

Epi Monthly Report

Office of Epidemiology and Disease Control



Miami-Dade County
HEALTH DEPARTMENT



Happy Thanksgiving... Food Safety Considerations



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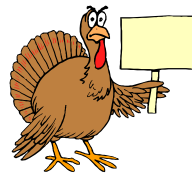
[The following information is condensed from Food Safety and Inspection Service United States Department of Agriculture web site]



Each year, an estimated 45 million turkeys are eaten in the United States at Thanksgiving. Turkey provides a significant amount of

protein as well as other nutrients. Fat, saturated fat and cholesterol are also present, with most of the fat being in the skin. A three ounce serving of baked turkey breast with skin has 160 calories, 6 grams of fat, 65 milligrams of cholesterol and 24 grams of protein; without skin, 120 calories, 1 gram of fat, 55 milligrams of cholesterol and 26 grams of protein.

All turkeys found in retail stores are either inspected by the United States Department of Agriculture (USDA) or by state systems which have standards equivalent to the federal government. Each turkey and its internal organs are inspected for evidence of disease. The "Inspected for wholesomeness by the U.S. Department of Agriculture" seal ensures that it is wholesome, properly labeled and not adulterated.



Foodborne Organisms Associated with Turkey

A large crowd to cook for, a big bird to roast, and to many cooks in the kitchen can lead to foodborne illness from holiday dining. But handling and cooking a turkey needn't be an illness waiting to happen.

Salmonella Enteritidis may be found in the intestinal tracts of livestock, poultry, dogs, cats and other warm-blooded animals, and inside fresh shell eggs. *Salmonella* infections occur when a person ingests live *Salmonella* bacteria, which then survive digestion and reproduce in the small intestine to numbers large enough to cause symptoms. This strain is only one of about 2,000 kinds of *Salmonella* bacteria. Thorough cooking destroys *Salmonella* bacteria.

Campylobacter jejuni is one of the most common causes of diarrheal illness in humans. It is found in the intestinal tracts of chickens, turkeys, cattle, swine, sheep, dogs, cats, rodents, monkeys, some wild birds and some asymptomatic humans. It has also been found in water, soil and sewage sludge. Avoiding cross

contamination and proper cooking prevent infection by this bacterium.

Staphylococcus aureus can be carried on human skin, in infected cuts and pimples, in nasal passages and throats. The bacteria are spread by improper food handling. Always wash hands and utensils before preparing and serving food. Cooked foods that will not be served immediately should be refrigerated in shallow, covered containers. Perishable foods should not be left at room temperature more than 2 hours. Temperature abuse can allow the bacteria to grow and produce staphylococcal enterotoxin. Thorough cooking destroys staphylococcal bacterial cells, but staphylococcal enterotoxin is not destroyed by heat, refrigeration or freezing.

Listeria monocytogenes bacteria are common in the intestines of humans and animals and in milk, soil, leafy vegetables, and food processing environments. It can grow slowly at refrigerator temperatures. It is destroyed by cooking but a cooked product can be contaminated by poor personal hygiene. Observe "keep refrigerated" and "use-by dates" on labels.



Following basic USDA recommendations will help ensure safe, confident cooking and prevent foodborne illness for diners

Safe Thawing There are three safe ways to thaw food: in the refrigerator, in cold water, and in the microwave oven. Store frozen turkeys in the freezer until time to thaw. While frozen, a turkey is safe indefinitely. However, if the turkey is allowed to thaw at a temperature above 40° F, any harmful bacteria that may have been present before freezing can begin to multiply again unless proper thawing methods are used.

When thawing a turkey in the refrigerator, plan ahead. Place the turkey on a platter and place in the refrigerator. For every 5 pounds of turkey, allow approximately 24 hours of thawing in a refrigerator set at 40° F.

For thawing in cold water, allow about 30 minutes per pound. Be sure the turkey is in leak-proof packaging and submerge it in cold tap water. Change the water every 30 minutes until the turkey thaws.

When thawing in the microwave, follow the manufacturer's instructions. For both defrosting in cold water and in the microwave, cook the turkey immediately after thawing because conditions were not temperature controlled.

Stuffing a Turkey The safest way to cook stuffing is in a casserole, not inside a bird. Bake the casserole in an oven set no lower than 325° F -- or in a microwave oven -- until the internal temperature reaches at least 165° F on a food thermometer. Harmful bacteria can survive in stuffing that has not reached a safe temperature, possibly resulting in foodborne illness.

