

# Oneida County Health Department

# PUBLIC HEALTH UPDATE

December 2015/January 2016

December 2015 Surveillance

## Methicillin-Resistant Staphylococcus Aureus (MRSA)

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**What is MRSA?:** MRSA refers to a bacteria (Staphylococcus Aureus) that is resistant to many antibiotics.

**Who is affected by MRSA?:** Anyone can get MRSA. Most cases are found in hospitalized patients, but athletes may become infected or become exposed to this as well.

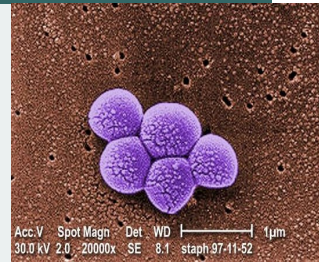
**What are the symptoms of MRSA infection?:** Depending on the area of the body that is affected, infection may result in redness, swelling, and tenderness of the infection site. MRSA infections often first look like spider bites or bumps that are red, swollen, and painful. These skin infections commonly occur at sites of visible skin trauma, such as cuts and abrasions, and areas of the body covered by hair (e.g., back of neck, groin, buttock, armpit, beard area of men). People may carry MRSA without having any symptoms.

**How is MRSA spread?:** MRSA is spread through direct contact with the hands of someone who is infected with MRSA or carrying the bacteria.

**How long can an infected person carry MRSA?:** Some people carry MRSA for days to months even after being treated.

**How are MRSA infections diagnosed?:** MRSA infections are diagnosed when the doctor sends a sample from the infection site to a laboratory. The lab will test to see if the bacteria is resistant.

**How are MRSA infections treated?:** MRSA infections can usually be treated with an antibiotic known as vancomycin. Alternative antibiotics are being developed to treat infections that are resistant to vancomycin.



Acc:V Spot Magn Det:WD | 1µm  
30.0 KV 2.0 20000x SE 8.1 staph 97-11-52



Photo Credit: Major Kirk Waibel, MD



http://ghit.cdc.gov

## METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

**80,461**  
SEVERE MRSA  
INFECTIONS PER YEAR

**11,285**  
DEATHS FROM  
MRSA PER YEAR

**THREAT LEVEL**  
**SERIOUS**

This bacteria is a serious concern and requires prompt and sustained action to ensure the problem does not grow.

**STAPH BACTERIA ARE A LEADING CAUSE OF HEALTHCARE-ASSOCIATED INFECTIONS**

## NYSDOH Recommendations to Prevent Community Acquired MRSA in Athletic Settings

### Wound Care

- Cuts or other abrasions on the skin should be washed with soap and water.
- Cover all wounds. A clean dressing should be applied every day until healed.
- All open wounds need to be cared for with the use of gloves to avoid exposure.
- Soiled dressings should be handled with gloves and adequately disposed of after handling.
- Wash hands frequently after exposure to contaminated persons and equipment.

### Prevention Strategies

- Coaches and trainers should always use gloves when attending to the wounds of athletes.
- Refer wounds to appropriate healthcare personnel and assure little to no contact to other players.
- Launder personal items (i.e., towels) and clean sports equipment frequently, ideally after each use.
- At the beginning of every season, teach players how to recognize wounds.
- If an infection is identified, take proper precautions in avoiding the spreading of the infection.
- Report any clusters of skin infection to your local health department.

For more information: <http://www.cdc.gov/mrsa/healthcare/clinicians/materials-hcp/index.html>

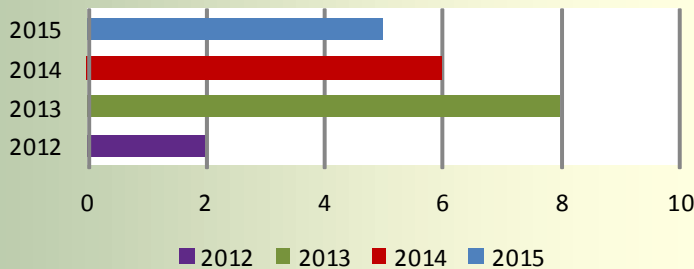
## Oneida County Communicable Disease Surveillance—December 2015

