EPI INVESTIGATOR

Florida Department of Health—Alachua

Spring 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) 334-7981
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) 334 - 7981.

Immunizations
Michael Smith, RN
(352) 334-7950
Fax: (352) 334-7943

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

Tuberculosis
Geneva Saulsberry, RN
(352) 334-7988
Fax(352) 955-6464

After Hours:
(352)-334-7900

Editor
Sheila Griffis

World TB Day

Submitted by: Geneva Saulsberry, RN,
Senior CHN Supervisor
ACHD TB Department

Each year, World TB day is recognized on March 24th. This year here at FL DOH, Alachua CHD was no different. Our department set up a display in the front lobby which had lots of information concerning TB, how it is spread and also how it is treated. It is very important that we continue to make people aware that Tuberculosis is still around.

Standing: Johnny Lloyd, Carla Powell
Kneeling: Geneva Saulsberry

This annual event commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacillus that causes tuberculosis (TB).
World TB Day provides the opportunity to raise awareness about TB-related problems and solutions and to support worldwide TB-control efforts. While great strides have been made to control and cure TB, people still get sick and die from this disease in our country. Much more needs to be done to eliminate this disease.

This year CDC selected the theme "Find TB. Treat TB. *Working together to eliminate TB.*" to highlight that TB is still a life-threatening problem in the United States, despite the declining number of TB cases. Anyone can get TB, and our current efforts to find and treat latent TB infection and TB disease are not sufficient. Misdiagnosis of TB still exists and health care professionals often do not "think TB."
This World TB Day, we call for further collaboration to find and treat TB. By working together to raise awareness that TB still exists and sharing the personal stories of those people affected by

This year's World TB Day theme encourages local and state TB programs to reach out to their communities to raise awareness about TB. We don't have to fight TB alone; we should partner with others who are also caring for those most at risk for TB such as people with HIV infection or diabetes, and the homeless. Everyone has a role in ensuring that one day TB will be eliminated. CDC and our partners are committed to a world free of TB.
Portions of this article received directly from: http://www.cdc.gov/tb/events/worldtbday/default.htm

Measles Awareness in Florida Residents

Submitted By: Nadia Kovacevich, MPH
ACHD Epidemiologist

Could this be measles? It is important to look for fever, cough, coryza, and conjunctivitis. An erythematous maculopapular rash typically appears behind the ears and forehead with cephalocaudal progression (neck to arms to trunk to legs). The rash peaks 3-4 days and starts fading by day 5 in the same order as the rash appeared. There is also the possibility of Koplik spots on the oral mucosa.

Photo credit: www.cdc.gov

Please reference: www.cdc.gov/measles/hcp/index.html

Please remember to Identify: Suspect if you observe any of the signs and symptoms above; **Isolate:** Immediately isolate individuals; consider what rooms can be used at your facility;

Inform: Immediately call 352-334-7981 during business hours and 352-334-7900, 24/7; listen to prompts.

Full MMR vaccine coverage is the best way to prevent the spread of measles. Thank you for your efforts!

***Please call or email to be added to our electronic distribution list.**

Are you up to date?

Submitted By: Michael Smith, RN
ACHD Immunization Supervisor

Does your facility have the most current Vaccine Information Statements available to provide to your client? VISs contain the most up to date information on all vaccines administered and are required to be given to each vaccine recipient/recipient's parent or guardian prior to the vaccination. This process is mandated by the **National Childhood Vaccine Injury Act** [NCVIA]. These statements are published by the *Centers For Disease Control and Prevention* providing the recipient with helpful, informative material regarding:

Why get vaccinated?
Who should get the vaccine and when?
What are the risks from the vaccine?
What if there is a serious reaction?
The National Vaccine Injury Compensation Program
How can I learn more?

Below is the most recent list of current VISs available as of 4/14/15. VISs not only are written in English but many other common languages. If your office/facility does not have the most current VIS, they can be located online at two websites: www.cdc.gov/vaccines/pubs or www.immunize.org/vis/

Vaccine	Date	Vaccine	Date
Chicken Pox (Varicella)	03/13/08	PPSV	10/06/09
DTaP	05/17/07	Polio	11/08/11
Hepatitis A	10/25/11	Rabies	10/06/09
Hepatitis B	02/02/12	Rotovirus	08/26/13
HiB	02/02/14	Shingles	10/06/09
HPV	05/17/13	Td	02/24/15
Meningococcal	10/14/11	TDap	02/24/15
MMR	04/20/12	Japanese Encephalitis	01/24/14
MMRV	05/21/10	Typhoid	05/29/12
Multi-Vaccine	10/22/14	Yellow Fever	03/30/11
PCV	02/27/13	Influenza	08/19/14

Shigella sonnei antibiotic resistance increasing

Submitted By: Nadia Kovacevich, MPH
ACHD Epidemiologist

According to the Centers for Disease Control and Prevention (CDC), international travelers are bringing a multidrug-resistant *Shigella sonnei* bacteria to the United States and spreading it to others.

CDC and public health partners investigated several recent clusters of shigellosis and found that nearly 90 percent of the cases tested were resistant to ciprofloxacin (Cipro), the first choice to treat shigellosis among adults in the United States. More studies are needed to determine what role, if any, the use of antibiotics during travel may have in increasing the risk of antibiotic-resistant diarrhea infections among returning travelers.

With the increase of usage of non-culture based diagnostic tools, it becomes difficult for public health partners to track antibiotic resistance. **Health care providers should utilize culture-based methods from patients with symptoms consistent with shigellosis and those in high-risk occupational and social settings.**

Because Cipro-resistant *Shigella* is spreading, CDC recommends doctors use laboratory tests to determine which antibiotics will effectively treat shigellosis. Clinicians and patients should consider carefully whether an infection requires antibiotics at all, including risks such as attendance at a childcare facility where rapid disease spread is common.

