

CD Bulletin

Communicable Disease Information for the Medical Community



SUMMER/FALL 2008

www.hsahealth.org

West Nile Virus a Continuing Threat

West Nile Virus (WNV) continues to be of concern in Stanislaus County. As of October 8, 2008, our county had 16 symptomatic human cases (half neuroinvasive), resulting in the highest incidence of WNV illness per 100,000 population among populous counties in California. The first symptomatic human cases appeared in Stanislaus County in 2005 with 95 cases that year, followed by 11 cases in 2006 and 21 cases in 2007.

The California Encephalitis Project conducted a study to determine the outcome of 112 patients from 2004 and 2005 with neuroinvasive disease. Long-term follow-up of these patients suggested that the recovery of neurologic function is maximal during the first three months. However, several new problems conferred considerable morbidity in this population. Problems such as

memory loss, lack of coordination, and slurred speech, did not improve as expected, but trended toward worsening over the one-year follow-up period. Other studies have reported that patients with neuroinvasive disease self-report fatigue, memory problems, weakness, difficulty finding words, and headaches. These complaints illustrate the importance of discussing psychological and social issues with patients.

In addition, West Nile fever, the milder form of illness, may not be a completely benign self-limited disease. Studies have demonstrated that patients, in general, report symptoms last from five days to two weeks. However, it took a median of one and one-half to two months before they felt completely back to normal.

Patients suspected of having WNV illness should be tested seven days or longer after onset of symptoms. Serum is the preferred specimen.

As there is still no specific treatment for WNV illness, one may ask, "Why test?" Early testing in the febrile phase will help determine acute infection. A diagnosis of WNV may help a patient deal with unexplained lingering health issues. Finally, identification of human cases is important early in the WNV season to assess the burden of human illness and target mosquito control and public education activities.

Summer has ended, but mosquitoes are active into November. County residents must continue to protect themselves from mosquito bites, this year and every year, as the disease is now endemic.

Record Flu Vaccine Supply This Season

Vaccine manufacturers are projecting that a record 146 million doses of influenza vaccine will be available in the U.S. this year. Thus, *anyone* who wants to reduce their chances of getting the flu should be vaccinated.

Also new this year is the recommendation that *all* children aged 6 months to 18 years be vaccinated.

Live Attenuated Influenza Vaccine (LAIV) nasal spray (FluMist®) is now approved for use in healthy people 2-49 years of age who are not pregnant.

Trivalent Inactivated Vaccine (TIV) injection is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.

Oseltamivir (Tamiflu®) or zanamivir (Relenza®) continue to be the recommended antivirals.

Remember to continue vaccinating through the spring months. In 2007-2008, influenza cases didn't peak until late February!

Have you, your family, and staff all been vaccinated???

New Regulations

Effective February 13, 2008, severe *Staphylococcus aureus* infection in a previously healthy person resulting in ICU admission or death must be reported *immediately* to Public Health.

The California Retail Food Facilities Law has new work exclusion regulations for food handlers. Employees with diarrheal illness must be reported to Public Health.

The California Department of Public Health now requires laboratories to report positive Hepatitis C screening results.

Did You Know?

WebvCMR, a web-based disease reporting system is now available. Call us at 558-5676 to get connected.

Not every positive PPD needs to be reported. Only suspected active tuberculosis cases must be reported.

The occurrence of ≥ 5 varicella cases in children under 13 years at one location constitutes an outbreak and should be reported to Public Health. Any case of varicella in a hospital should be investigated.

There are only two things a child will share willingly—communicable disease and his mother's age.

—Dr. Benjamin Spock



Leading the Way to a Healthy Community

Communicable Disease Reporting

24/7 CD REPORTING LINE:

(209) 558-5678

MAIL:

SCHSA Communicable Disease Control
820 Scenic Drive
Modesto, California 95350

FAX:

(209) 558-7531

WEBvCMR:

<https://www.stancocmr.net/>

For assistance, call during business hours:
(209) 558-5676

Disease Trends in Stanislaus County

Disease	2003	2004	2005	2006	2007	2008 3rd qtr
AIDS/HIV	15	54	20	62	82	20
Campylobacteriosis	110	117	94	124	119	108
Chlamydia	1568	1832	1968	1833	1901	1496
Coccidioidomycosis	20	21	14	18	19	14
Gonorrhea	292	538	654	404	427	239
Hepatitis B	97	80	64	76	84	48
Hepatitis C Carriers	557	533	560	457	234	537
Salmonellosis	72	78	79	71	70	49
Severe Staph aureus						7
Syphilis, 1° and 2°	5	12	5	8	13	6
Tuberculosis	19	19	13	16	15	18
West Nile Virus*	0	0	85(65/20)	11(9/2)	21(13/8)	16(8/8)

*Total(West Nile Fever/Neuroinvasive Disease). One death in 2005.

WE'RE ON THE WEB!

WWW.HSAHEALTH.ORG

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[Confidential Morbidity Report \(CMR\)](#)

[Lab Reportable Diseases](#)

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Microbe Resistance Sounds the Alarm!

Staphylococcus aureus is prone to develop resistance. Methicillin resistance became a nosocomial hospital problem by the late 1960's but there were no outbreaks among healthy people in the community until the 1990's when two new clones (USA 300, USA 400) began to cause serious community-acquired infections.

USA 300, known as community-acquired MRSA (CA-MRSA), has spread quickly throughout the

United States and can be found today in some healthcare settings where it may be a nosocomial hospital-acquired infection instead of a community-acquired infection.

Initially, CA-MRSA had a different susceptibility pattern from hospital-acquired MRSA (HA-MRSA), being more susceptible to clindamycin, erythromycin, gentamicin, and quinolones. But resistance to ciprofloxacin, clindamycin, and erythromycin

has been increasing. In 2003 the first multi-drug resistant strain of USA 300 (MDR USA 300) was isolated in San Francisco. MDR USA 300 is resistant to oxacillin, erythromycin, clindamycin, cipro, tetracycline, and mupirocin. MDR USA 300 has become increasingly prevalent in San Francisco. *S. aureus* has remained quite sensitive to vancomycin, but in April 2008, 7 to 9 cases of vancomycin-resistant *S. aureus* were reported in Detroit.

Development of Drug Resistance in *Staphylococcus aureus*

Antibiotic	Year First Available	Years to First Noted Resistance	Years to 25% Resistance
Penicillin	1941	1-2	6
Methicillin	1961	<1	25-30
Vancomycin	1956	40	?



Public Health
Prevent. Promote. Protect.

The CD Bulletin is published by the Public Health Department as a service to physicians and other health care professionals of Stanislaus County.

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