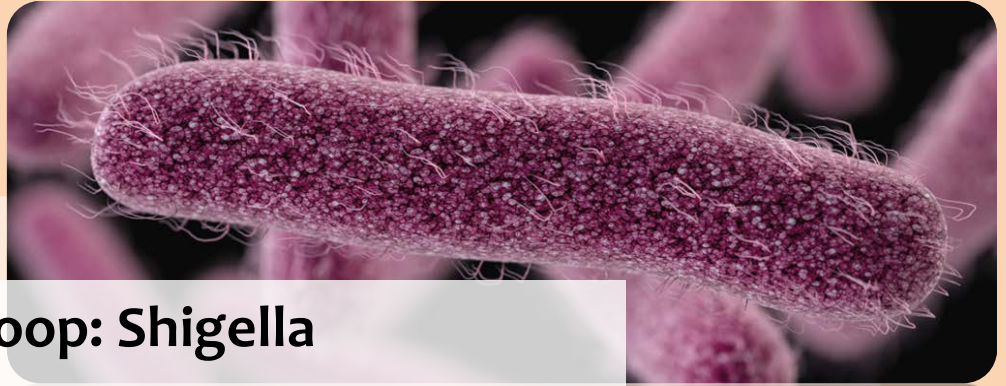


The Epi Link



A Problem with Poop: Shigella

Shigella is a bacteria that likes to grow and live in humans.

It can cause diarrhea, fever, stomach pain, cramping, nausea, and vomiting. You can also have *Shigella* without symptoms.

It is **very easy** to get and spread *Shigella*.

A person who has had *Shigella* can continue to spread the bacteria **even after they no longer have any symptoms**.

When someone with a *Shigella* infection uses the bathroom, *Shigella* can leave their body in the feces (poop), and get on their hands.

If that person does not wash their hands well, they can spread the bacteria to foods, surfaces, and drinks where other people can pick it up and accidentally get the bacteria into their body.

Prevention

Good hand washing is very important to stop the bacteria from spreading.

Remember to wash hands for 20 seconds or more under warm running water. This is about the same amount of time as singing the Happy Birthday song **two times**.

Children in daycare or adults working at a daycare with symptoms of *Shigella* or who have tested positive for *Shigella* should not return to work or daycare until testing negative for *Shigella*.

Issue 6: Summer Recap

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Summer Recap: Graphs of
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Respiratory Illness Related
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2018 Communicable
Disease Report Summary



