



Epi Update



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Editor's Note: *This is my last issue of Epi Update. By mid-May, I'll be seated at a different desk, engaged in private sector work. Although I'm off to perform editing and writing in another genre, I want you all to know how much I have enjoyed the past four years, and how I've appreciated your kind words and suggestions. I have great admiration for your service to our citizens through your skills and dedication, and I shall take with me only fond memories.*

Jaime Forth, Managing Editor

Smoking Attributable Deaths and Potential Years of Life Lost, Florida 2003

by Youjie Huang, MD, DrPH, MPH and Lori Westphal, PhD, MPH

Objectives

Cigarette smoking is the leading preventable cause of death in the United States, accounting for more than 440,000 deaths each year. Diseases that are associated with smoking include cancers (acute myeloid leukemia, cancers of lip, oral cavity and pharynx, pancreas, trachea, lung and bronchus, cervix uteri, urinary bladder, kidney and other urinary tract, stomach), cardiovascular diseases (ischemic heart disease, cerebrovascular disease, atherosclerosis, aortic aneurysm, other arterial disease, other heart disease), and respiratory diseases (pneumonia, influenza, bronchitis, emphysema, chronic airways obstruction). Since 1987, the CDC has used the Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) application to estimate the disease impact of smoking for the nation, states, and large populations. The application has been used to calculate smoking-attributable mortality and years of potential life lost.

Methods

The calculations followed CDC methods that were based on an attributable-fraction methodology that applies current information on cigarette smoking prevalence to scientific data on the relative risk of death from diseases shown to be related to smoking. Data from Florida in 2003 on the prevalence of smoking, mortality and population were used in the analysis.

Results

A total of 80,305 deaths occurred from diseases associated with smoking among people age 35 and older in 2003. Among these deaths, 26.9% (21,568) were attributable to smoking. Approximately 64% of cancers associated to smoking were attributable to smoking. The total smoking-attributable potential years of life lost were 348,436 years. The average smoking-attributable potential years of life lost were 16.2 year per death.

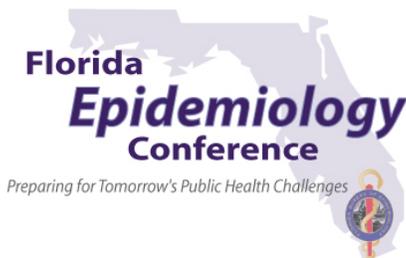
Conclusions

SAMMEC estimates the overall disease impact of smoking in a population. The data may be used for needs assessment and program planning.

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Florida Epidemiology Conference Topics, Speakers Announced

by *Debora Campbell, MS, CHES*



The 2007 Florida Epidemiology Conference is less than a month away. We have finalized the agenda, and the variety of topics is sure to interest all attendees.

We are pleased to announce that Florida Secretary of Health Ana Maria Viamonte Ros, MD, MPH, will provide welcoming remarks to attendees, and Jean Kline, RN, MPH, deputy secretary for health, public health nursing director, and state women's health officer will give the keynote address on the first day of the conference. Bonnie

Sorensen, MD, MBA, deputy state health officer will offer opening remarks on the second day of the conference. Plenary session speakers include John Middaugh, MD, state epidemiologist, Paul Gibbs, BVSc, PhD, FRCVS, professor of virology, Department of Pathobiology, College of Veterinary Medicine, from the University of Florida in Gainesville, Melissa Murray, MS, our state BRFSS coordinator, Annelise Casano, MPH, epidemiologist at the Centers for Disease Control and Prevention, and Julia Gill, PhD, MPH, bureau chief for Epidemiology.

