



EpiSodes: 2019 Year in Review

2019 Novel Coronavirus (COVID-19)

The Florida Department of Health (Department) is working closely with the Centers for Disease Control and Prevention (CDC) to closely monitor the current outbreak of COVID-19 and is actively working to ensure that the most up-to-date CDC guidance is quickly and accurately disseminated to local partners. Though no cases have been reported in Florida to date (February 13, 2020), the Department is coordinating closely with our local partners to investigate, confirm, contain and report any suspected cases, should they occur.

For the best available information regarding COVID-19, please visit:

<https://www.cdc.gov/coronavirus/index.html>

CDC-COVID-19

<https://www.cdc.gov/coronavirus/index.html>

CDC-Symptoms and Diagnosis

<https://www.cdc.gov/coronavirus/about/symptoms.html>

CDC-Situation Summary

<https://www.cdc.gov/coronavirus/2019-ncov/summary.html>

WHO-COVID-19

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

For medical providers in St. Lucie County with questions regarding criteria, laboratory testing information, and management of patients under investigation, please call the Florida Department of Health in St. Lucie County, Epidemiology Program at 772-462-3883 or afterhours at 772-462-3800.

StLucieCountyHealth.com

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2019-nCoV: What the public should do

The current outbreak of 2019 novel coronavirus (2019-nCoV) was first identified in China but has now spread internationally, impacting an increasing number of countries. Sustained community spread is occurring in China. Limited person-to-person spread, most associated with close contact with a patient with confirmed 2019-nCoV, has been seen outside of China. The community spread of 2019-nCoV has been identified in the United States on three times.

In the coming days and weeks, we expect more confirmed cases in the United States, including some persons to person spread. The goal of CDC's aggressive ongoing public health response is to prevent spread of 2019-nCoV in the United States.

What you should do

- **STAY INFORMED** - CDC is updating its website daily with the latest information and advice for the public. (@CDCgov)
- **REMEMBER TO TAKE EVERYDAY PREVENTIVE ACTIONS** that are always recommended to prevent the spread of respiratory viruses:
 - Avoid close contact with sick people.
 - Stay home if you are sick.
 - Cover your nose and mouth when you cough or sneeze.
 - Avoid touching your eyes, nose and mouth with unwashed hands.
 - Clean and disinfect surfaces and objects that may be contaminated with germs.
 - Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- **IF YOU FEEL SICK** with fever, cough, or difficulty breathing, and have traveled to China or been in close contact with someone with 2019-nCoV in the 14 days before you began to feel sick, seek medical care. Make sure you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.

For more information: www.cdc.gov/ncov

HEALTH ALERT: Travelers from China
There is an outbreak of respiratory illness in China.

Travelers are required to be monitored for up to 14 days after leaving China.

Travelers should stay home and monitor their health within this 14-day period. A health official will contact you to give additional instructions.

Take your temperature with a thermometer 2 times a day and watch your health.

If you develop a fever (100.4°F/38°C or higher), cough, or have difficulty breathing:

- Call your health department for advice before seeking care.
- If you can't reach your health department, call ahead before going to a doctor's office or emergency room.
- Tell them your symptoms and that you were in China.

For more information: www.cdc.gov/nCoV

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory viruses like 2019 novel coronavirus.

- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.

For more information: www.cdc.gov/ncov

“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 2017](https://www.floridahealth.gov/about-us/press-releases/2019/12/19-florida-morbidity-statistics-report-2017)

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2019 Epidemiology Program Highlights

The Florida Department of Health in St. Lucie County, [Epidemiology Program](#) (EPI) is tasked with monitoring, investigating, and educating the public and our community partners on approximately 95 select communicable diseases, outbreaks, or clusters of these diseases (e.g., the ongoing hepatitis A outbreak), new emerging disease (e.g., 2019 Novel Coronavirus), and outbreaks of non-reportable diseases (e.g., norovirus, scabies). The EPI staff conducts food and waterborne illness investigations, rabies prevention efforts, and case management for lead poisoning and hepatitis B perinatal prevention. To accomplish this, EPI works closely with many community partners including local hospitals, animal control agencies, medical care facilities, local government, local schools, other state agencies, and many others. We appreciate all our partners and everything they do to help keep St. Lucie healthy.

