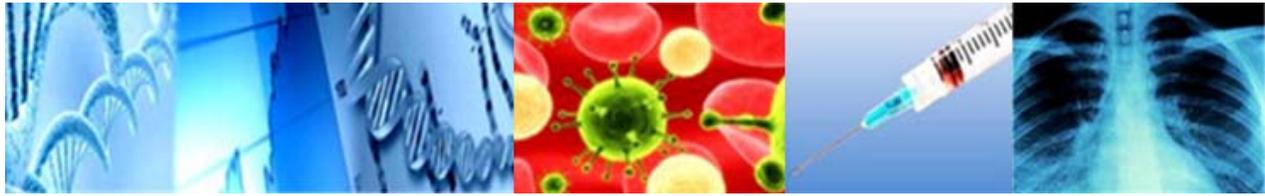




COMMUNICABLE DISEASE SECTION

DEPARTMENT OF PUBLIC HEALTH



Quarterly Newsletter
<http://1.usa.gov/12miOrv>

April 2015 Volume 3, Issue 2

April is STD Awareness Month—Know the Facts

STD Awareness month is an annual observance to remind individuals, providers and communities of the impact of sexually transmitted diseases (STDs). STDs use large amounts of healthcare resources and cause a significant amount of morbidity. Control of STDs will take a concerted and united effort on the part of county programs, provider offices, schools and youth-oriented community based groups.

The magnitude of the Problem

Every year 20 million new STDs occur in the US, including 50,000 new HIV infections. In 2013, San Bernardino County (the County) received over 13,600 STD reports. Nationally, the County ranks 14th in all US counties for number of chlamydia cases and 36th for number of gonorrhea cases. Individuals aged 15-24 years account for 67% of all chlamydia cases and 52% of all gonorrhea cases reported in the County.

Financial Burden

Using the Centers for Disease Control and Prevention's (CDC) cost estimates, STD morbidity in the County for the three most common STDs alone, costs \$3.7 million in direct medical costs.¹ This estimate does not include the County's staffing costs to investigate cases and their contacts, provide education, arrange testing and treatment, and data entry.

The Race/Ethnicity Inequities

The demographics of the STD morbidity in the County reflect that of California and the rest of the nation. African Americans comprise 8% of the population in

the County but account for 25% of the chlamydia cases and 39% of the gonorrhea cases reported in 2013. The California Department of Public Health STD Branch cites several reasons for this disparity including: lack of access to quality education, health insurance and quality health care, high rates of incarceration, and gender ratio imbalances that affect sexual networks.²

Increased risk of Co-Infections

Data collected from several US cities indicate that nearly 45% of gay and bisexual males (MSM) with syphilis also have HIV. In California, 48% of all primary and secondary syphilis cases were also HIV positive as of data collected in 2011. The same year, over a quarter (26.9%) of gonorrhea cases in MSM reported they were also HIV positive.

Long Term Effects are of Concern

Some strains of Human Papillomavirus (HPV) have been associated with increased risk of developing cancers. Chlamydia and gonorrhea are estimated to be responsible for as many as half of all the cases of Pelvic Inflammatory Disease (PID) in women. Long term, women with PID face an increased risk of ectopic pregnancy, tubal factor infertility and chronic pelvic pain. Depending on the STD, infants born to infected women, may develop conjunctivitis, pneumonia or be born prematurely. Infants born to women with untreated syphilis can be born with a variety of deformities or be stillborn.

What Individuals Can Do

Individuals can help protect themselves by using latex condoms, choosing to abstain from sex or choosing to have sex with a mutually monogamous partner. It is important for both partners to get tested for HIV and STDs, and share test results before deciding to have sex. Consider getting vaccinated for Human Papillomavirus (HPV). Individuals also need to be aware that most STD infections do not cause symptoms so regular screening is important.

What Providers Can Do

CDC is urging providers to take complete sexual histories and follow recommended screening guidelines. It is important to test patients according to their sexual practices. Testing only urine was estimated to have missed 84% of pharyngeal and rectal STD infections in a group of MSM in one study from San Francisco. Providers should also consider Patient Delivered Partner Therapy (PDPT) where the patient carries antibiotics to their partners who refuse to come in to receive care. Provider offices should complete a Confidential Morbidity report (CMR) as required by California law. Some 40% of local STD reports have no race/ethnicity, treatment or pregnancy information because no CMR was received from the provider office.

