

Santa Rosa Epi News

It's a New Day in Public Health.

The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community



The Epidemiology Program at the Florida Department of Health in Santa Rosa County works to bring you the latest information on disease incidence for Santa Rosa County as well as important health promotion and prevention information.



**Happy
New
Year!!
2015!**

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**Santa Rosa and Escambia County
Epidemiology
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To remove your name from our mailing list or if you have questions, please e-mail us at mary.beverly@flhealth.gov or call 850-983-5200 x105x105.



Join Medical Reserve Corps

The Medical Reserve Corps is a national organization of volunteers who devote their time to assuring that communities are ready for all kinds of public health disasters. The Santa Rosa MRC unit provides training for volunteers to prepare for disaster. Call Jennifer Kentgen at 850-983-5200 x203 if you would like to join!

Date issued: February 6, 2015

What did Santa Rosa Epi do in 2014?

The Epidemiologist, Mary Beverly and Environmental Health Supervisor, Herman Davies conducted a joint investigation of a bird distribution center with the USDA under the direction of DOH Bureau of Epidemiology. The investigation was based on a report of psittacosis in birds. This disease is transmissible to humans; therefore it was necessary to inspect the safety practices at this facility. Dr. Danielle Stanek provided at DOH provided great guidance in this investigation.



The Santa Rosa Health Department Epidemiology and Environmental Health Teams waded through contaminated floodwater to provide health information to the victims of the April 2014 Flood. Our Midway Clinic has been under renovations due to this flood event and will not reopen for at least a couple more months.



The Epidemiologist, Mary Beverly and Public Health Planner, Michelle Hill provided education and training to hospitals for Ebola Preparedness. Santa Rosa County is better prepared for Ebola because hospitals, clinics, public health, emergency management, EMS and fire departments are all working together! Since October 5, 2014, Epidemiology has been on high alert for a case of Ebola. Continual surveillance is occurring for cases and for individuals returning from Ebola stricken regions in West Africa. Incident Command structure has been set up to respond and we are continually communicating with hospitals, EMS and Emergency Management should a case of Ebola arrive in Santa Rosa County.



Epidemiology routinely gets out into the community and attends outreach events. This photo is from an outreach event at Whiting Field. Public Health education is provided at many venues. We enjoy working closely with our partners and are always ready to be of service.



Let us know what we can do for you! Call anytime!

Arizona monitoring 1,000 people for measles linked to Disneyland



/ Shares / Tweets / Stumble / Email /

More +

PHOENIX -- A measles outbreak in Arizona that originated at California's Disney parks is at risk of increasing dramatically in size as health officials keep tabs on 1,000 people, including nearly 200 children who could have been exposed at a Phoenix-area medical center.

Herd Immunity appears to be decreasing due to vaccination complacency in parts of the US.

Please help us to remind the public and medical community to encourage parents and adults to get fully vaccinated! This is a very serious issue.

Things to know:

- The majority of people who get measles are unvaccinated.
- Measles is common in Europe, Asia, the Pacific and Africa and other countries due to low vaccine rates.
- Adults can also get measles if unvaccinated and suffer severe complications.
- Measles can cause encephalitis and pneumonia leading to death.
- For every 1,000 children who get the measles 2 will die.

Measles Cases and Outbreaks During 2014*

644

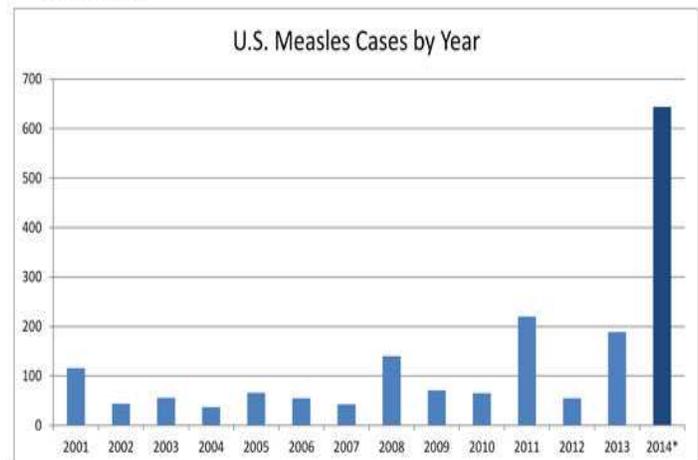
Cases

reported in 27 states: Alabama, California, Colorado, Connecticut, Hawaii, Illinois, Indiana, Kansas, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin

23

Outbreaks

representing 89% of reported cases this year



*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

February 3, 2015

Dear Colleague:

With the ongoing multistate measles outbreak, it is imperative to review what we know about this highly infectious but vaccine-preventable disease since most clinicians have never seen a case. While there have been no confirmed measles cases in Florida residents, we have seen confirmed cases in visitors, some of whom were evaluated by Florida healthcare providers but not tested or diagnosed.

Measles is a highly contagious disease, transmitted by respiratory aerosols when an infected person coughs or sneezes. The virus can live for up to two hours on surfaces or in an airspace where the infected person coughed or sneezed. The incubation period ranges from 7-21 (average 10-12) days and an individual can pass the virus to others before feeling ill. The prodromal signs and symptoms of measles include: fever, malaise, coryza, cough, conjunctivitis, and the pathognomonic enanthema—Koplik spots—on the oral mucosa. Please note: the presence of Koplik spots confirms measles, but the absence of Koplik spots does not rule it out, as it is present in only a small percentage of cases.

An erythematous maculopapular rash typically appears ~3 days after onset of illness and the ill person continues to be infectious for about 4 days after rash appears. The rash initially appears behind the ears and on the forehead, spreading down the neck, upper extremities, trunks, and lower extremities (including palms and soles). Rash may last for 5-7 days before fading. Complications from measles may include: otitis media, bronchopneumonia, laryngotracheobronchitis, diarrhea, acute encephalitis, and death. The attached document and following link provide an overview of what a patient infected with measles looks like, www.cdc.gov/measles/about/photos.html.

