

Oneida County Health Department

PUBLIC HEALTH UPDATE

May/June 2016

May Surveillance

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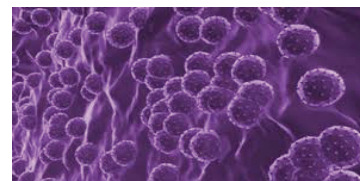
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Hepatitis C Now Leading Infectious Disease Killer in U.S.

According to a new report in the *Journal of Clinical Infectious Diseases*, the number of hepatitis C-linked deaths in the United States reached a record high in 2014.

There were 19,659 hepatitis C-related deaths in 2014, according to preliminary data from U.S. Centers for Disease Control and Prevention.

According to CDC, about 3.5 million Americans have hepatitis C and about half are unaware of their infection. If not diagnosed and treated, people with hepatitis C are at increased risk for liver cancer and other life-threatening diseases. They may also unknowingly infect others. Luckily, curative drugs have advanced the treatment of hepatitis C infection over recent years. For people diagnosed with the virus, these new and highly effective treatments can cure the vast majority of infections.



DID YOU KNOW?

* The new CDC study found that the number of hepatitis C-related deaths in 2013 exceeded the combined number of deaths from 60 other infectious diseases, including HIV and tuberculosis.

* Most cases of hepatitis C are among baby boomers born between 1945 and 1965. According to the CDC, many were infected during medical procedures such as injections and blood transfusions when these procedures were not as safe as they are now.

* The preliminary data also suggests a new wave of hepatitis C infections among injection drug users. These "acute" cases of hepatitis C infection more than doubled since 2010, increasing to 2,194 reported cases in 2014, the CDC found.

SCREENING RECOMMENDATIONS FOR CHRONIC INFECTION

- Persons born from 1945-1965
- Persons who currently inject drugs or have who have injected drugs in the past, even if once or many years ago
- Receipts of clotting factor concentrates before 1987
- Recipients of blood transfusions or donated organs before July 1992
- Long-term hemodialysis patients
- Persons with known exposures to HCV (e.g., healthcare workers after needle sticks, recipients of blood or organs from a donor who later tested positive for HCV)
- HIV-infected persons
- Children born to infected mothers (do not test before age 18 months)
- Patients with signs or symptoms of liver disease (e.g. abnormal liver enzyme tests)
- Donors of blood, plasma, organs, tissues or semen www.cdc.gov/hepatitis

Hepatitis C Cases in Oneida County

	2016 (as of 5/31)	2015	2014	2013
Acute	1	6	5	7
Chronic	78	218	146	110
Probable	40	N/A	N/A	N/A

Avoiding Unnecessary Antibiotic Prescriptions

Antibiotic Resistance - Reducing Unnecessary Antibiotic Prescriptions

With patients playing a greater role in their own healthcare, it is especially important for healthcare providers to educate their patients to the facts about prescribing antibiotics. The use and misuse of antibiotics is a major contributor to the development of antibiotic-resistant bacteria. Ensuring these drugs are prescribed appropriately is critical for combating the public health threat posed by antibiotic-resistant pathogens. It is estimated that 30 percent or (1 out of every 3) antibiotics prescribed are unnecessary, according to the *Journal of the American Medical Association (JAMA)*. A national target to reduce unnecessary antibiotic use by 50% by 2020 is set to *improve antibiotic use and protect patients*. Congress has recognized the urgent need to combat antibiotic resistance. In 2016, Congress appropriated \$160 million in new funding for CDC to implement its activities listed in the National Action Plan for Combating Antibiotic-Resistant Bacteria.

https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf

With this funding, CDC is fighting the spread of antibiotic resistance by:

- Accelerating outbreak detection and prevention in every state.
- Enhancing tracking of antibiotic use and resistance mechanisms and resistant infections.
- Supporting innovative research to address gaps in knowledge.
- Informing providers and the general public about antibiotic resistance and appropriate antibiotic use.
- Improving antibiotic use by supporting expansion and development of new programs and activities at the local level.



