Nursing homes participate in Annual Statement of Capabilities & Needs

Local nursing homes recently participated in the Georgia Division of Emergency Preparedness and Response Annual Statement of Capabilities and Needs (ASCN). The ASCN assessment is designed to identify strengths and weaknesses in a facility’s overall emergency preparedness planning and response efforts. The ASCN is patterned after the tool successfully used with hospitals over the past six years. Nursing homes that participated were rewarded with a variety of emergency response equipment ranging from Southern-Link radios to inflatable slides. Emergency equipment purchases will help nursing home facilities communicate with responders during a disaster and aid in the care of individuals if services or facilities are impaired. Participation in educational and training events helps everyone understand their role during a disaster.

As a reminder, all nursing home organizations should update their facility information in SAFENET periodically. Also, there will be a one day conference “Are You Ready to Respond?” 2011 Long Term Care Emergency Preparedness Conference on January 18, 2011 at the Renaissance Atlanta Waverly Hotel. If you are interested in attending, please contact Natasha Pope at nbpope@dhr.state.ga.us or 404-463-5568.

New HIV, TB guidelines designed to protect health care workers

New guidelines aimed at protecting health care workers against occupational exposure to some of the world’s worst diseases were developed by the International Labor Organization, World Health Organization and UNAIDS.

The new guidelines incorporate a 14-point package that includes priority access for health care workers and their families to prevention and treatment services for HIV and TB. Other provisions include strengthening occupational health services for the entire health workforce, free HIV and TB treatment for healthcare workers, policies to prevent discrimination against health workers with HIV and TB, and adequate compensation for workers who become sick on the job. According to WHO, at least 1,000 new work-related infections with HIV occur every year. About 40% of hepatitis infections among health workers are work related. These services will help prevent the spread of these diseases as health workers travel to countries to care for the sick and then return home.

Georgia’s flu activity highest in nation

If you haven’t gotten your flu shot, now is a good time to get it, as Georgia’s flu activity is on the rise. During November, flu activity in the state began to increase and soon rose above the national baseline. What does this mean? Increased activity means that providers are seeing more patients with influenza like illnesses and with this spread in illness, we all have a greater chance of being exposed to the flu virus.

While it is very important to get vaccinated, there are other prevention steps that are helpful to limit the spread of flu. Wash your hands frequently with soap and water. If you do not have soap and water, use an alcohol-based hand sanitizer. Cover your coughs and sneezes. You can use a tissue or you can cough (or sneeze) into your sleeve at the crook of your elbow. Avoid people that are sick and if you become sick, stay home from work or school.

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Atlanta, Ga. (Continued)  

According to the Centers for Disease Control and Prevention, this year’s vaccine is a good match for this year’s strains of influenza. Last year’s H1N1 strain, along with the seasonal H3N2 strain and some influenza B strains have been circulating this year. All are included in the 2010-2011 vaccine. About 160 million doses of flu vaccine have been distributed nationwide, so there’s plenty of vaccine.

Anne Schuchat, M.D., director of the CDC’s National Center for Immunization and Respiratory Illness, warns that people shouldn’t become complacent when flu activity is low. Influenza activity is being seen in other parts of the country, too, and people need to be vaccinated so that they are fully protected before flu hits.

**CDC says better Hepatitis C surveillance helps public**

Hepatitis C infection affects nearly 4 million people and results in about 12,000 deaths each year in the United States. A study of enhanced surveillance by the Centers for Disease Control and Prevention shows that health departments participating in the Emerging Infectious Diseases Program (EIP) shortened the time between diagnosis and reporting of acute HCV cases. For health departments not in the EIP, the average time was 30 days compared with 19 days for health departments in the EIP system. These findings underscore that enhanced surveillance for acute hepatitis C improves the completeness and timeliness of the data as reported in the study.

The EIP is a CDC-funded network of health departments in selected states that gathers information meant to improve public health responses to emerging infectious diseases. The EIP population is roughly representative of the U.S. population on the basis of demographic characteristics, which is helpful because findings can be applied to other populations. EIP states have two core active surveillance systems: Active Bacterial Core Surveillance (ABC’s) and FoodNet. Georgia became a member of EIP in 1996 and expanded the program to the entire state in 1999.

