



## “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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If you would like to receive the Epi InvestiGator by email or fax, please contact us at the following email address:  
[DOHAlachuaUpdates@flhealth.gov](mailto:DOHAlachuaUpdates@flhealth.gov), or phone: (352) 225-4181

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**Editor**  
Sheila Griffis



### HIV Reporting Clarification in Florida

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

Recently there has been discussion about how HIV cases are reported in Florida. Please read the information below for clarification.

#### Definitions and Data Specifications

HIV Infection data by year of report\* or year of diagnosis\*\* reflect any case meeting the CDC definition of HIV infection and currently living in Florida but with no previous history of being diagnosed and reported with HIV in Florida. If a case is later identified as being previously diagnosed and reported from another state, data will be adjusted accordingly so that it is no longer counted as a newly diagnosed case in Florida. Data from the most recent calendar year (2015) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida. The final year-end numbers are generated in July of the following year, after duplicate cases are removed from the dataset, as is customary of HIV surveillance in the US.

\*Data by year of report reflects the year the case was first entered into the enhanced HIV/AIDS Reporting System (eHARS).

\*\*Data by year of diagnosis reflects the year of the first confirmed HIV test.

### Updated Guidelines for Hepatitis B Post-Vaccination Serologic Testing

Submitted By: Nadia Kovacevich, MPH  
Epidemiologist

According to the Centers for Disease Control and Prevention (2015) at least 40% of babies in the U.S. born to mothers infected with Hepatitis B who do not receive postexposure immunoprophylaxis at birth become infected with Hepatitis B. The CDC recommends a **shortened interval** for post-vaccination serologic testing (PVST) of infants born to hepatitis B virus (HBV) positive mothers to minimize the possibility for unnecessary revaccination. Because new evidence suggests that hepatitis B antibody levels decline following vaccination, the CDC now recommends that PVST take place earlier – at age 9–12 months, or 1–2 months after the final dose of the hepatitis B vaccine series – in order to ensure antibodies are detected..

Vaccine dose	Age of infant
First	Birth (within 4 hours)
HBIG	Birth (within 4 hours)
Second	1 month
Third	6 months
post-vaccination serologic testing (PVST)	<b>*1–2 months after the final dose of the hepatitis B vaccine series</b>

Infants born to HBsAg+ women who weigh less than 1,000 g at birth get a fourth dose of vaccine. The third dose should be given 1-2 months after the second with the fourth dose at six months. Premature infants whose mothers HBsAg status is unknown should receive a fourth dose, as described in the schedule for babies of lower birth weight.

Schillie, S., Murphy, T.V., Fenlon, N., Ko, S., & Ward, J.W. (2015). Update: Shortened interval for postvaccination serologic testing of infants born to hepatitis B-infected mothers. *Mortality and Morbidity Weekly Report (MMWR)*, 64(39), 1118-20. Retrieved from [www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a6.htm?s\\_cid=mm6439a6\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a6.htm?s_cid=mm6439a6_e)

Centers for Disease Control and Prevention. (2015). Perinatal transmission. Retrieved from <http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm>



## Are You An International Traveler?

Submitted by: Michael Smith, RN  
Senior RN Supervisor-Immunizations,,

The spring season has finally arrived! Now is the time when most people embark on both national and international vacations and travel. Did you know that aside from booking a flight, hotel, rental car, or making sure you have a passport, there is one very important thing that a lot of travelers forget. Vaccinations! When traveling to continents such as South America, Africa and various countries, there are numerous vaccine preventable diseases that can be harmful, if not fatal to the traveler. Before leaving for your destination, it is advisable to seek a Foreign Travel center at least 6 months prior and be consulted on where you are going, how long you will be there and what precautions you should take to prevent exposure to diseases specific to that area of travel. The Alachua County Health Department specializes in Foreign Travel and is certified to carry the Yellow Fever vaccine, which is a requirement when traveling to areas of the world where the Yellow Fever virus is a high risk. Other common diseases that are vaccine preventable include: Typhoid, Hepatitis A and B, Meningitis, Measles, Mumps, Rubella, Chicken Pox (Varicella), Polio, Tetanus, Diphtheria and Pertussis, Japanese Encephalitis and Rabies. A helpful website to research that provides current information on all vaccines regulated by the ACIP and CDC is [www.cdc.gov/travel](http://www.cdc.gov/travel). If you are planning to travel and would like to schedule a Foreign Travel consult, please call the Alachua County Health Department at 352-334-8849 or visit the website at [alachua.floridahealth.gov](http://alachua.floridahealth.gov) to request an appointment.



