Under the Scope

Florida Department of Health in Indian River County

Spring 2013

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Why bother reporting cases & outbreaks to the Health Department?

Thanks to all of you that report diseases and conditions to us each day! You may wonder why we ask for this information, and how it makes a difference to the public's health…

What does the Health Department do with this information?
The primary task of public health surveillance systems is to quickly detect diseases of public health significance so interventions can be undertaken to reduce morbidity and mortality. Our goal is to prevent disease spread and outbreaks. Cases must be identified and contacted early so disease control measures can be implemented quickly. Cases are interviewed to identify risk factors for disease, allowing for effective targeting of appropriate public health interventions.

Department of Health in Indian River County is part of the national reportable disease surveillance system, where epidemiologic trends are monitored state wide by Department of Health and nationwide by the Centers for Disease Control and Prevention (CDC). These data guide public health policy development and research. Locally, we use these data to implement disease control measures (e.g., administering post exposure prophylaxis; exclusion of ill workers from sensitive workplace situations; and providing education on disease prevention), and to detect and respond to outbreaks.

Isn't reporting to Public Health a violation of HIPAA? No, protected health information (PHI) can be disclosed to public health authorities and their authorized agents for public health purposes including but not limited to public health surveillance, investigations, and interventions.

Health Insurance Portability and Accountability Act of 1996 ("HIPAA") §1178(b):
Public Health – Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention.

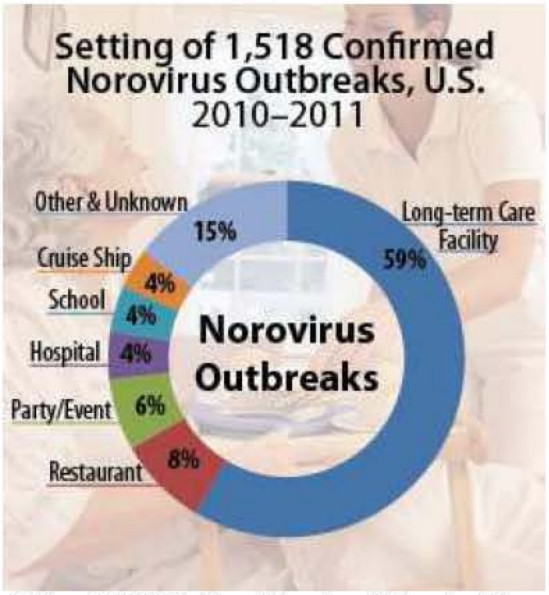
It's not just a good idea…in fact, it is required by law (F.S. 381.0031, F.A.C. 64D-3) that healthcare providers, veterinarians, licensed medical facilities and laboratories report certain diseases, conditions, diagnoses and suspected outbreaks to the Department of Health. Even animal control and wildlife officers, and animal laboratories, are required to report.

Reporting guidelines and resources for health professionals, including a list of reportable diseases and conditions, can be found on the Department of Health website at: http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

Florida's transient population creates a challenge for Department of Health as we identify and investigate reportable diseases and conditions. You are our eyes and ears in the community, and an integral part of the public health surveillance system. Without you, the system wouldn't work! Thank you again for you partnership!

A new strain of the "stomach flu"

Noroviruses are the leading cause of acute gastroenteritis, including food-borne outbreaks, in the United States. The "stomach flu", as it is often referred, causes acute gastroenteritis, characterized by nausea, vomiting, diarrhea and abdominal cramps 24 to 48 hours after exposure. Myalgias, chills and a low-grade fever may also be seen. Symptoms last 24 to 72 hours. Most people recover uneventfully, but norovirus can cause serious disease in the very young, elderly and those with comorbidities. It is estimated that norovirus causes 21 million cases of acute gastroenteritis each year, and contributes to 70,000 hospitalizations and 800 deaths, mostly among young children and the elderly. Fifty-nine percent of norovirus outbreaks reported in the US are in long-term care facilities (figure). Almost all outbreaks of norovirus are associated with places where people eat food that is prepared or handled by others (including our homes!). Norovirus accounts for 49% of all outbreaks of food-related illness.



Setting of 1,518 Confirmed Norovirus Outbreaks, U.S., 2010-2011: Long-term Care Facility 59%; Restaurants 8%; Party and Event 6%; Hospital 4%; School 4%; Cruise Ship 4%; Other and Unknown 15%.

Noroviruses, in the family *Caliciviridae*, and are divided into 5 genogroups (GI through GV). Genogroups are further divided into at least 34 genotypes. Human disease is caused by genogroup I and II noroviruses, and most outbreaks by genogroup II, genotype 4 (GII.4) strains. Since scientists have been able to track norovirus, they have noted emergence of new GII.4 strains every 2 to 3 years, which may account for the cyclic nature of the disease. In November 2012, the Centers for Disease Control and Prevention (CDC) announced a new strain of norovirus – GII.4 Sydney, first identified in Australia, which appears to have replaced the previously predominant strain, GII.4 New Orleans.

