

# WISCONSIN EPI EXPRESS

March 9, 2005

[Wisconsin Department of Health & Family Services](#)  
Division of Public Health  
Bureau of Communicable Diseases and  
Preparedness

"Surveillance provides information for action." [World Health Organization](#)

*The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Akan Ukoenn MPH*

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## 1. IMPROVED TB BLOOD TEST RECEIVES FDA APPROVAL

In December 2004, the Food and Drug Administration approved QuantiFERON<sup>®</sup>-TB GOLD, for the detection of cell mediated immunity measurement of gamma interferon antigen response. This newly licensed test is an improvement of QuantiFERON<sup>®</sup>-TB, the first commercially available *in vitro* test to diagnose tuberculosis infection. The test assays for gamma interferon production (a protein that indicates an immune response) in response to blood cell stimulation with synthetic versions of TB proteins.

The QuantiFERON<sup>®</sup>-TB GOLD test is intended for use only with blood specimens collected into heparin, and blood samples must be incubated with the TB proteins **within 12 hours** of collection.

QuantiFERON<sup>®</sup>-TB GOLD may be used in lieu of a TB skin test (TST). The TST originated in the 1890's and has been the method for detecting latent TB infection. Interpreting the TST is highly subjective, the test has poor reproducibility and requires two patient encounters; one to inject the subject and a second to read the induration it may produce. Commonly, up to 30% of placed tests are never read. Of major significance, the TST is confounded by previous vaccination with Bacillus Calmette-Guerin (BCG), as well as exposure to nontuberculous mycobacteria, resulting in a high rate of people with TST false-positive results.

QuantiFERON<sup>®</sup>-TB Gold technology measures immune responses to peptides that simulate *M. tuberculosis* proteins that are not present in the BCG vaccine or most non-tuberculous mycobacteria. Therefore, QuantiFERON<sup>®</sup>-TB Gold is highly specific and a positive test result is strongly predictive of true infection with *M. tuberculosis*. As people thought to have latent TB infection are normally recommended for treatment with isoniazid, which carries risks of liver toxicity and nerve damage, use of a more specific test should reduce unnecessary therapy, and provide significant medical benefit.

For more information, please contact Tanya Oemig at 608-261-6319 or [oemigtv@dhfs.state.wi.us](mailto:oemigtv@dhfs.state.wi.us)

## **2. WISCONSIN MEDICAID NOW REIMBURSES FOR LABORATORY PROCEDURE CODE 0010T FOR TUBERCULOSIS BLOOD TEST**

Effective for dates of service on and after November 1, 2004, Wisconsin Medicaid now reimburses for procedure code 0010T (Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response, known by the trade name QuantiFERON<sup>®</sup>-TB GOLD). This procedure is allowable for full-benefit Medicaid recipients and for recipients receiving the Tuberculosis-Related Services Only benefit.

Wisconsin Medicaid reimburses physicians, physician assistants, nurse practitioners, and independent laboratories for a maximum allowable fee of \$35 for this procedure. Providers submitting blood specimens to a laboratory for testing will be reimbursed a handling fee under one of the following procedure codes, as appropriate: 99000 (handling and/or conveyance of specimen for transfer from the physician's office to a laboratory); 99001 (handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory [distance may be indicated]). Routine venipuncture (procedure code 36415 [collection of venous blood by venipuncture]) is not a Wisconsin Medicaid-covered service.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit the Medicaid Web site at <http://dhfs.wisconsin.gov/medicaid>

## **3. CDC ISSUES UPDATED GUIDELINES ON USE OF ANTIRETROVIRAL DRUGS FOLLOWING NON-OCCUPATIONAL EXPOSURE TO HIV**

The Centers for Disease Control and Prevention (CDC) recently released new federal guidelines for the use of antiretroviral drugs to prevent HIV infection after exposure to HIV through sexual intercourse, sexual assault, injection drug use, or accidents. The new guidelines recommend use of non-occupational post-exposure prophylaxis (NPEP), only for persons who seek treatment no more than 72 hours after a high-risk exposure with a person known to be HIV-infected. Treatment should be initiated as soon as possible after exposure and continued for 28 days.

The new guidelines update federal Department of Health and Human Service (DHHS) guidance issued in 1998, a time when the DHHS decided data were not sufficient to recommend for or against the NPEP approach. Since then, new data from human and animal studies, case reports, and documentation of the approach's use in several countries, including the United States, have provided evidence to support its use.

The guidance includes specific recommendations for physicians when making decisions about use of the approach. When potentially exposed persons seek care within 72 hours of exposure but do not know the HIV status of the person who was the possible source, the guidance encourages clinicians to evaluate the risks and benefits on a case-by-case basis. When a person seeks care more than 72 hours after exposure or when HIV exposure risk is low, NPEP is not recommended. Use of the drugs is also not recommended for persons whose behaviors result in frequent, recurrent exposures to HIV.