¹Owusu-Eduesei K Jr, Chesson HW, Gift TL, et al. The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. Sex Transm Dis 2013;40:197-201. Available at http://journals.lww.com/stdjournal/Fulltext/2013/03000/The_Estimated_Direct_Medical_Cost_of_Selected_3.aspx#

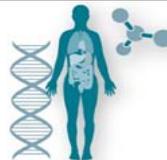
²CDPH. Fact Sheet: African Americans and Sexually Transmitted Diseases (STDs) in California (August 2014). Available at <http://www.cdph.ca.gov/programs/std/Documents/Fact%20Sheet%20AA%20STD%208-2014.pdf>



Insufficient Screening
Many young women don't receive the chlamydia screening CDC recommends



Confidentiality Concerns
Many are reluctant to disclose risk behaviors to doctors



Biology
Young women's bodies are biologically more susceptible to STIs



Lack of Access to Healthcare
Youth often lack insurance or transportation needed to access prevention services

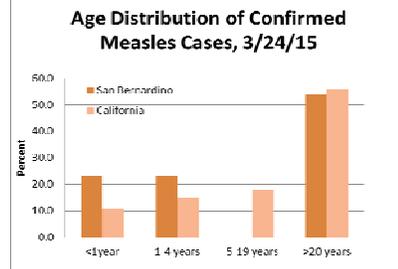


Multiple Sex Partners
Many young people have multiple partners, which increases STI risk

Measles Update

By the numbers...

Updated 3/24/15	San Bernardino		California	
	#	%	#	%
Total cases	13	100	133	100
Disney link	3	23.1	40	30.1
HH/Close Contact to Confirmed Case	5	38.5	30	22.6
Community Setting Exposure to Conf Case	0	0.0	11	8.3
Unknown Exposure	4	30.8	49	36.8
Vaccination documentation	12	92.3	77	57.9
1 or more doses of MMR	6	50.0	20	26.0
Unvaccinated	6	50.0	57	74.0
Hospitalized	3	23.1	20	15.0



Clinically Compatible Cases of Measles:

- ✓ **Rash:** maculopapular & descending, lasting ≥ 3 days
 - Rash will always have some head/facial involvement, and DESCEND, even in modified disease
 - If rash starts on trunk or there is no facial involvement, it is not likely measles
 - Measles rashes may be on palms and soles but not as prominently as on face and chest
 - Rash may not be itchy immediately, but may be itchy from day 4-7
- ✓ **3 "C's":** Cough, coryza (runny nose), and/or conjunctivitis
- ✓ **Fever,** usually high $\geq 101F$
 - There must be some fever, even if subjective fever
 - Appears prior to rash onset
- ✓ **Koplik spots:** not all patients have them

Atypical Disease

- Usually describes recipients of killed virus vaccine (KMV) from 1963-1967
- Also describes 2-dose MMR confirmed measles cases
- Rash still DESCENDS and has head/facial involvement
- May have altered rash duration
- May not have all three "C's": cough/ conjunctivitis/coryza
- May not have a fever $\geq 101F$

Providers Should:

- Consider measles, regardless of age or vaccination status in patients who have fever AND a rash
- Ask about exposure history, including travel
- Ask about recent MMR vaccination

~5% of children exhibit vaccine reaction with rash & fever 6-12 days after vaccination

When Testing for Measles:

1. Contact the San Bernardino County Communicable Disease Section regarding testing to assess clinical compatibility: (800) 722-4794
2. Collect Specimens
 - Serum, red-top tube 7-10ml (IgM, IgG)
 - Capillary blood (at least 100µl)
 - Viral throat or NP swab (PCR)
 - Urine, 50-100ml (PCR)
3. Send to San Bernardino County Department of Public Health Lab for testing
4. Serum may be sent to commercial reference lab, but not urine or throat swab

Measles Resources

San Bernardino County Department of Public Health Communicable Disease Section
(800) 722-4794

<http://1.usa.gov/1C8ehAw>

California Department of Public Health
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx>

National Infant Immunization Week and Toddler Immunization Month

National Infant Immunization Week (NIIW) and Toddler Immunization Month (TIM) are annual observances that highlight the importance of routine immunizations for children younger than two years of age. NIIW is held April 18-25, 2015 and TIM is observed throughout the month of May.

These observances highlight the importance of protecting infants and toddlers from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities.

NIIW/TIM is a perfect time to check infant's and toddler's immunization records to see if they are up to date on the Advisory Committee on Immunization Practices (ACIP) recommended immunizations. Children need a series of vaccinations starting at birth to be fully protected from potentially deadly vaccine preventable diseases. Prior to birth, infants can receive protection

from pertussis when their mothers are vaccinated with Tdap during pregnancy. Tdap is recommended for pregnant women at 27-36 weeks gestation to provide newborns with protective antibodies, until the infant meets the minimum age requirement of six weeks to receive DTaP.

Even when diseases are rare in the United States, they can be brought into the country, putting unvaccinated children at risk. It is important to follow the ACIP recommended immunization schedule to protect infants and toddlers before they are exposed to diseases.

