

# WISCONSIN EPI EXPRESS

September 4, 2001

[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: [bostrrh@dhfs.state.wi.us](mailto:bostrrh@dhfs.state.wi.us)***

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## 1. TB Program personnel changes

The Tuberculosis Program welcomes Cara Skaife as the new Tuberculosis Case Management Coordinator.

In this position, Cara will provide consultation to public and private providers on the management of tuberculosis infection and disease, manage tuberculosis contact investigation information, and coordinate the Tuberculosis Drug Reimbursement Program. She will take over duties formerly performed by Savitri Tsering. Cara can be reached by phone 608/267-2949 or e-mail [skaifcl@dhfs.state.wi.us](mailto:skaifcl@dhfs.state.wi.us).

Cara has been employed as a social worker with the Department of Corrections and the Department of Health and Family Services. While working in the Department of Corrections, she was responsible for the AODA program at Racine Youthful Correctional Facility and served as case manager and co-facilitator of anger management, sex offender treatment and life skills groups. She has experience as a public presenter and educator.

Savitri Tsering, public health educator with the TB Program since 1995, is the new Tuberculosis Elimination Coordinator. In this position, Savitri will develop strategies that identify foreign-born and Native American individuals at risk for tuberculosis and overcome barriers to tuberculosis disease prevention. Savitri can be reached by phone 608/267-3733 or e-mail [tserisj@dhfs.state.wi.us](mailto:tserisj@dhfs.state.wi.us)

## 2. Answers to last issue's quiz (All Creatures Great and Small ..... Will Bite Someone Eventually)

The last issue of the Wisconsin Epidemiology Express presented two potential rabies exposure scenarios and suggested that readers use the electronic animal bite algorithm on the Wisconsin Health Alert Network (HAN) to solve them. Here are the answers to the questions posed.

**Scenario #1:** Recall that this involved the bicyclist who had a bat collide with his face, with no specific recollection of a bite or scratch. The bat was not available for testing.

**Based on CDC guidelines, the Communicable Disease Epidemiology Section (CDES) would consider this person a candidate for rabies postexposure prophylaxis (RPEP).**

Running the electronic animal bite algorithm on the HAN for this situation, the user is asked “*if your situation involves a nonbite exposure to a bat, click here*”. The next screen explains that “... *postexposure prophylaxis should also be considered whenever direct contact between a human and a bat has occurred, unless the person can explicitly rule out the possibility of a bite, scratch, or mucosal exposure*” and gives some rationale for this recommendation. A link to the actual RPEP regimen is also included.

**Scenario #2:** This situation involved a 12 year old girl bitten on a finger by an 8 week old, normal-acting kitten. The animal is too young to receive a rabies vaccination.

**Based on CDC guidelines and Wisconsin Statute, the CDES would advise that the kitten be immediately ordered into an isolation facility (e.g., a veterinary clinic) for a 10 day observation period. As long as the cat remains well, there is no need to initiate RPEP for the bite victim.**

Again, working through the electronic algorithm, after responding that an actual exposure did indeed occur and after choosing the species of animal, the user would “tell” the program that the cat is available for observation and that it is (to the best of our knowledge) showing no signs of rabies. The final screen informs the user to “*quarantine and observe the dog, cat, or ferret for 10 days from the date of the incident, regardless of its rabies immunization status. As long as the animal remains healthy, there is no need for postexposure prophylaxis of bite victim. If the animal develops signs of rabies during this observation period, euthanize and test for rabies ASAP. The bite victim should begin postexposure prophylaxis while results are pending.*” If the user selects the option of seeing more information about rabies quarantines, a hyperlink to the actual statutory language is given, along with the rationale behind the 10 day quarantine, and the following text: “*If the animal is not currently immunized, the quarantine must be performed at an isolation facility. This is true regardless of the animal's age.*” So even though the kitten is too young to be vaccinated, the fact remains that it is an unvaccinated animal, and as such, must be quarantined at an isolation facility – not on the owner’s premises.

For those readers who are unfamiliar with the HAN, this network is meant to be a secure informational resource and interactive communications site for all health professionals in Wisconsin. It has initially been made accessible only to public health professionals. The address of the website is <https://www.han.wisc.edu>. To request an account go to the above URL and click on “to request an account” just below the login button.

### **3. New TB educational materials for the Hmong**

The Appleton Health Department, in conjunction with the Wisconsin Tuberculosis Program, has produced TB educational materials for the Hmong population. A video with basic TB educational information, a poster depicting Hmong of all ages which promotes skin testing and TB symptom awareness, and a “bookmark” with information on TB symptoms in Hmong and English are all available through the Wisconsin TB Program. Contact Savitri Tsering at 608/267-3733 to order any of these materials. The poster can be viewed and ordered off of the TB Program web page at [http://www.dhfs.state.wi.us/dph\\_bcd/TB/](http://www.dhfs.state.wi.us/dph_bcd/TB/)

The video portrays two Hmong professionals in a talk show setting discussing the basics of TB. The video is entirely in Hmong without subtitles. A summary of the content in English will be sent with your video order.

