



Yolo County Health Department Public Health Update

Volume 3, Issue 1

January 2005

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Contact Us

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www.yolohealth.org

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Related Web Sites:

CDC

www.cdc.gov

CA Dept. of Health Services

www.dhs.ca.gov

World Health Organization

www.who.int

Lymphogranuloma Venereum in California

Since June 2004, several cases of lymphogranuloma venereum (LGV) have been identified in the US, including at least one case in San Francisco. This follows a recent outbreak of 92 cases in the Netherlands among men who have sex with men (MSM).

LGV is a systemic STD caused by a type of *Chlamydia trachomatis* (serovars L1, L2, or L3) that rarely occurs in the US and other industrialized countries. The ulcerative nature of LGV increases the risk of HIV and other STD transmission, making the re-emergence of LGV in the US a significant public health concern. The STD Control Branch is currently defining a suspected case as **“any MSM with a compatible syndrome (e.g., proctitis or inguinal lymphadenopathy) and a positive lab test suggestive of a LGV infection.”**

Diagnosis and Testing

- Providers are advised to ask patients about gender of sex partners and assess behavioral risk. Based on the Netherlands outbreak, risk is primarily unprotected anal intercourse.
- Clinicians who care for MSM should consider LGV upon diagnosis of: 1) proctitis/proctocolitis (may be hemorrhagic and associated with constitutional symptoms), or 2) tender inguinal lymphadenopathy (may be associated with bubo formation and, rarely, with painless genital ulceration).
- Providers should submit serologic and microbiologic specimens to the Public Health Lab for testing of suspected cases. Swab specimens may be collected using a standard kit for DNA hybridization (Gen-Probe®) or DNA amplification (BDProbeTec™, Gen-Probe® APTIMA®, Roche Amplicor™) test. If these test kits are not available, collect specimen using a dry sterile swab and place it in a transport tube that does not contain fluid or jelled medium.

Treatment

- The recommended treatment for LGV is a 21-day course of oral doxycycline 100mg twice daily. Though data are lacking, some experts suggest that azithromycin (1g orally in 3 weekly doses) is also effective in treating LGV. Providers should consider factors such as severity of rectal symptoms in proctitis, presence of systemic symptoms that make LGV a more likely diagnosis, travel and exposure in Europe, and likelihood of follow-up when considering presumptive treatment for LGV.

Partner Management

- Sex partners within the previous 60 days should be clinically evaluated and, if symptomatic, managed as above. If asymptomatic, they should be treated with either oral doxycycline 100mg twice daily for seven days or a single 1-gram oral dose of azithromycin.

Reporting

- Suspected cases should be reported within 24 hours. Contact (530) 666-8645 to report suspected cases or for questions regarding LGV diagnosis and treatment. CDHS STD Control Branch LGV materials may be accessed at www.stdhivtraining.org/lgv. (Source: CDHS STD Control Branch.)

Enhanced Meningococcal Surveillance

In preparation for introduction of a new quadrivalent (A, C, Y, W135) meningococcal conjugate vaccine this spring, CDHS has initiated enhanced surveillance for *Neisseria meningitidis* infections statewide. The purpose of this surveillance project is to improve the ability to monitor invasive meningococcal disease, assist in the identification and management of outbreaks and to help assess the impact of the vaccine. Enhancement to current meningococcal surveillance will provide more complete identification of *N. meningitidis* serogroups and strain types. PCR testing will also be conducted and may be especially useful in patients who are culture-negative but who present with high clinical suspicion for meningococcal disease. A statewide database of genetic fingerprints will be maintained and utilized to assist in investigations or outbreaks. This surveillance program recently expedited testing and helped rule out an outbreak in one California community avoiding costly prophylaxis and mass vaccination.

Testing through this program is available at no cost to medical providers. Please ensure that all **isolates for culture-confirmed cases** and **blood or CSF specimens for culture -negative meningococcal disease cases for which there is a high level of clinical suspicion** are forwarded to the Public Health Lab. Contact the Public Health Lab at (530) 666-8645 for questions about sample submission.

Influenza Season Update

As in other parts of the US, reports of influenza activity in Yolo County began to increase starting in January. **All restrictions on flu vaccine have been lifted.** Nationwide this flu season has been relatively light, but people are still encouraged to seek vaccination. Please report lab-confirmed cases to the Health Department. Facilities in need of vaccine are advised to contact the Health Department at (530) 666-8645.

Outbreak Associated with Salon Whirlpool Footbaths (Santa Clara County)

A recent outbreak of non-healing skin boils on the lower legs of persons who used nail salon whirlpool footbaths as part of their pedicures was reported in Santa Clara County. After being alerted by local doctors of a few suspect cases, the local health department issued an alert to local physicians, asking them to report compatible cases. Thirty-seven suspect cases have been reported to date; 6 are culture-confirmed with *Mycobacterium chelonae*, *M. abscessus*, or *M. fortuitum*. The three nail salons most commonly named by suspect cases have been inspected and had environmental swabs taken for culture.

Since May 2001, the Bureau of Barbering and Cosmetology of the Department of Consumer Affairs (DCA) has had regulations requiring that nail salons follow specific cleaning and disinfection procedures for footspas, but it is not known to what extent nail salons are following these procedures. Recommendations for pedicure consumers include not shaving their legs before their appointment, not getting a pedicure if there are lesions on the lower legs, checking the salon for current licenses and cleanliness, and considering having the pedicure without the use of a whirlpool spa.

