



In This Issue:

- ◆ Hepatitis C Exposure at a Medical Clinic – Las Vegas, Nevada, 2008
- ◆ Outbreak of Measles in San Diego, California

March 6, 2008

Vol. 28, No. 4

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Hepatitis C Exposure at a Medical Clinic – Las Vegas, Nevada, 2008

On February 27, 2008, the Southern Nevada Health District (SNHD) announced the notification of approximately 40,000 patients of a Las Vegas medical clinic about potential exposure to hepatitis C and other bloodborne pathogens. The announcement came following the investigation of a cluster of acute hepatitis C cases.

Patients who had procedures requiring injected anesthesia at the Endoscopy Center of Southern Nevada, located at 700 Shadow Lane, Las Vegas, began receiving letters last week. The SNHD's notification includes patients who had procedures at the clinic between March 2004 and January 11, 2008. The notice recommends patients contact their

primary care physician or health care provider to get tested for hepatitis C as well as hepatitis B and HIV. Residents of Washoe County who had procedures at the clinic during the time frame should be encouraged to be tested as well.

Because screening for bloodborne pathogens in an asymptomatic population may result in false positive test results, CDC and SNHD are recommending the initial and reflex laboratory testing listed in Table 1. To assist with the testing follow-up and to ensure appropriate reflex testing, Labcorp and Quest laboratories have provided custom panels and tests for clients in Nevada (see Tables 2 and 3).

Table 1 Initial & reflex laboratory testing for persons administered IV anesthetic during procedures performed at Endoscopy Center of Southern Nevada between March 2004 and January 11, 2008

Test Name	Description	Synonyms	Reflex testing for positives of initial tests
Hepatitis B core antibody, total	Antibody to hepatitis B core antigen, total IgG & IgM. Nonspecific marker of acute, chronic, or resolved hepatitis B infection. It is not a marker of vaccine induced immunity.	Anti-HBc (total) HBV Core Total Antibody	Hepatitis B core antibody, IgM and hepatitis B surface antigen
Hepatitis C Antibody	Antibody to hepatitis C virus. Screening immunoassay method with signal-to-cutoff ratio (s/co) reported.	Hepatitis C antibody Anti-HCV HCV Hep C	Positives with low s/co ratio reflex to RIBA, anti-HCV
HIV 1 or HIV 1/2	Antibody to human immunodeficiency virus. Immunoassay method with reflex to Western Blot for all positives	HIV 1/2 EIA antibody screen HIV-1 HIV 1/2	HIV-1 Western Blot

Table 2 Labcorp test codes

Labcorp panel code	Initial testing includes	Reflex testing for positives
344053	Hepatitis B Core Antibody, total (006718) Hepatitis C Antibody (143991) HIV-1/2 (083824)	Reflex testing for positives will automatically occur based on the tests listed in Table 1

Table 3 Quest test codes

Quest test code	Description	Reflex testing for positives
7040E	Hepatitis B Core Antibody, Total	Reflex testing for positives will automatically occur based on the tests listed in Table 1, only if these custom test codes are ordered
1590E	Hepatitis C Antibody (HCV)	
3200	HIV 1/2 EIA Antibody Screen with reflexes	

Hepatitis B, hepatitis C, and HIV are reportable per Nevada Administrative Code 441A. Washoe County health care providers must report positive results to the Washoe County District Health Department's confidential fax at (775) 328-3764 or by calling (775) 328-2447.

The diagram on the following page describes how patients were potentially exposed to bloodborne pathogens at this

