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Clay County Health Department Reports Third Case of Rocky Mountain Spotted Fever

FLORA, IL – The Clay County Health Department has reported its third probable case of Rocky Mountain spotted fever in 2008. Rocky Mountain spotted fever is an infectious disease transmitted by the bite of an infected tick or by contamination of the skin with tick blood or feces.

The first Clay County case was reported in April this year which is the beginning of active tick season. The other two cases were reported in June. “It is not common to see this many cases of tickborne illness,” reports Deb Lamb, Communicable Disease Coordinator at the Clay County Health Department. “Ticks seem to be more active this year. A lot of people have reported finding numerous ticks on them after participating in outdoor activities.” Ticks are most active from April through July.

Ticks wait for host animals from the tips of grasses and shrubs (not from trees). When brushed by a moving animal or person, they quickly let go of the vegetation and climb onto the host. Ticks can only crawl; they cannot fly or jump. One way to reduce the risk of a tick bite is to keep vegetation mowed as short as possible in areas where people are active. Ticks cannot tolerate the drying heat of the sun and they will not survive long on short dry vegetation. Areas that may provide cover for small animals should be moved (i.e. wood pile near the house) or eliminated (misc. junk pile that may collect on some larger properties).

Systematic control of ticks over an area larger than a backyard is difficult and expensive in terms of labor and insecticides needed to conduct such a project. For an individual property owner, control of ticks around the immediate area of the home can be practical. However, control of ticks over 16 acres would probably be very expensive. For use in one's own backyard, insecticides to control ticks can be purchased at hardware stores.

Other precautions one can take against tick bites include:

- Checking clothing often for ticks. Wear white or light-colored long-sleeved shirts and long pants tucked into your socks. Wear a head covering for added protection.
- Apply insect repellent containing DEET (30% or less) to exposed skin. Use repellents containing permethrin to treat clothing. Follow label directions; do not misuse or overuse repellents.
- Walk in the center of trails.

- Check yourself and other family members every two to three hours for ticks. Most ticks seldom attach quickly and rarely transmit tickborne disease until they have been attached for four or more hours.
- If you let your pets outdoors, check them often for ticks as well.

If you encounter a tick on your body or clothing, remove it promptly. Do not burn the tick with a match or cover it with petroleum jelly or nail polish. Do not use bare hands to remove the tick because tick secretions may carry disease. The best way to remove a tick is to grasp it firmly with tweezers as close to the skin as possible and gently, but firmly, pull it straight out. If tweezers are not available, use a piece of tissue or cloth or whatever can be used as a barrier between your fingers and the tick. Ticks can be safely disposed of by placing them in a container of soapy water or alcohol, sticking them to tape or flushing them down the toilet. Wash the bite area and your hands thoroughly with soap and apply an antiseptic to the bite site.

Tickborne illnesses, like Lyme disease, Rocky Mountain spotted fever, tularemia, and ehrlichiosis, can be serious if not treated. Symptoms usually appear within 3 to 14 days after a tick bite and may include the sudden onset of a moderate to high temperature, severe headache, fatigue, deep muscle pain, chills and a bulls-eye rash. When diagnosed early, treatment usually includes an antibiotic regimen. If you experience any of these symptoms, be sure to contact your physician immediately and inform him of the tick bite.

Links:

Information about tick control may be found at
<http://www.idph.state.il.us/envhealth/pccommonticks.htm>

and

http://www.wwhd.org/TLD_CD/anaprop2.htm

and

<http://www.cdc.gov/ncidod/dvbid/lyme/resources/handbook.pdf> [80 pages, but a complete summary of the issue]

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