

Department of Health Services



State Health Officer Bimonthly Webcast

Karen McKeown State Health Officer October 30, 2015

Agenda

- Welcome, overview, and announcements
- HIV and opioid abuse: a surveillance story
- Radon, women, and lung cancer
- Midcourse review update
- Fall communicable diseases update: mumps, immunizations, influenza, and more

Announcements November Health Events

- American Diabetes Month: http://www.diabetes.org
- Lung Cancer Awareness Month: http://www.lungcanceralliance.org/
- National Alzheimer's Disease Awareness Month: http://www.alz.org/
- Great American Smokeout, November 19: <u>http://www.cancer.org/</u>
- Prematurity Awareness Month: <u>http://www.marchofdimes.org/mission/prematurity-campaign.aspx</u>



Announcements: December Health Events

- Safe Toys and Gifts Month: www.preventblindness.org
- World AIDS Day, December 1: www.worldaidscampaign.org/
- National Influenza Vaccination Week: www.cdc.gov/flu/nivw/



Announcements: Local Health Department Personnel Changes

- Sue Matye, former Lafayette County health officer, is now the Iowa County health officer. Maura Trimble is serving as the interim Lafayette County health officer.
- Gretchen Sampson will be the new director of community services for Polk County. She was the health officer for the county.



Announcements: Central and Regional Office Personnel Changes

Dawn Mumaw is the new southeastern regional director.



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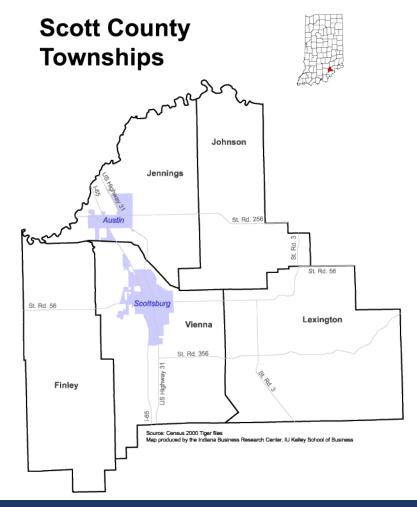


Lessons From the Indiana Outbreak

Brandon Kufalk
Disease Intervention Specialist
Bureau of Communicable Diseases

Scott County, Indiana

- Scott County is 30 minutes north of Louisville, Kentucky.
- So many people have moved in from Kentucky that this area is sometimes called Kentuckiana.



HIV Case numbers

- As of August 28, the Indiana State Department of Health reported 181 HIV cases associated with this outbreak in the Scott County area.
 - Scott County, located in southeastern Indiana, has a population of about 24,000.
- For reference, in 2014:
 - Wisconsin had 226 cases (population 5.7 million).
 - Indiana had 515 cases (population 6.5 million).



HIV Infections in Austin, Indiana

- Police Station
- Community Outreach
 Center
- Doctor's Office
- Main Employer:
 Canning Factory
- Truck Stop (Huddle House)

Specifically the north side



- Linkage to care
 - Make sure people who are HIV-positive have a care coordinator and are getting medical testing and treatment.
 - Community Outreach Center provides one-stop shopping services, which include:
 - Obtaining a photo ID and/or birth certificate.
 - Enrollment in HIP 2.0, Healthy Indiana Plan (Medicaid).
 - Immunization for hepatitis A, hepatitis B, and tetanus.
 - Access and referral to drug rehabilitation services.

- Linkage to care
 - Make sure people who are HIV-positive have a care coordinator and are getting medical testing and treatment.
 - Community Outreach Center provides one-stop shopping services, which include:
 - Testing sexual and needle sharing partners for HIV, HCV, syphilis, and hepatitis B virus (HBV).
 - Job counseling and local training.
 - Harm reduction services (including syringe exchange).
 - A new clinic for HIV-positive patients.
 - A free shuttle service to Community Outreach Center.

- Retesting of negative partners
 - Disease intervention specialists (DISs) find partners who have an initial negative test and perform a retest to confirm negative status.
 - Many of the initial HIV tests were OraQuick (oral fluid rapid HIV test).

