



Florida Department of Health  
in St. Lucie County  
[www.stluciecountyhealth.com/](http://www.stluciecountyhealth.com/)

# EPIsodes

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## St. Lucie's Healthy Water

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### Private Well Water

In Florida, about 88% of our residents are served by a public water network. We are lucky to have a plentiful source of ground water. Ground water gathers in aquifers consisting of layers of sand, soil, and rocks that filter the water within. Most of the time, the ground water is naturally clean and free of contaminants. However, Florida's aquifers can become contaminated by chemicals and microbes that can cause illness. Bacteria and nitrates can reach ground water, wells, and piping, through poorly maintained storage tanks and septic systems, livestock areas, and fertilizer application, or as a result of poorly constructed wells or cracked pipes in water piping systems. While public water systems are covered by the Federal and State Safe Drinking Water Acts, those with private wells or private water systems are responsible for maintaining their OWN well or system and ensuring their water is safe to drink through routine water quality testing.

[The Centers for Disease Control and Prevention](http://www.cdc.gov) has reported that consumption of contaminated drinking water in the United States has resulted in thousands of cases of illness\* each year. To ensure you are preventing illness, routine testing is important. The test is a snapshot of the water quality, and contaminant levels can change over time.

[Florida Department of Health's Private Well Testing](http://www.floridahealth.gov/private-well-testing) website provides information on potential contaminants, how and when to test, well equipment maintenance, resources, FAQs, and has special sections for information regarding tenants, landlords, business owners, and children. On the site you can also access a Well Disinfection guide and a Homeowner's Guide to Your Well.



[Floridahealth.gov/Environmental-Health](http://Floridahealth.gov/Environmental-Health)

See page 4 for Preliminary Cases of Reportable Diseases and Conditions in St. Lucie County and Florida

### Safe Swimming

Even as this year's summer vacations are coming to an end, we know that swimming season does not end in Florida. Water quality is an essential part of enjoying a safe swim, and the Florida Department of Health in St. Lucie County works to keep residents and visitors safe while swimming by conducting routine inspections of public pools to make sure they meet sanitation and safety standards. The department's [Florida Healthy Beaches](#) program samples water from beaches along the coast and [reports](#) water quality every week. Watch for Water Advisories for St. Lucie water recreation areas on our website, [StLucieHealthCountyHealth.com](http://StLucieHealthCountyHealth.com).

Parents should also be aware that the use of swim diapers and swim pants doesn't necessarily keep fecal bacteria out of the water, and some germs can survive days even in properly chlorinated pools.

Floridians should also take simple precautions to prevent injury or drowning. By incorporating [layers of protection](#), including supervision, barriers and emergency preparedness, pool-goers can swim safely and securely.

#### Rules for a healthy and safe swim experience:

- ◆ Use a high SPF sunscreen to protect yourself and your family from harmful UV rays that cause sunburn and skin cancer and reapply after swimming;
- ◆ Wear insect repellent to prevent mosquito bites and the spread of mosquito-borne illnesses, apply on top of sunscreen and do not use a combination product;
- ◆ Limit the amount of fresh water going up your nose when swimming can help prevent the infection from the amoeba *Naegleria fowleri*. The amoeba that causes the rare infection of the brain called primary amebic meningoencephalitis (PAM) is often fatal.
- ◆ Don't swallow the water you swim in;
- ◆ Stay out of the water if you have diarrhea and don't swim until you are diarrhea-free for two weeks;
- ◆ Parents should take children on bathroom breaks every 60 minutes;
- ◆ Avoid contact with algae blooms;
- ◆ Wash your hands after visiting the bathroom or changing diapers; and
- ◆ Visit your local hardware or pool-supply store and purchase pool test strips to check the chlorine and pH levels before getting into the water.

