

Communicable Disease Newsletter

Summer 2010

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ACANTHAMOEBA KERATITIS



TAILGATING FOOD SAFETY TIPS

TAILGATING FOOD SAFETY TIPS

This fall many sports fans will be gathering to celebrate their favorite team with tailgate parties. Here are some food safety suggestions for these events.

- Before, during, and after preparing your food, be sure you wash your hands with water and soap for a full 20 seconds. You can use a large drink container with a spigot as your water source. Waterless hand sanitizers do not protect against viral infections such as norovirus.
- Plan the menu according to weather forecasts. If it's a hot day, choose a minimum of foods that require refrigeration.
- Keep two insulated coolers – one for food and the other for beverages since the drink cooler is likely to be opened more frequently. If it's a hot day, place the coolers in the shade and cover them with blankets to help hold in the cold temperature.
- Don't assume your cooler can chill foods adequately if the food is at room temperature prior to packing. Pre-chill or freeze foods prior to placing them in the cooler.
- Shape hamburger patties and place them in disposable containers or plastic bags. Then you can remove them from the container to grill and discard the plastic bag or container.
- Avoid re-using utensils or plates that have had contact with raw meat. Use a clean pair of tongs and a clean plastic plate or platter when removing cooked items from the grill.
- When marinating meat, fish, or chicken, discard the leftover marinade after you place the items on the grill.
- Use a food thermometer to monitor the internal temperatures of your meat, fish, and chicken.
- Cut fruits and vegetables ahead of time at home to minimize any cross-contamination issues from cutting boards.
- If you're using deli or takeout foods such as fried chicken, potato salad or coleslaw, make sure they are eaten within two hours of pick-up or that the hot food is maintained at 135 F. or above and that the cold food is kept at or 41 F. or below.
- Pack your condiments separately. Add mayonnaise, or salad dressings just before serving.
- Some tailgaters will also use cigarette lighter adapters or some vehicles have plugs in the back end of the vehicle for plug ins for a slow cooker or portable refrigerator made for car use.
- Some tailgaters have utilized the method of heating food to higher temperatures and then wrapping the casserole or other item in several layers of aluminum foil followed by newspapers and a towel. Test the temperature of the food prior to wrapping and again prior to eating.
- If at any time you're not sure if the food is still safe to eat dispose of it. When in doubt, throw it out!

Source: USDA Food Safety and Inspection Service

GO TEAM!

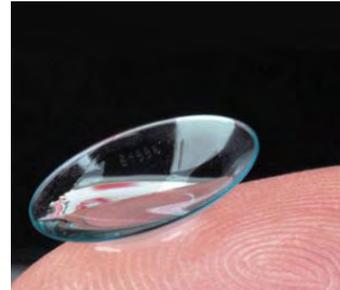


CONTACT LENS WEARERS AND ACANTHAMOEBA KERATITIS

Since there are 30 million U.S. contact lens wearers, corneal eye infections are not unusual. Usually these infections are caused through improper care of the lenses and the causative organism is usually bacteria. Acanthamoeba keratitis is a rare but very serious eye infection caused by a naturally occurring amoeba (a tiny, one-celled animal) that is found in tap water, well water, hot tubs, soil, and sewage systems. Normally most people exposed to this organism would not become sick. The protozoa are resistant to freezing, drying, and the usual concentration of chlorine found in drinking water and swimming pools. The condition was first diagnosed in 1973 with about 90% of cases involving contact lens wearers. There was an increase in cases after soft contacts were invented in the 1980's. Current incidence of acanthamoeba keratitis is 1 in 250,000 people but occurs in 1 in 10,000 people who wear contact lenses. It is not communicable from one person to another.

Symptoms: The symptoms of acanthamoeba keratitis include those similar to other eye infections which can often lead to a delay in proper care. Symptoms include:

- Redness
- Eye pain
- Tearing
- Light sensitivity
- Blurred vision,
- Sensation that something is in the eye
- A white ring-like ulceration of the cornea



Diagnosis: Laboratory tests include corneal scraping or biopsy and evaluation for presence of amoebae.

Sometimes a culture of the contact lens case or contact lens solution has been performed.

