



EPIsodes: 2018 Year in Review

2018 Epidemiology Program Highlights

The primary goal of the Florida Department of Health in St. Lucie's [Epidemiology Program](#) (Epi) is to prevent the spread of communicable disease. Overall, in 2018, Epi investigated over 2,500 reports of communicable disease; 1,131 of which were confirmed, probable or suspect cases. Preliminary individual case counts are on [page 8](#) of this report.

In addition to reportable disease, Epi conducts influenza surveillance regularly. Due to the severity of the 2017-18 influenza season, 2018 began with several flu or influenza like illness (ILI) outbreak investigations already underway. Also, to supplement the typical seasonal influenza surveillance, all county health departments were tasked with specifically investigating cases of laboratory confirmed cases of influenza between the ages of 0-64 years who were admitted to intensive care units. Local hospitals were instrumental in these surveillance efforts which were instituted by the Bureau of Epidemiology in order to inform state response strategies and assess policies and gaps with implementing then current guidelines.

As well as individual case investigations, Epi also investigates reports of clusters or outbreaks of illness in the community; giving special attention to certain congregate settings. Epi provides resources, education, and recommendations for disease control measures when these clusters or outbreaks are reported.

Disease outbreaks and clusters, 2018:

Epi investigated three clusters of influenza or influenza like illness (ILI), and one cluster of Fifth Disease in local schools in January.

Also, in January, a local assisted living facility reported an influenza outbreak. Epi staff visited the facility and provided educational resources for staff and residents and guidance

for stopping further spread of illness. The facility very quickly put control measures into place and assisted influenza virologic surveillance efforts by providing specimens to the Bureau of Public Health Laboratories (BPHL).

In May, Epi investigated a report of several people suffering nausea, vomiting and diarrhea after eating at a work-place potluck. The source was not identified, but Epi took the opportunity to educate the staff involved on safe food handling.

In July, Epi consulted on a case of crusted scabies with multiple potential health care exposures. Prophylaxis was recommended according to Centers for Disease Control and Protection guidelines for scabies in institutional settings.

Also, in July, a domestic cat caught a bat in its backyard. The bat was brought by the cat's owner to the Humane Society. DOH-St. Lucie EH sent the bat for testing and it was positive for rabies. Epi completed interviews with the cat owner, the Humane Society, and others and it was determined there were no human exposures to the rabies positive bat. One confirmed case of animal rabies causes Epi to heighten surveillance activities. No further cases were discovered.

Four confirmed cases of ciguatera fish poisoning were reported in July. The Epi investigation found that all cases ate the same meal of barracuda. Although the barracuda was a likely source of the ciguatera, it could not be confirmed because the cases disposed of all leftovers after they became symptomatic. The fish was not purchased at a fish market or from a licensed vendor; the time and location the fish was caught could not be determined.

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StLucieCountyHealth.com

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"Disease control and prevention are core functions of any public health agency. Protection of the public's health from existing, emerging, and re-emerging diseases requires diligence in all aspects of public health. The public health partners identifying and characterizing emerging trends in disease are the physicians, nurses, laboratorians, hospital infection preventionists, and other health care professionals who participate in reportable disease surveillance. Without their participation, the ability to recognize and intervene in emerging public health issues would be much more limited."

[Florida Morbidity Statistics Report 2016](#)

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In September, a local hospital reported three patients were admitted to the ICU for bilateral pneumonia with reported recent travel. After further investigation, it was found that the cases traveled to a family reunion in California with a group of 20-25. At least half of the group were symptomatic during or after travel back to St. Lucie County. Several of the family members tested positive for influenza A. No associated cases were discovered outside the family group.

In October, a local school reported 12 students with symptoms of diarrhea or upset stomach. The ensuing investigation did not reveal any common source for the illness. Often, a report of a cluster of similar illness is received and an investigation will find it does not meet the criteria for an outbreak, or a common source of illness cannot be identified. Regardless of the investigatory results, Epi can support the efforts of the reporting entity to control further spread of illness by providing control measure recommendations, education, letters to parents or clients and other resources.

