

Epidemiologic Notes and Reports**Surveillance for Respiratory Disease Following the Eruption of Mt. St. Helens**

On May 18, 1980, Mt. St. Helens (elevation 9,677 feet), a long-dormant volcano, erupted violently and deposited several inches of ash on portions of Washington, Idaho, and Montana. A second, smaller eruption on May 25 deposited additional ash in western Washington and Oregon.

At the invitation of the Washington State Department of Social and Health Services, CDC personnel (Bureau of Epidemiology and National Institute for Occupational Safety and Health/Morgantown) have been in Washington since May 21 to assist in an epidemiologic evaluation. A hospital-based surveillance network has been established in affected areas of the 4 states to document acute respiratory and other disorders related to the ash. Initial reports suggest instances of mucous membrane and upper respiratory irritation but no evidence of increased severe respiratory illness related to the dust.

Detailed analyses of the volcanic ash are being performed by a number of government agencies and university laboratories. The major components of the ash appear to be silicon-containing materials, aluminum, and other oxides. Because the industrial disease silicosis can be seen after long-term occupational exposure to certain crystalline forms of free silica, the silicon-containing material is being analyzed to determine any potential for long-term hazards.

Individuals engaged in the cleanup effort and other workers exposed to high levels of ash have been advised to use approved, protective respiratory equipment, to work in well-ventilated areas, and, when working outdoors, to wet down the ash, whenever possible. Other persons, particularly those with respiratory disorders, have been advised to avoid unnecessary exposure to the dust.

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Epidemiologic Notes and Reports

An Outbreak of Penicillinase-Producing *Neisseria gonorrhoeae* — Shreveport, Louisiana

From January 22-April 29, 1980, 28 cases of gonococcal infection caused by penicillinase-producing *Neisseria gonorrhoeae* (PPNG) were reported in Shreveport, Louisiana.

On January 21, an isolate of *N. gonorrhoeae* was confirmed as PPNG by the State Health Department Regional Laboratory, Shreveport (SHDRLS). This isolate was from a urethral culture obtained on January 15 from a 34-year-old man with gonococcal urethritis; this patient was first diagnosed on November 27, 1979. He received repeated treatment for persistent urethritis: ampicillin 3.5 g and probenecid 1 g p.o. (November 27), 4.8 million units of aqueous procaine penicillin G IM with probenecid 1 g p.o. (December 17) and tetracycline hydrochloride 500 mg 4 times daily for 7 days (January 15). On January 22, the patient was recultured, interviewed, and treated with spectinomycin 2 g IM. Cultures taken on January 22 and on February 4 were negative.

Two additional PPNG patients were identified among the sexual partners of the index patient, and intensive control measures were implemented. All patients were assigned top priority for interview and referral of their sexual partners. The SHDRLS began to screen all gonococcal isolates for penicillin resistance with disk tests; all resistant isolates were subsequently tested for beta-lactamase production. All positive PPNG findings were subsequently confirmed by the State Health Department Central Laboratory in New Orleans.

Figure 1 shows the occurrence of PPNG cases by the month in which individual patients first sought care. The average age of the 12 men was 25.7; the 16 women averaged 20.5 years of age. All patients resided within the Shreveport-Bossier metropolitan area. Of the 16 infected women, 2 had pelvic inflammatory disease (PID), one had suspected PID symptoms, and one had a Bartholin's gland abscess. The 28 patients were distributed in 8, apparently unrelated, chains of infection; no direct evidence of importation was obtained.

Screening approximately 400 gonococcal isolates for penicillinase production assisted in the early identification of 9 of the PPNG cases. Five patients (4 men and 1 woman) sought care in the Shreveport Venereal Disease Clinic because they had symptomatic disease. A total of 56 sexual partners, including 14 who were subsequently shown by culture to be infected with PPNG, were examined and treated. An additional 4 out-of-state contacts were examined, and 2 (1 PPNG, 1 non-PPNG) were found to be infected. The intervals between the patients' initial visits and identification and treatment of PPNG were shortened from an average of 2 weeks at the beginning of the outbreak to approximately 3 days when the outbreak stopped. No additional patients have been identified since April 29.