Cooking a stuffed turkey is riskier than cooking one not stuffed. However, if both the stuffing and turkey are handled safely and a food thermometer is used, it is possible to cook a stuffed turkey safely. Mix wet and dry stuffing ingredients just before spooning it loosely into the turkey cavity, and roast the turkey immediately. Check the temperature of both the stuffing and the turkey. Do not remove the turkey from the oven until the stuffing reaches 165° F.

Cooking a Turkey Safely Thawing and stuffing a turkey safely are the first two basics. But cooking is the only way to destroy bacteria. The oven temperature must be set no lower than 325° F. Overnight cooking of a turkey at a low temperature can result in foodborne illness.

The internal temperature, on a food thermometer, of a whole turkey must reach 180° F in the innermost part of the thigh. If the turkey has a "pop-up" temperature indicator, it is also recommended that a food thermometer be used to test the turkey in several places. To read more "Turkey Basics" and print a cooking time chart, go to www.fsis.usda.gov/oa/pubs/tbcook.htm.



Handling Precooked Dinners and Leftovers

Some cooks forego home-cooking a turkey altogether and choose to purchase precooked dinners. There are also basic safety measures for the safe handling of these holiday meals. If the dinners are



to be picked up hot, keep the food hot. Keeping foods warm is not enough. Harmful bacteria multiply fastest in the "danger zone" between 40 and 140° F. Set the oven temperature high enough to keep the internal temperature of the turkey and side dishes at 140° F or above.

Eat the food within 2 hours of pickup.

When picking up cold turkey dinners, refrigerate them as soon as possible, always within 2 hours. Serve the meal within 1 to 2 days. Turkey may be eaten cold, but reheating a whole turkey is not recommended. To reheat, slice breast meat (legs and wings may be left whole), and heat turkey pieces and side dishes thoroughly to 165° F.

Perishable foods should not be left out of the refrigerator or oven for more than 2 hours. Refrigerate or freeze all leftovers promptly in shallow containers. It is safe to re-freeze leftover turkey and trimmings even if they were previously frozen.



Acute Weakness Associated with West Nile Virus Infection

[This notice is selected from Emerging Infections Network Discussion Group, 11/24/02]

West Nile virus (WNV) infection has been associated with a broad range of clinical presentations, ranging from subclinical infection to severe encephalitis and death. In previous outbreaks, acute weakness has been noted, and has been attributed to an acute axonal or demyelinating process (Guillain-Barre syndrome [GBS]), stroke, myopathy, or other etiology. Recently, acute WNV infection has been associated with a poliomyelitis (Leis et al, *N Engl J Med* 2002; 347: 1279-1280; Glass et al, *N Engl J Med* 2002; 347: 1280-1281; CDC, *MMWR* Sept. 20, 2002; 51(37): 825-828). The cases described in these reports all had similar features, which included a) acute onset of asymmetric weakness, often presenting with monoplegia; b) onset of the weakness during the acute phase of infection, often within 48 hours of onset of other symptoms of in-

fection; c) absence of sensory loss, pain, or paresthesias; and d) a cerebrospinal fluid with both mildly elevated protein and a pleocytosis. In addition, electrodiagnostic studies (electromyography and nerve conduction studies) were consistent with a process localized to the anterior horn cells of the spinal cord. All of these features suggest a central process, and are inconsistent with GBS, stroke, or other etiologies of acute weakness.

Physicians are urged to consider poliomyelitis in patients presenting with acute weakness in the setting of WNV infection, and to pursue appropriate diagnostic testing, including CSF examination and electrodiagnostic studies, before initiating therapies directed at GBS, stroke, myopathy, or other causes of acute weakness.

In an effort to further define the scope of this manifestation of acute WNV infection, and to identify additional cases, the Centers for Disease Control and Prevention (CDC) is requesting information on cases of acute flaccid paralysis associated with acute WNV infection. Health-care workers who are aware of patients with the findings described above, as well as patients with atypical features (weakness associated with pain; weakness of delayed/chronic onset) are requested to contact CDC; information may be directed to:

James J. Sejvar, MD
Medical Epidemiologist
Division of Viral and Rickettsial Diseases
National Center for Infectious Diseases
Centers for Disease Control and Prevention
1600 Clifton Road, MS A-39
Atlanta GA 30333
Ph 404-639-4657
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Email zea3@cdc.gov



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Influenza Vaccine

[The National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC) is publishing and distributing periodic bulletins to update partners about recent developments related to the production, distribution and administration of influenza vaccine for the 2002-2003 influenza season. All recipients of this bulletin are encouraged to distribute each issue widely to colleagues, members and constituents.]

