

Communicable Diseases

July—August 2009

Volume 2, Issue 7

Monthly Newsletter

For Joplin City, Jasper, McDonald, Barton, Dade, Vernon and Newton Counties

Novel H1N1 Flu: Facts and Figures

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BRIEFS

Individual cases count of H1N1 flu discontinued

Individual case counts of H1N1 discontinued on July 24, 2009 due to widespread flu activity. With such widespread, individual cases did not represent the true burden of H1N1. CDC has therefore transitioned from tracking H1N1 spread to the standard surveillance systems that monitor trends of illnesses, hospitalizations and deaths.

Novel H1N1 vaccinations recommendations by ACIP

- ◆ Pregnant women,
- ◆ Household contacts & caregivers for children younger than 6 months,
- ◆ Healthcare & emergency medical services staff,
- ◆ All aged 6 mon to 24yrs
- ◆ Persons aged 25 to 64 yrs with health conditions associated with higher risk of complications from influenza.

Source: CDC website

A total of **43,771** cases of novel influenza A (H1N1) infection in the U.S. were reported from April 15 to July 24, 2009. Of these cases, there were **5,011** hospitalizations and **302** deaths.

As of July 31, **Missouri** had reported **86** confirmed cases of H1N1 infections including **one** death.

On July 24, 2009, the individual case counts were discontinued, but aggregate national reports on hospitalizations and deaths still continue.

Disease burden was reported to be greater among those younger than 25 years than older people.

Hospitalization due to H1N1 infection, according to a CDC study indicated that the rates were;

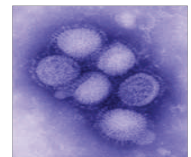
1. Highest among children in the 0 to 4 years of age group (4.5 per 100,000).
2. Second highest was in the 5 to 24 years of age group, (2.1 per 100,000 people)
3. Third highest were people 65 years and older (1.7 per 100,000).
4. Fourth highest was the age group 50 to 64 years of age (1.2 per 100,000 people),
5. Lowest among people in the 25 to 49 years of age group (1.1 per 100,000 people).

Obesity was noted as an underlying medical condition in some hospitalized novel H1N1 patients although it has not been previously recognized as a risk factor for serious seasonal flu-related complications.

Deaths due to H1N1 infection according to a study by CDC have been reported to be;

1. Highest among those 25 -to 49 years(39%),
2. Second highest among 50 -64 years (25%)
3. Third highest among those 5 - 24 yrs(16%)

This is a very different pattern from what is seen in seasonal influenza, where an estimated 90% of influenza-related deaths occur in people 65 years of age and older.



Source:

Missouri Department of Health and Senior Services and CDC

For more information on this article, visit **CDC**
<http://www.cdc.gov/h1n1flu/surveillanceqa.htm>

Sexually Transmitted Disease Updates—June 2009

Chlamydia

Chlamydia cases continued to increase in Jasper, Dade and Barton Counties in June compared to May. There were 50 cases reported in Jasper, 4 in Dade, and 3 in Barton Counties in June compared to 29, 0 and one case(s) in May respectively. McDonald, Vernon and Newton Counties reported less cases of STDs in June than in May (i.e. by 3, 3 and 5 respectively). No data for June 2009 was received for Joplin City from the State level.

Gonorrhea: 13 cases and one case were reported in Jasper & Newton Counties in June 2009.

Syphilis: According to available data, Jasper County reported one syphilis case in June 2009.

Overall, STD cases from January to June 2009 by county were as follows: Jasper (283), Joplin (146* June cases not included), McDonald (30), Newton (77), Barton (8), Dade (8), Vernon (21).

Source: <http://www.dhss.mo.gov/CommunicableDisease/Reports.html>



Local RMSF Report

RMSF is seasonal and normally occurs during the months of April to September.

Locally, RMSF have been reported in 2009 to date in;

Joplin City - 9 cases

Jasper County - 10

Dade County - 2

McDonald - 4

Vernon County - 2

Newton County - 11

Of these regions, only Joplin, Jasper and Dade reported higher cases to-date in 2009 compared with the same period in 2008

Rocky Mountain Spotted Fever (RMSF)

Rocky Mountain spotted fever (RMSF) is a potentially fatal disease caused by bacteria that are often carried by some ticks commonly found in Missouri. Humans typically become infected with the bacteria following the bite of an infected tick. Over 125 cases of RMSF have been reported annually in Missouri during the years 2005 to 2007.

