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Project Firstline: Infection Control Begins With You

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More than half of health care-associated infections may be preventable. However, they are only as preventable as health care workers' abilities to recognize risks and make the best infection prevention decisions. As with anything, there are barriers and challenges that affect risk recognition and decision making, such as staffing, lack of resources, and most commonly, lack of education on proper infection control practices.

To improve infection control practices of health care workers, DHEC has collaborated with the Centers for Disease Control and Prevention (CDC) to bring health care workers in South Carolina, Project Firstline. Project Firstline is a national initiative created to provide free infection control training to health care workers. Our various convenient and customizable training options ensure that DHEC Project Firstline can meet your educational needs. We encourage South Carolina health care workers to take advantage of these free resources to ensure you are protecting yourself and our citizens. For more information, see the flyer or email us at projectfirstline@dhec.sc.gov.

**AND DON'T FORGET TO SPREAD THE WORD,
NOT THE GERMS...**



Viral Hepatitis Elimination Initiative

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Viral hepatitis can affect any South Carolinian, and DHEC is making a concerted effort to eliminate that threat. DHEC's Bureau of Communicable Disease Prevention and Control is working with the South Carolina Viral Hepatitis Committee to implement the Elimination Initiative and reduce the burden of viral hepatitis in South Carolina.

This work involves bringing together experts in managing data, screening and treatment, advocacy and policy, and prevention to eliminate viral hepatitis.

The Elimination Initiative was stalled during the COVID-19 pandemic but has since come roaring back to life to help confront viral hepatitis. The three main viral hepatitises are hepatitis A, B and C, which are preventable, treatable or curable viral infections. The Viral Hepatitis Committee's two main strategies for elimination are promoting vaccination for hepatitis A and B and routine screening and treatment for hepatitis C. Ultimately, using these strategies through concerted efforts makes the elimination of viral hepatitis a realistic and feasible goal. Together, we can save lives and prevent liver disease.

New activities undertaken by the Viral Hepatitis Elimination Initiative include a perinatal hepatitis C prevention program, something similar to DHEC's existing perinatal hepatitis B prevention program. This new program will assist in linking mothers and infants exposed to hepatitis C to screening and treatment with the aim of eliminating hepatitis C virus transmission perinatally. Another new initiative is academic detailing to expand hepatitis C care in the community. This initiative's goal is to promote best practices for routine screening for hepatitis C and to support primary care providers in treating hepatitis C treatment with subspecialty guidance.

DHEC is assessing how to improve the availability of hepatitis C surveillance data to promote awareness, assist programs and external partners in monitoring progress, and conduct planning for programs and services. Available data can be used to advance the public health and clinical health care systems. One example is the hepatitis C care continuum cascade, which can help identify areas for improved hepatitis C screening and cure rates.

Providers, community health workers, advocates and others are encouraged to join the Viral Hepatitis Elimination Initiative by becoming involved on the Committee. For more information, or to get involved, e-mail vhprogram@dhec.sc.gov.



Tuberculosis Testing: BCG Vaccinated Individuals

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Screening for tuberculosis (TB) can be achieved using the tuberculin skin test (TST) method or by an interferon-gamma assay (IGRA) blood test.

Although both are proven reliable methods, consideration should be given when screening non-U.S.-born people who have or may have received the bacilli Calmette-Guerin (BCG) vaccine. BCG vaccine for tuberculosis, though not used in the United States, is commonly used in countries with a high prevalence of tuberculosis disease. BCG vaccine may cause a false-positive reaction to the tuberculin skin test. IGRA blood tests are not affected by the BCG vaccine. Because of this, an IGRA is the preferred method of TB testing in people who have received prior BCG vaccination.

