

West Virginia EPI-LOG



Division of Surveillance & Disease Control

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AIDS Prevention	(304) 558-2195
Cancer Registry	(304) 558-6421
Epidemiology	(304) 558-5358
Immunization	(304) 558-2188
STD Program	(304) 558-2950
TB Control	(304) 558-3669

Statewide Disease Facts & Comparisons

West Nile virus debuts in West Virginia

State officials in West Virginia have reported that an eastern blue bird found dead in Jackson County on July 12 tested positive for West Nile virus (WNV). Results of the testing were confirmed by the Centers for Disease Control and Prevention in Fort Collins, Colorado. WNV was also confirmed on August 6 in a blue jay found in Putnam County.

Each of the five states bordering West Virginia had identified birds which had tested positive for WNV. West Virginia now joins their ranks, although to date there have been no cases of illness caused by WNV in state residents. This contrasts with the state of Louisiana, which is currently in the midst of the worst outbreak of the virus since it was first identified in the United States three years ago. As of August 8, five deaths due to WNV have taken place in Louisiana, and the governor of the state has declared a state of emergency.

Also as of August 8, health officials have identified 112 cases in humans in Louisiana, Mississippi, Texas and Illinois. So far this year the virus has been identified in 34 states and the District of Columbia.

In 1999, 62 people in New York City came down

with the disease, and seven of them died. That marked the debut of WNV in the United States.

The West Virginia Department of Health and Human Resources has issued the following information for all residents and health care professionals:

What is West Nile virus?

West Nile virus is a cause of "encephalitis," which means an inflammation of the brain. It is spread by mosquito bites and can infect people, horses, and birds. West Nile virus caused illness and a few deaths in east coast states during 1999, 2000, and 2001. There have been no cases

of West Nile virus in humans to date in West Virginia.

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West Nile virus was first identified in West Virginia in July 2002 in an Eastern Bluebird found in Cottageville, Jackson County.

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What are the symptoms of West Nile virus?

Most people who get West Nile virus infection never have any symptoms at all. A few people have mild symptoms like a fever, headache, and body aches. These people recover without any treatment.

Very few people with West Nile virus infection are sick enough to go to the hospital. These people have a more severe illness with fever, fatigue, confusion, headache, weakness, nausea, vomiting, muscle aches, stiff neck, abdominal pain, and other symptoms. About 10% of individuals hospitalized with West Nile virus die from the infection.

Who is most at risk for West Nile virus?

People over age 50 are most at risk. People who go outdoors in summer without taking precautions against mosquitoes may also be at higher risk.

How is West Nile virus spread?

Mosquitoes get infected if they bite infected birds. After about 10 to 14 days, infected mosquitoes can spread West Nile virus to humans and animals. The virus is spread to humans by mosquito bites. The virus cannot be spread from one person to another.

How can I protect my family from West Nile virus?

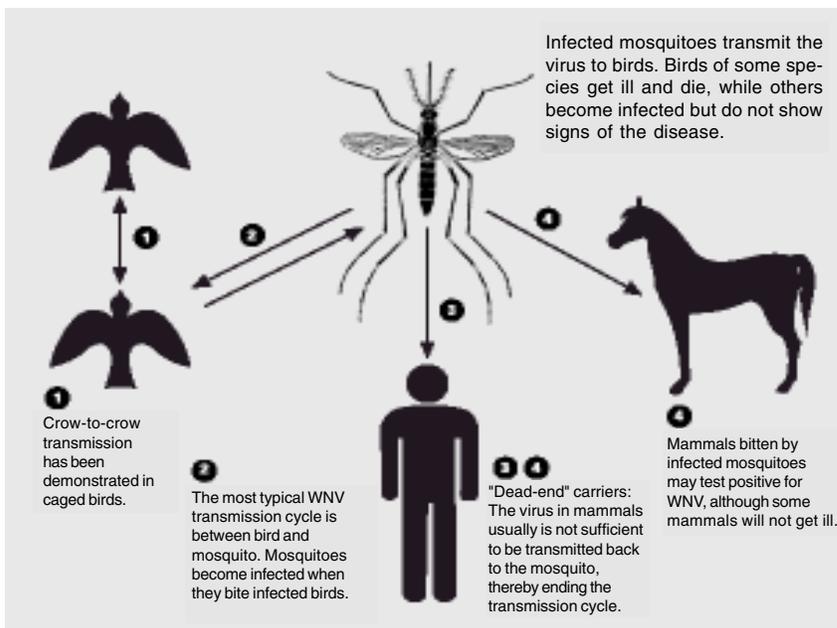
Get rid of mosquito breeding sites. These include old tires, or any containers near your house that can collect water. Fill in ditches or make sure that the water drains freely.