Nineteen concurrent breakout sessions are scheduled for this year's conference:

- Syndromic Surveillance: State of the State
- Overview of Activities at the Miami Quarantine Station
- Epidemiology and PACE-EH: Wabasso and Beyond
- Environmental Epidemiology Investigations
- Practical Applications of GIS to Epidemiology
- EpiCom's Journey to FDENS – A Mesmerizing Merger
- Regional Epi Strike Teams: Development, Training and Response
- Respiratory Diseases in Children
- Maternal & Child Health Data Tools
- Rabid Cats, Bats and Stats – A Rabies Documentation, Prevention and Control Primer
- Florida EIS Presentations:
 - Evaluation of the Public Health Significance of Hydrogen Sulfide (H₂S) in Ambient Air Near a Landfill in Bellview, Escambia County, Florida
 - Suicide Attempts Among Hispanic Teens in Miami-Dade County, 2005-2006
 - Melioidosis: A Case Study of Reactivated Latent Infection in a Duval County Resident
 - Field Partnerships During a Florida Red Tide Beach Exposure Study
- Tick-Borne Disease Epidemiology and Surveillance in Florida; An Environmental Epidemiology Approach to Identifying & Investigating Pesticide Exposure Incidents
- Epidemiology & Lab Collaboration, Molecular Epidemiology
- Innovative Work of CHDs: Use of PHP Grant Funding
 - Impact Of Public Health Preparedness Funding on Miami-Dade Surveillance Readiness

- Rapid Communication of Communicable Disease Issues to Phone Operators
- Supporting Public Health Surveillance and Epidemiology with a Senior Clerk
- Reaching two CHDs Through a Common After-Hours Call System
- Surveillance-Data-Driven Influenza Vaccine Response
- Combined Analysis of Old and New Surveillance Systems to Produce Prevention Interventions
- MRSA: Clinical, Laboratory, and Epidemiological Challenges
- 64D-3 *Florida Administrative Code (FAC.)*, Impact on Surveillance
- Collaboration and Communication: The Nuts and Bolts of Epidemiology
- Florida's Youth Surveys (FYS): Translating Surveillance Data for State and Community Programs
- HIV Epidemic in African-American Populations; Tuberculosis and Florida's African-American Population; HPV Vaccination Update

For a complete agenda with speakers, dates, and times, please visit the conference website at http://www.doh.state.fl.us/disease_ctrl/epi/index.html. The site contains information about all the features the conference has to offer. We recently updated the website with new information that will help make your visit to Daytona Beach enjoyable. Although registration for the conference is closed, you can still participate by registering on the first day of the conference. Early bird registration begins at 9:00 a.m. on May 22.

Debora Campbell is the Training and Communications Section administrator at the Bureau of Epidemiology in Tallahassee. She can be reached at 850.245.4409.

Summary of Osceola County's 2006 Free Influenza Shot Event Survey

by Leah Eisenstein, MPH and Sarah Matthews, MPH

Background

Every year in the US, influenza kills 36,000 people and results in more than 200,000 hospitalizations ⁽¹⁾. The primary method for reducing influenza and its effects is via annual vaccination ⁽¹⁾. The Advisory Committee on Immunization Practices (ACIP) recommends the influenza shot for persons at high risk for complications from the influenza (including children under 5, adults over 50, pregnant women, persons with certain chronic medical conditions, and persons living in nursing homes or other long term care facilities) and anyone who lives with or cares for those at high risk for complications ⁽¹⁾.

As a public health service, the Osceola County Health Department (OCHD) offers the annual influenza vaccine at a cost of \$10-15 per dose in its regular clinics. In 2004, the OCHD coordinated implementation of an initiative to increase the coverage of influenza vaccination in the Osceola County resident population by hosting a public influenza shot event. The first event was centrally located in Kissimmee but in 2005 the initiative was extended to include an event in Poinciana and in 2006 further expanded to include an event in St. Cloud. The events were held during October and November, the optimal time for vaccination. The target population for the events was high risk and healthy Osceola residents who would otherwise not receive the annual vaccine, though there were no barriers for non-residents to participate. In 2006, the OCHD acquired a total of 6,000 adult doses of vaccine at a cost of \$59,570 for use in the regular clinics and the aforementioned influenza shot events.

During the 2006 events, an anonymous survey was administered to all influenza vaccine recipients at the three events in an effort to determine whether these events served as a significant public health intervention.