In October, November and December Epi investigated several flu/ILI outbreaks at local schools. The largest of which involved 121 reports of illness, 84 of 121 met case definition for the outbreak, 15 tested positive for influenza A. Of the 121 ill, 13 had received the 2018-19 flu vaccine. Epi provided control measure recommendations, held a flu vaccine clinic for faculty and staff, and partnered with School Health to provide educational materials to students, parents, teachers and staff. The school completed at least two rounds of deep cleaning with EPA registered cleaning products in classrooms and busses. The investigation was closed after the school returned from winter break and no new onset of illness occurred.

Many times during the year Epi will join other Department of Health programs and/or outside agencies to complete full investigations depending upon the circumstances. Epi will work with DOH-St. Lucie Environmental Health, the [Department of Business and Professional Regulation](#), the Florida [Department of Agriculture and Consumer Services](#), and the [Centers for Disease Control and Prevention](#) depending upon the disease or potential sources of illness.

If any organization in our community is interested in communicable disease prevention messaging or other resources that may be available through DOH-St. Lucie, please contact the Epidemiology Program at 772-462-3883. Please report any cluster or outbreak of any illness to Epi as soon as possible at this number, or after hours at 772-462-3800.

For more information on reporting disease in St Lucie County:

Call the Epidemiology Program at 772-462-3883

Request a Provider Reporting Resource booklet from the Epidemiology Program

Go to: stlucie.floridahealth.gov/programs-and-services/infectious-disease-services/epi/index.html

Go to: floridahealth.gov/diseases-and-conditions/index.html

Download a list of reportable diseases/conditions in Florida at: stlucie.floridahealth.gov/files/documents/2018/documents/reportablediseases.pdf

2019 Epidemiology Program Priorities

Priority Area: Prevent and control the spread of communicable disease.

Goal: Continue to investigate individual cases, clusters, and outbreaks of more than 90 diseases and conditions reportable by statute in the State of Florida.

Actions: DOH-St Lucie continues to develop relationships and serve as a resource for our community partners and medical providers by offering information and feedback on reportable disease incidence, reporting requirements, disease prevention and control measures to the community. In 2018, the Epidemiology Program investigated over 2,500 reports of communicable disease; 1,131 of which were confirmed, probable or suspect cases; and conducted 15 outbreak investigations. For individual case counts of reportable diseases and conditions see [page 8](#).

Priority Area: Prevent and control the spread of hepatitis A virus in St. Lucie County.

Goal: St. Lucie County has not been affected by the recent increase of hepatitis A cases in Florida, but hepatitis A is prone to outbreaks that can happen at any time. The Epidemiology Program's goal to prevent individual cases and outbreaks of hepatitis A from occurring in St. Lucie County.

Actions: For several years, DOH-St. Lucie Disease Control programs have partnered to test high-risk populations for viral hepatitis. DOH-St Lucie provides hepatitis screening, vaccinations and testing through our clinics and outreach opportunities.

Priority Area: Contribute to better understanding the opioid epidemic and its effects in St. Lucie County.

Goal and Actions: DOH-St Lucie participates in the Treasure Coast Opioid Task Force and its subcommittees. The DOH-St Lucie Epidemiology Program is currently pursuing a project to conduct research regarding the potential link between opioid use/abuse and chronic hepatitis C in the younger (≤ 30 years) population with special attention to testing and treatment for hepatitis C available in substance abuse treatment facilities and management of hepatitis C cases after completion of those programs.

HIV Prevention

Outreach and Community Messaging

In 2018, the [HIV Prevention Program](#) worked to make an impression in Area 15- St. Lucie, Indian River, Okeechobee, and Martin counties. This year was full of a wide-range of varying techniques to impact in the community. We expect to expand on these practices in 2019 for even greater results!

Highlights of 2018:

The HIV Prevention Program met at multiple locations in the community providing testing and education at the Up Center, Pride Fest, Club Med Resorts, local neighborhoods, supermarkets, parks, and colleges just to name a few!

✂ In April, during STD awareness month, the HIV, Epi and STD departments joined forces and over the course of the month tested over 100 individuals and provided hepatitis A vaccinations.

