

Champion positive health outcomes and behaviors through innovative programs and community engagement

Communicable Disease Surveillance Summary Report

Jefferson County, Missouri

December 2022

NOTES ON THE DATA:

- All data and information are conditional and may change as more reports are received.
- Case definitions are established by the Missouri Department of Health and Senior Services' (DHSS) Communicable Disease Investigation Reference Manual. The totals reflect the number of confirmed and probable cases reported; suspect cases are not included.
- Data is reported in epidemiologic weeks established by the CDC's Morbidity and Mortality Weekly Report (MMWR). The MMWR week starts on a Sunday and ends on Saturday. Values for MMWR week range from 1 to 53, although most years consist of 52 weeks. The 2022 MMWR calendar began on January 2, 2022.
- Case date may be based on the onset date, diagnosis date, specimen date, or test date.
- Excluded from this report are Sexually Transmitted Diseases, Influenza, and COVID-19.
- Jefferson County Health Department monitors all reportable disease cases year-round. Figures 1. and 2. include detailed views of diseases or conditions that may be of importance during the time of year this report is published. Variables such as outbreaks or the seasonality of communicable diseases may affect the number of cases per month and call for a more in-depth look. Seasonal change in the incidence of infectious diseases is common.

Table 1. Number of Enteric Cases by Month,Jefferson County, Missouri

		Five	Previous Mo	onths		Year t	o Date Comp	arison
Disease or Condition	August 2022	September 2022	October 2022	November 2022	December 2022	YTD 2022	YTD 5 Previous Year Mean	YTD Alert ¹
Campylobacteriosis	4	2	1	2	0	24	29.6	
Cryptosporidiosis	2	0	2	1	0	6	6	
Cyclosporiasis	0	0	0	0	0	2	3.2	
E. Coli O157:H7	1	0	0	0	0	2	1.4	
E. Coli Shiga Toxin +	0	0	0	0	0	0	0	
Giardiasis	0	0	1	0	0	1	2	
Hepatitis A Acute	0	0	0	0	0	0	4.2	
Listeriosis	1	0	0	0	0	1	0.6	
Salmonellosis	11	6	2	1	4	41	32.8	*
Shigellosis	0	0	0	0	0	1	1.4	
Yersiniosis	0	0	0	0	0	1	2.8	
Enteric Totals	19	8	6	4	4	79	84	

¹ Year- to- Date alerts represent an increase of at least one standard deviation for total cases in the current year compared to the same time period in the five previous years.

Table 2. Number of Respiratory and Systemic Disease Cases by Month,Jefferson County, Missouri

		Five	Previous Mo	onths		Year to Date Comparison		
Disease or Condition	August 2022	September 2022	October 2022	November 2022	December 2022	YTD 2022	YTD 5 Previous Year Mean	YTD Alert
Coccidioidomycosis	0	0	0	0	0	0	0	
Haemophilus Influenzae, Invasive	2	1	0	1	1	8	5.6	*
Legionellosis	1	0	1	0	0	3	4	
Pertussis	0	0	0	0	0	0	24.4	
Staph Aureus, VISA	0	0	1	0	0	4	1.8	*
Streptococcus Pneumoniae, Invasive	0	1	0	3	0	13	25.6	
Streptococcal Toxic Shock Syndrome	0	0	0	0	0	1	0	
Varicella	0	0	0	0	1	4	2.8	
Respiratory and Systemic Totals	3	2	2	4	2	33	64.2	

Table 3. Number of Vector-Borne Cases by Month,Jefferson County, Missouri

	Five Previous Months					Year to Date Comparison		
Disease or Condition	August 2022	September 2022	October 2022	November 2022	December 2022	YTD 2022	YTD 5 Previous Year Mean	YTD Alert
Anaplasma Phagocytophilum	0	0	0	1	0	1	0.2	
Babesiosis	0	0	0	0	0	1	0	
Ehrlichia Chaffeensis	4	2	0	0	0	22	20.6	
Ehrlichia Ewingii	0	0	0	0	0	1	0.6	
Ehrlichiosis Anaplasmosis Undetermined	1	0	0	0	0	4	1.4	*
Rocky Mountain Spotted Fever	3	1	2	2	0	11	12.2	
Tularemia	0	0	0	0	0	0	0	
Vector-Borne Totals	8	3	2	3	0	40	35	

Table 4. Number of Other/Miscellaneous Cases by Month,Jefferson County, Missouri

	Five Previous Months				Year to Date Comparison			
Disease or Condition	August 2022	September 2022	October 2022	November 2022	December 2022	YTD 2022	YTD 5 Previous Year Mean	YTD Alert
Animal Bites	4	21	18	9	8	152	118.2	*
Infant Botulism	0	0	0	0	0	0	0.2	
МОТТ	1	3	1	3	2	18	25.6	
Rabies Animal	0	0	0	0	0	1	1	
Rabies Post Exposure Prophylaxis	0	0	0	1	1	12	8.4	*
TB Disease	0	0	0	0	0	0	1.2	
TB Infection	6	4	2	5	2	50	35.8	*
Other/Miscellaneous Totals	11	28	21	18	13	233	190.4	

