



# EPIsodes

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YEAR IN REVIEW 2017



Florida Department of Health  
in St. Lucie County

[www.stluciecountyhealth.com/](http://www.stluciecountyhealth.com/)

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# 2017 IN REVIEW

With Hurricane Irma and the current, historic, influenza season, the Disease Control and Health Protection Division programs of the Florida Department of Health in St. Lucie (DOH-St. Lucie) have stayed busy in the community.

Throughout this report, you will see examples of how the Epidemiology Program, Environmental

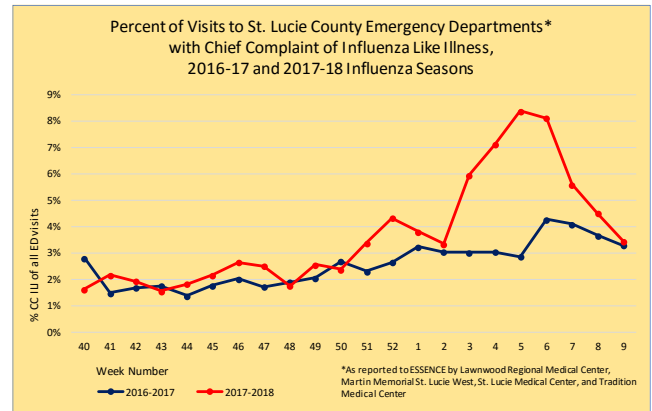
Health, and our Preparedness Program have joined with our community partners in times of heightened response. The HIV/AIDS, TB, and STD Programs also had increased their community presence in 2017. We would like to thank you all for your continued cooperation and support.

## 2017-18 Influenza Season

Influenza and influenza like illness (fever  $\geq 100^{\circ}\text{F}$  AND cough AND/OR sore throat) activity has been at record highs across the United States, Florida, and St. Lucie County thus far in 2018. Influenza A (H3) has been the predominately circulating strain of influenza this season however, the influenza B virus has also been found in laboratory typing tests. In past seasons where influenza A (H3) has been the predominant strain there have been an increase in deaths, hospitalizations, and outbreaks-particularly in adults aged 65 years and older and children.

### For providers and care facilities:

CDC recommends the use of [antiviral treatment](#) as soon as possible for all persons with suspected influenza for all hospitalizations, severely ill, and people who are higher risk for complications (children under 2 years old, adults 65 years and older, pregnant women, and people with underlying medical conditions). Clinicians should not wait for laboratory confirmation to administer antivirals for suspect influenza. Treatment should be administered within 48 hours of illness onset (but treatment after this period can still be beneficial).



**When it comes to flu season, vaccine & handwashing go hand-in-hand.**

Talk to your health care provider about the flu vaccine and follow these steps:

- Wash your hands often with soap and water. If you don't have soap and water, use an alcohol-based hand sanitizer.
- Don't touch or shake hands with people who are sick.
- Clean and disinfect frequently touched surfaces.
- Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- Stay home when you're sick.

**Get Vaccinated Between Flu & Disease**

Florida Department of Health • [FloridaHealth.com](http://FloridaHealth.com)

Contact the Florida Department of Health in St. Lucie County, [Epidemiology Program](#) at 772-462-3883 if you suspect you are seeing a cluster or outbreak of illness, or if you need influenza prevention educational posters, flyers, or other resources.

### For everyone:

It is not too late to get your [flu vaccine](#); especially in Florida where influenza does not always correspond to the typical October to May season. Even if this year's flu vaccine is not as effective as other years, having the vaccine on board may reduce the severity of illness and/or prevent complications.

If you or a family member are sick, **stay home** for at least 24 hours after your last untreated fever.

See a doctor if you are symptomatic (fever and cough and/or sore throat) and **use antiviral treatment** as soon as possible.

