



Oneida County Health Department

PUBLIC HEALTH UPDATE

October 2015 Surveillance Oct/Nov 2015 Newsletter

Special points of interest:

- Get SMART campaign addresses the growing threat of antibiotic resistance.
- OCHD has seen a recent upward trend in scabies outbreaks. Providers can stop the spread by treating the patient's contacts and notifying OCHD if concern of an outbreak exists
- Flu season is here - **NIWV December 6 - 12**
- Learn about the steps involved in rabies exposure treatment

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ANTIBIOTIC RESISTANCE: A GROWING THREAT

Numerous recent studies have proven what we have long been concerned with:

- ◆ The association of antibiotic resistance (AR) with higher costs, poor health outcomes, and more toxic treatment (*Clin Infect Dis* 2011 May;52 (suppl5);s397-s428)
- ◆ Over half of antibiotic prescribing in outpatient settings is unnecessary or inappropriate; acute respiratory tract infections (ARTIs are the most common indication. (Shapiro JAC 2014)
- ◆ Dwindling antibiotic resources are a growing burden of AR.
- ◆ Estimated \$30 billion per year (Threat Report 2013) to a burdened healthcare system, much of which is avoidable.
- ◆ Antibiotics are the most frequent cause of adverse drug events in children.

- ◆ Antibiotics are most commonly prescribed inappropriately for respiratory infections.
- ◆ Diagnostic criteria established by guidelines should be used to determine whether an antibiotic is needed.
- ◆ Choosing the right drug for the right bug is critical; macrolides and fluoroquinolones are often overprescribed.

WHAT'S THE PLAN?

Strengthen educational programs:

- ◆ Get Smart: Know When Antibiotics Work
http://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf
- ◆ Get Smart Patient Education Communication Tools (see attached)
- ◆ Provider Tools i.e. Symptomatic Prescribing Pad (Attached)
- ◆ Get Smart Webpage for Providers:
<http://www.cdc.gov/getsmart/community/for-hcp/outpatient-hcp/index.html>

Look for more guidance from: NY Get Smart Campaign

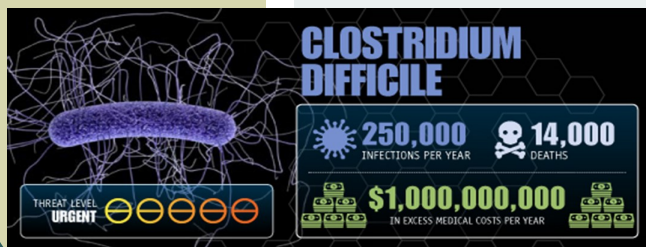


Estimated minimum number of illnesses and deaths caused annually by antibiotic resistance*:

At least

2,049,442 illnesses
23,000 deaths

*bacteria and fungus included in this report





The Oneida County Health Department in collaboration with the NY State Department of Health recently conducted investigations of outbreaks of scabies both in acute and long term care in the county. No epidemiological links were found between the two outbreaks.

As a result of the increased cases, the OCHD would like to remind all clinicians who see patients with scabies to not only diagnose and treat, but to mitigate further spread of the infestation by asking if the patient is in day care or long term care, if there is a babysitter in the home frequently or if there are other potentially exposed persons, such as sexual contacts. Treatment for contacts should be initiated at the same time as the patient.

If there is any question of a potential outbreak situation, the Clinician should call the OCHD Communicable Disease Division at 798-5747 to assist with the investigation.



Scabies treatment usually is recommended for members of the same household, particularly for those who have had prolonged skin-to-skin contact. All household members and other potentially exposed persons should be treated at the same time as the infested person to prevent possible re-exposure and re-infestation.

Bedding and clothing worn or used next to the skin anytime during the 3 days before treatment should be machine washed and dried using the hot water and hot dryer cycles or be dry-cleaned. Items that cannot be dry-cleaned or laundered can be disinfested by storing in a closed plastic bag for several days to a week. Scabies mites generally do not survive more than 2 to 3 days away from human skin. Children and adults usually can return to child care, school, or work the day after treatment.