RMSF is a seasonal disease and occurs in the U.S during the months of April through September.

Symptoms

The first symptoms of RMSF generally include a sudden onset of fever, muscle aches, nausea, vomiting, and a severe headache within 3 – 14 days following a tick bite. Approximately 2-5 days after the onset of fever some persons develop a rash often described as small, flat, pink, non-itchy spots on the wrists, forearms, and ankles. The rash may become raised and quickly spread to the palms of the hands and soles of the feet, before spreading to other parts of the body. It is important to note that some people with RMSF never develop a rash. In addition, some persons with RMSF do not even recall being bitten by a tick.

Diagnosis

Patients infected with RMSF generally visit the physician in the first week of their illness. RMSF can be difficult to diagnose in the early stages. A diagnosis of RMSF is based on a combination of clinical signs and symptoms as well as specialized confirmatory laboratory tests.

Treatments

Without prompt and appropriate treatment, RMSF can be fatal. Treatment with antibiotics (usually doxycycline) is very effective at reducing severity of the disease. If the appropriate treatment is started within the first 4-5 days of the illness, the fever will generally improve within 24-72 hours. Although RMSF can be severe, preventive therapy in non-ill persons following a tick bite is not recommended and may actually delay the onset of disease.

Prevention

Avoid getting bitten by ticks. Therefore, prevention measures should emphasize personal protection when exposed to areas where ticks are present:

- ◆ Wear light-colored clothing to make ticks easier to see.
- ◆ Wear long pants and tuck them into your socks so that ticks cannot crawl up the inside of your pants legs.

- ◆ Use of insect repellents containing 20-50% DEET on the skin for adults, and up to 30% DEET (children over 2 months old).
- ◆ For clothing, use permethrin or DEET.
- ◆ Be sure to follow the directions on repellents' containers and wash them off if going indoors.
- ◆ Conduct body checks regularly for ticks, especially upon return from potentially tick-infested areas.

Tick removal

It is important that the tick be removed promptly in order to reduce the risk of developing RMSF and other tick-borne illnesses.

- Use fine-tipped tweezers and protect your fingers with a tissue, paper towel, or latex gloves. Avoid removing ticks with your bare hands.
- Grasp the tick as close to the skin surface as possible and pull upward with steady and even pressure.
- DO NOT squeeze, crush, or puncture the body of the tick at any time while attached. This could force the disease causing bacteria from the tick into the bite wound.
- DO NOT squeeze the body of the tick to kill it after it has been removed. This could result in the disease causing bacteria to get onto/into your skin.
- After removing the tick, thoroughly disinfect the bite site and wash your hands with soap and water.
- DO NOT use matches, gasoline, nail polish remover, or other ointments to remove the tick. This could cause the tick to release additional saliva containing the disease causing bacteria into the bite wound.
- Inspect your body for additional ticks – don't forget the hard to see areas including the scalp. Note the date of the tick bite and consult your health care provider if you develop any symptoms consistent with RMSF.

Please contact your health care provider, local health department, or the Missouri DHSS (866-628-9891) if you have other questions about RMSF.

Source: <http://www.dhss.mo.gov/RockyMountainSpottedFever/>



Communicable Disease Monthly Report—July 2009

Cumulative Case from January Through the End of July 2009, by Jurisdictions (2008 & 2009)

(Includes confirmed, probable and suspect cases)

