

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

February 2018 Topics

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North Dakota Department of Health Warns Against Consuming Kratom

On March 2, the North Dakota Department of Health (NDDoH) reported North Dakota's first case of kratom-associated *Salmonella* infection linked to a national outbreak. The ill individual was infected with one of the four strains of *Salmonella* identified in the outbreak. The individual had consumed kratom purchased online. The NDDoH tested the remaining kratom provided by the individual and found the same strain of *Salmonella*. The investigation is ongoing, and the NDDoH has been working with the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), and other state health departments to investigate the multistate outbreak

Eighty-seven cases from 35 states have been reported, including the case from North Dakota. Of the 69 cases for whom information is available, 27 have been hospitalized. Cases range in age from 6 to 67 years, with a median age of 39. No deaths have been linked to this outbreak.

Laboratory evidence and information gathered during interviews with ill persons indicates that kratom, a plant native to southeast Asia, is the likely source of this outbreak. There are no FDA approved uses for kratom, but people may use it as a dietary supplement or as a recreational drug. Individuals have reported consuming kratom in powder, pills, or tea. Investigators have not identified any common brands or suppliers of *Salmonella*-contaminated kratom products. Federal and state health officials recommend that people do not consume kratom in any form.

For information about the uses and effects of kratom, please visit the FDA's website at <https://www.fda.gov/Food/RecallsOutbreaksEmergencies/Outbreaks/ucm597265.htm>.

To learn more about the outbreak of *Salmonella* infections linked to kratom, please visit the CDC's website at <https://www.cdc.gov/salmonella/kratom-02-18/index.html> or contact the NDDoH at 800.472.2180 or 701.328.2378.



February ACIP Update

The Advisory Committee on Immunization Practices (ACIP) met February 21 and 22. The agenda for the meeting can be found at <https://www.cdc.gov/vaccines/acip/meetings/downloads/agenda-archive/agenda-2018-02-508.pdf>. Below is brief information about recommendations made at the meeting. Official ACIP recommendations will be published in *Morbidity and Mortality Weekly Report* (MMWR) in the future.

Hepatitis B Vaccine:

- ACIP voted unanimously to add a new, two-dose, adjuvanted hepatitis B vaccine (Dynavax's HEPLISAV-B™) to current hepatitis B recommendations for adults ages 18 and older.
 - HEPLISAV-B™ is administered as a two-dose series over one month.
 - HEPLISAV-B™ results in high levels of seroprotection, including in patients with reduced immunogenicity to hepatitis B vaccination (diabetics, immunocompromised).

Live Attenuated Influenza Vaccine:

- ACIP voted to reinstate live attenuated influenza vaccine (LAIV) or Flumist® to the immunization schedule.
 - “For the 2018-2019 season, immunization providers may choose to administer any licensed, age appropriate, influenza vaccine (including LAIV, IIV and RIV). LAIV is an option for influenza vaccination for persons for whom it is otherwise appropriate.”
 - The manufacturer (AstraZeneca) changed the influenza A H1N1 strain in LAIV from Bolivia to Slovenia, which they believe will improve vaccine efficacy against the H1N1 strain.
 - The H1N1 Bolivia strain in LAIV was found to have poor replication.
 - The H1N1 Slovenia strain showed improved replication.
 - Vaccines For Children (VFC) providers have already pre-booked influenza vaccine for next season. Therefore, LAIV will not be provided as an option for VFC children for the 2018 – 2019 season.
 - Press release from AstraZeneca: <https://www.astrazeneca-us.com/media/press-releases/2018/astrazeneca-announces-renewed-recommendation-and-availability-of-flumist-quadrivalent-vaccine-in-the-us-02212018.html>

Hepatitis A Vaccine:

- ACIP voted and recommends that hepatitis A vaccine be administered to infants ages 6 – 11 months who are traveling internationally to countries where hepatitis A vaccination is recommended.
 - Previously IG (immune globulin) was recommended for these infants.
 - Because these infants most likely also need MMR for travel, and MMR and IG can't be administered at the same time, hepatitis A vaccine is recommended.
 - Infants who receive hepatitis A vaccine at ages 6 – 11 months for travel will still need two doses of hepatitis A vaccine at 12 months or older.
- ACIP voted to recommend that hepatitis A vaccine be administered for post exposure prophylaxis to anyone 12 months and older.
 - Previously, IG, not hepatitis A vaccine, was recommended for post exposure prophylaxis against hepatitis A virus in people older than 40.
 - Some individuals will also need IG, in addition to hepatitis A vaccine, for post exposure prophylaxis. This will be outlined in MMWR, but will most likely depend on the following:
 - Age: people older than 40
 - Health status: people with certain conditions (immunocompromised, chronic liver disease)
 - Exposure: high-risk (household or sexual contact) vs. low-risk (food handler)
 - Availability of IG

For more information about ACIP recommendations, please visit <https://www.cdc.gov/vaccines/acip/>.