DISEASE	DEC 2015	2015	2014	DISEASE	DEC 2015	**2015	*2014
Tuberculosis	1	5	2	Influenza A	2	10	232
Giardia		34	42	Influenza B	0	3	7
Rabies Exposure	0	57	52	Pertussis	0	7	28
Salmonella	0	30	20	Cryptosporidiosis	2	12	20
Chlamydia	54	749	789	Syphilis	2	5 - early latent 2 - neurosyphilis	4 - early latent 1 - neurosyphilis
Campylobacter	1	15	26	Gonorrhea	3	99	114
Hepatitis C	40	218	164	Lyme	2015 –38 confirmed cases As of April 1, 2015 OCHD became a sentinel county for Lyme Disease meaning that 20% of the received reports are required by NYSDOH to be investigated. Data for 2014 is not based on the same sample so comparison cannot be made.		
Hepatitis C (acute)	1	6	5				

\*Influenza date reflect confirmed cases from 10/1/14-12/31/14; \*\*Influenza date reflect confirmed cases from 10/1/15-12/31/15

# Communicable Disease - 2015 Year in Review

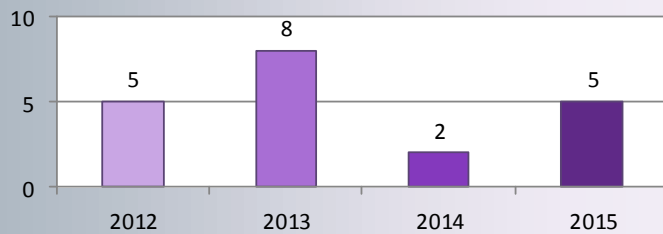
## Legionella Cases in Oneida County 2012-2015



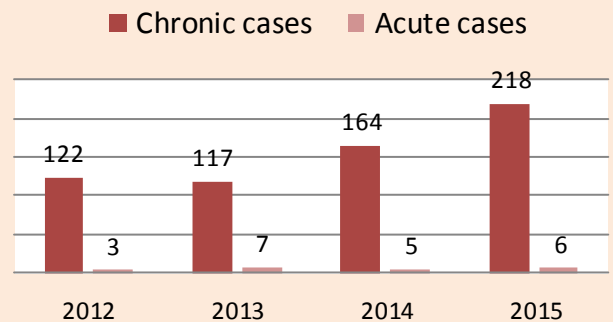
As a result of the Legionella outbreak in New York City in 2015, the NYSDOH now requires that all cooling towers be registered and inspected annually.

Three out of five Oneida County TB cases were found to be resistant to first line TB drugs. One extra-pulmonary TB case was INH resistant, and two pulmonary cases were found to be Streptomycin resistant.

## Tuberculosis in Oneida County 2012-2015

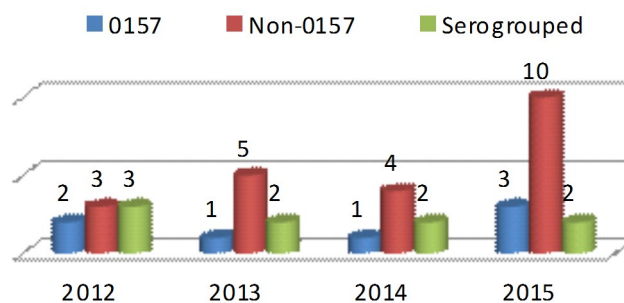


## Hepatitis C Comparison Data 2012-2015



The increase in Chronic Hepatitis C may be due to the new Hepatitis C law passed in 2014 which requires providers to offer testing to all baby boomers (those born from 1945-1965).

## E.Coli Cases in Oneida County 2012-2015



In 2015, there was a significant increase in E. Coli cases. After investigation, the cause still remains unknown.

