



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



Limitations for the Use of HIV-1 Western Blot in Plasma/Serum, June 2015

In June 2014, the CDC and Association of Public Health Laboratories (APHL) published a new algorithm for the diagnosis of HIV. This algorithm recommends testing for HIV-1 and HIV-2 antibodies and also incorporates testing for the p24 Ag, which results in earlier detection of infection if present. A positive result in the combination assay would result in a test such as a Multispot to determine antibodies to either HIV-1, HIV-2, or both. If this test is negative for HIV-2 and negative or indeterminate for HIV-1, an HIV-1 nucleic acid test (NAT) would be the final determining factor indicating infection with that particular strain of the virus. At this point, there are no FDA-approved HIV-2 NAT tests.

As a result of this algorithm, the western blot, which was once considered the gold standard for HIV-1 diagnosis, is no longer of value. One reason for this is that the western blot is unable to detect acute infection. Since the p24 Ag is an indication of acute infection, a western blot test can produce a false-negative in the acute and early phases of seroconversion. Additionally, the western blot cannot differentiate HIV-1 and HIV-2 antibodies, resulting in potentially incorrect treatment.

Laboratories needing technical assistance in transitioning to the recommended algorithms can contact MTPHL at 800-821-7284 or mtphl@mt.gov.

The APHL/ASM fact sheet regarding this recommendation can be found [here](#).

Four Multistate Outbreaks of Human *Salmonella* Infections Linked to Live Poultry in Backyard Flocks

CDC and the U.S. Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS) are working with state public health, veterinary, and agricultural officials to investigate four multistate outbreaks linking human *Salmonella* infections to contact with chicks, ducklings, and other poultry from multiple hatcheries.

While cases have mostly been in the southern and eastern areas of the United States, 41 states have reported at least 218 cases, including three in Montana. Isolates from 16 cases were tested for antibiotic resistance by the National Antimicrobial Resistance Monitoring System (NARMS). All 16 were susceptible to all antibiotics tested.

More information on this outbreak, including case counts and locations, as well as measures for preventing infection, is posted on the CDC's [website](#).

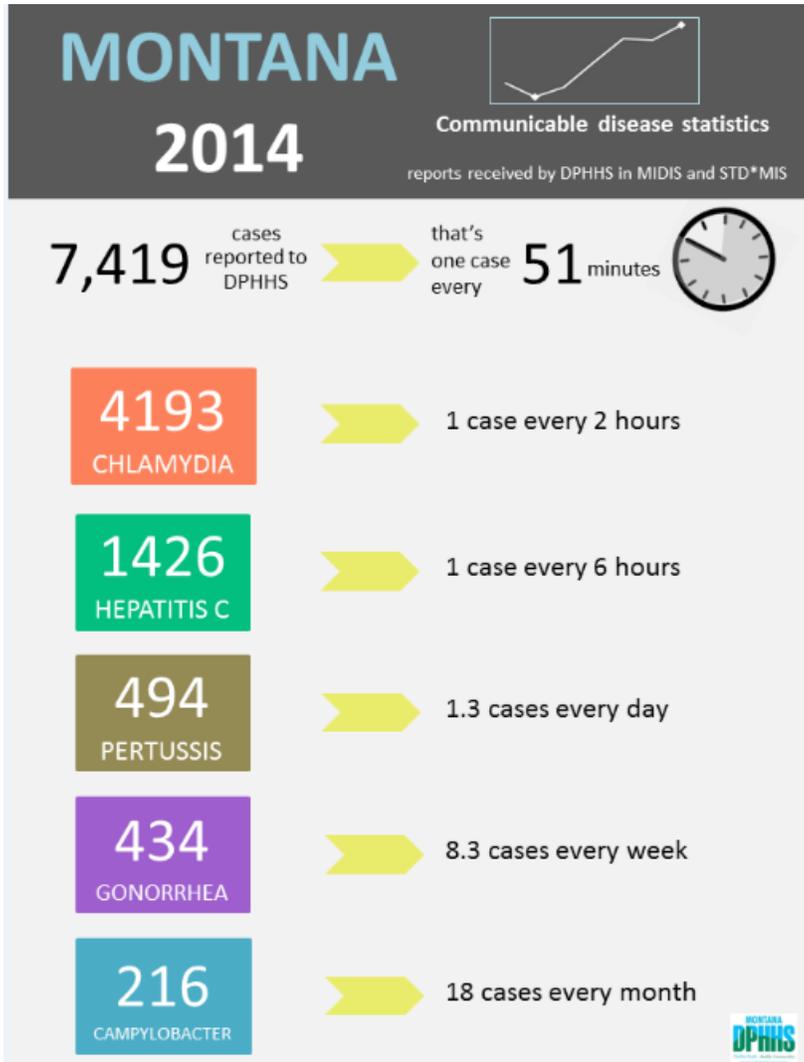
Recall Notice: Alere i Influenza A and B

The MTPHL was recently informed that on May 26, 2015 FDA posted a Class 2 recall notice for the Alere i Influenza A and B assay, and we want to ensure that you are aware of this recall. The manufacturer cited "high invalid rate and an increased risk of false negative results with certain lots". Alere sent letters to its customers, identifying the problem and instructing customers to discontinue using and to discard any unused product.

