

Board of Health Update

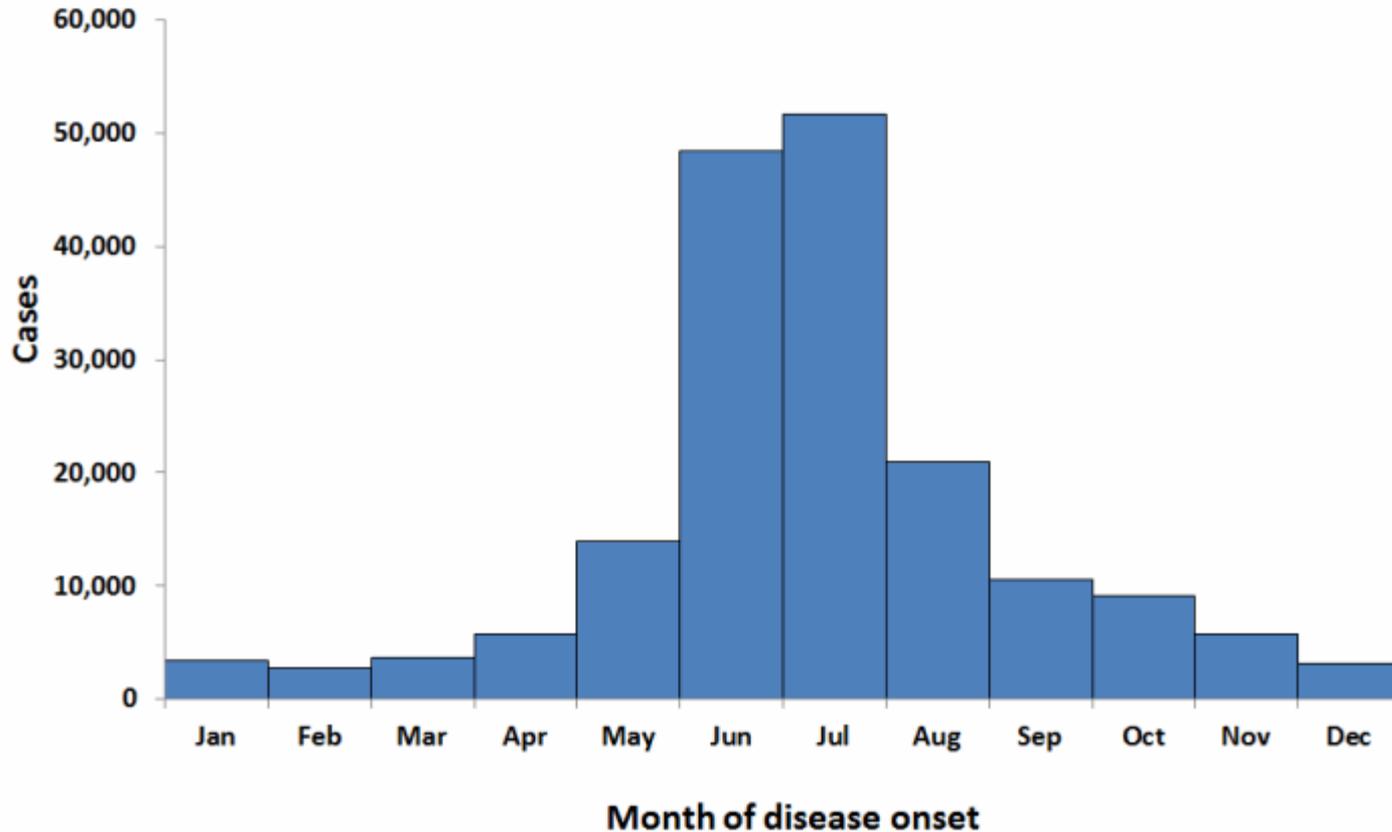
Susan Kelly, Health Officer
Harford County Health Department
October 21, 2014



Public Health
Prevent. Promote. Protect.

**Harford County
Health Department**

Confirmed Lyme disease cases by month of disease onset--United States, 2001-2010



Lyme disease patients are most likely to have illness onset in June, July, or August and less likely to have illness onset from December through March.

Seasonal Influenza

The single best way to prevent the flu is to get a flu vaccine each season

- **Flu Signs & Symptoms include:**

- Fever* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (very tired)
- Vomiting/Diarrhea (mostly children)

**Not everyone with flu will have a fever*



Seasonal Influenza

- Seasonal flu vaccine - safe and effective
- Recommended for everyone 6 months and older with rare exceptions
- Vaccination – Pharmacies, physicians, HD
- FluMist administered in elementary schools- 8,953 dose for HCPS (52%); then non-public schools

Your risk of getting the flu is much higher than getting Ebola. Why?

