



# NEWS

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93-260

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## Poliomyelitis - The Netherlands

As of December 5, 1992, 54 cases of poliomyelitis were reported to the Netherlands' Office of the Chief Medical Officer of Health; fifty-one of the cases (94%) have been laboratory confirmed. All cases have occurred in a population that rejects vaccination on religious grounds and are primarily concentrated in the provinces of South Holland and Gelderland. Currently, there is no indication that the outbreak has expanded outside these religious communities. However, the poliomyelitis epidemic in the Netherlands continues despite control measures initiated by the Dutch health authorities. With this increase in the Netherlands polio epidemic comes an increased risk of spread to other populations.

An estimated 54,000 persons in the Netherlands may have been infected with wild poliovirus type 3 during this outbreak. Therefore, the risk of infection for unvaccinated or inadequately vaccinated travelers to the Netherlands may be greater than previously assumed. The potential for spread of this poliovirus to other areas (including the North American continent) by asymptotically infected travelers from the Netherlands — even if not directly linked to a clinical case — also may be higher. A similar outbreak of poliomyelitis in The Netherlands in 1978 spread, via Canada, to unvaccinated groups in the United States.

Unvaccinated persons who have direct or indirect contact with members of groups among whom poliovirus is circulating are at risk of contracting the disease themselves and/or transporting the virus back to the United States on their return. Therefore, the polio immunity of travelers to the Netherlands should be evaluated, and persons with inadequate or unknown vaccination histories should receive the recommended polio vaccinations before departure. Public health agencies and healthcare providers should intensify outreach, especially to unvaccinated persons in communities who do not routinely accept vaccination.

All health departments, travel clinics, travel agencies, airlines, and shipping companies receiving this advisory are requested to notify prospective travelers of these recommendations.



Condensed and combined from the November 10, 1992 Advisory Memorandum No. 102 from Walter A. Orenstein, MD and Charles R. McCance, National Center for Prevention Services, CDC; and Update: Poliomyelitis Outbreak - The Netherlands, 1992. *MMWR* 41:49;917-9.

### Recommendations of the Advisory Committee on Immunization Practices

Unvaccinated individuals under the age of 18 years:

- a primary series of three doses of oral poliovirus vaccine (OPV)

Unvaccinated individuals age 18 and older:

- three doses of enhanced potency inactivated poliovirus vaccine (eIPV)

Incompletely vaccinated persons:

- OPV for those under age 18, and either OPV or eIPV for those aged 18 years and older

Persons who previously have completed a primary series of polio vaccination:

- booster doses of either OPV or eIPV

Individuals and household contacts of individuals who are immunosuppressed (of any age):

- the appropriate doses of only eIPV (these individuals should not receive OPV)

## Safety Tips for Egg Dishes

Churches, benevolent associations, youth clubs and other groups often like to have get-togethers or fund raisers that include meals. People often choose to bring egg dishes because they are easy to make, economical, nutritious, and appealing to just about everyone.

Planning a scrambled egg breakfast, omelet luncheon, strata supper, home-made ice cream social or other egg meal can be a rewarding experience. To ensure a successful function (and to make things easier on yourself) simply follow the tips below:

○ Buy refrigerated grade A or AA eggs, get them to the function quickly, and refrigerate them again at 40°F until you are ready to use them. Leave them in their cartons or cases to prevent the absorption of refrigerator odors.

○ Use clean, sanitary equipment and utensils. Be especially sure the countertop or table and any knives and cutting boards you use have been washed with warm, soapy water and that all helpers have washed their hands. Always wash equipment thoroughly before using it again. Wooden cutting boards are a special problem and either should be avoided or washed and sanitized after each use.

○ Break the eggs out of their shells the day of the event – preferably as you use them. Discard any eggs that are dirty, leaking, or cracked. Avoid getting any shell into the eggs. If necessary, remove any shell with a clean implement. Refrigerate eggs or egg mixtures until you are ready to use them.

○ When converting family-sized recipes, keep in mind that the cooking time needs to be increased along with the ingredients and pan size. For measuring ease, a dozen large eggs breaks into 2.5 cups of liquid egg.

○ For scrambled eggs and omelets, prepare the egg mixture in batches according to your rate of service (no more than three quarts at a time). This helps prevent the eggs from becoming discolored after they are cooked. Cook until firm throughout and no visible liquid egg remains.

○ For stratas and other custard-based dishes, bake until a metal knife inserted near the center comes out clean.

○ For home-made ice cream, start with a cooked, stirred custard base. Cook over low heat until the mixture just coats a metal spoon. Chill before freezing.

