



District Contacts

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After hours emergency
contact

(540) 585-3339

This number is monitored
after hours; please leave a
message and your call will
be returned! Report:

- Animal bites,
- Reportable diseases within 24 hours of diagnosis and
- Exposure to chemical, biological or radiological events.

Dear Clinicians,

Last week, CDC published an article on state and regional prevalence of diagnosed multiple chronic conditions (MCC) among U.S. adults over 18 years of age.

The prevalence of MCC has not changed from one in four noted in 2012 to 2014. Virginia currently ranks 14th. Those states with higher observed MDD prevalence overlap, geographically, with states included in "the stroke belt," where higher mortality rates from stroke exists, and those states that make up "the diabetes belt." Virginia is included in the "stroke belt" and the "diabetes belt."

[State and Regional Prevalence of Diagnosed Multiple Chronic Conditions Among Adults Aged ≥18 Years — United States, 2014](#)

Like it or not, Virginia is a state where geographic health disparities exist. Continued surveillance and targeted service delivery could impact these outcomes but our day to day practice should be informed by this data as well. Patient by patient we need to devise a way to identify social determinants which are influencing the health of our patients and their families. Once identified, we must collectively envision a means by which community resources are leveraged locally as we continue to advocate for health in all decisions.

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[Arboviral Diseases](#)

As expected, the testing algorithm for Zika, Dengue and Chikungunya has changed again. The new recommendations are attached and the health department facilitates any requests for testing. At the point of testing we begin mosquito prevention education and offer mosquito breeding site assessment and surveillance. For perspective, the provisional numbers of cases for selected reportable arboviral conditions is listed below, as of 8/2/16, based on reporting into the Virginia Epidemiologic Disease Surveillance System:

Number of Reported Cases of Selected Conditions, by Region (Southwest vs. other Regions)

Virginia 2015-2016

	2015		2016*	
	Southwest	Other Regions	Southwest	Other Regions
Condition**	N (%)	N (%)	N (%)	N (%)
Chikungunya	0 (0.0)	24 (100.0)	1	5
Dengue	1 (4.1)	23 (95.9)	0 (0.0)	6 (100.0)
Malaria	1 (1.5)	65 (98.5)	0 (0.0)	27 (100.0)
Zika virus disease**	1 (25.0)	3 (75.0)	6 (11.7)	45 (88.3)

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[Chronic Disease Self-Management Workshops](#)

Thanks to the collaboration between the New River Agency on Aging and the New River Health District, we will continue to offer these evidenced based workshops for persons who want to better manage their chronic conditions. For referrals, contact Ruth Wolford at ruth.wolford@vdh.virginia.gov

[Communicable Diseases](#)

Attached is the updated list of communicable diseases by locality. We are definitely seeing an uptick in enterics although there are no epi-linked cases. The Hepatitis C case counts are up to date. It never hurts to remind people how diseases are spread!!!

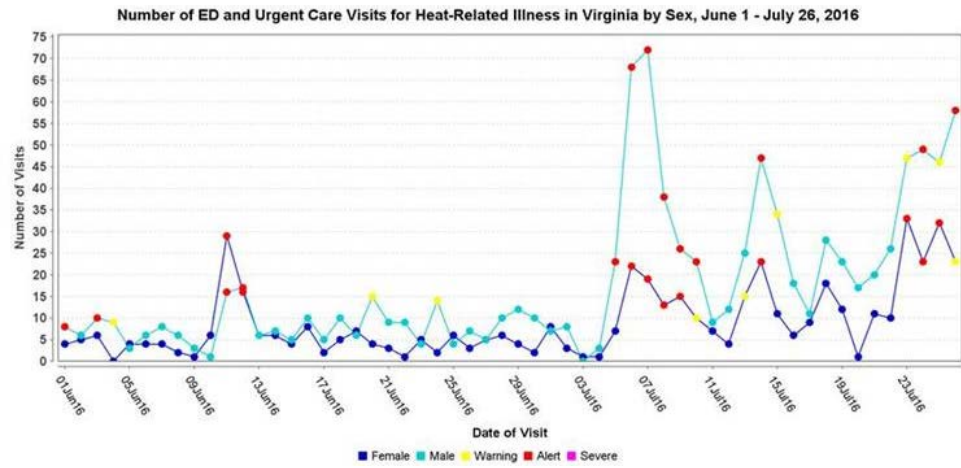
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Rabies

Rabies data in 2016: 9 animals, from four species, tested positive for rabies involving 319 case investigations for human exposure. 31 persons have received rabies post-exposure prophylaxis.

