

EPI INVESTIGATOR

The Alachua County Health Department
FALL QUARTER 2006



“Improving Public Health in Our Community Through Cooperation”

Alachua County Health Department
(352) 334-7900

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Influenza Surveillance in Alachua County

The Alachua County Health Department (ACHD) conducts Influenza Like Illness (ILI) surveillance for each flu season. The 2005 to 2006 ILI Surveillance was conducted from 10/02/2005 – 04/15/2006. Alachua County’s influenza status was below both the baseline of and the threshold values for the entire season for both Alachua County and state rates.

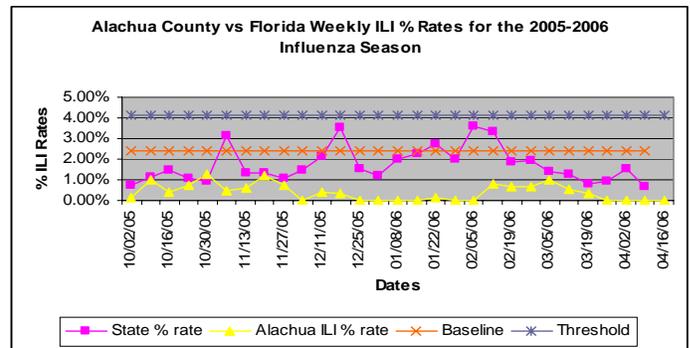
The lowest levels of ILI were in the 0-4 year old age group, and the highest levels were reported in the 5 to 25 year old age group. ILI% in Alachua County peaked at 1.28% during the week of

10/30/05 to 11/05/05. Alachua County did not surpass its threshold value of 4.13% or its baseline value of 2.41% thus a mild influenza season was experienced

All data collection this season was conducted via sentinel physicians who reported their

April Snyder, Epidemiology Intern

findings to the Centers for Disease Control and Prevention. For further information on how to participate in our influenza surveillance program please contact Jerne Shapiro at (352) 334-8827 or Aimee Pragle at (850) 245-4444 x2417.



Human Papilloma Virus (HPV) Vaccine Information

Kateesha A. McConnell, MPH
STD Program

The human papilloma virus (HPV) is a virus that has gained attention with the recent FDA approval of a vaccine that can prevent this pathogen in women. HPV is a common virus that is passed from genital contact with an infected person. Each year an estimated 6.2 million people in the U.S. get HPV with at least 50% of sexually active people acquiring the virus during their lifetime (<http://www.cdc.gov/std/hpv/default.htm>). Certain types of this virus may cause genital warts while others have the potential to cause cervical cancer in women. The individuals most at risk for HPV are men and women in their late teens and early twenties. In order to prevent cervical cancer it is important for women to have an annual pap test so that it may detect the virus and potentially dangerous cell changes (http://www.ashastd.org/hpv/hpv_learn_patfactsheet.cfm). The vaccine, Gardasil, for HPV is not yet available however it is scheduled to be available at the county health departments December 2006 or early 2007. The vaccine will cost an estimated \$120 per dose with a total of \$360 for the full series of three doses. It will only protect against four strains of HPV with two of these strains (HPV-16 and HPV-18) accounting for nearly 70% of all cervical cancers (<http://www.webmd.com/content/Article/123/115099.htm>). The FDA has only approved

“Each year an estimated 6.2 million people in the U.S. get HPV with at least 50% of sexually active people acquiring the virus during their lifetime...”

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Human Papilloma Virus (HPV) Vaccine Information (cont'd)

Gardasil for preadolescent girls and young women ages 9-26 years. Current research is being conducted on the efficacy and affects the HPV vaccine may have on males and women in other age groups (<http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine.htm>).

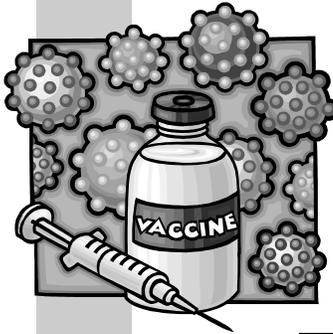
For more information please visit:

http://www.doh.state.fl.us/disease%5Fctrl/std/STD_Fact_Sheets.html

<http://www.webmd.com/content/Article/123/115099.htm>

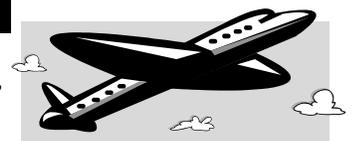
http://www.ashastd.org/hpv/hpv_learn_patfactsheet.cfm

