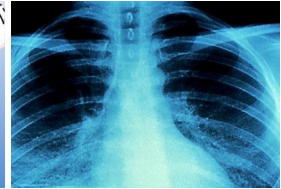
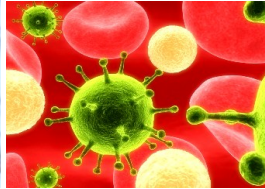




COMMUNICABLE DISEASE SECTION

COUNTY OF SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH



Quarterly Newsletter
<http://1.usa.gov/12miOrv>

July 2014 Volume 2, Issue 3

Summer Travel



Before you travel, make sure you speak with your health care provider to get vaccines, medications and advice you need before your trip. It is recommended to go at least 4–6 weeks before you travel to allow enough time for any recommended vaccines to take effect and will also allow adequate time if multiple doses are required.

Be sure to give your health care provider all the information needed to make health recommendations regarding your travel. Exam-

ples of necessary information include: where you are traveling within a country, the length of your trip and what activities you plan to do.

The number of children who travel or live outside their home countries has increased dramatically. In 2010, an estimated 2.2 million US resident children 18 years of age and younger, traveled internationally. Children are less likely to receive pre-travel advice therefore, it is important to contact your child’s pediatrician regarding their travel recommendations.

If you have recently been sick or find yourself sick at the time of planned travel, see your health care provider to discuss whether you should travel. Traveling while you are sick may put your health at risk or put others around you at risk for getting sick. If you visit your medical provider after returning from a trip, tell him or her about your recent travel.

Not all diseases are vaccine preventable, therefore take other measures to protect yourself. Many diseases are spread by mosquitoes or other bugs, try to avoid being bitten—wear insect repellent when outside and only open windows if they have screens. Travelers’ diarrhea is very common in long-term travelers, therefore, be careful about what you eat and drink.

Additionally, before you travel, take time to visit <http://wwwnc.cdc.gov/travel/notices> to review current travel notices for your destination. Travel notices are designed to inform travelers and clinicians about current health issues related to specific destinations. These issues may arise from disease outbreaks, special events or gatherings, natural disasters, or other conditions that may affect travelers’ health.

Vector Infections

Summertime increases the risk of being bitten by disease infected bugs, such as mosquitos and ticks. Mosquitoes that carry West Nile Virus (WNV) are most active at dawn and dusk, and into the early evening hours. Ticks can infect humans with bacteria, viruses, and parasites that can cause serious illness. Tick bites can occur when gardening, camping, hiking, and playing outdoors. Following these simple suggestions will help you avoid bites and allow you to enjoy the wonderful California summer!

Before You Go Outdoors

- Know where to expect ticks.
- Dress appropriately: cover exposed skin by wearing long-sleeved shirts, long pants, and hats. Tuck in shirts, tuck pants into socks,

and wear closed shoes instead of sandals to prevent bites.

- Wear Bug Repellent: use EPA-registered mosquito repellents containing one of the following: DEET, Picaridin, Oil of lemon eucalyptus or IR3535 .

For protection against ticks and mosquitoes: Use a repellent that contains 20% or more DEET for protection that lasts up to several hours. Products containing DEET include Off!, Cutter, Sawyer, and Ultrathon.

Always follow product directions and re-apply as directed. If you are also using sunscreen, apply sunscreen first and insect repellent second.

After You Come Indoors

- Check your clothing for ticks.
- Shower soon after being outdoors.
- Check your body for ticks including: under the arms, in and around the ears, inside the belly button, back of knees, etc.

For more information regarding WNV and tick borne illnesses visit <http://www.cdc.gov/>.





Middle East Respiratory Syndrome (MERS)

MERS is a novel coronavirus that usually causes a severe respiratory infection characterized by fever, cough, and shortness of breath. Most cases require hospitalization and 30% of cases have died. However, documented cases have ranged in clinical presentation from asymptomatic infection to septic shock and multi-organ failure resulting in death.

All MERS cases identified to date have been linked to countries in or near the Arabian Peninsula. Symptoms occur within 14 days of exposure. Those at increased risk for MERS are:

- Travelers to and/or from the Arabian Peninsula;
- Close contacts of an ill traveler from the Arabian Peninsula;
- Close contacts of a Confirmed or probable case of MERS; and
- Healthcare personnel not using recommended infection control measures.

