



National Influenza Vaccination Week by Amy Rae Bashforth, MPA, Immunization Program

Influenza, or flu, is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness and, at times, can lead to death. Every year in the United States, on average, 5 to 25 percent of the population gets influenza and more than 200,000 people are hospitalized from influenza complications. Furthermore, approximately 36,000 people in the United States die from influenza annually.

This year, the Ohio Department of Health (ODH) Immunization Program will make available a total of 424,280 doses of influenza vaccine to both public and private providers. For the 2007–2008 influenza season, 125,580 doses of influenza vaccine have been purchased with Ohio Vaccines for Children (VFC) providers funding and are being issued to private VFC providers for VFC-eligible children in Ohio.

Included in this total are 30,000 doses of live attenuated influenza vaccine (LAIV), also known as the intranasal influenza vaccine. LAIV will be available for the first time to VFC providers in Ohio during this flu season.

Additionally, ODH used other federal funding sources to purchase 48,700 doses of influenza

vaccine for children vaccinated at local health district clinics. This includes 10,000 doses of LAIV. State funding was used to purchase 250,000 doses of influenza vaccine for high-risk adults who are vaccinated at local health districts and Federally Qualified Health Centers. This purchase will assist in meeting the needs of high-risk Ohioans who have limited ability to pay for this vaccine through other means (e.g., no health insurance, not covered by Medicare).

The Centers for Disease Control and Prevention (CDC) has announced the week after Thanksgiving, Nov. 26 to Dec. 2, 2007, as National Influenza Vaccination Week. This week will highlight the importance of continuing influenza vaccination through the months of November, December and beyond.

ODH and CDC recommend that people take this opportunity to be vaccinated, and hope influenza vaccine providers will use this time to enhance influenza vaccine availability by scheduling additional clinics, extending clinic hours and enabling a larger role for mass-vaccination at places such as retail locations.

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National Influenza Vaccination Week —continued

The CDC has designated Tuesday, Nov. 27, 2007 as Children's Flu Vaccination Day, with a focus on vaccinating high-risk children. Each year, more than 20,000 children are hospitalized as a result of influenza. This day will help raise awareness on the value of vaccinating high-risk children and their close contacts. Free materials commemorating National Influenza Vaccination Week and promoting the importance of flu vaccination are available on the CDC Web site at <http://www.cdc.gov/flu/professionals/flugallery/>. Additionally, limited supplies of brochures regarding influenza and pneumococcal vaccination are available from the ODH Immunization Program.

Ohioans wishing to be vaccinated should contact their physician's office, local health district or use the American Lung Association's Flu Clinic Locator at <http://www.lungusa.org>.

For additional information regarding influenza and influenza vaccine, please contact the ODH Immunization Program at (614) 466-4643.

References and Resources

1. CDC Seasonal influenza Web site: <http://www.cdc.gov/flu/>
2. CDC National Influenza Vaccination Week Web site: <http://www.cdc.gov/flu/nivw07.htm>
3. ODH Web site: <http://www.odh.ohio.gov/odhPrograms/idc/immunize/influen.aspx>

Update on Foodborne Botulism Outbreak Involving Castleberry Products by Ellen Salehi, Epidemiologist, Outbreak Response and Bioterrorism Investigation Program

On July 18, 2007, the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) advised the public not to eat certain brands of hot dog chili sauce with specified best-by dates, due to possible contamination with botulinum toxin. Also on July 18, the company that manufactures Castleberry brand hot dog chili sauce issued a voluntary recall. The actions of July 18 resulted from the report of four cases of botulism in two states; Indiana (two cases) and Texas (two cases). Three days later, July 21, the recall was expanded to include 88 different canned products, plus four canned dog food products. All best-by dates were now included in the recall.

Recalled products included canned chili sauce, chili, beef stew, hash, corned beef hash, BBQ pork, BBQ beef, chipped beef, Brunswick stew and sausage gravy.

