

## Oneida County Health Department

# PUBLIC HEALTH UPDATE

March 2018

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**Antiviral medications with activity against influenza viruses are an important adjunct to influenza vaccine in the control of influenza.**

- Influenza antiviral prescription drugs can be used to **treat** influenza or to **prevent** influenza.
- Five licensed prescription influenza antiviral agents are available in the United States.
- Three influenza antiviral medications approved by the U.S. Food and Drug Administration (FDA) are recommended for use in the United States during the 2017-2018 influenza season: oral **oseltamivir** (available as a generic version or under the trade name Tamiflu®), inhaled **zanamivir** (trade name Relenza®), and intravenous **peramivir** (trade name Rapivab®). These drugs are chemically related antiviral medications known as neuraminidase inhibitors that have activity against both influenza A and B viruses. Generic oseltamivir was approved by the FDA in August 2016 and became available in December of 2016.
- Amantadine and rimantadine are antiviral drugs in a class of medications known as adamantanes. These medications are active against influenza A viruses, but not influenza B viruses. As in recent past seasons, there continues to be high levels of resistance (>99%) to adamantanes among circulating influenza A(H3N2) and influenza A(H1N1)pdm09 (“2009 H1N1”) viruses. Therefore, amantadine and rimantadine are not recommended for antiviral treatment or chemoprophylaxis of currently circulating influenza A viruses.
- Antiviral resistance to oseltamivir, zanamivir, and peramivir among circulating influenza viruses is currently low, but this can change. Also, antiviral resistance can emerge during or after treatment in some patients (e.g., immunocompromised).
- For information about antiviral drug resistance to influenza viruses and guidance on the use of influenza antiviral medications when antiviral resistance is suspected or documented this season, see Antiviral Drug-Resistance among Influenza Viruses. For weekly surveillance data on antiviral resistance this season, see the FluView U.S. Influenza Surveillance Report.

**Oneida County Health Department has included on the website weekly flu updates.**

To access please go to: [ocgov.net/health/flu](http://ocgov.net/health/flu).



## Kratom blamed for Salmonella outbreak in 20 states

The popular herb kratom is linked to an outbreak of salmonella that has made 28 people sick in 20 states, federal health officials said in February 2018.

Most of the people who have been made seriously ill in the outbreak remember having recently used some form of kratom, the Centers for Disease Control and Prevention said. **11 people were sick enough to have been hospitalized.**

“At this time, CDC recommends that people not consume kratom in any form. The investigation indicates that kratom products could be contaminated with Salmonella and could make people sick,” the CDC [says on its website](#).

Kratom has been the focus of a storm of controversy. The Food and Drug Administration has issued increasingly urgent warnings about the herb, saying it [acts like an opioid drug](#) and advising people to [stay away from it](#).

The Drug Enforcement Administration is looking at a strong restriction on the sales of kratom, which is currently traded freely on the internet and in some stores.

“Kratom is a plant consumed for its stimulant effects and as an opioid substitute. Kratom is also known as Thang, Kakuam, Thom, Ketom, and Biak,” the CDC says.

Kratom enthusiasts say it’s enjoyable to use recreationally, but say it is also useful for treating withdrawal from opioid use and can be used to treat pain.

“Kratom is not a drug,” the American Kratom Association says on its website.

“Kratom is not an opiate. Kratom is not a synthetic substance. Naturally occurring Kratom is a safe herbal supplement that’s more akin to tea and coffee than any other substances.”

It says kratom is illegal in Indiana, Tennessee, Wisconsin, Vermont, Arkansas, Alabama and Rhode Island, as well as some local jurisdictions including Sarasota County in Florida, San Diego and Washington, D.C.

Salmonella is a very common bacteria that causes food poisoning. The CDC says it is not clear how it could have gotten into supplies of kratom. But genetic testing links the cases that have been reported. It’s been linked to supplements before, and caused an outbreak in food powder in 2016.

“In interviews, ill people answered questions about the foods they ate and other exposures in the months before they became ill. Eight (73 percent) of 11 people interviewed reported consuming kratom in pills, powder, or tea,” the CDC said.

