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IN THE AUGUST 1998 ISSUE: VOL 38, NO. 8

- **Health Alert: Respiratory Disease in Alaska/Yukon Travelers**
- **Foodborne Outbreaks Decrease in 1997**
- **Immunization Update: Upcoming CDC Teleconference**

Health Alert

The U.S. Center for Disease Control and Prevention (CDC) and Health Canada, in cooperation with local public health authorities, are investigating reports of febrile respiratory illnesses and associated pneumonias occurring this summer among persons traveling on land and sea, both independently and on tour packages in Alaska and the Yukon Territory. No evidence suggests increased respiratory illness activity among residents of these areas. Commonly reported symptoms include fever and cough. Preliminary evidence suggests that influenza A infection may be a cause of many of the illnesses. There is no evidence of Legionnaires' disease as a cause for the pneumonias.

Of approximately 70,000 overland tour and cruise ship passengers visiting the region weekly, 419 cases of acute respiratory illness and 20 cases of pneumonia have been reported from June 5 through August 4, 1998, despite only rudimentary passive surveillance. No deaths have been reported. Systematic surveillance is currently being assembled in the region. Many of these cases have occurred in clusters, particularly among smaller groups of 40-50 passengers sharing common transportation and accommodation packages on overland tours between Anchorage and Skagway in June and July. However, affected passengers have traveled on several different tours from different companies. Preliminary information suggests that after touring inland, ill persons are boarding cruise ships where further spread is occurring. Travelers are also becoming ill and seeking medical attention for their respiratory illnesses only after returning home.

No special prevention measures are recommended at this time for travelers in good health. Health care providers seeing patients with febrile respiratory illness and/or pneumonia should obtain a travel history and consider influenza A in the differential diagnosis for those with recent travel to Alaska or the Yukon Territory. Please consider obtaining a viral throat culture to test for influenza; a swab and viral culture media may be used to obtain the specimens. Questions about sample collection may be referred to Seattle-King County Department of Public Health (SKCDPH) Laboratory at (206) 731-8950. Cultures should be refrigerated and submitted to the SKCDPH Laboratory as soon as possible after collection. Reports of cases of febrile respiratory illness with the above travel history or confirmed influenza should be made to Eric Winder at (206) 296-4774.

Note: An earlier version of this alert was sent by the SKCDPH Fax System. If you did not receive the alert through this system and you would like to be on the Fax list, please call the Communicable Disease Epidemiology Unit at (206) 296-4774.

Foodborne Outbreaks

The number of foodborne illness complaints in Seattle-King County decreased by 12% from 1,304 in

Table 1. Number of foodborne illness reports and outbreaks, and number of ill in outbreaks, reported in 1986 through 1997

Year	Reports	Outbreaks	Number ill in outbreaks
1986	731	33	113
1987	733	30	139
1988	822	22	244
1989	741	18	113
1990	632	161	235[1]
1991	693	24	387
1992	703	44	260
1993	1153	116	576
1994	1157	110	403
1995	1192	114	604
1996	1304	106	469
1997	1145	78	410

[1] data for 4/90 to 12/90 only

19... nu... 26% from 106 to 78 (Table 1). The number of complaints in 1997 approximates those in the years 1993 to 1995. This reflects instead a brief increase of complaints in 1996. Although the number of complaints and outbreaks have remained relatively stable over the past five years, this is the first year Seattle-King County has experienced a significant decline in reported foodborne outbreaks. Nonetheless, both complaints and outbreaks are still well above the pre-1993 levels. Surveillance data likely underestimate the true incidence of foodborne outbreaks, especially those involving small numbers of people. Foodborne hepatitis A outbreaks may be especially difficult to detect due to the long incubation period.

Citizens reported the majority of foodborne complaints. Health care providers or state or federal health agencies reported few incidences of illness; vendors reported four percent.

Outbreaks

Outbreak investigations were initiated in response to reports of 2 or more persons ill from separate households, three or more ill from the same household, laboratory confirmed cases, hospitalized ... implicate a common food as the source of the illness, and the type of food item, symptoms and incubation period must fit with a

foodborne illness. In addition, there should be evidence of food handling violations from environmental investigations, although strong epidemiological evidence can outweigh lack of evidence of food handling violations.

