

PUBLIC HEALTH MATTERS

First Quarter
2011



MISSION STATEMENT

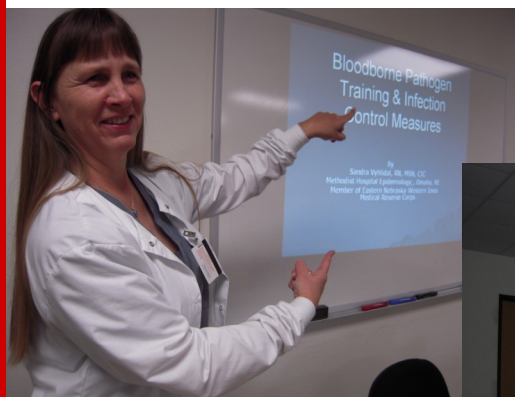
BRAZORIA COUNTY WILL BE PREPARED FOR AND READY TO RESPOND TO A HEALTH AND MEDICAL EVENT DUE TO EITHER A MAN-MADE OR NATURAL DISASTER

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This year the newsletter will be issued quarterly.

PHEP Trains Health Department Staff



Jan PreJean, Disease Surveillance Nurse, presents slides on Bloodborne Pathogen safety in the workplace. Her presentation covered general safety procedures, policies, and communicable diseases, such as Hepatitis B, Hepatitis C, and HIV/AIDs.

Health Department employees follow along with the presentation. Each received a certificate for completion of the training in Bloodborne Pathogen safety.



DISEASES/ CONDITIONS REPORTED TO BRAZORIA COUNTY HEALTH DEPARTMENT BY MONTH FOR 2010

| Conditions | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Totals |
|-------------------------------------------|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|--------|
| Campy | 1 | 4 | 2 | | 1 | 1 | 1 | | | 1 | | 1 | 12 |
| Chlamydia | 19 | 10 | | 6 | 22 | 5 | 10 | 15 | | 15 | 7 | 12 | 121 |
| E. Coli | | | | | | | | | 1 | 2 | | | 3 |
| Gonorrhea | 6 | 3 | | 2 | 8 | | 2 | 6 | 2 | 1 | 2 | 2 | 34 |
| Group A strep- tococcus, inva- sive | | | 1 | | | | | | 1 | | 1 | 2 | 5 |
| Group B strep | | | 2 | 1 | | 1 | 3 | | 1 | 3 | | 1 | 12 |
| Hantavirus | | | | 1 | | | | | | | | | 1 |
| HIB | | | 1 | | | | | | | | | | 1 |
| HIV | | | | | 1 | | 1 | | | | 1 | | 3 |
| Hep B, acute | 2 | | | 1 | 5 | 2 | 1 | 2 | 3 | 3 | 1 | | 20 |
| Hep A, acute | 2 | 2 | 2 | 2 | | | | 1 | 1 | 1 | | | 11 |
| Hep C, acute | 11 | 4 | 1 | | 7 | | 7 | 20 | 7 | 3 | | 1 | 61 |
| Lyme Disease | | | 1 | | | | | | | | 1 | | 2 |
| Menigitis | | | | | | 3 | 3 | 5 | 2 | 4 | | | 17 |
| Pertussis | | | | 2 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 9 |
| Salmonella | 4 | 5 | 3 | 2 | 1 | 3 | 4 | 8 | 14 | 10 | 6 | | 60 |
| Shigella | | | | | | | | 6 | 1 | 1 | | 1 | 9 |
| Syphilis | 2 | | | | | 3 | 2 | 3 | | 1 | 2 | 1 | 14 |
| Strep pneumo- niae | 5 | 2 | 2 | 3 | 2 | 1 | 1 | | 1 | 1 | | 4 | 22 |
| TB | 1 | 1 | | | | | | 1 | | | | | 3 |
| Varicella | 11 | 1 | 1 | 2 | 3 | | 1 | 1 | 1 | 1 | 4 | | 26 |
| Vibrio | | | | | | 4 | 2 | 1 | | | | | 7 |

“No health department, state or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.”

—Public Health Reports, 1946

Specified diseases and conditions are mandated by State laws and regulations to be reported to the local health department. Report by email (info@brazoria-county.com), fax (979-864-1501) or phone (979-864-1166).

