



West Virginia EPI-LOG

Hib disease deaths put focus on vaccine shortage

Anytime a shortage of a vaccine is announced, providers must face the daunting challenge of choosing who to vaccinate and who not vaccinate, by prioritizing patients while overseeing and managing a limited supply of vaccine. Sadly, restricting a vaccine can have serious consequences that could lead to death.

Currently there is a shortage of *Haemophilus influenzae* Type B (Hib) vaccine in the United States which has been ongoing since December, 2007. This shortage has resulted in a lower completion rate of the primary series of Hib vaccination and subsequently, higher Hib carriage in non-symptomatic children, increased cases, and at least three deaths. At least six unvaccinated children in Southeastern Pennsylvania have been infected and two have died in the nation's biggest recent outbreak of Hib.



The Centers for Disease Control and Prevention (CDC) has recommended temporary deferral of the booster dose at 12-15 months for healthy children to ensure that all infants receive the complete primary series of three doses with currently available vaccine at 2, 4, and 6 months. With currently available vaccine products there is enough Hib-containing vaccine to ensure that all children receive this complete primary series of 3 doses. If Pentacel (DTaP-Hib-IPV) is the only Hib-containing vaccine available, this combination product should be used to complete the primary series, even if it results in receipt of additional doses of other antigens

(See *Vaccine*, page 4)

Statewide Disease Facts & Comparisons

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Division of Surveillance
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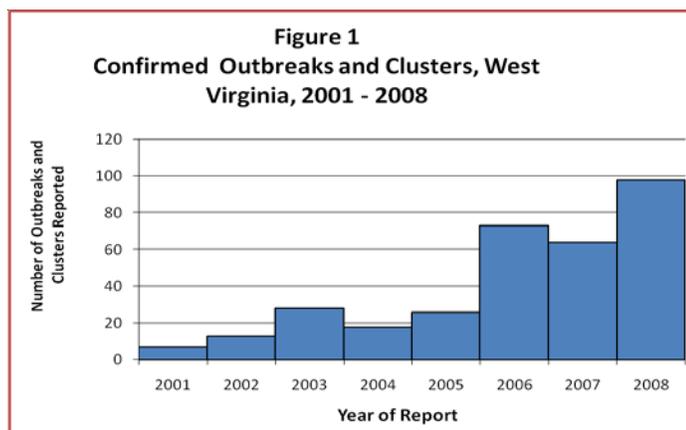


Joe Manchin III, Governor
Martha Walker, Secretary (DHHR)

Infectious Diseases in West Virginia: 2008 Outbreak Report

In 2008, a total of 118 outbreaks were identified and reported to local health departments. Of these reports, 98 (83%) were confirmed as outbreaks or clusters of disease. Local health departments investigate and report outbreaks with assistance from their regional epidemiologist and the Bureau for Public Health. Results of the investigation are compiled by the Bureau for Public Health and summarized in this report. For a more complete summary, see: <http://www.wvidep.org/AZIndexofInfectiousDiseases/OutbreaksorClustersofAnyIllness/tabid/1535/Default.aspx>

The number of outbreaks recognized in West Virginia continued to rise during 2008. In 2001, 7 outbreaks were reported. In 2008, 98 outbreaks were confirmed, representing a 13-fold increase in recognized outbreaks (Figure 1).



In 2008, the most common type of outbreak involved enteric illness, followed by outbreaks of respiratory illness (Table 1).

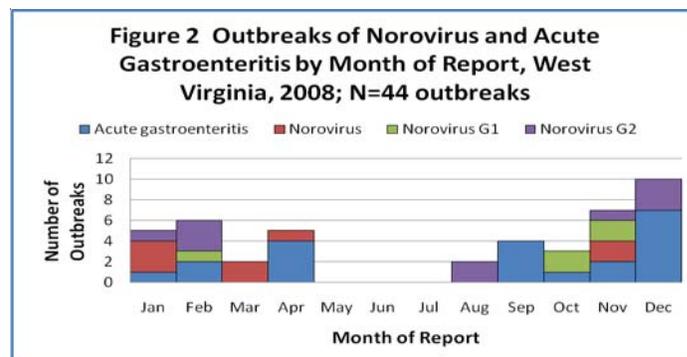
TABLE 1: Types of outbreaks reported in West Virginia, 2008

Type of outbreak	Frequency	Percent
Enteric illness	56	57.10%
Rash illness	15	15.30%
Respiratory illness	24	24.50%
Skin infection	3	3.10%
TOTAL	98	100%

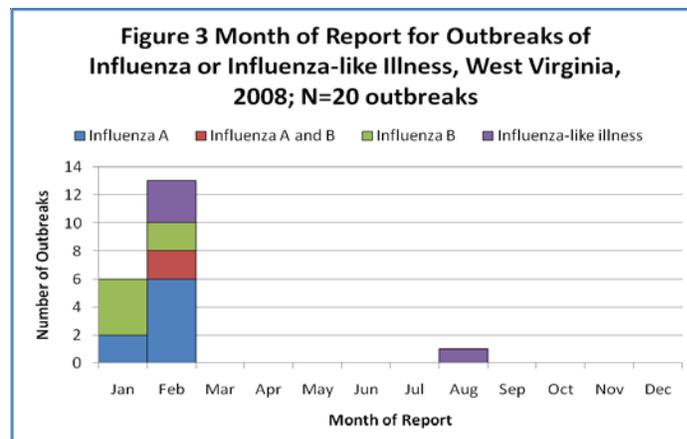
Outbreaks of enteric illness accounted for 57.1% of all outbreaks. The most common enteric outbreaks were outbreaks of acute gastroenteritis and norovirus, accounting for a total of 44 (79%) of the enteric outbreaks. Acute gastroenteritis outbreaks were defined as outbreaks of illness with short duration

(2-3 or fewer days) and characterized by vomiting or diarrhea or both. Five (22%) norovirus outbreaks were type G1 and 10 (43%) were type G2. The remaining 8 (35%) norovirus outbreaks were not characterized by type.