Wear long-sleeved shirts and long pants whenever you are outdoors.

Use bug repellent with DEET (N,N-diethyl-metoluamide). Follow the directions on the package carefully. Apply sparingly to children and wash them with soap and water when they come indoors. Avoid application to the hands and face of young children.

Make sure doors and screens are "bug tight."

Contact your doctor if you feel ill. ☒



HIV counseling and testing classes accepting applicants

The West Virginia Bureau for Public Health is now offering a HIV Prevention and Test Decisions Counseling course. The course is free to all participants. It has been approved for 23.4 contact hours for Licensed Practical Nurses and 19.8 contact hours for Licensed Social Workers. Instructors for the course are Charles Hall and Sheila Ware, public health educators for the West Virginia Bureau for Public Health HIV/AIDS/STD Program.

The following are the upcoming training dates for the course:

- August 20-22, 2002 at the Veteran's Hospital in Huntington, WV
- September 6, 2002 One Day Refresher Course at the Diamond Building in Charleston, WV
- September 23-25, 2002 at The Health Department in Beckley, WV
- October 28-30 in Wheeling, WV

For more information on registration or arranging future classes, call (304) 558-2195. You can also register online at www.wvdhhr.org/bph/oehp/sdc/registration.htm. ☒

IN FOCUS:

Colorectal Cancer in West Virginia

Colorectal cancer is the third most common cancer among both men and women in West Virginia. The age-adjusted (2000 population standard) average annual (1995 to 1999) incidence of colorectal cancer in West Virginia is 58.8 per 100,000 - significantly higher than the national age-adjusted average annual incidence of 55.1 per 100,000.

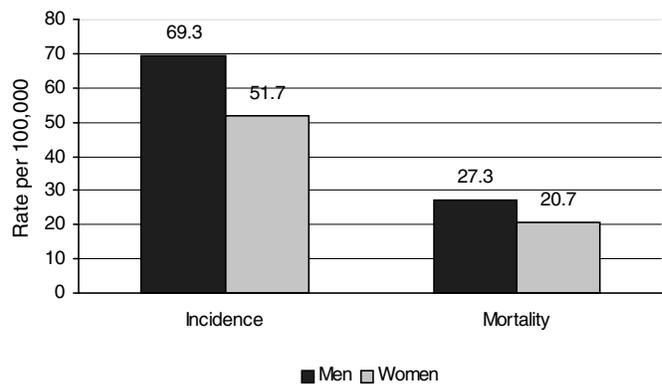
Colorectal cancer is also the third most common cause of cancer-related deaths among men and women in West Virginia. Every year since 1993, about 500 West Virginians have died of colorectal cancer.

More than half of the newly diagnosed colorectal cancers among West Virginians have already spread to regional or distant sites by the time they are diagnosed. According to the American Cancer Society, five-year relative survival for persons whose colorectal cancer is detected and treated before it has spread is 90%. However, once the cancer has spread to regional lymph nodes or adjacent organs, the five-year relative survival rate drops to 65%. If the cancer has spread to distant sites, the five-year relative survival rate is only 8%.

