"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 2007 Topics

- West Nile Virus Update: Second Death Reported
- Increased Incidence of Cryptosporidium Infections in North Dakota
- Case of Hemolytic Uremic Syndrome Resulting from Shiga Toxin E.coli Infection
- Outbreak of Botulism Associated With Canned Chili Sauce
- North Dakota Multi-Drug Resistant Organism Work Group Meeting

**West Nile Virus Update: Second Death Reported**

As of Aug. 31, 2007, 152 human West Nile virus (WNV) infections have been reported to the state health department from a total of 44 counties. On August 30th, the North Dakota Department of Health (NDDoH) announced the state’s second WNV-related human death in 2007. The man was a resident of the northwestern region of the state and was older than 60. He died while hospitalized and did have underlying medical conditions. The news release about this case and others can be viewed at [www.ndhealth.gov/wnv/News/](http://www.ndhealth.gov/wnv/News/).

Additional WNV activity includes nine positive dead birds, four positive horses and two positive sentinel chickens. There have been more than 170 dead birds from across the state reported online.

For more information about WNV, visit the NDDoH website at [www.ndhealth.gov/wnv](http://www.ndhealth.gov/wnv).

**Increased Incidence of Cryptosporidium Infections in North Dakota**

As of Aug. 31, 2007, 55 cases of cryptosporidiosis have been reported in North Dakota, compared to 14 at this time last year. The majority of people became ill during the month of July. Ages of cases range from young children to adults. Five cases were hospitalized.
The NDDoH recently sent a letter to laboratories in North Dakota requesting that additional testing be coordinated with the Division of Laboratory Services to learn more about the species and serotypes of the Cryptosporidium parasite identified in North Dakota cases. This information will help identify the source of environmental contamination and what efforts may help prevent illnesses.

For more information about cryptosporidiosis, visit www.ndhealth.gov/Disease/Documents/faqs/Crypto.pdf or www.cdc.gov/healthyswimming/. To report a case of cryptosporidiosis to the NDDoH, call 800.472.2180.

**Case of Hemolytic Uremic Syndrome Resulting From Shiga Toxin E.coli Infection**

A patient younger than 5 presented to the hospital with a five-day history of diarrhea. No blood was noted in the stool. Other symptoms include nausea, vomiting, abdominal cramps and petechiae. The patient was admitted due to lack of urine output and required kidney dialysis. Lab results were positive for shiga-toxin producing *E. coli* (non-O157), and the patient was clinically diagnosed with hemolytic uremic syndrome (HUS). The patient has been discharged from the hospital and is recovering. This is the second case of HUS reported to the NDDoH in 2007.

This case is an example of how proper laboratory testing ordered by an astute physician revealed the causative agent of a severe and life-threatening illness. Early recognition of HUS and intensive care is important in preventing life-long complications or death. *E. coli* O157:H7 is the most common cause of post-diarrheal HUS; however, as in this case, other strains of shiga-toxin producing *E. coli* (STEC) can be associated with HUS. When suspecting HUS, stool specimens should be tested for *E. coli* O157:H7 and, if negative, for other STEC serotypes.

About 8 percent of people infected with *E. coli* O157:H7 develop HUS. This rate may fluctuate with different strains of STEC. For those people experiencing kidney failure, about one out of three may have kidney problems later in life. With intensive care, the death rate for HUS is 3 to 5 percent.

**Outbreak of Botulism Associated With Canned Chili Sauce**

As of Aug. 24, 2007, eight cases of botulism have been reported to the Centers for Disease Control and Prevention from Indiana (2 cases), Texas (3 cases), and Ohio (3 cases). The illness onset dates range from June 29 to August 7, 2007. All eight people were reported to have consumed hot dog chili sauce made by Castleberry's Food Company. No cases of botulism have been reported in North Dakota. The NDDoH issued a news release on August 7th to remind North Dakotans to check their cupboards for the recalled products and to dispose of them properly (www.ndhan.gov/data/mrNews/Recall%20Reminder.pdf).

Castleberry’s Food Company, owned by Bumble Bee Foods, LLC, and located in Augusta, G.A., initiated a recall of hot dog chili sauce and other canned meat products on July 19, 2007. The recall was expanded on July 21 after information gathered by the U.S. Food and Drug Administration and U.S. Department of Agriculture Food Safety and Inspection Service indicated that processing malfunctions at the food establishment existed longer than initially estimated. A list of the recalled products and additional information for consumers can be found at www.fsis.usda.gov/News__Events/Recall_033_2007_expanded/index.asp.
Botulism is a rare but serious paralytic illness caused by a nerve toxin. Symptoms of botulism include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth and muscle weakness. The illness can cause paralysis, respiratory failure and death. Symptoms usually occur from 18 to 36 hours after eating contaminated food.

For additional information about botulism, please visit [www.cdc.gov/botulism/botulism.htm](http://www.cdc.gov/botulism/botulism.htm).

**North Dakota Multi-Drug Resistant Organism Work Group Meeting**

On Sept. 6th, 2007, the North Dakota multi-drug resistant organism (MDRO) work group will meet to provide updates and revisions to the *Recommendations for the Prevention and Control of MRSA/VRE in North Dakota (2004)* guidelines.

To review these recommendations or to download a copy, please visit [www.ndhealth.gov/Disease/Resources/Publications/MRSARecommendations.htm](http://www.ndhealth.gov/Disease/Resources/Publications/MRSARecommendations.htm).

If you have suggestions for the workgroup or questions about the recommendations, please contact Tracy Miller at [tkmiller@nd.gov](mailto:tkmiller@nd.gov).

*Contributing authors of The Pump Handle include Michelle Feist, Julie Goplin, Tracy Miller and Kirby Kruger. For questions, suggestions or inquiries, or to be removed from the mailing list, please contact Julie Goplin of the Division of Disease Control at 701.328.2375 or by email at [jgoplin@nd.gov](mailto:jgoplin@nd.gov).*

*The pump handle picture in the title was obtained from the website [www.ph.ucla.edu/epi/snow.html](http://www.ph.ucla.edu/epi/snow.html).*

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