EPI-LOG

Communicable Disease and Epidemiology News
Published continuously since 1961
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Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
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Return Services Requested

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Introducing Norovirus

Norovirus is now the official name for the group of viruses previously called Norwalk-like viruses from the family *Caliciviridae.* These viruses cause acute gastroenteritis (AGE) in humans, which is characterized by nausea, vomiting, diarrhea and abdominal cramps, and can include low-grade fever, chills, headache, muscle aches and lethargy. Children often experience more vomiting than adults, but most persons typically have both vomiting and diarrhea. The incubation period is 24 to 48 hours. Symptoms usually start abruptly and last only one to two days, however some people may take up to a week to completely recover. Elderly people, children, and the immunocompromised can become severely dehydrated, requiring significant fluid and electrolyte replacement.

Because the infective dose (the number of organisms needed to cause disease) is very low in Norovirus infection, the disease is easily spread person-to-person. The virus is present in the feces and vomitus of an infected person, and transmission occurs primarily through the spread of the virus on hands, toys, bathroom surfaces and contaminated food, etc. There is some evidence that Norovirus may also be transmitted via aerosolized vomitus to persons caring for, or cleaning up after acutely ill persons. Infected persons may remain infectious for up to one month after onset of symptoms. There are many different strains of norovirus, so people can develop illness repeatedly when exposed to different strains of the virus. Treatment typically consists of supportive care, primarily fluid and electrolyte replacement.

Laboratory testing for noroviruses is not routinely performed and is not available at most commercial laboratories. For epidemiologic purposes, such as confirming the cause of large outbreaks, testing of feces and vomitus for noroviruses by reverse transcriptase polymerase chain reaction (RT-PCR) is available at the Washington State Department of Health Laboratory with prior approval through Public Health-Seattle & King County.

Good hygiene, especially handwashing after using the bathroom, after changing diapers, and before preparing food is the best way to prevent the spread of noroviruses and other types of AGE of infectious etiology. Other methods of prevention include:

1. Thoroughly cleaning surfaces contaminated by feces or vomitus immediately, and disinfecting with a 10% bleach and water solution.
2. Immediately removing contaminated clothing or linens after an episode of illness and washing with hot water and soap.
3. Discarding any vomitus or stool in the toilet and making sure that the surrounding area is kept clean.
4. Excluding foodhandlers and healthcare workers with symptoms of acute gastroenteritis from work for at least one day following cessation of the acute symptoms.

There have been a number of outbreaks of norovirus infection in the past year, both locally and nationally. Recent laboratory-confirmed outbreaks in King County have occurred at nursing homes, daycare centers and among hospital staff. For more information about testing specimens for noroviruses in the setting of an outbreak, contact Public Health-Seattle & King County at 206-296-4774. For summary articles on recent outbreaks nationwide, and general information on norovirus infection, go to:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5203a1.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5149a2.htm
http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm

Smallpox Vaccination Plan: Update and Information on Reporting Adverse Events

The first Public Health Smallpox Team members are being immunized this month, and hospital-based Smallpox Health Care Teams are expected to be immunized beginning in March. All clinically significant adverse events occurring after smallpox vaccination, as well as adverse events occurring in persons following close contact with a smallox vaccine recipient must be reported to Public Health within 24 hours. In addition, all life threatening or unexpected adverse events which require expert consultation or IND therapeutics (VIG or cidofavir) should be reported immediately by phone to Public Health. In either situation, call (206) 296-4774 (day or night) to report these adverse reactions. Our staff will assist in making the required Vaccine Adverse Event Reporting System (VAERS) report when indicated.

CDC also has a Clinician Information Line, which can be reached by calling (877) 554-4625. This line is staffed by nurses, 24 hours a day, 7 days a week. The CDC information line is a source for general smallpox clinical adverse event information and for assistance with adverse event reporting. If necessary, callers to this line will be connected to CDC's Smallpox Vaccine Adverse Events Clinical Consultation Team, whose members are experts in

infectious diseases, ophthalmology, and neurology, and have back-up from smallpox/vaccinia disease experts.

We recommend that health care providers review the following resources on recognition and management of smallpox vaccine adverse events that have been recently made available by CDC for health care professionals.

