

EPI Update

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Mass Clinic Drill to Occur in August

The East Tennessee Public Health Region and Knox County Health Department are jointly participating in an exercise to test their deployment plan for the Strategic National Stockpile (SNS). The exercise will take place in August in Knox County and Anderson County. It will involve receiving an “Exercise Push Package” of antibiotics, etc., from the State Department of Health, and then moving those antibiotics and other materials out to two dispensing clinics, where one to two thousand volunteers will receive antibiotics in a scenario simulating an exposure to a bioterrorism agent. Knox County EMA and Tennessee EMA will also participate in the exercise, and there will be limited participation by selected local hospitals.

This SNS exercise will be the first to occur in Tennessee, and will be evaluated by Tennessee Department of Health. Over 400 public health employees will be activated for the drill, as well as the volunteers recruited to be “patients.” It provides one more step towards assuring that terrorism preparation plans developed by Public Health in East Tennessee are adequate and up-to-date.

Syphilis Outbreak in Knox County

Knox County typically reports one to three cases of syphilis each year. Since March there have been six cases identified and treated, involving both heterosexual and homosexual groups. The majority of these cases are in primary or secondary stages. Intensive contact investigation is being undertaken for each case in order to stop the spread of this disease. Local providers should have a high degree of suspicion when evaluating a genital lesion, or diagnosing a rash that involves lesions on the palms/soles. Please report suspicious clinical cases to Mary Tate, Supervisor, CDC Clinic, Knox County Health Department, at 215 5387.

EPI Update

Resource: Diagnosis and Management of Foodborne Illnesses

Centers for Disease Control and Prevention have produced a Primer for Physicians and Other Health Care Professionals, "Diagnosis and Management of Foodborne Illnesses," that is available on their web site. It includes free continuing education credits for completion of the examination that accompanies the primer. (2.75 CME credits, 0.25 CEUs, 3.3 CNE credits) To access the primer and the exam, go to cdc.gov, click on MMWR, and then go to the Recommendations and Reports, April 16, 2004



Rabies in Tennessee: Update

Hamilton County continues to report cases of raccoon variant rabies in animals, representing a clear spread of raccoon rabies into Tennessee from the epizootic in Georgia. Wild animal vaccination efforts are taking place in that area in an effort to slow the spread. Encourage your patients to have both their dogs and cats vaccinated, and to avoid interaction with raccoons, or dogs/cats not well known to you.



WEST NILE VIRUS – TENNESSEE, 2004

The first case of WNV in Tennessee this year was an equine case, reported in an infected horse in Fayette County. West Nile Virus has been seen in 23 states so far this year; human cases have been reported in at least 5 of those states. In June, Knox County Health Department reported that WNV had been confirmed in one crow that was submitted for testing. As a result of this positive test, KCHD environmental health staff will place collections traps for adult mosquitoes in different areas of Knox County to continue monitoring for WNV. In addition, Knox County will continue accepting freshly dead crows and blue jays for WNV testing. Mosquito spraying will continue in Knox County, with emphasis on areas where positive birds are found.

Last year Tennessee had 26 human cases, 103 positive horses, and 275 positive birds. No human cases have been reported so far for 2004; in 2002 and in 2003 the first human cases were reported during the last week of July.

Dr. Ron Wilson, Tennessee State Veterinarian, is encouraging horse owners in Tennessee to have their horses vaccinated for WNV. Physicians should encourage their patients to wear insect repellent and/or protective clothing when engaged in outside activities, and to limit outdoor activities between dusk and dawn when possible.



If you would like to receive EPI Update via e-mail
in PDF format please contact
Cindy Lou Sovastion at:
cindylou.sovastion@knoxcounty.org

Fluoroquinolone-Resistant Gonorrhea: Increases in the U.S.; Here in East Tennessee

Since 1993 CDC has recommended use of certain fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin) for gonorrhea; fluoroquinolone therapy is inexpensive, oral, and provides single-dose therapy. However, the increase in prevalence of fluoroquinolone-resistant *N. gonorrhoeae* has already been noted in California, and now seems to be spreading east throughout the United States.

