



Epi Update



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Assessment of Influenza Vaccination Rates among Long-term Care Facility Employees in Brevard County, Florida 2007

Racquel Stephenson, M.P.H. and Barry Inman, B.A., B.S., C.I.C.

Background

Elderly individuals are among those at highest risk for severe complications from influenza (flu). Flu outbreaks in long-term care (LTC) facilities/nursing homes are common during the flu season, with illness in both staff and residents. Consequently, nursing homes are mandated by Florida Statute and the Agency for Healthcare Administration (AHCA) to provide influenza and pneumococcal vaccines to their residents.¹ Staff members who have contracted the disease, especially healthcare workers, can easily spread the virus to residents. Therefore, many LTC facilities provide flu vaccine to their employees as well.

In Brevard County, there are 19 LTC facilities/nursing homes. The Brevard County Health Department (BCHD) initiated this project as a way of educating the LTC staff about the influenza virus and vaccine and preventing any outbreaks during the flu season. Additionally, the Epidemiology Department had limited information on employee vaccination rates at LTC facilities and needed to collect baseline data that would contribute to future outreach and interventions.

Rationale/Purpose

1. To assess influenza vaccination rates among LTC employees, particularly healthcare workers.
2. To prevent influenza outbreaks in LTC facilities by educating the employees about influenza and encouraging them to get vaccinated against the disease.

Methods

BCHD contacted the director of nursing (DON) or the staff development coordinator of each LTC facility between September 2007 and November 2007 and offered to provide a free in-service presentation on influenza and the influenza vaccine to the employees. Permission to survey the employees using a one-page questionnaire was also obtained at that time. On the day of the presentation, educational materials were provided to the in-service attendees and surveys were distributed and collected. Additional materials and

questionnaires were left with the DON/staff development coordinator to distribute to employees who were unable to attend. Self-addressed stamped envelopes were also provided. BCHD contacted the facilities within 14 days to remind them to send in the additional questionnaires. LTC facilities that declined to have BCHD conduct a presentation were asked permission to conduct a survey of the employees, and a packet of questionnaires, educational materials, and a self-addressed stamped envelope was delivered to the facility. The employees were informed that participation in the survey was voluntary. Data was entered and analyzed in EpiInfo version 3.3.2.

Results

In-service presentations were conducted at 13 facilities. Four nursing homes declined the presentation, but gave permission to have questionnaires administered to the staff; two nursing homes never returned BCHD's phone calls. Questionnaires were received from 12 LTC facilities. The seven unresponsive facilities received multiple follow-up phone calls/phone messages from BCHD, and three received the questionnaire packet. A total of 269 employees were surveyed from the 14 participating facilities.

Table 1. Demographics of Employees Surveyed

Demographics		
Variable		Frequency
Gender (n=221)	Male	16 (7.2%)
	Female	205 (92.8%)
Occupation (n=204)	Nursing staff	157 (77%)
	Other	47 (23%)
Age (n=211)	<30 years	37 (17.5%)
	30-45 years	66 (31.3%)
	>45 years	108 (51.2%)

Table 2. Access to Flu Vaccine at Place of Employment

Access to Vaccine at Facility	
Variable	Frequency
Employer provides flu vaccine (n=234)	216 (92.3%)
Vaccine is free (n=202)	175 (86.6%)

Table 3. Flu Vaccination Rates, including Employees' Reasons for not getting the Flu Vaccine

Flu Vaccine Information		
Variable	Frequency	
	2006-2007 season n=244	2007-2008 season n=261
Vaccinated	89 (36.5%)	151 (57.9%)**
<i>Vaccine Source = Employer</i>	71 (79.8%)	112 (74.2%)
Not vaccinated	155 (63.5%)	110 (42.1%)
<i>Vaccine too expensive</i>	9 (5.8%)	4 (3.6%)
<i>Vaccine not effective</i>	17 (11%)	10 (9.1%)
<i>I never get the flu</i>	39 (25.2%)	30 (27.3%)
<i>Vaccine will cause the flu</i>	20 (12.9%)	18 (16.4%)
<i>Allergic to the vaccine</i>	11 (7.1%)	10 (9.1%)
<i>I am too busy</i>	10 (6.4%)	1 (0.9%)
<i>I don't like needles</i>	14 (9%)	13 (11.8%)
<i>Other (including, "No Reason" and "I just don't want it")</i>	36 (23.2%)	21 (19.1%)

