

EPI INVESTIGATOR

The Alachua County Health Department

Spring 2011



“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:

Director
Jean Munden, R.N., M.P.H., M.P.A.
Jean.Munden@doh.state.fl.us
(352) 334-7903

Assistant Director
Paul Myers, MS
(352) 334-8892

Environmental Health
Director Anthony Dennis
(352) 334-7931

HIV/AIDS
Richard Willis, Surveillance
(352) 334-7968
Martha Buffington, Ryan White
(352) 334-7967

Epidemiology/Hepatitis
Isabel Anasco, R.N.
(352) 334-7981
Fax (352) 955-6464

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

Sexually Transmitted Disease
George Gibbs
(352) 334-7900 ext 3565 or 3470
Fax: (352) 334-8818

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

Editor
Sheila Griffis

Steps Toward Controlling Pertussis in Alachua County

By: Reia Jaber M.B.Ch.B, MPH

Alachua County Health Dept. Volunteer

PERTUSSIS



(WHOOPIING COUGH)

Pertussis is a highly communicable disease of the respiratory tract that can be especially serious for infants less than one year old, and may even be fatal.

Since the 1980s, there has been an increase in the number of reported cases of Pertussis in the U.S., especially among 10-19 year olds and infants younger than 6 months of age. Rates of Pertussis infection have been increasing in very young infants who have not received all of their immunizations, and in adolescents and adults. With the continuing resurgence of Pertussis, health care professionals will likely see more patients with suspected Pertussis. As part of an ongoing effort to help the community, the Alachua County Health Department provides PCR testing to confirm the diagnosis of Pertussis. For more information about testing availability, please contact the Epidemiology Program of the Alachua County Health Department, telephone number 352-334-7981 or 8842.

Make sure your children get their recommended 5 shots on time. Teen and adult vaccination is also important, especially for families with newborns. Protection from the childhood vaccine fades over time. Adolescents and adults need to be revaccinated, even if they were completely vaccinated as children.

Best Practices for Health Care Professionals to optimize the use of PCR testing for Pertussis

The following practice is intended to help health care professionals optimize the use of PCR testing:

- Only patients with signs and symptoms consistent with Pertussis should be tested.
- Testing asymptomatic persons should be avoided as it increases the likelihood of obtaining falsely-positive results.
- You should test patients for Pertussis during the first 3 weeks of cough. After the fourth week of cough, the amount of bacterial DNA rapidly diminishes, increasing the risk of false-negative results.
- Although the exact duration is not well understood, PCR testing after 5 days of antibiotic use is unlikely to be of benefit. PCR testing following antibiotic therapy can result in false-negative findings.
- Obtain specimens for PCR by aspiration or swabbing the posterior nasopharynx. Throat swabs or anterior nasal swabs both have unacceptably low rates of DNA recovery and should not be used for Pertussis diagnosis.


Alachua County Health Department
www.alachuacountyhealth.org


FLORIDA DEPARTMENT OF HEALTH

Immunization Updates

By: Sherry Windham H.S.P.M.
ACHD Immunizations Supervisor

Updated Recommendations for use of Tdap Vaccines

In response to the increased incidence of Pertussis cases [whooping cough] in the US, the Advisory Committee on Immunization Practices [ACIP] voted in October 2010 to make the following recommendations:

Tdap can be given regardless of the interval of the last Td. There is **NO** need to wait 2-5 years to administer Tdap following a dose of Td. Adolescents and adults younger than 65 years of age who have not received a dose of Tdap, or for whom vaccine status is unknown, should be immunized as soon as feasible. [Regardless of the interval since the previous Td.]

Adults 65 years and older who have not previously received a dose of Tdap, and who have or anticipate having close contact with children younger than 12 months of age [e.g., grandparents, other relatives, child care providers and healthcare personnel], should receive a one-time dose to protect infants.

Other adults 65 years and older who are not in contact with an infant, and who have not previously received a dose of Tdap, may also receive a single dose of Tdap in place of Td.

Children ages 7-10 years of age who are not fully immunized against Pertussis [i.e., did not complete a series of Pertussis-containing vaccine before their seventh birthday] should receive a one-time dose of Tdap.

These recommendations, for the expanded use of Tdap in those 7-10 years of age and for those 65 years and up, will differ from the FDA approved package insert indications. The ACIP recommendations represent the standard of care for vaccination practices in the United States and in general, to determine recommendations for use, one should follow the recommendations of the ACIP.

Updated Recommendations for use of Meningococcal Conjugates Vaccines

Since recommending in October 2005 to administer the routine dose of quadrivalent meningococcal conjugate [MCV4] vaccine to all adolescents 11-12 years of age to protect against the meningococcal disease as older teens, the ACIP in October 2010 voted to recommend administering a booster dose at age 16 years. Current data indicates that the protection provided by MCV4 wanes within 5 years following vaccination; therefore the recommendation to boost the initial dose to provide continuing protection during the peak years of vulnerability [16-21 years of age].

