

CheckUp



A Quarterly Report on Public Health Issues in Knox County

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Direct Numbers for clinics

Medical Clinic 399-8009
Dental Clinic 399-8008



Darlene Butts, clerk with the medical clinic, completes paperwork for a participant in the Oct. 20 drive-thru flu shot clinic at the Knox County Fairgrounds. More than 600 people received flu shots during the four-hour clinic.

Concern for MRSA hits home

A killer bacteria known as MRSA has been a growing problem for years, particularly in hospitals and nursing homes. But in the last few weeks, there has been a heightened awareness with stories about MRSA in the national news and the confirmation of cases of MRSA in our own community.

A study published October 17, 2007 in the Journal of American Medical Association (JAMA) estimated that MRSA infections occurred in nearly 95,000 Americans in 2005. Based on those figures an esti-

mated 18,650 people died due to a MRSA infection in 2005. That death rate was higher than the HIV/AIDS death rate for the year, and the number of MRSA-related deaths was much higher than previously thought.

The type of MRSA we are seeing in the community is referred to as Community Acquired or CA-MRSA (see pg 3). This is usually non invasive. When MRSA becomes invasive it affects the sterile areas of our body such as the blood, lungs, and bone. The invasive strain of MRSA nor-

mally is seen in older people with compromised immune systems or those who have undergone surgery or had organ transplantation or are on dialysis.

Nevertheless, with cases of MRSA in schools across the nation and the death of a student in Virginia, there have been renewed calls for more aggressive action to help prevent the spread of the bacteria named methicillin-resistant staphylococcus aureus (MRSA) both in healthcare associated facilities and in the community setting.



Now is time to get your flu shot

As concerns about emerging infectious diseases continue, should you still worry about the plain old flu? Yes, according to health officials. Influenza is the viral infection that sickens millions of people each year and has the potential to cause serious complications, especially in children and older adults.

As of press time, the **Health Department was still offering flu shots to the general public on a walk-in basis, Mon.-Fri., 8 a.m. - 4:30 p.m.** The cost is \$15. If using Medicare or Medicaid for payment, bring your medical card and a photo ID.

A flu shot is between 70 percent and 90 percent effective in

warding off illness, depending on the length and intensity of a given flu season and your overall health. In a few cases, people who get a flu shot may still get the flu, but they'll get a much less severe form of the illness.

You need to get a flu shot every year because the virus changes each year and a new vaccine is developed to fight the new strain.

You should get a flu shot if you:

- Are age 6 months to 4 yrs.
- Are a child on long-term aspirin therapy
- Are pregnant
- Are 50 years old or older
- Have a chronic medical condition such as asthma,

diabetes or heart, kidney or lung disease

- Have a weakened immune system such as from medications or HIV infection
- Are a resident of a nursing home or other long term care facility
- Are a child care worker or health care worker or live with or care for someone at high risk of complications from the flu

Children younger than 9 yrs. old require two doses of the flu vaccine if it's the first time they've been vaccinated for influenza. That's because children don't develop an adequate antibody level the first time they get the vaccine.

The Numbers

3rd Qtr. YTD
July-Sept. Jan.-Sept.

VITAL STATISTICS

Births Recorded	125	349
Teen Mother Births	18	41
Unwed Mothers	60	154
Deaths Recorded	104	355
Birth Certificates	633	1,907
Death Certificates	379	1,394

FAMILY & COMMUNITY HEALTH

Medical Clinic Patients	520	1,550
New Patients	264	304
Dental Clinic Patients	1,059	2,483
New Patients	255	777
Childhood Shots	2,829	6,700
Help Me Grow Program		
Referrals Received	105	324
Total Visits	236	759
Communicable Disease		
Class A Reported	33	107
Class B Reported	0	22
WIC Visits	894	2,563
BCMh Consultations	155	515
Home Health Care		
Referrals Received	75	230
Patients Admitted	58	168
Total Visits	2,864	9,134

ENVIRONMENTAL HEALTH

Animal Bites Reported	40	95
Food Service Licenses Issued	110	555
Food Service Inspections	300	761
Well Permits to Install	46	121
Total Inspections	79	200
Consultations	76	167
Water Samples	168	489
Sewage Site Evaluations	21	48
Permits to Install	34	86
Number of Inspections	47	141
Consultations	131	635
Public Nuisances Reported	72	236
Number Valid	48	160
Investigations	128	401
Nuisances Abated	71	197

HEALTH PROMOTION

School Presentations	40	1220
# Students Served	815	4,736
Public Presentations	83	330
Collaborative Projects	79	170

Do I have a cold or the flu?

Most people don't know the difference between a cold and the flu so here's a primer for the upcoming winter season.

