



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

- Free Health Information Technology Educational Summit. May 25, 2011. To register: <http://www.apस्क.org>
- Free Influenza Workshop, June 22, Library Center, Springfield. See March 4, DHSS "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.

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The Missouri Autism and Developmental Disabilities Monitoring Project

CDC considers Autism Spectrum Disorder (ASD) an urgent public health concern and recognize that accurate reporting of ASD prevalence is important to families, educators, health providers, and policy makers. In the 1990's there was an emerging concern about the increase of ASD and at that time there was no population-based surveillance system for ASD's in the United States.

CDC began the ADDM Network (Autism and Developmental Disabilities Monitoring) in 2000 to collect comparable epidemiological data in multiple areas in the United States. By 2004 early prevalence results confirmed that more children with ASD's were being identified than in the past. CDC partnered with American Academy of Pediatrics to issue and Autism A.L.A.R.M. to raise awareness of ASD's.

The Children's Health Act of 2000 authorized CDC to create the ADDM Network and since then CDC has funded 16 sites covering 17 states, Missouri being one of those states. Studies were done in Missouri in 2004 & 2006 among 8 year olds with the following results, reported in 2009:

| | 2004 | 2006 |
|-------------------------------|---------------|---------------|
| Number of Children Identified | 221 | 321 |
| Prevalence of ASD | 8.2 per 1000 | 12.1 per 1000 |
| Boys | 13.5 per 1000 | 19.3 per 1000 |
| Girls | 2.8 per 1000 | 4.7 per 1000 |
| White, non-Hispanic | 8.7 per 1000 | 13.7 per 1000 |
| Black | 3.2 per 1000 | 5.1 per 1000 |
| Hispanic | 5.5 per 1000 | 2.6 per 1000 |
| Asian or Pacific Islander | 4.3 per 1000 | 7.8 per 1000 |

If you would like to read more about these results in Missouri and other states, please visit: <http://www.cdc.gov/ncbddd/autism/states/ADDMCommunityReport2009.pdf>

Communicable Diseases Reported*, March-April 2011

| | Barry | | Lawrence | | Taney | |
|-------------------------------------|-------|------|----------|------|-------|------|
| | 2010 | 2011 | 2010 | 2011 | 2010 | 2011 |
| ANIMAL BITES | | 1 | 5 | | 9 | |
| CAMPYLOBACTERIOSIS | 2 | 1 | 4 | 3 | 4 | 2 |
| COCCIDIOIDOMYCOSIS | | | | 1 | | |
| CRYPTOSPORIDIOSIS | 1 | | | | 2 | |
| E COLI SHIGA TOXIN POSITIVE | | | 1 | | | 2 |
| EHRlichia CHAFFEENSIS | 1 | 1 | | | | |
| GIARDIASIS | | 1 | | | 1 | |
| HEPATITIS B ACUTE | | | | 1 | | |
| HEPATITIS B CHRONIC | 1 | 1 | | 1 | | |
| HEPATITIS C CHRONIC | 3 | 1 | 6 | 1 | 3 | 1 |
| INFLUENZA | | | | 1 | | |
| LEGIONELLOSIS | | | | | 1 | |
| MENINGOCOCCAL DISEASE | | | | | 1 | 1 |
| RABIES POST EXPOSURE PROPHYLAXIS | | 1 | 1 | | | |
| ROCKY MOUNTAIN SPOTTED FEVER | | | | 1 | | 1 |
| SALMONELLOSIS | | | 2 | 2 | 1 | |
| SHIGELLOSIS | | | 1 | | 3 | |
| STREP DISEASE, GROUP A INVASIVE | | 1 | | | | |
| TB INFECTION | | | | 1 | 3 | |
| VARICELLA (CHICKENPOX) | | | 1 | | | |

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

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

**Taney County Health Department
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

19 CSR 20-20 Reporting Communicable, Environmental and Occupational Diseases.

This a Code of State Regulations that designates the diseases, disabilities, conditions and findings that must be reported to the local health authority or the Department of Health and Senior Service. It also instructs when to report.

Who is to report to the local health department:

- Physicians,
- Physician's Assistant
- Nurse
- Hospital
- Clinic
- Private or public institution providing diagnostic testing, screening or care

What to Report:

Case Report on patients attended by the physician, physician's assistant, or nurse at the institution. You can download a Case Report form at www.health.mo.gov.

