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C

ommunicable Disease Update

JULY 2019

CDC UPDATES TB RECOMMENDATIONS FOR HEALTH CARE WORKERS

Annual TB rates in the United States have declined substantially during the past nearly three decades, according to CDC data, with the 2017 rate dipping to 2.8 per 100,000 population—a 73% decrease from 1991, when the rate was 10.4 per 100,000, and a 42% dip from 2005's rate of 4.8 per 100,000.

Additionally, surveillance data reported to the agency from 1995 to 2007 showed that TB incidence rates among health care personnel were similar to those in the general population, raising questions about the cost-effectiveness of routine serial occupational testing.

Furthermore, a recent retrospective [cohort study](#) of about 40,000 health care workers at a tertiary U.S. medical center in a low TB-incidence state found an extremely low rate of tuberculin skin test conversion (0.3%) during 1998-2014, with only a limited proportion attributed to occupational exposure.

Finally, [previous research](#) has suggested that interferon-gamma release assays and TSTs are limited in their ability to serially test health care personnel who are at low risk for latent TB infection and the disease.

These collective findings led the CDC and the National TB Controllers Association to update its “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005”. The new guidance was published in a [Morbidity and Mortality Weekly Report](#) released May 17.

The updated health care personnel recommendations now call for:

- Baseline (preplacement) TB screening with an individual risk assessment and symptom evaluation at baseline for all personnel;
- TB testing with an IGRA or a TST for personnel who have a known exposure to TB and who have no documented prior TB disease or LTBI;

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- No routine serial TB testing at any interval after baseline in the absence of a known exposure or ongoing transmission;
- Symptom evaluation and chest radiograph for all personnel with a newly positive test result, with follow-up as indicated;
- Encouraging treatment for all personnel with untreated LTBI, unless treatment is contraindicated;
- Annual symptom screening for personnel with untreated LTBI; and
- Annual TB education for all health care personnel.

Reprinted from AAFP News, “[CDC Updated TB Recommendations for Health Care Workers](#),” May 22, 2019.

CDC has developed [supporting resources and tools](#) including “Frequently Asked Questions” and “Baseline Individual TB Risk Assessment Form.”



ELIMINATING STIGMA RELATED TO TUBERCULOSIS

TB stigma refers to negative beliefs, feelings, and attitudes toward people living with TB, their families, and people who work with them. PHMDC is committed to eliminating this stigma. Simple steps, such as using language that does not contribute to stigma, can empower and encourage people with TB in their treatment. PHMDC’s language guide, “Talk About TB,” highlights some tips to keep in mind when talking about TB.

Acute & Communicable Disease Reports for 2018

For Wisconsin case definitions, see individual diseases:
Diseases and Conditions | Wisconsin Department of Health Services

