

WISCONSIN EPI EXPRESS

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[Wisconsin Department of Health & Family Services](#)

Division of Public Health
Bureau of Communicable Diseases

“Surveillance provides information for action.” [World Health Organization](#)

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: bostrhh@dhfs.state.wi.us

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1. Jeannie Druckenmiller receives recognition

Jeannie Druckenmiller, Surveillance Coordinator and Infection Control Consultant in the Wisconsin AIDS/HIV Program, was recently recognized as one of nine women receiving honorable mention for this year's Virginia Hart Special Recognition Award. The award was established for Virginia Hart, Wisconsin's first woman cabinet member, and it recognizes a woman in Wisconsin state service for exemplary performance and contribution to the citizens of the state.

Jeannie was among 68 nominees for the award and she was recognized for her more than 25 years of state service and the contributions she has made to improve the health, safety and infection control in health care facilities, laboratories, local health departments, prisons and emergency rooms. During her current tenure with the Wisconsin AIDS/HIV Program, Jeannie surveyed all state prisons for infection control and written guidelines to handle blood-borne diseases, developed a procedure to handle infections outside of hospital settings, developed statewide recommendations for the medical and dental fields to prevent transmission of infections between patients and health care workers and revised guidelines for infection control for state-licensed barbers and cosmetologists. In 1998, Jeannie was also awarded recognition for exemplary contributions to the Wisconsin Association for Professionals in Infection Control and Epidemiology. Please join us in congratulating Jeannie.

2. Guidelines for Hepatitis C Testing

Hepatitis C virus (HCV) infection is the most common chronic blood borne infection in the United States and HCV-associated end-stage liver disease is the most frequent reason for liver transplantation among adults. Most persons with HCV infection are chronically infected but may not be aware of their infection because they are not clinically ill. The Centers for Disease Control and Prevention (CDC) recommends routine HCV testing for the following persons most likely to be infected.

Persons who should be tested routinely for HCV infection based on their risk of infection are those who:

- Were notified that they received blood from a donor who later tested positive for HCV.
- Have ever injected illegal drugs, even a few times many years ago. ***Injecting drug use accounts for most of the current HCV transmission in the US and a substantial proportion of HCV infections (60%) during the past decades.***
- received a blood transfusion or solid organ transplant before July 1992.
- received a blood product produced before 1987 for clotting problems.

- Have ever been on long-term kidney dialysis.
- Have evidence of liver disease [e.g., persistently abnormal alanine aminotransferase (ALT) levels].

Persons who should be tested routinely for HCV infection based on recognized exposure and recommended HCV related testing for these individuals include:

- Healthcare workers after percutaneous exposure to HCV-positive blood.
 1. Obtain baseline testing for anti-HCV and ALT activity.
 2. Obtain follow-up testing for anti-HCV (e.g., at 4-6 months) and ALT activity.
 3. If earlier diagnosis of HCV infection is desired, test for HCV RNA (RT-PCR) 4-6 weeks after exposure.
 4. Confirm positive anti-HCV EIA test results by supplemental testing.
- Children born to HCV-positive women
 1. Test infant for anti-HCV no sooner than 12 months of age.
 2. If earlier diagnosis of HCV infection is desired, test for HCV RNA (RT-PCR) at 1-2 months of age.
 3. Do not test umbilical cord blood to diagnose perinatal HCV infection because it can be contaminated with maternal blood.
 4. Test older children for anti-HCV if they were born after the mother became infected.
- Sex partners of HCV-positive persons

HCV positive patients should be medically evaluated to assess biochemical evidence of chronic liver disease, the severity of disease and the possible need for treatment. Patients with HCV infection should also be counseled on how to avoid spreading HCV to others and how to prevent further harm to the liver.

Wisconsin Medicaid reimburses for HCV screening and treatment services provided to recipients enrolled in Medicaid and Badgercare. The Division of Health Care Financing and the Division of Public Health Hepatitis C Program recommend that providers develop mechanisms to routinely identify patients with risk factors for HCV infection by, for example, including a question on history of injecting drug use on the patient history or intake form. More information on HCV infection, including free patient brochures, is available from the CDC web site at www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm. Information on the treatment of HCV infection is available from the National Digestive Diseases Information Clearinghouse

3. New website on hepatitis sponsored by the Immunization Action Coalition

The Immunization Action Coalition (IAC) recently launched a new website showcasing programs across the United States, including Wisconsin, that work to prevent hepatitis A, B, or C in people who are at risk for infection. The site includes information about programs for men who have sex with men (MSM), clients of STD and family planning clinics, drug treatment and needle exchange programs, adult and juvenile correctional facilities, and more. Contact information is included with each program description, as well as links to background information and related organizations. This new web-based hepatitis information resource is located at <http://www.hepprograms.org>.

4. Wisconsin Division of Public Health launching HIV media campaign

The Wisconsin Division of Public Health will be launching an HIV media campaign in June to coincide with National HIV Testing Day on June 27. The campaign *Live. And Let Live.* addresses the high rate of HIV infection in communities of color by destigmatizing HIV testing in African American and Latino communities and promoting testing for persons at risk. The media campaign includes culturally-specific print materials as well as radio public service announcements, print ads for community newspapers, bus transit ads, and community education kits. While the campaign will be focused in the southern and southeastern regions, materials are available for use in African American and Latino communities throughout Wisconsin. Counseling and testing service sites in areas of the state where the media campaign is implemented will likely see an increase in testing during the summer months. Campaign materials will be posted on the website

of the Wisconsin AIDS/HIV Program at <http://www.dhfs.state.wi.us/aids-hiv> by May 31st. For more information on the *Live. And Let Live.* campaign, contact Kathleen Krchnavek at 608-267-3583 or krchnka@dhfs.state.wi.us.

5. Reporting Hepatitis Associated With Treatment for Latent TB Infection

The April 20, 2001 issue of CDC's *Morbidity and Mortality Weekly Report* (MMWR) included a report of "Fatal and Severe Hepatitis Associated with Rifampin and Pyrazinamide for the Treatment of Latent Tuberculosis Infection (LTBI)."

http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/mmwr_treatment.htm

The editorial comment of this article notes these cases "illustrate that the usually well-tolerated regimens for LTBI occasionally can result in severe adverse effects and that clinical monitoring is crucial during treatment. In these cases, biochemical monitoring did not help to avoid severe liver injury and does not substitute for clinical monitoring." Furthermore, "Health-care providers should instruct and frequently remind patients about the initial symptoms of hepatitis (e.g., fatigue, nausea, abdominal pain, and anorexia) and the importance of stopping medication if symptoms develop. In this report, both patients continued taking their medicines while symptoms were developing, a phenomenon also reported for INH-associated hepatitis."

The article requests reports of severe hepatitis in patients being treated for LTBI. Please notify the Wisconsin Tuberculosis Program (608/266-9692) in the event of an adverse reaction. Please advise providers in your community to notify the TB Program as well, **regardless of the payment source**. We want to know about severe adverse reactions even if the TB Program is not supplying the medication. We will forward these reports to CDC's Division of Tuberculosis Elimination.

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