

EPIsodes

JAN - FEB 2017 — YEAR IN REVIEW 2016



Emerging Disease

Florida Department of Health
in St. Lucie County
www.stluciecountyhealth.com/

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After the World Health Organization declared the affected nations of West Africa to be Ebola transmission free, on December 30, 2015, the Centers for Disease Control and Prevention (CDC) ceased screening international travelers from Guinea. Shortly thereafter Florida Department of Health (FDOH) representatives finished the task of making daily contact with those visitors to ensure they were symptom free during their time in Florida. Not sixty days later, FDOH received its first confirmed case of Zika virus in a person traveling into Florida from an area with current Zika transmission. Within the following months, we all came to know much more about the virus and its potentially devastating significance.

“Disease control and prevention are core functions of any public health agency. Protection of the public’s health from existing, emerging, and re-emerging disease requires diligence in all aspects of public health. Public health partners identifying and characterizing emerging trends in disease are the physicians, nurses, laboratorians, hospital infections 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 2014

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Zika

The Florida Department of Health in St. Lucie County (DOH-St. Lucie) has been working with [St. Lucie County Mosquito Control](#), local medical providers, and community partners to add to Florida’s overall response to the Zika virus outbreak. In 2016, there were 1,037 travel associated cases of Zika virus in the State of Florida with 11 of those in St. Lucie County residents. For each person that we investigate as a potential case of Zika virus, if there is a chance the individual was infectious at any time while in the county, the epidemiology department immediately notifies St. Lucie County Mosquito Control with the neighborhood that should be inspected and management activities started if needed. DOH-St. Lucie Epidemiology also works closely with area medical providers; emergency departments and hospitals regarding testing procedures, obstetricians to keep them informed of any changes and new information regarding the Zika virus and testing of pregnant women, and pediatricians of infants born to mothers who have had positive Zika test results to track the child through their first year. In addition to specific Zika virus response, we continually go into the community to offer educational presentations and materials on mosquito bite prevention and other diseases and conditions of public health concern. The epidemiology department works daily to track communicable disease trends in St. Lucie County to ensure our residents stay safe and healthy.

For most current updated information on Zika visit: <http://www.floridahealth.gov/diseases-and-conditions/zika-virus/>

For more information on the Zika virus, Florida residents and visitors can call 855-622-6735.

TOP 5 THINGS EVERYONE NEEDS TO KNOW ABOUT ZIKA

1. Zika primarily spreads through infected mosquitoes. You can also get Zika through sex.
2. The best way to prevent Zika is to prevent mosquito bites. [Drain and Cover](#).
3. Zika is linked to birth defects.
4. Pregnant women should not travel to areas with Zika.
5. Returning travelers infected with Zika can spread the virus through mosquito bites.

Remember to drain standing water weekly, no matter how seemingly small. A couple drops of water in a bottle cap can be a breeding location for mosquitoes.

EPIDEMIOLOGY

The Florida Department of Health in St. Lucie County, [Epidemiology Program](#) is tasked with monitoring and investigating select communicable diseases in our community. The Program staff conducts food and waterborne illness investigations, rabies prevention efforts, and case management for lead poisoning and hepatitis B perinatal prevention. To accomplish this, the Program works closely with many community partners including local hospitals, animal control agencies, medical care facilities, local government, and local schools, just to mention a few. We appreciate all our partners and everything they do to help keep St. Lucie healthy.

According to preliminary data from January 1, 2016 to December 31, 2016, DOH-St. Lucie Epidemiology staff:

- * Received and investigated 3,521 reports or laboratory results of [Reportable Diseases/Conditions in Florida](#).
- * 1,125 of these investigated were new confirmed, probable, or suspect cases of these diseases or conditions in St. Lucie residents in 2016. These included carbon monoxide poisoning, cryptosporidiosis, listeriosis, malaria, mumps, pertussis, vibriosis, and Zika (see page 1 for more on Zika).
- * Completed 767 animal bite investigations as possible human rabies exposures with the assistance of the three local animal control agencies and the Florida Fish and Wildlife Conservation Commission.
- * Administered 48 Hepatitis A and B vaccines to members of the community.
- * Completed several trainings to maintain FEMA emergency preparedness certifications, conducted several community education sessions on mosquito borne diseases, and assisted in opening and staffing the St. Lucie County special needs shelter during Hurricane Matthew.

