

The Virginia Department of Health

Resources for Health Care Professionals

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News and Updates

Help Your Community and Join Virginia's Medical Reserve Corps (MRC)

You never know when your community may need you. It may be due to an outbreak of a communicable disease or natural disaster. As a volunteer with the Virginia Medical Reserve Corps (MRC), you will receive training sessions to respond to the emergencies that affect your community. All health professionals, regardless of practice or specialty are encouraged to volunteer because your skills can be in high demand during times of crisis. Pre-register so that your talents can be most effectively utilized in responding to disasters by visiting, www.vamrc.org.

- See how others are sharing their skills by watching this brief [video](#)

Share with Colleagues

Did you receive this message from a colleague? The service is now open to all health care professionals interested in subscribing. Please visit <https://vms.vdh.virginia.gov/vdhcomm/index.jsp> to sign up or visit www.vdh.virginia.gov/clinicians to view the archived versions of listserv.

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Monthly Healthcare-Associated Infection Updates

Healthcare-Associated Infections (HAI) Program Update, August [Newsletter](#)

Topics Include:

- The Agency for Healthcare Research and Quality Training Modules for Nursing Homes
- Influenza Season 2012-2013
- Virginia chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-VA), September conferences
- Tracheotomy Tube Recall

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Did You Know?

- On average, 600 animals are laboratory confirmed with rabies every year in Virginia.
 - More than 80% are wild animals.
 - Raccoons, skunks and foxes are most commonly found to be laboratory confirmed with rabies.
 - Cats are the most common domestic animal laboratory confirmed with rabies.
- Any mammal can become infected with rabies, but not all mammals that bite people carry the same risk of exposing a person to rabies.
- Virginia has had three rabies cases in people since 1998; typically over 1,000 Virginia residents undergo the rabies post-exposure prophylaxis series each year.

If your patient was exposed to an animal suspected of having rabies, contact your local health department. They can provide guidance to assist you in decision making with regard to the appropriateness of initiating the rabies post-exposure vaccination series. Several factors inform the decision, including the species of animal involved and/or whether the animal is available for testing or observation. In some instances, rabies vaccinations may not be necessary.

- When a dog or cat bites a person, it is recommended that the dog or cat be observed for 10 days and that rabies post-exposure vaccinations **not** be initiated unless the dog or cat starts becoming ill with clinical signs that could be compatible with rabies within the observation time.

If you suspect a patient may have rabies, contact your local health department immediately. Engaging the health department early in the course of illness helps to facilitate discussion with and testing via the Centers for Disease Control and Prevention.

- Rabies immune globulin (RIG) is only given to people who have never had the rabies vaccine series before.
- Rabies vaccinations should **always** be given in the deltoid muscle.

Additional information about rabies in Virginia can be found at:

<http://www.vdh.virginia.gov/Epidemiology/DEE/Rabies/>

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Disease Updates

Invasive Group A Streptococcal Disease & Outbreaks in Healthcare Settings in Virginia

- Group A Streptococcus (GAS) is a common cause of noninvasive disease (e.g., strep throat and superficial soft tissue infections), but can cause invasive disease (e.g., necrotizing fasciitis, streptococcal toxic shock syndrome, and sepsis).
- Persons at increased risk of developing invasive GAS disease include those aged ≥ 65 years, those with chronic medical conditions (e.g., diabetes, heart disease, or lung disease) and those who are immunocompromised.
- Invasive cases of GAS are reportable in Virginia and are on the increase. The 5-year annual average number of reported cases during 2007–2011 was 174 cases compared with 102 cases during 2002–2006.
- Although most invasive GAS cases occur sporadically, common-source outbreaks do occur; usually these occur in long-term care facilities or hospitals with vulnerable populations.

Thus far in 2012, VDH has investigated four invasive GAS outbreaks at long-term care facilities and hospitals in Virginia; in 2010 and 2011 combined, only 2 investigations at these facility types were conducted. The most likely

causes of the 2012 outbreaks involved lapses in infection prevention practices, particularly in hand hygiene and wound care. Some key lessons learned during the 2012 invasive GAS outbreaks include the following:

- Staff with flu-like illness should stay home according to the facility's sick policy.
- Visitors with flu-like illness should be encouraged to reschedule their visits.
- Encourage staff, residents, and visitors to perform frequent and thorough hand hygiene. Staff compliance should be monitored.
- Ensure staff use appropriate infection prevention practices when providing wound care.
- Inter-facility notification should be performed to ensure that appropriate infection control precautions are in place at the receiving facility.

Please visit VDH's [Healthcare-Associated Infections](#) web site for more information.

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Virginia Monthly Morbidity Surveillance Report by District and Region

[July 2012](#) update

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

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MMWR

MMWR publications are prepared by the CDC

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- Household Preparedness for Public Health Emergencies — 14 States, 2006–2010
- Assessment of Household Preparedness Through Training Exercises — Two Metropolitan Counties, Tennessee, 2011
- Tuberculosis Genotyping — United States, 2004–2010
- Notes from the Field: Highly Pathogenic Avian Influenza A (H7N3) Virus Infection in Two Poultry Workers — Jalisco, Mexico, July 2012
- Announcement: Clinical Vaccinology Course — November 2–4, 2012
- QuickStats: Number of Heat-Related Deaths, by Sex — National Vital Statistics System, United States, 1999–2010

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- [National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2011](#)
- Prevalence of Cholesterol Screening and High Blood Cholesterol Among Adults — United States, 2005, 2007, and 2009
- Vital Signs: Awareness and Treatment of Uncontrolled Hypertension Among Adults — United States, 2003–2010
- QuickStats: Percentage of Physicians with Electronic Health Record (EHR) Systems That Meet Federal Standards, by Physician Specialty — Physician Workflow Survey, United States, 2011

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“Did You Know” Articles by the CDC

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

September 14, 2012

- Older adults are at greater risk for **illness and death** during an emergency.
- During National Preparedness Month, states and communities can review their emergency preparedness plans to ensure they meet the [needs](#) of vulnerable older adults.
- New CDC [resources](#) are available that can assist states and communities in planning for the needs of the elderly.

September 7, 2012

- Nearly [1 in 3 adults have high blood pressure](#) and more than half don't have it under control.
- The risks of uncontrolled blood pressure are serious; it contributes to [nearly 1,000 deaths a day](#).
- A new Million Hearts™ program—[Team Up. Pressure Down.](#)—recognizes pharmacists as important partners who can provide education and counseling to patients with high blood pressure.

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Share your thoughts about the listserv

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