2010 Health Report for McLennan County

In 2009 Waco-McLennan County Public Health District (WMCPHD) conducted community needs assessment in partnership with Providence Health Center and Hillcrest Baptist Medical Center. The WMCPHD contracted with the Survey Research Center (SRC) of the University of North Texas to conduct a survey of McLennan County residents and provide statistical analysis of the survey data.

The purpose of this survey was to identify overall health needs, risk factors, and barriers to care and then to prioritize health needs by developing appropriate interventions. A total of 1,211 interviews were conducted and analyzed 1,000 landline and 211 cell-phone only. The survey instrument was based on several existing survey instruments including: Center for Disease Control and Prevention – 2009 Behavior Risk Factor Surveillance System, Texas Department of Health (specific departmental concerns – physical activity questions), City of Waco-McLennan County Public Health District – Community Needs Assessment.

Following are some of the selected statistics observed:

**General Health Status**

Respondents were asked about the status of their health. 43.0 percent of respondents reported they were in excellent (18.2 percent) or very good (24.8 percent) health.

Thirty-four percent were in good health. Twenty-three percent were in fair (16.4 percent) or poor (6.3 percent) health. The percentage of respondents reporting excellent or very good health increased as education, household income, and the number of people living in the household increased, and varied with the age of the respondent. Excellent or very good health reports were higher among male respondents, White respondents, and respondents with children under 18 living in the household.

**Health Care Access**

- 82% of all respondents had some type of health insurance.
- 22% reported that someone in their household did not have health insurance during the past 12 months.
- 16% did not see a doctor when needed because of the cost.
- The percentage of respondents who had been tested for cholesterol, mammogram, and/or prostate exam was higher among those with health insurance than those without it. Being tested for HIV was the exception.
- 14% of respondents who used one or more particular place for health care had used a hospital emergency department.

**Health Care Awareness and Behavior**

Respondents or someone in the household had one or more of the following:

- High Blood Pressure: 50.9%
- High Blood Cholesterol: 47.3%
- Diabetes: 20.4%
- Heart Problems: 19.4%
- Behavioral Problems: 9.2%
- Allergies: 59.9%
- Overweight: 44.3%
- Smoked at least 100 cigarettes in lifetime: 44.0%

2010 McLennan County Assessment demonstrate the need to promote healthy lifestyles, encourage physical and social environments that promote individual and community health efforts, and assure that policies are in place to advance health promotion, prevent disease, and access to quality health care.

The Waco-McLennan County Public Health District (WMCPHD) received 119 reports of communicable disease June through August 2010. Counts of reported diseases for this time period are listed in the Table 1. 90 reports of communicable disease were reported in previous quarter (March – May 2010). Increase numbers in this quarter mainly attributed to Shigella. WMCPHD received highest numbers of Shigella reports in the months of June and July (21 & 27 respectively—Figure 1).

Since the beginning of this year WMCPHD has received 120 reports of Shigella (50% Males, 50% Females), 48% of the reported cases were of age 5 years or less (Figure 2). 35 cases were associated with day cares. 14 cases had exposure to recreational/lake/river water. The numbers for August (n=15) are less then previous two months.

In July 2010 WMCPHD issued a press release in response to increase Shigella numbers in the county which included Shigella fact sheet. Health department also developed a Day care data base and sent Shigella specific information and precautionary measures to 157 day cares in McLennan county.

Salmonella Enteritidis Infections Associated with Shell Eggs

CDC is collaborating with public health officials in multiple states, the U.S. Food and Drug Administration (FDA), and the U.S. Department of Agriculture’s Food Safety and Inspection Service to investigate a nationwide increase of Salmonella Enteritidis (SE) infections with an indistinguishable pulsed-field gel electrophoresis (PFGE) pattern JEGX01.0004. So far there has not been any case identified in McLennan County. Illnesses that occurred after July 29, 2010 might not yet be reported due to the time it takes between when a person becomes ill and when the illness is reported. This takes an average of 2 to 3 weeks for Salmonella.
White Powder Incidence in Waco, TX

In the first week of August, there was a white powder incident in Waco. The fire department responded to a report of an unknown white substance. It was determined that the white powder was harmless. Situations such as this do reinforce the need to review information sheets for anthrax.

Fact Sheet: Anthrax Information for Health Care Providers

Causative Agent: Bacillus anthracis (Encapsulated, aerobic, gram-positive, spore-forming, rod)

Systems Affected: Skin, Lungs, GIT & Oropharynx. (see below for details)

Transmission
- Skin: direct skin contact with spores; in nature, contact with infected animals or animal products (usually related to occupational exposure)
- Respiratory tract: inhalation of aerosolized spores
- GI: consumption of undercooked or raw meat products or dairy products from infected animals
- NO person-to-person transmission of inhalation or GI anthrax

### Cutaneous Anthrax

<table>
<thead>
<tr>
<th>Incubation Period</th>
<th>Usually an immediate response up to 1 day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs/Symptoms</td>
<td>Local skin involvement after direct contact with spores or bacilli</td>
</tr>
<tr>
<td></td>
<td>Localized itching followed by 1) papular lesion that turns vesicular and 2) subsequent development of black eschar within 7–10 days of initial lesion.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Obtain specimens for culture BEFORE initiating antimicrobial therapy. Do NOT use extended-spectrum cephalosporins or trimethoprim/sulfamethoxazole because anthrax may be resistant to these drugs. Recommended Doxycycline and ciprofloxacin.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Standard contact precautions. Avoid direct contact with wound or wound drainage.</td>
</tr>
</tbody>
</table>

