

# Oneida County Health Department

## PUBLIC HEALTH UPDATE

March/April 2017

March Surveillance

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## National Infant Immunization Week 2017



### National Infant Immunization Week

IMMUNIZATION.  
POWER TO PROTECT.

April 22 - April 29, 2017

National Infant Immunization Week (NIIW) is an annual observance to promote the benefits of immunizations and to improve the health of children two years old or younger. While aspects of the campaign may differ each year, the message behind this week is always, 'Love Them, Protect Them, Immunize Them'. Several important milestones have been reached in controlling vaccine-preventable diseases among infants worldwide.

A course of vaccines now offers protection against 14 diseases before age two. These vaccines have drastically reduced infant death and disabilities in the United States. Routine childhood immunization in one birth cohort prevents about 20 million cases of disease and about 42,000 deaths. It also saves about \$13.5 billion in direct costs. It is very important for health care providers to educate parents and caregivers about the importance of vaccination in protecting their children from birth.

If cost is a problem, healthcare providers should provide parents and caregivers with a toll-free number, 800-CDC-INFO (800-232-4636), to locate a facility that offers immunizations through the Vaccines for Children's program, a federally funded program that provides vaccinations at no cost to children whose parents cannot afford to pay for them (CDC, 2017).

Oneida County Health Department is a VFC Program provider.



## APRIL IS STD AWARENESS MONTH

According to the CDC, national data find that syphilis, once nearing elimination, is thriving.

Rates are on the rise among men, women, newborns, a majority of age groups, all

regions, and almost every race and ethnicity. Syphilis's resurgence highlights its ability to affect many communities at anytime and anywhere. We cannot accept this as the new normal. Together, we can and must reverse these increases.

To underscore the importance of this issue, CDC is dedicating the month of April to syphilis prevention.

### Why Are We Talking About Syphilis in 2017?

- ⇒ During 2014-2015, syphilis rates increased in every region, a majority of age groups, and across almost every race/ethnicity. Men in general, and gay and bisexual men(<https://www.cdc.gov/std/sam/2017msm.htm>) specifically, continue to face the highest levels of syphilis.
- ⇒ In recent years, syphilis has also risen among women(<https://www.cdc.gov/std/sam/2017women.htm>). One of the most disturbing trends is back-to-back years of increasing rates among babies who were mis-carried, stillborn, or born with syphilis, also known as congenital syphilis(<https://www.cdc.gov/std/sam/2017women.htm>).
- ⇒ An increase in reports where syphilis affects the eye (i.e., ocular syphilis(<https://www.cdc.gov/std/syphilis/clinicaladvisoryos2015.htm>)) has also occurred across the U.S. These cases can, and have, led to permanent blindness.

### Syphilis by the Numbers

In 2000, syphilis reached historic lows with less than 6,000 cases reported to CDC and a rate of only 2.1 cases per 100,000 people. In 2015, the United States experienced the highest number and rate of reported primary and secondary (P&S) syphilis cases in more than 20 years.

CDC's most recent STD Surveillance Report(<https://www.cdc.gov/std/stats15/syphilis.htm>) in 2015 reports:

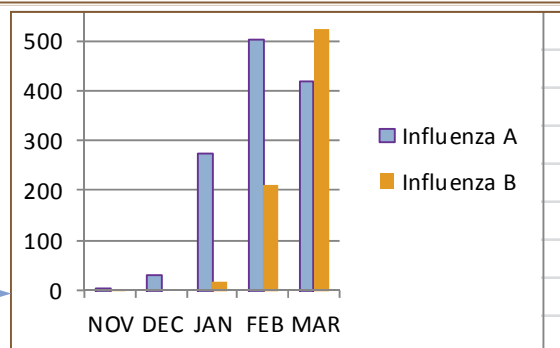
- 23,872 reported cases of P&S syphilis,
- 8.0 cases per 100,000 people, and
- a 19% rate increase since 2014.

The 2015 report also found that the highest rates of P&S syphilis were among men aged 25-29, among men in the West and in the South, and among African American men.



# INFLUENZA UPDATES

	Jan 2017	Feb 2017	Mar 2017	Week Ending Apr 8, 2017
<b>Flu A</b>	273	502	421	93
<b>Flu B</b>	18	211	524	206



Flu Cases in Oneida County Nov. 2016 - Mar. 2017

Influenza activity levels continue to be categorized as geographically widespread but we are starting to see a downward trend. Locally, 945 laboratory-confirmed influenza reports were received in Oneida County for the month of March (a 25 % increase from 713 reported cases in January).

