

# Print Materials Manual

*An Evidence Based Guide for  
Developing and Reviewing  
Health Education Print Materials*



**Print Materials Committee (PMC)**  
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# Letter from the Director

Dear Colleagues,

Health Education Administration (HEA) is often mistakenly viewed as either a repository of or a unit available to create health education materials. Limited staff and resources restrict our ability to provide direct services. However, HEA understands the need to develop and access high quality, multilingual, community appropriate print health education materials.

Department of Public Health's (DPH) health educators and nurses report mainly using the using the fact sheets currently posted on the PHN Admin website to: (1) give to patients to read while visiting the clinic; (2) leave with their patients during home visits; or (3) give themselves a review of key points prior to providing patient consultation.

The Print Materials Committee (PMC) is charged with updating the PHN Admin fact sheets, adding fact sheets to the library, and reviewing print materials DPH programs and SPAs have created themselves.

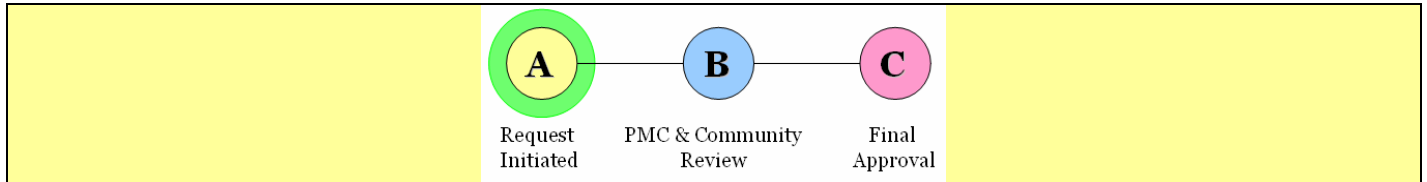
The PMC developed this manual which includes guidelines for the 3 steps of the materials development and review process:



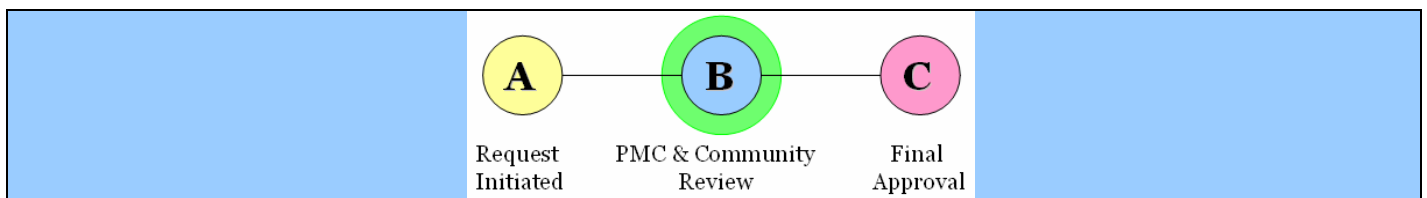
By developing these guidelines, the PMC hopes to avoid and directly address pitfalls we've encountered in the past. We welcome your feedback and look forward to collaboratively meeting LA County residents' health information needs!

Acting Director,  
Health Education Administration

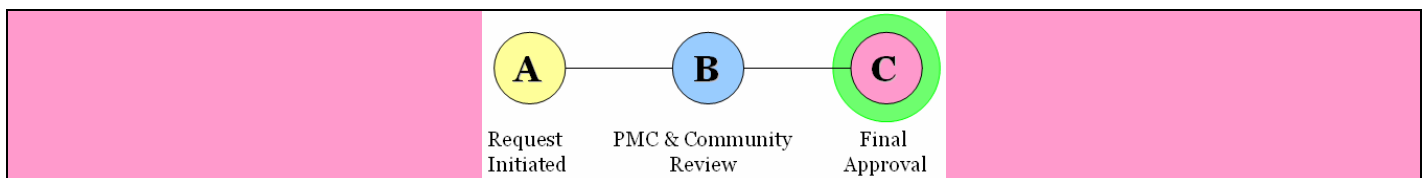
### Materials Review Process



1. **Program/SPA completes and submits a “Print Materials Review Request Form.”**
2. **PMC identifies reviewers and sets a revision completion date.**
3. **PMC contacts the Program/SPA to confirm request and explain the review process.**



4. **PMC contacts Subject Matter Expert (SME) for feedback.**
5. **PMC conducts a community review with target population.**
6. **PMC incorporates community and SME feedback into revised draft.**
7. **PMC sends revised draft to program/SPA for review.**



8. **Program/SPA makes final edits and sends to PMC for final approval.**
9. **PMC and SME both sign off on the “Final Approval Form.”**
10. **Program/SPA is notified, and material is ready to disseminated.**

# Simply Put

As public health practitioners, we are tasked with translating complex, scientific information into manageable, appropriate messages for our communities. Utilizing scientifically sound methods or “best practices” in the development and review of health education materials is important to ensure effective communication with our target populations. When developing health education materials, culture, language, and literacy level should help shape the content, format and overall appeal of the material. But how do you do this?

