

EPI—NOTES



Hillsborough County Health Department

Disease Surveillance Newsletter



February 13, 2006

Website

<http://www.hillscountyhealth.org>

After Hours Emergency

(813)-229-3891

Director

Douglas Holt, MD

douglas_holt@doh.state.fl.us

(813) 307-8008

Communicable Disease Director

Beata Casanas, MD

beata_casanas@doh.state.fl.us

(813) 307-8008

Disease Control Manager

Michael Kilcomons, BSN, MPH

Michael_kilcomons@doh.state.fl.us

(813) 307-8015, ext. 6307

Environmental Administrator

Cindy Morris, RS

Cindy_morris@doh.state.fl.us

(813) 307-8015, ext. 5901

Epidemiology

Jylmarie Kintz, MPH

jylmarie_kintz@doh.state.fl.us

(813) 307-8010

Fax (813) 276-2981

Food and Waterborne Illness

Warren R McDougale Jr, MPH

Warren_mcdougale@doh.state.fl.us

(813) 307-8059

Fax (813) 272-7242

HIV/AIDS Surveillance

Erica Botting

Erica_botting@doh.state.fl.us

(813) 307-8011

Lead Poisoning

Cynthia O. Keeton

cynthia_keeton@doh.state.fl.us

(813) 307-8059

Fax (813) 272-7242

Sexually Transmitted Disease

George Hughes

george_hughes@doh.state.fl.us

(813) 307-8022

Fax (813) 307-8027

Tuberculosis

Chris Grogan

Chris_grogan@doh.state.fl.us

(813) 307-8015, ext. 4758

Fax (813) 975-2014

REVISED IMMUNIZATION RECOMMENDATIONS FROM THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)

Excerpt, letter, Centers for Disease Control and Prevention

We would like to bring to your attention the revised immunization recommendations from the ACIP to ensure that newborn infants are protected from hepatitis B virus (HBV) infection, a major cause of cirrhosis and liver cancer in the United States. Below are recommendations aimed to eliminate Hepatitis B Virus (HBV) transmission in the United States.

Recommendations for Prenatal Care Providers

Management of all pregnant women:

- Test all pregnant women for hepatitis B surface antigen (HBsAg) during each pregnancy
- Transfer a copy of the original laboratory report of the pregnant woman's HBsAg test result to the patient's medical record in the delivery hospital
- Inform pregnant women of the importance of newborn hepatitis B vaccination
- Vaccinate pregnant women who are at risk for HBV infection

Management of pregnant women with chronic HBV infection:

- Inform HBsAg-positive women of HBV transmission risks and ways to prevent HBV infection, including the importance of post exposure prophylaxis for newborn infants and hepatitis B vaccination of household, sexual, and needle-sharing contacts
- Refer HBsAg-positive women to an appropriate case-management program to ensure that their newborn infants receive timely post exposure prophylaxis and follow-up
- Provide or refer HBsAg-positive women for appropriate medical management of their chronic HBV infection

Recommendations for Delivery Hospitals

- Implement standing orders to ensure that, except in rare circumstances, all newborns with birth weights of >2 kilograms receive hepatitis B vaccine before discharge
- Implement policies and procedure to ensure that all infants born to HBsAg-positive mothers and all infants born to mothers with unknown HBsAg status are identified and receive appropriate immunoprophylaxis (see <http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf> for content of standing order)

Additional resources may be found at the following website:

[Http://www.cdc.gov/ncidod/diseases/hepatitis/b/acip.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/b/acip.htm)

For information on the Hillsborough County Health Department Hepatitis B Perinatal Prevention Program, call 813-307-8010.

PROSTATE CANCER

After skin cancer, prostate cancer is the most common form of cancer among men in the United States. In 2004, approximately 230,110 new cases of prostate cancer

will be diagnosed and 29,900 men will die of the disease, according to the American Cancer Society.

Page 2

PROSTATE CANCER continued

Prostate cancer is the second leading cause of cancer deaths of men in the United States, after lung cancer, and the sixth leading cause of death of men overall.

Who is at increased risk for prostate cancer?

While all men are at risk for prostate cancer, some factors increase risk:

- Family history. Men with a father or brother who has had prostate cancer are at greater risk for developing it themselves.
- Race. Prostate cancer is more common in some racial and ethnic groups than in others, but medical experts do not know why. Prostate cancer is more common in African-American men than in white men. It is less common in Hispanic, Asian, Pacific Islander, and Native American men than in white men.

What are the symptoms of prostate cancer?

Many men with prostate cancer often have no symptoms. If symptoms appear, then can include:

- Blood in the urine
- The need to urinate frequently, especially at night
- Weak or interrupted urine flow
- Difficulty in starting and stopping the flow of urine
- Pain or burning feeling while urinating
- The inability to urinate
- Constant pain in the lower back, pelvis, or upper thighs.

