

State of the State

January 19, 2018 Presenting To APIC Grand Canyon | Phoenix, AZ Arizona Department of Health Services



STD Surveillance

January 19, 2017

Presenting To APIC Presentation ADHS

Tymeckia Kendall | STD Epidemiologist &

PRISM Database Manager



APIC Presentation Overview

- PRISM-How Data is Collected
- Sexually Transmitted Diseases in Arizona, 2016 Data
- Data for Action
- Treatment Guidelines
- Key MessagesQuestions &
- Questions & Acknowledgements



What is PRISM?

- PRISM is a web based application that can be accessed through the secure Arizona Department of Health Services' Health Services Portal (HSP).
- It stores communicable disease data which can be updated and analyzed as needed.
- PRISM is used for the mandatory AZ reporting for the following diseases:





STDs are present in every Arizona county



Chlamydia Overview





Chlamydia is the most common reportable disease in Arizona. **Women** bear the burden of disease and most likely to be reported as **untreated**. **Women** infected with chlamydia are at risk for developing Pelvic Inflammatory Disease, an extremely painful and expensive disease.

68% of 2016 Chlamydia Cases are in women.









Gonorrhea Overview





Gonorrhea is the second most common reportable disease in Arizona. Due to antimicrobial resistance, there is only one class of medications that can be used to treat gonorrhea.

Of the 78% of the Gonorrhea Cases who received treatment, **16% were improperly treated.**



Untreated gonorrhea infection may lead to serious, irreversible complications such as infertility in men and women, pelvic inflammatory disease (PID), premature delivery, and neonatal blindness in infants born to infected women.







Syphilis Overview





Syphilis rates are increasing in Arizona. There has been a shortage of the primary therapy used to treat syphilis since April 2016.

89% of cases are in men.



In the past five years, there has been an increase in the proportion of cases that were **symptomatic** and **able to spread the disease** to others in Arizona.



In 2016, there were 16 cases of **congenital syphilis**. Most cases of congenital syphilis in Arizona occurred as a result of late or no access to prenatal care.



There were **two** syphilitic stillbirths in 2016.



Case counts and rates for STDs among those aged 10-24 are the highest of all age groups in Arizona. Female adolescents are at a greater risk for developing Pelvic Inflammatory Disease.

The majority of STDs are in persons between the **ages of 10 and 25**.



Repeat infections can put people at risk for more severe health outcomes and comorbidity.



Most STD cases co-infected with HIV are **Men who have Sex with Men.** STD/HIV co-infected cases are **older** than cases that are not co-infected with HIV.

Persons with STDs have similar risk factors as those who develop HIV, so **STD prevention is HIV** prevention.



Chlamydia



Azithromycin 1g orally in a single dose

Or

Doxycycline 100mg orally 2x/day for 7 days Ceftriaxone 250mg IM in a single dose

+

Azithromycin 1g orally in a single dose



Benzathine penicillin G 2.4 million units IM in a single dose

Benzathine penicillin G 2.4 million units IM in 3 doses each at 1 week interval

Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units IV every 4 hours or continuous infusion, for 10-14 days

What can we do to prevent new cases?- EPT

A.R.S. 32-1401.27 and 32-1854 allows physician assistants, nurse practitioners, and allopathic, naturopathic or osteopathic physician to **dispense or** prescribe antimicrobial medications to contacts of patients with certain communicable diseases without performing a physical exam.



https://www.cdc.gov/std/ept/ default.htm

2016 STD Rates in Arizona



*Darker shades indicate higher rates.

Key populations;



Youth have the highest rates of STDs.

STD rates differ by gender.



