



# Georgia Epidemiology Report

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## 1996 Centennial Summer Olympic Games: Public Health Issues

Every day public health officials work behind the scenes to monitor communicable diseases across Georgia, identifying any outbreaks or unusual disease patterns and initiating rapid intervention and preventive measures. This year, the summer Olympics will create a challenge for those working in public health. With the number of Olympic visitors expected to exceed 4 million in Georgia, early detection of communicable disease outbreaks, heat related illnesses, injuries and other preventable health conditions will be particularly important.

### Georgia's Olympic Public Health Surveillance System

To protect the health of all Georgians and our Olympic visitors this summer, the Epidemiology and Prevention Branch (EPB) will be coordinating public health surveillance and intervention "outside the Olympic fence". This system is designed to rapidly detect any emerging disease outbreaks or unusual disease or injury patterns that may require immediate intervention, and to monitor the health services utilization during the time period around the Olympic Games. This system is designed to interface with the "inside the fence" medical events surveillance for Olympic athletes, developed by the Centers for Disease Control and Prevention (CDC) in conjunction with the Atlanta Committee for the Olympic Games (ACOG). Data from these surveillance systems will be used to describe statewide disease trends and patterns of health encounters immediately before, during and after the 1996 Olympic Games in Atlanta.

To help monitor health trends during the Olympics, state public health officials have developed a surveillance system with three components: provider-based surveillance; laboratory surveillance; and health encounter surveillance at eight sentinel hospitals (Figure 1). This sentinel system will complement the enhanced surveillance system we already have in place statewide. Many public health officials and infection control providers across the state have completed special training in infectious disease recognition and management to ensure that the most up-to-date information is disseminated to hospitals and other medical providers.



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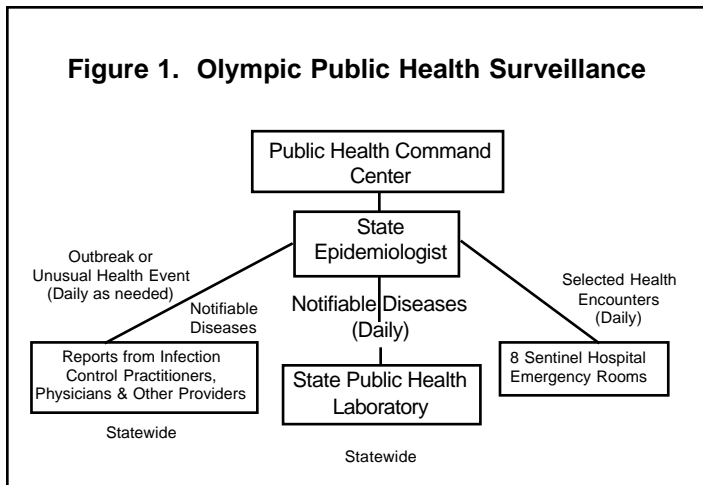
<http://www.ph.dhr.state.ga.us>  
for updated information about outbreaks or other public health issues related to the Olympic Games

Epidemiology Section, Epidemiology & Prevention Branch, Two Peachtree St., N.W., Atlanta, GA 30303-3186

Phone: (404) 657-2588

FAX: (404) 657-2586

**Figure 1. Olympic Public Health Surveillance**



The Georgia Public Health Laboratory and several major private laboratories in Georgia will report cultures and other test results that may require immediate follow-up on a daily basis to DHR.

The medical encounter active surveillance will involve 8 sentinel hospital emergency rooms across the state. These 8 hospitals (Table 1) were selected because of their proximity to Olympic venues, their wide scope of services and their willingness to participate.

**Table 1. Olympic Sentinel Hospital Surveillance**

**Metro-Atlanta Venues**

- Dekalb Medical Center
- Grady Health System
- Piedmont Hospital
- Southern Regional Medical Center
- Georgia Baptist Medical Center \*
- Rockdale Hospital \*
- South Fulton Medical Center \*

**Other Georgia Venues**

- Athens Regional Hospital
- Columbus Medical Center
- Medical Center of Central Georgia
- Savannah Memorial Hospital
- Northeast Georgia Medical Center \*

\* Alternate sites

These systems, working together, will ensure that information about infectious diseases and other important health outcomes are identified rapidly for prompt intervention.

