

Zoonosis News from Health Service Region 1

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From Doc's Desk

By James Alexander, DVM, MPVM

We recently learned of a misconception some were operating under in the region. I am going to relate it as an illustration of what can go wrong in an otherwise simple process. The parties involved have learned a valuable lesson, and I think it is worth repeating on the chance that this misperception is wider spread than I hope.

A child was bitten on the lip by a dog that turned out to be current on its rabies vaccination. The offending dog, owned by a relative, had a terminal illness so the owner elected to have the animal humanely euthanized. When the veterinary staff learned of the bite, the owner was directed to contact the local rabies control authority (LRCA) for the county. The LRCA investigated and found out the dog was current on its rabies vaccination. The indi-

vidual thought that currently vaccinated dogs got a "get out of jail free card", so to speak, with no observation or testing required in order to rule out rabies.

The veterinary staff was told to go ahead and euthanize the animal three days after the bite and return it to the owner for cremation. No quarantine for observation or testing of the brain was done, based on the decision of the LRCA. While the veterinary clinic staff thought that sounded different than what was usually required, it was assumed the LRCA knew the rules and had been in touch with our team. Rather than check with us to verify what had been conveyed, they proceeded to euthanize the dog and gave it to the owner.

I learned of the incident 12 days after the bite. Since the dog was not available for testing and had

not completed a 10-day observation period, the medical professional dealing with the child elected to have him treated for potential rabies exposure. This required injection of human rabies immune globulin into the lip wound. This could easily have been avoided if several things had occurred.

First, if the LRCA had been familiar with the law and rules, the proper decision would have most likely been made. We offer an LRCA update program each summer. Generally, they are held in two locations to make it as convenient as we can: Lubbock and either Canyon or Amarillo. Some have even been held in some of the smaller towns of the Panhandle for greater convenience. In spite of doing this for the past eight or so years, we

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Cooler weather will be here someday—and then the mosquitoes will DIE!

Dog Bite Fatality Statistics for 2009

According to www.dogbite.org

- Thirty-two U.S. fatal dog attacks occurred in 2009. Despite being regulated in military housing areas and over 500 U.S. cities, pit bulls led these attacks, accounting for 44% (14). Pit bulls make up approximately 5% of the U.S. dog population.
- The combination of pit bulls (14) and rottweilers (4) accounted for 56% of all fatal attacks. In the 5-year period from 2005-2009, this same combination accounted for 70% (103 of the total recorded deaths (148).
- The combination breakdown between the two breeds is substantial. From 2005 to 2009, pit bulls killed 82 Americans, about one citizen every 22 days, versus rottweilers, which killed 21 Americans, about one citizen every 87 days.
- Sixty-three percent (20) of the attacks occurred to children (11 years and under) and 38% occurred to adults. Of the children, 60% (12) occurred to ages 2 and younger. In all attacks, males were more often victims (59%) than

females.

- Thirty-eight percent (12) of all fatal attacks in 2009 involved multiple dogs, and 19% (6) involved chained dogs. 75% (24) of these deadly attacks occurred on the dog owner's property and 25% (8 occurred off the owner's property.
- The state of Texas led fatalities in 2009 (5), followed by
 Georgia and Illinois (each with
 4) and California and Virginia
 (each with 3). Of the Texas
 deaths, the combination of
 pit bulls and rottweilers (4)
 accounted for 80%.

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Confused about something? Uncertain about what the law says about a situation? Call us, we'll help you figure it out.



"Our team is always ready to provide guidance in unusual cases. Your focus is on many other issues, while ours is on zoonoses. Please do not hesitate to contact us if we may be of assistance."

From Doc's Desk (continued)

(Continued from page 1)

generally see the same faces every year and, as far as I recall, a staff member from the particular entity for which this LRCA works had not attended an update. Secondly, if there was a question as to what was appropriate, the LRCA could have contacted our office. However, this LRCA was convinced that a vaccinated animal needed no action. A third step in the chain that could have been activated was for the veterinarian to call when the instructions did not match what was thought to be appropriate.

None of the three steps was taken. Not including the cost of the office visits, the rabies biologicals alone used for the post-exposure treatment of the child cost \$1265.72. I dare say quarantining the dog or shipping the head for testing would have cost much less.

If anyone is in doubt as to what the law and rules state for a dog, cat or domestic ferret that bites someone, please look up Texas Administrative Code Chapter 826, Rule 169.27 (a) in your Animal Control Officer's Manual or Internet Link Chapter 826, Rule 169.2(a).