Please isolate and report suspect measles cases to the county health department immediately (www.floridahealth.gov/CHDEpiContact and www.floridahealth.gov/DiseaseReporting). For patients presenting with fever, rash and other symptoms, consider measles in your differential and inquire about MMR vaccine status, recent international travel, and exposure to a person with febrile rash illness. Collect serum, nasopharyngeal swab, and clean catch urine sample for IgM or RNA from suspect patients and isolate them until four days after the onset of rash while awaiting laboratory results. Local health department staff will conduct a contact investigation and provide guidance as needed.

Remember, the best way to prevent the spread of measles is to ensure full MMR vaccine coverage in our community. Identify and offer vaccine to patients that have not received the full series (www.cdc.gov/measles). Thank you for your help in keeping our community safe and healthy.

Sincerely,

Anna Marie Likos, MD, MPH
State Epidemiologist and Director,
Division of Disease Control & Health Protection

Florida Department of Health

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Think Measles

Florida Department of Health • Find county contact information at: FloridaHealth.gov

1. IDENTIFY	2. ISOLATE	3. INFORM
<p>Suspect measles in patients with:</p> <ul style="list-style-type: none"> ■ Fever and rash. ■ History of international travel or contact with visitors from locations with known measles outbreaks in the past 3 weeks. ■ No or unknown MMR vaccine status. History of MMR vaccine does not exclude a measles diagnosis.   <p>This is the skin of a patient after 3 days of measles infection. <i>Photo courtesy of the CDC.</i></p>  <p>Head and shoulders of boy with measles; third day of rash. <i>Photo courtesy of the CDC.</i></p> 	<ul style="list-style-type: none"> ■ Implement airborne infection control precautions, mask and isolate patient in a negative pressure room, if available. ■ Permit only staff immune to measles to be near the patient. ■ Collect nasopharyngeal swab, urine, and serum for measles IgG, IgM and PCR. 	<p>Immediately report ALL suspected measles infections to your county health department. Notify other facilities of suspected measles before transport.</p>  <p> < FIND YOUR COUNTY</p>
<p>Vaccination Protects Against Measles A single dose is 93% effective and two doses are 97% effective.</p>		
 <p>Risk Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of international travel, contact with international travelers, or domestic travel to locations with known measles outbreaks. <input type="checkbox"/> No or unknown MMR vaccine status. History of MMR vaccine does not exclude a measles diagnosis. <input type="checkbox"/> Contact with a person that had a febrile rash illness. <p>Prodrome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever, cough, coryza, conjunctivitis <p>Rash Onset</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever spikes, often up to 104°F. <input type="checkbox"/> Red, maculopapular rash that may become confluent—typically starts at hairline, then face and spreads down body. <input type="checkbox"/> The rash may be difficult to see on darker skin. <input type="checkbox"/> Koplik's spots (small, red, irregularly-shaped spots with blue-white centers found on the oral mucosa) may be present in a small number of cases. 		

02/05/15

Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis -the three “C”s -, a pathognomonic enanthema (Koplik spots) followed by a [maculopapular rash](#). The rash usually appears about 14 days after a person is exposed; however, the incubation period ranges from 7 to 21 days. The rash spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash. <http://www.cdc.gov/measles/lab-tools/serology.html>

Measles in Santa Rosa County—2011

On July 14, 2011, the Epidemiology Program at the Florida Department of Health in Santa Rosa County received notice of a “textbook case” of measles in a 17 year old female. A very astute pediatrician in our county identified this child while in the clinic. The child had a fever of 102.1 F, koplic spots, back pain, low blood pressure (90/50), cough and conjunctivitis. The child had just returned from a mission trip to Romania and Budapest where she visited orphanages. The case contracted measles while in Romania when exposed to a sick child in the orphanage. The case traveled back to the US while symptomatic and exposed several individuals on the plane, family members in her home, church members, friends with infants, stores, dentist, and more. The Epidemiology investigation consisted of daily contacts to the family and phone calls to contacts to determine vaccination status. The case had no history of vaccine. As a result of these exposures, 6 infants who were exposed to the case, were given immune globulin by the Health Department. The family of the case also consisted of siblings who were unvaccinated. The children were placed under voluntary quarantine and the parents were contacted daily to determine their status. The case remained at home on isolation until her symptoms resolved. This investigation resulted in several man hours and thorough documentation of case and close contacts. Incidentally, the parents declined to get the siblings of this child vaccinated. Fortunately, no other cases developed.



Flu season started early this year.

Influenza A (H3) is predominant strain.

The flu shot is still protective, so get your shot!

Start antivirals as early as possible!!

Cover coughs and sneezes—they travel up to 17 feet!

The CDC indicates this season's vaccine is offering reduced protection, as such, use of neuraminidase inhibitor antiviral medications, for treatment and prevention of influenza, is more important than ever. **Individuals at high risk of complications from influenza infection with suspected flu should be treated with antivirals as early as possible, even prior to laboratory confirmation.** More information can be found here: <http://www.floridahealth.gov/diseases-and-conditions/influenza/documents/Other/influenza-letter-for-health-care-providers.pdf>.

- The CDC indicates that antiviral medications are underutilized; one study estimates antivirals were only used one out of five times where antivirals use would be recommended.

