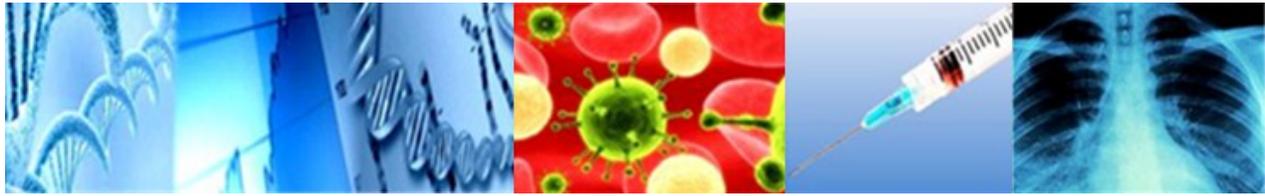




COMMUNICABLE DISEASE SECTION

DEPARTMENT OF PUBLIC HEALTH



Quarterly Newsletter
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A Message From Your Health Officer— Influenza Vaccination of Health Care Workers

On September 18, 2014 the County of San Bernardino Department of Public Health- Health Officer, Maxwell Ohikhuare, MD released the following health advisory:

Influenza season will begin in the fall. In your roles as leaders in healthcare and mine as the County Health Officer, I know that we share common goals: minimizing the spread of Communicable Disease like influenza, providing excellent healthcare for our community and keeping our healthcare workforce healthy.

The best way to prevent transmission of a disease like influenza to those persons we serve is to mandate vaccination of healthcare workers.

Voluntary vaccination efforts have not yielded an acceptable rate in our County. Mandatory vaccination or masking policies have been shown to increase the healthcare workers vaccination rate to

>95%. Our goals are to increase the rates of influenza vaccination of healthcare workers, reduce employee absenteeism during influenza season and reduce healthcare worker to patient transmission of influenza.

Therefore, as the Health Officer of San Bernardino County, and under the authority of California Health & Safety Code section 120175, I am requiring that all healthcare facilities in San Bernardino County implement a program requiring their healthcare workers to receive an annual Influenza vaccination. For those healthcare workers that decline, healthcare facilities must implement a plan to prevent on-site healthcare workers affiliated with the facility from contracting and transmitting the influenza virus to patients. Such a plan may include requiring workers to wear a mask for the duration of influenza season, reassigning work activities or other

actions appropriate to the individual facility.

This order is ongoing and applies to each influenza season unless rescinded. The influenza season is defined as November 1 to March 31 of the following year. If influenza surveillance data demonstrates an unusually late peak and continued wide spread of influenza activity in the spring, this period may be extended and communicated to local healthcare facilities.

This order applies to all licensed health care facilities in San Bernardino County to include hospitals, ambulatory, skilled nursing and long term care facilities.

I want to thank you for all your efforts to minimize the spread of the influenza virus, ensure patient safety and provide outstanding healthcare for our residents. For additional questions, please contact our Communicable Disease Section at 1-(800) 722-4794.

Ebola Outbreak

The current Ebola outbreak in the West African countries of Guinea, Liberia, Sierra Leone is the largest in history, and the first epidemic affecting several countries in West Africa. As of September 30, 2014 there have been a total of 7,470 confirmed, probable, and suspect cases reported in these three countries. Approximately 49% of cases have died.

Ebola Virus Disease (EVD) is caused by Ebola virus which is transmitted through direct contact (broken skin and mucous membranes) with infected body fluids (blood, urine, saliva, feces, vomit, and semen), objects (i.e. needles) that have been contaminated with infected body fluids, and infected animals.

Healthcare workers and household contacts are at highest risk of becoming infected because they may have come in

contact with infected body fluids.

While the risk of Ebola occurring in California is low, being prepared for the possibility will significantly aid in the early identification of cases and implementation of disease control measures to prevent further spread. Medical providers should become familiar with the CDC definition for a Person Under Investigation (PUI) for EVD (www.cdc.gov/vhf/ebola). Should a suspect case present at your facility, consider clinical symptoms in addition to epidemiologic risk factors.

The factors affecting the current EVD epidemic in West Africa, such as underdeveloped public health infrastructure and lack of standard infection control precautions, are not expected to play a significant role here in the US if EVD cases were to be imported. The US public health system is well-equipped to detect

suspect cases, prevent further spread of EVD, and diagnose and treat patients with EVD, but we must be prepared.

For more information contact the County of San Bernardino Department of Public Health Communicable Disease Section: 1(800) 722-4794 or after hours, Public Health Duty Officer (909) 356-3811 or (909) 356-3805.