If customers have questions, they are asked to contact Alere Technical Services, 8:00 AM to 8:00 PM, EST, Monday through Friday. The phone number is 855-731-2288 and email is ssc.alerefieldactions@alere.com.

Find more information on this recall on FDA's [website](#).

Infographic of the Week:



DISEASE INFORMATION

Summary – MMWR Week 31 – Ending 8/8/15 Preliminary disease reports received at DPHHS for the reporting period August 2–8, 2015 included the following:

- **Vaccine Preventable Diseases:** Pertussis (14), Varicella (1)
- **Invasive Diseases:** Streptococcal toxic shock syndrome (1)
- **Enteric Diseases:** Campylobacteriosis (13), Cryptosporidiosis (3), Giardiasis (5), Salmonellosis (1), Shiga-toxin producing *E. coli* [STEC] (1)
- **STD/HIV:** Chlamydia (52), Gonorrhea (13), Syphilis (0), HIV* (0)
- **Hepatitis:** Hepatitis B, acute (2), Hepatitis B, chronic (1), Hepatitis C, chronic (10)
- **Vector-borne Diseases:** (0)
- **Travel Related Conditions:** Coccidioidomycosis (1)
- **Animal Rabies:** (2, bats)
- **Elevated blood lead:** (0)

* 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) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

Communicable Disease in Montana: Look at the infographic above. It really illustrates the impact of communicable diseases in Montana. A reportable disease representing a public health threat occurs every 51 minutes. This is the kind of information that puts some perspective on the work that you do. And when you consider there are only a couple of hundred individuals working in this area of public health in Montana and many of them also wear other hats of responsibility, we do a pretty good job of protecting the public health. Keep up the good work and make sure your boards of health and Commissioners are aware of what we and you do. Use the infographic above as your lead in slide for presentations. The annual report on communicable diseases we based the above infographic upon will be out in the very near future.

Influenza: An influenza case (contracted out of state) was diagnosed this week in Montana. It is important to remember that although Influenza is considered a seasonal disease, it can occur any time of the year and we in public health and healthcare providers need to always be aware of this fact. We continue influenza surveillance year round. See the new 2015 Influenza Vaccine Recommendations information below.

Pertussis Outbreak: The pertussis outbreak in a camp in Park Co. has resulted in 16 newly diagnosed cases to date with a couple more tests in the pipeline. We had 28 counties affected and appreciate the hard work put into the follow-up on this situation. We will be looking at this situation to summarize it and are hoping we are closing in on things. As a result, we may be calling for summaries of activities, PEP provision to contacts and other information not in MIDIS.

INFORMATION/ANNOUNCEMENTS

Influenza Vaccine Recommendations: The 2015 Influenza vaccine recommendations are out. The report is available at [CDC MMWR Influenza Vaccine Recommendations 2015/2016](#). Key Points include:

- Trivalent vaccines are available in the following forms:
 - [Standard dose trivalent shots](#) that are manufactured using virus grown in eggs. These are approved for people ages 6 months and older. There are different brands of this type of vaccine, and each is approved for different ages. However, there is a brand that is approved for children as young as 6 months old and up.
 - [Trivalent egg-free vaccine](#) (called FluBlok®) approved for people 18 years and older, which can be given to people in this age group who have egg allergy of any severity.
 - A standard dose [trivalent shot containing virus grown in cell culture](#), which is approved for people 18 and older.
 - A [high-dose trivalent shot](#), approved for people 65 and older.
 - A [jet injector](#) can be used for delivery of one particular trivalent flu vaccine (AFLURIA® by bioCSL Inc.).
 - Children 6 months through 8 years who have previously received 2 or more total doses of trivalent or quadrivalent influenza vaccine as of July 1, 2015 only one need one dose for 2015-16. The two previous doses do not need to have been given during the same season or consecutive seasons.

- [Children](#) 6 months through 8 years who have previously received only 1 dose or no doses of influenza vaccine need two doses of vaccine to be fully protected for the 2015-2015 season.

2015-2016 Influenza Vaccine Recommendations: A Summary of What's Different This Season

1. There is no preferential recommendation for any one flu vaccine over another.
2. There are a few newly licensed products on the market.
3. There is a new algorithm for 1 dose versus 2 doses for children 6 months through 8 years of age.
4. Two of the vaccine virus components from last season were updated this season.

Q&A CORNER

Q: Can I send names of contacts to Communicable Disease Epidemiology through the email?

A: NO! Please do not send or forward emails with information that can identify anyone to DPHHS staff. All systems are confidential, but emails are not appropriate and some can be accessed under freedom of information requests making it difficult to redact all information. Use ePass for electronic files or fax to our confidential line. Never send identifying information on contacts, cases or other through an email.

Q: ePass? What's that for?

A: See the question above, but ePass is a confidential method for transmitting certain kinds of information like quarterly reconciliation reports or line lists for investigations in an electronic format. Attached are the instructions for setting up your account. All local health jurisdictions are required to have one so **electronic information** can be transmitted including spreadsheets, line lists, or reconciliation reports.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, 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://dphhs.mt.gov/publichealth/cdepi>