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SUMMER 2023

Contact Investigations for Tuberculosis Disease Suspects and Cases

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Contact investigations are a foundational component of the initial management of patients with suspected or diagnosed tuberculosis (TB) disease. Initial clinical and diagnostic information is quickly collected through a concerted effort by the TB nurse case manager and the TB central office team. This initial fact-gathering phase is critical to ensure a successful contact investigation.

Instances may occur when a TB case is an employee of a workplace, a patient or health care facility worker, or associated with another type of congregate setting. In respective instances, the regional and central office TB teams formulate plans to assess the settings within which the TB case shared space.

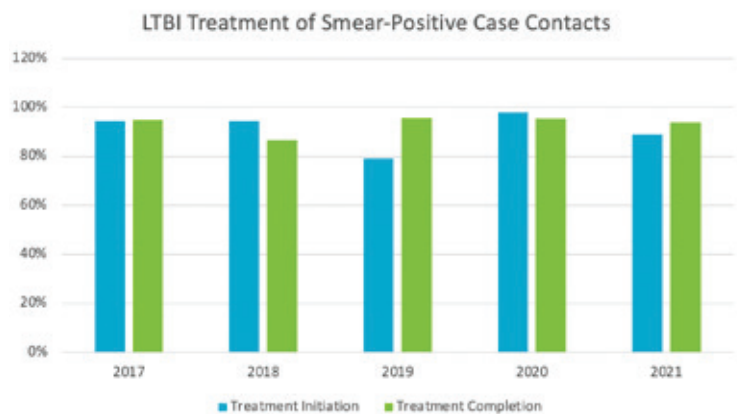
Following the initial fact-gathering phase consisting of medical record review and laboratory results, an initial meeting occurs among the respective regional TB program manager and managerial staff of a workplace, community setting or health care facility, to develop a plan for initial assessment and testing of contacts. A comprehensive investigation commences to identify all contacts and evaluation priority. Any contacts receiving a positive test result are evaluated and treated appropriately (TB disease vs. Latent TB Infection (LTBI)). Approximately eight to 10 weeks following initial assessments, second-round testing takes place to confirm initial negative test results for LTBI.

Acid-fast bacilli (AFB) sputum smear-positive patients are presumed infectious, and their contacts are of the highest priority for conducting comprehensive contact

investigations. During 2021, constituting the most recently finalized data reported to the Centers for Disease Control and Prevention (CDC), the following are key results from contact investigations for the entirety of 2021 AFB sputum smear-positive cases:

- 44 AFB sputum-smear positive cases
- An average of 16.7 contacts were identified per case
- Of the 624 contacts evaluated, 8.8% were diagnosed with LTBI
- Of the 49 contacts starting treatment for LTBI, 46 completed treatments

Treatment completion for contacts diagnosed with LTBI is a critical objective of contact investigations. The graph below, provides for the rates of LTBI treatment initiation with treatment completion from 2017 through 2021.



*Treatment Initiation: Of the close contacts infected with LTBI, this pertains to the percentage of those that started treatment.

*Treatment Completion: Of those that started treatment, this pertains to the percentage of those that completed treatment.

Invasive Group A Strep

Marco Tori, MD, MSc
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Group A Strep most commonly causes strep throat in children, and is considered a minor illness now that we have antibiotics to treat it. However, when the same bacteria (*streptococcus pyogenes*) invades a normally sterile part of the body, like the lungs, muscle or bloodstream, one can become very sick.

Conditions like necrotizing fasciitis and toxic shock syndrome due to strep infection generally require surgery or intensive care in the hospital. Mortality is as high as 30% for invasive Group A Strep infections. Adults over 65 and those with immunocompromising conditions are at highest risk of this disease.

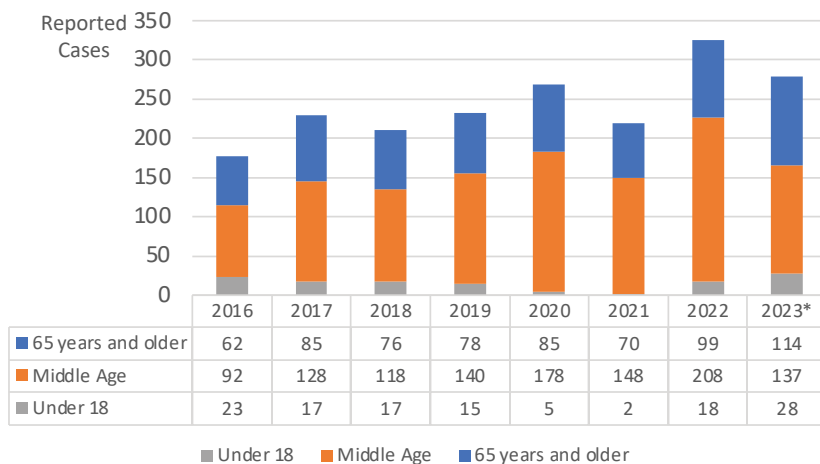
In 2022, South Carolina reported more invasive Group A Strep (iGAS) cases than any year prior, 325 total statewide. Reported cases in adults 65 and older increased 39% in 2022 from 2021, and 17% from 2019. The exact reason for this annual increase is not currently known but could be related to an early and intense flu season in 2022. Important risk factors for iGAS include recent viral respiratory infection and acute or chronic skin wounds. Group A strep infections happen year-round but peak in December through April.

