

The Pump 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

May 2017 Topics

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Perinatal Hepatitis B Prevention Program

Transmission of hepatitis B virus from mother to infant during the perinatal period is the most efficient mode of hepatitis B virus infection. About 90 percent of infants born to hepatitis B surface antigen (HBsAg) positive women will develop chronic hepatitis B virus infection if they do not receive the appropriate prophylaxis at birth and one-fourth of these infants will eventually die from chronic liver disease.

Pregnancy in a hepatitis B positive person is a reportable condition in North Dakota, and all health care providers are responsible for reporting it. The Perinatal Hepatitis B Prevention Program at the North Dakota Department of Health (NDDoH) was developed to ensure infants born to HBsAg-positive mothers receive appropriate prophylaxis at birth, complete the hepatitis B vaccine series, and are tested for HBsAg infection and antibody to hepatitis B surface antigen (anti-HBs).

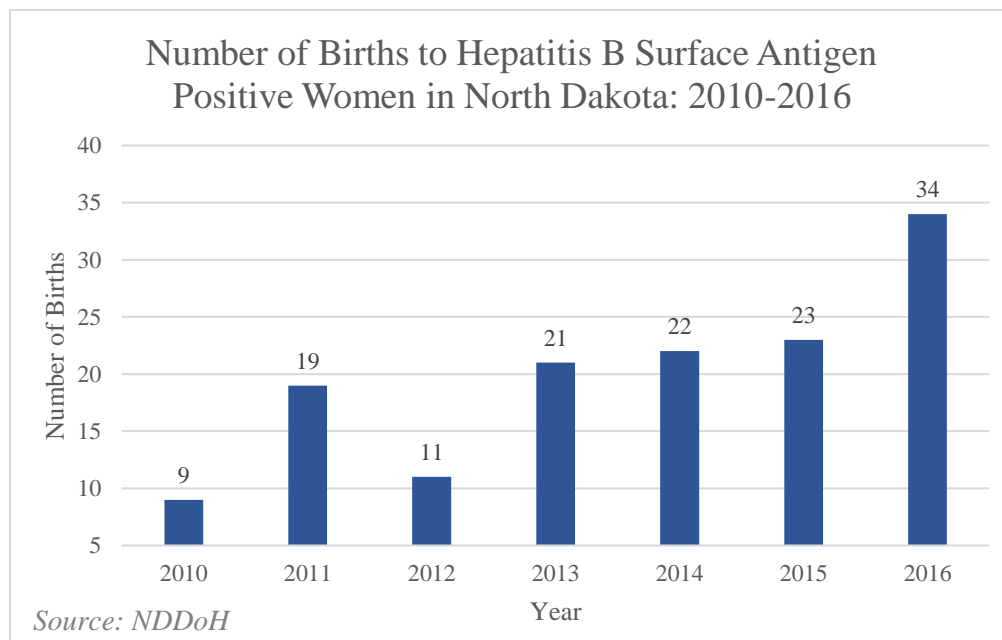
Proper prophylaxis for infants born to HBsAg-positive women consists of hepatitis B immune globulin (HBIG) and the birth dose of hepatitis B vaccine, both given within 12 hours of birth.

Birthing hospitals are required to report when a HBsAg-positive woman delivers. The infant's primary care provider should ensure the infant receives the remaining two doses of the hepatitis B vaccination series followed by serological testing one to two months after the final dose and when the infant is at least nine months old. This ensures the infant has not developed an infection (HBsAg+), and that they have developed adequate anti-HBs, which protects the infant from the virus. The NDDoH should be notified following each vaccination and serological testing.

If a child's anti-HBs is not positive after the initial hepatitis B vaccine series, a single dose should be given, and the anti-HBs testing should be repeated in one to two months. At this time, if the anti-HBs is still negative, the remaining two doses in the series should be given and the child should be tested again in one to two months after the last dose.

The number of births to HBsAg-positive women reported to the NDDoH has increased over the years. In 2010, only nine births to hepatitis B positive women were reported to the NDDoH. In 2016, that number reached 34. Hepatitis B is underreported in the state, and the number of births to hepatitis B positive women in North Dakota is likely higher than what is reported to the NDDoH.

More information on the NDDoH Perinatal Hepatitis B Prevention Program, as well as information about provider responsibilities and report forms, are available on the NDDoH Immunization website: <http://www.ndhealth.gov/Immunize/Providers/PerinatalHepB.aspx>.



NDDoH Contracts for New TB Medication Pharmacy Program

The NDDoH TB Prevention and Control Program will be implementing a more efficient process to supply necessary medication for Latent Tuberculosis Infection (LTBI) and active tuberculosis disease starting this summer.

For case management and delivery to be managed by local public health nursing staff, all prescriptions must be submitted electronically to the UND Center for Family Medicine Pharmacy - Bismarck, the designated contract pharmacy. Providers are asked to fill out a request for LTBI medications form and fax the form to local public health where the patient will be receiving their medication. If providers choose to self-case manage patients, those patients can fill those prescriptions at any pharmacy. The TB Program will coordinate only with the contract pharmacy to bill the patient's prescription insurance and will cover the remainder of the cost so that TB medications are always without charge to the patient.

For those managed through local public health, the case information is entered into a secure electronic surveillance system, MAVEN, which allows for better follow-up of LTBI care. Prescribed medications will be shipped to the local public health unit monthly. A case manager is assigned to each patient who educates the patients about TB treatment, ensures their treatment is continuous and monitors for any adverse effects to the TB medication.

