

West Virginia EPI-LOG



Division of Surveillance & Disease Control

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| Immunization | (304) 558-2188 |
| STD Program | (304) 558-2950 |
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Statewide Disease Facts & Comparisons

WV health care professionals surpass one million immunizations

A computer may seem like a big gift for a two-year-old child, but Sydney Billings is no ordinary kid. She received “the shot heard ‘round the state” - the one millionth immunization administered by a health care professional. To recognize the achievement, the Bureau for Public Health’s Immunization Program presented a new computer to Sydney and her parents.

West Virginia’s Statewide Immunization Information System (WVSIIS) keeps an electronic record of each immunization given in the state, and a few months ago that number reached one million.

Of course, a child being immunized is good news because he or she is protected from a number of childhood diseases like Mumps, Measles, Rubella, Hepatitis B, Polio and many others. The Immunization Program decided to celebrate the milestone by recognizing the child who received the one millionth shot, along with the doctor who delivered it.

As part of Public Health Week 2002 on

Wednesday, April 3, a special presentation was made at the Elinor Hurt Memorial Health Center.

A new computer was presented to Sydney P.

Billings from Mabscot, WV. Also recognized at the event was the doctor who delivered the immunization: Teddy W. Solari, MD with Pediatrics Care Unlimited in Beckley. He received a certificate for rounds of golf at courses around the state, provided by the West Virginia Golf Association.

The presentation was made to draw attention to the importance of immunizations for children and to highlight the WVSIIS pro-

(See Immunizations, page 6)



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- **National STD Prevention Conference**
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West Virginia DSDC representatives participate in National STD Prevention Conference

Representatives of the West Virginia Bureau for Public Health STD Prevention Program recently attended the 2002 National STD Prevention Conference, co-sponsored by the American Social Health Association (ASHA) and the Centers for Disease Control (CDC), which was recently held in San Diego, California. The conference brought together researchers, practitioners and public health officials throughout the country to examine and address the issues of STD prevention, diagnosis and treatment.

Several of the conference programs addressed issues related to ongoing projects in West Virginia. Specifically, the incorporation of hepatitis B immunizations within STD clinic services, and the upcoming urine-based testing program to target the male population. Several studies provided information on how to set up and maintain community collaborations, consensus-building activities, and the importance of nurturing relationships between the community and local health departments. Barriers to effective hepatitis B vaccination programs were evaluated and described, including finding the necessary clinic time to educate clients and the need to motivate clients to return to clinic for the full series of the vaccination.

Recent studies in five major U.S. cities examined different venues for urine-based screening of young males to detect asymptomatic chlamydia infections. Venues included street outreach programs, sometimes called "Pee Drives", juvenile detention centers and school-based clinics. The abstracts from the conference programs will be used to guide efforts to screen males in West Virginia.

At the conference, the CDC provided updates on the current status of the STD epidemic. In 2000, gonorrhea rates increased in 13 of 20 cities with the highest rates identified in 1999. By city, Richmond, Virginia, had

the highest rate of gonorrhea at 923.6 per 100,000, while Detroit, Michigan, had the highest number of cases at 9,610. Although syphilis rates continue to decline throughout the country, several cities showed dramatic increases in primary and secondary syphilis cases. In Norfolk, Virginia, the number of cases per 100,000 almost doubled. Detroit also showed a 45% increase in syphilis cases from 1999 to 2000.

Chlamydia, a largely asymptomatic sexually transmitted infection, remains a widespread epidemic with an estimated three million new cases occurring each year. The highest positivity rate for chlamydia is among girls aged 15 to 24 years. Although it can be easily treated, without treatment chlamydia infection

can lead to severe health consequences including infertility and increased risk of HIV infection.

New research concerning HPV (human papillomavirus) was released by the CDC at the conference. These studies provide the first national data indicat-

ing the prevalence of HPV among men who have sex with men (MSM) and reveal that 38% of MSM in the U.S. are infected with HPV-Type 16. HPV-16 has been linked with cervical cancer in women and this new data will help researchers determine if there are any links with anal and/or penile cancers in men.

