

EPI INVESTIGATOR

The Alachua County Health Department
Fall 2009



“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:**

Director
Jean Munden, R.N., M.P.H., M.P.A.
Jean Munden@doh.state.fl.us
(352) 334-7903

Assistant Director
Paul Myers, MS
(352) 334-8892

Environmental Health
Director Anthony Dennis
(352) 334-7931

HIV/AIDS
Richard Willis Surveillance
(352) 334-7968
Martha Buffington, Ryan White
(352) 334-7967

Epidemiology/Hepatitis
Isabel Anasco, R.N.
(352) 334-7900 x3480(temp)
Fax (352) 955-6464

Sexually Transmitted Disease
George Gibbs, MPH
(352) 334-7900 ext 3471 or 3470
Fax: (352) 334-8818

Tuberculosis
Gail Beard, RN
(352) 334-7988
Fax(352) 955-6464

Editor
Sheila Griffis

2009 H1N1 flu : Situation Update as of September 18, 2009

By: Isabel Anasco, RN

In the United States;

[Visits to doctors](#) for influenza-like illness (ILI) are increasing nationally. Visits to doctors for influenza-like illness are higher than what is expected during this time of year and have increased for five consecutive weeks now. This is very unusual for this time of year.

Total influenza [hospitalization](#) rates for adults and children are similar to or lower than seasonal influenza hospitalization rates depending on age group, but are higher than expected for this time of year.

The proportion of [deaths](#) attributed to pneumonia and influenza (P&I) was low and within the bounds of what is expected at this time of year.

Twenty-one states are reporting [widespread influenza activity](#) at this time. They are: Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Nevada, New Mexico, North Carolina, Oklahoma, Pennsylvania, South Carolina, Tennessee, and Virginia. Any reports of widespread influenza activity in September are very unusual.

Almost all of the influenza [viruses](#) identified so far are 2009 H1N1 influenza A viruses. These viruses remain similar to the viruses chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exceptions.

In Florida:

The Bureau of Laboratories is now reporting that 66% of the specimens submitted to them are positive for influenza. Of those positive for influenza, 97% were novel H1N1 influenza. The remaining 3% were seasonal influenza H3 (one specimen) and influenza A unknown (one specimen).

Although the number of cases, hospitalizations, and deaths continues to rise, there is no evidence that the virus has changed to a more virulent form, either in Florida, the rest of the US, or elsewhere in the world. Approximately 25% of deaths are in people with no clear underlying medical condition.

670 hospitalizations in those with laboratory-confirmed novel H1N1 influenza have been reported as of September 8, 2009.

78 deaths in those with laboratory-confirmed novel H1N1 influenza have been

In Alachua County:

125 laboratory confirmed H1N1 flu cases received as of September 22, 2009

2 H1N1 flu-related deaths(both had underlying medical conditions)

School absenteeism is increasing since start of school

Reference: [Bureau of Epidemiology Weekly Influenza Surveillance Reports](#)
and www.flu.gov

Hepatitis Coordinator Meeting

By: Isabel Anasco, RN

The Hepatitis Prevention program in the Florida Department of Health held their hepatitis 09 program coordinator meeting on September 24 – 25, 2009 in Fort Lauderdale, FL. Fifteen funded counties participated in the meeting. The purpose of this

meeting is to provide information to hepatitis coordinators, share best practices, and discuss county-specific, hepatitis-related issues. Marilyn Mandell, our new SCHN in the Epidemiology/Hepatitis Program attended the meeting. She prepared a 10 minute presentation about the

hepatitis 09 program in Alachua County.



Marilyn Mandell, SCHN



Florida Childhood Lead Poisoning Prevention Program

By: Anthony Dennis; Environmental Health Director
Alachua County Health Department

Environmental Health Investigations

The Alachua County Health Department now has two certified Lead Risk Assessors that can provide Environmental Health Investigations when requested. These investigations are performed throughout our surrounding counties and can be performed anywhere in the state. When a case worker requests an Environmental Health Investigation, only a certified Lead Risk Assessor can respond. This certification process is administered through the United States Environmental Protection Agency, EPA, and includes course completion and a third party examination. The EPA requires individuals conducting lead-based paint activities (abatement, inspection, and risk assessment) in target housing and child-occupied facilities to be trained and certified. The trainers are accredited to ensure quality, and certified individuals must follow specific work practices ensuring that lead hazards are addressed.

Lead Poisoning Case Definition and Reporting

Lead poisoning is a reportable disease under Chapter 64D-3, Florida Administrative Code. A confirmed case of lead poisoning is defined as an individual with a blood lead level greater than or equal to 10 µg/dL from a venous specimen or blood lead level greater than or equal to 10 µg/dL from TWO capillary specimens taken within three months of one another.

