

# EPI INVESTIGATOR

Florida Department of Health—Alachua

Winter 2014



## “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](mailto:Nadia.Kovacevich@flhealth.gov),  
or phone: (352) 334 - 7981.

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

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

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

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

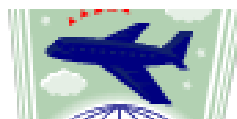
**Editor**  
Sheila Griffis



### Are You An International Traveler?

Submitted by: Michael Smith, RN  
Supervisor Immunizations  
Alachua County Health Dept.

Spring is just around the corner! Besides spring breaks and spring cleanings, many people also embark on international travel during this time of year. 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 weeks 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, Yellow Fever, 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.



### It's The Law

By: Geneva Saulsberry, RN  
Alachua County Health Dept.  
TB Department

Did you know that *Tuberculosis* is the only infectious disease that has a Florida law attached to it? Chapter 392.51 Tuberculosis Control Act states that active Tuberculosis is a highly contagious infection that is sometimes fatal and constitutes a serious threat to public health. Because of the nature of its transmission (airborne), the Florida Legislature feels that in order to protect the citizens from those few persons who pose a threat to the public, it is necessary to establish a system of **mandatory** contact identification, treatment to cure, hospitalization and isolation for contagious cases and to provide a system of voluntary, community oriented care and surveillance in all other cases. According to the CDC website (2014), “Tuberculosis (TB) is an airborne infectious disease that is caused by *Mycobacterium tuberculosis*. Approximately 11,000 to 12,000 individuals develop TB disease annually in the United States and there are about 9 million new TB cases worldwide each year. Laws to prevent and control TB have been in use for more than a century, and remain highly relevant today. The Centers for Disease Control and Prevention, in cooperation with its partners, developed or facilitated development of law-related resources for use by states, localities, and tribes to prevent and control the spread of TB. It is a little known fact that persons who are known to have active TB or even suspected of having it are **required** to begin and complete treatment until cured or until it has been found that they do not have it. This treatment plan is not optional and legal assistance may be called on if needed for noncompliance issues.

Portions of this article were retrieved directly from the CDC website at:  
<http://www.cdc.gov/tb/programs/laws/default.htm>

2014 Summary of Bite Reports/Tested in Alachua County

Submitted By: Andee Bowman  
Alachua County Health Department  
Environmental Health



642 total bite reports

169 bite reports on CATS  
Tested 32 with no positive results



381 bite reports on DOGS  
Tested 20 with no positive results

A total of 139 animals were tested  
1 came back positive (raccoon)

- Bat – 12 (tested 10)
- Bear – 1
- Bobcat – 3
- Coyote – 1
- Deer – 1
- Donkey – 2
- Fox -2

- Horse – 15 (tested 14, from those 14, 6 came back **EEE +**)
- Kinkajou – 1 (did not test)
- Lemur – 1
- Monkey – 1 (did not test)
- Panther – 16
- Possum – 1

- Raccoon – 32 (tested 28 with **ONE** coming back **positive**)
- Rat – 1 (did not test)
- Skunk – 1 (did not test)
- Squirrel – 4 (tested 1)
- Wolf – 1

The 2014-2015 Influenza Season: Guidance for Healthcare Providers

Submitted By: Nadia Kovacevich  
ACHD Epidemiologist

Due to the detection of drifted influenza A (H3N2) viruses, the CDC issued a Health Advisory to re-emphasize the importance of the use of neuraminidase inhibitor antiviral medications when indicated for treatment and prevention of influenza, as an adjunct to vaccination.

In the event of influenza infection, antiviral treatment is recommended as early as possible after illness onset in children, pregnant women or other at-risk group with suspected influenza.

