

# EPI-NOTES



## Hillsborough County Health Department



### Disease Surveillance Newsletter

April 30, 2007

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## EPIDEMIOLOGY PROGRAM MANAGER



I would like to take this opportunity to introduce myself as the Epidemiology program manager for the Hillsborough County Health Department. In the past, Hillsborough County's Epidemiology Department worked to establish and nourish the exchange of important data and disease information with all our public health partners. It is my goal to continue an open, cooperative association and information exchange among all health professionals that make up the communicable disease surveillance community.

I would like to share a summary of my epidemiological background: In 1977, I began my public health training as a food and waterborne disease investigator with the United States Air Force; since 1982, I have worked for the Florida Department of Health as an environmental health professional. I have experience investigating illness outbreaks in both large and small counties in Florida.

As a member of the disease surveillance team, I look forward to working with all of you in the coming months. Please feel free to contact me if our office can assist you in any way.

Warren R. McDougale Jr., MPH

## MAY IS HEPATITIS AWARENESS MONTH

Adlin Santiago, RN

This issue of Epi-Notes highlights some of the salient issues related to viral hepatitis in observance of National Hepatitis Awareness Month in May. The Hillsborough County Health Department is committed to the surveillance of viral hepatitis in order to prevent and control the spread of this disease in the interest of public health.

Hepatitis is an inflammation of the liver caused by a virus. The most common types in the United States are hepatitis A, B, and C while, hepatitis D, E, and G are less common. All are reportable by law to the Hillsborough County Health Department Epidemiology Program.

"Hepatitis A and hepatitis B are vaccine-preventable diseases," said Charurut Somboonwit, MD, Board Certified Infectious Disease Physician. "If people are at risk for these diseases, they should be tested for hepatitis and then vaccinated if they test negative."

Hepatitis A is the most common type of acute viral hepatitis in the United States and is transmitted primarily through improper hygiene practices. People at risk include children in high-risk states in which the average annual reported hepatitis A incidence during 1987 to 1997 was equal to or greater than twice the national average of 10 cases per 100,000 population. Other groups at increased risk are travelers to endemic geographic areas, and men who have sex with men. Prevention is achieved through proper hand washing, treating close contacts of a case, and vaccinating high-risk groups. Symptoms of hepatitis A include nausea, vomiting, diarrhea, fatigue, dark urine, jaundice, and loss of appetite.

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Hepatitis B is a virus that can lead to chronic liver disease. Many chronic hepatitis B carriers will feel healthy and may not exhibit symptoms. People with acute hepatitis B may present with dark urine, clay colored stools, fatigue, vague abdominal discomfort, nausea, and vomiting. Hepatitis B is transmitted by blood and body fluids through risky behaviors such as sharing needles and engaging in unprotected sex. According to the CDC, there are approximately one million chronically infected people in the United States, with approximately 20-30% who were infected in childhood (MMWR Weekly, 2006).

Almost four million Americans and over 300,000 Floridians are infected with the hepatitis C virus (HCV). In 2006 in Hillsborough County alone, there were 961 chronic cases of Hepatitis C reported. Hepatitis C is referred to as the 'silent epidemic' because most people have no symptoms and do not know they are infected. They may exhibit anorexia, nausea, vomiting, vague abdominal discomfort, and or jaundice. The disease often lies undetected for 20-30 years and is a leading cause of liver cirrhosis and liver failure. Hepatitis C is a bloodborne virus that is transmitted through blood contact and risky activities such as injection drug use, unsanitary tattooing or body piercing, and rarely by unprotected sex. People who received a blood transfusion or an organ transplant before 1992 may also be at risk.

During the month of May, the Epidemiology Program will be active in promoting hepatitis education activities by:

- Providing information at the Hillsborough County Health Department main lobby to all visitors.
- Handing out posters, flyers and literature to clients and visitors in all Hillsborough County Health Department locations.
- Conducting community presentations concerning hepatitis risk and prevention.

The Hillsborough County Health Department strives to provide effective case investigation for patients with acute and chronic hepatitis, which includes counseling, health education, and referral for vaccinations when indicated.

For more information about hepatitis please visit the Florida Department of Health, hepatitis web page at [http://www.doh.state.fl.us/disease\\_ctrl/aids/hep/index.html](http://www.doh.state.fl.us/disease_ctrl/aids/hep/index.html), or call the HCHD hepatitis information phone line at (813) 307-8038 or visit the Centers for Disease Control and prevention at <http://www.cdc.gov/ncidod/diseases/hepatitis/index.html>.

