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WITHDRAWN

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SEROEPIDEMIOLOGY STUDY OF RUBELLA IGG ANTIBODIES AMONG PREGNANT WOMEN FROM SEVEN ASIAN COUNTRIES. *H F Tan, H F Tseng, C C Lin (Chang-Jung University, Tainan, Taiwan, 711)

Many studies have been investigating the surveillance of congenital rubella syndrome, acquired rubella and seroprevalence in different countries to determine the new vaccination program and schedules. Data on rubella seroprevalence among pregnant women in Taiwan and other southeastern Asian countries is still rare. We presented the rubella seroprevalence among pregnant women from seven Asian countries and assessed the impact of rubella immunization on the serological status of pregnant women in Taiwan. There were 5,008 eligible routine rubella tests for pregnant women during 1999 to 2002 at Fooyin University Hospital. Rubella specific antibody was measured by microparticle enzyme immune assay. The seronegative prevalences were 6.1%, 5.4%, 7.5%, and 22.5% for Taiwanese pregnant women aged <20, 20–24, 25–29, and ≥30, respectively. The overall seronegative prevalences were 22.4%, 29.8%, 21.7%, 14.3%, 10%, and 14.3% for pregnant women born in China, Vietnam, Indonesia, Philippines, Thailand, and Cambodia, respectively. The significant lower seronegativity among pregnant women younger than 30 in Taiwan could be attributed to the implementation of MMR vaccination in 1992, which included a routine vaccination for children 15 months old and a wipe-out for children born after 1979. In addition, it also associated with the supplementary rubella vaccination for 15 years old junior high school girls beginning in 1986 and free provision of rubella vaccination for child-bearing age women beginning in 1988. A significant proportion of pregnant women over 30 years old is still susceptible to rubella infection in Taiwan. They are advised to receive rubella vaccination before getting pregnant

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CELLULITIS INCIDENCE IN A POPULATION BASED COHORT. *E Robbins, S Ellis Simonsen, B Hatch, S Jones, J Lyon, L Gren, K Hegmann (University of Utah, Department of Family and Preventative Medicine, Salt Lake City, UT 84108)

Cellulitis is a rapidly spreading infection of the skin and subcutaneous tissues that can cause shock, organ failure, and death if untreated. Though a common medical problem, there are no population-based estimates of its incidence. We estimated the incidence of cutaneous cellulitis using the medical claims database for the 62,000 employees of the Church of Jesus Christ of Latter-day Saints (commonly called Mormons or LDS) for the years 1997 to 2002. Using ICD-9 codes 681 to 682.99, which include cutaneous cellulitis (but excludes pelvic, orbital, larynx/pharynx, and oral cellulitis), we identified 9641 new cases of cellulitis among a population of 62,000 individuals, yielding a crude incidence of 259.2 cases per 10,000 person-years. Additional incidence rates will be presented for age, sex, region, and by season of the year. The proportion of cellulitis patients who require hospitalization will be calculated, and other risk factors in the claims database evaluated to determine if there is a risk profile that is predictive of hospitalization or recurrence of infection.

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OUTBREAK OF BOTULISM IN A RURAL UTAH COMMUNITY – OCTOBER 2003. P Ludwinski, M Poulson, *CA Peterson (Utah Department of Health, Salt Lake City, UT 84116)

Utah Department of Health (UDOH) was notified of two possible cases of botulism on October 13, 2003. An elderly woman with nausea, vomiting, diarrhea, weakness, and difficulty swallowing was admitted to hospital on October 12. Her husband was admitted to the same hospital several hours later after awaking with a "choking sensation" and difficulty breathing. A clinician recognized that the two cases were linked and suspected botulism. He communicated with CDC and UDOH to arrange release of botulism antitoxin. Despite timely receipt of antitoxin, both persons died. Local public health investigators immediately visited the couple's home for collection of food items. Laboratory testing did not find botulism toxin in any of the suspect foods, but type A botulism toxin was identified in a clinical specimen collected from the husband. This appears to have been an isolated incident. No commercially distributed products were implicated. Botulinum toxin is listed as one of the select agents with potential for use as a bioterrorist weapon. The potential for a case of botulism to be an indicator of bioterrorism increases the importance of immediate reporting and an immediate response by public health agencies. The response to and investigation of this botulism outbreak provided a valuable exercise of cooperation at the local, state, and federal levels needed for an effective response to a possible bioterrorism agent. The symptomatic presentation was atypical for botulism, but an astute physician recognized the possibility and initiated the appropriate public health response.

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