



CHICKAHOMINY HEALTH NEWS

NEWSWORTHY

Salmonellosis and Peanut products in the U.S.

As of February 22nd, over six hundred-sixty (N=666) people have been infected with the strain of *Salmonella Typhimurium* involved with the outbreak associated with peanut-containing products. The outbreak has hit all but five states in the US, with Ohio (n=94) and California (n=76) being hit the hardest. Virginia (n=21) is one of 8 states having more than 20 cases; but we have not seen any new cases for several weeks. Within our local area, three (3) cases of salmonellosis have been linked to this national outbreak.

Meet the new Planner

Steven Parker, BS, started working for us on February 10th. He takes over for the recently retired, Bob Wilburn, as the District Planner. Steven previously served as the interim District Planner in Henrico County. He holds a Bachelor of Science degree in Homeland Security and Emergency Preparedness from Va. Commonwealth University.

Rabies prophylaxis

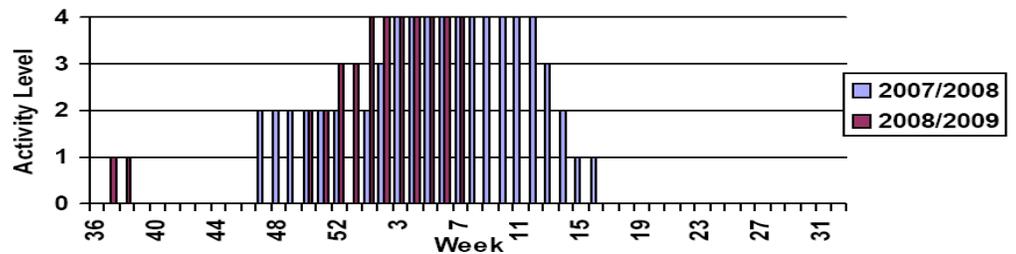
Just a reminder for those seeing persons potentially exposed to rabies: If the patient has already been vaccinated for some prior reason, then Human Rabies Immunoglobulin (HRIG) should NOT be given as it may negate immunity due to previous vaccinations. Instead, please give booster shots on Day 0 & Day 3 only.

Contact Us

Chickahominy Health District
12312 Washington Hwy
Ashland, VA 23005
District Director
W. Ted Tweel, MD MPH
Phone: 804-365-4313
Fax: 804-365-4355
E: Ted.Tweel@vdh.virginia.gov
Emergency (after hrs): 866-531-3068
URL: www.vdh.virginia.gov/LHD/Chickahominy/

SPOTLIGHT: INFLUENZA

A Comparison of Two Flu Seasons:
Based on Hospital ED and Urgent Care Data



Data are presented by week, with the first Sunday to Saturday week in January as week 1.
Activity Levels: 0= No Activity, 1=Sporadic, 2= Local, 3= Regional, 4= Widespread.

Central Region Influenza Types Isolate Counts through 2/21/09

A (H1) = 9 (32% of 28 total positives)
A (H3) = 6 (21%)
A (unknown) = 8 (29%)
B = 5 (18%)

The following table is provided to assist you in determining the appropriate treatment of your patients with Influenza. While the numbers are small, those specimens which have been characterized show there to be a slight predominance of H1 over H3 currently in our community; as such, it may be prudent to consider Zanamivir as your medication of choice for your patients with influenza.

COMMUNICABLE DISEASE

What we are seeing in Chickahominy:

Dec '08 & Jan '09 Reported Diseases

- 7 MRSA, invasive infections (ages 15 days to 98 years)
- 5 Salmonellosis cases (ages 3 months to 42 years)
- 4 Pertussis infections (ages 2-53 years)
- 3 Giardiasis cases (ages 42-74 years)
- 1 *Haemophilus influenzae*, invasive infection (33 y.o. male)

Rapid antigen or other laboratory test	Predominant virus(es) in community	Preferred medication	Alternative (combination antiviral treatment)
Not done or negative, but clinical suspicion for influenza	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Not done or negative, but clinical suspicion for influenza	H3N2 or B	Oseltamivir or Zanamivir	None
Positive A	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive A	H3N2 or B	Oseltamivir or Zanamivir	None
Positive B	Any	Oseltamivir or Zanamivir	None
Positive A+B**	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive A+B**	H3N2 or B	Oseltamivir or Zanamivir	None