



Epi Times

Volume 5, Issue 2

Florida Department of Health

Pasco County

Main Office
10841 Little Road
New Port Richey, FL 34654
(727) 861-5260
www.pasco.floridahealth.gov

Administrator:
Mike Napier, MS

Epidemiology Manager:
Garik Nicholson, MPH

Office Hours:
Mon-Fri 8am–5pm

To report a disease, disease outbreak or request information call:

Epidemiology: (352) 521-1450, Option 2

Confidential fax: (352) 521-1435

TB: (727) 861-5260, ext. 0253

Confidential fax: (727) 861-4844

Environmental: (813) 558-5173

Animal Control
(report animal bites):
(727) 834-3216
Fax: (813) 929-1218

STD/HIV: (727) 619-0260 (W. Pasco) or (352) 834-6150 (E. Pasco)

HIV (testing): (727) 619-0260 (W. Pasco) or (352) 834-6146 (E. Pasco)

After Hours:
Pager (727) 257-1177
Answering Service (727) 815-4088

Epi Times editor:
Jennie Pell, MPH, CPH
Epidemiologist
(352) 521-1450, ext. 6145
jennie.pell@flhealth.gov

PAHO reminds travelers to get vaccinated for measles and rubella before the Olympic and Paralympic Games in Rio

Washington, July 12, 2016 (PAHO/WHO) — The Pan American Health Organization/World Health Organization (PAHO/WHO) is reminding persons who plan to attend the Olympic Games to get vaccinated especially against measles and rubella at least two weeks before traveling. The Olympic Games are scheduled to take place 5-21 August in Brazil, followed by the Paralympic Games during the period of 7-18 September, 2016.

In the Americas, endemic transmission of measles was interrupted in 2002 and transmission of rubella was interrupted in 2009. In 2015, the region was certified as having eliminated rubella and congenital rubella syndrome (CRS). An international commission is expected to certify the elimination of measles in the near future. However, unimmunized travelers from countries where these viruses still circulate could reintroduce them into the hemisphere.

"It is key that everyone traveling to the Games be up-to-date with their vaccination in order to ensure that we can keep the region free of measles and rubella," said PAHO Director Carissa F. Etienne.

This year's Games are expected to attract up to 500,000 visitors and participants from countries around the world. At least 104 countries had reported measles cases in 2015.

PAHO/WHO also recommends that all travelers ensure that their immunization for routine vaccines is up-to-date. Further to these recommendations, travelers should consider additional vaccines depending on their itinerary. More details on recommended health measures are outlined in the PAHO/WHO Health Advice for Travellers to the 2016 Summer Olympic and Paralympic Games.

To learn more from WHO about travel to Brazil for the Olympic games, including information about immunizations, mosquito-borne diseases, and arbovirus transmission, please visit: <http://www.who.int/ith/updates/20160621/en/>



Source: [PAHO](#)

NIH awards \$55 million to build million-person precision medicine study

July 6, 2016 — The National Institutes of Health today announced \$55 million in awards in fiscal year 2016 to build the foundational partnerships and infrastructure needed to launch the Cohort Program of President Obama's [Precision Medicine Initiative \(PMI\)](#). The [PMI Cohort Program](#) is a landmark longitudinal research effort that aims to engage 1 million or more U.S. participants to improve our ability to prevent and treat disease based on individual differences in lifestyle, environment and genetics. The awards will support a Data and Research Support Center, Participant Technologies Center and a network of Healthcare Provider Organizations (HPO). An [award](#) to Mayo Clinic, Rochester, Minnesota, to build the biobank, another essential component, was announced earlier this year. All awards are for five years, pending progress reviews and availability of funds. With these awards, NIH is on course to begin initial enrollment into the PMI Cohort Program in 2016, with the aim of meeting its enrollment goal by 2020.

The PMI Cohort Program is one of the most ambitious research projects in history and will set the foundation for new ways of engaging people in research. PMI volunteers will be asked to contribute a wide range of health, environment and lifestyle information. They will also be invited to answer questions about their health history and status, share their genomic and other biological information through simple blood and urine tests and grant access to their clinical data from electronic health records. In addition, mobile health devices and apps will provide lifestyle data and environmental exposures in real time. All of this will be accomplished with essential privacy and security safeguards. As partners in the research, participants will have ongoing input into study design and implementation, as well as access to a wide range of their individual and aggregated study results.

