

EPI INVESTIGATOR

The Alachua County Health Department
FALL QUARTER 2005



“Improving Public Health in Our Community Through Cooperation”

Alachua County Health Department
(352) 334-7900

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Tuberculosis
Gail Beard, RN
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High Anxiety in High Springs

The Alachua County Health Department in High Springs recently reported five early syphilis cases within four weeks. This has produced high anxiety throughout the medical community because a case of syphilis has not been reported in



High Springs in over ten years. Although these cases constitute a rare occurrence, they nonetheless reflect a health care concern in

High Springs. Furthermore, these cases are noteworthy because they include individuals between 37 and 56. The cases involved members of the heterosexual, homosexual and bisexual communities, including prostitutes and sexual offenders. After interviewing the clients, our disease intervention specialist (DIS) identified an epidemiological link between the four cases. Thirty-one sex partners were elicited during the interviews. Thus far, 29 partners have been examined and prophylactically treated. Exchanging sex for money is a risk factor common among the clients; thus, there are potentially other unknown cases in the community. Further analysis

of the cases will determine whether the infections originated in High Springs or from outside the jurisdiction. The STD Control Program will continue to carefully monitor the situation through the surveillance program and disease intervention activities. During a targeted screening, nine individuals agreed to be tested. Results are pending.

For more information contact George Gibbs at 352-334-7984.

Syphilis cases:

2004 Jan –Sept	4
2005 Jan –Sept	11

George Gibbs
STD Program Mgr

Perinatal Hepatitis B Prevention Program

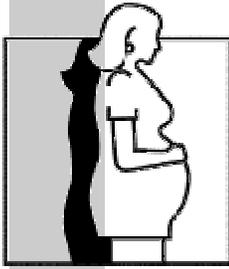
Laura Duke, ARNP
Program Coordinator

In 1992, the state of Florida passed a regulation requiring the testing of all pregnant women for the hepatitis B virus. Today, the Perinatal Hepatitis B Prevention Program is mandated by Florida Administrative Code 64D-3013(6). The purpose of this program is to identify pregnant women who test positive for the hepatitis B virus and coordinate or provide treatment for their infants to prevent the transmission of the virus.

The Advisory Committee on Immunization Practices (ACIP) has made the following recommendations regarding the testing for HBsAg and anti-HBs and vaccination of infants born to HBsAg mothers:

- Infants born to women who are HBsAg-positive will receive Hepatitis B Immune Globulin (HBIG) and three doses of hepatitis B vaccine.
- The HBIG and first dose of hepatitis B vaccine should be given within 12 hours of birth, as long as the infant is physiologically stable.
- Infants will be tested for HBsAg and anti-HBs 3 to 9 months after completing the hepatitis B series to determine the success of therapy.
- Successful immunization results in a positive anti-HBs and negative HBsAg.
- Infants who are negative for anti-HBs and HBsAg can follow one of the two following options:
 - ◊ Give a fourth dose of hepatitis B vaccine and retest in one month. If the test is still negative, give the fifth and sixth doses of hepatitis B vaccine based on the recommended schedule and retest HBsAg and anti-HBs one month after the completion of the second series of shots.
 - ◊ Give a complete second series of hepatitis B vaccines and retest one month after completion.

(Continued on page 2)



Hepatitis B cases in Pregnant Women:	
2004 Jan –Sept	22
2005 Jan –Sept	5

Perinatal Hep B Prevention Program *(cont'd)*

Without the administration of the Hepatitis B Immunoglobulin (HBIG) and hepatitis B vaccines, 90% of infected infants will become chronic hepatitis B carriers. These children are then infectious to others, and at high risk for developing serious liver disease, cirrhosis or primary liver cancer.

In Alachua County, the Perinatal Hepatitis B Prevention Program Coordinator is Laura Duke, ARNP. When a pregnant woman tests HBsAg-positive, the perinatal hepatitis B coordinator sends an alert to the hospital or birth center where the woman plans to deliver. The coordinator works with the hospital or birth center to assure the infant receives the HBIG and first hepatitis B vaccine. She also coordinates the follow-up care and vaccinations of the infants with the health department or private provider. The coordinator must update all information regarding the care and follow-up of the mother and infant to the statewide perinatal hepatitis B registry.

