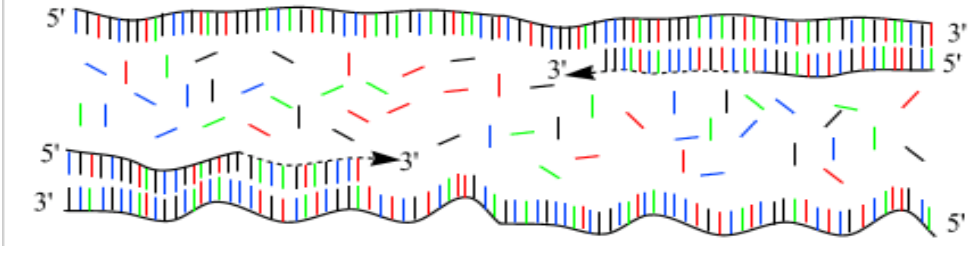
- Polymerase Chain Reaction
- Developed in 1983
- Method used to amplify target piece of DNA
- Now a common and indispensable technique

PCR Overview

STEP 1: Denaturation*



STEP 2: Annealing

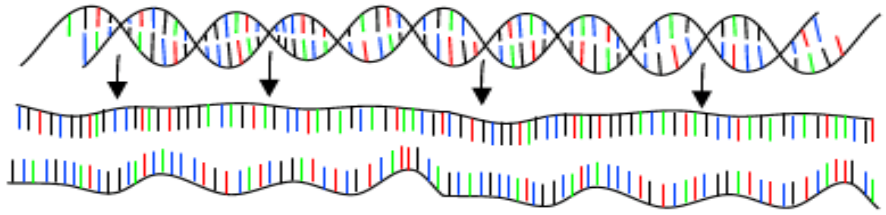


STEP 3: Extension

*After DNA/RNA extraction

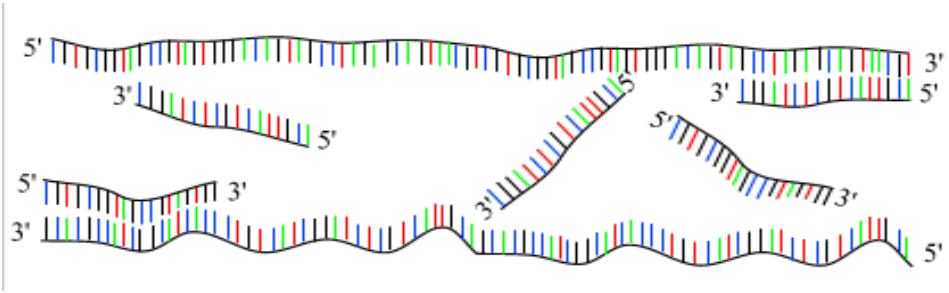
PCR Overview (cont.)

- STEP 1: Denaturation
  - High temperature causes DNA template to melt apart
    - Yields single-stranded DNA



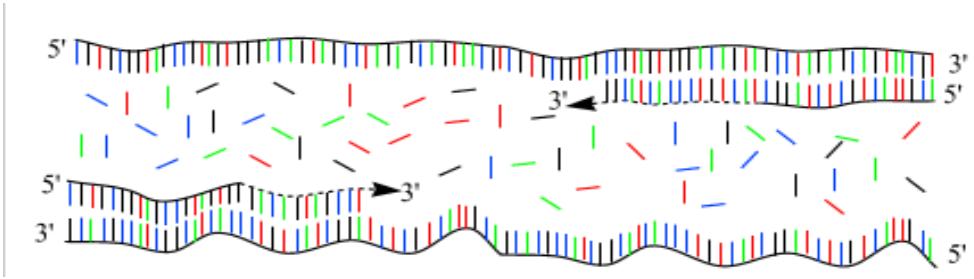
PCR Overview (cont.)

- STEP 2: Annealing
  - Lower temperature causes primers to anneal to single-stranded template
  - Primers only anneal when primer sequence matches template sequence



PCR Overview (cont.)

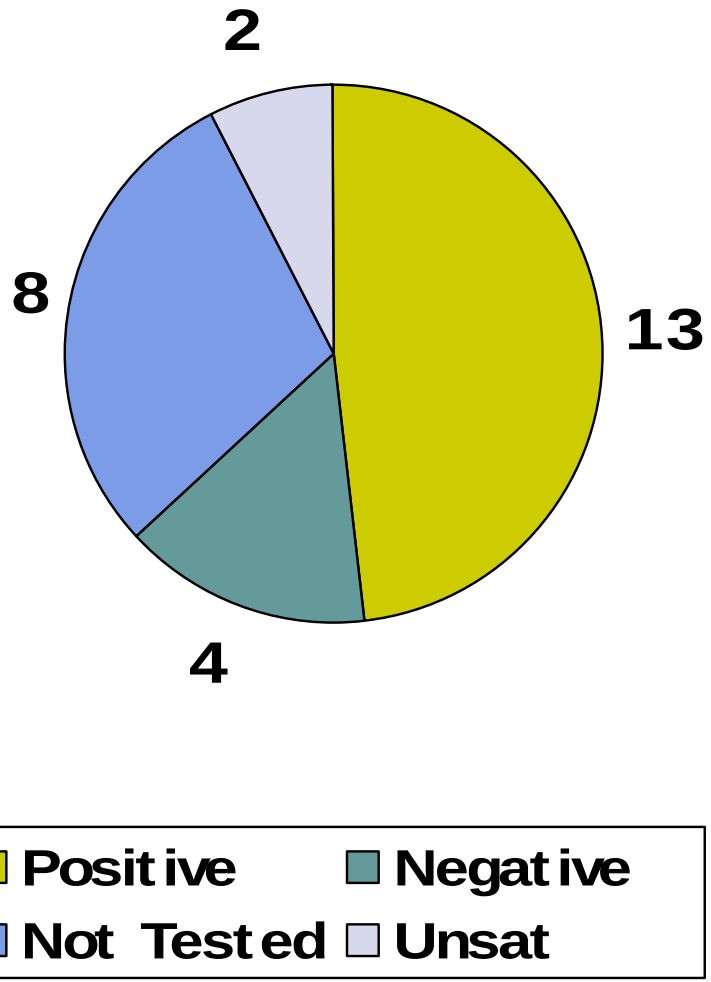
- STEP 3: Extension
  - ‘Building blocks’ present in mix help extend and elongate target



Data and Statistics

NOROVIRUS 2006
N=27

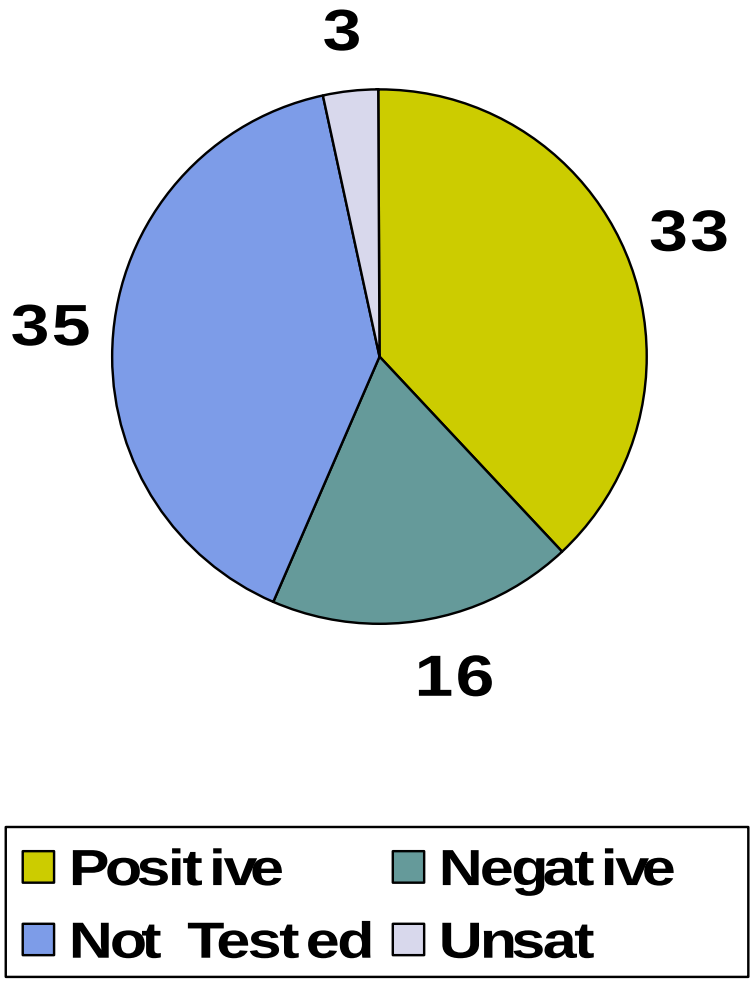
- Began December
- G1/G2 not differentiated
- Specimens not tested
  - Part of outbreak
  - Follow policy



Data and Statistics

NOROVIRUS 2007

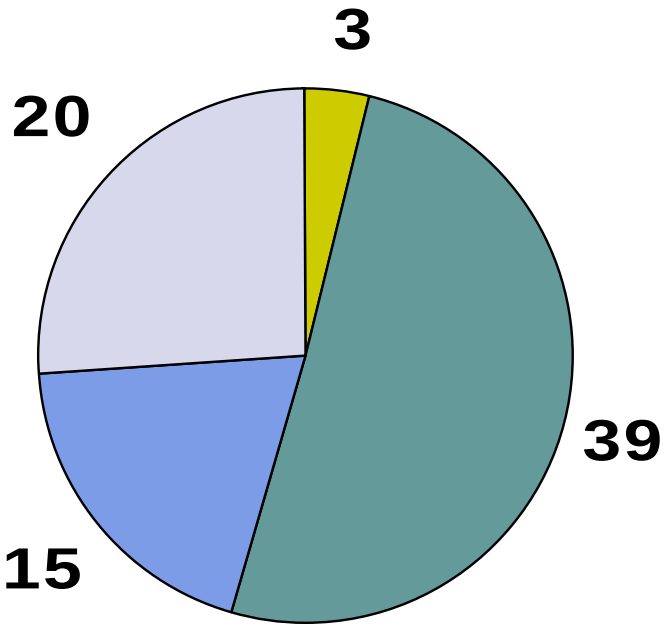
N=87



Data and Statistics

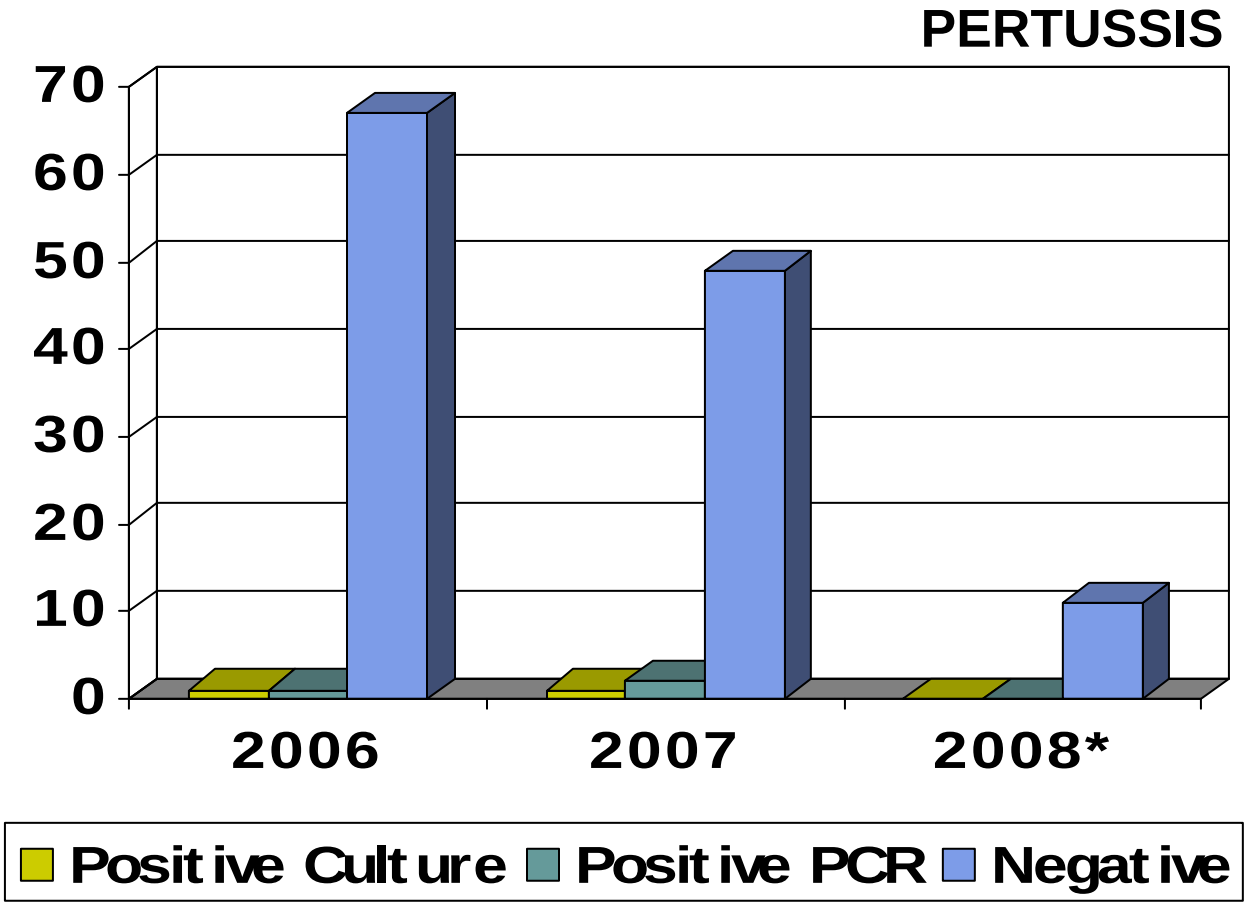
NOROVIRUS 2007

N=77



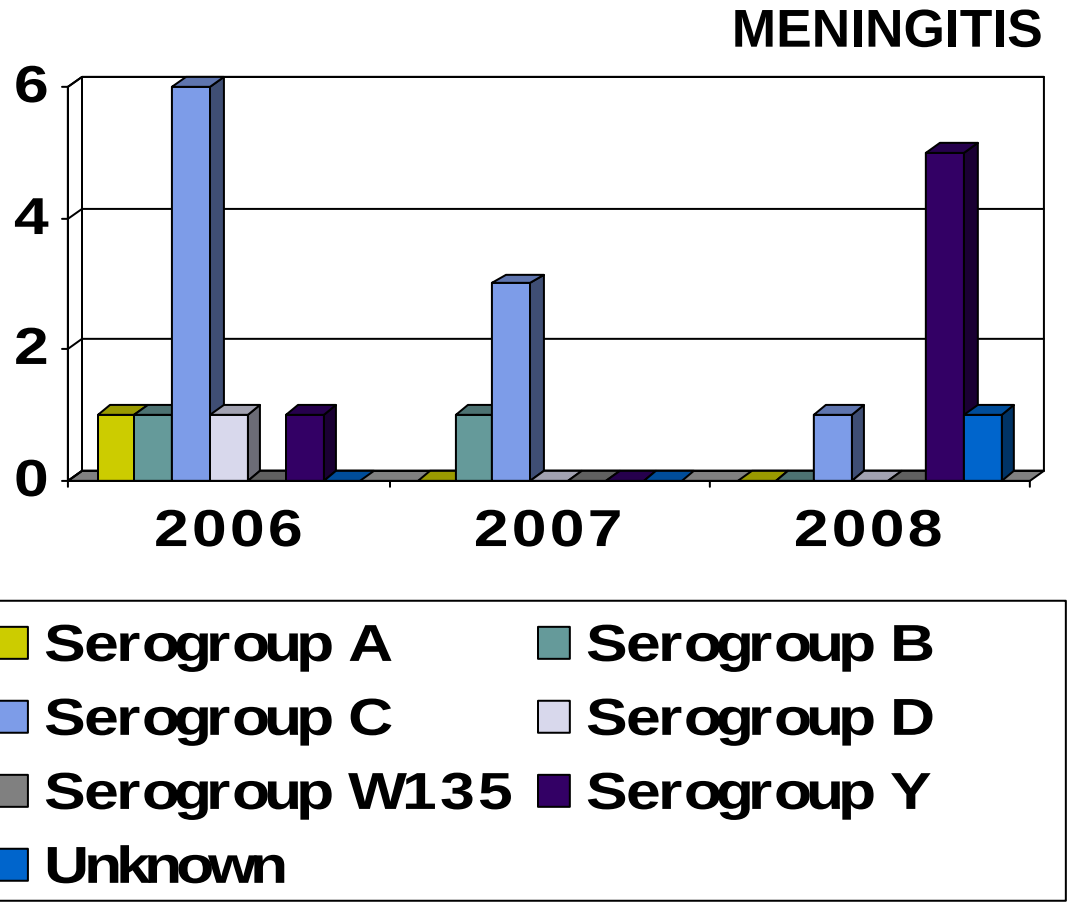
(As of September 11, 2008)

Data and Statistics



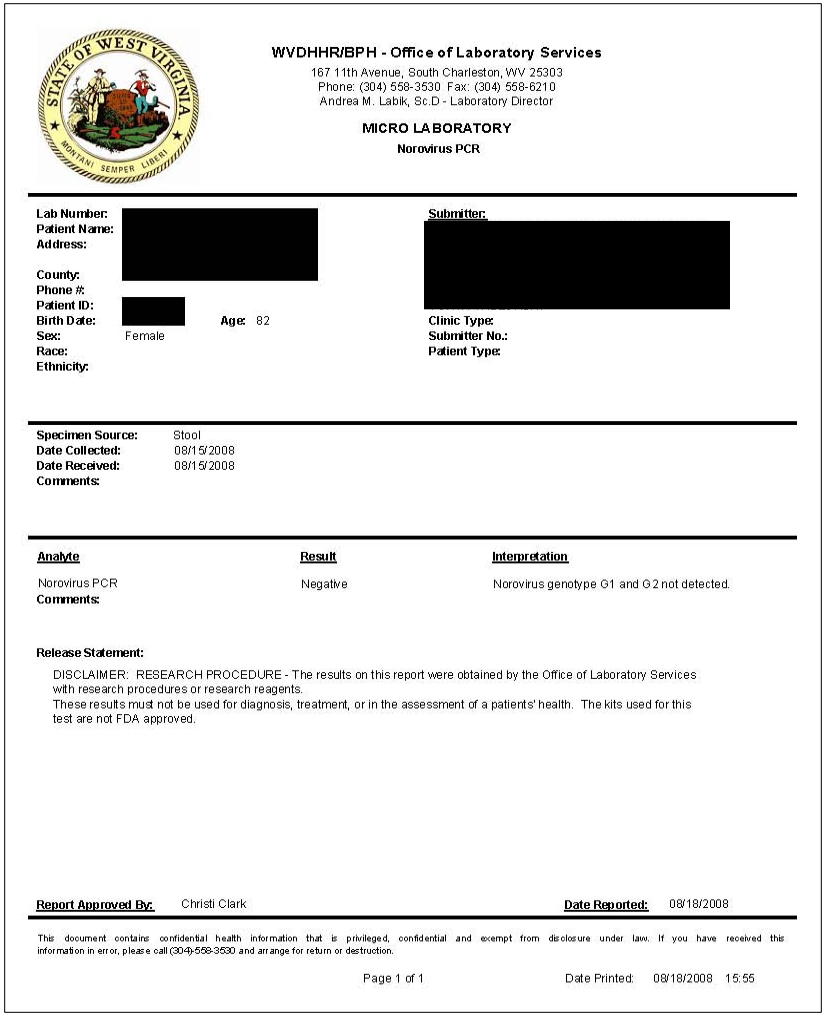
*(As of September 15, 2008)

Data and Statistics



*(As of September 15, 2008)

Results and Reports



WVDHHR/BPH - Office of Laboratory Services
167 11th Avenue, South Charleston, WV 25303
Phone: (304) 558-3530 Fax: (304) 558-6210
Andrea M. Labik, Sc.D - Laboratory Director

MICRO LABORATORY
Norovirus PCR

Lab Number:
Patient Name:
Address:
[redacted]
County:
Phone #:
Patient ID:
Birth Date: [redacted] Age: 82
Sex: Female
Race:
Ethnicity:

Submitter:
[redacted]
Clinic Type:
Submitter No.:
Patient Type:

Specimen Source: Stool
Date Collected: 08/15/2008
Date Received: 08/15/2008
Comments:

Analyte	Result	Interpretation
Norovirus PCR	Negative	Norovirus genotype G1 and G2 not detected.

Comments:

Release Statement:

DISCLAIMER: RESEARCH PROCEDURE - The results on this report were obtained by the Office of Laboratory Services with research procedures or research reagents.
These results must not be used for diagnosis, treatment, or in the assessment of a patients' health. The kits used for this test are not FDA approved.