Non-tuberculous mycobacteria are normally found in water and soil. The above mentioned mycobacteria belong to a group called Rapidly Growing Mycobacteria (RGM) and have been known to cause occasional skin infections among those who have had surgery or medical procedures involving breaks in the skin. It has only recently been documented that these RGM can also cause skin infections in nail salon customers who have used whirlpool footbaths. The infections should be documented by culture if possible as antibiotic susceptibilities may be helpful in guiding treatment; punch biopsies can increase the likelihood of recovering mycobacteria. Even with appropriate antibiotic therapy, these skin infections take months to heal and may leave scars. In some cases, surgical debridement may be needed.

To better understand the occurrence and burden of this unusual infection, the California Department of Health Services is asking providers to report laboratory-confirmed and suspect cases of RGM skin infection of the lower extremities that come to their attention throughout 2005. Please contact the Health Department at (530) 666-8645 to report suspected cases. (Source: CDHS.)



Yolo County Health Department Communicable Disease Update

Volume 3, Issue 2/3

February/March 2005

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Avian Flu—CDC Travel Health Precaution

Since mid-December 2004, WHO has reported a marked increase in the number of human avian influenza (H5N1) cases in Southeast Asia. The avian influenza A (H5N1) epizootic in Asia poses a continuing public health threat. It is likely that influenza A (H5N1) infection among birds has become endemic to the region and that human infections will continue to occur. Travelers may be at greater risk for exposure to poultry through food preparation or from farms and bird markets where infected poultry may not be readily detected.

CDC has issued a Travel Health Precaution notice about avian influenza A (H5N1), (www.cdc.gov/travel/other/avian_flu_vietnam_2005.htm) and continues to encourage enhanced surveillance efforts by state and local health departments.

Testing for avian influenza A (H5N1) is available through the Public Health Lab and is indicated for hospitalized patients with:

- radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established

AND

- history of travel within 10 days of symptom onset to a country with documented avian influenza A (H5N1) in poultry and/or humans (regularly updated listing of H5N1-affected countries is posted at the WHO Web site www.who.int/en/).

Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with state and local health departments for hospitalized or ambulatory patients with:

- documented temperature of $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$)

AND

- one or more of the following: cough, sore throat, shortness of breath

AND

- history of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.

Because rapid antigen tests for influenza may not be very sensitive, cases who are concerning (e.g., have a history of travel and are hospitalized with pneumonia) should remain in isolation under airborne precautions and have further specimens submitted for testing for avian influenza A (H5N1), **even if the rapid antigen test result is negative**. Please report any cases meeting the above criteria to the Health Department at (530) 666-8645. Questions about specimen submission may be directed to the Public Health Lab at (530) 666-8644.

West Nile Virus: It's Baaaaaaaack!

There have been no reports of human illness due to WNV in 2005, however WNV activity has been detected in 16 California counties in 2005, including Yolo and Sacramento Counties. Detection of WNV activity in dead birds, sentinel chicken flocks, horses and mosquito pools historically precedes human cases. Testing is once again offered through the Health Department at no charge and is encouraged for patients with encephalitis, aseptic meningitis, acute flaccid paralysis, transverse myelitis, and atypical Guillain-Barré Syndrome. Testing is also available for patients with febrile illness with symptoms suggestive of WNV and a documented fever lasting 7 days or longer.

Required specimen: 2cc serum in red-top tube (1-2cc CSF should also be submitted if a lumbar puncture is performed). Convalescent serum samples may be required for some cases to confirm diagnosis. Enterovirus PCR and other tests may also be requested if the specimen is negative for WNV. Contact the Public Health Lab at (530) 666-8644 for more information.

Please note that all meningitis and encephalitis cases are reportable to the Health Department regardless of etiology. If you are submitting a sample from a meningitis or encephalitis case for WNV testing, please also submit a Confidential Morbidity Report (CMR) for that case or contact Linda Joseph, CD Controller at (530) 666-8645. CMR forms are available at www.yolohealth.org.

World Stop TB Day 2005

World Stop TB Day is designed to remind the public and the medical community that tuberculosis remains a significant health problem in much of the world, including California and Yolo County. This year World Stop TB Day will be observed on March 24.

While a decline in the number of TB cases has been observed in the US, there remain areas of the country where TB continues to have a significant presence. California continues to have an unacceptably high number of TB cases with limited funds to provide the basic standard of care and treatment to every Californian who needs it. The responsibility for following up on all active TB cases and their contacts falls on local health departments. Frontline public health workers identify those who have been exposed to TB, get them tested, and deliver medications to those who need treatment, a regime that can continue from 6 months to 2 years. Yolo County Tuberculosis Control workers are truly committed to protecting the health of the infected person, their family members, and safeguarding the health of our community.

On average, Yolo County providers report about 7-8 cases of active tuberculosis annually. In 2004, 5 cases of tuberculosis were identified in Yolo County and 12 cases were identified in 2003. Of the 2004 cases, 3 were pulmonary and 2 were extra-pulmonary with 27 contacts associated with the pulmonary cases. All contacts required follow-up due to their close contact with identified cases; none came down with disease. Forty-six people were identified as having abnormal chest x-rays and/or recently positive skin tests, which required follow up on all to rule out infectious tuberculosis.

Please contact Yolo County Tuberculosis Control at (530) 666-8645 for questions regarding reporting and control of tuberculosis. For more information on World Stop TB Day, refer to www.stoptb.org/WTBD2005.

Influenza Update

In the US, CDC reports that influenza activity is declining with fewer states reporting widespread activity. Mild to moderate levels of influenza activity were reported in California for the first week of March.



