

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

September 2006 Topics

- *E.coli* O157:H7 Outbreak From Fresh Spinach
- West Nile Virus Update
- Shigellosis Update
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- New STD Treatment Guidelines



***E.coli* O157:H7 Outbreak From Fresh Spinach**

As of September 25, 2006, 175 people infected with the outbreak strain of *E. coli* O157:H7 associated with fresh, bagged, pre-packaged spinach have been reported to the Centers for Disease Control and Prevention (CDC) from 25 states. No cases associated with this outbreak have been reported in North Dakota at this time.

Among the reported cases, 93 (53 percent) were hospitalized, 28 (16 percent) developed hemolytic-uremic syndrome (HUS), and an adult in Wisconsin died. The peak time when illnesses began was August 30 to September 1. Thirty-five percent of people with the outbreak strain became ill on one of those 3 days.

Currently, the CDC and U.S. Food and Drug Administration is advising consumers to not eat any fresh spinach or fresh spinach-containing products grown in three counties in California: Monterey County, San Benito County and Santa Clara County. If consumers cannot tell where fresh spinach was grown, they are advised not to purchase or consume the fresh spinach. *E. coli* O157:H7 in spinach can be killed by cooking at 160° Fahrenheit for 15 seconds. If spinach is cooked in a frying pan, and all parts do not reach 160° Fahrenheit, all bacteria may not be killed. If consumers choose to cook spinach, they should not allow the raw spinach to contaminate other foods and food contact surfaces, and they should wash hands, utensils and surfaces with hot, soapy water before and after handling the spinach. There is currently no concern over frozen or canned spinach.

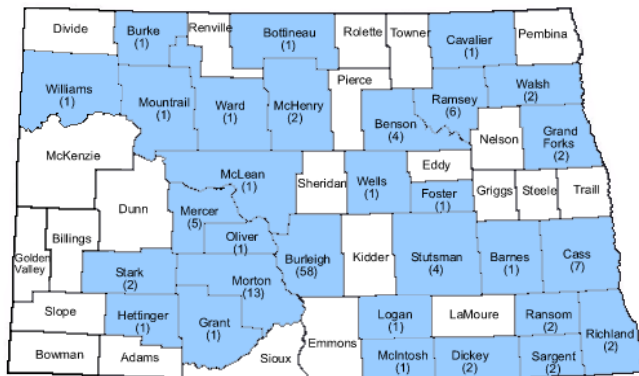
For more information about the ongoing investigation, visit www.cdc.gov/ and www.fda.gov/oc/opacom/hottopics/spinach.html.



West Nile Virus Update





As of Sept. 26, 2006, 128 human West Nile Virus (WNV) cases have been identified in 30 counties (**Figure 1**). Of these cases, 20 have been diagnosed as having encephalitis and/or meningitis with the remaining being West Nile fever cases. Out of the 128 cases, 33 have required hospitalization with one resulting in a fatality. Fifty-two are female and 76 are male with a median age of 46 years.

Figure 1. Human West Nile Virus Infections, North Dakota, June 1, 2006-Sep. 26, 2006



Thirty-three dead birds and 23 horses have been submitted to the NDSU Veterinary Diagnostic Laboratory for West Nile virus testing. Ten dead birds, four horses and four mosquito pools have tested positive for WNV. In addition, 754 live sentinel chicken serums have been tested with 36 positives identified in all eight chicken flock locations.

REMEMBER: In North Dakota, the WNV season typically runs from June through September and into October. The North Dakota Department of Health (NDDoH) reminds people to continue to take the following precautions:

-  Wear mosquito repellent when outdoors
-  Wear loose-fitting, long-sleeved shirts and pants
-  Remove standing water from around your home
-  Keep grass and shrubbery well trimmed

For more information about WNV, visit the NDDoH website at www.wnv.com.



Shigellosis Update

As of Sept. 30, 2006, 145 cases of shigellosis have been reported in North Dakota since July 1, 2006. Fourteen North Dakota counties have reported cases of *Shigella*, and 52 percent of the shigellosis cases reside in Rolette County. One hundred and eight cases (74 percent) are children younger than 10. Information gathered during patient interviews indicates primarily person-to-person transmission.

If diagnosed with shigellosis, health-care workers, food handlers, and children and staff of day-care centers should stay home until diarrhea has ceased and two consecutive stool cultures (collected at least 24 hours apart) test negative for the bacteria.

For information about shigellosis and North Dakota statistics, visit www.health.state.nd.us/disease/Shigella/default.htm or call 701.328.2378. To report a possible infection, call 800.472.2180.



2006-2007 Influenza Season Vaccination Recommendations

This upcoming influenza season, the North Dakota Department of Health urges everyone to get vaccinated against influenza.

The vaccine contains the three following influenza strains: A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like and B/Malaysia/2506/2004-like antigens.

- For the A/Wisconsin/67/2005 (H3N2)-like antigen, manufacturers may have used the antigenically equivalent A/Hiroshima/52/2005 virus; for the B/Malaysia/2506/2004-like antigen, manufacturers may have used the antigenically equivalent B/Ohio/1/2005 virus.

Vaccination with **inactivated influenza vaccine** is recommended for the following persons who are at increased risk for severe complications from influenza:

- Children age 6 to 59 months
- Women who will be pregnant during the influenza season
- Adults and children who have chronic health conditions such as heart disease, lung disease, asthma, diabetes, kidney disease, cancer, immunodeficiency (including immunodeficiency caused by medications or by human immunodeficiency virus [HIV]), children receiving long-term aspirin therapy, etc.
- Residents of nursing homes and other chronic-care facilities that house people of any age who have chronic medical conditions
- People age 50 years and older

In addition, for those who do not want to get the flu and want to prevent transmission to people identified above, vaccination with **inactivated influenza vaccine or live attenuated influenza vaccine (FluMist®*)** is recommended for the following people unless contraindicated:

- Healthy household contacts and caregivers of children age 0 to 59 months and persons at high risk for severe complications from influenza
- Health-care workers
- Healthy children and adults who want to prevent the flu

*FluMist can only be used in healthy people ages 5 to 49 years.



New STD Treatment Guidelines

Physicians and other health-care providers play a critical role in preventing and treating sexually transmitted diseases (STDs). Updated guidelines for the treatment of people who have STDs were developed by Centers for Disease Control and Prevention (CDC) after consultation with a group of professionals knowledgeable in the field of STDs who met in Atlanta, Georgia, during April 2005. Prevention strategies and diagnostic recommendations

also were discussed. You can access the new STD Treatment Guidelines at www.cdc.gov/STD/treatment/2006/clinical.htm.

The following summarizes the updated information included in the 2006 guidelines:

- An expanded diagnostic evaluation for cervicitis and trichomoniasis
- New antimicrobial recommendations for trichomoniasis
- Additional data on the clinical efficacy of azithromycin for chlamydial infections in pregnancy
- Discussion of the role of *Mycoplasma genitalium* and trichomoniasis in urethritis/cervicitis and treatment-related implications
- Emergence of lymphogranuloma venereum proctocolitis among men who have sex with men (MSM)
- Expanded discussion of the criteria for spinal fluid examination to evaluate for neurosyphilis
- The emergence of azithromycin-resistant *Treponema pallidum*
- Increasing prevalence of quinolone-resistant *Neisseria gonorrhoeae* in MSM
- Revised discussion concerning the sexual transmission of hepatitis C
- Post-exposure prophylaxis after sexual assault
- An expanded discussion of STD prevention approaches

Contributing authors of The Pump Handle include Kimberly Weis, Michelle Feist, Molly Sander, 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@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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