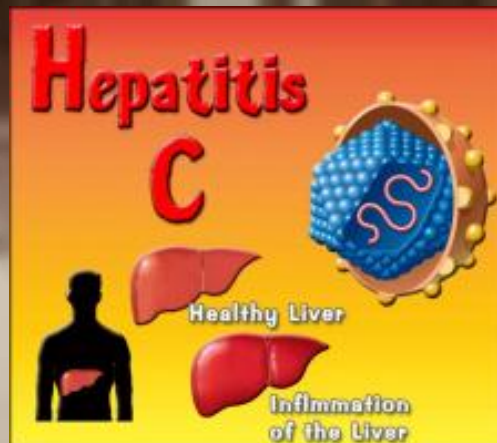


In this edition:

Conjunctivitis
(Pink Eye)



Hepatitis C



CONJUNCTIVITIS (PINK EYE)

Conjunctivitis



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Conjunctivitis-or pink eye, is a common eye condition worldwide. It is one of the most common and treatable eye conditions in children and adults. Pink eye is an inflammation of the thin, clear lining inside of the eyelid and on the white of the eye. This inflammation causes the white of the eye to take on a pink or red color.

Conjunctivitis is caused by viruses, bacteria, allergens (like pet dander) and irritants (like swimming pool chlorine) that infect or irritate the eye and eyelid lining.

There are three different types of conjunctivitis:

Viral Conjunctivitis	Bacterial Conjunctivitis	Allergen Conjunctivitis
<p>Caused by a number of different viruses, many associated with a cold, sore throat or respiratory infection.</p> <ul style="list-style-type: none"> Usually begins in one eye and may progress to the other eye in a few days Contagious; spreads easily and rapidly between people Is typically mild, with symptoms (pink/red color often in both eyes, swelling of the conjunctiva, itching, irritation and crusting of eyelids and eyelashes) being the worst on days 3-5 of infection. Infection usually clears up in 7-14 days without treatment but artificial tears and cold packs help to relieve the dryness and inflammation. Anti-viral medication may be prescribed to treat more serious forms of conjunctivitis. 	<p>Caused by infection of the eye with a certain bacteria.</p> <ul style="list-style-type: none"> Usually begins in one eye and may progress to the other eye Contagious; is the leading cause of children being absent from daycare or school Cases are usually mild and can last 2-3 days or up to 2-3 weeks. Symptoms can be pink/red color in the white of one eye, swelling, increased tearing, yellow/green discharge of pus, burning, irritation or sensitivity to bright light. Mild cases may get better without antibiotic treatment; however, eye drops and ointment can shorten the illness and reduce the spread of infection to others. Artificial tears and cold compresses relieve the dryness and inflammation. 	<p>Caused by the body's reaction to certain substances to which it is allergic, such as grasses, molds, dander from animals, or contact lenses.</p> <ul style="list-style-type: none"> Usually occurs in both eyes Can occur seasonally, when pollen counts are high Not contagious Can occur year-round due to indoor allergens, such as dust mites, but in some people may result from exposure to cosmetics or certain drugs Symptoms can include pink/red color often of both eyes, itchy nose, sneezing, scratchy throat, burning irritation, or the urge to rub the eyes Allergic conjunctivitis usually clears up once the allergen or irritant is removed, but allergy medication and certain eye drops including

Prevention: If you have infectious viral or bacterial conjunctivitis, you can limit the spread to others by following some simple good hygiene steps:

- Wash your hands with soap and warm water often. If soap and water is not available, use an alcohol-based hand rub. Wash hands often after applying eye drops or ointment.
- Avoid touching or rubbing your eyes.
- Wash any discharge from around the eyes several times a day. Throw away tissues after use; and if a washcloth was used, it should be washed in hot water and detergent.
- Wash pillowcases, sheets, towels and washcloths in hot water and soap.
- Avoid sharing towels, blankets and pillowcases used by the infected person.
- Do not** share makeup, contact lenses and containers, or the same eye drop dispenser.



Reference

www.cdc.gov/conjunctivitis

HEPATITIS C

Hepatitis C is inflammation or swelling of the liver caused by an infection with the hepatitis C virus. Hepatitis C may be an acute or chronic condition and those infected with the virus may have symptoms or may exhibit no symptoms at all. Hepatitis C is spread through blood and blood products, and has an incubation period of 14-180 days. Patients with acute hepatitis C present with symptoms such as jaundice, abdominal pain, loss of appetite, and general malaise. Though typically without symptoms for long periods of time, hepatitis C may lead to other conditions such as cirrhosis, hepatocellular carcinoma, Sjogren's syndrome, diabetes mellitus, B-cell lymphoma, aplastic anemia, cryoglobulinemia, and cardiovascular compromise.

Unlike hepatitis A and B, hepatitis C has no vaccination. Treatment includes supportive care, avoidance of drugs metabolized by the liver, and possible use of interferon alpha-2b to decrease viral load in an effort to prevent chronic infection. Chronic hepatitis C cases are generally treated with pegylated interferon alpha-2b in combination with ribavirin. In severe cases liver transplantation may be necessary.

