

Texas Preventable Disease



NEWS

TEXAS STATE DOCUMENT
COLLECTION

contents:

CPSC Issues Halloween Safety Alert
Outbreaks of Respiratory Illness Among Employees In
Large Office Buildings -- Tennessee, District of Columbia
Influenza -- Southern Hemisphere, Asia, The Tropics, 1984

BUREAU OF EPIDEMIOLOGY

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CPSC ISSUES HALLOWEEN SAFETY ALERT

The US Consumer Product Safety Commission has issued a safety alert to parents and guardians of children who go trick-or-treating on Halloween. The Commission particularly emphasized the importance of careful examination of all treats before children are allowed to eat them. Children should be warned not to eat any of their treats before they get home.

The Commission also recommended the following safety tips to parents and children for Halloween:

- Costumes, masks, beards, and wigs should be labeled "Flame Resistant." Although this does not mean they won't catch fire, such labeling indicates that they will resist burning and should extinguish quickly once removed from the ignition source. Flimsy materials and outfits with big, baggy sleeves or billowing skirts should be avoided to minimize the risk of contact with candles or other sources of ignition.
- Costumes should be light and bright enough to be clearly visible to motorists. For greater visibility in dusk or darkness, costumes should be decorated or trimmed with reflective tape which will "glow" in the beam of a car's headlights. Bags or sacks should also be light colored and decorated with reflective tape. Reflective tape is usually available in hardware, bicycle, and sporting goods stores. Children should also carry flashlights to see -- and be seen -- more easily.
- Costumes should be short enough to prevent children from tripping and falling. Children should also wear safe, sturdy shoes. Mother's high heels are not a good idea for safe walking.
- Hats should be tied securely to prevent them from slipping over children's eyes.
- Apply a natural mask of cosmetics rather than have a child wear a loose fitting mask which might restrict breathing or obscure vision. If a mask is used, make sure eyeholes are large enough to allow full vision and make sure the mask fits securely.
- If swords, knives, or similar accessories are carried, they should be of soft or flexible material.
- Smaller children should always be accompanied by an older responsible child or an adult. All children should use the sidewalk rather than walk in the street, and they should WALK not run from house to house. Children should be cautioned against running out between parked cars or

across yards and lawns where ornaments, furniture, or clotheslines present dangers.

- Children should only go to homes where residents have outside lights on as a sign of welcome. Children should not enter homes or apartments unless they are accompanied by an adult.
- Those receiving trick-or-treaters should remove anything that could be an obstacle from steps, lawns, and porches. Candlelit jack-o-lanterns should be kept away from landings and doorsteps where costumes could brush against the flame. Indoor jack-o-lanterns should be kept away from curtains, decorations, or other furnishings that could be ignited.
- Parents should encourage home parties and celebrations in place of trick-or-treating.

Consumers wishing further information may call the CPSC toll-free hotline at 800-638-CPSC. The teletypewriter number for the hearing impaired is 800-638-8270.

OUTBREAKS OF RESPIRATORY ILLNESS AMONG EMPLOYEES IN LARGE OFFICE BUILDINGS -- TENNESSEE, DISTRICT OF COLUMBIA

The following article first appeared in the Centers for Disease Control (CDC) publication, Morbidity and Mortality Weekly Report, Vol. 33/No. 36, September 14, 1984.

Recurring outbreaks of respiratory illness among office workers have led to epidemiologic and environmental investigations and to relocation of some or all occupants of the affected office areas. Outbreaks in two cities are summarized below.

Knoxville, Tennessee: An outbreak of febrile illness began during the afternoon and evening of September 21, 1981. About 40% of the 325 office workers in a seven-story building met the case definition of at least three symptoms (headaches, muscle aches, fever, chills, cough, or wheezing) and a time of onset after 11 am (use of this time of onset helped to exclude individuals with preexisting respiratory conditions that were unrelated to exposures in the building). In most affected individuals, these symptoms subsided by the following morning. Subsequent outbreaks of febrile illness occurred in this same building on October 13 and October 15. After the latter outbreak, building occupants were moved to other office facilities.

In each outbreak, a temporal relationship was observed between starting the heating, ventilation, and air-conditioning (HVAC) system and the onset of symptoms. The HVAC system in this building contained two air washers (components of an air-handler unit that emit a water spray) and was contaminated with bacteria, fungi, protozoa, nematodes, and mites. No single microbial agent could be established as responsible for the outbreaks. The HVAC system was the mode of transmission for the organisms. The building remains vacant.

