

EPI INVESTIGATOR

The Alachua County Health Department

FALL 2007



“Improving Public Health in Our Community Through Cooperation”

**Alachua County
Health Department**
(352) 334-7900

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phone or fax the
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Tuberculosis
Gail Beard, RN
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Hepatitis
Dina Dolz, RN
(352)334-8842

Source-case Investigations For Young Children

By: Gail Beard, RN
Regional Nurse Case Manager

Tuberculosis (TB) disease in children is a serious health risk and is most often the result of contact with an adult household member or other close person who has active, infectious TB. This is currently the case in Alachua County with our first diagnosed case of tuberculosis in a child under the age of two since 2002. For newly diagnosed tuberculosis in children, source-case investigations are a high priority activity for local county health department TB programs to locate the source of infection for these children and to help prevent ongoing transmission to others. These investigations are usually centered around the household members and those who may have had periods of prolonged exposure to the child such as daycare workers or other friends and family. Searching for others who may be sick is often labor intensive and cost prohibitive in some cases. Failure to find the true source-case patient may have treatment implications since decisions about the treatment regimen for children are often based on the drug susceptibilities of the source. In depth contact investigations for adults with active disease is most always the best way to identify infected children and prohibit disease in this most vulnerable age group.

If you need further information regarding source-case investigations or if you need assistance for an investigation, please contact the Alachua County Health Department TB Program Office at (352)334-7988.

The Rise of Chlamydia in Alachua County

By: Natalie Mullings, Disease Intervention Specialist

From 1997 to 2006 Alachua County has consistently had a higher incidence of Chlamydia than the state of Florida. From 1997 to 2006, Chlamydia has increased two fold from 463 cases to 1,383. During the same period the state experienced a 0.83 increase in Chlamydia morbidity.

In the five year period between 2002 and 2006 the number of Chlamydia cases in men has increased 44%, while in women the number of Chlamydia cases has only increased by 21%. The incidence for Chlamydia in both men and women in Alachua County is about twice that of the state of Florida.

The main groups that are affected are 15-19 and 20-24 years old. On average 15-24 year olds account for 77.5% of all Chlamydia cases in Alachua County. African Americans account for over 60% of Chlamydia in Alachua County. African Americans bear a disproportionately high amount of Chlamydia disease; however this may be due to under reporting in whites and other racial/ethnic groups.

Chlamydia is still increasing and hasn't shown any signs of slowing down. Alachua County Health Department is currently working on several prevention strategies to combat the rising increase in Chlamydia disease cases.

- 1) In order to break the cycle of transmission, men should get tested and treated for Chlamydia.
- 2) Increase STD education for men and women.
- 3) Community outreach and client based interventions targeting individuals ages of 15 to 29.
- 4) Educating health providers in Alachua about the high incidence of Chlamydia in the county and the importance of screening for the disease and other STDs during routine physicals.
- 5) Clients that come to CHDs for other services, example Family Planning, could be educated about STDs during their visits.



Influenza Sentinel Provider Surveillance Program

By: Jack Dickard, Retired Family Physician ,Ithaca, N.Y.

The U.S. Influenza Sentinel Provider Surveillance Network needs you, the health care providers of Alachua County, to help track the course of influenza, locally and nationally, during the 2007-08 season.

Last year, several Alachua County health care providers joined the CDC national influenza surveillance effort, by enrolling in the Florida Influenza Sentinel Surveillance Network (FSISN), and reporting the number of patients they encountered with influenza-like illness (ILI) on a weekly basis. With the 2007-08 influenza season fast approaching, Alachua County is once again recruiting providers to join the effort to detect and report occurrences of influenza and influenza-like illness in our community.

The Alachua County Health Department works with Florida Department of Health via the Florida Sentinel Influenza Surveillance Network to coordinate the local disease surveillance activity with the CDC's national surveillance network.

Each year influenza sentinel providers are needed to report the total number of patients they encounter each week who meet the CDC case definition for influenza-like illness. Sentinel providers transmit their data via the Internet (preferred method) or by fax. According to a survey of sentinel providers, most reported that it takes them less than 30 minutes to compile and report their weekly data (50% report 15 minutes or less and 39% report between 15-30 minutes). Providers eligible for participation include MD, DO, PA, and NP (ARNP) from all types of settings including: emergency rooms, urgent care centers, college university health centers and HMOs.

Last year, influenza surveillance activity provided by local health care providers helped populations in other counties around the state where widespread flu was reported. Medicaid/Medicare added appropriate antiviral medicines to the list of approved treatment options.

