

Oneida County Health Department

PUBLIC HEALTH UPDATE

November/December 2016

November Surveillance

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NATIONAL INFLUENZA VACCINATION WEEK

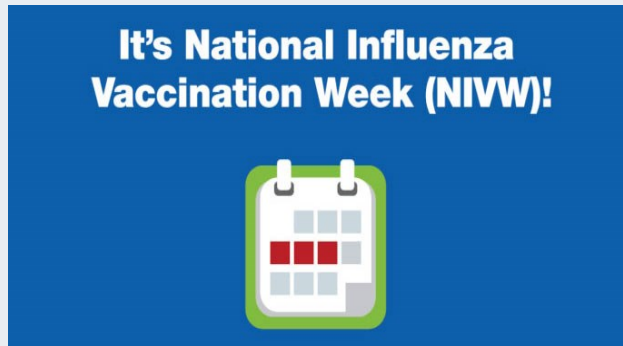
12/4/16-12/10/16

An annual flu vaccine is the best way to protect against this potentially serious disease.

Flu vaccination can reduce flu illnesses, doctor visits, pneumonia, need for antibiotics, missed work and school due to flu, as well as prevent flu-related hospitalizations. Getting vaccinated protects people who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.

A person's immune protection from vaccine declines over time so annual flu vaccination is needed for the best protection against the flu. It takes about two weeks after vaccination for antibodies to develop in the body.

While seasonal flu outbreaks can happen as early as October, flu activity is usually highest between December and February, though activity can last as late as May. As long as flu activity is ongoing, it's not too late to get vaccinated, even in January or later.



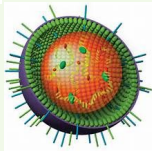
During the week ending **December 3, 2016** NY State, influenza activity level was categorized as **geographically sporadic**. There have been no pediatric deaths reported this season. Reports of patient visits for ILI from ILINet providers is below the regional baseline. Vaccine composition (2016-2017) : A/California/7/2009 (H1N1)pdm09-like; A/Hong Kong/4801/2014 (H3N2)-like ; B/Brisbane/60/2008-like (B/Victoria lineage) ; Quadrivalent vaccine will add B/Phuket/3073/2013.

Live attenuated influenza vaccine (LAIV) - or the nasal spray vaccine - is not recommended for use during the 2016-2017 season because of concerns about its effectiveness.

Visit CDC's [Frequently Asked Flu Questions 2016-2017 Flu Season](#) to find out what's new for the 2016-2017 influenza season.

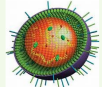


MUMPS OUTBREAKS at NYS COLLEGES AND UNIVERSITIES

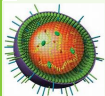


NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF HEALTH PROBLEM ALERT

Multiple local health departments (LHDs), with assistance from the New York State Department of Health (NYSDOH), have been investigating over 50 reports of parotitis on college and university campuses in NYS. There have been 14 confirmed, 19 probable and 20 suspect cases of mumps that have been investigated. These individuals either attend/work at universities, or have had regular contact with college students. Some of the early identified cases have been related to the Long Beach outbreak in Nassau County. A few cases on college campuses have not been able to identify ill contacts or travel to areas with increased mumps activity. Sporadic community cases, not associated with college campuses have been identified in several counties throughout NYS as well. The largest outbreak has been centered on the SUNY New Paltz campus with 9 confirmed and 15 probable cases. Many were epi-linked to the swim teams. All of the cases have either evidence of two mumps-containing vaccines or report an unknown/unverified history of mumps immunization. Transmission is attributed to prolonged, close contact including sports team participation, living congregately in close quarters and participating in activities that promote exposure to respiratory secretions/saliva such as kissing or sharing personal items such as cups (e.g. beer pong), water bottles, lip gloss, vape pens, etc.



Action : 1. The NYSDOH and LHDs are working closely with the universities and community healthcare providers to identify susceptible individuals and make recommendations for immunization, follow-up and enhanced surveillance. 2. Case investigations are underway on all suspect, probable and confirmed cases. 3. Multiple email and print communications have been disseminated to campus communities. 4. Universities with outbreaks are excluding susceptible students with exemptions. 5. LHDs are messaging local healthcare providers. 6. Posters have been shared and posted on campuses. 7. Enhanced messaging has been promoted to inform students that mumps is a serious illness and complications can arise, that mumps vaccine is the best protection but 2 doses may not be 100% protective, asymptomatic cases can transmit disease, and behavior change is essential to prevent illness.



