



Public Health Messages

Missouri Department of Health and Senior Services

September 30, 2016

Public Health Messages is a way for the Missouri Department of Health and Senior Services (DHSS) to provide information and guidance to medical providers and hospitals on current issues relating to medical care and public health. It is sent out through the Missouri Health Notification System (MOHNS), and goes to the same individuals and facilities that receive DHSS Health Alerts and Health Advisories. ***Public Health Messages*** does not replace Health Alerts and Health Advisories, but rather provides an additional way for DHSS to communicate, in the form of brief messages, with providers and hospitals.

2016-2017 Influenza Season

The 2016-2017 influenza season is rapidly approaching. Laboratory-positive influenza infections, influenza virus-associated mortality, novel influenza A virus infections, influenza-associated school closures, and outbreaks are reportable in Missouri. Laboratory-positive cases of influenza A or influenza B are required to be reported in aggregate to the local public health agency (LPHA) on a weekly basis, year-round. Submitting the week's aggregate reports on the following Monday will help to ensure data is timely and accurate. Influenza virus-associated mortality, novel influenza A virus infections, influenza-associated school closures, and outbreaks are reportable within one day to the LPHA or the Missouri Department of Health and Senior Services (DHSS).

The aggregate report form and other forms for reporting influenza-reportable conditions are available at <http://health.mo.gov/emergencies/ert/med/seasonal.php>. A summary of the reported influenza data will be published online each Wednesday beginning on October 12, 2016, through May 24, 2017, at <http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php>. The report includes a weekly summary of influenza activity, county-specific interactive maps, and comprehensive graphs and tables. Questions regarding influenza reporting and surveillance should be directed to DHSS' Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7).

The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. Providers should offer the vaccine as soon as it is available, and continue to offer the vaccine until the vaccine expires. Influenza vaccines have been updated this season to better match circulating viruses. The recommendations of the Advisory Committee on Immunization Practices (ACIP) for the 2016-2017 influenza season are found at http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w (the recommendations are available in PDF format at <http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6505.pdf>). This report includes information on the two recently licensed vaccines and the updated recommendations for persons with egg allergies.

For the 2016-2017 season, CDC and ACIP recommend use of only inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV). Live attenuated influenza vaccine (LAIV) should not be used during the 2016-2017 influenza season. For a list of influenza vaccine products for the 2016-2017 season, visit <http://www.cdc.gov/flu/protect/vaccine/vaccines.htm>. Vaccines for Children (VFC) influenza vaccine is now available to order. If you have any questions regarding VFC vaccine, please contact the VFC Program at 800-219-3224.

The best way to prevent seasonal influenza is to get vaccinated each year. Good health habits like covering your cough and washing your hands can also help prevent the spread of influenza. Tackle the Flu resources are available for your use in educating your patients on the importance of vaccinating against influenza. These resources include a coloring page, posters, a tip card, and a fact sheet. They are available to you at no cost, and can be ordered at <http://health.mo.gov/immunizations>, or by calling 573-751-6124.

Free handwashing posters and other educational materials are also available, and can be ordered at <http://health.mo.gov/living/healthcondiseases/communicable/influenza/whackthefluform.php>, or by calling 573-751-6113.

Rabies in Missouri

Missouri has two reservoirs of rabies virus (bats and skunks) which pose a year-round risk for persons bitten by these animals or by other mammals that might have contracted rabies infection from these reservoir species.

Encounters between bats and people occur during warmer months of the year when people are working or recreating outdoors, bats are active, and their “paths cross.” Encounters also occur during colder months when both bats and people are seeking more comfortable temperatures indoors.

The risk for rabies resulting from an encounter with a bat might be difficult to determine because of the limited injury inflicted by a bat bite, an inaccurate recall of a bat encounter that might have occurred several weeks or months earlier, and evidence that some bat-related rabies viruses might be more likely to result in infection after inoculation into superficial epidermal layers. For these reasons, any direct contact between a human and a bat should be evaluated for an exposure. If the person can be reasonably certain a bite, scratch, or mucous membrane exposure did not occur, or if the bat is available for testing and is negative for rabies virus, post-exposure prophylaxis (PEP) is not necessary. Patients who report a bat in their home should be advised to contact their LPHA or animal control office to learn the best way to have the bat captured and submitted for rabies testing rather than simply releasing the bat to the outdoors. Without a negative test result, the rabies status of a bat found in a home is suspect, which often results in one or more family members receiving PEP.

For additional information on rabies, please see the DHSS Health Advisory, “Rabies Threat in Missouri,” June 2, 2016, at <http://health.mo.gov/emergencies/ert/alertsadvisories/pdf/advisory6216.pdf>, and the DHSS rabies homepage at <http://health.mo.gov/living/healthcondiseases/communicable/rabies/index.php>. Questions regarding rabies and rabies risk assessment of patients following an animal bite should be directed to DHSS’ Office of Veterinary Public Health at 573-526-4780 or 800-392-0272 (24/7).

NEW Tuberculosis Treatment Guidelines

On August 11, 2016, the DHSS’ TB Elimination Program received updated American Thoracic Society/CDC/Infectious Diseases Society of America guidelines for the treatment of tuberculosis.

The American Thoracic Society (ATS), CDC, and the Infectious Diseases Society of America (IDSA) sponsored the development of these new TB treatment guidelines, which have also been endorsed by the European Respiratory Society and the U.S. National Tuberculosis Controllers Association. The guidelines update the previous TB treatment guidelines published by ATS/CDC/IDSA in 2003.

The updated guidelines are available at:

<http://cid.oxfordjournals.org/content/early/2016/07/20/cid.ciw376.full>

These guidelines are also available in PDF format at:

<http://cid.oxfordjournals.org/content/early/2016/07/20/cid.ciw376.full.pdf>

Increase in Reports of Suspected Acute Flaccid Myelitis Cases - 2016

CDC has received an increased number of reports of suspected acute flaccid myelitis (AFM) from May through August 2016. This increase is notable when compared to the same period in 2015. Providers are encouraged to maintain vigilance for cases of AFM among all age groups, and to report known or suspected cases of AFM to their LPHA, or to DHSS at 573-751-6113 or 800-392-0272 (24/7).

To date, no single pathogen has been consistently detected in cerebral spinal fluid (CSF), respiratory specimens, stool, or blood at either CDC or state laboratories. Reporting of cases will help states and CDC monitor the occurrence of AFM and better understand factors possibly associated with this illness. Providers should report suspect cases of AFM, irrespective of laboratory results suggestive of infection with a particular pathogen, to their LPHA or DHSS using the national AFM Patient Summary Form. Copies of spinal cord and brain MRI reports should also be included. Specimens should be collected from patients suspected of having AFM as early as possible in the course of the illness.

Visit <http://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html> for AFM [Case Definitions](#), [Specimen Collection and Submission](#), [Data Collection and Reporting](#) (including the [Acute Flaccid Myelitis: Patient Summary Form](#) and [Instructions for Completing the AFM Patient Summary Form](#)), [Clinical Management of Patients](#), [FAQ for Healthcare Professionals](#), and [References & Resources](#).

Questions should be directed to DHSS’ Bureau of Communicable Disease Control and Prevention at 573/751-6113 or 800/392-0272 (24/7).