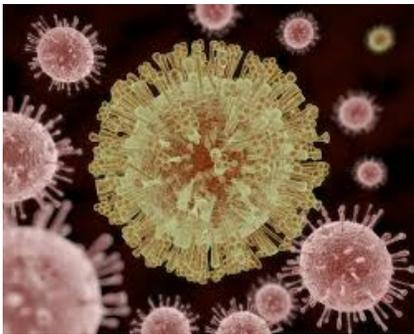


# REPORT TO CLINICIANS 2016



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## Introduction and Overview

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This Alexandria Health Department (AHD) Report to Clinicians summarizes cases of reportable disease investigated by the health department in calendar year 2015. For this report, sexually transmitted infections (STI) and tuberculosis (TB) are presented separately from other reportable diseases.

Following the reportable disease summaries, several public health “spotlights” are presented. In this section, timely and important public health topics are introduced. These spotlights are meant to increase awareness of each topic area and to provide clinicians with credible resources. An updated list of reportable diseases was adopted by state law on October 20, 2016, and changes are highlighted.

This document was designed to be read electronically and contains many hyperlinked URLs to provide ready access to online resources. These resources have been included in an inclusive listing under “Resources” (pages 9-11) for those reading a paper version of this document.

### Case Definitions

Public health surveillance case definitions are published by the Centers for Disease Control and Prevention (CDC) to standardize reporting of diseases across the country ([CDC Case Definitions](#)).<sup>1</sup> These definitions ensure that disease-specific morbidity is comparable between different states and jurisdictions. Public health case definitions are used to standardize disease reporting and should not be used to diagnose patients.

Period changes to case definitions, as well as changes in diagnostics (e.g., culture independent diagnostic tests), may complicate comparisons of the numbers of conditions from year to year.

### Disease Surveillance

The reported disease burden is an estimate of the true incidence of disease since not all persons that are ill seek medical care and not all cases are reported to the health department. AHD relies on physicians and laboratories to report cases to improve public health functions such as disease control and prevention.

Caution is urged in interpreting rates. Localities with small populations, such as Alexandria, may have only a few reported cases of disease resulting in relatively high disease rates. Both the number of cases and incidence rates should be weighed when considering morbidity by city or county.

### Data Source

Unless otherwise noted, data presented here are AHD primary surveillance data available in the Virginia Electronic Disease Surveillance System (VEDSS) as of October 1, 2016. All 2015 data are considered provisional.

### Acknowledgements

*We would like to thank all community partners, including healthcare providers, infection control practitioners, laboratorians, and public safety personnel who report cases to the Alexandria Health Department. Also, we wish to acknowledge the hard work and dedication of the AHD employees who investigate and control communicable diseases, STI, HIV, and TB in Alexandria.*

*This report was prepared by AHD Epidemiologists Jennifer Sonderman and Melissa Arons and Alexandria Medical Reserve Corps Volunteer Eloy Cabrera. This report was approved by AHD Health Deputy Health Director Tina Singh, MD, MPH and Director Stephen A. Haering, MD, MPH, FACPM; any errors are solely the responsibility of AHD. Feedback is welcome: [alex\\_epi@vdh.virginia.gov](mailto:alex_epi@vdh.virginia.gov).*

### **Online Resources for Health Care Professionals**

**Urgent updates from the State Health Commissioner**, training opportunities, best practices, and meaningful use info: [vdh.state.va.us/clinicians/](http://vdh.state.va.us/clinicians/)

