



Oneida County Health Department PUBLIC HEALTH UPDATE

April Surveillance

May 2015 Newsletter

Do Healthcare Workers Still Have To Wear a Mask? ...and other influenza-related information

Special points of interest:

- Healthcare workers who have not been vaccinated for influenza still required to wear mask.
- May is National Hepatitis Awareness Month
- May 19th is Hepatitis Testing Day
- Due to recent and ongoing outbreaks and continued risk of importation of measles

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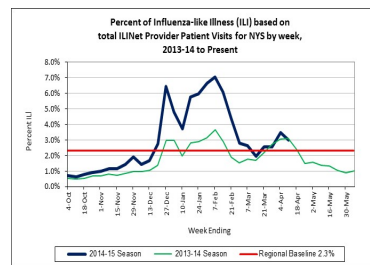
DAL-NH-13-04: Flu Mask Requirements

The New York State Department of Health Acting Commissioner Dr. Howard Zucker declared influenza to be prevalent in New York State for the 2014-15 influenza season, as of December 11, 2014. In accordance with Section 2.59 of the New York State Sanitary Code (10 NYCRR § 2.59), all health care and residential facilities and agencies regulated pursuant to Article 28, 36, or 40 of the Public Health Law, were to ensure that all personnel, as defined in the

regulation, not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents may be present. This declaration has remained in effect until the Commissioner declares influenza no longer prevalent in New York.

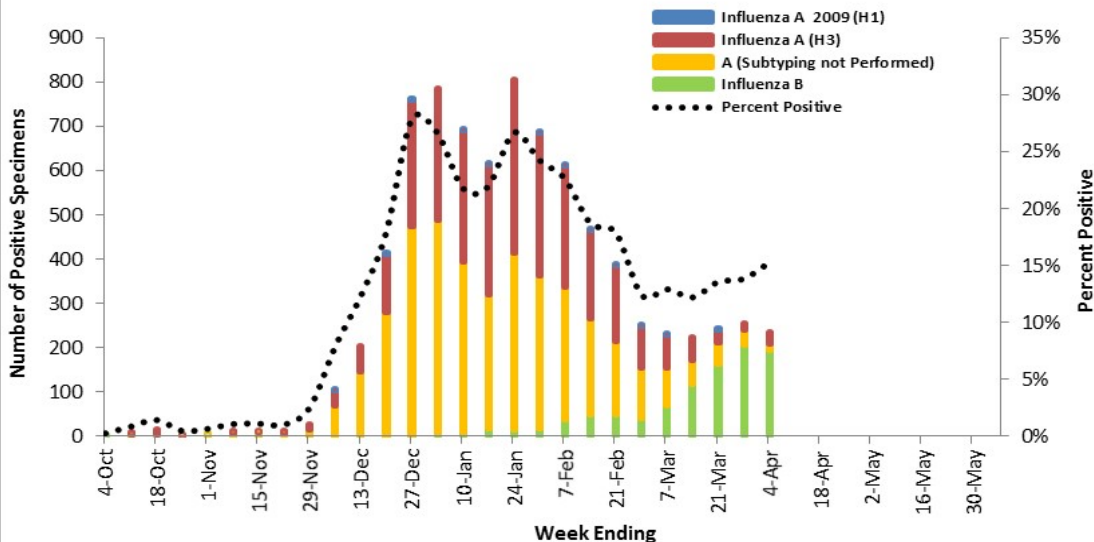
As of May 2, 2015 Influenza activity level was categorized as geographically widespread, although on the decline. Therefore the mask regulation remains in place. **For the week ending April 11, 2015:** there were no influenza-associated

pediatric deaths reported this week. There have been **six** influenza-associated pediatric deaths reported this season.



Percent of Influenza-like illness (ILI) based on total ILINet Provider Patient Visits for NYS by week, 2013-14 to week ending April 11, 2015

Positive Influenza Tests Reported by NYS WHO/NREVSS Collaborating Laboratories, 2014-15 Season



WHAT'S HAPPENING WITH MEASLES?