The full list can be viewed at: <http://www.fda.gov/oc/opacom/hottopics/castleberry.html>

Three separate cases, each associated with Castleberry hot dog chili sauce were also recognized in Ohio. All three were males, ages 37-39. Their onsets were: June 30, July 7 and Aug. 7. Counties of residence were: Cuyahoga, Huron and Lorain. All three had consumed Castleberry hot dog chili sauce a few days prior to onset. All three had illnesses clinically consistent with botulism. Stool and serum were tested from these patients, but were negative for botulinum toxin and the bacterium, *Clostridium botulinum*. One received anti-toxin. All three survived and are recovering. From mid-July to late August, Ohio Department of Health Laboratories (ODHL) tested 30 specimens from 16 suspected botulism cases. Thirteen cases were diagnosed with illnesses other than botulism.

Update on Foodborne Botulism Outbreak Involving Castleberry Products—continued

Leftover hot dog chili sauce from one of Ohio's cases was evaluated at ODHL. Type A botulinum toxin and the organism, *Clostridium botulinum*, were both detected.

It is recommended that stool and serum be evaluated whenever botulism is suspected. Collect 25–50 grams of stool in a clean urine cup, and 10–15 ml. of serum and ship overnight, with coolant and completed microbiology forms, to ODHL. If foodborne botulism is suspected, then food testing may also be indicated. Call the Bureau of Infectious Disease Control, Outbreak Response and Bioterrorism Investigation Program first to make shipping arrangements at (614) 466-0265.

Foodborne botulism is a Class A(1) disease. Suspected cases should be immediately reported by telephone to the local health department within whose jurisdiction the patient resides. Local health departments should report suspected cases immediately to the Ohio Department of Health (ODH).

Antitoxin (supplied by CDC) can prevent progression of illness and shorten the duration of symptoms in severe botulism cases if administered early in the illness. If the use of antitoxin is indicated, the attending physician can contact the local health department, who can then inform ODH. ODH will notify CDC and facilitate consultation. If the decision is made that antitoxin is appropriate, CDC will arrange for shipment directly to the attending physician.

General questions about this outbreak or botulism can be directed to the ODH Outbreak Response and Bioterrorism Investigation Program at (614) 466-0265.

Web sites with additional information:

<http://www.cdc.gov/botulism/botulism.htm>

http://www.castleberrys.com/recall_home.asp

http://www.fsis.usda.gov/News_&_Events/Recall_033_2007_expanded/index.asp

Fifth-annual Public Health Epidemiology Conference by Sietske de Fijter, Chair, Ohio Public Health Epidemiology Conference Planning Committee and Chief, Outbreak Response and Bioterrorism Investigation Program

The Ohio Department of Health (ODH) hosted the 5th-annual Ohio Public Health Epidemiology Conference Aug. 7 and 8, 2007, in Columbus. More than 250 individuals attended the conference, which was funded through the bioterrorism cooperative agreement with the Centers for Disease Control and Prevention (CDC). Attendees included epidemiologists, health commissioners, infection control professionals, public health nurses, sanitarians and school nurses. The conference centered around the following five public health topics: chronic diseases, environmental health, health informatics, infectious diseases and maternal and child health. Plenary sessions were held in the morning and breakout sessions followed in the afternoon. On Aug. 7, there were two plenary sessions. Dr. David Blossom, Epidemic Intelligence Service officer at CDC, opened the conference with a presentation on *Clostridium difficile* and the changing impact of *C. difficile* infections on public health. Robert Murray, M.D., director, Center for Healthy Weight and Nutrition, Nationwide Children's Hospital, followed and discussed emerging trends and public health implications of childhood obesity.

On Aug. 8, there were three plenary sessions. The first session provided a discussion by law enforcement and public health on the impact of methamphetamine and clandestine drug laboratories on communities. The discussion was led by Scott Duff, special agent supervisor at the Ohio Bureau of Criminal Identification and Investigation and Peter Schade, health commissioner, Erie County Health Department. During the next plenary session, Dr. Huiyun Xiang, director of international programs, Center for Injury Research and Policy at the Columbus Children's Research Institute, presented on behavioral risk factors and unintentional injuries among adult immigrants in the United States. The final plenary session consisted of a panel discussion on regional health information organizations (RHIOs) in Ohio. The panel consisted of Philip Powers, Health Policy Institute of Ohio; Mark Ansboury, Northeast RHIO; and Tim Ingram, health commissioner, Hamilton County General Health District.

