State of Alaska Epidemiology Bulletin

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Hepatitis Continues in the Bethel Area

Since April 20, 60 more cases of hepatitis A have occurred in Bethel and the surrounding villages. Over 250 cases have now been reported from the Bethel area. Cases are continuing to occur and the characteristics of the epidemic remain unchanged. Most cases are still occurring in children between the ages of 6 and 12, and the disease is mild. Recommendations for the use of gamma globulin can be found in the Communicable Disease Bulletin for the week ending April 23, 1976.

PARALYTIC SHELLFISH POISONING IN KODIAK

On May 19, a 24 year old fisherman developed symptoms of clam poisoning, four hours after eating a meal of razor clams with three other people. One of the other people eating clams had some mild symptoms. The patient was hospitalized and recovered without complications. However, he had severe disease with paralysis and respiratory symptoms.

Paralytic shellfish poisoning is associated with the ingestion of bivalve mollusks (oysters, clams, and mussels). The Red Tide is actually made up of millions of plankton, which elaborate a chemical which is a potent neurotoxin to man. Shellfish live off these plankton and tend to concentrate the toxin. Since the early 1940's periodic surveillance has been undertaken to test clams in selected areas to insure that the toxin levels are below those harmful to man. The major clams which are involved in Alaska are the butter clam and the razor clam.

Human illness is usually characterized by the onset of symptoms within 10 minutes to several hours after ingestion of the clams. The most common symptoms are nausea and vomiting, and numbness and tingling around the lips and tongue which may progress to involve the hands and feet. If there has been a large ingestion of toxin, these symptoms may progress to dryness of the mouth, tightness of the throat, generalized muscle weakness, slurred speech and a lack of muscular coordination. Coma, total muscular paralysis and respiratory arrest with death may occur. Patients who survive 24 hours after ingestion of the toxin will recover rapidly without permanent residual effects. The key to preventing death is early diagnosis and vigorous respiratory support. Anyone who develops any suspicious symptoms should save any remaining clams to they can be tested for toxin. All clammers should be made aware that clams should be taken only from approved beaches where clams are periodically sampled.

If you see anyone who may have paralytic shellfish poisoning, immediately call John Middaugh, M.D., Medical Epidemiologist, Section of Communicable Disease Control, Anchorage, 272-7534.

(Reported by Rod Kaiser, Fish and Game Biologist, Harry Brighton, District Sanitarian, John Eufemio, M.D.)

FOODBORNE OUTBREAK IN SEWARD

On May 9, a foodborne outbreak occurred in association with a buffet dinner at a Seward restaurant. Approximately 250 to 300 people ate at the buffet. Forty-eight people were ill out of 89 interviewed, for an attack rate of 54%. The incubation period ranged from two hours to 29 hours. The major symptoms were abdominal pain, diarrhea and headache and nausea. No patients required hospitalization and all patients recovered in 48 hours. Food specific attack rates implicated meatballs, but other foods were involved. No pathogenic organisms were recovered from food or stool specimens. Epidemiologically, the most likely organism was *Clostridium Perfringens*. Major defects were discovered in techniques of thawing, preparation, and display of the food served in the buffet, and the buffet was discontinued until corrections were made in food handling techniques.

(Reported by Janice Wilsgard, PHN, Bill Kraus, District Sanitarian and John Noyes, M.D.)