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Heat Related Illness in July



For more information on heat related illness, provided through ESSENCE, by our VDH enhanced surveillance team, go to:

<http://www.vdh.virginia.gov/news/public-relations-contacts/severe-weather-preparedness/extreme-heat-and-heat-related-illnesses/>

Stay cool!

Sincerely,

Molly O'Dell, MD, MFA
Medical Director

To subscribe, please [email](#) us

Chikungunya, Dengue and Zika Virus Testing

All testing for Chikungunya, Dengue and/or Zika virus infections must be approved by the Virginia Department of Health (VDH) before testing can be performed at DCLS or CDC. Please contact your local Health Department for consultation.

*Serum specimens submitted for Zika virus testing should be collected in a SERUM SEPARATOR (tiger top or gold top) TUBE and should be centrifuged prior to shipment to DCLS. Specimens submitted in red-top tubes or specimens not centrifuged will be individually evaluated by DCLS in consultation with VDH in order to determine if testing will be performed.

I. CURRENT DCLS LABORATORY TESTING (See Page 2 for current testing algorithm)

- Zika, Chikungunya and Dengue virus RT-PCR (Serum and urine ONLY)
- Zika and Chikungunya IgM ELISA (Serum ONLY)

II. SPECIMENS

Specimen Type/Volume	Container	Comments
2 ml Sera (only)	Serum separator tube	<ul style="list-style-type: none">• Red-top blood tubes should not be used.• Centrifuged prior to submission (recommended).
5-10 ml Urine	Sterile urine cup	<ul style="list-style-type: none">• Must be paired with a matched serum specimen.

- CDC performs fetal tissue testing; Prior approval required BEFORE submitting specimens. Contact VDH for assistance with approval process. See CDC link for most current fetal tissue testing criteria: <http://www.cdc.gov/zika/laboratories/test-specimens-tissues.html>.
- **Fixed tissues (formalin-fixed or paraffin embedded) ONLY are accepted, and should be stored and shipped at room temperature.**

III. SPECIMEN TRANSPORT

- **Submission Form:** Include a completed **VDH Zika Virus Testing Approval Form** and **DCLS Micro/Viro Test Request Form** for each patient to be tested. The forms **MUST** contain the following information for testing at DCLS and CDC:
 - 1) symptom onset date
 - 2) complete submitter information
 - 3) travel history with dates
 - 4) brief clinical summary, including suspected diagnosis
 - 5) date of specimen collection
 - 6) current patient address
 - 7) vaccination history (e.g. yellow fever)
- **Shipping Instructions:** Store and ship all specimens refrigerated, not frozen to DCLS using the DCLS courier, US Postal Service, or commercial carrier. (1) Wrap specimen in absorbent material; (2) pack in a sealable, leak-proof plastic bag; (3) place the bag in a rigid secondary shipping container and (4) place the secondary container and cold packs (**DO NOT use ice**) in a plastic or Styrofoam cooler. Ship to:

Division of Consolidated Laboratory Services
Attn: DCLS Zika Response
600 North 5th Street
Richmond, Virginia 23219

IV. RESULTS REPORTING

- **DCLS Results:** Reports are sent to the specimen submitter listed on the DCLS Test Request form, and to VDH's Division of Surveillance and Investigation (DSI). A final report will be sent once all testing is complete.
- **CDC Results:** All CDC results are verbally reported and sent to the submitter listed on the DCLS Test Request form upon receipt, and copies of reports are provided to VDH's Division of Surveillance and Investigation (DSI).

V. CONTACT INFORMATION

- **For questions regarding testing, specimen collection or shipment, please contact one of the following:**
 - DCLS 24/7 Emergency Mobile Number (804-335-4617)
 - Dr. LaToya Griffin-Thomas (804-648-4480, ext. 281)
 - Sean Kelly (804-648-4480, ext. 227)
 - Dr. Heather Masri (804-648-4480, ext. 269)

Updated information on Zika virus testing can be found on the DCLS website, under the "Hot Topics" link:
<http://www.dgs.state.va.us/DivisionofConsolidatedLaboratoryServices/HotTopics/tabid/1531/Default.aspx>

Commonwealth of Virginia
 Department of General Services
 Division of Consolidated Laboratory Services
 Richmond, Virginia