Report Approved By: Christi Clark Date Reported: 08/18/2008

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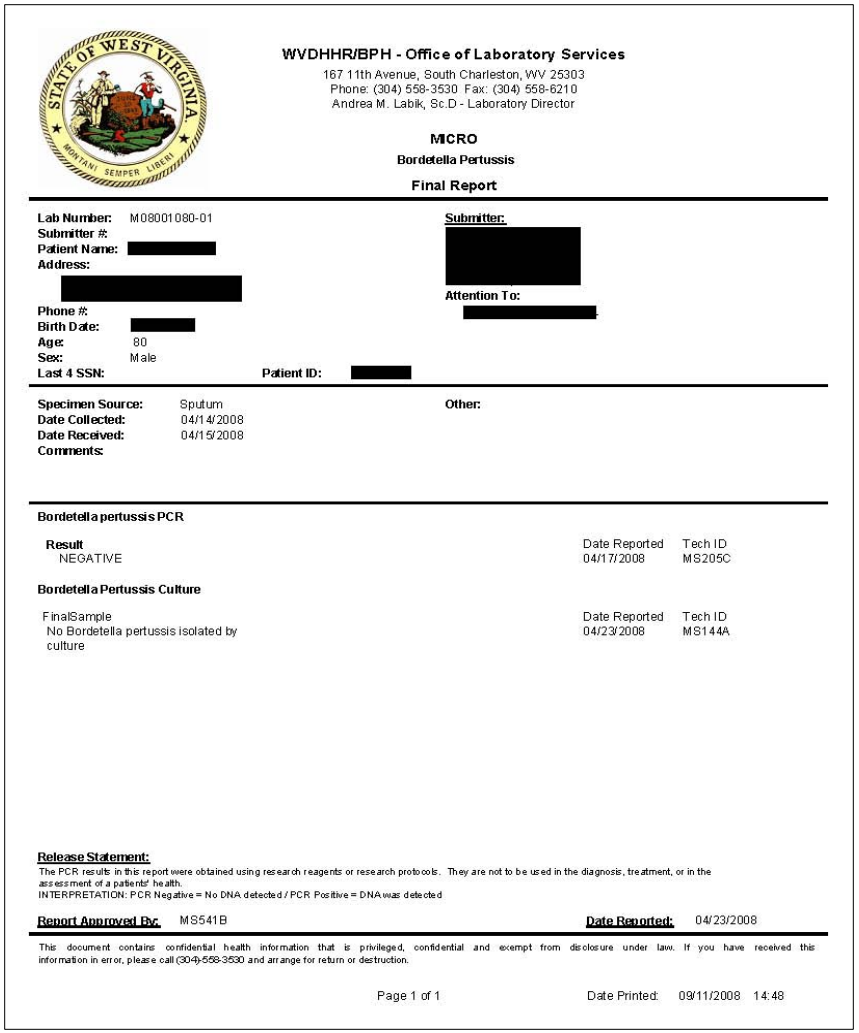
Page 1 of 1 Date Printed: 08/18/2008 15:55

- Norovirus results reported as FINAL
- Genotype included
  - G1
  - G2, most common
- RNA detected/not detected

Results and Reports



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Andrea M. Labik, Sc.D - Laboratory Director

MICRO
Bordetella Pertussis
Final Report

Lab Number: M08001080-01
Submitter #:
Patient Name: [redacted]
Address:
[redacted]
Phone #:
Birth Date: [redacted]
Age: 80
Sex: Male
Last 4 SSN:

Submitter:
[redacted]
Attention To:
[redacted]

Patient ID: [redacted]

Specimen Source: Sputum
Date Collected: 04/14/2008
Date Received: 04/15/2008
Comments:

Other:

Bordetella pertussis PCR

Result	Date Reported	Tech ID
NEGATIVE	04/17/2008	MS205C

Bordetella Pertussis Culture

	Date Reported	Tech ID
FinalSample No Bordetella pertussis isolated by culture	04/23/2008	MS144A

Release Statement:
The PCR results in this report were obtained using research reagents or research protocols. They are not to be used in the diagnosis, treatment, or in the assessment of a patients' health.
INTERPRETATION: PCR Negative = No DNA detected / PCR Positive = DNA was detected

Report Approved By: MS541B
Date Reported: 04/23/2008

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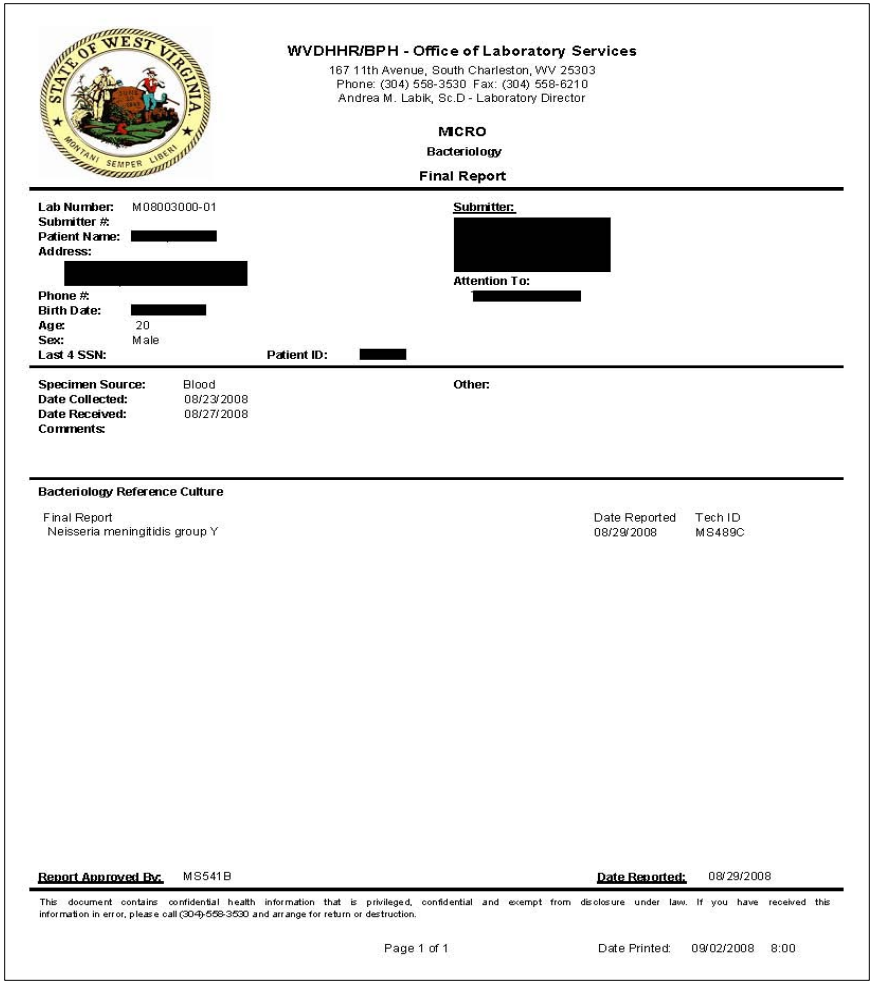
Page 1 of 1
Date Printed: 09/11/2008 14:48

- Pertussis PCR results are Preliminary
- Final culture report will follow in 5-7 days

Results and Reports



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167 11th Avenue, South Charleston, WV 25303
Phone: (304) 558-3530 Fax: (304) 558-6210
Andrea M. Labik, Sc.D - Laboratory Director

MICRO
Bacteriology
Final Report

Lab Number: M08003000-01
Submitter #:
Patient Name: [redacted]
Address: [redacted]
Phone #:
Birth Date: [redacted]
Age: 20
Sex: Male
Last 4 SSN:
Patient ID: [redacted]

Submitter: [redacted]
Attention To: [redacted]

Specimen Source: Blood
Date Collected: 08/23/2008
Date Received: 08/27/2008
Comments:

Other:

Bacteriology Reference Culture

Final Report	Date Reported	Tech ID
Neisseria meningitidis group Y	08/29/2008	MS489C

Report Approved By: MS541B
Date Reported: 08/29/2008

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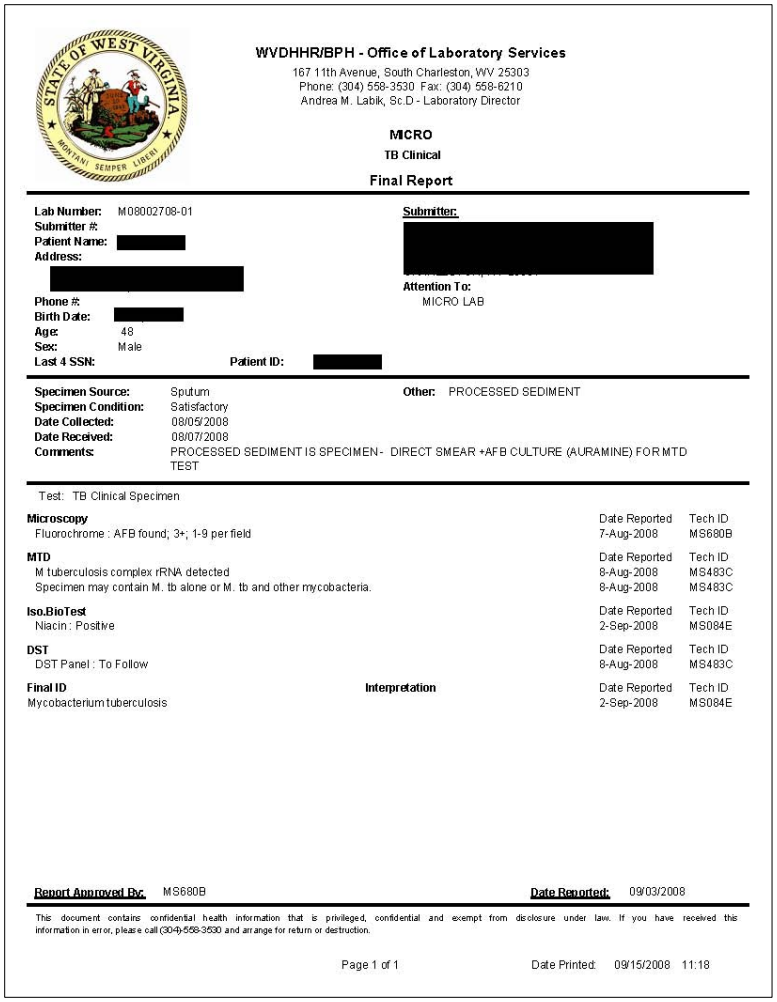
Page 1 of 1
Date Printed: 09/02/2008 8:00

- *Neisseria meningitidis* results reported as Final
- PCR not listed as separate test

Results and Reports



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167 11th Avenue, South Charleston, WV 25303
Phone: (304) 558-3530 Fax: (304) 558-6210
Andrea M. Labik, Sc.D - Laboratory Director

MICRO
TB Clinical
Final Report

Lab Number: M08002708-01
Submitter #:
Patient Name: [redacted]
Address: [redacted]
Phone #:
Birth Date: [redacted]
Age: 48
Sex: Male
Last 4 SSN: Patient ID: [redacted]

Submitter: [redacted]
Attention To: MICRO LAB

Specimen Source: Sputum
Specimen Condition: Satisfactory
Date Collected: 08/05/2008
Date Received: 08/07/2008
Comments: PROCESSED SEDIMENT IS SPECIMEN- DIRECT SMEAR +AFB CULTURE (AURAMINE) FOR MTD TEST

Other: PROCESSED SEDIMENT

Test: TB Clinical Specimen

		Date Reported	Tech ID
Microscopy			
Fluorochrome : AFB found; 3+; 1-9 per field		7-Aug-2008	MS680B
MTD			
M tuberculosis complex rRNA detected		8-Aug-2008	MS483C
Specimen may contain M. tb alone or M. tb and other mycobacteria.		8-Aug-2008	MS483C
Iso.BioTest			
Niacin : Positive		2-Sep-2008	MS084E
DST			
DST Panel : To Follow		8-Aug-2008	MS483C
Final ID	**Interpretation**		
Mycobacterium tuberculosis		2-Sep-2008	MS084E

Report Approved By: MS680B
Date Reported: 09/03/2008

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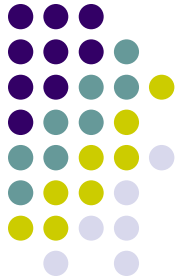
Page 1 of 1
Date Printed: 09/15/2008 11:18

- TB preliminary report issued on smear
- Final report issued after culture complete
  - 8 weeks

Specimen Collection

- Norovirus specimens
  - Stool collected in sterile container
  - No transport media
  - Keep refrigerated, not frozen
- Pertussis specimens
  - Nasopharyngeal swabs collected in Regan-Lowe transport media
  - Kits available from OLS

Specimen Collection



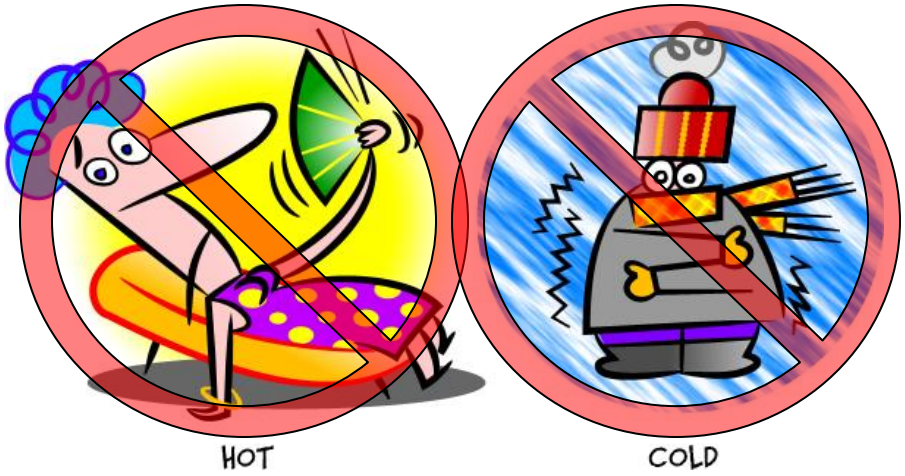
- Influenza specimens
  - Nasopharyngeal swabs collected in viral transport media
  - Kits available from OLS
- Tuberculosis
  - Sputum, bronchial washes
  - Kits available from OLS

Specimen Collection

- Arbovirus specimens (human only)
  - Blood
    - Collect in ‘red-top’ tube
  - Serum
  - CSF

Isolate Transport

- *Neisseria meningitidis* very fragile
  - Plate on Chocolate agar
  - Incubate in CO_2 enriched environment
  - Do not expose to extreme temperatures



Summary

- Molecular testing now widely used
  - Performed at OLS on many infectious disease
  - PCR
- Specimen collection crucial to accurate and satisfactory testing
- Most reports include interpretations

Contact Information

(304) 558-3530

Name	Section / Unit	eMail	Extension
Christi Clark	Microbiology	christiclark@wvdhhr.org	2602 or 2610
Wendy Channell	Arbovirus	wendychannell@wvdhhr.org	2402
Will McIlvain	Influenza	williammcilvain@wvdhhr.org	2403
Ed DosSantos	Molecular (Norovirus)	eddossantos@wvdhhr.org	2144 or 2141
Helen Hutchison	TB	helenhutchison@wvdhhr.org	2621

More Contact Information

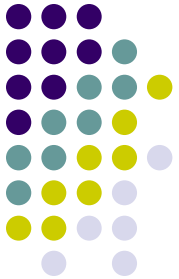
MAILING ADDRESS:

167 11th Avenue

South Charleston, WV 25303

WEBSITE:

www.wvdhhr.org/labservices



QUESTIONS ?

Hepatitis B:

Is West Virginia Going for Yet Another National Title?

Vicki Hogan, MPH, Hepatitis B Epidemiologist

Sandra Graham, BSN, RN, Adult Viral Hepatitis Prevention Coordinator

WV HIV/AIDS/STD Program

WV Public Health Conference

September 18, 2008

West Virginia Bureau for Public Health

Hepatitis B – Clinical Features

Reservoir	Humans
Incubation period:	Average 60-90 days Range 45-180 days
Clinical illness (e.g. jaundice):	<5 yrs of age, <10% >5 yrs of age, 30%-50%
Acute case-fatality rate:	0.5%-1%
Chronic infection:	<5 yrs of age, 30%-90% >5 yrs of age, 2%-10%
Premature mortality from chronic liver disease:	15%-25%

West Virginia Bureau for Public Health

Routes of HBV Transmission

Age Group	Route(s) of Infection
Newborn	perinatal
Childhood	child to child household contact
Adolescent/ Adult	sexual contact household contact percutaneous exposures (e.g., IDU)

Source: Control of Communicable Diseases Manual, 17th ed. 2000

Concentration of Hepatitis B Virus in Various Body Fluids

High	Moderate	Low/Not Detectable
Blood*	semen	urine
serum	vaginal fluid	feces
wound exudates	saliva	sweat
		tears
		breast milk

*Hepatitis B is 100 times more infectious than HIV

West Virginia Bureau for Public Health

No Evidence of HBV Transmission

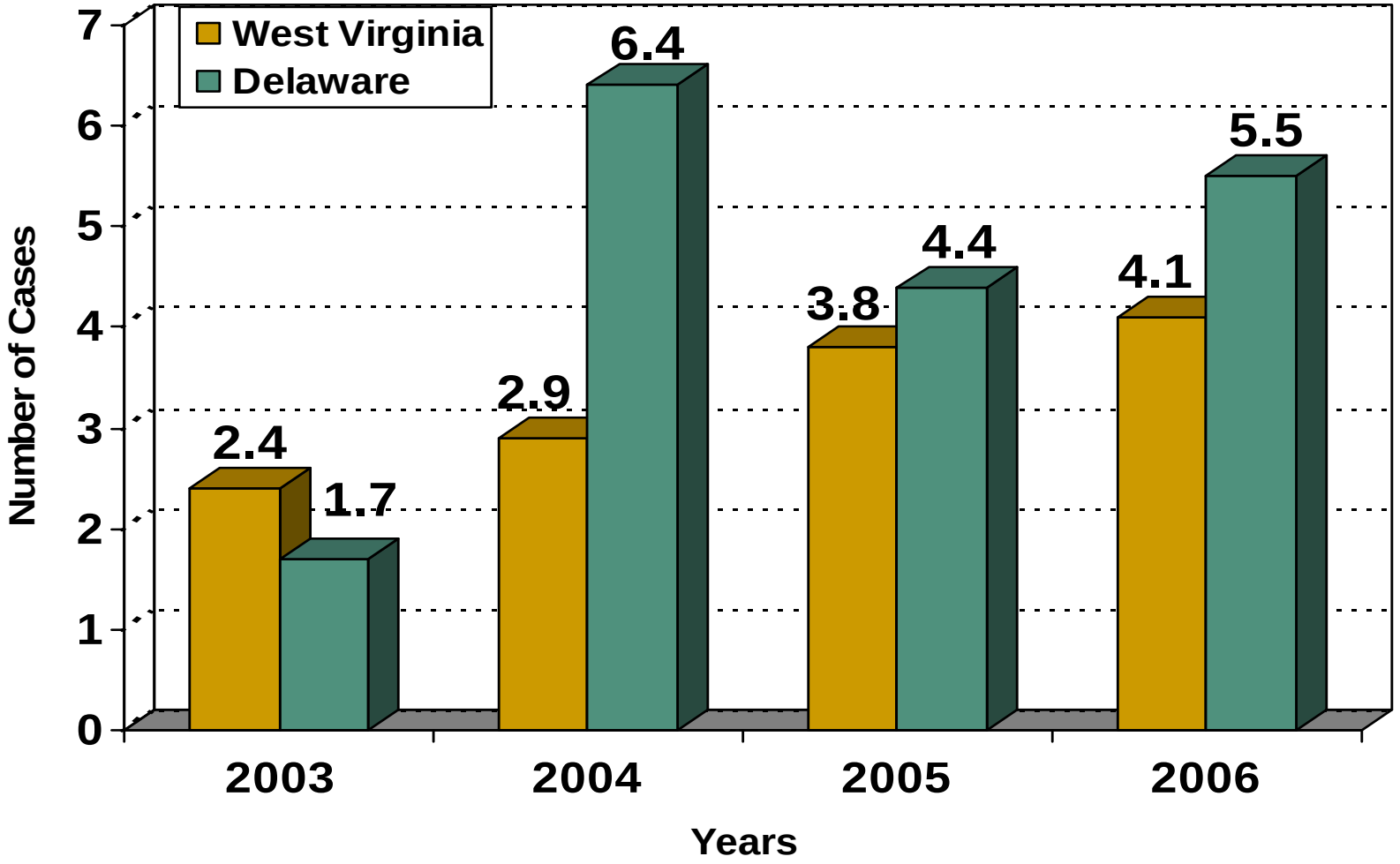
- Breast milk
- Mosquitoes
- Kissing
- Food
- Water
- Casual contact

2006 National Acute Hepatitis B Case Rates

Rank	State	Incidence Rate
1.	Delaware	5.5
2.	West Virginia	4.1
3.	Texas	3.5
4.	Arkansas	3.1
5.	Maryland	2.6
	United States	1.6