#### References

MMWR Weekly (2006). Hepatitis Awareness Month – May 2006. May 12,55(18),505.

## PREVENTION OF 100% FATAL DISEASE A TOP PRIORITY OF HCHD

By Ray Hewitt and Eliot Gregos, MPH, HCHD Environmental Health

Animal Bites are a reportable condition under Florida Administrative Code Chapter 64D-3. In 2006, the Hillsborough County Health Department (HCHD) received notification of a total of 2,354 animal bites from medical providers, Hillsborough County Animal Services, and the general public, up from 2,248 in 2005 and 2,028 in 2004. This increase is related to improved awareness of the need for reporting and continuing growth of the County's human and animal populations. We believe that there are still a significant number of bites which are not reported to the Hillsborough County Health Department, putting our residents at possible risk of rabies.

You may ask yourself "What does the Health Department do with all of these bite reports?" These incidents are investigated by our Environmental Health staff, and the biting animals are quarantined for 10 calendar days from the date of the bite. In the case of most domestic animals, once rabies virus is present in the saliva, the animal will always die or be extremely ill within 10 days. Therefore, if the animal is still alive at the end of the quarantine, the person bitten was not at risk of exposure to rabies. When wild or feral animals are involved in a bite, they are assumed rabid, and rabies post exposure prophylaxis (PEP) is recommended for the victims unless the animal in question is submitted to the State lab and test results are negative for rabies. **PEP is only available in Hillsborough County from the HCHD. Victims are not started on PEP until completion of the investigation as outlined above. It is not a medical emergency; shots will be begun on the next business day after they are determined to be necessary.**

Attached is a copy of our updated animal bite report form. All medical facilities treating animal bite victims must utilize this form or provide the same type of information in your own format for reporting those bites. Please provide as much information as possible, including at a minimum: the name, address, zip code and phone numbers of both the patient and animal owner, and a description of the animal. The form is to be submitted by fax to Environmental Health as quickly as possible, so that observation of the animal in question may begin. Our 24 hour fax number is (813) 272 - 7242.

Thank you for your assistance in protecting our residents and visitors from this disease which is almost 100% fatal if exposure occurs and treatment is not begun before the onset of symptoms.

More information regarding rabies is available at <http://www.doh.state.fl.us/environment/community/rabies/rabies-index.html>. If you have any questions please contact HCHD Environmental Health at (813) 307-8059.



## ANIMAL BITE REPORT

### RABIES CONTROL INVESTIGATION

1. Case Number: \_\_\_\_\_

Date of Report: \_\_\_\_\_

2. Name (Last, First): _____		3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Age: _____	5. Telephone: _____
6. Address (No. & Street): _____			(City) _____	(State) _____	(Zip) _____
7. Name of Parent/Guardian (if victim is a minor): _____			8. Address (if different than above): _____		
9. Source of Information (Person or Office): _____				Telephone: _____	
10. Place of Attack: _____			11. Time and Date of Attack: _____		
12. Circumstances of Attack: <input type="checkbox"/> K-9 (Police Action) <input type="checkbox"/> Unknown <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Other _____					
13. Animal Owner (Custodian): _____				Telephone: _____	
14. Address (No. & Street): _____			(City) _____	(State) _____	(Zip) _____
15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Owned <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Stray <input type="checkbox"/> Female <input type="checkbox"/> Wild		Estimated Age: _____	
16. Description (Breed, Color, Etc.): _____		17. License Number: _____		Date: _____	From: _____
18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown			19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unk. VET: _____			Vaccination Date: _____	Rabies Tag No.: _____	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine
21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined		From Date: _____		To Date: _____	
22. If at owner's home, has Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
23. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date: _____					
24. Quarantine Released: _____			Date: _____ By: _____		
25. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did Not See Animal			26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
27. Remarks: _____					
28. Head Sent to Lab: _____		Date: _____	By: _____	Telephone: _____	
29. Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY					
30. Victim Notified By: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail		Date: _____	By: _____		
31. <input type="checkbox"/> Case Closed		Date: _____	By: _____		
32. Person Completing Form: _____				Telephone: _____	