

EPI INVESTIGATOR

Florida Department of Health - Alachua
FALL 2017



“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:

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Environmental Health
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(352) 334-7931

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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:
DOHAlachuaUpdates@flhealth.gov, or phone: (352) 225-4181

Immunizations
Michael Smith, RN
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Sexually Transmitted Disease
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Editor
Sheila Griffis



The Flu and You

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 (CDC) 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, 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.

The flu virus in the vaccine is 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.

Some people should **not** get the flu vaccine 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 ages 4 years old and up, which the Alachua County Health Department has a limited quantity 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 illness. 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 virus 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 2017-2018 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.

Submitted by: Michael Smith, BSN, RN
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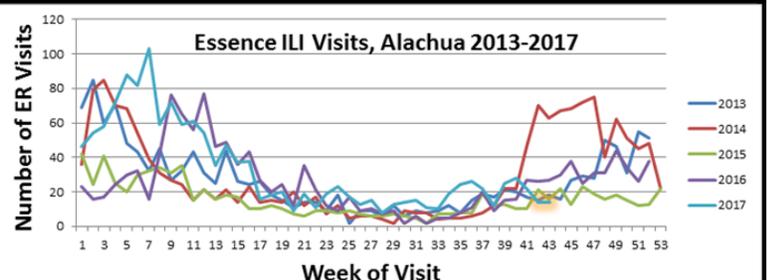
Influenza-like Illness Surveillance Update

In recent weeks, influenza levels have remained at low levels nationwide and locally. There have been 32 human infections with novel influenza A viruses reported through week 40, 2017. These reports were associated with residents in two states: Delaware (one case) and Maryland (31 cases). All cases reported exposure to swine at three agricultural fairs in Maryland during the week preceding illness onset.

Specimens from 14 cases were characterized by CDC as influenza A variant (H3N2v) viruses. Specimens collected from 18 cases tested presumptive positive for influenza A (H3v) at the Maryland public health laboratory. Further confirmatory testing is being performed at CDC to characterize these viruses. No human-to-human transmission has been identified. There is an increased risk for highly pathogenic avian influenza (HPAI) virus identification in birds as we enter the fall migratory season. HPAI has not been identified in Florida birds (and would be expected to be observed in northern states first), but identifications are possible. No human HPAI infections have been identified in Florida or any other states.

Please visit the Florida Department of Health's Influenza Report for the most up-to-date information. The Florida Department of Health publishes a weekly influenza report: www.floridahealth.gov/floridaflu

Submitted by: Nadia Kovacevich, MPH
Devin Myers, MPH
DOH-Alachua Epidemiologists



The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a biosurveillance system that collects emergency department chief complaint data from participating hospitals and urgent care centers in Florida. Alachua county currently has 5 emergency rooms participating..

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

Submitted By: Geneva Saulsberry, RN, BSN
Senior CHN Supervisor, ACHD

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

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 [rifampine \(RPT\)](#) 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_latentbinf.htm#Latent4



Plague Pneumonia in Madagascar

Submitted By: Nadia Kovacevich, MPH
Epidemiologist



Photo Credit: CDC

Plague is a bacterial infection that is usually spread through infective flea bites. The fleas become infected from small reservoir animals, like rats. Approximately 2 to 6 days after the flea bite, symptoms of fever, headache, weakness, and a rapidly developing pneumonia with shortness of breath, chest pain, cough, and sometimes bloody or watery mucous may develop from inhaling infectious droplets. Plague pneumonia (pneumonic plague) is the only form that can be directly transmitted from one person to another if not appropriately treated with antibiotics. (Centers for Disease Control and Prevention [CDC], 2017).

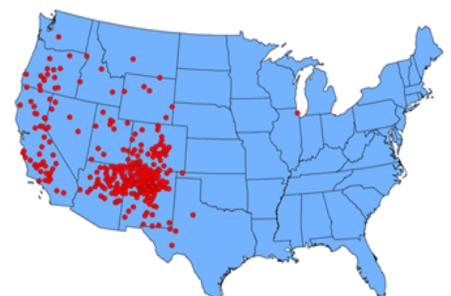
The CDC issued a travel notice for Madagascar. The latest travel updates regarding plague can be found here: <https://www.cdc.gov/plague/index.html>

Plague is endemic to many areas of Madagascar, including Ankazobe district, where the current outbreak originated. In 2017, the plague season began earlier than expected, and the current outbreak is predominantly affecting both endemic and non-endemic areas on the island nation, including major urban centers. The reported number of cases have begun to decline after an international outbreak response, but there is concern of spread to other nations. Plague is also endemic to areas of the western United States.

Reference:

Centers for Disease Control and Prevention. (2017). Human plague: Transmission from person to person. Retrieved from https://www.cdc.gov/plague/resources/Plague_Facts.pdf.