Methods

In 2006, the OCHD held three free influenza shot events in different areas of Osceola County. As potential influenza vaccine recipients arrived, they were asked to fill out and submit a short anonymous survey before receiving their vaccine. The surveys were available in English and Spanish and included demographic information, questions regarding usual influenza shot behavior (i.e., does he/she usually get the influenza vaccine, where does he/she usually go for the influenza vaccine and how much does he/she usually pay), and reason for choosing to go to the influenza shot event.

Results

Overall, 4,230 influenza vaccine doses were administered at the three OCHD influenza shot events. A total of 3,158 (74.7% of those vaccinated) surveys were collected, though not everyone answered every question. Demographic results are presented in Table 1 and Graph 1, and influenza shot behavior results are presented in Table 2.

Table 1: Sex and Ethnicity of Influenza Shot Survey Respondents and County Residents, Osceola County, 2006

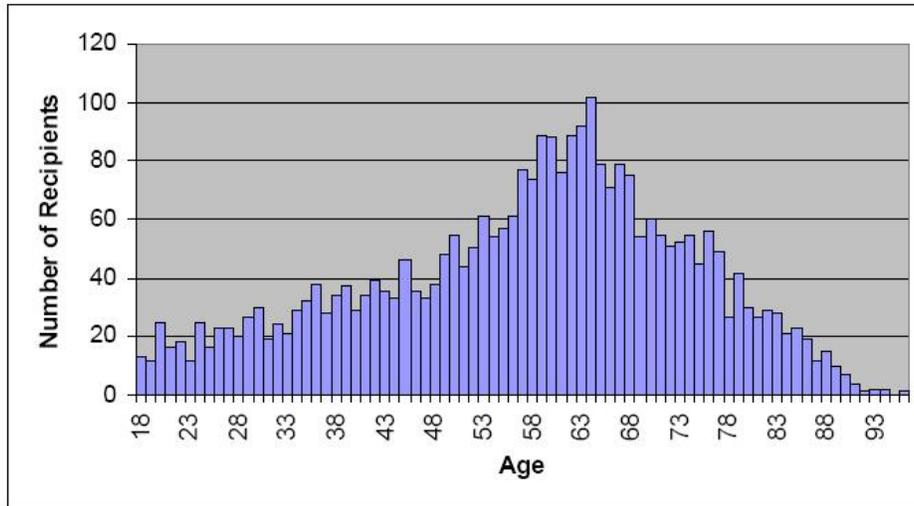
	Influenza Shot Recipients		Osceola County Residents	
	Number	Percent	Number	Percent
Sex*				
Male	1,240	39.7%	123,119	49.5%
Female	1,885	60.3%	125,702	50.5%
Total	3,125		248,821	
Ethnicity†				
Hispanic	862	37.0%	90,012	38.3%
Non-Hispanic	1,466	63.0%	145,144	61.7%
Total	2,328		235,156	

*2006 Florida CHARTS data
†2005 Florida CHARTS data

Table 2: Behavior Variables for Influenza Shot Survey Respondents, Osceola County, 2006

	Number	Percent
Influenza shot every year		
Yes	2,255	74.7%
No	763	25.3%
Total	3,018	
Years since last shot		
1 year (2005)	1,707	78.7%
2 years (2004)	174	8.0%
3 - 5 years (2001-2003)	103	4.7%
6+ years (2000 or earlier)	40	1.8%
Never	146	6.7%
Total	2,170	
Usual influenza shot provider		
Primary doctor	824	32.7%
Health department	737	29.2%
Other	962	38.1%
Total	2,523	
Usual influenza shot price		
Free	1,192	59.5%
\$1-\$15	245	12.2%
\$16-\$20	241	12.0%
\$21-\$40	178	8.9%
\$41+	4	0.2%
Insurance	144	7.2%
Total	2,004	
Reason for choosing event		
Free	1,216	59.3%
Advertisement	444	21.6%
Close to home	245	11.9%
Dr. had no vaccine	146	7.1%
Total	2,051	

Graph 1: Number of Influenza Shot Survey Respondents by Age, Osceola County, 2006



The majority of influenza shot recipients were female (60.3%) non-Hispanic (63.0%), while in the county, females account for 50.5% of the population and non-Hispanics account for 61.7% (see Table 1). Age was reported by 3,042 persons with a range of 18 to 96 years old and a mean of 57.2 years (median = 60 years) (see Graph 1).