Treatment: Treatment of the corneal infection caused by acanthamoeba is usually an antiprotozoal disinfectant agent e.g. PHMB (Polyhexamethylene Biguanide) eye drops in combination with other antimicrobial agents. Prevention is best to avoid contracting this type of eye infection since it can be extremely difficult to treat and sometimes requires a corneal transplant.

Prevention: To avoid this condition and other eye infections, contact lens wearers are reminded to follow the following contact lens hygiene practices:

- Follow the eye doctor's recommendations regarding care of your contact lenses. Use only those products recommended for the type of contacts you have.
- Always wash your hands before handling the contact lenses.
- Never swim, shower, or use a hot tub while wearing contacts. If worn during swimming use swim goggles or dispose of the lenses after.
- Never share contacts with another person.
- Never use tap water or put contacts in your mouth to wet them.
- Be sure to soak your lenses in fresh disinfecting solution every night.
- Clean the contact lens case often with hot water and allow it to dry before adding disinfecting fluid since the case can also be the source of infection.

Resources:

www.cdc.gov/acanthamoeba

www.aoa.org (American Optometric Association)

www.aaoo.org (American Academy of Ophthalmology)

**COMMUNICABLE DISEASE
REPORTED FOR SAGINAW COUNTY
FOR THE QUARTER
4/1/2010 – 6/30/2010**

| Disease | No. Reported |
|-------------------------|--------------|
| ANIMAL BITE | 7 |
| CAMPYLOBACTER | 2 |
| CHICKENPOX (Varicella) | 8 |
| CHLAMYDIA (Genital) | 360 |
| FLU-LIKE DISEASE | 2846 |
| GONORRHEA | 58 |
| GUILLAIN-BARRE SYNDROME | 1 |
| HEAD LICE | 76 |
| HEPATITIS B CHRONIC | 21 |
| HEPATITIS C ACUTE | 1 |
| HEPATITIS C CHRONIC | 38 |
| HISTOPLASMOSIS | 1 |
| HIV | 12 |
| INFLUENZA | 1 |
| INFLUENZA, 2009 NOVEL | 2 |
| MEASLES | 1 |
| MENINGITIS ASEPTIC | 2 |
| MENINGITIS BACTERIAL | 1 |
| MUMPS | 1 |
| NOROVIRUS | 2 |
| PERTUSSIS | 1 |
| SALMONELLOSIS | 2 |
| STREP THROAT | 245 |
| SYPHILIS | 4 |
| TOXIC SHOCK | 1 |
| TUBERCULOSIS | 5 |
| VZ INFECTION | 1 |

**COMMUNICABLE DISEASE YTD
REPORTED FOR SAGINAW COUNTY
1/1/2010 – 6/30/2010**

| Disease | No. Reported |
|-------------------------|--------------|
| ANIMAL BITE | 11 |
| CAMPYLOBACTER | 3 |
| CHICKENPOX (Varicella) | 42 |
| CHLAMYDIA (Genital) | 804 |
| COCCIDIOIDOMYCOSIS | 1 |
| CRYPTOSPORIDIOSIS | 1 |
| FLU LIKE DISEASE | 9055 |
| GONORRHEA | 157 |
| GUILLAIN-BARRE SYNDROME | 1 |
| HEAD LICE | 110 |
| HEPATITIS A | 1 |
| HEPATITIS B CHRONIC | 27 |
| HEPATITIS C ACUTE | 3 |
| HEPATITIS C CHRONIC | 93 |
| HISTOPLASMOSIS | 1 |
| HIV | 22 |
| INFLUENZA | 5 |
| INFLUENZA, 2009 NOVEL | 12 |
| LYME DISEASE | 1 |
| MEASLES | 1 |
| MENINGITIS ASEPTIC | 9 |
| MENINGITIS BACTERIAL | 1 |
| MUMPS | 1 |
| NOROVIRUS | 2 |
| PERTUSSIS | 7 |
| SALMONELLOSIS | 4 |
| STREP THROAT | 315 |
| SYPHILIS | 9 |
| TOXIC SHOCK | 1 |
| TUBERCULOSIS | 10 |
| VZ INFECTION | 3 |



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This newsletter is provided to all Saginaw county healthcare providers, hospitals, schools, local colleges, universities, urgent care facilities and local media centers.

If you would like to get this newsletter by e-mail please submit your e-mail address to: eatkins@saginawcounty.com

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Please visit our website at www.saginawpublichealth.org where our communicable disease pamphlets are available.