Participation in the sentinel provider surveillance program is voluntary and much appreciated. Data from sentinel providers are critical for monitoring the impact of influenza. In combination with other influenza surveillance data, they can be used to guide prevention and control activities, vaccine strain selection, and patient care. Sentinel providers receive feedback on the data submitted, summaries of Florida and national influenza data, a free subscription to CDC's Morbidity and Mortality Weekly Report and the Emerging Infectious Diseases Journal.

Local health care providers who have agreed to be part of the influenza surveillance activity are performing a valuable service to members of our community. We thank those who have worked with the Alachua County Health Department in the past and hope that they and others agree to continue to help in the upcoming flu season.

If you are interested in learning more about influenza surveillance activity in Alachua County, please contact: [Emily Wilson](mailto:Emily.Wilson@achd.org) (352)334-7971

For an overview of the CDC's U.S. Influenza Sentinel Provider Surveillance Network, go to:

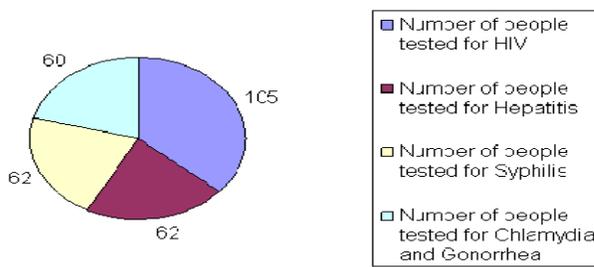
http://www.doh.state.fl.us/Disease_ctrl/epi/httopics/flu/FSPISN/RecruitmentCDCsys2006.pdf

HIV/AIDS Update

By: Rick Traschel, Surveillance Coordinator

Congratulations to ACHD clinician, Dr. Ernesto LaMadrid, for his appointment as the State Medical Director for the Bureau of HIV/AIDS. Even better is that he will be based here at the ACHD, so we are not losing him entirely. Dr. LaMadrid is replacing long-time Director Dr. Paul Arons who is retiring.

**National HIV Testing Day Night Clinic
June 27th 2007**



Graph by Roger Dolz

The Downtown Latino Festival was Saturday, September 22, from 1-6 PM. The festivities included music, food, and vendors. The AIDS Minority Outreach program has been actively involved in planning this festival as part of Hispanic Health Awareness, and had a health information booth staffed by ACHD staff and volunteers

The ACHD night clinic conducted June 27 had the following results: (graph on left)

There will be another night clinic Monday, October 15, from 5PM-8:30PM, at ACHD, as part of Hispanic AIDS Awareness Day.