In 2019, EPI received 2,318 notifications of possible cases of Reportable Diseases/Conditions in Florida. In addition, 10-20 laboratory reports are received daily and are triaged by the EPI team to determine if further investigation is warranted. Typical notifications of disease that the Epidemiology Program receive are reports from local hospitals or private providers of patient chief complains or provider discharge diagnosis that include reportable disease conditions, laboratory reports from hospital, commercial, or public health laboratories, and emergency room visits listing either reportable diseases specifically or key words regarding symptomology of reportable diseases found in daily ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) searches.

Of the provider and laboratory reports received in 2019, 1,158 were new confirmed, probable, or suspect cases ([see page 10](#)). Many of the circumstances that are reported to EPI require immediate responsive actions. Further, many of these same responses are carried out in cooperation with our partners as noted above. The following are highlights from individual case, cluster, or outbreak investigations conducted by the EPI team in 2019.

In January, EPI received a call from a local provider suspecting botulism for a patient admitted to a local hospital for symptoms of difficulty swallowing, tongue swelling, and associated respiratory distress. The patient had been intubated and also began to develop extremity weakness and paralysis. At time of the initial report, no suspect food exposures were identified by the provider, but the patient did have recent travel to Haiti and was unable to provide a recent food history. Through working with the Florida Department of Health Bureau of Epidemiology (BOE), the provider was put in contact with the Centers for Disease Control and Prevention (CDC). The CDC released the antitoxin which was delivered to the hospital and administered to the patient within 24 hours of the call to EPI.

In February, EPI received a call from a local elementary school that 19 children had presented to the nurse's office 30-60 minutes after their lunch period. All had stomach cramps, and most were vomiting. Within the next hour, 10 additional symptomatic students were sent to the office. DOH-St. Lucie's Environmental Health and the Regional Environmental Epidemiologist reported to the school to do an inspection of the kitchen and to gather food samples from the lunch menu. Although approximately 15 children were sent to the local hospital for evaluation, no biological specimens were able to be collected. In the following days, EPI and School Health conducted approximately 60 interviews at the school of both ill and well children who ate at the school cafeteria the day the students fell ill. Food samples were tested for various bacteria and toxins but nothing conclusive was found. All the children who fell ill returned to school the following week.

In April, EPI was seeing the first indications that the hepatitis A outbreak ([see page 9](#)) affecting other parts of Florida and the United States had started to appear in St. Lucie County. EPI investigated individual cases as they were reported from area medical providers, and began conducting free hepatitis A vaccine clinics in the community through partnerships with several local organizations. Our hepatitis A outbreak case count for 2019 was 53 cases. Our 5-year average of hepatitis A cases prior to 2019 was approximately 2 cases per year. The outbreak, and our response, continues.

In June, a case of scombroid poisoning was reported by a local medical provider. Scombroid poisoning is one of the most common fish poisonings and can occur in temperate and tropical waters. Scombroid poisoning can occur after eating improperly refrigerated fish containing high levels of histamine. The symptoms resemble moderate to severe allergic reactions and develops 10-60 minutes after eating contaminated fish. The initial investigation with the patient revealed that they had consumed raw tuna sushi from a grocery store in a neighboring county. The EPI program for that county was notified. The Florida Department of Agricultural and Consumer Services (DACS) and the store's county EH program immediately completed a joint inspection of the store. They found temperature control issues and a broken chiller. Some food items were immediately discarded by the DACS inspector at time of inspection due to the items being over the allowable temperature. No other cases of scombroid poisoning were reported.

In November, EPI received notification through our School Readiness program that a student at a local daycare was diagnosed with chickenpox. Over the course of the next few days, three students and three teachers became symptomatic. During that same time, a notification letter was sent to parents, students who were unvaccinated were excluded from the facility (per Florida Statute), and catch-up vaccines to prevent breakthrough infection and help control ongoing transmission were offered to all students, teachers, staff, and family at the daycare. The outbreak was successfully contained to the six individuals that became ill in the first week and everyone returned to the facility either when their infectious period was complete, or for the excluded students, when the 21-day after last illness onset period was over.

In December, EPI was notified by a local animal sanctuary that some of their rescue animals may have been exposed to a raccoon. Raccoons are one of the main wildlife sources of rabies in Florida. EPI worked with the BOE subject matter expert on rabies, EH, the Florida Fish and Wildlife Conservation Commission, and the veterinarian at the sanctuary to determine the best course of action. The sanctuary was inspected to ensure the animals would not be able to get outside their controlled area, the veterinarian vaccinated 37 animals, and the animals will remain under observation for a specific length of time to ensure the rabies virus is not present. Also, due to careful and proper handling by staff and volunteers, no humans were potentially exposed to the virus.

