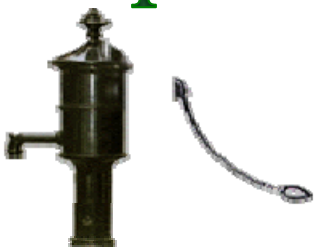
The Pump Handle



"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 2011 Topics

- Expedited Partner Therapy (EPT): A recommended treatment option for STD partner services in North Dakota
- Anthrax – Human Case
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Expedited Partner Therapy (EPT): A recommended treatment option for STD partner services in North Dakota

Expedited Partner Therapy (EPT) is a practice that allows health-care providers to provide a patient with either antibiotics or a written prescription, intended for the patient's sexual partner(s), without an intervening personal assessment. EPT is an accepted method of treatment for sexually-transmitted *Chlamydia* infections in North Dakota (ND Administrative Code, Chapters 50-05-01-01, 54-05-03.1-10 (8), 61-04-04-01 (21)).

Due to recent data published about emerging antibiotic resistance (ex. Cephalosporin) to gonorrhea (Centers for Disease Control and Prevention. Cephalosporin Susceptibility among *Neisseria gonorrhoeae* Isolates – United States, 2000-2010. MMWR 2011; 60 (26) 873-877), the North Dakota Department of Health recommends EPT as a treatment option for partners exposed to *Chlamydia* infections only. EPT for sexually-transmitted gonococcal infections or *Chlamydia*-gonorrhea co-infections is not recommended in

North Dakota until more information is known about this concerning trend of emerging antibiotic resistance.

When using EPT as a treatment option, recipients should be strongly encouraged to seek medical attention, especially females who are pregnant or who have symptoms that suggest acute pelvic inflammatory disease, such as abdominal or pelvic pain.

More information about EPT including fact sheets, guidance for medical providers and an EPT tool kit is available at www.ndhealth.gov/STD/Expedited/.

Please contact the North Dakota Department of Health's STD Program at 800.472.2180 or 701.328.2378 with any questions.

Anthrax – Human case

The Minnesota Department of Health (MDH) in collaboration with the Centers for Disease Control and Prevention investigated a case of inhalational anthrax in an individual who is believed to have acquired the infection from the natural environment.

Because anthrax can be used as a bioterrorism agent, the Federal Bureau of Investigation (FBI) investigated this matter jointly with MDH, but no evidence suggesting it was a criminal or terrorist act was obtained.

The individual, a man in his 60s, traveled through North Dakota, Montana, Wyoming and South Dakota in July and early August. He became ill at the end of his trip and was hospitalized in Minnesota with pneumonia. Laboratory analysis in Minnesota confirmed the diagnosis of anthrax. The man has since recovered and has returned home to Florida. The individual had a prior chronic lung condition, which may have made him more susceptible to infection with anthrax, and had multiple exposures to soil and animal products. The *Bacillus anthracis* strain isolated from the patient was found by genetic testing to be similar to other strains isolated in North America.No other human cases of anthrax have been reported in 2011.

School Immunization Requirements

Certain immunizations are required for students to attend schools in North Dakota.

Children entering school should have five doses of DTaP (diphtheria, tetanus and acellular pertussis), four doses of IPV (polio), two doses of MMR (measles, mumps and rubella), and two doses of varicella (chickenpox) vaccine. There also are vaccines that are required for adolescents when entering middle school. Middle school requirements include an immunization against tetanus, diphtheria and pertussis (Tdap) and meningococcal disease. The vaccine that protects against meningococcal disease also is recommended for freshmen attending college. Other vaccines may be recommended by children's health-care providers.

The school requirements reflect immunization recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Approximately one-third of middle school students were not up-to-date with Tdap and meningococcal vaccine during the 2010-2011 school year.

Children can be vaccinated at local public health units or at a private health-care provider. For more information about school immunization requirements, contact Abbi Pierce, North Dakota Department of Health, at 1.800.472.2180, or visit our website at www.ndhealth.gov/immunize.

Respiratory Illness at a North Dakota Long Term Care Facility

The North Dakota Department of Health receives reports of respiratory and influenza-like illness outbreaks in long term care and basic care facilities every year. Most of these outbreak reports occur during the influenza season and likely are attributed to influenza or other respiratory pathogens.

The North Dakota Department of Health (NDDoH) was notified late July of respiratory illness at a North Dakota long term care facility involving numerous residents and staff members. Several residents required hospitalization for their illness and two deaths were reported at the time the NDDoH received the initial outbreak report. Symptoms of ill residents and staff members included fever, cough, sore throat, runny nose and body aches. An outbreak investigation was initiated and specimens were collected and sent to the Division of Laboratory Services for respiratory viral pathogen testing. Additional viral and bacterial respiratory pathogen testing was performed at the Centers for Disease Control and Prevention.

