

West Virginia EPI-LOG



Division of Surveillance & Disease Control

AIDS Surveillance	(304) 558-2987
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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

2002 West Virginia Conference on Infectious Diseases Nov. 1-2, 2002

Auditorium

Robert C. Byrd Health
Sciences Center of
West Virginia University/
Charleston Division

CAMC Memorial Hospital campus

3110 MacCorkle Ave. SE
Charleston, West Virginia

Sponsored by:

West Virginia Department of
Health and Human Resources
Bureau for Public Health
Division of Surveillance and
Disease Control

and

CAMC Health Education
and Research Institute



This day and a half program provides course content that will enable the physician, nurse, or health care professional to recognize and discuss emerging infectious disease issues in a changing medical, social and economic environment.

By attending this program, participants should be able to:

- Explore strategies for investigation and control of extremely infectious viruses and diseases
- Cite high hazard biological research advances and issues
- Debate the socioeconomic and sociocultural dynamics of infectious diseases
- Explain the role of epidemiology in investigations of emerging infectious diseases and vaccine safety
- Describe vaccine safety issues and new vaccine development
- Explore infectious diseases as an etiology for chronic diseases
- Discuss treatment strategies for drug-resistant diseases
- Debate future trends and issues

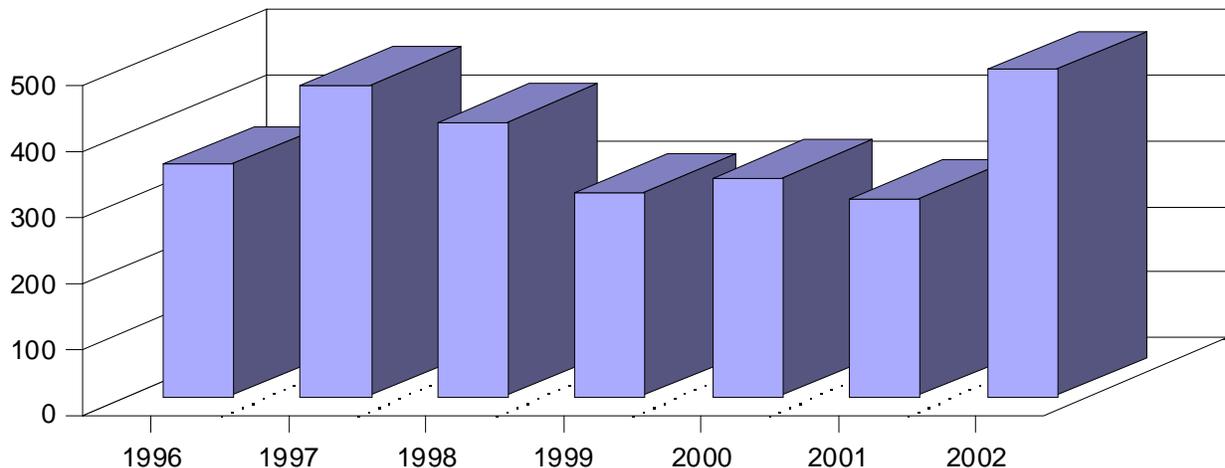
Who should attend? Physicians, nurses, pharmacists, physician assistants, nurse practitioners, residents/interns medical, nursing and allied health students, and other interested healthcare professionals are welcome. No prerequisites are required. ☒

ALSO IN THIS ISSUE:

- Six-Month Gonorrhea Surge
- Understanding Global AIDS
- 2002-2003 Flu Vaccine: FAQ

Gonorrhea cases in WV take a six-month upswing

Gonorrhea Positivity Trend Data 1996-2002



The HIV/AIDS/STD Program has noticed a dramatic increase in the number of reported cases of gonorrhea for the first six months of 2002 as compared to the same period in 2001. Gonorrhea rates in West Virginia have been decreasing or remaining rather stable for the past four years, so this increase is being approached quite aggressively by the Program.