**MSM = Men who have sex with Men

THANK YOU

Tymeckia Kendall STD Epidemiologist & PRISM

Database Manger

For STD Related Questions, <u>STD@azdhs.gov</u> PRISM HelpDesk, <u>PRISMHelpDesk@siren.az.gov</u>



Health and Wellness for all Arizonans

RSON TKENDALL

Improving outcomes for patients with Rocky Mountain spotted fever

Evaluation of a multi-jurisdictional transfer protocol, 2011-2017

APIC January 19, 2018





RMSF in Arizona



RMSF in Arizona



RMSF in Arizona



Confirmed and probable RMSF cases in Arizona, 2003-2017



*Preliminary

Clinical presentation and treatment

- Symptoms include fever, headache, muscle pain, nausea and vomiting, abdominal pain
- Some cases develop a rash



Clinical presentation and treatment

- Symptoms include fever, headache, muscle pain, nausea and vomiting, abdominal pain
- Some cases develop a rash
- Fatal if not treated
- Treatment = doxycycline





RMSF hospital transfers

• Patients frequently transferred from tribal lands to acute care hospitals in urban areas



RMSF hospital transfers

• Gaps in communication led to doxycycline discontinuation, missed diagnosis



RMSF hospital transfers

 Lack of awareness among providers about unique nature of RMSF in Arizona



RMSF transfer protocol 2012

RMSF transfer protocol 2012



RMSF transfer protocol 2012







RMSF algorithm

• ALL patients from Tribal Lands or transferred from Indian Health Services

• With measureable or subjective fever

• Initiate and/or maintain doxycycline and order RMSF testing.

Evaluation of effectiveness



Improvements in outcomes Continuous doxy through transfer



Before After
Improvements in outcomes Continuous doxy through transfer



Before After

Improvements in outcomes Fatalities



Before

After

Before



Conclusions and Recommendations

- Patient treatment and outcomes improved after implementation of multi-jurisdictional partnership
- IPs play a key role in continuity of doxycycline

Conclusions and Recommendations

- Patient treatment and outcomes improved after implementation of multi-jurisdictional partnership
- IPs play a key role in continuity of doxycycline

Continue to...

- Help recognize suspected RMSF transfers
- Communicate with public health agencies about transfers
- Reach out to county public health organizations with questions

Acknowledgements

- MCDPH
 - Nicole Fowle
 - Mel Kretschmer
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 - Rebecca Sunenshine
 - Tammy Sylvester
- Tribal Partners

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 - Michael Allison
 - Kenneth Komatsu
 - Heather Venkat
 - Hayley Yaglom
- CDC
 - Kris Bisgard
 - Sally Ann Iverson

THANK YOU

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Health and Wellness for all Arizonans



NEW ARIZONA TUBERCULOSIS RULES

Removing a <u>Suspect</u> Case of Infectious Active Tuberculosis from Airborne Infection Isolation in a Health Care Institution



Kristen Herrick, MPH, CHES

Tuberculosis Control Program Manager Kristen.Herrick@azdhs.gov 602-364-3375 January 19, 2018

R9-6-386. Tuberculosis

- A. Case control measures:
 - 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for:
 - a. An individual with infectious active tuberculosis until:
 - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning as soon as possible after the individual awakens from sleep, are negative for acid-fast bacilli;
 - ii. Anti-tuberculosis treatment is initiated with multiple antibiotics; and
 - iii. Clinical signs and symptoms of active tuberculosis are improved;
 - b. A suspect case of infectious active tuberculosis until:
 - At least two successive tests for tuberculosis, using a product and methodology approved by the U.S. Food and Drug Administration for use when making decisions whether to discontinue isolation and airborne precautions, for the suspect case are negative; or
 - At least three successive sputum smears collected from the suspect case as specified in subsection (A)(1)(a)(i) are negative for acid-fast bacilli, anti-tuberculosis treatment of the suspect case is initiated with multiple antibiotics, and clinical signs and symptoms of active tuberculosis are improved; and

Airborne Isolation

— <u>Active</u> TB Case:

- ✓ 3 negative AFB sputum smears
- ✓ TB medication initiated
- ✓ Clinical improvement

Suspect TB Case:

✓ 2 negative FDA-approved tests

OR

 3 negative AFB sputum smears

2016 NTCA and APHL Consensus Statement:

Use of FDA-approved Cepheid Xpert MTB/RIF[®] (Xpert) Nucleic Acid Amplification (NAA) test when making decisions to discontinue airborne infection isolation (A.I.I.) for persons with **suspected**, infectious pulmonary tuberculosis (TB)



http://www.tbcontrollers.org/docs/resources/NTCA_APHL_GeneXpert_Consensus_Statement_Final.pdf

STEP 1.



