Background
On June 27, 2011, the Alaska Section of Epidemiology (SOE) released an Epidemiology Bulletin detailing an outbreak of campylobacteriosis associated with the consumption of raw milk from Farm A in the Mat-Su Valley. This follow-up Bulletin provides updated information about the investigation.

Active Case finding
On June 24, SOE distributed an Advisory through the Public Health Alert Network (PHAN) to alert health care providers of the outbreak and to recommend testing for Campylobacter in patients who present with acute gastrointestinal (GI) illness and a history of raw milk consumption. Through the PHAN, the June 27 Bulletin, and associated press releases, members of the public were also asked to contact SOE and report acute GI illness following consumption of raw milk. SOE received calls from five community members reporting current and previous GI illness among persons in their households with a preceding history of consuming Farm A raw milk or cream. Public health nurses facilitated collection of stool specimens from recently ill persons for enteric bacterial pathogen testing at the Alaska State Public Health Laboratory (ASPHL).

Stool specimens were collected from six persons with recent GI illness and consumption of Farm A raw dairy products. Three of the six samples tested positive for Campylobacter jejuni; all isolates were the same rare strain of C. jejuni found in the four other laboratory-confirmed cases in this outbreak (pulsed-field gel electrophoresis [PFGE] pattern AKDBRS16.0166/ AKDBRKO2.0093). These three persons shared raw dairy products obtained from Farm A during the first week of July. A total of 11 persons who reported acute GI illness with routine consumption of Farm A dairy products but were not-laboratory confirmed were considered to have shedding Campylobacter jejuni; all isolates were the same rare strain of C. jejuni found in the four other laboratory-confirmed cases in this outbreak (pulsed-field gel electrophoresis [PFGE] pattern AKDBRS16.0166/ AKDBRKO2.0093).

It is not surprising that C. jejuni was not detected in Farm A bulk tank samples because C. jejuni is notoriously difficult to culture from environmental specimens other than raw stool,2 and few campylobacteriosis outbreak investigations yield laboratory confirmation of an implicated food source such as raw milk or produce. Furthermore, none of the raw milk that was actually consumed by ill persons prior to their illness onset was available for testing. Numerous C. jejuni strains were identified from Farm A, which was used to support the finding that many farm animals are known reservoirs for the bacteria. Finding only a single or predominant strain shared by the human cases is not unusual, and might relate to factors associated with seasonality or adaptation of the strain to humans.3 Finally, as was the case in May, the Farm A raw milk samples tested positive for L. monocytogenes, which can cause life-threatening meningitis in children and persons with compromised immune systems.

Recommendations
1. Health care providers should be aware that this C. jejuni outbreak is ongoing and should collect stool specimens for enteric bacterial pathogen testing on all persons with acute GI illness and a recent history of raw dairy product consumption. ASPHL offers free testing; collection guidelines are available at: http://www.hss.state.ak.us/dph/labs/publications/image/Lab_Svcs_Manual.pdf

2. Health care providers are required to report all clinical and laboratory-confirmed cases of Campylobacter infection (7 AAC 27.005). Please call 907-269-8000 Mon–Fri 8AM to 5PM, or 907-561-1324 or 800-478-1700 if calling after hours or from outside of Anchorage.3

3. Providers should educate their patients about the potential serious risks of raw dairy product consumption. Educational materials are available on-line.3

References