

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

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Rapid HIV Testing in Los Angeles County

Rapid HIV testing has become an increasingly popular method for HIV testing in the U.S. The two main advantages of rapid testing over the traditional ELISA and Western blot testing methods are:

- results are available in 20 - 40 minutes and,
- the test can be performed outside of traditional medical settings, including mobile testing units, correctional facilities, and bathhouses.

Thus, rapid HIV tests are particularly valuable for testing persons who are unlikely to return for their test results and for those who are likely to only be tested outside of a medical setting.

Currently, the Food and Drug Administration (FDA) has approved four rapid HIV tests for use in the U.S: OraQuick Advance, Uni-Gold Recombigen, Multispot, and the Reveal G2. OraQuick is manufactured by OraSure Technologies, and was categorized as a CLIA (Clinical Laboratory Improvements

Amendments) waived, rapid test designed to detect HIV-1 antibodies in 2003 by the FDA. More recently, OraQuick Advance was FDA approved in March, 2004 for the detection of HIV-1 and HIV-2 antibodies using either whole blood or oral fluid specimens. OraQuick Advance is the only rapid HIV test approved in the U.S. for use with oral fluid and it is quickly becoming the most widespread rapid testing method in Los Angeles County. Oral fluid testing is advantageous as it provides an alternative to those who resist or are uneasy with having their blood drawn or finger stuck with a lancet.

Test Specifications

The OraQuick and OraQuick Advance HIV tests have a sensitivity of 99.6% and a specificity of 100% using whole blood while OraQuick Advance has a sensitivity of 99.3% and a

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Summer Months Continue to Peak in Injury Fatalities Among Children in Los Angeles County

National and local data confirm that summer months increase the risk of childhood injury, likely due to increased exposure to outdoor activities, such as swimming and biking, and traveling more often in motor vehicles.

During the summer, children are drawn to the beaches, lakes, pools, backyards, parks and other places for fun activities and summer jobs. However, without adequate supervision there is an increased risk of injury or even death. In the U.S. 42% of all unintentional injury-related deaths and 39.9% of all unintentional injury-related hospitalizations among children ages 14 and under occur during summer months, according to a national study of seasonality of unintentional childhood injury (Figure 1). The study also found 66% of drowning fatalities, 53% of bicycle-related fatalities, 49% of fall-related fatalities, 41% of pedestrian-related fatalities, and 40% of motor vehicle occupant fatalities also occur in the summer (see Figure 2).

Los Angeles County statistics

Childhood injuries in the county consist of a similar pattern with 51% of all unintentional injury related deaths and 40% of all unintentional injury related hospitalizations among children ages 14 and under occurring in the summer months (see Figure 1).

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Additional unintentional injury trends in the county show 72% of drowning fatalities, 56% of bicycle-related fatalities, 41% of pedestrian-related fatalities, and 38% of motor vehicle occupant fatalities also occur during summer among children among this age group (See Figure 2).

WATER SAFETY

Nine out of ten children who have drowned, were being supervised by adults. These adults were distracted by eating, talking, or reading while watching children in the pool. This is why "active" supervision is important. "Active" supervision means adults keep their eyes on the children and water at all times. Studies show that 69% of children found in a pool or spa were not expected to be at or in the pool or spa.

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THE PUBLIC'S HEALTH



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Rapid HIV Testing in Los Angeles County...from page 1

specificity of 99.8% using oral fluid¹. The slightly lower sensitivity and specificity for oral fluids can result in more false negative and false positive results compared to whole blood testing². Controls must be run for quality assurance purposes

- each time a new operator performs the test;
- if the temperatures fall below/above the ideal range;
- at the time that new shipments of test kits are received; or
- when opening a new test kit lot.

Ambient temperatures must be maintained for both testing and storage of kits. Kits can be purchased from the manufacturer at a cost of \$9-\$20 depending on the testing method and other factors.

Collection Methods

The OraQuick and OraQuick Advance tests are conducted using a standard collection loop to obtain a whole blood sample via fingerstick or blood that has been collected via standard venous phlebotomy procedures. The collection loop is then placed into a developer solution and slightly agitated. A device is placed into the resulting mixture and within 20-40 minutes a test result is available by reading a visual display much like a home pregnancy test that shows two lines for a preliminary positive. Preliminary positive results, although very accurate, must be confirmed with a standard Western blot. Collection of oral fluid for OraQuick Advance is performed by swabbing an individual's gums with the test device and placing the specimen in a developer solution. The test device is read exactly as that for whole blood samples.

