OSHA/INFECTION CONTROL ANNUAL UPDATE TRAINING - 2013

DISEASE NUMBERS 2011-2012

2011

HIV Dx. – 35,266

Hepatitis B -2,495

Hepatitis C- 1,229

Syphilis – 13,970

TB – 10,528

2012

HIV Dx. – 35,361

Hepatitis B – 2,895

Hepatitis C – 1,782

Syphilis – 15,667

TB - 9,945

•CDC, MMWR, August 23 2013

OTHER DISEASES

Measles	55
Mumps	229
Pertussis (whooping cough)	48,277***
Chickenpox	13,447
Rubella	9

CDC, MMWR August 23, 2013

CASE NUMBERS – LOCAL

- HIV - 871
- HBV - 84
- HCV - 76
- Syphilis - 906
- TB - 234

CASE NUMBERS –

- Measles - 0
- Mumps - 7
- Rubella - 0
- Chickenpox - 625
- Pertussis- 505

RYAN WHITE NOTIFICATION - UPDATE

- The list has now been published and is in effect
- This means that medical facilities have expanded notification responsibilities
- This means that departments have extended vaccine/immunization responsibilities

THE LIST - PUBLISHED

- **Bloodborne**
- HCV
- HBV
- HIV
- Vaccinia virus
- Cutaneous Anthrax
- Rabies
- Viral hemorrhagic fevers

- **Airborne**
- Measles (Rubeola)
- Chickenpox
- Tuberculosis

Federal Register, 11/2/11

LIST PUBLISHED

Droplet Transmitted

- N. Meningitis
- Diphtheria
- Mumps
- Pertussis
- Plague
- Rubella
- SARS-CoV
- Novel Influenza A viruses

Federal Register, 11/2/11

PREVENTION

- Travel history on patient assessment especially with respiratory symptoms

PREVENTION

- Place surgical mask on patient
- If can not, place surgical mask on yourself
  - Good handwashing
  - Use good airflow in vehicle

IOM meeting June 3, 2010/ CDC

MASKS & INFLUENZA

- Surgical mask and droplet precautions even if H1N1
- CDC reverted to this in 2010
- N95s for hospital use for aerosol-generating procedures

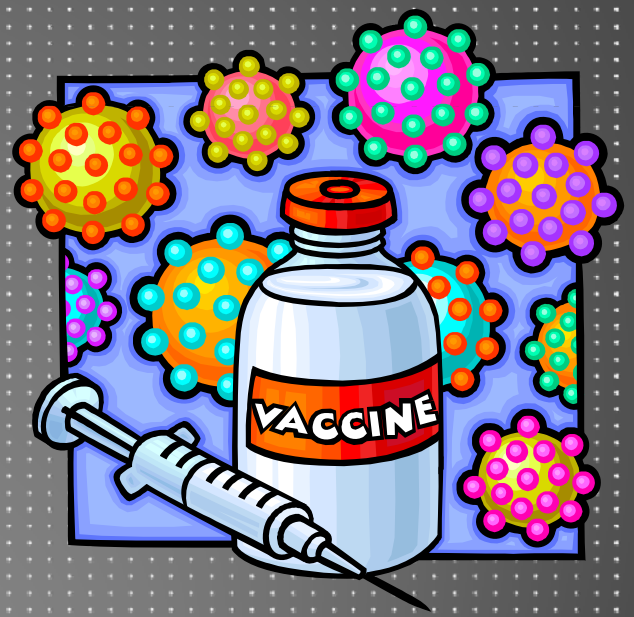
Personal communication, Dr. Uyeki, CDC July 19, 2011

EXPOSURES = 2012

- Bloodborne -
- Airborne/droplet -

IMMUNIZATIONS/VACCINATIONS

- Hepatitis B vaccine
- Tdap booster x1
- MMR
- Chickenpox
- Flu vaccine
- TB Testing



CDC,1997, 2011

CDC STATEMENT ON RECORDS

- HICPAC and CDC have recommended that secure, preferably computerized, systems should be used to manage vaccination records for HCP so records can be retrieved easily as needed

- Each record should reflect immunity status for indicated vaccine-preventable diseases, as well as vaccinations administered during employment

