

EPIsodes - Monthly Report

Spotlight on Vaccine Preventable Diseases and National Immunization Awareness Month

Vaccine Preventable Diseases (VPD)

Measles, mumps, rubella, pertussis, diphtheria, tetanus, polio, varicella, pneumococcal disease, hepatitis A, hepatitis B, influenza, meningococcal and *Haemophilus influenzae* type b (Hib) are all preventable by vaccine. These common childhood and adult diseases are highly contagious and are particularly dangerous to very young children who have relatively low resistance to infection and more prone to develop serious complications such as deafness, retardation, brain and spinal cord damage and, occasionally, death.

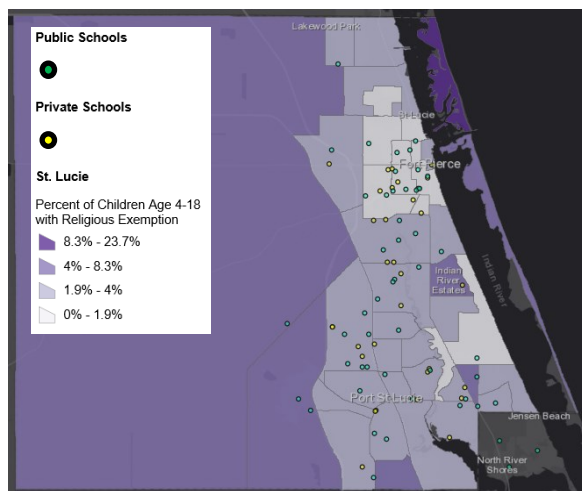
Many vaccine-preventable diseases are still common in many parts of the world. For example, measles is brought into the United States by unvaccinated travelers who are infected while in other countries. When measles gets into communities of unvaccinated people in the United States (such as people who refuse vaccines for religious, philosophical or personal reasons), outbreaks are more likely to occur ([NIAM 18](#)).

Florida has a very strong and successful immunization program. Without assurance of high immunization levels, visitors and Floridians would not be able to enjoy the high quality of life the state offers. Currently, the maintenance of high immunization levels contributes positively to the state's economy by lower disease incidence, lower healthcare costs and ensuring travelers may confidently visit Florida without contracting a vaccine-preventable disease.

The program ensures a cause and effect response by monitoring immunization levels in vulnerable populations throughout the state, thereby contributing to strategies to attain and sustain high immunization levels. This has the effect of increasing herd immunity and lowering vaccine-preventable disease rates. Over the last five years in St. Lucie County a total of over 95% of 2 year-old county health department clients have been fully immunized. The percent of 4-18 year-old children with religious exemptions to vaccinations is 1.98%. See the map below for religious exemptions by census tract in relation to St. Lucie County public and private schools.

The Florida Department of Health in St. Lucie County (DOH-SL) Epidemiology Program investigates cases of reportable vaccine preventable diseases in part to ensure the case, family members, and the community remain safe. Based on the circumstances we may recommend vaccinations to the case and case contacts when they have not been previously vaccinated. See page 4 for year to date case counts for the VPDs in Florida and St. Lucie County.

The Florida Department of Health Bureau of Epidemiology publishes a monthly VPD surveillance report. To view these reports or subscribe to receive the report go to Floridahealth.gov/VPD.



Prevalence of Religious Exemptions to Vaccination among Children Age 4-18 by Florida Census Tract, St. Lucie County

“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](#)



www.stluciecountyhealth.com

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August is National Immunization Awareness Month

The Importance of Vaccines at All Ages

Pregnant Women

Vaccines are an important part of a healthy pregnancy. Women should be up to date on routine vaccinations such as the measles-mumps-rubella (MMR) vaccine **before** becoming pregnant. Pregnant women should get the pertussis, commonly called whooping cough, vaccine **during** pregnancy. They should also get the flu vaccine during pregnancy if they have not already received the flu vaccine for the current influenza season prior to pregnancy. These vaccines protect the mother and her baby by preventing illnesses and complications. Getting vaccinated during pregnancy also allows the mother to pass some protection on to her baby. Some women may need to receive certain vaccines **after** giving birth.

