

From the Centers for Disease Control and Prevention

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Outbreak of *Escherichia coli* O157:H7 Infections Associated With Drinking Unpasteurized Commercial Apple Juice—British Columbia, California, Colorado, and Washington, October 1996

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ON OCTOBER 30, 1996, the Seattle-King County Department of Public Health and the Washington State Department of Health reported an outbreak of *Escherichia coli* O157:H7 infections epidemiologically associated with drinking Odwalla brand unpasteurized apple juice or Odwalla juice mixtures containing apple juice from a coffee shop chain, grocery stores, or other locations. A case was defined as hemolytic uremic syndrome (HUS) or a stool culture yielding *E. coli* O157:H7 in a person who became ill after September 30, 1996, and drank Odwalla juice within 10 days before illness onset. As of November 6, British Columbia, California, Colorado, and Washington had reported a total of 45 cases.

The median age of the 28 case-patients

for whom information was reported was 5.0 years (range: 1-41 years); 15 (54%) were male. HUS was diagnosed in 12 persons; none have died. One case of *E. coli* O157:H7 infection occurred in a child who had onset of illness in Illinois after drinking implicated juice in Washington. Another patient with *E. coli* O157:H7 infection, not included in the total, acquired illness by secondary transmission from a patient with juice-associated infection. *E. coli* O157:H7 isolates cultured from a previously unopened container of Odwalla apple juice had a DNA "fingerprint" pattern (restriction fragment length polymorphism) indistinguishable from case-related isolates.

Odwalla, Inc., has completed a voluntary nationwide recall of all its products containing apple juice. Odwalla juice was

distributed to British Columbia, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Texas, and Washington.

CDC Editorial Note: Investigations are ongoing to determine the extent of the outbreak and the specific mechanisms of contamination. Health-care providers should consider infection with *E. coli* O157:H7 in patients with diarrheal illness who were residents of or travelers to British Columbia, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Texas, or Washington during October and may have consumed Odwalla brand apple juice or Odwalla juice mixtures containing apple juice. Possible cases should be reported to local and state health departments.

Blindness Caused by Diabetes—Massachusetts, 1987-1994

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2 figures omitted

DIABETES, the leading cause of new blindness among U.S. adults aged 20-74 years, accounts for approximately 8% of cases of legal blindness and 12% of all new cases of blindness in the United States each year.¹ One of the national health objectives for the year 2000 is to decrease by 50% the incidence of blindness caused by diabetes (objective 17.10).² However, surveillance for blindness among persons with diabetes has not been conducted nationally, and national prevalence estimates of blindness caused by diabetes have been based on state data from the register of the Massachusetts Commission for the Blind (MCB). To characterize recent trends, data on legal blindness caused by diabetes among adults with diabetes in Massachusetts were examined for 1987-1994. This report summarizes the results of that analysis, which

indicate that in Massachusetts, the overall incidence and prevalence of legal blindness caused by diabetes did not decrease, despite the availability of methods to prevent vision loss.

Massachusetts General Law (Chapter 6, Section 136) requires institutions, physicians, ophthalmologists, and optometrists to report all persons with legal blindness to MCB within 30 days of diagnosis. Legal blindness is defined as a corrected visual acuity of 20/200 or worse in the better eye or a field of vision of ≤ 10 degrees.³ Data collected by MCB include best corrected visual acuity, field of vision, and cause of blindness, including site or type of lesion (e.g., glaucoma, cataract, or retinopathy) and etiology (e.g., diabetes). Causes are coded according to the National Society for the Prevention of Blindness standard classification manual.³

Persons who had died or moved out of state were removed from the registry in

1987, 1991, and 1994. For calculating the annual incidence and prevalence of blindness caused by diabetes among persons with diabetes, the denominator was the estimated number of persons with diabetes in Massachusetts; this number was derived from intercensal population estimates for the state and national estimates of the prevalence of diagnosed diabetes in the National Health Interview Survey.[†] For 1993 and 1994, intercensal population estimates for 1992 were used. For 1994, estimates of the prevalence of diagnosed diabetes for 1993 were used. Rates for men, women, and both sexes combined were age-adjusted to the estimated population of persons with diabetes in Massachusetts in 1987.

During 1987-1994, blindness caused by diabetes was reported for 2990 persons (annual mean: 374, range: 340-397); 60% were aged ≥ 65 years, 30% aged 45-64 years, and 10% aged 20-44 years. The mean