

SUMMER GRILLING TIPS Wash, Separate, Cook and Chill!

Here are easy-to-follow recommendations and tips from the U.S. Department of Agriculture's Food Safety and Inspection Service for preventing foodborne illness while grilling:

WASH:

Wash your hands for at least 20 seconds with warm, soapy water (many people don't realize that they can make people sick if they fail to wash their hands before touching food). Clean your cutting boards, dishes etc., with hot soapy water after preparing each food item. Rinse all fresh fruits and vegetables under running tap water. There is no need to wash or rinse meat or poultry.

SEPARATE:

Use separate plates for raw and cooked foods. Don't cross-contaminate. Never place cooked food on a plate which previously held raw meat, poultry or seafood.

COOK:

Cook food to a safe internal temperature and always use a food thermometer to be sure!

How to use a Food Thermometer

Use an instant-read food thermometer to check the internal temperature toward the end of the cooking time, but before the food is expected to be "done". Place the thermometer in the thickest part of the food; it should not be touching bone, fat or gristle. Check the temperature in several places to make sure food is evenly heated. Clean the thermometer with hot soapy water before and after each use.

Safe internal temperature guidelines for your meat and poultry are:

- * Beef, Pork, Lamb, and Veal (steaks, roasts, chops) and Fish: 145°F (63°C) with a 3-minute rest time
- * Ground meats: 160°F (71°C)
- * Poultry: 165°F (74°C)
- * Hotdogs: Reheat until steaming hot

CHILL:

Refrigerate or freeze perishables, prepared food and leftovers within 2 hours or sooner. Perishable food should not be left out or in hot weather (above 90 degrees). Food should never sit out for more than 1 hour. Avoid the "Danger Zone"- Bacteria can grow rapidly between 40-140 degrees. Use ice or gel packs inside the cooler to keep foods cold.

If you have any questions call the USDA Meat and Poultry Hotline and speak with a live representative in English or Spanish at 1-888-674-6854.

REFERENCE

usda.gov



SHINGLES

Disease

Shingles is a highly contagious, painful, secondary condition resulting from infection with the varicella-zoster, or chickenpox virus. Once the primary chickenpox infection is resolved, the virus lies dormant (inactive) within nerve cells of the body. Reactivation of the virus results in herpes-zoster or shingles. Most people who develop shingles will have only one episode during their lifetime. However, it is not unheard of for a person to have shingles a second or third time.

It is estimated that almost 1 out of every 3 persons in the United States will develop shingles. This amounts to approximately 1 million cases occurring annually within the United States. Anyone who has ever had, or been vaccinated against, chickenpox can develop shingles. Individuals over 50 years of age, and those with compromised immune systems, are at the greatest risk.

Symptoms

Shingles is generally characterized by a unilateral rash (affecting one side of the face and/or body), accompanied by moderate to severe pain localized to the area. The rash usually begins as blisters which scab over after 7-10 days and resolve completely within a period of 2 to 4 weeks. Approximately 1-5 days prior to development of outward signs of shingles, an individual may complain of fever, headache, chills, upset stomach, pain, itching and tingling in the area where the rash will develop.

Communicability

Shingles is not transmitted through sneezing, coughing or casual contact. Due to the fact that it is a secondary infection, it is not possible to contract shingles from a person with an active form of the disease. It is possible, however, for the varicella-zoster virus to be spread from a person with active shingles to a person who has never had, or been vaccinated against chickenpox. If an unvaccinated person without prior history of disease comes into direct contact with the rash, he/she would initially develop chickenpox, not shingles. A person is not contagious prior to blisters appearing, nor are they contagious once the blisters crust over. In order to decrease transmission, the rash should be kept covered and care should be taken not to scratch the rash. Frequent handwashing will also decrease the spread of the virus. Individuals with active shingles should avoid contact with pregnant women who have never had the chickenpox disease or vaccine, premature/low birth weight infants and individuals with weakened immune systems.

