

# EPI INVESTIGATOR

Florida Department of Health—Alachua

Summer 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) 225-4181  
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](mailto:Nadia.Kovacevich@flhealth.gov),  
or phone: (352) 225-4181

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

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

**Tuberculosis**  
Geneva Saulsberry, RN, BSN  
(352) 225-4188  
Fax(352) 955-6464

**After Hours:**  
(352)-334-7900

**Editor**  
Sheila Griffis



## Are you an International Traveler?



Summer is in full swing! Now is the time when most people

embark on both national and international vacations. Did you know that aside from booking a flight, hotel, rental car, or making sure you have a passport, there is one very important thing that a lot of travelers forget!

### Vaccinations!

When traveling to continents such as South America and Africa, there are numerous vaccine preventable diseases that can be harmful, if not fatal to the traveler. Before leaving for your destination, it is advisable to seek a Foreign Travel center at least 6 months prior and be consulted on where you are going, how long you will be there and what precautions you should take to prevent exposure to diseases specific to that area of travel. The Alachua County

Health Department specializes in Foreign Travel and is certified to carry the Yellow Fever vaccine, which is a requirement when traveling to areas of the world where Yellow Fever is at high risk. Other common diseases that are vaccine preventable include: Typhoid, Hepatitis A and B, Meningitis, Measles, Mumps, Rubella, Chicken Pox (Varicella), Polio, Tetanus, Diphtheria and Pertussis. A helpful website to research that provides current information on all vaccines regulated by the ACIP and CDC is [www.cdc.gov/travel](http://www.cdc.gov/travel). If you are planning to travel and would like to schedule a Foreign Travel consult, please call the Alachua County Health Department at 325-334-8849 or visit the website at:

[alachua.floridahealth.gov](http://alachua.floridahealth.gov) to request an appointment.



Submitted By: Michael Smith  
Senior RN Supervisor

## New Research on Doxycycline Use in Pediatric Patients

By: Nadia Kovacevich, MPH  
Devin, Myers, MPH  
ACHD Epidemiologists

Clinicians tend to avoid prescribing doxycycline to young children because of a warning that tooth staining may occur when used in children less than 8 years old. In 2013, researchers from the Centers for Disease Control and Prevention (CDC) and Indian Health Service (IHS) began looking into the issue of dental staining following doxycycline usage. They conducted a study to look at whether or not doxycycline, in the dose and duration used to treat suspected Rocky Mountain Spotted Fever (RMSF), caused dental staining in children less than 8 years old. They conducted the study in a community which had suffered from high rates of RMSF, and where a large number of people, including children, were treated with doxycycline (Todd, et al., 2015; CDC, 2015).

The study provides the best evidence to date that short courses of doxycycline do not cause dental staining in children less than 8 years old. Due to other antibiotics likely being ineffective, the current label guidelines allow the use of doxycycline in pediatric rickettsial patients (CDC, 2015). Early administration of doxycycline can prevent severe illness and save lives.

### References:

- Centers for Disease Control and Prevention. (2015). New research on doxycycline. In *Rocky Mountain Spotted Fever*. Retrieved from <http://www.cdc.gov/rmsf/doxycycline/>
- Todd, S.R., Dahlgren, F.S., Traeger, M.S., Beltran-Aguilar, E.D., Marianos, D.W., Hamilton, C., . . . Regan, J.J. (2015). No visible dental staining in children treated with doxycycline for suspected Rocky Mountain Spotted Fever. *J Pediatr*, 166, 1246-51. Retrieved from [http://www.jpeds.com/article/S0022-3476\(15\)00135-3/pdf?ext=.pdf](http://www.jpeds.com/article/S0022-3476(15)00135-3/pdf?ext=.pdf)

# Refresher Course

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

It's time for a refresher course on the basics of Tuberculosis. When working around this disease all of the time, we sometimes take it for granted that not everyone is familiar with what it is and how it's spread.  
**What is TB?**

TB is caused by bacteria called *Mycobacterium tuberculosis*. When a person with TB disease of the lung or throat coughs or sneezes, tiny particles containing *M. tuberculosis* may be expelled into the air. If another person inhales air that contains these particles, the TB bacteria may enter the lungs causing infection.

However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions can exist: latent TB infection and TB disease.

A Person with Latent TB Infection	A Person with TB Disease
Usually has a skin test or blood test result indicating TB infection	Usually has a skin test or blood test result indicating TB infection
Has a normal chest x-ray and a negative sputum test	May have an abnormal chest x-ray, or positive sputum smear or culture
Has TB bacteria in his/her body that are alive, but inactive	Has active TB bacteria in his/her body
Does not feel sick	Feels sick and may have symptoms such as coughing, fever, and weight loss
Cannot spread TB bacteria to others	May spread TB bacteria to others
Should consider treatment for latent TB infection to prevent TB disease	Needs treatment for TB disease

(2015, CDC.gov)

The best way to eliminate Tuberculosis is by making sure people are educated on the symptoms of active disease as well as ways it can be transmitted. Good preventative methods are important as well. For those who are high risk for exposure, having an annual TB Risk Assessment done as well as having a skin test placed if needed are excellent preventative methods.