To request medication for active TB cases, the provider should contact the North Dakota TB Program at 701.328.2377 or 701.328.2378.



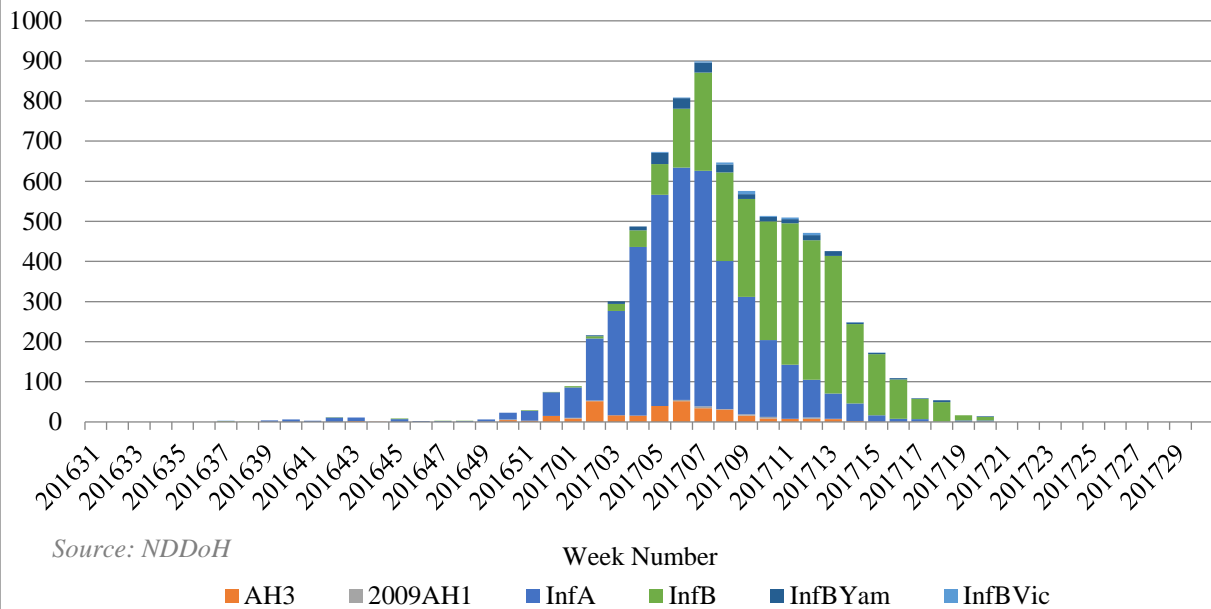
2016-2017 Influenza Seasonal Update

A total of 7,484 cases of laboratory identified influenza were reported to NDDoH through week 20, the “end” of the influenza season. Influenza cases increased considerably in January and peaked the week of February 12.

The predominant strain circulating this season was influenza A H3N2, which was well-matched to the H3N2 vaccine strain. The influenza A 2009 H1N1 strain also circulated at low numbers. This season, we saw a larger than usual percentage of influenza B, making up 42% of reported cases for the season. Viruses of the Yamagata lineage made up a large percentage of subtyped influenza B in North Dakota this season. This season, B Yamagata coverage was only provided in quadrivalent influenza vaccine, which always protects against both B lineages. The Yamagata lineage was switched out for the Victoria lineage for the 2016-17 trivalent influenza vaccines. Influenza B was more prevalent in the second half of the season, which is typical for influenza B.

Influenza Subtype	Number of cases
A (unsubtyped)	3,982
A H3N2	332
A 2009 H1N1	23
B (unsubtyped)	2,918
B Yamagata	194
B Victoria	35
Total	7,484

**Number of Reported Laboratory-Identified Influenza Cases by Week
in North Dakota (2016 - 2017 Flu Season)**



Syringe Exchange—North Dakota Senate Bill 2320

Syringe Access Programs became legal in the state of North Dakota with the passage of SB 2320 in the 2017 Legislative Session. They are targeted to communities at risk for increases in HIV and viral hepatitis infections due to people in that community who inject and are sharing injection equipment.

SB 2320 created and enacted a new subsection to section 19-03.4-02 and a new section to chapter 23-01 of the North Dakota Century Code, relating to drug paraphernalia guidelines and a syringe exchange program.

The new subsection to section 19-03.4-02 of the North Dakota Century Code (NDCC) provides guidelines to the court and law enforcement for clarification in determining whether an object is drug paraphernalia, in addition to all other logically relevant factors. This addition grants the consideration to local law enforcement to disregard needles collected under an exchange as drug paraphernalia. By working with local law enforcement, syringe exchange programs (SEPs) can legally collect injection equipment without the risk of penalty for possessing drug paraphernalia.

The second addition to the NDCC adds a new section to chapter 23-01 that authorizes or legitimizes SEPs in North Dakota given appropriate authorization as a qualified entity. The addition also clarifies that the NDDoH will be the final authorizing agency to request or deny a local agency or organization the authority to operate an SEP. The NDDoH will perform an ongoing assessment of the programs for adherence to requirements of the statute. The NDDoH will be the authorizing agency for all SEP programs to operate in the state. The NDDoH will be issuing guidance later this year that will be a template for agencies to use to develop their SEP program. The guidance will provide all of the necessary items that must be considered for NDDoH to authorize the program.

Provisions of the law are that no state general funds are to be used to purchase injecting equipment, which includes needles, syringes, and other equipment for the process of injecting. However, if available, state general funds can support the development, implementation, and evaluation of syringe access programs.



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