Jefferson County Board of Health Agenda

1541 Annex Road, Jefferson, WI 53549
920-674-7275
July 17th, 2024
1:00 p.m.
Jefferson County Courthouse
311 S. Center Avenue, Room C1021
Jefferson, WI 53549

REVISED 07-12-2024

Join Zoom Meeting:
https://us06web.zoom.us/j/88388950496?pwd=ZlVxajA5Q1hFQTZSRytoWnhZbzFldz09
Meeting ID: 883 8895 0496
Passcode: 045109

Board Members

Samantha LaMuro, R.T, Chair; Meg Turville-Heitz, Vice-Chair; Steve Nass; Jessica Coburn, RN, PhD; Donald Williams, MD

1. **Call to Order**
2. **Roll Call (establish a quorum)**
3. **Certification of Compliance with the Open Meetings Law**
4. **Approval of the Agenda**
5. **Election of Officers- Chair and Vice-Chair**
6. **Approval of Board of Health Meeting Minutes from April 17th, 2024**
7. **Communications**
    a. CDC Health Alert Network: 0510-6/13/2024 Increased Risk of Dengue Virus Infections in the United States
    b. CDC Health Alert Network: 0509-6/12/2024 Severe Illness Potentially Associated with Consuming Diamond ShruumzTM Brand Chocolate Bars, Cones, and Gummies
    c. CDC Health Alert Network: 0508-05/20/2024 Meningococcal Disease Cases Linked to Travel to the Kingdom of Saudi Arabia (KSA): Ensure Pilgrims are Current on Meningococcal Vaccination
    d. CDC Health Alert Network: 0507-04/23/2024 Adverse Effects Linked to Counterfeit or Mishandled Botulinum Toxin Injections
8. **Public Comment**
9. **Approval of Health Department Financial Report**
10. **Discussion and Approval of $40,000.00 Immunization Grant**
11. **Discussion and Approval of $9009.00 WI WINS Grant**
12. ***Discussion and Approval of $500.00 in restriction donations for Safe Sleep Program**
13. **Operational Update of the Environmental Health Program**
14. **Discussion on Nitrate Screening Data Collection**
15. **Operational Update of the Public Health Divisions**
    a. Public Health Program Manager- Kendell Cooper
    b. Full Time – Licensed Practitioner Nurse
    c. Vacant Position- Communicable Disease Nurse
    d. Divisional Updates
    e. Review of Statistics
    f. Review of Communicable Disease Cases Reported
16. **Operational Update on the Strategic Plan**
17. **Discussion and Approval of the 2023 Annual Report**
18. **Future Agenda Items**
19. **Adjourn**

Next Scheduled Meeting: October 16th, 2024

A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.

Jefferson County Health Department
1541 Annex Road, Jefferson, WI 53549
920-674-7275

Jefferson County Board of Health Minutes
April 17, 2024
Jefferson County Courthouse
311 S. Center Avenue, Room C2003
Jefferson, WI 53549
or Zoom Meeting

Board Members
Samantha LaMuro, R.T, Chair; Meg Turville-Heitz, Vice-Chair; Steve Nass; Jessica Coburn, RN, PhD; Donald Williams, MD

1. **Call to Order:** Meeting was called to order by LaMuro at 1:00 p.m.
2. **Roll Call (establish a quorum):**
   Board of Health Members Present: Samantha LaMuro, R.T.; Meg Turville-Heitz; Jessica Coburn, RN, PhD; Donald Williams, M.D.(came after roll call). **Quorum established per LaMuro.**
   Others Present: Elizabeth Chilsen, Director; Mary Bender, Public Health Program Manager; Ben Wehmeier, County Administrator; Michele Schmidt, Recorder; Holly Hisel, Environmental Health (via zoom); Patricia Cicero, Land and Water Conservation Director; Michael Luckey, Assistant to the County Administrator (via zoom).
   Guest: Anita Martin; Janet Foust.
3. **Certification of Compliance with the Open Meetings Law:** Wehmeier certified compliance with the Open Meetings Law.
4. **Approval of the Agenda:** No changes to the Agenda were requested. Motion by Nass/Turville-Heitz to approve the Agenda. Motion passed 4-0.
5. **Approval of Board of Health Meeting Minutes January 17th , 2024:** Motion by Turville-Heitz/Coburn to approve the minutes as written. Motion passed 4-0. Steve Nass abstained from voting as he was not in attendance at the last meeting.
6. **Communications**
   a. Annual Open House – Chilsen discussed the upcoming 2nd Annual Open House.
   b. CDC Health Alert Network – Chilsen discussed alert related to an increase in Measles cases.
   c. CDC Health Alert Network – Chilsen discussed alert related to an increase in Meningococcal Disease.
   d. CDC Health Alert Network – Chilsen discussed the Avian Flu virus infection in cattle and human transmission.
7. **Public Comment:** 2 guests spoke.

8. **Approval of Health Department Financial Report:** Schmidt reviewed the "February 2024 Statement of Revenue & Expense Report". Motion by Williams/Nass to approve the financial report. Motion passed 5-0.
9. **Discussion and Approval of $500.00 in restricted donations from the Greater Watertown Community Health Foundation:** Chilsen discussed that she participated in the Greater Watertown Community Health Foundation Focus Group. For participating in the group, a $500.00 restricted donation was received. Motion by Nass/Coburn to approve the restricted donation. Motion passed 5–0.
10. **Operational Update of the Environmental Health Program:** Hisel discussed the finishing of second school inspections. Hisel discussed renewals in May will be starting, special events happening now, and re-inspections for pools. Routine inspections should be done by the end of June. The Water Lab is still being worked on.
11. **Operational Update of the Public Health Divisions**
    a. Vacant Position – Breastfeeding Peer Counselor – Chilsen discussed the open position.
    b. Divisional Updates – Chilsen discussed the Divisional updates.
    c. Review of Statistics – Chilsen discussed programmatic statistics.
    d. Review of Communicable Disease Cases Reported – Chilsen discussed communicable disease reports.
12. **Operational Update on the Strategic Plan:** Chilsen provided updates on each of the priority areas within the strategic plan.
13. **Future Agenda Items:** LaMuro requested Nitrate Screening and documentation be a future agenda item.
14. **Adjourn:** Motion by Turville-Heitz/Nass to adjourn the meeting at 1:56 p.m. Motion passed 5-0.

Next Scheduled Meeting: July 17, 2024

Minutes prepared by: Michele Schmidt, Accountant II, Jefferson County Health Department and reviewed by Elizabeth Chilsen, Director/Health Officer.

Emergency Preparedness and Response

Adverse Effects Linked to Counterfeit or Mishandled Botulinum Toxin Injections

HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
April 23 2024, 11:00 AM ET
CDCHAN-00507

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to alert clinicians about risks of counterfeit or mishandled botulinum toxin injections. CDC, the U.S. Food and Drug Administration (FDA), and state and local partners are investigating clusters of 22 people in 11 U.S. states reporting adverse effects after receiving injections with counterfeit botulinum toxin or injections administered by unlicensed or untrained individuals or in non-healthcare settings, such as homes or spas. Eleven patients were hospitalized and none have died. When botulinum toxin diffuses around the injection site, it can result in adverse effects. Botulism is the disease caused by botulinum toxin circulating in the blood and producing effects remotely from the injection site. There may be symptom overlap between the presentation of localized adverse effects from injection of botulinum toxin, especially in the head and neck, and the early symptoms of botulism. Information about the botulinum toxin injection (e.g., dose) can help distinguish between botulism and localized adverse effects but is challenging to obtain for counterfeit products. Clinicians and health departments should consider the possibility of adverse effects from botulinum toxin injections in patients presenting with localized paralysis. Clinicians should immediately contact their state, tribal, local, or territorial health department if they suspect botulism.

