

# 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 2011 Topics

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## **Be Food Safe During the Holiday Season**

The holiday season is quickly approaching. You can help educate the public about food safety this upcoming holiday season with a few simple tips (source: [www.ndhealth.gov/FoodLodging/](http://www.ndhealth.gov/FoodLodging/)):

- Store and prepare food safely.
  - Refrigerate or freeze perishable food within four hours of shopping or preparing.
  - Find separate preparation areas in the work space for raw and cooked food.
  - Wash hands, cutting boards, dishes, utensils, and work surfaces frequently with hot, soapy water.
  - Avoid licking the spoon or the mixing bowl if the batter contains uncooked eggs.
- Cook food to safe internal temperatures.
  - Use a food thermometer to check internal temperatures of all food. All poultry should reach a safe minimum internal temperature of 165 degrees F.
  - Every part of the turkey should reach 165 degrees F.

- Stuffing should reach 165 degrees F, whether cooked inside the bird or in a separate dish.
- Keep food out of the “danger zone.”
  - Keep hot food at or above 135 degrees F. Place cooked food in chafing dishes, preheated steam tables, warming trays and/or slow cookers.
  - Keep cold food such as pumpkin pie, eggnog, cheesecake, cream pies and cakes with whipped-cream or cream-cheese frostings at or below 41 degrees F.
  - Discard food left out at room temperature for more than four hours.
- Leftovers should be refrigerated in shallow containers within four hours.
  - 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.

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 North Dakota Department of Health (NDDoH) 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 identified rapidly. Stool samples may be tested if a foodborne illness is suspected.

Call the NDDoH at 800.472.2180 to report a suspected foodborne outbreak.



### **Influenza Update – National Influenza Vaccination Week**

As of Nov. 9, 2011, a total of three laboratory-identified influenza cases have been reported to the North Dakota Department of Health (NDDoH) from three counties. All reported cases were identified as influenza A viruses. Currently, flu activity is low in North Dakota, making this an excellent time for people to get flu vaccine. Flu vaccine is plentiful this season and, more vaccine has been distributed in the United States than past influenza seasons.

National Influenza Vaccination Week (NIVW) is December 4 through 10, 2011. NIVW is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond. The NDDoH is utilizing NIVW to encourage people, who have not already received flu vaccine, to do so. During this week, vaccine providers are encouraged to plan influenza vaccine clinics and to offer flu vaccine throughout the influenza season. For more information about NIVW, visit [www.cdc.gov/flu/NIVW/index.htm](http://www.cdc.gov/flu/NIVW/index.htm).

The NDDoH influenza website is updated weekly with the latest influenza data. For more information about influenza, the surveillance program or to order free educational materials, visit the NDDoH influenza website at [www.ndflu.com](http://www.ndflu.com).



### **Provisional CRE/KPC Data for 2011**

Starting Jan. 1, 2011, Carbapenem-resistant *Enterobacteriaceae* (CRE) including *Klebsiella pneumoniae* Carbapenemase (KPC)–producers became mandatory reportable to the North Dakota Department of Health (NDDoH). Provisional numbers from January 1, 2011, to September 30, 2011, show 14 cases reported thus far. Data and graphs for

*CRE by age* and *CRE by gender* along with a county map showing where CRE cases have been identified in the state has been updated at [www.ndhealth.gov/disease/cre/](http://www.ndhealth.gov/disease/cre/). The morbidity of CRE cases is determined by the patient's address.

The NDDoH considers a CRE/KPC a confirmed case if there is production of carbapenemase using the modified Hodge test (MHT) or by using the “new” interpretive criteria for Carbapenems as indicated by Clinical Laboratory and Standards Institute (CLSI) M100-S21. Per the “new” criteria provided by CLSI, Carbapenemase-producing isolates usually test intermediate or resistant to one or more carbapenems using the interpretive criteria provided by CLSI and test resistant to one or more agents in cephalosporin subclass III.

For more information or to report cases of CRE, please call the NDDoH Division of Disease Control, at 701.328.2378 or 800.472.2180. Online reporting can be found at [www.ndhealth.gov/disease/reportcard/](http://www.ndhealth.gov/disease/reportcard/).



### **First Norovirus Outbreak of the Season Reported**

On Sept. 29, 2011, the North Dakota Department of Health (NDDoH) Division of Disease Control received an illness complaint from a group of individuals who ate at a restaurant in Stark County on Sept. 25, 2011. Twelve (71%) of the 17 individuals became ill with vomiting and/or diarrhea. One individual was hospitalized and has recovered. Two stool samples were submitted to the Division of Laboratory Services and were confirmed to be norovirus.