It is essential that health care professionals also take action to improve antibiotic use, screen patients carefully, implement watchful waiting, and when antibiotics are indicated, prescribe only the right antibiotics, dose, and duration to maximize the desired health benefits and minimize complications. Information on antibiotic stewardship and appropriate antibiotic use for health care providers and patients can be found at

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

TB in the 21st Century

DID YOU KNOW? General aspects of TB disease and its treatment are unchanged since the 1950s .

WHERE IS IT? In Oneida County, there are fewer than 10 cases of Pulmonary TB per year.

WHO TREATS IT? Local Health Departments assume the time needed for day to day management of the cases and their contacts.

HOW IS IT TREATED? There is a prolonged process of treatment which takes at least 6 months to complete.

WHO IS AT RISK? Foreign born, travelers, TB contacts, people with immunosuppressed conditions.

MORE INFORMATION? See the complete article attached.



Bicillin L-A Shortage

On April 29, 2016, the Food and Drug Administration (FDA) reported a national shortage of Bicillin L-A (penicillin G benzathine suspension) due to manufacturing issues. Benzathine penicillin G is the recommended treatment for syphilis infections and is the only treatment option for pregnant women infected with or exposed to syphilis. The FDA is working with the manufacturer to promote product availability and continues to monitor the situation. More information about Bicillin L-A availability may be found at the FDA Drug Shortage Website: http://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Penicillin%20G%20Benzathine%20%28Bicillin%20L-A%29%20Injection&st=c&tab=tabs-1

Until normal supplies of Bicillin L-A are available, prioritize the use of Bicillin L-A for the treatment of syphilis especially in pregnant women infected with or exposed to syphilis.

Call the NYS Clinical Education Initiative's STD Center of Excellence at 866-637-2342 to access expert medical consultation on diagnosis, treatment and management of syphilis.

Please contact the NYSDOH Bureau of Sexually Transmitted Disease Prevention and Epidemiology at (518) 474-3598 for additional assistance.


Use NYSIIS to Recall Adolescents Overdue for Meningococcal Vaccine

Make sure your adolescent patients are up-to-date for meningococcal vaccine before school starts this fall! The Reminder/Recall function in NYSIIS can be used to generate standard or custom reminder letters, mailing labels or lists of patients in your practice due or overdue for meningococcal vaccine. Just follow these steps:

1. Log into the Health Commerce System at <https://commerce.health.state.ny.us/>.
2. Under "My Applications", select "NYSIIS Production".
3. In the menu panel on the left side of the NYSIIS homepage under the "Reports" heading, select "Reminder/Recall"
4. (Optional step) Select "Mening" in the "Select the Vaccine Group(s)" box then click "Add" in order to narrow the list to patients due or overdue for Meningococcal ACWY vaccine (Menactra or Menveo).
5. (Optional step) Enter start and end birth dates for the age groups due or overdue for meningococcal vaccine in the "Birth Date Range" From and To boxes.
6. At the bottom of the screen, click the "Generate" button.
7. The "Reminder Request Status" screen will display. Periodically click the "Refresh" button on the upper right side of the screen until the "Status" column displays 100%. If you have a large practice, it may take five minutes or more to generate the data.
8. When the data has finished generating, click hyperlink in the "Started" column will be a clickable hyperlink. (Remember, the hyperlink will not display unless you click the "Refresh" button.)
9. The "Reminder Request Process Summary" screen will display the number of patients generated by this request and will have hyperlinks in order to display or print standard or customized reminder letters, mailing labels, and a list of patients generated by the report.

If you have questions about the NYSIIS Reminder/Recall function, please email nysiis@health.ny.gov or call the NYSIIS Help Desk at 1-866-389-0371. A detailed Q&A on meningococcal vaccine is online at http://www.health.ny.gov/diseases/communicable/meningococcal/docs/meningococcal_qa.pdf. For additional information on the new school meningococcal vaccine requirement, see <http://www.health.ny.gov/diseases/communicable/meningococcal/> or call 518-474-1944 or email osas@health.ny.gov.

ZIKA UPDATES

 **NEW** - Quest Diagnostics, LabCorp and Viracor labs are now able to perform Zika testing. They can perform only PCR testing which detects the virus in early infection. At this point, they do not perform additional confirmatory (serology) testing. Positive PCR results will be sent to NYSDOH Wadsworth laboratory for confirmation. Providers are encouraged to continue their current practice of contacting the Health Department for assistance with testing eligibility and any Zika related questions. Attached is the NYSDOH document that provides guidance on interpretation of Zika test results.