- Door-to-door screenings
 - The first of the screenings were in the north Austin area.
 - Screeners ask people if there are any risk factors, but also inform people about misconceptions regarding public health activities (HIV and needle exchange).

- CDC laboratory testing
- Blood testing is now used to confirm previous rapid test results and test new contacts.
- Specimens were sent to CDC for genetic analysis.
- Preliminary CDC laboratory genetic analysis indicates that most of the people infected in the outbreak have the same strain of HIV.



Disease Intervention Specialists (DISs) Assigned to Scott County



- DISs were deployed from Wisconsin, New Mexico, Vermont,
 Ohio, Georgia, Kentucky, New Jersey (2), and Oklahoma (6).
- DISs stayed for as little as 1 week to as long as 1 month.

- Harm reduction
 - Clients can exchange needles either at the Community
 Outreach Center or from a mobile site.
 - Scott County Public Health Needle Exchange operates the mobile van.
 - Clients receive a card that allows them to openly carry needles in their car (which is normally illegal). If pulled over, paraphernalia, while still illegal, is being overlooked temporarily by the police. However, the police will still arrest for seeing drugs.

- Clinic for HIV-positive clients
 - Infectious disease doctors and nurse practitioners from Indianapolis see clients on Tuesdays from 10 a.m. to 4 p.m.
 - Community Outreach Center is currently allowing HIVpositive clients to have blood drawn without seeing a doctor outside normal Tuesday hours.



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Radon, Women, and Lung Cancer

Jessica Maloney

DHS Radon Program Manager

Bureau of Environmental and

Occupational Health

Lung Cancer

- Takes more lives than breast, prostate, colon, and pancreatic cancer combined.
- Five-year survival rate for those diagnosed is 16%.
- More than half of those diagnosed die within the first year.



know the symptoms of LUNG CANCER

- Blood when you cough or spit
- Recurring respiratory infection
- Enduring cough that is new or different
- Ache or pain in shoulder, back or chest
- Trouble breathing
- Hoarseness or wheezing
- Exhaustion, weakness or loss of appetite

Talk to your doctor if you experience one of more of these symptoms.

www.freetobreathe.org



Lung Cancer: Gender



 Although smoking increases the risk of lung cancer dramatically, 1 in 5 women diagnosed with lung cancer have never smoked.



 Among men who develop lung cancer, only 1 in 12 have never smoked.

Women and Lung Cancer

- Adenocarcinoma: a type of non-small cell lung cancer (NSCLC).
 - Also the type of lung cancer more commonly found in nonsmokers and women
- Studies indicate a possible link to estrogen.¹

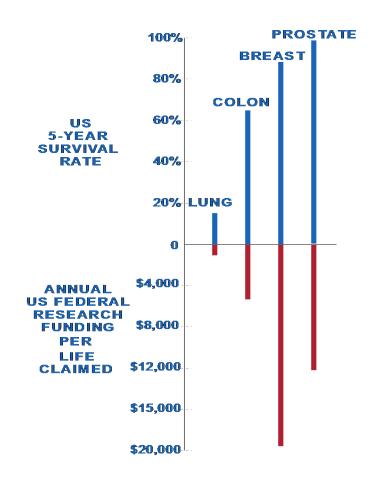
¹ http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2928145/



November Is National Lung Cancer Awareness Month

- Advocates are working to remove the stigma around lung cancer.
- The stigma is that lung cancer is self-induced by personal smoking habits.
 - Less sympathy
 - Less funding for research
 - Poor early detection methods

Funding for Lung Cancer Research



Radon and Lung Cancer in Wisconsin

- Over 2,900 residents died from lung cancer each year over the past 5 years.
- Over 3,800 new cases are diagnosed each year.
- There are about 488 radon-related lung cancer deaths in Wisconsin per year.¹

http://www.cancer.org/

¹ Phil Jalbert, "2007 Annual Radon Related Lung Cancer Deaths"