To answer this question, Health Education Administration (HEA) analyzed academic and professional literature and conversed with health education and health communication experts from across the field. At the conclusion of our research, there was overwhelming consensus on one document considered the “gold standard” in the field: the Centers for Disease Control and Prevention’s (CDC) *Simply Put*. This book provides an in-depth yet simplified process for developing high quality, effective health education materials that are appropriate for diverse, low literacy audiences.

The Department of Public Health’s Quality Improvement Division and External Communications program recognize this document as an invaluable tool. By utilizing the steps detailed in *Simply Put*, your program or SPA will develop better, more community appropriate health education materials. This manual can be accessed at [www.cdc.gov/od/oc/simpput.pdf](http://www.cdc.gov/od/oc/simpput.pdf).

# Readability Tests

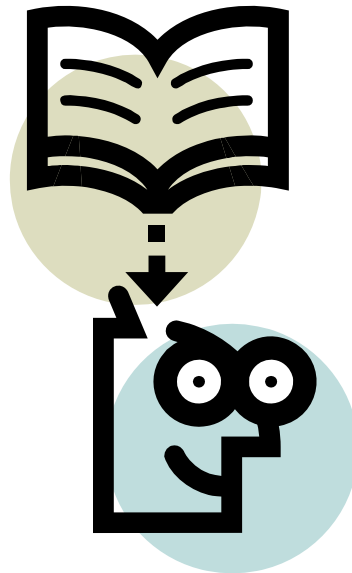
Readability tests or readability formulas are formulaic protocols for evaluating the readability of your materials. The following are suggested readability tests that you should use to ensure your health education materials are at an appropriate reading level (6<sup>th</sup> grade or below).

Microsoft Word

StyleWriter

SMOG

Fry




**Caution:** Readability tests give you a general idea of how hard the document will be to read based only on the words it contains. They do not consider the effects of layout or design elements, and they cannot tell you how well your audience will accept or understand your message. Pre-testing your material with your target audience will be the best way to judge if it will be an effective communication tool.

# Microsoft Word

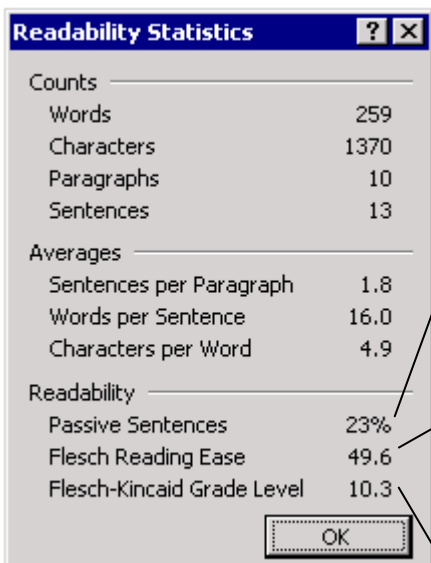
Microsoft Word can display information about the reading level of the document. It bases its rating on the average number of syllables per word and words per sentence.

Directions:

1. On the Tools menu, click Options, and then click the Spelling & Grammar tab.
2. Select the Check grammar with spelling check box.
3. Select the Show readability statistics check box, and then click OK.
4. On the Standard toolbar, click Spelling and Grammar .

When Microsoft Word finishes checking spelling and grammar, it displays information about the reading level of the document.

Sample:



Microsoft Word readability statistics

The **Passive Sentences readability score** formula provides the ratio of passive sentences over active sentences. The score is therefore expressed as a percentage of passive sentences found in a text. Aim at the lowest passive sentences ratio for the best readability.

The **Flesch Reading Ease readability score** formula rates text on a 100-point scale based on the average number of syllables per word and words per sentence. The higher the Flesch Reading Ease score, the easier it is to understand the document. For most standard documents, aim for a Flesch Reading Ease score of 60 or above.

