

WISCONSIN EPI EXPRESS

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[Wisconsin Department of Health & Family Services](#)
Division of Public Health
Bureau of Communicable Diseases and
Preparedness

Oh, powerful bacillus,
With wonder how you fill us,
Every day!
While medical detectives,
With powerful objectives,
Watch your play.

William Tod Helmuth: *Ode to the Bacillus*

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. Akan Ukoennin MPH, Director, Bureau of Communicable Diseases and Preparedness

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1. BE ON THE ALERT FOR DENGUE IN TRAVELERS RETURNING FROM WARM CLIMATES

Now that winter is here, many Wisconsin citizens will be traveling to warmer climates to escape the cold. With such travel comes the risk of acquiring tropical illnesses, such as dengue fever. Dengue fever is caused by infection with dengue viruses, which are mosquito-borne viruses with expanding worldwide endemicity. During 2005, five cases of illness resulting from dengue virus infection were reported among Wisconsin residents returning from travel to Central America, South America, or the Caribbean Islands.

Dengue viruses (4 different types: DEN1 through DEN4) are found in most tropical and subtropical areas of the world, including most of Mexico and Central America, northern South America, the Indian subcontinent, Indonesia, and parts of Africa and Australia. The viruses are transmitted by *Aedes* mosquitoes, typically *Aedes aegypti* mosquitoes, which normally bite during daytime hours. Human disease resulting from infection may consist of a mild illness, dengue fever (DF) or a more severe condition known as dengue hemorrhagic fever (DHF). Incubation period for both DF and DHF ranges from 3-14 days, but 4-7 days is usual. DF is typically a self-limited illness consisting of sudden onset of high fever, severe frontal headache, and joint and muscle pain. Nausea, vomiting and rash may also occur with DF. DHF patients initially have similar symptoms with a progression to hemorrhagic manifestations and hypotension that may lead to dengue shock syndrome and death.

Clinicians may suspect dengue infection in travelers with onset of a febrile illness within 2 weeks of returning from a tropical or subtropical area where dengue viruses may be present. Testing for IgM antibody is available at many commercial laboratories. A positive IgM titer is an indication of recent dengue virus infection. Public health follow-up includes reporting of illness using the CDC dengue reporting form. Travelers to dengue-endemic areas are encouraged to use precautions designed to reduce mosquito exposure, including remaining in well-screened air-conditioned areas if possible, wearing clothing that covers arms and legs, and applying an effective insect repellent (such as one containing DEET) to skin and clothing.

References

1. CDC. Dengue Information Website:
http://www.cdc.gov/ncidod/diseases/submenus/sub_dengue.htm.
2. Heymann DL (ed). Control of Communicable Diseases Manual, 18th edition. Washington, DC: American Public Health Association 2004;146-52.

2. UPDATED GUIDELINES ON MANAGEMENT OF OCCUPATIONAL EXPOSURES TO HIV

The US Public Health Service recently updated recommendations on managing postexposure prophylaxis (PEP) for occupational HIV exposures. Since the last revision of the guidelines in 2001, new antiretroviral agents and additional information on the use and safety of HIV PEP have been available. In addition to modifying and expanding the list of antiretroviral medications available for use in PEP, the updated guidelines emphasize:

- prompt management of occupational exposures,
- selection of tolerable regimens,
- attention to potential drug interactions between drugs that could be included in HIV PEP regimens and other medications,
- consultation with experts for postexposure management strategies,
- selection of HIV PEP regimens, and
- follow-up of exposed personnel.

The updated guidelines are located on the Centers for Disease Control and Prevention website at http://www.cdc.gov/mmwr/mmwr_rr.html.

3. REVISED MEDICAID GUIDE FOR TUBERCULOSIS

Wisconsin Medicaid has just published a revision to their Guide to the Tuberculosis-Related Services-Only Benefit. If you have not received a copy in the mail, you may access it on the web at <http://dhfs.wisconsin.gov/medicaid2/handbooks/tb/index.htm>. The TB blood test (Procedure Code 86480 Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response) is a newly covered service included in this revision.

As a reminder, people meeting the income requirements must also have documentation of ONE of the following conditions to be eligible for the TB-Only Benefit:

- The individual has evidence of latent TB infection.
- The individual has evidence of active TB disease.
- The individual has a negative tuberculin skin test, but a positive culture.
- The individual tests negative for TB but requires a TB-related drug and/or surgical therapy based on a physician's judgment.
- The individual requires testing to confirm the presence (or absence) of the TB organism based on a physician's judgment.

Recipients of the Tuberculosis-Related Services-Only (TB-Only) Benefit are eligible only for Medicaid-covered tuberculosis (TB)-related outpatient services. These services include:

- Drugs
- Physician services
- Laboratory services
- Radiology services
- Case management services
- Transportation services
- Directly observed therapy (DOT), symptom and treatment monitoring, and patient education and anticipatory guidance

Medicaid-certified providers (including local health departments) may provide TB-related services to recipients of the TB-Only Benefit. No separate certification is required to provide these services.

If you have additional questions, please contact the TB Program at (608) 266-9692.

4. CDC GUIDELINES - INFECTION CONTROL MEASURES FOR PREVENTING AND CONTROLLING INFLUENZA TRANSMISSION IN LONG-TERM CARE FACILITIES

These guidelines were revised effective December 23, 2005. The revised guidelines can be found on CDC's influenza information for health professional's website at

<http://www.cdc.gov/flu/professionals/vaccination/hcw.htm>. Also please note CDC's Recommendations for Vaccination of Health Care Workers which can be found on the Web at <http://www.bt.cdc.gov/scripts/emailprint/flu/print.asp>. Influenza immunization rates among health care workers who have contact with patients have been traditionally low, and continue to remain so. With the annual occurrence of seasonal influenza and the potential threat of an influenza pandemic, it has become increasingly important as both a public health and health care issue to correct this situation. The Division of Public Health is encouraging local health departments to promote and, where possible, assist with recommended influenza immunization of health professionals in their jurisdictions.

