



## Montana Communicable Disease Weekly Update

Release date: 10/11/2013



### DISEASE INFORMATION

**Summary – MMWR Week 40 - Ending 10/5/2013** Preliminary disease reports received at DPHHS during the reporting period September 29 – October 5, 2013 included the following:

- **Vaccine Preventable Diseases:** Influenza\* (0), Pertussis (6), Varicella (4)
- **Invasive Diseases:** Meningococcal disease (1)
- **Enteric Diseases:** Campylobacteriosis (6), Cryptosporidiosis (8), Giardiasis (2), Salmonellosis (1), Shiga-toxin producing *E. coli* [STEC] (2), Shigellosis (1)
- **Hepatitis:** Hepatitis B, chronic (1)
- **HIV Disease\*\*** : (0)
- **Vector-borne Diseases:** West Nile Fever (1)
- **Animal Rabies:** (1, skunk)
- **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

**Respiratory Syncytial Virus (RSV):** The Montana RSV Surveillance System (MRSS) is LIVE. This week is the first reporting week for laboratories performing in-house RSV testing. Thank you very much for assisting DPHHS in collecting lab information and for making this project a huge success. Additional RSV and RSV prophylaxis information can be found at [www.rsv.mt.gov](http://www.rsv.mt.gov) or <http://www.dphhs.mt.gov/publichealth/rsv/>. This week's update is also attached.

Respiratory Syncytial Virus (RSV) is recognized as one of the most common causes of childhood illness. More specifically, RSV is the leading cause of bronchiolitis and pneumonia in U.S. children aged less than one year, and especially infants born prematurely. Each year in the United States, approximately 75,000 to 125,000 children aged <5 years are hospitalized because of RSV complications. Palivizumab (Synagis®) is a monthly prophylactic treatment that has reduced the incidence of RSV infections in susceptible persons to about half the rate during a typical RSV season. At \$1500–\$2000 per injection, Palivizumab administration is guided by tight eligibility criteria based on epidemiologic data. The National Respiratory and Enteric Virus Surveillance System (NREVSS) is currently the primary source for state-level RSV data.

**Influenza/enterics/general hygiene and disease prevention:** *Colorful, creative and educational!* Please see the following posters for educational outreach to schools and other facilities where the audience will love scary pumpkins, painted hands and Santa's spirit. These seasonal posters are available on the web at [www.schoolhealth.mt.gov](http://www.schoolhealth.mt.gov) and on the contractors SharePoint site now for printing. In SharePoint look under *CDEpi*, select *CDEpi Resources* and then *School Resources*.

The public will have access to these and may inquire with local health departments for supplies. If you need additional or larger quantities, please contact Dana Fejes at 406-444-0273 or [dfejes@mt.gov](mailto:dfejes@mt.gov) and we will provide printed copies for you to meet demands. [These are nice seasonal graphics you can use through the holidays and beyond.](#)



**Pertussis:** Attached is the latest Pertussis Update as of September 30, 2013. The “new normal” is still with us with 551 cases reported in 2013 compared to 443 at this point in time in 2012. Notable are the 22 cases in infants <1 year of age and the six of those hospitalized... Keep up the good and hard work and call us when it gets to your jurisdiction. Maybe we can stop it at least locally if we get it early enough... And don't forget that resources and technical assistance documents are available on SharePoint.

**Influenza:** The federal government shutdown has hampered national reporting and we are looking at introducing our weekly influenza report next week. We do not have enough data this first week. Only and approximately half of our local health jurisdictions reported this last week. **Please report in MIDIS -- EVEN IF YOU HAVE ZERO CASES.** We need to know as no report tells us nothing...literally. We need to know what or what is NOT going on. Local health jurisdictions please contact our office at 406-444-0273 if you need help reporting in MIDIS. Weekly reporting in MIDIS will also keep your security key fob active (two weeks without use and you are shut out) and help you stay proficient in the system. We listened to your input, changed the rules and have tried to make this easier by eliminating suspect reporting and having only one number to report for uncomplicated influenza. Please help us keep our reports as accurate as possible. The season will be upon us before you realize it.

**West Nile Virus (WNV) 10/11/2013 update:** There have been 26 cases of WNV reported to MT DPHHS including 8 cases of neuroinvasive WNV. Only 2 suspect cases (Ft. Belknap, Silver Bow) of WNV are currently under investigation, and those will hopefully be the last. In addition, five Montanan residents have been identified as “viremic blood donors” after donating blood and testing positive for WNV during routine donor screening.

Please contact Joel Merriman, MT DPHHS WNV Coordinator, at 406-444-0274 or [jmerriman@mt.gov](mailto:jmerriman@mt.gov) if you have additional questions.

## **INFORMATION/ANNOUNCEMENTS**

**Influenza Immunization Information for Professionals:** Here is the link to the influenza vaccination information for professionals page. This link has most information that might be needed by healthcare providers in relation to this year's seasonal influenza vaccines.

<http://www.cdc.gov/flu/professionals/vaccination/>

### **Information for the 2013-2014 Influenza Season**

- [Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices-\(ACIP\)-United States, 2013-14](#)
- [Table of Approved Influenza Vaccines for the U.S. 2013–14 Season](#)
- [New and Recently Approved Influenza Vaccine Products](#)
- [Vaccination algorithm for children aged 6 months through 8 years](#)
- [Considerations and recommendations regarding vaccination of persons reporting allergy to eggs](#)

### **Influenza Vaccination: Summary for Clinicians**

- [Influenza Vaccination: A Summary for Clinicians](#)
- [Seasonal Influenza Vaccine Safety: A Summary for Clinicians](#)

**MIDIS case entry:** Please remember that MIDIS is now the main source of disease reporting to DPHHS for non STD/HIV cases. [ARM 37.114.204](#) outlines the time frames for disease reporting, and applies when you are entering cases into MIDIS. There are a few jurisdictions that have laboratory reports in the queue that have not been turned into cases for more than 7 days, as well as labs that were Marked as Reviewed that also have not been turned into cases. It is important to get these cases entered into MIDIS as soon as possible. This is very important when it comes to evaluating outbreak situations. CDEpi uses this data in the reports that we send back out to you, so the better the data going in, the more accurate the reports will be.

If you need any help with case entry, please call our MIDIS Help Desk at 444-0273.

**MIDIS/Case Reporting Quarter 3 reconciliation:** The third quarter closed on September 30. This is a good time to complete and close out any cases that were reported during the third quarter (July 1 – Sept 30). **Data for the next completeness/timeliness reports will be pulled on October 14, so if you have any cases that need to be updated please try and do so before then.**

**New Communicable Disease Control Rules Published:** The Montana Secretary of State's office has published the final version of the CDEpi rules. Thanks for all of your patience. They can be located at <http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E114>. It is important to remember that as soon as the new 20<sup>th</sup> Edition of the Control of Communicable Disease Manual (CCDM) is published, we will do another update. We already see some tweaks we intend to address and if you have any observations or suggestions contact Karl Milhon at [kmilhon@mt.gov](mailto:kmilhon@mt.gov) or 406-444-0921. If you have any questions you can also contact him.

### **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>***