

# EPI WATCH

## APRIL 2017

### Serogroup B Meningococcal Vaccine (MenB)

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Men B is a category B vaccine – which means the Center for Disease Control and Prevention’s recommendations are made to help guide the practitioner to decide whether this vaccine is appropriate or not for their individual patient.

In a nutshell, there are two instances where you would want to administer this particular vaccine:

First – If your patient is older than **ten** years old AND is considered at increased risk – this would include a rare disorder of the immune system called ‘persistent complement component deficiency’, someone who has had their spleen removed or has a poorly functioning spleen, microbiologists working with this serogroup, or **patients who have had an outbreak in their community – with potential for exposure.**

Secondly – If your patient is between the ages of 16-23 (16-18 is the preferred age of vaccination) prophylaxis protection during “college years” is recommended. This will provide short term protection against most strains of serogroup B meningococcal disease.

See MenB VIS (Vaccine Information Sheet) – for more information and dosing schedule.

# Think Tuberculosis

**Think TB!** A third of the world's population is infected with tuberculosis, and about one in a thousand per year of those infected progress to active, contagious tuberculosis disease. The risk of progression is higher in young children, diabetics, and those with immunosuppression from disease or medications. Treatment of active disease reduces tissue destruction and stops transmission (if pulmonary or throat disease). We can test for infection with tuberculin skin tests (TST), or the more specific interferon gamma release assay blood tests (IGRA).

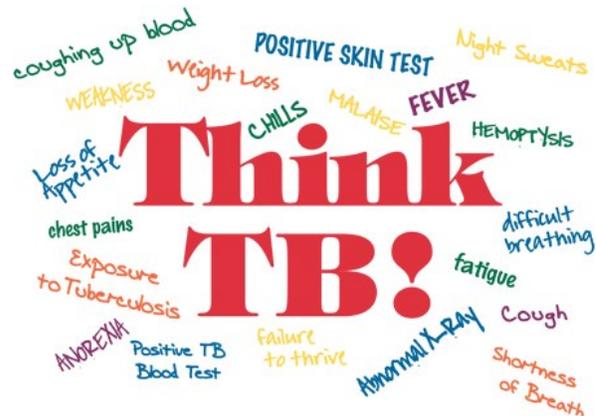
Those who are infected and do not have active disease (latent TB infection) are not contagious, and most never develop disease. Treatment of latent TB infection reduces the risk of progression to active disease. Please **think TB** and screen patients at risk of infection and progression. Also, please **think TB** in patients with possible pulmonary TB if the person has symptoms consistent with active TB and has risk factors for exposure to tuberculosis:

- Born in a country other than the US, Canada, or Western Europe; especially if diabetic
- History of contact with an active TB case
- History of diagnosis of latent or active TB (whether treated in the past or not)

Early diagnosis reduces the impact of the disease on the patient, and can reduce the extent of transmission.

Some things to remember:

- TB disease can occur with negative TB skin tests or IGRAs, so a negative test does not rule out active disease.
- TB infection without disease and TB disease without lung or throat involvement are not contagious.



Recognize possible signs and symptoms of Tuberculosis. Early diagnosis and treatment reduces spread. Contact your Health Department or physician for more information.



Reprinted from: TB: Recognize the Signs and Symptoms of Tuberculosis. © 2004 U.S. Department of Health and Human Services. All rights reserved.

- TB disease can involve any tissue or organ and the lungs are often involved in what initially appears to be extra-pulmonary disease.
- Pulmonary TB needs to be evaluated with sputum testing (AFB stain and culture). Rapid testing (PCR) is important for rapid diagnosis, but is not a substitute for culture and drug sensitivity testing.

A good introduction to TB is "[Latent Tuberculosis Infection: A Guide for Primary Health Care Providers](#)" from the CDC, and their basic [TB site](#).

