DAL-NH-13-04: Flu Mask Requirements

The New York State Department of Health Acting Commissioner Dr. Howard Zucker declared influenza to be prevalent in New York State for the 2014-15 influenza season, as of December 11, 2014. In accordance with Section 2.59 of the New York State Sanitary Code (10 NYCRR § 2.59), all health care and residential facilities and agencies regulated pursuant to Article 28, 36, or 40 of the Public Health Law, were to ensure that all personnel, as defined in the regulation, not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents may be present. This declaration has remained in effect until the Commissioner declares influenza no longer prevalent in New York.

As of May 2, 2015 Influenza activity level was categorized as geographically widespread, although on the decline. Therefore the mask regulation remains in place. For the week ending April 11, 2015: there were no influenza-associated pediatric deaths reported this week. There have been six influenza-associated pediatric deaths reported this season.

Percent of Influenza-like illness (ILI) based on total ILINet Provider Patient Visits for NYS by week, 2013-14 to week ending April 11, 2015

Percent of Influenza-like illness (ILI) based on total ILINet Provider Patient Visits for NYS by week, 2013-14 to week ending April 11, 2015
Measles is a highly contagious, acute viral illness that can lead to complications such as pneumonia, encephalitis, and death. As a result of high 2-dose measles vaccination coverage in the United States and improved control of measles in the World Health Organization’s Region of the Americas, the United States declared measles elimination (defined as interruption of year-round endemic transmission) in 2000. To update surveillance data on current measles outbreaks, CDC analyzed cases reported during January 4–April 2, 2015. A total of 159 cases were reported during this period. Over 80% of the cases occurred among persons who were unvaccinated or had unknown vaccination status. The continued risk for importation of measles into the United States and occurrence of measles cases and outbreaks in communities with high proportions of unvaccinated persons highlight the need for sustained, high vaccination coverage across the country.

CDC publishes report on measles in the U.S. from January 4–April 22; more than 80 percent of measles cases occurred among unvaccinated/unknown status

Oneida County Communicable Disease Surveillance—April 2015

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<thead>
<tr>
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<tbody>
<tr>
<td>Tuberculosis</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>Influenza A</td>
<td>15</td>
<td>1362</td>
<td>746</td>
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<tr>
<td>Giardia</td>
<td>0</td>
<td>4</td>
<td>21</td>
<td>Influenza B</td>
<td>165</td>
<td>334</td>
<td>505</td>
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<tr>
<td>Rabies Exposure</td>
<td>2</td>
<td>8</td>
<td>14</td>
<td>Lyme</td>
<td>2</td>
<td>3</td>
<td>1</td>
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<tr>
<td>Salmonella</td>
<td>3</td>
<td>8</td>
<td>7</td>
<td>Pertussis</td>
<td>0</td>
<td>9</td>
<td>5</td>
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<tr>
<td>Chlamydia</td>
<td>77</td>
<td>196</td>
<td>241</td>
<td>Cryptosporidiosis</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Campylobacter</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>Syphilis</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis C (chronic)</td>
<td>2</td>
<td>29</td>
<td>46</td>
<td>Gonorrhea</td>
<td>18</td>
<td>37</td>
<td>29</td>
</tr>
<tr>
<td>Hepatitis C (acute)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
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</tbody>
</table>

*YTD—Year to date as of April 30, 2015  **YTD-Year to date as of April 30, 2014

Koplik spots, blue-white spots on the inside of the mouth that occur 24-48 hours before the onset of rash. ©Copyright Dr. Amanda Oakley, NZ DermNet, New Zealand Dermatological Society
MAY IS HEPATITIS AWARENESS MONTH

PEOPLE BORN FROM 1945-1965 ARE 5X MORE LIKELY TO BE INFECTED WITH HEPATITIS C
Many don’t know they are infected

CDC recommends anyone born from 1945-1965 GET TESTED

Hepatitis B and Hepatitis C can become chronic, lifelong infections which can lead to liver cancer. Millions of Americans are living with chronic viral hepatitis, and many do not know they are infected.

Hepatitis Testing Day – May 19th
May 19th has been designated as a national “Hepatitis Testing Day” in the United States. The CDC will use the second annual Hepatitis Testing Day on May 19th as an opportunity to remind health care providers and the public who should be tested for chronic viral hepatitis.

Did You Know?
♦ Hepatitis C is a leading cause of liver cancer, and the #1 cause of liver transplants.
♦ Successful treatment can eliminate the virus from the body.
♦ Up to 75% of people living with Hepatitis C DO NOT KNOW THEY ARE INFECTED.
♦ Transmission of Hepatitis C can be from sharing needles, blood transfusion before 1992, piercing, tattoos done in prisons, homes or unlicensed facilities, poor infection control in healthcare facilities, and babies born to HCV positive mothers.

