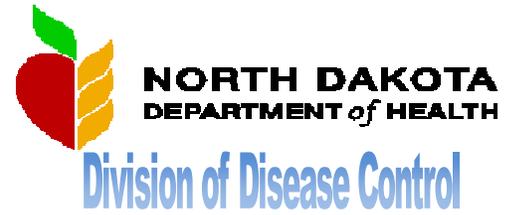


# HIV/STD/Viral Hepatitis/TB Newsletter



## Hepatitis C Outbreak in Ward County

Early in 2013, the North Dakota Department of Health (NDDoH) initiated an investigation into a cluster of acute (meaning recent infection) hepatitis C virus (HCV) cases in Ward County. These individuals were all over the age of 60, an age group that typically does not see acute hepatitis C infections. In July 2013, testing revealed that the virus from three cases was genetically linked, indicating a possible common source of infection. The NDDoH proceeded with an outbreak investigation by reviewing medical history information of these cases to identify how they were exposed and if there was a common source.

Currently, there are a total of 44 cases associated with this outbreak. All of the cases involve current or former residents at ManorCare Health Services in Minot. Ages for cases range from 38 to 100, with the median age being 84. More than 600 individuals have been tested.

The goal of the investigation was to identify modes of transmission or risk factors associated with hepatitis C and stop ongoing transmission. The preliminary findings of this outbreak investigation did not identify the exact mode of transmission. An epidemiological analysis was conducted

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## Upcoming Events



- ◆ North Dakota Department of Health (NDDoH) HIV/STD/Hepatitis/TB Program will host **Lunch & Learn Webinars** every fourth Wednesday of the month.
- ◆ **HIV/STD/Hepatitis/TB Symposium** will be held on **September 17 and 18, 2014**, at the Radisson Inn, Bismarck. See page 5 for details.

comparing exposures among those residents infected with hepatitis C to exposures among those who were not infected. This analysis provided preliminary statistical information suggesting that having hepatitis C may be associated with receiving: (1) podiatry and phlebotomy (blood draw) services through contractual agreements with Trinity Health and (2) nail care services by ManorCare. Observations were conducted specifically looking at these areas of interest for possible breaches in infection control procedures that would explain the transmission of hepatitis C, but we did not observe any obvious breaches that would explain transmission in this outbreak. The data analysis did not show any association with having hepatitis C and receiving any other health care services in the community. The general population is not at an increased risk of hepatitis C infection.

As a result of this outbreak investigation, the facilities involved have worked proactively with the NDDoH to review and reinforce policies and procedures to strengthen infection control protocols. An infection control consultant from the Association of Professionals in Infection Control and Epidemiology assisted the NDDoH in reviewing and observing infection control policies and procedures at both facilities. The NDDoH will be conducting active surveillance to ensure transmission is no longer occurring. This outbreak highlights the need for strict infection control practices and continual review and monitoring to ensure appropriate measures are consistently and correctly performed.

## April is STD Awareness Month

The NDDoH encourages health care providers across the state to discuss STD testing and prevention with their patients this month in observance of National STD Awareness Month. The rates of chlamydia and gonorrhea have been increasing over the past five years. From 2012 to 2013, the rate of gonorrhea in N.D. increased by almost 40 percent. Providing education on the testing, treatment and prevention of STDs is important for all age groups, especially those between 15 and 24. The American Social Health Association (ASHA) provides the following estimates on the number of STDs/STIs occurring in the United States:

- ◆ One in two Americans will contract an STD at some point in their lifetimes.
- ◆ An estimated 65 million Americans are living with a viral STD.
- ◆ One in two sexually active persons will contract an STD by age 25.
- ◆ One in four teens contract an STD each year.



## Updated HIV Screening Guidelines

The Centers for Disease Control and Prevention (CDC) estimate that there are up to 1.2 million people living with HIV in the United States. Twenty to 25 percent of those are unaware of their infection. In 2006 CDC expanded HIV testing recommendations to include the screening of:

- Patients in all health-care settings unless the patient declines (opt-out screening);
- People at risk for HIV infection at least once annually;
- All pregnant women (HIV screening is now included in the routine panel of prenatal screening tests, opt-out screening); and
- Pregnant women living in areas with high HIV infection rates should have repeat screening in the third trimester.