- January 24, 2003 Vol. 52 / MMWR Dispatch: Smallpox Vaccination and Adverse Reactions, available at: **http://www.cdc.gov/mmwr/mmwr_dispatch.html**
- Smallpox Vaccination Overview for Clinicians: A Guide to Resources on the CDC Website, available at: **http://www.bt.cdc.gov/agent/smallpox/vaccination/clinicians.asp#ae**
- Notice to Readers: Smallpox Vaccine Adverse Events Monitoring and Response System for the First Stage of the Smallpox Vaccination Program, available at: **http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5205a5.htm**

An Increase in Community-Acquired Methicillin-Resistant *Staphlococcus aureus* (MRSA) Infections in California

Recent reports have described an increase in MRSA infections in California. According to the reports, outbreaks of MRSA skin infections are occurring among men who have sex with men (MSM) in Los Angeles and San Francisco, while a simultaneous outbreak has been ongoing in the Los Angeles jail system. Details of the outbreaks have not been published. Health care providers should be aware of the potential for community-acquired MRSA infection among persons with skin and soft tissue infections.

The extent of "community acquired" MRSA infection in the U.S. is not known. Published reports document low but detectable rates of colonization with MRSA in the community, from less than 1% to approximately 7%. Cases of community-acquired MRSA among injection-drug users and persons with no apparent risk factors have been reported in King County previously.

MRSA infections among hospitalized patients in the U.S. have been increasing since the 1970s and represent a large proportion of S. aureus isolates causing infections in hospitals nationwide. Typical risk factors for community acquired MRSA include recent hospitalization or other contact with the health care system, surgery, residency in along term care facility, or use of injection drugs.

Because of the apparent increase in MRSA among discrete populations in California, health care providers in King County are requested to:

- Consider MRSA infection when evaluating and treating persons with community-acquired skin and soft tissue infections, including MSM and other persons with and without the usual MRSA risk factors.
- Obtain bacterial cultures and antimicrobial sensitivity testing in suspicious cases.
- Clinicians, hospital epidemiologists, and microbiology laboratory personnel are requested to report to Public Health at 206-296-4774 increases in and unusual clinical manifestations of community acquired MRSA infections among persons with no apparent risk factors.

Additional information on MRSA for patients and physicians is available from CDC at: **www.cdc.gov/ncidod/hip/ARESIST/mrsafaq.htm**

HIV Numbers Now Included in Disease Table

Previous editions of the *EPI-LOG* listed the number of AIDS cases reported each month in King County. Starting this month, we will now present the total number of new HIV cases, and AIDS cases which were not previously reported as HIV. Therefore, a person reported with HIV infection will not be counted a second time if they progress to AIDS. This change was made to better monitor the entire spectrum of HIV disease, now that effective treatments delay or prevent progression to AIDS. Additional statistical information on AIDS and HIV Disease can be found on the Seattle & King County Public Health website at: **http://www.metrokc.gov/health/apu/epi/**

Disease Reporting

AIDS/HIV .....(206) 296-4645
STDs.....(206) 731-3954
TB .....(206) 731-4579
Other Communicable Diseases..... .....(206) 296-4774
Automated 24-hr reporting line for conditions not immediately notifiable .....(206) 296-4782

Hotlines:

Communicable Disease..... .....(206) 296-4949
HIV/STD .....(206) 205-STDS

***EPI-LOG* Online (including past issues): www.metrokc.gov/health/providers**

Reported Cases of Selected Diseases, Seattle & King County 2003

	Cases Reported in January		Cases Reported Through January	
	2003	2002	2003	2002
Campylobacteriosis	16	24	16	24
Cryptosporidiosis	2	3	2	3
Chlamydial infections	368	320	368	320
Enterohemorrhagic *E. coli* (non-O157)	0	0	0	0
***E. coli* O157: H7**	4	1	4	1
Giardiasis	13	24	13	24
Gonorrhea	129	118	129	118
***Haemophilus influenzae* (cases <6 years of age)**	0	0	0	0
Hepatitis A	2	7	2	7
Hepatitis B (acute)	3	1	3	1
Hepatitis B (chronic)	54	29	54	29
Hepatitis C (acute)	0	3	0	3
Hepatitis C (chronic, confirmed/probable)	116	157	116	157
Hepatitis C (chronic, possible)	28	63	28	63
Herpes, genital (primary)	60	58	60	58
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	36	55	36	55
Measles	0	0	0	0
Meningococcal Disease	1	3	1	3
Mumps	0	0	0	0
Pertussis	16	5	16	5
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	24	9	24	9
Shigellosis	8	2	8	2
Syphilis	2	5	2	5
Syphilis, congenital	0	0	0	0
Syphilis, late	2	2	2	2
Tuberculosis	10	8	10	8

The *Epi-Log* is available in alternate formats upon request.

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