



**Public Health**  
Prevent. Promote. Protect.

**TANEY COUNTY  
HEALTH  
DEPARTMENT**

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**Protect Yourself from  
Tick Bites**

Know where to expect ticks..

- Use a repellent with DEET (on skin or clothing) or permethrin (on clothing).
- Folklore remedies, such as the use of petroleum jelly or hot matches, do little to encourage a tick to detach from skin. In fact, they may make matters worse by irritating the tick and stimulating it to release additional saliva or regurgitate gut contents, increasing the chances of transmitting the pathogen.

Source: CDC.gov

# Communicable Disease Report

For Barry, Lawrence, Taney & Stone Counties

May-June,  
2010

Volume 5, Issue 3

## Rocky Mountain Spotted Fever

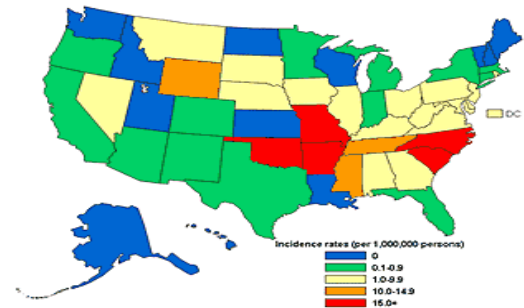
134 cases of Rocky Mountain spotted fever has been reported in the Missouri southwest region from May 1, 2010 to July 1, 2010. In 2009, the same time frame and region, there were only 38 reported cases.

Rocky Mountain spotted fever has been a reportable disease in the United States since the 1920s. In the last 50 years, approximately 250-1200 cases of Rocky Mountain spotted fever have been reported annually, although it is likely that many more cases go unreported. CDC compiles the number of cases reported by the state health departments. To ensure standardization of reporting across the country, CDC advises that a consistent case definition be used by all states.

Over 90% of patients with Rocky Mountain spotted fever are infected during April through September. This period is the season for increased numbers of adult and nymphal Dermacentor ticks. A history of tick bite or exposure to tick-infested habitats is reported in approximately 60% of all cases of Rocky Mountain spotted fever.

The states with the highest incidences of Rocky Mountain spotted fever are North Carolina and Oklahoma; these two states combined accounted for 35% of the total number of U.S. cases reported to CDC during 1993 through 1996. Although Rocky Mountain spotted fever was first identified in the

Rocky Mountain states, less than 3% of the U.S. cases were reported from that area during the same interval (1993-1996).



Epidemiology - Annual incidence per million population for Rocky Mountain spotted fever by state in the United States for 2002, as determined on the basis of cases reported to the National Electronic Telecommunications System for Surveillance.

The frequency of reported cases of Rocky Mountain spotted fever is highest among males, Caucasians, and children. Two-thirds of the Rocky Mountain spotted fever cases occur in children under the age of 15 years, with the peak age being 5 to 9 years old. Individuals with frequent exposure to dogs and who reside near wooded areas or areas with high grass may also be at increased risk of infection.

Limiting exposure to ticks reduces the likelihood of infection with tickborne diseases. In persons exposed to tick infested habitats, prompt careful inspection and removal of crawling or attached ticks is an important method of preventing disease. It may take extended attachment time before organisms are transmitted from the tick to the host.

Source: CDC.gov/

Taney County Communicable Disease Surveillance, 2010

**Resources**

- Removing Ticks: [http://www.cdc.gov/ticks/tick\\_removal.html](http://www.cdc.gov/ticks/tick_removal.html)
- Tickborne Diseases: <http://www.dhss.mo.gov/TicksCarryDisease/>
- Treatment for Tickborne Diseases: <http://www.cdc.gov/ticks/treatment.html>

## Communicable Disease Reports By County

Communicable Diseases Reported*, May-June 2010				
	Barry	Lawrence	Stone	Taney
Animal Bites	0	4	3	17
Campylobacteriosis	2	0	1	2
Cryptosporidiosis	1	0	0	0
E. coli O157:H7	1	0	0	0
E. Coli Shiga Toxin Positive	0	0	0	0
Ehrlichia Chaffeensis	0	3	0	1
Giardia	0	1	0	0
Hemolytic Uremic Syndrome	0	0	0	0
Hepatitis A, Acute	0	0	0	0
Hepatitis B, Acute	1	2	0	1
Hepatitis B, Chronic	0	0	0	0
Hepatitis C, Chronic	0	1	3	3
Legionellosis	1	0	1	0
Meningococcal Disease	0	0	0	0
Pertussis	0	0	0	0
Rabies Post Exposure Prophylaxis	0	2	0	0
Rocky Mountain Spotted Fever	3	0	1	13
Salmonellosis	0	0	0	2
Shigellosis	0	0	1	2
Strep Pneumoniae, <5 yrs, Invasive	0	1	0	0
Tularemia	0	0	0	0
Varicella (Chicken Pox)	0	0	0	0
<b>Total</b>	<b>9</b>	<b>14</b>	<b>10</b>	<b>41</b>
*Includes all reported conditions (confirmed, probable and suspect)				

