"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

January-February-March 2014 Topics
- NDDoH Recommends Euthanasia of Pet – Rabies Control Sometimes Leads to Tough Decisions
- Syphilis Update
- Public Health Week
- North Dakota Department of Health Hosts Multi-State Foodborne Illness Exercise
- NDIIS Interoperability
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- New Disease Control Employee!

NDDoH Recommends Euthanasia of Pet – Rabies Control Sometimes Leads to Tough Decisions
On Thursday, February 20, 2014, the North Dakota Department of Health (NDDoH) was contacted by an individual concerned about a silver fox being kept as a pet in the city of Minot. The individual said that an acquaintance had been bitten by the fox. The NDDoH requested the individual to have the acquaintance contact the NDDoH in order to assess the situation so that a recommendation for rabies prevention could be made if needed. The NDDoH was not able to contact the individual who had been bitten.

The Minot Police Department went to investigate the silver fox report at the owner’s residence. During this contact, the fox bit one of the responding officers, resulting in broken skin, which had to be considered as a possible exposure to rabies. The silver fox was taken into custody and held at a veterinarian clinic. The NDDoH made the recommendation to euthanize and test the fox for rabies based on the following facts:
Because the fox bit one person, and possibly others, it must be tested in order to protect those who may have been exposed to the rabies virus.

Foxes are wild animals, even if they are kept as pets, and they can carry and transmit rabies.

For wild animals, including those kept as pets, we do not know how long it takes from the time the animal is exposed to rabies to when it exhibits clinical signs of rabies; we cannot hold wild animals for a certain amount of time to observe them for clinical signs of illness to be sure whether or not they have rabies.

The only way to tell whether an animal has rabies is to test the brain of the animal, and the only way to do that is to humanely euthanize the animal.

There is no approved vaccine for foxes kept as pets, so they cannot be reliably protected from getting rabies.

For more information about rabies, visit www.ndhealth.gov/disease/Rabies.

Multi-State Syphilis Outbreak: North and South Dakota

From January 1, 2013 through April 16, 2014, 64 cases of syphilis were identified as part of an outbreak of syphilis in North and South Dakota. Twenty cases have occurred in Sioux County, North Dakota. Fifty-eight percent of cases are either primary or secondary syphilis, 32 percent are early latent and 10 percent are latent syphilis cases. Females represent 59 percent of cases. The cases range in age from 15 to 53 (median = 28 years). Ninety-five percent of cases are American Indian, one case is White and two cases have an unknown race at this time. All cases have been identified as heterosexual and no male cases report being men who have sex with men.

The NDDoH urges healthcare providers to be aware of the signs and symptoms of syphilis. Symptoms of syphilis can include sores (also known as a chancre) that are often painless, or a rash that may take on several different appearances. The rash may appear as rough, red or reddish brown spots that may be found on the palms of the hand or the soles of the feet and usually do not cause itching. In addition to rashes and lesions, symptoms might also include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches and fatigue. Depending on an individual’s symptoms, they are classified into a stage that is used to guide treatment and follow-up.

Thus far in the outbreak, one case of congenital syphilis has been reported. For women who are considered at high risk for infection, syphilis screenings are recommended during the third trimester (28-32 weeks gestation) and at delivery.

For additional syphilis screening and treatment recommendations, please visit www.ndhealth.gov/STD/default.htm or contact the NDDoH STD program at 701.328.2378.

Public Health Week – April 7-14

April 7-14, 2014 was National Public Health Week. National Public Health Week is a time to recognize the contributions of public health and highlight issues that are important to improving our nation and communities. The North Dakota Governor proclaimed the week as Public Health Week in North Dakota, providing an opportunity to highlight the important work of people who work in public health in the communities of...

North Dakota Department of Health – Division of Disease Control
North Dakota. Public health departments across the state provide services to the
community such as immunizations, workplace wellness programs, screening and
treatment for tuberculosis, coordination of planning and preparedness for public health
emergencies, etc. For more information on National Public Health Week and to view the
Daily Themes, important health messages and issues presented each day during the week,
visit www.nphw.org.

