Salmonella outbreak highlights nation’s response ability

The U.S. Food and Drug Administration (FDA) continues the recall of eggs from Wright County Egg producer in Iowa. Since May, there have been about 1,300 confirmed cases of illness from Salmonella Enteritidis. The recalled eggs are packaged under a variety of brand names and are listed on the FDA web site: http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm223248.htm

A nationwide recall was issued in August as traceback investigations implicated eggs from Wright County Egg. Working closely with the Centers for Disease Control and Prevention (CDC) and state public health partners, the FDA reviewed epidemiologic and environmental investigation documents and identified 3 best-case clusters of Salmonella Enteritidis illnesses.

FDA has activated its emergency operations command center with scientists, investigators, epidemiologists, and communication experts. In addition, the Agency deployed an initial team of 10 investigators to Wright County Egg in Iowa to inspect the farms and determine the source of the contamination. More investigators are being deployed to help on-site, looking to find the source of the contamination. Investigators are performing environmental assessments of farm conditions and practices including pest and rodent controls, biosecurity plans, environmental monitoring, sanitary controls, and feed sources.

The FDA is initiating effectiveness checks of the recall, conducting checks at retail stores, wholesalers and distributors to make sure the recalled shell eggs are being removed from the market. The FDA is in ongoing communications with Wright County Egg to ensure that preventive measures are put in place to reduce the risk of recurrence.

The recall affects eggs shipped since May 16, 2010 that were sent to food wholesalers, distribution centers and foodservice companies in California, Illinois, Missouri, Colorado, Nebraska, Minnesota, Wisconsin, Arizona, Texas, Georgia, Washington, Oregon, Nevada, Utah, Arkansas, Oklahoma and Iowa.

Don’t eat recalled eggs. Consumers who have recalled eggs should discard them or return them to their retailer for a refund. Individuals who think they might have become ill from eating recalled eggs should consult with their health care provider. If consumers are unsure about the source of their eggs, they are urged not to eat them and to discard them immediately.

September is National Preparedness Month

September is National Preparedness Month and this year’s theme is Plan Now. Work Together. Be Ready. Each District 2 Public Health Department will be giving away one emergency kit this year to celebrate. Please stop by your local health department and register. The drawing will be held on September 30.

Preparedness information will also be available when you register for a chance to win the emergency kit. If you have not assembled your own preparedness kit, please consider doing so this year. By purchasing a few items each time you shop you can complete your kit without straining your budget. It is a good idea to have a kit for home (sheltering in place), a kit if you have to leave home (evacuate) and a kit for your car.

Make plans to guide your family on steps to take during an emergen-
September is National Preparedness Month

In cy. All members of your family should know how to evacuate your home, where to meet if you cannot return home after a disaster, and how to contact each other. Templates for making a plan can be found at www.ready.gov.

According to the Department of Homeland Security, only 57% of people report having readiness items in their home for use in a disaster. Just 34% of people have readiness supplies in their automobiles and less than half of households have an emergency plan. Yet, 42% of individuals report that they would need help during a disaster.

Items you would need for a “go kit”

A “go kit” will allow you to have important information and supplies you would normally have at home. If going to a shelter or some other location, you might need these items.

- Water, one gallon per day for each family member
- Food, non-perishable, ready to eat
- Special diet food / infant formula / diapers
- Prescription and/or over-the-counter medications
- First aid kit
- Extra eyeglasses
- Identification for each family member
- Important documents for each family member
- Insurance policies / cards
- Your family communications plan
- Important phone numbers
- Cash, in small bills and coins (in case banks are closed)
- Radio, battery powered or hand crank type
- Flashlight and extra batteries or light sticks
- Matches or a lighter, mess kits, plates or utensils
- Maps of the area
- Compass
- Dust mask, to help filter contaminated air
- Plastic sheeting and duct tape, to shelter-in-place
- Personal hygiene items, moist towelettes
- Hand sanitizer, if soap and water aren’t available
- Tools to turn off utilities (pliers or wrench)
- Manual can opener
- Whistle, to help signal for help
- Extra clothing or blankets
- Cash, in small bills and coin

Some items you would need at home

- Water, one gallon per day for each family member
- Food, non-perishable, ready to eat
- Radio, battery powered or hand crank type
- Flashlight and extra batteries or light sticks
- First aid kit
- Dust mask, to help filter contaminated air
- Plastic sheeting and duct tape, to shelter-in-place
- Personal hygiene items, moist towelettes
- Hand sanitizer, if soap and water aren’t available
- Tools to turn off utilities (pliers or wrench)
- Manual can opener
- Whistle, to help signal for help
- Extra clothing or blankets
- Cash, in small bills and coin

Some items you would need for your car

- Water
- Blanket
- First aid kit
- Traffic warning signs
- Jumper cables
- Food
- Flashlight and/or light stick
- Dust mask
- Tools
- Duct tape
States benefit from CDC program’s use of ARRA funds for vaccines

The Centers for Disease Control and Prevention (CDC) Section 317 program is a discretionary federal grant program available to all states, 6 cities, territories and protectorates which provides vaccines to underinsured children and adolescents not served by the Vaccines for Children Program. CDC’s Section 317 operations funding supports activities that:

- direct public vaccine provision
- oversee provider quality by conducting assessments, training programs, and compliance monitoring
- develop immunization registries
- support school-based and community-based vaccine delivery programs
- create and deliver consumer information
- conduct vaccine preventable surveillance
- conduct population needs assessments

Under an expansion of the program through the American Recovery and Reinvestment Act (ARRA), states are allowed to purchase vaccines and offer them for free to residents. Vaccines that are available for free include Tdap for tetanus, diphtheria and pertussis; HPV for human papillomavirus; varicella for chicken pox; and MCV4 for meningitis. Other vaccines for eligible adults in certain high risk groups include Hepatitis A and B, PPSV (pneumonia), and MMR (measles, mumps and rubella).