Measles is a highly contagious, acute viral illness that can lead to complications such as pneumonia, encephalitis, and death. As a result of high 2-dose measles vaccination coverage in the United States and improved control of measles in the World Health Organization's Region of the Americas, the United States declared measles elimination (defined as interruption of year-round endemic transmission) in 2000.

To update surveillance data on current measles outbreaks, CDC analyzed cases reported during **January 4–April 2, 2015**. **A total of 159 cases were reported during this period**. Over 80% of the cases occurred among persons who were unvaccinated or had unknown vaccination status. The continued risk for importation of measles into the United States and occurrence of measles cases and outbreaks in

communities with high proportions of unvaccinated persons highlight the need for sustained, high vaccination coverage across the country.

CDC publishes report on measles in the U.S. from January 4–April 22; more than 80 percent of measles cases occurred among unvaccinated/unknown status



Koplik spots, blue-white spots on the inside of the mouth that occur 24-48 hours before the onset of rash.
© Copyright Dr. Amanda Oakley, NZ DermNet, New Zealand Dermatological Society

Oneida County Communicable Disease Surveillance—April 2015


DISEASE	APRIL 2015	*YTD 2015	**YTD 2014	DISEASE	APRIL 2015	*YTD 2015	**YTD 2014
Tuberculosis	1	1	0	Influenza A	15	1362	746
Giardia	0	4	21	Influenza B	165	334	505
Rabies Exposure	2	8	14	Lyme	2	3	1
Salmonella	3	8	7	Pertussis	0	9	5
Chlamydia	77	196	241	Cryptosporidiosis	0	1	2
Campylobacter	0	1	4	Syphilis	1	5	0
Hepatitis C (chronic)	2	29	46	Gonorrhea	18	37	29
Hepatitis C (acute)	0	1	1				

*YTD— Year to date as of April 30, 2015

**YTD—Year to date as of April 30, 2014

MAY IS HEPATITIS AWARENESS MONTH

PUBLIC HEALTH UPDATE



PEOPLE BORN FROM 1945-1965 ARE 5X MORE LIKELY TO BE INFECTED WITH HEPATITIS C
 Many don't know they are infected

CDC recommends anyone born from 1945-1965 GET TESTED

Hepatitis B and Hepatitis C can become chronic, life-long infections which can lead to liver cancer. Millions of Americans are living with chronic viral hepatitis, and many do not know they are infected.

Hepatitis Testing Day – May 19th

May 19th has been designated as a national “Hepatitis Testing Day” in the United States. The CDC will use the second annual Hepatitis Testing Day on May 19th as an opportunity to remind health care providers and the public who should be tested for chronic viral hepatitis.

Did You Know?

- ◆ Hepatitis C is a leading cause of liver cancer, and the #1 cause of liver transplants.
 - ◆ Successful treatment can eliminate the virus from the body.
 - ◆ Up to 75% of people living with Hepatitis C **DO NOT KNOW THEY ARE INFECTED.**
 - ◆ Transmission of Hepatitis C can be from sharing needles, blood transfusion before 1992, piercing, tattoos done in prisons, homes or unlicensed facilities, poor infection control in healthcare facilities, and babies born to HCV positive mothers.
- Sexual transmission is rare, but possible.

