

West Virginia

EPI-LOG

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Colorectal cancer rates higher in WV than national average

Colorectal cancer is cancer that starts in either the colon or the rectum. It is one of the most common cancers diagnosed in West Virginia, following prostate and lung cancer in men and breast and lung cancer in women. Although colorectal cancer rates are declining in West Virginia, incidence rates remain higher for West Virginia, than for the United States as a whole.

Colorectal cancer is a significant cause of cancer-related death in West Virginia, and is responsible for more deaths in this State than any other cancer except lung cancer. West Virginia colorectal cancer mortality rates, similar to incidence rates, have also decreased, yet they remain significantly higher than the national mortality rate. In fact, a recent report revealed that one of West Virginia's weakest healthcare measures was colorectal cancer deaths. Unfortunately, West Virginia was the lowest ranking state in this area.



Studies have shown several factors to be associated with colorectal cancer. These include non-modifiable factors such as inherited risks, race, and

(See **Cancer**, page 2)

Statewide Disease Facts & Comparisons

A quarterly publication of the West Virginia Office of Epidemiology & Prevention Services

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Office of Epidemiology & Prevention Services

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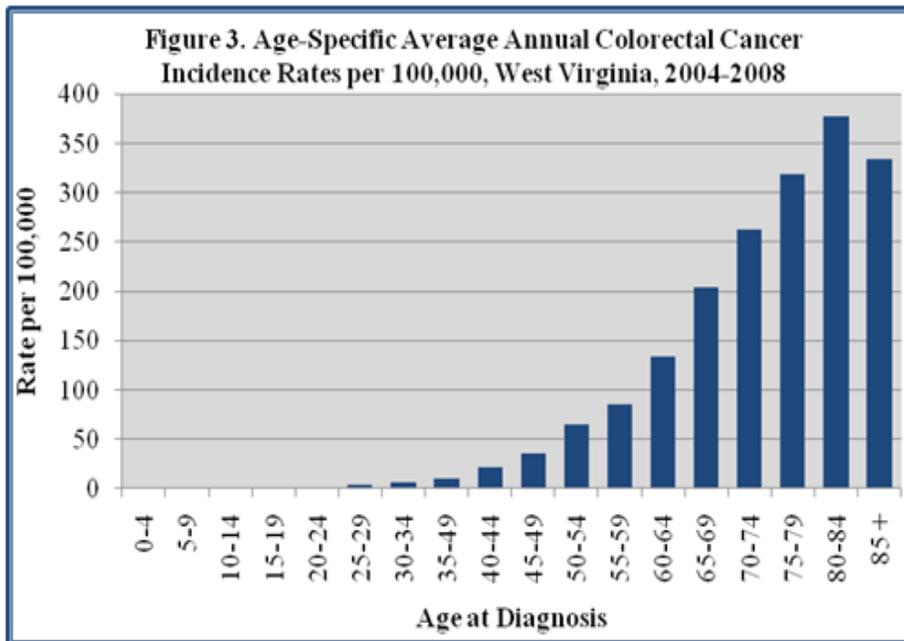


Earl Ray Tomblin, Acting Governor
Michael J. Lewis, Secretary (DHHR)

(Cancer, continued from page 1)

increasing age, and well-established modifiable risks such as smoking, lack of physical activity, and obesity. The most effective ways to reduce the risk of developing colorectal cancer are by reducing modifiable risk factors and getting screened for colon polyps (growths that can become cancerous), especially after age 50.

Colorectal cancer typically arises from precancerous polyps in the colon or rectum. Colorectal screening can prevent the occurrence of colorectal cancer by removing precancerous lesions before cancer develops. Further, colorectal screening tests can also find colorectal cancer at an early stage, when treatment is most effective. Because, a large proportion of deaths from colorectal cancer could be prevented with the widespread use of screening, the U.S. Preventive Services Task Force recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years. Yet despite the sound evidence indicating colorectal cancer incidence and mortality is highly preventable through screening, the rate of colorectal screening in West Virginia is notably low. According to data collected in 2010 by the Behavioral Risk Factor Surveillance System (BRFSS), 45.6% of West Virginians aged 50 and older reported that they had never had a sigmoidoscopy or a colonoscopy.



In West Virginia, less than half of colorectal cancers are diagnosed at an early stage (i.e., in situ or local), when the disease is most responsive to treatment and survival odds are greatest. Five-year survival estimates vary by stage. Of persons diagnosed at the local stage, an estimated 90% will survive at least 5 years. The five-year survival drops to 69% when it is diagnosed at the regional stage, and drops further to 12% when it is diagnosed at the distant stage.