The following highlights illustrate the work that Epidemiology does with and for our community.

In February 2016, Epidemiology was notified by a DOH-St. Lucie School Health Nurse of a possible influenza outbreak involving two students and potentially two administrative staff. Upon investigation, it was determined that there was an outbreak in a small self-

contained class at a local elementary school. Overall 20 students/staff were investigated and all but 5 students were ruled out. Epidemiology staff worked closely with the school district to continue surveillance until the class was symptom free for 72-hours, to send out education to parents, and to provide hand washing education to students, faculty, and staff at the school.

In March 2016, Epidemiology presented “DOH St. Lucie Measles Response, April 13-28, 2015, After Action Report/Improvement Plan” for the state-wide Florida Department of Health Bureau of Epidemiology’s March Grand Rounds.

Also in March, Epidemiology investigated a reported possible arsenic poisoning in four persons residing in the same community. Arsenic poisoning was ruled out based upon the investigation and negative test results on follow-up testing. High levels first sampled believed to be from seafood consumption. Water in the affected area tested normal per Environmental Health.

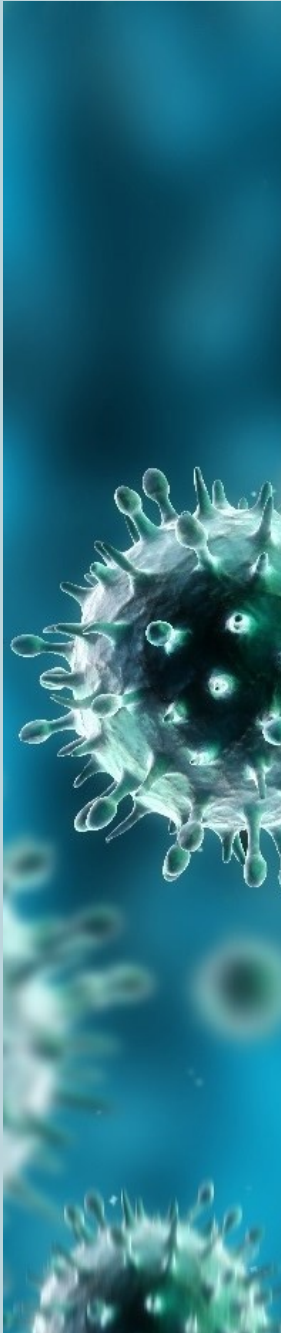
In cases like the investigation in March, Epidemiology works closely with other state and local agencies in responding to reports of certain diseases and conditions. During foodborne illness investigations when a restaurant, catering company, or hotel is involved we work with the Florida Department of Business and Professional Regulation and in cases where seafood is a concern, the Florida Department of Agriculture and Consumer Services is contacted and brought in as part of the investigation.

In April, Epidemiology investigated an outbreak of 23 residents and staff reporting illness at a local long-term care facility. No hospitalizations were noted and symptoms were confined to one wing of the facility. The facility limited activities, began using paper trays for food, and monitored for additional illness.

In July, a report of Ricin poisoning was investigated. A 6-year-old was told by her brother to eat one of the castor beans in the back yard. No specimens were available from the hospital for testing. The case recovered prior to being discharged from the hospital and the case’s mother removed all the plants from her yard that day.