Please refer to the attachment to this newsletter:

CDC fact sheet, the ABC's of Viral Hepatitis

[Hepatitis Awareness Month and Testing Day Resource](#)

Center (for more tools) go to:

<http://www.cdc.gov/hepatitis/heppromoresources.htm>

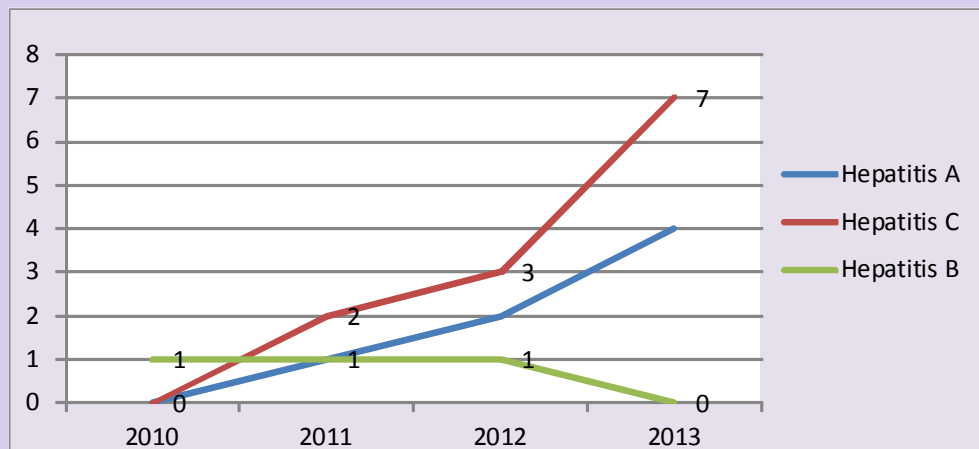


What is Oneida County Doing to Reduce the Rates of Hepatitis in the County?

- ◆ Encouraging testing for Hepatitis with primary care providers.
- ◆ Hepatitis vaccine is offered at our immunization walk-in clinics:
 - ◆ Monday & Thursday 1-3:30 PM in Utica
 - ◆ Tuesday 1-3 PM in Rome
- ◆ The Communicable Disease Program investigates all positive lab results for Hepatitis A, B and C.
- ◆ Patient and provider education

Oneida County Health
 Department Clinical Services
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ONEIDA COUNTY Viral Hepatitis Acute Cases 2009-2013





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We're on the Web!

Hours:
8:30am-
4:00pm,
Monday
through
Friday



Prevent, Promote, Protect

CLINICAL SERVICES

406 Elizabeth Street
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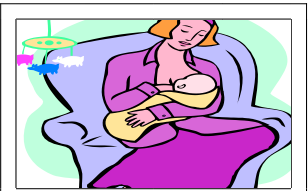


Public Health
Prevent. Promote. Protect.

STD



MOMS/Maternal Child



TUBERCULOSIS



All previous newsletters are posted at <http://www.ocgov.net> Go to Health Department then click on For Providers

Etc. etc.

As of 2-26-15 the Advisory Council on Immunization Practices (ACIP) still recommends annual influenza vaccination, but did not renew the 2014-2015 preference for using nasal spray flu vaccine (LAIV) for healthy children aged 2-8 yrs. when immediately available.

According to the journal, Pediatrics, if 90% of US women breastfed exclusively for 6 months the US would save \$13 billion each year and more than 911 lives would be saved!
The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis
Pediatrics Vol. 125 No.5 May 1 2010

WHY SHOULD YOU ENTER ADULT VACCINES IN NYSIIS?

- Time and paperwork are reduced
- Accurate histories are available for:
 - Providers
 - Schools
 - Colleges
 - Camps