**Alexandria Health Department:** [alexandriava.gov/health](http://alexandriava.gov/health)

# 2015 Summary of Selected Reportable Diseases

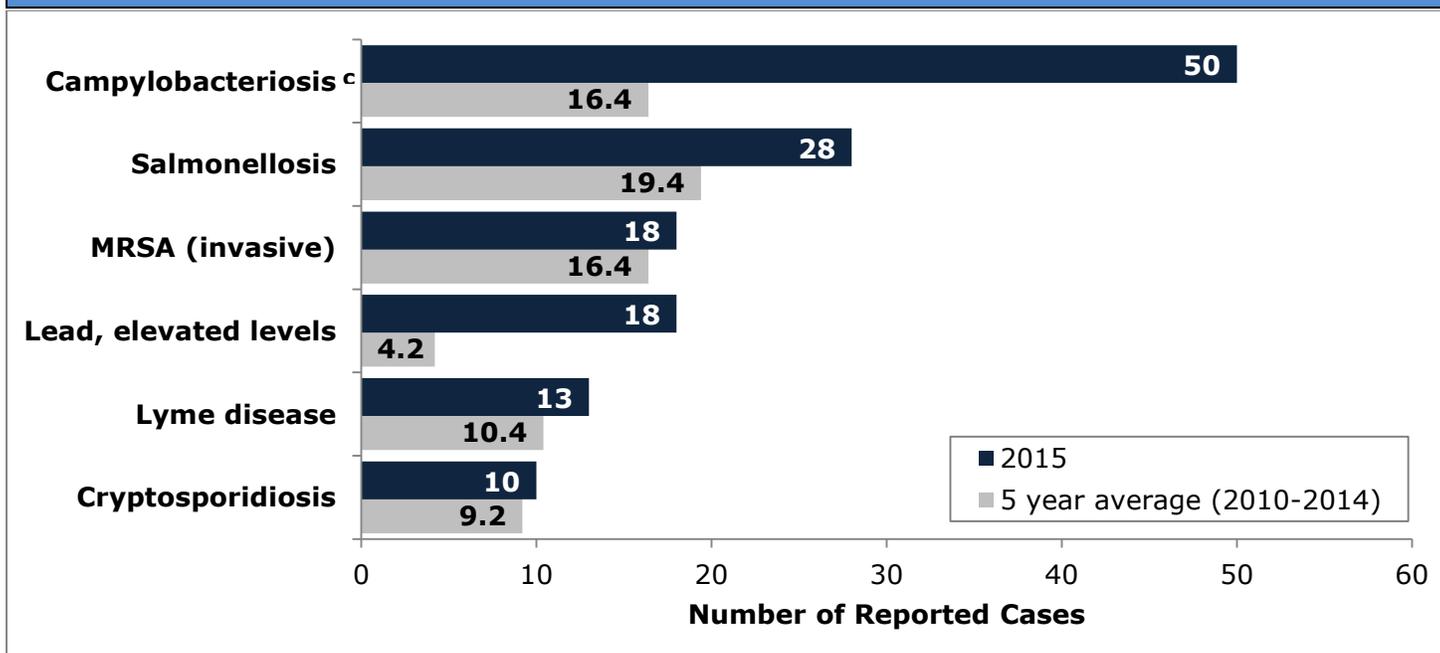
## Program Highlights

In 2015, the AHD Communicable Disease (AHD CD) Division completed 469 disease investigations of conditions reportable by state law and 8 outbreak investigations (all gastrointestinal illnesses). A summary of the top reported diseases<sup>a</sup> with 10 or more cases in Alexandria is presented in Figure 1. Prompt investigation of diseases is important to control and prevent further illness in the community.

## Notable Changes since 2014

- 18 investigations of elevated blood lead levels were completed in 2015, a dramatic increase from the 5 year average of 4.2 cases per year (2010-2014).
- AHD conducted more than three times as many campylobacteriosis investigations than the 5 year average (2010-2014), primarily due to a 2015 change to the CDC case definition to include culture independent diagnostic test (CIDT) results.

**Figure 1. Number of Top Reportable Diseases in Alexandria, VA (2015)<sup>b</sup>**



### Box 1. Protect the Health of Our Community

#### 1) Encourage healthy behaviors with every patient

- Cough into your sleeve
- Wash your hands
- Stay home when sick. This is especially important for patients who work in high-risk settings (direct patient care, daycare, or food handling). Patients should not return to work until 24 hours after diarrhea and/or fever resolve (*without the use of fever-reducing medication*).