In November and December, Epidemiology investigated four clusters of gastrointestinal illnesses. One at a local school and three at local assisted living facilities. All locations were educated on disease spread and control measures and no additional cases were found. These types of clusters are detected by surveillance throughout the year and disease prevention and control efforts are conducted in the community often by DOH-St. Lucie Epidemiology.

See page 9 of this report for a table of preliminary cases of reportable diseases/conditions 2015-2016.



“upon”
 epidemiology
 “study”
 “people”

Public Health Preparedness Program

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.

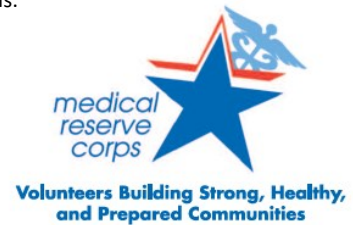
DOH-St Lucie's Preparedness Program also coordinated and conducted a Special Needs Shelter exercise with DOH staff and key community partners, participated in the nuclear power plant drill, and played a role in the Infection Control Assessment and Response Program (ICAR) project. Multiple training opportunities were organized and prepared for staff, community partners and medical reserve corps (MRC) members. In addition, our preparedness program coordinator completed the application for recertification of Project Public Health Ready (PPHR), a partnership program between the Florida Department of Health, the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control (CDC), that recognizes effective county health department preparedness programs.



Shelters

When severe weather emergencies occur, the State of Florida may open temporary emergency shelters in approved schools, office buildings or other facilities.

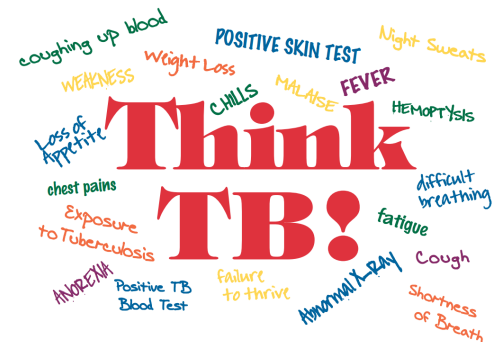
2016 was an eventful year from local Zika planning and preparedness efforts to responding to Hurricane Matthew.



TUBERCULOSIS

DOH-St. Lucie continues to work intensely to reduce TB disease and infection rates in St Lucie County. Our TB program staff provide directly observed therapy to clients with TB disease in their homes when transportation is an issue. Most TB clients are faced with various challenges including, substance abuse, housing issues, food inadequacies, and medically complicated diagnoses. This increases the need for case management and linkage to services within the community. TB staff works diligently helping the client towards getting TB free.

In 2016, 14 diagnosed cases of TB were reported, 35 latent TB infection (LTBI) cases were initiated, and 22 LTBI cases completed therapy. DOH-St. Lucie TB staff provided approximately 2,490 clinic services in 2016, compared to 2,000 client services in 2015. These services included testing close contacts to TB cases to help reduce TB disease in the community. In addition, multiple services were provided to several organizations in the community including annual PPD testing.



Recognize possible signs and symptoms of Tuberculosis. Early diagnosis and treatment reduces spread. Contact your Health Department or physician for more information.



END TB
↑
WORLD TB DAY MARCH 24

[Want more information on TB?](#)

Sexually Transmitted Diseases

In 2016, the St. Lucie County Sexually Transmitted Disease (STD) team created a new presence in the community and worked diligently to combat STD and HIV stigma as well as reduce incidence of STD and HIV infections. We continued to participate and support testing with the Florida Department of Juvenile Justice, St. Lucie Regional Juvenile Detention Center (DJJ) and the [St. Lucie County Teen Zone Clinic](#).

Our collaboration with Teen Zone resulted in 250 completed STD tests and we strive to educate every participant about STD and risk reduction. Our partnership with DJJ resulted in completion of 67 tests. Our team's experiences with this young population provided daily insight and knowledge to better educate young persons in efforts to prevent infections.