The **Flesch-Kincaid Grade Level readability score** analyzes and rates text on a U.S. grade-school level based on the average number of syllables per word and words per sentence. Given standard writing averages, aim for a Flesch-Kincaid score between 6.0 and 7.0.

# StyleWriter

StyleWriter offers alternatives and sound advice to help you better edit your document into simple, concise, plain English. StyleWriter also shows statistics of three key areas as you edit: Poor Style Index, Average Sentence Length, and Passive Index.

- Poor Style Index measures all the plain English problems in your text, including a weighted score for long sentences. It then converts this measure into an index. The best writing consistently scores below 20, equivalent to two poor style faults for every 100 words.
- The Average Sentence Length is a guide to how readable your writing is. If you have a high sentence average, look for ways to cut out unnecessary words and phrases or split the long sentences into shorter sentences. As you move through your document in the Main StyleWriter window, you'll see your long sentences highlighted so you can edit them.
- The Passive Index shows whether you have used too many passive verbs and helps you decide how many you need to change into active verbs. If you can keep your Passive Index below 25, you're using an excellent writing style.

Words: 3,059	Poor Style: 36 <b>Good</b>	Ave Sentence: 22 <b>Good</b>	Passive: 11 <b>Excellent</b>
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Source: StyleWriter: The Plain English Editor (2008) [www.StyleWriter-USA.com](http://www.StyleWriter-USA.com)

Please contact Health Education Administration (HEA) for more information on how to get the StyleWriter software installed on your computer.



# FRY

The Fry formula can be used to calculate the approximate reading level (by grade) of a particular document. An explanation and example of the Fry Method is included in the *Simply Put* document and can be found online at: <http://www.cdc.gov/od/oc/simpput.pdf>.

## Directions:

1. Randomly choose 3 passages from your document and count out exactly 100 words for each passage.
2. Count the number of sentences in each of the 3 passages you chose.
3. Count the total number of syllables in each 100-word passage.
4. Find the average number of sentences and the average number of syllables for the 3 passages by dividing the total of all three samples by three.
5. Look at the Fry graph on page X. Find the average number of syllables on the horizontal axis and the average number of sentences on the vertical axis. Where these points intersect is the grade level of your document.

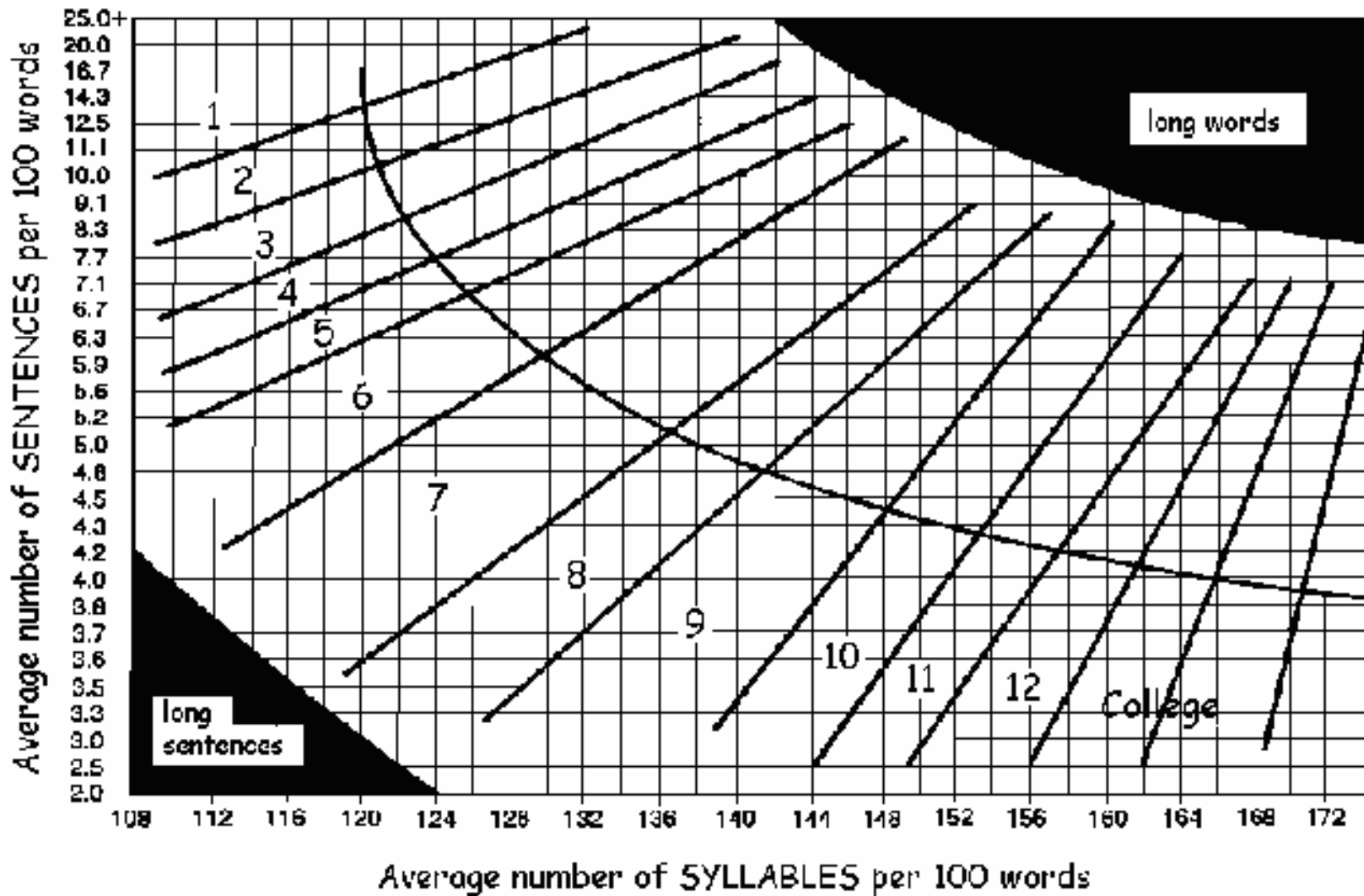
**Note:** *If you have fewer than 100 words in your document, you'll have to do some math to estimate the reading level.*