✂ [Take a Loved One to the Doctor Day](#) was held in October and over 60 people were present to learn about community resources and the importance of routine HIV testing.

✂ For World AIDs Day, both the HIV and STD department collaborated to provide over 60 people health education and/or STD/HIV testing at the Up Center.

✂ The program has expanded their media campaign to include messaging in movie theaters and online ads. The campaign has reached over 1.2 million individuals.

✂ Training on the new 60-sec rapid HIV test, INSTI, was offered to Area 15 community-based organizations and county health departments. Over 40 participants completed the training.

✂ HIV Prevention collaborated with Teen Choices and presented "Understanding Healthy Relationships," a program focused on developing healthy relationships with family, friends and dating partners. Over 100 students attended the presentation at Centennial High School.

✂ Phlebotomy training was given to multiple Area 15 community-based organizations to instruct them on the preferred method of HIV testing, the 4th generation HIV test.

PrEP

[Pre-exposure prophylaxis \(or PrEP\)](#) is a comprehensive HIV prevention strategy that involves the daily use of antiretroviral medications to reduce the risk of HIV infection in HIV-negative individuals. The regular use PrEP, along with condom usage in sexually active HIV-negative individuals, reduces the risk of infection by up 92% according to the CDC.

Currently, all 67 Florida county health departments, including DOH-St. Lucie, offer PrEP to individuals at risk. There are also PrEP navigation and patient assistance programs available to assist clients if needed.

Linkage to Care

The Linkage to Care Program assists persons living with HIV that are aware of their status, persons who have newly tested HIV positive and persons who are not currently accessing HIV/AIDS care. The program goal is to increase the number of people who know their HIV status; to increase the number of HIV positive



persons linked to care; and to increase the number of people retained in care, on antiretroviral therapy and are maintaining a suppressed viral load.

The Linkage Program is also participating in the Data to Care strategy which identifies persons living with HIV who previously received HIV medical care but have not been retained in care. That program has also been expanded to include re-engaging [Ryan White](#) clients with a history of medical case management clients back into care that have fallen out of Ryan White case management. Currently, we have been able to reach out to over 40 clients to re-engage them back into care.

DOH-St. Lucie has enacted The Peer Navigation program in collaboration with Midway Specialty Care Center to provide peer to peer linkage navigation through the HIV patient navigation spectrum.

The Linkage Teams continues to redefine the culture of those who serve HIV-infected persons to enlist everyone in the spectrum of services, (case managers, medical providers, prevention providers, etc.) to link those with HIV to medical care. DOH-St. Lucie's HIV Programs encourage community providers, consumers, patient care advocates, clinical staff and others to be a part of the Linkage Team assisting HIV-infected individuals to find a medical home.

Test and Treat

DOH-St. Lucie is actively providing [Test and Treat](#) to HIV positive clients who are newly diagnosed with HIV or have fallen out of care. The program allows individuals that has a reactive HIV test, to immediately be given a free 30-day supply of antiretroviral medication to immediately start suppressing the virus and help with adherence to care. The Test and Treat Program has had great success and obtained partnerships with outside medical providers to also enact the Test and Treat philosophy into their own program and ensure a continuum of care for new patents.

Jan-Dec 2018 – Area 15 Test and Treat Clients

- ✂ Total Completed Test and Treat: 13
- ✂ Total New Positives Completed Test & Treat: 11
- ✂ Total Re-Engaged Clients Completed Test & Treat: 2



HIV/AIDS Patient Care Programs

The Area 15 Lead Agency for [HIV/AIDS programs](#) and services continues to enhance, broaden and streamline the system of care for individuals both infected and affected by HIV/AIDS.

The HIV/AIDS patient care programs consist of three categories: **Case Management, Pharmaceutical and Housing.**

The Ryan White Case management staff is comprised of 15 staff members with service provision in Indian River, Martin, Okeechobee and St. Lucie Counties.

Case management services are offered in the categories of core and support services. Core service categories include: outpatient ambulatory medical care, oral health care, mental health services, medical nutritional therapy and medical case management. The support services category has been amended and includes housing, linguistic, medical transportation and psychosocial support services.

