EPI INVESTIGATOR

Florida Department of Health- Alachua

Winter 2017

"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: DOHAlachuaUpdates@flhealth.gov, or phone: (352) 225-4181

Immunizations
Michael Smith, RN
(352) 334-8827
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
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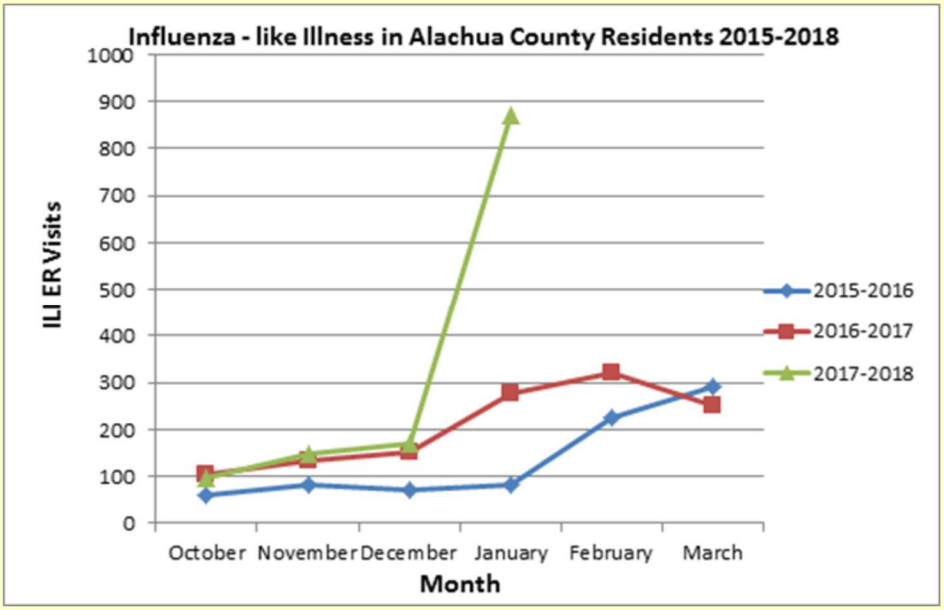
After Hours:
(352) 334-7900

Editor
Sheila Griffis

Influenza Update for 2017-2018 Season

Submitted by: Nadia Kovacevich and Devin Myers
Epidemiologists at DOH-Alachua

The goal of influenza surveillance is to detect changes in the influenza virus, detect outbreaks, and identify severe presentations of influenza infection. DOH-Alachua relies on a variety of surveillance systems that include syndromic data from hospital emergency department visits, positive influenza laboratory results from hospitals, private physicians, school health reports, and other reports from multiple care facilities. As expected for this time of the year, influenza activity has steadily increased over the last few weeks statewide. Across the state, more outbreaks have been reported so far this season than in previous seasons at this time, signaling the likelihood of a more severe influenza season. Nationally, the Centers for Disease Control and Prevention (CDC) noted that several influenza activity indicators were higher than typically observed for this time of year. The Florida Department of Health, Bureau of Public Health Laboratories continues to identify Influenza A (H3) as the predominately circulating strain. Please visit: http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html for the most-up-to-date information.



Although, interim vaccine effectiveness (VE) estimates for Australia's 2017 influenza season revealed low VE estimates for influenza A (H3) viruses, VE estimates were higher for influenza A 2009 (H1N1) viruses (50%) and influenza B viruses (57%). Vaccine effectiveness for the United States are not currently available. **Flu vaccines can vary in effectiveness from season to season but they continue to be the best way to prevent influenza infection among yourself and those who are more vulnerable to complications from influenza infection.**

Reference:

Centers for Disease Control and Prevention. (2017). Frequently Asked Flu Questions 2017-2018 Influenza Season. Retrieved from https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm#effectiveness

Colleagues, This will be our last mailing of a printed newsletter. The newsletter will now only be in a digital format.

Our newsletter will continue to be placed on our website: http://alachua.floridahealth.gov/programs-and-services/infectious-disease-services/epidemiology/epi-investigator.html

This decision was based on many factors, including conservation of community resources.

