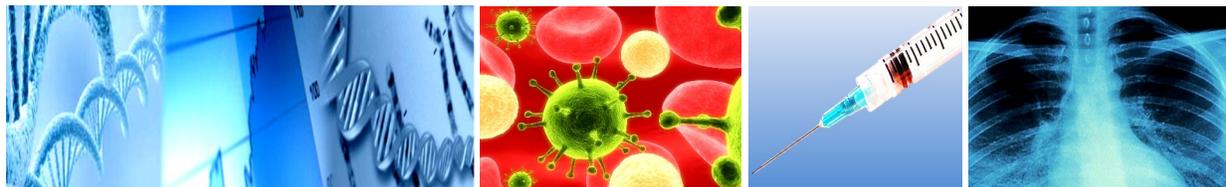




COMMUNICABLE DISEASE SECTION

COUNTY OF SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH



Quarterly Newsletter

July 2013

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http://www.sbcounty.gov/pubhlth/programs_services/communicable_disease_section/communicable_disease_home.htm

Summer Safety!

School is out and it's summer! The Communicable Disease Section would like to prepare your medical practice, patients, family, and friends with a few summer safety preventative measures. This quarter's CDS Newsletter will highlight some of the communicable diseases common in summer in addition to providing updates within our section.



Rabies Awareness

The County of San Bernardino Department of Public Health has confirmed six rabid bats this year as of July 10, 2013. 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. Animals with rabies may act differently from healthy ones. Wild animals may move slowly or may act as if they are tame. 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 in-

creased drooling and aggression. Medical providers need to report any potential suspect cases to the CDS.

The CDS staff is available to discuss treatment and provide information on recommended guidance. World Rabies Day is September 28, 2013. You may wish to post informational rabies posters that can be found at <http://worldrabiesday.org/eb/download/get/221> (English) and <http://worldrabiesday.org/eb/download/get/222> (Spanish).

For more information on 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, Monday – Friday, from 8 a.m. to 5 p.m.

West Nile Virus: Keep it On Your Radar!

West Nile virus (WNV) infection is a vectorborne disease transmitted through the bite of an infected mosquito. In California and San Bernardino County, human cases generally occur between July-September. However, mosquito and bird surveillance indicates that WNV usually begins circulating in mid-late spring. **All WNV infections are reportable to San Bernardino Department of Public Health (SBDPH) within 1 working day (CCR Title 17, Section 2500).** The SBDPH CDS interviews case-patients with WNV infection to determine likely exposures and coordinate

clinical specimen testing when necessary. We collaborate both with internal and local vector control agencies to eliminate mosquito breeding sites and to collect and test dead birds for WNV infection. **Remember to report dead birds and squirrels to 1-877-WNV-BIRD (1-877-968-2473).** Around 70-80% of WNV infections are asymptomatic. About 20% of people develop a febrile illness, commonly referred to as West Nile fever. Less than 1% of WNV infections develop neuroinvasive disease, resulting in symptoms such as encephalitis, meningitis, or acute flaccid paralysis. About 10% of neuroinvasive cases are fatal (<0.1% of total infections). In California,

an increasing proportion of WNV cases are neuroinvasive, probably because severely ill patients are more likely to seek medical care.

Clinicians should test for WNV, particularly in patients with symptoms compatible with neuroinvasive disease and history of exposure in a WNV-endemic area. For patients with compatible clinical presentation test for WNV with **IgM and IgG** antibody in serum and CSF, if indicated contact your local health department for additional information.

Resources:

www.westnile.ca.gov

www.cdc.gov/westnile

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Tips for Preventing Foodborne Illness

Foodborne illnesses such as those caused by bacteria like *Salmonella* and *Campylobacter* often increase in the summer months. Why? Temperatures and environmental moisture rise making the environment more conducive for bacterial growth. Also, people are more active outside and travel more frequently, making it more likely that food will be transported or prepared outside the home.

We can encourage the communities we serve to prevent foodborne illness this summer with four simple steps:

Clean: Wash Hands and Surfaces Often. Wash hands before preparing food, after using the restroom,

changing diapers, or handling pets. If potable water is unavailable, encourage people to pack moist towelettes or hand gel.

