

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

April 2003 Topics

- SARS
- Update: North Dakota Smallpox Vaccination Program
- Gonorrhea: Complications Still Occur
- Medication Errors in the Treatment of Syphilis
- North Dakota 2003 HIV/AIDS Campaign
- "Immunize for Life" Coming in May 2003



SARS

SARS (Severe Acute Respiratory Syndrome) is an emerging disease that may progress rapidly and can be fatal. An outbreak of this disease, characterized by atypical pneumonia, originated in Asia in mid-February 2003. As of March 31, 1,622 individuals from 13 countries have contracted this disease; 58 have died. The majority of cases are concentrated in Hong Kong, Viet Nam and Singapore. In the United States, 69 suspect cases but no deaths have been reported in 26 states at the time of this report.

Investigators of the SARS outbreak have traced one of the early disease clusters to a hotel in Kowloon, Hong Kong, after 13 people were diagnosed with SARS within days of their stay. The index patient was an individual who had become ill a week before visiting the hotel. Patients from this cluster have been identified as index patients in subsequent clusters in Hong Kong and other areas. The majority of cases have occurred among health care workers who treated SARS patients and among families of health care workers. An update and discussion of the transmission of SARS from the hotel is available at

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5212a1.htm>.

Recent information indicates a new strain of coronavirus may be the cause of SARS. The coronavirus, named so because of its crown-like appearance under the microscope, is the second-leading cause of the common cold in humans and historically has not been known to cause severe disease. The source of the new strain of coronavirus is unknown.

Efforts to develop a diagnostic test for rapid identification of the virus are underway, as well as testing various anti-viral drugs for effective treatment.

Health care workers in direct contact with suspect cases of SARS should use standard precautions in addition to airborne, contact and eye protection. Information regarding SARS, recommended infection-control procedures and travel advisories are available at <http://www.cdc.gov/ncidod/sars/> and <http://www.who.int/csr/sarscountry/en>.

Health care providers should contact the North Dakota Department of Health at 800.472.2180 if they suspect a case of SARS. The department will continue to provide updated information regarding SARS as it becomes available.



Update: North Dakota Smallpox Vaccination Program

As of March 21, 196 people in North Dakota have been vaccinated for smallpox. No severe or moderate adverse effects have been reported.
(<http://www.health.state.nd.us/smallpox/>)

To expand the number of “smallpox vaccinators,” volunteers from law enforcement, emergency medical technicians and the fire department are beginning to be vaccinated in addition to health care providers. These people are being trained to be smallpox vaccinators if an emergency requires widespread vaccination.

Because of the deaths of recently vaccinated people who had cardiac conditions, the CDC has now included any type of heart condition as a contraindication to receiving the smallpox vaccine. Additional information is available at <http://www.bt.cdc.gov/agent/smallpox/index.asp>.



Gonorrhea: Complications Still Occur

On March 11, the NDDoH received a report of a probable case of disseminated gonococcal infection (DGI) involving a 21-year-old female. The woman had onset of menstruation February 21 and was diagnosed with uncomplicated gonorrhea and chlamydia from an endocervical specimen collected February 25. On exam she reported no symptoms. On March 4, she was treated with oral azithromycin and cefixime. On March 8, she presented to the local emergency room with severe pain in the knees and sore calf muscles. No edema was noted and she was admitted to the hospital. Blood cultures taken on admission were negative for bacterial pathogens. She was treated with ceftriaxone IV and discharged March 11th on oral cefixime with a diagnosis of disseminated gonorrhea infection (DGI).

DGI is a rare complication of primary mucosal gonococcal infections, with 0.5 to 3.0 percent of cases progressing to DGI. The classic presentation includes joint pain and

skin lesions. Bacteremia may be periodic and of short duration, which may result in negative blood cultures. DGI occurs more commonly in women. In about one-half of female cases, onset is within seven days of menstruation.

The recommended treatment for DGI is ceftriaxone 1 gram IM or IV every 24 hours continued for 24 to 28 hours after clinical improvement, followed by at least one week of any one of the following antibiotics: cefixime, ciprofloxacin, ofloxacin or levofloxacin. Information regarding treatment guidelines is available at <http://www.cdc.gov/nchstp/dstd/GonorrheaInfo.htm>.



Medication Errors in the Treatment of Syphilis

In January 2003, an out-of-state community health center was found to have inadvertently used an incorrect formulation of Bicillin® for the treatment of syphilis. Bicillin® C-R was administered instead of the correct treatment regimen, Bicillin® L-A. All syphilis cases and their sexual partners who mistakenly received Bicillin® C-R must be contacted for subsequent clinical and serological evaluation and re-administered treatment with the correct drug. In 1998, the same error occurred in Maryland. Follow-up efforts by the clinic took as long as eight weeks and cost approximately \$24,000.

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4835a2.htm>)



North Dakota 2003 HIV/AIDS Campaign

The North Dakota Department of Health unveiled a new outreach initiative to encourage people in North Dakota living with HIV/AIDS, and family and friends affected by the disease, to seek confidential assistance through the North Dakota CARES program.

The North Dakota **C**omprehensive **A**IDS/**H**IV **R**esources and **E**mergency **S**ervices (ND CARES) program, formerly the Ryan White Program, assists low-income North Dakota residents living with HIV/AIDS to access confidential health care and supportive services to improve their quality of life.

Steve Wagendorf of Regent is HIV positive and a participant in the North Dakota CARES program. He said, "I'm proof that you can live with HIV as long as you can control it. People with HIV/AIDS can live long, happy lives; but like diabetes, it takes proper testing, treatment and care. I've come forward because I feel that it's important for others with HIV/AIDS to seek proper medical care so they, too, can continue to live well."

Steve appears in a television advertisement developed to promote the North Dakota CARES program. The television ad began airing March 31, 2003, and will run over a nine-week period.

Additional information about North Dakota CARES is available by calling toll-free 800.70.NDHIV or on the Web at <http://www.ndhiv.com>.



“Immunize for Life” Coming in May 2003

“Immunize for Life,” a conference sponsored by the Greater Grand Forks Immunization Coalition, will be held May 15 and 16, 2003, at the Alerus Center in Grand Forks, N.D.

For more information, please contact Kathy Dunn at Grand Forks Public Health, 701.787.8100, or e-mail kdunn@grandforksgov.com.

Contributing authors of The Pump Handle include Julie Goplin, Tracy Miller, Kirby Kruger, Karin Mongeon and Larry Shireley. 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 <http://www.ph.ucla.edu/epi/snow.html>.



**North Dakota Department of Health
Division of Disease Control**