

The publication of this newsletter is unofficial and does not reflect any opinion, directive, or policy of the Woodlake Property Owners Association members or Board of Directors.

The primary purpose of the newsletter is to convey information designed to assist us to reduce or prevent crime in our community.

The information presented is available through various public access sources, personal interview, or observation. Your comments as to how we can improve this effort are welcome.

**1. Bell County Sheriff Tip Line: Wanted as of May 31<sup>st</sup>, 2014** - [http://71.6.170.26/revize/bellcounty/departments/cscd\(adult\\_probation\)/most\\_wanted.php](http://71.6.170.26/revize/bellcounty/departments/cscd(adult_probation)/most_wanted.php), and/or; <http://bellcountycrimestoppers.com/> (No Change: review the most recent wanted poster for Bell and Lampasas Counties).

Also, the Bell County Sheriff's Department warns that the incidents of Fraud and various money Scams is on the rise. Please review the attached information insert to learn what you need to know to protect yourself against being a victim of these cons.

If you have any information regarding any of these individuals; Call the Bell County Sheriff's Office at 254-933-5400, your local law enforcement, or CRIMESTOPPERS AT 1-800-729-TIPS (Local 526-TIPS) There is now an "on-line" crime reporting system for your convenience: [http://71.6.170.26/revize/bellcounty/citizen\\_online\\_reporting\\_system/index.php](http://71.6.170.26/revize/bellcounty/citizen_online_reporting_system/index.php)

**From Austin** - The Texas DPS Criminal Investigations Division took Kathryn Dodson Lee, a confirmed Aryan Brotherhood of Texas gang member, into custody without incident on April 28, 2014 in Austin.



RACE: W, SEX: F, HT: 5'7, WGT: 180 lbs. DOB: 08/15/1973, AKA: Kathryn Gearldine Blackford, Kathryn Dodson, Kathryn Gollihar, Kathryn Smith, Kathryn Lee, Kathryn Geraldine Blackford, Geraldine Kathryn Blackford,

On October 30, 2013, the Texas Board of Pardons and Paroles issued a warrant for Lee's arrest for Parole Violation (Original CCH: Manufacture/Delivery of Controlled Substance, Possession of CS, Possession of Marijuana, Assault w/Bodily Injury, Larceny, Forgery, Theft, and Tamper/Fabricate Physical Evidence with Intent to Impair.

The arrest was not the result of tip information received. No reward will be paid. **Source: Texas Crime Stoppers** Text "DPS plus your tip" to 274637 (CRIMES) or call 1-800-252-TIPS (8477) - 24 hours a day.

**2. Crime Update: TPD Arrest Car Theft Scheme By Phony Valet at VA** - Kevin Joseph Donnelly, 50, was arrested on Thursday and charged with unauthorized use of a vehicle.

Officers were called out to the Temple VA Hospital at 2:30 p.m. on Tuesday, May 20, about a stolen vehicle.

The victim stated that when he pulled into the valet service lane at 6:30, a man, who claimed to work for the VA, approached the car, helped the driver get out, and got a wheelchair for the driver to use. The man told the driver he would park the vehicle and drove away in the 2011 Ford SUV as though he was parking the car.

Upon returning following the appointment, when asking for his car at the valet station he was told his keys were not there and the man they described did not work as a valet at the VA Hospital. The VA Police Department helped search but were unable to find the car.

The suspect was identified as Kevin Donnelly from the security camera footage obtained from the hospital.

The stolen vehicle was found in an alley behind the Harmony Court apartments at 9:30 AM on Wednesday; Donnelly was in the vehicle and taken into custody without incident. (Source: KXXV.com, Posted: May 22, 2014 3:20 PM CDT Kevin Joseph Donnelly)

**3. The Suspect in Bell County's First Case of Rabies Reported This Year is a Skunk!**

Killeen Animal Control Officers responded to the 4500 block of Lonesome Dove on April 6, 2014 in reference to a dog that had been scratched by a skunk. The skunk was captured and per protocol it was processed for testing at the Texas Department of State Health Service, Austin Laboratory.

The TDHS notified the Killeen Animal Control Unit on April 8, 2014 that the skunk had tested positive for the rabies virus.

All residents should be aware of their surroundings and closely watch for any unusual wild animal activity. There have been three skunks identified in Bell County between January 2014 and April 3, 2014 and confirmed positive with the rabies virus.

