

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 2015 Topics

- **Raccoons and Skunks are Not Pets!-Laura Cronquist**
- **Updated Treatment Guidelines for HIV-Dee Pritschet**
- **Salmonella Outbreak Investigation-Laura Cronquist**
- **New Disease Control Employee!**



Raccoons and Skunks Are Not Pets!

The North Dakota Department of Health (NDDoH) would like to remind residents that ownership of raccoons and skunks is prohibited in the state of North Dakota. The NDDoH, the North Dakota Game and Fish Department, and the North Dakota Department of Agriculture's Animal Health Division have followed up on three reports of people keeping raccoons as pets so far this year. One recent report involved a post on the BisMan website that advertised a baby raccoon for giveaway.

According to the North Dakota Century Code Section 36-01-08.4, a person may not keep a skunk or raccoon in captivity, as a pet or otherwise. Per this law, the State Veterinarian can order any animal kept in violation to be confiscated and humanely destroyed. This law exists to protect people from potential exposure to rabies. Although all mammals are susceptible to rabies, certain reservoir host species, such as raccoons and skunks, may be able to transmit the virus for longer periods of time than domesticated cats or dogs before showing any signs of the disease.

Rabies is caused by a virus in the genus *Lyssavirus*, family Rhabdoviridae. Many different strains, or variants, of rabies exist and each strain is maintained in the environment in a particular reservoir host. Raccoons, skunks, bats, foxes, and coyotes are all reservoirs for variants of the rabies virus that are maintained in their respective species in the United States. Each rabies strain has a different geographic distribution, although some overlap does occur between skunk rabies

and fox rabies in the southern states. In North Dakota, skunk rabies is the most common strain of the virus.

To learn more about rabies in North Dakota, please visit www.ndhealth.gov/disease/Rabies/ or call the NDDoH at 701.328.2378.



Updated Treatment Guidelines for HIV

The United States Department of Health and Human Services (DHHS) released updated guidelines for the treatment of HIV. The guidelines highlight the strong recommendation to start antiretroviral therapy for all HIV-infected patients as soon as an HIV diagnosis is made, regardless of the patient's CD4 count. Following are several of the key updates to the recommendations and published documents:

- There are now five recommended regimens for antiretroviral therapy (ART)-naive patients—four integrase strand transfer inhibitor (INSTI)-based regimens and one ritonavir-boosted protease inhibitor (PI/r)-based regimen.
- Statement by the HHS Panel on Antiretroviral Guidelines for Adults and Adolescents Regarding Results from the START and TEMPANO Trials announcing a change in the rating of the Panel's recommendation to AI (strong recommendation) for the initiation of antiretroviral therapy (ART).
- Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmissions in the United States
 - Guidelines strongly recommend achieving suppression of HIV RNA to undetectable levels as rapidly as possible due to correlation of maternal antenatal viral load and risk of perinatal transmission of HIV.
 - Guidelines strongly recommend antepartum combination antiretroviral therapy (cART) in HIV/HBV co-infected pregnant women to include tenofovir disoproxil fumarate plus lamivudine or emtricitabine.
- Recommendation for all HIV-infected patients to be screened for hepatitis C virus infection
 - All HIV-infected patients should be screened for hepatitis C virus infection (HCV). Patients at high risk of HCV infection should be screened annually and whenever HCV infection is suspected.
 - Antiretroviral therapy may slow the progression of liver disease by preserving or restoring immune function and reducing HIV-related immune activation and inflammation. For most HIV/HCV-coinfected patients, including those with cirrhosis, the benefits of antiretroviral therapy outweigh concerns regarding drug-induced liver injury. Therefore, antiretroviral therapy should be initiated in most HIV/HCV-coinfected patients, regardless of CD4 T lymphocyte (CD4) cell count.

More information can be found at <http://aidsinfo.nih.gov/guidelines>.



Salmonella Outbreak Investigation

The NDDoH began investigating a cluster of *Salmonella* Thompson infections in August. All cases were either from the Minot area or had reported recent travel to Minot. As of September 1, 2015, the cluster consisted of 22 cases. Ages ranged from younger than one year to older than 60. Symptoms of salmonellosis include diarrhea, abdominal cramping, nausea, vomiting, and fever.

People who experience symptoms consistent with salmonellosis should consider consulting with their health care provider.

Once the cluster was identified, epidemiologists from the NDDoH re-interviewed cases with the National Hypothesis Generating Questionnaire (NHGQ) to identify a possible source or common exposure for the cases. The NHGQ is an extensive interview tool that collects data on over 200 food and other exposures, including animals/pets, pet stores, fairs and other events where animals may have been present. Epidemiologists also began interviewing all new cases of salmonellosis with the NHGQ prior to laboratory identification of the *Salmonella* serotype in an effort to gather the highest quality data and expedite the investigation. The reported exposures were analyzed in comparison to the Centers for Disease Control and Prevention's Foodborne Active Surveillance Network Population Survey Atlas of Exposures. So far, none of the reported exposures have been identified as significant. The NDDoH's investigation into the *Salmonella* Thompson cluster is currently ongoing.



New Disease Control Employee!

★**Name:** Faridah Saifi

Title: Infection Control Assessment Program Coordinator

Education Background: Kabul Medical University (MD), Major: Pediatrics; Walden University (MPH); Major: Epidemiology, Healthcare Management, Healthcare Communication, Medical Refresher Courses (MRCA): Certificate

Past Experience: After graduating from Kabul Medical University, I started my career in Afghanistan as a Medical Doctor. The civil war in the country coerced my family to leave everything behind and start a new journey in the neighboring country of Pakistan, where I worked and trained with a number of well-known international health agencies like World Health Organization (WHO), Save the Children, and International Medical Corps (IMC). During the years I began my focus primarily in the area of disease control and provided training materials on nosocomial infection control and communicable diseases. I also took part in research projects and outbreak investigations.

In the initial years of my career, I worked as a physician; however, because of my interest in disease control, I began working on preventive medicine and managed several nosocomial infection control programs in the health care facilities in Pakistan. One of my main duties was to report issues that were related to outbreaks to the local public health department and also share information with the local media outlets. The British Broadcasting Corporation (BBC) offered me a weekly show to produce a health related educational program for the BBC World Service in London, United Kingdom. Because of the health related topics that were covered in the weekly show, the program became extremely popular with the listeners.

In 2003, I received an offer from the Broadcasting Board of Governors (BBG) in Washington DC to produce a health program for their media outlets in Europe. I left Pakistan and moved to Prague, Czech Republic where I started working for healthcare promotion through different media outlets. I stayed for over a decade in Europe, and joined several research projects, while pursuing a Master's degree in Public Health. In

2013, I moved to the United States, and initially I telecommuted as a technical adviser for an international health agency called Horizon in Pakistan, which was supported by the Royal College of Psychiatrists in United Kingdom. In 2014, I joined the California Department of Health (CDPH) and worked there as a member of the HAI program by coordinating the Injection Safety Project.

Family/Hobbies: I love spending time with my children, who currently reside in Arizona. I enjoy writing short stories, reading poems, novels, listening to classical music and hiking. I also enjoy traveling to different parts of the globe and learning about new cultures.



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