

# Public Health Matters

Volume 5

May 1, 2009



## MISSION STATEMENT

**BRAZORIA COUNTY WILL BE PREPARED FOR AND READY TO RESPOND TO A HEALTH AND MEDICAL EVENT DUE TO EITHER A MAN-MADE OR NATURAL DISASTER**

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## H1N1 INFLUENZA

Brazoria County has 3 confirmed cases and 1 probable case of H1N1 Influenza. As of May 27th, there are 1042 confirmed cases in Texas.

The word **PANDEMIC** does not indicate the severity of a disease, it describes its geographical distribution—worldwide.

This H1N1 Influenza has not been categorized as a pandemic at this time.

A look at history tells us that many pandemics come in 2-3 waves lasting 6-8 weeks each. The 1918 influenza pandemic lasted from March 1918 to June 1920. The second wave of the 1918 pandemic was much deadlier than the first. During the first wave, which began in early March, the epidemic resembled typical flu epidemics.

## THE FLU CREW

Daily county-wide conference calls were one of the tools the Public Health Preparedness team used during the response to the H1N1 influenza outbreak. The team updated emergency agencies, hospitals, clinicians, school districts, city and county offi-

Those at the most risk were the sick and elderly, and younger, healthier people recovered easily. In August, when the second wave began the virus had mutated to a much more deadly form.

The global mortality rate from the 1918/1919 pandemic is not known, but it is estimated that 10% to 20% of those who were infected died. People were struck with illness on the street and died rapid deaths.

One anecdote shared of 1918 was of four women playing bridge together late into the night. Overnight, three of the women died from influenza. Others told stories of people on their way to work suddenly developing the flu and dying within hours.

For more information on epidemics in the United States, turn to page 3.

cial and others on the latest recommendations of the CDC and Texas Department of State Health Services. The PHEP team monitored and investigated suspected cases.

The PHEP team worked closely with the Emergency

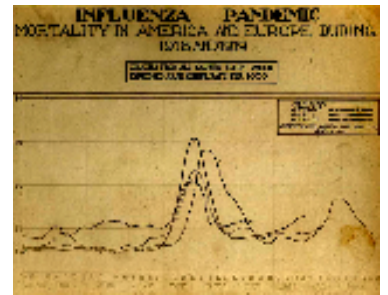


Chart of deaths in major cities



American Red Cross nurses tend to flu patients in temporary wards set up inside Oakland, California, Municipal Auditorium, 1918  
[http://en.wikipedia.org/wiki/Spanish\\_flu](http://en.wikipedia.org/wiki/Spanish_flu)

Managers in Angleton, Alvin, Pearland, and Brazoria County.

The main message was to wash your hands, stay home if you are sick, and cover your cough.

# SPRING SHOWERS BRING SUMMER FLOWERS — SOME ARE *POISONOUS*

DAFFODILS



Nausea, vomiting, diarrhea. **May be fatal.**

OLEANDER



Extremely poisonous. Affects the heart, produces severe digestive upset and **has caused death.**

JASMINE



**Fatal.** Digestive disturbance and nervous symptoms.

## Free poison materials Available

Everyone knows poison ivy can cause skin irritation. But did you know ingesting an oleander leaf can affect the heart? The Texas Poison Control Network website offers information on many substances and



poison prevention materials, including brochures on poisonous plants and venomous critters, at no charge. Many of the brochures are available in Spanish and English. For more information, go to **[www.poisoncontrol.org](http://www.poisoncontrol.org)**.

And, if you need information on treating exposures, call (800) 222-1222 to speak with specialists in poisoning emergency treatment and poison prevention.

ELEPHANT EARS



Intense burning and irritation of the mouth and tongue. Death can occur if base of the tongue swells enough to block the air passage of the throat.

AZALEAS



**Fatal.** Produces nausea and vomiting, depression, difficult breathing, prostration and coma.



## BRAZORIA COUNTY-REPORTABLE DISEASES

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
<b>Reportable Diseases</b>													
Bacterial Meningitis													0
Campylobacteriosis		1	2										3
Chlamydia	3	8	9	6	7								33
Cryptosporidiosis	1	2											3
Gonorrhea	2		2	4	3								11
Hepatitis A, acute			2										2
Hepatitis B, acute		4	1	1									6
Hepatitis C, acute		15	5	6	2								28
HIV Infection, Adult	1				1								2
Legionellosis													0
Lyme Disease													0
Mumps													0
Pertussis				1									1
Salmonellosis	2	1	5	1									9
Shigellosis	1			1									2
Streptococcus pneumoniae, invasive	1	1	1										3
Streptococcal disease, invasive	1	1	4										6
Syphilis	2	4	3	2	2								13
Tuberculosis			9										
Varicella (Chicken Pox)	7	3	4	4	3								21
West Nile Virus													0

