



Sarasota County



Website:

www.sarasotahealth.org

Administrator

Charles Henry, RS, MPA

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William C. Heymann, MD, FACEP

Acting Environmental Health

Administrator

Virginia Bess, R.S.

Division Director, ECDC

Christine Griffith, BA, RN

Epidemiologist

Michael Drennon, MSPH

Sr. CHN Supervisor, DIS

Virginia McGowan, BS, RN

To report a disease, or disease outbreak, phone, mail or fax* the appropriate office (Please mark confidential)

Mailing Address:

P.O. Box 2658

Sarasota, FL 34230-2658

(941) 861-2873 M-F, 8am-5pm

Fax: (941) 861-2902

After Hours: (941) 861-2900

Epidemiology & Communicable Disease Control (ECDC)

Disease Intervention Services (DIS)

Reportable Diseases,

Marissa DeVita, RN, BSN

TB Program

Betty J. Rowland, RN, MSN

Marquela Zepeda, RN, BSN

HIV/AIDS (*Please do not fax)

Mehlhorn, Helmut, B.A.

Sexually Transmitted Disease (STD)

Eva Colon

Animal Control

(to report animal bites)

(941) 316-1081 or 1082

Environmental Health

(941) 861-6133

Fax: (941) 861-6152

Please share this Epi-Gram newsletter with your staff and colleagues or visit: <http://www.sarasotahealth.org/services/epidemiology.htm>

Contact Marissa DeVita with comments or suggestions at (941) 861-2873, by e-mail at marissa_devita@doh.state.fl.us or by mail to the address listed above. If you would like the Epi-Gram or other disease control information e-mailed or faxed to you, please contact us.

EPI-Gram

Sarasota County Health Department
Health and Human Services

December 2011 Issue

Inside this issue:

- New County Epidemiologist
- High Priority Disease Reporting
- Flu Season

Introducing Our Sarasota County Health Department Epidemiologist!

Michael Drennon, MSPH, County Epidemiologist



Michael Drennon, MSPH, is the County Epidemiologist. He received his Masters of Science in Public Health from The University of South Florida in 2006 and his Bachelors Degree from the University of Tennessee in 2001. After obtaining his Master's Degree Michael was hired as the epidemiologist for the Public Health Regional Surveillance Team (PHRST) 3 located in Fayetteville, North Carolina. His responsibilities for PHRST 3 included surveillance for events of public health concern (whether man-made or natural), county level emergency preparedness planning and training, and education of community partners on issues of public health importance. Michael left PHRST 3 when he was accepted to the Florida Epidemic

Intelligence Service (EIS) Fellowship program, and assigned to the Sarasota County Health Department. During this time Mike participated in public health surveillance activities and data analysis, led outbreak investigations, conducted multiple community presentations on public health threats, improved local preparedness for infectious disease disasters, and worked closely with community partners to improve the health of the residents and visitors of Sarasota County. Michael works with all divisions of the health department to illustrate the patterns and distribution of conditions of public health importance in Sarasota County. Additionally Mike utilizes geographic information technology to map morbidity, mortality and indicators of health. He provides valuable information to drive public health policies and practice.





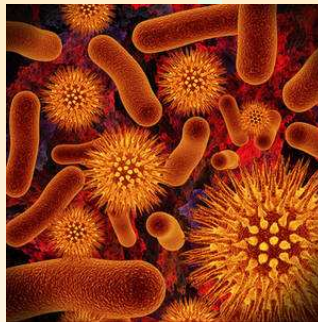
Florida Statute 381.001(2) defines the mission of the state's public health system and the importance of "identifying, assessing and controlling the presence and spread of communicable disease" to this mission. The Florida Administrative Code 64D-3 outlines and defines the "control of communicable disease and conditions which may significantly affect public health".

Sarasota County Health and Human Services (SCHHS) Epidemiology and Communicable Disease Control (ECDC) division routinely investigates and conducts surveillance on more than 100 reportable diseases and conditions of public health significance set form in F.A.C. 64D-3. The objective of these activities is to identify cases and implement control measures in a timely and efficient manner. By responding quickly the goal is to limit the impact on the public's health. There are many methods by which cases are reported which include but are not limited to school and hospital syndromic surveillance, local physician, hospital, laboratory reporting, and the public.

