Assessing the Risk and Responding to Bacterial Meningitis at the Community Level

(By Richard Thoune, Director)

Two families in our community have been tragically affected by the loss of loved ones during the month of February. Meningitis, an inflammation of the brain and spinal cord, has been indicated as the cause of death in both cases. For parents, other family members of those lost, and the larger community, meningitis is a frightening and unexplainable disease that everyone feels vulnerable to contracting, regardless of the setting.

To help the public better understand the risk that bacterial meningitis truly represents in the community and how the response is organized, we have prepared some frequently asked questions.

What does it mean when a case of “bacterial meningitis” is reported? Do other people in the community face any special risks?

Generally, the answer is no. Although outbreaks of this disease do occur, they are relatively uncommon. Most cases are isolated and sporadic, and they don’t signal the beginning of any sort of “outbreak.” It’s relatively rare to see two or more related cases occurring in the same place, within the same general time frame. When they do occur, these “clusters” of illness are generally confined to some setting like a school or college. The recent cases in Dickinson County have no known link and represent isolated and sporadic cases.

What exactly is this disease? And how do you get it?

The illness referred to as “bacterial meningitis” is caused primarily by three types of bacteria. These are Neisseria meningitidis, Streptococcal pneumoniae, and Hemophilus influenzae. The bacteria of most concern is Neisseria meningitidis. But N. meningitidis is only one of several disease-causing agents—including these bacteria and viruses—that can cause meningitis. Meningitis is simply the name given to any illness involving an infection of the lining around the brain and spinal cord. At the same time, N. meningitidis can also cause other very serious problems - most notably, a type of blood infection known as meningococcemia.

So not all meningitis is caused by N. meningitidis? And not all “meningococcal disease” is meningitis?

That’s correct. There are many types of meningitis, and they can vary in severity. At the same time, meningooccal disease can be very serious—potentially even life-threatening—even when it does not involve meningitis.

How great is the risk of passing this illness from one person to another? Just how contagious is it?

Depending on the bacteria, most are commonly found in the nose and throat and airway of healthy people. The bacteria can be spread directly from person to person in small droplets of saliva or nasal secretions. Of the people who carry the bacteria in the nose and throat, only a very few will develop disease. However, people who carry the bacteria can sometimes transmit it to others, who will in turn become sick. (Cont. on page 3)
March is National Poison Prevention Month  
(Source: DeVos Children’s Hospital Regional Poison Center)  

“Go Red For Women” Campaign  
(By Kelly Rumpf, Health Educator)  

Act Fast!  
Call when a person eats or drinks poison, gets poison on skin, in eyes, or inhales a poison. Remember: all substances are potentially poisonous. All questions are important. Do not hesitate calling if you have a concern.  

**Inhaled Poisons**  
Immediately get the person to fresh air. Avoid breathing fumes. Open doors and windows wide. If victim is not breathing, start artificial respiration.  

**Poison to the Skin**  
Remove contaminated clothing and flood skin with water for 10 minutes. Then wash gently with soap and water and rinse.  

**Poison in the Eye**  
Flood the eye with lukewarm (not hot) water poured from a large glass 2 or 3 inches from the eye. Repeat for 15 minutes. Have patient blink as much as possible while flooding the eye. Do not force the eyelid open.  

**Swallowed Poisons**  
**Medicine:** Do not give anything by mouth until calling for advice.  
**Chemical or Household Products:** Unless patient is unconscious, having convulsions, or cannot swallow -- give milk or water immediately -- then call for professional advice about whether you should make the patient vomit or not.  

Always keep a one-ounce bottle of Syrup of Ipecac for each child or grandchild in the home. Use only on advice of poison control center, emergency department or physician.  

What you Should do if you Suspect Someone has been Poisoned  
- Stay calm.  
- Do not wait for symptoms to appear.  
- Call the Regional Poison Center at 1-800-222-1222. Be prepared to give the facts (victim’s age, weight, etc.)  
- Have the label ready when you call.  
- Listen carefully and follow instructions exactly.  
- Estimate the time the accident occurred.  
To learn more and receive additional information on DeVos Children’s Hospital Regional Poison Center in Grand Rapids, Michigan visit http://poisoncenter.devoschildrens.org.  

A Campaign to Mobilize Women for Heart Disease Awareness  
The Dickinson-Iron District Health Department recently participated in the American Heart Association’s national Go Red For Women campaign on Friday, February 4th to help raise awareness of cardiovascular disease, the No.1 killer of women in America. The initiative was to encourage women to take charge of their heart health by making it a top priority so they can live stronger, longer lives. It’s also intended to build awareness of heart disease, which claims nearly a half million women’s lives every year.  

Recently, the health department offered a heart health screening for a minimal fee on Friday, February 4th for all women over the age of 18. For those women who wore red to their screening, a discount was given.  

Women were encouraged to wear red on “National Wear Red Day for Women,” Friday, February 4, 2005 to support all women who have been touched by heart disease or stroke. Red symbolizes women’s power to take control of their health and is a reminder of the passion we all feel for the women whose lives have been affected.  

Through the Go Red For Women campaign, the American Heart Association seeks to improve the women’s heart health by providing education and tools about women and heart disease to help women reduce their risk by providing information on healthful eating, exercising, quitting smoking, maintaining a healthy weight, blood pressure and blood cholesterol, and controlling diabetes.  

Our focus is to empower women to reduce their risk of heart disease and stroke. The Go Red For Women campaign outlines a plan to help women take action against heart disease and make heart disease prevention a part of their life.  