- | | |
|------------------------------|---|
| • Name | • Name of disease condition or finding diagnosed or suspected |
| • Home address with zip code | • Date of onset of the illness |
| • Date of birth | • Name and address of the treating facility |
| • Age | • Attending physician |
| • Sex | • Lab results |
| • Race | • Date of Report |
| • Home phone number | |

Please visit this URL for the complete CSR that can be saved on your desktop for future reference. <http://www.sos.mo.gov/adrules/csr/current/19csr/19c20-20.pdf>. You may also visit: www.health.mo.gov for Reportable Diseases and Conditions

| Communicable Diseases | March-April 2010 | March-April 2011 |
|--------------------------------------|------------------|------------------|
| Reported in SW Missouri* | | |
| ANAPLASMA PHAGOCYTOPHILUM | 1 | 0 |
| ANIMAL BITES | 0 | 23 |
| BACTERIAL MENINGITIS OTHER | 0 | 0 |
| BRUCELLOSIS | 1 | 0 |
| CAMPYLOBACTERIOSIS | 105 | 39 |
| COCCIDIOIDOMYCOSIS | 0 | 4 |
| CREUTZFELDT-JAKOB DISEASE (CJD) | 0 | 0 |
| CRYPTOSPORIDIOSIS | 16 | 1 |
| E COLI SHIGA TOXIN POSITIVE | 1 | 4 |
| E. COLI O157 H7 | 1 | 2 |
| EHRlichia CHAFFEENSIS | 2 | 1 |
| GIARDIASIS | 16 | 8 |
| HAEMOPHILUS INFLUENZAE, INVASIVE | 4 | 0 |
| HANSENS DISEASE (LEPROSY) | 0 | 1 |
| HEPATITIS A ACUTE | 0 | 0 |
| HEPATITIS B (PREGNANCY) PRENATAL | 2 | 4 |
| HEPATITIS B ACUTE | 3 | 7 |
| HEPATITIS B CHRONIC INFECTION | 10 | 9 |
| HEPATITIS C ACUTE | 1 | 3 |
| HEPATITIS C CHRONIC INFECTION | 159 | 11 |
| INFLUENZA | 8 | 10 |
| INFLUENZA DEATH < 18 YEARS | 0 | 1 |
| LEGIONELLOSIS | 2 | 0 |
| LYME | 0 | 1 |
| MENINGOCOCCAL DISEASE | 0 | 0 |
| MOTT | 1 | 11 |
| MUMPS | 0 | 0 |
| OTHER | 0 | 0 |
| PARAGONIMIASIS | 0 | 1 |
| PERTUSSIS | 18 | 2 |
| Q FEVER | 0 | 0 |
| RABIES ANIMAL | 0 | 1 |
| RABIES POST EXPOSURE PROPHYLAXIS | 4 | 7 |
| ROCKY MOUNTAIN SPOTTED FEVER | 3 | 4 |
| SALMONELLOSIS | 16 | 29 |
| SHIGELLOSIS | 23 | 9 |
| STREP DISEASE, GROUP A INVASIVE | 4 | 11 |
| STREP PNEUMONIAE, <5 YEARS, INVASIVE | 0 | 1 |
| STREP PNEUMONIAE, DRUG-RESISTANT | 0 | 7 |
| TB DISEASE | 1 | 2 |
| TB INFECTION | 57 | 23 |
| TULAREMIA | 1 | 0 |
| VARICELLA (CHICKENPOX) | 6 | 4 |
| Total | 466 | 241 |

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

Communicable Disease Spotlight

What is Measles?

Measles (Rubeola) is an acute, highly communicable rash illness due to a virus transmitted by direct contact with infectious droplets or, less commonly, by airborne spread.

Clinical Case Definition

An illness characterized by all of the following:

- Generalized rash lasting greater than or equal to 3 days,
- Temperature greater than or equal to 101°F (greater than or equal to 38.3°C), and
- Cough, coryza, or conjunctivitis

Laboratory Criteria for Diagnosis

- Positive serologic test for measles immunoglobulin M (IgM) antibody, or
- Significant (generally a fourfold) rise in measles antibody (IgG) level by any standard serologic assay, or
- Isolation of measles virus from a clinical specimen (urine, nasopharyngeal aspirates, heparinized blood, or throat swabs), or
- Detection of measles-virus-specific nucleic acid by polymerase chain reaction (PCR)

Case classification

Confirmed: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed case. A laboratory-confirmed case does not need to meet the clinical case definition.

