

FOCUS

On Preparedness

Cherokee County Health Department

Disease Reporting - It's Important and It's the Law

By Rhonda Jones

To learn about pandemic influenza and how to protect yourself and your family, visit Cherokee County Health Department's new website devoted specifically to pandemic influenza.

www.cherokeeflu.com

Even though Texas State law requires the reporting of notifiable conditions and diseases, there are other reasons to take disease reporting very serious. When a disease is reported to the Health Department, authorities are alerted to potential health emergencies. Disease outbreaks can be identified and control measures implemented to protect the public from contagious and possible life threatening illnesses.

Those responsible for reporting notifiable diseases to the Health Department include physicians, dentists, chiropractors, veterinarians, or a person appointed by them. Hospitals, laboratories, and school authorities including superintendents, principals, teachers,

school health officers, and counselors are also required by law to report notifiable diseases.

There are many diseases on the notifiable conditions list. In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported to the Health Department as soon as possible.

You can request a copy of the notifiable conditions list by calling Cherokee County Health Department at 903-683-6142 or by going to www.cchdtexas.org and clicking on the BT link. Forms to report specific diseases can also be found at this website.

Campylobacter Reports Increase in Cherokee County

By Rhonda Jones

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During July and August, the Health Department had an abnormally large number of campylobacter reports.

Campylobacter is one of the most common bacterial causes of diarrheal illness. Many cases of campylobacteriosis are associated with handling raw poultry or eating raw or undercooked poultry. The organism is not usually spread from person to person, but this can happen if the infected person is a small child or is producing a large volume of

diarrhea. Campylobacteriosis can also be caused by drinking unpasteurized milk or contaminated water.

Symptoms of campylobacteriosis include diarrhea that can be bloody, cramping, abdominal pain, nausea, vomiting, and fever. The illness typically lasts one week. Antibiotics can be prescribed to shorten the duration of symptoms.

Proper food handling techniques, cooking all poultry products to the right temperature (170° F for breast

meat and 180°F for thigh meat) and good hand hygiene practices can help prevent campylobacteriosis. Also avoid consuming unpasteurized milk or untreated surface water.

Please report all cases of campylobacteriosis to Cherokee County Health Department as it is a notifiable condition by Texas State Law. More information can be found at http://www.cdc.gov/ncidod/dbmd/diseaseinfo/campylobacter_g.htm

Hand Sanitizers – Safe or Not

By Charlotte Sanders



“Hand sanitizer contains such a high alcohol content that even a couple of teaspoons can be harmful to a small child.”



According to the Centers for Disease Control and Prevention (CDC), “Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others.” Many people are almost to the paranoid state in keeping germs off of their bodies. The evidence can be seen in the vast number of hand sanitizers people carry and use.

But what do you do if you do not have immediate access to soap and water? This could be just about anytime such as at work or school, when you are on vacation or out shopping, or even after a disaster. Both CDC and the Federal Food and Drug Administration (FDA) refer to using hand sanitizers. FDA’s reference applies to when an individual working in retail food operations is having bare hand contact with ready-to-eat food and the hand sanitizer will act as a double bearer after hand washing to prevent the transfer of germs from our hands to the food.

There has been much hoopla in recent months about hand sanitizers leading to alcohol

poisoning in children. Several reported incidents have occurred. Just look around at how many containers of hand sanitizer you can find on work desks, in school classrooms, doctor and nurses’ offices, homes, mothers’ purses, and on and on.

As a health inspector, I have been trained to look for the improper storage of toxic items in restaurants, school rooms and day care centers. Often when I point out a problem to the person in charge, they are surprised because many are common household items. The U.S. Environmental Protection Agency is mandated by federal law to specify the labeling on toxic items. If a container has any of the following statements on the labeling, **“Danger,” “Hazard,” “Warning,” “Caution,” and “Keep Out of Reach of Children,”** the contents can be considered toxic or potentially toxic or hazardous if used improperly.

The bottle of hand sanitizer I have on my desk states, **“Keep out of reach of children. If swallowed, get medical help or contact a Poison Control**

Center right away.” Hand sanitizer contains such a high alcohol content that even a couple of teaspoons can be harmful to a small child. One state poison control center reports that “This is pretty irritating in this product, because usually we see 60 to 65 percent alcohol, and that would be equivalent to 120 or 130 proof alcohol.” The hand sanitizer bottles both on my desk and the one I carry during restaurant inspections contains 62% ethyl alcohol.

So, what should we do to prevent accidental poisonings? As with all toxic items, monitor their usage closely. Follow the labeling directions when using household cleaners and sanitizers. Be aware of the cautions and indications on the labeling.

The old adage that if a little is good, a lot is better does not apply to potentially toxic items. For hand sanitizers, dispense small quantities in the child’s palm, ensure they rub it on their hands thoroughly, and do not leave the bottle out where young children have access to it. Be Safe!

More Volunteers Needed to Staff PODs

POD volunteers are helping to keep their family, friends, and neighbors safe and healthy.

We would like to thank the nearly 200 volunteers that have signed up to work in point of dispensing clinics, or PODs. Volunteer recruitment efforts continue however, as it takes about 190 volunteers to completely staff one POD 24 hours a day for two days. Six locations throughout the county have been designated as POD sites.

PODs will be activated to mass dispense medications or vaccinations in the event of a natural disease outbreak, a disaster such as floods or hurricanes that can lead to disease outbreaks, or an act of bioterrorism. PODs are not for persons already affected by the disease, but to prevent well citizens from becoming ill.

Volunteers and family members living in their homes will be provided with medications before the general public.

