



Epi Watch

A Monthly Epidemiology Newsletter



Division of Disease Control
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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.

TUBERCULOSIS

Robert Berger, BS, & Julia Gill, PhD, MPH

In observance of World Tuberculosis (TB) Awareness Day, March 24th, this issue of *Epi Watch* will highlight aspects of this continuing public health problem along with Pinellas County Health Department activities that target the prevention and control of this communicable disease. Tuberculosis is caused by the organism, *Mycobacterium tuberculosis*. Airborne transmission can occur when someone with infectious TB coughs or sneezes, thus expelling small moisture droplets containing millions of bacteria into the air. Individuals in close contact with an infectious case of TB may develop Latent TB Infection (LTBI) by inhaling these droplets, although certain factors such as duration and time of exposure often affect this phenomenon. Those who develop LTBI are not sick and therefore are not contagious; however, infection may lead to TB disease in the future (especially in high-risk groups such as the immuno-compromised). More than 15 million Americans have LTBI.

The Mantoux TB skin test is one of the tools used to determine if an individual has been infected following exposure to TB disease. If the test is positive, a chest x-ray is performed to determine if the lungs are healthy and free of suspicious lesions. Laboratory examination of sputum is the final process in making a definitive diagnosis of TB in patients who are symptomatic. TB usually begins in the lungs and symptoms may include unresolved cough of three to four weeks duration, fever, night sweats, weakness, chest pain and bloody sputum. Development of TB disease is preventable and treatable provided an approved course of antibiotics is taken as prescribed.

Tuberculosis is frequently thought of as a disease of the past; however, despite the steady decrease of U.S. cases over the past 13-years, TB is still a public health concern. This is especially true in certain high-risk groups, including foreigners born in countries with a high incidence of TB, the homeless and those with immune system disorders. According to the CDC, 4.9 cases per 100,000 population were reported in the U.S. in 2004. The rate per 100,000 population among foreign born persons is 8.8 times compared to those borne in the U.S. (CDC). It is estimated that one third of the world's population is infected with TB (WHO).

The Pinellas CHD is committed to providing high quality TB services to the community by providing TB skin tests, chest x-rays, laboratory tests, physician evaluations and contact investigations. Directly Observed Therapy (DOT), a treatment delivery protocol, assures that clients with TB disease complete an approved regimen of TB medications. Ensuring that patients complete a prescribed course of appropriate antibiotic therapy helps prevent the development of antibiotic resistance, another concern for TB controllers. The goal of The Global Plan to Stop TB 2006-2015 is to cut TB deaths and disease in half by 2015. Please visit our website at www.pinellashealth.com or the Florida Department of Health, Bureau of TB at www.doh.state.fl.us or the Centers for Disease Control and Prevention at www.cdc.gov to find out more about the prevention and control of TB. To report a confirmed or suspected case of TB, please contact the Pinellas CHD TB Program at 824-6960.

"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." Foegle, W.H. et al. (1976). Int. J of Epidemiology, 5:29-37.

NA = Not Available

Selected Reportable Diseases in Pinellas County

Disease	2006 February	2006 Year-to-Date	2005 Year-to-Date	2005 Total
AIDS	6	15	20	165
Animal Bite, PEP Recommended	4	7	5	48
Animal Rabies			1	5
Arboviral Illness (Human):				3
Dengue				
EEE				
SLE				
WNV			1	18
CA/LaCrosse				
Botulism				
Campylobacteriosis	1	4	5	39
Chlamydia	241	405	311	2505
Creutzfeldt-Jakob disease (CJD)				2
Cryptosporidiosis	1	1		15
Cyclosporiasis				57
<i>E. coli</i> O157:H7				3
Giardiasis	2	3	2	30
Gonorrhea	137	252	182	1436
<i>H. influenzae</i> :				
Meningitis				
Pneumonia		1		1
Primary bacteremia	1	1	1	6
Epiglottitis				
Hansen Disease				1
Hemolytic Uremic Syndrome (HUS)		1	1	1
Hepatitis, Acute Viral:				
A	1	2	2	9
B	1	1	6	36
C	1	2	1	7
Non-A, Non-B				1
Hepatitis B: Pregnant woman +HBsAg	2	3	7	33
HIV	1	16	34	245
Legionellosis	1	1		8
Listeriosis			1	1
Lyme Disease			1	5
Malaria				1
Meningitis:				
Group B Strep				
<i>S. pneumoniae</i>	1	1	3	6
Other bacterial	1	2	1	5
Meningococcal Disease	1	1	1	7
Mercury Poisoning				
Mumps			1	1
Pertussis	1	3		13
Plague (Bubonic & Pneumonic)				
Rocky Mountain Spotted Fever				1
Salmonellosis	6	14	11	212
Shigellosis	2	4	4	169
Smallpox				
<i>Streptococcal</i> disease, Inv. Group A	1	1	2	11
<i>S. pneumoniae</i> , Inv. disease (DR)	3	5	3	27
<i>S. pneumoniae</i> , Inv. disease (Suscept)	6	9	9	29
Syphilis:				
Total	11	23	7	95
Infectious (P and S)	1	5	5	41
Early Latent	5	10	1	32
Late Syphilis(Late Latent; Neurosyphilis)	5	8	1	22
Congenital				
Tuberculosis	2	6	2	27
<i>Vibrio</i> infections				5

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