The ABCs of Hepatitis

	HEPATITIS A is caused by the Hepatitis A virus (HAV)	HEPATITIS B is caused by the Hepatitis B virus (HBV)	HEPATITIS C is caused by the Hepatitis C virus (HCV)
U.S. Statistics	<ul style="list-style-type: none"> Estimated 3,000 new infections in 2012 	<ul style="list-style-type: none"> Estimated 19,000 new infections in 2012 Estimated 1.2 million people with chronic HBV infection 	<ul style="list-style-type: none"> Estimated 22,000 new infections in 2012 Estimated 3.2 million people with chronic HCV infection
Routes of Transmission	<p>Ingestion of fecal matter, even in microscopic amounts, from:</p> <ul style="list-style-type: none"> Close person-to-person contact with an infected person Sexual contact with an infected person Ingestion of contaminated food or drinks 	<p>Contact with infectious blood, semen, and other body fluids primarily through:</p> <ul style="list-style-type: none"> Birth to an infected mother Sexual contact with an infected person Sharing of contaminated needles, syringes, or other injection drug equipment Needlesticks or other sharp instrument injuries 	<p>Contact with blood of an infected person primarily through:</p> <ul style="list-style-type: none"> Sharing of contaminated needles, syringes, or other injection drug equipment <p>Less commonly through:</p> <ul style="list-style-type: none"> Sexual contact with an infected person Birth to an infected mother Needlestick or other sharp instrument injuries
Persons at Risk	<ul style="list-style-type: none"> Travelers to regions with intermediate or high rates of Hepatitis A Sex contacts of infected persons Household members or caregivers of infected persons Men who have sex with men Users of certain illegal drugs (injection and non-injection) Persons with clotting-factor disorders 	<ul style="list-style-type: none"> Infants born to infected mothers Sex partners of infected persons Persons with multiple sex partners Persons with a sexually transmitted disease (STD) Men who have sex with men Injection drug users Household contacts of infected persons Healthcare and public safety workers exposed to blood on the job Hemodialysis patients Residents and staff of facilities for developmentally disabled persons Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of $\geq 2\%$) 	<ul style="list-style-type: none"> Current or former injection drug users Recipients of clotting factor concentrates before 1987 Recipients of blood transfusions or donated organs before July 1992 Long-term hemodialysis patients Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV) HIV-infected persons Infants born to infected mothers
Incubation Period	15 to 50 days (average: 28 days)	45 to 160 days (average: 120 days)	14 to 180 days (average: 45 days)
Symptoms of Acute Infection	<p>Symptoms of all types of viral hepatitis are similar and can include one or more of the following:</p> <ul style="list-style-type: none"> Fever Fatigue Loss of appetite Nausea Vomiting Abdominal pain Gray-colored bowel movements Joint pain Jaundice 		
Likelihood of Symptomatic Acute infection	<ul style="list-style-type: none"> < 10% of children < 6 years have jaundice 40%–50% of children age 6–14 years have jaundice 70%–80% of persons > 14 years have jaundice 	<ul style="list-style-type: none"> < 1% of infants < 1 year develop symptoms 5%–15% of children age 1–5 years develop symptoms 30%–50% of persons > 5 years develop symptoms <p>Note: Symptoms appear in 5%–15% of newly infected adults who are immunosuppressed</p>	<ul style="list-style-type: none"> 20%–30% of newly infected persons develop symptoms of acute disease
Potential for Chronic Infection	None	<ul style="list-style-type: none"> Among unimmunized persons, chronic infection occurs in >90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults 	<ul style="list-style-type: none"> 75%–85% of newly infected persons develop chronic infection 15%–25% of newly infected persons clear the virus
Severity	<p>Most persons with acute disease recover with no lasting liver damage; rarely fatal</p>	<ul style="list-style-type: none"> Most persons with acute disease recover with no lasting liver damage; acute illness is rarely fatal 15%–25% of chronically infected persons develop chronic liver disease, including cirrhosis, liver failure, or liver cancer 1,800 persons in the United States die with HBV-related liver disease as documented from death certificates 	<ul style="list-style-type: none"> Acute illness is uncommon. Those who do develop acute illness recover with no lasting liver damage. 60%–70% of chronically infected persons develop chronic liver disease 5%–20% develop cirrhosis over a period of 20–30 years 1%–5% will die from cirrhosis or liver cancer 17,000 persons in the United States die with HCV-related liver disease as documented from death certificates