Treatment

Oral antiviral medications such as acyclovir, valacyclovir, and famciclovir can be used to decrease the duration and intensity of symptoms associated with shingles. These medications should be started as soon as possible after the rash develops, seeing as they are most effective when initiated within 24-72 hours of disease onset. Pain medications, wet compresses, calamine lotion and colloidal oatmeal baths may help with the associated pain and itching.

Prevention

The only way to reduce the risk of developing shingles and the long-term pain from postherpetic neuralgia is to get vaccinated. The Centers for Disease Control (CDC) recommends that healthy adults (50 years of age and older) get vaccinated with Shingrix® to protect against shingles and the complications associated with the disease. Eligible adults should receive two (2) doses of Shingrix® separated by a 2-6 month interval, regardless of disease history or prior vaccination with Zostavax. Any individual wishing to be vaccinated against shingles should contact their primary care provider or the Saginaw County Department of Public Health's Immunization Program at (989) 758-3840.

References

Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Disease. 13th ed. Hamborsky, J., Kroger, A., Wolfe, S. eds. Washington DC: Public Health Foundation, 2015: [Pg 353-375].

American Academy of Pediatrics. Red Book: 2015 Report of the Committee on Infectious Diseases. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015: [Pg 846-859].

About Shingles (Herpes Zoster). Retrieved from <https://www.cdc.gov/shingles/about/index.html> on July 16, 2018.

CAMPYLOBACTER

Campylobacter affects more than 1.3 million people every year. It is an infectious disease caused by campylobacter bacteria. The bacteria can make people sick and is found in animals, most frequently poultry and cattle. It can also be found in puppies, kittens, swine and sheep. The bacteria can be carried in the intestines, liver, and giblets of animals and can be transferred to other edible parts of an animal when it's slaughtered. Campylobacter infections are most often associated with consuming raw or unpasteurized milk, eating raw or undercooked poultry or from contamination of other foods by these items. People may also get infected through contact with the feces of a dog or cat.

SYMPTOMS

People with campylobacter infection usually develop symptoms within 2 to 5 days after exposure. Symptoms may include bloody diarrhea, fever and abdominal cramps. They may also have nausea and vomiting. Symptoms usually persist for several days up to two weeks. Some people with the infection may be asymptomatic. Campylobacter infection rarely results in long term consequences.

COMMUNICABILITY

Campylobacter is not usually spread from one person to another.

TREATMENT

Campylobacter infection is diagnosed when stool, body tissue or fluids are positive for campylobacter bacteria. Most people recover without treatment, however should drink extra fluids as long as diarrhea persists.

