Texas Preventable Disease
NEWS

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contents:

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ELECTRICAL SAFETY*

Consumers can reduce chances of a home electrical fire by making informal inspections of their homes to eliminate commonplace hazards that often lead to household electric fires. According to the US Consumer Product Safety Commission (CPSC), there are some 192,500 home fires of electrical origin each year which claim an estimated 1,000 lives and cause some 10,700 injuries. Annual property damage from these fires is estimated at $1.1 billion. Electrocutions kill an estimated 500 more Americans in and around the home each year. In Texas, nine deaths in 1983 were attributed to domestic electrical wiring and appliances; 14 such deaths were recorded in 1984.

May has been designated Electrical Safety Awareness Month, and CPSC is encouraging consumers to eliminate the common electrical hazards in the house. For this purpose, CPSC has developed an electrical safety checklist telling consumers how to conduct a room-by-room inspection and how to reduce the hazards. Consumers may obtain a free copy of the electrical checklist in English or Spanish by calling the agency's toll-free hotline at 1-800-638-CPSC, or by writing Electrical Safety, Washington, DC 20207. A free slow-play disk of the checklist is also available for the blind.

The major sources of **all** household electrical fires, as identified by CPSC, are ranges and ovens, household wiring, clothes dryers, appliance and extension cords and plugs, receptacle outlets, central and fixed heating equipment, and electric lamps and fixtures. Products most often associated with **fatal electrical fires** were household wiring, appliance and extension cords, ranges and ovens, and portable electric heaters. **Electrocutions** most often involved household wiring, electric power tools, ladders, and antennas.

Several precautions should be taken by consumers to reduce electrocution hazards around the house. Many electrocutions and major electric shock and burn injuries are caused by products which previously shocked someone in the home. Any electrical product which gives the slightest shock should be removed from use and immediately taken to an electrical repair or appliance shop for inspection. Only after the fault has been corrected and the hazard eliminated should the product be used again.

The installation of ground fault circuit interrupters (GFCIs) in circuit-breaker panel boxes or duplex electrical outlets offers the best protection against electrocutions and shock injuries in the home. The National Electrical Code calls for the installation of GFCIs in bathrooms, garages, and outdoor circuits of newly constructed homes. However, older homes and some newer homes lack this protection. Additional GFCI protection is recommended for kitchen countertop circuits and basement outlets. They are also available in the form of attachment plugs and portable units to be used with electric tools or other equipment.

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*Adapted from: CPSC. News from CPSC; 86-25, April 24, 1986.

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REPORTED CONTAMINATION OF HEPARIN SODIUM WITH PSEUDOMONAS PUTIDA*

On three occasions, from December 1985 to January 1986, *Pseudomonas putida* was isolated from routine surveillance cultures of bone marrow harvested from three donors at a single hospital in Minnesota. Cultures of all materials added to bone marrow at the time of collection were performed by the hospital. Eight of 70 unopened 5-ml glass ampules of a single lot (#84339) of Heparin Sodium without preservatives (manufactured for O'Neal, Jones & Feldman Pharmaceuticals, St. Louis, Missouri, by Torigian Laboratories, Queens Village, New York) were culture-positive for *P. putida*. Heparin was added to the marrow as an anticoagulant during the collection procedure. The hospital received lot #84339 in April 1985, but it was not used until November 1985.

Hospitals that have identified patients with *P. putida* bloodstream infections in the past year are requested to report their findings through local and state health departments to CDC's Hospital Infections Program, telephone (404) 329-3406.

*Adapted from: CDC. MMWR 1986;35:123-4.

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UPDATE: HAEMOPHILUS INFLUENZAE B POLYSACCHARIDE VACCINE*

Since the licensure of the first polysaccharide vaccine against *Haemophilus influenzae* b (Hib) in April 1985, over three million US children have been immunized against this bacterial disease. The vaccine is recommended for all children at the age of 24 months, and as early as 18 months of age for children at highest risk of Hib disease. Currently, three manufacturers are licensed to produce the vaccine (Praxis: b-Capsa-1®; Lederle: Hib-imune®; and Connaught: Hibavax®).

As part of the continuing evaluation of the vaccine, CDC, the US Food and Drug Administration (FDA), and the vaccine manufacturers are collaborating in gathering information on children who have developed invasive Hib disease after vaccination. As with any vaccine, a certain number of cases of disease may be expected to occur among vaccinated persons.

To ensure a more complete ascertainment of cases, practitioners and health departments are requested to report all cases of Hib disease (eg, meningitis, bacteremia, epiglottitis) occurring after vaccination. Cases from 1985, as well as current cases, are solicited; complete case ascertainment for this entire time is important for the most accurate interpretation of these reports. Reports can be made directly to the manufacturers†; by sending Form 1639, "Adverse Reaction Report," to FDA (the form is available by calling FDA at 301-443-4580); or by contacting the Meningitis and Special Pathogens Branch, Division of Bacterial Diseases, Center for Infectious Diseases, CDC, Atlanta, Georgia 30333 [telephone (404) 329-3687].

