

# MONTANA LABORATORY SENTINEL

Update from the MT Laboratory Services Bureau (800) 821-7284 [www.lab.hhs.mt.gov](http://www.lab.hhs.mt.gov)

## Help Us Track RSV Activity

Respiratory Syncytial Virus (RSV) is the most common cause of bronchiolitis and pneumonia among infants and children under 1 year of age. Each year, 75,000 to 125,000 children in this age group are hospitalized due to RSV infection.

There is not yet a vaccine to protect against RSV. However, for children at high risk for serious disease, monthly shots of a drug called palivizumab, a monoclonal antibody, can help prevent serious illness during RSV season. It is administered intramuscularly prior to commencement of RSV season and administered monthly throughout the RSV season.

In the United States, RSV infections typically occur during late fall, winter, and early spring, but there is variation between regions and between communities in the same region. In order to better understand when RSV is circulating in Montana, there are now specific laboratory reporting rules regarding RSV testing. These rules can be found in the revised Communicable Disease Rules which went into effect in June 2013. Rule 37.114.204(6) states that a laboratory that performs testing for RSV must submit to MT DPHHS on a weekly basis, October 1 through June 1, a summary of the total number of RSV-specific antigen direct detection tests performed, the number of positive tests for each type, and the testing method (rapid or molecular testing) used for each specimen result. These results are to be submitted on a form provided by MT DPHHS.

MT DPHHS is in the process of developing an on-line RSV reporting tool, as well as graphic representation of each week's data. As such, we are soliciting contact information from all the laboratories in the state that perform rapid or molecular testing for RSV. **Please let us know by Friday, August 16, 2013** if you will be performing RSV testing in your laboratory this year, or if you know of other laboratories in your area that will be testing. You can either notify Crystal Poppler at 800-821-7284 ext. 0930, [cpoppler@mt.gov](mailto:cpoppler@mt.gov), or inform your local county health nurse during active surveillance calls.

## Proficiency Testing Survey

CDC and APHL have or will soon be inviting you to complete a survey, which will help them to understand how laboratories throughout the United States use proficiency testing (PT) beyond meeting requirements and how you perceive its value. The survey invitation will be accompanied by a letter, an excerpt of which is posted below. Please consider taking a few moments to assist with this project to ensure Montana is represented.

The Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC) invite you or the person directly responsible for the oversight of proficiency testing (PT) in your laboratory to participate in an important survey about PT. The results of the survey will help us to understand how PT is used by laboratories throughout the country. The survey requires a computer with Internet access and should take no more than 20 minutes of your time. To access the survey [enter www.surveymonkey.com/s/aphl](http://www.surveymonkey.com/s/aphl) into your browser. If you need a paper copy of the survey, please email [ptsurvey@aphl.org](mailto:ptsurvey@aphl.org).

**Win a free laboratory training course of your choice for your participation!**

- \$115 value
  - Hour-long recorded online course for you and your staff
- APHL trainings address relevant, contemporary issues in laboratory testing, and usually provide continuing education credits. Visit them at [www.aphl.org](http://www.aphl.org).

## Investigation of an Outbreak of Cyclosporiasis in the United States

The Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and State and local officials are investigating a multi-state outbreak of *Cyclospora* illnesses. As of August 7, 2013, CDC has been notified of 504 cases of *Cyclospora* infection from 16 states; Montana has no reported cases. Most of the illness onset dates have ranged from mid-June through early July, although there appears to be a case with onset of July 23.

Based on analysis of data from investigations in Nebraska and Iowa, and confirmed by CDC, *Cyclospora* infections in their states are linked to a pre-packaged salad mix. This product was supplied to restaurants only and is no longer available for consumption.

Testing for *Cyclospora* oocysts is not part of routine O&P testing, and must be specifically ordered. Both available methods require a concentrated stool specimen and are either a modified acid-fast stained smear or a wet mount examined by UV fluorescence microscopy. CDC encourages laboratories to obtain rapid confirmation of cases using tediagnosis, which is available through the Montana Public Health Laboratory.

