

West Virginia

# EPI-LOG

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## Additional vaccinations required for 2012 - 2013 school year

Beginning with the 2012-13 school year, all West Virginia students entering 7th grade will be required to have had one dose of Tdap (Tetanus, Diphtheria, and Pertussis) vaccine and one dose of meningococcal vaccine before the start of the school year. Students entering 12th grade must also have had at least one dose of the Tdap vaccine and a booster dose of the meningococcal vaccine. However, students who received the first dose of the meningococcal vaccine after age 16 are not indicated for nor required to have the booster dose.



Although Tdap and meningococcal vaccinations are required for entry into 7th and 12th grade, they are recommended by the Advisory Committee on Immunization Practices for adolescents beginning at age 11. The Tdap vaccine protects against tetanus, diphtheria, and pertussis. Pertussis is very contagious and can last for 10 weeks or more. If pertussis is transmitted to infants, it can be life-threatening. Young children are protected when they get the DTaP vaccine, but protection wears off as kids get older, so adolescents need the Tdap vaccination.

(See **Vaccinations**, page 3)

## 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

HIV/AIDS Surveillance & Prevention	(304) 558-2195
Cancer Epidemiology	(304) 558-6421
Infectious Disease Epidemiology	(304) 558-5358
Immunization Services	(304) 558-2188
Sexually Transmitted Diseases	(304) 558-2195
TB Elimination	(304) 558-3669



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

# November Public Health Symposium to feature award-winning journalist

Award-winning New York Times journalist Gina Kolata will be the keynote for the 2011 West Virginia Public Health Symposium: Protecting the Health of the Community We Serve that will be held Thursday, November 17 and 18 at the Charleston Marriott – Town Center 200 Lee Street East in Charleston.



Kolata will discuss the obesity epidemic and how it relates to public health. Kolata has written over 1,000 articles for the Times and she is also the author of many books including: *Rethinking Thin*, *Clone: the Road to Dolly and the Path Ahead*, *Ultimate Fitness: The Quest for the Truth About Exercise and Health* and *Flu* (recently re-released with an epilogue on the Avian flu.)

She has been the recipient of numerous awards including an award from the American Medical Writers Association, the Susan G. Komen Foundation's media award for reporting on women's issues and breast cancer, and the 1995 award by the American Mathematics Association for reporting on mathematics. In 2000, she was a Pulitzer Prize finalist for investigative reporting.

Kolata's career in journalism began when she joined Science magazine in 1971, where she later became a senior writer. She has written articles for the Smithsonian, GQ and Ms. Magazine. Kolata has traded jokes with Stephen Colbert and lectured at Yale. Attendees can expect her presentation to be both informative and entertaining. Kolata has a bachelor's degree in microbiology and her master's degree in applied mathematics from the University of Maryland.

The 2011 West Virginia Public Health Symposium: Protecting the Health of the Community We Serve will feature a plethora of other topics including:

- Emerging STDs (John Toney, MD, FACP, FIDSA)
- HPV Cancer in WV (Barbara Ducatman, MD)
- Resistant Gonorrhea (Jill Huppert, MD)
- Shigellosis (Katherine Heiman, MPH)
- Meaningful Use and its impact on Public Health (Michael Garcia)

- Hepatitis C – a National and Local Perspective (Scott Holmberg MD, MPH and Maria Del Rosario MD, MPH)
- Healthcare Associated Infections (Alexander Kallen, MD, MPH)

- Rabies (Kis Robertson, DVM, MPH)

There will also be a "hot topic" session featuring updates from five divisions within the Office of Epidemiology and Prevention Services:

- TB Update (Dominic Gaziano, MD, FCCP)
- Adult Viral Hepatitis Initiative (Sandy Graham, RN, BSN)
- Infectious Disease Outbreaks 2011 (Sherif Ibrahim, MD, MPH)
- State-Supplied Vaccine for Children Policy (Jeff Neccuzzi, director of the Division of Immunization Services)
- Overview of the WV's Cancer Registry (Myra Fernatt, director of the Division of Cancer Epidemiology)

More information including conference registration, lodging and CEU / CME information is available at [www.dhhr.wv.gov/oeps](http://www.dhhr.wv.gov/oeps) or by calling (304) 388-9960. ☒

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## Infectious disease training to precede Public Health Symposium

The West Virginia Bureau for Public Health, Division of Infectious Disease Epidemiology (DIDE), will sponsor a free training session in conjunction with the 2011 Public Health Symposium. This training will help public health personnel manage outbreaks such as rash illnesses and influenza, provide information on legionella environmental investigations, and provide recommendations to improve future outbreak response and management.