CDC, November, 2011

OBTAIN YOUR RECORDS

- From –
  - Your schools
    - High school
    - College
  - Training programs
  - Previous employer

DECLINATION FORMS

- If you do not wish to give your medical information, you must sign a declination form

Why this information is important

MMR VACCINE

- If received between 1963 – 1967
  - Revaccinate with 2 doses one month apart

MEASLES STATUS UNKNOWN

- No need to titer
- Just vaccinate

CDC, 11/25/12

CHICKENPOX VACCINE

- Unable to document immunity
- Just vaccinate

CDC, Nov. 25, 2011

SHINGLES VACCINE

- CDC differs from the package insert
  - Now age 50 and up
  - Available even if person has had a shingles outbreak

HEALTHCARE WORKER DUTY

- To protect patients from infection
- To protect yourself
- To protect co-workers

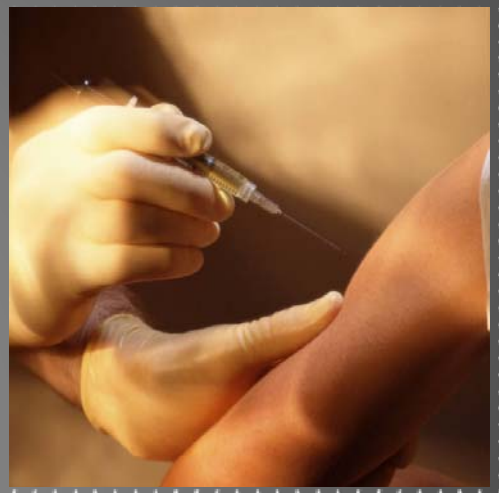
HBV INFECTION RATE- US

- Universal vaccination
  - 1983 - 1995 occupational infections decreased by 95%
- Healthcare worker infection infrequent

CDC, September, 2009, Nov.. 2011

VACCINE - HBV

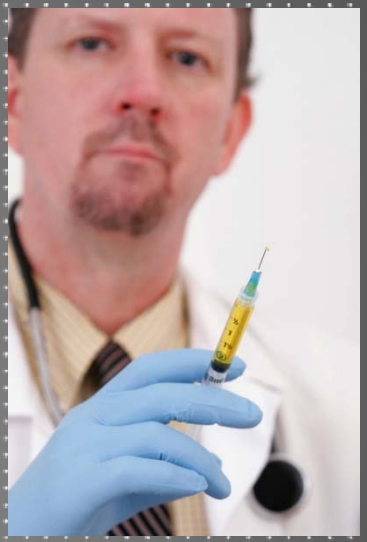
- Need to complete all 3 shots
  - 1 dose = 30% - 55% protection
  - 2 dose = 75% protection
  - 3 dose = >90% protection



CDC, MMWR, Nov. 2011

HCV INCREASED

- Due to improper infection control practices
- Outbreaks
  - Ambulatory care clinics
  - Free dental clinic
  - Dialysis centers
  - Dentist - Oklahoma



CDC – TESTING BABY BOOMERS

- Persons born between 1945 – 1965 should be tested for HCV – 1x

HCV OUTBREAKS

- Since 2001, over 150,000 persons have been called back for testing for HIV,HBV and HCV due to breaks in basic infection control practices

CDC, 2012

AT RISK GROUP

- Military Veterans
  - 64% Vietnam vets
    - Transfusions
    - Medical Contact – medics, surgeons, nurses, helicopter crews
    - Tattoos

2008/2011 CDC

HCV TESTING

- **Not** recommended for **non-exposed** healthcare workers

NEW RAPID HCV TEST

- OraQuick ®HCV
  - FDA approved
  - Takes 20 mins.
  - No lab equipment required
  - Very accurate- 99.8%
  - Waiver granted 11/28/11**
  - Screens for multiple genotypes

FDA. June 25, 2010, 2013

CDC GUIDELINES FOR LABS

- Rapid HCV – if positive
- Confirm with HCV-RNA

CDC, May 7, 2013

REMEMBER

A positive test for HCV by antibody testing does NOT mean current infection

Source patient to have viral load test for confirmation (HCV-RNA)

