



**Communicable Disease and Epidemiology News**

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**August 2002**

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**Rabies Risk and International Travel**

In June 2002, ten students and two teachers from a King County middle school spent two weeks in Ecuador, primarily in rural areas. Shortly after returning home, two members of the group were reported to Public Health with enteric infections. During routine investigation of the enteric illnesses, Public Health learned that, while staying at a resort in Ecuador, the students had also had direct contact with a coatimundi, a wild mammal in the raccoon family.

All members of the group were contacted; four of the students reported direct contact with the coatimundi, resulting in either a bite or scratch. At the time, resort staff told the group that no medical follow-up was needed because the animal was a domesticated pet, and it was "current on all its shots". Although kept as a pet by the resort, the coatimundi is a wild animal species and there is no rabies vaccine licensed for such animals. Ecuador, like many areas of the developing world, is highly endemic for rabies. Additionally, the signs and symptoms of rabies in wildlife are not clear-cut, and a healthy-appearing wild animal can still expose humans to rabies. The incubation period for rabies in wild animals has not been established, so quarantine of a wild animal for a known time period, as is done with dogs, is not helpful in determining the need for rabies post-exposure prophylaxis (PEP).

According to the Centers for Disease Control and Prevention (CDC), rabies PEP is recommended for a bite from a wild animal, unless the animal has been euthanized and the brain tests negative for rabies. Rabies PEP may be considered for lower-risk exposures, such as a scratch from a wild animal, on a case-by-case basis. The benefits and risks of rabies PEP were discussed with the four persons reporting bite or scratch exposures; all four elected to initiate rabies PEP.

In many areas of the world rabies remains highly endemic. All travelers to developing countries should be warned about the risk of exposure to rabies, told to avoid contact with all animals, and advised to seek immediate medical evaluation if a bite or scratch exposure occurs. Additionally, all

travelers should be instructed to reduce the risk of rabies after a bite or scratch by immediately and thoroughly washing the wound with soap and water. The need for tetanus prophylaxis and other wound management following a bite exposure should also be evaluated. Although rabies vaccination is not required in order to enter developing countries, pre-exposure vaccination may be recommended for persons who will be: 1) visiting remote areas where medical care is difficult to obtain or may be delayed, or 2) staying longer than one month in an area where dog rabies is common. To report an animal bite to Public Health, call (206) 296-4774 or the 24-hour hotline at (206) 296-4782. If you have questions about rabies PEP or reporting animal bites, contact Eric Winder at (206) 205-3053. For more information about rabies PEP, go to the following sites and select "rabies": <http://www.metrokc.gov/health/prevcont/>, or <http://www.cdc.gov/health/default.htm>

**Exotic Lizard Threatens Childcare Center!**

Public Health recently investigated a case of *Salmonella* serotype III 47:k:z53 (an extremely rare serotype) in a 2-year old child. The child attended a childcare center which cares for 24 children under the age of five. The center also houses a Sudan Plated Lizard, a reptile typically found in southeast Africa and Madagascar.

The owner of the childcare program reported that none of the children were allowed to handle or otherwise have direct contact with the lizard. The lizard's terrarium was in the main building of the facility, where the children congregated at the beginning and end of the day and where some play activities are conducted. Although the lizard was not allowed to roam free, the lizard's feeding bowls and other equipment were cleaned in the main bathroom.

The reptile and its terrarium were cultured, and *Salmonella*, serotype III 47:k:z53, matching the child's strain, was isolated. No other staff or children were reported with a diarrheal illness during the investigation. The owner of the childcare program removed the reptile, in accordance with our recommendations.

The CDC and Public Health-Seattle & King County specifically recommend that reptiles not be kept in childcare facilities. Health care providers and public health personnel should consistently question cases with salmonellosis about both direct and indirect contact with reptiles in the home, at childcare programs, and at petting zoos. Education of childcare staff regarding the risks of reptile-associated salmonellosis should be a priority, with the goal of removing reptiles and other high-risk pets from these facilities.

