

# EPI INVESTIGATOR

Florida Department of Health - Alachua  
Summer 2016



*“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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Director Anthony Dennis  
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**Epidemiology/Hepatitis**  
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**Immunizations**  
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**Sexually Transmitted Disease**  
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**Tuberculosis**  
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**Editor:** Sheila Griffis

## Vaccine Information Statements

Submitted by: Michael Smith, RN  
Senior RN Supervisor Immunizations  
Alachua County Health Dept.

Does your facility have the most current Vaccine Information Statements available to provide to your client? VISs contain the most up to date information on all vaccines administered and are required to be given to each vaccine recipient/recipient's parent or guardian prior to the vaccination. This process is mandated by the **National Childhood Vaccine Injury Act [NCVIA]**. These statements are published by the *Centers For Disease Control and Prevention* providing the recipient with helpful, informative material regarding:

- Why get vaccinated?
- Who should get the vaccine and when?
- What are the risks from the vaccine?
- What if there is a serious reaction?
- The National Vaccine Injury Compensation Program
- How can I learn more?

Below is the most recent list of current VISs available as of 03/31/16. VISs not only are written in English, but many other common languages. If your office/facility does not have the most current VIS, they can be located online at two websites: [www.cdc.gov/vaccines/pubs](http://www.cdc.gov/vaccines/pubs) [www.immunize.org/vis/](http://www.immunize.org/vis/)

Vaccine	Date	Vaccine	Date
<b>Chicken Pox (Varicella)</b>	03/13/08	<b>PCV</b>	11/05/15
<b>DTaP</b>	05/17/07	<b>PPSV</b>	04/24/15
<b>Hepatitis A</b>	10/25/11	<b>Polio</b>	11/08/11
<b>Hepatitis B</b>	02/02/12	<b>Rabies</b>	10/06/09
<b>HiB</b>	04/02/15	<b>Rotovirus</b>	04/15/15
<b>HPV(9)</b>	03/31/16	<b>Shingles</b>	10/06/09
<b>Meningococcal(MCV4)</b>	03/31/16	<b>Td</b>	02/24/15
<b>Meningococcal (B)</b>	08/14/15	<b>TDap</b>	02/24/15
<b>MMR</b>	04/20/12	<b>Japanese Encephalitis</b>	01/24/14
<b>MMRV</b>	05/21/10	<b>Typhoid</b>	05/29/12
<b>Multi-Vaccine</b>	11/05/15	<b>Yellow Fever</b>	03/30/11

## Florida's Plan to Eliminate HIV Transmission

Submitted By: Gay Koehler-Sides, MPH  
Human Services Program Manager, ACHD

The Florida Department of Health has created a plan to eliminate HIV -transmission and reduce HIV related deaths. This plan includes four key components that will target high risk populations and educate the community at large on the importance of testing, treatment and prevention.

### Four Key Components

1. **Test and treat**
2. **Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post exposure prophylaxis (nPEP)**
3. **Routine HIV and STD screening in health care settings**
4. **Community outreach and messaging**

Taken directly from the following resource *2012- 2014 Florida Jurisdictional HIV Prevention Plan –Florida Prevention Planning Group* :  
<http://www.floridahealth.gov/diseases-and-conditions/aids/prevention/>



**If I have latent TB infection, how can I keep from developing TB disease?**

Submitted By: Geneva Saulsberry, RN, BSN  
Senior CHN Supervisor, ACHD  
TB Department

Many people who have latent TB infection never develop TB disease. But some people who have latent TB infection are more likely to develop TB disease than others. Those at high risk for TB disease include:



- People with HIV infection
- People who became infected with TB bacteria in the last 2 years
- Babies and young children
- People who inject illegal drugs
- People who are sick with other diseases that weaken the immune system
- Elderly people

People who were not treated correctly for TB in the past

If you have latent TB infection (a positive TB skin test reaction or positive TB blood test) and you are in one of these high-risk groups, you need to take medicine to keep from developing TB disease. This is called treatment for latent TB infection. There are several treatment options.

One treatment option for latent TB infection is [isoniazid \(INH\)](#). Taken for 6 to 9 months, INH kills the TB bacteria that are in the body. If you take your medicine as instructed by your doctor or nurse, it can keep you from developing TB disease. Children, adolescents, and people infected with HIV who have latent TB infection need to take INH for 9 months. The preferred regimen for children 2-11 years old is 9 months of daily INH. Another effective treatment option for people with latent TB infection is the 12-dose regimen. This regimen of INH and [rifapentine \(RPT\)](#) is taken once a week for 3 months under directly observed therapy (DOT). This means the patient will meet with a health worker at a place they both agree on, and the health worker will observe the patient taking the medicine.

You and your health care provider must decide which treatment option is best for you.

Because there are less bacteria, treatment for latent TB infection is much easier than treatment for TB disease. A person with TB disease has a large amount of TB bacteria in the body. Several drugs are needed to treat TB disease.

Sometimes people are given treatment for latent TB infection even if their TB skin test reaction or TB blood test result is negative. This is often done with infants, children, and people infected with HIV who have recently spent time with someone with TB disease. This is because they are at very high risk of developing TB disease soon after they become infected with TB bacteria.

People who have latent TB infection need to know the symptoms of TB disease. If they develop symptoms of TB disease, they should see a doctor right away.