For more information on *Cyclospora* microscopy, check out this 2-page [informational tool](#), written by Parasitology expert, Lynn Garcia and posted on our website.

## Montana Communicable Disease Weekly Update

Release date: 8/9/2013



### DISEASE INFORMATION

**Summary – MMWR Week 31 - Ending 8/3/2013** Preliminary disease reports received at DPHHS during the reporting period July 28 – August 3, 2013 included the following:

- **Vaccine Preventable Diseases:** Pertussis (9)
- **Invasive Diseases:** *Streptococcus pneumoniae*, invasive (1)
- **Enteric Diseases:** Campylobacteriosis (5), Cryptosporidiosis (2), Giardiasis (2), Salmonellosis (4), Shigellosis (3), Vibriosis (1)
- **HIV Disease\*\*:** (0)
- **Other Diseases:** Tularemia (1)
- **Animal Rabies:** (3, bat)
- **Travel Related Conditions:** (0)

\*\* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) communicable diseases YTD; (2) cases just this past reporting week; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

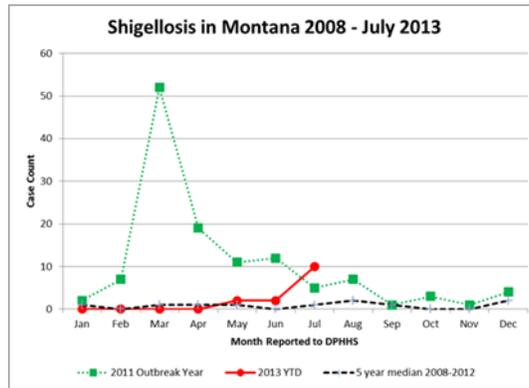
### HOT TOPICS

**2012 CDEpi Annual Report:** The 2012 Annual Report of Communicable Diseases in Montana is attached and is now available on our website: [MT Communicable Disease Epidemiology 2012 Annual Report](#)

Please feel free to share this report with local surveillance partners who are interested in learning more about communicable disease in Montana. This report reflects the ongoing efforts of local public health jurisdiction disease investigation and reporting. Thank you for your continued hard work!

**Shigella sonnei \*updated 8/9/13\*:** *Shigella sonnei* continues to circulate in Montana. The majority of cases have been reported in the southeastern region of Montana including: Yellowstone, Rosebud and Big Horn County; however, individual cases were reported in Lewis & Clark, Lincoln and Roosevelt County as well. To date, 14 confirmed cases of shigellosis have been reported in Montana, and two additional cases are pending MTPHL confirmation. The median number of shigellosis cases reported in Montana is about 11 cases annually.

Of the 12 confirmed cases associated with this cluster, ages range from 4-63 years with a median of 16 years. 50% of the cases are less than 13 years old and 50% are between 20 and 63 years old. Shigellosis is more common in younger children due to compromised hand washing hygiene and close person-to-person contact. However, recently reported cases were in the upper end of the previously defined age range.