Background

Botulism is a rare and sometimes fatal illness caused by botulinum toxin. Initial botulism symptoms may include double or blurred vision, drooping eyelids, slurred speech, difficulty swallowing, and difficulty breathing. These symptoms may be followed by a descending, symmetric muscle weakness that progresses over hours to days. Administration of botulism antitoxin can neutralize toxin circulating in the blood; therefore, treating botulism patients with botulism antitoxin early in the course of disease can prevent the progression of paralysis and consequent complications.

Administration of antitoxin is not indicated for local effects of low-dose injections of botulinum toxin preparations, because the low doses of injected toxin are not likely to reach circulation or produce botulism with its life-threatening manifestations.

Some localized paralytic effects, resulting from diffusion of the toxin around the injection site, are expected from botulinum toxin administration. Most individuals with localized symptoms (e.g., dysphagia after injection to the neck) following low-dose cosmetic or therapeutic injections using FDA-approved products will not require treatment with botulism antitoxin. Iatrogenic botulism can occur after cosmetic or therapeutic injections of botulinum toxin when the toxin circulates in the blood and produces effects remotely from the injection site. Iatrogenic botulism is rare; the most recent laboratory-confirmed domestic case occurred in 2017.

As of April 18, 2024, 22 people with adverse effects have been reported in California, Colorado, Florida, Illinois, Kentucky, Nebraska, New Jersey, New York City, Tennessee, Texas, and Washington. Symptom onset dates ranged from November 4, 2023, to March 31, 2024. All symptomatic people were females aged 25 to 59 years. All reported receiving botulinum toxin injections by unlicensed or untrained individuals or in non-healthcare settings, including homes or spas. Most (20, 91%) reported receiving botulinum toxin injections for cosmetic purposes.

Among all 22 people, symptoms began a median of 3 days after exposure (range 0 to 20 days) and included symptoms near the injection site (e.g., blurred vision and ptosis after facial injection), dry mouth, slurred speech, shortness of breath, fatigue, and generalized weakness. Of 20 people with information available, 11 (55%) symptomatic people were hospitalized. Six of the 22 symptomatic people received botulism antitoxin to treat suspected botulism. Seven symptomatic people underwent botulinum toxin testing to determine if they had circulating botulinum toxin, which would support a diagnosis of botulism; results were negative for six symptomatic people and are pending for one symptomatic person. Negative results do not rule out botulism as levels of toxin in serum may have fallen below the limit of detection of laboratory tests. None of the 22 symptomatic people met the case definition for botulism, and none have died.

These adverse events have been linked to improper procurement and administration of botulinum toxin. Botulinum toxin should be administered only by licensed providers, using only recommended doses of FDA-approved botulinum toxin, preferably in a licensed or accredited healthcare setting. Providers should be trained in the proper administration of botulinum toxin, practicing in accordance with state and local requirements.

More information about the counterfeit products may be found on FDA's website.

Recommendations for Clinicians

Diagnosis, consultation, and treatment

- Consider the possibility of adverse effects from botulinum toxin injections, including those given for cosmetic reasons, in patients presenting with localized paralysis near the injection site.
  - Ask patients about history of botulinum toxin injections, including the dose.
- Be aware of symptom overlap between the presentation of localized adverse effects from injection of botulinum toxin and the early symptoms of botulism. To help distinguish early botulism symptoms from localized adverse effects:
  - Assess for symmetry of cranial nerve palsies; symmetric cranial nerve palsies are expected with botulism.
  - Assess for progression of cranial nerve palsies, possibly followed by a descending symmetric flaccid paralysis. These should raise suspicion for botulism.
- **If botulism is suspected, call your health department immediately** for consultation. Health departments and health care providers can contact the CDC clinical botulism service 24/7 at 770-488-7100.
- If public health clinical consultation supports botulism, request antitoxin and begin treatment as soon as it is available. **Do not wait for laboratory confirmation to begin treatment.**

Clinician reporting

- A suspected case of botulism is a clinical and public health emergency. Suspected botulism cases should be reported immediately to the 24-hour emergency contact of your health department .
- Report adverse events related to the use of any medications, including suspected counterfeit medications, to FDA's MedWatch Safety Information and Adverse Event Reporting Program .

Counseling patients

- Counsel patients who report using or being interested in using botulinum toxin about potential adverse effects.
- Advise patients to receive injections only from licensed providers who are trained in proper administration of FDA-approved botulinum toxin products, preferably in a licensed or accredited healthcare setting.

Recommendations for Laboratories

- Diagnostic testing for suspected botulism may be done through the CDC National Botulism Laboratory or state public health laboratories.
- Laboratory confirmation of botulism is done by demonstrating the presence of botulinum toxin in serum through either mouse bioassay or mass spectrometry.
- Testing varies by state. Contact the CDC clinical botulism service (available 24/7 at 770-488-7100) or your state health department for further guidance on submitting clinical specimens for testing.

Recommendations for Public Health Professionals

- Health departments should contact the CDC clinical botulism service 24/7 at 770-488-7100 for consultation and antitoxin release.
- Health departments should report botulism cases to CDC through the National Notifiable Diseases Surveillance System (NNDSS).
- Contact botsurveillance@cdc.gov for information on how to report adverse effects following administration of unverified or counterfeit botulinum toxin products, by unlicensed or untrained individuals, or in non-healthcare settings such as homes or spas.

Recommendations for the Public

- Get injections only from licensed and trained professionals in licensed or accredited healthcare settings.
- If you are concerned that you or someone you know might have symptoms of botulism, including trouble swallowing or breathing, see your doctor or go **immediately** to the emergency room. **Do not wait.**
- Report suspected counterfeit botulinum toxin products to FDA at 800-551-3989 or through FDA's form for reporting suspected criminal activity .
- Report harmful reactions related to the use of any medications, including suspected counterfeit medications, to FDA's MedWatch Safety Information and Adverse Event Reporting Program .

For More Information

- CDC: Harmful Reactions Linked to Counterfeit "Botox" or Mishandled Botulinum Toxin Injections
- FDA: Counterfeit Version of Botox Found in Multiple States
- Information for Health Professionals on Botulism | CDC
- About Botulism | CDC
- Preventing Botulism | CDC
- Injection Safety | CDC

References

1. Halai U, Terashita D, Kim M, et al. Notes from the Field: Intestinal Colonization and Possible Iatrogenic Botulism in Mouse Bioassay-Negative Serum Specimens — Los Angeles County, California, November 2017. *MMWR Morb Mortal Wkly Rep.* 2018;67(43):1221– doi:10.15585/mmwr.mm6743a6
2. Rao AK, Sobel J, Chatham-Stephens K, Luquez C. Clinical Guidelines for Diagnosis and Treatment of Botulism, 2021. *MMWR Recomm Rep.* 2021;70(No. RR-2):1–30. doi:15585/mmwr.rr7002a1
3. Rao AK, Lin NH, Jackson KA, Mody RK, Griffin PM. Clinical Characteristics and Ancillary Test Results Among Patients With Botulism — United States, 2002–2015. *Clin Infect Dis.* 2018;66(suppl_1):S4–S10. doi:1093/cid/cix935

