

EPI INVESTIGATOR

Florida Department of Health - Alachua
Summer 2017



“Improving Public Health in Our Community Through Cooperation”

Alachua County Health Department
(352) 334-7900

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Editor
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Drain and Cover

DRAIN: Water from garbage cans, house gutters, pool covers, coolers, toys, flower pots or any other containers where sprinkler or rain water has collected.

DISCARD: Old tires, drums, bottles, cans, pots and pans, broken appliances and other items that aren't being used.

EMPTY and CLEAN: Birdbaths and pet's water bowls at least once or twice a week.

PROTECT: Boats and vehicles from rain with tarps that don't accumulate water.

MAINTAIN: The water balance (pool chemistry) of swimming pools. Empty plastic swimming pools when not in use. Repair broken screens on windows, doors, porches, and patios.

CLOTHING: If you must be outside when mosquitoes are active, cover up. Wear shoes, socks, long pants, and long sleeves.

REPELLENT: Apply mosquito repellent to bare skin and clothing. Always use repellents according to the label. Repellents with DEET, picaridin, oil of lemon eucalyptus, para-menthane-diol, and IR3535 are effective. Use netting to protect children younger than 2 months.

DOH-Alachua and local mosquito control continues surveillance and prevention efforts throughout the county. DOH-Alachua reminds residents and visitors to avoid being bitten by mosquitoes by taking precautions to prevent mosquitoes from living and multiplying around your home or business.



Photo Credit: <http://www.miamidade.gov/mosquito/index.html>

Submitted By: Anthony Dennis, Director
Alachua County Health Department
Environmental Health

The Florida Department of Health –Alachua Urges the Community Do It Now, Test Your Way.

Submitted By: Gay Koehler-Sides
Human Services Program Manager

In honor of National HIV Testing Day, the Florida Department of Health in Alachua County (DOH-Alachua) partnered with the Gainesville Housing Authority to provide free HIV testing at the following locations:

June 27th -Woodland Park-190 SE 4th St., Gainesville, FL 32641

June 28th -Eastwood Meadow- 925 SE 43rd St., Gainesville, FL 32641

June 29th - Pine Meadows-2626 E. University Ave, Gainesville FL 32641

National HIV Testing Day is an effort that encourages individuals to become proactive about their health and get tested for HIV. Counselors also educate individuals on the risk factors associated with HIV transmission and promote safe practices.

An estimated 1.1 million people in the US are living with HIV. This virus is not restricted to any specific race or population; therefore, no one is immune from infection. There are an estimated 127,589 people living with HIV/AIDS in Florida as of December 31, 2015, and one in seven people infected with the virus are unaware of their status. In 2015, there were 4,868 newly reported cases of HIV infection in Florida.

“Getting tested is the first step in taking care of your health and controlling the spread of HIV,” said Gay Koehler-Sides, HIV/AIDS Program Coordinator for Area 3/13. “Once you know your status, you can make informed decisions about your health. If you are positive, we can help get you into care and on HIV medications to improve your health and reduce the chance that you will transmit the virus to your partners. If you are negative, we can provide education and resources to maintain your status, including information about our PrEP clinic.”

The Florida Department of Health— Alachua (DOH-Alachua) supports National HIV Testing Day. Community-based organizations and other health care providers are encouraged to help prevent the spread of HIV by raising awareness, providing support, and offering testing during routine health care visits.

To find an HIV testing site near you, text your zip code to 477493 or visit <http://www.stopthespread.com>. For more information, visit <http://www.alachuacountyhealth.com> or call (352) 334-7965.

Recommendations of the Advisory Council for the Elimination of Tuberculosis, Summary

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

Because tuberculosis (TB) is a major problem among homeless persons, the Advisory Council for the Elimination of Tuberculosis has developed recommendations to assist health-care providers, health departments, shelter operators and workers, social service agencies, and homeless persons prevent and control TB in this population. TB should be suspected in any homeless person with a fever and a productive cough of more than 1-3 weeks' duration, and appropriate diagnostic studies should be undertaken. Confirmed or suspected TB in a homeless person should be immediately reported to the health department so that a treatment plan can be decided upon and potentially exposed persons located and examined. Patients with TB should be counseled and voluntarily tested for human immunodeficiency virus (HIV) infection because TB treatment recommendations are different for HIV-seropositive and HIV-seronegative persons (1). TB therapy should be directly observed whenever possible. This may require the establishment of special shelters or other long-term-care arrangements for homeless persons with TB. For each person with an infectious case, an investigation should be conducted to identify exposed persons, and those found to be infected should be considered for preventive therapy. Shelter staff should receive a tuberculin skin test when they start work and every 6-12 months thereafter. Those with positive skin test results should be considered for preventive therapy according to current guidelines. Shelters for the homeless should be adequately ventilated. The installation of ultraviolet lamps also may be useful to further reduce the risk of TB transmission.

