

EPI INVESTIGATOR

The Alachua County Health Department
Summer 2013



“Improving Public Health in Our Community Through Cooperation”

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Editor
Sheila Griffis



Farewell Alachua County Health Department

Over the last two years I have had a great opportunity to work with some talented people here at the Alachua County Health Department. My experience working as a Centers for Disease Control and Prevention (CDC) Public Health Associate has been invaluable. My first year included working as an Epidemiologist investigating communicable Diseases in Alachua County. This assignment was incredibly exciting and eye-opening considering that every day was different and eventful. Also during this assignment, I rotated in several different departments including Tuberculosis, STD, and Foreign Travel, allowing me to grasp the true meaning of Public Health.

I transferred to the Environmental Health Section of the Health Department in my second year. In this assignment I became the Rabies Surveillance Manager for Alachua County. One thing is for sure, I could tell many interesting stories specific to animal bites and testing. Environmental Health was a different but amazing transition from Epidemiological work. I began shadowing and assisting inspectors and was introduced to 16 different programs, including the bio-medical waste program, pool and well surveillance, water and septic programs, and facility and food inspections.

This fellowship alone, in these two years, has changed my view of life in so many ways. No matter how much studying I've done, or how many degrees I have, working in this setting allowed me to get front-line public health experience.

I am so thankful to have worked at the Alachua County Health Department. I have changed mentally and physically, I love being a true advocate for public health. I can only hope that when I leave my desk from ACHD, I can continue to grow and increase my passion for public service.

By: Jacquelyn (Jackie) McCullough
CDC PHAP Associate



Jackie (left) with CDC advisor Heidi

What are Recreational water illnesses (RWIs)?

Submitted By: Nadia Kovacevich, MPH
ACHD Epidemiologist



Photo credit: CDC

RWIs are caused by germs spread by swal-

lowing, breathing in mists or aerosols of, or having contact with contaminated water in swimming pools, hot tubs, water parks, water play areas, interactive fountains, lakes, rivers, or oceans. RWIs can also be caused by chemicals in the water or chemicals that evaporate from the water and cause indoor air quality problems. RWIs can be a wide variety of infections, including gastrointestinal, skin, ear, respiratory, eye, neurologic and wound infections. The most commonly reported RWI is diarrhea. Infectious diarrhea can contain anywhere from hundreds of millions to one billion germs per bowel movement. Swallowing even a small amount of water that has been contaminated with these germs can make you sick. To help protect the health of others, **do not swim when you have**

diarrhea (Centers for Disease Control and Prevention [CDC], 2013a).

Keep the poop, germs, and pee out of the water.

- Don't swim when you have diarrhea.
- Shower with soap before you start swimming
- Take a rinse shower before you get back into the water.
- Take bathroom breaks every 60 minutes.
- Wash your hands after using the toilet or changing diapers.

Check the free chlorine level and pH before getting into the water.

- Pools: Proper free chlorine level (1–3 mg/L or parts per million [ppm]) and pH (7.2–7.8) maximize germ-killing power.
- Hot tubs/spas: Proper disinfectant level (chlorine [2–4 parts per million or ppm] or bromine [4–6 ppm] and pH [7.2–7.8]) maximize germ-killing power.

Most superstores, hardware stores, and pool-supply stores sell pool test strips.

Do not swallow water you swim in (CDC, 2013b).

References:

- Centers for Disease Control and Prevention. (2013a). Recreational water illnesses (RWIs). Retrieved from <http://www.cdc.gov/healthywater/swimming/rwi/index.html>
- Centers for Disease Control and Prevention. (2013b). Steps of healthy swimming: protection against recreational water illnesses (RWIs). Retrieved from <http://www.cdc.gov/healthywater/swimming/protection/steps-healthy-swimming.htm>

2013-2014 School Entry Immunization Requirements

Submitted By: Jarue Cabezas
Alachua County Health Department
Immunization Coordinator

Before attending school in Florida (kindergarten through 12th grade), each child must provide a Form DH 680, *Florida Certification of Immunization*, documenting the following vaccinations:

Public/Non-Public Schools Kindergarten through 12th Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine
- Two or three doses of hepatitis B (Hep B) vaccine
- Three, four, or five doses of polio vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine† for kindergarten and grades one through five
- One dose of varicella vaccine† for grades six through twelve
- *If the fourth dose of vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for kindergarten.
- †Varicella vaccine is not required if varicella disease is documented by the healthcare provider.