Oneida County is currently seeing an increase in Influenza B.

There were no influenza-associated pediatric deaths reported in Oneida County. In New York State, there have been 8 influenza-associated pediatric deaths this season.

Influenza vaccine is still available and should be offered until vaccine expiration date.

The Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel is still in effect.

## ZIKA UPDATE

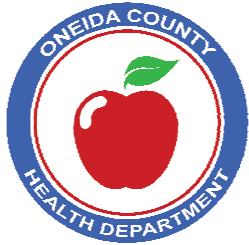
As of 4/20/17, Oneida County CD staff have received 11 requests for Zika testing of which 6 were males and 5 were females; 3 of the females were pregnant and 8 were registered for testing. No positive results have been reported. The numbers have not changed since the previous Public Health Update Newsletter.

## Oneida County Communicable Disease Surveillance - March 2017

DISEASE	Feb. 2017	Mar. 2017	YTD 2017 (Mar. 2017)	YTD 2016 (Mar. 2016)	DISEASE	Feb. 2017	Mar. 2017	YTD 2017 (Mar. 2017)	YTD 2016 (Mar. 2016)
Tuberculosis	1	1	3	2	Influenza A	502	421	1195	1026
Giardia	4	4	10	9	Influenza B	211	524	753	28
Rabies Exposure	4	3	7	4	Pertussis	0	1	1	1
Salmonella	1	2	4	6	Cryptosporidiosis	0	2	2	1
Campylobacter	1	0	4	6	Syphilis	1	2	3	2
Hepatitis C (confirmed)	3	4	21	35	Gonorrhea	19	11	41	11
Hepatitis C (acute)	0	0	0	1	Chlamydia	33	76	112	150



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)

[rburgess@ocgov.net](mailto:rburgess@ocgov.net)

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

<p>STD</p> <p><b>GYT</b></p> <p>GET YOURSELF TESTED</p>	<p>Maternal Child Health</p>
<p><b>HIV</b></p>	<p><b>TUBERCULOSIS</b></p>
	<p><b>Communicable Disease</b></p>

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

Etc., Etc.

### 2017 NEW YORK STATE PUBLIC HEALTH WORKS! HONOR ROLL AWARD

Oneida County Health Department Diagnostic and Treatment Clinic Staff were awarded with the 2017 New York State Public Health Works! Honor Roll. The Honor Roll was established to highlight the key role public health workers play in protecting and promoting the health of all New Yorkers. The staff was selected based on their dedication to the field of public health and efforts to diagnose, treat, educate and protect the citizens of Oneida County and New York State.



#### WEBINAR May 3!

To register, click on the link:  
[Principles of Vaccine Storage and Handling](#) (May 3)

**Breastfeeding Call to Action letter from Dr. Zucker, New State Department of Health**  
(see attached)

**Health Advisory: Prevention of hepatitis A Infections in men who have sex with men**  
(see attached)



## Department of Health

ANDREW M. CUOMO  
Governor

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

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

April 3, 2017

Dear Colleagues:

Despite strong evidence that exclusive breastfeeding saves lives, improves health outcomes for mothers and their children, and decreases health-care costs, the rates of exclusive breastfeeding in New York State (NYS) are low. In 2014, 87% of NYS mothers initiated breastfeeding, but only 43% of mothers were exclusively breastfeeding their newborns at hospital discharge, significantly below the *Healthy People 2020* goal of at least 70%. Nearly half of all healthy breastfed infants received infant formula during their hospital stays. Formula supplementation of breastfed infants in NYS continues to be among the highest in the country, which if unnecessary, can have a negative effect on successful breastfeeding outcomes.

Supporting women's breastfeeding goals is a major public health priority. Lactation services should be available before and after the birth so a safe, supportive environment is created for women who want and are able to breastfeed. For successful breastfeeding, supportive efforts must be coordinated across multiple settings and among different providers to close any care gaps and provide seamless, high-quality continuous care and support.