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2007	2006	2006	Disease Activity	cont'd	2007	2006	2006
	Jan-Aug	Jan-Aug	Jan-Dec			Jan-Aug	Jan-Aug	Jan-Dec
AIDS	22	21	57	Lyme Disease		3	0	1
Animal Bites to Humans	23	15	20	Lymphogranuloma Venereum		0	0	0
Animal Rabies	5	11	14	Malaria		1	1	1
Anthrax	0	0	0	Measles		5	0	0
Botulism	0	0	0	Melioidosis		0	0	0
Brucellosis	0	0	0	Meningitis Strep Pneumoniae		1	2	6
Campylobacteriosis	12	13	19	Meningitis other		0	4	4
Chancroid	0	0	0	Meningococcal (<i>Neisseria Meningitidis</i>)		0	1	1
<i>Chlamydia trachomatis</i>	1077	931	1383	Mercury Poisoning		0	0	0
Cholera	0	0	0	Mumps		0	0	0
Ciguatera	0	0	0	Neurotoxic Shellfish Poisoning		0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	1	1	Pertussis		4	1	1
Cryptosporidiosis	1	5	13	Pesticide-Related Illness or Injury		0	0	0
Cyclosporiasis	4	0	0	Plague		0	0	0
Dengue	0	0	2	Poliomyelitis		0	0	0
Diphtheria	0	0	0	Psittacosis		0	0	0
Ehrlichiosis, Human Monocytic	1	1	1	Q fever		0	0	0
Encephalitis	0	0	0	Rabies Human		0	0	0
Eastern Equine	0	0	0	Rabies Animal		5	11	12
Non-arboviral	0	0	0	Ricin Toxin		0	0	0
Other arboviral	0	0	0	Rocky Mountain Spotted Fever		1	1	1
St. Louis	0	0	0	Rubella		0	0	0
Venezuelan Equine	0	0	0	SARS		0	0	0
West Nile	0	0	0	Salmonellosis		32	46	84
Western Equine	0	0	0	Saxitoxin poisoning psp		0	0	0
<i>E.coli</i> 0157:H7	0	0	0	Shigellosis		8	20	27
<i>E.coli</i> , Other (known sero)	1	0	1	Smallpox		0	0	0
Epsilon toxin of <i>Clostridium perfringens</i>	0	0	0	<i>Staphylococcus aureus</i> , VRSA		0	0	0
Giardiasis (acute)	20	10	22	<i>Staphylococcus enterotoxin B</i>		0	0	0
Glanders	0	0	0	Streptococcal Disease group A inva		3	3	4
Gonorrhea	468	474	711	<i>Streptococcal pneumoniae</i> invasive, Disease resistant		4	12	20
Granuloma Inguinale	0	0	0	<i>Streptococcal pneumoniae</i> invasive, Disease susceptible		9	5	6
<i>Haemophilus influenzae</i> , inv disease	2	0	1	Syphilis		26	20	28
Hansen's Disease (Leprosy)	0	0	0	Syphilis in pregnant women & neonates		0	1	1
Hantavirus infection	0	0	0	Tetanus		0	0	0
Hemolytic Uremic Syndrome	0	0	0	Toxoplasmosis (acute)		0	0	0
Hepatitis A	0	3	3	Trichinosis		0	0	0
Hepatitis B Acute	3	0	1	Tuberculosis		9	4	6
Hepatitis B Chronic	37	38	57	Tularemia		0	0	0
Hepatitis C Chronic	186	229	355	Typhoid Fever		0	0	0
Hepatitis, Other	0	0	0	Typhus Fever		0	0	0
Hepatitis B Perinatal	1	1	1	Typhus Fever Epidemic		0	0	0
Hepatitis B surface antigen + in pregnant women or child < 24 months	7	7	11	Vaccinia Disease		0	0	0
Herpes Simplex Virus in < 6mo of age	0	0	0	Varicella		2	0	NR
HIV	33	21	31	<i>Vibrio</i> Infection		0	1	2
Human Papillomavirus (HPV) <12 yrs	0	0	0	<i>V. cholerae</i> Serogroup 01/ non 01		0	0	0
Influenza Due to Novel Strains	0	0	0	Viral Hemorrhagic Fever		0	0	0
Lead Poisoning	3	1	1	Yellow Fever		0	0	0
Legionellosis	1	1	3					
Leptospirosis	0	0	0					
Listeriosis	0	0	0					

Any grouping or clustering of patients having similar diseases, symptoms or syndromes that may indicate the presence of a disease outbreak. All cases suspected and confirmed are included in this report.

NEW IMMUNIZATION GUIDELINES FOR FLORIDA

By: Sherry Windham, HSPM
Immunization Supervisor/Coordinator



The Bureau of Immunization has announced the release of the revised Immunization Guidelines for Florida Schools, Child Care Facilities and Family Day Care Homes, effective March 2007 and incorporated by reference in amended Rule 64D-3.046, Florida Administrative Code, which are effective July 15, 2007.

The guidelines are currently in the process of being printed, however in the meantime you may print a copy of the 2007 version by visiting the Bureau of Immunization website at: (http://www.doh.state.fl.us/disease_ctrl/immune/schoolguide.pdf).

The guidelines are only updated when there is a legislative or major change. The guidelines provide technical assistance for healthcare providers, schools, childcare facility operators, family daycare home operators, school health personnel, as well as county health department personnel. Key changes from the 2001 version include:

Effective January 2008:

Children, age 2 to 24 months, entering or attending a childcare or family daycare facility will be required to have documentation of age-appropriate pneumococcal conjugate vaccine (Prevnar).

Effective school year 2008/2009:

Children entering, attending or transferring to kindergarten through grade 12 in Florida schools will be required to have documentation of a second dose of mumps and rubella in addition to the present requirement of two measles. This change should affect very few children as most have already had two Measles, Mumps and Rubella (MMR) vaccines.

A second dose of Varicella will be required for all children entering, attending or transferring to kindergarten. (This would also include any child who is retained in kindergarten).

The 7th grade requirement has been modified to include only Td (Tetanus-diphtheria) vaccine or Tdap (Tetanus, diphtheria and acellular pertussis) is also acceptable.

The electronic and manual versions of the Florida Certification of Immunization (DH Form 680) were updated to reflect the changes in the childcare and school entry requirements.



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Alachua County Health Department

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