

Public Health Update

July 2004

Increased *Campylobacter* Activity

By Laura Dippold, MPH

Tri-County Health Department (TCHD) has seen an increase in the number of *Campylobacter jejuni* cases reported in 2004 with 82 cases reported to TCHD through June 30, which is about double the previous two years (see table below). Each year there is an increase in cases during the summer, however this does not usually occur until July. We are looking into whether this spike represents an outbreak or whether the seasonal increase is earlier this year.

Number of Reported Year-to-Date (Through June) Cases of *Campylobacter*, 2000 – 2004*

Year	Adams	Arapahoe	Douglas	Tri-County Total	Colorado
2000	16	31	8	55	247
2001	23	32	13	68	344
2002	11	20	10	41	219
2003	14	21	12	47	223
2004	24	40	18	82	363

* *Campylobacter* became a reportable condition in Colorado in mid-1999. Hence, data prior to that time is not available.

Please Review the Frequently Asked Questions About *Campylobacter*:

What are the symptoms of *Campylobacter*?

Symptoms of *Campylobacter* include diarrhea, malaise, abdominal pain, and fever within 2 to 5 days after exposure to the organism. The diarrhea may be bloody and can be accompanied by nausea and vomiting. Most people recover completely within 2 to 5 days, although recovery can sometimes take up to 10 days. In persons with compromised immune systems, *Campylobacter* occasionally spreads to the bloodstream and causes a serious life-threatening infection. Although *Campylobacter* doesn't commonly cause death, it has been estimated that approximately 100 persons with *Campylobacter* infections may die each year. *Campylobacteriosis* occurs much more frequently in the summer months than in the winter.

Who should be tested for *Campylobacter*?

It is recommended that testing be done if the patient has symptoms consistent with *Campylobacter*.

What laboratory testing is done for *Campylobacter*?

Campylobacter can be cultured from stool.

What is the treatment for *Campylobacter*?

Most persons will recover and treatment is not generally indicated except rehydration and electrolyte replacement. In more severe cases, antibiotics such as erythromycin or a fluoroquinolone can be used, and can shorten the duration of symptoms if they are given early in the illness.

Note: Please refer to the Physician's Desk Reference (PDR) regarding contraindications to these antibiotics.

How is *Campylobacter* transmitted?

Campylobacter can be transmitted through various sources:

- By ingestion of the organism from contaminated food, water, or raw milk. Most cases of campylobacteriosis are associated with improper handling of raw poultry or eating raw or undercooked poultry meat.
- Animals can also be infected, and some people have acquired their infection from contact with the infected stool of an ill pet (especially puppies and kittens) or farm animals.
- The organism is not usually spread from person to person, but this can happen if the infected person is a small child or is producing a large volume of diarrhea.

What can be done to prevent the spread of *Campylobacter* to others?

- Exclude symptomatic individuals from food handling or care of people in hospitals, childcare centers, and custodial institutions.
- Cook all poultry products thoroughly. Make sure that the meat is cooked throughout (no longer pink), any juices run clear, and the inside is cooked to 170°F (77°C) for breast meat, and 180°F (82°C) for thigh meat.
- Prevent cross-contamination in the kitchen:
 - Use separate cutting boards for foods of animal origin and other foods.
 - Carefully clean all cutting boards, countertops and utensils with soap and hot water after preparing raw food of animal origin.
- Avoid consuming unpasteurized milk and untreated surface water.
- Wash hands carefully and frequently with soap and water especially after using the bathroom, diaper changing, having contact with pet feces, before handling food, and after handling raw foods of animal origin and before touching anything else.

What are the reporting requirements of *Campylobacter* to the state or local health departments?

Campylobacter is a 7-day notifiable disease and must be reported to the Colorado Department of Public Health and Environment or to Tri-County Health Department (see contact information below).

