



Santa Rosa County Health Department

Health Watch

January 2011

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- Debbie Stilphen
Public Information Officer
- Mary M. Beverly
Epidemiology Program Manager
- Jan Whitney, RN
Tuberculosis control

Communicable Disease Reporting

Sam Williamson, RN
850-983-5200, ext. 140
After hours: 850-418-5566
(Fax 850-983-4504)

Influenza update—Mary Beverly—SRCHD, Epidemiology

The Florida Department of Health (FDOH) monitors multiple surveillance systems to track influenza. Currently influenza is making a come back across the globe. Nationally, the CDC reported moderate levels of influenza around the country during week 52 (December 26th-January 1st). We are mostly seeing Influenza A-H3, with a smaller amount of H1N1 and Influenza B.

Influenza A-H3 primarily affects the elderly, infants and young children.

It is time to get the flu shot. Call us at 983-5200 x0 to schedule today!



Tuberculosis in Santa Rosa County:

Jan Whitney, RN—SRCHD, TB Control and Prevention

Do you know the one thing all these people have in common: Eleanor Roosevelt, Florence Nightingale, “Doc” Holiday, Chopin, Alexander Graham Bell? All had tuberculosis!

Remnants of TB have been found as far back as 4000 BC. Overall TB cases are declining but areas of concern are that cases continue to be reported in every state, and multiple drug-resistant and extensively resistant cases are on the rise.

What do you need to know to protect yourself?

80% of TB cases are in the lungs. The droplet nuclei are spread each time a person coughs, sneezes, talks or sings. It is not spread by shaking hands, sharing drinks or kissing. Health care workers need to have available a mask if a patient is a suspect. Individuals who are close contacts to a case, foreign born, who live in congregate settings, and immune-

compromised individuals who have certain medical conditions such as diabetes are high risk for TB. Infants and children are particularly vulnerable to TB and can develop severe illness that can quickly spread to the brain if they do not receive preventive treatment.

What can Santa Rosa County Health Department do for you?

We can assist with preventing and controlling TB in the community. We offer testing for cases and their contacts, medications, direct observed therapy and we are a community resource that can point you in the right direction, if we cannot assist you.

The Physician’s Consulting Network is available to help especially with multi-drug resistant cases. Call the TB hotline at **1-800-4TB-INFO**.

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TB Stats in Florida, 2009

Florida Department of Health, Bureau of TB

In 2009, 821 TB cases were reported in Florida. The highest prevalence of TB was in men (64%, 522/821), in age groups 25-44 (33%, 269/821). The highest incidence was in white individuals (46%, 374/821), followed by African Americans (41%, 340/821). The most prevalent risk factor was excess alcohol use within the past year (19%, 156/821). Fifty percent (50%) of the cases in Florida were foreign-born (412/821). *There are 2 active and 11 latent cases of TB in Santa Rosa county that are monitored by the Health Department.*

The Most Dangerous Animal

Sam Williamson, RN-SRCHD, Epidemiology

I once asked a middle school class what they thought the most dangerous animal on the planet might be. I received answers such as tigers, crocodiles, venomous snakes and other famous predators. And while many thousands of humans are killed each year by the aforementioned animals, there is one killer that stands high above the rest: The mosquito. These tiny creatures deliver disease to an estimated 700 million people each year, killing at least 2 million of them and leaving millions of the rest with life long disability.

The principal mosquito disease carriers in Florida are *Aedes aegypti* and *Aedes albopictus*. In Florida, they are the primary vectors of dengue fever, yellow fever, west Nile fever, and at least three types of encephalitis; all viral, some deadly, none treatable with antibiotics. Although *Aedes albopictus* has, to a large degree, displaced *aegypti* in the northern areas of the state, both have statewide distribution and are common. Another common genus in Florida is the *Anopheles* group which is also capable of malaria transmission.

The CDC owes its existence to malaria, a parasitic disease that has been eliminated from North America, but is still endemic to much of the world.

Perhaps a major reason for the mosquitoes' effectiveness in causing human (and animal) disease is that they find human habitats quite delightful-plenty of little pools of stagnant water, plenty of humans who do not take precautions. Of the seventy two types of odor receptors in mosquito antennae, at least 27 are devoted to detecting human sweat. Their saliva has been shown to decrease immune response and is thought to exacerbate viral infection. They are superbly equipped to deliver their even smaller packets of death and disease.