PHEP TEAM

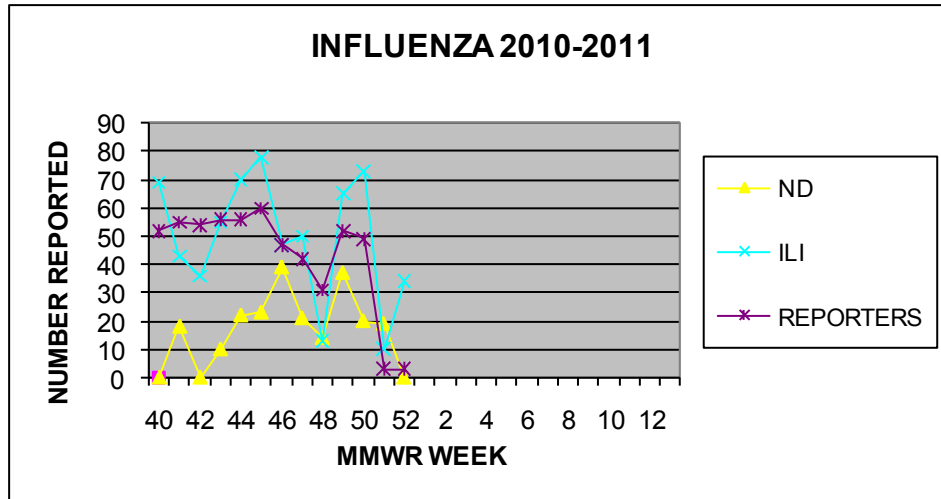
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Influenza report by weeks



Response to Haiti cholera fund 'shameful': UN

GENEVA (AFP) – A UN spokeswoman on Thursday blasted the response to an appeal to counter the deadly cholera epidemic in [Haiti](#) as "shameful" after the world body received only a quarter of the funding it needs.

"Out of the 174 million dollars (131 million euros), the [UN](#) has only received 44 million or 25 percent of the funds we asked for, although (the situation) is of the utmost urgency," the spokeswoman for the UN Organisation for the Coordination of Humanitarian Affairs ([OCHA](#)), Elisabeth Byrs, told AFP.

"It's not moving. It's shameful that we should have so little money for an illness that currently kills in a flash because people don't have rehydration salts," she added.

Cholera can swiftly dehydrate patients without treatment for potentially deadly cases of diarrhoea.

The disease has left 3,333 people dead and infected 150,000 since it suddenly appeared in the quake and storm hit [Caribbean nation](#) last October, according to figures given by Haiti's health ministry last week.

The Pan American Health Organisation warned in November that up to 400,000 people could fall ill with cholera in a year.

Last month the United Nations had received just 20 percent of the funds.

The OCHA asked donors for extra money to deal with cholera in November as health workers rushed to halt the fast spread of the disease, nine months after a devastating earthquake left 250,000 people dead and 1.9 million displaced.

[Byrs](#) insisted there was still a need for speed and underlined that cholera could easily be treated when patients received enough care.

The funding would also help to prevent waterways being contaminated and set up more treatment centres in rural areas.

By last month, donors had provided just over one billion of the 1.5 billion dollars the UN asked for in its separate, earlier appeal for [quake relief](#) and reconstruction in Haiti, Byrs said.

In 2011, the world body will be seeking an additional 906 million dollars to help Haiti, this time including money to deal with cholera, she added.

COUGHING CONCERN

WHAT YOU SHOULD KNOW ABOUT HOW TO PROTECT YOUR FAMILY FROM PERTUSSIS

Pertussis, more commonly known as whooping cough, is a highly contagious bacterial disease that can cause death in infants.

In severe cases, people struggle to breathe between coughing spasms because their airways are narrowed, which makes taking in oxygen difficult.

Mild cases can go undiagnosed. Because developing a cough is a common symptom, a cough can be mistaken for being associated with a common cold or bronchitis.

Most commonly, babies who are too young to have received the full series of vaccinations get pertussis from a member of their household – which is why members of the entire household and caretakers of infants should get vaccinated.



Other symptoms of disease include difficulty breathing, eating and drinking due to the sticky, thick mucus that builds in the airways. Babies who have a severe case of pertussis may have trouble breathing and turn blue.

People think pertussis only affects young children, when in fact, adults and teenagers are at risk for contracting and spreading the disease, too.

Reports of pertussis cases in Brazoria County have been consistent for the past few years, but outbreaks have been reported in other parts of the region.

Pertussis is spread fairly easily by coming in contact with respiratory droplets from a cough or a sneeze.

Symptoms of the disease usually start about a week after exposure. Most people don't even know they have pertussis during the first phase of the illness because they experience symptoms that are commonly associated with a cold, such as a runny nose, sneezing, occasional coughing and a mild fever.