Although importation of deadly infectious diseases is unlikely, it is possible, and health authorities need to be alert to the possibility (Tables 2 and 3). Unusual diseases are reported in Georgia every year. Several cases of dengue fever were reported last summer among Georgia residents who visited the Caribbean. Vaccine preventable diseases—particularly diphtheria—have reached epidemic proportions in several countries, especially the former Soviet Republics. The best protection against these vaccine preventable diseases is for parents to be sure that all children who reside in Georgia are up-to-date with their childhood immunizations. For foodborne diseases that are commonly seen in Georgia, rapid identification will ensure that the source is detected and controlled early. Table 4 lists some toxic exposures that may present in the summer months.

**Table 2. Communicable Disease Outbreaks Worldwide**

**Africa:**

*Cerebrospinal Meningitis* - Over 38,000 cases and over 5,000 deaths have been reported in 11 countries in Africa since the beginning of the year. Most of the cases have been associated with outbreaks in Burkina Faso, Chad, Mali, Niger, and Nigeria.

*Ebola* - The latest reported outbreak of Ebola hemorrhagic fever occurred in February, 1996, in Gabon. Of the 20 confirmed cases, 12 had direct contact with blood of a dead chimpanzee. The epidemic has been controlled and no other cases have been reported since February.

*Plague* - Reported in many African countries including Angola, Botswana, Kenya, Libya, Madagascar, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zimbabwe, and Zaire.

**Asia:**

*Plague* - Endemic in China, Indonesia, Mongolia, Myanmar (Burma), India and especially in Vietnam.

**Central America, South America and the Caribbean:**

*Dengue* - Approximately 140,000 cases of dengue fever were reported from Mexico, Central America, South America, and the Caribbean in 1995. This year, 429 have been reported from one district in Brazil.

*Leptospirosis* - More than 200 cases and over 16 deaths occurred in Nicaragua in October, 1995.

*Rabies* - More than 14 human rabies deaths have been reported from Ecuador this year. Ecuador has the highest rabies death rate of any Latin American country.

*Venezuelan Equine Encephalitis* - An extensive outbreak of Venezuelan equine encephalitis has been reported from Venezuela in recent months.

*Plague* - Foci in northeastern Brazil, Peru and Bolivia.

**Europe:**

*Diphtheria* - During the past several months more than 50,000 cases of diphtheria have been reported in Russia and the Ukraine. In the first two months of this year alone, Russia has reported more than 3,300 new cases.

**United States:**

*Rubella* - During the past few months, North Carolina has reported a multi-county rubella outbreak. The outbreak was first recognized among Hispanic workers in several industries in two counties but has subsequently spread.

**Worldwide:**

*Tuberculosis* - Among infectious diseases, tuberculosis is the leading killer of adults in the world today. The World Health Organization (WHO) estimates that at least one third of the world's entire population is now infected. The risk of encountering one or more cases of active tuberculosis among Olympic visitors is probably lower than the risk of encountering a case in a local resident.

For public health questions or **public health emergencies**, such as botulism or diphtheria call:

**The Epidemiology & Prevention Branch (24 hours)  
(404) 657-2588**

After 5:00 pm, you will be referred to an answering service that will contact an on-call epidemiologist.

For information related to **rabies** or possible rabies exposures call the **Georgia Poison Center** (see next page).

