

Communicable Diseases

Monthly Newsletter

Joplin City and Jasper County

December 2012

Volume 5, Issue 12



Public Health
Prevent. Promote. Protect.

2012-2013 Influenza Season Activity Updates



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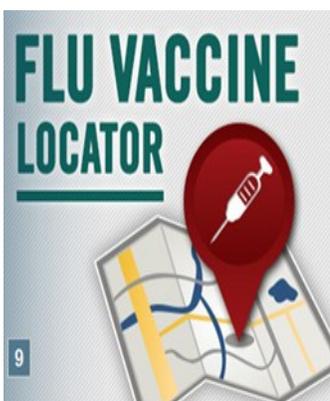
The Missouri Department of Health and Senior Services upgraded the influenza activity in Missouri to “**widespread**” as of the first week of January 2013. **Recent surveillance data suggests a possible shift in influenza activity in Missouri from predominantly influenza B to increasing influenza A activity.**

So far this year, the relative disease burden from influenza in Missouri has been smaller than that seen in many other states. This could be partly explained by the overwhelming predominance of influenza B in the state. **If influenza A activity in Missouri continues to increase, more demand for health care services would be expected since influenza A tends to cause more severe illness than influenza B.**

According to Missouri’s influenza surveillance networks, the proportion of patient visits to physician offices as well as ER with influenza-like illnesses (ILI) increased during the first week in January 2013.

The percentage of patients hospitalized (following ED visits) for influenza and/or pneumonia syndromes has generally been increasing statewide over the last four weeks.

Missouri has no reported influenza-associated pediatric deaths in the current season as of the week ending January 12, 2013.



<http://gis.dhss.mo.gov/Website/Influenza/fluClinic.html>

(Continued on page 2)

Influenza Activity Updates *(Continued from p. 1)*

(Continued from page 1)

Joplin City/Jasper County Influenza Activity

Local surveillance data show a total of **344** lab-confirmed influenza cases (*221 in Joplin City and 123 in Jasper County*) as reported by healthcare providers as of the week ending January 19, 2013. The previous flu season (2011-2012) had **34** reported cases within the same period. While the local flu data trend-to-date continue to increase in 2013 (fig.1), the state data show a drop as shown in fig. 2. However, both state and local flu activity showed an early start for this season. Fig 1 shows cases reported by week. Whether there will be another spike as we come close to the peak period remains unknown.

ill, is recommended for any patients with confirmed or suspected influenza who are hospitalized, seriously ill, or ill and at high risk of serious influenza-related complications, including young children, people 65 and older, people with certain underlying medical conditions and pregnant women. Treatment should begin as soon as influenza is suspected, regardless of vaccination status or rapid test results and should not be delayed for confirmatory testing.

Source:

- <http://www.cdc.gov/flu/spotlights/flu-activity-picks-up.htm>
- <http://health.mo.gov/living/healthcondiseases/communicable/influenza/pdf/Week21213.pdf>

In the last several weeks, influenza surveillance activity indicates a possible shift from influenza B to A. This shift might result in more demand for health care services because influenza A tends to cause more severe illness than influenza B.

Prevention

The single best way to protect against influenza is to get vaccinated each year. Other preventive measures are hand hygiene, cough etiquette and practicing good health habits.

Use of Antiviral medications

CDC has [recommendations on the use of antiviral medications](#) to treat influenza illness. Antiviral treatment, started as early as possible after becoming