- Influenza antiviral prescription drugs can be used to treat influenza or to prevent influenza.
- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications.
- **Delayed antiviral treatment (longer than 2 days) has been associated with increased risk of severe illness (such as hospitalization and death).**
- **Early treatment is important for pregnant women.**
  - Antiviral treatment is recommended as early as possible for pregnant or postpartum (within two weeks of delivery) women with confirmed or suspected influenza. Delayed antiviral treatment (longer than 2 days) has been associated with increased risk severe illness (such as hospitalization and death). For recommendations of the ACIP on influenza antivirals and chemoprophylaxis visit:  
<http://www.cdc.gov/flu/professionals/antivirals/index.htm>
- A flu test that is *negative by rapid antigen test* should not be used to exclude a diagnosis of influenza or delay treatment if it is suspect.
- The two prescription antiviral medications recommended for treatment or prevention of influenza are oseltamivir (Tamiflu®) and zanamivir (Relenza®). Additionally, to reduce the spread of influenza, **please encourage your patients to stay home when sick**, keep children home when they are sick, as well as promote healthy habits such as washing hands often, keeping hands away from their face and covering their mouth and nose with a tissue when sneezing and coughing or sneezing or coughing into a sleeve.

Please contact us (352-334-7981) if you suspect an outbreak of influenza or influenza-like illness, an influenza-associated pediatric mortality, if you see an unusually severe presentation of influenza, or if you suspect anti-viral resistance in a patient.

The guidance above was included in the Florida Department of Health document published on December 5, 2014:  
<http://www.floridahealth.gov/diseases-and-conditions/influenza/documents/Other/influenza-guidance-for-health-care-providers.pdf>

# FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2014		Disease Activity	Con'td.	2013	
	Jan-Dec	Jan-Dec			Jan-Dec	Jan-Dec
AIDS	34	35	Listeriosis (02700)		1	0
Animal Bites to Humans (07101)	47	61	Lyme Disease (06959)		0	0
Anthrax	0	0	Lymphogranuloma Venereum		0	0
Arsenic Poisoning (98080)	0	0	Malaria (08460)		0	2
Botulism	0	0	Measles (05590)		0	0
Brucellosis	0	0	Meningitis, Group B Strep (32040)		0	0
Campylobacteriosis (03840)	36	29	Meningitis other (32090)		1	1
Carbon Monoxide Poisoning (98600)	0	0	Meningitis Strep Pneumoniae (32020)		0	0
<i>Chikungunya</i> Fever (06540)	2	0	Meningococcal ( <i>Neisseria Meningitidis</i> )03630		1	1
<i>Chlamydia trachomatis</i>	1972	1833	Mercury Poisoning		0	0
Cholera	0	0	Monkey Bite (07103)		0	0
Ciguatera	0	0	Mumps		0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	Neurotoxic Shellfish Poisoning		0	0
Cryptosporidiosis (13680)	18	5	Pertussis (03390)		18	5
Cyclosporiasis (00720)	0	4	Pesticide-Related Illness or Injury		0	0
Dengue (06100)	1	2	Plague		0	0
Diphtheria	0	0	Psittacosis		0	0
Encephalitis	0	0	Q fever		0	0
Eastern Equine	0	0	Rabies Animal (07102)		1	6
Non-arboviral	0	0	Ricin Toxin		0	0
Other arboviral	0	0	Rocky Mountain Spotted Fever (08200)		3	0
St. Louis	0	0	Rubella		0	0
West Nile	0	0	SARS		0	0
Western Equine	0	0	Salmonellosis (00300)		69	79
<i>E.coli</i> 0157:H7 (41601)	0	0	Saxitoxin poisoning psp		0	0
<i>Ehrlichiosis/anaplasmosis,HGE, Anaplasma</i>	0	0	Shigellosis (00490)		9	7
<i>Phagocytophilum</i> (08381)			Smallpox		0	0
<i>Ehrlichiosis/anaplasmosis,hme e chaff. 08382</i>	6	0	<i>Staphylococcus aureus, VRSA</i>		0	0
<i>Escherichia Coli, Shiga Toxin Producing 00800</i>	5	4	<i>Staphylococcus enterotoxin B</i>		0	0
<i>E.coli, Other</i> (41603)	0	0	Streptococcal Disease grp A inva (03400)		0	0
Giardiasis (acute) (00710)	24	17	<i>Strep pneumoniae</i> invasive Disease, Drug resistant (04823)		1	7
Gonorrhea	407	645	<i>Strep pneumoniae</i> invasive Disease, susceptible (04830)		5	12
H. Influenzae Pneumonia (48220)	0	0	Syphilis		44	32
<i>Haemophilus influenzae, inv disease(03841)</i>	5	3	Syphilis in pregnant women & neonates		0	0
Hansen's Disease (Leprosy)	0	0	Tetanus		0	0
Hantavirus infection	0	0	Toxoplasmosis (acute)		0	0
Hemolytic Uremic Syndrome 42000	0	0	Trichinosis		0	0
Hepatitis A	0	0	Tuberculosis		6	6
Hepatitis B (+HBsAG in preg women or child < 24 months) (07039)	7	10	Typhoid Fever		1	0
Hepatitis B Perinatal (07744)	0	0	Typhus Fever ( <i>Salmonella</i> Serotype Typhi) (00200)		1	0
Hepatitis B Acute (07030)	1	1	Vaccinia Disease		0	0
Hepatitis B Chronic (07032)	68	59	Varicella (05290)		9	11
Hepatitis C Acute (07051)	2	0	<i>Vibrio Parahaemolyticus</i> (00540)		0	1
Hepatitis C Chronic (07054)	297	243	<i>V. cholerae</i> Serogroup Type non 01 (00198)		1	1
Herpes Simplex Virus in < 6mo of age	0	0	Vibriosis ( <i>Vibrio mimicus</i> ) 00197		0	1
HIV	81	52	Vibriosis ( <i>Vibrio vulnificus</i> ) 00199		0	0
Human Papillomavirus (HPV) <12 yrs	0	0	West Nile Virus Neuroinvasive Dis. 06630		0	1
Influenza A, Novel or Pandemic Strains	0	0	West Nile Virus Non-Neuroinvasive Dis- ease (06631)		1	0
Lead Poisoning (94890)	3	5				
Legionellosis (48280)	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

