

Updated Health and Technical Information for Local Providers and Health Professionals

Advancing HIV Prevention: New Strategies for a Changing Epidemic

Recently, the Centers for Disease Control and Prevention (CDC) announced an initiative aimed at reducing the number of new infections caused by Human Immunodeficiency Virus (HIV) each year in the United States (For the full article see [MMWR 2003;52:\[329-332\]](#)).

Until now, CDC has mainly targeted its prevention efforts at persons at risk for becoming infected with HIV by providing funding to state and local health departments and nongovernmental community-based organizations (CBOs) for programs aimed at reducing sexual and drug-using risk behavior. Because of communities' needs for innovative strategies for combating the HIV epidemic, and due to the recent approval of a simple rapid HIV test in the United States, CDC, in partnership with other U.S. Department of Health and Human Services agencies and other government agencies and non-government agencies will launch a new initiative in 2003, *Advancing HIV Prevention: New Strategies for a Changing Epidemic*. This new initiative is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services. The HIV initiative emphasizes the use of proven public health approaches to reducing the incidence and spread of disease such as: appropriate routine screening, identification of new cases, partner notification, and increased availability of sustained treatment and prevention services for those infected.

The initiative consists of four key strategies:

Make HIV testing a routine part of medical care. CDC will work with professional medical associations and other partners to ensure that all health-care providers include HIV testing, when indicated, as part of routine medical care on the same voluntary basis as other diagnostic and screening tests. Previously, CDC recommended that patients be offered HIV testing in high HIV-prevalence acute care hospitals ([see here](#)) and in clinical settings serving populations at increased risk (e.g., clinics that treat persons with STDs). This initiative adds to those recommendations to include offering HIV testing to all patients in all high HIV-prevalence clinical settings and to those with risks for HIV in low HIV-prevalence clinical settings ([see here](#)). Because prevention counseling, although recommended for all persons at risk for HIV, should not be a barrier to testing, CDC will promote adoption of simplified HIV-testing procedures in medical settings that do not require prevention counseling before testing. In 2003, CDC will support state and local health departments in conducting demonstration projects offering HIV testing to all patients in high HIV-prevalence health-care settings and referral into care, treatment, and prevention services, and will assess the outcomes of these projects.

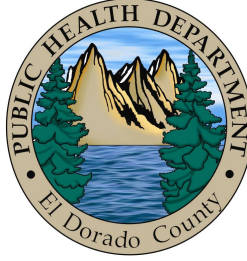
Implement new models for diagnosing HIV infections outside medical settings. In 2003, CDC will fund new demonstration projects using OraQuick® to increase access to early diagnosis and referral for treatment and prevention services in high HIV-prevalence settings, including correctional facilities. The OraQuick® HIV rapid test (OraSure Technologies, Inc., Bethlehem, Pennsylvania) was approved by the Food and Drug Administration in November 2002 and categorized as a waived test under the Clinical Laboratory Improvement Amendments in January 2003. This simple, rapid test provides HIV results in 20 minutes, can be stored at room temperature, requires no special equipment, and can be performed outside clinical settings. Although the use of the OraQuick® test facilitates receipt of test results, HIV-positive test results will require confirmation by Western Blot or immunofluorescence assays.

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Email all comments, questions, suggestions, links for information, and requests to **Matthew Stone, MPH**, mstone@co.el-dorado.ca.us

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Prevent new infections by working with persons diagnosed with HIV and their partners. Although many persons with HIV modify their behavior to reduce their risk for transmitting HIV after learning they are infected, some persons might require ongoing prevention services to change their risk behavior or to maintain the change. In 2003, CDC, in collaboration with the Health Resources and Services Administration (HRSA), the National Institutes of Health, and the HIV Medical Association of the Infectious Diseases Society of America, will publish *Recommendations for Incorporating HIV Prevention into the Medical Care of Persons with HIV Infection*.

Further decrease perinatal HIV transmission. CDC will promote recommendations for routine HIV testing of all pregnant women, and, as a safety net, for the routine screening of any infant whose mother was not screened. CDC also will develop guidance for using rapid tests during labor and delivery, or post-partum if the mother was not screened prenatally, and provide training for health departments and providers in conducting prenatal testing.

Reference: Centers for Disease Control and Prevention. *Advancing HIV Prevention: New Strategies for a Changing Epidemic—United States, 2003*. MMWR 2003;52:[329-332].