TB in Specific Populations

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

Disparities in tuberculosis (TB) persist among members of racial and ethnic minority populations. In 2015, the majority (87%) of all reported TB cases in the United States (US) occurred in racial and ethnic minorities. Black, non-Hispanic persons, have a disproportionate share of TB in the United States.

In 2015, TB was reported in 1,995 black, non-Hispanic persons, nearly 21% of all persons reported with TB nationally. Also in 2015, the rate of TB in black, non-Hispanic persons was 5.0 cases per 100,000 population, which is over 8 times higher than the rate of TB in white, non-Hispanic persons (0.6 cases per 100,000 population).

The proportion of TB in black, non-Hispanic persons, is even greater if only US-born (African–American) blacks reported with TB are examined. In 2015, among US-born persons reported with TB, almost 36% were African Americans (black, non-Hispanic).

Some prevention challenges include: The duration of treatment for latent TB infection and TB disease is lengthy. Patients are often unable or reluctant to take medication for several months.

Socioeconomic factors impact health outcomes and are associated with poverty, including limited access to quality health care, unemployment, housing, and transportation. These factors can directly or indirectly increase the risk for TB disease and present barriers to treatment of this disease.

Language and cultural barriers, including health knowledge, stigma associated with the disease, values, and beliefs may also place certain populations at higher risk. Stigma may deter people from seeking medical care or follow up care.

TB remains a serious threat, especially for people who are infected with human immunodeficiency virus (HIV). People infected with HIV are more likely than uninfected people to get sick with other infections and diseases, including TB.

- Blacks have the most severe burden of HIV of all racial/ethnic groups in the United States. Compared with other races and ethnicities, Blacks account for a higher proportion of HIV infections at all stages of disease—from new infections to deaths.

In addition to HIV, other underlying medical conditions may increase the risk that latent TB infection will progress to TB disease.

Although rates of TB in both blacks and whites have declined substantially over the past decade, the disparity remains. We must better target our efforts to prevent and control TB in this population. Addressing the TB disparity among African Americans and other US-born racial/ethnic groups is an important priority.

What is the CDC doing about this?

To achieve TB elimination, ongoing efforts are needed to address the persistent disparities that exist among racial and ethnic minorities in the United States.

CDC is working on projects designed to educate and raise awareness about TB in black communities. In one project, representatives from ten sites where disproportionate cases of TB disease are reported in blacks received training to enhance skills for engaging communities, develop strategies, and sustain partnerships for reducing TB rates.

Other CDC activities include a study to identify the socio-cultural, racial, and health system barriers specifically for blacks with or at risk for TB. The study's goals include the development and testing of interventions to eliminate racial and ethnic disparities in TB rates in blacks; and to make improvements in health-seeking behavior, contact investigations, culturally sensitive case management, and completion of treatment among black TB patients.

Retrieved directly from: **Reported Tuberculosis in the United States, 2015 https://www.cdc.gov/tb/statistics/reports/2015/default.htm** and **https://www.cdc.gov/tb/publications/factsheets/specpop/resources_tb_blacks.htm**

Test and Treat

Submited By: Gay Koehler-Sides, MPH, CPH

A regional Test and Treat program is now available in North Central Florida. When someone tests positive for HIV infection, it is now recommended that they begin taking medication the same day they receive their diagnosis. We call this "Test and Treat". The Alachua County Health Department began this program in 2017. The program is now available in many of the 15 counties in Area 3/13. Most clients who live outside of Alachua County should be able to receive this service at their local county health department. If you have clients who test positive for HIV, please contact your local county health department to begin care immediately.

