



# Communicable Disease Report

For Barry, Lawrence, Taney & Stone Counties

March-April  
2009

Volume 5, Issue 2

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

**TANEY COUNTY  
HEALTH  
DEPARTMENT**

## H1N1 Influenza (Swine Flu)

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### H1N1: What You Can Do to Stay Healthy

- **Stay informed.**
- Influenza is thought to **spread mainly person-to-person** through coughing or sneezing of infected people.
- **Take everyday actions to stay healthy.**
  - Cover your nose and mouth when you cough or sneeze.
  - Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
  - Avoid touching your eyes, nose or mouth.
  - Stay home if you are sick and limit contact with others to keep from infecting them.
- **Follow public health advice** regarding school closures, avoiding crowds and other social distancing measures.

Novel influenza A (H1N1) is a new flu virus of swine origin that was first detected in April, 2009. The virus is infecting people and is spreading from person-to-person, and has sparked a growing outbreak of illness in the United States with an increasing number of cases being reported internationally as well.

CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this new virus in the coming weeks because the population has little to no immunity against it. Novel influenza A (H1N1) activity is now being detected in two of CDC's routine influenza surveillance systems as reported in the May 8, 2009 *FluView*. *FluView* is a weekly report that tracks U.S. influenza activity through multiple systems across five categories.

The May 8 *FluView* found that the number of people visiting their doctors with influenza-like illness is higher than expected in the United States for this time of year. Second, laboratory data shows that regular seasonal influenza A (H1N1), (H3N2) and influenza B viruses are still circulating in the United States, but novel influenza A (H1N1) and "unsubtypable" viruses now account for a significant number of the viruses detected in the United States.

It's thought that novel influenza A (H1N1) flu spreads in the same way that regular seasonal influenza viruses spread; mainly through the coughs and sneezes of people who are sick with the virus.

CDC continues to take aggressive action to respond to the outbreak. CDC's response goals are to reduce the spread and severity of illness, and to provide information to help health care providers, public health officials and the public address the challenges posed by this new public health threat.

CDC has developed a PCR diagnostic test kit to detect this novel H1N1 virus and has now distributed

test kits to all states in the U.S. and the District of Columbia and Puerto Rico. The test kits are being shipped internationally to help states and other countries to test for this new virus. This increase in testing will likely result in an increase in the number of confirmed cases of illness reported. This, combined with ongoing monitoring through *Flu View* should provide a fuller picture of the burden of disease in the United States over time.

CDC is issuing updated interim guidance daily in response to the rapidly evolving situation.

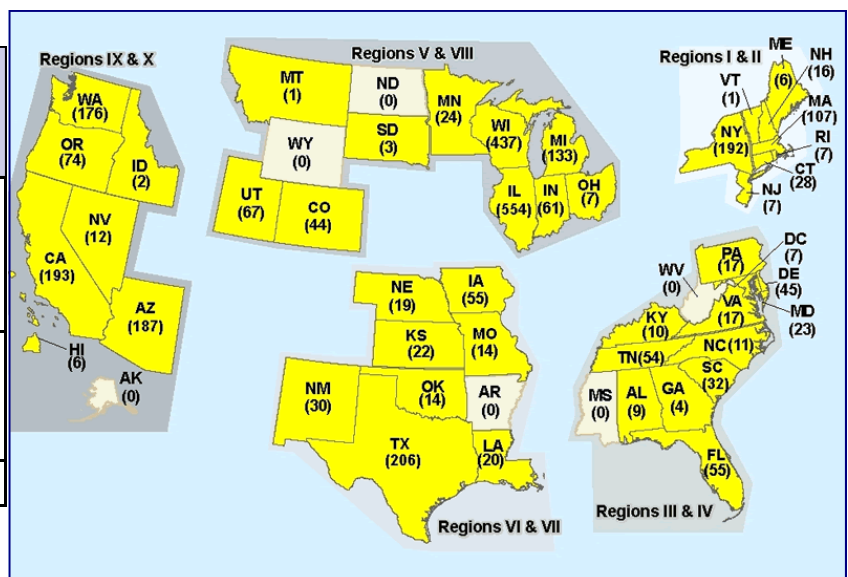
CDC has issued interim guidance for clinicians on identifying and caring for patients with novel H1N1, in addition to providing interim guidance on the use of antiviral drugs. Influenza antiviral drugs are prescription medicines (pills, liquid or an inhaler) used to treat infections of influenza viruses, including novel influenza H1N1 viruses. The priority use for influenza antiviral drugs during this outbreak is to treat severe influenza illness, including people who are hospitalized or sick people who are considered at high risk of serious influenza-related complications.

