

Communicable Diseases

March 2011

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Monthly Newsletter

For Joplin City and Jasper County

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April is STD Awareness Month

April is STD Awareness Month, an annual observance to raise awareness about the impact of sexually transmitted diseases (STDs) and the importance of discussing sexual health with healthcare providers and, if sexually active, partners.

STDs are a major public health issue. CDC estimates more than 19 million new cases each year in the U.S. In 2009, there were more than 1.5 million total cases of chlamydia and gonorrhea reported to CDC, making them the two most commonly reported infectious diseases in the U.S. Direct medical costs associated with STDs in the U.S. are estimated at \$17 billion annually.



While it is encouraging to know that gonorrhea infections are at their lowest rates ever and more people are being tested for chlamydia, some Americans are at greater risk of infection than

others. Half of new STD infections occur among young people ages 15 to 24 even though this age group makes up 25% of the sexually active population. African Americans account for approximately half of all reported chlamydia and syphilis cases and almost three-quarters of all reported gonorrhea cases even though they represent just 14 percent of the U.S. population. *(Continued in p.2)*

Local STD Data: Joplin City and Jasper County

Local STD data show that locally reported STDs (chlamydia, gonorrhea and syphilis) included about 63 cases in Joplin City and 37 in Jasper County in January and February 2011.

Of the 63 STDs in Joplin, 15 were males and 48 were females. In Jasper County, 8 were males and 29 females. Of the 37 STDs, chlamydia was the most reported in both Jurisdictions, i.e. 51 in Joplin City and 32 in Jasper County.

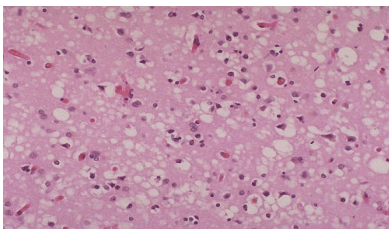
In terms of age distribution, the most reported cases occurred among young people ages 15 to 24 in both jurisdictions.

Source: DHSS



Creutzfeldt-Jakob disease (CJD): A Rare but Fatal Brain Disorder

Creutzfeldt-Jakob disease (CJD) is a rare and fatal brain disorder that causes rapid progressive dementia and associated muscle and nerve disturbances. It often causes microscopic (sponge-like) holes within the brain. CJD occurs worldwide and the estimated that approximately 250 to 300 new cases of CJD are reported in the U.S. every year.



This tissue slide shows sponge-like lesions in the brain tissue of a classic CJD patient.

How soon do symptoms occur?

Generally, the onset of symptoms for sporadic and inherited CJD cases occurs about age 60, but can be as early as 20 and as late as 90 years. If acquired through medical procedures such as corneal or dura mater transplants, onset of symptoms can be as short as 16 months or as long as 9 years.

Who gets CJD?

Anyone can be afflicted but typically occurs in later life. The vast majority of CJD patients usually die within a year from onset of the illness.

How is CJD transmitted/acquired?

The disease can occur sporadically (at irregular intervals in persons without known risk factors), can be inherited, can occur as a consequence of a medical procedure or through dietary consumption of tissue from infected cattle. The most common form is the sporadic CJD. CJD is not considered contagious in the traditional sense.

What are the symptoms of CJD?

Initially, persons may have difficulty sleeping, experience depression, problems with muscular coordination, impaired vision, and personality and behavioral changes such as memory, judgment and thinking.

As the disease progresses, mental impairment becomes more severe and involuntary muscle jerks often occurs along with blindness. Eventually, the ability to move or speak is lost and the person enters the coma until death occurs.

How is CJD diagnosed?

Physicians suspect a diagnosis of CJD on the basis of progression of the typical signs and symptoms of the disease i.e. when an adult develops rapid dementia with loss of muscle coordination. A confirmatory diagnosis of CJD requires testing of brain tissue obtained either at biopsy or autopsy.

How is CJD treated?

Unfortunately, there is no known effective treatment available to cure or control CJD. Current treatment is aimed at controlling symptoms and making the person as comfortable as possible.

Source:

Missouri Department of Health and Senior Services, DHSS
<http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/pdf/CJD.pdf>

Centers for Diseases Control and Prevention, CDC
http://www.cdc.gov/ncidod/dvrd/cjd/qa_cjd_infection_control.htm

(Cont'd from p.1) April is STD Awareness Month

STDs affect people of all races, ages, and sexual orientations, but some individuals experience greater challenges in protecting their health. Regardless of community affiliation, personal decisions and actions regarding condom use, partner choice, and drug or alcohol abuse also affect a person's risk for STDs. When risk behaviors are combined with barriers to quality health information and STD prevention services, the risk of infection increases.