INTRODUCTION

Since the early 1900s (2), tuberculosis (TB) has been recognized as an important health problem among homeless persons and among residents of inexpensive lodging houses, night shelters, single-room occupancy hotels, and common hostels. Subsequent reports have continued to call attention to this problem, especially in the United Kingdom (3-11). With the increase in homelessness in the United States during the 1980s, TB among homeless persons became a subject of heightened interest and concern (12-24).

There is no universally agreed-upon definition of homelessness; in general, however, the homeless can be defined as persons who do not have customary and regular access to a conventional dwelling or residence (25). The exact number of homeless persons at any given time is not known, and reported estimates have varied widely. According to the Urban Institute, there may have been more than 1 million persons in the United States who were homeless at some time during 1987 (26).

From a national perspective, the overall incidence of active TB and the prevalence of latent tuberculous infection among the homeless are unknown. Based on screening at selected clinics and shelters, the prevalence of clinically active disease ranges from 1.6% to 6.8% and the prevalence of latent TB infection ranges from 18% to 51% (12,13,15-17). Clinical data from the National Health Care for the Homeless project indicated a point prevalence of active TB of 968/100,000 homeless adults (27). However, because of the selective nature of these screening activities, it is not appropriate to extrapolate these reported prevalence rates nationwide or to "special populations," such as single-parent families or runaway children (28). Although shelters and other inexpensive housing for the homeless are vital to the survival of these persons, there is substantial potential for TB transmission in such facilities (18), especially in the winter when shelters are likely to be more crowded and ventilation from the outside may be diminished. The recommendations in this document are intended for the entire medical community and the public, but are particularly targeted to health department TB-control programs and to those who provide health care and other services to homeless persons. Health departments and shelter operators are encouraged to implement these recommendations whenever applicable.

ASSESSMENT OF THE MAGNITUDE OF THE PROBLEM

Communities should assess the nature and magnitude of the TB problem in their area, specifically, the incidence and prevalence of TB among persons who are homeless. All patients with TB should be specifically asked whether they are homeless or live at a single-room occupancy hotel, shelter, or lodging house since they may not volunteer such information. Health departments should maintain, and regularly update, listings of single-room occupancy hotels and homeless shelters so that patients' addresses can be checked against these listings. Shelters should be encouraged to maintain lists of names of persons staying there. This will facilitate health department searches for patients in need of diagnostic or therapeutic services.

PRIORITIES FOR TB SERVICES

Priorities for TB prevention and control activities among homeless persons have been established on the basis of their clinical and public health importance and their cost-effectiveness (see box).

Priorities for Tuberculosis Prevention and Control Activities Among Homeless Persons

1. The highest priority should be given to a) detection, evaluation, and reporting of homeless persons who have current symptoms of active TB and b) completion of an appropriate course of treatment by those diagnosed with active TB.
2. The second priority should be screening and preventive therapy for homeless persons who have, or are suspected of having, human immunodeficiency virus (HIV) infection.
3. The third priority should be the examination and appropriate treatment of persons with recent TB that has been inadequately treated.
4. The fourth priority should be screening and appropriate treatment of persons exposed to an infectious (sputum-positive) case of TB. Because contacts are difficult to define in a shelter population, it is usually necessary to screen all residents of a shelter when an infectious case is identified.
5. The fifth priority should be screening and preventive therapy for homeless persons with known medical conditions that increase the risk of TB, e.g., diabetes mellitus (29).

CONCLUSIONS

Homeless persons suffer disproportionately from a variety of health problems, including TB. Detecting, treating, and preventing TB in this special population benefit not only persons who are homeless, but society at large. The goal of prevention and control of TB among the homeless is difficult and challenging, but it can be achieved. In an effort to detect and prevent the spread of Active TB disease within our homeless population, DOH-Alachua has initiated a process to screen the residents and clients who utilize homeless shelters with our local community. DOH-Alachua has begun offering skin tests (PPDs) on clients who frequent the St. Francis Homeless Shelter as well as the Grace Marketplace and Dignity Village. In an effort to be proactive, it is our hope that we can detect TB infection and prevent the formation of active TB disease within our homeless population.

Portions of this article were taken directly from:

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00019922.htm> ; Please reference article for citations.