	HEPATITIS A	HEPATITIS B	HEPATITIS C
Serologic Tests for Acute Infection	<ul style="list-style-type: none"> IgM anti-HAV 	<ul style="list-style-type: none"> HBsAg in acute and chronic infection IgM anti-HBc is positive in acute infection only 	<ul style="list-style-type: none"> No serologic marker for acute infection
Serologic Tests for Chronic Infection	<ul style="list-style-type: none"> Not applicable—no chronic infection 	<ul style="list-style-type: none"> HBsAg (and additional markers as needed) 	<ul style="list-style-type: none"> Screening assay (EIA or CIA) for anti-HCV Verification by an additional, more specific assay (e.g., nucleic acid testing (NAT) for HCV RNA)
Screening Recommendations for Chronic Infection	<ul style="list-style-type: none"> Not applicable—no chronic infection <p>Note: Screening for past acute infection is generally not recommended</p>	<p>Testing is recommended for:</p> <ul style="list-style-type: none"> All pregnant women Persons born in regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of $\geq 2\%$) U.S.-born persons not vaccinated as infants whose parents were born in regions with high rates of Hepatitis B (HBsAg prevalence of $\geq 8\%$) Infants born to HBsAg-positive mothers Household, needle-sharing, or sex contacts of HBsAg-positive persons Men who have sex with men Injection drug users Patients with elevated liver enzymes (ALT/AST) of unknown etiology Hemodialysis patients Persons needing immunosuppressive or cytotoxic therapy HIV-infected persons Donors of blood, plasma, organs, tissues, or semen 	<p>Testing is recommended for:</p> <ul style="list-style-type: none"> Persons born from 1945–1965 Persons who currently inject drugs or who have injected drugs in the past, even if once or many years ago Recipients of clotting factor concentrates before 1987 Recipients of blood transfusions or donated organs before July 1992 Long-term hemodialysis patients Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV) HIV-infected persons Children born to infected mothers (do not test before age 18 mos.) Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests) Donors of blood, plasma, organs, tissues, or semen
Treatment	<ul style="list-style-type: none"> No medication available Best addressed through supportive treatment 	<ul style="list-style-type: none"> Acute: No medication available; best addressed through supportive treatment Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs 	<ul style="list-style-type: none"> Acute: Antivirals and supportive treatment Chronic: Regular monitoring for signs of liver disease progression; new direct acting antiviral medications offer shorter durations of treatment and increased effectiveness, including higher rates of sustained virologic response (SVR) which is a marker for cure
Vaccination Recommendations	<p>Hepatitis A vaccine is recommended for:</p> <ul style="list-style-type: none"> All children at age 1 year Travelers to regions with intermediate or high rates of Hepatitis A Men who have sex with men Users of certain illegal drugs (injection and non-injection) Persons with clotting-factor disorders Persons who work with HAV-infected primates or with HAV in a research laboratory Persons with chronic liver disease, including HBV- and HCV-infected persons with chronic liver disease Family and care givers of recent adoptees from countries where Hepatitis A is common Anyone else seeking long-term protection 	<p>Hepatitis B vaccine is recommended for:</p> <ul style="list-style-type: none"> All infants at birth Older children who have not previously been vaccinated Susceptible sex partners of infected persons Persons with multiple sex partners Persons seeking evaluation or treatment for an STD Men who have sex with men Injection drug users Susceptible household contacts of infected persons Healthcare and public safety workers exposed to blood on the job Persons with chronic liver disease, including HCV-infected persons with chronic liver disease Persons with HIV infection Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients Residents and staff of facilities for developmentally disabled persons Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of $\geq 2\%$) Unvaccinated adults with diabetes mellitus 19–59 (for those aged ≥ 60 years, at the discretion of clinician) Anyone else seeking long-term protection 	<p>There is no Hepatitis C vaccine.</p>
Vaccination Schedule	<p>2 doses given 6 months apart</p>	<ul style="list-style-type: none"> Infants and children: 3 to 4 doses given over a 6- to 18-month period depending on vaccine type and schedule Adults: 3 doses given over a 6-month period (most common schedule) 	<p>No vaccine available</p>