Given the high prevalence of colorectal cancer risk factors in West Virginia (older population, obesity, tobacco use, lack of physical activity), and low rates of colorectal screening in our state it should be no surprise

that West Virginia leads the nation in colorectal cancer death rates. Colonoscopy is an effective screening tool that clearly reduces incidence and mortality rates. Although screening methods have been available for many years, screening rates remain low in West Virginia. Until colorectal cancer screening is better utilized, what should be an easily preventable disease will continue to be a significant public health problem in our state. ☒

Table 1. Colorectal Cancer Risk Factors	
Nonmodifiable Risk Factor	Modifiable Risk Factor
<ul style="list-style-type: none"> Increasing age (particularly after age 50) 	<ul style="list-style-type: none"> Obesity
<ul style="list-style-type: none"> Personal history of colorectal cancer, colon polyps, or inflammatory bowel disease 	<ul style="list-style-type: none"> Physical inactivity
<ul style="list-style-type: none"> Family history of colorectal cancer 	<ul style="list-style-type: none"> Smoking
<ul style="list-style-type: none"> Inherited syndromes such as familial adenomatous polyposis or hereditary non-polyposis colon cancer 	<ul style="list-style-type: none"> Heavy alcohol use
<ul style="list-style-type: none"> Race (African Americans have the highest incidence and mortality) 	<ul style="list-style-type: none"> A diet high in red meats and processed meats

Note: Some risk factors, called "nonmodifiable risk factors," cannot be changed. Some risk factors, called "modifiable risk factors," can be modified, controlled or treated. This list is not exhaustive.

**West Virginia AIDS and HIV Infection Cases Diagnosed by
Age Group, Gender, Race and Exposure Category
Cumulative through June 30, 2011**