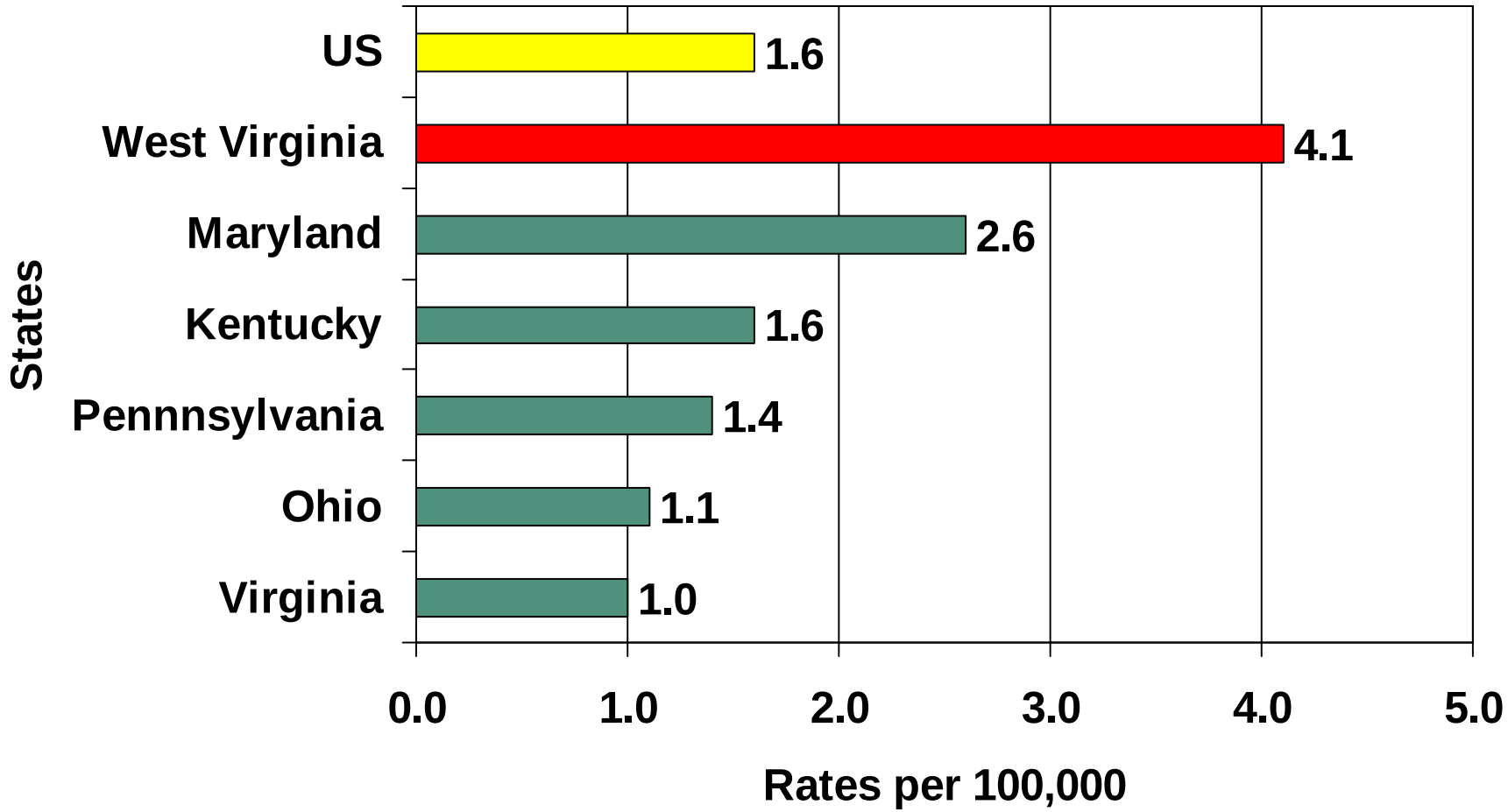
West Virginia Bureau for Public Health

2006 National Acute Hepatitis B Case Rates for West Virginia and Delaware



Bureau for Public Health
West Virginia

2006 Acute Hepatitis B Case Rates of Surrounding States Compared to US



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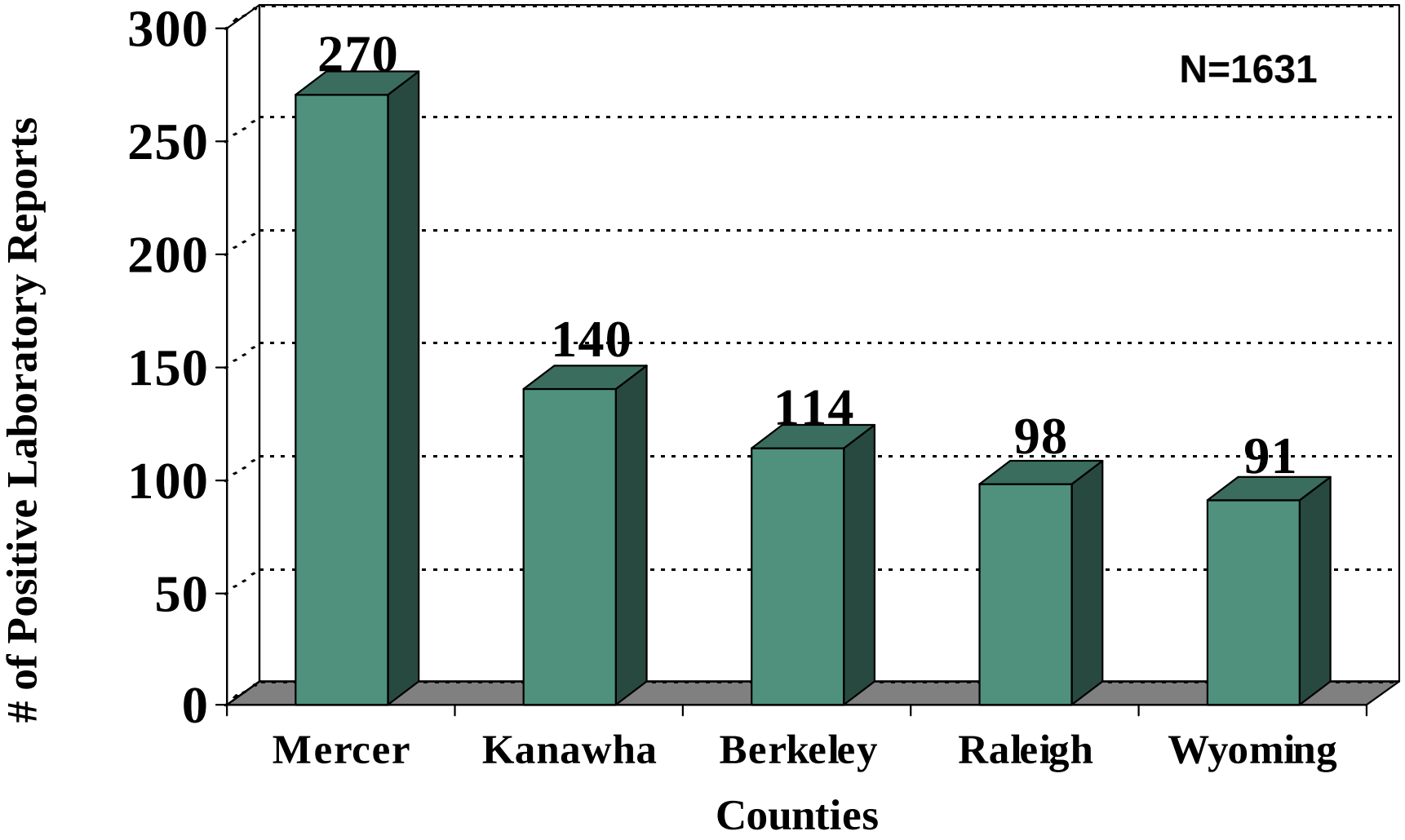
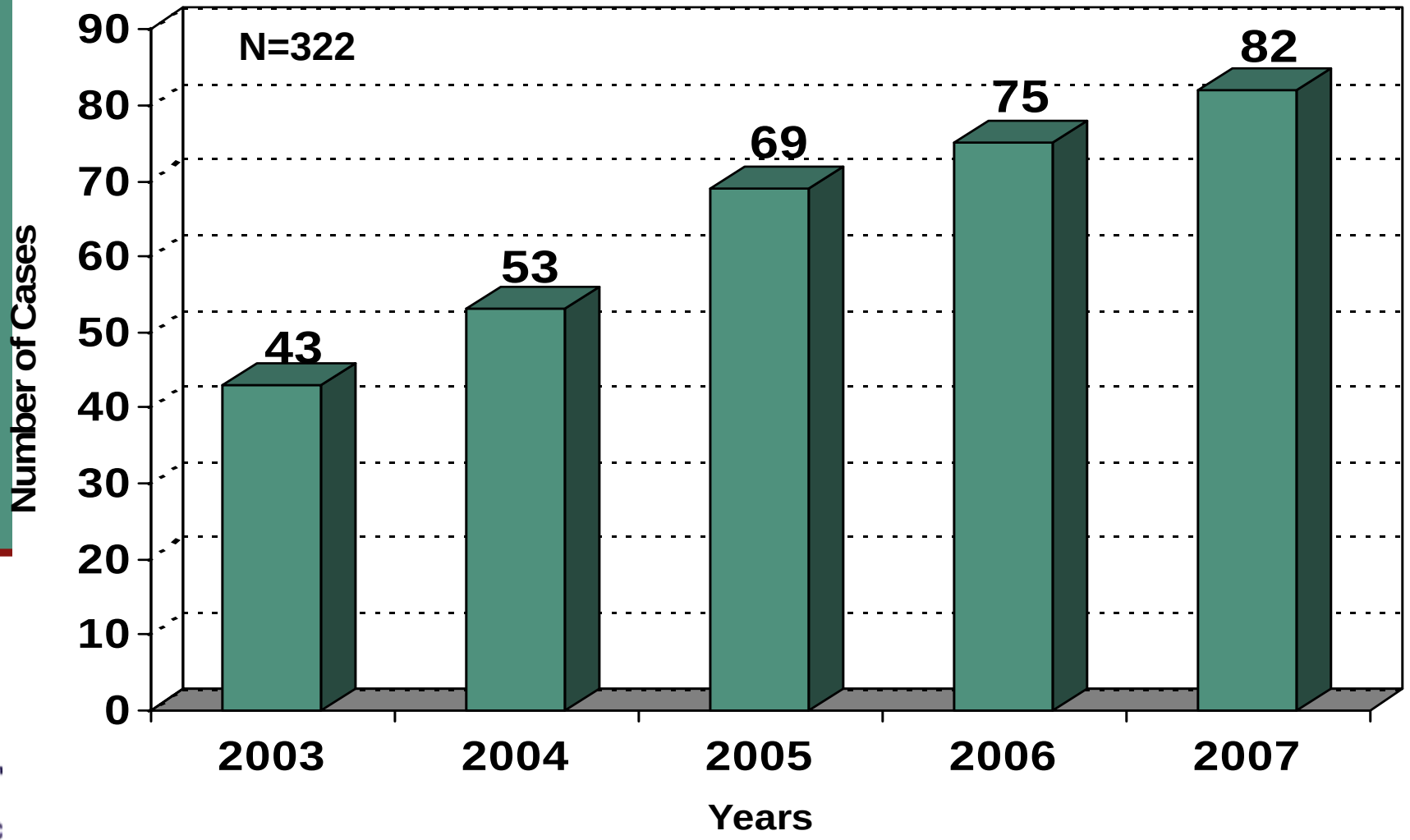
West Virginia

Top 5 WV Counties with Positive HBsAg and/or HBcAB IgM Laboratory Reports, 2003 – 2007