The training will take place Wednesday, November 16, from 1:00 to 4:15pm at the Charleston Marriott Hotel. For information, call Kala Cox, Emergency Response Coordinator, at 304-356-4015. ☒

(*Vaccinations, continued from page 1*)

The meningococcal vaccine prevents bacterial meningococcal meningitis, an inflammation of the lining around the brain and spinal cord that is caused by a serious bacterial infection. This infection can lead to brain damage, hearing loss, learning disabilities, amputations, and even death.

While Tdap and meningococcal vaccines are the only two immunizations required for 7<sup>th</sup> and 12<sup>th</sup> graders, the HPV and seasonal influenza vaccines are also recommended, although not required, for adolescents. The HPV vaccine prevents strains of HPV that can cause cervical cancer. HPV vaccines are given in three shots over 6 months—it is very important to get all 3 shots to be fully



protected. Additionally, providers are urged to screen their adolescent patients to assure that they have received two doses of varicella vaccine. Since 2005, a second catch-up dose of

varicella has been recommended for children, adolescents and adults who have received only one dose.

Vaccines are one of the most cost-effective preventive measures available and have saved countless lives. These new adolescent immunization requirements will not only lengthen the time for which immunized students are protected from vaccine-preventable diseases, but will also decrease the incidence of transmission to infants, the elderly, and classmates with weakened immune systems.

Providers should keep in mind that effective October 1, 2011, children not eligible for the Vaccines for Children Program need a physician referral in order to receive vaccinations in West Virginia local health departments. Providers may request a copy of the Physician Referral form and other information about new immunization policies from their local health department or from the West Virginia Division of Immunization Services on the web at <http://www.dhhr.wv.gov/oeps/immunization/Pages/default.aspx> or by telephone at 1-800-642-3634. ☒

## Training conducted to prevent infection outbreaks in ambulatory surgery settings

In 2009, West Virginia Bureau for Public Health investigated two healthcare associated outbreaks associated with ambulatory surgery settings. Based on the needs assessment result of the infection preventionists of acute care and critical access hospitals in West Virginia and the recent healthcare associated outbreaks in ambulatory surgery settings, the West Virginia Healthcare Associated Infection (HAI) Advisory Group recommended that a statewide infection prevention training should be provided to employees of ambulatory surgery centers and outpatient clinic settings.

The West Virginia Bureau for Public Health, Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology hosted a two-day ambulatory surgery center infection prevention training conducted by the Association for Professionals in Infection Control and Epidemiology (APIC)'s at the Charleston Civic Center on October 27 and 28, 2011. About 115 participants who work in ambulatory surgery centers/settings in West Virginia, Ohio, Virginia and Kentucky and other healthcare workers and public health officials from local, regional and state health department, attended the training. The purpose of this training was to provide infection prevention training to prevent healthcare associated infections in ambulatory surgery settings or outpatient settings.



Dr. Loretta Haddy (above, center), State Epidemiologist/Director of Office of Epidemiology and Prevention Services (OEPS), gave introductory remarks at the APIC's ASC training. ☒

## Infectious Disease Outbreaks, July - September 2011

Outbreaks of infectious diseases are immediately reportable in West Virginia. Between July and September 2011, there were 28 outbreaks reported in West Virginia. Of the 28 outbreaks reported during this period, 21 (75%) were confirmed as outbreaks or clusters of disease. Of the 21 confirmed outbreaks, 8 (38%) were reported from healthcare facilities. Outbreaks were reported from 11 counties. Of the 21 confirmed outbreaks, 9 (43%) were enteric disease outbreaks, 4 (19%) were respiratory disease outbreaks, 2 (9%) were rash illness outbreaks, and 6 (29%) outbreaks were categorized as "other".

