



PH Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
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Communicable Disease and Epidemiology News

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Outbreak of *S. Enteritidis* Associated with Travel to Dallas, Texas

Public Health-Seattle and King County, in conjunction with Texas Department of Health and Centers for Disease Control and Prevention (CDC), is investigating three confirmed and a number of additional suspect cases of *Salmonella* Enteritidis among attendees of conferences at a hotel in Dallas, Texas. Original reports of illness were associated with conferences held at a hotel in Dallas during the week of March 17 to 24, 2002. However, illness has been reported in attendees of conferences held at the Dallas hotel as late as April 12th. At least 10 states have reported cases associated with conferences at the hotel.

If you are caring for persons with diarrheal illness, please inquire about a travel history to Dallas during March or April. As always, and to assist the ongoing investigation, please report suspect cases promptly. For questions, or to report a case of salmonellosis, contact Shelly McKeirnan at (206) 296-4717.

Year-Round Sentinel Influenza Surveillance

This is the second year that Public Health-Seattle & King County will continue to monitor influenza activity on a year-round basis. Sentinel surveillance health care providers will continue to submit specimens of respiratory tract secretions for influenza culture for persons meeting a clinical case definition of influenza-like illness (ILI: fever >100^oF and cough or sore throat). Specimens will be tested by the Public Health-Seattle & King County Laboratory in order to detect influenza activity and outbreaks outside of the usual "flu season" and provide an early warning system in the event of the appearance of a pandemic strain of influenza.

We are looking to recruit additional sentinel surveillance participants to conduct year-round influenza surveillance.

Good candidates for sentinel physicians would:

1. See patients of varying ages.
2. Be able to see patients soon (within one day) after the onset of an illness (collection of specimens early in influenza illness is essential to diagnosis).

If you are interested in being a year-round influenza sentinel surveillance participant, please call (206) 205-3053.

CDC Satellite Course: The Immunization Encounter: Critical Issues

Mark your calendars: On **Thursday, June 27th, 9:00 am–11:30 am**, the CDC's National Immunization Program will be providing a course for immunization clinic managers and staff who administer vaccines (RNs, MAs, NPs, PAs, etc.).

"*The Immunization Encounter: Critical Issues*" will address topics related to a routine immunization clinic day, exemplifying best practice standards for patient intake/screening, vaccine administration, vaccine management, documentation, vaccine adverse events management and reporting, and resources for staff orientation and development.

The program will be held at the Region X Public Health Service office in Seattle. For more information, contact Tiffany Acayan at 206-205-5812.

Campylobacteriosis Outbreak Associated with a Fondue Dinner

During March 2002, Public Health - Seattle & King County initiated an investigation of a *Campylobacter jejuni* outbreak at a ski resort restaurant in British Columbia associated with a common fondue dinner. This report reviews the epidemiology of campylobacteriosis and potential hazards associated with fondue-style dining where raw meat products are handled at the table.

Campylobacter jejuni is a gram-negative bacterium that causes gastrointestinal symptoms of diarrhea, stomach cramps, fever, nausea, or vomiting typically within 2-5 days of ingestion. Guillain-Barre syndrome is now recognized as a post-infection complication (incidence <1/1000) of *C. jejuni* infection. Although most *C. jejuni* infections do not require antibiotic treatment, quinolone-resistance is not uncommon in infections acquired by travelers, and has also been described in U.S. cases. The extensive use of quinolones in the poultry industry has been suggested as the cause resistant *Campylobacter* infections.

Though campylobacteriosis is most commonly associated with raw chicken, contaminated water and unpasteurized milk, other risk factors include contact with farm animals, swine, puppies, kittens, birds and other pets. According to the CDC, a single drop of raw chicken juice could cause infection by *Campylobacter*.

Approximately 300 campylobacteriosis cases are reported in King County residents and over 10,000 cases nationally are reported to the Centers for Disease Control and Prevention each year, making it the most commonly reported food-borne infection in the U.S. Most infections occur in children under 5 years old and young adults in their twenties. Immunocompromised individuals are at increased risk for infection. Contamination of cutting surfaces and cooking utensils, and bare-hand contact with raw poultry are common modes of transmission.