Near the end of 2022, the Centers for Disease Control and Prevention (CDC) communicated an advisory notice¹ about an increase in pediatric iGAS cases seen in recent months. South Carolina has observed a return to pre-pandemic levels of iGAS infections in children, but not a significant increase above that baseline. Nonetheless, iGAS can be equally severe in kids, and infants are at risk too. Epidemiologists in DHEC’s Division of Acute Disease Epidemiology (DADE) are closely monitoring reported cases and trends. We are working with laboratories across the state to ensure that cases are reported as required and with complete clinical and demographic information.

DHEC is initiating enhanced iGAS surveillance activities in 2023. In collaboration with the Public Health Laboratory (PHL), DADE will begin performing genomic surveillance on iGAS cases across the state. When PHL completes whole genome sequencing (WGS) on all isolates of iGAS, DADE and PHL will be able to support the public health regions in better identifying and characterizing outbreaks. Combining the updated epidemiologic data, clinical information about patients with iGAS infections, and WGS results will be a powerful tool for preventing further cases of iGAS, especially in vulnerable populations. Although these plans aren’t ready to implement statewide currently, we have already seen the power of WGS for outbreak detection and response in South Carolina. We are excited to communicate about continued developments in the area.

1. Increase in Pediatric Invasive Group A Streptococcal Infections, CDC HAN, emergency.cdc.gov/han/2022/han00484

Invasive Group A Strep Cases by Age, 2016-2023



*2023 includes cases reported January–May. These preliminary reports are subject to change.

2023-2024 School and Childcare Exclusion List

*Division of Acute Disease Epidemiology Workgroup**
Division of Acute Disease Epidemiology

The School and Childcare Exclusion List is updated annually for the new school year and made available in June of each year. South Carolina Regulation 61-20 requires that DHEC publish an Official School and Childcare Exclusion List of Contagious or Communicable Diseases to include specific conditions for the duration of school or child care exclusion.

Students in school or child care, and staff in these settings, may be required to be excluded from school activities to prevent the spread of contagious or infectious diseases. The Official School and Child Care Exclusion List of Contagious or Communicable Diseases lists the conditions for exclusion and the criteria for return to a school or child care setting. The current 2023-2024 **School and Childcare Exclusion list** can be found on the DHEC website. A parent guide is also available on the website in **English** and **Spanish**.



Please contact the DHEC Division of Acute Disease Epidemiology (803-898-0861) with any questions about the School and Childcare Exclusion List.

Division of Acute Disease Epidemiology Workgroup members:*

Natasha Sanders, Leigh Bragg, Alison Jamison-Haggwood, Dan Drociuk, and Lauren Mitchell

Undetectable = Untransmittable (U=U) National Task Force Events

Elizabeth McLendon, MA
Community Advocate
Division of STD/HIV & Viral Hepatitis

Ending the Epidemics S.C. (EtE S.C.) and DHEC were invited to bring the unique U=U display to the launch of the U=U National Task Force in Washington, D.C., on June 7 – 8, 2023. The launch included several events which provided DHEC the opportunity to display and promote the U=U display. Interest in the display was so great that DHEC is planning to produce a manual so partners can build their own display. South Carolina's modular display is shared in the pictures below.



Donna Larsen, longtime S.C. Community Advocate and public speaker, Deondre Moore, Senior Consultant with the Prevention Access Campaign (PAC), and Hannah Leili, EtE S.C. Volunteer, proudly assembled and presented S.C.'s U=U modular display at the U.S. Capitol Building.

U=U continues on the next two pages.

Left to right: Donna Gilbert Larsen, Deondre Moore, Hannah Leili

U=U National Task Force Introduced by Representative Sheila Jackson Lee

The first event was held on Wednesday, June 7, 2023, at the U.S. Capitol in Washington, DC. A press conference was sponsored by U.S. Representative Sheila Jackson Lee from Texas District 18, who is also a member of the Congressional HIV Caucus. Representative Lee announced the launch of the U=U National Task Force. Undetectable=Untransmittable (U=U) is a message that means people living with HIV who have an undetectable viral load cannot transmit HIV sexually.



Left to right: Elizabeth McLendon, U.S. Representative Sheila Jackson Lee, Daniel Garza, Hannah Leili



Bruce Richman, Founding Director, Prevention Access Campaign, thanks Rep. Lee for her support.



