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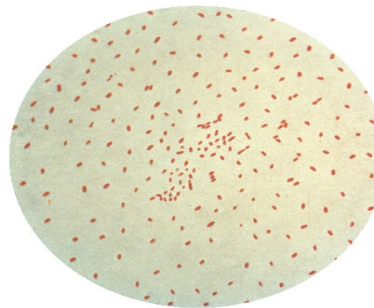
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PERTUSSIS - UNFORTUNATELY NOT A DISEASE OF THE PAST

By Diane King, RN, MSPH

Pertussis, or Whooping Cough, is a highly infectious respiratory infection that is preventable due to vaccination. While the incidence of pertussis infections in the US demonstrated a dramatic decline with use of the vaccine in the 1940's, pertussis now has been increasing in incidence again since the 1980's. What was once thought to be a disease of only infants and young children appears to be affecting people across the lifespan. Those most vulnerable to pertussis are unimmunized infants, under-immunized children, and teens and adults whose initial vaccine protection has worn off.



Photomicrograph of *Bordetella pertussis* bacteria
Courtesy of Centers for Disease Control and Prevention

Symptoms range from runny nose, mild cough and slight fever in the early stages to attacks of paroxysms of coughing, often with vomiting or inability to catch one's breath. It can be associated with a "whoop" occurring at the end of an attack. The coughing can last for several weeks to months. Symptoms may vary in the very young, in adults or in those with partial vaccine protection. Complications include pneumonia, seizures, and neurological problems, as well as hernias and rib fractures. In the years 2004-2005, a total of 66 deaths were reported to the Centers for Disease Control and Prevention (CDC) due to pertussis. See PERTUSSIS, page 4



Get the Lead OUT!

By Ginger A Stanley, BHS

Many consumers traditionally relate lead poisoning to chipped/peeling paint or dust from houses built before 1978. The Centers for Disease Control and Prevention (CDC) cite that there remain approximately 24 million housing units in the U.S. at risk for exposure to lead paint or lead dust.



While lead paint and dust exposure of this type continue to be a concern, recent recalls have alerted the public that there are other exposure risks related to lead poisoning. Many of these recalled items are children's toys and jewelry.

Lead poisoning, also called Plumbism, is especially harmful to children. It can cause learning disabilities and behavioral problems. Exposure to very high levels can cause seizures, coma, and death. According to the Centers for Disease Control and Prevention, in the United States, approximately 310,000 children ages one through 5 years have lead blood levels greater than 10 micrograms of lead per deciliter of blood – the level at which the CDC recommends public health action.

“Lead poisoning is entirely preventable. The key is stopping children from coming into contact with lead and treating children who have been poisoned by lead.” www.cdc.gov

The following are CDC recommendations for the prevention of lead poisoning:

Talk to your state or local health department about testing paint and dust from your home for lead.

Make sure your child does not have access to peeling paint or chewable surfaces painted with lead-based paint.

Pregnant women and children should not be present in housing built before 1978 that is undergoing renovation. They should not participate in activities that disturb old paint or in cleaning up paint debris after work is completed.

Create barriers between living/play areas and lead sources. Until environmental clean-up is completed, parents should clean and isolate all sources of lead. They should close and lock doors to keep children away from chipping or peeling paint on walls. You can also apply temporary barriers such as contact paper or duct tape, to cover holes in walls or to block children's access to other sources of lead.

Regularly wash children's hands and toys. Hands and toys can become contaminated from household dust or exterior soil. Both are known lead sources.

Regularly wet-mop floors and wet-wipe window components. Because household dust is a major source of lead, parents should wet-mop floors and wet-wipe horizontal surfaces every 2-3 weeks. Windowsills and wells can contain high levels of leaded dust. They should be kept clean. If feasible, windows should be shut to prevent abrasion of painted surfaces or opened from the top sash.

Prevent children from playing in bare soil; if possible, provide them with sandboxes. Parents should plant grass on areas of bare soil or cover the soil with grass seed, mulch, or wood chips, if possible. Until the bare soil is covered, parents should move play areas away from bare soil and away from the sides of the house. If using a sandbox, parents should also cover the box when not in use to prevent cats from using it as a litter box. That will help protect children from exposure to animal waste.