Practice everyday preventative measures:

**Wash your hands! Clean and disinfect! Cover your cough!**

"Disease control and prevention are core functions of any public health agency. Protection of the public's health from existing, emerging, and re-emerging diseases requires diligence in all aspects of public health. The public health partners identifying and characterizing emerging trends in disease are the physicians, nurses, laboratorians, hospital infection preventionists, and other health care professionals who participate in reportable disease surveillance. Without their participation, the ability to recognize and intervene in emerging public health issues would be much more limited." [Florida Morbidity Statistics Report 2016](#)

# Epidemiology

The Florida Department of Health in St. Lucie County (DOH-St. Lucie), [Epidemiology Program](#) (EPI) is tasked with monitoring and investigating approximately 95 select communicable diseases, new emerging disease (e.g. Zika in 2015), and any outbreak of non-reportable diseases (e.g. norovirus, scabies) in our community. 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, and local schools, just to mention a few. We appreciate all our partners and everything they do to help keep St. Lucie healthy.

## According to preliminary data from January 1, 2017 to December 31, 2017, DOH-St. Lucie Epidemiology staff:

- \* Received at least 4,258 reports or laboratory results of [Reportable Diseases/Conditions in Florida](#).
- \* 948 of these were new confirmed, probable, or suspect cases of diseases or conditions of St. Lucie residents in 2017 and required investigation. These included vaccine preventable diseases, enteric infections, viral hepatitis, vectorborne diseases, some types of poisonings or exposures and notably, a rare case of infant botulism.
- \* Completed 1,238 animal bite investigations for possible human rabies exposures with the assistance of the three local animal control agencies, the Florida Fish and Wildlife Conservation Commission, the Humane Society, and local veterinarians.
- \* Administered over 30 Hepatitis A and B vaccines to members of the community.

## Other activities and special projects Epidemiology Program members participated in, in 2017, include:

- \* Attended various FEMA emergency management certification classes.
- \* Attended the Strategic National Stockpile Preparedness Course at the Center for Domestic Preparedness. The class prepares key personnel to plan and prepare for mass-dispensing of Strategic National Stockpile medical resources to the population in the event of a terrorist attack, natural disaster, or technological accident.
- \* Attended the State Bureau of Epidemiology annual meeting.
- \* Worked with other regional epidemiology and preparedness programs to plan for and conduct a full day EPI Strike Team field training and exercise.
- \* Worked with our School Health Program to streamline reporting of illness clusters occurring in St. Lucie County schools.
- \* Joined DOH-St. Lucie partners in the HIV Prevention and STD Programs to conduct outreach events with education and free HIV, hepatitis, and STD testing offered.
- \* Held local EPI Strike Team meetings and trainings to prepare for outbreak or other emergency response in our community.
- \* Members of the EPI Strike Team conducted cot-to-cot health needs surveys at a local Red Cross disaster shelter after Hurricane Irma.
- \* Gave community or work-place presentations on mosquito borne diseases.
- \* Assisted in opening and staffing the St. Lucie County special needs shelter during Hurricane Irma.
- \* Deployed to Monroe County after Hurricane Irma to assist the DOH-Monroe team in restarting regular operations, conducting health surveys in open disaster shelters, and assisting epidemiology investigations where needed.

\* Presented during state-wide webinars on the infant botulism case and investigation, and on cot-to-cot surveys that were conducted by the EPI Strike Team after hurricane Irma.

Throughout the year the Epidemiology Program investigates local outbreaks of illness. This year, among others, we investigated gastrointestinal and influenza (or influenza like illness) outbreaks at schools and long-term care facilities. Every time we receive a report from the St. Lucie County School Board, from a DOH-St. Lucie School Health Program member, or from a concerned parent we contact the school; investigate to determine if there is a common source of illness; communicate with the school to provide educational resources for faculty, staff, families, and students; provide guidance if needed on cleaning and sanitizing; and provide CDC outbreak in a school setting guidance. We investigate and provide generally the same assistance with reports of illness at long-term care facilities. Some of the details of the guidance is different between settings (e.g. schools may exclude ill children, facilities may cohort ill residents), but preventing further spread of illness is our goal across the board.

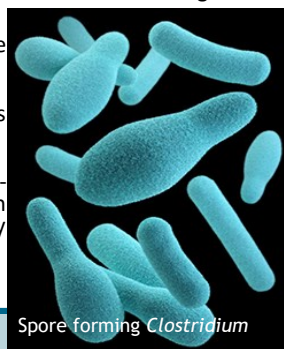
In February, we investigated a case of a veterinarian being exposed to the blood of a sick Tamarin monkey. Monkeys can carry and transmit some retroviruses, rabies, and hepatitis. Each case requires investigation to determine what exposures the monkey had that can, in turn, harm a human exposed to the monkey. The EPI Program investigates many unusual animal encounters, usually bites or scratches, each year. Some in the last couple years include encounters with a zebra, a sugar glider, a few monkey cases, otters, raccoons, and bats. It is important that we work closely with our local animal control agencies and our local hospitals to investigate each of these cases for potential disease transmission. Rabies has been found in bats, raccoons, otters, and occasionally in feral cats and dogs in Florida and is of extreme concern when a human has been exposed.