The **Common Cold** is relatively harmless upper respiratory tract infection. There are more than 200 viruses that cause the **cold**, with rhinovirus causing most infections. Symptoms develop slowly and include sneezing, sniffing, runny nose, nasal congestion, scratchy or phlegm throat, mild coughing, and headache without a high fever and significant fatigue. **Colds** typically last five to seven days and have residual coughing or nasal congestion lasting up to one to two weeks. Adults average 2-4 **colds** a year while school-aged children can have one 8-10 times per year. The best way to avoid a **cold** is to avoid close contact with existing sufferers; to wash hands thoroughly and regularly; and to avoid touching the mouth and face. Anti-bacterial soaps have no effect on the **cold** virus — it is the mechanical action of hand washing that removes the virus particles. There is no cure for the common **cold**. The most reliable treatment is a combination of fluids and plenty of rest.

Influenza or the "flu" is like an extreme cold affecting mainly the lower

respiratory tract that makes most people feel much worse. Initially, the **flu** may seem like a cold and has symptoms such as a runny nose, sneezing and scratchy throat, but the **flu** tends to come on suddenly and includes other symptoms such as fever, chills, fatigue, aches and pains, nausea and vomiting. Many individuals think that a sick stomach, including vomiting, diarrhea and nausea are symptoms of the **flu**. Actually, they have gastroenteritis which is sometimes called the stomach flu, yet is not unrelated to the **flu**.

Most people who get the **flu** will recover in one to two weeks, but others will develop life-threatening complications such as pneumonia. **Influenza** usually only occurs in winter. People can only get it once a year.

Prevention techniques for the **flu** are similar to the cold and include social distancing, heightened personal hygiene such as frequent hand washing and cough/sneeze etiquette, but also can include vaccination.

Your best bet for treating **flu** symptoms remains the tried and true: plenty of rest, plenty of fluids and acetaminophen or ibuprofen (Advil, Motrin, others) for aches and pains. It's also important to eat healthy and get some daily activity to help keep your immune system in top form.

Free help to break tobacco addiction

During the past year, more than 200 local residents participated in the Health Department's tobacco cessation program, *Put It Out For Good*. Nearly 76% or about 152 adults, have actually quit using tobacco based on follow-up assessments.

The program is lead by four certified tobacco treatment specialists (CTTS) trained in the Mayo Clinic's Nicotine Dependence Program. It offers a combination of support group classes and nicotine replacement therapy.

Group classes improve the chances of quitting over just using nicotine replacement therapy (NRT) or prescriptions alone. The combination of peer support and clinical expertise offers an environment conducive to long-term successful quitting.

With grant dollars from the Ohio Tobacco Prevention Foundation, the Health Department provide four weeks of free NRT (patches, gum and/or lozenges) per person. All of the CTTS's are trained to give the

recommended dosing amount of NRT based on the individual's current intake of tobacco.

The Health Department works with the Alcohol and Drug FREEDOM CENTER and Knox Community Hospital to present weekly cessation classes. Classes are held every Monday from noon- 1:30 pm at the Freedom Center's Annex building, every Tuesday from 6:30- 8 pm at the Fredericktown Community Library, and every Thursday from 7-8:30 pm in the private dining room of the Knox Community Hospital. The classes are ongoing, participants can join anytime. They do not need to register for the classes and they can attend as often as they like.

For more information, contact Mike Whitaker, tobacco program manager, at 392-2200, ext. 2233 or via email at mwhitaker@knoxhealth.com.



MRSA

MRSA stands for Methicillin-resistant Staphylococcus aureus and is a form of Staphylococcus Aureus more commonly referred to as “Staph.” The first case of MRSA was noted in the 1960’s and was associated with hospitalization or other healthcare-associated risk factors. In the 1980’s people who lacked the traditional healthcare-associated risk factors were observed to have Community-Associated (CA) infections.

The term MRSA was given to this form of staph because it did not respond to most of the penicillin based antibiotics included Methicillin. The word “Resistant” in MRSA causes alarm because the implication is no antibiotic will cure the problem—that is not the case and in many incidences an antibiotic is not required.

CA-MRSA is a type of staph that frequently causes skin infections such as pustules or boils which often are red, swollen, painful or have pus or drainage. Almost all MRSA skin infections can be effectively treated by drainage of pus with or without antibiotics. More serious infections, such as pneumonia, bloodstream infections or bone infections are very rare in healthy people who get MRSA skin infections.

MRSA skin infections can occur anywhere, but some settings have factors that make it easier for MRSA to be transmitted. These factors are referred to as the five C’s.

- Crowding
- Frequent skin-to-skin Contact
- Compromised skin – cuts or abrasions
- Contaminated items and surfaces – workout equipment, locker rooms
- Lack of Cleanliness

To protect yourself from getting MRSA, practice good hygiene – wash your hands, wash your hands, wash your hands. Keep your hands clean by washing with soap and water or using an alcohol-based sanitizer.

Much of the population does not fully understand the tremendous impact that regular, thorough hand washing has on disease rates, especially in schools. Hands are the number one cause of the spread of communicable disease

- Showering after exercise.
- Covering skin trauma such as cuts with a clean dry bandage until healed.
- Avoid sharing personal items such as towels and razors.

Hand Washing Basics

It sounds simple, but it is the best way to avoid getting sick

We have perfumes, aftershave, deodorants and skin lotions. And we have plug-ins, potpourri, odor eliminating aerosols and scented candles. Our bodies and homes smell good, but are we really clean? Have we forgotten the basics of **HAND WASHING!**

If you were to ask a public health worker, “What’s the single best communicable disease prevention method?” The answer would be simple, “Wash your hands.”

