

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 2005 Topics

- Pertussis Increasing in North Dakota
- West Nile Virus Update
- 2005-2006 Influenza Vaccine Availability
- Sentinel Influenza Surveillance: Request for Providers
- North Dakota *E. coli* Cluster Investigation



Pertussis Increasing in North Dakota

Since Jan. 1, 2005, 117 cases of pertussis in 19 North Dakota counties have been reported to the North Dakota Department of Health (NDDoH). The majority of the cases are in adolescents. Seventeen cases have occurred in infants younger than age 1. An increased number of cases have been reported in September, the majority of which have occurred in the central and western portions of the state. Montana and Minnesota also are experiencing a high volume of pertussis cases. Further investigation is underway to identify other cases in North Dakota. To view the number of pertussis cases in North Dakota by county, click the following link:

www.health.state.nd.us/disease/Immunization/Pertussis/PertussisMain.htm.

Adults, teens and vaccinated children often have mild symptoms that mimic bronchitis or asthma. **Therefore, the Department of Health recommends providers consider testing for pertussis when evaluating any patient with an unexplained, prolonged cough illness or cough of any duration characterized by one or more of the following symptoms:**

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

The NDDoH recommends that people presenting with the above symptoms be considered as presumptive pertussis and be treated. Treatment and chemoprophylaxis guidelines can be viewed at www.health.state.nd.us/disease/Documents/Immunization/PertussisTreatment.pdf.

For more information about pertussis incidence in North Dakota, please contact the NDDoH Division of Disease Control at 701.328.2378 or toll-free at 800.472.2180.



West Nile Virus Update

As of Sept. 27, 2005, 30 dead birds and 49 horse samples have been submitted for testing, with four horses and 16 dead birds testing positive for West Nile Virus (WNV). An additional 109 dead birds from across the state have been reported online. Five hundred and thirty-six sentinel chicken serums have been tested, with 24 WNV positive samples identified.

The Division of Microbiology has tested 1,159 human samples. There have been 76 positive human cases reported in North Dakota as of Sept. 27, 2005.

Counties reporting positive WNV activity include Barnes, Benson, Bowman, Burleigh, Cass, Dickey, Divide, Eddy, Emmons, Foster, Grand Forks, Grant, Kidder, LaMoure, McHenry, McIntosh, McKenzie, McLean, Mercer, Morton, Mountrail, Pembina, Richland, Rolette, Sargent, Sioux, Stark, Stutsman, Traill, Walsh, Ward and Williams.

For more information about WNV, county-specific numbers or to order free educational materials, visit the health department website at www.ndwnv.com.



2005-2006 Influenza Vaccine Availability

As of Sept. 29, 2005, the total influenza vaccine production is estimated to range from 71 to 97 million doses. The lower estimate includes inactivated vaccine produced by manufacturers sanofi pasteur Inc. and GlaxoSmithKline and live attenuated vaccine produced by the manufacturer MedImmune. All three of these companies have had lots released for distribution by the U.S. Food and Drug Administration (FDA). About 10 million doses from sanofi pasteur Inc. are late-production doses. The upper estimate includes inactivated vaccine projected to be available from Chiron. However, no lots of Chiron vaccine have been released by FDA to date.

Due to possible delays in vaccine arrival, the NDDoH is recommending that high-risk individuals be vaccinated first. All other people wanting to prevent the flu should be vaccinated later in the season when vaccine is more plentiful.

If you have questions about vaccine supplies in your area, please contact your [regional influenza coordinator](#).

On Sept. 26, 2005, the NDDoH sent a memo to providers regarding the sufficient supply of preservative-free influenza vaccine for children ages 6 to 23 months. North Dakota also was allocated a certain amount of vaccine for high-risk children ages 3 to 18. However, North Dakota health-care providers ordered more vaccine than NDDoH was allotted.

To determine if influenza vaccine supplied by the NDDoH may be used for your patients, please [click here](#).

Contact the NDDoH Immunization program with questions at 800.472.2180.



Sentinel Influenza Surveillance: Request for Providers

The North Dakota Department of Health (NDDoH) conducts influenza surveillance with voluntary sentinel sites each influenza season for both schools and health-care providers. Surveillance typically begins around October 1 and ends May 31. Influenza sentinel providers report influenza-like illness activity in their area to the NDDoH. The health department is again looking for volunteers to participate in our sentinel surveillance programs.

Information about the influenza sentinel health-care provider surveillance program and how to participate is listed below:

- An influenza sentinel provider conducts surveillance for influenza-like illness (ILI) in collaboration with the NDDoH and the CDC.
- Most providers report that it takes less than 30 minutes a week to compile and report their data.
- Sentinel providers can submit specimens from a subset of patients for virus isolation free of charge.
- Providers of any specialty in any type of practice are eligible to be influenza sentinel providers.

For more information, contact Tracy Miller, at 800.472.2180 or tkmiller@state.nd.us.



North Dakota *E. coli* Cluster Investigation

The NDDoH has received 15 reports of shiga toxin-producing *E. coli* infections. Onset dates range from Aug. 17 to Sept. 12, 2005. Five of the cases have been linked genetically through biochemical testing at the Division of Microbiology using pulse field gel electrophoresis. Seven cases are pending further laboratory results. Three cases have been excluded from being linked as part of the cluster.

Nine patients reside in Bismarck. Three of the nine Bismarck residents are children associated with a common day care that cares for four children. Another case is a parent to one of the children in the day care. No food item has been implicated as a source at this time, and secondary transmission from an index case at the day care is being considered as a possibility. Further laboratory studies are pending to aid in determining the epidemiology of these cases.

A health alert sent out to providers via the NDDoH Health Alert Network can be viewed at www.ndhan.gov. Click on “Health Alerts” on the left side of the screen and scroll down to find the alert entitled “Shiga toxin-producing *E. coli* infections.”

September is National Food Safety Education Month. The theme this year is “Keep Hands Clean with Good Hygiene.” Food safety education and training among restaurant and food-service workers helps prevent foodborne illness outside the home. Educating the general public about food safety, at home when preparing food from scratch and when reheating leftovers, is also an important strategy in preventing foodborne illness.

Play an active role in preventing foodborne illness in your community. Training activities and promotional materials are available at www.nraef.org/nfsem.

Contributing authors of The Pump Handle include 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 701.238.2375 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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