

EPI INVESTIGATOR

The Alachua County Health Department

SUMMER QUARTER 2005



“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
Tom Belcuore, MS
Tom_Belcuore@doh.state.fl.us
(352) 334-7902

Environmental Health
Director Paul Myers, MS
(352) 334-7931

Epidemiology
Jerne Shapiro, MPH
(352) 334-7930
Fax: (352) 334-7935

HIV/AIDS Surveillance
Rick Trachsel
(352) 334-7968
Patti Carnuccio
(352) 334-7967

Lead Poisoning
Jerne Shapiro, MPH
(352) 334-8827

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

Tuberculosis
Gail Beard, RN
(352) 334-7988



www.alachuacountyhealth.org



FloridaSHOTS: Electronic Immunization

It's that time of year again! The start of school is just around the corner. Parents are not only taking their children shopping for new clothes, they are also making a visit to your office for additional vaccine (s) and a new "updated" Florida Department of Health DH 680 to file with their school. By now, you are probably very tired of "manually" writing vaccine dates onto the DH 680, (also referred to as the "blue card"), right? If your answer is YES, then FloridaSHOTS (State Health Online Tracking System) is for you. FloridaSHOTS is a statewide, centralized electronic immunization registry that is authorized by section 381.003, F.S. It was developed to help parents and health care providers keep track of immunization records within Florida. Keeping track of immunization records in a centralized location (FloridaSHOTS), ensures children receive all vaccines needed at each visit. Not only can it prevent unnecessary vaccines from being given to a child, it will provide information about the brand of vaccine the child previously received.

The registry is accessible by both

private and public providers licensed under Chapters 458, 459, and 464, F.S. Using a secure electronic system, FloridaSHOTS allows registered authorized system users to access immunization information, as well as update information in the system and register new patients. When a health care provider who is an authorized system user needs to find an immunization history for a child under his or her care, they can search the system for the child's immunization history. If the previous provider is part of the FloridaSHOTS system, the immunization history will be available for download immediately. This eliminates the need to call the previous provider and wait for the record to arrive by FAX or mail. Imagine being able to look at a clean, accurate and legible copy of a child's vaccine history! FloridaSHOTS helps to ensure the required immunization records for child care centers and school attendance are easy to locate. Additionally, FloridaSHOTS assist in the challenges of assessing ever-changing and complex immunization requirements and schedules

Sherry Windham
ACHD Immunization Supervisor

involving different vaccine manufacturers and combination vaccines. The application also generates official immunization records required by law, eliminating the need for "hand written" DH 680's, ("blue card") for registered patients.

FloridaSHOTS has seen significant growth in a short period of time due to the growing participation of the private sector. There are approximately 1,210 private providers who have taken the "leap" and become a part of this centralized registry. Currently, there are over 4.3 million records in the registry database.

If you would like more information regarding how your office can participate in FloridaSHOTS, please contact the Florida Department of Health, Bureau of Immunization today! Toll free, the number is 1-877-888-SHOT, or you can also log onto www.flshots.com. So, isn't this exciting information? Call or log onto FloridaSHOTS today to start enjoying the benefits of 24/7 access to statewide immunization records!

HIV/STD Internet Partner Notification

During our new age of technology, many people have come to rely on the Internet as their major form of communication. Very often people meet, date, and have sex with people they have corresponded

with over the expanse of the web. In this situation, they often do not know each other's phone number or address.

(Continued on page 4...)

George Gibbs
STD Program Mgr.





Animal Bites— What Every Treating Practitioner Should Know

Jerne Shapiro, MPH

Along with the summer heat comes an increased risk for animal bites. Listed below are things practitioners treating these bites need to know:

1. Assess wound and if necessary treat to prevent the occurrence of a **secondary infection**.
2. Update **Tetanus** booster if necessary.
3. Determine the possible need for **Post Exposure Rabies** vaccine:
 - a. If the animal is a mammal and has potential to carry the rabies virus (e.g. dog, cat, fox, bat, skunk, and raccoon) then complete an Animal Bite Report form and fax it to Animal Control at 352-264-6869, or call 352-264-6880 to receive a blank copy of the Animal Bite Report form.
 - b. There is a **10 day window period** before Post Exposure Rabies vaccine need to be administered (have patient begin the series immediately if the bite is to the head or neck). During these 10 days, the animal will be captured, monitored, quarantined or euthanatized - whichever is most appropriate for the situation to determine its rabies status. The Alachua County Health Department (ACHD) will evaluate the case near the end of the window period and determine if the individual is at risk for rabies. If rabies is considered a risk then the ACHD will contact the patient and schedule the patient to begin vaccinations.

c. If the animal is a primate, Hep B may also be of concern. Call Animal Control 352-264-6869 or ACHD 352-334-7930 if in doubt about whether to report a bite, or with any other questions.

