

# PUBLIC HEALTH MATTERS

Fourth Quarter  
2011



## 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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## Public Health at a Glance

### Welcome Charles!

This past week, Brazoria County PHEP welcomed their newest member of the team, Charles Harley, as the new SNS Coordinator. Charles is a retired Army veteran who brings a wealth of knowledge to this team. Charles served in the United States Army as a Chemical Operation Specialist with extensive training in Chemical, Biological, Radiological and Nuclear operations. While in the military Charles held several key leadership positions to include Brigade Chemical Operation NCO, Platoon Sergeant Chemical Reconnaissance platoon, and Decontamination Platoon



Squad Leader. Charles is a graduate of Alvin Community College with a Degree in Computer Networking and he is currently working towards an additional Degree in Management Development. Charles is married to his loving wife Angela Harley and they have two beautiful kids Jessica and Charles Jr. (CJ). In November, Charles will join other Preparedness Personnel in a mobile preparedness class taught by the CDC. We are excited to have such a powerful resource to compliment Brazoria County PHEP.

### Brazoria County PHEP Happenings!

In this quarter, Brazoria County PHEP will be attending training conducted by the CDC. The Center for Disease Control and Prevention will present a Mobile Preparedness Course on Mass Dispensing in Houston, November 30 and December 1. This course consists of a series of lectures and student activities which provides the participants information on DSNS operation concepts, RSS requirements and procedures, and mass antibiotic dispensing. Participants will learn about the following subjects:

- Consideration and requirements for receiving, staging, storing, distributing, and dispensing SNS assets
- Considerations for conducting a mass antibiotic dispensing campaign
- Essential elements of a POD and POD management structure
- Dispensing site setup
- Security considerations
- Volunteer Recruitment, staffing and management
- Public information and communications



## How serious is the flu?

Flu is unpredictable and how severe it is can vary widely from one season to the next depending on many things, including:

- what flu viruses are spreading,
- how much flu vaccine is available
- when vaccine is available
- how many people get vaccinated, and
- how well the flu vaccine is matched to flu viruses that are causing illness.

Certain people are at greater risk for serious complications if they get the flu. This includes older people, young children, pregnant women and people with certain health conditions (such as asthma, diabetes, or heart disease), and persons who live in facilities like nursing homes.

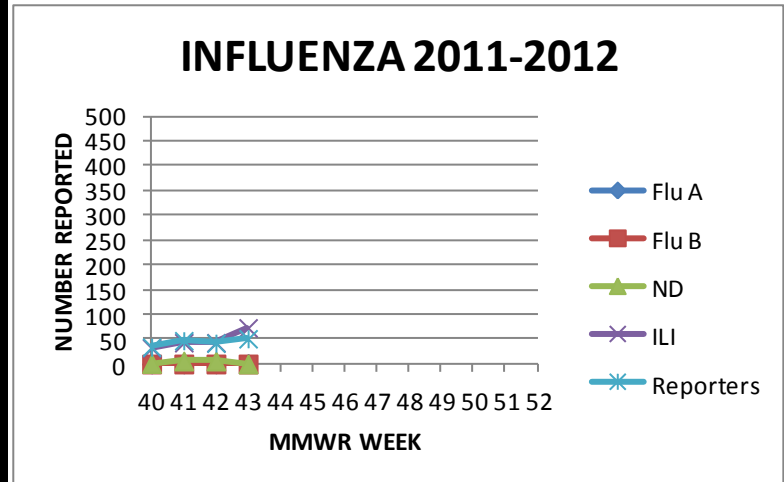
Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people.

## Who should get vaccinated?

Everyone 6 months and older should get a flu vaccine each year.

This recommendation has been in place since February 24, 2010 when CDC's Advisory Committee on Immunization Practices (ACIP) voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people. While everyone should get a flu vaccine each flu season, it's especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications.