Health Effects of Lead Poisoning

The Centers for Disease Control and Prevention describe lead poisoning as one of the most common pediatric environmental health problems in the United States (CDC, 1997). In Florida, hundreds of children are diagnosed with lead poisoning each year. Lead affects the central nervous system and can interfere with the production of hemoglobin (which is needed to carry oxygen to cells) and with the body's ability to use calcium. Life long effects, such as lowered IQ, learning disabilities and behavioral problems can result from lead exposure. At very high levels, seizures, coma, and even death have also been reported (CDC, 1997). Lead poisoning often occurs with no obvious symptoms, and therefore it frequently goes unrecognized. However, there are cases when signs and symptoms are present; these include irritability, loss of appetite, sluggishness, abdominal pain, vomiting, constipation, and learning difficulties.

At-Risk Populations

Individuals from all social and economic levels can be affected by lead poisoning. However, children under the age of 6 years are considered to be at risk because they tend to put their hands or other objects into their mouths, they absorb a greater percentage of lead, and their developing bodies are more vulnerable to lead's effects. Children at the greatest risk are those 9 months of age to 2.5 years of age and those living at or below the poverty line who live in older housing.

Sources of Lead Exposure

Homes built before 1978 may have lead-based paint on the exterior and/or the interior of the dwelling. Homes built before 1950 are even more likely to contain lead-based paint. Children can easily come into contact with paint chips or lead dust created through wear and tear of windows, woodwork, walls, doors, railings or other surfaces covered with lead paint. Children are also susceptible to the extremely high levels of lead dust created in a home undergoing renovation and/or repair. Lead may be found in the soil, especially near busy roadways or factories. The lead from gasoline used in vehicles before the 1980s has settled into the soil and is difficult to remove. Children may come into contact with contaminated soil while playing outside. This soil may also be tracked inside on shoes and clothing. "Take-home lead" is lead dust carried home on the clothes and/or shoes of individuals whose hobbies or occupations involve lead. Some common jobs and hobbies include: battery manufacturing, radiator repair, construction, renovation, soldering, recycling, painting, demolition, scrap metal recycling, working with stained glass, pottery making, target shooting, casting fishing weights and others. Some countries other than the United States still allow lead solder in food and drink cans. Lead has been found in some home remedies and cosmetics often imported from the Middle East, Southeast Asia, India, the Dominican Republic, or Mexico. The remedies are usually bright yellow or orange in color. Imported or handmade pottery with leaded glaze. Lead in ceramic glaze can leach into stored food and beverages, especially those that are acidic.

Imported candies or foods. Lead has been found in candy, wrappers, and in certain ethnic foods, such as chapulines (dried grasshoppers) or tamarind. Adult and children's jewelry has been found to have lead. Some toys and other consumer products have also been found to contain lead. For more information please refer to the Consumer Product Safety Commission website at <http://www.cpsc.gov/>.

Lead Poisoning Prevention

Lead poisoning is completely preventable. The removal of lead sources in one's environment is the most effective means of preventing lead exposure. There is no natural level of lead in the blood. Recent studies show that lead may have harmful effects even at very low levels. These findings underscore the importance of preventing even low level exposure by controlling all lead sources in a child's environment.

Blood Lead Screening

A blood lead test is the only way to know if a child has been exposed to lead. The initial blood lead test received by a child in a given year is called a lead screening. Screening children for lead poisoning is very important. It allows for early identification and treatment, which can reduce the chance that an exposed child will suffer permanent neurological damage. By establishing Florida's Blood Lead Screening Guidelines (page 6), the Florida Department of Health seeks to ensure children with the highest risk receive a blood lead test. When a child is found to have a high blood lead level, then other related children and children living in the same building should also be screened.

Lead Poisoning Case Management

The Childhood Lead Poisoning Case Management Guidelines (Appendix B) define a minimum standard of care for managing children less than 6 years of age who are diagnosed with lead poisoning. By following the case management guidelines health care providers and families can work together to prevent additional exposure and minimize long term effects through early intervention.