○ For fried eggs or similar dishes, cook until the white is completely set and the yolk begins to thicken. The yolk should not be runny, but need not be hard.

○ Immediately return any broken-out eggs or egg mixtures that are not used to the refrigerator. If any eggs, egg mixtures, or prepared egg dishes are left out at room temperature for more than two hours, discard them.

○ To hold foods before serving, keep cold dishes below 40°F and hot dishes above 140°F. If the facility does not have a steamtable, you can simulate one by nesting two pans together. Fill the bottom pan with very hot water, and place the pan containing the food on top. Avoid holding hot foods any longer than 30 minutes.

○ Always use a clean pan for your next batch of food. Do not combine already cooked and held food with raw or freshly cooked food.

○ If you have leftovers, divide them into small, shallow containers before refrigerating so they will chill quickly.

From "Eggs in Quantity Made Easy." American Egg Board, Park Ridge, Il.



### A Safer Egg Nog Recipe

Ingredients: 4 eggs  
 ¼ cup sugar  
 ¼ teaspoon salt  
 1 quart very hot milk  
 1 teaspoon vanilla

In a large saucepan, beat the eggs, sugar, and salt together. Slowly stir in the hot milk. Cook the mixture over low heat, stirring constantly until it thickens and just coats a metal spoon. Cool quickly by setting the pan in a bowl of ice or cold water and stirring for a few minutes. Cover and refrigerate until thoroughly chilled, several hours or overnight. Just before serving, stir in flavoring if desired.

### Lab Notes

Effective January 4, 1993, the TDH laboratory no longer will perform Hemagglutination Inhibition (HI) tests for rubella and rubeola antibodies. Paired sera (acute and convalescent) will be assayed for increases in rubella and rubeola IgG antibody using an Enzyme Immunoassay (EIA) procedure. Results will not be reported with "titers," but as "Nonreactive" if no IgG is detected and "Reactive" along with an interpretation if IgG is detected. Changes in antibody levels will be designated as either significant or not significant according to the protocol of the procedure to be used. The laboratory will continue to perform rubella and/or rubeola IgM tests on acute specimens received with specific IgM test requests and case numbers issued by the TDH Immunization Division.

### Errata ☹

Changes to the article on *Vibrio Cholerae* (PDN Vol. 52, No. 25), should be made as follows:

- Page 1, column 1, paragraph 2, last sentence - vibrial cholera should read *Vibrio cholerae*.
- Page 1, column 1, last paragraph - the second and third sentence should be changed to one sentence as follows: Because definitive laboratory identification of *V. cholerae* requires several weeks and involves state and federal reference laboratories, public health interventions frequently must proceed before identification is completed.
- Page 3, column 1, paragraph 2 - the first sentence should read, "Her husband, daughter, and grandson did not complain of any gastrointestinal problems."
- Page 4, column 1, paragraph 6, "biotype inclusive" should read "biotype inconclusive."

**Oops!**

On "Tips for Travelers" in the same issue, the first tip should read, "Other safe beverages include...water; carbonated, commercially bottled beverages; and commercial beer and wine. Do not use ice." The 5th tip should read, "Avoid foods and beverages prepared by street vendors."

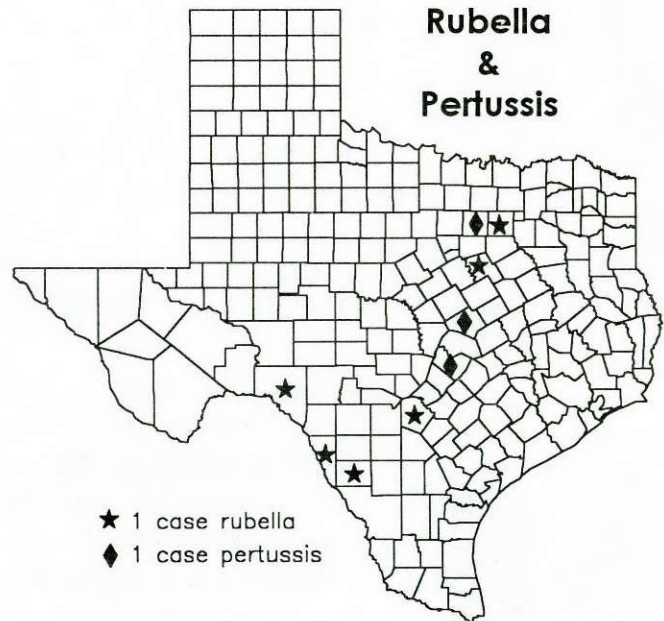
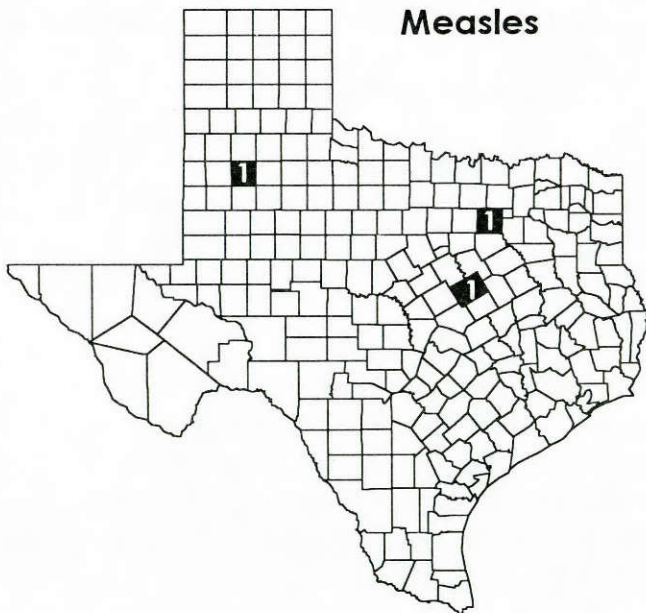
## Name Change for Centers for Disease Control