1. *Divide 100 by the number of words in your document.*
2. *Count the number of syllables and sentences in the document.*
3. *Multiply those figures by the number you got in the first step.*
4. *Plot those 'adjusted numbers' on the Fry graph.*

## Tips:

- Count proper nouns.
- A word is defined as a group of symbols with a space on either side. So “CDC”, “2007”, and “&” are each considered a word.
- For initials, acronyms, and numbers, count one syllable for each symbol. So “CDC” equals three syllables.
- Only count the first time you see a multi-syllabic word that is well-known to your audience (e.g. hemophilia, salmonellosis, respirator).
- If you think the reading level of your document is too high because of long names of organizations, diseases, or other proper nouns, do a Fry test without those words.

## Fry Graph for estimating Reading Ages (grade level)



# THE SMOG READABILITY FORMULA\*

To calculate the SMOG (Simplified Measure of Gobbledygoop) reading grade level, begin with the entire written work that is being assessed, and follow these four steps:

1. Count off 10 consecutive sentences near the beginning, in the middle, and near the end of the text.
2. From this sample of 30 sentences, circle all of the words containing three or more syllables (polysyllabic), including repetitions of the same word, and total the number of words circled.
3. Estimate the square root of the total number of polysyllabic words counted. This is done by finding the nearest perfect square and taking its square root.
4. Finally, add a constant of three to the square root. This number gives the SMOG grade, or the reading grade level that a person must have reached if he or she is to fully understand the text being assessed.

A few additional guidelines will help to clarify these directions:

- A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!), or a question mark (?).
- Hyphenated words are considered as one word.
- Numbers that are written out should also be considered, and if in numeric form in the text they should be

pronounced to determine if they are polysyllabic.

- Proper nouns, if polysyllabic, should be counted, too.
- Abbreviations should be read as unabbreviated to determine if they are polysyllabic.

Not all pamphlets, fact sheets, or other printed materials contain 30 sentences. To test a text that has fewer than 30 sentences:

1. Count all of the polysyllabic words in the text.
2. Count the number of sentences.
3. Find the average number of polysyllabic words per sentence as follows:  
Average=  $\frac{\text{Total \# of polysyllabic words}}{\text{Total \# of sentences}}$
4. Multiply that average by the number of sentences short of 30.
5. Add that figure on to the total number of polysyllabic words.
6. Find the square root and add the constant of 3.

Perhaps the quickest way to administer the SMOG grading test is by using the SMOG conversion table. Simply count the number of polysyllabic words in your chain of 30 sentences and look up the approximate grad level on the chart (see page 3).

An example of how to use the SMOG Readability Formula and the SMOG Conversion Table is provided on the next page.

