EPI INVESTIGATOR

Florida Department of Health in Alachua County

Spring 2013

"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
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Nadia Kovacevich, MPH
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If you would like to receive the Epi InvestiGator by email or fax, please contact us at the following email address: Nadia_Kovacevich@doh.state.fl.us , or phone: (352) 334 - 7981.

Immunizations
Sherry Windham, HSPM
(352) 334-7951
Fax: (352) 334-7943

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

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

After Hours
352-334-7900

Editor
Sheila Griffis

Alachua County Health Department
www.alachuacountyhealth.org

Florida HEALTH

Ticks may tickle, but they're not a laughing matter

Submitted by: David Dekevich, UF Student , Volunteer for EPI Dept.

Spring is here and with summer around the corner, tick populations are steadily increasing. The lone star tick, a common vector for Lyme Disease in Florida begins to emerge in the late spring. Although the disease has a higher prevalence in the Northeastern United States, cases are still identified in our state.

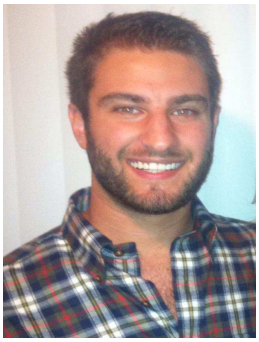
The pathogen *Borrelia burgdorferi* can cause disease in humans, dogs, rodents, deer and other mammals. Despite common belief, Lyme Disease cannot be transmitted from person to person. Ticks can latch to any part of the body and must generally be attached for 36-48 hours before the pathogen can be transmitted. If transmission was successful, a red "bulls-eye" type rash will appear anywhere from 3-30 days after the tick bite. Other symptoms include fatigue, chills, fever, headache, muscle and joint aches, and swollen lymph nodes.

Simple precautions can be taken to prevent exposure to tick bites and should definitely be adhered to from April through September. The best thing to do is to avoid to any heavy wooded or bushy area with high grass. If you must enter these types of areas, make sure you walk in the center of a trail, avoiding contact with vegetation. The use of repellent, used according to the manufacturer's directions, is also a good idea, but make sure it contains at least 20% DEET but no more than 50%. Make sure to spray your clothing and exposed skin, concentrating your feet, ankles, and legs. Wearing long pants with high socks, tucking your pant legs into the top of your socks adds an extra layer of protection and ensures that ticks cannot make their way up your leg or inside your sock. After a period of outdoor activities in high-risk areas, conduct a full body tick check by using a mirror to inspect your entire body. Make sure to also examine your clothes and any other gear to ensure ticks do not ride on them into your home. If you do find ticks on clothing, you can tumble them in the dryer on high heat for an hour to kill any remaining ticks.

For current surveillance case definition criteria, check out: http://wwwn.cdc.gov/NNDSS/script/casedef.aspx?CondYrID=752&DatePub=1/1/2011

Source:CDC.GOV/LYME

David is currently finishing up the Master of Public Health program at the University of Florida. His concentration is epidemiology and has just started research for his final thesis on nontuberculous mycobacteria (NTM) in the environment and how it is transmitted to humans. He has been a volunteer at the Alachua County Health Department since August 2012. Upon completing his Masters, David would like to gain a few years of work experience and continue his education to earn a PhD in environmental epidemiology. He would like have a long term career at CDC.



David Dekevich, UF Student

Sexually Transmitted Infections in Alachua County

Submitted By: Rebecca Tanner, MA
Disease Intervention Specialist

Bacterial Sexually Transmitted Infections (STIs) are a significant problem not only at the state and national level, but at the local level as well. Data from 2010 indicates that Alachua County ranked thirteenth in the state for the number of cases of STIs, but fourth in the population-adjusted rate of STI incidence for Chlamydia, gonorrhea, and syphilis. In 2010, Floridians experienced nearly 100,000 cases of STIs, a rate of 523.4 cases per 100,000 residents. Alachua County, in comparison, experienced approximately 2200 cases of bacterial STIs, for a population adjusted rate of 861.33—considerably above the rate for Florida as a whole.

Certain populations are disproportionately impacted by the incidence of STIs in Alachua County. Infection rates for females were nearly twice that of males (1088.4 vs. 625), a trend consistent with differences seen at the state level. Alachua County also has a significantly higher rate for STIs among 15-19 year olds—3298.25 per 100,000, compared to the state rate of 2525.8 in the state of Florida as a whole. African Americans are also disproportionately impacted by STIs—from 2008-2012, they accounted for 65% of cases of Chlamydia and gonorrhea, and 68% of cases of early syphilis occurred in African Americans.

