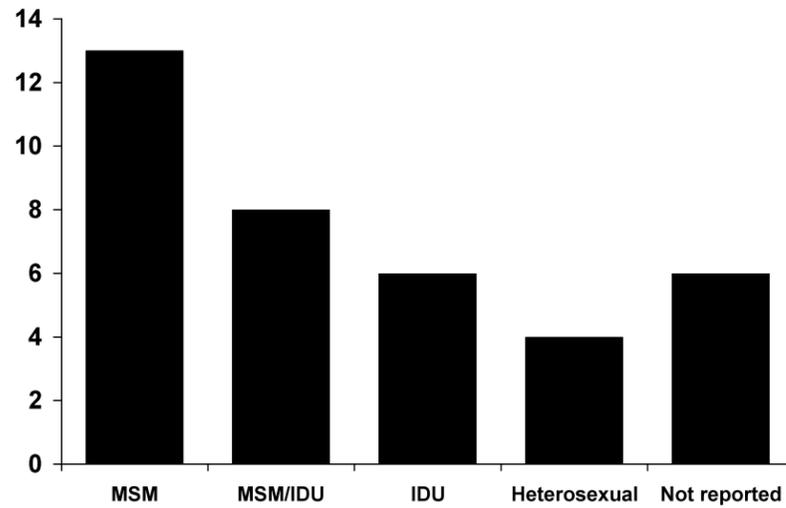


Data Snapshot: HIV Infection

New estimates of the incidence of HIV infection were published recently by the CDC. For the years 2003–2006, it is estimated that there were 56,300 new infections in the United States. The predominant transmission category was male-to-male sexual contact (MSM), and the estimated annual incidence of infections in MSM has been increasing since the early 1990s. Incidence among heterosexual contact and intravenous drug use (IDU) transmission categories has trended downward since the mid-1990s.

In Idaho, MSM is the most frequently reported transmission category among reported cases of HIV or AIDS. In 2007, of 37 reports of newly diagnosed HIV infections (including those with concurrent AIDS diagnoses), 31 had a reported transmission category and of those, 13 (42%) were MSM and an additional 8 (26%) were MSM/

Figure 3. Transmission categories in reported cases of newly diagnosed HIV infections—Idaho, 2007



IDU. Of the remaining 10 reported cases, 6 (19%) were IDU and 4 (13%) were heterosexual contact (Figure 3).

ROUTINE 24-Hour Disease Reporting Line 1.800.632.5927
EMERGENCY 24-Hour Reporting Line..... 1.800.632.8000

An electronic version of the Rules and Regulations Governing Idaho Reportable Diseases may be found at <http://adm.idaho.gov/adminrules/rules/idapa16/0210.pdf>
 Current and past issues are archived online at www.epi.idaho.gov.

IDAHO DISEASE Bulletin



Office of Epidemiology and Food Protection

Idaho Department of Health and Welfare

P.O. Box 83720
 450 W. State Street
 4th Floor

Boise, Idaho 83720-0036
www.epi.idaho.gov

Idaho Disease Bulletin Contributing Staff:

Christine G. Hahn, MD
 State Epidemiologist

Leslie Tengelsen, PhD, DVM
 Deputy State Epidemiologist

Jared Bartschi, MHE
 Epidemiology Program Specialist

Kris Carter, DVM, MPVM
 Career Epidemiology Field Officer

Robert Graff, PhD
 Chronic, Injury, Environmental
 Epidemiologist

Patrick Guzzle, MPH
 Food Protection Program Manager

Randall Nett, MD, MPH
 EIS Officer

Kathy Turner, MPH
 Epidemiologic Data and Surveillance
 Program Manager

Ellen Zager, MS, DLSTHM
 Epidemiology Program Specialist

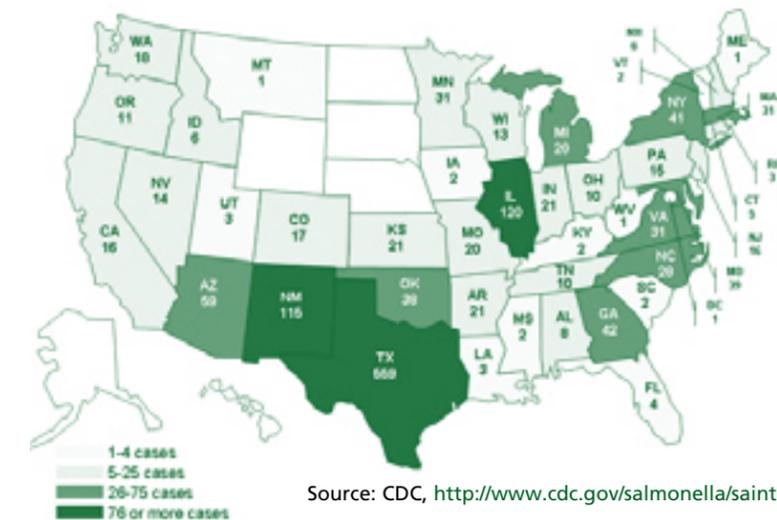
The *Salmonella* SaintPaul Outbreak—U.S. and Idaho

Idaho's local public health districts, the Office of Epidemiology and Food Protection, and the Idaho Bureau of Laboratories have been collaborating with the Centers for Disease Control and Prevention (CDC), the Indian Health Service, and the Food and Drug Administration (FDA) to investigate a multi-state outbreak of human *Salmonella* serotype SaintPaul infections (Figure 1) that began April 2008 and, as of this printing, appears to be over. The initial epidemiologic investigation comparing foods eaten by ill and well persons identified consumption of raw roma or red round tomatoes as strongly linked to illness by comparing foods eaten by ill and well persons; however, despite aggressive traceback efforts by FDA and interviewing of cases by epidemiologists, the definitive

association with tomatoes remained elusive. Later investigative efforts that focused on both restaurant-associated clusters of illness as well as sporadic cases revealed a strong association between illness and jalapeno and serrano peppers. Traceback of *Salmonella* SaintPaul-positive jalapeno peppers collected from both a produce distributor in south Texas and a patient's home in Colorado led to the discovery that they were grown in Mexico. Serrano peppers and irrigation water that supplied a field of serrano pepper plants in Mexico was found to be contaminated with the outbreak strain of *Salmonella* SaintPaul as well.

As of August 25, 2008, there were 1,442 nationwide reports of confirmed cases associated with the *Salmonella* SaintPaul investigation. (Figure 2.) Cases were

—continued on next page



SALMONELLA AND SAINTPAUL —continued from page 1

reported from 43 states, the District of Columbia, and Canada. Six cases were reported in Idaho residents, all from southwestern Idaho. Illness onset dates ranged from 5/16/08–6/25/08. Four (66%) patients were male, 3 (50%) White, and 4 (66%) Hispanic; their ages ranged from 12–65 years (median: 25 years). One patient was hospitalized.

Ultimately, this outbreak may result in changes in FDA authority and strengthen the ability of public health to respond to large, national outbreaks. For the most current update on the national outbreak, visit <http://www.cdc.gov/salmonella/saintpaul/>.

