
Introductions & Perspective of Division of Communicable Disease Control (DCDC) on Collaboration with Local Health Departments

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DCDC, Center for Infectious Diseases, CDPH

Overview

- **Selected Topics for DCDC & LHDs**
 - **Introductions**
 - **Budget Reductions**
 - **Community-associated severe Staph aureus**
 - **Tattoo Standards**
 - **Disease Outbreaks**
 - **Raw milk (Campylobacter), Influenza, Syphilis**
 - **Collaboration with CDCR – outbreaks**
 - **Infectious TB and international flights**
 - **Personal Belief Exemptions (PBEs)**
 - **Integration: TB, STDs, HIV & Hepatitis**
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Branches: DCDC

- Immunization Branch: Howard Backer
 - Infant Botulism Treatment: Stephen Arnon
 - Infectious Diseases Branch: Duc Vugia
 - STD Control Branch: Gail Bolan
 - TB Control Branch: James Watt
 - Microbial Diseases Laboratory: J. Michael Janda
 - Viral & Rickettsial Disease Lab: Carol Glaser
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Introduction: DL Hatch

- Medical school (NY), Internship (HI)
 - **Indian Health Service** (AZ, 1978-81)
 - **International (refugee) Health**
 - Thailand – 1980 (Laos), Sudan – 1985 (Ethiopia)
 - **Pediatrics, ID Fellowship** (LA County/USC)
 - Private practice (CA Medical License--1985)
 - **CDC-Atlanta** (1987-2007):
 - **EIS**: Lesotho, Swaziland, Sudan, Malawi (**Prev. Medicine**)
 - Environmental Health (CDHS), UC-Berkeley (**MPH**)
 - **Field Epidemiology Training Programs**
 - Modeled after EIS: outbreak response, disease surveillance
 - Incountry capacity: >25 countries (China, Brazil, Egypt, etc.)
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Challenges: Planned Budget Reductions

- **DCDC:**

- 10% across-the-board cut (General Funds)
- Proposed budget cuts >\$6 million
- Loss of 22 positions

- **Lab concerns (VRDL, MDL):**

- Retention of qualified microbiologists (PHMs)
- Maintain core reference lab capacity
- Specialized tests (TB beacon technology)

- **Epidemiology impact:**

- Foodborne epidemiologist
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Current Topics of Interest:

■ Tattoo Standards:

- In 2007 Office of Legal Services determined:
 - CDPH was not authorized to issue tattoo regulations
 - Standards developed, reviewed by:
 - CCLHO Environmental Health Committee
 - CA Conference of Directors of Environmental Health

■ Severe Staphylococcus aureus infection:

- Community-associated (CA) infection:
 - Added to reportable disease list in Feb. 2008
 - Counties beginning to review data, report to IDB
 - MRSA educational materials (CDPH website):
 - Students, parents athletes, MSM community
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Health Education Materials on CDPH website

Methicillin-Resistant *Staphylococcus aureus* (MRSA) - Microsoft Internet Explorer

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Address <http://www.cdph.ca.g> Go Links Time Sheet CalATERS DCDC CDC Abstracts EpiX Goog UCB Lib.

On February 14, 2008, [severe cases of *Staphylococcus aureus* infections](#), including methicillin-resistant *Staphylococcus aureus* (MRSA), was added to the [list of diseases](#) reported by healthcare providers to local health departments in the state.

Facts

- [A Parent's Guide to MRSA - English brochure \(PDF, New Window\)](#)
- [A Parent's Guide to MRSA - English flyer \(PDF, New Window\)](#)
- [A Parent's Guide to MRSA - Spanish brochure \(PDF, New Window\)](#)
Guia para padres sobre el SARM en California
- [A Parent's Guide to MRSA - Spanish flyer \(PDF, New window\)](#)
Guia para padres sobre el SARM en California
- [A Parent's Guide to MRSA - Additional Translations](#)
Department of Education translations in 16 different languages
- [MRSA Information for MSM \(PDF, New Window\)](#)
Factsheet on MRSA for Gay Men and Men who have Sex with Men
- [MRSA Information for MSM \(Webpage\)](#)
Factsheet on MRSA for Gay Men and Men who have Sex with Men

Information for Athletes

- [MRSA Information for Athletes \(PDF, 2.7MB, New Window\)](#)
Informational booklet
- [Community-associated MRSA/Staph Infections: A Guideline for Athletic Departments \(PDF, New Window\)](#)

Information for Schools

- [Skin Infections and MRSA Information for California Schools \(PDF, New Window\)](#)

Information for Health Professionals

- [Severe *Staphylococcus aureus* Infection Reporting](#)
- [Information on Disease Reporting](#)
- [Clinical Update on CA-MRSA in MSM \(PDF, New Window\)](#)
Healthcare Provider Information on Community-Acquired MRSA in Men who have Sex with Men
- [ARM Guidelines \(PDF, New Window\)](#)
Antibiotic Resistant Microorganisms Guidelines for Prevention and Control in CA Long-Term Care Facilities
- [Healthcare-Associated Infections \(PDF, New Window\)](#)
Recommendations for Reducing Morbidity and Mortality Related to HAIs in California

