



CLAY COUNTY

# PUBLIC HEALTH CENTER



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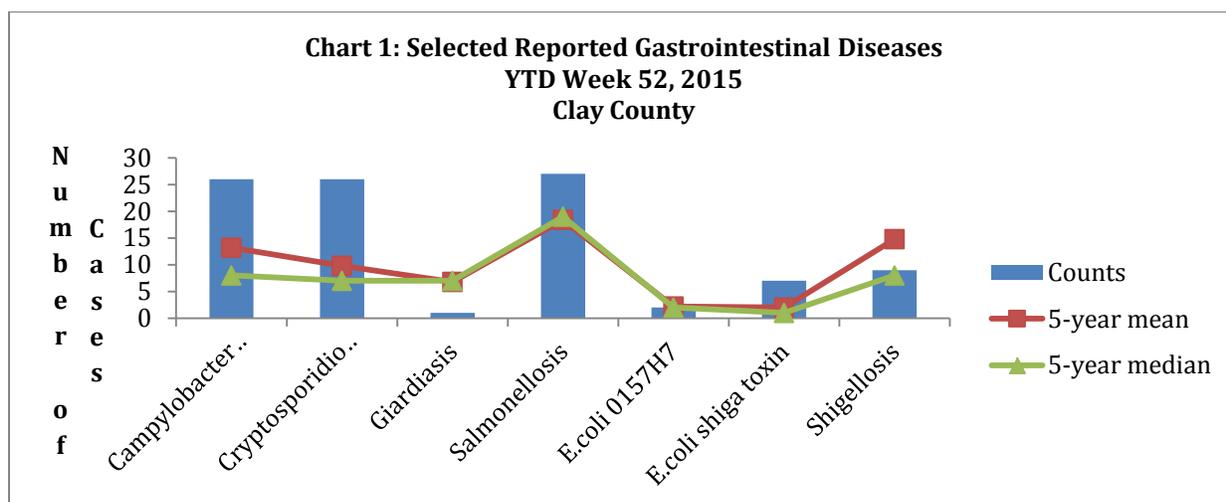
## 2015 Communicable Disease Report Summary

In 2015, a total of 2,077 cases (excluding animal bites) were reported to the Health Center. Of those cases, 1,210 were sexually transmitted diseases, 98 gastrointestinal diseases, 737 cases of influenza and 32 other reportable diseases. During the last week of 2015, gastrointestinal diseases; campylobacteriosis, cryptosporidiosis (crypto), E.coli shiga toxin, salmonellosis and shigellosis were above the annual average expected for the county.

The increases in some of these diseases were a result of occurrences of regional and county specific outbreaks. There was a regional outbreak of cryptosporidiosis involving high school swimming teams across the metro area and this also impacted Clay County. CCPHC Epidemiology and Environmental Programs worked in collaboration with school nurse coordinators, coaches, community centers, students, parents and other partners in the local public health system to prevent the spread of the infection and to prevent more cases. Cases of crypto were also identified in association with a Clay County day care. However, no cases were identified among Clay County residents that attended the day care. The crypto events highlighted the role of recreational water in the spread of GI illnesses, and it also shows the importance of coordinated efforts between disease surveillance and environmental public health in disease prevention.

This outbreak also emphasizes the role of collaboration between agencies in the local public health system in prevention, containment and control of infectious diseases in any community.

*Chart 1 below shows the year-to-date counts of selected reported diseases in Clay County's jurisdiction, the 5-year mean (the average count for the last five years), and the 5-year median (the middle number for each disease, and also the most likely number).*



The mission of the Clay County Public Health Center is to deliver the essential public health services of prevention, promotion and protection to the communities of Clay County.

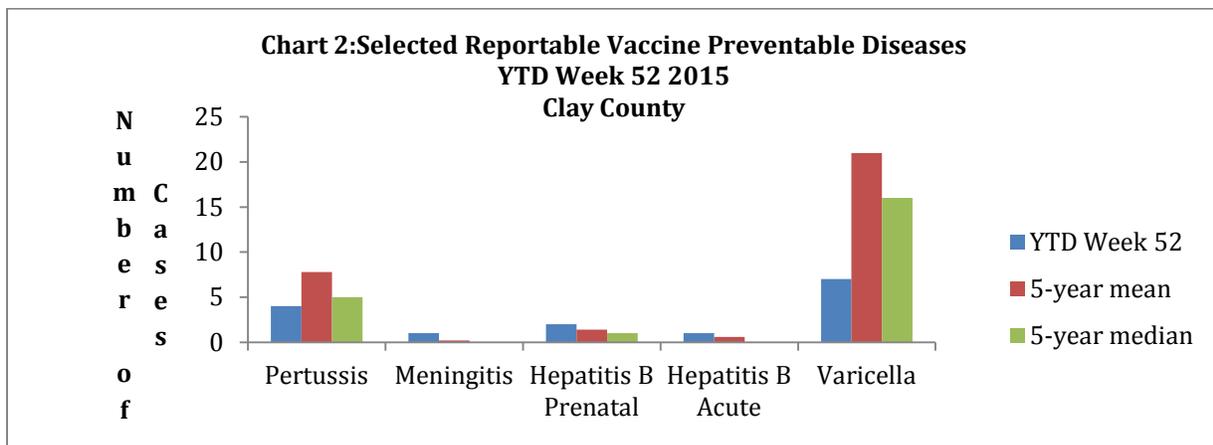
In 2015, Clay County also saw an outbreak of salmonellosis in a restaurant. The outbreak was contained with only one confirmed case identified among patrons of the restaurant. This outbreak highlighted the importance of close collaboration among food establishments and the public health system in protecting the community from foodborne illnesses.