To ensure that individuals have the opportunity to make healthy decisions, it is essential to address

both the individual and social dynamics that contribute to their risk for STDs. Increased prevention efforts, including screening and treatment, are critical to reducing the serious health consequences of STDs.

Talk with your doctor or health care provider about STDs and ask about recommended vaccinations and testing. Talk openly and honestly with your partner about STDs.

Source: CDC

Learn more:<http://www.cdc.gov/Features/STDAwareness/>

Communicable Disease Monthly Report (January through February)

Table 1

Cumulative Cases from January to March 31, in Joplin City and Jasper County; 2010 & 2011.
(Data includes confirmed, probable and suspect cases)

CONDITION / YEAR BY LPHA	JOPLIN		JASPER	
	2010	2011	2010	2011
ANAPLASMA PHAGOCYTOPHILUM	0	0	0	1
CAMPYLOBACTERIOSIS	4	1	72	5
COCCIDIOIDOMYCOSIS	0	0	0	1
CREUTZFELDT-JAKOB DISEASE	0	1	0	0
CRYPTOSPORIDIOSIS	1	0	0	0
E. COLI SHIGA TOXIN	1	0	0	0
GIARDIASIS	0	2	2	2
HEPATITIS B PREGNANCY	1	0	0	0
HEPATITIS B ACUTE	1	6	2	2
HEPATITIS B CHRONIC	2	2	0	2
HEPATITIS C ACUTE	0	0	1	2
HEPATITIS C, CHRONIC INFECTION	19	4	17	5
MENINGOCOCCAL DISEASE	1	0	0	0
MYCOBACTERIUM OTHER THAN TB	2	0	0	2
PERTUSSIS	1	0	0	0
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	2
SALMONELLOSIS	0	5	1	2
SHIGELLOSIS	3	1	0	14
STREP DISEASE, GROUP A	0	0	0	1
TB DISEASE	0	1	0	0
TB INFECTION	2	1	11	14
TOXIC SHOCK (STAPH) SYNDROME	0	0	0	1
VARICELLA (CHICKENPOX)	0	0	1	4

Source: Crystal Reports, DHSS. Data is preliminary and may be subject to change.

Shigellosis

Shigellosis cases reported in Jasper County have increased substantially (14 cases) from January through March. There were no shigellosis cases that had been reported within the same time frame in 2010. (See table 1). Joplin City has one case reported since January 2011.

Shigellosis is a bacterial disease that causes diarrhea (often bloody), fever, and stomach cramps starting from a day or 2 after exposure to the bacterium.

Shigellosis is reportable in Missouri and shall be reported to the local health agency within one (1) day of first knowledge or suspicion.

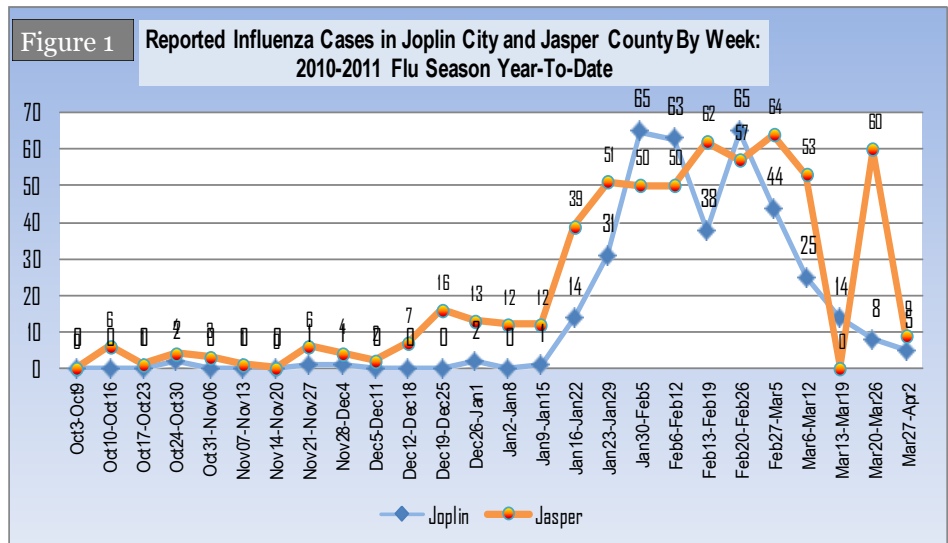
For more information, contact your local health agency.

