

FDOH IN FLAGLER COUNTY

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To report diseases or request information weekdays 8:30-5
(386) 437-8263

After hours reporting:

(386) 986-7749

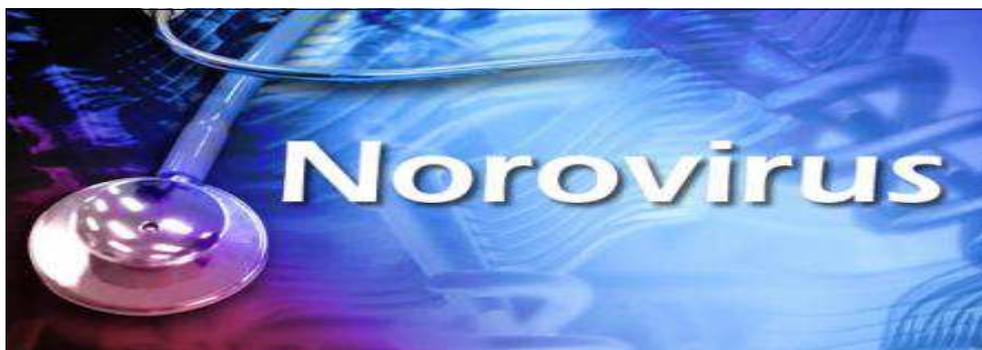
**Epidemiology fax
(386) 437-8287**

Flagler County Health Department Epidemiology depends on the timely reporting of reportable diseases from our area providers to prevent the spread of communicable diseases. **We would like to extend our thanks to all of our health partners for their efforts in this venture.**

EPI-GRAM

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You can get norovirus

from an infected person, contaminated food or water, or by touching contaminated surfaces.

The virus causes your stomach or intestines or both to get inflamed (acute gastroenteritis). This leads to stomach pain, nausea, vomiting and diarrhea. A person usually develops symptoms of gastroenteritis 12 to 48 hours after being exposed to norovirus.

Some people may have low-grade fever, headaches, and body aches.

Dehydration is the most common complication, especially in young children and the older adults, that may require medical care.

You can have norovirus illness many times in your life.

Prevention:

Wash your hands carefully with soap and water especially after using the toilet and changing diapers, and always before eating, preparing, or handling food.

Noroviruses can be found in your vomit or stool even before you start feeling sick. The virus can stay in your stool for 2 weeks or more after you feel better. So, it is important to continue washing your hands often during this time.

When you are sick:

You should not prepare food for others or provide healthcare while you are sick and for at least 3 days after symptoms stop.

This also applies to sick workers in settings such as schools and day-cares where they may expose people to norovirus.

Treatment

There is no specific medicine to treat people with norovirus illness. Norovirus infection cannot be treated with antibiotics because it is a viral (not a bacterial) infection.

Notify

Florida Department of Health—Flagler if an outbreak of norovirus gastroenteritis is suspected.

To report diseases or request information weekdays 8:30am -5:00pm
(386) 437-8263

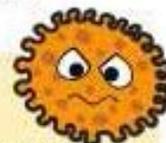
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Help Prevent the Spread of Norovirus ("Stomach Bug")

IF NOROVIRUS IS AFFECTING YOUR COMMUNITY, HERE ARE SOME ACTIONS YOU CAN TAKE TO HELP PREVENT FURTHER ILLNESS



1 Clean up surfaces

- Clean frequently touched surfaces with soapy water
- Rinse thoroughly with plain water
- Wipe dry with paper towels
- Dispose of paper towels

DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!

2 Disinfect surfaces

- Prepare and apply a chlorine bleach solution

Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners



- Air dry surfaces unlikely to have food or mouth contact or...
- Rinse all surfaces intended for food or mouth contact with plain water before use

3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus



Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads quickly.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination.

Norovirus particles are extremely small and billions of them are in the stool and vomit of infected people.

Any vomit or diarrhea may contain norovirus and should be treated as though it does.

People can transfer norovirus to others for at least three days after being sick.

Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster. For more information on norovirus prevention, please see <http://www.cdc.gov/norovirus/preventing-infection.html>.