A poster session was conducted on the first day of the conference. A total of 19 posters were presented and each focused on one of the five public health topics noted above. The session provided an opportunity for the public health professionals of Ohio to showcase their activities, make contacts and exchange ideas. The poster session went exceptionally well this year, in part because a separate room was dedicated for posters. This allowed the posters to be displayed during the entire conference, and attendees had access throughout the full two days.

The breakout sessions also highlighted chronic diseases, environmental health, health informatics, infectious diseases and maternal and child health issues. Infectious disease topics included Ohio facility-based surveillance of *C. difficile*, updates on immunizations, a norovirus outbreak investigation in Delaware County, an interdisciplinary response to a *Shigella* outbreak investigation in Hamilton County, *Enterococcus gallinarum* infections in total knee replacement surgery patients with perspectives from the local, state and federal agencies involved and trends in HIV testing patterns among tuberculosis case-patients in Ohio.

For more information about specific conference presentations, please visit <http://healthyohioprogram.org/healthieryou/comm/>

The annual Public Health Epidemiology Conference provides an opportunity to network with public health professionals from across the state and to learn what is new in public health in Ohio. Each year the number of submissions for the poster session increases, as does the quality of the posters. The same can be said of the breakout sessions.

This year there were a total of 22 breakout sessions with a variety of speakers, backgrounds and topics that kept the audiences interested. Plans are underway to host another successful conference in 2008. A save-the-date announcement will be posted in *Infectious Disease Quarterly* when the dates for 2008 are confirmed.

ODH looks forward to your participation in the 6th-annual Ohio Public Health Epidemiology Conference.

Quarterly Summary of Selected Reportable Infectious Diseases
Third Quarter, 2007*
July 1, 2007 - September 29, 2007

REPORTABLE CONDITION	Quarter	Year
AMEBIASIS	13	19
BOTULISM, INFANT	0	1
CAMPYLOBACTERIOSIS	408	858
COCCIDIOIDOMYCOSIS	4	8
CREUTZFELDT-JAKOB DISEASE (CJD)	3	12
CRYPTOSPORIDIOSIS	367	456
CYTOMEGALOVIRUS (CMV), CONGENITAL	4	11
E COLI O157:H7	49	80
E COLI, SHIGA TOXIN PRODUCING, NOT O157:H7	1	7
E COLI, SHIGA TOXIN PRODUCING, UNKNOWN SEROTYPE	25	41
ENCEPHALITIS, POST OTHER INFECTION	1	7
ENCEPHALITIS, PRIMARY VIRAL	9	18
GIARDIASIS	273	595
HAEMOPHILUS INFLUENZAE, INVASIVE	21	80
HEMOLYTIC UREMIC SYNDROME (HUS)	4	8
HEPATITIS A	19	53
HEPATITIS B, ACUTE	24	101
HEPATITIS B, CHRONIC	573	1,322
HEPATITIS C, ACUTE	6	16
HEPATITIS C, PAST OR PRESENT	2,766	8,108
HEPATITIS E	1	3
KAWASAKI DISEASE	7	35
LEGIONELLOSIS	90	160
LISTERIOSIS	12	23
MENINGITIS, ASEPTIC	351	563
MENINGITIS, OTHER BACTERIAL	15	41
MENINGOCOCCAL DISEASE	7	29
MUMPS	6	15
NOVEL HUMAN INFLUENZA A VIRUS	2	2
PERTUSSIS	137	464
RHEUMATIC FEVER	1	2
SALMONELLOSIS	470	1,028
SHIGELLOSIS	648	950
STAPHYLOCOCCUS AUREUS, INTERMEDIATE RESISTANCE TO VANCOMYCIN (VISA)	0	3
STREPTOCOCCAL DISEASE, GROUP A, INVASIVE	29	192
STREPTOCOCCAL DISEASE, GROUP B, IN NEWBORN	12	32
STREPTOCOCCAL TOXIC SHOCK SYNDROME (STSS)	2	10
STREPTOCOCCUS PNEUMONIAE, INVASIVE, DRUG RESISTANT/INTERMEDIATE (ALL AGES)	55	328
STREPTOCOCCUS PNEUMONIAE, INVASIVE, DRUG SUSCEPTIBLE/UNKNOWN (CHILDREN < 5 YEARS)	12	49
TOXIC SHOCK SYNDROME (TSS)	0	2
TYPHOID FEVER	4	6
VARICELLA	319	3,167
VIBRIO PARAHAEMOLYTICUS INFECTION	1	3
VIBRIOSIS, OTHER (NOT CHOLERA)	3	3
YERSINIOSIS	8	45
TOTAL	6,762	18,956