Gastrointestinal illness, influenza clusters, and possible rabies exposure cases are regularly investigated by the EPI Program in St. Lucie County. However, we also receive and investigate cases of rare disease. In July 2017, EPI received a report that an infant living in St. Lucie County had been emergency transported to a Broward County children's hospital with suspected infant botulism. The infant had progressed from healthy appearing, to fussy eating, to lethargic, to hypotonic ("floppy baby syndrome") and needing a ventilator over the course of about 36 hours.

Infant botulism is rare in Florida with only 8 confirmed cases since 2004; the most recent in 2012. Infant botulism is caused by swallowing botulism spores that are in the natural environment and are carried on microscopic particles of dust. Ingestion must happen at just the right time in the development of the infant's intestines for the ingested spores to germinate. If these circumstances are right, the spores produce a lethal toxin. Research is still needed to determine what factors make an infant susceptible to botulism spore germination.

The toxin produced by the spores affects the body's nervous system. The infection can cause difficulty breathing, muscle paralysis, and can be life threatening without proper and immediate treatment.

An antitoxin (BabyBIG®) is available in extremely limited supply though the California Department of Health Infant Botulism Treatment and Prevention Program that has dedicated physicians 24/7 who review details of the case with the local physician to determine if the treatment is appropriate. Administration of the antitoxin can significantly shorten the hospital stay and reduce complications of infected infants. Once the determination was made, local, state, and national systems were put into place to get the antitoxin to the patient within 12 hours. This infant survived the infection and after a few-week hospital stay, recovered fully.



Spore forming *Clostridium*



*Salmonella*

SEE 2017  
PRELIMINARY  
CASE COUNTS  
ON [PAGE 9](#)

# Environmental Health

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:

Responding to environmental health issues after Hurricane Irma. EH staff performed emergency assessments of our vulnerable communities including mobile home parks, adult living facilities, residential group homes and public and private schools. Investigations of storm-related sanitary nuisances due to sewage failures. Providing public service announcements to the community for flooded wells, precautionary boil water notices, home clean-up after the storm and mold in water-damaged homes.



**HOMEOWNER'S AND RENTER'S GUIDE TO MOLD CLEANUP AFTER DISASTERS**



436 [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.

326 [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 public from risks associated with potentially infectious biomedical waste.

193 [group care inspections](#) 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. Our 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](#) 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 (e.g MRSA) and blood-borne pathogen infections like hepatitis and HIV.

[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 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.

149 [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](#) works with local animal control agencies, veterinarians and the Humane Society to quarantine or test suspected rabid animals that exposed an animal. EH also works with the Epidemiology Program when possible human exposure has occurred to assess the need for vaccination against this potentially fatal disease. 34 animal specimens were sent for rabies testing in 2017 with 0 positive results.

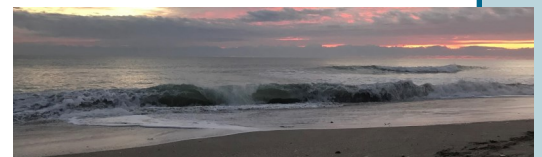


1,549 direct services were performed in the [Onsite Sewage Program](#) this year. Permits are issued and inspections are made by state certified environmental specialists to ensure new septic systems and system repairs meet Florida Statute and Florida Administrative Code requirements along with operating 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. The Division performed 1,449 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 1,081 services in the [Swimming Pool Program](#) for 2017.

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 2017 EH performed 1,800 direct services with 1,109 well permits issued.



EH collects biweekly samples at six coastal beach locations for the [Healthy Beaches Program](#) and three river locations on the [North Fork of the St. Lucie River](#). The samples are analyzed for enterococci bacteria. High concentrations of these bacteria may indicate the presence of microorganisms that could cause disease, infections, or rashes. The Department will issue health advisories or warnings when these conditions are confirmed.

