



Oneida County Health Department

PUBLIC HEALTH UPDATE

June 2015 Surveillance

July 2015 Newsletter

Special points of interest:

- Outbreak of meningococcal disease among MSM. New vaccine recommendations.
- More than 300 individuals have been seen in ED's in NYS since April 1st with synthetic cannabinoid-related adverse events.
- OCHD has many collaborative efforts to promote World Breastfeeding Month.
- NYSDOH has issued several Health Alerts regarding Communicable Disease

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There have been no cases of bacterial meningitis reported in Oneida County in 2015

INVASIVE MENINGOCOCCAL DISEASE (IMD)

Meningococcal disease can refer to any illness that is caused by the type of bacteria called *Neisseria meningitidis*, also known as meningococcus. These illnesses are often severe and include infections of the lining of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia).

Meningococcus bacteria are spread through the exchange of respiratory and throat secretions (e.g., by living in close quarters, kissing). Meningococcal disease can be treated with antibiotics, but quick medical attention is extremely important. Keeping up to date with recommended vaccines is the best defense against meningococcal disease.

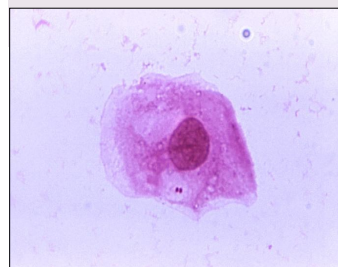
There are multiple serogroups of *Neisseria meningitidis*. Serogroups B, C, and Y cause the majority of disease in the United States and serogroup W causes a small portion of disease. Serogroup A causes disease in developing countries and the meningitis belt of sub-Saharan Africa.

About 10 to 15 out of 100 people infected with meningococcal disease will die. About 11 to 19 out of every 100 survivors will have long-term disabilities, such as loss of limb(s), deafness, nervous system problems, or brain damage.

Outbreak among MSM in Chicago

In early June 2015, meningococcal disease was confirmed in several men living in the Chicago area.

NYSDOH urges those most at risk for infection - men who have sex with men (MSM) to get vaccinated.



A photomicrograph of *Neisseria meningitidis* recovered from the urethra of an asymptomatic male. This bacteria is not normal flora, but a pathogenic organism present in a large percentage of the population without causing disease.

People living with HIV

People living with HIV are at a greater risk of acquiring the infection that causes IMD. Approximately 20% of HIV positive people who develop the disease die of it. Vaccine can prevent IMD, therefore HIV-positive individuals are encouraged to get 2 doses of MCV4, 2 months apart.

For meningococcal vaccination recommendations by age and / or risk factor, go to:

<http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm>

Use of Serogroup B Meningococcal Vaccines in Persons Aged ≥10 Years at Increased Risk for Serogroup B Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices, 2015. MMWR June 2015:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm>

What to do when MPSV4 is unavailable:

ACIP recommends **off-label** use of MCV4:Menactra, or Menveo) in adults >56 yrs. who (1) were vaccinated previously with MCV4 and now need revaccination or (2) are recommended to receive multiple doses. However, it is acceptable to use MCV4 if MPSV4 is not available.

August 1-7 is World Breastfeeding Week!

The Oneida County Health Department has a number of programs designed to increase the number of women who initiate breastfeeding and to support them so that they can continue to breastfeed as long as they would like.

WIC World Breastfeeding Week Event at the **Utica Zoo**

Moms will get in free and those with mom get in for a reduced cost. That cost is \$4.25 adults and \$2.50 children over three years old. For a free/reduced admission, show your WIC folder, pick up a ticket at the local Breastfeeding café or contact

Oneida County WIC Program at 798-5066.

While families

are walking around the zoo, look for the breastfeeding mammal information cards. Learn about the similarities and differences and what we can learn from other nursing mammals!

Community is welcome: need not to be on WIC to receive discounts or join the fun.



Feeding Choice Counseling at OB Clinics

One barrier to breastfeeding is a lack of accurate information about breastfeeding. OCHD is seeking to overcome this problem by providing one on one counseling to women at the OB Clinics at St Luke's and St Elizabeth's hospitals. The Certified Lactation Counselors provide information about the benefits of breastfeeding.

Women have an opportunity to voice their questions and concerns and to make sure that they have a good understanding of the resources available for assistance with breastfeeding problems. If a woman chooses to bottle feed, information is provided on that as well. In 2014, 272 women were counseled and to date in 2015, 308 women have been counseled.



The Baby Weigh Station

In order to help support nursing moms in Oneida County the Baby Weigh Station is available to provide assessment and support for women with questions or concerns about breastfeeding. The Baby Weigh Station is staffed by Certified Lactation Counselors who can assist mothers in proper breastfeeding technique, answer questions prenatally and help mothers prepare to return to work or school. We want to work with mothers to solve problems and build confidence so they can breastfeed as long as they would like!

Location: OCHD Clinic
406 Elizabeth Street
Utica

Hours: Drop in
Fridays 1 to 3:30
or by appointment.

Call **798-5747** for more information.



