

01/16/2014

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



FDA Wants Proof of Anti-Bacterial Soap Claims

Manufacturers of nonprescription anti-bacterial hand soaps and body washes will soon be required to show their products [are safe for long-term daily use and are more effective](#) than plain soap in stopping the spread of infections.

Failing to meet such a standard would mean that antiseptic ingredients would have to be removed from over-the-counter products, or that anti-bacterial claims be removed from product labeling. The announcement came in a [proposed rule released by the agency](#) and doesn't apply to hand sanitizers and wipes -- which are alcohol-based and aren't used with water -- or to anti-bacterial products used in the healthcare setting.

Janet Woodcock, MD, director of the FDA's Center for Drug Evaluation and Research (CDER), said there are more than 2,200 anti-bacterial hand soaps and body washes currently available for consumers, but there is no scientific evidence showing these products are any more effective at preventing illness than washing hands with plain soap and water.

The proposed rule will be published soon in the *Federal Register* with a 180-day public comment period that will close around June 2014. Kweder said manufacturers can submit data until December of next year. Kweder said FDA officials hope that's enough time for the appropriate studies to be completed and presented to the FDA for review.

Until the FDA takes further action, consumers should make an "educated choice" about what products they use, Kweder said. "Washing with plain soap and running water is one of the most important steps consumers can take to avoid getting sick and to prevent spreading germs to others."

Alcohol-based hand sanitizers that contain at least 60% alcohol should be used if soap and water are not available, the FDA said.

Read the full article [here](#).

Save the Date!!



The Montana Public Health Laboratory is pleased to announce another gathering of the Montana Laboratory Forum. This meeting will take place at the Best Western Helena Great Northern Hotel on Thursday, January 30 (9:00am – 3:00pm). The Forum is comprised of representatives from all over the state, who volunteer their time and efforts to assess and strengthen the state's public health laboratory system. The state laboratory system, in its broadest sense, is comprised of those that generate laboratory data and those that utilize the data. Participants have included individuals from clinical labs, environmental labs, the state veterinary and agricultural labs, epidemiology, emergency preparedness, county health departments, and many more. The Forum aims to provide leadership, foster partnerships, and promote effective communication in support of the state lab system. If you would like more information about the Forum, please visit its website at: <https://dphhs.mt.gov/aphl/>. If you are interested in attending the meeting or would like more information about it, please contact Eric Bruder at: ebruder@mt.gov.

In [Infectious Disease News](#), HCWs' hands harbor *C. difficile* after routine CDI patient care

Nearly 25% of health care workers' hands are contaminated with *Clostridium difficile* spores after caring for patients with the infection, researchers reported in *Infection Control and Hospital Epidemiology*.

"Because *C. difficile* spores are so resistant and persistent to disinfection, glove use is not an absolute barrier against the contamination of health care workers' hands. Effective hand hygiene should be performed, even in non-outbreak settings."

Read more about the study [here](#).

Montana Communicable Disease Weekly Update

Release date: 1/10/2013



DISEASE INFORMATION

Summary – MMWR Week 1 - Ending 1/4/2014 Preliminary disease reports received at DPHHS during the reporting period December 29, 2013 – January 4, 2014 included the following:

- **Vaccine Preventable Diseases:** Influenza* (10), Pertussis (2), Varicella (2)
- **Invasive Diseases:** *Streptococcus pneumoniae*, invasive (2)
- **Enteric Diseases:** Campylobacteriosis (1), Cryptosporidiosis (1), Salmonellosis (2)
- **Hepatitis:** (0)
- **HIV Disease**:** (0)
- **Vector-borne Diseases:** (0)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)

*Cases confirmed by MTPHL only. Weekly updated Montana Flu information will now be included as an attachment to the weekly update.

** 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

Influenza Hospitalizations/Unvaccinated Cases/Additional Reporting Information: By the end of day (01/10/2014) CDEpi will have received over 120 influenza illness hospitalization reports with over 100 in less than one month. Of those reported, we have vaccination status reported on 111. Of those, 69% (77) were unvaccinated.

While performing a preliminary review of the hospitalization data it has been noted that many of the reported cases fall into the “high risk” category for becoming infected with flu. The following link defines that group (http://www.cdc.gov/flu/about/disease/high_risk.htm).

In accordance with recommendations, individuals at high risk should be prioritized for vaccination when the seasonal vaccine became available and should still be vaccinated if identified by providers. These data present all of us with an opportunity to reduce influenza’s morbidity and mortality amongst Montanans this year and into the future through education.

Comorbidities Reporting

To better determine the impact of this season’s influenza on our hospitalized cases CDEpi is requesting additional information on underlying medical conditions for hospitalized cases reported. For new cases please refer to the CDC link above to determine whether your case is a person with any of the comorbidities noted below and mark a “Yes” or “No” in the newly added Preexisting Comorbidities section of the form. In MIDIS simply add “comorbidities” in the General Comments section of the investigation.

For previously reported influenza hospitalizations, we would like to request but are not requiring the same information. CDEpi will generate a list of cases that were hospitalized and send to reporting health jurisdictions. If possible, please determine whether your cases had comorbidities and enter that information into the MIDIS investigation or forward the information on to CDEpi and we will enter it for you.

