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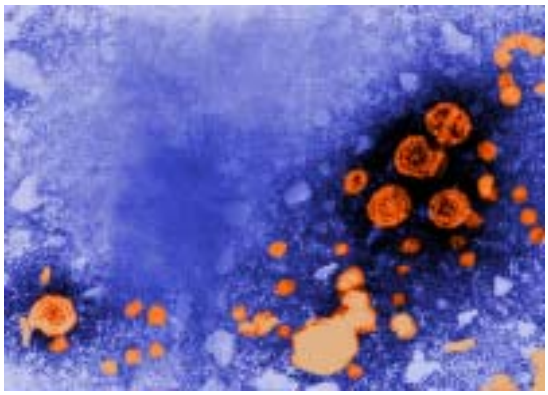
West Virginia EPI-LOG

West Virginia hepatitis B vaccination project makes progress

Hepatitis B is a liver disease that results from infection with the Hepatitis B virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other drug-injection equipment. Acute Hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis B virus. Acute infection can, but does not always lead to chronic infection. Chronic Hepatitis B virus infection is a long-term illness that occurs when the Hepatitis B virus remains in a person's body. The best way to prevent Hepatitis B is by getting vaccinated.



An electron microscope image shows particles of the hepatitis B virus. A vaccine has existed since 1982, but many people at high risk for getting the virus aren't getting innoculated. (Photo credit: CDC/ Dr. Erskine Palmer)

In 2010, a total of 3,350 acute cases of hepatitis B were reported nationwide to the CDC. The overall incidence rate in the U.S. for 2010 was 1.1 cases per 100,000 population, ranging from no cases in Montana to 4.7 cases per 100,000 population in West Virginia (which has the highest hepatitis B infection rate in the nation).

*(See **Hepatitis B**, page 6)*

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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Sexually Transmitted Diseases	(304) 558-2195
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West Virginia Bureau for Public Health
Your Health Your Safety Our Purpose
Department of Health & Human Resources

Earl Ray Tomblin, Governor
Karen L. Bowling, Secretary (DHHR)

New WVDHHR website has all the information you need for a safe camping vacation

West Virginia's new "Camp Safety" website provides public health safety information for campers, camp leaders and parents called WVCampSafety.com.

Planning for the WVCampSafety.com website began in late spring as a medium to get public health information to Boy Scout leaders, Boy Scouts and their parents. The Boy Scout Jamboree held in July was one of the single largest mass gathering events in West Virginia's history with over 35,000 Boy Scout leaders, campers and volunteers, and nearly 200,000 visitors to WV as a result. WVCampSafety.com provided a means for letting the scouts traveling to WV know about common public safety issues that could surface during camping, most of which can be prevented. WVCampSafety.com provided tools to help campers, camp leaders and parents share the importance of public health safety.

As planning efforts for the website continued prior to the Jamboree, the concept for expanding the website to include information for all camp leaders, campers and their parents gained momentum. This evolution assured the site would be relevant year-round.

WVCampSafety.com now focuses primarily on food, mosquito, tick, water and wildlife safety. Each area of emphasis has easy-to-understand information from personal hygiene to the importance of wearing insect repellent. The website goes a step further and helps parents and camp leaders discuss the importance of personal safety with what is called Conversation Starters.

The "Conversation Starters" help enable parents and camp leaders to discuss everything from the importance of reporting illness to camp leaders quickly, to not sharing water bottles, utensils, and towels. Other tips include cough and sneeze etiquette, wildlife safety and the importance of never swimming alone. Bullying is even addressed.

While WVCampSafety.com was once designed to promote safety to the scouts coming into WV, it has grown to be a public health awareness website for campers year-round. Providers may want to post a link to the WVCampSafety.com website to help their friends and colleagues remember that prevention occurs when Public Health empowers the public through clear messages that define preventive actions, and WVCampSafety.com does just that.