The St. Lucie STD team participated in 14 testing events including 3 new independent events this year. Our outreach efforts tested 307 people, which resulted in 40 new cases being found in the community. In addition to outreach efforts our Disease Intervention Specialists (DIS) tested 64 persons related to investigations.

Our comprehensive and personal approach to clients involves building rapport with the community and at risk populations. The STD team has also created new relationships with recovery centers and recovery communities. We provide educational speaking events as well as testing and information to groups who request it.



TEEN ZONE

CONFIDENTIAL SERVICES

Who? Male and Female teens age 13-19 that live in St. Lucie County

When? 1st and 3rd Tuesday of every month from 2pm to 6 pm

Where? DOH-St. Lucie, 5150 Milner Dr. Port St. Lucie

Cost? No cost for eligible teens

No Appointment Needed

79%

The percentage of Teen Zone clients that have never been to a clinic for STD testing or birth control before coming to Teen Zone.

39%

The percentage of new, sexually-active Teen Zone clients that reported they did not use condoms or birth control the last time they had sex.

64%

The percentage of clients with a positive STD test that believed they did not have an STD the day they were tested.



Teen Zone by the numbers:

OVERALL IN 2016

276 Clients

461 Visits

VISIT INFORMATION

148 Client visits to start hormonal birth control

254 Client visits to refill hormonal birth control

254 Pregnancy tests

220 Client visits for STD testing

NEW CLIENTS IN 2016

59% were first time clients

41% were established clients

RACE AS REPORTED BY CLIENT

22% Black

64% White

3% Other

11% Unknown

GENDER AGE

85% Female

15% Male

52% were 18 or older

10% were 15 or younger



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 2016 these services included:

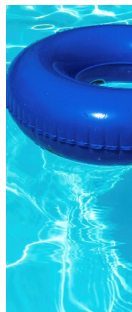
🌐 Food service inspections at 525 schools, assisted living facilities, detention facilities, and civic/fraternal organizations were completed to make sure they operate in a safe and sanitary manner to minimize the transmission of disease.

🌐 With the objective to protect health care workers, environmental service staff, waste haulers, and the public from risks associated with potentially infectious biomedical waste, EH completed 338 biomedical waste inspections at hospitals, clinics, nursing homes, laboratories, funeral homes, dentists, veterinarians, physicians, body piercing salons, tattoo shops, transporters, and storage and treatment facilities.

🌐 [The Needle Collection Program](#) was reestablished in 2016. The 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 performed 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 effected every six weeks during seasonal operation.

🌐 Environmental Health is responsible for inspecting, monitoring and permitting 417 public swimming pools and spas at hotels, motels, condominiums, parks, schools, social and civic organizations. Staff performed 1,054 services in the [Swimming Pool Program](#) for 2016.



🌐 Tanning facility inspections are conducted by EH to verify the safe and sanitary operation of the facility and risks associated with overexposure to ultraviolet light from tanning beds and booths.

🌐 Tattoo 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 inspections are done to ensure good infection control measures are demonstrated to minimize the risk of injury and infection that can result from body piercing procedures.

🌐 [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; 37 specimens were sent for rabies testing in 2016 with 0 positive results.



🌐 Mobile home and recreational vehicle park inspections are completed to minimize the risk of injury and illness in this residential environment with focus on proper sewage disposal to reduce the risk of diseases such as hepatitis, salmonellosis, and shigellosis; safe drinking water sources are verified to minimize the risks of diseases such as giardia and cryptosporidium; and safe solid waste collection and disposal is checked to minimize rat and roach infestations.

🌐 To determine the potential impact to public health and ensure valid complaints are properly abated and to avoid the spread of disease, 226 sanitary nuisance investigations were conducted in the county.

🌐 In the [Onsite Sewage Program](#) this year 1,658 direct services were performed. 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 requirements 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) to be permitted and monitored by the Department of Health. Water systems are tracked for water quality and operation, requiring quarterly bacteriological sampling and periodic lead and nitrate testing for each facility. The Division performed 1,521 direct services in the Limited Use Program.