The QuantiFERON®-TB Gold In-Tube test (QFT-GIT) and the T-SPOT®.TB test (T-Spot) are the two U.S. Food and Drug Administration (FDA) approved IGRAs available for use in the United States. Both are single-visit blood tests as compared to the TST, which requires a return visit for reading and interpretation within 48-72 hours after administration. IGRA blood tests measure the immune response to *M. tuberculosis*. The QFT-GIT detects the presence of interferon-gamma (IFN-g) in whole blood following incubation with a single mixture of several *M. tuberculosis* antigens. The T-Spot detects the number of IFN-g producing cells or spots in whole blood following separate mixtures of several *M. tuberculosis* antigens. Manufacturer instructions for each test should be carefully followed to ensure proper collection, handling and transportation of blood specimens. Errors can result in decreased accuracy of test results.

It is important to note that a positive IGRA blood test does not differentiate TB infection from TB disease. Further evaluation is required to exclude active TB disease. In addition to consideration of TB risk factors, evaluation should include an assessment for signs and symptoms indicative of TB disease, radiography, bacteriologic studies, and testing for human immunodeficiency virus (HIV).

Please contact the DHEC Division of Tuberculosis Control at (803) 898-0558 with questions regarding screening, diagnosis and treatment for tuberculosis.

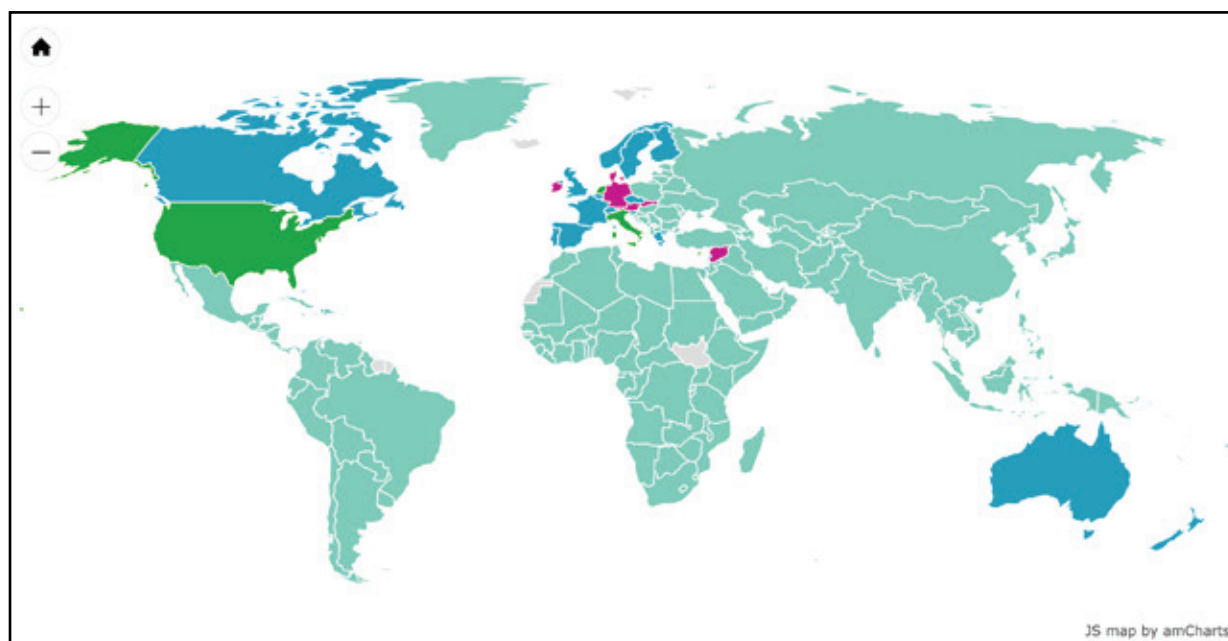
Additional Resources:

[CDC Testing in BCG Vaccinated Persons](#)

[CDC IGRAs- Blood Tests for TB Infection Fact Sheet](#)

[CDC BCG Vaccine Fact Sheet](#)

[Click below for BCG World Atlas:](#)



Reminder: Mammal Exposures are Reportable Conditions

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The South Carolina Department of Health and Environmental Control (DHEC) Rabies Prevention Program is continuously working to educate and communicate with our partners (physicians, health care facilities, veterinarians, animal control and rescue agencies, wildlife control operators, etc.) regarding the importance of prompt reporting of human and pet exposures to mammals to assist DHEC in the investigation of potential rabies exposures.

