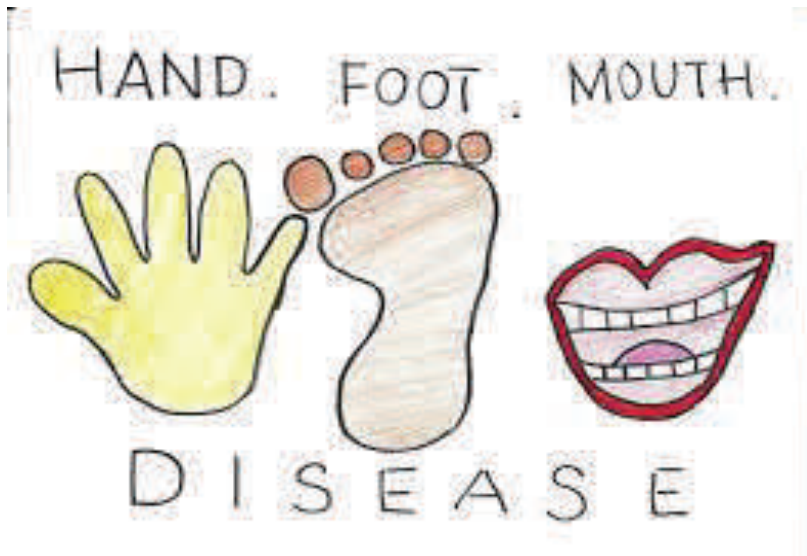


COMMUNICABLE DISEASE



FALL 2014

NEWSLETTER





Here is another good reason to promote proper hand washing technique!

Hand, Foot and Mouth (HFMD) is a viral infection that is usually seen in infants and children under the age of 10. However, adults may also get the disease. HFMD is commonly caused by coxsackievirus A 16, which is a type of enterovirus.

HFMD is contagious and is spread by coming in contact with feces, saliva, mucus from the nose, or fluid from the blisters of an infected person. The infected person is the most contagious during the first week of illness. However, the virus can remain in a person for weeks after they recover.

HFMD outbreaks can happen any time of the year but are more frequent in summer and early fall. Incubation period is usually 3-5 days; 1-2 days after fever begins the sores may start in the mouth or throat and progress over the next few days to hands and feet.

HFMD is frequently confused with Foot and Mouth disease which occurs in cattle, pigs and sheep. The 2 diseases are caused by 2 different viruses. People don't get foot and mouth disease and animals can't get Hand, Foot and Mouth disease.

SYMPTOMS:

HFMD disease can cause all or some of the following symptoms:

| | |
|-----------------------|------------------|
| FEVER | SORE THROAT |
| FEELING ILL (malaise) | HEADACHE |
| MUSCLE ACHES | LOSS OF APPETITE |

BLISTERS may erupt anywhere in the mouth, throat, tongue, cheeks and may spread to the face, palms of the hands and soles of the feet. The blisters are red with a small bubble of fluid on top. The palms of the hands and soles of the feet may have a flat red rash or actual red blisters, which may also spread to the buttocks. The symptoms usually resolve in 7-10 days.

TREATMENT:

Hand, Foot and Mouth is usually a minor disease and there is no vaccine or medication to cure the symptoms. Medical treatment should be sought when the mouth sores are preventing the person from eating or drinking, if there is an increase in fever, or if any of the symptoms worsen. HFMD symptoms can be reduced by using over the counter medications for pain (Acetaminophen or Ibuprofen), or mouth sprays to numb the pain. Keeping hydrated is very important; using cold beverages, popsicles, sherbet or ice-cream will help. Anyone with HFMD disease should not attend school, daycare or work until all blisters have dried and 24 hours after fever has subsided.

PREVENTION:

The only way to lower your risk of getting HFMD disease is to WASH YOUR HANDS!

Make sure to wash your hands after using the bathroom, changing a diaper and before preparing any food or eating. Hand washing with soap removes germs much more effectively than just using water. The CDC states hand washing with soap can protect 1 out of every 3 young children who get sick with diarrhea and 1 out of 6 young children with respiratory illnesses. When you can't use soap and water, use hand wipes and follow up with germ-killing hand sanitizers.

See the CDC website for proper hand washing techniques. <http://www.cdc.gov/handwashing>

Disinfect surfaces: Clean surfaces with soap and water and follow with a solution of diluted chlorine bleach and water. Cleaning and disinfecting any surfaces touched or soiled with the HFMD virus is very important as the virus can live outside of the body for days.