## Brazoria County Flu Report by Week



Survey Monkey is the online tool used by Brazoria County PHEP to determine flu activity in the county. A weekly survey is sent to all the hospitals and schools in the area during flu season (October through May) to assess the severity of the flu. The use of the simple tool has increased the reporting of flu greatly.

*"No health department, state or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring."*

—Public Health Reports, 1946

### PHEP TEAM

Cathy Sbrusch, RN, BSN, CIC	Health Services Director
Jan Prejean, RN	PHEP Director
Charles Harley	SNS Coordinator
Tamara Tisdale	Assets Analyst
Julie Ondrey, RN	Disease Surveillance Specialist

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**WE'RE ON THE WEB**

[www.PublicHealthMatters.net](http://www.PublicHealthMatters.net)

# Holiday Candle Safety Tips

With the holidays fast approaching and the increased usage of seasonal decorations, it is important to focus on candle fire safety and prevention. Because **the majority of candle fires result from human error and negligence**, candle fires and their associated casualties are preventable.



## Candle Safety Tips

- If possible, avoid using lighted candles.
- If you do use candles, ensure they are in sturdy metal, glass or ceramic holders and placed where they cannot be easily knocked down
- Keep candles away from children and pets.
- Be sure to extinguish candles after each use and before going to bed.

NEVER leave burning candles unattended!

By following a few candle fire safety tips, everyone can enjoy a safe and happy holiday season.

## Causes and Circumstances of Home Candle Fires

- On average, 42 home candle fires are reported every day in the United States.
- More than half of all candle fires start when something that could burn, such as furniture, mattresses or bedding, curtains, or decorations is too close to the candle.
- In one-fifth (20%) of candle fires, the candles are unattended or abandoned.
- Over one-third (36%) of home candle fires begin in the bedroom.
- Falling asleep is a factor in 12% of home candle fires and 36% of the associated deaths. One half of home candle fire deaths occur between Midnight and 6 am.

### Remember! Candle fires are PREVENTABLE!

In the event of a fire, remember time is the biggest enemy and every second counts!

Escape first, and then call for help. Develop a home fire escape plan and practice it frequently with your family. Designate a meeting place outside. Make sure everyone in the family knows two ways to escape from every room.

Never stand up in a fire, always crawl low under the smoke, and try to keep your mouth covered. Never return to a burning building for any reason: it may cost you your life.



Thanks to PHEPs newest community partner BayStar Printing. BayStar has entered into an agreement to help protect and serve the community during a disaster.



# News And Headlines

## Emergency Alert System nationwide TEST

The U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) and the Federal Communications Commission (FCC) will conduct the first national-level test of the Emergency Alert System (EAS) on November 9, 2011 at 2:00 p.m. (ET).

The EAS is a public alert and warning system that allows the President of the United States the capability to address the American public during a national emergency. This nationwide test will simultaneously involve television stations and broadcast radio stations across the U.S. and several U.S. territories.

The EAS test plays a key role in ensuring our nation is prepared for all hazards and that the public is able to receive critical and vital information, should it ever be needed. While EAS tests may be temporarily disruptive to radio and television programming, they are important to ensure that the EAS is functional.

On November 9, the public will hear a message indicating that "This is a test." The audio message will be the same for both radio and television.



## Brazoria County Still Under Burn Ban

On any given day, a resident of Brazoria County, who doesn't live within the borders of any of our municipalities, is allowed by Brazoria County and State law to burn general land debris on their property, in such a manner that the smoke does not obscure a roadway or bother any neighbors. The recent drought through the spring and summer of 2011 has caused the county to put a temporary ban on these burns.

The Texas Forest Service determines the level of dryness for the counties in Texas. They use a scale called the Keetch-Byram Drought Index (KBDI). It follows a scale of zero – 800. Zero represents no moisture depletion and 800 is absolute dryness. Anything over 400 is considered drought and over 525 is dangerous drought. Since April of 2011, Brazoria County's KBDI has not been below 400 and has been as high as 793 in some areas. The few rain showers we've been fortunate to receive have not changed our dryness levels.

