

MONTANA LABORATORY SENTINEL

Update from the MT Laboratory Services Bureau (800) 821-7284 www.lab.hhs.mt.gov

Hepatitis Testing Day – May 19

May 19th has been designated as a national Hepatitis Testing Day in the United States. This is part of an educational initiative between the CDC and the U.S. Department of Health & Human Services. Unlike Hepatitis A, which does not cause a long-term infection, Hepatitis B and Hepatitis C can become chronic, life-long infections. More than 4 million Americans are living with chronic Hepatitis B or chronic Hepatitis C in the United States, but most do not know they are infected. Chronic viral hepatitis can lead to serious liver problems including liver cancer. Every year, approximately 15,000 Americans die from liver cancer or chronic liver disease associated with viral hepatitis. National Hepatitis Day is an opportunity to remind health care providers and the public who should be tested for chronic viral hepatitis.

CDC has several educational resources available, including [FAQs for the public](#) regarding Hepatitis C and the [Hepatitis Risk Assessment](#), an online assessment tool designed to determine an individual's risk for viral hepatitis. The individual is able to privately answer questions that are based upon CDC's guidelines for testing and vaccination, and then print their recommendations to discuss them with their doctor. In addition, CDC now recommends that anyone born from 1945 through 1965 get tested for Hepatitis C. For more on this initiative, go to <http://www.cdc.gov/KnowMoreHepatitis/> or see CDC's fact sheet, [Why Baby Boomers Should Get Tested](#).

On May 7, 2013, CDC released in an MMWR [Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians](#). This document was published because of 3 developments that impact HCV diagnostics:

- 1) Changes in the availability of some commercial HCV antibody tests. There is now a waived rapid test for HCV antibody by Orasure, similar to the HIV rapid test. Also, RIBA HCV has been discontinued and is no longer available to confirm antibody tests. If testing is desired to distinguish between true positivity and biologic false positivity for HCV antibody, then testing may be done with a second FDA-approved HCV antibody assay (such as a standard laboratory-based EIA). The only other FDA-approved supplemental tests for HCV infection are those that detect HCV viremia.
- 2) Advances in the development of HCV antiviral agents. Persons who complete treatment using two newly approved anti-viral drugs combined with pegylated interferon and ribavirin are more likely to have virologic cure. Because antiviral treatment is intended for persons with current HCV infection, these persons need to be distinguished from persons whose infection has resolved.
- 3) Evidence that individuals who are identified as reactive by HCV antibody tests may not be evaluated to determine if they have a current infection. Testing strategies must ensure the identification of those persons with current HCV infection, using HCV RNA tests. Persons with current infection who are not identified will not receive appropriate preventive services, clinical evaluation, and medical treatment. Knowledge of HCV status would also allow individuals to make informed choices to prevent further liver damage and avoid infecting others.

MTPHL offers a full menu of Hepatitis tests that can target every stage of infectious Hepatitis, from acute to chronic infections. Please call 800-821-7284 or see the [Laboratory Services Manual](#). Other resources on [getting tested](#) for Hepatitis C can be found on CDC's website <http://www.cdc.gov/>.

As a Reminder

In October 2012, the Sentinel Newsletter featured an article that explained that the Public Health Laboratory would begin electronically attaching a scanned copy of the results of referred tests that were performed at CDC and other state public health laboratories (SPHL), and hard copies would no longer be mailed.

As a reminder, when you are using the Webstation, you can download a copy of the reference lab report by clicking the LINKS button that is on the top of the screen.

Please contact one of the MTPHL supervisors at 800-821-7284 or send an e-mail to mtphl@mt.gov if you have any questions.



Save the Date!!

This year's workshop, "Bioterrorism Preparedness for the Sentinel Laboratory", will be held at Carroll College in Helena on Friday, July 26th. Please make plans to attend!

Montana Communicable Disease Weekly Update

Release date: 5/10/2013



DISEASE INFORMATION

Summary – MMWR Week 18 - Ending 5/4/2013 Preliminary disease reports received at DPHHS during the reporting period April 28–May 4, 2013 included the following:

- **Vaccine Preventable Diseases:** Hepatitis B, chronic (1), Influenza* (0) Pertussis (21), Varicella (2)
- **Invasive Diseases:** *Streptococcus pneumoniae* (1)
- **Enteric Diseases:** Campylobacteriosis (9), Giardiasis (2), Salmonellosis (1)
- **HIV Disease**** : (1)
- **Other Diseases:** Hepatitis C, acute (1)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)

*Cases confirmed by MTPHL only.