It remains to be seen if the new GII.4 Sydney strain caused a more active or more severe 2012-13 winter norovirus season. But prevention remains the same for all strains: proper hand hygiene, segregation of sick people, and proper environmental disinfection are key! More information about norovirus and how to prevent it can be found on the CDC website at http://www.cdc.gov/norovirus/.

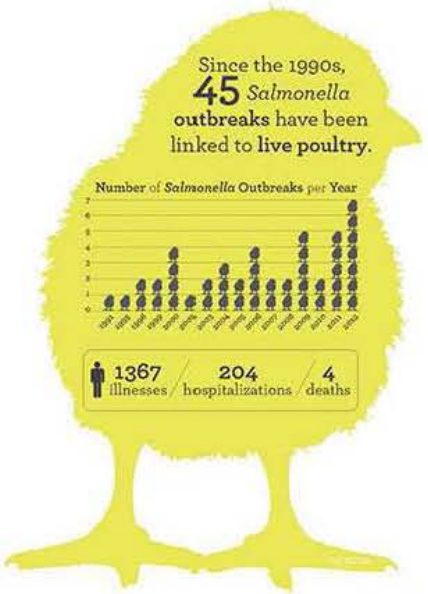
[1]Centers for Disease Control and Prevention. Norovirus, Trends and Outbreaks. http://www.cdc.gov/norovirus/trends-outbreaks.html accessed 20 Feb 2013.
[2]Centers for Disease Control and Prevention. Notes from the Field: Emergence of New Norovirus Strain GII.4 Sydney – United States, 2012.

How could something so cute be so deadly?

Spring is here and many local feed stores are selling baby chicks, ducklings and goslings. They are so cute, but pose a health risk, as many are colonized with *Salmonella*. As noted in the figure, 45 outbreaks of Salmonellosis associated with live poultry have been documented in the US since the early 1990's. This is most certainly just the tip of the iceberg, as only a fraction of human illnesses due to *Salmonella* infections are ever reported. Below are actions that can be taken to prevent infection from live poultry (for Salmonella, as well as other pathogens!).

- Always **wash hands** after touching live poultry, or anything in which they are in contact;
- Children younger than 5 years old, the elderly, and immunocompromised people should not handle live poultry; and
- Live poultry should be housed outdoors, not inside the house or where food and drinks are prepared, stored or served.

See http://www.cdc.gov/features/salmonellababybirds/ for more information.



Selected Reportable Diseases/Conditions, Jan 1, 2012 - Dec 31, 2012 with 3-year Comparison
Indian River County