State Influenza and influenza-like illness (ILI) activity:

- **Flu activity remains high in Florida and is widespread.** Widespread refers to the geographic spread of influenza across Florida.
 - The 2014-15 flu season began early and is in full swing in Florida.
- Although influenza activity has decreased in recent weeks in some surveillance systems, overall activity levels remain high and it is too early to tell if the season has peaked.
- **Seasons like this one, where influenza A (H3) is the predominantly circulating strain, are typically associated with higher morbidity and mortality, particularly in the 65 and older.**
 - More hospitalizations and deaths are typical of H3N2-seasons, which hit young children and older people harder.
- **Visits for ILI to emergency departments (ED) is highest in children <5 and those 65 and older.**
 - 55 (72%) of reported outbreaks of ILI have been in facilities that primarily serve the 65+ years old age group.
- **In recent weeks, the number of pneumonia and influenza (P&I) associated deaths, particularly in those 65 and older have increased, although they are at or above levels seen during previous years at this time.** Increases in hospitalizations and deaths at this point in the season are expected during severe flu years, like this one.
- Five outbreaks of influenza (two or more cases of influenza or ILI in a specific setting) were reported to EpiCom in week 3.
- No pediatric influenza-associated deaths were reported in week 3.

The Florida Department of Health issues the Florida Flu Review each week. Here is the most current report. You can access the full report at <http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.html>. Currently the flu is moderate in Santa Rosa!

Florida

FLU REVIEW

2014 - 2015 season

Week 4: January 25 - 31, 2015

Summary

National influenza activity:

Influenza activity is elevated nationally.

- The Centers for Disease Control and Prevention (CDC) has identified an antigenically drifted influenza A (H3N2) strain circulating nationally and in Florida that is different from the strain of influenza A (H3N2) contained in the current 2014-15 influenza vaccine formulations.
- The CDC indicates this season's vaccine is offering reduced protection, as such, use of neuraminidase inhibitor antiviral medications, for treatment and prevention of influenza, is more important than ever. Individuals at high risk of complications from influenza infection with suspected flu should be treated with antivirals as early as possible, even prior to laboratory confirmation. More information can be found here: <http://www.floridahealth.gov/diseases-and-conditions/influenza/documents/Other/influenza-letter-for-health-care-providers.pdf>.
 - The CDC indicates that antiviral medications are underutilized; one study estimates antivirals were only used one out of five times where antivirals use would be recommended.

State Influenza and influenza-like illness (ILI) activity:

- Flu activity remains widespread. Widespread refers to the geographic spread of influenza across Florida.
 - The 2014-15 flu season began early.
 - Influenza activity has decreased in recent weeks in some surveillance systems, and appears that the season has peaked.
- Seasons like this one, where influenza A (H3) is the predominantly circulating strain, are typically associated with higher morbidity and mortality, particularly in the 65 and older.
- Visits for ILI to emergency departments (ED) is highest in children <5 and those 65 and older.
 - 57 (71%) of reported outbreaks of ILI have been in facilities that primarily serve the 65+ and older age group.
- In recent weeks, the number of pneumonia and influenza (P&I) associated deaths, particularly in those 65 and older have increased, although they are at or above levels seen during previous years at this time. Increases in deaths at this point in the season are expected during severe flu years, like this one.
 - During the flu season, increases in ED visits typically come before increased hospitalizations and deaths. P&I deaths may reach higher levels later this season since mortality trends lag behind other indicators.
- In Florida, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) in recent weeks has been influenza A (H3).
 - In the past week, 11 of 44 (25.0%) specimens submitted for influenza testing at BPHL were PCR positive for seasonal strains of influenza: six were positive for influenza A (H3), three were influenza A not yet subtyped and two were influenza B Victoria lineage.
- Four outbreaks of influenza (two or more cases of influenza or ILI in a specific setting) were reported to EpiCom in week 3.
- No pediatric influenza-associated deaths were reported in week 4.

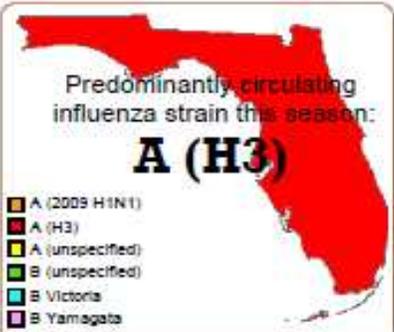
February 4, 2015

Posted on the Bureau of Epidemiology (BOE) website:

<http://www.floridahealth.gov/floridaflu>

Produced by: Bureau of Epidemiology, Florida Department of Health

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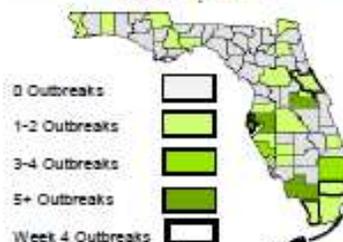


Map 1: County Influenza Activity
Week 4, 2015



Thirteen counties reported moderate influenza activity. For more information, see page 6.

Map 2: Influenza and ILI Outbreaks
Week 4, 2015

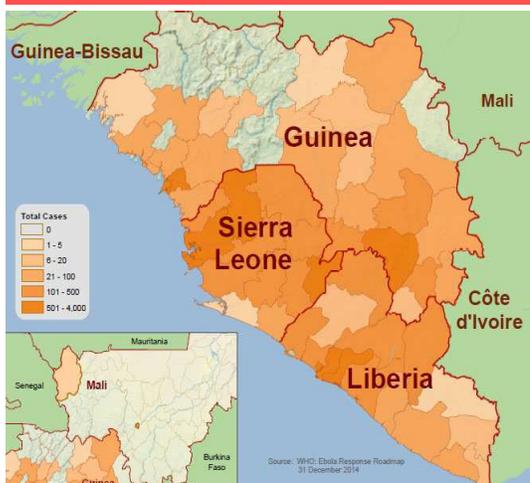


Eighty outbreaks of ILI or influenza have been reported since Week 40, 2014. For more information, see page 10.

