

VIRGINIA EPIDEMIOLOGY BULLETIN

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Safe Holiday Poultry Preparation*

At this time of year, many Virginians are eagerly anticipating sumptuous holiday dinners. Families, schools, and businesses often host special meals, the main course of which is usually roast turkey. Unfortunately, every year a few of these festivities result in the celebrants wishing they had dined elsewhere.

Turkey is not an inherently dangerous food. Its large size and our custom of baking it stuffed necessitates extra care in handling, but, properly prepared, it is completely safe for human consumption. It is also high in protein and low in sodium and saturated fat. Whole turkeys have the additional advantage of being relatively inexpensive per pound of edible meat.

Turkey-borne food poisoning outbreaks are magnified by the large number of people that usually eat the meat from one bird. Holiday outbreaks get special attention because they occur during times planned for relaxation and recreation.

Only turkeys inspected by the Virginia or US Department of Agriculture should be purchased. Grade A turkeys are the meatiest and most attractive, but other grades are safe to eat. Fresh turkeys can be purchased and stored in a home freezer at 0° for up to one year. Frozen turkeys should be thawed in the refrigerator or in water-tight wrappings submerged in a sink full of cold water that is changed each half-hour. If a commercially pre-stuffed

turkey is chosen, it should be cooked according to the manufacturer's directions. They will specify that it be placed in the oven solidly frozen. Pre-stuffed turkeys should *never* be thawed.

All poultry should be treated as if it were contaminated with salmo-

nella organisms. During thawing great care should be exercised that no juices drip onto foods that are to be eaten without further cooking, such as cold side dishes that have been prepared ahead of time and stored in the same refrigerator. Before

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roasting, the turkey should be rinsed thoroughly inside and out with running cold water. The safest turkey is an unstuffed one, but if stuffing is to be used, it should be loosely packed into the body and neck cavities immediately prior to roasting. If the turkey skin is buttered or oiled, the leftover butter or oil should be dis-

carded, and any rag or brush used for this purpose should be washed. Once the turkey is in the oven, dish towels should be removed from the kitchen and replaced with fresh ones. The sink, counter, utensils, and the cook's and helpers' hands should be washed with warm soapy water.

Turkey is safe to eat when the flesh of the inner thigh reaches 185°. If a meat thermometer is not available, the turkey is probably sufficiently cooked if the hip joint moves easily and the muscular part of the thigh is soft. The juices should run clear, not pink. The meat may appear somewhat pink even after thorough

cooking because the red marrow of today's young poultry sometimes seeps through the bones and colors the flesh.

Once the turkey is ready to eat, all stuffing should be removed to a separate serving dish. As soon as the meal is finished, the turkey should be deboned or pulled into pieces and refrigerated while still hot. It should be placed in the refrigerator where air can circulate freely about the carcass. Leftover meat should be used within four days, and leftover stuffing and gravy within two days. Leftovers can also be frozen for use within one month. Handling leftovers can contaminate them with *Staphylococcus* organisms. However, if the leftovers are promptly refrigerated or frozen, these bacteria will be inhibited from producing their disease-causing toxin.

More information about poultry can be obtained by calling the Meat and Poultry Hotline. This is a service of the United States Department of Agriculture. The Hotline operates weekdays from nine am to three pm, and is staffed by home economists. The toll-free number is 1-800-535-4555.

