



“Improving Public Health in Our Community Through Cooperation”

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Sheila Griffis Editor



The Flu and You

Submitted By: Michael Smith, RN
Immunization/Foreign Travel Coordinator

It's that time of year again! The dreaded “Flu Season” is now upon us. There are many questions and concerns about the flu and what one can do to become protected against this possible deadly disease. The fact is, the flu kills thousands of people a year and hospitalizes many more. Hopefully, after reading this article, you will have gained a better understanding on how to protect yourself from becoming one less victim of the flu virus.

The Centers for Disease Control and Prevention performs research year-round to help produce vaccinations for the protection against some of the most common types of flu viruses known in the United States. Questions do arise pertaining to the flu and the vaccines given for protection. First of all, what is the flu? The flu is a very contagious virus that is mostly spread in the winter season in the United States. It is usually the months of October-May that this occurs. How is it spread? It can be transmitted through coughing, sneezing, and close contact. Who can get the flu? Anyone can, however; children are most at risk for contracting the flu. What are the common side effects of the flu? Symptoms range from the following: fever/chills, sore throat, muscle aches, cough, fatigue, headache, and runny or stuffy nose. How old does one have to be to get the flu vaccine? Anyone from 6 months old and older can receive the flu vaccine. Who should get the vaccine? CDC recommends that people who are

at high risk of developing pneumonia if they get sick with the flu. This includes: people with asthma, diabetes and chronic lung diseases, pregnant women, and people over age 65. Healthcare workers in close contact with patients who are high risk should also consider being vaccinated against the flu.

There are 2 types of the flu vaccine. One is an inactivated, which means the viruses in the vaccine are not alive. They have been killed. Therefore, someone who receives this type of vaccine will not “catch the flu” from it. This type of vaccine is given as an injection. There can be mild problems associated with the vaccine including: soreness, redness, or swelling where the shot was given; hoarseness; sore, red itchy eyes; cough; fever; aches; headaches; itching; fatigue. If these problems occur, it is usually right after the injection and lasts 1-2 days.

The 2nd type is activated, which means it is live but weakened. This vaccine is administered through the nostrils. **Healthy** people ages 2-49 and not are not pregnant can use this alternative choice if desired. What are common side effects in the activated vaccine? In children, side effects can include runny nose, headache, wheezing, vomiting, muscle aches, and fever. In adults, side effects can include runny nose, headache, sore throat, and cough. Fever is not a common side effect in adults receiving the nasal-spray flu vaccine.

Some people should **not** get the flu vaccines if they have severe life threatening allergies, especially eggs or the mercury-based preservative called Thimerosal. If you have ever had Guillain-Barre Syndrome (a severe paralyzing illness) you should not get the vaccine. If you aren't feeling well it may be advised for you to return when you feel better.

Flu viruses change every year. Each year's flu vaccines are made to protect you from the most common flu viruses likely to cause disease. Be aware that once vaccinated against the flu, it takes approximately 2 weeks for your body to build protection against those strains. Protection can last from a few months up to a year. Don't wait until there is an outbreak in your community to get the flu vaccine. It may be too late and you will have already been exposed. Remember, the flu is spread by someone coughing, sneezing or having close contact with another person. Take precaution by washing hands, keeping hands out of the mouth or nose, and limit/avoid close contact with those showing symptoms. Protect the community, protect your family, but most importantly...protect yourself!

For questions please utilize the CDC website, as it offers more detail of the 2013-2014 flu season. www.cdc.gov/flu Portions of this article was obtained from the CDC Vaccine Information Statement for the Influenza Vaccine dated 07/26/2013.

Welcome Home

Submitted By: Nadia Kovacevich, MPH
ACHD Epidemiologist

The Disease Control family is pleased to welcome Joseph Brew to our epidemiology team.

Joe is a native of Gainesville and has been away immersing himself in cultures worldwide, including Ethiopia, Spain, and Denmark to name a few. Joe brings several years of experience in data analysis and immigrant health working for global health agencies worldwide. From our experience working with Joe so far, we can tell that he loves good food and brightens our day with a good laugh. Joe stated he has a passion for data science, immigrant health, travel, cycling, peanut butter, and languages. He currently holds a Masters in Public Health from Københavns Universitet (Denmark) and Escuela Andaluza de Salud Publica (Spain) and a Masters in Diplomatic History from Institut Catholique de Paris (France). His vast knowledge contributes to our daily surveillance activities, and we are fortunate to have him as a team member.



