

SIMULTANEOUS MULTI-SITE OUTBREAKS OF NOROVIRUS IN KENT COUNTY

In early May 2005, five gastrointestinal outbreaks were reported to the Health Department. The outbreaks occurred at four different, private events and among the public. Cases were defined as persons who:

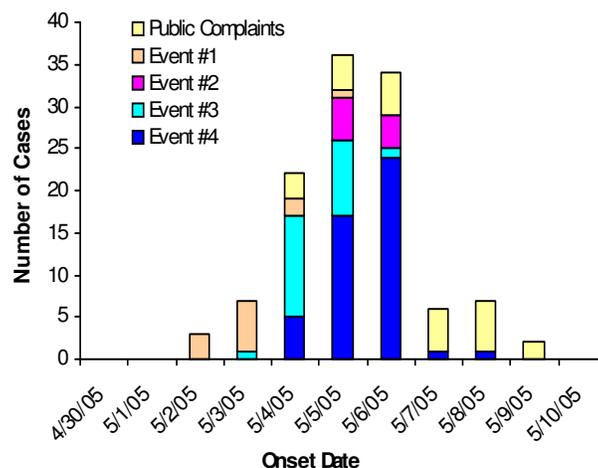
1. Ate sandwiches from the same restaurant between May 1 and May 9,
2. Experienced vomiting, diarrhea, or two of the following: fever, abdominal cramps, or nausea, and
3. Had symptom onset 8-56 hours after eating.

Epidemiological studies identified 124 cases. In two of the outbreaks, eating lettuce was significantly associated with the illness. One or more of the stool samples from each outbreak tested positive for norovirus and sequence analysis confirmed 100% homology among the strains, suggesting further that the etiologic agent came from a common source.

A single restaurant was identified and investigators learned that food workers washed their hands in the food preparation sink where heads of lettuce were washed. In addition, a food worker, who also had been ill with norovirus, sliced the lettuce daily. The restaurant closed voluntarily for one week. No illnesses were reported thereafter.

These outbreaks demonstrated the restaurant's lack of knowledge surrounding norovirus, which is not surprising considering

Number of cases of norovirus by date of symptom onset
Kent County, Michigan, May 2-10, 2005



there are no work exclusion requirements specifically targeting norovirus in the state food code. To help address this issue, the Michigan Department of Community Health and the Michigan Department of Agriculture developed the *Michigan Guidelines for Environmental Cleaning and Disinfection of Norovirus*, which are available at:

www.michigan.gov/documents/Guidelines_for_Environmental_Cleaning_125846_7.pdf

THINK TB

Is your patient experiencing a cough that will not go away, sudden weight loss, or night sweats? Are you thinking about TB? In 2004, Kent County had one of the largest active TB caseloads in Michigan.

During 2004, the KCHD TB unit saw 1204 people in the TB Clinic for follow-up of a positive PPD, and 855 individuals were placed on latent tuberculosis infection (LTBI) preventative therapy.

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A CHANGE IN CHICKENPOX (VARICELLA) REPORTING IN MICHIGAN

QUICK FACTS:

Varicella

- Compared with 1995, varicella cases declined 76%-86% in 2001 in the U.S.

- Cases declined most among children aged 1-4 years.

Characteristics of Varicella Break-through Infection:

- Occurs in ~ 1% of vaccinees per year

- Infection is significantly milder, with fewer lesions

- Maculopopular rather than vesicular lesions

- Most do not have a fever

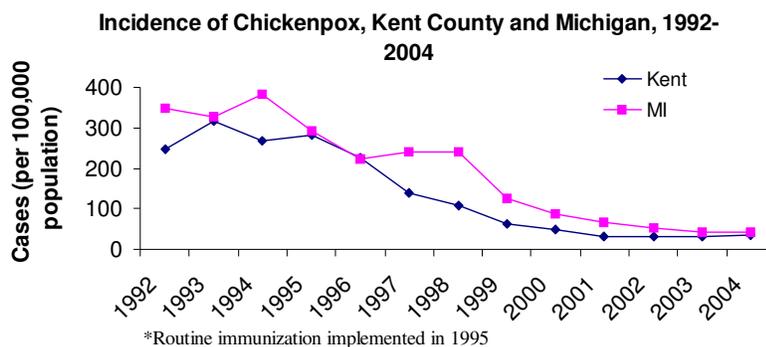
The incidence of chicken pox has decreased dramatically in the past ten years. Like other vaccine-preventable diseases, diligent surveillance is still necessary to clarify how the patterns of disease are changing since the inception of immunization in 1995. Therefore, **beginning September 1, 2005**, individual chickenpox (varicella) cases will be required to be reported to the local health department. Previously, only aggregate counts by age groups were required.