The federal guidelines, developed by CDC, the Food and Drug Administration, the Health Resources and Services Administration, and the National Institutes of Health are available on the CDC website at: [www.cdc.gov/mmwr/mmwr\\_rr.html](http://www.cdc.gov/mmwr/mmwr_rr.html).

#### **4. LYMPHOGRANULOMA VENEREUM (LGV) SURVEILLANCE**

LGV is a systemic, sexually transmitted disease (STD) caused by a strain of *Chlamydia trachomatis* seen rarely in the United States. A recent outbreak in the Netherlands (MMWR Oct. 29, 2004 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5342a2.htm> ) and reported cases elsewhere suggest there may be an increase in cases in the U.S., especially among men who have sex with men (MSM).

To evaluate LGV infection in the U.S., the Centers for Disease Control and Prevention (CDC) is asking clinicians of patients with clinical symptoms consistent with LGV to report these cases to their local health departments and to CDC. Symptoms of LGV include mucous or purulent anal discharge, rectal bleeding, constipation, inguinal/femoral lymphadenopathy (buboes), genital or rectal ulcer or papule, anal spasms, and tenesmus.

Commercially available nucleic acid amplification tests (NAAT) for chlamydia will detect LGV, but cannot identify the strain specifically, and are not FDA cleared for use in rectal specimens. The Wisconsin State Laboratory of Hygiene (WSLH) can perform culture isolation in cases where LGV is suspected, and will forward isolates/specimens from chlamydia-positive suspected LGV cases to CDC for further identification and typing.

CDC information can be found at <http://www.cdc.gov/std/lgv/default.htm>

If you have questions, or would like to submit specimens for a suspected case of LGV, contact Bobbie McDonald, WSLH STD Program Coordinator, at 608-262-6505 or [bobbie@mail.slh.wisc.edu](mailto:bobbie@mail.slh.wisc.edu)

If you have additional questions about Wisconsin surveillance activities, please contact Lori Amsterdam, DPH STD Program Infertility Prevention Coordinator at 608-267-5220 or [Amstete@dhfs.state.wi.us](mailto:Amstete@dhfs.state.wi.us)

#### **5. INCREASE IN REPORTED CASES OF HIV INFECTION IN WISCONSIN**

After a decade-long downward trend in the number of reported cases, newly reported cases of HIV infection in Wisconsin increased in two of the past three years. In 2004, 417 new cases were reported. This represents the highest number of reported cases in Wisconsin since 1997. During this time period, the number of cases of HIV infection reported among males in Wisconsin increased by 34% but decreased 8% for females. Among males, all the increase in reported cases can be attributed to increases among men who have sex with men. This finding mirrors trends in national data. HIV infection also remains a major race/ethnic health disparity in Wisconsin. Between 2000 and 2004, 54% of reported cases of HIV infection in Wisconsin were among racial/ethnic minorities while minorities comprise only about 12% of Wisconsin's population. Between 2000 and 2004, the average annual rate (cases per 100,000 population) of reported HIV infection was 13-fold greater for African Americans, seven-fold greater for Hispanics, and nearly two-fold greater for American Indians compared to the rate among whites.

The website of the Wisconsin AIDS/HIV Program contains current Wisconsin HIV surveillance summaries and information resources including:

- the Wisconsin HIV/AIDS quarterly surveillance summary
- a summary analysis of Wisconsin HIV case surveillance data through 2004
- a comprehensive narrative review of HIV case surveillance data through 2004
- downloadable “companion” slides (in PowerPoint and PDF formats) that complement the comprehensive narrative review of HIV case surveillance data through 2004

These resources are located on the AIDS/HIV Program website at:

[http://dhfs.wisconsin.gov/aids-hiv/Stats/AIDS\\_HIV\\_StatsRpts\\_Index.htm](http://dhfs.wisconsin.gov/aids-hiv/Stats/AIDS_HIV_StatsRpts_Index.htm)

## **6. BUREAU OF COMMUNICABLE DISEASES AND PREPAREDNESS (BCDP) SPRING SEMINARS 2005**

The one-day seminars will run from 8:30-3:30 with registration beginning at 7:45. The seminars will be held at the following sites:

- April 13 – Minoqua “The Waters of Minocqua”
- April 14 – Eau Claire “Best Western Trail Lodge Hotel and Suites – formerly Park Inn and Suites”
- April 20 – Green Bay “UW Green Bay – University Union”
- April 22 – Oconomowoc “Olympia Resort and Conference Center”
- April 28 – Madison “Crowne Plaza”

Please note the deadline for registration is Thursday, March 24.

The registration form and brochure can be found on the DHFS website

<http://dhfs.wisconsin.gov/communicable/Communicable/index.htm> under “Hot Topics”. It can also be found on the Health Alert Network (HAN).

For more information, please contact the regional office managers listed on registration form or Cindy Paulson at 608-266-9376 or [paulscl@dhfs.state.wi.us](mailto:paulscl@dhfs.state.wi.us).

### **Telephone Reporting of Unusual Disease Occurrences**

*Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting*

**To be added to or removed from the distribution list contact:**

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