The common cold or the flu spreads much faster and easier than Ebola because it travels through the air (an infected person coughs or sneezes into the air) and droplets can be breathed in by others and land on surfaces that are later touched by others who then touch their own mouth or nose.

Please consider getting a flu vaccination this year.

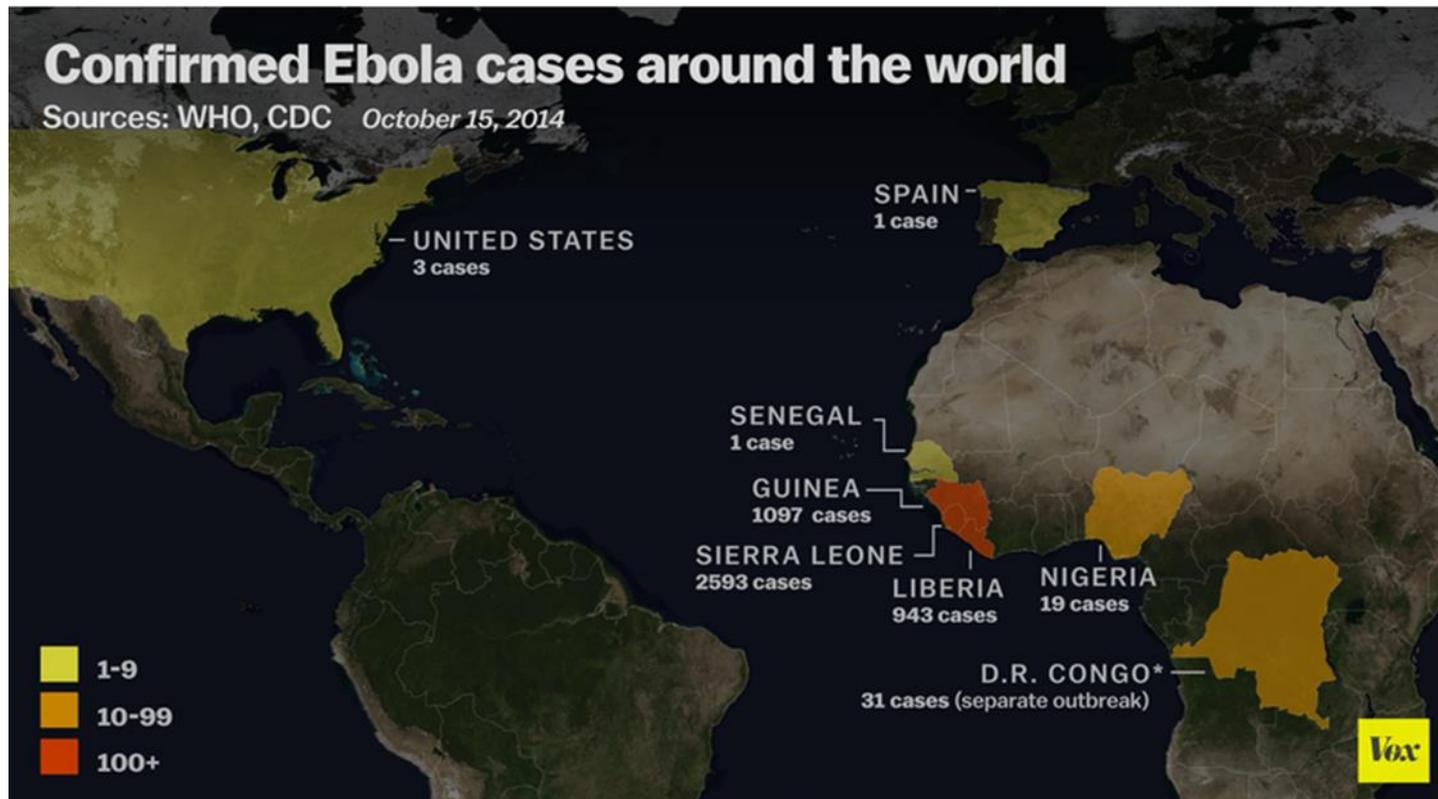
There were 48,614 deaths resulting from flu during the 2003-2004 flu season, 152 of those deaths were children. During the 2013-14 flu season, 108 children died.