Figure 1. Salmonellosis Jefferson County, Missouri

Salmonella are a gram-negative, rod-shaped bacteria which can cause illness in both animals and humans. Nontyphoidal salmonellosis (NTS) refers to illnesses caused by all serotypes of Salmonella (S.) except for S. Typhi, S. Paratyphi A, S. Paratyphi B, and S. Paratyphi C. There were 4 cases of Salmonellosis reported during December 2022 in Jefferson County. During the previous 5 years, the number of cases reported has ranged from 0 to 9 per month. One outbreak of Salmonella linked to pet bearded dragons (updated October 18, 2022) remains active. Cases have been reported in 15 states, not including Missouri. Another new outbreak of Salmonella linked to alfalfa sprouts (updated December 30, 2022) is active. Cases have been reported in 3 states, not including Missouri. A year-to-date alert has been noted for Salmonellosis. Year-to-date alerts are present when the total cases in the current year are more than one standard deviation above the mean for the same time period in the previous five years.

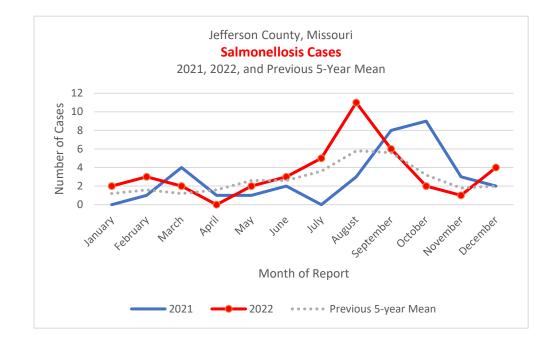
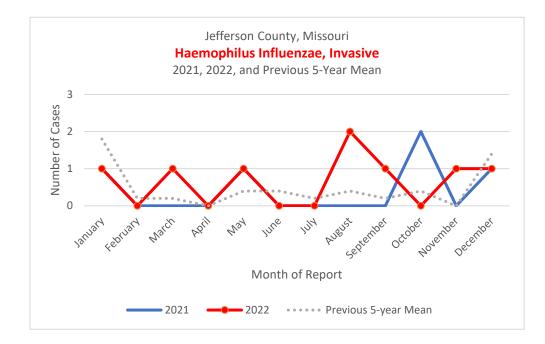


Figure 2. Haemophilus Influenzae, Invasive Jefferson County, Missouri

Haemophilus influenzae invasive disease (Hi) is caused by the bacterium Haemophilus influenzae (*H. influenzae*). Six distinct types of H. influenzae (types a - f) can cause Hi in persons of any age and are often severe, particularly among infants. Hi includes clinical syndromes of meningitis, bacteremia or sepsis, epiglottitis, pneumonia, septic arthritis, osteomyelitis, pericarditis and cellulitis. Noninvasive H. influenzae infections are not reportable to the Missouri Department of Health and Senior Services. Despite the name, H. influenzae does not cause influenza (the flu). Before the introduction of effective vaccines, H. influenzae serotype b (Hib) was the cause of more than 95% of Hi among children and was the leading cause of bacterial meningitis in the United States among children younger than 5 years of age. Hib disease is vaccine preventable. CDC recommends routine Hib vaccination for all children younger than 2 years old.

There was 1 case of Haemophilus influenzae invasive disease reported during December 2022 in Jefferson County. During the previous 5 years, the number of reported cases has ranged from 0 to 5 per month. A year-to-date alert has been noted for H. influenzae, invasive. Year-to-date alerts are present when the total cases in the current year are more than one standard deviation above the mean for the same time period in the previous five years.



ADDITIONAL DATA SOURCES AND INFORMATION

Jefferson County Health Department's Covid-19 Data Dashboard https://www.jeffcohealth.org/covid19-data

Jefferson County Health Department's Influenza Data Dashboard <u>https://www.jeffcohealth.org/flu-season-info</u>

Missouri Department of Health and Senior Services, Communicable Disease Investigation Reference Manual: <u>https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/index.php</u>



Jefferson County Health Department will champion positive health outcomes and behaviors through innovative programs and community engagement.



