



Communicable Disease Newsletter

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WWW.TANEYCOHEALTH.ORG

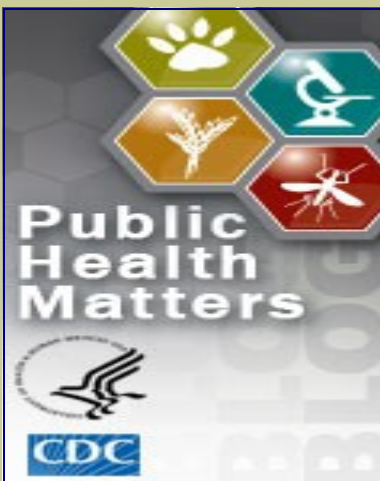
F O R T A N E Y , L A W R E N C E A N D B A R R Y C O U N T I E S

PREVENTION CALENDAR

- TB In-service Meetings April 6, Library Center, Springfield. See March 4, Friday Facts for more information. <http://dhss.mo.gov/information/news/fridayfacts/3ff4.pdf>
- Free Influenza Workshop, June 22, Library Center, Springfield. See March 4, Friday Facts for more information. <http://dhss.mo.gov/information/news/fridayfacts/3ff4.pdf>
- CDC offers video podcasts on health information and they also have a CDC mobile website to retrieve health information on your mobile device. Go to CDC.gov for more information.

INSIDE THIS ISSUE:

County CD Reports	2
Emergency Preparedness	2
SW District CD Reports	3
Disease Spotlight	3
Travelers Health	4



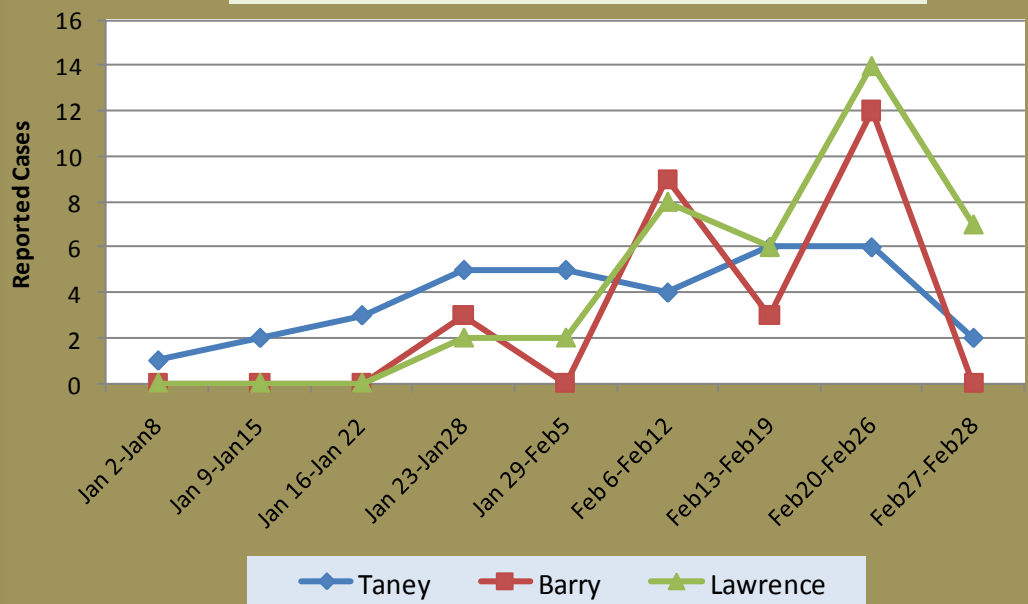
Local Influenza Surveillance

Flu activity is following historical levels with four of the five previous seasons. However, there were slight increases in respiratory-related illnesses in some local surveillance sites during the third and fourth weeks of February. According to CDC, flu activity may rise and fall but it is expected to continue for several more months.

For the week ending February 26, 2011 (Week 8), Missouri reported widespread activity to the CDC. Widespread activity is defined as increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions and recent (within the past 3 weeks) lab confirmed influenza in the state.

