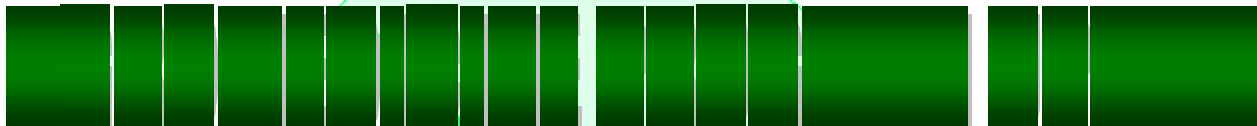


The Newsletter of the Clemson University / MUSC Agromedicine Program



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PROGRAM NOTES

> We continue to work an article on “Recognition and Management of Poisoning” and the summary of hospitalizations and emergency department visits for pesticide poisoning for 2002-2006.

> We have made presentations on anthrax and heat illness in the last month and have others scheduled in the coming month on safe use of pesticides and mercury toxicity. Call us if you need a presentation on an agromedicine topic for your professional or lay group!

> This is my last issue as Editor of the Agromedicine Program Update and Medical Director of the Agromedicine Program. Dr. Ivar Frithsen takes over both duties on the first of October. I will remain involved with the program in a part-time position. It has been an honor and a privilege to be involved with agromedicine and agricultural practitioners around the state and region for the last fifteen years or so. Thanks to all who have

supported our work, invited us to speak or asked questions that we have used for teaching. I look forward to continued involvement with you, and the program, on a “slightly” more time-limited basis!

--Bill

RECENT CONSULTS

>A family physician called about a patient with a proximal neuropathy which had been extensively evaluated without a cause being found. The patient lived in a home that had been constructed with and interior pesticide application system (Taexx®) built into the wall voids. The system uses a series of small tubes to deliver an insecticide (in this case a synthetic pyrethroid--Tempo®. The tubes are installed below the level of the electrical outlets on the “outside” of the vapor barrier of insulation. The system is filled quarterly through an outside port, followed by a “dry nitrogen” flush. Studies of the system in use show no entry of the insecticide into the living space of the home (and no increase in mold in the wall

voids—certainly a worry since you are applying a liquid in a relatively closed space. A wipe sample from the walls near electrical outlets might be useful to determine if there was any entry, however unlikely, into the living space of the home. Because of concern about chemical exposure of any kind, the pest control company and patient together decided to discontinue treatment of the home without further testing.

This appears to be a very safe system with minimal to no risk of human exposure to the chemical involved (low toxicity in the first place).

> A longtime resident of the low country reported becoming aware of a bat flying around in her home (she had been “day-dreaming” for an hour or so after completing an art project that evening). She was able to trap the bat, but let it go outside. It did not appear to be ill.

She had not felt a bite or contact, but had several “red spots” on her back.

The CDC recommends that “post exposure prophylaxis can be considered for persons who were in the same room as a bat and who might be unaware that a bite or direct contact has occurred...”

Of 21 cases of bat-associated rabies in the United States reported from 1980-2000, 57% occurred in persons with “apparent bat contact but no detectable bites.” From 1970-90 in SC 10% of bats submitted for examination to DHEC were positive for rabies. More than 50% of these rabid bats were submitted between August and October.

Whether “day-dreaming” counts as being “unaware,” I’m not sure, but erring on the side of caution, I recommended rabies post-exposure prophylaxis.

>A 70+ year old gentleman from the Piedmont region of the state reported persistent problems with redbugs and tick attachments. He had used DEET repellants with incomplete success and wanted other suggestions. He had decreased leaf and other debris as much as possible in his yard.

Two other possible interventions: a two-foot gravel buffer area around his yard to decrease tick infestation and clothing spray treatment with a pyrethroid insecticide (permethrin is the agent most frequently used. Some clothing brands now have this or a similar

chemical “built in” to the fabric). Most outdoors equipment shops or large retailers (K-mart, Target) carry these products.

>An arborist from the low country had “literally hundreds of ticks on him at one time” and several bites. He showered off thoroughly and had no recognized engorged tick attachments. One of the presumed bites developed redness and a central pustule with an enlarged and tender lymph node. His physician called to ask about suggested treatment.

With the brief attachment time, no recognized engorgement and only a small population of ticks positive for infectious agents in the most recent tick samples available (less than 5% positive for Lyme, less than 10% for Rocky Mountain Spotted Fever or Ehrlichiosis), prophylactic antibiotics aren’t indicated. Still, observation for a flu-like illness during the 7-30 day incubation period for tick-borne illness is reasonable as is doxycycline treatment if a flu-like illness develops.

FROM THE LITERATURE

>Campylobacteriosis, unpasteurized milk

12 persons have been infected with campylobacter after drinking unpasteurized milk. They were among around 300 people who bought “cow-shares” from an organic dairy farm to get around a California law that

makes it illegal to sell raw milk, but not to get it from your own animal. Customers were given a notebook of information about raw milk consumption risk (and presumed benefits) prior to being allowed to join the program. One of the patients with infection developed Guillain-Barre syndrome as a probable complication of the infection.

>Role of Noroviruses in Sporadic Gastroenteritis

Emerging Infectious Diseases journal has published an accredited CME article on the topic above. It is available on line at: <http://www.medscape.com/cme/eid>

>Change one word

This certainly isn’t strictly agromedicine, but it applies to anyone in a service activity. What’s the difference between: 1. “Is there anything else you would like to talk about in our visit today?” or 2. “Is there something else you would like to talk about in our visit today?”

The “something” question eliminated more than three-fourths of all unmet concerns. Visit length was not affected by whether the “anything” or the “something” question was asked. Researchers think the subtle “negative polarity” of the “any” question tends to ruin the opportunity to raise unmet concerns.

--heritage J, robinson J, Elliott M. J Gen Int Med 2007;22(10): 1429-33