Pursuant to the ***Rabies Control Act (RCA), Sections 47-5-90***, physician partnerships roles to protect people from potential rabies exposures is essential. Animal (mammal) bites is a “Reportable Condition” requiring department investigation pursuant to ***S.C. Regulation 61-20***.

DHEC requires that all animal (i.e., mammal) exposures involving a bite, scratch or exposure to saliva, to open wounds or mucous membranes (eyes, nose and mouth) be reported using the current version of the Animal Bite Incident form D-1799. This form can be found on our website scdhec.gov/rabies. Simply choose “Animal Bite Incident Report” from the Orange Banner at the top of the webpage. Complete the form in its entirety. When submitted, it will be securely emailed to the appropriate Regional Public Health Rabies Prevention Program office determined by the county of occurrence entered on the form.

On average, we investigate approximately 11, 000 reported animal bite exposures annually. Our newest resource, located on the next page, is a flow chart, a helpful tool to assist you and your team regarding when it is appropriate to contact your local rabies prevention program in direct response to animal exposures to people. Additional hard copies of the flow chart are available upon request.

DHEC’s Public Health Rabies Prevention Program can be contacted during normal business hours (8:30 a.m.-5 p.m., Monday-Friday) or after hours and on holidays at (888) 847-0902 (Select Option 2).

Contact information for your local Public Health Rabies Prevention office is available at scdhec.gov/RabiesContacts. For more information on rabies, to find educational resources, report an animal bite, or learn how to safely capture a bat, visit scdhec.gov/rabies or cdc.gov/rabies.



WHEN A PERSON IS EXPOSED TO AN ANIMAL SUSPECTED OF RABIES

Person Exposed*
(bitten, scratched, or in contact with saliva or neural tissue)

- 1. Wash wounds thoroughly with soap and water
- 2. Seek medical attention for the wound
- 3. Contact the SC DHEC Rabies On-Call Team at 1-888-847-0902

What type of animal was the person bitten by?

Pet
Dog, cat, or ferret

Wild Animal or Feral/Stray Pet Showing Signs of Illness
Wild animals include: raccoons, skunks, bats, foxes, groundhogs, otters, coyotes, bobcats, etc.
Dogs, cats, and ferrets are pets

Livestock

Small Rodent
Squirrels, hamsters, chipmunks, rats, mice, rabbits, hares, etc.

Quarantine and observe for 10-days (regardless of vaccination status)

Contact the SC DHEC Rabies Prevention Program for guidance

Contact the SC DHEC Rabies Prevention Program for guidance
Evaluated on a case-by-case basis

Is the animal available for testing?

On 10th-Day: What is the pet's health status?

Is the animal available for testing?

YES

NO

ALIVE & HEALTHY

SICK OR DEAD

YES

NO

Pet does not have rabies

Contact the SC DHEC Rabies Prevention Program for guidance

Rabies Prevention Program can help with submitting the specimen to the Public Health Lab (PHL) for testing

Exposed person should seek medical care to discuss rabies postexposure prophylaxis
Consultation with SC DHEC health officials is available (optional)
Contact SC DHEC Rabies Prevention Program to initiate consultation

Owned Small Rodent
Contact the SC DHEC Rabies Prevention Program for Guidance
Evaluated on a case-by-case basis

Wild Small Rodent
Contact the SC DHEC Rabies Prevention Program for help submitting the specimen for testing

The animal was healthy and not showing signs of illness:
Rabies postexposure prophylaxis is not indicated

OR

The animal was NOT healthy and was showing signs of illness
Seek medical care to discuss rabies postexposure prophylaxis
Consultation with SC DHEC health officials is available (optional)
Contact SC DHEC Rabies Prevention to initiate consultation

* Exposures must be reported to the SC DHEC Rabies Prevention Program using the [Animal Incident Report form](#).
Contact information for local Environmental Affairs offices is available at scdhec.gov/EAoffices.
For more information on rabies and to submit an incident report, visit scdhec.gov/rabies or cdc.gov/rabies.

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