STEP 2.



LIMITATIONS

- NOT to be used on confirmed TB cases
- NOT to be used to monitor treatment response
- NOT to be used on lab developed NAA tests

- **ONLY** to be used on sputum specimens [and quality matters!]
- **ONLY** to be used for release of A.I.I. in healthcare facilities

WHAT DOES NOT CHANGE

- **Diagnosis** is the same!
 - Collection 3 sputum specimens for AFB smear and culture



http://www.tbcontrollers.org/docs/resources/NTCA_APHL_GeneXpert_Consensus_Statement_Final.pdf

WHAT DOES NOT CHANGE

- **Diagnosis** is the same!
 - Collection 3 sputum specimens for AFB smear and culture

• Use of ASPHL Xpert is not available to release a suspect case from A.I.I.

RESOURCES

- Arizona Communicable Disease Rules (R9-6-386 TB): <u>http://apps.azsos.gov/public_services/Title_09/9-06.pdf</u>
- 2016 NTCA and APHL Consensus Statement: <u>http://www.tbcontrollers.org/docs/resources/NTCA_APH</u> <u>L_GeneXpert_Consensus_Statement_Final.pdf</u>
- Call your local public health TB Control program: <u>http://www.azdhs.gov/preparedness/epidemiology-</u> <u>disease-control/disease-integration-</u> <u>services/index.php#tb-control-contact</u>

Varicella Exposures

January 19, 2018

Presenting To

APIC Grand Canyon's State of the State | Phoenix, AZ

Susan Robinson, MPH | Vaccine Preventable Disease Epidemiologist



Health and Wellness for all Arizonans





o Varicella zosters virus



o Varicella zosters virus

o Airborne and contact



o Varicella zosters virus

o Airborne and contact

- o High-risk complication groups:
 - o Infants
 - o Pregnant women
 - o Immunocompromised



How does varicella affect you?



High Risk Populations



Image by UMHealth System SC BY-NC-SA 2.

High Risk Populations

o Infants

• Pregnant women

olmmunocompromised





possible cases of varicella not reported to public health

possible cases of varicella not reported to public health



possible cases of varicella not reported to public health



63 facilities had at least one case

possible cases of varicella not reported to public health



63 facilities had at least one case

87% were ED visits



Reporting varicella cases to public health is important for proper **follow-up** and **precautions**);c.VERSION="3.3.7",c.TRANSITION_DURATION=15 b.attr("href"),d=d&&d.replace(/.*(?=#[^\s]*\$) et:b[0]}),g=a.Event("show.bs.tab",{relatedTar .closest("li"),c),this.activate(h,h.parent() [0]})})}},c.prototype.activate=function(b,d ind('[data-toggle="tab"]').attr("aria-expande class("in")):b.removeClass("fade"),b.parent(xpanded",!0),e&&e()}var g=d.find("> .active kh?g.one("bsTransitionEnd",f).emulateTransiti ctor=c,a.fn.tab.noConflict=function(){return api",'[data-toggle="tab"]',e).on("click.bs." function(){var d=a(this),e=d.data("bs.affix s.options=a.extend({},c.DEFAULTS,d),this.\$t ick.bs.affix.data-api",a.proxy(this.checkPos tion()};c.VERSION="3.3.7",c.RESET="affix aff .scrollTop(),f=this.\$element.offset(),g=thi this.unpin<=f.top)&&"bottom":!(e+g<=a-d)&&"</pre> m"},c.prototype.getPinnedOffset=function() get.scrollTop(),b=this.\$element.offset() y(this.checkPosition_thic)_d))

