What is the big deal about communicable diseases?

Communicable diseases easily can spread throughout the community. Without prevention and control some diseases could be devastating for community members. Both efforts are a cooperative process involving health care providers, local and state health department personnel and members of the community. Klamath County Public Health (KCPH) works with the Oregon Health Authority to prevent the emergence and spread of communicable diseases. This includes collecting and analyzing disease reports, studying risk factors, protecting exposed individuals and families, developing guidelines for disease prevention and control, and planning and responding to public health emergencies involving communicable diseases. Transmission types for communicable diseases include airborne, fecal-oral, sexual, bloodborne, animal/vector and environmental. KCPH also tracks animal bites as another important investigation statistic.

<table>
<thead>
<tr>
<th>Transmission type</th>
<th>FY 16-17*</th>
<th>FY 17-18*</th>
<th>FY 18-19*</th>
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*FY stands for fiscal year, which runs from July 1 to June 30.

Communicable disease reporting in Oregon

Who? All Oregon physicians, other health care providers and laboratorians are required by law to report certain diseases and conditions to local health departments.

What? 77 diseases. Some cases are subject to restrictions on school attendance, day care attendance, patient care, and food handling.

Why? Reporting enables appropriate public health follow-up for patients, helps identify outbreaks, and provides a better understanding of Oregon morbidity patterns.
Communicable diseases investigated in Klamath County July 1, 2018, to June 30, 2019

The following information is provided by the Centers for Disease Control and Prevention (CDC).

**Animal Bites** Any animal can bite, scratch, kick, or otherwise injure you, even if you did nothing to provoke it. Animals are often frightened of humans or trying to protect their territory or their young, so stay away from all animals. Some diseases can cause an animal to behave aggressively toward people, even if it had previously been friendly. Never try to pet, handle, or feed unfamiliar animals, even pets as they may not be vaccinated against rabies and other diseases. If you are bitten or scratched, immediately wash the wound with plenty of soap and water, and see a doctor as soon as possible. Rabies is spread by the saliva of an infected animal. It is almost always fatal if an exposed person is not promptly given rabies shots.

**Blood Lead/Lead poisoning** (environmental transmission) occurs when lead enters the bloodstream and builds up to toxic levels. Many different factors such as the source of exposure, length of exposure, and underlying susceptibility (e.g., child’s age, nutritional status, and genetics) affect how the body handles foreign substances. No safe blood lead level in children has been identified. Lead can be found inside and outside the home. The most common source of exposure is from lead-based paint, which was used in many homes built before 1978.

Exposure to lead can seriously harm a child’s health and cause well-documented adverse effects such as:

- Damage to the brain and nervous system
- Slowed growth and development
- Learning and behavior problems
- Hearing and speech problems

This can cause:

- Lower IQ
- Decreased ability to pay attention
- Underperformance in school

There is also evidence that childhood exposure to lead can cause long-term harm.

The good news is that childhood lead poisoning is 100% preventable.

**Campylobacter** (fecal-oral transmission) CDC estimates Campylobacter is the No. 1 cause of bacterial diarrheal illness in the United States. It is also the No. 1 intestinal disease diagnosed in travelers returning to the United States. Campylobacter causes an estimated 1.3 million illnesses each year in the United States. Most illnesses likely occur due to eating raw or undercooked poultry, or to eating something that touched it. Some are due to contaminated water, contact with animals, or drinking raw (unpasteurized) milk. Although people with Campylobacter infection usually recover on their own, some need medical treatment.

**Carbapenem-resistant Enterobacteriaceae (CRE)** (bloodborne transmission) is a family of germs that are difficult to treat because they have high levels of resistance to antibiotics. Klebsiella species and Escherichia coli (E. coli) are examples of Enterobacteriaceae, a normal part of the human gut bacteria, that can become carbapenem-resistant. Types of CRE are sometimes known as KPC (Klebsiella pneumoniae carbapenemase) and NDM (New Delhi Metallo-beta-lactamase). KPC and NDM are enzymes that break down carbapenems and make them ineffective. Both of these enzymes, as well as the enzyme VIM (Verona Integron-Mediated Metallo-β-lactamase) have also been reported in Pseudomonas. Healthy people usually do not get CRE infections—they usually happen to patients in hospitals, nursing homes, and other healthcare settings. Patients whose care requires devices like ventilators (breathing machines), urinary (bladder) catheters, or intravenous (vein) catheters, and patients who are taking long courses of certain antibiotics are most at risk for CRE infections. CRE can cause infections in almost any part body including bloodstream infections, ventilator-associated pneumonia, and intra-abdominal
<table>
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abscesses. Based on information from a CDC pilot surveillance system most CRE infections involve the urinary tract, often in people who have a urinary catheter or have urinary retention. It is important to note that CRE kill up to half of patients who get bloodstream infections from them.

