



Bulletin No. 7

June 3, 1977

Paralytic Shellfish Poisoning;
Rubella Strikes

ALL GOOD THINGS MUST COME TO AN END - RUBELLA STRIKES

On March 25, a 25-year-old woman from Anchorage developed a mild illness characterized by runny nose, sneezing, swelling of her joints, myalgia, and subsequent development of a generalized rash which lasted for five days. She did not have fever. The patient has a history of allergies to which she initially ascribed her symptoms. Her alert physician suspected rubella and arranged for acute and convalescent serologies to be drawn. We recently had the unfortunate experience of finding diagnostic titer rises to rubella, the first confirmed case of rubella in Alaska since November of 1973. We have been unable to document the source of this patient's infection, but no secondary cases have been discovered. The patient did have a mother and her fifteen-month-old child visit from California two weeks before she became ill. The child had a mild illness upon arrival in Alaska. However, the baby had been immunized against mumps, measles, and rubella on January 26, 1977.

Our surveillance system seems fairly sensitive in identifying and confirming cases of measles and/or rubella. However, as this case illustrates there can be long delays before confirmation of the diagnosis is received. Our high immunization levels will insure the continued absence of these diseases from the State of Alaska.

We wish to remind all health workers of the need to update immunizations of preschoolers. Our school immunization campaign was very effective. All school children will be required to meet the same requirements in complying with Alaska's School Immunization law when they return to school in the Fall of 1977. It is not too early to be thinking ahead and to be encouraging mothers to get their children immunized so that there will be no problems when school starts. It will take a continued effort to insure that all Alaska children are protected against childhood diseases. We must continue to work hard in the future.

PARALYTIC SHELLFISH POISONING - CLAMMERS BEWARE

Soon those low, low tides will lure thousands of people to the beaches to obtain those succulent bivalves to titillate the palate. Paralytic Shellfish Poisoning is a well known danger from consuming bivalve mollusks (oysters, clams, sea snails, and mussels). Human illness is usually characterized by the onset of symptoms within ten 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 lack of muscular coordination, total muscular paralysis and respiratory arrest with death may occur. Patients who survive for 24 hours after ingestion of the toxin will recover rapidly without permanent residual affects. The key to preventing death is early diagnosis and vigorous respiratory support. Anyone who develops any suspicious symptoms should immediately see a physician. Health workers should be aware that paralytic shellfish poisoning does occur in Alaska - four major outbreaks involving ten people occurred in 1976. If paralytic shellfish poisoning is suspected, save any remaining oysters, clams, sea snails, or mussels so they can be tested for toxin. Clams should be taken only from approved beaches where clams are periodically sampled and are known to be safe.

PARALYTIC SHELLFISH POISONING OFF HOMER

Seventeen of 30 people who ate sea snails taken from near Homer developed symptoms of Paralytic Shellfish Poisoning soon after consuming the snails. Low levels of toxin were discovered in remaining snails, documenting the outbreak. Sea snails have been a usual source of the toxin, and this is the first known outbreak of Paralytic Shellfish Poisoning in Alaska associated with sea snails.

(Reported by Jim Allen, Environmental Health and Frank P. Pauls, Director of Laboratories)