Seasonal Influenza Surveillance

Sentinel Influenza Providers

The Public Health Department has been participating in the California Sentinel Provider Program since the 2004-2005 influenza season. This program assists the Centers for Disease Control in the data collection for seasonal influenza. Thank you to the Santa Barbara County Sentinel Influenza providers and staff: R. Martin, PA and J. Yoncgo, MD - Santa Maria Clinic; G. Belakumaran, MD and PN Ramalingam, MD - Lompoc Clinic; S. Miller, RN - Student Health Center UCSB; D. Hernandez, MD, S. Willis RN - Westmont College Health Center; J. McClanahan - Santa Barbara Clinic; J. Delgado, MD and L. Chu, MD - Franklin Clinic; W. Edelstein, MD, F. Malinoff, MD and K. King, NP - Carpinteria Clinic; N. Seigrist, PA and B. Gonsalves, PA - Homeless Program and R. Talanian, MD - Santa Ynez Indian Health Clinic.

Immunization Program

Influenza Season

There will be an adequate supply of influenza vaccine available this year. Manufacturers are suggesting that there could be as much as 120 million doses available in the U.S. for the 2006-2007 season, which is a 33% increase from last year. CDC reports that 32 million doses were distributed by October 6, 2006, and manufacturers are on contract to distribute 75 million doses by the end of October. An additional flu vaccine (FluLaval™) was given FDA approval on October 5, 2006, and will be in production for this flu season. Flu vaccine distribution continues in phases, and CDC is encouraging providers to make efforts to provide influenza immunization in December, January and beyond, which is consistent with ACIP recommendation. Current recommendations for flu vaccine can be found at: www.cdc.gov/flu/professionals/vaccination/#0607recs. Printed educational materials (flyers, posters) for use in promoting influenza vaccination can be found at: http://www.cdc.gov/flu/professionals/flugallery/index.htm. For weekly Influenza Reports and Summary Updates: www.cdc.gov/flu/weekly/index.htm.

Public Health Laboratory

“Gloria” – the Programmable Bio-robot

The laboratory has recently received funds from the Pandemic Influenza grant for the purchase of a programmable bio-robot that will increase the capacity to process and perform real-time polymerase chain reaction (PCR) tests for influenza, including pandemic strains of the influenza virus. The bio-robot will enable the laboratory to extract purified DNA or RNA from up to 40 human diagnostic specimens in an 8 hour period compared to manual methods that allow us to process only 12 to 14 specimens in the same time period. The new equipment will increase capacity for influenza testing and for other PCR assays such as Bordetella pertussis and Norovirus.
**HIV/AIDS Program**

**HIV Name-based Reporting in California - Frequently Asked Questions**

1) **What is HIV Name-based reporting all about?**
   A) Many types of illnesses that pose a threat of being transmitted from one person to another are required to be reported to the local health officer, HIV is one of these illnesses. As of April 17, 2006 in California the reporting requirements changed to require that cases of HIV be reported using the name of the person, rather than an alpha-numeric code.

2) **Why did California change from a code-based system to a name-based system?**
   A) There were many reasons for this change, including incorporation of a system that is more compatible with health care and treatment of other illnesses in California. Another significant reason was that federal and state funding for the care and treatment of HIV/AIDS patients must be based upon a name-based system of reporting. If California did not change its system, the state may have lost up to $50 million annually in federal funding.

3) **Why does my information have to be reported to the County Health Officer?**
   A) Health Officers are responsible for the public health of their jurisdiction. They are required by state law to collect information on cases of communicable diseases and report this information to the State Department of Health Services which in turn reports to the Federal Centers for Disease Control (CDC). The information is used to effectively control the spread of disease and to protect the public’s health.

4) **Can I get tested for HIV anonymously?**
   A) Yes, if you test at an Alternative Testing Site (ATS) location. The new law requires anonymous testing sites to be available in each local health jurisdiction. A listing of the ATS locations and testing schedules is available on the Public Health Department’s website at [www.sbcphd.org](http://www.sbcphd.org) (under HIV/AIDS Services), or you may contact the HIV/AIDS services office at (805) 681-5120.

5) **Is my personal information less secure with a name-based system?**
   A) The California code-based system has never had a security breach in over 20 years of AIDS and HIV reporting. Additional security measures have been put into place to ensure that client information is protected.

6) **Why do I have to sign a consent form for HIV testing?**
   A) The consent form helps us to ensure that you have been provided information about HIV testing and reporting requirements.

7) **If I am already HIV positive, do I have to sign another consent form?**
   A) Yes, because of the new law that went into effect on April 17, 2006, the Public Health Department wishes to ensure that all existing HIV positive clients are informed of the new law and its reporting requirements.

8) **What if I don’t want my information reported?**
   A) Unfortunately, the law requires this information to be reported and there are no exceptions.

