

WISCONSIN EPI EXPRESS

August 23, 2006

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

Division of Public Health
Bureau of Communicable Diseases and
Preparedness

*Seven million people died in the great war,
a bout of influenza quadrupled that score.
Why pimp to posterity?
Why should they admire us?
All the heroes of Valhalla
Weigh less than a virus..*

Momus (born Nicholas Currie in Paisley Scotland).¹ from the album *Monsters of Love* (1990)

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 Ukoenn MPH, Director, Bureau of Communicable Diseases and Preparedness

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1. WEEKEND RABIES TESTING

Occasionally misunderstandings arise regarding the policy on weekend testing of animal rabies specimens at State Laboratory of Hygiene (SLH).

A recent situation involved a submitter who shipped a specimen to the SLH on Friday for Saturday arrival. The submitter had called the SLH on Friday, and was told that the lab was open until 3:00 PM to accept specimens. The submitter wrongly assumed this meant that testing would be performed on Saturday, which was not the standard procedure in situations such as this.

The policy on weekend rabies testing is that staff at the SLH are available to receive, log in, and store specimens that are received on Saturdays prior to 3:00 PM. However, testing of specimens that arrive on Saturday is NOT performed until the following Monday unless special

¹ The Scottish singer Momus (after the Greek god of mockery) wears a patch over his right eye, which he lost use of in 1997, through contracting acanthamoeba keratitis from a contaminated contact lens. This may at least in part account for his sensitivity to the power of pathogenicity as shown in the lyrics quoted above.

arrangements have been made through the Division of Public Health's Communicable Disease Epi Section.

Dr. Jim Kazmierczak, the State Public Health Veterinarian, or other assigned CDES staff in his absence, makes the decision as to whether Saturday testing is warranted. The criterion used to determine if weekend testing is warranted hinges on whether someone will need to begin rabies postexposure prophylaxis unless weekend testing is performed. SLH laboratorians are aware of this criterion and have been very accommodating when we have requested after-hours testing, even though it means inconvenience and giving up part of their weekend.

A few other points about weekend rabies testing:

- The SLH has found that, in general, private couriers (e.g., UPS, FedEx) have been more reliable for weekend delivery than the U.S. Postal Service. These couriers also supply tracking numbers which can help locate an errant shipment.
- When shipping a specimen on Friday, one must not only specify "overnight delivery", but also "Saturday delivery".
- When arranging for weekend testing, we will ask you to supply a contact number for the laboratorian to use when calling back the results. This is typically a local public health staffer or a health care provider. The lab will not phone results to the animal owner or exposed patient, but the exposed person should be advised to remain available so that he/she can be contacted. It does no good for a laboratorian to perform after-hours testing unless those results can be transmitted to a PH staffer or a provider who, in turn can contact the patient and help to arrange for prophylaxis if indicated.

For more information, please contact Jim Kazmierczak at (608) 266-2154 or kazmijj@dhfs.state.wi.us

Potential Domestic Animal Exposures to Rabid Animals

In situations where a domestic animal (household pet, farm animal, etc.) may have been exposed to another animal suspected of having rabies, the State Department of Agriculture, Trade and Consumer Protection (DATCP) is the responsible agency, and should be consulted for guidance on management and testing of the animal(s) involved. DPH simply refers these situations to DATCP when we are made aware of them, and contacting DATCP directly will expedite the response to them. The responsible official in these instances is Dr. Yvonne Bellay. She may be reached at (608) 224-4888.

2. WISCONSIN STATE LABORATORY OF HYGIENE (WSLH) TRAINING HIGHLIGHTS

Wisconsin State Laboratory of Hygiene (WSLH) Director Dr. Ron Laessig was pleasantly surprised at the Association of Public Health Laboratories (APHL) annual meeting in June when he was presented with a plaque given by the Centers for Disease Control and Prevention (CDC) and APHL in recognition of the Wisconsin State Laboratory of Hygiene's training efforts.

Specifically, the plaque recognized the WSLH's support of advanced laboratory training programs on topics of public health significance provided to a broad segment of the nation's laboratory workforce. CDC and APHL said these training programs are vital to maintaining the capacity of the nation's public health laboratories to respond rapidly to terrorism and other public emergencies.