Avoid close contact with people who have HFMD disease. Don't share eating utensils or cups. People with HFMD disease should limit their exposure to others while they have symptoms, because they are very contagious.

References:

<http://www.cdc.gov/hand-foot-mouth/index.html>

<http://www.mayoclinic.org/diseases-conditions/hand-foot-and-mouth-disease/basics/definition/con-20032747>

<http://www.cdc.gov/Features/GlobalHandwashing>

American Academy of Pediatrics

<http://patiented.aap.org/content.aspx?aid=7399>

Pertussis, or more commonly **whooping cough**, is a very contagious disease of the respiratory system. The disease is caused by the *Bordetella pertussis* bacteria, which releases toxins, thereby causing damage to the upper respiratory system.

Transmission

Whooping cough is only found in humans and is spread through direct person-to-person contact with infectious respiratory droplets. Such droplets are generally expelled into the air during coughing and sneezing, where they are then breathed in by someone in close proximity. Many infants who contract pertussis are infected by parents, older siblings or a caregiver who may not know they have the disease.

Signs/Symptoms of Illness and Complications

Pertussis can cause serious illness in infants, children, and adults. Symptoms of pertussis infection usually develop within 7-10 days of exposure and typically begin with cold-like symptoms, including runny nose, mild cough and low-grade fever. After 1-2 weeks, severe coughing can begin and unlike the common cold, coughing "fits" (paroxysms) can continue for weeks. Individuals are most contagious for up to 2 weeks after the cough begins. The paroxysmal cough is characterized by rapid, intense coughing until the person is nearly out of breath and forced to inhale with a loud "whooping" sound. Paroxysmal episodes can go on for 10 weeks or more and can result in vomiting and exhaustion.

The disease is the most dangerous for infants because more than one-half of those infected must be hospitalized. Serious and sometimes life-threatening complications such as pneumonia, convulsions, apnea (pause in the breathing pattern), encephalopathy and even death can occur in infants and young children – especially those who aren't fully vaccinated. Complications for adolescents and adults include weight loss, loss of bladder control, syncope (passing out), rib fractures and pneumonia.

In its early stages, pertussis appears to be nothing more than the common cold and infected persons usually appear fairly well between coughing bouts. Pertussis is often not suspected or diagnosed until the more severe symptoms appear. The best way to get an accurate diagnosis is to contact your doctor at the onset of illness.

Statistics

According to the Centers for Disease Control and Prevention (CDC), 20,061 cases of pertussis were reported nationally by week 39 in 2013. Reported cases for the same time frame in 2014 have increased to 20,874. With specific reference to Michigan, 858 cases of pertussis were reported in 2013, with 618 cases reported by week 39. This is in comparison to 809 reported for the same time frame in 2014, totaling an approximate 24% increase in disease cases.

Protection

Currently, the best way to prevent pertussis is through vaccination. Pertussis vaccines are very effective and are available for infants, children, adolescents and adults. DTaP and Tdap vaccines are available for individuals meeting vaccination criteria according to the Advisory Committee on Immunization Practices (ACIP). The ACIP recommends 1 dose of Tdap vaccine routinely for children 7-10 years of age without a complete DTaP series, persons 11 years of age and older who have not received a previous dose, and for pregnant women (27-36 weeks gestation) during each pregnancy regardless of previous Td/Tdap status and interval from last dose. It is important to note that although the pertussis vaccine offers the best protection against disease transmission, no vaccine is 100% effective. However, being vaccinated greatly lessens the severity of the disease if exposed.

If you would like more information on pertussis disease, visit www.cdc.gov/pertussis. For more information on pertussis vaccination contact your family doctor or the Saginaw County Department of Public Health at (989) 758-3840.

References

- Centers for Disease Control and Prevention. *Pertussis*. Retrieved from <http://www.cdc.gov/pertussis>.
- Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Atkinson W, Wolfe S, Hamborsky J, eds. 12th ed. Washington DC: Public Health Foundation, 2012.
- MMWR. *General Recommendations on Immunization. Recommendations of the Advisory Committee on Immunization Practices (ACIP)*. January 28, 2011. (Vol. 60/No. 2).
- MMWR. *Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine (Tdap) in Pregnant Women – Advisory Committee on Immunization Practices (ACIP)*, 2012. February 22, 2013; 62(07); 131-135.