In April CDC issued a recommendation that providers no longer use fluoroquinolones as a first line treatment for gonorrhea in the U.S. for males having sex with males. Knox County Health Department has already documented resistant GC in this particular group. Additionally, there is concern about using fluoroquinolones as first-line therapy in heterosexuals because of the growing potential for drug resistance in the larger population. Local physicians should consider treating any case of GC with antibiotics other than fluoroquinolones, and if treating heterosexuals with a fluoroquinolone, they should be vigilant in identifying treatment failures. Clinicians in East Tennessee should advise their patients about the importance of follow-up, and refer them to their local health department for any assistance in dealing with treatment or contact investigation. For further information you can call the Communicable Disease Clinic at East Tennessee Regional Office (546 – 9221), or Knox County Health Department (215 5370).

Measles in the U.S. - Make sure your Patients are Vaccinated!

There have been two recent measles scares in the United States. The first involved a U.S. college student, previously unvaccinated for measles, who returned from India during the initial contagious prodrome phase of measles, exposing several hundred airline travelers as well as other unvaccinated school colleagues on his return to Iowa. Several thousand persons required post-exposure measles vaccination to stop potential spread of the disease; three secondary cases were reported. The second outbreak received some media attention, since it involved a group of adoptees from a single orphanage in China who were incubating measles as they traveled to the U.S. with their new parents.

Spread of measles was limited only because vaccination rates with MMR in the United States remain high. Providers should screen foreign-born residents for adequacy of immunization, and should counsel unvaccinated children and adults of the need for vaccination before traveling to a destination where vaccine preventable diseases are still common. MMR is not only important in preventing measles in these groups; it also is critical in preventing the occurrence of congenital rubella among the infants of foreign-born women. Last, health care workers should have up-to-date measles immunization because of the high probability of exposure!



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Update on SARS

Earlier this year an outbreak of SARS occurred in China as the result of laboratory exposure to the virus at the National Institute of Virology in Beijing. Nine cases were confirmed or suspected; two of the cases were exposed to the virus in the laboratory setting. One of the cases, a postgraduate student, was the source for seven other cases who were exposed to her, or exposed to the health care worker who cared for the postgraduate student during her illness.

No other cases of SARS have been reported since this outbreak in China. In May a traveler returning from China to Washington State was suspected of having SARS. He was rapidly hospitalized and isolated, but his case has not been confirmed through laboratory testing at this time.

CDC continues to recommend that hospitals and providers carry a high index of suspicion when evaluating travelers returning from China, Hong Kong, or Taiwan who present with fever and respiratory symptoms. Additionally, they suggest considering the possibility of SARS in hospitalized health care workers with pneumonia who have had direct patient contact, or in hospitalized patients who have had other family members with pneumonia. It is in fact possible that an unidentified case may occur in the U.S. and serve as the source of an outbreak in this country.

LaCrosse Encephalitis Update

LaCrosse Encephalitis (LAC) is an arboviral disease endemic in East Tennessee that usually targets children ages one to sixteen. Pediatric patients who present during the summer months with fever and signs/symptoms of a central nervous system infection to the hospital should be considered for LAC testing. East Tennessee Children's Hospital collaborates with the East Tennessee Regional Health Office and with Knox County Health Department in sending and arranging acute and convalescent titers for children. LAC diagnosis is confirmed with paired serum samples. This year, the acute titer for virus specific antibody will include both the IgG and IgM followed by a convalescent titer in 2 to 3 weeks. A four fold rise in antibody titer confirms LAC infection. Antibody testing is done through the Knoxville Regional Laboratory at no cost to the patient who meets certain criteria.

For the 2004 season, testing has begun early. Nine children have been tested thus far with the first titer being received on June 8, about 3 weeks earlier than in previous years.

Convalescent titers are pending on the remaining eight children.

The University of Tennessee Department of Entomology and Plant Pathology continue to collaborate with the health team in defining LAC vectors. This year, U.T. is conducting a study to determine the range of a new mosquito *Ochlerotatus japonicus*. This mosquito has been shown to be a competent vector of several arboviruses in Eastern Tennessee including: West Nile virus, La Crosse virus and Eastern Equine encephalitis virus. To determine the extent of its populations in Tennessee, mosquito eggs will be collected and identified.