** A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) communicable diseases YTD; (2) cases just this past reporting week; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

Rabies – The Bats Are Back (attached poster and information): They're back! Bats in full force have either come out of hibernation or migrated back to Montana. This week alone one bat has tested positive for rabies and another one that tested negative was found on school grounds. It's important to remind our residents – especially our children – that while bats are important for our ecology it's even more important not to have physical contact with any bat. Please distribute the attached "If There's a Bat in my School" flyer to your local schools. Also attached is the DPHHS guidance for public health and other public safety authorities on managing bat contact with humans.

May is Hepatitis Awareness Month - Vital Signs – Hepatitis C: Today, and in conjunction with Hepatitis Awareness Month, CDC released a new study in Vital Signs on hepatitis C testing and reporting. The report data, pulled from eight hepatitis C surveillance sites across the country, show that only half (51 percent) of those identified with an initial positive hepatitis C antibody test are receiving appropriate follow-up testing to determine if they are still infected. Without a follow-up test, a person will not know if they are currently infected with the hepatitis C virus. The results also further underscore the severe impact of hepatitis C among baby boomers (born from 1945 through 1965). Baby boomers accounted for 67 percent of all reported hepatitis C cases and 72 percent of all reported deaths among people with hepatitis C.

- **MMWR: Vital Signs: Evaluation of Hepatitis C Virus Infection Testing and Reporting - Eight U.S. Sites, 2005–2011** <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0507a1.htm>
- **MMWR: Fact sheet: Hepatitis C: Testing Baby Boomers Saves Lives** <http://www.cdc.gov/vitalsigns/hepatitisc/>
- **MMWR: Testing for HCV infection: An update of guidance for clinicians and laboratorians.** <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0507a2.htm>
 - Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection http://www.cdc.gov/hepatitis/HCV/PDFs/hcv_flow.pdf
 - Interpretation of Results of Tests for Hepatitis C Virus (HCV) Infection and Further Actions http://www.cdc.gov/hepatitis/HCV/PDFs/hcv_graph.pdf

Norovirus *Three Outbreaks This Week*: Our website now features a new section on Norovirus. We have had two more outbreaks this last week. You can access it through [MT Norovirus Website](#) as well as our CDEpi site under hot topics,

and then click on Norovirus. On that website we provide technical guidance, links to CDC and information about Norovirus in our State. While norovirus activity is ongoing we will update the special information section weekly. It's a great place to learn more about Norovirus, so check it out.

West Nile Virus: More to come on West Nile Virus including an iLinc in June, but DPHHS/CDEpi is working with the Montana Mosquito and Vector Control Association to purchase 3000 coloring books we want to get out before school ends or in conjunction with early out of school programs. The local vector control districts can order through the vector control program. You can contact us for more information on who to contact and coordinate with locally. Call Joel Merriman at 406-444-0274 or jmerriman@mt.gov for more information.

INFORMATION/ANNOUNCEMENTS

CDEpi Rules Update: The new rules are being reviewed by our legal authorities for the final notice as you read this. The old rules are still in effect until the new ones are published. We have been receiving requests for educational materials and do appreciate the interest but it is a little difficult to put out completely final items until we see the final product. So, for any explanations to providers, local health jurisdictions should explain that the related materials are for the new rules and they should be in effect as of June 2013 but are not yet final.

From the standpoint of providers, there isn't a lot of change. They all have to report to you immediately for all diseases and that hasn't changed. The diseases removed were very low incidence diseases and the ones added the same so we hardly ever see them anyway. So, practically speaking, the main differences to your providers are minimal unless they want to report a case of Kawasaki disease to you. Then you can inform them that no longer have to. Lab related materials will be a little more complicated and are being worked on.

Two changes in the new rules revolve around laboratory RSV reporting and Rabies Post Exposure Prophylaxis (rPEP) reporting. Be sure to read our two new Surveillance Snapshots on these issues for background on the importance of these issues. You can link to these articles below.

[Hospitalizations for RSV Infection Among Children Aged <5 Years, Montana, 2000 to 2011](#)

[Human Exposures to Dogs and Cats Tested for Rabies, 2008 to 2011](#)

Summer Institute "When Good Food Goes Bad": The 2013 [Summer Institute](#) will be on July 15-19 at the University of Montana in Missoula. The CDEpi/FCSS sponsored course is called, "When Good Food Goes Bad: A team approach to Foodborne Outbreak response." The registration site will go active on the first of June.

This course is limited to 20 two person teams and will be taught by five nationally based instructors including a course designer and Montana local county health official, Joe Russell (Flathead Co.) The course in Montana is targeted to public health communicable disease staff and sanitarian staff at the local health jurisdiction level. The course provides responders with training on all-hazards food emergency response procedures with an emphasis on enhancing communication to facilitate the response effort. Let either Melissa Tuemmler at mtuemmler@mt.gov or Karl Milhon at kmilhon@mt.gov know of your interest. It has reviews of being a great interactive course.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, primarily to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>