# Medical Reserve Corps (MRC)

The 2017 Annual Medical Reserve Corps (MRC) Recognition Meeting was held recently and 36 volunteers participated. The MRC volunteers were from St. Lucie, Martin, and Okeechobee Counties. They were provided with team building activities and deployment training. Mike Flanagan was announced as the volunteer of the year.

During activation of the Special Needs Shelter in St. Lucie County during Hurricane Irma, 3 MRC volunteers sheltered and assisted with sheltering duties with the Department of Health in St. Lucie County.

As the MRC continues to grow we provide training to our volunteers, engaging them as part of the team. We are actively and continually looking for new volunteers. If you are interested, contact [Sonya.Crosby@flhealth.gov](mailto:Sonya.Crosby@flhealth.gov).



## Upcoming MRC Initiatives



SAVE A LIFE

The [STOP THE BLEED](#) campaign is moving forward in our three MRC counties. Several meetings have taken place and funding opportunities are being explored to create a sustainable program. Train the trainer classes are currently being offered.

[“Until Help Arrives”](#) training will begin after February 2018, when the new material is provided and the MRC volunteers have completed the Train the Trainer program.

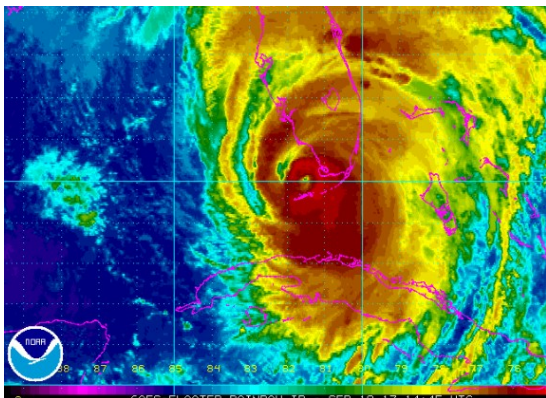


MRC volunteers are also participating in the [Strategic National Stockpile](#) Points of Dispensing exercises coming up in the region in March and April 2018.

## Public Health Preparedness Program

[Public Health Preparedness](#) works toward improving St. Lucie County’s ability to respond to public health incidents through preparing for and responding to public health threats including natural, biological, chemical, radiological and nuclear incidents.

Hurricane Irma made 2017 an eventful year. Preparedness is a key part of activating a Special Needs Shelter in St. Lucie County.



We sheltered over 300 clients, almost 200 caregivers, DOH-St. Lucie staff families, and our staff and partners working the shelter through the storm. Partners helping with shelter operations included St. Lucie County Sheriff’s Office, Lawnwood Regional Medical Center, Martin Health Systems, Medical Reserve Corps, St. Lucie County Fire District, St. Lucie County Marine Safety, and the staff of the Havert L. Fenn Center, and many others.

DOH-St. Lucie’s Preparedness Program also coordinated and conducted a Special Needs Shelter exercise with DOH staff and key community partners, participated in the nuclear power plant drill, and played a role in the Infection Control Assessment and Response Program (ICAR) project. Multiple training opportunities were organized and prepared for staff, community partners and Medical Reserve Corps (MRC) members.

# HIV/AIDS Patient Care Programs

In 2017, the Area 15 Lead Agency for [HIV/AIDS programs](#) and services continued a positive trend of professional and community collaboration to broaden the system of care for individuals both infected and affected by HIV/AIDS.

The [Ryan White](#) Case management staff is comprised of 15 staff members with continued service provision in Indian River, Martin, Okeechobee and St. Lucie Counties. Case management services were offered in the categories of core and support services. Core services categories include: outpatient ambulatory medical care, oral health care, mental health services, medical nutritional therapy, and medical case management. Support services include non-medical case management, housing services, linguistic services, medical transportation and psychosocial support services. Currently the HIV Patient Care program sub contracts out many of these services to outside providers. The Florida Department of Health in St. Lucie County continued to operate the AIDS Drug Assistance Program (ADAP) in St. Lucie, Indian River and Okeechobee Counties and the medication pick-up rates for each county exceeded the 85% required state goal. Through legislative mandate, Area 15 along with all other areas across the state, has seen the loss of the Project AIDS Care (PAC) Medicaid waiver case management program. Case management services for this program ended December 31, 2017, and clients are now being case managed through their selected Medicaid plan.

