



Dog Bites, Measles and Meningococcal Disease



By Glennah Trochet, MD

Law enforcement has long complained that forms for reporting domestic abuse are too illegible, complex or incomplete. Sacramento County is now asking providers to adopt a new, simple form.

LATE LAST YEAR, I RECEIVED a telephone call from the Health Officer in Amador County. A child from that county had been transferred to the UC Davis Medical Center for emergency surgery following an attack by a dog.

What was significant about this case was that six months earlier, the same dog had attacked an adult. This adult sought care in Sacramento from a private physician. But the treating physician never reported the dog bite to the Public Health department. The dog bit three other persons who did not seek medical attention, and then severely injured the child, who will need significant reconstructive plastic surgery.

When the Amador County public health staff found out about the earlier attack, they asked the physician why he had not reported the dog bite. He said he did not know dog bites were reportable incidents and, in any case, he did not know where to report a bite that occurred out of county. Had the physician followed the law and reported the earlier bite, the dog might have been prevented from endangering the life of the child, as well as biting three other persons.

This story underscores the need to be aware of the function of public health surveillance and prevention. As physicians, we have a responsibility to our community as well as a responsibility to our patients. The rules for reporting diseases and incidents help protect our patients from further harm. The physician could have reported the dog bite to our animal control program, using the Sacramento County bite report form. The information would have been forwarded to Amador County.

Another, more successful example of disease surveillance and prevention, was the manner in which several jurisdictions worked to prevent an outbreak of measles. A child from Japan attended a party in the Bay Area, where several adults and children from other areas were also present. This child was diagnosed with measles the next day.

The local health department received a list of the guests at the party; two were a couple from Sacramento. Subsequent investigation revealed that one exposed person had no memory of receiving a booster measles immunization as a teen or an adult. Immunoglobulin and immunization were then provided, averting the potential for this person of becoming sick with measles and infecting others at risk.

Averted outbreaks and epidemics do not make good news copy. The death of healthy students does. For the past year the news media in Sacramento has been very interested in meningococcal disease. Last summer, two high school students died of this disease.

This year, two students at Folsom High School died from an infection with Serogroup B

meningococcus. The Health Department took the very unusual step of offering a preventive dose of Cipro to all the students at the school. This decision was made with the advice of California Department of Health Services experts, and was based on experience across the country. The deaths occurred five weeks apart. The thought was that this particular strain of bacteria might be moving through the student body and, by treating all the students at the same time, we had the opportunity to eradicate it.

Many articles have been written in recent weeks regarding meningococcal disease, and several private citizens have begun their own campaign to immunize high school students with meningococcal vaccine.

In every case of meningococcal disease, the public health department initiates an immediate investigation and ensures that all close contacts of the case receive timely prophylaxis. When school children are involved, we also work with the staff at the school, whether elementary, middle or high school. A large part of our work involves reassuring the community, informing the media, and making sure that the response is appropriate to the situation. It is just as easy to overreact as it is not to do enough. In either case the consequences could be devastating. We hope that our strategy at Folsom High was just right.

As of February 22, 2001, there were nine cases of meningococcal disease in Sacramento, and two fatalities. In 2000, there were 21 cases of meningococcal disease in Sacramento County. This number is average for our region. All cases appear to be sporadic and unrelated. Of the meningococcal isolates that were grouped, about half were serogroup C and half were serogroup B. The currently available immunization for meningococcus does not cover serogroup B.

The Sacramento County Health Department does not currently recommend across-the-board immunization. We do recommend that parents and students discuss the immunization with their personal physicians and decide whether to immunize on an individual basis.

Our investigations have, however, discovered several widespread unhygienic practices that could increase the risk of a susceptible individual acquiring meningococcal disease from a healthy carrier. These practices seem to be exacerbated among teenagers, whose subculture precludes them from looking "selfish" or unfriendly. Many teens seem to share eating utensils, drinking containers, and personal items such as lipstick or chapstick. Many share cigarettes and other drugs, as well as all types of food, where one individual takes a bite and passes the saliva-contaminated item to others.

Although we have no hard evidence that this is the way sporadic cases of meningococcal disease occur among teenagers, common sense would dictate that we do our best to stop this behavior. We strongly recommend that teens and others not share anything that could be contaminated with saliva, including alcoholic drinks, cigarettes or cosmetics.

We urge you to educate your patients not to share saliva, to wash their hands frequently, and to cover their mouth when they cough. Following these simple, basic principles should decrease exposure to meningococcus and other bacteria and viruses that are spread through the secretions of the upper airway.

Despite the wide media coverage, there is no outbreak of meningococcal disease in Sacramento County, and the number of cases so far this year does not exceed what could be expected statistically. Physicians in our community are aware of the need to report this disease and others, and we hope to continue our partnership to protect the health of our community.

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In the next issue, Sierra Sacramento Valley Medicine hopes to take a closer look at reporting of public health diseases and incidents, and how reporting has changed over the

years.

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