Approximately one quarter (25.3%) of the survey participants reported that they do not get an influenza shot every year, though only 13.3% reported their last influenza shot as being three or more years ago (see Table 2). However, 5.9% of survey respondents claiming to get an influenza shot every year and reporting the date of their last influenza shot indicated that their last influenza shot was two or more years earlier, indicating that survey participants may have not understood the question or did not answer accurately (see Table 3).

Table 3: Select Behavior Variables for Influenza Shot Survey Respondents, Osceola County, 2006

	Number	Percent
Years since last shot for persons getting influenza shot every year		
1 year (2005)	1,650	94.1%
2 years (2004)	82	4.7%
3 - 5 years (2001-2003)	16	0.9%
6+ years (2000 or earlier)	5	0.3%
Never	0	0.0%
Total	1,753	
Usual influenza shot provider for persons receiving free influenza shots		
Primary doctor	277	24.4%
Health department	431	38.0%
Other	425	37.5%
Total	1,133	
Usual influenza shot price for persons choosing the event because it was free		
Free	508	54.4%
\$1-\$15	124	13.3%
\$16-\$20	144	15.4%
\$21-\$40	111	11.9%
\$41+	2	0.2%
Insurance	44	4.7%
Total	933	

When asked who they usually visit for an influenza shot, survey respondents were almost evenly divided between their primary doctor (32.7%), the health department (29.2%), and other locations (38.1%) including but not limited to grocery stores, pharmacies, VA clinics, hospitals, schools and the workplace (see Table 2).

The majority of the survey respondents (59.5%) reported usually getting their influenza shot for free, while 33.3% reported that they usually pay for their influenza shot (see Table 2). Of those usually getting free influenza shots, 38.0% reported usually going to the health department for their influenza shot, 24.4% to their primary doctor, and 37.5% to other locations (see Table 3).

Finally, most survey respondents (59.3%) chose the influenza shot event because it was free, with other reasons including advertising, convenience, and primary doctors not carrying the vaccine. Of those who attended the event because it was free, 40.8% reported usually paying some fee (see Table 3).

Discussion

The purpose of asking influenza shot recipients for demographic information was to see which populations are attending these free events. While the proportion of Hispanic persons receiving the influenza shot was similar to the proportion of Hispanic persons in the community, the proportion of females receiving the influenza shot was 20% higher than the proportion of females in the community. It is unclear whether this difference is due to females being more likely to attend an influenza shot event or whether it is due to a higher need for free influenza shots among the female population. Further investigation into the demographic characteristics of persons not receiving annual influenza shots is warranted.

The purpose of including influenza shot behavior questions in the anonymous survey was to determine if these annual events serve to increase vaccine coverage by alleviating factors that normally prevent residents from getting an influenza shot, or whether they only serve to provide a free service for which people are willing to pay. Ultimately, 25.3% of survey respondents reported that they do not get an influenza shot every year and 6.7% of survey respondents reported that they had never received an influenza shot, supporting this event as an effective public health intervention. Less than half (40.8%) of the survey respondents reported that they usually pay some fee for their influenza shot, meaning that the remaining 59.2% who do not usually pay for an influenza shot could potentially have a financial barrier to receiving an influenza shot. The overwhelming majority (59.3%) responded they chose the OCHD because it was free. However, this does not adequately address whether these persons would have been willing to go elsewhere if the OCHD influenza shot event had not been an option. A large proportion (38.0%) of the people who reported getting free influenza shots usually go to the health department. This represents the population that could potentially be dependent on the OCHD to provide the annual shot, though the possibility remains that these survey respondents could receive the annual vaccine from another source.