Anyone interested in becoming a volunteer should call 903-683-6142 or go to www.cchdtexas.org and click on the bioterrorism link.

Disease 101: MRSA

By Rhonda Jones

Two years after the antibiotic methicillin was introduced, the first documented cases of methicillin-resistant staphylococcus aureus (MRSA) occurred. That was in the early 1960s. By the late 1970s, MRSA was the cause of 2 percent of all hospital acquired staphylococcus aureus infections. Today, according to the Association for Professionals in Infection Control and Epidemiology (APIC), that number is up to 60 percent and is rising.

What exactly is staphylococcus aureus? It is a bacteria commonly referred to simply as staph that is carried on the skin or in the nose of healthy people. According to the Centers for Disease Control and Prevention (CDC), twenty-five to thirty percent of the population is colonized (when bacteria are present but not causing an infection) with staph bacteria in the nose. MRSA is a type of staph that is resistant to antibiotics such as methacillin, penicillin, and amoxicillin.

In the past, MRSA infections were mostly associated with health care facilities in the form of surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia. Now, MRSA has moved beyond the health care setting in the form of community acquired MRSA (CA-MRSA), which usually causes skin and soft tissue infections such as boils and abscesses.

In the healthcare setting, transmission of MRSA can occur from the following:

- Skin-to-skin contact with someone who has MRSA on their skin
- From a health care worker who has picked up the organism from another patient and did not wash their hands

between patients

- Contact with items such as bedrails or doorknobs with the organism on it
- Through the insertion of medical devices such as catheters and breathing tubes that bypass the body's natural defenses

The main mode of transmission of CA-MRSA is from hands that become contaminated with contact from colonized or infected persons. Environmental surfaces contaminated with MRSA also cause infection. Other factors that increase the risk of CA-MRSA infection include crowded living conditions, being in close quarters such as locker rooms, day care centers, and prisons, and poor hygiene.

Methods to prevent staph and MRSA infections focus on good hygiene by keeping hands clean with soap and water or alcohol-based hand sanitizer. It is also important to keep cuts and scrapes clean and covered with a bandage until healed. Avoid contact with other people's wounds or bandages and

never share personal items like towels and razors.

Symptoms of a staph or MRSA infection of the skin are redness, swelling and pain at the site. Drainage of pus or other fluids is possible. More serious infection including cellulites, endocarditis, toxic shock syndrome, pneumonia, or blood poisoning are possible. Symptoms of more serious infections may include rash, shortness of breath, fever, chills, chest pain, fatigue, muscle aches, malaise, and headaches. Anyone with these symptoms should see their health care provider as soon as possible.

MRSA is diagnosed by culturing urine, blood, sputum, or drainage from the infected site.

The physician may perform an incision and drainage for boils and abscesses. Most MRSA infections are treatable with antibiotics. It is vitally important that the full prescription of antibiotics be completed. Never share antibiotics with other people or save unfinished antibiotics for use at another time.



Examples of
MRSA Infections



Coordinator's Corner

By Pamela Davis

East Texas has certainly received its fair share of rain and floods this summer. Areas typically not bothered by flooding became immersed in a matter of minutes, causing some to take to their roof tops.

You should be familiar with the following terms:

- **FLOOD WATCH:** Flooding is possible, tune in to a local radio or television station for continuing information.

- **FLASH FLOOD WATCH:**

Flash flooding is possible, be prepared to move to higher ground.

- **FLOOD WARNING:** Flooding is occurring or will soon occur. If advised to evacuate, do so immediately.

- **FLASH FLOOD WARNING:** A flash flood is occurring. Seek higher ground on foot immediately. (Continued on page 4)





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On-line Resources

- www.cchdtexas.org
- www.cherokeeflu.com
- www.dshs.state.tx.us
- www.cdc.gov

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Coordinator's Corner Continued

If you have time to prepare in an evacuation, secure your home. Move essential items to an upper floor. Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving and use a stick to check the firmness of the ground in front of you. Do not drive into flooded areas. If floodwaters rise around your car, abandon it and move to higher ground if you can do so safely. Both you and the vehicle can be swept away. Six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling. One foot of water will float many vehicles. Two feet

of rushing water can carry away most vehicles including sport utility vehicles (SUV's) and pick-ups.

After the flood is over listen to news reports to learn whether the community's water is safe to drink. The FDA offers this advice: Do not eat any food that may have come in contact with flood waters. Use bottled drinking water that has not come in contact with flood water. Boiling may be used to kill most types of disease-causing organisms that may be present. If you must boil, filter cloudy tap water through clean clothes, allow it to settle and draw off the clear water for boiling. Boil for one minute, let it cool, and then store in a clean, covered container.

The FDA also offers this advice: If you cannot boil

water, disinfect it by adding 1/8 teaspoon (8 drops) of bleach per gallon of water, stir and let stand for 30 minutes before use. Store disinfected water in clean, covered containers.

Discard food that is not in a waterproof container if there is any chance that it has come in contact with flood water. Food containers that are not waterproof include those with screw-caps, snap lids, pull-tops and crimped caps.

In the advent of a power outage, keep refrigerator and freezer doors closed as much as possible to maintain the temperatures. The refrigerator will keep foods cold for about 4 hours if it is unopened. A full freezer will maintain its temperature for approximately 48 hours if it remains closed. Throw out all

meat, poultry, seafood, milk or eggs that are at room temperature for more than two hours.

"One foot of water will float many vehicles. Two feet of rushing water can carry away most vehicles including sport utility vehicles (SUV's) and pick-ups."