

WISCONSIN EPI EXPRESS

February 10, 2003

[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. Wisconsin Assists with Minnesota TB Investigation

A physician in Duluth was recently diagnosed with multi-drug resistant, infectious tuberculosis (MDR-TB). The isolate from this physician has demonstrated resistance to all first-line TB medications. The Minnesota Department of Health is managing the contact investigation in conjunction with the St. Louis County (Minnesota) Health Department. Residents of seven Wisconsin counties (Bayfield, Burnett, Ashland, Douglas, Sawyer, Washburn, and Washington) have been identified as high risk contacts either because they spent a lot of time with the physician or have medical conditions that elevate their risk for TB.

Patients and employees of two hospitals in Duluth, MN may have been exposed to the MDR-TB between November 1 and December 3. The physician, who became so ill that he could not climb a flight of stairs, continued to see patients because he did not think his symptoms indicated tuberculosis.

Health departments with residents who are high-risk contacts to the Duluth physician are being notified of those needing an examination. The health departments will offer TB skin testing and refer the individuals to their physicians for further evaluation. If you have questions regarding TB exposure from the Duluth physician, contact Dr. Karen Kiang at the Minnesota Department of Public Health via phone at 612/676-5592 or e-mail at karen.kiang@health.state.mn.us.

Meanwhile, the Wisconsin TB Program has released its final statistics for 2002. The number of TB cases has decreased for the third straight year, with 78 cases reported during 2002. Six of those TB cases were resistant to isoniazid (INH) and 1 case was multi-drug resistant (resistant to

at least isoniazid and rifampin). For more Wisconsin TB statistics, including a county listing, visit the Wisconsin TB Program website at http://www.dhfs.state.wi.us/dph_bcd/TB/.

2. Influenza-like Illness Activity

Influenza activity increased this past week. Peak activity is expected in late February or early March. Influenza type A is predominant in Wisconsin, with influenza B affecting primarily persons under 20 years old. So far, all influenza isolates characterized by the CDC are similar to the strains contained in the 2002-03 influenza vaccine.

In addition, RSV activity is beginning to increase nationwide and in Wisconsin. Historically known as a childhood illness, RSV infection can result in severe illness among the elderly. When investigating respiratory illness among the elderly, RSV should be considered in the differential diagnosis.

3. Cryptosporidium Antigen Tests

As a reminder, this is the time of year when the positive predictive value of cryptosporidium antigen tests is the lowest. Because of the questionable reliability of these tests during periods of expected low activity, health care providers should attempt to confirm cryptosporidium antigen positive tests using either the Merifluor DFA kit for *Cryptosporidium/Giardia* or by using modified Kinyoun's acid-fast stained smears. Enzyme-linked immunoassays should NOT be used to confirm rapid assay test results.

4. The Communicable Disease Wall Chart (PPH 4397)

The Communicable Disease Wall Chart has been formatted into an 8.5x11 inch layout. The multi-paged reformatted copies can be downloaded from the Health Alert Network (HAN) under the Communicable Disease Library or from the Internet website of the Department of Public Instruction, Child Care Improvement Center (CCIC) at http://www.dpi.state.wi.us/ccic/pdf/cd_chart.pdf

5. Hepatitis C seroprevalence among clients utilizing the Wisconsin HIV counseling, testing and referral program

Hepatitis C virus (HCV) infection is currently the most common chronic bloodborne virus infection and is emerging as a major public health concern in the United States. The Centers for Disease Control and Prevention (CDC) estimated that 3.9 million people in the US have been infected with HCV. CDC recommends that HCV testing be offered to persons most likely to be infected. Because HCV and HIV affect similar risk groups, HIV Counseling, Testing and Referral sites (CTR) are among the settings where HCV positive persons could be identified efficiently. In 2002, in collaboration with the AIDS/HIV program and the Wisconsin State Laboratory of Hygiene (WSLH), the Wisconsin Hepatitis C Program conducted a study to determine the prevalence of HCV among clients who were tested by the CTR program in 2000.

This project utilized data from residual serum specimens collected from clients seeking HIV testing services as a part of the Wisconsin HIV CTR Program. From among 9,756 serum

specimens submitted to the WSLH for HIV testing through the CTR Program in 2000, 1,800 specimens were selected based on risk factors for HCV infection. Specimens were assigned a blinded survey identification number, and were tested for HCV by antibody enzyme immunoassay (EIA) at the WSLH. The test results were merged with blinded demographic and risk indicator data from the CTR database. The data were analyzed to determine the HCV sero-prevalence in the various risk groups.

Among persons using Wisconsin CTR services in 2000, persons with a history of injection drug use had the highest prevalence of HCV infection; 53% of persons reporting a history injection drug use tested positive for HCV infection. Overall, the prevalence of HCV was highest among IDUs, blacks (20%), persons age 30-59 years (22%), and persons who were sex partners of IDUs (33%). In addition, the data from this study suggest that MSM were not at an increased risk for HCV infection.

