

COMMUNICABLE DISEASE PROFILES

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A bi-monthly newsletter for Ontario public health units

Hepatitis A Case Associated with a Grocery Store in Toronto

In mid-August the Toronto Public Health Department was informed about a produce worker who had hepatitis A. It was deemed that consumption of fresh or prepared products from the produce section of the store could have posed a risk to the public if the produce was consumed without cooking or was not washed well. In response, the health department held vaccination clinics from August 18-23, 2002, providing hepatitis A vaccine to anyone who consumed fruit or vegetables purchased at this store. Through the clinics, 17,497 doses of hepatitis A vaccine were administered. A telephone hotline at the Toronto Public Health Department was made available for the public to provide information for those with questions about the situation. More than 11,000 calls from the public were received on the hotline. It is noted that hepatitis A vaccine if used in the first week after exposure to infection, is highly effective to prevent infection in identified contacts. If more than one week had elapsed since exposure, vaccine could also have been considered, as there are no data on the outer limit of the vaccine's efficacy.



There have been several outbreaks in which hepatitis A vaccine has been used to prevent or arrest the transmission of the virus in communities. Hepatitis A is a reportable disease in Ontario under the regulations of the *Health Protection and Promotion Act*. Hepatitis A virus infection continues to be a source of morbidity in Canada with an estimated 1000 to 3000 cases of hepatitis A reported each year. Food related cases account for approximately 15-21% of all hepatitis A cases in Ontario based on health unit reporting. From January 1, 2001 to December 31, 2001, ministry data showed that there were 173 cases of hepatitis A in Ontario and 58 cases from January 2002 to August 14, 2002.

Source: Disease Control Service

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Analysis of Prenatal HIV Testing

Health units recently received the most recent analysis of the prenatal HIV testing uptake data. The analyses continue to be carried out by Dr. Robert Remis and the HIV Seroprevalence Study Team at the Department of Public Health Sciences, University of Toronto, using data from

LAByrinth, the information system at the Central Public Health Laboratory.

The Ontario prenatal HIV testing program began in January 1999. Initial analysis of uptake in the first six months of the program indicated an overall HIV testing uptake of 41% to 48%. Since that time there has been gradual improvement in the subsequent two years, to 60% in the second quarter of 2001. In September 2001, we began sending a memo with each prenatal test result for which an HIV test had not been ordered reminding the physician that an HIV test is recommended. This appears to have had a substantial impact, increasing HIV test uptake to 74% in the first quarter of 2002.

The analysis continues to show important regional differences in testing rates. In the first quarter of 2002, HIV uptake among pregnant women was highest in the Ottawa-Carleton region at 81% and lowest in the Central West region at 70%. The highest rate by health unit was observed in Windsor-Essex with 93% and the lowest in Oxford with 60%. In eight of the 37 Public Health Units, HIV test uptake was less than 70%.

Since the program began we have identified 106 HIV-infected pregnant women, for a rate of 0.41 per 1,000 (106/455,572). Of the 106 HIV-positive women, 73 had not been previously diagnosed. Of the 73 newly-diagnosed HIV-infected women, 35 (48%) were from Toronto, 12 (16%) from Ottawa-Carleton and 12 (16%) from other health units in the Central East region.

More detailed data can be obtained from your local health unit. It will also be available shortly on the website of the Ontario HIV Epidemiologic Monitoring Unit (www.phs.utoronto.ca/ohemu) in the "Technical Reports" section.

Source: Disease Control Service

Blastomycosis Acquired by Three Children in Toronto (1997 & '99)

Three pediatric cases of blastomycosis have been reported, apparently acquired in or near Toronto, a region not known to be endemic for this disease. Blastomycosis is rare in all children, except during outbreaks, and is even less common in urban

children. It is more common in men who have significant recreational or occupational exposure to outdoor areas. Additionally, it may be difficult to diagnose because it can mimic other processes such as bacterial or mycobacterial infection or malignancy.

Blastomycosis was not suspected clinically in any of the three cases, and the diagnosis was established only when the diagnostic net was broadened to include fungal and mycobacterial cultures. All three patients were diagnosed after significant delays, which is consistent with the rarity of the disease in children and its acquisition outside known endemic zones. Drug therapy was successful in all three cases.

Blastomycosis was de-listed as a reportable disease in Ontario in the 1970s, and does not commonly have this status elsewhere in North America. The disease is thought to be endemic in northern Ontario and contiguous eastern Manitoba. Blastomycosis should be included in the differential diagnosis of a patient from the Toronto area who presents with a compatible history despite a negative travel history to known endemic zones.

Source: *The Can. Journal of Infectious Diseases*, Vol. 13, No. 4, July/Aug. 2002 [edited]

USA: Dog's Death is First Associated with West Nile Virus Infection

The first death of a dog in the USA from West Nile virus infection has been confirmed in Illinois. Researchers at the University of Illinois at Urbana-Champaign said that the disease had also killed a wolf and 3 squirrels.

The deaths are the latest evidence that the mosquito-borne virus - known to kill humans, horses and birds - is becoming more widespread. Epidemiologists previously thought that dogs could be infected with the virus, but that the disease wouldn't kill them. The dog that died was an 8-year-old Irish setter-golden retriever mix. It already had a weakened immune system from another illness. "This being the first reported case in a dog suggests that there has been a large number infected, and only this one has died," said one of the researchers.

Dogs are still believed to be fairly resistant to illness from the virus. No cat deaths from the virus have been reported. Owners of young, old, or sick dogs may want to keep their pets indoors during dawn and dusk hours when mosquitoes are most active, or shrouding their outdoor pens with mosquito netting. Do not apply insect repellent to dogs; it can poison them if they lick it.

Source: *ProMED-mail*, Thursday September 19, 2002 [edited]