Separate: Don't Cross-Contaminate. Keep raw meats separate from ready-to-eat food. Wash plates, utensils, and cutting boards used for raw meat with soap and water before using again for cooked or ready-to-eat food.

Cook: Cook to Proper Temperatures. Be sure that meats are cooked thoroughly and check with a food thermometer. Beef, pork, lamb, and veal should be cooked to an internal temperature of 160°F and poultry to an internal temperature of 165°F. Do *not*

partially cook food ahead of time before a picnic or a barbecue.

Chill: Refrigerate Promptly. Keep perishable items in an insulated cooler with several inches of ice or containers of frozen water. Keep the cooler in the coolest part of the car or in the shade. Consider keeping beverages in a separate cooler as it will be accessed frequently. Also consider taking less perishable items on a trip like fruits and hard cheeses if a cooler is not available. Food left out of refrigeration for more than 2 hours should be discarded.

Remember: If in doubt, throw it out!

Increase of Gonorrhea in San Bernardino County

Gonorrhea (GC) is a sexually transmitted infection making a dramatic resurgence in San Bernardino County and across California. GC infections among San Bernardino County residents increased 70% between 2009 and 2012 to 1,869 cases. Cases are more likely to be female (54%), African American (41%) and aged 15 to 29 years of age (75%).

The California Gonorrhea Surveillance System (CGSS) describes recent trends seen among CA cases. Clinically, 37% of GC cases had no symptoms. Six percent of cases had GC in the previous 12 months. Among heterosexual male cases, 21% reported recent incarceration

and 11% of all cases reported their sex partner had been recently incarcerated. Of men who have sex with men (MSM) cases, 27% reported they were infected with HIV at the time of their GC diagnosis. Thirty-six percent of all cases were not treated with the recommended antibiotic regimen, increasing the risk of resistance, or were not treated at all. Gonorrhea is best treated with dual therapy—250 mg IM ceftriaxone and 1 gm PO of azithromycin. Increased testing and proper treatment will help control GC in San Bernardino County.

San Bernardino County has also recently begun outreach to providers serving the highest morbidity zip codes

with information on reporting Gonorrhea, appropriate treatment and partner services. Cases residing in these zip codes are contacted and receive confidential education on transmission, partner services and additional testing and treatment as needed. The full CGSS report is available at <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-CGSS-Regional-Data.pdf>. Additional information on treatment, testing, partner services and reporting of GC cases is available at <http://www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx>.

Back to School Immunizations

August is National Immunization Awareness Month and with the summer coming to an end many children will be returning to school. The California School law is a great reminder for medical providers, parents, schools, and childcare facilities that getting immunized is a lifelong effort in protecting against vaccine preventable diseases.

To keep healthy, children need vaccines from birth through adulthood. As a reminder, vaccinate at every opportunity. Use Well-Baby, Well-Child, Sports Physicals, nurse and

sick visits as an opportunity to insure a child's vaccinations are up-to-date. Now is a great time to make sure your practice has ample supply of all Advisory Committee for Immunization Practices (ACIP) recommended vaccines. When the ACIP recommended vaccine schedule is accurately used for all children, every child will meet the California School law requirements. For a copy of the 2013 ACIP recommended vaccine schedule visit <http://www.cdc.gov/vaccines/schedules/hcp/index.html>. Our staff is committed to assist medical providers in all efforts, including providing in-

services to staff and educational materials for proper vaccine management and immunization practice. If you have any questions or concerns or would like to schedule an in-service, feel free to call us at 1-800-722-4794.



Health Advisories

Influenza A (H3N2v) Surveillance in California

Since June 2013, 12 cases of H3N2v infection have been reported in Indiana. There have been no hospitalizations or deaths, and no sustained human-to-human spread has been identified. All cases were associated with exposure to pigs at an agricultural fair.

Background

Influenza viruses that normally circulate in pigs are called “variant” viruses when they cause infection in humans. Influenza A H3N2 virus was first detected in U.S. pigs in 2010 and was first detected in humans (H3N2v) in 2011 when there were 12 human cases identified in eastern and midwestern states. In the summer of 2012, a multistate outbreak of H3N2v resulted in 306 cases, including 16 hospitalizations and one fatality. Most cases have been associated with pig exposure at summer agricultural fairs. In addition, human-to-human spread of this virus has been detected, but no sustained or community spread of H3N2v has been identified. Seasonal influenza vaccine is unlikely to provide protection against H3N2v. CDPH and a network of local public health laboratories (the Respiratory Laboratory Network, RLN) test influenza viruses throughout the year to identify novel and variant strains. No H3N2v cases have been detected in California.