Seasonality of outbreaks of acute gastroenteritis and norovirus was similar (Figure 2).



Outbreaks of respiratory illness were the second most common type of outbreak reported in 2008 (Table 4). Laboratory-confirmed influenza accounted for 16 (70%) respiratory outbreaks. Outbreaks of influenza and influenza-like illness displayed marked seasonality (Figure 3).



Twenty-five (25%) outbreaks were classified as vaccine-preventable in 2008. Nine were due to varicella and 16 were due to influenza.

In West Virginia, outbreaks are immediately reportable to the local health department. As a condition of receiving threat preparedness funding local health departments are required to report immediately reportable conditions to the Bureau for Public Health within 60 minutes. To measure adherence to this

(See *Outbreaks*, page 3)



Obama administration launches "Act Against AIDS" campaign

The White House, the Department of Health and Human Services and CDC recently launched a new national communication campaign to fight HIV/AIDS.

The campaign, called Act Against AIDS, is designed to put the HIV/AIDS epidemic, particularly the epidemic among minority populations, back into the national conversation. This is the first federally-funded national domestic HIV/AIDS campaign in almost 20 years.

The campaign will be accompanied by the Act Against AIDS Leadership Initiative, which is a partnership with several leading black civic organizations that aims to integrate more robust HIV/AIDS awareness and prevention strategies into the black community.

Act Against AIDS will feature public service announcements, online communications and messages targeted to disproportionately affected communities. The theme of the first phase of the campaign is "9½ minutes," which highlights the fact that there is a new HIV infection every 9½ minutes in the United States. The initial phase will include video, audio, print and online materials. The next phase will target the black population, with special focus on black women and black men who have sex with men. Subsequent phases will focus on the Hispanic community and other populations bearing a disproportionate burden of infection.

The campaign is one component of increased efforts by the Obama administration and the CDC to raise HIV/AIDS awareness, particularly in minority communities. In addition to a planned collaboration with the Henry J. Kaiser Family Foundation to further promote the messages of the campaign in the media and entertainment industries, CDC plans to develop prevention approaches, expand access to testing and deliver proven programs to high-risk communities. State and local health departments nationwide also are expected to contribute. ☒

(Outbreaks, continued from page 2)

requirement, date and time of report to the local health department and date and time of report to Infectious Disease Epidemiology are recorded on a standard intake form so that elapsed reporting time can be calculated. For 2008, 43 (44%) outbreaks were missing date or time of report to the local health department or the state health department or both. Of the remaining 55 (56%) outbreaks, a mean (median) of 858 (46) minutes elapsed between the time the outbreak was reported to the local health department and the time the outbreak was reported to the state health department. Of the 79 (81%) outbreaks where date of notification was known for both the state and local health department, same-day notification occurred for 55 (70%) outbreaks.

Conclusions and Recommendations

Outbreak recognition and reporting has improved tremendously in West Virginia during the last decade; however improvements should continue in the following areas:

1: Rapid reporting facilitates laboratory confirmation and communication with CDC on critical health issues. Outbreaks are immediately notifiable in West Virginia and

should ideally be reported within 60 minutes to the Bureau for Public Health.

2: Continued improvements in laboratory testing are important. Timely collection of specimens facilitates diagnosis and institution of control measures. Improvements are needed in laboratory confirmation, especially for respiratory outbreaks.

3: Use of standard protocols greatly facilitates outbreak control. Norovirus and influenza outbreak toolkits have been developed for nursing homes. A varicella outbreak toolkit will be developed by the Bureau for Public Health for schools in 2009. The Bureau will evaluate the new CDC web-based resource for investigation of respiratory outbreaks during 2009. The website is available at: <http://www.bt.cdc.gov/urdo/>

4: Infectious Disease Epidemiology will improve feedback of information on outbreaks and outbreak investigation during 2009 and beyond. Training of new state, local and regional public health personnel continues to be a priority now and into the future.

Since many outbreaks occur in nursing homes, Infectious Disease Epidemiology will evaluate the possibility of extending training to nursing home personnel in 2009. ☒

(Vaccine, continued from page 1)

(e.g., DTaP, IPV). Pentacel may be unfamiliar to many practitioners and less compatible with the combination vaccines already utilized by a practitioner, however, the potential increased bacterial carriage in our communities makes it more important that children are adequately protected.

Hib is a serious disease caused by bacteria usually affecting children under five years of age. The disease is often spread when children are around other children or adults who may have the bacteria and not know it. If the germs stay in the child's nose and throat, the child probably will not get sick. However, if it spreads to the lungs or bloodstream, Hib can cause

serious problems or even death. Fortunately, no cases of Hib disease in children under 5 years of age have been reported in WV since the shortage began.

The West Virginia Immunization Program continues to supply Hib-containing vaccines to health care providers through the Vaccines for Children (VFC) Program. All children who have their booster dose of the Hib vaccine series deferred should be recalled to receive the booster dose when the VFC program announces that the shortage has ended. If you have questions about Hib vaccine contact the West Virginia VFC Program at 1-800-642-3634 or online at <http://www.wvimmunization.org>. ☒

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