**"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. 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."**

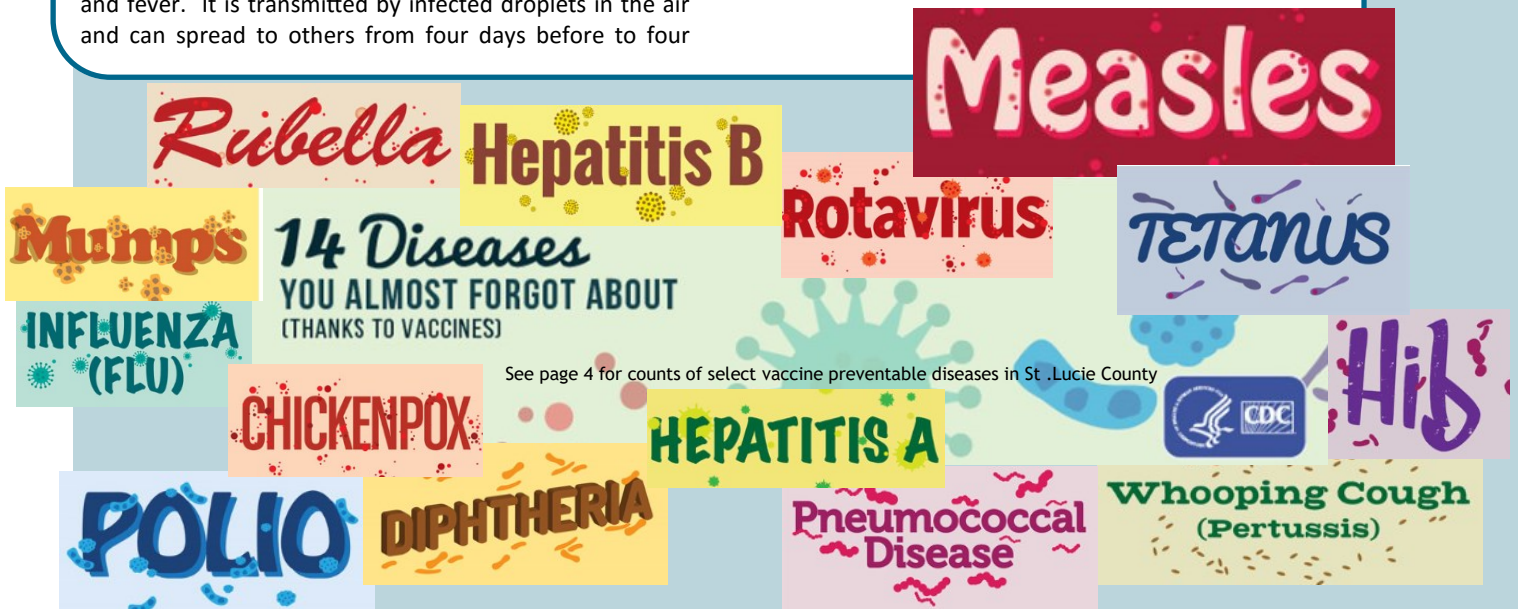
# Select Reportable Diseases

The [2015 Florida Morbidity Statistics Report](#) was recently published and made available to the public online. This document is the annual comprehensive report for all reportable disease morbidity in Florida and this edition marks the 60th publication since 1945. The Report contains the official statistics, in tabular and graphic form, for the reported occurrence of reportable diseases and conditions in Florida. This publication identifies patterns and trends in the incidence of disease that are used as the scientific basis for development of disease control and prevention strategies and policies.

Included in the Report is an in-depth description of the measles outbreak investigation in St. Lucie and Indian River Counties that occurred in April and May 2015. Measles is a highly contagious respiratory disease caused by a virus. Symptoms of the disease include a blotchy rash, cough, and fever. It is transmitted by infected droplets in the air and can spread to others from four days before to four

days after the rash appears. It is so contagious that if one person has it, 90% of the people close to that person who are not vaccinated will also become infected with the measles virus. Measles can lead to serious complications in children under 5 and adults over 20 years of age. For every 1,000 children who get measles, one or two will die. Measles can be prevented by the combination MMR (measles, mumps, rubella) vaccine.