More information about the Emerging Infectious Program can be found at [http://www.cdc.gov/ncpdd/deiss/eip/](http://www.cdc.gov/ncpdd/deiss/eip/)

**Tuberculosis: A worldwide pandemic**

A person with active tuberculosis left untreated can infect on average 10 to 15 persons per year. In 2009, there were 9.4 million new cases of TB, of which 80% were concentrated in 22 countries. A total of 1.7 million people worldwide died from TB in 2009 including 380,000 people with HIV. This is equal to approximately 4,700 deaths per day. People with HIV and other chronic illnesses are at greater risk of developing TB because of weakened immune systems. The vast majority of TB deaths are in the developing world and more than half occur in Asia. Here in the United States in 2009, the incidence rate dropped to 3.8 (3.8 cases per 100,000 people), but TB continues to be a problem. In 2009, CDC statistics show that fifty-nine percent of U.S. TB cases were residents that were foreign-born. In Georgia, the incidence rate has dropped to 4.2, but still remains in the top 10 worst states (ninth) for TB. Hawaii is the worst state with an incidence rate of 9.

Advances in TB medicine include the development of the Bacille Calmette-Guerin (BCG) vaccine in the early 1900’s; the first antibiotic, streptomycin in 1944; Isoniazid in 1952; and Rifampin in the 1970’s. Hopes of eliminating the disease in the 1980’s were dashed as drug-resistant strains of tuberculosis emerged.

Multi-drug resistant TB (MDR) is a more powerful type of TB that does not respond to standard treatments using first-line drugs and has been confirmed in all countries surveyed by WHO. There were an estimated 440,000 new cases of MDR-TB in 2008 with China, India, and Russia accounting for more than half of the cases.

Extensively drug-resistant TB (XDR-TB) occurs when resistance to second line drugs develops. XDR-TB is extremely difficult to treat and sometimes requires surgery to remove parts of the lungs. It has been confirmed in 58 countries. More information can be found at: [www.cdc.gov/tb](http://www.cdc.gov/tb) or [www.who.int/tb/en](http://www.who.int/tb/en)
1 in 6 Americans get sick from food borne illnesses each year

About 48 million people (1 in 6 Americans) get sick, 128,000 are hospitalized, and 3,000 die each year from foodborne diseases, according new estimates from the Centers for Disease Control and Prevention. The figures are the most accurate to date due to better data and methods used. The data were published in two articles in the journal, *Emerging Infectious Diseases*.

The papers provide the most accurate picture yet of what foodborne pathogens are causing the most illness, as well as estimating the proportion of foodborne illness without a known cause. The reports are the first comprehensive estimates since 1999 and are CDC’s first to estimate illnesses caused solely by foods eaten in the United States.

“We’ve made progress in better understanding the burden of foodborne illness and unfortunately, far too many people continue to get sick from the food they eat,” said CDC Director Thomas Frieden, M.D, M.P.H.

CDC’s new estimates are lower than in the 1999 report. The difference is largely the result of improvements in the quality and quantity of the data used and new methods used to estimate foodborne-disease. For example, it is now known that most norovirus is not spread by the foodborne route, which has reduced the estimate of foodborne norovirus from 9.2 to approximately 5.5 million cases per year. Because of data and method improvements, the 1999 and current estimates cannot be compared to measure trends.

CDC’s FoodNet surveillance system data, which tracks trends among common foodborne pathogens, has documented a decrease of 20 percent in illnesses from key pathogens during the past 10 years. However, these FoodNet pathogens make up only a small proportion of the illnesses included in the new estimates.

Of the total estimate of 48 million illnesses annually, CDC estimates that 9.4 million illnesses are due to 31 known foodborne pathogens. The remaining 38 million illnesses result from unspecified agents, which include known agents without enough data to make specific estimates, agents not yet recognized as causing foodborne illness, and agents not yet discovered. In both the 1999 and current estimates, unspecified agents were responsible for roughly 80 percent of estimated illnesses.