EBOLA- What You Need to Know



The Largest Ebola Outbreak in Recorded History

- The Ebola virus has now hit five countries: Guinea, Liberia, Sierra Leone, Nigeria, and Senegal. (There is also a separate outbreak happening in the Democratic Republic of the Congo.)
- As of October 20th there have been [9,216 cases with 4,555 deaths and a 50% case fatality](#).



Other Ebola Outbreaks

Only 7 other of the few dozen past outbreaks have involved more than 100 cases, and before now, the largest outbreak was in Uganda between 2000 and 2001, in which 425 people were infected and 224 died.

Since Ebola first appeared in Zaire and Sudan in 1976, only 19 outbreaks have had more than 10 victims, and around 2,000 people in total have died from the disease. *By comparison, malaria kills some 3,200 people a day, and diarrheal diseases some 4,000. Snakes and other venomous animals cause some 55,000 deaths a year — 27 times more than the entire number of people killed by Ebola in 38 years.*

Why is the outbreak continuing in Guinea, Sierra Leone and Liberia?

- 1) The sheer size of the outbreak is stretching response teams.
- 2) This is the first major Ebola outbreak in West Africa and therefore many of this region's health workers did not have experience or training in how to protect themselves or care for patients with this disease.
- 3) Local health authorities and international organizations such as WHO and Doctors Without Borders are also struggling to control the spread in these areas because of a lack of trust and cooperation among the affected populations.
- 4) According to the WHO, not all people who are infected are getting or seeking care, and so are passing the virus on to family and other close contacts.
- 5) Families are often continuing to perform traditional burial rites that involve mourners having direct contact with the bodies of the dead – and unfortunately all too often Ebola.

How is the Ebola virus transmitted?

- 1) Objects (like needles and syringes or clothing or bed linen) that have been contaminated with the virus.
- 2) Infected animals (mammals)
- 3) Direct contact (through broken skin or mucous membranes in, for example, the eyes, nose or mouth) with blood or body fluids of a person who is sick with Ebola.
- 4) Once someone recovers from Ebola, they can no longer spread the virus.

Is Ebola hard to catch?

- YES. People are generally NOT infectious until they are sick.
- The virus is NOT spread through air, water, or in general, by food. There is no evidence that a mosquito or other insects can transmit the Ebola virus.



You can only get Ebola from:

- Touching the blood or body fluids of a person who is sick with or has died from Ebola.
- Touching contaminated objects, like needles.
- Touching infected animals, their blood or other body fluids, or their meat.



Who is at greatest risk of becoming infected?

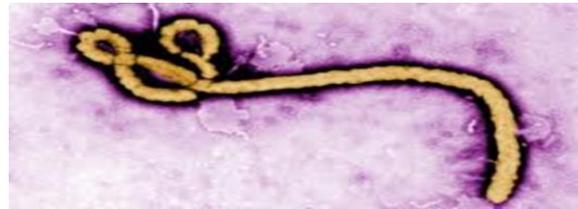
- 1) Healthcare providers caring for Ebola patients.
- 2) Family members and friends in close contact with Ebola patients.

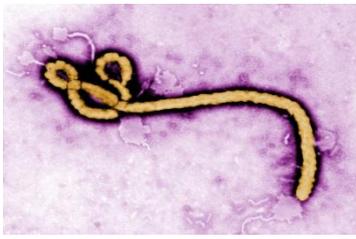
They may come in contact with infected blood or body fluids of sick patients.



How long can the virus exist outside a human host?

- The viruses can only replicate in living tissue; so once any organism (host) dies, there can be no more replication of a virus.
- We can kill the virus pretty easily through bleach and Lysol and alcohol, and a host of different things. Once it gets out in the environment, it's not particularly hardy.
- You can't give an exact number of hours or days because there has not been a lot of research.
- Viruses don't like heat and light. If that virus is out in an area where there's a lot of heat and light, then it's going to be inactivated relatively soon.





Ebola FAQs:

- **What is Ebola?**
 - Ebola is a virus spread through direct contact with blood or body fluids of person who is sick with Ebola. It is rare, but deadly.
- **Who is at risk for Ebola?**
 - People who have traveled to Liberia, Sierra Leone, or Guinea in the past 21 days – or been exposed to anyone with documented Ebola Disease.
- **What are the symptoms for Ebola?**
 - Fever, headache, muscle pain, weakness, vomiting, diarrhea, abdominal pain, bleeding/bruising.
- **What are important key messages for everyone?**
 - Wash hands frequently.
 - If ill stay home and call your medical provider.
 - Avoid contact with body fluids of anyone ill.
 - Get your flu vaccine.