Health departments in District 2 began offering the vaccines in August and will continue until the supply is exhausted. Many health departments will hold special off-site clinics at schools, government agencies and businesses to make sure everyone that wants the vaccine has an opportunity to get it.

Pertussis, also known as whooping cough, occurs in a cyclical pattern with the number of cases peaking every 3 to 5 years as people’s immunity from the vaccine wears off. This drop in immunity allows the disease causing bacteria to begin circulating again, affecting those that are not vaccinated. Unfortunately, infants who aren’t old enough to be adequately vaccinated can have serious complications if they should contract pertussis. The risk to infants can be reduced by vaccinating children and adults that are around newborns and infants.

Varicella vaccine or chicken pox is recommended for adolescents from 11 to 18 years of age and for individuals 19 years and older that are not immune. Immunity can be achieved through vaccination or having the illness.

HPV vaccine (human papillomavirus) and MCV4 (meningitis) are available for persons age 11 through 18 years. These and Hepatitis A & B, PPSV, and MMR may be recommended for individuals age 19 and older if certain risks apply. Persons who think they may qualify for vaccines based on risks should check with their local health department.

The CDC estimated that approximately 42,000 adults and 308 children in the U.S. die annually from vaccine-preventable diseases or their complications. Despite high immunization coverage levels for preschool-aged children, pockets of need remain.

CDC methods for estimating annual seasonal flu illness and deaths

For years health officials have relied on the CDC’s statistical modeling method to provide estimates of flu cases and deaths resulting from flu. Typical flu season deaths were thought to be about 36,000. This average refers to a period between 1990-99 when the estimated number of flu deaths ranged from 17,000 to 52,000 each year - thus a yearly average of 36,000. And the predominant strain of flu during this period was H3N2 which causes about double the deaths of other influenza A and B strains.

The CDC has now revised the annual number by averaging the past 31 years from a low of about 3,000 deaths to a high of 49,000 deaths each year. These numbers show both the unpredictability and variability of flu-associated deaths and reduce the average to about 25,000 deaths.

Seasonal flu may also lead to death from other causes, such as pneumonia, congestive heart failure, or chronic obstructive pulmonary disease. Typically these types of conditions are listed on death certificates and testing for seasonal influenza infections is not usually done, particularly among the elderly who are at greatest risk for influenza complications. Moreover, influenza virus is only detectable for a short period of time and many people do not seek medical care until after the first few days of acute illness. Only counting deaths where influenza was included on a death certificate would grossly underestimate the impact of seasonal influenza. For these and other reasons statistical modeling has been used by the CDC to estimate seasonal flu-related deaths.

FOR MORE INFORMATION GO TO: http://www.cdc.gov/flu/about/disease/us_flu-related_deaths.htm
Avian (bird) flu continues to concern world health experts

Remember the avian influenza strain H5N1 that prompted countries to develop pandemic influenza plans? For many health care workers and emergency planners the 2009 H1N1 pandemic flu consumed much of their time for more than a year.

During this time, the H5N1 avian flu became just another potential threat relegated to the back burner as more immediate threats were dealt with. But the H5N1 strain of flu continues to circulate, and although avian flu deaths have been dropping in most parts of the world, they have started to rise in Egypt. According to the World Health Organization, from January to August of 2010 there have been 22 human infections in Egypt and nine deaths.

The good news is that H5N1 influenza has not become an illness that is passed from human to human. Currently human infections are caused by exposure to infected poultry through direct contact or through processing. Sadly, sixty-one percent of humans infected by the virus die. The high mortality rate among humans infected with the illness concerns health professionals. If the H5N1 strain mutates to a virus that is passed easily from human to human and remains highly virulent, it could create a worldwide pandemic possibly resulting in millions of deaths.

First case of new superbug gene NDM-1 confirmed in Japan

So-called “superbugs” are not new but the number of drug resistant bacteria seems to be growing. NDM-1 is a drug-resistant gene that can occur in bacteria and has been seen in E. Coli bacteria and on DNA structures that can be easily copied and passed onto other types of bacteria.

Japan’s first identified case involving the NDM-1 gene was a man who had medical treatment in India where it appears the gene is widely circulating. The NDM-1 gene has also been identified in small numbers in Australia, Canada, the United States, the Netherlands, Sweden and the United Kingdom. Researchers say since many Americans and Europeans travel to India and Pakistan for elective procedures like cosmetic surgery, it is likely the superbug gene could spread worldwide.

Multi-drug resistant bacteria have been around for awhile and improper and excessive use of antibiotics has increased their prevalence. The World Health Organization recommends that governments focus their efforts on four areas to fight multi-drug resistant microorganisms. These are surveillance, rational antibiotic use, legislation to stop sales of antibiotics without a prescription, and rigorous infection prevention measures such as hand-washing. For more information on multi-drug resistant bacteria go to: http://www.cdc.gov/mmwr/PDF/wk/mm5924.pdf