

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

March 2018 Topics

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Tick Surveillance in North Dakota

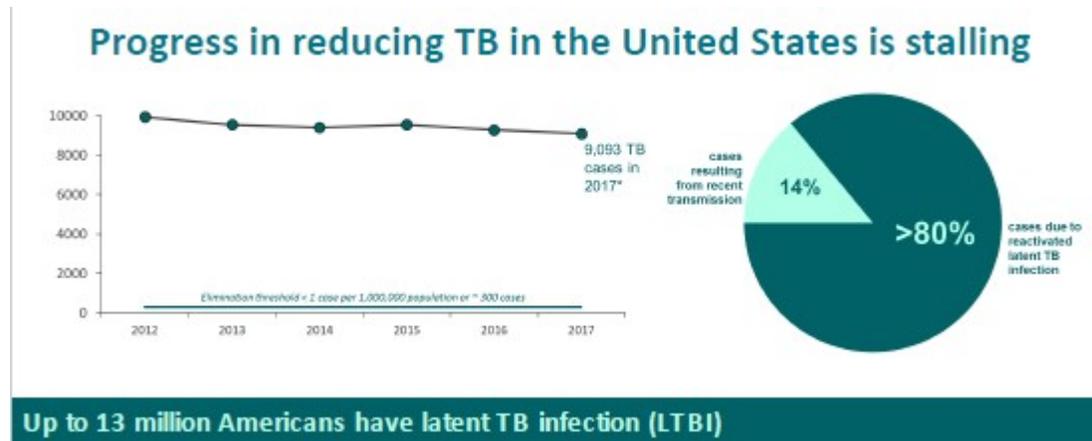
Spring is here and so are the ticks. With this, brings the potential for tickborne diseases. For the third year, the North Dakota Department of Health (NDDoH) Divisions of Disease Control and Microbiology will be conducting tick surveillance with the help of 35 veterinary clinics and four zoos across the state. Ticks will be submitted each week, through November, to the NDDoH for identification and tickborne pathogen analysis. Ticks are collected from animals and pets seen at the participating veterinary clinics and zoos.

Results from the 2017 tick surveillance period identified *Dermacentor* species, *Ixodes scapularis* (deer tick), and *Amblyomma americanum* (Lone Star tick) ticks. *Dermacentor* species were submitted from all regions of the state. Deer ticks were submitted from four regions in the state that included the north-central, north-east, south-central, and south-east regions. For more information about tick surveillance in North Dakota, please visit <http://www.ndhealth.gov/disease/Tickborne/>.



TB Infection and TB Disease Treatment

For more than three decades, treatment of persons with latent *Mycobacterium tuberculosis* infection (LTBI) to prevent the development of active disease has been an essential component of tuberculosis control in the United States. In North Dakota, most new, active cases have occurred among persons who were first identified as having LTBI and then later developed active TB. The identification and treatment of infected persons at highest risk for developing active disease benefits both infected persons and susceptible persons in their communities.



The North Dakota TB elimination goal is to reduce the number of active tuberculosis cases reported each year; this can only be achieved by identifying and treating persons with LTBI. In 2017, the NDDoH received 725 reports for positive TB Skin Tests or Interferon Gamma Release Assays (IGRA's). Of the 725 persons with positive test results, 310 were known to have been prescribed medication and of those, 266 started a treatment regimen to treat their TB infection. The TB program partners with local public health units, student health programs and correction facilities to provide or facilitate the provision of TB medication ensuring appropriate treatment is available to treat TB infection.

In 2018, LTBI became a reportable condition in North Dakota. For an individual to meet the case definition, people must have either a positive TST or IGRA test result and a documented negative chest x-ray. Both results must be submitted to NDDoH.

Providers that wish to refer their patients to receive medications provided by NDDoH may do so by completing the [Request for TB Medication Form](#) and submitting it to the appropriate health unit that serves the patient in the area where they live. It should be noted that for patients who have insurance, their insurance plan will be billed by the contract pharmacy that fills the individual prescriptions, however no patient responsibility expenses will be collected from the patient. The TB program contracts with University of North Dakota (UND) Center for Family Medicine – Bismarck Pharmacy to provide medications for treatment of LTBI or active TB disease care.

Providers are not required to refer patients to local public health units for treatment and are able to case manage within their own offices. However, by referring your patients to public health for

treatment, patients will be monitored for potential drug interactions, side effects and compliance for the entire course of treatment. For patients who do not receive treatment through a local health department, the NDDoH will follow-up with diagnosing provider to document the treatment was initiated/completed.

Preventing TB disease averts costs:
Average direct costs associated with treatment increase with case complexity and drug resistance



Testing and treatment for LTBI = \$600 - \$700 per patient



May is Hepatitis Awareness Month

Millions of Americans are living with hepatitis B and C, but as many as three quarters are unaware of their status. Hepatitis Awareness Month and Testing Day on May 19 provides an opportunity to highlight the importance of addressing hepatitis and the need to improve our response to these epidemics. Over 1,100 individuals were reported with hepatitis C in 2017 in North Dakota. This is a six percent increase from 2016.

In the United States, the devastating health consequences of the opioid epidemic reach beyond addiction and overdose. Fueled by increases in injecting drugs, new hepatitis C infections have nearly tripled between 2010 and 2015 and previous gains made in hepatitis B prevention have reversed. Undiagnosed hepatitis B and hepatitis C in priority populations, including baby boomers, African Americans, Asian Americans and Pacific Islanders, and American Indians and Native Alaskans, are driving up rates of liver cancer and deaths.

To make an impact on viral hepatitis prevention, the NDDoH is asking partners and stakeholders to bring viral hepatitis to the forefront of the conversation throughout May, especially in discussions around substance abuse and prevention. Here are just a few strategies that will impact viral hepatitis in North Dakota:

1. Increase community awareness of viral hepatitis and decrease stigma and discrimination.
2. Identify persons infected with viral hepatitis early in the course of their disease. One way partners can work towards this goal is to incorporate viral hepatitis screening in non-traditional settings such as substance abuse treatment centers.
3. Decrease health disparities by partnering with and educating priority populations and their communities about viral hepatitis and the benefits of available prevention, care, and treatment.

4. Discuss with community leaders and coalitions the impact a syringe services program may have on your community.

The National Academies of Sciences, Engineering, and Medicine, with the support of the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Services, the American Association for the Study of Liver Diseases (AASLD), the Infectious Diseases Society of America (IDSA), and the National Viral Hepatitis Roundtable have released a national Strategy for the elimination of hepatitis B and C. This national strategy indicates that the elimination of hepatitis B and C is possible by 2030 by completing outlined strategies such as those listed above. The NDDoH is available to assist communities, health care providers and partners in their efforts towards hepatitis prevention and elimination. More information on the report is available [here](#). Please contact the NDDoH at 701.328.2378 for technical assistance or if you have any questions regarding viral hepatitis prevention.



Environmental Services Conference

The NDDoH, North Dakota Quality Health Associates, and the UND Center for Rural Health sponsored an Environmental Services conference March 27 -28, 2018 in Bismarck, North Dakota. More than 160 were in attendance for this two-day conference. Conference materials are available on the NDDoH healthcare-associated infections website at <http://www.ndhealth.gov/disease/hai/Training/Default.aspx>.



Conference presenter Greg May presents about creating an effective environmental services program.



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