## Clients and services provided through the Ryan White Program for 2017:

**Total Clients** (any service): 1012

Clients with Core Medical/CM services: 999

Clients with OAMC/MCM/CM/housing services: 882

Clients with OAMC/MCM/CM services: 882

Clients with OAMC services: 145\*

\*Number Represents 100.00% Ryan White (no other payer source)

## Core Service Visits Clients (Visits)

Total Clients: 837 (8239)

Outpatient/Ambulatory Medical Care: 145 (270)

Local AIDS Pharmaceutical Assistance (APA): 160

Oral Health Care: 337 (1266)

Health Insurance Program (HIP): 154

Mental Health: 16 (92)

Medical Nutritional Therapy: 115 (588)

Medical Case Management: 593 (6023)

## Support Services Clients

Case Management (Non-Medical): 381

Food Bank/Home-delivered Meals: 76

Housing: 0

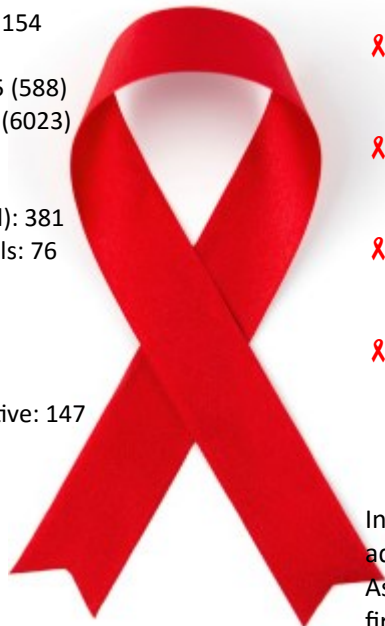
Linguistic: 3

Transportation: 21

Psychosocial Support: 12

Referral for Health Care/Supportive: 147

*See Area 15  
HIV/AIDS  
Patient Care  
Program success  
stories on [page 8](#)*



## For 2017, the Housing Opportunities for People Living With AIDS (HOPWA) Program provided the following services:

- ✂ 37 individuals were provided emergency rent for a total of 48 service units and a total expenditure amount of \$54,238.13
- ✂ 1 Individual was provided an emergency mortgage payment constituting 1 service unit at a total expenditure amount of \$1,146.27
- ✂ 28 individuals were provided emergency utility payments constituting 28 service units for a total expenditure of \$9,007.30
- ✂ 2 individuals were provided short term supportive (transitional housing) constituting 62 units of service and expenditures totaling \$8,060.00.
- ✂ 48 Individuals were provided permanent housing placement, including utility deposits, first and last month's rent and/or security deposits representing 82 service units and expenditures totaling \$51,692.00.

In December 2017, the HOPWA Program kicked off the addition of the TBRA Program, Tenant Based Rental Assistance which is long term rental subsidy program. The first phase of the program concentrated on assisting individuals meeting the HUD (Housing and Urban Development) definition of homeless.

# HIV Prevention

## OUTREACH AND COMMUNITY MESSAGING

The [HIV Prevention Program](#) has worked on having a larger community presence in 2017. We have made huge strides and learned a lot of lessons along the way. We expect great outreaches to come in 2018!

Highlights of 2017:

- ⓧ LGBTQ training was presented at more than 10 different events.
- ⓧ Working Women's Wednesday was held in December and there were over 300 attendees.
- ⓧ In April 2017, during STD awareness month, the HIV, EPI and STD departments joined forces and over the course of the month tested over 100 individuals
- ⓧ Halloween Outreaches tested over 30 individuals from IRSC's LGBT club and in-house.
- ⓧ Many [World AIDS Day](#) events were held in December.
- ⓧ IRSC Health Fair Outreach tested over 40 individuals.

## PrEP

Pre-exposure prophylaxis (or PrEP) is a comprehensive HIV prevention strategy that involves the daily use of antiretroviral medications to reduce the risk of HIV infection in HIV-negative individuals. In July 2012, the US Food and Drug Administration approved the use of Truvada (TDF/FTC) for use as PrEP in HIV prevention in sexually active HIV-negative individuals. PrEP should be used in conjunction with other prevention methods to reduce the risk of infection. In September 2017, the CDC officially stated that PrEP is a form of prevention as it minimizes the likelihood, if taken correctly, of contracting HIV.