MERS is spread through close contact such as living with or caring for an infected person. Transmission has occurred in

healthcare settings such as hospitals, but no known sustained community transmission has been observed to date. MERS virus has been found in some camels and one bat. Research is underway to better understand the reservoir for the virus and transmission.



The United States reported the first cases of MERS in May 2014. Two people were confirmed to be infected with MERS and had recent travel to the Middle East. One occurred in a healthcare worker that lives and works in Saudi Arabia. The other

occurred in a traveler who had also traveled to Saudi Arabia. They were unrelated to each other. There was no known further transmission from either case that occurred here in the US among their contacts or healthcare workers.

The County of San Bernardino Department of Public Health Communicable Disease Section (CDS) is useful for information about MERS testing resources, infection control guidelines, and current epidemiologic information. If you suspect MERS contact CDS immediately. CDS can be reached at 1.800.722.4794 and a Public Health Duty Officer is available after hours for consultation at 909.356.3805.

California Department of Public Health has developed a MERS Clinical Alert poster that can be found here: <http://tinyurl.com/k6m9ezp>.

Additional resources on screening criteria, clinical criteria, testing, travel guidance, and infection control guidelines can be found here: <http://www.cdc.gov/coronavirus/mers/index.html>.

Summertime Food Safety



Each year 1 in 6 Americans get food poisoning. Three-thousand Americans die each year from foodborne illness.

Whether you're planning a small summer cookout or a big holiday celebration, a camping trip or a potluck dinner, special precautions should be followed to ensure that you and your guests are safe from food poisoning.

Bacterial foodborne illnesses such as Salmonella and Campylobacter often increase in the summer months. Warmer temperatures and humidity increase the likelihood of bacterial growth in food.

Follow these four steps to help prevent foodborne illness this summer:

Clean: Wash hands and surfaces often. Wash hands before preparing food, after using the restroom, changing diapers, or handling pets. If soap and water is unavailable use hand sanitizer.

Separate: Don't cross-contaminate. Keep raw meats separate from ready-to-eat food. Wash plates, utensils, and cutting boards used for raw meat with soap and water before using them again for cooked or ready-to-eat food.

Cook: Cook to proper temperatures. Be sure that meats are cooked thoroughly and check with a food thermometer. Beef, pork, lamb, and veal should be cooked to an internal temperature of 160°F and poultry to an internal temperature of 165°F. Do not partially cook food ahead of time before a picnic or a barbecue.

Chill: Refrigerate promptly. Keep perishable items in an insulated cooler with several inches of ice or containers of frozen water. Keep the cooler in the coolest part of the car or in the shade. Consider keeping beverages in a separate cooler as it will be accessed frequently. Also consider taking less perishable items on a trip like fruits

and hard cheeses if a cooler is not available. In general, food left out of refrigeration for more than two hours should be discarded. In the summer, food should be discarded after one hour out of refrigeration.

Remember: If in doubt, throw it out!

Germ and some foods responsible for most food-borne illness:
Campylobacter (poultry)
E. coli O157 (ground beef, leafy greens, raw milk)
Listeria (deli meats, unpasteurized soft cheeses, produce)
Salmonella (eggs, poultry, meat, produce)
Vibrio (raw oysters)
Norovirus in many foods (e.g., sandwiches, salads)
Toxoplasma (meats)



Pertussis Epidemic

The California Department of Public Health (CDPH) recently declared an epidemic of pertussis. Pertussis is cyclical and incidence naturally peaks every 3-5 years. CDPH is closely monitoring reported cases. As of June 24, 2014, there have been 4,558 cases of pertussis reported. This amount is more than total number of cases reported in 2013. In the last two weeks alone, 1,100 new cases of pertussis have been reported.

The County of San Bernardino Department of Public Health has also seen a rise in the number of reported pertussis cases. In 2013, there were a total of 37 reported cases. As of June 24, 2014, 63 cases of pertussis have been reported to the County of San Bernardino Department of Public Health compared to 7 cases at this time last year. More than 85% of cases reported are for those who are 19 years of age and younger. Currently, the most impacted demographic groups infected with pertussis within the County are as follows: **47% have occurred among Hispanics, 26% have occurred in infants less than one year of age and 26% have occurred in early adolescents 10-14 years of age.**

Infants are most at risk to develop severe complications from pertussis. Of infants who are hospitalized with pertussis, about 1 in 5 will get pneumonia and 1 in 100 will die. Two-thirds of pertussis hospitalizations in California have occurred in children less than four months of age.