Yolo County Health Department Communicable Disease Update

Volume 3, Issue 4/5

April/May 2005

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TB and TNF-alpha Antagonists

Individuals treated with tumor necrosis factor-alpha (*TNF-α*) antagonists (*infliximab* (Remicade®), *etanercept*, (Enbrel®), *adalimumab* (Humira®)) whose history and clinical circumstances suggest a possibility of latent tuberculosis infection (even if tuberculin skin test is negative) may be at higher risk for developing TB. In the past year, two Yolo County residents with LTBI have become active TB cases post-*TNF-α* treatment. Prior to treatment with any *TNF-α*, providers are advised to:

- Obtain history of any exposure to active case of TB.
- Obtain history of skin test reaction in the past.
- Obtain history of previous treatment for active disease or treatment for LTBI.
- Perform a TST (negative TST does not rule out active disease). If TST is positive, there **is** a history of exposure to TB and therapy with INH should be initiated before *TNF-α* treatment.
- Obtain a chest x-ray to rule out TB.
- Patients should be educated about TB symptoms, and should be instructed to inform their provider if they experience symptoms.

Other groups at higher risk for TB include:

- HIV-infected individuals.
- Individuals on immunosuppressive therapy.
- Individuals recently infected with MTB (within last 2 years).
- Individuals with radiological findings compatible with previous untreated TB on chest x-ray.
- Individuals who inject illicit drugs.

Yolo County Brucellosis Case

In May 2005, a 6-year-old Yolo County boy experiencing intermittent fever, arthralgia, jaundice and fatigue of two weeks duration was diagnosed with brucellosis after blood cultures grew out *Brucella melitensis*. The boy has since recovered and no other cases have been reported in Yolo County. The source of infection is currently under investigation.

Approximately 20 - 40 cases of brucellosis are reported in California each year. Disease is often associated with exposure to infected animals or ingestion of unpasteurized dairy products from infected animals. Occasional aerosolization in lab settings has resulted in infection among lab workers. In California, unpasteurized soft cheeses (*queso fresco*) brought from Mexico are frequently implicated as a source of infection.

As a foodborne disease and potential bioterror agent, a single case of brucellosis may signal a larger threat to public health requiring prompt investigation. Please report all cases of brucellosis to the Health Department immediately at (530) 666-8645.

Legionnaires' Disease Associated with Puerto Vallarta Resort

A California resident who stayed at a resort hotel in Puerto Vallarta from April 13-20, 2005, developed symptoms of Legionnaires' disease on April 21. The traveler was hospitalized on April 24, had a positive urine antigen test upon admission, and has since been discharged from hospital. The traveler was exposed to a hot tub and swimming pool while staying at the hotel in Puerto Vallarta. This case was reported by a healthcare provider to the local health department and hence to the California Department of Health Services (CDHS) and to CDC on May 9. Since then, a Pennsylvania resident who stayed at the same resort hotel from February 5-12, 2005 (and reported use of a hot tub) and developed symptoms consistent with Legionnaires' disease upon return to the US on February 15. Infection was subsequently confirmed during hospitalization with a chest radiograph consistent with pneumonia and a positive urine antigen test.

Because of the potential for California travelers to be exposed to this hotel, **providers are requested to maintain a heightened level of awareness for cases of Legionnaires' disease among travelers to Puerto Vallarta.** Whenever possible, diagnostic testing among returning travelers with community-acquired pneumonia should include collection of urine for antigen testing as well as respiratory specimens for culture of Legionella.

Please report all confirmed or suspected cases of Legionnaires' disease or Pontiac fever among travelers to Mexico to the Yolo County Health Department (YCHD) at (530) 666-8645.

(Source: CDHS)

WNV Update

No human cases have been reported in California for 2005, although WNV activity in animals has been detected throughout the state, including Yolo County. Please contact the Public Health Lab at (530) 666-8644 for questions about submitting a sample for free WNV testing. Test criteria and lab submission forms are available online at www.yolohealth.org (click on West Nile Information link.)

Cyclospora Cases – Travel History to Florida?

From March 1 through May 6, 2005, the Florida Department of Health has identified 108 cases of lab-confirmed Cyclospora infection in residents and visitors. Multiple counties from all regions of the state have reported at least one case. The median age for cases was 50 years (range 17-80 years). There were more female than male case-patients, and almost all cases have been in white, non-Hispanic adults. At least five clusters associated with unrelated restaurants are being investigated; no food item has yet been indicated as a possible common source of infection. For any cases of lab-confirmed Cyclospora infection since March 1, 2005, please ask for any history of travel to Florida or of international travel in the week before onset of illness. Please report these cases to the Yolo County Health Department (YCHD) at (530) 666-8645.

(Source: CDHS)



Yolo County Health Department Communicable Disease Update

Volume 3, Issue 6

June 2005

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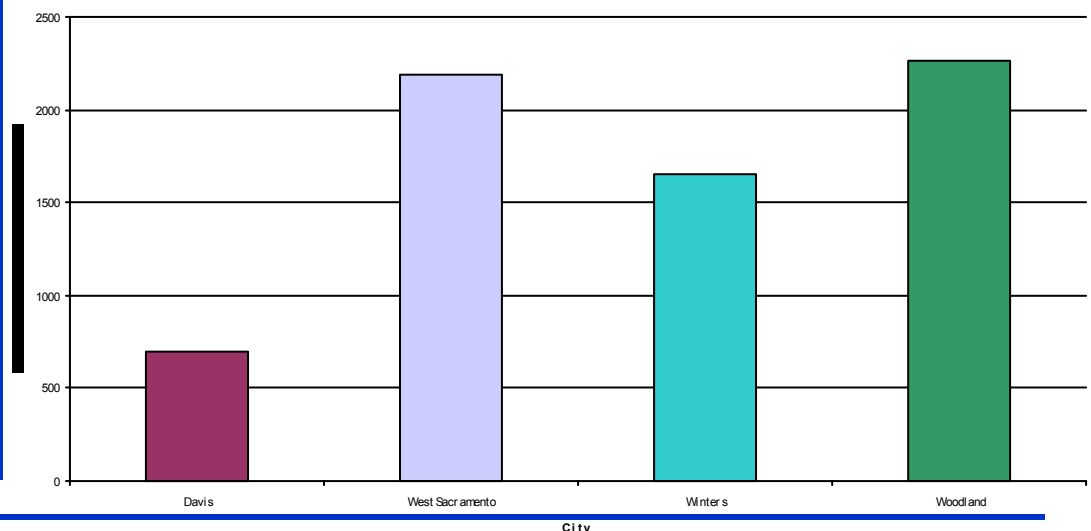
“Chlamydia, Chlamydia, say have you seen Chlamydia?”