Newly Diagnosed HIV and HIV/AIDS* Cases, Knox County, TN: 2000-2003

	2000			2001			2002			2003		
	HIV-Only #	AIDS #	%	HIV-Only #	AIDS #	%	HIV-Only #	AIDS #	%	HIV-Only #	AIDS #	%
TOTAL	32	21	100.0	38	14	100.0	46	16	100.0	44	17	100.0
GENDER												
Male	26	19	81.2	32	13	84.2	35	13	76.1	35	13	79.5
Female	6	2	18.8	6	1	15.8	11	3	23.9	9	4	20.5
RACE												
White	26	15	81.2	30	10	79.0	33	13	71.7	32	11	72.7
Black	6	5	18.8	6	4	15.8	8	3	17.4	12	6	27.3
Asian	0	1	0.0	1	0	2.6	0	0	0.0	0	0	0.0
Hispanic	0	0	0.0	1	0	2.6	0	0	0.0	0	0	0.0
Unknown	0	0	0.0	0	0	0.0	5	0	10.9	0	0	0.0
RISK												
Heterosexual Contact	2	1	6.3	9	1	23.7	19	1	41.3	7	4	15.9
Homosexual and IDU	2	1	6.2	2	0	5.3	1	0	2.2	0	0	0.0
Homosexual/Bisexual Male	19	12	59.4	20	7	52.6	21	10	45.7	31	6	70.5
IV-Drug User	5	4	15.6	2	2	5.3	2	1	4.3	1	2	2.3
Male with HIV/HIV Risk	0	0	0.0	1	0	2.6	0	0	0.0	0	0	0.0
Risk not Specified	4	3	12.5	4	4	10.5	3	4	6.5	5	5	11.4
SOURCE												
Adult HIV Clinic	0	0	0.0	0	0	0.0	0	1	0.0	0	0	0.0
Blood Bank	2	0	6.3	1	0	2.6	4	0	8.7	0	0	0.0
Correctional Facility	1	2	3.1	1	0	2.6	2	0	4.3	3	0	6.8
Emergency Room	0	1	0.0	0	0	0.0	0	0	0.0	1	0	2.3
HIV Counseling and Testing	18	1	56.2	16	4	42.1	3	0	6.5	15	3	34.1
Hospital Inpatient	2	10	6.3	3	5	7.9	3	5	6.5	3	9	6.8
Laboratory	1	0	3.1	0	0	0.0	1	1	2.2	0	0	0.0
Other Clinic	0	0	0.0	0	0	0.0	0	0	0.0	1	0	2.3
Private Physician, HMO	8	7	25.0	6	5	15.8	9	6	19.6	16	5	36.4
STD Clinic	0	0	0.0	11	0	29.0	24	3	52.2	5	0	11.4

* Note: These data do not reflect those HIV or AIDS/HIV cases that were diagnosed in another state but currently reside in Tennessee