Routine vaccination of adolescents, preferably at age 11-12 years of age should now receive a booster dose at age 16 years.

Adolescents receiving the initial dose at age 13-15 years of age, should be administered a one-time booster preferably at age 16 through 18 years before the peak in the increased risk.

Those receiving the initial dose of MCV4 at or after age 16 years do NOT need a booster.

A 2-dose primary series should be administered 2 months apart for persons 2 years through 54 years with persistent complement component deficiency [e.g., C5-C9, properidin, factor H, or factor D] and functional or anatomic asplenia with a booster dose every 5 years thereafter.

To access complete information on the new recommendations as well as the new 2011 immunization schedules for children, adolescents and adults log on to <http://www.cdc.gov/vaccines>

Florida Certificate of Immunization DH 680

NO longer required to be on the "blue paper" as has been the tradition for years! Florida SHOTS [State Health Office Tracking System] now has the ability for providers who participate in Florida SHOTS to electronically certify the immunization record. By electronically certifying the DH 680, parents, schools, child care centers etc. can download the DH 680 form and print the electronically certified DH 680 on any color of paper with the state seal embedded in the background. Not enrolled in Florida SHOTS? [Enroll Today](#) by calling 1-877-888-SHOT.

Rule 64D-3.046, Florida Administrative Code, Amended December 9, 2010

Effective with the school year 2011-2012 a fifth dose of poliovirus vaccine is required for entrance/attendance if the fourth dose was administered prior to the fifth birthday.

The Certificate of Immunization [DH 680] has been updated to provide a space to document a fifth dose of Polio if indicated.

Effective January 2011 the age for Pneumococcal conjugate vaccine has been extended to 59 months of age for those entering/attending a child care facility. This Rule initially targeted children 2 months of age through 24 months of age [Jan 2008].

The Bureau of Immunization has delayed releasing the revised Immunization Guidelines for Florida Schools, Childcare Facilities, and Family Daycare Homes dated July 2010 as they are awaiting approval; once approved it will be sent out officially. Until the revised guidelines are issued, please refer to the July 2008 edition.

For further information on the Immunization Guidelines as well as the immunization school requirements, log on to <http://www.immunizeflorida.org>.

