Santa Rosa County Health Department

Health Watch—Santa Rosa

October 2009

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2009 H1N1 Novel Influenza A—National Emergency

2009 H1N1 Novel Influenza A "Swine Flu" was first detected in the United States in April 2009. Since then it has reached pandemic levels and despite appropriate local, state, and federal response, continues to threaten to overburden health care resources. On October 23, 2009 President Barack Obama declared the H1N1 Influenza pandemic a national emergency.

On October 23, 2009 President Barak Obama declares H1N1 Influenza a National Emergency

This presidential declaration allows medical facilities to request waivers. Some examples of waivers include:

- Hospitals request to set up an alternative screening location for patients away from the hospital's main campus
- Hospitals request to facilitate transfer of patients between ERs and inpatient wards between hospitals
- Critical Access Hospitals requesting waiver of 42 CFR 485.620, which requires a 25-bed limit and average patient stays less than 96 hours
- Skilled Nursing Facilities requesting a waiver of 42 CFR 483.5, which requires CMS approval prior to increasing the number of certified beds in a distinct part

These waivers are set up minimize contact between infected and healthy patients to help prevent further spread of the virus.

CDC 5 Target Groups

The H1N1 vaccine remains the best line of defense against the flu. The first shipment of vaccine was delivered to the Santa Rosa County Health Department (SRCHD) in mid October. Distribution of the vaccine is prioritized according to the Center for Disease Control's (CDC) target groups:

- Pregnant women
- Household contacts and caregivers for children under 6 months of age
- Healthcare and emergency medical services personnel
- Persons age 25-64 with underlying medical conditions
- All people from 6 months – 24 years of age

Antiviral Use

Most healthy persons who develop an illness consistent with uncomplicated influenza, or persons who appear to be recovering from influenza, do not need antiviral medications for treatment or prophylaxis. However, persons presenting with suspected influenza and more severe symptoms such as evidence of lower respiratory tract infection or clinical deterioration should receive prompt empiric antiviral therapy, regardless of previous health or age.

Early empiric treatment with oseltamivir or zanamivir should be considered for all persons requiring hospitalization and persons with suspected or confirmed influenza who are at higher risk for complications including:

- Children younger than 2 years old;
- Persons aged 65 years or older;
- Pregnant women and women up to 2 weeks postpartum (including following pregnancy loss);
- Persons of any age with certain chronic medical or immunosuppressive conditions
- Persons younger than 19 years of age who are receiving long-term aspirin therapy.

For more information on antiviral use please go to http://www.cdc.gov/h1n1flu/recommendations.htm

2009 H1N1 Novel Influenza A Vaccine

The H1N1 flu vaccine is the single best way to protect against infection. There are two types of 2009 H1N1 vaccines being produced.

H1N1 flu shot The injection is an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people 6 months of age and older, including healthy people, people with chronic medical conditions and pregnant women. Children age 9 and under require a booster dose 21-28 days later. The flu shot is egg-based and is made in the same way that the seasonal flu shot is made.

The 2009 H1N1 vaccine is 95% effective and is made the same was as the seasonal flu vaccine.

H1N1 nasal spray flu vaccine The nasal spray is a vaccine made with live, weakened viruses that do not cause the flu (sometimes called LAIV for "live attenuated influenza vaccine"). LAIV is approved for use in healthy* people 2 years to 49 years of age who are not pregnant. Children age 9 and under require a booster dose 21-28 days later. The 2009 H1N1 nasal spray vaccine is being made in the same way as the seasonal nasal spray vaccine.

About 10-14 days after vaccination, antibodies that provide protection against 2009 H1N1 influenza virus infection will develop in the body. The vaccine is 95% effective.

Vaccine Supply
The U.S. government has purchased 250 million doses of 2009 H1N1 vaccine, so anyone who wants to get the vaccine will have the opportunity to do so. Vaccine will be made available as quickly as possible as it can be produced.

No shortage of 2009 H1N1 vaccine is expected, but vaccine availability and demand will be unpredictable and initially the vaccine will be available in limited quantities.

Those members of the CDC's 5 target groups will be given priority for vaccination. Once the priority groups have received the vaccination all members of the public will have the opportunity to receive it.

Vaccine Side Effects
The same side effects typically associated with the seasonal flu shot and the seasonal nasal spray vaccine are expected with the 2009 H1N1 flu shot and 2009 H1N1 nasal spray vaccine.

The viruses in the flu shot are killed (inactivated), so you cannot get the flu from a flu shot. Some minor side effects that could occur are: soreness, redness, or swelling where the shot was given, fever (low grade), and aches.

