



Public Health
Prevent. Promote. Protect.

Communicable Diseases

Monthly Newsletter

Joplin City and Jasper County

Volume 4, Issue 10

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Did You Know?

- Reptiles and amphibians can spread *salmonella*
- *Salmonella* can be severe therefore resulting in hospitalization.
- Young children, elderly persons, and those with weakened immune systems are more likely to develop severe illness from the infection.

Reptiles, Amphibians and *Salmonella*

Reptiles and amphibians are popular pets with many families. They might have *Salmonella* germs on their bodies and thus causing serious illness in people.

Salmonella can make people sick with diarrhea, vomiting, fever, and/or abdominal cramps. Young children, elderly persons, and those with weakened immune systems are more likely to develop severe illness from the infection and may require hospitalization.

To reduce the risk of salmonella infection from reptiles and amphibians,

- Wash hands thoroughly with soap and warm water immediately after handling a reptile or amphibian, or anything in the area where they live. Use hand sanitizer if soap and water are not readily available.



- Keep children from handling reptiles and amphibians or even keep these animals out of places with children younger than 5 years old or people with weakened immune systems.
- Do not let reptiles or amphibians roam freely throughout the house or in areas where food or drink is prepared, served, or stored, such as kitchens, pantries, or outdoor patios.
- Do not bathe animals in your kitchen sink. If bathtubs are used, they should be thoroughly cleaned afterward. Use bleach to disinfect a tub or other place where reptile or amphibian habitats are cleaned.

For more information, visit www.cdc.gov

Shiga toxin Producing *E. coli* (STEC)

Shiga toxin producing *E. coli* (STEC) is a kind of *E. coli* bacteria that cause disease by making a toxin called Shiga toxin.

The most commonly identified STEC in North America is *E. coli* O157:H7.

Symptoms of STEC infection include severe stomach cramps, diarrhea (which is often bloody) and vomiting. If there is

fever, it is usually not very high. Most people get better within 5–7 days, but some patients go on to develop HUS (hemolytic uremic syndrome), usually about a week after the diarrhea starts. HUS is a serious complication which affects the kidneys thus requiring dialysis and may cause death.

CDC has recommended that any person who has signs or symptoms of STEC infection should seek medical care.

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STD Reports: Joplin City and Jasper County (January thru September)



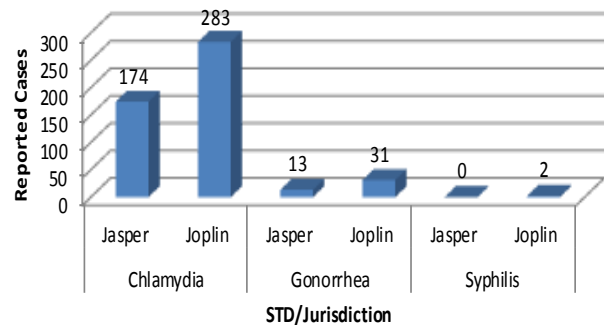
As of end of September, there were about 503 STD cases (chlamydia, gonorrhea and syphilis) reported in Joplin and Jasper County. Joplin had 316 while Jasper County had 187 cases. (fig.1)

Chlamydia was the commonly reported STD in both jurisdictions, which is consistent with state and national trends.

September had the second highest reported cases (61) after March (62).

Majority of cases occurred among 15-24 year-olds (385 of the 503). Additionally, there were

Figure 1
Reported Cases of Sexually Transmitted Diseases in Joplin City and Jasper County - January Thru September 2011



more females (381) than males (122) with STDs in both jurisdictions.

Source: DHSS and Joplin/Jasper County HDs

NEW MISSOURI HIV-STD REPORT

There are 11,052 persons living with HIV disease that were diagnosed in Missouri through June 30, 2011.

The greatest proportion of newly diagnosed cases occurred among persons 25-44 years of age (47.7%).

Persons 45-64 years of age represented the largest proportion of those living with HIV disease (48.7%).

Adapted from DHSS report found at: <http://health.mo.gov/data/hivstdaids/pdf/11statsheet.pdf>

Table 1. Diagnosed and living HIV disease* cases by sex, by race/ethnicity, Missouri, 2011†

Sex	Diagnosed 2011†		Living 2011†		
	Cases	%	Cases	%	Rate**
Male	222	86%	9,165	82.9%	312.4
Female	36	14.0%	1,887	17.1%	61.8
Total	258	100.0%	11,052	100.0%	184.5
Race/Ethnicity					
White	104	40.3%	5,548	50.2%	114.4
Black/African American	137	53.1%	4,917	44.5%	715.6
Hispanic	13	5.0%	431	3.9%	202.9
Asian/Pacific Islander	1	0.4%	57	0.5%	55.3
American Indian	0	0.0%	18	0.2%	74.8
Two or More Races/Unknown	3	1.2%	81	0.7%	N/A
Total	258	100.0%	11,052	100.0%	184.5

*Includes all individuals diagnosed with the HIV virus, regardless of current status (i.e., HIV or AIDS).