Washington, DC: In late January 1982, a persistent, influenza-like illness was reported among occupants of a large office suite on one floor of an eight-story building. Twelve of 41 employees working in the suite met the case definition of at least two of the following symptoms: headache, muscle aches, chest tightness, feverishness, chills, or nausea occurring on consecutive work days, including the last work day (Friday), with relief on weekends. Tests of the carbon-monoxide-diffusing capacity of affected individuals showed that individuals with two or more

symptoms had lower single-breath, carbon-monoxide-diffusing capacities than did controls.

The suite was located directly beneath the kitchen of a cafeteria and had been subjected to a series of "floods" from drainage lines, including a drain from the cafeteria dishwasher. Numerous microorganisms, including Acanthamoeba polyphaga and Thermoactinomyces vulgaris, were isolated from the office and the HVAC system. However, attempts through serologic testing to link these agents specifically with illness in individuals produced inconclusive results. Epidemiologic evidence suggested that environmental contaminants present in the water drainage were associated with illness. All workers were removed from the affected office; the office was completely refurbished and is presently being reoccupied. There has been no recurrence of illness.

MMWR Editorial Note: Outbreaks of hypersensitivity pneumonitis (HP), humidifier fever, and similar syndromes among office workers have been described since 1970. Symptoms include headache, fatigue, muscle aches, chills, and fever. Manifestations of pulmonary disease, such as chest tightness, coughing, and wheezing, were also observed. These outbreaks have been attributed to thermophilic actinomycetes, nonpathogenic amoeba, several fungi, and endotoxins. Sources of microbial contamination included humidifiers, air washers, and contaminated filters in air-handling units.

Since October 1981, the National Institute for Occupational Safety and Health has conducted environmental studies in six large multistory office buildings in which HP-like syndromes were reported or were alleged to occur, including those reported here. Results of these studies suggest that moisture incursion into occupied spaces and into HVAC system components may have been common to these outbreaks. Engineering measures thought to prevent the occurrence of such outbreaks are straightforward, feasible, and inexpensive. They include: (1) promptly and permanently repairing all external and internal leaks; (2) maintaining relative humidity below 70% in occupied spaces and in low-air-velocity plenums (at higher levels of humidity, the germination and proliferation of fungal spores is enhanced); (3) preventing the accumulation of stagnant water under cooling-deck coils of air-handling units through inclination and continuous drainage of drain pans; (4) using steam, rather than recirculated water, as a water source for humidifiers in HVAC systems; however, such steam sources should not be contaminated with volatile amines; (5) replacing filters in air-handling units at regular intervals (these should have at least a moderate efficiency rating [50% or more] as measured by the atmospheric-dust spot test and should be of the extended-surface type; prefilters [eg, roll type] should be used before air passage over the higher-efficiency filters); (6) discarding, rather than disinfecting, carpets, upholstery, ceiling tiles, and other porous furnishings that are grossly contaminated; (7) providing outdoor air into ventilation systems at minimum rates per occupant of at least 20 cubic feet per minute in areas where occupants are smoking and at least 5 cubic feet per minute in nonsmoking areas. These activities should be considered in on-going preventive-maintenance programs.

INFLUENZA -- SOUTHERN HEMISPHERE, ASIA, THE TROPICS, 1984

The following article first appeared in the Centers for Disease Control (CDC) publication, Morbidity and Mortality Weekly Report, Vol. 33/No. 36, September 14, 1984.

Influenza usually occurs from about April through September in the Southern Hemisphere and often occurs throughout the year in the tropics. Surveillance in these regions may, therefore, identify strains that subsequently appear in the Northern Hemisphere.

Thus far in 1984, circulation of influenza types A(H1N1), A(H3N2), and B has been detected, with no clear pattern of large increases in one virus type or subtype compared to the others. Recent isolates have most often been associated with sporadic cases or localized outbreaks. Table 1 illustrates the reported influenza virus isolates in the Southern Hemisphere, the tropics, and Asia from April to July 1984.

Table 1. Reported influenza virus isolates - Southern Hemisphere, Asia, and the tropics, 1984

<u>COUNTRY</u>	<u>VIRUS</u>	<u>PERIOD OF ISOLATIONS</u>
Australia	B	July
	A(H1N1)	April-July
	A(H3N2)	June
Brazil	A(H1N1)	April
	B	April
Chile	B	June-July
Taiwan	A(H1N1)	April
Honduras	B	April-July
	A(H3N2)	May-July
Hong Kong	A(H3N2)	June-July
	B	June-July
Korea	B	April
Madagascar	A(H1N1)	June-July
Papua New Guinea	B	June-July
	A(H1N1)	May
Singapore	A(H3N2)	May-July
	B	May
	A(H1N1)	May-June
South Africa	A(H3N2)	May-June
	B	June
Uruguay	B	May

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