New Tool



THANK YOU

Susan Robinson | Vaccine Preventable Disease Epidemiologist <u>Susan.Robinson@azdhs.gov</u> | 480-435-3929

azhealth.gov

🔽 @azdhs

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Health and Wellness for all Arizonans

Norovirus Outbreak Detection and Management in Long-term Care



Ginny De La Cruz, MS | Enteric Disease Investigator Arizona Department of Health Services
What is Norovirus?



Image courtesy NoroCORE Lab, NCSU

- Short incubation period (average 30 hours)
- Very contagious
- Causes acute gastroenteritis
- spreads through the fecal-oral route

How far can vomit travel through the air?

A.Up to 2 feet
B.Up to 5 feet
C.Over 10 fe
D.Not as far as
I can

What is the infectious dose of norovirus?

A.<20 viral particles



- B.50-100 viral particles
- C.100-1,000 viral particles
- D.> 1,000 viral particles

Norovirus: Take home message



Healthcare facilities are the most common settings for outbreaks in Arizona.



Most outbreaks in healthcare facilities are due to GI illness.



Among GI illnesses, norovirus is the most common cause of outbreaks reported in long-term care facilities in AZ.



Suspect an outbreak?





Prompt Reporting

Less than or equal to 2

Slight delay

More than 2 weekdays but within

Major delay

More than 7 weekdays

Next Steps



Create a line list



Continued Surveillance



Specimen collection

Infection Control Measures



Which of the following is effective at killing norovirus?

A.Any type of cleans

- B.Bleach
- C.Ammonia
- D.Hot water



1 and 1/3 cup

Thank you!

Ginny De La Cruz, MS | Enteric Disease Investigator Ginny.Delacruz@azdhs.gov | 602-364-4693

azhealth.gov





Additional Resources

- <u>AZDHS Norovirus Detection and</u> <u>Management; Guidance for long-term</u> <u>care facilities</u>
- <u>CDC Healthcare Associated</u> <u>Infections: Norovirus</u>
- For more information or questions email Food@azdhs.gov



Updates

January 19th, 2017

APIC State of the State

Amy Lai



2017 MEDSIS Updates

• Opioid overdose related events reporting in MEDSIS.

If your facility would like to report through MEDSIS, please contact the MEDSIS Help Desk at medsishelpdesk@siren.az.gov

• Insurance Table

- a. Introduced in May, 2017!!
- Insurance table available during New Case Entry, users can provide additional insurance information for public health follow-up.



MEDSIS Liaisons List

Welcome to MEDSIS						
Please note: MEDSIS will be unavailable every Thursday evening from 6pm to 7pm for scheduled maintenance.						
For assistance, please email the MEDSIS Help Desk at: medsishelpdesk@siren.az.gov						
Reminder: If you are e-mailing patient information (including screenshots), you should send e-mails from your HSP/SIREN e-mail account to the MEDSIS Help Desk to ensure patient confidentiality.						
View non-TB MEDSIS Liaisons						
Home Cases Reports and Extracts Batch Process Case ID Lookup						
If you would like to access this extract again, open the following link: (This link will be available for 24 hours) http://medsisprod.health.azdhs.gov/medsis/ex/5ebcxng4jb						
	Export as PDF Export as Text (tab-delimited) Export as CSV (Open in Excel)					
	MEDSIS Liaisons					
	Organization	Program	Person Name	Phone Number	Email Address	Address
	APACHE COUNTY	Communicable Disease	Cleta Keller	(928) 333-2415 x6502	ckeller@co.apache.az.us	, AZ US
	COCONINO COUNTY	Communicable Disease	Marette Gebhardt	(928) 679-7375	mgebhardt@coconino.az.gov	, AZ US
	COCONINO COUNTY	Communicable Disease	Matthew Maurer	(928) 679-7332	mmaurer@coconino.az.gov	, AZ US
	GILA COUNTY	Communicable Disease	Ginnie Scales	(928) 402-8802	gscales@gilacountyaz.gov	, AZ US
	GILA COUNTY	Communicable Disease	Sharon Listiak	(928) 402-4334	slistiak@gilacountyaz.gov	AZ