#### 2) Promote vaccination by ensuring that patients are fully vaccinated according to most recent guidelines. Recommend appropriate vaccines to patients before international travel.

- [Immunization Schedules](#)<sup>2</sup>
- [Destination-specific Health Information for Travelers](#)<sup>3</sup>

#### 3) Contact the Health Department if you suspect an outbreak or any unusual occurrence of public health concern by calling **571.259.8549**. Healthcare providers are the foundation of disease surveillance in our community. *NOTE: This phone is only for healthcare providers and government officials.*

a Disease investigation total excludes sexually transmitted infections (STI) and tuberculosis (TB) investigations; information on these conditions is presented separately on page 3

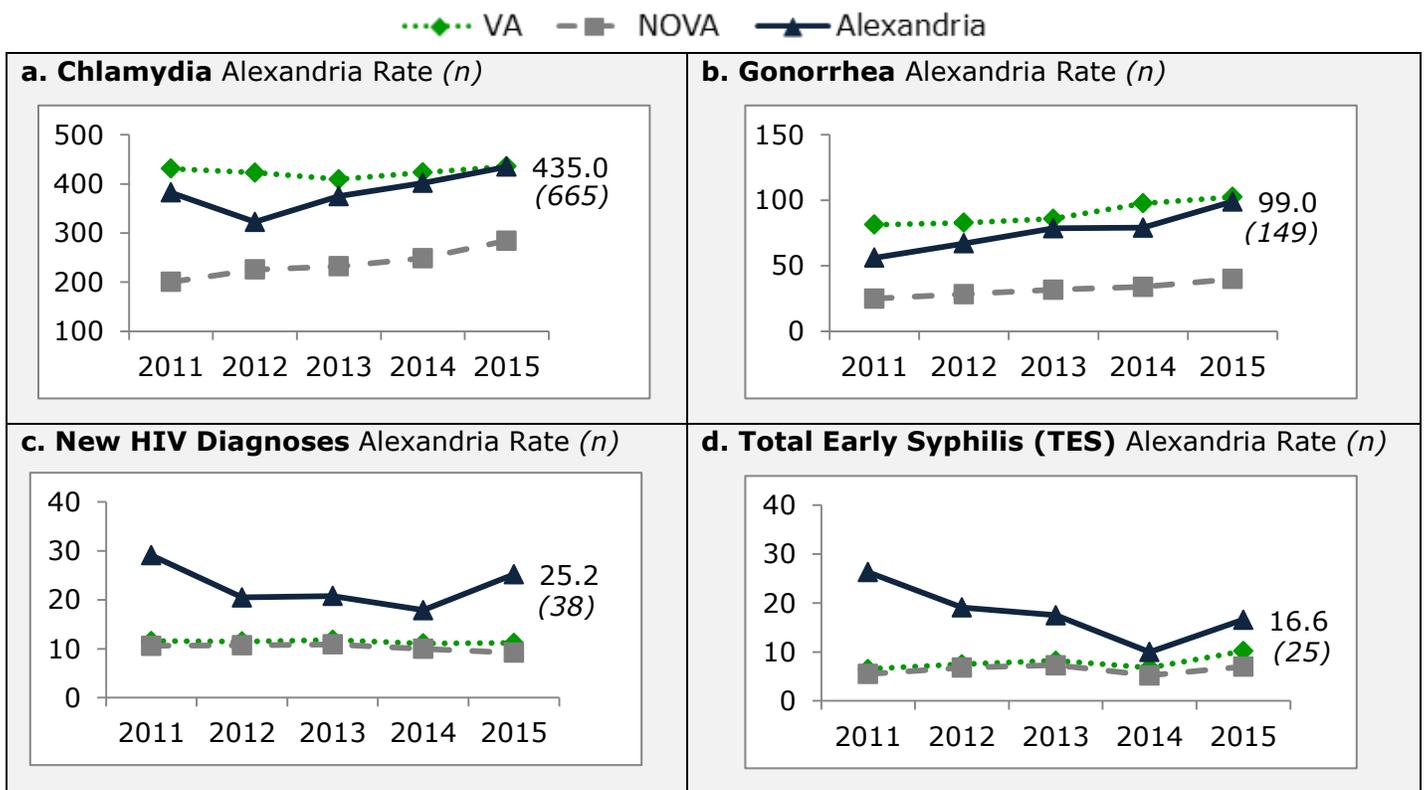
b Figure 1 does not include chronic hepatitis, STI, or TB cases