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The Epidemiologist, Mary Beverly and Public Health Planner, Michelle Hill have been working with local ERs to be ready for an Ebola case. Santa Rosa County is better prepared for Ebola because we are all working together. Please keep the lines of communication open! Call with any questions. 850-983-5200 x105



Ebola Virus Disease continues to grow in West Africa. There are currently over 22,000 cases of Ebola with nearly 9,000 deaths in West Africa. Those numbers are expected to continue to rise. Go to

<http://www.cdc.gov/vhf/ebola/hcp/index.html>

It is very important to ensure that your ED staff are asking the proper questions to screen Ebola patients. The travel history to West Africa is a good question to start with.

It is hard to tell the difference between the flu and Ebola in the early stages, but travel history is critical!

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

Is it Flu or Ebola?



Flu (influenza)	Ebola
 <p>The flu is a common contagious respiratory illness caused by flu viruses. The flu is different from a cold.</p> <p>Flu can cause mild to severe illness, and complications can lead to death.</p>	 <p>Ebola is a rare and deadly disease caused by infection with an Ebola virus. Sporadic outbreaks have occurred in some African countries since 1976.</p>
How Flu Germs Are Spread	How Ebola Germs are Spread
 <p>The flu is spread mainly by droplets made when people who have flu cough, sneeze, or talk. Viruses can also spread on surfaces, but this is less common.</p> <p>People with flu can spread the virus before and during their illness.</p>	 <p>Ebola can only be spread by direct contact with blood or body fluids from</p> <ul style="list-style-type: none"> A person who is sick or who has died of Ebola. Objects like needles that have been in contact with the blood or body fluids of a person sick with Ebola. <p>Ebola cannot spread in the air or by water or food.</p>
Who Gets The Flu?	Who Gets Ebola?
 <p>Anyone can get the flu.</p> <p>Some people—like very young children, older adults, and people with some health conditions—are at high risk of serious complications.</p>	 <p>People most at risk of getting Ebola are</p> <ul style="list-style-type: none"> People with a travel history to countries with widespread transmission or exposure to a person with Ebola. Healthcare providers taking care of patients with Ebola. Friends and family who have had unprotected direct contact with blood or body fluids of a person sick with Ebola.
Signs and Symptoms of Flu	Signs and Symptoms of Ebola
 <p>The signs and symptoms of flu usually develop within 2 days after exposure. Symptoms come on quickly and all at once.</p> <ul style="list-style-type: none"> Fever or feeling feverish Headache Muscle or body aches Feeling very tired (fatigue) Cough Sore throat Runny or stuffy nose 	 <p>The signs and symptoms of Ebola can appear 2 to 21 days after exposure. The average time is 8 to 10 days. Symptoms of Ebola develop over several days and become progressively more severe.</p> <ul style="list-style-type: none"> People with Ebola cannot spread the virus until symptoms appear. Fever Severe headache Muscle pain Feeling very tired (fatigue) Vomiting and diarrhea develop after 3-6 days Weakness (can be severe) Stomach pain Unexplained bleeding or bruising

For more information about the flu and Ebola, visit www.cdc.gov/flu and www.cdc.gov/ebola.

November 12, 2014
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The Santa Rosa Epidemiology Program issues a monthly reportable disease incident report to Infection Control Practitioners and other providers. Anyone who is interested in this report can simply email Mary Beverly at mary.beverly@flhealth.gov