According to reports about Herpes Simplex Virus II (HSV II), 22% of the population is now infected or 1 in 5 persons. Prevalence is increasing most dramatically among young white teens. Recent studies show that HSV I, which is traditionally associated with mouth sores, is now found in the genital area in over 30% of cases. This contributes to the 20% of cases which are misdiagnosed in clinic settings. Lastly,

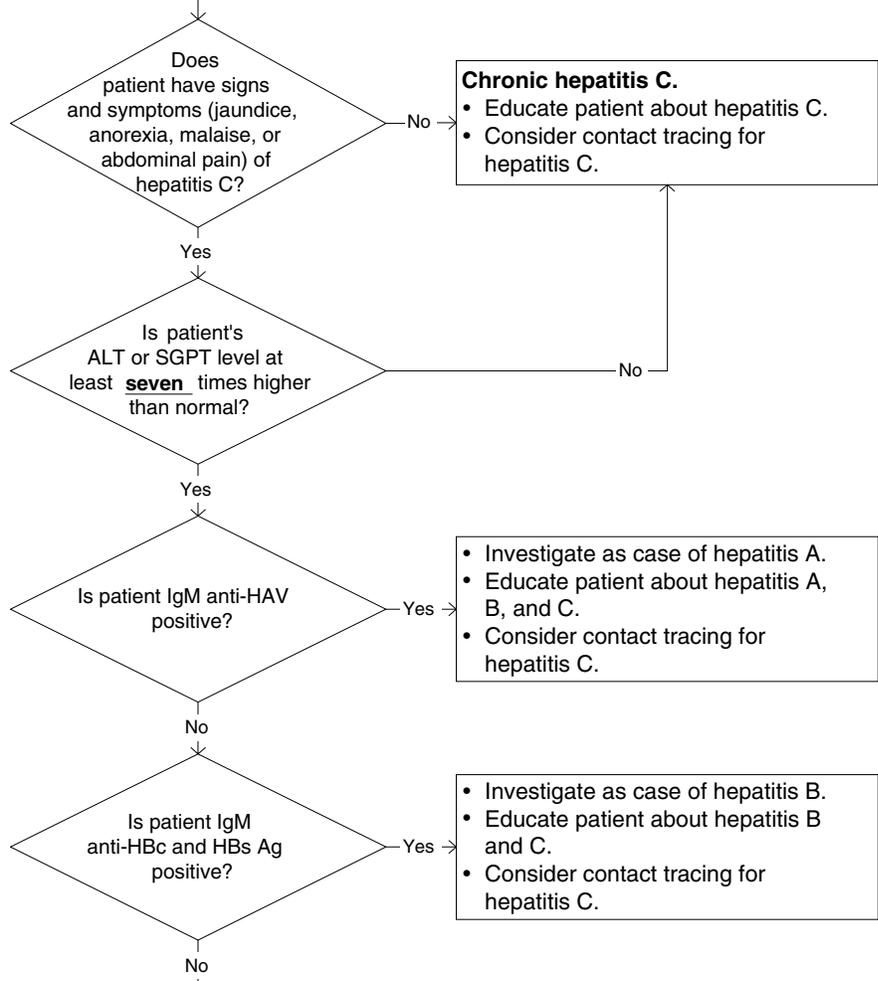
(See STDs, page 6)

According to the American Social Health Association one in five Americans are infected with a sexually transmitted disease (STD) and the majority of STDs occur among people 25 and younger.

Public Health Surveillance for ASSESSMENT OF ACUTE VIRAL HEPATITIS C

West Virginia Infectious Disease Epidemiology Program
March 20, 2002

Patient is anti-HCV antibody positive with a positive confirmatory test (RIBA or PCR)



For more information, see "Frequently Asked Questions about Hepatitis C," pages 4 and 5.

THIS PATIENT HAS ACUTE HEPATITIS C

- Conduct investigation and send the following to the Infectious Disease Epidemiology Program:
1. Confidential Reportable Disease Case Report Form (Yellow Card)
 2. CDC Viral Hepatitis Report Form
 3. Serum Alanine Aminotransferase or SGPT Result
 4. Results of Hepatitis Antibody Tests

Refer to the Hepatitis C Information Sheet to educate the patient about receiving medical attention, including hepatitis A and hepatitis B vaccination, hepatitis C transmission, and hepatitis C prevention. Consider contact tracing for hepatitis C.

