

"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:

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 Fax(352) 955-6464

After Hours: (352) 334-7900

Editor





Human Infection with Avian Influenza

Submitted by: Nadia Kovacevich, MPH **Epidemiologist**

Avian Influenza is commonly known as "bird flu" and has caused serious disease in poultry and wild birds on multiple continents. It is a rare disease of humans, but precautions should still be taken.

Humans can be infected with avian influenza virus subtypes A(H5N1), A(H7N9), and A(H9N2). These infections are primarily acquired through direct contact with infected animals or their contaminated environment. The majority of human cases have been associated with direct or indirect contact with live or dead poultry.

Advice for Travelers to China (https://wwwnc.cdc.gov/travel/notices/)

- Do not touch birds, pigs, or other animals.
 - Don't touch animals, whether they are alive or dead.
 - Avoid live bird or poultry markets.
 - Avoid other markets or farms with animals (wet markets).
- Eat food that is fully cooked.
 - Eat meat and poultry that is fully cooked (not pink) and served hot.
 - o Eat hard-cooked eggs (not runny).
 - Don't eat or drink dishes that include blood from any animal.
 - Don't eat food from street vendors.
- Practice hygiene and cleanliness.
 - Wash your hands often.
 - If soap and water aren't available, clean your hands with hand sanitizer containing at least 60% alcohol.
 - o Don't touch your eyes, nose, or mouth. If you need to touch your face, make sure your hands are clean.
 - o Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
 - o Try to avoid close contact, such as kissing, hugging, or sharing eating utensils or cups with people who are sick.

(Centers for Disease Control and Prevention, 2012)

References:

Centers for Disease Control and Prevention. (2012). Human infection with avian influenza A (H5N1) virus: Advice for travelers. Retrieved from https://wwwnc.cdc.gov/travel/page/human-infection-avian-flu-h5n1-advice-for-travelers-current -situation

World Health Organization. (2016). Avian and other zoonotic influenza. Retrieved from http://www.who.int/mediacentre/ factsheets/avian influenza/en/









TB in Specific Populations

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

Disparities in tuber culosis (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.

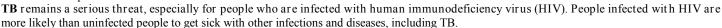
In 2015, TB was reported in 1,995 black, non-Hispanic persons, nearly 21% of all persons reported with TB nationally. Also in 2015, the rate of TB in black, non-Hispanic persons was 5.0 cases per 100,000 population, which is over 8 times higher than the rate of TB in white, non-Hispanic persons (0.6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



• 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/statistics/reports/2015/default.htm and https://www.cdc.gov/tb/statistics/reports/2015/default.htm and https://www.cdc.gov/tb/publications/factsheets/specpop/resources to blacks.htm

Responding to Ongoing Impacts from Zika Virus

Submitted By: Nadia Kovacevich, MPH Epidemiologist

The Centers for Disease Control and Prevention (CDC) has established the US Zika Pregnancy Registry. The data collected will be used to update recommendations for clinical care, to plan for services for

pregnant women and others impacted by Zika virus, and to improve prevention efforts of Zika virus transmission. More information about the registry may be found here: https://www.cdc.gov/zika/reporting/about-registry.html

Zika virus infection is a reportable disease in the State of Florida. Clinical information regarding pregnant women with Zika virus infection should be reported to DOH-Alachua. The Florida Department of Health submits reports to the US Zika Pregnancy Registry for our residents with the appropriately reported clinical information from our valued colleagues.

Clinician Guidance

Clinicians that suspect a patient has a Zika virus infection should:

- 1) Test for dengue, chikungunya, and other viruses due to similar geographic spread of diseases and clinical presentation;
- 2) Contact DOH-Alachua at 352-225-4181 to report the disease upon suspicion. We will be able to provide consultation for current laboratory testing recommendations

Please contact DOH-Alachua to request Zika virus testing for patients without insurance. Clinicians are still required to report suspected Zika fever cases to DOH-Alachua at the time testing is ordered, regardless of which lab performs the testing, to ensure appropriate mosquito control actions are taken.

Additional Healthcare Resources:

http://www.cdc.gov/zika/hc-providers/index.html

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

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

Winter 2016 Page 3

FLORIDA REPORTABLE DISEASES Alachua County 2 year activity

Disease Activity	2016	2015	Disease Activity Con'td.	2016	2015
	Jan-Dec	Jan-Dec		Jan-Dec	Jan-Dec date
AIDS	19	32	Malaria	1	
Anthrax	0	0	Measles	0	o epc
Arsenic Poisoning	0	0	Meningitis, bacterial or mycotic	4	counts include suspect, probable, and confirmed reported to the Department of Health. Counts 00 - 00 00 00 00 00 00 00 00 00 00 00 0
Botulism	0	0	Meningococcal disease	0	I Tolu
Brucellosis	0	0	Mercury poisoning	0	o the
Campylobacteriosis	37	36	Mumps	I	o susp
Carbon Monoxide Poisoning	0	0	Neurotoxic shellfish poisoning	0	ect,
Chikungunya fever	0	2	Pertussis	I	18 tme
Chlamydia	2214	2182	Pesticide-related Illness and injury, acute	0	o o
Ciguatera	0	0	Plague	0	of F
Creutzfeldt-Jakob Disease (CJD)	0	0	Psittacosis (ornithosis)	0	o leal
Cryptosporidiosis	П	19	Q Fever	0	0 [.6]
Cyclosporiasis	0	0	Rabies, animal or human	I	I Cou
Dengue	2	1	Rabies, possible exposure	65	62 Ints
Diphtheria	0	0	Ricin toxin poisoning	0	are O
Ehrlichiosis/anaplasmosis	2	6	Rocky Mountain spotted fever		are provisional are provisional in the second secon
Escherichia coli infection, Shiga toxin-	4	5	and other spotted fever rickettsioses	0	2 Vis. rep
producing	•	J	Rubella	0	orte o o
Giardiasis (acute)	12	24	Salmonellosis Saxitoxin poisoning (paralytic	77	69 al anc
Gonorrhea	582	564		•	es reported in Alachua con provisional and subject to 0.00
Haemophilus influenzae, invasive			shellfish poisoning)	0	Alachua d subject
disease in children <5 years old	1	5*	Severe acute respiratory disease syndrome		ect t
Hansen's Disease (Leprosy)	1	0	associated with coronavirus infection	0	0 to c
Hantavirus infection	0	0	Shigellosis	16	10 hang
Hemolytic uremic syndrome (HUS)	0	0	Smallpox	0	o ge u
Hepatitis A	0	0	Staphylococcal enterotoxin B poisoning	0	o intil
Hepatitis B Acute	2	1	Staphylococcus aureus infection (VISA, VRSA) Streptococcus pneumoniae invasive disease	0	ts (r
Hepatitis B Chronic	43	71	in children (drug resistant) <6 years old	0	2* F
Hepatitis B surface antigen in pregnant			Streptococcus pneumonia invasive disease in children (susceptible) <6 years old	0	county residents (regardless of to change until their respective 0 10 0 0 0 2* 4* 77
women or children <2 years old	7	9	Syphilis	111	77 × 9
Hepatitis C Acute	1	2	Syphilis in pregnant women & neonates	0	o da 🐪
Hepatitis C Chronic	371	264	Tetanus	0	tabase closes
Herpes B Virus, Possible Exposure	0	1	Trichinellosis (trichinosis)	0	o se c
Herpes simplex virus (HSV) in infants HIV	0	0	Tuberculosis (TB)	4	6 ctio
Influenza A, novel or pandemic strains	48 0	62 0	Typhoid fever (Salmonella serotype Typhi)	0	l s. y
·		2	Typhus fever, epidemic	0	0 . was a
Lead Poisoning	2 2	3	Vaccinia disease	0	acquired) by 0 0 - 0
Legionellosis	<u> </u>	U	Varicella (chickenpox)	7	10 lire
Listeriosis	I 4	1	Vibrio cholerae type 01	0	I 🐣
Lyme Disease	0	1	Vibrio vulnificus	I	0
Lymphogranuloma Venereum (LGV)	0	U	West Nile virus disease	0	I

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

A Pill a Day Keeps HIV Away

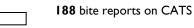
Submited By: Gay Koehler-Sides, MPH, CPH

We have a PrEP Clinic! Pre-exposure prophylaxis (PrEP) is a way to prevent high-risk HIV-negative individuals from becoming infected if exposed to HIV. Eligible clients take Truvada once a day, every day to prevent HIV infection. When taken as prescribed, PrEP has been shown to reduce the risk of HIV infection by up to 92%. PrEP is another tool in our toolbox to prevent HIV transmission; clients must still use condoms and other safe sex practices. The PrEP clinic at the Florida Department of Health in Alachua County is offered one day per week. Clients can call 352-334-7969 to find out if they are eligible for PrEP and to learn more information.

2016 Summary of Bite Reports/Tested in Alachua County

707 Total Bite Reports





Tested 28 with no positive results

441 bite reports on DOGS Tested 28 with no positive results



A total of 127 animals were tested

5 tested positive (4 bats, I raccoon)

Bat

Bat -20 (tested 17 - 4 positive)

Coyote - I (tested)

Deer – 4 (tested)

Donkey - I (tested)

Fox - 2

Goat – I (tested)

Guinea Pig - I

Horse - II (tested 9)

Mouse - I





Guinea Pig

Opossum - I

Panther - 26 (tested 26)

Raccoon - 20 (tested 16 - I positive)

Rat - 2

Skunk - I

Squirrel - 2

Sugar Glider - I (tested)

Tiger - I (tested)



Skunk Raccoon



Sugar Glider

06



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