## TB Refresher Course

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

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.gov)

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 were retrieved directly from: [http://www.cdc.gov/tb/publications/pamphlets/nowisthetime/default.htm#link\\_four](http://www.cdc.gov/tb/publications/pamphlets/nowisthetime/default.htm#link_four)

# FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2016	2015	2015	Disease Activity	Cont'd.	2016	2015	2015
	Jan-Mar	Jan-Mar	Jan-Dec			Jan-Mar	Jan-Mar	Jan-Dec
AIDS	6*	7*	32	Measles		0	0	0
Anthrax	0	0	0	Meningitis, bacterial or mycotic		2	2	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		0	0	0
Campylobacteriosis	8	12	55	Neurotoxic shellfish poisoning		0	0	0
Carbon Monoxide Poisoning	0	0	0	Pertussis		1	2	4
Chikungunya fever	0	0	0	Pesticide-related illness and injury, acute		0	0	0
Chlamydia	526	554	2184	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	1	6	16	Rabies, animal or human		0	5	8
Cyclosporiasis	0	0	0	Rabies, possible exposure		7	19	66
Dengue	2	0	1	Ricin toxin poisoning		0	0	0
Diphtheria	0	0	0	Rocky Mountain spotted fever				
Ehrlichiosis/anaplasmosis	0	1	3	and other spotted fever rickettsioses		0	0	2
<i>Escherichia coli</i> infection, Shiga toxin-producing	2	2	4	Rubella		0	0	0
Giardiasis (acute)	3	4	24	Salmonellosis		13	16	83
Gonorrhea	116	146	564	Saxitoxin poisoning (paralytic shellfish poisoning)		0	0	0
<i>Haemophilus influenzae</i> , 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		0	15	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	1	4	<i>Staphylococcus aureus</i> infection (VISA, VRSA)		0	0	0
Hepatitis B Acute	0	0	1	<i>Streptococcus pneumoniae</i> invasive disease in children (drug resistant) <6 years old		0	1	1
Hepatitis B Chronic	9	19	68	<i>Streptococcus pneumoniae</i> invasive disease in children (susceptible) <6 years old		9	0	0
Hepatitis B surface antigen in pregnant women or children <2 years old	1	4	9	Syphilis		28	11	74
Hepatitis C Acute	0	0	1	Syphilis in pregnant women & neonates		0	0	0
Hepatitis C Chronic	101	49	233	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)		2	2	6
HIV	16*	8*	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	0	5	Vaccinia disease		0	0	0
Legionellosis	0	0	1	Varicella (chickenpox)		4	2	15
Listeriosis	0	0	0	<i>Vibrio cholerae</i> type 01		0	0	0
Lyme Disease	0	1	6	<i>Vibrio vulnificus</i>		0	0	1
Lymphogranuloma Venereum (LGV)	0	0	0	West Nile virus disease		0	0	0
Malaria	0	0	1	Zika Fever		4	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.

\*March data not available at time of printing

**\*\*\*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.



## Emphasizing the Importance of Mosquito Protection

Submitted By: Anthony Dennis  
ACHD, Environmental Health Director

We did not get the winter this year, thanks to the El Nino, that we typically count on to kill off late summer and fall mosquito populations. In addition, a lot like last year, we had a wet winter and spring. All this adds up to the expectation that there will be an increase in mosquito activity that usually does not occur until the wet summer months.

Mosquitoes lay their eggs in water and just a bottle cap of water is all they need to multiply to significant numbers. Mosquitoes will bite day and night and the only way to prevent a mosquito-borne disease is to avoid getting bitten. There are a lot of things that we can do around our homes and businesses to reduce this risk by following these tips:



- ◆ Drain, refresh, or cover anything around buildings that can hold water, at least weekly, and put away outside items when not in use. This includes garbage cans, house gutters, pool covers, coolers, toys, flower pots, birdbaths, pet water bowls, and boats and vehicle tarps that accumulate water.
- ◆ Dispose of old tires, drums, bottles, cans, pots and pans, broken appliances and other items that are not being used.
- ◆ Ensure that swimming pools, neglected during winter months, are not breeding mosquitoes. Maintain the water chemistry. Empty plastic swimming pools when not in use.
- ◆ Keep mosquitoes outside by shutting doors and covering windows and porches with screens.
- ◆ Use-EPA approved insect repellants anytime you are outdoors by following the manufacturer's directions.
- ◆ Cover skin with long sleeves and pants.