Training

Providers wishing to conduct rapid HIV testing must meet federal and state requirements which include:

- obtaining a CLIA certificate of waiver
- ensuring that manufacturer's test instructions are followed
- maintaining a quality assurance plan, and
- receiving test kit training.

In addition, providers must agree to allow unannounced and announced inspections by the federal Centers for Medicare and Medicaid Services and follow HIV testing requirements or guidelines from the state health department. Currently, OAPP offers rapid testing training using whole blood as part of their 5-day HIV Testing and Counseling Certification program. For collection using oral fluid, additional training on the proper collection of oral fluid specimens is required.

References

1. Branson BM. Rapid HIV Testing: 2005 Update. Web Site. Available at: http://www.cdc.gov/hiv/rapid_testing/.
2. Centers for Disease Control and Prevention. OraQuick Rapid HIV Test for Oral Fluid-Frequently Asked Questions. Web Site. Available at: http://www.cdc.gov/hiv/rapid_testing/.

Rapid Testing in Los Angeles County

To date, there are 14 OAPP funded agencies in the county that conduct rapid HIV testing using OraQuick Advance with 6 additional sites scheduled to begin in the next six months. For more information about rapid HIV testing in the county and a list of HIV testing locations, visit www.lapublichealth.org/aids.

Further Product Information

More information regarding rapid HIV testing can be found at www.orasure.com, or www.cdc.gov/hiv/rapid_testing/.

New Emergency Contraception Policy for County Public Health STD Clinics

Female STD clinic patients who report recent contraceptive failure or unprotected intercourse and do not want to become pregnant will soon be able to receive Plan B, a form of emergency contraception (EC). This critical and much needed service, which is slated to begin this summer, resulted from a policy recommendation by the County STD Program to the Director of Public Health and County Board of Supervisors. Collaborating with the STD Program to develop the policy were Public Health Investigation, Maternal, Child, and Adolescent Health Program, Nursing, and Community Health Services.

Background and Rationale

EC is used to prevent pregnancy after unprotected or inadequately protected intercourse. Plan B, the most widely used form of EC, contains a high dose of progesterone, one of the hormones found in birth control pills. The earlier Plan B is taken, the more effective it is. Approximately 95% of expected pregnancies are averted if Plan B is taken within 24 hours of unprotected intercourse; effectiveness declines to 85% and 60% if taken after 72 hours and 120 hours, respectively. It is important to emphasize that EC is very different from a medical abortion using mifepristone (RU 486). EC prevents a pregnancy from starting and does not disrupt or harm an already established pregnancy.

One of the greatest advantages of Plan B is how safe and simple it is to give. Unlike older forms of EC, side effects are mild. In fact, Plan B is so safe that it was recently recommended by FDA scientific advisory panels to be made available over-the-counter. Presently in Los Angeles County, Plan B can be obtained from clinics and providers funded by Title X, Family Pact, MediCal, and from DHS family planning clinics. Since 2001, pharmacists in California have been legally allowed to provide Plan B without a doctor's prescription, but unfortunately, high pharmacy consultation fees have made access to this innovative service problematic for low-income women.

Until now, women presenting to county STD clinics reporting recent unprotected intercourse were referred elsewhere to obtain EC. Because of the time-sensitive nature of this emergency treatment, this new policy should greatly help to decrease the risk of undesired pregnancy.

Women presenting to county STD clinics are at high risk of sexually transmitted infections and unintended pregnancy. Cross-sectional data from a 1996 County STD clinic chart

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review found that 40% of patients reported not using any method of contraception and 60% of those who did report use of a regular method relied solely on condoms. As condoms are the only form of birth control presently provided by county STD clinics, the ability to provide a back-up method if condoms fail is important. This provision of Plan B is designed to serve as a bridge until more effective contraception can be obtained; all patients will receive information on and referral for a routine birth control method.