OCHD Clinic joins the *Breastfeed Your Baby Here* Initiative

The Oneida County Diagnostic and Treatment Clinic has become a partner in the **Breastfeed Your Baby Here** Community Initiative, sponsored by the Mohawk Valley Perinatal Network. This initiative works with businesses and organizations to support breastfeeding mothers and babies in our community *anytime, anywhere*, and to make nursing an accepted, comfortable, and easy choice in stores, daycare centers, buses and parks. **Breastfeed Your Baby Here** partners can also offer "extended accommodations" to nursing mothers and families, such as making a private area available for nursing moms, offering changing tables or serving as a drop-in place for breastfeeding moms in the community, regardless of whether or not they are a customer.

"We are very excited to support this initiative which seeks to normalize breastfeeding in our community. Breastfed babies are not only at reduced risk from ear infections, pneumonia, diarrhea and obesity but the health benefits extend into adulthood. Ensuring that there are welcoming places for wom-

en to feed their babies will make it easier for them to make the choice to breastfeed." says Phyllis Ellis, Director of Health at the Oneida County Health Department.

Any organization or business can become a partner by displaying **Breastfeed Your Baby Here** signage to indicate awareness and support of a mother's right to nurse in public and by allowing breastfeeding mothers (employees, visitors & patrons) to breastfeed on the premises, in any location where she is otherwise entitled to be. Partners are encouraged to educate all employees to be courteous and kind to nursing mothers everywhere.

Mohawk Valley Perinatal Network recently received a Community Impact Grant from the American Heart Association to promote partners through a mobile website. This will allow nursing mothers to search for breastfeeding-friendly organizations and businesses in Oneida and Herkimer Counties, and access the business location and available accommodations.

"While we have always welcomed nursing mothers

at the clinic we are excited to be a part of this initiative. The signage makes it clear that we are supportive of breastfeeding families and we look forward to having our participation shared through the mobile app", says Kay Roberts, Supervisor of the Maternal Child Health Program.



To become a **Breastfeed Your Baby Here** Community Partner please contact Kayleigh Riesel. (315) 732-4657 / kriesel@newfamily.org

Increase in Synthetic Cannabinoid-Related Adverse Events and ED Visits

NYSDOH Health Advisory June 15, 2015:

More than 300 individuals have been seen in emergency departments in New York State since April 1st for synthetic cannabinoid-related adverse events.

.For patients presenting with acute symptoms, consider synthetic cannabinoid use when evaluating patients who have compatible signs or symptoms. Call the Poison Control Center (1-800-222-1222)

Healthcare providers should ask about synthetic cannabinoid use when evaluating patients with signs or symptoms of drug use, or when discussing recreational

or chronic substance use. Often the best way is to use the street names listed below.

Synthetic cannabinoids are not detected in standard urine toxicology screens; therefore, synthetic canna-



binoid exposure should not be ruled out based on negative screening results.

After a patient who has been identified as using synthetic cannabinoids is stabilized in a psychiatric setting, direct referral to treatment for a

substance use disorder should be considered.

Synthetic cannabinoids are marketed as “legal” and typically consist of plant material coated by chemicals which mimic THC, the active principle of marijuana. The products are sold as incense, herbal mixtures or potpourri, online and in convenience or smoke shops and often carry a “not for human consumption” label in order to disguise the true purpose of the substance.

They are referred to by different names, including: K2, Spice, Blonde, Summit, Standard, Blaze, Red Dawn X, Citron, Green Giant, Smacked, Wicked X, AK-47, synthetic marijuana, or legal marijuana, Geeked Up, Ninja, Caution, Red Giant or Keisha Kole.

Oneida County Communicable Disease Surveillance—JUNE 2015

DISEASE	JUNE 2015	*YTD 2015	**YTD 2014	DISEASE	JUNE 2015	*YTD 2015	**YTD 2014
Tuberculosis	0	1	2	Influenza A	9	1,373	751
Giardia	0	5	25	Influenza B	48	395	613
Rabies Exposure	7	19	23	## Lyme	2	6	10
Salmonella	2	10	9	Pertussis	1	10	6
Chlamydia	122	372	344	Cryptosporidiosis	1	3	5
Campylobacter	2	5	7	Syphilis	1	8	2
Hepatitis C (chronic)	22	81	68	Gonorrhea	16	62	44
Hepatitis C (acute)	1	2	1	<p>*YTD— Year to date as of June 30, 2015</p> <p>**YTD—Year to date as of June 30, 2014</p>		<p>## Lyme data has changed due to NYSDOH designating Oneida Co. as Sentinel County based on case prevalence. OCHD is not longer required to be investigated all cases.</p>	



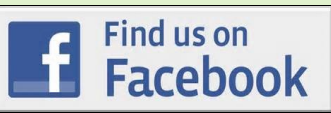
Under the Leadership of
ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE

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We're on the web!

Hours:

8:30 am -
4:00 pm
Monday
through
Friday



CLINICAL SERVICES

406 Elizabeth Street
Utica, New York 13501



Public Health
Prevent. Promote. Protect.

