EPI INVESTIGATOR

Florida Department of Health- Alachua

Winter 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:

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Nadia Kovacevich, MPH, CPH
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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, or phone: (352) 225-4181

Immunizations
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Sexually Transmitted Disease
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Tuberculosis
Geneva Saulsberry, RN, BSN
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Editor
Sheila Griffis

It's the Law

Submitted By: Geneva Saulsberry, RN, BSN
Senior CHN Supervisor

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 Centers for Disease Control and Prevention (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

Are You An International Traveler?

Submitted by: Michael Smith, RN
Senior 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… and that is 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 in Gainesville specializes in Foreign Travel and is certified to carry the Yellow Fever vaccine, which is a requirement in some countries and strongly recommended when traveling to areas of the world where the Yellow Fever virus is a high risk for exposure. Other common diseases that are vaccine preventable include: Influenza (Flu), Typhoid, Hepatitis A and B, Meningitis, Measles, Mumps, Rubella, Varicella (Chicken Pox), Polio, Tetanus, Diphtheria and Pertussis. A helpful website to research that provides current information on all vaccines regulated by the ACIP and the CDC is 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.

HIV/STD

Submitted By: Gay Koehler-Sides, MPH
Human Services Program Manager, ACHD

Changes to Florida's HIV Testing Law

Florida Statute 381.004:

- CS/HB 321 passed by Legislature in May; signed by Governor Scott in June and became effective July 1, 2015
- Amends 381.004, F.S. by removing the requirement for Informed Consent prior to HIV testing in health care settings
- Patients must be notified testing will be performed and the patient has the right to decline testing (opt-out)
- Notification can be oral or in writing
- Refusal must be noted in client's medical record
- No change in law for testing in non-health care settings
- Rule and model protocols currently being updated

Reference: Florida Hospital Association. (2015). New Florida laws for HIV testing. Retrieved from http:// www.fha.org/files/education/presentations/2015Aug18_NewHIVTestingLaws.pdf

STD Update

We are seeing an increase in ocular syphilis and many of these patients are co-infected with HIV. There is not a test that specifically diagnoses ocular syphilis.

The CDC (2016) recommends:

- Clinicians should be aware of ocular syphilis and screen for visual complaints in any patient at risk for syphilis (MSM, HIV-infected persons, others with risk factors and persons with multiple or anonymous partners.
- Patients with positive syphilis serology and early syphilis without ocular symptoms should receive a careful neurological exam including all cranial nerves.
- Patients with syphilis and ocular complaints should receive immediate ophthalmologic evaluation.
- A lumbar puncture with cerebrospinal fluid (CSF) examination should be performed in patients with syphilis and ocular complaints.
- Ocular syphilis should be managed according to treatment recommendations for neurosyphilis.

References:

CDC. (2016). Clinical Advisory: Ocular syphilis in the United States.. Retrieved from http://www.cdc.gov/std/syphilis/clinicaladvisoryos2015.htm

CDC. (2015). Sexually transmitted diseases: Summary of 2015 treatment guidelines. Retrieved from http://www.cdc.gov/std/tg2015/2015-wall-chart.pdf

Zika virus in the Americas

Submitted by: Nadia Kovacevich, MPH
Devin Myers, MPH
ACHD Epidemiologists

Zika Fever (ZIKV) is a mosquito-borne disease identified in Uganda in 1947. The *flavivirus* predominantly transmitted by *Aedes aegypti* mosquitoes was found to have developed in a rhesus monkey 2 days following exposure in the Zika Forest. In addition to Zika, *Aedes aegypti* is a known vector to transmit both chikungunya and dengue. In April of 2007, an outbreak occurred in the Federal States of Micronesia where at least 73% of the population were infected. Beginning in May of 2015,the Pan American Health Organization (PAHO) confirmed the first infection in Brazil and since has spread throughout the Americas (CDC, 2015).

