



Communicable Disease and Epidemiology News

Published continuously since 1961
Edited by Sherry Lipsky, P.A.-C, M.P.H.



Seattle-King County
Department of Public Health
Epidemiology
First Interstate Building
999 Third Avenue, Ste. 900
Seattle, WA 98104 - 4039

BULK RATE
U.S. Postage
PAID
Seattle, WA
Permit No. 1619

Return Service Requested

TIME VALUE

IN THE MAY 1998 ISSUE:

VOL 38, NO. 5

- **The Return of Syphilis and Unsafe Sex**
- **A Few Bytes on Animal Bites**
- **Vaccinating Adults: CDC Conference Coming Soon**

Return of Syphilis

In Seattle-King County, early syphilis (primary, secondary, and early latent) declined from 224 cases in 1989 to a single reported case in 1996. As total incidence declined, the proportion of early syphilis cases diagnosed in King County that were acquired elsewhere in the United States or overseas increased from approximately 10% in 1989 to 50% in 1994-96. However, in 1997, 19 cases (5 primary, 6 secondary, and 8 early latent) were reported, and 13 of these cases were diagnosed in persons who had no history of sexual exposure to individuals residing elsewhere. Among all cases reported in 1997, 15 (79%) persons were heterosexual and four (21%) were men who have sex with men (MSM). From January through early May 1998, an additional 12 cases (6 primary, 4 secondary, 2 early latent) have been reported. Three of these 12 persons acquired disease from a sex partner residing outside of Seattle-King County. The remaining nine cases were diagnosed in men whose sexual histories were consistent with acquisition of disease within Seattle-King County; most of these men were also HIV-positive. All nine men have been interviewed by Seattle-King County Department of Public Health (SKCDPH) staff, and eight reported anonymous sexual exposures with men met at venues such as bars, clubs, and bath houses. Condoms were not used during many of these sexual encounters. The number of MSM diagnosed as having gonorrhea also increased at the Harborview and Broadway STD Clinics during 1998. Acquisition of gonorrhea from anonymous partners and the lack of condom use also have been described by many of these men.

Community members and private/public health care practitioners deserve much credit for achieving the near elimination of this disease in the early 1990s.

However, recent developments strongly suggest that *T. pallidum* is again being transmitted in Seattle-King County. Efforts to limit transmission are vital, both because the sequelae of syphilis are important, and because syphilis increases the risk of HIV acquisition and transmission. Elimination of local syphilis transmission will require further cooperation between the gay community and public and private health practitioners.

MSM who have engaged in unprotected sex with anonymous partners are encouraged to seek the advice of their health care provider. Testing for syphilis, gonorrhea, and other STDs should be considered. If the individual is not known to be HIV-infected, HIV testing and counseling should be provided. The STD Clinic at Harborview Medical Center (206-731-3590) can provide testing between 8:00 a.m. and 5:00 p.m., Monday through Friday (excluding holidays). Consultations on the management of patients with possible syphilis are also available through the Harborview Clinic. Patients with signs suggestive of early syphilis may be referred for specialized diagnostic tests, such as darkfield examinations.

Health care providers are asked to report syphilis cases by calling (206) 731-4376. The Disease Intervention staff of the SKCDPH is available to assist infected persons with the referral of their sex partners for medical care. Members of the community are reminded that the transmission of the causative organisms of syphilis, gonorrhea, HIV, and other sexually transmitted infections can be reduced markedly by safer sex practices, including the regular use of condoms.

Thanks to W.L.H. Whittington, Ph-C, STD Program, SKCDPH and the UW Department of Medicine, for this report.

Animal Bites

This is the time of year when we traditionally begin to see an

increase in the number of reported bites from wildlife. These can lead to serious injury and heightened concerns about disease transmission. Although people have a high concern about rabies transmission, fortunately rabies transmission incidents are rare. This is due to the fact that rabies infection occurs among few animals, and public health measures, namely animal vaccination campaigns and an effective human vaccination that can be used on a pre- and post-exposure basis, have reduced rabies to a minimal level.

Improving weather brings people and animals together. A combination of increased foraging activity, the development of territorialism related to hormonal activity and breeding and whelping result in more aggressive behavior in general and should not be viewed as unusual. Certain behaviors on our part, hand feeding, assisting an injured or ill animal, interrupting confrontations with pets or attempting to pick up wildlife, will predictably result in a bite.

The majority of these reported bites are from rabbits, rats, and squirrels. A number of these animals have unnecessarily been tested for rabies following bite incidents or unusual behavior. Rodents and lagomorphs, such as hamsters, guinea pigs, woodchucks, squirrels, rabbits and hares have never tested positive in Washington. Since the 1960s the major concern in the Northwest has been rabies in bats. Rabies has not been found in other wild terrestrial animals in Washington for at least the past 60 years.