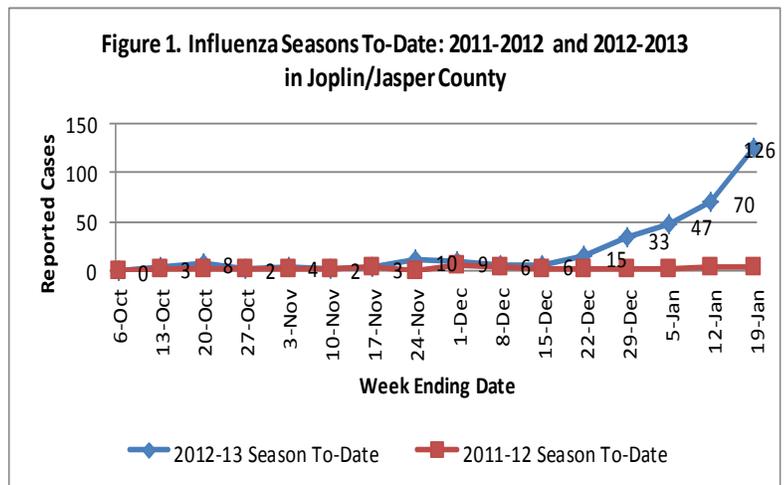
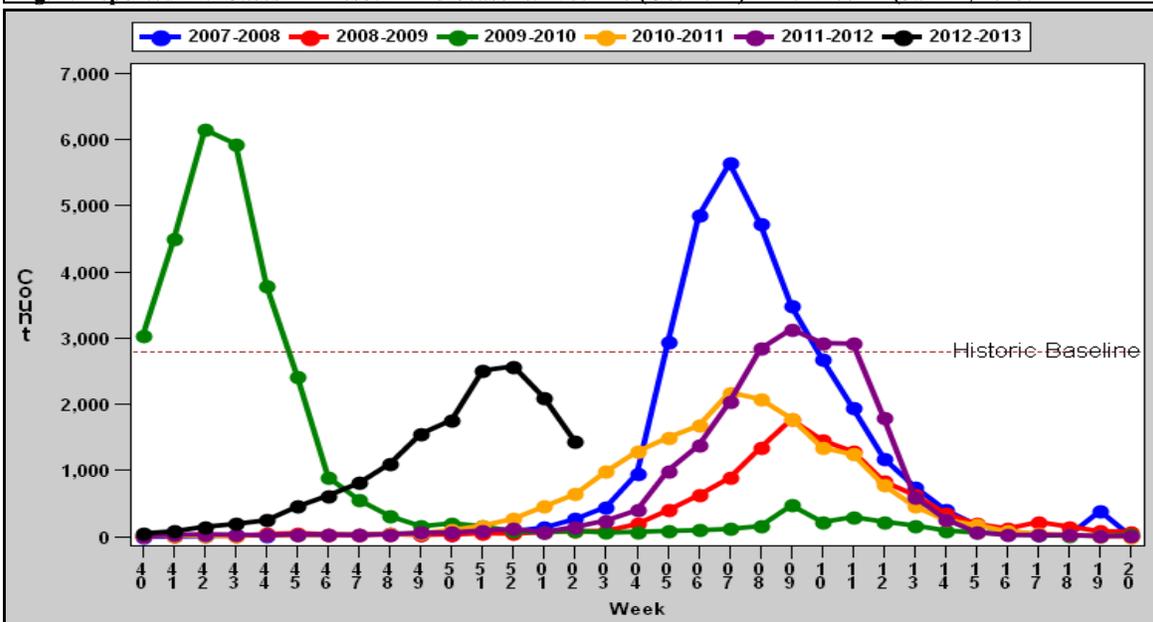


Fig. 2. Reported Flu Cases in Missouri in 5 Seasons. Week 40 (Oct 2012) Thru Week 2 (Jan 12, 2013).