Immunization News: Flu Vaccine 2014-2015

Flu vaccination season is in full swing!!! New for the 2014-2015 flu season, the Advisory Committee on Immunization Practices has concluded that Live Attenuated Influenza Vaccine (LAIV or the "nasal spray") is more efficacious than Inactivated Influenza Vaccine (IIV or the "flu shot") against laboratory confirmed influenza among younger children. **When readily available, LAIV should be used for healthy children 2-8 years of age who have no contraindications or precautions**, which include (and pertaining to the specific age group of 2-8 years):

- * Age <2 years
- * History of egg allergy
- * Age greater than 5 with history of asthma (*precaution*)
- * Contraindications listed in the package insert
- * Age 2 through 4 years with history of asthma or a wheezing episode noted in the past 12 months (*contraindication*)
- * Immunosuppression
- * Age 2 through 8 years and receiving aspirin or aspirin-containing products
- * Use of influenza antiviral medications within the previous 48 hours

History of severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine

References

- MMWR. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season. August 15, 2014; 63(32);691-697.

**COMMUNICABLE DISEASE
REPORTED FOR SAGINAW COUNTY
FOR THE QUARTER
07/01/2014—09/30/2014**

| Disease | No. Reported |
|-----------------------------------|--------------|
| AIDS, AGGREGATE | 0 |
| ANIMAL BITE | 29 |
| CAMPYLOBACTER | 4 |
| CHLAMYDIA (Genital) | 347 |
| CRYPTOSPORIDIOSIS | 1 |
| FLU LIKE DISEASE | 667 |
| GASTROINTESTINAL ILLNESS | 69 |
| GIARDISSIS | 7 |
| GONORRHEA | 106 |
| HEAD LICE | 14 |
| HEPATITIS B ACUTE | 0 |
| HEPATITIS B CHRONIC | 2 |
| HEPATITIS C ACUTE | 1 |
| HEPATITIS C CHRONIC | 33 |
| INFLUENZA | 0 |
| LEGIONELLOSIS | 5 |
| MENINGITIS-ASEPTIC | 3 |
| MENINGITIS-BACTERIAL OTHER | 2 |
| MYOBACTERIUM | 0 |
| PERTUSSIS | 2 |
| RABIES | 0 |
| SALMONELLOSIS | 5 |
| SHINGLES | 0 |
| STREP THROAT | 35 |
| STREPTOCOCCUS PNEUMONIA, INVASIVE | 1 |
| SYPHILLIS-LATE LATENT | 0 |
| TUBERCULOSIS | 0 |
| VZ INFECTION, UNSPECIFIED | 3 |
| YERSINIA ENTERITIS | 0 |

**COMMUNICABLE DISEASE YTD
REPORTED FOR SAGINAW COUNTY
01/01/2014—09/30/2014**

| Disease | No. Reported |
|-----------------------------------|--------------|
| AIDS, AGGREGATE | 2 |
| ANIMAL BITE | 71 |
| CAMPYLOBACTER | 6 |
| CHLAMYDIA (Genital) | 949 |
| CRYPTOSPORIDIOSIS | 3 |
| FLU LIKE DISEASE | 4934 |
| GASTROINTESTINAL ILLNESS | 473 |
| GIARDISSIS | 9 |
| GONORRHEA | 245 |
| HEAD LICE | 86 |
| HEPATITIS B ACUTE | 0 |
| HEPATITIS B CHRONIC | 8 |
| HEPATITIS C ACUTE | 6 |
| HEPATITIS C CHRONIC | 110 |
| INFLUENZA | 62 |
| LEGIONELLOSIS | 9 |
| MENINGITIS-ASEPTIC | 7 |
| MENINGITIS-BACTERIAL OTHER | 3 |
| MYOBACTERIUM | 2 |
| PERTUSSIS | 2 |
| RABIES | 0 |
| SALMONELLOSIS | 13 |
| SHINGLES | 1 |
| STREP THROAT | 323 |
| STREPTOCOCCUS PNEUMONIA, INVASIVE | 6 |
| SYPHILLIS-LATE LATENT | 1 |
| TUBERCULOSIS | 0 |
| VZ INFECTION, UNSPECIFIED | 6 |
| YERSINIA ENTERITIS | 0 |



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Please visit our website at www.saginawpublichealth.org
where our communicable disease pamphlets are available.

This newsletter is provided to all Saginaw County healthcare providers, hospitals, schools, local colleges, universities, urgent care facilities and local media centers.
If you would like to receive this newsletter by e-mail please submit your e-mail address to: sellison@saginawcounty.com

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