

EPISODES

JANUARY 2016

FLORIDA DEPARTMENT
OF HEALTH

www.stluciecountyhealth.com/

INSIDE THIS ISSUE...

Zika Virus	1
Injury Prevention	2
Foodborne Illness	2
Healthy Workplace	3
COOP	3
YEAR IN REVIEW — 2015 Highlights for the Disease Control & Health Protection Programs:	
EPI 2015	4
HIV Patient Care 2015	5
HIV Prevention	6-7
EH 2015	8
STD 2015	9
TB 2015	9
St Lucie's County's Reportable Diseases Frequency Report	10

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ZIKA VIRUS

Zika fever is a mild febrile illness caused by a mosquito-borne virus similar to those that cause dengue and West Nile virus infection. It has been identified in several countries in Central and South America, Mexico, and the Caribbean since 2015. Outbreaks have previously been reported in Africa, Southeast Asia, and the Pacific Islands. Local transmission has been reported in Puerto Rico, US Virgin Islands and American Samoa. Cases of Zika fever have been reported in travelers returning to the United States.

Symptoms and Treatment

Only about 1 in 5 people infected with Zika virus are symptomatic. Zika fever is a mild illness. Severe disease requiring hospitalization is uncommon. Signs and symptoms of Zika fever may include: acute onset of low-grade fever, rash, joint pain, conjunctivitis (reddening of eye), body aches, headache, eye pain, and vomiting. Treatment is symptomatic since there is no specific treatment against the virus. Illness typically resolves within a week.

The Ministry of Health of Brazil has reported an increase in the numbers of newborns with microcephaly in areas experiencing Zika virus outbreaks. Further studies are being conducted to investigate this concern. There are many causes of microcephaly in babies, including genetic abnormalities, environmental factors, and some infections acquired during pregnancy.

Transmission

Zika fever is acquired through the bite of an infected mosquito, including the same mosquitoes that can transmit dengue and chikungunya. Perinatal and sexual transmission have also been reported.

Information for Travelers

Travelers to a tropical or subtropical area (Africa, Asia, Caribbean, Mexico, Central and South America), can protect themselves from Zika and other mosquito-borne diseases by following these prevention suggestions:

Use insect repellent with any of the following active ingredients

- ◆ DEET (up to 30%)
- ◆ Picaridin
- ◆ Oil of lemon eucalyptus
- ◆ Para-menthane diol
- ◆ IR3535



- ◆ Always follow product label instructions and make sure repellent is age-appropriate.
- ◆ It is safe for pregnant or nursing women to use EPA-approved repellents if applied according to package label instructions.
- ◆ Apply repellent on bare skin or clothing, not under clothing.

- ◆ Cover skin with long-sleeved shirts and long pants
- ◆ Apply a permethrin repellent directly to clothing or purchase pre-treated clothing. Follow the manufacturer's directions and do not apply directly to the skin.

- ◆ Keep mosquitoes out of hotel rooms
- ◆ Choose a hotel or lodging with air conditioning or screens on windows and doors.
- ◆ Sleep under a mosquito bed net when outside or in a room that is not screened.

This article and updated information can be found on Florida Department of Health's (FDOH) website at www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html

Additional Zika Resources:

Guidance for Healthcare Providers

- ◆ Zika Fever— Information for obstetricians—www.floridahealth.gov/diseases-and-conditions/zika-virus/documents/zika-clinicians.pdf
- ◆ Zika Fever— Information for Clinicians— www.floridahealth.gov/diseases-and-conditions/zika-virus/documents/zika-clinicians.pdf

Resources and References

- ◆ CDC— Zika Virus Information—www.cdc.gov/zika/index.html
- ◆ CDC Yellow Book—Zika—wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/zika
- ◆ CDC—Zika Health Advisory—www.floridahealth.gov/diseases-and-conditions/zika-virus/documents/cdc-zika-health-advisory.pdf
- ◆ CDC MMWR—Guidelines for Pregnant Women—www.cdc.gov/mmwr/volumes/65/wr/mm6505e2.htm
- ◆ CDC MMWR—Guidelines for the Evaluation and Testing of Infants—www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6503e3er.pdf



Every 3 weeks a child dies from a television tipping over. Over the past 10 years, a child visited the emergency room every 45 minutes because of a TV tipping over.



