



A Message from the Commissioner of Health

To bring you timely and important clinical information, we are issuing a special edition of our health care provider newsletter. Take a look and if you have any questions or concerns, please let us know.

Thank you for all you do in keeping our community protected from illness. Remember we are here to support you in your efforts.

— Michael J. Nesheiwat, MD

Clinical Bulletin

Concerning Our Health ■ Special Edition ■ Summer 2019

Beware: Bad Flu Season May Be Ahead!

If the flu numbers in Australia this season are an accurate indication, it looks to be quite a severe upcoming flu season here in the United States. In May, there were already 40,000 confirmed influenza cases—triple the usual number seen at that point in Australia’s flu season, which usually runs through September. ProMED mail, the internet-based reporting system for rapid global dissemination of outbreak information, put these numbers into perspective, reporting that in comparison 58,000 cases were recorded for the entire previous flu season in Australia.

Doctors in the U.S. are being advised to get their vaccine orders in early. Practitioners are additionally urged to continue to educate patients about the seriousness of the flu and vaccinate everyone 6 months and older each year. Studies have shown that individuals are more likely to get vaccinated when the recommendation comes from their physician. Community-wide vaccination and immunity levels are typically low following a relatively mild flu season, such as the previous season in the U.S.

New law eliminates non-medical exemptions for required vaccines for school-aged children

Religious exemptions for required childhood vaccinations are no longer allowed if a child is attending day care, or a public, private or parochial school. The recent law passed in June applies to students in pre-kindergarten through 12th grade, and includes students who receive special education services as well. Two immunization deadlines exist for children attending this fall:

- ▶ **Within 14 days of the first day** of school or day care, children must receive the first age-appropriate doses in each immunization series, according to the recommended Advisory Committee on Immunization Practices (ACIP) schedule from the Centers for Disease Control and Prevention (CDC).
- ▶ **Within 30 days of the first day** of school or day care, parents or guardians must show they have appointments for all required follow-up doses.

The CDC’s ACIP catch-up immunization schedule is available here: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

For children receiving special education services with valid medical exemptions, the U.S. Department of Education has issued guidance for schools to

ensure against discrimination based on a disability. Information is available here: <https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-measles-201503.pdf>

Guidelines for medical exemptions remain the same.

The following list of conditions are commonly—but incorrectly—perceived as contraindications or precautions for administration of most vaccines. **These are not medical exemptions.** You may still vaccinate in these situations:

- ▶ Signs of mild acute illness with or without fever
- ▶ Lack of previous physical examination in well-appearing person
- ▶ Current antimicrobial therapy^(a)
- ▶ Convalescent phase of illness
- ▶ Preterm birth (hepatitis B vaccine is an exception in certain circumstances)^(b)
- ▶ Recent exposure to an infectious disease
- ▶ History of penicillin allergy, other nonvaccine allergies, relatives with allergies, or receiving allergen extract immunotherapy
- ▶ History of GBS^(c)

^(a) Antibacterial drugs might interfere with Ty21a oral typhoid vaccine, and certain antiviral drugs might interfere with varicella-containing vaccines and LAIV4.

^(b) Hepatitis B vaccination should be deferred for infants weighing <2,000 g if the mother is documented to be HBsAg negative. Vaccination should commence at chronological age 1 month or at hospital discharge. For infants born to HBsAg-positive women, hepatitis B immune globulin and hepatitis B vaccine should be administered within 12 hours after birth, regardless of weight.

^(c) An exception is Guillain-Barré syndrome within 6 weeks of a dose of influenza vaccine or tetanus-toxoid-containing vaccine, which are precautions for influenza vaccines and tetanus-toxoid containing vaccines, respectively.

MEASLES UPDATE....As of July 24, no measles cases have been confirmed in Putnam. Confirmed case counts in surrounding areas are:

New York City	637 (as of July 22)
Rockland	282
Orange	55
Westchester	18
Sullivan	14
Suffolk	1
Greene County	1

For more information on valid vaccine contraindications: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.pdf>

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Health Care Personnel: New CDC recommendations for tuberculosis screening, testing and treatment

Health care personnel (HCP) were historically at increased risk for latent tuberculosis infection (LTBI) and tuberculosis (TB) disease from occupational exposures, and as a result, annual routine screening was recommended in medium and higher risk health care settings. Recent data has shown that TB rates have declined significantly resulting in a 73 percent decrease from 10.4 per 100,000 in 1991 to 2.8 per 100,000 in 2017.

New recommendations have been formulated by the Centers for Disease Control and Prevention (CDC) and are being incorporated into public health law by the New York State Department of Health. Given the current nationwide shortage of TB skin test antigen, these recommendations are timely and summarized below:

Comparison of 2005* and 2019† recommendations for TB screening and testing of U.S. health care personnel

Category	2005 Recommendation	2019 Recommendation
Baseline (preplacement) screening and testing	TB screening of all HCP, including symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI.	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI (unchanged) ; individual TB risk assessment (new) .
Postexposure screening and testing	Symptom evaluation for all HCP when exposure is recognized. For HCP with baseline negative TB test and no prior TB disease or LTBI, perform test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure.	Symptom evaluation for all HCP when an exposure is recognized. For HCP with baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure (unchanged) .
Serial screening and testing for HCP without LTBI	According to health care facility and setting risk assessment. Not recommended for HCP working in low-risk health care settings. Recommended for HCP working in medium-risk health care settings and settings with potential ongoing transmission.	Not routinely recommended (new) ; can consider for selected HCP groups (unchanged) ; recommend annual TB education for all HCP (unchanged) , including information about TB exposure risks for all HCP (new emphasis) .
Evaluation and treatment of positive test results	Referral to determine whether LTBI treatment is indicated.	Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated (new) .

Abbreviations: IGRA = interferon-gamma release assay; TST = tuberculin skin test.

* Jensen PA, Lambert LA, Iademarco MF, Ridzon R. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR Recomm Rep* 2005;54 (No. RR-17). <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>

† All other aspects of the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005 remain in effect, including facility risk assessments to help guide infection control policies and procedures.

Source: Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *MMWR Morb Mortal Wkly Rep* 2019;68:439–443. DOI: <http://dx.doi.org/10.15585/mmwr.mm6819a3>