

Heptalk Listserv Archive

October 2005

Announcements from HepTalk

Welcome to the October 2005 edition of the Listserv. In this edition, we offer resources and information about water and sanitation issues. Fecal-to-oral transmission, via contaminated water, food, or other objects, is the principal means of spreading HAV, the virus that causes Hepatitis A. For many of us, hygiene falls into the category of subjects that are difficult to talk about with clients. Sometimes a good resource, a poster, or a brochure is a comfortable way to facilitate a discussion. Following these patient resources in Spanish is an article about transmitting Hepatitis A via food, with some interesting information about food handling and food-handling practices.

EXCITING NOTICE

Three guest editors, Dr. Keith Bletzer, Dr. Tina Castanares and Ms. Judy Norton will contribute to the November and December HepTalk listserv. Ms. Norton heads the program on Hepatitis C at Arizona Department of Health Services; Dr. Bletzer is a medical anthropologist who has worked with migrant workers for a number of years (including research on substance use and HIV); and Dr. Castanares works as a family physician for a migrant clinic in the Northwest and is nationally known for her work with the migrant community.

PLEASE NOTE: The articles and links below do not comprise recommendations from HepTalk, or from the CDC. They are mainly intended to stimulate discussion of issues you may find relevant to your client population.

Check the HepTalk webpage on the Migrant Clinicians Network website at <http://www.migrantclinician.org>. You can get to our page by clicking on "Clinical Excellence" on the Home page, and then clicking on "Hepatitis" on the menu at the left <http://www.migrantclinician.org/excellence/hepatitis>.

If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list.

The following four resources can be downloaded as pdf files at http://www.migrantclinician.org/resources_index. They are all under "Water and Sanitation Resources"

1. Aguas! Que hay microbios (PDF)
A Spanish educational comic book that promotes safe hygiene and water disinfection techniques. Includes instructions on how to safely chlorinate and

boil water as well as ways to safely store potable water. It is appropriate for both adults and children.

2. Una Vida Sana (PDF)
A Spanish educational comic book that promotes safe hygiene. Emphasis on food safety and handwashing.
3. Agua que no Has de Tratar Mejor Dejela Correr (PDF)
An educational comic book that promotes safe hygiene and water disinfection techniques for families along the US-Mexico Border living without water and wastewater services.
4. Agua Para Beber (PDF)
A program manual developed at the Center for Environmental Resource Management at the University of Texas at El Paso to train health promoters to educate families in safe hygiene practices and water disinfection techniques in areas that lack running water and sewerage.

Fiore, AE. Hepatitis A Transmitted by Food. *Clinical Infectious Diseases*, 2004 ;38:705-15. The link to this article is at the CDC website: <http://www.cdc.gov/ncidod/diseases/hepatitis/a/index.htm#materials>. Look under "Foodborne Hepatitis A" on this page, the Viral Hepatitis A page. The following is an excerpt concerning hygiene practices for food handlers.

HYGIENE PRACTICES

The minimum infectious dose required for HAV infection in humans is unknown. In primate studies, HAV can remain infectious after 1 month on environmental surfaces at ambient temperatures [63], and it is more resistant than poliovirus (another picornavirus) to degradation over time while on environmental surfaces [64]. Heating foods to 85 degrees C (>185 degrees F) for 1 min or disinfection with a 1:100 dilution of household bleach in water or cleaning solutions containing quaternary ammonium and/or HCl (including concentrations found in many toilet cleaners) is effective in inactivating HAV. HAV is resistant to disinfection by some organic solvents and by a pH as low as 3 [65]. No specific food handler hygiene practice has been shown to reduce the likelihood of transmission. Experimental deposition of fecally suspended HAV onto hands indicates that infectious HAV remains present for > 4 h after application [66]. In experimental settings, water rinsing

alone reduces the amount of HAV that is transferred to lettuce by 10- to 100- fold [67].

Hygiene training for food handlers should include practical advice about the techniques of hand washing and education about the need to seek medical attention for postexposure prophylaxis after contact with a person with hepatitis A. Reducing bare hand contact with foods that are not subsequently cooked is also a reasonable preventative measure. Employers should provide access to hand washing stations and encourage ill food handlers to seek medical attention and to stay out of the workplace. Exclusion from duties that involve contact with food for at least 1–2 weeks after the onset of jaundice or until symptoms resolve is reasonable. Asymptomatic food handlers who are IgM anti-HAV positive are sometimes identified during investigations and measurements of ALT levels, in combination with likely dates of exposure, might be used to estimate whether the food handler has had recent infection and is potentially still capable of transmission. However, the validity of this approach is unknown. Providing sanitary facilities for field workers and discouraging the presence of children in areas where food is harvested reduces the potential for contamination of food during harvesting or processing. Chlorinated water or water from a source not likely to be contaminated by sewage should be used for rinsing produce or ice used for packing. pgs 711-712.

HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list. The content of the HepTalk listserv is compiled by HepTalk project staff.