In addition, CDC has provided guidance for the public on what to do if they become sick with flu-like symptoms, including infection with novel H1N1. CDC also has issued instructions on taking care of a sick person at home. Novel H1N1 infection has been reported to cause a wide range of symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. In addition, a significant number of people also have reported nausea, vomiting or diarrhea. Everyone should take everyday preventive actions to stop the spread of germs, including frequent hand washing and people who are sick should stay home and avoid contact with others in order to limit further spread of the disease.

For more information and updates, please visit the CDC website: [www.cdc.gov/h1n1flu/](http://www.cdc.gov/h1n1flu/)

Source: CDC

U.S. Human Cases of H1N1 Flu Infection: May 11, 2009	
States (Including District of Columbia)	TOTAL (45)
Laboratory confirmed cases	3009 cases
Deaths	3 deaths



## Communicable Disease Reports By County

Communicable Diseases Reported*, March-April 2009				
	Barry	Lawrence	Stone	Taney
Animal Bites	10	5	3	10
Campylobacteriosis	0	0	1	0
Giardia	0	1	0	1
Haemophilus Influenzae, invasive	1	0	0	0
Hepatitis B, Acute	0	2	1	1
Hepatitis B, Chronic	2	0	0	0
Hepatitis C, Acute	0	0	0	1
Hepatitis C, Chronic	5	7	7	12
Legionellosis	0	0	0	2
Pertussis	0	1	0	0
Rabies Post Exposure Prophylaxis	0	0	0	1
Rocky Mountain Spotted Fever	0	0	0	2
Salmonellosis	0	1	0	0
Strep Disease, Group A Invasive	0	0	0	0
Varicella	9	0	1	1
<b>Total</b>	<b>27</b>	<b>17</b>	<b>13</b>	<b>31</b>

\*Includes all reported conditions (confirmed, probable and suspect)

### Local Concerns

- A total of 25 *Giardia* cases have been identified in the SW region since January. No common link has been identified.
- A total of 318 chronic Hepatitis C cases were identified in the region.
- Two suspect Legionellosis cases were identified in Taney County. The investigations revealed that the two cases were not related. One case was likely exposed during travel to a foreign country.
- Tick-borne disease prevention planning efforts should be started soon. Please encourage those who are participating in outdoor activities to take precautions to avoid tick bites.
- Travelers should be encouraged to review prevention information if they are traveling this spring and summer. Information regarding travelers health can be found at:

