



“Improving Public Health in Our Community Through Cooperation”

**Alachua County
Health Department**
(352) 334-7900

**To report a disease,
phone or fax the
appropriate office below:**

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(352) 334-8892

Environmental Health
Director Anthony Dennis
(352) 334-7931

HIV/AIDS
Richard Willis, Surveillance
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Martha Buffington, Ryan White
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Epidemiology/Hepatitis
Nadia Kovacevich, MPH, CPH
(352) 225-4181
Fax (352) 955-6464
If you would like to receive the
Epi InvestiGator by email or fax,
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Nadia.Kovacevich@flhealth.gov,
or phone: (352) 225-4181

Immunizations
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Sexually Transmitted Disease
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Geneva Saulsberry, RN, BSN
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Editor
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The Flu and You

Submitted by: Michael Smith, RN
Immunizations Supervisor
michael.smith@flhealth.gov

It's that time of year again! The dreaded “Flu Season” is now upon us.

There are many questions and concerns about the flu and what one can do to become protected against this possible deadly disease. The fact is, the flu kills thousands of people a year and hospitalizes many more. Hopefully, after reading this article, you will have gained a better understanding on how to protect yourself from becoming one less victim of the flu virus.

The Centers for Disease Control and Prevention performs research year-round to help produce vaccinations for the protection against some of the most common types of flu viruses known in the United States. Questions do arise pertaining to the flu and the vaccines given for protection. First of all, what is the flu? The flu is a very contagious virus that is mostly spread in the winter season in the United States. It is usually the months of October-May that this occurs. How is it spread? It can be transmitted through coughing, sneezing, and close contact. Who can get the flu? Anyone can, however; children are most at risk for contracting the flu. What are the common side effects of the flu? Symptoms range from the following: Fever/chills, sore throat, muscle aches, cough, fatigue, headache, and runny or stuffy nose. How old does one have to be to get the flu vaccine? Anyone from 6 months old and older can receive the flu vaccine. Who should get the vaccine? CDC recommends that people who are at high risk of developing pneumonia if they get sick with the flu. This includes: People with asthma, diabetes and chronic lung diseases, pregnant women, and people over age 65. Healthcare workers in close contact with patients who are high risk should also consider being vaccinated against the flu.

The flu virus in the vaccine is inactivated, which means the viruses in the vaccine are not alive. They have been killed. Therefore, someone who receives this type of vaccine will not “catch the flu” from it. This type of vaccine is given as an injection. There can be mild problems associated with the vaccine including: soreness, redness, or swelling where the shot was given; hoarseness; sore, red itchy eyes; cough; fever; aches; headaches; itching; fatigue. If these problems occur, it is usually right after the injection and lasts 1-2 days.

Some people should **not** get the flu vaccine if they have severe life threatening allergies, especially eggs or the mercury-based preservative called Thimerosal. If you have ever had Guillain-Barre Syndrome (a severe paralyzing illness) you should not get the vaccine. If you aren't feeling well it may be advised for you to return when you feel better. For those allergic to eggs, manufacturers have available an egg free flu vaccine licensed for ages 4 years old and up, which the Alachua County Health Department has a limited quantity.

Flu viruses change every year. Each year's flu vaccines are made to protect you from the most common flu viruses likely to cause illness. Be aware that once vaccinated against the flu, it takes approximately 2 weeks for your body to build protection against those strains. Protection can last from a few months up to a year. Don't wait until there is an outbreak in your community to get the flu vaccine. It may be too late and you will have already been exposed. Remember, the flu virus is spread by someone coughing, sneezing or having close contact with another person. Take precaution by washing hands, keeping hands out of the mouth or nose, and limit/avoid close contact with those showing symptoms. Protect the community, protect your family, but most importantly...protect yourself!

For questions please utilize the CDC website, as it offers more detail of the 2016-2017 flu season. www.cdc.gov/flu
Portions of this article were obtained from the CDC Vaccine Information Statement for the Influenza Vaccine dated 08/07/2015.



Refresher Course

Submitted By: Geneva Saulsberry, RN, BSN
Regional Nurse Case Manager

It's time for a refresher course on the basics of Tuberculosis. When working around this disease all of the time, sometimes we take it for granted that not everyone is familiar with what it is and how it's spread.

What is TB?

TB is caused by bacteria called *Mycobacterium tuberculosis*. When a person with TB disease of the lung or throat coughs or sneezes, tiny particles containing *M. tuberculosis* may be expelled into the air. If another person inhales air that contains these particles, the TB bacteria may enter the lungs causing infection.

However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions can exist: Latent TB Infection and TB disease.

A Person with Latent TB Infection	A Person with TB Disease
Usually has a skin test or blood test result indicating TB infection	Usually has a skin test or blood test result indicating TB infection
Has a normal chest x-ray and a negative sputum test	May have an abnormal chest x-ray, or positive sputum smear or culture
Has TB bacteria in his/her body that are alive, but inactive	Has active TB bacteria in his/her body
Does not feel sick	Feels sick and may have symptoms such as coughing, fever, and weight loss
Cannot spread TB bacteria to others	May spread TB bacteria to others
Should consider treatment for latent TB infection to prevent TB disease	Needs treatment for TB disease

(2015, CDC.com)

The best way to eliminate Tuberculosis is by making sure people are educated on the symptoms of active disease as well as ways it can be transmitted.