Local Flu Activity: 2010-2011 Flu Season

The flu trend in Jasper County and Joplin City has been declining in March as shown in fig.1.

Of 582 flu cases reported in Jasper County, 382 were type A, 193 were type B, 4 were 2009 H1N1 and 3 were untyped. Of 379 cases in Joplin City, 187 were type A, 148 were type B and 44 were untyped.

In 2011, more cases of type B flu have been reported, compared with the four (4) previous years.



Contacts

Joplin City Health Department:
(417) 623-6122

Jasper County Health Department
(417) 358-3111

For Questions, and/or Comments
about this newsletter, contact;

Joseph T. Njenga, MPH, MHA
Epidemiologist/Health Planner
City of Joplin Health Department
Jasper County Health Department
321 E. 4th Street
Joplin, MO. 64801

Office Tel: (417) 623-6122
[Email: JNjenga@Joplinmo.org](mailto:JNjenga@Joplinmo.org)

TRAININGS AND EVENTS

FREE INFLUENZA WORKSHOPS 2011 MAY through JULY – MARK YOUR CALENDARS!

The Section for Disease Control and Environmental Epidemiology, Bureau of Communicable Disease Control and Prevention is planning several free workshops on influenza throughout the state. Topics will include seasonal and pandemic influenza, working with the State Public Health Laboratory, reporting and surveillance, and vaccine issues.

For more information, please contact Lesha Peterson at 573-522-9146 or by e-mail at: Lesha.Peterson@dhss.mo.gov.

- ♦ May 25 DHSS Central Office - Jefferson City
- ♦ June 7 Northwest District Health Office – Independence
- ♦ June 16 Southeast District Health Office - Poplar Bluff
- ♦ June 22 Springfield Library Center – Springfield
- ♦ June 30 Jefferson County Health Department – Arnold
- ♦ July 14 Cameron Area Health Office – Cameron

The workshops are from 9:00 a.m. – 3:00 p.m. with lunch on your own.

Flu Surveillance: 2010-2011 Flu Season

National Flu Activity

While influenza-like illness (ILI) activity in the U.S. is declining, the flu viruses are still spreading and causing illness. CDC still recommends flu vaccination for everyone 6 months and older. (see fig 1)

Missouri Flu Activity

For the week ending April 2, 2011 (Week 13), Missouri reported declining flu activity.

Local Flu Activity

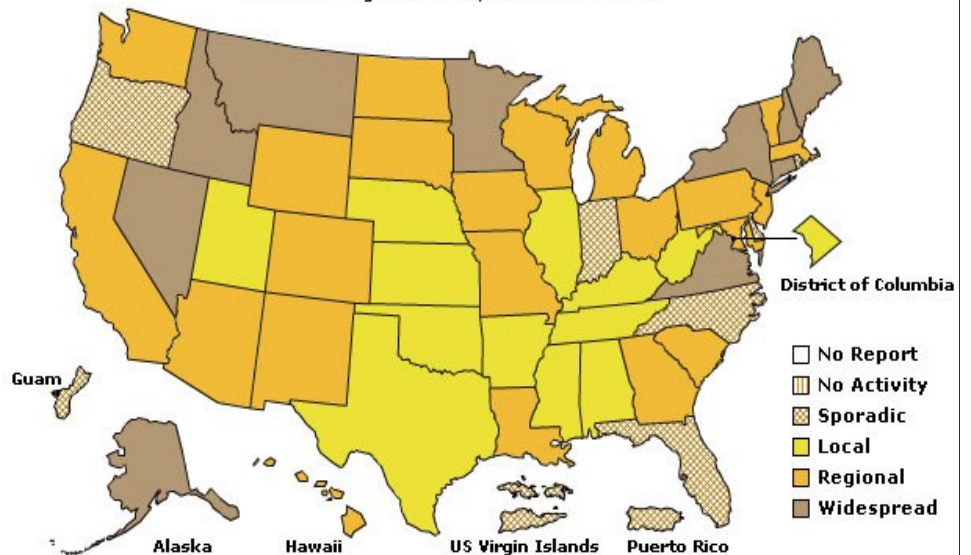
There were **582** and **379** flu cases reported in Jasper County and Joplin City respectively, as of April 2, 2011 (Week 13).

Source: CDC & DHSS

Figure 2

A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending March 26, 2011- Week 12



*This map indicates geographic spread and does not measure the severity of influenza activity.

Source: CDC Flu Surveillance

“Too many people miss the silver lining because they're expecting gold.” ~Maurice Setter.