Chlamydia is the most commonly reported disease in Yolo County and throughout California. In Yolo County, 420 cases were reported in 2004. The CDC estimates that every reported case of chlamydia represents three more asymptomatic or unreported cases in the community.

- Teenage girls and young women may be at greater risk since the cervix is not fully matured.
- Three-quarters of infected women and one-half of infected men have no symptoms.
- All sex partners of cases should be evaluated, tested, and treated. Persons with chlamydia should abstain from sexual intercourse until they and their sex partners have completed treatment, otherwise re-infection is possible.
- Latex male condoms, when used consistently and correctly, can reduce the risk of transmission of chlamydia.
- Chlamydia screening is recommended annually for all sexually active women 25 years of age and younger.
- All pregnant women should have a screening test for chlamydia.

All cases of chlamydia, pelvic inflammatory disease and non-gonococcal urethritis should be reported by health care providers to the Health Department by phone, fax or mail within one week of diagnosis according to Title 17, California Code of Regulations, §2500. Demographic data (race, sex, address, age, etc.) included with disease reports helps the Health Department and partner agencies identify and target high-risk groups for prevention.

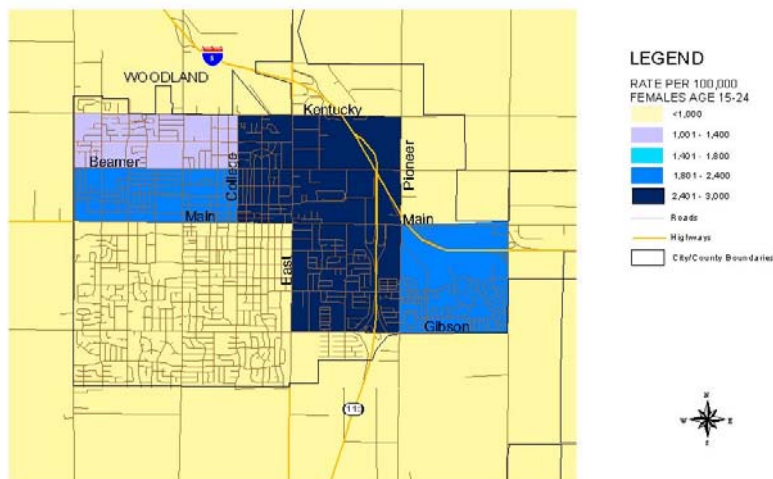
Of the 420 Yolo County cases identified in 2004, 71% involved teens and young adults age 15-24 with women comprising 80% of all cases in this age group. Race/ethnicity of reported cases was 54% Hispanic, 31% White, 7% Asian, 6% Black and 3% Other Race. A comparison of rates among young women age 15-24 revealed highest rates among Hispanic women, and among women residing in Woodland and West Sacramento (see Chlamydia Rate Maps on page 2).



Mapping Chlamydia Infection Rate Among Women Age 15–24 years.

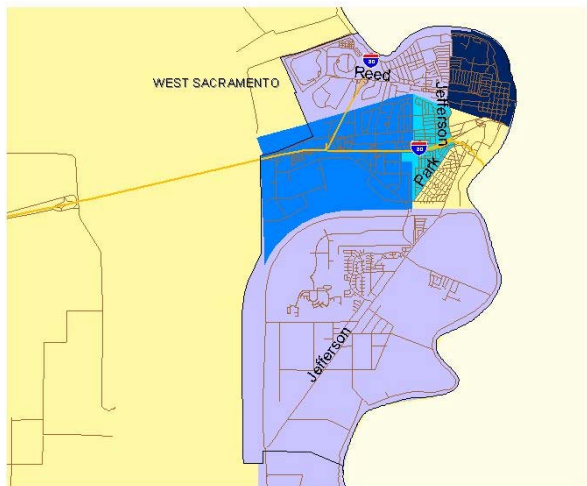
Chlamydial Infection Rates - Females Age 15-24
 Woodland 2004

The chlamydial infection rate among women age 15-24 in 2004 was 1,115 cases per 100,000 in Yolo County. The statewide rate was 2,400 cases per 100,000. While the overall county rate is below the state rate, there are geographic areas in Yolo County above the state rate. In the accompanying maps, darkest blue represents rates above the state rate, light blue represents rates at about the county rate and yellow represents areas where the rate was below the county average or areas where a rate could not be calculated.