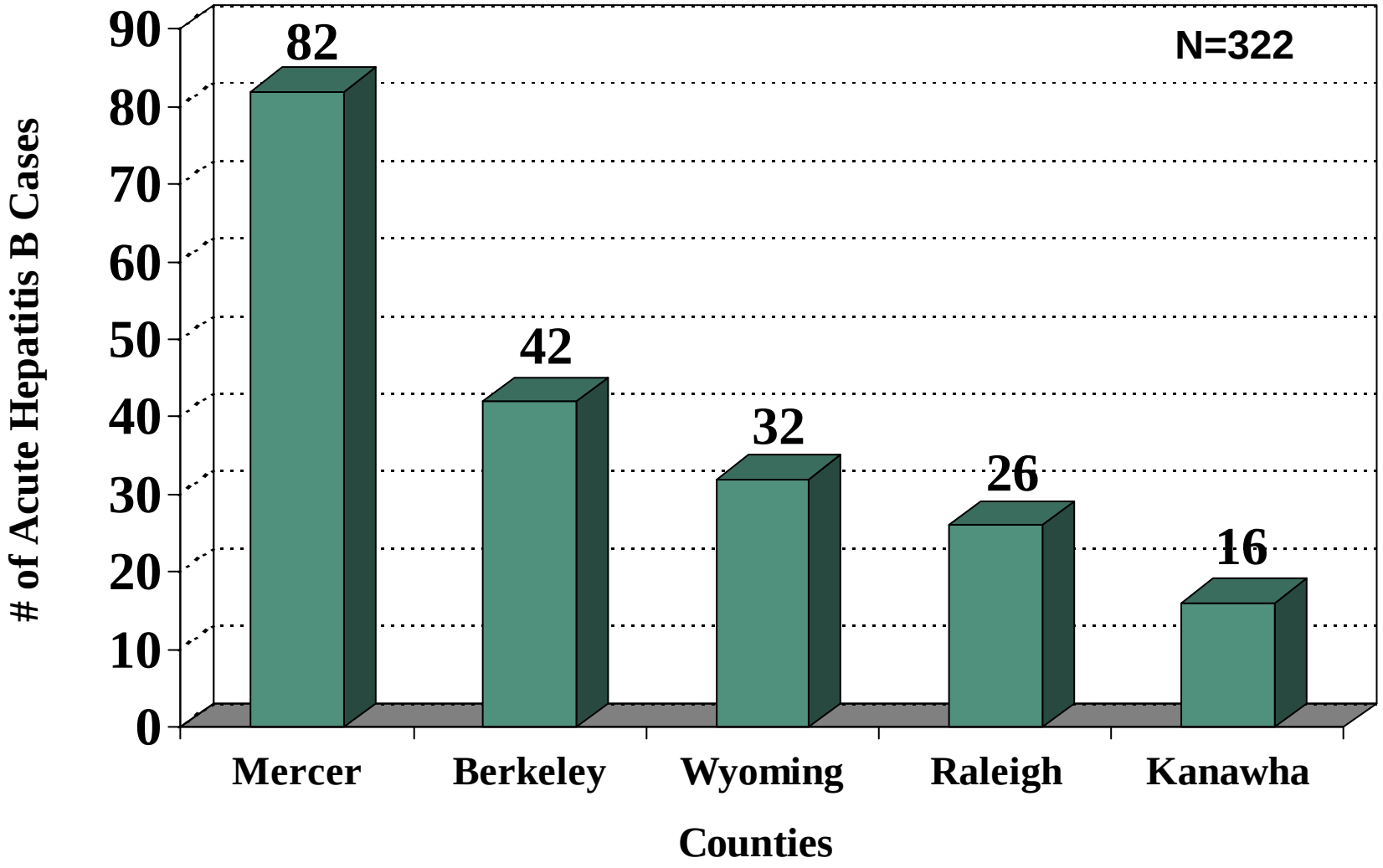
Bureau for Public Health
West Virginia

WV Acute Hepatitis B Cases 2003 - 2007



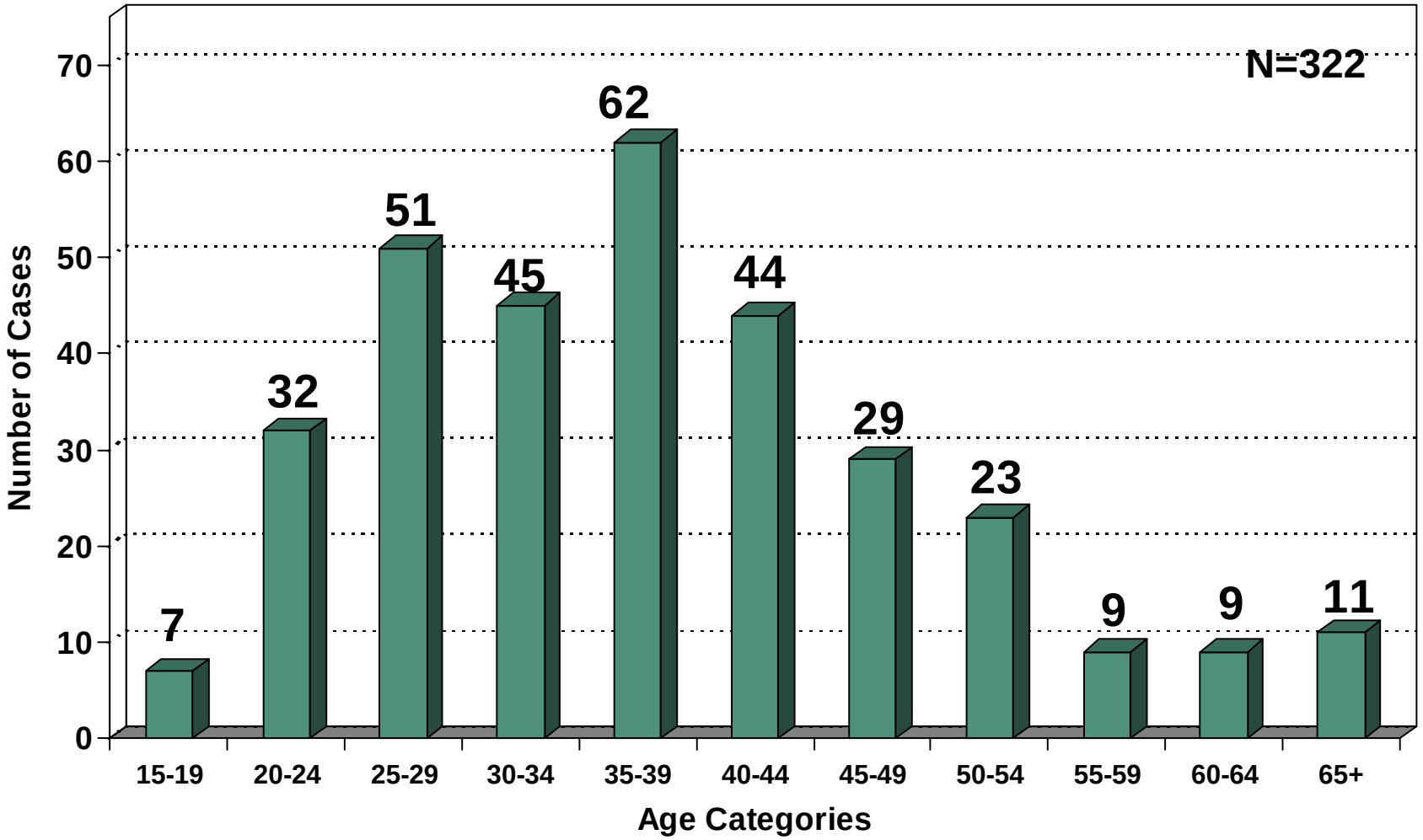
Bureau for Public Health
West Virginia

Top 5 Counties with Acute Hepatitis B Cases, 2003 – 2007



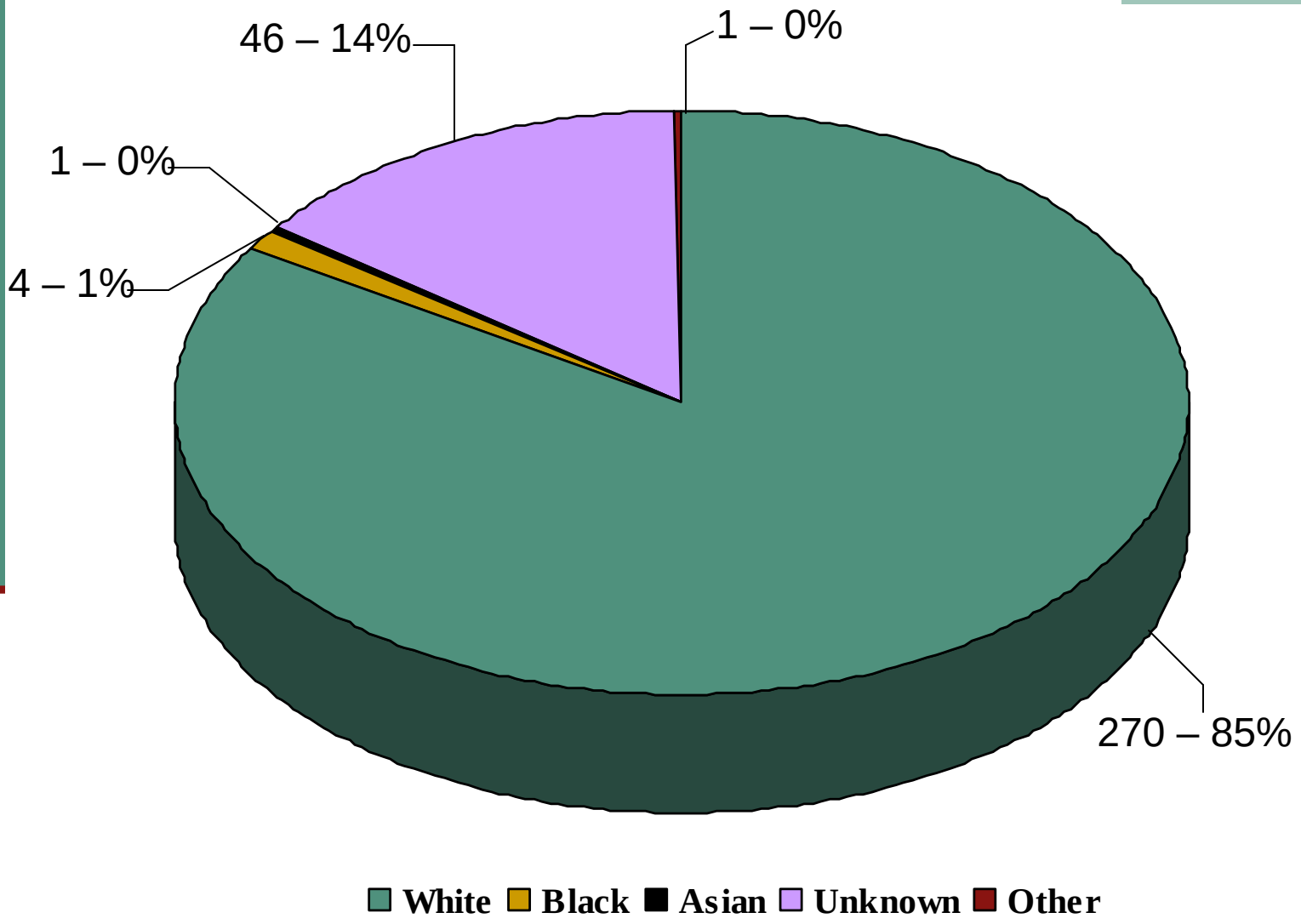
Bureau for Public Health
West Virginia

WV Acute Hepatitis B Cases by Age, 2003 – 2007

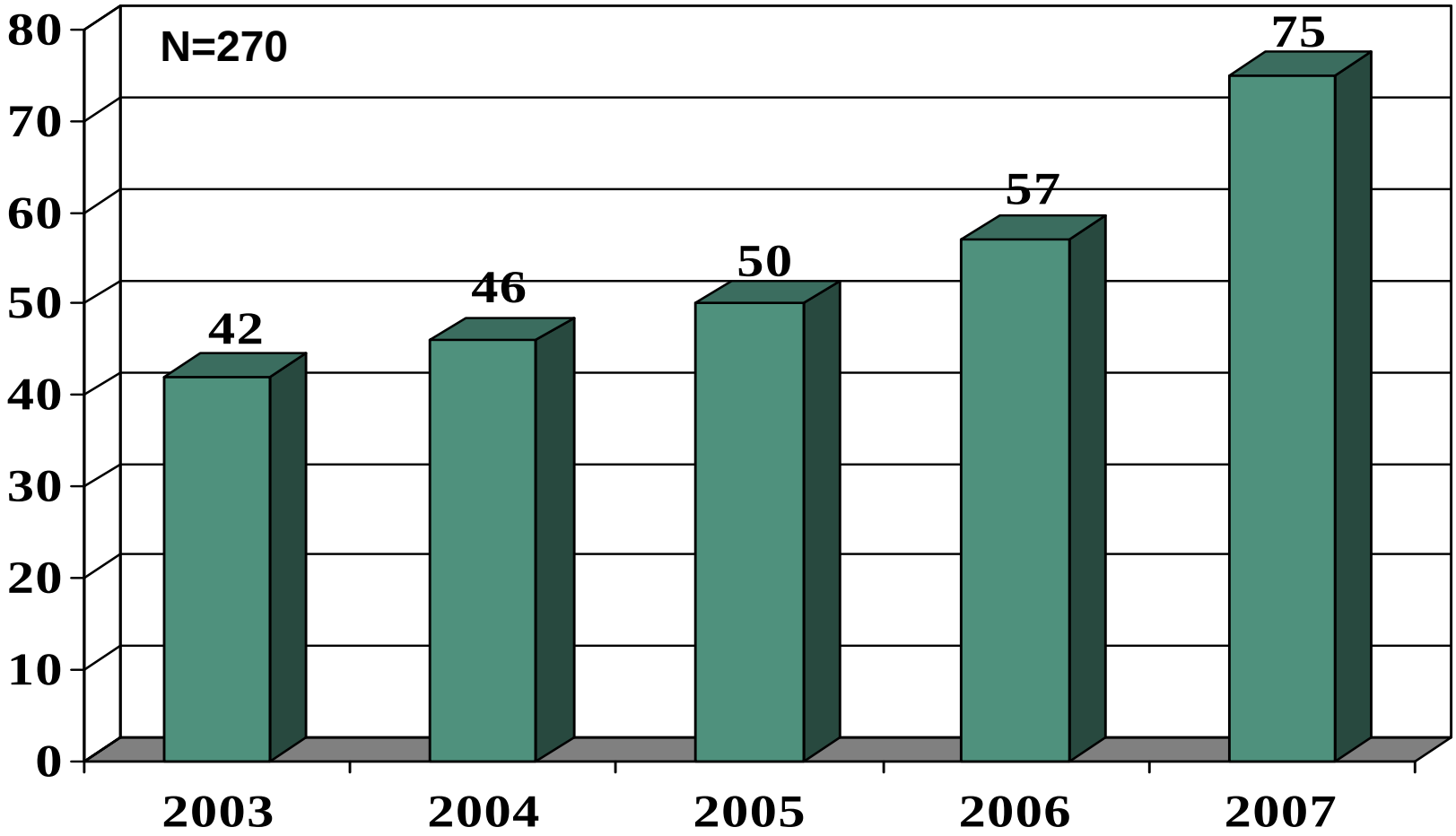


West Virginia Bureau for Public Health

WV Acute Hepatitis B Cases by Race, 2003 – 2007

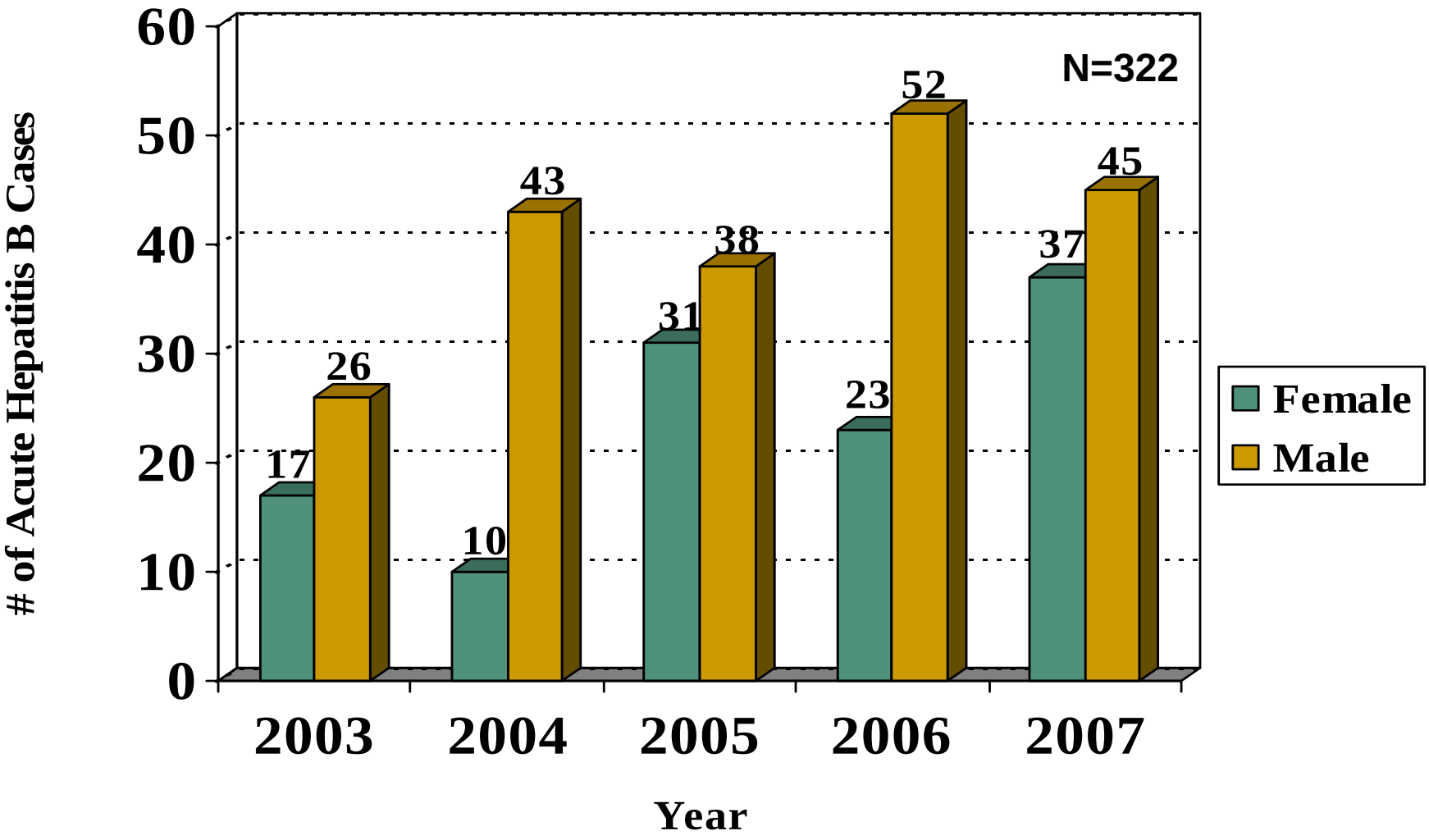


WV Acute Hepatitis B Cases for Whites, 2003 – 2007



West Virginia Bureau for Public Health

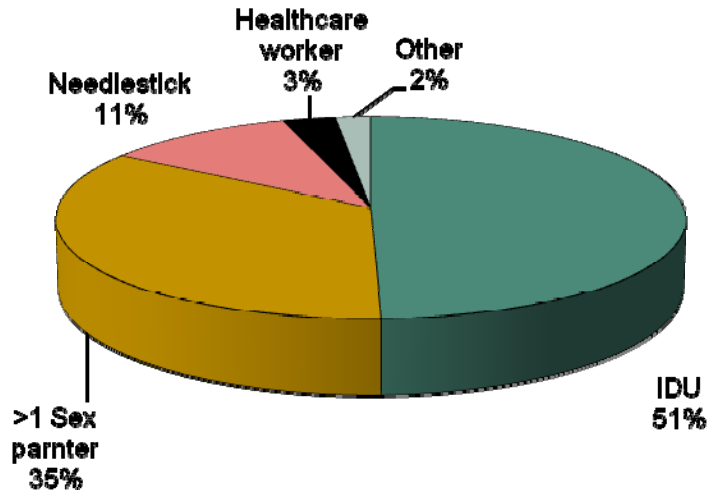
WV Acute Hepatitis B Cases by Gender, 2003 – 2007



Bureau for Public Health
West Virginia

Acute Hepatitis B Risk Factors, WV and US, 2001 - 2005

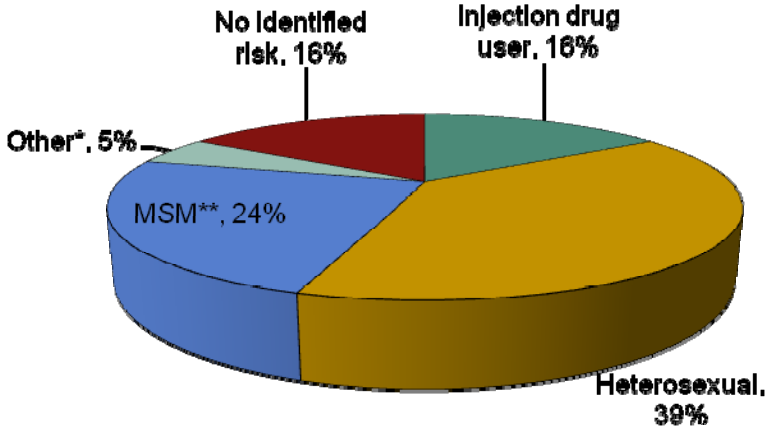
West Virginia
2001 – 2005, N = 135



*Other: hemodialysis and blood transfusion

Source: WV HIV/AIDS/STD Hepatitis B database

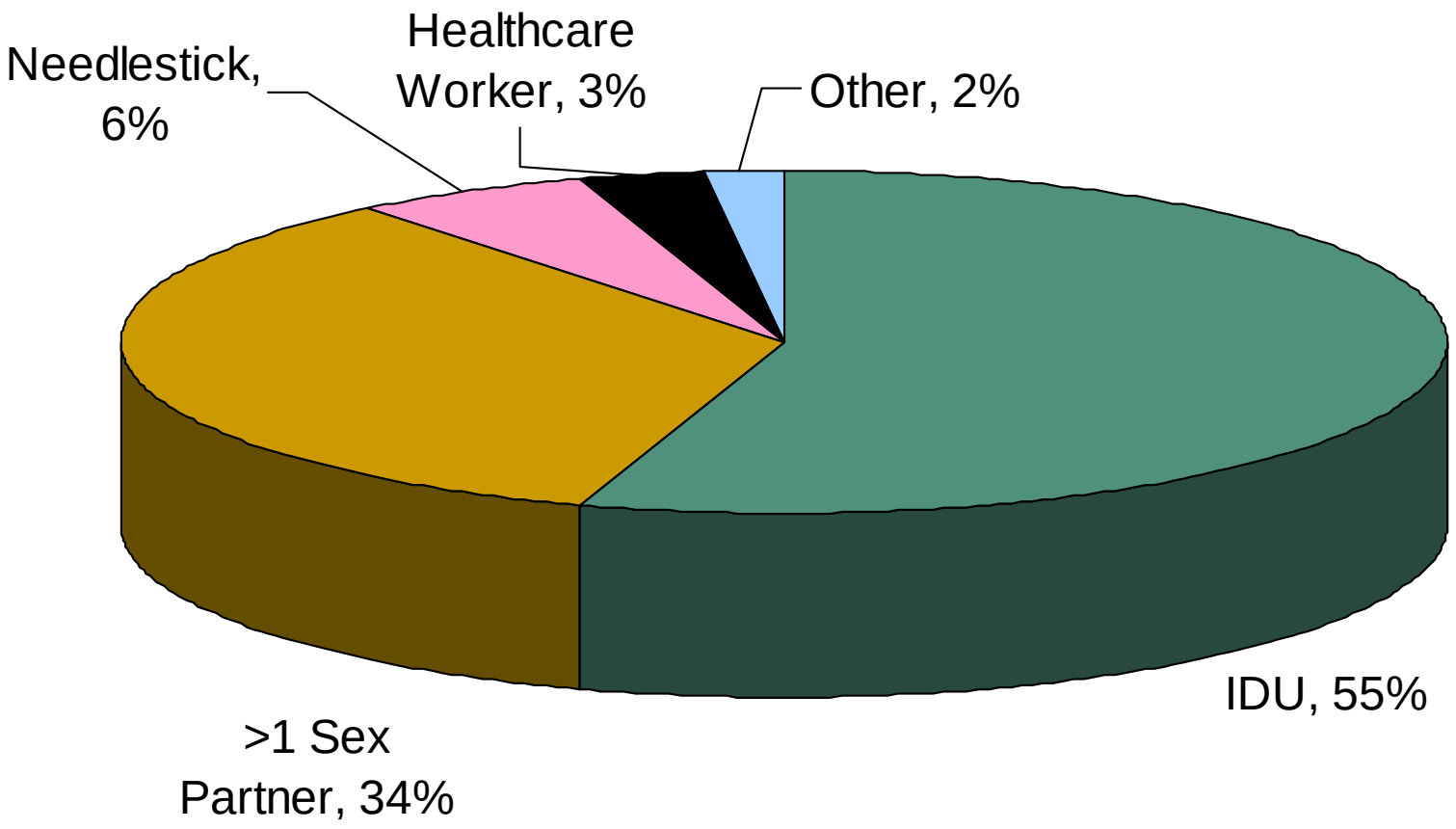
United States
2001 – 2005



*Other: Household contact, institutionalization, hemodialysis, blood transfusion, occupational exposure
** MSM – men who have sex with men
Source: Sentinel Counties Study of Viral Hepatitis, CDC

West Virginia Bureau for Public Health

West Virginia Acute Hepatitis B Risk Factor, 2003 – 2007, N = 158



Prevention Measures

- **Vaccination – The Best Prevention**
  - **All high risk individuals**
    - **Multiple sex partners or prior STD**
    - **IDU**
    - **All STD clinic clients**
    - **MSM**
    - **Occupational risk (HCWs)**
    - **Hemodyalisis patients**
    - **Inmates in correctional settings**
    - **Employees and residents at institution for the developmentally disabled**

Prevention Measures

- **Vaccination**
  - **Sexual contacts**
  - **Household contacts**
  - **IDU contacts**
  - **Children and adolescents**

Prevention Measures

- **Education**
  - **Patient, sex partners and household contacts**.
- **Universal Precautions**
  - **Needlestick injury**
  - **Blood exposure**
    - **Includes razors and toothbrushes.**

Post Exposure Prophylaxis

- **Hepatitis B Immunoglobulin (HBIG)**
  - **Sex partners & household contacts within 14 days of positive test result**
  - **Blood exposure within 7 days of positive test result**
- **Hepatitis B Vaccine**

Hepatitis B Vaccine

- **Three doses are needed to complete the series.**
- **3 dose series, typical schedule 0, 1, 6 months - no maximum time between doses (no need to repeat missed doses or restart)**
- **Protection:**
  - **30-50% dose 1;**
  - **75% - dose 2;**
  - **96% - dose 3;**

Contact Information

Vicki Hogan, MPH
Hepatitis B Epidemiologist
vickihogan@wvdhhr.org

HIV/AIDS & STD Program
350 Capitol St., Rm. 125
Charleston, WV 25301
(800) 642-8244
(304) 558-2950

West Virginia Bureau for Public Health

Adult Viral Hepatitis B Immunization Initiative Pilot Project

- CDC funded to provide hepatitis vaccine to high risk population and provide preventive education in association with the HIV/AIDS/STD Prevention Program, Division of Surveillance and Disease Control

Who is involved?

- CDC 317 Immunization Funds
- CDC Division of Viral Hepatitis
- Division of Surveillance and Disease Control
- HIV/AIDS/STD Program
- WV and other State Adult Viral Hepatitis Prevention Coordinators (AVHPC)
- State Hepatitis B Epidemiologist
- State Hepatitis A Epidemiologist
- Immunization Program
- Substance Abuse & Alcohol Prevention
- Office of Laboratory Services
- LHD, Regional Jails, Substance Abuse Tx Centers

Adult Viral Hepatitis B Immunization Initiative Pilot Project

- **In 2005 – 50,000 people in the US became infected with hepatitis B**
  - **80% infected by high risk sexual activity and/or IDU**
- **Advisory Committee for Immunizations Practices (ACIP) recommended hepatitis B vaccination in STD/HIV clinics, drug treatment centers and correctional facilities.**
- **In 2006 - Dr. Fenton and ACIP – "Dear Colleague" letter discussing the Initiative**

West Virginia Bureau for Public Health

Adult Viral Hepatitis B Immunization Initiative Pilot Project

- 2007 CDC launched the Adult Hepatitis B Vaccination Initiative
- 317 Immunization funds were allocated for adult hepatitis vaccine to reduce the incidence of hepatitis B in all 50 states

Healthy Liver

Damaged Liver ☹

Overview of Hepatitis C Virus

Reservoir	**Humans**
Incubation period	**Average 6-9weeks** **Range 2-26 weeks**
Transmission Route	**Blood to Blood**

No Vaccine

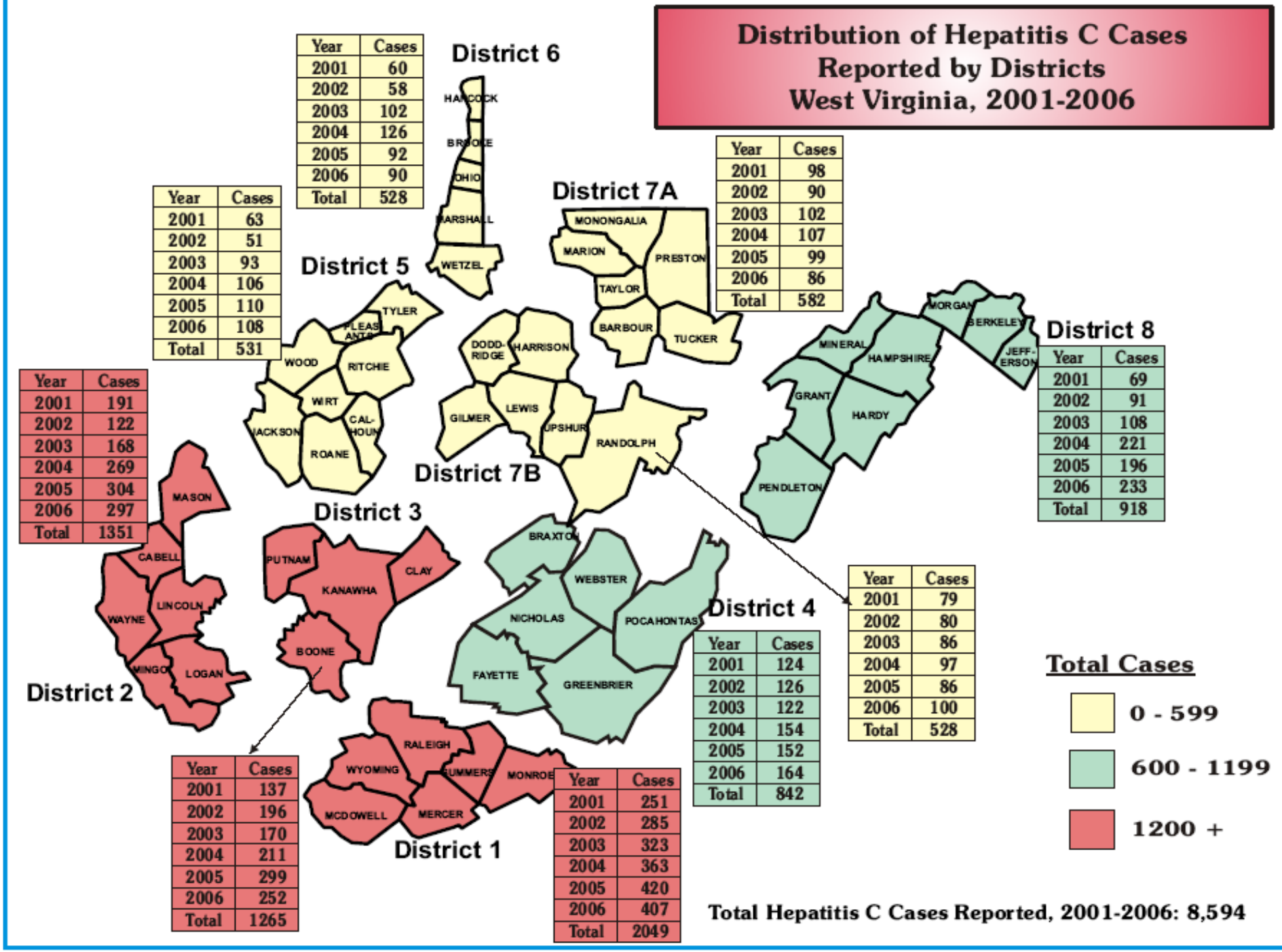
Use Universal Precautions

HCV positive individuals should not donate blood, organs or semen. Should not share toothbrushes and/or razor. Keep cuts and lesions covered.

Overview of Hepatitis C Virus

- **Hepatitis C is the most common chronic bloodborne infection in the United States for ages 20-39 years.**

Distribution of Hepatitis C Cases Reported by Districts West Virginia, 2001-2006



Year	Cases
2001	60
2002	58
2003	102
2004	126
2005	92
2006	90
Total	528

Year	Cases
2001	98
2002	90
2003	102
2004	107
2005	99
2006	86
Total	582

Year	Cases
2001	63
2002	51
2003	93
2004	106
2005	110
2006	108
Total	531

Year	Cases
2001	69
2002	91
2003	108
2004	221
2005	196
2006	233
Total	918

Year	Cases
2001	191
2002	122
2003	168
2004	269
2005	304
2006	297
Total	1351

Year	Cases
2001	79
2002	80
2003	86
2004	97
2005	86
2006	100
Total	528

Year	Cases
2001	124
2002	126
2003	122
2004	154
2005	152
2006	164
Total	842

Year	Cases
2001	137
2002	196
2003	170
2004	211
2005	299
2006	252
Total	1265

Year	Cases
2001	251
2002	285
2003	323
2004	363
2005	420
2006	407
Total	2049

Total Hepatitis C Cases Reported, 2001-2006: 8,594

2005 & 2006 Acute Hepatitis B Incidence Rate

		2005	2006
National Incidence Rate	=	2.0	1.6
WV Incidence Rate	=	3.8	4.1

- **WV ranks # 2 in acute hepatitis B infections**

West Virginia Bureau for Public Health

Past, Current & Future of Adult Hepatitis B Immunization Initiative

- **<u>January 2006</u> - free HCV/HIV screening offered in seven substance abuse treatment centers and one 30-day inpatient behavioral treatment facility**

- **<u>September 2007</u> - Vaccine Initiative began, free vaccine provided to 10 LHDs and the 8 substance abuse treatment centers**

West Virginia Bureau for Public Health

Past, Current & Future of Adult Hepatitis B Immunization Initiative (continued)

- **June 2008 - added 19 LHDs & 2 Regional Jails**
  - **Southern Regional & Tygart Valley Regional**

- **Plan: add Charleston Health Right in near future**

- **Future: If funding available and data indicates positive outcomes, may expand to other LDHs and correctional facilities**

Who is Eligible for Vaccine?

