

# Provider News

A Newsletter for Healthcare Providers in Fairfax County, Virginia

## Fairfax Experiences Uptick in Legionnaires' Disease

Over the last two months, local epidemiologists have recognized an increase in Legionnaires' disease cases in Northern Virginia. Here in the Fairfax Health District, six cases were reported January 1-June 30 of 2018, a 46% increase over the 5-year average of the first half of the previous years. In the U.S., reported cases of Legionnaire's disease have increased over four-fold since 2000. Seasonally, disease occurs most commonly during the summer months. The case fatality rate of Legionnaires' disease in Fairfax County of 16.7% in the first half of 2018 is similar to that reported nationally. Detecting Legionnaires' disease as the etiology of community-acquired pneumonia (CAP) or nosocomial pneumonia is important to ensure appropriate therapy and enable detection of clusters and environmental investigation and, if needed remediation to prevent further disease.

disease is a reportable disease in Virginia; therefore, all positive laboratory tests are electronically reported to the Health Department. Reporting by the clinician would be helpful for patients with a travel or healthcare exposure during the 10 days before illness, and can be done through the [Fairfax County Health Department's online reporting portal](#). The reporting of cases allows for rapid public health investigation and the prevention of additional cases if an outbreak is detected. One outbreak has already been identified in Fairfax Health District in 2018. Investigation and intervention occurred after 2 cases were identified and no additional cases subsequently occurred. If you suspect an outbreak of Legionnaires' disease associated with a facility or common source, please immediately contact the Acute Communicable and Emerging Disease Program at the Fairfax County Health Department at 703-246-2433, [hdcd@fairfaxcounty.gov](mailto:hdcd@fairfaxcounty.gov).

**Frequency of Legionnaires' Cases by Age Group, Fairfax Health District 2013-2017**

0 - 5 years of age	6 - 19 years of age	20 - 39 years of age	40 - 59 years of age	≥ 60 years of age
0%	1.8% (1)	5.4% (3)	32.1% (18)	60.7% (34)

From 2013 through 2017, fifty-six cases of Legionnaire's disease were reported to the Fairfax County Health Department. Over 90% of these cases were 40 years of age or above (Table). 87.5% of 2018 cases had at least one risk factor for infection, most commonly a history of smoking (75%). Diagnosis of Legionnaire's disease should be sought in patients with severe pneumonia, with CAP who have failed outpatient therapy, with immunosuppression, with healthcare associated pneumonia, with a travel history during the 10 days before illness onset, and in the context of an ongoing outbreak. Urine antigen testing detects Legionella pneumophila serogroup 1 which causes most Legionnaire's disease and may be positive for weeks after onset. To maximize diagnostic sensitivity and for travel-associated and nosocomial pneumonia where detecting outbreaks and matching human and environmental isolates is particularly important, both urine antigen and sputum culture should be obtained.

[Legionnaires' disease diagnosis, testing and treatment recommendations are on the CDC website.](#) Legionnaires'

## 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 you need to know. [Please add your e-mail here to join your colleagues in the Fairfax Health Alert Network.](#)

Health Alert/ Advisory Web Link	Subject	Date Sent
<a href="#">CDC Health Alert Network</a>	RSS Feed of all CDC Health Alerts	N/A
<a href="#">2018-01</a>	Increased Influenza Outbreak Activity in Long-Term Care Facilities and Recommendations for Prevention	1/19/2018
<a href="#">2018-02</a>	Fairfax County Health Department (FCHD) Press Release About Risks of Unlicensed Dental Practices	3/23/2018



# Rabies in Fairfax County

## Newly Approved Rabies IG Formulation

The U.S. Food & Drug Administration has approved pharmaceutical company Grifols new higher potency formulation of its HyperRAB® rabies immune globulin [human] for rabies PEP. The new formulation is twice the potency (300 IU/mL) of currently available rabies immune globulin options, offering a greater concentration of anti-rabies virus antibodies within each mL of volume. **Please review which formulation your facility is currently using as the potential for fewer injections to patients may be present.**

## What You Need to Know

- Rabies is endemic in Fairfax County's wildlife.
- Post exposure prophylaxis (PEP) may be indicated for any bite, scratch or other situation where saliva or CNS tissue from a potentially rabid animal enters an open wound or contacts a mucous membrane.
- Administration of PEP is a medical urgency, not an emergency; a decision to administer PEP generally should be made within three days of exposure.
- Most exposures to a potentially rabid animal end up not requiring PEP. For a bite from a domestic animal, if that animal is available for observation (confinement), PEP decisions can be delayed for the 10-day confinement period: if the animal remains healthy, no PEP is needed. For exposure to a wild animal, if the animal is available it is tested for rabies and, if negative, no PEP is needed.
- If you have questions on whether PEP is indicated or its administration, contact the health dept.

- When PEP is given, errors in how it's administered have occurred. PEP administration errors for 2016 are shown in the table.

Healthcare Provider Errors Made in Rabies PEP Administration (2016)	
Error	Frequency
HRIG not infiltrated into the wound	54
Vaccine or HRIG administered in wrong anatomical location	11
Patient provided with wrong vaccine schedule	10
HRIG not administered	10
HRIG administered to pre-vaccinated patient	4

- Patients may consider receiving Rabies immune-globulin and the first vaccine dose in Emergency Departments and the rest of the vaccine series in pharmacies and/or urgent care centers as a cost saving alternative.

[The Health Department offers guidance on rabies testing and prophylaxis including provider posters on its website.](#)

Reporting Requirements (via Code of VA)		
Situation	What Agency to Report to	Contact info
Exposures to a potentially rabid animal	Fairfax County Animal Protection Police	703-691-2131 or fax <a href="#">bite report</a> to: 703-830-7806
Rabies PEP administration	Fairfax County Health Department	703-246-2433 or <a href="#">Online Report Form</a>

## 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 2 (April-June) to the Quarter 3 (July-September) for diseases with case counts greater than five.

Condition	*Increase in cases from Quarter 2 to Quarter 3	^ Average cases - Quarter 3
Hepatitis A, acute	300.0%	5.6
Legionellosis	127.3%	5.0
Giardiasis	95.0%	23.4
Spotted Fever Rickettsiosis (including RMSF)	64.0%	8.2
E. coli infection, shiga toxin-producing	56.5%	7.2

\*Percentage increase in cases from Quarter 2 to Quarter 3 (five-year average 2013-2017)

^Fairfax Health District five-year average of cases reported (2013-2017) Quarter 3

## 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	Apr-June 2018 Outbreaks
Influenza	1
Norovirus	1
<i>Salmonella typhi</i>	1
Hand, Foot and Mouth Disease ( <i>clinically diagnosed</i> )	2
Suspected Enterovirus (Hand Foot & Mouth Disease)	1
<b>Total</b>	<b>6</b>
<b>2018 YTD Outbreaks (Jan. 1 - June 30, 2018)</b>	<b>39</b>

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](mailto:HDCD@fairfaxcounty.gov)

[www.fairfaxcounty.gov/health](http://www.fairfaxcounty.gov/health)