Food safety starts at the grocery store. Individually bag meats with the clear plastic bags from the produce section. This will prevent the meat juices from contaminating the other foods in your grocery cart.



INJURY PREVENTION

NATIONAL TV SAFETY DAY (1st Monday of Feb)

The Problem

Many TV tip-overs are the result of televisions that aren't properly secured or placed in safe locations.

Flat panel TVs can be easily pulled off an entertainment center or table by a child.

Heavier, box-style cathode ray tube (CRT) TVs placed on dressers or high furniture can tip over and cause serious injuries, even death if children climb onto the furniture.



Check TVs

Do a quick check of the stability of all TVs in your home.

Secure TVs

Mount flat-screen TVs to the wall to prevent them from toppling off stands. Follow the manufacturer's instructions to ensure that you have a secure fit. If you have a large, heavy, old-style cathode ray tube (CRT) TV, place it on a low, stable piece of furniture.

If you no longer use your CRT TV, consider recycling it.

PREVENTING FOODBORNE ILLNESS

Foodborne illness (sometimes called "foodborne disease," "foodborne infection," or "food poisoning") is a common, costly—yet preventable—public health problem. Each year, 1 in 6 Americans gets sick by consuming contaminated foods or beverages.

More than 250 different foodborne diseases have been described. Most of these diseases are infections, caused by a variety of bacteria, viruses, and parasites that can be foodborne.

Other diseases are poisonings, caused by harmful toxins or chemicals that have contaminated the food, for example, poisonous mushrooms.

These different diseases have many different symptoms, so there is no one "syndrome" that is foodborne illness. However, the microbe or toxin enters the

body through the gastrointestinal tract, and often causes the first symptoms there, so nausea, vomiting, abdominal cramps and diarrhea are common symptoms in many foodborne diseases. *This article and more can be located at www.cdc.gov/foodsafety/foodborne-germs.html*

Safeguarding your home against foodborne illnesses begins not at home but where you buy food that you plan to store and serve.

While shopping for food, you should:

- ◆ Check for cleanliness—Buy from a retailer who follows proper food handling practices
- ◆ Keep certain foods separated—Separate raw meat, poultry and seafood from other foods in your grocery cart and away from children. Place the foods in plastic bags to prevent their juices from dripping on

other foods

- ◆ Inspect cans and jars—Do not buy food in cans that are bulging or dented. Also do not buy food in jars that are cracked or have loose lids
- ◆ Inspect frozen food packaging—Don't buy frozen food if the package is damaged or past expiration date.
- ◆ Select frozen foods and perishables last—when shopping buy your items that need refrigeration last
- ◆ Choose fresh eggs carefully—Open the carton and make sure that the eggs are clean and not cracked
- ◆ Be mindful of temperature—It is important to refrigerate perishable products as soon as possible

This article and more can be located at www.fda.gov/Food/FoodborneIllnessContaminants/default.htm



- 5** or more fruits & vegetables
- 2** hours or less recreational screen time*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

*Keep TV/Computer out of the bedroom. No screen time under the age of 2.



HEALTHY WORKPLACE

There are so many opportunities to lose sight of a healthy lifestyle while at work. Everyday there seems to be a celebration that comes with cake and ice cream, not that I am complaining, but it does make it hard at times to keep the weight off.

As the person that usually brings the chocolate covered everything, I used to think to myself .. why would someone bring carrots and celery, they must not be very much fun. In reality the person with the carrots and celery was making a great choice and had the health of their co-workers in mind, which is kind of nice when you think about it.

Be that person, and take the time in 2016 to work toward a healthier workplace. There are some great resources including a toolkit to help you get started at the 5210 Let's Go! Website: www.lets-go.org/toolkits/healthy-workplaces/.

At this website you can find information on:

- ◆ A healthy workplace framework
- ◆ Increasing healthy eating at work
- ◆ Increasing movement at work
- ◆ Healthy messaging
 - W I would never say cake and ice cream in the workplace is bad but healthy treats aren't so bad either.

HOW'S YOUR COOP?

COOP stands for continuity of operations and is defined as an effort for programs, departments, agencies, and/or businesses to ensure that primary mission essential functions continue to be performed during a wide range of emergencies. In other words the ability for a business to keep performing their most vital functions or tasks even if they have been through an emergency (hurricane, tornado, terrorist act, etc.)

