



Communicable Disease and Epidemiology News

Published continuously since 1961
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VOL 37, NO. 04

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We Are Moving!

Effective May 17, the address of Communicable Disease Control/Epidemiology will change to:

Seattle-King County Department
of Public Health
Communicable Disease Control
First Interstate Center
999 Third Avenue, Suite 900
Seattle, WA 98104-4099

When mailing disease report cards to our office, please change the address on the card to expedite delivery of the report. Our telephone numbers will remain the same. The offices for AIDS, TB, and STD reporting are not moving.

TB Control

In the March issue of the *Epi-Log*, we presented the 1996 summary of the Seattle-King County Department of Public Health (SKCDPH) Tuberculosis Control Program, including the epidemiologic and clinical findings. This month we highlight the health and community services provided by the TB program.

To achieve its goal of protecting residents of Seattle and King County from TB, the Program provides a variety of services to patients, clients, and health professionals including clinical services, health education, and community-based treatment. Clinical services include those traditionally provided in the TB clinic, tuberculin skin testing at all Health Department clinics, and directly-observed therapy (DOT). Utilization of the TB clinic, mainly by persons at high risk of TB, has continued to be heavy. A total of 7,320 patients received services at the clinic during 1996, and the number of client visits totaled 22,735. Over 3,000 chest X-rays were performed.

Thirty-two percent of clients served were refugees newly-arrived from areas with a high prevalence of TB, and another 32% were contacts of active cases. Seventy-five percent of clients served in the clinic reported a family income below the poverty level. Department-wide, 13,983 tuberculin skin tests were performed, with 2,070 (15%) determined to be positive (≥ 10 mm). The race-associated rate of positive skin tests was Asian 36.5%, Hispanic 29.7%, African American 13.9%, Native American 10.8%, white 9.3%. The Program's Outreach Team delivered 7,611 doses of TB medication directly to patients in the community. Among 77 patients who received DOT through the Outreach Team, 74 (96%) completed their course of treatment.

Two components of the TB Control Program that were expanded during 1996 deserve comment. The Health Education Program was productive in providing education about tuberculosis to health providers, medical institutions, and lay groups in the community. This program has also undertaken a partnership project with the Seattle and King County Community Clinic Networks designed to expand the use of isoniazid preventive therapy to clients receiving primary health care in those networks. It was also responsible for organizing and managing a downlink site for "TB 2000", an national interactive satellite course on TB for medical and public health professionals held at the Virginia Mason Medical Center. Approximately 120 persons attended the course free-of-cost on each of three days.

The Homeless - TB project, conducted in collaboration with the Health Department's Health Care for the Homeless Program, began

active surveillance for TB in several shelters with known high rates of the disease. Case management of homeless cases was also expanded, including increased capacity of the program for respite housing for homeless patients with TB between the time of hospital discharge and return to shelter housing. Finally, TB Clinic hours were extended on Wednesday evenings, primarily for more convenient access to homeless clients, shelter residents, and all clients for whom regular clinic hours are difficult.

Brucellosis

A brucellosis case was reported to the SKCDPH in December, 1996. The patient was a 32 year old Hispanic unemployed male who immigrated from Peru in August, 1996. His illness started with flu-like symptoms in late October which progressed to polyarticular arthritis with swelling, erythema, and pain in his left ankle. About one month prior, the patient also had transient right wrist pain and swelling for one week. He was admitted to the hospital overnight on November 1, 1996 and treated for disseminated gonococcal infection with ceftriaxone IV followed by oral Augmentin. Approximately one week after discharge the patient was asymptomatic, and *Brucella melitensis* was isolated on blood culture (from blood drawn at the time of admission). After the blood culture results were known, he was treated with doxycycline 100 mg twice a day and rifampin 600 mg once a day for six weeks.

The patient had worked as a city taxi driver in Peru and had no known history of this disease. He denied any direct contact with farm animals and had no history of consuming raw milk, cheese or other unpasteurized dairy products either in Peru or the U.S.

Brucellosis is a systemic bacterial disease usually characterized by an acute or insidious onset of flu-like symptoms. The incubation period may vary widely (5-60 days). Acute and chronic localized infections can occur, as well as subclinical infections.