<p>STD</p> <p>GYT</p> <p>GET YOURSELF TESTED</p>	<p>Maternal Child Health & MOMS</p> 
	 <p>TUBERCULOSIS</p>
 <p>HIV</p>	 <p>Communicable Disease</p>

All previous newsletters are posted at <http://www.ocgov.net> Go to Health Department then click on For Providers

Etc., etc.

Statewide Mosquito-borne Disease Activity Report July 16, 2015:

Wadsworth reported 1 West Nile Virus positive mosquito pool in Oneida County.

CDC and NYSDOH is working together to curb the over-prescribing of antimicrobial agents. Providers will soon be receiving "Get Smart - Know when Antibiotics Work" materials to display in their offices. (See Attached)

MERS-CoV

On June 5, 2015 CDC issued a Watch Level I advisory regarding travel to South Korea (see attached) over concerns of an ongoing outbreak of Middle East Respiratory Syndrome in that country.

Healthcare providers and facilities should continue to ask all patients about their travel history and healthcare facility exposure as a standard practice.

NYSDOH Health Alert June 4, 2015

CDC continues to receive new reports of infections with Shigella strains that are not susceptible to ciprofloxacin and/or azithromycin. Most have been in Illinois, Minnesota, and Montana among gay, bisexual and MSM. Shigella is very contagious and can spread quickly through communities. (See Attached)



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

May 20, 2015

Dear Provider:

The Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (Department) are working together to curb the overprescribing of antimicrobial agents.

Recently, the Department performed an analysis of statewide adult outpatient Medicaid claims data from 2013. Based upon this analysis, **your practice has been identified as being located in an area of New York State that has an unexpectedly high rate of potentially avoidable antibiotic prescribing.** Please see the enclosed map.

The Department analysis was modeled after a national review of antimicrobial drug use among adult Medicaid patients presenting with upper respiratory tract infections¹. Statewide, 45% of patients filled an antibiotic prescription after a simple diagnosis of acute respiratory tract infection (i.e. primary diagnosis of cold, upper respiratory tract infection, or acute bronchitis without antibiotic-appropriate secondary diagnoses). We understand that administrative data do not always provide a complete and accurate reflection of a patient's clinical presentation; some prescriptions included in this database undoubtedly were appropriate. However, this kind of bias should not vary much by geographic region, so the antibiotic prescribing rates remain a concern.

The Department is now participating in CDC's "Get Smart (Know When Antibiotics Work)" program aimed at improving appropriate use of antimicrobial agents. To that end, the Department would like to enlist your help in our efforts:

We will shortly be sending your practice CDC's "Get Smart" printed educational materials (posters, brochures) on appropriate antibiotic prescribing. Please consider displaying them in patient areas at your facility. Some providers indicate they feel pressure from patients to prescribe antibiotics even when they are not indicated; these materials might help educate patients. The material also will include "viral prescription pads" which have been popular among prescribers in other areas. Additional materials may be obtained via CDC's "Get Smart" web page: <http://www.cdc.gov/getsmart/campaign-materials/print-materials.html>


If appropriate antibiotic prescribing is a matter of particular interest to you, we invite you to serve as one of our local opinion leaders and spread the word to peers about appropriate antibiotic prescribing in your facility or community. We would be pleased to assist you by

¹ Li P, Metlay JP, Marcus SC, Doshi JA. Factors associated with antimicrobial drug use in Medicaid programs. *Emerg Infect Dis.* 2014;20(5):829-32.

providing educational materials or a PowerPoint slide set. Please contact Mary Beth Wenger at marybeth.wenger@health.ny.gov or call (518) 474-1036.

We thank you in advance for your partnership in this important matter.