🌐 [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 2016 EH performed 1,304 direct services with 892 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. The Department will issue health advisories or warnings when these conditions are confirmed. There was a beach advisory issued in August 2016, at Walton Rocks Beach and river advisories issued in February and May for the river due to elevated bacteria levels.



HIV Patient Care 2016

The Florida Department of Health in St. Lucie County AREA 15 Program Office (Lead Agency) made significant accomplishments and enhancements to the HIV system of care for individuals infected with HIV/AIDS.

✘ 1,089 Clients were provided with Case Management Services over the course of the reporting period (Medical Case Management, 610 and Supportive Case Management, 479). In total this number represents a 15% increase in case management enrollees over 948 from last year.

✘ 9,148 Core Service visits were recorded during 2016, amongst 741 unduplicated clients averaging 12 visits per client for core related services including: Outpatient Ambulatory Medical Care; Oral Health Care; Mental Health Services; Medical Nutritional Therapy; and Medical Case Management. Currently the HIV Patient Care program in [AREA 15](#) (St. Lucie, Martin, Indian River and Okeechobee Counties) sub contracts out many of these services to outside providers.

✘ Over the course of the 2016 period, the AREA 15 Ryan White Patient Care Program initiated a contract with Curant Health to acquire 340B Pharmaceutical Pricing. Enrollment efforts began in January of 2017. It is estimated that this special pricing will save the program a minimum of \$150,000.00 during 2017, thus allowing the program to re-allocate funding and expand upon other needed services for enrolled individuals which may have been cost prohibitive in prior years.



✘ In June of 2016, the Ryan White Program went live with our Electronic Data Bridge from Quest Diagnostics to our Mandated Ryan White Data Reporting System known as Care Ware. This project which represented collaboration with Quest Diagnostics, State Care Ware information Technology Team Members, Local Data Reporting Representatives and Federal Care Ware Programmers took approximately 9 months of work prior to going live in June of 2016. Prior to this, all laboratory results of each and every client enrolled in Ryan White had to be manually entered into the Care Ware system. The new bridge program now automates this process electronically allowing for greater accuracy and timeliness of data.

✘ During 2016, the AREA 15 Ryan White Program drafted a new Quality Assurance plan which is currently being reviewed for approval at the state level. The plan classifies Ryan White services into high and low priorities which drives the number of mandated quality assurance measures and indicators. Those in high priority status must have a minimum of two quality measures and low priority rankings a minimum of one measure. All measures will now be calculated through the Care Ware reporting system electronically allowing timely reports to be run at any given moment on request.

HIV Patient Care (continued)



PAC

Project AIDS Care: Medicaid program that provides home and community-based services to eligible recipients living at home.

TOPWA

Targeted Outreach for Pregnant Women Act: Program to provide high-risk pregnant women with referrals for much needed information and services in partnership with the Healthy Start Coalition of St. Lucie County.

ADAP

AIDS Drug Assistance Program: A prescription drug assistance program funded by the federal Ryan White CARE Act and state funds.

HOPWA

Housing Opportunities for People with AIDS: A federally funded program that provides temporary housing assistance to individuals and families who are infected or affected by HIV disease.

AREA 15

St. Lucie County is the headquarters for the HIV/AIDS surveillance program for Indian River, Martin, Okeechobee, and St. Lucie Counties.

⚡ The Project AIDS Care Medicaid Waiver program increased its caseload from 285 to 311 clients per month over the course of the project period representing an increase of 9% from last year.

⚡ In August of 2016 the [AIDS Drug Assistance Program](#) (ADAP) went on line with a new ADAP database known as PROVIDE. The new software system represents an extensive overhaul from the previous ADAP database and has a variety of new enhancements. One of the major enhancements allows us to determine a potential client's eligibility for ADAP program services and what services they would be eligible for electronically by entering basic information. The new system will prove to be extremely efficient.