Developing a continuity of operations (COOP) plan may not sound like much fun but having it in place can help your business stay in business no

matter what happens. Having a COOP also helps your clients and/or patients. You want them to know that if there is an incident (hurricane, tornado, fire etc.) you will still be there to help them meet their needs, it gives them piece of mind and keeps them coming back to you for services.

To develop a plan you need to think in terms of the four phases of continuity:

- ◆ Readiness and preparedness
- ◆ Activation and relocation
- ◆ Continuity operations
- ◆ Reconstitution

Your plan needs to address each of these phases while incorporating the ten elements of a viable COOP:

- ◆ Essential function
- ◆ Orders of succession
- ◆ Delegations of authority
- ◆ Continuity of facilities
- ◆ Continuity of communications
- ◆ Essential records management
- ◆ Human resources
- ◆ Test, training and exercise
- ◆ Devolution of control and direction
- ◆ Reconstitution operations

There is lots of free COOP training on FEMA's Independent Study's Website located at :

www.training.fema.gov/is/

Some of the classes to look for on this website are:

- ◆ IS 546.a– COOP Awareness Course
- ◆ IS 547.a– Introduction to COOP
- ◆ IS-548– Continuity of Operations Program Manager
- ◆ IS-524– Continuity of Operations Planner's Workshop

This and other COOP related information can be found by going to:

www.fema.gov/continuity-operations

Planning



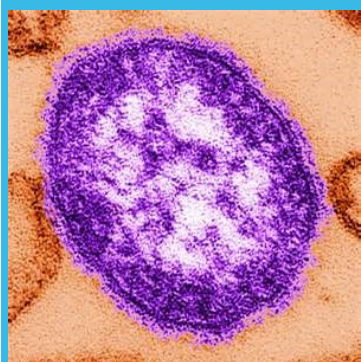
Rabies Pathogen



E. Coli Bacteria



Vibrio Cholerae



Measles Virus

EPIDEMIOLOGY (EPI) 2015

The Epidemiology program at Florida Department of Health in St. Lucie County (DOH-St. Lucie EPI) works with many partners in efforts of protecting our community's health and we could not have done all of this without the help and cooperation of our public health partners, local hospitals, and reporting community providers.

According to preliminary data from Jan 1– Dec 31, 2015 DOH-St. Lucie EPI:

- Investigated 2,081 reports of diseases/ conditions, 1,035 of these reports/ conditions were reported cases. These included locally acquired measles, brucellosis, botulism, dengue fever, meningitis, vibriosis, and multiple gastrointestinal illnesses

Completed over 50 disease clusters, outbreaks, or special investigations:

- Investigated and coordinated a comprehensive response to the first locally acquired measles case in Florida since 2013
- Investigated several Norovirus Outbreaks
- Initiated and/or completed monitoring for 5 travelers from countries with Ebola transmission
- Received, investigated and/or interviewed over 30 foodborne illness complaints

Provided 88 recorded services pertaining to rabies and other communicable disease surveillance and investigations:

- Completed 643 animal bite investigations
- Partnered with local animal control agencies, humane society and local veterinarians to conduct outreach efforts in response to an increase in rabid animals
- Provided over 35 services for treatment of possible rabies exposure

DOH-St. Lucie Hepatitis Prevention Program provided over 240 recorded services including:

- 58 hepatitis risk screenings
- 58 doses of Hepatitis A & B vaccine ad-

ministered

- Participated and helped to coordinate an outreach event for World Hepatitis Day
- Completed training and introduced rapid Hepatitis C testing

EPI's Perinatal Hepatitis B Prevention program/case management:

- Reported 15 cases of Hepatitis B+ pregnant women
- Followed 9 infants born to Hepatitis B+ women during this reporting period

Provided information including infectious disease prevention/control measures and education regarding the following diseases and topics:

- Food/product recall notices, health alerts, influenza updates, community disease trends, reportable disease information and updates
- Consultations for disease reports, outbreaks and possible clusters involving diseases and/or conditions such as Ebola, measles, norovirus, influenza, rabies, and scabies

DOH-St. Lucie EPI staff attended, participated in and/or presented at:

- 46 monthly grand round presentations, Monthly Regional County Epidemiology Conference Calls and Biweekly Epidemiology County Health Department Conference Calls
- Public Health Preparedness Planning Meetings
- Hepatitis in-service and Hepatitis C rapid test training
- Numerous local and state measles response calls
- Employee Safety/Occupational Health Meetings
- Annual St Lucie County Animal Control Meeting and Update
- Statewide Epidemiology Conference

HIV Patient Care 2015

Over the past project period, the Florida Department of Health in St. Lucie County (DOH-St. Lucie) Area 15 HIV Program Office made significant accomplishments and enhancements to the HIV system of care for individuals infected with HIV/AIDS.