## REPORTING PARTNERS BUSY DURING FOCUS ON H<sub>1</sub>N<sub>1</sub> INFLUENZA

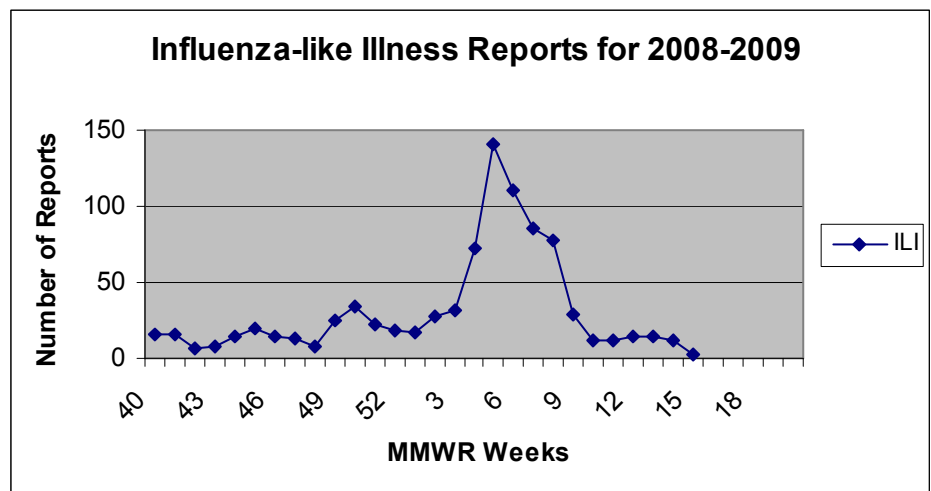
School nurses are the key to knowledge of influenza activity in our community. Influenza is not a disease that is required to be reported by Texas state statute.

During the intense focus on H1N1 Influenza activity, our reporting partners gave daily updates on influenza-like-illness (ILI) in their schools. Children are good indicators of influenza levels in our community. ILI is not a confirmed case of H1N1, but reflects reporting of symptoms.

School nurses also helped get out the message of symptoms and prevention of the flu.

The peak at week 5-10 may reflect this increased level of reporting.

Infection Control Practitioners in local county hospitals were extremely busy reporting ILI to the health department and keeping clinicians up-to-date on diagnosis, treatment and testing for H1N1 Influenza during the months of April and May. They are the link between their hospital and public health.



# Pandemic Influenza

## Planning for Businesses

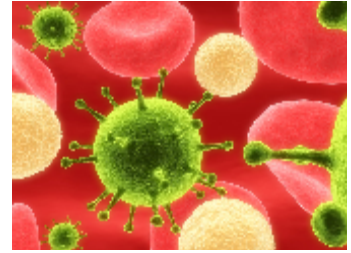
Tuesday, June 16, 2009

9:00-11:00 a.m.

Commissioners' Court

Brazoria County Courthouse

Angleton, Texas



In the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. To assist you in your efforts, the Public Health Emergency Preparedness Team of the Brazoria County Health Department is offering this 2 hour session. We will discuss important, specific activities large businesses can do now to prepare, many of which will also help you in other emergencies.



### Topics will include:

- \* Planning for the impact of a pandemic on your business
- \* Planning for the impact of a pandemic on your employees and customers
- \* Establishing policies to be implemented during a pandemic
- \* Allocating resources to protect your employees and customers during a pandemic
- \* Communicating to and educating your employees
- \* Coordinating with external organizations and helping your Community

Public Health Emergency Preparedness Team  
Brazoria County Health Department  
Sign up at [barbarap@brazoria-county.com](mailto:barbarap@brazoria-county.com)  
or call 979-864-1166/979-864-1176