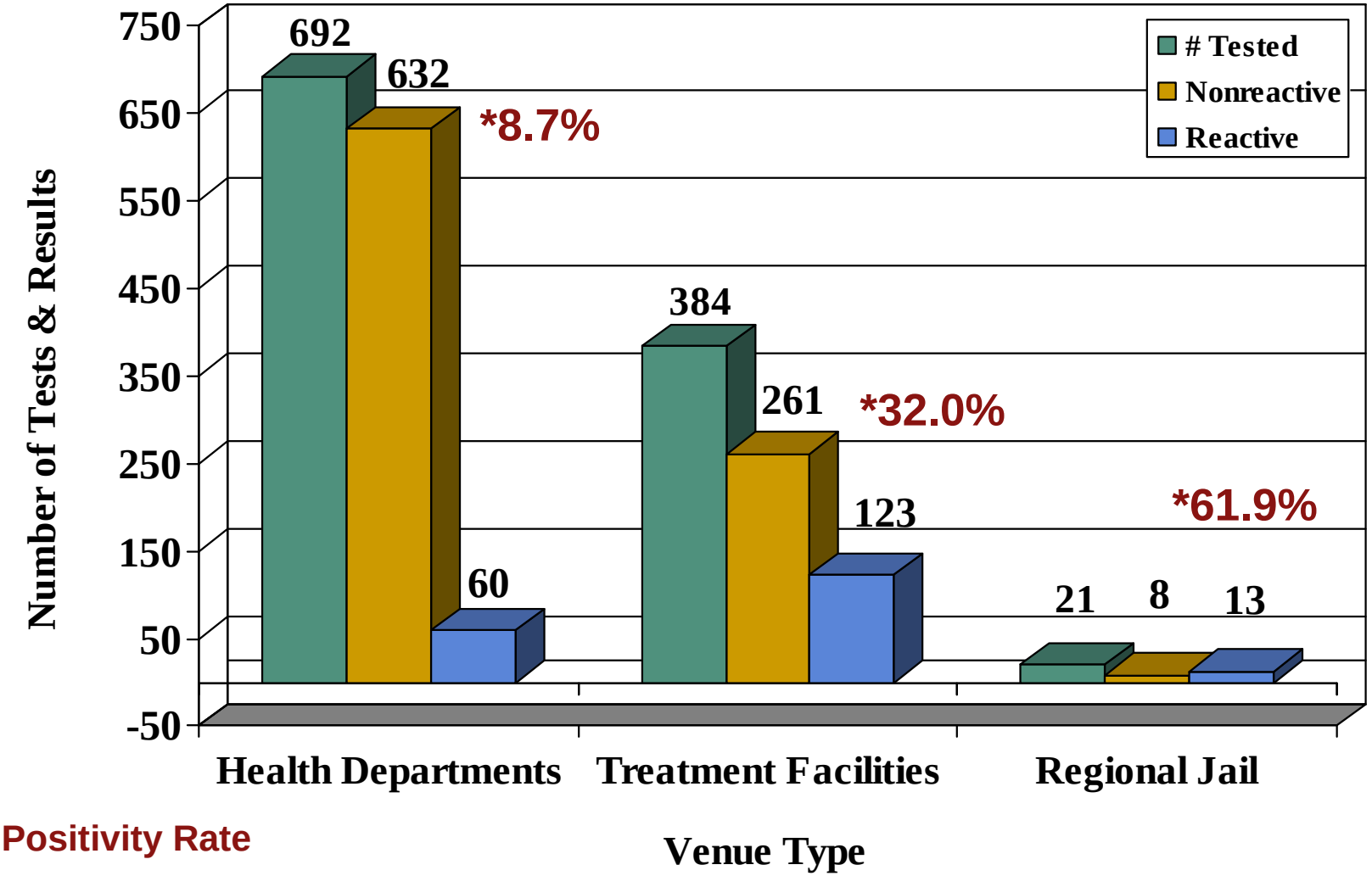
- Hepatitis C positive patients
- Clients presenting to a STD Clinic that meet risk factors: MSM or others in high risk anal sex practices, multiple sex partners or unprotected sex
- Clients seeking treatment in Substance Abuse Treatment Facilities
- Users of drugs (injecting or snorting)
- Only WV State Residents, 19 years and older

Vaccine Administered through the Adult Viral Hepatitis B Immunization Initiative Pilot Project 9/1/07 – 7/31/08

- LHD administered 1316 doses
- SA administered 153 doses
- Jails administered 48 doses

West Virginia Bureau for Public Health

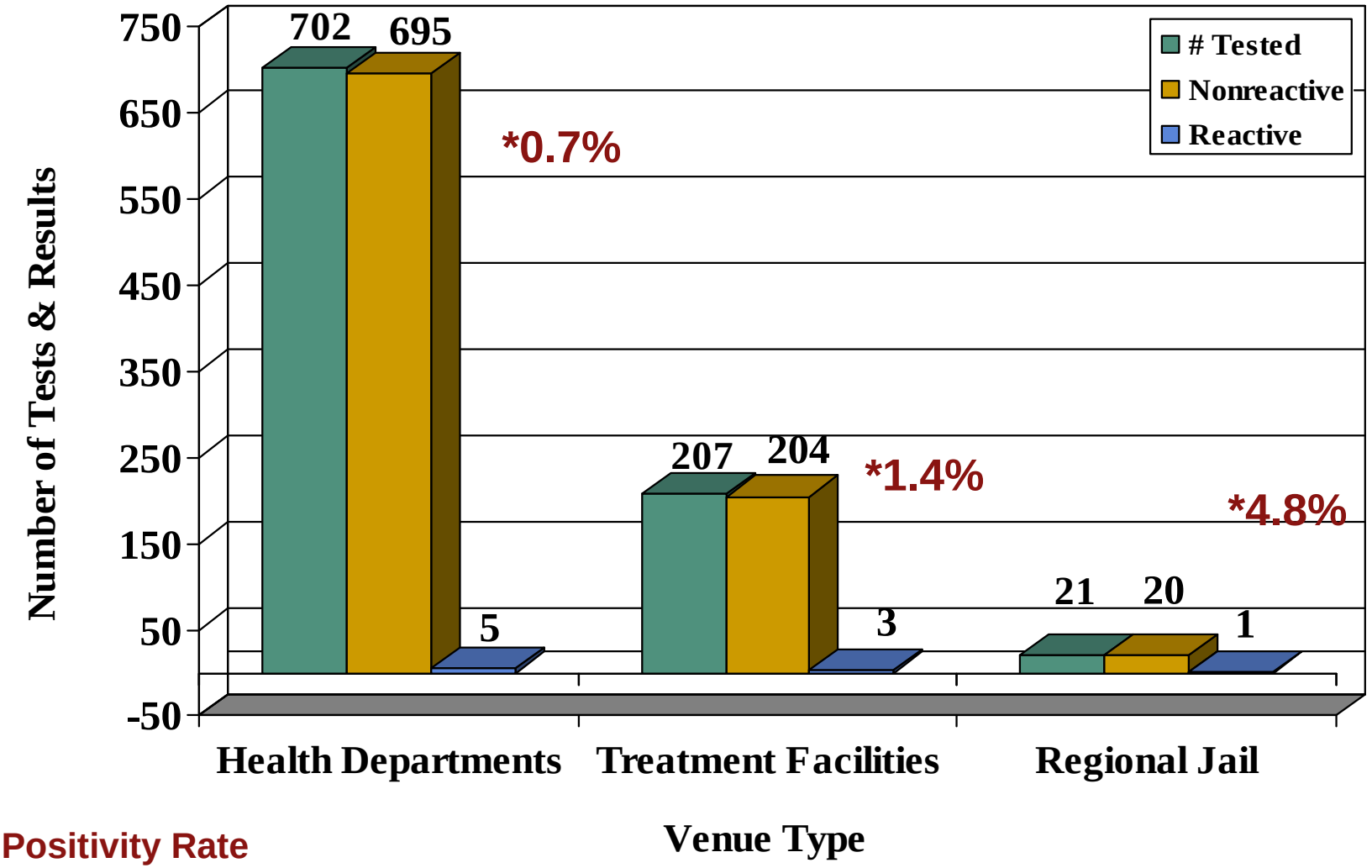
Positive HCV Lab Reports by Adult Viral Hepatitis B Immunization Initiative Pilot Project Venues, 9/1/07 – 7/31/08, N = 1097



* Positivity Rate

West Virginia Bureau for Public Health

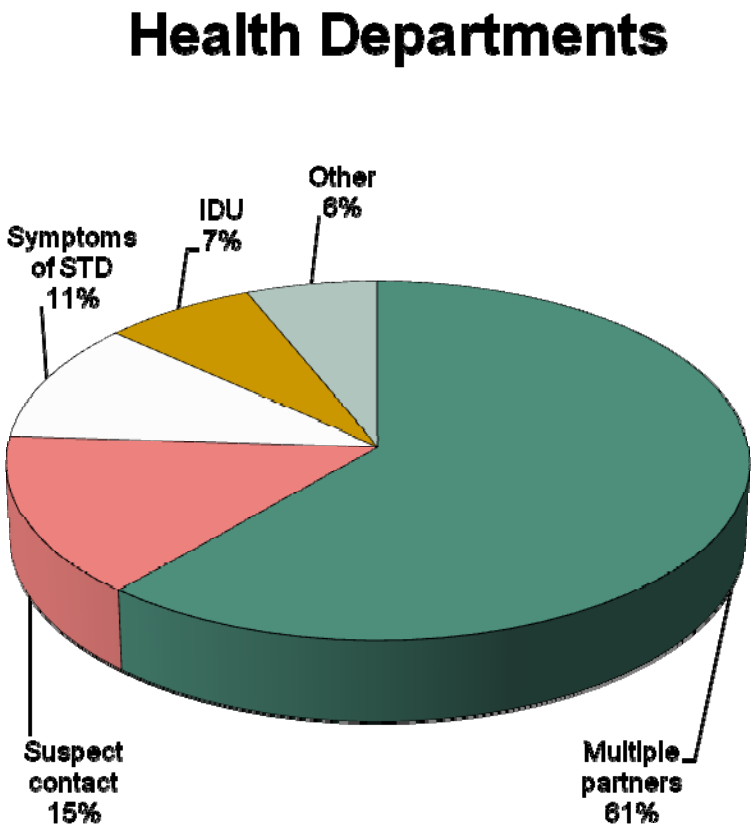
Positive Hepatitis B Lab Reports by Adult Viral Hepatitis B Immunization Initiative Pilot Project Venues, 9/1/07 – 7/31/08, N= 930

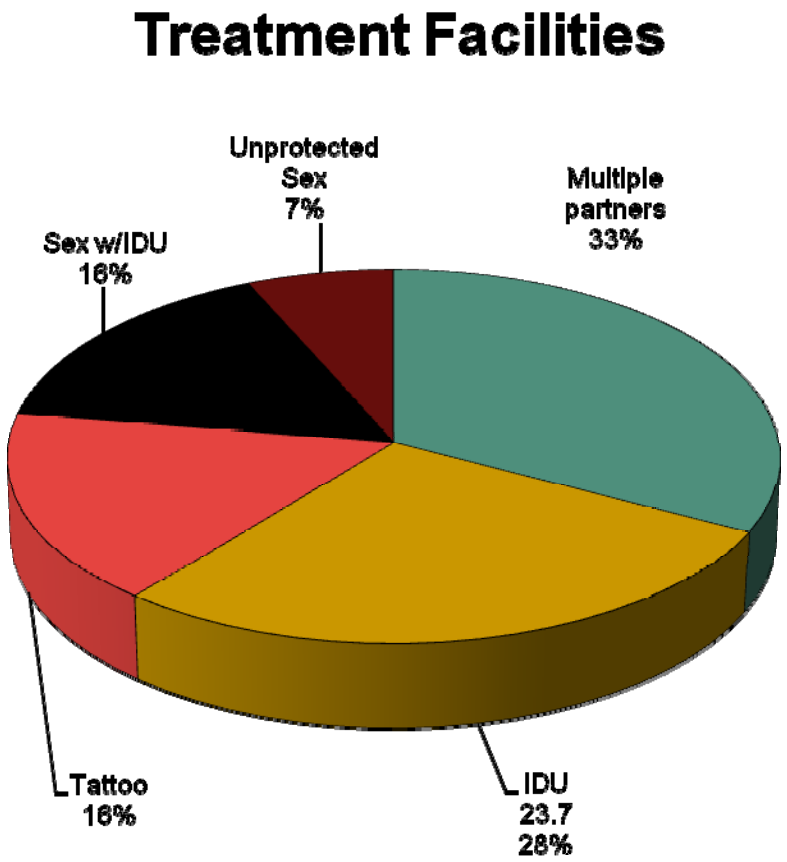


* Positivity Rate

West Virginia Bureau for Public Health

Top 5 Risk Factors Reported by Adult Viral Hepatitis B Immunization Initiative Pilot Project Hepatitis B Initiative Venues, 9/1/07 – 7/31/08

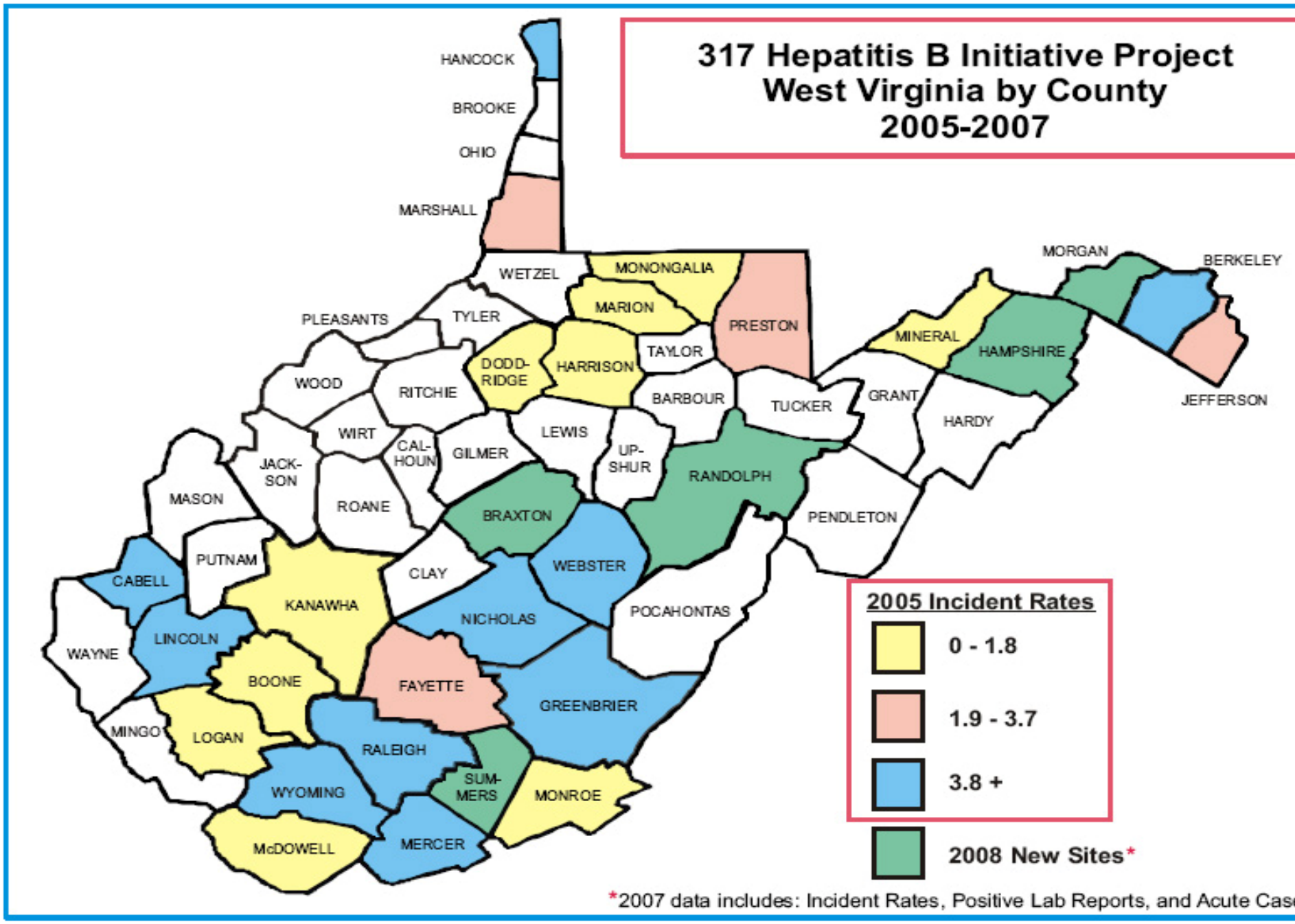


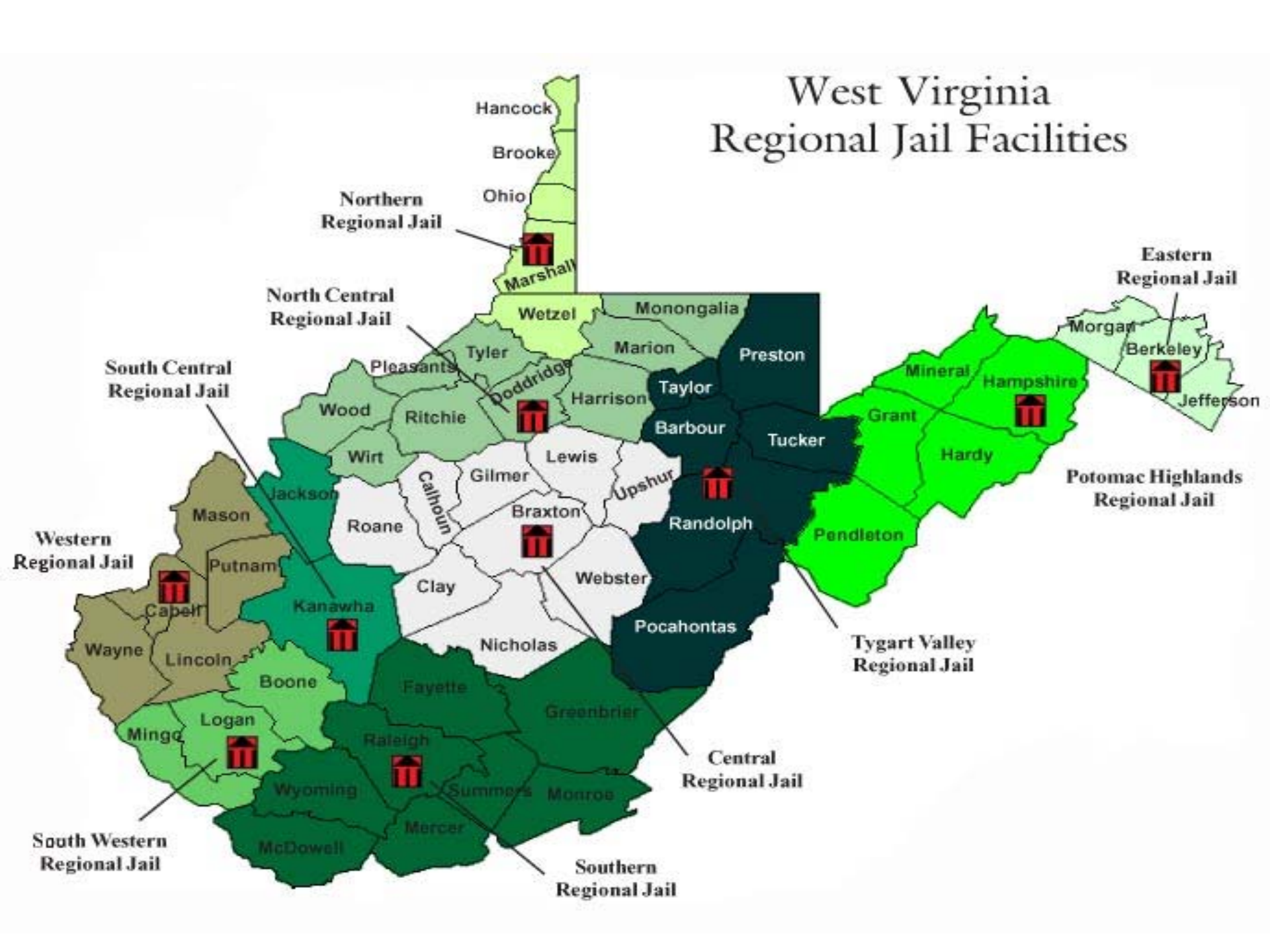


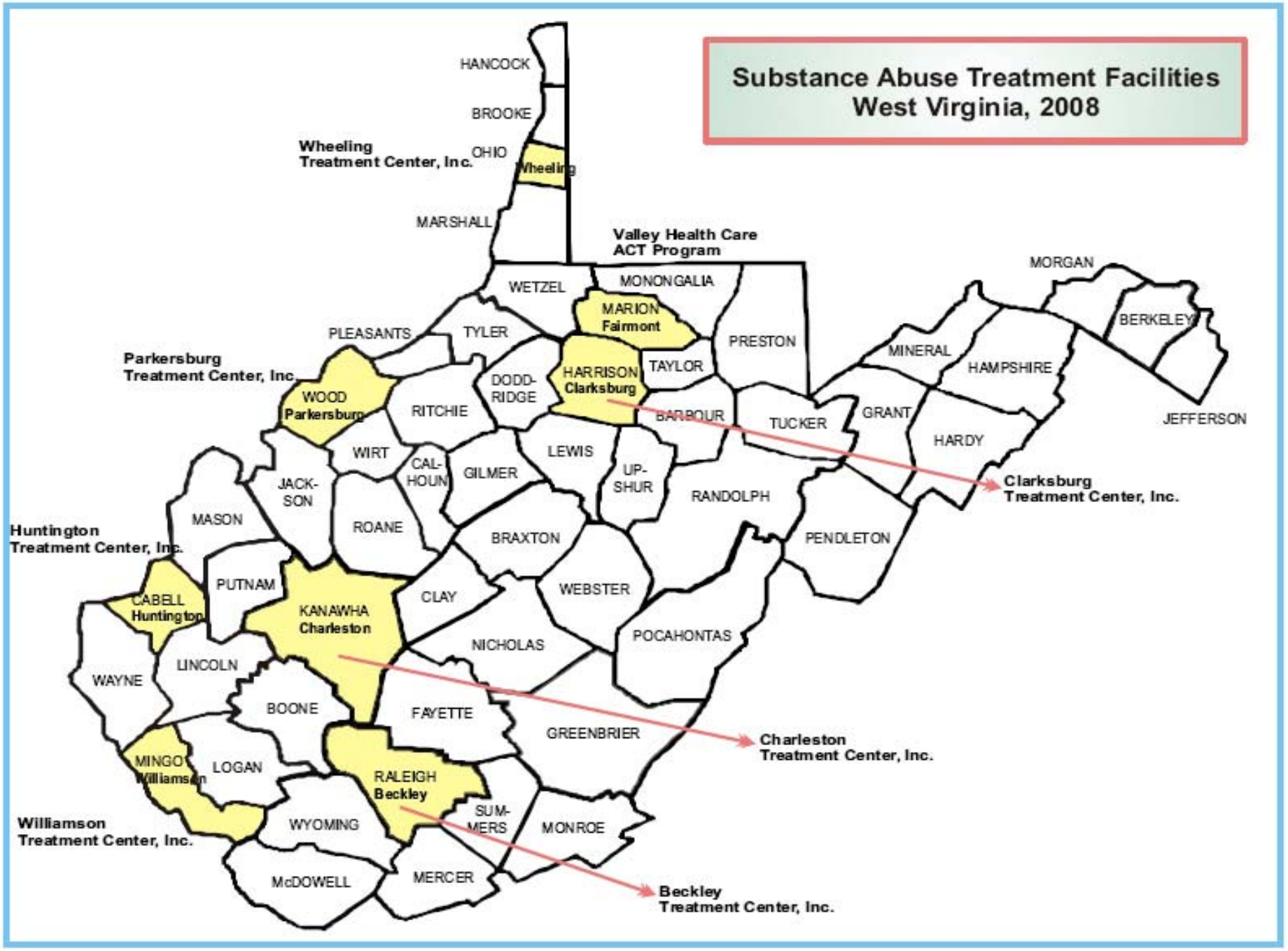
Jail

IDU – 76%; Multiple partners – 18%; Bisexual/Homosexual – 6%

West Virginia Bureau for Public Health


317 Hepatitis B Initiative Project
West Virginia by County
2005-2007
HANCOCK
BROOKE
OHIO
MARSHALL
WETZEL
MONONGALIA
MARION
PRESTON
PLEASANTS
TYLER
TAYLOR
DODD-RIDGE
HARRISON
WOOD
RITCHIE
BARBOUR
TUCKER
WIRT
CAL-HOUN
GILMER
LEWIS
UP-SHUR
RANDOLPH
JACK-SON
MASON
ROANE
BRAXTON
PENDLETON
PUTNAM
CLAY
WEBSTER
CABELL
KANAWHA
NICHOLAS
POCAHONTAS
WAYNE
LINCOLN
BOONE
FAYETTE
GREENBRIER
MINGO
LOGAN
RALEIGH
SUM-MERS
WYOMING
MONROE
McDOWELL
MERCER
MORGAN
BERKELEY
MINERAL
HAMPSHIRE
GRANT
HARDY
JEFFERSON
2005 Incident Rates
0 - 1.8
1.9 - 3.7
3.8 +
2008 New Sites*
*2007 data includes: Incident Rates, Positive Lab Reports, and Acute Cas


West Virginia
Regional Jail Facilities
Hancock
Brooke
Ohio
Northern
Regional Jail
Marshall
North Central
Regional Jail
Wetzel
Monongalia
Marion
Preston
Tyler
Pleasants
Doddridge
Harrison
Taylor
Barbour
Tucker
Wood
Ritchie
Wirt
Lewis
Gilmer
Upshur
Calhoun
Roane
Braxton
Randolph
Jackson
Mason
Putnam
Cabell
Kanawha
Clay
Webster
Pocahontas
Nicholas
Wayne
Lincoln
Boone
Fayette
Greenbrier
Logan
Mingo
Raleigh
Wyoming
Summers
Monroe
Mercer
McDowell
Eastern
Regional Jail
Morgan
Berkeley
Jefferson
Mineral
Hampshire
Grant
Hardy
Pendleton
Potomac Highlands
Regional Jail
South Central
Regional Jail
Western
Regional Jail
Tygart Valley
Regional Jail
Central
Regional Jail
South Western
Regional Jail
Southern
Regional Jail


Substance Abuse Treatment Facilities
West Virginia, 2008
HANCOCK
BROOKE
Wheeling
Treatment Center, Inc.
OHIO
Wheeling
MARSHALL
Valley Health Care
ACT Program
WETZEL
MONONGALIA
MARION
Fairmont
PLEASANTS
TYLER
PRESTON
Parkersburg
Treatment Center, Inc.
WOOD
Parkersburg
RITCHIE
DODD-
RIDGE
HARRISON
Clarksburg
TAYLOR
BARBOUR
TUCKER
MORGAN
BERKELEY
MINERAL
HAMPSHIRE
GRANT
HARDY
JEFFERSON
WIRT
CAL-
HOUN
GILMER
LEWIS
UP-
SHUR
RANDOLPH
JACK-
SON
MASON
ROANE
BRAXTON
PENDLETON
Huntington
Treatment Center, Inc.
PUTNAM
CABELL
Huntington
KANAWHA
Charleston
CLAY
WEBSTER
POCAHONTAS
NICHOLAS
WAYNE
LINCOLN
BOONE
FAYETTE
GREENBRIER
MINGO
Williamson
LOGAN
RALEIGH
Beckley
SUM-
MERS
MONROE
WYOMING
McDOWELL
MERCER
Clarksburg
Treatment Center, Inc.
Charleston
Treatment Center, Inc.
Beckley
Treatment Center, Inc.
Williamson
Treatment Center, Inc.