The viruses in the nasal-spray vaccine are weakened and do not cause severe symptoms often associated with influenza illness. In children, side effects from LAIV can include: runny nose, wheezing, headache, vomiting, muscle aches, and fever. In adults, side effects from LAIV can include: runny nose, headache, sore throat, and cough.

Vaccine should be available to the general public at the SRCHD in mid-November

Pertussis

Students in Santa Rosa County high schools have been rolling up their sleeves to receive the Tetanus, Diphtheria and Pertussis (TDaP) booster as part of the health department's effort to halt the spread of whooping cough in the county's school system.

"Children usually receive their last pertussis shot at the age of four or five before they enter kindergarten," said Sandra L. Park, A.R.N.P., Interim Administrator for the Santa Rosa County Health Department. "For some of them, the protection the vaccine provides begins to wear off by the time they enter high school. The result is that we start seeing cases of the disease."

Pertussis is characterized by prolonged, severe coughing. It is referred to commonly as "whooping cough" because of the distinct whooping sound made when the person inhales trying to catch their breath. In adults coughing spells can be severe enough to cause vomiting. Although it is contagious, it is treatable with antibiotics.

The health department typically receives reports of one or two cases of pertussis each year. The last outbreak in Santa Rosa County occurred in 2004 when 16 confirmed cases were reported. So far this year 56 cases have been reported.

The first cases were reported among high school students this September. The health department obtained TdaP vaccine from the state and began sending packets containing vaccine information sheets and permission slips home to parents. Health department nurses have administered the vaccine to students and staff at Milton High, Pace High, Central School, Gulf Breeze High, and Navarre High. Jay High School will be scheduled sometime next week

Santa Rosa Reportable Disease List

REPORTABLE DISEASES FOR SANTA ROSA COUNTY HEALTH DEPARTMENT -- 2009

DISEASES	2003	2004	2005	2006	2007	2008	YEAR TO DATE 6 YEAR HISTORY *EXPECTED TO DATE	YEAR TO DATE 6 YEAR HISTORY ACTUAL	YEAR TO DATE 3 YEAR HISTORY **EXPECTED TO DATE	YEAR TO DATE 3 YEAR HISTORY ACTUAL	CALENDAR YEAR 2009 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
AIDS †	12	12	9	6	11	7	7	4	6	4	0	0	0	2	1	0	0	0	1			
ANIMAL BITE, PEP RECOMMENDED	7	10	8	5	21	12	8	14	10	14	0	2	1	1	1	4	2	2	1			
CAMPYLOBACTER	3	8	1	6	5	4	3	10	4	10	0	2	0	1	0	1	3	2	1			
CHLAMYDIA †	126	134	182	170	258	306	147	200	184	200	20	34	26	17	17	23	11	29	23			
CIGUATERA	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
CRYPTOSPORIDIUM	2	0	0	5	7	1	2	9	3	9	0	0	0	0	0	0	0	0	9			
CYCLOSPORIASIS	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
E. COLI (0157:H7)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
E. COLI (NON-0157:H7)	1	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0			
ENCEPHALITIS (other non-arboviral)	-	-	-	-	-	-	NA	1	NA	1	0	0	0	1	0	0	0	0	0			
GIARDIA	9	7	4	3	7	11	5	5	5	5	0	0	0	1	0	0	0	2	2			
GONORRHEA †	37	24	44	75	54	53	36	48	46	48	6	4	10	0	3	4	10	7	4			
H. INFLUENZAE	0	0	0	0	2	2	1	2	1	2	0	1	0	0	0	0	0	1	0			
HEPATITIS A	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			
HEPATITIS B acute	2	1	3	3	1	4	2	2	2	2	2	0	0	0	0	0	0	0	0			
HEPATITIS B chronic	20	24	3	1	8	15	9	25	6	25	0	4	1	2	1	7	3	1	6			
HEP B-preg woman	1	0	0	0	2	1	1	3	1	3	0	0	1	1	0	0	1	0	0			
HEPATITIS C acute	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
HEPATITIS C chronic	100	50	30	21	222	269	87	187	128	187	14	19	25	26	21	21	27	10	24			
HIV †	11	8	4	6	12	12	7	6	8	6	0	0	3	0	1	1	0	0	1			
INFLUENZA A, NOVEL OR PANDEMIC	-	-	-	-	-	-	NA	30	NA	30	0	0	0	0	2	5	14	6	3			
LEAD LEVEL >10	2	0	0	0	0	3	1	1	1	1	0	0	0	0	0	0	0	1	0			
LEGIONELLOSIS	0	0	0	0	4	0	1	0	1	0	0	0	0	0	0	0	0	0	0			
LISTERIOSIS	-	-	-	-	-	-	NA	1	NA	1	0	0	0	0	0	0	0	1	0			
LYME DISEASE	0	0	0	0	0	0	0	2	0	2	0	0	0	0	0	1	1	0	0			
MALARIA	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			
MENINGOCOCCAL (Neisseria)	1	2	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0			
MENINGITIS (Strep Pneum.)	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			
MENINGITIS (Other)	2	1	3	1	4	2	2	2	2	2	0	0	1	1	0	0	0	0	0			
MUMPS	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0			
PERTUSSIS	1	23	0	1	0	3	4	60	1	60	0	1	0	0	17	25	4	8	5			
ROCKY MTN SPOT FEVER	1	0	0	1	0	3	1	0	1	0	0	0	0	0	0	0	0	0	0			
SALMONELLA	63	55	34	38	67	35	37	40	35	40	0	2	1	1	4	7	6	11	8			
SHIGELLA	18	19	0	1	11	3	7	4	4	4	2	0	0	2	0	0	0	0	0			
S. AUREUS COMM-ASSOC MORTALIT	-	-	-	-	-	-	NA	1	NA	1	0	0	0	0	0	0	1	0	0			
STREP, GROUP A, INV	4	2	1	0	0	2	1	3	1	3	0	1	0	1	1	0	0	0	0			
STREP PNEU, INV.	2	10	12	3	6	18	6	9	7	9	1	0	3	0	1	0	2	0	2			
INFECTIOUS SYPHILIS †	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
TUBERCULOSIS †	2	3	0	2	3	2	2	2	2	2	0	0	1	0	0	0	0	1	0			
VARICELLA ●	-	-	-	1	19	10	NA	8	8	8	2	0	0	0	3	2	0	1	0			
VIBRIO (vulnificus)	3	1	1	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0			
VIBRIO (other)	0	3	1	1	2	3	1	0	2	0	0	0	0	0	0	0	0	0	0			
WEST NILE	10	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0			
TOTAL	**441**	**400**	**343**	**352**	**728**	**785**	**377**	**681**	**466**	**681**	**47**	**70**	**73**	**58**	**74**	**101**	**85**	**83**	**90**	**0**	**0**	**0**