After about a week or two of the mild symptoms, some people experience severe coughing episodes and may have to be hospitalized. Severe coughing episodes can cause vomiting, cracked ribs or even a hernia.

Babies can have such severe coughing that they vomit, lose weight and become weak. If your baby seems to be in distress, seek medical attention promptly.

A vaccine for pertussis is available for adults. Children are given the vaccine as a part of their routine immunization schedule. People should be aware, however, that infants are not given their first dose of the vaccine in the four-dose primary series until they are 2 months old – making them vulnerable to pertussis until they complete the series at 18 months old.

Getting vaccinated does more than protect your health; it helps protect the health of the children in your family.

You can ask a Brazoria County Health Department nurse about pertussis and find out what you should do to protect your family.

Food Safety Modernization Act: Putting the Focus on Prevention

By Margaret A. Hamburg, M.D., Commissioner of Food and Drugs

Even before the President signs the Food Safety Modernization Act, the passage of this legislation set in motion sweeping improvements to the security and safety of our nation's food supply.

Each year, foodborne illness strikes 48 million Americans, hospitalizing a hundred thousand and killing thousands. I thank the President and members of Congress for recognizing that the burden that foodborne illness places on the American people is too great, and for taking this action.

The historic legislation the President has signed directs the Food and Drug Administration, working with a wide range of public and private partners, to build a new system of food safety oversight – one focused on applying, more comprehensively than ever, the best available science and good common sense to prevent the problems that can make people sick.

The idea of prevention is not new. FDA has established prevention-oriented standards and rules for seafood, juice, and eggs, as has the U.S. Department of Agriculture for meat and poultry, and many in the food industry have pioneered “best practices” for prevention. What's new is the recognition that, for all the strengths of the American food system, a breakdown at any point on the farm-to-table spectrum can cause catastrophic harm to the health of consumers and great disruption and economic loss to the food industry.

So, we need to look at the food system as a whole, be clear about the food safety responsibility of all of its participants, and strengthen accountability for prevention throughout the entire food system – domestically and internationally. The new law meets these needs in numerous ways.

For example, processors of all types of food will now be required to evaluate the hazards in their operations, implement and monitor effective measures to prevent contamination, and have a plan in place to take any corrective actions that are necessary. Also, FDA will have much more effective enforcement tools for ensuring those plans are adequate and properly implemented, including mandatory recall authority when needed to swiftly remove contaminated food from the market.

We will, in accordance with the law, establish science-based standards for the safe production and harvesting of fruits and vegetables to minimize the risk of serious illnesses or death, and we will set standards for the safe transportation of food.

Moreover, with the signing of the law, FDA will for the first time have a congressional mandate for risk-based inspection of food processing facilities. For example, all high-risk domestic facilities must be inspected within five years of enactment and no less than every three years thereafter.

The legislation significantly enhances FDA's ability to oversee the millions of food products coming into the United States from other countries each year. Among the improvements is the requirement that importers verify the safety of food from their suppliers and the authority for the FDA to block foods from facilities or countries that refuse our inspection. FDA will also be working more closely with foreign governments and increasing its inspection of foreign food facilities. FDA's new import tool kit will have a huge impact on food safety given that an estimated 15 percent of the U.S. food supply is imported, including 50 percent of fresh fruits, 20 percent of fresh vegetables and 80 percent of seafood.

Very importantly, the FSMA calls for the strengthening of existing collaboration among all food safety agencies whether they are Federal, state, local, territorial, tribal, or foreign. Among other provisions, the legislation directs the Secretary of Health and Human Services to improve training of state, local, territorial and tribal food safety officials and authorizes grants for training, conducting inspections, building capacity of labs and food safety programs, and other food safety activities. Building and leveraging the capacity of these food safety partners is how we can have a well-integrated, national food safety system that is as effective *and* efficient as it can be.

Now, the task falls to the FDA to carry out the direction we've been given. We are hard at work planning how we will put this law into effect. As we look to make the improvements called for in the legislation, we must ask ourselves many questions. What resources do we already have? What resources will we need? Where will those resources come from? Already we know that the legislation did not include sufficient fee resources to cover the costs of the new requirements. In that, we will look to Congress to work with us to ensure that FDA has what's needed to achieve our shared food safety and food defense goals.

This law represents a sea change for food safety in America, bringing a new focus on prevention, and I expect that in the coming years it will have a dramatic and positive effect on the safety of the food supply.