ASPEN BOARD REPORT

December 2022 REPORT

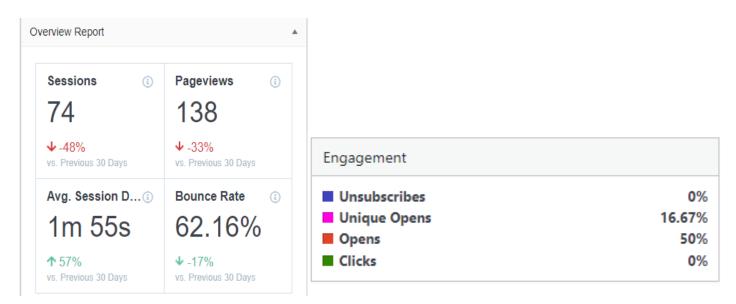
January 2023 BOARD MEETING

PROGRAM/GRANT	DELIVERABLE/FOUNDATION	OUTCOME/IMPACT
	CAPABILITY	
ASPEN: Community	Public Health Capacity; Linkage to	Marketing and campaign materials for the ASPEN
Resource Directory	medical, behavioral and community	Resource Directory were completed in December
	resources:	of 2022. These materials include social media
Missouri Foundational	 Identify statewide, regional, 	items, flyers, cards with QR codes and short
Public Health Services	and local medical and	videos to share information and provide access to
Model: -Linkage to	behavioral healthcare	the Resource Directory available to the public.
medical, behavioral and	community partners and their	
community resources.	capacities.	ASPEN Coordinator and Program Support
-Community Partnership	• Develop and implement a	Specialist have begun working with additional
Development	prioritized plan for increasing	partners to increase resource footprint. These
	access to quality health care.	partners are in the process of providing additional
Jefferson Foundation	Support community-based	community resources and sharing information to
Transformative Grant	initiatives that increase access	clients.
	to quality medical and	JFCAC Head Start
Missouri DHSS Health	behavioral healthcare.	Parkland Health Center
Disparities Grant	Ability to create and maintain	Farmington School
	strategic, non-program specific	
	relationships with key	https://bh.jchnetork.org/resource-directory
	community partners.	
		Current Resources in ASPEN Resource Directory:
		Virtual Resources: 154
		Physical Locations: 454

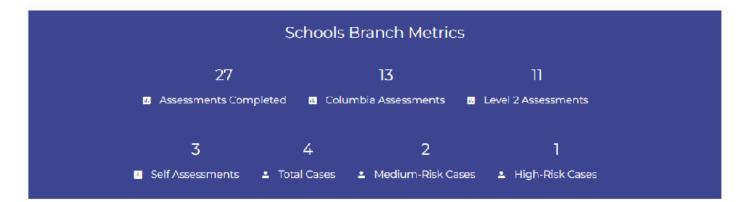
ASPEN: School	Public Health Capacity; Linkage to	New School Partners:
Behavioral Health	medical, behavioral and community	New School Farthers.
Portal Missouri Foundational Public Health Services Model: -Linkage to medical, behavioral and community resources. -Injury Prevention Jefferson Foundation Transformative Grant Missouri DHSS Health Disparities Grant	 Provide timely, accurate, and locally relevant education to the community on the behavioral health care system. Injury Prevention: Identify statewide, regional and local injury prevention community partners and their capacities Work with partners to implement evidence based and populations-based interventions that mitigate suicide risk. 	The following schools are currently connecting with JCHD/ASPEN and are in the approval process with the ASPEN Agreement. • Webster Groves School District • Windsor School District Implementation Updates: JCHD ASPEN Coordinator is working to connect with each participating school in early 2023 to expand current users and provide additional trainings as needed. Education/awareness materials were developed for students, families and staff. <u>Development and Updates:</u> JCHD ASPEN Coordinator and team members continue to work with school users to gain feedback and connect with the ASPEN ArchitectNOW development team providing updates and adjustments as needed to ensure the ASPEN School environment meets current and growing needs.
ASPEN: First Responder and Health Care Worker Portals Missouri Foundational Public Health Services Model: -Linkage to medical, behavioral and community resources. -Injury Prevention Jefferson Foundation Transformative Grant Missouri DHSS Health Disparities Grant	 Public Health Capacity; Linkage to medical, behavioral and community resources: Identify statewide, regional and local medical and behavioral healthcare community partners and their capacities. Advocate and seek funding for policies and initiatives that increase access to quality medical and behavioral healthcare. 	New First Responder Partners: The following departments are currently partnering with JCHD/ASPEN and are in the process of receiving approval for the ASPEN Agreement. • Webster Groves Fire Department • Webster Groves Police Department • North Jefferson Ambulance