Of those interviewed, 66.7 percent (six cases) developed symptoms within 40 hours (median =33 hours) of eating at the restaurant. Three individuals became symptomatic at least five days after eating at the restaurant, indicating that secondary transmission likely occurred during this outbreak. Norovirus symptoms typically begin 24 to 48 hours after being exposed to the virus.

Environmental health practitioners inspected the restaurant but found no ill food handlers or other risk factors that may have lead to a norovirus outbreak. Norovirus outbreaks in restaurants are often due to contamination by ill food handlers. Individuals infected with norovirus can still spread the infection to others for five to seven days after their symptoms resolve. Food handlers are recommended not to prepare food for others until three days after their illness recovery.

Norovirus is the most common cause of viral gastroenteritis outbreaks and is often called the “stomach flu.” Although it is commonly referred to as the stomach flu, it has no relationship to the influenza virus that causes respiratory infections. Norovirus outbreaks occur most often in the winter and early spring. The Centers for Disease Control and Prevention (CDC) estimates noroviruses cause 20 million cases of acute gastroenteritis each year and more than 50 percent of all foodborne outbreaks.

In addition to foodborne outbreaks, norovirus is responsible for many person-to-person outbreaks in closed settings such as long-term care facilities, schools, child-care settings, hospitals and cruise ships. To prevent the spread of norovirus, practice good hand

hygiene, disinfect contaminated surfaces and do not return to work or school until 24 to 72 hours after symptoms resolve.

To report a norovirus or an acute viral gastroenteritis outbreak, please contact the NDDoH at 800.472.2180 or 701.328.2378. Institutions, such as long-term care facilities, assisted living facilities, and hospitals are encouraged to submit an online report form at [www.ndhealth.gov/disease/GI/](http://www.ndhealth.gov/disease/GI/).



### **Recommendations for Pertussis Testing**

Pertussis (whooping cough) is a contagious disease that lasts for many weeks or months and can cause severe coughing with a “whooping” sound or coughing that leads to vomiting. Pertussis is a mandatory reportable condition in the state of North Dakota. Suspected cases should be reported immediately to 800.472.2180 or online at [www.ndhealth.gov/disease/reportcard/](http://www.ndhealth.gov/disease/reportcard/).

**The North Dakota Department of Health (NDDoH) recommends providers consider testing for pertussis when evaluating any patient with an unexplained, prolonged cough illness (longer than 14 days) characterized by one or more of the following symptoms:**

- **Paroxysms**
- **Whoop**
- **Post-tussive gagging/vomiting**
- **Apnea**

The NDDoH recently has received several pertussis test results based on serology testing or an IgM positive lab result. Pertussis PCR and culture are the recommended tests for pertussis and the only tests that can confirm a case of pertussis.

Patients meeting the clinical case definition that are serologically positive but not culture or PCR positive are not considered lab confirmed cases and should be reported as clinically diagnosed probable cases. Determining who has pertussis and who does not is often difficult; therefore, a nasopharyngeal swab should be obtained from all individuals who are suspected cases. Asymptomatic individuals should never be tested for pertussis. Appropriate testing for pertussis should include a nasopharyngeal specimen for both culture and polymerase chain reaction (PCR).

Pertussis testing kits are available at most major medical centers and from the Division of Laboratory Services at the NDDoH (701.328.6272).

Please contact the NDDoH Division of Disease Control at 701.328.2378 or toll-free at 800.472.2180 with any questions or concerns regarding this issue.

*Contributing authors of The Pump Handle include, Abbi Pierce, Lindsey VanderBusch, Sarah Weninger, Becky Wahl, Julie Wagendorf, Tracy Miller, and Kirby Kruger. For questions, suggestions or inquiries, or to be removed from the mailing list, please contact Sarah Weninger of the Division of Disease Control, at 701.328.2366 or by e-mail at [sweninger@nd.gov](mailto:sweninger@nd.gov).*

*The pump handle picture in the title was obtained from the website [www.ph.ucla.edu/epi/snow.html](http://www.ph.ucla.edu/epi/snow.html).*



Terry Dwelle, MD, MPHTM, State Health Officer  
Kirby Kruger, Director of the Division of Disease Control and Chief of the Medical Services  
Section  
Tracy Miller, State Epidemiologist