Comorbidities listed by CDC include:

- Asthma
- Chronic lung disease

- Cardiac disease
- Chronic renal failure
- Chronic liver disease
- Cerebrovascular disease
- Neoplasms
- Diabetes
- Pregnancy
- Immunocompromised
- Receipt of steroid medication
- Autoimmune disease
- Neurocognitive disease
- Neuromuscular disease

We are not asking jurisdictions to identify the specific co-morbidity. Simply identify if one exists and indicate that. If you have any questions, please contact Elton Mosher at 406-444-3165.

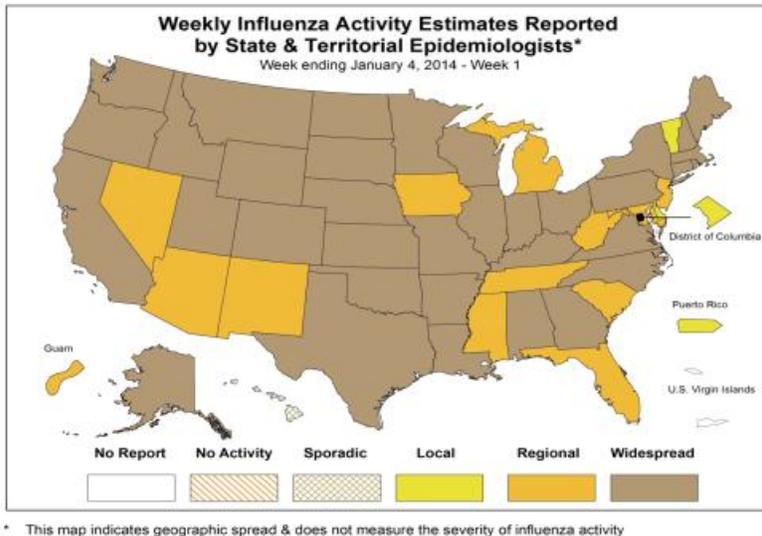
First Reported Case of Avian Influenza (H5N1) in the Americas (see attached key points):

- Canada has reported a confirmed case of human infection with avian influenza A (H5N1) virus in a patient who died.
- The current health risk posed by detection of one case of H5N1 in Canada is very low.
- The patient recently traveled to Beijing, China, where avian influenza A H5N1 is endemic (ever-present) among poultry.
- Canadian public health authorities are investigating the situation. No additional cases of H5N1 in Canada have been detected. Canadian health authorities are reporting this as an isolated case of H5N1 virus infection.
- Transmission of H5N1 viruses from person-to-person is uncommon, and when it occurs, is not sustained.
- The few cases of person-to-person transmission that have occurred in other parts of the world are thought to have resulted after prolonged and close unprotected contact with someone who is very sick with H5N1 virus, usually among family members.

Influenza Activity: Influenza activity across the country continues to increase. Montana

National Update

- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and Influenza (P&I) was below the epidemic threshold.
- **Influenza-associated Pediatric Deaths:** Four influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 9.7 laboratory confirmed influenza-associated hospitalizations per 100,000 population was reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 4.4%, above the national baseline of 2.0%. All 10 regions reported ILI above region-specific baseline levels.
- **Geographic Spread of Influenza:** The geographic spread of influenza in 35 states was reported as widespread;



For more information, the CDC FluView web page can be viewed at <http://www.cdc.gov/flu/weekly/>

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Respiratory Syncytial Virus (RSV): Respiratory Syncytial Virus (RSV): This week is the 14th reporting week for laboratories performing in-house RSV testing. All regions in Montana are at **non-seasonal activity** at this time with at least one confirmed laboratory result reported. [RSV season begins after two consecutive weeks of positivity rates \$\geq 10\%\$.](#) Weekly updates and additional RSV and RSV prophylaxis information can be found at www.rsv.mt.gov.

- [Note: The Northwest region of Montana has been experiencing higher RSV positivity rates compared to the rest of the state. In addition, our Idahoan neighbors are experiencing high RSV positivity rates in Northern Idaho. Although of interest, and similar to Montana, Idaho's current RSV activity level is at non-seasonal activity.](#)

Norovirus season is here! A few more norovirus related outbreaks have been confirmed. As with influenza, we know this occurs every year. Please remind healthcare facilities etc. of reporting requirements of gastroenteritis outbreaks. The faster they can intervene, the better the chances of containing the outbreak. Since October there have been 5 outbreaks where norovirus was confirmed or suspected, sickening over 100 individuals compared to 14 outbreaks sickening almost 600 Montanans during that same time period last year. But the season is just getting started.

Please go to or refer individuals with questions to the DPHHS norovirus webpage for more information. <http://www.dphhs.mt.gov/publichealth/norovirus/index.shtml>

If you are interested, this is a very interesting article about the previous norovirus season:

Leshem E, Wikswow M, Barclay L, Brandt E, Storm W, Salehi E, et al. Effects and clinical significance of GII.4 Sydney norovirus, United States, 2012–2013. *Emerg Infect Dis* [Internet]. 2013 Aug [date cited].

<http://dx.doi.org/10.3201/eid1908.130458>

INFORMATION/ANNOUNCEMENTS

MIDIS 2013 case close-out: Happy New Year! Now that we've turned the page on 2013, it's time to take a look at any 2013 open cases in MIDIS and close them out for the year. This means updating any information in the case (remember the PHEP required data elements!) and closing the investigation. It is also a good time to make sure that all of your cases for 2013 have been entered as well. We have quite a few laboratory reports in MIDIS that have not been turned into cases yet for 2013. You will or should have received an email with a list of cases in the next week. If you have any questions, please don't hesitate to call us at 444-0273.

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>