

EPIGRAM

PRODUCED BY DISEASE CONTROL SERVICES
EDITOR: EMILY CASON, MPH
CONTRIBUTOR: KIM GEIB, DNP, ARNP, A-GNP-C, CPH

Florida
Department of Health
Nassau County
1620 Nectarine Street
Fernandina Beach, FL 32034
Phone: (904) 530-6800
Fax: (904) 277-7286
Website: <http://nassau.floridahealth.gov/>

INSIDE THIS ISSUE:

ZIKA UPDATE	1-2
GLOBAL HEALTH NEWS	2
TURN THE TIDE	2
NATIONAL PREPAREDNESS MONTH	3
5K HEALTH WALK/RUN	3
REPORTABLE DISEASES	4
HEALTH BULLETINS, ADVISORIES, AND ALERTS	4

ZIKA UPDATE

As of September 14th, Florida has had a total of 639 travel-related infections of Zika, 71 non-travel related infections of Zika, and 86 Zika infections involving pregnant women. **One travel-related Zika infection has been confirmed in a Nassau County resident.** Nassau County has been added to the list of counties that are included in the Public Health Emergency Declaration for Zika. There are now 36 counties in Florida who have had at least one travel-related Zika case, and Nassau County is following the protocol established by the State for counties that fall under the Public Health Emergency Declaration. The Florida Department of Health in Nassau County (DOH-Nassau) will be meeting regularly with representatives from partner organizations such as the county commission, the mosquito control district, the county extension office, emergency management, and the county medical society to discuss mosquito control best practices and public outreach strategies for high risk or vulnerable populations. DOH-Nassau will also be continuing outreach to local medical professionals to increase awareness and access to diagnostic tools.

As a result of the first confirmed case of Zika in Nassau County, there may be increased concern about Zika in the community. **Providers should continue to use their clinical judgement, informed by DOH and CDC guidance, to obtain Zika testing for patients through commercial laboratories.** Zika RT-PCR testing is available through three commercial laboratories (LabCorp, Quest, and Viracor) for urine and serum. DOH laboratories continue to provide Zika IgM testing on serum and RT-PCR testing on amniotic fluid, placenta, semen, and cerebrospinal fluid. Clinicians are encouraged to submit samples commercial labs for patients meeting the following criteria:

- ✦ Pregnant women who, while pregnant, traveled to an area reporting Zika virus activity or had sex with a partner who traveled to an area with Zika virus activity, regardless of the length of time since the travel/illness occurred, but ideally within 2-12 weeks of travel. Recommended testing is Zika IgM serum antibody testing.
- ✦ All persons, including pregnant women, with two or more of the following signs/symptoms: fever, maculopapular rash, arthralgia or conjunctivitis and a history of travel to an area reporting Zika virus activity in the two weeks prior to illness onset or suspect locally acquired cases. Recommended testing is urine and serum Zika RT-PCR and Zika IgM serum antibody testing.
- ✦ The mother of an infant or fetus with microcephaly or intracranial calcifications or poor fetal outcome diagnosed after the first trimester and with history of travel to an area with Zika virus activity during pregnancy. Both mother and infant may be tested. Recommended samples and testing: (1) serum from mother for Zika IgM antibody testing; (2) cord blood and/or serum from infant for Zika RT-PCR and IgM antibody testing; (3) infant urine for Zika RT-PCR; and (4) fresh and formalin-fixed placenta for Zika RT-PCR and immunohistochemistry (IHC). Amniotic fluid can be tested using Zika RT-PCR if needed.

DISEASE REPORTING

Phone: (904) 530-6800
Confidential Fax Line:
(904) 277-7286
Afterhours Line:
(904) 813-6801

Bureau of Epidemiology
24 Hour Reporting Line:
(850) 245-4401

**FLORIDA DEPARTMENT OF HEALTH
NASSAU COUNTY CONTACTS**

Eugenia Ngo-Seidel, MD, MPH (Director)
(904) 530-6807
Eugenia.Ngo-Seidel@flhealth.gov

Kim Geib, DNP, ARNP, A-GNP-C, CPH
(PH Manager)
(904) 530-6804
Kim.Geib@flhealth.gov