While there are many reportable diseases, all of which are important and require investigation, some pose a more significant threat to the public's health and could represent a deliberate act of terrorism, thus requiring diligent reporting and swift investigation. These conditions are covered in the list of reportable diseases and conditions for the state of Florida and must be reported **immediately by phone upon initial suspicion or laboratory test order**. The conditions include:

Any disease outbreak

Anthrax
Botulism (food-borne, wound, unspecified, other)
Brucellosis
Cholera
Diphtheria
Glanders
Haemophilus influenzae (meningitis and invasive disease)
Novel or pandemic influenza
Measles (Rubeola)
Meliodosis
Meningococcal disease (includes meningitis and meningococemia)
Plague
Poliomyelitis (paralytic and non-paralytic)



Rabies (possible exposure)
Ricin toxicity
Rubella (including congenital)
Severe acute respiratory syndrome-associated Coronavirus (SARS-CoV)
Smallpox
Tularemia
Typhus fever (disease due to Rickettsia prowazekii infection)
Vaccinia disease
Venezuelan equine encephalitis virus (neuroinvasive and non-neuroinvasive)
Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
Yellow fever
Any other case, cluster, or outbreak of disease not listed that is of public health significance



“Flu Season is Here and It Can End with U”

Dianne M. Shipley, MPH and Joan Surso RN, MHA



Flu Season is here and so is National Influenza Vaccination Week, from 12/4-12/11. From the Holidays and through February is the typical peak for flu season in our community.

There is a push at this time of year to reach people of all ages with the message that “Flu Ends with U” and getting vaccinated not only offers protection from the flu but it can also prevent spreading it to family and friends as well.

It is time to remember a few basic tips to help protect U:

- Encourage everyone to get annual flu vaccine, it is recommended for children and adults 6 months of age and older
- Wash hands frequently with soap and water
- Keep hands away from your face
- Keep distance between someone who is sick, wear a face mask if needed
- Encourage people to stay home when sick with cough, sneezing, sore throat, fever, body aches and pains
- Cover coughs and sneezes with a tissue or the inside of an elbow not a bare hand



If the flu is contracted, remember that drinking plenty of fluids, getting lots of rest, taking medication to reduce fever/body aches, and wearing layers of clothing to accommodate body temperature changes is advised



Antiviral medications like Tamiflu or Zanamivir if prescribed within recommended timeframes can mitigate symptoms

For more information visit the CDC website www.cdc.gov/flu



Sarasota County Health and Human Services would like to email this newsletter thereby eliminating the need for paper faxing. If you are interested and have an email address, please send it to:
marissa_devita@doh.state.fl.us
Thank you for your cooperation!

Reportable Diseases/Conditions in Florida

Practitioner* List 11/24/08

Did you know that you are required by Florida statute** to report certain diseases to your local county health department?

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, Florida Administrative Code (FAC).

- ! = Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ = Report immediately 24/7 by phone
- = Report next business day
- + = Other reporting timeframe

