

EPI Update for Friday, July 27, 2007
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Hepatitis A cluster in a Central Iowa county**
- **Sharp increase in *Cryptosporidiosis* cases in an Eastern Iowa county**
- **Chili products recall expanded**
- **Screening Afghanistan and Iraq War Veterans for something other than mental illness**
- **Meeting announcements and training opportunities**

Hepatitis A cluster in Central Iowa county

Five cases of hepatitis A were recently reported in a central Iowa county. There was no common source of exposure. The average incubation period for hepatitis A is 28 days (range: 15–50 days). Persons with hepatitis A virus infection may not have any signs or symptoms of the disease. Older persons are more likely to have symptoms than children. If symptoms are present, they usually occur abruptly and may include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes).

Suspected cases of hepatitis A should be tested for IgM to confirmed acute disease. Tests for hepatitis A total antibodies do not differentiate between acute infection and immunity from past infection. Laboratory-confirmed cases should be reported *immediately* to local public health and CADE at 800-362-2736.

To prevent hepatitis A, always wash your hands after using the bathroom, changing a diaper, or before preparing or eating food.

Sharp increase in cryptosporidiosis cases in an Eastern Iowa county

For the month of July, an Eastern Iowa county (Region 6) has experienced more than 17 cases of cryptosporidiosis. Most cases are under the age of 18 and have reported recreational water activity.

Cryptosporidiosis is one of the most common waterborne diseases. Symptoms include watery diarrhea, dehydration, anorexia, stomach cramps, fever, nausea, and vomiting. Duration may extend from 1-2 weeks in healthy people. Onset of symptoms typically occurs between 2 and 10 days with an average of 7 days.

Cryptosporidiosis can be avoided by washing hands thoroughly, by not swallowing recreational water, and by not drinking water from shallow wells and untreated water sources. Persons with diarrheal illness should not swim, especially children in diapers.

Suspected cases should be tested and reported to the local health department or CADE at 800-362-2736.

Chili products recall expanded

On Saturday, July 21 Castleberry Food Company expanded its voluntary recall of canned meat products. It recalled more than 80 types of canned chili, beef stew, corned beef hash and other meat products in addition to the 10 brands it had earlier recalled. Pet food is also included in the recall.

To date, 16 cans of chili sauce have tested positive for botulism. Symptoms of botulism poisoning in humans can begin from six hours to two weeks after eating food that contains the toxin. Symptoms may include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, and muscle weakness that moves progressively down the body, affecting the shoulders first then descending to the upper arms, lower arms, thighs, calves, etc.

Foodborne botulism has often come from home-canned foods with low acid content, such as asparagus, green beans, beets and corn. Persons who do home canning should follow strict hygienic procedures to reduce contamination of foods. Because the botulism toxin is destroyed by high temperatures, persons who eat home-canned foods should consider boiling the food for 10 minutes before eating it to ensure safety.

Instructions on safe home canning can be obtained from county extension services or from the U.S. Department of Agriculture. Because honey can contain spores of *Clostridium botulinum* and since this has been a source of infection for infants, children less than 12 months old should not be fed honey. Honey is safe for persons 1 year of age and older.

For a complete list of recalled products, visit:

www.fda.gov/oc/opacom/hottopics/castleberry.html;
[www.fsis.usda.gov/News & Events/Recall 033 2007 expanded/index.asp](http://www.fsis.usda.gov/News%20&%20Events/Recall%20033%202007%20expanded/index.asp); or
www.castleberrys.com/news_productrecall.asp.

For more information on the symptoms of botulism, visit

www.cdc.gov/botulism/botulism.htm.

Screening Afghanistan and Iraq War Veterans for something other than mental illness

Servicemen and women in today's military receive a myriad of mandatory vaccinations. Depending on the branch of service and location of duty station, the service person may receive vaccinations for up to 16 diseases including anthrax, smallpox, and yellow fever. Despite these efforts, military personnel may still bring certain diseases back into the U.S. after tours of duty overseas. These diseases may be difficult to detect and/or have long incubation periods. Prolonged screening for mental illness is becoming more common, though still

rare, and unusual diseases may go undetected. Health care providers working with the military should be aware of the prevalence of the following diseases in Iraq and Afghanistan war veterans.

Leishmaniasis

Cutaneous leishmaniasis is endemic in the Middle East. Producing painless skin lesions, the infection can leave scars if untreated. The parasite, which is transmitted in a sand fly bite, can incubate for several months without producing symptoms, or it may cause only mild illness. This disease has recently become an issue in blood donation since the parasite can live as long as 25 days in stored blood.

Tuberculosis

Tuberculosis is endemic in many countries throughout the world including the Middle East. War veterans may be screened upon re-entry into the U.S. but may never be screened again. Only 5 to 10 percent of those infected will develop TB disease in his or her lifetime, but all infections should be identified as quickly as possible to prevent the onset of disease and subsequent spread to others.

Meeting announcements and training opportunities

None at this time.

Have a healthy and happy week!

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