



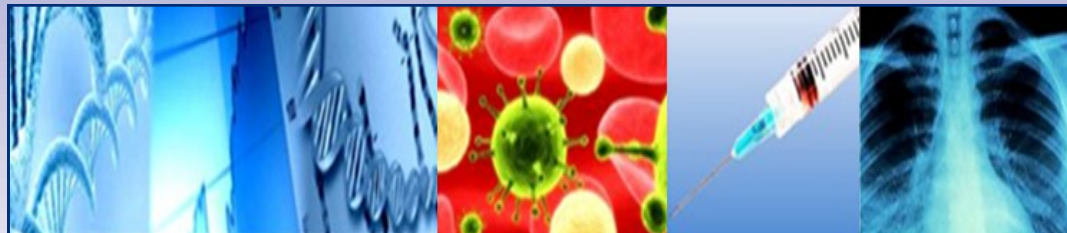
Department of Public Health

COMMUNICABLE DISEASE SECTION

Quarterly Newsletter

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Zika Update

In 1952, the first human cases of Zika were detected; since then, outbreaks of Zika have been reported in tropical Africa, Southeast Asia, and the Pacific Islands.

Specific areas where Zika is spreading are often difficult to determine and are likely to change over time. In June 2016, the *Aedes aegypti* mosquito that transmits Zika virus and other viral diseases was found in the city of Colton. This species of mosquito is not native to California. All confirmed Zika cases in California are associated with international travel. Before traveling, visit the Centers for Disease Control and Prevention (CDC) Travelers' Health site at <http://wwwnc.cdc.gov/travel/> for the most updated travel information.

Zika virus can also be transmitted through sexual contact. In addition, the virus can be passed from a pregnant woman to her

fetus. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito.

It is recommended that County residents

implement measures to prevent transmission of Zika; prevention methods can be found at <http://bit.ly/29GZHRs>.

Zika infections in California as of July 15, 2016

- Locally acquired mosquito-borne cases reported: 0
- Travel-associated cases reported: 86
- Cumulative number of infections in pregnant women: 19
- Cumulative number of infections due to sexual transmission: 1
- San Bernardino Cases: 5

Zika infections in US as of July 13, 2016

- Locally acquired mosquito-borne cases reported: 0
- Travel-associated cases reported: 1,305
- Laboratory acquired cases reported: 1
- Total: 1,306
 - Sexually transmitted: 14
 - Guillain-Barré syndrome: 5

Updated ACIP Recommendation for 2016-2017 Flu Season

As of June 22, 2016, the Advisory Committee on Immunization Practices (ACIP) voted to recommend that live attenuated influenza vaccine (LAIV), also known as nasal spray flu vaccine, should not be used during the 2016-2017 flu season, but continue to recommend the flu shot. This recommendation was made after reviewing vaccine effectiveness data for LAIV from 2013-2016. CDC conducts vaccine effectiveness (VE) studies each season to estimate flu vaccine effectiveness. The data reviewed showed lower than expected effectiveness overall.

During the 2015-2016 flu season, LAIV was approximately three percent effective among children two to seventeen years of age. In comparison, the inactivated influenza vaccine (IIV), or flu shot, was approximately 63 percent effective

during the same season. The reason for the recent poor performance of LAIV is not known.

MedImmune's FluMist® vaccine is currently the only LAIV flu vaccine available. MedImmune's FluMist® will not be offered as part of California's Vaccines for Children (VFC) Program during the 2016-2017 flu season. California's VFC Program is working with CDC on the selection of alternative products to adjust pre-booked products for the state. Providers with privately purchased FluMist® vaccine supply: MedImmune has alerted its customers via a healthcare provider letter that they may reach out to their distributor to make order modifications for alternative formulations.

While the effectiveness of flu vaccines

vary from year to year, both ACIP and CDC continue to recommend annual flu vaccination for everyone 6 months of age and older. Vaccination remains the first and best way to prevent influenza and resulting complications, which can include hospitalization and death.

For more information about the 2016-2017 flu season visit: <http://www.cdc.gov/flu/>.