Probable: A case that meets the clinical case definition, has noncontributory or no serologic or virologic testing, and is not epidemiologically linked to a confirmed case.

Suspect: Any febrile illness accompanied by rash.

Comment: Measles (Rubeola) is a Category 2 (A) disease, reportable within one (1) calendar day of first knowledge or suspicion by telephone, facsimile or other rapid communication.

Transmission

Measles is spread by contact with an infected person, through coughing and sneezing. Person-to-person transmission among close contacts is the most common source of infection.

Measles is highly contagious. If an individual has it, 90% of their susceptible close contacts who are not immune will also become infected with the measles virus.

Treatment

Improving clinical management of measles cases, including vitamin A supplementation and adequate treatment of complications, if needed, with antibiotics.

TRAVELER'S HEALTH

Measles Imported by Returning U.S. Travelers Aged 6--23 Months, 2001--2011

In the first two months of 2011, CDC received reports of seven imported measles cases among returning U.S. travelers aged 6-23 months; four required hospitalization. Young children are at greater risk for severe measles, death, or sequelae such as subacute sclerosing panencephalitis. To characterize imported measles cases reported in the first two months of 2011 in U.S. travelers aged 6-23 months and compare them with cases in recent years, CDC analyzed data from the National Notifiable Diseases Surveillance System (NNDSS) for the period January 2001-February 2011. The results of that analysis indicated that, during January-February 2011, a total of 13 imported cases were reported in U.S. residents, including the seven children aged 6-23 months. During 2001-2010, a total of 159 imported cases were reported in U.S. residents, including 47 (range: 3-8 per year) in children aged 6--23 months (three of whom had been vaccinated before travel).

Of the 29 measles cases reported during January-February, 2011, a total of 28 were import-associated, of which 16 (57%) were classified as imported cases; 13 of the imported cases (81%) were among U.S. residents. Of these 13 cases, seven (54%) occurred in children aged 6-23 months. All seven patients had recently traveled internationally; they were residents of Massachusetts (two patients), Texas (one), New York (one), Pennsylvania (one), Washington (one), and California (one). Median age was 10 months (range: 7-23 months)

None of the seven children aged 6-23 months with imported measles in the first two months of 2011 had received MMR vaccine, and only three of the 47 with imported measles during 2001-2010 had received MMR vaccine. The reasons for non-vaccination of children often are unknown, but contributing to these might be a lack of perceived risk for severe measles, which resulted in the hospitalization of four of these seven children aged, 6-23 months with measles reported in 2011.

These findings highlight the importance of reviewing the vaccination history of anyone planning international travel. Clinicians also should maintain a high level of suspicion for measles in patients with febrile rash illnesses and recent travel outside the United States.

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://www.dhss.mo.gov/
CommunicableDisease/
reportablediseaselist2.pdf](http://www.dhss.mo.gov/CommunicableDisease/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
- May 25, *Free Health Information Technology Educational Summit and Vendor Fair*. If you're preparing for, or even thinking about, making the transition to electronic health records (EHR), attend the free, one-day health information technology educational summit and vendor fair hosted by Associated Purchasing Services. The event is free to providers, but you must register by fax, e-mail, or telephone by May 15. Please visit <http://www.apskc.org> to register or call us toll-free 1-877-882-9933.
- June 1, *6th Annual Volunteer Symposium, Prepared Volunteers – Live Ready*, will be held at the Capitol Plaza in Jefferson City. Registration is free. Come network with peers, learn partnership development techniques, and hear best practices. New this year are afternoon breakout sessions and a pre-symposium workshop on May 31. Go to <http://webapp03.dhss.mo.gov/snapwebhost/surveylogin.asp?k=130228069637> to register
- 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/>

"Clearly, health and disease cannot be defined merely in terms of anatomical, physiological, or mental attributes. Their real measure is the ability of the individual to function in a manner acceptable to himself and to the group of which he is a part."

Rene Dubos



Public Health
Prevent. Promote. Protect.