Fairfax County Health Department

Provider News

Spring 2018, Volume 1 Issue 1

A Newsletter for Healthcare Providers in Fairfax County, Virginia

Communicable Disease Outbreak Surveillance

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 the Fairfax County Health Department.

Reported Fairfax Health District Outbreaks by Causative Agent, 2018

Causative Agent	Jan - Mar 2018 Outbreaks	2018 YTD Outbreaks
Influenza A	6	6
Group A *Streptococcus*	1	1
Bordetella pertussis	1	1
Norovirus	4	4
Campylobacter	1	1
Influenza-Like Illness (ILI)	10	10
Suspected Viral Gastroenteritis	8	8
Suspected Enterovirus (Hand Foot & Mouth Disease)	1	1
Suspected Streptococcal Infection (Strep Throat)	1	1
Total	**33**	**33**

Fairfax County Health Department
Communicable Disease/EPI

Main: 703-246-2433, TTY 711
FAX: 703-653-1347
Disease reporting after hours: 703-409-8449
Email: HDCD@fairfaxcounty.gov

www.fairfaxcounty.gov/health

Seasonal Influenza Rates Decreasing

After one of the most severe non-pandemic influenza seasons on record, influenza activity in the Fairfax County Health District (FCHD) continues to decrease. The 2017-2018 flu season in Fairfax peaked in early February with 13.7% of emergency department and urgent care center visits for influenza-like illness, which was significantly higher compared with national activity which peaked the same week at 7.5%. Virginia reported widespread activity level for 18 consecutive weeks whereas during the past 5 flu seasons, Virginia remained at the widespread activity level for an average of 12 weeks. The Health Department investigated 18 outbreaks of suspected or confirmed influenza this flu season, also higher than in prior seasons. Per CDC, the number of hospitalizations attributed to influenza this season was record-breaking, exceeding end-of-season hospitalization estimates for 2014-2015, a high severity, H3N2-predominant season. CDC is reporting 156 pediatric influenza-associated deaths this season, with one occurring in FCHD.

While the season of epidemic influenza disease has passed, healthcare providers should consider influenza diagnosis year-round in Fairfax County, regardless of travel history. Historic trends of influenza activity during previous summer months have showed several weeks with influenza-like illness activity above baseline levels, suggesting local influenza transmission. Physicians and laboratories are encouraged to report any laboratory-confirmed influenza (including rapid tests) to the Fairfax County Health Department. All suspect outbreak of influenza-like illness and suspect novel or avian strains of influenza should be reported immediately to the Fairfax County Health Department at 703-246-2433. Also, as healthcare facilities and offices order influenza vaccine in preparation for the fall, commit to exceeding the national goal of 90% coverage for staff and volunteers reducing the risk of acquiring infection and enhancing protection for your patients and your families.

Welcome to Provider News

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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.

Fairfax Health District reportable disease cases with the highest likelihood of increase in cases from Quarter 1 (January-March) to the Quarter 2 (April-June) for diseases with case counts greater than five.

Condition	Percentage increase in cases from Quarter 1 to Quarter 2 (five- year average 2013-2017)	Fairfax Health District five-year average of cases reported (2013-2017) Quarter 2
Spotted Fever Rickettsiosis (including RMSF)	1000.0%	11
Legionellosis	500.0%	6
Lyme disease	326.7%	99
Shigellosis	89.7%	11
Giardiasis	50.6%	25

Increase to Invasive Group A Streptococcal Disease Reports

In the first quarter of 2018, the number of invasive Group A streptococcal (iGAS) infections was markedly higher than in previous years. iGAS is defined as the isolation of group A *Streptococcus* (*Streptococcus pyogenes*) by culture from a normally sterile site or the isolation of GAS from a non-sterile site in the presence of necrotizing fasciitis (NF) or streptococcal toxic shock syndrome (STSS). Between 12/4/2017 and 3/15/2018, 27 cases were reported in Fairfax County. Three cases met criteria for STSS and 3 deaths occurred. Types of iGAS infection included septicemia, pneumonia, [etc.]. One outbreak was identified in a long-term care facility involving 3 residents, one of whom died. The peak in case number occurred coincident with high levels of influenza in the community; however, similar increases had not been seen in previous influenza seasons. At all times and especially given the current increase in iGAS, FCHD urges clinicians to consider the following:

- Diagnose and treat cases of non-invasive GAS infection (e.g. strep throat, impetigo) to limit spread of GAS in the community and reduce the risk of non-suppurative sequelae.
- For suspected NF, clinical suspicion should prompt surgical inspection of the deep tissues with gram stain and culture of surgical specimens.
- While previously healthy persons of all ages may develop iGAS infection, higher risk persons include:
  - Individuals aged >65 years
  - Residents of long-term care facilities;
  - Individuals with a break in the skin or history of blunt trauma;
  - Individuals with chronic cardiac or pulmonary disease, cancer, diabetes, or HIV infection;
  - Injection drug users and alcohol abusers;
  - Children less than 10 years old with recent varicella infection;
  - Individuals taking steroids or undergoing chemotherapy;
  - Native Americans.
- Routine administration of chemoprophylaxis for household contacts is not recommended. However, chemoprophylaxis should be considered for ALL household contacts of iGAS patients if a high-risk individual, as listed above, resides in the household. Contact FCHD for guidance and assistance with chemoprophylaxis.

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 provides information you need to know as directly and succinctly. **Please add your e-mail here to join your colleagues in the Fairfax Health Alert Network.**

Health Alert/ Advisory Web Link	Subject	Date Sent
2018-01	Increased Influenza Outbreak Activity in Long-Term Care Facilities and Recommendations for Prevention	1/19/2018
2018-02	Fairfax County Health Department (FCHD) Press Release About Risks of Unlicensed Dental Practices	3/23/2018