

11/25/2019

*\* NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

## **Diarrhetic Shellfish Poisoning (DSP) and Budd Inlet Shellfish Closure**

### **Actions Requested:**

Raise your level of suspicion when seeing individuals with a rapid onset of watery diarrhea who may have a recent consumption history of bivalve shellfish like clams, mussels, oysters, geoduck, and scallops harvested in Budd Inlet

### **Background:**

Washington State Department of Health, Shellfish Program has closed the entire Budd Inlet in Thurston County to all shellfish harvesting due to elevated levels of Diarrhetic Shellfish Poison (DSP) a marine biotoxin, and naturally occurring microscopic algae. Elevated levels, above established limits were found in shellfish samples last week.

Diarrhetic Shellfish Poisoning is caused from the ingestion of toxin-contaminated bivalves like clams, mussels, oysters, geoduck, and scallops. Anyone who eats bivalves contaminated with DSP are at risk of illness. Algal blooms of dinoflagellates, usually during the warmer months, result in toxin accumulation in the digestive glands of filter feeders like bivalves.

**Symptoms** – Rapid onset 30 minutes to 15 hours after eating contaminated shellfish (usually 1 to 2 hours). Symptoms usually resolve within 3 days with no known complications.

- diarrhea (watery)
- nausea
- abdominal cramps
- vomiting
- headache

**Treatment** - There is no antidote. In severe cases, oral rehydration is recommended.

## **Update on E-cigarette, or Vaping, Product Use Associated Lung Injury**

### **Actions Requested:**

**Medical Management** - Management of patients with suspected e-cigarette, or vaping, product use associated lung injury (EVALI)

### **Admission criteria and outpatient management –**

- Strongly consider admitting patients with potential lung injury, especially if respiratory distress present, have comorbidities that compromise pulmonary reserve, or decreased (<95%) O<sub>2</sub> saturation (consider modifying factors such as altitude to guide interpretation).
- Outpatient management for patients with suspected lung injury who have less severe injury might be considered on a case-by-case basis.

11/25/2019

#### Medical treatment

- Consider initiation of corticosteroids.
- Early initiation of antimicrobial coverage for community-acquired pneumonia should be strongly considered in accordance with established guidelines.\*
- Consider influenza antivirals in accordance with established guidelines.†

#### Patients not admitted to hospital

- Recommend follow-up within 24–48 hours to assess and manage possible worsening lung injury.
- Outpatients should have normal oxygen saturation, reliable access to care and social support systems, and be instructed to promptly seek medical care if respiratory symptoms worsen.
- Consider empiric use of antimicrobials and antivirals.

#### Post-hospital discharge follow-up

- Schedule follow-up visit no later than 1–2 weeks after discharge that includes pulse-oximetry testing.
- Consider additional follow-up testing including spirometry and diffusion capacity testing and consider repeat chest radiograph in 1–2 months.
- Consider endocrinology consultation for patients treated with high-dose corticosteroids.

#### Cessation services and preventive care

- Strongly advise patients to discontinue use of e-cigarette, or vaping, products.
- Provide education and cessation assistance for patients to aid nicotine addiction and treatment or referral for patients with marijuana-use-disorder.<sup>§</sup>
- Emphasize importance of routine influenza vaccination.<sup>¶</sup>
- Consider pneumococcal vaccine.\*\*

#### Background:

Forty-nine states, the District of Columbia, and two U.S. Territories have reported 2290 cases of lung injury associated with the use of electronic cigarette (e-cigarette), or vaping products. Forty-seven deaths have been reported from 25 states and the District of Columbia. Washington State has reported 18 cases of lung injury.

CDC has identified vitamin E acetate as a chemical of concern among people with e-cigarette, or vaping, product use associated lung injury (EVALI). Vitamin E acetate is used as an additive, most notably as a thickening agent in THC-containing e-cigarette, or vaping, products.

CDC recommends that people should not use THC-containing e-cigarette, or vaping, products, particularly from informal sources like friends, or family, or in-person or online dealers. While this investigation is ongoing, vitamin E acetate should not be added to e-cigarette, or vaping, products.

In addition, people should not add any substance to e-cigarette or vaping products that are not intended by the manufacturer, including products purchased through retail establishments.

See following MMR for references: Update: Interim Guidance for Health Care Providers for Managing Patients with Suspected E-cigarette, or Vaping, Product Use–Associated Lung Injury — United States, November 2019 [https://www.cdc.gov/mmwr/volumes/68/wr/mm6846e2.htm?s\\_cid=mm6846e2\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6846e2.htm?s_cid=mm6846e2_w)

# COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION  
 THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT  
 412 LILLY RD NE  
 OLYMPIA, WA, 98506-5132  
 DISEASE REPORTING: (360)786-5470 INFORMATION: (360) 867-2533  
 Rachel Wood, MD, MPH, Health Officer



11/25/2019

**Resources:**

***Diarrhetic Shellfish Poisoning (DSP) and Bud Inlet Shellfish Closure***

WA State DOH – Diarrhetic Shellfish Poisoning (DSP)

<https://www.doh.wa.gov/CommunityandEnvironment/Shellfish/RecreationalShellfish/Illnesses/Biotoxins/DiarrheticShellfishPoisoning>

WA State DOH – Shellfish Safety Map <https://fortress.wa.gov/doh/biotoxin/biotoxin.html>

WA State DOH Recorded Hotline for Biotoxin Closures: 1-800-562-5632

E-Cigarette, or Vaping Product Use Associated Lung Injury

***WA State DOH Vaping Associated Lung Injury***

<https://www.doh.wa.gov/Emergencies/VapingAssociatedLungInjury#recommendations>

CDC Smoking and Tobacco Use: [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)

CDC Smoking and Tobacco Use – For Healthcare Providers:

[https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease/healthcare-providers/index.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease/healthcare-providers/index.html)

**THANK YOU FOR REPORTING!**

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting Non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions	360-786-5470 Communicable Disease Reporting Line that is checked hourly throughout the day
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 911 and ask staff to locate the Health Officer.  If calling from outside Thurston County, call 360-704-2740 and ask staff to locate the Health Officer.
If no one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344