### Respiratory Diseases

Four respiratory disease outbreaks were reported from 3 counties. Of the 4 respiratory disease outbreaks 1 (25%) was confirmed by laboratory testing.

#### Respiratory Disease Outbreaks, July-September, 2011

Type of Outbreak	Number of outbreaks	Reporting Source	Laboratory Testing
Legionellosis	1	Community	Lab confirmed
Lower Respiratory Illness (LRI) (Undetermined etiology)	3	LTCFs	Negative or non-contributory lab results

### Enteric Diseases

Nine enteric disease outbreaks were reported from 6 counties; 4 of these outbreaks were investigated as multi-state outbreaks. Of the 9 enteric disease outbreaks, 6 (67%) were confirmed by laboratory testing.

#### Enteric Disease Outbreaks, July-September, 2011

Type of Outbreak	Number of Outbreaks	Reporting Source	Laboratory Testing
Acute Gastroenteritis	1 1 1	Community School LTCF	Negative or non-contributory lab results, No testing done
Salmonella	2	Community – Multi-state	Lab confirmed
Listeriosis	1	Community – Multi-state	Lab confirmed
<i>Clostridium difficile</i>	1	Hospital	Lab confirmed
<i>Escherichia coli</i>	1	Community – Multi-state	Lab confirmed
Campylobacteriosis	1	School camping trip	Lab confirmed

### Rash Illnesses

Two rash illness outbreaks were reported from 2 counties. None of the rash illness outbreaks were confirmed by laboratory testing.

#### Rash Illness Outbreaks, July-September, 2011

Type of Outbreak	Number of Outbreaks	Reporting Source	Laboratory Testing
Scabies	1	School	No testing done/ clinical diagnosis
Varicella	1	School	No testing done/ clinical diagnosis

(See **Outbreaks**, page 5)

(*Outbreaks, continued from page 4*)

#### **Other Outbreaks**

Six confirmed outbreaks characterized as “other” were reported from 5 counties. Of the six ou described as other, 4 outbreaks were caused by multi-drug resistant organisms (MDROs), one was an outbreak of febrile headache of unknown etiology and one was an outbreak of conjunctivitis.

#### **Outbreaks Characterized as “Other,” July-September, 2011**

Type of Outbreak	Number of Outbreaks	Reporting Source	Laboratory Testing
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	1	Sports team	Lab confirmed
	1	Day care	
Carbapenem-Resistant <i>Enterobacteriaceae</i> (CRE)	1	LTCF	Lab confirmed
Carbapenem-Resistant <i>Klebsiella pneumoniae</i> (CRKP)	1	LTCF	Lab confirmed
Conjunctivitis	1	LTCF	No testing done/ clinical diagnosis
Febrile headache	1	Sport team	Negative or non-contributory lab results

#### **Healthcare-Associated Outbreaks**

Eight of the 21 confirmed outbreaks were reported from healthcare facilities and were classified as health-care associated outbreaks (HAOs). Of the 8 HAOs, 7 (87.5%) outbreaks were reported from LTCFs and 1 (12.5%) from a hospital.

#### **Healthcare-Associated Outbreaks, July-September, 2011**

Type of Outbreak	Number of outbreaks	Percent
Enteric	2	25%
Respiratory	3	37.5%
MDROs	2	25%
Other	1	12.5%
Total	8	100%

In West Virginia, outbreaks should be reported immediately 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 marked improvement in outbreak recognition and reporting during this reporting period. Of 21 confirmed outbreaks, 13 (62%) were reported to BPH within one hour. Data on reporting time was complete in 100% of outbreaks in this quarter.

Outbreak toolkits to assist in investigating the most commonly encountered outbreaks can be found at: <http://www.dhhr.wv.gov/oeps/disease/ob/Pages/OutbreakToolkits.aspx>. 

## WV tuberculosis symposium set for December 8-9

Healthcare professionals involved in the management of patients with tuberculosis are encouraged to register for the West Virginia Tuberculosis Symposium, scheduled for December 8th and 9th at the Stonewall Resort in Lewis County.