<p>! Any disease outbreak</p> <p>! Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.</p> <p>Acquired Immune Deficiency Syndrome (AIDS)+</p> <p>Amebic encephalitis*</p> <p>Anaplasmosis*</p> <p>! Anthrax</p> <p>Arsenic poisoning*</p> <p>! Botulism (foodborne, wound, unspecified, other)</p> <p>Botulism (infant)*</p> <p>! Brucellosis</p> <p>California serogroup virus (neuroinvasive and non-neuroinvasive disease)*</p> <p>Campylobacteriosis*</p> <p>Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)+</p> <p>Carbon monoxide poisoning*</p> <p>Chancroid*</p> <p>Chlamydia*</p> <p>! Cholera</p> <p>Ciguatera fish poisoning (Ciguatera)*</p> <p>Congenital anomalies*</p> <p>Conjunctivitis (in neonates ≤ 14 days old)*</p> <p>Creutzfeldt-Jakob disease (CJD)*</p> <p>Cryptosporidiosis*</p> <p>Cyclosporiasis*</p> <p>Dengue*</p> <p>! Diphtheria</p> <p>Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)*</p> <p>Ehrlichiosis*</p> <p>Encephalitis, other (non-arboviral)*</p> <p>☎ Enteric disease due to: <i>Escherichia coli</i>, O157:H7 <i>Escherichia coli</i>, other pathogenic <i>E. coli</i> including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains</p> <p>Giardiasis*</p> <p>! Glanders</p> <p>Gonorrhea*</p>	<p>Granuloma inguinale*</p> <p>! <i>Haemophilus influenzae</i> (meningitis and invasive disease)</p> <p>Hansen's disease (Leprosy)*</p> <p>☎ Hantavirus infection</p> <p>☎ Hemolytic uremic syndrome</p> <p>☎ Hepatitis A</p> <p>Hepatitis B, C, D, E, and G*</p> <p>Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)*</p> <p>Herpes simplex virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 yrs)*</p> <p>Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)+</p> <p>Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs)*</p> <p>! Influenza due to novel or pandemic strains</p> <p>☎ Influenza-associated pediatric mortality (in persons aged < 18 yrs)</p> <p>Lead poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC*</p> <p>Legionellosis*</p> <p>Leptospirosis*</p> <p>☎ Listeriosis</p> <p>Lyme disease*</p> <p>Lymphogranuloma venereum (LGV)*</p> <p>Malaria*</p> <p>! Measles (Rubeola)</p> <p>! Melioidosis</p> <p>Meningitis (bacterial, cryptococcal, mycotic)*</p> <p>! Meningococcal disease (includes meningitis and meningococemia)</p> <p>Mercury poisoning*</p> <p>Mumps*</p> <p>☎ Neurotoxic shellfish poisoning</p> <p>☎ Pertussis</p> <p>Pesticide-related illness and injury*</p> <p>! Plague</p> <p>! Poliomyelitis, paralytic and non-paralytic</p> <p>Psittacosis (Ornithosis)*</p> <p>Q Fever*</p> <p>☎ Rabies (human, animal)</p>	<p>! Rabies (possible exposure)</p> <p>! Ricin toxicity</p> <p>Rocky Mountain spotted fever*</p> <p>! Rubella (including congenital)</p> <p>St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)*</p> <p>Salmonellosis*</p> <p>Saxitoxin poisoning including paralytic shellfish poisoning (PSP)*</p> <p>! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease</p> <p>Shigellosis*</p> <p>! Smallpox</p> <p><i>Staphylococcus aureus</i>, community associated mortality*</p> <p>☎ <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)</p> <p>☎ Staphylococcal enterotoxin B (disease due to)</p> <p>Streptococcal disease (invasive, Group A)*</p> <p><i>Streptococcus pneumoniae</i> (invasive disease)*</p> <p>Syphilis*</p> <p>☎ Syphilis (in pregnant women and neonates)</p> <p>Tetanus*</p> <p>Toxoplasmosis (acute)*</p> <p>Trichinellosis (Trichinosis)*</p> <p>Tuberculosis (TB)*</p> <p>! Tularemia</p> <p>☎ Typhoid fever</p> <p>! Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)</p> <p>Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> infection)*</p> <p>! Vaccinia disease</p> <p>Varicella (Chickenpox)*</p> <p>Varicella mortality*</p> <p>! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</p> <p>Vibriosis (Vibrio infections)*</p> <p>! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)</p> <p>West Nile virus disease (neuroinvasive and non-neuroinvasive)*</p> <p>Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)*</p> <p>! Yellow fever</p>
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You are an invaluable part of Florida's disease surveillance system.

For more information, please call the epidemiology unit at your local county health department or the Bureau of Epidemiology, Florida Department of Health (FDOH): 850-245-4401 or visit http://www.doh.state.fl.us/disease_ctl/epi/topics/surv.htm

**Section 381.0031(1.2), Florida Statutes provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The FDOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance ... and shall furnish a copy of said list to the practitioners ..."

Sarasota County Health Department - Disease Intervention Services

Mon - Fri, 8 am - 5 pm: 941-861-2873; Nights, weekends, holidays: 941-861-2900

Fax reports to: 941-861-2902

** MAIL HIV/AIDS REPORTS (DO NOT FAX)

For a clear printed version of this list please go to:

<http://www.sarasotahealth.org/services/epidemiology-reportable.htm>