Emily Cason, MPH (Epidemiologist)
(904) 530-6805
Emily.Cason@flhealth.gov

Vicki Roberts (Administrative Secretary)
(904) 530-6810

FLORIDA DEPARTMENT OF HEALTH NASSAU COUNTY

Fernandina Beach Clinic
1620 Nectarine Street
Fernandina Beach, FL 32034
(904) 530-6750

Yulee Clinic
86014 Pages Dairy Road
Yulee, FL 32097
(904) 530-6840

Callahan Clinic
45377 Mickler Street
Callahan, FL 32011
(904) 530-6870

Hilliard Clinic
37203 Pecan Street
Hilliard, FL 32046
(904) 530-6890



Please contact DOH-Nassau to request Zika virus testing for patients who meet the testing criteria but do not have insurance. **Clinicians are still required to report suspected Zika fever cases (those who meet the above testing criteria) to DOH-Nassau at the time testing is ordered, regardless of which lab performs the testing, to ensure appropriate mosquito control actions are taken.** Pregnant women who do not meet the DOH and CDC criteria for testing but desire testing nonetheless should be counseled on the risks and benefits of testing and be directed to DOH-Nassau for testing. Zika virus risk assessment and testing for pregnant women is available at DOH-Nassau at the Yulee Clinic (86014 Pages Dairy Road) on Mondays from 1-4pm and Fridays from 8-11am, and at the Callahan Clinic (45377 Mickler Street) on Wednesdays from 1-4pm. Appointments are not required and testing and assessments will be provided at no cost to the client.

As Zika is an emerging infectious disease, information changes rapidly. It is important to maintain awareness of the most current recommendations and resources. Please share the following resources with your offices and with patients who have questions about Zika.

The Department of Health manages a Zika Virus Information Hotline at 1-855-622-6735. Daily Zika Updates are posted online at <http://www.floridahealth.gov/newsroom/index.html>. More information about Zika, including prevention information for travelers and guidance for health care providers, can be found at http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html?utm_source=flhealthIndex. Up-to-date information about areas with Zika virus can be found at <http://www.cdc.gov/zika/geo/index.html>.

GLOBAL HEALTH NEWS

- ✦ Health authorities in Madrid, Spain confirmed two cases of Crimean-Congo hemorrhagic fever (CCHF). These are the first non-imported cases of CCHF in western Europe. The first case, a 62 year old man who died on August 25th, is believed to have been exposed to the virus through a tick bite. The second patient is an ICU nurse who was caring for the 62 year old man while he was in the hospital. Two additional possible cases are in isolation wards in Madrid hospitals and a further 282 people who had contact with one or both of the two confirmed cases are being closely monitored.
- ✦ Researchers at the Robert Koch Institute in Berlin have identified a novel strain of the bacteria *B. cereus* that has seemingly evolved a similar lifestyle to its close relative *B. anthracis*, which causes the life-threatening disease anthrax. The newly-identified bacterial strain was isolated from goats in a remote Congolese village, and later in samples from remains of a chimpanzee, gorilla, and forest elephant found dead in the forests of Cameroon, Central African Republic, and Côte d'Ivoire.
- ✦ The largest ever vaccination campaign against yellow fever in Africa ended on September 5th, with over 10.6 million people vaccinated in the Democratic Republic of Congo (DRC). In ten days, 7,807,653 people were vaccinated in the capital city of Kinshasa, most using an emergency vaccine with one fifth of the full dose of yellow fever vaccine. This short term dose-sparing strategy was recommended as an emergency measure to reach as many people as possible with limited vaccine supplies. DRC has reported 2,513 suspected cases of yellow fever since March 22, 2016. No new confirmed cases have been reported in the country since July 12th.

Sources: <http://www.afro.who.int/fr/centre-des-medias/communiqués-de-presse/item/8994-drc-vaccinates-more-than-10-million-people-in-africas-largest-yellow-fever-vaccination-campaign/8994-drc-vaccinates-more-than-10-million-people-in-africas-largest-yellow-fever-vaccination-campaign.html>, <http://www.healthmap.org/en/>