Santa Rosa County
Reportable Disease Incidence Report
2008-present

DISEASES	YEAR TO DATE													CALENDAR YEAR 2014											
	6 YEAR HISTORY						3 YEAR HISTORY						JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
	2008	2009	2010	2011	2012	2013	*EXPECTED TO DATE	ACTUAL	**EXPECTED TO DATE	ACTUAL															
completed 01/02/2015																									
AIDS †	6	5	4	8	7	3	6	3	6	3	0	1	0	0	1	0	0	0	0	0	1	0			
ANIMAL BITE, PEP RECOMMENDED	13	22	14	36	20	27	21	23	23	23	0	5	1	1	3	2	1	4	1	2	2	1			
ANIMAL RABIES	1	3	0	3	1	2	2	1	1	1	0	0	0	0	1	0	0	0	0	0	0	0			
CAMPYLOBACTER	7	13	10	11	16	33	11	31	12	31	0	4	2	6	2	1	5	4	1	3	2	1			
CARBON MONOXIDE	-	-	0	1	0	0	0	0	0	4	0	0	0	0	0	0	0	0	1	0	0	3			
CHIKUNGUNYA **	-	-	-	-	-	-	0	0		1	0	0	0	0	0	1	0	0	0	0	0	0			
CHLAMYDIA †	306	275	360	358	392	399	338	390	370	390	14	25	31	29	31	39	32	33	41	35	38	42			
CIGUATERA	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
CREUTZFELDT-JAKOB DISEASE	-	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
CRYPTOSPORIDIUM	2	13	1	5	2	2	5	2	3	2	0	0	0	0	0	0	1	0	1	0	0	0			
CYCLOSPORIASIS	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			
E. COLI (O157:H7)	0	1	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0			
E. COLI (NON-O157:H7)	0	1	2	1	6	3	2	3	3	3	0	0	1	0	0	0	0	0	0	2	0	0			
ENCEPHALITIS (other non-arboviral)	-	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
GIARDIA	18	8	12	7	8	8	11	10	9	10	2	0	1	0	1	1	3	1	0	1	0	0			
GONORRHEA †	53	61	36	73	116	84	68	69	75	69	5	1	6	3	4	7	9	4	7	7	9	7			
H. INFLUENZAE	2	4	4	5	1	4	3	3	3	3	1	1	0	1	0	0	0	0	0	0	0	0			
HEPATITIS A	1	0	1	0	3	0	1	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0			
HEPATITIS B acute	7	2	2	1	1	2	3	8	1	8	0	0	1	2	0	1	0	1	0	1	1	1			
HEPATITIS B chronic	17	40	10	24	18	14	22	14	17	14	0	1	0	0	0	1	2	6	0	1	2	1			
HEPATITIS B-PERINATAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
HEP B-preg woman	1	3	3	3	0	1	2	2	2	2	0	0	0	0	0	0	0	1	0	0	1	0			
HEPATITIS C acute	2	1	3	0	1	3	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			
HEPATITIS C chronic	301	278	262	267	330	329	288	261	286	261	25	18	24	22	19	19	20	20	14	23	31	26			
HIV †	9	9	6	8	17	15	10	7	10	7	1	2	0	0	0	1	0	0	1	1	1	1			
INFLUENZA A, NOVEL OR PANDEMIC *	-	32	2	0	0	0	9	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			
LEAD LEVEL >10	3	1	8	6	2	1	4	3	5	3	0	0	0	0	0	0	0	0	3	0	0	0			
LEGIONELLOSIS	1	2	2	0	0	0	1	3	1	3	0	0	1	0	0	0	0	1	0	0	1	0			
LISTERIOSIS	-	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
LYME DISEASE	0	2	2	1	0	2	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0			
MALARIA	1	0	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0			
MEASLES	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
MENINGOCOCCAL (Neisseria)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
MENINGITIS (bacterial, crypto, mycotic)	2	4	2	2	2	0	2	1	2	1	1	0	0	0	0	0	0	0	0	0	0	0			
MUMPS	0	1	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0			
PERTUSSIS (confirmed)	4	64	28	0	2	5	20	6	10	6	0	0	2	0	0	2	1	0	0	0	0	1			
PERTUSSIS (probable)	1	16	3	0	1	0	4	7	1	7	0	0	0	0	0	4	3	0	0	0	0	0			
PESTICIDE RELATED INJURY	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
ROCKY MTN SPOT FEVER	3	0	1	0	0	1	1	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0			
SALMONELLA	47	55	70	64	70	70	61	59	68	59	8	1	1	4	3	4	7	13	7	7	2	4			
SHIGELLA	3	4	1	2	102	4	22	0	35	0	0	0	0	0	0	0	0	0	0	0	0	0			
S. AUREUS COMM-ASSOC MORTALITY	-	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
STREP. GROUP A, INV	2	6	1	1	1	4	2	2	1	2	0	1	1	0	0	0	0	0	0	0	0	0			
STREP PNEU, INV.	20	11	17	21	14	13	17	17	17	17	4	5	5	2	0	1	0	0	0	0	0	0			
INFECTIOUS SYPHILIS †	5	6	6	1	19	16	7	13	9	13	2	0	2	3	0	1	0	1	2	1	1	0			
TETANUS	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
TUBERCULOSIS †	2	3	1	1	2	4	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			
VARICELLA ●	12	14	29	13	12	11	16	3	18	3	0	0	0	0	2	0	0	0	0	0	0	1			
VIBRIO (vulnificus)	1	0	2	1	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	1	0	0			
VIBRIO (other)	4	1	3	6	5	1	4	2	5	2	0	1	0	0	0	0	0	0	1	0	0	0			
WEST NILE	0	0	0	0	5	0	1	1	2	1	0	0	0	0	0	0	0	1	0	0	0	0			
TOTAL	857	965	911	935	1176	1065	971	956	1007	956	61	66	79	75	68	85	86	90	79	85	93	89			

Grey shading indicates value less than -2 StdDev Red shading indicates value greater than +2 StdDev ● Newly reportable in 2007 * Newly reportable 2009 ** Newly reportable 2013

) Data from year disease was not reportable

+ Information is provisional and reflects data reported by the FDOH Bureau of STD Control and Prevention and HIV/AIDS Surveillance

All other data is from the FDOH Bureau of Epidemiology Merlin database (date entered range)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