CONDITION / YEAR BY LPHA	JOPLIN		JASPER		BARTON		DADE		MCDONALD		VERNON		NEWTON	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
ANIMAL BITES	76	97	59	88	1	0	3	0	5	12	2	0	17	14
BRUCELLOSIS	0	0	0	1	0	0	0	0	0	0	0	0	0	0
CAMPYLOBACTERIOSIS	3	4	14	14	1	0	3	0	2	0	3	6	7	2
COCCIDIOIDOMYCOSIS	0	1	0	0	0	0	0	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS	1	0	2	1	0	1	0	0	1	1	7	3	2	4
E. COLI SHIGA TOXIN	1	0	8	3	0	1	0	0	0	0	0	0	0	1
E. COLI O157 H7	0	0	0	4	0	0	1	0	1	1	0	0	0	2
EHRlichIA CHAFFEENSIS	0	1	2	2	2	1	0	0	1	1	1	2	3	2
EHRlichIA/ANAPLASM, UNDETERMINED	0	0	0	1	0	0	0	0	0	0	0	0	0	0
GIARDIASIS	1	0	1	3	0	1	1	0	0	0	2	0	0	0
HAEMOPHILUS INFLUENZAE	0	0	0	1	0	0	0	0	0	0	0	0	0	0
HEPATITIS A ACUTE	1	0	0	1	0	0	0	0	0	1	0	0	0	1
HEPATITIS B PREGNANCY	0	2	2	1	0	0	0	0	0	0	0	0	1	0
HEPATITIS B (ACUTE)	2	5	2	1	0	0	2	1	1	1	1	1	4	1
HEPATITIS B (CHRONIC)	5	1	3	4	1	0	0	0	0	0	2	2	3	1
HEPATITIS C (ACUTE)	0	3	0	0	0	0	0	0	0	0	1	0	0	0
HEPATITIS C, CHRONIC INFECTION	56	39	30	42	4	4	1	5	19	17	13	14	37	27
LEGIONELLOSIS	0	0	1	0	0	0	0	1	0	0	0	0	0	0
MYCOBACTERIUM OTHER THAN TB (MOTT)	4	1	3	1	1	0	0	0	0	0	0	0	2	2
MUMPS	0	0	0	0	0	0	0	0	1	1	0	0	0	0
PERTUSSIS	0	2	0	15	0	0	0	0	0	0	0	1	0	6
Q FEVER (ACUTE)	0	0	0	0	0	0	0	0	0	0	0	0	0	1
RABIES POST EXPO PROPHYLAXIS	1	0	0	0	0	0	0	0	0	0	0	0	1	6
ROCKY MOUNTAIN SPOTTED FEVER	2	9	5	10	0	0	0	2	4	4	2	2	11	11
SALMONELLOSIS	11	7	5	4	1	0	0	0	4	2	3	1	6	3
STREP PNEUMONIAE, DRUG RESISTANT	0	0	0	0	0	0	1	0	0	0	0	1	0	1
TB DISEASE	0	2	0	0	0	0	0	0	0	0	0	0	1	0
TB INFECTION	12	12	23	16	2	0	0	0	5	10	1	1	4	1
TOXIC SHOCK (STAPH) SYNDROME	0	1	0	0	0	1	0	0	0	0	0	0	0	0
VARICELLA (CHICKENPOX)	0	1	9	21	0	1	0	1	0	2	0	0	6	6
Total Cases Per Year To-Date	176	188	169	234	13	10	12	10	44	53	38	34	105	93

Source: Crystal Reports, MDHSS

January Through July 2009

TB infection in McDonald County Increased to 10 cases since June, although no **TB disease in the county** has been reported so far.

Total cases reported to-date in Joplin, Jasper and MacDonald Counties in 2009 were higher than those reported in 2008 within the same period.

The same trend in the same 3 jurisdictions (Joplin, Jasper and MacDonald Counties) was reported concerning **Animal bites**.

Additional **E. Coli 0157 H7** cases were reported in Jasper and Newton Counties in July thus exceeding the previous year's reports.

Rocky Mountain Spotted Fever continued to rise in Joplin City, Jasper and Dade Counties in July.

Health Department Administrators

Joplin City: Dan Pekarek

(417) 623-6122

Jasper County: Tony Maehr

(417) 358-3111

Newton County: Bob Kulp

(417) 451-3743

Barton County: Linda Talbot

(417) 682-3363

Dade County: Pamela Allen

(417) 637-2345

Vernon County: Beth Swapes

(417) 667-7418

UPCOMING TRAININGS AND EVENTS

RESISTANT ORGANISM COALITION (ROC) Meeting—August 26, 2009

At Panera Bread Meeting Room (2401 E 32nd St. Joplin, MO.) at 8:00 am. ROC Inc. is a coalition group for local area health care providers, hospitals and health agencies with the goal of reducing the incidence of multi drug resistant organisms by increasing awareness and education in the community. If you would be interested, you are welcome to attend.

PRINCIPLES OF EPIDEMIOLOGY – October 21 and 22

The purpose of the Principles of Epidemiology course is to prepare public health professionals to conduct communicable disease surveillance and epidemiologic investigations. This course is open to employees of the local public health agencies and DHSS. The registration deadline is August 21. Call 573-751-6113 if you have any questions.

If you would like to post a communicable diseases related training or event, contact: JNjenga@Joplinmo.org

For Questions, Comments, Suggestions about the newsletter,

Please contact:

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Stop the spread of germs that make you and other sick!

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water.

or clean with alcohol-based hand cleaner.



Nothing great was ever achieved without enthusiasm." --Ralph Waldo Emerson