



Epi Watch

A Monthly Epidemiology Newsletter



Division of Disease Control
Volume 4, Issue 6

Published July 15, 2005

**Pinellas County Health
Department**

205 Dr. M.L.King Street North
St. Petersburg, FL 33701
(727) 824-6900
www.PinellasHealth.com

Director

John P. Heilman, MD, MPH
john_heilmanmd@doh.state.fl.us

Assistant Director

Claude M. Dharamraj, MD, MPH
claudedharamraj@doh.state.fl.us

Division of Disease Control

Director

Deborah A. Healey, RN, MPH
debbie_healey@doh.state.fl.us

Epidemiology Program Manager

Julia Gill, PhD, MPH
julia_gill@doh.state.fl.us

**Florida Epidemic Intelligence
Service Fellow**

Maria N. Donnelly, MSPH
maria_donnelly@doh.state.fl.us

HIV/AIDS Program Manager

Lisa Cohen, BS
lisa_cohen@doh.state.fl.us

STD Program Manager

Sherry Lewis, BS
sherry_lewis@doh.state.fl.us

TB Program Manager

Robert Berger, BA
robert_berger@doh.state.fl.us

To report diseases or request
information call:

(Mon-Fri, 8-5, Area code 727):

Epidemiology	824-6932
Hepatitis	824-6932
HIV/AIDS	824-6964
Immunizations	824-6936
STD	824-6911
Tuberculosis	824-6953
Non-business hours	824-6900

Epi Watch is a monthly newsletter produced and distributed by the Pinellas County Health Department Epidemiology Program.

IMMUNIZATIONS – KEEPING YOU ALIVE AND WELL

Cynthia Murphy, RN, BA and Diana G. Jordan, RN, MPH, MS

The Pinellas CHD provides a comprehensive Immunization Program with the goal of preventing acute and chronic vaccine-preventable diseases. Immunizations are offered according to the CDC recommendations for infants, preschoolers, school-aged children, adolescents, and adults. We also provide immunizations for foreign travel and rabies pre- and post-exposure prophylaxis.

Diseases, such as measles, mumps, rubella, diphtheria, and tetanus, have caused tremendous morbidity and mortality in children in the past. Many have been virtually eliminated by successful immunization programs. Other diseases, such as pertussis (whooping cough), meningitis, and hepatitis B, continue to pose serious risks for vulnerable populations.

For pertussis in particular, immunity gained in preschool immunizations wanes by the teen years, resulting in that population being susceptible to pertussis and serving as a source of the illness for infants, who are at highest risk of serious complications. The Association for Professionals in Infection Control and Epidemiology (ACIP) has recently recommended that adolescents 11 and 12 years of age be given Tdap (Tetanus/Diphtheria/acellular Pertussis) in place of the Td (Tetanus/Diphtheria) booster currently given. Any adolescents 13 through 18 who missed the 11 to 12 year dose of Td and adolescents 11 to 18 who have already been immunized with Td are encouraged to receive a dose of Tdap. Two vaccines for pertussis have been licensed recently by the FDA, one for adolescents 10 through 18 years and the other for persons from 11 through 64 years. However, the committee did not as yet make any recommendation for the use of Tdap among adults. The new pertussis vaccines will be available in the near future.

Both adolescents and young adults are at increased risk for meningococcal invasive disease. The ACIP has recommended routine immunization of young adolescents with MCV4 (a new tetravalent meningococcal conjugated vaccine) at the pre-adolescent visit (11-12 years old). Teens entering high school (~ 15 years old), who have not previously received MCV4, and any others, especially those preparing to enter college, are also recommended to have the vaccine. Encourage parents to contact a physician or the health department now to assure required back-to-school immunizations are up to date and shot records obtained to assure school entry and avoid long lines during the first week of school.

Rabies is a virtually 100% fatal disease, acquired through exposure to a rabid animal. Pinellas CHD, with the Pinellas Co. Animal Control, investigates animal bite reports to assure appropriate post-exposure prophylaxis within 10 days after exposure. Quick reporting of animal bites to humans is essential for appropriate follow-up. In 2004, four rabid animals were identified in Pinellas County. Fifty-five persons, who had exposure to animals known or suspected to be rabid, were provided rabies immune globulin and rabies vaccine.

The Foreign Travel Program provides vaccines to protect both the traveler and the home community against various exotic diseases. Recommendations for avoiding exposure, especially to food-borne illnesses, are emphasized.

To learn more about services offered through the Immunization Program, please contact the Pinellas CHD. Through comprehensive immunization efforts in the healthcare field and public health we can keep our community healthy.

"The reason for collecting, analyzing, and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow." Foege, W.H. et al. (1976). Int. J of Epidemiology, 5:29-37.

NA = Not Available

Selected Reportable Diseases in Pinellas County

Disease	2005 June	2005 Year-to-Date	2004 Year-to-Date	2004 Total
AIDS	20	104	99	213
Animal Bite, PEP Recommended	4	22	16	59
Animal Rabies		3	6	4
Arboviral Illness (Human):				
Dengue ¹ ; EEE ² ; SLE ³ ; WNV ⁴ ; CA/LaC ⁵				1 ⁵
Botulism				
Campylobacteriosis	5	25	23	46
Chlamydia	137	869	1,043	2,312
Creutzfeldt-Jakob disease (CJD)	1	2	1	2
Cryptosporidiosis		2	2	7
Cyclosporiasis	10	57		1
<i>E. coli</i> O157:H7				2
Giardiasis	4	10	9	28
Gonorrhea	104	523	587	1,305
<i>H. influenzae</i> :				
Meningitis				
Pneumonia		1		1
Primary bacteremia		2	1	5
Epiglottitis			1	1
Hansen Disease		1		
Hemolytic Uremic Syndrome (HUS)		1		
Hepatitis, Acute Viral:				
A		5	8	12
B	2	16	22	48
C		3	9	14
Non-A, Non-B		1	4	5
Hepatitis B: Pregnant woman +HBsAg	1	18	16	26
HIV	22	149	120	247
Legionellosis		3	4	14 (corrected)
Listeriosis		1		
Lyme Disease		4	2	4
Malaria			3	4
Meningitis:				
Group B Strep			1	1
<i>S. pneumoniae</i>		3	1	1
Other bacterial		2	2	2
Meningococcal Disease		3	3	4
Mercury Poisoning			1	1
Mumps		1		
Pertussis		4	8	15
Plague (Bubonic & Pneumonic)				
Rocky Mountain Spotted Fever		1	1	1
Salmonellosis	16	66	42	170
Shigellosis	32	62	8	19
Smallpox				
<i>Streptococcal</i> disease, Inv. Group A	1	7	4	8
<i>S. pneumoniae</i> , Inv. disease (DR)	1	17	13	22
<i>S. pneumoniae</i> , Inv. disease (NDR)		19 (corrected)	17	21
Syphilis: Total	6	37	47	126
Infectious (P and S)	3	19	14	49
Early Latent	2	12	21	39
Late Syphilis(Late Latent; Neurosyphilis)	1	6	12	38
Congenital				
Tuberculosis	2	14	18	35
<i>Vibrio</i> infections:				
cholerae non-O1				1
parahemolyticus	1	1	2	3
vulnificus	1	1		4
other				2

Provisional cases reported by the Pinellas County Health Department. Blank cells indicate no cases reported.

For a complete list of reportable diseases and guidelines for reporting please visit:

http://www.myflorida.com/disease_ctrl/epi/surv/lor8_4.pdf