

EPI INVESTIGATOR

The Alachua County Health Department

Summer 2014



“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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Nadia Kovacevich, MPH, CPH
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If you would like to receive the
Epi InvestiGator by email or fax,
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Editor
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STD World

Submitted by: Eddie Wiggins,
Health Educator
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During the beginning of the spring season, the month of April is nationally observed as STD Awareness Month. The primary focus of this month is to publicly campaign awareness through local health departments. A variety of community events and activities are hosted to help in prevention and the control of rising number of STD cases reported in Florida each year. This year at the Alachua County Health Department, the STD campaign selected a primary age group of 15-24 years of age to focus providing screenings and educational presentations. According to the CDC:

“Prevalence estimates suggest that young people aged 15–24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV). Compared with older adults, sexually active adolescents aged 15–19 years and young adults aged 20–24 years are at higher risk of acquiring STDs for a combination of behavioral, biological, and cultural reasons”

The Florida Department of Health has reported Alachua County ranking 4th in the state of Florida among chlamydia infections. A team consisting of two D.I.S. (Nevonne Cowart, Eddie Wiggins) and Public Health Associate (Omar Braumuller) endured the challenge of the STD campaign. Our team hosted events within local neighborhood community centers and the University of Florida campus. The STD team was able to impact the community of Gainesville through methods of education, sexual preventative contraceptives and local resources. Reducing the spread of STDs is a challenge; however, one of the main objectives the STD team aimed for was encouraging the community to understand the purpose of getting tested and treated.

Additional exciting news in STD world, this year the 2014 National STD Prevention Conference took place in Atlanta, GA from June 9th- 12th, 2014. The conference consisting of multiple of workshops, debate discussions and new research data that provided valuable information to help the STD program grow here at Alachua County. STD Regional Program Manager George Gibbs and Disease Intervention Specialist Eddie Wiggins were able to attend this year’s conference.

Back to School Vaccines

By: Michael Smith, RN
Immunizations Supervisor
Alachua County Health Department

It’s almost that time of year again! Alachua County public schools will officially welcome back students on August 18th. Before the back-to-school rush begins, there is one important item to add on the to-do list, and that is to make sure your child has received the required vaccines to attend school. The Florida Department of Health Bureau of Communicable Diseases Rule 64D-3.046 requires certain vaccines in order for children to attend Florida schools, childcare facilities, and family daycare homes. The Alachua County Health Department carries all childhood required and recommended vaccines. These vaccines are available at no cost to the parents thanks to a federally funded grant called *Vaccines for Children*. Vaccines included in the program are: Hepatitis A and B, Measles/Mumps/Rubella (MMR), Varicella, Polio, Meningitis, Rotavirus, Human Papilloma Virus (HPV), Diphtheria/Tetanus/Pertussis (DTaP), HIB (Haemophilus influenzae type B), Tetanus/Diphtheria/Pertussis (TDaP), Tetanus/Diphtheria (TD), Pneumonia and Flu. It is very important to vaccinate your child against these deadly diseases that can be found within the community. For further information, the Centers for Disease Control and Prevention has a website for viewing informative materials regarding vaccines, vaccine scheduling, frequently asked questions and much more: <http://www.cdc.gov/vaccines>. Remember to check vaccines off your to-do list this year and avoid the back to school rush. For further information, call 352-334-8827.



Revisions to Reportable Diseases and Conditions in Florida

Submitted by: Nadia Kovacevich, MPH
Epidemiologist, Alachua County Health Dept.

The state of Florida has recently updated the list of reportable diseases and conditions, and as of June 4, 2014 adopted these changes into legislation.

In order to initiate a timely response to reduce disease transmission in the community, all practitioners, hospitals, and laboratories in Florida are required to notify the Florida Department of Health (FDOH) of diseases or conditions of public health significance under Section 381.0031, Florida Statutes and Chapter 64D-3, Florida Administrative Code (FAC). Practitioners, hospitals, medical facilities, laboratories, schools, nursing homes, state institutions, and other locations providing health services are required to notify FDOH of diseases or conditions and the associated laboratory test results listed in the Table of Reportable Diseases or Conditions. Revisions in 2014 were made in part to comply with the Governor's rule reduction initiative to simplify and streamline language in all administrative rules. Additional changes were made to reflect current public health needs for disease reporting and to align with national public health priorities.