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

Top of Page

Additional Resources

- HAN Archive By Year
- HAN Types
- Sign Up for HAN Email Updates
- HAN Jurisdictions

Last Reviewed: April 19, 2024

Emergency Preparedness and Response

Meningococcal Disease Cases Linked to Travel to the Kingdom of Saudi Arabia (KSA): Ensure Pilgrims are Current on Meningococcal Vaccination

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
May 20 2024, 10:30 AM ET
CDCHAN-00508

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to alert healthcare providers to cases of meningococcal disease linked to Umrah travel to the Kingdom of Saudi Arabia (KSA). Umrah is an Islamic pilgrimage to Mecca, Kingdom of Saudi Arabia, that can be performed any time in the year; the Hajj is an annual Islamic pilgrimage this year taking place June 14–19, 2024. Since April 2024, 12 cases of meningococcal disease linked to KSA travel for Umrah have been reported to national public health agencies in the United States (5 cases), France (4 cases), and the United Kingdom (3 cases). Two cases were in children aged ≤18 years, four cases were in adults aged 18–44 years, four cases were in adults aged 45–64 years, and two cases were in adults aged 65 years or older. Ten cases were in patients who traveled to KSA, and two were in patients who had close contact with travelers to KSA. Ten cases were caused by *Neisseria meningitidis* serogroup W (NmW), one U.S. case was caused by serogroup C (NmC), and the serogroup is unknown for one U.S. case. Of nine patients with known vaccination status, all were unvaccinated. The isolates from the one U.S. NmC case and two NmW cases (one U.S., one France) were resistant to ciprofloxacin; based on whole-genome sequencing, the remaining eight NmW isolates were all sensitive to penicillin and ciprofloxacin.

In the United States, quadrivalent meningococcal (MenACWY) conjugate vaccination is routinely recommended for adolescents, and also recommended for travelers to countries where meningococcal disease is hyperendemic or epidemic, including a booster dose of MenACWY if the last dose was administered 3–5 or more years previously (depending on the age at most recent dose received). In addition, all Hajj and Umrah pilgrims aged one year and older

are required by KSA to receive quadrivalent meningococcal vaccine. Healthcare providers should work with their patients considering travel to perform Hajj or Umrah to ensure that those aged one year or older have received a MenACWY conjugate vaccine within the last 5 years administered at least 10 days prior to arrival in KSA. Healthcare providers should also maintain increased suspicion for meningococcal disease in anyone presenting with symptoms of meningococcal disease after recent travel to KSA for Hajj or Umrah pilgrimage. U.S. health departments and healthcare providers should preferentially consider using rifampin, ceftriaxone, or azithromycin instead of ciprofloxacin for chemoprophylaxis of close contacts of meningococcal disease cases associated with travel to KSA.

Background

Meningococcal disease, caused by the bacterium *Neisseria meningitidis*, is a rare but severe illness with a case-fatality rate of 10–15%, even with appropriate antibiotic treatment. Meningococcal disease often presents as meningitis with symptoms that may include fever, headache, stiff neck, nausea, vomiting, photophobia, or altered mental status. Meningococcal disease may also present as a meningococcal bloodstream infection with symptoms that may include fever, chills, fatigue, vomiting, cold hands and feet, severe aches and pains, rapid breathing, diarrhea, or, in later stages, a petechial or dark purple rash (purpura fulminans). While initial symptoms of meningococcal disease can at first be nonspecific, they worsen rapidly and can become life-threatening within hours. Survivors may experience long-term effects such as deafness or amputations of the extremities. **Immediate antibiotic treatment for meningococcal disease is critical.** Blood and cerebrospinal fluid (CSF) cultures are indicated for patients with suspected meningococcal disease. Healthcare providers should not wait for diagnostic testing or receipt of laboratory results before initiating treatment for suspected cases of meningococcal disease.

Meningococcal disease outbreaks have occurred previously in conjunction with mass gatherings including the Hajj pilgrimage. The most recent global outbreak of meningococcal disease associated with travel to KSA for Hajj was in 2000–2001 and was primarily caused by NmW. Since 2002, KSA has required that all travelers aged one year or older performing Hajj or Umrah provide documentation of either a) a MenACWY polysaccharide vaccine (MPSV4 is no longer available in the United States) within the last 3 years administered at least 10 days prior to arrival or b) a MenACWY conjugate vaccine within the last 5 years administered at least 10 days prior to arrival. This requirement aligns with ACIP recommendations for revaccination of U.S. travelers to endemic areas who received their last dose 3–5 or more years previously (depending on the age at most recent dose received). Nevertheless, meningococcal vaccination coverage among Umrah travelers is known to be incomplete.

Close contacts of people with meningococcal disease should receive antibiotic chemoprophylaxis as soon as possible after exposure, regardless of immunization status, ideally less than 24 hours after the index patient is identified. Ciprofloxacin, rifampin, and ceftriaxone are the first-line antibiotics recommended for use as chemoprophylaxis. However, ciprofloxacin-resistant strains of *N. meningitidis* have been emerging in the United States and globally. CDC recently released implementation guidance for the preferential use of other recommended prophylaxis antibiotics in areas with multiple cases caused by ciprofloxacin-resistant strains. Health departments should discontinue using ciprofloxacin as prophylaxis for close contacts when, in a catchment area during a rolling 12-month period, both a) ≥2 invasive meningococcal disease cases caused by ciprofloxacin-resistant strains have been reported, and b) cases caused by ciprofloxacin-resistant strains account for ≥20% of all reported invasive meningococcal disease cases. Though a catchment area is defined as a "single contiguous area that contains all counties reporting ciprofloxacin-resistant cases," in this circumstance, it is more appropriate to determine the catchment population based on travel history rather than geographic location at the time of diagnosis. Among the 11 global cases associated with travel to KSA that have antimicrobial sensitivity results available, 3 cases (27%) were caused by ciprofloxacin-resistant strains. Rifampin, ceftriaxone, or azithromycin should be preferentially considered instead of ciprofloxacin as prophylaxis for close contacts in the United States of meningococcal disease cases associated with travel to KSA.

Recommendations for Healthcare Providers

- Recommend vaccination with MenACWY conjugate vaccine for people considering travel to KSA to perform Hajj or Umrah (pilgrims) in addition to routine meningococcal vaccination for adolescents and other people at increased meningococcal disease risk.

- Maintain a heightened index of suspicion for meningococcal disease among symptomatic people who have recently been in KSA and among close contacts of people who have recently been in KSA, regardless of vaccination status.
- Immediately notify state, tribal, local, or territorial health departments about any suspected or confirmed cases of meningococcal disease in the United States.
- Preferentially consider using rifampin, ceftriaxone, or azithromycin instead of ciprofloxacin as prophylaxis for close contacts in the United States of meningococcal disease cases associated with travel in KSA.

Recommendations for Health Departments

- Preferentially consider using rifampin, ceftriaxone, or azithromycin instead of ciprofloxacin as prophylaxis for close contacts in the United States of meningococcal disease cases associated with travel in KSA.
- Consider outreach to local communities to promote meningococcal vaccination for Hajj and Umrah pilgrims to KSA.
- Collect a detailed travel history for all reported cases of meningococcal disease.
- Continue to report cases of meningococcal disease in people who have recently been in KSA, or in close contacts of people who have recently been in KSA, to CDC at meningnet@cdc.gov in addition to routine reporting through the National Notifiable Diseases Surveillance System (NNDSS).