Newly Diagnosed HIV and HIV/AIDS* Cases, East Tennessee Region, TN: 2000-2003

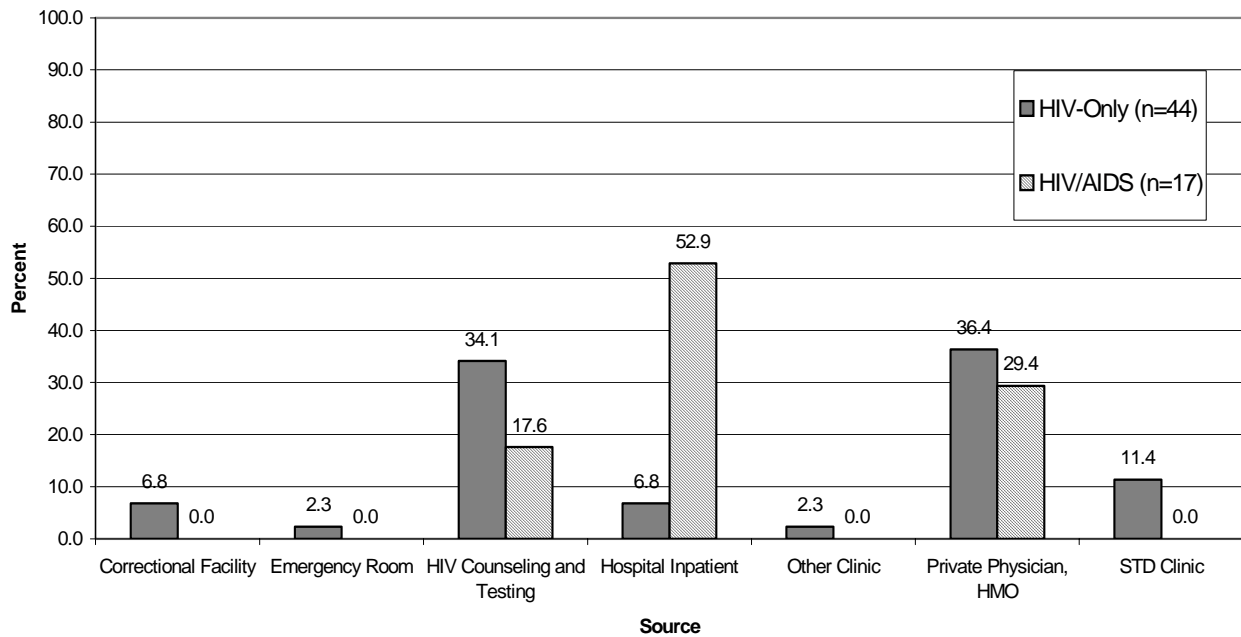
	2000			2001			2002			2003		
	HIV-Only #	AIDS #	%	HIV-Only #	AIDS #	%	HIV-Only #	AIDS #	%	HIV-Only #	AIDS #	%
TOTAL	22	15	100.0	17	13	100.0	19	13	100.0	19	11	100.0
GENDER												
Male	14	13	86.7	15	9	88.2	14	12	73.7	17	10	89.9
Female	8	2	13.3	2	4	11.8	5	1	26.3	2	1	9.1
RACE												
White	20	12	80.0	15	11	88.2	15	12	78.9	18	8	72.7
Black	1	1	13.3	2	2	11.8	1	1	5.3	1	3	27.3
Asian	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Hispanic	1	2	6.7	0	0	0.0	2	0	10.5	0	0	0.0
Unknown	0	0	0.0	0	0	0.0	1	0	5.3	0	0	0.0
RISK												
Heterosexual Contact	8	2	13.3	3	3	17.7	6	1	31.6	2	1	9.1
Homosexual and IDU	0	1	6.7	0	0	0.0	1	0	5.3	1	0	0.0
Homosexual/Bisexual Male	11	6	40.0	8	5	46.0	10	9	52.6	11	8	72.7
IV-Drug User	0	2	13.3	3	2	17.7	2	0	10.5	0	1	9.1
Male with HIV/HIV Risk	1	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Risk not Specified	2	4	26.7	2	3	11.7	0	2	0.0	5	0	0.0
Transfusion, Trpl	0	0	0.0	1	0	5.9	0	1	0.0	0	1	9.1
SOURCE												
Adult HIV Clinic	0	0	0.0	1	1	5.9	0	0	0.0	1	0	0.0
Blood Bank	2	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Correctional Facility	0	0	0.0	0	0	0.0	2	0	10.5	3	0	0.0
HIV Counseling and Testing	8	0	0.0	2	0	11.8	1	0	5.3	3	3	27.3
Hospital Inpatient	1	10	66.7	3	4	17.6	0	1	0.0	4	1	9.1
Hospital Outpatient	0	0	0.0	0	1	7.7	0	0	0.0	0	0	0.0
Laboratory	0	0	0.0	2	0	11.8	0	1	7.7	1	0	0.0
Other Clinic	1	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Private Physician, HMO	10	5	33.3	5	5	29.4	12	9	63.2	5	7	63.6
STD Clinic	0	0	0.0	4	0	23.5	4	2	15.4	2	0	0.0
Unknown Source	0	0	0.0	0	2	0.0	0	0	0.0	0	0	0.0

* Note: These data do not reflect those HIV or AIDS/HIV cases that were diagnosed in another state but currently reside in Tennessee