West Virginia HIV/AIDS Mid-Year 2013 Surveillance Report

West Virginia AIDS and HIV Infection Cases Diagnosed by Age Group, Gender, Race and Exposure Category Cumulative through June 30, 2013

	HIV/AIDS ǂ		HIV-NA ǂ		AIDS ǂ	
Characteristic	**No.**	**%**	**No.**	**%**	**No.**	**%**
Age at Diagnosis §						
< 13 years	23	1	12	1	11	1
13 - 24 years	328	12	212	23	116	6
25 - 44 years	1,780	65	565	61	1,215	68
45 - 64 years	548	20	122	13	426	24
65 + years	39	1	8	1	31	2
Gender						
Males	2,201	81	690	75	1,511	84
Females	519	19	231	25	288	16
Race/Ethnicity						
White	1,995	73	600	65	1,395	78
Black	624	23	277	30	347	19
Other/Unknown*	101	4	44	5	57	3
Exposure Category						
Male-to-male sex (MSM)	1,431	53	447	49	984	55
Injection drug use (IDU)	402	15	140	15	262	15
MSM/IDU	121	4	27	3	94	5
Heterosexual contact	381	14	155	17	226	13
Perinatal	25	1	13	1	12	1
Other/Unknown**	360	13	139	15	221	12
Total	***2,720***	***100***	***921***	***100***	***1,799***	***100***

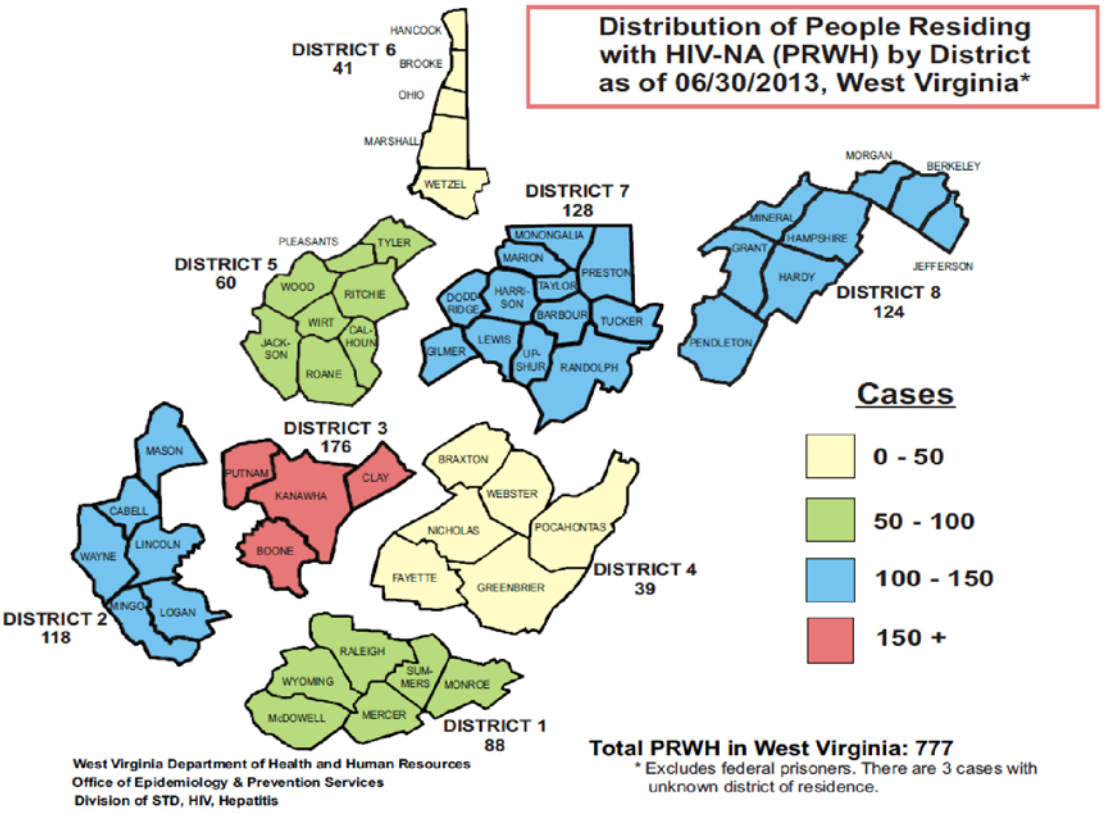
Notes. These are actual numbers of cases of HIV/AIDS that were reported to the West Virginia Health Department as of June 30, 2013. No adjustments were made for reporting delays. AIDS data includes reports from April 1984 through June 30, 2013; HIV data includes reports from January 1989 through June 30, 2013. Current federal prisoners are excluded. Percentages may not add to 100% due to rounding.