EXAMPLE USING THE SMOG READABILITY FORMULA:

**In Controlling Cancer—You Make a Difference**

The key is action. You can help protect yourself against cancer. Act promptly to:

Prevent some cancers through simple changes in lifestyle.

Find out about early detection tests in your home.

Gain peace of mind through regular medical checkups.

**Cancers You Should Know About**

Lung Cancer is the number one cancer among men, both in the number of new cases each year (79,000) and deaths (70,500). Rapidly increasing rates are due mainly to cigarette smoking. By not smoking, you can largely prevent lung cancer. The risk is reduced by smoking less, and by using lower tar and nicotine brands. But quitting altogether is by far the most effective safeguard. The American Cancer society offers Quit Smoking Clinics and self-help materials.

Colorectal Cancer is second in cancer deaths (25,100) and third in new cases (49,000). When it is found early, chances of cure are good. A regular general physical usually includes a digital examination of the rectum and a guaiac slide test of a stool specimen to check for invisible blood. Now there are also Do-It-Yourself Guaiac Slides for home use. Ask your doctor about them. After you reach the age of 40, your regular check-up may include a "Procto," in which the rectum and part of the colon are inspected through a hollow, lighted tube.

Prostate Cancer is second in the number of new cases each year (57,000), and third in deaths (20,600). It occurs mainly in men over 60. A regular rectal exam of the prostate by your doctor is the best protection.

**A Check-Up Pays Off**

Be sure to have a regular general physical including an oral exam. It is your best guarantee of good health.

**How Cancer Works**

If we know something about how cancer works, we can act more effectively to protect ourselves

against the disease. Here are the basics:

1. Cancer spreads; time counts—Cancer is uncontrolled growth of abnormal cells. It begins small and if unchecked, spreads. If detected in an early, local stage, the chances for cure are best.
2. Risk increases with age—This is not a reason to worry, but a signal to have more regular thorough physical check-ups. Your doctor or clinic can advise you on what tests to get and how often they should be performed.
3. What you can do—don't smoke and you will sharply reduce your chances of getting lung cancer. Avoid too much sun, a major cause of skin cancer. Learn cancer's Seven Warning Signals, listed on the back of this leaflet, and see your doctor promptly if they persist. Pain is usually a late symptom of cancer; don't wait for it.

**Know Cancer's Seven Warning Signals**

1. Change in bowel or bladder habits.
2. A sore that does not heal.
3. Unusual bleeding or discharge.
4. Thickening or lump in breast or elsewhere
5. Indigestion or difficulty in swallowing
6. Obvious change in wart or mole
7. Nagging cough or hoarseness

**If you have a warning signal, see your doctor.**

**Unproven Remedies**

Beware of unproven cancer remedies. They may sound appealing, but they are usually worthless. Relying on them can delay good treatment until it is too late. Check with your doctor or the American Cancer Society.

**More Information**

For more information of any kind about cancer—free of cost—contact your local unit of the American Cancer Society.

**We have calculated the reading grade level for this example.**

Compare your results to ours, and then check both with the SMOG conversion table:

**Readability Test Calculations**

Total Number of Polysyllabic Words	=38
Nearest Perfect Square	=36
Square Root	= 6
Constant	= 3
SMOG Reading Grade Level	= 9

**SMOG Conversion Table\*\***

Total Polysyllabic Word Counts	Approximate Grade Level
0-2	4
3-6	5
7-12	6
13-20	7
21-30	8
31-42	9
43-56	10
57-72	11
73-90	12
91-110	13
111-132	14
133-156	15
157-182	16
183-210	17
211-240	18

*\*Excerpted from "Making Health Communications Programs Work," US Department of Health and Human Services.*

*\*\*Developed by: Harold C. McGraw, Office of Educational Research Baltimore County Schools, Towson, Maryland.*

**Sources:**

1. University of Texas. Available at: <http://www.utexas.edu/vp/ecs/communications/SMOG.pdf>.
2. National Institutes of Health, National Cancer Institute. *Making Health Communication Programs Work*. Available at: <http://www.cancer.gov/pinkbook>.



## Print Materials Review Request Form

*Print Materials Committee (PMC)*

CONTACT INFORMATION	ACTION
Date:	New Material
Name:	
Program:	Revision/Update
Contact #:	
Email:	

Title of health education material:

Intended target audience for material:

Please describe the purpose of the health education material to be reviewed:

List the background resources and scientific literature used to create the material:

***Please read and check each box below:***

I have read, fully understand and accept the material review guidelines, including the timeline for review.