A total of 41 residents and 22 staff members developed respiratory symptoms during the course of the outbreak. Seven residents required hospitalization and there were five deaths reported. Of the 12 specimens collected, five tested positive for rhinovirus. Although not typically associated with severe illness and mortality, rhinovirus is likely the causative agent of this respiratory outbreak.

It is important to promptly initiate infection control measures in the event of any respiratory illness clustering or outbreak in the long term care setting. The long term care facility involved in this outbreak aggressively implemented preventative measures such as droplet precautions for ill residents, frequent hand washing, restricting visitors, meals in rooms, limited activities, and resident and employee education.

Respiratory illness outbreaks in long term care and other institutions can be reported to the North Dakota Department of Health at www.ndflu.com/Reporting/OutbreakReporting.aspx or by calling 800.472.2180.

Bats and Rabies

September 28, 2011, is World Rabies Day. It is an event that aims to increase the awareness about rabies and to improve efforts in the prevention and control of rabies. Rabies is a viral disease that infects the central nervous system. The rabies virus is typically transmitted through a bite from an infected animal, but also can be transmitted by its saliva or neural tissue coming into contact with an open wound or a mucous membrane, such as your eyes or mouth.

In the United States, the most common source for humans to get rabies is through contact with a bat. The majority of human rabies cases reported were not aware of the risk for rabies from the bite of a bat and therefore did not seek medical advice. Although most

bats do not have rabies, any direct contact with a bat may qualify as an exposure to rabies. Bat bites may not cause deep wounds and it may be difficult to determine if a bite has occurred. Having a bat in your house is not considered to be a rabies exposure, but certain circumstances must be considered on a case by case basis. Exposure to rabies can occur if a bat is found in the room with a person who might be unaware that a bite or direct contact has occurred, such as awakening from sleep to find a bat in the same room, or finding a bat in the room with a child, mentally disabled person or an intoxicated person. All bats suspected of human exposure should be tested for rabies.

The Centers for Disease Control and Prevention offers the following recommendations on how to capture a bat:

1) Wear thick, protective work gloves. When the bat lands, approach it slowly and place a small container, such as a box or large can, over it. Slide a piece of cardboard with small air holes punched in it under the container to trap the bat inside.
2) If you are certain that there has not been contact between the bat and any humans or pets, holding the cardboard over the container, take the bat outdoors and release it away from people and pets.
3) If there is any question as to whether the bat had contact with humans or pets, secure the bat inside the container by taping the cardboard to the container. Take the bat to a veterinarian, where they can humanely destroy the animal and send it to a laboratory to be tested for rabies.

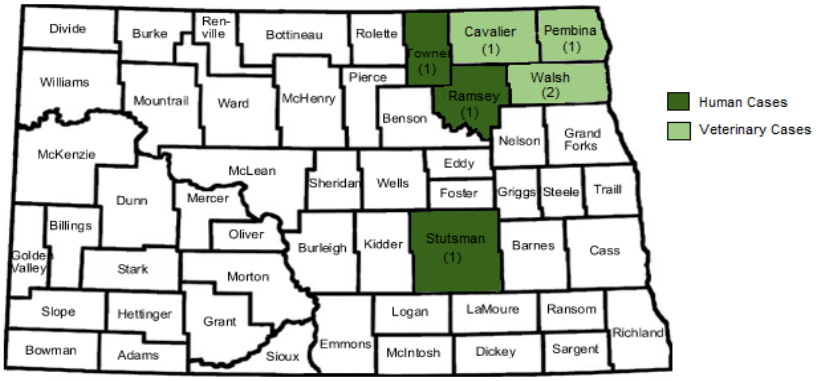
If the bat is unavailable for testing and there may have been a possible exposure to the bat, contact your health-care provider. The North Dakota Department of Health can offer assistance to help determine your risk and exposure to rabies. For more information about rabies and rabies exposures, visit www.ndhealth.gov/disease/Rabies.

West Nile Virus (WNV) Update

As of September 2, 2011, three human WNV infections from three counties have been reported to the North Dakota Department of Health. Nationwide there have been 104 human WNV infections from 21 states.

In addition to the three human cases in North Dakota, four dogs from three counties have also tested positive for WNV. There have been no WNV cases reported in birds or horses this year. The majority of the positive WNV cases are located in the northeastern part of the state **(Figure 1)**.

Figure 1. Positive WNV Cases by County in North Dakota, 2011.



West Nile virus activity is updated Wednesday mornings each week on the North Dakota Department of Health website at www.ndhealth.gov/wnv.

Contributing authors of The Pump Handle include, Michelle Feist, Abbi Pierce, Alicia Lepp, Julie Wagendorf, Tracy Miller, and Kirby Kruger. For questions, suggestions or inquiries, or to be removed from the mailing list, please contact Sarah Weninger of the Division of Disease Control, at 701.328.2366 or by e-mail at ***sweninger@nd.gov*****.**

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

NORTH DAKOTA
DEPARTMENT *of* HEALTH

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