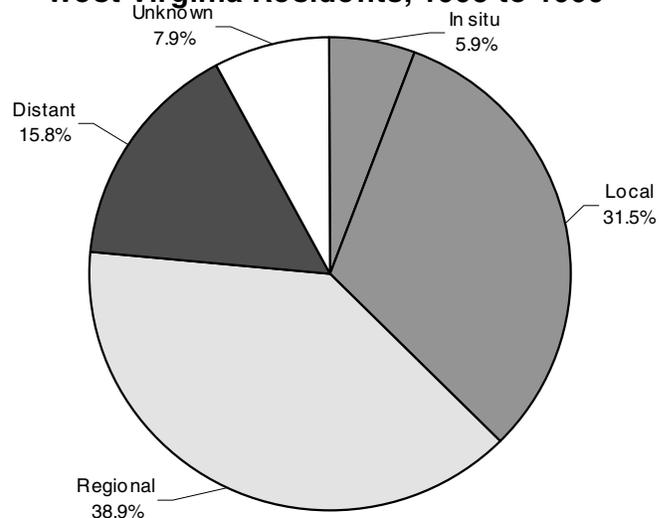
Colorectal cancer can be detected early through the regular use of screening tests. These include digital rectal exams, in which the health care provider inserts a gloved finger into the rectum to feel for abnormalities; fecal occult blood testing in which stool samples are examined for blood; and sigmoidoscopy and colonoscopy, which involved the insertion of a slender, flexible, hollow lighted tube through the rectum into the colon to look for abnormalities. The American Cancer Society recommends regular screening for men and women beginning at age 50, with yearly fecal occult blood tests or flexible sigmoidoscopy every five years or colonoscopy every ten years.

Risk factors for colorectal cancer include a diet mostly from animal sources, obesity, physical inactivity, smoking and aging as well as a personal history of inflammatory bowel disease or adenomatous polyps and a family history of colorectal cancer or certain types of polyps such as familial adenomatous polyposis. ❖

Colorectal Cancer Burden in West Virginia, 1995 to 1999: Age-adjusted Average Annual Incidence and Mortality per 100,000 (2000 Population Standard)



Colorectal Cancer Stage at Diagnosis: West Virginia Residents, 1995 to 1999





**West Virginia AIDS and HIV Infection Cases by Age Group, Gender,
Race and Risk Behavior Cumulative through June 30, 2002***

Characteristic	AIDS		HIV		Total	
	#	%	#	%	#	%
Age Group						
Under 5	8	0.7	7	1.1	15	0.8
5-12	2	0.2	1	0.2	3	0.2
13-19	10	0.8	31	4.9	41	2.2
20-29	217	18.0	233	37.1	450	24.5
30-39	530	43.9	232	36.9	762	41.5
40-49	320	26.5	96	15.3	416	22.7
50 and Over	120	9.9	28	4.5	148	8.1
Gender						
Male	1039	86	454	72	1493	81
Female	168	14	174	28	342	19
Race						
White	966	81	378	59	1344	73.2
Black	226	18	220	37	446	24.3
Other/Unknown	15	1	30	4	45	2.5
Risk Behavior						
Adult						
MSM	673	56	267	43	940	52
IDU	195	16	115	19	310	17
MSM/IDU	70	6	19	3	89	5
Coagulation Disorder	38	3	8	1	46	3
Heterosexual Contact	115	10	97	16	212	12
Transfusion/Transplant	34	3	6	1	40	2
No Identified Risk	4	0	4	1	8	0
Other^	68	6	104	17	172	9
Subtotal	1197	100	620	100	1817	100
Pediatric						
Coagulation Disorder	1	11	0	0	1	6
Mother HIV Positive	9	89	8	100	17	94
Subtotal	10	100	8	100	18	100
TOTAL CASES	1207	100	628	100	1835	100