Cases (rate per 100,000 population)	Florida	Indian River County		
Enteric Diseases	CY 2012	CY 2012	CY 2011	CY 2010
Campylobacteriosis	2,618 (13.7)	**36 (25.6)**	23 (16.6)	15 (10.9)
Cryptosporidiosis	462 (2.4)	4 (2.8)	11 (7.9)	9 (6.5)
Cyclosporiasis	25 (0.1)	0	0	1 (0.7)
Escherichia coli, Shiga toxin producing	441 (2.3)	1 (0.7)	2 (1.4)	1 (0.7)
Giardiasis	1,096 (5.7)	**16 (11.4)**	10 (7.2)	11 (8.0)
Salmonellosis	6,697 (35.0)	**71 (50.5)**	46 (33.1)	53 (3.4)
Shigellosis	1,765 (9.2)	**88 (63.5)**	4 (2.9)	1 (0.7)
Vibrio alginolyticus	57 (0.3)	1 (0.7)	0	0
Vibrio parahaemolyticus	42 (0.2)	1 (0.7)	1 (0.7)	1 (0.7)
Vibrio vulnificus	26 (0.1)	0	1 (0.7)	1 (0.7)
Vector Borne, Zoonoses				
Lyme Disease	125 (0.7)	1 (0.7)	0	0
Malaria	58 (0.3)	0	1 (0.7)	0
Rabies, Animal	104 (0.5)	0	2 (1.4)	5 (3.6)
Rabies, Possible Human Exposure	2,380 (12.4)	11 (7.8)	21 (15.1)	25 (18.1)
CNS & Invasive Diseases				
Haemophilus influenzae (invasive disease)	234 (1.2)	0	3 (2.2)	0
Meningitis, bacterial, cryptococcal, mycotic	194 (1.0)	1 (0.7)	0	0
Streptococcus pneumoniae, invasive disease, drug resistant	467 (2.4)	1 (0.7)	1 (0.7)	8 (5.8)
Streptococcus pneumoniae, invasive disease, susceptible	557 (2.9)	1 (0.7)	3 (2.2)	4 (2.9)
Streptococcal disease, invasive, Group A	250 (1.3)	2 (1.4)	3 (2.2)	2 (1.5)
Vaccine Preventable				
Mumps	7 (0.04)	0	1 (0.7)	0
Pertussis	571 (3.0)	0	1 (0.7)	0
Varicella	814 (4.3)	7 (5.0)	10 (7.2)	9 (6.5)
Viral Hepatitis				
Hepatitis A	112 (0.6)	0	2 (1.4)	2 (1.5)
Hepatitis B (+HBsAg in pregnant women)	393 (2.1)	3 (2.1)	2 (1.4)	5 (3.6)
Hepatitis B, Acute	312 (1.6)	2 (1.4)	0	4 (2.9)
Hepatitis B, Chronic	4,076 (21.3)	17 (12.1)	22 (15.8)	6 (4.3)
Hepatitis C, Acute	178 (0.9)	2 (1.4)	0	0
Hepatitis C, Chronic	22,884 (119.6)	166 (118.0)	149 (107.3)	130 (94.1)
Hepatitis D	1 (0.01)	1 (0.7)	0	0
HIV / AIDS*				
HIV	5,388 (28.2)	17 (13.9)	23 (16.6)	23 (16.2)
AIDS	2,775 (14.5)	11 (9.0)	11 (7.9)	11 (7.7)
STDs*				
Chlamydia	78,179 (408.7)	476 (338.2)	414 (298.0)	422 (297.0)
Gonorrhea	19,618 (102.6)	119 (84.6)	137 (98.6)	73 (51.4)
Infectious Syphilis	1,360 (7.1)	3 (2.1)	4 (2.9)	4 (2.8)
Others				
Carbon Monoxide poisoning	94 (0.5)	1 (0.7)	0	1 (0.7)
Influenza A, novel or pandemic strain	0	0	0	4 (2.9)
Lead poisoning	837 (4.4)	3 (2.1)	2 (1.4)	2 (1.5)
Legionellosis	220 (1.2)	3 (2.1)	2 (1.4)	1 (0.7)
Mercury poisoning	21 (0.1)	1 (0.7)	0	0
Pesticide-related illness or injury	73 (0.4)	2 (1.4)	1 (0.7)	2 (1.5)
Tuberculosis*	679 (3.5)	4 (2.8)	3 (2.2)	3 (2.1)

*2013 data are provisional and subject to change; YTD as of 12/31/2012

Don't flush unwanted medications!

MEDICATIONS SHOULD NEVER BE FLUSHED DOWN THE TOILET OR DRAIN!

Not only does proper disposal of medications, both prescription and over-the-counter, prevent accidental overdose and abuse, it protects our water supply and environment from contamination. Sewage treatment plants and septic systems do not remove medications from water.

Medical facilities, clinics and doctor's offices have specific requirements for management of pharmaceutical waste, and are regulated by several agencies. The Florida Department of Environmental Protection website has detailed guidance for these facilities: http://www.dep.state.fl.us/waste/pharm/

Please counsel your patients and clients about their options for proper disposal of medications:

→ **DISPOSE OF AS SOLID WASTE**

- Keep the medicines in the original container;
- Mark out your name and prescription number;
- Pills: add liquid, such as water or soda, to dissolve;
- Liquids: add something inedible like cat litter, dirt or cayenne pepper;
- Close the lid and secure with duct or packing tape;
- Place the bottle(s) inside an opaque (non see-through) container like a coffee can or plastic laundry bottle;
- Tape the container closed; and
- Hide the container in the trash. **Do not put in the recycle bin.**

For more information, call the Solid Waste Disposal District at 772-770-5112

→ **DRUG TAKE-BACK PROGRAM**

The **Indian River County Sheriff's Office** accepts expired or unwanted medications for disposal. Call them at **772-978-6169** during regular business hours (8:00 am to 5:00 pm) to assure a Deputy is available to receive medications. In addition, the Sheriff's office periodically holds a **Drug Take-Back Day**, where residents can take medications to other specified locations.

For more information, call D/S Roberta Barker at 772-770-5028

Additional Resources for Patients and Clients:

Printable directions on proper disposal of medications in English and Spanish are available at the Department of Health, Indian River County website: http://www.myircht.com/ClinicsandServices/Medication_Disposal.html

Florida Department of Environmental Protection unwanted medicine disposal locations throughout the state: http://www.dep.state.fl.us/waste/categories/medications/pages/disposal.htm

Main Location:
1900 27th Street
Vero Beach, FL 32960
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OUR VISION:
Healthiest State in the Nation

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