c A 2015 change to the CDC Campylobacteriosis case definition<sup>1</sup> to include cases identified only by culture independent diagnostic tests (CIDTs) has more than doubled the yearly number of cases investigated in Alexandria

## Sexually Transmitted Infections (STI)

Similar to previous years, in 2015, the rates of STIs in Alexandria were higher than the rates of STIs in the Northern Virginia Region (NOVA) (Figure 2). The VDH Division of Disease Prevention (DDP) publishes annual reports on STIs that summarize demographic and risk factor data; these reports can be accessed online ([DDP Reports](#)).<sup>4</sup> Updated [STI resources](#)<sup>5</sup> (including training, treatment information, and fact sheets) are available from CDC.

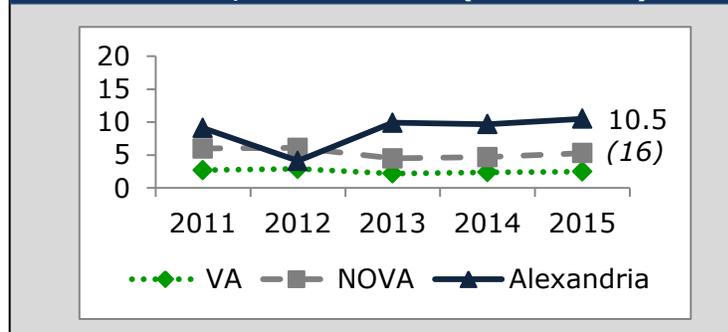
**Figure 2 a-d. Rates of Sexually Transmitted Infections Alexandria, NOVA and VA (2011-2015)<sup>d,e</sup>**



## Tuberculosis (TB)

As in 2014, in 2015 Alexandria again had the highest rate of TB out of the 35 health districts in Virginia with 16 cases for a rate of 10.5 per 100,000 population. The VDH Division of Disease Prevention (DDP) publishes annual reports on Tuberculosis that summarize demographic and risk factor data, though as of publication only data through 2014 are available ([DDP Reports](#)<sup>6</sup>); case counts were obtained from the Division of Surveillance and Investigation ([DSI Reports](#)<sup>7</sup>). Updated [TB resources](#)<sup>8</sup> (including training, treatment information, and fact sheets) are available from CDC.

**Figure 3. Alexandria Rate (n) of Tuberculosis Alexandria, NOVA and VA (2011-2015)<sup>d,e</sup>**



<sup>f</sup> Exposure includes travel to [an area with Zika](#) and [sex without a condom or other barrier protection](#) with a partner who lives in or has traveled to [an area with Zika](#).

## Spotlight: Lead in New Immigrant Families

According to the Centers for Disease Control and Prevention (CDC), childhood lead poisoning is the leading environmental health threat to young children. While lead can adversely impact almost every organ and system in the body, the main target for lead toxicity is the nervous system. Any detected blood lead level indicates an exposure to lead has occurred and no level is considered safe.<sup>9</sup> **As of October 20, 2016, any detectable level of lead in a child in Virginia is required to be reported to the local health department.**<sup>10</sup>

The number of childhood cases of elevated blood lead levels investigated by AHD increased from an average of 4.2 per year from 2010-2014 to 18 cases in 2015 (Figure 1). All cases had a blood lead level of at least 10 ug/dL (the previous required reporting level).