A short description of the revisions to rule 64D-3.029 is below. The full text of the revised rule along with guidance documents for health care providers and laboratories are posted on the Disease Reporting Information for Health Care Providers and Laboratories website: <http://floridahealth.gov/diseasereporting>

Disease reporting requirements differ for health care providers and laboratories.

Forms can be accessed electronically from the Florida Department of Health website at: <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/index.html>

Removed from the List of Reportable Diseases or Conditions

- ◆ *Encephalitis, other (non-arboviral)*
- ◆ *Endemic typhus fever (Rickettsia typhi)*
- ◆ *Invasive Streptococcal disease, group A*
- ◆ *Staphylococcus aureus, community-associated mortality*
- ◆ *Toxoplasmosis*

Added to the List of Reportable Diseases or Conditions

- ◆ *Neonatal abstinence syndrome (NAS)*

Updated in the List of Reportable Diseases or Conditions

- ◆ *Arboviral infections expanded to include any arboviral infections not specifically listed in the Table of Reportable Diseases or Conditions to Be Reported*
- ◆ *Possible exposure to herpes B virus is now explicitly listed as reportable*
- ◆ *Vibriosis now includes other closely related species Photobacterium damsela (formerly Vibrio damsela) and Grimontia hollisae (formerly Vibrio hollisae)*
- ◆ *Rocky Mountain spotted fever has been expanded to include all spotted fever rickettsioses*
- ◆ *CHDs only need to investigate H. influenzae invasive disease cases in children <5 years old*
- ◆ *Health care providers and all laboratories are required to report S. pneumoniae invasive disease in children <6 years old*

Florida Department of Health in Alachua County's Epidemiology Program is the point of contact for reportable diseases and conditions. We may be reached at (352)334-7981.

HEALTH ALERT

Pertussis and measles cases are on the rise across the United States. As the new school year approaches, **now is the time to address vaccination with your patients.** The acellular pertussis vaccine provides a shorter period of immunity in comparison to the whole cell vaccine. Vaccination with DTaP and Tdap provides short term immunity and decreases the likelihood of severe disease in those with waning immunity. Continuity of vaccination is the only way to keep these preventable diseases from reaching epidemic proportions.

Thank you.