**Chlamydia** (sexual transmission) is a common STI that can infect both men and women. It can cause serious, permanent damage to a woman’s reproductive system. This can make it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb). You can get chlamydia by having vaginal, anal, or oral sex with someone who has chlamydia. If your sex partner is male you can still get chlamydia even if he does not ejaculate (cum). If you’ve had chlamydia and were treated in the past, you can still get infected again. This can happen if you have unprotected sex with someone who has chlamydia. If you are pregnant, you can give chlamydia to your baby during childbirth.

Most people who have chlamydia have no symptoms. If you do have symptoms, they may not appear until several weeks or several months after you have sex with an infected partner. Even when chlamydia causes no symptoms, it can damage your reproductive system.

Women with symptoms may notice:
- An abnormal vaginal discharge;
- A burning sensation when urinating.

Symptoms in men can include
- A discharge from their penis;
- A burning sensation when urinating;
- Pain and swelling in one or both testicles (although this is less common).

Men and women can also get infected with chlamydia in their rectum. This happens either by having receptive anal sex, or by spread from another infected site (such as the vagina). While these infections often cause no symptoms, they can cause
- Rectal pain;
- Discharge;
- Bleeding.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STI or symptoms of an STI. STI symptoms can include an unusual sore, a smelly
discharge, burning when urinating, or bleeding between periods.

**Coxsackievirus** (airborne and fecal-oral transmission) Individual cases and outbreaks of hand, foot, and mouth disease (HFMD) occur around the world. Cases can occur anytime, but in countries like the United States with varying climates, cases occur more often in the spring to fall.

Since 1997, large outbreaks of HFMD associated with enterovirus 71 have been reported mostly in children in East and Southeast Asia. In these outbreaks, most children have typical symptoms of HFMD and recover without health complications. However, a small number of people develop severe complications that require hospitalization or even cause death.

Researchers are studying why these outbreaks occur and why some people have severe disease.

**Hand, foot, and mouth disease** is a common viral illness that usually affects infants and children younger than 5 years old. However, it can sometimes occur in older children and adults. It usually starts with

- a fever
- reduced appetite
- sore throat
- a feeling of being unwell (malaise)

One or two days after the fever starts, painful sores can develop in the mouth (herpangina). They usually begin as small red spots, often in the back of the mouth, that blister and become painful.

A skin rash on the palms of the hands and soles of the feet may also develop over one or two days as flat, red spots, sometimes with blisters. It may also appear on the knees, elbows, buttocks or genital area.

Some people, especially young children, may get dehydrated if they are not able to swallow enough liquids because of painful mouth sores. You should seek medical care in these cases.

Not everyone will get all of these symptoms. Some people, especially adults, may become infected and show no symptoms at all, but they can still pass the virus to others.

**Cryptosporidium** (fecal-oral transmission) is a microscopic parasite that causes the diarrheal disease cryptosporidiosis. Both the parasite and the disease are commonly known as “Crypto.” There are many species of Cryptosporidium that infect animals, some of which also infect humans. The parasite is protected by an outer shell that allows it to survive outside the body for long periods of time and makes it very tolerant to chlorine disinfection. While this parasite can be spread in several different ways, water (drinking water and recreational water) is the most common way to spread the parasite.

**E. coli** (Shiga toxin-producing Escherichia coli) (fecal-oral transmission) Escherichia coli (abbreviated as E. coli) are bacteria found in the environment, foods, and intestines of people and animals. E. coli are a large and diverse group of bacteria. Although most strains of E. coli are harmless, others can make you sick. Some kinds of E. coli can cause diarrhea, while others cause urinary tract infections, respiratory illness and pneumonia, and other illnesses.

**Giardia** (fecal-oral transmission) Giardia is a microscopic parasite that causes the diarrheal illness known as giardiasis. Giardia (also known as Giardia intestinalis, Giardia lamblia, or Giardia duodenalis) is found on surfaces or in soil, food, or water that has been contaminated with feces (poop) from infected humans or animals. Giardia is protected by an outer shell that allows it to survive outside the body for long periods of time and makes it tolerant to chlorine disinfection. While the parasite can be spread in different ways, water (drinking water and recreational water) is the most common mode of transmission.