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 2019, 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.

🌐 504 [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.

🌐 420 [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.

🌐 218 [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.



🌐 203 [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 2019, 22 specimens were sent for rabies testing with zero positive results.

🌐 1,698 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 1,071 direct services in the [Limited Use Program](#).

🌐 EH is responsible for inspecting, monitoring and permitting 424 public swimming pools and spas at hotels, motels, condominiums, parks, schools, social and civic organizations in St. Lucie County. Staff performed 1,096 services in the [Swimming Pool Program](#) for 2019.

🌐 [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 2019, EH performed 1,295 direct services with 1,123 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. FDOH created new signage for blue-green algae and red tide advisory for informing the public about surface water quality issues and public health concerns.

Public Health Emergency Preparedness

Public Health Preparedness works toward improving St. Lucie County's ability to respond to public health incidents by preparing for and responding to public health threats including natural, biological, chemical, radiological, and nuclear incidents. DOH-St. Lucie's Preparedness emergency response efforts in 2019 included responding to Hurricane Dorian and continuing response to the current hepatitis A outbreak.

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 the Florida Hope Training Exercise which included a field epidemiology response to a respiratory disease outbreak, participated in a mass casualty hospital surge exercise, attended Alternate Care Site planning meetings, and provided several training opportunities for staff, community partners, and Medical Reserve Corps members.

Special Medical Needs Sheltering During a Hurricane

The Division of Emergency Management and several St. Lucie County Departments in conjunction with DOH-St. Lucie operate a Special Needs Shelter (SpNS) 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 2019, the MRC in St. Lucie and Martin Counties volunteered and trained together. The focus of the year was volunteer engagement/retention through trainings, exercises, outreaches, and new recruitment opportunities to build a solid support team as well as continued relationship building with our community partners.

2019 MRC activities and successes:

- ★ Participation in hepatitis A outreach vaccine events and walk-in clinics
- ★ Hands Only CPR classes held for students at Fort Pierce Central.
- ★ Stop the Bleed classes were taught at City of Port St. Lucie, Martin County, Jensen Beach High School, and two places of worship. A Train the Trainer class was held for Port St. Lucie Police Department.
- ★ Provided moulage and volunteer coordination for four hospitals during a regional hospital surge exercise.
- ★ School Health Screenings
- ★ Moulage Training
- ★ Helmet Fit Training



St. Lucie County MRC has 36 volunteers on its roster. All their efforts are highly valued!

If you are interested in volunteering with the MRC, please contact Carol.Pilzer@flhealth.gov or call Carol at 772-873-4955.

HIV Prevention

Outreach and Counseling

2019 was the year of outreaches and community events. In the last 6 months alone, The [HIV Prevention Program](#) has delivered on its efforts to make an impression in Area 15 which includes St. Lucie, Indian River, Okeechobee, and Martin, Counties. The amazing efforts and dedication of the HIV Team resulted in over 245 individuals tested for HIV/STDs/HCV and over 400 individuals educated. Individuals who tested were able to know their status, receive education, and receive prompt treatment if they were positive. This year was full of a wide-range of different outreach techniques to make an impact in the community. We expect to expand on these practices in the year 2020 to make an even greater impact!

Highlights of 2019:

⚡ An HIV Prevention Outreach Coordinator position was created to exclusively dedicate efforts to create community outreaches in Area 15 entailing HIV/STD testing and education. Currently, our Outreach Coordinator has created over 30 testing events during her time in the position.

⚡ We met the community in their own environment by providing testing opportunities and education at local neighborhoods, supermarkets, parks, and colleges just to name a few.

⚡ During STD awareness month, the HIV, EPI and STD departments joined forces and over the course of the month tested over 200 individuals (doubled from 2018) and provided hepatitis A vaccinations.

⚡ After Hours HIV Testing outreach was accomplished by expanding HIV/STD testing hours to 4:00 to 7:00 pm. The goal of this successful event was to reach individuals who may not be able to come in during regular testing hours. 39 individuals were tested during our extended hours.

