



EPIDEMIOLOGY BULLETIN

C. M. G. Buttery, M.D., M.P.H., Commissioner

Grayson B. Miller, Jr., M.D., Epidemiologist

Editor: Carl W. Armstrong, M.D.

March, 1987

Volume 87, Number 3

HTLV-III/LAV Antibody Testing of Migrant Workers

During the summer of 1986, the Virginia Health Department's Tuberculosis Control Program, in cooperation with the Eastern Shore Health District, again conducted screening for migrant farm workers on the Eastern Shore of Virginia. Unlike the two previous years, there were few migrants available for tuberculin testing because of the severe drought. The results of the testing were quite similar to those reported previously.¹ There were 310 persons tested; 135 (44%) had significant reactions. Three cases of tuberculosis were identified.

Because a significant proportion of these workers were Haitian immigrants and because of reports that some workers may have been intravenous drug abusers, it was decided to offer HTLV-III/LAV antibody testing to all tuberculin reactors. Sixty-five of the 135 persons with significant tuberculin reactions and essentially negative chest x-rays volunteered to have their blood tested at the time a physician started them on INH preventive therapy.

Consent forms, in their native language, were signed prior to blood letting. The results of this screening are shown in Table 1.

All sixty-five were pre-test counseled, through interpreters when necessary. The four migrant workers, whose blood specimens each reacted to 2 ELISA and 1 Western Blot tests, were counseled by an experienced AIDS staff member, after their results were known.

The introduction of voluntary HTLV-III/LAV antibody testing in this tuberculosis screening program for migrant workers has important implications for the management of

Table 1. HTLV-III/LAV Antibody Prevalence Among Migrant Workers

	# Tested	# Positive	(%)
Black Males	13	1	(1)
Hispanic Males	5	0	(0)
Haitian Males	40	3	(8)
Haitian Females	7	0	(0)
TOTAL	65	4	(6)

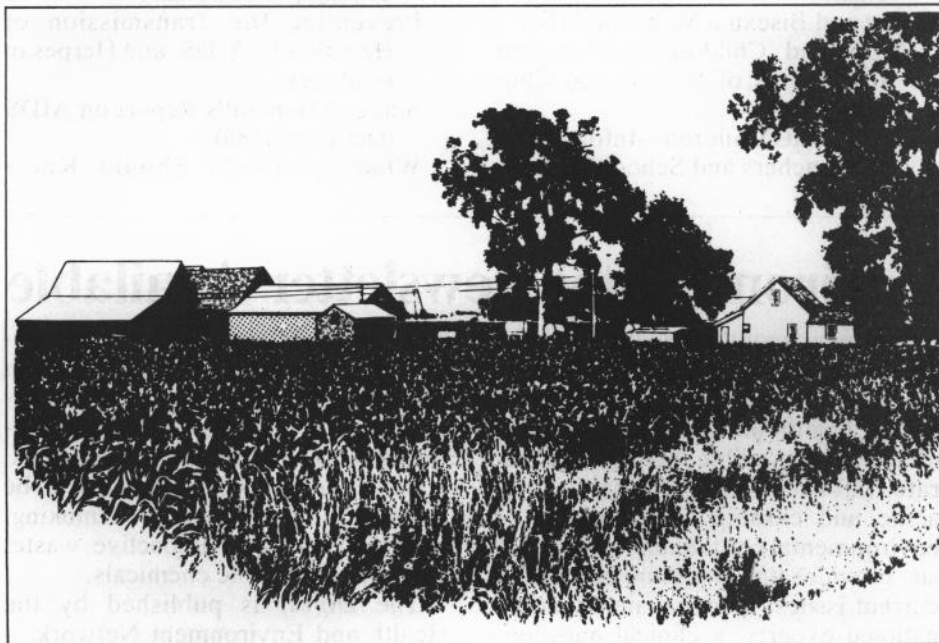
these individuals. The presence of HTLV-III/LAV infection in a tuberculin skin-test reactor, **regardless of age**, is an indication for one year of isoniazid preventive therapy.²

References

1. Centers for Disease Control. Tuberculosis among migrant farm workers—Virginia. MMWR 1986;35:467-9.
2. Centers for Disease Control. Diag-

nosis and management of mycobacterial infection and disease in persons with human T-lymphotropic virus type III/lymphadenopathy-associated virus infection. MMWR 1986;35:448-52.

Adapted from a report which appeared in TB notes, distributed by the Centers for Disease Control, Atlanta.



Availability of Informational Material on AIDS

As part of the effort to inform the American public about the cause, modes of transmission, and other aspects of AIDS, the Public Health Service (PHS) and the American Red Cross launched a joint mass media campaign in mid-1985. Three television public service announcements aimed at dispelling misconceptions about getting AIDS from casual contact and at promoting use of the PHS toll-free hotline (1-800-342-AIDS) were developed and aired by stations nationwide. These announcements were recently sent to state AIDS coordinators, requesting that they encourage public service directors of television stations in their states to air them. Printed material produced in conjunction with the campaign is available for distribution.