Florida HIV/AIDS Hotline
(800) FLA-AIDS

⚡ As of December 31, 2016, the ADAP Program operated by the Florida Department of Health in St. Lucie County which services Indian River and Okeechobee Counties as well, reported above 85% Medication Pick-up rates in all three counties; 85% being the state standard goal.

⚡ A new ADAP initiative was put into effect over the course of 2016, addressing ADAP enrollees co-infected with Hepatitis C and allowing those individuals to receive medications for Hep C through the ADAP program directly. So far across the state there are only 124 clients enrolled in this program; one of which was processed in AREA 15.

⚡ The [Housing Opportunities for Persons with AIDS](#) program (HOPWA) program has continued throughout the 2016 period. In July, minor revisions through the US Department of Urban Renewal (HUD) filtered down through the State of Florida were made to Short Term Rental Mortgage and Utility Assistance (STRMU) involving universal form changes. HOPWA has maintained an average case management case load number of 120 clients per month and greater utilization beyond the county lines of St. Lucie increasing usage of funding to remaining counties in AREA 15. In addition, and in collaboration with the St. Lucie County Community Services Division, electronic funds transfer to vendors for housing assistance on behalf of clients has increased the timeliness of payments. The program is awaiting further training on the program from the State Tenant Based Rental Assistance (TBRA) so that it may begin development of rental subsidies programs.



HIV Prevention 2016

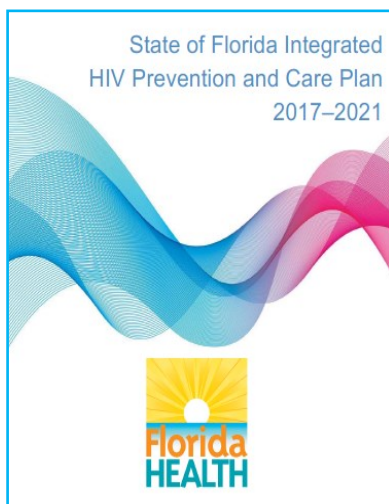
Prevention Planning Group

Throughout 2016, the Prevention Planning Group has been to more than 20 events spreading the word for education and prevention of HIV. In 2017, testing capabilities will accompany these education and prevention efforts.

Our community group is also going through many changes recently in regards to structure. In 2017, the group will become part of the consortia as a subcommittee to be in line with our integrated plan.

Testing and Counseling

Due to a decrease in our testing numbers we are setting goals to get our employees into the community to build relationships with providers and to increase HIV testing numbers in the community. Each year for the past 3 years, we have performed 2,000 tests less than the prior year. Also due to this decrease in numbers our testing and counseling schedule will be changing.



High Impact Prevention

In December 2016, our new contract managed by the State for the High Impact Prevention Grant was executed. The focus of this grant has turned toward our LGBTQ community in the Black/African American community. In the Image of Christ is the current holder of this grant and we are excited to see what 2017 has in store.

Expanded Testing Initiative

In October of 2016, we had two open spots for providers to fill for testing and counseling. One to target private provider offices to encourage them to include HIV Screenings in their routine testing, meaning that if the patient was going to be screened for a cholesterol level they should also be screened for HIV during the same visit. Midway Specialty Care Center under Dr. Moti Ramgopal, took on the challenge for this funding and has been doing a great job. They have gotten into hospitals for testing and have also kept a greater than 1% positivity rate which is the goal for any type of HIV testing.

Our other new provider is The Spectrum Project headed by Kalypso Vassalotti. The goal for this project was to target our LGBTQ community through outreach. She has been doing an excellent job as well meeting the deliverables and maintaining that greater than 1% positivity rate.

Zion Daughters of Distinction officially closed their doors on December 31st, 2016, and we wish them the best of luck in their future endeavors. In the Image of Christ continues to meet their deliverables for testing through our Expanded Testing Initiative.