The United States Congress, as part of the Preventive Health Amendments of 1992, has recognized the leadership role of the Centers for Disease Control (CDC) in prevention by formally changing their name to the Centers for Disease Control and Prevention. President Bush signed the bill on October 27, 1992. In making this change, Congress acknowledged CDC's responsibility for addressing illness and disability before they occur. Congress also specified that they should continue to be recognized by the initials "CDC."



### Vaccine-Preventable Disease Update

Suspected/Confirmed Cases Reported  
With Onsets From 11/29/92 - 12/12/92<sup>1</sup>  
Weeks 49-50



**Summary of Suspected/Confirmed Cases Reported YTD:**

	Latest Onset Date	Total This Period	YTD Total
<b>Measles</b>	12/07/92	3	1,485
<b>Rubella</b>	12/10/92	6	139
<b>Pertussis</b>	12/05/92	3	150

<sup>1</sup> Total cases with onset dates during reporting period

**MONTHLY STATISTICAL SUMMARY OF SELECTED REPORTABLE DISEASES**

*November, 1992*

SELECTED DISEASES/CONDITIONS	PUBLIC HEALTH REGION								SELECTED TEXAS COUNTIES								THIS MONTH		CUMULATIVE (to this month)	
	1	2	3	4	5	6	7	8	Bexar	Dallas	El Paso	Harris	Hidalgo	Nueces	Tarrant	Travis	1991	1992	1991	1992
<b>SEXUALLY TRANSMITTED DISEASES*</b>																				
Syphilis, primary and secondary	9	4	0	79	81	6	24	7	6	39	0	60	1	5	28	5	334	210	4,446	2,962
Congenital Syphilis	1	0	5	25	13	2	1	1	2	8	5	22	0	0	5	0	21	48	195	299
Penicillinase-producing Neisseria gonorrhoeae (PPNG)	33	0	1	6	7	17	0	0	17	5	1	6	0	0	0	1	111	64	2,320	1,137
<b>ENTERIC DISEASES</b>																				
Salmonellosis	10	2	5	2	12	4	4	5	0	4	3	0	0	2	4	2	223	44	2,016	1,323
Shigellosis	37	8	11	4	18	5	4	8	3	3	7	2	0	0	8	24	185	95	1,951	2,386
Hepatitis A	3	2	12	5	17	11	0	9	10	4	9	1	1	0	6	2	207	59	2,405	1,283
Campylobacteriosis	6	1	0	0	1	1	2	1	1	0	0	0	0	0	1	5	67	12	741	771
<b>BACTERIAL INFECTIONS</b>																				
H. influenzae, invasive	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	8	1	132	34
Meningococcal, invasive	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3	1	75	82
Lyme disease	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	1	56	62
Vibrio species	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	24	10
<b>OTHER CONDITIONS</b>																				
Influenza & flu-like illness	328	1,111	95	406	459	92	167	734	81	0	0	390	0	697	0	0	13,182	3,392	145,167	40,613
Hepatitis B	5	0	1	3	19	2	0	2	1	9	1	2	0	0	7	4	192	32	1,671	1,226
Adult elevated blood lead levels	0	6	0	0	20	0	0	0	0	20	0	0	0	0	0	0	29	26	499	334
Animal rabies - dogs and cats	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	3	5	49	57
Animal rabies - total	2	0	7	1	2	1	1	13	1	0	0	1	0	0	0	1	25	27	416	432
<b>TUBERCULOSIS DISEASE*</b>																				
Childrer. (0-14 years)	1	1	0	9	1	1	0	1	1	1	0	8	0	0	0	0	10	14	194	180
Adults (> 14 years)	21	1	9	95	24	19	13	26	17	19	7	79	9	1	3	14	240	208	1,881	1,967
<b>INJURIES**†</b>																				
Spinal cord injuries	2	3	1	6	8	7	5	0	5	3	1	5	0	0	0	1	N/A	32	N/A	160

\* Data for the STD's, Tuberculosis, and spinal cord injuries are provided by date of report, rather than date of onset.

