
"Partnering to promote, protect and preserve health in our community."

HEALTH ALERT NETWORK HEALTH DISTRICT 4

INFORMATION FOR ALL HEALTH ALERT NETWORK (HAN) USERS

Update User Profile to E-mail, Continue to Think Pertussis and STD Update

June 19, 2014

E-mail Encouraged for HAN Messages Instead of Fax

If you are receiving this HAN via fax, we request that you update your Idaho HAN profile and change your preferences to receive important Health Alerts by e-mail. When you choose to receive Health Alerts by e-mail, you will receive immediate notification of a public health emergency outside of normal business hours on your mobile device, home or public computer. Immediate notification of a public health emergency may be important because you may play a key role in responding to a public health emergency. Additionally, e-mail is more reliable than fax for receiving Health Alerts.

To update your Idaho HAN profile, login to the HAN website at <https://health.dhw.idaho.gov/IDHAN/Form/User/login.aspx> . Once logged in, select "My Profile" from the toolbar on the left hand side. Then select "Edit" at the bottom of the User Profile screen. Edit your User Information and be sure your Contact Method listed first is an e-mail address.

If you have any questions or need help updating your HAN profile, contact CDHD at 208-327-8625.

Continue to Think Pertussis

Forty probable and confirmed cases of pertussis were reported to CDHD between January and May 2014. Only 28 cases are reported on average in a full year. While a majority of the cases were reported between January and April we are still receiving case reports, which indicates continued transmission.

Some cases are being reported among vaccinated individuals and in many instances these individuals are exhibiting a milder cough without classical whooping cough symptoms.

For information about laboratory testing, treatment and prophylaxis please see our Health Alert from February 21, 2014 <http://cdhd.idaho.gov/CD/pros/han.htm>.

STD Update

Gonorrhea cases are on the rise with 76 reported through May 2014, compared to 16 cases during the same time last year. Lab testing recommendations were updated in 2014 and can be accessed at

<http://www.cdc.gov/std/laboratory/2014LabRec/default.htm>

First line therapy for Gonococcal infections remains:

- Ceftriaxone 250 mg intramuscularly AND
- Azithromycin 1g orally as a single dose OR Doxycycline 100 mg orally twice daily for 7 days.

Full gonorrhea treatment guidelines can be found at

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

CDHD continues to receive frequent reports of syphilis cases, primarily among men who have sex with men. Please consider syphilis if a patient presents with:

- Any ano/genital or oral lesion, especially indurated and minimally painful ulcers
- Any unexplained rash, especially with palmar or plantar involvement
- Unexplained lymphadenopathy

Testing for syphilis should include both screening (e.g., RPR or VDRL with titer) and confirmatory serologies (e.g., TPPA, FTA-Abs, or MHA-TP).

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