Radon Image From Alpha Track Detector

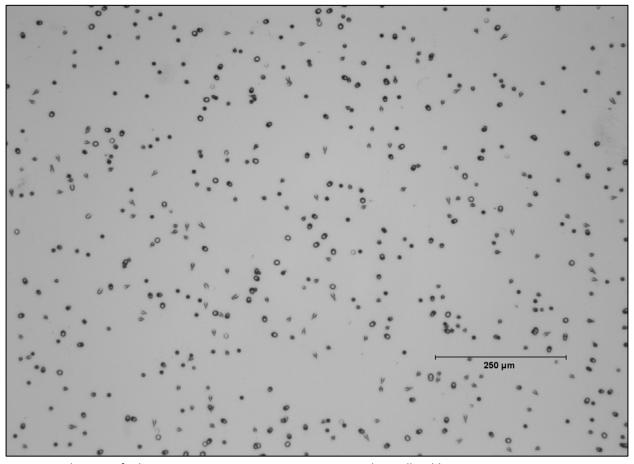


Image compliments of John DeRosa, American Lung Association, and Dr. Bill Field, University Iowa

Tips for Messages About Radon

- Be prescriptive as well as informative.
- Appeal to the audience; humanize the story.
- Provide an appropriate level of radon information; too much or too little information may result in an undesired effect.
- Personalize the radon threat with tangible, relevant comparisons to familiar risk.
- Stress that radon problems can be corrected but do not overstate the ease of fixing them.



State Funding From The Environmental Protection Agency (EPA)

- Wisconsin receives funding from the EPA for outreach on radon annually.
- Grants to local health departments distributed for 2016.
 - 16 radon information centers
 - 22 minigrants
- If funding is available, 2017 requests for proposals will go out in June 2016.

A Few Resources

- www.lowradon.org
 - Hosts Wisconsin information about radon and contacts across the state
 - Interactive map of test data findings
 - Upcoming professional radon trainings posted
- www.freetobreathe.org
- www.healthhouse.org
- www.lungcanceralliance.org

Thank You!
Jessica.Maloney@Wisconsin.gov



Midcourse Update

Karen McKeown State Health Officer

History

- Wisconsin's current state health plan: Healthiest Wisconsin 2020 (HW2020)
- Covers period of 2010–2020
- In the past, reviewed progress made in objectives identified in plan at halfway point of the 10-year period

What's Different This Year?

- DPH is moving forward toward accreditation.
- Midcourse work will be the development of:
 - Wisconsin Health Assessment (WI-HA)
 - Wisconsin Health Improvement Plan (WI-HIP)
- This work will build on
 - Foundation of HW2020
 - Local community health assessments and community health improvement plans

Wisconsin Health Assessment

Data sources will include:

- Baseline/Minority Health Report (2014)
- Causes of death
- Burden reports
- Health equity check-ins
- Other available data

Wisconsin Health Improvement Plan (WI HIP)

Components will include:

- Three to five priorities for the next five years
- An implementation plan
- An evaluation plan

How Will This Be Accomplished?

- Using a collaborative process that works with public health partners
- Led by steering committee representing various sectors of the public health system
 - Steering committee co-chaired by Karen McKeown (DPH) and Bill Keaton (Public Health Council)
 - Two representatives from WALHDAB leadership
 - Other members from statewide partner organizations

Steering Committee Role

- Provide guidance and oversight of planning process.
- Seek statewide feedback on health assessment and health improvement plan.
- Provide recommendations on health improvement priorities to Secretary Rhoades.
- Review and approve health assessment and health improvement plan documents.

Workgroups

Several workgroups will focus on developing the documents as well as the engagement necessary for the process:

- Data workgroup
- Engagement workgroup
- Senior DPH leadership
- Implementation workgroups (once priorities are identified)



Data Workgroup

The data workgroup will:

- Crosswalk current health assessment data to develop health assessment report.
- Score health indicators using prioritization criteria developed by the Public Health Council (PHC).



Engagement Workgroup

The engagement workgroup will:

- Create an engagement plan for this process.
- Work with DPH staff to develop website for feedback on the draft documents.
- Collect feedback and share with steering committee.