MEDSIS Announcement





2017 MEDSIS IPs Meetings

• 4 workgroup meetings were held in 2017.

- The 2018 MEDSIS Healthcare User Workgroups
 - a. Will be scheduled in the next few weeks.

If you are interested in providing feedback and helping with the prioritization of future enhancements or fixes, please e-mail the MEDSIS Help Desk at

medsishelpdesk@siren.az.gov



What's next for 2018?

- More enhancements to improve the case reporting workflow in MEDSIS
 - Update Primary Language list
 - Allowing healthcare reporter (DEs) to update previously entered cases



Arizona Department of Health Services



Healthcare-Associated Infections

Hospital XXXX

2017 Quarter 1: January 1- March 31, 2017

ADHS TAP reports

Rachana Bhattarai / HAI Epidemiologist

NHSN Data for action: Targeted Assessment for Prevention (TAP)



TAP Strategy



Target facilities using TAP Report function available in NHSN

Assess gaps in infection prevention in targeted facilities/units using Facility Assessment Tools

Implement interventions to address the gaps in infection prevention using implementation guidance

https://www.cdc.gov/hai/prevent/tap.html

Who will receive the report?



Target healthcare facilities with an excess burden of HAIs







CAUTI Catheter-associated urinary tract infections







Central line-associated bloodstream infections



Statistics at a glance





Resources





Toolkits



Evidence-Based Guidelines

Appendix

	Observed	Predicted	Facility	2020 HHS		SIR Rank in
	Infections	Infections	SIR*	SIR Goals**	CAD***	Arizona****
CDI	20	14.4	1.4	0.7	9.9	40
MRSA	1	2.2	0.5	0.5	-0.1	7
CLABSI	5	3.2	1.6	0.5	3.4	24
CAUTI	7	4.9	1.4	0.75	3.3	29

2015 National Healthcare-Associated **Infection Data Report**

Page 1 of 5

NATIONAL

ACUTE CARE HOSPITALS

Healthcare-associated infections (HAIs) are infections patients can get while receiving medical treatment in a healthcare facility. Working toward the elimination of HAIs is a CDC priority. The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time; lower SIRs are better. The infection data are reported to CDC's National Healthcare Safety Network (NHSN). HAI data for nearly all U.S. hospitals are published on the Hospital Compare website. This report is based on 2015 data, published in 2017 and uses the 2015 Baseline and risk-adjusted models.

CLABSIS

2015

When a tube is placed in a large vein and not put in correctly or kept clean, it can become a way for germs to enter the body and cause deadly infections in the blood.

Among the 2,328 hospitals with enough data to calculate an SIR: 11% had an SIR significantly higher (worse) than 0.994,

- the value of the national SIR
- 11% had an SIR significantly lower (better) than 0.994, the value of the national SIR

CAUTIS

When a urinary catheter is not put in correctly not kent clean. or left in a patient for too long, germs can travel through the catheter and infect the bladder and kidneys.

- Among the 2,597 hospitals with enough data to calculate an SIR: 12% had an SIR significantly higher (worse) than 0.993. the value of the national SIR
 - 11% had an SIR significantly lower (better) than 0.993, the value of the national SIR

VAEs

VENTILATOR-ASSOCIATED EVENTS

When a medical problem makes it hard or impossible for a patient to breathe on their own, they may be placed on a special breathing machine called a ventilator to save their life. This usually involves placing a tube in the patient's airway, and attaching the tube to the ventilator. Patients on ventilators are usually very sick, and they can develop problems related to their illness or related to being on a ventilator. This includes infections such as pneumonia or other problems such as fluid buildup in the lungs.