The data collected do support the OCHD influenza shot events as an effective public health intervention; however the questions included in the survey did not adequately address whether the events alleviated barriers to receiving the influenza shot or whether they simply provided a free service for which people would be willing to pay. It may be useful for future surveys to include a hypothetical question addressing whether the influenza shot recipient would otherwise be getting a shot if the OCHD did not offer it for free.

As this survey was administered only to persons attending an influenza shot event, no information can be gained on persons who did not attend an influenza shot event. The 2002 County Behavioral Risk Factor Surveillance System survey found that 23.3% of Osceola County adults had received an influenza shot within the past 12 months ⁽²⁾. Future efforts should be focused on the remaining percentage of Osceola County adults who are not getting annual influenza shots, particularly characterizing the demographics and barriers to receipt of annual vaccine of this population. The County Behavioral Risk Factor Surveillance System survey might be an efficient and economical way to gather this type of information from a representative sample of Osceola County residents.

References

1. Centers for Disease Control and Prevention. Key Facts About Influenza and Influenza Vaccine. August 30, 2007. Website accessed January 31, 2007: <http://www.cdc.gov/flu/keyfacts.htm>.
2. Florida Department of Health. Community Health Assessment Resource Tool Set (CHARTS). Website accessed January 31, 2007: <http://www.floridacharts.com/charts/chart.aspx>.

Leah Eisenstein is an EIS fellow at the Orange County Health Department and can be reached at 407.858.1420, ext. 1297. Sarah Matthews is an epidemiologist at the Osceola County Health Department. Her telephone number is 407.343.2155.



Cholinesterase Testing for Pesticide Poisoning in Human Specimens

by Rosanna Barrett, MPH

Pesticide-related illness and injury is a reportable disease/condition under Florida Administrative Code 64D-3. Licensed practitioners and laboratory personnel are required to report both clinically suspicious and confirmed cases to the Florida Department of Health. There are two methods by which laboratory test data may be used to confirm the existence of pesticide poisonings; the presence of pesticides and/or its metabolites in blood or urine or by the biochemical response (cholinesterase depression) to pesticides in biological specimens.⁽¹⁾

As recommended in the reporting guidelines to laboratories, the Pesticide Exposure Surveillance and Prevention Program (PESPP) should receive all reports of abnormal cholinesterase test results for the determination of pesticide poisonings.

Cholinesterase laboratory reports are frequently sent to the department by commercial laboratories. These laboratories perform routine testing for cholinesterase levels in human specimens. Laboratory cholinesterase tests may be performed for other reasons other than pesticide poisoning. However, since all abnormal results are sent to FDOH for determining pesticide poisonings, a screening mechanism is established to determine true cases. The screening involves interpretation of the cholinesterase test results and determining if a depression has occurred. Cholinesterase test results may be difficult to interpret without knowledge of the laboratory test range, cholinesterase levels that relates to pesticide poisoning, and the reasons for testing. The purpose of this article is to provide guidance when using cholinesterase test results to evaluate pesticide poisonings.

Cholinesterase testing is used to determine poisoning caused by two main classes of insecticides, organophosphates and carbamates. Cholinesterase or more accurately, acetyl cholinesterase is the one of the enzymes needed for the proper functioning of nervous system of insects, humans and other invertebrates. The pesticides act by binding or inhibiting the cholinesterase of the intended pests and will cause the same reaction in humans if they are exposed. The signs and symptoms that are evident in cholinesterase inhibition range from mild symptoms of tiredness, weakness, nausea, and vomiting, blurred vision, headache, sweating, tearing, and drooling to more severe signs such as muscular tremors, slow heart rate, breathing difficulty and possible death. The signs of cholinesterase inhibition are similar for both carbamate and organophosphate poisonings. Blood cholinesterase returns to normal levels more quickly after exposure to carbamates than organophosphates therefore, testing should be done immediately after exposure or not more than 4 hours thereafter.

