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PSP Outbreak

On October 22, 1998, the Seattle-King County Department of Public Health (SKCDPH) received two reports of Paralytic Shellfish Poisoning (PSP) in unrelated individuals after consuming commercially harvested mussels purchased on October 21 at a local retail seafood establishment. Five individuals in two families became ill and one was hospitalized.

An investigation by the SKCDPH found that no additional individuals besides members of these two families consumed the implicated mussels. The product tested positive (well above the action level which can induce illness) for PSP toxin by the Washington State Department of Health Laboratory, and the remaining product was destroyed. Few mussels were harvested and none were shipped out of state. During the environmental investigation by Washington State Shellfish Program, commercially harvested clams from the same waters as the mussels were found to be positive for PSP and a mandatory recall was enacted. Clams that were potentially contaminated were distributed to four Seattle area restaurants and two of the establishments served the clams to an unknown number of individuals. These clams also tested positive and were destroyed. However, no further reports of illness were received. Shipments of clams from the same lot sent to two other states were identified and destroyed before any consumption occurred.

The onset of PSP is rapid, usually within an hour of consuming contaminated shellfish. Symptoms of PSP include perioral and peripheral paraesthesias, ataxia, giddiness, drowsiness, dry throat and skin, incoherent speech, aphasia, and peripheral or respiratory paralysis. Rash and fever may also occur. Death is due to respiratory paralysis and usually occurs within the first 24 hours. If the patient survives the first 24-hour period, the prognosis for a complete recovery is good and symptoms resolve over several days. Treatment is supportive and no antidote exists for PSP. When a patient presents with symptoms suggestive of PSP or other shellfish poisoning, it is important to get a detailed history including where and when shellfish were purchased or consumed so that potential ongoing sources of contaminated shellfish can be investigated promptly. With the aid of the health care providers who promptly reported this outbreak, this potentially fatal outbreak was effectively curtailed.

HCV Guidelines

The Seattle-King County Department of Public Health (SKCDPH) Communicable Disease Epidemiology Unit has developed guidelines for screening and counseling persons for Hepatitis C Virus (HCV) infection. These guidelines are currently in the review process and should be available at SKCDPH sites before the end of 1998. An increased awareness and concern regarding HCV has led to the need for explicit recommendations defining who is at high-risk and who should be screened for HCV infection.

One reason for the heightened awareness of HCV is the national undertaking by blood banks to notify all persons who have received blood from a donor who subsequently tested positive for HCV infection. HCV infection has also gained notoriety for causing a large proportion (40%) of chronic liver disease in the U.S., and being the most frequent indicator of adult liver transplantation.

The SKCDPH HCV guidelines are based on recommendations recently published by the Centers for Disease Control and Prevention (CDC). [Recommendations for prevention and control of hepatitis C virus and HCV-related chronic disease. MMWR 1998; 47(RR-19):1-39]. This document is available from CDC's website (www.cdc.gov). CDC recommends routine HCV testing for persons at high-risk for HCV infection including those who: have ever injected illegal drugs; have received clotting factor prior to 1987; who received blood, blood components, or a solid organ transplant prior to 1992 or were notified that they received blood from a donor who later tested positive for HCV infection; are chronic hemodialysis patients; have persistently abnormal alanine aminotransferase levels; are children born to HCV-infected mothers; and who are workers with a history of needle-stick or mucosal exposure to HCV-infected blood.

SKCDPH will perform HCV testing for persons with high-risk status *and who do not have another source of primary care*. Persons notified in writing by Puget Sound Blood Center (PSBC) of the need for HCV testing secondary to past blood or blood component transfusion will be eligible for screening and counseling at PSBC. Consistent with CDC recommendations, SKCDPH will not offer HCV testing to persons at low-risk for HCV infection including pregnant women, household contacts of HCV-infected persons, and healthcare, medical, and public workers without any other identifiable risk factors nor to persons whose risk is indeterminate, such as intranasal cocaine and other non-injecting illegal drug users, long-term steady sex partners of HCV-infected persons, persons with multiple sex partners, persons with past body tattoing or piercing, and recipients of transplanted tissue. Although these persons may be at some risk for HCV infection, their risk is not thought to be sufficient enough to warrant routine testing at this time. Testing for persons concerned about HCV infection who are not at high risk can be obtained through private primary care providers in the community.