Among the 1,373 hospitals with enough data to calculate an SIR:

- 19% had an SIR significantly higher (worse) than 1.000, the value of the national SIR
- 26% had an SIR significantly lower (better) than 1.000. the value of the national SIR



THIS REPORT IS BASED ON 2015 DATA, PUBLISHED IN 2017, AND USES THE 2015 BASELINE AND RISK-ADJUSTED MODELS

SSIs

SURBICAL SITE INFECTIONS See pages 3-5 for additio When germs get into an area where surgery is or was performed, patients can get a surgical site infection. Sometimes these infections involve only the skin. Other SSIs can involve tissues under the skin. organs, or implanted material

SSI: Abdominal Hysterectomy

- Among the 614 hospitals with enough data to calculate an SIR: 5% had an SIR significantly higher (worse) than 1.003, the value of the national SIR
- 1% had an SIR significantly lower (better) than 1.003. the value of the national SIR

SSI: Colon Surgery

- Among the 1,811 hospitals with enough data to calculate an SIR:
- 8% had an SIR significantly higher (worse) than 0.999, the value of the national SIR
- 4% had an SIR significantly lower (better) than 0.999. the value of the national SIR

C. DIFFICILE EVENTS

LABORATORY-IDENTIFIED HOSPITAL-ONSET C. DIFFICILE EVENTS When a person takes antibiotics, good bacteria that protect against infection are destroyed for several months. During this time, patients can get sick from Clostridium difficile (C. difficile). bacteria that cause potentially deadly diarrhea, which can be spread in healthcare settings.

- Among the 3,159 hospitals with enough data to calculate an SIR
- 14% had an SIR significantly higher (worse) than 0.993, the value of the national SIR
- 15% had an SIR significantly lower (better) than 0.993. the value of the national SIR

MRSA BACTEREMIA

Methicillin-resistant Staphylococcus aureus (MRSA) is bacteria usually spread by contaminated hands. In a healthcare setting, such as a hospital MRSA can cause serious bloodstream events.

- Among the 1,839 hospitals with enough data to calculate an SIR: 8% had an SIR significantly higher (worse) than 0.998,
 - the value of the national SIF 4% had an SIR significantly lower (better) than 0.998,
 - the value of the national SIR

NATIONAL

ACUTE CARE HOSPITALS

Page 2 of 5

Healthcare-associated infection (HAI) data give healthcare facilities and public health agencies knowledge to design, implement, and evaluate HAI prevention efforts.

2015

2015 DATA						
	#HOSPITALS Reporting [.]	201				
NALITPE		MINIMUM	MEDIAN	MAXIMUM	NAT'L SIR	
CLABSI	3,550	0.000	0.868	2.440	0.994	
CAUTI	3,658	0.000	0.872	2.369	0.993	
VAE	1,828	0.000	0.791	2.838	1.000	
SSI, Abdominal Hysterectomy	3,029	0.000	0.777	2.656	1.003	
SSI, Colon Surgery	3,140	0.000	0.823	2.631	0.999	
C. difficile Events	3,634	0.000	0.928	1.842	0.993	
MRSA Bacteremia 3,616		0.000	0.827	2.671	0.998	

*The number of hospitals that reported to NHSN and are included in the SIR calculation. This number may vary across HAI types; for example, some hospitals do not use central lines, urinary catheters, or ventilators, or do not perform colon or abdominal hysterectomy surgeries

These data represent the distribution of all hospital SIRs for each HAI type. The lowest facility SIR is represented by the "minimum", and the highest facility SIR is the um". The median represents the middle of the distribution; half of all facilities fall below (and above) this SIR value. Distributions are only calculated least 20 hospitals had enough data to calculate an SIR.