5. RESOURCES FOR CLINICIANS AND PUBLIC HEALTH PROFESSIONALS WORKING WITH METH USERS

Methamphetamine (meth) use is a major public health problem that has been associated with sexual and injection drug use risk behaviors contributing to increased rates of HIV and sexually transmitted diseases. Two valuable resources are available for HIV clinicians, public health professionals and others who are working with meth users.

- To assist HIV clinicians working with active and recovering meth users, the Pacific AIDS Education and Training Center (AETC) at UCLA and the Pacific Southwest Addiction Technology Transfer Center (ATTC) developed the document [*Tips for HIV clinicians working with...Methamphetamine Users*](#). The tip sheet briefly highlights certain characteristics of meth users and addresses HIV treatment-related issues that may be affected by meth use. The clinician tip sheet is available on the Pacific AETC website at <http://www.aidsetc.org/pdf/p02-et/et-03-00/methusers.pdf>.
- The New York State Department of Health's AIDS Institute has compiled a comprehensive index of meth-related journal articles. This resource, titled *A Key to Methamphetamine-Related Literature*, is available as a web-based document. It contains citations that are hyperlinked to the National Library of Medicine's PubMed website with

links to the respective article abstracts and, in some cases, links to full text articles. The index is located on the web at:

http://www.health.state.ny.us/diseases/aids/harm_reduction/crystalmeth/index.htm

6. RECOMMENDATIONS REGARDING AVIAN INFLUENZA FOR TRAVELERS TO SOUTHEAST ASIA

The Division of Public Health has developed recommendations regarding avian influenza, for state residents from Southeast Asia who will be traveling back to their homelands in the near future. As avian influenza is identified in other parts of the world, these recommendations would apply to travelers to those areas as well. The recommendations appear below, and may be reproduced and distributed. We will have a version translated into Hmong available in the near future.

Recommendations for Travelers to Southeast Asia from WI Division of Public Health

Here are some important things you need to know about avian influenza (bird flu) to keep you and your family healthy when you are traveling to Southeast Asia to visit friends and relatives.

Since late 2003, an outbreak of avian influenza (bird flu) in Southeast Asia and other countries has resulted in the deaths of millions of birds, including domestic chicken and ducks. This outbreak is caused by an influenza virus called avian influenza A (H5N1). In addition to sickness and death in birds, more than 140 people have gotten sick from this bird flu, and more than half of them have died. Most people who got bird flu had close contact with infected chickens or ducks. Sometimes chickens or ducks may be infected with the bird flu virus but not look sick.

To protect you and your family from the bird influenza virus when you travel to your home country:

Before you leave

- Learn about avian influenza A (H5N1). Share this information with family or friends that may be traveling with you. For more information, visit this website: <http://www.cdc.gov/flu/avian/index.htm>
- Be sure you are up to date with all your shots, at least 4–6 weeks before travel.
- Receive typical (seasonal) influenza vaccine at least 2 weeks before travel.

During your stay in Asia

- Avoid contact with all birds, whether live, sick, or dead, and avoid contact with anything that may have been touched by poultry or their droppings.
- Avoid places such as poultry farms or bird markets.
- Influenza viruses are killed by heat, so you should thoroughly cook all foods from poultry, including eggs and blood.
- Wash your hands often with warm water and soap to help protect you and prevent spreading viruses and other germs to others:
 - Always wash your hands after using the toilet, before eating or smoking, after touching any animal or surfaces that might be soiled, if you sneeze or cough into your hands, and before and after preparing food.
 - Alcohol-based hand gels may be used if soap is not available.
- Always cover your mouth when you cough or sneeze, preferably with a tissue.

- If you become sick with a fever and get a cough, sore throat, have trouble breathing, or any illness needing medical attention, a U.S. consulate can help you find medical services.
- Tell the doctor about any possible exposures to sick birds that might have bird flu, or to very sick people.
- Do not travel while you are sick unless you are going to see the doctor or to a clinic.
- Avoid being around others as much as possible when you are sick.
- **DO NOT BRING ANY BIRDS OR BIRD PARTS, INCLUDING EGGS OR FEATHERS, BACK TO THE UNITED STATES.** This action is illegal and could expose you or others to the bird flu.

After you return home from your trip:

- You do not need to restrict your normal daily activities if you do not become ill.
- Avoid contact with live poultry and pigs for 10 days after you return.
- If you get sick with fever and have a cough, sore throat, or trouble breathing within 10 days after you return home, call your doctor or clinic.
- If you become sick, before going to the clinic, be sure to tell them what your symptoms are, where you have traveled, and if you touched or had close contact with poultry or very sick people while you were there. This way, the clinic can be aware that you have traveled to an area where there is bird flu and can arrange for certain tests to be performed free of charge.

For more information on bird flu or other travel health information, please contact:

- Your doctor or clinic
- A Travel Clinic
- CDC Traveler's Health (toll free) at 1-877-394-8747
- Bureau of Communicable Diseases and Preparedness at 608-267-9003

7. Communicable Diseases Spring Seminars 2006 - Save the Date

- April 28 - Southeastern Region, Oconomowoc, Olympia Resort
- May 10 - Northern Region, Minocqua, Waters of Minocqua
- May 11 - Western Region, Eau Claire, Best Western Trail Lodge
- May 18 - Northeastern Region, DePere, SC Grand
- May 19 - Southern Region, Madison, Crowne Plaza

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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