DPH Senior Management Team

This internal team will:

- Develop the collaborative structure and process for review and approval by the steering committee.
- Identify steering committee members.
- Manage deadlines and internal resources.

Timeline

- Division priority
- Anticipated dates:
 - First Steering Committee meeting mid-November
 - Recommended priorities made available for public comment in January 2016
 - Implementation plans complete by June 2016

Take-Home Messages

- HW2020 is not going away.
 - We will still have HW2020 as a foundational document.
 - The objectives in HW2020 are all important.
 - The efforts that went into developing HW2020 were important.
- Programs at DPH and around the state will continue with their important work.
 - Some will align closely with the priorities.
 - Some will find small ways to align as they continue to work toward their program objectives.
 - Some will not align, but will continue to work toward their program objectives.

Take-Home Messages

- This is the DPH priority.
- We will be working with partners to:
 - Complete a Wisconsin State Health Assessment.
 - Develop a Wisconsin State Health Improvement Plan (WI-HIP) with a small set of priorities.
- This effort will have an implementation and monitoring plan.
- This effort provides an opportunity to have a focused call to action by the public health system.



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Influenza Vaccine and Mumps Update

Stephanie Schauer Immunization Program Manager

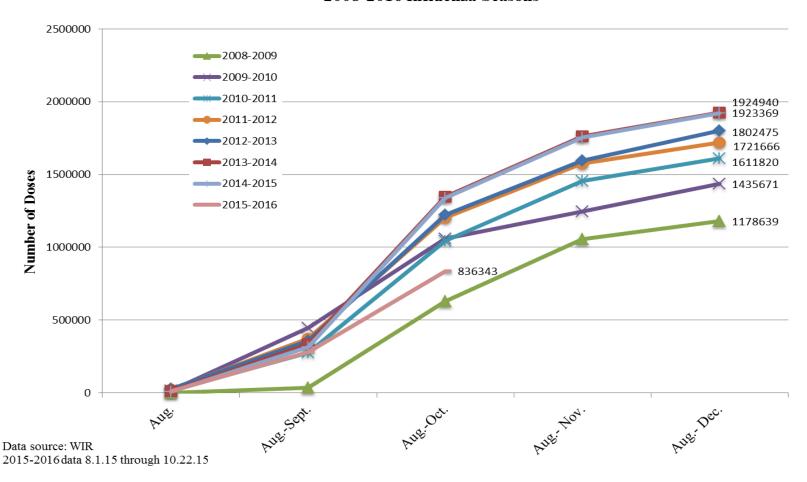
Influenza Vaccine: FluMist

- FluMist vaccine shipments are delayed.
- Anticipate shipments of state-supplied vaccine through the end of December.
- Check with distributors regarding delivery dates for privately purchased doses.
- If you have state-supplied FluMist that is not being used, please contact your regional representative to facilitate redistribution.

Influenza

- Do not miss opportunities to vaccinate.
- All individuals 6 months of age and older are recommended to receive influenza vaccine each year.
- Inactivated vaccine is currently available.

Cumulative Doses of Seasonal Influenza Administered and Reported to the WIR, 2008-2016 Influenza Seasons





Influenza Resources



- **Shopping**
- **☑** Baking
- Wrap gifts
- ☑ Holiday card list
- ☐ Get flu shot

Getting the flu would put a real damper on your holiday festivities. Get vaccinated. www.flu.wi.gov



RESOURCES TO PROTECT YOUR SCHOOL FROM THE FLU

The influenza ("flu") season is here! Help protect students and school staff by getting a flu vaccination. People of all ages can get sick from the flu but children and adolescents are a group known to have a high rate of flu illness. There are everyday preventative actions that your school can