### Inhalation Anthrax

<table>
<thead>
<tr>
<th>Incubation Period</th>
<th>Usually &lt;1 week; may be prolonged for weeks (up to 2 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs/Symptoms</td>
<td>Initial fever, cough, fatigue, sweats, chest discomfort, rhonchis per exam, Subsequent phase (1–5 days post initial phase): high fever, severe respiratory distress, shock, death.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Obtain specimens for culture BEFORE initiating antimicrobial therapy. Do NOT use extended-spectrum cephalosporins or trimethoprim/sulfamethoxazole because anthrax may be resistant to these drugs. Recommended Doxycycline and ciprofloxacin.</td>
</tr>
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<td>Precautions</td>
<td>Standard contact precautions.</td>
</tr>
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### Gastrointestinal Anthrax

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</tr>
</thead>
<tbody>
<tr>
<td>Signs/Symptoms</td>
<td>Initial phase</td>
</tr>
<tr>
<td></td>
<td>Fever and marked unilateral or bilateral neck swelling caused by regional lymphadenopathy</td>
</tr>
<tr>
<td></td>
<td>Severe throat pain and dysphagia</td>
</tr>
<tr>
<td></td>
<td>Ulcers at the base of the tongue, initially edematous and hyperemic</td>
</tr>
<tr>
<td>Subsequent phase</td>
<td>Ulcers may progress to necrosis</td>
</tr>
<tr>
<td></td>
<td>Swelling can be severe enough to compromise the airway</td>
</tr>
<tr>
<td></td>
<td>Shock, death within 2–5 days of onset</td>
</tr>
<tr>
<td>Treatment</td>
<td>Same as Inhalation anthrax.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Standard contact precautions.</td>
</tr>
</tbody>
</table>

### Oropharyngeal Anthrax

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### Reporting

Report suspected or confirmed anthrax cases immediately to Waco-McLennan County Health District 24/7 number 254-750-5411

Additional info. Please visit CDC link: http://emergency.cdc.gov/agent/anthrax/index.asp
The Advisory Committee on Immunization Practices (ACIP) has recommended anthrax vaccination for the following groups:

- Persons who work directly with the organism in the laboratory.
- Persons who work with imported animal hides or furs in areas where standards are insufficient to prevent exposure to anthrax spores.
- Persons who handle potentially infected animal products in high-incidence areas; while incidence is low in the United States, veterinarians who travel to work in other countries where incidence is higher should consider being vaccinated.
- Military personnel deployed to areas with high risk for exposure to the organism.

**Post Exposure Prophylaxis**

The combination of 60 days antibiotics plus 3 doses of vaccine used in post exposure prophylaxis are very effective in preventing anthrax disease from occurring after an exposure.

**Environmental Cleanup**

In areas where the presence of anthrax is suspected, hazardous materials crews wear protective suits with a self-contained breathing apparatus while they gather swabs and adhesives that will later be tested in a lab for the presence of anthrax. The crews use several chemicals, including sandia foam, nanoemulsion, formaldehyde fumigation and sodium hypochlorite to destroy anthrax spores.

### Flu season 2010

- Novel influenza A (H1N1)-specific surveillance activities were discontinued after the week ending May 22, 2010. Limited surveillance for all influenza types and subtypes will continue throughout the summer.
- During week 33 in Texas No specimens tested by NREVSS (National Respiratory & Enteric Virus surveillance System) laboratories in Texas were positive for influenza. The percentage of visits for influenza-like illness as reported by ILINet providers in Texas was below the regional baseline. Standard flu surveillance reporting will resume in early October.
- DSHS will not have state, region and county level distribution data for the 2010-11 seasonal flu vaccine, as it did for the 2009 H1N1 vaccine. The Novel H1N1 Vaccine Ordering and Reporting System (VORS) is no longer available for ordering or recording doses administered or wasted.

**On May 14, 2010, CDC issued updated estimates on H1N1**

- CDC estimates that between 43 million and 89 million cases of 2009 H1N1 occurred between April 2009 and April 10, 2010. The mid-level in this range is about 61 million people infected with 2009 H1N1.
- CDC estimates that between about 195,000 and 403,000 H1N1-related hospitalizations occurred between April 2009 and April 10, 2010. The mid-level in this range is about 274,000 2009 H1N1-related hospitalizations.
- CDC estimates that between about 8,870 and 18,300 2009 H1N1-related deaths occurred between April 2009 and April 10, 2010. The mid-level in this range is about 12,470 2009 H1N1-related deaths.

- [http://www.cdc.gov/h1n1flu/in_the_news/2009H1N1_qa.htm](http://www.cdc.gov/h1n1flu/in_the_news/2009H1N1_qa.htm)
- [www.flu.gov](http://www.flu.gov)

### 2010-11 Influenza Vaccine Composition

**Only 1 vaccine this year (not 2)**

**Vaccine Strains:**

- A/California/7/2009-like H1N1 (same strain as 2009 monovalent)
- A/Perth/16/2009-like H3N2 (New strain for Northern Hemisphere)
- B/Brisbane/60/2008 (was in 2009-2010 seasonal vaccine)

This summer, all 3 strains have been identified in US and internationally.
24/7 Disease Reporting

The Waco-McLennan County Public Health District has a 24-hour a day/ 7 days a week number that can be utilized to report any cases of disease.

The 24/7 disease reporting number is

(254) 750-5411.

On a daily basis the epidemiology department reviews, investigates, and reports all cases of communicable disease recognized as Notifiable Diseases in Texas. This allows for monitoring of disease trends and detection of outbreaks.

A list of reportable diseases or conditions and forms for reporting has been included. These forms are also available at health district web link:


If you have any questions, you may contact Hammad Akram, MD, MPH, Epidemiologist at (254) 750-5493. Reports may also be faxed to (254) 750-5405.