Resources

- [Disease Investigations Section](#)
- [Office of AIDS](#)
- [Sexually Transmitted Diseases Control Branch](#)
- [California STD/HIV Prevention Training Center](#)
- [CDC Community Associated MRSA Website](#)
Centers for Disease Control and Prevention
- [CDC Healthcare Associated MRSA Website](#)
Centers for Disease Control and Prevention
- [Los Angeles County MRSA Website](#)
- [San Francisco County MRSA Website](#)
- [Tacoma-Pierce County MRSA Website](#)

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Health Education Materials on CDPH website

Guía para padres sobre el SARM en California
Lo que debe saber

¿Qué es el Staphylococcus aureus?
El Staphylococcus aureus es una bacteria que muchas personas sanas llevan en la piel o en la nariz. Aproximadamente del 25% al 30% de los estadounidenses llevan esta bacteria en la nariz, pero no se enferman. También se presenta en las axilas, la ingle, el recto o el área genital. Muchas infecciones de Staphylococcus aureus son leves y se pueden tratar sin antibióticos. Sin embargo, a veces puede causar infecciones graves, como pulmonía, infecciones en la sangre o las articulaciones e infecciones profundas en la piel.

¿Qué es el SARM?
El Staphylococcus aureus resistente a la metilina (SARM, o MRSA por sus siglas en inglés) es un tipo de estafilococo que no se mata con la penicilina y antibióticos similares. Aproximadamente una de cada 100 personas tiene SARM sin enfermarse. En California, más de la mitad de las infecciones de estafilococo son provocadas por SARM.

A Parent's Guide to MRSA in California
What You Need To Know

California Department of Public Health
Division of Communicable Disease Control
Infectious Diseases Branch
www.cdph.ca.gov

CDPH Collaborates to Issue Alerts on MRSA in MSM Population

http://www.cdph.ca.gov/HealthInfo/discond/Documents/MRSA_MSM_Consumer.pdf - Microsoft Internet Explorer

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UPDATE ON MRSA (RESISTANT STAPH) IN MEN WHO HAVE SEX WITH MEN | FEB 08

WHAT IS MRSA?

MRSA stands for methicillin-resistant Staphylococcus aureus ("Staph"). MRSA is a type of bacteria that causes a variety of infections. Most often, it causes skin infections. Infections caused by MRSA can be more difficult to treat because the bacteria do not respond to many of the antibiotics typically used to treat Staph infections.

WHAT ARE THE SIGNS THAT I MAY HAVE IT?

Infections can cause sores that look and feel like spider bites; red painful bumps under the skin, called boils or abscesses; a cut that is swollen, hot and filled with pus; blisters filled with fluid (often on the face), or a red, warm firm skin area that is painful and getting larger, usually on the legs.

HOW SERIOUS IS MRSA?

Most infections are limited to a small area of the skin. However, MRSA can also cause more serious infections of the lungs, bones, or other parts of the body. In rare cases, MRSA may enter the bloodstream, causing a serious infection. While some recent stories in the media have referred to "flesh eating bacteria," MRSA is not typically the cause of these infections.

HOW IS MRSA SPREAD?

MRSA, like other staph infections, can be spread through skin-to-skin contact. These bacteria can enter the body through breaks in the skin, caused by cuts, scrapes, cracks, or shaving, as well as contact with contaminated surfaces or objects. MRSA can cause skin wounds that drain pus, such as infected hair shafts, boils, or abscesses, all of which can spread the disease. Such wounds should be covered with bandages (and an antibiotic ointment such as bacitracin)

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CDPH Collaborates to Issue Provider & Consumer Alerts on MRSA in MSM

CLINICAL UPDATE ON COMMUNITY-ASSOCIATED METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS IN MEN WHO HAVE SEX WITH MEN | FEB 08

KEY POINTS:

- Community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) is increasingly a cause of skin and soft tissue infections in the U.S.
- All persons, including gay and other men who have sex with men (MSM) and persons with HIV infection, are at risk of infection with CA-MRSA
- MRSA is not a sexually transmitted disease (STD), as conventionally defined. Predominately, transmission is through skin-to-skin contact. Risk of MRSA from specific sex practices is unclear and continues to be studied
- Management of soft tissue infections primarily involves incision and drainage of fluid-filled collections
- Local antibiotic susceptibility patterns should direct ancillary antibiotic therapy, which is not always required to cure infection; judicious use of antibiotics is recommended
- Providers should counsel at-risk patients on symptom recognition and standard precautions, including basic risk reduction steps that can decrease risk of acquiring Staph, including MRSA

BACKGROUND

Since the mid-1990s, community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) has emerged as a principal cause of community acquired skin and soft tissue infections. Approximately 30% of the general population is colonized with *S. aureus* and less than 2% of the general population is colonized with MRSA. *S. aureus*, including CA-MRSA, can cause a wide range of clinical conditions, from folliculitis and furunculitis, to cellulitis and other soft tissue infections with abscess components. Infection may become systemic, and in rare cases CA-MRSA may cause pneumonia, osteomyelitis, pyomyositis, bloodstream infections, and other serious infections.

