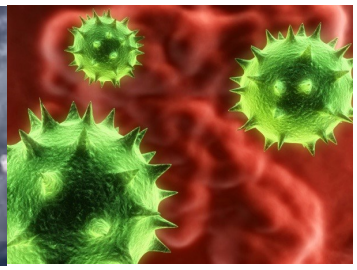
WHATCOM COUNTY
HEALTH DEPARTMENT
Communicable Disease Division

[EPI WATCH]
October 2016

Communicable Disease eNewsletter



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Acute Flaccid Myelitis

About

Acute flaccid myelitis (AFM) is characterized by acute limb weakness and abnormalities of the spinal cord.
In addition to limb weakness, some people may experience

- facial paralysis
- oculomotor dysfunction
- drooping eyelids
- difficulty with swallowing or slurred speech.

Causes

Although the exact cause of AFM is not known it has been associated with several viruses including

- Enteroviruses
- West Nile Virus
- Japanese encephalitis
- Saint Louis encephalitis
- Cytomegalovirus
- Epstein-Barr virus
- Adenovirus

Increase in AFM

AFM has increased in the states from 21 cases from 16 states in 2015 to 50 cases from 24 states YTD (CDC). What is alarming about the trend is that we do not known the cause or how to prevent it. To increase our understanding of the illness we need to increase our awareness of it. AFM should be reported to the LHJ of the patient's residence.

Case Classification

Confirmed

- An illness with onset of acute focal limb weakness AND
- MRI showing spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments

Probable

- An illness with onset of acute focal limb weakness AND
- CSF showing pleocytosis (white blood cell count >5 cells/mm^3)

Specimen Collection

Specimens should be collected as soon as possible. Include

- 2 stool specimens separated by 24hrs
- CSF
- Blood (serum, and whole)
- NP swab

For complete specimen collection instructions see the CDC website at http://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html

AFM is notifiable to the WCHD within 24 hours. It is considered a rare disease of public health significance.

Public Health is Essential!

October 4, 2016 saw the launch of the Public Health is Essential Campaign. Public Health is essential for preventing epidemics, tracking outbreaks, and responding quickly and efficiently to crisis. From preventing a measles epidemic to stopping the spread of an E. Coli outbreak, Public Health is essential in protecting the health of families and communities. But, funding for Public Health has decreased, even as our population and needs grow. This campaign serves to raise awareness of public health services, show commitment to improvement, and build community support for funding. Check out the website and video and share with your friends and families! http://publichealthisessential.org

Hepatitis C Drugs

New Warnings

New FDA warnings have been placed on certain direct-acting antiviral (DAAs) treatment medications for hepatitis C virus (HCV) regarding the risk of reactivation of hepatitis B virus (HBV) in patients who have current or previous HBV infections. Healthcare professionals are being advised to screen all patients for current or prior HBV infection before starting treatment with DAAs. Hepatitis B surface antigen (HBsAg), Hepatitis B surface antibody (anti-HBs), and Total hepatitis B core antibody (anti-HBc) labs should be assessed prior to initiating treatment with DAAs.

Monitor

Patients with a previous history of HBV need to be monitored during treatment and post treatment for flare-ups by evaluating HBV DNA levels. Reactivations of HBV will typical occur within 4-8 weeks. This issue highlights the importance of ensuring that patients at high risk of contracting or currently infected with HCV be vaccinated against HBV.

Report

Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Complete and submit the report Online: www.fda.gov/MedWatch/report
- Download form or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

For more information on HCV treatment guidelines please visit: http://www.hcvguidelines.org/full-report/monitoring-patients-who-are-starting-hepatitis-c-treatment-are-treatment-or-have

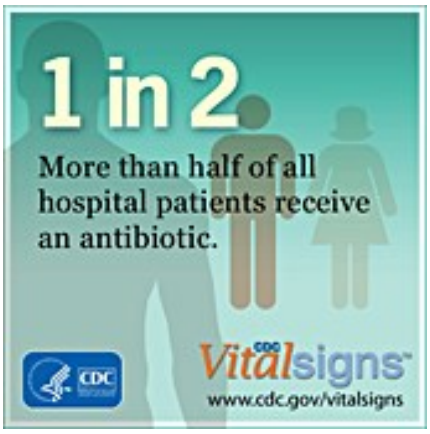
Funding Tied to Antibiotic Stewardship

Starting January 1, 2017 the Centers for Medicare and Medicaid CMS (CMS) will requiring all hospitals, critical access hospitals, and nursing care centers to have antibiotic stewardship programs (AMS) in place. New requirements follow the CDCs core elements of antibiotic stewardship calling for

- Leadership commitment: Dedicating necessary human, financial, and information technology resources.
- Accountability: Appointing a single leader responsible for program outcomes.
- Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
- Action: Implementing recommended actions, such as systemic evaluation of ongoing treatment need, after a set period of initial treatment.
- Tracking: Monitoring the antimicrobial stewardship program, which may include information on antibiotic prescribing and resistance patterns.
- Reporting: Regularly reporting information on the antimicrobial stewardship program, which may include information on antibiotic use and resistance, to doctors, nurses, and relevant staff.
- Education: Educating practitioners, staff, and patients on the antimicrobial program, which may include information about resistance and optimal prescribing.

