



Yakima Health District BULLETIN

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Resources

US Dept of Agriculture
www.usda.gov

USDA BSE Homepage
<http://www.aphis.usda.gov/lpa/issues/bse/bse.html>

USDA Meat & Poultry Hotline
1-888-MPHotline

WSDA BSE Homepage
<http://agr.wa.gov/FoodAnimal/AnimalFeed/BSE.htm>

Center for Science in the Public Interest
<http://www.cspinet.org/foodsafety/saferbeef.html>

CDC's SARS Page
www.cdc.gov/ncidod/sars

DOH Influenza Page
<http://www.doh.wa.gov/EHSPHL/Epidemiology/CD/HTML/FluUpdate.htm>

CDC Influenza Page
<http://www.cdc.gov/flu/weekly/fluactivity.htm>

Gonococcal Resistance
<http://www.metrokc.gov/health/apu/std/resistant-gonorrhea.htm>

Mad Cow in Mabton

As you are probably aware of by now, testing for bovine spongiform encephalopathy (BSE or "mad cow disease") was positive on tissue from a Mabton dairy cow slaughtered on December 9. BSE is a transmissible spongiform encephalopathy (TSE) that can be spread among cattle when they ingest feed contaminated with infected neural tissue. Use of cattle for feed has been banned in the United States since 1997. Details of the continuing investigation can be found at <http://www.usda.gov>.

In response to this BSE situation, USDA is:

- Continuing its ban on use of cattle in animal feed products
- Continuing its BSE surveillance program
- Prohibiting future entry of nonambulatory animals (downers) into the food chain
- Holding products from BSE-tested animals until results are negative
- Accelerating implementation of a national identification program for cattle
- Prohibiting entry into the food chain of specified risk materials (skull, brain, trigeminal ganglia, eyes, vertebral column, spinal cord and dorsal root ganglia) from any cattle over 30 months of age and ileum from cattle of any age
- Requiring additional process controls for advanced meat recovery systems for animals over 30 months of age to ensure exclusion of specified risk materials
- Prohibiting the use of air-injection stunning of cattle
- Prohibiting the use of mechanically separated meat

BSE and other Transmissible Spongiform Encephalopathies (TSEs)

TSEs are thought to be mediated by prions, transmissible proteins that replicate by an as-yet unknown mechanism and which cause misfolding of host neural tissue proteins. They are not destroyed by standard disinfection or sterilization techniques. After a long incubation period (i.e., several years to dec-

ades) they clinically present as neurodegenerative disease with motor dysfunction, dementia, and universal death within several months. Pathologically, TSEs appear as non-inflammatory spongiform lesions in the CNS. Most cases of human TSE are sporadic and caused by Creutzfeldt-Jakob Disease (CJD). CJD generally affects people 45-75 years of age, with an incidence of about one case per million per year (i.e., about 200 cases per year in the United States). Other forms of human TSE show familial predispositions associated with identifiable genetic mutations. Transmission of human TSE in the past has also been associated with cannibalism and iatrogenic circumstances (i.e., corneas, dura mater grafts, and growth hormone derived from patients subsequently found to have CJD).

During 1986, BSE was first identified as a new disease in the United Kingdom. At the peak of the UK epidemic 1992, 37,280 head of cattle were affected. In 2001 only 1,019 affected head were reported. In 1995, variant Creutzfeldt-Jakob disease (vCJD) became recognized in the UK as a human disease clinically distinguishable from its nominal progenitor, CJD. Variant CJD differs from classic CJD in that its victims have a younger age of onset, the clinical course is longer (12-15 months vs. 3-6 months), and EEG findings differ from classic CJD. The prions associated with BSE and vCJD are indistinguishable, implying that vCJD arises from ingestion of BSE-contaminated beef products. Approximately 150 cases, mostly in the UK, have occurred in Europe connected with the UK BSE epidemic. Only two reported cases have been diagnosed outside Europe, both in women who lived in Europe during the BSE outbreak. The incubation period for vCJD appears to be approximately 2-8 years and it, too, is associated with an identifiable homozygous genetic trait.

Some formal public health surveillance for

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Mad Cow in Mabton continued from cover

CJD and vCJD at the state level will probably emerge in coming months, and we will inform you if and when it does. In the meantime, we would appreciate hearing about cases of suspected CJD and vCJD on a voluntary basis by calling (509) 249-6541. For more information on TSEs, see CDC's CJD/BSE home page <http://www.cdc.gov/ncidod/diseases/cjd/cjd.htm>.