Preventing severe disease and death in infants remains the highest priority. To provide newborns with short term protection against pertussis, the Centers for Disease Control and Prevention (CDC) recommends pregnant women receive the Tetanus, diphtheria, & acellular pertussis (Tdap) vaccine during each pregnancy, ideally in the third trimester between 27-36 weeks gestation. Passive maternal immunity will help protect the newborn until they are old enough to be vaccinated with diphtheria, tetanus, & acellular pertussis (DTaP) which can be administered as early as 6 weeks of age. It is also important that other adults in contact with the newborn, such as fathers, grandparents, older siblings, and babysitters, also be up-to-date with their Tdap vaccine at least two weeks before coming into contact with infants less than 12 months of age.

Recommendations for Medical Providers:

- Consider pertussis regardless of age in patients with persistent cough. Symptoms are generally milder in teens and adults, especially in those who have received Tdap.
- Consider testing and treatment for pertussis despite immunization history in patients with respiratory illness. The recommended testing for pertussis is PCR from nasal pharyngeal swab or wash. Serologic testing for pertussis is

not recommended.

- Report cases of pertussis within 1 working day of identification (suspect and confirmed) to the Communicable Disease Section at 1-800-722-4794.
- Consider treatment or antibiotic prophylaxis for exposed household contacts, caregivers or others potentially exposed to symptomatic pertussis cases, especially when there is an infant or pregnant woman in the home.
- Assess vaccination status of staff. Tdap vaccine is recommended for healthcare workers who may be exposed in the workplace.

For additional resources on testing recommendations, treatment & prophylaxis, and healthcare exposures, please contact the Communicable Disease Section at 1-800-722-4794.



Communicable Disease Fast Facts

- In the U.S., Human papillomavirus (HPV) causes about 17,000 cancers in women, and about 9,000 cancers in men each year. About 4,000 women die each year from cervical cancer. HPV is a vaccine preventable disease. The vaccine is administered as a three dose series.
- 800,000 to 1.4 million people suffer from chronic hepatitis B, with complications such as liver cancer. Hepatitis B is a vaccine preventable disease. The vaccine is administered as a three dose series.



- An estimated 3.2 million persons in the United States have chronic Hepatitis C virus infection. Persons born from 1945-1965 are 5x more likely to have Hepatitis C. CDC recommends that everyone born during these years, get a blood test for Hepatitis C.
- As of June 27, 2014, the California Department of Public Health (CDPH) has received reports of 60 confirmed measles cases in California residents so far this year.



Communicable Disease Section

351 N. Mountain View Ave #104
 San Bernardino, CA 92415
 Phone: 1(800) 722-4794
 Fax: (909) 387-6377

Confidential Morbidity Reports (CMRs) can be found on our website and can be faxed to:
 TB, Epi, STD: (909) 387-6377
 For HIV CMRs call before faxing.

To report suspect or confirmed cases of TB to the Tuberculosis Control Program, please fill out a TB case/suspect form for your hospitalized or clinic patient and fax to (909) 387-6377. Follow up with a phone call to one of our TB nurses at 1(800) 722-4794.

Events and Observances	
July	World Hepatitis Day: July 28
August	National Immunization Awareness Month
September	National HIV/AIDS and Aging Awareness Day: September 18
	National Gay Men's HIV/AIDS Awareness Day: September 27
	World Rabies Day: September 28



The Communicable Disease Section now has a Facebook page!
 Like us at <https://www.facebook.com/CommunicableDiseaseSection>

Web Resources

County of San Bernardino Department of Public Health

<http://www.sbcounty.gov/dph>

<https://www.facebook.com/CommunicableDiseaseSection>

California Department of Public Health

- Division of Communicable Disease Control
<http://www.cdph.ca.gov/programs/dcdc>

- Vaccine for Children (VFC)
<http://www.eziz.org>

- School Immunization Requirements
<http://www.shotsforschool.org>

- California Immunization Registry (CAIR)
<http://cairweb.org>

- STD Branch Health Information for Professionals
<http://www.cdph.ca.gov/programs/std/pages/default.aspx>

Centers for Disease Control and Prevention

- Disease & Conditions (A - Z Index)
<http://www.cdc.gov>

- Immunization Schedules
<http://www.cdc.gov/vaccines/schedules>

- HIV/AIDS & STDs
<http://www.cdc.gov/std/hiv>

American Public Health Association

<http://www.apha.org>