

Hurricane Preparedness:

Educate your Patients

June 1 kicked off the 2006 hurricane season, which is predicted to be a less stressful season than 2005. Tropical Storm Alberto has already made its path through the Gulf of Mexico and into Georgia earlier this summer.

In preparation for the hurricane season, the Centers for Disease Control and Prevention (CDC) has composed tips for persons to prepare for potential hurricanes. There are several tips given to complete in advance, such as:

- ⇒ Learn about your community's emergency plans, warning signals, evacuation routes and location of emergency shelters.
- ⇒ Identify potential home hazards and know how to secure or protect them before the hurricane strikes.
- ⇒ Locate and secure your important papers. (e.g., wills, licenses, stocks, insurance policies)
- ⇒ Post emergency numbers at every phone.
- ⇒ Inform local authorities about special needs. (e.g., elderly or bed ridden people or anyone with a disability)

There are also emergency supplies that should be purchased in advance in preparation of hurricane season. Listed below are several of the supplies needed:

- ⇒ 3-5 day supply of non-perishable food and non-contaminated water.
- ⇒ First aid kit and manual.
- ⇒ Battery powered radio, flashlights and extra batteries.
- ⇒ Sleeping bags or extra blankets.
- ⇒ Prescription medicines and special medical needs.
- ⇒ Personal hygiene products. (e.g., soap, toothpaste, sanitary napkins)



You can help your patients by posting this information in your lobby or patient rooms. Numerous tip sheets and other information on hurricanes can be found in full at www.bt.cdc.gov/disasters/hurricanes.

Hurricane Preparedness:

Are you a volunteer?

The Centers for Disease Control & Prevention's (CDC) Strategic National Stockpile (SNS) consists of large quantities of medicine and medical supplies in order to protect the American public if there is a public health emergency severe enough to cause local supplies to run out. The mission of the SNS is to deliver critical medical assets to the site of a national emergency. The SNS package is designed to provide rapid delivery of a broad spectrum of support for an ill-defined threat in the early hours of a disaster.

South Health District's Office of Emergency Preparedness is looking for volunteers to assist in the setup and implementation of mass vaccination or treatment with the ten county district. (Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift & Turner) Some types of events that may require the activation of the SNS include natural disasters, large area chemical exposures or exposure to biological agents. A huge advantage is given to all volunteers; if you choose to volunteer, you and your family will be treated first, before the treatment of the masses occur.

To sign up to become a volunteer for South Health District in the case of an emergency, please contact Cliff Conrey, Emergency Specialist at (229) 253-0882, ext. 103 or at cconrey@dhr.state.ga.us. You may also sign up online at <http://www.southhealthdistrict.com/dept.asp?id=103>.

2006 Hurricane Season Predictions

17 Tropical Storms

9 Hurricanes

5 Major Hurricanes
(winds above 111 mph)

**For more information on
hurricanes or natural
disasters visit:**

**www.bt.cdc.gov/disasters or
www.southhealthdistrict.com**

Reporting Diseases: It's the LAW!

Reporting notifiable diseases to the correct officials is vital in the controlling of outbreaks and illnesses that may spread throughout Georgia. Not only is it vital to help control illnesses; it's the law. According to the Official Code of Georgia 31-12-5 "All Georgia physicians, laboratories and other healthcare physicians are required by law to report patients with certain conditions to the County Health Department or to their District Health Office."

How do I know which diseases are reportable?

There are numerous ways to identify those diseases which are

reportable to Public Health. The Public Health Liaison (PHL) in each district office throughout Georgia is responsible for dispersing the Notifiable Disease poster to all labs and healthcare organizations. If you have not received a poster yet, you can contact Courtney Sheeley at (229) 245-6436 or by email at cdsheeley@dhr.state.ga.us. In the shaded box below, you will find websites on reporting diseases.

What information should I report?

When reporting diseases, you should report the patients identification, patients demographics, clinical

information, laboratory findings, physician and reporter information, and any additional pertinent information.

How do I report the diseases?

There are multiple ways of reporting diseases. Each office needs to determine which way is best for them.

- ⇒ Call your local health department.
- ⇒ Call the district health office at (229) 333-5290.
- ⇒ Fill out Form 3095 and fax to (229) 259-5003.

⇒ Enter information into the State Electronic Notifiable Disease Surveillance System (SendSS).

SendSS is a web based program hosted by the Georgia Division of Public Health. There is no fee associated with the system. To report through SendSS, a user must have access to the internet. For more information on SendSS or disease reporting please contact Courtney Sheeley, District 8-1 PHL.