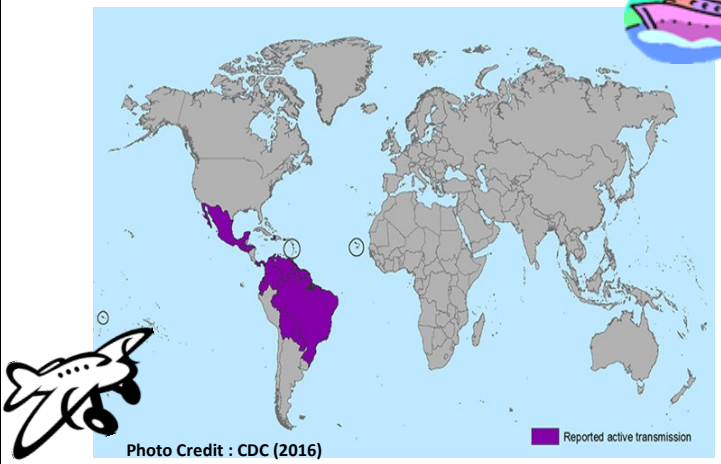

Photo Credit : CDC (2016)

Transmission occurs through the bite of an infected mosquito. Mosquitoes become infected when they bite a person already infected with the virus. The incubation period of Zika varies between 2 to 7 days. As a mild self-resolving disease, it is estimated that 80% of individuals who become infected with Zika virus are asymptomatic. Individuals who do develop symptoms often include:

- Fever
- Maculopapular rash
- Arthralgia (Joint pain)
- Conjunctivitis (red eyes)

There are no vaccines that can prevent this illness at this time; **mosquito bite prevention is key.** The use of EPA-approved mosquito repellent according to the directions on the product label and protective clothing are important.

Until more is known, CDC (2016) recommends special precautions as follows:

- Pregnant women in any trimester should consider postponing travel to the areas where Zika virus transmission is ongoing. Pregnant women who do travel to one of these areas should talk to their doctor or other healthcare provider first and strictly follow steps to avoid mosquito bites during the trip.
- Women trying to become pregnant should consult with their healthcare provider before traveling to these areas and strictly follow steps to prevent mosquito bites during the trip.

Zika virus testing is performed at our state laboratory. Clinicians, please call **(352) 225-4181 for more information and to facilitate testing.

Additional resources:

For specific areas where Zika virus transmission is ongoing visit: http://wwwnc.cdc.gov/travel/page/zika-travel-information
Healthcare Provider Updates: http://www.cdc.gov/zika/hc-providers/index.html
Florida Department of Health resource: http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html

References:
CDC. (2015). Zika virus spreads to new areas: Region of the Americas. Retrieved from http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6503e1er.pdf
CDC. (2016). ZIKV and pregnancy. Retrieved from http://www.cdc.gov/zika/pregnancy/question-answers.html

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2015 Jan-Dec	2014 Jan-Dec
AIDS	32	34
Anthrax	0	0
Arsenic Poisoning	0	0
Botulism	0	0
Brucellosis	0	0
Campylobacteriosis	54	36
Carbon Monoxide Poisoning	0	0
Chikungunya fever	0	2
Chlamydia	2123	1934
Ciguatera	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0
Cryptosporidiosis	14	19
Cyclosporiasis	0	0
Dengue	1	1
Diphtheria	0	0
Ehrlichiosis/anaplasmosis	2	6
Escherichia coli infection, Shiga toxin-producing	4	5
Giardiasis (acute)	24	24
Gonorrhea	540	402
Haemophilus influenzae, invasive disease in children <5 years old	1	5*
Hansen's Disease (Leprosy)	1	0
Hantavirus infection	0	0
Hemolytic uremic syndrome (HUS)	0	0
Hepatitis A	4	0
Hepatitis B Acute	1	1
Hepatitis B Chronic	62	71
Hepatitis B surface antigen in pregnant women or children <2 years old	8	9
Hepatitis C Acute	1	2
Hepatitis C Chronic	225	264
Herpes B Virus, Possible Exposure	0	1
Herpes simplex virus (HSV) in infants	0	0
HIV	62	73
Influenza A, novel or pandemic strains	0	0
Lead Poisoning	5	3
Legionellosis	1	0
Listeriosis	0	1
Lyme Disease	5	1
Lymphogranuloma Venereum (LGV)	0	0

