

"If you prevent infection, Nature will heal the wound all by herself."

Paracelus, 1493-1541

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,

Sandra Breitborde, Director, Bureau of Communicable Diseases and Preparedness

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1. CDC's HPV education and training products

New Materials for the Public and Patients

Common Questions about HPV and Cervical Cancer:

- For Women Who Have HPV
<http://www.cdc.gov/std/HPV/common-questions.htm>
- New "HPV and Men" fact sheet
<http://www.cdc.gov/std/HPV/STDFact-HPV-and-men.htm>
- One- and two-page HPV Vaccine flyers for parents of preteen girls
<http://www.cdc.gov/vaccines/spec-grps/preteens-adol/07gallery/flyers.htm#gahpv>
- HPV Vaccine posters for parents of preteen girls
<http://www.cdc.gov/vaccines/spec-grps/preteens-adol/07gallery/posters.htm>

New Materials for Providers

- Spanish version of CDC's HPV Clinician brochure with counseling messages
<http://www.cdc.gov/std/HPV/hpv-clinicians-brochure.htm>
- MMWR QuickStats: Prevalence of HPV Infection Among Sexually Active Females Aged 14-59 Years, by Age Group (National Health and Nutrition Examination Survey, United States, 2003-2004)
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5633a5.htm?s_cid=mm5633a5_e
- CDC Immunization Update 2007, satellite webcast of Vaccine Briefs Segment addressing HPV vaccine recommendations, scheduling, and special considerations, also covering influenza, rotavirus, Tdap, varicella, and zoster vaccines
<http://www2a.cdc.gov/phtn/webcast/immup-2007/default.asp> (webcast)
<http://www.cdc.gov/vaccines/ed/imzupdate07/imup07-slides.htm> (PowerPoint slides)

This broadcast is intended for private and public healthcare providers (including pediatricians, family practice specialists, residents, and medical and nursing students), physicians, nurses, nurse practitioners, physician assistants, DoD paraprofessionals, pharmacists, health educators and their colleagues who either administer vaccines or set policy for their offices, clinics, communicable disease, or infection control programs.

2. Past Issues of the Wisconsin Epi Express Now Available Online

All past issues of the Epi Express, dating back to the first edition in April of 2001, are now available from the Department of Health & Family Services. A table of contents is shown for each issue along with a link to that issue, for people looking for a particular article.

<http://dhfs.wisconsin.gov/communicable/EpiExpress/index.htm>

Special thanks are due to Barb Anderson of the Bureau of Communicable Diseases and Preparedness for this fine piece of archiving.

Barbara Anderson: anderba@dhfs.state.wi.us

3. Dr. Peter Shult of the State Lab Testifies Before Congress

On September 26, speaking on behalf of the Association of Public Health Laboratories (APHL), Dr. Pete Shult, Director of the Communicable Disease Division of the Wisconsin State Laboratory of Hygiene (WSLH), presented testimony to the Homeland Security Committee of the US House of Representatives. Many of the readers of this newsletter already know Pete, and know of his leadership at both the state and national levels on pandemic and other public health emergency preparedness. Pete's testimony, titled "*Beyond the Checklist: Addressing Shortfalls in National Pandemic Influenza Preparedness*" can be found at:

http://www.aphl.org/policy/Documents/Pan_flu_testimony.pdf

His testimony highlights the role of the public health laboratory in public health emergency preparedness, and particularly its importance as a hub organization and reference laboratory for a laboratory response network (LRN) of other private and public laboratories. Dr. Shult's testimony also in large part describes the model LRN that he and his staff have built here in Wisconsin over the past several years, and how it functions as a key component in ongoing disease surveillance as well as the State's pandemic preparedness planning and readiness efforts. Anyone who isn't already familiar with how public health laboratories should perform in a major communicable disease emergency is encouraged to read Pete's testimony and to contact him with any questions or comments.

Director, Communicable Disease Division and Emergency Laboratory Response, WI State Laboratory of Hygiene

Peter A. Shult, Ph D - shult@mail.slh.wisc.edu

4. MRSA Resources Available on the Web

Anyone who has read a newspaper recently knows that Methicillin Resistant Staphylococcus aureus (MRSA) has been in the headlines. The death in October of a 17 year old Virginia high school student with MRSA, and a recent study published in the Journal of the American Medical Association (JAMA) contending that MRSA is a much more common infection than previously thought, have brought the disease to national attention.