The seriousness of vaccine-preventable diseases is illustrated by the increase in measles cases and outbreaks that were reported in 2014 and are still being reported this year. From January 1 to March 13, 2015, 176 people from 17 states and the District of Columbia were reported to have measles. Most of these cases,

130 cases (74%) are part of a large, ongoing multi-state outbreak linked to Disneyland in California. The majority of people who got measles were unvaccinated.

Immunization is a shared responsibility; families, healthcare professionals and public health officials must work together to help protect the entire community. Vaccines protect infants and toddlers from terrible diseases. Do not take chances with their health, ensure they are vaccinated on time.



Clinical Advisory Regarding Ocular Syphilis in California



Since December 2014, several cases of ocular syphilis cases have been reported in San Francisco, Orange County, San Diego, and San Mateo, CA, and Seattle, WA. Cases are also under investigation in Los Angeles County. Affected individuals have included both HIV-infected and uninfected men who have sex with men as well as heterosexual men. Several of the cases have resulted in a significant and permanent decline in visual acuity, including blindness. Certain strains of *Treponema pallidum*, the bacterium that causes syphilis, may be more likely to cause central nervous system (CNS) and ocular disease. *T. pallidum* can affect many ocular structures in both the anterior and posterior segment of the

eye. Manifestations can include (but are not limited to) uveitis, optic neuropathy, keratitis and retinal vasculitis.

Requests for medical providers, including eye care providers and HIV providers:

- 1) Clinicians should be on the alert for ocular syphilis, and should order a syphilis serology test (e.g., rapid plasma reagin, RPR) in patients with visual complaints who have risk factors for syphilis. Risk factors for syphilis include having sex with multiple or anonymous partners, sex in conjunction with illicit drug use, or having a sex partner who engages in any of these behaviors.
- 2) Patients with positive syphilis serology and ocular complaints should receive immediate ophthalmologic evaluation.
- 3) Patients with suspected ocular syphilis should receive a lumbar puncture (LP) and be treated for neurosyph-

ilis (regardless of LP results) according to guidelines from the Centers for Disease Control and Prevention (i.e., intravenous penicillin G or intramuscular procaine penicillin plus oral probenecid for 10-14 days). Providers should refer to: www.cdc.gov/std/treatment/2010/default.htm for more information.

4) All patients with syphilis should be tested for HIV if not already known to be HIV-infected.

5) Cases of ocular syphilis should be reported to San Bernardino County Department of Public Health within one business day. This can be done by telephone, (800) 722-4794, or by using a Confidential Morbidity Report form which is available at <http://1.usa.gov/1MGy21T>, faxed to (909) 387-6377.

This information is taken from the California Department of Public Health Clinical Advisory released March 13, 2015.



Communicable Disease Section

351 N. Mountain View Ave #104
 San Bernardino, CA 92415
 Phone: 1(800) 722-4794
 Fax: (909) 387-6377

Confidential Morbidity Reports (CMRs) can be found on our website and can be faxed to: TB, Epi, STD: (909) 387-6377
 For HIV CMRs call before faxing.

To report suspect or confirmed cases of TB to the Tuberculosis Control Program, please fill out a TB case/suspect form for your hospitalized or clinic patient and fax to (909) 387-6377. Follow up with a phone call to one of our TB nurses at 1(800) 722-4794.

Events and Observances

April	Immunization/TB/STD/Epidemiology Updates: April 1 and April 8
	National STD Awareness Month
	National Public Health Week: April 6-12
	World Health Day: April 7
	National Youth HIV&AIDS Awareness Day: April 10
	National Infant Immunization Week: April 18-25
	National Infertility Awareness Week: April 19-25
May	World Immunization Week: April 24-30
	World Meningitis Day: April 24
	Toddler Immunization Month
	Hepatitis Awareness Month
June	Hand Hygiene Day: May 5
	National Asian & Pacific Islander HIV/AIDS Awareness Day: May:19
	National HIV Testing Day: June 27



The Communicable Disease Section now has a Facebook page!

Like us at <https://www.facebook.com/CommunicableDiseaseSection>

Web Resources

County of San Bernardino Department of Public Health

<http://www.sbcounty.gov/dph>

<https://www.facebook.com/CommunicableDiseaseSection>

California Department of Public Health

- Division of Communicable Disease Control

<http://www.cdph.ca.gov/programs/dcdc>

- Vaccine for Children (VFC)

<http://www.eziz.org>

- School Immunization Requirements

<http://www.shotsforschool.org>

- California Immunization Registry (CAIR)

<http://cairweb.org>

- STD Branch Health Information for Professionals

<http://www.cdph.ca.gov/programs/std/pages/default.aspx>

Centers for Disease Control and Prevention

- Disease & Conditions (A - Z Index)

<http://www.cdc.gov>

- Immunization Schedules

<http://www.cdc.gov/vaccines/schedules>

- HIV/AIDS & STDs

<http://www.cdc.gov/std/hiv>

American Public Health Association

<http://www.apha.org>