The TDHS has also confirmed the first case of equine rabies for this year in McLennan County from late April.

There were 7 total cases of equine rabies statewide last year. Compared to the number of cases in other domestic animals, such as dogs, cats, and cows, rabies in horses is rare but does happen.

Skunks, again, are the cause of rabies in horses after getting bit or scratched.

Two separate cases of rabies have been identified on post by the Fort Hood Veterinary Center, and there has been one confirmed case of human exposure to rabies.

The first rabies case involved yet another skunk found on May 12 that was seen acting strangely in a motor pool. The second rabies case involved a gray and white kitten that

attacked a Fort Hood resident outside a home on Central Dr. on May 16.

Following these cases, Public Health Command and the Fort Hood Veterinary Center encouraged all residents to avoid handling wild or stray animals, and make sure their pets were vaccinated for rabies.

During the early stages, an animal infected with rabies may not be symptomatic, but they can still spread the virus.

Symptoms include staggering, stumbling and difficulty eating and drinking. If you notice any of these behaviors, call your vet.

There's no cure for rabies, the virus spreads easily through saliva and it's fatal and is why vaccinating your horses and pets is critical as well as:

- Supervise your pets and/or children when they are outdoors even in fenced yards, that they do not approach or touch any wild animal.
- Report any sick or injured animals or any unusual animal activity to the Killeen (BelCo) Animal Control Unit at: During normal operating hours - 254-526-4455 After normal operating hours - 254-501-8800.

The rabies virus is deadly to humans and animals; be cautious and observant.

Key facts:

- Rabies occurs in more than 150 countries and territories and is present on all continents with the exception of Antarctica.
- More than 55 000, of which 95% occur in Asia and Africa, die every year of rabies.
- 40% of people who are bitten by suspect rabid animals are children younger than 15.
- Dogs are the source of the vast majority of human rabies deaths.
- Post contact wound cleansing and immunization within a few hours of a rabid animal can prevent rabies infection and death.
- Every year, more than 15 million people worldwide receive a post-exposure vaccination to prevent the disease and hundreds of thousands of rabies deaths.
- Once symptoms of the disease develop, rabies is nearly always fatal.

Typically, the incubation period for rabies varies from 1 week to 1-3 months but could be more than a year. The initial symptoms of rabies are fever and often pain or an unusual or unexplained tingling, pricking or burning sensation (paraesthesia) at the wound site.

As the virus spreads through the central nervous system, progressive, fatal inflammation of the brain and spinal cord develops.

Other symptoms may include:

- Drooling
- Convulsions
- Excitability
- Loss of feeling in an area of the body
- Loss of muscle function

- Muscle spasms
- Restlessness
- Swallowing difficulty (drinking causes spasms of the voice box)

Two forms of the disease can follow. People with furious rabies exhibit signs of hyperactivity, excited behavior, hydrophobia and sometimes aerophobia. After a few days, death occurs by cardio-respiratory arrest.

Paralytic rabies accounts for about 30% of the total number of human cases. This form of rabies runs a less dramatic and usually longer course than the furious form. The muscles gradually become paralyzed, starting at the site of the bite or scratch. A coma slowly develops, and eventually death occurs. The paralytic form of rabies is often misdiagnosed, contributing to the under-reporting of the disease.

No tests are available to diagnose rabies infection in humans before the onset of clinical disease, and unless the rabies-specific signs of hydrophobia or aerophobia are present, the clinical diagnosis may be difficult. Human rabies can be confirmed *intra vitam* and *post mortem* by various diagnostic techniques aimed at detecting whole virus, viral antigens or nucleic acids in infected tissues (brain, skin, urine or saliva).

Rabies is a zoonotic disease (a disease that is transmitted to humans from animals) that is caused by a virus. The disease affects domestic and wild animals, and is spread to people through close contact with infectious material, usually saliva, via bites or scratches.

Dogs are the main host and transmitter of rabies. They are the source of infection in all of the estimated 50,000 human rabies deaths annually in Asia and Africa.

Bats are the source of most human rabies deaths in the Americas. Bat rabies has also recently emerged as a public health threat in Australia and Western Europe. Human deaths following exposure to foxes, raccoons, skunks, and other wild carnivore host species are very rare.

Human-to-human transmission by bite is theoretically possible but has never been confirmed.

Rarely, rabies may be contracted by inhalation of virus-containing aerosol or via transplantation of an infected organ. Neither is ingestion of raw meat or other tissues from animals infected with rabies a source of human infection.