Babies & Young Children

Vaccines protect babies from 14 diseases by the time they reach 2 years of age. It is very important that babies receive all doses of each vaccine and receive each vaccination on time. After 6 months of age, CDC recommends children receive a yearly flu vaccine. Children 6 months through 8 years of age who are getting the flu vaccine for the first time should get [two doses of flu vaccine](#), spaced at least 28 days apart. Children are also due for additional doses of vaccines between [4 and 6 years of age](#). If a child falls behind the [recommended immunization schedule](#), the child's doctor can still give vaccines to "catch up" the child before adolescence.

Unvaccinated children are not only at increased risk for disease, but they can also spread disease to others in their play groups, child care centers, classroom, and communities – including babies who are too young to be fully vaccinated and people who might not be able to receive certain vaccines due to cancer or other health conditions.

School-Age Children

One of the most important things a parent can do to protect their child's health is getting their child vaccinated according to the recommended immunization schedule. Whether parents have a baby starting at a new child care facility, a toddler heading to preschool, a student going back to elementary, middle or high school – or even a college freshman – parents should check their child's vaccination records.

Serious health consequences can arise if children are not vaccinated. Without vaccines, children are at increased risk for disease and can spread disease to others. Child care facilities, preschool programs, schools and colleges are prone to disease outbreaks. Children in these settings can easily spread illnesses to one another due to poor hand washing, not covering their coughs and sneezes and other factors related to interacting in crowded environments.

Florida schools require children to have certain immunizations. For the requirements and to see services available at the Florida Department of Health in St. Lucie County see <http://stlucie.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/immunizations/index.html> or call 772-462-3800.

Preteens & Teens

The need for vaccination does not end in childhood. As protection from childhood vaccines wears off, adolescents need additional vaccines to extend protection. Vaccines offer the best-known protection against many devastating illnesses.

Following the [recommended immunization schedule](#) is the best way to ensure preteens and teens are protected from deadly diseases. The vaccine schedule is based on the latest scientific information available and provides doctors with information on administration of each vaccine.

Preteens and teens need four vaccines to protect against serious diseases: 1) meningococcal conjugate vaccine to protect against meningitis and bloodstream infections (septicemia), 2) HPV (human papillomavirus) vaccine to protect against cancers caused by HPV, 3) Tdap vaccine to protect against tetanus, diphtheria and whooping cough (pertussis) and 4) a yearly flu vaccine to protect against seasonal flu. Teens and young adults may also be vaccinated with a serogroup B meningococcal vaccine.

Adults

Even *healthy* adults can become ill and pass diseases on to others. Everyone should have their vaccination needs assessed by a health care professional. Certain vaccines are recommended based on a person's age, occupation or health conditions (such as asthma, chronic obstructive pulmonary disease, diabetes or heart disease).

All adults should get an influenza (flu) vaccine each year to protect against seasonal flu. Some people are at high risk of serious flu complications and it is especially important these people get vaccinated. This includes older adults (65 and older) and people with certain long-term medical conditions like asthma, heart disease and diabetes.

Every adult should get one dose of Tdap vaccine (tetanus, diphtheria and pertussis) if they did not get Tdap as a teen, and then receive a Td (tetanus and diphtheria) booster vaccine every 10 years.

Adults 50 years and older are recommended to receive the shingles vaccine. Adults 65 and older are also recommended to receive both pneumococcal vaccines. Some adults younger than 65 years with certain conditions are also recommended to receive one or more pneumococcal vaccinations.

Adults may need other vaccines (such as hepatitis A, hepatitis B and HPV) depending on their age, occupation, travel, medical conditions, vaccinations they have already received or other considerations.

Travelers

Many vaccine-preventable diseases that are rarely seen in the United States are still common in other parts of the world. For questions about recommended vaccines for travel call the DOH-St. Lucie Epidemiology Program at 772-462-3883.



Anna put flu vaccine between her & her coworkers. Job well done.

A flu vaccine is the first and most important step you can take to protect yourself against the flu. Talk to your health care provider about the flu vaccine.

www.ImmunizeFlorida.org
Florida Department of Health • FloridaHealth.gov

Office Manager's Checklist

Every encounter presents an opportunity for immunization and education. Carefully designed office procedures can boost immunization rates dramatically. Please use the checklist below to evaluate your office and identify improvements that will help make every visit count.

In the waiting room...

