



Public Health Newsletter

IMMUNIZATION AWARENESS

The month of August is the national health observance for immunization awareness. Most medical professionals agree that vaccines are one of the most important achievements in the history of medicine and public health. The US celebrated their highest immunization rate ever last year with most children up to date with all their shots. The Independence School District also had good compliance in '07. Out of 10,715 students, 73 students (< 1%) were not vaccinated due to medical, religious and philosophical reasons. Nationally, over 95% of school children are current with their vaccinations but many children are still not adequately vaccinated. (1)

The reason families are declining vaccinations is multi-faceted. People have become complacent and may not worry about diseases since they have not seen the devastation of past diseases. The media has brought to our attention and suggesting there is a

safety issue with vaccines. There is the story about 9-year old Hannah Poling from Georgia whose pre-existing disorder was aggravated by her vaccine shots. Her family will be compensated by the National Vaccine Injury Compensation Program. Then there is Senator John McCain announcing there is evidence that mercury in vaccines causes autism. (2) These media misconceptions have to be confusing to parents causing them to lose confidence about the importance of immunizations.

Even though most parents (87%) understand the benefits of immunizations, education is always necessary. Health care providers are perceived by parents to be the trusted source of immunization information. More than ever though, parents will have new questions and concerns for their health care professionals due to recent media attention. The NNii, the National Network for Immunization Information, offers a resource kit for healthcare professionals. (3) It covers recommendations and answers to parent's common questions and concerns. Besides children's

vaccinations, public health also has work to do in educating adults. Last year over 50,000 adults died from a vaccine preventable illness in the US. (4) Side by side with healthcare professionals, public health officials will continue to educate and discuss, not dismiss the benefits of immunizations.

1) cdc.gov/nis/about_eng.htm

2) MedPage Today Published March 5th, 2008.
www.medpagetoday.com/Campaign08/Campaign08/tb/8610

3) NNii National Network for Immunization Information.
www.immunizationinfo.org/

4) www.cms.hhs.gov/AdultImmunizations/



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SALMONELLA SAINTPAUL

CDC is collaborating with public health officials in many states, the Indian Health Service, and the U.S. Food and Drug Administration (FDA) to investigate an ongoing multi-state outbreak of human *Salmonella* serotype Saintpaul infections.

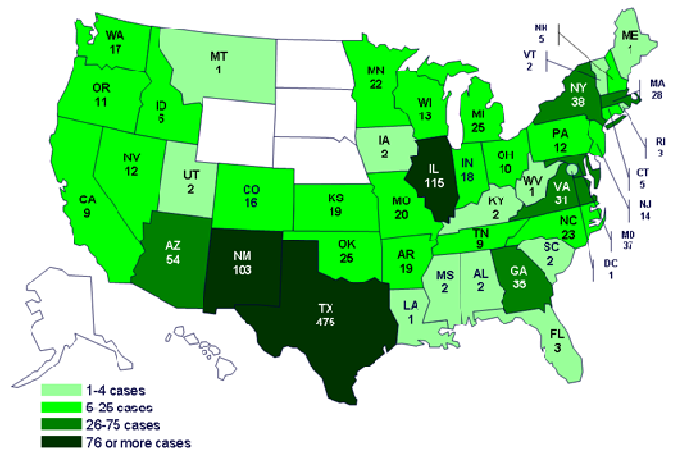
Recently, many clusters of illnesses have been identified in several states among persons who ate at restaurants. Most clusters involve fewer than 5 ill persons. Three larger clusters have been intensively investigated. In one, illnesses were linked to consumption of an item containing fresh tomatoes and fresh jalapeño peppers. In the other two, illnesses were linked to an item containing fresh jalapeño peppers and no other of the suspect items. Other clusters are under active investigation. The accumulated data from all investigations indicate that jalapeño peppers are likely to be a major cause of this outbreak. Fresh serrano peppers and fresh tomatoes remain under investigation. Investigators from many agencies are collaborating to track the source of the implicated peppers and other produce items.

An FDA laboratory detected *Salmonella* Saintpaul with the outbreak strain fingerprint pattern in a sample of jalapeño pepper obtained from a distribution center in McAllen, Texas. The distributor is working with FDA to recall the contaminated product in the United States. The peppers were grown in Mexico; investigators are working to determine where they were contaminated.

Since April, 1251 persons infected with *Salmonella* Saintpaul with the same genetic fingerprint have been identified in 43 states, the District of Columbia, and Canada. These were identified because clinical laboratories in all states send *Salmonella* strains from ill persons to their State public health laboratory for characterization.

Most persons infected with *Salmonella* develop diarrhea, fever, and abdominal cramps 12-72 hours after infection. Infection is usually diagnosed by culture of a stool sample. The illness usually lasts 4-7 days. Although most people recover without treatment, severe infections may occur. Infants, elderly persons, and those with impaired immune systems are more likely than others to develop severe illness. When severe infection occurs, *Salmonella* may spread from the intestines to the bloodstream and then to other body sites, and can cause death. In these severe cases, antibiotic treatment may be necessary.

Information on the safe handling of produce can be found at www.cfsan.fda.gov/~dms/prodsafe.html
Information obtained from the CDC at <http://www.cdc.gov/salmonella/saintpaul/>
* Last updated July 21, 2008



REPORTING

The accurate identification and timely reporting of disease and environmental health conditions is an integral part of successful disease control that enables the health department to provide epidemiological follow up or disease intervention without delay.

19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases has been changed recently.

Diseases and Conditions that have been added are:

- Novel Influenza A virus infections
- Poliovirus infection, nonparalytic

- Vibriosis (non-cholera *Vibrio* species infections)
- Influenza-associated pediatric deaths

In addition, Blastomycosis has been deleted.