WSLH staff oftentimes work with the National Laboratory Training Network (NLTN) - an organization jointly funded by CDC and APHL -- to provide national training events. Examples include WSLH Communicable Disease Division Director Dr. Pete Shult and WSLH Laboratory Network Coordinator Carol Kirk's annual teleconference on influenza testing and laboratory surveillance. Their teleconference last year had more than 800 registered sites and an international audience. The WSLH and NLTN also sponsor a bi-annual virology workshop for state public health laboratory staff.

Just last month, WSLH Advanced Microbiologist Archie Degnan gave a national NLTN teleconference on E. coli detection in beach water samples. The presentation -- developed with WSLH Environmental Health Division staff including Sharon Kluender, George Bowman, Jeremy Olstadt and others - was an outgrowth of a grant-funded training program developed by the WSLH last year for the Minnesota Department of Health.

The WSLH is also very active here at home in Wisconsin, providing training for clinical and environmental laboratories, local public health laboratory and department staff, wastewater operators, first responders and others.

For more information, please contact Jan Klawitter at (608) 265-2529 or jan@mail.slh.wisc.edu

3. REVISED STD TREATMENT GUIDELINES AVAILABLE ONLINE

CDC's Morbidity and Mortality Weekly Report (MMWR) on August 4 issued a report and recommendations, *Sexually Transmitted Diseases Treatment Guidelines-2006*, which may be read and downloaded online (<http://www.cdc.gov/mmwr/PDF/rr/rr5511.pdf>). The guidelines provide exhaustive coverage of all infectious diseases currently recognized as sexually transmitted infections, and in addition to guidelines for treatment, also provide guidance on diagnosis, counseling, followup and prevention. This issue replaced the last edition from 2002.

4. RECORDING AND REPORTING RACE AND ETHNICITY

From time to time we receive questions on how race and ethnicity should be recorded on our communicable disease report forms, or we receive forms on which it is reported wrongly. We ask that reporters use the current (2001) NIH standards for recording race and ethnicity, which are derived from the similar 1997 OMB Standards. Guidance is as follows:

The 1997 OMB revised minimum standards include two ethnic categories (Hispanic or Latino, and Not Hispanic or Latino) and five racial categories (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White). The categories in this classification are social-political constructs and should not be interpreted as being anthropological in nature. Using self-reporting or self-identification to collect an individual's data on ethnicity and race, investigators should use two separate questions with ethnicity information collected first followed by the option to select more than one racial designation. Racial and ethnic data should be recorded as it is self reported by the individual who is the object of the report. Where the respondent is unable or unwilling to provide that information, it should be recorded on the report form as **Unknown**.

Ethnic Categories:

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can also be used in addition to “Hispanic or Latino.”
- **Not Hispanic or Latino**

Racial Categories:

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)
- **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

5. SUMMER 2006 WISCONSIN AIDS/HIV UPDATE POSTED ON THE WEB

The summer 2006 issue of the *Wisconsin AIDS/HIV Update*, a quarterly electronic newsletter of the Wisconsin AIDS/HIV Program, was recently posted on the website of the AIDS/HIV Program at <http://dhfs.wisconsin.gov/aids-hiv/Update>. The PDF version of this *Update* can be accessed directly (using Adobe Acrobat Reader) at <http://dhfs.wisconsin.gov/aids-hiv/Update/WiAIDSUpdateSummer2006.pdf>. Persons who subscribe to the *Update* listserv are notified by email when new issues of the *Update* are posted. Information on how subscribing to and unsubscribing from the *Update* listserv is located at: <http://dhfs.wisconsin.gov/aids-hiv/Signup/>.

6. amfAR ISSUE BRIEF FOCUSES ON HIV PREVENTION FOR MEN WHO HAVE SEX WITH MEN

Increases in HIV infection among men who have sex with men (MSM), both domestically and internationally, prompted the Foundation for AIDS Research (amfAR) to release an issue brief on HIV prevention for MSM. The brief focuses on biologic, behavioral, and social/cultural factors that place MSM at increased risk for HIV infection. While several behavioral interventions (individual, small group and community) have lowered risk behaviors, amfAR’s issue brief points out that some HIV social policy initiatives reinforce stigma and discrimination.