Good preventative methods are important as well. For those who are high risk for exposure, having an annual TB Risk Assessment done as well as having a skin test placed if needed are excellent preventative methods.

Many people think that TB is a disease of the past — an illness that no longer threatens us today. One reason for this belief is that, in the United States, we are currently experiencing a decline in TB. We are at an all-time low in the number of persons diagnosed with TB disease.

That very success makes us vulnerable to complacency and neglect. But it also gives us an opportunity to eliminate TB in this country. Now is the time to take decisive actions, beyond our current efforts, that will ensure that we reach this attainable goal (CDC, 2015).

Portions of this article retrieved directly from:

http://www.cdc.gov/tb/publications/pamphlets/nowisthetime/default.htm#link_four

Responding to Ongoing Zika Transmission in Florida

Submitted By: Nadia Kovacevich MPH, CPH
Epidemiologist

The Centers for Disease Control and Prevention (CDC) and Florida health officials recommend at this time:

- Women and men who are planning to conceive in the near future should consider avoiding nonessential travel to this newly designated area.
- Women who are diagnosed with Zika should wait at least 8 weeks after a positive laboratory testing before trying to get pregnant.
- Men who are diagnosed with Zika should wait at least 6 months after a positive laboratory test before trying to get their partner pregnant.
- Women who traveled to this area should wait at least 8 weeks before trying to get pregnant, regardless of whether they had symptoms.
- Men who traveled to this area should wait at least 6 months before trying to get pregnant, regardless of whether they had symptoms.
- Women and men who live in or frequently travel to this area and who do not have signs or symptoms of Zika should talk to their healthcare provider to inform their decisions about timing of pregnancy.

Pregnant women who traveled to an area of active Zika virus transmission or had sex with a partner who lives in or traveled to an area without using condoms or other barrier methods to prevent infection should consult with their healthcare provider. They should be tested in accordance with CDC guidance. For additional information, see the October 13, 2016 CDC News Release at: <https://www.cdc.gov/media/releases/2016/p1014-zika-transmission.html>

Clinician Guidance

Clinicians that suspect a patient has a Zika virus infection should:

- 1) Test for dengue, chikungunya, and other viruses due to similar geographic spread of diseases and clinical presentation;
- 2) Contact DOH-Alachua at 352-225-4181 to report the disease upon suspicion. We will be able to provide consultation for current laboratory testing recommendations.

Please contact DOH-Alachua to request Zika virus testing for patients without insurance. **Clinicians are still required to report suspected Zika fever cases to DOH at the time testing is ordered, regardless of which lab performs the testing, to ensure appropriate mosquito control actions are taken.**

Additional Healthcare Resources:

<http://www.cdc.gov/zika/hc-providers/index.html>

<http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html>

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2016	2015	2015	Disease Activity	Con'td.	2016	2015	2015
	Jan-Sept	Jan-Sept	Jan-Dec			Jan-Sept	Jan-Sept	Jan-Dec
AIDS	**17	*18	32	Measles		0	0	0
Anaplasmosis, HGA (Anaplasma Phagocytophilum)	2	0	0	Meningitis, bacterial or mycotic		3	3	3
Arsenic Poisoning	0	0	0	Meningococcal disease		0	0	0
Botulism	0	0	0	Mercury poisoning		0	0	0
Brucellosis	0	0	0	Mumps		1	0	0
Campylobacteriosis	32	41	55	Neurotoxic shellfish poisoning		0	0	0
Carbon Monoxide Poisoning	0	0	0	Pertussis		1	4	4
Chikungunya fever	0	0	2	Pesticide-related illness and injury, acute		0	0	0
Chlamydia	1634	1595	2182	Plague		0	0	0
Ciguatera	0	0	0	Psittacosis (ornithosis)		0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Q Fever		0	0	0
Cryptosporidiosis	7	13	16	Rabies, animal or human		3	6	8
Cyclosporiasis	0	0	0	Rabies, possible exposure		46	49	66
Dengue	2	0	1	Ricin toxin poisoning		0	0	0
Diphtheria	0	0	0	Rocky Mountain spotted fever and other spotted fever rickettsioses		0	1	2
Ehrlichiosis	2	0	3	Rubella		0	0	0
Escherichia coli infection, Shiga toxin-producing	3	4	4	Salmonellosis		51	55	83
Giardiasis (acute)	11	17	24	Saxitoxin poisoning (paralytic shellfish poisoning)		0	0	0
Gonorrhea	419	436	564	Severe acute respiratory disease syndrome associated with coronavirus infection		0	0	0
Haemophilus influenzae, invasive disease in children <5 years old	0	1	1	Shigellosis		11	33	35
Hansen's Disease (Leprosy)	1	0	1	Smallpox		0	0	0
Hantavirus infection	0	0	0	Staphylococcal enterotoxin B poisoning		0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	Staphylococcus aureus infection (VISA, VRSA)		0	0	0
Hepatitis A	0	4	4	Streptococcus pneumoniae invasive disease in children (drug resistant) <6 years old		0	1	1
Hepatitis B Acute	3	0	1	Streptococcus pneumoniae invasive disease in children (susceptible) <6 years old		0	0	0
Hepatitis B Chronic	32	44	59	Syphilis		98	47	77
Hepatitis B surface antigen in pregnant-women or children <2 years old	6	8	9	Syphilis in pregnant women & neonates		0	0	0
Hepatitis C Acute	1	1	1	Tetanus		0	0	0
Hepatitis C Chronic	340	159	219	Trichinellosis (trichinosis)		0	0	0
Herpes B Virus, Possible Exposure	0	0	0	Tuberculosis (TB)		3	3	5
Herpes simplex virus (HSV) in infants	0	0	0	Typhoid fever (Salmonella serotype Typhi)		0	0	0
HIV	**34	*28	62	Typhus fever, epidemic		0	0	0
Influenza A, novel or pandemic strains	0	0	0	Vaccinia disease		0	0	0
Lead Poisoning	2	3	5	Varicella (chickenpox)		8	12	15
Legionellosis	2	0	1	Vibrio cholerae type 01		0	0	0
Listeriosis	0	0	0	Vibrio vulnificus		0	1	1
Lyme Disease	2	5	5	West Nile virus disease		0	0	0
Lymphogranuloma Venereum (LGV)	0	0	0	Zika Fever		10	0	0
Malaria	1	0	1					