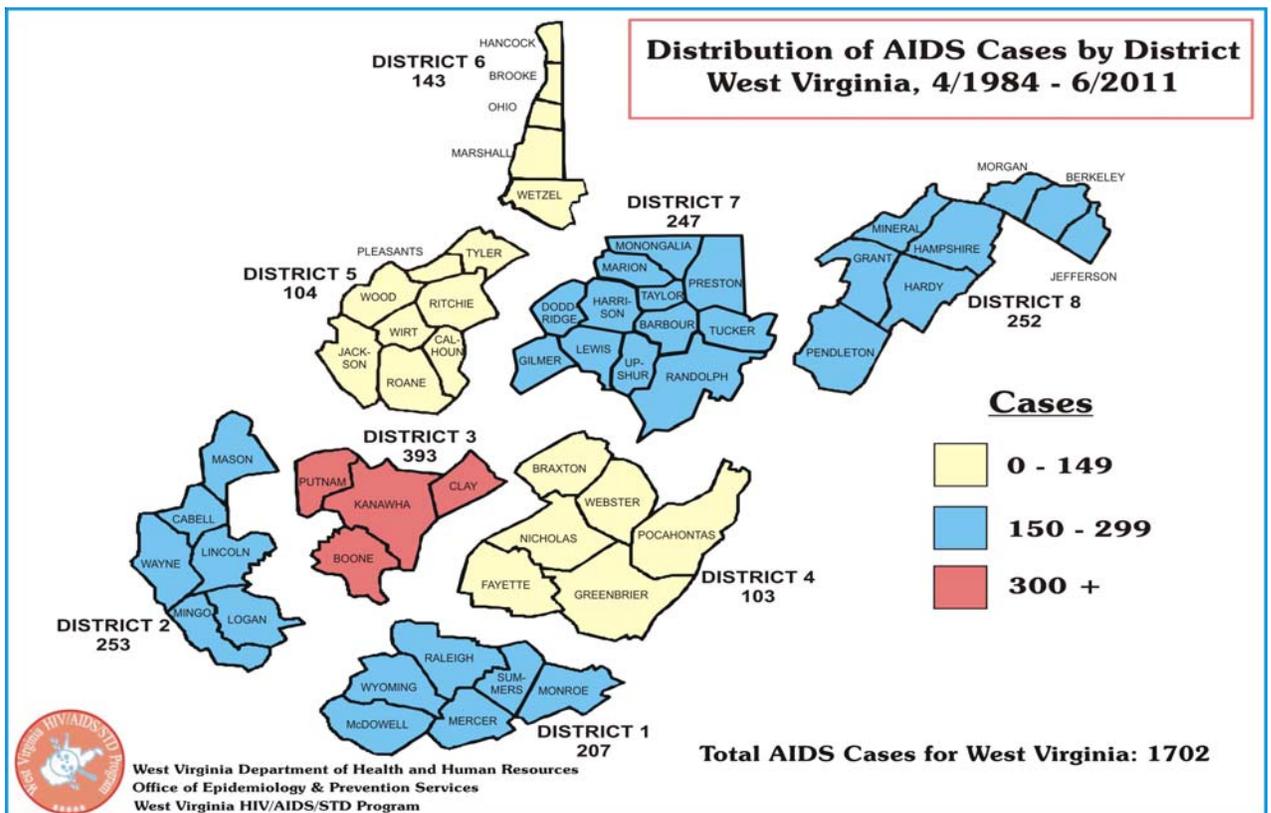
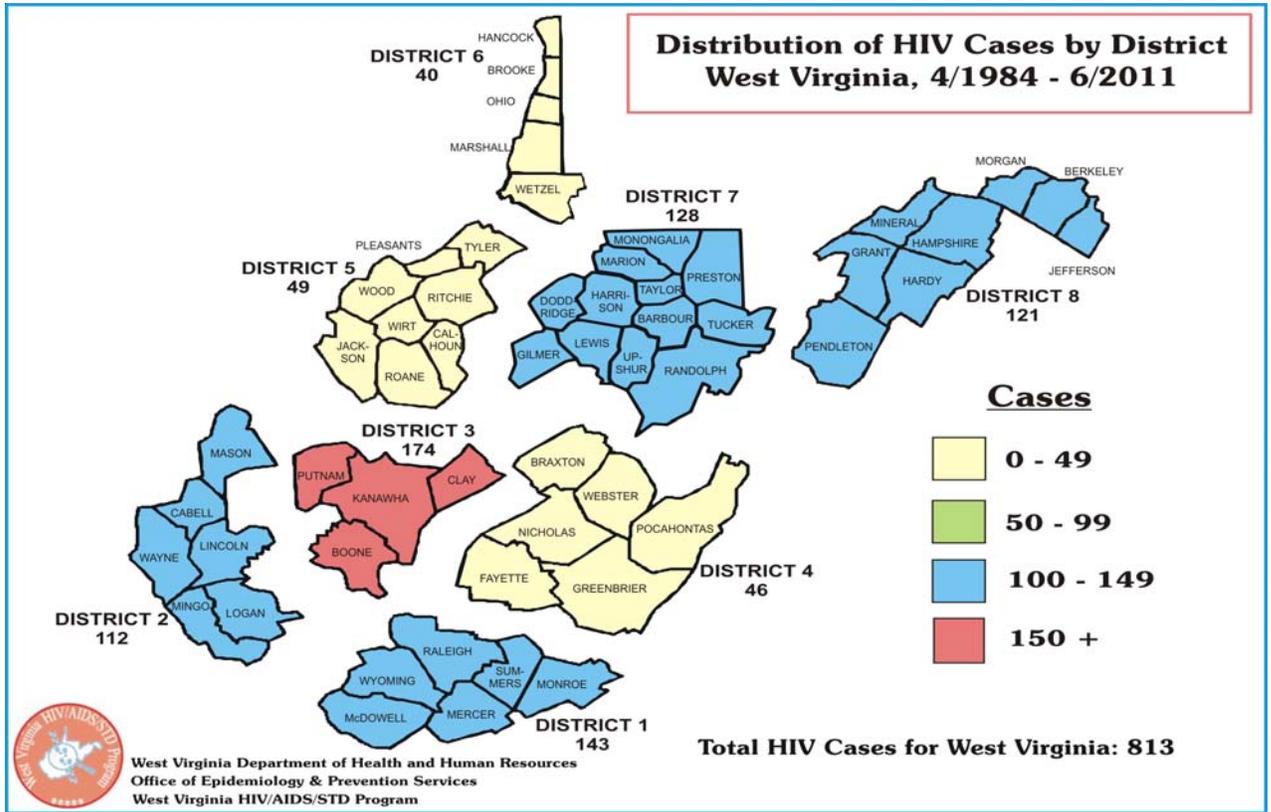
Characteristic	AIDS		HIV		Total	
	No.	%	No.	%	No.	%
Age at Diagnosis						
<13	11	1	11	1	22	1
13-19	18	1	51	5	69	3
20-29	272	16	338	36	610	23
30-39	686	40	310	33	996	38
40-49	506	30	167	18	673	25
50-59	160	9	52	6	212	8
60 +	58	3	12	1	70	3
Gender						
Males	1,424	83	675	72	2,099	79
Females	287	17	266	28	553	21
Race/Ethnicity						
White	1,316	77	574	61	1,890	71
Black	354	21	330	35	684	26
Other/Unknown*	41	2	37	4	78	3
Exposure Category						
Male-to-male sex (MSM)	925	54	427	45	1,352	51
Injection drug use (IDU)	263	15	167	18	430	16
MSM/IDU	86	5	26	3	112	4
Heterosexual contact	214	13	161	17	375	14
Perinatal	12	1	13	1	25	1
Other/Unknown**	211	12	147	16	358	13
Total	1711	100	941	100	2652	100