As of 6/10/16, there are 2 confirmed cases of Zika Virus in Oneida County.

ZIKA NOTE TO PROVIDERS: If you have a patient who meets criteria for Zika testing, it would be ideal to call OCHD while the patient is in the office in order to obtain pertinent patient information for Zika registration.



DISPELLING RUMORS AROUND ZIKA AND COMPLICATIONS

- There is no specific repellent that works better against the Aedes mosquito**

There are many repellents that are effective against all mosquitoes including Aedes mosquitoes. Effective repellents contain DEET (diethyltoluamide), IR 3535 or Icaridin. There is no minimum or maximum percentage of active ingredient required. Insect repellents may be applied to exposed skin to protect against the bites of mosquitoes or on the clothes. WHO recommends covering the skin with clothing as much as possible and using insect repellents as effective measures to protect against bites from mosquitoes that transmit viruses such as chikungunya, dengue, yellow fever and Zika. Repellents must be used in strict accordance with the label instructions. There is no evidence of any restriction of the use of these repellents by pregnant women if they are used in accordance with the instructions on the product label.

- There is no evidence that sterilized male mosquitoes contribute to the spread of Zika**

A technique being developed to stop Zika is the controlled mass release of male mosquitoes that have been sterilized by low doses of radiation. When a sterile male mates, the female's eggs do not survive. When the sterile males outnumber the fertile males in a natural environment, the mosquito population dies out. The technique has been used in the past against insects and fruit flies, for example.

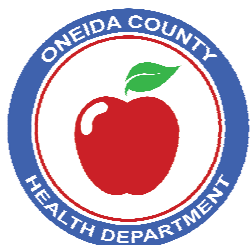
There is no evidence that the technique has been associated with increases in microcephaly cases or other human anomalies or defects. However, the evidence for the public health value of this technique needs to be established. WHO encourages affected countries and their partners to scale up the use of current mosquito control interventions as the most immediate line of defense, and to judiciously test new control tools that could potentially be applied in the future.

Oneida County Communicable Disease Surveillance - May 2016

DISEASE	April 2016	May 2016	YTD 2016	YTD 2015	DISEASE	April 2016	May 2016	YTD (05/31) 2016	YTD (05/31) 2015
Tuberculosis	0	1	3	1	Influenza A	449	26	1501	1364
Giardia	4	0	13	4	Influenza B	101	47	176	347
Rabies Exposure	2	1	9	12	Pertussis	0	0	1	9
Salmonella	1	1	8	8	Cryptosporidiosis	1	1	3	2
Campylobacter	1	2	9	3	Syphilis	0	2	4	7
Hepatitis C	18	2 Confirmed 17 Probable	78 Confirmed 40 Probable	56 Confirmed 1 Probable	Gonorrhea	2	3	16	46
Hepatitis C (acute)	0	0	1	1	Chlamydia	65	52	269	250



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
revans@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.

Area Medication Take-Back Locations

Leftover or unwanted medication can be taken to a nearby take-back location:

U & I Pharmacy
5236 West Seneca St.
Vernon, NY
315-829-3605

Garro Drugs
704 Bleeker St.
Utica, NY
315-732-6915

Utica Police Department
413 Oriskany St.
Utica, NY 13502

Safe, free-of-charge, and no questions asked!

Tobacco Cessation– New Website

To make physicians more aware of the importance of their role in helping New Yorkers quit smoking, the NYSDOH launched the Treat Nicotine Addiction Campaign and the website: <http://talktoyourpatients.ny.gov/>

The site provides prescribing information about medications, as well as tips on counseling, resources and other ways to support your patients as they work to overcome their addiction. Most private insurance companies, as well as Medicaid and Medicare, cover smoking cessation medications and counseling.

TRAIN THE TRAINER - LIVE HELP NYSIIS WEBINARS

NYSIIS training staff will be offering an "Ask the Trainer" webinars on June 23 and July 28.

Go to http://www.health.ny.gov/prevention/immunization/information_system/

It's Easy As 1, 2, 3!