The HIV prevention issue brief is located on the amfAR website at: http://www.amfar.org/binary-data/AMFAR_PUBLICATION/download_file/46.pdf.

7. CHANGES IN COMMUNICABLE DISEASE REPORTING ENACTED IN 2005 WISCONSIN ACT 198

2005 Wisconsin Act 198 (Public Health Emergency Planning and Reporting), which was signed into law in March of this year, in part adds new requirements for disease reporting, which will effect local health departments. The reporting provisions which the Act creates are as follows:

- **Communicable Diseases in Animals**

The State Department of Agriculture Trade & Consumer Protection (DATCP) receives reports of animal diseases from veterinarians and from The Department of Natural Resources (DNR). Act 198 requires that DATCP also report to the local health officer for the jurisdiction in which the animal in question is located. DPH and DATCP have established a mutual agreement that DATCP will report any animal diseases which can be transmitted to humans (zoonoses) to the State Public Health Veterinarian, who will relay that information to the Local Health Officer, along with guidance on followup.²

- **Communicable Diseases in Humans-Reports from American Indian Tribes and Bands**

The Act permits (but does not require) the health agency of a federally recognized Tribe or band to report communicable disease cases within its jurisdiction to the local health officer³ or to DHFS. Because the Tribes are sovereign nations, any authority to investigate or follow up on cases and individuals on tribal lands must be with the permission of the respective Tribe or Band. We encourage LHOs to establish mutual written understandings, strong lines of communication, and shared initiatives wherever possible with Tribes and tribal health agencies adjacent to their jurisdictions. DPH Regional Offices are available to assist these activities in any ways they can be helpful to them

- **Communicable Diseases in Humans-Reports from Laboratories**

The Act expands the reporting requirements for laboratories by specifying that reports must include those where there is an indication that the individual providing the specimen either has a communicable disease, or having a communicable disease, has died.⁴

- **Communicable Diseases in Humans—Pharmacy Reporting**

The Act expands and clarifies existing statutory requirements for reporting of specified occurrences by pharmacies, by specifying that those reports must be made within 24 hours of the occurrence; that they must be electronically, either by fax, telephone or in writing; and that they must be reports of products sold by the reporting pharmacy or

² Local health departments should follow up to identify any possible human exposures to the infected animal, and then further follow up on these in the same manner as a human to human exposure of the same disease.

³ Although the Act is silent on this point, the local health officer is presumably that of an adjoining or other jurisdiction where the index case resides or may have exposed others to the reported disease.

⁴ The Act does not remove the existing statutory requirement for laboratories to report other specimen reports (as listed in Wisconsin Administrative Rule HFS 145) which DHFS has specified.

pharmacist. The Act also permits pharmacies and pharmacists to report to the LHD rather than DHFS. Reporting is required for⁵:

-An unusual increase in the number of prescriptions dispensed or nonprescription drug products sold for the treatment of medical conditions specified by DHFS by rule.⁶

-An unusual increase in the number of prescriptions dispensed that are antibiotic drugs.

-The dispensing of a prescription for treatment of a disease that is relatively uncommon or may be associated with bioterror.

Because of the many variables that are involved with this kind of reporting, and because there is no good automated system available at present for economical and effective pharmacy reporting, we are asking LHOs to work with pharmacies in their jurisdiction, to establish reporting understandings and procedures that are agreeable to all of the local parties.

- **Communicable Diseases in Humans—Death Reporting**

The Act requires coroners and medical examiners to report the death of a person to the LHO and DHFS if the coroner or ME knows or suspects that the person had a communicable disease as specified in rules promulgated by DHFS.⁷ LHOs are encouraged to work with their local coroners and medical examiners to develop understandings and mechanisms to facilitate reporting of deaths that are of public health significance

For more information, please contact Mike Pfrang at (608) 266-7550 or pfranmm@dhfs.state.wi.us

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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⁵ The terms “unusual” and “uncommon” are not further defined in the law, and are thus left to the discretion of the reporting pharmacist or pharmacy to construe at this time.

⁶ DHFS has not promulgated rules specifying any conditions at this time.

⁷ DHFS has not promulgated any rules to this point with regard to this section of the Act.