⚡ For World AIDS Day, multiple community organizations collaborated with DOH-St. Lucie to participate in our efforts to fight the spread of HIV in Florida and connect local individuals to health services and resources available. These organizations included Jaber's Pharmacy, Midway Specialty Care Center, Career Resource, Safe Space, and Keiser College, among others.

⚡ Several National HIV Awareness Day events were created to raise awareness of HIV/AIDS. These events provided information regarding HIV testing and treatment, healthy relationships, and updated HIV statistics to the St. Lucie Community.

⚡ A community survey was distributed to individuals of Haitian descent to help better understand the misconceptions of HIV and HIV treatment that exist. The survey reached over 70 individuals and results will be used to better serve the Haitian community.



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, DOH-St. Lucie has a PrEP provider in-house to deliver PrEP services to individuals at risk. There are also PrEP navigation and patient assistance programs available to assist clients if needed. The program initiated services and provided PrEP for 9 new clients, served 8 program clients, and provided follow-up or refill services to 13 additional clients.

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.

To streamline and improve the continuity of care for newly diagnosed and previously diagnosed HIV positive individuals, Area 15 has merged the Linkage to Care representative (LTC) and Disease Intervention Specialist (DIS) role. This merger will allow the client to have consistent personnel assisting them during the process of being informed of positive diagnosis, obtaining partners, and/or being linked into care. Having one person help the client navigate the health care system reduces the chances of the client being overwhelmed by the multiple persons, organizations, and agencies involved. This allows more time develop a rapport and relationship with the client to order to provide effective partner services and linkage. The Area 15 Regional Linkage Re-Engagement Coordinator is spearheading this new journey and we look forward to seeing the accomplishments.

As the Linkage Team continues to redefine the culture of those who serve HIV-infected persons by enlisting a spectrum of services (case managers, medical providers, prevention providers, etc.), we encourage community providers, consumers, patient care advocates, clinical staff and others to be a part of the Linkage Team as we assist 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 have 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. We have had great success in this program and have obtained partnerships with our outside medical providers to also incorporate the Test and Treat program into their own practice to ensure a continuum of care for our new patents.



PrEP

[Pre-exposure prophylaxis \(or PrEP\)](#) is a comprehensive HIV prevention strategy that involves

HIV/AIDS Patient Care Programs



The Area 15 Lead Agency for [HIV/AIDS programs](#) and services continues to enhance 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 16 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. Our support services include housing, linguistic, medical transportation and psychosocial support services.

2019 Area 15 Ryan White Patient Care Services:

-  6,473 core service visits
-  905 total clients

Clients who meet the Ryan White eligibility certification guidelines are eligible to receive services from both the core and support service categories as deemed necessary. With the exception of medical case management, the core and support services are provided through outside contracted providers and community partners.

Pharmaceutical services include the AIDS Drug Assistance Program ([ADAP](#)) which is comprised of two staff. Our ADAP services are in St. Lucie 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 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. Housing Opportunities for Persons with AIDS ([HOPWA](#)) is fortunate enough to provide services in Indian River, Martin, Okeechobee and St. Lucie Counties.

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

2019 HOPWA services:

-  36 clients received emergency rental assistance
-  3 clients received emergency mortgage assistance
-  37 clients received emergency utility assistance
-  67 clients received permanent housing placement including utility deposits, first and last month's rent and / or security deposits
-  10 clients received short term supportive housing

The Tenant Based Rental Assistance (TBRA) program provides long term rental subsidies to those clients who have income, yet qualify under the U.S. Department of Housing and Urban Development's definition of homeless. In 2019, 23 clients were enrolled in the TBRA program.



Teen Zone

Teen Zone is an adolescent reproductive health clinic offering confidential pregnancy testing, STD/HIV testing, contraception, health education, counselling, case management & referrals. Services are offered at no cost to teens between the ages of 13-19. Teen Zone is held the first and third Tuesday of each month from 2:00 to 6:00 pm and appointments are not required.

In 2019, Teen Zone had 563 total visits with 0 positive pregnancy tests, 40 teen pregnancies potentially prevented, a 0% positivity rate for HIV and syphilis testing and a 15% positive rate on chlamydia and gonorrhea testing.

Teen Zone is supported by The Florida Department of Health, Children's Services Council of St Lucie County and The Healthy Start Coalition of St Lucie County.