**Includes those who plan to get the vaccine during the 2007-2008 season.

Table 4. Vaccination Rates by Gender, Occupation, and Age

Vaccination Rates by Demographic Categories		
Demographic Category†		Vaccination Rate (2007-2008 season)
Gender	Male (n=14)	9 (64.3%)
	Female (n=202)	118 (58.4%)
Occupation	Nursing staff (n=155)	87 (56.1%)
	Other (n=44)	28 (63.6%)
Age	<30 years (n=37)	17 (45.9%)
	30-45 years (n=65)	40 (61.5%)
	>45 years (n=105)	66 (62.9%)

†P-values were not significant.

Table 5. Staff vaccinated in 2006-2007 season by staff vaccinated (or planning to get vaccinated) in the 2007-2008 season

	Vaccinated or plan to get vaccinated during 2007-2008 season		Total
	Yes	No	
Vaccinated during 2006-2007 season			
Yes	82 (95.3%)	4 (4.7%)	86
No	45 (30%)	105 (70%)	150
Total	127	109	236

Adjusted Risk Ratio = 3.3; p-value = 0.000

Table 6. Staff receiving free vaccines from their employer by staff vaccinated (or planning to get vaccinated) in the 2007-2008 season

	Vaccinated or plan to get vaccinated during season 2007-2008		Total
	Yes	No	
Free Vaccine			
Yes	111 (65.3%)	59 (34.7%)	170
No	9 (34.6%)	17 (65.4%)	26
Total	120	76	196

Risk Ratio = 1.9; p-value = 0.003

Discussion

Most of the participants were healthcare workers/nursing staff since the primary setting for the survey was via an in-service session where continuing education credits were provided. Only one-third of the LTC employees reported that they were vaccinated in the 2006-2007 flu season. However, that number may increase to over one-half by the end of the 2007-2008 flu season. Approximately three-fourths of the respondents stated that they received their flu vaccines from their employer, and only a few mentioned that they had received their vaccine from BCHD clinics. In fact, the majority of facilities surveyed provided vaccination to their employees, for free or at minimal cost. The data show that provision of free vaccines has a positive effect on employee vaccination rates (RR=1.9), while gender, occupation, and age did not have a significant effect. The results from the survey also suggest that individuals who were vaccinated in the previous flu season were three times more likely to get vaccinated (or plan to get vaccinated) in the 2007-2008 flu season. There may be a number of reasons for the higher re-vaccination rate in this population, perhaps indicating more trust or positive beliefs about the flu vaccine. For those individuals who chose to not get the flu vaccine each year, the predominant reason was because they “never get the flu,” Other common reasons for not getting vaccinated included the belief that “the vaccine will cause the flu” and the “vaccine is not effective.” Some individuals reported that they had “no reason” for declining the vaccine, and others stated that they just “don’t want it.”

Limitations

There were a number of limitations to this project. First, random sampling of staff from all three shifts in each facility was not conducted, possibly resulting in selection bias. Moreover, attendance at the in-service was voluntary and limited to employees from the morning and afternoon shift. There was no way to guarantee that night shift staff received the educational information and filled out the questionnaires. Second, our sample size

was relatively small, with no data from seven of the 19 LTC facilities. Third, the questionnaires were self-administered and self-reported. Many respondents skipped important questions and some filled out the form incorrectly, rendering the data inadequate. Furthermore, there may have been some information bias, if individuals stated that they received vaccination when they did not or vice versa. Fourth, the survey was conducted early in the flu season, before many LTC facilities had the vaccine available. Therefore, it is unknown whether or not those who planned to get vaccinated in the 2007-2008 flu season actually did so. Fifth, no information on socio-economic status was collected and therefore its effect on vaccination rates was not determined. This may have led to confounding in the data and risk ratios calculated.