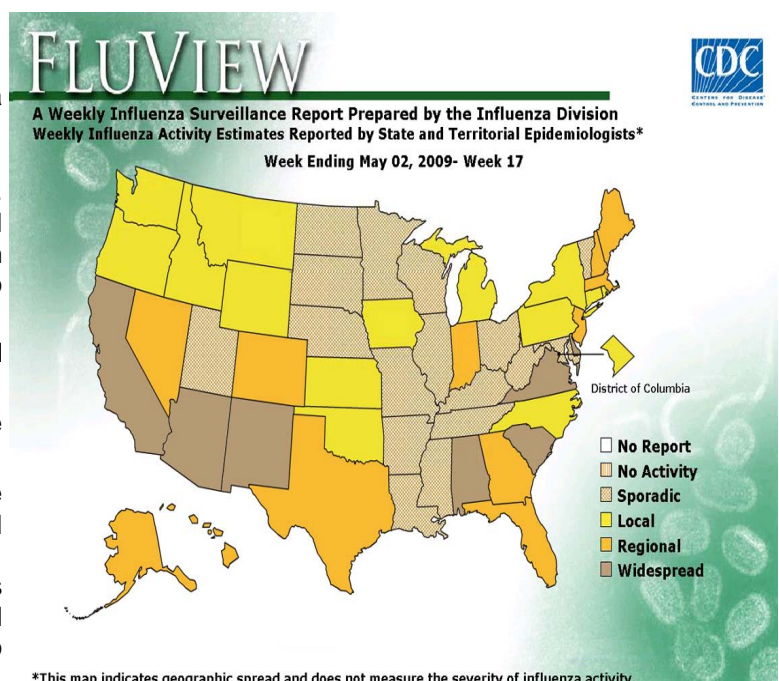
<http://wwwn.cdc.gov/travel/default.aspx>

### SEASONAL INFLUENZA UPDATES & INFO

During week 17 (April 26 - May 2, 2009), influenza activity increased in the United States.

- A total of 1,892 (13.2%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza.
- The proportion of deaths attributed to pneumonia and influenza was below the epidemic threshold.
- No influenza-associated pediatric deaths were reported
- The proportion of outpatient visits for influenza-like illness (ILI) was 2.6% which is above the national baseline.

Seven states reported widespread activity, 12 states reported regional activity, the District of Columbia and 14 states reported local influenza activity; and Puerto Rico and 17 states reported sporadic influenza activity.



Communicable Diseases Reported In SW Missouri*	Jan 1 to April 30, 2009
Animal Bites	436
Campylobacteriosis	32
Cryptosporidiosis	11
E. Coli (Shiga Toxin)	8
E. Coli O157:H7	1
EHrlichia Chaffeensis	1
Giardiasis	25
Haemophilus Influenza, Invasive	5
Hepatitis A, Acute	2
Hepatitis B, Prenatal	7
Hepatitis B, Acute	6
Hepatitis B, Chronic	19
Hepatitis C, Acute	3
Hepatitis C, Chronic	318
Meningococcal Disease	1
Mumps	1
Pertussis	17
Rabies, Post Exposure Prophylaxis	14
Rocky Mountain Spotted Fever	2
Salmonellosis	24
Shigellosis	7
Strep. Disease-Group A Invasive	4
Strep pneumonia, <5 Years	2
Strep Pneumoniae, Drug-Resistant	3
Tetanus	1
Toxic Shock (Strep) Syndrome	1
Tularemia	1
Varicella (Chickenpox)	33
Varicella with Complications	1

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

*Communicable Disease Spotlight*  
**Rocky Mountain Spotted Fever**

**Overview:**

Rocky Mountain spotted fever (RMSF) is a zoonotic disease caused by a genus of bacteria called *Rickettsia*. This tick-borne illness typically begins with a sudden onset of influenza-like symptoms, which may include fever, chills, severe headache, muscle pain, and fatigue. Some patients report nausea, vomiting, and a lack of appetite. The classic spotted rash is usually not apparent until the fifth or sixth day and may be an indicator of potentially serious illness.

RMSF is the most frequently reported rickettsial illness in both Missouri and the United States. Because early symptoms resemble other infectious and non-infectious diseases, RMSF can be difficult to diagnose. Without prompt treatment, it can be fatal. Treatment decisions should be based on epidemiologic and clinical clues, and never be delayed while waiting for laboratory results. Doxycycline is the accepted treatment of presumptive RMSF in adults and children. In spite of its name, the highest incidences of RMSF in the United States are reported in the mid-southern states of Oklahoma, North Carolina, South Carolina, Arkansas, and Missouri.