The counts include suspect, probable, and confirmed cases reported in Alachua county residents (regardless of where infection was acquired) by date reported to the Department of Health. Counts are provisional and subject to change until their respective database closes.

**2016 HIV and AIDS data for August and September data not available at time of printing. * 2015 HIV and AIDS data for August and September not included in total.

◇ Changes to case definitions can affect the number of cases reported.

PLEASE BE AWARE OF RECENT PHONE NUMBER CHANGES FOR OUR EPIDEMIOLOGY PROGRAM

◆ REGULAR BUSINESS HOURS (8AM-5PM, M-F): **352-225-4181**

◆ After-hours and Holidays (24/7): **352-334-7900** (please listen to prompts to receive a callback).

The Epidemiology Program conducts disease surveillance and investigates suspected occurrences of infectious diseases and conditions that are reported from physician's offices, hospitals, and laboratories. Surveillance is primarily conducted through passive reporting from the medical community as required by Chapter 381, Florida Statutes. Data is collected and examined to determine the existence of trends. Our staff ensures that action is taken to prevent infectious disease outbreaks from occurring in Alachua County.



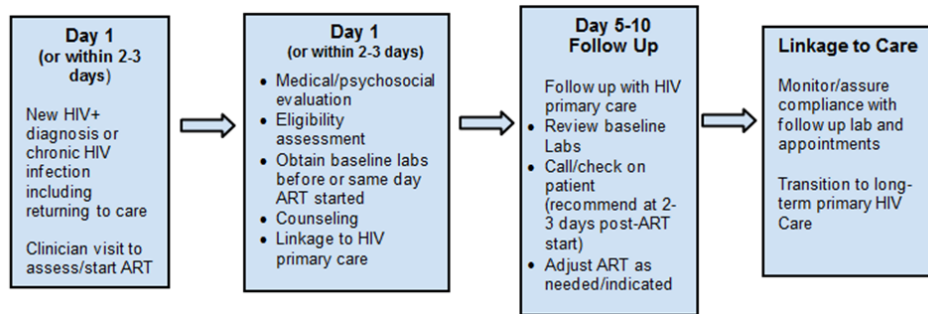
Test and Treat

Submitted By: Gay Koehler-Sides
Human Services Program Manager

Test and Treat is one of the four key components in Florida's plan to eliminate HIV transmission and reduce HIV-related deaths. Test and Treat (T&T) is a clinical program providing immediate linkage to HIV care and initiation of antiretroviral therapy (ART) at the time of HIV diagnosis and/or at the time of returning to care after a gap in services. The program benefits the patient's health and the community by providing initial ART while working through the issues of eligibility and linkage to ongoing HIV care.

The Florida Department of Health in Alachua County is excited to offer Test and Treat to the community. At this time, the program is only available through certain county health departments. The goal of the T&T Program is for a newly diagnosed patient or a patient newly re-engaged into HIV care to see an HIV clinician, be offered ART, receive counseling and agree on a sustainable care plan on the day of diagnosis/re-engagement, or within 2 to 3 days if same-day initiation is not possible. The Florida Department of Health in Alachua County will provide the patient with a 30-day starter pack of ART to begin taking while the patient is linked to a provider and completes an eligibility assessment.

A flow chart of the Test and Treat protocol is below:



Information from the Florida Department of Health's "Guidance on Florida's Test and Treat Program for Antiretroviral (ART) Initiation, HIV/AIDS Section, HIV Program Component 03"