National Sexually Transmitted Diseases Awareness Month

April is National Sexually Transmitted Diseases (STDs) Awareness Month, an observance created to increase awareness about STDs, including their transmission, prevention and treatment. STDs continue to be a major health threat in the United States, especially among adolescents and young adults. One in two sexually active persons will contract an STD by age 25. Each year, one in four teens contracts an STD. If undetected and left untreated, STDs can lead to potentially severe health consequences, including ectopic pregnancy or infertility in females. These severe health consequences underscore the importance of annual chlamydia screening and vaccination for human papillomavirus (HPV) as part of a comprehensive approach to sexual health in young women.

Throughout STD Awareness Month in April 2018, the NDDoH encourages healthcare providers and patients to focus on the 2018 Theme: **Treat Me Right**. For providers, 'Treat Me Right' is an opportunity to ensure that they have the needed tools to properly detect and treat infections. It also, however, presents an opportunity to share resources about how to build door-to-door trust with patients that extends from the waiting room to the exam room, as well as how to engage with patients in a way that makes them feel heard and respected. This year's theme also opens the door to encourage patients to learn about STDs and STD prevention, but just as importantly, to empower them to ask their provider what they can do – and how they can work together – to stay safe and healthy. Some key points for this year's theme include:

- **Site Specific Screening.** Patients at risk for STD infections should have a comprehensive sexual health risk assessment. Chlamydia and gonorrhea testing should be based on site of exposure, including urethral, vaginal, rectal or pharyngeal sources.
- **Dual Therapy:** The recommended treatment for gonorrhea is dual therapy of ceftriaxone 250mg IM plus 1 g azithromycin. These medications are recommended to be given at the same time. It is best practice to administer both medications in the clinic to ensure the patient takes both medications appropriately and in a timely manner.
- **Partner Services:** Providing treatment to partners of a confirmed case is an important part of the prevention and controls of STDs. Contact your [local field epidemiologist](#) on how to best provide partner services to your confirmed STD cases.

Additional information about STDs are available at www.cdc.gov/std/. The most current North Dakota HIV.STD.TB.Viral Hepatitis Epi Profile can be found at www.ndhealth.gov/STD/.



Influenza Vaccine Efficacy

The CDC published interim estimates of vaccine effectiveness data for the 2017-2018 seasonal influenza vaccine this past February. The overall adjusted vaccine effectiveness (VE) against influenza A and B virus infection was 36% (95% CI: 27% to 44%). This means that overall, the seasonal flu vaccine reduced the risk of getting sick and having to go to the doctor from flu by about one third.

VE was 25% (95% CI: 13%-36%) against illness caused by the most predominant strain this flu season, A(H3N2). However, the VE was much higher in children 6 months through 8 years of age. In this age group, overall VE was 59% (95%CI:44-69%). VE against other strains of flu virus was also higher than against A(H3N2). VE was 67% (95% CI: 54-76%) against influenza A(H1N1)pdm09 virus and 42% (95%CI: 25-56%) against influenza B viruses.

Creating an effective flu vaccine for A(H3N2) viruses has continued to be an issue. There are several hypotheses for why flu vaccines provide less benefit against H3N2 viruses. These involve issues such as how a person's unique immune system responds to vaccination or previous flu infection, the unique characteristics of circulating H3N2 viruses and changes that occur in H3N2 viruses over time, and the issue of A(H3N2) viruses being difficult to grow in eggs.

Flu vaccine is still the best defense against flu infection, and it is not too late to be vaccinated for this flu season. Everyone 6 months of age and older should receive the flu vaccine. It is especially important for young children, older adults, pregnant woman, people with chronic illness or compromised immune systems, and Alaskan Natives or American Indians.

As of March 3rd, flu activity in North Dakota is still widespread. It is likely that flu season has already peaked. Reported cases of influenza are continuing to decline, but influenza B activity is increasing. This is typical for this part of the season. Although activity is declining, activity will continue for some time, so individuals who haven't already been vaccinated should do so.



ND Immunization Conference Registration Now Available

The 2018 North Dakota State Immunization Conference will be held July 17 – 18, 2018 in Bismarck. **Conference registration is now officially open on the Immunization Program’s website at www.ndhealth.gov/immunize/.** Nursing contact hours will be available at the conference. Conference planners also plan to apply for physician assistant credits (AAPA Category I CME). Blocks of rooms have been reserved at the Radisson and Ramkota Hotels. Participants and vendors can find more information on the registration website.

Topics include: Childhood, adolescent and adult immunization updates, techniques for communicating with vaccine hesitant families, vaccine recommendations for travelers and immunocompromised patients, changes to school and childcare immunizations and much, much more! The agenda will be updated as speakers are added.

If you are interested in speaking or have a suggestion for a break-out session, please email Abbi Berg at alberg@nd.gov.



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