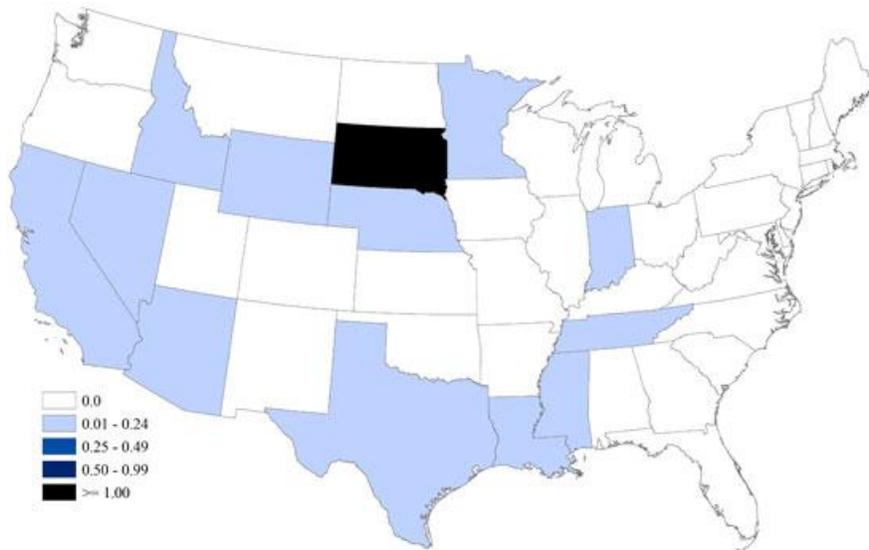


Epidemiologic investigations are in progress, but have not lead to any conclusions. Local and tribal health departments in the affected area are in communication with DPHHS and have notified providers in their area about the increase in cases. Testing specimens and interviewing of cases are tremendous tools for us to help identify the source and mitigate the spread of the disease. DPHHS is closely monitoring this cluster. The two PFGE patterns associated with this cluster are new and no nationwide matches have been identified. Neighboring states have not experienced an increase in shigellosis either.

If your jurisdiction is getting reports of shigella cases, please use the attached fact sheet (Thank you Cascade County) to raise awareness about the issue and educate providers and the public on shigellosis.

**West Nile Virus (WNV):** South Dakota is being hit pretty hard this year. Montana has yet to have a diagnosed case, but pools have now tested positive and as the map below indicates, human cases are being diagnosed in states around us. Attached is [guidance on how to interpret human serologic WNV lab results](#). This should help if questions arise.

### West Nile Virus Neuroinvasive Disease Incidence by State – United States, 2013 (as of August 6, 2013)



It has been five years since Montana has seen more than 10 cases in a given year, but in 2007 there were 202 cases. In 2010, South Dakota had two human cases. In 2011, they had 203. Texas was hit even worse going from 27 cases to over 1800 from 2010 to 2011. In 2012, there were 6 total human WNV cases. However, case counts have varied

tremendously, ranging from 0 (1999-2001, 2010) to 222 (2003) cases. It is likely only a matter of time until we start seeing human WNV activity. Be alert, take precautions and don't assume it isn't our problem. Please visit <http://www.cdc.gov/westnile/index.html> and [http://diseasemaps.usgs.gov/wnv\\_mt\\_mosquito.html](http://diseasemaps.usgs.gov/wnv_mt_mosquito.html) for additional WNV information.

The MT DPHHS West Nile Virus website has been updated ([DPHHS West Nile Virus](#)). Please visit and contact Joel Merriman, MT DPHHS WNV Coordinator, at 406-444-0274 if you have additional questions or concerns. Thank you.

**Rabies: Don't Touch Bats!!! Leave Them Alone!!! *We have had another situation*** where multiple children were exposed to bats. They then let them go. None were tested and not all parents agreed to Post Exposure Prophylaxis (PEP).



### **Bat Dialogue**

Did you know that:

- Most U.S. human rabies deaths are from bat rabies.
- Bats are extremely helpful to humans by consuming vast numbers of insect pests however, very small numbers of bats are infected with rabies.
- People and animals can get rabies if exposed to a rabid bat but the type of exposure is very important. Simply flying by your head is not a danger. Each situation must be looked at individually.
- Rabies exposure includes a bite, scratch, saliva contact to your eyes, nose, mouth or an open wound, or other physical contact with a bat.
- Old dead dried up bat carcasses cannot be tested and pose no risk.
- In some situations, it is possible that a bat bite could go undetected because the bats teeth are very small and sharp, e.g., when a bat is found in a room with a sleeping person, or a bat is found next to an unattended young child. This is why PEP will sometimes be recommended.