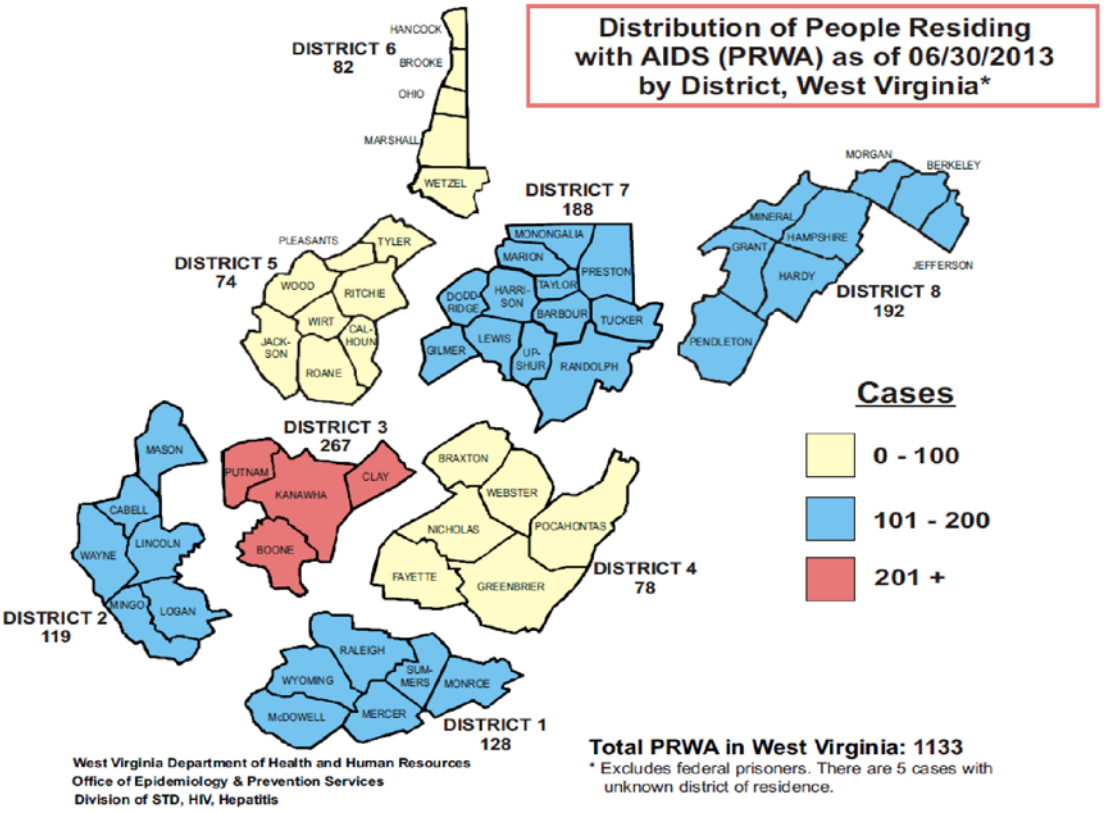
ǂ HIV/AIDS provides information on the person's earliest diagnosis of HIV or AIDS in WV. HIV-NA provides information on individuals diagnosed with HIV but not AIDS in WV. These individuals may have been diagnosed with AIDS in another state. Individuals with AIDS may or may not have been diagnosed with HIV in WV.

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

**"Other" risk categories include hemophilia, blood transfusion, and risk not reported or not identified.

§ Excludes two persons with invalid diagnosis dates.


