



Communicable Disease Newsletter

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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

- Register for, "Show Me You Care About Suicide Prevention" July 28 & 29. To register for this event visit <http://www.health.mo.gov/information/news/fridayfacts/6ff24.pdf>
- Missouri's Health Information Exchange, July 13 invites providers to register to hear the latest on ICD-10. For registration go to: <http://www.health.mo.gov/information/news/fridayfacts/7ff1.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
CD Surveillance	2
SW District CD Reports	3
Disease Spotlight	3
Traveler's Health	4



U.S. Measles in 2011 Linked to Outbreaks Abroad

The United States is experiencing a high number of reported measles cases in 2011, many of which were acquired during international travel. From January 1 through June 17 this year, 156 confirmed cases of measles were reported to CDC. This is the highest reported number since 1996. Most cases (136) were associated with importations from measles-endemic countries or countries where large outbreaks are occurring. The imported cases involved unvaccinated U.S. residents who recently traveled abroad, unvaccinated visitors to the United States, and people linked to these imported cases. To date, 12 outbreaks (three or more linked cases) have occurred, accounting for 47% of the 156 cases. Of the total case-patients, 133 (85%) were unvaccinated or had undocumented vaccination status. Of the 139 case-patients who were U.S. residents, 86 (62%) were unvaccinated, 30 (22%) had undocumented vaccination status, 11 (8%) had received one dose of measles-mumps-rubella (MMR) vaccine, 11 (8%) had received two doses, and one (1%) had received three (documented) doses.

Measles was declared eliminated in the United States in 2000 due to our high two dose measles vaccine coverage, but it is still endemic or large outbreaks are occurring in countries in Europe (including France, the United Kingdom, Spain, and Switzerland), Africa, and Asia (including India). The increase in measles cases and outbreaks in the United States this year underscores the ongoing risk of importations, the need for high measles vaccine coverage, and the importance of prompt and appropriate public health response to measles cases and outbreaks.

Recommendations for Health Care Providers

- Ensure all patients are up to date on MMR vaccine and other vaccines.
- For those who travel abroad, CDC recommends that all U.S. residents older than six months be protected from measles and receive MMR vaccine, prior to departure, if needed.
- Infants 6 through 11 months old should receive one dose of MMR vaccine before departure.
- Children 12 months of age or older should have documentation of two doses of MMR vaccine (separated by at least 28 days).
- Teenagers and adults without evidence of measles immunity should have documentation of two appropriately spaced doses of MMR vaccine.
- Isolate suspect measles case-patients and immediately report cases to local health departments to ensure a prompt public health response.
- Obtain specimens for testing, including viral specimens for confirmation and genotyping.

Source: CDC.gov

Communicable Diseases Reported*, May-June 2011

TANEY, BARRY AND
LAWRENCE COUNTY
CONTACT
INFORMATION

	Barry		Lawrence		Taney	
	2010	2011	2010	2011	2010	2011
CAMPYLOBACTERIOSIS	2	3	4	1	2	2
COCCIDIOIDOMYCOSIS						
CRYPTOSPORIDIOSIS	1			1	1	
E COLI SHIGA TOXIN POSITIVE						
E.COLI 0157:H7						1
EHRlichia CHAFFEENSIS			3	2	1	1
GIARDIASIS			1		1	1
HEPATITIS B ACUTE						1
HEPATITIS B CHRONIC						1
INFLUENZA						
LEGIONELLOSIS						
MENINGOCOCCAL DISEASE						
RABIES POST EXPOSURE PROPHYLAXIS		1	2			
ROCKY MOUNTAIN SPOTTED FEVER	1	2		2	6	
SALMONELLOSIS		2		1	2	2
SHIGELLOSIS					2	
STREP DISEASE, GROUP A INVASIVE			1	1		
TB INFECTION						
VARICELLA (CHICKENPOX)						

* Includes only confirmed or probable cases entered into the MOHSIS database

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Branson Office**
320 Rinehart Rd
Branson, Mo. 65616
417-334-4544
www.taneycohealth.org

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

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

Communicable Disease Surveillance

Communicable disease surveillance is a multi-component system that monitors and analyzes data that includes, but is not limited to, demographic, geographic, and disease/condition-specific information. Accurate identification and timely reporting are integral parts of successful disease control, enabling public health agencies to:

- identify contacts who may be infected or other individuals at risk for infection,
- determine the incidence and prevalence of disease in a specific area of the state,
- assist physicians and hospitals in evaluating illnesses in their patients and communities, and
- assist the public in making better decisions regarding their health and lifestyle.