Many people think that TB is a disease of the past — an illness that no longer threatens us today. One reason for this belief is that, in the United States, we are currently experiencing a decline in TB. We are at an all-time low in the number of persons diagnosed with TB disease.

That very success makes us vulnerable to complacency and neglect. But it also gives us an opportunity to eliminate TB in this country. Now is the time to take decisive actions, beyond our current efforts, that will ensure that we reach this attainable goal (CDC, 2015).

Portions of this article retrieved directly from [http://www.cdc.gov/tb/publications/pamphlets/nowisthetime/default.htm#link\\_four](http://www.cdc.gov/tb/publications/pamphlets/nowisthetime/default.htm#link_four)

## The Florida Department of Health Continues to Monitor Travelers from West Africa

Submitted by: Nadia Kovacevich, MPH  
ACHD Epidemiologist

On October 25, 2014 Executive Order 14-280 was issued from the Office of the Governor; it warranted the Florida Department of Health (DOH) to conduct twice daily, in-person temperature and symptom monitoring of all travelers returning from Ebola impacted countries during their 21-day incubation period. Currently, this practice remains in place statewide for all travelers from **Liberia, Guinea, and Sierra Leone**. DOH continues the twice-daily, in-person monitoring of all travelers from Liberia during their 21-day incubation period even after the World Health Organization (WHO) declared Liberia Ebola-free on May 9, 2015 and the Centers for Disease Control and Prevention (CDC) modified their guidance on June 17, 2015. Healthcare providers should continue to make inquiries of travel history of all ill patients to ascertain possible Ebola risks. As of August 10, DOH has monitored over 640 travelers statewide from Ebola impacted countries in West Africa.

### Identify, Isolate, and Inform

- ◆ **Identify:** Ask about travel history. Did the person travel to/from Western Africa within 21 days of symptom onset? Look for symptoms. Symptoms typically include fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain and lack of appetite.
- ◆ **Isolate:** Don personal protective equipment. Move the patient to a private room with a private bathroom. Close the door. Post isolation signs on the doors of the patient's room.
- ◆ **Inform:** Call FDOH-Alachua **24/7 at 352-334-7900 (listen to prompts)**; please call **352-225-4181 during business hours**.

Please see resources below.

Ebola Algorithm: [http://www.floridahealth.gov/diseases-andconditions/ebola/index.html?utm\\_source=flhealthIndex](http://www.floridahealth.gov/diseases-andconditions/ebola/index.html?utm_source=flhealthIndex)

CDC Ebola Updates: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/>

# FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2015	2014	2014	Disease Activity	Cont'd.	2015	2014	2014
	Jan-Jun	Jan-Jun	Jan-Dec			Jan-Jun	Jan-Jun	Jan-Dec
AIDS	16	22	34	Malaria		0	0	0
Anthrax	0	0	0	Measles		0	0	0
Arsenic Poisoning	0	0	0	Meningitis, bacterial or mycotic		4	0	1
Botulism	0	0	0	Meningococcal disease		0	0	1
Brucellosis	0	0	0	Mercury poisoning		0	0	0
Campylobacteriosis	26	17	36	Mumps		0	0	0
Carbon Monoxide Poisoning	0	0	0	Neurotoxic shellfish poisoning		0	0	0
Chikungunya fever	0	0	2	Pertussis		2	13	18
Chlamydia	1087	934	1934	Pesticide-related illness and injury, acute		0	0	0
Ciguatera	0	0	0	Plague		0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Psittacosis (ornithosis)		0	0	0
Cryptosporidiosis	8	3	19	Q Fever		0	0	0
Cyclosporiasis	0	0	0	Rabies, animal or human		5	0	1
Dengue	0	1	1	Rabies, possible exposure		35	31	62
Diphtheria	0	0	0	Ricin toxin poisoning		0	0	0
Ehrlichiosis/anaplasmosis	2	1	6	Rocky Mountain spotted fever				
<i>Escherichia coli</i> infection	2	1	5	and other spotted fever rickettsioses		1	1	2
Giardiasis (acute)	9	7	24	Rubella		0	0	0
Gonorrhea	286	175	402	Salmonellosis		30	29	69
<i>Haemophilus influenzae</i> , invasive disease in children <5 years old	1	5*	5*	Saxitoxin poisoning (paralytic shellfish poisoning)		0	0	0
Hansen's Disease (Leprosy)	0	0	0	Severe acute respiratory disease syndrome associated with coronavirus infection		0	0	0
Hantavirus infection	0	0	0	Shigellosis (00490)		24	6	10
Hemolytic uremic syndrome (HUS)	0	0	0	Smallpox		0	0	0
Hepatitis A	2	0	0	Staphylococcal enterotoxin B poisoning		0	0	0
Hepatitis B Acute	0	0	1	<i>Staphylococcus aureus</i> infection (VISA, VRSA)		0	0	0
Hepatitis B Chronic	33	33	70	<i>Streptococcus pneumoniae</i> invasive disease in children <6 years old		1	0	0
Hepatitis B surface antigen in pregnant women or children <2 years old	7	3	7	Syphilis		15	22	48
Hepatitis C Acute	1	0	2	Syphilis in pregnant women & neonates		0	0	0
Hepatitis C Chronic	89	118	262	Tetanus		0	0	0
Herpes B Virus, Possible Exposure	0	0	1	Trichinellosis (trichinosis)		0	0	0
Herpes simplex virus (HSV) in infants	0	0	0	Tuberculosis (TB)		2	3	6
HIV	24	41	81	Typhoid fever (Salmonella serotype Typhi)		0	0	1
Human papillomavirus (HPV)	0	0	0	Typhus fever, epidemic		0	0	0
Influenza A, novel or pandemic strains	0	0	0	Vaccinia disease		0	0	0
Lead Poisoning	1	3	3	Varicella (chickenpox)		6	3	10
Legionellosis	0	0	0	<i>Vibrio cholerae</i> type 01		0	0	1
Listeriosis	0	0	1	West Nile virus disease		0	0	1
Lyme Disease	4	0	1					
Lymphogranuloma Venereum (LGV)	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.