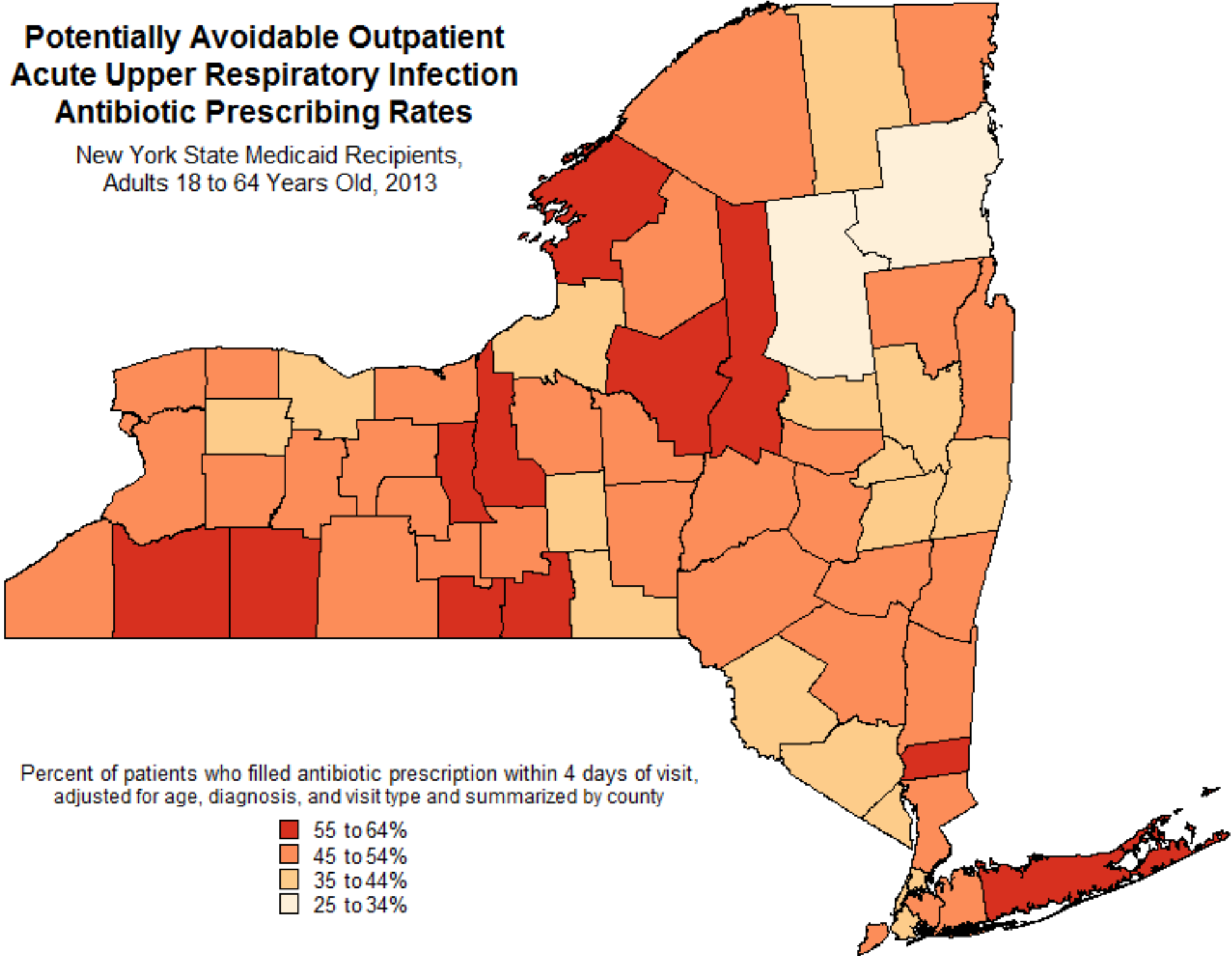
Sincerely,


Howard A. Zucker, M.D., J.D.
Commissioner of Health

Enclosure

Potentially Avoidable Outpatient Acute Upper Respiratory Infection Antibiotic Prescribing Rates

New York State Medicaid Recipients, Adults 18 to 64 Years Old, 2013





June 12, 2015

TO: Healthcare Providers, Hospitals, and Local Health Departments

FROM: New York State Department of Health (NYSDOH) Division of Epidemiology

HEALTH ADVISORY:

CDC HAN 380 -- Updated Information and Guidelines for Evaluation of Patients for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Primary Care Providers, and all patient care areas.

On June 5, 2015, CDC issued a Watch Level 1 (Practice Usual Precautions) advisory regarding travel to South Korea (also called the Republic of Korea) over concerns of an ongoing Middle East Respiratory Syndrome (MERS) outbreak associated with the healthcare setting in that country. On June 11, 2015, CDC issued a health advisory on MERS, which is attached.

Healthcare providers and facilities should continue to ask all patients about their travel history and healthcare facility exposure as a standard practice.

- Post signs prominently at all entrances, at reception, and at triage locations, in at least English, French, Spanish, Chinese, Russian, Italian, Korean and Haitian Creole asking all persons presenting for care to provide their international travel history.
- The patient registration protocol must require reception staff to obtain a travel history and symptoms from all patients upon initial reception.

Specific to MERS in South Korea, CDC and NYSDOH advise that **healthcare providers should be alert to patients who develop fever AND pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) AND a history of being in a healthcare facility (as a patient, worker, or visitor) in the Republic of Korea within 14 days before symptom onset.** According to available WHO reports, all reported cases to date in South Korea and China are epidemiologically linked to one index case, with transmission limited to other patients, healthcare workers, and visitors in healthcare facilities where case-patients received care.

Also, travelers to countries in or near the Arabian Peninsula¹ continue to be at risk for MERS, with the exception of travelers who only transited through airports in this region. Please see the attached HAN for detailed guidance for evaluating illness in travelers from this region.

Persons who meet the updated criteria for a patient under investigation (PUI; attached and at <http://www.cdc.gov/coronavirus/mers/case-def.html>) should be evaluated for MERS-CoV infection in addition to other common respiratory pathogens and reported immediately to the local health department (LHD). LHD contact information is available at

¹ Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen

<http://goo.gl/wfRqjb>. Providers who are unable to reach their LHD can contact the NYSDOH at 518-473-4439 during business hours or 866-881-2809 during evenings, weekends, and holidays.