For more information on reporting notifiable diseases visit:

<http://health.state.ga.us/epi/disease/report.asp>

<http://health.state.ga.us/pdfs/epi/notifiable/reportingform.05.pdf>

2006-2007 Influenza Vaccine Recommendations

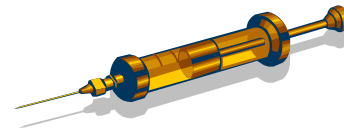
The Advisory Committee on Immunization Practices (ACIP) released the recommendations for the 2006-2007 influenza vaccine. Annual influenza vaccination is now recommended for the following groups:

- ⇒ Persons at high risk for influenza-related complications and severe disease, including: (1) children aged 6-59 months, pregnant women, persons aged ≥ 50 years, and persons of any age with certain chronic medical conditions.
- ⇒ Persons who live with or care for persons at high risk, including: (1) household contacts who have frequent contact with persons at high risk and who can transmit influenza to those persons at high risk.
- ⇒ Healthcare workers.

Primary Changes and Updates in the Recommendations

The 2006 recommendations include six principal changes or updates:

1. ACIP recommends that healthy children aged 24-59 months and their household contacts and out-of-home caregivers be vaccinated against influenza. This change extends recommendations for vaccination of children so that all children aged 6- ≤ 59 months receive annual vaccination.
2. ACIP emphasizes that all children aged 6 months- <9 years who have not been previously vaccinated at any time with either live, attenuated influenza vaccine (LAIV) or trivalent inactivated influenza vaccine (TIV) should receive two doses of vaccine. Those children aged 6 months- <9 years who receive TIV should have a booster dose of TIV administered ≥ 1 month after the initial dose, before the onset of influenza season, if possible. Those children aged 5- <9 years who receive LAIV should have a second dose of LAIV 6-10 weeks after the initial dose, before the influenza season, if possible. If a child aged 6 months- <9 years received influenza vaccine for the first time during a previous season but did not receive a second dose of vaccine with the same reason, only 1 dose of vaccine should be administered this season.
3. To ensure optimal use of available doses of influenza vaccine, projected to be approximately 100 million doses, healthcare providers, those planning organized campaigns, and state and local public health agencies should a) develop plans for expanding outreach and infrastructure to vaccinate more person than during the previous year and b) develop contingency plans for the timing and prioritization of administering influenza vaccine, if the supply of vaccine is delayed and/or reduced because of the complexity of the production process.
4. ACIP emphasizes that influenza vaccine should continue to be offered throughout the influenza season even after influenza activity has been documented in a community. In addition, ACIP encourages all community vaccinators and public health agencies to schedule a clinic that serves target groups and to help extend the routine vaccination season by offering at least one vaccination clinic in December.
5. ACIP recommends that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States because of recent data indicating widespread resistance of influenza virus to these medications. Until susceptibility to adamantanes has been re-established among circulating influenza A viruses, oseltamivir or zanamivir may be prescribed if antiviral treatment or chemoprophylaxis of influenza is indicated.
6. The 2006-2007 trivalent vaccine virus strains are A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens. For the A/Wisconsin/67/2005 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Hiroshima/52/2005 virus; for the B/Malaysia/2506/2004-like antigen, manufacturers may use the antigenically equivalent B/Ohio/1/2005 virus.



Diseases Reported in District 8-I from March-May 2006

Including: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift & Turner Counties

AIDS - 0	Gonorrhea - 103	Hepatitis C (Infected) - 1	Shigellosis - 44
Animal Bit - 11	Hepatitis B (Acute) - 1	Latent TB Infection - 3	Shiga Toxin Producing E. Coli - 1
Campylobacteriosis - 7	Hepatitis B (Chronic) - 1	Malaria - 1	Streptococcus Pneumoniae (Invasive) - 6
Chlamydia - 165	Hepatitis B (Infected) - 1	Rabies (Animal) - 2	Streptococcus Pneumoniae, Group B (Invasive) - 1
Giardiasis - 8	Hepatitis C (Acute) - 1	Salmonellosis - 13	Tuberculosis - 1

Program Highlight: Tuberculosis

Tuberculosis (TB) is a disease caused by bacteria called mycobacterium tuberculosis. The bacteria usually attack the lungs; however, TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected. TB disease was once the leading cause of death in the United States.

