

Oneida County Health Department

PUBLIC HEALTH UPDATE

October/November 2017

October/November Surveillance

NIVW.....Page 1

C Diff.....Page 2

Communicable
Disease Stats
.....Page 2

New Shingles
Vaccine.....Page 3

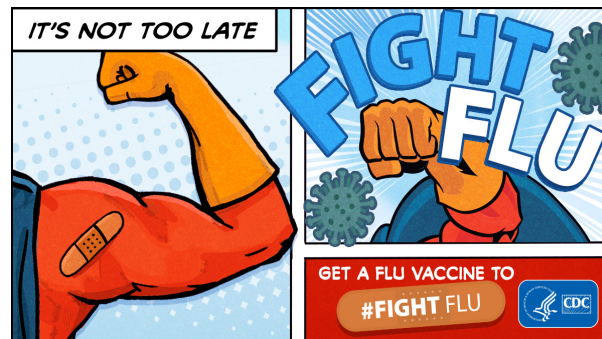
Updated Guidance–
Zika Virus.....Page 3

Preventing Vaccine
Shoulder
Injury.....Page 4

Quick News!
.....Page 5

National Influenza Vaccination Week (NIVW)

December 3rd-9th



For a variety of print materials and resources:

<https://www.cdc.gov/flu/resource-center/nivw/communication-resources.htm>

- The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death.
- People of every age, including people in good health, are at risk of flu.
- Influenza can cause illness and sometimes severe disease in persons of any age.
- Flu causes millions of illnesses, hundreds of thousands of hospitalizations and thousands or tens of thousands of deaths each year in the United States.
- Although a majority of hospitalizations and deaths occur in people 65 years and older, even healthy young children and younger adults can have severe disease or even die from influenza.
- Over 100 pediatric deaths from influenza were reported to CDC last season.
- Flu vaccines have been updated to better match circulating viruses (the influenza A (H1N1) component was updated).
 - an A/Michigan/45/2015 (H1N1)pdm09-like virus (updated)
 - an A/Hong Kong/4801/2014 (H3N2)-like virus
 - a B/Brisbane/60/2008-like (B/Victoria lineage) virus
 - Quadrivalent (four-component) vaccines also contain a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

During the week ending November 25, 2017 influenza activity level was categorized as geographically local. This is the first week that local activity has been reported.

Weekly data is available on CDC's FluView website at <http://www.cdc.gov/flu/weekly>

As of November 20, 2017, Oneida County has received 22 influenza reports (18 influenza A; 4 influenza B) for the 2017/2018 influenza season.

Clostridium Difficile (C Diff)- An Urgent Threat

Clostridium Difficile (*C. difficile*) causes inflammation of the colon (colitis) and life-threatening diarrhea. These infections mostly occur in people who have had both recent medical care and antibiotics. Often, *C. difficile* infections occur in hospitalized or recently hospitalized patients. **In 2015, C. Difficile caused almost half a million infections** among patients in the U.S. 150,000 of these infections were community associated, or obtained outside a hospital/medical setting. 29,000 patients died within 30 days of initial diagnosis. Greater than 80% of the deaths were in people 65 years of age and older.

- People who have other illnesses or are regularly using antibiotics, as well as the elderly, are at an increased risk of getting *C. Diff.*
- *Clostridium Difficile* bacteria is found in feces. People often become infected when they touch a contaminated surface and then touch their mouth or mucous membranes.
- Healthcare workers can spread the bacteria to patients or contaminate surfaces.
- *C. Diff* can live for long periods of time on surfaces. Research shows that it can live on hard surfaces up to 5 months.