Recommendations: 1. Mumps outbreaks are occurring on college campuses across the US, and all healthcare providers should be on the lookout for mumps among students returning from college. 2. If mumps is being considered in the diagnosis, report this to the local health department, immediately. 3. LHDs will ensure that suspect cases of mumps have appropriate specimens taken and that specimens are forwarded to Wadsworth Laboratory. 4. Proper identification, timely reporting, up-to-date immunization, and accurate diagnosis are key to controlling mumps outbreaks .

Zika Update

As of 12/7/16, Oneida County has registered 42 individuals for Zika testing (last registration occurred on 11/23/16). Four test results were positive, two are pending, and 36 are negative.

VACCINE UPDATES & REMINDERS

UPDATES

NEW DOSING SCHEDULE FOR HPV VACCINE

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)- 10/19/16

- For boys and girls initiating HPV vaccination before the 15th birthday, **only two doses of HPV vaccine are needed**, with the second dose administered 6-12 months after the first dose (0, 6 -12 month schedule). However, the minimum interval between dose 1 and 2 is five months.
- For persons initiating vaccination on or after the 15th birthday, 3 doses of HPV vaccine are still recommended (0, 1-2, 6 month schedule).
- HPV vaccine is recommended for routine vaccination at 11 or 12 years, but can be given as young as 9 years. ACIP recommends catch up HPV vaccination for females through age 26 years and males through age 21 years who were not adequately vaccinated. Males age 22-26 years may be vaccinated. ACIP recommends vaccination through age 26 years for gay, bisexual and other men who have sex with men (MSM) and transgender persons who were not adequately vaccinated previously.
- If HPV vaccine series is interrupted, it does not need to be restarted. It should be completed as soon as possible according to the guidelines.

REMINDERS

VACCINE REQUIREMENTS

Measles, Mumps, Rubella (MMR)

- All persons who work in health care facilities are required to be immune to measles and rubella according to New York State (NYS) regulations. It is also recommended that healthcare providers be immune to mumps.
- Receipt of 2 documented doses of MMR vaccine, given on or after the first birthday and separated by at least 28 days is proof of immunity to measles, mumps, and rubella.
- No serologic testing is required or recommended to confirm immunity. The NYSDOH, NYCDOHMH and CDC strongly discourage serologic testing when the complete measles, mumps and rubella vaccine history is available.
- Documented age-appropriate vaccination supersedes the results of subsequent serologic testing.
- If a person who has 2 documented doses of measles- or mumps-containing vaccines is tested serologically and is determined to have negative or equivocal measles or mumps titer results, it is not recommended that the person receive an additional dose of MMR vaccine. Such persons should be considered to have presumptive evidence of immunity.



Stay up-to-date on CDC flu surveillance
www.cdc.gov/flu/weekly/summary.htm

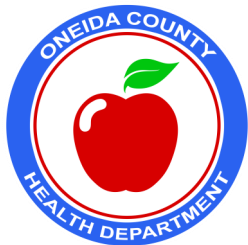


Oneida County Communicable Disease Surveillance - November 2016

DISEASE	Sept 2016	Oct 2016	Nov 2016	YTD 2016 as of 11/30	YTD 2015 as of 11/30	DISEASE	Sept 2016	Oct 2016	Nov 2016	YTD 2016 as of 11/30	YTD 2015 as of 11/30
Tuberculosis	0	1	0	9	4	Influenza A	0	1	3	150	138
Giardia	10	2	5	35	24	Influenza B	0	0	2	189	397
Rabies Exposure	6	5	0	52	57	Pertussis	0	1	0	13	9
Salmonella	4	2	3	29	29	Cryptosporidiosis	5	0	1	17	8
Campylobacter	3	5	0	27	13	Syphilis	1	1	3	15	13
Hepatitis C	6	0	9	104	222	Gonorrhea	8	7	16	87	105
Hepatitis C (acute)	1	0	0	5	5	Chlamydia	48	28	49	611	699



ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE



CLINICAL SERVICES

406 Elizabeth Street
Utica, New York 13501

Phone: 315-798-5747

Fax: 315-798-1057

E-mail: spejic@ocgov.net
rburges@ocgov.net

Clinic Hours: 8:30-4pm
Monday through Friday



All previous Public Health Updates are posted at <http://www.ocgov.net>
Go to "Health Department" then click on "For Providers"

Etc., Etc.