Please notice, no mention is made of an animal's vaccination

status. While vaccination is highly effective, it is not perfect. A large viral load deposited in or close to a nerve, massive trauma with multiple bites, a diminished immune system, a low immunogenic lot of vaccine, etc., are all factors that can result in a properly vaccinated animal succumbing to rabies. It happens rarely, but it must be considered a factor. Therefore, all biting dogs, cats and ferrets must be handled consistently in order to protect the public's health. It also reduces the liability that an LRCA or veterinarian otherwise might incur if the wrong decision is made.

Our team is always ready to provide guidance in unusual cases. Your focus is on many other issues, while ours is on zoonoses. Please do not hesitate to contact us if we may be of assistance.

Rabies cases for 2010 continue to accumulate a bit faster than in 2009. Our total to date stands at 23, with the most recent case, a skunk in Hutchinson County, reported on August 19. In 2009, case 21 was not reported until October 25. Our current statistics are: Childress (1 skunk); Dallam (1 skunk); Deaf Smith (1cat); Donley (1 bovine); Gray (1 bovine, 1 cat, 1 horse, 1 skunk); Hartley (2 skunks); Hemphill (2 skunks); Hutchinson (2 skunks);

Lipscomb (1 skunk); Lubbock (1 cat), Ochiltree (1 skunk); Randall (1 bovine, 4 skunks); and Wheeler (1 horse). Please continue to promote livestock rabies vaccination in addition to that of pets.

So far, other than some positive mosquito pools found in Lubbock County, West Nile virus has been quiet, and we hope it remains that way! Please be conscientious and practice selfprotection by using an effective repellent, wearing long sleeves and pants, draining standing water, and striving to avoid being out at dusk and dawn. We have numerous zoonotic disease agents carried by fleas, ticks, mosquitoes, and other vectors in the region, and these tips are valid for avoiding exposure to most of these.

I am still interested in rodent dieoffs, so if anyone notices a prairie dog town, squirrel, or wood rat die-off, please let me know. Be sure to remind pet owners to keep their pets and themselves well protected against fleas and ticks for the remainder of this summer.

We on the Zoonosis Team hope everyone has had a productive, safe, and enjoyable summer.



Need educational resources for health fairs or for other school and community awareness presentations? Go to www.worldrabiesday.org!

World Rabies Day 2010 will be September 28

The 4th World Rabies Day Campaign will be held on September 28, 2010. The Alliance for Rabies Control and World Rabies Day Global Coordination Team has a library of educational resources which might be of assistance to you in planning any events you may hold in connection with this day.

Currently, the WRD logo is available in more than 35 languages, downloadable from the Alliance's web site. The Alliance also sells merchandise advertising World Rabies day, such as T-shirts, pins, and buttons.

For more information and to download educational resources, logos, etc., go to www.worldrabiesday.org.



Keeping Live Poultry

From the Centers for Disease Control

An increasing number of people around the country are choosing to keep live poultry, such as chickens or ducks, as part of a greener, healthier lifestyle. There are many benefits of backyard chickens and other poultry, but it is important to consider the risk of illness, especially for children, that can result from handling live poultry or anything in the area where they live and roam.

It's common for chickens, ducks, and other poultry to carry *Salmonella*, which is a type of germ that naturally lives in the intestines of poultry and many other animals and is shed in their droppings or feces. Even organically fed poultry can have *Salmonella*. While it usually doesn't make the birds sick, *Salmonella* can cause serious illness when it is passed to people.

Salmonella can make people sick with diarrhea, vomiting, fever, and/or abdominal cramps. Sometimes, people can become so sick from a Salmonella infection that they have to go to the hospital. Infants, elderly persons, and those with weakened immune systems are more likely than others to develop severe illness. When severe infection occurs, Salmonella may spread from the intestines to the bloodstream, and then to other body sites and can cause death unless the person is treated promptly with antibiotics.

Check out the questions and answers below for more information on *Salmonella* infection and how to prevent getting germs from live poultry. You may also obtain further infor-

mation by talking to your health care provider or your animal's veterinarian.

How do people get *Salmo-nella* infections from live poultry?

Live poultry may have Salmonella germs in their droppings and on their bodies (poultry feathers, feet, and beaks) even when they appear healthy and clean. The germs can also get on cages, coops, hay, plants, and soil in the area where the birds live and roam. Additionally, the germs can be found on the hands, shoes, and clothing of those who handle the birds or work or play where they live and roam. People become infected with Salmonella when they put their hands or other things that have been in contact with feces in or around their mouth. Young children are especially at risk for illness because their immune systems are still developing and because they are more likely than others to put their fingers or other items into their mouths. It is important to wash your hands immediately after touching poultry or anything in the area where they live and roam, because the germs on your hands can easily spread to other people or things.

What are some way to reduce the risk of *Salmonella* infection from live poultry?