HIV Dates of Upcoming Events

Submitted by Richard Willis,
HIV Surveillance

September 27 is National Gay Men's HIV/AIDS Awareness Day

Did you know that men who have sex with men (MSM) represent more than two-thirds of the newly reported HIV infection and AIDS cases among adult men (ages 13+) in Florida, followed by heterosexual sex and injection drug use (IDU).

The proportion of HIV and AIDS cases among adult males reported in Florida by mode of exposure, 2012.

Mode of Exposure	HIV infection		AIDS	
	Count	Percentage	Count	Percentage
Men Sex with Men (MSM)	3,029	75%	1,187	61%
Injection Drug Use (IDU)	133	3%	135	7%
MSM/IDU	90	2%	88	5%
Heterosexual Contact	802	20%	524	27%
Other Risk	0	0%	0	0%
	4,054		1,934	

Among adult males living with HIV disease in Florida and reported through 2012, MSM (including MSM/IDU) represents the highest risk within each of the racial/ethnic groups. Overall, the highest proportions of MSM or MSM/IDU cases (42%) were white. Of the adult MSM or MSM/IDU living with HIV disease in Florida and reported through December 2012, the majority of the cases (50%) were diagnosed between the ages of 30-49. As a group, gay, bisexual, and other MSM have an increased chance of being exposed to HIV because of the large number of MSM living with HIV. Further, many gay and bisexual men with HIV do not know they have HIV, especially MSM of color and young MSM.

Data sources:

Florida data: FL Department of Health, Bureau of Communicable Disease, HIV/AIDS and Hepatitis Section
For more Florida data, go to <http://floridaaids.org/>, then trends and statistics, then slide shows to find the slide set on men.
U.S. data: HIV Surveillance Report, 2011 (most recent available) Vol. 23 (HIV data for all 50 states)
<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>
For national facts, go to: <http://www.cdc.gov/hiv/resources/factsheets/index.htm> or <http://www.kff.org/hiv/aids/>

October 18th is National Latino AIDS Awareness Day

Did you know that in Florida a total of 98,530 persons living with a diagnosis of HIV in Florida through 2012?

Hispanics account for **20%** of this total.
23% of adult men & **13%** of adult women.
13% of the pediatric cases
26% of MSM (men who have sex with men)
18% of IDU (IV drug users)
14% of heterosexuals

- According to Florida's 2012 population estimates, 23% of Florida's population is Hispanic. The proportion of all newly reported adult HIV infection cases among Hispanics increased from 19% in 2003 to 23% in 2012.
- In Florida, for newly reported adult HIV infection cases in 2012, the case rate among Hispanic men was 2.4 times higher than in white men and the case rate among Hispanic women was 2.3 times higher than in white women.
- Among adults, one in every 110 Hispanic men and one in every 466 Hispanic women were living with HIV/AIDS in 2012; compared to one in every 192 white men and one in every 1,092 white women.
- Of those 19,974 Hispanics living with a diagnosis of HIV through 2012, 31% were U.S.-born, 15% were Cuban-born, 10% were Puerto Rican-born, 5% were Mexican-born, 28% were born elsewhere and the country of birth was unknown for 11%.
- In 2012, HIV was the 6th leading cause of death in Florida for Hispanic men ages 25-44, and the 9th leading cause of death for Hispanic women ages 25-44.

Key steps to reducing HIV and AIDS in Hispanic populations:

- Raise awareness about HIV disease and related risks among Hispanics;
- Encourage individuals to be tested for HIV;
- If you are living with HIV/AIDS, get it into treatment and care;
- Increase youth involvement in HIV community planning, decision making and HIV prevention programming;
- Reduce barriers to HIV testing, prevention and care by reducing HIV/AIDS stigma; and
- Disseminate information on the health benefits of condoms and other risk reduction measures.