**Table 3. Participating Countries: 1996 Summer Olympics**

World Region Country	World Region Country	World Region Country	World Region Country	World Region Country	World Region Country
<b>Africa</b>	Nigeria	Columbia	Oman	Puerto Rico	Luxembourg
Algeria	Rwanda	Ecuador	Pakistan	St. Kitts and Nevis	Malta
Angola	Sao Tome & Principe	Guyana	Palestine	St. Lucia	Moldova
Benin	Senegal	Paraguay	Philippines	St. Vincent and The Grenadines	Monaco
Botswana	Seychelles	Peru	Qatar	Trinidad & Tobago	Norway
Burkina Faso	Sierra Leone	Suriname	Saudi Arabia	US Virgin Islands	Poland
Burundi	Somalia	Uruguay	Singapore		Portugal
Cameroon	South Africa	Venezuela	South Korea		Republic of Macedonia
Cape Verde	Sudan		Sri Lanka	<b>Europe</b>	Romania
Central African Republic	Swaziland	<b>Asia</b>	Syria	Albania	Russia
Chad	Tanzania	Afghanistan	Tajikistan	Andorra	San Marino
Comoros	Togo	Bahrain	Thailand	Armenia	Slovakia
Congo	Tunisia	Bangladesh	Turkmenistan	Austria	Slovenia
Cote D'Ivoire	Uganda	Bhutan	United Arab Emirates	Azerbaijan	Spain
Djibouti	Zaire	Brunei Darussalam	Uzbekistan	Belarus	Sweden
Egypt	Zambia	Cambodia	Vietnam	Belgium	Switzerland
Equatorial Guinea	Zimbabwe	China		Bosnia-Herzegovina	The Netherlands
Ethiopia		Chinese Taipei		Bulgaria	Turkey
Gabon	<b>Americas (Central)</b>	Hong Kong	<b>Caribbean</b>	Croatia	Ukraine
Gambia	Belize	India	Antigua & Barbuda	Cyprus	Yugoslavia
Ghana	Costa Rica	Indonesia	Aruba	Czech Republic	
Guinea	El Salvador	Iran	Bahamas	Denmark	<b>Oceania</b>
Guinea-Bissau	Guatemala	Iraq	Barbados	Estonia	American Samoa
Kenya	Honduras	Israel	Bermuda	Finland	Australia
Lesotho	Nicaragua	Japan	British Virgin Islands	France	Cook Islands
Liberia	Panama	Jordan	Cayman Islands	Georgia	Fiji
Libya		Kazakhstan	Cuba	Germany	Guam
Madagascar	<b>Americas (North)</b>	Kuwait	Dominica	Great Britain	Nauru
Malawi	Canada	Kyrgyzstan	Dominican Republic	Greece	New Zealand
Mali	Mexico	Laos	Grenada	Hungary	Papua New Guinea
Mauritania	United States	Lebanon	Haiti	Iceland	Solomon Islands
Mauritius		Malaysia	Jamaica	Ireland	Tonga
Morocco	<b>Americas (South)</b>	Maldives	Netherlands Antilles	Italy	Vanuatu
Mozambique	Argentina	Mongolia		Latvia	Western Samoa
Namibia	Bolivia	Myanmar		Liechtenstein	
Niger	Brazil	Nepal		Lithuania	
	Chile	North Korea			

**Table 4. Selected Accidental Poisonings**

**Cigatoxin**

Clinical syndrome in persons who have eaten a type of fish associated with ciguatera fish poisoning (snapper, grouper). Incubation usually 2-8 hours, but may be as long as 48 hours. Gastrointestinal symptoms are followed by neurologic manifestations including paresthesia of lips, tongue, throat or extremities and reversal of hot and cold sensations.

**Puffer fish (tetrodotoxin)**

Incubation period 10 minutes to 3 hours, but usually less than an hour. Symptoms include paresthesia of lips, tongue, face or extremities often followed by numbness, loss of proprioception or floating sensation.

**Scombrototoxin**

Clinical syndrome in persons known to have eaten a fish previously associated with scombroid poisoning (eg Mahi-Mahi). Incubation period is 1 minute to 3 hours, usually less than 1 hour. Symptoms include flushing, headache, dizziness, burning of mouth and throat, upper and lower gastrointestinal symptoms, urticaria and generalized pruritus.

**Monosodium glutamate (MSG)**

History of eating foods with large amounts of MSG. Incubation period 3 minutes to 2 hours (usually less than 1 hour). Symptoms include burning sensation in chest, neck, abdomen or extremities; sensations of lightness and pressure over face or a heavy feeling in chest.