Influenza Vaccine Supply and Production

Current projections suggest about 93 million doses of influenza vaccine are available in the U.S. market this season and several million doses remain available for purchase.

- ◆ Health care providers who wish to purchase influenza vaccine should contact their regular sources of pharmaceuticals.
- ◆ After November, many persons who should or want to receive influenza vaccine remain unvaccinated. The Advisory Committee on Immunization Practices (ACIP) recommends that vaccination efforts for all groups, especially persons at high risk, their household contacts, and health care workers, should continue into December or later, for as long as vaccine is available.

Influenza Vaccine Distribution and Administration

- ◆ An adult immunization schedule is now available to help family physicians, gynecologists, internists, and other health care providers to assess the vaccine needs of patients during office visits and to administer the appropriate vaccines (including influenza vaccine).
- ◆ The Recommended Adult Immunization Schedule was approved by the Advisory Committee on Immunization Practices in February 2002 and has been accepted by the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists. Providers can use the schedule to promote the use of standing orders, patient-reminder/recall systems, provider-reminder systems and other strategies that reduce

missed opportunities to vaccinate patients. A printable, annotated, color version of the schedule is available at <http://www.cdc.gov/nip>

Influenza Vaccine Communications

Flu patient-education “catch-up” material is now available from CDC.

- ◆ The CDC National Immunization Program has developed new patient-education print material to encourage people who have delayed getting a flu shot to obtain this valuable protection. These “catch-up” posters and flyers supplement the materials that were made available in September. All of the patient-education materials for flu season can be viewed and reproduced directly from the NIP website at www.cdc.gov/nip/flu/gallery.htm. Black and white master copies of the flyers can be downloaded from this site and reproduced on an office copy machine. Commercial printers can access the .pdf PRESS files to reproduce higher quality materials, large quantities of materials, items in multiple colors, posters, or buttons. Commercial printers may also request a CD-ROM with traditional Quark XPress 5.0 files by calling (404) 639-8375 or e-mailing NIPINFO@cdc.gov

Influenza surveillance through November 9 indicates some sporadic activity in the U.S.

- ◆ During the week of November 3 – November 9, one state and territorial health department reported regional influenza activity, 17 reported sporadic activity and 32 reported no influenza activity. More information on influenza surveillance in the United States can be found at <http://www.cdc.gov/ncidod/diseases/flu/weekly>.



Monthly Report

Selected Reportable Diseases/Conditions in Miami-Dade County, October 2002

Diseases/Conditions	2002	2002	2001	2000	1999	1998
	this Month	Year to Date	Year to Date	Year to Date	Year to Date	Year to Date
AIDS ^{*Provisional}	61	978	1080	1153	1198	1392
Campylobacteriosis	17	90	105	129	119	83
Chancroid	0	0	0	0	0	2
<i>Chlamydia trachomatis</i>	322	3763	3169	2646	3583	2643
Ciguatera Poisoning	0	6	0	2	0	0
Cryptosporidiosis	4	10	13	28	21	11
Cyclosporiasis	0	1	0	0	0	1
Diphtheria	0	0	0	0	0	0
<i>E. coli</i> , O157:H7	0	2	3	5	2	0
<i>E. coli</i> , Other	1	2	1	1	0	1
Encephalitis	0	0	0	0	0	0
Giardiasis, Acute	32	186	228	204	123	82
Gonorrhea	127	1616	1623	1769	2462	1951
Granuloma Inguinale	0	0	0	0	0	0
<i>Haemophilus influenzae</i> B (invasive)	0	0	1	2	1	1
Hepatitis A	0	97	157	75	79	113
Hepatitis B	5	38	55	47	20	67
HIV ^{*Provisional}	165	3566	3225	3188	3288	3471
Lead Poisoning	25	259	238	Not available	Not available	Not available
Legionnaire's Disease	1	2	3	0	0	1
Leptospirosis	0	0	0	0	1	0
Lyme disease	0	2	6	7	0	2
Lymphogranuloma Venereum	0	0	0	0	0	0
Malaria	2	12	14	21	15	23
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	5	13	17	21	28	15
Meningococcal Disease	1	11	14	25	18	11
Mumps	0	0	0	1	2	0
Pertussis	0	3	2	7	10	14
Polio	0	0	0	0	0	0
Rabies, Animal	0	0	0	0	0	1
Rubella	0	0	0	1	0	0
Salmonellosis	46	278	263	243	264	206
Shigellosis	23	218	126	196	165	208
<i>Streptococcus pneumoniae</i> , Drug Resistant	10	90	149	169	158	75
Syphilis, Infectious	20	180	167	115	60	22
Syphilis, Other	105	785	721	617	606	581
Tetanus	0	0	1	1	0	0
Toxoplasmosis	9	23	11	0	0	0
Tuberculosis ^{*Provisional}	35	191	186	215	217	245
Typhoid Fever	1	3	2	2	15	3
<i>Vibrio</i> , cholera	0	0	0	0	0	0
<i>Vibrio</i> , Other	0	0	0	0	0	1