Conclusion

Since the data indicate higher re-vaccination rates among previously vaccinated employees, public health efforts need to focus on dispelling the many myths that prevail about influenza and the vaccine. The data also suggest that influenza outreach must be multifaceted in order to improve vaccination rates in this population. BCHD should maintain relationships with the LTC facilities in the county, encouraging them to provide free or low-cost vaccines for their staff, and conduct educational sessions prior to and during each flu season. The health department should also consider conducting focus groups with healthcare staff to gather a deeper understanding of their knowledge, attitude, and practices regarding influenza and the vaccine. Such activities may provide valuable insight into what public health officials could do to increase trust in, and acceptance of, the vaccine.

Reference

1. 2006 Florida Statutes. Chapter 400.141: Administration and Management of Nursing Home Facilities. Paragraphs 22-23.
http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0400/SEC141.HTM&Title=->2006->Ch0400->Section%20141#0400.141

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Florida Department of Health Preparedness Strategic Planning and the Epidemiologic Surveillance and Investigation Capability Team

Danielle Stanek, D.V.M. and Tim Doyle, M.P.H.

The Public Health and Medical Preparedness Strategic Planning Teams were created to implement the health and medical-related objectives outlined in the 2007-2010 Florida Public Health and Medical Preparedness Strategic Plan. These 17 objectives align with the Department of Homeland Security National Target Capabilities and the Florida Domestic Security Strategy. The Epidemiologic Surveillance and Investigation Team (referred hereafter as the Epidemiology Team) is one of 11 Capability Teams who are tasked with identifying and prioritizing gaps in current preparedness plans, developing and managing action plans to close gaps, ensuring linkage with other target capabilities and constituencies, and measuring and reporting their progress back to the Strategic Planning and Oversight Team (SPOT) and Lead Team.

In addition to the eleven Capability Teams, there are five Support Teams who are charged with providing assistance to the other teams by creating a system for planning, information dissemination, training and exercises, knowledge management, and fiscal management (see organizational chart). The SPOT is a high-level, statewide, inter-disciplinary team that oversees the implementation of the 2007-2010 Public Health and Medical Preparedness Strategic Plan and provides direction for the individual capability and support teams. SPOT sets priorities, allocates resources, oversees coordination and communication, and monitors progress against targets. The **Lead Team** provides management support for all team activities and includes leaders

from the Department of Health. Lead Team members are responsible for ensuring team activities are consistent with federal and state strategies.