In April 2013, the U.S. Preventive Services Task Force published more comprehensive recommendations. The new recommendations are:

- **Everyone between 15 and 65 should be screened for HIV infection;**
- **Teens younger than 15 and adults older than 65 also should be screened if they are at increased risk for HIV infection; and**
- **All pregnant women, including women in labor who do not know their HIV status, should be screened for HIV infection.**



Source: [www.hivhepatitis.com](http://www.hivhepatitis.com)

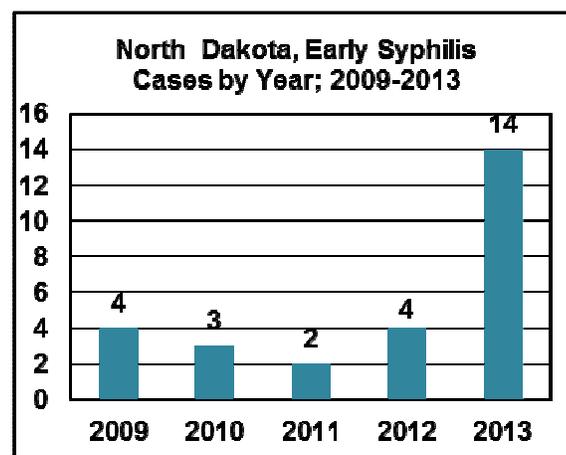
Currently, there is no cure for chronic HIV infection. However, infection can be managed from clinical progression, transmission, complications or death by appropriately timed interventions such as ART (antiretroviral therapy), immunizations, and prophylaxis for opportunistic infections. All HIV positive individuals are recommended for treatment regardless of their viral load or CD4 count.

The long version of the recommendations can be found at: <http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm>.

## 2013 Early Syphilis Cases Increase in North Dakota

The number of cases of syphilis being reported in North Dakota has increased since 2011. In 2011 and 2012, two and four cases of early syphilis (primary, secondary and early latent) were reported to the NDDoH, respectively. In 2013, 14 cases of early syphilis were reported.

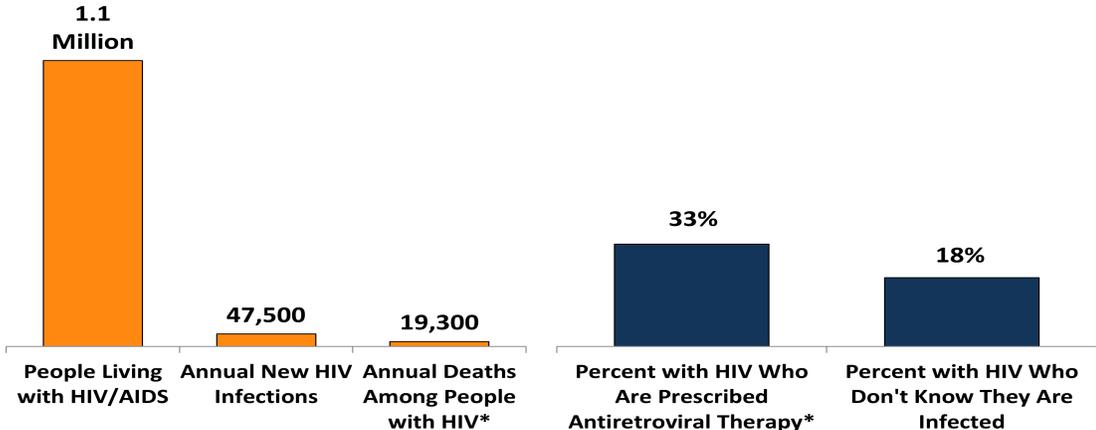
In 2013, 50 percent of early syphilis cases were located in Sioux County. Of all the cases reported in 2013, 42 percent were American Indian, 35 percent were white and 19 percent were black. Eighteen (69 percent) of the cases were male. Four individuals had been co-infected with syphilis and HIV. Seventy five percent of all primary and secondary cases in United States occur in men who have sex with men. In North Dakota the majority of cases were reported in heterosexual individuals.



# Updated HIV Treatment Recommendations

Federal recommendations for the use of antiretroviral agents in HIV-1 infected adults and adolescents are that **all HIV-positive individuals should be offered antiretroviral therapy (ART) treatment, regardless of their CD4 count and disease progression.**

## Snapshot of the U.S. HIV/AIDS Epidemic



\*Of those who are aware of their infection.  
 NOTE: Data are estimates.  
 SOURCES: CDC, HIV Surveillance Supplemental Report; Vol. 17, No. 3 (Part A); June 2012. CDC, HIV Surveillance Supplemental Report; Vol. 17, No. 4; December 2012. CDC, Fact Sheet – HIV in the United States: The Stages of Care; July 2012.