I understand my personal responsibility to approve any changes that may be made at each applicable stage of the process.

I have attached a copy of the material to be reviewed.

**Please fax or email form and material to:**

Health Education Administration  
Attn: PMC  
Fax: 213-351-0755  
[hea@ph.lacounty.gov](mailto:hea@ph.lacounty.gov)

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**FOR HEA USE ONLY**

Date Received: \_\_\_\_\_ Project Lead: \_\_\_\_\_

Committee Members Assigned: \_\_\_\_\_

Target Completion Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Print Materials Rubric**  
*Print Materials Committee (PMC)*

REVIEWER CONTACT INFORMATION	ACTION
Date:	<input type="checkbox"/> New Document
Name:	
Program/SPA:	<input type="checkbox"/> Revision/Update
Contact #.:	
Email:	

ABOUT THE DOCUMENT	
Title of document:	
Target Audience:	

**DIRECTIONS**

**Sections A–D:**

1. Read each question carefully. Designate a category “*Meets Standards*” or “*Does Not Meet Standards*” by entering a number “1” in the appropriate field.
2. In the ‘*Column 1 Total*’ field, place your cursor in front of the 0, right click, and choose ‘Update Field’. This will automatically calculate the total for you.
3. Apply the above directions to the last 2 rows.

TABLE SCORE (%)

✓ *A PASSING SCORE IS 80%.*

**Section E:**

READABILITY

Use Microsoft Word and StyleWriter to test the readability of the document. (Optional: You may also use SMOG as an additional tool. Directions are included in the PMC manual).

✓ *TARGET READING LEVEL: 6<sup>TH</sup> grade*

**DOCUMENT REVISION**

The document **must** be revised if:

- The table score (Sections A-D) is below 80%
- The reading level is above 6<sup>th</sup> grade.

Use *the Simply Put* manual for guidance. It can be accessed at [www.cdc.gov/od/oc/simpput.pdf](http://www.cdc.gov/od/oc/simpput.pdf).

**A. MESSAGE CONTENT** (*Simply Put: page 5*)

<i>Standards</i>	<b>Meets Standards</b> <b>(Column 1)</b>	<b>Does Not Meet Standards</b>	<b>Comments</b>
1. Messages are limited to 3-4 ideas per section			
2. Information that is not relevant is left out (i.e. the date of disease discovery)			
3. Active voice is used			
4. Action steps or desired behaviors for the reader have been identified			
5. Concrete nouns and short sentences are used			
6. Reading style is conversational & easy to read			
7. Jargon and technical language is limited			
8. Technical or scientific language is explained			
9. Language is appropriate to the target audience			
10. Information is presented in an order that is logical to the audience			
11. A “created” or “revised” date is included			
12. Sources of information are included			
13. Document is culturally appropriate to its target audience			
<b>Column 1 Total</b>	0		
<b>Column 1 ÷ 13</b>	0.00		
<b>TABLE SCORE (%)</b>	0%		



**B. TEXT APPEARANCE (*Simply Put*: page 9)**

<i>Standards</i>	<b>Meets Standards (Column 1)</b>	<b>Does Not Meet Standards</b>	<b>Comments</b>
14. The font is easy to read			
15. The font is at least 12 pt. and has serifs (little feet on the letters)			
16. Avoids using all capital letters			
17. No more than 2-3 font styles are used per page/section			
18. Bold, underlining, and italics are used sparingly to highlight information			
<b>Column 1 Total</b>	0		
<b>Column 1 Total ÷ 5</b>	0.00		
<b>TABLE SCORE (%)</b>	0%		

C. VISUALS (*Simply Put*: page 11)

<i>Standards</i>	<b>Meets Standards (Column 1)</b>	<b>Does Not Meet Standards</b>	<b>Comments</b>
19. Cover includes main messages found in text			
20. Visuals are appropriate to the target audience			
21. Visuals are simple and instructive, rather than decorative			
22. Visuals help explain the messages found in the text			
23. Visuals are placed near related text			
24. Visuals include captions			
25. Visuals are photo-ready (i.e. not distorted, stretched, or pixilated)			
26. Same types of photos are used throughout the document (i.e. <i>only</i> photos or <i>only</i> illustrations)			
<b>Column 1 Total</b>	0		
<b>Column 1 Total ÷ 8</b>	0.00		
<b>TABLE SCORE (%)</b>	0%		