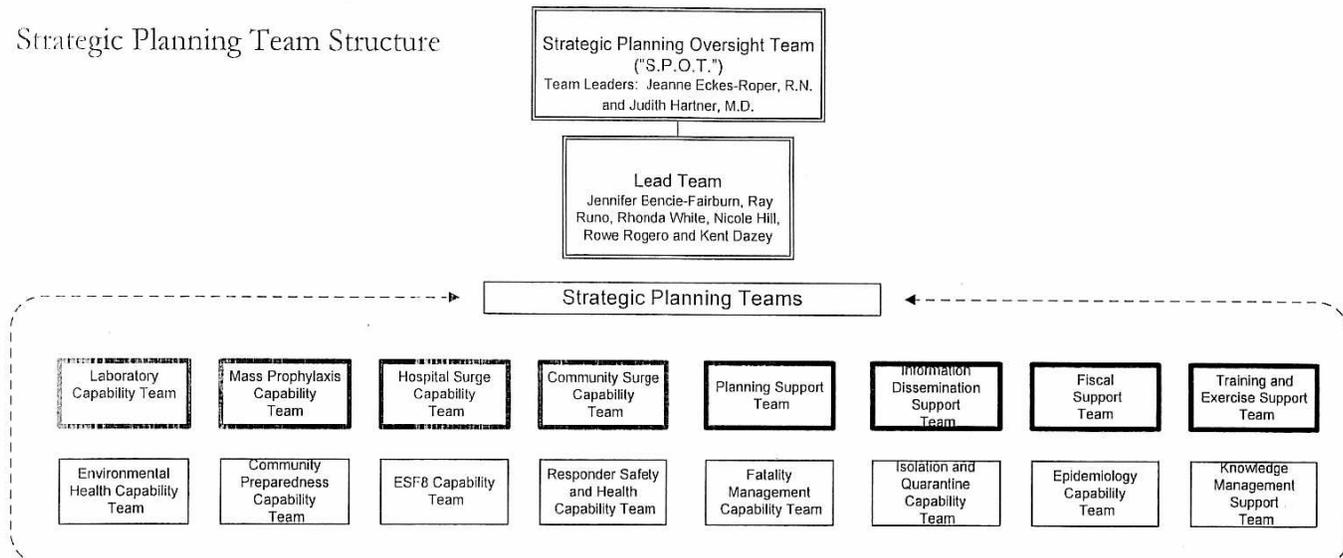
Members of the core Epidemiology Team are self-selected Florida Department of Health (FDOH) Preparedness staff. These staff members are supplemented by subject matter experts (SME's) both from within and from outside FDOH. The Epidemiology Team is charged with accomplishing the strategies of Objective 5 in the state Strategic Plan. Objective 5 assures that potential exposure and disease is rapidly identified in order to contain the spread of the event and reduce the number of cases. Specific capabilities include:

- Immediate reporting of confirmed cases to all relevant public health, regulatory, and law enforcement agencies.
- Prompt investigation of suspected cases to ensure implementation of appropriate countermeasures.
- Ongoing definition and characterization of outbreaks.
- Collection and transportation of appropriate clinical samples for confirmatory laboratory testing.
- Methods of disease transmission are investigated and identified.
- Effective mitigation measures are recommended and communicated to the public, providers, and relevant agencies, as appropriate.

The scope of capabilities the Epidemiology Team will be addressing involves food and waterborne outbreaks, respiratory diseases (including novel and pandemic influenza), and other biological, chemical, nuclear, radiological, agricultural and food threats and pathogens. Data collection, assessment, sharing, and security will be an important focus of the team. Strong liaisons with the Environmental Health, ESF 8, Laboratory, Mass Prophylaxis, Isolation and Quarantine and Fatality Management Teams are needed. In addition, collaboration with law enforcement, poison control centers, hospitals, and healthcare providers is critical.

The timeframe to accomplish this important work is three years, though the basic frame-work will always continue to evolve to best meet the challenge. On April 1 and 2, 2008, the Epidemiology Team had their first meeting as a group to begin work with an in-depth review and fine-tuning of critical tasks within the epidemiology and surveillance domain. With strong collaboration between the 16 capability and support teams, and the excellent leadership provided by SPOT and the Lead Team, Florida will be better prepared to rapidly and efficiently respond and recover following a natural or man-made disaster and, in the process, will achieve enhanced day-to-day operations and interagency relationships.