Please remember to:

- Consider other more common causes of respiratory illness, such as influenza.
- Evaluate patients using CDC's MERS case definitions and guidance. Specifically, see the attached guidance and:
 - Case Definitions <http://www.cdc.gov/coronavirus/mers/case-def.html>
 - Interim Guidance for Healthcare Professionals <http://www.cdc.gov/coronavirus/mers/interim-guidance.html>
 - Interim Infection Prevention and Control Recommendations for Hospitalized Patients with Middle East Respiratory Syndrome Coronavirus (MERS-CoV) <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>
- Standard, contact, and airborne precautions are recommended for management of patients with suspected or known MERS coronavirus (MERS-CoV) infection.
- Testing for MERS-CoV and other respiratory pathogens can be performed at NYSDOH's Wadsworth Center Laboratories. Providers wishing to access public health testing must obtain pre-approval from the NYSDOH via their LHD. See also:
 - Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) – Version 2 <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>

Questions about this advisory or MERS can be directed to Bureau of Communicable Disease Control at 518-473-4439 during business hours or 866-881-2809 during evenings, weekends, and holidays.

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 11, 2015, 14:00 EST (2:00 PM EST)
CDCHAN-00380

**Updated Information and Guidelines for Evaluation of Patients
for Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
Infection**

Summary: *The Centers for Disease Control and Prevention (CDC) continues to work with the World Health Organization (WHO) and other partners to closely monitor Middle East Respiratory Syndrome Coronavirus (MERS-CoV) globally, including the cases of MERS-CoV infection recently reported by China and the Republic of Korea, to better understand the risks to public health. The purpose of this HAN Advisory is to provide updated guidance to state health departments and healthcare providers in the evaluation of patients for MERS-CoV infection, which have been revised in light of the current situation in the Republic of Korea. Healthcare providers and public health officials should maintain awareness of the need to consider MERS-CoV infection in ill persons who have recently traveled from countries in or near the Arabian Peninsula¹ or in the Republic of Korea as outlined in the guidance below. Please disseminate this information to healthcare providers, especially infectious diseases specialists, intensive care physicians, internists, infection preventionists, and to emergency departments and microbiology laboratories.*

Background

On May 20, 2015, the Republic of Korea (Korea) reported to WHO a case of laboratory-confirmed² MERS-CoV infection, the first case in what is now the largest outbreak of MERS-CoV outside of the Arabian Peninsula¹. The index case is a 68 year-old male who travelled to Bahrain, United Arab Emirates (UAE), Kingdom of Saudi Arabia (KSA), and Qatar, prior to returning to Korea on May 4. He subsequently became ill and sought medical care at several healthcare facilities before being diagnosed with MERS-CoV on May 20. Since then, as of June 10, 107 additional laboratory-confirmed² cases of MERS-CoV have been identified according to the Republic of Korea Ministry of Health, for a total of 108 cases, including 9 deaths; WHO has confirmed 64 of these cases and 5 deaths. One of these cases is a contact associated with this outbreak who travelled from Korea to China on May 26 while symptomatic, tested positive for MERS-CoV in China on May 29, and is the first reported case from China; no other countries have reported any cases of MERS-CoV infection linked to this outbreak. According to available WHO reports, all reported cases are epidemiologically linked to the index case, with transmission limited to other patients, healthcare workers, and visitors in healthcare facilities where case-patients received care. This outbreak is still under investigation, and active contact tracing and prevention measures are ongoing in Korea and China. CDC is closely monitoring the situation to better understand the public health risks associated with this outbreak.

First identified and reported to cause severe acute respiratory illness in September 2012, MERS-CoV has caused infections worldwide, with 25 countries reporting cases to date. As of June 10, 2015, 1,219 laboratory-confirmed² cases of MERS-CoV infection have been reported to and confirmed by WHO, including at least 449 (37%) deaths. The majority of cases (~85%) have been reported from KSA. All reported cases have been directly or indirectly linked through travel or residence to nine countries: KSA, UAE, Qatar, Jordan, Oman, Kuwait, Yemen, Lebanon, and Iran. In the United States (US), nationwide surveillance for MERS-CoV has been ongoing since 2012, and as of June 5, 2015, 45 states have submitted specimens to CDC or conducted their own testing for MERS-CoV based on CDC criteria available in their current form at <http://www.cdc.gov/coronavirus/mers/case-def.html>. Of the 584 total

persons tested in the US, two patients tested positive for MERS-CoV in May 2014 and were determined to be imported cases from KSA; the remaining 582 patients tested negative.

Recommendations

CDC continues to recommend that healthcare providers and health departments throughout the US be prepared to detect and manage cases of MERS. Healthcare providers should continue to routinely ask their patients about their travel history and healthcare facility exposure and to consider a diagnosis of MERS-CoV infection in persons who meet the criteria for patient under investigation (PUI), which has been revised to include considerations of recently being in a Korean healthcare facility and is available at <http://www.cdc.gov/coronavirus/mers/case-def.html>. Specifically, persons who meet the following updated criteria for PUI should be evaluated for MERS-CoV infection in addition to other common respiratory pathogens³ and reported immediately to state and local health departments:

- A. Fever AND pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) AND one of the following:
- A history of travel from countries in or near the Arabian Peninsula¹ within 14 days before symptom onset, OR close contact⁴ with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula¹, OR
 - A history of being in a healthcare facility (as a patient, worker, or visitor) in the Republic of Korea within 14 days before symptom onset, OR
 - A member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated, in consultation with state and local health departments in the US,

OR

- B. Fever AND symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath) AND a history of being in a healthcare facility (as a patient, worker, or visitor) within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula¹ in which recent healthcare-associated cases of MERS have been identified,

OR

- C. Fever OR symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath) AND close contact⁴ with a confirmed MERS case while the case was ill.