<http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine.htm>



SAFE AND HEALTHY TRAVELING: See a Travel Health Specialist

Jarue Cabezas, RN, MSN, ARNP



**Did you know
that gastroin-
testinal illnesses
affect 40%-80%
of all travelers?**

Do you have clients traveling to Papua New Guinea, Kenya, China, Peru, Yucatan, Australia, or "just" Europe? Visiting friends and /or family, doing research, studying, missions, or "just" a vacation? Consulting a travel health specialist can help prepare clients for these trips. A travel health specialist presents and discusses areas of concern and risks that are related to each person's situation which would include required, recommended, and/or suggested vaccines and other preventive measures. The recommendations are based on CDC guidelines and a person's itinerary, length of stay, age, risk behaviors, and previous vaccine history. It is important that each individual bring their own immunization history to the appointment so that vaccines are not omitted or duplicated. Consideration would be given to the status of routine immunizations and to documenting and updating such vaccines as tetanus, diphtheria, pertussis, measles, mumps, rubella, polio, hepatitis B, influenza, and pneumococcal. Children's vaccines are important and an accelerated schedule may need to be implemented for infants and younger children to give adequate protection. Adopting a child from overseas requires special considerations for both family members and the adoptive child. If an individual has a chronic health condition and /or is immunocompromised, certain vaccines may need to be given while others should be avoided.

Did you know that gastrointestinal illnesses affect 40%-80% of all travelers? A number of precautions which should be taken to lessen or eliminate these risks are discussed during the consultation. Hepatitis A is the most common vaccine preventable disease acquired during travel and increasing numbers of cases have been diagnosed in the U.S. in the last 10 years. Two doses of hepatitis A vaccine given one year apart provide protection at efficacy rates exceeding 98% for more than 20 years. Although not required for international travel, CDC recommends typhoid vaccination for travelers to areas where a recognized risk exists, especially developing countries.

Two vaccines are available with different side effects, advantages, and risks, which are explained during the consultation.

Contact with insects and animals during travel can result in such diseases as yellow fever, malaria, dengue

fever, leishmaniasis, schistosomiasis, Japanese encephalitis, and many more! Levels of mosquito borne illnesses are increasing worldwide; therefore serious consideration should be given to prevention. Protection through appropriate use of repellants containing DEET and permethrin will be explained. The only vaccine required as a condition of entry into some countries is yellow fever. Although not required for others, yellow fever vaccination is highly recommended for Amazonian Brazil, Nigeria, Sierra Leone, Senegal, and some additional countries.

Most cases of malaria in travelers result from unnecessary exposure to mosquitoes and not receiving and following an appropriate anti-malarial regimen. Options of different medications for malaria prevention, side effects, disadvantages, and risks are explained during the consultation, and a prescription may be obtained. Certain circumstances may merit the use of other vaccines. If traveling to the meningitis belt of sub-Saharan Africa, especially during December to June, one of the two vaccines for meningococcal meningitis should be considered. Pilgrims to Saudi Arabia for Hajj and Umra are required to present documentation of meningitis vaccination. Travelers to rabies-endemic countries, and especially with extensive unprotected outdoor exposure in rural areas, should be warned about the risk of acquiring rabies and should consider the three injection vaccine series.

For more information and to schedule an appointment with the travel nurse consultants, call the Foreign Travel Clinic at ACHD at 352-334-8849 or 352-334-7950. Jarue Cabezas, RN, MSN, ARNP and Kitty Manasco, RN

Additional information at: <http://www.cdc.gov/travel>.

