EPIDEMIOLOGY SECTION

# CONNECTICUT EPIDEMIOLOGIST

State of Connecticut Department of Health Services
Frederick G. Adams, D.D.S., M.P.H., Commissioner

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## INFLUENZA TESTING

Isolation and identification of influenza virus is an important part of the State's influenza surveillance system. Identification of the dominant circulating influenza virus(es) each season is useful for predicting the number of cases and severity of illness. In addition, distinguishing outbreaks caused by influenza A from those caused by influenza B and other respiratory viruses is essential to help physicians decide whether to recommend amantadine prophylaxis and treatment for their high-risk patients.

The most effective way to identify the dominant virus(es) is by virus isolation from throat swabs collected from acutely ill patients early in the flu season. Therefore, the State of Connecticut Department of Health Services encourages physicians to submit throat swabs for virus isolation to the Department's Virology Laboratory from patients with a typical influenza syndrome (abrupt onset of fever, myalgia, and cough). Specimens should be collected no later than three days after onset of symptoms and sent immediately to the Virology Laboratory, on wet ice if possible.

Throat swab kits (VRCs) may be obtained from the State Laboratory (566-2824).

To facilitate influenza surveillance in Connecticut, throat swabs submitted by a health care provider for influenza will be exempt from fees effective December 1, 1990 through January 31, 1991. In order to be eligible for the fee exemption, the ***physician must specify "FLU STUDY"*** in section #1 of the Virology request form. All requested information on the form should be provided as well.

In addition, health care providers are encouraged to report, as early as possible, clusters of influenza-like illness occurring in nursing homes and other health-care institutions. Assistance in the investigation of influenza outbreaks can be arranged through the State Epidemiology Program at 566-5058.

## LYME DISEASE SURVEILLANCE

*Collection of Reference Sera form Human Lyme Disease Cases*

The Centers for Disease Control (CDC) is continuing its efforts to obtain large volumes (i.e., 50-250 ml) of serum or plasma from patients with clinically well-characterized Lyme disease who have high-titer antibodies to Borrelia burgdorferi. These immune sera are needed to standardize serologic test kits currently on the market, to evaluate new kits before they are marketed, to establish a nationwide laboratory proficiency program for serologic testing, and to develop improved diagnostic test methods. Funds are available from CDC to reimburse patients, physicians, and blood banks for the donation and

acquisition of these sera. Clinicians willing to acquire and submit sera should contact Dr. Robert Craven or Dr. Roy Campbell at CDC for details, (303) 221-6400.

*Isolation of Borrelia Burgdorferi from Human Skin Lesions*

Although the "gold standard" for diagnosis of Lyme disease is the culture of B. burgdorferi from infected tissues or body fluids, culture is subject to numerous technical problems and is not easily performed as a routine laboratory procedure. Experience by European researchers has indicated that culture of skin biopsies can be a useful means of diagnosing Lyme disease in patients with erythema migrans. The number of patients in the United States from whom B. burgdorferi has been successfully cultured from skin or other tissues is, however, relatively small and such attempts largely have been limited to research settings. Thus, the diagnosis of Lyme disease has relied on the protean clinical manifestations, aided by serologic tests, which currently have poor accuracy. Misclassification of patients based on clinical and serologic criteria alone is thought to be commonplace.

The Centers for Disease Control (CDC) has recently initiated a special program to obtain B. burgdorferi isolates from punch biopsies and saline aspirates of erythema migrans lesions submitted by clinicians on the East Coast and in the Upper Midwest. To date, only three isolates have been made, but CDC will now attempt to expand these efforts in terms of the numbers of patients tested and the geographic regions represented. The goals include obtaining serum specimens from etiologically confirmed Lyme diseases patients for use in developing more sensitive and specific diagnostic tests and to gain a better understanding of (1) the factors that result in successful isolation of the spirochete from human skin, (2) the clinical spectrum of cutaneous lesions caused by infection from B. burgdorferi, (3) the post-treatment serologic responses in patients with definite early Lyme disease, (4) the molecular and immunologic characteristics of strains of B. burgdorferi causing illness, and (5) the geographic distribution of Lyme disease in the United States. Clinicians interested in submitting samples should contact Dr. Robert Craven or Dr. Roy Campbell at CDC for details, (303) 221-6400. There is no charge for this testing. In addition, CDC is interested in the collective experience of other scientists in the United States in culturing B. burgdorferi from skin and other tissues.