So, if you hear the "whine" of a mosquito, you are hearing a more dangerous sound than the roar of a jungle cat. For protection, always remember the **5 D's**: **Dusk** and **Dawn** (prime hunting times), **Dress** (to cover), **Deet** (to protect), and **Drain** (those little pools).



Human Case Summary of Mosquito Borne Diseases in Florida

Florida Department of Health, Bureau of Epidemiology

Eastern Equine Encephalitis Acquired in Florida: Four human cases of EEE have been reported in 2010 in Hillsborough (2), Wakulla, and Leon counties with onset dates in June and July (3). One incidental infection was reported in Hillsborough County.

West Nile Virus Infection Acquired in Florida: Twelve human cases of WNV have been reported in 2010 in Osceola, Orange (2), Collier (2), Broward, Duval, De Soto, Lee, Suwannee, Brevard, and Highlands counties with onset in July (2), August (4), September (3), and October (3). The Suwannee County case had travel outside the county, primarily in Florida. One positive asymptomatic blood donor was reported in Brevard County.

Dengue Acquired in Florida: In 2010, 65 cases of locally acquired dengue have been reported in Broward (1), Miami-Dade (1) and Monroe (63-Key West) counties. Of the Key West cases, 54 are Key West residents, eight are residents of other Florida counties, and one resides out of state. Onset dates ranged from March 17 to November 30 2010.

Imported Dengue: One hundred and twenty nine cases of dengue with onset in 2010 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Bangladesh, Brazil, Colombia (8), Costa Rica (4), Dominican Republic (13), Ecuador, El Salvador, Ghana, Grenada (4), Guatemala (2), Haiti (5), Honduras (6), Jamaica (5), Martinique (2), Maldives, Mexico, Nicaragua (11), Pakistan, Philippines, Puerto Rico (38), Thailand, Trinidad, Venezuela (16), Virgin Islands (3), Malaysia/Dubai/Bangladesh, and Panama/Venezuela (slash indicates travel to more than one country).

continued pg 3

Mosquito Borne Diseases in Florida contd.

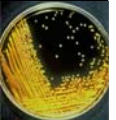
Florida Department of Health, Bureau of Epidemiology

Imported Dengue: FL counties reporting cases were Alachua (2), Broward (20), Collier (2), Duval (3), Escambia, Flagler, Hendry, Hillsborough (7), Lake, Lee, Manatee, Marion, Miami-Dade (48), Monroe, Orange (9), Osceola (6), Palm Beach (10), Pasco, Pinellas, Polk (2), Seminole (3), St. Lucie (2), and Volusia (3).

Imported Malaria: No new cases of imported malaria were reported this week. One case of malaria with cryptic origin (possible Florida acquired) was reported in Duval County during November 2010. One hundred and twenty two imported cases of malaria with onset in 2010 have been reported. Countries of origin were: Angola, Cameroon, Dominican Republic, Eritrea, Ghana (4), Guinea, Guyana, Haiti (71), Honduras (4), India (8), Indonesia, Ivory Coast (2), Kenya, Malawi (2), Nigeria (7), Pakistan (2), Peru, Philippines, Sierra Leone, South Africa, Togo, Uganda, Venezuela, West Africa (2), Zambia/South Africa, Africa (2), and unknown (2). Counties reporting cases were: Alachua, Brevard (3), Broward (19), Charlotte, Citrus (2), Collier (4), Duval (5), Escambia (3), Hillsborough (5), Lake, Lee, Leon, Miami-Dade (30), Manatee (2), Orange (15), Osceola (3), Palm Beach (16), Pasco, Pinellas, Polk (2), Sarasota, Seminole, St. Lucie, Volusia (2), and Wakulla