**Gonorrhea** (sexual transmission) is a sexually transmitted infection (STI) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years. You can get gonorrhea by having vaginal, anal, or oral sex with someone who has gonorrhea. A pregnant woman with gonorrhea can give the infection to her baby during childbirth. The only way to avoid STIs is to not have vaginal, anal, or oral sex. If you are sexually active, you can do the following things to lower your chances of getting gonorrhea: 1) Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STI test results; 2) Using latex condoms the right way every time you have sex.

Some men with gonorrhea may have no symptoms at all. How-
ever, men who do have symptoms, may have:

- A burning sensation when urinating;
- A white, yellow, or green discharge from the penis;
- Painful or swollen testicles (although this is less common).

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. Women with gonorrhea are at risk of developing serious complications from the infection, even if they don’t have any symptoms.

Symptoms in women can include:

- Painful or burning sensation when urinating;
- Increased vaginal discharge;
- Vaginal bleeding between periods.

Rectal infections may either cause no symptoms or cause symptoms in both men and women that may include:

- Discharge;
- Anal itching;
- Soreness;
- Bleeding;
- Painful bowel movements.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STI or symptoms of an STI, such as an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

**H. flu** (airborne transmission) Haemophilus influenzae disease refers to any illness caused by H. influenzae bacteria. Some of these illnesses, like ear infections, are mild while others, like bloodstream infections, are very serious. In spite of the name, H. influenzae do not cause influenza (the flu).

**Hepatitis A** (fecal-oral transmission) is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is usually transmitted person-to-person through the fecal-oral route or consumption of contaminated food or water. Hepatitis A is a self-limited disease that does not result in chronic infection. Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice, that usually resolve within two months of infection; most children less than six years of age do not have symptoms or have an unrecognized infection. Antibodies produced in response to hepatitis A infection last for life and protect against reinfection. The best way to prevent hepatitis A infection is to get vaccinated.

**Hepatitis B** (bloodborne transmission) is a liver infection caused by the hepatitis B virus (HBV). Hepatitis B is transmitted when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%–6% of adults.

Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent hepatitis B is by getting vaccinated.

**Hepatitis C** (bloodborne transmission) is a liver infection caused by the Hepatitis C virus (HCV). Hepatitis C is a blood-borne virus. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. For some people, hepatitis C is a short-term illness but for 70%–85% of people who become infected with Hepatitis C, it becomes a long-term, chronic infection. Chronic Hepatitis C is a serious disease than can result in long-term health problems, even death. The majority of infected persons might not be aware of their infection because they are not clinically ill. There is no vaccine for Hepatitis C. The best way to prevent Hepatitis C is by avoiding behaviors that can spread the disease, especially injecting drugs.

**Influenza** (airborne transmission) (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

People who have flu often feel some or all of these symptoms:

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- some people may have vomiting and diarrhea, though this is more common in children than adults.

*It’s important to note that not everyone with flu will have a fever.

**Lyme disease** (animal/vector transmission) is caused by the bacterium Borrelia burgdorferi and rarely, Borrelia mayonii. It is transmitted to humans through the bite of infected black-legged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints, the heart, and the nervous system. Lyme disease is diagnosed based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks. Laboratory testing is helpful if used correctly and performed with validated methods. Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics.

**Meningococcal** (airborne transmission) disease refers to any illness caused by bacteria called Neisseria meningitidis, also known as meningococcus. These illnesses are often severe and can be deadly. They include infections of the lining of the brain and spinal cord (meningitis) and bloodstream infections.
(bacteremia or septicemia). These bacteria spread through the exchange of respiratory and throat secretions like spit (e.g., by living in close quarters, kissing). Doctors treat meningococcal disease with antibiotics, but quick medical attention is extremely important. Keeping up to date with recommended vaccines is the best defense against meningococcal disease.

