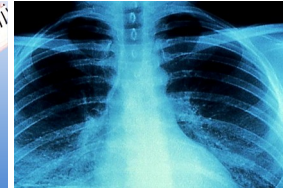
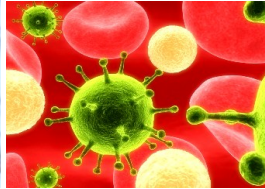




COMMUNICABLE DISEASE SECTION

COUNTY OF SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH



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

April 2014 Volume 2, Issue 2

Gonorrhea - Running out of Treatment Options

The ability of *N. gonorrhoeae* to develop resistance to antimicrobials has posed a significant threat to public health. Drug resistance is due to improper treatment regimens. Gonorrhea is the second most commonly reported infectious disease in the United States with an estimated 800,000 infections occurring each year. Reported gonorrhea cases in San Bernardino County have increased 75% since 2009.

The current recommended treatment regimen consists of injectable ceftriaxone, in combination with one of two other oral antibiotics: azithromycin or doxycycline. According to a recent report by the California Gonorrhea Surveillance System from 2011, 36% of cases were treated with inadequate therapy or received no treatment at all. If left untreated or treated inadequately, gonorrhea can cause severe and irreversible health problems such as pelvic inflammatory disease (PID), ectopic pregnancy and preventable infertility in both men and women. Untreated gonorrhea can also facilitate the

transmission of human immunodeficiency virus (HIV).

In an effort to combat the possibility of resistant gonorrhea, the Centers for Disease Control and Prevention (CDC) is urging healthcare providers to do the following:

- Take a sexual history. This will aid you in knowing which sexually transmitted diseases (STD) to test your patient for and at which anatomical culture site (s). Rectal and pharyngeal infections are frequently asymptomatic and can occur without urethral infection.
- Treat all patients diagnosed with gonorrhea timely and appropriately in accordance with the CDC's updated treatment guidelines. Consider post-treatment testing for confirmation of cure when indicated.
- Evaluate and treat all patients' sex partners from the previous 60 days.
- Obtain cultures to test for diminished susceptibility from patients with suspect-

ed or confirmed gonorrhea treatment failures.

- To ensure that any potential resistance is promptly identified, please notify local public health officials of any suspected treatment failures within 24 hours.

Additional measures to prevent the development of resistant gonorrhea are critical. Recently, the Communicable Disease Section (CDS) staff began conducting provider visits to raise awareness about the threat of drug resistant gonorrhea. During the visit, the updated treatment guidelines were provided and information on Patient Delivered Partner Therapy (PDPT), which is encouraged for optimal partner management. If you are interested in offering PDPT or would like to know more about it, please contact the CDS at 1-800-722-4794.

For more information and resources, visit the CA STD Branch website at <http://www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx>

If Your Patient Wants HIV Screening, PCR Testing Isn't the Answer!

The Communicable Disease Section continues to receive a large number of human immunodeficiency virus (HIV) viral assays routinely ordered as part of a sexually transmitted diseases (STD) screening. However providers should be aware that neither quantitative nor qualitative viral identification assays should be used as the primary standard for HIV screening. HIV positive individuals can have undetectable viral assays, particularly, those that are not in the earliest stages of infection and those under HIV treatment most often result in false negative assay.

The standard for HIV testing continues to be a screening antibody test followed by a confirmatory test, if antibody test is positive. The newest 4th generation antigen/antibody screening tests combine P24 antigen tests and more sensitive HIV antibody testing which can detect HIV between 11 and 30

days after infection. Most individuals will develop detectable HIV antibodies within 6-12 weeks after exposure and less commonly as long as 6 months after exposure.

When determining the appropriate type of HIV test, patient counseling should include



consideration of the last date of possible exposure and the patient's level of HIV risk. The California Department of Public Health recommends HIV testing for any individual requesting STD screening. Those individuals at highest risk such as men who have sex

with men (MSM) or intravenous drug users (IDU), may want to be tested for HIV every 3-6 months depending on individual risk.

