



The Virginia Department of Health Resources for Health Care Professionals

March 2013

In this Issue:

[News and Updates](#)

[Healthcare-Associated Infections \(HAI\) Program](#)

[Did You Know?](#)

[Influenza Surveillance](#)

[Disease Updates](#)

[Immunization Updates](#)

[Monthly Morbidity Surveillance Report](#)

[Guidelines and Best Practices](#)

[MMWR](#)

[Past "Did You Know" Articles by CDC](#)

News and Updates

March is Colorectal Cancer Awareness Month

March is a time to encourage everyone over the age of 50 to get screened regularly for colorectal cancer, the second leading cause of cancer-related death for both men and women. Steps to help prevent colorectal cancer include:

- Getting screened.
- Quitting smoking and stay away from secondhand smoke.
- Increasing physical activity.
- Eating healthy.

Learn more about ways to encourage everyone to get screened and reduce their risk of colon cancer by visiting the [Virginia Comprehensive Cancer Control Program](#).

“Building a Wealth of Community Health”

“Building a Wealth of Community Health” is a free, one-day training that focuses on healthy eating, tobacco-free living, and chronic disease prevention in the community. The trainings are free but due to limited seating, registration is required.

Click [here](#) for the agenda and registration in your area.

[\[back to top\]](#)

Monthly Healthcare-Associated Infection Updates

[Healthcare-Associated Infections \(HAI\) Program](#)

Upcoming Events:

1. VHQC QualitySync Conference—**April 9-10** (Richmond)
2. North Carolina-Virginia Hospital Engagement Network CUSP Boot Camp—**April 16** (TBA)
3. Virginia Department of Health Field Epidemiology Seminar—**April 30** (Richmond)

[\[back to top\]](#)

Did You Know?

Colorectal Cancer

- March is Colorectal Cancer Awareness Month, and the [Virginia Comprehensive Cancer Control Program](#) provides resources to assist clinicians and patients in reducing the incidence, morbidity, and mortality of colorectal cancer.
- Only 29.3% of Virginia's men between the ages of 50-64 are up to date on colon cancer screening and influenza vaccination, two of the most cost-effective clinical preventive services for this demographic (2009, Behavioral Risk Factor Surveillance System).

Tuberculosis in Virginia

- Virginia reported 235 TB cases in 2012, a slight increase from the 221 cases reported in 2011.
- Since 2000, more than half of TB cases in Virginia each year have been reported among the foreign born. In 2012, 78% of TB cases were foreign born.
- Over 40 different countries of birth are represented among Virginia's reported TB cases in 2012. The top five countries of origin are Viet Nam, India, South Korea, Mexico and the Philippines.
- Tuberculosis (TB) among US born persons is at an all time low in Virginia. In 2012, 22% of TB cases were among the US born.
- TB cases in 2012 ranged in age from less than a year to more than 90 years, with 67% of the cases reported among those aged 25-64.
- Diabetes is a risk for tuberculosis and is seen more frequently than HIV among Virginia's TB cases. In 2012, 27 TB cases were reported with diabetes as compared to 12 cases with HIV co-infection.
- Active tuberculosis disease can occur anywhere in the body. Symptoms of active TB can include productive cough, fatigue, weight loss, fever and night sweats with other possible symptoms dependent on the site of the disease. Clinicians should consider TB disease in the differential diagnosis when these symptoms are present.
- Targeted testing is a TB control strategy used to identify, evaluate and treat persons who are at high risk for acquiring TB infection (LTBI) or at high risk of developing TB disease once infected with *M. tuberculosis*. Virginia has a [TB Risk Assessment form](#) that aids in identifying an individual's risk factors for acquiring TB infection or progressing to active TB disease and helps determine the need for further testing and evaluation.

[\[back to top\]](#)

Influenza Surveillance

Seasonal flu guidance for 2012-2013 is available on the [VDH website](#). This week's flu report shows that we are continuing to see elevated flu activity across the state. Getting vaccinated continues to be the best - and easiest - way to stay healthy this flu season.

- [Weekly Influenza Surveillance Report \(VDH\)](#)
- [Weekly Influenza Surveillance Report \(CDC\)](#)

[\[back to top\]](#)

Disease Updates

Health Advisory on carbapenem-resistant Enterobacteriaceae (CRE)

CDC issued a [Health Advisory on carbapenem-resistant Enterobacteriaceae \(CRE\)](#) on February 14, 2013.

- CRE are untreatable or difficult-to-treat infections that are emerging in the US. Reports of unusual forms of CRE are increasing. Aggressive action is needed to prevent the emergence and spread of these bacteria with unusual resistance mechanisms (e.g., New Delhi Metallo-beta-lactamase and Verona Integron-mediated Metallo-beta-lactamase).
- In Virginia, reports of these infections have been rare. So far, one case of *E. coli* that produced New Delhi Metallo-beta-lactamase and one case of *Klebsiella pneumoniae* that produced OXA-48 carbapenemase have been reported to the Virginia Department of Health. These findings should be reported to the local health department according to the requirement to report 'unusual occurrence of disease of public health concern'.
- In addition to following 2012 CDC guidance for preventing the spread of CRE in healthcare settings, the new CDC Health Advisory also recommends the following:

- When CRE colonization or infection is identified in a patient with history of recent (within 6 months) overnight stay in a healthcare facility abroad, send an isolate to a reference lab for confirmatory testing and test to determine the resistance mechanism
 - For patients admitted to healthcare facilities in the US after recent (within 6 months) hospitalization abroad, consider:
 - Performing rectal screening cultures to detect CRE colonization
 - Placing patients on contact precautions while awaiting the results of the screening cultures
- General recommendations to prevent the spread of CRE in healthcare settings include ensuring the patient is on contact precautions; reinforcing adherence to hand hygiene and contact precautions by healthcare workers who enter the patient's room; screening hospital roommates and other potential contacts for CRE colonization with stool, rectal, or perirectal cultures; communicating the presence of CRE upon patient transfer; dedicating rooms and staff to CRE patients when possible; and removing temporary medical devices as soon as they are no longer needed.