- Do not let children younger than 5 years of age handle or touch chicks, ducklings, or other live poultry without supervision.
- Wash your hands thoroughly with soap and water immediately after touching

live poultry or anything in the area where they live and roam. Avoid touching your mouth before washing your hands. Use hand sanitizer if soap and water are not readily available.

- Adults should supervise hand washing for young children.
- Wash hands after removing soiled clothes and shoes.
- Do not eat or drink in the area where the birds live or roam.
- Do not let live poultry inside the house or in areas where food or drink is prepared, served, or stored, such as kitchens, pantries, or outdoor patios.
- If you have free-roaming live poultry, assume where they live and roam is contaminated.
- Clean equipment and materials associated with raising or caring for live poultry, such as cages or feed or water containers, outside the house, not inside.

Are there any policies about owning live poultry?

Rules and regulations vary by city, county, and state ordinances, so check with your local government to determine rules and regulations about owning live poultry.





Live poultry, such as chickens, ducks, geese, and turkeys, often carry harmful germs called *Salmonella*. After you touch a bird, or anything in the area where they live and roam, wash your hands so you don't get sick!

You can learn more about the signs, symptoms and treatment of Salmonella infection by visiting the CDC Salmonella web site at http:// www.cdc.gov/nczved/ divisions/dfbmd/ diseases/ salmonellosis/. If you suspect you or your child has Salmonella infection, contact your health care provider immediately and mention recent contact with live poultry.



Even poultry that looks healthy can be carrying *Salmonella*. Always supervise small children when they're handling chicks and ducklings, and make sure everyone washes his hands!

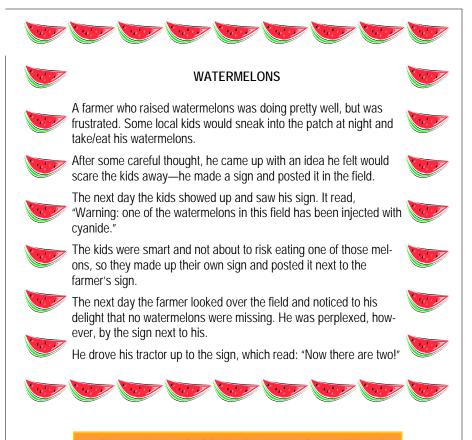


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A police recruit was asked during the exam, "What would you do if you had to arrest your own mother?" He said, "Call for backup."

Seeing Bats? Be Safe!

Condensed from an article by James Wright, DVM, MPVM, Regional Zoonosis Veterinarian, HSR 4/N

Now that it's warm weather, we are seeing more bats in Texas. Some of the migratory species have returned to our area. Also, the major maternity season for bats in the U.S. and Canada is from April through August.

The bat maternity season is significant for two reasons:

- 1. Since the young bats, called "pups", may not be too adept at flying, some of them end up on the ground in their early attempts. In all probability, they are not ill; they just don't have their flight skills perfected yet.
- 2. Sometimes the mother bat actually carries the young with her as she flies. However, because of the extra weight she is carrying in the form of the pups, she may occasionally make a crash

landing and rest a while.

Though either of these "maternity" scenarios can result in a healthy bat being "grounded" or "downed", we cannot be completely sure that any bat within reach of a human or a pet is not ill. Therefore, it is important to educate your citizens/clients about the need to avoid physical contact with any bat.

If a bat comes into physical contact with a person, either by flying into him, landing on him, or being picked up or handled by him, the person should try to capture the bat without further skin contact, so it can be tested for rabies. If available, an adult should carry out the capture. Contact animal control or a veterinarian to have the bat tested. There may be a cost to

the person wanting the bat tested; however, it is certainly worth the money, if the bat has had contact with a person or a pet. If the bat is not available for testing, the person should speak with a physician or health department to assess the exposure.

Caution: A bat may look dead, but "come to life" when disturbed. Therefore, use precautions when picking up any bat. DO NOT touch the bat with bare hands. Wear gloves and simply cover the bat with a small box or empty coffee can and slide a stiff piece of cardboard underneath so the bat is trapped inside the box or can. It is best not to release bats during the day unless it can be placed in a very protected area of a tree out of the direct sun.



Some bats need to be above ground to take flight, so moving the bat to a tree will help it be on its way. While still wearing your gloves, you can remove the cover and place the box on its side in a tree.

Bat exclusion (taking measures to prevent bats entering or reentering an attic or other space) should be done in early spring or in the fall when the young bats are able to fly well. Otherwise, they could be trapped in the area you're trying to clear.

One other reminder: Bats like to swoop down and grab a drink from standing water, such as a farm pond or swimming pool. They are not attacking people in or around the pond or pool. They are just looking for a drink.