The original article was written by Ann Schmitz, DVM; Kim Kossler, MPH, RN, CPH; Maureen F. Feaster, RN; Tammy Lynn, RN; Barbara Progulske, DVM, MPH, Dipl ACVPM; David Atrubin, MPH; and Scott Pritchard, MPH. A summary of that investigation can be obtained by emailing [Michelle.Peaslee@flhealth.gov](mailto:Michelle.Peaslee@flhealth.gov) or you can read the full article [online](#).



See page 4 for counts of select vaccine preventable diseases in St. Lucie County

## HIV/AIDS, STD, TB-January to April, 2016 and 2017 Surveillance Data, Florida and St. Lucie County

Disease Category	St. Lucie County				Florida		
	2016*	2017*	% change	county rank	2016*	2017*	% change
<b>HIV/AIDS</b>							
Reported HIV Infection Cases	11	24	118%	19	1,739	2,182	25%
Reported AIDS Cases	11	10	-9%	18	823	710	-14%
<b>Sexually Transmitted Diseases</b>							
Gonorrhea	65	88	35%	23	8,947	10,149	13%
Chlamydia	371	381	3%	22	31,722	32,843	4%
Infectious Syphilis	0	3	N/A	not ranked	832	833	0%
Early Latent Syphilis	5	2	-60%		1,011	906	-10%
Congenital Syphilis	0	0	N/A		16	21	31%
<b>Tuberculosis</b>							
TB Cases	4	2	-50%	19	209	129	-38%

\*reporting period is January - April, 2016 and 2017

# Pop Quiz

What does it stand for?

L  
G  
B  
T  
Q  
Q  
A  
A  
I  
I  
P

# It Starts In House:

## Health Equity, DOH, and the LGBTQ+ Community

### Health Equity

Health equity is a strategic priority for the Florida Department of Health. One way DOH- St Lucie is aiming to eliminate health gaps between different communities is through training and education.

The definition of health equity is: attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Source: The Centers for Disease Control and Prevention: [A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease.](#)



### LBTQ+ In-Service

The Area 15 (St. Lucie, Martin, Indian River, and Okeechobee Counties) Minority AIDs Coordinator (MAC), Cassandra Novalien, created a LGBTQ+ Sensitivity Training that works towards providing DOH -St. Lucie employees with a basic understanding of language, attitudes, and acceptance when working with the LGBTQ+ community. The training was mandated for all staff of DOH- St. Lucie to provide a foundation for helping to eliminate barriers that could prevent clients from adhering to medical regimens and services. The goal of the training was to make staff aware that individuals in the LGBTQ+ community experience a plethora of discriminatory disparities based on many aspects of their life, just like any other marginalized minority. This training provided an overview of how to work with all members of the LGBTQ+ community, including the transgender community, especially during interactions when someone’s birth and presented gender may be different. A review of the proper use of language and terms was also provided which is important since it

can have a significant impact on their perception of the health care provider or agency. A negative perception or experience can unfortunately affect how or if a client accesses services.

The information provided was well received by the DOH-St. Lucie staff and allowed for a space where staff could speak freely, share their own experiences, and ask questions about how specific issues could be handled by both the employees and upper management. Working towards a culturally competent workforce will decrease the amount of perceived intolerance in the community and allow for those that come into contact with the DOH-St. Lucie staff to feel accepted and respected.

This was one of many steps in working towards creating a climate that values everyone equally to address avoidable discriminations in health care services for all people regardless of gender, sexual orientation, identity, race, ethnicity, age, geographic location, physical, and developmental differences.

Future trainings will be offered to all community partners, agencies, and organizations. If you have any questions or would like to set up training for your organization, please email Cassandra Novalien at [Cassandra.Novalien@flhealth.gov](mailto:Cassandra.Novalien@flhealth.gov)

PORT ST. LUCIE CLINIC

772-4662-3800

5150 NW Milner Dr.  
Port St. Lucie, FL 34983

Services  
Adult Health Care, Pediatric, Family Planning, PEPW, HIV/AIDS, STDs, Hepatitis Testing, Refugee and Immigration