Image source: www.kff.com

ART is recommended for all HIV-infected individuals to reduce the risk of disease progression and to prevent the further transmissions of HIV. These guidelines are partly based on evidence over the past decade of the benefit of ART (antiretroviral therapy) as a means of prevention.

The landmark clinical trial known as HIV Prevention Trial Network 052 has indicated that treating an HIV-infected person could reduce the risk of sexual transmission of HIV to an uninfected partner by up to 96 percent.

For current HIV clinical guidelines visit: <http://aidsinfo.nih.gov/guidelines>.



**April 10 is the National Youth HIV & AIDS Awareness Day.** Free HIV/AIDS screening is offered through the North Dakota Department of Health to those who are considered at risk for contracting HIV. A list of testing sites can be found at: <http://www.ndhealth.gov/HIV/HIV%20Prevention/Testing/HIVTestSites.pdf>.

<http://amplifyyourvoice.org/nyhaad>

## Tuberculosis Update

The North Dakota Department of Health is continuing the surveillance of the tuberculosis (TB) outbreak in Grand Forks. As of January 2014, 29 cases of active TB have been linked to the outbreak. In addition to active cases, 82 latent TB infections and 18 contacts to active cases have been identified.

Over 1,300 TB skin tests have been performed related to this outbreak. Most of the tests were performed at Grand Forks Public Health Department. The Division of Disease Control and Grand Forks Public Health Department staff continue to spend a great amount of time to ensure that patients with active TB receive the proper treatment and care, and to prevent the spreading of the disease. Fifty-nine percent of the active cases (17) have completed treatment. Twenty-seven percent of latent cases have completed treatment, and 55 percent are currently on treatment. Following treatment protocol is crucial to prevent the progression of the disease, and to avoid building up resistance and spreading the disease.

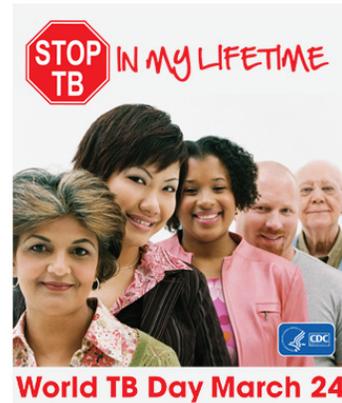
Symptoms of active TB are:

- prolonged cough
- chest pain
- general weakness
- night sweats
- weight loss

Symptoms of TB can resemble flu symptoms; however, flu symptoms persist for up to a week, while TB symptoms develop slowly and persist. If you are experiencing these symptoms, please contact your healthcare provider as soon as possible. Free TB testing for those at risk can be obtained at Grand Forks Public Health Department by calling 701.787.8100.

For a list of other sites that offer free TB testing in North Dakota, as well as HIV and hepatitis C screening, visit: <http://www.ndhealth.gov/HIV/HIV%20Prevention/Testing/Testing.htm>.

For more information contact Dee Pritchet, North Dakota TB Controller, at 701.328.2377.



## HIV/STD/Hepatitis/TB Events

The HIV/Hepatitis STD/TB Programs are holding the biannual **Symposium on September 17 and 18, 2014**, at the Radisson Inn, Bismarck. The participation fee is \$95. Nursing credits are available for participation. Topics will cover the hepatitis C outbreak, TB, integration of services, outreach efforts and strategies, and the Affordable Care Act (ACA). For more information contact Sarah Weninger at 701.328.2366 or Gordana Cokrljic at 701.328.2379.

The HIV/STD/Hepatitis/TB Programs are also hosting monthly **Lunch and Learn Webinars** every fourth Wednesday of the month from 12 p.m. to 1 p.m. Nursing credits are available for participants. To register visit: <http://www.ndhealth.gov/HIV/events.htm>.

## 2013 HIV/AIDS Surveillance in North Dakota

North Dakota ranks near the bottom for incidence of HIV/AIDS in the United States. North Dakota had a case rate of 3.1 per 100,000 people in 2013.

A total of 58 HIV/AIDS cases were reported to the NDDoH in 2013, which includes newly

diagnosed cases and cases in people previously diagnosed in other states who moved to North Dakota in 2013.