\*\*\*PLEASE BE AWARE OF RECENT PHONE NUMBER CHANGES FOR OUR EPIDEMIOLOGY PROGRAM\*\*\*

- ◆ REGULAR BUSINESS HOURS (8AM-5PM, M-F): **352-225-4181**
- ◆ After-hours and Holidays (24/7): **352-334-7900** (please listen to prompts to receive a callback).

Our Disease Control Team conducts disease surveillance and investigates suspected occurrences of infectious diseases and conditions that are reported from physician's offices, hospitals, laboratories, and citizens. Action is taken to prevent infectious disease outbreaks.

**The Mission of the Department:** "To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**The Department's Values:** Innovation Collaboration Accountability Responsiveness Excellence

## Farewell Alachua County Health Department

Submitted By: Omar Braumuller

CDC Public Health Associate

Dear Friends and Peers,

In 2013, I entered the Florida Department of Health-Alachua County (DOH-Alachua) as a CDC Public Health Associate with open-minded and eager intentions for this beautiful community. My first year was spent working as an Epidemiologist/ Disease Intervention Specialist and my second year was spent working with rabies case management, health inspections (pool/food) and localized outbreak response.

I remember being driven, confident, and trusting in the people around me to do great things. I remember having outlandish plans to completely revitalize this community and quickly slay local public health issues one by one like some kind of superhero. Then I started working and I now chuckle at those plans in retrospect. Counseling HIV/AIDS patients, epidemiologic case investigations, cultural/ language barriers, life, death and everything in between were immensely humbling responsibilities. The issues associated with these responsibilities were not simple fixes. They were complex, multifaceted and most importantly, still existing.

Thankfully, I matured to the fact that there is much to public health than just the issues themselves and I humbly admit that I lacked the wisdom to discern how much attention to detail goes into supporting a community and improving its disparities as a health agency. Yet, I quickly learned that public health itself is more of a consistent challenge than a story of uncontested triumph/failures. Many solutions lie in shades of grey. I will hold fast to these invaluable lessons.

I know my time here at DOH-Alachua truly reshaped my mindset and increased my desire to make a difference for my respective community with revised wisdom. Public health solutions are often thoughtful, detailed processes rather than clear cut decisions. I have taken on challenges that I never knew I was capable of handling. I bounced back even stronger from mistakes that I never thought I could've rectified on my own and I have made a cohort of friendships that I pray will last as long as life dictates. The beauty I have seen here in the midst of stressfulness gives me hope for my future endeavors and modifies my purpose in public health.

I am convinced that public health is a living, breathing entity that has good days and bad days. It may even annoy you to the point of exhaustion sometimes but the key to making a positive difference resides unequivocally with one's ability to be flexible, adaptable, teachable, inclusive, and their willingness to possibly fail. I owe this mindset to the invaluable experiences I've had with the DOH-Alachua. I entered wishing to change everything about my surroundings in record time. I wanted everything to fit my personal view of health disparities. Instead, these disparities, as unique as they are, changed me for the better and I'll take this to my next public health adventure.

Many thanks to all of you here at the DOH-Alachua for taking me in and teaching me well. I have never been this far from my family before for and I miss them so. I owe an emotional sense of gratitude to the smiles and the uplifting conversations. You planted seeds in my heart that have grown into trees of good fruit. I have not/will not take for granted the love shown, discipline given and wisdom bestowed by you, my friends, my family.



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Alachua County Health Department  
Disease Control Unit  
224 SE 24th Street  
Gainesville, FL 32641