Chikungunya, Dengue and Zika Virus Testing

Days between Onset & Specimen Collection OR Last Exposure	Initial Testing	Initial Testing Specimens	Reflex Testing?	Reflex Test	Reflex Testing Specimens	PRNT Confirmation?*
Symptomatic PREGNANT WOMEN						
< 14 days	Trioplex RT-PCR	serum & urine	YES - if both specimens are RT-PCR negative	Zika & Dengue IgM ELISA	serum	YES - if IgM positive or equivocal
2 - 12 weeks	Zika & Dengue IgM ELISA*	serum	YES - if Zika IgM positive or equivocal	Trioplex RT-PCR	serum & urine	YES - if both specimens RT-PCR negative
			NO - if Zika IgM negative	n/a	n/a	n/a
Asymptomatic PREGNANT WOMEN						
< 14 days	Trioplex RT-PCR	serum & urine	NO - collect convalescent (2 -12 weeks) specimen for Zika IgM testing	n/a	n/a	n/a
2 - 12 weeks	Zika IgM ELISA	serum	YES - if Zika IgM positive or equivocal	Trioplex RT-PCR	serum & urine	YES - if both specimens RT-PCR negative
			NO - if Zika IgM negative	n/a	n/a	n/a
Symptomatic Patients (NON-PREGNANT)						
< 14 days	Trioplex RT-PCR	serum & urine	YES - if both specimens are RT-PCR negative	Zika & Dengue IgM ELISA	serum	YES - if IgM positive or equivocal
≥ 14 days	Zika IgM ELISA	serum	n/a	n/a	n/a	YES - if IgM positive or equivocal
	Dengue & Chikungunya IgM ELISA		n/a	n/a	n/a	YES - if IgM positive or equivocal
Patients Diagnosed with Guillain-Barre Syndrome						
< 14 days of diagnosis	Trioplex RT-PCR	serum & urine	YES - if RT-PCR negative	Zika IgM ELISA	serum	YES - if IgM positive or equivocal
≥ 14 days	Zika IgM ELISA	serum	n/a	n/a	n/a	YES - if IgM positive or equivocal
Infants						
< 14 days from birth	Trioplex & Zika IgM ELISA	serum & urine	n/a	n/a	n/a	YES - if IgM positive or equivocal
≥ 14 days from birth	Zika IgM ELISA	serum	YES - if Zika IgM positive or equivocal	Trioplex RT-PCR	serum (urine optional)	YES - if RT-PCR negative only

Testing algorithm based on most current CDC guidance and recommendations. *Dengue IgM ELISA and PRNT confirmation are performed at the CDC currently.

Pneumoconiosis, coal workers	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis	7	2	1	2	1	2	2	3	3	5	4	0	32
Shigellosis	0	0	0	0	0	0	0	0	0	0	0	0	0
Spotted Fever Rickettsiosis (including RMSF)	0	0	0	0	0	1	0	1	0	0	3	0	5
Staph aureus, methicillin resistant (MRSA)	0	0	1	2	1	0	2	2	2	3	6	2	21
Streptococcus pneumoniae, invasive (age lt 5)	0	0	0	0	0	2	0	0	0	0	0	0	2
Streptococcus, Group A, invasive	0	0	0	0	1	0	0	0	0	1	0	0	2
Toxic-shock syndrome, staphylococcal	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever (Salmonella typhi)	0	0	0	0	0	0	0	0	0	0	0	0	0
Unusual occurrence of public health concern - TOX	0	0	1	0	3	0	0	0	1	0	0	0	5
Varicella (Chickenpox)	3	1	5	1	1	1	0	0	0	1	0	0	13
Vibriosis, non-cholera	0	0	0	0	0	0	0	0	0	0	0	0	0
West Nile infection, non-neuroinvasive	0	0	0	0	0	0	0	0	0	0	0	0	0
Yersiniosis	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	19	8	25	14	29	31	88	56	87	91	80	40	568

Pneumoconiosis, coal workers	0	0	1	0	0	0	0	0	0	0	0	0	1
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis	2	1	5	2	2	1	3	1	4	3	1	0	25
Shigellosis	0	0	0	0	0	0	0	0	0	0	0	0	0
Spotted Fever Rickettsiosis (including RMSF)	0	0	0	0	0	0	0	0	1	0	2	0	3
Staph aureus, methicillin resistant (MRSA)	0	0	0	2	1	3	2	9	7	10	5	3	42
Streptococcus pneumoniae, invasive (age lt 5)	0	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus, Group A, invasive	0	1	2	0	0	0	0	0	2	0	0	0	5
Toxic-shock syndrome, staphylococcal	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever (Salmonella typhi)	0	0	0	0	0	0	0	0	0	0	0	0	0
Unusual occurrence of public health concern - TOX	0	0	0	0	0	0	0	0	0	0	2	0	2
Varicella (Chickenpox)	0	6	1	2	1	0	0	1	0	0	0	1	12
Vibriosis, non-cholera	0	0	0	0	0	0	0	1	0	0	0	0	1
West Nile infection, non-neuroinvasive	0	0	0	0	0	0	0	0	0	0	0	0	0
Yersiniosis	0	0	0	0	0	0	0	0	2	0	0	0	2
TOTAL	4	12	19	9	11	18	17	64	56	70	61	49	390