Recommendations for the Public

- People considering travel to KSA to perform Hajj or Umrah should ensure they are current on vaccination with MenACWY vaccine as required by KSA . All travelers aged one year or older performing Hajj or Umrah should have received either a) a MenACWY polysaccharide vaccine (MPSV4, no longer available in the United States) within the last 3 years administered at least 10 days prior to arrival or b) a quadrivalent MenACWY conjugate vaccine within the last 5 years administered at least 10 days prior to arrival.
- Immediately seek medical attention if you, your child, or another close contact develops symptoms of meningococcal disease:
  - **Symptoms of meningococcal meningitis** may include fever, headache, stiff neck, nausea, vomiting, photophobia (eyes being more sensitive to light), or altered mental status (confusion).
  - **Symptoms of meningococcal bloodstream infection** may include fever and chills, fatigue, vomiting, cold hands and feet, severe aches and pains, rapid breathing, diarrhea, or, in later stages, a dark purple rash.
  - **Initial symptoms of meningococcal disease** can at first be vague, but worsen rapidly, and can become life-threatening within hours.

For More Information

Healthcare Providers

- Clinical Information | Meningococcal Disease | CDC
- Meningococcal Vaccination: Information for Healthcare Professionals | CDC
- Meningococcal Disease | CDC Yellow Book 2024

Health Departments

- Meningococcal Disease Surveillance | CDC
- Meningococcal Disease | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC
- Meningococcal Disease Outbreaks and Public Health Response | CDC

Public

- Meningococcal Vaccination | CDC
- Signs and Symptoms | Meningococcal Disease | CDC
- Travelers' Health: Saudi Arabia | CDC
- Ministry of Health, Kingdom of Saudi Arabia
- Visit CDC-INFO or call 1-800-232-4636

References

1. American Academy of Pediatrics. Meningococcal Infections. [Section 3]. In: Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH, eds. Red Book: 2021–2024 Report of the Committee on Infectious Diseases. Itasca, IL: *American Academy of Pediatrics*; 2021;519–32. https://publications.aap.org/redbook/book/347/chapter/5754116/Meningococcal-Infections
2. Mbaeyi SA, Bozio CH, Duffy J, et al. Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020. *MMWR Recomm Rep* 2020;69(No. RR-9):1–41. doi: https://dx.doi.org/10.15585/mmwr.rr6909a1
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4. Yezli S, Gautret P, Assiri AM, Gessner BD, Alotaibi B. Prevention of meningococcal disease at mass gatherings: Lessons from the Hajj and Umrah. *Vaccine*. 2018;36(31):4603–4609. doi: https://doi.org/10.1016/j.vaccine.2018.06.030 .
5. Berry I, Rubis AB, Howie RL, et al. Selection of Antibiotics as Prophylaxis for Close Contacts of Patients with Meningococcal Disease in Areas with Ciprofloxacin Resistance — United States, 2024. *MMWR Morb Mortal Wkly Rep* 2024; 73:99–103. doi: https://dx.doi.org/10.15585/mmwr.mm7305a2
6. Willerton L, Lucidarme J, Campbell H, et al. Geographically widespread invasive meningococcal disease caused by a ciprofloxacin resistant non-groupable strain of the ST-175 clonal complex. *Journal of Infection* 2020;81(4): 575–584. doi: https://doi.org/10.1016/j.jinf.2020.08.030

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

Top of Page

Additional Resources

- HAN Archive By Year
- HAN Types
- Sign Up for HAN Email Updates
- HAN Jurisdictions

Last Reviewed: May 17, 2024

Emergency Preparedness and Response

Severe Illness Potentially Associated with Consuming Diamond Shruumz™ Brand Chocolate Bars, Cones, and Gummies

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 12, 2024, 1:00 PM ET
CDCHAN-00509

Summary

The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), America's Poison Centers, and state and local partners are investigating reports of severe acute illnesses potentially associated with consuming Diamond Shruumz™ brand chocolate bars, cones, and gummies marketed as containing a proprietary blend of mushroom. As of June 11, 2024, 12 total illnesses and 10 hospitalizations have been reported in eight U.S. states with ongoing efforts to identify other potential cases. The cause of the reported illnesses is not known at this time. Individuals should not eat, sell, or serve any flavors of Diamond Shruumz™ brand chocolate bars, cones, or gummies, and should discard products that have been purchased. CDC and FDA are working to determine whether other products from this company are associated with adverse health effects.

Background

CDC and FDA have received reports of severe acute illnesses and other adverse effects following consumption of Diamond Shruumz™ brand chocolate bars, cones, and gummies reported to multiple poison control centers across the United States. These products are distributed online and at retailers including those that that sell hemp-derived (e.g., cannabidiol [CBD], delta-8 tetrahydrocannabinol [THC]) and smoke/vape products nationwide.

Products containing psychoactive compounds such as cannabis or mushroom extracts are increasing in availability. These "edibles" are often sold as gummy candies, chocolate, or other snack foods. They might contain undisclosed ingredients, including illicit substances, other adulterants, or potentially harmful contaminants that are not approved for use in food. Mushroom-containing products have been marketed for promoting health or for achieving nonspecific physical or psychoactive effects. Examples of health claims have included improving focus and increasing energy.

Advertising for these products has also implied that consumption would lead to feelings of euphoria, hallucinations, or psychedelic effects. Common terms used in marketing include "microdosing," "adaptogens" (substances to help the body adapt to stress), "nootropics" (substances that enhance memory or cognitive function), or "functional mushrooms."

Adverse effects reported to U.S. poison centers in 12 patients who sought medical attention after consuming Diamond Shruumz™ brand chocolate bars, cones, or gummies as of June 11, 2024, include central nervous system depression with sedation, seizures, muscle rigidity, clonus, tremor, abnormal heart rate (bradycardia or tachycardia), abnormal blood pressure (hypotension or hypertension), gastrointestinal effects (nausea, vomiting, or abdominal pain), skin flushing, diaphoresis, and metabolic acidosis with increased anion gap. Ten patients were hospitalized, and several patients required intubation, mechanical ventilation, and admission to an intensive care unit. None have died.

CDC, FDA, and America's Poison Centers are continuing to monitor cases of illness reported to poison centers nationwide. Any suspected cases or adverse effects after consuming any Diamond Shruumz™ brand products should be reported to the Poison Help Line (1-800-222-1222).

Recommendations for Clinicians

- Counsel patients, caregivers, and guardians not to purchase, consume, or serve Diamond Shruumz™ brand chocolate bars, cones, or gummies.
- Counsel patients, caregivers, and guardians to avoid consuming mushroom-containing edible products claiming to produce neurologic, cognitive, or psychoactive effects.
- Be aware that "edibles" or food-like products marketed with nonspecific health benefits or implied psychoactive effects might contain undisclosed, misformulated, or unapproved ingredients that can cause severe adverse health effects.
- Have a high index of suspicion for severe illness in any patient who recently consumed any of these products presenting to a healthcare facility with any adverse effects. Symptoms might include, but are not limited to, central nervous system depression with sedation, seizures, muscle rigidity, clonus, tremor, abnormal heart rate (bradycardia or tachycardia), abnormal blood pressure (hypotension or hypertension), gastrointestinal effects (nausea, vomiting, or abdominal pain), skin flushing, diaphoresis, and metabolic acidosis with increased anion gap.
- Obtain early consultation with a medical toxicologist with expertise in managing patients with acute unknown ingestions. Contact your local poison center (1-800-222-1222) for advice on medical management of these patients.
    - Managing symptoms from an unknown exposure primarily involves supportive care and consultation with a poison center or toxicologist. Common treatments include IV fluid hydration, supplemental oxygen, and ventilatory support for respiratory failure. Benzodiazepines might be indicated as first-line medications to treat seizures, muscle rigidity, or agitation. Consider the possibility of concomitant ingestion of other drugs or medications and be aware that other specific antidotes (e.g., naloxone) might be indicated.
    - Consider routine diagnostic testing if indicated based on the patient's clinical presentation. Examples might include, but are not limited to, a comprehensive metabolic panel (CMP), including serum electrolytes, liver enzymes and BUN/creatinine; complete blood count; arterial blood gas; urinalysis; and urine drug screen.
    - Consider consulting a neurologist for evaluation and further diagnostic workup such as electroencephalogram (EEG) or imaging studies if there is any concern for status epilepticus. [4]
    - Consider retaining urine and blood samples for further testing. Urine drug screens commonly used in healthcare facilities usually only detect a limited number of compounds. Decisions to perform further testing may be based on discussions and coordination with a poison center or local health authorities.
- Contact your local public health authority or regional poison center to report cases of illness after consuming mushroom-containing chocolate or other similar edible products.