† Voluntary reporting.

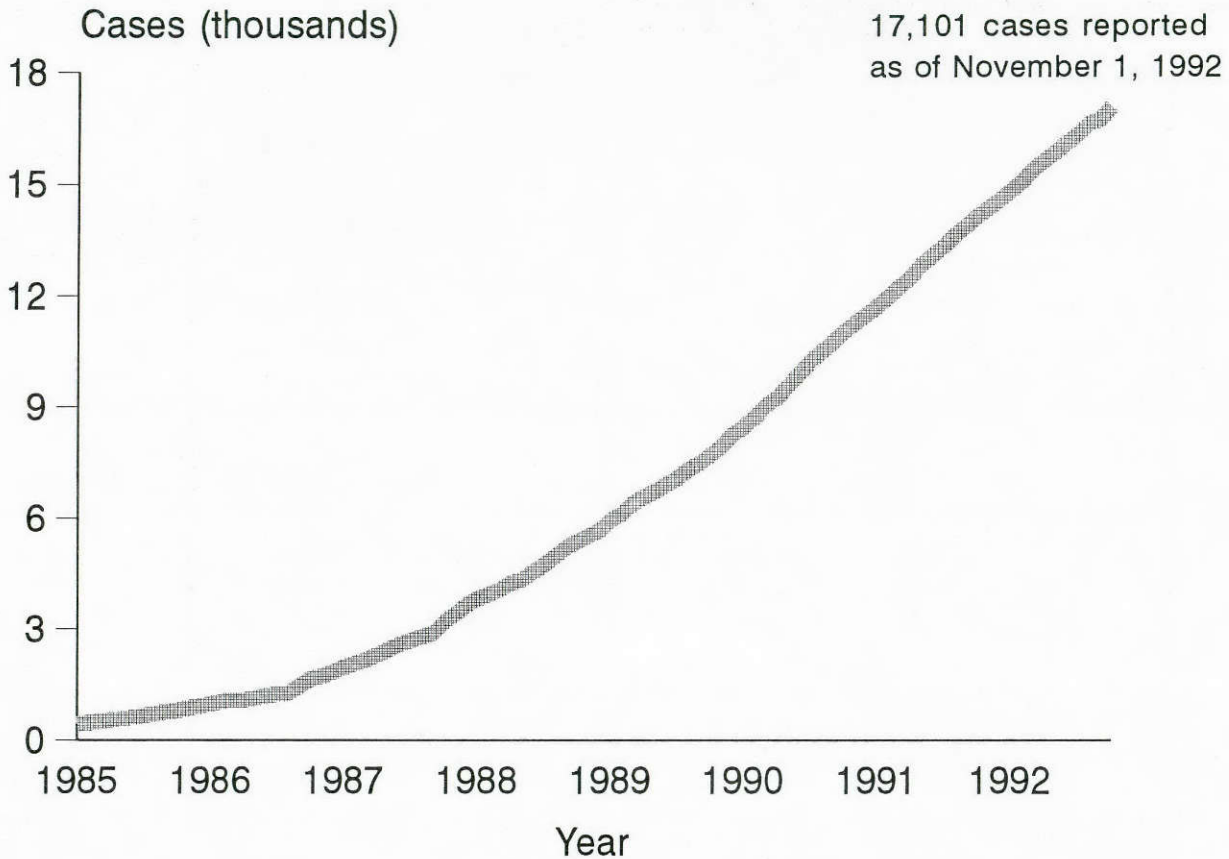
**1991 POPULATION ESTIMATES**

PUBLIC HEALTH REGIONS	
1	1,760,924
2	741,857
3	1,148,201
4	4,343,872
5	4,848,688
6	1,640,610
7	1,224,653
8	1,550,883

SELECTED TEXAS COUNTIES	
Bexar	1,195,510
Dallas	1,870,753
El Paso	604,389
Harris	2,872,645
Hidalgo	395,398
Nueces	293,965
Tarrant	1,177,915
Travis	584,682



## Cumulative Texas AIDS Cases January 1985 - October 1992



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