In 2013, 23 North Dakota residents were diagnosed with HIV/AIDS and reported to the NDDoH; this is a 69 percent increase from 16 HIV/AIDS cases in 2012. Eight of the newly diagnosed HIV cases were advanced enough to meet the case definition for AIDS at the time of diagnosis.

There was also a significant increase in previously diagnosed HIV/AIDS cases that moved to

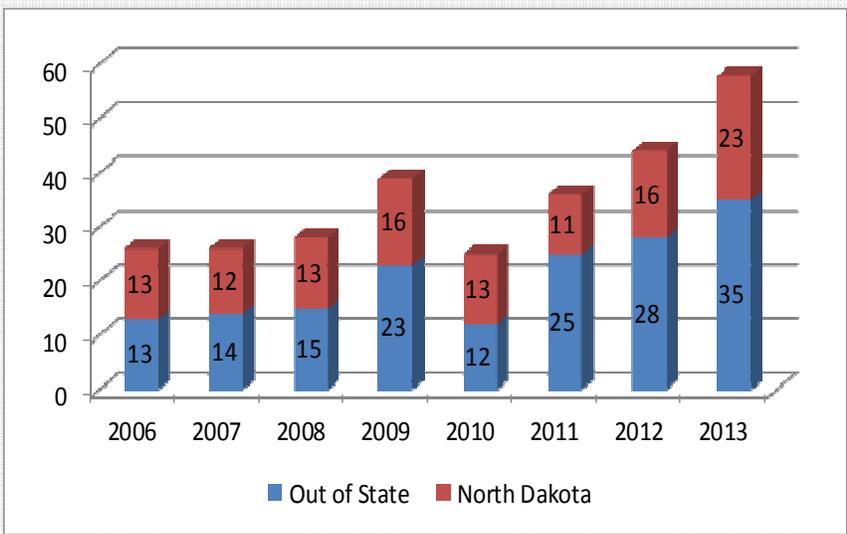


Figure 1. Number of HIV and AIDS Cases in North Dakota, 2006-2013

North Dakota from other states. In 2010, 12 previously diagnosed HIV/AIDS cases from other states moved to North Dakota. That number almost tripled in 2013, when 35 previously diagnosed HIV/AIDS cases moved to North Dakota.

Figure 2 shows the risk behavior for contracting HIV/AIDS by race/ethnicity for 2013. The highest risk behavior among white and American Indian population with HIV/AIDS is male-to-male sexual contact (MSM). The highest risk behavior among black/African American population is heterosexual contact. Seventy-

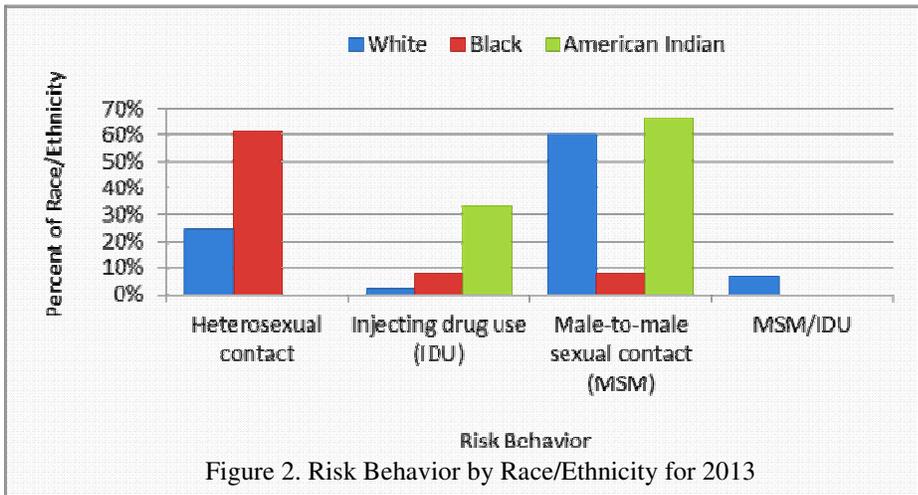


Figure 2. Risk Behavior by Race/Ethnicity for 2013

eight percent of the newly diagnosed HIV/AIDS cases in 2013 were male and 23 percent were female. North Dakota still remains among the lowest HIV/AIDS incidence per capita states in the nation. To get more information on HIV/AIDS visit <http://www.ndhealth.gov/hiv> and <http://www.cdc.gov/hiv>. You can also call us at 701.328.2378 or 800.70.NDHIV.

