



http://www.cdhd.wa.gov

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CHELAN-DOUGLAS PUBLIC HEALTH

Current Conditions of Interest

TO REPORT A NOTIFIABLE CONDITION:

Phone (509) 886-6400

Fax (509) 886-6478

After hours call:

(509) 886-6499

“Always Working for a Safer and Healthier Community”

Listeriosis

[Link](#) [CDC information on Listeria](#)

What is *Listeria*?

Listeria monocytogenes are gram-positive rods that cause infection primarily in pregnant women, newborns, the elderly and immunocompromised persons. Both sporadic cases and outbreaks have occurred among immunocompetent persons associated with very highly contaminated food products. Routine stool cultures do not detect *Listeria* so non-invasive cases may be missed. The incubation period is not known with certainty but probably ranges from 3–70 days with an estimated median incubation period of 3 weeks.

Washington State Dept. of Health has received 11 to 29 reports of *Listeriosis* per year during recent years with 0-5 deaths, primarily among the elderly with rare neonatal fatalities. Stillbirths are not included in death statistics. Of cases since 2005, 63% were age 50 years or older. Excluding one infant death, mean age for fatal cases was 67 years.

L. monocytogenes are common in the environment. The organism is easily recovered from soil, water, sewage, vegetation, silage, commercial meat, and dairy products. Domestic and wild mammals, birds, and man may be asymptomatic carriers of *Listeria* in their intestinal flora. Up to 5% of humans may be excreting *L. monocytogenes* in their stools at any given time, although person-to-person transmission is rare.

What are the primary mode of transmission?

Listeriosis is primarily a foodborne infection. Consuming contaminated food items has been identified as the source of infection in both sporadic and outbreak-associated cases. *Listeria* can be found in a variety of foods, including soft cheeses (e.g. Brie, Camembert, Mexican-style fresh cheeses, Roquefort, Bleu), hot dogs and other ready to eat meats, smoked fish, lettuce, coleslaw, other salad items, ready-to-eat foods purchased from store delicatessens, and raw milk. Home-made raw milk soft cheeses are a particular risk. Cross-contamination of ready-to-eat foods may also play a role in transmission. *Listeria* contamination frequently causes food product recalls. National listeriosis outbreaks have been associated with commercial domestic cheese (2013), commercial imported cheese (2012) and whole cantaloupes (2011).

Women infected during pregnancy may pass *L. monocytogenes* to the fetus, either transplacentally or at birth. Infection in a fetus may result in stillbirth or preterm delivery while infection in a neonate may present as meningitis or septicemia. Rare outbreaks in neonatal nurseries have been attributed to contaminated equipment or materials.

What is the communicability?

Person-to-person transmission, other than from mother to fetus or newborn, is rare. Mothers of infected newborns can shed the agent in vaginal discharges and urine for 7–10 days after delivery. Asymptomatic carriage of *L. monocytogenes* is well documented and infected individuals can shed the organism in stools for several months.

Resources:

- [Washington State Dept. of Health Listeriosis Guidelines](#)



[Visit our Facebook page](#)



CHELAN-DOUGLAS PUBLIC HEALTH

Expedited Partner Therapy—EPT

Sex Partner Treatment of CT and GC Infections

Expedited Partner Therapy provides for the treatment of sex partners of infected individuals at no cost. This treatment can be offered without requiring partners to be tested or seen by health care providers.

All partners of patients who test positive for Chlamydia or Gonorrhea should be treated as if they are infected. If a physician takes responsibility to ensure partner treatment, the provider should examine and treat all of the persons the patient had sex with in the 60 days prior to the date the patient was tested. If this is not possible, patients may be given medication to give to their sex partners.

PARTNER MANAGEMENT PLAN INSTRUCTIONS

Gonorrhea or Chlamydial Infection: Partner Treatment

All partners should be treated as if they are infected.

If the provider takes responsibility to ensure partner treatment, the provider should examine and treat all patients' sex partners from the previous 60 days.

If this is not possible, patients should be offered medication to give to as many of their sex partners as they are able to contact and/or should be referred to Chelan-Douglas Health District for partner notification assistance.

Free medication is available for your patient's partner(s).

To obtain FREE medication for your patient's partner(s), call or fax a prescription to one of the pharmacies participating in your area.

For a prescription FAX form and list of participating pharmacies, call Chelan-Douglas Health District: 509-886-6417.

Note: Only participating pharmacies have stocks of FREE Public Health medication to dispense to patients for their partner(s).

Chelan-Douglas Health District may also provide free medication to your patient to give to his or her partner(s).

The Chelan-Douglas Health District recommends that you refer patients with any one or more of the following risks to the health department for help notifying their partners:

- Patient with 2 or more sex partners in the last 60 days, or
- Patient does not think he/she will have sex again with sex partners from the last 60 days, or
- Patient is unable/unwilling to contact one or more partner(s), or
- Patient is a man who has sex with other men

Although the Health Department requests that you refer patients with these risks to us, we also ask that you make every effort to help patients with these risks assure that their partners are treated, either by seeing the partners yourself or by offering patients free medication to give to their partners.

Complete the partner management plan on the Confidential Sexually Transmitted Disease Case Report FAX form to define a partner management plan.

For copies of this case report or questions on how to fill it out, call the Chelan-Douglas Health District: 509-886-6417.

Other STDs: Partner Treatment

All patients with infectious syphilis, chancroid, LGV or granuloma inguinale are routinely contacted by Chelan-Douglas Health District. Patients diagnosed with genital herpes should be advised to notify their sex partners and should be informed that their partners should contact their provider for testing.