Please see the attached flyers on Tdap, HPV, and Meningococcal Vaccines and recommendations.

These can also be used for patient education.

NYSDOH Commissioner's letter focusing on nicotine addiction and breastfeeding. See attached.

5-15-16

Tuberculosis in the Twenty-First Century

Susan Blatt, MD

Oneida County Health Department

Is there anything new about tuberculosis? General aspects of the disease and its treatment are unchanged since the 1950s. Because pulmonary TB is communicable, there is public funding to make sure that cases of pulmonary TB are found, diagnosed, and treated. For that reason, local health departments take over the day-to-day management of these patients and their contacts. In Oneida County we generally have fewer than 10 cases of pulmonary TB per year, but the disease is complex and care for these patients is time-consuming.

Tuberculosis is caused by a mycobacterium that is slow growing. The disease itself usually has an insidious onset. Treatment is prolonged, so that for cases, it takes 6 months or more to complete treatment. Symptoms include coughing, hemoptysis, night sweats, weight loss, and fatigue. These symptoms combined with a suspicious chest x-ray should lead to an investigation into the cause. Sometimes TB patients are mistakenly treated with antibiotics, because bacterial pneumonia or aspiration pneumonia is suspected. This delays the diagnostic process. If cases of pulmonary tuberculosis are missed, active cases remain untreated in the community.

Risk factors for TB include being foreign-born, having traveled to areas where TB is prevalent or being a contact to a case of TB. Immunosuppression is a risk factor, including diabetes. At the present time many Americans are immunosuppressed due to having had an organ transplant, being treated for cancer, or being treated for auto-immune diseases with biological drugs.

Diagnostic testing for TB begins after there are symptoms and an abnormal chest x-ray. Either a Mantoux test or a blood test such as Quantiferon Gold is the next step. If those are negative it is unlikely that the patient has TB. If one of those tests is positive, we recommend obtaining 3 sputum specimens for AFB testing. This should be done in a timely manner so that the family, co-workers, and public are not exposed. If suspicion is high, the County Health Department will recommend home isolation, until TB can be disproved. One significant change in the last 10-15 years is that positive sputum cultures are obtained more quickly. PCR testing allows us to determine positivity within a few days.

Other forms of TB include TB of the lymph nodes, usually the neck. This presents as a swollen lymph node and a biopsy can be obtained by an otolaryngologist. TB of the eye, usually uveitis, is diagnosed by an ophthalmologist. TB of the spine is an unusual cause of back pain, but an x-ray of the spine can suggest an abscess and the diagnosis can be made by biopsy. All of these forms of TB are treated essentially the same as pulmonary tuberculosis, but they are not communicable.

Treatment of TB is with more than one antibiotic, given simultaneously, to prevent resistance. Typically, we give Isoniazid, Rifampin, Ethambutal, and Pyrazinamide at the beginning. Then we usually cut back to two drugs, typically Isoniazid and Rifampin. Treatment is given daily or twice weekly and orally. At the present time TB patients are given their medication "directly observed" by a nurse or other professional to ensure completion of treatment. Six months is the minimum duration of treatment, but it may take a year or more, in some circumstances.

Although TB is not common, it is often suspected. The County Health Department may be involved with that process while diagnostic procedures are done. Pulmonary doctors and infectious disease doctors manage patients in the hospital and continue to advise us and work with the patients after discharge. Besides treating cases of TB, we are also responsible for contacts of the pulmonary cases. We may do TB testing and order x-rays for these people and then follow up with treatment, if necessary.

Refugees arrive in our county regularly from countries where TB is prevalent. The U.S. Immigration service evaluates all refugees before allowing them to enter. We may follow up on patients suspected of being a case. We play an active role in treating people with latent tuberculosis, meaning positive TB test and negative chest x-ray. Under the guidance of the CDC, we follow and treat many of these patients, hoping to prevent pulmonary TB at a later date.

Because of its communicability, the government is involved in the treatment of tuberculosis. Because of compliance issues, patients are monitored intensively and given medication by professionals. Diagnosis is quicker than in the past, so that TB can be ruled in or ruled out within a few weeks. We have done much to prevent the spread of tuberculosis within our country. It is common throughout the developing world. It continues to be considered, by many experts, the world's deadliest disease.