**D. LAYOUT & DESIGN** (*Simply Put*: page 17)

<i>Standards</i>	<b>Meets Standards (Column 1)</b>	<b>Does Not Meet Standards</b>	<b>Comments</b>
27. Cover is attractive to the target audience			
28. Most important information is placed at the beginning of the document, and repeated at the end			
29. Information is chunked, using headings and subheadings			
30. Columns are used			
31. Lists include bullet points			
32. Document has a lot of white space ( 1 in. of white space around margins and between columns)			
33. Margins are at least ½ inch			
34. Text is aligned on the left only			
<b>Column 1 Total</b>	0		
<b>Column 1 Total ÷ 8</b>	0.00		
<b>TABLE SCORE (%)</b>	0%		

**E. READABILITY**

**Microsoft Word**

Word Count	
Passive Sentences [Goal: 30% or below]	
Flesch Reading Ease [Goal: 60 or above]	
Flesch Kincaid Grade Level [Goal: 6 <sup>th</sup> grade or below]	

**StyleWriter**

Style Index [Goal: Below 20]	
Passive Index [Goal: Below 25]	
Average Sentence Length [Goal: 15-20 words]	

**SMOG (optional)**

Number of sentences	
Number of Polysyllabic words (words with 3 or more syllables)	
Grade Level [Goal: 6 <sup>th</sup> grade or below]	



**Final Approval Form**  
*Print Materials Committee (PMC)*

Directions: This form should be filled out and signed by the Subject Matter Expert (SME), and faxed or emailed back to HEA.

Name (please print):

Title:

Program or SPA:

Title of Health Education Material:

***I have reviewed and approve of the final draft of this health education material. This material is now ready for dissemination.***

Signature (Subject Matter Expert):

Date:

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Signature (PMC representative):

Date:

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Please mail or fax the form and a copy of the final draft of the material to:

*Health Education Administration  
Attn: PMC  
600 South Commonwealth Ave, Suite 700  
Los Angeles, CA. 90005  
Fax: 213-351-0755*

Source: Adapted from LA Care Health Plan Materials Review Form

## Community Review Form

### Print Materials Committee (PMC)

The purpose of this survey is to get your feedback on a health education material that we are creating. We would like your input on its content and design, as well as any suggestions on how to improve it. All comments will be confidential and anonymous. Thank you for your participation.

*Reviewer Information:*

**Gender:**         Female     Male

**Age:** \_\_\_\_\_

**Which race/ethnicity do you identify as? (Check only one.)**

- African American/Black       Asian/Pacific Islander                       Hispanic/Latino  
 White/Non-Hispanic               Native American/Alaskan Native     Mixed/Multiethnic

*For each of the statements below, please indicate your selection by placing an X next to your response.*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. This brochure answered all of my questions on _____.				
2. The size of the lettering was easy to read.				
3. The words used in this brochure were easy to understand.				
4. The brochure was easy to follow.				
5. The pictures helped me understand the information better.				
6. After reading this brochure, I can explain _____ to my friends and family.				
7. This brochure increased my knowledge of _____.				

*Please answer the following two questions.*

5. If the brochure leaves out some information, what other things would you like to know more about?

6. Suggestions to improve this health education material:

## Sample Fact Sheets

### BEFORE

# Questions and Answers about Campylobacteriosis

## Q What is Campylobacter?

**A** Campylobacter, is a bacteria (germ) that affects the intestines and is a common cause of diarrhea. Most cases occur in the summer months. The name of the disease caused by Campylobacter is called Campylobacteriosis.

## Q Is this a new disease?

**A** No, but only recently has Campylobacteriosis has been recognized as a common infection.

## Q Who gets Campylobacteriosis?

**A** Anyone can get Campylobacteriosis, but it can be very serious in infants, younger children (ages 1-5) and persons who have other medical problems.

## Q Where are the Campylobacter germs found?

**A** The germs are found in many animals including pigs, cattle, dogs and poultry (particularly, chickens), carry the germs in their intestines. These sources, in turn, may contaminate meat products, water supplies, milk and other items in the food chain.

## Q How is the germ spread?

**A** The germ is spread by eating or drinking contaminated food or water or by contact with infected people or animals.

## Q What are the symptoms of Campylobacteriosis?

**A** The germs may cause diarrhea, fever, abdominal pain, nausea, vomiting, and small to large amounts of blood in the bowel movements (stool).

## Q How soon do the symptoms appear?

**A** Symptoms may appear two to five days after getting the infection.

Continued on back

### AFTER



# Questions and Answers About CAMPYLOBACTERIOSIS



## 1. What is campylobacteriosis?

Cam-py-lo-bac-ter is a bacteria (germ) that affects the intestines. It is a common cause of diarrhea. Most cases occur in the summer months. The name of the disease caused by Campylobacter is called campylobacteriosis.