[The DOH-St. Lucie clinic location at 5150 NW Milner Dr., Port St. Lucie](#), is now offering PrEP to individuals at risk. Patient assistance programs are available if needed.

## TEST AND TREAT

In April, DOH-St. Lucie adopted Test and Treat; a program where if an individual has a reactive test for HIV they are immediately 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 continue to grow our partnerships with outside providers to ensure a continuum of care for our new patients.

## 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.

In 2016, our overall rate was 67% of clients linked to care within 90 days. In August of 2017, the Linkage to Care Program was restructured with the eventual goal of linking clients to care within 30 days. We opted to accept that goal earlier than was expected at the state level. Since August we have consistently linked 90% or more of our clients to care within 30 days.

The Linkage Team has worked to redefine the culture of those who serve HIV-infected persons to enlist everyone in the spectrum of services, (case managers, medical providers, prevention providers, etc.) to link those with HIV to medical care. We invite 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.



## Tuberculosis

DOH-St Lucie continues to work tirelessly to reduce tuberculosis (TB) disease and infection rates in our county. In 2017, the number of TB cases dropped significantly from 15 cases in 2016, to 3 cases in 2017. Our [TB program](#) staff is dedicated in providing holistic care to our clients to promote compliance and is vital to achieving our goal of assuring the cure.

In 2017, 3 diagnosed cases of TB disease were reported, 24 cases of latent TB infection (LTBI) were initiated and 17 completed therapy. Of the 17 who completed therapy 13 clients were able to utilize a new short course therapy consisting of 4 months of treatment compared to the previous 9-month therapy. Overall, DOH-St Lucie TB staff provided 1,846 clinic services in 2017. These services included testing and retesting close contacts to TB cases to help reduce TB disease in the community. Additionally, multiple services were provided to several organizations in the community including annual TB testing.

Some of our TB clients are faced with many challenges that can hinder treatment and open the door to non-compliance. Some of the challenges they face includes substance abuse, food inadequacies, housing issues and medically complicated diagnoses. This certainly escalates the need for case management and linkage to services within the community. TB staff provides directly observed therapy to clients with TB disease in their homes when transportation is an issue. TB staff works diligently year-round helping clients to become TB free.

## Vaccines Available at DOH-St. Lucie

DOH- St. Lucie is able to provide Tdap and influenza vaccinations to medically eligible, under/uninsured pregnant women presenting for their PEPW visit (presumptive eligibility Medicaid for pregnant women). OBGYNs can write a prescription for their medically eligible, under/uninsured patients to receive Tdap and influenza vaccines through our immunizations clinic. This service will be extended to unvaccinated post-partum women as well. There is no charge for the vaccine.

Referred patients should call (772) 462-3800 option 1 (clinic appointments) to schedule a visit with our immunizations clinic as vaccine availability is dependent on local stock.

DOH-St. Lucie is trying to assess demand and prepare our stores of vaccines – we welcome your input and approximate number of patients that could be referred to DOH- St. Lucie immunization clinic over an average month.



[Other vaccines are also available through our immunizations clinic](#), call the number above for more information. Thank you for your participation and efforts to prevent illness in our community!

**WORLD TB DAY** → **END TB**  
MARCH 24

## Preliminary Cases of Select Reportable Diseases, Jan.-Nov. 2016, 2017

Disease Category	St. Lucie County				Florida		
	2016*	2017*	% change	county rank	2016	2017	% change
<b>HIV/AIDS</b>							
Reported HIV Infection Cases	42	78	86%	15	4,891	5,927	21%
Reported AIDS Cases	26	27	4%	19	2,185	2,242	3%
Presumed Living HIV/AIDS Cases as of 12/31/2017		1,674				117,203	
<b>Sexually Transmitted Diseases</b>							
Gonorrhea	254	259	2%	24	28,267	31,725	12%
Chlamydia	1,106	1,169	6%	20	95,063	100,955	6%
Infectious Syphilis	8	29	263%	not ranked	2,480	2,381	-4%
Early Latent Syphilis	10	17	70%		2,745	2,977	8%
Congenital Syphilis	0	0	n/a		60	87	45%
<b>Tuberculosis</b>							
TB Cases	15	3	-80%	29	639	549	-14%

\*reporting period is January through November for reporting years 2016 and 2017

Data from the current year (2017) is considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in St. Lucie County, or Florida. The final year-end numbers are generated in July of the following year. If during the review period a case is identified as previously diagnosed, or reported from another state, these duplicate cases are removed from the dataset and the related numbers will be adjusted. Anticipate the final year-end counts will be different than appear in this table. Increase in Reported HIV Infection Cases may be a result of increased testing between 2016 and 2017.

