



“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:**

Administrator
Paul Myers, MS
(352) 334-8892

Environmental Health
Director Anthony Dennis
(352) 334-7931

HIV/AIDS
Richard Willis, Surveillance
(352) 334-7968
Fax (352) 334-8867

Martha Buffington, Ryan White
(352) 334-7967

Epidemiology/Hepatitis
Nadia Kovacevich, MPH
(352) 225-4181
Fax (352) 955-6464

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

Immunizations
Michael Smith, RN
(352) 334-8827
Fax: (352) 334-7943

Sexually Transmitted Disease
Larissa Cantlin-Plemmons
(352) 334-7900 ext. 3434
Fax: (352) 334-8818

Tuberculosis
Geneva Saulsberry, RN, BSN
(352) 225-4188
Fax(352) 955-6464

After Hours:
(352) 334-7900

Editor
Sheila Griffis



The Flu and You

Submitted by:
Michael Smith, BSN, RN
Community Health Nursing Consultant
Alachua County Health Department

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, 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.

There are two types of flu vaccines. The flu virus in one 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.

The 2nd type is activated, which means it is live but weakened. This vaccine is administered through the nostrils. **Healthy** people ages 2-49 and not are not pregnant can use this alternative if desired. What are common side effects in the activated vaccine? In children, side effects can include runny nose, headache, wheezing, vomiting, muscle aches, and fever. In adults, side effects can include runny nose, headache, sore throat, and cough. Fever is not a common side effect in adults receiving the nasal-spray flu vaccine.

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 at the time of this article submission, the FDOH-Alachua County does have in limited supply. Residents are also encouraged to contact their primary care provider or local pharmacy for availability of the egg free flu vaccine.

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!

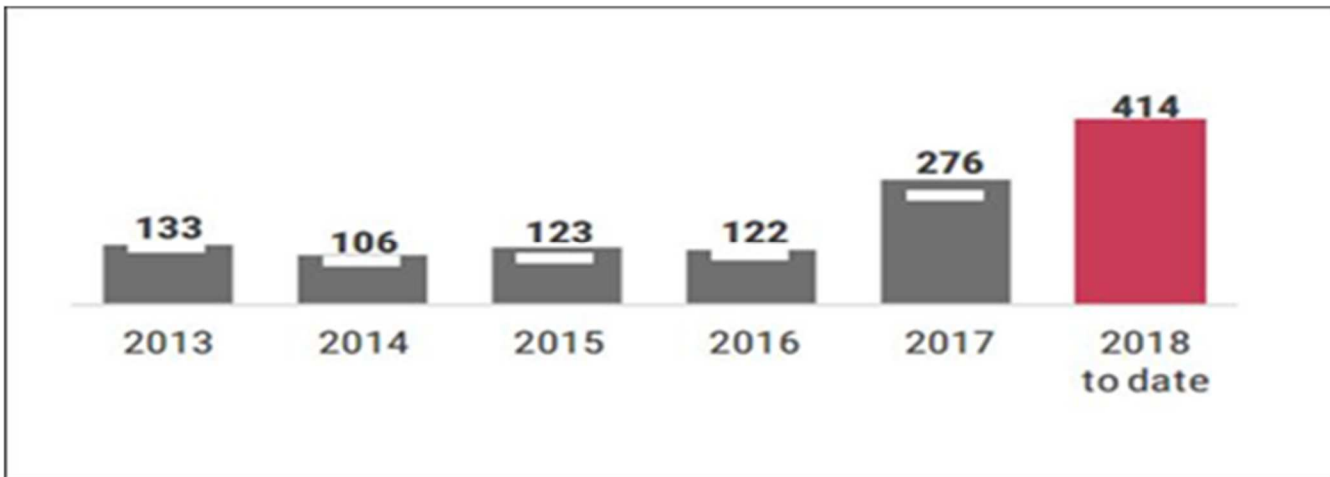
For questions please utilize the CDC website, as it offers more detail of the 2018-2019 flu season. www.cdc.gov/flu. Portions of this article were obtained from the CDC Vaccine Information Statement for the Influenza Vaccine dated 08/07/2015.

Update: Increase in Hepatitis A cases in Florida

Submitted by: Nadia Kovacevich, MPH and Devin Myers, MPH
DOH-Alachua Epidemiologists

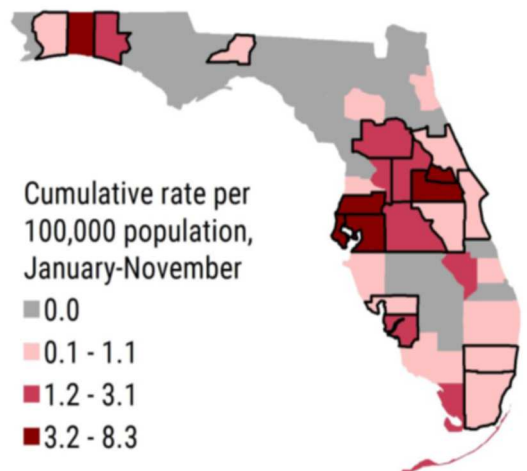
Florida, like many other states, is experiencing an increase in hepatitis A cases. We have seen a marked increase in several counties throughout the state, most notably within high-risk populations. What is concerning is that 80% of cases were determined to have been acquired in Florida, an increase over previous years. Risk factors include injection drug use (34%), non-injection drug use (31%), and men who have sex with men (10%). Homelessness has also been observed in many cases; however, this risk factor is not characterized systematically. Florida is on track this year to report the most HAV cases since 2005 (Florida Department of Health [DOH], 2018).