Notes. These are actual numbers of cases of HIV/AIDS that were reported to the West Virginia Health Department as of June 30, 2011. No adjustments were made for reporting delays. AIDS data includes reports from April 1984 through June 30, 2011; HIV data includes reports from January 1989 through June 30, 2011. Numbers include persons diagnosed with HIV infection (not AIDS), HIV infection and later AIDS, and concurrent diagnoses of HIV infection and AIDS. Percentages may not add to 100% due to rounding.

*"Other" race category includes Hispanic, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaskan Native, Multiple Races, and Unknown race.

**"Other" risk category includes hemophilia, blood transfusion, and risk not reported or not identified.

2011 Mid-Year HIV/AIDS Surveillance Update



West Virginia Infectious Disease Outbreaks: April - June, 2011

In West Virginia, infectious disease outbreaks are immediately reportable to local health departments. Between April and June 2011, there were 28 outbreaks reported in West Virginia. Of the 28 outbreaks reported during this period, 25 (89%) were confirmed as outbreaks or clusters of disease. Of the 25 confirmed outbreaks, 14 (56%) were reported from healthcare facilities. The 25 confirmed outbreaks were reported from 16 counties; 3 of these were investigated as part of multi-state outbreaks. Of the 25 confirmed outbreaks, 8 (32%) were enteric disease outbreaks, 8 (32%) were rash illness outbreaks, 5 (20%) were respiratory disease outbreaks, and 4 (16%) outbreaks were categorized as "other". This report summarizes the types and reporting sources of the confirmed outbreaks.

The 8 enteric disease outbreaks were reported from 8 counties; 3 of these outbreaks were investigated as part of multi-state outbreaks.

Enteric Disease Outbreaks, West Virginia, April - June, 2011 (n = 8)

Type of Outbreak	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Norovirus	2	LTCFs	Lab confirmed
Salmonellosis	3	Community-multistate	Lab confirmed
Acute Gastroenteritis	3	LTCFs	No testing done

Eight rash illness outbreaks were reported from 5 counties. This table describes rash illness outbreaks.

Rash Illness Outbreaks, West Virginia, April - June, 2011 (n = 8)

Type of Outbreak	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Scabies	2	1 Out-patient clinic 1 Group Home	No testing done
Varicella	4	Schools	3 Lab confirmed 1 No testing done
Herpes Gladiatorum	1	Schools	Lab confirmed
Fifth's Disease	1	School	No testing done

Five respiratory disease outbreaks were reported from 3 counties. Upper respiratory illness (URI) outbreaks were the most common, accounting for 60% of respiratory disease outbreaks. Of the 5 respiratory outbreaks, 4 (80%) were reported from long-term care facilities (LTCFs).

Respiratory Disease Outbreaks, West Virginia, April - June, 2011 (n=5)

Type of Outbreak	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Scabies	2	1 Out-patient clinic 1 Group Home	No testing done
Varicella	4	Schools	3 Lab confirmed 1 No testing done
Herpes Gladiatorum	1	Schools	Lab confirmed
Fifth's Disease	1	School	No testing done

Of the 4 confirmed outbreaks characterized as "other", all were caused by multi-drug resistant organisms (MDROs).