# Sexually Transmitted Disease Program

In 2017, the Florida Department of Health in St. Lucie County [Sexually Transmitted Disease \(STD\)](#) team continued to have a presence in the community and worked conscientiously to combat STD and HIV stigma as well as reduce incidence of STD and HIV infections. We continued to participate and support testing with the Florida Department of Juvenile Justice, St. Lucie Regional Juvenile Detention Center (DJJ) and the St. Lucie County Teen Zone Clinic.

Our partnership with DJJ resulted in completion of 69 tests. Our collaboration with [Teen Zone](#) resulted in 189 completed STD tests and we strive to educate every participant about STD and risk reduction. Our team's experiences with this young population provided daily insight and knowledge to better educate young persons in efforts to prevent infections.

The DOH-St. Lucie STD team participated in 40 testing events in

2017, 23 more events than in 2016. Our outreach efforts tested 436 people, an improvement over 2016 by 30%. In addition to outreach efforts, our Disease Intervention Specialists (DIS) tested 39 persons related to investigations.

One of our goals for 2018, is to coordinate more targeted outreach according to high morbidity zip codes. We will also be implementing a program for outreach using dating applications starting in 2018.

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



## Success Stories

Perspectives from the field.

*I was assigned to a case for an HIV infected pregnant client who had a 7-month-old infant at the time. The infant tested negative for HIV. I assisted and collaborated as a team to help this client with getting into care. The client's sexual partner was notified but unfortunately refused partner services. Having the partner tested is, of course, the only thing I would have liked to change for an even better outcome. The patient is reported to be doing very well and is very pleased with the services received. She now has a Ryan White case manager to help further address any barriers to care. -DIS Mirland Chery*

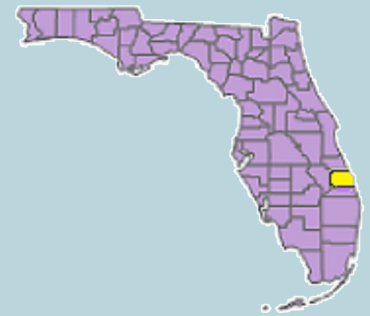
I was assigned a case for a client who, at that time, was newly infected with HIV. Having to break the news to a client newly infected is a difficult task and never gets easier. As expected, the client was in shock and became emotional. I sat and talked with him for quite some time, not only as a DIS but as a friend, because at that time, that's exactly what he needed. He left that day a changed person, with news that will forever change his life. I followed up with him the next day. He informed me upon leaving the health department that he drove around for hours and hours, thinking of how his life would be from here on out. He even admitted he had a brief thought of potentially harming himself but remembered our conversation and my encouraging words. Since then, he has entered care, is compliant and feeling well! He informed me that he has decided he wants to go back to school and become an advocate for the HIV community, not only for him but for others. I was extremely delighted to hear that because I took some extra time and had an approach that was relatable to the patient, he was able to shine light on a dark time in his life. I come into work every day knowing my "to do" list but I never know the people that will walk into my life and how I will impact them or the impact they will have on me. I wanted to share this as my success story. This young man is strong and has a wonderful story to share. Although the circumstances we met under were not the best, I'm glad we did. He has impacted my life as he stated, I have his. We have been in touch a few times since and he thanks me every time for being there for him, I thank him for letting me. Situations such as **THIS** make me extra proud to be a Disease Intervention Specialist. -DIS Dana Harrington