# United States Epidemics

Years	Area	Epidemic
1628-1631	New England	Small Pox
1638	New England	Small Pox & Spotted Fever
1648-1649	Massachusetts Bay Colony	Small Pox
1657-1658	Boston	Measles
1659	Massachusetts Bay Colony	Throat Distemper
1677-1678	Charlestown & Boston	Small Pox
1679-1680	Virginia	Small Pox
1687	Boston	Measles
1689-1690	New England	Small Pox
1690	New York Y	Yellow Fever
1693	Boston, MA	Yellow Fever
1696	Jamestown, VA	Small Pox
1699	Charleston & Philadelphia	Yellow Fever
Mar 1699	South Carolina	Small Pox
1702	New York	Yellow Fever
1702-1703	Boston, MA	Small Pox
1706	Charleston	Yellow Fever
1711-1712	South Carolina	Small Pox
1713	Boston	Measles
1715-1725	Most of the Colonies	Small Pox
1721	Boston, MA	Small Pox
1723-1730	Boston, New York, Philadelphia	Small Pox
1729	Boston	Measles
1732	Charleston & New York	Yellow Fever
1732-3	Worldwide Influenza	
1735-1740	New England	Small Pox, Scarlet Fever & Diphtheria
1734	Virginia	Yellow Fever
1738	South Carolina	Smallpox
1739-40	Boston	Measles
1741	Virginia	Yellow Fever
1747	CT,NY,PA,SC	Measles
1752	Boston, MA	Small Pox
1759	N. Amer [areas inhabited by white people]	Measles
1760-1761	Connecticut, Rhode Island, Massachusetts, Charleston	Small Pox
1761	N. Amer and West Indies	Influenza
1762	Philadelphia	Yellow Fever
1763	Philadelphia	Throat Distemper
1764	Boston, MA	Small Pox
1769	New York	Throat Distemper
1772	N. America	Measles
1772-1774	New England	Small Pox
1775	N. Amer [especially hard in NE] epidemic	Unknown
1775-6	Worldwide [one of the worst epidemics]	Influenza
1776	Boston, MA	Small Pox
1778	Boston, MA	Small Pox
1783	Dover, DE ["extremely fatal"]	Bilious Disorder
1788	Philadelphia and New York	Measles
1792	Boston, MA	Small Pox
1793	Vermont [a "putrid" fever] and Influenza	
1793	VA [killed 500 in 5 counties in 4 weeks]	Influenza
1793	Philadelphia [one of the worst epidemics]	Yellow Fever
1793	Harrisburg, PA [many unexplained deaths]	Unknown
1793	Middletown, PA [many mysterious deaths]	Unknown
1794	Philadelphia, PA	Yellow Fever
1796-7	Philadelphia, PA	Yellow Fever
1798	Philadelphia, PA [one of the worst]	Yellow Fever
1803	New York	Yellow Fever
1820-3	Nationwide [	"Fever"
1831-2	Nationwide [brought by English emigrants]	Asiatic Cholera

Years	Area	Epidemic
1832	NY City and other major cities	Cholera
1833	Columbus, OH	Cholera
1834	New York City	Cholera
1834	New York City	Cholera
1837	Philadelphia	Typhus
1841	Nationwide [especially severe in the south]	Yellow Fever
1847	New Orleans	Yellow Fever
1847-8	Worldwide Influenza	
1848-9	North America	Cholera
1849	New York	Cholera
1850	Nationwide	Yellow Fever
1850-1	North America	Influenza
1851	Coles Co., IL, The Great Plains, and Missouri	Cholera
1852	Nationwide [ New Orleans-8,000 die in summer]	Yellow Fever
1855	Nationwide [many parts]	Yellow Fever
1857-9	Worldwide [one of the greatest epidemics]	Influenza
1860-1	Pennsylvania	Smallpox
1865-73	Philadelphia, NY, Boston, New Orleans Baltimore, Memphis, Washington DC	Smallpox
	A series of recurring epidemics of: Typhus, Typhoid, Scarlet Fever, Yellow Fever	Cholera
1873-5	N. America and Europe	Influenza
1878	New Orleans [last great epidemic]	Yellow Fever
1885	Plymouth, PA	Typhoid
1886	Jacksonville, FL	Yellow Fever
1918	Worldwide[high point yr] more people were hospitalized in WWI from this influenza epidemic than wounds. US Army training camps became death camps, with 80% death rate in some camps .	

## EPIDEMICS ARE PART OF OUR HISTORY

# POD SQUAD

## Overview of POD Operations

Volunteers crowded into the PHEP training room for Point of Dispensing (POD)

Managers' Training conducted by Barbara Perkins, Facilitator. The course agenda included:

- \* Introduction
- \* Cities Readiness Initiative (CRI)

- Volunteer Roles
- POD Management
- Opening the POD
- Running the POD
- Closing the POD

The purpose of the course is to improve the ability of cities to meet the Cities Readiness Initiative (CRI) goal of providing preventative medication to 100% of the population within 48 hours by maximizing the efficiency of local PODs.