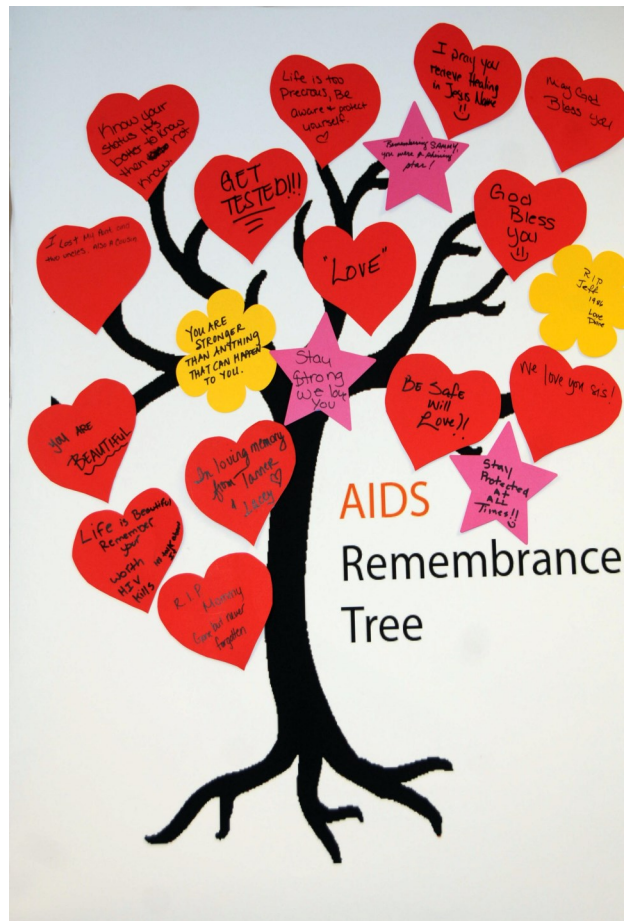
- 948 Clients were provided with Case Management Services over the course of the reporting period (Comprehensive and Supportive). This number represents a 16% increase in case management enrollment over the 794 from last year.
- Ryan White Program Services to eligible clients approximated over 5,700 units of service area wide over the course of the reporting period averaging around 6 units per client for both Core related medical and support service categories. Currently the HIV Patient Care program excluding partnering health departments sub contracts out many of these services to outside providers numbering twenty-one subcontracts related to the provision of HIV Ambulatory Outpatient Medical Care, Pharmaceutical disbursements, Oral Health, Medical Transportation, Mental Health and Substance use counseling, HIV support group activities and medical nutrition therapy.
- Four new specialty medical care providers were recruited over the course of the project period to assist in the care of HIV related specialty medical conditions.
- The Care Connection Linkage to Care Program provided case management services to 112 clients over the course of the project period logging 1,958 units of service.
- The Project AIDS Care Medicaid Waiver program increased its case-load from 164 to 285 clients per month over the course of the project

period, mainly due to the transition of Ryan White Part B Case Management to the Florida Department of Health in St. Lucie County.

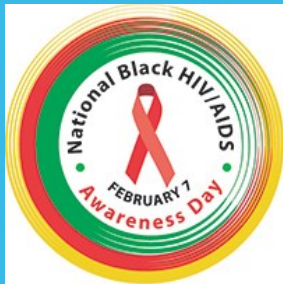
- DOH-St. Lucie, DOH-Martin and DOH-Okeechobee collaborated and began servicing Okeechobee County with HIV Ambulatory Outpatient Medical Care in August of 2015. This service is delivered at DOH-Okeechobee by a DOH-Martin Clinical Team headed by Dr. Maryann Cabrera. Current services are being provided two days per month to approximately 45 HIV Patients residing in Okeechobee County.
- DOH-St. Lucie in collaboration with DOH-Indian River and DOH-Okeechobee assumed the responsibility for ADAP Services to Indian River and Okeechobee during the project period. ADAP Staff travel to Okeechobee County each Thursday and to Indian River each Tuesday and Friday to provide services on behalf of each health department under the AIDS Drug Assistance Program.
- Under a new initiative released by the US Health Resources and Services Administration (HRSA) and the Center for Disease Control (CDC), development of a combined HIV Prevention and HIV Patient Care Strategic Comprehensive Plan began in April 2015. The plan calls for collaborative ef-