Eligibility and Procedures

Patients will be screened for Plan B eligibility, using the following criteria:

- Unprotected sexual intercourse or contraceptive failure within 120 hours
- Pregnancy not desired at this time
- No evidence of current pregnancy
- No known history of allergy to Plan B medication

All eligible women who would like treatment with Plan B will receive education and counseling by clinic staff and a patient information leaflet, a list of family planning providers, information on birth control methods, and condoms. Plan B will only be offered to patients who accept STD screening. At a minimum, a sexual and menstrual history will be taken and urine collected for chlamydia and gonorrhea testing. This requirement is to deter EC-only visits and identify chlamydia and gonorrhea infected women who may not otherwise have presented for STD testing.

For more information about emergency contraception and local family planning resources, visit the STD Program's website at www.lapublichealth.org/std/patients

For more information regarding the EC policy in STD clinics, please contact Dr. Sarah Guerry, Medical Director of the STD Program, at (213) 744-3070 or sguerry@ladhs.org.

Summer Months Continue to Peak in Injury Fatalities...from page 1

Further, 65% of these incidents occurred in a pool owned by the child's family and 33% occurred in a pool owned by a friend or relative. For these reasons, multiple levels of protection are necessary in case there is a lapse in supervision or a failure in one level of protection. These include:

- Isolation barrier fencing
- Self-closing and self-latching gates
- Lifesaving equipment at the pool or spa area
- Emergency phone in the pool or spa area
- Learn cardiopulmonary resuscitation (CPR)
- Swim lessons for children 5 years and older

HELMET SAFETY

California law requires that children under 18 years wear approved safety helmets when riding bicycles, scooters, skateboards and skates. In addition, elbow and knee pads, and wrist guards for those riding skate-boards and in-line and roller skates are recommended. For those riding scooters, elbow and knee pads are recommended for protection in addition to the helmet.

MOTOR VEHICLE SAFETY

California Child Passenger Safety Law requires children be properly secured in a child seat or booster seat until they are at least 6 years old or weigh at least 60-pounds. Children under 16 years old and over 6 years or 60 pounds must ride:

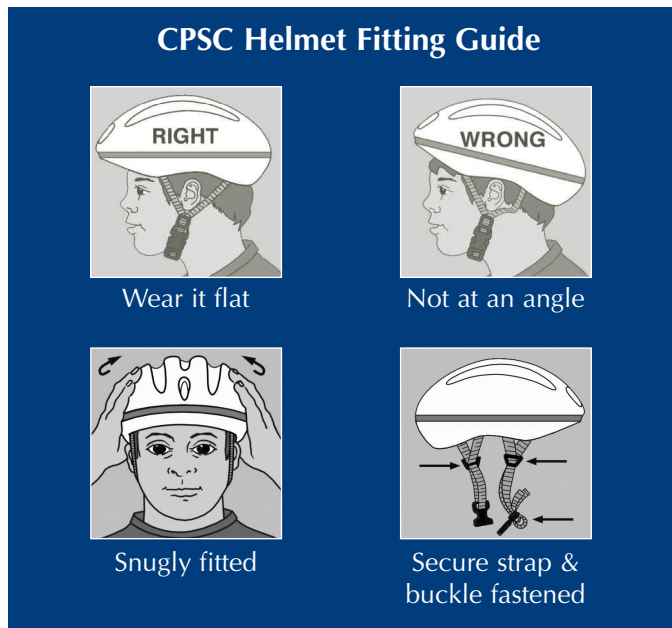
- In a child restraint system (car seat, booster, harness, or other product certified to meet Federal Safety Standards), or
- With a properly fitted safety belt (lap belt touching the thighs and shoulder belt on child's shoulder, not under their arm or behind their back).

PLAYGROUND SAFETY

Because many injuries are associated with inadequate supervision on playgrounds, parents should become proactive in playground supervision. Although all adults are not expected to be trained playground inspectors, they should visually inspect the equipment for potential safety problems and make sure children do not play on unsafe equipment.