Donna being interviewed about living with HIV for 23 years. Her HIV has been virally suppressed the entire time.



Donna telling her powerful story to others.

Joining Forces for Change: Sponsors Host U=U Gratitude Gathering for HIV Advocacy

Day one for the Ending the Epidemics S.C. team included the U=U Gratitude Gathering. Undetectable=Untransmittable presents a powerful message that can be used to dismantle stigma. Per HIV.gov, “the initiative seeks to reduce the number of new HIV infections in the United States by 75 percent by 2025, and then by at least 90 percent by 2030, for an estimated 250,000 total HIV infections averted.” Members of the S.C. team enjoyed hearing from presenters and being able to share the U=U display.



South Carolina's U=U is visible in the background as the official photographer films presenters.



Hannah Leili, Donna Larsen, and Elizabeth McLendon

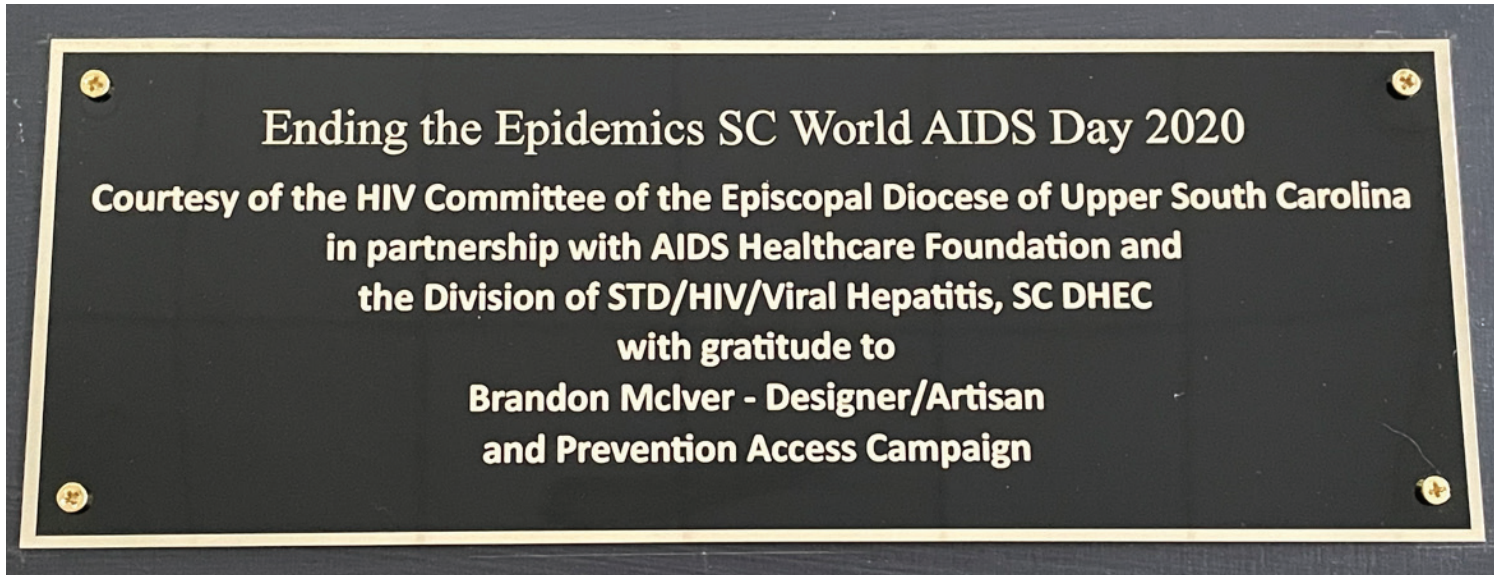


Donna Larsen and Davina Connor

PBS/NOVA Presents 'Ending the HIV in America' Video Screening

The last event was an exciting experience. We joined other allies to screen the “Ending HIV in America” video presented by PBS/NOVA at the Alamo Drafthouse Cinema. It can be viewed now at pbs.org/wgbh/nova/video/ending-hiv-in-america/.

The trip to Washington, DC and participating in the events was a great experience for the team. We look forward to continuing this important work and are also in the process of creating a U=U modular display instruction manual for others to use. Once this is completed, we will send it to the Prevention Access Campaign for them to share on their website. Our goal is to help everyone living with HIV achieve viral suppression, benefit from U=U, and end HIV in America and throughout the world.



“It is an honor to have representatives from South Carolina demonstrating your state’s commitment to U=U, the work you are all doing, and to display the sign you’ve created. The world needs to see this display.”

— Deondre Moore, Senior Consultant
Prevention Access Campaign (PAC)

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Epi Notes is published by the South Carolina Department of Health and Environmental Control
Bureau of Communicable Disease Prevention and Control.

CR-010898 8/23