2018 Area 15 [Ryan White Patient Care Services](#):

 5,573 core service visits

 1,083 total clients

The Patient Care Program sub-contracts out many of these services to outside providers.

Pharmaceutical services include the AIDS Drug Assistance Program ([ADAP](#)) which is comprised of four staff members for Area 15. Services are provided in St. Lucie, Okeechobee, Martin and Indian River Counties.

ADAP is a long-term assistance program that provides access to life-saving medications for the treatment of HIV/AIDS and opportunistic infections for low-income insured, underinsured or uninsured individuals living with HIV/AIDS in Florida. Services are provided through the provision of

medications directly to eligible clients with no insurance or through assistance with insurance premiums and medication co-payments and/or deductibles to clients with insurance.

The medication pick-up rates for each Area 15 county exceeded the 85% required state goal.

Housing programs share the goal of reducing the risk of homelessness and assisting in establishing or better maintaining a stable living environment for people living with HIV/AIDS. The Housing Opportunities for Persons with AIDS ([HOPWA](#)) is fortunate enough to provide services throughout the four-county area.


Staffed by two housing case managers, clients have been assisted with payments for mortgage, rental, transitional housing and utility assistance.

2018 HOPWA services:

 72 clients received emergency rental assistance

 4 clients received emergency mortgage assistance

 34 clients received emergency utility assistance

 64 clients received permanent housing placement including utility deposits, first and last month's rent and /or security deposits

TBRA (Tenant Based Rental Assistance) is a new addition to the HIV/AIDS patient care program. TBRA provides long term rental subsidies to those clients who have income yet qualify under the Housing and Urban Development's definition of homeless. 2018 was the first full year of operation and the program has already reached eligible participant capacity.

At present 19 individuals are enrolled in TBRA.

Teen Zone

TEEN ZONE is a reproductive health clinic for males and females age 13-19. The program is supported by a coalition of community partners including Kids Connected by Design and the [Roundtable of St. Lucie County](#). The Teen Zone mission is to reduce teen pregnancy and STD transmission through education and reproductive health care services. Teen Zone offers pregnancy testing, health education, STD/HIV testing, STD treatment, contraceptives, HPV Vaccine, and case management. All services are confidential and provided at no cost to the client.

The Teen Zone Clinic is open on the 1st and 3rd Tuesday of each month. Hours are 2:00 pm to 6:00 pm. Clients are seen on a walk-in basis – first come, first serve. For more information, visit : teenzoneslc.org.

2018 Teen Zone STD and HIV Testing

	JANUARY- MARCH	APRIL-JUNE	JULY- SEPTEMBER	OCTOBER- DECEMBER
TOTAL TESTED	49	35	75	60
<i>CHLAMYDIA +</i>	9	7	8	10
<i>GONORRHEA +</i>	0	0	2	0
<i>RPR +</i>	0	0	0	0
<i>HIV +</i>	0	0	0	0
<i>TREATED</i>	9	7	10	9
<i>NOT TREATED</i>	0	0	0	1
<i>MALES</i>	22	9	14	15
<i>FEMALES</i>	27	26	61	45

Environmental Health

Disease prevention and wellness are the core principles of the services provided by [Environmental Health](#) (EH) Staff each year in our community. In 2018, these services included:

🌐 Responding to environmental health issues after storm events. EH staff performs emergency assessments of our vulnerable communities including mobile home parks, adult living facilities, residential group homes and public and private schools; investigating storm-related sanitary nuisances due to sewage failures, providing public service announcements to the community for flooded wells, precautionary boil water notices and clean-up after the storm in mold and water-damaged homes.

🌐 537 [food service inspections](#) were completed at schools, assisted living facilities, detention facilities and civic/ fraternal organizations to make sure they operate in a safe and sanitary manner to minimize the transmission of disease.

🌐 353 [biomedical waste inspections](#) were completed at hospitals, clinics, nursing homes, laboratories, funeral homes, dentists, veterinarians, physicians, body piercing salons, tattoo shops, transporters and storage and treatment facilities. The objective is to protect health care workers, environmental service staff, waste haulers and the public from risks associated with potentially infectious biomedical waste.