# ZIKA VIRUS INFECTION

**Zika virus** is a mosquito-borne flavivirus transmitted primarily by the *Aedes aegypti* mosquito (*day time mosquito*). It is the same mosquito that carries Dengue Fever and Chikungunya. Mosquitos become infected when they feed on a person already infected with the virus. Infected mosquitos spread the virus to other people through bites. In May 2015, Zika virus was reported in Brazil. As of January 15, 2016 at least 14 countries in the Americas including Puerto Rico, reported transmission of the virus. Zika virus infections have been confirmed in several infants with microcephaly and in fetal losses in **women infected during pregnancy**. CDC reports that additional studies are needed to further characterize this relationship.



**Symptoms:** Acute onset of fever, maculopapular rash, arthralgia or conjunctivitis. Illness is usually mild lasting several days to one week.

**Diagnosis:** Symptomatic individuals who report travel from affected countries within two weeks are recommended to be tested. Dengue Fever and Chikungunya should be ruled out. Zika virus usually remains in the blood of an infected person for a few days to a week. To confirm evidence of the virus infection serum specimen should be collected within the first week of illness. Testing is not available through commercial labs, but can be performed at New York State Department of Health Wadsworth Center. Providers need to contact their local health departments to facilitate testing and diagnosis.

**Treatment and Prevention :** Currently no specific treatment or vaccines are available for the virus. Supportive care is the recommended treatment at this time including rest, fluids, and use of analgesics and antipyretics. The best way to prevent the virus is to avoid mosquito bites, use air conditioning or screens when indoors, and wear long sleeves and pants, and use insect repellent when outdoors. Pregnant women in any trimester should consider postponing travel to areas where the Zika virus transmission is ongoing. CDC has issued Level 2 travel notices : <http://wwwnc.cdc.gov/travel/notices>

**Reporting:** Hospitals and healthcare providers must report suspected cases of Zika virus to the local health department where the patient resides.

For more information for clinicians go to: <http://www.cdc.gov/zika/hc-providers/index.html>

For interim guidelines for pregnant women: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm>

## January is Cervical Health Awareness Month

January is Cervical Health Awareness month, and it's a great time to remind women to get screened for cervical cancer. This is also an opportunity to encourage parents to get their pre-teens vaccinated against the HPV vaccine. HPV (human papillomavirus) is a very common infection that spreads through sexual activity. It's also a major cause of cervical cancer. About 79 million Americans currently have HPV, but many people with HPV don't know they are infected.

### Good news:

- The HPV vaccine (shot) can prevent HPV.
- Cervical cancer can often be prevented with regular screening tests (called Pap tests) and follow-up care.

### CDC recommends:

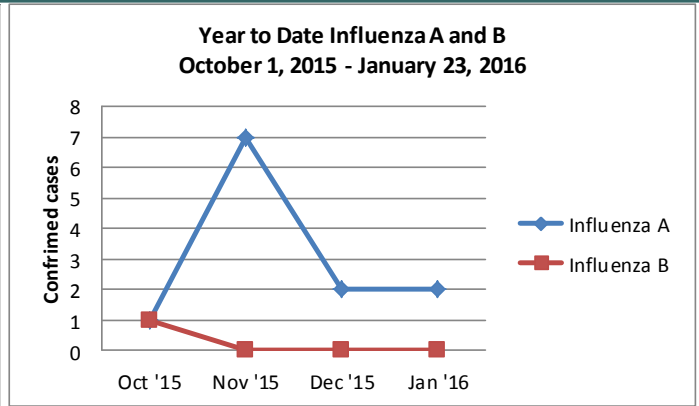
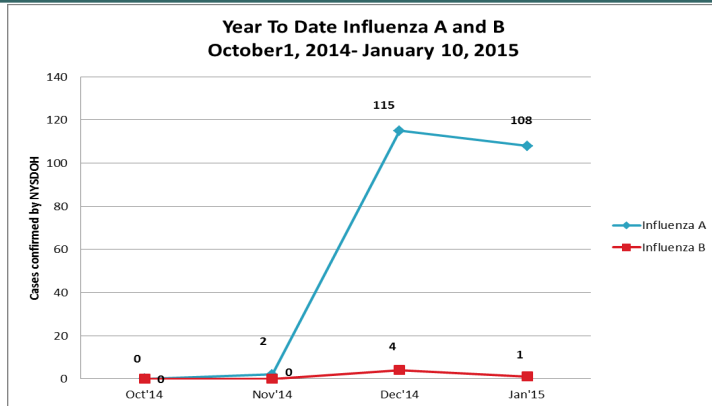
- Women to start getting regular Pap tests at age 21
- Encouraging Parents to make sure their pre-teens get the HPV vaccine at age 11 or 12