The following materials, which were produced jointly by the U.S. Public Health Service (PHS) and the American Red Cross, can be obtained by writing to AIDS, Suite 700, 1555 Wilson Boulevard, Rosslyn, VA 22209:

Poster (Up to 50 free copies):

Four-color poster features singer Patti LaBelle and carries the message, "Don't listen to rumors about AIDS. Get the Facts!" Provides PHS toll-free AIDS hotline number.

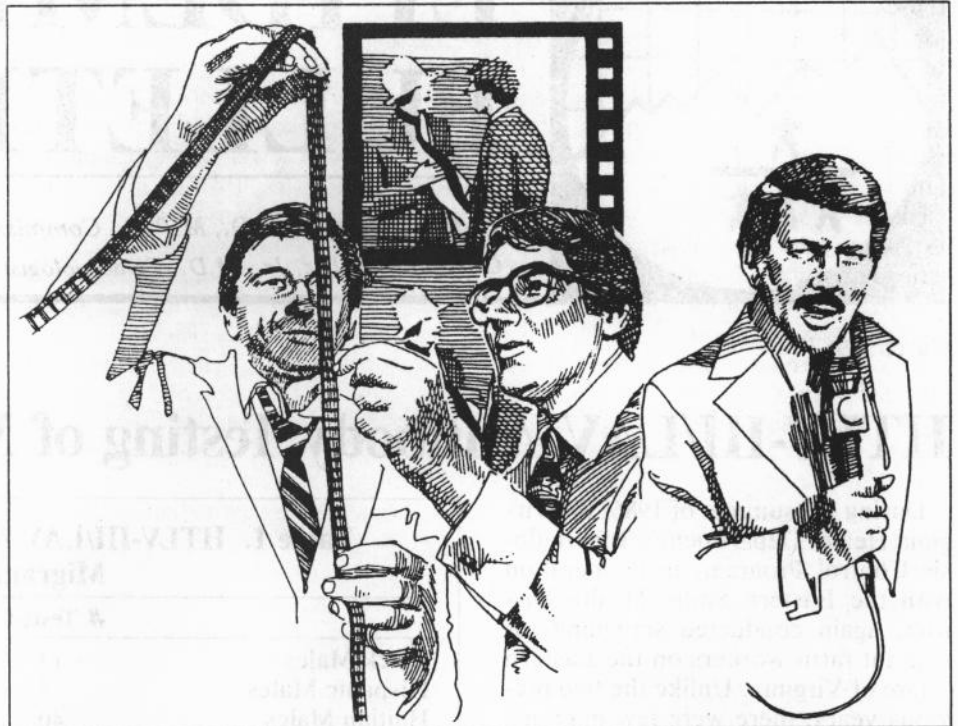
Leaflets (Up to 50 free copies):

AIDS, Sex and You

Facts About AIDS and Drug Abuse
AIDS and Your Job—Are There Risks?

Gay and Bisexual Men and AIDS
AIDS and Children—Information for Parents of School Age Children

AIDS and Children—Information for Teachers and School Officials



Caring for the AIDS Patient at Home

If Your Test for Antibody to the AIDS Virus is Positive . . .

Facts About AIDS

Additional materials are available from the Virginia Department of Health by calling the Virginia AIDS Hotline 1-800-533-4148.

Pamphlets:

Coping with AIDS (for health and helping professionals)

Preventing the Transmission of Hepatitis B, AIDS, and Herpes in Dentistry

Surgeon General's Report on AIDS (October, 1986)

What Everyone Should Know

About AIDS

Why You Should Be Informed About AIDS (for health care workers)

What Gay and Bisexual Men Should Know About AIDS

AIDS and Shooting Drugs

Videotapes:

AIDS: Fears and Facts (for the general public)

AIDS and Your Job (for policemen, firemen, and other emergency personnel)

AIDS: What Everyone Needs to Know (for the general public)

A Million Teenagers (discusses all STDs, for junior high-adult)

What If the Patient Has AIDS? (for health care workers)

Environmental Newsletter Available

The new monthly newsletter, the *Health and Environment Digest*, is designed to provide the physician, public health professional or health official with credible, medically accurate information, and analysis on acute and chronic health effects of environmental contaminants. Each issue provides timely feature articles on current issues, commentary by noted national experts, a clinical question-

and-answer section, and comprehensive state-by-state news updates on toxicological research, epidemiological studies, new legislation, and monitoring and management programs. Among the upcoming topics will be pesticides, radon, passive smoking, hazardous waste, radioactive waste, and volatile organic chemicals.

