

public  
health

# CAMPLETTER

Information from the Minnesota Department of Health for Summer 2012

## DISEASES CARRIED BY TICKS AND MOSQUITOES

Heading outside during Minnesota's warm seasons can result in exposure to ticks and mosquitoes, and the diseases they carry.

The most common tick-borne disease in Minnesota is Lyme disease, which is carried by blacklegged ticks ("deer ticks"). These ticks are most common in wooded or brushy areas in north-central, central, eastern, and southeastern Minnesota. Lyme disease can affect people of any age group. It often, but not always, starts as an expanding red rash that may develop a "bull's-eye" appearance or spread to other parts of the body. Other signs of Lyme disease can include facial paralysis (Bell's palsy), swollen joints, meningitis, or non-respiratory "flu-like" symptoms. Blacklegged ticks also carry anaplasmosis, babesiosis, and Powassan virus disease, which may also begin with "flu-like" symptoms. In addition, a small number of Rocky Mountain spotted fever cases have occurred in Minnesota. This disease is carried by the American dog tick ("wood tick"), which is common in grassy or woody areas.

Mosquitoes are also a problem in Minnesota. Risk of West Nile virus (WNV) is greatest during dusk and dawn in open areas of western Minnesota from mid-summer to early fall. WNV can cause a high fever, "flu-like symptoms," and swelling of the brain; severe symptoms are most common in the elderly or immune compromised. In contrast, children are vulnerable to LaCrosse (LAC) encephalitis virus, which is carried by a daytime-biting mosquito in the southern one-third of the state. Risk of LAC encephalitis is greatest for children playing in the woods from mid- to late-summer in this region.

To prevent diseases from ticks and mosquitoes, campers and staff should diligently apply repellent containing DEET whenever they are outside. They can also pre-treat clothing with permethrin, another repellent. Staying to the center of the trail can minimize exposure to ticks, and wearing long, light-colored pants can help spot ticks before they have a chance to bite. After returning from outdoors, thorough tick checks are important. If any signs or symptoms (e.g., expanding or spotty rash, fever, muscle/joint pain, or other non-respiratory "flu-like" symptoms) of tick- or mosquito-borne disease develop within 2-4 weeks of possible exposure, seek medical care.

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[www.health.state.mn.us](http://www.health.state.mn.us)



## REMINDER: BATS AND RABIES

Every summer, children at camps are exposed to potentially rabid bats, often at night when bats get into cabins while campers are sleeping. When this occurs, bats should be captured and submitted for rabies testing. Please contact the Minnesota Department of Health (651-201-5414) for help with handling bat exposure situations and laboratory submission.

Each year in Minnesota, 3-4% of the bats that we test are positive for rabies. Under most circumstances it is best to wait for laboratory results before proceeding with any further action. If the bat tests negative for rabies, there is no need for further follow up.

Failure to capture bats found in cabins with campers often results in letters being sent home to parents, high levels of fear, and campers receiving post-exposure prophylaxis (a series of four rabies vaccinations and an injection of immune globulin). Below we provide tips for minimizing campers' exposures to bats and managing exposure situations.

### *Minimizing camper exposure to bats:*

- Avoid having campers sleep in large, open airspace buildings such as barns that may be infested with bats. If a bat is found flying in a sleeping area, it has to be assumed that any sleeping campers were exposed, so avoiding exposure is important.
- If a bat is seen inside a cabin or other occupied camp building, capture the bat and send it in to be tested for rabies.
- Bat proof buildings when possible.