The above criteria serve as guidance for testing; however, patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain history of health care exposure).

Health departments should immediately report PUIs to CDC using the MERS PUI short form available at <http://www.cdc.gov/coronavirus/mers/interim-guidance.html>, and should send completed investigation short forms by fax to CDC at 770-488-7107, or attach the short form to an email and send to eocreport@cdc.gov with the subject line: MERS Patient Form.

Recommendations may be updated as additional data become available. Guidance on the evaluation of patients for MERS-CoV infection, clinical specimen collection and testing, infection control, and home care and isolation measures is available on the CDC MERS website at <http://www.cdc.gov/coronavirus/mers/index.html>.

Healthcare providers should adhere to recommended infection control measures, including standard, contact, and airborne precautions while managing patients in healthcare settings who are PUIs or confirmed cases of MERS-CoV infection. Updated guidance on MERS-CoV infection control in healthcare settings is available at <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>.

For PUIs, CDC recommends collecting multiple specimens from different sites after symptom onset for testing with the CDC MERS-CoV rRT-PCR assay, including a lower respiratory specimen (e.g., sputum, bronchoalveolar lavage fluid, or tracheal aspirate), a nasopharyngeal/oropharyngeal swab, and serum. Additional guidance for collection, handling, and testing of clinical specimens is available at <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>.

CDC interim guidance to prevent MERS-CoV from spreading in homes and communities in the US is available at <http://www.cdc.gov/coronavirus/mers/hcp/home-care.html>.

No vaccine or specific treatment for MERS-CoV infection is available; care is supportive. WHO has posted guidance for clinical management of MERS patients at http://www.who.int/csr/disease/coronavirus_infections/InterimGuidance_ClinicalManagement_NovelCoronavirus_11Feb13u.pdf?ua=1.

¹ Countries considered in the Arabian Peninsula and neighboring include: Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates; and Yemen.

² Confirmatory laboratory testing requires a positive polymerase chain reaction test result on at least two specific genomic targets for MERS-CoV or a single positive target with sequencing on a second.

³ Examples of respiratory pathogens causing community-acquired pneumonia include influenza A and B, respiratory syncytial virus, *Streptococcus pneumoniae*, and *Legionella pneumophila*.

⁴ Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection—see <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection—see <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>). Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.

For more information:

For additional information, please consult the CDC coronavirus website at:

<http://www.cdc.gov/coronavirus/mers/index.html>. State and local health departments with questions should contact CDC's Emergency Operations Center (770-488-7100).

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, public information officers, epidemiologists, HAN coordinators, and clinician organizations##

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 4, 2015, 14:00 EST (2:00 PM EST)
CDCHAN-00379

Ciprofloxacin- and Azithromycin-Nonsusceptible Shigellosis in the United States

Summary: *CDC continues to receive new reports of infections with Shigella strains that are not susceptible to ciprofloxacin and/or azithromycin, the antimicrobial agents most commonly used to treat shigellosis. Most cases have been reported among gay, bisexual, and other men who have sex with men (collectively referred to as MSM) in Illinois, Minnesota, and Montana and among international travelers, but cases are also occurring among other populations. Shigellosis is very contagious and can spread quickly through communities and across different segments of the population.*

CDC recommends meticulous handwashing and other hygiene practices to prevent shigellosis and encourages patients with symptoms of shigellosis such as diarrhea and fever to visit a healthcare provider. Clinicians should obtain stool cultures from patients suspected of having shigellosis, counsel patients about shigellosis prevention, and, when treatment is required, select drugs based on antimicrobial susceptibility test results.

This Health Alert Network (HAN) Advisory provides the following:

- *Information about the current status of the outbreaks;*
- *Recommendations for clinical management, counseling, and follow-up of exposed patients and their contacts;*
- *Recommendations on general prevention methods for the public, childcare centers, MSM, and international travelers;*
- *Information about testing and interpretation of azithromycin susceptibility among shigellae; and*
- *Information about revisions to CDC's Shigella website on shigellosis prevention among MSM.*