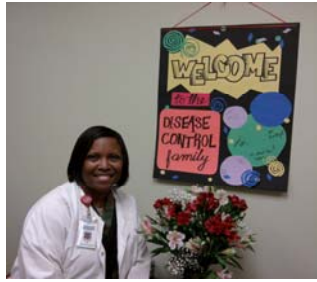
FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2011	2010	2010	Disease Activity	cont'd	2011	2010	2010
	Jan-Feb	Jan-Feb	Jan-Dec			Jan-Feb	Jan-Feb	Jan-Dec
AIDS	6	7	33	Listeriosis (02700)		0	0	0
Animal Bites to Humans (07101)	9	13	59	Lyme Disease (06959)		3	0	2
Anthrax	0	0	0	Lymphogranuloma Venereum		0	0	0
Botulism	0	0	0	Malaria (08460)		0	0	2
Brucellosis	0	0	1	Measles (05590)		0	0	0
Campylobacteriosis (03840)	3	2	22	Meningitis, Group B Strep (32040)		0	0	0
Carbon Monoxide Poisoning (98600)	0	3	5	Meningitis other (32090)		1	1	2
Chancroid	0	0	0	Meningitis Strep Pneumoniae (32020)		0	0	0
<i>Chlamydia trachomatis</i>	297	270	1693	Meningococcal (<i>Neisseria Meningitidis</i>)03630		0	0	0
Cholera	0	0	0	Mercury Poisoning		0	0	0
Ciguatera	0	0	0	Monkey Bite (07103)		0	0	1
Creutzfeldt-Jakob Disease (CJD)	0	0	1	Mumps		0	0	0
Cryptosporidiosis (13680)	1	1	8	Neurotoxic Shellfish Poisoning		0	0	0
Cyclosporiasis (00720)	0	0	0	Pertussis (03390)		0	0	4
Dengue (06100)	0	0	3	Pesticide-Related Illness or Injury		0	0	1
Diphtheria	0	0	0	Plague		0	0	0
Encephalitis	0	0	0	Psittacosis		0	0	0
Eastern Equine	0	0	0	Q fever		0	0	0
Non-arboviral	0	0	0	Rabies Animal (07102)		1	1	10
Other arboviral	0	0	0	Ricin Toxin		0	0	0
St. Louis	0	0	0	Rocky Mountain Spotted Fever (08200)		0	0	4
West Nile	0	0	0	Rubella		0	0	0
Western Equine	0	0	0	SARS		0	0	0
<i>E.coli</i> 0157:H7 (41601)	0	0	0	Salmonellosis (00300)		2	4	65
<i>Ehrlichiosis/anaplasmosis, undet</i> (08384)	0	0	0	Saxitoxin poisoning psp		0	0	0
<i>Ehrlichiosis/anaplasmosis,hme e chaff. 08382</i>	1	0	3	Shigellosis (00490)		3	3	29
<i>Escherichia Coli, Shiga Toxin Producing 00800</i>	0	1	4	Smallpox		0	0	0
<i>E.coli, Other</i> (41603)	0	0	0	<i>Staphylococcus aureus, VRSA</i>		0	0	0
Giardiasis (acute) (00710)	2	1	22	<i>Staphylococcus enterotoxin B</i>		0	0	0
Gonorrhea	88	62	487	Streptococcal Disease grp A inva (03400)		1	0	7
H. Influenzae Pneumonia (48220)	0	0	0	<i>Strep pneumoniae</i> invasive Disease, Drug resistant (04823)		1	4	11
<i>Haemophilus influenzae, inv disease</i> (03841)	2	0	1	<i>Strep pneumoniae</i> invasive Disease, susceptible (04830)		5	1	12
Hansen's Disease (Leprosy)	0	0	0	Syphilis		1	0	21
Hantavirus infection	0	0	0	Syphilis in pregnant women & neonates		0	0	0
Hemolytic Uremic Syndrome 42000	0	0	0	Tetanus		0	0	0
Hepatitis A	1	1	4	Toxoplasmosis (acute)		1	0	0
Hepatitis B (+HBsAG in preg women or child < 24 months) (07039)	2	3	12	Trichinosis		0	0	0
Hepatitis B Perinatal (07744)	0	0	0	Tuberculosis		1	0	9
Hepatitis B Acute (07030)	0	0	3	Tularemia		0	0	0
Hepatitis B Chronic (07032)	8	14	72	Typhoid Fever		0	0	0
Hepatitis C Acute (07051)	0	0	1	Typhus Fever		0	0	0
Hepatitis C Chronic (07054)	38	39	250	Vaccinia Disease		0	0	0
Hepatitis E (07053)	1	0	0	Varicella (05290)		3	2	10
Herpes Simplex Virus in < 6mo of age	0	0	0	<i>Vibrio Vulnificus</i> 00199		0	0	0
HIV	10	11	50	<i>V. cholerae</i> Serogroup 01/ non 01		0	0	0
Human Papillomavirus (HPV) <12 yrs	0	0	0	Viral Hemorrhagic Fever		0	0	0
Influenza A, Novel or Pandemic Strains	0	0	0	Yellow Fever		0	0	0
Lead Poisoning (94890)	2	0	5					
Legionellosis (48280)	1	0	0					

Any disease outbreak (e.g., in the community, hospital, or other institution; or foodborne or waterborne) presence of a disease outbreak. All cases suspected and confirmed are included in this report. Any grouping or clustering of patients having similar diseases, symptoms or syndromes that may indicate the

Welcome! Newest Disease Control Member

By: Isabel Anasco, RN
Alachua CHD Epidemiologist



We are delighted to welcome Geneva

Sausberry as the new Regional TB nurse case manager. She has been a state employee for 15 years and in the ACHD as a registered nurse since 2004. She has worked as a clinic nurse, HIV Clinic nurse and at the Correctional facility. Most recently she worked as the phone triage nurse. With her pleasing personality and great rapport with ACHD clients, Geneva will do extremely well in her new position as the TB nurse.

Influenza activity update

By: Isabel Anasco, RN
Alachua CHD Epidemiologist

Alachua county

In Alachua County, the flu activity is at a plateau and remains mild. We continue to monitor the flu activity in a weekly basis. Our influenza surveillance system include ESSENCE, school absenteeism, sentinel providers, positive culture counts, Pneumonia and Influenza Mortality Report, weekly random calls to daycares, nursing homes, private offices, etc.

Florida

ILI activity is moderate and flat or decreasing in many of our monitoring systems. One county currently reports widespread activity, and 13 counties reported moderate activity. Thirteen counties reported increasing influenza activity. Current influenza strains circulating in Florida are influenza A H3, 2009 H1N1, and influenza B. In recent weeks circulation of 2009 H1N1 and influenza B have increased, and overall number of specimens submitted have decreased.

US

The 2010 -1011 flu season is on going. The Centers for Disease Control and Prevention (CDC) continues to recommend vaccination for everyone 6 months and older this season. The CDC reported levels of influenza around the country ranging from minimal to high during week 9 (02/27/11 – 03/05/11), and high levels of activity in the southeast region.

References:

- http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/Reports/reports.htm
- www.cdc.gov/flu/weekly/fluactivitysurv.htm