### Join the Jade Ribbon Campaign to Fight Hepatitis B and Liver Cancer

“The greatest single health disparity between Asian Americans and white Americans is liver cancer,” says Samuel So, MD, director of the Asian Liver Center at Stanford University. “The incidence of liver cancer in men is seven to 13 times higher in Asian and Pacific Islander Americans than in white Americans.” This disparity in liver cancer rates is tied to the disproportionately high rate of Hepatitis B infection within Asian and Pacific Islander (API) communities.

While the incidence of chronic Hepatitis B among most Americans is 1 in 200, the incidence is 1 in 10 within API communities. More than half of the 1.25 million people with chronic Hepatitis B in the United States are Asian Americans, and one in four people with chronic Hepatitis B will eventually die of chronic liver failure or liver cancer.

The Asian Liver Center developed the Jade Ribbon Campaign to address this health disparity. The campaign is an initiative to build awareness in the API and healthcare communities in an effort to reduce the incidence of chronic hepatitis B and liver cancer in this high-risk group. The campaign chose the Jade Ribbon as the emblem for the campaign because in many Asian cultures, jade represents the essence of heaven and earth and is believed to bring good luck and longevity while deflecting negativity.

The mission of the Jade Ribbon campaign is to increase awareness of hepatitis B and to urge Asians and Pacific Islanders to:

- Get tested for hepatitis B
- If seronegative, get vaccinated against hepatitis B. Children should be routinely vaccinated against hepatitis B.
- Get screened for liver cancer. Individuals who are HBsAG positive for hepatitis B should be regularly screened for liver cancer beginning at age 30.
- Discuss treatment for hepatitis B with a health care provider. There is no cure, but early antiviral treatment can reduce the risk of further liver damage

Help bring the Jade Ribbon Campaign to Washington State! What can you do? Join the Asian Pacific Islander Task Force on Hepatitis B, display a poster in waiting areas, distribute brochures in the community, and wear a Jade Ribbon to help raise awareness about Hepatitis B, and its deadly impact within API communities. For more information, please contact Katy Burchett, Hepatitis B Coordinator with the Healthy Mothers, Healthy Babies Coalition of Washington State at (206) 830-5156, or e-mail her at: [KatyB@hmhbwa.org](mailto:KatyB@hmhbwa.org).

<b>Disease Reporting</b>	
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
<b>Hotlines:</b>	
Communicable Disease .....	(206) 296-4949
HIV/STD .....	(206) 205-STD5
<b>EPI-LOG Online (including past issues):</b>	
<a href="http://www.metrokc.gov/health/providers">www.metrokc.gov/health/providers</a>	

<b>Reported Cases of Selected Diseases, Seattle &amp; King County 2002</b>				
	Cases Reported in July		Cases Reported through July	
	2002	2001	2002	2001
AIDS	20	23	176	207
Campylobacteriosis	31	26	141	150
Cryptosporidiosis	1	2	8	13
Chlamydial infections	368	329	2502	2433
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	0	0	3
<i>E. coli</i> O157: H7	3	6	8	14
Giardiasis	10	13	77	108
Gonorrhea	114	133	837	870
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	0	0
Hepatitis A	1	2	24	11
Hepatitis B (acute)	3	3	17	24
Hepatitis B (chronic)	37	37	294	307
Hepatitis C (acute)	1	0	8	8
Hepatitis C (chronic, confirmed/probable)	98	153	938	841
Hepatitis C (chronic, possible)	47	42	310	309
Herpes, genital	50	65	395	439
Measles	0	0	0	12
Meningococcal Disease	3	0	15	6
Mumps	0	0	0	1
Pertussis	7	1	64	17
Rubella	0	0	2	0
Rubella, congenital	0	0	0	0
Salmonellosis	31	25	118	148
Shigellosis	5	19	32	61
Syphilis	2	2	21	34
Syphilis, congenital	0	0	0	0
Syphilis, late	3	5	23	26
Tuberculosis	15	6	87	67

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