Hospital acquired MRSA infections (HA MRSA) have been reported since the 1960s, although their apparent increase in recent years has brought pressure on hospitals to improve prevention efforts and track cases of the disease occurring in their institutions. More recently, there have been increasing numbers of community acquired infections (CA MRSA) being reported, including clusters of infections among athletes, military recruits, children, men-who-have-sex-with-men, and prisoners. Factors associated with the spread of CA MRSA skin infections include crowded conditions, skin-to-skin contact, compromised skin and contact with contaminated items.. Some of these reports have resulted in school closures and substantial facility disinfection efforts. CA MRSA is clearly an issue of public health concern, but because it has emerged on the scene fairly quickly and unexpectedly, some public and community health agencies may feel that they don't yet have adequate resources to effectively address it. I have included here some informational links.

Wisconsin's Bureau of Communicable Diseases and Preparedness

- CA-MRSA Fact Sheet
http://dhfs.wisconsin.gov/communicable/factsheets/PDFfactsheets/CommunityAssociatedMRSA_xxxxx_0607.pdf
- CA-MRSA Patient Pamphlet
<http://dhfs.wisconsin.gov/communicable/resources/pdf/CAMRSAPatientPamphlet.pdf>
- CA-MRSA Guidelines for Clinical Management and Control of Transmission
http://dhfs.wisconsin.gov/communicable/resources/pdf/CAMRSAGuide_1105.pdf
- Guidelines for Controlling Transmission among Students and Athletes
http://dhfs.wisconsin.gov/communicable/resources/pdf/CAMRSA_SchoolGuidePPH42179_1007.pdf
- Guidelines for Prevention and Control of Antibiotic Organisms in Health Care Settings
http://dhfs.wisconsin.gov/communicable/resources/pdf/AROGuide_0905.pdf

CDC also has very informative and useful informational websites on both

- CA MRSA http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html
- HA MRSA http://www.cdc.gov/ncidod/dhqp/ar_mrsa.html

Information from other States Departments of Health

- CA MRSA and other skin infections in athletics - Minnesota
<http://www.health.state.mn.us/divs/idepc/dtopics/athlete/index.html>
- CA MRSA in schools - Minnesota
<http://www.health.state.mn.us/divs/idepc/diseases/staph/schools.html>
- MRSA Toolkit for Middle & High Schools – Washington State (Tacoma-Pierce County)
This toolkit has been designed to help prevent and stop or reduce the spread of Methicillin resistant Staphylococcus aureus (MRSA) skin infections in middle and high schools. It contains educational materials targeted to the school health team, athletic directors/coaches, custodians, athletes/students and parents
<http://www.tpchd.org/page.php?id=364>
- Massachusetts Department of Health
Questions and Answers about MRSA for School Health Professionals
http://www.mass.gov/dph/cdc/antibiotic/mrsa_school_health.htm
Questions and Answers about MRSA for School Athletics Professionals
http://www.mass.gov/dph/cdc/antibiotic/mrsa_school_athletics.htm

For more information on MRSA, or other invasive community and hospital acquired infections
Gwen Borlaug, CIC, MPH borlagm@dhfs.state.wi.us - 608-267-7711

5. New BCDP Staff Organizational and Disease Specialty Lists Available

- Bureau of Communicable Disease and Preparedness staff by organizational, location, and contact information
- BCDP Staff contacts for specific infectious disease
- If you have not recently received a copy, contact Barbara Anderson anderba@dhfs.state.wi.us

6. Wisconsin State Public Health Laws on the Web

From time to time readers of the Epi Express may find it necessary to find or research some provision in state public health law and the easiest way for many people to do this is using the internet.

Wisconsin law is found on the website of the State Legislature <http://www.legis.state.wi.us/>

Scroll down in the box of topics on the upper left corner of the opening page to “*Wisconsin Law*”.

In the pop up topic headings when you put your cursor on it, you'll be interested in two, “*Administrative Code & Register*”, and “*Statutes*”.

Statutes are laws that are written and passed by the State Legislature. Administrative Rules are subordinate laws promulgated (written) by state agencies. DHFS Administrative Rules, for example, list the diseases that are reportable in Wisconsin, promulgated under the statutory authority of the Legislature.

When you click on Statutes, you'll see that they're either searchable in InfoBase (NXT) or Adobe Acrobat (PDF).

The chief body of public health statutes is found in Chapters 250-255, with statutory law specific to communicable disease control found in Ch. 252.

There's also a body of statutes (Chs. 145-160) specifically titled "Public Health", although in the main it is not, but there may be some information there that's useful or interesting, particularly to local health officers.

Depending on your interests, you may also find something in the statutes of the Department of Agriculture Trade & Consumer Protection (Chs. 91-100) or Department of Natural Resources (Chs. 280-299).

The State Laboratory of Hygiene is also an important part of the state public health system, but statutory references to it are sparse and scattered, and most easily found by doing a search on the term "hygiene laboratory".

The Administrative Code is similarly configured in both searchable and PDF formats.