Background

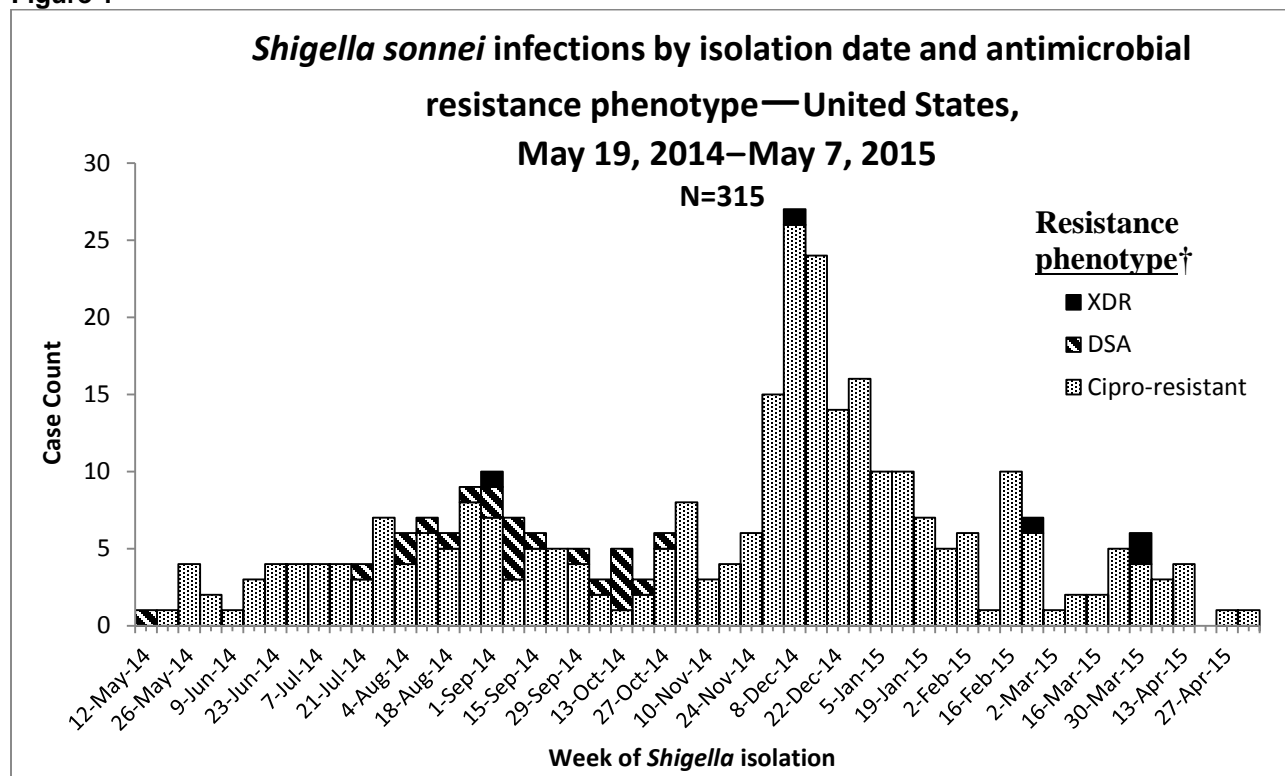
Recent Outbreaks of Multidrug-Resistant *Shigella sonnei* Infections

1. **Extremely drug-resistant (XDR) shigellosis:** As of May 7, 2015, five confirmed cases of XDR shigellosis were identified with onset dates from September 7, 2014 through April 4, 2015, in Illinois and Montana residents. The isolates were tested by CDC's National Antimicrobial Resistance Monitoring System (NARMS) and were resistant to ampicillin, ciprofloxacin, nalidixic acid, streptomycin, sulfisoxazole, tetracycline, and trimethoprim/sulphamethoxazole; had azithromycin minimum inhibitory concentrations >16 µg/ml; and harbored macrolide resistance genes *mphA* and *ermB*. Of the five cases, three self-identified as MSM and two are known to have experienced >14 days of diarrhea. Additionally, in March 2015, a Colorado resident who self-identified as MSM was infected with *S. sonnei* that was resistant to ciprofloxacin, nalidixic acid, and trimethoprim/sulphamethoxazole, and had azithromycin minimum inhibitory concentrations >16 µg/ml. All six of these cases yielded a pulsed-field gel electrophoresis (PFGE) pattern indistinguishable from those associated with an ongoing cluster summarized in 2) below.

2. **Ciprofloxacin-resistant shigellosis:** From May 2014 through April 2015, 179 cases with one of five highly-related PFGE patterns were identified in 34 states and Puerto Rico; approximately half of those who provided information reported international travel before illness onset. Ten of the cases identified by PulseNet, and another 115 cases without PFGE data, were part of an outbreak in San Francisco, California. All San Francisco isolates, and 89% of isolates overall, were resistant to ciprofloxacin. Nineteen cases are known to have occurred among MSM, and several MSM sub-clusters have been reported throughout the United States. A sub-outbreak in a childcare center made 16 people ill. Please see the MMWR report for more information: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6412a2.htm?s_cid=mm6412a2_e.

3. **Shigellosis with decreased susceptibility to azithromycin (DSA):**¹ MSM in Chicago, Illinois, and metropolitan Minneapolis/St. Paul, Minnesota, were involved in an outbreak from May 13 through December 8, 2014. Twenty-two isolates displayed highly similar PFGE patterns and had DSA; two additional isolates had indistinguishable PFGE patterns but did not undergo antimicrobial susceptibility testing. All 22 patients were adult males; 15 of 17 with information self-identified as MSM, and 12 were known to have HIV infection. An additional case with an indistinguishable PFGE pattern occurred in an MSM in San Francisco in January 2015, but the isolate was not available for azithromycin susceptibility testing. Please see the MMWR report for more information: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6421a7.htm?s_cid=mm6421a7_w

Figure 1



†DSA, decreased susceptibility to azithromycin. XDR, resistant to at least ampicillin, trimethoprim/sulfamethoxazole, and ciprofloxacin, and with decreased susceptibility to azithromycin

¹ The term decreased susceptibility to azithromycin, or DSA, is used because clinical breakpoints have not been defined for azithromycin susceptibility among shigellae.