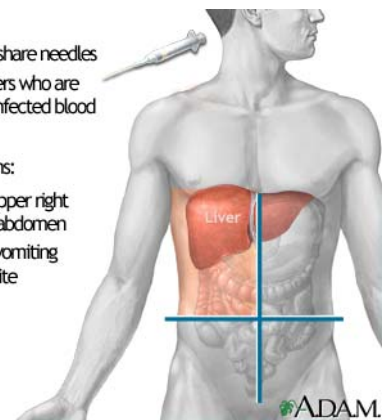
The World Health Organization estimates that 170 million people worldwide are infected with hepatitis C. Hepatitis C is the most common blood borne infection in the United States, infecting 1.8% of the population or 4 million Americans. Each year 30,000 new cases of chronic hepatitis C are diagnosed and 8,000 – 10,000 hepatitis C related deaths occur. 60% of new hepatitis C cases occur in intravenous drug users and 75% of those infected develop chronic infection. Hepatitis C is the main indication for liver transplantation in the United States. To limit and/or prevent transmission, needles should not be shared, avoid unprotected sex with multiple partners, do not share razors, toothbrushes, or nail clippers, and do not donate blood or organs.

Risk factors:

- people who share needles
- health workers who are exposed to infected blood

Possible symptoms:

- pain in the upper right quadrant of abdomen
- nausea and vomiting
- loss of appetite
- jaundice
- fatigue
- itching



Transmission of Viral Hepatitis					
Transmission Route	Hepatitis A	Hepatitis B	Hepatitis C	Hepatitis D	Hepatitis E
Food - Borne	●	■	■	■	●
Fecal - Oral	●	■	■	■	●
Water - Borne	●	■	■	■	●
Raw Shellfish	●	■	■	■	●
Intra-Institutional	●	●	●	●	●
I.V. Drug Use	▲	●	●	●	■
Transfusion	▲	●	●	●	▲
Hemodialysis	■	●	●	●	■
Sexual	▲	●	▲	●	▲
Anal - Oral Contact	●	■	■	■	▲
Oral - Oral Contact	●	▲	■	■	●
Household	●	▲	▲	▲	●
Mother to Newborn	▲	●	▲	●	▲
	● Common	▲ Infrequent	■ Never	● Suspected	

Reference

Pinto, S, and T Schub. 2012. "Hepatitis C." *CINAHL Plus with Full Text*

**COMMUNICABLE DISEASE
REPORTED FOR SAGINAW COUNTY
FOR THE QUARTER
10/1/2012 – 12/31/2012**

Disease	No. Reported
ANIMAL BITE	10
CAMPYLOBACTER	2
CHICKEN POX (VARICELLA)	5
CHLAMYDIA (Genital)	317
CRYPTOSPORIDIOSIS	2
FLU-LIKE DISEASE	3525
GASTROINTESTINAL ILLNESS	1707
GIARDIASIS	1
GONORRHEA	75
GUILLAIN-BARRE SYNDROME	1
HEAD LICE	194
HEPATITIS B CHRONIC	12
HEPATITIS C CHRONIC	50
HISTOPLASMOSIS	7
INFLUENZA	2
MENINGITIS-ASEPTIC	3
MYCOBACTERIUM-OTHER	4
SALMONELLOSIS	1
STREP THROAT	502
SHIGA TOXIN-PRODUCING ESCHERICHIA COLI	1
SHIGELLOSIS	1
SYPHILIS-EARLY LATENT	3
SYPHILIS-LATE LATENT	2



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Please visit our website at www.saginawpublichealth.org
where our communicable disease pamphlets are available.

If you would like to receive this newsletter by e-mail please submit your e-mail address to: kburlingame@saginawcounty.com

This newsletter is provided to all Saginaw County healthcare providers, hospitals, schools, local colleges, universities, urgent care facilities and local media centers.

**COMMUNICABLE DISEASE YTD
REPORTED FOR SAGINAW COUNTY
1/1/2012 – 12/31/12**

Disease	No. Reported
AIDS, AGGREGATE	8
ANIMAL BITE	60
CAMPYLOBACTER	8
CHICKEN POX (VARICELLA)	27
CHLAMYDIA (Genital)	1228
COCCIDIOIDOMYCOSIS	1
CRYPTOSPORIDIOSIS	11
ENCEPHALITIS, PRIMARY	1
FLU LIKE DISEASE	11781
GASTROINTESTINAL ILLNESS	5484
GIARDIASIS	10
GONORRHEA	248
GUILLAIN-BARRE SYNDROME	5
HEAD LICE	539
HEMOLYTIC UREMIC SYNDROME	1
HEPATITIS A	3
HEPATITIS B ACUTE	5
HEPATITIS B CHRONIC	30
HEPATITIS C ACUTE	30
HEPATITIS C CHRONIC	146
HISTOPLASMOSIS	9
INFLUENZA	133
LEGIONELLOSIS	7
LYME DISEASE	2
MENINGITIS-ASEPTIC	25
MENINGITIS-BACTERIAL	6
MYCOBACTERIUM-OTHER	9
SALMONELLOSIS	17
SHIGA TOXIN-PRODUCING ESCHERICHIA COLI	104
SHIGELLOSIS	1
STREP THROAT	1636
STREPTOCOCCAL DIS. INV. GROUP A	1
STREPTOCOCCAL PNEUMONIAE, INV.	3
STREPTOCOCCAL TOXIC SHOCK	1
SYPHILIS –EARLY LATENT	5
SYPHILIS-LATE LATENT	2
SYPHILIS-SECONDARY	1
VZ INFECTION, UNSPECIFIED	8
WEST NILE VIRUS	1

Articles for this newsletter are written and researched by the following members of the Personal and Preventive Health Services Division: John Winden, R.N., M.S.N., Tawnya Simon, R.N., B.S.N., M.S.A., Susan Gottlieb, R.N., and Kemberly Parham, R.N., B.S.N.