See LEAD, page 4



**PALM BEACH COUNTY HEALTH DEPARTMENT
2007 REPORTED COMMUNICABLE DISEASES
WEEK 37, 2007 (ENDING DATE 09/15/07)**



	This Week	This Year	Same Time Last Year
<u>CENTRAL NERVOUS SYSTEM AND INVASIVE DISEASES:</u>			
Haemophilus influenzae primary bacteremia	0	11	15
Haemophilus influenzae pneumonia	1	6	0
Meningococcal disease	0	0	4
Group B Streptococcus meningitis	0	2	1
Listeria monocytogenes meningitis	0	1	1
Listeriosis	0	6	4
Streptococcus pneumoniae meningitis	0	2	3
Streptococcus pneumoniae invasive disease, drug-resistant	4	22	43
Streptococcus pneumoniae invasive disease, susceptible	0	16	28
Streptococcal disease, invasive Group A	0	20	19
Bacterial meningitis, other	0	7	6
West Nile Virus, neuroinvasive	0	0	1
Creutzfeldt-Jakob Disease (CJD)	0	0	2
<u>VACCINE PREVENTABLE DISEASES:</u>			
Congenital rubella syndrome	0	0	0
Rubella (German measles)	0	0	0
Rubeola (measles)	0	0	0
Mumps	0	0	1
Pertussis	0	10	6
Tetanus	0	0	0
Varicella	10	108	0
<u>HEPATITIS:</u>			
Hepatitis A	1	8	30
Hepatitis B, acute	0	12	21
Hepatitis B, chronic	0	242	220
Hepatitis B (HBsAg+) in pregnant women	2	59	52
Hepatitis B, perinatal	0	0	0
Hepatitis C, acute	0	0	0
Hepatitis C, chronic	47	856	486
<u>ENTERIC DISEASES:</u>			
Giardiasis	0	49	51
Campylobacteriosis	0	51	68
Shigellosis	0	87	30
Salmonellosis	2	213	219
Cryptosporidiosis	2	26	11
Cyclosporiasis	0	10	9
Typhoid fever	0	1	1
Enterohemorrhagic E. coli (EHEC) O157:H7	1	3	0
E. coli shiga toxin + (serogroup non-O157)	0	3	1
E. coli shiga toxin + (not serogrouped)	0	7	11
Vibrio cholera 01	0	0	0
Vibrio cholera non-01	0	0	0
Vibrio fluvialis	0	0	0
Vibrio alginolyticus	0	2	5
Vibrio hollisae	0	0	0
Vibrio mimicus	0	0	0
Vibrio vulnificus	0	0	1
Vibrio parahaemolyticus	0	2	0
Vibrio, other	0	0	0
<u>OTHER DISEASES:</u>			
Human exposure to a potentially rabid animal	1	48	70
Animal rabies	0	2	5
Monkey bite	0	1	0
Brucellosis	0	0	0
Ciguatera	10	11	0
Dengue fever	0	3	1
Hansen's disease (Leprosy)	0	2	0
Lead poisoning	0	12	18
Legionellosis	0	10	18
Lyme disease	0	5	2
Malaria	1	4	4
Mercury poisoning	0	9	4
Q fever	0	0	0
Rocky mountain spotted fever	0	0	0
Toxoplasmosis	0	0	0



To further reduce a child's exposure from non-residential paint sources:



- avoid using [traditional home remedies](#) and cosmetics that may contain lead;
- avoid eating [candies](#) imported from Mexico;
- avoid using containers, cookware, or tableware to store or cook foods or liquids that are not shown to be lead free;
- remove recalled [toys](#) and [toy jewelry](#) immediately from children;
- use only cold [water](#) from the tap for drinking, cooking, and for making baby formula (Hot water is more likely to contain higher levels of lead. Most of the lead in household water usually comes from the plumbing in your house, not from the local water supply.);
- shower and change clothes after finishing a task that involves working with lead-based products such as stain glass work, bullet making, or using a firing range.

Blood lead levels of 10µg/dL or greater should be reported to Palm Beach County Health Department Epidemiology & Disease Control at (561) 840-4566 or 866-804-9164 (toll free).

For more information on lead poisoning and recent recalls related to lead please go to:

<http://www.cdc.gov/nceh/lead>

http://www.doh.state.fl.us/environment/community/lead/The_Lead_Alert_Network.htm

<http://www.cpsc.gov/cpscpub/prere1/prhtml07/07257.html>

(Information in this article is from the Centers for Disease Control and Prevention website)

Specific treatment can reduce the infectious period, and if given early reduce some of the symptoms. Prophylactic treatment should be given to close contacts.

Changes in the vaccines available to prevent this disease have been made. The use of acellular pertussis in the vaccine for infants and children has decreased the number of children experiencing side effects and requiring the use of the DT vaccine. Acellular vaccines have been used in this country since 1996 for the initial childhood series. The initial series of DTaP still consists of 4 doses with a booster at school entry if the series was completed before the 4th birthday. In 2005, adolescent and adult formulations were licensed. Tdap, the vaccine for adolescent and adults, can be used 1 time in place of a standard Td booster for anyone aged 10-64 years, depending on the brand used. It is recommended to wait for an interval of 5 years between a dose of Td and a dose of Tdap, but this can be shorter if necessary. Only one booster dose of Tdap is recommended at this time.

Recommendations have been updated recently regarding the administration of Tdap to health care workers. All health care workers providing direct patient care should receive this vaccine as soon as possible, with priority given to those working with infants younger than 12 months of age.

Hopefully with increased awareness and the implementation of the new recommendations, we will see pertussis truly become a disease of the past.