

Syphilis Outbreak in Alachua County

The Alachua County Health Department (ACHD) Sexually Transmitted Disease (STD) Control Program reported six cases of syphilis in the last month, among men having sex with men (MSM). Two of the six cases are co-infected with HIV. Alachua County averages three cases of syphilis a year. This increase follows a national trend in the MSM population. Interviews by the ACHD Disease Intervention Specialists (DIS) revealed that MSM in these six cases have had about 100 sex partners in the last three months. Many of these partners are anonymous, one time exposures met on the Internet. Because of this mode of meeting sex partners, the Department of Health has implemented a policy for DIS to notify partners on the Internet. The re-emergence of syphilis in the MSM community, coupled with anonymous Internet dating, has presented new problems for STD programs nationally. If this increase is not controlled in the local MSM population it will spread through bi-sexual males to the heterosexual population.

<table>
<thead>
<tr>
<th>Syphilis cases:</th>
<th>January—May 2004</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
<td>January—May 2005</td>
<td>15</td>
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Pertussis Outbreak in North Central Florida

North Central Florida is currently experiencing an outbreak of Pertussis, or Whooping Cough. Pertussis is a highly communicable infectious disease caused by the bacteria (Bordetella pertussis). Pertussis causes severe coughing and is spread by respiratory secretions. Alachua County has a total of 10 cases, (8 confirmed and 2 probable) with the understanding this represents the tip of the iceberg. Cases have also been reported from Baker, Bradford, Clay and Putnam Counties. Pertussis should not be thought of as a childhood disease. Vaccine immunity begins to wane in the teenage years leaving a large adult population vulnerable. Alachua County’s cases have ranged in age from 2mo to 55 years old, with a mean of 21 years.

Documented transmission settings have included the following: two local high schools, workplace, and household transmission.

Pertussis symptoms may include the following: a cough lasting >2 weeks, spasms of severe coughing (paroxysms), the characteristic inspiratory whoop, post-tussive vomiting, and apnea after coughing. The illness onset is similar to a minor upper respiratory infection (catarrhal period). During the first 1-2 weeks patients may have coryza with an intermittent non-productive cough, followed by episodes of paroxysmal coughing that may last several weeks. This disease peaks at 1-2 weeks after onset and may persist with paroxysmal coughing for 2 weeks to 3 months. The incubation period is 4-21 days.

The preferred method to obtain a specimen is with a nasopharyngeal aspirate or a nasopharyngeal Dacron™ swab. Swabs or aspirate should be placed in Regan Lowe transport media which is available at the Alachua County Health Department (352) 334-7930. The direct fluorescent antibody (DFA) or serologic testing is unreliable so these tests should not be used to confirm pertussis.

Treatment for pertussis, as well as chemoprophylaxis for exposed persons, consists of 14 days of Erythromycin or Trimethoprim-Sulfamethoxazole. Clarithromycin or Azithromycin should only be used if these antibiotics cannot be tolerated. Patients should refrain from contact outside the household for the first 5 days of antimicrobial treatment.

| Pertusis cases: | January—May 2004 | 0 |
|                | January—May 2005 | 8 |
**Pertussis Outbreak in North Central Florida**  
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The recommended dosages are as follows:

**Erythromycin**
- Children: 40-50 mg/kg/day in four divided doses
- Adults: 1-2 grams/day oral doses

**Trimethoprim/Sulfamethoxazole**
- Children: Trimethoprim - 8 mg/kg/day
- Sulfamethoxazole - 40 mg/kg/day in two divided doses
- Adults: Trimethoprim - 320 mg/day oral doses
- Sulfamethoxazole - 1,600 mg/day

Treatment should be continued for 14 days. All cases and their household/close contacts should receive treatment regardless of age or immunization status.

Remember, Pertussis is a telephone reportable disease. If you suspect a patient with Pertussis please call the Alachua County Health Department - Epidemiology Section immediately at (352) 334-7930.

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**ACHD Pilots Innovative Hepatitis Care**

The Florida Hepatitis Collaboration, Assessment, Resources, and Education (Hep-CARE) project is a unique hepatitis partnership between the Department of Health, Florida academic institutions, and private industry. This project helps provide hepatitis care and treatment to clients who are financially and medically qualified. The first pilot site for Florida Hep-CARE is in Alachua County, with the Alachua County Health Department working closely with the University of Florida (UF) College of Medicine and many industry partners.