In addition to this request for information on Hib cases, it is also important to report any serious adverse events that occur within 28 days of receipt of vaccine. Such events occurring among recipients of Hib vaccine purchased with public funds should be reported to the appropriate city or state health department, which will complete an investigation and send a report to CDC. Adverse events occurring among recipients of privately purchased Hib vaccine should be reported directly to the manufacturers or to FDA (Form 1639).

*Reprinted from: CDC. MMWR 1986;35:144-5.

† Manufacturers' addresses and telephone numbers are as follows: Mead-Johnson Nutritional Division, Evansville, Indiana 47721 (distributors of the Praxis vaccine); telephone (812) 429-7480. Lederle Laboratories, Pearl River, New York 10965; telephone (914) 735-5000. Connaught Laboratories, Inc., Swiftwater, Pennsylvania 18370; telephone (717) 839-7187.

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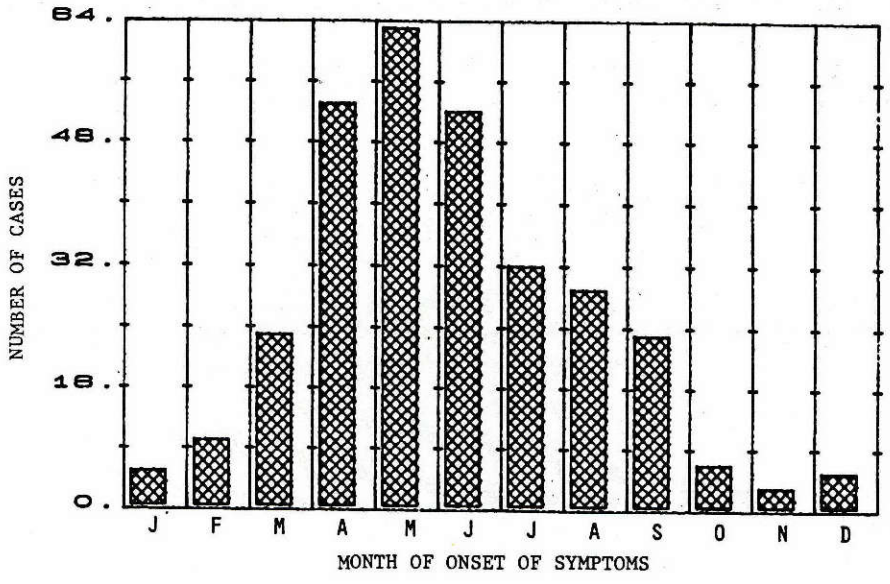
ROCKY MOUNTAIN SPOTTED FEVER

The peak months of activity for Rocky Mountain spotted fever (RMSF) in Texas are April through July (Figure 1). Immediate treatment of RMSF should be initiated with tetracycline (25-50 mg/kg/day) and/or chloramphenicol (50 mg/kg/day), orally, in 4 divided doses, until the patient is afebrile and continued for 1 or 2 additional days. No RMSF vaccine is presently licensed in the United States.

Paired acute and convalescent sera may be submitted to the Texas Department of Health laboratory for confirmation of RMSF cases using the indirect fluorescent antibody test (IFA). Specimens should be drawn at least ten days apart.

Figure 1.
Month of onset of symptoms for 303 RMSF cases,
Texas, 1981-1985



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CERTIFICATION OF MEDICAL REPORTS FOR SAUDI ARABIA*

The Division of Quarantine, Center for Prevention Services, has recently received several inquiries concerning requirements of the Government of Saudi Arabia for medical examination of foreign workers going to that country. Of particular interest has been the inclusion of serologic testing for HTLV-III as one of the required laboratory tests. There have been a number of questions about the use of seals to certify the results of the examination.

The Saudi Arabian government requires that the laboratory and medical report be signed by the responsible doctor and then signed and sealed by the local health department. Health departments may respond to requests for certification of the medical report as they consider appropriate.

The "Uniform Stamp" MUST NOT be used on the Saudi Arabian Medical Report. The "Uniform Stamp" is ONLY for authentication of cholera and yellow fever immunizations recorded on International Certificates of Vaccination.

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*Adapted from: Letter to State and Territorial Epidemiologists from J. Michael Lane, MD, Director: Center for Prevention Services, CDC, April 9, 1986.

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INCREASE IN RASH/FEVER ILLNESSES REPORTED

Between January 1, 1986, and May 9, 1986, the Texas Department of Health has recorded 80 measles (rubeola) cases in Texas. The suspected cases conform to the case definition of measles -- rash for at least three days duration, fever ≥101°F, and at least one of the following: cough, coryza, or conjunctivitis.

Foci of activity since the first of the year include Dallas, El Paso, and Smith Counties, with most of the cases occurring in high school and middle school children. Preliminary data indicate that these students have adequate immunization histories for measles vaccine.

Since April 1986, reports of rash/fever illnesses have increased throughout the state, and in the last two weeks, reports of such illnesses have increased in East Texas. Localized outbreaks of rubella in Harris, Hays, Lubbock, and Tarrant Counties have also been reported.

All suspected cases of measles and rubella should be reported immediately by telephoning your local health authority or the TDH Immunization Division, toll-free, at 1-800-252-9152.

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