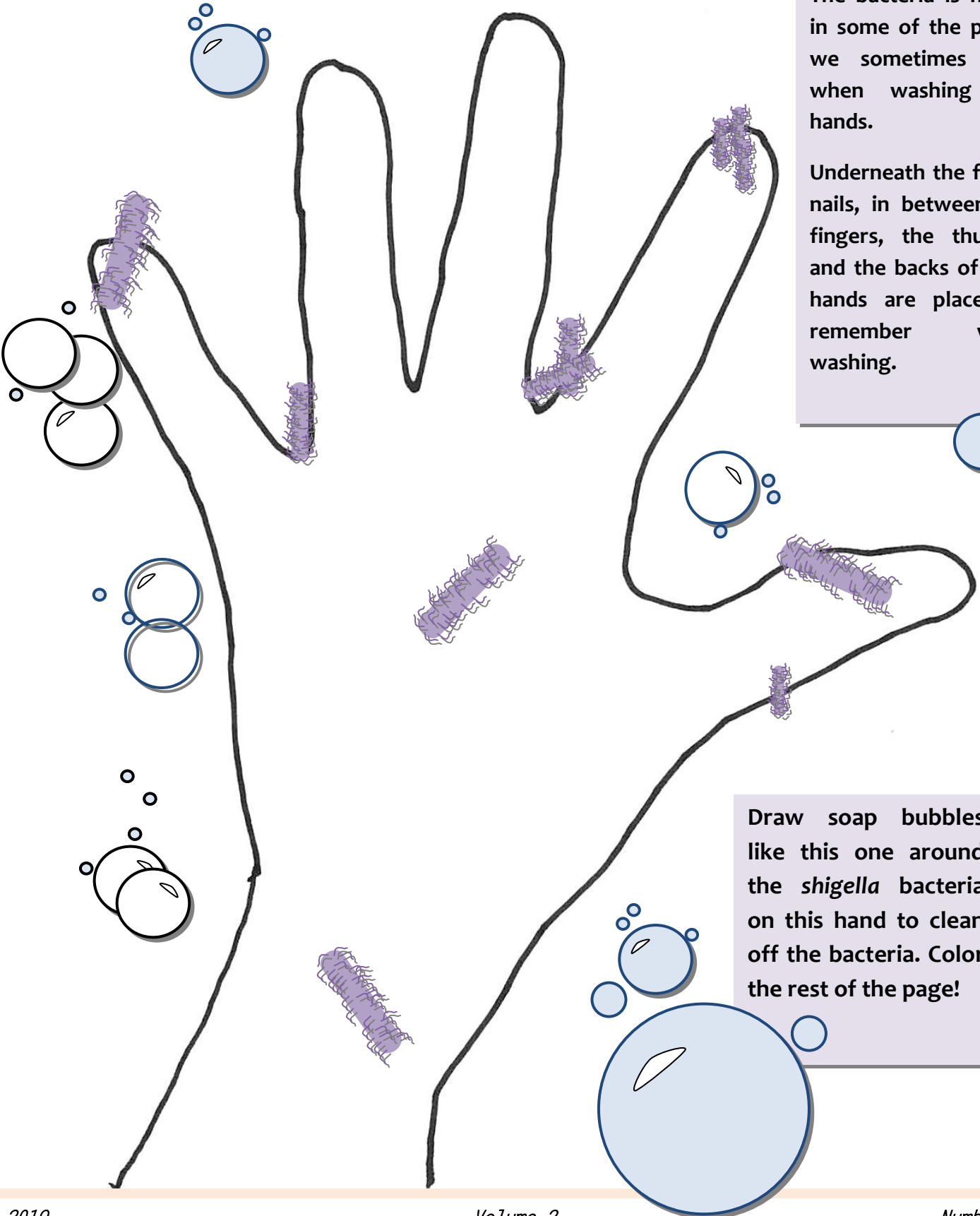
Public Health
Prevent. Promote. Protect.
Amarillo

Bacteria (germs) that can make you sick sometimes get on your hands from touching things or after using the bathroom. Washing your hands with soap and water for at least 20 seconds helps clean off the bacteria and keep you and your family safe!

Oh no! This hand has *shigella* bacteria all over it.

The bacteria is hiding in some of the places we sometimes miss when washing our hands.

Underneath the finger nails, in between the fingers, the thumbs, and the backs of your hands are places to remember when washing.



Draw soap bubbles like this one around the *shigella* bacteria on this hand to clean off the bacteria. Color the rest of the page!