🌐 216 [group care inspections](#) were conducted at adult living facilities, residential group homes and public and private schools. Inspections help facilities ensure good sanitary health and safety practices are in place related to construction, operation, and maintenance among the residents, employees, and visitors to the facility. EH's purpose is to prevent or minimize the risk of transmitting disease, injury or bodily harm.

🌐 [The Needle Collection Program](#) accepts needles, syringes with needles and lancets that have been used by a resident or family member in the treatment at home of an allergy, acute illness or chronic disease such as diabetes. The program ensures proper disposal of residential sharps.

🌐 Migrant housing inspections are carried out to reduce the risk of communicable disease transmission and injury among migrant farm workers by establishing comprehensive and uniform procedures for permitting and inspecting migrant housing. Typically, inspections are performed every six weeks during seasonal operation.

🌐 [Tanning facility inspections](#) are performed to verify the safe and sanitary operation of the facility and risks associated with overexposure to ultraviolet light from tanning beds and booths.

🌐 [Tattoo establishment inspections](#) are completed to ensure infection control standards and to minimize the spread of bacterial and blood-borne pathogen infections like hepatitis, HIV and MRSA.

🌐 [Body piercing establishment inspections](#) are conducted to ensure good infection control measures are demonstrated to minimize the risk of injury and infection that can result from body piercing procedures.

🌐 [Mobile home and recreational vehicle park inspections](#) are done to minimize the risk of injury and illness in this residential environment with a focus on proper sewage disposal to reduce the risk of diseases such as hepatitis, salmonellosis and shigellosis; safe drinking water inspections are done to minimize the risks of diseases such as giardia and

cryptosporidium; and safe solid waste collection and disposal inspections are done to minimize rat and roach infestations.

🌐 157 [sanitary nuisance investigations](#) were conducted to determine the potential impact to public health and ensure that valid complaints are properly abated to avoid the spread of disease.

🌐 [The Rabies Surveillance Program](#) quarantines or tests suspected rabid animals that exposed an animal or human to determine possible transmission and the need for vaccination against this potentially fatal disease. In 2018, 37 specimens were sent for rabies testing with 1 positive result.

🌐 1,562 direct services were performed in the [Onsite Sewage Program](#) this year. Permits are issued, and inspections are made by state certified environmental specialists to ensure new septic systems and system repairs meet Florida Statute and Florida Administrative Code requirements, along with operating permit inspections for facilities generating commercial waste or operate in areas zoned as Industrial Manufacturing. Permitting and inspecting septic systems ensures proper design, construction and maintenance to protect the groundwater.

🌐 Florida statute requires limited use commercial water systems (small businesses) and limited use community water systems (duplexes, residential assisted living facilities, childcare, family day care) are permitted and monitored by the Health Department. Water systems are tracked for water quality and operation, requiring quarterly bacteriological sampling and periodic lead and nitrate testing for each facility. EH performed 1,156 direct services in the [Limited Use Program](#).

🌐 EH is responsible for inspecting, monitoring and permitting 417 public swimming pools and spas at hotels, motels, condominiums, parks, schools, social and civic organizations in St. Lucie County. Staff performed 1,142 services in the [Swimming Pool Program](#) for 2018.

🌐 [The Well Delegation Program](#) is an interagency agreement between South Florida Water Management District and DOH-St. Lucie for the EH Division to permit and inspect the construction and abandonment of water wells in St. Lucie County. This includes drinking, irrigation, and monitoring wells. In 2018, EH performed 1,360 direct services with 1,129 well permits issued.

🌐 EH collects biweekly samples at six coastal beach locations for the [Healthy Beaches Program](#) and three river locations on the North Fork of the St. Lucie River. The samples are analyzed for enterococci bacteria. High concentrations of these bacteria may indicate the presence of microorganisms that could cause disease, infections or rashes. DOH-St. Lucie will issue health advisories or warnings when these conditions are confirmed.