Reported cases of human plague--United States, 1970-2012



1 dot placed in county of exposure for each plague case

*Red dots represent county of exposure. Photo Credit: CDC

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2017 Jan-Sept	2016 Jan-Sept	2016 Jan-Dec	Disease Activity	2017 Jan-Sept	2016 Jan-Sept	2016 Jan-Dec
AIDS	**	**	25	Meningitis, bacterial or mycotic	0	3	4
Anaplasmosis, HGA(<i>Anaplasma Phag</i>)	2	1	1	Meningococcal disease	0	0	0
Anthrax	0	0	0	Mercury poisoning	0	0	0
Botulism	0	0	0	Mumps	0	1	1
Brucellosis	0	0	0	Neurotoxic shellfish poisoning	0	0	0
Campylobacteriosis	40	32	37	Pertussis	1	1	1
Carbon Monoxide Poisoning	6	0	0	Pesticide-related illness and injury, acute	0	0	0
Chikungunya fever	0	0	0	Plague	0	0	0
Chlamydia	1641	1631	2237	Psittacosis (ornithosis)	0	0	0
Ciguatera	0	0	0	Q Fever	0	0	0
Creutzfeldt-Jakob Disease (CJD)	2	0	0	Rabies, animal or human	2	3	1
Cryptosporidiosis	6	7	11	Rabies, possible exposure	48	46	66
Cyclosporiasis	0	0	0	Ricin toxin poisoning	0	0	0
Dengue	0	2	2	Rocky Mountain spotted fever and other spotted fever rickettsioses	0	0	0
Diphtheria	0	0	0	Rubella	0	0	0
Ehrlichiosis/anaplasmosis	2	2	2	Salmonellosis	41	51	78
<i>Escherichia coli</i> infection, Shiga toxin-producing	7	3	4	Saxitoxin poisoning (paralytic shellfish poisoning)	0	0	0
Giardiasis (acute)	8	11	12	Severe acute respiratory disease syndrome associated with coronavirus infection	0	0	0
Gonorrhea	451	419	596	Shigellosis	5	11	16
<i>Haemophilus influenzae</i> , invasive disease in children <5 years old	1	0	1*	Smallpox	0	0	0
Hansen's Disease (Leprosy)	0	1	0	Staphylococcal enterotoxin B poisoning	0	0	0
Hantavirus infection	0	0	0	<i>Staphylococcus aureus</i> infection (VISA, VRSA)	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	<i>Streptococcus pneumoniae</i> invasive disease in children (drug-resistant) <6 years old	0	0	4*
Hepatitis A	2	0	0	<i>Streptococcus pneumoniae</i> invasive disease in children (susceptible) <6 years old	1	0	4*
Hepatitis B Acute	0	2	2	Syphilis	89	132	156
Hepatitis B Chronic	43	31	44	Syphilis in pregnant women & neonates	0	0	0
Hepatitis B surface antigen in pregnant women or children <2 years old	4	6	7	Tetanus	0	0	0
Hepatitis C Acute		1	1	Trichinellosis (trichinosis)	0	0	0
Hepatitis C Chronic	261	327	301	Tuberculosis (TB)	4	5	4
Herpes B Virus, Possible Exposure	0	0	0	Typhoid fever (<i>Salmonella</i> serotype Typhi)	0	0	1
Herpes simplex virus (HSV) in infants	0	0	0	Typhus fever, epidemic	0	0	0
HIV	**	**	42	Vaccinia disease	0	0	0
Influenza A, novel or pandemic strains	0	0	0	Varicella (chickenpox)	7	8	7
Lead Poisoning	4	2	2	<i>Vibrio cholerae</i> type Non-01	1	0	0
Legionellosis	2	2	2	<i>Vibrio (parahaemolyticus, other)</i>	1	0	1
Listeriosis	0	0	1	<i>Vibrio fluvialis</i>	0	1	1
Lyme Disease	1	1	3	West Nile virus disease	0	0	0
Lymphogranuloma Venereum (LGV)	0	0	0	Zika Virus Disease and Infection, Non Congenital	0	10	12
Malaria	1	1	1				
Measles	0	0	0				

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.

**Data from the most recent calendar year (2017) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida. The final year-end numbers are generated in July of the following year, after duplicate cases are removed from the dataset, as is customary of HIV surveillance in the US.

Statistics can be found at <http://www.flhealthcharts.com/charts/communicablediseases/default.aspx>

◆ REGULAR BUSINESS HOURS (8AM-5PM, M-F): **352-225-4181**

◆ After-hours and Holidays (24/7): **352-334-7900** (please listen to prompts to receive a callback).

The Epidemiology Program conducts disease surveillance and investigates suspected occurrences of infectious diseases and conditions that are reported from physician's offices, hospitals, and laboratories. Surveillance is primarily conducted through passive reporting from the medical community as required by Chapter 381, Florida Statutes. Data is collected and examined to determine the existence of trends. Our staff ensures that action is taken to prevent infectious disease outbreaks from occurring in Alachua County.



Ongoing Zika Awareness

The Florida Department of Health has a new site for updated Zika Response and Guidance.

Please visit: www.zikafreefl.org

CDC recommends Zika virus testing for:

- Anyone with possible Zika virus exposure* who has or recently experienced symptoms of Zika.
- Symptomatic pregnant women with possible Zika virus exposure
- Asymptomatic pregnant women with ongoing possible Zika virus exposure

The Florida Department of Health continues to recommend that all pregnant women with potential Zika virus exposure be tested.

<http://zikafreefl.org/wp-content/uploads/fl-doh-zika-aug8-2017.pdf>

- Pregnant women with possible Zika virus exposure who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection

Zika virus testing is **not recommended for**

- Non-pregnant asymptomatic individuals
- **Preconception screening**

*Please find the latest travel updates: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

Clinician Guidance

Clinicians that suspect a patient has a Zika virus infection should:

- 1) Test for dengue, chikungunya, and other viruses due to similar geographic spread of diseases and clinical presentation;
- 2) Contact DOH-Alachua at 352-225-4181 to report the disease upon suspicion. We will be able to provide consultation for current laboratory testing recommendations.

Please contact DOH-Alachua to request Zika virus testing for patients without insurance. **Clinicians are still required to report suspected Zika fever cases to DOH at the time testing is ordered, regardless of which lab performs the testing, to ensure appropriate mosquito control actions are taken. Additional Healthcare Resources:**

<http://www.cdc.gov/zika/hc-providers/index.html>

Weekly Florida Department of Health Mosquito-Borne Surveillance Report:

<http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/surveillance.html>