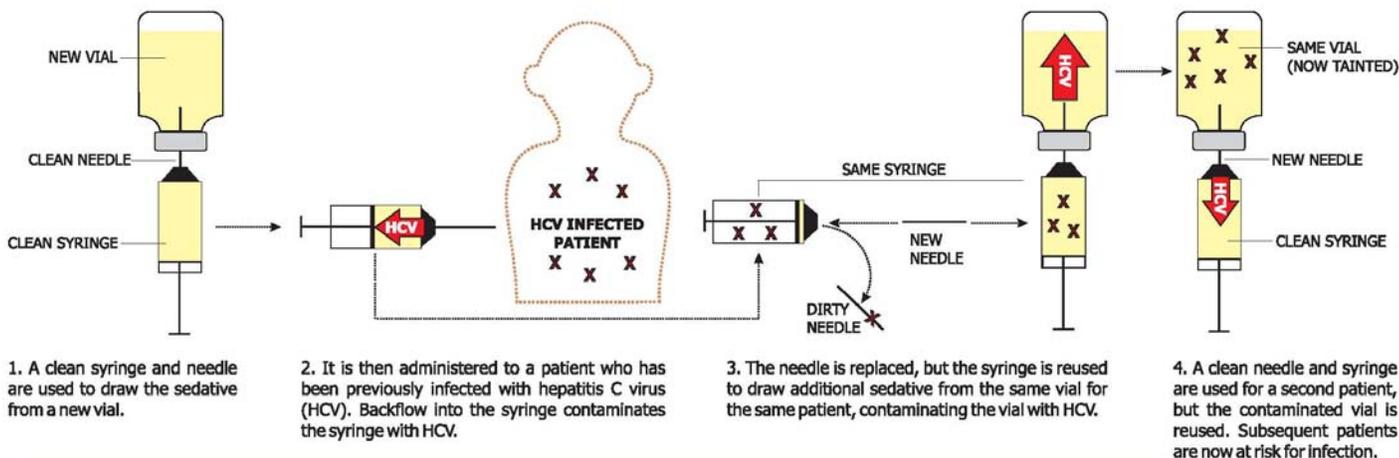
clinic. SNHD has established a hotline for patients at (702) 789-INFO.

Additional information for patients, health care providers and the general public is available on SNHD's website at <http://www.southernnevadahealthdistrict.org/outbreaks/index.htm>. Washoe County health care providers and residents with additional questions may also call the Communicable Disease Program at (775) 328-2447.

Please share this document with all physicians & staff in your facility/office.

Unsafe Injection Practices and Disease Transmission

Reuse of syringes combined with the use of single-dose vials for multiple patients undergoing anesthesia can transmit infectious diseases. The syringe does not have to be used on multiple patients for this to occur.



Outbreak of Measles – San Diego, California, January-February 2008



Child with classic measles rash, day 4. (Photo courtesy CDC).

A case of measles in an unvaccinated 7-year-old boy with recent travel to Switzerland was reported on February 1, 2008 in San Diego County, California. During January 31-February 19, the San Diego County Health and Human Services Agency identified 11 additional measles cases in unvaccinated infants and children aged 10 months – 9 years that are linked epidemiologically to the index case and include two generations of secondary transmission.

Although notable progress has been made globally in measles control and elimination, measles still occurs throughout the world. Travelers can be exposed to measles almost anywhere, including developed countries. To prevent acquiring measles during travel, U.S. residents aged ≥ 6 months traveling outside of the U.S. should have documentation of measles immunity before travel. Persons are considered immune to measles if they:

- ◆ were born before 1957, or
- ◆ have documentation of physician-diagnosed measles, or
- ◆ have laboratory evidence of immunity to measles, or
- ◆ have documentation of two doses of measles, mumps, and rubella (MMR) vaccinations.

Additional recommendations for preventing further measles transmission from importations in this and other U.S. settings include the following reminders for health-care providers:

- ◆ Obtain travel histories and consider a diagnosis of measles when evaluating patients who have a febrile rash illness within 3 weeks of traveling abroad;

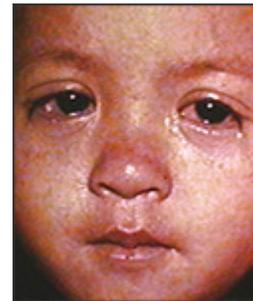
- ◆ Use appropriate infection-control practices to prevent measles transmission in health-care settings;
- ◆ Maintain high coverage with MMR vaccine among children.

Suspect measles cases are reportable per Nevada Administrative Code 441A. Washoe County health care providers must report suspect cases by calling the Washoe County District Health Department at (775) 328-2447.

Information on appropriate laboratory testing for measles is available on-line at <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/meas.pdf>, or by calling the communicable disease program at (775) 328-2447.

MMR vaccinations are available at the WCDHD Immunization Clinic. The clinic is open Mondays, Wednesdays and Fridays from 8 am to 4:30 pm. Additional information regarding the clinic, costs, and other immunization sources can be viewed on our website at <http://www.washoecounty.us/health/cchs/imm.html>.

For more information regarding this outbreak investigation, please check CDC's website at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5708a3.htm>.



Face of child with measles (Photo courtesy CDC).