



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

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Public Health Update

August 23, 2012

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Pertussis (whooping cough)

Nearly 400 cases of pertussis have been reported in Maine so far this calendar year, more than four times the number of cases at the same time last year. Most reported cases have been in children ages 7 to 19. There have been 20 reported cases in children younger than 1 year old. Maine CDC issued a health alert on statewide pertussis July 31 (<http://go.usa.gov/Gob>). Weekly updates on pertussis in Maine are posted to www.mainepublichealth.gov on Thursdays.

The majority of reported Maine cases have been in Cumberland, Somerset, and Penobscot counties. If pertussis is circulating in the community, there is a chance that a fully vaccinated person (of any age) can catch this very contagious disease.

DTaP vaccine is recommended for all infants and children. In general, DTaP vaccines are 80-90% effective. Children who never got any doses of DTaP vaccine are at least eight times more likely to get pertussis than children who got all five doses of the vaccine before age seven. We expect some waning immunity (<http://go.usa.gov/f6b>) from DTaP vaccine and study results reinforce the need for a routinely recommended booster dose of Tdap at age 11 or 12.

Recent outbreak investigations have shown that Tdap vaccines are approximately 70% effective. Protection probably fades with time after getting the booster dose. Tdap vaccine is recommended for all preteens, teens, and adults. Currently a single dose is recommended for all teens and adults who have not previously received a dose. Since 2011, a Tdap dose is recommended for all pregnant women, preferably in the third or late second trimester, to protect newborn infants from severe pertussis.

For more information, visit <http://go.usa.gov/dCO>

Mosquitoborne diseases

Maine CDC issued a health alert Aug. 1. updating healthcare providers on the significant increase in arboviral activity in the last month (<http://go.usa.gov/GoT>).

Arboviral diseases, including Eastern equine encephalitis (EEE) and West Nile virus (WNV), are very serious infections that are transmitted by the bite of an infected mosquito. Although rare, these diseases have potentially severe and even fatal consequences for those who contract them.

On Aug. 17, a mosquito pool (a collection which contains between 1-50 mosquitoes) tested positive for WNV at Maine's Health and Environmental Testing Laboratory. The pool of mosquitoes was collected Aug. 1 in the town of Lebanon, as described in this health alert from Aug. 20: <http://go.usa.gov/rkaY> Since then, a second mosquito pool from Cumberland County tested positive.

This is the earliest WNV has been identified in mosquitoes in Maine. The last time WNV was identified in Maine was from a mosquito pool in 2010. There has been a recent increase in regional WNV activity over the last month, including multiple positive mosquito pools in New Hampshire and human and equine cases in Massachusetts. Presently no mosquitoes collected in Maine have tested positive for EEE.

Maine CDC recommends the following preventative measures to protect against mosquitoborne illnesses:

- **Use an EPA approved repellent when outdoors, especially around dawn and dusk** – always follow the instructions on the product's label
- Wear protective clothing when outdoors, including long-sleeved shirts, pants, and socks
- Use screens on your windows and doors to keep mosquitoes out of your home
- Avoid being outdoors at dawn and dusk when many species of mosquitoes are most active
- Practice household mosquito-source reduction: standing water should be removed from artificial water-holding containers in and around the house

Maine CDC encourages providers to test for arboviral illness in patients presenting with unexplained encephalitis, meningitis or high fever (greater than 100.4°F or 38°C) during the late summer and early fall.

Tickborne diseases

Anaplasmosis, a bacterial infection carried by deer ticks, is an emerging infection in Maine. As of Aug. 8, 38 cases have been reported to Maine CDC from 8 counties (Androscoggin, Cumberland, Hancock, Kennebec, Knox, Lincoln, Somerset and York). During 2011, a total of 26 cases were reported. Most infections occur during the summer and fall months, so the number of cases is expected to rise. For more information about anaplasmosis, see the health alert issued Aug. 9: <http://go.usa.gov/GFi>

Other diseases that are carried by ticks in Maine include babesiosis and Lyme disease (<http://go.usa.gov/fAN>). In 2011, providers reported 9 cases of babesiosis; 3 cases have been reported to date in 2012. In 2011, providers reported 1,006 cases of Lyme disease; 483 cases have been reported to date in 2012.

Lyme disease is the most common vectorborne disease in Maine. Ticks are out and we expect the number of Lyme disease cases to increase in the warm weather.

For general information about Lyme disease, visit <http://go.usa.gov/yTh> or see the May 1 health alert issued by Maine CDC: <http://go.usa.gov/V4q>

Hepatitis C testing recommendations

Hepatitis C virus (HCV) is an increasing cause of morbidity and mortality in the U.S. Many of the 2.7–3.9 million people living with HCV infection are unaware they are infected and do not receive care and treatment. US CDC estimates that although people born during 1945–1965 make up an estimated 27% of the population, they account for approximately 75% of all HCV infections in the United States, 73% of HCV-associated mortality, and are at greatest risk for hepatocellular carcinoma and other HCV-related liver disease.