Interpreting NYSDOH Wadsworth Center Zika Virus Laboratory Results (DRAFT 7 March 2016)

NOTE: This document is intended to serve as a guide. Each case is unique. If there is any doubt re: interpretation, questions should be referred to ROs/BCDC.

Test	Purpose	Indications/When Used	Possible Results	Interpretation	Next Steps/What To Tell Providers
PCR (serum or urine) ¹	Detects genetic material of Zika, chikungunya or dengue (types 1-4) viruses. Typically, virus is found in blood or urine early in infection.	Specimens that were collected either within 1 month of the onset of symptoms OR within 6 weeks of last exposure ² .	Detected	Current infection with the virus listed.	Positive results are confirmatory. No additional testing required.
			Not Detected	Indicates the patient is not currently infected. May be due to the specimens being collected outside the time frame for detection of the virus in serum or urine OR the amount of virus was too low to be detected.	Negative results do not rule out infection. Await serology results for further patient assessment.
			Indeterminate due to PCR inhibition	Interpretation not possible on inhibited specimens	If additional serum or urine can be collected within 1 month of symptom onset or within 6 weeks of last exposure, repeat sample collection and PCR. Otherwise, await serology results for further patient assessment.
			Equivocal	Results are equivocal for the presence of virus genetic material.	If additional serum or urine can be collected within 1 month of symptom onset or within 6 weeks of last exposure, repeat sample collection and PCR. Otherwise, await serology results for further patient assessment.

¹ For specimens other than serum or urine including, but not limited to, amniotic fluid, tissues, infant specimens, contact NYSDOH BCDC at (518) 473-4439.

² Date of last exposure could refer to last date of travel to an area with active mosquito-borne transmission of Zika virus or last date of unprotected sexual contact with a partner who traveled to an area with active mosquito-borne transmission of Zika virus.

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Zika IgM Antibody Capture (MAC) ELISA (serum)	Screening test that detects IgM antibodies to flaviviruses. ³ Further testing via Plaque Reduction Neutralization (PRN) is required to determine which flavivirus.	Specimens collected between the day of the patient’s return from travel up until 9 months after return.	Presumptive positive	Results suggest recent exposure to a flavivirus. Further testing via PRN is required to determine which flavivirus.	<p>Additional testing is required. Collection of a convalescent specimen approximately 3 weeks after the original (acute) specimen was collected is required. Paired acute and convalescent sera will be tested by PRN. PRN might help determine to which flavivirus the patient was exposed. Note, previous exposure to a flavivirus other than Zika may make results difficult to interpret.</p> <p>If patient is pregnant: A single specimen PRN test will be performed on the original specimen while awaiting the convalescent.</p> <p>If patient is not pregnant: PRN will only be done after receiving the convalescent specimen.</p>
			Negative	No evidence of recent flavivirus exposure.	<p>If the specimen was collected less than 8 days after onset of symptoms or less than 3 weeks after last exposure, additional testing is required. A convalescent serum specimen should be collected approximately 3 weeks after the original (acute) specimen was collected to rule out infection. If the convalescent is positive, paired acute and convalescent sera will be tested by PRN. PRN might help determine to which flavivirus the patient was exposed. Note, previous exposure to a flavivirus other than Zika may make results difficult to interpret.</p> <p>If the specimen was collected more than 8 days after onset of symptoms OR more than 3 weeks after last exposure, no additional testing is required.</p>

³ Includes but is not limited to Zika, dengue, West Nile, Powassan, and yellow fever viruses.