The HIV/AIDS/STD Program in the West Virginia Bureau for Public Health prepares semi-annual progress reports for submission to the Centers for Disease Control & Prevention (CDC) containing a statistical analysis of STD data gathered at six month intervals. These progress reports are an integral part of our comprehensive STD prevention grant. During the preparation of the report for the period January to June 2002, an analysis of gonorrhea data showed a 60% increase in the total cases of gonorrhea diagnosed and reported in West Virginia for that period compared to 2001. This reflects an increase from 300 cases during the first six months of 2001 to 513 cases during the same period in 2002. It should be noted that over 63% of these new cases are in Kanawha (38%), Cabell (12%) and Raleigh (13%) counties.

While this data is reflective of national trends, West Virginia has an opportunity to take strong preventative

measures to curb this trend since domestic syphilis has been eradicated in this state (per CDC definition). This increase is therefore a matter of concern for us all. Preliminary discussions have been held with Disease Intervention Specialists (DIS) throughout the state. They have received instructions to handle all gonorrhea cases as priority in their operational areas. The Program will provide all available resources and technical assistance to facilitate this process. Providers are reminded to report all cases of STDs directly to the State office as well as sending a report to the local health department for follow up and investigation. If you need morbidity cards for reporting, please call 1-800-642-8244 or fax a request to (304) 558-6478. ☒

West Nile Virus Updates Online

The West Virginia Department 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> ☒

Understanding the global threat of AIDS

In April 2000, the United States government declared HIV/AIDS a threat to American national security, marking the first time ever a disease had been entrusted to the National Security Council.¹ Less than 3 months later, the United Nations Security Council affirmed Resolution 1308, which delineated the dangers that HIV/AIDS posed to the “maintenance of international peace and security.”² Most recently, at the 14th International AIDS Conference in July 2002, UNAIDS Executive Director Peter Piot noted the beginning of “a new era: the era of AIDS as a global political issue.”³

Amid all this discourse intertwining a virus with domestic and world affairs, it is paramount to understand the threat created by HIV/AIDS to political, economic, and personal security.

Security has been broadly defined as both the freedom from fear and the freedom from need.⁴ Under

this definition, HIV/AIDS threatens the security of governments and economies around the world because of its ability to simultaneously endanger political stability and depress current levels of prosperity. According to one study, a significant decrease in life expectancy is the strongest risk factor for ethnic conflict, genocide, failure of fledgling democracies, and revolutionary wars.⁵ In sub-Saharan Africa, for instance, average life expectancy rates will drop 25% in the next few decades from 59 years to less than 45 years, solely due to HIV/AIDS.⁶ Stable leadership may collapse if death rates continue to rise among public and private elites, including the police force and the military, where HIV prevalence rates have reached 60%

in countries such as Angola and the Democratic Republic of the Congo.⁷

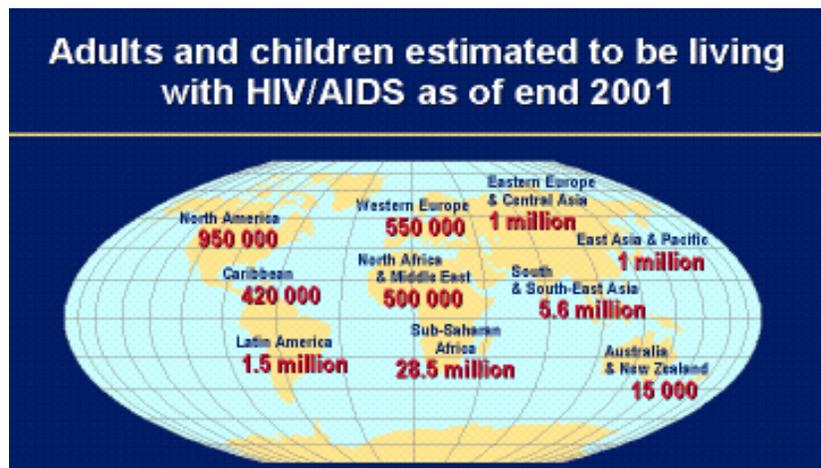
The damaging effects of HIV on countries' economic infrastructures stems from the demographics of the populations it affects. In contrast to most adult diseases, the highest rates of HIV transmission occur during the most productive years of life, in both men and women, and in all socioeconomic strata. A direct correlation has been shown between a country's HIV prevalence and reduction of its gross domestic product.⁸ Furthermore, agricultural productivity declines as workers die; farmers sell their livestock to cover medical and funeral expenses, and women leave the fields to trade sex for food in order to survive.⁸ Younger governments may be at greatest risk, including the former Soviet republics, where the next major epicenter for HIV is forming, and yet the least information exists on