JCHNetwork.org Website and Resource Directory Analytics: 1/4/2023 at 12:30 pm CT

ASPEN Resource Directory: Total 608 resources



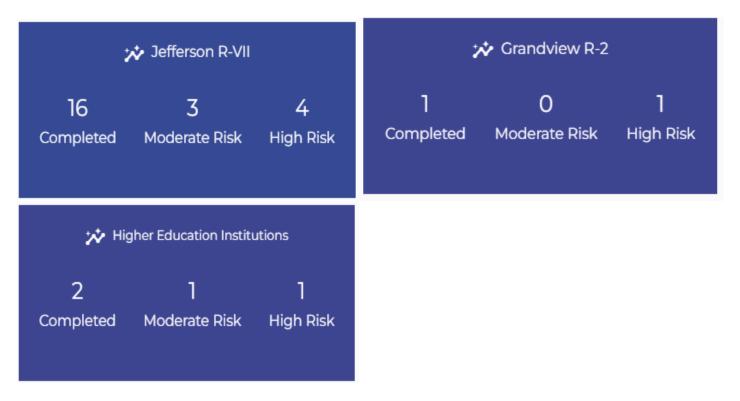
School Metrics: 1/19/2023 8:28 am CT





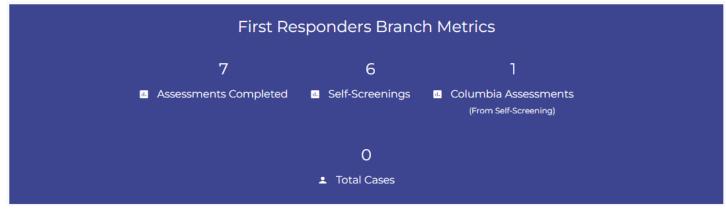






Signed Agreement	Progress
Sunrise School	Agreement Signed September 2022: Staff and Parent Communication
	In-Progress. Focus will be placed on 8 th grade students.
Jefferson R-VII	Agreement Signed October 2022: Staff are working directly with
	students and families that have been identified as risk or high need.
	Additional students and families will expand in spring of 2023.
Grandview School	Agreement Signed October 2022: Staff and Parent Communication In-
	Progress. Staff will be working with ASPEN administration 2023 to
	engage parents and students for expanded usage.
De Soto #73	Agreement Signed October 2022: Staff and Parent Communication In-
	Progress. Letters are being sent to small groups of families in January of
	2023, this will expand for 9 th - 12 th grade throughout January and
	February of 2023, and 7 th / 8 th grade in spring of 2023.
Hillsboro R-III	Agreement Signed October 2022: Staff and Parent Communication In-
	Progress. Letters were sent to parents in 2022. ASPEN Administration is
	working with school administration to engage families and students in
	2023.
Dunklin R-5	Agreement Signed November 2022. Staff are working to expand usage
	in 2023.
Crystal City	Agreement Signed November 2022: Due to unexpected staff and
	student needs in 2022 implementation was paused and is resuming
	January 2023.
Farmington School	Agreement Signed December 2022: Staff training is scheduled for
	January and February of 2023

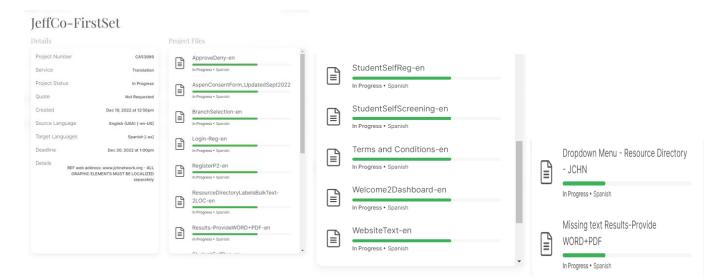
First Responder Metrics: 1/19/2023 8:28 am CT



Department	Agreement Progress
Hillsboro Fire Protection District	Agreement Signed October 2022
Saline Valley	Agreement Attorney Review
Mapaville Fire Protection District	Agreement Signed December 2022
Goldman Fire Protection District	Agreement In Review
De Soto Rural Fire Protection District	Agreement Signed December 2022
North Jefferson Ambulance	Administration review and training scheduled January 2023
Webster Groves Police Department	Administration review and training January 2023
Webster Groves Fire Department	Administration review and training January 2023

Spanish Translation Work Progress: 01/10/2023 12:15pm CT

Anticipated phase 1 completion February 1st, 2023









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CLINICAL SERVICES SUMMARY DECEMBER 2022

PROGRAM/GRANT	DELIVERABLE	OUTCOME/IMPACT
IMMUNIZATIONS Adult Immunization Contract Vaccines For Children (VFC) Health Disparities Contract	Increase vaccination capacity across the jurisdiction, including among high-risk and underserved populations	JCHD continued to provide both office and community-based vaccine clinics in December. VFC recertification was completed for the Hillsboro and Arnold offices in December. The following vaccines were administered in December: 82 VFC vaccines 84 JCHD purchased vaccines One drive-thru Flu clinic was held with the Northwest Ambulance District. No homebound or COVID-19 vaccine clinics were held in December.
FAMILY PLANNING Title X (MFHC) The Right Time Initiative (MFHC) Show Me Healthy Women Wise Woman	Provide family planning services in accordance with the Title X program priorities.	The JCHD Family Planning clinic saw 77 unduplicated clients in December. Family Planning staff continued to work on the closure of the High Ridge office. After much effort from our program team, we receive approval to transfer medications from the High Ridge location to other JCHD locations. This effort allowed the agency to utilize close to \$5000 in medication that was initially planned to be discarded by 340B guidelines.
LEAD EPA/MDHSS—Superfund Lead Children's Health Insurance Program (CHIP) & Health Services Initiatives (H.S.I.)	Provide health assessments, in- home and/or office interventions for children with a detection of lead in their blood	In December JCHD did a total of 9 lead screenings in Jefferson County. JCHD was awarded an extension to the Superfund Lead Health Education and Voluntary Institutional Controls Program that began 10/01/22.





PROGRAM/GRANT	DELIVERABLE	OUTCOME/IMPACT
		The updated EPA/DHSS Lead contract was received in December and internal meetings are being scheduled to determine next steps with coordination of lead education and the institutional controls program.
MOBILE WELLNESS Health Disparities Contract	Utilize the currently established mobile health center to provide community-based healthcare focusing on individuals who have challenges with transportation, health disparities, and vulnerable populations in Jefferson County.	The mobile wellness program was without a Nurse Practitioner for the month of December. Therefore, we were unable to provide primary care services during the month. The mobile team worked internally with our Nursing staff and were still able to provide phlebotomy services in December for some residential care facilities.
DENTAL Missouri DHSS Improving Oral Health Teledentistry Sealants	Develop, implement, educate, operate, provide services and report on a Teledentistry Sealant and Education Program in Jefferson County.	The mobile dental program saw 54 patients and performed 173 procedures during the month of December. The primary focus during December was for the adult program since schools were preparing for winter break.



