

Resources for Health Care Professionals

August
2012

In this Issue:

[News and Updates](#)

[Recent Clinicians Letters](#)

[Did You Know?](#)

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

[Influenza Updates](#)

[Disease Outbreak and Reporting](#)

[MMWR](#)

[Share with Colleagues](#)

[Feedback Survey](#)

News and Updates

August is National Immunization Awareness Month (NIAM)

August is National Immunization Awareness Month (NIAM), which encourages all people to protect their health by being immunized against infectious diseases. It's a good time to promote back to school immunizations, remind college students to get immunized before they move into dormitories, and remind everyone that the influenza season is only months away. For resources and materials, go to <http://www.cdc.gov/vaccines/events/niam/default.htm>

Share the Email Service Provided by the Virginia Department of Health (VDH) with Colleagues

Please share this email with colleagues that may be interested in receiving our monthly email. They can subscribe by visiting www.vdh.virginia.gov/clinicians or by registering with the VDH Public Health Information Network, [here](#).

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

Clinicians' Letters

Urgent updates from the Health Commissioner

- [H3N2v Influenza](#)

While there have not been any reported cases of the H3N2v influenza virus in Virginia, this letter addresses the recent increase in cases reported to the Centers for Disease Control and Prevention.

- [Emergency Preparedness](#)

This letter focuses on personal/family preparedness, business continuity planning for your practice and “medication preparedness” resources to share with patients as they plan for emergencies, including a checklist for patients to facilitate emergency “medication preparedness.”

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

Monthly Healthcare-Associated Infection Updates

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

Topics Include:

- Unsafe Injection Practices
- Field Epidemiology Seminar Recap
- Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Healthcare Providers and Students
- Upcoming Educational Opportunities

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

Did You Know?

Update on Pertussis in Virginia (2012)

- Virginia is reporting 299 cases of pertussis (whooping cough) as of 7/30/2012, an increase of 32% compared to this time last year.
- More than 20,400 cases have been reported year to date (YTD) for the U.S., more than twice as many cases as this time last year.
- Increased numbers of pertussis reflect a combination of factors, including increased provider awareness and diagnosis, waning immunity from childhood vaccination, and suboptimal coverage for the booster dose of Tdap.
- Pertussis vaccination remains the single most effective way to prevent infection.
- In 2010, only 8.2% of adults aged 19 to 64 years had received a Tdap booster, according to the National Health Interview Survey (NHIS).
- More than 165,000 doses of Tdap were administered to Virginia adults by public and private providers during fiscal year 2012, based on data from the Virginia immunization registry VIIS. That's almost 50,000 more doses this fiscal year compared to last fiscal year.
- In 2010, approximately 72% of Virginia teenagers aged 13 to 17 years had received a dose of Tdap vaccine, the 15th highest coverage rate among the fifty states and D.C., according to the National Immunization Survey (NIS).
- The coverage rate for four doses of DTaP among children aged 19 to 35 months of age in Virginia was 88.3% in 2010, an increase of 9.1 percentage points from 2009 (Source: NIS).

For resources and information about pertussis in Virginia, see:

<http://www.vdh.virginia.gov/epidemiology/Immunization/Pertussis/index.htm>

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

Influenza Updates

Influenza Vaccine

The 2012-13 trivalent seasonal influenza vaccine will contain two new strains compared to last season's vaccine. The H3N2 (A) and B strains are new, while the 2009 H1N1 (A) strain is the same. CDC encourages physicians and nurses to begin vaccinating their patients as soon as influenza vaccine is available in their areas, even as early as August. Influenza seasons are unpredictable, and activity can begin as early as October. As a reminder, since 2010, the Advisory Committee on Immunization Practices (ACIP) has had a universal recommendation for all persons aged 6 months and older to receive an annual influenza vaccine. Please be on the look-out for the seasonal publication of ACIP's influenza recommendations this month.

Update on H3N2 Influenza

CDC recently released a [Health Advisory](#) on the increase in influenza A H3N2v (variant) virus infections in the United States.

No cases have yet been identified in Virginia. If you see a patient that presents with symptoms that may be consistent with H3N2v virus infection, we encourage you to ask about recent exposure to swine. Testing may be indicated if the patient meets the following criteria:

- Symptoms of fever plus a cough OR fever plus a sore throat AND
- Either direct contact with swine within the seven days preceding onset or an epidemiologic link to a confirmed case of influenza A H3N2v infection. Direct contact is defined as physical contact with swine usually a pig), such as handling or feeding them, showing them at a fair, or sleeping in the pen with them, as happens at fairs.

If you are a provider interested in public health testing of a patient for this variant flu and the patient meets the criteria above, then please take the following actions:

- Collect an NP swab and put it in viral transport media and contact your local health department for further guidance (<http://www.vdh.virginia.gov/LHD/index.htm>), including assistance with the processing of the specimen to the Division of Consolidated Laboratories (DCLS).

The CDC has posted H3N2v Interim Guidance for Clinicians here: <http://www.cdc.gov/flu/swineflu/h3n2v-clinician.htm> As the situation develops, VDH will work closely with CDC to issue updates accordingly.