“Foodborne illnesses and deaths are preventable, and as such, are unacceptable,” said FDA Commissioner Margaret A. Hamburg, M.D. “We must, and can, do better by intensifying our efforts to implement measures that are prevention-oriented and science-based. We are moving down this path as quickly as possible under current authorities but eagerly await passage of new food safety legislation that would provide us with new and long overdue tools to further modernize our food safety program.”

Among the additional findings for foodborne illness due to known pathogens:

- Salmonella was the leading cause of estimated hospitalizations and deaths, responsible for about 28 percent of deaths and 35 percent of hospitalizations due to known pathogens transmitted by food.
- About 90 percent of estimated illnesses, hospitalizations, and deaths were due to seven pathogens: Salmonella, norovirus, Campylobacter, Toxoplasma, E.coli O157, Listeria and Clostridium perfringens.
- Nearly 60 percent of estimated illnesses, but a much smaller proportion of severe illness, was caused by norovirus.

CDC continues to encourage consumers to take an active role in preventing foodborne infection by following safe food-handling and preparation tips of separating meats and produce while preparing foods, cooking meat and poultry to the right temperatures, promptly chilling leftovers, and avoiding unpasteurized milk and cheese and raw oysters.

The full report is available online at http://www.cdc.gov/eid.

For more detailed information on the estimates and methods in the report, please visit http://www.cdc.gov/foodborneburden.

To learn more about foodborne illness trends, visit the FoodNet site at http://www.cdc.gov/FoodNet/.

To learn about how to prevent foodborne illness, visit http://www.foodsafety.gov.
Imagine being exposed to anthrax and you need a course of ciprofloxacin or doxycycline for protection, but that neither drug is available because of a shortage.

Emergency public health preparedness officials have said that during a catastrophic mass casualty disaster event - whether from terrorism or nature - the problems associated with drug shortages are likely to have a serious impact on immediate on-the-ground response operations. Some leaders have repeatedly questioned the ability of federal and state authorities to be able to ensure timely, uninterrupted deliveries of crucial medicines from the national stockpile during a chaotic widespread disaster.

According to the FDA, the number of shortages has continued to increase over the last ten years. There are many reasons for the rise in shortages and some of the causes are as follows:

- Manufacturing issues – this may include problems with manufacturing, enforcement activities, raw material shortages, packaging shortages, and other reasons;
- Business decisions may be made by firms to discontinue manufacturing of a drug – replace older products due to better safety profiles, better efficacy, more convenient dosing regimens, etc.;
- Limited manufacturing capacity – often multiple products are produced on the same equipment which means that an increase in production of one product will usually result in a delay for another product produced on the same production line;
- Market concentration – as firms discontinue manufacturing of various products, only one or two firms may remain as producers of a product.

In August of 2010 a group of participants from health professional organizations, pharmaceutical manufacturers, and supply chain entities met to establish goals for remediating the situation. The goal of the summit was to:

- Discuss the scope and causes of drug shortages;
- Shed light on the harm to patients due to drug shortages;
- Discuss the need for changes in public policy and stakeholder practices to prevent harm from shortages; and
- Develop an assertive action plan that reflects the recommendations and intent of stakeholders to work together to stop patient harm and disruptions in patient care caused by drug shortages.

Summit participants developed recommendations and agreed to continue to collaborate to solve problems associated with drug shortages. Broad areas of work will include exploring strategies to:

- Improve communication among stakeholders in the pharmaceutical supply chain and patient care providers;
- Remove barriers faced by drug manufacturers and the FDA to minimize the impact of drug shortages; and
- Clarify the definition of “medically necessary,” which prompts certain notifications to the FDA related to drug shortages.

Among the vital drugs that are in short supply are what are called “high-alert medications” - medications that will be critical in the event of a large-scale mass casualty disaster.

The FDA’s drug shortage website is: http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/default.html