orts by the local area Ryan White Consortia Planning Committee and the Area HIV Prevention Planning Group. This collaboration includes the adoption of common goals in order to streamline services, resources and identify strengths and weaknesses through SWOT analysis. A resource inventory involving staff and funding sources has already been completed and will be used in conjunction with a draft comprehensive plan to establish and measure goals of both areas.

- A new Ryan White Area 15 Consortia Membership Packet was developed over the course of the reporting period, in addition to rack cards and informational pamphlets as recruiting tools for increasing membership to the Area 15 Ryan White Consortia.



HIV Prevention 2015



Under the Center for Disease Control and Prevention Expanded Testing Initiative, the HIV Prevention section received funding to contract two new counseling and testing providers to fill the void left when Project Response closed their offices back in August 2015.

Zion's Daughters of Distinction Ministries will provide much needed counseling and testing services to medical providers. Beginning March 2016, People Care Inc. will focus on targeted outreach testing for high risk negatives (MSM) concentrating their activities in Port St. Lucie area. In the Image of Christ ETI contract was renewed and will continue to provide outreach counseling and testing services. Under the State funded High Impact Prevention Intervention grant, In the Image of Christ will also pursue its collaboration with Faith based organizations and graduated 24 participants through Healthy Relationships, an evidence based program for People living with HIV/AIDS and their partners. Under both the Expanded Testing Initiative Contract and High Impact Prevention contract, In the image of Christ performed a total of 1,751 HIV rapid Clearview HIV tests and distributed approximately 63,000 condoms to at least 15 outlets in Ft Pierce. The combined number of HIV tests for both Project Response and In the Image of Christ was 3,351 HIV tests.

In early 2015, The Florida Department of Health (FDOH) requested that all county health departments follow the new National HIV strategy planning recommendations and initiate a work plan process for the integration of Patient Care and Prevention in Area 15. In early April 2015, the HIV Prevention Program Coordinator and DOH-St. Lucie's HIV Planner worked collaboratively with community partners to hold three Area 15 video telephone conferences to start the process of integration. During this process, Area 15 prevention teams from Indian River, Okeechobee, Martin

and St. Lucie Counties conducted a situational analysis, needs assessment and SWOT Analysis according to the Integrated Patient Care and Prevention Guidelines. Patient care providers including external providers were invited to the table to conduct a SWOT Analysis and provide additional information regarding patient care needs.

In the second quarter of 2015, HIV Prevention submitted a proposal to introduce 4th generation Alere Determine Rapid HIV test in Area 15. The proposal was approved and counseling and testing staff will be trained in early 2016. DOH-St. Lucie HIV counseling and testing staff also participated in a 4 week phlebotomy class to be capable of performing blood draws for HIV testing, confirmatory results and allow to test for STDs and/or Hepatitis at the same time. Two staff members obtained national certification.



In August 2015, counseling and testing staff participated in Rapid Hepatitis C testing training and are now able to provide hepatitis C testing for our clients. Hepatitis C testing is currently integrated in our testing initiatives at our outreach clinic in Ft Pierce and in Port St. Lucie.

For 2015, counseling and testing data indicates that the DOH HIV/STD/Teen Zone staff performed combined total at the health department offices in Ft Pierce and Port St. Lucie 2,013 HIV tests.

In 2015, we continued to partner with the St. Lucie County Prevention Planning Group (PPG) to support and organize partner events. Training was provided to prevention planning group community members at their request. In early January 2015, DOH-St. Lucie hosted HIV 101 and Hispanic VOICES. Twenty community partners including Parent Academy, Migrants association and other community partners working with the Hispanic community attended the training facilitated by a representative from Tallahassee. In the first two quarters of 2015, DOH-St. Lucie, PPG and testing partners supported community events including: Black HIV/AIDS Awareness Day, Martin Luther King Parade, Grupo Renacer and PRIDE Fest.