TURN THE TIDE

U.S. Surgeon General Dr. Vivek H. Murthy sent a letter to health care practitioners and public health leaders in August seeking help addressing the prescription opioid crisis. "We, as clinicians, are uniquely positioned to turn the tide on the opioid epidemic," says Dr. Murthy. Clinicians are encouraged to pledge to 1) educate themselves about treating pain safely and effectively, 2) screen patients for opioid use disorder and provide or connect them with evidence-based treatment, and 3) talk about and treat addiction as a chronic illness, not a moral failing. For more information and to sign the pledge, please visit <http://turnthetiderx.org/#>. For local resources and information, practitioners can contact the Nassau Alcohol Crime Drug Abatement Coalition (NACDAC) at <http://nacdac.org/>



NATIONAL PREPAREDNESS MONTH

September is recognized as National Preparedness Month (NPM) which serves as a reminder that we all must take action to prepare, now and throughout the year, for the types of emergencies that could affect us where we live, work, and also where we visit. This September we encourage you to discuss preparedness with your patients, colleagues, and families with an emphasis on preparedness for youth, older adults, and people with disabilities and others with access and functional needs.

Make a Plan

You never know where you may be if a disaster strikes, so it is important to think about possible situations and plan just in case. Plans can be developed for families, households, schools, and workplaces. When making your plan, it is important to consider possible evacuations, power outages, medical needs, and how to care for pets in the event of a disaster. As part of developing a plan, it is important to understand how to receive emergency alerts and warnings and make sure everyone is able to get alerts about an emergency from local officials. Discuss plans for disasters that may affect the area and plan where to go during different types of disasters such as hurricanes, tornadoes, or wildfires. Create a paper copy of the contact information and make sure everyone carries a copy in their backpack, wallet, or purse. Identify an emergency meeting place and discuss how everyone can get there. Lastly, hold regular meetings to review your emergency plans, communication plans, and meeting place after a disaster.



Build a Kit

A disaster supplies kit is a collection of basic items you may need in the event of an emergency. The kit should be assembled well in advance of an emergency. You may have to evacuate at a moment's notice and take essentials with you, and you will probably not have time to search for the supplies you need or shop for them. You also may need to survive on your own after an emergency. This means having food, water, and other supplies such as medications in sufficient quantity to last for at least 72 hours. You should have at least a three day supply of non-perishable food that does not require refrigeration, cooking, water, or special preparation, and enough water for each person to have one gallon per day for drinking and sanitation. Local officials and relief workers will be on the scene after a disaster but they cannot reach everyone immediately. You could get help in hours or it might take days. Additionally, basic services such as electricity, gas, water, sewage treatment, and telephones may be cut off for days or longer. Your supplies kit should contain items to help you manage during these outages.

Special Needs Registry

During disasters, DOH-Nassau operates a special needs shelter for medically dependent individuals, those with disabilities, and the elderly. The special needs shelter will have medical staff available to assist with basic medical needs. The special needs shelter is a shelter of last resort and should only be relied upon as a backup to an already well thought out plan. The special needs shelter provides shelterees with basic food and water, basic medical assistance and monitoring, back up electricity, space for the shelteree and a caregiver, and space for service animals only.

National Preparedness Month is an opportunity for health care providers to encourage patients who are electrically dependent, oxygen dependent, or may need assistance with other basic medical needs, to enroll in the special needs registry.

For information about enrolling in the special needs registry, please see the attached registration form or contact Nassau County Emergency Management at (904) 548-0900. For more information on emergency plans and disaster sup-

5K HEALTH WALK/RUN

Please join us for the second annual 5K Health Walk/Run to celebrate National Preparedness Month and World Heart Day. The walk/run will be held Saturday, September 24th beginning at 9:00am at Ewing Park in Callahan. The walk will be untimed and led by Dr. Kiersten Prince, DO. There is no entry fee and all participants who complete the 5K will receive a free water bottle and shoelaces.

Other activities:

- ✦ Free blood pressure screenings
- ✦ Hands only CPR and Stop the Bleed Training
- ✦ Walk with a Doc program information
- ✦ Walk with Me program information
- ✦ Zika information: Drain and Cover, Spill the Water to prevent mosquito bites



AUGUST 2016: REPORTED CASES IN NASSAU COUNTY

Confirmed, Probable, Suspect, Unkown Cases of Multiple Diseases with Report Date 08/01/2016 to 08/31/2016 with Three-Year Period Comparison for Nassau County