For additional data points, refer to the technical data tables at www.cdc.gov/hai/progress-report/

LEARN HOW YOUR HOSPITAL IS PERFORMING. www.medicare.gov/hospitalcompare

THIS REPORT IS BASED ON 2015 DATA, PUBLISHED IN 2017, AND USES THE 2015 BASELINE AND RISK-ADJUSTED MODELS

CDC

FOR ADDITIONAL INFORMATION

- 2015 HAI Data Report: www.cdc.gov/hai/progress-report
- NHSN: www.cdc.gov/nhsn
- Preventing HAIs: www.cdc.gov/hai
- For more information on the 2015 Baseline and risk
- The new SIR Guide: https://www.cdc.gov/nhsn/pdfs/ ps-analysis-resources/nhsn-sir-guide.pdf

https://www.cdc.gov/hai/surveillance/data-reports/2015-HAI-data-report.html

2015 State Healthcare-Associated Infection Data Report

2015 DATA							
ΗΑΙ ΤΥΡΕ	# Hospitals Reporting	2015 State SIR	2015 State SIR vs. National SIR	2015 National SIR			
CLABSI	66	0.849 (0.772 – 0.931)	4 15%	0.994			
CAUTI	66	0.891 (0.811 – 0.978)	4 10%	0.993			
VAE	32	1.412 (1.292 – 1.541)	11%	1.000			
SSI, Abdominal Hysterectomy	53	1.015 (0.735 – 1.369)	1%	1.003			
SSI, Colon Surgery	58	1.336 (1.160 – 1.532)	1 34%	0.999			
C. <i>Difficile</i> Events	68	0.984 (0.943 – 1.027)	↓ 1%	0.993			
MRSA Bacteremia	67	1.031 (0.884 – 1.196)	☆ 3%	0.998			

Questions

Please feel free to contact the HAI Program (hai@azdhs.gov)

- Clancey Hill
 - <u>Clancey.Hill@azdhs.gov</u>
- Catherine Golenko
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- Rachana Bhattarai
 - Rachana.Bhattarai@azdhs.gov

Arizona Influenza Activity Update

January 19, 2018 Presenting to APIC Grand Canyon's Annual State of the State Phoenix, AZ

Rebecca Bridge, MPH | Influenza Epidemiologist



Find out **when** and where influenza activity is occurring...

This past week there were 2,158 laboratory confirmed cases, over 1,800 more cases compared to the same week last season.There have been a total of nearly 13,000 more cases to date this season compared to last season.



Week of Report
Activity Levels Across Seasons



Find out when and **where** influenza activity is occurring...

Case Counts

< 200

Apache, Greenlee, La Paz, Santa Cruz

200-500

Cochise, Coconino, Gila, Graham, Navajo

500-1,000

Mohave, Yuma

≥1,000

Maricopa, Pima, Pinal, Yavapai



Rate per 100,000



Track trends in disease activity and identify the populations most affected...

A larger percentage of individuals 50 years and older are being affected by influenza this 2017–2018 season compared to the average of the five previous seasons.



Determine what influenza viruses are circulating...

For the season, 91% were type A and 8% were type B.



93% of subtyped cases this season were influenza A (H3).

Influenza A (H1N1) pdm09

Influenza B/Victoria

Influenza A (H3)

Influenza B/Yamagata

In the past week, 218 (97%) of 225 specimens tested positive for influenza at ASPHL: 7 influenza A (HINI) pdm09 viruses, 193 influenza A (H3) viruses, 6 influenza B/Victoria viruses and 12 influenza B/Yamagata viruses.



Culture/PCR Testing Conducted at the Arizona State Public Health Laboratory, 2017–2018

Influenza-like Illness (ILI) Surveillance

Fever and Cough or Sore Throat

Outpatient ILI surveillance



Week Ending Date

Assess the intensity of influenza activity and monitor the impact on health...