Interpreting NYSDOH Wadsworth Center Zika Virus Laboratory Results (DRAFT 7 March 2016)

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			Equivocal	Results are equivocal for the presence of anti-Zika virus antibodies.	<p>Additional testing is required. Collection of a convalescent specimen approximately 3 weeks after the original (acute) specimen was collected is required. Paired acute and convalescent sera will be tested by PRN. PRN might help determine to which flavivirus the patient was exposed. Note, previous exposure to a flavivirus other than Zika may make results difficult to interpret.</p> <p>If patient is pregnant: A single specimen PRN test will be performed on the original specimen while awaiting the convalescent.</p> <p>If patient is not pregnant: PRN will only be done after receiving the convalescent specimen.</p>
			Inconclusive	Unable to interpret due to a high level of nonspecific binding.	Please collect another specimen if clinical findings warrant. However, non-specific reactivity will commonly continue on subsequent specimens.
Arbovirus Total Antibody Microsphere Immunofluorescence Assay (MIA; serum)	Screening test that detects total antibodies (IgM, IgG & IgA) to flaviviruses. Further testing via Plaque Reduction Neutralization is required to determine which flavivirus.	Specimens collected between the day of the patient's return from travel up until 9 months after return.	Reactive	Results suggest exposure to a flavivirus at an undetermined time. Further testing via PRN is required to determine which flavivirus.	<p>Additional testing is required. Results should be interpreted in conjunction with the Zika IgM ELISA. If the Zika IgM is also positive, results suggest recent exposure to a flavivirus. If the Zika IgM is negative, results suggest exposure to a flavivirus occurred at an undetermined time. Further testing via PRN is required to determine which flavivirus the individual was exposed to and whether exposure was past or present. Collection of a convalescent specimen approximately 3 weeks after the original (acute) was collected is required. Paired acute and convalescent sera will be tested by PRN. PRN might help determine to which flavivirus the patient was exposed. Note, previous exposure to a flavivirus other than Zika may make results difficult to interpret.</p>

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			Non-reactive	No evidence of flavivirus exposure	<p>If the specimen was collected less than 8 days after onset of symptoms or less than 3 weeks after last exposure, additional testing is required. A convalescent serum specimen should be collected approximately 3 weeks after the original (acute) specimen was collected to rule out infection. If the convalescent is positive, paired acute and convalescent sera will be tested by PRN. PRN might help determine to which flavivirus the patient was exposed. Note, previous exposure to a flavivirus other than Zika may make results difficult to interpret.</p> <p>If the specimen was collected more than 8 days after onset of symptoms OR more than 3 weeks after last exposure, suggests no exposure to a flavivirus; no additional testing is required. If the Zika IgM ELISA and PCR are also non-reactive, laboratory testing does not detect any evidence of infection.</p>
<p>Plaque Reduction Neutralization (PRN) Testing (serum). PRN is run against Zika, dengue, West Nile virus, Powassan and St Louis.</p>	<p>Quantifies the amount of neutralizing antibodies to a virus. Is best interpreted in the context of a recent illness and when comparing acute and convalescent specimens. Requires virus to grow in culture which is then exposed to the patient's antibodies found in serum to see if they neutralize the virus. Distinguishes</p>	<p>Single serum positive Zika IgM MAC ELISA in a pregnant woman</p>	Negative	<p>Result suggests no evidence of infection with any of the viruses listed. Please submit a convalescent specimen collected at least 3 weeks after the acute.</p>	<p>If the specimen was collected less than 8 days after onset of symptoms or less than 3 weeks after last exposure, collection of a convalescent specimen approximately 3 weeks later is required. If positive, paired acute and convalescent sera will be re-tested by PRN. Note, previous exposure to a flavivirus other than Zika may make results difficult to interpret.</p>
			<p>Positive for at least one of the viruses listed</p>	<p>Evidence of a flavivirus infection at an undetermined time. Please submit a convalescent specimen collected at least 3 weeks after the acute.</p>	<p>Collection of a convalescent specimen approximately 3 weeks later is required. Paired acute and convalescent sera will be re-tested by PRN. Note, previous exposure to a flavivirus other than Zika may make results difficult to interpret.</p>
		<p>Paired acute and convalescent specimens after positive serological screening tests described above</p>	Negative	<p>Results suggest no evidence of infection with any of the viruses listed.</p>	<p>There is no evidence of infection with any of the viruses listed; no additional testing is required.</p>
			<p>Positive for at least one of the viruses listed</p>	<p>Results indicate current/recent infection with [NAME OF</p>	<p>Four-fold rise in [NAME OF FLAVIVIRUS—ZIKA, DENGUE, ETC] neutralizing antibody from acute to convalescent specimens indicates recent infection with the virus. Other flavivirus reactivity that is low</p>