"This range of information at the scale of 1 million people from all walks of life will be an unprecedented resource for researchers working to understand all of the factors that influence health and disease," said NIH Director Francis S. Collins, M.D., Ph.D. "Over time, data provided by participants will help us answer important health questions, such as why some people with elevated genetic and environmental risk factors for disease still manage to maintain good health, and how people suffering from a chronic illness can maintain the highest possible quality of life. The more we understand about individual differences, the better able we will be to effectively prevent and treat illness."

The knowledge gained from the PMI Cohort Program will extend successes of precision medicine in some cancers to many other diseases. Importantly, the program will focus not just on disease, but also on ways to increase an individual's chances of remaining healthy throughout life.

"As someone who has personally benefited from precision medicine, I am excited for this study to intersect with other fundamental changes in medicine and research to empower people to live healthier lives," added PMI Cohort Program Director Eric Dishman. "What potential participants need to know is that we are equally interested in learning how we can prevent illness in the first place, but when we do get ill, which treatment options are going to work best for each of us individually."

These initial awards bring together the major elements through a variety of new partnerships that are needed to launch the PMI Cohort Program later this year. "This is an incredibly complex study requiring new kinds of strategic and operational partnerships — this can't be business as usual," said Kathy L. Hudson, Ph.D., NIH Deputy Director for Science, Outreach, and Policy who helped orchestrate the PMI Cohort Program. "We are excited to break new ground in engaging people in research and building a study of this scale and scope."

The infrastructure will be assembled with the following organizations and is intended to expand over time as needed to support the growth of the cohort:

Data and Research Support Center

The [Data and Research Support Center](#) has been awarded to Vanderbilt University Medical Center, Nashville, Tennessee, working with the Broad Institute, Cambridge, Massachusetts, and Verily Life Sciences (formerly Google Life Sciences), Mountain View, California. This center will acquire, organize and provide secure access to what will be one of the world's largest and most diverse datasets for precision medicine research. They will also provide research support for the scientific data and analysis tools for the program, helping to build a vibrant community of researchers from community colleges to top healthcare research institutions and industries, and including citizen scientists, who can propose studies using this information.

Participant Technologies Center

Enrollment of PMI Cohort Program participants will be through two distinct approaches. One leverages the strengths of HPOs that have existing relationships with potential participants, and the other will be through the [Participant Technologies Center](#), which will support direct enrollment. The Participant Technologies Center has been awarded to the Scripps Research Institute, San Diego, and Vibrent Health, Fairfax, Virginia. The center will also develop, test, maintain and upgrade, as needed, PMI Cohort Program mobile applications. These mobile apps will be used to enroll, consent, collect data from and communicate with PMI Cohort Program participants. Importantly, the center will need to develop parallel platforms to deliver these same functions to those without smartphones, and work with various technology organizations to increase smartphone accessibility.

Healthcare Provider Organizations

NIH will build a network of [HPOs](#) over time to ensure that participants in the research represent the geographic, ethnic, racial and socioeconomic diversity of the country. The network will include regional and national medical centers, community health centers and medical centers operated by the U.S. Department of Veterans Affairs (VA). The following organizations have been selected as the initial set of HPOs with another funding opportunity in the coming months. These HPOs will engage their patients in the PMI Cohort Program, help build the research protocols and plans, enroll interested individuals and collect essential health data and biological specimens. The regional medical centers are:

- Columbia University Health Sciences, New York City
- Northwestern University, Chicago
- University of Arizona, Tucson
- University of Pittsburgh at Pittsburgh

These awardees have sub-awards with organizations that extend the geographic reach of the HPO network. In addition, NIH collaborated with the Health Resources & Services Administration (HRSA) to select six Federally Qualified Health Centers (FQHCs), which are community-based HPOs that reach underserved areas and populations. This award supports a pilot program to determine infrastructure needs that will enable a wide variety of FQHCs to participate as HPOs. FQHCs will be critical for bringing underserved individuals, families and communities into the cohort, especially those historically underrepresented in biomedical research. Recipients are:

- Cherokee Health Systems, Knoxville, Tennessee
- Community Health Center, Inc., Middletown, Connecticut
- Eau Claire Cooperative Health Center, Columbia, South Carolina
- HRHCare, Peekskill, New York
- Jackson-Hinds Comprehensive Health Center, Jackson, Mississippi
- San Ysidro Health Center, San Ysidro, California

Another significant and important partner in the HPO network is the VA, which has medical centers across the United States that provide care to America's veterans. By collaborating with the VA, the NIH will ensure America's former servicemen and women have the opportunity to participate in the PMI Cohort Program. The VA Healthcare System serves a demographically and geographically diverse population, which strengthens NIH's capacity to enroll people of all races and socioeconomic backgrounds in the cohort. The VA will leverage the experience and infrastructure gained from its [Million Veteran Program](#), which partners with U.S. veterans receiving care at VA medical centers to study how genes affect health, to help enroll veterans in the PMI Cohort Program.