References

1. A National SAFE KIDS study.
2. How to plan for the unexpected: preventing child drownings, Publication No. 359, U.S. Consumer Product Safety Commission, Washington DC 20207
3. California Child Passenger Safety Seat Law (California Vehicle Code, Sections 27360-27365)



	National	Los Angeles County
Deaths	42	50.9
Hospitalizations	39.9	40

Figure 1: Percent of unintentional injury fatalities and hospitalizations among children 14 years and under during summer months in the U.S. and the county

	National	Los Angeles County
Drowning	66.1	72
Bicycle	52.5	56
Fall	49.2	*
Pedestrian	40.8	41
Motor Vehicle Occupant	40.3	38

Figure 2: Percent of unintentional injury fatalities among children 14 years and under by injury mechanism during summer months in the U.S. and the county

*Only "1" annual fatality reported and occurred in summer.

Sting! *How to care for bee and spider bites*

With the advent of warm weather, it's inevitable that the insects of summer will be out conducting business as usual. There is also the possibility the plentiful rainfall the county experienced this winter may act as a catalyst to produce greater numbers or heightened activity in many of the insects and spiders found normally around the home. To prepare for the bugs of summer, here is some information to help identify what's bugging you as well as how to minimize the nuisance or risk associated with their presence.

Spiders

When excessive winter rains provide an impetus for lush plant growth the following spring, we frequently see high populations of the various insects that rely on plants for their sustenance. But, Mother Nature has a natural check for these plant-feeders that can often cause significant problems when they invade our landscaped yards. Predatory species, such as spiders, take full advantage of this abundance of prey. The young spiders that emerge in the spring experience a much lower rate of mortality and this often results in higher numbers of adult spiders that are far more visible as summer advances.

The only spider present throughout Los Angeles County and considered to be a public health pest is the **female black widow**.

Webs are constructed beneath patio furniture, around pool filters,

beneath sheds, inside storage buildings, or in the corners of our garages. Although her fangs are small, her neurotoxic venom can produce extreme pain at the site in most cases. It is important to note that occasionally, no or minimal pain is experienced at the bite site with onset of severe pain delayed by as much as 30 minutes. Other symptoms include a rise in body temperature, increased blood pressure, profuse

perspiration, and nausea. If you suspect you have been bitten by a black widow, wash the bite area with soap and water, and consult with a physician immediately.

It is advisable to learn to recognize the characteristic web of the black widow and conduct routine inspections of properties with a flashlight on a weekly basis. These webs are most often located within 18 inches of the ground. The spiders venture out onto the web as evening advances and hang upside down as they wait for prey. The spider can then be sprayed with a household pesticide or knocked to the ground with a broom and crushed.

Despite their often large size, hairy bodies or huge webs, **all other spiders** we see are relatively harmless. If the fangs are long enough to penetrate human skin, the venom will produce a mild to moderate reaction that heals in two weeks or less. Since spider fangs are known to have high bacteria counts, infections from bites present a far greater risk to health than the venom. All spider bites

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should be immediately washed with soap and water. Ice wrapped in a cloth can be applied to the wound and can be useful in delaying the effects of the venom. Acetaminophen can be used for pain control. Contact a physician if signs of infection appear.

Wasps

Paper wasps are about 3/4 inch in length and have bodies that are much longer than they are wide. The umbrella-shaped nests are suspended by a short stem to the underside of overhanging surfaces such as house eaves or patio covers. Colonies are usually small and contain only a few dozen workers that leave the nest during the day to scavenge for caterpillars that are fed to the young developing in the open cells of the nest. When tending to the nest and developing brood, workers are easily provoked by sudden movements in the near vicinity of the nest and will sting forcibly and repeatedly.

Control efforts are best performed in the spring when nests are small and the workers few. Wasp sprays that deliver a long and forceful stream of fluid to the nest can be used most effectively at dusk, dawn or after dark, when all workers are on the nest. Remove the nest after control efforts are completed. It may be necessary to conduct weekly inspections of the home and property during the spring and early summer to prevent nesting attempts by new queens.

Yellow jackets are another common wasp. Their body is stouter and slightly shorter than paper wasps, and their abdomens are yellow with bold black bars and spots. The most common yellow jacket wasps in the county prefer to build their large paper nests in the ground, most often locating it in an abandoned rodent burrow. They will also locate nests within the walls of structures when cracks or holes provide them access to the interior voids. Colonies are started in the early spring, usually by a single queen, and grow quickly to include several thousand workers. Some perennial nests have been discovered with as many as 15,000 wasps.