Summer 2019 Recap

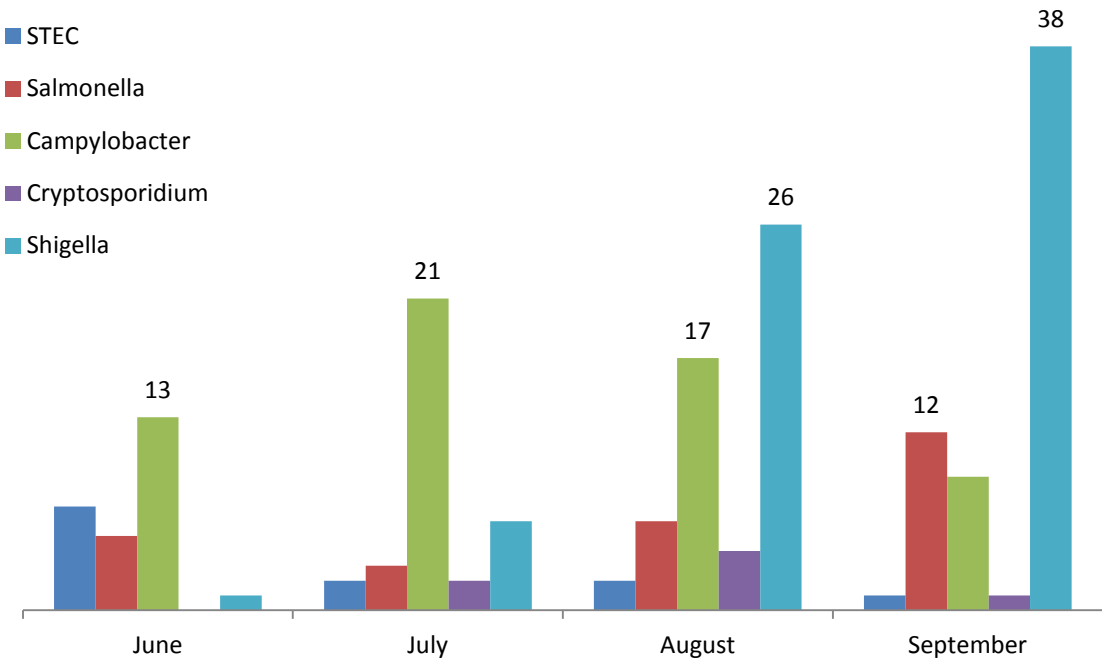
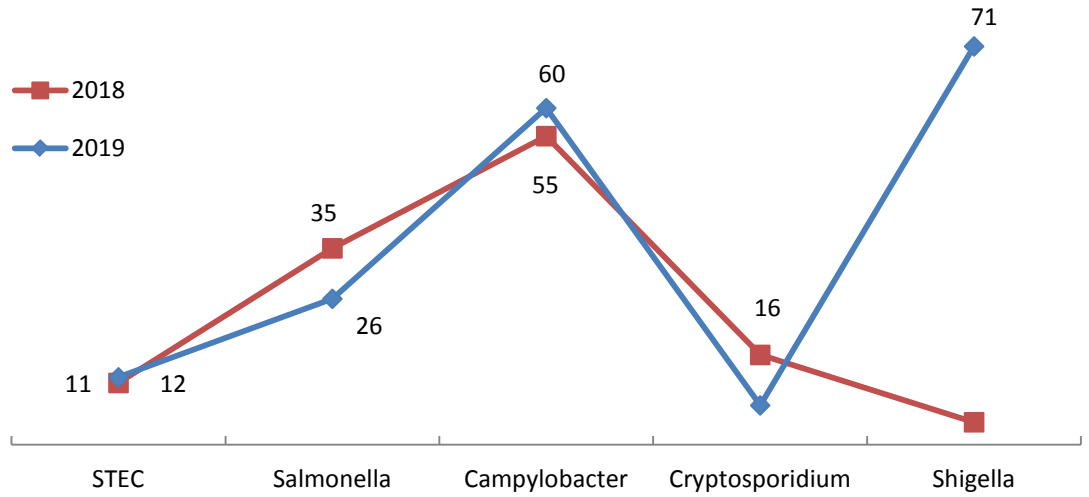
The summer months between June – September included a majority of the year’s enteric cases, which is typical for the summer.

There was a peak in *Campylobacter* cases starting with an increase in June and leading to a small peak in July. The aggregate graph of the summer months shows that this peak is similar to last year.

Starting in July, there was a large increase in *Shigella* cases throughout the summer and leading into the fall. Of these cases, a majority are associated with daycare age children and employees.