Resources

- [Washington State Dept. of Health EPT Page](#)
- [STD Reporting Form and EPT Rx Form](#)



Updated Human Rabies Prevention Guidelines- Washington State Dept. of Health

Over the past year, a joint Washington State Department of Health (DPH) and local health jurisdiction (LHJ) work group reviewed and revised our guidance on rabies exposure assessment and post-exposure prophylaxis (PEP) recommendations with the intention of promoting consistent guidance from public health authorities throughout Washington State. The final version of this guidance document will be posted on the DOH website in the rabies resources section. The first page of the guideline algorithm is pictured below.

Resources:

- [Washington State Dept. of Health Rabies Page](#)
- [Washington State Dept. of Health Rabies Guidelines](#)
- [Washington State Dept. of Health Suspect Rabies Exposure Guidelines](#)
- [Washington State Dept. of Health Suspect Rabies Exposure Reporting Form](#)

Algorithm

I Washington State Guidelines for Human Rabies Prevention

- **All suspected rabies exposures (to people) must be immediately reported** to the local health jurisdiction (LHJ) per WAC 246-101. This includes reporting of all persons to whom rabies post-exposure prophylaxis (PEP) is administered.
- **Consultations and animal testing** are available from the LHJ. Healthcare providers are encouraged to consult LHJs prior to initiating PEP.
- **Rabies exposures include** bites, scratches, and fresh wounds or mucous membranes contaminated with a mammal's saliva or neural tissue. Touching animal fur, blood, urine, or feces is not a rabies exposure. Non-mammals, e.g., birds and reptiles, do not get rabies. **Bat exposures¹** deserve special consideration.

Risk	Animal type	Geographic location of exposure	Notify LHJ	Animal testing recommendation	PEP recommendation
HIGH	Any rabid-acting* mammal	Anywhere	Yes	Test if available.	<ul style="list-style-type: none"> - If animal tests positive, OR if unable to test, OR a bite from any animal highly suspected to be rabid, give PEP immediately. - If bite to head/neck from any animal or severe bite from non-bat animal, consider giving PEP immediately. - If non-severe bite to other area (e.g., extremities) from any animal, PEP can be delayed 24-48 hours while animal is tested.
	Bat¹				
	Wild carnivore (e.g., raccoon, skunk, fox, coyote, wolf, or hybrid)	In area with endemic rabies in wild carnivores (not WA)			
MEDIUM	Dog, cat, or ferret with normal appearance & behavior. (Does <u>not</u> apply to hybrids, e.g. wolf-dogs.)	In or imported in past 6 months from rabies endemic area including Asia, Africa, Middle East, South/Central America, or Mexico	Yes	Confine and observe for 10 days.¹ If signs of rabies* develop during observation, call LHJ for immediate testing (see rabid-acting* mammal above).	<ul style="list-style-type: none"> - If tests positive or if unable to observe or test, give PEP. - If observing, consider starting PEP immediately given elevated risk; can discontinue if animal survives 10-day observation.
MEDIUM-LOW	Wild animal hybrids (e.g., wolf-dogs)	In Washington	Yes	Generally test if available. See special considerations for hybrids.	<ul style="list-style-type: none"> - If tests positive, give PEP. - See special considerations for hybrids (wild carnivores section).
	Raccoons	In Washington	Yes	Test if available.	<ul style="list-style-type: none"> - If tests positive, give PEP. - If unable to test: if provoked* and normal appearing/behaving then PEP not routinely recommended; if unprovoked or behavior suspicious for rabies, recommend PEP.
	Other wild carnivores	In Washington	Yes	Test if available.	<ul style="list-style-type: none"> - If tests positive or if unable to test, give PEP
LOW	Dog, cat, or ferret (D/C/F) with normal appearance & behavior. (Does <u>not</u> apply to hybrids, e.g., wolf-dogs.)	In the U.S. (or a country not known to be endemic for canine rabies)	No ^A	<ul style="list-style-type: none"> • Confine and observe for 10 days.¹ <ul style="list-style-type: none"> o If signs of rabies develop during observation, call LHJ for immediate testing (see rabid-acting* mammal). • Animal euthanized due to chronic illness or injuries, or unwanted D/C/F: <ul style="list-style-type: none"> o If feral/stray then test. o If owned, test if unprovoked or D/C/F had known exposure to bat/rabid animal; otherwise victim can waive testing if provoked. 	<ul style="list-style-type: none"> - If observing, PEP not necessary if animal healthy for 10 days. - If tests positive, give PEP. - If unable to observe or test then consider exposure location: <ul style="list-style-type: none"> • Outside WA State: Consult LHJ; consider D/C/F vaccination status and contact with rabies reservoir species in that locale. • In WA State: If D/C/F had exposure to an untested bat or rabid animal in last 6 months give PEP. Otherwise: <ul style="list-style-type: none"> o If provoked*, PEP <u>not</u> recommended. o If unprovoked cat exposure, recommend PEP o If unprovoked dog/ferret exposure, consult LHJ, generally recommend PEP.
VERY LOW	Rodent, lagomorph/rabbit, or opossum Livestock (e.g., cattle, llama, horse, pig)	Anywhere	No ^A	No need to test unless rabid-acting*. Consult with LHJ if thought to be rabid; livestock should be evaluated by a veterinarian.	PEP not recommended unless animal tests positive or unable to test a rabid-acting* animal; consult LHJ in such cases.

NOTE: See definitions and explanations on next page.