

The Pump Handle 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 2017 Topics

- *Kingella kingae* Cluster – Laura Cronquist
- Changes to Mandatory Reportable Conditions – Molly Howell
- Changes to Child Care and School Immunization Requirements – Molly Howell
- New Disease Control Employee!



***Kingella kingae* cluster**

Kingella kingae is a member of the *Neisseriaceae* family of bacteria that colonizes the upper respiratory tract surfaces of humans. Rarely, the colonized bacteria can enter the bloodstream and cause serious invasive infections, including osteomyelitis, septic arthritis, bacteremia, endocarditis and meningitis. Outbreaks of severe *K. kingae* infections among children ages 6 to 36 months have been associated with child care centers. Children in this age group lack effective immunity to colonization with *K. kingae* and are more likely than other children and adults to develop invasive infections. Outbreaks can occur in any child care facility and are not the result of the practices or care given at a particular facility.

When a child is diagnosed with an invasive *K. kingae* infection, consideration for antimicrobial prophylaxis of the child's young siblings and childcare contacts is warranted. Yagupsky, et. al. recommend a pediatric regimen consisting of dual therapy with rifampin and amoxicillin. Rifampin should be given at a dosage of 20 mg/kg/day in two divided doses for two days. Amoxicillin should be given at a dosage of 80 mg/kg/day in two divided doses for four days¹.

On December 18, 2017, a physician notified the North Dakota Department of Health (NDDoH) of a possible *K. kingae* cluster in a child care facility located in Valley City, N.D. Two

children who attend child care at the facility had been recently diagnosed with bone and joint infections. *K. kingae* was isolated from a clinical specimen collected from one of the children. Molecular laboratory test results are pending on specimens from the second child.

Upon notification of the cases, the attending physician, as well as public health officials from the NDDoH and the local health department recommended that all children who attended the same child care facility receive chemoprophylaxis. Parents or guardians of the children were given a fact sheet on *K. kingae* and a letter from the NDDoH advising them to consult with their primary health care provider for appropriate antimicrobial prophylaxis. A Health Advisory regarding the *K. kingae* outbreak and subsequent recommendations for chemoprophylaxis of child care contacts was sent to health care providers via the North Dakota Health Alert Network (HAN). No additional cases have been associated with the outbreak.

For further information on *K. kingae*, please contact the NDDoH at 800.472.2180 or 701.328.2378.

References

1. Yaguplsky, P, El Houmami, N and Fournier, P-E. Outbreaks of Invasive *Kingella kingae* Infections in Daycare Facilities: Approach to Investigation and Management. The Journal of Pediatrics; v182 pp14-20. March 2017.



Changes to Mandatory Reportable Conditions

The newest reportable conditions list can be found at <http://www.ndhealth.gov/disease/Disease%20Reporting/Default.aspx>. The NDDoH 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 January 1, 2018, the following changes have been made to North Dakota [Administrative Rule 33-06-01](#).

1. Campylobacteriosis continues to be reportable, but isolates no longer need to be sent to the NDDoH Division of Microbiology.
2. Coccidioidomycosis continues to be reportable, but isolates no longer need to be sent to the NDDoH Division of Microbiology.
3. Enterococcus, vancomycin resistant (VRE) is no longer a mandatory reportable condition.
4. Hepatitis A, B, C, D, and E are all mandatory reportable conditions. For hepatitis C, nucleic acid test results (detectable or nondetectable) are reportable. Hepatitis C genotype results are also reportable.
5. HIV infection continues to be reportable. Any positive HIV test result, including gene sequencing and drug resistant patterns, is reportable. HIV nucleic acid test results (including nondetectable) are also reportable.
6. All lead blood level results are reportable. Previously, only results greater than or equal to 10 µg/dl were reportable.
7. Novel severe acute respiratory illnesses are reportable.
8. Organisms resistant to a carbapenem or with emerging antimicrobial resistance are reportable. Previously, the rules stated organisms with reduced susceptibility to a carbapenem are reportable.