Please see the attached reporting rule.

A reference (or note) is also made, as follows: "Cancer is also a reportable disease. Please refer to CSR 70-21.010 for complete information."

Physicians, other health-care professionals and laboratories are all required to report.





HEAT- RELATED ILLNESS

With temperatures steadily climbing it is important to remind patients and clients about heat-related symptoms and how to prevent heat-related illness.

Heat-related deaths and illness are preventable yet annually many people succumb to extreme heat. Historically, from 1979-2003, excessive heat exposure caused 8,015 deaths in the United States. During this period, more people in this country died from extreme heat than from hurricanes, lightning, tornadoes, floods, and earthquakes combined.

Slightly more than half of Missouri's heat-related deaths have occurred in the urban, more densely populated areas of St. Louis City, St Louis County and Jackson County. From 2000 through 2006, of the total 160 deaths, there were 94 (58.8%) deaths in these metropolitan areas.

Although any one at any time can suffer from heat-related illness, some people are at greater risk than others. Check regularly on:

- Infants and young children
- People aged 65 or older
- People who have a mental illness
- Those who are physically ill, especially with heart disease or high blood pressure

If you have concerns for a patient or client or if you would like more information on heat-related illness and services or activities available in Independence please feel free to contact the Independence Health Department.

Also, please remember that heat-related illness is a **reportable condition**. All cases of heat-related illness need to be reported to the Independence Health Department by fax at 816-325-7098 or by phone at 816-325-7204.

Information obtained from the CDC.

HEALTHY EATING TIPS

- Read nutrition labels. Choose lower calorie food from what you like to eat.
- Fill up on fruits and vegetables. Keep ready to eat fruits and vegetables in the refrigerator for snacks.
- Trim extra fat from meat and poultry.
- Reduce your intake of added sugars and saturated fats.
- Eat more slowly.
- Serve food on smaller plates.
- Bake, boil, or broil.
- Drink water before you eat.
- When eating out, order half sizes.
- Beware of sauces and salad dressings.

UPCOMING CLASSES

The following classes are being held at the Independence Health Department:

- Freedom from Smoking- a stop smoking course lasting 8 weeks. The classes will teach step-by-step methods for quitting and making behavior changes. The first session focuses on getting ready to quit and setting an actual quit date. Additional classes focus on quitting with winning strategies, stress management, weight control, and relapse prevention.
- CPR will be offered on Sept. 8, 2008.

If there is something you would like assistance with, please feel free to contact the Health Department to arrange for a topic of your choice.

In addition to face to face presentations there are many brochures, fact sheets, or other educational materials available for distribution.

For more information or to register for classes, call the Health Department at 816-325-7185.

June Communicable Disease Report

Disease/Condition		Apr-08	May-08	Jun-08	Jun-07	YTD 2008	cases investi- gated current month	% change +/- from prior month
Influenza-like Illness		547	557	3	2	3849	0	-99.5%
Hemorrhagic Disease		0	0	0	0	0	0	0.0%
Gastrointestinal Illness		1151	1097	24	19	5598	0	-97.8%
Neurologic Illness		273	264	0	0	1136	0	-100.0%
Rash Illness		118	147	0	39	550	0	-100.0%
Fever Illness		615	462	0	2	3396	0	-100.0%
Respiratory Illness		849	708	17	103	4839	0	-97.6%
Chemical Exposure		0	0	0	0	2	0	0.0%
Animal bites		9	13	9	4	47	9	-30.8%
GI Illness	Salmonellosis	1	4	1	2	11	1	-75.0%
	Giardiasis	0	1	0	1	4	0	-100.0%
	Campylobacter	0	1	0	3	2	0	-100.0%
	Cryptosporidium	0	0	0	1	0	0	0.0%
	Shigellosis	0	0	0	1	0	0	0.0%
	E. Coli	0	0	1	0	1	1	*
Respiratory Illness	Influenza A	15	0	0	0	333	0	0.0%
	Influenza B	8	0	0	0	82	0	0.0%
	Influenza, untyped	30	0	0	0	176	0	0.0%
	Legionellosis	0	0	0	1	0	0	0.0%
	Tularemia, francisella	0	0	0	0	0	0	0.0%
Vaccine-Preventable	Chickenpox	53	31	0	4	127	0	-100.0%
	Rubella	0	0	0	0	0	0	0.0%
	H. influenzae, invasive	0	1	0	0	2	0	-100.0%
	Measles	0	0	0	0	0	0	0.0%
	Mumps	0	0	0	0	0	0	0.0%
	Pertussis	0	0	0	0	2	0	0.0%
Hepatitis	A	0	0	0	0	0	0	0.0%
	B	4	1	5	2	17	5	400.0%
	C	15	26	16	23	119	3	-38.5%
Streptococcal Illness	Throat Cultures	248	178	2	19	1224	0	-98.9%
	Strept, Group A, invasive	0	1	1	1	3	1	0.0%
	Strept pneumoniae, invasive	0	0	0	0	0	0	0.0%
CNS Illness	Encephalitis	0	0	0	0	0	0	0.0%
	Menigitis, viral	0	0	0	0	0	0	0.0%
	Menigitis, bacterial	0	0	0	0	0	0	0.0%
	West Nile Virus	0	0	0	0	0	0	0.0%
	Lyme Disease	0	0	0	0	0	0	0.0%
	Erlchiosis	0	0	0	0	0	0	0.0%
	Rocky Mountain Spotted Fever	0	0	1	0	1	0	*
Other		0	0	0	0	0	0	0.0%
Other		0	0	0	0	0	0	0.0%
Total		383	257	36	62	2151	20	-86.0%