From January 1, 2018 through November 30, 2018, 413 hepatitis A cases were reported among 30 counties. The number of cases as of November 30 in previous years are marked by the white bars for 2013-2017 (see graph below). The number of reported hepatitis A cases more than doubled from 2016 to 2017 after remaining relatively constant in previous years. Case counts in 2018 have exceeded those seen in previous years.



Several Florida counties have experienced ongoing local transmission of hepatitis A since 2017. Since January 2018, most of Florida’s cases (n=393) have likely been acquired in Florida. Cases likely acquired in Florida share several common risk factors including drug use (both injection and non-injection drugs), identifying as men who have sex with men, and experiencing homelessness (DOH, 2018). **Individuals with any of these risk factors should receive the hepatitis A vaccine, and providers are encouraged to actively offer the hepatitis A vaccine to individuals at risk. Vaccination is the best way to prevent hepatitis A infection.**

Additionally, practicing good hand hygiene, including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food plays an important role in preventing the spread of hepatitis A. Health care providers are reminded to immediately report all cases of hepatitis A to DOH-Alachua (352-225-4181) to ensure a prompt public health response to prevent disease among close contacts.



Resources:

For additional information, please see the health advisory issued by the Florida Department of Health in November 2018, available at: [FloridaHealth.gov/about-the-department-of-health/about-us/sunshine-info/advisories/_documents/112818-fl-hav-advisory-11-26-lws-edits-all-accepted-fo-format-final.pdf](http://www.floridahealth.gov/about-the-department-of-health/about-us/sunshine-info/advisories/_documents/112818-fl-hav-advisory-11-26-lws-edits-all-accepted-fo-format-final.pdf)
<http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/index.html>

References:

Centers for Disease Control and Prevention. (2018). Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Drugs and Persons Experiencing Homelessness. Retrieved from <https://emergency.cdc.gov/han/han00412.asp>.
Florida Department of Health. (2018). Florida Department of Health Issues Hepatitis a Health Advisory—Encourages Vaccination. Retrieved from <http://www.floridahealth.gov/newsroom/2018/11/112818-hav-advisory-pr.html>

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2018	2017	2017	Disease Activity	2018	2017	2017
	Jan-Sept	Jan-Sept	Jan-Dec		Jan-Sept	Jan-Sept	Jan-Dec
AIDS	**	**	28	Meningitis, bacterial or mycotic	2	0	1
Anaplasmosis, HGA(<i>Anaplasma Phag</i>)	0	1	1	Meningococcal disease	0	0	1
Anthrax	0	0	0	Mercury poisoning	0	0	0
Botulism	0	0	0	Mumps	0	0	0
Brucellosis	0	0	0	Neurotoxic shellfish poisoning	0	0	0
Campylobacteriosis	38	39	54	Pertussis	4	0	0
Carbon Monoxide Poisoning	0	6	6	Pesticide-related Illness and injury, acute	0	0	0
Chikungunya fever	0	0	0	Plague	0	0	0
Chlamydia	1805	1644	2194	Psittacosis (ornithosis)	0	0	0
Ciguatera	0	0	0	Q Fever	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	2	2	Rabies, animal or human	5	4	4
Cryptosporidiosis	2	6	7	Rabies, possible exposure	68	48	73
Cyclosporiasis	4	0	0	Ricin toxin poisoning	0	0	0
Dengue	0	0	0	Rocky Mountain spotted fever and other spotted fever rickettsioses	0	0	0
Diphtheria	0	0	0	Rubella	0	0	0
Ehrlichiosis, HME (<i>Ehrlichia chafeensis</i>)	2	2	2	Salmonellosis	38	39	55
Ehrlichiosis/anaplasmosis	0	1	1	Saxitoxin poisoning (paralytic shellfish poisoning)	0	0	0
<i>Escherichia coli</i> infection, Shiga toxin-producing	6	7	9	Severe acute respiratory disease syndrome associated with coronavirus infection	0	0	0
Giardiasis (acute)	8	8	12	Shigellosis	9	5	8
Gonorrhea	596	454	618	Smallpox	0	0	0
<i>Haemophilus influenzae</i> , invasive disease in children <5 years old	1*	1*	1*	Staphylococcal enterotoxin B poisoning	0	0	0
Hansen's Disease (Leprosy)	0	0	0	<i>Staphylococcus aureus</i> infection (VISA, VRSA)	0	0	0
Hantavirus infection	0	0	0	<i>Streptococcus pneumoniae</i> invasive disease in children (drug resistant) <6 years old	0*	0*	0*
Hemolytic uremic syndrome (HUS)	0	0	0	<i>Streptococcus pneumoniae</i> invasive disease In children (susceptible) <6 years old	0	1*	1*
Hepatitis A	1	2	2	Syphilis	34	34	44
Hepatitis B Acute	1	0	1	Syphilis in pregnant women & neonates	0	0	0
Hepatitis B Chronic	29	41	58	Tetanus	0	0	0
Hepatitis B surface antigen in pregnant women or children <2 years old	0	3	8	Trichinellosis (trichinosis)	0	0	0
Hepatitis C Acute	3	0	2	Tuberculosis (TB)	2	3	6
Hepatitis C Chronic	205	146	180	Typhoid fever (<i>Salmonella</i> serotype Typhi)	0	0	0
Herpes B Virus, Possible Exposure	0	0	0	Typhus fever, epidemic	0	0	0
Herpes simplex virus (HSV) in infants	0	0	0	Varicella (chickenpox)	3	7	11
HIV	**	**	56	<i>Vibrio cholerae</i> type 01	0	0	0
Influenza A, novel or pandemic strains	0	0	0	<i>Vibrio cholerae</i> type Non-01	0	1	1
Lead Poisoning	8	5	8	<i>Vibrio (Parahaemolyticus, other)</i>	1	1	1
Legionellosis	2	2	3	<i>Vibrio fluvialis</i>	1	0	0
Listeriosis	0	0	0	<i>Vibrio vulnificus</i>	1	0	0
Lyme Disease	0	1	1	Zika Virus Disease and Infection, Non Congenital	0	2	2
Lymphogranuloma Venereum (LGV)	0	0	0				
Malaria	0	1	3				
Measles	0	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.