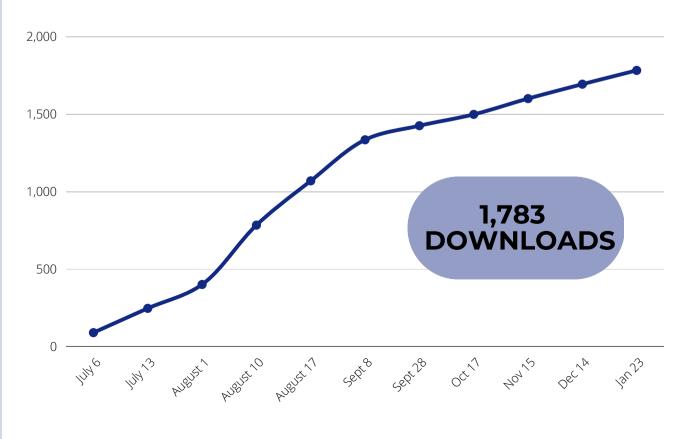
Communications & Marketing

Monthly Report- January 2023 Analytics from December 2022

Updates

- Monsido Website Accessibility tool has been launched
 - If you haven't yet, visit the website and notice the accessibility widget in the corner
- Communications Liaison positions have been filled internally and project planning and assignments have been begun
- Projects communications is currently working on:
 - 2023 campaign planning
 - Communication Liaison positions
 - Monsido and accessibility
 - Website audit and updates
 - Children's Dental Health Month
 - Adult Immunization Grant

JCHD MOBILE APP DATA



Social Media Analytics

17K fans 2 from 17K	3 PMs ≥ 8 from 11	2.89% engagement rate > 0.07 from 2.96%	7.18% engagement rate 4.32 from 2.86%
Followers	Inbound messages	Post engagement rate	Post engagement
1.5K	2 messages	1.84% engagement rate	4 engagements
3 from 1.5K9 Followers	 2 from 4 Inbound messages 	0.56 from 2.4%Post engagement rate	13 from 17Post engagements
1.7K	4 messages	1.44% engagement rate	2 engagements
> 5 from 1.7K	4 from 0	¥ 3.81 from 5.25%	> 20 from 22

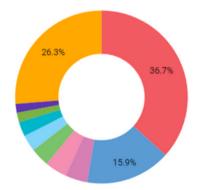


Top Videos Watched	Video Title	2	•
Title	Views -	Average	Video Sha
JCHD Board Meeting		00:18:59	0
JCHD November Boar		00:15:28	1
Jeffco Mindfulness Tr		00:01:36	1
How to Wash Your Ha			4
October JCHD Board		00:04:06	0
JCHD Board Meeting	1		0
Preparing Winter Car	1		0
JCHD Tax Meeting 9/2	1	00:17:23	0
Smiles To Go Dental V	1	00:00:51	0
Jefferson County, MO		00:01:24	0

Overview of your user behaviors



Which page is the most popular?

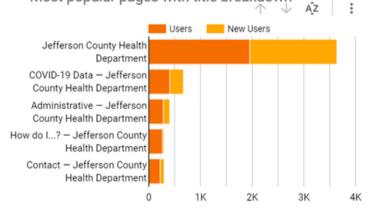




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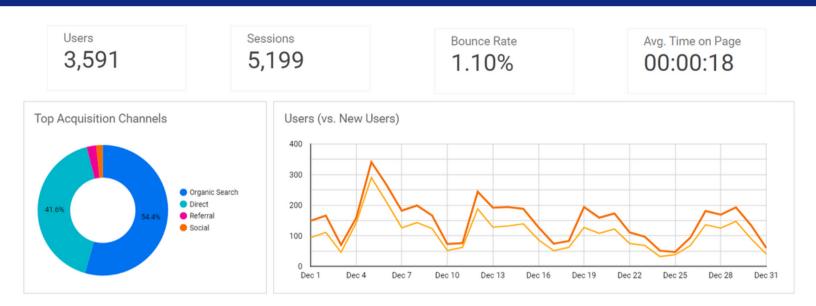
Most popular pages with title breakdown



	Page Title	Pageviews
1.	Jefferson County Health Depart	9,653
2.	COVID-19 Data – Jefferson Cou	4,240
3.	Administrative – Jefferson Cou	1,093
4.	How do I? - Jefferson County	1,080
5.	COVID-19 - Jefferson County H	911
б.	Contact - Jefferson County Hea	822
7.	Environmental – Jefferson Coun	709
8.	Blog – Jefferson County Health	509
9.	Health Education – Jefferson C	467
10.	Flu Season Info – Jefferson Cou	431

	Page	Pageviews
1.	/	9,542
2.	/covid19-data	4,135
3.	/how-do-i	1,080
4.	/administrative-services	1,075
5.	/coronavirus-covid19	911
6.	/contact	807
7.	/environmental	709
8.	/community-health	464
9.	/flu-season-info	431
10.	/careers	370

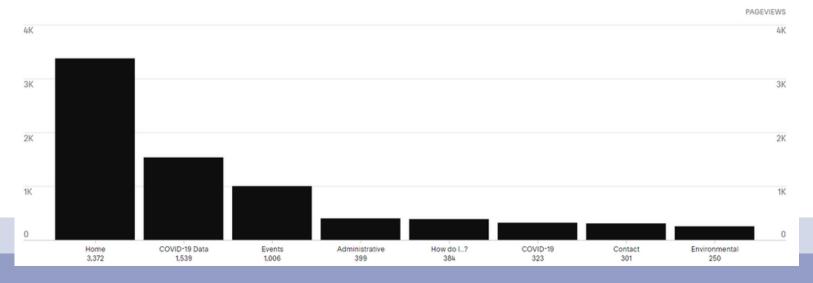
JCHD Google Analytics Acquisition Overview