Free STD Testing

The Communicable Disease Section (CDS) now offers free Gonorrhea and Chlamydia testing. Testing services are provided in a plain white Mobile Testing Unit on the corner of Baseline Rd and F Street, from 9:00AM to 1:00PM, every second and fourth Friday of each month. In addition to confidential testing, free

condoms and STD education and resources are available. Referrals for treatment are made if needed. Please take advantage of this free and important service. For additional details and more information, contact CDS at 1-800-722-4794.



Syphilis Among Women and Infants Continues to Rise

California continues to experience increased syphilis cases among women and newborns. Early syphilis cases among San Bernardino county women are also rising, increasing from six cases in 2012 to 28 in 2015.

Congenital syphilis can be prevented if the mother is diagnosed and treated appropriately and without delay; and the baby is evaluated and treated per Centers for Disease Control and Prevention (CDC) STD Guidelines. The CDC recommends all pregnant women be screened for syphilis during their first prenatal visit. In addition, CDC recommends repeat screening early in the third trimester, at approximately 28 weeks gestation, and at delivery for women who are at high risk for syphilis, reside in areas of high syphilis morbidity, or are previously untested. After birth, infants should not be discharged from the hospital without determination of the mother's syphilis serologic status. Any woman who delivers a stillborn infant should be tested for syphilis.

On April 29, 2016 a shortage of Bicillin L-A (penicillin G benzathine suspension)

used to treat individuals with syphilis, was announced. Benzathine penicillin G is the recommended treatment for syphilis, and the only recommended treatment for pregnant women with syphilis; there are no alternatives. Treatment of syphilis in pregnancy is nearly 100%



effective at preventing the potentially devastating outcomes associated with congenital syphilis, including long term morbidity and stillbirths, but it needs to be administered promptly and correctly. California Department of Public Health (CDPH) is recommending Bicillin L-A be reserved for treatment of pregnant wom-

en with syphilis as this is the only effective treatment. Other individuals with syphilis can be treated with doxycycline 100mg po bid for 14 days or 28 days depending on the stage of infection.

All sex partners of pregnant women with syphilis should be evaluated clinically and serologically with treatment provided based on contact management guidelines, regardless of syphilis stage. For detailed information on management of sex partners, guidelines can be found at <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf>. Sexual partner management is critical to prevent reinfection of the pregnant woman.

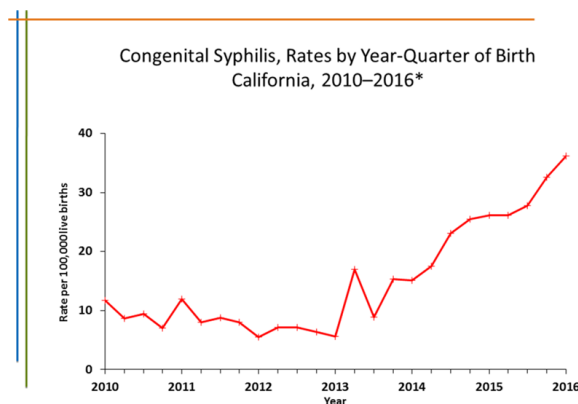
Congenital syphilis is a devastating but preventable outcome of syphilis infection during pregnancy. Adequate treatment of the mother is key. California law requires all syphilis infections to be reported to public health within 24 hours of diagnosis. If you need to report a syphilis case, please call the Communicable Disease Section at 800-722-4794 and ask for an STD investigator. Reports may also be faxed to 909-387-6377.

COMMON MISTAKES

Not reporting syphilis cases to local health departments within 24 hours.

Not strictly adhering to treatment guidelines for pregnant women with syphilis.

Not properly conducting routine risk assessment throughout pregnancy to determine need for additional testing.



* 1st quarter 2010 through 1st quarter 2016

Health Advisory- Meningococcal in Southern California

On June 24, 2016, the California Department of Public Health (CDPH) issued a health advisory related to an outbreak of invasive meningococcal disease in Southern California. Several of the reported cases are among the men who have sex with men (MSM) population.

According to CDPH, since May 2016, nine confirmed cases of meningococcal disease, including one death, have been reported and identified as men living in Los Angeles and Orange Counties; most of whom are MSM. Six of the cases are known to be caused by serogroup C strain of meningococcal bacteria and one other case is awaiting serogroup confirmation.