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2009	2008	2008	Disease Activity	cont'd	2009	2008	2008
	Jan-Aug	Jan-Aug	Jan-Dec			Jan-Aug	Jan-Aug	Jan-Dec
AIDS	31	21	35	Listeriosis (02700)		0	0	0
Animal Bites to Humans (07101)	37	26	33	Lyme Disease (06959)		0	2	2
Anthrax	0	0	0	Lymphogranuloma Venereum		0	0	0
Botulism	0	0	0	Malaria (08460)		1	3	3
Brucellosis	0	0	0	Measles (05590)		0	0	0
Campylobacteriosis (03840)	14	24	28	Meningitis, Group B Strep (32040)		0	0	0
Chancroid	0	0	0	Meningitis other (32090)		4	1	2
<i>Chlamydia trachomatis</i>	1242	1216	1749	Meningitis Strep Pneumoniae (32020)		0	0	0
<i>Cholera</i>	0	0	0	Meningococcal (<i>Neisseria Meningitidis</i>)03630		1	1	1
Ciguatera	6	0	0	Mercury Poisoning		0	1	1
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Mumps		1	0	0
Cryptosporidiosis (13680)	8	13	13	Neurotoxic Shellfish Poisoning		0	0	0
Cyclosporiasis (00720)	1	1	1	Pertussis (03390)		8	6	8
Dengue (06100)	1	0	0	Pesticide-Related Illness or Injury		0	0	0
Diphtheria	0	0	0	Plague		0	0	0
Ehrlichiosis, Human Monocytic (08382)	1	2	4	Poliomyelitis		0	0	0
Encephalitis	0	0	0	Psittacosis		0	0	0
Eastern Equine	0	0	0	Q fever		0	0	0
Non-arboviral	0	0	0	Rabies Animal (07102)		6	3	3
Other arboviral	0	0	0	Ricin Toxin		0	0	0
St. Louis	0	0	0	Rocky Mountain Spotted Fever (08200)		0	2	2
Venezuelan Equine	0	0	0	Rubella		0	0	0
West Nile	0	0	0	SARS		0	0	0
Western Equine	0	0	0	Salmonellosis (00300)		53	44	82
<i>E.coli</i> 0157:H7 (41601)	0	0	0	Saxitoxin poisoning psp		0	0	0
<i>Ehrlichiosis/anaplasmosis,hme e chaff. 08382</i>	0	2	3	Shigellosis (00490)		2	1	1
<i>Escherichia Coli, Shiga Toxin Producing 00800</i>	1	0	0	Smallpox		0	0	0
<i>E.coli, Other (41603)</i>	0	0	0	<i>Staphylococcus aureus, VRSA</i>		0	0	0
Giardiasis (acute) (00710)	22	10	13	<i>Staphylococcus enterotoxin B</i>		0	0	0
Glanders	0	0	0	Streptococcal Disease grp A inva (03400)		2	0	0
Gonorrhea	261	410	559	<i>Strep pneumoniae</i> invasive Disease, Drug resistant (04823)		3	5	7
H. Influenzae Pneumonia (48220)	0	0	0	<i>Strept pneumoniae</i> invasive Disease, susceptible (04830)		13	9	14
<i>Haemophilus influenzae, inv disease</i>	4	1	1	Syphilis		16	10	17
Hansen's Disease (Leprosy)	0	0	0	Syphilis in pregnant women & neonates		0	0	0
Hantavirus infection	0	0	0	Tetanus		0	0	0
Hemolytic Uremic Syndrome 42000	1	0	0	Toxoplasmosis (acute)		0	0	0
Hepatitis A	4	1	2	Trichinosis		0	0	0
Hepatitis B (+HBsAG in preg women or child < 24 months (07039)	6	8	10	Tuberculosis		2	8	10
Hepatitis B Perinatal (07744)	0	0	0	Tularemia		0	0	0
Hepatitis B Acute (07030)	1	1	1	Typhoid Fever		1	1	1
Hepatitis B Chronic (07032)	37	51	74	Typhus Fever		0	0	0
Hepatitis C Chronic (07054)	148	192	254	Vaccinia Disease		0	0	0
Herpes Simplex Virus in < 6mo of age	0	0	0	Varicella ((05290)		23	54	57
HIV	32	25	59	<i>Vibrio Vulnificus</i> 05290		1	0	0
Human Papillomavirus (HPV) <12 yrs	0	0	0	<i>V. cholerae</i> Serogroup 01/ non 01		0	0	0
Influenza A, Novel or Pandemic Strains	79	0	0	Viral Hemorrhagic Fever		0	0	0
Lead Poisoning (94890)	2	1	3	Yellow Fever		0	0	0
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

The NUMBERS – YTD (January thru July)*

By: Richard Willis, Surveillance

	Alachua Co (2008)	Alachua County (2009)	Area 3/13 (2008)	Area 3/13 (2009)
HIV	42	43	163	132
AIDS	26	37	115	128
Total**	68	80	278	260



The Area-wide numbers do NOT include DOC cases.

* Reporting changes (expansion of electronic lab reporting) disrupted ordinary HIV and AIDS trends for 2008, resulting in increases in cases that did not reflect actual increases in new infections or illnesses. In 2009, a logistic issue is overriding the effect of the changes in 2008: A new computerized system of entering, retrieving and analyzing HIV/AIDS data has been implemented (eHARS), which currently requires much longer time to enter data and extends the routine reporting lag considerably. Thus, the number of HIV and AIDS cases presently appears much lower than expected. Meaningful interpretation of trends will be possible again once these effects stabilize.

** HIV and AIDS data are not mutually exclusive, so cases can be counted in each.

YTD (Jan thru July) – Exposed Infants – Area 3/13

2008 – 11 2009 – 12 no infected babies either year (no know since 2007)

New Case Reporting Forms

There is a new case report form from Tallahassee. If you are provider, clinic, or lab reporting HIV/AIDS cases, please use this form. If you need a copy of this form contact our new HIV/AIDS Surveillance Officer at (352)334-7968 or by email Richard_Willis@doh.state.fl.us.

Completed case forms can either be faxed to Richard @ (352) 955-3045, or mailed (double enveloped) to: Alachua County Health Department, Richard Willis, P O Box 1327, Gainesville, FL 32602-1327.