Communicable Diseases Report: 2012

Table 1. Cumulative Cases from January through December 31, in Joplin City and Jasper County: 2011 & 2012
(Data includes confirmed, probable and suspect cases)

Diseases/Conditions	Joplin City		Jasper County	
	2011	2012	2011	2012
Campylobacteriosis	8	6	36	33
Coccidioidomycosis	0	0	1	1
Cryptosporidiosis	4	5	3	4
E Coli Shiga Toxin	1	0	8	6
E Coli O ₅₁₇ H ₇	0	0	1	2
Giardiasis	3	1	4	2
Legionellosis	1	0	0	3
Salmonellosis	10	6	17	22
Shigellosis	41	7	26	1
Anaplasma Phygoctophilum	0	0	0	6
Ehrlichia Chaffeensis	0	2	1	5
Ehrlichia Ewingii	0	1	0	0
Rocky Mountain Spotted Fever	4	22	5	36
Tularemia	0	1	0	0
Chicken Pox (Varicella)	1	3	19	19
Hepatitis B (Acute)	2	5	2	4
Hepatitis B (Chronic)	2	16	2	11
Hepatitis B (Pregnancy)	2	2	1	1
Hepatitis C (Acute)	0	0	1	1
Meningococcal Disease	0	0	1	0
Mycobacterium Other Than TB	0	0	0	11
Pertussis (Whooping Cough)	3	5	0	14
Rabies Post Exposure Prophylaxis	3	0	4	4
Streptococcal Disease (Group A)	0	0	1	3
Streptococcal Pneumoniae (Drug Resistant)	0	0	0	1
Toxic Shock Syndrome (Staph)	0	0	1	0
Tuberculosis Disease	1	5	0	1
Tuberculosis Infection	29	19	45	52

Source: DHSS, Joplin/Jasper County Health Departments. Data is provisional & subject to change.

Color key in table 1.

- Number of cases reported in 2012 was higher than those reported in 2011.
- Number of cases reported in 2012 was lower than those reported in 2011.
- Number of cases reported in 2012 and 2011 was equal.

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Find us on Facebook:
<http://www.facebook.com/JasperCountyHealthDept>

If you have comment or suggestions,
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Events

SNS Training for Inventory Management – March 20, 2013

The training will be held at Missouri Southern State University in Joplin, MO. It will cover an overview of the SNS program and allow participants hands on experience using the SNS MOHSAIC ordering system. To register for this training and to check out the two different sessions, please go to the following URL: www.health.mo.gov/training/mohsaictraining.php.

Location: Missouri Southern State University
3950 Newman Road
Plaster Hall, Computer Lab 320
Joplin, MO 64801
Date: March 20, 2013
Sessions: 9:30-11:30, 1:00-3:00



Public Health
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Sexually Transmitted Diseases: Jasper County, January-October 2012

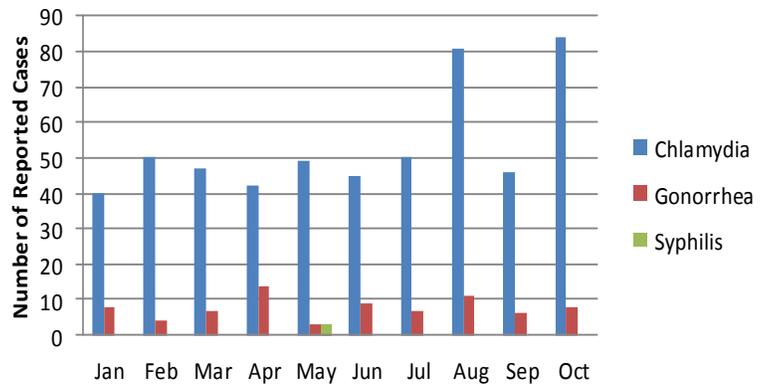
A total of 614 STDs have been reported in Jasper County (including Joplin City) from January thru October 2012.

Of the 614 case reports, 534 were chlamydia, 77 were gonorrhea and 3 were syphilis. October and August had the most reported STD cases (92 cases each).

Chlamydia continues to be the most reported STD followed by gonorrhea at the local, state and national level. Fig. 3 shows the case reports by month and type of STD.

Source: DHSS (Data is provisional and subject to change)

Fig.3 Number of Sexually Transmitted Diseases: Jasper County, (January to October 2012)



“It is better to be hated for what you are than to be loved for what you are not” Andre Gide