A suspected outbreak of trichinosis was reported to the Section of Communicable Disease Control on June 15, 1981. Initial inquiries revealed no likely source of infection and only one person was ill. However, a second possible case was diagnosed June 29 in a relative of the first case. Serologic screening of four other relatives revealed three more with eosinophilia. These had abnormal blood tests including WBC more than 11,000 and eosinophilia of 21-59%. The sixth person had a normal WBC of 7,600 with only 3% eosinophils. After further discussion, an investigation was conducted in Nome July 20.

Six people from three related households all had eaten uncooked walrus in late May or early June. The three men and three women ranged in age from 17-66 years. All six people had myalgia, and at least half noted fatigue or weakness, chills, abdominal cramps, fever, edema, diarrhea, and nausea with onset of symptoms between June 10 and July 1.

The implicated walrus had been shot near Nome in late May by a member of the affected family. It was described by the hunter as a large bull walrus. Some of the meat was eaten "partially dried and dipped in oil" on at least one occasion by five of the cases. One man recalled eating only "cook" which is skin with fat but no meat. All had eaten well-boiled meat from the same animal on a number of occasions since the time it was obtained. Two of these reported eating "ugruk" (bearded seal meat), both dried in oil and cooked, in "late May or early June" in one case, and "all spring" in the other. Two had eaten cooked pork, but at separate meals.

The three households included nine other people, six of whom were children (1-14 years). Most were thought to have eaten no dried walrus; all were said to be well, and none were available for direct questioning or blood testing. The implicated walrus reportedly had been shared only among members of the three involved households. None was available for laboratory testing.

Results of the CBC's obtained during the July 20 epidemiologic investigation included a normal WBC of 7,000 with 1% eosinophils for the person with previously normal values, raising doubt about the inclusion of that case. The four other persons with previous abnormal values had WBC's of 7,300-12,900 with eosinophils of 2-15%. Bentonite flocculation titres are pending on all six.

Prior to 1975, no walrus associated trichinosis cases were reported in Alaska. Since then, 68 such cases are now known to have occurred in eight outbreaks, compared with only 34 cases in 6 outbreaks from bear meat, making walrus now the most common source of trichinosis in the State. This is the first outbreak in Nome during this time.

Local efforts are underway to educate people about the symptoms of trichinosis and the risk of acquiring it from improperly prepared walrus meat. The Section of Communicable Disease Control investigates all confirmed or suspected cases of trichinosis. Anyone who suspects the diagnosis should immediately call Charles Ryan, M.D. or John Middaugh, M.D. at 272-7534.

(Reported by Mike Moser, M.D., Norton Sound Hospital; Eleanor Oakes, PHN, and Wendy Barnett, PHN)