Public Health Accreditation

Accreditation is a process that ensures public health departments are meeting standards and continuously enhancing the quality of services. It consists of:

- **12 domains**
- **32 standards**
- **97 performance measures**

HCHD submitted **11,623** pages of documentation.
Site Review scheduled for January 2015



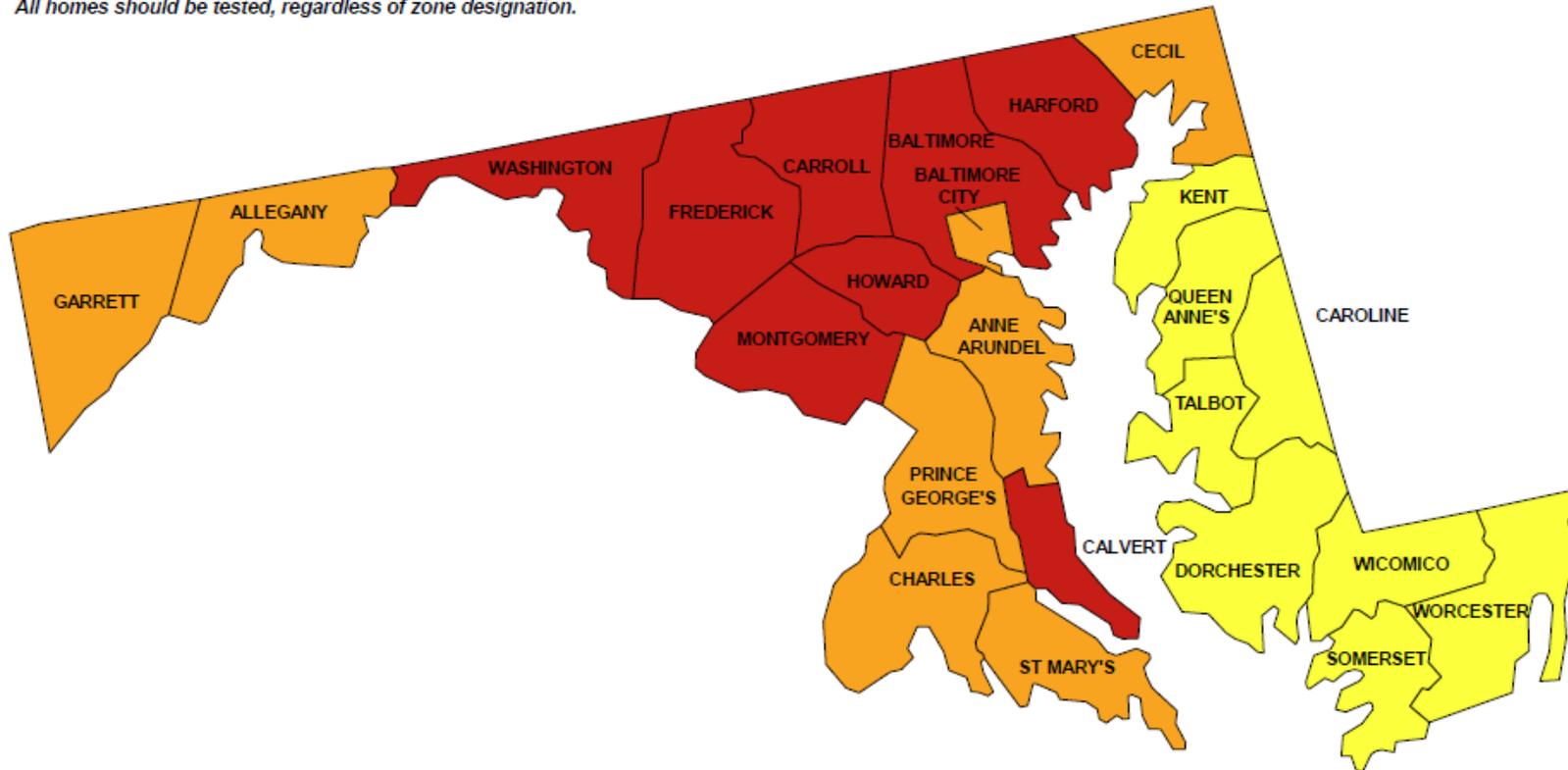
MARYLAND - EPA Map of Radon Zones

<http://www.epa.gov/radon/zonemap.html>

The purpose of this map is to assist National, State and local organizations to target their resources and to implement radon-resistant building codes.

This map is not intended to determine if a home in a given zone should be tested for radon.

