

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

May 2007 Topics

- 2007 Changes to Reportable Conditions
- West Nile Virus Surveillance Kickoff
- Recreational Waterborne Illness Awareness Week
- Meningococemia Case Investigation



2007 Changes to Reportable Conditions

On April 1, 2007, changes to the North Dakota Administrative Code (NDAC) chapter 33-06-01 became effective, resulting in two changes and additions to the North Dakota Department of Health (NDDoH) reportable conditions list.

Changes were made to reporting requirements for methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant or intermediate resistant *Staphylococcus aureus* (VISA and VRSA).

Only invasive MRSA isolates should be reported as of April 1, 2007. Invasive sites include sterile sites such as blood, cerebral spinal fluid, pleural fluid and joint fluids. Sites not considered invasive include isolates collected from the nares or wounds. Also, the definition of VRSA has been changed to "any isolate demonstrating intermediate or greater resistance to vancomycin with a MIC greater than or equal to 4 µg/ml."

New conditions added to the reportable conditions list include laboratory incidences involving the possible release of category A bioterrorism agents or novel influenza viruses into the laboratory environment and pregnancy in a person infected with hepatitis B, HIV, group B Streptococcus, syphilis or other perinatally transmissible disease.

To view a list of reportable disease conditions in North Dakota or to report a reportable disease condition, visit www.ndhealth.gov/Disease/Disease%20Reporting/Report.htm.



West Nile Virus Surveillance Kickoff

As warmer weather approaches, the NDDoH is reminding people to take precautions against West Nile virus (WNV). This includes wearing mosquito repellent when you are outdoors, removing standing water from around your home and wearing pants and long-sleeved shirts when possible. It also serves as a reminder that horse owners should get their animals vaccinated or boosted. Contact your local or state veterinarian for more information about horse vaccination.

Dead bird and mosquito surveillance began statewide in North Dakota on June 1, 2007.

Corvids and raptors are the only birds to be tested for WNV. These groups include the following birds: crows, magpies, blue jays, ravens, hawks, eagles, owls and falcons. While not all birds are acceptable for testing, the NDDoH is interested in dead bird reports. If you find a dead bird that is not eligible or is too decomposed for testing, please report the bird via the online dead bird reporting form found at www.ndhealth.gov/wnv or by calling your local public health unit or the NDDoH at 800.472.2180. In addition, sentinel chickens will be used this summer to monitor viral activity throughout North Dakota.

As of June 1, 2007, the NDDoH Division of Laboratory Services will offer free human arbovirus testing on serum specimens from patients meeting any one of the following criteria and in the absence of a more likely clinical explanation:

Criteria I – Neuroinvasive Disease

- The presence of fever is required with at least one of the following:
 - Signs of brain dysfunction (e.g., altered mental status, confusion, coma, disorientation and stupor)
 - Signs of other neurologic dysfunction (e.g., stiff neck, sensory deficits, abnormal reflexes or movements, paralysis and pleocytosis in cerebrospinal fluid)

Criteria II – Non-neuroinvasive Disease

- The presence of documented fever is required and should include at least one additional symptom such as:
 - Headache, myalgia, arthralgia, malaise, skin rash, photo-phobia, lymphadenopathy, etc.

Questions regarding laboratory testing may be directed to the Division of Laboratory Services at 701.328.6272. For more information about WNV reporting and surveillance, visit the NDDoH West Nile virus website at www.ndhealth.gov/wnv. The website will be updated every Wednesday throughout the season.



Recreational Waterborne Illness Prevention Week

National Recreational Water Illness Prevention Week was held May 21 through 25, 2007, to raise awareness of the potential for spread of infectious diseases at recreational water venues, such as swimming pools, spas, lakes and rivers.

Recreational water illnesses (RWIs) are spread by swallowing or having contact with contaminated swimming pools, spas, lakes, rivers and oceans. Diarrheal illness is the most commonly reported RWI and is caused by pathogens such as *Cryptosporidium*, *Giardia*,

Shigella and *Escherichia coli* O157:H7. Children, pregnant women and people with compromised immune systems are at greatest risk from infection of these pathogens.

The spread of RWIs is facilitated by emergence of chlorine-resistant pathogens such as *Cryptosporidium*, poor pool maintenance and low public awareness. Improving swimming pool operation, training and public education is important to protect swimmers from infectious disease transmission.

For more information about recreational water illness prevention, visit www.cdc.gov/healthyswimming.



Meningococcemia Case Investigation

In May 2007, an adult presented to the emergency room with fever, chills, cough and sweating. The patient was hospitalized for two days and released.

The patient had been having symptoms such as cough with green sputum, fever, dizziness and excessive sweating for more than three weeks. Prior to this emergency room visit, the patient was seen at two other clinics, one in South Dakota and the other in North Dakota, and was diagnosed with pneumonia and bronchitis.

During the patient's two-day hospital stay, his symptoms improved, his temperature returned to normal and his sputum tests were negative. On day two, he was treated with Levoquin and released from the hospital with a diagnosis of pneumonia. However, the following day, the hospital's laboratory testing revealed a possible meningitis septicemia. The blood samples were sent to the North Dakota Division of Laboratory Services where the blood was cultured and serotyped to be *Neisseria meningitidis* Group C. Prophylactic antibiotics were recommended for all close contacts of this case.

For more information about prevention and control of meningococcal disease, visit www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm. The NDDoH disease fact sheet can be viewed at www.health.state.nd.us/Disease/Documents/faqs/Meningococcal.pdf.

Contributing authors of The Pump Handle include Michelle Feist, Erin Fox, Julie Goplin, Tracy Miller and Kirby Kruger. For questions, suggestions or inquiries, or to be removed from the mailing list, please contact Julie Goplin of the Division of Disease Control at 701.328.2375 or by email at jgoplin@nd.gov.

The pump handle picture in the title was obtained from the website www.ph.ucla.edu/epi/snow.html.



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