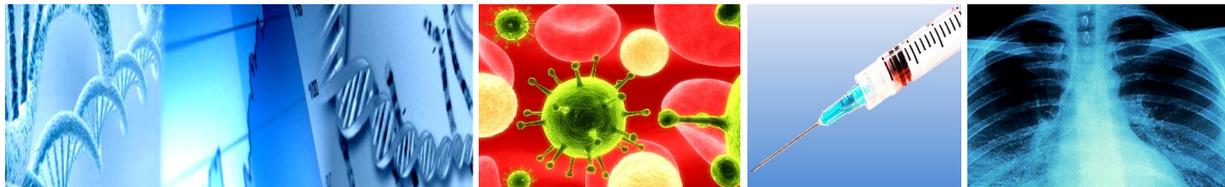




COMMUNICABLE DISEASE SECTION

COUNTY OF SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH



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

October 2013 Volume 1, Issue 3

Seasonal Flu Season 2013-2014

Influenza or flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, hospitalization, and at times can lead to death. The best way to prevent influenza is by getting a flu vaccination each year.

As the first step for protection against influenza, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and County of San Bernardino Department of Public Health recommends a yearly flu vaccine for everyone 6 months of age and older. A seasonal flu shot is especially recommended for the following high risk groups: infants and young children, people 50 years of age and

older, people of any age with chronic medical conditions (including diabetics and asthmatics), pregnant women, people who live in nursing homes and long-term care facilities, home caregivers and health care workers.

Getting the flu vaccine as soon as it becomes available each year is always a good idea. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against the flu. Influenza seasons are unpredictable and can begin as early as October. Based on previous vaccination history, children aged 6 months through 8 years may be required to receive two doses. They should receive their first

dose as soon as possible and the second dose 4 weeks or more after the first dose.

Additional preventative methods to avoid getting flu and other respiratory infections include: washing your hands frequently, covering your cough with a sleeve or a tissue, and staying home if you are sick.

For more flu information visit:
www.Flu.gov, <http://www.cdc.gov/flu>,
www.immunize.org/influenza/



Norovirus

Norovirus illness is most common during the winter months. With the fall season knocking on the door and winter following closely behind, are you prepared to deal with this highly infectious illness?

Norovirus is responsible for the majority of acute gastroenteritis in the US. It causes 19-21 million cases of acute gastroenteritis each year. In San Bernardino County, more than 20 outbreaks of norovirus were reported in 2012.

Noroviruses are highly contagious and transmitted mainly through the fecal-oral route. Contaminated foods such as leafy greens, fresh fruit, and shellfish have been associated with norovirus transmission. In healthcare facilities or congregate settings, the virus can also spread via direct contact with materials, fomites, and surfaces that have been contaminated with either feces or vomitus and transferred to oral mucosa.

Norovirus infection can cause serious

medical complications in patients who are most vulnerable such as young children, the elderly, and patients with immunocompromising conditions or other chronic illnesses. These complications could result in prolonged hospital stays and even death.

Consider testing for norovirus via PCR within 48-72 after onset of symptoms.

- Stool and vomit specimens should be kept refrigerated.
- Serum specimens are not recommended for detecting norovirus.

Think you have an outbreak?

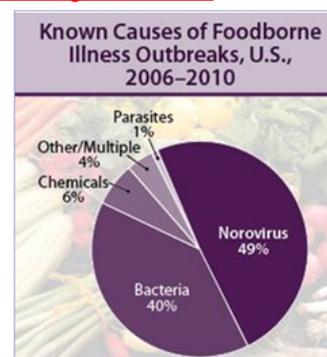
Use the Kaplan criteria as a guide—when all 4 criteria are present, the outbreak is likely caused by norovirus:

1. A mean illness duration of 12-60 hrs.
2. A mean incubation period of 24-48 hrs.
3. Greater than 50% of people with vomiting.
4. No bacterial agent found.

More than two thirds of U.S. norovirus outbreaks in 2010-2011 occurred in congregate settings. Timely response and reporting of norovirus outbreaks are essential for disease control and prevention.

Please notify the Communicable Disease Section of any suspected outbreaks of norovirus, as required by state and local public health regulations by calling 1-800-722-4794.

For more information and resources, see www.cdc.gov/norovirus



Pertussis Can be a Fatal Cough

Pertussis, commonly known as whooping cough, is a highly contagious respiratory disease that can be fatal for infants. Pertussis can cause serious and sometimes life-threatening complications in infants, especially within the first 6 months of life. In infants younger than 1 year of age who get pertussis, more than half will be hospitalized. Of those infants who are hospitalized with pertussis about 1 in 5 will get pneumonia and 1 of 100 cases will be fatal.