Although environmental exposure to lead has decreased substantially in the US,<sup>11</sup> lead continues to be a major hazard in many developing countries where exposure to lead is still widespread. A majority of the cases of elevated blood lead levels in Alexandria are in new immigrants to the US. Additionally, the ongoing use of products purchased outside the US (like cosmetics, spices, and medicines) can prolong lead exposure even after moving to the US.

Virginia State Law ([12VAC5-90-215](#)<sup>10</sup>) requires that every high risk child (Box 2) be screened for elevated blood lead level at 12 and 24 months of age. Children 25 to 72 months of age should also be screened if they haven't previously been tested or have had a change of exposure. Venous blood samples are required to confirm elevated lead levels.

AHD relies on the healthcare providers to take the necessary actions to retest and/or educate the parents/guardians of children whose blood lead levels are below 10 µg/dL.

**HOW YOU SHOULD RESPOND** – Treatment, and subsequent follow-up, depends on the level:

LEVEL (µg/dL)	HEALTHCARE PROVIDER'S ACTIONS	NOTES
<b>70+</b>	Medical emergency requiring immediate hospitalization and inpatient chelation therapy	<ul style="list-style-type: none"> <li>Medical evaluation and treatment</li> <li>Check for iron deficiency anemia</li> <li>Consult health department (do not delay the above)</li> </ul>
<b>20-69</b>	Urgent medical attention needed; may require chelation therapy	
<b>10-19</b>	Follow-up medical visit within 2-4 weeks; evaluate and educate; retest blood lead level	
<b>1-10</b>	Counsel on risk reduction and healthful nutrition; consider retest as indicated	<ul style="list-style-type: none"> <li>Consult health department as needed</li> </ul>

**To learn more about the risks of lead exposure in new immigrants to the United States:**

- [CDC Lead Poisoning Prevention in Newly Arrived Refugee Children: Toolkit](#)<sup>12</sup>
- Please visit our [website](#)<sup>13</sup> or contact us for educational materials that may help your conversation with your patients!

<sup>f</sup> Exposure includes travel to [area with Zika](#) and [sex without a condom or other barrier protection](#) with a partner who lives in or has traveled to [an area with Zika](#).

## Spotlight: Zika Virus Updates



The Zika virus outbreak continues in the Americas, Pacific Islands, Asia, and parts of Miami, Florida. At the time of this publication, no vaccines or treatments are available, though vaccine trials are underway. Public health continues to stress the importance of **preventing infection** particularly for pregnant women, by not traveling to [areas with Zika](#)<sup>14</sup>, [avoiding mosquitoes and mosquito bites](#)<sup>15</sup>, and [preventing sexual transmission](#)<sup>16</sup> of Zika.

Throughout the Zika outbreak, AHD has provided up-to-date public health guidance to Alexandria healthcare providers. Please contact us at [alex\\_epi@vdh.virginia.gov](mailto:alex_epi@vdh.virginia.gov) or 703.746.4951 if you have not been receiving our faxes. The CDC has provided guidance for healthcare providers to prepare for Zika patients coming to your office or hospital:

### CDC Recommendations<sup>17</sup>

- 1. Healthcare providers** should be familiar with the clinical presentation of Zika and how to assess for possible Zika Virus exposure.<sup>f</sup>
- 2. Healthcare providers** should assess all pregnant women for possible Zika virus exposure<sup>f</sup> and evaluate for signs and symptoms of Zika at every clinical encounter.
- 3. Healthcare providers** should advise pregnant women against travel to [areas with Zika](#)<sup>14</sup> and about how to [prevent sexual transmission](#)<sup>16</sup> of Zika during pregnancy
- 4. Discuss preventive measures** with patients and families
- 5. All healthcare personnel** should follow Standard Precautions for all patient care
- 6. Healthcare providers** caring for pregnant women should use Standard Precautions for labor and delivery care
- 7. Internal and external hospital websites** should include a link to CDC's Zika website for up-to-date guidance, training, and clinical resources
- 8. Appropriate healthcare staff** should report suspected cases to their local health department (required by state and national law)
- 9. Healthcare personnel** should report all pregnant women with laboratory evidence of Zika infection (regardless of symptoms) and their infants to their local health department for enrollment into the CDC pregnancy registry