However, not everyone infected with TB bacteria becomes sick. People who are not sick have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. However, some people with latent TB infection go on to get TB disease. People with active TB disease can be treated and cured if they seek medical help. Even better, people with latent TB infection can take medicine so that they will not develop active TB disease. (www.cdc.gov)

South Health District hosts a TB program, which is housed in the Infectious Disease Department. The purpose of this program is to control transmission, prevent illness and disease due to tuberculosis. TB cases and contacts of TB cases are provided service at no charge, regardless of their ability to pay. The TB program has the legal responsibility for all TB clients in Georgia regardless of who provides the direct services. When a case of TB is reported to the local, district or state health department, an investigation will be conducted to identify, evaluate and treat persons who have been exposed to active TB disease in order to prevent the continuing transmission of tuberculosis. A healthcare worker interviews each suspect and/or case of TB for all known contacts. The health department will then notify the named contacts and each contact will be encouraged to obtain the proper test and evaluation. In addition, on-site visits will be made to the workplace, school, home or social area where the sick person may have exposed others to the disease. The name of the TB patient is not released without the written permission of the client.

South Health District has three consult physicians that are used in the diagnosis and treatment of TB patients. Dr. Gregory Beale of South Georgia Medical Associates in Valdosta covers Berrien, Brooks, Echols, Lanier and Lowndes counties. Dr. William Guest and Dr. Randall Lanier of Affinity Health Group in Tifton cover Ben Hill, Cook, Irwin, Tift and Turner counties.

Reporting TB: In Georgia, all TB cases must be reported immediately. Physicians, hospitals, laboratories and other healthcare providers are required to report any of the following:

- ⇒ Any child less than 5 years discovered with Latent TB Infection.
- ⇒ Any confirmed case of TB.
- ⇒ Any suspected case of TB.
- ⇒ Any person being treated with two (2) or more anti-tuberculosis drugs.
- ⇒ Any positive culture for mycobacterium tuberculosis.
- ⇒ Any positive smear for Acid Fast Bacilli (AFB).

Latent TB may be reported in SendSS, on Form 3095, or by calling the local or district health department. If you need to report an active case of TB, please call Teresa Hritz, South Health District TB Coordinator, at (229) 245-8711, ext. 235.

For more information on tuberculosis or the TB program, please contact Teresa Hritz at thritz@dhr.state.ga.us or (229) 245-8711, ext. 235, or Courtney Sheeley, Public Health Liaison at cdsheeley@dhr.state.ga.us or (229) 245-6436.

Thank you to the consulted TB physicians!
Dr. Gregory Beale of South Georgia Medical Associates
Dr. William Guest & Dr. Randall Lanier of Affinity Health Group



Teresa Hritz, TB Coordinator

GDPH sponsors Tick Attach Study

The Georgia Division of Public Health has partnered with the University of Georgia and the Georgia Poison Center to conduct a tick attach study. The study will help identify areas in Georgia where the chances of getting sick from a tick bite are the greatest. Enrollees must have had a tick attached to them (i.e., mouth parts inserted into the skin) and that tick must be available for identification and testing. The study is open to all Georgia residents with or without symptoms of tick-borne disease. Residents may enroll on their own without their physicians assistance.

To enroll, save the tick in a small amount of rubbing alcohol and call the Georgia Poison Center (404-616-9000 or 800-222-1222) 24 hours a day, 7 days a week. The Georgia Poison Center will provide instructions for how to mail the tick for testing. The University of Georgia will test the tick for the bacteria that cause tick-borne diseases like Rocky Mountain spotted fever, ehrlichiosis, Lyme disease, southern tick-associated rash illness (STARI), and tularemia, depending on the species of tick.

Results of tick testing will not be available in time to guide diagnosis should an enrollee develop symptoms of tick-borne disease. If the enrollee develops fever, rash, headache, muscle aches, and/or other symptoms of tick-borne disease, he/she should seek medical evaluation. Three weeks after enrollment through the Georgia Poison Center, an expert in tick illness from the Georgia Division of Public Health will call the enrollee to ask some questions about exposures to tick habitats and any symptoms of tick-borne disease. The enrollee will get the results of the tick testing when it is done.

The only cost is the cost of mailing the tick. The Tick Attach Study began in April 2005 and will continue through fall 2006.



For more information on ticks, the tick study, or tick-borne disease contact

Georgia Division of Public Health at 404-657-2588

or gaepinfo@dhr.state.ga.us.

Visit their website at

<http://health.state.ga.us/epi/vbd/tick.asp>.



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