There are three types of cholinesterase found in humans; namely, red blood cell (RBC), plasma (or serum), and nervous system cholinesterase. Each person has a normal range or baseline cholinesterase levels. Plasma cholinesterase is used by physicians to detect the early or acute effects of pesticide poisoning while RBC testing is helpful for evaluating more long-term or chronic exposures (Smith, 1983). Since both tests convey different messages, a combined report is recommended for a more complete assessment of cholinesterase inhibition. Cholinesterase levels are monitored in persons who worked routinely with pesticides, to alert them to changes in their cholinesterase levels before a serious illness occurs. Preferably, a pre-exposure baseline cholinesterase level should be established for comparison after exposure to pesticides. A depressed cholinesterase level (below baseline level) after exposure is usually indicative of pesticide poisoning.

Laboratory testing methods differ greatly and results are usually not comparable between laboratories since there may be considerable variations even when the same method is used. Although there is no approved standardized test method in the US, the most common methods used are Michel, microMichel, pH stat, Ellman, micro-Ellman, and variations of these methods. The test results are interpreted to determined low to severe pesticide poisonings. The FDOH/PESPP uses the National Institute of Occupational Safety and Health/Sentinel Event Notification System for Occupational Risks guidelines for interpreting cholinesterase test results. There are three cholinesterase depression levels that indicate that pesticide poisoning has occurred: 30% depression from baseline for RBC cholinesterase level; 40% depression from baseline for plasma cholinesterase level, and cholinesterase level below laboratory normal range. A 30% drop in RBC cholinesterase or a 40% drop in plasma cholinesterase below the person's baseline means that the person should be removed from the source of the exposure and not allowed to return until pre-exposure baseline level has been re-established.

There are several limitations to interpreting cholinesterase depression levels. A small percentage of people are believed to have genetically low plasma cholinesterase levels. Patients with this genetic disposition are particularly susceptible to the action of the muscle-paralyzing drug succinylcholine which is often administered during surgery. Persons with hepatitis, cirrhosis, malnutrition, chronic alcoholism, and dermatomyositis exhibit low plasma cholinesterase. Other toxicants, drugs, medical conditions and medications such as cocaine, ciguatoxins, early pregnancy, and birth control pills may also reduce plasma cholinesterase activities. RBC cholinesterase activity is less likely to be affected, except in rare conditions where the red blood cell membrane is damaged, such as in hemolytic anemia, (Reigart & Roberts, 1999). A differential diagnosis is critical when using cholinesterase test results to evaluate illness related to pesticide exposures.

There are several factors that could affect the accuracy and validity of the cholinesterase test results. Consequently, it is vital that results are screened to reduce the number of false positives (cholinesterase levels that are not related to pesticide poisonings). In most cases, a pre-exposure baseline cholinesterase level is not established; therefore, cases are investigated only if their cholinesterase level is below normal laboratory levels. Since the laboratory reports usually do not indicate the reason why a cholinesterase test was requested by the physician, the public health investigator will have to contact the physician who ordered the test to find out if the test was done to determine pesticide poisoning. If so, the medical records should be requested to confirm the diagnosis. Additionally, a pesticide exposure history is paramount in determining whether a cholinesterase test result is indicative of pesticide poisoning. Follow up with the exposed person is essential since the breakdown of cholinesterase in the body can be reversed and can return to normal levels if pesticide exposure is avoided.

¹http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm: Laboratory Reportable Guidelines for Notifiable Disease and Conditions, Table of Notifiable Disease or Conditions in Florida, Revised November 20, 2006, Pesticide-Related Illness and Injury.

Rosanna Barrett is the pesticide surveillance coordinator at the Division of Environmental Health, Bureau of Community Environmental Health in Tallahassee. You can reach her at 850.245.4444, ext. 2819.