MDROs Outbreaks, West Virginia, April - June, 2011 (n=4)

Type of Outbreak	Number of Outbreaks	Outbreak Setting	Laboratory Testing
Carbapenem-Resistant <i>Klebsiella pneumoniae</i> (CRKP)	4	1 Hospital 3 LTCFs	Lab confirmed

(See *Outbreaks*, page 6)

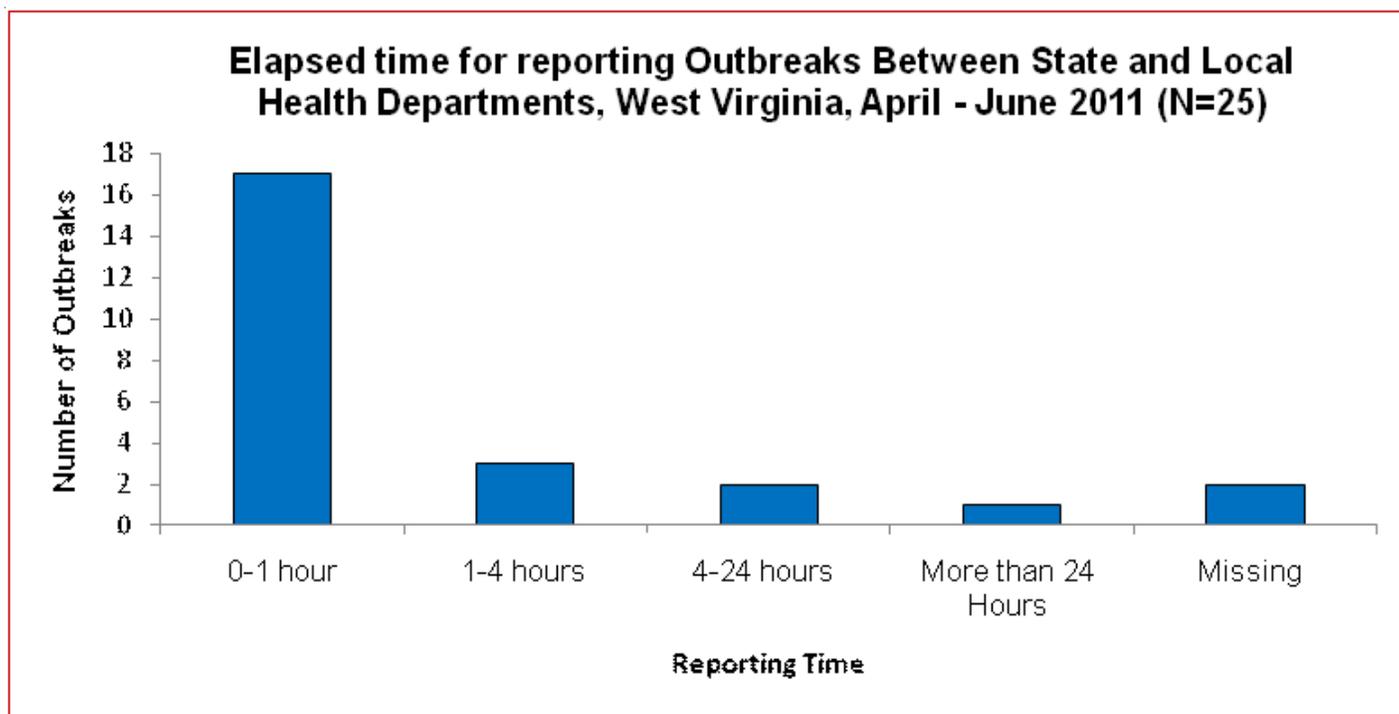
(*Outbreaks, continued from page 3*)

Healthcare-associated outbreaks (HAOs) accounted for 14 (56%) of all confirmed outbreaks during this period. Of the 14 HAOs, 11 (79%) outbreaks were reported in LTCFs, 2 (14%) in hospitals, and one (7%) in an outpatient medical clinic.

Healthcare-Associated Outbreaks, West Virginia, April - June, 2011 (n=14)

Type of Outbreak	Number of outbreaks	Percent
Enteric	5	35%
Respiratory	4	29%
MDROs	4	29%
Rash	1	7%
Total	14	100%

Prompt reporting of infectious disease outbreaks is crucial! In West Virginia, outbreaks should be immediately reported to the local health departments (LHDs) according to infectious disease rules and regulations. LHDs should report outbreaks within 60 minutes to the Bureau for Public Health (BPH). There has been continual improvement in outbreak recognition and reporting. Of 25 confirmed outbreaks, 17 (68%) were reported to BPH within one hour; however this data was missing in 2 (8%) outbreaks. The following graph illustrates the time elapsed for reporting outbreaks between the state and local health departments.



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 & Prevention Services. Graphic layout by Chuck Anziulewicz. Please call the Office of Epidemiology & Prevention Services 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.