The purpose of this training is to increase provider awareness and knowledge of tuberculosis, including TB epidemiology, diagnosis and treatment of latent TB infection, TB in congregate settings, and TB & co-morbidities. This training utilizes lectures, panel discussions, and case-based presentations.

As TB incidence declines, maintaining expertise in TB becomes particularly challenging. This symposium aims to build the clinical TB knowledge base to identify and treat TB cases.

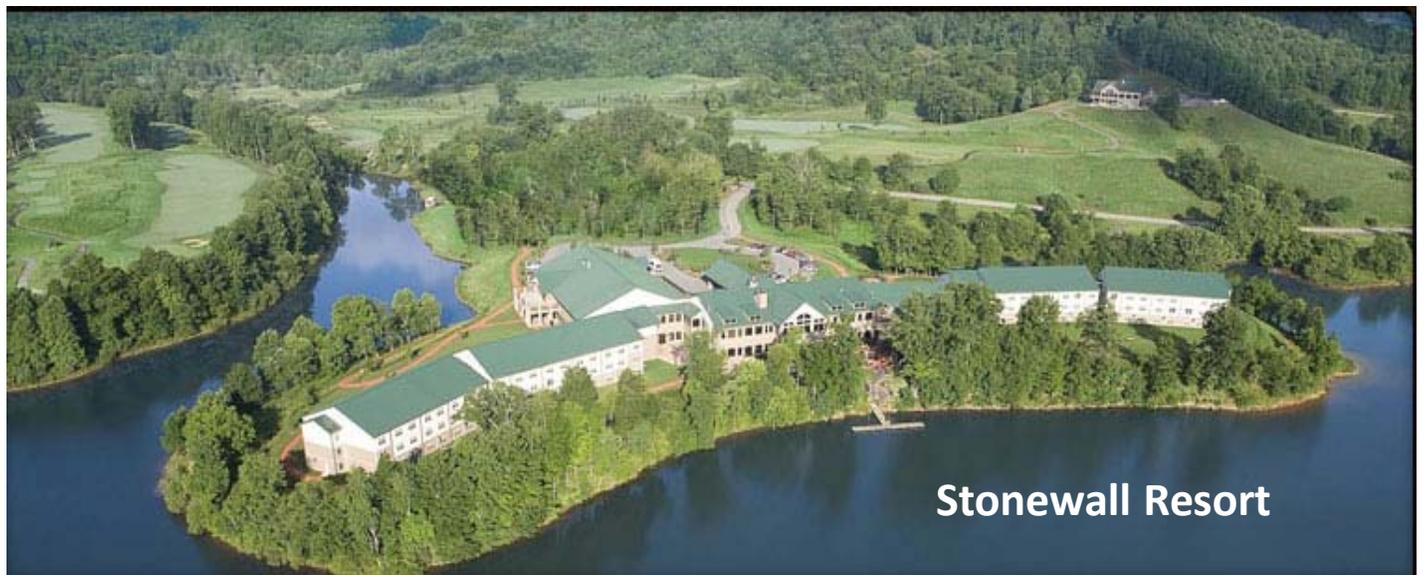
In order to meet the learning objectives and receive continuing education credits, participants are required to attend the course, and complete a course evaluation form.

A post-course follow-up evaluation will be sent to participants within 2 months of the course.

This symposium is being sponsored jointly by the West Virginia Division of TB Elimination, New Jersey Medical School Global Tuberculosis Institute, University of Medicine & Dentistry of New Jersey (UMDNJ), and UMDNJ-Center for Continuing and Outreach Education.

Conference attendance is free of charge. Lodging is available at the Stonewall Resort for \$149/night. To book a room, call (888) 278-8150 and reference the WV TB Symposium room block. The deadline for reserving a room at the group rate is November 8.

For program information, questions, or if you require accommodation because of a disability or if you have special needs, please contact Barbara Simpkins at WV Division of TB Elimination at 800-330-8126 or [Barbara.L.Simpkins@wv.gov](mailto:Barbara.L.Simpkins@wv.gov). ☒



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