Approximately one-fourth of all complaints in 1997 were considered potential outbreaks and were investigated; 28% of those investigated were considered possible or confirmed outbreaks. One of two significant laboratory confirmed outbreaks involved an ill foodhandler infected with hepatitis A who served high-risk foods at a large restaurant during the infectious period of his illness. Eighteen individuals within and outside of King County were subsequently identified as having contracted hepatitis A as a result of eating at this restaurant. The second confirmed outbreak was due to *Salmonella heidelberg* related to consumption of a fruit-filled cake purchased from a King County bakery. The cake was consumed at a private party in Snohomish County. Twenty-two of 24 attendees were interviewed and 19 individuals were reported ill. Through the use of special laboratory testing (pulse field gel electrophoresis), at least one other case not linked to the original cluster was identified as having eaten a similar cake from the same bakery.

Three other large outbreaks that were not laboratory confirmed occurred throughout the year among attendees of catered events. One was associated with the consumption of melons and thought to be caused by *Salmonella*; the remaining two were thought to be the result of viral gastroenteritis transmitted either through foodhanders or attendees.

In addition, there were two possible chemical exposures, one laboratory confirmed histamine (scombroid) poisoning after consumption of marinated and cooked tuna, and two non-laboratory confirmed histamine poisonings related to fresh grilled tuna and broiled marlin.

Please note that incidents of gastroenteritis suspected to be of food or water origin should be reported to your local health department within one day. The reporting of foodborne illness is critical in the identification and removal of contaminated food products, the correction of faulty food handling practices, and the identification and treatment of carriers of foodborne pathogens. Surveillance adds to our knowledge of foodborne illness trends and assists in the development of prevention and control measures.

Immunization Update

Immunization Update 1998, a CDC satellite conference, will be held Thursday, September 10, at Overlake Hospital Medical Center from 10:00am to 12:30pm. This live, interactive program will help bring you up-to-date on the rapidly changing field of immunization. Anticipated topics include: new vaccines for rotavirus and Lyme disease, live attenuated influenza vaccine, and new recommendations for the use of MMR and the immunization of health care workers. Health care professionals and others who provide immunizations and counsel patients about immunization will benefit from this course.

This conference, co-sponsored by Overlake Hospital Medical Center and SKCDPH, will be taught by William Atkinson, MD, MPH, and Sharon Humiston, medical epidemiologists with CDC's National Immunization Program. Continuing education credit will be offered for a variety of professions, based on 2.5 hours of instruction. Course fee is $5.00, payable in advance. **Registration deadline is Friday, September 4, 1998.** For registration information contact: Amy Patton at (206) 205-5803.

To Report: (area code 206)
AIDS 296-4645
Tuberculosis 296-4747
STDs................................ 731-3954
Communicable Disease 296-4774
24-hr Report Line........... 296-4782
Disease Alert:
CD Hotline 296-4949
After hours 682-7321
http://www.metrokc.gov/health/

REPORTED CASES OF SELECTED DISEASES
SEATTLE-KING COUNTY 1998

	CASES REPORTED IN JULY		CASES REPORTED THROUGH JULY	
	1998	1997	1998	1997
VACCINE-PREVENTABLE DISEASES				
Mumps	1	0	1	4
Measles	0	1	0	1
Pertussis	10	10	94	128
Rubella	0	0	1	1
SEXUALLY TRANSMITTED DISEASES				
Syphilis	7	0	26	4
Gonorrhea	104	94	594	480
Chlamydial infections	344	284	2037	1803
Herpes, genital	54	61	411	381
Pelvic Inflammatory Disease	20	30	146	176
Syphilis, late	2	7	18	30
ENTERIC DISEASES				
Giardiasis	20	24	119	131
Salmonellosis	33	16	115	126
Shigellosis	8	8	46	62
Campylobacteriosis	36	38	143	184
E.coli O157:H7	8	5	14	17
HEPATITIS				
Hepatitis A	29	40	320	267
Hepatitis B	2	3	27	25
Hepatitis C/non-A, non-B	0	0	1	2
AIDS	16	30	149	198
TUBERCULOSIS	9	19	66	83
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae	0	0	1	1
Meningococcal disease	0	3	11	14