



Histoplasmosis in Montana

As seen in October 25, 2013 MMWR

Histoplasmosis is caused by infection with the dimorphic fungus, *Histoplasma capsulatum*, following inhalation of contaminated soil. Among symptomatic patients, the most common clinical presentation is acute pneumonia. Persons with compromised immune systems are at risk for disseminated histoplasmosis, a severe illness requiring antifungal therapy that is often characterized by fever, malaise, anorexia, and weight loss. *H. capsulatum* is endemic in the Ohio River and Mississippi River valleys, where it is found in soil enriched with bird droppings and bat guano. During November 2012–February 2013, histoplasmosis was diagnosed in four Montana residents by four different physicians. No epidemiologic links among the cases were identified. Each patient's medical records were reviewed, and their exposure and travel histories were obtained. Three patients reported no recent travel outside of Montana and likely were exposed in Montana, which is west of areas where *H. capsulatum* is recognized as endemic. One patient reported recent travel to California, where she was exposed to potting soil containing bat guano. Low clinical suspicion, probably related to lack of history of exposure to areas where *H. capsulatum* is known to be endemic, likely delayed diagnosis and appropriate therapy for three patients. Health-care providers should be aware of the possibility of histoplasmosis in Montana and consider the diagnosis in patients with clinically compatible illnesses.

There are multiple laboratory tests for diagnosing Histoplasmosis. In addition to histopathology, the dimorphic fungus will grow on routine fungal culture, and can be identified morphologically or by DNA probes, available at the Montana Public Health Laboratory. Fungal serology can also be performed, and urine antigen and PCR tests have also been developed.

Read more about the four patients' cases [here](#).

PHL's Essentials for the Mycobacteriology Laboratory web-based training modules now LIVE on aphl.org

Another exciting educational opportunity made possible by the Association of Public Health Laboratories! The first four web-based training modules for **Essentials for the Mycobacteriology Laboratory: Promoting Quality Practices** are now live and freely available on the APHL [website](http://aphl.org).

Available training modules include:

1. Overview of Tuberculosis
2. Laboratory Safety: Work Practices for *Mycobacterium tuberculosis*
3. Specimen Collection, Transport, Handling, and Processing
4. AFB Smear Microscopy

In addition to the modules are PDF versions as well as many additional resources to supplement the trainings.

The modules may be accessed through APHL's TB homepage at: <http://www.aphl.org/aphlprograms/infectious/tuberculosis/pages/default.aspx> or directly at: <http://www.aphl.org/aphlprograms/infectious/tuberculosis/tb-core-curriculum/Pages/default.aspx>

These online trainings are a valuable addition to the TB resources available to the public. Please bookmark the site and check back often, as new content is being continuously developed!



Montana Communicable Disease Weekly Update

Release date: 11/1/2013

DISEASE INFORMATION

Summary – MMWR Week 43 - Ending 10/26/2013 Preliminary disease reports received at DPHHS during the reporting period October 20–26, 2013 included the following:

- **Vaccine Preventable Diseases:** Influenza* (0), Pertussis (3), Varicella (5)
- **Invasive Diseases:** Creutzfeldt-Jakob Disease (1), *Streptococcus pneumoniae*, invasive (2)
- **Enteric Diseases:** Campylobacteriosis (5), Cryptosporidiosis (2), Salmonellosis (1), Shigellosis (1)
- **Hepatitis:** Hepatitis B, chronic (1)
- **HIV Disease**:** (1)
- **Vector-borne Diseases:** West Nile Fever (1)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)

*Cases confirmed by MTPHL only. Weekly updated Montana Flu information will now be included as an attachment to the weekly update once Montana has increased influenza activity.