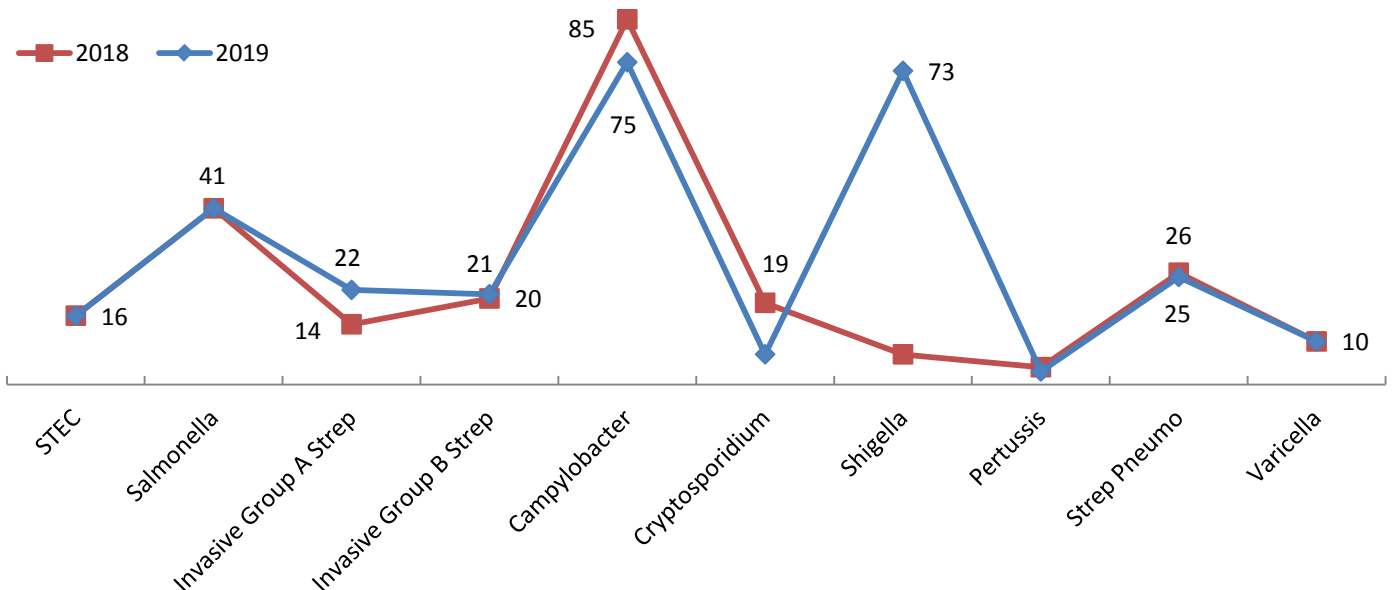
***Graph Top-Right:**
2018-2019 June – September Case Count of Selected Enteric Illnesses in Potter and Randall Counties.

***Graph Bottom-Right:** 2019 June – September Case Count of Selected Enteric illnesses in Potter and Randall Counties.



2018 and 2019 January – September Case Count Comparison of Selected Illness*

*All data are provisional. All data points without labels are <10 cases. Includes Potter and Randall counties.



Reminder: 2019-2020 Public Health Advisory Recommendations on Influenza

Annual influenza vaccination is recommended for all persons aged ≥ 6 months that do not have contraindications.

- Offer the influenza vaccine before the end of October and continue to offer as long as influenza viruses are circulating, and unexpired vaccine is available.
- With regard to egg allergy, it is generally recommended for the vaccine to be given. For more detail visit www.cdc.gov/flu
- A previous severe allergic reaction to influenza vaccine is a contraindication to future receipt of the vaccine.
- Women who are or will be pregnant during the influenza season should receive influenza vaccine.
- *Trivalent, Quadrivalent, and Quadrivalent LAIV4 (FluMist) are available this year.
- The FluMist is administered intranasally and licensed for persons aged 2-49 years without contraindications.
- Children aged 6-35 months who receive Fluzone Quadrivalent may now receive either 0.25 ml or 0.5 ml per dose. Children aged ≥ 36 months and adults should receive 0.5 ml per dose.
- Previously licensed for persons aged ≥ 5 years, Afluria Quadrivalent is now licensed for persons aged ≥ 6 months.