HIV Prevention 2015

In April 2015, the HIV prevention unit conducted a survey at events in Indian River (Gentlemen's Night out) and during PRIDE Fest to develop more focused strategies to reach men having sex with men and other high risk groups in the Lesbian, Gay, Bisexual and Transgender (LGBT) community. Approximately 70 surveys were collected in both counties.

In the third quarter of 2015, the HIV Prevention Program, community volunteers and partners provided information, condoms and testing for the Department of Juvenile Justice, we also assisted with the organization of an LGBT beach event.

Five Hundred condoms were distributed and 20 tests performed. During this period, the local prevention planning group nominated a new State Prevention Planning Group Representative, Diana Perry.

During the last quarter of 2015, DOH-St. Lucie collaborated with St. Lucie County, Whole Family Health, Butterfields Pharmacy, Virginia College, St. Mark's Mis-

sionary Baptist Church and One Treasure Coast to hold a series of weeklong events for World AIDS Day. The events began with a candlelight vigil at St. Mark's Missionary Baptist Church on World AIDS Day (Dec. 1) and concluded in Red Ribbon Sunday (organized by In the Image of Christ) with close to 30 faith based community partners participating. Other World AIDS Day week events included Virginia

College's "It's Not Over" Fair with close to 20 vendors and 70 community attendees. An HIV/AIDS walk was held at the Oxbow Eco-Center in Port St. Lucie with close to 70 participants. A total of 200 condoms were distributed, including 22 HIV and STD tests performed during World AIDS Day.

St Lucie County media partners assisted with the promotion of World AIDS Day which included messaging on Facebook and promotional radio ads. PPG raised approximately \$5,000 to support the implementation of HIV events and trainings.

is currently recruiting these medical providers to integrate Hepatitis C testing. In July 2015, HIV prevention staff introduced routine testing to WellMed's network of Medical providers. WellMed is currently obtaining approval from their corporate headquarters to incorporate routine testing in their doctor offices.

In 2015, the Jail Linkage program performed a total of 518 HIV tests among men and women. During this period, a total of 16 inmates were linked into care.

The Targeted Outreach to Pregnant Women (TOPWA) met the current state required deliverables performing a total of 146 pregnancy tests and 172 HIV tests throughout the year.

During the last two quarters of 2015, the DOH- St. Lucie HIV, along with multiple programs and partners, distributed a total of 47,373 condoms to our patients and clients in St. Lucie County. Four, 501 counseling and testing classes were given to increase the number of Area 15 counseling and testing providers. Eight 501 updates were offered for those already working in the community conducting testing and counseling in order to keep their certifications up to date.

Two hundred and forty three community members were educated regarding HIV/STDs. Two new testing sites in St. Lucie County were identified and one testing site is being renewed.



DOH-St. Lucie HIV Testing/Counseling Program now provides testing for a total of 11 medical providers including medical doctor offices, rehabilitation and mental programs. A total of 201 clear view tests were conducted and 242 clients attended a total of 14 HIV education classes. The routine testing program created a packet for distribution to potential medical providers and



Biomedical Waste Inspections



RV Park Inspections



Water Well Construction Inspections

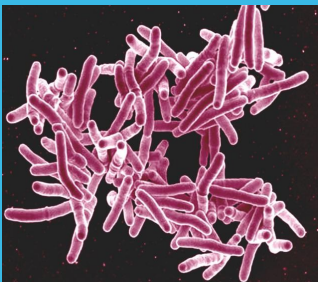
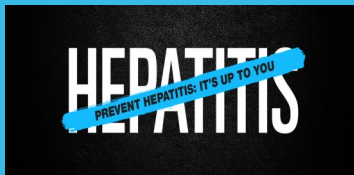


One bottle cap of water standing for more than one week is enough for mosquitoes to breed & multiply.

