

The Pump Handle The Pump Handle



"I had an interview with the Board of Guardians of St. James's parish, on the evening of Thursday, 7th September, and represented the above circumstances to them. In consequence of what I said, the handle of the pump was removed on the following day."

John Snow, 1855

July 2016 Topics

- June ACIP Updates – Molly Howell
- The Influenza Program is Recruiting for ILINet Providers! – Jill Baber
- Increase of HIV Prevalence in North Dakota – Dee Pritschet
- Zika Update – Laura Cronquist



June Advisory Committee on Immunization Practices (ACIP) Updates

The ACIP met June 22 and 23 in Atlanta, GA. The following is a brief summary of what was presented at the meeting and the recommendations that were made. Recommendations will be published in the future in Morbidity and Mortality Weekly Report (MMWR).

Influenza Vaccine:

On June 22, 2016, the Centers for Disease Control and Prevention's (CDC) ACIP voted that live attenuated influenza vaccine (LAIV), also known as the "nasal spray" flu vaccine or Flumist®, should **not** be used during the 2016-2017 flu season. ACIP continues to recommend annual flu vaccination with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) for everyone six months and older.

ACIP is a panel of immunization experts that advises the CDC. This ACIP vote is based on data showing poor or relatively low effectiveness of LAIV from 2013 through 2016. Last flu season, LAIV showed no protective benefit in vaccine effectiveness studies.

Since LAIV should not be used next season, the North Dakota Department of Health (NDDoH) recommends that all North Dakota health care providers cancel pre-booked orders for LAIV with

the manufacturer or distributor. Providers should order IIV to replace doses of LAIV. The Influenza Vaccine Availability Tracking System (<http://www.izsummitpartners.org/ivats/>) will be updated as to manufacturer and distributor influenza vaccine availability. Providers may not be able to obtain preferred brands or presentations of IIV.

For providers who pre-booked LAIV with the Vaccines For Children (VFC) Program, the NDDoH Immunization Program will be replacing LAIV doses with IIV doses. Providers do not need to contact the NDDoH to cancel pre-booked VFC LAIV. The VFC Program supplies vaccines for children who are American Indian, Medicaid-eligible, uninsured, or underinsured.

For more information about this ACIP action, please see the NDDoH Health Advisory at <http://www.ndhealth.gov/Immunize/default.htm>.

Cholera Vaccine:

On June 10, 2016, the Food and Drug Administration (FDA) approved Vaxchora™, the only vaccine available to prevent cholera caused by serogroup 01, the predominant serotype around the world (99 percent).

Cholera, a watery, diarrheal disease caused by the *Vibrio cholera* bacteria, is rare in the United States, but common in parts of the world where water and sewage treatment programs are inadequate. Approved for adults ages 18 to 64 years, the vaccine is a single oral dose given at least ten days before travel. There is very limited information on the duration of protection beyond three to six months for this vaccine.

ACIP recommended the use of the vaccine in patients who are traveling to areas of active toxigenic *V. cholera* transmission. Vaccination is especially important for patients who would have poor clinical outcomes if infected. These include travelers who are unable to follow safe food and water measures, health care workers who may be exposed while treating patients, travelers without access to rapid medical care, those with low gastric acidity, people with type “O” blood, and travelers with chronic medical conditions who would tolerate dehydration poorly.

Meningococcal ACYW-135 Vaccine:

People with HIV are at increased risk of meningococcal disease. The ACIP voted to recommend meningococcal conjugate vaccine (MCV4) for people ages two months and older who have HIV. A primary series should be given, followed by booster doses every five years for the rest of their life.

Meningococcal B Vaccine:

The FDA approved a change to the meningococcal group B (MenB; Trumenba®) label on April 14, 2016. A two-dose schedule (0 and 6 months) was approved. The ACIP was presented data on the two-dose schedule, but did not take a vote. Until ACIP recommends the two-dose schedule, health care providers should continue to use the three-dose schedule (0, 1-2, and 6 months). ACIP will further discuss MenB vaccine at the October 2016 meeting.