### *How to properly capture a bat:*

- Use a container with a lid, and a piece of cardboard. Do not use a blanket or sheet as bats may bite through fabric.
- Wear leather gloves or thick work gloves.
- Wait for the bat to roost on the floor or a wall.
- Slowly approach the bat and place the container over the bat. Then slide the cardboard underneath and flip it over, containing the bat.
- Secure the lid or cardboard to the container so the bat cannot escape.
- The bat should be submitted to the Minnesota Veterinary Diagnostic Laboratory, located on the St. Paul campus of the University of Minnesota.
  - Contact a local veterinary clinic to arrange shipment of the bat.
  - Or submit the bat in person to:  
Minnesota Veterinary Diagnostic Laboratory  
1333 Gortner Ave  
St. Paul, MN 55108  
Phone: 1-800-605-8787; 612-625-8787

### *For more information about bats and rabies:*

For detailed information on bats in camps, how to bat proof cabins, and how to capture and remove a bat from a building, please visit the CDC at: [www.cdc.gov/rabies/pdf/bats\\_final\\_508.pdf](http://www.cdc.gov/rabies/pdf/bats_final_508.pdf)

For questions regarding bat or other potential rabies exposures contact the Minnesota Department of Health at 651-201-5414 or Dr. Joni Scheftel at 651-201-5107.

## **PERTUSSIS**

Pertussis, or whooping cough, is a disease that affects the lungs. Pertussis bacteria are spread from person-to-person through the air. A person with pertussis develops a severe cough that can last up to 3 months. Pertussis can be very serious. Minnesota has had several outbreaks of pertussis reported throughout the state. Although pertussis can occur in any age group, a large proportion of cases have occurred in the 9 to 11 year-old age group.

Pertussis often begins with symptoms similar to the early stages of the common cold - runny nose, low-grade fever, and a mild cough. After a week or two, a persistent cough develops and can be more common at night. The cough occurs in bursts and may end with a high-pitched whooping sound and sometimes vomiting. Between bursts of coughing, the person appears well.

Any suspected or confirmed pertussis cases should be reported to the Minnesota Department of Health (MDH). MDH will work with you and assist you with any needed prevention and control measures.

## **INTESTINAL ILLNESS**

Individual cases and outbreaks of illness characterized by vomiting and/or diarrhea occur relatively frequently in camp settings. Outbreaks of intestinal illness may be due to food, water (drinking or recreational), contact with animals, or contact with other people. There are a number of different viruses, bacteria, and parasites that cause intestinal illness. Most of these germs are passed in the stool of infected individuals, not only while they are ill but also for at least several days after recovery from symptoms. It is important to remember that ill individuals (regardless of where or how they acquired their illness) can pass these germs on to others through food, swimming, or direct contact.

To minimize the chance of becoming ill, individuals should wash hands thoroughly with soap and water before eating and should avoid swallowing water while swimming. This is great advice even when you are not at camp. To help prevent others from becoming ill, individuals who currently are or have recently been ill with vomiting and/or diarrhea should not handle or prepare food for others and should refrain from swimming. Everyone should always wash their hands thoroughly with soap and water after going to the bathroom and before preparing food for others. Alcohol-based hand sanitizers may not be effective against all germs; therefore, while they may be a useful adjunct they should not replace hand washing.

Outbreaks of intestinal illness should be reported promptly to the Minnesota Department of Health at 651-201-5414 or 1-877-676-5414.

Additional details about intestinal illness can be found at the Minnesota Department of Health website at: <http://www.health.state.mn.us/divs/idepc/dtopics/foodborne/>

## CHICKENPOX

Chickenpox (varicella) is a very contagious rash illness caused by a virus. Many camp-aged children are not yet fully vaccinated with the recommended two doses of varicella vaccine. In individuals who have not been vaccinated, it first appears as red, raised spots which turn into itchy, fluid-filled vesicles. Vaccinated individuals, especially those who have received only one dose, may have a milder form of the rash with few spots and no vesicles. Varicella is typically more severe in older children and adults. Serious complications may occur, especially in immunocompromised individuals.

Although varicella is not common during the summer, it can occur year round. Any suspected outbreaks (5 or more individuals, or 3 or more if the individuals are age 13 or older) should be reported promptly to the Minnesota Department of Health at 651-201-5414 or 1-877-676-5414. The Minnesota Department of Health can assist you with notification materials and recommendations for control of the outbreak.