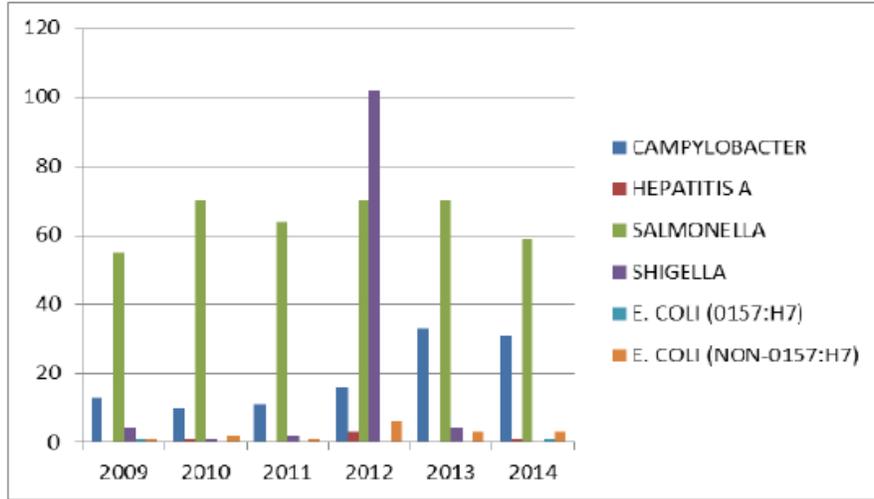


Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

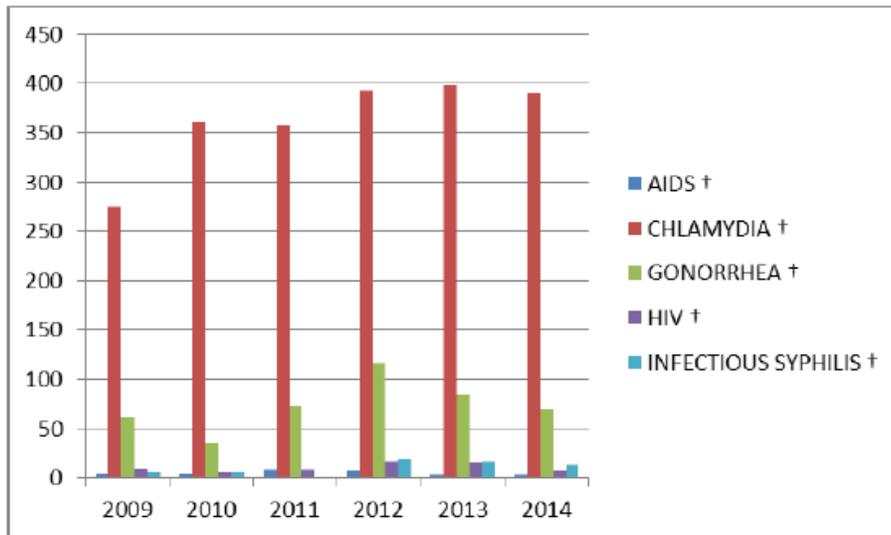
Vision: To be the Healthiest State in the Nation

**Florida Department of Health in Santa Rosa County
Epidemiology-Trending Report
Mary Beverly, Epidemiologist 2/6/15**



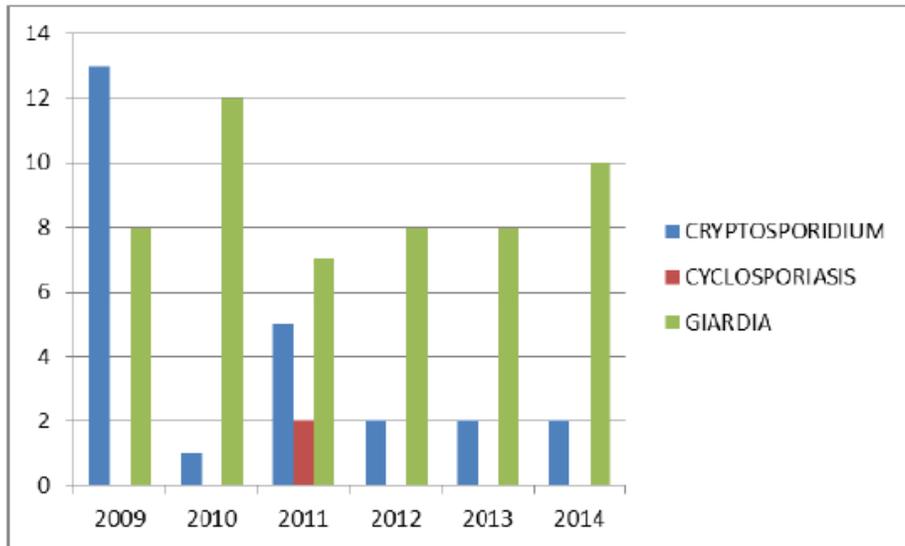
Enteric Bacterial and viral disease:

Campylobacteriosis and Salmonella continue to have high incidence. Due to the high number of possibly sources (fomites, food, animals, person to person, it is hard to determine a prevention strategy, but thorough handwashing is always communicated to the public.

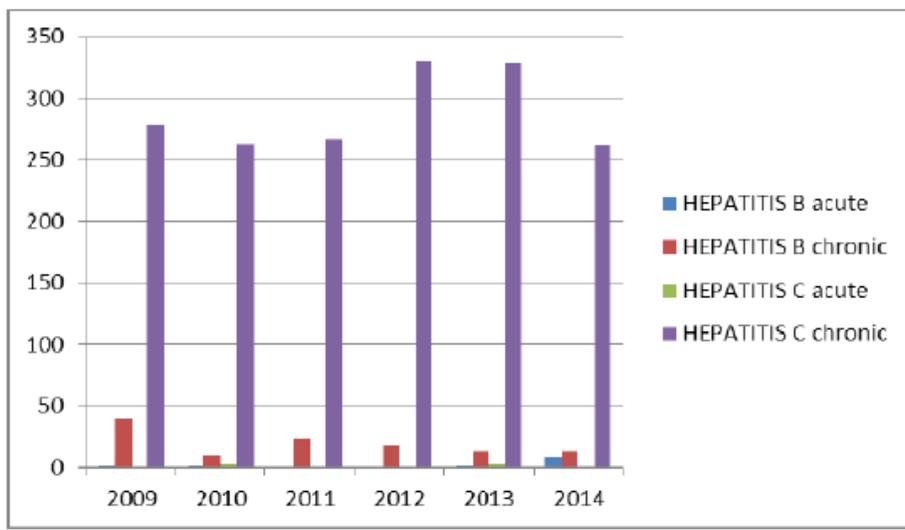


Sexually Transmitted Diseases:

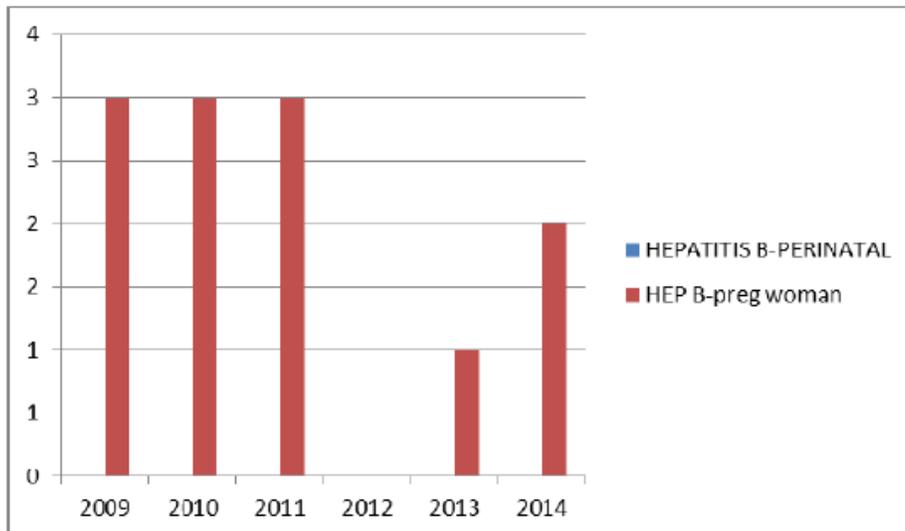
Chlamydia cases continue to be high in Santa Rosa County. Syphilis has made a comeback.