**Norovirus** (fecal-oral) Norovirus is a very contagious virus that causes vomiting and diarrhea. Anyone can get infected and sick with norovirus. You can get norovirus from:

- Having direct contact with an infected person
- Consuming contaminated food or water
- Touching contaminated surfaces then putting your unwashed hands in your mouth

**Nontuberculous mycobacteria (NTM)** (environmental transmission) Although anyone can get an NTM infection, NTM are opportunistic pathogens placing some groups at increased risk, including those with underlying lung disease or depressed immune systems. These pathogens are typically not transmitted person-to-person. NTM are environmental organisms that can be found in soil, dust, and water including natural water sources (such as lakes, rivers, and streams) and municipal water sources (such as water that people drink or shower in). NTMs can cause infections in a wide variety of body sites, most commonly the lungs and in the following areas:

- Skin and soft tissue (typically following surgery, trauma, injection of medications or other substances)
- Device associated infections (e.g., central line associated bloodstream infection, exit site infections, pacemaker pocket site infections, etc.)
- Lymph nodes (most commonly in children)
- Blood or other usually sterile locations in the body (disseminated) (most commonly in immunocompromised patients, such as those with HIV or AIDS, but may also be due to invasive medical devices or procedures)

Symptoms can be vague and nonspecific, such as:

- Fever
- Weight loss
- Night sweats
- Decreased appetite
- Loss of energy

**Pertussis** (airborne transmission) Pertussis, also known as whooping cough, is a highly contagious respiratory disease. It is caused by the bacterium Bordetella pertussis. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe. After cough fits, someone with pertussis often needs to take deep breaths, which result in a “whooping” sound. Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old. The best way to protect against pertussis is by getting vaccinated.

**Rocky Mountain spotted fever** (animal/vector transmission) Rocky Mountain spotted fever (RMSF) is a bacterial disease spread through the bite of an infected tick. Most people who get sick with RMSF will have a fever, headache, and rash. RMSF can be deadly if not treated early with the right antibiotic.

**Salmonella** (fecal-oral transmission) Salmonella can be found in many foods, including sprouts and other vegetables, eggs, chicken, pork, fruits, and even processed foods, such as nut butters, frozen pot pies, chicken nuggets, and stuffed chicken entrees. Contaminated foods usually look and smell normal, which is why it is important to know how to prevent infection. Salmonella also can spread from animals to people and from people to people. Salmonella illness is more common in the summer. Most people infected with Salmonella develop diarrhea, fever, and abdominal cramps 6 hours to 4 days after infection. The illness usually lasts 4 to 7 days, and most people recover without treatment. In some people, the illness may be so severe that the patient needs to be hospitalized.

**Shigella** (fecal-oral transmission) Shigellosis is an infectious disease caused by a group of bacteria called Shigella. Most who are infected with Shigella develop diarrhea, fever, and abdominal cramps starting a day or two after they are exposed to the bacteria. Shigellosis usually resolves in 5 to 7 days. Some people who are infected may have no symptoms at all, but may still pass the Shigella bacteria to others. The spread of Shigella can be stopped by frequent and careful handwashing with soap and taking other hygiene measures.

**Syphilis** (sexual transmission) Syphilis is a sexually transmitted infection that can cause serious health problems if it is not treated. Syphilis is divided into stages (primary, secondary, latent, and tertiary). There are different signs and symptoms associated with each stage. A person with primary syphilis generally has a sore or sores at the original site of infection. These sores usually occur on or around the genitals, around the anus or in the rectum, or in or around the mouth. These sores are usually (but not always) firm, round, and painless. Symptoms of secondary syphilis include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the latent stage, there are no signs or symptoms. Tertiary syphilis is associated with severe medical problems. A doctor can usu-
What you can do to prevent spreading an airborne disease?
1. Avoid close contact with people who have active symptoms of disease.
2. Stay home when you're sick.
3. If you must be around others, wear a face mask to prevent spreading or breathing in germs.
4. Cover your mouth when you cough or sneeze.

How can fecal-oral transmission be prevented?
Hand hygiene is one of the best ways to prevent the spread of disease because it is simple and economical. Frequently cleaned hands can prevent infectious diseases from spreading among family members and throughout a community. When your hands are unclean, you can infect others or even yourself by touching your own eyes, nose, or mouth.