Vibrio cholerae: a quick update and overview

Mary Beverly—SRCHD, Epidemiology



As you know, an epidemic of cholera is continuing in Haiti after the January 12th earthquake devastated areas near Port-au-Prince. Haiti is still experiencing cases of cholera and may for several more months to years due to poor sanitation and lack of clean water. *Vibrio cholerae* bacteria are capable of producing toxins (serogroup O1 and O139) which lead to severe watery diarrhea, dehydration and in some cases death. In areas where drinking water is contaminated and sewage treatment is inadequate, cases of cholera can quickly overwhelm hospitals and clinics, providing great public health challenges. On October 21, 2010, the outbreak of toxigenic *Vibrio cholerae* O1, serotype Ogawa, biotype El Tor was confirmed in Haiti. By November 19th, the outbreak reached every department of the country. By December 17, 2010, there were 121,518 cases of cholera, with 63,711 hospitalizations and 2,591 deaths of cholera in Haiti.¹ Florida has approximately 241,000 Haitian-born residents which represents 46% of the Haitian-born population in the United States.³ Since November, 2010, 3 cases of cholera have been reported in Florida residents with recent travel to Haiti. The patients has since recovered, but these cases reminds us of the possibilities of more cases of cholera being imported into the US from travelers to Haiti. The CDC and the Florida Department of Health are asking physicians in Florida to be on the lookout for possible cases who have had watery diarrhea and/or vomiting and who have traveled to Haiti. Cholera is immediately reportable to the county health department, however, during the visit with the patient, physicians can assist public health officials by asking key questions such as:

- Did you travel to Haiti, or a neighboring affected area within a week prior to your onset of illness?
- Have you been in contact with anyone who was having acute watery diarrhea and has recently returned from Haiti?
- Is there anyone else in your social circle who have similar symptoms?
- Do you work or participate in food preparation for others, or do you work as a healthcare or childcare worker?
- Do you live or work in a location where there is inadequate access to clean water or sanitation?
- Have you consumed raw shellfish in the last week?

The incubation period for cholera is 2 hours to 5 days. Cholera deaths can be prevented by the aggressive administration of fluids. Immediate and continuous replacement of fluids and electrolytes can save the patient's life. Travelers who develop severe, watery diarrhea, or diarrhea and vomiting, within 5 days after return from Haiti should seek medical attention right away. Although transmission person to person is of low likelihood in the US, family members, caretakers and health care workers should wash their hands frequently if exposed to the vomit or feces of an infected individual. Food workers and childcare workers who are also caregivers of cholera patients should exclude themselves from work until they have stool tested with the local health department.

References: (1) http://www.unboundmedicine.com/medline/ebm/journal/MMWR_Morb_Mortal_Wkly_Rep
 (2) <http://www.cdc.gov/cholera/index.html>; (3) http://www.doh.state.fl.us/Disease_ctrl/epi/Acute/cholera.htm

Thank you to our reporting providers and laboratories!

This list below reflects *provisional* incidence of reportable diseases in Santa Rosa County through November, 2010. This data is reported to the Santa Rosa County Health Department/FDOH and is obtained from local hospitals, laboratories and physicians who report, as required, FS 381.0031 (1,2). We would like to thank our providers and laboratories for prompt reporting of statewide reportable diseases. Please see page 5 for the complete list of reportable diseases for the State of Florida. Please continue to use us (SRCHD-Epidemiology) as a resource for reporting and surveillance. You are our “eyes and ears” for disease control and prevention! Call us with any questions or concerns at (850) 983-5200 x105 or x140; we are here to help.