Seventh Grade Requirements:

In addition to kindergarten through 12th grade requirements, students must have the following vaccinations:

- one dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through eleven

Need health insurance for your child? Apply online at www.floridakidcare.org or call (888) 540-5437 for an application.

For More Information, Call (850) 245-4342 or Visit www.IMMUNIZEFLORIDA.ORG.

Summary of Immunization Requirements for the 2013/ 2014 School Year

The new *Immunization Guidelines for Florida Schools, Childcare Facilities and Family Daycare Homes* became effective March 2013. These guidelines can be accessed by going to <http://www.immunizeFlorida.org/schoolguide.pdf>. Anyone providing immunizations should review the *Recommended Immunization Schedule for Persons Aged 0 through 18 Years- United States, 2013* available on the CDC website at <http://www.cdc.gov/mmwr> and scroll down to select Feb 1, 2013/Vol.62. The following Department of Health internet link can be printed and shared with parents and guardians: <http://www.immunizeFlorida.org>.

The polio vaccine requirement for children entering Kindergarten may require some children to receive an additional dose of polio vaccine. All children entering Kindergarten will need documentation of at least one {1} dose of polio vaccine administered on or after their 4th birthday. Those who have received all four {4} doses prior to their 4th birthday will need to be given a fifth {5} dose in order to be in compliance.

The other vaccine requirements are as follows:

DTaP - five {5} doses, however if the fourth dose {4} dose was administered after the fourth birthday, a fifth dose is not required.

Hepatitis B - three {3} doses.

MMR - two {2} doses.

Varicella - two {2} doses for Kindergarten through grade 5 and one {1} dose for those children in 6th through 12th grades. Varicella vaccine is not required if there is a history of varicella disease documented by the healthcare provider in the space provided on the DH 680 Form.

Tdap - children in 7th through 11th grades must have one {1} dose.

HIB - required for preschool, childcare, and family daycare home attendees as appropriate for age and type of vaccine.

Students that are involved with Virtual School and/or Home Education that participate in public or private school campus-based activities are required to have age-appropriate vaccines with the proper documentation on file at the school.

Religious exemptions are issued to the parent/ guardian of a child upon request only through the County Health Department. Exemptions for personal or philosophical reasons are not permitted under Florida law.

If you have any questions regarding vaccine requirements, please call the Immunization Program of the Florida Department of Health at (850) 245-4342 or the Alachua County Health Department at 352 334-7950.