Osteoarticular complications occur most commonly, as in this case, followed by those of the genitourinary tract. The original syndrome may reappear as relapses. The case fatality rate in the U.S. is 2% and usually results from endocarditis from *B. melitensis* infection. Reported cases of brucellosis in this country are rare, approximately 100 cases per year (0.04 per 100,000 population). The disease occurs commonly throughout the world, although it is often unrecognized and unreported. Those at greatest risk of becoming infected are individuals working with infected animals or their tissues, and consumers of raw milk and milk products. In recent years, outbreaks have been reported in the U.S. in pork processing plant workers and consumers of unpasteurized goat milk or cheese from Mexico.

Individuals presenting with symptoms compatible with brucellosis, and who have a history of travel, occupational exposure, or potential food exposure, should be evaluated with a blood, tissue, or discharge culture, or paired serology for detection of a rise in antibody titers. Brucellosis is a reportable disease in Washington State.

Update on Travel

The University of Washington School of Medicine will present the **7th Update on Travel & International Medicine** May 30-June 1, 1997 at the Four Seasons Olympic Hotel in Seattle. This two and a half day continuing medical education course will cover a wide spectrum of topics relevant to health care providers, such as malaria, traveler's diarrhea, travel vaccines, wilderness medicine, zoonotic diseases, STDs, TB, and refugee medicine. For information and registration, contact Sandy Pomerinke at the UW Continuing Medical Education office (206-543-1050 or 800-869-2633). Registration must be postmarked by *April 30* (extra charge for late registration). Up to 19 credit hours in Category I of the Physician's Recognition Award of the American Medical Association are available.

Heading off Lice

The SKCDPH recently concluded a review of head lice prevention and control procedures and has created a new informational brochure on head lice reflecting the findings of the review. The main changes in the recommendations include:

1. Nix[®], an over-the-counter creme rinse based insecticide, because it has been scientifically proven to be most effective.
2. Placing greater emphasis on checking close friends and family contacts for lice infestation and laundering personal articles.
3. Placing less emphasis on cleaning furniture, sport helmets, car seats and other objects.
4. Specifically discouraging the

use of insecticidal sprays as an environmental control as they have no proven effectiveness and can be a health risk.

You may obtain a copy of the brochure by calling 296-4774 or by accessing the SKCDPH world wide web site at <http://www.metrokc.gov/health/welcome.htm> and selecting the 'head lice' choice from within the Communicable Disease section. Feel free to make any additional copies that your require. The public can also listen to a recording of this information by calling the Communicable Disease Hotline at 296-4949.

The Health Department does not offer on site consultation for lice problems, but does offer information to assist with lice prevention and control.

Free! E. Coli Video

The Centers for Disease Control and Prevention has made available a videotape and booklet, "*E. coli* O157:H7 - What the Clinical Microbiologist Should Know", free of charge. The video is 38 minutes long and comes with an 11 page booklet. It provides an overview of the epidemiologic and clinical aspects of *E. coli* O157:H7 with a step-by-step guide to its isolation and identification.

To obtain the video and booklet write to:

Centers for Disease Control
and Prevention
Foodborne and Diarrheal
Diseases Branch
1600 Clifton Road NE, MS-38
Atlanta, GA 30333

To Report:
AIDS296-4645

REPORTED CASES OF SELECTED DISEASES SEATTLE-KING COUNTY 1997				
	CASES REPORTED IN APRIL		CASES REPORTED THROUGH APRIL	
	1997	1996	1997	1996
VACCINE-PREVENTABLE DISEASES				
Mumps	1	0	1	0
Measles	0	0	0	3
Pertussis	14	11	70	48
Rubella	0	0	0	1
SEXUALLY TRANSMITTED DISEASES				
Syphilis	1	0	3	0
Gonorrhea	63	73	263	369
Chlamydial infections	288	229	1050	1095
Herpes, genital	51	63	210	236
Pelvic Inflammatory Disease	26	18	140	145
Syphilis, late	5	7	13	26
ENTERIC DISEASES				
Giardiasis	20	13	48	58
Salmonellosis	13	12	43	53
Shigellosis	10	4	25	17
Campylobacteriosis	9	24	58	74
E.coli O157:H7	1	0	3	3
HEPATITIS				
Hepatitis A	39	21	112	55
Hepatitis B	2	10	9	24
Hepatitis C/non-A, non-B	3	1	5	2
AIDS	34	27	126	198
TUBERCULOSIS	12	7	39	30
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae	0	0	1	0
Meningococcal disease	1	2	7	6

Tuberculosis	296-4747	24-hr Report Line	296-4782
STDs.....	731-3954	Disease Alert:	
Communicable Disease	296-4774	CD Hotline	296-4949