### Local Concerns

*With increasing temperatures and humidity, caution should be taken to avoid heat exhaustion and heat stroke. If working outside, drink plenty of water and take frequent breaks. There are cooling centers that are available in your area. Provided below is a link to cooling centers by county.*

<http://www.dhss.mo.gov/coolingcenter2010.pdf>

*Please remember prevention!! Check your body for ticks at least once a day and don't forget to check the pets too.*

*During the rainy season, water may collect in places that harbor mosquito breeding. Take action with your neighbors and go around and empty containers of water around your homes.*

*Travelers are encouraged to review prevention information if they are traveling. Information regarding travelers health can be found at:*

<http://www.cdc.gov/travel/default.aspx>

### Smallpox Eradication Anniversary

- 2010 marks the 30th anniversary of the eradication of smallpox. Smallpox was officially declared eradicated in 1980 and is the first disease to have been fought on a global scale.
- At the end of the 1960s smallpox was still endemic in Africa and Asia.
- Smallpox is an acute contagious disease, caused by the variola virus. It is transmitted from person to person via infected aerosols and droplets from infected symptomatic people.



Checking the vaccine reserves in Geneva, Switzerland, 1984

Source: WHO

Source: WHO/Marc Vanappelgham

<b>Communicable Diseases Reported In SW Missouri*</b>	<b>May-June 2010</b>
Animal Bites	54
Campylobacteriosis	40
Coccidioidomycosis	1
Cryptosporidiosis	11
Cyclosporiasis	0
E. Coli (Shiga Toxin)	6
E. Coli O157:H7	4
Ehrlichiosis Anaplasmosis	16
Ehrlichia Chaffeensis	13
Giardiasis	10
Haemophilus Influenza, Invasive	1
Hemolytic Uremic Syndrome	2
Hepatitis A, Acute	1
Hepatitis B, Prenatal	3
Hepatitis B, Acute	25
Hepatitis B, Chronic	22
Hepatitis C, Acute	2
Hepatitis C, Chronic	65
Legionellosis	6
Listeriosis	1
Meningococcal Disease	0
Mumps	4
Pertussis	7
Rabies, Animal	0
Rabies, Post Exposure Prophylaxis	8
Rocky Mountain Spotted Fever	134
Salmonellosis	21
Shigellosis	20
Strep. Disease-Group A Invasive	2
Strep pneumonia, <5 Years, Invasive	0
Strep Pneumoniae, Drug-Resistant	3
TB Disease	2
TB Infection	35
Tetanus	0
Toxic Shock (Strep) Syndrome	1
Tularemia	0
Typhoid Fever	0
Varicella (Chickenpox)	10
Varicella with Complications	0

\*Includes only confirmed or probable cases entered into the MOHSIS database, preliminary data.

## Communicable Disease Spotlight **Giardiasis**

### What is giardiasis?

Giardiasis is an intestinal illness caused by a microscopic parasite called Giardia lamblia. It is a common cause of diarrheal illness and over 700 cases are reported in Missouri each year. Cases may occur sporadically, in clusters, or outbreaks.

### Clinical Case Definition:

An illness caused by the protozoan Giardia lamblia and characterized by diarrhea, abdominal cramps, bloating, weight loss, or malabsorption.

### Transmission:

Spread via contaminated food and water and by direct person-to-person contact. Giardia has been found in infected people (with or without symptoms) wild and domestic animals. The beaver has gained attention as a possible source of giardia contamination of lakes, reservoirs and streams, but human fecal wastes are probably just as important.

People with diarrhea need to be excluded from child care, food service or any other group activity where they may present a risk to others. Most infected people may return to work or school when their diarrhea stops if they carefully wash their hands after using the bathroom.

### What can a person or community do to prevent the spread of giardiasis?

Three important preventive measures are:

- Wash hands thoroughly after toilet visits or changing diapers and before preparing or eating foods.
- Dispose of sewage wastes, so as not to contaminate surface or groundwater.
- Avoid consuming improperly treated drinking water.

### Laboratory Criteria for Diagnosis:

- Demonstration of G. lamblia cysts in stool.
- Demonstration of G. lamblia trophozoites in stool, duodenal fluid, or small-bowel biopsy.
- Demonstration of G. lamblia antigen in stool by a specific immunodiagnostic test (e.g., enzyme-linked immunosorbent assay).