9. Pertussis continues to be reportable, but isolates no longer need to be sent to the NDDoH Division of Microbiology.
10. Psittacosis is no longer a mandatory reportable condition.
11. *Staphylococcus aureus*, methicillin resistant (MRSA) is no longer a mandatory reportable condition.
12. *Streptococcus pneumoniae* (invasive) continues to be a mandatory reportable condition, but streptococcus group A and B are no longer reportable.
13. Toxic shock syndrome is no longer a mandatory reportable condition.
14. Tuberculosis infection continues to be reportable, but clarifying language was added to ensure that both tuberculosis disease and infection are reportable.
15. Unexplained and emerging critical illness and death are mandatory reportable conditions.

To report a mandatory reportable condition to disease control, go to www.ndhealth.gov/disease/reportcard/. Reports can also be made by calling 701.328.2378 or 800.472.2180 (toll free) or by confidential fax at 701.328.0355. Electronic laboratory reporting is also available.

To order additional reportable conditions lists or disease report forms, log onto www.ndhealth.gov/Disease/Disease%20Reporting/. For telephone orders or for more information, please contact 701.328.2378 or 800.472.2180.



Changes to Child Care and School Immunization Requirements

As of January 1, 2018, the following changes have been made to North Dakota [Administrative Rule 33-06-05](#), regarding child care and school immunization requirements.

- **Hepatitis B vaccine is now required for child care entry.** It was previously only required for school entry.
- Tetanus, diphtheria, and acellular pertussis vaccine (Tdap) has been required for school since the 2008 – 2009 school year, however, it has only been required for entry into seventh grade. In order to ensure catch-up vaccination of children moving into the state or who missed the seventh grade requirement, additional grades were added. **Starting with the 2018 – 2019 school year, a dose of Tdap is required for eighth through twelfth grade, if missed at seventh grade.**
- Meningococcal conjugate vaccine (MCV4) has been required for school since the 2008 – 2009 school year, however, it has only been required for entry into seventh grade. In order to ensure catch-up vaccination of children moving into the state or who missed the seventh grade requirement, additional grades were added. **Starting with the 2018 – 2019 school year, one dose of MCV4 is required for eighth through tenth grade. MCV4 is a two-dose series, with the second dose recommended at age 16, therefore, with the change, children are required to receive a second dose of MCV4 before being admitted to eleventh and twelfth grades.**
- **History of disease exemptions were added for all diseases that could potentially have an applicable history of disease, including hepatitis A, hepatitis B, measles, mumps, or rubella.** Previously, history of disease exemptions were only allowed for varicella (chickenpox). **A**

physician signature is required for a history of disease exemption. Previously, a parent could provide a signature for a history of disease exemption.

- **The time period for when schools are required to exclude children who are not up-to-date or who haven't submitted a record was changed from 30 days after enrollment to October 1 or 30 days after enrollment if enrolling after October 1.**

The 2018 child care immunization requirements and 2018 – 2019 school immunization requirements can be found at <http://www.ndhealth.gov/Immunize/Schools-ChildCare/>. Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 (toll-free) with any questions regarding childcare and school immunization requirements.



New Disease Control Employee!

★ **Name:** McKenzie Kiefer

Title: HAI and MDRO Surveillance Coordinator

Education Background: My undergraduate degree came from the University of Jamestown in health & fitness administration, exercise science with a minor in psychology. I am currently working on my master's in business administration at the University of Mary.

Past Experience: I worked for Central Valley Health District in Jamestown, N.D. as the community health coordinator and spent the summer with Sanford Health as a senior leadership intern. I am excited to have the opportunity to start my career at the North Dakota Department of Health!

Family/Hobbies: I grew up in Bismarck, graduated from Bismarck High School in 2014 and will be getting married in June. I enjoy running, playing sports, being out on the river in the summer, and quality time with my friends and family.



Kirby Kruger, Director, Division of Disease Control; Chief of Medical Services Section
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