Update: Severe Acute Respiratory Syndrome—United States, June 18, 2003

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CDC continues to work with state and local health departments, the World Health Organization (WHO), and other partners to investigate cases of severe acute respiratory syndrome (SARS). This report updates reported SARS cases worldwide and in the United States and summarizes changes in travel recommendations for provinces in China with the exclusion of Beijing, where a travel advisory remains.

During November 1, 2002–June 18, 2003, a total of 8,465 probable SARS cases were reported to WHO from 29 countries, including 75 from the United States; 801 deaths (case-fatality proportion: 9.5%) have been reported, with no SARS-related deaths reported from the United States. In the United States, a total of 409 SARS cases have been reported to WHO from 29 countries, including 75 from the United States; seven had traveled to areas with confirmed SARS patients in the United States, seven had traveled to areas with confirmed SARS patients in the United States, and local health departments, the World Health Organization (WHO), and other partners to investigate cases of severe acute respiratory syndrome (SARS). This report updates reported SARS cases worldwide and in the United States and summarizes changes in travel recommendations for provinces in China with the exclusion of Beijing, where a travel advisory remains.

On June 17, CDC downgraded its travel advisory for Mainland China to alert status for all provinces except Beijing, where the travel advisory remains in effect. These changes reflect data reported to the World Health Organization by the Chinese Ministry of Health which indicate that SARS transmission in Mainland China (other than in Beijing) is limited to a small number of specific settings through direct person-to-person spread; no evidence exists of ongoing community transmission, and monitoring by the Ministry of Health indicates that no new outbreaks of illness in these provinces.

Reported by: State and local health departments. SARS Investigative Team, CDC.

REFERENCES

Foodborne Transmission of Hepatitis A—Massachusetts, 2001

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Hepatitis A virus (HAV) is transmitted typically from person to person by the fecal-oral route. Foodborne transmission occurs when an HAV-infected food handler contaminates food during preparation or when food is contaminated during harvesting or processing before reaching the food service establishment or home. Postexposure prophylaxis (PEP) with immune globulin (IG) can prevent hepatitis A among exposed persons if administered within 14 days of exposure. However, the decision about whether to implement PEP for persons who eat food prepared by an infected food handler depends on an assessment of the duties performed by the food handler and personal hygiene while potentially infectious, which are often difficult to determine. This report summarizes the investigation of an outbreak of foodborne hepatitis A in Massachusetts in which a food handler with hepatitis A who was considered unlikely to transmit HAV, was implicated as the source. The findings underscore challenges faced by local and state health departments when determining whether PEP is appropriate.

On October 26, 2001, the Massachusetts Department of Public Health (MDPH) was notified that a worker at restaurant A in county X had hepatitis A with symptom onset on October 17. On the basis of the date of symptom onset, the worker was considered to have been potentially infectious during October 3-24. The worker's primary responsibility was managerial, but the worker also prepared menu items (primarily sandwiches that were not cooked after preparation) as needed and had worked most recently on October 18. During an interview, the worker reported frequent hand washing and diligent glove use while handling food; supervisors validated the worker's hygiene practices. On the basis of the worker's reported hygiene practices, work duties, and lack of gastrointestinal symptoms, health officials considered HAV contamination of food prepared by this food handler unlikely and did not issue a public notification or recommend PEP for resta-