

Updates from the MT
Laboratory Services
Bureau
800-821-7284
www.lab.hhs.mt.gov



DO NOT RINSE YOUR TURKEY! And other Thanksgiving food rules for every day

(with input by Crystal Fortune)

Do not let your turkey be the reason you have to refer a Salmonella or Campylobacter culture to the MT Public Health Laboratory this holiday season.

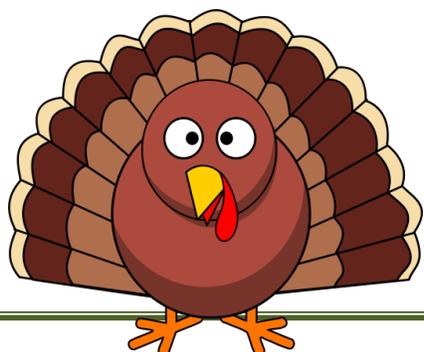
The [Association of Public Health Laboratories](#) has posted a great article with some good reminders on how to safely prepare your feast!

For example, did you know you SHOULD NOT rinse your poultry? I have always rinsed, but no more since finding out doing so can actually spread bacteria up to three feet!

Like me, do you routinely forget to put your turkey in the refrigerator in plenty of time for it to thaw before its big day? I do know better than to leave it out on the counter, but getting up several times throughout the night to change the water in the sink does not make for a well-rested cook!

And make sure to check the temperature, not only of your turkey (and in the appropriate place since some parts cook faster than others), but also your dressing, if you are so inclined to stuff. Remember that it also contains bacteria introduced from the turkey's juices.

For some more outstanding hints, check out the rest of the article [here](#).



Did You Know...?

The Montana Public Health Laboratory recently hosted packaging and shipping expert Patricia Payne here in Helena. If you were able to attend, I hope you found the information as helpful as I did.

Since the training, some of the MTPHL staff has met to talk about some changes in our own packaging and shipping process. Here are some points that may be of interest to you...

1. Verotoxigenic *E. coli*, i.e. *E. coli* O157:H7 is a Category A Infectious Substance in a culture form. A culture is defined as "an infectious substance containing a pathogen that is intentionally propagated." Patient specimens in transport media such as transwabs, culture media, or blood culture bottles are not cultures until they have been incubated. However, given that bacteria can begin to grow right away, it is up to your facility to make a protocol to determine the amount of time between inoculation and pick-up of the specimen.
2. If you have a Category A Infectious Substance (including Ebola, even if not yet confirmed), our courier will pick up that material from you, but you are responsible to package and document it properly as a Category A before handing it over to the courier. It is not the courier's job, nor are they trained, to package the specimen. Keep in mind, a declaration of dangerous goods is required, even for shipments through the courier. This form tells the carrier personnel what is in the package and who to contact in the event of an emergency.