Source: Yolo County Health Department
 Map Date: April 22, 2005

Chlamydial Infection Rates - Females Age 15-24
 West Sacramento 2004

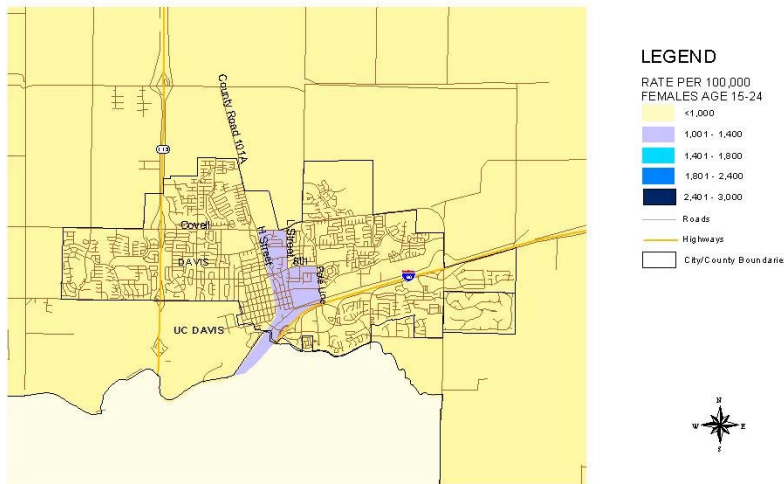


Source: Yolo County Health Department
 Map Date: April 22, 2005



Source: Yolo County Health Department
 Map Date: April 22, 2005

Chlamydial Infection Rates - Females Age 15-24
 Davis 2004



Source: Yolo County Health Department
 Map Date: April 22, 2005



Yolo County Health Department Communicable Disease Update

Volume 3, Issue 7/8

July/August 2005

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West Nile Virus Testing

The Sacramento Metropolitan Area is experiencing escalating WNV activity in birds, horses, mosquitoes and now humans. **The number of human cases is expected to increase dramatically through August and September. Yolo County health care providers should be prepared to recognize, diagnose and report WNV infection.**

WNV testing is indicated in patients diagnosed with any of the following:

- Encephalitis
- Aseptic Meningitis (esp. if over age 18)
- Acute Flaccid Paralysis / Atypical Guillain-Barré Syndrome / Transverse Myelitis
- Fever of unknown origin lasting more than 7 days

Screening and confirmatory tests for WNV infection are available through the Yolo County Public Health Lab. The local lab works closely with the state Viral and Rickettsial Disease Lab (VRDL) to offer testing services.

While many commercial labs now offer WNV testing, there are a number of advantages to testing through the public health system:

- **FREE** – All state and local public health WNV testing is done free of charge.
- **FAST** – The local lab is typically able to screen serum for WNV IgG and IgM and return results often within a few days. Confirmatory tests and CSF samples are forwarded to VRDL in Richmond for further testing, also with a fast turnaround time.
- **COMPLETE** – VRDL offers a complete array of test options with accurate test interpretation and guidance on further testing if necessary.
- **SIMPLE** – There are no lengthy forms or questionnaires to be completed.

Specimens submitted should include acute serum (≥ 2 cc) **AND/OR** CSF (1-2 cc) if lumbar puncture is performed. If West Nile is highly suspected and acute serum is negative, a second serum collected 3-5 days after the acute serum may be submitted.

Please take advantage of these services by submitting specimens through the public health system and forwarding this information to staff responsible for sending out lab specimens. Contact the Yolo County Public Health Lab directly at (530) 666-8644 for more information.

Reporting WNV Infection

WNV infection is reportable throughout California (California Code of Regulations, Title 17, Section 2500). Persons with positive WNV tests must be reported by health care providers within one (1) working day via the standard CMR form faxed to the Communicable Disease Coordinator at (530) 669-1549. The CMR form is available for download at www.yolohealth.org (click on "Disease Reporting & Laboratory"). For questions about reporting, please contact the Communicable Disease Coordinator at (530) 666-8645.

WNV Resources

- **1-877-WNV-BIRD**
Refer patients and clients to this toll free hotline. The hotline allows individuals to report dead birds and offers local updated information about WNV in multiple languages.
- **www.yolohealth.org** (Yolo County) **www.westnile.ca.gov** (CDHS) **www.fightthebite.net** (SYMVCD)
Access up-to-date WNV information, statistics, and health education materials through any of these web sites.
- **(530) 666-8645** (Yolo County Health Department)
Contact the Health Department for questions regarding WNV sample submission and for other information about WNV.

UCDMC WNV Studies

UC Davis Medical Center in Sacramento is enrolling WNV patients for a randomized placebo-controlled IgG trial involving Omrix (Omr-IgG-am). Health care providers may contact study coordinator Digna Walker by phone at (916) 734-8538 or pager (916) 762-0856 to determine if patients are eligible for this protocol. Patients diagnosed within the first week of illness are preferred. Ms. Walker may also be contacted to enroll patients in an observational study for patients ineligible for the IgG trial or who choose not to participate in the IgG trial.

WNV Pregnancy Observational Study

The CDC is seeking to register and follow outcomes among WNV-infected pregnant women with the assistance of local health care providers. Patient participation involves providing informed consent for the collection of the following: diagnostic specimens at time of delivery; prenatal maternal health information; infant health information from birth; and routine health exams at two, six, and 12 months.

CDC staff will contact providers and appropriate laboratory staff approximately one month prior to the patient's estimated delivery date to coordinate the collection of information and specimens at the time of patient's delivery. CDC will cover the costs of shipping and WNV testing of diagnostic specimens.

Please contact Alison Hinckley (CDC) at (970) 266-3558 or Scott McRae (Tulane University) at (504) 988-1540 regarding this project.

Insect Repellent

Repellents containing DEET (OFF!™, Cutter™ etc.), picaridin (Cutter Advanced™) and Oil of Lemon Eucalyptus have been found to be effective at repelling mosquitoes and are recommended by the CDC. Patients may be able to locate picaridin and oil of lemon eucalyptus online or at REI stores. For more information, including contraindications, go to westnile.ca.gov and click on "Repellent Info."



Yolo County Health Department Communicable Disease Update

Volume 3, Issue 9

September 2005

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Local Influenza Surveillance - Sentinel Sites Needed

Influenza sentinel providers or clinics are needed in Yolo County!!! Data from sentinels are critical for monitoring the impact of influenza and, when combined with other surveillance data, guide control activities, vaccine strain selection, and patient care.