9) **If I still have questions or concerns, whom should I contact?**
   A) Please discuss your concerns with the HIV/AIDS Services staff at (805) 681-5120.
West Nile Virus Update

West Nile Virus (WNV) has become endemic in the state and in our county. Since the beginning of this year up until November 17th, Santa Barbara County (SBC) has had 2 horses, 18 dead birds and one mosquito sample test positive throughout our county. Fortunately, no human cases were identified in SBC this season. Ventura County has had three humans (no deaths), 58 dead birds, 2 mosquito specimens and one sentinel chicken flock test positive. San Luis Obispo County has had one human case (not fatal), 5 horses, and 13 dead birds test positive. There have been 270 human cases in 36 counties and there have been 6 WNV-related human fatalities across the state since the beginning of the year.

Salmonella Outbreaks on the South Coast

During the August, September and October, the county experienced three outbreaks of Salmonella. The first to come to Disease Control and Environmental Health staff involved 5 laboratory-confirmed individuals and was centered in South County (Salmonella Group C2, serotype Newport). The second outbreak in North County, involved 5 laboratory confirmed cases (including 2 hospitalizations, one death) and 12 probable cases (Salmonella Group B, Heidelberg). The third and most recent outbreak, again in South County involved, 17 laboratory-confirmed cases, 19 probable cases (Salmonella Group D, Enteritidis). All three outbreaks, after thorough investigation by Epidemiology Unit, Disease Control and Environmental Health Services staff, appear to have been contributable to poor hygiene practices rather than contaminated produce. In a typical year, we have an average of 25 laboratory-confirmed cases of Salmonella reported in our county. Through the end of June of this year, prior to the outbreaks, we had 10 cases reported.

Medical providers continue to be the first line of surveillance for potential food-borne diseases in our community. Often times these infectious individuals are in food and health related occupations and early identification and restriction helps curtail further community transmission.

Public Health Preparedness Program

Santa Barbara County Medical Reserve Corps Update

Just two months old, our Medical Reserve Corps (MRC) is developing well and gaining members. We are looking for physicians, nurses, and behavioral health specialists to volunteer to serve in disaster operations. Information on the MRC is available on our web page which can be accessed through the Public Health Department Internet site (http://www.sbcphd.org/). Look for it under Quick Links on the left. This site provides information and instructions on how to register on-line. We also have new brochures that describe the MRC unit, how it supports public health initiatives, its purpose and activities. These brochures are available by calling the Emergency Medical Services office at (805) 681-5274. For further information or to register without using the website, please contact John Eaglesham at (805) 681-5394.

Avian and Pandemic Influenza Public Education Campaign

Starting in December, the public can visit www.sbcfluinfo.org to view a narrated PowerPoint on Avian and Pandemic influenza. In January, look for a ten-minute video on Avian and Pandemic Influenza on Government Access Television (GATV) channels. This video is part of a countywide effort to educate our local citizens, and incorporates questions from the public with interviews with the local Agricultural Commissioner, the County Health Officer, the Disease Control program, and others.
In the News...

STD-Prevention Counseling Practices and Human Papillomavirus Opinions Among Clinicians with Adolescent Patients -- United States, 2004 (abstracted from MMWR October 20, 2006/Vol.22/No.41)

In 2000, an estimated 18.9 million new cases of sexually transmitted diseases (STDs) occurred in the United States. Although young persons aged 15-24 years represented only 25% of the sexually active population, approximately 48% of STD cases in 2000 occurred in this age group. The most common sexually transmitted infection in persons aged <24 years was attributed to human papillomavirus (HPV).

As recommended by the recently published national STD treatment guidelines(1), 81% of the clinicians surveyed in this study reported taking advantage of the routine check-up to assess STD risk in their adolescent patients. In addition, 93% of those with >75% of their patients aged <18 years reported educating patients they believed were sexually active about prevention of STDs, and 69% reported specifically addressing HPV infection. Clinician counseling of adolescents regarding STD prevention has been determined to reduce the incidence of STDs(2). Current national recommendations encourage clinicians to periodically assess adolescents for STD risk and provide STD counseling(3).

General Guidelines for Prophylaxis against Rabies in the United States

Did an exposure to rabies occur? Did an animal bite the patient, or did a potentially unrecognized exposure occur? Was there direct contact of the patient’s open bleeding wound, broken skin, or mucous membranes with potentially infectious material such as animal saliva or central nervous system tissue?

- Yes
  - Was the animal a mammal?
    - No
      - No PEP
    - Yes
      - Was the animal a small rodent or rabbit?
        - No
          - No PEP
        - Yes
          - Observe the animal for 10 days. Does it exhibit signs of rabies?
            - No
              - No PEP
            - Yes
              - Is the animal available for observation?
                - No
                  - No PEP
                - Yes
                  - Consult public health officials for local rabies epidemiology. Was the animal a bat, or is terrestrial rabies present?
                    - No
                      - No PEP
                    - Yes
                      - Did the animal exhibit any signs of rabies?
                        - No
                          - No PEP
                        - Yes
                          - PEP

- No
  - PEP
  - No PEP
  - PEP
  - No PEP
  - PEP

PEP: postexposure prophylaxis

REPORTABLE COMMUNICABLE DISEASES
THIRD QUARTER REPORT 2006

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*Based on diagnosis date