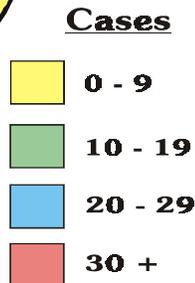
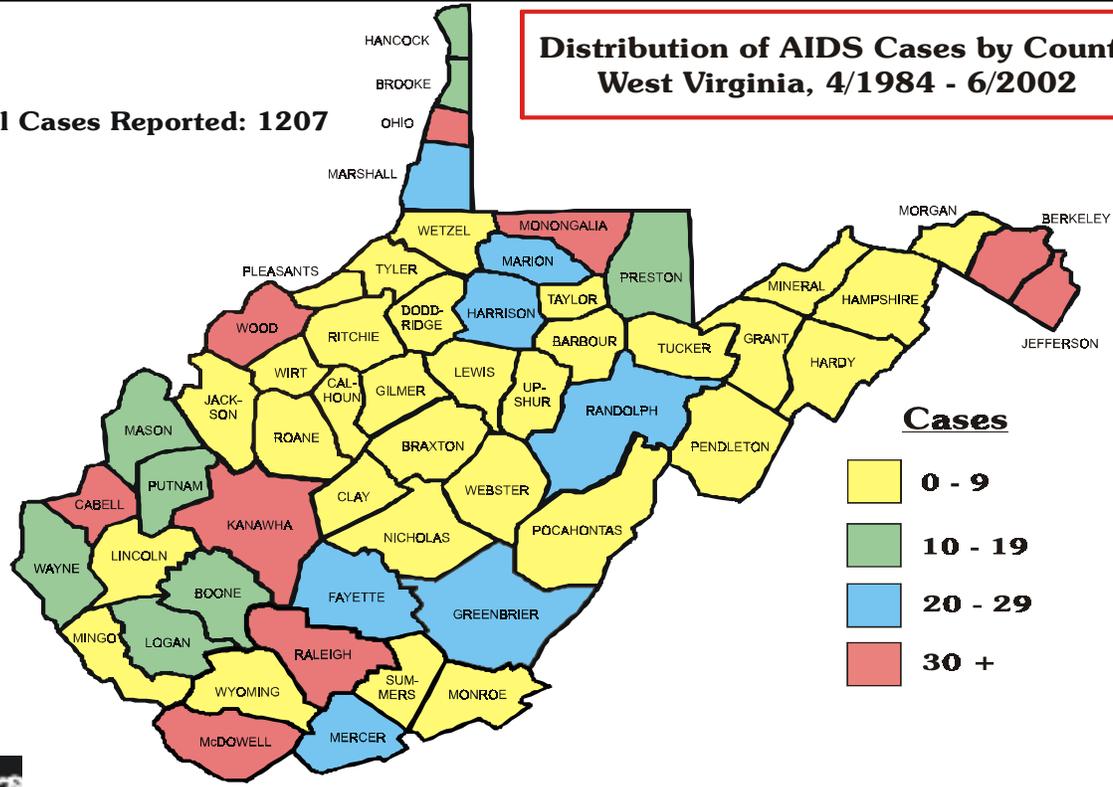
MSM = Men having Sex With Men; IDU = Injecting Drug User

* AIDS data includes April 1984 through June 30, 2002, and
HIV data includes January 1989 through June 30, 2002.

^ Other risk behavior includes cases reported with no risk
identified that have been closed to follow-up.