	Sessions 5.2K	Users 3.6K	New Users 3.4K	Bounce Rate	Pages / Session 5.0	Avg. Session Duration 01:15
Source / Medium	Sessions	Users	New Users	Bounce Rate	Pages / Session	Avg Session Duration
google / organic	2,521	1,808	1,663	0.04%	5.58	00:01:36
(direct) / (none)	2,218	1,518	1,445	2.52%	4.05	00:00:46
bing / organic	140	114	100	0%	8.29	00:02:53
yahoo / organic	68	42	37	0%	7.28	00:01:31
l.facebook.com / referral	53	17	8	0%	4.75	00:00:35
m.facebook.com / referral	41	29	25	0%	4.9	00:01:28
jeffcohealth.sharepoint.co	32	22	3	0%	4.97	00:01:50
duckduckgo / organic	25	20	16	0%	6	00:00:48
newsbreakapp.com / refe	23	23	22	0%	3.13	00:00:03
www4.citizenserve.com /	17	16	7	0%	5.29	00:02:07

Top Pageviews 🧿

Dec 1-31, 2022 • 62% of 12,186 Pageviews -5% mo/mo



Google Business Profiles

Hillsboro Office: 668 Interactions

% 346	e 4	♦ 118
calls -21%	messages +100%	people asked for directions No change
 200 website visits from profile +1% 	 2,466 profile views -14% 	Q 1,177 searches -14%

Arnold: 1,099 Interactions

№ 551
 calls
 -9%
 ※ 291

website visits from profile

-2%

P4

messages No change

3,960
profile views

-12%



Q 1,998

searches

-23%

people asked for directions **No change**

Monsido: Website Accessibility



Accessibility Issues Found

72

(270,211 unique issues affecting 467 pages)

Overall accessibility compliance

Done	А	AA
105 issues done	72 issues	s to fix/review

Quality Assurance Report	
Overall compliance status (% of pages without issues)	93%
Crawl information	
Pages scanned	467
Links found	3,087
Links	
Broken links	30
Pages with broken links	31
Misspellings	
Misspellings	0
Pages with misspellings	0
Potential misspellings	89
Pages with potential misspellings	136

Readability score		
Crawl information		
Pages scanned		467
	Distribution	
Grade/Level		Pages
6th grade		8
7th grade		11
8th to 9th grade		51
10th to 12th grade		73
College		153
College graduate		171



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ENVIRONMENTAL SUMMARY DECEMBER 2022 REPORTED AT JANUARY 2023 BOARD MEETING

PROGRAM/GRANT	DELIVERABLE	OUTCOME/IMPACT
Vector Program Vector/Mosquito Control: Jefferson County Missouri Code Chapter 260 Mosquito Control and Eradication	Protect the public health by controlling mosquitoes and other vectors that spread disease (i.e., Mosquitoes and ticks)	Mosquito Season Updates: Season is complete, nothing new to report.
Animal Bite/Rabies Investigations Missouri Laws and Statues Chapter 322 Protection Against Rabies	 322.140 Upon receipt of an incident report where an animal bites or otherwise possibly transmits rabies or any zoonotic disease, the department of health and senior services shall investigate the incident. Animal Bite Investigation: investigation after a known bite. Animal Testing: The receipt of a MDHSS Rabies Laboratory Result Reports. This can include an unsatisfactory, negative, or positive result. Confirmed Animal Rabies: This is a confirmed positive case from a MDHSS Rabies Laboratory Result Report. 	Animal Bite Investigations: 18 Animal Testing: 10 Confirmed Animal Rabies: 0





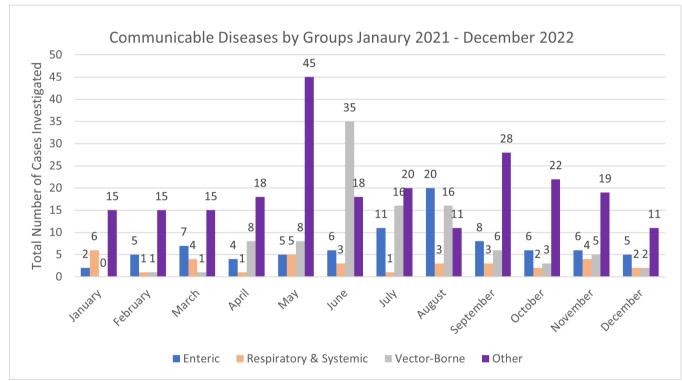
Food Service Activities -Core Public Health Functions -Jefferson County Food Code -Food Sanitation Order -Jefferson County Food Service and Retail Food Service Sanitation Rules and Regulations	Safety of food is a combined effort provided by the state health department and local health departments. Complaints concerning food safety and regular food establishment inspections are handled by the local health department.	-Routine Inspections: 175 -Re-inspections: 24 -Temporary food stand inspections: 5 -Permit renewal process is online through new inspection software this year. Approximately 580 permit renewals have been submitted through December 31.
Lead EPA Lead Grant	Provide lead resources, education and connection to testing when needed. This is a collaboration between clinical, education and environmental programs.	 -Submitted the second draft to administration for review of the VICP for Jefferson County as outlined in the EPA Superfund Grant. -Ongoing work with Health Education Department on logical framework for the lead grant deliverables and program goals. -One staff member cleared for and obtained EPA database access card, as outlined in EPA Superfund Grant. Three others to follow.
Lodging -Lodging Rule, 19-CSR 20-3.050	DHSS: Inspections are conducted by local health agency or department staff. These inspections fall under lodging rule 19-CSR 20-3.050	-Lodging complaints: 1 -2 facilities have been turned over to the state for non-compliance in October. Assisting State inspector with re-inspections for these facilities.
Childcare -MODHSS/DESE	Both licensed and license-exempt facilities are required to have annual sanitation and health inspections.	Routine Inspections: 5 Re-Inspections: 1
Laboratory Missouri Department of Natural Resources Certification for Microbiological Laboratory Services of Public Drinking Water	Ensures public health for citizens and guests of the state/county by providing information regarding private water and public water supplies through water testing to homeowners and businesses	Ice Samples: 7 -Satisfactory: 7 -Unsatisfactory: 0 Public Water Samples: 186 -Satisfactory: 185 -Unsatisfactory: 1 Private Water Samples: 12 -Satisfactory: 9 -Unsatisfactory: 3