West Nile Virus Update

Latest WNV recommendations from CDHS in new press release...

On April 29, State Health Director Diana M. Bontá, R.N., Dr.P.H., encouraged Californians to take precautions against West Nile Virus (WNV). She also unveiled television and radio public service announcements that highlight measures Californians can take to reduce their exposure to mosquitoes. In an effort to increase public awareness about WNV, the California Department of Health Services (CDHS) has disseminated public service announcements (PSA) about the virus to television and radio stations statewide. Produced by CDC, the spots are in English and Spanish and encourage families to "fight the bite." This PSA and other important information about WNV can be viewed at the site: <http://www.westnile.ca.gov/>

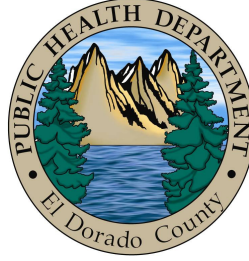
Conference Presentations

Slide presentations are now available from presenters at the **Fourth National Conference on West Nile Virus in the United States** that took place in New Orleans, Louisiana, February 9-11, 2003. These presentations cover a range of topics including, but not limited to: **Prevention, Control, Communication, and Behavior; Biology and Ecology; Laboratory Diagnosis**.

Articles

Two news articles have appeared recently, one in Canada ([see article](#)) and one in Minnesota ([see article](#)) documenting early animal cases of WNV infection (one in a crow and one in a horse). While there is debate among infectious disease specialists and other scientists as to the possible reasons why positive results have come so early in the season, (some say its due to over-wintering mosquitoes, while others hypothesize recurrent infection in animals that survived infection previously) the fact remains that WNV remains an ever-present concern in communities across the U.S.A. There is no proof, however, that these early cases warn of a more severe year for the virus. El Dorado County, through the leadership of the Environmental Management and Public Health Departments, has organized a West Nile Virus Task Force, in order to address the needs of the community in the event of positive cases of the virus. showing up in our county. Specific target items that are being addressed include education of the public and health professionals, possible mosquito surveillance programs, public service announcements, participation in state surveillance programs, training, and communication among various county agencies. The focus on these items has culminated in a El Dorado County West Nile Virus Response Plan Draft including pre-event and post-event activities.

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Web Links/Announcements

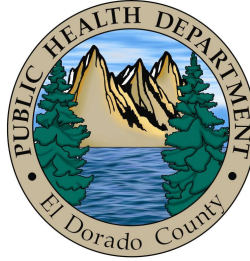
The **General Accounting Office (GAO)** of the U.S. Government recently published a report entitled, *Bioterrorism: Preparedness Varied across State and Local Jurisdictions*. This study was conducted due to concern about local and state governmental agencies being adequately prepared to respond to a bioterrorist attack. The GAO recommends that the Department of Health and Human Services (HHS), in consultation with the Department of Homeland Security, develop specific benchmarks that define adequate preparedness for a bioterrorist attack and develop a mechanism for evaluating and sharing useful solutions to problems among jurisdictions. According to responses from HHS in the GAO report, these efforts are already being made and will continue into the future.

On April 10, the **Little Hoover Commission** released its comprehensive report – **To Protect and Prevent: Rebuilding California's Public Health System**. The report urges policy-makers to fortify California's public health system so it can better detect and respond to a wide range of threats, from emerging diseases and hospital-acquired infections to bioterrorism. The Commission recommended the State develop expert leadership, establish standards, increase training, improve communications and strengthen laboratory and other capacities essential to the public health infrastructure. The report was issued after 10 months of public meetings, interviews and deliberations, during which an array of experts identified specific weaknesses and practical improvements to a system that has gradually eroded over the last three decades. Read the report here: <http://www.lhc.ca.gov/lhcdir/report170.html>

In response to this report, Dean Stephen Shortell (Dean of the School of Public Health, UC-Berkeley) wrote an op-ed piece that appeared in the San Francisco Chronicle, April 23, entitled "*California Tomorrow: Missing the Target on Health*." The article makes the case that "mundane" preventable health risk factors such as a lack of health coverage account for many more deaths and illness and represent a far greater disease burden on the state than anthrax or SARS ever will. Dean Shortell also advocates for an annual health summit in CA to focus on better health, not merely on safety. For the full story, see <http://www.sfgate.com/cgi-bin/article.cgi?file=/chronicle/archive/2003/04/23/ED78877.DTL&type=printable>