Note: A list of conditions that are reportable by all physicians and health care providers in Colorado are available at: <http://www.cdphe.state.co.us/dc/Medlist04.pdf>

To report a case or to obtain additional information please contact your state or local health department:

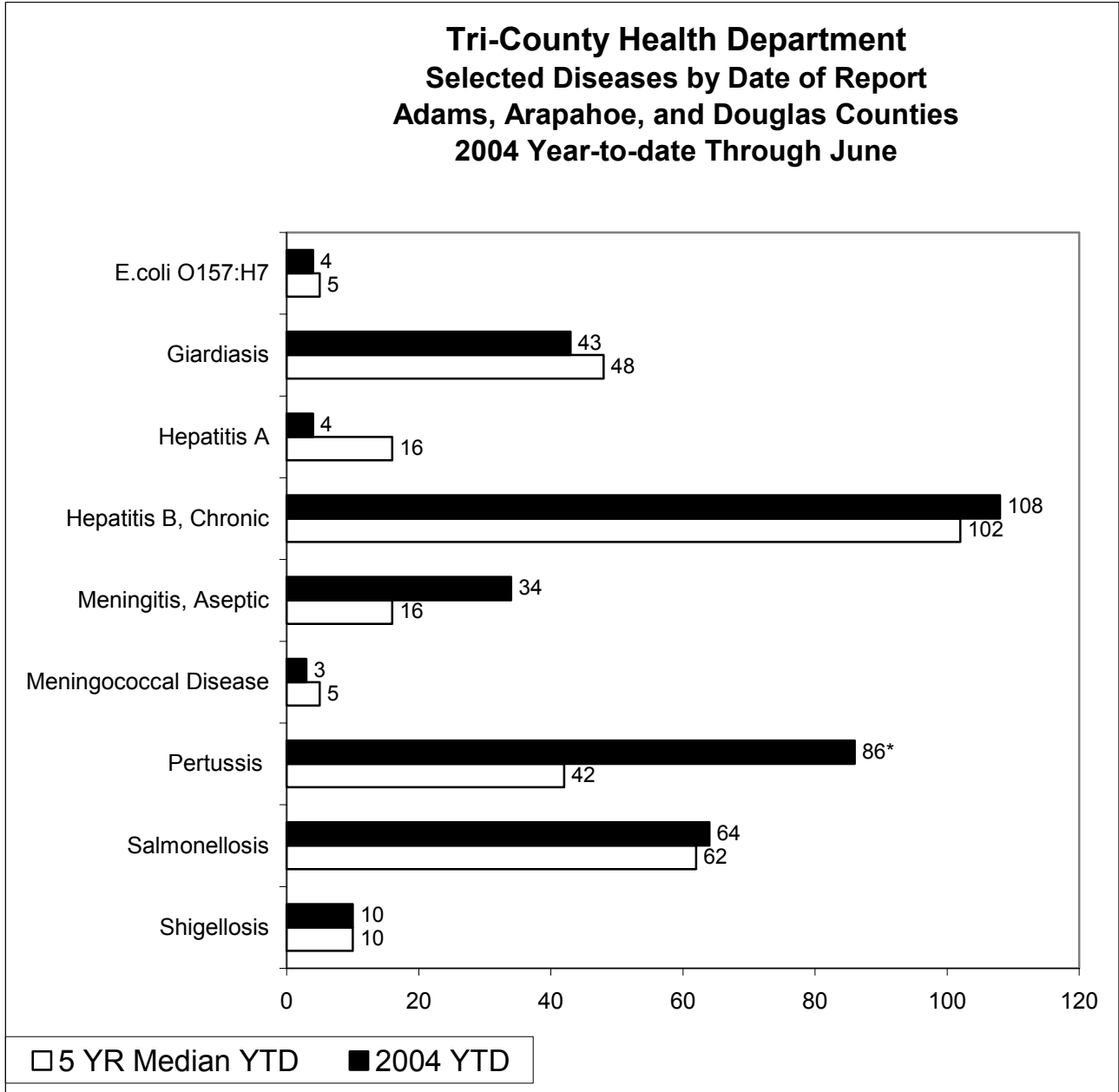
Colorado Department of Public Health and Environment:
(303) 692-2700 / (303) 370-9395 (after hours and weekends)
Fax: (303) 782-0338

Tri-County Health Department:
(303) 220-9200 / 303-461-2342 (after hours and weekends)
Fax: (303) 220-9208

For more information:

Centers for Disease Control and Prevention

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/campylobacter_g.htm



*There have been a high number of pertussis cases reported thus far this year. This increase began in the month of March and continues through the present, however, we are beginning to see a tapering off of reported cases.