RSV Vaccine:

Respiratory Syncytial Virus (RSV) is a major cause of lower respiratory tract disease in infants and children, with studies showing that almost all children have been infected by the age of two. People older than age 60 years are also regularly infected with RSV, with approximately 180,000 hospitalizations per year. A new subunit vaccine targeting patients ages 60 and older is in Phase III trials. A new ACIP workgroup was formed to discuss RSV and to develop recommendations for use of RSV vaccine in the future.

For more information about ACIP, please visit <http://www.cdc.gov/vaccines/acip/>.



The Influenza Program is Recruiting for ILINet Providers!

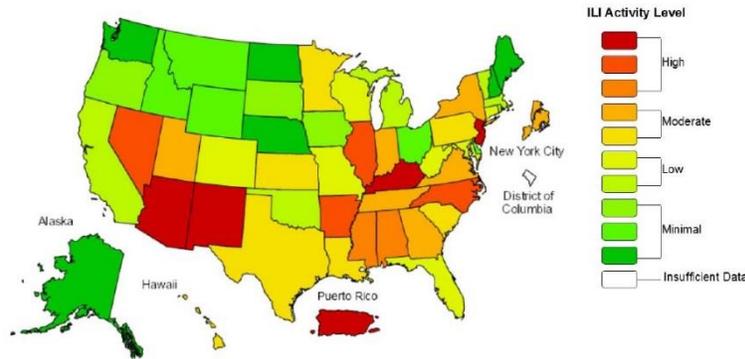
The influenza surveillance program at the NDDoH is recruiting for additional providers to participate in the Influenza-Like Illness Network (ILINet), a cooperative outpatient influenza-like illness surveillance program administered by state health departments and the Centers for Disease Control and Prevention (CDC). A special thank you to our wonderful continuing providers!

The screenshot shows a web form titled "Sentinel Provider Reports of Influenza-Like Illness (ILI)". It includes a dropdown menu for "Physician" (with the text "Please Select from List"), a dropdown menu for "Report for 7 day period ending: (Period ends Saturday at Midnight)" (with the text "Please Select Week Ending Date"), and a "Revised?" checkbox. A large red oval with the text "Easy online reporting!" is overlaid on the form. Below this, there are input fields for "Number of Patients with ILI" by age group: "0 - 4 Years", "5 - 24 Years", "25 - 49 Years", "50 - 64 Years", and "> 64 Years", each with a "0" in the input field. There is also a field for "Total Number of Patients Seen for Any Reason" with a "0" in the input field, and a field for "Person Completing Report". At the bottom, there is a "Send Report to Influenza Staff" button.

The ND ILINet program is in need of additional providers. ILINet providers track when a patient presents with a fever of 100°F or greater, accompanied by either a cough and/or sore throat. The number of patients presenting with ILI each week (by age group) and the total number of patients seen that week for any reason is reported at the beginning of the following week. Information can be emailed, faxed, or entered via online portal (as seen below).

The NDDoH transmits this information weekly to the CDC for use in the national influenza surveillance picture. Providers may also choose to report to the CDC directly, in which case the CDC shares this information with the NDDoH.

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2015-16 Influenza Season Week 9 ending Mar 05, 2016



North Dakota ILINet data populates this map on the CDC's weekly FluView report.

www.ndflu.com/Reporting/PhysicianReport.asp

Several times per season, participating providers also receive 2-3 influenza test collection kits containing supplies necessary to collect and mail surveillance specimens to the state lab completely free of charge for influenza PCR testing. A subset of these specimens is then sent on to the CDC for additional testing and molecular characterization. These surveillance specimens provide important information on what strains of influenza are circulating, and help to inform vaccine strain selection for the following season.

ILINet data is an important source of information regarding influenza activity at both the state and national level. Participants can be individual providers or group of providers in one clinic. Past participants have reported that ILINet reporting takes only five to 15 minutes of time each week.

If you are a provider caring for patients in an ambulatory outpatient setting and are interested in participating in the ILINet program, or if you would like more information please call influenza surveillance coordinator Jill Baber at 701.328.3341, or download our ILINet brochure at <http://www.ndflu.com/Reporting/ILINetBrochure.pdf>.



