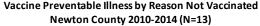
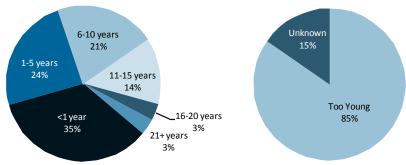
Newton County 2015

Common Childhood Illness

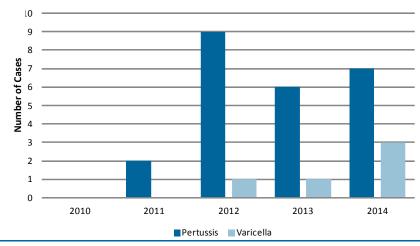
Vaccine preventable diseases are immediately notifiable in the state of Georgia. Over the past ten years anti-vaccination movements have caused an increase in vaccine preventable illnesses across the county. Outbreaks of Measles and Pertussis are showing up on both coasts. Luckily, Measles has not entered the Newton County, although epidemiology staff facilitate testing of suspect cases. Varicella (Chickenpox) became a notifiable disease in 2011 and early reports were most likely sporadic as providers were not accustomed to reporting it.

Vaccine Preventable Illnes by Age of Case Newton County 2010-2014 (N=29)



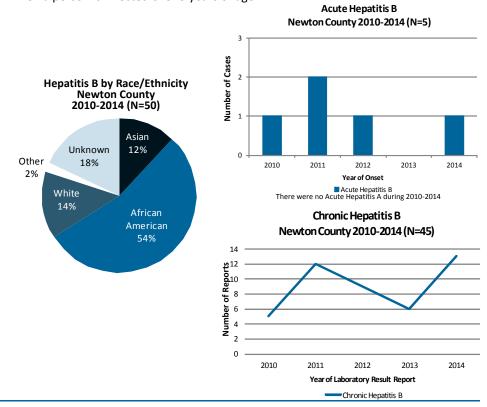


Vaccine Preventable Illness by Disease Newton County 2010-2014 (N=29)



Hepatitis (Acute & Chronic)

All reported viral hepatitis cases are evaluated for acute symptoms of illness by Newton County epidemiology staff. Preventative medication can be given to close contacts of hepatitis A and B cases to prevent illness. Hepatitis A is of significant concern to epidemiology staff, even with its low prevalence, due to the potential for outbreaks within the community. Unlike hepatitis B and C that are spread through contact to blood and other bodily fluids, hepatitis A is spread either through person-toperson or through food or water that has been contaminated with the feces from a human infected with the virus. Vaccination is available for hepatitis A and B. Approximately 90% of hepatitis B infected infants will develop chronic infection. The risk goes down as a child gets older. Approximately 30% of children infected between the ages of 1 and 5 years will develop chronic hepatitis. The risk drops to <5% when a person is infected over 5 years of age.



Data: Georgia State Electronic Notifiable Disease Surveillance System (SendSS)

Hepatitis B Statistics: McMahon BJ, Alward WL, Hall DB, et al. Acute hepatitis B virus infection: relation of age to the clinical expression of disease and subsequent development of the carrier state. J Infect Dis 1985; 151:599–603.