## Identifying Acute HIV Infections in Florida with Fourth Generation HIV Testing

Submitted By: Richard Willis  
Surveillance

Florida ranks fourth in the nation for total population but second in the nation for newly diagnosed HIV cases, and third in the nation for newly diagnosed AIDS cases. It is estimated that there are 126,000 individuals living with HIV in Florida, and as many as 16% (19,665) do not know that they are infected. The U.S Centers for Disease Control and Prevention estimates that half of all new HIV infections are transmitted by those who do not know that they are infected, and many of those are from people who are newly infected themselves.

Florida continues to have one of the largest publicly funded HIV testing programs in the nation. Florida’s testing partners conducted over 428,000 HIV antibody tests in 2013. Testing is

conducted utilizing rapid tests (66% of all tests), OraSure (6% of all tests) and blood draw (28% of all tests). Florida began testing blood specimens via 4th generation testing technology in April 2012. Fourth generation testing detects not just HIV antibodies but also HIV surface antigen which is part of the virus itself. Testing using this technology reduces the window period for HIV detection by as much as two weeks or more.

Florida’s public health labs utilize the Abbott Diagnostics’ Architect HIV Ab/Ag combination test. If reactive, the result is confirmed using the Bio-Rad Multispot HIV 1/2 rapid antibody test. The Multispot test offers rapid detection of antibodies to HIV 1 and 2, even in specimens that are Western blot negative. If

the Multispot produces a negative result, the specimen is tested using a Nucleic Acid Amplification Test, or NAAT. The NAAT test, like the Abbott Architect, looks for HIV antigen rather than antibodies and can reduce the window period for detection to as little as two weeks. If the initial immunoassay (IA) has a negative Multispot but a positive NAAT the client is determined to have acute HIV infection (AHI). Clients with AHI have generally been infected within the past month and usually have very high viral loads, making them very infectious to other sexual or needle sharing partners.

*As published by The Florida Department of Health, the Bureau of Communicable Diseases, HIV/AIDS Section, HIV Prevention Program. Data at a glance October 2014.*