Thanks to cervical screening and the HPV vaccine, the cervical cancer death rate has been reduced by 50%. Cervical cancer screenings, or pap smears, can detect changes in the cervix before cancer develops, and also catch cervical cancer early on.

*In February 2015, the Advisory Committee on Immunization Practices (ACIP) recommended 9-valent HPV vaccine as one of 3 HPV vaccines that can be used for routine vaccination of females and one of 2 HPV vaccines for routine vaccination of males.*

*Please see the attached "Supplemental Information and guidance for vaccination providers regarding the use of 9-valent HPV vaccine" - [www.cdc.gov/hpv/downloads/9vHPV-guidance.pdf](http://www.cdc.gov/hpv/downloads/9vHPV-guidance.pdf)*

## INFLUENZA IN ONEIDA COUNTY



NYSDOH has reported that influenza has been promoted from sporadic to regional activity for the week of 1/25/16. At this time, NYSDOH **does not require** unvaccinated healthcare personnel to wear a mask while in areas where patients/residents are present. For more information on this regulation, please go to:

[http://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention\\_of\\_influenza\\_transmission/](http://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/)

### Excellus BCBS Study: 2 Out of 3 Upstate NY Adults Don't Get An Annual Flu Vaccine

Utica, NY - Only one in three upstate New York adults ages 18 to 64 receives an annual flu vaccine, according to new research released today (November 12, 2015) by Excellus BlueCross BlueShield. While not everyone who avoids the flu shot or nasal spray gets sick, there were about 16,000 confirmed cases among adults ages 18 and older in upstate New York last year.

"I don't think people take the flu seriously, and they should," said Frank Dubeck, M.D., Excellus BlueCross BlueShield vice president and chief medical officer for Medical Policy. "Many refer to every case of the sniffles accompanied by aches and pains as the 'flu,' but flu is very specific and very serious." Nationwide, flu causes 200,000 hospitalizations and nearly 24,000 deaths each year. "When it comes to confirmed cases of the flu, upstate New York gets more than its fair share," said Dubeck. "With only a quarter of the state's population, upstate New York accounts for around 37 percent of the state's total confirmed cases."

## NY Links - Ending the AIDS Epidemic Initiative

New York State Governor Cuomo announced a plan to end AIDS as an epidemic in New York State by the end of 2020. "The end of the AIDS epidemic in New York State will occur when the total number of new HIV infections has fallen below the number of HIV-related deaths."

NY Links was created through a HRSA HIV/AIDS Bureau (HAB)-sponsored Special Projects of National Significance (SPNS). Since September of 2015 it is under the Governor's Ending the Epidemic Initiative through the NYSDOH AIDS Institute.

NY Links focuses on improving linkage to care and retention in care and supports the delivery of routine, timely, and effective care for Persons living with HIV/AIDS (PLWHA) in New York State. The program also bridges systemic gaps between HIV related services in order to achieve better outcomes for PLWHA through improving systems for monitoring, recording, and accessing information about HIV care in NYS. They use a regional approach, utilizing the learning collaborative model, to fortify the links holding together communities of practice, and the links grounding them in the communities of consumers they serve.