#### **4. Hepatitis C surveillance strategy: improving completeness of reporting**

There has been a dramatic increase in case reporting of hepatitis C in Wisconsin. Nearly 2,000 confirmed cases were reported in 2000 and 3,000 cases are anticipated in 2001. However, information on the distribution of the disease geographically and racially is incomplete because many cases were reported by laboratories without identifying patient address or race. Case surveillance is extremely important in the public health management of hepatitis C. Administrative Rule HFS 145 requires physicians, as well as laboratories, to report cases of hepatitis C to the local health department. Health departments provide counseling regarding hepatitis C and can assist patients without insurance in obtaining hepatitis A and hepatitis B vaccines and hepatitis C screening for their high risk contacts. The Hepatitis C Program is sending physicians requests for information on patients who were reported without addresses. Information provided by physicians will be forwarded to the appropriate local health department for follow-up. For more information, contact Marjorie Hurie at 608-266-5819 or [huriemb@dhfs.state.wi.us](mailto:huriemb@dhfs.state.wi.us).

#### **5. ALERT--Revised recommendations for latent TB treatment**

CDC has investigated 23 reports of severe liver injury associated with the rifampin and pyrazinamide regimen for latent TB. Seventeen (17) of the patients survived and 6 died. For more specific information and recommendation please see the article which appeared in the MMWR for the week ending August 31, 2001. As a result of these investigations CDC and the American Thoracic Society issued revised latent LTBI treatment recommendations that strengthen the level of patient counseling and monitoring and to limit the circumstances in which the combination of rifampin and pyrazinamide is prescribed. These recommendations do not affect patients being treated for active TB.

While latent TB treatment is generally well-tolerated, health care providers and their patients should be aware of rare life-threatening side effects and use any medication regimen with caution.

The following guidelines for latent TB treatment are critical:

- Patients should be counseled about the risks and benefits of latent TB treatment and monitored closely.
- Nine months of an isoniazid (INH) regimen should be used when feasible.
- Use rifampin and pyrazinamide with caution in persons at high-risk for TB disease who are unlikely to complete a 9-month regimen.
- Exercise extreme caution when using a rifampin and pyrazinamide (RIF-PZA) regimen in those with a history of alcoholism or those who are currently taking medications associated with liver injury.
- RIF-PZA is NOT recommended for persons with underlying liver disease or for those who have had INH-associated liver injury.
- The PZA dose in the RIF-PZA regimen should be <20 mg/kg per day with a maximum of 2 grams daily
- No more than a 2 week supply of RIF-PZA should be delivered to the patient to facilitate periodic clinical assessments.
- Patients taking RIF-PZA should be reassessed in person by a health-care provider at 2, 4, and 6 weeks of treatment for adherence, tolerance, and adverse effects. At each visit, health-care providers conversant in the patient's language should instruct the patient to stop taking RIF-PZA immediately and seek medical consultation if abdominal pain, emesis, jaundice, or other hepatitis symptoms develop. Provider continuity is recommended for monitoring.
- Serum aminotransferase (AST and/or ALT) and bilirubin should be measured at baseline and at 2, 4, and 6 weeks of treatment in patients taking RIF-PZA.
- Treatment should be stopped and not resumed for any of these findings: aminotransferase (AST or ALT) greater than five times the upper limit of normal range in an asymptomatic person,

aminotransferase (AST or ALT) greater than normal range when accompanied by symptoms of hepatitis, or a serum bilirubin greater than normal range.  
-Patients taking RIF-PZA should be reassessed at 8 weeks to document treatment completion.

Please report cases of liver damage associated with the rifampin and pyrazinamide regimen for management of LTBI by calling 608/266-9692.

Related MMWR articles

Update: Fatal and Severe Liver Injuries Associated with Rifampin and Pyrazinamide for the Treatment of Latent Tuberculosis Infection, and Revisions in American Thoracic Society/CDC Recommendations - United States, 2001."

<http://www.CDC.gov/mmwr>

"Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection"

<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4906a1.htm>

"Fatal and Severe Hepatitis Associated With Rifampin and Pyrazinamide for the Treatment of Latent Tuberculosis Infection - New York and Georgia, 2000 "

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5015a3.htm>

## **6. WARN is Fighting Antibiotic Resistance!**

Mark your calendars for November 15, 2001 from noon to 1 p.m. when the Wisconsin Antibiotic Resistance Network (WARN) and the U.S. Centers for Disease Control and Prevention (CDC) jointly sponsor a free satellite conference, "Adult Respiratory Illness and Antibiotics: Management Strategies to Promote Appropriate Use." The conference will be broadcast live from the Marshfield Clinic and can be viewed at 40 sites across Wisconsin. Keynote speaker, Ralph Gonzales, MD, MSPH, from the University of California, San Francisco, is a nationally recognized leader in appropriate antibiotic use. He chaired the national workgroup that published "Principles of Appropriate Antibiotic Use for Treatment of Acute Respiratory Tract Infections in Adults" in the March 20, 2001 *Annals of Internal Medicine*.

Look for the registration brochure in September's mail!

WARN is committed to educating clinicians and parents of young children about appropriate antibiotic use. Since the five-year, CDC funded grant began in 1999, WARN has engaged in a variety of public and professional education activities to heighten clinicians' and young parents' awareness about the growing problem of antibiotic-resistant bacteria. From participating in health fairs to educating child care center staff to monitoring pneumococcal isolates for bacterial resistance through the SLH system to conducting clinician-focused educational satellite conferences, WARN utilizes a variety of modalities to educate their target audiences.

The Wisconsin Antibiotic Resistance Network (WARN) is a five-year collaborative effort between the Marshfield Medical Research Foundation, the State Medical Society of Wisconsin, and the Wisconsin Division of Public Health. Funding for WARN and the satellite conference is provided by the U.S. Centers for Disease Control & Prevention.

### **To be added to the electronic mailing list contact:**

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