Sentinels are asked to report the number of influenza-like illnesses by age group seen in their practice on a weekly basis by internet or fax to the California Department of Health Services (CDHS) or CDC. Most sentinels report that it takes little time to report their weekly data. In addition, sentinel providers and sentinel clinics are also encouraged to submit specimens from a subset of patients for virus isolation **FREE OF CHARGE**. CDHS also offers sentinels rapid influenza test kits free of charge.

Sentinel providers may be physicians, nurse practitioners or physician assistants of any specialty or any type of practice. Clinics may also enroll as sentinel sites.

To enroll as a sentinel provider or for more information about this program, please contact Tim Wilson at (530) 666-8645 or Erica Barton at CDHS (510) 620-3774.

Flu Season Resources

Guidelines and health education materials for this flu season are available at www.dhs.ca.gov/ps/dcdc/izgroup/flu.htm

Increase in Reported Gonococcal Infections

Yolo County averages about 40 reported gonorrhea cases per year (range from 28 to 43 reported cases per year over the past 5 years). The number of reports for 2005 (year-to-date) exceeds previous years at 50 cases. This overall increase appears to be attributable to an increase in reports among women age 18-22. Most of the cases in this age group were reported between June - August 2005. Women typically comprise about 44% of all reported Yolo County gonorrhea cases. This year for the first time, women comprise over half (61%) of Yolo County cases. The number of reported cases among men appears stable.

While relatively small in number, this increase in cases and shift in demographics is consistent with ongoing increases in gonorrhea cases observed in other Central Valley counties. Gonorrhea outbreaks have been observed in Butte, Stanislaus, San Joaquin, Merced and other counties.

Please submit CMR forms for all gonococcal infections to the Health Department by fax to (530) 669-1549 for further follow up and surveillance. While labs may report gonococcal infections, vital demographic data used to monitor trends are typically unknown by the lab and can only be obtained from the health care provider.

WNV Summary

YOLO COUNTY

As of September 26, 12 human WNV infections have been identified in Yolo County. Three of the 12 infections were initially detected through blood bank screening - 2 later developed symptoms.

Of the 11 Yolo County WNV cases with symptoms...

3 are classified as West Nile neuroinvasive disease (encephalitis or meningitis);

8 are classified as West Nile fever;

Median age for all symptomatic cases is 54.1 years (range: 32-73).

There have been no reported WNV-related deaths in Yolo County.

CALIFORNIA

As of September 23, 735 human WNV infections have been identified in California. Ninety-one of the 735 infections were initially detected in asymptomatic individuals through screening done at blood banks or elsewhere - 37 later developed symptoms.

Of the 681 WNV cases with symptoms...

225 are classified as West Nile neuroinvasive disease;

395 are classified as West Nile fever;

61 are of unknown clinical presentation;

Median age for all symptomatic cases where data is available is 50 years (range: 2-93 years);

385 (57%) of the cases are male.

There have been 15 WNV-related fatalities in California this year. The median age of the 15 fatalities was 81 years (range: 72-92 years).

US

As of September 20, the CDC reported out 1,512 human West Nile virus (WNV) cases in the US.

Of the 1512 reported cases...

574 (38%) are classified as West Nile neuroinvasive disease;

840 (56%) are classified as West Nile fever;

98 (6%) are clinically unspecified.

There have been 41 WNV-related fatalities in the US this year.

Increase in Pertussis Cases in California

Mirroring trends seen across the nation, California is experiencing a dramatic increase in the number of cases of pertussis. From January through August, four infants died from pertussis and 1,276 cases of the disease were reported. For the same period last year, two infants died from pertussis and 450 cases of the disease were reported. Moreover, the number of deaths and illnesses due to pertussis through August of this year has already surpassed the totals for all of last year, in which three infants died and 1,130 became ill. One third of this year's cases occurred in infants less than 1 year of age and 80 percent were hospitalized.

To be fully protected, infants must receive immunizations at 2, 4, 6, 12 and 15 months. The first 2-month dose may be given as early as six weeks after birth. Additionally, parents are advised to keep newborns away from individuals suffering from coughs and colds and to contact a physician when their child has a moderate to severe cough illness, especially if he or she experiences prolonged coughing spells, turns red or blue followed by vomiting or coughing occurs together with a whooping sound. (Source: CDHS Press Release September 19, 2005)

Please report all suspected cases of pertussis to the Yolo County Health Department by faxing a CMR to (530) 669-1549 or calling (530) 666-8645. CMR forms are available at www.yolohealth.org.



Yolo County Health Department Communicable Disease Update

Volume 3, Issue 10

October 2005

In this Issue

- **Avian Influenza (H5N1) Screening**
- **Algorithm for Avian Flu Specimen Submittal**
- **Avian Flu Specimen Collection**

Contact Us

Yolo County Health Department
www.yolohealth.org

Fax CMRs to (530) 669-1549

10 Cottonwood St.
Woodland, CA 95695
(530) 666-8645

500-B Jefferson Blvd.
West Sacramento, CA 95605
(916) 375-6380

Related Web Sites:

CDC
www.cdc.gov

CA Dept. of Health Services
www.dhs.ca.gov

World Health Organization
www.who.int

Screening for Avian Influenza (H5N1)

California is in a key location to be one of the first states affected by avian influenza A (H5N1) given its many ports of entry and frequent traffic from Asia. The US Bureau of Transportation estimates that 11,000 travelers arrive in California airports daily on direct flights from Asia.

The recommendations for avian influenza remain at the enhanced level established in February 2004. The CA Department of Health Services (CDHS) recommends the following enhanced surveillance activities:

Testing for avian influenza is indicated for hospitalized patients with:

a. Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established,

AND

b. History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans (see www.who.int.)