Voice of the Wisconsin Badgers encourages state residents to get their flu shots

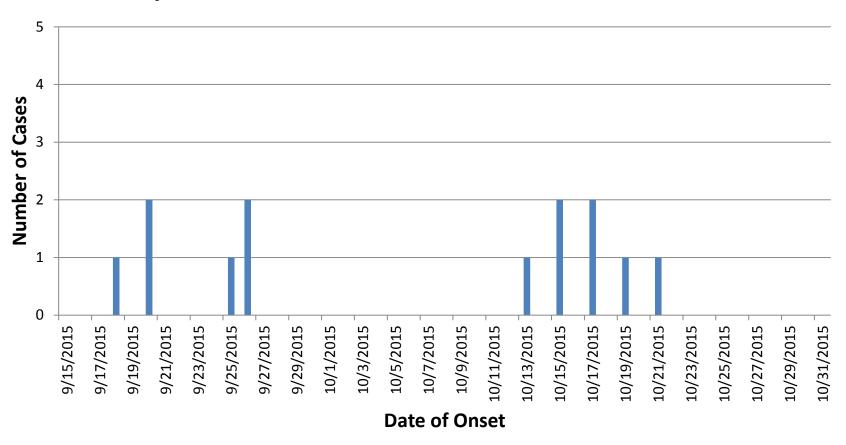
Madison--Matt Lepay, the voice of the Wisconsin Badgers football and basketball broadcasts, has donated his time and talent to encourage state residents get a flu shot. Lepay is featured on two public service announcements available from the Department of Health Services.



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Confirmed Mumps Cases by Date of Onset, September 15-October 30, 2015



n=13; one case still under investigation and onset not yet determined

Mumps

- Fourteen confirmed cases
 - 11 in Walworth county
 - 2 in Rock county
 - 1 in Lafayette county
- 9/14 (64%) of the cases are in vaccinated individuals
- No complications have been reported
- Age of cases
 - Range: 19-27 years
 - Mean: 21 years)
- Time from onset of illness to specimen collection is short (approximately 2 days)

Mumps

- Buccal swabs are the desired specimen for testing.
- Testing should be done at the Wisconsin State
 Laboratory of Hygiene (or in Milwaukee County at
 the City of Milwaukee Laboratory).



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Influenza Activity Update

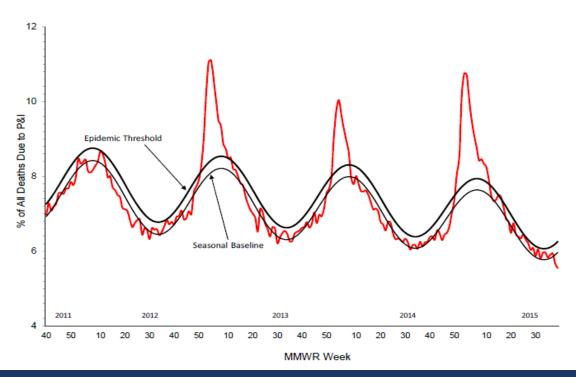
Tom Haupt
Epidemiologist
Bureau of Communicable Diseases

Change in Pneumonia and Influenza Mortality Surveillance

NCHS Mortality Surveillance Data:

Based on NCHS mortality surveillance data available on October 22, 2015, 5.6% of the deaths occurring during the week ending October 3, 2015 (week 39) were due to P&I. This percentage is below the epidemic threshold of 6.3% for week 39.

Pneumonia and Influenza Mortality from the National Center for Health Statistics Mortality Surveillance System Data as of October 22, 2015 through week ending October 3, 2015





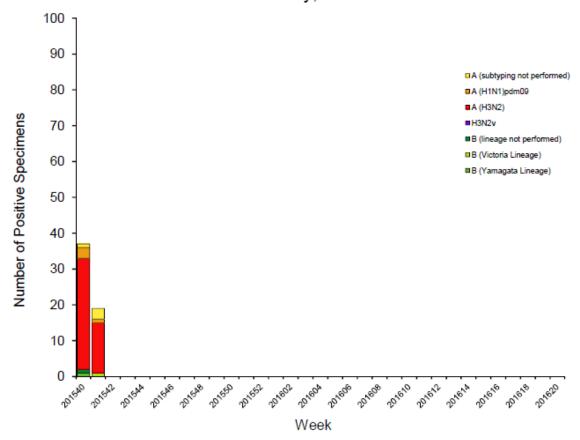
Additional Data in the National Virologic Surveillance Influenza B Lineages