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FORT PIERCE LOCATION

772-462-3800

714 Avenue C  
Fort Pierce, FL 34950

Services  
Healthy Start, HIV/AIDS, TB, WIC, Dental

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WIC AT LAKE WHITNEY

772-785-6124


531 NW Lake Whitney Place  
Port St. Lucie, FL 34986

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PEDIATRIC DENTAL  
AT LAKE WHITNEY

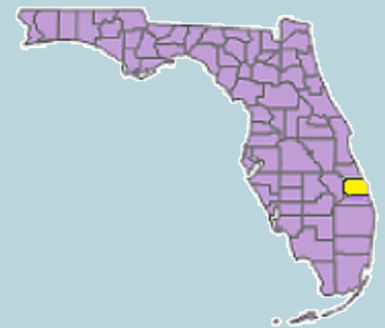
772-462-3800

537 NW Lake Whitney Place, Suite 101  
Port St. Lucie, FL 34986



Answers: L: Lesbian; G: Gay; B: Bisexual; T: Transgender; Q: Questioning; Q: Queer; A: Asexual; A: Ally; I: Intersex; I: Intergender; P: Pansexual

# Preliminary Cases of Reportable Diseases and Conditions, Year to Date (YTD) 2016 and 2017



Disease Category	2016, YTD		2017, YTD	
	St. Lucie	Florida	St. Lucie	Florida
<b>Vaccine-Preventable Diseases</b>				
Mumps	0	10	0	27
Pertussis	0	216	2	256
Varicella (Chickenpox)	9	500	3	424
<b>CNS Diseases and Bacteremias</b>				
Creutzfeldt-Jakob Disease (CJD)	0	6	0	18
Haemophilus influenzae Invasive Disease	4	227	1	180
Listeriosis	0	19	0	29
Meningitis, Bacterial or Mycotic	2	72	2	72
Meningococcal Disease	0	9	0	16
Streptococcus pneumoniae Invasive Disease	-	-	-	-
Drug-Resistant	1	137	2	156
Drug-Susceptible	12	308	7	228
<b>Enteric Infections</b>				
Campylobacteriosis*	27	2,036	34	2,697
Cryptosporidiosis	1	290	2	259
Cyclosporiasis	2	30	0	81
Escherichia coli, Shiga Toxin Producing (STEC)	3	63	0	83
Giardiasis, Acute	5	701	9	651
Salmonellosis**	45	2,786	41	3,201
Shigellosis**	2	410	1	774
Typhoid Fever (Salmonella serotype Typhi)	0	9	0	12
<b>Viral Hepatitis</b>				
Hepatitis A	0	71	0	162
Hepatitis B, Acute	8	407	12	458
Hepatitis B, Chronic	41	3,041	54	3,462
Hepatitis B, Surface Antigen in Pregnant Women	6	263	11	306
Hepatitis C, Acute	9	203	13	218
Hepatitis C, Chronic	370	19,447	301	17,128
<b>Vectorborne, Zoonoses</b>				
Chikungunya	0	8	0	1
Dengue Fever	0	42	0	16
Ehrlichiosis/Anaplasmosis	0	22	0	19
Lyme	1	108	0	112
Malaria	2	36	0	37
Rabies, Animal	0	40	0	27
Rabies, Possible Exposure	91	2,007	64	2,047
Rocky Mountain Spotted Fever/Rickettsiosis	0	7	0	19
West Nile Virus Disease	0	1	0	1
Zika	5	452	0	230
<b>Others</b>				
Botulism, Infant	0	0	1	1
Brucellosis	0	2	0	6
Carbon Monoxide Poisoning	2	128	1	98
Ciguatera Fish Poisoning	0	5	0	17
Lead Poisoning	6	386	5	496
Legionellosis	1	155	3	230
Mercury Poisoning	0	16	1	25
Vibriosis (Excluding Cholera)	3	103	1	153

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

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

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). Data for 2017 are preliminary and will change. Preliminary case counts are current as of the date above, but may change. A percentage of cases will be determined not to be cases after additional review and this percentage varies by disease. Merlin data for 2017 will be finalized in April 2018.