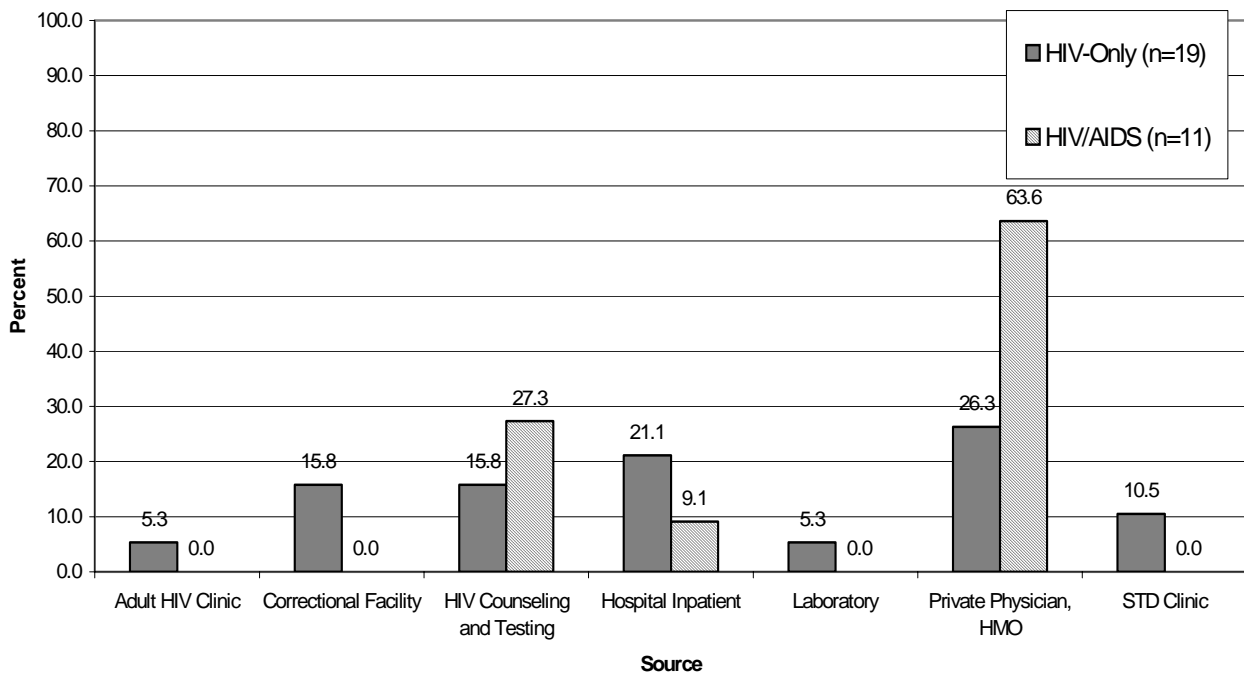
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HIV/AIDS Surveillance Data for 2000 - 2003

Percentage of Newly Diagnosed HIV-Only and HIV/AIDS Cases by Source of Initial Diagnosis, Knox County, 2003



Percentage of Newly Diagnosed HIV-Only and HIV/AIDS Cases by Source of Initial Diagnosis, East TN Region, 2003



EPI Update

Selected Diseases Reported by County, East TN January-June, 2004 Year-to-Date

Disease	Campylobacter	Salmonella	Shigella	Hep A	Hep B	DRSP	Pen Sen	Strep VRE	Gen Chlamydia	P & S Syphilis	Gen Gonorrhea	AIDS/HIV	TB
Knox County													
YTD '04	18	37	12	1	9	4	27	16	736	4	331	16/20	3
YTD '03	26	17	52	0	4	11	16	21	715	1	280	16/19	4
East Tennessee Region													
Anderson	2	3	0	0	9	0	8	4	78	0	36	0/0	0
Blount	6	3	0	0	0	1	1	29	101	0	29	0/0	3
Campbell	0	1	0	0	2	1	3	6	21	0	2	1/2	0
Claiborne	1	1	0	0	0	0	0	2	15	0	2	0/1	0
Cocke	0	1	1	0	2	2	6	2	46	0	8	0/0	0
Grainger	2	1	0	0	0	0	1	3	6	0	3	0/0	0
Hamblen	0	3	1	2	2	0	0	4	68	0	19	1/1	0
Jefferson	4	2	5	0	1	2	1	6	48	0	4	0/0	1
Loudon	0	3	0	2	1	1	5	4	24	1	8	1/0	2
Monroe	1	2	0	0	0	1	2	2	35	0	13	1/2	0
Morgan	0	0	0	0	6	0	1	1	6	0	2	3/4	0
Roane	0	1	0	0	7	0	2	5	25	0	6	0/0	1
Scott	0	1	0	0	1	0	1	0	11	0	0	0/0	0
Sevier	1	12	0	0	0	2	6	5	53	1	15	2/2	2
Union	2	0	2	0	0	1	2	1	14	0	2	0/0	0
YTD '04	19	34	9	4	31	11	39	74	551	2	149	9/12	9
YTD '03	27	33	23	4	5	8	22	46	591	6	93	5/13	7