February 7th is National Black HIV/AIDS Awareness Day



2017 Goals

Make Okeechobee County a focus for more outreach efforts.

Work closely with the LGBTQ community.

Make HIV screening a part of routine testing in all private medical provider offices in the area.

Get more involved in local groups and have the DOH provide testing to strengthen bonds within our community.

Preliminary Cases of Reportable Diseases/Conditions 2015-2016

Disease Category	St. Lucie County		Florida	
	2015	2016	2015	2016
A. Vaccine-Preventable Diseases				
Mumps	0	0	10	15
Pertussis	1	2	328	330
Varicella (Chickenpox)	14	15	730	717
B. CNS Diseases and Bacteremias				
Creutzfeldt-Jakob Disease (CJD)	1	0	28	19
Haemophilus influenzae Invasive Disease	3	7	236	299
Listeriosis	0	1	41	37
Meningitis, Bacterial or Mycotic	5	5	118	112
Meningococcal Disease	0	0	23	17
Streptococcus pneumoniae Invasive Disease				
Drug-Resistant	8	1	162	198
Drug-Susceptible	7	12	255	404
C. Enteric Infections				
Campylobacteriosis	37	15	3,270	1,964
Cryptosporidiosis	10	9	846	579
Cyclosporiasis	1	2	32	36
Escherichia coli, Shiga Toxin Producing	1	5	337	184
Giardiasis, Acute	14	8	1,011	1,103
Salmonellosis	110	93	5,822	5,522
Shigellosis	29	3	1,716	738
Typhoid Fever (Salmonella serotype Typhi)	0	0	6	12
D. Viral Hepatitis				
Hepatitis A	3	0	117	122
Hepatitis B, Acute	6	20	505	668
Hepatitis B, Chronic	61	68	3,718	5,057
Hepatitis B, Surface Antigen in Pregnant Women	13	11	450	438
Hepatitis C, Acute	8	11	203	261
Hepatitis C, Chronic	486	585	17,321	32,402
E. Vectorborne, Zoonoses				
Brucellosis	1	0	6	8
Chikungunya	0	1	109	13
Dengue Fever	2	1	78	75
Ehrlichiosis/Anaplasmosis	0	0	24	36
Lyme	1	0	136	41
Malaria	0	2	39	71
Rabies, Animal	9	0	80	76
Rabies, Possible Exposure	103	137	3,241	3,241
West Nile Virus Disease†	0	0	12	11
Zika**	0	11	0	1,266
F. Others				
Carbon Monoxide Poisoning	1	5	227	222
Ciguatera Fish Poisoning	2	0	56	33
Lead Poisoning	7	8	627	665
Legionellosis	5	2	298	323
Vibriosis (Excluding Cholera)	4	5	191	181

† Includes neuroinvasive and non-neuroinvasive

Disease/condition counts for 2015 are final. Disease/condition counts for 2016 are preliminary and will change. For official case counts, please call the Bureau of Epidemiology at (850) 245-4401.

Disease Category	St. Lucie County				Florida		
	2015*	2016*	% change	county rank	2015	2016	% change
HIV/AIDS							
Reported HIV Infection Cases	35	47	34%	19	4,628	5,264	14%
Reported AIDS Cases	25	26	4%	15	2,066	2,059	0%
Sexually Transmitted Diseases							
Gonorrhea	183	233	27%	21	21,743	25,710	18%
Chlamydia	1,001	1,005	0%	21	83,107	87,480	5%
Infectious Syphilis	5	6	20%	not ranked	1,831	2,247	23%
Early Latent Syphilis	8	8	0%		2,001	2,494	25%
Congenital Syphilis	0	0	N/A		33	47	42%
Tuberculosis							
TB Cases	6	13	117%	9	543	510	-6%

*reporting period is January through November for reporting years 2015 and 2016