To prevent the spread of shigellosis, washing hands often with soap and water, especially after using the toilet and before preparing food or eating; keep children home from childcare and other group activities while they are sick with diarrhea; avoid preparing food for others while ill with diarrhea; and avoid swimming fora few weeks after recovering.

Please reference the recent press release: http://www.cdc.gov/media/releases/2015/p0402-multidrug-resistant-shigellosis.html

For more information on *Shigella*, please visit: www.cdc.gov/shigella or www.floridahealth.gov/diseases-andconditions/shigellosis/index.html

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2015 Jan-Mar	2014 Jan-Mar	2014 Jan-Dec
AIDS	9	8	14
Anthrax	0	0	0
Arsenic Poisoning	0	0	0
Botulism	0	0	0
Brucellosis	0	0	0
Campylobacteriosis	11	12	36
Carbon Monoxide Poisoning	0	0	0
Chikungunya fever	0	0	2
Chlamydia	542	437	1974
Ciguatera	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0
Cryptosporidiosis	4	2	19
Cyclosporiasis	0	0	0
Dengue	0	1	1
Diphtheria	0	0	0
Ehrlichiosis/anaplasmosis	2	1	6
Escherichia coli infection, Shiga toxin-producing	2	0	5
Giardiasis (acute)	3	2	24
Gonorrhea	138	73	408
Haemophilus influenzae, invasive disease in children <5 years old			
Hansen's Disease (Leprosy)	0	0	0
Hantavirus infection	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0
Hepatitis A	1	0	0
Hepatitis B, Acute	0	0	1
Hepatitis B, Chronic	14	14	71
Hepatitis B surface antigen in pregnant women or children <2 years old	4	1	7
Hepatitis C, Acute	0	0	2
Hepatitis C, Chronic	46	54	298
Herpes simplex virus (HSV) in infants	0	0	
HIV	10	22	81
Human papillomavirus (HPV)	0	0	0
Influenza A, novel or pandemic strains	0	0	0
Lead Poisoning	0	1	4
Legionellosis	0	0	0
Listeriosis	0	1	1
Lyme Disease	0	0	1
Lymphogranuloma Venereum (LGV)	0	0	0
Malaria	0	0	0
Measles	0	0	0

Disease Activity	2015 Jan-Mar	2014 Jan-Mar	2014 Jan-Dec
Meningitis, bacterial or mycotic	3	0	1
Meningococcal disease	0	0	1
Mercury poisoning	0	0	0
Mumps	0	0	0
Neurotoxic shellfish poisoning	0	0	0
Pertussis	1	5	18
Pesticide-related Illness and injury, acute	0	0	0
Plague	0	0	0
Psittacosis (ornithosis)	0	0	0
Q Fever	0	0	0
Rabies, animal or human	4	0	1
Rabies, possible exposure	17	20	62
Ricin toxin poisoning	0	0	0
Rocky Mountain spotted fever and other spotted fever rickettsioses	0	0	3
Rubella	0	0	0
Salmonellosis	15	10	69
Saxitoxin poisoning (paralytic shellfish poisoning)	0	0	0
Severe acute respiratory disease syndrome associated with coronavirus infection	0	0	0
Shigellosis (00490)	14	2	10
Smallpox	0	0	0
Staphylococcal enterotoxin B poisoning	0	0	0
Staphylococcus aureus infection (VISA, VRSA)	0	0	0
Streptococcus pneumoniae invasive disease, drug resistant in children, <6 years old	0	0	0
Streptococcus pneumoniae invasive disease, drug susceptible in children, <6 years old	0	0	0
Syphilis	6	8	37
Syphilis in pregnant women & neonates	0	0	0
Tetanus	0	0	0
Trichinellosis (trichinosis)	0	0	0
Tuberculosis (TB)	0	2	6
Typhoid fever (Salmonella serotype Typhi)	0	0	1
Typhus fever, epidemic	0	0	0
Vaccinia disease	0	0	0
Varicella (chickenpox)	3	1	10
Vibrio cholerae type 01	0	0	0
Vibriosis (infections of *Vibrio* species and closely related organisms)	0	0	1
Viral hemorrhagic fevers	0	0	0
West Nile virus disease	0	0	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.

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.

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SPRING QUARTER 2015
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The AIDS/HIV Epidemic in Florida

Submitted By: Richard Willis
Surveillance

Population in 2014: 19.6 million → 57% White, 15% Black, 24% Hispanic, 4% Other*
(3rd in the nation)
Newly *diagnosed* HIV infections in 2014: 5,821**
(1st in the nation in 2013)
Newly *diagnosed* AIDS cases in 2014: 2,309**
(1st in the nation in 2013)
Cumulative pediatric AIDS cases *diagnosed* through 2014: 1,548**
(2nd in the nation in 2013)

Persons *diagnosed* and living* with HIV disease through 2013: 106,335** → 29% White, 49% Black, 20% Hispanic, 2% Other*
(3rd in the nation in 2012)

HIV prevalence estimate through 2013: 126,000
(accounts for 15.8% national estimated unaware of their status)

HIV Incidence Estimates in 2013: 4,120
(There was a 18% decrease from 2007-2013)

HIV-related deaths in 2013: 935
(Up 1.3% from 2012)

* Other = Asian/Pacific Islanders; American Indians/Alaskan Natives; multi-racial.
** Data by year of diagnosis for 2014 are incomplete and should be interpreted with care, data as of 03/31/2015
*** Living (prevalence) data as of 06/30/2014

Florida HEALTH Alachua County

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