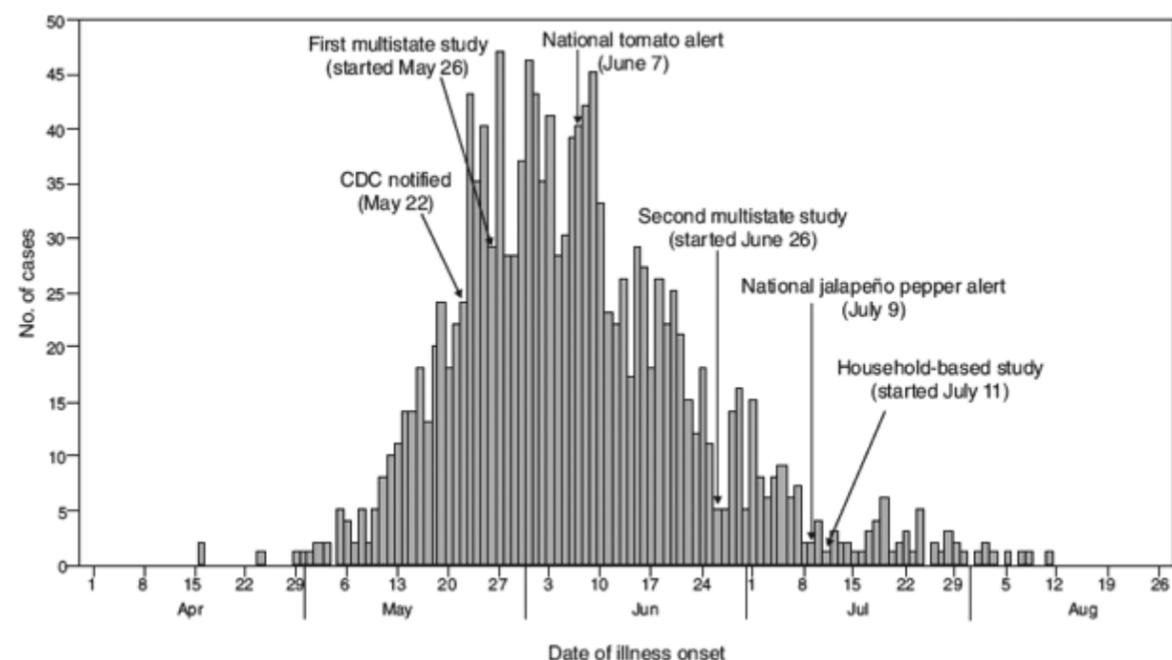
Salmonella infections continue to be commonly reported in Idaho and the rest of the US. An average of 161 (range: 151–179) *Salmonella* cases were reported in Idaho annually between 2004 and 2007, during which an average of 3.5 cases per year were *Salmonella* SaintPaul (range: 2–5). Clearly, *Salmonella* SaintPaul is not a commonly detected serotype.

In 2004, CDC estimated approximately 1.4 million illnesses, 15,000 hospitalizations, and 400 deaths from *Salmonella* infection occur in the United States every year. Approximately 40,000 of those infections are confirmed each

year by isolation of a *Salmonella* strain. Salmonellosis is more common in summer than in winter. *Salmonella* in the environment can contaminate produce in the field or during processing or shipping. Food handlers infected with *Salmonella* who have not washed their hands may also contaminate produce during preparation.

Please notify your local public health district or the Office of Epidemiology and Food Protection within one working day if you suspect a case of foodborne illness in an individual or a group of individuals. Public health epidemiologists will interview ill persons to obtain their food consumption history and to explore other risk factors for infection, provide information on prevention of foodborne illness, and work with environmental health specialists, when indicated, to look for and correct identified environmental problems associated with the illness.

Figure 2. Number of laboratory-confirmed cases (n=1,414) of *Salmonella* SaintPaul (outbreak strain), by date of illness onset—United States, 2008*



*Includes cases with onset information received as of August 25, 2008. Some illness onset dates (n=366) were estimated by subtracting 3 days from specimen date. Illness that began during July 29–August 25 might not yet be reported.

New Prion Disease Brain Autopsy Service Available in Idaho

St. Alphonsus Regional Medical Center in Boise has recently joined the network of pathology service providers that coordinates with the National Prion Disease Surveillance Center (NPDSC) to collect neurological tissue for analysis from deceased individuals who are suspected of having a prion disease. It is anticipated that

the coordination of public health and clinical investigations of prion disease in Idaho will be enhanced by the availability of this service in the state. If you suspect a patient has a prion disease, such as Creutzfeldt-Jakob disease (CJD), and would like to arrange for tissue collection, please call St. Alphonsus Pathology at 208-367-2153.

For more information about how to request testing for prion disease, please contact the Office of Epidemiology and Food Protection at 208-334-5939 or go to the NPDSC website at <http://www.cjdsurveillance.com/>. Transmissible spongiform encephalopathies, including CJD and vCJD, are reportable diseases in Idaho.