How is hand hygiene needed?
- Before, during, and after you prepare food
- Before you eat, including snacks
- Before you insert or remove contacts
- After you use the bathroom or change a diaper
- After handling uncooked foods, especially meat, poultry, or fish
- After handling animals or animal waste
- After you blow your nose, cough, or sneeze
- After you handle garbage or dirty laundry
- When your hands are dirty
- More often when someone in your home is sick

Other ways to prevent fecal-oral transmission include:
- Clean surfaces and toys often. Wash, sanitize, and rinse toys after children have played with them, especially if they were placed in the mouth. Wash and sanitize counter tops, tables, and chairs before preparing or eating food. Keep bathroom and toilet areas cleaned.
- People with diarrhea should not swim. Protect others by not swimming in pools or other recreational water sources if experiencing diarrhea. People can spread germs in the water even without having an “accident”. Avoid swallowing water while swimming.
- Do wash your hands and bottom thoroughly with soap and water after a bowel movement or changing diapers. Germs on hands are easily spread to objects, and surfaces such as food and swimming water.
- Avoid food that might be contaminated by washing all raw fruits and vegetables before peeling and eating. Wash all food that will be eaten raw with water from a safe source, and avoid eating uncooked foods when traveling in developing countries where the water supply might be unsafe.

Tularemia (animal/vector transmission) Tularemia is a disease that can infect animals and people. Rabbits, hares, and rodents are especially susceptible and often die in large numbers during outbreaks. People can become infected in several ways, including:
- Tick and deer fly bites
- Skin contact with infected animals
- Drinking contaminated water
- Inhaling contaminated aerosols or agricultural and landscaping dust
- Laboratory exposure

In addition, people could be exposed as a result of bioterrorism. Symptoms vary depending how the person was infected. Tularemia can be life-threatening, but most infections can be treated successfully with antibiotics.
There are many ways to reduce risk of getting an STI
Know your sexual partners and limit their number—Your partner’s sexual history is as important as your own. The more partners you or your partners have, the higher your risk of getting an STI.

Use a latex condom—Using a latex condom every time you have vaginal, oral, or anal sex decreases the chances of infection. Condoms lubricated with spermicides do not offer extra protection. Frequent use of some spermicides can increase the risk of HIV.

Avoid risky sex practices—Sexual acts that tear or break the skin carry a higher risk of STIs. Even small cuts that do not bleed let germs pass back and forth. Anal sex poses a high risk because tissues in the rectum tear easily. Body fluids also can carry STIs. Having any unprotected sexual contact with an infected person poses a high risk of getting an STI.

Get immunized—Vaccinations are available that will help prevent hepatitis B and some types of HPV

Avoid bloodborne pathogens
Treat all blood and body fluid spills as if they were infectious.
When providing first aid or CPR, protect yourself first, then treat the victim second.

Wear appropriate personal protective equipment: gloves, goggles, etc. as required by the accident.

When performing CPR, always use a pocket mask equipped with a one way valve to prevent contact with potentially infectious body fluids.

Contain spills immediately, then clean up and disinfect the area.
Clean up contaminated broken glass with tongs, forceps, or a brush and dust pan. Never use your hands, even if protected with gloves.

Handle all trash as if it contains sharps and/or infectious items.
When removing contaminated clothing, carefully turn inside out as it is removed to contain contaminants. Dispose in appropriately labeled bags or containers.

After removing personal protective equipment, wash hands or other affected body parts with soap and warm water. Vigorously scrub all areas to remove all potentially infectious contamination.

Place all potentially infectious materials and contaminated items in closeable containers or bags. The bags must be color coded (usually red) and/or marked with a biohazard label. Check with your supervisor for proper procedures.

Don’t eat or smoke in your work area. Germs get on your hands, food and smoking materials and go right into your mouth.

Be safe while traveling
Before you travel, be vaccinated against diseases prevalent at your destination. Also check if routine vaccines are up to date. Vaccines exist for typhoid, yellow fever, Japanese encephalitis and tickborne encephalitis.

Consult your doctor, three months before departure if possible, to discuss how you can protect yourself (for example, what antimalarial medicines you should take if malaria is endemic at your destination).

Wear light-colored, long-sleeved shirts and long trousers, tucked into socks or boots, and use insect repellent on exposed skin and clothing to protect yourself from being bitten by mosquitoes, sandflies or ticks. Temperature, humidity and the time of day affect the likelihood of being bitten, so know when you need extra protective clothing and insect repellent.

Use window screens, if available, to keep mosquitoes outside the place where you are staying.
Sleep under an insecticide-treated bed net, requesting one if necessary, if you are staying in an area with malaria risk.
Check your body regularly for ticks. If you find one, remove it with tweezers and apply a skin disinfectant. In tick-infested areas, examine your clothing, luggage and other belongings thoroughly before entering the place where you are staying.

Avoid contact with blood, secretions, organs or other bodily fluids of infected people or animals.