Fondue-style dining is a popular group event that presents potential food safety hazards. Often, fondue is served with raw meat, such as chicken or beef, and prepared by the

consumer. The meat is dipped into hot oil and either consumed directly or placed on a serving plate. Raw meat may be presented to the consumer on the same platter as raw vegetables leading to potential contamination of the vegetables that may not be adequately cooked. Cross contamination of utensils or self-inoculation with contaminated juices from raw meat may occur. Cheese fondue may also be hazardous if raw vegetables are not washed prior to use. When groups share a common fondue pot, the oil temperature decreases substantially as meat is placed in the pot; therefore, the amount of time necessary to adequately cook any meat product in the fondue pot may be lengthened. Chicken should be cooked to a minimum internal temperature of 165° F.

Prevention tips:

1. Wash hands well with soap and water after using the toilet and always before cooking and eating.
2. Thoroughly wash surfaces after cutting raw chicken or use a separate cutting board for meat and vegetables or fruit.
3. When cooking with a fondue pot, thoroughly cook meat products, particularly chicken.
4. Wash vegetables and fruit prior to cutting and eating.
5. Utilize separate cooking utensils and plates for raw and cooked fondue products.
6. Minimize direct bare-hand contact with raw meat and wash hands thoroughly after handling raw meat and before touching other foods, utensils, your mouth or face.
7. Do not allow children to handle raw chicken and thoroughly wash surfaces where they may come in contact with contaminated surfaces, such as a cutting board, plates, utensils, and sinks.
8. Keep raw poultry, vegetables and fruit separate.

Antibiotic treatment for campylobacteriosis is not always necessary but may be indicated if the infection is prolonged or severe. Obtaining stool cultures for bacterial enteric pathogens will allow identification of diseases of public health importance and provide isolates for antimicrobial susceptibility testing. Although laboratories are not required to submit *Campylobacter* isolates to Public Health, we highly encourage antibiotic resistance testing for all *Campylobacter* isolates. For more information, please visit our website at:
<http://www.metrokc.gov/health/prevcont/campyl.htm>

From the Epi-Log Archives...

In the process of reviewing archived issues of the Epi-Log we have found several articles that may be of interest to readers. We will revisit selected pieces with current relevance intermittently. This article, from the October 1969 Epi-Log is a reminder of the value, and success, of routine childhood immunizations:

Diphtheria Death Recorded

A 56 year old man, a resident of the Skid Road section of Seattle, who apparently subsisted largely on alcohol, was admitted to hospital in a coma. While being treated in the Intensive Care Unit, a diphtheritic-looking membrane was aspirated from the throat. *C. diphtheriae*, virulent for guinea pigs, were isolated from this membrane. The patient subsequently died. This case represents the fourth instance of diphtheria (the sixth case) among the Skid Road denizens since March 1968. In an attempt to eradicate this reservoir, Health Department personnel have offered diphtheria toxoid to City Jail prisoners on the premise that, sooner or later, practically all of the estimated 3,000 persons on Skid Road would pass through the jail. Since April, approximately 1,000 individuals have received immunizations. In addition

Disease Reporting

- AIDS..... (206) 296-4645
- Communicable Disease..... (206) 296-4774
- STDs..... (206) 731-3954
- Tuberculosis..... (206) 731-4579
- 24-hr Report Line (206) 296-4782

Hotlines:

- CD Hotline..... (206) 296-4949
- HIV/STD Hotline..... (206) 205-STD5

Past issues of the Epi-log can be found at:
www.metrokc.gov/health/providers

Reported Cases of Selected Diseases, Seattle & King County 2002

	Cases Reported in March		Cases Reported through March	
	2002	2001	2002	2001
AIDS	44	18	90	99
Campylobacteriosis	22	19	61	65
Cryptosporidiosis	0	1	4	5
Chlamydial infections	353	317	1051	988
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	0	0	3
<i>E. coli</i> O157: H7	2	1	3	3
Giardiasis	10	10	47	36
Gonorrhea	108	130	365	397
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	0	0
Hepatitis A	4	2	15	5
Hepatitis B (acute)	1	4	6	8
Hepatitis B (chronic)	36	65	103	129
Hepatitis C (acute)	1	1	4	3
Hepatitis C (chronic, confirmed/probable)	97	153	396	358
Hepatitis C (chronic, possible)	38	71	137	124
Herpes, genital	35	64	158	195
Measles	0	1	0	12
Meningococcal Disease	5	1	9	4
Mumps	0	0	0	0
Pertussis	9	1	21	2
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	9	18	28	55
Shigellosis	5	5	13	17
Syphilis	5	2	13	19
Syphilis, congenital	0	0	0	0
Syphilis, late	5	2	9	7
Tuberculosis	20	4	32	18

Alternate formats available upon request.