Sexual transmission is rare, but possible.

Oneida County Health Department Clinical Services 798-5747

What is Oneida County Doing to Reduce the Rates of Hepatitis in the County?
♦ Encouraging testing for Hepatitis with primary care providers.
♦ Hepatitis vaccine is offered at our immunization walk-in clinics:
  ♦ Monday & Thursday 1-3:30 PM in Utica
  ♦ Tuesday 1-3 PM in Rome
♦ The Communicable Disease Program investigates all positive lab results for Hepatitis A, B and C.
♦ Patient and provider education

Please refer to the attachment to this newsletter:
CDC fact sheet, the ABC’s of Viral Hepatitis
Hepatitis Awareness Month and Testing Day Resource Center (For more tools) go to: http://www.cdc.gov/hepatitis/heppromoresources.htm

ONEIDA COUNTY Viral Hepatitis Acute Cases 2009-2013

[Graph showing cases of Hepatitis A, B, and C from 2009 to 2013]
Prevent, Promote, Protect

CLINICAL SERVICES

406 Elizabeth Street
Utica, New York 13501

STD

GYT
GET YOURSELF TESTED

MOMS/Maternal Child

TUBERCULOSIS

Communicable Disease

Public Health
Prevent. Promote. Protect.

We’re on the Web!

ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE

Phone: 315-798-5747
Fax: 315-798-1057
E-mail:
spejcic@ocgov.net
lkokoszki@ocgov.net

Prevent, Promote, Protect

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

Etc. etc.

As of 2-26-15 the Advisory Council on Immunization Practices (ACIP) still recommends annual influenza vaccination, but did not renew the 2014-2015 preference for using nasal spray flu vaccine (LAIV) for healthy children aged 2-8 yrs. when immediately available.

According to the journal, Pediatrics, if 90% of US women breastfed exclusively for 6 months the US would save $13 billion each year and more than 911 lives would be saved!

The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis
Pediatrics Vol.125 No.5 May 1 2010

WHY SHOULD YOU ENTER ADULT VACCINES IN NYSIIS?

- Time and paperwork are reduced
- Accurate histories are available for:
  - Providers
  - Schools
  - Colleges
  - Camps

Hours:
8:30am-4:00pm, Monday through Friday

Find us on Facebook
### The ABCs of Hepatitis

<table>
<thead>
<tr>
<th>HEPATITIS A is caused by the Hepatitis A virus (HAV)</th>
<th>HEPATITIS B is caused by the Hepatitis B virus (HBV)</th>
<th>HEPATITIS C is caused by the Hepatitis C virus (HCV)</th>
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<tbody>
<tr>
<td><strong>U.S. Statistics</strong></td>
<td><strong>Routes of Transmission</strong></td>
<td><strong>Persons at Risk</strong></td>
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<tr>
<td>• Estimated 3,000 new infections in 2012</td>
<td>Ingestion of fecal matter, even in microscopic amounts, from:</td>
<td>• Travelers to regions with intermediate or high rates of Hepatitis A</td>
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<td>- Close person-to-person contact with an infected person</td>
<td>• Sex contacts of infected persons</td>
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<td>- Sexual contact with an infected person</td>
<td>• Household members or caregivers of infected persons</td>
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<td>- Ingestion of contaminated food or drinks</td>
<td>• Men who have sex with men</td>
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<td>• Users of certain illegal drugs (injection and non-injection)</td>
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<td></td>
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<td>• Persons with clotting-factor disorders</td>
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<td></td>
<td></td>
<td>• Infants born to infected mothers</td>
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<td></td>
<td></td>
<td>• Sex partners of infected persons</td>
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<td>• Persons with multiple sex partners</td>
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<td>• Persons with a sexually transmitted disease (STD)</td>
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<td>• Men who have sex with men</td>
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<td>• Injection drug users</td>
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<td>• Household contacts of infected persons</td>
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<td>• Healthcare and public safety workers exposed to blood on the job</td>
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<td>• Residents and staff of facilities for developmentally disabled persons</td>
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<td>• Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%)</td>
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<tr>
<td><strong>Incubation Period</strong></td>
<td><strong>Symptoms of Acute Infection</strong></td>
<td><strong>Likelihood of Symptomatic Acute Infection</strong></td>
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<tr>
<td>15 to 50 days (average: 28 days)</td>
<td>Symptoms of all types of viral hepatitis are similar and can include one or more of the following:</td>
<td>• &lt; 10% of children &lt; 6 years have jaundice</td>
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<tr>
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<td>• Loss of appetite • Nausea • Vomiting • Abdominal pain • Gray-colored bowel movements • Joint pain • Jaundice</td>
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<td><strong>Potential for Chronic Infection</strong></td>
<td><strong>Severity</strong></td>
<td><strong>Potential for Chronic Infection</strong></td>
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<tr>
<td>None</td>
<td>Most persons with acute disease recover with no lasting liver damage; rarely fatal</td>
<td>Among unimmunized persons, chronic infection occurs in &gt;90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults</td>
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<tr>
<td><strong>Severities</strong></td>
<td>Most persons with acute disease recover with no lasting liver damage; acute illness is rarely fatal</td>
<td>Acute illness is uncommon. Those who do develop acute illness recover with no lasting liver damage.</td>
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<tr>
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<td>15%–25% of chronically infected persons develop chronic liver disease, including cirrhosis, liver failure, or liver cancer</td>
<td>60%–70% of chronically infected persons develop chronic liver disease</td>
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<td>1,800 persons in the United States die with HBV-related liver disease as documented from death certificates</td>
<td>5%–20% develop cirrhosis over a period of 20–30 years</td>
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<td>1%–5% will die from cirrhosis or liver cancer</td>
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<td>17,000 persons in the United States die with HCV-related liver disease as documented from death certificates</td>
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</tbody>
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**Continued on next page**
### Hepatitis A