10% of Emergency Room visits are ILI in the past week compared to 3% for the same week in the 2016–2017 season.



Week

7% of Hospitalizations (inpatient admissions) are ILI in the past week compared to 1% for the same week in the 2016–2017 season.



In Arizona, 9% of visits in the past week were ILI, compared to 5% nationally.



Week

This season, there have been three influenzaassociated pediatric deaths.



Influenza A (subtype unknown) 2009 H1N1 Influenza Influenza A (H3) Influenza B

Pneumonia & Influenza Mortality



Photo by CDC

Reconce.

20

For more information visit our website at azhealth.gov/flu

Subscribe to the flu report directly at <u>azhealth.gov/email</u>

azdhs.gov/preparedness/epidemiology-disease-control/flu/index.php

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Español Gripa

Vaccine

Flu Basics

Flu & RSV Reports

Pandemic Flu

H3N2v – Variant Viruses

Avian Flu

Healthcare Professionals

Schools & Childcare Facilities

Special Populations

Home, Family & Work

Additional Resources

Infectious Diseases A-Z

Communicable Disease Reporting>

Disease Data, Statistics & Reports >

Disease Investigation Resources >

Legal Requirements

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- IOTHO

- Wishing you a healthy and happy holiday season
 - Why I got my influenza shot
 - To locate a flu shot clinic near you, visit 2-1-1 Arizona, Stop the Spread AZ, or call 211 within Arizona or toll free 1-877-211-8661 from anywhere. Learn more about the six ways to get your flu shot.
 - Information on Influenza A (H3N2) Variant Viruses ("H3N2v") in the U.S.



Find a flu shot location and learn more about available vaccines.



Learn about symptoms, how the flu spreads, and how to protect yourself.



Access the latest flu data and surveillance reports for Arizona.



Arizona is prepared to respond to the next worldwide flu outbreak.



Healthcare Professionals



Resources available for healthcare professionals and facilities.



Schools & Childcare Facilities



Latest info for schools and childcare facilities.



Special Populations



Find out if you are at higher risk for developing flu-related complications.



Home, Family, & Work



How to prepare yourself, family, and business for flu season.



Press Releases

() www.azdhs.gov/director/public-information-office/index.php#news-release-010518

	HOME	AUDIENCES	TOPICS	DIVISIONS	A-Z INDEX		Google Custom Search	
	Public Information Office ADH5 Home / Director's Office / PIO - News Release - 010518							
	Home News Releases		News Release For Immediate Release: January 05, 2018					
	Director's Blog		Media Contact Chris J. Minnick Mobile 480.745.5825 Widespread Influenza Activity Causing Long Wait Times at Emergency Rooms Statewide ADHS Advises Everyone to Get Vaccinated Immediately					
	Join the Conversation Additional Resources							
	Publications		 PHOENIX – Influenza activity is at record levels in Arizona and there are several hospitals statewide experiencing long emergency room wait times due to the increased number of sick Arizonans. After consulting with healthcare and public health partners, the Arizona Department of Health Services is advising ill people to only seek emergency medical care if they are at high risk for serious complications or are experiencing severe symptoms. "Influenza is a very serious illness, so if you're at high risk or have symptoms such as difficulty breathing, chest pain, dizziness, confusion, persistent vomiting, cannot drink fluids, or have flu like symptoms that improve but then return with fever or worse cough, seek emergency medical care immediately," said Dr. Cara Christ, director of the Arizona Department of Health Services. People at high risk of serious complications from influenza are: Children younger than 5 years old Adults aged 65 and older People with chronic disease, especially heart and lung disease People with immunosuppression, including that caused by medications or by HIV infection Women who are pregnant or postpartum (within 2 weeks after delivery) People younger than 19 years who are receiving long-term aspirin therapy American Indians/Alaska Natives 					
	Population Health & Vital Statistics							
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People with extreme obesity

THANK YOU

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Health and Wellness for all Arizonans