

The Pump 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

August 2017 Topics

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Healthcare Providers Asked to Notify Patients about NDDoH Disease Investigations

The North Dakota Department of Health (NDDoH) needs assistance from all healthcare providers diagnosing patients with a mandatory reportable condition (<http://www.ndhealth.gov/Disease/Disease%20Reporting/>). The field epidemiologists who serve your regions contact cases who have been diagnosed or tested positive for a mandatory reportable condition. These epidemiologists have noted a decline in the number of cases who are willing to provide information into public health investigations of reportable conditions. When these investigations cannot occur, the NDDoH is unable to identify risk factors for disease, implement prevention, ensure treatment, identify outbreaks, and conduct contact investigations.

By letting your patients know that there may be an epidemiologist from the health department calling and that the information they are requesting is necessary to perform a public health

investigation, we hope to increase the number of individuals that can be reached for an interview. We also encourage health care providers to work with your local field epidemiologist to devise a process that best fits your practice for collecting this information in a manner that works best for your patients. For a listing of the epidemiologists that serve your area, visit <http://www.ndhealth.gov/Disease/Contacts/AreaCall.aspx>.



Updated Zika Testing Guidance for Pregnant Women with Possible Zika Virus Exposure

The Centers for Disease Control and Prevention (CDC) has updated their recommendations for pregnant women with possible Zika virus exposure. Possible Zika virus exposure includes travel to or residence in an area with risk for mosquito-borne Zika virus transmission or sex without a condom with a partner who has traveled to or resides in an area with risk for mosquito-borne Zika virus transmission. The updated recommendations are in response to the declining prevalence of Zika virus disease cases in the Americas and recent information on prolonged IgM antibody response in people infected with Zika virus. More information on the prolonged detection of Zika virus IgM and the implications for interpreting serology results for pregnant women is available at <https://emergency.cdc.gov/han/han00402.asp>.

One of the key takeaways for providers in North Dakota is that asymptomatic pregnant women who have recent possible Zika virus exposure, but do not have ongoing exposure, are **no longer routinely recommended** to be tested for Zika. The updated guidance emphasizes shared decision-making between patients and their providers for testing and screening pregnant women. Decisions can be made based on patient preferences and values, clinical judgment, and an assessment of risks and expected outcomes.

Other changes include the following:

- Extended timeframe for testing pregnant women with symptoms for Zika ribonucleic acid (RNA) from up to two weeks to up to 12 weeks after symptom onset.
- Pregnant women without symptoms, but who have ongoing exposure to Zika, should be offered Zika RNA testing at first prenatal visit, and during two additional prenatal visits. Routine testing for Zika IgM antibodies is no longer recommended.
- Recommendations were updated to assist in establishing the etiology of birth defects. Pregnant women exposed to Zika whose fetal ultrasound shows birth defects potentially associated with Zika, should be tested.
- Modified recommendations for testing placental and fetal tissues.

More details on the updated recommendations, including NDDoH Zika testing information, is available at www.ndhealth.gov/disease/zika/2017-09ZikaHAN.pdf.



North Dakota Department of Health Announces Novel Influenza Case

In August, the NDDoH announced the state's first variant influenza case. Variant influenza occurs when an influenza virus normally found in pigs is found in a person. The case, a child who was hospitalized but has fully recovered, was identified through routine testing of summer influenza positives. The sample tested positive for seasonal influenza A H3N2 on a hospital PCR panel, but was found to be A H3N2 variant (H3N2v) when a surveillance specimen was tested at the NDDoH Division of Microbiology. The result was verified via molecular sequencing by the CDC. Genome sequencing indicated the strain was well matched to the strains currently circulating in pigs in the United States.

The NDDoH assessed a variety of possible exposures for the H3N2v case. Exposure to pigs at the North Dakota State Fair was documented. Although it is rare for influenza viruses found in pigs to spread to people, it is possible. An overwhelming majority of variant influenza cases in the United States either work, have come in contact with, or been near pigs in the seven days before becoming ill. Symptoms tend to be mild and similar to seasonal influenza. As with other novel influenza strains, variant influenza does not move readily from person-to-person, and only limited person-to-person spread has been identified. A second case of H3N2v in a traveler from another state also reported exposure to pigs at the North Dakota State Fair. In 2017, 50 H3N2v cases have been identified in the United States.

Providers are reminded to consider variant influenza as a possible diagnosis when evaluating patients with acute respiratory illness and agriculture or fair exposure. Suspect novel influenza virus is immediately reportable to the NDDoH. Rapid detection and characterization of these novel influenza viruses remains an important component of national efforts to prevent further cases and assist in evaluating clinical illness associated with these viruses. It is important to note that variant influenza may test negative or positive for seasonal influenza using commercial or molecular testing methodologies. For this reason, these tests **should not** be used as screening tools before sending a specimen to the Division of Laboratory Microbiology.



New Disease Control/Microbiology Employee! ★

Please join us in welcoming Kathy Erickson to the NDDoH team! Kathy will be splitting her time between Disease Control and the Microbiology Laboratory. She will fill the role of Disease Control's former student intern, Kara Lepp, who aided in chlamydia follow-up and data entry. We are happy to have you here, Kathy!



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