Data sources:

Florida data: FL Department of Health, Bureau of Communicable Disease, HIV/AIDS and Hepatitis Section
For more Florida data, go to <http://floridaaids.org/>, then trends and statistics, then slide shows to find the slide set on Hispanics
U.S. data: HIV Surveillance Report, 2011 (most recent available) Vol. 23 (HIV data for all 50 states)
<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>

TB Study

Submitted By: Livia Sura, MPH

The Centers for Disease Control and Prevention is conducting a study in collaboration with the University of Florida and the Florida Department of Health in Alachua County comparing the tuberculin skin test and interferon-gamma release assays in diagnosing latent tuberculosis infection (LTBI) and in predicting progression to tuberculosis. Individuals who are at high risk for having LTBI are offered the opportunity to participate in the study. Persons with LTBI are at increased risk for developing TB, which is often termed active TB disease.¹ It is estimated that one in ten persons with LTBI will eventually develop TB and will transmit infection, on average, to an additional 10 to 15 persons before dying or recovering.² Since roughly 11 million people in the United States have LTBI, a critical component of domestic TB prevention and control is the identification and treatment of persons with LTBI who are at the highest risk of progression to active TB disease (CDC study protocol).

Dr. Michael Lauzardo (Principal Investigator) and Livia Sura (Research Coordinator) would like to thank everyone at the Florida Department of Health in Alachua County for your support of the study and enthusiasm to collaborate with us on this exciting study. We appreciate the warm welcome and we look forward to working with you!

References:

1. Centers for Disease Control and Prevention. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49:(No. RR-6).
2. World Health Organization. Ten Facts about Tuberculosis. Geneva, Switzerland: World Health Organization; 2010. Available at <http://www.who.int/features/factfiles/tuberculosis/en/index.html>.



Livia Sura, MPH

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2013	2012	2012	Disease Activity	cont'd	2013	2012	2012
	Jan-Aug	Jan-Aug	Jan-Dec			Jan-Aug	Jan-Aug	Jan-Dec
AIDS	25	23	35	Listeriosis (02700)		0	0	0
Animal Bites to Humans (07101)	44	40	68	Lyme Disease (06959)		2	2	3
Anthrax	0	0	0	Lymphogranuloma Venereum		0	0	0
Arsenic (98080)	0	1	1	Malaria (08460)		2	1	2
Brucellosis	0	0	0	Measles (05590)		0	0	0
Campylobacteriosis (03840)	18	14	19	Meningitis, Group B Strep (32040)		0	0	0
Carbon Monoxide Poisoning (98600)	0	1	2	Meningitis other (32090)		0	2	2
Chancroid	0	0	0	Meningitis Strep Pneumoniae (32020)		0	0	0
<i>Chlamydia trachomatis</i>	1205	1300	1883	Meningococcal (<i>Neisseria Meningitidis</i>)03630		0	0	0
<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	8	12	Neurotoxic Shellfish Poisoning		0	0	0
Cyclosporiasis (00720)	4	1	1	Pertussis (03390)		2	4	4
Dengue (06100)	1	0	0	Pesticide-Related Illness or Injury		0	1	2
Diphtheria	0	0	0	Plague		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)		4	5	5
Other arboviral	0	0	0	Ricin Toxin		0	0	0
St. Louis	0	0	0	Rocky Mountain Spotted Fever (08200)		2	2	3
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)		49	42	106
<i>Ehrlichiosis/anaplasmosis,HGE, A.</i>	0	0	0	Saxitoxin poisoning psp		0	0	0
<i>Phagocytophilum</i> (08381)				Shigellosis (00490)		6	11	11
<i>Ehrlichiosis/anaplasmosis,hme e chaff. 08382</i>	0	2	2	Smallpox		0	0	0
<i>Escherichia Coli, Shiga Toxin Producing 00800</i>	2	5	6	<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)	13	13	22	Streptococcal Disease grp A inva (03400)		6	3	6
Gonorrhea	427	448	659	<i>Strep pneumoniae</i> invasive Disease, Drug resistant (04823)		6	8	9
H. Influenzae Pneumonia (48220)	0	0	0	<i>Strep pneumoniae</i> invasive Disease, susceptible (04830)		12	13	17
<i>Haemophilus influenzae, inv disease</i> (03841)	2	7	7	Syphilis		20	14	19
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	0	0	0	Toxoplasmosis (acute)		1	0	0
Hepatitis A	0	1	1	Trichinosis		0	0	0
Hepatitis B (+HBsAG in preg women (07039)	8	4	8	Tuberculosis		4	1	2
Hepatitis B Perinatal (07744)	0	0	0	Typhoid Fever		0	1	1
Hepatitis B Acute (07030)	1	0	0	Typhus Fever		0	0	0
Hepatitis B Chronic (07032)	43	39	70	Vaccinia Disease		0	0	0
Hepatitis C Acute (07051)	0	3	3	Varicella (05290)		12	96	102
Hepatitis C Chronic (07054)	178	228	399	<i>Vibrio Parahaemolyticus</i> (00540)		1	1	1
Hepatitis E (07053)	0	1	0	<i>V. cholerae</i> Serogroup 01/ non 01		1	1	1
Herpes Simplex Virus in < 6mo of age	0	0	0	<i>Vibrio Mimicus</i> (00197)		1	0	0
HIV	34	32	56	<i>Vibrio Vulnificus</i> (00199)		0	0	1
Human Papillomavirus (HPV) <12 yrs	0	0	0	Yellow Fever		0	0	0
Influenza A, Novel or Pandemic Strains	0	0	0					
Lead Poisoning (94890)	4	4	4					
Legionellosis (48280)	0	0	1					