Workers require high energy diets and are attracted to over ripe or rotten fruits. They also scavenge for protein for the developing young and will often capture insects and carry them back to the nest. Yellow jackets are bold and inflict a painful sting. Their constant search for sweets or meats can quickly ruin a picnic or outdoor gathering.

Trapping wasps

In areas where there is a history of excessive numbers of



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wasps, traps that attract scavenging wasps should be liberally placed early each spring and maintained throughout the summer. Traps placed late in the season do little to reduce populations of the wasps. Nests can occasionally be located by observing the wasps as they enter or exit a hole in the ground or a wall. Since the nest could contain thousands of workers, each capable of delivering multiple stings, control is best achieved by calling a pest management professional.

Honeybees and Africanized Honeybees

Most people can readily recognize honeybees. In the wild

Properties should be inspected routinely for nesting bees. If you suspect a nest is located on your property, no attempt should be made to approach it or eliminate the bees.

they build colonies in the cavities of trees or other such protected locations. In residential neighborhoods they will nest in crawl spaces, wall voids, chimneys, or storage sheds. Since the temperamental and easily provoked Africanized honeybee cannot be readily distinguished from the

European strains that have colonized North America for centuries, any honeybee nest could potentially harbor the Africanized strain and not be recognized as such.

Properties should be inspected routinely for nesting bees. *If you suspect a nest is located on your property, no attempt should be made to approach it or eliminate the bees.* Contact a pest management professional who has the proper equipment and training as soon as possible.

MENINGOCOCCAL CONJUGATE VACCINE

In January 2005, the U.S. Food and Drug Administration licensed Sanofi pasteur's Menactra™ (Meningococcal [Groups A, C, Y and W-135] Polysaccharide Conjugate Vaccine, MCV4) to protect against meningococcal disease in adolescents and adults aged 11-55 years. MCV4 is the first quadrivalent conjugate vaccine licensed in the U.S. for the prevention of meningococcal disease and is designed to offer protection against four serogroups of *Neisseria meningitidis* (A, C, Y, W-135). As a conjugate vaccine, MCV4 is expected to provide longer lasting immunity than the previously licensed meningococcal polysaccharide vaccine (Menomune®) and may decrease the carriage of the serogroups included in the vaccine in vaccinated persons.

In February 2005, the Advisory Committee on Immunization Practices (ACIP) to the CDC recommended that children 11-12 years, teens entering high school and college freshman living in dormitories receive MCV4. The ACIP has an existing recommendation for a routine doctor's visit for 11-12 year olds, at which they may receive a tetanus-diphtheria booster shot. With the new recommendation, 11-12 year olds should also receive the meningococcal vaccine at this routine visit.

To foster the most rapid reduction of meningococcal disease following this recommendation, the Committee recommended that for the next 2-3 years teens entering high school be vaccinated as well. College freshman who live in dormitories are at higher risk of meningococcal disease than other college students and should also be vaccinated. Meningococcal vaccine may be provided to college students who do not live in dormitories and adolescents who want to reduce their risk for meningococcal disease.

Others recommended to receive either the previously licensed meningococcal polysaccharide vaccine or MCV4 include U.S. military recruits; people who may be affected during an outbreak of meningococcal disease caused by serogroups in the vaccine; persons traveling to, or living in, a part of the world where meningococcal disease is common, such as West Africa; persons with terminal

complement component deficiencies; persons with functional and anatomic asplenia; and those infected with HIV. Immunization should also be considered for laboratory workers who are routinely exposed to *N. meningitidis*.

Every year approximately 2,600 people develop meningococcal disease in the U.S. Ten to 15% of these cases are fatal in spite of treatment with antibiotics.

Every year approximately 2,600 people develop meningococcal disease in the U.S. Ten to 15% of these cases are fatal in spite of treatment with antibiotics. Meningococcal disease often begins with symptoms that can be mistaken for common illnesses, such as the flu. The disease's clinical features include fever, headache, and stiff neck in meningitis cases, and sepsis and rash in meningococemia. Of those who recover from this devastating disease, another 10%-15% suffer permanent hearing loss, limb amputations, mental retardation, seizures, or stroke.