Certain behaviors are correlated with contracting an STD. The risk factor most frequently associated with contracting Chlamydia or gonorrhea is having a prior STI. Other risk factors associated with contracting an STD include oral sex, multiple partners, having a new partner, and drug use. There are several steps that can be taken to reduce the risk of contracting an STI. Abstinence from sexual activity with someone whose disease status is unknown is the single best way to prevent the spread of STIs. When abstinence is not an option, using condoms with every sexual encounter, having one sexual partner, getting tested regularly, and not having sex while intoxicated or using drugs are ways to significantly reduce the risk of contracting an STI.

Rabies Prevention

Submitted By: Nadia Kovacevich, MPH
Epidemiologist and
Eduardo Subero, UF Volunteer

With the summer months quickly approaching, more of us will be spending time outdoors. We'll be in more contact with a variety of animals, and it is important to know the basics of rabies.

Rabies is a disease spread from animals to people and although rare, it can be extremely fatal with an over 99% fatality rate. Rabies is mostly spread by wild animals, such as raccoons, foxes, coyotes, and bats. Domestic animals, including cats, dogs, and horses are also at risk. Rabies can be prevented with a series of vaccinations. If you're exposed to an animal's saliva or bitten by one, do not delay treatment.

In 2013 to date, Alachua County has identified two rabid animals, both being bats. The most commonly tested animals in Alachua County have historically been dogs and bats.

If you're bitten, scratched, or exposed to an animal's saliva, wash the wound right away with soap and water for 10 minutes, and call your doctor or hospital emergency room.

For more information: http://www.doh.state.fl.us/environment/medicine/rabies/rabies-index.html

What can I do to prevent Rabies?

- Vaccinate your pets!
- Do NOT feed or handle wild animals.
- Do NOT feed or touch stray animals, and avoid all sick or strange-acting animals.
- **NEVER** handle a bat.

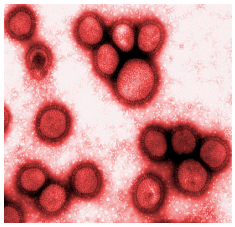
Alachua County Animal Services Division (reporting of animal bites)
Phone: (352) 264-6870 * Fax: (352) 955-2542

Photo Credit: http://www.worldrabiesday.org/EN/get_involved/health_departments.html

Influenza Update 2013

Submitted By: Nadia Kovacevich, MPH
ACHD Epidemiologist

National/State: Influenza activity in the US continues to decrease according to the Centers of Disease Control and Prevention's (CDC) surveillance report. Influenza viruses do continue to circulate with, influenza A H3 being the most commonly detected. For week 11, (3/10/13-3/16/2013), Florida moved its statewide flu activity level from Regional to Sporadic for the first time this flu season. There have been a total of 51 outbreaks reported statewide as of March 23, 2013. Multiple indicators of influenza activity in Florida show substantial decreases.



Alachua County: In Alachua County, the flu activity has been mild and steadily decreasing. We continue to monitor the flu activity weekly. Our influenza surveillance systems show the greatest activity occurred during November through December 2012. We reported one facility outbreak in the month of November, 2012.

CDC continues to urge symptomatic high risk persons to seek care quickly; antiviral treatment can avert serious flu outcomes. Ongoing vaccination is recommended for institutional outbreaks, children needing their second dose, and travelers going to the Southern Hemisphere, which will enter its flu season.

References: http://www.doh.state.fl.us/floridaflu/ ; http://www.cdc.gov/flu/

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2013 Jan-Feb	2012 Jan-Feb	2012 Jan-Dec
AIDS	9	6	35
Animal Bites to Humans (07101)	7	9	65
Anthrax	0	0	0
Arsenic (98080)	0	0	1
Brucellosis	0	0	0
Campylobacteriosis (03840)	2	3	18
Carbon Monoxide Poisoning (98600)	0	0	2
Chancroid	0	0	0
Chlamydia trachomitis	283	296	1882
Cholera	0	0	0
Ciguatera	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0
Cryptosporidiosis (13680)	2	3	10
Cyclosporiasis (00720)	0	0	1
Dengue (06100)	0	0	1
Diphtheria	0	0	0
Encephalitis	0	0	0
Eastern Equine	0	0	0
Non-arboviral	0	0	0
Other arboviral	0	0	0
St. Louis	0	0	0
West Nile	0	0	0
Western Equine	0	0	0
E.coli 0157:H7 (41601)	0	0	0
Ehrlichiosis/anaplasmosis,HGE, A. Phagocytophilum (08381)	0	0	0
Ehrlichiosis/anaplasmosis,hme e chaff. 08382	0	0	2
Escherichia Coli, Shiga Toxin Producing 00800	0	1	6
E.coli, Other (41603)	0	0	0
Giardiasis (acute) (00710)	0	4	21
Gonorrhea	111	104	658
H. Influenzae Pneumonia (48220)	0	0	0
Haemophilus influenzae, inv disease(03841)	2	2	7
Hansen's Disease (Leprosy)	0	0	0
Hantavirus infection	0	0	0
Hemolytic Uremic Syndrome 42000	0	0	0
Hepatitis A	0	1	1
Hepatitis B (+HBsAG in preg women or child < 24 months (07039)	2	0	6
Hepatitis B Perinatal (07744)	0	0	0
Hepatitis B Acute (07030)	0	0	0
Hepatitis B Chronic (07032)	14	12	71
Hepatitis C Acute (07051)	0	0	3
Hepatitis C Chronic (07054)	39	74	347
Hepatitis E (07053)	0	0	0
Herpes Simplex Virus in < 6mo of age	0	0	0
HIV	15	11	56
Human Papillomavirus (HPV) <12 yrs	0	0	0
Influenza A, Novel or Pandemic Strains	0	0	0
Lead Poisoning (94890)	2	1	4
Legionellosis (48280)	0	0	1

