



CHICKAHOMINY HEALTH NEWS

NEWSWORTHY

Shigellosis

You should have received a blast fax recently describing the ongoing situation among school-aged children and those in child care settings around our area. The Richmond area has seen a 400% increase in cases compared to 2007. Please be mindful of this highly infectious bacterial disease when you see patients presenting with diarrhea (often bloody) accompanied with nausea, fever, and possibly vomiting. Also, antibiotic resistance has been seen towards ampicillin, tetracyclines, and Bactrim. Call us with any questions.

Avian Influenza December update

The World Health Organization (WHO) recently updated their ongoing report of H5N1 influenza virus morbidity/mortality in humans. A recent case of avian influenza resulted in the death of a 16-year old female in Egypt on December 16. This brings the number of cases to 40 so far in 2008 with 30 resulting deaths. These counts represent roughly half of last years' totals. Six (6) nations have reported human illness this year compared to nine (9) in 2007. The tracking report is available on the WHO website.

Contact Us

Chickahominy Health District

12312 Washington Hwy
Ashland, VA 23005

District Director

W. Ted Tweel, MD MPH

Phone: 804-365-4313

Fax: 804-365-4355

E: Ted.Tweel@vdh.virginia.gov

Emergency (after hrs): 866-531-3068

URL: www.vdh.virginia.gov/LHD/Chickahominy/

SPOTLIGHT: PERTUSSIS (WHOOPIING COUGH)

Pertussis (aka Whooping cough) is an upper respiratory infection caused by the bacterium, *Bordetella pertussis*, which affected over 15,000 U.S. individuals in 2006; which was twice as high as cases reported in 2001 (source: <http://www.pertussis.com>). The 5-year average (2003-07) in Virginia stands at a rate of 3.48 per 100,000 persons. There have been 10 cases in the last 23 months in our health district.

There are three (3) clinical stages of disease. The catarrhal stage lasts 1-2 weeks and is characterized by cold-like symptoms (coryza, sneezing, low grade fever, and a mild cough). The second stage (paroxysmal) is the onset of burst of violent, rapid

coughs *sometimes* followed by a whoop and *possibly* spitting-up/vomiting. This stage lasts between 1-6 weeks. The last stage (convalescent) lasts 2-3 weeks, where the cough becomes less paroxysmal. Some individuals can still have fits of coughing for many months following resolution of pertussis infection. **NOTE: Older children and adults will present with a milder form of disease if they have previously been immunized. In these cases, infection occurs because of waning immunity 5-10 years after completion of childhood immunization.**

Patients with pertussis are highly contagious for the 1-2 weeks PRIOR to the paroxysmal stage and up to 3 weeks after cough onset. Treatment with antibiotics reduces the infectious period to 5 days after start of therapy.

The gold standard for lab testing is the culture; however, this method is not sensitive (11-73%). PCR testing is a more sensitive method (61-99%). Both can be conducted at the state lab (**call us, we can arrange this**). Serology is not recommended for diagnosis because results are difficult to interpret in immunized people.

Please be sure to report cases to the local health department as soon as possible. State regulations require reporting of *suspected* or lab-confirmed pertussis to be **within 24 hours**. The goal of case investigation is to control infections and reduce exposure to pregnant women, infants and very young children, especially the non-immunized.

COMMUNICABLE DISEASE

What we are seeing in Chickahominy:

Nov '08 Reported Diseases

1 Giardiasis case (33-year old man)

1 Legionellosis case (44-year old man)

1 Lyme disease case (45-year old man)

4 MRSA invasive infections (ages 61-77)

1 probable Pertussis infection in a 5-year old girl

3 Rabies PEP (ages 21-43)

CDC Issues Interim Recommendations for the Use of Influenza Antiviral Medications in the Setting of Oseltamivir Resistance among Circulating Influenza A (H1N1) Viruses

"Although influenza activity is low in the United States to date, preliminary data from a limited number of states indicate that the prevalence of influenza A (H1N1) virus strains resistant to the antiviral medication oseltamivir is high. Therefore, CDC is issuing interim recommendations for antiviral treatment and chemoprophylaxis of influenza during the 2008-09 influenza season. When influenza A (H1N1) virus infection or exposure is suspected, zanamivir or a combination of oseltamivir and rimantadine are more appropriate options than oseltamivir alone. Local influenza surveillance data

and laboratory testing can help with physician decision-making regarding the choice of antiviral agents for their patients. The 2008-09 influenza vaccine is expected to be effective in preventing or reducing the severity of illness with currently circulating influenza viruses, including oseltamivir-resistant influenza A (H1N1) virus strains. Since influenza activity remains low and is expected to increase in the weeks and months to come, CDC recommends that influenza vaccination efforts continue."

Influenza surveillance in the state of Virginia is conducted year-round, which includes tracking Influenza-Like Illness (ILI) and strain identification. Please call or email us if you would like to be added to our distribution list for the weekly reports.