E-cigarette, or Vaping, Product Use–Associated Lung Injury (EVALI) CDC and partners are investigating the ongoing outbreak of EVALI in the United States, the District of Columbia, and one U.S. territory.

As of October 22, 2019, a total of 1,604 cases of EVALI - including 34 deaths - were reported to CDC.

Based on data collected as of October 15, 2019, use of tetrahydrocannabinol (THC)-containing products in the 3 months preceding symptom onset was reported by 86% of patients. The median age of EVALI patients who survived was 23 years, and the median age of EVALI patients who died was 45 years. Patients were predominantly aged < 35 years, non-Hispanic white, and male.

CDC recommends that persons should not use e-cigarette, or vaping, products containing THC. Because the specific compound or ingredient causing EVALI is not known, persons should consider refraining from use of all e-cigarette, or vaping products.

If a person is suspected to have EVALI, timely reporting to the Local Health Department is essential in order to coordinate sending any specimens to CDC or FDA for additional testing.

For more information go to the [CDC's Webpage for EVALI](#)

References and Additional Information

[CDC - Shigellosis](#)

2018-2021 Red Book: 31st Edition. Report of the Committee on Infection Diseases – American Academy of Pediatrics

Photo: Shigella. This illustration depicts a three-dimensional (3D), computer-generated image of a number of rod-shaped, drug-resistant *Shigella* bacteria. Illustrators: Dan Higgins and Jennifer Oosthuizen. 2016.

Communicable Disease Reporting: For more information call: Laurie Burton – 806-378-6321 or Kirstin Williams – 806-378-6353

2018 Selected Communicable Disease Report

This is a *partial* report! The full provisional report is on the Public Health website in [Community Reports](#).
2018 numbers will be finalized in 2019.

Table 1. 2017 – 2018 Selected Notifiable Conditions Reported and Residing in Potter/Randall Counties

	<i>Potter</i>		<i>Randall</i>		<i>Total</i>	<i>Total</i>
	2017	2018	2017	2018	2017	2018
Vaccine Preventable						
Pertussis (Whooping Cough)	4	1	10	2	14	3
Varicella (Chickenpox)	14	3	5	8	19	11
Enteric						
Campylobacteriosis	68	56	58	48	126	104
Cryptosporidiosis	5	11	2	8	7	19
<i>E. coli</i> , Shiga-toxin producing (STEC)	11	5	8	13	19	18
Salmonellosis	38	30	42	28	80	58
Shigellosis	1	4	9	3	10	7
Viral Hepatitis						
Hepatitis A	1	1	1	2	2	3
Hepatitis B, acute	1	2	2	1	3	3
Hepatitis B, perinatal	27	14	5	12	31	26
Hepatitis C, acute	0	1	0	0	0	1
Invasive/Respiratory						
Legionellosis	0	2	0	2	0	4
Multidrug-resistant Acinetobacter (MDRA)	2	4	3	0	5	6
<i>Streptococcus</i> , Group A, invasive (GAS)	4	13	6	9	10	22
<i>Streptococcus</i> , Group B, invasive (GBS)	13	16	9	11	22	27
<i>Streptococcus pneumoniae</i> , invasive	9	19	21	12	30	31
Vector-Borne Zoonotic						
Animal Exposures	114	120	61	77	175	210
West Nile Virus, fever	0	0	1	1	1	1
West Nile Virus, neuroinvasive	1	0	0	0	1	0
Tuberculosis (TB)						
Active					4	5
Latent*					132	116
Sexually Transmitted Diseases (STDs)^P						
AIDS	8		3		11	
Chlamydia	1043		211		1254	
Gonorrhea	510		53		563	
HIV	22		5		27	
Syphilis	68		12		80	
Influenza**						
Influenza A – Rapid Test					3410	5333
Influenza B – Rapid Test					3522	979
Influenza Like Illness					11618	11311

*Started on latent TB therapy from Amarillo Public Health TB clinic.

** Flu A and B are lab-confirmed only. Influenza report represents “season-to-date” cases rather than year-to-date.

P: 2018 information will be added when data becomes available.