Frequently Asked Questions about Hepatitis C

What is hepatitis C infection?

Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV), which is found in the blood of persons who have the disease. HCV is spread by contact with the blood of an infected person. Hepatitis C Virus (HCV) infection occurs among persons of all ages but the highest incidence of acute hepatitis C is found among persons aged 20-39 years, and males predominate slightly. Almost 4 million Americans have been infected with hepatitis C virus.

How do I get hepatitis C?

You can get HCV infection by direct contact with the blood infected with HCV; for example, you can become infected by sharing needles and syringes with an infected person, or having sex with someone infected with HCV. A baby can also get HCV from an infected mother but the risk is low. HCV is not spread by breast feeding, hugging, food or water, sneezing, coughing or sharing eating utensils or drinking glasses.

You may be at risk for hepatitis C if:

- You were notified that you received blood from a donor who later tested positive for hepatitis C.
- You have ever injected illegal drugs, even if you experimented a few times many years ago.
- You received a blood transfusion or solid organ transplant before July, 1992.
- You received a blood product for clotting problems produced before 1987.
- You have ever been on long-term kidney dialysis.
- You have evidence of liver disease, such as persistently abnormal liver enzyme (alanine aminotransferase, or ALT) levels.
- You were exposed to infected blood from your work (for example, a health-care worker).
- You were born to a mother who had hepatitis C infection.

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(continued from page 4)

What should I do if I have one of those risk factors?

If you have one of those risk factors, you should see your doctor to get tested for HCV.

How should I protect my liver if I have hepatitis C?

- You should see your doctor regularly.
- Do not drink alcohol.
- Do not start any new medicines, including over-the-counter and herbal medicines, without checking with your doctor.
- Get vaccinated against hepatitis A.
- Ask your doctor about hepatitis B vaccine.

Is there a treatment for hepatitis C?

Antiviral medicines are approved for the treatment of persons with chronic hepatitis C. Treatment is effective in about 3-4 out of every 10 persons treated. You should check with your doctor to see if treatment would help you. **THERE IS NO VACCINE AVAILABLE TO PREVENT HEPATITIS C!**

If I have HCV, how can I prevent transmitting it to others?

- Do not donate blood, body organs, other tissue, or sperm.
- Do not share toothbrushes, razors, or other personal care articles that might have blood on them.
- Cover cuts or sore on the skin.

Persons should not be excluded from work, school, play, child-care, or other settings on the basis of their HCV infection status.

Please see the assessment guidelines chart for hepatitis C on page 3.

**For more information about hepatitis C, call the
West Virginia Bureau for Public Health
Division of Surveillance & Disease Control:
(304) 558-5358**

(STDs, continued from page 2)

a growing body of research on condoms shows that they are very protective of infection with HSV II, as with other STDs.

In addition to providing valuable networking opportunities, the National STD Conference made available to the attendees the abstracts and research information presented during individual sessions. These conferences also include poster displays of current research and STD epidemiology. The conference is a valuable tool in the ongoing fight against the STD epidemic. For further information or copies of the abstracts please contact the STD/HIV Program. ☒

(Immunizations, continued from page 1)

gram. All 54 of the state's Health Departments are tied into the system, but many private physicians still have not signed on with the program. That's a problem, because greater than half of all immunizations are provided by private physicians.

When every physician is a member of SIIS, they'll forward their immunization encounter records to the system, and then some common problems can be avoided.

For example, if a child receives shots from different providers, that can make it difficult to be sure that the patient is getting complete coverage.

Sometimes immunization schedules change, or new vaccines are introduced. Delayed immunization can lead to outbreaks, such as the measles, occasional pertussis cases or pneumococcal meningitis.

SIIS records are available to enrolled health care officials with legally identified access 24 hours a day. Access to the site is only available to enrolled immunization providers - it is not open to the public.

The "One Million Strong" campaign was also tied to National Infant Immunization Week, which was the week of April 14.

The goal of the West Virginia Immunization Program is to see to it that every child in the state receives a full complement of childhood immunizations. ☒

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