## Oneida County Communicable Disease Surveillance

DISEASE	Jan. 2018	Feb. 2018	YTD 2018 (Jan –Feb)	YTD 2017 (Jan-	DISEASE	Jan. 2018	Feb. 2018	YTD 2018	YTD 2017 (Jan-
Tuberculosis	1	0	1	2	Influenza A	698	1,446	2,144	775
Giardia	0	4	4	6	Influenza B	232	268	500	229
Rabies Exposure	0	2	2	4	Pertussis	0	0	0	0
Salmonella	0	2	2	2	Cryptosporidiosis	1	1	2	0
Campylobacter	1	0	1	4	Syphilis	1	2	3	1
Hepatitis C	7	3	10	8	Gonorrhea	5	8	13	30
Hepatitis C (acute)	1	1	2	0	Chlamydia	3	36	39	36

# Expedited Partner Therapy EPT

*Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.*

Effective clinical management of patients with treatable sexually transmitted diseases (STDs) requires treatment of the patients' current sex partners to prevent reinfection and curtail further transmission. The standard approach to partner treatment has included clinical evaluation in a health care setting, with partner notification accomplished by the index patient, by the provider or an agent of the provider, or a combination of these methods. Provider-assisted referral is considered the optimal strategy for partner treatment, but is not available to most patients with gonorrhea or chlamydial infection because of resource limitations. The usual alternative is to advise patients to refer their partners for treatment.

CDC has concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydial infection or gonorrhea. Although ongoing evaluation will be needed to define when and how EPT can be best utilized, the evidence indicates that EPT should be available to clinicians as an option for partner treatment. EPT represents an additional strategy for partner management that does not replace other strategies such as provider-assisted referral, when available.

For more information: <https://www.cdc.gov/std/ept/default.htm>

## Colorectal Cancer Awareness Month

Colorectal cancer is the third most common cancer in the United States and the second leading cause of death from cancer. Colorectal cancer affects people in all racial and ethnic groups and is most often found in people age 50 and older.

[How can Colorectal Cancer Awareness Month make a difference?](#)

- We can use this month to raise awareness about colorectal cancer and take action toward prevention. Communities, organizations, families, and individuals can get involved and spread the word.
- Here are just a few ideas:
- Encourage families to get active together – exercise may help reduce the risk of colorectal cancer.
- Talk to family, friends, and people in your community about the importance of getting screened for colorectal cancer starting at age 50.
- Encourage people over 50 to use the interactive tool to decide which colorectal cancer screening test they prefer. <https://healthfinder.gov/HealthTopics/shared-decision-making/colorectal-cancer-screening>

Ask doctors and nurses to talk to patients age 50 and older about the importance of getting screened.

## What is the appropriate anatomic site and needle length for intramuscular and subcutaneous vaccine injection?

Appropriate site and needle length depends on age and body mass. Most injected vaccines are administered by the intramuscular route.

- For neonates (first 28 days of life) and preterm infants the anterolateral thigh should be used. A 5/8-inch needle usually is adequate to penetrate the thigh muscle if the skin is stretched flat between the thumb and forefinger and the needle is inserted at a 90-degree angle to the skin.
- The anterolateral thigh is preferred for infants younger than age 12 months. For the majority of infants a 1-inch, 22- to 25-gauge needle is sufficient.
- For toddlers age 12 months through 2 years the anterolateral thigh muscle is preferred. The needle should be at least 1 inch long. The deltoid muscle can be used if the muscle mass is adequate.
- For children age 3 through 19 years, the deltoid muscle is preferred. The anterolateral thigh also can be used. Needle size for deltoid muscle injections can range from 22 to 25 gauge and from 5/8 to 1 inch depending on the technique used.
- For adults age 19 years and older, the deltoid muscle is preferred for routine intramuscular vaccinations. The anterolateral thigh also can be used. For men and women who weigh less than 130 pounds (less than 60 kg), a 5/8-inch needle is sufficient to ensure intramuscular injection in the deltoid muscle if the injection is made at a 90-degree angle and the tissue is not bunched. For men and women who weigh 130–152 pounds (60–70 kg), a 1-inch needle is sufficient. For women who weigh 152–200 pounds (70–90 kg) and men who weigh 152–260 pounds (70–118 kg), a 1- to 1½-inch needle is recommended. For women who weigh more than 200 pounds (more than 90 kg) or men who weigh more than 260 pounds (more than 118 kg), a 1½-inch needle is recommended.
- Subcutaneous injections are administered at a 45-degree angle, usually into the thigh for infants younger than age 12 months and in the upper-outer triceps area of people age 12 months and older. Subcutaneous injections may be administered into the upper-outer triceps area of an infant if necessary. A 5/8-inch, 23- to 25-gauge needle should be used for all ages.