	Week 41	Data Cumulative since October 4, 2015 (week 40)		
No. of specimens tested	444	1,067		
No. of positive specimens	19	56		
Positive specimens by type/subtype				
Influenza A	18 (94.7%)	53 (94.6%)		
A(H1N1)pmd09	1 (5.6%)	4 (7.5%)		
H3	14 (77.8%)	45 (84.9%)		
Subtyping not performed	3 (16.7%)	4 (7.5%)		
Influenza B	1 (5.3%)	3 (5.4%)		
Yamagata lineage	0 (0%)	1 (33.3%)		
Victoria lineage	1 (100%)	1 (33.3%)		
Lineage not performed	0 (0%)	1 (33.3%)		



Additional Data in the National Virologic Surveillance Influenza B Lineages

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2015-16 Season





Additional Data in the Wisconsin Virologic Surveillance Influenza B Lineages

	Influenza A		Influenza B				
	pd2009 H1	Н3	Unknown	Yamagata (TIV)	Victoria (QIV)	Unknown	Total
Total Number positive	1	14	8	2	1	2	28
% of Total number positive	4%	50%	29%	7%	4%	7%	100%



Influenza Vaccine Composition Northern Hemisphere 2015-16, Southern Hemisphere 2015

- The trivalent vaccines (TIV) for use in the 2015-2016
 Northern Hemisphere and 2015 Southern Hemisphere influenza season contain the following:
 - A/California/ (H1N1)pdm09 virus;
 - A/Switzerland/ (H3N2) virus;
 - B/Phuket/virus (Yamagata lineage)
- The quadrivalent vaccines (QIV) containing two influenza B viruses contain the above three viruses and
 - B/Brisbane/virus (Victoria Lineage)



Influenza Vaccine Composition Southern Hemisphere 2016

- The trivalent vaccines (TIV) for use in the 2015-2016
 Northern Hemisphere and 2015 Southern Hemisphere influenza season contain the following:
 - A/California/ (H1N1)pdm09 virus;
 - A/Hong Kong/ (H3N2) virus;
 - B/Brisbane/virus (Victoria Lineage)
- The quadrivalent vaccines (QIV) containing two influenza B viruses contain the above three viruses and
 - B/Phuket/virus (Yamagata lineage)

Influenza Characterization Notification Centers for Disease Control and Prevention



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

10/26/2015

Virology Unit Wisconsin State Laboratory of Hygiene Stovall Bldg., Rm. 529, Univ. of Wisconsin 465 Henry Mall Madison, WI 53706

Dear xxxxx .

We appreciate your submission of influenza specimen(s) to CDC for analysis. Data from your laboratory and other collaborating laboratories worldwide contribute significantly towards the influenza vaccine recommendations made each year by WHO.

Influenza B viruses currently circulating worldwide can be divided into two antigenically and genetically distinct lineages represented by B/Yamagata/16/88 and B/Victoria/2/87 viruses.

B/Yamagata lineage: A B/Phuket/3073/2013-like virus was selected by the WHO as an influenza B component for the 2015 Southern Hemisphere and 2015-2016 Northern Hemisphere vaccine formulations.

B/Victoria lineage: A B/Brisbane/60/2008-like virus was recommended by WHO as the B/Victoria/2/87 lineage component of the quadrivalent vaccine formulations since 2014 for both Northern and Southern Hemisphere influenza seasons.

Your isolate was antigenically characterized by hemagglutination-inhibition test (HI) using a panel of post-infection ferret antisera.

The results we obtained with your specimen(s) are listed and interpreted below.

CDC ID# 3000413320 Specimen ID# 15VR010099 ORIGINAL

Date Coll. 9/28/2015 Results B/BRISBANE/60/2008-LIKE

In our HI test this virus was related most closely to B/Brisbane/60/2008.

If you have any questions, please contact us.

Next State Health Officer Webcast

- Thank you for participating!
- Watch for an announcement on the next State Health Officer webcast date.