## Vaccines Recommended for HIV-Positive Individuals

Flu vaccine is recommended for people with HIV/AIDS, so contact your healthcare provider or county public health department for information and to set up an appointment. Children and Ryan White Program clients can get free flu shots at their county public health department. Following is a list of other recommended vaccinations for adults with HIV infection:

Vaccine	Do you need it?
Hepatitis B	<p>Yes.</p> <p>As an HIV-positive individual, you are at higher risk for hepatitis B virus infection. If you haven't had a series of hepatitis B vaccinations, you need three doses of this vaccine.</p>
Human papillomavirus (HPV)	<p>Maybe.</p> <p>You should be vaccinated against HPV if you are 26 years old or younger. The vaccine is given in three doses over six months.</p>
Influenza	<p>Yes.</p> <p>You need a flu shot every year (fall or winter) to protect yourself and others.</p>
Pneumococcal (PCV13, PPSV23)	<p>Yes.</p> <p>Vaccination with both types of pneumococcal vaccine is recommended for you because of your HIV infection. If you are 65 years old and older, you should get another dose of it now if your last vaccination was over five years ago.</p>
Tetanus, diphtheria, whooping cough (pertussis) (Tdap, Td)	<p>Yes.</p> <p>All adults need to get a one-time dose of Tdap vaccine (the adult whooping cough vaccine) and women need to get a dose during each pregnancy. After that, you need a Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least three tetanus and diphtheria containing shots sometime in your life or you have a deep or dirty wound.</p>

For more information contact your healthcare provider and the North Dakota State Department of Health HIV/AIDS Program at 701.328.2378, or 800.70.NDHIV. More immunization information can be found at [www.immunize.org](http://www.immunize.org).

## Effects of Affordable Care Act on People With HIV

The Affordable Care Act (ACA) was signed into law in 2010 by President Obama. The law is expected to improve the access and quality of health care through expansion of public and private insurance and reforms that prohibit discriminatory practices. It is also focusing on prevention, early intervention and care coordination to keep the quality of care up, and the cost of care delivery down. The law will affect millions of Americans, especially people living with chronic conditions such as HIV.

Traditionally, it has been harder for people living with chronic conditions to obtain adequate health coverage, or any at all, due to pre-existing condition policies, caps on insurance benefits and other exclusions. With the ACA more people with HIV/AIDS will be able to qualify for coverage. Three main sources of coverage for people with HIV are Medicaid, Medicare and the Ryan White Program.

One of the main provisions of the ACA that will benefit People Living with HIV/AIDS (PLWHA) is the expansion of Medicaid to include everyone under the age of 65 with income under 138 percent of the Federal Poverty Level (about \$16,000 for a single person, and \$21,000 for two people). Prior to this, PLWHA needed an AIDS diagnosis in order to qualify for Medicaid.

The second main provision which will affect PLWHA is the Health Insurance Marketplace where individuals not eligible for Medicaid and affordable employer insurance can purchase private coverage and get federal assistance with insurance premiums. North Dakota has a Federally Facilitated Marketplace located at [www.HealthCare.gov](http://www.HealthCare.gov).

According to the Kaiser Family Foundation, nationwide:

- 407,000 people with HIV between 19 and 64 are in care.
- 700,000 people with HIV are not in care.
- 4 in 10 are covered by Medicaid.
- Approximately 200,000 people with HIV could gain new coverage due to ACA.

After obtaining available insurance coverage, PLWHA can get assistance with copayments, deductibles and other costs through the North Dakota Ryan White HIV/AIDS Program. This is a federal program that provides wrap-around assistance to HIV-positive individuals after other sources have been utilized. Currently, the North Dakota Ryan White Program provides assistance to 154 PLWHA. North Dakota PLWHA with incomes under 300 percent of the Federal Poverty Level (\$35,010 for a single person) qualify for Ryan White Program services. For more information on the North Dakota Ryan White Program, visit <https://www.ndhealth.gov/HIV> or call 701.328.2378.