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	<p>between closely related viruses when there is cross-reactivity between viruses.</p>			<p>FLAVIVIRUS—ZIKA, DENGUE, ETC]</p>	<p>level positive may indicate prior infection or cross-reactivity.</p> <p>Results are confirmatory when appropriately timed acute and convalescent specimens are used and when the patient has no previous flavivirus exposure. No additional testing required.</p>
				<p>Results indicate [NAME OF FLAVIVIRUS—ZIKA, DENGUE, ETC] at an undetermined time.</p>	<p>Occurs when antibody titers between paired sera remain stable or decrease.</p> <p>LHDs must consult with their Regional Epidemiologist and Central Office Vector-borne Disease Unit staff. Additional specimens/testing may be required.</p>
				<p>Results indicate flavivirus infection at an undetermined time. Flavivirus reactive antibodies found, however specific flavivirus unable to be determined.</p>	<p>Result can occur in patients who have been infected with or vaccinated against one or more flaviviruses in the past OR if the infection occurred more than 3 months prior to specimen collection</p> <p>LHDs must consult with their Regional Epidemiologist and Central Office Vector-borne Disease Unit staff. Additional specimens/testing may be required.</p>

Dear Parent or Guardian of Fifth or Sixth grade students:

There is nothing more important than safeguarding your child's health. The **Oneida County Health Department** would like you to know about vaccines available to protect your child.

It's As Easy as **1, 2, 3**

1 shot of Tdap vaccine

2 shots of meningitis vaccine

3 shots of HPV (human papillomavirus) vaccine

1 Tdap BOOSTER Shot – REQUIRED of students 11 years or older entering 6th grade

WHY NOW?

1 Tdap

- Preteens and teens are at risk from these 3 diseases (Diphtheria, Tetanus & Pertussis (also known as Whooping Cough), because the vaccines given earlier in life begin to wear off.
- Diphtheria and pertussis (whooping cough) is spread from person to person. Tetanus enters the body through cuts, scratches, or wounds. Protect your child today!

2 Meningitis Shots – REQUIRED of students entering grade seven effective September 1, 2016- first dose recommended at age 11 to 12, and a booster dose at age 16

WHY NOW?

2 Meningitis

- Meningitis is a very **serious infection!** Teens and young adults are at increased risk. Death can occur in as little as a few hours. In non-fatal cases, permanent disabilities can include hearing loss and brain damage. The bacteria spreads quickly when people are in close contact, especially if they are living in dorms and/or camps.
- The initial shot is given at age 11 through 12 years. A booster dose is **now required** at 16 years of age. If your older teen never received a meningitis shot, talk to their health care provider about getting it as soon as possible.

3 HPV Shots - Recommended for all 11 and 12-year-old boys and girls

WHY NOW?

3 HPV

- Human papillomavirus (HPV) is a common, widespread **cancer causing virus**. About 14 million people, including teens, become infected with HPV each year. **HPV can be prevented.**
- HPV vaccines, produce better immunity, and are more effective when administered at younger ages and before someone's first sexual contact. The vaccines can be given as early as 9 years of age.

For more information: Call your Health Care Provider or The Oneida County Health Department at **798- 5748** or visit:



Centers for Disease Control & Prevention
www.cdc.gov/std/hpv/

American Cancer Society
www.cancer.org

**The Oneida County Health Department will be offering
summer evening immunization clinics
Call 798-5748 to schedule an appointment!**

Teens Need Vaccines 2!!!

New Requirement!



MENINGITIS VACCINE
NEW Requirement for students entering grade 12

The meningitis booster is **required at age 16**.
The bacteria spreads quickly and can cause severe diseases, permanent disabilities or death. Protect your teen today!!

HPV VACCINE
(3-dose series)

Why Now?

HPV vaccine can **prevent cancers**.
Certain HPV types can cause cancers in both males and females. Protect your teen by starting or completing the 3 dose series today!

SHERVNET



FLU VACCINE

Why Now?

Everyone 13-18 years & older should get a flu shot **yearly**.

TDAP VACCINE

Why Now?

If your teen has not received a one-time dose of Tdap, they should get it **ASAP!**

Why now?



