

EPI INVESTIGATOR

Florida Department of Health—Alachua

Fall 2015



“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:**

Administrator
Paul Myers, MS
(352) 334-8892

Environmental Health
Director Anthony Dennis
(352) 334-7931

HIV/AIDS
Richard Willis, Surveillance
(352) 334-7968
Fax (352)334-8867

Martha Buffington, Ryan White
(352) 334-7967

Epidemiology/Hepatitis
Nadia Kovacevich, MPH, CPH
(352) 225-4181
Fax (352) 955-6464
If you would like to receive the
Epi InvestiGator by email or fax,
please contact us at the following
email address:
Nadia.Kovacevich@flhealth.gov,
or phone: (352) 225-4181

Immunizations
Michael Smith, RN
(352) 334-8827
Fax: (352) 334-7943

Sexually Transmitted Disease
Larissa Cantlin-Plemmons
(352) 334-7900 ext 3434
Fax: (352) 334-8818

Tuberculosis
Geneva Saulsberry, RN, BSN
(352) 225-4188
Fax(352) 955-6464

After Hours:
(352)-334-7900

Editor
Sheila Griffis



The Flu and You

Submitted By: Michael Smith, RN
Immunizations Supervisor
Alachua County Health Department

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. For those allergic to eggs, manufacturers have available an egg free flu vaccine licensed for adults 18+, which the Alachua County Health Department has a limited supply of.

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 2015-2016 flu season.

www.cdc.gov/flu Portions of this article were obtained from the CDC Vaccine Information Statement for the Influenza Vaccine dated 08/07/2015.

If I have latent TB infection, how can I keep from developing TB disease?

Many people who have latent TB infection never develop TB disease. But some people who have latent TB infection are more likely to develop TB disease than others. Those at high risk for TB disease include:

- People with HIV infection
- People who became infected with TB bacteria in the last 2 years
- Babies and young children
- People who inject illegal drugs
- People who are sick with other diseases that weaken the immune system
- Elderly people
- People who were not treated correctly for TB in the past

Submitted By: Geneva Saulsberry RN, BSN
Regional Nurse Case Manager



If you have latent TB infection (a positive TB skin test reaction or positive TB blood test) and you are in one of these high-risk groups, you need to take medicine to keep from developing TB disease. This is called treatment for latent TB infection. There are several treatment options.

One treatment option for latent TB infection is [isoniazid \(INH\)](#). Taken for 6 to 9 months, INH kills the TB bacteria that are in the body. If you take your medicine as instructed by your doctor or nurse, it can keep you from developing TB disease. Children, adolescents, and people infected with HIV who have latent TB infection need to take INH for 9 months. The preferred regimen for children 2-11 years old is 9 months of daily INH.

Another effective treatment option for people with latent TB infection is the 12-dose regimen. This regimen of INH and [rifapentine \(RPT\)](#) is taken once a week for 3 months under directly observed therapy (DOT). This means the patient will meet with a health worker at a place they both agree on, and the health worker will observe the patient taking the medicine.

You and your health care provider must decide which treatment option is best for you.

Because there are less bacteria, treatment for latent TB infection is much easier than treatment for TB disease. A person with TB disease has a large amount of TB bacteria in the body. Several drugs are needed to treat TB disease.

Sometimes people are given treatment for latent TB infection even if their TB skin test reaction or TB blood test result is negative. This is often done with infants, children, and people infected with HIV who have recently spent time with someone with TB disease. This is because they are at very high risk of developing TB disease soon after they become infected with TB bacteria.

People who have latent TB infection need to know the symptoms of TB disease. If they develop symptoms of TB disease, they should see a doctor right away. Information for this article retrieved directly from: http://www.cdc.gov/tb/publications/faqs/qa_latenttbinf.htm#Latent4

CDC Removes Ebola Screening and Monitoring Guidance for Liberia

Submitted by: Nadia Kovacevich, MPH
Epidemiologist

The United States has removed all enhanced screening and monitoring requirements for travelers from Liberia; this went into effect on September 21. This follows a CDC determination that the risk of Ebola disease importation into the United States by travelers from Liberia is low and that Liberia has implemented effective control measures. As a result of the announced changes:

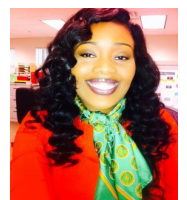
(1) Travelers from Liberia will no longer be funneled through the five selected U.S. airports; (2) Travelers from Liberia will no longer undergo active monitoring, maintain daily contact with state health departments; (3) or do “self-observation” for 21 days after departure from Liberia to check for symptoms consistent with Ebola. **Entry** screening and monitoring will not change for travelers from Guinea or Sierra Leone, nor will it change for any travelers from Liberia who have also traveled to either Guinea or Sierra Leone within the previous 21 days.

For additional information, please visit the Centers for Disease Control and Prevention: <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>

Disease Control Welcomes Devin Myers

Submitted by: Nadia Kovacevich, MPH

The Disease Control family is pleased to welcome Ms. Devin Myers to our Epi-demiology team. Devin is a native of Gainesville and no stranger to Public Health. She currently holds a Bachelors of Science degree in Biology from Florida A&M University and a Masters in Public Health from Kaplan University with a concentration in Epidemiology and Infectious Diseases. Devin brings experience in microbiology, infection control, health education, and disease intervention. She is passionate about health promotion, mentoring underprivileged youth, and teaching dance (liturgical, jazz, pom, modern, and majorette). In her spare time she loves to shop, travel, craft, church activities, host/plan tea parties and anything caramel salted flavored. Devin says, “I am fascinated by how such small microbes can nearly wipe out a population. If I have educated one group or prevented just one individual from coming into contact with an infectious disease I have made a difference in the world.”



FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2015	2014	2014	Disease Activity	Con'td.	2015	2014	2014
	Jan-Sept	Jan-Sept	Jan-Dec			Jan-Sept	Jan-Sept	Jan-Dec
AIDS	25	26	34	Malaria		0	0	0
Anthrax	0	0	0	Measles		0	0	0
Arsenic Poisoning	0	0	0	Meningitis, bacterial or mycotic		4	0	1
Botulism	0	0	0	Meningococcal disease		0	1	1
Brucellosis	0	0	0	Mercury poisoning		0	0	0
Campylobacteriosis	40	28	36	Mumps		0	0	0
Carbon Monoxide Poisoning	0	0	0	Neurotoxic shellfish poisoning		0	0	0
Chikungunya fever	0	2	2	Pertussis		3	1	18
Chlamydia	1597	1411	1934	Pesticide-related illness and injury, acute		0	0	0
Ciguatera	0	0	0	Plague		0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Psittacosis (ornithosis)		0	0	0
Cryptosporidiosis	11	9	19	Q Fever		0	0	0
Cyclosporiasis	0	0	0	Rabies, animal or human		6	0	1
Dengue	0	1	1	Rabies, possible exposure		48	47	62
Diphtheria	0	0	0	Ricin toxin poisoning		0	0	0
Ehrlichiosis/anaplasmosis	1	6	6	Rocky Mountain spotted fever				
<i>Escherichia coli</i> infection	4	3	5	and other spotted fever rickettsioses		1	2	2
Giardiasis (acute)	16	14	24	Rubella		0	0	0
Gonorrhea	431	297	402	Salmonellosis		55	54	69
<i>Haemophilus influenzae</i> , invasive disease in children <5 years old	1	5*	5*	Saxitoxin poisoning (paralytic shellfish poisoning)		0	0	0
Hansen's Disease (Leprosy)	0	0	0	Severe acute respiratory disease syndrome associated with coronavirus infection		0	0	0
Hantavirus infection	0	0	0	Shigellosis (00490)		32	8	10
Hemolytic uremic syndrome (HUS)	0	0	0	Smallpox		0	0	0
Hepatitis A	4	0	0	Staphylococcal enterotoxin B poisoning		0	0	0
Hepatitis B Acute	0	1	1	<i>Staphylococcus aureus</i> infection (VISA, VRSA)		0	0	0
Hepatitis B Chronic	46	56	71	<i>Streptococcus pneumoniae</i> invasive disease in children <6 years old		1	5*	6*
Hepatitis B surface antigen in pregnant women or children <2 years old	8	7	7	Syphilis		41	39	48
Hepatitis C Acute	1	1	2	Syphilis in pregnant women & neonates		0	0	0
Hepatitis C Chronic	165	214	263	Tetanus		0	0	0
Herpes B Virus, Possible Exposure	0	1	1	Trichinellosis (trichinosis)		0	0	0
Herpes simplex virus (HSV) in infants	0	0	0	Tuberculosis (TB)		2	5	6
HIV	45	55	81	Typhoid fever (<i>Salmonella</i> serotype Typhi)		0	1	1
Influenza A, novel or pandemic strains	0	0	0	Typhus fever, epidemic		0	0	0
Lead Poisoning	3	3	3	Vaccinia disease		0	0	0
Legionellosis	1	0	0	Varicella (chickenpox)		11	5	10
Listeriosis	0	1	1	<i>Vibrio cholerae</i>		0	1	1
Lyme Disease	5	0	1	<i>Vibrio vulnificus</i>		1	0	0
Lymphogranuloma Venereum (LGV)	0	0	0	West Nile virus disease		0	1	1