** 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

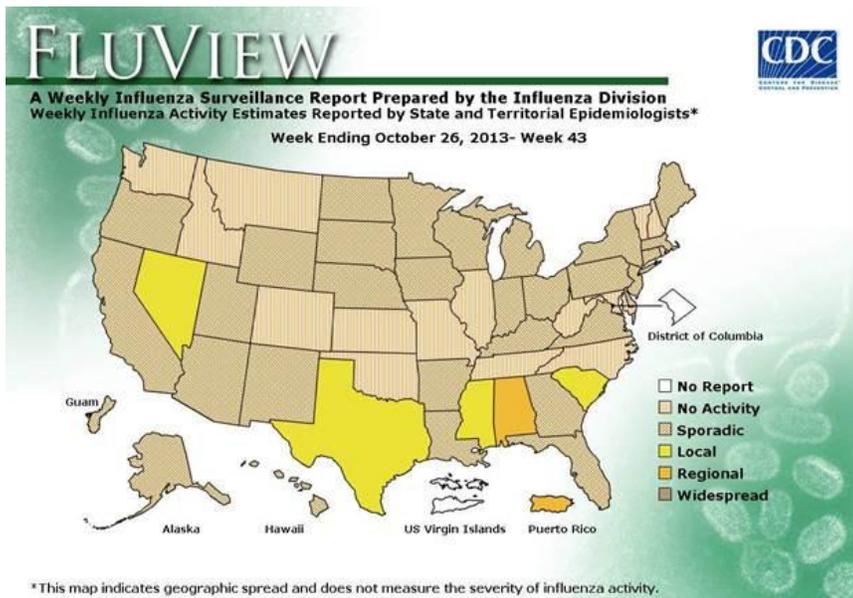
Measles in Canada: A measles outbreak with 13 confirmed cases in less than two weeks (as of October 31st) is occurring in Lethbridge, Alberta just 66 miles north of our border. Information can be obtained at <http://www.albertahealthservices.ca/9255.asp>. This outbreak appears to be centered around a community of individuals with religious objections to immunizations and extremely low immunization rates (Immunization is NOT mandatory in Alberta according to the Provincial Health Officer). There has been no spread beyond Lethbridge at this point and towns and cities like Calgary are simply increasing their awareness within emergency and primary care settings and public health is performing targeted vaccination campaigns. We would ask our own healthcare providers to do the same out of caution. Vaccination is always urged. Quick reporting of suspected cases is required.

There does not appear to be any known connections to the United States at this point and nothing specific to do regarding this except be aware that a sizable measles outbreak is occurring just north of Montana. Just make your providers aware so they adjust their own awareness accordingly in clinical settings.

Seasonal Influenza: Influenza A 2009 H1 - Our first “travel related” influenza case of the season was confirmed in a female from Billings on 10/31/2013. The case developed the Influenza A 2009 H1 strain while vacationing in Las Vegas and was developing symptoms when returning to Montana. Although this will not count as our first “home grown” influenza case it does mean that influenza has been introduced into the state. All local health jurisdictions, healthcare providers, and health care systems should reinforce the importance of seasonal influenza vaccination with their populations served.

See the attached Montana Flu Report and today’s CDC key points document. We have four cases reported this week to this point.

- CDC indicates that influenza activity in the United States is overall low at this point.
- Complete information can be viewed at CDC [FluView](#). Past issues are archived – on the CDC website.



People who have not already gotten a flu vaccine for the 2013-2014 season should do so.

Information on seasonal influenza vaccine for this season can be found in the Montana Public Health Prevention Opportunities under the Big Sky publication at <http://www.dphhs.mt.gov/publichealth/preventionopportunities/2013/October.pdf>

Tuberculosis Surveillance Update: The Montana Tuberculosis Surveillance Update, January 1, 2013 – September 30, 2013, is now available on the [DPHHS Tuberculosis Program](http://www.dphhs.mt.gov/tb) homepage, under Tuberculosis Statistics. The 2013 TB update is also attached. Five new active TB cases have been reported to date in 2013. Please contact the TB Program at 406-444-0273 for additional information.

Respiratory Syncytial Virus (RSV): This week is the fourth reporting week for laboratories performing in-house RSV testing. Weekly updates and additional RSV and RSV prophylaxis information can be found at: www.rsv.mt.gov

West Nile Virus (WNV) 11/01/2013 update: The 2013 West Nile Season has unofficially ended! Please see attached “West Nile Virus 2013 Season Summary” for complete information on the 2013 WNV season. Keep in mind that confirmed and probable cases are combined in these data.

Please contact Joel Merriman, MT DPHHS WNV Coordinator, at 406-444-0274 or jmerriman@mt.gov if you have additional questions.

INFORMATION/ANNOUNCEMENTS

Seasonal Hand Washing Posters Are Here! Halloween is over, but we also have a general version and a holidays oriented one. We have these available for health departments. We now have over 400 posters of each kind in stock, size 11x17 card stock. Please contact Dana Fejes dfejes@mt.gov or 406-444-3049 with quantity and physical mailing address. There is room on these posters to place your contact information for the public. Feel free to use them in your local schools...Please!



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>