CHANGES IN PERINATAL SERVICE REGULATIONS

NEW – Revised regulations were updated to be consistent with evidence-based practices recommended in the Ten Steps to Successful Breastfeeding and the International Code of Marketing Breast-milk Substitutes, and the breastfeeding policy recommendations of major professional health care organizations and government entities. This regulation will go into effect on 1/16/17.

Please see attached for the complete regulation.

Test Your Knowledge About Antibiotics



Short Quiz on the Knowledge of Antibiotic Resistance

<http://www.cdc.gov/getsmart/>

Breastfeeding Help

Women can meet with a Certified Lactation Counselor (CLC) to discuss any breastfeeding concerns or problems, before or after delivery. The baby's weight will be checked and a plan of care will be developed in conjunction with the baby's primary care physician. Visits are by appointment only, but patients are generally seen within 24 hours.

Please call: 315-798-5747, to schedule an appointment. Patients are seen at the Oneida County Health Department, 406 Elizabeth Street, Utica

No direct cost to patient—Insurance will be billed when possible.

STD/HIV Oneida County Health Department Clinic changes:

The Oneida County Health Department STD/HIV Clinics are now by appointment only! The clinic schedule days are Wednesday from 1-3 pm and Fridays from 9—11:30 am .



For more information or to schedule an appointment, Call the **Oneida County Health Department for an Appointment at 798-5747.**



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Date: November 29, 2016

To: Healthcare Providers and Local Health Departments

From: New York State Department of Health (NYSDOH), Bureau of Immunization

INFORMATIONAL MESSAGE:

REVISED HUMAN PAPILLOMAVIRUS (HPV) VACCINE SCHEDULE

Please distribute to Medical Director, Director of Nursing, Family Medicine, Pediatrics, Obstetrics and all primary care providers.

On October 19th, 2016, the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices (ACIP) voted to recommend a new dosing schedule for HPV vaccine. The vaccine schedule will differ based on the age at administration of the first dose and the presence of underlying immunocompromising conditions:

- For boys and girls initiating vaccination before the 15th birthday, only 2 doses of HPV vaccine are needed, with the second dose administered 6 – 12 months after the first dose (0, 6 – 12 month schedule). However, the minimum interval between dose 1 and dose 2 is 5 months.
 - Persons who initiated the HPV vaccine series before the 15th birthday are considered adequately vaccinated if they received 2 doses a minimum of 5 months apart.
 - If the second dose was received less than 5 months following the first dose, then the series should be completed with a third dose a minimum of 3 months after the second dose and a minimum of 5 months after the first dose.
 - The second dose of the 2-dose schedule, or a third dose, if required, may be given after the 15th birthday.
- For persons initiating vaccination on or after the 15th birthday, 3 doses of HPV vaccine are still recommended (0, 1-2, 6 month schedule).
 - Minimum intervals for the three-dose series are 1 month between the first and second dose, 3 months between the second and third dose, and 5 months between the first and third dose.
 - Persons aged 9 through 26 years with primary or secondary immunocompromising conditions that might reduce cell-mediated or humoral immunity (e.g., HIV infection, cancer, autoimmune disease or treatment with immunosuppressing medications) should still follow the three-dose schedule since immune response to vaccination may be attenuated in this population.
- If the HPV vaccine series is interrupted, it does not need to be restarted. It should be completed as soon as possible according to the guidelines above.
- The new recommendations were based on immunogenicity data and efficacy trials that demonstrated a similar or improved immune response to the two-dose series in

adolescents 9 through 14 years when compared with three doses started at age 16 years or later.

- HPV vaccine is recommended for routine vaccination at age 11 or 12 years, but can be given as young as age 9 years. ACIP recommends catch-up HPV vaccination for females through age 26 years and males through age 21 years who were not adequately vaccinated previously. Males aged 22 through 26 years may be vaccinated. ACIP recommends vaccination through age 26 years for gay, bisexual, and other men who have sex with men (MSM) and transgender persons who were not adequately vaccinated previously.

The ACIP recommendations will become CDC guidelines when they are published in the Morbidity and Mortality Weekly Report (MMWR). However, the CDC and the NYSDOH encourage clinicians to begin implementing the 2-dose schedule in their practice now to protect their preteen patients. Routine vaccination of preteens is efficacious, reduces the number of doses required, and provides protection before exposure to HPV is likely.