The counts include suspect, probable, and confirmed cases reported in Alachua county residents (regardless of where infection was acquired) by date reported to the Department of Health. Counts are provisional and subject to change until their respective database closes.

* Changes to case definitions can affect the number of cases reported.

Heartland Virus Testing Available

Submitted by: Nadia Kovacevich, MPH

Heartland virus (HRTV) is a recently discovered tickborne phlebovirus that causes an Ehrlichiosis-like illness. Cases have been reported in Missouri, Oklahoma, and Tennessee; animal data suggests broad distribution in the central and eastern U.S., including Florida. Preliminary evidence suggests the virus may be transmitted through the bite of a tick, with the lone star tick (*Amblyomma americanum*) implicated as a vector (Florida Department of Health, 2015). The CDC is developing a diagnostic test; clinicians can contact the Florida Department of Health in Alachua County (352-225-4181) for investigational testing availability.



Lone star tick. CDC

Reference:

Florida Department of Health. (2015). Heartland virus. Retrieved from <http://www.floridahealth.gov/diseases-and-conditions/heartland-virus/index.html>

Recommendations for Healthcare Facility Protocol Review of Reusable Medical Devices

Submitted by: Nadia Kovacevich, MPH
Devin Myers, MPH
Alachua Co. Health Dept. Epidemiologists

The Centers for Disease Control and Prevention (CDC) and U.S. Food and Drug Administration (FDA) are alerting healthcare providers and facilities about the public health need to properly maintain, clean, and disinfect or sterilize reusable medical devices. Recent infection control lapses due to non-compliance with recommended reprocessing procedures highlight a critical gap in patient safety (CDC, 2015).

The environment may facilitate transmission of several important health care-associated pathogens; these pathogens are frequently shed by patients and staff, whereupon they contaminate surfaces for days and increase the risk to other patients (Dancer, 2014). Environmental screening confirms repeated contamination of items, equipment, and general sites in patient rooms and clinical areas. Human hands are colonized with a multitude of different bacteria. The CDC recommends that healthcare providers practice hand hygiene at key points in time to disrupt the transmission of microorganisms to patients including: before patient contact; after contact with blood, body fluids, or contaminated surfaces (even if gloves are worn); before invasive procedures; and after removing gloves. Wearing gloves is not enough to prevent the transmission of pathogens in healthcare settings (CDC, 2002).



References:

- Centers for Disease Control and Prevention. (2015, Sept. 11). Immediate need for healthcare facilities to review procedures for cleaning, disinfecting, and sterilizing reusable medical devices. Retrieved from <http://emergency.cdc.gov/han/han00382.asp>
- Centers for Disease Control and Prevention. (2002, Oct. 25). Guideline for hand hygiene in health-care settings: Recommendations of the healthcare infection control practices. Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. *MMWR. Morbidity and Mortality Weekly Reports*. Retrieved from <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>
- Dancer, S.J. (2014). Controlling hospital-acquired infection: Focus on the role of the environment and new technologies for decontamination. *Clin Microbiol Rev*, 27(4), 665–690. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4187643/>