REMINDER -

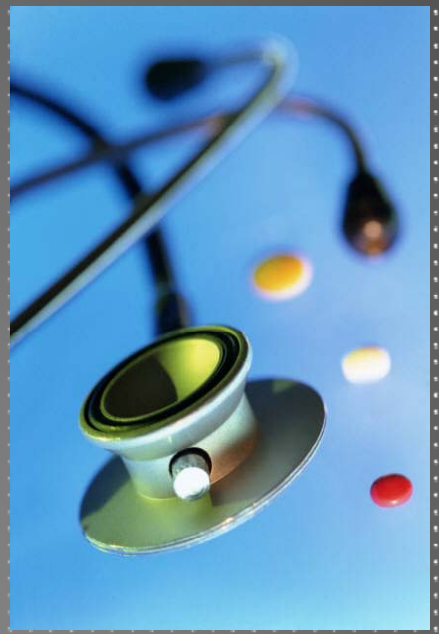
- If you are exposed to a hepatitis C positive patient, you should have a blood test in **2 weeks**

- HCV-RNA (blood test)
  - Cost - $65.00 - $100.00

Am. Assoc. for the Study of Liver Disease, Practice Guidelines, 2009

HEPATITIS C – EARLY TREATMENT

- HCV-RNA positive begin treatment
  - 12 -24 weeks –



NEW TREATMENT DRUG

Telaprevir

"cured 75%-79% of patients with Genotype 1 HCV in 24 weeks of treatment"

FDA approval granted – April 2011

Boceprevir – Merck

- FDA approved 5/13/11
- Given as 3 drug cocktail

INFECTED HEALTHCARE WORKERS- OCCUPATIONAL INFECTION-HIV

- 1978 – December, 2010
  - 57* documented cases
    - 0 in fire/EMS personnel
    - 49 were sharps related exposures

CDC, 2012(CDC), NIOSH

NO NEW CASES SINCE 2001

STATES BROADEN HIV TESTING

- California
- Illinois
- Iowa
- Louisiana
- Maine
- Maryland
- New Hampshire
- New Mexico
- North Carolina
- North Dakota
- New York
- Ohio
- Pennsylvania
- Rhode Island
- Virginia

RISK GROUP -

- Cases increase in ages 13-24
- 2010 -12,000 infected
  - 1,000 per month

CDC, 2012

UPDATE - 2011

- Aids "cocktail" drugs = 96% unable to transmit the disease
- HIV/AIDS – living 50 years

Dr. Fauci, NIH, May 2011

RESULT 3 DRUG COCKTAIL

- Atripla – 84%- 0 HIV virus in blood in 48 weeks
- Stribild – 88% - 90% in 48 weeks
- Truvada – 87% in 48 weeks

CDC, Oct. 2012

RAPID HIV TESTS- POST EXPOSURE

Rapid HIV Test - currently available – using blood

OraQuick
Reveal
Uni-Gold
Multispot
Clearview

CDC January 2007

REMINDER - TESTING ISSUES - POST EXPOSURE

- If source patient is negative with rapid testing = no further testing of health-care worker

- Use of rapid testing will prevent staff from being placed on toxic drugs for even a short period of time

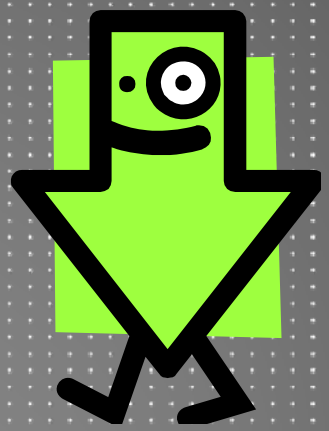
•CDC, May , 1998, CDC June 29, 2001, September 2005
•Sept. 2013

ED PHYSICIANS & PEP

- Are to contact the PEPline –
  - 888 – 448 - 4911

CDC, 2001, 2005, 2013

SYPHILIS CASES

Part of post exposure testing

- Post exposure follow up if source is HIV positive or Hepatitis C positive
- More testing under new Sexually transmitted disease (STD) guidelines