Tuberculosis Program

The DOH- St Lucie [Tuberculosis and Respiratory Clinic's](#) goal is to reduce tuberculosis (TB) disease and infection rates in St. Lucie County. The TB Program is dedicated to providing holistic care for clients to promote compliance with treatment. This is vital to achieving the goal of assuring the cure and eliminating TB disease. The Program provides directly observed therapy (DOT) to clients with TB disease in their homes when transportation is an issue. Some of St. Lucie County's TB clients are faced with several challenges that can adversely affect treatment and increase non-compliance. Some of the challenges they face include medically complicated diagnoses, food inadequacies, housing issues and drug and alcohol abuse. These challenges create the need for case management and linkage to services within the community.

The TB Program works though the year to help clients in the community become TB free. In 2018, the TB Program provided 1,247 clinic services and 563 field services. Four diagnosed active TB cases were reported and treatment on 19 latent tuberculosis infection (LTBI) cases was initiated. Ten of the 19 LTBI cases completed treatment utilizing the new four-month therapy, and three took the even shorter 12-week course.

Also, in 2018, the TB Program completed initial and follow-up testing on several contacts of active TB cases and provided education regarding risk of progression to TB disease. Annual PPD skin and T-SPOT testing was provided to several community partners, as well as a few agencies that house high-risk individuals.

The TB Program's goal for 2019 is to continue working with our community partners to provide educational resources, guidance and other services as needed. The TB Program is looking forward to participating in various outreach programs in the community to target and screen individuals that are at risk to progress to TB disease.

Public Health Emergency Preparedness

[Public Health Preparedness](#) works toward improving St Lucie County's ability to respond to public health incidents through preparing for and responding to public health threats including natural, biological, chemical, radiological and nuclear incidents. DOH-St. Lucie's Preparedness efforts in 2018 also included responding to Hurricane Michael.

DOH-St Lucie's Preparedness Program also coordinated and conducted a Special Needs Shelter (SpNS) exercise with DOH staff and key community partners, participated in a Point of Distribution exercise, Alternate Care Site planning meetings and several training opportunities were organized and prepared for staff, community partners and Medical Reserve Corps (MRC) members.

Learn more about hurricane preparedness at: weather.gov/wrn/hurricane-preparedness

Special Medical Needs Information

The Division of Emergency Management and several St. Lucie County Departments in conjunction with the DOH-St. Lucie operate a Special Needs Shelter during an emergency event to provide mass care for people who cannot safely remain in their home. The SpNS is for those who have a medical condition that does not meet requirement for hospital admittance but who do need medical assistance and shelter during a storm. The SpNS is a place to go when there is no other sheltering option.

This shelter is located at the [Havert L. Fenn Center](#):
2000 Virginia Avenue
Fort Pierce, FL 34982

For additional information on how to register for the [Special Needs Program](#) contact the St. Lucie County Department of Public Safety at 772-462-8100.

For information regarding special needs registration by county go to floridadisaster.org/shelters

Medical Reserve Corps (MRC)

The [Medical Reserve Corps \(MRC\)](#) is a national network of local groups of volunteers committed to improving the health, safety and resiliency of their communities. MRC volunteers include medical and public health professionals, as well as others interested in strengthening the public health infrastructure and improving the preparedness and response capabilities of their local jurisdiction. MRC units identify, screen, train and organize the volunteers and utilize them to support routine public health activities and augment preparedness and response efforts.

In 2018, MRC was involved in many community health related preparedness efforts. The Stop the Bleed Campaign continues into 2019 in full force. In 2018, MRC volunteers trained 327 individuals in St. Lucie County. Those trained include Department of Health staff, high school students, Early Learning Coalition staff and Helena Chemical staff. Other MRC activities included Summer Safety Jam, CPR/First Aid Training for health paraprofessionals in St. Lucie County schools, HIV testing, calls for Special Needs Shelter registrations and pet CPR. 2018 also saw Narcan Training and Deployment Readiness. Future plans for the MRC is to continue to build teams, provide training and fully engage MRC volunteers into a wide variety of community health, safety and disaster preparedness efforts.