* Data on AIDS are provisional at the county level and are subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.



subject have served local, state, national, military, civilian, professional, emergency, care personnel, medical & community public health systems & concerned citizens

Goals and Objectives of the Course

As repeatedly announced by the federal government, even with the success of the war in Afghanistan, there is increasing likelihood of emergencies and terrorist attacks using nuclear, biological, and chemical (NBC) weapons at home. Different expertise and training will be required to manage emergencies with all these components on-site. This course summarizes the distinct features of NBC emergencies and presents delegated information to the participants. Upon completion of the course, the participants will be able to:

- Organize an emergency team with the necessary expertise to manage an NBC emergency on-site as well as in a local hospital emergency room.
- Estimate the scope of the hazards for immediate planning of safety measures.
- Mobilize local resources for decontamination and triage care of the exposed populace.
- Give psychological support to local community.
- Recognize the characteristics of the potential biological agents likely to be used as agents of bioterrorism.
- Understand current concepts for the response to suspected cases of smallpox, anthrax or other biologic agents.

Registration Information

Course Tuition:

\$75 - Residents, Allied Health Professionals, and others
\$175 - Physicians

Course tuition includes continental breakfast, lunches, refreshment breaks, and course materials. Refunds will be made only if written notice of cancellation is received prior to January 15, 2003. A \$25 fee is charged for all refunds. After January 15, 2003, no refunds will be made. In cases where a course is cancelled due to insufficient registrations, a full tuition refund will be made. For additional information contact:

Division of Continuing Medical Education, UM
PO Box 016900 (D23-3), Miami, FL 33101-6900
Tel: 305/243-6716 or 800/UMMCME, Fax: 305/243-5613

E-mail: umcme@med.miami.edu

Website: <http://dcmes.med.miami.edu>

Accreditation: The University of Miami School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for Physicians.

Credit Hours: The University of Miami School of Medicine designates this educational activity for a maximum of 10 hours in category 1 credit towards the AMA Physician's Recognition Award. Each Physician should claim only those hours of credit that he/she actually spent in the educational activity.

The ADA recognizes this program for 10 credit hours in category 2A.

Eligible for Continuing Education for EMT / Firefighter or EMT-P / Firefighter

The University of Miami School of Medicine is an ADA approved training program. This program is acceptable for a maximum of 10 credit hours for Florida psychologists.

Faculty Disclosure: The University of Miami School of Medicine in accordance with accreditation requirements will disclose any significant financial interest or other relationship with the manufacturer of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and with any commercial supporters of the activity. Faculty are also required to disclose to the audience any discussion of off-label or investigational use of a product discussed during the presentation.

Radiation, Biological, and Chemical Emergencies: Response and Triage



Image provided by: General Hospital Corporation, 1 Victoria Street, Suite 200, South Beach, FL 33139

February 7-8, 2003

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Radiation, Biological, and
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 Ben E. Edwards, M.S., Health Physicist, Duke University, DUMC, Durham, North Carolina

Ronald E. Goans, Ph.D., M.D., M.P.H., Radiation Medicine Consultant, Carlton, Tennessee

Mary Jo Treplek, M.D., M.S.P.H., Director, Office of Epidemiology and Disease Control, Miami-Dade County Health Department

University of Miami School of Medicine Faculty
 Gie Baraccaro, M.D., Assistant Professor, Division of Infectious Diseases

Avis Bernstein, Ph.D., Assistant Professor, Department of Radiation Oncology

Jeffrey Bernstein, M.D., FACP, FACMT, Voluntary Associate Professor of Pediatrics and Medicine, Medical Director, Florida Poison Control Center

Rafael E. Campo, M.D., Associate Professor of Medicine, Division of Infectious Diseases

Gordon M. Dickinson, M.D., FACP, Professor of Medicine, Chief, Division of Infectious Diseases; Chief, Infectious Diseases, Miami VA Medical Center

