

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 2010 Topics

- Is Santa Missing a Reindeer?
- New STD Treatment Guidelines
- Influenza Update
- Updates and Changes to the Reportable Conditions



Is Santa Missing a Reindeer?

Since West Nile virus (WNV) was first discovered in North Dakota, there have been 1,293 human cases, 626 horses, 337 dead birds and eight canines that have tested positive for West Nile virus. The North Dakota Department of Health (NDDoH) received a report of a WNV positive reindeer in early December. Although this case does not mark the first known WNV infection in a reindeer, it does represent the first WNV positive reindeer in North Dakota.

The reindeer had some neurologic symptoms; however, upon follow-up the symptoms were determined to be attributed to causes other than WNV. Unfortunately, the reindeer did succumb to its illness and died.

For more information about West Nile virus, visit the NDDoH website at www.ndhealth.gov/wnv.



New STD Treatment Guidelines

Physicians and other health-care providers play a critical role in preventing and treating sexually transmitted diseases (STDs). Updated guidelines for the treatment of people who have STDs were developed by the Centers for Disease Control and Prevention (CDC) after consultation with a group of professionals knowledgeable in the field of STDs who

met in Atlanta, Ga., during April 2009. Prevention strategies and diagnostic recommendations also were discussed. You can access the new STD Treatment Guidelines at www.cdc.gov/std/default.htm.

The following summarizes the updated information included in the 2010 guidelines:

- 1) The expanded diagnostic evaluation for cervicitis and trichomoniasis.
- 2) New treatment recommendations for bacterial vaginosis and genital warts.
- 3) The clinical efficacy of azithromycin for chlamydial infections in pregnancy.
- 4) The role of *Mycoplasma genitalium* and trichomoniasis in urethritis/cervicitis and treatment-related implications.
- 5) Lymphogranuloma venereum proctocolitis among men who have sex with men.
- 6) The criteria for spinal fluid examination to evaluate for neurosyphilis.
- 7) The emergence of azithromycin-resistant *Treponema pallidum*.
- 8) The increasing prevalence of antimicrobial-resistant *Neisseria gonorrhoeae*.
- 9) The sexual transmission of hepatitis C.
- 10) Diagnostic evaluation after sexual assault.
- 11) STD prevention approaches.



Influenza Update

As of Jan. 6, 2011, a total of 51 laboratory-identified influenza cases have been reported to the North Dakota Department of Health (NDDoH). Of the 51 reported cases, 98 percent were identified as type A (n=50) and 2 percent as type B (n=1). In addition, of the 50 influenza A cases, five have been subtyped with five identified as type A H3 and the zero as type A H1. There also have been 5 (10% of reported cases) influenza-associated hospitalizations reported to NDDoH this year. Anecdotally, in the 09-10 influenza season, there were 109 (3.3% of reported cases) reported hospitalizations. This discrepancy in reported hospitalizations does not appear to be influenced by increased severity of disease this year versus last, but rather a factor of increased reporting of flu hospitalizations. We continue to ask providers to report any hospitalization due to flu as part of surveillance this year to get a clearer picture of how influenza truly impacts North Dakotans.

Finally, influenza virus subtyping and viral isolation is an important part of influenza surveillance. It helps identify which strains are circulating in communities, can identify novel influenza viruses and aids in vaccine strain selection. The NDDoH is encouraging influenza specimen submission from hospitalized patients with respiratory illness, clusters, unusual clinical cases and when a patient tests positive via rapid testing. A maximum of three samples per day will be accepted from each facility. If you have questions about influenza testing, contact the Division of Laboratory Services at 701.328.6272.

For more information about influenza, influenza activity or to order free educational materials, visit the NDDoH influenza website at www.ndflu.com.



Updates and Changes to the Reportable Conditions

The Division of Disease Control continually monitors the reportable conditions list in an effort to stay current with changing/emerging diseases and to remove diseases which

have provided minimal value to public health improvement. As of Jan. 1, 2011, the following changes have been made to Article [Administrative Rule 33-06-01](#).

1. Cancer: Changes are being made to update and clarify which cancers are to be reported. Changes will make reporting requirements more consistent with national standards.
2. Coccidioidomycosis: This condition is being added because of its potential use as a biological weapon.
3. E. coli, shiga toxin producing: This is an update to the terminology used for toxin producing E. coli that can cause diarrhea, kidney disorders and blood disorders.
4. HIV Rapid Screens (positive only): This item is added to clarify that rapid HIV screenings tests that are positive need to be reported.
5. Pregnancy in persons infected with hepatitis B or HIV: This change is to provide clarity and definition to what conditions need to be reported in pregnant women. Group B strep is being deleted from this category as the invasive infections will remain reportable under “invasive streptococcal infections”.
6. Tickborne encephalitis viruses and tickborne hemorrhagic fevers have been included in all tick-transmitted diseases.
7. Vibriosis: This includes cholera and other vibrio infections. Vibriosis is becoming a more common foodborne cause of illness.
8. Added carbapenemase-producing or carbapenem-resistant organisms as reportable. This is a result of an emerging trend for hospital-associated infections involving carbapenem-resistant gram negative rods.
9. Further designated the following conditions to have an appropriate sample or isolate submitted. These conditions were previously reportable; we are now asking to have appropriate samples or isolates sent to the Division of Laboratory Services. In the rule this requirement is designated with an asterisk *.
 - a. Clostridium perfringens intoxication
 - b. Nipah viral infections
 - c. Severe Acute Respiratory Syndrome (SARS)
 - d. Smallpox
 - e. Staphylococcus enterotoxin B intoxication
 - f. Viral hemorrhagic fevers

To report a mandatory reportable condition to Disease Control, go to www.ndhealth.gov/Disease/reportcard. For more information log on to www.ndhealth.gov/disease or you can call 701.328.2378 or 800.472.2180 (toll free).

Contributing authors of The Pump Handle include, Michelle Feist, Lindsey VanderBusch, Julie Wagendorf, Kirby Kruger and Tracy Miller. 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 email 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

Terry Dwelle, MD, MPHTM, State Health Officer
Kirby Kruger, Director of the Division of Disease Control and Chief of the Medical Services
Section