The local MRC currently has 21 volunteers but there is always room for more. If you are interested in learning more or volunteering to be a member of MRC go to stlucie.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/mrc/join-mrc or email Sonya.Crosby@flhealth.gov



Sexually Transmitted Disease Program

The Florida Department of Health in St. Lucie County [Sexually Transmitted Disease \(STD\) Program](#), partner clinics and private providers, provide screening, counseling, treatment and partner notification services to persons infected with or suspected of being infected with STDs. This The program includes surveillance with laboratories and other health care providers to ensure rapid reporting, treatment and intervention services. The program also conducts outreach screenings, notification of cases and at-risk persons residing in other public health jurisdictions and deploys rapid response teams to locate and ensure that infected persons, their partners and other at-risk individuals receive appropriate treatment and intervention activities.



The organizational structure of the State’s STD programs includes highly trained Disease Intervention Specialists (DIS), supervisors and managers, who are assigned to one of 15 area STD control programs around the state. St. Lucie, Martin, Indian River and Okeechobee Counties comprise Area 15 and field services for Area 15 are based out of the DOH-St. Lucie offices.

Field Services

The majority of work done by the STD Program DIS are field services. STD field services are an essential link between clinic services and persons who are either infected, and/or at risk for acquiring a sexually transmitted disease.

The five DIS assigned to Area 15 provide confidential counseling, testing and treatment for persons either diagnosed with or exposed to an STD. Clients who are diagnosed with an STD are also offered partner services that allow for the notification, screening and treatment of their sex or needle sharing partners. Partner referral services, conducted by professional DIS, result in greater confidentiality for clients and their partners, as well as providing more effective notification and treatment methodologies. This service is provided to clients on a voluntary basis and is strictly confidential.



Field service staff provide individualized and group education to hundreds of Area 15 residents each year. The field staff offers STD education and confidential screening at county health department locations, schools, juvenile detention centers, community health fairs, local jails, Teen Zone and multiple outreach events throughout the community (see table below).

The field staff is also responsible for verifying the diagnosis and treatment of all reportable STDs from public and private health care providers. In 2018, Area 15 DIS reviewed 8,317 total reports of STDs to determine appropriate follow-up. Following verification of diagnosis and treatment, the DIS offer counseling and partner referral services to those individuals involved in the case.

Area 15’s STD field staff serves as the front line of defense for intervening in the spread of STDs in our community.

2018	Community Outreach Event Clients	DOH-St. Lucie Program Clients	Community Partner Testing Program Clients
Total Tested	380	86	69
Chlamydia +	14	4	11
Gonorrhea +	1	2	2
RPR +	1	1	0
HIV +	2*	2	0
Males	190	41	56
Females	190	45	13



Hepatitis

[The Florida Department of Health in St. Lucie County](#) provides viral hepatitis testing, investigates cases of viral hepatitis, refers or links cases of viral hepatitis to care and provides hepatitis A and B virus vaccines. For those who do not have immunity to hepatitis A and/or B, and who are eligible, free vaccines are available through DOH-St. Lucie Epidemiology Program. For those not eligible, the vaccines can be administered for a nominal fee. Also, many medical providers and pharmacies in St. Lucie County offer hepatitis A and B vaccines.

2018 case counts for hepatitis A, B, C, and D for St. Lucie County are on page 8.

Preliminary Cases of Reportable Diseases/Conditions in St. Lucie County and Florida, 2017 and 2018

Note that this table includes preliminary confirmed and probable cases (2018 data) reported in Florida residents (regardless of where infection was acquired) by date reported to the Bureau of Epidemiology as captured in the reportable disease surveillance system (Merlin).

Data for 2017 is final; data for 2018 is preliminary and will change. 2018 preliminary case counts are current as of December 29, 2018, but may change with additional review. A percentage of cases will be determined not to be cases after additional review and this percentage varies by disease.

Please note that counts presented in this table may differ from counts presented in other tables or reports, depending on the criteria used.

^Case definition for reported lead poisoning changed in 2018.

*Beginning in 2018, the probable case definition for Shiga toxin-producing E. coli (STEC) included non-culture tests for symptomatic people.