Conclusion

The BSE situation is one primarily of food and agriculture safety and regulation, falling under the jurisdiction of state and federal agricultural agencies. We report on it here because news coverage and public interest has been substantial and we anticipate that patients may ask for your interpretation or guidance with respect to their ingestion of beef products. **One helpful perspective to communicate is that far more preventable disease and death is attributable to enteric infections associated with mishandling and improper preparation of beef and other animal products than could be anticipated to occur due to a BSE/vCJD.** CDC estimates that 300,000 hospitalizations and 5,000 deaths occur annually in the U.S. due to foodborne illness. Nonetheless, the primary safety concern with respect to BSE is to avoid eating any nervous system tissue from an infected animal. The USDA actions described above are responsive to this concern. More cautious consumers may consider taking additional steps, although the effectiveness

TSE Disease	Affected Species	Comment
Creutzfeld-Jakob (CJD)	Humans	80% of human TSE
Familial Fatal Insomnia	Humans	Hereditary predisposition
Gersman-Straussler-Scheinker Syndrome	Humans	Hereditary predisposition
Kuru	Humans and other primates	Associated with cannibalism
BSE/variant CJD	Cattle and humans	"Mad Cow Disease"
Feline spongiform encephalopathy	Cats	May be associated with BSE
Chronic Wasting Disease	American deer and elk	
Scrapie	Sheep and goats	
Transmissible Mink Encephalopathy	Mink	

and need for these measures has not been endorsed by health or agricultural agencies. Additional information for consumers is available at the websites listed on the cover.

Formal public health surveillance for CJD and vCJD at the state level is beginning and focuses on confirmation by examination of brain tissue at autopsy. Under separate cover, neurologists and pathologists will receive a specific request for reporting of suspected cases. However, we ask you all to voluntarily report suspected cases by calling 509.249.6541.

First SARS Case of the Season Confirmed in China

The Chinese Ministry of Health and the World Health Organization (WHO) announced that laboratory tests have confirmed evidence of recent infection with severe acute respiratory syndrome-associated coronavirus (SARS-CoV) in a 32-year-old man in Guangdong Province, China. One case has been confirmed and several more are suspected. The patient, who had onset of an illness consistent with SARS on December 16, 2003, is currently afebrile and in good condition. All the 81 identified contacts of the patient are reported to be well. The WHO statements emphasize that although this case has been confirmed, there is no immediate public-health threat in southern China and it remains safe to travel in all areas of China. Meanwhile, Chinese officials are considering a massive effort to depopulate the civet cat from the region. Civets are believed to be a potential reservoir of the infection and in China their domestication and use as a food product bring them in close contact with humans.

TB Investigation Ongoing in Homeless

A recent case of cavitary pulmonary TB who spent time in a local shelter has prompted a large contact investigation

(screening) of staff and clients of that agency. No clear-cut proof of transmission has been established, but several new suspected cases of active disease and even more latent infections have been detected as part of the investigation. Further evaluation and/or treatment is proceeding in those cases. Meanwhile, please maintain a high index of suspicion for TB (active or latent) in homeless patients. For more information, to report a suspected case, or to gain assistance in ensuring the evaluation or treatment of a suspected case, please contact Lela Hansen, RN, at 509.249.6532.

Influenza Surveillance Update

Influenza surveillance indicates declining activity in Washington State, with school absenteeism and influenza isolates having peaked in late November. Virtually all isolates have been H3N2. Nationwide, the majority of H3N2 isolates have been an antigen drift variant (Fujian-like) of the vaccine strain (Panama-like), explaining what appears to be a somewhat lower clinical efficacy this year. Vaccine continues to be in short supply.

During the 2003-04 influenza season, severe complications from influenza and influenza-associated deaths among

children have been reported by several states. In an effort to support Washington State Department of Health (DOH) and CDC efforts to document the scope of the problem, we are requesting that you voluntarily report all deaths associated with laboratory-confirmed influenza virus infection among children younger than 18 years of age, including previously diagnosed cases from this season.

Gonococcal Resistance to Fluoroquinolones in Western Washington

During October-November 2003, 11 (15%) of 74 gonococcal isolates from King County have had minimal inhibitory concentrations of ciprofloxacin or 4 mg/L or higher, a level of resistance associated with at least a 50% rate of treatment failure with recommended fluoroquinolone regimens. The 11 recent cases all were men, most of whom acknowledged sex with male partners. Many of these quinolone-resistant gonococci also had decreased susceptibility to tetracycline and azithromycin. Treatment failure has been documented in 4 persons infected with resistant strains who were given ciprofloxacin 500 mg orally; 3 of these patients also had been treated with doxycycline or azithromycin. No cases of fluoroquinolone resistance or treatment failure have been reported in other parts of Washington; however, given these findings, it may only

be a question of time. With respect to treatment of gonorrhea, YHD recommends the following:

- In addition to routine reporting of STDS, please report all suspected cases of gonococcal treatment failure to Alex Popov (STD Program) at 509.249.6531.
- Do not use fluoroquinolones for treatment of gonococcal infections in men who have sex with men.
- Avoid use of fluoroquinolones in other cases of gonococcal infection. Instead use single doses of ceftriazone 125 mg IM or cefpodoxime 400 mg PO.
- Either regimen should be followed with either azithromycin 1.0 g orally (single dose) or doxycycline 100 mg orally twice daily for 7 days, to treat possible coexisting chlamydial infection.
- When well-documented penicillin allergy or other contraindications preclude treatment with a cephalosporin, patients can be treated with single-dose azithromycin 2.0 g orally once; or ciprofloxacin 500 mg (or another fluoroquinolone) can be given, followed by a test-of-cure 5-7 days after completion of therapy.