The results of this analysis suggest that the Wisconsin CTR program is an important setting to identify persons with HCV and that HCV counseling and testing should be offered to clients with a history of injection drug use and to clients with a history of being a sexual partner with an IDU. The AIDS/HIV program will evaluate the methods of integrating hepatitis C testing, counseling and referral into current CTR programs. Further research is needed to identify the manner in which specific risk factors increase HCV prevalence among various populations. For more information on this study, please see the Fall 2002 issue of the AIDS/HIV Update or contact Angela Russell at russear@dhfs.state.wi.us.

6. CDC Cooperative Agreement Program for Conference Support

The Centers for Disease Control and Prevention reannounced a program it has offered annually for the past several years, to provide funding to local public and private non-profit organizations for "...partial support for specific non-Federal conferences (not a series) in the areas of health promotion and disease prevention information and education programs, and applied research." Conferences must take place between July 1, 2003 and September 30, 2004, and CDC expects to make 60-80 awards at an average award of \$20,000 per conference. Letters of Intent must be submitted to CDC by March 1, 2003, and full applications by May 1, in order to be eligible for consideration. The full Notice of Availability of Funds is available on the CDC website at <http://www.cdc.gov/od/pgo/funding/03012.htm>

7. State Health Plan 2010 Objectives on the Web

"Healthiest Wisconsin 2010" the state's health plan has been placed on the DHFS website. The section of the plan which specifically addresses "Existing, Emerging and Re-emerging Infectious Diseases" may be viewed at <http://www.dhfs.state.wi.us/Health/StateHealthPlan/ImplementationPlan/Communicable.htm> and the entire plan may be seen at <http://www.dhfs.state.wi.us/Health/StateHealthPlan/ImplementationPlan/>

8. New resource packet and position statement on HIV testing in the perinatal period

The Wisconsin Association for Perinatal Care (WAPC) recently released the resource packet *Perinatal HIV Testing in Wisconsin*. This important resource is the outcome of collaborative

efforts between the WAPC and a variety of professional organizations and groups, including the Wisconsin HIV Primary Care Support Network and the Wisconsin Division of Public Health.

The centerpiece of the resource packet is the WAPC position statement *HIV Testing in the Perinatal Period*. The position statement is a revision of the previous 1995 statement that underscores the importance of providing voluntary HIV counseling and testing services to all pregnant women. The updated position statement reaffirms that all women should be offered and encouraged to accept voluntary HIV testing:

- early in pregnancy
- during labor and delivery when a women's HIV status is unknown
- during the postpartum period if testing is not done prior to delivery
- early in infancy if the HIV status of the mother is unknown or positive

In addition to the position statement, the resource packet contains a summary of a 2002 survey of obstetrical care providers and useful education and referral resources.

This resource packet was distributed by WAPC and the Wisconsin AIDS/HIV Program to clinicians providing obstetrical services; local health departments; designated HIV counseling, testing and referral sites; HIV partner counseling, testing, and referral providers; and other select service providers and agencies. The position statement can be downloaded from the WAPC web site at http://www.perinatalweb.org/association/pub_pStateHIVPos.html. To view the document at this web address, click on arrow above "PDF" to view a PDF version of the position statement.

9. Rapid HIV antibody test approved and CLIA waiver granted

On November 7th, 2002, the Food and Drug Administration licensed the OraQuick Rapid HIV-1 Antibody Test manufactured by OraSure Technologies, Inc. of Bethlehem, Pa. In a rather quick turnaround, the federal Department of Health and Human Services announced, on January 31, 2003, approval of a waiver for OraQuick under the Clinical Laboratory Improvement Amendments (CLIA). This allows the test to be used even more broadly in a variety of agencies rather than solely in laboratories approved to conduct moderately complex testing.

OraQuick yields preliminary test results within approximately 20 minutes and individuals receiving preliminary positive test results will need confirmatory testing to verify their HIV status. This rapid testing technology should significantly increase the number of persons who obtain HIV test results. Previous testing procedures using the two-stage enzyme immunoassay (EIA) followed by confirmatory testing of reactive EIAs took from one to two weeks, a delay which resulted in many individuals not obtaining their test results. OraQuick is expected to have rather wide clinical applications. In addition to use in private physicians' offices and community clinics, the rapid test will be valuable in assessing persons who sustain a significant exposure and in assessing patients in emergency rooms and women in labor and delivery who have not previously been tested for HIV.

The Wisconsin AIDS/HIV Program is examining ways in which OraQuick will be utilized in the HIV Counseling, Testing and Referral (CTR) Program and the HIV Partner Counseling and Referral Services Program. In January, the AIDS/HIV Program convened a community meeting in January to obtain input from a variety of individuals from AIDS service organizations, community-based organizations, local health departments, the HIV prevention planning council, as well as representatives from research and laboratory facilities. The workgroup discussed how this technology will affect the flow of services, the provision of test results, linkage to referrals, risk-reduction counseling, and quality assurance. The AIDS/HIV Program anticipates piloting the use of OraQuick on a limited basis in the coming months to gain experience and gather

information which will assist in broader use of this rapid testing technology in its programs later this year.

For additional information on rapid testing, including the recent federal news releases on approval of OraQuick, visit the web site of the Centers for Disease Control and Prevention at: <http://www.cdc.gov/hiv/testing.htm#methods>.

Telephone Reporting of Unusual Disease Occurrences

Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting

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