JANUARY 26, 2023

PUBLIC HEALTH PREPAREDNESS

Monthly Newsletter of the JCHD PHP Team

DECEMBER 2022 COMMUNICABLE DISEASE SUMMARY OF ALL INVESTIGATIONS



This chart represents the range of reportable conditions investigated by the team. Not all cases will meet the MDHSS case definition to be considered either "Confirmed" or "Probable." Many cases are considered "Suspect." One example of a suspect case would be a condition that a provider diagnoses and treats based on symptoms but did not collect a lab: such as Chickenpox. Some cases are considered "No Case" when investigated if they do not meet the case definition for the condition. All cases are fully investigated, and education is provided to the individual. When viewing the chart: add vertically the case counts above each month to provide you the total of all "Confirmed," "Probable," "Suspect," and "No Case." For example, December 2022 has 5+2+2+11=20 Conditions Investigated.

Enteric:

1 Campylobacteriosis - 1 Suspect/No Case 4 Salmonellosis **Respiratory and Systemic:** 1 H. Influenza, Invasive 1 Varicella Vector-Borne: 1 Anaplasma Phagocytophilum-1 Suspect/No Case 1 Ehrlichia Chaffeenisis - 1 Suspect/No Case Other: **3** Animal Bites 2 MOTT 1 Rabies Post Exposure Prophylaxis 1 TB Disease - 1 Suspect/No Case 4 TB Infection - 2 Suspect/No Case Non-WebSurv Conditions (not on graph) 2 MPX - 1 Suspect/No Case 3 Ebola Travelers Monitored - 1 Closed

Reportable Conditions Investigated: 25

Investigated by the CD Team: 14 Investigated by the Vector Team: 4 TB is investigated by the Clinic Team: 5

*Missouri Department of Health and Senior Services Websurv Data Warehouse as of January 7, 2023. All data and information are conditional and may change as more reports are received.

COMMUNICABLE DISEASE SPOTLIGHT: GROUP A STREPTOCOCCUS (GROUP A STREP)

Bacteria called group A Streptococcus (group A strep) can cause many different infections. The best way to protect yourself from group A strep infection is to practice good hygiene, like washing your hands often.

Diseases Caused by Group A Strep

- Strep Throat
 - Spread through respiratory droplets and direct contact
 - Usually takes 2-5 days to become ill
 - Most common in children 5 through 15, it is rare in children under 3 years old
- Scarlet Fever
 - Sore throat and a rash
 - Spread through respiratory droplets and direct contact
 - Usually takes 2-5 days to become ill
 - Most common in children 5 through 15, it is rare in children under 3 years old
- Impetigo
 - When group A strep bacteria infect the skin, they cause sores. The bacteria can spread to others if someone touches those sores or comes into contact with fluid from the sores.
 - It usually takes 10 days for sores to appear after someone is exposed to group A strep bacteria.
 - Red itchy scabs with yellow scabs
 - Most common in children 2 through 5 years old

• Necrotizing Fasciitis

- Necrotizing fasciitis (NECK-re-tie-zing FASH-e-i-tis) is a rare bacterial infection that spreads quickly in the body and can cause death.
- Accurate diagnosis, rapid antibiotic treatment, and prompt surgery are important to stopping this infection.
- See a doctor right away if your skin becomes red, warm, swollen, or very painful soon after an injury or surgery.
- Cellulitis
 - Different types of bacteria can cause cellulitis, which is an infection of the deeper layers of the skin.
 - In general, people cannot catch cellulitis from someone else; it is not contagious.
 - In general, cellulitis appears as a red, swollen, and painful area of skin that is warm and tender to the touch. The skin may look pitted, like the peel of an orange, or blisters may appear on the affected skin. Some people may also develop fever and chills. Cellulitis can appear anywhere on the body, but it is most common on the feet and legs.