In addition to the new HPV vaccine recommendations, the ACIP voted in the October meeting on recommendations for the hepatitis B birth dose, serogroup B meningococcal vaccine schedule, and on the 2017 Child/Adolescent and Adult Immunization schedules. More detailed guidance will be issued for these recommendations once they are published later this year.

Additional information

- CDC media release for the new HPV vaccine recommendation is available online at <https://www.cdc.gov/media/releases/2016/p1020-hpv-shots.html>.
- Vaccines for Children Program (VFC) resolution for the new dosing schedule for HPV vaccine is available online at <https://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/2016-10-2-hpv.pdf>
- Brief summary of ACIP votes for the October meeting is available online at <http://www.cdc.gov/vaccines/acip/index.html>.
- CDC Current Issues in Immunization Netconference, updated HPV vaccine recommendations available online at <http://www.cdc.gov/vaccines/ed/ciinc/2016-10-26.html>
- ACIP meeting information is available online at <http://www.cdc.gov/vaccines/acip/meetings/meetings-info.html>. Meeting slides are typically posted on the website within 1 month of the meeting, and meeting minutes are posted within 90 days of the meeting.
- Questions and Answers about HPV and HPV Vaccine, NYSDOH online at http://www.health.ny.gov/prevention/immunization/providers/hpv_q_and_a.htm.
- For additional questions or comments, please contact the NYSDOH Bureau of Immunization at 518-473-4437 or email immunize@health.ny.gov.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

November 10, 2016

Dear Colleague:

The purpose of this letter is to inform you of recently-adopted changes to the perinatal services regulations that go into effect on January 16, 2017. The revised regulations were updated to be consistent with evidence-based practices recommended in the Ten Steps to Successful Breastfeeding and the International Code of Marketing Breast-milk Substitutes, and the breastfeeding policy recommendations of major professional health care organizations and government entities. These changes will advance the goals of Healthy People 2020 and the New York State (NYS) Prevention Agenda to increase exclusive breastfeeding through infants' first six months, and to reduce health disparities.

Section 405.21 of Title 10 of the New York Codes, Rules and Regulations (NYCRR) has been amended to conform with the recommended standards of care. This section applies to all general hospitals with maternity and newborn services, as well as hospital-affiliated clinics and practices providing pregnancy-related care for women who are pregnant at any stage, parturient or within six weeks from delivery, and for infants 28 days of age or less or, regardless of age, who are less than 2,500 grams (5 ½ pounds).

The major changes include:

- Requiring breastfeeding policies and procedures be developed, updated, implemented and disseminated annually to staff providing maternity and newborn care.
- Educating women undecided as to the feeding method for their infants, on the advantages of breastfeeding and possible impacts of not breastfeeding.
- Placing the newborn skin-to-skin with the mother immediately after birth.
- Discontinuing routine use of pacifiers or artificial nipples to healthy, full-term breastfeeding infants. If requested, educating the mother on the possible impacts of pacifiers to the success of breastfeeding, discussing alternative methods for soothing infants, and documenting such education.
- Restricting the marketing of breast milk substitutes through the provision of samples or gift packs that include breast milk substitutes, bottles, nipples, or pacifiers, or coupons, or use of educational materials which refer to proprietary product(s) or bear the product logo(s).
- Informing the mother of community services, including the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and making referrals to such community services as appropriate.

The press release and the posting of the regulations in the NYS Register became publicly available on October 19, 2016. As noted above, the regulation changes are effective January 16, 2017. See the attachment for specific details.

In support of these regulatory changes, the NYS Model Hospital Breastfeeding Policy and Implementation Guide were revised, and the 2016 edition has been posted on the New York State Department of Health's website at:
<http://www.health.ny.gov/community/pregnancy/breastfeeding/providers/>.

If you have any questions, please e-mail: promotebreastfeeding@health.ny.gov.

Sincerely,

A handwritten signature in black ink that reads "Howard Zucker M.D." in a cursive style.

Howard A. Zucker, M.D., J.D.
Commissioner of Health

Attachment

Perinatal Service Regulations
Effective January 16, 2017

Pursuant to the authority vested in the Commissioner of Health by section 2505-A of the Public Health Law, section 405.21 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York is amended, to be effective 90 days after publication of Notice of Adoption in the New York State Register, to read as follows:

Subdivision (f) (3) Section 405.21 is amended to read as follows:

(f) (3) Education and orientation of the mother who is planning to raise the baby.