Ticks are the transmitter of *Rickettsia rickettsii*, the agent that causes the disease, primarily by their bite. Less commonly, infections may occur following exposure to fluids from crushed ticks or tick feces. The principle vector of RMSF in Missouri is the American dog tick. The risk of exposure to a tick carrying *R. rickettsii* is low. In general, about 1%-3% of tick populations are infected with *R. rickettsii*, even in areas where the majority of human cases are reported.

**Prevention:**

- Avoid tick habitats during the peak time of year (generally April through September).
- Tick repellents with 20 to 50% DEET offer the best protection. The American Academy of Pediatrics has recommended that repellents containing up to 30% DEET can be used on children over 2 months of age.
- Wear clothes that will help shield you from ticks.
- Check frequently for ticks and remove them promptly.

**For a more information, refer to:**

- *Control of Communicable Diseases Manual (CCDM)*, American Public Health Association, 2004
- American Academy of Pediatrics. *Red Book: 2006 Report of the Committee on Infectious Diseases*. 27th ed. 2006.
- U.S. Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report, Recommendations and Reports #4, Diagnosis and Management of Tick-borne Rickettsial Diseases*, 2006.

**Source:**

Missouri DHSS, Communicable Disease Reference Manual;  
<http://www.dhss.mo.gov/CDManual/CDManual.htm>



**Public Health**  
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VISIT OUR WEBSITE!

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### 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 Taney County Health Department, your agency can provide valuable information that will help protect our community.

Questions or Comments?  
Please contact  
Robert Niezgoda at  
417-334-4544 or  
[NIEZGR@lpha.mopublic.org](mailto:NIEZGR@lpha.mopublic.org)

**Missouri 2008 Communicable Disease Reporting Rule!** For more information go to: <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>
- **“WHACK THE FLU” EDUCATIONAL PROGRAM IS NOW AVAILABLE** Missouri students can learn how to keep from getting—and spreading—the flu by using effective hygiene habits. The *WHACK the Flu* school health flu education program is now available with downloadable educational materials such as a skit, song, and posters for pre-K through third-grade classrooms. WHACK is an acronym for important health messages such as W-Wash your hands and H-Home is where you stay when you are sick. Free print materials will be available in late spring. For more information contact the Bureau of Communicable Disease Control and Prevention at 573-751-6113, or e-mail Alyce Turner at [Alyce.Turner@dhss.mo.gov](mailto:Alyce.Turner@dhss.mo.gov).
- **Upcoming Satellite Broadcasts-** Visit *Friday Facts* for a link to upcoming educational opportunities provided by satellite or webcast: <http://www.dhss.mo.gov/fridayfacts/>

## In The News: Influenza A (H1N1) World Health Organization Update, May 12, 2009

As of May 12, 2009, a total of 30 countries have officially reported 5,251 cases of influenza A(H1N1) infection.

Mexico has reported 2,059 laboratory confirmed human cases of infection, including 56 deaths (case fatality rate: 2.7% ). The United States has reported 2,600 laboratory confirmed human cases, including three deaths. Canada has reported 330 laboratory confirmed human cases, including one death. Costa Rica has reported eight laboratory confirmed human cases, including one death.

The following countries have reported laboratory confirmed cases with no deaths - Argentina (1), Australia (1), Austria (1), Brazil (8), China (2, comprising 1 in China, Hong Kong Special Administrative Region, and 1 in mainland China), Colombia (3), Denmark (1), El Salvador (4), France (13), Germany (12), Guatemala (1), Ireland (1), Israel (7), Italy (9), Japan (4), Netherlands (3), New Zealand (7), Norway (2), Panama (16), Poland (1), Portugal (1), Republic of Korea (3), Spain (95), Sweden (2), Switzerland (1) and the United Kingdom (55).

WHO is not recommending travel restrictions related to the outbreak of the influenza A(H1N1) virus. Individuals who are ill should delay travel plans and returning travelers who become ill should seek appropriate medical care. These recommendations are prudent measures which can limit the spread of many communicable diseases, including influenza. Further information on the situation will be available on the WHO web site on a regular basis: [www.who.int](http://www.who.int).