Pneumoconiosis, coal workers	0	0	0	0	0	0	1	0	1	0	0	0	2
Rubella	0	0	0	0	0	1	0	0	0	0	0	0	1
Salmonellosis	11	6	11	15	12	17	7	11	8	6	6	14	124
Shigellosis	0	0	1	0	1	1	0	0	0	0	0	1	4
Spotted Fever Rickettsiosis (including RMSF)	1	0	0	0	0	1	0	1	1	1	1	1	7
Staph aureus, methicillin resistant (MRSA)	0	0	1	6	17	6	9	12	18	14	10	4	97
Streptococcus pneumoniae, invasive (age lt 5)	0	1	0	0	1	0	0	1	1	0	0	0	4
Streptococcus, Group A, invasive	0	1	0	1	1	3	1	0	0	1	2	3	13
Toxic-shock syndrome, staphylococcal	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	3	1	2	1	1	0	0	8
Typhoid fever (Salmonella typhi)	0	0	0	0	1	0	0	0	0	0	0	0	1
Unusual occurrence of public health concern - TOX	0	0	0	0	0	0	0	0	3	3	4	0	10
Varicella (Chickenpox)	5	36	11	13	5	2	2	14	0	3	7	2	100
Vibriosis, non-cholera	0	0	0	0	0	0	0	1	0	0	0	0	1
West Nile infection, non-neuroinvasive	0	0	0	0	0	0	0	0	0	0	1	0	1
Yersiniosis	0	0	0	0	0	0	0	0	0	0	1	0	1
TOTAL	47	67	77	95	91	119	94	175	172	202	232	136	1507

Pneumoconiosis, coal workers	0	1	1	0	0	0	0	1	1	0	0	0	4
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis	3	2	7	4	6	2	6	8	2	4	3	1	48
Shigellosis	0	0	0	0	0	0	0	1	0	0	0	0	1
Spotted Fever Rickettsiosis (including RMSF)	0	0	0	0	0	2	1	1	0	0	3	0	7
Staph aureus, methicillin resistant (MRSA)	0	0	1	7	5	6	4	15	13	12	15	5	83
Streptococcus pneumoniae, invasive (age lt 5)	0	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus, Group A, invasive	1	1	2	1	2	1	1	0	0	2	0	1	12
Toxic-shock syndrome, staphylococcal	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	2	3	0	0	0	0	5
Typhoid fever (Salmonella typhi)	0	0	0	0	0	0	0	0	0	0	0	0	0
Unusual occurrence of public health concern - TOX	0	0	0	0	0	0	0	1	0	1	2	0	4
Varicella (Chickenpox)	1	2	2	0	3	0	0	0	0	0	1	0	9
Vibriosis, non-cholera	0	0	0	0	0	0	0	0	0	0	0	0	0
West Nile infection, non-neuroinvasive	0	0	0	0	0	0	0	0	0	0	0	0	0
Yersiniosis	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	12	16	37	40	41	73	62	145	128	154	207	103	1018

Pneumoconiosis, coal workers	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis	4	0	3	1	0	1	6	2	4	7	1	2	31
Shigellosis	0	0	1	0	1	0	0	0	0	0	0	0	2
Spotted Fever Rickettsiosis (including RMSF)	0	1	0	0	0	0	0	0	0	0	0	1	2
Staph aureus, methicillin resistant (MRSA)	0	0	0	1	1	1	1	5	8	3	6	0	26
Streptococcus pneumoniae, invasive (age lt 5)	0	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus, Group A, invasive	0	1	1	0	0	0	0	3	1	1	1	0	8
Toxic-shock syndrome, staphylococcal	0	0	0	0	0	1	0	0	0	0	0	0	1
Tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever (Salmonella typhi)	0	0	0	0	0	0	0	0	0	0	0	0	0
Unusual occurrence of public health concern - TOX	0	0	0	0	0	0	0	0	0	2	1	0	3
Varicella (Chickenpox)	0	0	1	0	0	1	1	1	0	1	0	0	5
Vibriosis, non-cholera	0	0	0	0	0	1	0	0	0	0	0	0	1
West Nile infection, non-neuroinvasive	0	0	0	0	0	0	0	0	0	0	0	0	0
Yersiniosis	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	9	7	9	8	13	30	23	49	39	39	39	22	287