The *Digest* is published by the Health and Environment Network, a

network of health professionals from over 130 health-related agencies and organizations, under the direction of a nationally recognized editorial board.

For a free complimentary copy of the *Health and Environment Digest*, write or call: Health and Environment Digest, 5901 Brooklyn Blvd., Suite 109, Minneapolis, MN 55429, (612) 533-6162.

Absence of Asbestos in Play Sand—Virginia

A recent letter in the *New England Journal of Medicine* reported the presence of tremolite asbestos in crushed limestone play sand that was sold by a major home supply chain (Kiddies Fun Sand, Quickrete Company) in New Jersey (1). Tremolite asbestos was identified on the basis of its optical and X-ray diffraction properties, and was visually estimated to be 2 to 4% of the volume in several 50 pound bags which were tested.

In order to confirm the safety of play sand sold and used in Virginia, the Virginia Department of Health undertook a preliminary investigation. Telephone conversations with the Consumer Product Safety Commission, the Massachusetts and New Jersey Health Departments, U.S. Environmental Protection Agency, and some play sand manufacturers indicated that the presence of asbestos in sand was probably a regional problem. The specific play sand that was taken off-sale in the Northeast was not found to be sold in Virginia.

The Virginia State Geologist indicated that asbestos does not generally occur as a contaminant of sand mined

or processed in Virginia. A quick check of the chemical inventory maintained by the Bureau of Toxic Substances failed to identify any processors of play sand, although numerous businesses in Virginia were identified which utilize local sands in a variety of manufacturing processes.

Fourteen sand samples from several Virginia retail stores as well as 10 (700g) sand samples from playground sand boxes in the Richmond area were obtained. All the samples were analyzed for the presence of asbestos (in cooperation with the Virginia Division of Mineral Resources) by X-ray diffraction and visual microscopic methods. No asbestos was found.

Asbestos is a generic name for certain hydrated silicated minerals that separate into thin fibers. Two main subgroups are recognized: serpentines and amphiboles. Chrysotile, a serpentine asbestos, accounts for approximately 95% of the asbestos used worldwide. Crocidolite is the principal amphibole. Other members of the amphibole groups are: anthophyllite, amosite, actinolite, and tremolite. Asbestos is heat-resistant and possesses

substantial tensile strength. It is incombustible and cannot be degraded or destroyed easily (2).

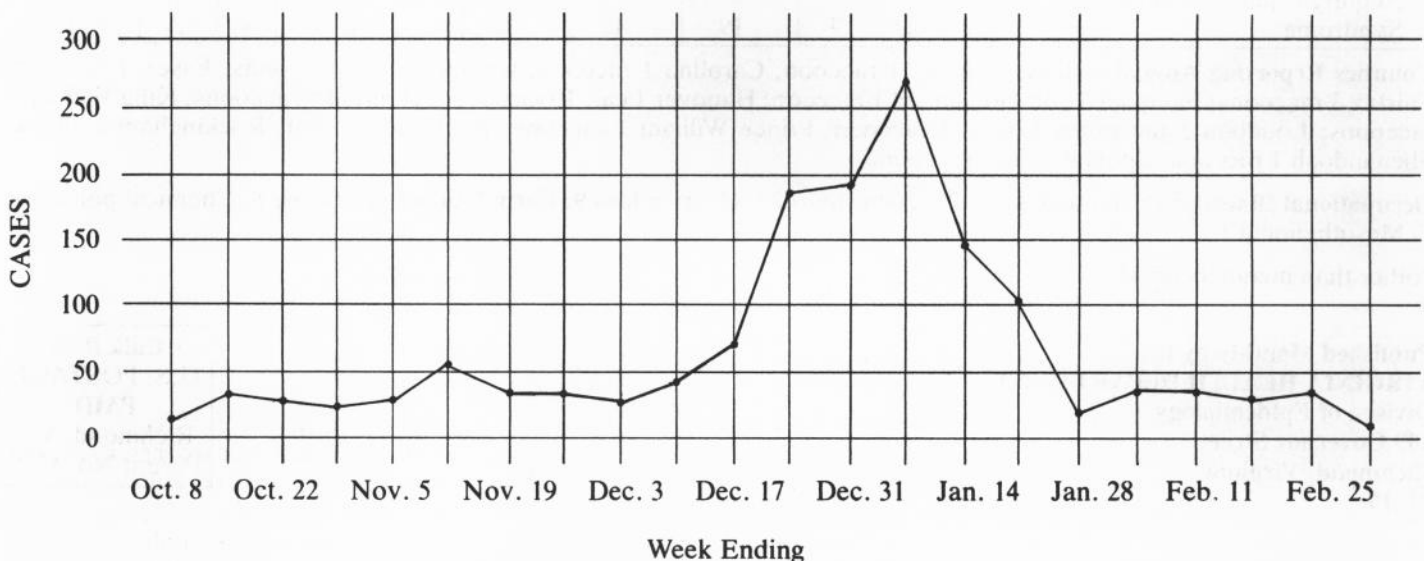
Asbestos is a known carcinogen and heavy exposures have caused lung cancer and mesothelioma. Heavy exposures have also caused asbestosis, a diffuse fibrosis of the lungs. A recent Occupational Safety and Health Administration report lists the Permissible Exposure Limit (PEL) as 0.2 fibers per cc of air (3).