DISEASE	DANE COUNTY	
	2018	2017
Acute flaccid myelitis	1	0
Anaplasmosis	11	11
Arboviral illness, flavivirus	2	0
Babesiosis	0	4
Blastomycosis	4	4
Botulism	0	0
Blue-green algae (cyanobacteria) & cyanotoxin**	2	na
Brucellosis	0	0
Campylobacteriosis	139	140
Carbapenemase producing CRE**	4	na
Chikungunya	0	2
Chlamydia	2731	2620
Coccidioidomycosis	2	2
Cryptosporidiosis	53	62
Cyclosporiasis	18	1
Dengue	2	8
E. coli, shiga toxin-producing	46	23
Ehrlichiosis	3	3
Ehrlichiosis/anaplasmosis undetermined	5	0
Elizabethkingia	0	0
Giardia	72	76
Gonorrhea	691	598
Haemophilus influenzae invasive disease	7	12
Hemolytic uremic syndrome	0	0
Hepatitis A	0	4
Hepatitis B*	57	65
Hepatitis C*	154	205
Hepatitis D	1	1
Hepatitis E	0	0
Histoplasmosis	1	2
HIV/AIDS	29	25
Influenza A, novel subtype	0	0
Influenza-associated hospitalization	600	438
Jamestown Canyon virus	0	2
LaCrosse encephalitis	0	1
Legionellosis	34	14
Leptospirosis	0	1
Listeriosis	0	1
Lyme Disease	102	177
Malaria	4	3
Meningitis, bacterial other	15	16
Meningococcal disease	0	0
Mumps	8	3
Pelvic inflammatory disease	2	8
Pertussis	43	43
Q fever	0	1
Rocky Mountain Spotted Fever	5	2
Salmonella	92	102
Shigella	15	18
Streptococcal disease, invasive, Group A	23	25
Streptococcal disease, invasive, Group B	32	29
Streptococcal disease, invasive, pneumococcal	31	31
Syphilis, primary or secondary	26	22
Syphilis, non-primary or secondary	56	47
Tetanus	0	1
Toxic shock syndrome	0	0
Toxoplasmosis	0	0
Transmissible spongiform encephalopathy	0	4
Tuberculosis	7	10
Tuberculosis, latent infection**	249	226
Typhoid fever	2	0
Typhus fever	1	0
Varicella	15	20
Vibriosis, non-cholera	4	2
West Nile virus infection	8	8
Yersiniosis	1	3
Zika virus	0	1

*Includes newly reported carriers
**Reportable as of July 2018

INCREASE IN LEGIONNAIRES' DISEASE

The Wisconsin Division of Public Health (WDPH) is reporting a statewide increase in people diagnosed with Legionnaires' disease. In Dane County, seven cases of Legionnaires' disease have been reported so far in 2019, with three of these reported in July.

Testing for Legionnaires' disease is recommended for patients with pneumonia who:

- Have failed outpatient antibiotic therapy for community-acquired pneumonia
- Have severe illness, such as those requiring admission to the intensive care unit
- Are immunocompromised
- Have traveled away from their home within 14 days before illness onset
- Have a known or possible exposure to Legionella (for example, during an outbreak)
- May have healthcare-associated pneumonia (onset 48 hours or more after admission)

WDPH strongly encourages health care providers to order both a urinary antigen test and culture of lower respiratory secretions for Legionnaires' disease. Culture may allow detection of species and serogroups of *Legionella* other than *Legionella pneumophila* serogroup 1, which is the only organism detected in the urinary antigen test. *Legionella* culture must be specifically ordered, *Legionella* will not grow on standard media used for routine respiratory cultures.

For more information, please refer [WDPH's recent memo](#) and the Provider Resources section of their [Legionella website](#).

Acute & Communicable Disease Summary for April - June 2019

Below is a preliminary listing of the acute and communicable diseases reported to Public Health Madison & Dane County (PHMDC) during April - June, 2019 and April - June, 2018 for comparison. Data are based on reports received by PHMDC. These numbers are not a complete picture of communicable diseases in Dane County; some infections may not have been reported yet and some are never reported. If a disease is not listed, there were no reports in this quarter for this year or last year. A list of reportable diseases can be found [here](#).