Distribution of People Residing with HIV-NA (PRWH) by District as of 06/30/2013, West Virginia*
DISTRICT 6 41
HANCOCK
BROOKE
OHIO
MARSHALL
WETZEL
DISTRICT 7 128
MONONGALIA
MARION
PRESTON
DODD-RIDGE
HARRI-SON
TAYLOR
BARBOUR
TUCKER
LEWIS
UP-SHUR
RANDOLPH
GILMER
DISTRICT 5 60
PLEASANTS
TYLER
WOOD
RITCHIE
WIRT
CAL-HOUN
JACK-SON
ROANE
MORGAN
BERKELEY
MINERAL
HAMPSHIRE
GRANT
HARDY
JEFFERSON
PENDLETON
DISTRICT 8 124
DISTRICT 3 176
MASON
PUTNAM
KANAWHA
CLAY
CABELL
WAYNE
LINCOLN
BOONE
MINGO
LOGAN
DISTRICT 2 118
BRAXTON
WEBSTER
NICHOLAS
POCAHONTAS
FAYETTE
GREENBRIER
DISTRICT 4 39
RALEIGH
WYOMING
SUM-MERS
MONROE
McDOWELL
MERCER
DISTRICT 1 88
Cases
0 - 50
50 - 100
100 - 150
150 +
West Virginia Department of Health and Human Resources
Office of Epidemiology & Prevention Services
Division of STD, HIV, Hepatitis
Total PRWH in West Virginia: 777
* Excludes federal prisoners. There are 3 cases with unknown district of residence.


Distribution of People Residing with AIDS (PRWA) as of 06/30/2013 by District, West Virginia*
DISTRICT 6 82
HANCOCK
BROOKE
OHIO
MARSHALL
WETZEL
DISTRICT 7 188
MONONGALIA
MARION
PRESTON
DODD-RIDGE
HARRI-SON
TAYLOR
BARBOUR
TUCKER
LEWIS
UP-SHUR
RANDOLPH
GILMER
DISTRICT 5 74
PLEASANTS
TYLER
WOOD
RITCHIE
WIRT
CAL-HOUN
JACK-SON
ROANE
MORGAN
BERKELEY
MINERAL
HAMPSHIRE
GRANT
HARDY
JEFFERSON
PENDLETON
DISTRICT 8 192
DISTRICT 3 267
MASON
PUTNAM
KANAWHA
CLAY
CABELL
WAYNE
LINCOLN
BOONE
MINGO
LOGAN
DISTRICT 2 119
BRAXTON
WEBSTER
NICHOLAS
POCAHONTAS
FAYETTE
GREENBRIER
DISTRICT 4 78
RALEIGH
WYOMING
SUM-MERS
MONROE
McDOWELL
MERCER
DISTRICT 1 128
Cases
0 - 100
101 - 200
201 +
West Virginia Department of Health and Human Resources
Office of Epidemiology & Prevention Services
Division of STD, HIV, Hepatitis
Total PRWA in West Virginia: 1133
* Excludes federal prisoners. There are 5 cases with unknown district of residence.

Too many young people neglecting to get their full series of HPV vaccinations

Genital human papillomavirus (HPV) is the most common sexually transmitted infection. An estimated 79 million people in the United States have HPV and approximately 14 more million are expected to become infected each year. West Virginia has approximately 480,000 residents infected with HPV, and another 84,000 new infections can be expected this year.

According to a published report in the July 2013 Morbidity and Mortality Weekly Report (MMWR), since mid-2006, the Advisory Committee on Immunization Practices (ACIP) has recommended routine vaccination of adolescent girls at ages 11 or 12 years with 3 doses of HPV vaccine. Two vaccines are available to protect against the most common strains of HPV. The HPV vaccination series consists of three doses spread out over 6 months which is proving to be challenging for series completion according to the latest CDC data. Males are also approved for and recommended to receive HPV vaccine.

The MMWR report estimated teen HPV coverage rates for girls age 13-17 increasing for the first dose since 2007. However, second and third dose completion have lagged behind. In 2007, only 25.1% of the girls eligible for the vaccine started the 3-dose series and only 5.9% finished all three doses. In 2009, 44.3% of girls eligible for the vaccine started the series but only 26% completed the series. In 2011, 53% started the series, but only 34% completed it. Then in 2012, those beginning the series was 53.8%, nearly mirroring that of the 2011, but only 33.4% completed the series. There was virtually no change from the previous year.

The MMWR indicated that providers are missing many opportunities to vaccinate preteens and teens against HPV. It noted that had providers not missed opportunities to vaccinate, the rate of girls initiating the series could be 93% instead of 53%. Among girls who had not yet started the series, 84% of unvaccinated girls had a health care visit in which at least one vaccination was administered but not HPV.

The problem nationally is the same in WV as HPV vaccination coverage rates for 2012 for females 13-17 years of age is 51% starting the series but only 29% completing all three doses of the vaccine.

