



# The Englewood Health Watch

## El Observador de Salud de Englewood

a Newsletter Published by the Englewood Department of Health

Nelson Xavier Cruz, MS, MBA  
Director, Health Services



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#### Controlling Childhood Asthma

One of the most common childhood diseases is asthma, with more than 6 million children diagnosed with asthma by the age of 18. Asthma is a chronic, inflammatory disease of the airways that causes the normal functioning of the airways to overreact. The excess production of mucus, swelling and airway muscle contraction is caused by inflammation. These changes produce temporary airway obstruction, chest tightness, coughing and wheezing. In some cases, asthma causes low blood oxygen and even death. If the patient or caregivers are aware of warning signs, asthma can be controlled. Early warning signs include coughing, chest tightness, feeling tired or worn out, rapid breathing and wheezing. Keep in mind that there are times that wheezing can only be heard with a stethoscope.

Medications for asthma include quick-acting, inhaled medications. They are often referred to as “puffers” or rescue medications and work quickly by opening tightened breathing passages and relaxing the airway muscles. These quick-acting inhalers only last for a short time. Long-term medications can be administered through inhalers or taken orally and should be taken daily or as prescribed by the doctor. Another important thing to consider is a written asthma management plan. Make a list of the “triggers” or symptoms for your child. The child’s medicine should be included in this plan.

The environment can effect asthma. Here are some suggestions to make a setting safe and healthy for a child with asthma. Wipe surfaces and floor with a damp cloth instead of sprays. Vacuum when children are not present. Keep clutter in closets or closed boxes to prevent dust accumulation. Smoking of any kind should never be allowed. Use exhaust fans in bathrooms, kitchens and basement areas to reduce humidity and mold growth. Do not allow furred or feathered pets in childcare setting. Curtains, drapes and fabric need to be vacuumed often. Do not allow children to nap on or lay on carpet or area rugs.



#### Prepared for a Tornado?

The American Red Cross has outlined a checklist for homeowners to use to prepare for a tornado. The major points of the checklist are:

Designate a place where your family can gather if a tornado is headed your way. Basements or a center hallway or closet on the lowest floor are suggested locations. Assemble a disaster supply kit containing:

First aid kit and essential medications. Canned food and can opener. Drinking water - 3 gallons per person is suggested. Protective clothing, Bedding or sleeping bag, battery powered radio, flashlight and extra batteries, special items for infants, elderly, or disabled family members. Written instructions on how to turn off electricity, gas, and water if authorities advise you to do so.

Listen to local radio and TV stations for updated storm information and understand what a tornado watch and tornado warning mean. Watch means a tornado is possible in your area. Warning means a tornado has been sighted and may be headed your way. Go to safety immediately. Spring is the time of year to understand what a tornado watch and tornado warning mean.

#### Measles Outbreak in the United States

On April 2, 2008, CDC (Centers for Disease Control and Prevention) issued an advisory regarding an ongoing imported measles outbreak in Arizona. The first case occurred in an adult from Switzerland, hospitalized with measles and pneumonia on February 12. The hospital had to verify the immune status of all healthcare personnel and provide vaccinations for all those with no evidence of immunity. In January and February, 11 measles cases were reported in San Diego, related to an unvaccinated child who traveled to Switzerland, where a measles outbreak is ongoing. This scenario is more likely to be repeated over time because of our global world, where people can travel from one continent to another in hours, and the risk of importation and transmission is very high.

Although measles is no longer endemic in the U.S, it is in most countries in the world. Also called rubeola, measles is a serious and sometimes fatal respiratory illness caused by a virus, paramyxovirus, that lives in the mucosa of the nose, throat, and mouth. It is spread through respiratory droplets when the infected person speaks, coughs, or sneezes. Infected droplets may also land on surfaces where they remain active for several hours. Measles is extremely contagious – 90% of individuals’ close contacts will become infected if they are not immunized – and is characterized by fever that can spike to 104°-105°F, persistent cough, running nose, conjunctivitis, sore throat, and Koplik’s spots (bright red spots with bluish white center on the buccal mucosa opposite to the first and second upper molars). The skin is covered with a red blotchy rash that starts in the face and spread downward to the chest, back and finally to thighs and feet. Lasting about 10 to 14

days, measles can be severe – even deadly. Most people recover completely, however recovery can be delayed by many complications: encephalitis (an inflammation of the brain), ear infection, pneumonia, bronchitis, laryngitis, or low platelet count which may increase bleeding tendency.

Mortality is 2/1,000 in the U.S., but much higher in developing countries. Malnutrition and vitamin A deficiency may predispose to mortality. The best treatment for measles is prevention. A live attenuated vaccine, MMR (measles, mumps, and rubella), is administered to all children at 12 months of age and older. It is highly recommended for pregnant women, and all individuals traveling outside the United States. Two doses are recommended. These vaccines provide long-lasting immunity.