## 2. Who gets campylobacteriosis?

Anyone can get it, but it can be very serious in infants, younger children (ages 1-5) and persons who have other medical problems.

## 3. How is the Campylobacter germ spread?

The germs are found in the intestines of many animals including pigs, cattle, dogs and poultry (particularly chickens). It's spread by eating or drinking contaminated food or water or by contact with infected people or animals. The germs may contaminate meat products, water supplies, milk and other items in the food chain.

## 4. How do you know if you have campylobacteriosis?

The germs may cause diarrhea, fever, abdominal pain, nausea, and small to large amounts of blood in the bowel movements (stool). These symptoms may appear 2 to 5 days after contact with the germs. People with campylobacteriosis pass the germs in their stools for a few days to a week or more.

## 5. How is campylobacteriosis treated?

Most people will get better on their own. Some people may need to replace fluids lost during their illness. In severe cases, antibiotics are used to kill the germ and shorten the time of the illness.

**Q How long can a person carry the Campylobacter germ?**

**A** Infected people pass the germs in their stools for a few days to a week or more.

**Q Should infected people be restricted or excluded from work?**

**A** Since Campylobacteriosis is passed in the stools, people with diarrhea who are unable to control their bowel movements should reduce their daily activities and contact with others. While the symptoms last, limited work or school restrictions may apply to individuals with Campylobacteriosis or their household contacts. Ask a Public Health Nurse for more information.

**Q How is Campylobacteriosis treated?**

**A** Most people with Campylobacteriosis will get better on their own. Some people may need to replace fluids lost during their illness. Medications may be used to treat severe cases of Campylobacteriosis.

**Q How can Campylobacteriosis be prevented?**

- A**
- Always handle raw poultry (especially chicken), beef and pork as if they are contaminated: wrap fresh meats in plastic bags at the market to prevent bloody liquid from dripping on other foods.
  - Refrigerate foods promptly; do not let them sit out at room temperature.
  - Carefully wash cutting boards and counters used to prepare raw foods immediately after use to avoid spreading the germs to other foods.
  - Do not eat raw or undercooked meats. Use a meat thermometer to make sure that the inside of the meat cooks at 165°F, and that there is no pink color remaining in the meat.
  - Do not eat raw eggs or undercooked foods containing raw eggs.
  - Do not drink raw (unpasteurized) milk.
  - Wash your hands carefully before and after food preparation.
  - Wash your hands before you eat.
  - Wash your hands carefully after using the bathroom.
  - Make sure children wash their hands carefully after handling their pets.

9/09

Your local Public Health Center is:



**6. Should infected people be restricted or excluded from work?**

Since it is passed in the stool, people with diarrhea who cannot control their bowel movements should reduce their daily activities and contact with others. Limited work or school restrictions may apply to individuals with campylobacteriosis or their household contacts. Ask a Public Health Nurse for more information.

**7. What can be done to prevent the spread of campylobacteriosis?**

- Always handle raw poultry (especially chicken), beef and pork as if they are contaminated: wrap fresh meats in plastic bags at the market to prevent bloody liquid from dripping on other foods.
- Refrigerate foods promptly; do not let them sit out at room temperature.
- Carefully wash cutting boards and counters used to prepare raw foods immediately after use to avoid spreading the germs to other foods.
- Do not eat raw or undercooked meats. Use a meat thermometer to make sure that the inside of the meat cooks at 165°F, and that there is no pink color remaining in the meat.
- Do not drink raw (unpasteurized) milk.
- Wash your hands thoroughly before and after food preparation.
- Wash your hands before you eat.
- Wash your hands carefully after using the bathroom.
- Make sure children wash their hands carefully after handling their pets.

**Source(s):**

1. *Campylobacteriosis*. L.A. Department of Public Health. <http://publichealth.lacounty.gov/acd/>
2. *Campylobacteriosis*. California Department of Public Health. [www.cdph.ca.gov/healthinfo](http://www.cdph.ca.gov/healthinfo)
3. *Campylobacteriosis*. Centers for Disease Control and Prevention. [www.cdc.gov/diseasesconditions](http://www.cdc.gov/diseasesconditions)

For additional resources, please dial 2-1-1 or visit the L.A. County Department of Public Health website <http://publichealth.lacounty.gov>.

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