### Symptoms:

Most people with giardiasis will not have any symptoms. Others may have mild to severe diarrhea, cramps, bloating, and gas. Occasionally, some will have diarrhea which lasts for several weeks or months, with weight loss.

### Treatment:

Medications such as quinacrine, metronidazole or furazolidone are often prescribed by doctors to treat giardiasis. However, some individuals may recover on their own without medication.



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Fax: 417-335-5727  
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VISIT OUR WEBSITE!

[WWW.TANEYCOHEALTH.ORG](http://WWW.TANEYCOHEALTH.ORG)

**DISEASE SURVEILLANCE**

If your agency would like to participate in our communicable disease surveillance program, please contact us. By providing daily or weekly reports to the local health department, your agency can provide valuable information that will help protect our community.

Questions or Comments?  
Please contact  
Robert Niezgoda or  
Kim Foster at  
417-334-4544 or  
NIEZGR@lpha.mopublic.org

**Missouri Communicable  
Disease Reporting Rule!**  
For more information go to:  
[http://www.dhss.mo.gov/  
CommunicableDisease/  
reportablediseaselist2.pdf](http://www.dhss.mo.gov/CommunicableDisease/reportablediseaselist2.pdf)

**Upcoming Educational Opportunities**

- Public Health Podcasts Available. The CDC has created several audio and video programs for viewing on your computer or MP3 player. For more information visit: <http://www.cdc.gov/Features/Podcasts/> or <http://www2a.cdc.gov/podcasts/browse.asp>
- 2010 PUBLIC HEALTH EMERGENCY PREPAREDNESS CONFERENCE, July 27-28**  
The 2010 Public Health Emergency Preparedness Conference sponsored by the Missouri Department of Health and Senior Services Center for Emergency Response and Terrorism (CERT) will be held July 27 - 28 at the Holiday Inn Executive Center in Columbia. [www.dhss.mo.gov/fridayfacts](http://www.dhss.mo.gov/fridayfacts)
- Principles of Epidemiology Course- July 21 & 22, Oct 20 & 21-Friday Facts** [www.dhss.mo.gov/fridayfacts](http://www.dhss.mo.gov/fridayfacts)
- Upcoming Satellite Broadcasts-** Visit *Friday Facts* for a link to upcoming educational opportunities provided by satellite or webcast: <http://www.dhss.mo.gov/fridayfacts/>

**Travelers' Health**

Planning a vacation this summer? Going abroad?

Be sure that you and your family are up to date on your routine vaccinations. These vaccines are necessary for protection from diseases that are still common in many parts of the world even though they rarely occur in the United States. If you are not sure which vaccinations are routine, look at the schedules that are located below and for Infants/children and childhood and adolescent immunization schedules you can view them on the CDC website: <http://wwwnc.cdc.gov/travel/content/vaccinations.aspx>

These vaccines are recommended to protect travelers from illnesses present in other parts of the world and to prevent the importation of infectious diseases across international borders. Which vaccinations you need depends on a number of factors including your destination, whether you will be spending time in rural areas, the season of the year you are traveling, your age, health status, and previous immunizations.

Schedule a visit with your doctor, 4-6 weeks before your trip. Most vaccines take time to become effective in your body and some vaccines must be given in a series over a period of days or sometimes weeks. If it is less than 4 weeks before you leave, you should still visit your doctor. You might benefit from shots or medications and other information about how to protect yourself from illness and injury while traveling.

The only vaccine required by International Health Regulations is yellow fever vaccination for travel to certain countries in sub-Saharan Africa and tropical South America. Meningococcal vaccination is required by the government of Saudi Arabia for annual travel during the Hajj.

Source: CDC.gov

**Recommended adult immunization schedule, by vaccine and age group - United States, 2010**

VACCINE ▼	AGE GROUP ►	19-26 years	27-49 years	50-59 years	60-64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>1,*</sup>		Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years				Td booster every 10 years
Human papillomavirus <sup>2,*</sup>		3 doses (females)				
Varicella <sup>3,*</sup>		2 doses				
Zoster <sup>4</sup>					1 dose	
Measles, mumps, rubella <sup>5,*</sup>		1 or 2 doses		1 dose		
Influenza <sup>6,*</sup>		1 dose annually				
Pneumococcal (polysaccharide) <sup>7,8</sup>		1 or 2 doses				1 dose
Hepatitis A <sup>9,*</sup>		2 doses				
Hepatitis B <sup>10,*</sup>		3 doses				
Meningococcal <sup>11,*</sup>		1 or more doses				

<sup>1</sup> Covered by the Vaccine Injury Compensation Program.   For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)   Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)   No recommendation