co.somerset.nj.us/health



neha.org



waterandhealth.org

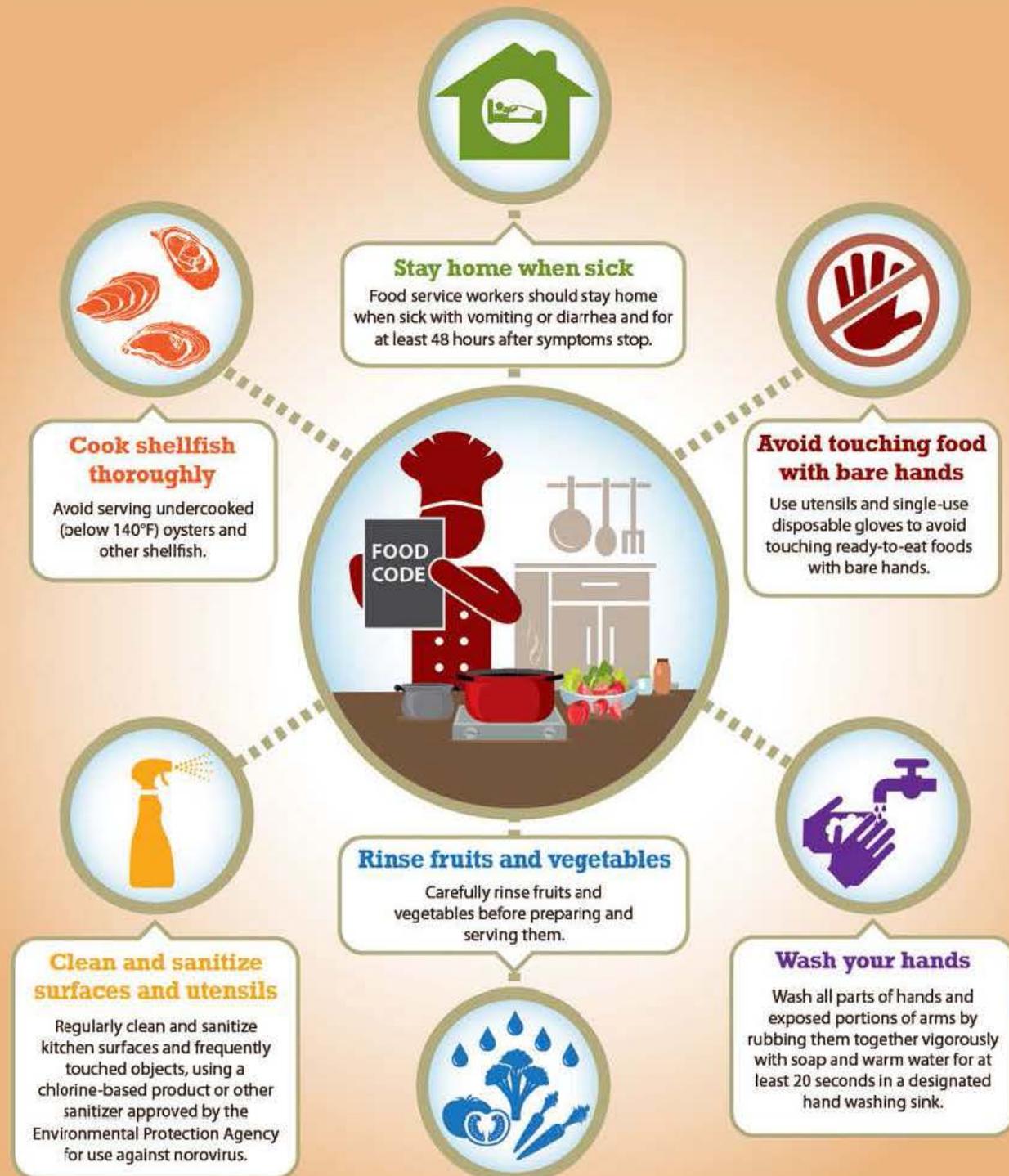


americanchemistry.com

disinfect-for-health.org

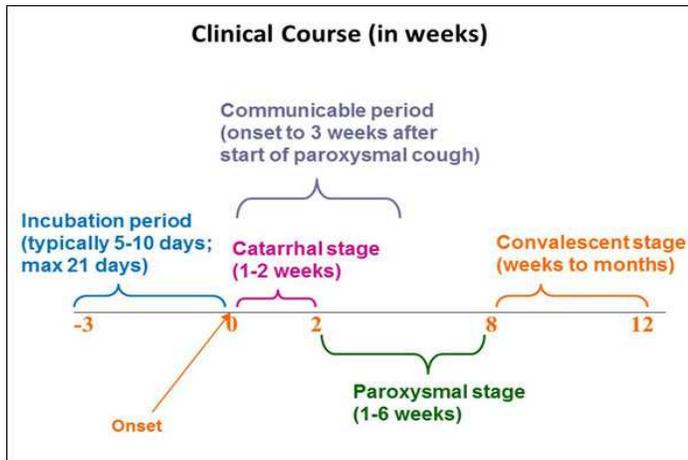
Ways to prevent norovirus outbreaks from food contamination

Kitchen managers should be trained and certified in food safety and ensure that **all food service workers follow food safety practices** outlined in the **FDA model Food Code** and **CDC guidelines**.

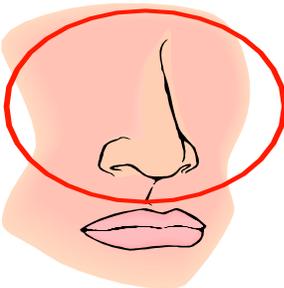


SOURCES: US Food and Drug Administration, Food code, 2013, <http://www.fda.gov/foodcode>, MMWR, March 4, 2011.

Pertussis (Whooping Cough) (*Bordetella pertussis*)



**Do you suspect Pertussis?
If so.... Test!**



The Nose

What type of testing is the best to tell? Nasopharyngeal swab

Bloods for IGG/IGM are not standardized/not recommended for acute cases

PCR has optimal results during the first 3 weeks of cough when bacterial DNA is still present in the nasopharynx.