Diseases Caused by Group A Strep

• Streptococcal Toxic Shock Syndrome (STSS)

- A rare, but serious bacterial infection. STSS can develop very quickly into low blood pressure, multiple organ failure, and even death.
- STSS is most common in adults 65 years old or older.
- After the first symptoms start, it usually only takes about 24 to 48 hours for low blood pressure to develop. Once this happens, STSS quickly gets much more serious:
- Hypotension (low blood pressure)
- Tachycardia (faster than normal heart rate)
- Tachypnea (rapid breathing)
- Organ failure (other signs that organs are not working)
- Examples: Someone with kidney failure may not make urine. Someone with liver failure may bleed or bruise a lot or their skin and eyes may turn yellow.

• Rheumatic Fever

- A condition that can affect the heart, joints, brain, and skin.
- Rheumatic fever can develop if strep throat, scarlet fever, and strep skin infections are not treated properly.
- It usually takes about 1 to 5 weeks after one of these infections for rheumatic fever to develop.
- Rheumatic Fever is not contagious, but the bacteria that causes it is.

• Post-Streptococcal Glomerulonephritis (PSGN)

- PSGN is a kidney disease that is thought to be an immune response to an earlier infection.
- As the body's defense system, the immune system is important in fighting off infections. But the immune system can mistakenly attack healthy parts of the body and cause damage.

GROUP A STREPTOCOCCAL (GAS) DISEASE | CDC

INCREASED INCIDENCE OF SCARLET FEVER AND INVASIVE GROUP A STREPTOCOCCUS INFECTION - MULTI-COUNTY

The World Health Organization 15 December 2022

For the full story go to: https://www.who.int/emergencies/disease-outbreaknews/item/2022-DON429

Situation at a glance

As of 8 December 2022, at least five Member States in the European Region, reported to WHO an increase in cases of invasive group A streptococcus (iGAS) disease and in some cases also scarlet fever. An increase in iGASrelated deaths has also been reported in some of these countries. Children under 10 years of age represent the most affected age group.

Group A Streptococcal (GAS) infection commonly causes mild illnesses such as tonsillitis, pharyngitis, impetigo, cellulitis and scarlet fever. However, in rare instances, GAS infection can lead to invasive iGAS, which can cause life-threatening conditions.

The observed increase may reflect an early start to the GAS infection season coinciding with an increase in the circulation of respiratory viruses and possible viral coinfection which may increase the risk of invasive GAS disease. This is in the context of increased population mixing following a period of reduced circulation of GAS during the COVID-19 pandemic.

In light of the moderate increase in cases of iGAS, GAS endemicity, no new emm gene sequence type identified and no reports of increased antibiotic resistance, WHO assesses that the risk for the general population posed by iGAS infections is low at present.

CDC HEALTH ADVISORY 12.22.22 INCREASE IN PEDIATRIC INVASIVE GROUP A STREPTOCOCCAL INFECTIONS

FOR THE FULL STORY GO TO: HTTPS://EMERGENCY.CDC.GOV/HAN/2022/HAN00484.ASP

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and public health authorities of a recent increase in pediatric invasive group A streptococcal (iCAS) infections. In November 2022, CDC was notified of a possible increase in iGAS infections among children at a hospital in Colorado. Potential increases in pediatric iGAS cases in other states were subsequently noted by contributors to the Infectious Diseases Society of America's provider-based Emerging Infections Network and by certain jurisdictions participating in CDC's Active Bacterial Core Surveillance System (ABCs). This increased number of pediatric iGAS cases in some jurisdictions has occurred in the setting of increased circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and other respiratory viruses. While the overall number of cases has remained relatively low and iGAS infections remain rare in children, CDC is investigating these reports.

This Health Advisory highlights the recent rise in iGAS infections in children, the increased seasonal risk of iGAS disease for all age groups, and the importance of early recognition, diagnosis, and appropriate treatment of these diseases in children and adults.

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITIES

- 1: Community Preparedness
- 2: Community Recovery
- 3: Emergency Operations Coordination
- 4: Emergency Public Information and Warning
- 5: Fatality Management
- 6: Information Sharing
- 7: Mass Care
- 8: Medical Countermeasures
- Dispensing and Administration
- (Point of Dispensing-POD)
- 9: Medical Material Management
- and Distribution
- 10: Medical Surge
- 11: Nonpharmaceutical
- Interventions
- 12: Public Health Laboratory Testing
- 13: Public Health Surveillance and
- Epidemiological Investigation
- 14: Responder Safety Health
- 15: Volunteer Management

PHP TEAM UPDATES

- The team will continue with on-call scheduling for nights and weekends in preparation for travelers returning from Uganda to be monitored for Ebola exposures. MODHSS has set expectations of immediate response from us when notified of a new traveler(s) arriving in our county.
 - We have monitored traveler(s) from Uganda. They have not developed symptoms and have completed their monitoring period.
 - Uganda must go 42 days (twice the incubation period) from last confirmed case to be declared Ebola-Free. If no new cases are reported by Tuesday January 10th, Uganda will declare the area Ebola-Free on January 11, 2023.
- We have a Communicable Disease Investigator position open.

CAPABILITY 13: PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION

JANUARY 2023 CAPABILTY FOCUS

Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.

- Functions: This capability consists of the ability to perform the functions listed below.
- Function 1: Conduct or support public health surveillance
- Function 2: Conduct public health and epidemiological investigations
- Function 3: Recommend, monitor, and analyze mitigation actions
- Function 4: Improve public health surveillance and epidemiological investigation systems