Pasco County Health Department

Rabies

All animal bites and scratches should be taken seriously as they can result in significant injury. Minor skin damage can result in infection while major injury may require surgery to repair. Bites or scratches from wild and domestic animals may present a risk for rabies. Rabies is a deadly virus spread to people from the saliva of infected animals. Transmission usually occurs through a bite or open wound.

Rabies Stats (Jan – Sept)

- 2 animals tested positive for rabies and both were stray cats
- 900 animal bites were reported to animal control
- 15 individuals received rabies vaccinations

Did You Know…?

- Approximately 60,000 FL residents and visitors are exposed each year by some type of domestic or wild animal
- Dogs are the major source of animal bites in FL
- Cats are more likely to have rabies than dogs in FL
- 1st known human case and fatality in Florida was a 38yo male in 1881
- Last Florida acquired human case (fatality) was a 35yo male in Tampa in 1948
- < 10 people have survived clinical rabies

Post – Exposure Prophylaxis Administration

Non-immunized individuals

- Immediate thorough wound cleansing (i.e. soap and water, if available virucidal)
- Update Tetanus
- Human Rabies Immune Globulin (HRIG)
  - If anatomically feasible, the full dose of HRIG should be thoroughly infiltrated in the area around and into the wounds. Any remaining volume should be administered IM at an anatomical site distant from vaccine administration
  - HRIG should not be administered in the same syringe as vaccine
  - Only the recommended dose of HRIG should be given as it can partially suppress vaccine response
- Rabies vaccine 1.0ml, IM (deltoid area) given on days 0, 3, 7 and 14
  - The gluteal area should never be used due to reduced production of antibody

Previously immunized individuals

- Immediate thorough wound cleansing (i.e. soap and water, if available virucidal)
- Update Tetanus
- HRIG should not be administered
- Rabies vaccine 1.0ml, IM (deltoid area) given on days 0 and 3

Animal bites should be reported to Pasco County Animal Services via phone (727) 834-3216 or Fax (813) 929-1218.

Sources:  www.cdc.gov and Rabies Guide 2012 (Florida Department of Health)
### HIV/AIDS/TB 3rd Quarter Summary

<table>
<thead>
<tr>
<th>Disease</th>
<th>2012 July - Sept</th>
<th>2012 YTD (Sept)</th>
<th>2011 YTD (Sept)</th>
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<td>AIDS*</td>
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*Florida Department of Health, Bureau of HIV/AIDS (excluded DOC cases from report)

**Bureau of TB & Refugee Health

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**2012—13 FLU SEASON IS HERE!!**

The Pasco County Health Department (PCHD) would like to remind our community partners that the 2012-13 season is here. It is very important that individuals 6 months and older receive the flu vaccine. Certain individuals have a higher risk of developing serious complications from the flu. CDC recommends individuals who have medical conditions, such as diabetes, asthma and chronic lung disease receive the vaccine. Additional at-risk groups include pregnant women, household contacts, caregivers and people ≥ 65 years old.

It is recommended that doctors and nurses begin vaccinating their patients against the flu as soon as the vaccine becomes available. Following vaccination, antibodies generally take about two weeks to develop within the body and provide protection against the flu.

Individuals should receive the flu vaccine every year due to constantly changing viruses. This season’s flu vaccine will contain the following viruses below:

- Influenza A/California/7/2009 (H1N1)pdm09-like virus
- Influenza A/Victoria/361/2011 (H3N2)-like virus
- Influenza B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses)

Remember proper hand-washing is the first line of defense against contracting and spreading the flu!

For more information please visit the CDC websites: [http://www.cdc.gov/flu/about/season/index.htm](http://www.cdc.gov/flu/about/season/index.htm) or [http://www.flu.gov/](http://www.flu.gov/) or contact your local health department.

Source: [www.cdc.gov](http://www.cdc.gov)
### 3rd Quarter 2012 Disease Summary

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<td><strong>Total</strong></td>
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<td><strong>1015</strong></td>
<td><strong>327</strong></td>
<td><strong>899</strong></td>
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*Data retrieved from Merlin - Florida's Disease Registry System*
## Reportable Diseases/Conditions in Florida
### Practitioner* List 11/24/08

Did you know that you are required by Florida statute** to report certain diseases to your local county health department? *Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 640-3, Florida Administrative Code (FAC).

### Any disease outbreak
- Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of a person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.