Source: MoDHSS

2011 Reported Influenza Cases
Taney, Barry and Lawrence County by Week



Source: MoDHSS Crystal Reports

**Communicable Diseases Reported*,
January-February 2011**

	Barry		Lawrence		Taney	
	2010	2011	2010	2011	2010	2011
Campylobacteriosis	0	1	1	1	1	0
Cryptosporidiosis	0	0	0	0	0	1
Giardia	4	0	0	2	0	0
Hepatitis B, Acute	0	0	1	0	0	1
Hepatitis C, Chronic	0	0	1	0	5	3
Q Fever	0	1	0	0	0	0
Rabies Post Exposure Prophylaxis	1	0	4	0	0	0
Rocky Mountain Spotted Fever	0	0	1	0	1	0
Salmonellosis	0	0	0	1	1	0
Shigellosis	3	0	0	0	0	0
Varicella (Chicken Pox)	3	0	7	0	0	0
Total	11	2	15	4	8	5

*Includes all reported conditions (confirmed, probable and suspect) as of March 2, 2011. For January and February 2011. 2010 data is from January 1 to February 28, 2010

**TANEY, LAWRENCE
AND BARRY COUNTY
CONTACT INFORMATION**

Taney County Health Department
320 Rinehart Rd
Branson, Mo. 65616
417-334-4544

Barry County Health Department
65 Main Street,
Cassville, Mo. 65625
417-847-2114

Taney County Health Department Forsyth Office
15479 US Highway 160
Forsyth, Mo. 65653
417-546-4725
www.taneycohealth.org

Barry County Health Department Satellite Office
1000 S. Lincoln Highway 37S
Monett, Mo. 65708
417-354-8686
www.barrycountyhealth.org

Lawrence County Health Department
105 West North Street
Mount Vernon, Mo. 65712
417-466-2201
www.lawrencecohealth.com



Emergency Preparedness and You

The possibility of public health emergencies arising in the United States concerns many people in the wake of recent hurricanes, tsunamis, acts of terrorism, and the threat of pandemic influenza. Though some people feel it is impossible to be prepared for unexpected events, the truth is that taking preparedness actions helps people deal with disasters of all sorts much more effectively when they do occur.

1. Get a Kit

Gather emergency supplies such as water and food that you can provide for your entire family

2. Make a Plan

Develop a family disaster plan

3. Be Informed

Learn how to shelter in place

Maintain a healthy state of mind



Source: CDC

For more information on preparing yourself and your family for an emergency, please visit www.dhss.mo.gov for "Ready in 3" or www.taneycohealth.org.

Communicable Diseases		
Reported In SW Missouri*	January-February 2010	January-February 2011
Campylobacteriosis	24	17
Coccidioidomycosis	1	0
Cryptosporidiosis	5	4
E. Coli (Shiga Toxin)	2	0
E. Coli O157:H7	6	0
Giardiasis	15	12
Hepatitis A, Acute	1	0
Hepatitis B, Prenatal	4	5
Hepatitis B, Acute	4	3
Hepatitis B, Chronic	6	8
Hepatitis C, Acute	0	1
Hepatitis C, Chronic	19	9
Legionellosis	2	0
Lyme	0	1
Malaria	0	1
Pertussis	6	6
Q Fever	0	1
Rabies, Animal	1	0
Rabies, Post Exposure Prophylaxis	14	3
Rocky Mountain Spotted Fever	8	2
Salmonellosis	15	13
Shigellosis	11	14
Strep. Disease-Group A Invasive	7	7
Strep pneumonia, <5 Years, Invasive	0	3
Strep Pneumoniae, Drug-Resistant	1	5
TB Disease	4	3
TB Infection	61	16
Tularemia	1	0
Varicella (Chickenpox)	49	14

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

Communicable Disease Spotlight

What is Rabies?

Rabies is a disease that can affect all mammals and each year about 7,500 animals, most of them wild, are diagnosed as having the disease in the United States. The disease is found in all states except Hawaii.

Clinical Case Definition

Rabies is an acute encephalomyelitis that almost always progresses to coma or death within 10 days after the first symptom.

Case classification

Confirmed: a clinically compatible case that is laboratory confirmed.

Comment

Laboratory confirmation by all methods is strongly recommended.