Call 1-888-MY-HEART (694 – 3278) to receive the American Heart Association’s red dress pin, a women and heart disease brochure and wallet card to track your cholesterol, blood pressure and weight or visit www.americanheart.org for more information on Go Red For Women.  

“The Public Health: Protecting an entire community and one individual at a time.”
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How easy is it to pass the bacteria from one person to another?

Not very. It generally requires close personal contact - involving things like kissing, passing around a water bottle or a can of pop, or sharing smoking materials. Family members may also be at increased risk. But without that kind of contact, you face no special risk of getting this illness. People who have had contact with a family member or close contact of a patient with the illness, but have had no direct contact with the patient themselves, are not at increased risk of getting meningococcal disease. It’s also important to understand that the bacteria don’t tend to survive very long outside the body. They can’t “infect” homes or buildings, or “contaminate” physical objects. Again, people become infected through contact with other people—not simply by spending time in a building, a neighborhood, or a particular community.

Does anything need to be done if this illness appears in your community?

The risk of getting this illness is generally very low, even for people who have had close personal contact with an ill individual. However, as a precaution, they may be advised to take an antibiotic. The number of people who’ve had that kind of contact is typically very small, so it’s usually possible to contact each of them directly. That’s usually done by your state or local health department. If you haven’t been contacted—and you believe you have had sufficiently close contact with an ill individual to place yourself at risk—you should contact your health department. In those rare cases where there is evidence of a possible outbreak, public health officials may take the precaution of immunizing a particular group of people against the illness—students in a particular school, for example. Even when that step is deemed necessary, there is generally no increase in risk for the broader community.

How serious is this illness? And what are the symptoms?

While relatively rare, meningococcal disease is very serious, and potentially life-threatening. People who may have this illness should be seen by a physician. The symptoms may include fever, vomiting, headache, stiff neck, extreme sleepiness, confusion, irritability, lack of appetite, a type of rash and, in some cases, seizures. It takes approximately one to 10 days from the time a person is exposed to the bacteria until the symptoms appear.

People need to assess their level of risk for contracting meningitis based on sound, rational and factual information. If you believe you have had close contact as described above with someone who has been diagnosed with bacterial meningitis, contact your local health department for further information, assessment and guidance. Unnecessary, unwarranted and inappropriate demands for testing and antibiotic treatment when it is not indicated places an enormous strain on the health care system and is an ineffective and inefficient use of expensive health care resources. It also has the potential to increase the resistance of bacteria to antibiotic drug regimens in use today. Public health continues to encourage people to practice important preventive measures to control the spread of illnesses by thorough and frequent hand-washing, especially after using the bathroom, covering all coughs and sneezes, and being careful to not share drinking or eating utensils.

Dickinson-Iron Tobacco Free Community Coalition Seeks Your Support!

The Dickinson-Iron Tobacco Free Community Coalition seeks community support and involvement. If you’re concerned about the effects secondhand smoke has on you and your family, your assistance, support and “voice” is needed. Secondhand smoke can be deadly, and it’s time for all of us to take action to protect ourselves and the public’s health from it.

Did you know that secondhand smoke contains approximately 43 cancer-causing agents called carcinogens? Anyone who is around secondhand smoke, especially infants and young children, are susceptible to an overwhelmingly amount of unnecessary health problems and complications. It some cases it can even lead to death. Secondhand smoke is the third leading cause of preventable death in this country, killing 53,000 nonsmokers in the U.S. each year. Each year secondhand smoke causes up to 300,000 lower respiratory tract infections in children less than one and a half years of age, and hospitalizes up to 15,000 of them. Children exposed to secondhand smoke are more likely to have middle-ear disease and reduced lung function. They also suffer from more coughing, wheezing and asthma.

In addition, workers exposed to secondhand smoke on the job are 34% more likely to get lung cancer, and separate ventilated areas are simply too costly to implement and haven’t proven to be completely effective.

The best method for controlling exposure to secondhand smoke is to eliminate tobacco use from public places and the workplace and implement a smoking cessation program to support smokers who decide to quit.

Anyone interested in supporting the coalition or would like to learn more about it, please contact Kelly Rumpf, Coalition Chair at 779-7234.

“Public Health: Protecting an entire community and one individual at a time.”
National Public Health Week 2005 will focus on empowering Americans to live stronger, longer!

Taking preventive action and adopting a healthier lifestyle is critical. Research shows that many of the deterioration symptoms that come with age are a matter of influence and mindset, not genetics. Many Americans often miss simple opportunities to prevent health problems by practicing healthy living. Simple prevention measures such as removing safety hazards in the home, healthy built environments and small lifestyle changes can empower Americans to stay healthy and get more from their later years.

Today, several chronic diseases can be treated, if they are detected in time. However, many Americans are not taking measures necessary, such as early detection and screening, to protect their health. Consequently, many older Americans over age 65 are not regularly screened despite the availability of effective screening tests. Families and communities can play a critical role in ensuring that they protect their own health and that of their aging loved ones. Currently, more than 14 million U.S. workers care for aging family members, and two-thirds of Americans who are under age 60 think they will have elder care responsibilities in the future. These facts make it even more essential that we teach the three Ps (Prevent, Protect and Plan) to all Americans young and old.

The good news is Americans can live longer healthier lives by working with their family members and health care providers to manage their conditions. Americans can develop a plan to manage their health that will promote a higher quality of life in later years.

Visit www.apha.org/nphw for more information.