Reportable Disease incidence Santa Rosa County—2010

DISEASES	REPORTABLE DISEASES FOR SRCHD – 2010												CALENDAR YEAR 2010											
	YEAR TO DATE						YEAR TO DATE				CALENDAR YEAR 2010													
	2004	2005	2006	2007	2008	2009	6 YEAR HISTORY *EXPECTED TO DATE	ACTUAL	3 YEAR HISTORY **EXPECTED TO DATE	ACTUAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
AIDS†	12	9	6	11	7	6	9	5	8	5	0	0	0	1	1	2	0	0	0	0	0	1		
ANIMAL BITE, PEP RECOMMENDED	10	8	5	21	12	22	13	14	18	14	1	0	1	1	0	2	1	1	0	2	2	3		
CAMPYLOBACTER	8	1	6	5	4	13	6	10	7	10	2	0	0	0	0	3	0	2	0	2	0	1		
CHLAMYDIA†	134	182	170	258	308	275	221	360	280	360	16	28	27	34	25	34	29	39	24	39	35	30		
CIGUATERA	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CREUTZFELDT-JAKOB DISEASE	-	-	-	-	-	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
CRYPTOSPORIDIUM	0	0	5	7	1	13	4	1	7	1	0	0	0	0	0	0	0	0	1	0	0	0		
CYCLOSPORIASIS	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
E. COLI (0157:H7)	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
E. COLI (NON-0157:H7)	0	0	0	0	0	1	0	2	0	2	0	0	0	0	0	1	0	0	0	1	0	0		
ENCEPHALITIS (other non-arboviral)	-	-	-	-	-	1	1	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0		
GIARDIA	7	4	3	7	11	8	7	12	9	12	3	0	2	0	1	0	4	0	1	1	0	0		
GONORRHEA†	24	44	75	54	53	61	52	36	56	36	4	0	4	4	2	2	0	6	4	3	5	2		
H. INFLUENZAE	0	0	0	2	2	4	1	1	3	1	0	0	0	0	0	1	0	0	0	0	0	0		
HEPATITIS A	1	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0		
HEPATITIS B acute	1	3	3	1	4	2	2	2	2	2	0	0	0	0	1	0	0	1	0	0	0	0		
HEPATITIS B chronic	24	3	1	8	15	39	15	12	21	12	2	0	3	1	1	1	1	1	0	0	1	1		
HEP B-preg woman	0	0	0	2	1	3	1	3	2	3	2	0	0	1	0	0	0	0	0	0	0	0		
HEPATITIS C acute	0	1	0	0	0	1	0	3	0	3	0	0	0	0	0	1	0	1	0	0	1	0		
HEPATITIS C chronic	50	30	21	222	269	270	144	263	254	263	14	26	31	14	27	15	17	18	19	15	33	34		
HIV†	8	4	6	12	12	10	9	10	11	10	2	0	1	0	1	0	1	0	2	2	0	1		
HAEMOPHILUS INFLUENZAE	0	0	0	2	2	4	1	3	3	3	1	0	0	0	1	1	0	0	0	0	0	0		
INFLUENZA A, NOVEL OR PANDEM	-	-	-	-	-	34	34	2	34	2	0	1	1	0	0	0	0	0	0	0	0	0		
LEAD LEVEL >10	0	0	0	0	3	1	1	8	1	8	0	1	2	0	0	1	0	1	1	0	2	0		
LEGIONELLOSIS	0	0	0	4	0	2	1	2	2	2	0	0	0	0	0	1	0	0	0	1	0	0		
LISTERIOSIS	-	-	-	-	-	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
LYME DISEASE	0	0	0	0	0	2	0	2	1	2	0	1	0	0	0	0	0	0	0	1	0	0		
MALARIA	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
MENINGOCOCCAL (Neisseria)	2	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
MENINGITIS (Strep Pneum.)	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
MENINGITIS (Other)	1	3	1	4	2	4	3	2	3	2	0	0	0	0	0	1	0	0	1	0	0	0		
MUMPS	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PERTUSSIS	23	0	1	0	3	88	19	31	30	31	1	0	0	0	22	7	0	1	0	0	0	0		
PESTICIDE RELATED INJURY	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0		
ROCKY MTN SPOT FEVER	0	0	1	0	3	0	1	1	1	1	0	0	0	0	1	0	0	0	0	0	0	0		
SALMONELLA	55	34	38	67	35	54	47	70	52	70	0	1	0	2	10	6	13	4	18	9	5	2		
SHIGELLA	19	0	1	11	3	4	6	1	6	1	0	1	0	0	0	0	0	0	0	0	0	0		
S. AUREUS COMM-ASSOC MORTAL	-	-	-	-	-	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0		
STREP. GROUP A, INV	2	1	0	0	2	4	2	1	2	1	0	0	0	0	0	0	0	0	0	1	0	0		
STREP PNEU, INV.	10	12	3	6	18	12	10	20	12	20	0	1	6	1	3	0	0	1	3	2	0	3		
INFECTIOUS SYPHILIS†	0	0	0	1	0	2	1	5	1	5	0	1	0	1	1	1	0	0	1	0	0	0		
TUBERCULOSIS†	3	0	2	3	2	3	2	2	3	2	0	0	0	1	0	1	0	0	0	0	0	0		
VARICELLA●	-	-	1	19	10	13	11	29	14	29	2	14	4	0	0	1	1	2	3	0	2	0		
VIBRIO (vulnificus)	1	1	1	0	1	0	1	2	0	2	0	0	0	0	0	0	1	1	0	0	0	0		
VIBRIO (other)	3	1	1	2	3	1	2	3	2	3	0	0	0	0	0	1	2	0	0	0	0	0		
WEST NILE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	400	343	352	730	787	951	631	922	852	922	51	75	82	62	97	83	70	79	79	80	86	78		