US CDC is augmenting previous recommendations for HCV testing to recommend one-time testing for HCV for all people born between 1945 and 1965. These recommendations do not replace previous guidelines for HCV testing that are based on known risk factors and clinical indications. Rather, they define an additional target population for testing.

For more information about the new recommendations, go to <http://go.usa.gov/rkCx>

For general information, visit <http://www.cdc.gov/KnowMoreHepatitis/>

HIV/STD updates

US CDC updated its treatment guidelines for gonorrhea and issued interim guidance for pre-exposure prophylaxis against HIV for high-risk heterosexuals in the Aug. 10 issue of the MMWR (<http://go.usa.gov/GLt>).

CDC no longer recommends cefixime at any dose as a first-line regimen for treatment of gonorrhea (<http://go.usa.gov/GLu>) and now instead recommends that infections be treated with the injectable antibiotic ceftriaxone in combination with one of two other oral antibiotics, either doxycycline or azithromycin.

US CDC issued interim guidance on prescribing HIV pre-exposure prophylaxis (PrEP) for men who have sex with men in 2011 (<http://go.usa.gov/GMq>). Last month, the Food & Drug Administration (FDA) approved the use of once-daily Truvada® for HIV pre-exposure prophylaxis to reduce the risk of HIV-1 infection in uninfected individuals who are at high risk of HIV-1 infection and who may engage in sexual activity with HIV-infected partners (<http://go.usa.gov/GM3>).

US CDC has now issued interim guidance for clinicians considering the use of PrEP for the prevention of HIV-1 infection in heterosexually active adults (<http://go.usa.gov/GMx>).

Infectious disease conference

Maine CDC's Infectious Disease Conference will be held from 7:45 a.m. to 4 p.m. **November 13** at the Augusta Civic Center.

This year's meeting is dedicated to a review of emerging issues in the field of infectious diseases, particularly as they impact the Maine medical community. Issues presented will include challenges in controlling infectious diseases, information on responding to new disease threats, and clinical updates and approaches.

The cost is \$35 if registration is received on or before Oct. 24; \$50 if registration is received Oct. 25 or later.

For more information and to register: <http://adcarecdc.neias.org/infectiousdisease/>

Proposals for poster presentations at the conference are requested. Poster presentations will be displayed for the duration of the conference with a poster session from 1:45-2:15 p.m. Abstracts for posters must be submitted by **Sept. 21** to jqogan@neias.org. There is a preferred limit of 400 words for the body of the abstract. For more information, see <http://go.usa.gov/Gtf>

Flu

The Advisory Committee on Immunization Practices (ACIP) recommendations for the 2012-2013 flu season are now available: <http://go.usa.gov/rkYd> The Vaccine Information Statements (VIS) for influenza for the 2012-2013 season are available at <http://go.usa.gov/fAK>

Influenza A H3N2v is a variant virus recently detected in the United States. The first case of H3N2v was detected in summer of 2011, with 12 total cases being detected in all of 2011. The virus has already been found in over 200 individuals to date in 2012. Maine has not identified any cases in 2012. Influenza A H3N2v is associated with exposures to pigs, and most cases had either direct contact with pigs, or indirect contact such as visiting a fair.

Maine identified 2 cases of influenza A H3N2v in the fall of 2011. Both of Maine's cases had fair exposures, and one had direct pig contact.

Symptoms of influenza A H3N2v are similar to regular influenza including fever, cough, sore throat, and body aches. This virus can spread between humans and pigs, so sick humans should avoid animal contact, and the general public should avoid contact with ill animals.

For more information on influenza A H3N2v go to <http://go.usa.gov/rkxJ>

Maine CDC and the Maine Department of Agriculture remind everyone to exercise good judgment while attending agricultural fairs (<http://go.usa.gov/GoW>). For recommendations and more information, see the health alert Maine CDC issued on Aug. 7 (<http://go.usa.gov/Gog>).

Updated reports

- July 2012 reportable conditions: <http://go.usa.gov/rkCj>
- 2011 Acute Hepatitis A Surveillance Report: <http://go.usa.gov/rkC5>
- 2011 Acute Hepatitis B Surveillance Report: <http://go.usa.gov/rkCV>

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For clinical consultation and outbreak management guidance, call Maine CDC's toll-free 24-hour phone line:
1-800-821-5821

For questions and potential exposure to poison, call the Poison Center's 24-hour phone line: 1-800-222-1222