- Posters and/or brochures educate parents about the importance for timely immunization and explain why health care providers want to immunize all children, even those with mild illness.
- Posters and/or brochures remind parents to request an immunization status update at each visit.
- The practice team routinely assesses the immunization status of siblings under age two accompanying the patient.
- Parent addresses a postcard reminder for next immunizations.

In the back office...

- Posters or signs remind office staff to assess immunization status at each visit.
- Staff members assess immunization status of patients when they pull charts for office visits.
- Staff members flag charts with printed stickers or post-it notes when immunizations are due.
- Clinical staff routinely assesses the immunization status of the two-year-old population.
- Posters or signs display current immunization schedule, accelerated immunization schedule, and valid contraindications.
- A tickler file or computer system tracks children due for immunizations.

Enroll in Florida SHOTS™

- Electronic reminder systems require much less effort. To find out more, visit the Florida SHOTS (Florida State Health Online Tracking System) at www.flshots.com.

In the exam room...

- Posters remind patients to request an immunization status update at each visit.
- Signs prominently display current immunization schedules.
- Posters and/or brochures educate parents about vaccines and vaccine-preventable disease.
- Staff members obtain initial consent for immunizations and distribute Vaccine Information Statement sheets at each immunization visit.
- All information should be given to parents PRIOR to the immunization (before the child cries).
- Staff members of the practice team can assess immunization status, obtain consent, give injections, and identify valid contraindications.
- The practice team can immunize patients without prior physical exams.

FOR MORE INFORMATION, CALL 1-877-888-7468 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

Florida HEALTH Immunizing Florida. Protecting Health. Accredited Health Department Public Health Accreditation Board

Did you choose to not vaccinate your child?

You have responsibilities to your community.

FloridaHealth.gov

ANY TIME

- you call 911 for your child,
- your child visits a hospital ER,
- your child visits a health care provider's office or any health clinic.

YOU MUST tell health care providers which vaccines your child has not received. A written record would be helpful. This is important because:

- Your child's record can help your health care provider diagnose a disease that is not common today.
- Your child can be treated more quickly.
- Your child's disease may infect other adults, children and babies—your health care provider may instruct you to keep your child away from others who could become sick.

If someone in your community has a disease that can be stopped by a vaccine...

- It is probably not too late for your child to benefit from the protective effects of the vaccine—ask your child's health care provider.
- You may be required to take your child out of school, day care or other public places. Your local health department and your doctor will tell you when it is safe for your child to return.
- Each disease is different so learn about the disease and how it spreads. It may not be possible to avoid exposure.
- If your child has been exposed to the disease, call your child's health care provider immediately and ask about the early signs of the disease.

If you plan on taking your child to another country...

- Diseases that are not common in the U.S.—because of vaccine use—are common in other parts of the world.
- Find out which diseases are common in the countries you are visiting and if there are vaccines your child may need.
- If your child is sick with a disease that a vaccine could have stopped, they should not travel until a health care provider determines that the disease is not contagious.

- [Adolescent Immunizations](#)
- [Adult Immunizations](#)
- [Daycare Immunization Requirements](#)
- [Did You Choose Not to Vaccinate Your Child?](#)
- [Don't Miss Opportunities to Vaccinate](#)
- [Human Papillomavirus \(HPV\)](#)
- [Influenza](#)
- [Keep Vaccine Between You & Disease Campaign](#)
- [Perinatal Hepatitis B Prevention Program](#)

- [Pertussis/Tdap](#)
- [Respiratory Illness Prevention](#)
- [2018–2019 School Entry Immunization Requirements](#)
- [Travel Vaccines](#)
- [Vaccine Administration](#)
- [Vaccines for Children Program](#)
- [Vaccine Storage and Handling](#)
- [Vaccine Topics—General](#)

Protect yourself and the ones you love.