Grey shading indicates value less than -2 StdDev **Red** shading indicates value greater than +2 StdDev ● Newly reportable in 2007 ★ Newly reportable 2009

* Expected Number Based on last 6 years average, prorated to date **Expected Number Based on last 3 Year Average, prorated to date

† Information is provisional and reflects data reported by the FDOH Bureau of STD Control and Prevention and HIV/AIDS Surveillance

All other data is from the FDOH Bureau of Epidemiology Merlin database (date entered range)

Working for a Healthy Community

Santa Rosa County Health Department

Contact Us

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Santa Rosa County Health Department
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Gulf Breeze, FL 32561

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850-934-5177 Environmental Health
850-934-5170 WIC

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We're on the web at

www.doh.state.fl.us/chdSantaRosa/index.htm

Click on Disease Control (Epidemiology)

Santa Rosa Health Department—New Faces

Katie Carpenter, H1N1 Planner

Katie is the new H1N1 Planner for the SRCHD. She graduated in 2007 from Eastern Michigan University with her B.A and B.B.A. She then went on to get her master's degree, graduating in 2009 from George Mason University with a MPA in Emergency Management and Homeland Security. Katie completed an internship with the Santa Rosa County Emergency Management prior to joining our team here at the Santa Rosa County Health Department. We look forward to working with her.

Rob Cosgrove, EIS Officer

Rob is the new Epidemic Intelligence Officer. He graduated from Kennesaw State University with a BS in biology, with a concentration in microbiology and human physiology. Rob then attended graduate school at Georgia Southern University, and graduated with his, MPH with a concentration in epidemiology. We are excited to have him.

Corina Potts, H1N1 Clerk Typist.

Corina is the new H1N1 Clerk Typist for the SRCHD. She received her A.A. in Business Administration in December of 2008. In addition to working full time she is also currently working on her B.A. in Accounting at the University of West Florida. She's a great asset to the SRCHD family and we are happy to have her.

Bill Robinson, H1N1 IT

Bill is now helping with H1N1 IT support. He recently worked with the Escambia County Health Department in their IT department and spent a summer working in Costa Rica. He has more than 17 years worth of experience working with computers, networks, and servers. He and his wife enjoy traveling and spending time with their 6 children ages 9-19. He is a great addition to the SRCHD family.