Make sure you keep strict hygiene control of food, and avoid unpasteurized dairy products in areas where tick-borne encephalitis can be transmitted.
If you are bitten and receive care abroad, remember to complete your course of treatment at home.
If you become ill upon your return, tell your doctor where you have been, as you may have brought a disease back with you.
Klamath County Public Health
Communicable disease quick facts
Fiscal year 2018-19

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Outbreaks

Influenza
1 — junior high school
1 — elementary school

Influenza A
1 — elementary school
1 — junior high school

Norovirus
1 — assisted living facility
1 — elementary school

Unknown GI
1 — assisted living facility

Coxsackievirus
1 — daycare facility

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Investigations

Communicable disease reporting to Klamath County Public Health may be made by calling 541.882.8846 during regular business hours or 541.891.2015 for after hours emergencies.

Reportable concerns

Immediately
Anthrax (Bacillus anthracis)
Bacillus cereus biovar anthracis
Botulism (Clostridium botulinum)
Brucellosis (Brucella)
Cholera (Vibrio cholera O1, O139, or toxigenic)
Diphtheria (Corynebacterium diphtheriae)
Eastern equine encephalitis
Glanders (Burkholderia mallei)
Hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola, Marburg) or arenavirus (e.g., Lassa, Machupo) families
Influenza (novel)
Marine intoxication (intoxication caused by marine microorganisms or their byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid)

Measles (rubeola)

Melioidosis (Burkholderia pseudomallei)

Plague (Yersinia pestis)

Poliomyelitis

Q fever (Coxiella burnetii)

Rabies (human)

Rubella

SARS (Severe Acute Respiratory Syndrome or SARS-coronavirus)

Smallpox (variola)

Tularemia (Francisella tularensis)

Typhus, louse-borne (Rickettsia prowazekii)

Yellow fever

Outbreaks and uncommon illnesses (any known or suspected common-source outbreak; any uncommon illness of potential public health significance)

Within 24 hours

(including weekends and holidays)

Haemophilus influenzae

Neisseria meningitidis

(any isolation or identification from a normally sterile specimen type)

Pesticide poisoning

Within one local health authority working day

Amoebic infections (central nervous system only)

Anaplasmosis (Anaplasma)

Animal bites (of humans)

Arthropod vector-borne disease (e.g., California encephalitis, Colorado tick fever, dengue, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, Western equine encephalitis, etc.)

Babesiosis (Babesia)

Campylobacteriosis (Campylobacter)

Chancroid (Haemophilus ducreyi)

Chlamydiosis (Chlamydia trachomatis; lymphogranuloma venereum)

Coccidioidomycosis (Coccidioides)

Creutzfeldt-Jakob disease (CID) and other transmissible spongiform encephalopathies

Cryptococcosis (Cryptococcus)

Cryptosporidiosis (Cryptosporidium)

Cyclosporiasis (Cyclospora cayetanensis)

Ehrlichiosis (Ehrlichia)

Enterobacteriaceae family isolates that are resistant to any carbapenem antibiotic by current CLSI breakpoints

Escherichia coli (enterotoxigenic, Shiga-toxigenic, including E. coli O157 and other serogroups)

Giardiasis (Giardia)

Gonococcal infections (Neisseria gonorrhoeae)

Grimontia spp. infection

Hantavirus

Hemolytic uremic syndrome (HUS)

Hepatitis A

Hepatitis B

Hepatitis C

Hepatitis D (delta)

Hepatitis E

HIV infection (does not apply to anonymous testing) and AIDS

Influenza (laboratory-confirmed) death of a person <18 years of age

Lead poisoning

Legionellosis (Legionella)

Leptospirosis (Leptospira)

Listeriosis (Listeria monocytogenes)

Lyme disease (Borrelia burgdorferi)

Malaria (Plasmodium)

Mumps

Non-tuberculous mycobacterial infection (non-respiratory)

Pertussis (Bordetella pertussis)

Psittacosis (Chlamydia psittaci)

Relapsing fever (Borrelia)

Rocky Mountain spotted fever and other Rickettsia (except louse-borne typhus, which is immediately reportable)

Salmonellosis (Salmonella, including typhoid)

Shigellosis (Shigella)

Syphilis (Treponema pallidum)

Taenia infection (including cysticercosis and tapeworm infections)

Tetanus (Clostridium tetani)

Trichinosis (Trichinella)

Tuberculosis (Mycobacterium tuberculosis and M. bovis)

Vibrios (other than cholera)

West Nile

Yersiniosis (other than plague, which is immediately reportable)

Zika