Strategic Planning Team Structure



Team Name	Team Leader	Team Co-Leader	2007-2010 PHMP Strategic Plan Objective
Laboratory Capability Team	Mary Ritchie	Phil Amuso	Objective 6
Mass Prophylaxis Capability Team	Sara Bourdeau	TBD	Objective 14
Hospital Surge Capability Team	Kris-Tena Albers	TBD	Objective 12
Community Surge Capability Team	Lynne Drawdy	Bobby Bailey	Objective 11 and Strategy 12.8
Planning Support Team	Melanie Black	Mark O'Neill	Objective 1 and 2
Information and Dissemination Support Team	Susan Bulecza	Lela Shepard	N/A
Fiscal Support Team	Victor Johnson	Laura Holden	N/A
Training and Exercise Support Team	TBD	Jack Pittman	Objective 1 (Strategy 1.8)
Environmental Health Capability Team	Heather Lake-Burger	TBD	Objective 4 and 9
Community Preparedness Capability Team	Sandra Schoenfish	Carol Wright-Tanner	Objective 3, 15 and 17
ESF8 Capability Team	Mike Jacobs	Andrew Gaiser	Objective 7 and 13
Responder Safety and Health Capability Team	Laura Mulford	Danielle Jennings	Objective 8
Fatality Management Capability Team	Larry Bedore	TBD	Objective 16
Isolation and Quarantine Capability Team	TBD	Patrick Gardner	Objective 10
Epidemiology Capability Team	Tim Doyle	Danielle Stanek	Objective 5
Knowledge Management Support Team	Kristin Green	TBD	N/A

Legend

Often Referred to as "Phase I"
Often Referred to as "Phase II"

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Florida Year-to-Date Mosquito-Borne Disease Through March 22, 2008

Rebecca Shultz, M.P.H., Caroline Collins, Danielle Stanek, D.V.M., Carina Blackmore, D.V.M., Ph.D.

During the period January 1–March 22, 2008, the following arboviral activity was recorded in Florida: Eastern equine encephalitis virus (EEEV), West Nile virus (WNV), St. Louis encephalitis virus (SLEV), Highlands J virus (HJV), and California encephalitis group viruses (CEV).

EEEV Activity: Positive samples from nine horses, eight sentinel chickens, and 11 live wild birds were received from 12 counties. EEEV was cultured from a pool of 50 *Culex salinarius* and a pool of 50 *Cx. nigripalpus*, both collected on February 13 in Volusia County.

WNV/SLEV Activity: Flavivirus-reactive samples from two live wild birds were received from Hillsborough and Santa Rosa counties. It was not determined whether the samples were reactive specifically to SLEV or WNV.

HJV Activity: Positive samples from four sentinel chickens were received from three counties. HJV was isolated from a pool of 50 *Culex nigripalpus* collected on February 22 in Volusia County.

CEV Activity: None.

Dead Bird Reports

The Fish and Wildlife Conservation Commission (FWC) collects reports of dead birds, which can be an indication of arbovirus circulation in an area. Since January 1, 140 reports representing a total of 366 dead birds (5 crows, 2 jays, 15 raptors, and 344 other species) were received from 42 of Florida's 67 counties. Please note that the FWC collects reports of birds that have died from a variety of causes, not only arboviruses. Dead birds should be reported to www.myfwc.com/bird/.

See the following web site for more information:

<http://www.doh.state.fl.us/environment/community/arboviral/index.html>. The Department of Health Disease Outbreak Information Hotline offers recorded updates on the latest medical alerts issued and surveillance information at 888.880.5782.

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Florida Influenza Surveillance Report

Kate Goodin, M.P.H., Kateesha McConnell, M.P.H.