### Notes and Resources

#### For Clinical Management of Pregnant Women:

- [Clinical guidance for management of pregnant women](#)<sup>18</sup> is continuously being updated.
- CDC has established a [Pregnancy Registry](#)<sup>19</sup>
- [CDC](#)<sup>20</sup> and [VDH](#)<sup>21</sup> have developed resources, including handouts, for pregnant women
- CDC Zika pregnancy hotline: 770-488-7100 and ask for "pregnancy hotline"
- The CDC refers pregnant women to a nonprofit service, "[MothersToBaby](#)",<sup>22</sup> which is available to answer questions about Zika and pregnancy

#### To protect healthcare providers:

- NIOSH and OSHA have developed [guidelines](#)<sup>23</sup> for protecting workers from Zika

#### To request Zika virus testing or report cases:

- VDH has a [webpage](#)<sup>21</sup> with updates for providers, including a [listing of private laboratories that conduct Zika Virus testing](#)<sup>24</sup> and the [current public health testing recommendations](#)<sup>25</sup>
- To request public health Zika virus testing, visit our [website](#)<sup>26</sup> and click "Information for Healthcare Providers" for a link to our online request form
- Call 703.746.4951 or fax results to 703.746.4953 to report confirmed/suspected cases



<sup>f</sup> Exposure includes travel to [area with Zika](#) and [sex without a condom or other barrier protection](#) with a partner who lives in or has traveled to [an area with Zika](#).

## Spotlight: Chronic Viral Hepatitis

In addition to other reportable conditions highlighted in Figures 1-3, AHD epidemiologists conduct surveillance for and report cases of chronic viral hepatitis (Hepatitis B (HBV) and Hepatitis C (HCV)).

Chronic hepatitis is a leading cause of liver cancer, and most people with chronic hepatitis don't know that they're infected.<sup>27</sup> A vaccine is available to prevent HBV and is a requirement of the routine childhood vaccination schedule in the US. Additionally, the vaccine is recommended for previously unvaccinated adults at risk for contact with HBV.<sup>28</sup> Adults may be at risk for contact with HBV by sexual exposure or exposure to blood at home or at work. Patients with HIV and patients with diabetes mellitus are also at risk.<sup>28</sup>

There is no vaccine to prevent HCV. Hepatitis C was the fourth most common reportable disease among Virginians in 2015, and the rate of reported cases is rising.<sup>29</sup> A comprehensive epidemiologic profile of HCV in Virginia is available [online](#).<sup>29</sup>

Chronic HBV and HCV disproportionately affect certain populations of Virginians. Please see the links below (or in the Resources section on pages 9-11) for current healthcare provider guidance for each of these populations.

- [Patients with HIV/AIDS](#)<sup>30</sup>
- [Asian & Pacific Islanders](#)<sup>31</sup>
- [People born between 1945-1965](#)<sup>32</sup>
- [Sexually active adults](#)<sup>33</sup>
- [People who inject drugs](#)<sup>34</sup>
- [Perinatal HBV](#)<sup>35</sup>
- [Men who have sex with men](#)<sup>36</sup>
- [Diabetes and HBV](#)<sup>37</sup>

[Provider resources](#),<sup>38</sup> including a [hepatitis risk assessment for patients](#),<sup>39</sup> are available online.<sup>27</sup>

## Spotlight: Culture Independent Diagnostic Testing

Laboratories in Northern Virginia and nationwide are rapidly moving away from culture-based methods toward culture independent diagnostic tests (CIDTs), particularly in multiplex panels for enteric pathogens. The appeal of CIDTs includes a faster time to diagnosis, reduced cost, an expanded panel of testing options, and enhanced sensitivity to detect possible infection.<sup>40</sup>

The increase in CIDT use has considerably increased the number of reported cases of enteric illnesses to local health departments.