For treatment options:

http://www.cdc.gov/parasites/scabies/health_professionals/meds.html

Rabies– What Happens After the Initial Exposure to Rabies?

Initial exposure; patient presents to ED. ED calls OCHD Environmental Health (EH)@ 798-5064. Bite /Exposure Report filed.

(See Rabies update attachment)

EH notifies OCHD Clinic of pending RPEP and Clinic staff contact patient to schedule Days 3,7 and 14 appointments.

(See attached Rabies guidelines for exceptions)

Points to remember:

Rabies vaccine should NEVER be given in the gluteal area.

Ask if pt. is allergic to dye

ED receives recommendation for HRIG and Rabies Vaccine Day 0 (RPEP) from OCHD EH. Wound treated, patient instructed to call 798-5747 for Days 3 , 7 and 14 RPEP

Points to remember:

Ask pt. if they have ever had rabies vaccine before, if so, treat the wound, give tetanus as needed and refer to OCHD for Days 0 and 3 vaccine , no HRIG

Rabies Guidelines

http://www.cdc.gov/rabies/resources/acip_recommendations.html

Flu Season— It's Back!

As of **November 18, 2015**, influenza is not prevalent in New York State. The New York Sanitary Code (10 NYCRR 2.59) does not currently require health care and residential facilities and agencies regulated pursuant to Article 28, 36 or 40 to ensure that personnel not vaccinated against influenza for the current season wear a surgical mask while in areas where patients or residents are typically present. Notification will occur when influenza is widespread. Check www.health.ny.gov/flumaskreg for updates.



Oneida County Health Department surveillance data reports one case of influenza A and one case of influenza B as of Oct. 31, 2015.

Health care providers and facilities are reminded that ACIP recommends that influenza vaccine be offered as soon as possible as vaccine becomes available, throughout the influenza season and into the spring months as long as they have unexpired vaccine in stock and unvaccinated patients (vaccine composition for 2015-16: A/California/09 (H1N1)-like; A/Switzerland/13(H3N2)-like; B.Phuket/2013; Quadrivalent vaccine will add B/Brisbane/08)

During the week ending **November 20, 2015** in 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.

It's National Influenza
Vaccination Week (NIVW):



DECEMBER 6-12-2015 IS NATIONAL INFLUENZA VACCINATION WEEK (NIVW)

Go to <http://www.cdc.gov/flu/NIVW/index.htm>

Oneida County Communicable Disease Surveillance—October 2015

DISEASE	October 2015	*YTD 2015	**YTD 2014	DISEASE	October 2015	*YTD 2015	**YTD 2014
Tuberculosis	0	2	3	Influenza A	1	1	0
Giardia	5	27	40	Influenza B	1	1	0
Rabies Exposure	6	63		Lyme	3	24	40
Salmonella	4	24	21	Pertussis	0	10	15
Chlamydia	86	641	588	Cryptosporidiosis	3	7	18
Campylobacter	1	13	20	Syphilis	1	13	7
Hepatitis C (chronic)	21	147	112	Gonorrhea	13	94	82
Hepatitis C (acute)	1	5	4				

*YTD— Year to date for 2015-16 flu season starting Oct. 1, 2015

**YTD—Year to date as of OCT 31, 2014



Under the Leadership of
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**We're on
the Web!**

Hours:
8:30am-
4:00pm,

Monday
through
Friday

Find us on
Facebook

CLINICAL SERVICES

406 Elizabeth Street
Utica, New York 13501



Public Health
Prevent. Promote. Protect.

<p>STD</p> <p>GYT</p> <p>GET YOURSELF TESTED</p>	<p>Maternal Child Health & MOMS</p>
	<p>TUBERCULOSIS</p>
<p>HIV</p>	<p>Communicable Disease</p>

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

Etc. etc

Has there been an increase in the incidence of Hepatitis C in Babyboomers since the new regulation was initiated?