Disease Name	Selection Date		Comparison Date 1		Comparison Date 2		Comparison Date 3	
	08/01/16 - 08/31/16		08/01/15 - 08/31/15		08/01/14 - 08/31/14		08/01/13 - 08/31/13	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
County: NASSAU								
Campylobacteriosis	2	5.71%	0	0.00%	3	13.64%	4	23.53%
Cryptosporidiosis	1	2.86%	0	0.00%	2	9.09%	0	0.00%
Ehrlichiosis, HME (Ehrlichia chaffeensis)	1	2.86%	0	0.00%	0	0.00%	0	0.00%
Giardiasis, Acute	5	14.29%	0	0.00%	1	4.55%	1	5.88%
Hepatitis B, Acute	1	2.86%	0	0.00%	0	0.00%	0	0.00%
Hepatitis B, Chronic	2	5.71%	1	4.55%	0	0.00%	0	0.00%
Hepatitis C, Chronic	10	28.57%	11	50.00%	7	31.82%	3	17.65%
Lead Poisoning	1	2.86%	0	0.00%	0	0.00%	0	0.00%
Legionellosis	0	0.00%	1	4.55%	0	0.00%	0	0.00%
Meningococcal Disease	0	0.00%	0	0.00%	0	0.00%	1	5.88%
Pertussis	0	0.00%	0	0.00%	0	0.00%	1	5.88%
Rabies, Animal	0	0.00%	0	0.00%	1	4.55%	0	0.00%
Rabies, Possible Exposure	0	0.00%	2	9.09%	0	0.00%	1	5.88%
Salmonellosis	9	25.71%	6	27.27%	7	31.82%	6	35.29%
Shigellosis	0	0.00%	1	4.55%	0	0.00%	0	0.00%
Varicella (Chickenpox)	1	2.86%	0	0.00%	0	0.00%	0	0.00%
Vibriosis (Vibrio mimicus)	0	0.00%	0	0.00%	1	4.55%	0	0.00%
Vibriosis (Vibrio parahaemolyticus)	1	2.86%	0	0.00%	0	0.00%	0	0.00%
Vibriosis (Vibrio vulnificus)	1	2.86%	0	0.00%	0	0.00%	0	0.00%
TOTAL:	35	100.00%	22	100.00%	22	100.00%	17	100.00%
STATEWIDE TOTAL								
Campylobacteriosis	403	6.54%	322	6.60%	302	5.87%	303	7.30%
Cryptosporidiosis	68	1.10%	170	3.48%	432	8.40%	44	1.06%
Ehrlichiosis, HME (Ehrlichia chaffeensis)	2	0.03%	1	0.02%	2	0.04%	3	0.07%
Giardiasis, Acute	114	1.85%	106	2.17%	143	2.78%	111	2.67%
Hepatitis B, Acute	64	1.04%	48	0.98%	27	0.53%	28	0.67%
Hepatitis B, Chronic	520	8.44%	454	9.30%	574	11.17%	364	8.76%
Hepatitis C, Chronic	2947	47.82%	2076	42.53%	1918	37.31%	1677	40.38%
Lead Poisoning	73	1.18%	78	1.60%	64	1.24%	39	0.94%
Legionellosis	37	0.60%	41	0.84%	35	0.68%	19	0.46%
Meningococcal Disease	0	0.00%	2	0.04%	2	0.04%	5	0.12%
Pertussis	38	0.62%	37	0.76%	60	1.17%	69	1.66%
Rabies, Animal	14	0.23%	6	0.12%	11	0.21%	6	0.14%
Rabies, Possible Exposure	294	4.77%	322	6.60%	279	5.43%	254	6.12%
Salmonellosis	803	13.03%	692	14.18%	737	14.34%	726	17.48%
Shigellosis	91	1.48%	157	3.22%	191	3.72%	102	2.46%
Varicella (Chickenpox)	48	0.78%	42	0.86%	27	0.53%	53	1.28%
Vibriosis (Vibrio mimicus)	1	0.02%	0	0.00%	2	0.04%	3	0.07%
Vibriosis (Vibrio parahaemolyticus)	9	0.15%	5	0.10%	2	0.04%	8	0.19%
Vibriosis (Vibrio vulnificus)	7	0.11%	6	0.12%	5	0.10%	7	0.17%
Other remaining conditions in FL (not shared w/ Nassau County)	630	10.22%	316	6.47%	328	6.38%	332	7.99%
TOTAL:	6163	100.00%	4881	100.00%	5141	100.00%	4153	100.00%