**Data from the most recent calendar year 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. Statistics can be found at <http://www.flhealthcharts.com/charts/communicablediseases/default.aspx>

◆ 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.

Treatment Regimens for Latent TB Infection (LTBI)

Submitted by: Geneva Saulsberry BSN,RN
Senior CHN Supervisor, ACHD

The four treatment regimens for latent TB infection (LTBI) use isoniazid (INH), rifapentine (RPT), or rifampin (RIF). While all the regimens are effective, healthcare providers should prescribe the more convenient shorter regimens, when possible. Patients are more likely to complete shorter treatment regimens. Treatment must be modified if the patient is a contact of an individual with drug-resistant TB disease. Consultation with a TB expert is advised if the known source of TB infection has drug-resistant TB. CDC has updated the [recommendations](#) for use of once-weekly isoniazid-rifapentine for 12 weeks (3HP) for treatment of latent TB infection.

Latent TB Infection Treatment Regimens

Drugs	Duration	Interval	Comments
Isoniazid and Rifapentine	3 months	Once Weekly*	Not recommended for persons who are: <ul style="list-style-type: none"> Less than 2 years old. Living with HIV/AIDS and taking antiretroviral medications with clinically significant or unknown drug interactions with rifapentine. Presumed infected with INH -or RIF -resistant M. tuberculosis, and Women who are pregnant or expect to become pregnant within the 12 week regimen.
Rifampin	4 months	Daily	Not recommended for persons who are: <ul style="list-style-type: none"> Living with HIV/AIDS and taking antiretroviral medications with clinically significant or unknown drug interactions with rifampin-(rifabutin may be used as a substitute). Presumed infected with RIF-resistant M. tuberculosis, and Women who are pregnant or expect to become pregnant with the 4-month regimen.
Isoniazid	6 months	Daily	Not recommended for persons who are presumed infected with INH-resistant M. tuberculosis.
		Twice weekly**	Not recommended for persons who are presumed infected with INH-resistant M. tuberculosis.
Isoniazid	9 months	Daily	Not recommended for persons who are presumed infected with INH-resistant M. tuberculosis. Preferred treatment for: <ul style="list-style-type: none"> Persons living with HIV/AIDS and taking antiretroviral medications with clinically significant or unknown drug interactions with once-weekly rifapentine or daily rifampin. Pregnant women (with pyridoxine/vitamin B6 supplements).
		Twice weekly**	Not recommended for persons who are presumed infected with INH-resistant M. tuberculosis. Preferred treatment for pregnant women (with pyridoxine/vitamin B6 supplements).

*Use Directly Observed Therapy (DOT) or Self-Administered Therapy (parentally-administered SAT to children)

**Use Directly Observed Therapy (DOT)

Note: Due to the reports of severe liver injury and deaths, CDC recommends that the combination of rifampin (RIF) and pyrazinamide (PZA) should not be offered for the treatment of latent TB infection.

Information retrieved directly from the following website: <https://www.cdc.gov/tb/topic/treatment/lbti.htm>



“Improving Public Health in Our Community Through Cooperation”