how HIV/AIDS will change the political and economic landscape there.⁹

The effects wrought by HIV/AIDS may help quantify the perils of this virus to world leaders, but to the over 40 million people currently living with HIV/AIDS, numbers fail to describe adequately

how this disease affects their own security and that of their families. The absence of a vaccine or curative treatment, the growing infection rates in many countries worldwide, and the slow pace at which costly antiretroviral therapies are becoming available in HIV endemic zones all mean that mortality rates from AIDS will continue to rise in the near future.⁸ The repercussions of these deaths have already extended to a generation of over 13 million orphaned children who, without a family or social support structure, are burdened by economic and social disadvantages before reaching adulthood.⁸ Furthermore, people living with HIV/AIDS

(See AIDS, page 6)



Graphic courtesy of the Joint United Nations Programme on HIV/AIDS



4. When should I get vaccinated?

Most people need only one flu shot each year to prevent influenza. Children under 9 years old getting flu vaccine for the first time should get 2 shots, one month apart.

The best time to get a flu shot is in October or November. But because the flu season typically peaks between January and March, vaccination in December, or even later can be beneficial in most years.

Some people should be vaccinated beginning in September or October: people 65 years of age and older, people at high risk from flu and its complications, household contacts of these groups, health care workers, and children under 9 getting the flu shot for the first time. To make sure these people have access to available vaccine, others should wait until November.

5. Some people should talk with a doctor before getting influenza vaccine.

Talk with a doctor before getting a flu shot:

- ▶ If you ever had a serious allergic reaction to eggs or to a previous dose of influenza vaccine.

- ▶ If you have a history of Guillain Barré Syndrome (GBS).

If you have a fever or are severely ill at the time the shot is scheduled, you should probably wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about whether to reschedule the vaccination.

6. What are the risks from influenza vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Seri-

ous problems from flu vaccine are very rare. The viruses in the vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems include soreness, redness, or swelling where the shot was given; fever or aches. If these problems occur, they usually begin soon after the shot and last 1-2 days.

Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the shot.

In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain Barré Syndrome (GBS). Influenza vaccines since then have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it is estimated at 1 or 2 cases per million persons vaccinated . . . much less than the risk of severe influenza, which can be prevented by vaccination.

7. What if there is a moderate or severe reaction?

Seek medical attention if there is any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. Call a doctor, or get the person to a doctor right away.

Tell your doctor what happened, the date and time it happened, and when the vaccination was given.

Ask your doctor, nurse, or health department to report the reaction by filing an Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967, or visit their website at <http://www.vaers.org>.

8. How can I learn more?

Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.

Call your local or state health department.

Contact the Centers for Disease Control and Prevention (CDC) at 1-800-232-2522.

Visit the National Immunization Program's website at <http://www.cdc.gov/nip> 

INFLUENZA VACCINE

What You Need To Know

2002-2003

1. Why get vaccinated?

Influenza ("flu") is a serious disease. It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause: Fever, sore throat, chills, cough, headache, muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes thousands of deaths each year, mostly among the elderly.