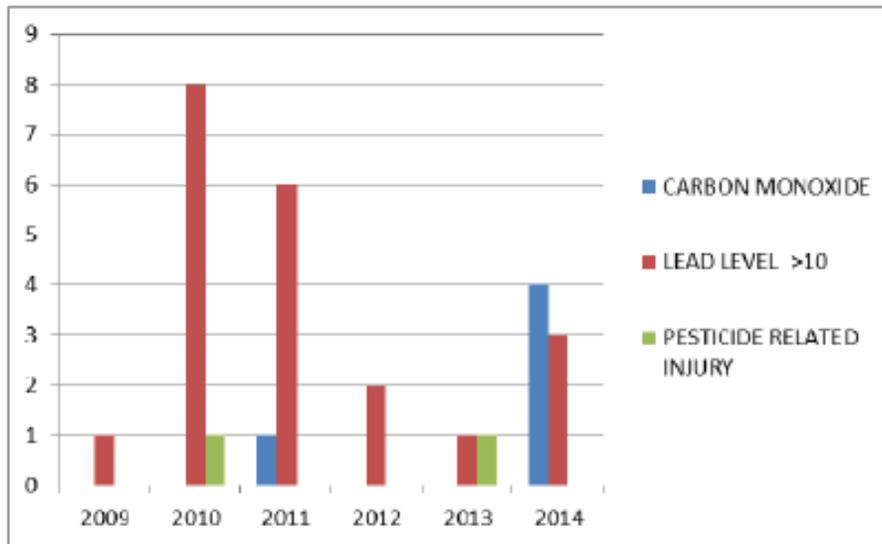
Parasites:
Parasites such as Giardia appear to be on the increase, although the numbers are significantly lower than the enteric bacterial diseases such as campylobacteriosis and salmonellosis.



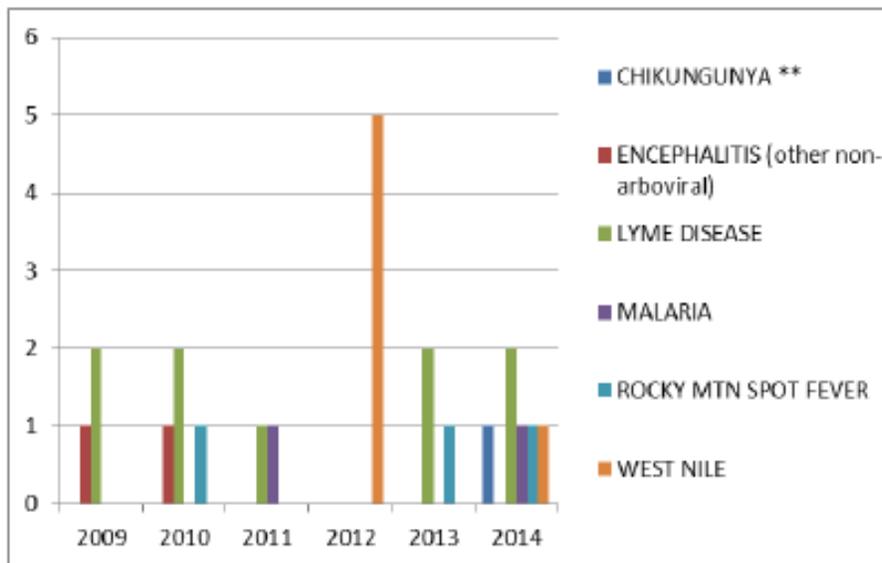
Hepatitis B and C:
Hepatitis C, chronic infections are the most prevalent. Most tests show a positive antibody for Hepatitis C and further follow up and confirmatory testing with a physician is necessary to assure a proper diagnosis.



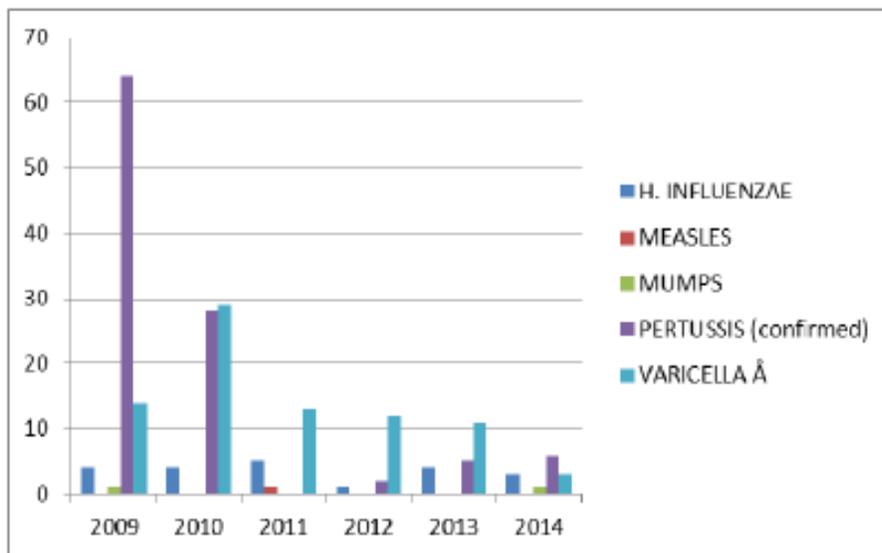
Hepatitis B in Pregnant Women:
There were no perinatal cases of Hepatitis B reported. Hepatitis B in pregnant women is on decline. We continue to educate women of childbearing age how to avoid Hepatitis B. We also assure that infants of Hep B moms are vaccinated for Hep B and serological tests for infant show a negative result for Hep B.