Rapid testing is available at no cost through the Department of Public Health's Alternative Test Sites (ATS). Call 800-255-6560 for ATS times and locations. Low cost, confidential HIV screening is also available through the Public Health Clinics located throughout San Bernardino County, call 1-800-722-4777 for an appointment.

HIV is reportable to the local public health department by providers within 7 days, under California Code of Regulations (CCR) Title 17 Section 2643.5; patient consent is not required and patient confidentiality will be maintained as required by law. If you would like to report HIV or have questions related to HIV, please contact us at 1-800-722-4794 and ask for an HIV surveillance staff member.



Diagnosis... Measles

As of April 4, 2014, there are 51 confirmed measles cases in California residents. Most of the cases are either epi-linked to confirmed cases or had direct exposure to international travelers. As of April 2, 2014, the California Department of Public Health reported that 11 cases have known international travel to the Philippines, India or Vietnam. In southern California, cases have been identified in residents of Los Angeles (10), Orange (21), San Diego (4) and Riverside (5) counties.

People infected with measles are usually contagious for about eight days: four days before their rash starts and four days after. Exposure can occur by sharing the same air space with an infectious person and up to two hours after the infectious person was present.

Remember the Diagnosis

- Consider measles in patients of any age who have **a fever AND a rash** regardless of their travel history. Fever can spike as high as 105°F. Measles rashes are red, blotchy and maculopapular and typically start on the hairline and face and then spread downwards to the rest of the body.
- Obtain a thorough history on such patients, including: travel history and/or exposure to travelers, exposure to ill contacts and vaccination history.
- Collect specimens for measles testing: serum, NP swab, urine.

If Measles is Suspected

- Isolate patient immediately. Do not

allow suspect measles patients to remain in the waiting area or other common areas; isolate them in an airborne infection isolation room if one is available or place in a private room with the door closed.



- Mask patient immediately. If a surgical mask cannot be tolerated, other practical means of source containment should be implemented (i.e., place a blanket loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas). If possible schedule their appointment at end of the day.
- If possible, allow only healthcare personnel with documentation of 2 doses of live measles vaccine or laboratory evidence of immunity (measles IgG positive) to enter the patient's room.

- Regardless of immune status, all healthcare personnel entering the patient room should use respiratory protection at least as effective as an N95 respirator.
- Do not use the examination room for at least two hours after the possibly infectious patient leaves.
- Notify location where the patient may be referred to for additional clinical evaluation or laboratory testing.
- Make note of the staff and other patients who were in the area during the time the suspect measles patient was in the facility and for two hours after the suspect case left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity.

Immunize Before They Go

Unvaccinated Californians who are traveling to countries where measles is circulating should receive MMR vaccine before they go. Infants traveling to these countries can be vaccinated as young as six months of age (though they should also have the two standard doses of MMR vaccine after their first birthday).

Contact the County of San Bernardino, Department of Public Health Communicable Disease Section at 1-800-722-4794 to report suspect cases and get info on testing guidelines & post-exposure prophylaxis recommendations.

Visit <http://tinyurl.com/lfpk3yn> for complete infection control guidance.

Be Aware of Rabies!

In California and San Bernardino County, the main reservoirs for rabies are bats and skunks. In 2013, the County of San Bernardino Department of Public Health identified 13 rabid bats and the *first* rabid skunk in the County. Rabies is a deadly reportable disease that can occur when people are exposed to or get bitten by an infected animal. Rabies is almost always fatal in humans once symptoms begin. Therefore, it is important to seek medical attention as soon as possible for any animal bites or possible rabies exposure.

Pet owners should vaccinate their pets against rabies. Animals with rabies may act differently than healthy ones. A pet that is usually friendly may snap at you or may try to bite you. Some signs of rabies in animals

are changes in an animal's behavior, general sickness, problems swallowing and/or increased drooling and aggression. Wild animals may move slowly or may act as if they are tame. Teach children to never approach any unfamiliar animals and to tell an adult immediately if they are bitten or scratched by any animal.