Adult Viral Hepatitis B Immunization Initiative Pilot Project Continuation

- 5 year pilot project (2007 to 2012)
- Group effort
- Communication
- Data re: client participation, risk factors, vaccine administered, hepatitis B & C lab results
- Understanding public health concern of hepatitis and providing preventive education
- Working together we can avoid yet another WV National Title

West Virginia Bureau for Public Health

Protect Yourself
From
Hepatitis-HIV-STDs

There is no cure for
Hepatitis, Herpes, HIV, HPV

Contact Information

Sandra Graham, RN, BSN
Adult Viral Hepatitis Prevention Coordinator
sandragraham@wvdhhr.org

HIV/AIDS & STD Program
350 Capitol St., Rm. 125
Charleston, WV 25301
(800) 642-8244
(304) 558-2950

West Virginia Bureau for Public Health

Questions?

Perinatal Hepatitis B

Stephanie Moore, RN
Perinatal Hepatitis B Coordinator
Immunization Program
Division of Surveillance and Disease Control
West Virginia Department of Health and Human Resources

CDC Case Definition

Clinical Case Definition:

Perinatal Hepatitis B in the newborn may range from asymptomatic to fulminant hepatitis

Laboratory criteria for diagnosis:

Hepatitis B surface antigen (HBsAg) positive

Case Classification:

HBsAg positivity in any infant aged 1 to 24 months who was born in the US or in US territories to an HBsAg positive mother.

Risk Factors

Mother who is HBsAg positive

or

whose status is unknown.

Transmission

From mother to infant at birth

Infants born to mothers positive for (HBsAg) and (HBeAg) have a 70-90% chance of acquiring hepatitis infection,

85-90% will become chronic carriers in the absence of post exposure prophylaxis.

An estimated 15-25% of the carriers will ultimately die of liver failure secondary to chronic hepatitis, cirrhosis, or primary hepatocellular carcinoma.

Maternal Screening

- Advisory Committee on Immunization Practices, American College of Obstetrics and Gynecology, American Academy of Pediatrics recommend that **all** pregnant women be **routinely** screened for HBsAg during an early prenatal visit

Before Birth

Educate the mother about hepatitis B.

HBIG and hepatitis B vaccine should be available at the birthing facility prior to delivery.

Before Birth

A pediatric provider identified.

Physicians orders need to be written.

At Birth

Birthing facilities should notify the local health department when the child is born.

HBIG and the first dose of hepatitis B vaccine are given.

Premature infants born to HBsAg positive mothers should receive hepatitis B vaccine and HBIG at or shortly after birth.

After Birth

Follow up to assure that the infant receives vaccination doses number 2 and 3 on schedule.

Serology (HBsAg and HBsAb) should be drawn 3 to 12 months after the third dose of hepatitis B vaccine (i.e. 9-18 months of age).

Serology Results

If HBsAg is negative and HBsAb is positive = immunity.

If HBsAg positive, refer to physician for follow-up care.

If HBsAb and HBsAg are negative,

repeat series.

WV 2008 Survey Results

31 birthing facilities

23 responded to survey

Approximately 20,000 births a year in WV

16,890 represented in the survey

17 facilities have a standing order to vaccinate prior to discharge (74%)

*** As of 6/1/2008**

WV 2008 Survey Results

21 - 68% review charts of all pregnant woman to verify the HBsAg status with an original lab

14 - 45% have standing orders to conduct labs at the time of admission if mother is unknown

422 - 4% admit with no documented prenatal screening

WV 2008 Survey Results Regarding reporting

Does your facility report the (HBsAg +) results of pregnant women who deliver at your facility to:

1) The Local Health Department	11	Yes	7	No	5	NA
2) The identified pediatrician	22	Yes	0	No	1	NA
3) The State Health Department	7	Yes	9	No	7	NA

Does your facility report the HBV and HBIG administration to infants born to HBsAg positive women to:

1) The Local Health Department	7	Yes	11	No	5	NA
2) The identified pediatrician	23	Yes	0	No	0	NA
3) The State Health Department	6	Yes	13	No	4	NA

WV Statistics - Reporting

HBsAg + Mothers Reported By year

2001/	2002/	2003/	2004/	2005/	2006/	2007
3	5	7	15	11	12	18

These are not the number of births per year just pregnant reported women

WV Statistics - Deliveries

Infants	2001		2002	
Delivered	3		3	
Received HBIG	3	100%	3	100%
Received Hep B (1)	3	100%	3	100%
Received Hep B (2)	3	100%	3	100%
Received Hep B (3)	3	100%	2	66%
Serology Testing	1	33%	2	66%

*****1 CDC case positive infant reported in 2002******

WV Statistics - Deliveries

Infants	2003		2004	
Delivered	4		6	
Received HBIG	3	75%	4	66%
Received Hep B (1)	4	100%	5	83%
Received Hep B (2)	3	75%	5	83%
Received Hep B (3)	3	75%	4	66%
Serology Testing	3	75%	0	0%

*****1 CDC case positive infant reported in 2003******

WV Statistics - Deliveries

Infants	2005	
Delivered	6	
Received HBIG	6	100%
Received Hep B (1)	6	100%
Received Hep B (2)	6	100%
Received Hep B (3)	6	100%
Serology Testing	6	100%

WV Statistics - Deliveries

Infants	2006	
Delivered	6	
Received HBIG	6	100%
Received Hep B (1)	6	100%
Received Hep B (2)	6	100%
Received Hep B (3)	6	100%
Serology Testing	4	66%

*As of 9/1/2008

WV Statistics - Deliveries

Infants	2007	
Delivered	9	
Received HBIG	9	100%
Received Hep B (1)	9	100%
Received Hep B (2)	7	78%
Received Hep B (3)	7	78%
Serology Testing	3	33%

*As of 9/1/2008

WV Current Statistics - 2008

- 10 HBsAg + mothers reported
- 6 deliveries
- 7 more expected by the end of the year

*** 9/1/2008**

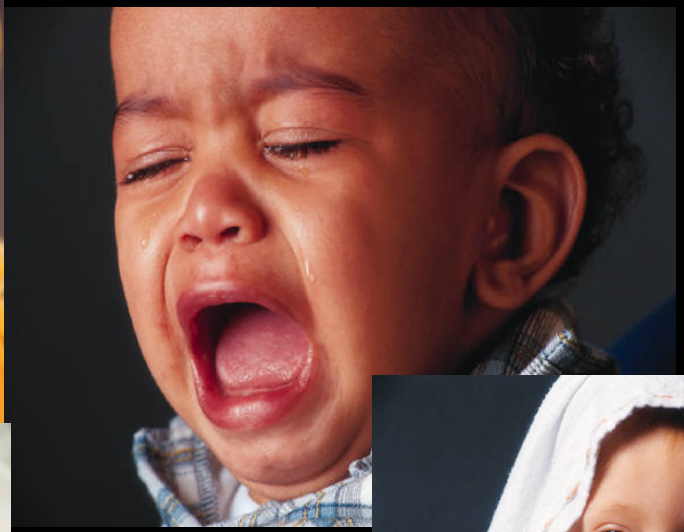
Estimated Vaccination Coverage for Hepatitis B Vaccine Among Children from Birth to 3 Days of Age by State and Immunization Action Plan Area National Immunization Survey, 2007‡

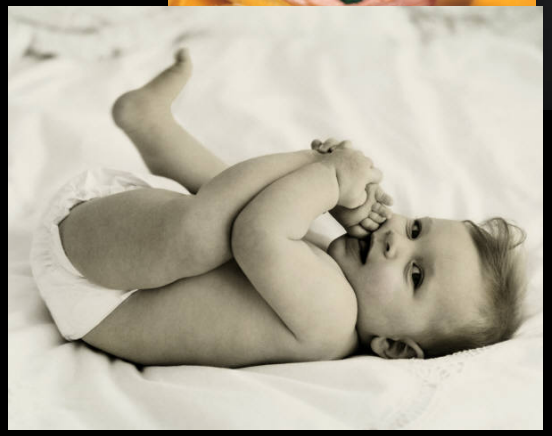
	1+HepB 1 day§	1+HepB 2 day‖	1+HepB 3 day¶
US National	46.0±1.3	51.4±1.3	53.2±1.3
West Virginia	41.1±6.6	51.3±6.8	52.5±6.8

Focus Areas for Perinatal Hepatitis B

- Increase HBsAg screening of pregnant women and prenatal service
- Increase reporting from hospitals to local health or state health
- Increase the Hep B birth dose rate
- Increase the identification of the expected births to HBsAg-positive women for case management
- Maintain a 100% completion of infant serologic testing and results

Prevention is the Key





Identify - Vaccinate - Follow - Test

Websites

WV Immunization Program
http://www.wvimmunization.org

National Immunization Program
http://www.cdc.gov/nip

Contact Information

Stephanie Moore, RN
Perinatal Hepatitis B Coordinator

stephaniemoore@wvdhhr.org

WV Immunization Program
350 Capitol St., Rm. 125
Charleston, WV 25301
(800) 642-3634
(304) 558-2188

YOU
can make the difference.

Communication 101

"The Importance of Relating To Your Audience"

West Virginia Immunization Program

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Toby Wagoner, Public Information Specialist

My Communications Background

- Immunization Program PR Person
- Radio News Director 5 Years (6 Counties)
- Marketing / On-Air Radio 10 Years
- Appointed to City Council Zoning Board
- Served on Board of Directors – Family Health Care
- Fund Raiser / Event Planner
- Emcee and Church Leader

I had to Leave Radio – Cause this would have been me in 20 more years….

Just Kidding!

What is *Communication*?

–*noun* 1.the act or process of communicating; fact of being communicated. 2.the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs. 3.something imparted, interchanged, or transmitted. 4.a document or message imparting news, views, information, etc.

Talking, Internet, How You Dress, Brochures/Posters, Telephones, Video, Instant Messaging, Memos, Press Releases, Media/Press, Body Language, Email, Facial Expressions, Editorials, Meetings, Blogging, Protesting, Public Hearings, etc.

Communications Could Be Negative / Positive/ Emotional

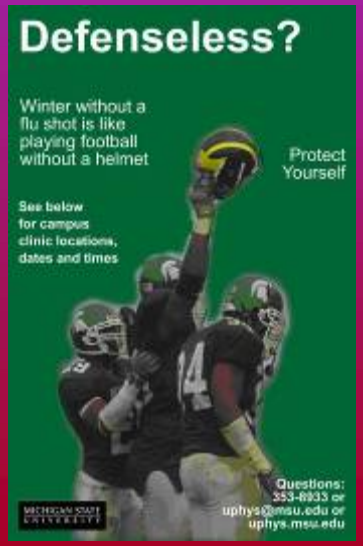
What is *Communication*?

Thoughts		Speech
Opinions		Writing
Information		Signs

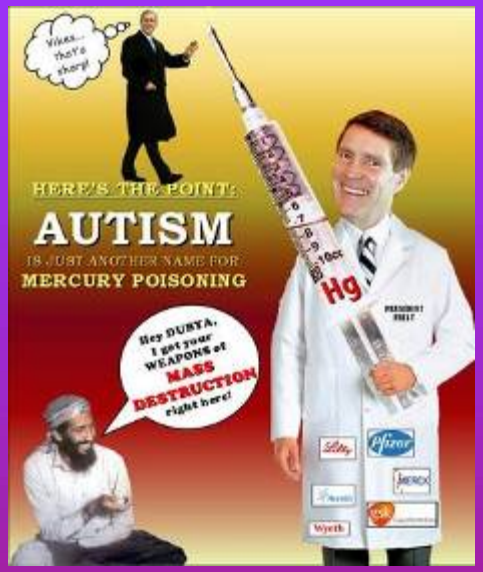
Talking, Internet, How You Dress, Brochures/Posters, Telephones, Video, Instant Messaging, Memos, Press Releases, Media/Press, Body Language, Email, Facial Expressions, Editorials, Meetings, Blogging, Protesting, Public Hearings, etc.

Communications Could Be Negative / Positive/ Emotional

Examples of Positive Immunization Communication

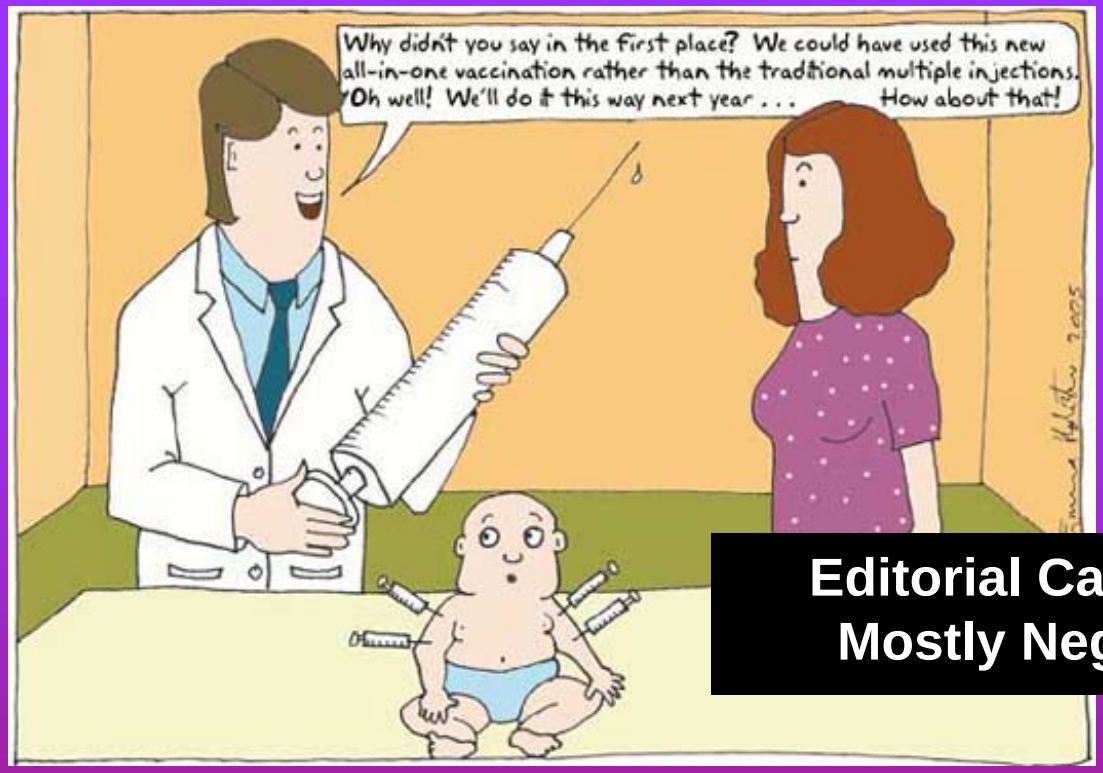


Negative Communication

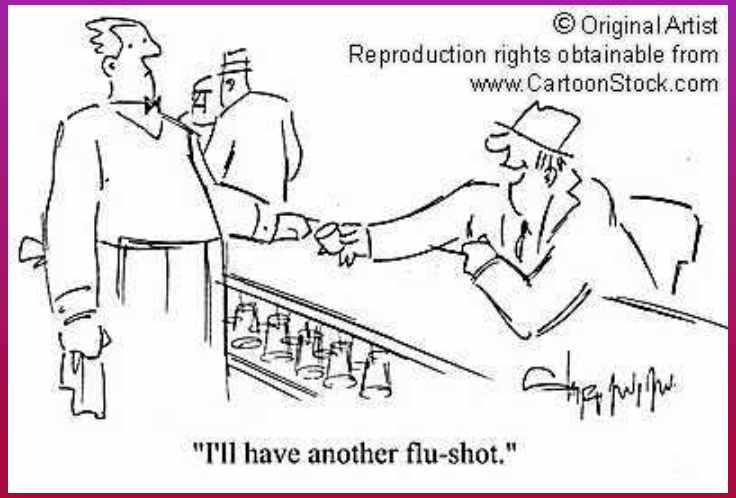


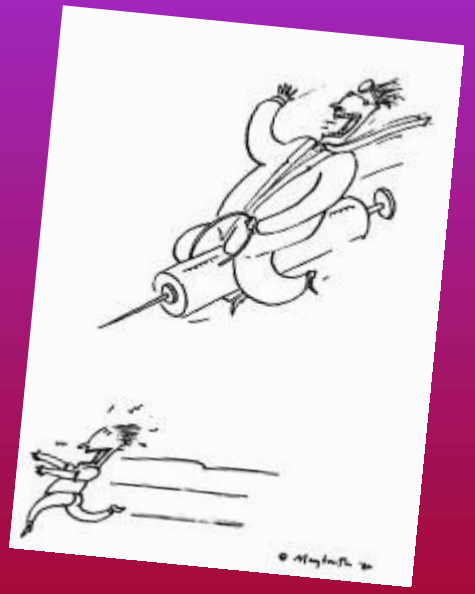
"A single vaccine given to a six-pound newborn is the equivalent of giving a 180-pound adult 30 vaccinations on the same day."

Dr. Boyd Haley, Professor and Chair, Dept. of Chemistry, University of Kentucky (2001)



Editorial Cartoons
Mostly Negative





Seven Simple Thoughts On Communications

1. He can compress the most words into the smallest idea of any man I ever met. – Abraham Lincoln
2. It is good to rub and polish our brain against that of others - French philosopher
3. Get in touch with the way the other person feels. Feelings are 55% body language, 38% tone and 7% words – Unknown Author

4. Good Communication is as stimulating as black coffee, and just as hard to sleep after.

5. The ability to express an idea is well – nigh as important as the idea itself

6. Effective communication is 20% what you know and 80% how you feel about what you know – Jim Rohn – Author/Speaker

7. Think like a wise man but communicate in the language of the people.

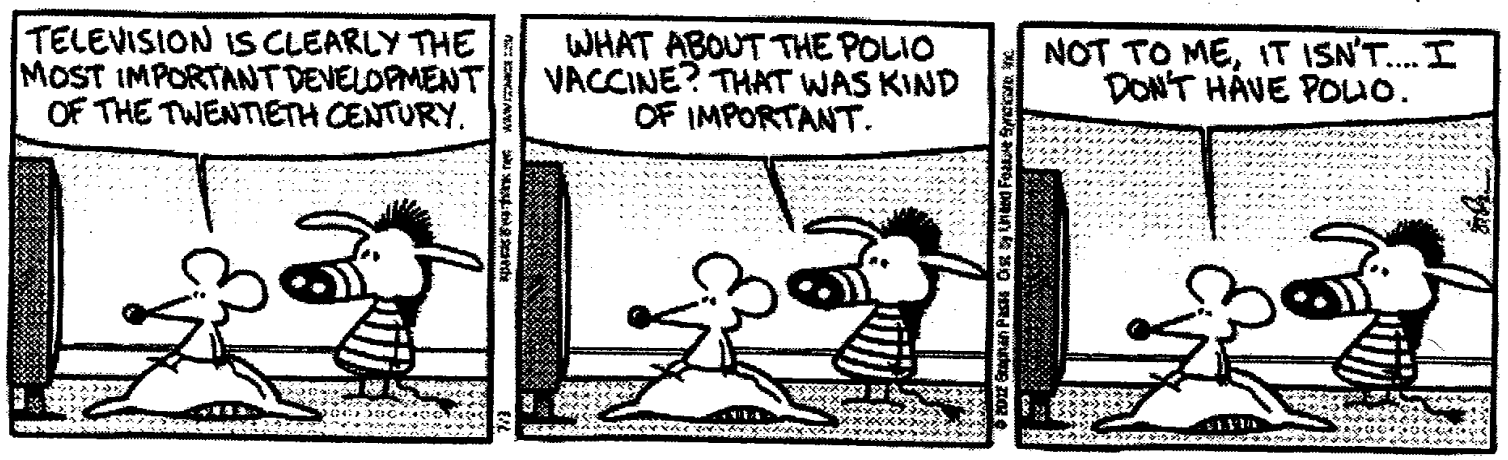
Irish Poet 1865-1939

Messages Relate Differently

One Reason:

Life Experiences Come Into Play With Communications

Experience Does Matter



Communicating Immunization Is Sometimes Difficult To People Not Familiar With The Diseases

Powerful Image Back Then…
But How About Now?