North Dakota Department of Health Hosts Multi-State Foodborne Illness Exercise
A multi-state foodborne outbreak scenario exercise was hosted by the NDDoH Division
of Disease Control March 10-12, 2014. Using web-conferencing technology, participants
from North Dakota, South Dakota and Montana attended the exercise remotely over the
course of the training. All participants could comment and exchange ideas regarding the
mock investigation. The exercise was developed by the Food and Drug Administration
with the help of the Centers for Disease Control and Prevention and the U.S. Department
of Agriculture’s Food Safety Inspection Service and Animal and Plant Health Inspection
Service. Its purpose was to mimic a food contamination event and help improve
communication and collaboration among the stakeholders involved in foodborne
outbreaks. It also served to evaluate outbreak response plans. The exercise was a way for
epidemiologists, laboratorians, environmental health and local public health personnel to
discuss how they would handle various issues that might arise in an actual outbreak. It
provided practice for good techniques and improvement in communication among the
individuals who would be involved in an outbreak to be better able to respond to an
actual foodborne outbreak event. Recordings of the training can be found at
www.ndhealth.gov/disease/gi/training.

NDIIS Interoperability
In 2011, North Dakota received American Recovery and Reinvestment Act (ARRA)
grant funds to establish interoperability between immunization provider electronic health
record (EHR) systems and the North Dakota Immunization Information System (NDIIS).
In 2012, North Dakota received additional interoperability grant funding through the
Prevention and Public Health Fund (PPHF) to continue efforts getting providers
electronically connected to the NDIIS. The NDIIS is connected to the North Dakota
Health Information Network (NDHIN). As of April 2014, the NDIIS is interoperable
with Altru Health System, Trinity Health, Sanford-North (Fargo) Health System,
Sanford-West (Bismarck) Health System, Essentia Health and 18 local public health units
that represent a total of 196 individual provider locations. These providers represent
approximately 63 percent of all immunizations reported to the NDIIS. Interoperability
has increased the number of adults with at least one immunization in the NDIIS from 73
percent in 2012 to 80 percent in 2013, helping to meet our goal of having the NDIIS as a
centralized database for immunization information for all North Dakota residents. The
NDIIS Interoperability team is continuing to work with North Dakota providers and their
EHRs to connect to the NDIIS through the NDHIN. By August 2015, the NDIIS will be
connected to an additional 36 individual provider locations. For more information about
the NDIIS interoperability project and to see the specification documents for North
Dakota, please visit our web site at www.ndhealth.gov/Immunize/Interop/default.htm.
Influenza Update

Influenza cases for the 2013-14 season peaked in the first week of January. Laboratory-reported cases remained high for January, and have since slowly begun to taper off. As of March 22, 2014, there have been 2,758 lab-confirmed cases of influenza reported to the NDDoH this season, including 2,693 cases of Influenza A and 65 cases of Influenza B. The 2009 A H1N1 Pandemic strain (2009AH1) has remained the predominant A strain this season; after a single A H3 specimen at the beginning of the season, all other Influenza A specimens undergoing additional testing have come back positive for 2009AH1.

Children and young- to middle-aged adults have been hit especially hard, with children younger than 10, adults in their 30’s, and adults in their 20’s comprising the top three age groups in terms of case counts. Of the four deaths this season, three were in adults younger than 65. These results are typical for 2009AH1, which disproportionately affects children and working-age adults compared with other strains of seasonal influenza. This trend is heightened by the fact that working-age adults are the least likely demographic to obtain a seasonal influenza vaccination.

Although case numbers have declined in recent weeks, influenza viruses continue to circulate in North Dakota. As long as the virus persists in communities, influenza vaccination is recommended for those who have not already received an one this season, especially for those with underlying medical conditions, small children, the elderly and pregnant women.

The NDDoH influenza site is updated weekly on Thursday with the latest influenza data. For more information about influenza, the surveillance program, local flu shot clinics, or to order free educational materials, visit the NDDoH influenza website at [www.ndflu.com](http://www.ndflu.com).
New Disease Control Employee!
Name: Miranda Baumgartner

**Title:** VFC/AFIX Coordinator, Immunization Program

**Education Background:** BS in Respiratory Therapy, MBA with an emphasis on Healthcare Management both from the University of Mary.

**Past Experience:** Registered respiratory therapist for the last 12 years.

**Family/Hobbies:** I am married to Tate; we have 3 children Wyatt (9), Paige (6), and Brooklyn (3). We also have a cockapoo named Jessy. I enjoy spending time with my kids, the outdoors and camping, baking, crafts, and reading.

Terry Dwelle, MD, MPHTM, State Health Officer
Kirby Kruger, Director, Division of Disease Control; Chief Medical Services Section
Tracy K. Miller, MPH, State Epidemiologist