References

1. Germine, M. Asbestos in play sand. *N Engl J Med* 1986; 315: 891.
2. Tripathi, R. K. Fact Sheet on Asbestos. Virginia Dept. of Health 1986; 1-4.
3. OSHA. Occupational exposure to asbestos, tremolite, anthophyllite, and actinolite (Final Rules) Part II. *Federal Register* 1986; 51:

Submitted by Ram K. Tripathi, Ph.D., Gerald C. Llewellyn, Ph.D., and Carl W. Armstrong, M.D., Virginia Department of Health, Bureau of Toxic Substances, Division of Health Hazards Control.

Influenza Surveillance Virginia 1986-87



Reports of influenza-like illness from 34 sentinel physicians returned to baseline levels at the end of February. Throughout this flu season the State Lab confirmed 21 isolates of A/Taiwan/86(H1N1) from patients in all five regions of the State (Northern region: two isolates, Northwest: eight isolates, Central: three isolates, Southwest: five isolates, Eastern: three isolates).

Cases of selected notifiable diseases, Virginia, for the period February 1, 1987 through February 28, 1987

Disease	State					Regions				
	This Month	Last Month	Total to Date		Mean 5 Year To Date	This Month				
			1986	1987		N.W.	N.	S.W.	C.	E.
Measles	0	0	0	0	2	0	0	0	0	0
Mumps	0	0	5	0	6	0	0	0	0	0
Pertussis	7	13	6	20	4	0	1	5	1	0
Rubella	0	0	0	0	1	0	0	0	0	0
Meningitis—Aseptic	15	11	33	26	27	3	2	4	2	4
*Bacterial	18	13	43	31	47	3	2	4	1	8
Hepatitis A (Infectious)	25	25	13	50	26	1	1	18	3	2
B (Serum)	38	42	54	80	77	3	6	11	12	6
Non-A, Non-B	1	5	10	6	14	0	0	1	0	0
Salmonellosis	80	77	132	157	132	9	16	12	15	28
Shigellosis	7	15	9	22	29	1	1	1	1	3
Campylobacter Infections	28	30	55	58	50	5	7	3	5	8
Tuberculosis	36	23	28	36	57	7	5	2	10	12
Syphilis (Primary & Secondary)	18	23	82	41	80	0	5	0	4	9
Gonorrhea	1169	1564	2771	2733	2977	—	—	—	—	—
Rocky Mountain Spotted Fever	0	0	0	0	0	0	0	0	0	0
Rabies in Animals	40	18	15	58	46	8	9	0	19	4
Meningococcal Infections	10	10	8	20	10	1	3	1	1	4
Influenza	82	776	1710	858	544	45	0	2	5	30
Toxic Shock Syndrome	0	0	3	0	1	0	0	0	0	0
Reyes Syndrome	0	0	0	0	1	0	0	0	0	0
Legionellosis	1	1	3	2	2	0	0	1	0	0
Kawasaki's Disease	3	0	5	3	6	0	0	0	1	2
Acquired Immunodeficiency Syndrome	7	19	45	26	—	0	4	1	1	1

Counties Reporting Animal Rabies: Augusta 1 raccoon; Caroline 1 raccoon; Cumberland 2 raccoons; Essex 1 raccoon; Fairfax 3 raccoons; Fauquier 1 cat; Goochland 1 raccoon; Hanover 1 cat, 10 raccoons; Henrico 5 raccoons; King William 3 raccoons; Loudoun 5 raccoons; Louisa 1 raccoon; Prince William 1 raccoon; Rockbridge 1 cat; Rockingham 1 skunk; Shenandoah 1 raccoon; Spotsylvania 1 raccoon.

Occupational Illnesses: Pneumoconioses 23; Asbestosis 22; Hearing loss 9; Carpal tunnel syndrome 8; Chemical poisoning 1; Mesothelioma 1.

*other than meningococcal

Published Monthly by the
VIRGINIA HEALTH DEPARTMENT
 Division of Epidemiology
 109 Governor Street
 Richmond, Virginia
 23219

Bulk Rate
 U.S. POSTAGE
PAID
 Richmond, Va.
 Permit No. 1225