

# The Pump Handle



**"I had an interview with the Board of Guardians of St. James's parish, on the evening of Thursday, 7th September, and represented the above circumstances to them. In consequence of what I said, the handle of the pump was removed on the following day."**

John Snow, 1855

## April 2014 Topics

- MERS Update
- Multi-State Syphilis Outbreak Update
- Hepatitis C Outbreak and Testing
- Increase in Measles Cases in the United States
- New Disease Control Employee!



## MERS Update

The first case of Middle East Respiratory Syndrome (MERS) in the United States (U.S.) was reported on May 1, 2014, in Indiana. Soon after, a second case was identified in Florida. Both cases involved travelers who had been in Saudi Arabia. In an effort to identify additional cases and to better understand how the disease is transmitted, the Centers for Disease Control and Prevention (CDC) has been testing family members, health care personnel and other close contacts of these cases for the presence of MERS. To date, no active MERS infections have been identified in any of the contacts.

MERS, a viral respiratory illness caused by a coronavirus, was first identified in Saudi Arabia in 2012. Since then all cases have originated in countries located on the Arabian Peninsula; Saudi Arabia, The United Arab Emirates, Qatar, Oman, Jordan, Lebanon and Yemen. A small numbers of travel-associated cases have also been seen in counties in Europe, Asia, and Africa in people who had traveled to the Arabian Peninsula and their close contacts. Limited MERS transmission to family caregivers and healthcare workers has been documented, but the disease does not spread readily person-to-person. MERS is thought to have originated in camels, but how the disease jumped to humans, and how it spreads between close contacts, is not yet known. U.S. citizens are not considered to be at

risk for the disease, but health care workers have been asked to keep an eye out for possible cases in people traveling from the Arabian Peninsula.



### **Multi-State Syphilis Outbreak Update**

From January 1, 2013, through May 7, 2014, 73 cases of syphilis have been identified as part a multi-state outbreak of syphilis in North and South Dakota. The majority (65 percent) of cases are either primary or secondary syphilis, 19 percent are early latent and 12 percent are latent syphilis cases. Females represent 53 percent of cases. The cases range in age from 0 to 60 (median = 29 years) years. Ninety-nine percent of cases are American Indian and one percent is white. All cases have been identified as heterosexual and no male cases report being men who have sex with men. Two cases of congenital syphilis have been reported in this outbreak.

The North Dakota Department of Health is encouraging providers to be aware of syphilis screening recommendations for high-risk pregnant women. All high-risk pregnant women should be screened for syphilis at least **three** times during the course of pregnancy. This recommendation is made by CDC for areas experiencing high syphilis morbidity. Currently, Sioux County in North Dakota qualifies as an area with high syphilis morbidity.

- Screen 1 should occur at a patient's **first prenatal visit**;
- Screen 2 should occur in the **third trimester (between 28-32 weeks)** and
- Screen 3 should occur on the **day of delivery**.

For additional syphilis screening and treatment recommendations, please visit [www.cdc.gov/std/syphilis/default.htm](http://www.cdc.gov/std/syphilis/default.htm) or contact the NDDoH STD program at 701.328.2378. Syphilis fact sheets and health alerts can be found at [www.ndhealth.gov/std](http://www.ndhealth.gov/std).



### **Hepatitis C Outbreak and Testing**

The North Dakota Department of Health (NDDoH) has recently identified an additional case in the hepatitis C outbreak that has been under investigation since the summer of 2013. The total number of individuals infected in this outbreak now stands at 46.

Up until identification of this case, the outbreak has been confined to current or former residents of ManorCare. The newly identified case has not been a resident of and has no obvious connection to ManorCare. The new case appears to share other risk factors with prior cases, but more investigation is needed before any conclusions can be drawn.

Because this case presents a slightly different history than the prior cases, it may provide additional clues about where this infection originated and how it has been passed between individuals. The health department is conducting an extensive investigation into the medical history of this patient and circumstances around this case in the hope of furthering our understanding of this outbreak.

The NDDoH is identifying those who may be at increased risk of hepatitis C infection based on information from this new case. The department will contact individuals who have risk factors and ask them to be tested for hepatitis C, and plans to begin testing in early June. The department urges those who are contacted to obtain a blood test in order

to protect their health and to further the course of the investigation. Both positive and negative blood tests can provide valuable information, and if a person tests positive, we are recommending patients should immediately consult with their health care provider regarding treatment. Those who are not contacted by the NDDoH do not need to be tested as a part of this outbreak investigation.

The North Dakota Department of Health urges all physicians to be alert to unusual patterns or clusters of any infectious disease. Please call the Division of Disease Control at 701.328.2378 to report any such events.



### **Increase in Measles Cases in the United States**

From January 1 through May 9, 2014, 187 cases of confirmed measles have been reported in the United States. This is the highest number of cases reported in over 15 years for the same time period. The cases have been reported from 17 different states, with most cases reported from California, Ohio and New York City. Of the 187 cases, 43 were importations from other countries, of which 22 (51%) were from the Philippines. Eighty-nine percent (166) of cases have occurred in individuals who were either unvaccinated or had an unknown vaccination status. Among the 105 U.S. residents who were unvaccinated, 80 percent had philosophical objections to vaccination. North Dakota healthcare providers should maintain a high awareness for measles among febrile patients with rash. For more information, please see the measles health advisory at [www.ndhan.gov/health/](http://www.ndhan.gov/health/).



### **New Disease Control Employee!**

**Name:** Gino Jose

**Title:** HIV Prevention Coordinator

**Education Background:** Bachelors in Health Sciences; Healthcare Administration and have one year left to complete my Masters.

**Past Experience:** MOS 8420 Preventive Medicine Technician, USN.

**Family/Hobbies:** I have a year old son named Judah Daniel Jose and my hobbies are Brazilian Jiu-Jitsu and traveling.



**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH

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