* 2007 data include confirmed, probable and suspected cases reported to the Centers for Disease Control and Prevention (CDC). This report includes both quarter-specific and year-through-quarter cumulative frequencies for each disease. Quarter is determined by the MMWR week the case was sent to the CDC. This report includes only Class A reportable diseases. Data were reported to the Ohio Department of Health via the Ohio Disease Reporting System. Some reportable conditions may be under investigation. Therefore, all data in this report are provisional, but current as of October 9, 2007.

Source: Ohio Department of Health Infectious Disease Surveillance

Quarterly Summary of Sexually Transmitted Diseases, Ohio
Third Quarter, 2007*
January 1, 2007 - September 30, 2007

SEXUALLY TRANSMITTED DISEASES	QUARTER	YEAR
CHLAMYDIA	7,486	29,628
GONORRHEA	3,162	12,785
SYPHILIS	121	377
TOTAL	10,769	42,790

* 2007 data include only confirmed cases, except for gonorrhea, which includes confirmed and suspected cases reported to the CDC. This report includes both quarter-specific and year-through-quarter cumulative frequencies for each disease. Quarter is determined by date of diagnosis. Some reportable conditions may be under investigation. Therefore, all data in this report are provisional, but current as of October 17, 2007.

Source: Ohio Department of Health STD Disease Surveillance

Quarterly Summary of Tuberculosis Cases, Ohio
Third Quarter, 2007*
January 1, 2007 - September 30, 2007

	QUARTER	YEAR
TUBERCULOSIS (TB)	64	182

* 2007 data include confirmed cases reported to the CDC. This report includes both quarter-specific and year-through-quarter cumulative frequencies for tuberculosis. Quarter is determined by count date, which is the date the ODH TB Surveillance Program determines the tuberculosis suspect meets the CDC Surveillance Case Definition for TB. All data in this report are provisional, but current as of October 18, 2007.

Source: Ohio Department of Health TB Surveillance

ID Quarterly Fall 2007 Announcements

- The Centers for Disease Control and Prevention (CDC) has announced the week of Nov. 27 to Dec. 2, 2007 as National Influenza Vaccination Week. This event is designed to highlight the importance of continuing influenza vaccination through the months of November, December and beyond.
- World AIDS DAY is Dec. 1, 2007.
- The Ohio Department of Health (ODH) 12th-annual World AIDS Day Conference will be held on Tuesday, Dec. 4, 2007 at Midwest Hotel and Conference Center, 4900 Sinclair Road, Columbus. For registration information please contact Dee Zumbro at dee.zumbro@odh.ohio.gov.
- Bill Storm will be joining the Early Event Surveillance Section in mid-November. Mr. Storm currently works at ODH on the Ohio Public Health Communication System project.
- The International Association for Food Protection (IAFP) 95th-annual Meeting will be held Aug. 2–6, 2008, in Columbus. More than 2,000 top professionals in food protection from around the world will convene in Columbus. This meeting will feature more than 500 technical papers, posters and symposia detailing current information related to food safety. Please visit the IAFP Web site at <http://www.foodprotection.org>. Participants do not need to be members of IAFP; however, there is a reduced membership fee available now, and all food safety professionals and practitioners from academia, regulatory and industry are welcome. This conference coming to Columbus is a once-in-a-lifetime event. Please contact Gloria Swick-Brown, 614-466-7760 to sign up as a volunteer.



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