### Acquired Immune Deficiency Syndrome (AIDS)
- Anemic esophagitis *
- Anemia *
- Asplenia *
- Anthrax *
- Arsenic poisoning *
- Botulism foodborne, wound, unspecified, other *
- Botulism infant *
- Brucellosis *
- California serogroup virus (neuroinvasive and non-neuroinvasive disease) *
- Campylobacteriosis *
- Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) *
- Carbon monoxide poisoning *
- Chancroid *
- Chlamydia *
- Cholera *
- Ciguatera fish poisoning (Ciguatera) *
- Congenital anomalies *
- Conjunctivitis (in neonates ≤ 14 days old) *
- Creutzfeldt-Jakob disease (CJD) *
- Cryptosporidiosis *
- Cyclosporiasis *
- Dengue *
- Diphtheria *
- Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) *
- Ehrlichiosis *
- Encephalitis, other (non-arboviral) *
- Enteric disease due to *Escherichia coli*, O157:H7
- *Escherichia coli*, other pathogenic *E. coli* including enterotoxigenic, invasive, pathogenic, hemolytic, aggregate strains and stx2 positive strains
- Giardiasis *
- Glanders *
- Gnomohia *
- Gram-negative meningitis and invasive disease
- Hansen's disease (Leprosy) *
- Hantavirus infection
- Hemolytic uremic syndrome
- Hepatitis A
- Hepatitis B, C, D, E, and G *
- Hepatitis B surface antigens (HBsAg) (positive in a pregnant woman or a child up to 24 months old) *
- Herpes simplex virus (HSV) in (infants up to 60 days old with disseminated infection with involvement of liver, esophagitis and infections limited to skin, eyes and mouth; congenital in children ≤ 12 yrs) *
- Human Immunodeficiency Virus (HIV) infection, all, and including neonates born to an infected woman, exposed newborn
- Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 5 years of age; congenital in children ≤ 12 yrs) *
- Influenza due to novel or pandemic strains
- Influenza-associated pediatric mortality (in persons aged < 18 yrs)
- Lead poisoning (blood lead level ≥ 10µg/dl; additional reporting requirements exist for hand-held and/or site blood lead testing technology, see 640-3 FAC) *
- Legionellosis *
- Leptospirosis *
- Listeriosis *
- Lyme disease *
- Lymphogranuloma venereum (LGV) *
- Malaria *
- Measles (Rubella) *
- Melioidosis *
- Meningitis (bacterial, cryptococcal, mycotic) *
- Meningococcal disease (includes meningitis and meningococcemia) *
- Mercury poisoning *
- Mumps *
- Neurologic shellfish poisoning *
- Pertussis *
- Pesticide-related illness and injury *
- Plague *
- Poliomyelitis, paralytic and non-paralytic *
- Psittacosis (Ornithosis) *
- Q Fever *
- Rabies (human, animal)
- Rabies (possible exposure)
- Rabies toxicity
- Rocky Mountain spotted fever *
- Rubella (including congenital)
- St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive) *
- Salmonellosis *
- Saxitoxin poisoning including paralytic shellfish poisoning (PSP) *
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease *
- Shigellosis *
- Smallpox *
- Staphylococcus aureus, community associated mortality *
- Staphylococcus aureus infection (with intermediate or full resistance to vancomycin, VISA, VRSA)
- Staphylococcus enterotoxin B (disease due to)
- Streptococcal disease, invasive, Group A *
- Streptococcus pneumoniae, invasive disease *
- Syphilis *
- Syphilis (in pregnant women and neonates)
- Toxoplasmosis (acutis) *
- Trichinellosis (Trichinosis) *
- Tuberculosis (TB) *
- Typhus *
- Typhoid fever
- Typhus fever (disease due to *Rickettsia prowazekii* infection)
- Typhus fever (disease due to *Rickettsia typhi*, P. felis infection) *
- Varicella *
- Varicella (Chickenpox) *
- Varicella mortality *
- Vezuvinus equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) *
- Vibrio (Vibrio infections) *
- Viral hemorrhagic fever (Ebola, Marburg, Lassa, Machupo) *
- West Nile virus disease (neuroinvasive and non-neuroinvasive) *
- Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) *
- Yellow fever

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**Section 388.001, Florida Statutes** states that "every practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or any other medical practice who diagnoses or suspects the existence of a disease or public health emergency shall immediately report the case to the Department of Health. The local health department serves as the Department's representative in this reporting requirement. Furthermore, the section provides that "the Department shall have a list of diseases determined by it to be of public health significance ... and shall furnish a copy of said list to the practitioner."