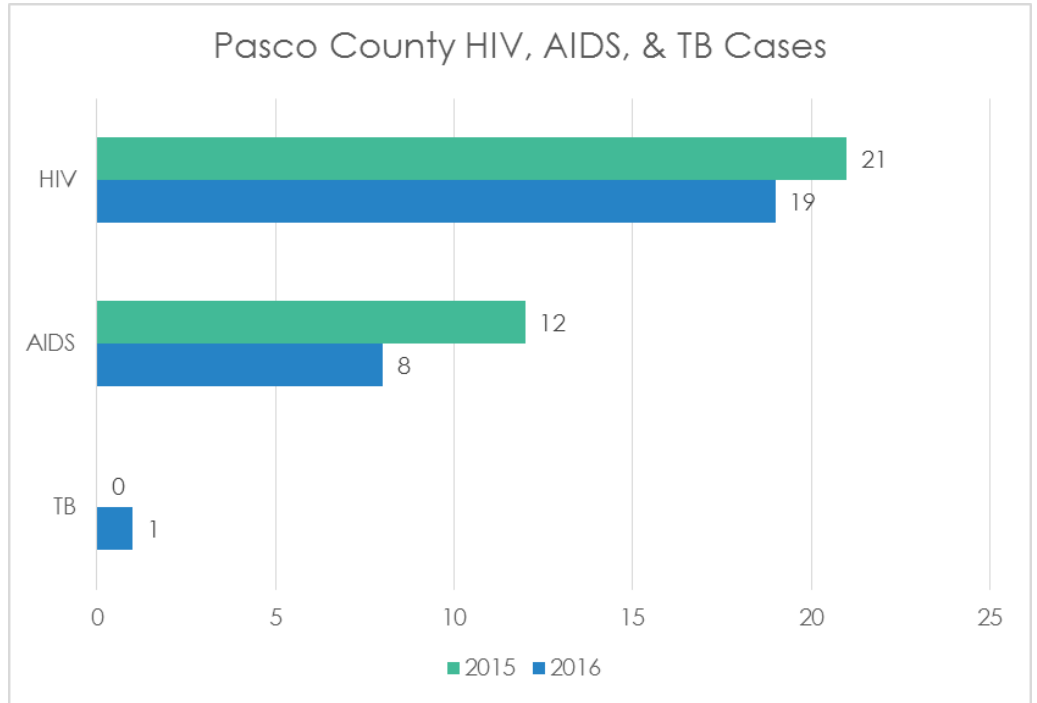
Biobank

In May of 2016, Mayo Clinic was awarded the task of building the [PMI Cohort Program Biobank](#). The biobank will support the collection, analyses, storage and distribution for research use of biological samples known as biospecimens. Data from laboratory analyses of biospecimens will be combined with an array of other lifestyle and health information provided by volunteers to help researchers continue to unravel individual differences that contribute to disease and response to treatments.