Disease Activity cont'd	2013 Jan-Feb	2012 Jan-Feb	2012 Jan-Dec
Listeriosis (02700)	0	0	0
Lyme Disease (06959)	0	0	3
Lymphogranuloma Venereum	0	0	0
Malaria (08460)	0	0	2
Measles (05590)	0	0	0
Meningitis, Group B Strep (32040)	0	0	0
Meningitis other (32090)	0	1	3
Meningitis Strep Pneumoniae (32020)	0	0	0
Meningococcal (*Neisseria Meningitidis*)03630	0	0	0
Mercury Poisoning	0	0	0
Monkey Bite (07103)	0	0	0
Mumps	0	0	0
Neurotoxic Shellfish Poisoning	0	0	0
Pertussis (03390)	0	0	2
Pesticide-Related Illness or Injury	0	1	2
Plague	0	0	0
Psittacosis	0	0	0
Q fever	0	0	0
Rabies Animal (07102)	2	2	5
Ricin Toxin	0	0	0
Rocky Mountain Spotted Fever (08200)	0	0	4
Rubella	0	0	0
SARS	0	0	0
Salmonellosis (00300)	1	3	106
Saxitoxin poisoning psp	0	0	0
Shigellosis (00490)	1	3	10
Smallpox	0	0	0
Staphylococcus aureus, VRSA	0	0	0
Staphylococcus enterotoxin B	0	0	0
Streptococcal Disease grp A inva (03400)	1	1	6
Strep pneumoniae invasive Disease, Drug resistant (04823)	1	3	7
Strep pneumoniae invasive Disease, susceptible (04830)	4	8	19
Syphilis	1	5	19
Syphilis in pregnant women & neonates	0	0	0
Tetanus	0	0	0
Toxoplasmosis (acute)	0	1	0
Trichinosis	0	0	0
Tuberculosis	0	0	2
Tularemia	0	0	0
Typhoid Fever	0	0	1
Vaccinia Disease	0	0	0
Varicella (05290)	3	17	105
V. cholerae Serogroup 01/ non 01	0	0	1
Vibrio Mimicus 00197	1	0	0
Vibrio Parahaemolyticus (00540)	0	0	1
Vibrio Vulnificus 00199	0	0	1
Yellow Fever	0	0	0

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. All cases suspected and confirmed are included in this report..

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The Alachua County Health Department
SPRING QUARTER 2013
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Infection Control in Health Care Settings

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

During this time of year, a lot of facilities are looking at their requirements as far as updating their policies and procedures in reference to transmission of disease in the healthcare setting. On a local level, most facilities need to fall within the requirement of their particular agency, but also need to follow the CDC guidelines as well.

Tuberculosis (TB) transmission has been documented in health care settings where health care workers and patients come in contact with people who have TB disease.

People who work or receive care in health care settings are at higher risk for becoming infected with TB; therefore, it is necessary to have a TB infection control plan as part of a general infection control program designed to ensure the following:

- prompt detection of infectious patients,
- airborne precautions, and
- treatment of people who have suspected or confirmed TB disease.

In order to be effective, the primary emphasis of a TB infection control program should be on achieving these three goals.

In all health care settings, particularly those in which people are at high risk for exposure to TB, policies and procedures for TB control should be developed, reviewed periodically, and evaluated for effectiveness to determine the actions necessary to minimize the risk for transmission of TB.

The TB infection control program should be based on a three-level hierarchy of control measures and include:

1. Administrative measures
2. Environmental controls
3. Use of respiratory protective equipment

The first and most important level of the hierarchy, administrative measures, impacts the largest number of people. It is intended primarily to reduce the risk of uninfected people who are exposed to people who have TB disease.

The second level of the hierarchy is the use of environmental controls to reduce the amount of TB in the air. The first two control levels of the hierarchy also minimize the number of areas in the health care setting where exposure to TB may occur.

The third level of the hierarchy is the use of respiratory protective equipment in situations that pose a high risk of exposure to TB. Use of respiratory protection equipment can further reduce the risk for exposure of health care workers. (CDC.GOV)

Resource: http://www.cdc.gov/tb/topic/infectioncontrol/default.htm

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