Our hands, when they’re not grasping doorknobs, handling money, or flushing the toilet, are busy spreading bugs like E. coli, the common cold, or flu. Hands can prove to be particularly perilous during the back-to-school season, when students flood into classrooms, carrying with them a summer’s worth of bad hand washing habits.

Education is the key.



Look for this button on health-care workers from the Health Department. We’re hoping it will encourage a conversation on the importance of washing your hands regularly.

We need to make hand washing an intrinsic part of our daily lives. It needs to be consistently demonstrated to children, because they learn from what we do, not what we say. Young children are very observant and more likely to blurt out “Yuck, when a person doesn’t wash their hands in the bathroom.”

Hands should be washed:

- Before and after eating
- After going to the bathroom
- After touching a wound or dressing a wound

- When ever they are visibly soiled.
- If you cough or sneeze into your hand.

A new buzz phrase in cold and flu prevention is “cough/sneeze etiquette.” This means coughing or sneezing into your sleeve (preferably the elbow.)

In addition to hand washing we need to be aware of sharing another’s personal items. Children and teens should be encouraged not to share the following:

- Towels
- Brushes and combs
- Make up
- Razors
- Cell phones

We should all remember to keep covered any open skin areas such as cuts and abrasions with clean dry band aids or bandages.

Simple measures can make a huge difference in reducing the spread of disease.

Always wash your hands the right way

In our fast paced world, sometimes we neglect the basic things that keep us healthy: we don’t get enough sleep; we don’t take time to eat breakfast; we don’t take time to exercise; and we don’t take the time to properly wash our hands.

At one time or another, everyone has seen someone leave a bathroom without washing their hands or take a quick swipe under the faucet with no soap and act as though their hands are clean.

Washing your hands takes time - at least 20 seconds - to do it properly.



Hand washing with any type of soap can prevent the spread germs. It’s the actual motion of rubbing your hands together that actually gets rid of the germs.

When soap and water are not available, use an instant hand sanitizer. Carry the small packets with you and in the car for when you are eating on the run

Follow these steps to wash your hands the right way:

- 1. Wet your hands with warm water.**
- 2. Lather Up** both hands with soap.
- 3. Scrub your hands for least 20 seconds.** Wash your wrists, your palms, the backs of your hand & under your fingernails.
- 4. Rinse your hands** thoroughly.
- 5. Dry your hands** on a clean towel. If available, use a paper towel to turn off the water. Or, let your hands air-dry if no clean towel is available.



“We are dedicated to promoting and protecting the health and well-being of our residents and communities by providing quality services and educational programs to prevent the incidence of disease and unhealthy conditions.”

What's Coming Up

Immunization Clinic at Danville	Nov. 8
Offices Closed for Veteran's Day	Nov. 12
Asset Builders Coalition Mtg. at the Health Department	Nov. 13
Sr. Wellness Clinic at Fredericktown	Nov. 14
Wellness Coalition Mtg.	Nov. 15
Extended Clinic Hours Open until 7 p.m.	Nov. 20
Communicable Disease Class for Daycare Workers	Nov. 20-21
Offices Closed for Thanksgiving Holiday	Nov. 22-23
Board of Health Meeting	Nov. 28



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Pertussis: What to watch for

'Tis the season for respiratory infections and the Health Department expects to see increased cases of Pertussis, more commonly known as “whooping cough.”

Pertussis is a highly contagious respiratory infection that causes severe coughing. It is most serious in infants and young children. Lately more cases have been reported in teens and adults, because their immunity has faded since their original vaccination.

The American Academy of Pediatrics now recommends that children who are 11-18 years old receive a booster shot (Tdap) that includes a pertussis vaccine, preferably when they are 11-12 years old.

Vaccine to prevent pertussis is administered as part of the required immunization schedule for children before they enter school. It is part of the DTAP shot which stands for diphtheria, tetanus and pertussis and it is recommended that children receive five DTAP shots by age five. These shots are usually given at two-, four-, six- and 15-18-months of age and between 4-6 years of age.

Pertussis usually starts with symptoms that re-

semble a common cold such as a sneezing, runny nose, low-grade fever and a cough. Within two weeks, the cough becomes more frequent and is characterized by episodes of severe coughing followed by a crowing or a high-pitched whoop, hence the illness gets its nickname, “whooping cough.” A thick, clear mucous may be discharged with the coughing and vomiting may occur after the coughing spells. These episodes may recur for one to two months and are more frequent at night.

Children exhibiting these symptoms should see a doctor as soon as possible. The illness is treated with antibiotics to stop the spread of the disease.

Pertussis is spread through discharges from the nose and throat of infected individuals. Frequently older siblings or other adult household members, who may be harboring the pertussis bacterium in their nose or throat, may bring the disease home and infect an infant in the household.

A person can spread pertussis from the onset of symptoms to three weeks after the onset of coughing episodes. The period of communicability can be reduced to five days after appropriate antibiotic therapy is begun.