Disease prevention and wellness are the core principles of the services provided by Environmental Health (EH) Staff each year in our community. These services included:

- 556 food service inspections 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.
- 302 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 objective is to protect health care workers, environmental-service staff, waste haulers, and the general public from risks associated with potentially infectious biomedical waste.
- Migrant housing inspections 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 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 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 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 to minimize the risk of injury and illness in this residential environment with particular focus on proper sewage disposal to reduce the risk of diseases such as hepatitis, salmonellosis, and shigellosis; safe drinking water to minimize the risks of diseases such as giardia and cryptosporidium; and safe solid waste collection and disposal to minimize rat and roach infestations.
- 148 sanitary nuisance investigations to determine the potential impact to public health and ensure 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. 42 specimens were sent for rabies testing in 2015 with 9 positive results.
- 1,542 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.
- 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. The Division performed over 1,600 direct services in the Limited Use Program.
- 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 1,151 services in the Swimming Pool Program for 2015.
- 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 2015 EH performed 1,456 direct services with 762 well permits issued.
- EH collects biweekly samples at six coastal beach locations for the Healthy Beaches Program and three North Fork River locations. 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. 2015 saw no beach advisories issued and a river advisory which started April 3, 2014 and lifted February 9, 2015.

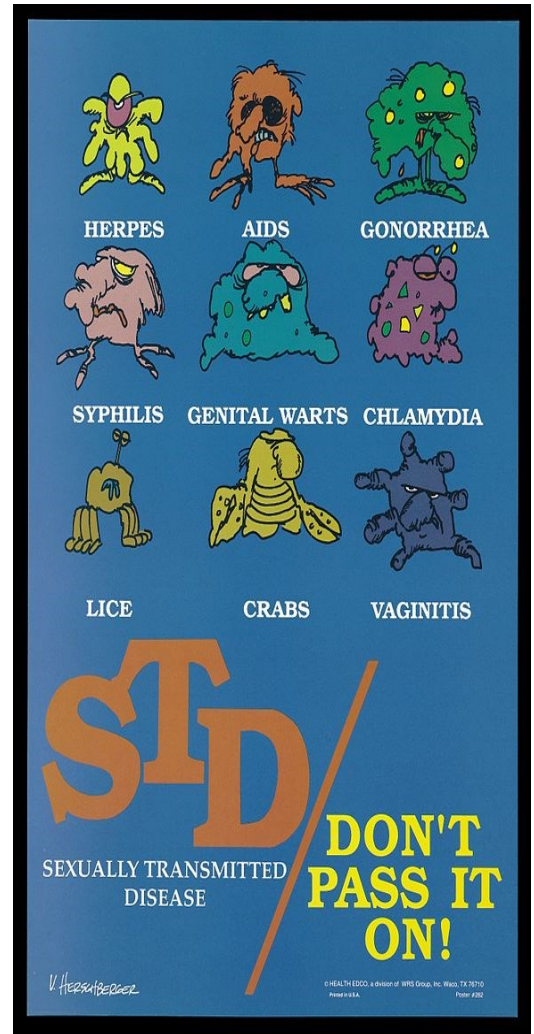
SEXUALLY TRANSMITTED DISEASE (STD)



Mycobacterium tuberculosis Bacteria

DOH-St. Lucie's Disease Intervention Specialists (DIS) in the Sexually Transmitted Disease (STD) Department provided direct services to a large population of clients in 2015. The STD Department continues to collaborate with Indian River State College by increasing STD awareness, education and screening for all 5 campuses in Area 15 (St Lucie, Martin, Indian River, and Okeechobee Counties). Within the health department, the STD Department's DIS collaborated with HIV and Healthy Start to improve service delivery in St. Lucie County.

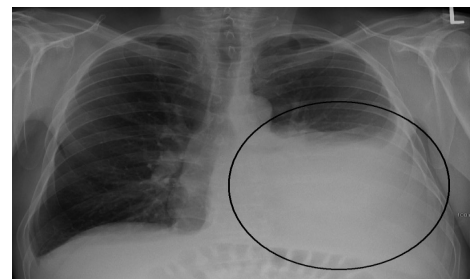
The STD Department screens for the following diseases: HIV, Syphilis, Gonorrhea and Chlamydia. Recent capabilities added include rapid Hepatitis C testing and rapid Syphilis testing. Post-test counseling is provided for those being tested as well as education and information on disease prevention, this process includes the offering of services and information for their partners and friends. Although the message is prevention through the use of protection at all times, if an occurrence happens, DIS are available to test wherever the client feels most comfortable. Building relationships with community partners allowed the STD Department to increase its presence in St. Lucie County during 2015, affording DIS the opportunity to provide increased services and testing, something we will continue to build upon in 2016.