Many Virginians enjoy agricultural fairs around the state that may include a potential exposure to swine. While we are not aware of any H3N2v infections in pigs in Virginia, it is wise to always assume a low level of influenza risk associated with exposure to swine. Please remind parents of children younger than 5 years and other patients at increased risk for complications from the flu to take appropriate precautions while enjoying fairs around the state:

- Wash hands frequently with soap and running water before and after exposure to animals
- Never eat, drink or put things in your mouth while in animal areas, and
- Avoid close contact with animals that look or act ill, when possible.

For more information about the evolving issue of H3N2v, please go to http://www.cdc.gov/flu/spotlights/h3n2v_us_cases.htm

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

Emergency Preparedness Updates

Encouraging Patients to be prepared for Emergencies

To encourage Americans to be safe and prepared and to emphasize the importance of being prepared, September has been designated National Preparedness Month. There are many resources available to help schools, businesses, and households take steps to increase readiness for disaster or emergency situations, here are a few:

- [VDH Emergency Preparedness Guidance and Documents for Healthcare Professionals](#)
- [Ready Virginia](#)
- [Homeland Security Ready Campaign](#)

Emergency Preparedness and Response from the (CDC)

Find resources for All Hazards and Specific Hazards preparedness.

- <http://emergency.cdc.gov/hazards-all.asp>

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

Disease Outbreaks and Reporting

Hand, Foot and Mouth Disease Trends in the United States and Virginia, 2012

- Hand, foot, and mouth disease (HFMD) is a common viral illness among children <5 years characterized by mild febrile illness with rash on the palms of the hands and soles of the feet and sores in the mouth. The most common cause in the U.S. is enterovirus serotype coxsackievirus A16.
- In the March 30, 2012 issue of the *Morbidity and Mortality Weekly Report (MMWR)*, authors from Alabama, California, Connecticut and Nevada described 63 severe HFMD cases identified in children and adults between November 2011 and February 2012. Nearly 20% of these patients were hospitalized and coxsackievirus A6 (CVA6) was detected among most patients who were tested.
- In Virginia, we have seen an increase in the number of HFMD outbreaks reported in 2012 with 14 outbreaks reported between January 1 and July 31, 2012 compared with 3 in 2011 for the same period. CVA6 was identified as the cause of one of the 2012 outbreaks where additional molecular characterization was pursued. All outbreaks in both years have been at childcare facilities or schools (K-12).
- Clinicians should note that CVA6 is associated with more severe disease. To minimize person-to-person spread of HFMD, good hand hygiene and frequent disinfection of surfaces in child care settings are recommended. Please click here -- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6112a5.htm> -- to read the full article.

Invasive *Staphylococcus aureus* Infections Associated with Pain Injections and Reuse of Single-Dose Vials — Arizona and Delaware, 2012

The July 13, 2012 issue of *MMWR* highlighted two recent outbreaks that involved transmission of invasive *Staphylococcus aureus* associated with reuse of single-dose vials of pain medication in outpatient clinics. These outbreaks are a reminder that it is important to adhere to safe injection practices. In Arizona, three cases of methicillin-resistant *S. aureus* (MRSA) resulted from reuse of single-dose vials of pain medication at a pain management clinic. In Delaware, 7 cases of methicillin-susceptible *S. aureus* were identified among patients in an orthopedic clinic who all received doses of pain medication from single-dose vials that were shared among multiple patients. In both investigations, clinicians reported difficulty obtaining the medication type or vial size that best fit their procedural needs. To access the article, go to: www.cdc.gov/mmwr/PDF/wk/mm6127.pdf

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

MMWR

MMWR publications are prepared by the CDC

August 3, 2012 / Vol. 61 / No. 30 [Download .pdf document of this issue](#)

- [Consumption of Cigarettes and Combustible Tobacco — United States, 2000–2011](#)
- [Public Health Interventions Involving Travelers with Tuberculosis — U.S. Ports of Entry, 2007–2012](#)
- [Infant Lead Poisoning Associated with Use of Tiro, an Eye Cosmetic from Nigeria — Boston, Massachusetts, 2011](#)

August 10, 2012 / Vol. 61 / No. 31 / [Download .pdf document of this issue](#)

- [Current Tobacco Use Among Middle and High School Students — United States, 2011](#)
- [Interim Guidance for Clinicians Considering the Use of Preexposure Prophylaxis for the Prevention of HIV Infection in Heterosexually Active Adults](#)
- [Update to CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2010*: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections](#)

August 10, 2012 / Vol. 61 / Early Release

- [Evaluation of Rapid Influenza Diagnostic Tests for Influenza A \(H3N2\)v Virus and Updated Case Count —](#)

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

Share your thoughts about the listserv

Thank you for your feedback! Please share your thoughts about the recent updates to the listserv, click [here](#).

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

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

You are subscribed to an email service brought to you by THE VIRGINIA DEPARTMENT OF HEALTH

To modify your preferences or to unsubscribe, [click here](#)

To ensure delivery of our emails, add: SWAN@VDH.Virginia.gov to your address book.

If you need assistance, please contact the Clinical Liaison, Kimberly Lloyd Kimberly.Lloyd@vdh.virginia.gov.

Follow us on our Social Media sites: [Facebook](#) [Twitter](#)