Successful communicable disease surveillance enhances control efforts; such as developing prevention/intervention strategies and policies, and responding to events involving potential exposure to communicable disease.

The goal of DHSS disease surveillance is to maintain an integrated statewide surveillance system for communicable, zoonotic, and environmentally induced health threats and to disseminate this information rapidly to customers.

Communicable Diseases		
Reported in SW Missouri*	May-June 2010	May-June 2011
ANAPLASMA PHAGOCYTOPHILUM	2	3
BACTERIAL MENINGITIS OTHER	0	0
BRUCELLOSIS	0	0
CAMPYLOBACTERIOSIS	39	40
COCCIDIOIDOMYCOSIS	1	0
CREUTZFELDT-JAKOB DISEASE (CJD)	0	0
CRYPTOSPORIDIOSIS	14	8
E COLI SHIGA TOXIN POSITIVE	5	12
E. COLI O157 H7	4	7
EHRlichia CHAFFEENSIS	14	16
GIARDIASIS	11	12
HAEMOPHILUS INFLUENZAE, INVASIVE	1	4
HANSENS DISEASE (LEPROSY)	0	0
HEPATITIS A ACUTE	1	0
HEPATITIS B (PREGNANCY) PRENATAL	3	2
HEPATITIS B ACUTE	3	5
HEPATITIS B CHRONIC INFECTION	5	9
INFLUENZA	0	0
INFLUENZA DEATH < 18 YEARS	0	0
LEGIONELLOSIS	3	4
LYME	0	1
MALARIA	0	1
MEASLES	3	0
MENINGOCOCCAL DISEASE	0	1
MOTT	13	6
MUMPS	2	0
OTHER	0	0
PERTUSSIS	5	1
Q FEVER	0	0
RABIES POST EXPOSURE PROPHYLAXIS	9	10
ROCKY MOUNTAIN SPOTTED FEVER	33	19
SALMONELLOSIS	21	32
SHIGELLOSIS	21	46
STREP DISEASE, GROUP A INVASIVE	2	6
STREP PNEUMONIAE, <5 YEARS, INVASIVE	0	0
STREP PNEUMONIAE, DRUG-RESISTANT	2	3
TB DISEASE	1	0
TB INFECTION	50	28
TULAREMIA	2	0
VARICELLA (CHICKENPOX)	10	4
Total	280	280

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

Communicable Disease Spotlight Paragonimiasis

What is Paragonimiasis?

Paragonimiasis is an uncommon disease in the United States. Trematodes of the *Paragonimus* genus cause Paragonimiasis, a parasitic disease that ranges from a subacute to chronic inflammatory disease of the lung.

Clinical Case Definition

An illness caused by the Trematodes of the *Paragonimus* genus characterized by abdominal pain, diarrhea and urticaria during the acute phase, followed by fever, cough, dyspnea, chest pain, malaise and sweats. Chronic pulmonary symptoms may persist for several months including productive cough of tenacious and rusty or golden sputum. Complications of infection can lead to encephalopathy. Further, extrapulmonary infection can also occur with symptoms closely associated with the organ system affected.

Laboratory Criteria for Diagnosis

Laboratory-confirmed Paragonimiasis shall be defined as the detection of *Paragonimus* in symptomatic or asymptomatic persons:

- Oocysts/eggs in stool or sputum by microscopic examination,
- Oocysts/eggs in intestinal fluid or small bowel biopsy specimens,
- Demonstration of reproductive stages in tissue preparations,
- Antibody detection using complete fixation (CF) or enzyme immunoassay (EIA) tests.

Case classification

Confirmed: laboratory-confirmed case associated with one of the symptoms described above.

Probable: a clinically compatible case with significant radiographic findings in the absence of any laboratory confirmed tests.

Comment:

Currently, Paragonimiasis is not a reportable condition. However, it is an emerging condition in Missouri. Therefore, MoDHSS are requesting the following reporting requirements:

* For suspect, probable and confirmed cases, complete Disease Case Report (CD-1) and a Paragonimiasis Supplemental Case Report.

