69.022
Imported Baby Corn Causing Outbreaks of Shigellosis in Denmark and Australia
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Background: Outbreaks of foodborne shigellosis are rare in developed countries. Concurrent outbreaks of Shigella sonnei infection were detected in Denmark and Queensland, Australia in mid-August 2007. Baby corn or sugar snaps imported from Thailand were suspected to be the vehicle after preliminary interviews in Denmark. Both foods were recalled in Denmark on 17 August. Collaborative investigations were undertaken in Denmark, Australia and Thailand to pinpoint the source of the outbreaks.

Methods: Sh. sonnei cases were ascertained through national surveillance systems in Denmark and Australia (01/08/2007–30/09/2007). In Denmark, we conducted a retrospective cohort study amongst employees in one affected workplace to identify the source of infection. The outbreak strain was characterised using pulsed field gel electrophoresis (PFGE) and shared using Pulsenet International. We undertook food trace-back and microbiological investigation of samples from implicated batches.

Results: 215 cases were laboratory-confirmed in Denmark and 12 in Australia, along with a further 43 epidemiologically-linked cases. In the cohort study, we identified 27 symptomatic cases amongst 117 respondents (response rate 69%). The attack rate was 56% among employees who ate baby corn on 6 or 7 August (RR 4.0, 95%CI: 1.8–8.9 and 3.7, 95%CI: 1.6–8.1 respectively) and in a retrospective analysis, baby corn was the only independent risk factor. PFGE profiles of outbreak strains in Denmark and Australia were indistinguishable. We did not detect Shigella spp. in baby corn, but isolated high levels of Escherichia coli and Salmonella enterica. We identified a packing house in Thailand, which supplied baby corn to both Denmark and Australia.

Conclusion: Epidemiological, microbiological and trace-back evidence identified baby corn imported from one packing house in Thailand as the source of large Sh. sonnei outbreaks in Denmark and Australia. These outbreaks highlight the importance of international communication for linking outbreaks and pinpoints the source. We recommend improving hygiene standards for raw exotic vegetables and blanching before consumption.

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69.023
Overview on Epidemiology and Causative Agents of Rickettsia in Adults in Albania
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Objective: Knowing the epidemiology and causative agents of rickettsia.

Materials: Study involved 202 cases with rickettsiae ages 14–70 years old during 1986–2006. The identification was achieved through ELISA, Complement, Indirect Immunofluorescence and Well-Felix Reaction.

Methods: Epidemiologic View - We have analyzed the distribution in years, seasons and group ages of rickettsioses. Rickettsia were classified based on pathogen and clinical presentation.

Results: Epidemiologic -The number of cases with Rickettsia varies from 6–84 yearly with a prevalence in months June–September. The incidence was consistent every 4–5 years. The more affected group ages were 20–40 years old, but 14–70 years old were affected as well.

Causative Agents: Exanthematike Typhos (Murine Typho) 142 cases. Mediterran Butunose Fever 50 cases. Q Fever 10 cases.

Conclusions:

- Rickettsioses are yearly diseases.
- In Albania there are 3 causative group of Rickettsiae: Murine Typho, Mediterran Butunose Fever, Q Fever.
- The most common our is the Typho Murine 70.3% (142 cases).

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69.024
100 Years of Trachoma in the State of Sao Paulo, Brazil
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Trachoma was introduced in the State of Sao Paulo with the immigrants from Mediterranean countries, in late XIX century. It soon reached high prevalence rates in the whole State. In 1907 the State government organized the first "Trachoma Campaign". The aim of the present study was to recover the "epidemiologic history" of trachoma in Sao Paulo, as its recognition as a public health problem turns a century old.

A descriptive study on the trends of trachoma occurrence was undertaken. Data on trachoma occurrence were gathered from all identified sources. The main source was the archive of Sao Paulo State Health Department. There was no systematic data collection in the early years of the program. From 1938 until 1976 the State Trachoma Institute maintained a routine information system. From 1983 on, data were obtained from the State's epidemiologic surveillance system, and published studies.

Peak incidence rate was in 1951. Incidence rates gradually decreased from 429 per 100,000 in 1951 to 25 in...