



Appalachian Health Focus

Public Health: Protecting and improving your health throughout life.

**Disease Report
July-Sept. 2005**

Issue 4

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Foodborne Illness: What happens in Vegas...

Diagnosis	Code	Cases
AIDS	950	0
Camphylobacter	50	3
Chlamydia	200	13
E. coli	53	1
Enterococci	58	0
Ehrlichiosis	571	0
Gonorrhea	300	1
Hepatitis A, Acute	60	0
Hepatitis B, Carrier	115	2
HIV	900	1
Legionellosis	18	1
Lyme Disease	51	0
Malaria	21	1
Meningococcal Disease	27	1
Pertussis	47	0
Rocky Mtn Spotted Fever	35	1
Salmonellosis	38	2
Shigellosis	39	0
Syphilis-2nd	720	0
Syphilis-neuro	760	0
Tuberculosis	*TB	0

In the past quarter, the Appalachian District Health Department has received at least two foodborne illness alerts from the N.C. Health Alert Network (HAN). The first involved an outbreak of Norovirus at a large gathering in Virginia. Noroviruses have been implicated as the most common etiologic agent of nonbacterial gastroenteritis outbreaks. It is usually a self-limited, mild to moderate disease with nausea, vomiting, diarrhea, abdominal pain, myalgia, malaise and low-grade fever. Transmission is fecal-oral. In this case, NC residents traveling to the event could have been affected.

The second alert involved a food handler infected with Hepatitis A Virus (HAV) at a convention in Las Vegas. In case of exposure, immune globulin can be given within 2 weeks to help prevent HAV infection. In this case, a number of North Carolinians attended with a few residents from this area. Follow-up was done by health department staff. In both cases, the common element was travel. As people become increasingly mobile, healthcare providers should consider asking about recent travel as part of any sick visit assessment.

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Influenza : A Triple Threat

Seasonal Flu: This year, the CDC expects adequate supplies of the annual flu vaccine but there are delays in distributing it to providers.

It's not too late to vaccinate even through January. Typically the yearly flu results in 1,000 deaths each year in NC, in the very old and young.

Pandemic Flu: Pandemic flu can emerge any time during the year. It results from a novel flu virus that becomes easily transmitted from human to human. No one has immunity to this virus and there would not yet be a vaccine. The projected number of deaths for NC would be around 5,600, not necessarily in just the old or young. There have been three flu pandemics in the 1900s: the Spanish Flu in 1918 (550,000 US deaths), the Asian flu in 1957 (69,800 US deaths) and the Hong Kong Flu in 1968 (33,800 US deaths).

Avian Flu: This type of virus infects birds and has the potential to cause a pandemic. Currently avian flu virus is circulating in birds in Southeast Asia and has been associated with some transmission to humans. Currently it is not easily transmitted from human to human which is the key point. It may or may not emerge in a pandemic form. It is the focus of a worldwide public health monitoring effort.

Over the past 18 months there have been 60 deaths and 117 cases in four Asian countries (Cambodia, Indonesia, Thailand, Vietnam). http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html



Community-Associated Methicillin-Resistant Staphylococcus aureus: Information for Clinicians

Community-Associated Methicillin-resistant Staphylococcus aureus (CA-MRSA) is a type of staph resistant to beta-lactam antibiotics found in persons who have not been recently hospitalized or had a medical procedure. About 1% of the population is colonized with MRSA, meaning for every 10,000 people, 100 could potentially carry MRSA in the skin or nose. CA-MRSA infections usually manifest as pimples, boils or abscesses, and occur in otherwise healthy people. Patients frequently recall a “spider bite,” a red, swollen, and painful bump with drainage. Factors associated with the spread of MRSA skin infections include close skin-to-skin contact, openings in the skin, contaminated items, crowded living conditions and poor hygiene.

What are the criteria for distinguishing community-associated MRSA from healthcare-associated MRSA?

Persons with MRSA infections that meet all of the following criteria likely have CA-MRSA infections:

- Diagnosis of MRSA was made in the outpatient setting or by a culture positive for MRSA within 48 hours after admission to the hospital.
- No medical history of MRSA infection or colonization.
- No permanent indwelling catheters or medical devices that pass through the skin into the body.
- No medical history in the past year of hospitalization, admission to a nursing home, skilled nursing facility, or hospice, dialysis or surgery

How is a MRSA infection diagnosed?

In general, a culture should be obtained from the infection site. If *S. aureus* is isolated, the organism should be tested as follows to determine which antibiotics will be effective for treating the infection:

Skin Infection: Obtain either a small biopsy of skin or drainage from the infected site. A culture of a skin lesion is especially useful in recurrent or persistent cases of skin infection, in cases of antibiotic failure and in cases that present with advanced or aggressive infections.

Pneumonia: Obtain a sputum culture (expectorated purulent sputum, respiratory lavage, or bronchoscopy).

Bloodstream Infection: Obtain blood cultures using aseptic techniques.

Urinary Infection: Obtain urine cultures using aseptic techniques. (http://www.cdc.gov/ncidod/hip/ARESIST/ca_mrsa_clinician.htm)

National Immunization Awareness Month

August was NIAM with the theme, “Are you up to date? Vaccinate!” To commemorate the event, Watauga County Health Department attended the A.S.U. Cratis D. Williams Graduate School Fair on August 18th at the Broyhill Inn and Conference Center. New graduate students, new staff, faculty, and their families had the opportunity to receive tetanus vaccinations. Remember, **TETANUS VACCINES ARE FREE** at your local health department. Tell your patients to take advantage of this opportunity.

Incidentally...



EPI-X

Epi-X is the CDC's web-based communications solution for public health professionals. Through Epi-X, CDC officials, state and local health departments, poison control centers, and other public health professionals can access and share preliminary health surveillance information quickly and securely. The health department is now able to obtain disease and outbreak data through this system and can share pertinent information with physicians' offices, hospitals and other health care facilities.

Fun Fact:

“Blue Mass,” a blue pill in which mercury is the main ingredient, was a treatment used throughout the 1800s for various conditions including syphilis, tuberculosis, worms, teething, apoplexy (stroke), constipation, depression, child-bearing and toothaches. One blue pill theoretically contained nearly 9,000 times the amount of mercury that is deemed safe for people by current health standards.

<http://www.answers.com/topic/mercury?hl=blue&hl=mass>; http://news.nationalgeographic.com/news/2001/07/0717_lincoln.html

Communicable Disease Nurse in Your Area

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The communicable disease nurse in your area will be more than happy to assist you.

Did You Know?!

New **Communicable Disease Report Cards** have been issued by the N.C.

Division of Public Health. Additions and changes on the new fuchsia cards include:

- **Ehrlichiosis, Unspecified** added as 573
- **Influenza death (<18 years old)** added as 73
- **Leprosy (Hansen Disease)** added as 19
- **Staph. aureus, reduced susceptibility to Vancomycin** added as 74

Contact a Communicable Disease Nurse for cards.

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