#### Serologic Tests for Acute Infection
- IgM anti-HAV

#### Serologic Tests for Chronic Infection
- Not applicable—no chronic infection

#### Screening Recommendations for Chronic Infection
- Not applicable—no chronic infection
  
  **Note:** Screening for past acute infection is generally not recommended

#### Treatment
- No medication available
  - Best addressed through supportive treatment

#### Vaccination Recommendations
- Hepatitis A vaccine is recommended for:
  - All children at age 1 year
  - Travelers to regions with intermediate or high rates of Hepatitis A
  - Men who have sex with men
  - Users of certain illegal drugs (injection and non-injection)
  - Persons with clotting-factor disorders
  - Persons who work with HAV-infected primates or with HAV in a research laboratory
  - Persons with chronic liver disease, including HBV- and HCV-infected persons with chronic liver disease
  - Family and care givers of recent adoptees from countries where Hepatitis A is common
  - Anyone else seeking long-term protection

#### Vaccination Schedule
- 2 doses given 6 months apart

### Hepatitis B

#### Serologic Tests for Acute Infection
- HBsAg in acute and chronic infection
- IgM anti-HBc is positive in acute infection only

#### Serologic Tests for Chronic Infection
- HBsAg (and additional markers as needed)

#### Screening Recommendations for Chronic Infection
- Testing is recommended for:
  - All pregnant women
  - Persons born in regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%)
  - U.S.-born persons not vaccinated as infants whose parents were born in regions with high rates of Hepatitis B (HBsAg prevalence of ≥8%)
  - Infants born to HBsAg-positive mothers
  - Household, needle-sharing, or sex contacts of HBsAg-positive persons
  - Men who have sex with men
  - Injection drug users
  - Patients with elevated liver enzymes (ALT/AST) of unknown etiology
  - Hemodialysis patients
  - Persons needing immunosuppressive or cytotoxic therapy
  - HIV-infected persons

#### Treatment
- Acute: No medication available; best addressed through supportive treatment
- Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs

#### Vaccination Recommendations
- Hepatitis B vaccine is recommended for:
  - All infants at birth
  - Older children who have not previously been vaccinated
  - Susceptible sex partners of infected persons
  - Persons with multiple sex partners
  - Persons seeking evaluation or treatment for an STD
  - Men who have sex with men
  - Injection drug users
  - Susceptible household contacts of infected persons
  - Healthcare and public safety workers exposed to blood on the job
  - Persons with chronic liver disease, including HCV-infected persons with chronic liver disease
  - Persons with HIV infection
  - Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients
  - Residents and staff of facilities for developmentally disabled persons
  - Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%)
  - Unvaccinated adults with diabetes mellitus 19–59 (for those aged ≥60 years, at the discretion of clinician)
  - Anyone else seeking long-term protection

#### Vaccination Schedule
- Infants and children: 3 to 4 doses given over a 6- to 18-month period depending on vaccine type and schedule
- Adults: 3 doses given over a 6-month period (most common schedule)

### Hepatitis C

#### Serologic Tests for Acute Infection
- No serologic marker for acute infection

#### Serologic Tests for Chronic Infection
- Screening assay (EIA or CIA) for anti-HCV
  - Verification by an additional, more specific assay (e.g., nucleic acid testing (NAT) for HCV RNA)

#### Screening Recommendations for Chronic Infection
- Not applicable—no chronic infection
  - Note: Screening for past acute infection is generally not recommended

#### Treatment
- Acute: Antivirals and supportive treatment
- Chronic: Regular monitoring for signs of liver disease progression; new direct acting antiviral medications offer shorter durations of treatment and increased effectiveness, including higher rates of sustained virologic response (SVR) which is a marker for cure

#### Vaccination Recommendations
- There is no Hepatitis C vaccine.