While CDC and other experts are continuing to study low HPV vaccination rates and what can be done beyond provider encouragement, there will be an estimated 26,000 new cancers attributable to HPV occur. Of those cases new cases, 17,400 will be among females with 10,300 of those cases being cervical cancer. Males will be linked with 8,800 cases of HPV-related cancer of which 6,700 will be oropharyngeal cancers. Getting children vaccinated before they have sexual contact is crucial to preventing HPV cancers which is why vaccination begins at an early age. HPV is transmitted by genital-to-genital contact, oral sex and even "petting." Immunization must occur before these types of encounters for the vaccination to be most effective. Most infected persons do not realize they are infected or that they are passing the virus on to a partner.

Immunization against an STD can be very troubling for parents with certain attitudes and beliefs. However, if parents understood how prevalent HPV is, that a person who has only one partner in their entire life has a significant risk for HPV infection and cancer of the cervix, penis, anus, throat, mouth and other areas would they turn down the opportunity to safely and easily prevent most or all of these cancers? It is extremely important for health care providers to discuss the risks of HPV and the benefits of HPV vaccination and offer the HPV vaccination at the same time they offer other vaccinations.

(***Hepatitis B**, continued from page 1)*

In 2011, West Virginia Office of Epidemiology and Prevention Services applied and received CDC funding to implement the West Virginia Hepatitis B Vaccination Pilot Program (Sep 2012- Sep 2014). Through lessons learned by the 2007 Adult Viral Hepatitis B initiative (AVHVI), the West Virginia Hepatitis B Vaccination Pilot Program (WVHBVPP) is a two year program that is designed to reduce West Virginia's incidence rate of Hepatitis B Virus.

This vaccination program targets Local Health Department (LHD) STD clinics and HIV care centers. The LHDs have developed a partnership with their area substance abuse treatment facilities and correctional facilities throughout the state to incorporate hepatitis B vaccinations of high risk adults. The pilot program removes barriers to hepatitis B vaccination by requiring sites to implement standing orders, provide education, vaccinate all adults requesting protection form HBV infection without acknowledging a specific risk factor, and vaccinating all adults who report risks for HBV infection. LHDs target substance abuse programs with patients enrolled for at least 30-45 days. This strategy allows the best scenario for administering at least two doses in the series while the patient is still in care.

There are 14 participating LHDs and 3 HIV care providers currently implementing the strategies and objectives of the WVHBVPP. The Office of Epidemiology and Prevention Services has taken a more active role in monitoring venues implementing the program and correcting problems when expectations are not met. Reminder recall systems are being used to ensure patients complete doses 2 and 3 of the vaccination. Hepatitis prevention materials have been provided, and participating venues have been instructed to provide patients with education on the importance of completing the series.

To date, West Virginia has offered vaccinations to over 1200 patients, 987 patients have received dose 1; 602 have received dose two; and 136 have received dose 3. Site visits have been conducted to answer any questions, provide education, and evaluate the participating venues' progress in the program. Overall, the West Virginia Hepatitis B Vaccination Pilot Program is doing well in meeting all expectations and objectives. Upon its completion, it is hoped this project will lead to the goal of reducing the incidence of Hepatitis B in West Virginia.

Division of Infectious Disease Epidemiology announces 2013 educational webinar series

August 22, 2013 (2:00 - 3:00 pm)
Reportable Disease Rule -Update for Local Health Departments

August 29, 2013 (2:00 - 3:00 pm)
Reportable Disease Rule -Update for Infection Preventionists

September 5, 2013 (1:00 - 2:00 pm)
Introduction to Disease Reporting, Data Collection and Case Ascertainment

September 25, 2013 (1:00 - 2:00 pm)
Infection Control Recommendations for Outbreaks in Healthcare Facilities

October 1, 2013 (10:00 - 11:00 am)
Influenza Season Kickoff

October 8, 2013 (2:00 - 3:00 pm)
Hepatitis B

October 17, 2013 (11:00 am - 12:00 noon)
Reportable Disease Data

October 24, 2013 (11:00 am - 12:00 noon)
Using Outbreak Toolkits

October 29, 2013 (1:00 - 2:00 pm)
Surveillance Data

Webinars will be available on-demand after the live webinar has aired. See Course # 1044979 at https://wv.train.org for more details.

*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. If you have ideas or contributions you would like to make in a future issue, contact editor Loretta Haddy.*