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2013	2012	2012	Disease Activity	cont'd	2013	2012	2012
	Jan-May	Jan-May	Jan-Dec			Jan-May	Jan-May	Jan-Dec
AIDS	13	14	35	Listeriosis (02700)		0	0	0
Animal Bites to Humans (07101)	30	22	68	Lyme Disease (06959)		0	1	3
Anthrax	0	0	0	Lymphogranuloma Venereum		0	0	0
Arsenic (98080)	0	1	1	Malaria (08460)		1	1	2
Brucellosis	0	0	0	Measles (05590)		0	0	3
Campylobacteriosis (03840)	8	11	19	Meningitis, Group B Strep (32040)		0	0	0
Carbon Monoxide Poisoning (98600)	0	0	2	Meningitis other (32090)		0	1	2
Chancroid	0	0	0	Meningitis Strep Pneumoniae (32020)		0	0	0
<i>Chlamydia trachomatis</i>	757	857	1883	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	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Mumps		0	0	0
Cryptosporidiosis (13680)	3	5	12	Neurotoxic Shellfish Poisoning		0	0	0
Cyclosporiasis (00720)	0	0	1	Pertussis (03390)		0	3	4
Dengue (06100)	0	0	0	Pesticide-Related Illness or Injury		0	1	2
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)		2	4	5
Other arboviral	0	0	0	Ricin Toxin		0	0	0
St. Louis	0	0	0	Rocky Mountain Spotted Fever (08200)		2	1	3
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)		16	21	106
<i>Ehrlichiosis/anaplasmosis,HGE, A.</i>	0	0	0	Saxitoxin poisoning psp		0	0	0
<i>Phagocytophilum (08381)</i>				Shigellosis (00490)		5	8	11
<i>Ehrlichiosis/anaplasmosis,hme e chaff. 08382</i>	0	1	2	Smallpox		0	0	0
<i>Escherichia Coli, Shiga Toxin Producing 00800</i>	0	4	6	<i>Staphylococcus aureus, VRSA</i>		0	0	0
<i>E.coli, Other (41603)</i>	0	0	0	<i>Staphylococcus enterotoxin B</i>		0	0	0
Giardiasis (acute) (00710)	5	8	22	Streptococcal Disease grp A inva (03400)		5	3	6
Gonorrhea	257	287	659	<i>Strep pneumoniae</i> invasive Disease, Drug resistant (04823)		5	8	9
H. Influenzae Pneumonia (48220)	0	0	0	<i>Strep pneumoniae</i> invasive Disease, susceptible (04830)		10	12	17
<i>Haemophilus influenzae, inv disease(03841)</i>	1	5	7	Syphilis		11	10	19
Hansen's Disease (Leprosy)	0	0	0	Syphilis in pregnant women & neonates		0	0	0
Hantavirus infection	0	0	0	Tetanus		0	0	0
Hemolytic Uremic Syndrome 42000	0	0	0	Toxoplasmosis (acute)		1	0	0
Hepatitis A	0	1	1	Trichinosis		0	0	0
Hepatitis B (+HBsAG in preg women or child < 24 months (07039)	6	1	8	Tuberculosis		0	0	2
Hepatitis B Perinatal (07744)	0	0	0	Tularemia		0	0	0
Hepatitis B Acute (07030)	0	0	0	Typhoid Fever		0	0	1
Hepatitis B Chronic (07032)	33	26	70	Varicella (05290)		11	96	102
Hepatitis C Acute (07051)	0	1	3	Vibrio Mimicus (00197)		1	0	0
Hepatitis C Chronic (07054)	117	164	399	<i>Vibrio Parahaemolyticus (00540)</i>		1	0	1
Hepatitis E (07053)	0	0	0	<i>V. cholerae</i> Serogroup 01/ non 01		1	0	1
Herpes Simplex Virus in < 6mo of age	0	0	0	Vibrio Vulnificus (00199)		0	0	1
HIV	26	18	56	Yellow Fever		0	0	0
Human Papillomavirus (HPV) <12 yrs	0	0	0					
Influenza A, Novel or Pandemic Strains	0	0	0					
Lead Poisoning (94890)	2	3	4					
Legionellosis (48280)	0	0	1					

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

Hepatitis C Testing Guidelines

Submitted By: Nadia Kovacevich, MPH
 Alachua County Health Department
 Epidemiologist/Hepatitis Coordinator

The Centers for Disease Control and Prevention (CDC) released *Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians*. CDC issued this guidance because of changes in the availability of certain commercial hepatitis C virus (HCV) antibody tests, 2) evidence that many people with a reactive HCV antibody test might not get the needed follow-up testing, and 3) significant treatment advances for hepatitis C. Testing strategies must ensure the identification of those persons with current HCV infection so they can receive appropriate preventive services, clinical evaluation, and medical treatment.

Testing for HCV infection begins with either a rapid or a laboratory-conducted assay for HCV antibody in blood. A nonreactive HCV antibody result indicates no HCV antibody detected. A reactive result indicates one of the following: 1) current HCV infection, 2) past HCV infection that has resolved, or 3) false positivity. A reactive result should be followed by NAT for HCV RNA. If HCV RNA is detected, that indicates current HCV infection. If HCV RNA is not detected, that indicates either past, resolved HCV infection, or false HCV antibody positivity. The updated recommendations can be found at the following link:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a5.htm>

People who should be tested

- Born from 1945 through 1965
- Have received blood products with clotting factor before 1987
- Have received blood transfusion or organ transplant before July 1992
- Have ever injected drugs, even if only one time
- Have HIV
- Have been on kidney dialysis for several years
- Are health or public safety workers who have been stuck with a needle or other sharp object with blood from a person with hepatitis C or unknown hepatitis C status
- Born to mother with hepatitis C

Reference: Centers for Disease Control and Prevention. (2013). *MMWR weekly: Testing for HCV infection: An update of guidance for clinicians and laboratorians*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a5.htm>

