

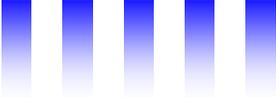


COMMUNICABLE DISEASE

Oneida County Health Department

September, 2013

Communicable Disease & Surveillance Report



September 23-29
National Adult Immunization Week

WHAT'S NEW WITH FLU?

Every flu season is unpredictable, and each one brings special challenges. The 2013-2014 season will see the implementation of NYS PHL Law section 2.59 requiring healthcare personnel not vaccinated against influenza for the current season wear a surgical or procedure mask while in areas where patients or residents may be present. **For more on this law.**

http://www.health.ny.gov/professionals/nursing_home_administrator/dal_nh_13-04_flu_mask_requirement.htm



VACCINATE ADULTS!
Download September 2013 Issue

VACCINATE ADULTS

Very good resource for all vaccination needs for providers
(Ctrl+click image)



INFLUENZA

DID YOU KNOW?

INTERESTING FLU FACTS :

Since 2004-2005, flu-related deaths in children reported to CDC during regular influenza seasons have ranged from 35 deaths (during 2011-2012) to over 150 deaths during 2012-2013). However, during the 2009 H1N1 influenza pandemic, (April 15, 2009 to October 2, 2010), 348 pediatric deaths were reported to CDC. To date, most flu-related pediatric deaths have occurred in children who were not vaccinated against flu.

The 2009 H1N1 virus continues to circulate. The seasonal flu vaccine wasn't formulated to protect against the 2009 H1N1 virus until the 2010-2011 flu season. This means that children who did not get the monovalent 2009 H1N1 vaccine in 2009-2010, or a seasonal flu vaccine in 2010-2011 or later, will not be fully protected from the 2009 H1N1 virus until they receive two doses of the 2013-2014 flu vaccine.

Getting a flu shot protects pregnant women from the flu. Studies also have shown that getting a flu shot during pregnancy can decrease the baby's risk of getting the flu for up to 6 months after birth.

Among adults hospitalized with the flu during the 2012-13 influenza season, heart disease was the most common chronic condition; 45% of adults hospitalized with the flu during the 2012-13 flu season had heart disease. The percentage of patients 18-64 years that got the flu vaccine was 48% in 2011-12.

For the 2013-2014 flu season, there is a flu vaccine option (Flublok[®]) for persons 18 through 49 years of age that does not use the influenza virus or chicken eggs in its manufacturing process. This vaccine is egg-free. A summary of recommendations for vaccination of persons with egg allergy can be found at: <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#egg-allergy>

All nasal spray flu vaccine for the 2013-2014 season will be made to protect against four flu viruses (quadrivalent flu vaccine).

ONEIDA COUNTY COMMUNICABLE DISEASE SURVEILLANCE— August 2013

DISEASE	August-2013	YTD/2013	YTD/2012	August-2013	YTD/2013	YTD/2012
Tuberculosis	0	7	4	*Influenza A	0	89
Giardia	5	36	34	*Influenza B	0	117
Rabies Exposure	8	49	77	Salmonella	3	18
Campylobacter	6	20	19	Cryptosporidiosis	5	12
Pertussis	0	7	24	Cyclospora	0	0
Lyme	21	66	15			

*Influenza data reflects confirmed cases from Sept. 1, 2013

DTAP AND TDAP AND TUBERSOL SHORTAGES

One vaccine manufacturer, Sanofi Pasteur, has announced shortages in two DTaP-containing vaccines (Pentacel and Daptacel) and one Tdap vaccine (Adacel). They remain intermittently available, although in limited amounts, through the NYS VFC program. There is anticipated to be sufficient supply of other DTaP – containing and Tdap vaccines to cover the need from GlaxoSmithKline (GSK); however, providers may experience up to a two week delay in filling orders for Boostrix for privately insured children. NYSDOH encourages schools to allow entry if there is evidence of a good faith effort to obtain these immunizations.

Recurrent nationwide Shortage of Tuberculin Skin Test Antigen Solutions: CDC Recommendations:

Two kinds of immunological methods are used for detecting *M. Tuberculosis* infection: tuberculin skin tests (TSTs) and interferon- γ release assay (IGRA) i.e. Quantiferon blood tests. The indications for using these tests are the same for both methods. However, when findings such as chest radiography and mycobacterial cultures are sufficient for confirming or excluding the TB, the results from either test might be unnecessary, and treatment should be started regardless of results from TST or IGRA tests.

CDC recommends any of these general approaches for addressing the shortages:

1. Substitute IGRA blood test for the TST. Local labs can give details on cost (greater than TST) and transportation limitations.
2. Substitute APLISOL for TUBERSOL for TST if it is available.
3. Allocate TSTs to priority usages, such as TB contact investigations, healthcare personnel upon hire if they are assigned to clinical areas. (Annual TB testing for healthcare personnel may be deferred, documentation in their file is required, reflecting the reason, and testing must be done when shortage is over), and students doing clinical experience in healthcare facilities must also receive testing prior to clinical experience.
4. For more information you can visit <http://www.cdc.gov/mmwr/PDF/rr/rr5905.pdf>.