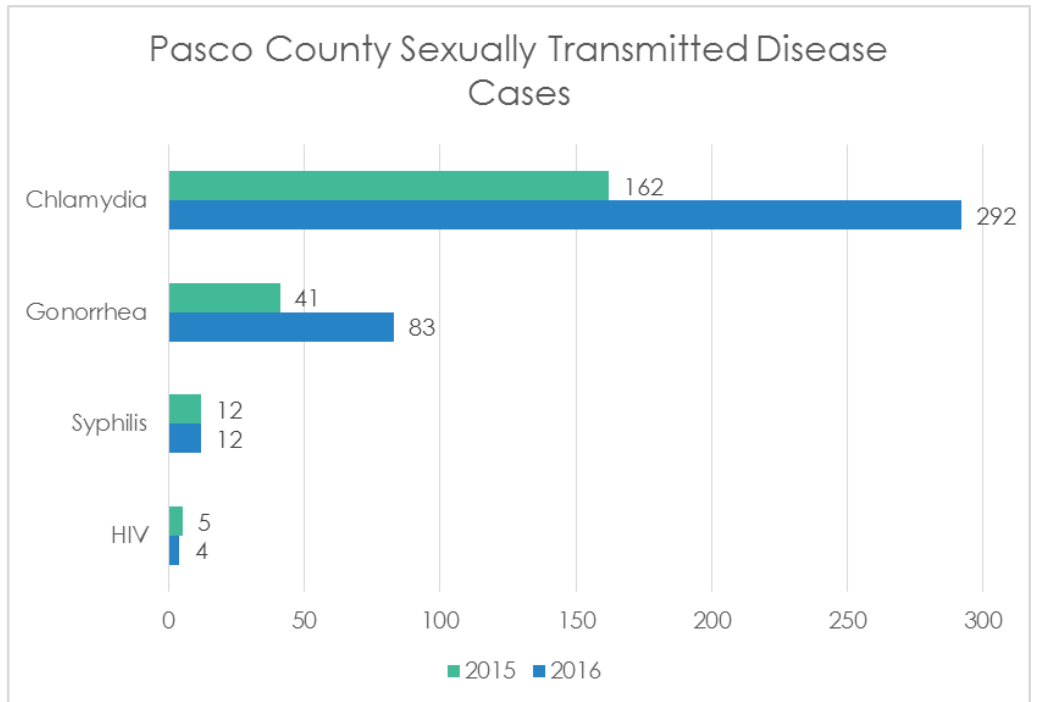
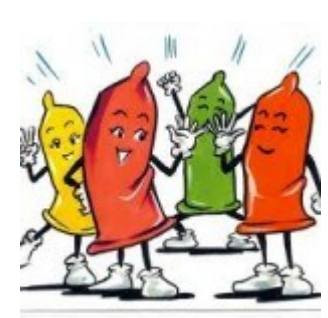
Visit the [NIH's PMI Cohort Program website](#) to learn more about the program and sign up for updates.

Source: [NIH](#)