[\[back to top\]](#)

Immunization Updates

HPV Vaccination for Males

- Since October 25, 2011, the Advisory Committee on Immunization Practices (ACIP) has recommended routine vaccination of males aged 11 or 12 years with HPV4 (Types 6, 11, 16 and 18) administered as a three dose series. The vaccination series can be started as early as 9 years. Vaccination with HPV4 is also recommended for males aged 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series. Males 22 through 26 years may also be vaccinated.
- Although the largest number of HPV-associated cancers occur in women (approximately 15,000 HPV 16-and 18-associated cancers each year), an estimated 7,000 HPV 16-and 18-associated cancers occur each year in men. These include anal, oropharyngeal, and penile cancers. Nononcogenic HPV types, primarily 6 and 11, cause 90% of genital warts and most cases of respiratory papillomatosis. Approximately 250,000 cases of genital warts occur each year in the United States among sexually active males.
- Because HPV4 is prophylactic, it is most effective when given before exposure to HPV through sexual contact. This routine vaccination is recommended at 11-12 years of age for both girls and boys. Clinicians play an important role in determining parental decisions to vaccinate their adolescents. HPV vaccination coverage estimates were significantly higher among parents who reported receiving a provider recommendation (62.2% versus 21.5%). For more information on HPV and other recommended vaccines, please visit: <http://www.cdc.gov/vaccines/default.htm>

Tdap Vaccine during Pregnancy

- On October 24, 2012, the ACIP voted to recommend that providers of prenatal care implement a Tdap immunization program for all pregnant women. This updated recommendation was published in the [February 22, 2013 issue of the MMWR](#). Health-care personnel should now administer a dose of Tdap during *each* pregnancy, irrespective of the patient's history of receiving Tdap. Vaccination of women during pregnancy is expected to provide antibodies, which will pass through the placenta, likely providing the newborn with protection against pertussis in early life. In addition, it will protect the mother from pertussis around the time of delivery, making her less likely to become infected and transmit pertussis to her infant.
- During CY 2012, over 41,000 cases of pertussis, including 18 deaths were reported across the United States. Virginia reported 627 cases for the same period; this is the largest number of cases reported in the state since 1959. Of the 627 cases, 83 (13%) were infants less than one year of age and 110 cases (17.5%) were in children less than two years of age. Implementation of [the updated ACIP recommendation](#) on the use of Tdap in pregnant women should optimize our efforts to prevent pertussis morbidity and mortality in infants and young children.

[\[back to top\]](#)

Virginia Monthly Morbidity Surveillance Report by District and Region

[January 2013](#) update

View previous reports, [Morbidity Surveillance Reports](#).

[\[back to top\]](#)

MMWR

MMWR publications are prepared by the CDC

March 01, 2013

- [Respiratory Syncytial Virus Activity — United States, July 2011–January 2013](#)
- [Secondary and Tertiary Transmission of Vaccinia Virus After Sexual Contact with a Smallpox Vaccinee — San Diego, California, 2012](#)
- [Impact of an Innovative Approach to Prevent Mother-to-Child Transmission of HIV — Malawi, July 2011–September 2012](#)
- [Announcements: National Kidney Month — March 2013](#)
- [Announcements: National Sleep Awareness Week — March 3–10, 2013](#)
- [In Memoriam: Stephen B. Thacker, MD, MSc — 1947–2013](#)

February 22, 2013

- [Invasive Cancer Incidence — United States, 2009](#)
- [Interim Adjusted Estimates of Seasonal Influenza Vaccine Effectiveness — United States, February 2013](#)
- [Update: Influenza Activity — United States, September 30, 2012–February 9, 2013](#)
- [Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine \(Tdap\) in Pregnant Women — Advisory Committee on Immunization Practices \(ACIP\), 2012](#)
- [Notes from the Field: Zinc Deficiency Dermatitis in Cholestatic Extremely Premature Infants After a Nationwide Shortage of Injectable Zinc — Washington, DC, December 2012](#)
- [Announcement: Introduction to Public Health Surveillance Course](#)

[\[back to top\]](#)

“Did You Know” Articles by the CDC

These [“Did You Know” topics were prepared by the CDC](#)

March 01, 2013

- More than 20 million US adults are estimated to have chronic kidney disease (CKD), and most of them are unaware of their condition.
- CDC’s new CKD Surveillance System tracks CKD in the US population over time and highlights federal efforts to prevent, detect, and manage the disease.
- Kidney disease is the ninth leading cause of death in the United States; March is designated National Kidney Month to raise awareness of this condition.

February 22, 2013

- For more than 35 years, Health, United States has presented a picture of the nation’s health, including trends in infant mortality, birth and death rates, health status, risk factors, health-care use, and more.
- Health, United States, 2011: In Brief is a companion to the larger report and contains 20 charts and a table of key national health indicators, which can be compared to state and local estimates.
- A new dynamic version of Health, United States, 2011: In Brief lets you create your own charts and tables and include data from the full Health, United States report.

[\[back to top\]](#)

[\[back to top\]](#)

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