Age 50 and Up (YES)

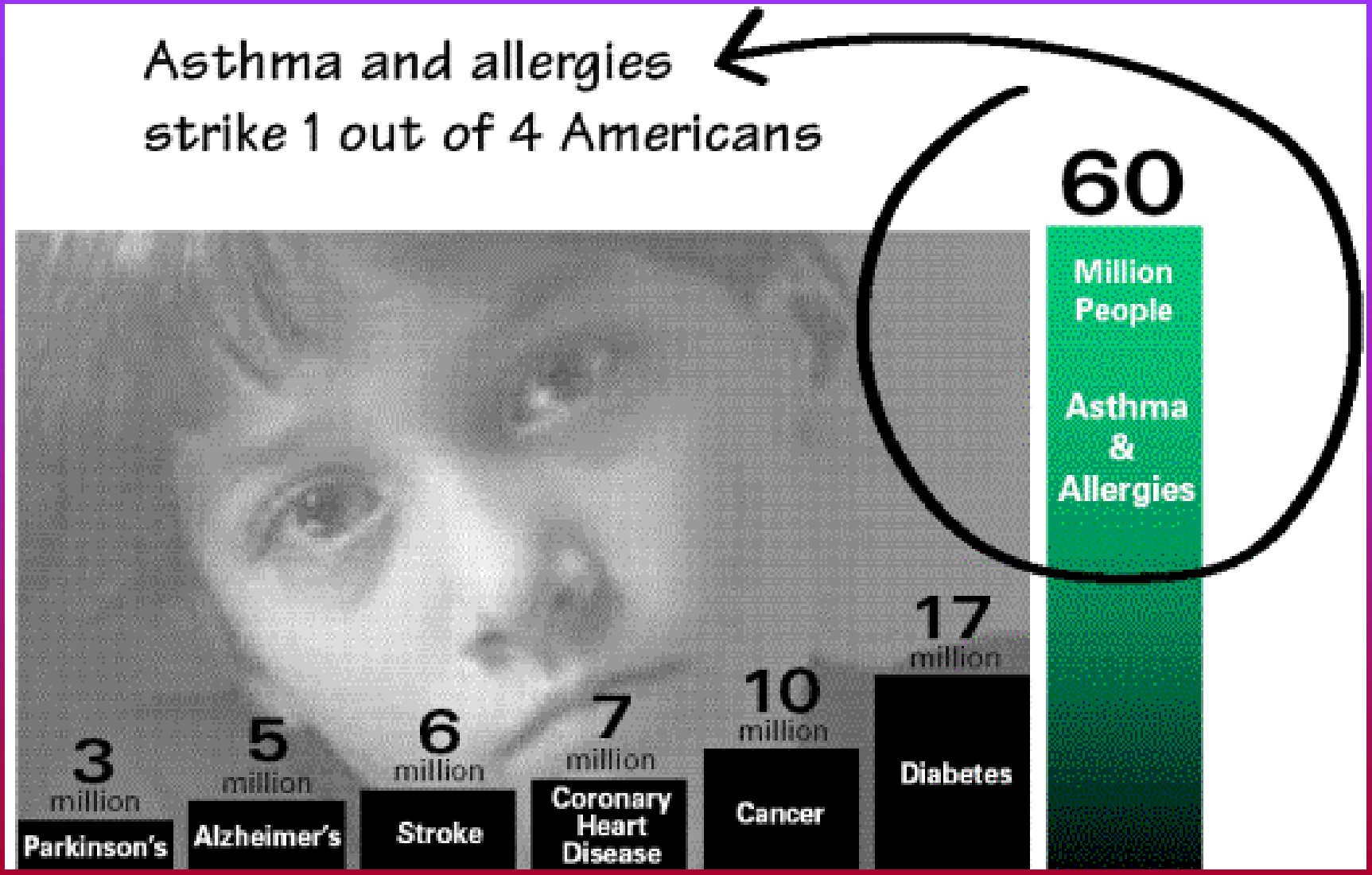
Age 40 and Below (NO)

1952 proved to be the worst year for polio in the history of the nation. Nationally there were 57,628 reported cases that year

In 1964: 121 cases

In 1977, the National Health Interview Survey reported that there were 254,000 persons living in the United States who had been paralyzed by polio, and the total number of polio survivors in this country may still exceed 600,000. The number world-wide is in the tens of millions.

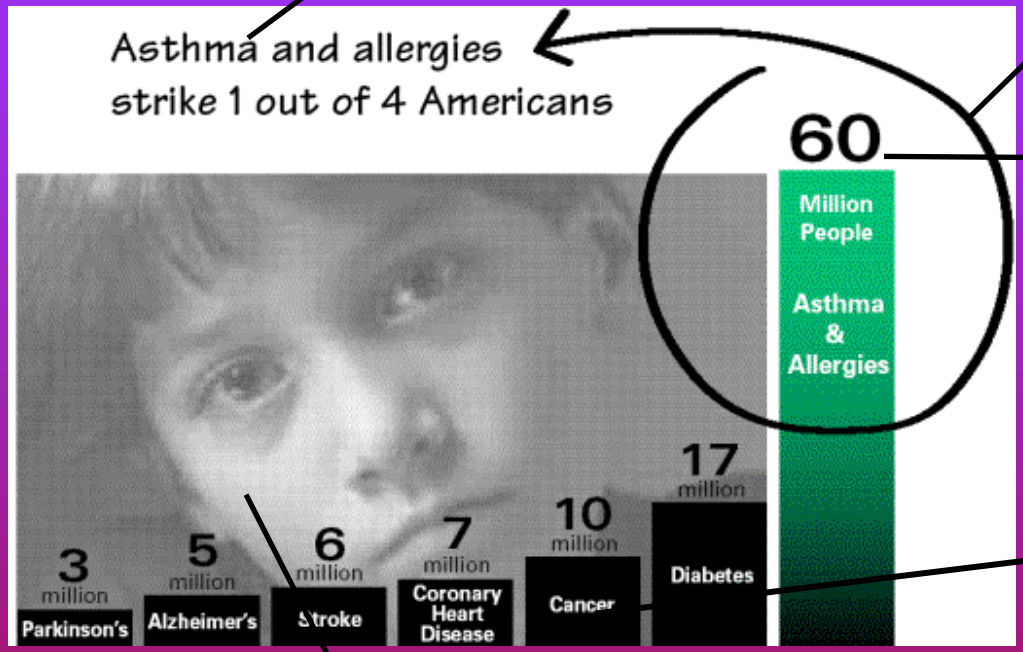
Simple Message



Quick Information

Easy To Relate

Even The "Circle" Has Meaning

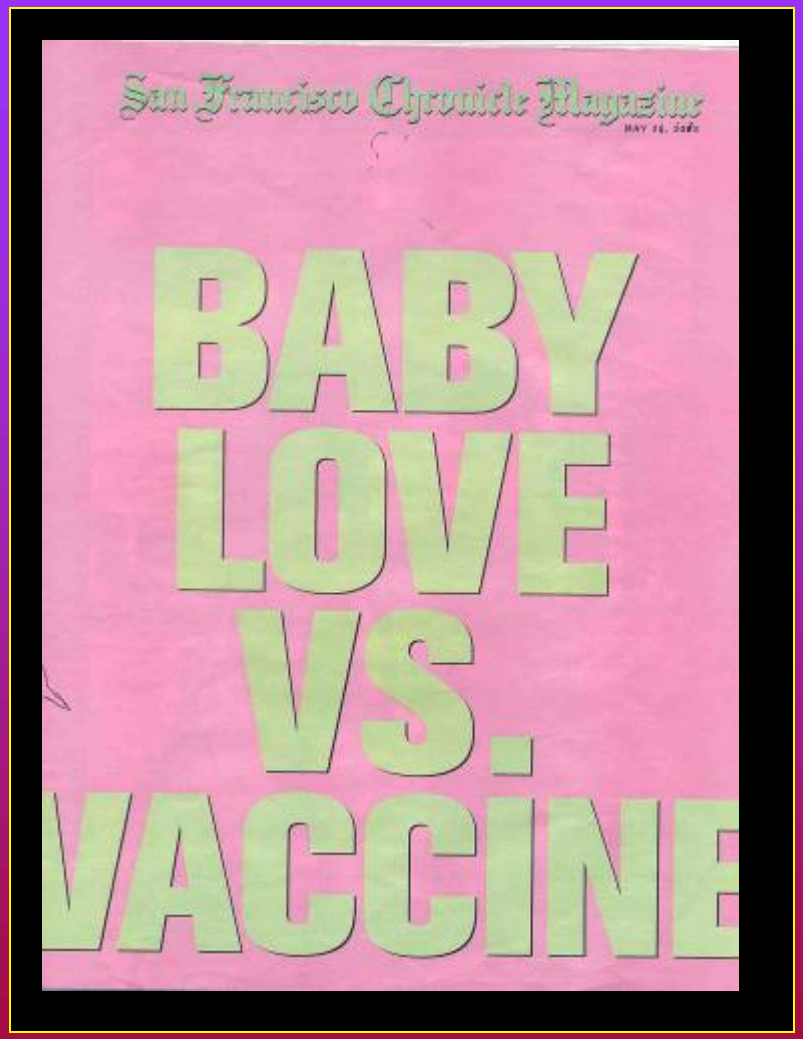


Shows Overwhelming Stats

You Know Someone with one or more of these diseases

Child was chosen as the image

Mixed Messages?

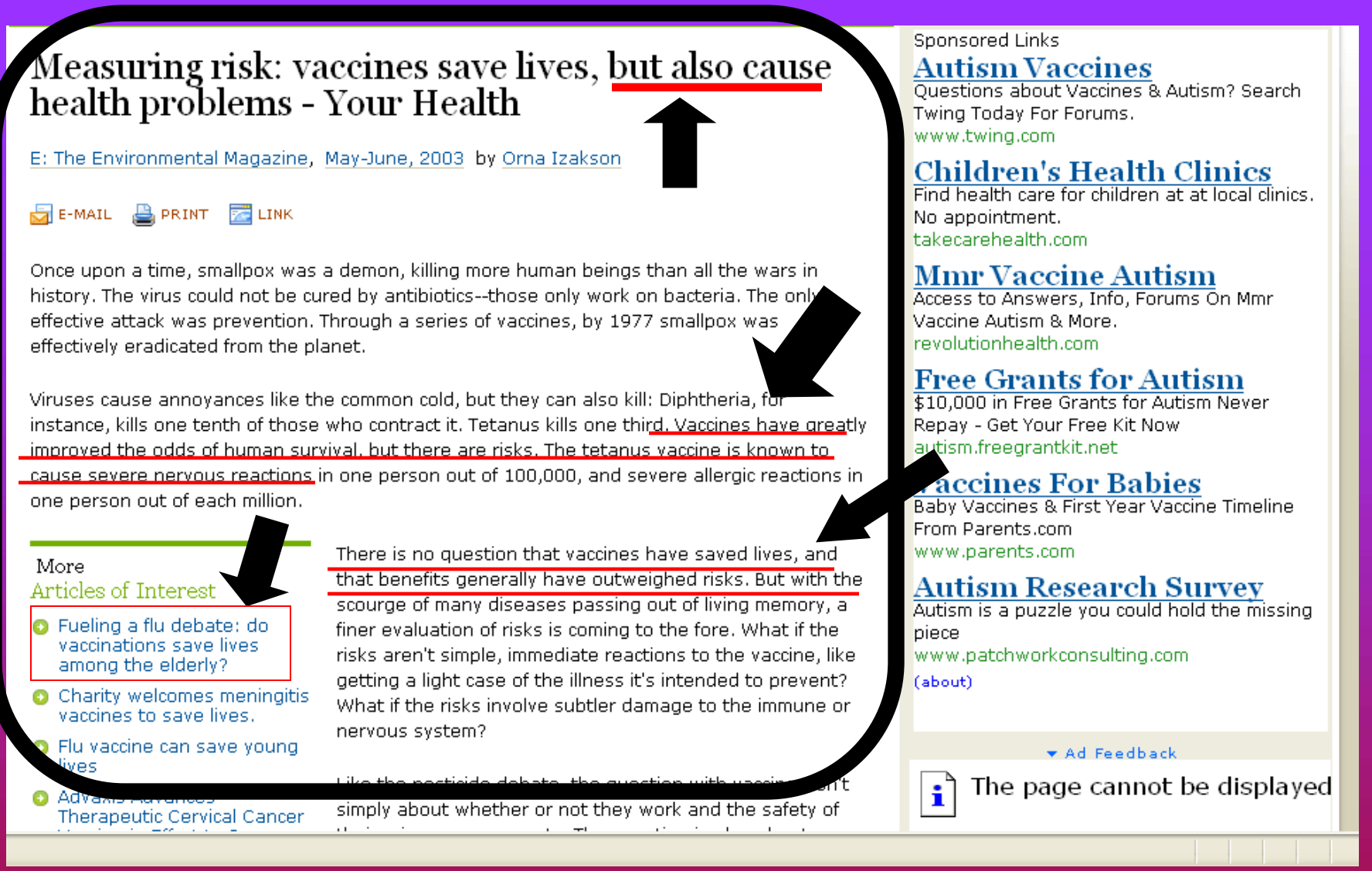


A) Not Sure Exactly

B) A) Parents Vaccinate Your Children

C) Parents: Love Your Baby Avoid Vaccines

Example used at the Coalition Conference In San Francisco



Is it really worth the risk?

West Virginians for Vaccination Exemption

No forced vaccinations. Not in America. Not for free Mountaineers.

- Home
- The Debate
- You Can Help
- Resources
- Links
- Contact Us
- About Us
- Join

Welcome to WVVE

Welcome to West Virginians for Vaccination Exemp
this site informative and thought provoking.

If you are interested in religious, medica
obtain the same exemptions that 48 oth

ACTION ALERTS! TAKE ACTION NOW!

The WV DHHR has once again attempted to bypass State Legislators, by mandating new vaccination requirements and rules, without the approval of the Legislature. Please send a press release to your representative, friends, family, the press, your pastor - Everyone!

- Download Heritage Communications Press Release
- Download the Exponent Telegram (Clarksburg) News Article

Why do some people object to vaccines?

There are various personal and religious reasons; Reasons for and against exemptions can be found in our section on the exemption debate.

If you would like West Virginia to have an exemption to vaccination added into law

Video Download Center

Download a Video making a case for vaccine exemp
your pre
open.

Downlo
connec

Downlo
connec

View a
Objecti
Made Using Abortions

Parents Speak! Why we do not vaccinate.

West Virginia and Mississippi are the only two states that do not allow religious exemptions....

Read more.

WVDHHR is allowed by law to do this.

"Only Two" Does this make us "Nutty" or Progressive?

Vaccination Liberation Exemptions - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address http://www.vaclib.org/exemption.htm

Discuss

Vaccination Liberation - Exemption Information

Home Page of Vaccination Liberation (VacLib.org)

Exemption Forms and Information

Contact for Exemption Information

All states allow a medic[illegible]n and some states allow philosophical and/or religious exemptions. However, the American Medical Association and ChildrensHealth[illegible]ctively promoting the abolishment of religious and philosophical exemptions.

Likewise, other corporate [illegible]cs are also challenging informed consent.

Disclaimer:

- Use our exemption pages at your own discretion.
- Vaccination Liberation is a volunteer organization.
- Our services are freely given, although we appreciate donations and parallel efforts of like minded activists.
- We are NOT doctors or lawyers.
- Our work is for the purpose of assisting YOU to assert your rights.
- We make NO guarantee of outcome for your actions.
- Laws change frequently. Errors may occur.
- Please double check current laws for your state.

Important: Read our Full Disclaimer here:

- READ VERY CAREFULLY any waiver forms before you sign. Find out why signing the AAP waiver form is a self incriminating act. DoNotSign Waiver Info page

Caveat emptor ~ Buyer beware

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Another Mixed Message…or not?

Who was target **AUDIENCE** in those last few pieces? Was it a mixed message, really?

- Concerned Moms, Dads, Teens?
- Those Who Question Immunization?
- Those Pro-Natural Immunity?
- Those Fearing Vaccine Components?
- Conspiracy Theorist – Believe the Government Is Bad
- Religious Movements?

The message was mixed to Pro-Immunization People, but totally clear to the person looking to make a claim for exemption.

This is why effective communication is sometimes challenging…

Believable? Who Do We TRUST?

Table 2. Level of Trust in Specific Health Information Across Information Sources Among US Adults*

Source	Level of Trust in Cancer Information			
	A Lot	Some	A Little	Not at All
Physician	62.4 (60.8-64.0)	30.7 (29.2-32.2)	5.2 (4.4-5.9)	1.7 (1.1-2.4)
Internet	23.9 (22.4-25.4)	40.9 (39.3-42.6)	12.4 (11.3-13.4)	22.8 (21.6-24.0)
Television	20.0 (18.8-21.3)	51.0 (49.2-52.7)	21.2 (19.9-22.4)	7.8 (7.0-8.6)
Family or friends	18.9 (17.9-20.0)	48.9 (47.4-50.3)	25.3 (23.9-26.7)	6.9 (6.0-7.7)
Magazines	15.9 (14.7-17.0)	50.3 (48.7-51.9)	21.0 (19.9-22.2)	12.8 (11.8-13.8)
Newspapers	13.1 (12.0-14.2)	50.3 (48.6-52.0)	23.7 (22.3-25.1)	12.8 (11.7-13.9)
Radio	9.9 (8.8-11.0)	44.0 (42.2-45.9)	25.8 (24.3-27.4)	20.2 (18.9-21.6)

*Data are given as mean percentage (95% confidence interval) of adults (weighted).

Trust and Sources of Health Information
The Impact of the Internet and Its Implications for Health Care Providers: Findings From the First Health Information National Trends Survey
Bradford W. Hesse, PhD; David E. Nelson, MD, MPH; Gary L. Kreps, PhD; Robert T. Croyle, PhD; Neeraj K. Arora, PhD; Barbara K. Rimer, PhD; Kasisomayajula Viswanath, PhD Dec 12/26, 2005

Communication Is Not Always Simple

- 1) Mixed Messages
- 2) Confusion As To Who The Audience Is
- 3) Who Do People Trust?
- 4) People Have Limited Time

How We Communicate

- In Person
- Phone Calls
- Video Conference
- Text Message
- Email
- Advertising

Person-to-Person (Group) is Always Best

- More Personal
- Shows Concern, Motivation, Passion, Enthusiasm
- Receive Instant Feedback
- Not Much Costs
- Know They've Heard – If they have heard

Plan for Your Audience Level

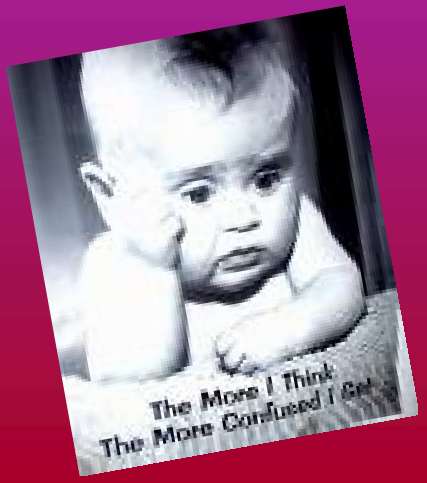
When To Speak Up?

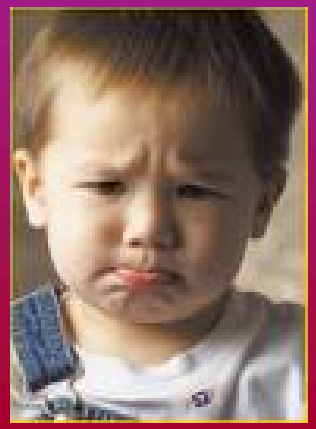
- Immunocompromised (weakened immunity)
- Contraindications (inadvisable to use)
- Efficacy (producing a desired result or effect; effectiveness)

(Speak Up When the audience demands or expects it)

Here's An Example:

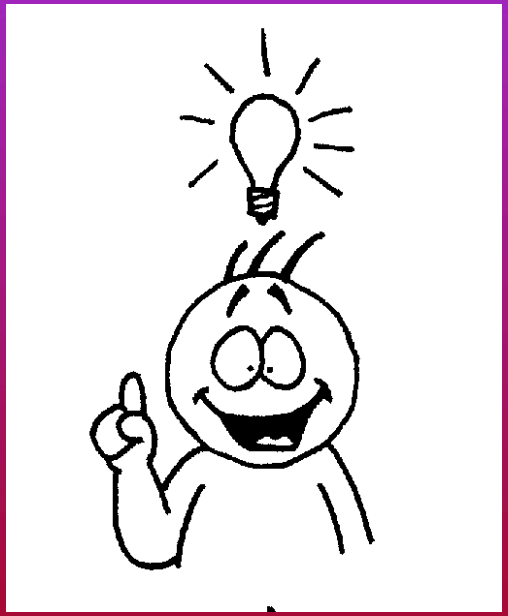
- Both trials did undertake separate evaluations for vaccine efficacy on subgroups of young women who showed no evidence of previous exposure to the relevant HPV types. The authors of the editorial already mentioned commented that: "In these subgroups, efficacy of nearly 100% against all grades of cervical intraepithelial neoplasia and adenocarcinoma in situ related to HPV types was reported in both trials. However, it would be important to know the overall rates of grade 2 or 3 CIN or adenocarcinoma in situ regardless of HPV types. Without these data, it is difficult to infer both the effectiveness of vaccination and the role of non-vaccine HPV types in overall rates of pre-invasive lesions." (1)





Relate to your audience

- *(Two studies evaluated how the vaccine affected different groups of women with no previous history of HPV. Researchers agreed that the vaccine provided virtually 100% protection pre-cancer ; however more studies are needed to determine the overall effectiveness of the vaccine and the very early cancer of the cervix associated with HPV.)*



Sometimes, when you simplify, it just makes more sense.

Caution: Be careful while simplifying that you don't accidentally make the message the incorrect.

Who's In Your *AUDIENCE*?

- Adults
- Children (Small, Tweens, Teens)
- Parents (Single, Married, Divorce)
- Non-Parents
- Lawmakers
- Providers / Professionals
- Patients / Non-Patients

Examples Of Relating

Adults

1) We can speak to them as a fellow adult
2) What do we expect them to know and not know
3) Where do we need to elaborate or further explain
4) Skeptical / Generate Trust – When it comes to their health
5) Like to make decisions on their own
6) Quick to discard if not interested
7) Humor is sometimes an attention getter

Immunization protects you and your family.