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2017 Jan-Dec	2016 Jan-Dec
AIDS	**	25
Anaplasmosis, HGA(Anaplasma Phag)	1	1
Anthrax	0	0
Botulism	0	0
Brucellosis	0	0
Campylobacteriosis	55	39
Carbon Monoxide Poisoning	6	0
Chikungunya fever	0	0
Chlamydia	2198	2237
Ciguatera	0	0
Creutzfeldt-Jakob Disease (CJD)	2	0
Cryptosporidiosis	7	11
Cyclosporiasis	0	0
Dengue	0	2
Diphtheria	0	0
Ehrlichiosis, HME (Ehrichia chafeensis)	2	2
Ehrlichiosis/anaplasmosis	1	0
Escherichia coli infection, Shiga toxin-producing	9	4
Giardiasis (acute)	12	24
Gonorrhea	617	596
Haemophilus influenzae, invasive disease in children <5 years old	1	5*
Hansen's Disease (Leprosy)	0	0
Hantavirus infection	0	0
Hemolytic uremic syndrome (HUS)	0	0
Hepatitis A	2	0
Hepatitis B Acute	1	1
Hepatitis B Chronic	59	42
Hepatitis B surface antigen in pregnant women or children <2 years old	8	7
Hepatitis C Acute	2	1
Hepatitis C Chronic	178	387
Herpes B Virus, Possible Exposure	0	
Herpes simplex virus (HSV) in infants	0	0
HIV		62
Influenza A, novel or pandemic strains	0	0
Lead Poisoning	5	3
Legionellosis	3	2
Listeriosis	0	1
Lyme Disease	1	3
Lymphogranuloma Venereum (LGV)	0	0
Malaria	3	1
Measles	0	0

Con'td.	2017 Jan-Dec	2016 Jan-Dec
Meningitis, bacterial or mycotic	1	4
Meningococcal disease	1	1
Mercury poisoning	0	0
Mumps	0	1
Neurotoxic shellfish poisoning	0	0
Pertussis	1	1
Pesticide-related Illness and injury, acute	0	0
Plague	0	0
Psittacosis (ornithosis)	0	0
Q Fever	0	0
Rabies, animal or human	2	5
Rabies, possible exposure	73	66
Ricin toxin poisoning	0	0
Rocky Mountain spotted fever and other spotted fever rickettsioses	0	0
Rubella	0	0
Salmonellosis	57	79
Saxitoxin poisoning (paralytic shellfish poisoning)	0	0
Severe acute respiratory disease syndrome associated with coronavirus infection	0	0
Shigellosis	8	16
Smallpox	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	0	5*
Streptococcus pneumoniae invasive disease In children (susceptible) <6 years old	1	10*
Syphilis	66	114
Syphilis in pregnant women & neonates	0	0
Tetanus	0	0
Trichinellosis (trichinosis)	0	0
Tuberculosis (TB)	6	6
Typhoid fever (Salmonella serotype Typhi)	0	0
Typhus fever, epidemic	0	0
Varicella (chickenpox)	11	9
Vibrio cholerae type 01	0	0
Vibrio cholerae type Non-01	1	0
Vibrio (Parahaemolyticus,other)	1	0
Vibrio fluviallis	0	1
Vibrio vulnificus	0	0
Zika Virus Disease and Infection, Non Congential	2	10

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.

**Data from the most recent calendar year (2017) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida. The final year-end numbers are generated in July of the following year, after duplicate cases are removed from the dataset, as is customary of HIV surveillance in the US.
Statistics can be found at http://www.flhealthcharts.com/charts/communicablediseases/default.aspx

- 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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WINTER QUARTER 2017

2017 Summary of Bite Reports/Tested in Alachua County

756 Total Bite Reports

205 bite reports on CATS
Tested 51 with one positive results

477 bite reports on DOGS
Tested 25 with no positive results

A total of **140** animals were tested

4 tested positive (1 bats, 1 cat, 2 raccoons)

EEE positive=1 horse (Alachua County) & 1 deer (Wakulla County)

Bat –19 (15 tested - 1 positive)

Bat

Black Bear - 3 (3 tested)

Deer – 3 (3 tested) all negative for rabies, one positive for EEE(Wakulla)

Donkey – 2 (1 tested)

Ferret - 1

Goat – 2 (2 tested)

Horse – 8 (7 tested) all negative for rabies, one positive for EEE (Alachua)

Marmoset – 1

Panther – 16 (16 tested)

Panther

Pony - 1 (1 tested)

Rabbit - 2

Raccoon – 21 (tested 15) – 2 positive)

Raccoon

Sheep - (1 tested)

Snake - 1

Squirrel - 5

Squirrel

Florida HEALTH Alachua County

Alachua County Health Department
Disease Control Unit
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