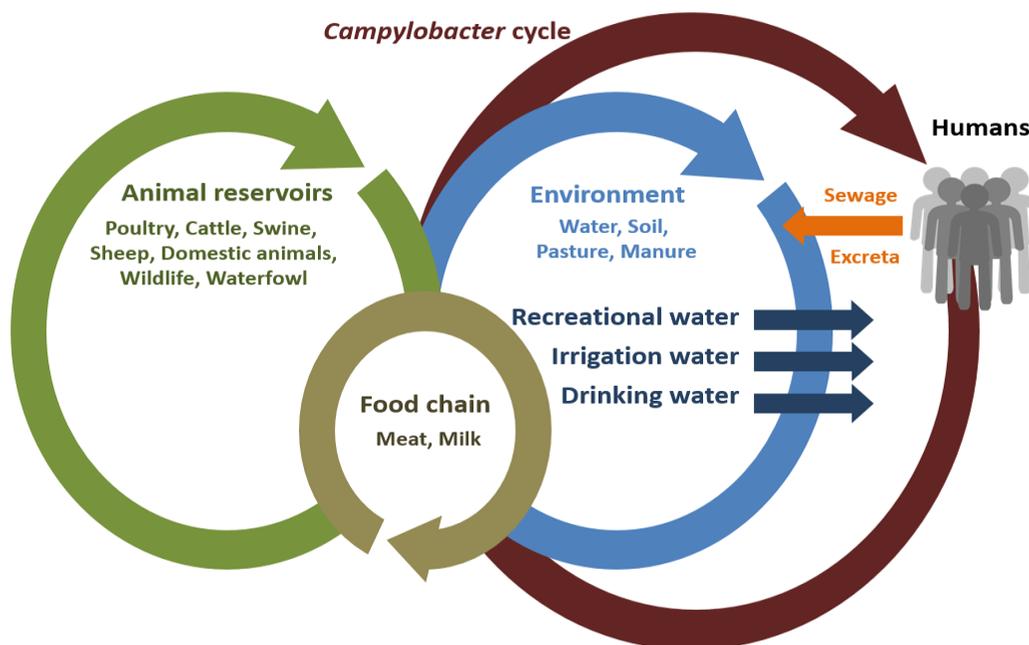
PREVENTION

The prevalence of campylobacter can be reduced through thorough cooking of all foods of animal origin (especially poultry), avoiding cross contamination of raw poultry with other foods, particularly those that may be eaten raw, and only consuming pasteurized milk. Pets should be kept away from food preparation surfaces, such as counter tops. Good hand washing after handling animals and raw poultry is very important.

RESOURCES

www.cdc.gov

Control of Communicable Diseases Manual 20th Edition 2015. David Heymann, MD, Editor. Pages 85-88.



**COMMUNICABLE DISEASE
REPORTED FOR SAGINAW COUNTY
FOR THE QUARTER
04/01/2018– 06/30/2018**

Disease	No. Reported
AIDS, AGGREGATE	0
ANIMAL BITE	76
CAMPYLOBACTER	4
CHIKUNGUNYA	0
CHLAMYDIA (Genital)	393
CRYPTOSPORIDIOSIS	4
FLU LIKE DISEASE	1329
GASTROINTESTINAL ILLNESS	823
GIARDIASIS	4
GONORRHEA	141
HEAD LICE	67
HEPATITIS B ACUTE	0
HEPATITIS B CHRONIC	4
HEPATITIS C ACUTE	1
HEPATITIS C CHRONIC	27
INFLUENZA	185
LEGIONELLOSIS	0
MENINGITIS-ASEPTIC	1
MENINGITIS-BACTERIAL OTHER	1
MUMPS	0
PERTUSSIS	1
RABIES-ANIMAL	1
SALMONELLOSIS	4
SHIGELLOSIS	0
SHINGLES	1
STREP THROAT	94
STREPTOCOCCUS PNEUMONIA, INVASIVE	5
SYPHILLIS-LATE LATENT	0
TUBERCULOSIS	0
VZ INFECTION, UNSPECIFIED	6
YERSINIA ENTERITIS	0
ZIKA	0

**COMMUNICABLE DISEASE YTD
REPORTED FOR SAGINAW COUNTY**

01/01/2018-06/30/2018

Disease	No. Reported
AIDS, AGGREGATE	0
ANIMAL BITE	110
CAMPYLOBACTER	8
CHIKUNGUNYA	0
CHLAMYDIA (Genital)	752
CRYPTOSPORIDIOSIS	4
FLU LIKE DISEASE	4957
GASTROINTESTINAL ILLNESS	2104
GIARDIASIS	6
GONORRHEA	251
HEAD LICE	140
HEPATITIS B ACUTE	0
HEPATITIS B CHRONIC	4
HEPATITIS C ACUTE	1
HEPATITIS C CHRONIC	27
INFLUENZA	1396
LEGIONELLOSIS	1
MENINGITIS-ASEPTIC	4
MENINGITIS-BACTERIAL OTHER	2
MUMPS	0
PERTUSSIS	3
RABIES-ANIMAL	1
SALMONELLOSIS	7
SHIGELLOSIS	0
SHINGLES	1
STREP THROAT	213
STREPTOCOCCUS PNEUMONIA, INVASIVE	13
SYPHILLIS-LATE LATENT	0
TUBERCULOSIS	0
VZ INFECTION, UNSPECIFIED	7
YERSINIA ENTERITIS	0
ZIKA	0



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