### **I call on all New York State health care providers to:**

- Discuss the benefits of breastfeeding and the impacts of not breastfeeding with prenatal patients and their partners to help them make informed feeding decisions.
- Discuss breastfeeding at prenatal visits so patients feel prepared prior to delivery. Create a birth plan together that identifies their breastfeeding goals. While there are few contraindications to breastfeeding, it's important that women's decisions to not breastfeed because of medical, psychological or personal reasons be respected.
- Work with your affiliated hospitals and their prenatal and newborn clinics and offices to ensure that their policies and procedures are consistent with the recently amended NYS Perinatal Services regulations (Section 405.21), effective January 16, 2017. Support implementation of evidence-based practices associated with breastfeeding success, including early skin-to-skin bonding and keeping mother and baby together. Make sure qualified staff are available 24 hours per day, 7 days per week to provide lactation support as part of routine care. [http://www.health.ny.gov/press/releases/2016/2016-10-19\\_additional\\_breastfeeding\\_support.htm](http://www.health.ny.gov/press/releases/2016/2016-10-19_additional_breastfeeding_support.htm)
- Advocate and help support your hospital's efforts to become designated as a Baby-Friendly Hospital, which means they have implemented the World Health Organization's *Ten Steps to Successful Breastfeeding* and the *International Code of Marketing of Breast-milk Substitutes*. Visit: <https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative>.

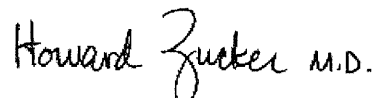
Designated Baby-Friendly facilities in NYS can be found here:  
<https://www.babyfriendlyusa.org/find-facilities/designated-facilities--by-state>.

- After hospital discharge, ensure newborn infants have a timely follow-up visit (within 3 to 5 days of birth and within 48 to 72 hours after hospital discharge) to assess feeding and jaundice. Breastfed infants should receive a formal breastfeeding evaluation, including qualified lactation support and counseling to address any feeding problems. See: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)
- Be a breastfeeding champion at your practice, and support your practice becoming designated as a NYS Breastfeeding Friendly Practice. See: <http://www.health.ny.gov/community/pregnancy/breastfeeding/providers/#BFpractice>
- Coordinate with local health departments and other organizations to advocate for community-based breastfeeding support. Refer your patients in need of child care to child care centers and day care homes that have achieved the NYS Breastfeeding Friendly designation. See: <https://www.health.ny.gov/prevention/nutrition/resources/breastfeedingpublic.htm>
- Refer income-eligible pregnant or postpartum women to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for breastfeeding education and lactation support, provided by nutritionists, breastfeeding professionals and peer counselors. Lactation support includes a breast pump assessment, breast pumps and supplies for mothers who need them. Visit: <http://www.health.ny.gov/prevention/nutrition/wic/>
- Inform women about their right to breastfeed at their places of employment or child care centers, and to take reasonable unpaid break time or use paid break or meal time to express or pump breast milk at work. Visit: <http://labor.ny.gov/workerprotection/laborstandards/nursing-mothers.shtm> and <https://www.health.ny.gov/publications/2028/>
- Also, begin informing your working patients and families about the NYS Paid Family Leave program, which will provide employees with wage replacement to help them bond with a newborn infant or newly-adopted or foster child, starting on January 1, 2018.

We need to change the conversation around breastfeeding to make sure education and support are available to all women, regardless of their background or life situations. As leaders in public health, we must take action to make exclusive breastfeeding for the first six months of life the norm, not the exception. I challenge you to be an agent of change.

If you have any questions or would like more information, please contact the New York State Department of Health at: [promotebreastfeeding@health.ny.gov](mailto:promotebreastfeeding@health.ny.gov).

Sincerely,



Howard A. Zucker, M.D., J.D.  
Commissioner of Health



# Department of Health

**ANDREW M. CUOMO**  
Governor

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

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

March 20, 2017

**TO:** Healthcare providers, Hospitals, Healthcare Facilities and Local Health Departments

**FROM:** New York State Department of Health (NYSDOH)

**HEALTH ADVISORY: PREVENTION OF HEPATITIS A INFECTIONS IN MEN WHO HAVE SEX WITH MEN**

*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.*

## SUMMARY

- The New York City Department of Health and Mental Hygiene (NYCDOHMH) has reported a recent increase in hepatitis A infections in men who have sex with men (MSM).
- At least two cases of Hepatitis A infections have been reported during the last 9 weeks in metropolitan region outside of NYC with a similar risk exposure profile.
- Healthcare providers should be aware of current recommendations for hepatitis A immunization, including vaccinating all men who have sex with men.

## BACKGROUND

The NYCDOHMH has reported a recent increase in hepatitis A infections in men who have sex with men (HAN 2017 # 6 attached). In addition to the cases reported in the NYC HAN Advisory, at least two cases of Hepatitis A infections have been reported during the last 9 weeks in metropolitan region outside of NYC with a similar risk exposure profile.