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 (-) Data from year disease was not reportable
 † 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)

Reportable Diseases/Conditions in Florida

During Business Hours (Monday-Friday, 8am-5pm):

Escambia: (850) 595-6683 Fax: (850) 595-6268
 Santa Rosa: (850) 983-5200 Fax: (850) 983-4504
 After hours: (850) 418-5566

- 📞 Phone immediately upon suspicion or lab test order
- 📞 Phone immediately upon diagnosis or lab test result
- Report next business day
- ★★ See special reporting instructions on the reverse side

<p>🚨 Any disease outbreak</p> <p>🚨 Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.</p> <p>Acquired Immune Deficiency Syndrome (AIDS) (Report within 2 weeks) ★★</p> <p>Amebic encephalitis •</p> <p>Anaplasmosis •</p> <p>🚨 Anthrax</p> <p>Arsenic poisoning •</p> <p>🚨 Botulism (foodborne, wound, unspecified, other)</p> <p>Botulism (infant) •</p> <p>🚨 Brucellosis</p> <p>California serogroup virus (neuroinvasive and non-neuroinvasive disease) •</p> <p>Campylobacteriosis •</p> <p>Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) (report within 6 months) ★★</p> <p>Carbon monoxide poisoning •</p> <p>Chancroid • ★★</p> <p>Chlamydia • ★★</p> <p>🚨 Cholera</p> <p>Ciguatera fish poisoning (Ciguatera) •</p> <p>Congenital anomalies ★★ (Report within 6 months)</p> <p>Conjunctivitis (in neonates ≤ 14 days old) • ★★</p> <p>Creutzfeldt-Jakob Disease (CJD) •</p> <p>Cryptosporidiosis •</p> <p>Cyclosporiasis •</p> <p>Dengue •</p> <p>🚨 Diphtheria</p> <p>Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) •</p> <p>Ehrlichiosis •</p> <p>Encephalitis, other (non-arboviral) •</p> <p>📞 Enteric disease due to: <i>Escherichia coli</i>, O157:H7 <i>Escherichia coli</i>, other pathogenic <i>E. coli</i> including entero-toxicogenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains</p> <p>Giardiasis •</p> <p>🚨 Glanders</p> <p>Gonorrhea • ★★</p>	<p>Granuloma inguinale • ★★</p> <p>🚨 <i>Haemophilus influenzae</i> (meningitis and invasive disease)</p> <p>Hansen's disease (Leprosy) •</p> <p>📞 Hantavirus infection</p> <p>📞 Hemolytic uremic syndrome</p> <p>📞 Hepatitis A</p> <p>Hepatitis B, C, D, E, and G •</p> <p>Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child ≤ 24 months old) •</p> <p>Herpes simplex virus (HSV) (in infants < 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years) • ★★</p> <p>Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn) (Report within 2 weeks) ★★</p> <p>Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs) • ★★</p> <p>🚨 Influenza due to novel or pandemic strains</p> <p>📞 Influenza-associated pediatric mortality (in persons aged < 18 yrs)</p> <p>Lead poisoning (blood lead level ≥ 10 µg/dL); additional reporting requirements exist for hand held and/or onsite blood lead testing technology, see 64D-3 FAC •</p> <p>Legionellosis •</p> <p>Leptospirosis •</p> <p>📞 Listeriosis</p> <p>Lyme Disease •</p> <p>Lymphogranuloma venereum (LGV) • ★★</p> <p>Malaria •</p> <p>🚨 Measles (Rubeola)</p> <p>🚨 Melioidosis</p> <p>Meningitis (bacterial, cryptococcal, mycotic) •</p> <p>🚨 Meningococcal disease (includes meningitis and meningococemia)</p> <p>Mercury poisoning •</p> <p>Mumps •</p> <p>📞 Neurotoxic shellfish poisoning</p> <p>📞 Pertussis</p> <p>Pesticide-related illness and injury •</p> <p>🚨 Plague</p> <p>🚨 Poliomyelitis, paralytic and non-paralytic</p> <p>Psittacosis (Ornithosis) •</p> <p>Q Fever •</p>	<p>📞 Rabies (human, animal) ★★</p> <p>🚨 Rabies (possible exposure) ★★</p> <p>🚨 Ricin toxicity</p> <p>Rocky Mountain spotted fever •</p> <p>🚨 Rubella (including congenital)</p> <p>St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive) •</p> <p>Salmonellosis •</p> <p>Saxitoxin poisoning including paralytic shellfish poisoning (PSP) •</p> <p>🚨 Severe Acute Respiratory Syndrome – associated Coronavirus (SARS-CoV) disease</p> <p>Shigellosis •</p> <p>🚨 Smallpox</p> <p><i>Staphylococcus aureus</i>, community associated mortality •</p> <p>📞 <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)</p> <p><i>Staphylococcal enterotoxin B</i> (disease due to)</p> <p>Streptococcal disease (invasive, Group A) •</p> <p><i>Streptococcus pneumoniae</i> (invasive disease) •</p> <p>Syphilis • ★★</p> <p>📞 Syphilis (in pregnant women and neonates)</p> <p>Tetanus •</p> <p>Toxoplasmosis (acute) •</p> <p>Trichinellosis (Trichinosis) •</p> <p>Tuberculosis (TB) • ★★</p> <p>🚨 Tularemia</p> <p>📞 Typhoid fever</p> <p>🚨 Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)</p> <p>Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> infection) •</p> <p>🚨 Vaccinia disease</p> <p>Varicella (Chickenpox) •</p> <p>Varicella mortality •</p> <p>🚨 Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</p> <p>Vibriosis (<i>Vibrio</i> infections) •</p> <p>🚨 Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)</p> <p>West Nile virus disease (neuroinvasive and non-neuroinvasive) •</p> <p>Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) •</p> <p>🚨 Yellow Fever</p>
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After Hours Hotline (Escambia & Santa Rosa)
 For Immediate Access to Health Department Staff

