



epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND
EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

Increasing Reports of Enteric Disease 2016 Communicable Disease Activity Summary

In 2016 there were 534 cases of confirmed and probable diseases or conditions reported in Boulder County. Among these reportable diseases, 51% of cases (274) were due to enteric infections. Among them, the largest number of cases was from campylobacteriosis (105), giardiasis (62), salmonellosis (46), and cryptosporidiosis (29). Other infections reported included shigellosis (14), shiga toxin-producing *E. coli* (12), yersiniosis (2), hepatitis A (2), vibriosis (1), and listeriosis (1). Statewide, the number of reported enteric pathogens continued to be above average.

Test methodologies performed by clinical and reference laboratories for the detection of enteric bacterial pathogens are rapidly changing and are impacting enteric disease reports. Laboratory tests that detect the molecular signature of pathogens and do not depend on obtaining a culture are known as culture-independent diagnostic tests (CIDTs). These CIDTs represent a shift in microbiology practice, with significant implications for physicians, patients, and public health. CIDTs are faster than culture and thus provide data to physicians and their patients in a more clinically useful time-frame. Several laboratories in Colorado have already implemented CIDTs that are multi-enteric pathogen assays. All laboratory results that are positive for reportable conditions, even if no confirmatory testing is performed, continue to be reported to public health.

Outbreaks: The number of outbreak investigations in Boulder County increased in 2016. There were a total of 14 outbreaks, consisting mostly of norovirus in group settings and 1 foodborne outbreak from confirmed *Clostridium perfringens* infections after a local restaurant served food during a festival.

Vaccine-preventable illness: Vaccine-preventable diseases accounted for 33% (175 cases) of case investigations in 2016. Pertussis remains prevalent among school-aged children; 61 cases were reported in 2016 among 20 schools and child care facilities within Boulder County; 8 of these settings reported multiple pertussis cases. There were 31 cases of varicella reported in school-aged children, including 1 school outbreak. There were 81 total influenza hospitalizations reported in the county; 62 were considered part of the 2015-2016 influenza season.

Zoonosis: Zika virus made headlines in 2016 as the first mosquito-borne virus to cause birth defects after activating an emergency response for outbreaks occurring in the Americas. Local transmission has been reported in many countries, territories, and in Florida and Texas in the United States. Zika is not present in Colorado since the climate is not ideal for *Aedes aegypti* mosquito, the primary carrier of Zika. The Centers for Disease Control and Prevention (CDC) has reported 55 symptomatic disease cases among travelers to Colorado who had returned from affected areas.

Increasing Enteric Disease Reports, continued on page 2

Boulder County Adopts Policy Statement to Support Harm Reduction Legislation and Criminal Justice Reforms to Address Drug Use

Drug use and misuse continues to lead to overdose deaths, trauma, family disruption, HIV, hepatitis C infections, and other chronic health conditions for Boulder County residents. Opioid overdose deaths have reached a crisis level, with an average of more than 30 accidental deaths per year in the county. Unfortunately, treatment for substance misuse is too often unavailable or unaffordable for the people who want it. And a criminal justice response, including requiring an arrest in order to get health services, is an ineffective and costly approach that can cause life long, negative consequences.

In response, Boulder County recently adopted a policy statement to support harm reduction legislation, other public health approaches, and criminal justice reforms to address drug use. Public health approaches, such as community-based overdose education and naloxone distribution programs, can help to reverse these deadly trends. Unfortunately, many of the effective prevention and intervention approaches are not currently accessible in the United States due to outdated drug laws, attitudes, and stigma. Boulder County supports legislation that takes a comprehensive approach to drug use, including prioritizing proven prevention, treatment, and harm reduction strategies and expanding and removing barriers to prevention, treatment, and harm reduction services. These strategies have the potential to be scaled up and adapted to a range of settings and populations. Boulder County will support efforts that promote prevention strategies, public education, and training; development and dissemination of best practices in prevention and intervention; and broader implementation of promising interventions as a core element of a comprehensive approach to drug use and misuse, including opioid overdose.