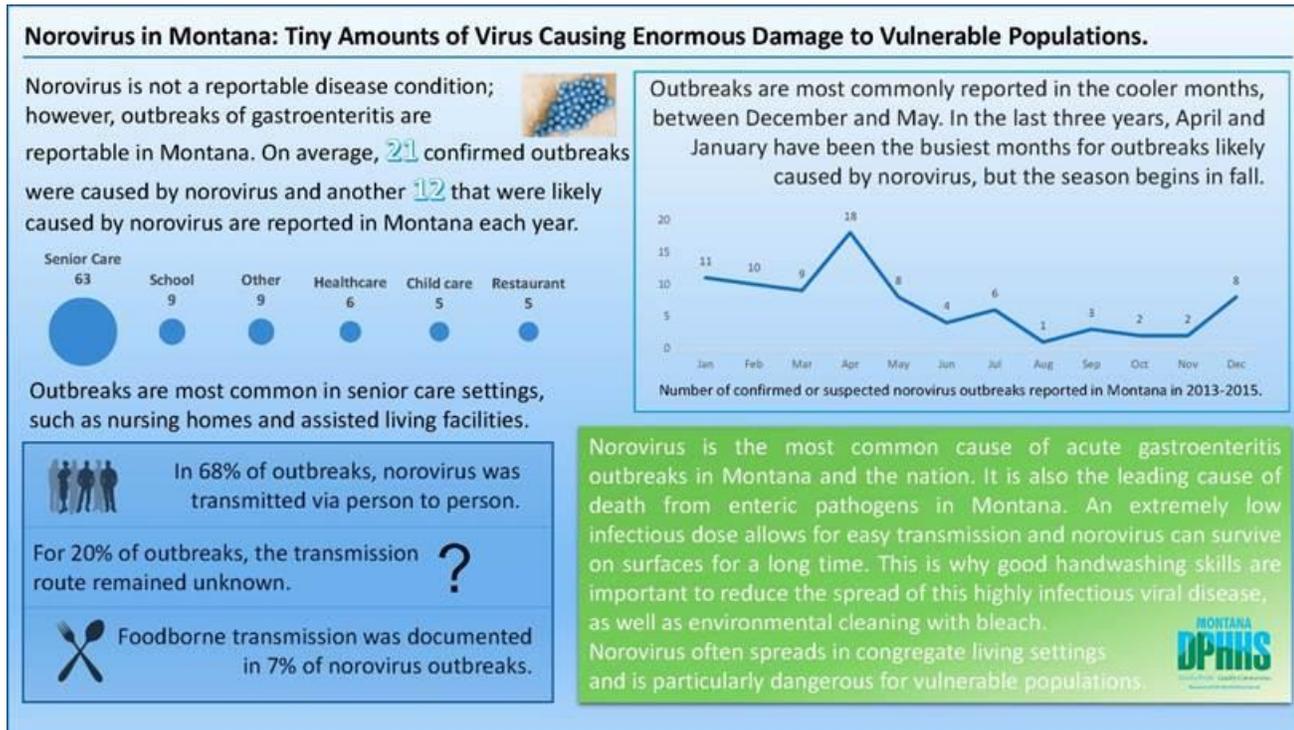
Please do not take this serious topic lightly. Contact [Crystal Fortune](#) at the MTPHL (406)444-0930 if you need guidance or training references.

Montana Communicable Disease Weekly Update



Release date: 11/20/2015

Infographic of the Week: Norovirus season is upon us. Contrary to what the news might lead us to believe about cruise ships, senior care type settings represent the most common location of norovirus outbreaks by far. Now is a good time to remind and work with your local long term care facilities to help them be prepared. It is also a good time to add them to your “Key Partner” surveillance network if not already involved.



DISEASE INFORMATION

Summary – MMWR Week 45 – Ending 11/14/15 Preliminary disease reports received at DPHHS for the reporting period November 8–14, 2015 included the following:

- **Vaccine Preventable Diseases:** Pertussis (1)
- **Invasive Diseases:** *Haemophilus influenzae* (1), *Streptococcus pneumoniae* (1)
- **Enteric Diseases:** Campylobacteriosis (4), Giardiasis (1), Shiga toxin producing *E. coli* [STEC] (2)
- **STD/HIV:** Chlamydia (78), Gonorrhea (10), Syphilis (0), HIV* (0)
- **Hepatitis:** Hepatitis C, chronic (22)
- **Vector-borne Diseases:** (0)
- **Travel Related Conditions:** (0)
- **Animal Rabies:** (0)
- **Elevated blood lead:** (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) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

Shiga-toxin *E. coli* 0157: Local health departments and DPHHS are continuing to investigate an outbreak of six Shiga-toxin *E. coli* O157 cases with a matching fingerprinting pattern. Counties currently affected by this outbreak are Gallatin (4), Lewis & Clark (1) and Yellowstone (1). Onset dates ranges from 10/21-11/2. Nationally 18 cases have been associated with this outbreak. DPHHS has partnered with other states and CDC on this as a multi-state outbreak investigation and is working collaboratively to identify a common source.