CA-MRSA is well known to affect a wide range of populations, including children, athletic team members, military recruits, incarcerated persons, injection drug users, as well as gay men and MSM, and HIV-infected persons. Transmission is primarily through skin-to-skin contact. In particular, skin abrasions, shaving, contact with contaminated surfaces and items, chronic skin diseases, and poor hand and skin hygiene increase risk.

By definition, CA-MRSA is resistant to β -lactam antibiotics and also frequently resistant to macrolides and fluorquinolones. However, most isolates remain susceptible to more than one drug class. Of note, *Staphylococcus aureus* that is sensitive to methicillin (MSSA) can also be the cause of serious community-acquired infections, such that methicillin sensitivity itself should not be perceived as a marker of less serious infections.

MRSA AND SEX

CA-MRSA is not an STD as conventionally defined. It is not predominately spread through sexual contact, and mucosal sexual contact has not been found to directly transmit the infection. Nonetheless, close contact that occurs during sex. Use other forms of skin-to-skin contact. may allow acquisition of MRSA from an infected or colonized partner, as well as from other persons. Use of barrier methods such as condoms, while advantageous for HIV and other sexually transmitted infections, does not protect against MRSA transmission if infected skin surfaces are not covered fully.

Collaboration among:

- DCDC
 - STD Control Branch
 - Immunization Branch
 - Infectious Disease Branch
- Office of AIDS
- Center for Infectious Disease

Distribution to:

- California medical providers & consumers
- Media
- MSM community organizations

Available through:

<http://www.stdcheckup.org>

Topics of Interest

- **Early Reporting of Disease Outbreaks:**
 - IDB collaborating with LHDs
 - Draft protocol and form disseminated for comments

 - **Collaboration with CDCR during outbreaks:**
 - DCDC support if requested
 - Recent flu outbreak in Chuckawalla (Riverside):
 - Influenza A & B
 - >800 inmates ill, several deaths
 - CDCR, DCDC (IDB, IZB, VRDL), Riverside HD involved
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Topics of Interest

- **Risk of raw milk consumption:**
 - Historical data: raw milk important cause of infection
 - Infants/children, elderly, immunocompromised at highest risk
 - Recent IDB investigations, MDL support:
 - Campylobacter, E.coli O157 (2007)
 - Examples of historical investigations:
 - Salmonella dublin, other
 - IDB & MDL involved with LHDs and FDB:
 - Litigation involving CDFA
-

Topics of Interest

- Hospital Associated Infections (HAIs):
 - Since fall of 2007, IDB has coordinated the HAI Advisory Committee to address Healthcare-Associated Infections (HAIs):
 - Education of infection control professionals
 - Enrollment of many of CA's 450 hospitals into the CDC's National Healthcare Safety Network (NHSN)
 - Mandatory reporting of certain processes and diseases will begin July 1, 2008
 - Hospitals to report influenza vaccination rates for employees (2007-08 season)
 - HAI Advisory Committee recommendation to CDPH for reporting MRSA bloodstream infections.
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Topics of Interest

■ STD Branch:

- ❑ STDs most commonly reported communicable diseases in CA
 - ❑ Increased syphilis rates in CA Project Area:
 - Cause unknown, factors may include:
 - ❑ High rates in MSM community
 - ❑ Methamphetamine use
 - ❑ Internet use to meet partners
 - ❑ STD Branch collaboration:
 - ❑ STD/HIV Prevention Training Center
 - >5,000 healthcare providers trained
 - STD prevention, diagnosis and treatment
-

Topics of Interest

■ Infectious Tuberculosis:

- Multiple cases – international flights
 - May include MDR-TB
 - Accuracy of health status determinations (for U.S. visa)
 - No board / no fly lists not 100% effective
 - Complex investigations:
 - Flights >8 hours
 - DQGM responsibility
 - LHD resources:
 - Hospitalization and treatment expensive
 - Federal Detainment possible
 - Interviews and followup of exposed persons
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Topics

- Vaccine Preventable Diseases:
 - Measles outbreak in San Diego (2008) and Personal Belief Exemptions (PBEs)
 - Exposure to measles during child's travel to Europe
 - Transmission risk:
 - International & domestic flights
 - Intra-family transmission
 - Charter school, PBEs common
 - Febrile rash illness visits to ERs, physician offices, labs
 - Recent Pertussis outbreak
 - Private School, PBE issue
-

PCSI: Program Coordination and Service Integration

- DCDC & Office of AIDS collaboration
 - HIV, TB, STD and hepatitis activities
 - Prevention, detection, treatment
 - Tiers and interventions based on venue
 - HIV screening in TB and STD programs
 - STD, TB and hepatitis screening, treatment and hepatitis vaccination in HIV care settings
-