For more information, call Alex Popov at 509.249.6531. Acknowledgments go to Hunter Handsfield, MD, and Matt Golden, MD, of Public Health Seattle-King County for the reporting of these findings and recommendations.

Notifiable Conditions Summary, Yakima County, 2000-2003

Condition	Total Cases by Year			
	2003	2002	2001	2000
Campylobacteriosis	116	106	134	115
Cryptosporidiosis	3	1	10	1
Enterohemorrhagic E. coli	1	1	0	0
E. coli O157:H7	3	10	7	6
Giardiasis	29	36	48	54
Salmonellosis	55	56	31	68
Shigellosis	20	29	26	154
Hepatitis A acute	1	3	17	20
Hepatitis B acute	0	1	3	5
Hepatitis B chronic	22	15	41	—
Hepatitis C acute	2	3	3	4
Hepatitis C chronic	254	255	236	—
Meningococcal	4	6	2	9
Pertussis	17	89	2	34
Tuberculosis	13	8	15	10
HIV New	15	10	17	32
HIV Deaths	3	1	2	4
HIV Cumulative Living	124	112	103	98
Chlamydia	953	886	875	808
Genital Herpes—Initial	82	76	121	113
Gonorrhea	107	61	74	92
Primary and Secondary Syphilis	2	1	4	3

Respiratory Etiquette

Speaking of influenza, SARS, and TB, new recommendations and materials from DOH and CDC are advocating the concept of respiratory etiquette to decrease respiratory infection transmission in health care and other settings.

Fact sheets and brochures that can be given to patients and adapted for use in waiting rooms can be downloaded from the following websites:

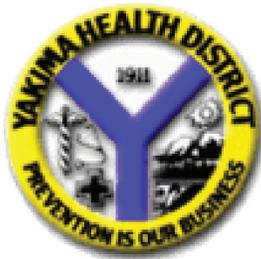
- http://www.doh.wa.gov/FluNews/health_manners_public_final.pdf
 - http://www.doh.wa.gov/Topics/cyc/cyc_bro.pdf
 - http://www.doh.wa.gov/Topics/cyc/cyc_smpost.pdf
- Spanish and some other foreign language materials can be downloaded from
- <http://www.doh.wa.gov/FluNews/default.htm#protect>

Please offer tissues and or masks to coughing/sneezing patients in waiting rooms and ask them to cover their coughs/sneezes. An additional logistically challenging but worthwhile infection control measure is to keep ill health care workers at home until their illness has resolved. It is less disruptive for one ill health care worker to be out for a few days than for an entire office or clinic staff to be affected and transmitting to patients.

YAKIMA HEALTH DISTRICT

104 N 1st St, Suite 204
Yakima, WA. 98901
Phone: 509-575-4040
ext 541 for CD reporting and information
After hours Public Health Emergencies:
509-575-4040 #1 (answering service)
Toll Free: 800-535-5016
Fax: 509-575-7894
<http://www.co.yakima.wa.us/health/default.html>

Dennis Klukan, Administrator
Christopher Spitters, M.D., Health Officer



Prevention is Our Business

Yakima Health District Communications List

Notifiable Conditions Report Lines

During Business Hours (8:30-4:30 M-F)		(509) 249-6541
After Hours & Weekends (answering service)		(509) 575-4040 prompt #1
Fax Line		(509) 249-6628
Tuberculosis	Lela Hansen	(509) 249-6532
	David Miller	(509) 249-6556
Sexually Transmitted Disease	Alex Popov	(509) 249-6531
HIV/AIDS	Wendy Doescher	(509) 249-6503
	Mary Lou Briceno	(509) 249-6518
Animal Bites	Allison Schletzbaum	(509) 249-6550

Other Important Phone Numbers

Health Officer	Dr. Chris Spitters	(206) 930-1336 (206) 675-0282 (fax)
Administrator	Dennis Klukan	(509) 249-6666
Reporting & Consultation Nurse Line		(509) 249-6541
Immunizations	Darlene Agnew	(509) 249-6514
Food Borne Illness Complaints	Allison Schletzbaum	(509) 249-6550
Environmental Health Help Line		(509) 249-6508
Public Health Emergency Preparedness & Response	Barbara Andrews	(509) 249-6553