Recommendations for Public Health Practitioners

- Be aware that cases of severe illness have been reported following consumption of Diamond Shruumz™ brand chocolate bars, cones, and gummies.
- Educate the public about the risks of eating mushroom-containing edible products marketed with claims of nonspecific physical effects, health benefits, or implied psychoactive effects. Such products might contain potentially harmful undisclosed, misformulated, or unapproved ingredients.
- Coordinate with your local poison center (1-800-222-1222) and other relevant stakeholders to discuss any suspected cases of illness due to these products within your jurisdiction and establish preferred processes to collect information on suspected cases.

Recommendations for the Public

- Do not buy, eat, sell, or serve Diamond Shruumz™ brand chocolate bars, cones, or gummies. Discard and destroy any product that has been purchased.
- Do not consume chocolate, gummies, snack foods, or other edible products claiming to produce feelings of euphoria, hallucinations, or psychedelic effects. They might contain undisclosed ingredients that might be linked to severe illness.
- Store edibles and other products that contain mushrooms, THC, or CBD safely away from children. Children may mistake some edibles for candy.
- Seek immediate medical attention or call the Poison Help Line (1-800-222-1222) for advice if you have consumed a product and are having symptoms. Signs and symptoms may include gastrointestinal effects (nausea, vomiting, abdominal pain), hallucinations, uncontrolled movements, fast or slow heart rate, high or low blood pressure, coughing, choking, excessive sweating or secretions, and flushed skin. Other severe adverse effects have been reported, including seizures, decreased level of consciousness, and respiratory failure.
- Consumers are also encouraged to report adverse events related to these products to FDA MedWatch .

For More Information

- Investigation of Illnesses: Diamond Shruumz-Brand Chocolate Bars, Cones, & Gummies (June 2024) | FDA
- MedWatch: The FDA Safety Information and Adverse Event Reporting Program | FDA
- America's Poison Centers
- American College of Medical Toxicology
- Pediatric Environmental Health Specialty Units

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

Top of Page

Additional Resources

- HAN Archive By Year
- HAN Types
- Sign Up for HAN Email Updates
- HAN Jurisdictions

Last Reviewed: May 17, 2024

Emergency Preparedness and Response

Disrupted Access to Prescription Stimulant Medications Could Increase Risk of Injury and Overdose

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 13, 2024, 1:00 PM ET
CDCHAN-00510

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform public health officials, clinicians, and affected patients, their families, and caregivers about potential disrupted access to care among individuals taking prescription stimulant medications and possible increased risks for injury and overdose. On June 13, 2024, the U.S. Department of Justice announced a federal health care fraud indictment against a large subscription-based telehealth company that provides attention-deficit/hyperactivity disorder (ADHD) treatment to patients ages 18 years and older across the United States. Patients who rely on prescription stimulant medications to treat their ADHD and have been using this or other similar subscription-based telehealth platforms could experience a disruption to their treatment and disrupted access to care. A disruption involving this large telehealth company could impact as many as 30,000 to 50,000 patients ages 18 years and older across all 50 U.S. states.

This potential disruption coincides with an ongoing prescription drug shortage involving several stimulant medications commonly prescribed to treat ADHD, including immediate-release formulation of amphetamine mixed salts (brand name Adderall®). Patients whose care or access to prescription stimulant medications is disrupted, and who seek medication outside of the regulated healthcare system, might significantly increase their risk of overdose due to the prevalence of counterfeit pills in the illegal drug market that could contain unexpected substances, including fentanyl. **Given the national drug overdose crisis and threats associated with the illegal drug market, individuals struggling to access prescription stimulant medications are urged to avoid using medication obtained from anyone other than a licensed clinician and licensed pharmacy.**

In addition to concerns about using illegally acquired stimulant medications, untreated ADHD is associated with adverse outcomes, including social and emotional impairment, increased risk of drug or alcohol use disorder, unintentional injuries, such as motor vehicle crashes, and suicide. Health officials and healthcare providers may need to assist affected patients seeking treatment for ADHD and should communicate overdose risks associated with the current illegal drug market as well as provide overdose prevention education and mental health support.

Background

ADHD is a brain disorder that can make it difficult to concentrate or control impulsive behavior. ADHD affects an estimated 9.8% of children and 4.4% of adults in the United States. Clinicians commonly treat ADHD and narcolepsy with prescription stimulant medications. The percentage of children and adults receiving prescriptions for stimulants to treat ADHD increased from 2016–2021, particularly during 2020–2021. Telehealth policies implemented during the COVID-19 pandemic have allowed for greater access to ADHD treatment, including treatment with prescription stimulants, without the need for an in-person health care visit.

Although prescription stimulants are commonly used safely and appropriately, they can be misused (i.e., taken in a manner or dose other than prescribed, taking someone else's medication, or taking a medication to get high or for another desired effect unrelated to a medical condition). Misuse of prescription stimulants, particularly among young adults, is a growing public health concern, with 14.5% of college students reporting misusing prescription stimulants. U.S. rates of overdose deaths involving stimulants, including cocaine and psychostimulants with abuse potential (e.g., methamphetamine and prescription stimulants), have increased steadily since 2014, both with and without co-involved opioids. The effect of stimulants on the human body and brain can vary by how frequently they are used, how strong they are, how they are consumed, and the amount consumed. People experiencing stimulant overdose are often awake and may be breathing quickly. They may need assistance in reducing overheating and overstimulation.

The impact of the indictment on the telehealth company's patients is unknown at the time of this HAN's release. However, some or all patients who have been accessing treatment or prescriptions for ADHD through the telehealth company might find they need to or want to find a new healthcare provider. They might also have difficulty filling a stimulant prescription. Some patients might try to seek medication outside the regulated healthcare system. Counterfeit pills that look like prescription stimulant medications, such as Adderall®, might contain illegally made fentanyl or other dangerous substances, thus increasing the risk of nonfatal and fatal overdose. Recently, the Drug Enforcement Administration (DEA) reported that laboratory testing indicates 7 out of every 10 pills seized from the illegal drug market contain a lethal dose of illegally made fentanyl, a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine.