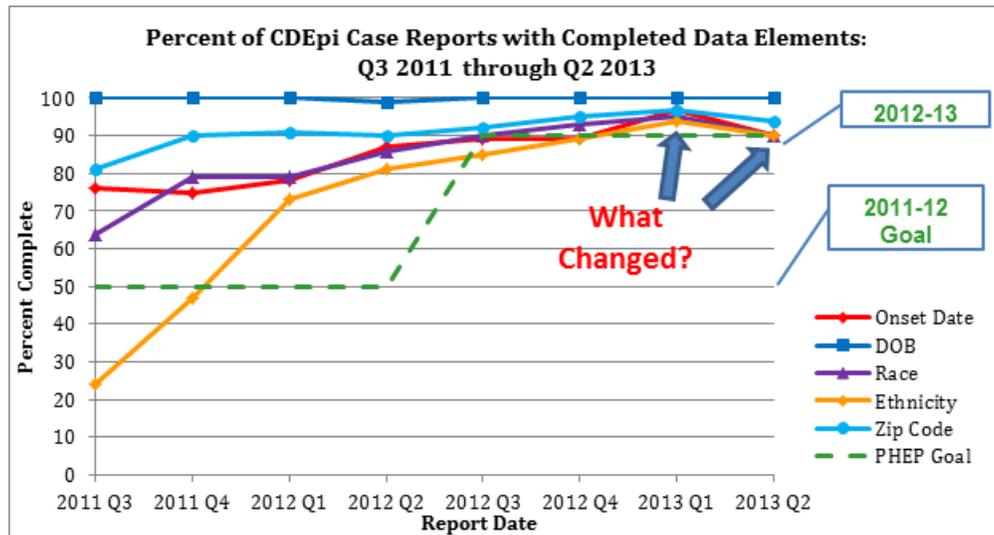
**Rabies Vaccine and Immune Globulin Availability Update:** Human rabies vaccine produced by the manufacturer Sanofi Pasteur (IMOVAX) is now available for both pre- and post-exposure prophylaxis. Since March 2013, IMOVAX was only available for post-exposure prophylaxis. Rabies vaccine produced by Novartis (RabAvert) is available for pre- and post-exposure prophylaxis through wholesale distributors. Supply of RabAvert through the vaccine manufacturer remains limited. Visit [www.cdc.gov/rabies/resources/news/2011-09-30.html](http://www.cdc.gov/rabies/resources/news/2011-09-30.html) for more information. Human rabies immune globulin produced by the manufacturer Sanofi Pasteur (Imogam) is currently restricted. Special order instructions are available at [www.vaccineshoppe.com/assets/pdf/MKT26616\\_Imogam\\_Post\\_Exposure\\_Form.pdf](http://www.vaccineshoppe.com/assets/pdf/MKT26616_Imogam_Post_Exposure_Form.pdf). Immune globulin produced by the manufacturer Grifols (HyperRAB) is available with no restrictions. Visit the Centers for Disease Control and Prevention and Food and Drug Administration websites for the most current information on vaccine and biologics availability. [www.cdc.gov/rabies/resources/availability.html](http://www.cdc.gov/rabies/resources/availability.html)  
[www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/Shortages/default.htm](http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/Shortages/default.htm)

### **INFORMATION/ANNOUNCEMENTS**

**TCC R.I.P. :** I know how many of you in Montana Public Health will be upset to hear, but the Montana Public Health Training & Communication Center (TCC) will be put out of its misery today. You may still be able to access it if you wanted one last try and felt the need to reminisce. We do ask you not to kick it or curse it as that would be

disrespectful. The new and improved sharepoint application is up and working and by all accounts is a distinct improvement. We do appreciate your patience during the transition. It will not be missed seems to be the general impression.

**Case Reporting/Reconciliation:** We fell down a bit last quarter on basic elements after an amazing multi-year run of improvements. Did you all get tired? The only major change appears to be the switch over to MIDIS and self entry. Please be aware and remember, there will be more fields that will be monitored in the upcoming PHEP funding period. All in all, a great job by all. Thanks again. Reconciliation data will be sent out in the upcoming week.



## 24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, primarily to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

***This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>***