[Source: CDC. Lyme Disease Surveillance Summary. Vol. 1, No. 3; October 18, 1990. ]

## NEW LAW

## CERTAIN HEALTH PROBLEMS REPORTABLE TO DMV

## EPILEPSY NO LONGER REPORTABLE TO DHS

In the 1990 legislative session, a law was passed (Public Act No. 90-265) that eliminated the reporting of epilepsy to the Department of Health Services (DHS). The law is entitled "An act concerning standards for the licensing of motor vehicle and motorcycle operators with health problems which might affect their ability to operate a motor vehicle or motorcycle." The law became effective July 1, 1990 and requires the Department of Motor Vehicles (DMV) to establish standards and procedures for licensing motor vehicle and motorcycle operators with health problems. It amends existing reporting requirements by allowing physicians and optometrists to report directly to the DMV any person who has a chronic health problem which could impair his or her ability to drive safely.

*Physician Reporting*

The old law required a physician to report immediately to the Department of Health Services any person with recurrent epilepsy attacks or recurrent periods of unconsciousness uncontrolled by medical treatment. DHS was required

to report each case to the DMV Commissioner. These reports were used for determining a person's eligibility to operate a motor vehicle. A physician's failure to make a required report to DHS constituted an infraction.

The new law makes physician reporting permissive rather than mandatory and eliminates (1) the infraction for failure to report; (2) involvement of DHS in the process; and, (3) the specific reference to epilepsy. Instead, the physician may report directly to DMV any person who has a chronic health problem which he believes will significantly affect the person's ability to safely operate a motor vehicle, or who has recurrent periods of unconsciousness uncontrolled by medical treatment. The bill also allows an optometrist to make such a report to DMV.

*License Actions by DMV*

When the regulations required by the new law are enacted, the DMV Commissioner is empowered to refuse to issue or reissue a license to persons who have health problems and cannot meet the standards established by the regulations. The standards will also apply to licensed operators having health problems. The Commissioner may summarily suspend the operator's license of a person who has been adjudged an imminent peril to the public health, safety or welfare, and after a hearing may suspend the license of a person who does not meet the established standards. Beginning July 1, 1991 a vision screening will be required for persons renewing their operator's license for every second license renewal.

*Medical Advisory Board*

A DMV medical advisory board advises the Commissioner on the medical aspects of licensing drivers. It has between seven and 15 members appointed by the Commissioner from nominees proposed by the Connecticut State Medical Society. Board members are not compensated but do receive reimbursement for necessary expenses or services. The new law provides that necessary expenses and services include giving testimony at hearings when requested by the Commissioner.

*DHS Actions*

If the DHS receives an epilepsy case report, that report will be returned to the reporting physician and not forwarded to the DMV.

*Additional Information*

Persons who have questions about reporting chronic health problems to DMV can call Mr. Ross at 566-3374 for additional information. Persons who have general questions about epilepsy can call the Epilepsy Foundation of Greater Hartford, Inc. at 1-800-899-EPILEPSY.

## NEW CDC HOTLINES

The Centers for Disease Control have set up several new telephone hotlines.

For information on viral hepatitis: (transmission, prevention, diagnosis, control, and incidence) call 404-332-4555.

For health information about required and recommended health measures for international travel call 404-332-4559.

For information on chronic fatigue syndrome (for both health care workers and the general public) call 404-332-4555.

For information about tick-borne disease (including ehrlichiosis, Lyme disease, and Rocky Mountain spotted fever) call 404-332-4555.

Each of the above hotlines is most easily accessed from a touch-tone telephone.

## REPORTS OF SELECTED COMMUNICABLE DISEASES, CONNECTICUT, YEAR TO DATE

| DISEASE | 1/1/90 TO 11/02/90* | 1/1/89 TO 11/03/89 | % CHANGE |
|---|---|---|---|
| AIDS | 352 | 381 | - 7.6% |
| GONORRHEA | 7409 | 8931 | -17.0% |
| SYPHILIS P&S | 784 | 963 | -18.6% |
| MEASLES | 191 | 214 | -10.7% |
| RUBELLA | 3 | 0 | - |
| TUBERCULOSIS | 141 | 132 | + 6.8% |
| HEPATITIS A | 113 | 284 | -151.3% |
| HEPATITIS B | 209 | 191 | + 9.4% |
| SALMONELLOSIS | 790 | 899 | -12.1% |
| SHIGELLOSIS | 146 | 277 | -47.3% |

* Figures Subject To Change



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