The chief body of Administrative Rules that public health readers will probably be interested in is found in Chapters HFS 110 to 199. HFS 145 is the principal chapter of Administrative Code dealing with control of Communicable diseases, and Appendix A to Ch. 145 lists the diseases that are reportable in Wisconsin.

Rules concerning immunization of students and vaccine-preventable diseases are found at Chs. HFS 144 and 146

Readers may want to look at some of the Rules promulgated by DATCP (chapters ATCP 1 to 162) or DNR (chapters NR 1 to 845), depending on their interests.

For questions regarding Wisconsin public health law, contact your nearest Division of Public Health Regional Office http://dhfs.wisconsin.gov/R_Counties/index.htm

7. AIDS/HIV Program piloting multi-jurisdiction HIV partner counseling and referral services

In Wisconsin, HIV Partner Counseling and Referral Services (PCRS) is a priority and highly effective prevention intervention that assists HIV positive persons connect with needed services and focuses on assisting HIV positive persons in identifying and notifying sex and needle sharing partners of their possible risk for HIV infection. Partners who are notified are offered counseling, HIV testing, and assistance with referrals for needed services.

HIV PCRS, formerly known as partner notification services, first began in Wisconsin in 1988. Originally, PCRS was provided primarily by a few state employees in the Milwaukee metropolitan area. Gradually, PCRS grew to include staff from seventy-two city and county local health departments.

From 2003-2005, an average of 80% of all LHDs providing HIV PCRS received only five or less cases annually and many received none. Only the city of Milwaukee Health Department received more than 100 cases annually and, of the remaining agencies, only Dane county received more than 50 cases annually. Many LHDs that receive few if any cases annually have expressed concern about the burden in staff time and costs associated with complying with PCRS training requirements that are needed to maintain current knowledge and skills.

In December 2006, the Wisconsin AIDS/HIV Program surveyed Wisconsin LHDs providing PCRS regarding their interest in continuing to provide PCRS.

- Of the 72 local city and county health departments surveyed, 71 (99%) responded
 - 50% - expressed interest in continuing to provide PCRS;
 - 49% - indicated interest in another LHD providing PCRS in their jurisdiction;
 - 1% - undecided
- Of LHDs interested in continuing PCRS:
 - 60% indicated an interest in assuming a lead role in providing PCRS outside their jurisdiction
 - 40% indicated interest in continuing to provide PCRS in their jurisdiction only

Beginning in 2008, the AIDS/HIV Program will begin piloting a small number of “multi-jurisdiction” PCRS providers in a few areas where LHDs have expressed interest in assuming a lead role and where other have expressed interest in discontinuing the direct provision of PCRS. LHDs assuming lead responsibilities as part of pilot multi-jurisdiction PCRS include the counties of Dane, La Crosse, and Rock. Based on experience gained from the pilot sites, multi-jurisdiction PCRS may be expanded in other areas of the state.

Dhana Shrestha, PCRS Coordinator shresdm@dhfs.state.wi.us 608-267-5288

8. New ACIP recommendations on the use of hepatitis A vaccine for postexposure prophylaxis

The October 19, 2007 issue of the MMWR contains updated recommendations for hepatitis A prevention (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm>). The primary new recommendations in this article are based on a clinical trial which suggests that the performance of vaccine, when administered ≤ 14 days after an exposure to hepatitis A, approaches that of immune globulin (IG) in healthy children and adults aged ≤ 40 years. This finding offers an alternative to the use of immune globulin (IG) for postexposure prophylaxis for many exposed persons. The new guidelines are summarized below.

For persons who have been exposed to hepatitis A within the past 14 days, and who previously have not received hepatitis A vaccine, the following is advised:

- 1) Healthy persons aged one to 40 years should receive hepatitis A vaccine at the age-appropriate dose.
- 2) Healthy persons > 40 years should receive IG (0.02 mL/kg), although vaccine may be used if IG cannot be obtained.
Persons > 40 may receive a dose of vaccine simultaneously with IG if they are in a group for which vaccine is routinely indicated (e.g., illegal drug users, travelers to a hepatitis A endemic area).
- 3) Healthy persons < 1 year old should receive IG (0.02 mL/kg). The hepatitis A vaccine is not approved for use in children less than one.
- 4) Persons who are immune compromised or have chronic liver disease should receive IG.

Persons who receive a first dose of vaccine as postexposure prophylaxis should receive a second dose at least 6 months later to confer ongoing protection.

For more information, contact the Communicable Disease Epidemiology Section
Dr. Jim Kazmierczak kazmijj@dhfs.state.wi.us – 608-266-2154

Telephone Reporting of Unusual Disease Occurrences

Occurrences of diseases 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
Please do not use it for normal and routine disease reporting

To be added or removed from the distribution list contact:

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