Because you  them!

For information contact your healthcare provider or Oneida County Health Department (OCHD) .

*OCHD will be offering evening clinics in Utica and Rome during the summer.
Call 798-5748 to schedule an appointment!*





Department of Health

ANDREW M. CUOMO
Governor

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

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

May 2016

Dear Colleagues:

Welcome to my May letter. In honor of Mother's Day, I'd like to discuss two public health challenges pertinent to women's health: nicotine addiction and breastfeeding.

Nicotine addiction: Let's call cigarette smoking what you already know it is: an addiction to a drug. And like any addiction, it needs to be medically treated, sometimes repeatedly, since relapse is common. As physicians, you play a major role in combatting this deadly addiction. Research shows that half of all smokers who try to quit are motivated by their provider's recommendation. The recommendation is strengthened when physicians prescribe medication and counseling, two methods scientifically proven to work. Currently, the U.S. Food and Drug Administration has approved seven pharmacotherapies for tobacco addiction --five nicotine replacement therapies (gum, patch, lozenge, inhaler, and nasal spray) and two medications Wellbutrin (bupropion) and Chantix (varenicline). Patients who are encouraged to quit and begin medication are two times more likely to remain smoke-free than those who receive counseling alone.

As you have heard many times, tobacco is the leading preventable cause of disease, disability and death in New York State. Smoking is especially hazardous for women during pregnancy. Mothers who smoke are at risk for ectopic pregnancy; their babies are more susceptible to low birth weight and birth defects such as orofacial clefts. Exposure to secondhand smoke is linked to lung cancer, stroke and heart disease. Children who are exposed are at greater risk for impaired lung functioning and lower respiratory illness, otitis media and sudden infant death syndrome.

To make physicians more aware of the importance of their role in helping New Yorkers quit smoking, the Department recently launched the Treat Nicotine Addiction Campaign and the website: <http://talktoyourpatients.ny.gov/>. The site provides prescribing information about medications, as well as tips on counseling, resources and other ways to support your patients as they work to overcome their addiction. Most private insurance companies, as well as Medicaid and Medicare, cover smoking cessation medications and counseling. The good news is, New York's smoking rates are at an all-time low of 14.4%. Among women, smoking rates are at 12%, which represents a 29% decline between 2011 and 2014. Let's work together to drive down smoking rates further.

Breastfeeding: New York State is slated to become the fifth state in the nation to "Ban the Bag," a policy that will prohibit the state's 126 birthing hospitals from distributing gift bags containing marketing materials for infant formula, such as coupons and free samples. These regulations will also apply to hospital-affiliated clinics that provide care to maternity patients or newborns. Providing free formula samples and coupons to pregnant or postpartum women gives conflicting messages about breastfeeding, and contributes to reduced rates of exclusive breastfeeding and shorter breastfeeding duration. The goal of these regulations is to ensure that women receive consistent messaging and encouragement from all physicians, providers and

staff. As you know, breastmilk is more easily digested, provides infants with protection from colds, and lowers the risk for allergies, obesity and illnesses such as ear infections, diarrhea and respiratory infections. Breastfeeding also benefits moms by lowering their risk for breast and ovarian cancer, and type 2 diabetes.

Although 87% of new mothers in New York State breastfeed, only 17% meet national recommendations to exclusively breastfeed until an infant is six months old. More than 50% of women report not meeting their personal breastfeeding goals, in part, because hospital practices or community resources did not fully support them.

Physicians can promote and support breastfeeding and help increase breastfeeding rates by encouraging new moms to breastfeed, training staff, providing breastfeeding education, ensuring lactation support and becoming designated as a New York State Breastfeeding Friendly Practice (See: <http://www.health.ny.gov/community/pregnancy/breastfeeding/index.htm>). Physicians can also let women know about New York's new paid family leave policy, which provides 12 weeks of paid leave, enough time for new moms to establish the practice of breastfeeding.

The advice that physicians offer can strongly influence the lifestyle choices our patients make, whether it's smoking or breastfeeding. I hope you'll keep that in mind in your conversations with patients.

Thank you for your attention and, to all the moms, Happy Mothers' Day.

Sincerely,

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

Howard A. Zucker, M.D.