EPI Update

PUBLIC HEALTH ALERT

- The East Tennessee Regional Office was notified on June 24, 2004 of two cases of Methicillin-resistant staphylococcus aureus (MRSA) in persons who had recent tattoos by an unlicensed artist in Roane County
- Further investigation suggests that others, possibly minors, have also received tattoos by this unlicensed artist.
- An alert was sent to the medical providers in Roane County on June 28, 2004, to enhance surveillance for other possible cases.
- If you have reliable information that would help with this ongoing investigation please contact the East Tennessee Regional Office at 865-549-5241.

Animals Tested for Rabies in East TN January-June, 2004



County	Bats	Skunks	Dogs	Cats	Raccoons	Foxes
Anderson	2	0	1	0	3	1
Blount	3	4	5	2	9	2
Campbell	0	0	2	0	1	3
Claiborne	0	0	1	0	0	0
Cocke	0	1	2	0	0	0
Grainger	0	0	2	3	0	0
Hamblen	0	0	1	0	0	0
Jefferson	0	0	0	1	1	0
Knox	8	6	44	25	99	14
Loudon	0	1	4	0	1	1
Monroe	0	0	1	1	1	0
Morgan	0	0	2	0	2	0
Roane	1	0	11	1	1	0
Scott	0	0	1	0	0	0
Sevier	1	0	9	4	4	0
Union	0	0	2	0	0	0
Total	15	12	88	37	122	21

Positive Reports

Date	County	Animal	Variant
1/14/04	Cocke	Skunk	NC Skunk

EPI Update

The Knox County Health Department
and
East Tennessee Regional Office
encourages your letters and
contributions to EPI Update.
Please send these to:
Dr. Stephanie Hall or Dr. Paul Erwin

If you would like to be on our mailing contact
list or receive EPI Update via e-mail contact
Cindy Lou Sovastion at
865.215.5093
or
cindylou.sovastion@knoxcounty.org

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Managing Editor:
Stephanie Hall, M.D., M.P.H.,
Deputy Director

Production Editor:
Cindy Lou Sovastion

Knox County Health Department
Mark E. Jones, Director

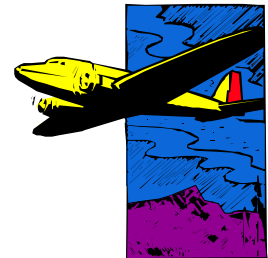
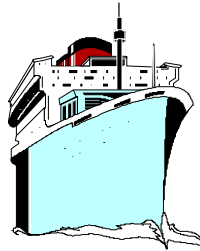
East Tennessee Regional Office
Paul Erwin, M.D., M.P.H., Director



Travel Season Is Here!

If your patient is traveling to exotic places this summer,
Knox County Health Department's
Preventive Health/International Travel Clinic
can provide up-to-date advice and immunizations.
Clinic Hours: 8:00 AM-3:30 PM, M, W, F
8:00 AM-4:30 PM, Tu, Th
Phone: 215-5070

No Appointment Necessary!



National Center for Infectious Diseases

An Ounce of Prevention: Keeps the Germs Away



Wash your hands often

Frequent handwashing is one of the best ways to
prevent the spread of infectious diseases.



The correct way to wash your hands.

- First wet your hands and apply liquid or clean bar soap. Place the bar soap on a rack and allow it to drain.
- Next rub your hands vigorously together and scrub all surfaces.
- Continue for 10 - 15 seconds or about the length of a little tune. It is the soap combined with the scrubbing action that helps dislodge and remove germs.
- Rinse well and dry your hands.

It is estimated that one out of three people do not wash their hands after using the restroom. So these tips are also important when you are out in public.