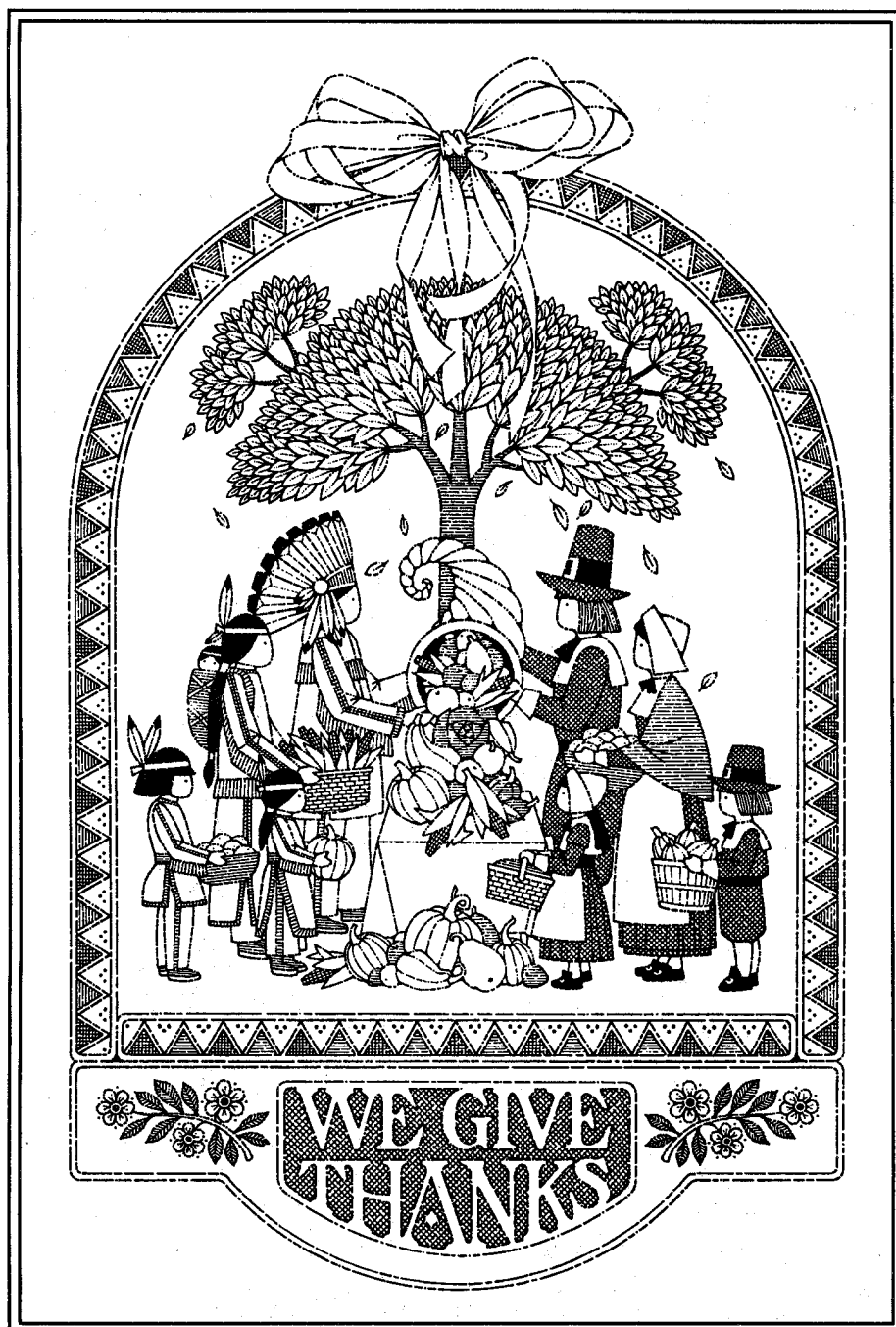
Gastrointestinal upset is common after holiday dinners, and is most often due to simple over-indulgence. However, if diners experience diarrhea or vomiting lasting more than twelve hours, or diarrhea accompanied by fever, or if nearly everyone who ate a particular meal becomes ill, then a physician should be consulted. If several persons eating poultry at a restaurant or large group meal become ill, the local health department should be contacted. In this situation, if at all possible samples of each menu item should be saved and refrigerated, so that they can be analyzed for toxins and microorganisms if indicated. No leftovers should be eaten unless okayed by the health department.

References:

Fox, Laura. *Talking About Turkey: How to Buy, Store, Thaw, Stuff, and Prepare Your Holiday Bird*. USDA Home and Garden Bulletin Number 243. July, 1987.

Talking Turkey. *Consumer Reports* 1987; 52 (10) 600-605.

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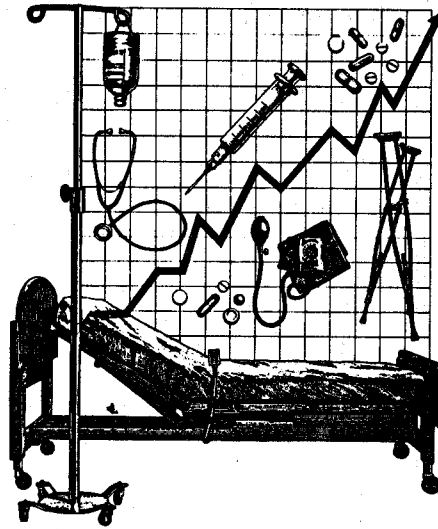


Proposed Amendments to the Disease Reporting Regulations

A proposed amendment to the *Regulations for Disease Reporting and Control* was printed in the September 25, 1989 issue of the *Virginia Register*. The proposal is open for comment through November 16, 1989. The proposed changes are summarized below.

In response to an amendment to Section 32.1-39 of the *Code of Virginia*, the Board of Health has added a definition and description of the means of accomplishing contact tracing (partner notification) to the regulations. This will require local health departments to perform contact tracing for syphilis and human immunodeficiency virus (HIV) infection and allow local health departments to do contact tracing for other diseases in order to protect the public health.