Information for this article retrieved directly from: [http://www.cdc.gov/tb/publications/faqs/qa\\_latenttbinf.htm#Latent4](http://www.cdc.gov/tb/publications/faqs/qa_latenttbinf.htm#Latent4)

**Rabies Prevention**

Submitted By: Devin Myers, MPH  
Epidemiologist



The Epidemiology Program of the Florida Department of Health in Alachua County (DOH- Alachua) provides the following services for health care providers and the general public:

- Consultation upon suspicion of any type of animal exposure
- Follow -up rabies PEP is administered at DOH-Alachua; the initiation of rabies PEP in Alachua County is always undertaken at any of the local hospitals' emergency departments.
- Facilitation of testing of suspect animals involving human exposures

Please call the DOH-Alachua Epidemiology Program at 352-225-4181 for further information, consultation, or to report an animal exposure.

FDOH animal bite report can be found here: [http://www.floridahealth.gov/diseases-and-conditions/rabies/\\_documents/animal-bite-report-2013.pdf](http://www.floridahealth.gov/diseases-and-conditions/rabies/_documents/animal-bite-report-2013.pdf)

Rabies prevention: <http://www.floridahealth.gov/diseases-and-conditions/rabies/index.html>

# FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2016	2015	2015	Disease Activity	Con'td.	2016	2015	2015
	Jan-June	Jan-June	Jan-Dec			Jan-June	Jan-June	Jan-Dec
AIDS	12	13	32	Malaria		0	0	1
Anaplasmosis, HGA (Anaplasma Phagocytophilum)	1	0	0	Measles		0	0	0
Arsenic Poisoning	0	0	0	Meningitis, bacterial or mycotic		3	3	3
Botulism	0	0	0	Meningococcal disease		0	0	0
Brucellosis	0	0	0	Mercury poisoning		0	0	0
Campylobacteriosis	20	26	55	Mumps		0	0	0
Carbon Monoxide Poisoning	0	0	0	Neurotoxic shellfish poisoning		0	0	0
Chikungunya fever	0	0	2	Pertussis		1	4	4
Chlamydia	1101	1083	2182	Pesticide-related illness and injury, acute		0	0	0
Ciguatera	0	0	0	Plague		0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Psittacosis (ornithosis)		0	0	0
Cryptosporidiosis	4	11	16	Q Fever		0	0	0
Cyclosporiasis	0	0	0	Rabies, animal or human		2	6	8
Dengue	2	0	1	Rabies, possible exposure		31	27	83
Diphtheria	0	0	0	Ricin toxin poisoning		0	0	0
Ehrlichiosis	2	1	3	Rocky Mountain spotted fever and other spotted fever rickettsioses		0	1	2
Escherichia coli infection, Shiga toxin-producing	2	3	4	Rubella		0	0	0
Giardiasis (acute)	6	10	24	Salmonellosis		29	27	83
Gonorrhea	265	286	564	Saxitoxin poisoning (paralytic shellfish poisoning)		0	0	0
Haemophilus influenzae, invasive disease in children <5 years old	0	1	1	Severe acute respiratory disease syndrome associated with coronavirus infection		0	0	0
Hansen's Disease (Leprosy)	0	0	1	Shigellosis		5	23	35
Hantavirus infection	0	0	0	Smallpox		0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	Staphylococcal enterotoxin B poisoning		0	0	0
Hepatitis A	0	2	4	Staphylococcus aureus infection (VISA, VRSA)		0	0	0
Hepatitis B Acute	1	0	1	Streptococcus pneumoniae invasive disease in children (drug resistant) <6 years old		5	1	1
Hepatitis B Chronic	18	28	59	Streptococcus pneumoniae invasive disease in children (susceptible) <6 years old		10	0	0
Hepatitis B surface antigen in pregnant women or children <2 years old	2	6	9	Syphilis		59	20	7
Hepatitis C Acute	0	1	1	Syphilis in pregnant women & neonates		0	0	0
Hepatitis C Chronic	232	82	219	Tetanus		0	0	0
Herpes B Virus, Possible Exposure	0	0	0	Trichinellosis (trichinosis)		0	0	0
Herpes simplex virus (HSV) in infants	0	0	0	Tuberculosis (TB)		3	3	5
HIV	28	19	62	Typhoid fever (Salmonella serotype Typhi)		0	0	0
Influenza A, novel or pandemic strains	0	0	0	Typhus fever, epidemic		0	0	0
Lead Poisoning	1	1	5	Vaccinia disease		0	0	0
Legionellosis	0	0	1	Varicella (chickenpox)		7	7	15
Listeriosis	0	0	0	Vibrio cholerae type 01		0	0	0
Lyme Disease	1	4	5	Vibrio vulnificus		0	0	1
Lymphogranuloma Venereum (LGV)	0	0	0	West Nile virus disease		0	0	0
				Zika Fever		5	0	0

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.

\* 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.



# Updated Zika Guidance

Submitted By: Nadia Kovacevich, MPH  
Epidemiologist

Zika virus (ZIKV) is an emerging infection and research is ongoing. Recommendations are constantly changing as we learn more about the virus, highlighting the need to remain informed about new developments. ZIKV has spread throughout the Americas and the Caribbean. The potential adverse pregnancy outcomes are concerning, and research is ongoing.

The Florida Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC) recommend that pregnant women should avoid non-essential travel to the area of active Zika virus transmission. Please find the latest travel updates: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

Pregnant women who traveled to the area of active Zika virus transmission identified by Florida DOH or had sex with a partner who lives in or traveled to this area without using condoms or other barrier methods to prevent infection, but do not have ongoing exposure, should consult with their healthcare provider and should be tested in accordance with CDC guidance. For additional information, see the August 1, 2016 CDC Health Advisory (CDCHAN-00393) at: <http://emergency.cdc.gov/han/han00393.asp>.

## 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>

Latest DOH News Updates: <http://www.floridahealth.gov/newsroom/index.html>

