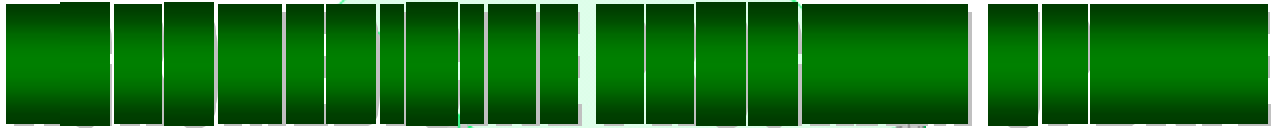


The Newsletter of the Clemson University / MUSC Agromedicine Program



MUSC DEPARTMENT OF FAMILY MEDICINE – DIVISION OF PUBLIC HEALTH AND PUBLIC SERVICE
295 CALHOUN ST., PO BOX 250192-, CHARLESTON, SC 29425

Wm. M. Simpson, Jr., MD, Editor
Simpsovm@musc.edu
843-792-2281 Fax 843-792-4702

Volume 20
No.5
May 15, 2008

Previous issues are available at www.musc.edu/oem/apunews.html

PROGRAM NOTES

>Spring has sprung—and the bugs and pollen are out in full force.

We are on the speaking schedule for several groups in the area, but are still open for more invitations. Presentations on the books already will deal with food-borne illness, heat-related illnesses, tick and spider bites and insect sting reactions. We also have a new presentation on mercury in the environment.

Contact our office to schedule a presentation for a lay or professional group in your community.

>Pesticide poisoning data for the past 5 years is still being sifted through. Look for a publication later in the summer.

>Drs. Frithsen and Simpson presented a workshop on teaching occupational and environmental medicine to family medicine residents at the annual meeting of the Society of Teachers of Family Medicine this month in Baltimore. Approximately 20 teachers attended.

RECENT CONSULTS

>Two more patients with delusory parasitosis have been added to the Agromedicine Program's case series in the last month. Both were referred by Dr. Eric Benson of Clemson's Department of Entomology. One male patient and one female, from different communities, each had a history of multiple treatments by several different pest control companies for pests which "bit" but couldn't be seen. As is frequently the case, the "bites" occurred on areas of the skin that were accessible to the patient. Both lived alone and both were over 65. Their symptoms had been present for more than six months. Both admitted that the symptoms appeared to be improving recently.

A thorough skin examination and microscopic examination of skin scrapings and materials brought with the patients from home revealed no insects or other specific reason for the sensation of bites or "crawling under the skin."

Both were offered treatment with a selective serotonin uptake inhibitor (SSRI) at very low dosages along with reassurance that no insect was found and that moisturizing the skin and that "tincture of time" would likely bring resolution of symptoms. One patient elected drug treatment and the other did not.

In our case series, the use of an SSRI instead of an antipsychotic (traditionally pimozide) has produced at least equal success without the risk of medication-induced EKG changes (QT prolongation).

>Spring cleaning has resulted in several calls about removal of mold. The first issue is removal of the water source which caused the material to mold in the first place. If the leak or other water source is stopped and air movement is good around the area, the wet area will dry and the mold will become inactive. The discoloration produced by the mold can then be removed by using a 1:10 solution of bleach, protecting the skin and eyes from the solution. Unfortunately some

building materials are very difficult to dry (such as sheetrock and multi-layered flooring [carpet, padding, sub-floor, etc]) and may need to be replaced. General mold clean-up instructions can be found at: <http://www.bt.cdc.gov/disasters/pdf/flyer-get-rid-of-mold.pdf>

FROM THE LITERATURE

>A brief report in this month's Emerging Infectious Diseases (May 2008) journal confirms our concern that **West Nile Virus** cases would increase in the areas affected by Hurricane Katrina. Human case data from parishes and counties in which >50% of the total area was <50 miles from the storm track was studied. A >2-fold increase in West Nile Neuroinvasive Disease (WNND) was noted the year of, and the year after the storm compared to previous years. The immediate increase in cases may be attributed to increased human exposure to mosquitoes. The continued increase in the year after the storm is probably also due to "increased human exposure to mosquitoes as a result of mosquito larval habitat creation (root ball voids from fallen trees, abandoned swimming pools, etc.), continued substandard living conditions and increased outdoor reconstruction activities."

-Caillouet K, Michaels S, Xiong X et al. Increase in West Nile Neuroinvasive Disease after Hurricane Katrina. Emerg Inf Dis. 2008; 14(5):804-7

>High-test Grasshoppers

A report in the Migrant Clinicians' Network Streamline describes elevated lead levels in patients who eat dried grasshoppers or *chapulines* imported from Oaxaca, Mexico. The source of the contamination is unknown. Bags of the "treats" are sent in care packages or sold in markets and *tiendas* in immigrant communities in the US. Other foods imported from Mexico (tamarind candies and lollipops dipped in chili powder) and lead-glazed pottery, also from Mexico, has previously been recognized as sources of lead contamination.

Practitioners should be aware that patients who are Mexican immigrants, especially from Oaxaca, may unknowingly be at risk of lead poisoning from this food source, as well as from other sources.

-Kugel C. Grasshoppers as a source of lead exposure. MCN Streamline. 2007; 13(4): 5

>Wild Ducks as Vectors of Avian Influenza

Researchers in the Netherlands are working on the question of movement of avian influenza infection over long distances. They experimentally infected several species of wild ducks with H5N1 influenza virus (avian influenza). Tufted ducks, Eurasian pochards and mallards excreted significantly more virus than common teals, Eurasian wigeons and gadwall; yet only tufted ducks and pochards became ill or died. Quoting their re-

search: "These findings suggest that some wild duck species, particularly mallards, can potentially be long-distance vectors of highly pathogenic avian influenza...and that others, particularly tufted ducks, are more likely to act as sentinels.

-Keawcharoen J, vanRiel D, Amerongen G et al. Emerg Inf Dis 2008; 14(4):600-7

Editor's note: our basic scientists continue to help us understand how avian influenza is likely spread. During the first third of 2008, 31 human cases have been reported in the world, 24 of which have been fatal. It appears that unless the disasters in Myanmar and China create more risk of exposure and transmission, this year will be similar to last, as far as new human cases are concerned (88 cases and 59 deaths in all of 2007).

>Benefits of Sunlight

The World Health Organization's report on "The Global Burden of Disease Due to Ultraviolet Radiation" ascribes only 1.5 million quality-adjusted disability years (QADY) of the total global burden of disease to excessive UV exposure. On the other hand, very low levels of UV exposure were calculated to produce a much larger increase (3000 QADY) in global burden of disease due to increases in rickets, osteomalacia and osteoporosis.

Editor's Note: Don't leave off the sunscreen at our latitude, but it's something to think about!