More information on injection technique is in the ACIP General Best Practices Guidelines for Immunization, available at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html).

## TRAVELERS CAN PROTECT THEMSELVES FROM ZIKA

### Zika Prevention Kit for Travelers

**Bed Net:** ~Use a bed net when sleeping or resting.

~Mosquitoes can live indoors and will bite at any time, day or night.

**Insect Repellent:** ~Use EPA-registered insect repellent containing DEET, picaridin, IR3535, oil of lemon eucalyptus or paramenthane-diol, or 2-undecanone.

~Always follow the directions on the bottle.

~Do not spray repellent under clothing.

~If you are also using sunscreen, apply sunscreen first and insect repellent second.

~When used as directed, these insect repellents are proven safe and effective even for pregnant and breastfeeding women.

~Most repellents, including DEET, can be used on kids older than 2 months. Mosquito netting can be used to cover babies

**Condoms:** ~ Zika can be passed through sex. Bring male or female condoms with you when traveling.

~Use condoms during and after travel to protect yourself and your partner.

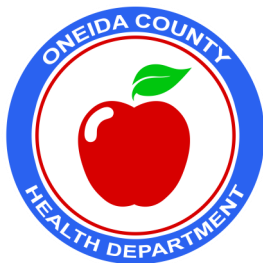
~If you are pregnant, use condoms for the rest of your pregnancy.

~Not having sex eliminates the risk of getting Zika through sex.

**Permethrin Spray:** ~Spray your clothing and gear with permethrin to help protect you from mosquito bites or bring pre-treated



ANTHONY J. PICENTE, JR.  
ONEIDA COUNTY EXECUTIVE



## CLINICAL SERVICES

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Fax: 315-798-1057

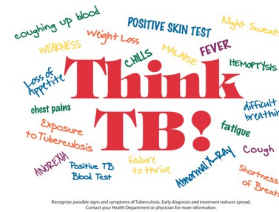
E-mail:

spejic@ocgov.net

revans@ocgov.net

**Clinic Hours:**

**8:30-4pm Monday  
through Friday**



Immunizations are for everyone!



Maternal & Child Health

All previous Public Health Updates/Newsletters are posted at  
<http://www.ocgov.net/health>

Etc., Etc.



### Travelers' Health...

#### Mobile Apps

TravWell

Build a trip to get destination-specific vaccine recommendations, a checklist of what you need to do to prepare for travel, and a customizable healthy travel packing list. The app also lets you store travel documents, keep a record of your medications and immunizations, and set reminders to get vaccine booster doses or take medicines while you're traveling.

Can I Eat This?

Help prevent travelers' diarrhea by using CDC's Can I Eat This? app. Select the country you're in and answer a few simple questions about what you're thinking about eating or drinking, and Can I Eat This? will tell you whether it's likely to be safe.

#### Clinical Update

##### Cholera Vaccine for Travelers

<https://wwwnc.cdc.gov/travel/news-announcements/cholera-vaccine-for-travelers>

##### In Clinic Quick Links

##### Common Travel Health Topics

<https://wwwnc.cdc.gov/travel/page/common-travel-health-topics>



Counsel your patients on actions they can take on their trip to stay healthy and safe.



#### Counsel travelers to be diligent about food and water precautions:

- Avoid cooked food served at room temperature.
- Avoid raw food, including raw vegetables unless they can be washed thoroughly.
- Drink only beverages from sealed bottles or cans.
- Water is safe if it has been boiled or chemically treated.
- Avoid ice unless made from bottled/disinfected water.

Consider prescribing an antibiotic for self-treatment of travelers' diarrhea, factoring in resistance issues at the destination.