HEALTH BULLETINS, ADVISORIES, AND ALERTS

For additional information regarding bulletins, advisories and alerts visit the DOH-Nassau website or Department of Health Online Newsroom at: <http://nassau.floridahealth.gov/> and <http://www.floridahealth.gov/newsroom/>

- ✦ 9/7/16– Press Release: *Florida Department of Health in Nassau County Reminds the Public of Precautionary Measures to Help Prevent Mosquito-Borne Illnesses After Hurricane Hermine*
- ✦ 9/12/16– Press Release: *Department of Health Daily Zika Update. <http://www.floridahealth.gov/newsroom/2016/09/091216-zika-update.html>*



2015 Special Needs Sheltering & Evacuation Program Registration

This program is designed for those with special physical and/or medical needs who might require government evacuation assistance and/or sheltering for a local emergency. The program requires annual enrollment. Please complete this registration form and return it by mail to the address provided on the back. This information is requested pursuant to F.S. 252.355(1) which mandates all information contained herein is confidential and exempt from disclosure and can be made available only to other emergency response agencies.

Personal Information

NEW Registrant UPDATE Registrant Male Female

I plan to evacuate to a county shelter in an emergency/disaster

Name:

Street Address: City: ZIP:

Mailing Address: City: ZIP:

Telephone # DOB: Height: Weight:

Speak English YES NO - primary language is

Residential Status: Live Alone Live with: Spouse Child(ren) Parents

Service Animal Pvt Care/Home Health - name:

Pets: Dogs # Cats # Other

Pet evacuation plan:

Residence Concerns: Mobile Home Driveway Floods Dirt Road

Other:

Transportation Concerns (please check all that apply):

I can provide my own transportation to the shelter I need transportation assistance

I am ambulatory I can get around with assistance I can get to a bus pick-up point

I can transfer from a wheelchair to a seat I need a wheelchair lift-equipped vehicle

I require stretcher transportation Other:

Emergency Contacts (please provide one local and one out-of-area contact)

Local Name: _____ Relationship _____

Phone # _____ Alternate Phone # _____

Non-local Name: _____ Relationship _____

Phone # _____ Alternate Phone # _____

Health and Medical Care Information *(please check all that apply)*

Dependent on electricity for: - _____

Oxygen-Dependent Concentrated Liquid O₂ Supplier: _____

Respirator-Dependent Insulin-Dependent Dialysis-Dependent

Memory Impaired Other Cognitive Impairment: _____

Depression/Anxiety Other Mental Health Condition: _____

Sight Impaired Hearing Impaired Speech Impaired Mobility Impaired

Obese, Wt. _____ Bedridden Wheelchair-Bound Walker/Cane-Dependent

Incontinent Emergency Alert Monitor Allergies: _____

Special Dietary Needs: _____

Medications: _____

Health Care Provider Contacts

Primary Doctor: _____ Phone # _____

Pharmacy: _____ Phone # _____

Home Health Agency: _____ Phone # _____

Attestation and Authorizations:

I hereby request enrollment in the Nassau County Special Needs Registry. The information provided is true and correct to the best of my knowledge. I grant permission to medical providers, transportation agencies, and others as necessary to provide care and disclose any information necessary to respond to my needs. I hereby grant permission for the release of this information to emergency response agencies and pre-authorize these agencies to enter my residence for the purpose of emergency search and rescue. I understand my participation in this registry is voluntary and all information maintained will be strictly confidential and used only for emergency purposes. I understand that being on the registry in no way ensures that I will receive any, immediate, or

preferential treatment during an emergency.

I understand that any assistance that might be provided is only for the duration of the emergency, and that alternate arrangements should be made in advance in case I am not able to return to my home.

I understand that I am responsible for assisting in the provision of any prescription medications, oxygen supplies, medical equipment, and dietary items I may require during the emergency.

Registrant or Guardian's **Signature:** _____ **Date:** _____

To be completed by Nassau County Emergency Management and FL Dept. of Health in Nassau County

Primary Special Need: _____

Public Shelter Special Needs Shelter Facility Required Hospital Facility Required

**Mail Completed form to: - Ms. Laura Scott, Nassau County Emergency Management
77150 Citizen's Circle
Yulee, FL 32097**