*The FDOH in St. Lucie County received notification of a pregnant female with HIV during late fall of 2017. This client was deemed homeless with deteriorating health and was approximately 5 months pregnant at that time. She had another 3-year-old child that she was caring for with no income, no insurance and no stable housing. The HOPWA program assisted her by placing her in temporary/transitional housing. Through internal, across the board collaborations including the HUG Me Program, Ryan White Patient Care, and HOPWA, this client began to receive Medicaid, Temporary Assistance to Needy families (TANF), and could adhere to her medical appointments with transportation provided by Ryan White. Through resource identification provided by HOPWA a stable furnished apartment was found for her through TBRA Program so she is paying only a current rent subsidy of \$25.00 per month. She continues to be monitored by the program which seeks to increase the health outcomes for her and her children.*

The FDOH in St. Lucie County received notification of a HIV client who had been sleeping in his vehicle and at various friends' homes for over three months until he sought assistance through the HOPWA Program. Despite having a full-time job, he sometimes had to travel over one hour to work just so he could have a couch or a floor to sleep on. His stress level resulting from his homeless transient state started to increase by the day, his job was in jeopardy and his health was beginning to deteriorate. With the assistance of HOPWA he was able to locate permanent housing. HOPWA provided the landlord first month and last month's rent under the Permanent Housing Placement Program enabling the client to move in to a stable housing unit just 10 minutes from his place of employment. In addition, he was approved for TBRA subsidy payments and is now fully able to concentrate on positive health outcomes.



# Preliminary Cases of Reportable Diseases/Conditions, 2016, 2017



Disease Category	2016		2017	
	St. Lucie	Florida	St. Lucie	Florida
<b>Vaccine-Preventable Diseases</b>				
Mumps	0	16	1	70
Pertussis	2	334	2	368
Varicella (Chickenpox)	16	733	7	655
<b>CNS Diseases and Bacteremias</b>				
Creutzfeldt-Jakob Disease (CJD)	0	20	0	34
Haemophilus influenzae Invasive Disease	0	299	0	290
in children 5 years or younger	0	35	0	36
Listeriosis	2	43	0	54
Meningitis, Bacterial or Mycotic	5	112	4	113
Meningococcal Disease	0	18	0	22
Streptococcus pneumoniae Invasive Disease	-	-	-	-
Drug-Resistant	1	207	3	254
Drug-Susceptible	12	412	11	379
<b>Enteric Infections</b>				
Campylobacteriosis*	47	3,262	48	4,329
Cryptosporidiosis	9	582	10	558
Cyclosporiasis	2	37	2	113
Escherichia coli, Shiga Toxin Producing (STEC)	3	99	0	148
Giardiasis, Acute	8	1,128	11	1,008
Salmonellosis**	93	5,608	80	6,564
Shigellosis**	3	753	4	1,303
Typhoid Fever (Salmonella serotype Typhi)	0	12	0	18
<b>Viral Hepatitis</b>				
Hepatitis A	0	122	1	280
Hepatitis B, Acute	20	709	24	791
Hepatitis B, Chronic	65	4,986	77	4,921
Hepatitis B, Surface Antigen in Pregnant Women	12	447	17	473
Hepatitis C, Acute	11	301	21	409
Hepatitis C, Chronic	532	29,483	484	26,343
<b>Vectorborne, Zoonoses</b>				
Chikungunya	0	10	0	4
Dengue Fever	0	62	0	28
Ehrlichiosis/Anaplasmosis	0	34	0	27
Lyme Disease	2	216	4	220
Malaria	2	62	1	58
Rabies, Animal	0	59	0	25
Rabies, Possible Exposure	138	3,302	102	3,488
Rocky Mountain Spotted Fever/Rickettsiosis	0	12	1	43
West Nile Virus Disease	0	8	0	7
Zika (non-congenital)	11	1,261	0	342
<b>Others</b>				
Botulism, Infant	0	0	1	1
Brucellosis	0	2	0	14
Carbon Monoxide Poisoning	5	224	7	570
Ciguatera Fish Poisoning	0	33	0	31
Lead Poisoning	8	667	12	674
Legionellosis	2	328	7	436
Mercury Poisoning	1	19	3	47
Ricin Toxin Poisoning	1	1	0	0
Vibriosis (Excluding Cholera)	5	187	1	274

**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.

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

It is recommended to use the CDC rate of 1.6% of the population for calculating or estimating the number of persons with HCV in a specific county. These numbers represent laboratory confirmed or probable cases without additional data.

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