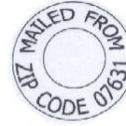
Nowadays, many are opting against immunization. One must weigh the benefits against the harm that it can do. Because of high immunization rates in the U.S. (82% to 98%), according to the CDC, herd immunity provides some protection to non-immunized people. Before making this decision, parents must remember that their children do not live in a bubble. The San Diego outbreak is the perfect example.

#### Get Wishes To All Mothers and Fathers

**Mother's Day - Sunday, May 11<sup>th</sup>**

**Father's Day - Sunday, June 15<sup>th</sup>**

*Editor's Note: We wish to acknowledge the City of Passaic Department of Health as the source of the "Inspections of Food Establishments" article in the March/April 2008 edition of the Englewood Health Watch.*



## NJ Dept of Health & Senior Services

### Guide to Proper Handling of Bat Exposures

Rabies in humans is rare in the U.S. - usually 1-2 cases per year. The most common source of human rabies in the U.S. is bats. Bats have increasingly been implicated as wildlife reservoirs in the transmission of rabies to humans. Among the 19 naturally occurring cases of rabies in humans from 1997 to 2006, 17 (90%) were associated with bats. Annually in New Jersey, approximately 1,000 bats are submitted for laboratory testing, with 40 confirmed positive for rabies.

A Warren County man died of rabies on October 23, 1997, apparently from contact with bats in his home in July. There was no known history of the patient being bitten or scratched, but he did remove several bats from his residence using "rags" over his hands to protect himself. This was the first human case of rabies in NJ since 1971, when a person who was bitten by a rabid bat refused to complete rabies treatment (post exposure prophylaxis) and eventually developed the disease and died.

Rabies post exposure prophylaxis (PEP) is recommended for all persons with a known or suspect bite, scratch, or mucous membrane exposure to a bat unless prompt laboratory testing of the bat has ruled out rabies infection. PEP may be appropriate even in the absence of a demonstrable bite, scratch or mucous membrane exposure in situations where there is a reasonable probability that such an exposure occurred.



Because bat bites may be less severe, heal rapidly, and, therefore, be more difficult to find or recognize than bites inflicted by larger mammals, PEP may also be considered for:

- 1.) Direct (bare skin) contact between a human and a bat, unless the person can be certain that an exposure did not occur, and
- 2.) Persons in the same room as a bat and who might be unaware that a bite occurred, such as:
  - a. an unsupervised infant,
  - b. a sleeping adult, or
  - c. an intoxicated or mentally disabled person.

The absence of an identifiable bite wound should not negate the decision to treat, as bat bite wounds are extremely small and may be virtually undetectable within hours. **An awake person merely being in close proximity to a rabid or suspect rabid bat does not constitute an exposure, however.** In general, PEP is not recommended for other household members who do not meet the exposure criteria described above.

Physicians should consider initiating immediate rabies post exposure prophylaxis for bite bites, prior to completion of the rabies testing in the following high-risk cases:

- 1.) Where there are bites to the face or neck,

- 2.) The bat was aggressive or ill, or
- 3.) When testing is delayed.

**Contact with downed bats and other ill-appearing wildlife should be avoided** and all physical contact with bats should be carefully evaluated by a physician for possible rabies PEP. It should be emphasized that PEP may be indicated even in the absence of puncture wounds or specific history of a bite.

Because reduction of bat populations is not a feasible or desirable strategy for rabies control in bats, **human and domestic animal contact with bats should be minimized by physical exclusion of bats from houses and surrounding structures by sealing entrances used by bats.** Bats should not be routinely captured or handled and should never be kept as pets.

In addition, all dogs and cats should be currently vaccinated against rabies to provide a barrier to human exposures to wildlife rabies through pets.

For additional information on bats and rabies:

*State Health Department*

Infectious and Zoonotic Disease Program (609) 588-3121

[http://www.state.nj.us/health/cd/f\\_rabies.htm](http://www.state.nj.us/health/cd/f_rabies.htm)

<http://www.state.nj.us/health/cd/bats.htm>

*Centers for Disease Control & Prevention*

[http://www.cdc.gov/ncidod/dvrd/rabies/bats\\_&\\_rabies/bats&.htm](http://www.cdc.gov/ncidod/dvrd/rabies/bats_&_rabies/bats&.htm)

### Corrections to Vital Records

Once a birth, marriage, civil union, or death certificate has been filed with the office of the Registrar, most often it cannot simply be replaced when a mistake was made on the original. A correction (amendment) will be necessary, which must be filed with the State Health Department, and the processing can take up to 6 weeks (or more) - depending on the type of correction/amendment to be made. It is advisable for the informant (individual providing the facts regarding the event) be careful and knowledgeable concerning the event and the person whose information is being recorded.

For instance, if the individual's social security number is incorrect on their death certificate, it is considered an ancillary item - meaning that an amended death certificate can be issued immediately, providing that a correction form has been completed. Non-ancillary items include the individual's name, date of death, place of death, cause of death and marital status. Any corrections to this information must be approved by the State Health Department and returned to the appropriate municipality (where the death occurred) before amended/corrected death certificates can be issued.

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