(i) The hospital shall provide instruction and assistance to each maternity patient who has chosen to breastfeed and shall provide information on the advantages [and disadvantages] of breastfeeding and possible impacts of not breastfeeding to women who are undecided as to the feeding method for their infants. At a minimum:

(a) the hospital shall designate at least one person who is thoroughly trained in breastfeeding physiology and management to be responsible for ensuring the implementation of an effective breastfeeding program. At all times, there should be available at least one staff member qualified to assist and encourage mothers with breastfeeding;

(b) written policies and procedures shall be developed, updated, implemented, and disseminated annually to staff providing maternity or newborn care to assist and encourage the mother to breastfeed which shall include, but not be limited to:

(1) prohibition of the application of standing orders for anti-lactation drugs;

(2) placement of the newborn skin-to-skin for breastfeeding immediately following delivery, unless contraindicated;

(3) restriction of the newborn's supplemental feedings to those indicated by the medical condition of the newborn or of the mother;

(4) provision for the newborn to be fed on demand;

(5) pacifiers or artificial nipples may be supplied by the hospital to breastfeeding infants to decrease pain during procedures, for specific medical reasons, or upon the specific request of the mother. Before providing a pacifier or artificial nipple that has been requested by the mother, the hospital shall educate the mother on the possible impacts to the success of breastfeeding and discuss alternative methods for soothing her infant, and document such education;

[provision for distribution of discharge packs of infant formula only upon a specific order by the attending practitioner or at the request of the mother;]

(6) prohibition of the distribution of marketing materials, samples or gift packs that include breast milk substitutes, bottles, nipples, pacifiers, or coupons for any such items to pregnant women, mothers or their families;

(7) prohibition of the use of educational materials that refer to proprietary product(s) or bear product logo(s), unless specific to the mother's or infant's needs or condition; and

(8) prohibition of the distribution of any materials that contain messages that promote or advertise infant food or drinks other than breast milk.

(c) the hospital shall provide an education program as soon after admission as possible which shall include but not be limited to:

(1) the importance of scheduling follow-up care with a pediatric care provider within the timeframe following discharge as directed by the discharging pediatric care provider;

(2) the nutritional and physiological aspects of human milk;

(3) the normal process for establishing lactation, including care of the breasts, common problems associated with breastfeeding and frequency of feeding;

(4) the potential impact of early use of pacifiers on the establishment of breastfeeding;

[(4)] (5) dietary requirements for breastfeeding;

[(5)] (6) diseases and medication or other substances which may have an effect on breastfeeding;

[(6)] (7) sanitary procedures to follow in collecting and storing human milk;

[(7)] (8) sources for advice and information available to the mother following discharge; and

(d) for mothers who have chosen formula feeding or for whom breastfeeding is medically contraindicated, hospitals shall provide individual training in formula preparation and feeding techniques.

Subdivision (f) (5) of Section 405.21 is amended to read as follows:

(f) (5) Discharge planning. The discharge of mother and newborn shall be performed in accordance with section 405.9 of this Part. In addition, prior to discharge, the hospital shall determine that:

(i) sources of nutrition for the infant and mother will be available and sufficient and if this is not confirmed, the attending practitioner and an appropriate social services agency shall be notified;

(ii) follow-up medical arrangements [for mother and infant], consistent with current perinatal guidelines and recommendations, have been made for mother and newborn;

(iii) the mother has been informed of community services, including the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and shall make referrals to such community services as appropriate.

[(iii)] (iv) the mother has been instructed regarding normal postpartum events, care of breasts and perineum, care of the urinary bladder, amounts of activity allowed, diet, exercise, emotional response, family planning, resumption of coitus and signs of common complications;

[(iv)] (v) the mother has been advised on what to do if any complication or emergency arises;

[(v)] (vi) the newborn has had a documented and complete physical examination and verification of a passage of stool and urine;

[(vi)] (vii) the means of identification of mother and newborn are matched. If the newborn is discharged in the care of someone other than the mother, the hospital shall ensure that the person or persons are entitled to the custody of the newborn; and

[(vii)] (viii) the newborn is stable; sucking and swallowing abilities are normal. Routine medical evaluation of the neonate's status at two to three days of age shall have been conducted or arranged[as well as newborn]. Newborn screening shall be conducted at time of discharge, provided discharge is greater than 24 hours after the birth, or between the third and fifth day of life, whichever occurs first, in accordance with Part 69 of this Title.