Children, Tweens, Teens

- Young Children: Fearful, Playful, Limited Attention, Fidgety, Needs Action / Affection
- Tweens to Adults: Self Conscious, Shy, Confident, Need for Empowerment, Worry about Peer Pressure
- Tweens to Tweens: Bossy, Confident, Helpful, Looks for Public Praise, Intimidating, Less Likely to Share Ideas
- Teens: Independent, Needs Action/Affection, Limited Attention Span, Need for Empowerment, Looks for Praise

It's My Health – I'll Get The Shots I Need

Being Responsible – Adult Like

The Parents' Mind

- Parents Think Differently Than Non-Parents

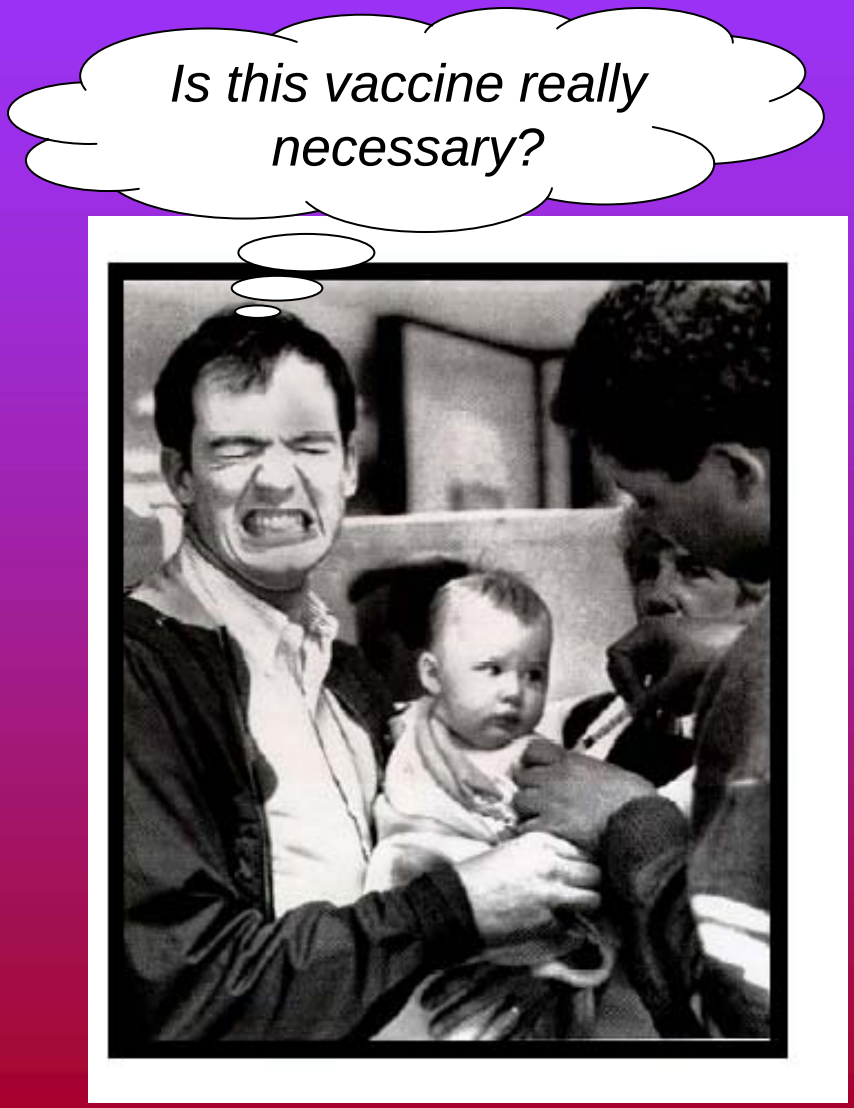
Each Other

The Kids

The Family

Another Barrier

Parents are Protective



Parental concerns about vaccine safety is on the rise, posing significant challenges for today's pediatricians. The emergence of anti-vaccine Web sites, media attention to false claims about vaccine safety, and a decrease in the prevalence of once-common vaccine-preventable diseases has contributed to the increasing number of parents who question vaccines.

American Academy of Pediatrics "Addressing Concerns of Vaccine-Hesitant Parents"

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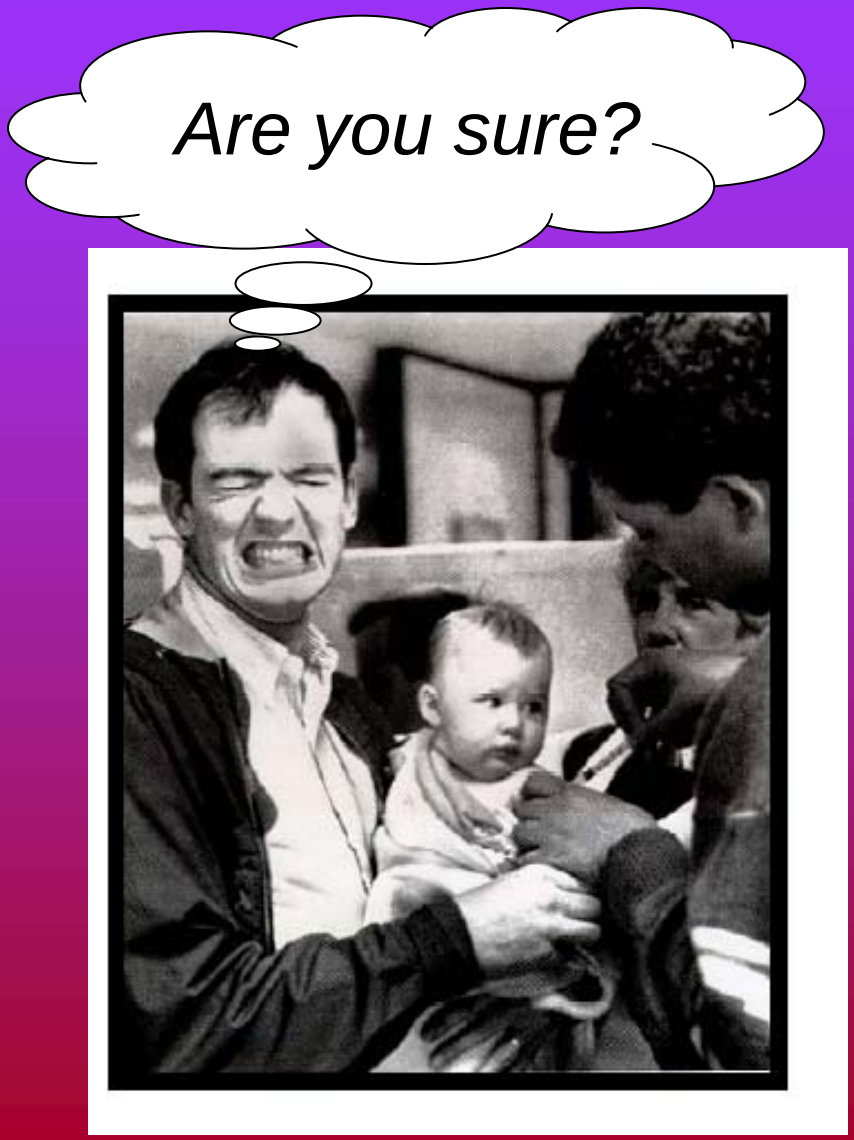

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American Academy of Pediatrics "Addressing Concerns of Vaccine-Hesitant Parents"

To Parents, *It is a BIG DEAL.*

Common Par… e Safety

- M… une system
- Va… , common col…
- Vac… disabilities
- Thi…
- Too…
- Child…
- Vacc…

American Academy of Pediatrics “Addressing Concerns of Vaccine-Hesitant Parents”

Another Barrier

Some Parents & Their Older Children

- Allow Teens To Choose
- Afraid of “Forcing” an Issue
- Afraid of Damaging a Bond
- Plan Away From Checkups
- Invincible / No Consequences (Health)
- Healthy

We Must **Encourage** Parents To Empower Their Teenagers Without Compromising While Becoming Proactive and Immunization Champions

Lawmakers Communicate Differently Thru Reasoning

- Public Perception
- Politically Correct – Party Beliefs
- Weigh the options

<>Consequences or Ramifications

- Command Respect
- Decision Makers
- They “Know What’s Best”

Providers (Decision Makers)

- Trained to Investigate All Options
- Speak on Their Level (Speak Up)
- They Understand the “Expert” Data
- They Bank on the Evidence - Research
- Use Recommend /Encourage
- Busy! – Needs to be brief
- **Get to the Point**

To Make It Simple: 5W & 1H

Dissecting The Message

?

- Who are you talking to?
- What is the message?
- What level does it need to be? (4th grade)
- When should I deliver it?
- Where is the best placement?
- How should I deliver it?

Keep It Simple In Most Cases….

Sometimes It's the Simple Messages That Are Remembered

REMEMBER…

Say What You Mean – Mean What You Say

Just Because People Hear

Doesn't Mean They Actually Heard

Just Because They Saw it,
Doesn't Mean They
Understood It

Thank You

Toby Wagoner, Public Information Specialist
Immunization Program
350 Capitol Street – Room 125
Charleston, WV 25301 (304) 558-6438
tobywagoner@wvdhhr.org

West Virginia Immunization Program
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

What's New in Chlamydia and Gonorrhea Testing

Office of Laboratory Services (OLS)

Family Planning Program (FPP)

HIV\AIDS\STD Program (HAS)

Infertility Prevention Project

Congress passed the “Infertility Bill” in 1992 making it a requirement to implement interventions necessary for the prevention of Pelvic Inflammatory Disease (PID), infertility and ectopic pregnancy.

Centers for Disease Control (CDC) Participation

As a result of the new legislation, the Centers for Disease Control (CDC) entered into an interagency agreement with the Office of Population Affairs in late 1992 to make these services available in the form of demonstration projects provided by certain regions in the country.

Key Partners in Infertility Prevention Project (IPP)

- HIV\ AIDS\ Sexually Transmitted Disease Program (HAS Program)
- Family Planning Program (FP Program)
- Office of Laboratory Services (OLS)

IPP Committee Structure

- One Title X Grantee
- One Public Health Laboratory administrator
- One STD administrator for each project area.
- Three provider representatives including two medical consultants
- One representative from the DHHS Region III Family Planning Training Center (TRAINING 3)
- One representative from the DHHS Region III STD/HIV Prevention Training Center.

Key Components of IPP

- Screen women for disease and secondary conditions
- Provide treatment to women
- Provide counseling to women on prevention and control
- Provide follow-up services
- Provide partners of women with screening and treatment
- Provide outreach to inform women of services
- Provide the public with information and education about prevention
- Train health care providers

Eight Project Areas for Region III IP

- Baltimore
- Delaware
- District of Columbia
- Maryland
- Pennsylvania
- Philadelphia
- Virginia
- West Virginia

Minimum Screening Criteria

- All women under age 30 should be routinely screened at the initial exam.
- Annual re-screening for women under age 30 should be completed as indicated by medical history, risk factors or previous positive test results.
- Women age 30 and older should be screened if symptomatic, a contact to a positive case or if indicated by risk factors.
- Women who have received a deferred physical exam.
- Males are not routinely screened through the Family Planning Program unless indicated during an Initial or Annual exam.

Indicators For a Need to Test

- Unexplained vaginal bleeding by history.
- Incomplete treatment or unresolved symptoms of previously diagnosed STD.
- Clients who have had sex under the influence of drugs, including alcohol.
- Positive pregnancy test and receiving a bimanual pelvic exam.
- Requesting an IUD insertion.
- Asymptomatic, low-risk client requesting CT/GC test.
- Rape victim within the last 60 days.
- Client or clinician requested.
- Use of non-barrier birth control method.

But What Test Should Be Run??

What's New in Chlamydia and Gonorrhea testing?

Genprobe Aptima Test

What is an “Aptima” test?

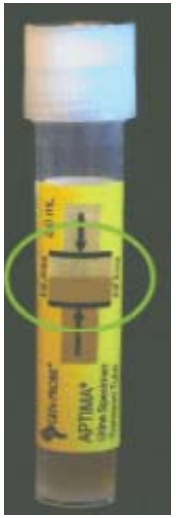
- An Aptima test is defined as a “**target amplification nucleic acid probe**” test.
- “WHAT DOES THAT MEAN????”
- In simple terms-
  - If Chlamydia or gonorrhea RNA is present in the patient sample, the sequence is “captured” and copies of it are made. (If no Chlamydia or gonorrhea is present no copies are made).
  - Special “tags” are attached to the sequence, which identifies patients positive for Chlamydia, gonorrhea or both.
- Since the RNA is being copied, even patients with very small amounts of the organism in their system will be detected.

What's so great about Aptima?

- Multiprobe Swab Test
  - Traditional swab sample
  - Looking for the actual organisms
  - 2- Stage testing
    - Day one- combined test
    - Day two- Additional tests to distinguish the specific organisms (CT, GC or both)

- **Aptima Urine Test**
  - Less Invasive Urine Sample
  - Looking for the RNA of the organisms
  - 1-Stage testing
    - Day one identifies specific organisms (CT,GC or both)
    - Improved turn around time

What Kind of Changes Will We See Now?



Changes as of October 1st 2008

- A different collection device.
  - No more blue and pink collection tubes- just yellow.
  - Same tube for males and females.
- Urine collection cups will be provided by OLS.
- A new consolidated Requisition Form for Specimen Mailing Kits (i.e. Supply order form).
- New Instructions for filling out the supply form correctly.

Will there be more changes in the future?

- Future Changes (scheduled for 2009)
  - Change in Patient Submission Form after the review process is completed.
  - Updated instructions for completing the Patient Submission Form.
  - Shipping Container to be changed to the same type used for Blood specimens.

When is this going to happen?

- Aptima supplies will be shipped to provider sites starting September 15th.
- The last day for Swab testing will be October 3rd.
- Manual Aptima testing will begin October 6th.
- Transition to the automated Aptima system will begin mid- October.

Additional Information

- Copies of Patient Submission Forms, Supply Forms and instructions for completing these forms are available at the OLS website.

  www.wvdhhr.org\labservices

- Urine Screening Guideline Training will be available at www.wvdhhr.org\fp

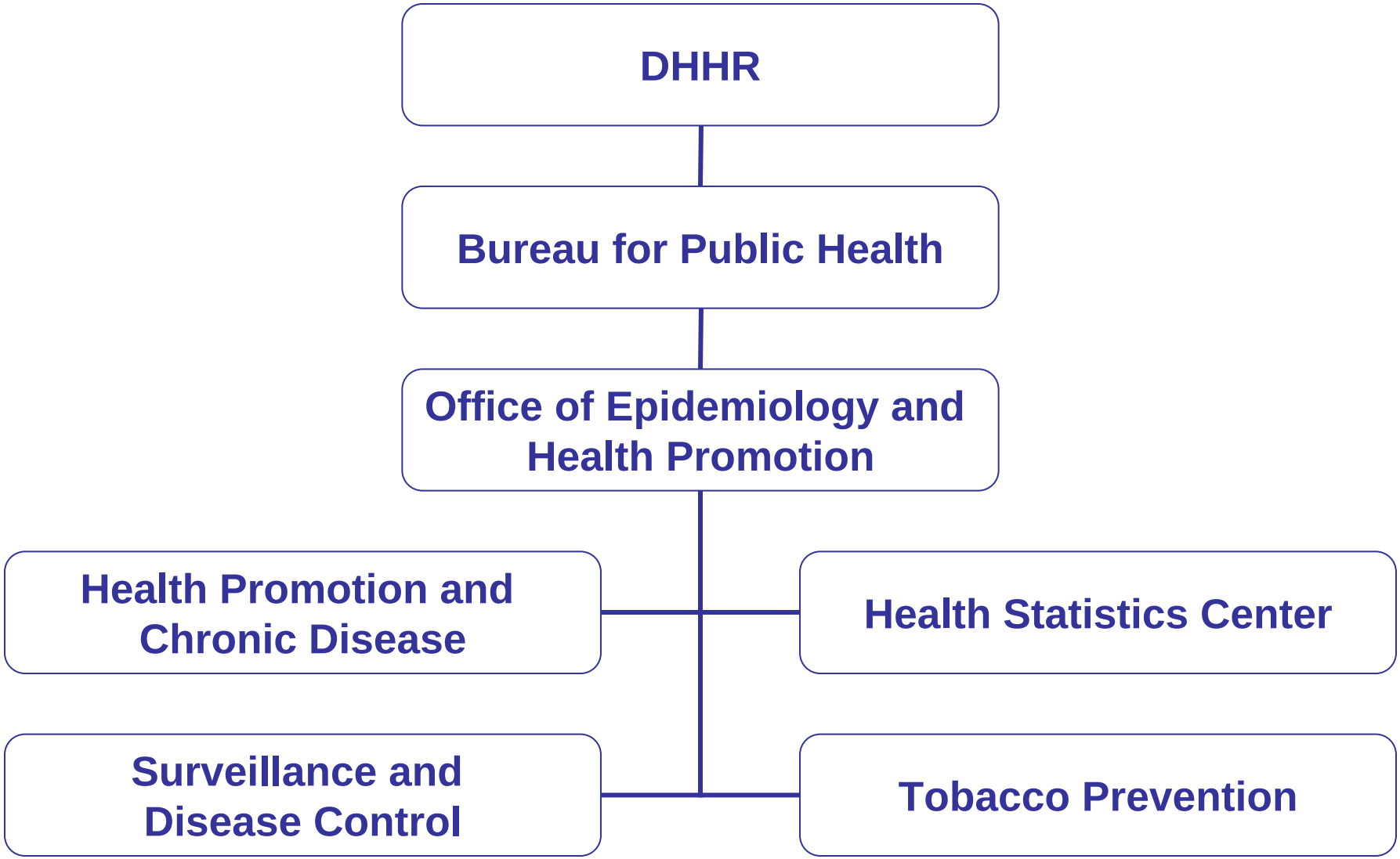
HealthStatisticsCenter
West Virginia Department of Health and Human Resources

West Virginia Health Atlas

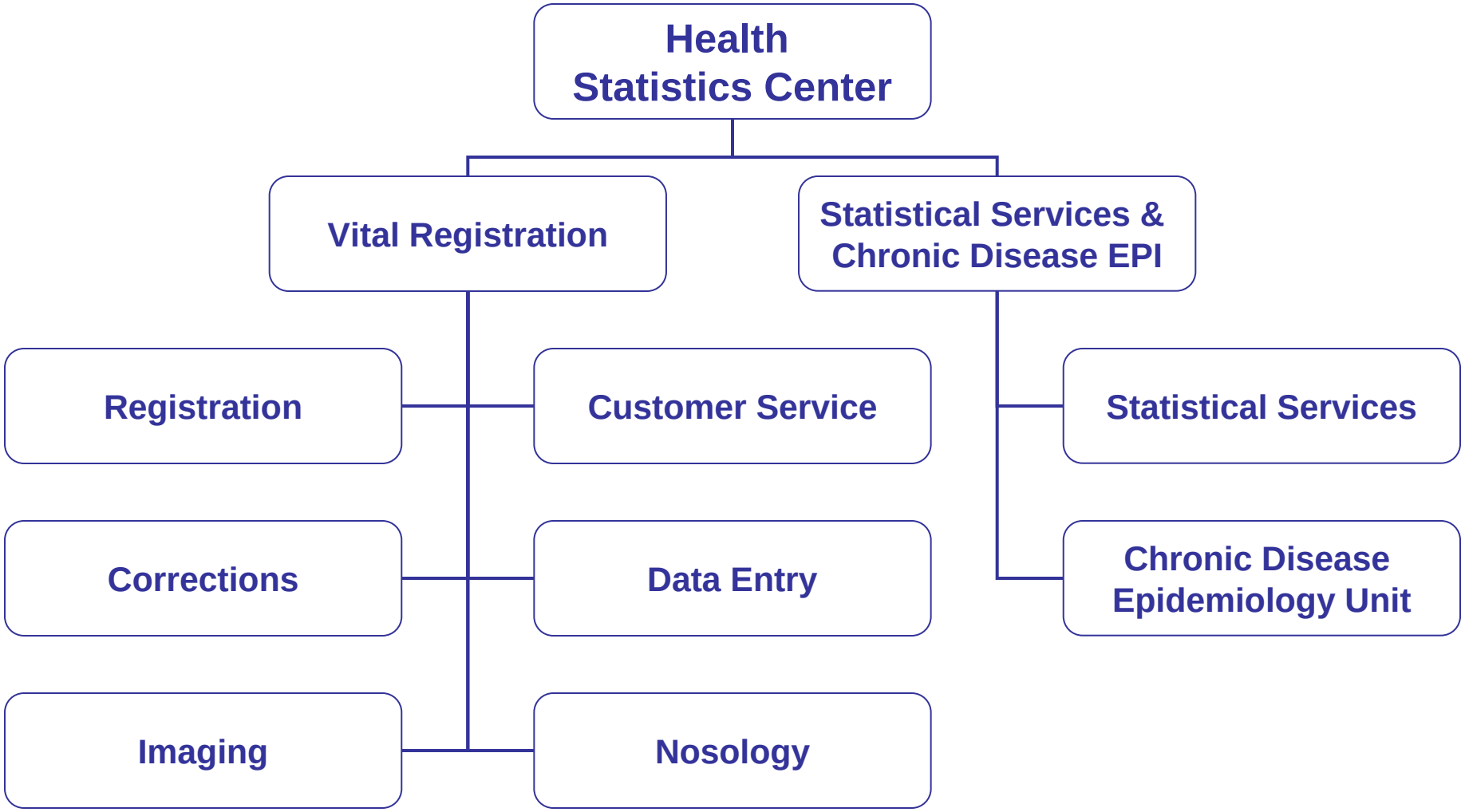
A New Resource for County Data

West Virginia Public Health Association Conference
Laboratory/Epidemiology Section
Snowshoe Mountain, WV
September 18, 2008

WV HSC


DHHR
Bureau for Public Health
Office of Epidemiology and Health Promotion
Health Promotion and Chronic Disease
Health Statistics Center
Surveillance and Disease Control
Tobacco Prevention

WV HSC


Health Statistics Center
Vital Registration
Statistical Services & Chronic Disease EPI
Registration
Customer Service
Statistical Services
Corrections
Data Entry
Chronic Disease Epidemiology Unit
Imaging
Nosology

FUNCTIONS

HSC FUNCTIONS

- To be the state's official repository of vital records.
- To analyze and make available data from vital records and other health-related data sources to inform planning and policy decisions.

HSC DATA

DATA SOURCES

- Vital Records
- Behavioral Risk Factor Surveillance System
- Youth Tobacco Survey
- Adult Tobacco Survey
- Hospital Discharge Data

HSC PRODUCTS

PUBLICATIONS / RESOURCES

- Annual Vital Statistics and BRFSS Reports
- Chronic Disease Burden Reports
- Special Topic Reports
- Statistical Briefs
- Health Atlas and County Health Profiles

NEW HEALTH ATLAS

- InstantAtlas Software
- Vital Statistics
- Behavioral Risk Factors & Health Conditions
- Live on HSC website October 1

CONTACT

Amy Wenmoth
Manager, Chronic Disease Epidemiology Unit
WV Health Statistics Center
Ph: 304-558-1751
amywenmoth@wvdhhr.org

HSC Website
www.wvdhhr.org/bph/oehp/hsc