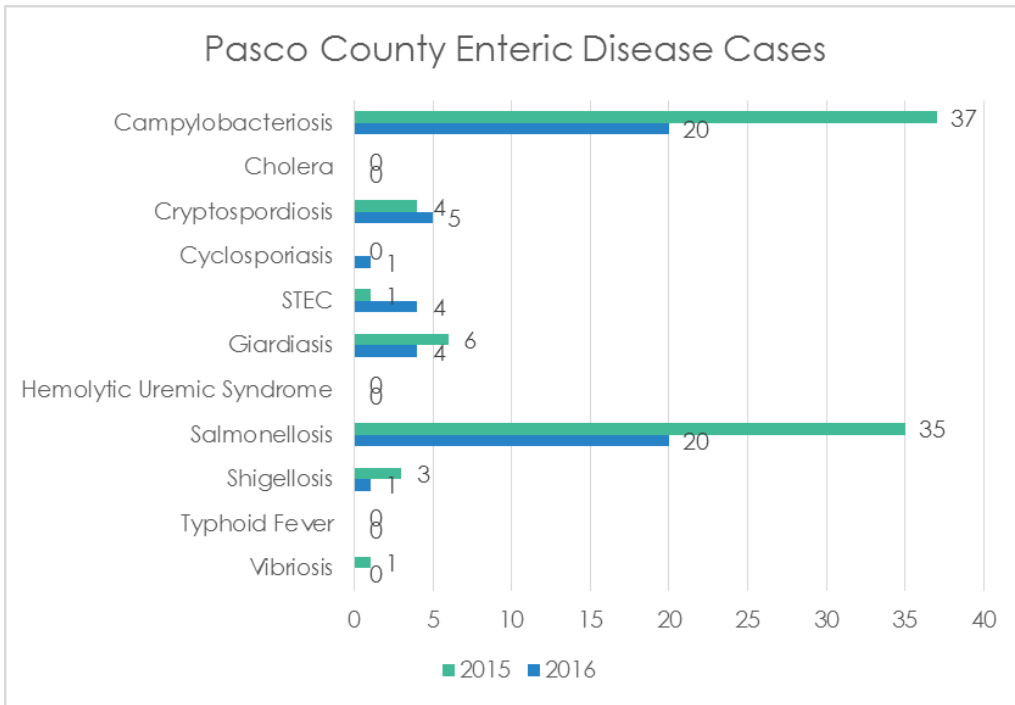
HIV, AIDS, & TB 2nd Quarter Summary



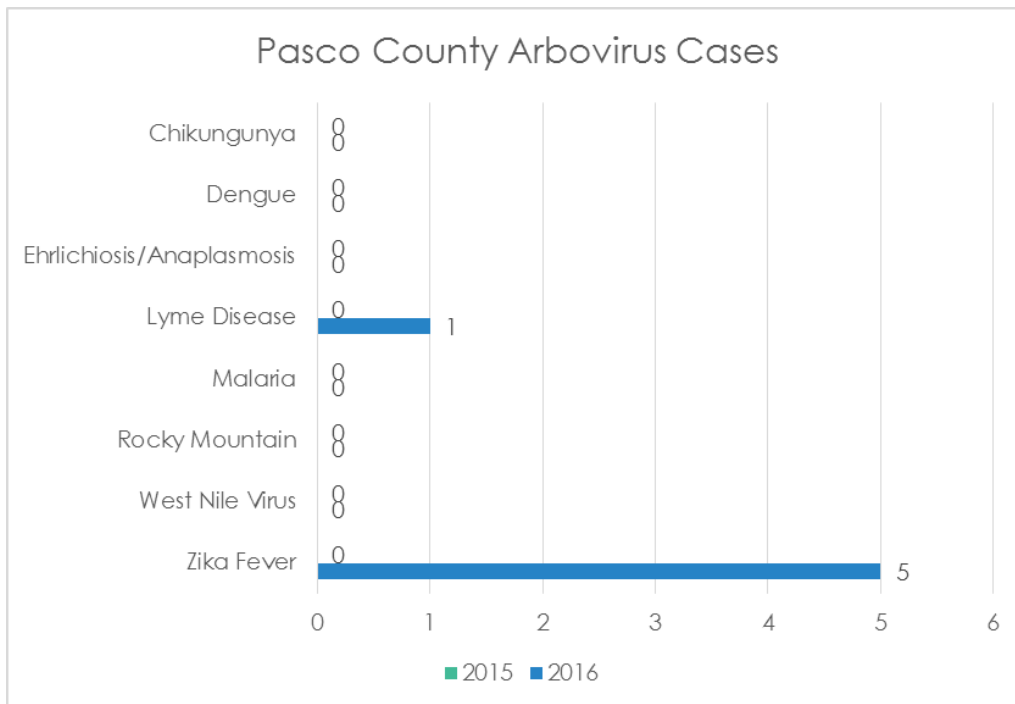
Sexually Transmitted Disease 2nd Quarter Summary



Enteric Disease 2nd Quarter Summary



Arbovirus 2nd Quarter Summary



Disease Summary 2nd Quarter 2016	Apr - June		YTD	
	2016	2015	2016	2015
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)		1		1
Haemophilus influenzae	6		6	1
Legionellosis	5	2	6	2
Listeriosis				1
Meningitis, Bacterial or Mycotic	2		2	1
Meningococcal Disease				
S. aureus Infection, Intermediate Resistance to Vanomycin	1		1	
Strep pneumoniae Invasive Disease, Drug-Resistant		1	2	1
Strep pneumoniae Invasive Disease, Drug-Susceptible	10		12	4
Enteric Infections				
Campylobacteriosis	20	37	39	53
Cholera (Vibrio cholerae Type O1)				
Cryptosporidiosis	5	4	6	6
Cyclosporiasis	1		1	
Escherichia coli Shiga Toxin-Producing (STEC)	4	1	9	4
Giardiasis	4	6	8	9
Hemolytic Uremic Syndrome (HUS)				1
Salmonellosis	20	35	38	53
Shigellosis	1	3	5	3
Typhoid Fever				
Vibriosis		1		2
Vaccine Preventable Diseases				
Measles				
Mumps				1
Pertussis	1	7	5	12
Varicella	2	10	4	16
Vector Borne, Zoonoses				
Chikungunya Fever				
Ehrlichiosis/Anaplasmosis				1
Lyme Disease	1		2	
Malaria				
Rabies, Animal	2		2	1
Rabies, Possible Exposure	44	60	81	109
Rocky Mountain Spotted Fever and Rickettsiosis				
West Nile Virus Neuroinvasive Disease				
Zika Fever	5		5	
Viral Hepatitis				
Hepatitis A	1		2	2
Hepatitis B, Acute	21	11	45	30
Hepatitis B, Chronic	30	23	54	45
Hepatitis B, Surface Antigen in Pregnant Women	2	1	2	4
Hepatitis C, Acute	5	2	12	2
Hepatitis C, Chronic	386	241	593	437
Hepatitis E				
Other				
Carbon Monoxide Poisoning	2	1	4	2
Influenza-Associated Pediatric Mortality				
Lead Poisoning	8	9	15	16
Mercury Poisoning			1	
Pesticide-Related Illness and Injury	1		1	
Total	590	456	966	820