Services are provided by a team of dedicated staff & volunteers who are committed to quality care and friendly service:

- | | |
|-------------------------|------------------|
| 5 APRN's | 2 RN's |
| 1 LPN | 2 check in staff |
| 4-5 DIS staff | 2 lab staff |
| 3 case management staff | 1 support staff |
| 1 RN Clinic Coordinator | |

2019 Birth Control Methods		2019 Testing	
Depo Provera	183	HIV	199
Oral Contraceptives	205	Chlamydia and Gonorrhea	285
Nexplanon	3	Syphilis	199



teenzoneslc.org

5150 NW Milner Drive, Port St Lucie, FL, 34983
772-785-6184

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 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 Florida’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

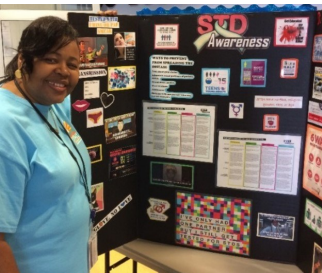
The majority of work done by the STD Program DIS are field services. STD field services are an essential link between clinic services and persons who are either infected, and/or at risk for acquiring a sexually transmitted disease.

The 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. In 2019, STD tested 83 DIS clients and conducted 480 tests at outreach events for a total of 563 tests completed.

The field staff is also responsible for verifying the diagnosis and treatment of all reportable STDs from public and private health care providers. 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.



Sexually Transmitted Disease Testing Positive Results, 2019	Testing at Outreach Events	Testing of DIS Clients	Total 2019
Chlamydia	13	10	23
Gonorrhea	5	3	8
RPR	8	5	13
HIV	1	3	4

DIS Success Story: A newly diagnosed patient with HIV suffering from a tremendous amount of hardships.

The patient was diagnosed and discharged with HIV and renal failure from a local hospital. The patient did not receive any counseling from the hospital regarding the diagnosis. After discharge the patient got home and basically shut the world out of their life.

The patient lived in a mobile home that they would move from location to location. DIS Mirland Chery tried to reach the patient by phone multiple times with failed results. Field visits to listed addresses also yielded negative results; most were found to be empty lots. When a call was placed to the discharging hospital for more information, DIS Chery discovered the patient required dialysis treatment. Local dialysis facilities were contacted and DIS Chery found the patient was registered and was being treated regularly at one facility.

DIS Chery made a field visit to the dialysis facility where the patient was successfully located and interviewed. The patient expressed the need for services such as food, housing, medical care, insurance, and counseling. The Linkage to Care Program was immediately notified of the patient. The patient was quickly linked with all the appropriate services.

One week later, staff from the dialysis facility contacted the DOH-St. Lucie Public Information Officer to compliment DIS Chery on a job well done. The patient had expressed appreciation that they received the attention and assistance they had not been given before.



Targeted Outreach for Pregnant Women

The Targeted Outreach for Pregnant Women Act (TOPWA) was enacted by the Florida Legislature in 1998. TOPWA was designed to establish an outreach program targeting high-risk pregnant women who may not be receiving proper prenatal care, who suffer from substance abuse problems, or who may be infected with HIV. The goal of this program is to provide these high-risk pregnant women with referrals for much needed information and services.

Locally, this program is funded through the Healthy Start Coalition of St. Lucie County in partnership with DOH-St. Lucie. This program provides community-based outreach activities in areas where the target population is most likely to be found. DOH-St. Lucie has designed peer-based, culturally sensitive outreach activities - performed in a nonjudgmental manner - in an effort to:

- ☞ encourage high-risk women of unknown status to be tested for HIV,
- ☞ educate pregnant women about the benefits of entering into prenatal care,
- ☞ provide HIV-infected pregnant women with information about the benefits of AZT Therapy during pregnancy so they can make an informed decision about reducing the risks of perinatal transmission, and
- ☞ provide appropriate referrals to medical and other social services on a case-by-case basis.

DOH-St. Lucie's 2019 TOPWA Program highlights:

- ☞ 448 outreach sessions
- ☞ 1,141 outreach contacts
- ☞ 64 enrollments
- ☞ 67 urine pregnancy tests
- ☞ 16 HIV tests
- ☞ Participated in 6 community events

For more information, please call (772) 462-3916

Hug Me Program

Help Understand and Guide Me, is a program that offers an RN to provide clinical case management for HIV positive pregnant women and their exposed babies for St Lucie, Martin, Indian River, and Okeechobee counties.

