



Disease of the Month: Hepatitis A

What is Hepatitis A?

- * HAV is caused by the Hepatitis A virus.
* Diagnosis is made based on the presence of an antibody known as HAV-IgM.
* IgM antibodies appear early in the disease and are markers of an acute infection.
* IgM antibodies are replaced by IgG antibodies which persist for life. These show that a person has been exposed to the Hepatitis A virus in the past or has been vaccinated against the disease.

What are symptoms?

- Children usually have no symptoms but one in every four adults who get hepatitis A have symptoms. Symptoms can be:
* Fever,
* Dark urine and diarrhea,
* Jaundice (yellowish eyes/skin),
* Tiredness,
* Nausea/Vomiting, and
* Stomach pain/loss of appetite.

How soon do symptoms appear?

- Infected individuals can transmit the virus to others as early as 2 weeks before symptoms appear. Persons with no symptoms can still spread the virus.
* Symptoms may suddenly appear.
* Incubation ranges 15 - 50 days and average 28 - 30 days.
* Once a person recovers from Hepatitis A, he/she is not likely to get it again.

How is Hepatitis A spread?

- * HAV is found in the stool (poop) of persons with the disease.
* HAV is spread from person to person by putting anything in the mouth that has been contaminated with the stool of a person with hepatitis A.
HAV is also spread by eating:
* food contaminated by infected food handlers, including foods that are not cooked or are handled after cooking, and
* raw or uncooked shellfish from contaminated waters.

- * contaminated produce.
Hepatitis A is NOT spread by coughing, sneezing or other casual contact.

Who is more likely to get it?

- * Travelers to countries where Hepatitis A is more common.
* Persons who share a household or have sexual contact with an infected person.
* Persons who use street drugs.
* Children and employees in child care centers, especially centers that have children in diapers, where a child or an employee has Hepatitis A.
* Men who have sex with other men.
* Anyone eating Hepatitis A contaminated food or drinks.

How can I prevent Hepatitis A?

- Recommendations for preventing Hep A are to get vaccinated and wash your hands well with soap and water after using the toilet and before preparing and eating food and ice for drinks, or changing diapers.

Inside this issue:

Table with 2 columns: Article Title and Page Number. Includes: Disease of the Month: Hepatitis A (1), Tips: Preventing Giardia (1), Special Points of Interest (1), Current News (2), Reported Cases of Selected Diseases (2), Surveillance Report (2).

Special Points of Interest DID YOU KNOW?

There are an estimated 9,000 new people infected with Hepatitis A yearly in the United States. For more information on receiving the Hepatitis A vaccine contact the health department at 918-595-4107.

TIPS: Preventing Giardia

Giardiasis is a diarrheal disease caused by Giardia intestinalis, a one-celled microscopic parasite that lives in the intestine of people and animals. The parasite is passed in the stool of an infected person or animal. Everyone is at risk for getting Giardia but some have a higher risk such as:

- * Child care workers and children attending day care,
* International travelers,

- * People who swallow water from contaminated sources,
* Swimmers, campers, hikers and backpackers who drink or swallow untreated and unfiltered water from lakes, rivers, ponds and streams, and
* People who drink from shallow wells.

Giardia infection can cause a variety of symptoms, which include:

Diarrhea, gas, greasy stools that tend to float, stomach cramps, and an upset stomach or nausea.

However, some people might not show any symptoms at all. There are numerous ways to prevent Giardia, but here are some basic and general recommendations to follow:

- * Practice good hygiene!! Wash your hands with soap and water after using the bathroom and before handling food.

- * Avoid drinking water that might be contaminated from lakes, rivers, or streams.

- * Avoid food that might be contaminated. A tip is to wash and peel all raw fruits and vegetables before eating.



For more information on the symptoms of Giardia, how it is spread and where it can be found click here.

CURRENT NEWS

WEST NILE VIRUS CONFIRMED IN TULSA COUNTY

Tulsa Health Department (THD) officials have confirmed human cases of West Nile virus (WNV) in Tulsa County. As of August 30, 2007 there are 7 confirmed human cases of WNV with 1 resulting in death in Tulsa County.

THD wants to remind the public to take precautions against WNV. The months of July through October are the highest risk months for exposure to WNV in Oklahoma. To protect against mosquitoes, remember the "4 D's of Defense" prevention tips. They include the following:

* Dusk & Dawn: Avoid outdoor activities during these prime times due to mosquito activity.

* Dress: Wear long sleeves and pants when outside to cover the skin.

* DEET: Use an insect repellent containing DEET (N, N-diethyl-m-toluamide) when outdoors and reapply according to the directions.

* Drain: Drain items that collect standing water around your home, yard, or business. Scrub and re-fill pet water dishes and bird baths regularly.

Nationally there are 741 confirmed cases of WNV with 21 of those resulting in death. In Oklahoma, there are 30 confirmed cases of WNV, with 3 deaths. For more information on WNV, [click here](#).

The Tulsa Health Department collects Emergency Room chief complaint data to monitor the emergence of illnesses, such as influenza, in our community. For additional information on THD's county-wide surveillance system please [click here](#)

REPORTED CASES OF SELECTED DISEASES

Disease	Tulsa County		Oklahoma	
	Cases Reported Year-to-Date 2007	Cases Reported Year-to-Date 2006	Cases Reported Year-to-Date 2007	Cases Reported Year-to-Date 2006
<i>Campylobacter</i>	29	31	303	269
<i>E. coli</i> O157:H7	1	5	13	24
<i>Giardia</i>	12	13	81	110
Hepatitis A	6	3	3	7
Hepatitis B	106	20	81	88
Hepatitis C	236	232	836	974
Rabies (Animal)	1	2	65	52
Salmonella	40	46	287	383
Shigella	37	10	71	132

Discrepancies between state and county numbers may result from cases being reported directly to the county. Also, Tulsa County totals for Hepatitis B includes perinatal cases.

Surveillance Report

The Tulsa Health Department (THD) throughout the year utilizes numerous types of surveillance systems to monitor the health of the residents of Tulsa County. In public health, surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health related event for use in emergency and non-emergency situations to reduce disease and improve health.¹ Surveillance systems can vary from simple systems that collect data from a single source to systems that receive data from many sources in different formats electronically. Three common systems used in public health are:

Passive Surveillance: a system in which either available data on reportable diseases is used or reporting is mandated or requested with the responsibility for the reporting often falling on the health care provider or district health officer.²

Active Surveillance: a system in which staff make periodic field visits to health care facilities such as clinics and hospitals to identify new cases of a disease or diseases or deaths from diseases that have occurred (case finding)³.

Syndromic Surveillance: collecting and analyzing nontraditional data to detect a change or trend in the health of a population. Traditionally, syndromic surveillance referred to the collection and analysis of syndrome-related data, but has expanded to include many nontraditional data that may indicate a potential bioterrorism event has occurred.

Currently THD has six surveillance systems that are monitored throughout the year. They are: School Absenteeism Surveillance System (SASS), Business Absenteeism Surveillance System (BASS), Reportable Disease Surveillance, Tulsa Area Syndromic Surveillance System (TASSS), Seasonal Surveillance, and Influenza Surveillance. Be sure to read next month's newsletter for a brief description of each of these surveillance systems.



¹ Updated Guidelines for Evaluating Public Health Surveillance Systems, MMWR Vol. 50, No. RR-13, July 27, 2001.

² Epidemiology 2nd ed., Gordis, Leon. p 57

³ Epidemiology 2nd ed., Gordis, Leon. p 57