QuantiFERON-TB Test, The Next Step In TB Testing

The QuantiFERON-TB Test (QFT) is a whole-blood test for diagnosing latent tuberculosis infection (LTBI) approved by the U.S. Food and Drug Administration in 2001.

For many years, intradermal tuberculin skin testing (TST) has been the only test used as an aid in diagnosing LTBI and requires two visits by the client. Responses to this test vary according to individual interpretation of the test site. TST and QFT do not measure the same immunologic components and are not used interchangeably. As a diagnostic test, the QFT requires phlebotomy and is accomplished in a single visit. Compared with TST, QFT results are less subject to reader bias and interpretation.

Limitations to QFT include the need to draw blood and process it within 12 hours after collection, limited laboratory and clinical experience with the assay, and the current cost of the test itself.

For additional information you may access the Centers for Disease Control and Prevention website at www.cdc.gov.

Tuberculosis cases:

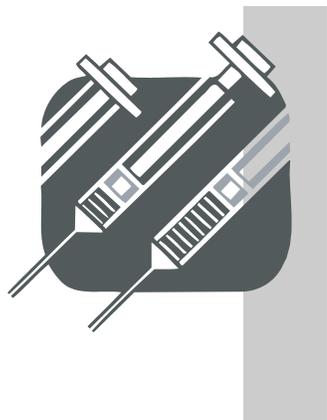
January—July 2004	0
January—July 2005	2

tified during office visits, including preparation of injection vials under non-aseptic conditions, lack of gloves and sterile alcohol swabs at the facility, and use of open system, multiple dose injection vials. The exact mode of transmission in the practice is unknown. The physician's office was closed for service during the investigation and the physician has since voluntarily relinquished his medical license.

*Rodlescia Sneed, MPH; et. al.
Fl Epidemic Intelligence Service*

Positive Rabies Animal cases:

Bat 2005	2
Fox 2005	2
Raccoon 2005	2



An Outbreak of Hepatitis B Among Patients Receiving Chelation Therapy In Miami-Dade County

In 2004, the Miami-Dade County Health Department (MDCHD) identified two cases of acute Hepatitis B among men greater than 70 years of age who denied any known hepatitis risk factors. Further epidemiological investigation linked the men to the same physician's office, where both had undergone chelation therapy. In response, a larger epidemiological investigation was initiated. The MDCHD (in conjunction with the Bureau of Laboratories) provided free hepatitis and HIV testing to all clinic patients. Interviews were conducted with patients who completed testing in order

to assess their medical treatment at the doctor's office, hepatitis testing and vaccine history, and hepatitis risk factors. One hundred three clinic patients were tested for hepatitis. Four additional acute Hepatitis B cases were identified, all of whom received chelation therapy at the clinic. Genotyping and nucleic acid sequencing (provided by CDC) of four samples showed that the samples were genetically related, which is consistent with (but does not prove) a common source of transmission. A number of violations in standard infection control practices were iden-

Hepatitis B cases:

January-July 2004	88
January-July 2005	54

Hepatitis C cases:

January-July 2004	274
January-July 2005	275

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	(Jan– July)		2004 Cum	Disease Activity (cont'd)	(Jan– July)		2004 Cum
	2005	2004			2005	2004	
AIDS	20	37	55	Leptospirosis	0	0	0
Animal Bites to Humans	19	2	26	Listeriosis	0	0	0
Anthrax	0	0	0	Lyme Disease	0	0	6
Botulism	0	0	0	Lymphogranuloma Venereum	0	0	0
Brucellosis	0	1	1	Malaria	0	0	0
Campylobacteriosis	9	10	21	Measles	0	0	0
Chancroid	0	0	0	Melioidosis	0	0	0
<i>Chlamydia trachomatis</i>	612	517	1091	Meningitis (Bacterial & Mycotic)	2	0	0
Ciguatera	0	0	0	Meningococcal (<i>Neisseria Meningitidis</i>)	0	1	3
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Meningitis (bacterial & Mycotic)	1	0	0
Cryptosporidiosis	0	0	0	Mercury Poisoning	0	0	0
Cyclosporiasis	7	0	1	Mumps	0	0	0
Dengue	0	0	0	Neurotoxic Shellfish Poisoning	0	0	0
Diphtheria	0	0	0	Pertussis	11	0	2
Ehrlichiosis, human	1	1	1	Pesticide-Related Illness or Injury	0	0	0
Encephalitis				Plague	0	0	0
Eastern Equine	0	0	0	Poliomyelitis	0	0	0
Non-arboviral	0	0	0	Psittacosis	0	0	0
Other arboviral	0	0	0	Q fever	0	1	1
St. Louis	0	0	0	Rabies Human	0	0	0
Venezuelan Equine	0	0	0	Rabies Animal	7	10	16
West Nile	0	0	0	Ricin Toxin	0	0	0
Western Equine	0	0	0	Rocky Mountain Spotted Fever	1	0	2
<i>E.coli</i> 0157:H7	0	1	2	Rubella	0	0	0
<i>E.coli</i> , Other (known sero)	0	0	1	Salmonellosis	42	30	83
Epsilon toxin of <i>Clostridium perfringens</i>	0	0	0	Saxitoxin poisoning paralytic shellfish poisonings	0	0	0
Giardiasis (acute)	9	7	11	Shigellosis	2	3	4
Glanders	0	0	0	Smallpox	0	0	0
Gonorrhea	258	233	522	<i>Staphylococcus aureus</i> , <i>Vancomycin non-susceptible</i>	0	0	0
Granuloma Inguinale	0	0	0	<i>Staphylococcus enterotoxin B</i>	0	0	0
<i>Haemophilus influenzae</i> , inv disease	2	0	1	Streptococcal Disease group A inva	0	0	0
Hansen's Disease (Leprosy)	0	0	0	<i>Streptococcal pneumoniae</i> invasive	15	13	19
Hantavirus infection	0	0	0	Syphilis	16	4	5
Hemolytic Uremic Syndrome	0	0	1	Tetanus	0	0	0
Hepatitis A	0	2	3	Toxoplasmosis (acute)	0	0	0
Hepatitis B	50	70	131	Trichinosis	0	0	0
Hepatitis C	275	274	545	Tuberculosis	2	0	5
Hepatitis non-A, Non B	0	0	0	Tularemia	0	0	0
Hepatitis, Other (including unspecified)	0	0	0	Typhoid Fever	0	0	0
Hepatitis B surface antigen + in pregnant women or child < 24 months	4	18	23	Typhus Fever	0	0	0
Herpes Simplex Virus in < 6mo of age	1	0	0	Vaccinia Disease	0	0	0
HIV	16	29	46	<i>Vibrio</i> Infection	1	1	2
Human Papillomavirus (HPV) <12 yrs	0	0	0	<i>V. cholerae</i> Serogroup Type 01 and non-01	0	0	0
Lead Poisoning	1	1	2	Viral Hemorrhagic Fever	0	0	0
Legionellosis	1	1	1	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

HIV/STD Internet Partner Notification (Cont'd from page 1)

As a result, HIV or STD infected persons that the Disease Intervention Specialist (DIS) interview for sexual partner notification may only have an e-mail address as their locating information. In response to this dilemma, the Department of Health (DOH) has developed an Internet Partner Notification (IPN) policy.

Two DIS in this region have been trained to notify sex partners through the Internet. In the first month we had three cases in which we had to use this new program to notify multiple internet partners (two HIV sex partners and four syphilis sex partners).

IPN is a new and exciting way to achieve sex partner notification that is helping STD professionals take advantage of constantly advancing technology.

If you need assistance in this matter or wish to see our guidelines, please call George Gibbs at (352) 334-7984.

Summary of Alachua County's Successes and Setbacks in HIV/AIDS

Richard Trachsel
AIDS Surveillance Program

Alachua County has reported 370 HIV cases since 7/97, an average of 48 per year. This comes to nearly one new case a week and there is no indication of a decrease in the trend; we've averaged 54 per year for the last 4 years. In addition, 3 out of 4 cases have come out of the African-American community, a clearly disproportionate impact. Other data collected from this group of HIV cases shows that the highest risk of infection, 35% of the reported cases, was from hetero-

sexual contact with an HIV positive partner, while 28% of the cases were attributed to men who have had sex with other men (MSM). Another 22% had no identified risk (NIR). Although a majority of these NIR cases assert heterosexual activity, no positive partner has yet been identified. Risk among IV drug users (IDU) shouldn't be minimized; they make up 14% of the reported cases (4% of these were also MSMs).

The only really positive note of the HIV pandemic is in the reduction of

perinatal transmission with use of anti-retroviral medications during pregnancy and at delivery. In Alachua County, there have been less than 3 perinatal infections since 1996. This really emphasizes the success of the prenatal HIV testing program and the continued need for pre-natal care.

AIDS cases:	
January—July 2004	37
January—July 2005	20
HIV cases:	
January—July 2004	29
January—July 2005	16

JS/06



Alachua County Health Department

Alachua County Health Department
 Epidemiology Department
 224 SE 24th Street
 Gainesville, FL 32641

Phone: (352) 334-7900
 Fax: (352) 334-7935