Because HCV causes a slowly progressive infection over 10 to 20 years or longer, testing for HCV is not urgent and will be done in scheduled appointments with

primary care clinics or in the SKCDPH AIDS Prevention Unit. Persons tested for HCV infection at SKCDPH clinics will receive counseling on risk reduction including cessation of injection drug use, treatment options, the need to protect the liver through vaccination against hepatitis A and B and alcohol avoidance and referral for specialty consultation, if indicated. Questions on HCV or the SKCDPH HCV guidelines should be directed to Shelly McKeirnan, MPH, Communicable Disease Epidemiology Unit, (206) 296-4717.

Notifiable Conditions

Public health surveillance is the ongoing and systematic collection, analysis, and interpretation of health data. Public health agencies use surveillance data to describe and monitor health events in their jurisdiction, and to assist in the planning, implementation, and evaluation of public health interventions and programs. The data are used most directly at the local level for controlling the spread of diseases when possible and necessary. Such actions include treatment of patients, prophylaxis of contacts, and the investigation and control of outbreaks. At the state and national level, broader patterns of these conditions are assessed, such as historical trends and geographic clustering, and appropriate actions are taken (e.g., outbreak investigation, policy development, program evaluation.)

Notifiable conditions reporting is a special form of surveillance in which physicians, laboratories, and other health care providers are required by law to report the occurrence of selected health events to the local or state health department. Due to the burden of reporting, only select diseases/ conditions should be monitored through direct notification. The reporting of these conditions, however, is critical to the practice of public health.

It is important that lists of notifiable conditions undergo periodic revision. The scope of public health practice is expanding to include new infectious diseases (e.g., Hantavirus Pulmonary Syndrome, cyclosporiasis, hepatitis C), several noninfectious disease processes, injuries, and violence. In addition, the epidemiology of specific conditions and available public health interventions are changing. Thus, additions and deletions to the notifiable conditions list are necessary to ensure continued usefulness of the surveillance system. In 1997, the Washington State Department of Health (DOH) began a comprehensive evaluation and revision of the notifiable conditions regulation.

As an initial step of the revision process, a diverse work group (consisting of medical professionals and staff from DOH and representatives from local health jurisdictions, the Department of Labor and Industries, and clinical laboratories) used a set of 12 criteria to prioritize conditions for reporting. The group developed a draft list of notifiable conditions.

Guiding principles driving the revision process are to ensure: 1) data on all notifiable conditions are actually needed and are used, and 2) different categories of reporters are treated fairly in the development of the revised system. The goals are to maximize the benefits of surveillance while minimizing the burdens and costs of conducting surveillance activities. DOH is working with various health care provider professional associations and individual providers to share information and obtain specific input. To obtain general information about the notifiable conditions revision project or to provide comments, please contact Greg Smith at (360) 236-3704 or by electronic mail at gts0303@doh.wa.gov, or visit the Notifiable Conditions Revision web site at http://www.doh.wa.gov/os/policy/nc.htm.

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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 OCTOBER		CASES REPORTED THROUGH OCTOBER	
	1998	1997	1998	1997
VACCINE-PREVENTABLE DISEASES				
Mumps	0	0	2	4
Measles	0	0	0	1
Pertussis	7	29	133	180
Rubella	0	0	1	1
SEXUALLY TRANSMITTED DISEASES				
Syphilis	1	0	31	5
Gonorrhea	72	112	840	753
Chlamydial infections	258	335	2942	2564
Herpes, genital	32	68	549	569
Pelvic Inflammatory Disease	12	31	196	253
Syphilis, late	0	5	26	37
ENTERIC DISEASES				
Giardiasis	38	39	225	230
Salmonellosis	19	26	185	202
Shigellosis	5	7	81	89
Campylobacteriosis	19	28	202	285
E.coli O157:H7	3	4	32	39
HEPATITIS				
Hepatitis A	21	29	369	380
Hepatitis B	4	5	45	35
Hepatitis C/non-A, non-B	1	0	2	2
AIDS	17	18	211	266
TUBERCULOSIS	11	7	93	107
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae	0	0	1	1
Meningococcal disease	0	1	12	17