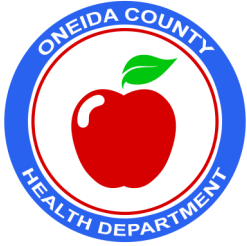
OCHD participated in the first NY Links Central NY Regional Group on November 16, 2015 in Syracuse. Clinical providers, supportive service providers and community members living with or effected with HIV/AIDS are encouraged to participate in this initiative.

For more information on Ending the Epidemic Initiative follow this link- [http://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/](http://www.health.ny.gov/diseases/aids/ending_the_epidemic/)

For more information on NY Links follow this link- <http://www.newyorklinks.org/>



ANTHONY J. PICENTE, JR.  
ONEIDA COUNTY EXECUTIVE



## CLINICAL SERVICES

406 Elizabeth Street  
Utica, New York 13501

Phone: 315-798-5747

Fax: 315-798-1057

E-mail: [spejic@ocgov.net](mailto:spejic@ocgov.net)  
[revans@ocgov.net](mailto:revans@ocgov.net)

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



All previous Public Health Updates are posted at <http://www.ocgov.net>  
Go to "Health Department" then click on "For Providers"

## Etc., Etc.

### Changes to the MOMS Program at OCHD

As of January 1, 2016, OCHD will no longer administer the Health Supportive Services Component of the Medicaid Obstetrical Maternal Services (MOMS). However, **we will screen pregnant women for Medicaid eligibility and will either refer to an appropriate community resource or schedule an appointment to complete the Presumptive Eligibility Medicaid application.** For assistance call **798-5747** and ask for the Maternal Child Health Program.

### OCHD is Available to Assist Providers in Entering Adult Immunizations into NYSIIS

Entering adult immunizations into NYSIIS can prevent duplicate vaccinations and ease access to patient's immunization record at EDs, college campus health clinics and other providers. The OCHD Immunization Team will be happy to come to your office or to provide assistance over the phone.

Call 315-798-5747 and ask for Marina or Christine.

### ACOG New Cervical Cancer Screening Guidelines

The American College of Obstetrics and Gynecology is issuing new guidelines for cervical cancer screening.

The organization now says the FDA-approved HPV test for primary cervical cancer screening can be considered an alternative to the current Pap test in women 25 years and older. They note that incidence of and mortality from cervical cancer has decreased by more than 50% over the past 30 years due to widespread screening.

### NYS DOH Offers New Guidance on MMR Serology for Hospital Personnel

If a HCP has received two doses of measles-containing vaccine and one dose of rubella-containing vaccine on or after the first birthday, and at least 28 days apart, *no serologic titers are recommended to confirm immunity.*

**See attachment draft letter**

### Ebola Update

The NYSDOH Advisory has issued the following:

- Guinea was declared Ebola-free by the World Health Organization (WHO) on December 29, 2015.
- Travelers from Guinea, Sierra Leone, and Liberia are no longer being monitored by NYSDOH or LHDs and no longer need to be evaluated and managed as having suspected EVD.

For more information see attached Health Advisory Update on Ebola Disease



January 7, 2016

**TO:** Hospitals, Healthcare Providers, and Local Health Departments (LHDs)

**FROM:** New York State Department of Health (NYSDOH)  
Bureau of Communicable Disease Control (BCDC)

**HEALTH ADVISORY: UPDATE ON EBOLA VIRUS DISEASE (EVD)**

*Please distribute immediately to the Infection Control Department, Emergency Department, Employee Health Service, Infectious Disease Department, Director of Nursing, Medical Director, Laboratory Service, Pharmacy, and all patient care areas.*

**REVISED WITH CORRECTED LINKS TO INTERNATIONAL TRAVELER  
PATIENT EVALUATION POSTERS**

- Guinea was declared Ebola-free by the World Health Organization (WHO) on December 29, 2015.
- Travelers from Guinea, Sierra Leone, and Liberia are no longer being monitored by NYSDOH or LHDs and no longer need to be evaluated and managed as having suspected EVD.
- Healthcare facilities and providers that routinely care for persons with acute communicable diseases should collect a travel history on all patients upon initial presentation.