Cases of campylobacteriosis were also higher than expected but were not associated with any identified outbreak.

Other diseases above expected levels were meningitis (bacterial and viral), prenatal hepatitis, legionellosis, streptococcus disease group A invasive, streptococcus pneumonia disease-drug resistant, tularemia and Rocky Mountain spotted fever.

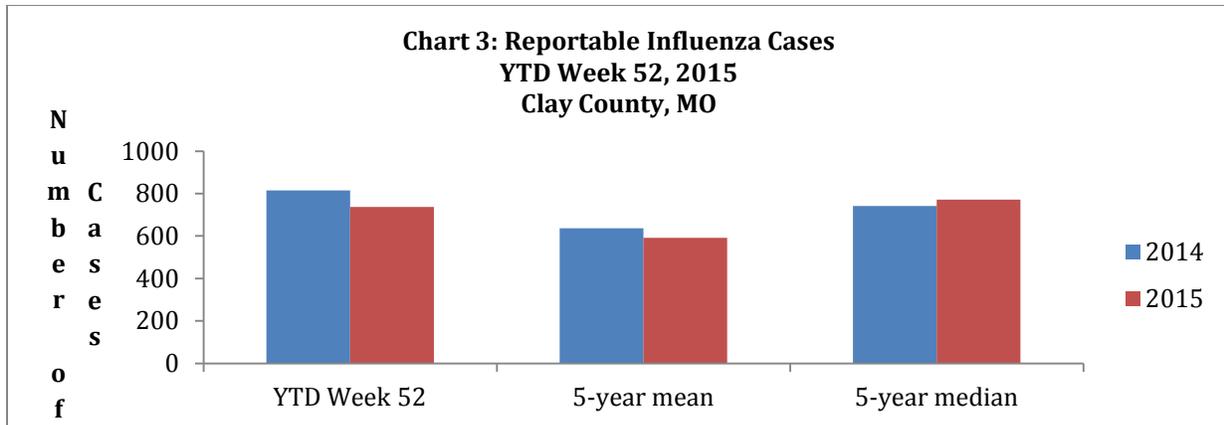
The collaborative efforts with businesses and partners in the local public health system helped and supported investigations and initiation of possible prevention, mitigating and containment measures for these diseases. Also, the Health Center provided laminated list of reportable diseases based on their priority and urgency of reporting to laboratories housed in areas hospitals to help in timely diagnosis and reporting.

The Health Center continues to work with area providers and other partners in the local public health system to help facilitate prompt disease diagnosis, proper treatment of cases, increasing disease surveillance, containment and control.



The county cases of flu were lower than the previous three years. According to CDC, the 2015-2016 overall vaccine effectiveness (VE) was 59 percent. This percentage stays comparable to past estimates for seasons when most circulating flu viruses and vaccines have been similar. This also means that getting a flu vaccine reduced the risk of having to go to the doctor because of flu by nearly 60 percent.

As a result of the 2015-2016 flu vaccines effectiveness at the expected level, individuals that received the vaccine were less likely to get sick with flu. This could have contributed to fewer numbers of flu cases reported among county residents.



There were sufficient data from the U.S. Flu VE Network to also calculate more specific VE estimates:

- 51 percent VE against the H1N1 viruses responsible for most flu illness this season
- 76 percent VE against all influenza B viruses
- 79 percent VE against the B/Yamagata lineage of B viruses

However, 2015-2016 data on the estimated vaccine effectiveness of the live attenuated influenza vaccine (LAIV) was 3 percent. This means that no protective benefit could be measured. The data follows two previous seasons (2013-2014 and 2014-2015) showing poor and/or lower than expected vaccine effectiveness (VE) for LAIV.

Therefore, on June 22, 2016, CDC’s Advisory Committee on Immunization Practices (ACIP) voted that live attenuated influenza vaccine (LAIV), also known as the “nasal spray” flu vaccine, should **not** be used during the 2016-2017 flu season. ACIP continues to recommend annual flu vaccination, with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV), for everyone 6 months and older.

Flu vaccines are designed to protect against the main flu viruses that research suggests will be the most common during the upcoming season.

World Health Organization recommended that trivalent vaccines for use in the 2016-2017 influenza season (northern hemisphere winter) contain the following:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like.