These symptoms are not specific to prostatic cancer but should prompt digital rectal exam to determine if the prostate is enlarged and measurement of the blood prostate specific antigen (PSA) level to determine if cancer is likely. Some doctors recommend routine PSA testing for all men over 50 while others point out overscreening can lead to unnecessary and harmful procedures, and that men are more likely to die with prostate cancer than because of it. Health care providers should discuss with their patients whether screening for prostate cancer is recommended. Additional resources to help your patients decide are:

- All diagnosed cases found in men (predominately African-Americans)
<http://www.cdc.gov/cancer/prostate/about2004.htm#public>
- CDC has also created a decision guide for African-American men who are considering a first-time prostate cancer screening test or who want more information about regular screening.
<http://www.cdc.gov/cancer/prostate/aadecisionguide/index.htm>.
- Prostate Cancer Screening
<http://www.cdc.gov/cancer/prostate/decisionguide/index.htm>
<http://www.cdc.gov/cancer/cancerburden/fl.htm#prostate>

PERTUSSIS LABORATORY CRITERIA

When evaluating a patient for pertussis, physicians should order culture testing in addition to PCR testing. The excerpt and web link below are from CDC's National Immunization Program, supporting this recommendation.

"The standard and preferred test for diagnosis of pertussis is isolation of *B pertussis* by culture. Polymerase chain reaction (PCR) testing of nasopharyngeal swabs or aspirates can be a rapid, sensitive, and specific method for diagnosing pertussis. PCR should be used in addition to culture, not as a replacement for culture..."

Source: Epidemiology and Prevention of Vaccine-Preventable Diseases, "The Pink Book"

<http://www.cdc.gov/nip/publications/pink/pert.pdf>

HILLSBOROUGH COUNTY HEALTH DEPARTMENT Data Summary Report

DISEASE	2002 Yr end	2003 Yr end	2004 Yr end	3YR AVG (2002-2004)	Jan-Dec 04	Jan-Dec 05
AIDS	253	194	377	274.7	359	346
ANIMAL BITE, PROPHY REC.	37	24	17	26.0	17	30
ANTHRAX	0	0	0	0.0	0	0
BOTULISM	0	0	1	0.3	1	0
BRUCELLOSIS	0	0	2	0.7	2	0
CAMPYLOBACTERIOSIS	53	72	59	61.3	59	45
CHLAMYDIA	3,407	3,071	2,964	3,147.3	2,964	3,208
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	NR	0	2	NA	2	0
CRYPTOSPORIDIOSIS	8	7	13	9.3	13	32
CYCLOSPORIASIS	1	0	0	0.3	0	40
DENGUE	1	0	1	0.7	1	3
DIPHTHERIA	0	0	0	0.0	0	0
EHRlichiosis, HUMAN GRANULOCYtic	0	1	0	0.3	0	0
EHRlichiosis, HUMAN MONOCYtic	1	0	0	0.3	0	0
ENCEPHALITIS, CALIFORNIA/LACROSSE	0	0	1	0.3	1	0
ENCEPHALITIS, HERPES	1	0	1	0.7	1	1
ENCEPHALITIS, NON-ARBOVIRAL	NR	0	0	NA	0	0
ENCEPHALITIS, OTHER	1	0	0	0.3	0	0
ENCEPHALITIS, EEE	0	0	0	0.0	0	0
ENCEPHALITIS, SLE	0	0	0	0.0	0	0
ENCEPHALITIS, WN	1	0	3	1.3	3	0
ESCHERICHIA COLI (E. COLI) O157:H7	9	2	4	5.0	4	6
E. COLI SHIGA TOXIN + NON-O157	1	0	0	0.3	0	0
E. COLI, OTHER	0	0	0	0.0	0	0
FOOD AND WATERBORNE CASES	245	163	210	206.0	200	121
FOOD AND WATERBORNE OUTBREAKS	55	33	22	36.7	22	10
GIARDIASIS	74	71	62	69.0	62	64
GONORRHEA	1,912	1,643	1,197	1,584.0	1,197	1,261
H. INFLUENZAE PNEUMONIA	0	1	3	1.3	3	5
H-FLU, PRIMARY BACTEREMIA	3	2	3	2.7	3	4
HANSEN'S DISEASE (LEPROSY)	0	1	0	0.3	0	0
HANTAVIRUS	0	0	0	0.0	0	0
HEMOLYTIC UREMIC SYNDROME	0	0	0	0.0	0	1
HEPATITIS A, ACUTE	78	40	27	48.3	27	14
HEPATITIS B, ACUTE	59	76	60	65.0	60	41
HEPATITIS B, MATERNAL (HBsAg+ Pregnant)	52	43	42	45.7	42	41
HEPATITIS B, PERINATAL ACUTE	2	0	0	0.7	0	0
HEPATITIS B, CHRONIC*	48	234	203	161.7	203	145
HEPATITIS C, ACUTE	3	10	9	7.3	9	3
HEPATITIS C, CHRONIC*	32	479	1,184	565.0	1,184	827
HEPATITIS NON-A NON-B, ACUTE	0	0	0	0.0	0	1
HEPATITIS UNSPEC, ACUTE	0	1	0	0.3	0	1
HIV INFECTION	303	363	366	344.0	351	332
LEAD POISONING	103	49	37	63.0	37	29
LEGIONELLOSIS	0	12	10	7.3	10	9
LEPTOSPIROSIS	0	0	0	0.0	0	0