†Only includes cases diagnosed or living as of June 30, 2011 and reported by September 30, 2011.

**Per 100,000 population based on 2010 MDHSS estimates

Note: Percentages may not total due to rounding.

Communicable Diseases Report

Cumulative Cases from January thru October in Joplin City and Jasper County: 2010 & 2011
(Data includes confirmed, probable and suspect cases)

Table 2.	Diseases/Conditions	Joplin City		Jasper County	
		2010	2011	2010	2011
Enteric, Food and Waterborne Illnesses	Campylobacteriosis	15	5	96	28
	Coccidiomycosis	1	0	0	1
	Cryptosporidiosis	3	1	6	2
	E Coli Shiga Toxin	1	1	2	10
	E Coli O₅₁₇ H₇	1	0	1	1
	Giardiasis	2	3	4	4
	Legionellosis	0	1	0	1
	Salmonellosis	6	10	13	13
	Shigellosis	11	38	6	26
Tick-borne Diseases	Anaplasma Phygocytophilum	0	0	1	1
	Ehrlichis Chaffeensis	0	1	1	1
	Ehrlichis Ewingii	0	0	1	0
	Rocky Mountain Spotted Fever	5	6	2	7
Other	Chicken Pox (Varicella)	0	1	12	18
	Hepatitis B (Acute)	4	10	4	7
	Hepatitis B (Chronic)	4	5	3	11
	Hepatitis B (Pregnancy)	1	1	0	1
	Hepatitis C (Acute)	0	0	1	2
	Meningococcal Disease	1	0	0	1
	Mycobacterium Other Than TB	3	1	3	3
	Pertussis (Whooping Cough)	1	3	3	0
	Streptococcal Disease (Group A)	1	0	0	1
	Toxic Shock Syndrome	0	0	0	1
	Tuberculosis Disease	1	1	1	0
Tuberculosis Infection	9	33	33	33	

Source: Crystal Reports, DHSS. Data provided is preliminary and may be subject to change

Based on data provided as of the end of October (see table 2)

- Most of the diseases/conditions remained within normal range in 2011 compared with 2010.
- **TB infection** reports in Joplin in 2011 were higher (33) than was reported in 2010 (9). Jasper County reports for TB infection remained the same i.e. 33 for both years.
- **Acute Hepatitis B** was slightly higher in 2011 compared with 2010 reports as of the end of October in both Joplin City and Jasper County.
- **Shigella** Infection was higher in 2011 compared with 2010, but the increase was largely due to an outbreak back in April 2011.

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Reporting Diseases/Conditions in Missouri

A reportable disease is any disease/condition for which an official report is required according to state law ([Rule 19 CSR 20-20.020](#) and [19 CSR 20-20.080](#)). They shall be reported to the local health department or the Missouri Department of Health, DHSS.

Why Report

- ◆ Enables the health department to implement disease intervention without delay.
- ◆ Assists in identifying contacts who may be infected or at risk of infection.
- ◆ Helps to determine occurrence of diseases in the communities.
- ◆ Provides aggregate data on possible risk factors associated with diseases.

How Reports are used

- ◆ Helps physicians evaluate their patients' illnesses.
- ◆ Assists the public to make better decisions regarding their own health.
- ◆ Enables public health agencies to implement prevention and control measures.
- ◆ Helps health agencies to plan, allocate, implement initiatives and evaluate them.

Who Must Report

Healthcare providers and other institutions providing diagnostic testing, screening or care to any person with a disease or health condition.

Shiga toxin Producing *E. coli* (STEC)

(Continued from page 1)

It is not recommended to give antibiotics to patients with suspected STEC infections until complete diagnostic testing can be performed and STEC infection is ruled out. Administering antibiotics in patients with STEC infections might increase their risk of developing HUS.

However, there may be indications for antibiotics in patients with severe intestinal inflammation if perforation is of concern.

Guidelines to for STEC infections indicate that:

- All stools submitted for testing from patients with acute community-acquired diarrhea should be cultured for STEC O157:H7.
- Clinical laboratories should report and send *E. coli* O157:H7 isolates and Shiga toxin-positive samples to the state public health laboratory for additional characterization.

The benefits of adhering to the recommended testing strategy include early diagnosis, improved



patient outcome, and detection of all STEC serotypes.

E. coli is a Category I reportable disease. All patients with Shiga toxin-positive diarrheal illness or HUS either known or suspected cases should be reported to the local public health agency, or to the Missouri Department of Health and Senior Services at 800/392-0272 (24/7).

Source: CDC and Missouri DHSS

“Opportunities are like clouds. They don't stay around waiting for us, but instead slide away to those who are ready for them” Anon