At this time, lab tests are not required for diagnosis and cases of shingles are not reportable.

More information about this new reporting requirement will be sent out to health care providers in the coming weeks.

Cases reports will now require:

1. Name
2. Address
3. Date of Birth
4. Sex
5. Varicella vaccination history (with date if vaccine was given)
6. Severity of illness as reflected by approximate number of lesions:
 - < 50 (easily counted in 30 seconds)
 - 50- 249 (patient's hand can be placed on body without touching a lesion)
 - 250 – 499 (patient's hand cannot be placed on body without touching one or more lesions)
 - 500 or more (cannot observe normal skin).



RABIES: FREQUENTLY ASKED QUESTIONS

Rabies is one of the most common reasons physicians call the Kent County Health Department (KCHD). Here is a list of the most commonly asked questions:

1. How common is rabies in Kent County?

On average, there is one case per year of animal rabies detected. The last case of human rabies was in 1983.

2. What animals are at risk for rabies in Kent County?

In 2004, the only animals testing positive for rabies in Kent County were bats.

Nevertheless, exposures to skunks, raccoons, woodchucks and foxes are also considered high risk. These can be tested through the Michigan Department of Community Health. The following animals are not likely to carry rabies and are not tested unless symptoms suggest rabies: chipmunks, gerbils, gophers, guinea pigs, hamsters, moles, mice, muskrats, prairie dogs, rabbits, rats, shrews, squirrels and voles.

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Rabies (cont'd from page 2)

3. When is bat season?

Expect to see an increase in exposures during May through October.

4. Is Post Exposure Prophylaxis recommended after all bat exposures?

Between 1990 and 2004, 46 cases of human rabies were reported in the U.S. ; 34 (74%) were due to a bat strain. Only four of these had a history of a known bite. Therefore, in addition to obvious bites, the CDC suggests that PEP be considered



when contact with a bat may have occurred (e.g., wake up to a bat in the room, exposure of a bat to previously unattended child, mentally disabled person or intoxicated individual) and the bat is unavailable for testing.

5. Does KCHD administer rabies vaccine?

No.

6. Where does one get rabies immune globulin (RIG) and vaccine administered?

RIG and vaccine are typically only available through hospital emergency departments. Physician's offices may order vaccine for administration in the office. However, it is crucial

not to alter the vaccine schedule. Vaccine can be ordered through Chiron at (800)244-7668.

7. What animal bites are reportable?

A bite from any mammal capable of transmitting rabies is reportable to the Kent County Animal Shelter by phone at (616) 336-3210 and fax at (616) 336-2425.

8. How do I get an animal tested?

Bats and other high risk animals should be brought to the Animal Shelter during normal business hours (M-F 10:00am-6:00pm and Sat 8:00am-12:00pm). The brain must remain intact. If the animal is dead, keep it cool but don't freeze it.

Rabies Positive Animals in Michigan, 2004

<i>Species</i>	<i># Cases</i>	<i># Counties</i>	<i>Counties</i>
Bats	36	26	Various
Skunk	3	2	Oakland, Wayne
Dog	1	1	Oakland
Fox	1	1	Oakland
Total	41	26	

QUICK FACTS:

Raccoon-Strain Rabies: An Emerging Disease

Where: *Endemic in 20 eastern states. Spread to Ohio; but NOT yet detected in Michigan.*

When: *Since 1990, the most frequently reported rabid animal in the U.S. The first reported human case in U.S. was in 2003.*

How: *Raccoons are more likely than other wild animals to be near people and pets, thus increasing risk of transmission.*

Control: *The USDA and Wildlife Service immunizes wildlife in endemic areas through the Oral Rabies Vaccine Program.*



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Think TB (cont'd from page 1)

In 2004, 32 active cases of TB were identified. These were pulmonary as well as extra-pulmonary cases. The majority of active cases were foreign-born, 18-45 year old persons, with approximately 30% experiencing a co-infection, i.e. HIV. All identified active TB cases are case managed by a direct observed therapy (DOT) public health nurse, with medications provided by KCHD. Medical care is provided by physicians from Grand Rapids Infectious Disease Specialists, P.C.

Clients with a positive PPD with no symptoms and all suspected active TB cases should be referred to the KCHD TB unit for follow-up. Follow-up assessments, x-rays, sputum tests, medicines, and nurse visits are provided free to Kent County residents.

- Use the KCHD TB referral form and fax client information to (616) 632-7185.
- For suspect/active cases or questions on TB services, please call (616) 632-7190.
- For the most current information about TB including recommendations regarding diagnosis, treatment, and cure, visit www.michigantb.org.