(850) 418-5566

Join Santa Rosa MRC!

Mary Beverly, RS—Epidemiology Program Manager
Santa Rosa County Health Department

Volunteers Building Strong, Healthy and Prepared Communities



WWW.SERVFL.COM

As the new Epidemiology program manager and Santa Rosa MRC unit Director, I would like to invite you to join the Santa Rosa Medical Reserve Corps!

The Medical Reserve Corps is a national organization of volunteers who devote their time to assuring that communities are ready for all kinds of public health disasters (hurricanes, fires, chemical spills, bioterrorism events etc) and are prepared for future incidents. The Santa Rosa MRC unit provides training for volunteers to prepare for disaster (ICS 100, 700, core competencies etc) and will mobilize volunteers to work within Santa Rosa County and abroad. Volunteers who join the

Santa Rosa MRC are from varied backgrounds (public health, medical, sociology, psychology, administrative, emergency, law enforcement, etc) and believe me, all are welcome!

We would like to bid a fond farewell to Jennifer Terry and Judy Wood our former MRC coordinators who did a tremendous job with the unit.

We would like to now introduce everyone to our new Santa Rosa MRC coordinators: Ms. Theresa Fretwell (coordinator) and Ms. Susan Howell (co-coordinator), who will take our volunteers into 2011!

Please contact Theresa Fretwell at: (850) 983-5200 x199 (work) or Susan Howell (850) 983-5200 x154

to become a member today, and visit www.servfl.com!

Also visit:

medicalreservecorps.gov and floridamrc.com to learn more specific information on the MRC.

MISSION STATEMENT

To augment local community and state-level health and medical services with pre-identified, trained and credentialed volunteers during emergency medical operations and other vital public health activities.



The Santa Rosa County Health Department

Working for a Healthy Community

Locations

Milton Clinic
5527 Stewart Street
Milton, FL 32570

Environmental Health Services

5505 Stewart Street
Milton, FL 32570

Midway Clinic

5840 Gulf Breeze Parkway
Gulf Breeze, FL 32563

Jay Location

14122 Alabama Street
Jay, FL 32565

Contact Information

Phone: 850-983-5200
Fax: 850-983-4504
WIC: 850-983-5250
After Hours Hotline: 850-418-5566

Phone: 850-983-5275
Fax: 850-983-5278

Phone: 850-934-4074 Clinic
850-934-5170 WIC

Phone 850-675-4211
Office Hours: Wed Only 9am-12pm

Visit us on the web at: www.healthysantarosa.org

Click on Disease Control (Epidemiology)