Total Cases Reported: 1207

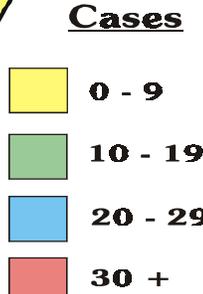
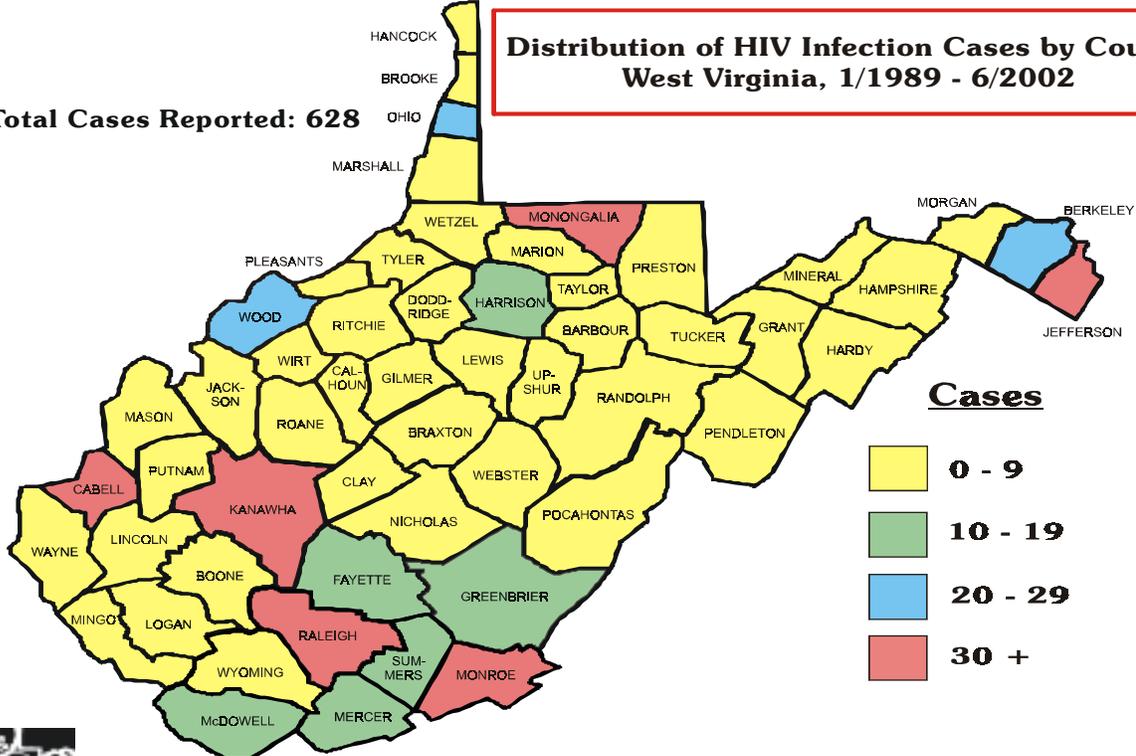
**Distribution of AIDS Cases by County
West Virginia, 4/1984 - 6/2002**



Division of Surveillance and Disease Control
West Virginia HIV/AIDS/STD Program

Total Cases Reported: 628

**Distribution of HIV Infection Cases by County
West Virginia, 1/1989 - 6/2002**



Division of Surveillance and Disease Control
West Virginia HIV/AIDS/STD Program

Guidelines for the storage of chickenpox vaccine

Varicella (chickenpox) vaccine, known as Varivax, may be one of the most misunderstood vaccines when it comes to proper storage requirements. After all, if the freezer keeps ice frozen then it is cold enough. Right? **WRONG!**

Varivax has special storage and handling requirements which necessitate some unique arrangements. Here are some points to consider in order to meet proper storage requirements:

- A household refrigerator with a separate sealed freezer compartment is recommended. **(Dormitory style freezers are not acceptable for the storage of varicella vaccine).**
- The temperature needs to be a consistent -15°C or 5°F or lower. **The freezing point of water (32°F) is not sufficient.**
- It is recommended that the temperature of the freezer be verified. This can be done by placing a suitable thermometer in the freezer **(not in the door)**

and recording it twice daily to ensure that an appropriate temperature is being maintained.

- Varicella requires protection from light. Vials should be kept in their original container with the flaps closed.
- All vaccines should be stored immediately upon arrival to the intended destination.

It is essential that adequate temperatures and handling standards be utilized because vaccines are important to all of us, especially our children. If you have any questions about the vaccine or its storage and handling requirements call Merck at 1-800-9VARIVAX or contact the West Virginia Immunization program at 1-800-642-3634. ☒

West Nile Virus Updates Online

The West Virginia Division of Health and Human Resources website now includes a section with the latest on West Nile virus surveillance in the state. You can find the section at <http://www.wvdhhr.org/bph/oehp/sdc/westnile.htm> ☒

The **West Virginia EPI-LOG** is published quarterly by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology & Health Promotion, Division of Surveillance and Disease Control. Graphic layout by Chuck Anziulewicz. Please call the Division of Surveillance & Disease Control at (304) 558-5358 if you need additional information regarding any article or information in this issue, or if you have suggested ideas you would like to contribute for a future issue.

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