**Mushroom poisoning**

Incubation period is usually less than 24 hours. Symp-

toms include upper and lower gastrointestinal symptoms. Depending on mushroom type also may include confusion, delirium, visual disturbances.

**Organophosphate poisoning**

Insecticides that include parathion, carbophenothion, malathion. Some of the compounds in this group are among the most toxic chemicals known, while others are minimally toxic when used appropriately. Incubation period few minutes to 8 hours. Symptoms include nausea, vomiting, abdominal cramps, diarrhea, excessive salivation, headache, blurred vision, weakness, chest pains, tearing, cyanosis, confusion, muscle twitching, convulsions, coma loss of reflexes.

For questions or emergencies related to any ingestion or possible poisoning, or information related to rabies exposures call:

**The Georgia Poison Center (24-hours)**

In Atlanta (404) 616-9000  
Toll free in Georgia (800) 282-5846  
TDD (404) 616-9287

For incidents involving unusual circumstances (such as those involving possible international medicines and/or cultural remedies), Mercer University maintains a drug information database for doctors, available 8:00 am to 4:00 pm Monday through Friday.

**Mercer Drug Information Center**

(404) 986-3440

This report was contributed by Kathleen Toomey, Patrick Osewe, Tom McKinley and Mary Brantley, EPB, Ga DPH.



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Volume 12 Number 5

## Reported Cases of Selected Notifiable Diseases in Georgia Profile<sup>†</sup> for February 1996

Selected Notifiable Diseases	Total Reported for February	Previous 3 Months Total Ending in February			Previous 12 Months Total Ending in February		
	1996	1996	1995	1994	1996	1995	1994
Campylobacteriosis	41	135	218	97	1009	1115	682
Giardiasis	45	121	91	84	591	473	408
H. influenzae B	13	43	14	22	97	58	76
Meningococcal Disease	15	53	38	27	130	94	87
Rubella	0	0	0	0	0	7	0
Salmonellosis	72	305	278	217	1709	1571	1270
Shigellosis	43	100	463	130	1192	2012	537
Viral Meningitis	2	24	13	13	101	79	160
Tuberculosis	47	192	242	215	764	763	793
Congenital Syphilis	9	20	10	12	62	52	92
Early Syphilis	167	547	638	716	2505	2578	3674
Other Syphilis	59	207	239	192	1069	854	962
Cryptosporidiosis	3	11	7	2	113	23	9
E. coli O157:H7	1	3	2	1	30	27	15
Legionnaires' Disease	0	1	14	25	10	102	49
Lyme Disease	0	0	6	19	14	108	63
Mumps	0	2	2	5	9	16	19
Pertussis	0	5	5	10	28	33	55

<sup>†</sup> The cumulative numbers in the above table reflect the date the disease was first diagnosed rather than the date the report was received at the state office; and therefore are subject to change over time due to late reporting. The 3 month delay in the disease profile for a given month is designed to minimize any changes that may occur. This method of summarizing data is expected to provide a better overall measure of disease trends and patterns in Georgia.

### AIDS Profile Update

Report Period	Total Cases Reported *	Percent Female	Risk Group Distribution (%)						Race Distribution (%)		
			MSM	IDU	MSM&IDU	HS	Blood	Unknown	White	Black	Other
<i>Last 12 Mos</i> 05/95 to 04/96	2385	18.4	46.5	17.7	4.2	15.3	1.4	15	35.7	61	3.2
<i>5 Yrs Ago</i> 05/90 to 04/91	1307	9.8	62.7	16.6	6.3	7.8	2.5	4.2	48.8	50	1.1
<i>Cumulative</i> 01/80 to 04/96	15404	13.7	53.1	19	6	10.2	2.1	9.6	41.9	56.2	1.9

MSM - Men having sex with men      IDU - Injection drug users      HS - Heterosexual

\* Case totals are accumulated by date of report to the Epidemiology Section