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2014	2013	2013	Disease Activity	Con'td.	2014	2013	2013
	Jan-Jun	Jan-Jun	Jan-Dec			Jan-Jun	Jan-Jun	Jan-Dec
AIDS	24	17	35	Listeriosis (02700)		1	0	0
Animal Bites to Humans (07101)	33	32	61	Lyme Disease (06959)		0	0	0
Anthrax	0	0	0	Lymphogranuloma Venereum		0	0	0
Arsenic Poisoning (98080)	0	0	0	Malaria (08460)		0	1	2
Botulism	0	0	0	Measles (05590)		0	0	0
Brucellosis	0	0	0	Meningitis, Group B Strep (32040)		0	0	2
Campylobacteriosis (03840)	19	9	28	Meningitis other (32090)		0	0	1
Carbon Monoxide Poisoning (98600)	0	0	0	Meningitis Strep Pneumoniae (32020)		0	0	0
<i>Chlamydia trachomatis</i>	947	874	1836	Meningococcal (<i>Neisseria Meningitidis</i>)03630		0	0	1
<i>Cholera</i>	0	0	0	Mercury Poisoning		0	0	0
Ciguatera	0	0	0	Monkey Bite (07103)		0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Mumps		0	0	0
Cryptosporidiosis (13680)	3	3	5	Neurotoxic Shellfish Poisoning		0	0	0
Cyclosporiasis (00720)	0	0	4	Pertussis (03390)		13	0	4
Dengue (06100)	1	0	2	Pesticide-Related Illness or Injury		0	0	0
Diphtheria	0	0	0	Plague		0	0	0
Encephalitis	0	0	0	Psittacosis		0	0	0
Eastern Equine	0	0	0	Q fever		6	0	0
Non-arboviral	0	0	0	Rabies Animal (07102)		0	2	6
Other arboviral	0	0	0	Ricin Toxin		0	0	0
St. Louis	0	0	0	Rocky Mountain Spotted Fever (08200)		1	0	0
West Nile	0	0	0	Rubella		0	0	0
Western Equine	0	0	0	SARS		0	0	0
<i>E.coli</i> 0157:H7 (41601)	0	0	0	Salmonellosis (00300)		24	18	80
<i>Ehrlichiosis/anaplasmosis,HGE, Anaplasma</i>	0	0	0	Saxitoxin poisoning psp		0	0	0
<i>Phagocytophilum</i> (08381)				Shigellosis (00490)		7	5	6
<i>Ehrlichiosis/anaplasmosis,hme e chaff. 08382</i>	4	0	0	Smallpox		0	0	0
<i>Escherichia Coli, Shiga Toxin Producing 00800</i>	1	0	4	<i>Staphylococcus aureus, VRSA</i>		0	0	0
<i>E.coli, Other</i> (41603)	0	0	0	<i>Staphylococcus enterotoxin B</i>		0	0	0
Giardiasis (acute) (00710)	7	6	18	Streptococcal Disease grp A inva (03400)		0	0	5
Gonorrhea	173	308	648	<i>Strep pneumoniae</i> invasive Disease,		1	0	7
H. Influenzae Pneumonia (48220)	0	0	0	Drug resistant (04823)				
<i>Haemophilus influenzae, inv disease(03841)</i>	6	1	2	<i>Strep pneumoniae</i> invasive Disease,		4	11	14
Hansen's Disease (Leprosy)	0	0	0	susceptible (04830)				
Hantavirus infection	0	0	0	Syphilis		22	17	32
Hemolytic Uremic Syndrome 42000	0	0	0	Syphilis in pregnant women & neonates		0	0	0
Hepatitis A	0	0	0	Tetanus		0	0	0
Hepatitis B (+HBsAG in preg women or child < 24 months (07039)	4	6	10	Toxoplasmosis (acute)		0	0	0
Hepatitis B Perinatal (07744)	0	0	0	Trichinosis		0	0	0
Hepatitis B Acute (07030)	0	0	1	Tuberculosis		4	1	6
Hepatitis B Chronic (07032)	34	35	58	Typhoid Fever		0	0	0
Hepatitis C Acute (07051)	0	0	0	Typhus Fever		0	0	0
Hepatitis C Chronic (07054)	142	99	240	Vaccinia Disease		0	0	0
Hepatitis E (07053)	0	0	0	Varicella (05290)		3	11	13
Herpes Simplex Virus in < 6mo of age	0	0	0	<i>Vibrio Parahaemolyticus</i> (00540)		0	1	1
HIV	42	27	51	<i>V. cholerae</i> Serogroup 01/ non 01		0	1	1
Human Papillomavirus (HPV) <12 yrs	0	0	0	Vibriosis (<i>Vibrio mimicus</i>) 00197		0	1	1
Influenza A, Novel or Pandemic Strains	0	0	0	Vibriosis (<i>Vibrio vulnificus</i>) 00199		0	0	0
Lead Poisoning (94890)	3	2	5	West Nile Virus Neuroinvasive Dis. 06630		0	0	1
Legionellosis (48280)	0	0	0					

Any disease outbreak (e.g., in the community, hospital, or other institution, or foodborne or waterborne) presence of a disease outbreak. All cases suspected and confirmed are included in this report. Any grouping or clustering of patients having similar diseases, symptoms or syndromes that may indicate the

Infection Control in Health Care Settings

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

Tuberculosis (TB) transmission has been documented in health care settings where health care workers and patients come in contact with people who have TB disease. People who work or receive care in health care settings are at higher risk for becoming infected with TB; therefore, it is necessary to have a TB infection control plan as part of a general infection control program designed to ensure the following:

- prompt detection of infectious patients,
- airborne precautions, and
- treatment of people who have suspected or confirmed TB disease.

In order to be effective, the primary emphasis of a TB infection control program should be on achieving these three goals.

In all health care settings, particularly those in which people are at high risk for exposure to TB, policies and procedures for TB control should be developed, reviewed periodically, and evaluated for effectiveness to determine the actions necessary to minimize the risk for transmission of TB.

The TB infection control program should be based on a three-level hierarchy of control measures and include:

- 1.Administrative measures
- 2.Environmental controls
- 3.Use of respiratory protective equipment

The **first** and most important level of the hierarchy, administrative measures, impacts the largest number of people. It is intended primarily to reduce the risk of uninfected people who are exposed to people who have TB disease.

The **second** level of the hierarchy is the use of environmental controls to reduce the amount of TB in the air. The first two control levels of the hierarchy also minimize the number of areas in the health care setting where exposure to TB may occur.

The **third** level of the hierarchy is the use of respiratory protective equipment in situations that pose a high risk of exposure to TB. Use of respiratory protection equipment can further reduce the risk for exposure of health care workers.

Information for this article obtained from <http://www.cdc.gov/tb/topic/infectioncontrol/default.htm>