



Epi Watch

A Monthly Epidemiology Newsletter



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To report diseases by phone call:

TELEPHONE: (727) 824-6932

To report diseases by fax
(other than HIV/AIDS) use:

FAX: (727) 820-4270

Epi Watch is a monthly newsletter produced and distributed by the Pinellas County Health Department Epidemiology Program. For more information, or to add your e-mail address to the distribution list, please contact Andrea Dopico:

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"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.

Pinellas County Health Department Perinatal Hepatitis B Prevention Program (PHBPP)

By Frederick A. Aldridge, MPH, MT

The Pinellas County Perinatal Hepatitis B Prevention Program (PHBPP) is part of an ambitious state- and nation-wide strategy aimed at eliminating hepatitis B virus infection in the U.S. The primary objective of the PHBPP is to prevent hepatitis B infection in newborns. Secondary protective measures for the baby, which include the identification and treatment of hepatitis B infections among household contacts, contribute to the hepatitis B elimination effort.

An important part of this effort is the recommendation by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) that all newborns, regardless of the hepatitis B infection status of their mothers, receive the birth dose of hepatitis B vaccine before discharge from the birthing facility. This pre-discharge immunization is intended to start the development of sufficient titers of protective antibodies in all newborns potentially exposed to undetected hepatitis B infections among household members, including their mothers. Some hospitals in Pinellas County are already complying with this recommendation.

Laboratory results on all women of reproductive age who are positive for hepatitis B infection are carefully reviewed. If they are pregnant, they become PHBPP clients who require thorough and immediate follow-up. The follow-up procedure for PHBPP cases generally involves a phone call to the client after she has been counseled on her laboratory test results by her healthcare provider. An initial interview is then arranged with her and as many of her household contacts as possible. The initial interview provides an excellent opportunity for educating the client and contact group on hepatitis B transmission and prevention. The post-delivery treatment regimen required for the newborn is also discussed and household members and other contacts are offered voluntary testing for hepatitis B at no cost. Should any hepatitis B vaccinations for unprotected and uninfected contacts be necessary, they are also provided for free.

After the birth, the mother's and infant's medical records are reviewed for evidence that the baby received Hepatitis B Immune Globulin and a dose of the hepatitis vaccine within 12 hours of birth. In addition, follow-up calls to pediatric and adult care providers are made to track and document the completion of the hepatitis B vaccine series. Post-vaccination testing of the infant is done at nine to fifteen months of age. Such testing is also done on the infant's household contacts. All individuals found to be positive, after screening and treatment, are referred to adult or pediatric gastroenterologists for continued care.

As part of Pinellas County Health Department's continuing education efforts, the PHBPP Health Services Representative formally presents PHBPP information to Ob/Gyn and pediatric practices as well as hospital labor and delivery and postpartum units. This training opportunity affords health care providers current information on the expected treatment of PHBPP cases in Pinellas County and throughout the State of Florida.

For further information about the Perinatal Hepatitis B Prevention Program, please visit:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm>

http://www.doh.state.fl.us/disease%5Fctrl/immune/hep_b/index.htm

Selected Reportable Diseases in Pinellas County

Disease	2007	2007	2006	2006
	February	Year-to-Date	Year-to-Date	Total
AIDS	16	26	15	220
Animal Bite, PEP Recommended	2	3	3	38
Animal Rabies				
Arboviral Illness (Human):				4
Dengue				
EEE				
SLE				
WNV				
CA/LaCrosse				
Botulism				
Campylobacteriosis	4	10	4	28
Chlamydia	216	406	311	2904
Creutzfeldt-Jakob disease (CJD)				1
Cryptosporidiosis		1		9
Cyclosporiasis				
<i>E. coli</i> O157:H7		1		2
Giardiasis	1	2	2	36
Gonorrhea	119	219	182	1631
<i>H. influenzae</i> :				
Meningitis				
Pneumonia	2	2		3
Primary bacteremia	1	1	1	5
Epiglottitis				
Hansen's Disease				
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:				
A	1	2	1	5
B	1	3	1	24
C		1	1	9
Hepatitis B: Pregnant woman +HBsAg	1	8	1	30
Hepatitis, Chronic Viral				
B	26	29	8	186
C	200	206	125	1585
HIV	26	53	13	174
Lead Poisoning:				
Total:		4		22
Children < 6 years:		1		6
Legionellosis		2	1	13
Listeriosis				2
Lyme Disease				6
Malaria				3
Meningitis:				
Group B Strep				
<i>S. pneumoniae</i>	1	1	1	2
Other bacterial		1	1	10
Meningococcal Disease		1	1	7
Mercury Poisoning				5
Mumps				
Pertussis			1	5
Rocky Mountain Spotted Fever				3
Salmonellosis	12	28	12	172
Shigellosis	1	3	2	18
<i>Streptococcal</i> disease, Inv. Group A		2	1	16
<i>S. pneumoniae</i> , Inv. disease (DR)	7	11	3	18
<i>S. pneumoniae</i> , Inv. disease (Suscept)		4	4	25
Syphilis:				
Total	5	14	23	143
Infectious (P and S)	1	6	5	40
Early Latent	3	5	10	60
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)	1	3	8	43
Tuberculosis	1	4	6	31
<i>Vibrio</i> infections		1		6

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.doh.state.fl.us/disease_ctrl/epi/index.html