

# Microbe Monthly

## Communicable Disease Report

El Paso County Department  
of Health & Environment

January 2009

### TB: Testing and Follow-up

Tuberculosis (TB), although relatively rare in the U.S., is still a significant concern worldwide. In El Paso County, the Health Department investigates and treats between 7-10 new active cases each year and follows up on their contacts. Targeted tuberculin skin testing for latent TB infection (LTBI) is also an important component of TB control. CDC has recommended targeted TB skin testing to avoid false positive TB skin test results. Targeted testing should focus on individuals who are at the highest risk for progression to active, infectious TB disease. According to the CDC, high-risk categories include those persons who: recently immigrated from a country with a high incidence of TB; are a contact of an active TB case; are taking immunosuppressive medications or have HIV infection; have medical conditions that increase the risk of progression to active TB disease.

The recommended TB skin test is the Mantoux tuberculin skin test (TST). TST is an intradermal injection of purified protein derivative (PPD) that identifies infection with *Mycobacterium tuberculosis*. Once a TST is placed, the patient must return in 48-72 hours for reading (see adjacent chart). Tests read before 48 and after 72 hours are not considered valid. Only induration is measured for interpretation, not the size of erythema. Patients with a positive TST should have a medical assessment for signs and symptoms of active TB disease and a chest x-ray (CXR). Asymptomatic patients with a normal CXR are diagnosed as having LTBI. Clinics that screen for LTBI should also have the capacity to initiate and complete the recommended 9-month regimen of isoniazid. Patients with an abnormal CXR suggestive of TB or with symptoms consistent with active TB disease should be referred to the Health Department's TB Program at 719-578-3220 for further evaluation. Additional information is available at: [www.cdphe.state.co.us/dc/tb/tbhome.html](http://www.cdphe.state.co.us/dc/tb/tbhome.html) or [www.cdc.gov/tb](http://www.cdc.gov/tb).

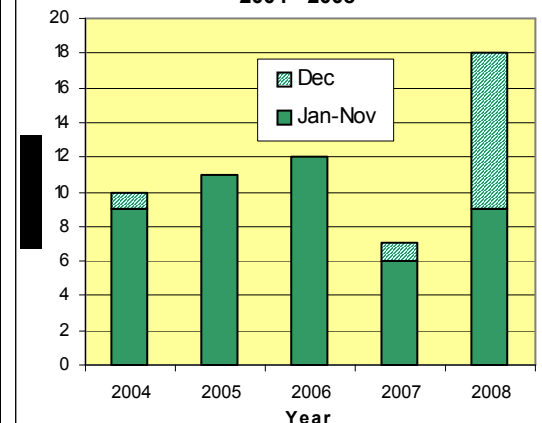
#### When is a TST Positive?

>=5mm	>=10 mm	>=15 mm
HIV infection/ AIDS	Recently arrived foreign-born person from country with high TB incidence	Persons with no known risk factors for TB
Recent contact to an active TB case	User of high-risk substances	
Fibrotic changes on CXR consistent with healed TB	Residents and employee of high- risk congregate setting	
Immuno- suppressed persons	Mycobacteriology lab personnel	
	Medical conditions that increase the risk of TB	
	Children less than 4 years of age exposed to adults in high-risk categories	

### El Paso County Disease Trends

- In December 2008, 66 communicable diseases were reported and investigated: *Campylobacter* (9), cryptosporidiosis (1), encephalitis (1), giardiasis (3), chronic hepatitis B (7), hospitalized influenza (6), invasive pneumococcal disease (4), pertussis (1), *Salmonella* (11), *Shigella* (9), toxic shock syndrome (1), *Varicella* (9), and viral meningitis (4).
- Also in December, the CD Program received 13 possible foodborne illness complaints. The 2008 total is 160 complaints.
- In 2008, there were a total of 43 illness outbreaks reported: 8 influenza in long-term care facilities (LTCFs), 11 norovirus/GI in LTCFs, 18 outbreaks associated with retail food establishments, 5 associated with schools and 1 in a home.
- There has been a substantial increase in reported *Shigella* cases in both El Paso County and Colorado during December, which is typically a low-incidence month (see chart). Investigations to-date do not support a common exposure for either the county or state cases.

Shigella Cases in El Paso County  
2004 - 2008



### Hot Topics — State and National

- Influenza** — El Paso County continues to report the highest number of hospitalized influenza cases in Colorado, as of the week ending January 3, 2009 (14 statewide with 7 from our county). Interestingly, very preliminary viral strain typing has shown a disproportionately higher number of type A H3 infections being identified from El Paso County, as compared to Colorado and nationally where the majority of flu is type A H1. National data thus far this season from influenza antigenic characterization shows a good match between circulating type A viruses and the vaccine components. Providers should continue to encourage patients to get their flu shots soon, before flu activity increases further.
- The winter months are a time when we see a seasonal increase in norovirus (formerly Norwalk virus) outbreaks, particularly in long-term care facilities (LTCFs). Norovirus is extremely contagious in these settings, with attack rates of 50-70%. Outbreaks should be reported to the Health Department within 24 hours so that appropriate control measures can be implemented. Guidelines for control of norovirus outbreaks in LTCFs are available at: [www.cdphe.state.co.us/hf/protocols/norovirusguidelines.pdf](http://www.cdphe.state.co.us/hf/protocols/norovirusguidelines.pdf).

### Contact Information

#### CD/TB Program

Weekday Hours (M-Th)\* 719-578-3220  
After-Hours Emergency 719-385-9622

**Immunizations** 719-578-3272

**Environmental Health** 719-575-8636

\*Note: Health Department regular hours are Monday—Thursday, 7 AM—6 PM.

#### Colorado Department of Public Health and Environment

Weekday Hours (M-F) 303-692-2700  
After Hours 303-370-9395