

PSP is a preventable condition. Avoidance of noncommercially harvested Alaskan shellfish not tested for saxitoxins is the best way to prevent PSP. Commercially harvested shellfish are tested for saxitoxin in Alaska\* and considered safe for human consumption but shellfish collected by persons for their own use are not. Because shellfish harvesting is an important cultural tradition and shellfish are an important subsistence food source for many Alaska Natives and other Alaska residents, not everyone follows the public health recommendation to avoid eating shellfish from noncommercial sources. Furthermore, transient fish-processing workers in Alaska might be unaware of the potential danger of eating untested Alaskan shellfish because they are unfamiliar with PSP and might have limited English literacy.

During the investigation, SOE epidemiologists posted signs at beaches on Metlakatla and within the community to warn residents about the PSP risks associated with consuming noncommercially harvested shellfish. The warnings were printed in English, Tagalog, Russian, Spanish, and Korean. The Ketchikan Public Health Center and the Alaska Department of Fish and Game posted similar signs throughout Ketchikan and surrounding areas. Additionally, the Alaska Department of Health and Social Services issued press releases and conducted media interviews to inform the public about the outbreak and the need to avoid noncommercial harvesting of shellfish. No additional cases of PSP have been reported in Alaska since this investigation.

Because Alaskan shellfish can have high levels of PSP saxitoxins at any time of year and neither cooking nor freezing destroys the toxin, development of a widely available, inexpensive, and easy-to-use test kit to measure toxin concentrations in noncommercial shellfish would be beneficial. Symptoms of PSP occur within minutes to hours of shellfish

consumption,<sup>1</sup> and because the course of the illness is unpredictable, immediate medical assessment is strongly recommended. The roles of state and local governments, clinicians, and community leaders include (1) identifying cases so that investigations and control measures (e.g., posting warning signs) can be initiated promptly, (2) educating persons who choose to continue to consume noncommercially harvested shellfish about the signs and symptoms of PSP, and (3) recommending that medical care be sought immediately if symptoms develop. Clinicians should report suspected cases of PSP to local health authorities immediately and promptly collect and freeze samples of patient urine and any uneaten shellfish for PSP toxin testing.

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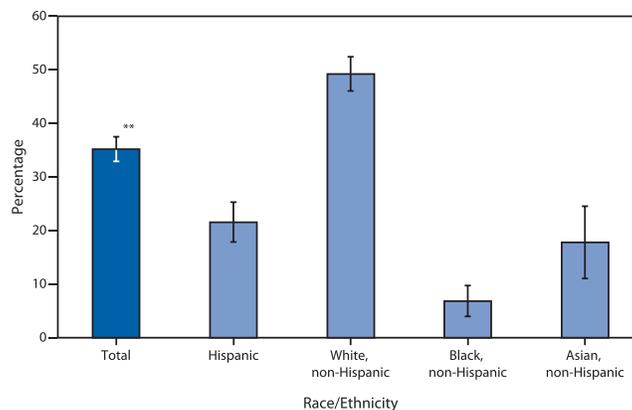
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\*Food safety requirements for commercial harvesting of shellfish in Alaska are available at [http://www.dec.alaska.gov/eh/fss/seafood/shellfish\\_home.html](http://www.dec.alaska.gov/eh/fss/seafood/shellfish_home.html).

## QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

### Percentage of Teens Aged 14–17 Years Who Had a Sunburn\* During the Preceding 12 Months,<sup>†</sup> by Race/Ethnicity<sup>§</sup> — National Health Interview Survey, United States, 2010<sup>¶</sup>



\* Sunburn is defined as even a small part of the skin turning red or hurting for  $\geq 12$  hours. Burns from sunlamps and other indoor tanning devices are included.

<sup>†</sup> Based on an affirmative response to the question, "During the past 12 months, has [child] had a sunburn?"

<sup>§</sup> Persons of Hispanic ethnicity might be of any race or combination of races. Non-Hispanic persons of a single race other than those shown or of multiple races are not shown separately because of small sample sizes but are included in the total.

<sup>¶</sup> Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population and are derived from the National Health Interview Survey sample child component.

\*\* 95% confidence interval.

In 2010, approximately one third of U.S. teens aged 14–17 years had a sunburn during the preceding 12 months. One half of non-Hispanic white teens had a sunburn during the preceding 12 months and were more than twice as likely as Hispanic (22%) and non-Hispanic Asian teens (18%) and approximately seven times as likely as non-Hispanic black teens (7%) to have had a sunburn during that period.

Source: National Health Interview Survey, 2010 data. Available at <http://www.cdc.gov/nchs/nhis.htm>.

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