Transmission

Transmission occurs when raw or undercooked freshwater crabs or crayfish containing larvae are ingested.

Incubation Period

Variable: egg production begins approximately eight weeks after ingestion of *P. westermani* metacercariae.

Treatment

Praziquantel and triclabendazole are the two agents that the World Health Organization (WHO) recommends to treat Paragonimiasis. Praziquantel is the most commonly used and has a cure rate of 80-90%.

TRAVELER'S HEALTH

Managing Summer Heat, Travel With Diabetes

Getting out of the routine is part of the fun of traveling. But if you have diabetes, there's one routine you need to take with you: your care routine.

Meals away from home, and summer heat, can all affect how well you manage diabetes. Before you hit the road, review these tips for taking care of yourself. If you're not traveling this summer, you'll still find helpful advice here for coping with hot weather which can be harmful to people living with diabetes.

Hot weather – temperatures of 80°F (26.7°C) or above, especially with humidity – can affect medication, testing supplies and your health. If you have diabetes, it is harder for your body to handle high heat and humidity. The heat index, which measures how hot it really feels by combining temperature and humidity readings, advises caution starting at 80°F with 40% humidity.

- Heat can affect your blood glucose (sugar) levels and also increase the absorption of some fast-acting insulin, meaning you will need to test your blood glucose more often and perhaps adjust your intake of insulin, food and liquids.
- Drink plenty of fluids, especially water, to avoid dehydration. Avoid sugar-sweetened beverages such as sweet tea and sodas.
- If your doctor has limited how much liquid you can drink, ask what to do during times of high heat.
- Check package inserts with medications to learn when high temperatures can affect them. Take medications with you if you will need to take them while you're away from home, and protect them from the heat.
- If you're traveling with insulin, don't store it in direct sunlight or in a hot car. Keep it in a cooler, but do not place it directly on ice or on a gel pack.
- Check glucose meter and test strip packages for information on use during times of high heat and humidity. Do not leave them in a hot car, by a pool or on the beach.
- Heat can damage insulin pumps and other equipment. Do not leave the disconnected pump or supplies in the direct sun.
- Get physical activity in air-conditioned areas, or exercise outside early or late in the day, during cooler temperatures.

Please take precautions while traveling this summer season!

Source: CDC.gov

Upcoming Educational Opportunities

Questions or Comments
about the CD Newsletter?

Please contact:

Kimberly Foster at

417-334-4544 or

fostek1@lpha.mopublic.org

Missouri Communicable Disease Reporting Rules!

For more information go to:

[HTTP://health.mo.gov/living/
healthcondiseases/
communicable/
communicabledisease/pdf/
reportablediseaselist2.pdf](http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/reportablediseaselist2.pdf)

- **Free Webinar** for physicians, nurses, and public health practitioners. *Recognizing and Treating Tick-borne Diseases*. Contact Alyce Turner at alyce.turner@health.mo.gov
- **HEALTH AGENCY TRAINING (HAT): INTRODUCTION TO BASIC EPIDEMIOLOGY** - July 12 and 13 in Rolla, and July 20 and 21 in Springfield *This activity has been submitted to the Missouri Nurses Association for approval to award nursing contact hours. The Missouri Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.* If you are interested in attending please call 573-751-6113
- **5TH ANNUAL SOUTHERN OBESITY SUMMIT – October 2 – 5**
The 5th Annual Southern Obesity Summit consists of 50 interactive sessions showcasing the most innovative policy and community-based initiatives from across the south, inspiring and provoking keynotes from southern and national leaders, networking opportunities, and more! For additional information and to register visit www.southernobesitysummit.org. If you have any questions please contact Stephanie Ondrias at sondrias@texashealthinstitute.org or call 512-279-3920
- **CDC-TV**– Watch, listen and learn. Many popular health topics can be viewed at any time. To view go to: <http://www.cdc.gov/cdctv/>

“Public health practice embraces all those actions that are directed to the assessment of health and disease problems in the population; the formulation of policies dealing with such problems; and the assurance of environmental, behavioral, and medical services designed to accelerate favorable health trends and reduce the unfavorable.”
Afifi, Abdelmonem & Breslow



Public Health
Prevent. Promote. Protect.