## Updated U.S. Public Health Service Guidelines for HIV Exposure at Work

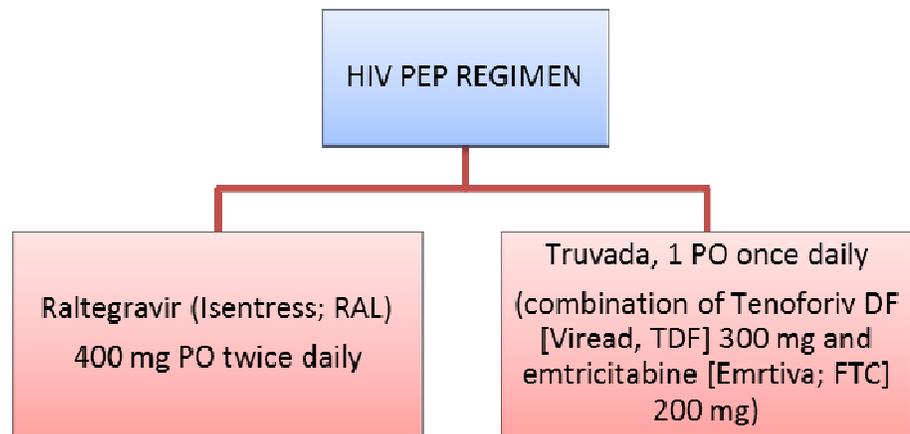
Healthcare workers exposed to HIV at work should **immediately begin four week post-exposure prophylaxis with three antiretroviral drugs**, according to the new recommendations. The three-drug regimen includes **tenofovir and emtricitabine (Truvada)** and **raltegravir (Isentress)**. This three-drug guideline recommendation is a change from the 2005 recommendations, which suggested prescribing the number of drugs based on an assessment of the risk of infection. The earlier recommendations were challenging to apply, as it was difficult to determine the level of risk of infection in any given incident, and thus how many drugs to prescribe.

The principles of exposure management remain unchanged. They include administering medication as soon as possible, having a close follow-up with initial counseling, baseline, and follow-up testing and monitoring 72 hours after exposure, and consulting an HIV expert in complicated cases (exposed person is pregnant, there is a suspicion of HIV drug resistance, or person has a serious underlying illness).

The new recommendations also shortened follow-up HIV testing from six months to four months if a fourth-generation test is used. This treatment still needs expert consultation to tailor the regimen to the exposed

health care worker. The full “Updated U.S. Public Health Service Guidelines for Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis,” along with alternative HIV Post-exposure Prophylaxis

(PEP) Regimens and medication information can be found at <http://www.jstor.org/action/showPopup?cidid=citart1&id=tba1&doi=10.1086%2F672271>.



For consultation and assistance with HIV PEP, contact the National Clinicians’ Post-Exposure Prophylaxis Hotline at 888.448.4911 or visit [http://www.nccc.ucsf.edu/about\\_nccc/pepline/](http://www.nccc.ucsf.edu/about_nccc/pepline/).

## FDA Approves Two New Hepatitis C Treatments

Recently, the Federal Drug Administration (FDA) approved two drugs for hepatitis C infection, making the more effective treatment available for chronic HCV infection. They are Sovaldi (sofosbuvir) and Olysio (simeprevir).

According to CDC and FDA, both medications are intended for adults with compensated liver disease, including cirrhosis, who have not been treated previously or whose previous treatment was ineffective. Both medications are used as a part of an antiviral regimen for the treatment of patients with chronic hepatitis C.

Sovaldi (Gilead), approved in early December of 2013, is a once-daily nucleotide for the treatment of patients with hepatitis C genotypes 1, 2, 3 or 4, according to FDA. Treatment for adult patients with chronic hepatitis C genotype ranges from a 12-week to a 24-week course of 400 mg of sofosbuvir, along with ribavirin and pegylated interferon, depending on the genotype.



Olysio (Janssen Therapeutics), approved in late November 2013, is intended for the treatment of patients with chronic hepatitis C genotype 1 infection. Treatment consists of one 150 mg capsule of simeprevir once daily, combined with peginterferon alfa and ribavirin for 12 weeks, followed by either 12 or 36 additional weeks of pegylated interferon alfa and ribavirin, depending on the prior response status.



A new online guidance (launched by the American Association for the Study of Liver Diseases and the Infectious Disease Society of America in collaboration with the International Antiviral Society-USA) is available for healthcare providers from [www.HCVguidelines.org](http://www.HCVguidelines.org). This guidance will assist clinicians in delivering the most updated care for their patients living with chronic HCV.

New treatments have demonstrated improved cure rates, are better tolerated by patients, and in many instances require shorter treatment, which will likely result in increases in numbers of HCV-positive individuals seeking treatment.



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