As a Reminder:

Medical providers should report any animal bites or exposures to potentially rabid animals to the Communicable Disease Section (CDS) at 1-800-722-4794.

The CDS staff is available to discuss post-exposure prophylaxis and provide recommended guidance.

For more information about preventing rabies, please visit the CDC website at <http://www.cdc.gov/rabies/> or call the County of San Bernardino Department of Public Health, CDS at 1-800-722-4794.



Rabies Facts—San Bernardino County

- 1948—the last rabid dog identified.
- 1993—the last rabid cat identified.
- 2001—the last rabid fox was reported.
- 2013—the first rabid skunk was detected.



Personal Beliefs Exemption: School Immunizations



The state of California requires all students newly admitted to a California public or private school - kindergarten through 12th grade (K-12), child care facilities and students advancing to 7th grade, to show proof of immunizations. Effective January 1, 2014, parents who want to exempt their child from one or more required immuniza-

tions because of their personal beliefs must provide to the school or child care facility: a letter or affidavit requesting an exemption and form CDPH 8262 (10/13) signed and dated by a health care practitioner and parent (legal guardian, or emancipated minor). The signed form indicates the practitioner has provided and the parent has received, information about the benefits and risks of the required immunizations, as well as the health risks of the specific vaccine-preventable diseases to the child and the community.

The following types of health care practitioners are authorized by law to sign personal beliefs exemption documentation,

only if they are licensed and/or credentialed in California: Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), Physician Assistant (PA), Naturopathic Doctor or Credentialed School Nurse. The personal beliefs exemption documentation cannot be signed more than six months before a student is admitted to a child care facility or K-12, or advancing to 7th grade.

These forms and additional information can be found at www.shotsforschool.org or www.EZIZ.org or you can also call the County of San Bernardino Department of Public Health at 1-800-722-4794.

National Infant Immunization Week / 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 26 – May 3 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 record 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. Tdap is recommended for pregnant women at 27-36 weeks gestation to provide the newborn with protection against pertussis, 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 them



before they are exposed to diseases. Vaccine-preventable diseases still circulate in the United States and around the world, therefore, continued vaccination is necessary to protect everyone from potential outbreaks.

The seriousness of vaccine-preventable diseases is illustrated by the increase in measles cases and outbreaks that were reported in 2013 and are still being reported this year. Data from 2013 showed a higher than normal number of measles cases nationally and in individual states, including an outbreak of 58 cases in New York City, that was the largest reported outbreak of measles in the United States since 1996. As of April 4, 2014, the California Department of Public Health confirmed 51 measles cases in California residents. Cases have been reported in Alameda (2), Contra Costa (4), Los Angeles (10), Orange (21), Riverside (5), San Mateo (4), San Diego (4) and Santa Clara (1) counties.

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 that they are vaccinated on time.

Register Now for the 2014 Update Seminar

The County of San Bernardino Department of Public Health, Communicable Disease Section (CDS) would like to invite you to the 2014 Immunization/TB/STD/Epidemiology Update seminar.

This year the update will be hosted in two locations: one in Rialto on April 30 and the other in Hesperia on May 6.

Information will be provided on the follow-

ing topics: 2014 ACIP schedule, California School Law, VFC program and eligibility, California Immunization Registry (CAIR), TB, STD and epidemiology updates and trends.

For more information or to register, please contact the County of San Bernardino Department of Public Health, CDS at (800) 722-4794.

Please share this information with your staff, colleagues, or others who would benefit from this event. We look forward to your attendance.

**4 CE Units
Offered!!**



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	National STD Awareness Month World Health Day: April 7 National Public Health Week: April 7-13 National Youth HIV & AIDS Awareness Day: April 10 National Infertility Awareness Week: April 20-26 Word Immunization Week: April 23-30 World Meningitis Day: April 24 National Infant Immunization Week: April 26– May 3 Immunization/TB/STD/Epidemiology Update– Rialto: April 30
May	Toddler Immunization Month Hepatitis Awareness Month Hand Hygiene Day: May 5 Immunization/TB/STD/Epidemiology Update– Hesperia: May 6
June	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>