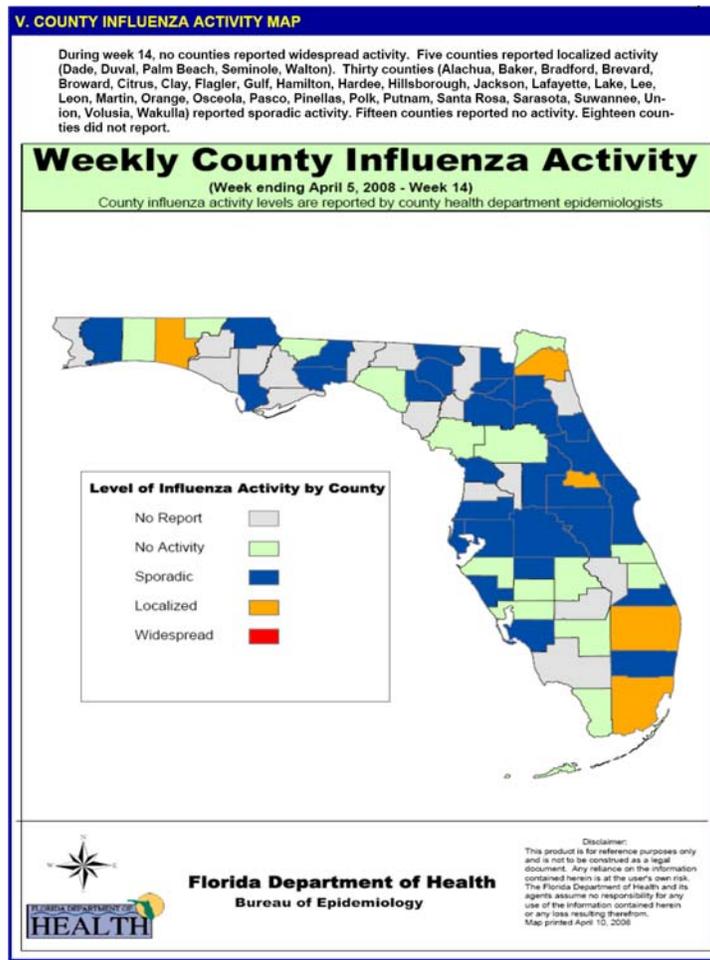
Influenza surveillance in Florida consists of six surveillance components: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN); 2) Florida Pneumonia and Influenza Mortality Surveillance System; 3) State laboratory viral surveillance; 4) County influenza activity levels; 5) Notifiable Disease Reports; and 6) Influenza or influenza-like illness (ILI) outbreaks.

During reporting weeks eight through 14, statewide influenza activity was regional, on average, according to the CDC influenza activity criteria. The proportion of patient visits for ILI, as reported by the FSPISN, averaged 2.18% for these seven weeks, and this is above the state threshold for moderate activity of 1.75%, however, the last three weeks have been below the threshold. The percentage of ILI has changed significantly over the seven weeks. Influenza outbreaks were reported at Apalachee Correctional Institution (CI) in Jackson County, Cross City CI in Dixie County, and Bay CI in Bay County. Long term care facilities or assisted living facilities reported outbreaks in Brevard County and Hillsborough County. There were two influenza-associated pediatric mortalities reported during these seven weeks, one from Indian River County and one from Hillsborough County. Since September 30th 2007, Florida Department of Health Laboratories have tested a total of 718 specimens for influenza viruses and 406 (57%) were positive. Among the 401 influenza viruses, 349 (87%) were influenza A viruses and 55 (14%) were influenza B viruses. During week 14 only, no counties reported widespread activity. Five counties reported localized activity. Thirty counties reported sporadic activity. Fifteen counties reported no activity. Eighteen counties did not report.

Please encourage all sentinel physicians to continue to submit samples for testing to the state lab.

The report is available on EpiCom and on the Bureau of Epidemiology website:

http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/reports.htm.



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Just Published

Florida Epidemic Intelligence Service Program: The First Five Years 2001-2006

Public Health Reports, 2008; volume 123, supplement 1; pp 21-7

Ragan P, Rowan A, Schulte J, and Wiersma S

Pandemic Influenza Preparedness and Community Resiliency

JAMA. 2008; 299(5):566-568, February 6, 2008

John P. Middaugh, M.D.

Upcoming Events



Mark your calendar for May 29-30, 2008 to attend the 13th Annual Epidemiology Statewide Seminar in Orlando sponsored by the Florida Department of Health, Bureau of Epidemiology.

Bureau of Epidemiology Monthly Grand Rounds

Time: 10 a.m.-11 a.m.