REPORTABLE COMMUNICABLE DISEASES IN DANE COUNTY

DISEASE	NUMBER OF CASES	
	2nd Q 2019	2nd Q 2018
Anaplasmosis	3	7
Arboviral illness, flavivirus	0	1
Blastomycosis	1	0
Borreliosis, <i>Borrelia miyamotoi</i>	0	1
<i>Campylobacter</i>	31	32
Carbapenemase producing carbapenem-resistant Enterobacteriaceae	0	3
Chlamydia	700	641
Coccidioidomycosis	0	1
<i>Cryptosporidium</i>	6	13
Cyclosporiasis	0	9
<i>E. coli</i> , enteropathogenic	0	2
<i>E. coli</i> , enterotoxigenic	0	1
<i>E. coli</i> , Shiga toxin-producing	17	7
Ehrlichiosis	2	2
Elizabethkingemia	0	1
<i>Giardia</i>	12	11
Gonorrhea	192	147
Hepatitis B	19	14
Hepatitis C	44	55
Histoplasmosis	1	1
Influenza-associated hospitalization	68	76
<i>Legionella</i>	2	4
Listeriosis	1	0
Lyme Disease	17	26
Malaria	0	2
Meningitis, bacterial other	0	6
Mumps	1	1
Pelvic inflammatory disease	1	0
Pertussis (confirmed & probable)	2	6
Q fever	1	0
Rocky Mountain spotted fever	2	3
<i>Salmonella</i>	23	21
<i>Shigella</i>	9	5
<i>Streptococcus</i> , Group A invasive disease	5	8
<i>Streptococcus</i> , Group B invasive disease	13	10
<i>Streptococcus pneumoniae</i> invasive disease	15	8
Syphilis, primary or secondary	3	3
Syphilis, non-primary or secondary	9	13
Toxoplasmosis	1	0
Tuberculosis	4	2
Tuberculosis, latent infection	98	66
Typhoid fever	0	1
Typhus fever	1	0
Varicella	6	5
Vibriosis, non-cholera	1	0
Yersiniosis	3	1

In May 2019, CDC and the National TB Controllers Association issued

TUBERCULOSIS

TESTING



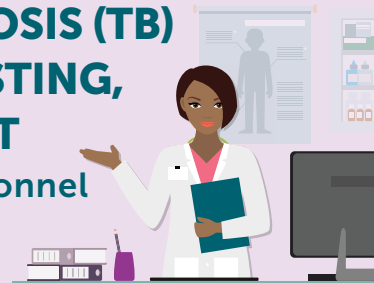
TREATMENT



OF U.S. HEALTH CARE PERSONNEL

UPDATED RECOMMENDATIONS FOR TUBERCULOSIS (TB) SCREENING, TESTING, AND TREATMENT

for health care personnel in the United States.



What are the updated recommendations?

Before starting a new job in a health care setting, all workers and volunteers should receive



TB individual risk assessment



Symptom screening



TB test

An annual TB test is not recommended unless there is a known exposure or ongoing transmission.

All health care personnel should receive TB education every year.

Treatment for latent TB infection (LTBI) is strongly encouraged for health care personnel diagnosed with LTBI.

Shorter treatment regimens should be used.



Who is affected by the new recommendations?

Individuals who work or volunteer in health care settings



Health care settings include

- Inpatient and outpatient settings
- Laboratories
- Emergency medical services
- Medical settings in prisons or jails
- Home-based health care settings
- Long-term care facilities



What if my state's regulations are different?

Follow your state's guidance.



For TB regulations in your area, please contact your state or local TB control program.



Where can I get more information?

www.cdc.gov/tb



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

TALK ABOUT TB



What is stigma?

TB stigma refers to negative beliefs, feelings, and attitudes toward people living with TB, their families, and people who work with them



What can we do?

- Use language that does not contribute to stigma
- Develop genuine relationships with clients to ensure they feel welcome and safe
- Participate in trainings and discussions around stigma and the use of language
- Practice compassionate communication, using people-first language



How can we use patient centered language?

- Ask questions!
- “What language do you use to describe yourself?”
- “What does TB mean to you?”
- “Tell me about where you live or spend your time.”



Why use people-first language?

- Put the word “person” first, before the disability or condition
- Emphasize that they are being referred to as people, not just diagnoses or disabilities

Say this...	...Not this
✓ Person/client living with TB	✗ TB client
✓ People experiencing homelessness	✗ Homeless
✓ Person with a disability	✗ Disabled person
✓ People living with HIV	✗ HIV infected

TALK ABOUT TB



Why avoid stigmatizing language?

Language can empower and encourage people with TB in their treatment. It can also contribute to stigma, fear, and anxiety.

TIPS TO AVOID USING LANGUAGE THAT CONTRIBUTES TO TB STIGMA

