

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

November 2017 Topics

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Hepatitis A Outbreaks

Hepatitis A is a vaccine preventable disease affecting the liver, caused by the hepatitis A virus. Symptoms of hepatitis A include yellow eyes or skin, abdominal pain, nausea and vomiting, pale stool, and dark urine. It is transmitted person to person through the fecal oral route or by consumption of contaminated food or water. A person infected with hepatitis A is most likely to spread the disease two weeks before symptoms begin. Most stop being infectious one week after their symptoms start. Hepatitis A virus is usually not spread by blood and does not lead to chronic infection.

Since March of 2017, several states have been experiencing hepatitis A outbreaks. These outbreaks are a result of person-to-person transmission and have primarily occurred among persons who are homeless, persons who use injection and non-injection drugs, and their close direct contacts. California has confirmed 665 cases of hepatitis A as of November 30, 2017, with 426 hospitalizations and 21 deaths. Michigan has confirmed 555 cases, with 457 hospitalizations and 20 deaths. Utah has confirmed 87 cases, with 44 hospitalizations and no reported deaths. Part of the challenge in these outbreaks is that homeless people do not typically have access to clean toilets and handwashing facilities. People who are homeless may also be more difficult to reach to offer vaccinations. Local health departments are working to identify contacts of cases

and offer post exposure prophylaxis (PEP). In San Diego, where the majority of cases have occurred, the local health department has given 110,832 vaccinations as of December 6, 2017. Health departments are working to address the important issues of ensuring access to handwashing stations and toilets as well as having hygiene kits available.

Hepatitis A vaccine is routinely recommended for all children 12 to 23 months. Two doses given at least six months apart are needed to be fully protected. After one dose, more than 95 percent of adults are protected and after two doses, nearly 100 percent of adults are protected. However, the vaccine first became available in 1995, so the majority of adults have not been vaccinated.

In addition to childhood requirements, hepatitis A vaccine is also recommended for people ages 12 months and older who live in a community with a high rate of hepatitis A, men who have sex with men, people who use injection or non-injection illegal drugs, people who travel to countries with high rates of hepatitis A, those with long term liver disease, those receiving blood products to help blood clot, those who work with HAV-infected animals, and those who work with HAV in research settings.

Hepatitis A vaccine manufacturers GlaxoSmithKline and Merck Vaccines, have reported that the demand for adult hepatitis A vaccine, both in the United States and globally due to outbreaks, has constrained the supply for the vaccine. This is expected until early 2018. Pediatric hepatitis A vaccine supply has not been affected.

No cases of hepatitis A have been reported to the North Dakota Department of Health (NDDoH) in 2017.



North Dakota Sees an Increase in the Number of People Living with HIV who are Virally Suppressed

In September 2017, the Centers for Disease Control and Prevention (CDC) released a memo stating that people living with HIV on antiretroviral therapy (ART) and are virally suppressed (defined as less than 200 copies/ml or undetectable levels of HIV RNA) have no risk of transmitting the virus to HIV negative sexual partners. The percentage of virally suppressed individuals living in North Dakota with HIV has increased in the past year. In December 2016, there were a reported 390 individuals living in North Dakota with HIV and 71 percent were reported as virally suppressed. As of present, there are a reported 415 individuals living in North Dakota with HIV and 82 percent are reported to be virally suppressed. The most recent national data from 2014 stated 58 percent of individuals living in the United States with HIV were virally suppressed.

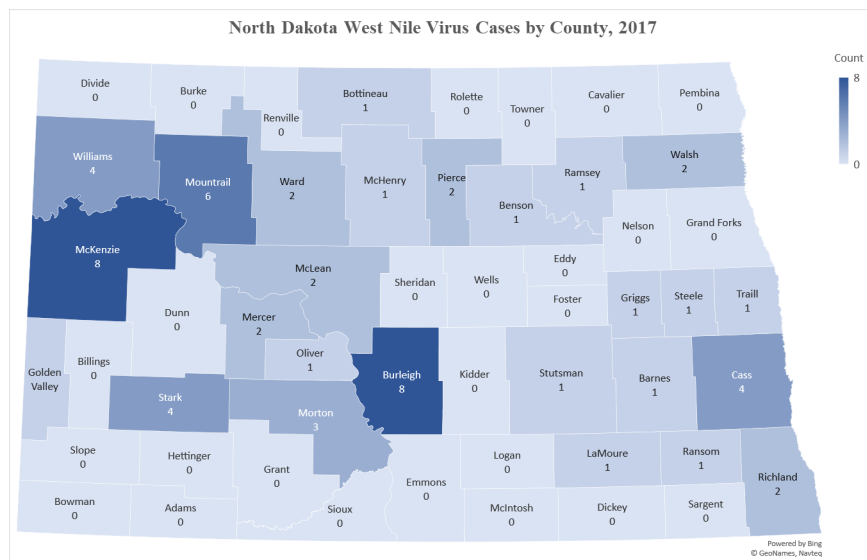
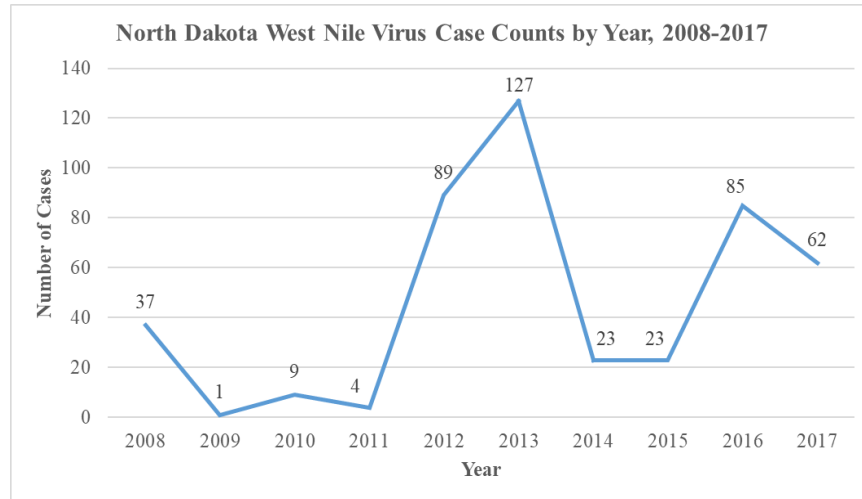
Current recommendations are that all HIV-positive individuals be initiated on ART as soon as possible, regardless of CD4 cell count. The Ryan White Part B Program is available to help assist HIV-positive individuals with the cost of medical care, treatment and support services. The current viral suppression rate among Ryan White clients in the state is 92 percent. Treatment and reaching viral suppression is one way in which HIV transmission can be prevented in North Dakota.

