

Provider News

A Newsletter for Healthcare Providers in Fairfax County, Virginia

NEW!

Mandated Reporting of Tuberculosis Infection (LBTI)

For the United States (US), 2017 marked the lowest recorded number of tuberculosis (TB) cases (9,105) and a continued decrease in TB incidence to 2.8 per 100,000 persons. Despite these milestones, nationwide data indicate that the rate of decline in US TB morbidity has slowed. At the current pace, epidemiologic modeling suggests that we will not reach the US TB elimination goal, of <1 case per 1 million persons, in this century. Fairfax Health District's 2017 TB case rate of 6.3 per 100,000 persons, more than twice the national rate and 63 times greater than this US elimination threshold.

New and expanded approaches are needed to reduce the risk of TB in Fairfax County and accelerate progress towards US TB elimination. An important strategy to improve preventive efforts is more complete identification, reporting, and treatment of TB infection (or Latent TB Infection [LTBI]). Healthcare provider practices are critical to this process.

It is estimated that 70,000 persons in the Fairfax Health District have TB infection and that 1 in 10 of those with infection will progress to TB disease. Reactivation of TB infection is the primary driver of TB disease in the US, accounting for approximately 80% of all TB cases. Therefore, certain patients should be tested for TB infection because they are at higher risk for being infected with TB bacteria, including:

- People who have spent time with someone who has TB disease
- People from (or recent prolonged travel to) a country where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia)
- People who live or work in high-risk settings (for example: correctional facilities, long-term care facilities or nursing homes, and homeless shelters)
- Health-care workers who care for patients at increased risk for TB disease
- Infants, children and adolescents exposed to adults who are at increased risk for latent tuberculosis infection or TB disease

On November 14, 2018, TB infection, in persons of any age, was added to the [Virginia Reportable Disease List](#). Under the updated [Virginia Regulations for Disease Reporting and Control](#) (12 VAC 5-90-80), healthcare providers are required to report suspected or confirmed cases of TB infection to the local health department serving the jurisdiction where they practice.

For the Fairfax Health District, the preferred method of reporting is online via the [Fairfax County Health Department TB webpage](#), where a direct link is provided to the Virginia Department of Health (VDH) reporting portal. Through this portal, healthcare providers can complete and submit an electronic Confidential Morbidity Report (or Epi-1). TST/IGRA results should be entered in the laboratory section of the electronic report form. Document chest x-ray results and symptom screening information in the comments section.

continued page 2

Health Alerts

Health Alerts and Advisories inform clinicians of outbreaks, incidents of public health importance and emerging health threats that directly impact our community. No other source directly provides you the public health information that you need to know. [Please add your e-mail \(or fax number\) here to join your colleagues in the Fairfax Health Alert Network.](#)

Health Alert/ Advisory Web Link	Subject	Date Sent
CDC Health Alert Network	RSS Feed of all CDC Health Alerts	N/A
2018-11	2018-2019 Seasonal Influenza Reporting Reminder and Resources for Health Care Professionals	10/12/18
2018-12	Acute Flaccid Myelitis (AFM) Update	11/20/18
2018-13	Latent Tuberculosis Infection Reporting	11/27/18



Communicable Disease Case Surveillance

Healthcare providers practicing in Virginia, by law, must report diagnoses or suspected diagnoses of the infections, diseases, and conditions specified on the [Virginia Reportable Disease List](#). When a person is reported with a confirmed or suspected reportable disease, FCHD staff will, as appropriate:

- Review records and interview the patient to identify risk factors for infection and detect potential outbreaks.
- Provide infection control guidance to clinicians, facilities, and infected individuals.
- Identify exposed individuals and provide guidance regarding disease prevention, including recommendations for the administration of prophylaxis.

What do we expect to see more cases of in the upcoming quarter? ?

Fairfax Health District reportable disease cases with the highest likelihood of increase in cases from Quarter 4 (October-December) to the Quarter 1 (January-March) for diseases with case counts greater than five.

Condition	*Increase in cases from Quarter 4 to Quarter 1	^ Average cases - Quarter 4
Varicella (Chickenpox)	27.5%	26.0
Giardiasis	25.8%	16.6

*Percentage increase in cases from Quarter 4 to Quarter 1 (five-year average 2013-2017)

^Fairfax Health District five-year average of cases reported (2013-2017) Quarter 1

Mandated Reporting of LGBTI

continued from page 1

For questions regarding the new TB infection reporting requirement, or guidance regarding screening and treatment for TB infection, please call the FCHD TB Intake line at 703-246-2433.

TB Infection Resources

- [VDH TB and Newcomer Health Program](#)
 - Reporting
 - Testing
 - Treatment
- [CDC Resources](#)
 - Slide sets for providers and patients
 - Fact sheets for providers and patients
 - Testing and treatment recommendations
 - Graphics

Reported Disease Outbreaks

Disease outbreaks are defined as clusters of an illness that occur in a similar time or place, with case numbers above expected for a specified population or location (e.g., school, hospital, or other facility) or in the community. For some infections, even a single case (e.g., measles) constitutes an outbreak. For others, two cases of the same organism linked by exposure to a common procedure or medical device would meet an outbreak definition. Outbreak reporting enables the Health Department to contribute its expertise in preventing further cases and take action, if needed, to protect the public. Reporting also is mandated by Virginia law. Outbreaks are not limited to diseases on the reportable disease list and suspected outbreaks of any disease should be reported to FCHD.

Reported Fairfax Health District Outbreaks by Causative Agent, 2018

Causative Agent	Oct-Dec 2018 Outbreaks
Group A Streptococcus	1
Mycoplasma pneumoniae	1
Norovirus	3
RSV (Respiratory Syncytial Virus)	1
Suspected Viral Gastroenteritis	4
Total	10
2018 YTD Outbreaks (Jan. 1 - Dec. 31, 2018)	59

TB Infection Case Classification

SUSPECTED

A case that meets one or more of the laboratory criteria (positive TST or IGRTA)

AND

M. tuberculosis complex was not isolated from a clinical specimen, if a specimen was collected

CONFIRMED

A case that meets one of the laboratory criteria for TB infection (positive TST or IGRA)

AND

M. tuberculosis complex was not isolated from a clinical specimen, if a specimen was collected

AND

Meets the clinical criteria for TB infection (no signs or symptoms consistent with TB Disease and chest imaging not consistent with TB disease)

Upcoming Educational Opportunities

Stay Tuned! A webinar for community providers and the infection prevention community about TB Infection, including education on treatment and management guidance, in the context of the new reporting requirement will be hosted by the VDH TB Control Program on February 15, 2019.

Stay Connected!



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Fairfax County Health Department Communicable Disease/EPI

Main: 703-246-2433, TTY 711

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Disease reporting

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