Influenza vaccine can prevent influenza.

2. Influenza vaccine

Influenza viruses change often. Therefore, influenza vaccine is updated each year.

Protection develops about 2 weeks after getting the shot and may last up to a year.

Some people who get flu vaccine may still get flu, but they will usually get a milder case than those who did not get the shot.

Flu vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

3. Who should get influenza vaccine?

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine.

An annual flu shot is recommended for:

- ▶ Everyone 50 years of age or older.
- ▶ Residents of long-term care facilities

housing persons with chronic medical conditions.

▶ Anyone who has a long term health problem with heart disease, kidney disease, lung disease, metabolic disease such as diabetes, asthma, anemia and other blood disorders.

▶ Anyone with a weakened immune system due to HIV/AIDS or another disease that affects the immune system, long term treatment with drugs such as steroids, cancer treatment with x rays or drugs.

▶ Anyone 6 months to 18 years of age on long term aspirin treatment (who could develop Reye Syndrome if they catch influenza).

▶ Pregnant women who will be past the 3rd month of pregnancy during the flu season (usually November through March, but past March in some years).

▶ Physicians, nurses, family members, or anyone else coming in close contact with people at risk of serious influenza.

An annual flu shot is also encouraged for:

▶ Healthy children 6-23 months of age, and their household contacts and out-of-home caretakers.

▶ Household contacts and out-of-home caretakers of infants less than 6 months of age.

▶ People who provide essential community services.

▶ People at high risk for flu complications who travel to the Southern hemisphere between April and September, or who travel to the tropics or in organized tourist groups at any time.

▶ People living in dormitories or under other crowded conditions, to prevent outbreaks.

▶ Anyone who wants to reduce their chance of catching influenza.

(See Vaccine, on back, page 5)

(AIDS, continued from page 6)

and their loved ones have been met with unmatched stigma and discrimination, and many continue to be physically attacked, chased out of their homes, and even stoned to death in communities all over the world.⁴

Threats to the security of individuals underlie the larger political and economic ramifications of this disease. When children, workers, and government elites alike are affected by HIV/AIDS, the financial and administrative security of countries consequently come into doubt, and the disease turns into a politicized issue. The discussions over the last 2 years have made it clearer how HIV/AIDS threatens not only the health security of individuals, but also the economic and political security of communities and countries. However, as Peter Piot has pointed out, "the issue is not just to draw attention to the problem, but to do something about it."⁴ Still absent from the politicized discussions about HIV/AIDS is a full knowledge of how ameliorating this disease can significantly improve the personal, economic, and political security of families and countries at risk. The responses the world formulates against

the HIV/AIDS pandemic in the coming years will determine if and how this question is answered. ☒

REFERENCES

1. US treats AIDS as a threat to security. *Nature*. 2000;405:9.
2. United Nations Security Council. Resolution 1308.
3. Piot P. Keeping the promise. Speech at: Opening Ceremony of the XIV International AIDS Conference; July 7, 2002; Barcelona, Spain.
4. Piot P. AIDS and human security. Statement at: United Nations University; October 2, 2001; Tokyo, Japan.
5. National Intelligence Council, United States Government. The Global Infectious Disease Threat and its Implications for the United States. National Intelligence Estimate, January 2000. Washington, DC: United States Government Central Intelligence Agency; 2000.
6. Population Division, United Nations, and Joint United Nations Program on HIV/AIDS. The Demographic Impact of HIV/AIDS. Report of Technical Meeting. November 10, 1998; New York, NY.
7. Hsu L. HIV Subverts National Security. Bangkok, Thailand: UNDP South East Asia HIV and Development Program; 2001.
8. Piot P, Bartos M, Ghys PD, Walker N, Schwartlander B. The global impact of HIV/AIDS. *Nature*. 2001;410:968-973.
9. De Cock KM, Janssen RS. An unequal epidemic in an unequal world. *JAMA*. 2002;288:236-238.

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