All hepatitis B vaccines and follow-up testing for the infant are free of charge at the Alachua County Health Department. No appointment is necessary to obtain the hepatitis B vaccines or the testing; however, it is advisable to call in advance to expedite the services. Laura Duke may be reached at 352-334-7900 ext. 3560. The fax number is 352-334-7935. Mary Jean Linn, RN assists with the care and coordination of services at the health department and may be reached at 352-334-8842. Please do not hesitate to contact us with any questions or concerns.

2004-2005 Influenza Season in Review *Erin Defries*

During the 2004-2005 influenza reporting season (September 26-April 16), rates of physician reported influenza-like illness (ILI) in Alachua County were consistently below the state average except during the months of January and February. ILI rates peaked in late January in both Alachua County and the rest of the state. During 2004-2005, there were 75 laboratory confirmed cases of influenza in Alachua

County. Influenza A accounted for 81.3% (61 cases) of these and influenza B 18.7% (14 cases). The only influenza A subtype isolated was H3N2 Fujian-like virus (47 cases, 62.7%). The remaining influenza A cases were not subtyped. There were two influenza B isolates identified in Alachua County: Hong Kong (8 cases, 10.7%) and Shanghai (5 cases, 6.7%). The remaining case of influenza B was not subtyped.

The Southeastern National Tuberculosis Center at UF

Gail Beard, RN, Regional TB Nurse Case Manager

The Southeastern National Tuberculosis Center is a Center for Disease Control and Prevention (CDC) funded collaborative effort of the CDC, the University of Florida, and the state Departments of Health of the southeastern United States, Puerto Rico, and the U.S. Virgin Islands. The purpose of this new center is to support the education and training missions of the TB programs throughout our region and to provide a source of expert medical consultation for providers caring for TB patients.

The center is currently in development but will soon be up to full speed in providing for the education and training needs of our region! Telephone consultation for providers is available now toll-free at 1-800-4TB-INFO.

Influenza Sentinel Surveillance 2005-2006 *Erin Defries*

Influenza sentinel surveillance is a vital aspect of maintaining public health in the United States. Sentinel physicians provide invaluable information to the CDC, enabling the production of a vaccine that will protect the greatest proportion of people possible. Sentinel physicians record the total number of patients seen each week as well as the number of patients with influenza-like illness (ILI, defined as fever of 100F or greater and cough/sore throat) by age group. This information is then reported to the Florida Department of Health by telephone or internet. In addition, the Florida Department of Health provides materials for collecting and sending throat swab specimens to the state laboratory for analysis. This allows determination of the strain type(s) present in the community and assists the CDC in creating the best vaccine combination possible. Becoming a member of the Florida Sentinel Physician Influenza Surveillance Network is easy; simply call Environmental Health at the Alachua County Health Department at 352-334-8827. In appreciation for this great community service, sentinel physicians receive feedback on the data submitted, as well as complimentary subscriptions to CDC's Morbidity and Mortality Weekly Report and the Emerging Infectious Diseases Journal. Data collection begins in early October and ends in April. Please call today and help us protect our community.



Tuberculosis cases:

January—Sept 2004	1
January—Sept 2005	5

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	(Jan– Sept)		2004 Cum	Disease Activity (cont'd)	(Jan– Sept)		2004 Cum
	2005	2004			2005	2004	
AIDS	21	41	55	Leptospirosis	0	0	0
Animal Bites to Humans	28	15	26	Listeriosis	0	0	0
Anthrax	0	0	0	Lyme Disease	0	3	6
Botulism	0	0	0	Lymphogranuloma Venereum	0	0	0
Brucellosis	0	1	1	Malaria	1	0	0
Campylobacteriosis	10	18	21	Measles	0	0	0
Chancroid	0	0	0	Melioidosis	0	0	0
<i>Chlamydia trachomatis</i>	817	690	1091	Meningitis (Bacterial & Mycotic)	3	0	0
Ciguatera	0	0	0	Meningococcal (<i>Neisseria Meningitidis</i>)	0	2	3
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Mercury Poisoning	0	0	0
Cryptosporidiosis	0	0	0	Mumps	0	0	0
Cyclosporiasis	13	0	1	Neurotoxic Shellfish Poisoning	0	0	0
Dengue	1	0	0	Pertussis	24	2	2
Diphtheria	0	0	0	Pesticide-Related Illness or Injury	0	0	0
Ehrlichiosis, human	1	1	1	Plague	0	0	0
Encephalitis				Poliomyelitis	0	0	0
Eastern Equine	0	0	0	Psittacosis	0	0	0
Non-arboviral	0	0	0	Q fever	0	1	1
Other arboviral	0	0	0	Rabies Human	0	0	0
St. Louis	0	0	0	Rabies Animal	10	14	16
Venezuelan Equine	0	0	0	Ricin Toxin	0	0	0
West Nile	0	0	0	Rocky Mountain Spotted Fever	1	0	2
Western Equine	0	0	0	Rubella	0	0	0
<i>E.coli</i> 0157:H7	0	1	2	Salmonellosis	76	65	83
<i>E.coli</i> , Other (known sero)	0	1	1	Saxitoxin poisoning paralytic shellfish poisonings	0	0	0
Epsilon toxin of <i>Clostridium perfringens</i>	0	0	0	Shigellosis	2	3	4
Giardiasis (acute)	15	8	11	Smallpox	0	0	0
Glanders	0	0	0	<i>Staphylococcus aureus</i> , <i>Vancomycin non-susceptible</i>	0	0	0
Gonorrhea	386	310	522	<i>Staphylococcus enterotoxin B</i>	0	0	0
Granuloma Inguinale	0	0	0	Streptococcal Disease group A inva	0	0	0
<i>Haemophilus influenzae</i> , inv disease	2	0	1	<i>Streptococcal pneumoniae</i> invasive	18	14	19
Hansen's Disease (Leprosy)	0	0	0	Syphilis	11	4	5
Hantavirus infection	0	0	0	Tetanus	0	0	0
Hemolytic Uremic Syndrome	0	1	1	Toxoplasmosis (acute)	0	0	0
Hepatitis A	0	3	3	Trichinosis	0	0	0
Hepatitis B	71	110	131	Tuberculosis	2	0	5
Hepatitis C	345	429	545	Tularemia	0	0	0
Hepatitis non-A, Non B	0	0	0	Typhoid Fever	0	0	0
Hepatitis, Other (including unspecified)	0	0	0	Typhus Fever	0	0	0
Hepatitis B surface antigen + in pregnant women or child < 24 months	5	22	23	Vaccinia Disease	0	0	0
Herpes Simplex Virus in < 6mo of age	1	0	0	<i>Vibrio</i> Infection	1	1	2
HIV	22	30	46	<i>V. cholerae</i> Serogroup Type 01 and non-01	0	0	0
Human Papillomavirus (HPV) <12 yrs	0	0	0	Viral Hemorrhagic Fever	0	0	0
Lead Poisoning	1	2	2	Yellow Fever	0	0	0
Legionellosis	2	1	1				

Also reportable:

Any disease outbreak (e.g., in the community, hospital, or other institution; or foodborne or waterborne)

Any grouping or clustering of patients having similar diseases., symptoms or syndromes that may indicate the presence of a disease outbreak

Pertussis Outbreak

Jerne Shapiro, MPH

Alachua County has seen a total of 24 confirmed cases of Pertussis in 2005. This number is only the tip of the ice berg.

A cluster of thirteen cases occurred between July and September in Alachua. Not all, but many of the children were unvaccinated.

For information and testing call

Epidemiology at 352-334-8827.

Pertussis cases:

Alachua County		
2004	Jan –Sept	2
2005	Jan –Sept	24
State of Florida:		
2005	Jan– Sept	164

Eastern Equine Encephalitis– 2005

Alachua County positive samples:

- 36 sentinel chickens
- 9 horses
- 1 dead bird

HIV/AIDS in the African-American Community of Alachua County

*Richard Trachsel
AIDS Surveillance Program*

Since HIV reporting was mandated in July, 1997, two hundred sixty-six African-Americans in Alachua County have been reported HIV positive. This represents an average of 33 new cases per year, or three incident cases per month.

For all races, Alachua County has averaged 38 cases per year for the last four years. Seventy-five percent of cases were in the African-American community, though this demographic comprises only 25% of

the county's population. Cases were evenly divided between men and women. Forty-four percent of Alachua county's HIV cases in the African-American community were transmitted through heterosexual contact, 21% were attributed to men who had sex with other men, and 16% were among individuals whose primary risk factor was intravenous drug use. The remaining 19% of cases had no identified risk factors, primarily because a direct connection with a

positive partner has not yet been established.

Since 1983, a total of 597 new cases of HIV/AIDS have been reported among African-Americans in Alachua County. Of these, 200 (33%) have died.

AIDS cases:

January—Sept 2004	41
January—Sept 2005	21

HIV cases:

January—Sept 2004	30
January—Sept 2005	22

JS/06



Alachua County Health Department

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