The Hug Me RN provides clinical case management for pregnant women who are HIV positive and to their HIV exposed babies. This includes utilizing a multidisciplinary team approach to meeting the client's needs.

Services provided include: home visitation, ensuring compliance with prescribed medical treatment, initiating care of the pregnant woman, educating on prenatal and postnatal care, making referrals and linkages with other community services, advocating on behalf of the mother and baby, and consulting with CMS, laboratories, pediatricians, county health departments, and other service providers on the Treasure Coast.

- ☞ For the last 15 years, 97% of all enrolled babies did not test HIV positive after birth.
- ☞ In 2019, the Hug Me program had 37 active prenatal and postnatal cases.
- ☞ There were 16 births with 0 perinatal HIV transmission infections at the end of 2019.

CALLING ALL WOMEN & GIRLS...

“We’ve Got the T”

Join us as we explore our womanhood through workshops and activities on self-esteem, self-worth, and sexual health

Saturday, March 9th, 2019

10 am to 2 pm

In the Image of Christ Village Resource Center

3090 Ave G, Fort Pierce FL 34947

Registration: 9:30 am

Free Event

Please RSVP by March 6th to Cassandra Novalien at 772-462-3535

Refreshments will be provided

Logos: Florida Health, SOS, Women and Girls, AETC, UHealth

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 provides 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 TB 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 2019, the TB Program provided 1,945 clinical and field services which included direct observed therapy, assessments, chest X-rays, laboratory testing, consultations, education, etc. In 2019, 13 diagnosed active TB cases were reported compared to 4 cases reported in 2018. Treatment for 33 latent tuberculosis infection (LTBI) cases were initiated in 2019 with 20 completing treatment, 9 still currently in treatment, 1 previously treated, 2 refused treatment and 1 was lost to follow up. Of the 33 LTBI cases, 15 completed treatment utilizing the four-month therapy, and 4 were able to complete the even shorter 12-week course.

The TB Program completed initial assessments, evaluations, and follow-up testing on 47 contacts of active TB cases compared to 29 contacts in 2018 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 continues to work with our community partners to provide educational resources, guidance and other services including participating in various outreach programs in the community to target and screen individuals at risk to progress to TB disease.

Hepatitis A

Hepatitis A infection is a vaccine-preventable illness. The primary mode of [hepatitis A virus](#) (HAV) transmission in the United States is typically person-to-person through the fecal-oral route (i.e., ingestion of something that has been contaminated with the feces of an infected person). Average incubation of HAV is 28 days, but illness can occur up to 50 days after exposure. A HAV-infected person can be viremic up to six weeks through their clinical course and excrete virus in stool for up to two weeks prior to becoming symptomatic, making identifying exposures particularly difficult. Illness from hepatitis A is typically acute and self-limited; however, when this disease affects populations with already poor health (e.g., hepatitis B and C infections, chronic liver disease), infection can lead to serious outcomes, including death.

In Florida, the number of reported hepatitis A cases more than doubled from 2016 to 2017 and nearly doubled again in 2018 after remaining

relatively stable in previous years. Case counts in 2019 saw an over 500% increase from 2018. From January 1, 2018 through February 1, 2020, 4,113 cases of hepatitis A were reported in Florida. St. Lucie County had 58 cases of hepatitis A in the same period, compared to a 5-year average of 2 cases per year.

The best way to prevent hepatitis A infection is through vaccination with the hepatitis A vaccine. Practicing good hand hygiene—including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food—plays an important role in preventing the spread of hepatitis A.

Since April 2019, over 25,000 St. Lucie County residents have received their hepatitis A vaccine, but more needs to be done to stop the spread of this disease. Hepatitis A vaccine clinics are currently being held and more are being scheduled. For more information on hepatitis A and where to get a vaccine, call 772-462-3800.

Protect yourself from hepatitis A.

Hepatitis A is on the rise in our area.



Get vaccinated.



Wash your hands.