Although vaccination against pertussis can be administered as early as 6 weeks of age, routine vaccination begins at 8 weeks of age. In 2012, San Bernardino County had a cluster of six cases of pertussis in infants less than two months of age. All infants were hospitalized and 4/6 infants were admitted to the Pediatric Intensive Care Unit (PICU). Additionally, all cases had contacts with respiratory illness in the home

and had multiple healthcare visits for their illness before pertussis was considered a diagnosis or for which testing was offered.

Help us keep our youngest residents safe this upcoming pertussis season by:

- Considering testing and treatment for pertussis in infants with respiratory illness earlier rather than later. The recommended testing for pertussis is PCR from nasal pharyngeal swab or wash.
- Asking about ill contacts in the home—especially household members with respiratory illness—and about vaccination status when diagnosing and treating for pertussis.
- Considering treatment or antibiotic prophylaxis for exposed household members or caregivers.
- Educating your patients & their families (parents, grandparents, siblings, and other caregivers) to get vaccinated with Tdap at least two weeks before coming into contact with infants <12 months of age.
- Vaccinating against pertussis at every pregnancy.
- Assessing vaccination status of your staff. Tdap vaccine is recommended for healthcare workers who may be exposed in the workplace.
- Reporting cases of pertussis to the local health department within 1 working day of identification.

For additional resources on testing recommendations, treatment & prophylaxis, and healthcare exposures, please contact the Communicable Disease Section at 1-800-722-4794.

At Each Pregnancy... Tdap is Now Recommended

The Tdap vaccine is now recommended for pregnant women at each pregnancy. In October 2012, the Advisory Committee on Immunization Practices (ACIP) voted to recommend that pregnant women receive a dose of Tetanus and Diphtheria Toxoids and Acellular Pertussis (Tdap) during each pregnancy despite the women's prior history of receiving Tdap. This replaces the original recommendation that pregnant women get the vaccine only if they had not previously received it. Vaccination is recommended at each pregnancy as new data indicates that maternal anti-pertussis antibodies are short-lived; therefore, Tdap vaccination in one

pregnancy will not provide high levels of antibodies to protect newborns during subsequent pregnancies.



Mothers who receive a Tdap vaccine during pregnancy, produce maternal pertussis antibodies that transfer to the

fetus; these antibodies provide infants short-term protection against pertussis in early life, as infants cannot receive their first vaccination against pertussis (DTaP) until, at minimum 6 weeks of age. Although Tdap may be given at any time during pregnancy, optimal timing for Tdap administration is between 27 and 36 weeks of gestation to maximize the maternal antibody response and passive antibody transfer to the infant. The Centers for Disease Control and Prevention (CDC) and ACIP report that the Tdap vaccine is safe for use during pregnancy.

TUBERSOL® Shortage Update

Recurrent nationwide shortage of Tuberculin Skin Test Antigen Solutions: Centers of Disease Control and Prevention (CDC) recommendations for Patient Care and Public Health Practice.

The CDC offers three recommended methods for addressing the Tubersol shortage:

1. Substitute IGRA blood tests for TSTs.

2. Substitute APLISOL® for TUBERSOL® for skin testing if APLISOL® is available.

3. Allocate TSTs to priority usages, such as TB contact investigations, as determined by public health authorities. Priorities can be set in accordance to relative TB risks and local TB epidemiology. CDC does not recommend testing persons who are not at risk for TB.

Updates about the shortages of tuber-

culin skin test solutions are posted by the FDA Center for Biologics Evaluation and Research at www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/Shortages/ucm351921.htm

For more information visit:

<http://www.cdc.gov/mmwr/PDF/rr/rr5905.pdf>

<http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf>.

National Disease Intervention Specialists (DIS) Recognition Day

Please join us in celebrating National Disease Intervention Specialists (DIS) Recognition Day on October 4, 2013. Communicable Disease Investigators (CDIs), as they are also known, are considered the backbone of disease control programs for many diseases, including HIV, STIs, TB, viral hepatitis, and vaccine preventable diseases.

Our CDIs provide education on disease transmission, recommend steps for disease prevention, and collect information about risks and exposures so that we can better understand how our residents are becoming ill. CDIs investigate and notify individuals who may be unaware they are infected or have been exposed.

CDIs also refer individuals to relevant resources and serve as communicable



disease experts. When fielding calls from the public CDIs provide guidance

to both internal and external public health partners to monitor and interrupt disease transmission during outbreaks of communicable disease.