Syphilis Infections Continuing to Rise in San Bernardino

Syphilis is a sexually transmitted infection (STI) passed from person to person by contact with a syphilitic chancre, most commonly during vaginal, oral or anal sex. Primary and secondary syphilis are the two earliest stages and are the most infectious. Primary syphilis is characterized by the presence of a painless chancre which may not always be visible on exam. Secondary syphilis may include a rash in the palmar/plantar areas or on the trunk, condyloma lata (raised gray or white lesions), fever, swollen lymph glands or alopecia. If left untreated, syphilis can progress through subsequent stages and lead to nervous system, circulatory, liver, bone damage or even death.

The number of reported cases in the County increased 145% from 31 in 2009 to 76 in 2013. The most commonly reported age group is 20-29 years, accounting for 52% of 2013 cases. There are large race/ethnicity discrepancies among reported cases. The rate of infection for African American males at 23.8 cases per 100,000 is six times that of white males (4.1) and five times that of Hispanics (5.4). While the majority (95%) of cases are in males, the number of females and infants has increased over the last few years. In 2013, six infants were reported with congenital syphilis compared to 0 or 1 per year in the

previous years. In 2013, 40% of all syphilis cases are among males who have sex with males (MSM). The presence of a syphilis lesion increases the risk of Human Immunodeficiency Virus (HIV) infection 2-5 times. Statewide 49% of syphilis cases in 2011 were also HIV positive. In addition to primary and secondary syphilis, increases in the other syphilis stages: early latent (133%) and late latent (72%) occurred from 2009 to 2013.



It is important that physicians: be aware of the increase in syphilis and be able to recognize the signs and symptoms of the infection; and conduct thorough sexual health histories and screen patients according to recommended screening guidelines. Syphilis is reportable to the local public health department within one working day of diagnosis. The most commonly used syphilis screening test is the RPR,

which when positive should always be followed up by a confirmatory test. The infection is easily treatable with one or three injections of Benzathine penicillin G depending on the stage of infection. HIV testing of patients who have been diagnosed with syphilis or another STI is also important.

In addition to recognition of the infection, patient education is an important part of prevention. Syphilis infection can be prevented by correct and consistent use of condoms, as long as the condom prevents contact with the chancre. The surest way to avoid any sexually transmitted infection is to abstain from sexual contact or be in a mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Alcohol and drug use may increase activities that lead to risky behavior.

For more information about syphilis and its stages or to report a case, please call the Communicable Disease Section at 1 (800) 722-4794 and ask for a STI investigator. Reports may also be faxed to (909) 387-6377. The Department of Public Health has syphilis posters available for provider offices with a description of the signs and symptoms associated with primary and secondary stages.

HIV Testing- Why It's Important

An estimated 7,500 individuals are living with Human Immunodeficiency Virus (HIV) in the County of San Bernardino. The Centers for Disease Control and Prevention estimate that 16 percent or 1,965 of infected county residents have not been tested and are unaware of their infection. One in six people living with HIV nationally do not know they are infected.

There are many people that are testing late in their infection, after having been positive many years. In the County of San Bernardino 25% of HIV cases each year, on average, progress to AIDS within 90 days of their first HIV diagnosis. Beginning HIV care promptly has demonstrated to increase the quality of life for HIV positive individuals as well as decrease their risk of transmitting HIV.

HIV testing is recommended for everyone between 13 and 64 years of age at least once. Individuals who have a sexually transmitted disease or who inject needles using shared equipment should be tested at least once a year. Pregnant women should

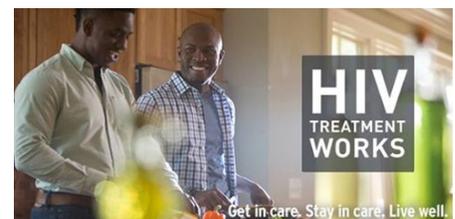
be offered testing for HIV at each pregnancy. Sexually active gay and bisexual men may benefit from more frequent testing, such as every three to six months.

The standard for HIV testing continues to be a screening antibody test followed by a supplemental test if positive. The newest 4th generation antigen/antibody screening tests combine P24 antigen tests and more sensitive HIV antibody testing to lower the time to detect HIV to between 11 and 30 days after infection. Viral identification assays, both qualitative and quantitative, are not recommended for HIV screening as HIV positive individuals can have undetectable viral loads, especially those not in the earliest stages of infection.

Most individuals will develop detectable antibodies by 6-12 weeks after exposure and only rarely as long as six months. Patient counseling on HIV testing should include consideration of the last date of possible exposure and the patient's level of risk.

Rapid HIV testing is available at no cost through the Department of Public Health's Alternative Test Sites (ATS). Contact the department by calling 1-(800) 255-6560 for ATS times and locations. Low cost, confidential HIV screening is also available through the Public Health clinics located throughout the county. Please call 1- (800) 722-4777 for appointment times.

HIV is reportable by name by both physicians and laboratories within seven days. If you would like to report HIV or have questions related to HIV, please contact 1-(800) 722-4794 and ask for a HIV surveillance staff member.



