



<http://www.cdhd.wa.gov>

July 2014

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"

Campylobacter

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

What is campylobacteriosis?

Campylobacteriosis is an infectious disease caused by bacteria of the genus *Campylobacter*. Most people who become ill with campylobacteriosis get diarrhea, cramping, abdominal pain, and fever within two to five days after exposure to the organism. The diarrhea may be bloody and can be accompanied by nausea and vomiting. The illness typically lasts about one week. Some infected persons do not have any symptoms. In persons with compromised immune systems, *Campylobacter* occasionally spreads to the bloodstream and causes a serious life-threatening infection.

The Chelan-Douglas Health Dist. has received 7 reports of campy this year. Six of the patients exposures were contributed to travel out side the country or exposure to recreational waters. Including filling a "kiddie" pool with irrigation water.

How common is *Campylobacter*?

Campylobacter is one of the most common causes of diarrheal illness in the United States. Campylobacteriosis occurs much more frequently in the summer months than in the winter. The organism is isolated from infants and young adults more frequently than from persons in other age groups and from males more frequently than females. Although *Campylobacter* infection does not commonly cause death, it has been estimated that approximately 76 persons with *Campylobacter* infections die each year.

How do people get infected?

Campylobacteriosis usually occurs in single, sporadic cases, but it can also occur in outbreaks. Most cases of campylobacteriosis are associated with eating raw or undercooked poultry meat or from cross-contamination of other foods by these items. Outbreaks of *Campylobacter* have most often been associated with unpasteurized dairy products, contaminated water, poultry, and produce. Animals can also be infected, and some people get infected from contact with the stool of an ill dog or cat. The organism is not usually spread from one person to another, but this can happen if the infected person is producing a large volume of diarrhea. It only takes a very few *Campylobacter* organisms (fewer than 500) to make a person sick. Even one drop of juice from raw chicken meat can have enough *Campylobacter* in it to infect a person.

Are there long-term consequences?

Most people who get campylobacteriosis recover completely within two to five days, although sometimes recovery can take up to 10 days. Rarely, *Campylobacter* infection results in long-term consequences. Some people develop arthritis. Others may develop a rare disease called Guillain-Barré syndrome that affects the nerves of the body beginning several weeks after the diarrheal illness. This occurs when a person's immune system is "triggered" to attack the body's own nerves resulting in paralysis. The paralysis usually lasts several weeks and requires intensive medical care. It is estimated that approximately one in every 1,000 reported *Campylobacter* illnesses leads to Guillain-Barré syndrome. As many as 40% of Guillain-Barré syndrome cases in this country may be triggered by campylobacteriosis.



[Visit our Facebook page](#)



CHELAN-DOUGLAS PUBLIC HEALTH

<http://www.cdhd.wa.gov>

July 2014

Illness from Recreational Waters

[Link](#) [EPITrends July 2014 Washington State Department of Health](#)

Swimming is popular in Washington State, including pools and freshwater venues. However, water recreation activities can carry a risk for drowning, trauma such as diving injuries, sunburn, and certain recreational water-associated diseases. Outbreaks of such diseases are rare, but do occur in our state, and will be the focus of this article.

Typical Agents

Recreational waterborne disease outbreaks are considered to be consistently underreported. This is due to generally low to moderate illness severity, small size of the outbreaks, poor recognition due to the often long incubation period between exposure and onset of illness, multiple potential sources of exposure during travel or vacation activities other than the recreational water, wide geographic dispersion of ill swimmers from a pool or park, transient contamination, disinclination to report due to the setting (e.g., residential backyard pool), and a potential lack of communication between those responding to a complaint of water quality and those reporting or investigating potential waterborne diseases.

The communicable agents causing waterborne disease outbreaks may come from the swimmers or the environment. In treated venues such as pools, swimmers are typically the source while in natural waters the agents are usually endemic. Although waterborne disease cases and outbreaks due to unusual agents can occur, in this region of the United States waterborne diseases typically include norovirus infection,

cryptosporidiosis, and swimmer's itch (or cercarial dermatitis, caused by schistosome parasites). Bacterial infections such as campylobacteriosis and shigellosis should also be considered as possible etiologies. Giardiasis has been associated with swimming and with drinking natural water while hiking.

Waterborn Disease Outbreaks

Washington State Department of Health has received reports of only a small number of waterborne disease outbreaks. The ten most recently reported outbreaks are shown below, including three due to viral agents and two involving cryptosporidiosis.

Waterborne Disease Outbreaks, Washington State 1991-2013

Waterborne Disease Outbreaks, Washington State 1991-2013

<u>Year</u>	<u>Cause</u>	<u>Cases</u>	<u>Source</u>
1991	Giardia	4	Lake
1992	Tularemia	2	Creek
1993	Norwalk – viral	604	Lake
1993	<i>Giardia lamblia</i>	6	River
1998	Suspect viral	58	Lake
1998	Suspect viral	248	Lake
1998	Unknown	46	Creek
1999	<i>E. coli</i> O157:H7	36	Lake
2007	Cryptosporidium	14	Pool
2007	Cryptosporidium	18	Lake





CHELAN-DOUGLAS PUBLIC HEALTH

Current Conditions of Interest

<http://www.cdhd.wa.gov>

July 2014

Illness from Recreational Waters *cont.*

Only one reported waterborne disease outbreak in Washington was associated with treated recreational water, although elsewhere in the country cryptosporidiosis has been associated with many large outbreaks at splash parks and other venues with treated water where younger children congregate. The two largest outbreaks had a confirmed or suspected viral agent and occurred at swimming lakes. Each involved extensive investigation by local health jurisdiction personnel.

Resources

- [To read the entire EPITrends full article link here](#)
- [Healthy Swimming/Recreational Water Posters from CDC](#)

STD Testing for MSM Patients

Lisa Baldoz, Partner Services Consultant for Central Washington, State Department of Health

I took a look at GC cases in Chelan (8 cases)/Douglas (4 cases) for July 2013 – current date 2014. Nationally there has been an increase in gonorrhea (GC) cases within the men who have sex with men (MSM) population. For this reason, males with GC that identify as being MSM are being interviewed by Washington State Department of Health to ensure they received an HIV test or were offered one. I looked at the 12 cases and there were an equal number of females as compared to males infected with GC. Out of the 6 men in your jurisdiction with GC, only 4 identified as MSM, and of those four two were not located for a follow up interview. The other two were interviewed and received a HIV test. Of these two men who received a HIV test they both had tested positive for GC in the rectum and pharynx. The other two men who were not located only tested positive from their urethra.

I am seeing this same trend in Yakima where there seem to be just as many woman effected with GC compared to men. However, there has been an increase in males testing positive for GC rectum and pharynx. I have been spending talking to providers and clinicians about testing in all sites with those patients that identify as having unprotected anal and oral sex. I have located partners to MSM GC patients and referred them for testing and treatment only to find out the partner did test, but was not offered medication for exposure and was only provided a urine test. For some patient their urine test were **negative**, therefore *the partner did not think they were exposed*. In my follow up interview with the partner, after finding out they only received a urine test, I referred the partner back to the clinic. I would also call the provider &/or nurse and update them on the CDC recommendations for testing all sites exposed.

Some patients did confirm to me they did not disclose what type of sex they have to the provider because 1) the provider did not ask or 2) they felt uncomfortable disclosing. One thing I have found to be helpful is the new CDC STD Treatment App. I would encourage use of this app! The app also has an easy to access sexual history questionnaire and STD recommendations on testing and treatment.

<http://www.cdc.gov/std/std-tx-app.htm>

STD Treatment Guidelines App