General Prevention Recommendations

- Always practice good hygiene, such as washing hands with soap before preparing food or eating and after using the toilet, and follow the recommendations below.
- Childcare centers should:
 - Ensure handwashing stations are at the appropriate height for young children, well-stocked with soap and paper towels, and located near diapering, toilet, food preparation, and dining areas.
 - Require handwashing among children and staff upon arrival at the facility, after diaper changes and toileting, after outdoor play, before eating, and before departing the facility.
 - Follow proper diapering procedures. For more information about this, see: <http://www.cdc.gov/healthywater/pdf/hygiene/Diapering-procedures-childcare-508c.PDF>
 - Assign separate staff to food preparation and diapering.
 - Avoid providing wading pools or basins of water for sensory play.
 - Exclude children and staff with diarrhea as directed by local ordinances.
- MSM should:
 - Avoid sex while ill or while partners are ill with diarrhea and for a few weeks after recovering.
 - Wash hands, genitals, and anus with soap before and after sex.
 - Use barriers such as dental dams and gloves during anal rimming and fisting.
 - Use condoms during anal or oral sex.
 - For more information about *Shigella* infections among MSM, see <http://www.cdc.gov/shigella/msm.html>.
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- International travelers should:
 - Strictly observe food, water, and hand hygiene precautions. For more information about this, see <http://www.cdc.gov/shigella/msm.html>.
 - Consider taking bismuth subsalicylate (e.g., Pepto-Bismol, Kaopectate) to prevent travelers' diarrhea.

Recommendations for Shigellosis Patients

Patients infected with *Shigella* can protect others through the following actions:

- All patients should:
 - Wash hands with soap after using the toilet.
 - Not prepare food for others while experiencing diarrhea, if possible.
 - Professional food service workers should follow the guidance of their local health department about exclusion from and return to work.
 - Not swim for 1 week after recovering from diarrhea.
- Children in childcare and childcare staff should:
 - Stay home while ill with shigellosis.
 - Follow the guidance of the local health department about return to the childcare facility.
- MSM should:
 - Avoid sex while ill with diarrhea and for a few weeks after recovering. Shigellae have been documented in stool for as long as 11 weeks after diarrhea has stopped, although most patients are likely to have shigellae in stool for a shorter period of time. Avoid sex for a few weeks after recovering or until a convalescent

stool culture is negative to reduce the likelihood of transmission to sexual partners.

- After resuming sex, protect others by:
 - Washing hands, genitals, and anus with soap before and after sex.
 - Using barriers such as dental dams and gloves during anal rimming and fisting.
 - Using condoms during anal and oral sex.
- For more information about *Shigella* infections among gay and bisexual men, see <http://www.cdc.gov/shigella/msm.html>.

Recommendations for Clinicians

- Obtain stool cultures from patients suspected of having shigellosis.
- Base treatment for shigellosis, when needed, on the antimicrobial susceptibility profile of the individual isolate, or during a local outbreak, that of the outbreak strain.
- Counsel shigellosis patients about the importance of meticulous handwashing after using the toilet, and avoiding activities most likely to transmit the infection to others, such as preparing food for others, swimming, group play among young children, and certain sexual activities (e.g., anal rimming or fisting).
- Recommend symptomatic contacts of shigellosis patients, particularly those suspected to have a multidrug-resistant strain, seek health care.
- For shigellosis patients with treatment failure or prolonged diarrhea, obtain follow-up stool cultures at short intervals (e.g., semi-weekly) until the patient has a negative culture. Shedding of multidrug-resistant shigellae in feces may be prolonged, particularly if the patient was treated with an antimicrobial medication to which the isolate was resistant. Confirming clearance of shigellae from stool will allow more accurate counseling about the timelines appropriate for return to higher-risk activities.

Testing and Interpretation of Azithromycin Susceptibility among Shigellae

Antimicrobial susceptibility testing guidelines and interpretive criteria for azithromycin and *Shigella* have not been published by clinical laboratory organizations, such as the Clinical and Laboratory Standards Institute. CDC's National Antimicrobial Resistance Monitoring System (NARMS) has developed a protocol to test *Shigella* for susceptibility to azithromycin using the disk diffusion method. Health department and clinical laboratories that wish to use the protocol for epidemiologic purposes may contact Davina Campbell at xew9@cdc.gov for more information.

Revisions to CDC's *Shigella* Website, Including Prevention among MSM

CDC recently updated the Frequently Asked Questions page on its *Shigella* website (<http://www.cdc.gov/shigella/general-information.html>). In addition, CDC developed new guidance and a fact sheet on prevention of shigellosis among MSM (<http://www.cdc.gov/shigella/msm.html>).

For More Information

- For more information on *Shigella*, see <http://www.cdc.gov/shigella/index.html> or contact Jacqueline Hurd at xyf2@cdc.gov.

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Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance

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Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

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