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	2017	2016	2016	Disease Activity	Cont'd.	2017	2016	2016
	Jan-Jun	Jan-Jun	Jan-Dec			Jan-Jun	Jan-Jun	Jan-Dec
AIDS	**	**	**	Measles		0	0	0
Anaplasmosis, HGA(<i>Anaplasma Phag</i>)	0	0	1	Meningitis, bacterial or mycotic		0	3	4
Anthrax	0	0	0	Meningococcal disease		0	0	0
Arsenic Poisoning	0	0	0	Mercury poisoning		0	0	0
Botulism	0	0	0	Mumps		0	0	1
Brucellosis	0	0	0	Neurotoxic shellfish poisoning		0	0	0
Campylobacteriosis	24	20	39	Pertussis		0	1	1
Carbon Monoxide Poisoning	1	0	0	Pesticide-related illness and injury, acute		0	0	0
Chikungunya fever	0	0	0	Plague		0	0	0
Chlamydia	1084	1085	2238	Psittacosis (ornithosis)		0	0	0
Ciguatera	0	0	0	Q Fever		0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Rabies, animal or human		2	2	5
Cryptosporidiosis	3	4	11	Rabies, possible exposure		23	31	66
Cyclosporiasis	0	0	0	Ricin toxin poisoning		0	0	0
Dengue	0	2	2	Rocky Mountain spotted fever and other spotted fever rickettsioses		0	0	0
Diphtheria	0	0	0	Rubella		0	0	0
Ehrlichiosis/anaplasmosis	0	1	2	Salmonellosis		21	29	79
<i>Escherichia coli</i> infection, Shiga toxin-producing	3	2	4	Saxitoxin poisoning (paralytic shellfish poisoning)		0	0	0
Giardiasis (acute)	3	6	13	Severe acute respiratory disease syndrome associated with coronavirus infection		0	0	0
Gonorrhea	279	262	596	Shigellosis		4	5	16
<i>Haemophilus influenzae</i> , invasive disease in children <5 years old	1	0	1*	Smallpox		0	0	0
Hansen's Disease (Leprosy)	0	0	1	Staphylococcal enterotoxin B poisoning		0	0	0
Hantavirus infection	0	0	0	<i>Staphylococcus aureus</i> infection (VISA, VRSA)		0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	<i>Streptococcus pneumoniae</i> invasive disease in children (drug-resistant) <6 years old		0	0	0*
Hepatitis A	1	0	0	<i>Streptococcus pneumoniae</i> invasive disease in children (susceptible) <6 years old		1	0	0*
Hepatitis B Acute	0	1	2	Syphilis		23	47	85
Hepatitis B Chronic	30	17	43	Syphilis in pregnant women & neonates		0	0	0
Hepatitis B surface antigen in pregnant women or children <2 years old	2	2	7	Tetanus		0	0	0
Hepatitis C Acute	1	0	1	Trichinellosis (trichinosis)		0	0	0
Hepatitis C Chronic	193	221	388	Tuberculosis (TB)		2	2	4
Herpes B Virus, Possible Exposure	0	0	0	Typhoid fever (<i>Salmonella</i> serotype Typhi)		0	0	1
Herpes simplex virus (HSV) in infants	0	0	0	Typhus fever, epidemic		0	0	0
HIV	**	**	**	Vaccinia disease		0	0	0
Influenza A, novel or pandemic strains	0	0	0	Varicella (chickenpox)		3	7	9
Lead Poisoning	2	1	3	<i>Vibrio cholerae</i> type 01		0	0	1
Legionellosis	0	0	2	<i>Vibrio vulnificus</i>		1	0	1
Listeriosis	0	0	1	West Nile virus disease		0	0	0
Lyme Disease	1	0	3	Zika Virus Disease and Infection Non Congenital		2	4	10
Lymphogranuloma Venereum (LGV)	0	0	0					
Malaria	1	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.

**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>

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.

Mosquito Bite Prevention and Ongoing Zika Virus Awareness

Submitted By: Nadia Kovacevich, MPH
Epidemiologist

- Zika, dengue, and chikungunya are spread to people through the bite of an infected *Aedes aegypti* or *Aedes albopictus* mosquito.
 - Mosquitoes become infected with Zika, dengue, or chikungunya virus when they bite a person who is infected with one of those viruses. Infected mosquitoes can then spread one of these viruses to other people.
 - There are no vaccines or medicines for these diseases.
- Because Zika can cause birth defects in babies born to women who were infected with Zika virus during pregnancy, the Centers for Disease Control and Prevention (CDC) recommends the following:



Photo Credit: <https://www.cdc.gov/features/>

- **Pregnant women should not travel to any area where Zika virus is spreading (see travel update link below).**
- Pregnant women who must travel to one of these areas should talk to their doctor first and strictly follow steps to prevent mosquito bites during the trip.
- Women trying to become pregnant, and their male partners, should consult with their doctor before traveling to these areas and strictly follow **steps to prevent mosquito bites during the trip.**
- Zika can be passed through sex from a person who has Zika to his or her sex partners. People who have lived in or traveled to an area with Zika and who have a pregnant partner should use condoms or they should not have sex (vaginal, anal, or oral) during the pregnancy. Condoms include male or female condoms.

The Florida Department of Health (DOH) and the CDC recommend that pregnant women should avoid non-essential travel to areas of active ZIKV transmission. Please find the latest travel updates:

<http://wwwnc.cdc.gov/travel/page/zika-travel-information>

Resources: <https://www.cdc.gov/zika/pregnancy/index.html>

<http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html>

Latest DOH News Updates: <http://www.floridahealth.gov/newsroom/index.html>

References:

Centers for Disease Control and Prevention. (2016a). Avoid Mosquito Bites. Retrieved from <https://www.cdc.gov/features/stopmosquitoes/index.html>

Centers for Disease Control and Prevention. (2016b). Avoid Bug Bites. Retrieved from <https://wwwnc.cdc.gov/travel/page/avoid-bug-bites>