Transmission

The primary route of human infection with the rabies virus is through a bite from a rabid animal (the skin must be broken for virus transmission to occur). Rabies transmission is also possible when a claw scratch or a mucosal surface (e.g., eye, nose, mouth) is contaminated with the saliva from a rabid animal. Rabies in humans is rare in the United States because of effective vaccines for dogs and cats and treatment for people exposed to rabid animals. More than 22,000 people in the United States receive treatment each year to prevent disease from occurring due to an exposure.

Laboratory Criteria for Diagnosis

- Detection by direct fluorescent antibody of viral antigens in a clinical specimen (preferably the brain or the nerves surrounding hair follicles in the nape of the neck), or
- Isolation (in cell culture or in a laboratory animal) of rabies virus from saliva, cerebrospinal fluid (CSF), or central nervous system tissue, or
- Identification of a rabies-neutralizing antibody titer >5 (complete neutralization) in the serum or CSF of an unvaccinated person.

Treatment

Administration of two products: rabies immune globulin and rabies vaccine. The initial dose of the vaccine is administered at the same time as the rabies immune globulin but in a different anatomical area and then on days 3, 7, 14 and 28 after the first vaccination.

Source: DHSS.mo.gov

TRAVELER'S HEALTH

Counterfeit Drugs and Travel

Counterfeit (or fake) drugs are products that are manufactured using incorrect, inactive, or harmful ingredients. These drugs are then packaged and labeled to look like real brand-name and generic drugs to deceive consumers into thinking that they are buying real drugs. Counterfeit drugs are unsafe because they may contain inactive ingredients that are not effective or toxic ingredients that are harmful to your health.

What do counterfeit drugs look like?

The only way to really know if a drug is counterfeit is through chemical analysis done in a laboratory. However, there are some signs that you can look for that may indicate a counterfeit drug. For example, counterfeit tablets may:

- Have a strange smell, taste, or color
- Break apart very easily
- Be in poor-quality packaging or packages with misspelled labels
- Cost very little, especially compared with the normal price of that particular drug



Source: www.belgraviacentre.com

What this means for you as a traveler:

CDC recommends that you bring with you all the drugs that you think you will need during your trip, rather than buying them while you are traveling.

The quality and safety of drugs purchased outside the United States cannot be guaranteed. These drugs may not meet United States quality standards, may have the same name but actually be a different drug, or may be counterfeit. These products may be dangerous to your health because they may contain too little or too much of the active ingredient, or they may not contain any active ingredients. These products may also contain toxic ingredients. Although many types of drugs could be counterfeit, drugs that prevent malaria are very often targeted by counterfeiters, especially in countries where malaria is a major health risk.

To learn more about the dangers of counterfeit drugs, visit the US Food and Drug Administration (FDA) webpage on combating Counterfeit Drugs and WHO's Counterfeit Medicines fact sheet.

Source: CDC.gov

Upcoming Educational Opportunities

Satellite Broadcasts:

Please go to <http://dhss.mo.gov/information/news/fridayfacts/2ff25.pdf>
Under "Satellite Broadcasts and Webcasts" for registration

3/8/2011

Global Issues in Local Provision of Immunization Care

3/15/2011

Public Health Nurse Ready

3/16/2011

Diabetes and Cardiovascular Update: The Prevention and Treatment of Metabolic Syndrome

3/23/2011

Leadership & Advocacy: Trends and Challenges in Maternal and Child Health

Questions or Comments
about the CD Newsletter?

Please contact:

Robert Niezgoda or
Kim Foster at
417-334-4544 or
NIEZGR@lpha.mopublic.org

Missouri Communicable Disease Reporting Rules!

For more information go to:

[http://www.dhss.mo.gov/
CommunicableDisease/
reportablediseaselist2.pdf](http://www.dhss.mo.gov/CommunicableDisease/reportablediseaselist2.pdf)

"Arguably the greatest technological triumph of the century has been the public-health system, which is sophisticated preventive and investigative medicine organized around mostly low- and medium-tech equipment; ... fully half of us are alive today because of the improvements."
- Richard Rhodes



Public Health
Prevent. Promote. Protect.