Signs of an opioid overdose include—

- Unconsciousness or inability to awaken
- Slow or shallow breathing or difficulty breathing such as choking sounds or gurgling/snoring noise from a person who cannot be awakened
- Discolored skin (especially in nails or lips)
- Small, constricted "pinpoint pupils" that don't react to light

A person who has been misusing prescription stimulants might seek out illegal drugs they believe can provide them with the same effects as the prescription. Transitioning to using illegal drug products is extremely dangerous. Unlike prescriptions, which have clearly labeled ingredients, quantities, and other safety information, illegal drug products are less predictable and might contain unexpected substances, unknown quantities, or potencies.

Recommendations for Public Health Professionals

- Communicate to partner organizations and agencies about this disruption and the potential associated overdose risk among affected patients.

- Support patients affected by a disruption in identifying new clinicians and legal sources of medications.
- Communicate risks of replacing prescription stimulant medications with drugs or pills obtained illegally, including pills received from family, friends, or acquaintances).
- Increase risk communication about the prevalence and danger of counterfeit pills that look like prescription medications. Communicate that 7 out of every 10 pills seized by DEA from the illegal drug market contain a lethal dose of fentanyl.
- Increase risk communication, harm reduction and other overdose prevention efforts (i.e., provision of naloxone) directed at adults primarily ages 18 through 50 years, as they represent the population most served by the indicted company and most at risk for overdose.
- Increase risk communication, harm reduction, and other overdose prevention efforts (i.e., provision of naloxone) directed at college students and at places where young adults study or work due to risks of stimulant misuse.
- Disseminate resources to help clinicians care for patients with ADHD or other health conditions treated with prescription stimulants.

Recommendations for Clinicians

- Help patients who have lost healthcare access to find new licensed clinicians and pharmacies.
- Avoid stigmatizing patients affected by a disruption in care.
- Educate all patients about the health risks of using drugs or medications obtained from sources other than licensed clinicians and pharmacies, including family, friends, and social media contacts. Communicate to patients that 7 out of every 10 pills seized by DEA from the illegal drug market contain a lethal dose of fentanyl.
- As a safety precaution, in case a patient obtains medication outside the regulated healthcare system, prescribe naloxone and overdose prevention education to any patient who has difficulty accessing their stimulant medication or tell patients where they, their caregivers, or families, can access naloxone. Naloxone, for example Narcan®, can reverse the effects of an opioid overdose and can be given to any person showing signs of an opioid overdose (e.g., unconscious or unable to be awakened; slow or shallow breathing or difficulty breathing).
- Ensure that patients requesting care continuity for ADHD receive appropriate assessments and best-practice treatments .
- Discuss with patients, their caregivers, and families the possibility of difficulty filling a prescription due to current drug shortages and work with them to ensure they are able to fill prescriptions.
- Offer other FDA-approved treatment options for ADHD if a prescribed medication is unavailable when needed or facilitate a rapid referral to a clinician who can provide such treatment.
- If you believe a patient might have a stimulant use disorder or needs immediate mental health support, provide referrals and information about how to access treatment services, including hotlines: #988 or 1-800-662-HELP (4357).
- Contact Poison Control (call 1-800-222-1222 or visit https://poisoncenters.org) for help with a poisoning emergency or for questions related to an unknown substance.

Recommendations for Pharmacists and Pharmacies

- Avoid stigmatizing patients affected by a disruption in care.
- Recognize that the indictment should not result in universal refusals to fill prescriptions from telehealth providers, and that telehealth provides access to needed care for many Americans.
- Recognize that Schedule II–V controlled substances can be prescribed via telehealth without an in-person visit until December 31, 2024, under current regulations .
- If your pharmacy does not have a particular prescription medication available to dispense, you may electronically transfer a Schedule II prescription according to federal regulations .
- Discuss with patients the possibility that they might have difficulty filling a prescription due to medication shortages, and share resources below on finding a provider to identify alternative treatment options if needed.

- Discuss with patients the risks associated with obtaining medications from anyone other than a licensed pharmacist due to the prevalence of counterfeit pills that look like their medication but could contain other dangerous substances. Recently, DEA reported that laboratory testing indicates 7 out of every 10 pills seized from the illegal drug market contain a lethal dose of fentanyl.
- If your state has a statewide standing order or protocol order for naloxone, dispense it, or let patients know where they can purchase it over the counter (i.e., without a prescription).

Recommendations for Affected Patients

For ADHD treatment

- If you are running low on your current prescription, schedule an appointment with your existing or new healthcare provider as soon as possible.
- Contact your primary care doctor if you can no longer access your previous healthcare provider for assistance obtaining ongoing prescriptions. If you do not have a primary care doctor, call the number on the back of your insurance card, and ask for assistance finding a healthcare provider near you. Resources like Find a Health Center (hrsa.gov) can identify federally funded health clinics in your area and the organization Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) can identify an ADHD specialist.
- Talk with your healthcare provider and pharmacist if you cannot find a pharmacy that has your medication.

To prevent overdose and other harms

- Only take medications prescribed to you by a licensed healthcare provider and dispensed by a licensed pharmacy.
- Never illegally purchase or obtain pills. Recently, DEA reported that laboratory testing indicates 7 out of every 10 pills seized from the illegal drug market contain a lethal dose of fentanyl. Pills obtained from family, friends, or social media contacts and not prescribed to you could contain deadly levels of illegally made fentanyl, and you wouldn't be able to see it, smell it, or taste it.
- Never purchase or obtain illegal stimulants, such as cocaine, methamphetamine, or ecstasy. Substances might not be what they seem and could contain lethal doses of fentanyl or additional dangerous substances.
- Carry naloxone, a life-saving opioid overdose reversal drug. Naloxone should be given immediately in response to any unconscious person suspected of overdosing. Signs of an opioid overdose include—
  - Unconsciousness or inability to awaken
  - Slow or shallow breathing or difficulty breathing such as choking sounds or gurgling/snoring noise from a person who cannot be awakened
  - Discolored skin (especially in nails or lips)
  - Small, constricted "pinpoint pupils" that don't react to light
- Never use illegally obtained pills or other substances.
- If someone is planning to use illegally obtained pills or other substances, test them first with fentanyl test strips, and make sure there is always someone else nearby who can help in case of emergency.
- In case of a poisoning emergency, call 911 and seek medical attention immediately.
- For questions about an unknown substance, contact Poison Control (call 1-800-222-1222 or visit https://poisoncenters.org).

For stimulant use disorder treatment

- Call or text #988 or 1-800-662-HELP (4357) if you believe you, a family member, or loved one might have a stimulant use disorder or are experiencing psychological distress.

For More Information

ADHD Symptoms, Diagnosis, and Treatment

- Attention-Deficit / Hyperactivity Disorder (ADHD) | CDC
- Improving the Lives of People Affected by ADHD | Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
- Adult ADHD Toolkit | American Academy of Family Physicians (AAFP)

Stimulants or Stimulant Use Disorders

- Stimulant Overdose | Overdose Prevention | CDC
- Treatment of Stimulant Use Disorders | Substance Abuse and Mental Health Services Administration (SAMHSA)

Counterfeit Pills

- Counterfeit Pills Factsheet | Department of Justice/Drug Enforcement Administration (DEA)
- Northern District of Iowa | United States Attorney and the Federal Bureau of Investigation Warn Iowans about the Dangers of Counterfeit Adderall Pills | U.S. Department of Justice
- Drug Overdose Deaths with Evidence of Counterfeit Pill Use — United States, July 2019–December 2021| CDC

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

Top of Page

Additional Resources

- HAN Archive By Year
- HAN Types
- Sign Up for HAN Email Updates
- HAN Jurisdictions