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



Did you know that you are required* to report certain diseases to your local county health department?

Florida Department of Health in Pasco County - Epidemiology
 13941 15th Street, Dade City, FL 33525
 Phone (352) 521 - 1450 option 2
 After Hours Reporting (727) 257 - 1177 (pager)
 Confidential Fax (352) 521 - 1435

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ Report immediately 24/7 by phone
 - Report next business day
 - + Other reporting timeframe

<ul style="list-style-type: none"> ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance + Acquired immune deficiency syndrome (AIDS) ☎ Amebic encephalitis ! Anthrax • Arsenic poisoning • Arboviral diseases not otherwise listed ! Botulism, foodborne, wound, and unspecified • Botulism, infant ! Brucellosis • California serogroup virus disease • Campylobacteriosis + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors • Carbon monoxide poisoning • Chancroid • Chikungunya fever ☎ Chikungunya fever, locally acquired • Chlamydia ! Cholera (<i>Vibrio cholerae</i> type O1) • Ciguatera fish poisoning + Congenital anomalies • Conjunctivitis in neonates <14 days old • Creutzfeldt-Jakob disease (CJD) • Cryptosporidiosis • Cyclosporiasis • Dengue fever ☎ Dengue fever, locally acquired ! Diphtheria • Eastern equine encephalitis • Ehrlichiosis/anaplasmosis • <i>Escherichia coli</i> infection, Shiga toxin-producing • Giardiasis, acute ! Glanders • Gonorrhea 	<ul style="list-style-type: none"> • Granuloma inguinale ! <i>Haemophilus influenzae</i> invasive disease in children <5 years old • Hansen's disease (leprosy) ☎ Hantavirus infection ☎ Hemolytic uremic syndrome (HUS) ☎ Hepatitis A • Hepatitis B, C, D, E, and G • Hepatitis B surface antigen in pregnant women or children <2 years old ☎ Herpes B virus, possible exposure • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old + Human immunodeficiency virus (HIV) infection • HIV, exposed infants <18 months old born to an HIV-infected woman • Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old ! Influenza A, novel or pandemic strains ☎ Influenza-associated pediatric mortality in children <18 years old • Lead poisoning • Legionellosis • Leptospirosis ☎ Listeriosis • Lyme disease • Lymphogranuloma venereum (LGV) • Malaria ! Measles (rubeola) ! Melioidosis • Meningitis, bacterial or mycotic ! Meningococcal disease • Mercury poisoning • Mumps + Neonatal abstinence syndrome (NAS) ☎ Neurotoxic shellfish poisoning ☎ Pertussis • Pesticide-related illness and injury, acute 	<ul style="list-style-type: none"> ! Plague ! Poliomyelitis • Psittacosis (ornithosis) • Q Fever ☎ Rabies, animal or human ! Rabies, possible exposure ! Ricin toxin poisoning • Rocky Mountain spotted fever and other spotted fever rickettsioses ! Rubella • St. Louis encephalitis • Salmonellosis • Saxitoxin poisoning (paralytic shellfish poisoning) ! Severe acute respiratory disease syndrome associated with coronavirus infection • Shigellosis ! Smallpox ☎ Staphylococcal enterotoxin B poisoning ☎ <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) • <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old • Syphilis ☎ Syphilis in pregnant women and neonates • Tetanus • Trichinellosis (trichinosis) • Tuberculosis (TB) ! Tularemia ☎ Typhoid fever (<i>Salmonella</i> serotype Typhi) ! Typhus fever, epidemic ! Vaccinia disease • Varicella (chickenpox) ! Venezuelan equine encephalitis • Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! Viral hemorrhagic fevers • West Nile virus disease ! Yellow fever
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*Section 381.0031 (2), *Florida Statutes* (F.S.), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), F.S. provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."