N. meningitidis is the leading cause of bacterial meningitis in children 2-18 years of age in the U.S. and is generally spread though direct contact with respiratory secretions from a nasopharyngeal carrier though coughing, sneezing and kissing.

The new meningococcal conjugate vaccine is expected to be available by early summer, 2005. For additional information regarding MCV4, visit the county's Immunization Program website: <http://www.lapublichealth.org/ip/HCPs.htm>

MENINGOCOCCAL CONJUGATE VACCINE

MCV4 Vaccination Schedule:

Immunobiologic	Primary Schedule	Revaccination Schedule
Menactra™ (Sanofi pasteur)	<p>Single dose: 0.5 mL intramuscular (IM) in the deltoid region</p> <p>Vaccine supplied in single dose vials – no reconstitution required</p>	<p>Revaccination schedule has not been established</p> <p>Revaccination with MCV4 may be indicated within 3-5 years for persons age ≥11 years previously vaccinated with MPSV4 who remain at high-risk for meningococcal disease (i.e., those with terminal complement deficiency, anatomic or functional asplenia, or HIV, or travelers to hyperendemic or epidemic areas)</p>

Indications:

MCV4 is licensed for adolescents and adults 11-55 years of age for the prevention of invasive meningococcal disease caused by *N. meningitidis* serogroups A, C, Y, and W-135. The following groups are recommended to be vaccinated:

- Persons traveling to countries in which *N. meningitidis* is hyperendemic or epidemic, particularly if contact with the local population will be prolonged
- Persons with terminal complement deficiencies and those with anatomic or functional asplenia
- Persons who are infected with HIV
- Adolescents aged 11-12 years old at their preadolescent routine visit
- Adolescents at high school entry (aged 15 years) who were not vaccinated at the preadolescent visit
- College freshmen who live in dormitories

Under the Vaccines for Children (VFC) Program, MCV4 is available for adolescents 11 through 18 years of age. If vaccine supplies are limited, priority should be given to those listed above.

Contraindications and Precautions:

- History of hypersensitivity or a life-threatening reaction to a prior dose of MCV4, or after previous administration of a vaccine containing similar components, including diphtheria toxoid
- Acute moderate or severe illness with or without fever.

Adverse Reactions:

- During the clinical trials the most commonly reported adverse reactions were:
 - Pain at injection site
 - Headache, malaise, fatigue, and arthralgia

Vaccine Storage and Handling:

- Keep vaccine refrigerated between 35° - 46° F (2° - 8° C)
- DO NOT freeze vaccine

Did you know?.....

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COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

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Selected Reportable Diseases (Cases)* - January 2005

Disease	THIS PERIOD Jan. 2005	SAME PERIOD LAST YEAR Jan. 2004	YEAR END TOTALS				
			2004	2003	2002	2001	2000
AIDS*	118	167	2,335	2,532	1,719	1,354	1,585
Amebiasis	11	6	98	121	102	139	109
Campylobacteriosis	61	79	915	1,100	1,067	1,141	1,273
Chlamydial Infections	3,228	3,162	38,104	36,530	35,688	32,670	30,546
Encephalitis	6	8	137	38	61	41	49
Gonorrhea	809	675	9,531	7,983	7,800	7,743	7,199
Hepatitis Type A	33	31	319	376	438	542	839
Hepatitis Type B, Acute	4	11	71	56	29	44	65
Hepatitis Type C, Acute	0	1	5	0	3	1	28
Measles	0	0	1	0	0	8	5
Meningitis, viral/aseptic	239	41	790	899	466	530	491
Meningococcal Infections	8	9	28	32	46	58	53
Mumps	3	0	2	10	16	17	29
Non-gonococcal Urethritis (NGU)	144	172	1,430	1,393	1,393	1,429	1,576
Pertussis	17	21	141	130	170	103	102
Rubella	0	0	0	0	0	0	3
Salmonellosis	81	76	1,185	995	956	1,006	990
Shigellosis	91	29	550	669	974	684	849
Syphilis, primary & secondary	21	43	445	451	364	188	136
Syphilis, early latent (<1 yr.)	29	24	392	368	353	209	200
Tuberculosis	0	2	856	949	1,025	1,046	1,065
Typhoid fever, Acute	0	1	13	16	33	17	21

* Case totals are provisional and may vary following periodic updates of the database.