**SUMMARY**

On December 29, 2015, the WHO formally declared that the EVD outbreak in Guinea has ended. Travelers from Guinea, Sierra Leone, and Liberia will no longer be monitored by NYSDOH or LHDs and no longer need to be evaluated and managed as having suspected EVD.

Since travel history is an essential tool for rapidly identifying potential communicable diseases, including but not limited to MERS (Middle East Respiratory Syndrome) and measles, healthcare facilities and providers that routinely care for persons with acute communicable diseases should inquire about recent travel in all patients upon initial presentation.

Signage asking patients to provide travel history should also continue to be prominently posted. Posters to remind patients to report recent travel history are available on the NYSDOH website in [English](#), [Spanish](#), [French](#), [Russian](#), [Korean](#), [Italian](#), [Haitian Creole](#), [Polish](#), [Arabic](#), and [Chinese](#).

Both the WHO ([www.wpro.who.int/outbreaks\\_emergencies/en/](http://www.wpro.who.int/outbreaks_emergencies/en/)) and the Centers for Disease Control and Prevention ([www.cdc.gov/outbreaks](http://www.cdc.gov/outbreaks)) maintain websites that list all current outbreaks. Any patient suspected of having a potential travel-related communicable disease should be immediately isolated in a single patient room with strict attention to infection control precautions.

After an initial medical evaluation and without delaying necessary care (e.g., stabilization of critical patient), providers should report suspect cases to the [LHD](#) where the patient resides. Providers who cannot reach their LHD can access 24/7/365 public health consultation from NYSDOH at 518.473.4439 during business hours and 866-881-2809 evenings, weekends and holidays.

**If you have any questions, please contact your local health department or the NYSDOH Bureau of Communicable Disease Control at [bcdc@health.ny.gov](mailto:bcdc@health.ny.gov).**





## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

January 2016

Dear Administrator:

The purpose of this letter is to clarify what constitutes acceptable documentation for proof of immunity to measles and rubella for New York State healthcare personnel (HCP).

If a HCP has received two doses of measles-containing vaccine and one dose of rubella-containing vaccine on or after the first birthday, and at least 28 days apart, *no serologic titers are recommended to confirm immunity*. The New York State Department of Health and Centers for Disease Control and Prevention strongly discourage serologic testing when the vaccination history is available. In the event that a HCP who has two documented doses of measles vaccine and one rubella vaccine is tested serologically, and determined to have negative or equivocal measles or rubella titer results, it is not recommended that the person receive an additional dose of MMR vaccine. Documented age-appropriate MMR vaccination supersedes the results of subsequent serologic testing.

**Acceptable presumptive evidence of immunity against measles includes one of the following:**

- Written documentation of adequate vaccination:
  - Two doses of measles vaccine administered on or after the first birthday and at least 28 days apart **or**
- Laboratory evidence of immunity (positive IgG titer) **or**
- Laboratory confirmation of measles disease (positive culture or PCR) **or**
- Birth before January 1, 1957

**Acceptable presumptive evidence of immunity against rubella includes one of the following:**

- Written documentation of adequate vaccination:
  - One dose of rubella vaccine administered on or after the first birthday **or**
- Laboratory evidence of immunity (positive IgG titer) **or**
- Laboratory confirmation of rubella (positive culture or PCR)

Thank-you for ensuring that healthcare personnel are immune to measles and rubella and protecting patients from vaccine preventable disease.

Thank you,

Elizabeth Rausch-Phung, M.D., M.P.H.  
Director, Bureau of Immunization  
New York State Department of Health

CC: local health departments

**Resources:**

NYSDOH Healthcare personnel immunization:

[http://www.health.ny.gov/prevention/immunization/health\\_care\\_personnel/](http://www.health.ny.gov/prevention/immunization/health_care_personnel/)

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP): <http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>

Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP):

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>

NYSDOH Bureau of Immunization: 518-473-4437