

Health Advisory: Campylobacter Outbreak in Hennepin and Ramsey Counties Among MSM

Minnesota Department of Health, Thu, Sep 2 14:00 CDT 2021

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, pharmacies, and convenience clinics in your jurisdiction in **Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington** counties.

Hospitals, clinics and other facilities: Please forward to infection preventionists, infectious disease physicians, emergency department staff, hospitalists, and primary care clinicians.

Health care providers:

- Watch for patients with symptoms of Campylobacter infection: Watery or bloody diarrhea, abdominal cramps, and fever, especially patients who are MSM (men who have sex with men).
- Obtain stool specimens to test patients for Campylobacter.
- Treat, when indicated, with azithromycin rather than ciprofloxacin.
- Counsel patients to avoid unprotected oral-anal contact for at least 7 days after symptoms have cleared, and to wash hands very thoroughly.
- [Report suspected or cases of Campylobacter](https://www.health.state.mn.us/diseases/campylobacteriosis/report.html) (<https://www.health.state.mn.us/diseases/campylobacteriosis/report.html>) to MDH within 1 working day via the form or by phone to 651-201-5414 or 877-676-5414.

Background

Since July 8, MDH has received reports of 7 cases of *Campylobacter jejuni* infection with isolates that were tightly clustered by whole genome sequencing (WGS) (0-1 alleles apart); all were male residents of Hennepin or Ramsey Counties. Reported illness onset dates ranged from June 29 to August 11. Three of the 5 interviewed cases reported sexual contact with a man within the week before illness onset. Two cases were hospitalized, one case is HIV-positive, and most cases have other STIs noting past MSM exposures. Three of the cases were co-infected with *Giardia*. No common restaurant or social contact exposures were reported; sexual contact is the likely route of transmission.

Campylobacter transmission has been previously documented in the MSM community, though in the past as coinfections with *Shigella flexneri*. Symptoms of *Campylobacter* infection include watery or bloody diarrhea, abdominal cramps, and fever. Symptoms may be more severe among patients with immunodeficiency including persons with HIV and a low CD4 count. Most infections with *C. jejuni* are self-limited and do not require antimicrobials to clear the infection; however, appropriate antimicrobial treatment early in the course of illness can decrease the duration of illness. Based on susceptibility testing and WGS, isolates from these cases were resistant to nalidixic acid, showed decreased susceptibility to ciprofloxacin, but were susceptible to macrolides. Therefore, when treatment is indicated, azithromycin would be most appropriate.

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RAMSEY COUNTIES AMONG MSM

In most circumstances, antidiarrheal medications should be avoided as this may lead to more severe or prolonged symptoms.

For More Information

- [MDH: Health Care Provider Information on Campylobacteriosis \(https://www.health.state.mn.us/diseases/campylobacteriosis/healthcare.html\)](https://www.health.state.mn.us/diseases/campylobacteriosis/healthcare.html)
- [CDC: Campylobacter \(Campylobacteriosis\) \(https://www.cdc.gov/campylobacter/\)](https://www.cdc.gov/campylobacter/)

A copy of this HAN is available at: [MDH Health Alert Network \(http://www.health.state.mn.us/han\)](http://www.health.state.mn.us/han)

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.