

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

August 2004 Topics

- Influenza Sentinel Provider Surveillance
- Pertussis Update
- West Nile Virus Surveillance



Influenza Sentinel Provider Surveillance

Influenza surveillance is conducted with voluntary sentinel providers each influenza season. Beginning October 2004 and extending through May 2005, influenza sentinel providers will report influenza activity in their area to the North Dakota Department of Health (NDDoH). Information about the influenza surveillance program and how to participate as a sentinel provider is listed below.

- An influenza sentinel provider conducts surveillance for influenza-like illness (ILI) in collaboration with the NDDoH and the CDC.
- Most providers report that it takes **less than 30 minutes a week** to compile and report their data.
- Sentinel providers can submit specimens from a subset of patients for virus isolation **free of charge**.
- Providers of any specialty in any type of practice are eligible to be influenza sentinel providers.

For more information, contact Melissa Casteel, Influenza Surveillance coordinator, at 800.472.2180 or email at mcasteel@state.nd.us.



Pertussis Update

Between June 22, 2004, and Sept. 7, 2004, 614 cases of pertussis were identified in North Dakota. Information about pertussis and reported cases can be found on the North Dakota Department of Health (NDDoH), Division of Disease Control website at www.health.state.nd.us/disease/.

Priority testing criteria has been defined by the NDDoH to help stop the spread of the disease to people who are most vulnerable. Although the laboratory will attempt to test all the specimens received, because of the high volume of testing, specimens that do not meet the priority criteria may be sent to an alternative laboratory. This could result in a possible delay in receiving results.

Criteria for Priority Testing			
Health-care worker	WITH	Known contact* of pertussis case	AND Cough of any duration
Children and staff in day-care facilities	WITH	Known contact* of pertussis case	AND Cough of any duration
Suspected pertussis cases	WITH		Cough of ≥ 7 days without other apparent cause OR Cough with paroxysms OR Whoop OR Post-tussive gagging/vomiting OR Apnea

*A contact is defined as:

- Direct contact with respiratory, oral or nasal secretion from a symptomatic-case patient.
- Direct face-to-face contact, regardless of durations, with a case patient who is symptomatic (i.e., has had a cough for < 21 days)
- Shared confined space in close proximity for a prolonged period of time with a symptomatic case-patient

Results for these high-priority patients should be available 48 hours after the laboratory receives the specimens. **Patients who do not have symptoms consistent with pertussis should not be tested.**

Pertussis information, treatment recommendations and testing criteria have been provided through the North Dakota Health Alert Network (NDHAN) for health-care providers. This information is available at www.ndhan.gov/.



West Nile Virus Surveillance

As of Sept. 7, 2004, 459 dead birds have been submitted to the North Dakota Veterinary Diagnostic Laboratory for testing, of which 44 have tested positive for WNV. Sixty horses have been tested for WNV infection; all have been negative.

As of Sept. 7, 974 human samples have been sent to the public health laboratory for WNV testing. Fifteen samples have tested positive for WNV and are located in the following counties: Benson (1), Burke (1), Burleigh (3), Divide (1), Dunn (1), Emmons (1), McLean (1), Mercer (2), Sargent (1), Stark (1), Towner (1) and Wells (1).

West Nile Virus Positive Test Results, North Dakota*		
	2003	2004
Dead Birds	181	44
Horses	39	0
Humans	282	15

*As of September 7, 2004

The first West Nile virus-related death in 2004 was announced on August 31. The individual was a resident of northwestern North Dakota who died while hospitalized. The man was older than 60 and had underlying medical conditions that were complicated by West Nile virus infection. News releases about this case and weekly WNV surveillance information can be viewed at www.health.state.nd.us/.

Human WNV cases have been reported in 36 states. As of September 7, 2004, 1,185 human cases nationwide have been reported to the Centers for Disease Control and Prevention (CDC). At this time last year, 2,923 humans had tested positive for WNV nationwide.

The NDDoH again is providing antibody testing at no charge on suspected human arboviral infections. Additional information about testing criteria/requirements is available at www.ndwnv.com/Surveillance/TestingCriteria.htm or by calling the Division of Microbiology at 701.328.6272.

Information about WNV in North Dakota is available at www.ndwnv.com.

Contributing authors of The Pump Handle include Julie Goplin, Tracy Miller, Kirby Kruger and Larry Shireley. For questions, suggestions or inquiries, or to be removed from the mailing list, please contact Julie Goplin of the Division of Disease Control at 701.238.2375 or by email at jgoplin@state.nd.us.

The pump handle picture in the title was obtained from the website www.ph.ucla.edu/epi/snow.html.



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