In Alexandria, the number of campylobacteriosis investigations has tripled over the past 5 years with the adoption of CIDT (Figure 1). Nationally, incidences of *Cryptosporidium* and *Shiga toxin-producing Escherichia coli (STEC)* non-O157 were significantly higher in 2015 compared to the previous 3 years and attributed, in part or in full, by CIDTs. The greatest percent increase in use of CIDTs in the past 3 years has been for *Salmonella* and *Shigella*.<sup>40</sup>

The sensitivity and specificity of CIDTs varies by test and some positive reports may be false positives.<sup>40</sup> Reflex cultures after positive CIDT results assist with confirming the diagnosis and provide isolates that allow public health to detect potential clusters of illness or contaminated food items.



## For Healthcare Providers

Reporting of the following diseases is required by state law (Sections 32.1-36 and 32.1-37 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health *Regulations for Disease Reporting and Control*.) Reports may be by computer-generated printout, Epi-1 form, CDC or VDH surveillance form, or upon agreement with VDH, by means of secure electronic transmission.

Report all conditions **when suspected or confirmed** to Alexandria Health Department Communicable Disease Division

**Healthcare providers call 571-259-8549 for diseases listed "Report Immediately" below**

### REPORT IMMEDIATELY

Anthrax [a]  
Botulism [a]  
Brucellosis [a]  
Cholera [a]  
Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV) [a]  
Diphtheria [a]  
Disease caused by an agent that may have been used as a weapon  
*Haemophilus influenzae* infection, invasive [a]  
Hepatitis A [a]  
Influenza-associated deaths <18 years of age  
Influenza A, novel virus [a]  
Measles (Rubeola) [a]  
Meningococcal disease [a]  
Outbreaks, all (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, and waterborne)  
Pertussis [a]  
Plague [a]  
Poliovirus infection, including poliomyelitis [a]  
Psittacosis [a]  
Q fever [a]  
Rabies, human and animal [a]  
Rubella [a], including congenital rubella syndrome [a]  
Smallpox (Variola) [a]  
Syphilis, primary and secondary [a]  
Tuberculosis (TB), active disease [a,b]  
Tularemia [a]  
Typhoid/Paratyphoid fever [a]  
Unusual occurrence of disease of public health concern  
Vaccinia, disease or adverse event [a]  
*Vibrio* infection [a]  
Viral hemorrhagic fever [a]  
Yellow fever [a]

### REPORT WITHIN 3 DAYS

Acquired immunodeficiency syndrome (AIDS)  
Amebiasis [a]  
Arboviral infections (e.g., CHIK, dengue, EEE, LAC, SLE, WNV, Zika) [a]  
Babesiosis [a]  
Campylobacteriosis [a]  
Chancroid [a]  
Chickenpox (Varicella) [a]  
*Chlamydia trachomatis* infection [a]  
Creutzfeldt-Jakob disease <55 years of age [a]  
Cryptosporidiosis [a]  
Cyclosporiasis [a]  
Ehrlichiosis/Anaplasmosis [a]  
*Escherichia coli* infection, Shiga toxin-producing [a,c]  
Giardiasis [a]  
Gonorrhea [a]  
Granuloma inguinale  
Hantavirus pulmonary syndrome [a]  
Hemolytic uremic syndrome (HUS)  
Hepatitis B (acute and chronic) [a]  
Hepatitis C (acute and chronic) [a]  
Hepatitis, other acute viral [a]  
Human immunodeficiency virus (HIV) infection [a]  
Influenza [a,d]  
Lead, reportable levels [a]  
Legionellosis [a]  
Leprosy (Hansen's disease)  
Leptospirosis [a]  
Listeriosis [a]  
Lyme disease [a]  
Lymphogranuloma venereum  
Malaria [a]  
Mumps [a]  
Ophthalmia neonatorum  
Rabies treatment, post-exposure  
Salmonellosis [a]  
Shigellosis [a]  
Spotted fever rickettsiosis [a]  
*Staphylococcus aureus* infection, vancomycin-intermediate or vancomycin-resistant [a]  
Streptococcal disease, Group A, invasive or toxic shock [a]  
*Streptococcus pneumoniae* infection, invasive, <5 years of age [a]  
Syphilis, other than primary and secondary  
Tetanus  
Toxic substance-related illness [a]  
Trichinosis (Trichinellosis) [a]  
Tuberculosis (TB) infection <4 years of age  
Yersiniosis [a]

