

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

October 2005 Topics

- 2005-2006 Influenza Update
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2005-2006 Influenza Update

On Oct. 11, 2005, the first laboratory-identified human influenza case of the 2005-2006 flu season was reported to the North Dakota Department of Health (NDDoH). As of Oct. 21, 2005, a total of two human influenza infections have been reported.

In addition to mandatory influenza reporting, the NDDoH is conducting surveillance in the state from the first of October through the end of May. Surveillance includes:

- Nine selected laboratories (number of positive influenza and RSV specimens out of total samples tested).
- Eight schools (school absenteeism due to illness).
- Fourteen sentinel providers (number of patients seen with influenza-like illness out of total patients seen).
- Seven emergency rooms (number of patients seen with influenza-like illness out of total patients seen).

For more information about influenza and the surveillance program, visit the NDDoH website at www.ndflu.com.



Disease Control Welcomes Michelle Feist

The Division of Disease Control would like to introduce its newest employee, Michelle Feist. Michelle is the new influenza and West Nile virus surveillance coordinator. Michelle began working in the Bismarck office in October 2005 following an internship she did this summer with the division. For questions about influenza or West Nile virus surveillance, contact Michelle at 701.328.3177 or mafeist@state.nd.us.



Holiday Food Safety Awareness

During the 2004 holiday season, three foodborne outbreaks were reported to the NDDoH. Two of the outbreaks were associated with large holiday parties or gatherings, and one was associated with free meat given as Christmas gifts to employees. A total of 28 people became ill with diarrhea and/or vomiting.

The cost of foodborne illness is significant when including doctor visits, laboratory testing and missed work. Help educate the public on food safety this upcoming holiday season with a few simple tips (source: www.fsis.usda.gov/):

- Frozen turkeys should be thawed before cooking.
 - Allow about 24 hours per 5 pounds of turkey if thawed in a refrigerator at 40 degrees F.
 - You also can submerge the turkey in cold water and change the water every 30 minutes. Allow about 30 minutes defrosting time per pound of turkey and cook immediately after thawing.
- Use a food thermometer to check the internal temperature of the turkey.
 - The meaty part of the thigh should measure 180 degrees F.
 - The stuffing should reach 165 degrees F, whether cooked inside the bird or in a separate dish.
- Store leftovers in shallow containers within two hours of cooking.
 - Use leftover turkey and stuffing within three to four days; gravy within one to two days; or freeze these foods.
 - Reheat thoroughly (165 degrees F) until hot and steaming.
- Avoid licking the spoon or the mixing bowl if the batter contains uncooked eggs.
- Egg mixtures in eggnog, mousse, custard or cream pies should be cooked to 160 degrees F, or pasteurized eggs can also be used.
- Keep eggnog, cheesecake, cream pies and cakes with whipped-cream or cream-cheese frostings refrigerated.

More seasonal food safety tips and fact sheets can be viewed at www.fsis.usda.gov/Fact_Sheets/Seasonal_Food_Safety_Fact_Sheets/index.asp.

If a foodborne outbreak (two or more people ill with similar symptoms after consuming a common food) is suspected, it is important to notify the state health department or local public health unit as soon as possible so that exposed individuals, as well as the source and the cause of the illness, can be rapidly identified. Stool samples should be collected if a foodborne illness is suspected.

“Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians” is available at www.cdc.gov/mmwr/PDF/RR/RR5002.pdf. Additional information about foodborne illnesses can be found at www.cdc.gov/ncidod/diseases/food/index.htm.



Meningococcal Conjugate Vaccine (Menactra™) and Guillain Barre Syndrome

Five cases of Guillain Barre Syndrome (GBS) have been reported in the United States following administration of Menactra™. All five patients were 17 or 18 years of age and developed weakness or abnormal sensations in the arms or legs two to four weeks after vaccination. All of the individuals have recovered or are recovering. GBS is a serious neurological disorder that can occur, often in healthy people, either spontaneously or after certain infections. GBS causes increasing weakness in the legs and arms that can be severe and require hospitalization. More than 2.5 million doses of Menactra™ have been distributed. No cases of GBS were reported during pre-licensure studies of the vaccine. It is unknown at this time whether or not the cases are caused by the vaccine or are coincidental. The Food and Drug Administration (FDA) has not made any changes to the recommendations for Menactra™ vaccination. Current Advisory Committee on Immunization Practices (ACIP) recommendations for Menactra™ can be found at www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm.

The FDA and the Centers for Disease Control and Prevention (CDC) are requesting that possible case(s) of GBS following vaccination with Menactra™ be reported to the Vaccine Adverse Events Reporting System (VAERS). VAERS reporting is available online at www.vaers.hhs.gov or by phone at 800.822.7967. More information about GBS and Menactra™ can be found at www.cdc.gov/nip/vacsafe/concerns/gbs/menactra.htm.



Minnesota Polio Cases

A 7-month old, immuno-compromised infant in Minnesota had poliovirus type 1 isolated from stool culture. The infant is a member of a small Amish community. Further testing identified the strain as vaccine-derived polio virus. This strain is the same strain contained in the live-attenuated oral polio vaccine (OPV). OPV has not been used in the United States since 2000, but is still used in many countries throughout the world. Since the U.S. does not use OPV, the possible source of the virus is from a person who was recently vaccinated in another country that uses OPV. Analysis of the virus has shown that it has mutated into a strain that is more like wild poliovirus, which means it is more transmissible and possibly more likely to cause paralytic disease. Testing has led to the conclusion that the virus is at least two years old.

The Minnesota Department of Health (MDH) investigation has found four additional children from the same community infected with the virus. None of these cases has developed paralytic polio. Paralytic disease occurs only in about one of every 200 people infected. The MDH is continuing its investigation in the community and of health-care workers who were possibly exposed to the infant. High vaccination rates for polio reduce the risk for widespread transmission. More information about polio in Minnesota can be found at www.health.state.mn.us/divs/idepc/diseases/polio/index.html.

Outbreaks such as these continue to highlight the need for immunization against all vaccine-preventable diseases, whether or not they occur on a regular basis in the U.S. Many vaccine-preventable diseases are only a plane ride away. North Dakota's immunization rate among children 19 to 35 months for three doses of polio vaccine is about 91.5 percent.

Contributing authors of The Pump Handle include Molly Sander, Michelle Feist, 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 701.238.2375 or by email at jgoplin@state.nd.us.

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



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