Enterovirus D68 (EV-D68)



As of October 6, 2014, 594 cases from 43 states and the District of Columbia have been confirmed by public health laboratories or the Centers for Disease Control and Prevention (CDC). As of October 1, 2014, California has confirmed 14 cases including: San Diego (5) Los Angeles (1), Riverside (1), and Ventura (1) counties, and Long Beach City (1). Other cases are currently under investigation.

EV-D68 is a non-polio enterovirus that was first identified in California in 1962, but is not commonly reported in the United States. Non-polio enteroviruses usually

circulate in summer and fall, and can cause mild to severe respiratory illness. As with other enteroviruses, EV-D68 is spread from person to person through respiratory secretions (saliva, sputum, nasal mucus). It is not known how widespread EV-D68 infections are because this is not a disease required to be reported to health departments. CDC has limited data that is voluntarily submitted by laboratories to CDC's National Enterovirus Surveillance System (NESS).

Medical providers should:

- ◆ Consider EV-D68 as a cause of illness among infants, young children, and teenagers who present with acute, unexplained severe respiratory distress, sometimes accompanied by wheezing. Most recent patients have been afebrile. Many confirmed cases have also had a history of asthma.
- ◆ Test all patients with severe respiratory illness for influenza and respiratory syncytial virus (RSV), as these are the most common causes of severe respira-

tory illness among young children at this time of year. Early treatment of influenza can reduce morbidity and mortality.

- ◆ Forward respiratory specimens that test positive for rhinovirus and/or enterovirus to the County of San Bernardino Department of Public Health Lab for EV-D68 testing. [A minimum of 0.7ml of original respiratory specimen (NP swab, endotracheal aspirate, oropharyngeal swab) is required for EV-D68 testing]. Call the Communicable Disease Section at 1 (800) 722-4794 to coordinate testing and provide clinical information.
- ◆ Encourage frequent handwashing.
- ◆ Encourage patients with asthma to continue to take their medications and maintain control of their illness, especially at this time of the year.

For additional information visit: <http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html>

Prevent Active Tuberculosis

A reminder to providers, when screening patients for tuberculosis (TB) infection it is important to also offer your patients preventive therapy. Standard practice includes placing a TB skin test or drawing blood for a Quatiferon-TB Gold Test (QFT) and referring the patient for a chest x-ray when the previous yield a positive result. What most providers fail to do once they receive

the normal chest x-ray report is offer the patient latent tuberculosis (LTBI) therapy. Treating LTBI helps prevent future cases of active TB.

For more information contact the County of San Bernardino Department of Public Health Communicable Disease Section: 1 (800) 722-4794.



3rd Annual Recognition Day for Disease Intervention Specialists

October 3, 2014 marked the third annual recognition day for Disease Intervention Specialists. In the County of San Bernardino these individuals are known as Communicable Disease Investigators (CDIs). CDIs are critical to the foundation of public health service. Originally created to work in the field of Sexually Transmitted Disease (STD) prevention, the ground-level investigative skills of these determined professionals have become key components of tuberculosis outbreak response, Human Immunodeficiency Virus (HIV) exposure notification, and other infectious disease control efforts.

The dedicated CDIs in the County of San Bernardino Department of Public Health work to intervene in the spread of infection, increase access to medical care, educate the public about disease transmission and risk, as well as, link medical providers and the health department.

All CDIs complete extensive training,

which provides a strong foundation for field investigational techniques, making their skill set essential to containing disease outbreaks such as H1N1 influenza and hepatitis. The services provided by the CDIs in this county effectively break the chain of disease transmission and protects



the public health. The work they do is a critical component of disease control.

The CDI personnel provide confidential interviews of persons diagnosed with reportable diseases to address concerns about their diagnosis, testing, and treatment. In addition, they work to confiden-

tially notify the partners of diagnosed persons to inform them of their exposure, offer disease education, risk reduction counseling, testing, and treatment.

The County of San Bernardino has nine CDIs working within the local health department. The highly-trained staff provides services to over 30,000 County of San Bernardino citizens and partners each year. In 2013, our CDIs investigated nearly 200 cases of HIV/AIDS, over 14,000 reports of STIs, over 8,800 reports of other communicable diseases, and 23 outbreaks.

The annual recognition day is a time to thank these individuals who are so essential in controlling the spread of disease. The collective work of the CDI is an essential link between personal health and the health of the community. Helping one person helps keep our community healthy. Thank you to these dedicated individuals.



Communicable Disease Section

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 Phone: 1(800) 722-4794
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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

October	National Healthy Lung Month Annual CDI Day: October 3 National Health Education Week: October 13-17 International Infection Prevention Week: October 19-25 National Latino AIDS Awareness Week: October 19-25
November	Inland Empire Immunization Coalition meeting: November 6 World Pneumonia Day: November 12
December	World AIDS Day: December 1 National Influenza Vaccination Week: December 7-13



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>