## IPH Signs MOU with Public Health Preparedness

*"Our patients are our #1 priority."*

IPH Home Health and IPH Hospice are the first home health agencies in Brazoria County to sign a Memorandum of Agreement with the Brazoria County Health Department to be a closed point of dispensing (POD). As a closed POD, they would distribute medications to their clients, their employees and their employees' families in the event of a public health emergency that requires the rapid dispensing of preventative medication.

Andrea Wallace, Assistant Director of Nursing for IPH Hospice, said, "Our patients are our #1 priority. We wanted to do this so we could protect them in case of a health emergency. We would not want them to have to be transported to and stand in line at public point of dispensing. It is also important to us to protect our employees so that they will be able to continue providing services to our clients."



Andrea Wallace, ADON, and Brenda Kinder, DON, IPH Hospice

## Home Health Agencies and Residential Care Facilities Planning Session

Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. Public and private organizations that provide home health care services and long-term care and other residential facilities could become overburdened very

quickly and shortages of personnel and supplies could occur. The PHEP Team is offering a planning session to help these agencies and facilities to assess and improve their preparedness for responding to pandemic influenza..

June 23, 2009, from 3:00-5:00 p.m. at the Angleton Danbury Medical Center Professional Office Building, 146 E. Hospital Drive in Angleton. Call 979-864-1166 or e-mail [barap@brazoria-county.com](mailto:barap@brazoria-county.com) to register

The session will be held on

## Category A Bioterrorism Agents–TULAREMIA

Tularemia is also known as Rabbit Fever because its natural reservoirs include rabbits and other small rodents. The disease is naturally occurring, but cases are very rare. Infection can occur by consuming the undercooked flesh of an infected animal, inhalation of the bacteria from the soil or while handling animals or more commonly by vectors such as the bite from a tick

or deer fly. The bacterium which causes the disease can also be aerosolized as is evident from biological warfare programs from the early 20<sup>th</sup> century, but it is not contagious person-to-person. Decontamination is not as difficult as when dealing with other bacterium such as Anthrax because Tularemia is sensitive to sunlight and chlorine. Symptoms of Tularemia in-

clude sudden fever, coughing, joint pain, swollen lymph nodes, weakness, lethargy and sometimes lesions at the site of infection. Many of these symptoms are similar to those of the flu. These symptoms typically take three to five days to appear but can take as long as fourteen days. Although no vaccine is available in the United States, the disease is susceptible to anti-

antibiotics if treated early. The most common form, Ulceroglandular (from fly or tick bites) has a mortality rate of just 2% with treatment. The Inhalation form, which would likely be the method used by terrorists, has a mortality rate of 60% if untreated.

## Drive-through POD Exercise with Pearland Area Citizens Corps



Jackie Tims, a nurse with the Brazoria County Health Department gives a Tdap immunization.

Training and providing free immunizations to residents in the Pearland area was the goal of the Tdap Clinic held May 16th in Pearland.

The Pearland Area Citizens Corps with BCHD Immunization staff members and the PHEP team gave free immunizations and information to community residents.

## ALERTING VOLUNTEERS

The Texas Public Health Information Network (TxPHIN) is an information system for public health. It is also capable of rapidly notifying key response personnel from around the state, region, or county using voice, email and fax. The PHEP team will utilize the

PHIN to notify volunteers and others. The PHEP team will be testing our ability to contact volunteers and other partners via the PHIN. If you are a volunteer and receive notification, the message will tell you it is a test.



## Health Preparedness

Brazoria County Health Department  
432 E. Mulberry  
Angleton, Tx 77515

Phone: 979-864-1166/1176  
Fax: 979-864-3694  
Email: [volunteer@brazoria-county.com](mailto:volunteer@brazoria-county.com)

We're on the WEB  
[www.brazoria-county.com](http://www.brazoria-county.com)

## To assemble a "DUAL"—Drive Under And Leave



Volunteers and PHEP staff practice putting up a "DUAL." The DUAL is a tent structure that would be used for a drive-through point of dispensing (POD).

## PHEP Gets more storage

## Volunteer Spotlight

Carolyn Shipman of Richwood spent many hours in May volunteering in the PHEP office. Carolyn answered the phones and fielded many questions about the H1N1 influenza. In between calls, Carolyn updated the list and contact information for all licensed day cares in the county. Now the staff can easily notify them of health emergencies or send them important up-



hour session on POD Core Team training on May 15. Thank you, Carolyn!

If you would like to help out in the office, call (979) 864-1166 or email [volunteer@brazoria-county.com](mailto:volunteer@brazoria-county.com).



David Stroud, SNS Coordinator, watches while storage containers are delivered.