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

What you’ve always wanted to know about the BCG vaccine but were afraid to ask .

Submitted By: Geneva Saulsberry, RN
ACHD Regional TB Nurse Case Mgr.

TB Vaccine (BCG)

Bacille Calmette-Guérin (BCG) is a vaccine for tuberculosis (TB) disease. This vaccine is not widely used in the United States, but it is often given to infants and small children in other countries where TB is common. BCG does not always protect people from getting TB.

BCG Recommendations

In the United States, BCG should be considered for only very select people who meet specific criteria and in consultation with a TB expert. Health care providers who are considering BCG vaccination for their patients are encouraged to discuss this intervention with the [TB control program](#) in their area.

Children

BCG vaccination should only be considered for children who have a negative [TB skin test](#) and who are continually exposed, and cannot be separated from adults who:

- Are untreated or ineffectively treated for TB disease, and the child cannot be given long-term primary preventive treatment for TB infection; or
- Have TB disease caused by strains resistant to isoniazid and rifampin.

Health Care Workers

BCG vaccination of health care workers should be considered on an individual basis in settings in which:

- A high percentage of TB patients are infected with TB strains resistant to both isoniazid and rifampin;
- There is ongoing transmission of drug-resistant TB strains to health care workers and subsequent infection is likely; or
- Comprehensive [TB infection-control precautions](#) have been implemented, but have not been successful.

Health care workers considered for BCG vaccination should be counseled regarding the risks and benefits associated with both BCG vaccination and treatment of latent TB infection.

Testing for TB in BCG-Vaccinated People

People who were previously vaccinated with BCG may receive a [TB skin test](#) to test for TB infection. Vaccination with BCG may cause a positive reaction to a TB skin test. A positive reaction to a TB skin test may be due to the BCG vaccine itself or due to infection with TB bacteria.

A positive reaction to a TB skin test probably means you have been infected with TB bacteria if:

- You recently spent time with a person who has TB disease; or
- You are from an area of the world where TB disease is very common (such as most countries in Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia); or
- You spend time where TB disease is common (such as homeless shelters, migrant farm camps, drug-treatment centers, health care clinics, jails, or prisons).

[TB blood tests](#) (IGRAs), unlike the TB skin test, are not affected by prior BCG vaccination and are not expected to give a false-positive result in people who have received BCG.

For children under the age of five, the TB skin test is preferred over TB blood tests.

A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria. It does not tell whether the person has latent TB infection or has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

Some information retrieved directly from: <http://www.cdc.gov/tb/topic/vaccines/default.htm>