Testing for avian influenza should be considered on a case-by-case basis in consultation with local health departments for hospitalized or ambulatory patients with:

a. Documented temperature of $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$),

AND

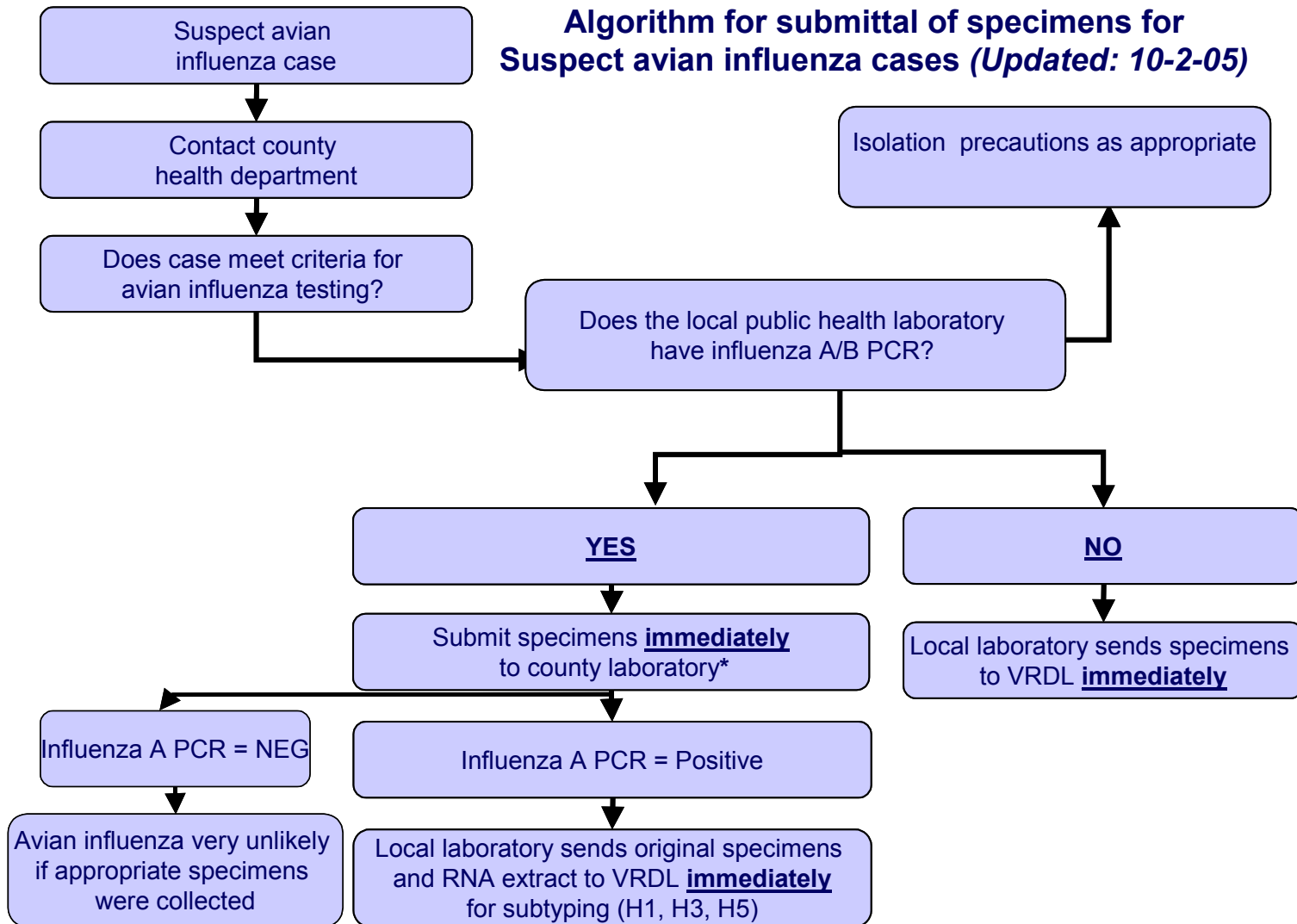
b. One or more of the following: cough, sore throat, shortness of breath,

AND

c. History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset (see www.who.int.)

For any cases meeting the above criteria, contact the local Health Department at (530) 666-8645.

Algorithm for submittal of specimens for Suspect avian influenza cases (Updated: 10-2-05)



Avian Influenza: Specimen Collection from Suspect Patients

1. Collect a nasal and a throat swab from patient and place into one vial of viral transport medium (VTM). Break off sticks leaving swabs in the VTM. (VTM = viral transport media, either commercially available, Hepes buffered tryptose gelatin medium or Hanks' balanced salt solution with gelatin.)
2. Label each vial with the following: PATIENT'S NAME, DATE TAKEN, AND TYPE OF SPECIMEN. Note on the form that this is a suspect case of avian influenza A (H5N1).
3. Complete a Specimen Submittal Form for Suspect Avian Influenza A (H5N1) for each vial (form to be posted at www.yolohealth.org or call (530) 666-8645.)
4. To perform serological testing for influenza as well as a panel of other respiratory viruses, paired blood samples are required. Collect an acute phase blood specimen (5-10 ml whole clotted blood), complete Specimen Submittal Form for Suspect Avian Influenza A (H5N1) Influenza, and schedule patient to return in 14-21 days for a convalescent phase blood specimen.
5. For questions about specimen submittal, contact call Stan Kwan at (530) 666-8645.



Yolo County Health Department Communicable Disease Update

Volume 3, Issue 11/12

November/December 2005

In this Issue

- **Flu Season Update**
- **Emergency Preparedness Planning Resources**

Contact Us

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Flu Season Update

Overall, global influenza activity continued at low levels for the week of 12/4-10. In the US, influenza activity overall was low. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) and the proportion of deaths attributed to pneumonia and influenza were below baseline levels.

