

EPI INVESTIGATOR

The Alachua County Health Department

SUMMER QUARTER 2006



“Improving Public Health in Our Community Through Cooperation”

Alachua County Health Department
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Using Stats for Different Perspectives on the Impact of Regional HIV/ AIDS Cases

Richard Trachsel, AIDS Surveillance Program

Statistics allow for the same data to be looked at in different ways. We are all familiar with typical disease statistics that just enumerate the total number of cases or incidences. For example, in the following chart the number of newly reported cases of HIV and AIDS in Districts 3 and 13 for the last 6 years (2000-2005) are enumerated. It is pretty easy to see which counties have had the most cases.

However, this is only one side of the picture. A different perspective can be seen when the same numbers are applied to a population ratio.

The most common method is to develop a ratio based on equalizing the population to 100,000 for each county, then to look at what the number of cases would be if that were its total population. The following chart includes the counties actual population estimates, and then adjusts the total cases as listed to what it would be if the populations were equal at 100,000.

The counties with apparently small number of cases now have a much higher rank, because they have relatively fewer residents. Looking at the numbers this way allows you to realize that the impact of what appears to be a small number has a very significant impact in a less populated area, i.e. if your neighborhood has 20 people and 2 people are infected, this affects your community more than if your neighborhood had 200 people and 2 were infected.

HIV STATS Continued on Page 2

The Advisory Committee on the Immunization Practices (ACIP) Presents New Recommendations for the Management of Perinatal Hepatitis B Transmission

Laura Duke, ARNP

In January the ACIP revised their recommendations regarding the administration of hepatitis B vaccine to newborns. The ACIP now recommends that all newborns, with rare exceptions, should receive the hepatitis B vaccine within 12 hours of birth.

Recommendations for the management of pregnant women include the following:

- All pregnant women should be tested for hepatitis B surface antigen during each pregnancy (HBsAg).
- A copy of the lab report should be transferred to the patient's medical record at the delivery hospital.
- HBsAg lab results should be reviewed upon admission of the women to labor and delivery.
- HBsAg testing should be done as soon as possible on women with unknown HBsAg status.

Perinatal Hep B Continued on Page 2



Perinatal Hep B from Page 1

- Inform all women of the importance of the newborn hepatitis B vaccination.
- Vaccinate all women who are at risk for acquiring the hepatitis B virus with hepatitis B vaccine.
- Health departments should provide case management services to ensure that all pregnant women are tested for HBsAg during each pregnancy.

Recommendations for the management of pregnant women with chronic HBV infections include the following:

- HBsAg-positive women should be informed of HBV transmission risks and ways to prevent HBV infection.
- The importance of post exposure prophylaxis for newborn infants and hepatitis B vaccination of all household, sexual and needle sharing contacts should be stressed.
- HBsAg-positive women should be referred for medical management of their chronic HBV infection.

Recommendations for the management of newborns include the following:

- Standing orders to ensure that all infants, except in rare circumstances, receive a hepatitis B vaccine prior to discharge from the delivery facility.
- Implementation of procedures to ensure all infants born to hepatitis B positive mothers and infants born to women of unknown hepatitis B status are identified and receive appropriate prophylaxis.
- Administration of hepatitis B vaccine and hepatitis B immune globulin within 12 hours of birth to infants born to HBsAg-positive mothers.
- Infants born to women of unknown hepatitis B status should be given a hepatitis B vaccine within 12 hours of birth.
- The mother’s HBsAg status and the administration of the hepatitis B vaccine and, possibly, HBIG to the infant should be documented in the newborn’s medical chart.

Health departments need to provide case management services to ensure that all women are screened for HBsAg during each pregnancy and that those infants born to HBsAg-positive women and women of unknown HBsAg status are given appropriate prophylaxis and follow-up.

These new recommendations by the ACIP should lead to an elimination of perinatal HBV transmission in the United States. This will require a coordinated effort by hospitals, prenatal care providers and health department case managers.

HIV STATS from Page 1

newly reported cumulative HIV and AIDS cases by year of diagnosis- no DOC										
	2000	2001	2002	2003	2004	2005	total	Co. pop.	Ratio 100,000	Co. rank
Hamilton	5	5	3	4	6	7	30	14,116	213	1
Putnam	26	22	29	22	26	24	149	73,134	204	2
Alachua	79	63	68	77	93	69	449	239,711	187	3
Columbia	15	17	11	20	10	10	83	63,293	131	4
Marion	67	54	66	58	59	94	378	298,390	127	5
Suwannee	7	6	6	10	13	6	48	39,002	123	6
Dixie	2	0	3	3	6	4	18	15,697	115	7
Levy	7	7	5	6	8	11	44	38,611	114	8
Lake	32	54	56	45	47	53	287	258,665	111	9
Bradford	3	7	6	4	5	2	27	27,887	97	10
Sumter	6	15	12	11	10	12	66	68,605	96	11
Union	1	2	1	2	3	2	11	14,893	74	12
Gilchrist	1	0	2	0	2	3	8	16,616	48	13
Citrus	12	6	4	13	10	14	59	131,534	45	14
Lafayette	1	0	0	0	2	0	3	7,731	39	15
Total	264	258	272	275	300	291	1660			