Last Reviewed: June 10, 2024

Emergency Preparedness and Response

Increased Risk of Dengue Virus Infections in the United States

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 25, 2024, 2:30 PM ET
CDCHAN-00511

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify healthcare providers, public health authorities and the public of an increased risk of dengue virus (DENV) infections in the United States in 2024. Global incidence of dengue in 2024 has been the highest on record for this calendar year; many countries are reporting higher-than-usual dengue case numbers. In 2024, countries in the Americas have reported a record-breaking number of dengue cases, exceeding the highest number ever recorded in a single year. From January 1 – June 24, 2024, countries in the Americas reported more than 9.7 million dengue cases, twice as many as in all of 2023 (4.6 million cases). In the United States, Puerto Rico has declared a public health emergency (1,498 cases) and a higher-than-expected number of dengue cases have been identified among U.S. travelers (745 cases) from January 1 – June 24, 2024. In the setting of increased global and domestic incidence of dengue, healthcare providers should take steps including:

1. Have increased suspicion of dengue among people with fever who have been in areas with frequent or continuous dengue transmission within 14 days before illness onset,
2. Order appropriate diagnostic tests for acute DENV infection: reverse transcription polymerase chain reaction [RT-PCR] and IgM antibody tests, or non-structural protein 1 [NS1] antigen tests and IgM antibody tests,
3. Ensure timely reporting of dengue cases to public health authorities, and
4. Promote mosquito bite prevention measures among people living in or visiting areas with frequent or continuous dengue transmission.

Background

Dengue is the most common arboviral disease globally. It is caused by four distinct but closely related dengue viruses (DENV-1, -2, -3, and -4). DENVs are transmitted through bites of infected *Aedes* species mosquito vectors. Infection

with one DENV generally induces life-long protection against infection from that specific DENV but only protects against other DENVs for several months to years. Dengue is a nationally notifiable disease in the United States. Six U.S. territories and freely associated states are classified as areas with frequent or continuous dengue transmission: Puerto Rico, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of Marshall Islands, and the Republic of Palau. In the rest of the United States, local transmission of DENV has been limited, with sporadic cases or small outbreaks in Florida, Hawaii, and Texas. However, confirmed local DENV transmission has also been reported by Arizona and California over the past two years.

Approximately one in four DENV infections are symptomatic and can be mild or severe. Symptoms begin after an incubation period of 5–7 days (range 3–10 days) and present as fever accompanied by non-specific signs and symptoms such as nausea, vomiting, rash, muscle aches, joint pain, bone pain, pain behind the eyes, headache, or low white blood cell counts. Warning signs are specific clinical findings that predict progression to severe disease. Warning signs include abdominal pain or tenderness, persistent vomiting, clinical fluid accumulation (e.g., ascites, pleural effusion), mucosal bleeding, lethargy or restlessness, progressive increase of hematocrit, or liver enlargement >2cm. Severe disease, with associated severe bleeding, shock or respiratory distress caused by plasma leakage, or end-organ impairment, develops in 1 in 20 people with symptomatic dengue. Infants aged ≤1 year, pregnant people, adults aged ≥65 years, and people with certain medical conditions are at increased risk of severe dengue. Although a second DENV infection (i.e., with a different DENV from the first infection) carries a higher risk of severe disease than a first, third, or fourth infection, any infection can lead to severe disease.

Patients with symptoms compatible with dengue can be tested with both molecular and serologic diagnostic tests. All patients with suspected DENV infection should be tested with RT-PCR (i.e., a nucleic acid amplification test (NAAT)) or a NS1 antigen test, and also with IgM antibody test to confirm DENV infection. These tests can be considered regardless of the symptom onset date, although the test sensitivity of RT-PCR and NS1 antigen tests decrease after the first 7 days. IgG detection by enzyme-linked immunosorbent assay (ELISA) in a single serum sample should not be used to diagnose a patient with acute dengue because it does not distinguish between current and previous DENV infection. U.S. Food and Drug Administration (FDA)-approved testing is available at public health laboratories and some commercial laboratories. State, tribal, territorial, and local health departments, and CDC can offer additional testing guidance.

There are no antiviral medications approved to treat dengue. Treatment is supportive and requires careful volume management. Appropriate triage, management, and follow-up remain the most effective interventions to reduce dengue morbidity and mortality. Expectant management of patients at high risk for severe disease and rapid initiation of a standardized fluid replacement strategy recommended by the World Health Organization (WHO) can decrease mortality from 13% to <1%. In June 2021, the Advisory Committee of Immunization Practices recommended a dengue vaccine, Dengvaxia, for children aged 9–16 years with laboratory confirmation of previous DENV infection and living in areas with frequent or continuous dengue transmission such as Puerto Rico. While the vaccine is considered safe and effective, the manufacturer (Sanofi Pasteur, Inc., Paris France) has discontinued production citing a lack of demand. Vaccine administration will continue in Puerto Rico until available doses expire in 2026.There are no vaccines recommended for travelers, adults, or persons without a previous DENV infection.

Dengue cases resurged globally after the COVID-19 pandemic. In 2023, more than 4.6 million cases and 4000 deaths were reported in the Americas region. As of June 24, 2024, more than 9.7 million dengue cases have been reported in the Americas, twice as many as in all of 2023 (4.6 million cases). Dengue transmission peaks during the warmer and wetter months in many tropical and subtropical regions. Dengue cases are likely to increase as global temperatures increase. Higher temperatures can expand the range of the mosquitoes that spread dengue, as well as affect other factors that facilitate virus transmission like faster viral amplification in the mosquito, increased vector survival, and changes in reproduction and biting rates. U.S. summer travel often overlaps with the months of increased dengue activity in many countries. Epidemics in the Americas region increase travel-associated cases and limited local transmission in the continental United States. A higher-than-expected number of dengue cases (total of 2,241 cases, including 1,498 in Puerto Rico) were reported in the United States from January 1 – June 24, 2024. Public health authorities in Puerto Rico declared a public health emergency in March 2024 because of the high number of cases reported during the low dengue season. Healthcare providers should be prepared to recognize, diagnose, manage, and

report dengue cases to public health authorities; public health partners should investigate cases and disseminate clear prevention messages to the public. The CDC is actively implementing several strategies to address the increase in cases of dengue in the United States, including:

- Launching a program-led emergency response, which was activated on April 8, 2024.
- Providing regularly scheduled monthly situational updates on dengue to partners, stakeholders, and jurisdictions.
- Expanding laboratory capacity to improve laboratory testing approaches.
- Collaborating with State, Tribal, Local, and Territorial Health Departments to strengthen dengue surveillance and recommend prevention strategies.
- Educating the public on dengue prevention.

Recommendations for Healthcare Providers

- Maintain a high suspicion for dengue among patients with fever and recent travel (within 14 days before illness onset) to areas with frequent or continuous dengue transmission.
- Consider locally acquired dengue among patients who have signs and symptoms highly compatible with dengue (e.g., fever, thrombocytopenia, leukopenia, aches, pains, rash) in areas with competent mosquito vectors.
- Order appropriate FDA-approved dengue tests (RT-PCR and IgM antibody tests, or NS1 and IgM antibody tests), and do not delay treatment waiting for test results to confirm dengue.
- Know the warning signs for progression to severe dengue, which include abdominal pain or tenderness, persistent vomiting, clinical fluid accumulation, mucosal bleeding, lethargy or restlessness, and liver enlargement.
- For people with suspected dengue who do not have warning signs and are not part of a population at high risk for severe dengue, consider outpatient management with close follow-up.
- Teach patients about the warning signs that may appear as their fever starts to decline and instruct them to seek care urgently if they experience any warning signs.
- Recognize the critical phase of dengue. The critical phase begins when fever starts to decline and lasts for 24–48 hours. During this phase, some patients require close monitoring and may deteriorate within hours without appropriate intravenous (IV) fluid management.
- Hospitalize patients with severe dengue or any warning sign of progression to severe dengue and follow CDC/WHO protocols for IV fluid management .
- Follow local guidelines to report dengue cases to state, tribal, local, or territorial health departments.