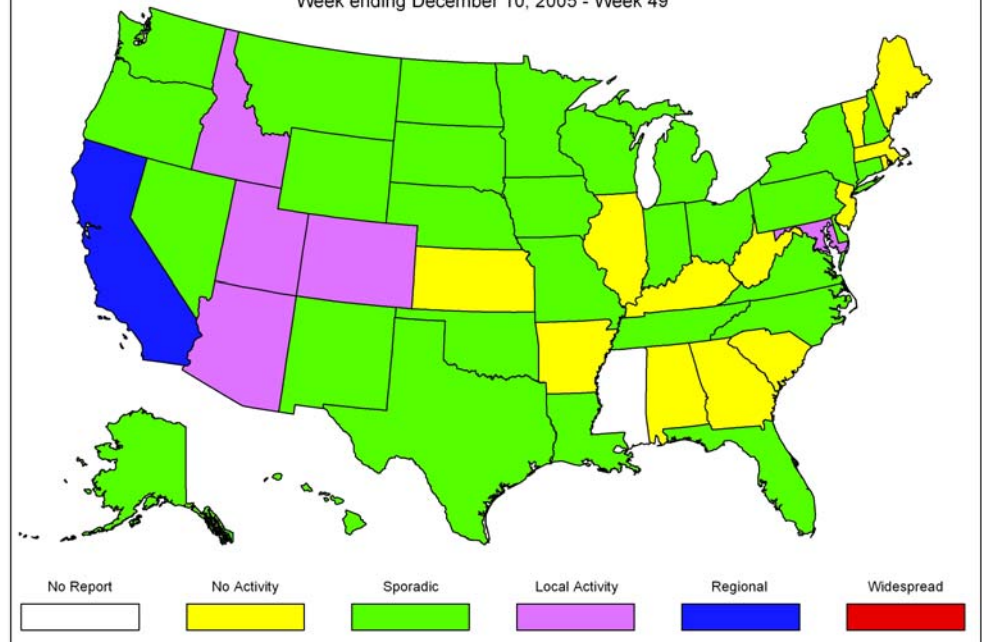
CDC has antigenically characterized 16 influenza viruses this season: 14 influenza A (H3N2) virus [A/California/07/2004 like] and 2 influenza B virus [one B/Florida/07/2004-like and one B/Victoria lineage]. The B/Florida/07/2004-like is a minor antigenic variant of B/Shanghai/361/2002, the recommended influenza B component for the 2005-06 influenza vaccine.

An increase in regional influenza activity was detected in California through laboratory surveillance and through flu sentinel provider sites. Activity was greatest in Southern and Central California. In Yolo County, mild influenza activity has been reported locally by flu sentinel sites. For weekly updates on flu season activity, go to www.cdc.gov/flu.

(Source: CDHS & CDC.)

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists

Week ending December 10, 2005 - Week 49



Emergency Preparedness Planning Resources

The Health Department encourages all facilities to prepare for an emergency by developing and practicing a disaster response plan. The following actions are strongly recommended:

FAMILY PLAN: Ensure that your family is well prepared

- Create and practice a family disaster plan
 - o www.72hours.org OR www.prepare.org/basic/DisasterPlan.pdf (Red Cross)
- Place fully stocked disaster kits in your home and car with a 3-day supply of food and water
 - o www.prepare.org/basic/SuppliesKit.pdf (Red Cross)
- Encourage staff to develop and practice family disaster plans

CLINIC AND OFFICE PLAN: Take steps to ensure the safety and well being of your staff

- Provide personal emergency kits and emergency contact numbers to staff
- Make a telephone tree to notify staff in an emergency
- Develop office roles (who assists patients, who accounts for patients in an evacuation, etc.)
- Practice, refine and update your disaster and evacuation plan
- Go to the following links for guidance in developing your clinic plan:
 - o California Primary Care Association: Clinic Disaster Plan Template
 - www.cPCA.org/resources/cepp
 - o California Office of Emergency Services: Clinic Disaster Plan Guide & Templates
 - www.oes.ca.gov (click 'Plans & Publications' & 'Clinic Disaster Plan Guidance')
 - o CDC Emergency Preparedness For Business
 - www.cdc.gov/niosh/topics/prepared

EMERGENCY INFORMATION: Know where to obtain reliable information

- Visit and bookmark the Yolo County Health Department website: www.yolohealth.org
- Register to receive our Health Alerts: Contact Dana Henderson at (530) 666-8645
- Note the area radio stations that are designated to provide emergency information
 - o **KCTC 1320 AM, KRAK 1470 AM, KFBK 1530 AM**

PREPARE FOR AN INFECTIOUS DISEASE EMERGENCY

- Know what to report.
 - o Click on 'Disease Reporting and Lab' on www.yolohealth.org
 - o Post or have easily accessible the list of reportable diseases
- Review potential high threat diseases (e.g., anthrax, avian influenza, botulism, smallpox, etc.)
 - o Click on 'Public Health Emergency Preparedness' on www.yolohealth.org
- Maintain a reasonable index of suspicion
- Train staff and patients on infection control measures
 - o Post signage encouraging patients and staff to practice good hygiene
 - 'Cover your Cough' posters in multiple languages on www.yolohealth.org
 - o Place masks, tissue, trash cans and hand sanitizer in high traffic areas
 - o Ask patients with respiratory illness to wear a mask while in waiting areas
 - o Encourage ill employees to stay home
- Place Yolo County Health Department contact info in rolodex and on/near primary phones

YOLO COUNTY HEALTH DEPARTMENT

**10 Cottonwood St.
Woodland, CA 95695**

**(530) 666-8645
(530) 669-1549 fax**