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, STD, or HIV Programs

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

Preliminary Cases of Select Reportable Diseases, Jan.-Oct. 2018, 2019

Disease Category	St. Lucie County		Florida	
	2018	2019	2018	2019
HIV/AIDS				
Reported HIV Infection Cases*	46	38	4,710	4,415
Reported AIDS Cases*	10	18	1,691	1,746
Sexually Transmitted Diseases				
Gonorrhea*	249	400	27,105	30,322
Chlamydia*	1,116	1,194	87,748	92,756
Primary and Secondary Syphilis*	36	32	2,383	2,677
Non-Primary and Non-Secondary Syphilis*	24	32	3,280	3,369
Late or Unknown Duration Syphilis*	40	29	3,007	3,887
Congenital Syphilis*	2	2	89	112
Tuberculosis				
TB Cases**	4	13	591	558

Data from 2019 is provisional and do not represent actual case counts. These data are used to indicate disease trends. Actual case counts are finalized in July of the following year. A percentage of cases will be determined not to be cases or may be eliminated due to duplication or prior reporting.

*reporting period is January through October for reporting years 2018 and 2019

**reporting period is January through December for reporting years 2018 and 2019

Preliminary Cases of Reportable Diseases/ Conditions in St. Lucie County and Florida, Reporting Years 2018 and 2019

Note that this table includes preliminary confirmed and probable cases 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).). **Merlin data for 2018 were finalized in April 2019 and case counts for 2019 will be finalized in April 2020.** Preliminary case counts may change. A percentage of cases will be determined not to be cases after additional review and this percentage varies by disease. For example, 4% of meningococcal cases reported in 2014 in Florida were later determined not to be true cases and were removed from final case counts.

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

Changes in case definitions used for epidemiologic surveillance can result in dramatic changes in case counts. Current Florida Surveillance Case Definitions are available online at: <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/surveillance-and-investigation-guidance/index.html>

^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.

[Click here for a list of Reportable Diseases/Conditions in Florida](#)

Disease Category	St. Lucie County		Florida	
	Reporting Year			
	2018	2019	2018	2019
Vaccine-Preventable Diseases				
Measles (Rubeola)	0	0	15	3
Mumps	0	0	55	134
Pertussis	0	1	326	392
Varicella (Chickenpox)	20	22	853	984
CNS Diseases and Bacteremias				
Creutzfeldt-Jakob Disease (CJD)	0	0	24	42
Haemophilus influenzae Invasive Disease	0	2	310	371
in children 5 years or younger	0	1	50	48
Listeriosis	0	1	47	50
Meningitis, Bacterial or Mycotic	6	0	113	99
Meningococcal Disease	0	0	18	22
Streptococcus pneumoniae Invasive Disease	-	-	-	-
Drug-Resistant	2	5	201	291
Drug-Susceptible	2	13	366	600
Enteric Infections				
Campylobacteriosis	93	78	4,729	4,536
Cryptosporidiosis	6	9	586	662
Cyclosporiasis	0	6	76	543
Giardiasis, Acute	13	14	1,105	1,089
Salmonellosis	151	172	7,224	7,136
Shiga Toxin Producing Escherichia coli (STEC)*	10	7	809	783
Shigellosis	11	48	1,510	1,421
Typhoid Fever (Salmonella serotype Typhi)	0	0	27	27
Viral Hepatitis				
Hepatitis A	2	53	548	3,397
Hepatitis B, Acute	13	16	783	841
Hepatitis B, Chronic	75	81	4,763	4,822
Hepatitis B, Surface Antigen in Pregnant Women	10	6	395	429
Hepatitis C, Acute	14	23	485	981
Hepatitis C, Chronic	483	417	22,175	20,135
Hepatitis D, E, G	1	0	11	10
Vectorborne, Zoonoses				
Dengue Fever	0	1	87	408
Ehrlichiosis/Anaplasmosis	0	2	58	58
Lyme Disease	3	1	169	166
Malaria	0	0	58	52
Rabies, Animal	1	0	111	130
Rabies, Human	0	0	1	0
Rabies, Possible Exposure	120	127	4,083	4,426
Rocky Mountain Spotted Fever/Rickettsiosis	0	1	22	43
West Nile Virus Disease	0	0	39	6
Others				
Botulism, Foodborne	0	0	0	1
Botulism, Infant	0	0	1	0
Brucellosis	0	0	13	8
Carbon Monoxide Poisoning	3	2	168	143
Ciguatera Fish Poisoning	5	1	69	69
Lead Poisoning^	20	26	2,123	2,159
Legionellosis	10	6	496	448
Mercury Poisoning	0	1	36	19
Vibriosis (Excluding Cholera)	3	5	242	263