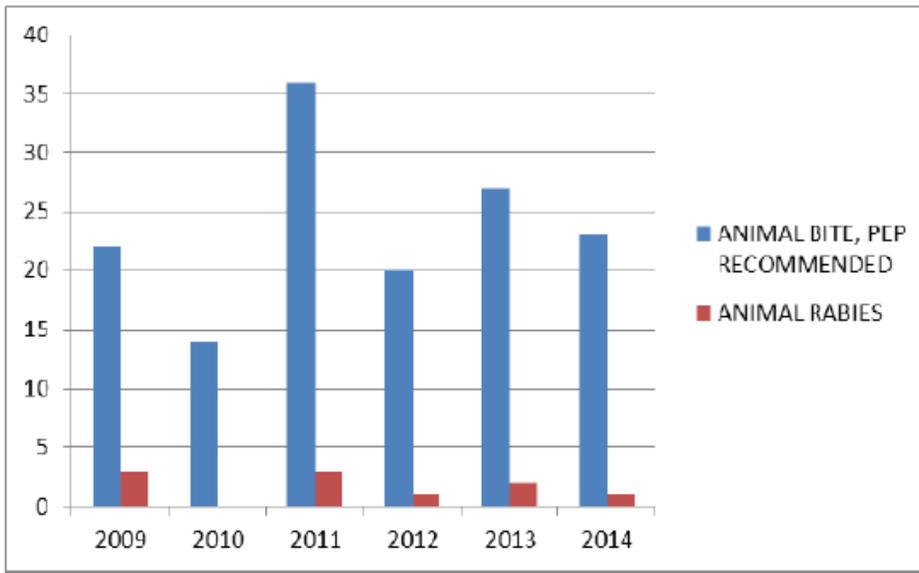
Environmental Toxins:
The carbon monoxide and lead poisonings in 2014 are due primarily to occupational exposures. This is an opportunity to educate the public on the dangers of lead and CO exposure.



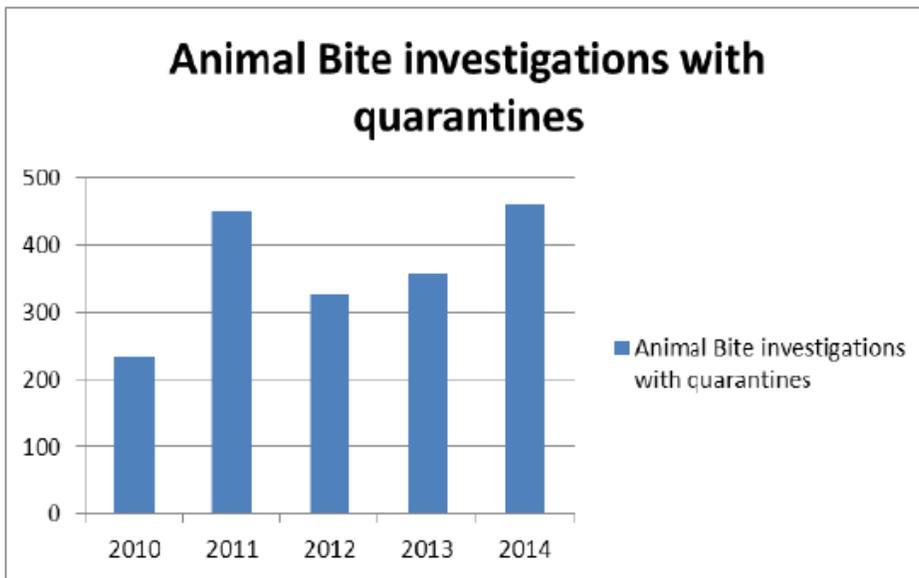
Arboviral Diseases:
Arboviral (arthropod diseases) are at very low levels. Press releases are issued to the public annually to educate on the dangers of mosquitoes and ticks.



Vaccine Preventable Diseases:
Vaccine preventable diseases are currently low. Continued education to parents on the need for childhood vaccines will allow us to keep these numbers low. Adults need to also make sure that they are current with boosters for Tdap and MMR.



Animal Bites and Rabies Vaccine:
Animal bites have been on the increase the last couple of years. So far in January of 2015 alone, we have recommended Rabies PEP for 6 individuals!



Animal Quarantines:
Animal Bite investigations that involve quarantine of dogs and cats are entered into the Environmental Health database. The large number of these investigations reflects the need for more education on animal bite prevention.

The Epidemiology Program at the Florida Department of Health in Santa Rosa County investigates all reports of diseases and conditions for Santa Rosa County. A list of over 80 diseases are reportable to the FDOH and these reports are made from physicians offices, hospitals, laboratories and private citizens. All investigations are confidential per FS 381.0031. DOH-Santa Rosa also investigates outbreaks and conditions of public health importance that are not considered reportable. These are also reflected in the chart below.

Epidemiology Section Disease Investigations	2009	2010	2011	2012	2013	2014
Reportable Diseases	965	911	935	1176	1065	956
Non-Reportable Diseases	200	150	201	257	233	140
Total Investigations worked	1165	1061	1136	1433	1298	1096

If you have any questions on this data, please contact Mary Beverly, MPH--Public Health Services Manager at 850-983-5200 x105