CMS policy changes align with the first goal of the National Action Plan for Combating Antibiotic-Resistant Bacteria, which includes activities to foster antibiotic stewardship by improving prescribing practices across all healthcare settings, prevent the spread of drug-resistant threats in healthcare facilities and communities, and reduce and eventually eliminate the use of medically-important antibiotics for growth promotion in animals.

To review new CMS regulations please visit: https://www.jointcommission.org/assets/1/6/New_Antimicrobial_Stewardship_Standard.pdf



Influenza

Season Start

Early October marks the beginning of flu season. Keep influenza in mind when evaluating patients.

According to the CDC, Influenza A (H1N1)pdm09, influenza A (H3N2), and influenza B viruses were detected during May–September 2016 in the United States and worldwide.

Transitions

With PeaceHealth's recent transition to a new Electronic Health Record our previous systems for tracking flu activity in our community have been disrupted and we currently do not have access to the level of surveillance data we have had in previous years. The first Whatcom County Influenza Report of the season was published October 20, 2016.

Reporting

Novel or Unsubtypable Strains of Influenza, as well as Influenza-associated Deaths (Laboratory-confirmed), are notifiable to Whatcom County Health Department in accordance with WAC 246-101. With our current limited surveillance in the community, reports of positive influenza tests are appreciated to give us a better understanding of what is going on in our community. Also reportable to Whatcom County are any influenza like illness outbreaks at long-term care facilities.

Reference

Update: Influenza Activity — United States and Worldwide, May 22–September 10, 2016. *MMWR Weekly / September 23, 2016 /* 65(37);1008–1014.

Report

Call the Whatcom County Health Department 24 hour report line:
360-778-6150

Norovirus Season

It's that time of year again, when the terms "stomach flu" and "food poisoning" are heard more frequently; people reporting symptoms of abdominal pain, vomiting and diarrhea. What the terms, "stomach flu" and "food poisoning" typically—but certainly not always—refer to is an infection with norovirus. Norovirus is not a flu virus, and it is not always contracted via food, so both terms are a bit misleading.

Norovirus is highly contagious and may be transmitted by an infected person, contaminated food or water, or by touching contaminated surfaces.

Norovirus infections occur year round, but over **80% occur between November and April, according to the CDC**.

Each year norovirus causes 19 – 21 million acute illnesses, with 56,000 – 71,000 hospitalizations and 570 – 800 deaths, primarily among young children and the elderly.

Over half of the outbreaks in the US have been in health care facilities including hospitals and nursing homes. Proper hygiene, sanitation and use of personal protective equipment (PPE) are very important in any setting where norovirus is suspected.

Persons infected with norovirus can be contagious before symptoms appear. They are most contagious while symptomatic and into the first few days after symptoms resolve. It is important to understand a person infected with norovirus is still contagious for up to two weeks after illness, and especially so in the first 48 hours after symptoms resolve. People that work in health care that become infected with norovirus should not return to work until at least 48 hours after symptoms resolve.

It is important to educate everyone about proper hygiene, including good hand washing practice, not just using hand gels. Hand gels must have an alcohol content of greater than 60% to be effective, and even then are not a substitute for hand washing.

Even if a hand sanitizer "kills 99.99% of germs" **the viral load on contaminated hands of an ill person may be 1 million to 1 billion particles.** Therefore, if 99.99% are eliminated, 100 to 100,000 viral particles may still remain. An infectious dose of norovirus is approximately 18 viral particles, and on contaminated hands that used only hand gel there may still be 5.5 to 5,500 infectious doses.

Fortunately, most healthy persons infected with norovirus recover without treatment. Special care may be needed if illness persists, is complicated by other underlying factors, or the patient is immunocompromised, young, or elderly.

For more information: http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Norovirus

Confirmed/Probable Cases of Notifiable Conditions, Whatcom County

Condition	Jan-Sept 2016	Jan-Sept 2015
Campylobacteriosis	35	53
Chlamydia	520	571
Giardiasis	8	22
Gonorrhea	78	46
Hepatitis B, acute	0	1
Hepatitis B, chronic	9	13
Hepatitis C, acute	4	3
Hepatitis C, chronic	206	224
Hepatitis A	2	2
HBsAg + pregnancy	0	0

Condition	Jan-Sept 2016	Jan-Sept 2015
Measles	0	1
Meningococcal Disease	0	0
Mumps	0	1
Pertussis	45	41
Rubella	0	0
Salmonellosis	16	20
Shiga toxin-producing E. coli	11	73
Shigellosis	6	0
Syphilis	6	13
Tuberculosis, Class 3	3	7

Cases listed are preliminary and represent only those reported to the local health department. Cases are counted at the time of report to the Health Department, not by date of onset.

Print out a Notifiable Conditions poster for your office:

Health Care Provider Notifiable Conditions Poster
Health Care Facility Notifiable Conditions Poster
Laboratory Notifiable Condition Poster

WHATCOM COUNTY HEALTH DEPARTMENT

The mission of the Whatcom County Health Department is to lead the community in promoting health and preventing disease.

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