For more questions on HIV or the Ryan White Part B Program, please contact the North Dakota Department of Health HIV Program at 701.328.2378.



Summary of 2017 North Dakota West Nile Virus Disease Cases

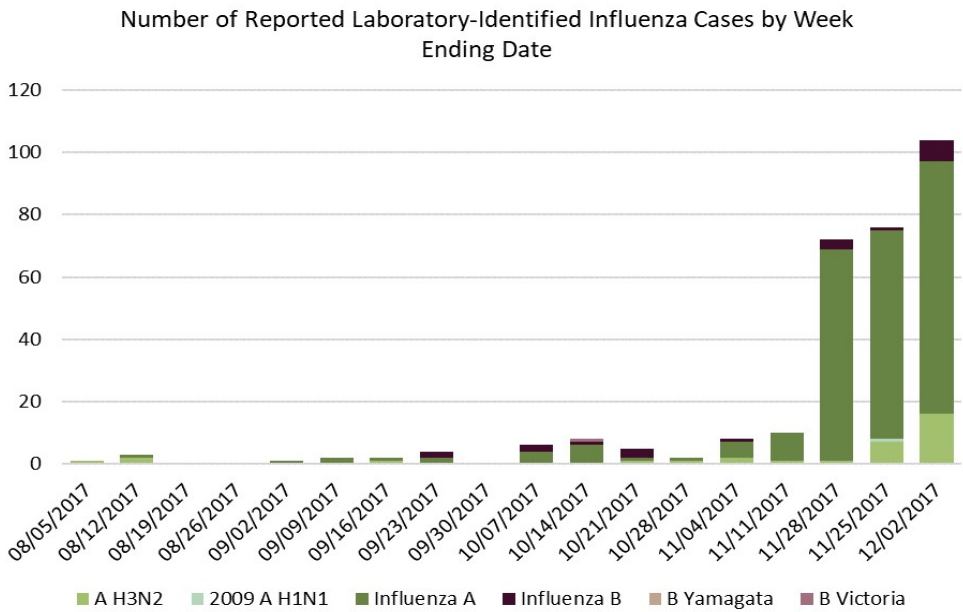
Sixty-two cases of West Nile virus (WNV) disease from 26 counties were reported to the North Dakota Department of Health (NDDoH) in 2017. The cases ranged in age from 11 to 83 years with a median age of 49.5 years. Thirty-one (50 percent) cases were age 50 or older. Twenty cases met the case definition for West Nile neuroinvasive disease and 42 cases were classified as non-neuroinvasive disease. Reported onset dates ranged from early July to late September, with a peak in early August. Thirty-seven (60 percent) of the reported cases were male. Twenty-two cases (35 percent) were hospitalized. Two cases were fatal.



2017-18 Influenza Season Off to an Early Start

Laboratory-confirmed influenza cases in North Dakota began to increase substantially in mid-November, signaling an unusually early start to the flu season. The timing of the influenza season can be unpredictable, with cases in North Dakota typically increasing in January or

February. However, cases picked up significantly mid-December, making the start to this season one of the earliest on record. As of December 2, 304 cases had been reported to the NDDoH. Most cases have tested positive for influenza A, with the A H3N2 strain predominating in this early part of the season.



At a national level, circulating strains appear well matched to the 2017-18 influenza vaccine. However, it is too soon to tell how well matched the vaccine will be overall. Preliminary vaccine efficacy estimates are usually available from the CDC in February. One challenge to an early season, is that many individuals are not yet vaccinated, or are vaccinated less than two weeks prior to their illness onset. The NDDoH recommends everyone 6 months of age and older be vaccinated as soon as possible. It is not too late, as the season will likely last several more months.



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