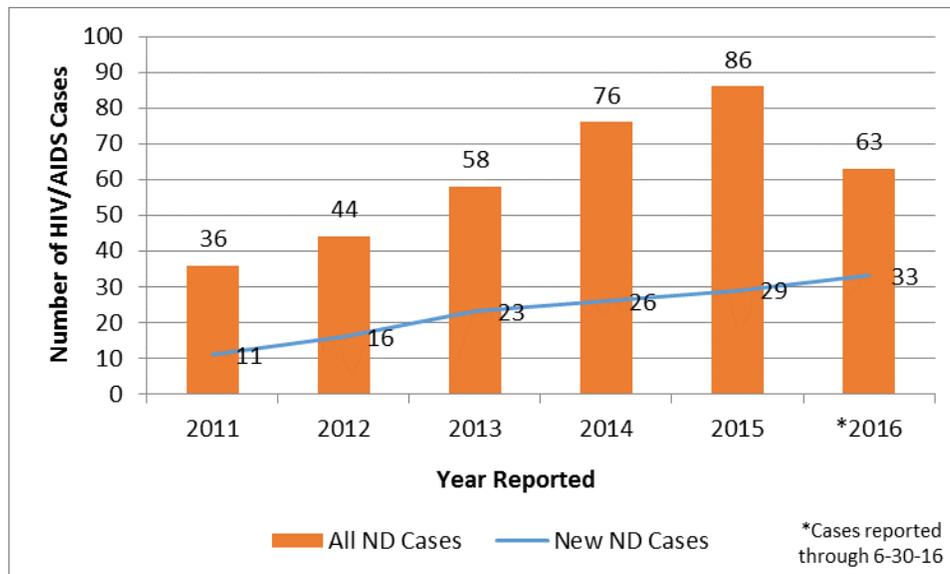
Increase of HIV Prevalence in North Dakota

The NDDoH is seeing an increase in newly diagnosed HIV/AIDS cases. As of June 30, 2016, 33 cases of newly diagnosed HIV/AIDS have been reported compared to a total of 29 cases in 2015. Since 2011, a 200% increase in HIV/AIDS cases have been reported. These cases are not isolated to one part of the state.

Risk factors for transmission reported in 2016 include Men who have Sex with Men (MSM), Intravenous Drug Use (IDU), Heterosexual Contact and Sexual Contact with Person with AIDS.

An increase for Intravenous Drug Use (IDU) is being reported for both male and female cases. 41% (9/22) of MSM are less than 30 years of age. IDU has not traditionally been a commonly reported risk factor, however, given the rise in HCV reports among young people, the rise in opioid and other drug use and a lack of safe syringe services, HIV transmission among this population is of concern.

When seeing patients who present with suspected or known injection drug use, testing for HIV and HCV should always be considered. Services are available to provide treatment and medical care for those who are diagnosed with HIV through the Ryan White Part B program. Prompt linkage and retention in care are key to reducing the spread of the infection. For more information, please call the NDDoH HIV Program at 701.328.2378.



Zika Update

As of August 1, 2016, two cases of Zika virus disease have been reported to the NDDoH. Both individuals reported recent travel to an area with active Zika virus transmission prior to becoming ill. Neither case was hospitalized.

According to the Centers for Disease Control and Prevention (CDC), 50 countries and territories worldwide have reported active Zika virus transmission as of July 21, 2016. A current map and full listing of these areas can be found at www.cdc.gov/zika/geo/active-countries.html. Pregnant women should avoid travel to an area with active Zika transmission. If a pregnant woman must travel to one of these affected areas, she should consult her healthcare provider before traveling and strictly follow steps to prevent mosquito bites during her trip. Pregnant women with a sex partner who has traveled to or lives in an area with active Zika virus transmission should use condoms or other barrier methods to prevent infection via sexual transmission, or abstain from sex for the duration of the pregnancy.

The CDC and the Florida Department of Health recently announced the discovery of local transmission of Zika virus in the Wynwood neighborhood of Miami, FL. Zika testing is recommended for pregnant women who traveled to this area of Miami any time after June 15, 2016. For further information, including advice for people living in or traveling to Florida, visit www.cdc.gov/zika/intheus/florida-update.html.

For more information on Zika, please contact Laura Cronquist at 701.328.2694 or visit www.ndhealth.gov/disease/zika.



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