Post-exposure prophylaxis (PEP) consists of:

- Local treatment of the wound, initiated as soon as possible after exposure;
- A course of potent and effective rabies vaccine that meets WHO recommendations; and
- The administration of rabies immunoglobulin, if indicated.

Removing the rabies virus at the site of the infection by chemical or physical means is an effective means of protection. Therefore, prompt local treatment of all bite wounds and scratches that may be contaminated with rabies virus is important. Recommended first-aid procedures include immediate and thorough flushing and washing of the wound for a minimum of 15 minutes with soap and water, detergent, Povidone iodine or other substances that kill the rabies virus.

Safe, effective vaccines can be used for pre-exposure immunization and is highly recommended for people in certain high-risk occupations such as laboratory workers dealing with live rabies virus and other rabies-related viruses (lyssaviruses), and people involved in any activities that might bring them professionally or otherwise into direct contact with bats, carnivores, and other mammals in rabies-affected areas.

Recent increases in human rabies deaths in parts of Africa, Asia and Latin America suggest that rabies is re-emerging as a serious public health issue.

Travellers with extensive outdoor exposure in rural, high-risk areas where immediate access to appropriate medical care is limited and anyone in continual, frequent or increased danger of exposure to rabies virus, either by nature of their residence or occupation are also at risk.

The most cost-effective strategy for preventing rabies in people is by eliminating rabies in dogs through vaccination. Preventing human rabies through control of domestic dog rabies is a realistic goal and is justified financially by the future savings of discontinuing post-exposure prophylaxis for people.

If an animal bites you, try to gather as much information about the animal as possible. Call your local animal control authorities to safely capture the animal. If rabies is suspected, the animal will be watched for signs of rabies.

Humans Bite wounds may become infected due to the transfer of bacteria from the mouth of mammals into the skin. Antibiotics have been found effective for reducing the rate of infection after bites by mammals. Antibiotics also decreased the chance of developing a wound infection after a bite on the hand. A special test called immunofluorescence is used to look at the brain tissue after an animal is dead. This test can reveal whether or not the animal had rabies.

The doctor or nurse will examine you and look at the bite. The wound will be cleaned and treated as appropriate.

The same test used on animals can be done to check for rabies in humans, using a piece of skin from the neck. Doctors may also look for the rabies virus in your saliva or spinal fluid, although these tests are not as sensitive and may need to be repeated.

A spinal tap may be done to look for signs of the infection in your spinal fluid

If there is any risk of rabies, you will be given a series of a preventive vaccine. This is generally given in 5 doses over 28 days. Most patients also receive a treatment called human rabies immunoglobulin (HRIG). This is given the day the bite occurred.

There is no known effective treatment for people with symptoms of a rabies infection.

It's possible to prevent rabies if immunization is given soon after the bite. To date, no one in the United States has developed rabies when given the vaccine promptly and appropriately.

To help prevent rabies:

- Avoid contact with animals you don't know.
- Get vaccinated if you work in a high-risk occupation or travel to countries with a high rate of rabies.
- Make sure your pets receive the proper immunizations. Ask your veterinarian.
- Follow quarantine regulations on importing dogs and other mammals in disease-free countries.

#### References:

- Rupprecht CE, Briggs D, Brown CM, et al. Centers for Disease Control and Prevention (CDC). Use of a reduced (4-dose) vaccine schedule for postexposure prophylaxis to prevent human rabies: recommendations of the advisory committee on immunization practices. *MMWR Recomm Rep.* 2010 Mar 19;59(RR-2):1-9. Erratum in: *MMWR Recomm Rep.* 2010 Apr 30;59(16):493. [PubMed: 20300058]
- Bassin SL, Rupprecht CE, Bleck TP. *Rhabdoviruses*. In: Mandell GL, Bennett JE, Dolin R, eds. *Principles and Practice of Infectious Diseases*. 7th ed. Philadelphia, Pa: Elsevier Churchill Livingstone; 2009:chap 163. Review Date: 8/14/2012. Reviewed by: David Zieve, MD, MHA, Medical Director, A.D.A.M. Health Solutions, Ebix, Inc. Jatin M. Vyas, MD, PhD, Assistant Professor in Medicine, Harvard Medical School; Assistant in Medicine, Division of Infectious Disease, Department of Medicine, Massachusetts General Hospital.