

# 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

## September 2016 Topics

- Zika: CDC Updates Guidance for Couples Planning to Conceive and for the Prevention of Sexual Transmission of Zika Virus Disease – Michelle Feist
- Immunization Program is Published in the *Online Journal of Public Health Informatics* – Molly Howell
- NDDoH Gives Zika Virus Disease Update – Michelle Feist
- Influenza Vaccine Recommendations – Jill Baber and Lexi Barber
- Gonorrhea in North Dakota – Gary Nagar



### **Zika: CDC Updates Guidance for Couples Planning to Conceive and for the Prevention of Sexual Transmission of Zika Virus Disease**

Zika virus infection during pregnancy can cause microcephaly and other severe fetal birth defects. Preventing unintended pregnancies and providing preconception counseling to couples trying to conceive is important for those who have traveled to or lived in an area with active Zika virus transmission.

On Sept. 30, 2016, the Centers for Disease Control and Prevention (CDC) updated their guidance for persons with possible Zika virus exposure. Men, regardless if symptomatic or not, are advised to wait to attempt conception for at least **six months** after symptom onset or last possible Zika virus exposure. The recommendations for women remain unchanged. Women should wait until at least **eight weeks** have passed since their symptom onset or last possible Zika virus exposure to attempt to get pregnant. Even if not planning pregnancy, couples should protect themselves from sexual transmission of Zika virus. Following a potential exposure to Zika virus, couples should use condoms or abstain from sex for at least six months for men, and eight weeks for women after symptom onset or last possible Zika virus exposure.

Couples considering conception outside of the recommended timeframes following possible exposure to Zika virus are encouraged to make this decision in consultation with a healthcare provider.

For more information about Zika virus, visit the NDDoH website at [www.ndhealth.gov/disease/zika/](http://www.ndhealth.gov/disease/zika/).



### **Immunization Program is Published in the *Online Journal of Public Health Informatics***

In 2015, Mary Woinarowicz, Manager of the North Dakota Immunization Information System (NDIIS), evaluated the impact of electronic health record (EHR) interoperability on the quality of immunization data in the NDIIS. NDIIS dose administered data was evaluated for completeness of the patient and dose-level core data elements for records that belong to interoperable (IPs) and non-interoperable providers (NIPs). Data was compared at three months prior to electronic health record (EHR) interoperability enhancement to data at three, six, nine, and twelve months post-enhancement following the interoperability go live date of the state's major health systems.

Doses administered per month and by age group, timeliness of vaccine entry, and the number of duplicate clients added to the NDIIS was also compared, in addition to, immunization rates for children 19-35 months of age and adolescents 11-18 years of age. Earlier this year, the paper was submitted to the *Online Journal of Public Health Informatics*. It was accepted by the journal and the article was published in September 2016.

The full article can be viewed at <http://ojphi.org/ojs/index.php/ojphi/issue/view/490>.



### **NDDoH Gives Zika Virus Disease Update**

The North Dakota Department of Health (NDDoH) hosted a live video conference for healthcare providers on **October 18, 2016**, at 8:30 a.m. This video conference was recorded and is archived on the NDDoH Zika website at [www.ndhealth.gov/disease/zika/](http://www.ndhealth.gov/disease/zika/).



### **Influenza Vaccine Recommendations**

Influenza vaccine is currently available, and everyone is encouraged to get vaccinated! The CDC recommends everyone six months and older receive a yearly flu vaccine before the end of October. The flu vaccine is the best way to protect yourself, as well as your friends and family, from the flu.

This season, the live attenuated influenza vaccine (LAIV), or FluMist<sup>®</sup> is not recommended. Data on LAIV for the 2015-2016 flu season show that efficacy for the vaccine was only 3% among children ages 2-17 years old, with a 95% confidence interval of -49% to 37%. This shows that LAIV did not protect against the flu. In comparison, the inactivated influenza vaccine had an efficacy of about 63% in children 2-17 years old during the same season. Another update this season is that anyone with an egg allergy can receive any licensed flu vaccine. The vaccine should be administered in an inpatient or outpatient medical setting and should be supervised by

a health care provider. Patients with egg allergies are no longer recommended to wait 30 minutes after receiving the vaccine.

Data from the National Immunization Survey and the Behavioral Risk Factor Surveillance System show only about 48.8% of people in North Dakota over the age of six months received the flu vaccine during the 2015-2016 flu season. With higher flu vaccination coverage, the flu does not spread as quickly through a community, and more people will be protected. For this reason, everyone is encouraged to be vaccinated against the flu!

The first cases of influenza for this season have already been reported, so now is the time to get vaccinated. It is important to remember that even though the 2015-2016 influenza season was later and milder than usual, influenza is unpredictable, and it is unknown what the 2016-2017 season will bring.

For more information on influenza activity in North Dakota, visit [www.ndflu.com](http://www.ndflu.com).



### **Gonorrhea in North Dakota**

The CDC has placed increased emphasis on appropriate STD treatment due to reports of increasing drug resistant strains of gonorrhea throughout the world. The emergence of multidrug- and cephalosporin-resistant gonorrhea in the United States would make gonorrhea much more difficult to treat. To combat this, CDC recommends that public health and private providers partner together to slow the development of resistance in bacteria by implementing antibiotic stewardship programs across the nation.

To slow the development of resistance, the NDDoH wants to remind healthcare providers of the appropriate dual therapy treatment for gonorrhea:  
Ceftriaxone 250mg IM in a single dose **AND** Azithromycin 1g orally in a single dose.  
It is recommended that these therapies be administered together on the same day, and preferably simultaneously, under direct observation.

It should also be noted that this therapy consists of the last single effective class of antibiotics available to treat gonorrhea. With this one treatment option remaining, now is the time to ensure resistance does not become prevalent in the United States.

For more information on the treatment guidelines for sexually transmitted diseases, visit <http://www.cdc.gov/std/tg2015/> or call the North Dakota Department of Health at 800.472.2180 or 701.328.2378.



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