After the fourth week of cough, the amount of bacterial DNA rapidly diminishes which increases the risk of obtaining falsely-negative results.



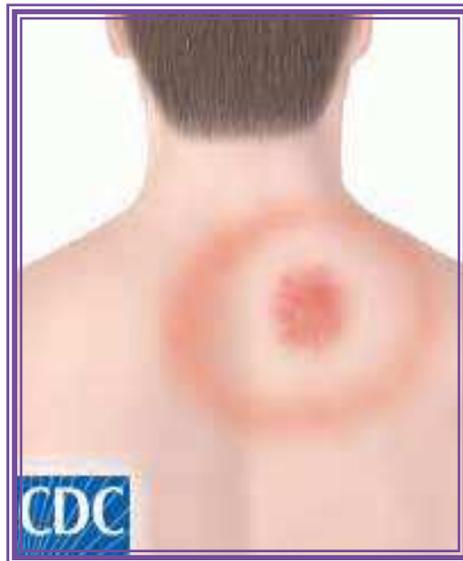
When testing for Lyme disease, remember the two-tiered testing

1) EIA, ELISA or IFA *AND* 2) Western Blot

EIA, ELISA and IFA testing is designed for detecting antibodies, and are therefore good screening tests for Lyme Disease.

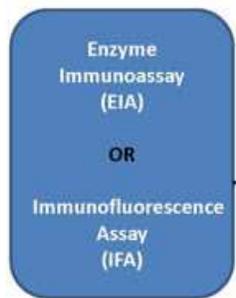
However, there are other antibodies that can cross-react and lead to a false positive result so equivocal or positive Lyme screening results should always be followed by a confirmatory Western Blot test.

Ordering a confirmatory IgM/IgG Lyme Western Blot will help determine if the infection is new or ongoing. Obtaining a history of the onset of signs and symptoms, including the presence/absence of erythema migrans “EM” rash, is also important.



Two-Tiered Testing for Lyme Disease

First Test



Positive or Equivocal Result

Negative Result

Second Test

Signs or symptoms ≤ 30 days

Signs or symptoms > 30 days

IgM and IgG Western Blot

IgG Western Blot ONLY

Consider alternative diagnosis
OR
If patient with signs/symptoms consistent with Lyme disease for ≤ 30 days, consider obtaining a convalescent serum



Reportable Disease Statistics

Disease Name	Selection Date 09/01/2014 - 12/02/2014		Compare Date 1 09/01/2013 - 12/02/2013		Compare Date 2 09/01/2012 - 12/02/2012	
	Cases	Rates*	Cases	Rates*	Cases	Rates*
County: FLAGLER						
Campylobacteriosis - 03840	2	1.92	9	8.97	1	1.02
Carbon Monoxide Poisoning - 98600	0	0.00	2	1.99	0	0.00
Cryptosporidiosis - 13680	4	3.84	1	1.00	0	0.00
Ehrlichiosis/Anaplasmosis, HME (Ehrlichia chaffeensis) - 08382	1	0.96	0	0.00	1	1.02
Escherichia coli, Shiga Toxin-Producing (STEC) Infection - 00800	0	0.00	1	1.00	0	0.00
Giardiasis, Acute - 00710	2	1.92	3	2.99	0	0.00
Haemophilus influenzae Invasive Disease - 03841	0	0.00	1	1.00	0	0.00
Hepatitis B, Acute - 07030	0	0.00	0	0.00	1	1.02
Hepatitis B, Chronic - 07032	2	1.92	1	1.00	6	6.11
Hepatitis B, Surface Antigen in Pregnant Women - 07039	0	0.00	2	1.99	1	1.02
Hepatitis C, Acute - 07051	1	0.96	1	1.00	1	1.02
Hepatitis C, Chronic - 07054	34	32.65	34	33.90	20	20.36
Lead Poisoning - 94890	0	0.00	1	1.00	0	0.00
Lyme Disease - 06959	1	0.96	0	0.00	1	1.02
Meningitis, Bacterial or Mycotic - 32090	0	0.00	0	0.00	1	1.02
Pertussis - 03390	0	0.00	5	4.98	5	5.09
Rabies, Possible Exposure - 07101	3	2.88	3	2.99	3	3.05
Salmonellosis - 00300	14	13.44	9	8.97	6	6.11
Strep pneumoniae Invasive Disease, Drug-Resistant - 04823	0	0.00	0	0.00	0	0.00
Strep pneumoniae Invasive Disease, Drug-Susceptible - 04830	0	0.00	0	0.00	1	1.02
Varicella (Chickenpox) - 05290	1	0.96	0	0.00	5	5.09
Vibriosis (Vibrio alginolyticus) - 00195	1	0.96	0	0.00	0	0.00
Vibriosis (Vibrio vulnificus) - 00199	0	0.00	1	1.00	0	0.00
Total:	66	63.37	74	73.78	53	53.97

Flagler County STD Statistics for: 2013 & 2014

Diseases	2013 Total	2014 Total
Reported Chlamydia	237	284
Reported Gonorrhea	52	52
Reported HIV	3	8
Reported AIDS	1	1
Reported Syphilis	12	1