Influenza (Update): Nationally, During week 45 (November 8-14, 2015), influenza activity increased slightly in the United States. The most frequently identified influenza virus type reported by public health laboratories in week 45 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low. To date, the characterization of the viruses tested by CDC (n = 266) represent a good match with the 2015/2016 seasonal vaccines. CDC further notes:

- “Global laboratory data to date continues to indicate that most circulating influenza viruses are similar to the reference vaccine viruses used for developing the 2015-2016 U.S. vaccines.
- This suggests that vaccination with Northern Hemisphere influenza vaccine should offer protection against the majority of circulating viruses.
- CDC will continue to carefully look at the results of laboratory studies of currently circulating viruses to look for any evidence that viruses are changing.”

The CDC [FluView](#) report of the 2015-2016 is available at the [FluView](#) link. We have also attached this week’s CDC’s Key Points update for more information.

In Montana, influenza activity remained low during the week of November 8–14, 2015 with one case reported. Since September 1, 2015, 34 cases and 15 hospitalizations have been reported to DPHHS. Two deaths attributed to influenza have been reported this season. The summary can be found at [Montana Influenza Update 2015/2016](#) (All data is preliminary).

Respiratory Syncytial Virus (RSV) update (attached): RSV continues at levels below seasonal at present, but is expanding geographically.

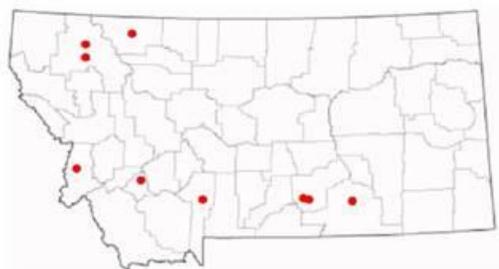
Snapshot of RSV in MT: 11/8/15 – 11/14/15

	No	Yes	Percent +	Last Week	Last Year
Labs Reported Data	5	57	92%	92%	53%
Positive RSV Tests	150	5	3.2%	1.2%	0.9%

Number of labs that reported 1 or more cases for the season (N=9)

	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks
# Labs	5	1	2	0	0	1

Location of Labs with RSV Cases



INFORMATION/ANNOUNCEMENTS

Isolation and Quarantine for Rural Communities Course MGT 433: It's not too early to register for this course in April of 2016. This will be the fifth time this course is offered in Montana, and it has been very well received by attendees. If your county has not attended, you might consider organizing your local public health, preparedness, fire, legal and law enforcement to attend. Commissioners have also attended and found it to be very helpful for their understanding of roles during a public health event of significance.

You can link to <https://www.ruraltraining.org/training/schedule/2016-04-07-mgt433-lewistown-mt-001/> for registration information or contact the Fergus County point of contact Cheri Kilby at 406-535-8118.

Prevention Posters Available (Flu/Enterics/General): DPHHS has posted prevention posters (8.5 X 11) geared to general and specific target audiences on the DPHHS [website](#). This year, we want to convey a simple message: Stay home when you are sick and wash your hands! DPHHS is planning to send a limited number of prints to local health jurisdictions. If you would like to request any specific posters For all others, please go to the [website](#) or contact CDEpi at 406-444-0273 for prints.

Q&A CORNER

Q: *Can you send ePass notification like our reconciliation emails with clearer content in the subject?*

A: Unfortunately, no. Email notifications sent regarding reconciliation reports are sent directly from the ePass system. The ePass system sends standardized emails to notify you that a file has been sent your way. CDEpi typically will send out a 'heads up' email shortly before the reconciliation reports are sent out, as well as put a notice in the Weekly Update. This is another good reason to read the weekly update...

Q: *We have recently had turnover in staff. I need to change the information in the state public health directory. How do I do that?*

A: Each county is different in terms of who does these changes, but as part of the contract deliverables, updating the public health directory should be done on a quarterly basis, at least, for all your programs. Please get with your PHEP staff person or whoever has editing rights to the directory to coordinate updating contact information. This applies to other programs listed in the directory also.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, 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://dphhs.mt.gov/publichealth/cdepi>