Dr. David Nelson, Director of Hepatology and Liver Transplantation at UF, describes this extraordinary venture: “Applying the wisdom and experience gained from the Alachua County pilot, we hope to expand the Florida Hep-CARE project statewide.”

Dr. David Nelson

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**Meningococcal Vaccine Recommended for Adolescents and College Freshmen**

The Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control (CDC) has recommended that children 11-12 years old and teens entering high school, as well as college freshman living in dormitories, receive a newly licensed meningococcal (Menactra) vaccine.

There are currently two vaccines on the market in the United States. Menomune (polysaccharide) and Menactra (conjugated to diphtheria toxoid.) Both vaccines are manufactured by Sanofi Pasteur (Aventis) and cover serogroups A, C, Y and W-135. Menomune is administered subcutaneously and is licensed for 2 years of age and up with selective revaccination. Menactra is administered intra-muscularly and is licensed for persons 11 years to 55 years of age. It is unknown at this time if a booster dose will be necessary. The ACIP will make a decision on this at their June 2005 meeting.

Menactra has been approved for the Vaccines for Children Program (VFC). For those physicians who participate in the VFC program, the vaccine should hopefully be available within the next 6 months.

If you are not a participant of VFC, you can order the vaccine direct from Sanofi Pasteur. The current cost is $82.00 per dose.
Disease Activity (Jan– May) | 2005 | 2004 Cum | 2004 Cum
--- | --- | --- | ---
AIDS | 12 | 23 | 55
Animal Bites to Humans | 13 | 0 | 26
Anthrax | 0 | 0 | 0
Botulism | 0 | 0 | 0
Brucellosis | 0 | 1 | 1
Campylobacteriosis | 7 | 8 | 21
Chancroid | 0 | 0 | 0
*Chlamydia trachomatis* | 493 | 386 | 1091
Ciguatera | 0 | 0 | 0
Creutzfeld-Jakob Disease (CJD) | 0 | 0 | 0
Cryptosporidiosis | 0 | 0 | 0
Cyclosporiasis | 7 | 0 | 1
Dengue | 0 | 0 | 0
Diphtheria | 0 | 0 | 0
Ehrlichiosis, human | 0 | 1 | 1
Encephalitis
- Eastern Equine | 0 | 0 | 0
- Non-arboviral | 0 | 0 | 0
- Other arboviral | 0 | 0 | 0
- St. Louis | 0 | 0 | 0
- Venezuelan Equine | 0 | 0 | 0
- West Nile | 0 | 0 | 0
- Western Equine | 0 | 0 | 0
*E.coli* 0157:H7 | 0 | 0 | 2
*E.coli*, Other (known sero) | 0 | 0 | 1
Epsilon toxin of *Clostridium perfringes* | 0 | 0 | 0
Giardiasis (acute) | 4 | 6 | 11
Glanders | 0 | 0 | 0
Gonorrhea | 210 | 183 | 522
Granuloma Inguinale | 0 | 0 | 0
*Haemophilus influenzae*, inv disease | 2 | 0 | 1
Hansen’s Disease (Leprosy) | 0 | 0 | 0
Hantavirus infection | 0 | 0 | 0
Hemolytic Uremic Syndrome | 0 | 0 | 1
Hepatitis A | 0 | 2 | 3
Hepatitis B | 39 | 52 | 131
Hepatitis C | 215 | 174 | 545
Hepatitis non-A, Non B | 0 | 0 | 0
Hepatitis, Other (including unspecified) | 0 | 0 | 0
Hepatitis B surface antigen + in pregnant women or child < 24 months | 4 | 14 | 23
Herpes Simplex Virus in < 6mo of age | 0 | 0 | 0
HIV | 13 | 20 | 46
Human Papillomavirus (HPV) <12 yrs | 0 | 0 | 0
Lead Poisoning | 1 | 1 | 2
Legionellosis | 0 | 1 | 1
Disease Activity (cont’d) (Jan– May) | 2005 | 2004 Cum
--- | --- | ---
Leptospirosis | 0 | 0 | 0
Listeriosis | 0 | 0 | 0
Lyme Disease | 1 | 0 | 6
Lymphogranuloma Venereum | 0 | 0 | 0
Malaria | 0 | 0 | 0
Measles | 0 | 0 | 0
Melioidosis | 0 | 0 | 0
Meningitis (Bacterial & Mycotic) | 0 | 0 | 0
Meningococcal (*Neisseria Meningitidis*) | 0 | 1 | 3
Meningitis (bacterial & Mycotic) | 1 | 0 | 0
Mercury Poisoning | 0 | 0 | 0
Mumps | 0 | 0 | 0
Neurotoxic Shellfish Poisoning | 0 | 0 | 0
Pertussis | 8 | 0 | 2
Pesticide-Related Illness or Injury | 0 | 0 | 0
Plague | 0 | 0 | 0
Polioymelitis | 0 | 0 | 0
Psittacosis | 0 | 0 | 0
Q fever | 0 | 1 | 1
Rabies Human | 0 | 0 | 0
Rabies Animal | 6 | 8 | 16
Ricin Toxin | 0 | 0 | 0
Rocky Mountain Spotted Fever | 1 | 0 | 2
Rubella | 0 | 0 | 0
Salmonellosis | 18 | 20 | 83
Saxitoxin poisoning paralytic shellfish poisonings | 0 | 0 | 0
Shigellosis | 0 | 2 | 4
Smallpox | 0 | 0 | 0
Staphylococcus aureus, *Vancomycin* non-susceptible | 0 | 0 | 0
Staphylococcus enterotoxin B | 0 | 0 | 0
Streptococcal Disease group A inva | 0 | 0 | 0
Streptococcal pneumoniae invasive | 13 | 13 | 19
Syphilis | 15 | 4 | 5
Tetanus | 0 | 0 | 0
Toxoplasmosis (acute) | 0 | 0 | 0
Trichinosis | 0 | 0 | 0
Tuberculosis | 1 | 0 | 5
Tularerma | 0 | 0 | 0
Typhoid Fever | 0 | 0 | 0
Typhus Fever | 0 | 0 | 0
Vaccinia Disease | 0 | 0 | 0
*Vibrio* Infection
- *V. cholerae* Serogroup Type 01 and non-01 | 0 | 0 | 0
Viral Hemorrhagic Fever | 0 | 0 | 0
Yellow Fever | 0 | 0 | 0