HIV infection has been added to the list of diseases to be reported by directors of laboratories. The health department often initially learns of reportable diseases from laboratory reports. This amendment should



expedite the agency's ability to perform contact tracing.

The proposed amendment would also add a requirement for physicians to examine and test pregnant women for syphilis a second time, at the beginning of the third trimester. The basis for this is the reported

increase in congenital and early syphilis in Virginia. This additional test will increase the chances of detecting and treating syphilis in pregnant women, thereby preventing congenital syphilis.

The amended regulations would include reference to the *Code of Virginia* with respect to the confidentiality of disease reports and the existence of a registry to which health care providers may report cases of memory loss disorder.

C. pylori is excluded from the requirement to report *Campylobacter* infections because it is associated with a condition, peptic ulcer disease, which does not require public health attention.

To request a copy of the proposed regulations, call the Office of Epidemiology at (804) 786-6261. Comments on this amendment should be addressed to Diane Woolard, Senior Epidemiologist, Virginia Department of Health, Office of Epidemiology, 109 Governor Street, Room 701, Richmond, Virginia 23219.

Letter to the Editor

To the Editor:

I appreciated your article in the July 1989 issue of the *Bulletin* on the spontaneous abortion cluster. In the review of the epidemiology of spontaneous abortions it is stated that 35% of fetal deaths up to 28 weeks gestation are associated with chromosomal abnormalities. I think it is important to point out that this percentage is not uniform during this period, being about 50% for spontaneous abortions of < 15 weeks gestation and about 15% for those of 15-28 weeks gestation. This distinction is relevant from a clinical standpoint because the evaluation of first and second trimester abortions may require slightly different approaches.

Physicians should also remember that although approximately 10% of chromosomally normal conceptions are aborted spontaneously, the overall rate of pregnancy loss after implantation (including both recognized and unrecognized pregnancies) is about 30%.

Joann Bodurtha, MD, MPH
Richmond, Va.

Editor's comment: Dr. Bodurtha's comments and additional statistics are appreciated.

Cases of selected notifiable diseases, Virginia for the period September 1 through September 30, 1989.

Disease	Total Cases Reported This Month						Total Cases Reported To Date		
	State	Regions					This Year	Last Year	5 Year Average
		N.W.	N.	S.W.	C.	E.			
Acquired Immunodeficiency Syndrome	37	4	15	1	13	4	302	288	—
Campylobacter Infections	93	13	30	10	26	14	547	473	480
Gonorrhea	2055	—	—	—	—	—	12035	10625	13004
Hepatitis A	20	1	5	2	11	1	228	293	153
B	25	1	4	8	3	9	239	239	349
Non A—Non B	6	2	0	0	3	1	60	57	57
Influenza	7	0	0	0	0	7	1882	2445	1945
Kawasaki Syndrome	3	0	2	0	1	0	18	11	18
Legionellosis	2	1	0	1	0	0	8	9	13
Lyme Disease	5	0	1	0	1	3	35	25	10
Measles	1	0	0	0	1	0	22	166	52
Meningitis—Aseptic	89	13	19	12	22	23	255	106	182
Bacterial*	10	2	1	3	2	2	140	113	158
Meningococcal Infections	5	0	1	1	1	2	51	43	50
Mumps	15	0	4	8	2	1	100	119	57
Pertussis	6	0	4	2	0	0	30	21	27
Rabies in Animals	20	1	6	2	9	2	200	284	206
Reye Syndrome	1	0	0	0	1	0	2	0	2
Rocky Mountain Spotted Fever	7	2	2	2	0	1	13	15	28
Rubella	0	0	0	0	0	0	0	11	3
Salmonellosis	202	17	59	33	47	46	1106	1206	1163
Shigellosis	24	0	5	0	5	14	347	338	159
Syphilis (Primary & Secondary)	84	1	12	20	32	19	431	317	272
Tuberculosis	33	1	9	2	10	11	265	302	304

Localities Reporting Animal Rabies: Alleghany 1 fox; Augusta 1 raccoon; Caroline 1 skunk; Charles City 1 bat; Chesterfield 2 bats, 1 raccoon; Loudoun 1 raccoon; Nottoway 2 raccoons; Powhatan 2 raccoons; Prince George 1 raccoon; Rockingham 1 skunk; Shenandoah 1 cat, 1 skunk; Warren 1 raccoon; Washington 1 skunk; York 1 fox, 1 raccoon.

Occupational Illnesses: Asbestosis 5; Carpal Tunnel Syndrome 35; Coal Workers' Pneumoconiosis 18; Loss of Hearing 4; Mesothelioma 1; Repetitive Trauma Disorder 3.

*other than meningococcal

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