What does the county burn ban affect? All outdoor burning with the exception of that which is related to health and safety and authorized by the Texas Natural Resource Conservation Commission. These include firefighter training, public utility, natural gas pipeline, or mining operations; and planting and harvesting of agricultural crops. Also included are burns conducted and supervised by a prescribed burn manager certified by Prescribed Burning Board in Austin. There are very few of these locally.

What can you burn? Brazoria County has not banned the use of barbeque grills, smokers, or pits, although several Texas counties have. Burning household trash in a burn-barrel, protected over the top with a mesh screen that will stop rising sparks is also permitted.

Brazoria County has been fortunate that citizens are alert and quick to report small fires and smoke via 911 or their local police and fire departments. We encourage all citizens of Brazoria County to remain diligent and stay careful with their cigarette butts and outdoor grilling. Experts do not see an end to the current drought.



# SENIOR DAY

## at the Brazoria County Fair



Brazoria County PHEP and Homeland Preparedness Project joined the fun for Senior Day at this year's fair. We were doing blood pressure reading and passing out important information to prepare for an emergency and how to react to an emergency! Pictured is Julie Ondrey with some seniors who are getting their blood pressure taken.

## Could it really happen?

Serious, deadly contagious disease outbreaks can and do happen. CDC investigates new contagious diseases—averaging one new contagion per year. These new contagious diseases can emerge right here or only a plane-ride away from here. It's not just new diseases that threaten the United States. Some diseases long thought controlled in the United States, like tuberculosis, can reemerge and be more deadly than ever.

**CDC is on 24/7 to answer the call when a community or a country needs help to save lives and protect people from health threats. How many people get sick and die immediately depends on the following:**

- the rapid detection of the disease organism,
- a clear understanding of how it is transmitted person-to-person, and
- what is needed to stop ongoing transmission.

At that point it is a race to find the best way to treat and prevent the disease.

**CDC is on the frontline 24/7 providing national health security and its success depends on many factors:**

- How many trained scientists it has available to respond
- The quality of its laboratories
- The available means to collect and transmit its findings
- The degree to which people take action to protect themselves and stay healthy

CDC is always preparing for, and working to prevent, the next pandemic. At the center of the nation's public health system, CDC exists to protect communities and save lives by controlling disease outbreaks like the 2009 H1N1 pandemic. The [CDC's Emergency Operations Center \(EOC\)](#) serves as the command center for monitoring and coordinating emergency response to public health threats in the U.S. and abroad. Staffed around-the-clock, the EOC serves as CDC's central point of contact for reporting public health threats such as pandemic flu, natural disasters and terrorist attacks.

If a pandemic, like novel H1N1, should occur CDC would conduct an investigation and provide technical assistance to cities, states or international partners dealing with the outbreak. This assistance would include consultation, lab testing and analysis, patient management and care, tracking of contacts and infection control (including isolation and quarantine). CDC's primary goals would be to determine the cause of the illness, the source of the infection/virus/toxin, learn how it is transmitted and how readily it is spread, how to break the cycle of transmission and prevent further cases and how patients can best be treated. Not only would scientists be working to identify the cause and cure of the outbreak, but CDC acting with other federal and international agencies would send medical teams and first responders to help those in affected areas. Scientists in the labs of CDC would work to develop a vaccine to combat the virus and then distribute and administer it to the public



# Pertussis (Whooping Cough) Fact Sheet

## What is pertussis?

Pertussis, also called "Whooping cough," is a disease caused by bacteria. Pertussis is usually mild in older children and adults, but it often causes serious problems in babies.

## Who gets pertussis?

Pertussis is most common among babies, but anyone can get it. Pertussis can be hard to diagnose in babies, teens, and adults because their symptoms often look like a cold with a nagging cough. Babies often get pertussis from older children or adults.



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## What are the symptoms of pertussis?