Fight the Bite

Twelve human cases of West Nile virus infection in Idaho have been reported this year, as of 8/15/08. The earliest onset of illness was 7/9/08. Evidence of West Nile virus in humans, mammals, birds, or mosquitoes has been reported this year from eleven counties as of 8/15/08. Cases are expected to occur until a killing frost eliminates the mosquito vector. As outdoor activities continue, we should still keep in mind the 2006 West Nile virus season in which over 1,000 cases and 23 deaths in Idaho were reported between June and October. We had a significant decrease in 2007 with 132 cases and a single death; however, the number of West Nile virus cases will likely continue to vary depending on

the weather, mosquito populations, populations of infected birds, presence of other reservoir species, and other variables. One prediction we can be confident of is that West Nile virus cases are likely to occur annually because the virus has become enzootic in the United States.

Health care providers can help minimize the impact of West Nile virus on patients by recommending actions that patients can take to avoid mosquito bites. Take a moment during a routine office visit to recommend that patients take appropriate precautions to avoid mosquito bites: use an insect repellent containing DEET, or other EPA-approved repellants, according to

label directions before going outdoors; avoid being outside between dusk and dawn when mosquitoes are most active, wear protective clothing to deter mosquito bites; and remove stagnant water from around the home. The chronically ill, elderly, and very young are more likely to develop significant disease when exposed to West Nile virus; however, serious illness can occur at any age. A brief moment spent counseling a patient could make the difference between a memorable summer and fall, and one that they would rather forget. Remember to “Fight the Bite.” For more information visit <http://www.westnile.idaho.gov>.

Rabies Vaccine in Limited Supply

The rabies vaccine situation has changed since this issue went to press. Please, consult www.cdc.gov/rabies for an update.

Due to production delays and significant increases in demand, human vaccines for rabies are in short supply, resulting in restrictions on ordering the vaccines. The status of this situation as of 8/29/08 is described below; however, please be aware that the situation has been changing rapidly. Please check the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/rabies/> for updates.

Human rabies vaccine is currently available only for post-exposure prophylaxis (PEP). Requests for IMOVAX®, sanofi pasteur’s human diploid cell vaccine for rabies, must receive approval from the Office of Epidemiology and Food Protection (OEFPP) or your local public health district. Providers whose requests are approved after consultation and rabies risk assessment will be given a password to use when contacting sanofi pasteur to order IMOVAX®. Orders for RabAvert®, Novartis’ purified chick embryo cell vaccine for rabies, will be filled only for (1) post-exposure prophylaxis following bites from laboratory-confirmed rabid animals, or (2) emergency requests for PEP for persons who have severe adverse events from PEP with Imovax®. All requests for use of RabAvert® must receive approval from the OEFPP or your local public health district; in addition, requests for RabAvert® under the latter conditions require approval from CDC.

Judicious use of rabies vaccine for PEP is encouraged. Your local public health district or the OEFPP can assist you with a rabies risk assessment based on reported

type and circumstances of exposure and the epidemiology of rabies in Idaho. Rabies PEP may be delayed or determined to be unnecessary in certain situations where a biting animal is available for quarantine or testing. Consultation with public health epidemiologists is advised as rabies exposure events are often complex and may require public health interventions.

No pre-exposure prophylaxis requests are currently being filled by either manufacturer.

Patients who wish to prevent rabies exposure should be counseled to avoid contact with wildlife, especially bats; avoid approaching stray pets; and vaccinate pets and livestock². You may wish to refer parents and children to “CDC’s Rabies Webpage That’s Just for Kids!” at <http://www.cdc.gov/ncidod/dvrd/kidsrabies/>.

For information on rabies in Idaho, see <http://www.diseaseinfo.idaho.gov>.

1. CDC Human Rabies Prevention, United States, 2008. Recommendations of the Advisory Committee on Immunization Practices (ACIP) May 23, 2008 / 57(RR03);1-26,28 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>
2. Compendium of Animal Rabies Prevention and Control, 2008. A publication of the National Association of State Public Health Veterinarians, Inc. (NASPHV) <http://www.nasphv.org/Documents/RabiesCompendium.pdf>