Recommendations for State, Tribal, Local, and Territorial Health Departments

- Use FDA-approved dengue tests. Ensure access to dengue testing for all patients with suspected dengue.
- Remind clinicians of the high risk of dengue among patients with fever who have been in areas with frequent or continuous dengue transmission.
- Remind clinicians that local transmission can occur in areas with competent vectors and to test patients with compatible illnesses even without a history of having been in an area with dengue.
- Inform healthcare providers and the public when locally acquired and travel-associated dengue cases are detected in the area.
- Report dengue cases to CDC via ArboNET, the national arboviral surveillance system managed by CDC and state health departments.
- Take the lead in investigating dengue cases and outbreaks.
- Consider targeted outreach about increasing dengue risk to healthcare providers more likely to identify dengue cases (i.e., travel medicine clinics, infectious disease physicians, or healthcare systems serving highly mobile populations such as migrant and border health clinics, and clinics with frequent travelers to areas with frequent or continuous dengue transmission) and messaging to populations at higher risk for dengue.

Recommendations for the Public

- Learn how to prevent mosquito bites.
  - Use Environmental Protection Agency-approved repellents during travel to and after returning from areas with frequent or continuous dengue transmission.
  - Wear loose-fitting, long-sleeved pants and shirts.
- Control mosquitos at home indoors and outdoors.
  - Use air conditioning and window screens when possible, to lower risk for mosquito bites indoors.
  - Dump and drain containers that hold water to reduce mosquito egg-laying sites in your home and neighborhood.
- Seek medical care if you have a fever or have dengue symptoms and live in or traveled to an area with dengue outbreaks .
- If you plan international travel to a an area with frequent or continuous dengue transmission, protect yourself from mosquito bites during and after your trip.

For More Information

Healthcare Providers

- Clinical Testing Guidance for Dengue | Dengue | CDC
- Guidelines for Classifying Dengue | Dengue | CDC
- Clinical Features of Dengue | Dengue | CDC
- Dengue Case Management Pocket Guide | CDC
- Dengue During Pregnancy | Dengue | CDC
- Dengue Vaccine | Dengue | CDC
- Dengvaxia: What Healthcare Professionals Need to Know | Dengue | CDC
- Dengue | CDC Yellow Book 2024
- Dengue Clinical Management Course | Dengue | CDC
- Webinar: What Clinicians Need to Know about Dengue in the United States | CDC

Health Departments and Public Health Professionals

- Data and Statistics on Dengue in the United States | Dengue | CDC
- What You Can Do to Control Mosquitoes During an Outbreak | Mosquitoes | CDC
- ArboNET | Mosquitoes | CDC
- Dengue case investigation report | CDC
- Dengue Print Resources | Dengue | CDC
- Communication Resources | Mosquitoes | CDC
- Submitting Specimens for Dengue Virus Tests | Vector-Borne Diseases | CDC

Public

- Preventing Dengue | Dengue | CDC
- Dengue During Pregnancy | Dengue | CDC
- Caring for a Family Member with Dengue | CDC
- Mosquito Control at Home | Mosquitoes | CDC
- Get Rid of Mosquitos at Home | CDC

- Your Infant has Dengue | CDC
- Areas with Risk of Dengue | Dengue | CDC
- Travel Health Notices | Travelers' Health | CDC
- Find a Clinic | Travelers' Health | CDC

References

1. Pan American Health Organization. Epidemiological Update Increase in dengue cases in the Region of the Americas. https://www.paho.org/en/documents/epidemiological-update-increase-dengue-cases-region-americas-18-june-2024
2. Wong JM, Adams LE, Durbin AP, et al. Dengue: a growing problem with new interventions. *Pediatrics.* 2022;149(6):e2021055522. DOI: 10.1542/peds.2021-055522
3. Paz-Bailey G, Adams L, Wong JM, et al. Dengue vaccine: recommendations of the Advisory Committee on Immunization Practices, United States, 2021. *MMWR Recommendations and Reports.* 2021;70(6):1–16. DOI: 10.15585/mmwr.rr7006a1
4. World Health Organization. Disease Outbreak News; Dengue – Global situation. May 30, 2024. https://www.who.int/emergencies/disease-outbreak-news/item/2024-DON518

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

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Top of Page

Additional Resources

- HAN Archive By Year
- HAN Types
- Sign Up for HAN Email Updates
- HAN Jurisdictions

Last Reviewed: June 25, 2024

Jefferson County Health Department - Statement of Revenues & Expenditures:

01/01/2024 - 05/31/2024	YTD Actual	Prorated Budget	Annual Budget	YTD Budget Variance
REVENUE:				
Total WIC	**$ 174,043.59**	**$ 146,947.08**	**$ 349,874.00**	**$ 27,096.51**
Public Health Fee for Service	$ 71,057.28	$ 94,356.10	**$ 224,657.38**	$ (23,298.82)
Public Health Grant Income	$ 148,887.24	$ 95,992.68	**$ 228,554.00**	$ 52,894.56
Total Public Health	**$ 219,944.52**	**$ 190,348.78**	**$ 453,211.38**	**$ 29,595.74**
Total Income	$ 393,988.11	$ 337,295.86	$ 803,085.38	$ 56,692.25
EXPENSE:				
WIC 4201 - 420109	$ 152,634.17	$ 157,156.34	$ 374,181.76	$ (4,522.17)
WIC Fit Family 4202	$ 9,105.08	$ 8,242.44	$ 19,624.85	$ 862.64
WIC Peer Counselor 4203-420309	$ 12,304.34	$ 9,796.54	$ 23,325.09	$ 2,507.80
Total WIC	**$ 174,043.59**	**$ 175,195.31**	**$ 417,131.70**	**$ (1,151.72)**
Public Health = Tax Levy Supported Expenses	$ 340,570.56	$ -		$ 340,570.56
Public Health Grants	$ 176,272.61	$ 105,786.22	$ 251,871.95	$ 70,486.39
Public Health Fee-for-Service	$ 55,136.41	$ 46,704.70	$ 111,201.67	$ 8,431.71
Total Public Health	**$ 571,979.58**	**$ 152,490.92**	**$ 363,073.62**	**$ 419,488.66**
Total Expense	$ 746,023.17	$ 327,686.23	$ 780,205.32	$ 418,336.94
2024 SUMMARY				
Total 2024 Income YTD:	$ 393,988.11	$ 337,295.86	$ 803,085.38	$ 56,692.25
2024 County Tax Levy Applied - ORG 4115:	**$ 390,986.47**	**$ 390,986.47**	**$ 938,367.53**	$ -
Total 2024 Revenue:	$ 784,974.58	$ 728,282.33	$ 1,741,452.91	$ 56,692.25
Total 2024 Expense:	$ 746,023.17	$ *327,686.23*	$ *780,205.32*	$ 418,336.94
2024 Annual Activity (Revenue vs. Expenses) as of 05/31/2024	**$ 38,951.41**		$ *961,247.59*	