In 2014 compared to the 3-yr average from 2011-2013 there has been an increase of 32% statewide in the # of babyboomer cases. Oneida County had a small increase of 1% in the number of HCV babyboomer cases in 2014. These numbers exclude inmates and those with no antibody testing or negative antibody results.

The 406 Elizabeth St. Clinic has Flu Mist available for ages 2-49 yrs. for our immunization clinics 1-3:30 PM M & Th in Utica and Tu 1-3 in Rome

NYSIIS

For providers who wish to enter adult immunizations into NYISS to improve access to ED's, college campus health clinics and other providers, and to prevent duplicate vaccinations, the OCHD Immunization Team will be happy to come to your office or to provide needed assistance over the phone. Call 798-5747 and ask for Marina or Christine.

OCHD HEALTH FAIR FOR BURMESE, KAREN AND NEPALI COMMUNITIES- October 18, 2015



Interpreters provided



OCHD staff administered flu, pneumovax and Tdap



Blood Pressure Screening by MVHS



OCHD staff worked collaboratively with clergy at Westminster Moriah Olivet, Redeemer International and Tabernacle Baptist Churches to promote adult vaccination and attendance at the event



MVCC Gear Up Program students and instructors volunteered as well as Westminster Moriah Olivet



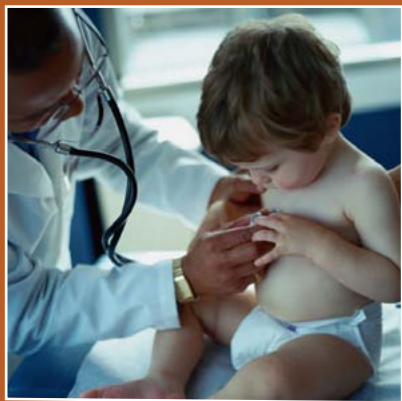
Health promotion vendors gave educational presentations



PRESERVE THE POWER OF ANTIBIOTICS

Antibiotic-resistant bacteria cause more than **2 million illnesses** and at least **23,000 deaths each year** in the United States. Antibiotic resistance occurs when germs no longer respond to the drugs designed to kill them. Inappropriate prescribing of antibiotics contributes to antibiotic resistance and is a threat to patient safety.

FOR PROVIDERS



Healthcare Providers Can:

- **Prescribe correctly**
 - **Avoid treating viral syndromes** with antibiotics, even when patients ask for them.
 - **Pay attention to dose and duration:** The right antibiotic needs to be prescribed at the right dose for the right duration.
 - **Be aware of antibiotic-resistance patterns** in your area so that you can always choose the right antibiotic.
 - Hospital and nursing home providers should **reassess within 48 hours of starting** the antibiotic, when the patient's culture results come back. Adjust the prescription, if necessary. Stop the prescription, if indicated.
- **Collaborate with each other and with patients**
 - **Talk to your patients** about appropriate use of antibiotics.
 - **Include microbiology cultures**, when possible, when ordering antibiotics.
 - **Work with pharmacists** to ensure appropriate antibiotic use and prevent resistance and adverse events.
 - **Use patient and provider resources** offered by the Centers for Disease Control and Prevention (CDC) and professional organizations such as Society for Healthcare Epidemiology.
 - ◆ Provider Resources: <http://www.cdc.gov/getsmart/>
 - ◆ Patient Resources: <http://www.cdc.gov/getsmart/community/for-patients/index.html>
 - ◆ General Information: http://www.cdc.gov/drugresistance/protecting_yourself_family.html
- **Stop the spread**
 - **Follow hand hygiene and other infection control measures** with every patient.
- **Embrace antibiotic stewardship**
 - **Improve antibiotic use** in all facilities—regardless of size—through stewardship interventions and programs, which will improve individual patient outcomes, reduce the overall burden of antibiotic resistance, and save healthcare dollars.
 - **Recognize and participate** in CDC's Get Smart About Antibiotics Week initiatives.