Please **think TB** and call our TB program (360-778-6100) with any questions about whether or how to evaluate patients for latent TB infection or disease. Public Health Nurses are available for consultation Monday through Friday from 8:30-4:30. After hours, you can reach the health officer through the answering service (360-715-2588).

Greg Stern MD



# Single Dose Revaccination for Infants Born to HBV Infected Mothers

## Postvaccination Serologic Testing

Why test:

- To assess infant's response to hepatitis B vaccination

Which tests to order:

- HBsAg **AND** Anti-HBs

When to test:

- Test infants at age 9-12 months, or 1-2 months after the final dose of the vaccine series, if the series is delayed.

Seroprotected after complete vaccination **IF**:

- Negative HBsAg **AND**
- Anti-HBs  $\geq 10$  mIU/mL

Infant requires revaccination with one additional dose of hepatitis B vaccine, followed by re-testing for anti-HBs 1-2 months after the final vaccine dose **IF**:

- Negative HBsAg **AND**
- Anti-HBs  $\leq 10$  mIU/mL

Infants whose anti-HBs levels remain less than 10 mIU/mL following a single-dose revaccination should receive two additional doses of the hepatitis B vaccine, followed by PVST 1 to 2 months after the final dose.

The Center for Disease Control (CDC) Advisory Committee on Immunization Practice (ACIP) voted in February 2017 that Infants born to HBV positive mothers who do not respond to the initial three-dose hepatitis B vaccination series, (defined as anti-HBs  $<10$  mIU/mL), should first receive one additional dose, instead of a full second three-dose series of the vaccine, followed by post-vaccination serologic testing (PVST) 1 to 2 months after the final dose.

*This is not final for adoption until it is published in the Morbidity and Mortality Weekly Report.*



## Lab Changes in Whatcom County

There have been multiple recent lab changes in Whatcom County. Please be sure to call the lab your facility uses when ordering testing if you are unsure which specimens to collect.

# CONFIRMED & PROBABLE CASES OF NOTIFIABLE CONDITIONS, WHATCOM COUNTY

Condition	Jan-Mar 2017	Jan-Mar 2016
Campylobacteriosis	14	8
Chlamydia	181	185
Giardiasis	2	1
Gonorrhea	24	27
Hepatitis B, acute	0	0
Hepatitis B, chronic	5	4
Hepatitis C, acute	2	2
Hepatitis C, chronic	64	71
Hepatitis A	0	1
HBsAg + pregnancy	0	0

Condition	Jan-Mar 2017	Jan-Mar 2016
Measles	0	0
Meningococcal Disease	0	0
Mumps	1	0
Pertussis	15	19
Rubella	0	0
Salmonellosis	4	5
Shiga toxin-producing E. coli	2	0
Shigellosis	1	4
Syphilis	3	2
Tuberculosis, Class 3	1	2

**Print out an updated Notifiable Conditions poster for your office:**

[Health Care Provider](#)

[Health Care Facility](#)

[Laboratory](#)

Cases listed are preliminary and represent only those reported to the local health department. Cases are counted at the time of report, not by date of onset.

## Timely Reporting

Clinicians have a critical role in protecting our communities from communicable disease in partnership with Public Health. Timely reporting helps identify and control spread of measles, enteric infections, STIs, tuberculosis, and other infections. Labs, hospitals, and clinicians have overlapping and often different reporting guidelines. Delay in reporting a suspect measles case while waiting for a lab to provide a positive result can delay Public Health response, missing opportunities to prevent spread.

Please bookmark the DOH Notifiable Conditions site: <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions>

The “List of Notifiable Conditions” has disease-specific guidelines for reporting, diagnosis, and control. The “Reporting Posters” can be printed for easy reference for lab, hospital, and healthcare provider reporting requirements. You can always call us if you have any questions. You can reach a public health nurse during work hours at 360-778-6100, leave a message on our 24-hour Communicable Disease reporting line at 360-778-6150, and after hours reach the health officer at 360-815-3276 (cell) or through the answering service at 360-715-2588.

Greg Stern MD