All homes should be tested, regardless of zone designation.



Zone 1



Zone 2



Zone 3

IMPORTANT: Consult the publication entitled "Preliminary Geologic Radon Potential Assessment of Maryland" (USGS Open-file Report 93-292-C) before using this map. <http://energy.cr.usgs.gov/radon/grpinfo.html> This document contains information on radon potential variations within counties. EPA also recommends that this map be supplemented with any available local data in order to further understand and predict the radon potential of a specific area.



JOHNS HOPKINS
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Radon Mitigation Literature Review for Harford County Health Department

- Harford County is a high radon risk county with a predicted average indoor residential screening level $> 4\text{pCi/L}$, the EPA recommended level for remediation.
- General consensus among scientific community that exposure to high radon levels increases risk of lung cancer over the lifetime
- Radon remediation has been found to reduce the long-term risk of lung cancer.
- Radon mitigation interventions are effective in reducing concentrations in residential buildings.
- Radon remediation measures in newly constructed homes are more cost effective than implementing changes in already existing homes.
- In Maryland, many counties have local building codes related to radon-resistant new construction.

Local Health Improvement Process

Three Priorities

- ***Obesity*** – Increase access to healthy foods, enhance the built environment, create a culture of wellness and increase physical activity and healthy eating in schools, child care and workplaces. ***Highlight- 1,500 people attended Healthy Harford Day; 75 vendors and an expanded venue***
- ***Tobacco*** – Raise community awareness, encourage adoption of tobacco free policies, offer cessation classes to workplaces, explore policy changes related to tobacco sale enforcement and e-cigarettes. ***Highlight- E-cigarette position paper***
- ***Behavioral Health*** -Develop mechanisms to integrate substance abuse and mental health treatment programs and improve delivery of behavioral health services. ***Highlights- Naloxone training & certification, ODFRT, Out-patient Mental Health Center at HD***



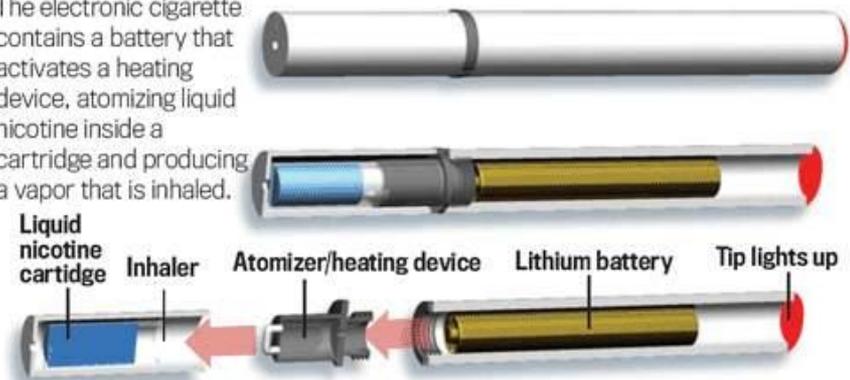
What are Electronic Cigarettes (E-cigarettes)?

- Battery powered vaporizer which simulates tobacco smoke by producing a vapor.
- Uses a heating element (atomizer), that vaporizes liquid nicotine and other chemicals.
- Unlike traditional cigarettes, e-cigarettes are not regulated by the FDA and not subject to quality controls.



How an electronic cigarette works

The electronic cigarette contains a battery that activates a heating device, atomizing liquid nicotine inside a cartridge and producing a vapor that is inhaled.



Source: allhookah.net

Tim Summers / The Detroit News

E-cigarettes

- E-cigarette sales have increased from 50,000 in 2008 to 3.5 million in 2012.
- E-cigarette experimentation and recent use doubled among U.S. middle and high school students during 2011–2012, resulting in an estimated 1.78 million students having ever used e-cigarettes as of 2012.
- And an estimated 160,000 students who reported ever using e-cigarettes had never used conventional cigarettes.

Source- CDC

What Can You Do About E-cigarettes?

A Public Health Threat

E-cigarettes pose a significant public health threat, not only for what is already scientifically proven about them, but equally for what is not yet known about their possible health impact.

Tobacco Workgroup Position

The Harford County Local Health Improvement Coalition (LHIC) Tobacco Workgroup recommends that until the regulating authorities say otherwise, e-cigarettes should be treated as other tobacco products regarding their use restriction in public places, offices, and government buildings, and be subject to the same human resource and school policies as traditional tobacco products.

Questions/Comments

Contact us at

www.harfordcountyhealth.com



Public Health
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