Disease Activity Con't.	2015 Jan-Dec	2014 Jan-Dec
Malaria	1	0
Measles	0	0
Meningitis, bacterial or mycotic	4	1
Meningococcal disease	0	1
Mercury poisoning	0	0
Mumps	0	0
Neurotoxic shellfish poisoning	0	0
Pertussis	3	18
Pesticide-related Illness and injury, acute	0	0
Plague	0	0
Psittacosis (ornithosis)	0	0
Q Fever	0	0
Rabies, animal or human	8	1
Rabies, possible exposure	64	62
Ricin toxin poisoning	0	0
Rocky Mountain spotted fever and other spotted fever rickettsioses	2	2
Rubella	0	0
Salmonellosis	82	69
Saxitoxin poisoning (paralytic shellfish poisoning)	0	0
Severe acute respiratory disease syndrome associated with coronavirus infection	0	0
Shigellosis	34	10
Smallpox	0	0
Staphylococcal enterotoxin B poisoning	0	0
Staphylococcus aureus infection (VISA, VRSA)	0	0
Streptococcus pneumoniae invasive disease in children (drug-resistant) <6 years old	1	2*
Streptococcus pneumoniae invasive disease in children (susceptible) <6 years old	0	4*
Syphilis	53	48
Syphilis in pregnant women & neonates	0	0
Tetanus	0	0
Trichinellosis (trichinosis)	0	0
Tuberculosis (TB)	5	6
Typhoid fever (Salmonella serotype Typhi)	0	1
Typhus fever, epidemic	0	0
Vaccinia disease	0	0
Varicella (chickenpox)	16	10
Vibrio cholerae type 01	0	1
Vibrio vulnificus	1	0
West Nile virus disease	0	1

The counts include suspect, probable, and confirmed cases reported in Alachua county residents (regardless of where infection was acquired) by date reported to the Department of Health. Counts are provisional and subject to change until their respective database closes.

* Changes to case definitions can affect the number of cases reported.

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).

The Epidemiology Program conducts disease surveillance and investigates suspected occurrences of infectious diseases and conditions that are reported from physician's offices, hospitals, and laboratories. Surveillance is primarily conducted through passive reporting from the medical community as required by Chapter 381, Florida Statutes. Data is collected and examined to determine the existence of trends. Our staff ensures that action is taken to prevent infectious disease outbreaks from occurring in Alachua County.

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Florida Department of Health- Alachua
WINTER QUARTER 2015

2015 Summary of Bite Reports and Rabies

Submitted By: Anthony Dennis
Alachua County Health Dept.
Environmental Health Director

693 total bite reports

183 bite reports on CATS
Tested 36 with no positive results

412 bite reports on DOGS
Tested 27 with 1 positive

A total of **138** animals were tested
8 came back positive (4 raccoons, 3 bats, 1 dog)

Alpaca – 1 (tested)	Opossum – 4
Bat – 23 (tested 17 - 3 positive)	Panther – 15 (tested 15)
Deer – 1 (tested)	Parrot - 1
Ferret – 2 (tested)	Pig - 1
Fox -2 (tested)	Raccoon – 24 (tested 23 – 4 positive)
Horse – 13 (tested 11)	Rat – 2
Lamb – 1 (tested)	Skunk – 1 (tested)
Macaw – 1	Snake - 1
Marmoset – 2 (tested 1)	Squirrel – 4
Monkey – 1	Wolf Hybrid - 1

(Includes specimens from the University of Florida and Florida Fish and Wildlife)

Florida HEALTH Alachua County

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Disease Control Unit
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