New releases from the *New England Journal of Medicine* and *Nature* on the issue of SARS. These articles are free to download at the following addresses: [http://content.nejm.org/early_release/sars.dtl\(NEJM\)](http://content.nejm.org/early_release/sars.dtl(NEJM)); <http://www.sciencemag.org/feature/data/sars/index.shtml> (Nature)

The Robert Wood Johnson Foundation commissioned **Lake Snell Perry & Associates (LSPA)** to conduct a national poll to explore current public opinion about the state of the public health system and its preparedness to handle bioterrorism. View the summary here (<http://www.rwjf.org/news/special/bioterrorismKeyFindings1.jhtml>) or the full report here (<http://www.rwjf.org/publications/publicationsPdfs/02report-d7.pdf>)



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**El Dorado County Selected Reportable Diseases
Summary for April, 2003**

Provisional Data (Report Generated on 05/02/2003)

DISEASE	TOTAL Number of Cases (APRIL 2003)	SLT	Western Slope	TOTAL Year to Date 2003	TOTAL Number of Cases (APRIL 2002)	SLT	Western Slope	TOTAL Year to Date 2002
AMEBIASIS	0	0	0	0	0	0	0	0
BOTULISM-FOODBORNE	0	0	0	0	0	0	0	0
CAMPYLOBACTERIOSIS	1	0	1	2	0	0	0	2
CHLAMYDIAL INFECTIONS	16	8	8	48	12	3	9	59
COCCIDIOIDOMYCOSIS	0	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS	0	0	0	0	0	0	0	0
E-COLI	0	0	0	0	0	0	0	0
ENCEPHALITIS, UNSPECIFIED	0	0	0	0	0	0	0	0
VIRAL ENCEPHALITIS	0	0	0	0	0	0	0	0
GONOCOCCAL INFECTION - GENITOURINARY	0	0	0	0	0	0	0	0
GONOCOCCAL INFECTION	1	1	0	4	0	0	0	9
GIARDIA	0	0	0	4	0	0	0	0
HEP-A	0	0	0	3	0	0	0	1
HEP-B	0	0	0	0	0	0	0	9
HEP-B-CR	2	1	1	8	0	0	0	0
HEP-C	0	0	0	0	3	0	3	28
HEP-C-CR	1	0	1	17	0	0	0	8
HEP-D	0	0	0	0	0	0	0	0
HEMOLYTIC UREMIC SYNDROME	0	0	0	0	0	0	0	0
INFANT BOTULISM	0	0	0	0	0	0	0	0
KAWASAKI SYNDROME	0	0	0	1	0	0	0	0
LYME DISEASE	0	0	0	1	0	0	0	0
MENINGITIS, BACTERIAL	0	0	0	0	0	0	0	1
MENINGITIS, (UNKNOWN)	0	0	0	1	0	0	0	1
MENINGITIS-VIRAL	0	0	0	3	0	0	0	1
MUMPS	0	0	0	0	0	0	0	1
PERTUSSIS (WHOOPING COUGH)	0	0	0	6	4	0	4	7
PELVIC INFLAMMATORY DISEASE	0	0	0	1	0	0	0	1
SALMONELLOSIS	1	1	0	4	0	0	0	2
SCOMBROID FISH POISONING	0	0	0	0	0	0	0	0
SHIGELLA INFECTION (UNSPECIFIED)	0	0	0	0	0	0	0	1
SHIGELLA INFECTION (Group D)	0	0	0	1	0	0	0	0
SWIMMER'S ITCH	0	0	0	0	0	0	0	0
SYPHILIS, LATENT (UNKNOWN DURATION)	0	0	0	0	0	0	0	1
SYPHILIS, LATE LATENT	0	0	0	0	0	0	0	0
SYPHILIS, NEUROSYPHILIS	0	0	0	0	0	0	0	0
TUBERCULOSIS	0	0	0	0	0	0	0	1
TB TEST POSITIVE	1	1	0	18	0	0	0	0
TRICHINOSIS	0	0	0	0	0	0	0	0
TOXIC SHOCK SYNDROME	0	0	0	0	0	0	0	0