Outbreaks of serogroup C meningococcal disease among MSM have been reported in communities including New York City, Los Angeles County and Chicago since 2014. Many of the men affected by these outbreaks were human immunodeficiency virus (HIV) positive.

HIV positive persons are at increased risk of contracting meningococcal disease. Due to this increased risk of disease, on June 22, 2016, the U.S. Advisory Committee on Immunization Practices (ACIP) voted and now recommends all HIV positive persons aged 2 months and older be routinely vaccinated with the meningococcal vaccine that protects against serogroups A, C, W and Y disease (MenACWY).

Updated Meningococcal Vaccine Recommendations

- MSM who are not HIV-infected, but who are at increased risk of meningococcal disease should be offered 1 dose of MenACWY vaccine (Menveo® or Menactra®). Because meningococcal vaccine-induced immunity wanes, a booster dose can be considered for those whose last dose of MenACWY vaccine was >5 years ago. MSM who are not known to be HIV-infected and have not been tested for HIV within the last year should be offered an HIV test along with vaccination.
- HIV positive persons should routinely receive 2 doses of MenACWY vaccine (Menveo or Menactra), 8-12 weeks apart, as their primary series. Previously vaccinated HIV positive persons who received only 1 dose of vaccine should receive a second dose at the earliest opportunity, regardless of the time interval since the previous dose. A booster dose should be given every 5 years if the previous dose was administered at >7 years of age.

Meningococcal bacteria are transmitted through close personal contact and can be spread from person to person by small droplets of respiratory secretions from the nose and throat. Persons may be at increased risk of meningococcal disease if they have close or intimate contact with multiple partners, regularly visit crowded venues such as bars and parties, or



smoke cigarettes, marijuana or illegal drugs.

Symptoms of meningococcal disease may include fever, vomiting, severe headache, stiffness of the neck, confusion, rash and generalized muscle pains. The time from exposure to the start of symptoms is typically a few days. People who experience these symptoms should seek medical care immediately.

Adults may locate meningococcal and other adult vaccines in their area by using CDC's [Adult Vaccine Finder](#).

All suspect, probable and confirmed cases should be reported immediately to San Bernardino County Department of Public Health Communicable Disease Section at 1-800-722-4794. For more information regarding meningitis and methods of prevention, visit <http://www.cdc.gov/meningitis/> or <http://www.cdph/MeningococcalDisease.aspx>.

Childcare Employee Immunization Law – SB 792

Starting September 1, 2016, Senate Bill (SB) 792 will prohibit a person from employment or volunteering at a day care center if they are not immunized against influenza, pertussis, and measles.

Day care centers and family day care homes will be responsible for maintaining vaccination records or proof of exemption for their employees and volunteers. Failure to maintain accurate records will be treated like any other violation of licensure requirements. SB 792 also allows a 30-day period of conditional employment. The bill specifies circumstances in which a person would be exempt from the immunization requirement.

An employee or volunteer is exempt from the requirements of this section only if:

- The person submits a written statement from a licensed physician de-

claring that because of the person's physical condition or medical circumstances, immunization is not safe.

- The person submits a written statement from a licensed physician providing that the person has evidence of current immunity to the diseases.
- The person submits a written declaration that he or she has declined the influenza vaccination. This exemption applies only to the influenza vaccine.
- The person was hired after December 1 of the previous year and before August 1 of the current year. This exemption applies only to the influenza vaccine during the first year of employment or volunteering.

To review the Senate Bill in its entirety visit <http://bit.ly/1Kt4671>. For immunization concerns contact a Health Educator at 800-722-4794.





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

August	National Immunization Awareness Month Inland Empire Immunization Coalition Meeting- August 31
September	National HIV/AIDS and Aging Awareness Day- September 18 National Gay Men's HIV/AIDS Awareness Day- September 27 World Rabies Day- September 28



IMMUNIZATION
TECHNIQUES
Safe • Effective • Caring

IMMUNIZATION SKILLS INSTITUTE

Immunization Skills Institute is a free innovative course that will train medical assistants on current, effective and caring immunization techniques.

For registration information contact a Health Education Specialist at:

1-800-722-4794.

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>

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>
- STD Treatment Guidelines
<http://www.cdc.gov/std/tg2015/>

American Public Health Association

<http://www.apha.org>