### LEGEND

[a] Reportable by directors of laboratories. These and all other conditions listed must be reported by physicians and directors of medical care facilities.

[b] Laboratories report AFB, mycobacterial identification, and drug susceptibility for *M. tuberculosis*

[c] Laboratories that use EIA without a positive culture should forward positive stool specimens or enrichment broth to DCLS

[d] Physicians and directors of medical care facilities report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus or influenza-related deaths in persons <18 must be reported immediately

Alexandria Health Department Communicable Disease Division

**Report Immediately: 571-259-8549**

General Inquiries: 703-746-4951

Fax: 703-746-4953

Revised by Alexandria Health Department October, 2016

## Reportable Disease List: Information for Healthcare Providers

A new Virginia Reportable Disease List, along with a corresponding list of conditions reportable by directors of laboratories, was published on October 20, 2016.<sup>10</sup>

Notable changes to the Reportable Disease List include the following:

- The **reportable blood lead level** changed to any detectable blood lead level in children ages 0-15 or levels  $\geq 5\mu\text{g/dL}$  in persons older than 15 years of age.
- Babesiosis and Leptospirosis were added.
- Monkeypox and invasive MRSA are no longer reportable conditions.
- "Severe acute respiratory syndrome (SARS)" was renamed "Coronavirus infection, severe" on the reportable disease list to include the reporting of SARS, MERS-CoV, and other severe coronavirus infections.

### Mandatory Disease Reporting

Clinicians practicing in Virginia are required by law to report these reportable conditions to their local health department. Prompt reporting allows for appropriate and prompt public health action to be taken. If you have any questions about mandated reporting, please contact us.

### Contact Information for Disease Reporting

For diseases listed <b>Report Immediately</b>	For diseases listed <b>Report Within 3 Days</b>
<p><b>Timeframe:</b> Report <u>immediately</u> by the most rapid means available</p> <p><b>Report Method:</b> Phone</p> <p><u>Monday – Friday (8 a.m. – 5 p.m.)</u> Office phone: 703.746.4951</p> <p><u>Evenings and Weekends (24/7):</u> Cell phone: 571.259.8549</p>	<p><b>Timeframe:</b> Submit form within 3 days of suspected or confirmed diagnosis</p> <p><b>Report Form:</b> <a href="#">Epi-1 form</a></p> <p><b>Report Method:</b> Phone, fax, or mail</p> <p><u>Phone:</u> 703.746.4951</p> <p><u>Fax:</u> 703.746.4953</p> <p>Alexandria Health Department Attn: Communicable Disease 4480 King Street Alexandria, VA 22302</p>

### Public Health Services

The Alexandria Health Department provides many services to the community. An overview of our services, including program descriptions, locations, phone numbers and hours of operation, is available in our *Guide to Services and Programs* ([English](#) and [En Español](#)).<sup>41,42</sup>

Information about AHD [clinical and public health nursing services](#)<sup>43</sup> is also available online.

### Free Training Opportunities

AHD epidemiologists can provide disease-specific and infection control and prevention training. If you are interested in training for your staff, please contact us at 703.746.4951 or [alex\\_epi@vdh.virginia.gov](mailto:alex_epi@vdh.virginia.gov).

## Resources

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