**TAKE A
RELAXING
VACATION!!!**



**BE SAFE!!!
HAVE FUN!!!**

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	(Jan– Oct)		2005 Cum
	2006	2005	
AIDS	50	28	38
Animal Bites to Humans	18	32	39
Anthrax	0	0	0
Botulism	0	0	0
Brucellosis	0	1	1
Campylobacteriosis	15	13	20
Chancroid	0	0	0
<i>Chlamydia trachomatis</i>	704	613	1263
Ciguatera	0	0	0
Creutzfeldt-Jakob Disease (CJD)	1	0	0
Cryptosporidiosis	10	0	1
Cyclosporiasis	0	13	13
Dengue	0	1	1
Diphtheria	0	0	0
Ehrlichiosis, human	1	1	1
Encephalitis			
Eastern Equine	0	0	0
Non-arboviral	0	0	0
Other arboviral	0	0	0
St. Louis	0	0	0
Venezuelan Equine	0	0	0
West Nile	0	0	0
Western Equine	0	0	0
<i>E.coli</i> 0157:H7	0	0	0
<i>E.coli</i> , Other (known sero)	1	0	0
Epsilon toxin of <i>Clostridium perfringens</i>	0	0	0
Giardiasis (acute)	15	16	21
Glanders	0	0	0
Gonorrhea	259	220	592
Granuloma Inguinale	0	0	0
<i>Haemophilus influenzae</i> , inv disease	0	1	2
Hansen's Disease (Leprosy)	0	0	0
Hantavirus infection	0	0	0
Hemolytic Uremic Syndrome	0	0	0
Hepatitis A	3	0	2
Hepatitis B	45	72	93
Hepatitis C	268	359	441
Hepatitis non-A, Non B	0	0	0
Hepatitis, Other (including unspecified)	0	0	0
Hepatitis B surface antigen + in pregnant women or child < 24 months	8	5	6
Herpes Simplex Virus in < 6mo of age	0	0	2
HIV	24	19	31
Human Papillomavirus (HPV) <12 yrs	0	1	1
Lead Poisoning	1	1	1
Legionellosis	3	2	2

Disease Activity	cont'd	(Jan– Oct)		2005 Cum
		2006	2005	
Leptospirosis		0	0	0
Listeriosis		0	0	0
Lyme Disease		1	0	0
Lymphogranuloma Venereum		0	0	0
Malaria		1	1	1
Measles		0	0	0
Melioidosis		0	0	0
Meningitis (Bacterial & Mycotic)		6	3	3
Meningococcal (<i>Neisseria Meningitidis</i>)		1	1	1
Mercury Poisoning		0	0	0
Mumps		0	0	0
Neurotoxic Shellfish Poisoning		0	0	0
Pertussis		1	25	25
Pesticide-Related Illness or Injury		0	0	0
Plague		0	0	0
Poliomyelitis		0	0	0
Psittacosis		0	0	0
Q fever		0	0	0
Rabies Human		0	0	0
Rabies Animal		11	10	13
Ricin Toxin		0	0	0
Rocky Mountain Spotted Fever		1	1	1
Rubella		0	0	0
Salmonellosis		65	84	100
Saxitoxin poisoning paralytic shellfish poisonings		0	0	0
Shigellosis		21	3	11
Smallpox		0	0	0
<i>Staphylococcus aureus</i> , <i>Vancomycin non-susceptible</i>		0	0	0
<i>Staphylococcus enterotoxin B</i>		0	0	0
Streptococcal Disease group A inva		3	0	0
<i>Streptococcal pneumoniae</i> invasive		18	19	27
Syphilis		6	8	14
Tetanus		0	0	0
Toxoplasmosis (acute)		0	0	0
Trichinosis		0	0	0
Tuberculosis		4	7	10
Tularemia		0	0	0
Typhoid Fever		0	0	0
Typhus Fever		0	0	0
Vaccinia Disease		0	0	0
<i>Vibrio</i> Infection		2	1	2
<i>V. cholerae</i> Serogroup Type 01 and non-01		0	0	0
Viral Hemorrhagic Fever		0	0	0
Yellow Fever		0	0	0

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

In Honor of Hepatitis Awareness

In the United States, one of three persons has been infected with hepatitis A virus (HAV), hepatitis B virus (HBV), or hepatitis C virus (HCV) (1).

HAV is spread by close contact with infected persons or through contaminated food. Since the introduction of hepatitis A vaccines in 1995, reports of hepatitis A have declined 84% (CDC, unpublished data, 2004).

HBV and HCV are spread by blood or sexual contact. In 2004, an estimated 60,000 new HBV infections and 26,000 new HCV infections occurred (CDC, unpublished data, 2004). In 1991, CDC adopted a national vaccination strategy to eliminate HBV transmission in the United States. Since then, acute hepatitis B has declined 75%, with the highest incidence remaining among adults.

Approximately 5%--25% of persons with chronic HBV and HCV infection will die prematurely from cirrhosis and liver cancer. Approximately 1 million persons in the United States have chronic HBV infection, and 3 million persons have chronic HCV infection (1; CDC unpublished data, 2004). Although effective therapies for viral hepatitis are available, the majority of persons with chronic HCV infection are unaware of their infection (1).

Additional information regarding hepatitis and Hepatitis Awareness Month is available at:

<http://www.cdc.gov/hepatitis>.

Reference

Kim RW, Brown RS, Terault NA, El-Serag H. Burden of liver disease in the United States: summary of a workshop. *Hepatology* 2002;36:227--42.



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JS/06



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