Inpatient Settings

- Overuse of antibiotics creates an unnecessary risk for adverse drug events, such as *Clostridium difficile* infection, a sometimes deadly diarrhea.
- Antibiotic resistance adversely impacts the health of millions of hospitalized patients every year.
- Some infections in hospitals are now resistant to all available antibiotics.
- About **40% of the patients receiving antibiotics** receive unnecessary or inappropriate therapy.



Outpatient Settings

- Each year, millions of antibiotics are prescribed unnecessarily for viral infections.
- Antibiotics can cause adverse drug events and promote antibiotic resistance.
 - There are more *Clostridium difficile* infections in places with more antibiotic use.
 - Antibiotic use in primary care is associated with antibiotic resistance at the individual patient level.
- Antibiotics cause **1 in 5 emergency department visits** for adverse drug events and are the most common cause of emergency department visits for adverse drug events in children.



For more information, visit CDC's Get Smart program website:

Get Smart Resources for Healthcare Providers

<http://www.cdc.gov/getsmart/week/educational-resources/hcp.html>

Centers for Disease Control and Prevention

For more information, please contact Centers for Disease Control and Prevention.

1600 Clifton Road N.E., Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-63548

Email: getsmart@cdc.gov Web: www.cdc.gov/getsmart



Name: _____

Date: ____ / ____ / ____



Diagnosis:

- Cold
- Cough
- Flu
- Middle ear fluid (Otitis Media with Effusion, OME)
- Viral sore throat
- Other: _____

You have been diagnosed with an illness caused by a virus. **Antibiotics do not cure viral infections.** If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body’s own defenses are fighting the virus.

General instructions:

- Drink extra water and juice.
- Use a cool mist vaporizer or saline nasal spray to relieve congestion.
- For sore throats, use ice chips or sore throat spray; lozenges for older children and adults.

Specific medicines:

- Fever or aches:
- Ear pain:
- _____
- _____

Use medicines according to the package instructions or as directed by your healthcare provider. Stop the medication when the symptoms get better.

Follow up:

- If not improved in _____ days, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
- Other: _____



Signed: _____

For More Information call 1-800-CDC-INFO or visit www.cdc.gov/getsmart

Get up-to-the-minute news about flu.

VISIT

HEALTH.NY.GOV

Find constantly updated guidance about seasonal flu.

DOWNLOAD

FACT SHEETS

You Need a Seasonal Flu Shot or the Flu-Spray Vaccine

<http://tinyurl.com/bkqxpvt> *

Seasonal Flu Guide for Parents

<http://tinyurl.com/brd6vz3> *

Chronic Disease and The Flu

<http://tinyurl.com/a22yvhe> *

ORDER

FREE PUBLICATIONS



You Need a Seasonal Flu Shot or the Flu-spray Vaccine

Handout

#2438 English
#2428 Spanish
#2431 Italian
#2432 Yiddish
#2433 French



Get Your Flu Vaccine!

Poster

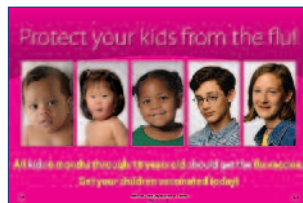
#2316 English



Healthy Habits

Pocket Card

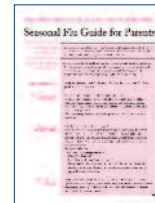
#7102 English



Protect Your Kids from the Flu

Poster

#2427 English



Seasonal Flu Guide for Parents

Fact Sheet

#2423 English
#2479 French
#2480 Italian
#2424 Spanish
#2481 Yiddish

To access and order much more information (including materials in various languages), visit <http://tinyurl.com/d8uo4yt> . * Click on educational materials for an order form. Some quantities are limited.