TUBERCULOSIS (TB)

DOH-St. Lucie along with FDOH-Tallahassee continue to work vigorously to reduce TB disease and infection rates in Saint Lucie County. In 2015 DOH-St. Lucie TB staff provided approximately 2,000 client services. These services included: testing close contacts to TB cases to help reduce TB disease in the community and annual PPD testing for a few organizations in the community with a hope to provide this service to others in 2016. TB staff provided directly observed therapy to client's with TB disease in their homes, when transportation was 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 by TB Staff in our efforts to assist the client with being TB free.



MERLIN Registry System*

**Frequency Comparisons of Selected Reportable Diseases
for St. Lucie County
1 Jan 2015– 31 Dec 2015**

- Data include confirmed/probable/suspect cases in St. Lucie County residents by date reported to the health department, regardless of where infection was acquired
- Counts are accurate at the time of publication but these may change and/or vary from other reports depending on criteria used
- Alterations of case definitions can result in dramatic changes in case counts

	St Lucie	FL	St Lucie	FL
	YTD 2015		YTD 2014	
Central Nervous System & Invasive Diseases				
CREUTZFELDT-JAKOB DISEASE (CJD)	1	26	2	23
MENINGITIS (BACTERIAL, CRYPTOCOCCAL, MYCOTIC)	5	122	4	133
MENINGOCOCCAL DISEASE	0	23	0	49
Hepatitides				
HEPATITIS A	3	392	1	107
HEPATITIS B ACUTE	7	123	7	402
HEPATITIS B, CHRONIC	60	5390	61	4898
HEPATITIS B (+HBsAg IN PREGNANT WOMEN)	15	474	14	504
HEPATITIS C, ACUTE	8	207	6	181
HEPATITIS C, CHRONIC	480	25987	368	22586
Enteric Diseases				
BOTULISM (other)	1	1	0	0
CAMPYLOBACTERIOSIS	43	3630	42	3013
CHOLERA (VIBRIO CHOLERA, TYPE O1)	0	4	0	2
CRYPTOSPORIDIOSIS	10	861	8	1893
CYCLOSPORIASIS	1	32	1	33
ESCHERICHIA COLI, SHIGA TOXIN PRODUCING	15	459	8	468
GIARDIASIS	14	1041	7	1159
HEMOLYTIC UREMIC SYNDROME	0	5	0	6
SALMONELLOSIS	115	6389	100	6322
SHIGELLOSIS	30	2008	13	2565
VIBRIO ALGINOLYTICUS	1	58	2	66
VIBRIO FLUVIALIS	0	15	0	8
VIBRIO PARAHAEMOLYTICUS	2	46	0	30
VIBRIO VULNIFICUS	1	45	1	32
VIBRIO (VIBRIO CHOLERA, TYPE NON-01)	1	8	0	11
Vaccine Preventable Diseases				
INFLUENZA A (PEDIATRIC MORTALITY)	0	2	0	6
MUMPS	2	19	0	18
PERTUSSIS	1	339	3	713
VARICELLA	14	739	10	568
MEASLES	2	5	0	0
Vector Borne & Zoonotic Diseases				
POSSIBLE RABIES EXPOSURE PROPHYLAXIS (HUMAN)	103	3359	119	3018
BRUCELLA	2	9	1	3
CHIKUNGUNYA	0	121	6	442
DENGUE FEVER	2	79	1	92
LYME DISEASE	3	286	4	172
MALARIA	0	41	0	51
RABID ANIMALS	9	84	1	93
SPOTTED FEVER RICKETTSIOSES	1	43	0	32
Others				
CARBON MONOXIDE POISONING	1	269	5	187
CIGUATERA	2	55	1	65
LEAD POISONING	13	953	6	801
LEGIONELLA	5	318	4	285
LISTERIOSIS	0	42	0	48
PESTICIDE-RELATED ILLNESS/INJURY	0	54	0	82
STAPH AUREUS (INTERMED OR RESIST TO VANCO)	0	4	1	4
TUBERCULOSIS	6	590	6	595
HIV/AIDS				
HIV	49	5720	55	4686
AIDS	32	2482	43	2699
Sexually Transmitted Diseases				
SYPHILIS (INFECTIOUS)	4	1958	9	1719
CONGENITAL SYPHILIS	1	26	1	49
EARLY LATENT SYPHILIS	10	2030	11	1868
GONORRHEA	197	23614	234	20600
CHLAMYDIA	1078	89659	977	83142