Get vaccinated

Cover your cough or sneeze

Wash your hands

Avoid touching your eyes, nose, and mouth

Stay home if you are sick

Fight the Flu
It starts with you

Flyers and posters such as the ones in this newsletter and many more are available for print or download from the Florida Department of Health. Follow the links above or go to:

<http://www.floridahealth.gov/programs-and-services/immunization/publications/flyers.html#responsibilities>

Preliminary Cases of Select Reportable Diseases in St. Lucie County and Florida, February 2017 and 2018*

Disease Category	Year to Date January - February, 2017 and 2018						
	St. Lucie County				Florida		
	2017	2018	% change	county rank	2017	2018	% change
HIV/AIDS							
Reported HIV Infection Cases	15	21	40%	12	823	1,109	35%
Reported AIDS Cases	9	6	-33%	9	338	333	-1%
Sexually Transmitted Diseases							
Gonorrhea	38	22	-42%	29	4,679	4,753	2%
Chlamydia	167	159	-5%	23	14,709	14,780	0%
Infectious Syphilis	0	6	n/a	not ranked	358	346	-3%
Early Latent Syphilis	1	8	700%		387	505	30%
Congenital Syphilis	0	0	n/a		11	13	18%
Tuberculosis							
TB Cases	2	1	-50%	6	83	63	-24%

*reporting period is January through February for reporting years 2017 and 2018

Data from the current year (2018) is considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in St. Lucie County, or Florida. The final counts are generated in July of the following year. If during the review period a case is identified as previously diagnosed, or reported from another state, these duplicate cases are removed from the dataset and the related numbers will be adjusted. Anticipate the final counts will be different than appear in this table. Increase in Reported HIV Infection Cases may be a result of increased testing. *This data is the most recent available and is the same as in the last issue of EPIisodes.

Preliminary Cases and Incidence of Reportable Diseases/ Conditions in St. Lucie County and Florida, Year to Date July 28, 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 the date above, 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

**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.

Disease Category	YTD July 28, 2017		YTD July 28, 2018	
	St. Lucie	Florida	St. Lucie	Florida
Vaccine-Preventable Diseases				
Measles (Rubeola)	0	3	0	4
Mumps	0	22	0	37
Pertussis	2	224	0	183
Varicella (Chickenpox)	3	405	8	475
CNS Diseases and Bacteremias				
Creutzfeldt-Jakob Disease (CJD)	0	17	0	10
Haemophilus influenzae Invasive Disease	1	166	0	222
in children 5 years or younger	0	20	0	29
Listeriosis	0	26	0	25
Meningitis, Bacterial or Mycotic	2	66	5	65
Meningococcal Disease	0	14	0	14
Streptococcus pneumoniae Invasive Disease	-	-	-	-
Drug-Resistant	3	155	2	148
Drug-Susceptible	7	215	2	255
Enteric Infections				
Campylobacteriosis**	30	2,492	57	2,760
Cryptosporidiosis	2	233	1	306
Cyclosporiasis	0	47	0	46
Escherichia coli, Shiga Toxin Producing (STEC)	0	86	6	473
Giardiasis, Acute	9	695	7	879
Salmonellosis^^	34	2,896	77	3,175
Shigellosis^^	1	695	6	879
Typhoid Fever (Salmonella serotype Typhi)	0	11	0	8
Viral Hepatitis				
Hepatitis A	0	145	0	125
Hepatitis B, Acute	10	424	5	466
Hepatitis B, Chronic	49	3,075	41	3,028
Hepatitis B, Surface Antigen in Pregnant Women	10	277	6	232
Hepatitis C, Acute	11	231	8	215
Hepatitis C, Chronic	281	15,399	308	14,951
Hepatitis D, E, G	0	5	1	5
Vectorborne, Zoonoses				
Chikungunya	0	1	0	2
Dengue Fever	0	13	0	12
Ehrlichiosis/Anaplasmosis	0	14	0	27
Lyme Disease	2	90	3	77
Malaria	0	33	0	31
Rabies, Animal	0	47	1	100
Rabies, Human	0	0	0	1
Rabies, Possible Exposure	63	1,890	75	2,384
Rocky Mountain Spotted Fever/Rickettsiosis	0	10	0	16
West Nile Virus Disease	0	1	0	1
Others				
Botulism, Foodborne	0	0	0	0
Brucellosis	0	5	0	6
Carbon Monoxide Poisoning	1	85	1	96
Ciguatera Fish Poisoning	0	16	4	41
Lead Poisoning^	11	831	14	1,815
Legionellosis	2	205	5	243
Mercury Poisoning	1	25	0	30
Vibriosis (Excluding Cholera)^^	1	136	3	117

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