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FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	(Jan — Jun)		Cum 2005	Disease Activity	(Jan — Jun)		Cum 2005
	2006	2005			2006	2005	
AIDS	24	20	38	Malaria	1	0	1
Animal Bites to Humans	9	18	39	Measles	0	0	0
Anthrax	0	0	0	Melioidosis	0	0	0
Botulism	0	0	0	Meningitis (Bacterial & Mycotic)	4	2	3
Brucellosis	0	1	1	Meningococcal (Neisseria Meningitidis)	1	0	1
Campylobacteriosis	10	8	20	Mercury Poisoning	0	0	0
Chancroid	0	0	0	Mumps	0	0	0
Chlamydia trachomatis	577	500	1263	Neurotoxic Shellfish Poisoning	0	0	0
Ciguatera	0	0	0	Pertussis	0	10	25
Creutzfeldt-Jakob Disease (CJD)	0	0	0	Pesticide-Related Illness or Injury	0	0	0
Cryptosporidiosis	1	0	1	Plague	0	0	0
Cyclosporiasis	0	11	13	Poliomyelitis	0	0	0
Dengue	0	0	1	Psittacosis	0	0	0
Diphtheria	0	0	0	Q fever	0	0	0
Ehrlichiosis, human	1	0	1	Rabies Human	0	0	0
Encephalitis				Rabies Animal	9	6	13
Eastern Equine	0	0	0	Ricin Toxin	0	0	0
Non-arboviral	0	0	0	Rocky Mountain Spotted Fever	1	1	1
Other arboviral	0	0	0	Rubella	0	0	0
St. Louis	0	0	0	Salmonellosis	19	28	100
Venezuelan Equine	0	0	0	Saxitoxin poisoning paralytic shellfish poisonings	0	0	0
West Nile	0	0	0	Shigellosis	8	1	11
Western Equine	0	0	0	Smallpox	0	0	0
E.coli 0157:H7	0	0	0	Staphylococcus aureus, Vancomycin non-susceptible	0	0	0
E.coli, Other (known sero)	0	0	0	Staphylococcus enterotoxin B	0	0	0
Epsilon toxin of Clostridium perfringes	0	0	0	Streptococcal Disease group A inva	3	0	0
Giardiasis (acute)	6	6	21	Streptococcal pneumoniae invasive	15	14	27
Glanders	0	0	0	Syphilis	10	9	14
Gonorrhea	259	215	592	Tetanus	0	0	0
Granuloma Inguinale	0	0	0	Toxoplasmosis (acute)	0	0	0
Haemophilus influenzae, inv disease	0	1	2	Trichinosis	0	0	0
Hansen's Disease (Leprosy)	0	0	0	Tuberculosis	3	1	10
Hantavirus infection	0	0	0	Tularemia	0	0	0
Hemolytic Uremic Syndrome	0	0	0	Typhoid Fever	0	0	0
Hepatitis A	3	0	2	Typhus Fever	0	0	0
Hepatitis B	25	43	93	Vaccinia Disease	0	0	0
Hepatitis C	155	248	441	Vibrio Infection	0	0	2
Hepatitis non-A, Non B	0	0	0	V. cholerae Serogroup Type 01 & non-01	0	0	0
Hepatitis, Other (including unspecified)	0	0	0	Viral Hemorrhagic Fever	0	0	0
Hepatitis B surface antigen + in pregnant women or child <24 months	3	3	6	Yellow Fever	0	0	0
Herpes Simplex Virus in <6mo of age	0	0	2				
HIV	16	16	31				
Human Papillomavirus (HPV) <12 yrs	0	0	1				
Lead Poisoning	1	1	1				
Legionellosis	1	0	2				
Leptospirosis	0	0	0				
Listeriosis	0	0	0				
Lyme Disease	0	0	0				
Lymphogranuloma Venereum	0	0	0				

Also reportable:

Any disease outbreak (e.g., in the community, hospital, or other institution; or foodborne or waterborne)
Any grouping or clustering of patients having similar diseases., symptoms or syndromes that may indicate the presence of a disease outbreak



STD Awareness Month

April was National STD Awareness Month and our STD staff attended various events during that period to promote awareness, education, and testing. Along with setting up an information booth, the STD staff also gave presentations and provided STD and HIV screenings. Some of the “hot spots” were UF, Job Corp, the University Club, St. Francis House and the Downtown Health Fair. We also went to the local blueberry fields to reach migrant workers as well as visits to many other organizations and events in and around Gainesville.

During these events we:

- Screened 70 individuals for Syphilis & HIV
- Passed out several hundred STD educational brochures
- Distributed 8,000 condoms

Barbara Forges, MD, MPH and Cuc Tran, Intern

From our screening no HIV positives were reported, however, there was one positive test for syphilis. Seventy individuals were screened for syphilis. A total of four new infectious cases of syphilis were reported in Alachua County from January through April. Based on the Alachua County population, the estimated 2006 syphilis incidence rate is 4.8 per 100,000.



Although we had a good response this year to our efforts, reducing the incident rates of STD's and HIV in our area is a year round battle. If you would like further information, please contact George Gibbs, STD Prevention Program Director at 352-334-7984.

Chlamydia

2005 Jan - Jun = 500

2006 Jan - Jun = 577

JS/06



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Epidemiology Department

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