Bites from domestic animals increase in the spring as well. Bites involving domestic animals should be evaluated carefully. Was the bite provoked or unprovoked? Was the animal exhibiting usual behavior for the situation presented to them? Had the animal been exposed to wild animals or bats? What is the rabies vaccination

history of the animal? If the bite was unprovoked or the animal is exhibiting peculiar behavior for its species, it will be necessary to place the animal under quarantine or euthanize the animal so that the brain can be recovered and tested for rabies. Quarantine is practical for dogs, cats and ferrets. For other species quarantine is not an acceptable option, and the animal would be euthanized and tested should the situation warrant it. The public health veterinarian (206-263-8454), can assist health care providers in determining which animal bite situations pose a risk to the person bitten. If risk to a human being is likely, the veterinarian can then authorize the laboratory to perform testing of the animal brain. Once an animal brain arrives at the laboratory, results are available within 24 hours to assist with treatment decisions.

Encourage victims to report bite incidents to animal control. In the city of Seattle these incidents should be reported to 911-non-emergency. Bites under King County Animal Control jurisdiction should be reported to 206-296-PETS. They provide quarantine surveillance and maintain records on potentially dangerous dogs. A bite report may prevent a far more serious bite later on. People who have homes or cabins infested with bats should contact pest control services in their area to determine the best way of eliminating the bats

from the residences and preventing their re-entry.

A guidance document is available for health care providers who must administer rabies pre- or post-exposure treatment to their patients. To obtain a copy, please call 206-296-4774. The health department will only cover the cost of rabies post-exposure treatment when the patient has no funds or insurance and has sustained an exposure likely to transmit rabies. Patients covered by a preferred provider or HMO insurance arrangement should always obtain the treatment through their plan provider. These plans should have a system in place for handling these situations.

Thanks to Marilyn Christensen, RS, DVM for contributing this article.

CDC Course

The high incidence of influenza, pneumococcal disease, and hepatitis B infection emphasizes the unmet immunization needs of adults. To address this problem, the CDC is presenting a satellite course, "Vaccinating Adults: The Technical Issues", on June 4, 1998 from 9 am to 11:30 am at South Seattle Community College. This course will present an in-depth discussion of the vaccines for these diseases. Vaccine indications, contraindications, and adverse reactions will be covered in detail. In addition, the most recent

recommendations for immunization of health care workers will be discussed.

William L. Atkinson, MD, MPH and Sharon G. Humiston, MD, MPH, medical epidemiologists with the National Immunization Program of the U.S. Centers for Disease Control and Prevention will teach the course. *This program is intended for all health care providers who administer immunizations and counsel their adult clients about immunization.*

CMEs/CEUs will be offered for a variety of professions based on 2.5 hours of instruction. Course fee, payable in advance, is \$5.00. **Registration deadline is May 29, 1998.** For registration information, call Amy Patton, SKCDPH Administrative Specialist: (206) 205-5803.

To Report: (area code 206)
AIDS296-4645
Tuberculosis296-4747
STDs.....731-3954
Communicable Disease 296-4774
24-hr Report Line.....296-4782
Disease Alert:
CD Hotline296-4949
After hours682-7321
<http://www.metrokc.gov/health/>

REPORTED CASES OF SELECTED DISEASES SEATTLE-KING COUNTY 1998

	CASES REPORTED IN APRIL		CASES REPORTED THROUGH APRIL	
	1998	1997	1998	1997
VACCINE-PREVENTABLE DISEASES				
Mumps	0	3	0	3
Measles	0	0	0	0
Pertussis	8	20	56	90
Rubella	0	0	0	0
SEXUALLY TRANSMITTED DISEASES				
Syphilis	9	1	12	3
Gonorrhea	98	63	343	263
Chlamydial infections	302	288	1124	1045
Herpes, genital	58	51	240	210
Pelvic Inflammatory Disease	25	26	137	140
Syphilis, late	0	5	9	13
ENTERIC DISEASES				
Giardiasis	20	18	60	66
Salmonellosis	12	16	37	58
Shigellosis	8	5	28	30
Campylobacteriosis	9	18	62	76
E.coli O157:H7	0	4	1	7
HEPATITIS				
Hepatitis A	53	35	226	146
Hepatitis B	4	5	25	14
Hepatitis C/non-A, non-B	0	0	1	1
AIDS	19	34	105	125
TUBERCULOSIS	12	12	31	39
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae	0	0	0	1
Meningococcal disease	0	2	8	9