Location: Building 2585, Room 310A

Dial-In Number: 877.646.8762 (password: Grand Rounds)

Upcoming Topics:

April - Shigella: A Countywide Outbreak: Risk Factors Associated with Disease Transmission among Childcare Centers, presented by Kim Fraser, EIS

May - No Grand Rounds scheduled

July - Unusual TB Investigations, presented by Catherine Kroll, M.P.H., EIS, and Sericea Smith, M.P.H., EIS

Reportable Diseases in Florida

Up-to-date information about the occurrence of reportable diseases in Florida, based on the Merlin surveillance information system, is available at the following site: <http://www.floridacharts.com/merlin/freqrpt.asp>. Counts can be displayed by disease, diagnosis status, county, age group, gender, or time period.

This Month on EpiCom



EpiCom is located within the Florida Department of Health's Emergency Notification System (FDENS). The Bureau of Epidemiology encourages *Epi Update* readers not only to register on the EpiCom system by emailing the Florida Department of Health Emergency Notification System Helpdesk at FDENS-help@doh.state.fl.us, but to sign up for features such as automatic notification of certain events. Users are invited to contribute appropriate public health observations related to any suspicious or unusual occurrences or circumstances through the system. EpiCom is the primary method of communication between the Bureau of Epidemiology and other state medical agencies during emergency situations. Following are selected recent postings:

- Suspect meningococcal disease in a healthcare worker, Alachua and Bradford counties
- Suspected foodborne outbreak, Palm Beach County
- Meningococcal disease, Brevard County
- Suspected foodborne outbreak, Collier County
- Imported malaria, Alachua County
- Three possible Hepatitis A cases associated with an ill foodhandler, Lee County
- Possible norovirus outbreak in a skilled nursing facility, Lake County, and a rehabilitation facility, Seminole County
- Varicella outbreak Lafayette, Osceola, Escambia, St. Lucie, Lake, and Alachua counties
- Hepatitis A in an elementary school teacher, Brevard County
- Pediatric influenza-associated mortality, Sarasota County
- Probable norovirus outbreak, Lake County
- Skin rash of unknown etiology in employees of a pet store, Collier County

- Influenza outbreak at a correctional facility, Jackson County, and at an assisted living facility, Hillsborough County
- Possible meningococcal meningitis case, Volusia County
- Imported malaria case, Clay County
- Probable meningococcal disease, Brevard County
- Cluster of Mycobacterium abscessus infections associated with an outpatient pain management clinic, Pinellas County
- Possible influenza outbreak at an assisted living facility, Brevard County
- Meningococcal disease, serogroup B, St. Johns County
- Legionnaires' disease in travelers to Florida
- Illness of unknown etiology among airline passengers, Broward County
- Probable meningococcal disease case, Volusia County
- Pertussis case in an infant, Collier County
- Hepatitis C Investigation, Miami-Dade County
- Legionellosis cluster in attendees at a wedding, Orlando
- Norovirus outbreak at a correctional institution/drug treatment facility, Volusia County, and at a long term care facility, Okaloosa County
- Probable norovirus outbreak at an assisted living facility, Volusia County
- Cluster of illnesses possibly related to nutritional supplement, Washington County
- Staphylococcus aureus infections in a Leon County pain management clinic
- Suspected foodborne outbreak in a correctional facility, Escambia County
- Investigation of a cluster of foodborne illness from a popular restaurant, Polk County
- Lead Paint Standard violations and recalls online:
http://www.doh.state.fl.us/environment/community/lead/The_Lead_Alert_Network.htm.

Epi Update is the peer-reviewed journal of the Florida Department of Health, Bureau of Epidemiology, and is published monthly on the Internet. Current and past issues of Epi Update are available online: http://www.doh.state.fl.us/disease_ctrl/epi/Epi_Updates/index.html. The current issue of Epi Update is available online: http://www.doh.state.fl.us/disease_ctrl/epi/Epi_Updates/2008/FebruaryMarch2008EpiUpdate.pdf. For submission guidelines or questions regarding Epi Update, please contact Gail Morales, Communications Coordinator at 850.245.4444 Ext. 2401, or by email at Gail_Morales@doh.state.fl.us.