Symptoms:

Watery diarrhea - Fever - Loss of appetite - Nausea - Abdominal pain/tenderness

The CDC considers *C. Difficile* an urgent threat. It is crucial to identify infections and limit transmission



Oneida County Communicable Disease Surveillance - Oct/Nov 2017

DISEASE	Oct 2017	Nov 2017	Total YTD (Nov 2017)	YTD 2016	DISEASE	Oct 2017	Nov 2017	Total YTD (Nov 2017)	YTD 2016
Tuberculosis	2	0	6	9	Influenza A	6	13	18	7
Giardia	7	1	33	35	Influenza B	1	3	4	5
Rabies Exposure	4	1	47	52	Pertussis	0	0	4	13
Salmonella	2	2	17	29	Cryptosporidiosis	1	0	11	17
Campylobacter	0	2	20	30	Syphilis	1	3	16	15
Hepatitis C	9	10	134	139	Gonorrhea	12	12	147	86
Hepatitis C (acute)	3	1	6	5	Chlamydia	92	53	661	608

ACIP Recommends New Shingles Vaccine

During an October 25th meeting of Advisory Committee on Immunization Practices (ACIP), the group voted to recommend use of Shingrix vaccine over the currently available Zostavax vaccine.

- Shingrix has been recommended for prevention of shingles in adults 50 years of age and older.
- It is a non-live vaccine given as a two dose series, with the second dose given two to six months after the first.
- Initial clinical trials have shown Shingrix to be more effective and provide longer lasting protection than the current Zostavax vaccine.
- ACIP has also recommended the Shingrix vaccine for anyone who has already received the Zostavax vaccine.
- It is anticipated that the Shingrix vaccine will be available at the start of the new year. The new recommendations will be included in the 2018 adult immunization schedule when it is released in February.

CDC Updates Guidance - Zika Virus

On October 19, 2017 the CDC issued updated interim clinical guidance for health care providers caring for infants born to mothers with possible Zika virus during pregnancy.

Zika virus continues to be a public health threat to pregnant women and their infants even with a lower number of Zika cases in 2017 than during 2016.

The updated recommendations emphasize the importance of pediatric providers assessing risk of congenital Zika virus infection, and communicating closely with obstetrical providers.

To assist health care providers with clinical management decisions, the guidelines define three groups of infants:

1. Infants with birth defects consistent with congenital Zika syndrome born to mothers with possible Zika virus exposure during pregnancy.
2. Infants without birth defects consistent with congenital Zika syndrome born to mothers with laboratory evidence of possible Zika virus infection during pregnancy.
3. Infants without birth defects consistent with congenital Zika syndrome born to mothers with possible Zika virus exposure during pregnancy but without laboratory evidence of Zika virus infection during pregnancy.

The new guidance provides updated information on interpreting laboratory test results for infants and infant follow up care:

- Recommendations for vision and hearing screening have been updated.
- Some previously recommended screenings are no longer recommended because of a lack of data on whether these screenings are needed.
- For infants with birth defects consistent with congenital Zika syndrome, health care providers should monitor for an expanded list of potential problems.
- Infants without birth defects consistent with congenital Zika syndrome born to mothers with laboratory evidence of possible Zika virus infection during pregnancy should receive an eye examination by an ophthalmologist.
- For infants without birth defects consistent with congenital Zika syndrome born to mothers with exposure to Zika virus but no laboratory evidence, Zika testing and clinical evaluation beyond the standard evaluation and routine preventative care are not routinely recommended.
- The updated guidance provides a review of new data and clarification of the guidance for prenatal diagnosis

The CDC recommends a coordinated care by a team of medical professionals and an established medical home.

<https://www.cdc.gov/media/releases/2017/p1019-zika-guidance-updated.html>

Preventing Vaccine Shoulder Injury

YOU CALL THE SHOTS

Shoulder injuries related to vaccine administration
Improper vaccine administration could result in shoulder injuries such as shoulder bursitis and tendinitis.

Make sure vaccination is safe.

KNOW THE SITE. GET IT RIGHT!