In 2012, our CDIs investigated nearly 200 cases of HIV/AIDS, 12,608 reports of STIs, almost 7,000 reports of other communicable diseases, and 45 outbreaks.

Our CDI team does their job with professionalism, dedication, determination and a sense of humor. We are grateful for this opportunity to recognize the invaluable public health work performed by our frontline staff in the Communicable Disease Section in the Department of Public Health.

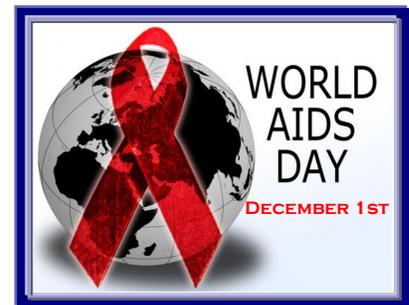
World AIDS Day– December 1st

World AIDS Day observed December 1st, annually since its inception in 1988, is dedicated to bringing education and awareness to a disease that has been one of the most destructive in history. The early 80's saw the beginnings of the AIDS epidemic here in the US and it has since taken the lives of 35 million people worldwide, and approximately 70 million people are infected with HIV.

The first two observances of World AIDS Day focused on children and young people. This drew strong criticism at the time because did not promote that AIDS affects people of all ages. It did however lessen the stigma

surrounding HIV/AIDS as being primarily a homosexual disease. The themes have varied throughout the years, "AIDS and the Family", "One World. One Hope", "I care. Do You?", and now from 2011- 2015, "Getting to Zero: zero new HIV infections. Zero discrimination. Zero AIDS related deaths."

With all the advancements in understanding the disease, treatments, and education we can continue to bring awareness to the disease, prevent new infections and continue to fight preconceptions and prejudices. December 1st, World AIDS Day, is an opportunity to refocus these efforts.



Tips for Food Safety During the Holiday Season

The holidays are hectic enough without adding an unexpected trip to the doctor because of foodborne illness. By reminding our community about simple food safety tips, everyone can enjoy the holiday season and the joy it brings.

Thaw: Allow the correct amount of time to properly thaw food. For example, a 20-pound turkey needs four to five days to thaw completely when thawed in the refrigerator.

Prep: Do not cross contaminate raw meats and their juices with other foods. Keep raw fruits and vegetables separate from all raw meats. Use separate cutting boards when possible.

Cook: To check a turkey for safety, insert a food thermometer into the innermost part of the thigh and wing and the thickest part of the breast. The turkey is safe when the temperature reaches 165°F. If the turkey is stuffed, the temperature of the stuffing should be 165°F.

Leftovers: Leftovers should be eaten, frozen or discarded within 3 to 4 days.

Remove the stuffing and carve the extra turkey meat from the bones. Within two hours, store leftover turkey in shallow containers. Cooked turkey keeps for 3-4 months in the freezer. When using leftovers, reheat the foods thoroughly to 165 °F.

For additional information visit:

www.fda.gov/

Introducing Provider Portal via CalREDIE

Are you interested in submitting your Confidentiality Morbidity Reports (CMR) faster, saving time, paper and money, meeting Meaningful Use requirements?

County of San Bernardino Department of Public Health is currently launching Provider Portal via CalREDIE.

The CalREDIE Provider Portal allows healthcare providers to electronically submit CMRs directly to their local health department (LHD) via HTTPS

secure, web-based interface. The Provider Portal can be used for all Title 17 communicable diseases that are required by law to be reported to the local health department. Case information is then instantly accessible for LHDs to review and investigate disease incidents as well as outbreaks and disease patterns.

Highlights of using the Provider Portal: easy point and click navigation, printable receipt to use as record of report,

ability to view previously submitted reports, ability to generate reports of all submissions, ability to upload and store additional paperwork or files with a report.

If you are interested in enrolling as a Provider Portal Reporter contact:
Cara Tordesillas at (909) 387-0175
Cara.Tordesillas@dph.sbcounty.gov



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.

The Communicable Disease Section now has a Facebook page!

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

Observances	
October	Healthy Lung Month National Health Education Week (10/20-10/26) Annual CDI Day (10/4) National Latino AIDS Awareness Day (10/15) Inland Empire Immunization Coalition Meeting (10/17)
November	World Pneumonia Day (11/12)
December	National Handwashing Awareness Week (12/1-12/7) National Influenza Vaccination Week (12/8-12/14) World AIDS Day (12/1)

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>