DISEASE	2002 Yr end	2003 Yr end	2004 Yr end	3YR AVG (2002-2004)	Jan-Dec 04	Jan-Dec 05
LISTERIOSIS	1	2	0	1.0	0	1
LYME DISEASE	2	3	1	2.0	1	7
MALARIA	4	4	5	4.3	5	9
MEASLES	0	0	1	0.3	1	0
MENINGITIS, GROUP B STREP	4	2	3	3.0	3	4
MENINGITIS, H-FLU	1	1	4	2.0	4	1
MENINGITIS, LISTERIA MONO	0	0	0	0.0	0	0
MENINGITIS, OTHER	12	14	15	13.7	15	15
MENINGITIS, S PNEUMO	15	7	7	9.7	7	6
MENINGOCOCCAL DISEASE	10	3	4	5.7	4	4
MERCURY POISONING	0	0	0	0.0	0	0
MUMPS	1	3	1	1.7	1	2
PERTUSSIS	6	4	3	4.3	3	34
PESTICIDE RELATED ILLNESS	0	0	0	0.0	0	0
POLIO, PARALYTIC	0	0	0	0.0	0	0
PSITTACOSIS	0	0	1	0.3	1	0
Q FEVER	0	1	0	0.3	0	0
RABIES ANIMAL	11	11	9	10.3	9	7
ROCKY MOUNTAIN SPOTTED FEVER	3	1	1	1.7	1	0
RUBELLA	0	0	0	0.0	0	0
SALMONELLOSIS	266	263	233	254.0	233	299
SHIGELLOSIS	362	31	49	147.3	49	251
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS VISA/VRSA	0	0	0	0.0	0	0
STREP DISEASE, INVASIVE GROUP A	12	11	18	13.7	18	7
STREP PNEUMO, INVASIVE DRUG RESIST	68	59	50	59.0	50	46
STREP PNEUMO, INVASIVE SUSCEPTIBLE**	NR	14	39	NA	39	35
SYPHILIS, CONGENITAL	2	3	1	2.0	1	0
SYPHILIS, INFECTIOUS	33	43	47	41.0	47	41
TETANUS	0	0	0	0.0	0	0
TOXOPLASMOSIS	2	3	2	2.3	2	0
TUBERCULOSIS	49	77	73	66.3	42	51
TYPHOID FEVER	0	0	2	0.7	2	1
VIBRIO ALGINOLYTICUS	1	0	3	1.3	3	1
VIBRIO CHOLERA NON-01	0	0	0	0.0	0	0
VIBRIO HOLLISAE	0	0	0	0.0	0	0
VIBRIO PARAHAEMOLYTICUS	1	2	0	1.0	0	2
VIBRIO VULNIFICUS	4	5	5	4.7	5	2
VIBRIO, OTHER	0	0	0	0.0	0	0
WEST NILE FEVER	NR	1	0	NA	0	0
YELLOW FEVER	0	0	0	0.0	0	0

Data contained in this report are provisional

NA=NOT AVAILABLE NR=NOT REPORTABLE

**Added
September
2003

*Data collection began October 2002

Epi-Notes is a free newsletter produced by the Hillsborough County Health Department disease control programs to provide local information and promote disease reporting. **Please share this information with interested health care providers.** To add or remove your name from the Epi-Notes list please email your request to dawn_morgan@doh.state.fl.us or fax to 813-276-2981. We welcome your comments. The editorial staff consists of Dr. Albert Vincent, Michael Kilcomons, Eliot Gregos, David Atrubin, Xiomara Hewitt-Jeffrey, and Jylmarie Kintz. The Hillsborough County Health Department, Epidemiology Program, distributes Epi-Notes, 1105 E. Kennedy Blvd, PO Box 5135, Tampa, FL 33675-5135. Phone: 813-307-8010, Fax: 813-276-2981, Web: www.hillsboroughhealth.org, Email: dawn_morgan@doh.state.fl.us.