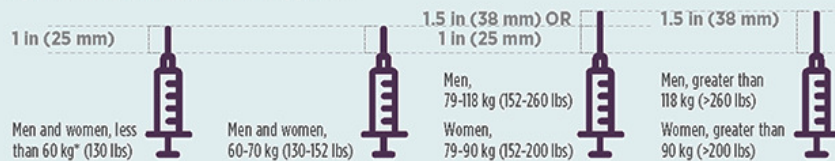
When administering vaccine by an intramuscular (IM) injection to an adult:



Use the correct syringe and needle

- » Vaccine may be administered using either a 1-mL or 3-mL syringe
- » Use a 22 to 25 gauge needle
- » Use the correct needle size based on your patient's size

Injection site: Deltoid muscle of upper arm

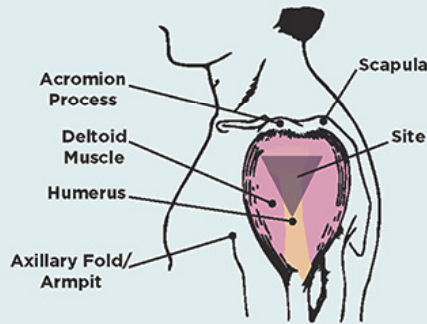


*Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs).



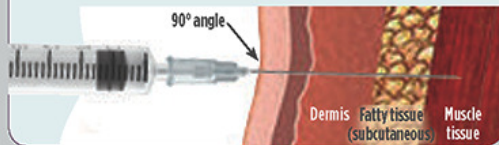
Identify the injection site

- » Locate the deltoid muscle of the upper arm
- » Use anatomical landmarks to determine the injection site
- » In adults, the midpoint of the deltoid is about 2 inches (or 2 to 3 fingers' breadth) below the acromion process (bony prominence) and above the armpit in the middle of the upper arm



Administer the vaccine correctly

- » Inject the vaccine into the middle and thickest part of the deltoid muscle
- » Insert the needle at a 90° angle and inject all of the vaccine into the muscle tissue



Always follow safe injection practices

- » Maintain aseptic technique
- » Perform hand hygiene before preparing and administering vaccines
- » Use a new needle and new syringe for each injection
- » If using a single-dose vial (SDV) discard after use
A SDV should be used for one patient only!



IM injection best practices

- » Administering the injection too high on the upper arm may cause shoulder injury
- » If administering additional vaccines into the same arm, separate the injection sites by 1 inch if possible

Report any clinically significant adverse event after vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov/

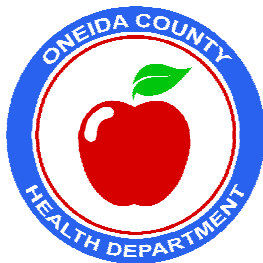
For additional information on proper vaccine administration, visit the CDC vaccine administration web page at www.cdc.gov/vaccines/hcp/admin/admin-protocols.html

- There has been an increase in shoulder injury related to vaccine administration (SIRVA).
- This is not the same as initial soreness after vaccination.
- SIRVA is pain and stiffness in the shoulder a week or multiple weeks after vaccination.
- This is an immune response that creates deltoid bursitis or joint inflammation when the vaccine is injected into the bursa or joint space.
- Cases of SIRVA tend to peak around flu vaccine season.





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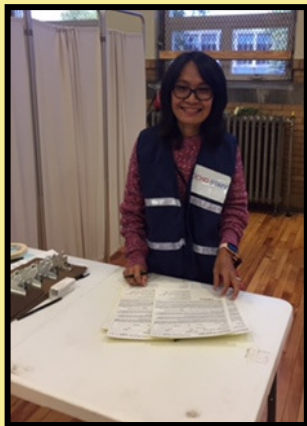
**8:30-4pm Monday
through Friday**

STD GYT GET YOURSELF TESTED	Maternal Child Health 
	 TUBERCULOSIS
 HIV	 Communicable Disease

All previous Public Health Updates/Newsletters are posted at
<http://www.ocgov.net>

Go to "Health Department" then click on "For Providers"

Etc., Etc.



Refugee Health Fair



The Refugee Health Fair was held on October 1st at Westminster Church.

Ten community agencies were represented.

**More than 80 Karen, Burmese and Nepali individuals participated
and 57 influenza vaccinations were administered.**

Smoking Cessation classes available at area hospitals:

Quit Smoking class series' will be available FREE of charge to the community:

January 11, 18, and 25th– Rome Memorial Hospital ♦ January 10, 17, and 24th– Mohawk Valley Health System

Contact Rachel Evans at Oneida County Health Department for more info: 315-798-5486 or revans@ocgov.net