This statement helps to align legislative priorities with other strategies currently underway, as well as future strategies that may be identified by the Boulder County Opioid Advisory Group. If you are interested in participating in the advisory group, please contact Jamie Feld at 303-413-7530 or jfeld@bouldercounty.org. An Opioid Leadership Summit is being held on May 17, 2017 (details on next page).

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Communicable Disease Control Program
HIV Prevention Program
Emergency Management Program
Immunization Program
TB Control Program

epiEye

A Look Outside Our Community
and Around the World

Mumps Outbreak in Denver Metro Area

There has been a significant increase in mumps cases reported in Colorado, especially in the Denver metro area. So far, 53 cases have been reported in Colorado this year, compared to 17 cases reported in all of 2016. On average, there are typically 5.6 mumps cases each year in Colorado.

Health care providers should consider a diagnosis of mumps in patients who present with acute onset of parotid or salivary gland swelling. If mumps is suspected, buccal swabs for PCR (Polymerase Chain Reaction) testing and a serum specimen for mumps IgM (Immunoglobulin M) testing should be collected as soon as possible. Buccal swab specimens from highly suspect cases may be referred to the Colorado Department of Public Health and Environment (CDPHE) laboratory for PCR testing. Anyone suspected of having mumps should be instructed to self-isolate at home until at least five days after the onset of salivary gland swelling.

Report suspected mumps cases to Boulder County Public Health at 303-413-7523 or CDPHE at 303-692-2700. Do not wait until laboratory results are available before reporting suspect cases.

Submitted by Kylie Chilton, MPH, CHES, CIC kchilton@bouldercounty.org

Increasing Reports of Enteric Disease, continued from page 1

Twenty-one mosquito pools collected from various sites around the county tested positive for West Nile virus (WNV) during the 2016 season. Human infections increased as a result; there were 23 human cases of WNV in Boulder County with a clinical diagnosis of uncomplicated fever (18 cases) or neuroinvasive (5 cases). Across the state, 148 cases and 8 deaths, including 2 from Boulder County, from WNV were reported. The majority of cases were uncomplicated fever (61%), with the others being meningitis (20%) or encephalitis (19%).

After a record number of tularemia cases were reported in 2015, just three people in Boulder County tested positive for the disease in 2016. Two animals were submitted for testing but were negative for the disease. No plague or hantavirus was identified in humans or animals in Boulder County in 2016.

In 2016, ten animals found in Boulder County tested positive for rabies: seven bats, two skunks, and one raccoon. Post-exposure prophylaxis was recommended for 26 Boulder County residents who had exposure to animals that may have been infected with rabies.

Sources:

Association of Public Health Laboratories CIDT Fact Sheet:

https://www.aphl.org/aboutAPHL/publications/Documents/FS_CIDTFactSheet_Feb2015.pdf

Colorado Department of Public Health & Environment CIDT guidance: https://www.colorado.gov/pacific/sites/default/files/CIDT%20Enteric%20Guidance_March2015.pdf

Centers for Disease Control and Prevention on Zika: <https://www.cdc.gov/zika/geo/united-states.html>

Submitted by Kylie Chilton, MPH, CHES, CIC kchilton@bouldercounty.org

Join us for the Boulder County

Opioid Leadership Summit

Wednesday, May 17, 2017

2:00 - 3:30 p.m.

Boulder County Justice Center
Jury Assembly Room
1777 6th Street in Boulder

- ~ Connect with leaders working to reduce opioid misuse in Boulder County
- ~ Hear from the Colorado Attorney General about statewide strategies
- ~ Share your organization's priorities and funding and resource needs

RSVP at <https://opioidsummit.eventbrite.com>.

Contact Jamie Feld @ jfeld@bouldercounty.org or 303.413.7530 for more information.



Flu Hospitalizations at Peak Levels

Influenza-related hospitalizations peaked the week ending February 11, 2017. Influenza B is now circulating with the predominant influenza A (H3N2) strain.