**From 2015 to 2016, the probable case classification for campylobacteriosis included non-culture tests for symptomatic people with no culture result available and no other enteric pathogen detected. Beginning in 2017, the probable case classification was revised to include non-culture tests for symptomatic people, independent of a culture result or detection of another enteric pathogen.

^^Beginning in 2017, the probable case classification for salmonellosis, shigellosis, and vibriosis included non-culture tests, independent of the presence of symptoms.

Disease Category	St. Lucie County			Florida		
	2018	2017	5-year Average	2018	2017	5-year Average
Vaccine-Preventable Diseases						
Measles (Rubeola)	0	0	0.4	15	3	4.0
Mumps	0	1	0.2	56	74	20.4
Pertussis	0	2	1.6	331	358	494.2
Varicella (Chickenpox)	20	7	13.4	905	656	669.8
CNS Diseases and Bacteremias						
Creutzfeldt-Jakob Disease (CJD)	0	0	0.6	23	33	24.6
Haemophilus influenzae Invasive Disease	0	2	4.0	312	286	270.4
in children 5 years or younger	0	0	0.0	49	36	32.8
Listeriosis	0	0	0.2	48	54	44.8
Meningitis, Bacterial or Mycotic	6	4	4.8	113	110	124.6
Meningococcal Disease	0	0	0.0	19	21	34.0
Streptococcus pneumoniae Invasive Disease	-	-	-	-	-	-
Drug-Resistant	2	4	5.0	205	251	310.0
Drug-Susceptible	2	11	7.2	367	373	398.2
Enteric Infections						
Campylobacteriosis**	93	48	50.2	4,731	4,318	3,021.8
Cryptosporidiosis	6	10	8.6	588	556	853.4
Cyclosporiasis	0	2	1.2	76	113	51.8
Escherichia coli, Shiga Toxin Producing (STEC)*	10	2	3.4	771	187	131.6
Giardiasis, Acute	13	11	10.6	1,107	997	1,082.0
Salmonellosis^^	147	80	105.4	7,265	6,553	6,021.0
Shigellosis^^	11	4	12.0	1,511	1,307	1,436.4
Typhoid Fever (Salmonella serotype Typhi)	0	0	0.0	12	20	12.4
Viral Hepatitis						
Hepatitis A	2	1	1.4	559	276	151.6
Hepatitis B, Acute	12	21	13.2	798	745	549.6
Hepatitis B, Chronic	82	79	69.8	5,051	4,927	4,938.2
Hepatitis B, Surface Antigen in Pregnant Women	10	17	13.2	399	464	472.4
Hepatitis C, Acute	11	19	11.0	436	405	263.6
Hepatitis C, Chronic	508	492	476.2	23,556	26,389	24,952.2
Hepatitis D, E, G	1	0	0.2	11	10	5.6
Vectorborne, Zoonoses						
Dengue Fever	0	0	0.6	85	26	83.6
Ehrlichiosis/Anaplasmosis	0	0	0.0	63	27	28.8
Lyme Disease	4	4	2.8	177	210	175.6
Malaria	0	1	0.6	57	58	53.0
Rabies, Animal	1	0	2.2	134	79	80.4
Rabies, Human	0	0	0.0	1	1	0.2
Rabies, Possible Exposure	119	103	116.6	4,088	3,478	3,153.8
Rocky Mountain Spotted Fever/Rickettsiosis	1	1	0.6	27	25	22.2
West Nile Virus Disease	0	0	0.0	39	6	10.2
Others						
Botulism, Infant	0	1	0.2	1	1	0.2
Brucellosis	0	0	0.4	16	11	6.6
Carbon Monoxide Poisoning	3	7	4.0	170	573	270.2
Ciguatera Fish Poisoning	5	0	1.6	70	27	45.2
Lead Poisoning^	15	32	13.6	2,484	2,152	1,337.8
Legionellosis	10	7	5.6	494	435	319.0
Mercury Poisoning	0	3	0.8	36	47	28.6
Vibriosis (Excluding Cholera)^^	3	1	2.2	246	274	200.8

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