CLINICIANS

Please encourage your patients to get their seasonal flu vaccine ASAP. The vaccine will protect them against seasonal flu **throughout the entire flu season.**

**This will take you to a New York State Department of Health website.*

Follow us on: health.ny.gov | facebook.com/NYSDOH | twitter.com/HealthNYGov | youtube.com/NYSDOH



“Get Smart “ Article for County DOH Newsletters

This past July, outpatient healthcare providers in your county may have received a letter about antibiotic prescribing from the New York “Get Smart (Know When Antibiotics Work) Campaign”.

The letters are part of a New York State Department of Health (NYSDOH)/Centers for Disease Control and Prevention (CDC) initiative to combat antibiotic resistance and the “superbugs” that arise from avoidable prescribing of antibiotics. (Antibiotics are appropriately prescribed for bacterial infections but have no effect on viruses. Most upper respiratory infections—URIs—are viral illnesses.) The issue is timely: in March, the White House issued a “National Action Plan for Combating Antibiotic-Resistant Bacteria.”

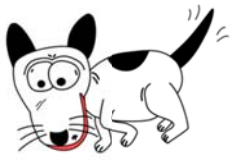
The New York “Get Smart (Know When Antibiotics Work) Campaign” initially sent a “Dear Provider” letter explaining the concerns and including a map reflecting 2013 Medicaid data on prescribing for adult upper respiratory infections. Data show that in 11 counties in New York State, over 55 percent of visits resulted in antibiotics being prescribed for URIs. All providers who might prescribe antibiotics in those geographic areas—whether as individuals they are “high prescribers” or not—received a letter.

Some physicians say they prescribe antibiotics even when they know they are not indicated because of pressure from patients for a post-office visit “takeaway”. There is concern that they might get negative reviews on patient satisfaction forms if patients are denied antibiotics.

The provider letter was intended to:

- Alert providers to concerns about preventable antibiotic prescribing with supporting data about their geographic area
- Offer CDC educational posters, flyers, brochures (sent in a second mailing), which might help facilitate discussions with patients
- Enlist physician/nurse practitioner/physician assistant “champions” who will become standard-bearers for antibiotic resistance at their facilities and local Grand Rounds.

For more information, please contact Mary Beth Wenger, Project Coordinator of the New York “Get Smart” Campaign at 518-474-1036 or email her at marybeth.wenger@health.ny.gov



RABIES REFRESHER

From the Oneida County Health Department



September 10, 2015

DID YOU KNOW?

- **Rabies vaccine should NEVER be given in the gluteal area.** 1ml should be administered IM in the deltoid area or, for small children, in the anterolateral aspect of the thigh.
 - Administration in the gluteal area may result in lower neutralizing antibody titers.
 - If a dose has erroneously been given in the gluteal area, the provider should be advised of the administration error. The necessary follow-up (whether to repeat the vaccine dose or not) is generally left to the clinician's judgement; however, the NYSDOH recommends that such vaccine doses be treated as though they did not happen unless the provider is certain, due to the body type of the patient, that they did not inject the vaccine into adipose tissue.
- **Rabies vaccine should never be given in the same muscle as HRIG.** It is acceptable to give HRIG (Human Rabies Immune Globulin) in the same limb as the vaccine, as long as they are administered in different muscles. (e.g. HRIG in a bite wound on the hand, vaccine in the deltoid muscle of that same arm)
- **OCHD Environmental Program (798-5064) should be notified BEFORE RPEP (Rabies Post Exposure Prophylaxis) is started.**
- **Ask the patient if they have ever had rabies vaccine before.** If they have, DO NOT give HRIG. Only two doses of rabies vaccine (Day 0 and Day 3) are needed and **can be given at OCHD**. Human rabies immune globulin is **not required**.
- Ask the patient if they have allergies to dye, and if so, contact the Health Department, they may recommend *Rabivert* for RPEP.

QUESTIONS?

OCHD Environmental Health/ Rabies Program-315-798-5064

Questions about vaccine or administration: 315-798-5747