*Pertussis begins like a cold, with a runny nose, sneezing, mild fever, and cough that slowly gets worse. After one to two weeks, the cough gets worse and usually starts to occur in strong "coughing fits." This type of coughing may last for six or more weeks. There is generally no fever during this time. In young children, coughing fits are often followed by a whooping sound as they try to catch their breath. After coughing, a person may have difficulty catching their breath, vomit, or become blue in the face from lack of air. The coughing spells may be so bad that it is hard for babies to eat, drink, or breathe. The cough is often worse at night, and cough medicines usually do not help reduce the cough. Between coughing spells, the person often appears to be well. Some babies may only have apnea (failure to breathe) and can die from this. Adults, teens, and vaccinated children often have milder symptoms that mimic bronchitis or asthma.*

## Can pertussis be prevented?

*Yes, pertussis can be prevented among household members and others in close contact with an infected person by treating the exposed persons with antibiotics, even if they have been vaccinated. Vaccination of children and adults can also prevent pertussis. The pertussis vaccine is given along with diphtheria and tetanus vaccines in the same shot (called DTaP) for children. DTaP cannot be given to babies less than six weeks old or to anyone seven years of age or older. Experts recommend that all babies and children be given a full series of DTaP vaccine unless there is a medical reason not to receive the vaccine. Vaccination is recommended at 2, 4, 6, and 15 to 18 months old, with an additional shot at four to six years old, for a total of five doses. The 4th dose of DTaP may be given as early as 12 months, provided 6 months have elapsed since the third dose of DTaP. Vaccination against pertussis is also recommended for older children and adults. Because vaccine protection begins to fade in older children and adults, a new vaccine (called Tdap) has been developed against pertussis for these age groups. To protect babies from being exposed to pertussis, families who have or are expecting a baby and people who work with babies should consult with their doctor about receiving this vaccine. Most hospitalizations and deaths occur in children younger than three months of age. When possible, babies should be kept away from people who are coughing. Babies with any coughing should be seen by a doctor.*

## Where can you get more information?

*Call your doctor, nurse, local health department, or the Texas Department of State Health Services (DSHS), Immunization Branch at (800) 252-9152.*

DISEASES REPORTED TO BRAZORIA COUNTY HEALTH DEPARTMENT BY MONTH FOR 2011

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Bacterial Meningitis	0	0	0	0	0	0	0	0	0				0
Campylobacteriosis	0	0	0	0	1	0	0	0	0				1
Chlamydia	2	14	1	7	18	7	6	15	24				94
Clostridium difficile	0	0	0	0	0	1	0	0	0				1
Cryptosporidiosis	0	0	0	0	0	0	0	0	1				1
Dengue	0	0	0	0	0	0	0	0	0				0
E. Coli	0	0	0	0	0	2	0	1	2				5
Gonorrhea		3		1	1	2	6	5	10				28
Guardiasis						0	0	1	0				1
Haemophilus Influenza						0	0	0	0				0
Hantavirus						0	0	0	0				0
Hepatitis A, acute						0	0	0	1				1
Hepatitis B, acute						0	0	0	2				2
Hepatitis B, chronic	1			2	1	0	1	0	0				
Hepatitis C, acute		1			2	0	0	0	0				3
Hepatitis C, chronic	8	11	2	10	13	4	4	5	8				
HIV infection, Adult					1	2	2	3	0				8
Invasive Group A Strep						0	0	1	0				1
Invasive Group B Strep						0	3	0	3				6
Legionellosis						0	0	0	0				0
Lyme Disease						0	0	1	0				1
Malaria						0	0	0	0				0
Meningitis (Viral)				1		0	3	1	1				6
Pertussis						1	2	1	0				4
Salmonellosis	2	2	1	2	4	4	12	15	12				54
Shigellosis	1	1	1			0	0	1	0				4
Streptococcus pneumoniae, invasive	2	4			2	0	0	2	1				11
Syphilis		4		1	1	0	1	1	1				9
Tuberculosis		1				0	0	0	0				1
Varicella -Chicken Pox	1	1		8	5	0	2	0	2				19
Vibrio						0	1	0	2				3
West Nile Virus						0	0	1	0				1