Alan Harstein, M.D., Professor of Medicine, Division of Infectious Diseases; Hospital Epidemiologist, Jackson Memorial Hospital, Director, University of Miami Bacterial DNA Typing Laboratory

David T. Huang, M.D., Ph.D., Assistant Professor, Department of Radiation Oncology

Arnold M. Markoe, M.D., Sc.D., Professor and Chairman, Department of Radiation Oncology

Aldo N. Serafini, M.D., Professor, Department of Radiology; Director, Nuclear Medicine Research Protocols

Richard Weisman, Pharm.D., ABAT, Research Associate Professor, Department of Pediatrics; Director of Florida Poison Center - Miami, Coordinator, JMH Weapons of Mass Destruction Program

Planning Committee
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Xiaobing Wu, Ph.D., Radiation Oncology, UM School of Medicine

Course Co-Directors:
 Gordon M. Dickinson, M.D., F.A.C.P.
 David T. Huang, M.D., Ph.D.
 Arnold Markoe, M.D., Sc.D.
 Mary Jo Treplek, M.D., M.S.P.H.

PROGRAM

Friday, February 7, 2003

- 7:30 am Continental Breakfast and Registration
- 8:00 am Welcome and Introduction
- Drs. Huang and Markoe
- 8:10 am Terrorism: Nature of the Threat and NBC Concerns - Dr. Couch
- 8:30 am Introduction to Nuclear Hazards - Dr. Couch
- 8:50 am Overview of Chemical Hazards
- Dr. J. Bernstein
- 9:10 am Overview of Biological Hazards
- Dr. Weisman
- 9:30 am Detection and Management of Acute Symptoms
- Dr. Goans / Dr. Serafini
- 10:15 am Break
- 10:30 am Basic Radiation Physics, Radiology & Detection
- Mr. Edwards
- 11:15 am The Exposed Worker - Patient & Health Care Worker Management of Contamination
- Dr. Goans / Dr. Serafini
- 12:15 pm Lunch
- 1:15 pm Psychological Care for Local Community
- Dr. A. Bernstein
- 2:15 pm Exercise - Drill
- Drs. Goans, Couch, and Mr. Edwards
- 3:15 pm Adjourn

Saturday, February 8, 2003

- 7:30 am Continental Breakfast and Registration
- 8:00 am Introduction - Dr. Dickinson
- 8:10 am Overview of Terrorism Preparedness, the Public Health Department Perspective - Dr. Treplek
- 8:45 am Smallpox - Dr. Harstein
- 9:15 am Anthrax - Dr. Campo
- 9:45 am Other Potential Agents of Biologic Terrorism
- Dr. Baraccaro
- 10:15 am Break
- 10:45 am Interactive Session with Case Situations
- Dr. Dickinson
- 11:45 am Closing remarks, Q & A
- 12:15 pm Adjourn

REGISTRATION FORM

Radiation, Biological, and Chemical Emergencies: Response and Triage

Mail to: Division of CME, 005-3, P.O. Box 016000
 Miami, Florida 33101-0000
 or Fax to: 305-243-5813 (credit card payments only)

Name: _____ Degree: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____ FAX: _____

E-mail: _____

Specialty: _____

SSHP (for identification purposes only): _____

Course Tuition:
 \$75 - Residents and Allied Health Professionals
 \$175 - Physicians

Check enclosed in the amount of \$ _____ (U.S. Dollars)
 made payable to: **UM, Department of Radiation Oncology**

Charge my registration fee in the amount of:

\$ _____ to the following credit card:

_____ Visa® _____ MasterCard® _____ Discover®

Card Number: _____ Exp. Date: _____

Name on Card: _____

Authorized Signature: _____

Please tell us how you heard about this course

(check all that apply):

_____ Colleague _____ Professional Journal

_____ Brochure _____ Internet

_____ Corporate Representative

HOTEL ACCOMMODATIONS

A limited number of rooms are being held at the Miami Airport Marriott for our participants. Special conference rates is \$119 plus tax single/variable per night. Special conference rates are guaranteed until January 24, 2003. After this date rooms will be available at prevailing hotel rates. When calling to make reservations be sure to identify yourself as attending "Nuclear Terrorism". One night's deposit is required.

Miami Airport Marriott

Ph: (305) 649-5000 / FAX: (305) 644-5775

1201 NW LeJeune Rd., Miami, Florida 33125

Rate: \$ 119 single or double; plus tax

Please contact the Division of CME if you have any special needs that may require additional assistance. A conference staff member will contact you to discuss your special requirements.

Telephone: 305-243-6716 or dial 1-800-U-OF-M-CME