Recommendations

- During the summer months, CDPH encourages influenza testing in persons who:
- Have influenza-like illness (ILI)*, including severely ill/fatal cases and outpatients;
- Are part of an acute respiratory disease outbreak;
- Have ILI and recent pig exposure; or
- Have ILI and can be epidemiologically linked to confirmed cases of novel or variant influenza.
- Save specimens from ILI cases for further subtyping and characterization at a public health laboratory.

*Influenza-like illness = fever (>100°F or 37.8°C) and cough and/or sore throat, in the absence of a known cause.

For more information, contact the Communicable Disease Section at 1-800-722-4794.

Acute Flaccid Paralysis Cases in California

Since August 2012, testing for viral agents has been requested for several cases of unexplained acute flaccid paralysis throughout the state. Many of these cases are described as “polio-like” syndromes.

In some instances, there have been long-term disability issues ranging from complete paralysis of one limb to complete paralysis of all four limbs. Because we don’t have baseline data on acute flaccid paralysis incidence in California we do not know if these cases represent a true increase in cases or reflect the normal background rate. Therefore, we are interested in learning about these cases and trying to determine the incidence and etiology.

Several features of these cases appear to indicate an infectious etiology. However, although several of the cases have been tested, no single etiology has yet emerged. Testing has been hampered by incomplete specimens submitted for testing, collection of samples taken late after onset of symptoms, as well as serum drawn after IVIG has been administered.

CDPH is requesting that patients meeting the following case definition be reported and specimens be submitted for testing.

Remember to report to your local health department. Specimens will not be tested by VRDL until the case has been reported to the LHD.

Case Definition:

Patient (without prior neurologic illness) who presents with:

- * Acute flaccid paralysis, including absent or significantly diminished reflexes in one or more limbs, AND
- * EMG showing anterior horn cell disease, OR
- * MRI showing grey matter involvement of the spinal cord with or without accompanying mental status changes

Specimens that should be submitted to VRDL:

- CSF (2-3cc)
- Acute serum (pre-IVIG, 2-3cc in red of tiger top tube)
- NP/Throat swab
- Stool specimen in viral transport media (don’t delay shipment of above specimens if stool unavailable)

For more information, contact the Communicable Disease Section at 1-800-722-4794.

TUBERSOL® Shortage Update



The Centers for Disease Control and Prevention (CDC) issued an alert in April 2013 regarding the nationwide Tubersol® shortage. According to the FDA, “The 10-test vials and 50-test vials of Tuberculin Purified Protein Derivative Tubersol® are available to be ordered on VaccineShope.com® or by contacting Sanofi Pasteur directly at: 1-800-VACCINE (1-800-822-2463). Tuberculin, Purified Protein Derivative Tubersol® 10-test vials and 50-test vials will also be available soon through wholesalers and distributors as their inventories are replenished.” For more information visit www.cdc.gov/mmwr/preview/mmwrhtml/mm6216a5.htm or www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/Shortages/default.htm.

Communicable Disease Section

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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.

Observances

July 28th	World Hepatitis Day www.worldhepatitisday.info
August 1st-31st	National Immunization Awareness Month www.cdc.gov/vaccines/events/niam/default.htm
September 18th	National HIV/AIDS and Aging Awareness Day http://www.theaidsinstitute.org/
September 27th	National Gay Men's HIV/AIDS Awareness Day www.napwa.org/
September 28th	World Rabies Day www.worldrabiesday.org

Additional Web Resources

County of San Bernardino Department of Public Health

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

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>

American Public Health Association

<http://www.apha.org>

Centers for Disease Control and Prevention

- Disease & Conditions (A - Z Index)
<http://www.cdc.gov/DiseasesConditions>
- Immunization Schedules
<http://www.cdc.gov/vaccines/schedules>
- HIV/AIDS & STDs
<http://www.cdc.gov/std/hiv>
- Coronavirus
<http://www.cdc.gov/coronavirus/mers/case-def.html>

Food Safety

www.foodsafety.gov
www.fsis.usda.gov