

# 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

## December 2004 Topics

- Influenza Update
- Hepatitis C Public Health Needs Assessment
- Holiday Season Foodborne Outbreaks
- Syphilis Treatment Warning



### Influenza Update

Only 25 cases of influenza have been reported to the North Dakota Department of Health (NDDoH) so far this year. Last year influenza cases peaked in mid-December at nearly 300 cases per week and ending in late February at a total of 1663 cases. The following is a summary of reported influenza cases as of 12/22/2004:

Age Group (Years)	Number of cases reported (YTD)
< 1	0
1 – 5	0
6 – 10	1
11 – 19	3
20 – 24	0
25 – 34	0
35 – 44	1
45 – 54	1
55 – 64	1
65 +	3

<b>Type of Influenza</b>	<b>Number of cases reported (YTD)</b>
Influenza A, H1N1	0
Influenza A, H3N2	8
Influenza A, unspecified	10
Influenza B	2
Influenza, unknown type	5
Total	25

The NDDoH recently purchased an additional 2,000 doses of influenza vaccine for distribution through the local public health units across the state. Another 5,700 doses are available for North Dakota in December and January. With the vaccine recently purchased, it is anticipated that all areas of the state should now have adequate supplies of vaccine to vaccinate people in the priority groups (in no specific order):

- Children age 6 to 23 months
- Adults age 65 and older
- People age 2 to 64 who have chronic medical conditions, such as heart disease or asthma
- Women who will be pregnant during influenza season
- Residents of nursing homes and long-term care facilities
- Children age 6 months to 18 years who are on chronic aspirin therapy
- Health-care workers who provide direct patient care
- Out-of-home caregivers and household contacts of children younger than 6 months
- **Children and adolescents age 2 through 18 who are household contacts of people in high-risk groups**
- **Adults age 50 to 64 and close contacts of people in high-risk groups**

The last two groups are new additions to the influenza recommendations added after receipt of additional vaccine in North Dakota.

It is especially important that all children younger than 9 who have not previously been vaccinated for influenza receive two doses separated by one month. The NDDoH Immunization Program has adequate supplies of childhood influenza vaccine for all children to receive two doses. Providers may order childhood influenza vaccine by contacting 701.328.3386 or toll-free at 800.472.2180.

Information regarding influenza is available at the North Dakota Department of Health (NDDoH) influenza website at [www.ndflu.com](http://www.ndflu.com). National, state and county influenza activity is updated every Wednesday during the influenza season. Other topics on this website include historical influenza data, surveillance program information, vaccine information, educational materials and fact sheets, new releases and links to other influenza sites.



### **Hepatitis C Public Health Needs Assessment**

Hepatitis C virus (HCV) infection is the most common, long-term, bloodborne viral infection in the United States. Nearly four million Americans (about 12,000 North Dakotans) are infected with HCV, of whom approximately 2.7 million (8,400 North Dakotans) are infected for life. Many of these people are not aware of their infection and have no symptoms of HCV infection. However, the virus may be causing serious liver damage that may not be recognized for 10-20 years. HCV-associated liver disease is the most common reason for liver transplant.

By state law, hepatitis C infections must be reported to the North Dakota Department of Health (NDDoH). To date, about 2,550 HCV cases have been reported to the NDDoH. This means that many North Dakotans may not yet know they are infected. With funding from the CDC, efforts are underway to develop prevention and control activities to both reduce incidence of new HCV infections (primary prevention) and to identify individuals already infected (secondary prevention), thus reducing the risk of chronic liver disease through appropriate medical care and counseling.

In an effort to achieve these goals, NDDoH recently distributed two viral hepatitis surveys—one to about 630 North Dakota medical providers and one to about 130 North Dakota residents recently identified as having hepatitis C. The information collected from the surveys will help assess current hepatitis C-related practices, evaluate the current system of reporting the disease, understand needs in the community, develop future hepatitis services and determine direction for future funding. This spring, NDDoH hopes to provide a summary of the findings from the surveys.

For further information about the NDDoH hepatitis C program and the public health needs assessment, contact Kim Weis at 800.472.2180 or [kweis@state.nd.us](mailto:kweis@state.nd.us).



### **Holiday Season Foodborne Outbreaks**

This holiday season, two foodborne outbreaks were reported to the Division of Disease Control of the North Dakota Department of Health. The first was reported on November 29 where 30 people attended an anniversary party hosted by a local hotel restaurant the evening of Nov. 27, 2004. The party guests traveled from three counties in North Dakota and from Minnesota, Montana and Wisconsin. Thirteen restaurant employees also were exposed, as they ate from the same buffet as the party goers. Three employees and 12 party guests reported to have experienced diarrhea and/or vomiting after eating from the buffet served at the anniversary party. One party guest was hospitalized in North Dakota. Two food samples and two stool specimens sent in for testing at the Division of Microbiology were negative for bacterial pathogens. Norovirus results are pending, although, an unlikely culprit. The median incubation period was 5.5 hours and more indicative of a bacterial intoxication than viral gastroenteritis. Statistical analysis of menu items showed that no significant food item was epidemiologically linked to the outbreak.

The second outbreak was reported to Disease Control on December 2, 2004. Eleven out of 30 individuals fell ill after attending their company Christmas party. The majority of party attendees reported having diarrhea and/or vomiting approximately 32 hours after eating at the holiday party served at a local restaurant on Nov. 29, 2004. Food and stool

samples were unavailable for testing and the causative agent of this outbreak remains unknown.

Although laboratory testing is not required to confirm a foodborne outbreak, it is extremely helpful in the course of the epidemiological investigation. It is important that samples of stool and/or vomitus are collected and available for testing to determine the causative agent. Health-care workers should be aware of the signs and symptoms typical of the many agents that cause foodborne illness, as they usually will be the first to learn about the commonalities of symptoms among patients seeking treatment. If a foodborne outbreak (two or more people ill with similar symptoms after consuming a common food) is suspected, it is important that the provider notify the state or local public health unit as soon as possible so that exposed individuals can be identified rapidly, as well as the source and the cause of the illness.



### **Syphilis Treatment Warning**

Penicillin G benzathine or Bicillin<sup>®</sup> L-A is a recommended treatment of syphilis according to the Centers for Disease Control and Prevention [2002 Sexually Transmitted Diseases Treatment Guidelines](#). Reports of inappropriate treatment of syphilis from multiple STD clinics in the US using a drug manufactured by the same pharmaceutical company, Bicillin<sup>®</sup> C-R, has resulted in inadequate treatment of syphilis. One instance occurred in North Dakota. Morbidity of syphilis in North Dakota is low, reporting only two cases in 2003 and zero so far in 2004.

In an effort to prevent further instances of inadequate treatment of syphilis, the pharmaceutical company that manufactures both Bicillin<sup>®</sup> C-R and Bicillin<sup>®</sup> L-A has changed the carton and syringe labels to provide greater distinction between the two drugs, including the use of different colors and addition of a warning sign that states “NOT FOR THE TREATMENT OF SYPHILIS” on the C-R product.

*Contributing authors of The Pump Handle include Melissa Casteel, Kim Weis, 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](mailto:jgoplin@state.nd.us).*

*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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