As a result, the New York State Department of Health is recommending that healthcare providers initiate and complete a hepatitis A vaccine series in all men who have sex with men who are either not previously immunized or who do not know their vaccination status.

## **HEPATITIS A VACCINE RECOMMENDATIONS**

Since 2006, children have been routinely vaccinated in New York State against hepatitis A. In the United States, hepatitis A vaccine is currently recommended for the following adults and adolescents who have not been previously vaccinated:

- men who have sex with other men,
- travelers to countries where hepatitis A is common,
- users of recreational drugs, whether injected or not
- people with chronic liver disease such as hepatitis B or hepatitis C,
- people with clotting-factor disorders,
- people who work with hepatitis A-infected animals or in a hepatitis A research laboratory, or
- people who anticipate close personal contact with an international adoptee from a country where hepatitis A is common

The hepatitis A vaccine is given as two intramuscular injections, six months apart. The hepatitis A vaccine also comes in a combination form, containing both hepatitis A and B vaccine, that can be given to persons 18 years or older. This form is given as three intramuscular injections, over a period of six months or as three shots over one month and a booster shot at 12 months.

The current increase in cases of hepatitis A in men who have sex with men in New York underscores the need to discuss appropriate behavior-based screenings and prevention measures. Along with the hepatitis A vaccination, those men who have sex with men at risk for hepatitis A as the result of sexual activity would also merit screening for sexually-transmitted infections, HIV and hepatitis C and should be considered for HIV prevention with pre-exposure prophylaxis (PrEP) medication.

Hepatitis A vaccine costs and administration are reimbursable through the New York State Medicaid program, AIDS Drug Assistance Program and most commercial insurance programs for their respective enrollees.

Health care providers are required to report suspect and confirmed cases of hepatitis A to the local health department where the patient resides, under the New York State Sanitary Code (10NYCRR 2.10). It is essential to evaluate the occupation of any



suspected cases, as suspected cases occurring in a food handler must be reported immediately by telephone.

Post-exposure prophylaxis should be offered to all previously unvaccinated persons who are or have been in close contact with a person who has hepatitis A, including household members, sex partners, and persons who have shared illicit drugs with an infected patient. These individuals should be administered a single dose of single-antigen Hepatitis A vaccine or intramuscular immune globulin (IG) as soon as possible, within 2 weeks after exposure.

For questions about hepatitis A reporting or post-exposure prophylaxis, please contact your local health department or the NYSDOH Bureau of Communicable Disease Control via e-mail at [bcdc@health.ny.gov](mailto:bcdc@health.ny.gov) or by phone at (518) 473-4439. New York City residents with laboratory-confirmed Hepatitis A infection should be reported to the New York City Department of Health and Mental Hygiene by telephone 866-NYC-DOH1 (1-866-692-3641) or via NYCMED at <http://www.nyc.gov/html/doh/html/hcp/hcp-urf1.shtml>.

Other resources:

New York State Department of Health <http://www.health.ny.gov/publications/1859/>

CDC <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.html>



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Mary T. Bassett, M.D., M.P.H.  
*Commissioner*

## 2017 ALERT # 6

### Increase in Cases of Hepatitis A among Men Who Have Sex with Men

**Please Share this Alert with All Emergency Medicine, Family Medicine, Primary Care Physicians, HIV Specialists, Infectious Disease, and Internal Medicine Staff in Your Facility**

- **Hepatitis A is a vaccine-preventable disease that may have severe complications in adults**
- **In the first two months of 2017, the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) has investigated five non-travel related cases of hepatitis A among men who have sex with men (MSM), nearly twice the number of such cases investigated in a typical year**
- **In accordance with the Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP) DOHMH strongly recommends that all MSM receive 2 doses of hepatitis A vaccine in accordance with national standards of care.**

March 9, 2017

Dear Providers,

The New York City (NYC) Health Department has noted an increase in hepatitis A cases among men who have sex with men (MSM) who did not report international travel. Typically, the NYC Health Department receives 0-3 reports of non-travel related hepatitis A cases in MSM. As of March 8, 2017, five cases of hepatitis A have been reported among *unvaccinated* MSM since January 1, 2017. Patients resided in three of the five boroughs, and ranged in age from 27-47 years. Three of the five patients (60%) were hospitalized, and all patients have since recovered without complications.