Also reportable:

**Any disease outbreak** (e.g., in the community, hospital, or other institution; or foodborne or waterborne)

**Any grouping or clustering** of patients having similar diseases., symptoms or syndromes that may indicate the presence of a disease outbreak.
Increase in New AIDS Cases for 2004

The number of new AIDS cases in Florida increased by 24% in 2004 with a 3% decrease in new HIV infections. According to Tom Liberti, Department of Health AIDS Bureau Chief, the increase in AIDS cases might be the failure of antiretroviral regimens to ultimately stop the progression of HIV to AIDS. The majority of these new cases are in people older than 50, having been infected ten years, and who also might be running out of drug options. Another factor is the increasing number of people testing late in the course of HIV infection.

Alachua County data indicates an increase of 20% in AIDS cases in 2004. There was also an increase of 45% in the HIV cases in 2004. It should be noted the Alachua numbers are small, so raw data is not as alarming as the percentage might appear (31 new HIV cases in 2003 and 45 in 2004).

For additional HIV/AIDS data, go to alachuacountyhealth.org.

### AIDS cases:

<table>
<thead>
<tr>
<th>Month</th>
<th>June 2004</th>
<th>Jan 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>23</td>
<td>12</td>
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### HIV cases:

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan 2004</th>
<th>Jan 2005</th>
</tr>
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<tbody>
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<td>January</td>
<td>20</td>
<td>13</td>
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### Tuberculosis in Raw Milk/Cheese

Health investigators in New York City have found that one infant has died and dozens of others have contracted tuberculosis from 2001 through 2004 by eating cheese made from raw-milk that was contaminated with *Mycobacterium bovis*. This tuberculosis organism is primarily found in cattle but can infect other animals, as well as humans. In people, this bacterium usually affects areas outside the lungs, causing it to often go unrecognized.

Although eating cheese made from raw-milk is common in Latin America, immigrants remain attached to the product in our Hispanic communities.

Healthcare providers should be alerted to warn clients to avoid eating any un-ripened, raw-milk cheeses, imported by family and friends from Mexico, Nicaragua or Honduras.

### Tuberculosis cases:

<table>
<thead>
<tr>
<th>Month</th>
<th>June 2004</th>
<th>January 2005</th>
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<tbody>
<tr>
<td>January</td>
<td>0</td>
<td>1</td>
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Gail Beard, RN  
Regional TB Nurse Case Manager