Since 1996, the Advisory Committee on Immunization Practices (ACIP) has recommended that all MSM receive two doses of hepatitis A vaccine; the second dose should be administered 6-12 months after the first dose. Hepatitis A vaccine was added to the routine ACIP childhood immunization schedule in 2005, and in NYC catch-up for all unvaccinated children and adolescents through age 18 was recommended in 2015. Estimated coverage for pre-teens and adolescents 11-18 in NYC is 93% for at least one dose of hepatitis A vaccine and 80% for 2 doses. However, many susceptible adults, specifically MSM, may still not be vaccinated.

Three hepatitis A vaccines are licensed in the United States: Vaqta® (Merck), Haverix® (GSK), and Twinrix® (GSK), a combination hepatitis A and hepatitis B vaccine. The single antigen hepatitis A vaccine is administered intramuscularly; the adult formulation, for persons 19 years of age and older, is 1.0 mL. Pediatric formulation (0.5 mL) should be used for persons 1 through 18 years of age. Hepatitis A vaccine is an inactivated vaccine; it is well-tolerated and has an excellent safety profile. Seroconversion after the first dose is estimated at greater than 95% and at nearly 100% after the second dose. Hepatitis A vaccine may be given to persons who are immune compromised. Evidence suggests that vaccination should provide immunity for at least 25 years; pre- and post-vaccination serologic testing is not recommended.

Repeated outbreaks of hepatitis A have occurred among MSM in urban areas in the United States, Canada, Australia, and Europe. Hepatitis A is transmitted person-to-person through the fecal-oral/sexual route. Among MSM, Hepatitis A can be spread through direct anal-oral contact or contact with fingers or objects that have been in or near the anus of an infected person and contaminated with stool. Hepatitis A can also be spread through contaminated food or water, which most often occurs in countries where Hepatitis A is common. While most patients will fully recover, 50% of adult patients in NYC with hepatitis A are hospitalized, and in the United States, hepatitis A is responsible for approximately 100 deaths annually.

Providers should offer Hepatitis A vaccine to all MSM who have not been vaccinated or do not know their vaccination status. Providers can check the NYC Health Department's [Citywide Immunization Registry \(CIR\)](https://immunize.nyc/provider-client/servlet/PC) (<https://immunize.nyc/provider-client/servlet/PC>) for their patients' vaccination status. Most vaccine records are for persons born after 1995 and about 1 in 5 adults have vaccine records in the CIR, especially if they were seen at a DOHMH clinic. You can also ask your patients to call 311 or go to [MyVaccineRecord](https://myvaccinerecord.cityofnewyork.us/myrecord/home.htm) (<https://myvaccinerecord.cityofnewyork.us/myrecord/home.htm>), an on-line application for [IDNYC](http://www1.nyc.gov/site/idnyc/about/about.page) (<http://www1.nyc.gov/site/idnyc/about/about.page>) card holders, to look for their vaccination records. Serologic testing is not indicated to evaluate exposure history or immunity prior to administering vaccine. If you want to check your patients' prior immunity (due to infection or previous vaccination), draw blood, but do not delay administration of a dose of hepatitis A vaccine. An extra dose of vaccine is safe to administer whether the patient has had previous infection or vaccination-induced immunity. Some health insurance plans will pay a vaccine acquisition cost and administration fee (such as Medicaid), check with the patient's insurance to confirm coverage. Providers can purchase vaccine from the manufacturer or from their usual distributor. If you do not stock hepatitis A vaccine or do not have a strategy to acquire vaccine for your patients, please refer your patients to a facility that does or to the NYC Health Department Sexual Health Clinics. Locations and hours of the clinics can be found at: <https://www1.nyc.gov/site/doh/services/sexual-health-clinics.page>.

Please immediately report laboratory-confirmed cases of Hepatitis A infection to the Health Department by telephone. To report a case and for information about Hepatitis A please call 866-NYC-DOH1 (1-866-692-3641). You may also report via NYC MED at <http://www.nyc.gov/html/doh/html/hcp/hcp-urf1.shtml>. As with other sexually transmitted infections partners should be notified of exposure and offered vaccination for Hepatitis A if unvaccinated. The NYC Health Department can assist with notification and prophylaxis if notified promptly.

We greatly appreciate your assistance.

Sincerely,

*Demetre Daskalakis, MD, MPH*  
Demetre Daskalakis, MD, MPH  
Acting Deputy Commissioner  
Division of Disease Control

*Marci Layton, MD*  
Marcelle Layton, MD  
Assistant Commissioner  
Bureau of Communicable Disease