Upcoming Events



This year, April 21-28, 2007, is designated as National Infant Immunization Week, an annual campaign that highlights the importance of providing appropriate immunizations to every child by two years of age. All county health departments throughout Florida are encouraging parents to become aware of the need for immunizations and to make sure that their child's immunizations are up-to-date. The 2007 Florida Statewide Immunization Summit -90 by '07-- Complete the Coverage, presented by Central Florida AHEC, Inc., with the Florida Department of Health, Bureau of Immunization will highlight Florida's celebration of National Infant Immunization Week. The summit is on April 24-25, 2007 at the Florida Hotel and Conference Center at the Florida Mall in Orlando.

The benefits of vaccinations far outweigh the risks. We can now protect children from more vaccine-preventable diseases than ever before. Vaccination is one of the most important ways a parent can protect their child's health. Because we can prevent more diseases, parents are often not aware of what it takes to fully immunize a child by two years of age. Help the Bureau of Immunization reach the goal of 90% complete vaccine coverage for the 4:3:1:3:3:1 series (4 DTaP - Diphtheria, Tetanus, Pertussis, 3 Polio, 1 MMR - Measles, Mumps, Rubella, 3 Hib - Haemophilus influenzae type b, 3 Hep B - Hepatitis b, 1 Varicella for all Florida 2 year-olds. Visit the web at <http://www.immunizeflorida.org/initiative/initiative.htm>.

Infant immunization is a safe, simple, and inexpensive way to protect our children from potentially deadly infectious diseases. For every dollar spent on immunization, as many as \$29 can be saved in direct and indirect costs. The Centers for Disease Control offers the following tips for parents and caregivers:

- Take your baby to a doctor or clinic for shots. Immunizations start at birth and continue throughout infancy and childhood.
- At each visit, discuss immunizations with your doctor or other health care provider. Ask whether your baby is up-to-date on his or her shots.

- You will be given a card that lists the shots your baby gets. Keep this record in a safe place, and bring it with you every time you take your baby to the doctor.
- Ask the doctor when you need to return for your baby's next shots. Write it down. Make an appointment.

For more information, visit www.ImmunizeFlorida.org/summit/ or email the Bureau of Immunization at 90by07@doh.state.fl.us.



The Office of Public Health Research Announces the Florida Center for Universal Research to Eradicate Disease (FL CURED) 2007 SUMMIT August 6-8, 2007 at the Gaylord Palms Resort in Orlando.

This year's theme is "FLORIDA CURED, Meeting of the Minds – Strategic Initiatives for Implementation." The purpose of the event is to teach attendees how to influence how the state of Florida can lead the charge to find cures. Targeted audience is leaders in scientific communities such as research scientists, biomedical technology experts, business incubators, pharmaceutical manufacturers, research sponsors, practitioners and others interested in shaping science, policy and administration.

The Florida Legislature created the Florida Center for Universal Research to Eradicate Disease (FL CURED) to engage in activities and promote actions that will expedite the discovery, translation, and dissemination of cures for the most deadly and widespread diseases.

Workshops will be offered on Aging; Mobile Populations and Consequent Disease Patterns – Infectious & Communicable Diseases; Health Disparities; and University-Industry Collaborations.

The Gaylord Palms Resort is located in Kissimmee. Special room rates are \$144 S/D. Call 407.586.2000 and reserve your room under FL CURED Annual Summit. Registration for this event is \$295 and will increase to \$375 after July 5, 2007.

For details and registration information, please visit www.FLCURED.org or call Judy Taylor-Fisher, marketing and public events manager, at the Office of Public Health Research in Tallahassee at 850.245.4444, ext. 3581.



AG Holley Hospital in Lantana will host a Grand Rounds on May 9, 2007, with John Bass, MD presenting on *Tuberculosis, Mummies and Vampires: An Interrupted History of Man, Cow, and the Arts*, preceded by Dan Ruggiero, MPS discussing historical reflections on TB. Dr. Bass is a distinguished professor and chair of the Pulmonology Division at the University of Southern Alabama. Mr. Ruggiero is a project officer at the Division of TB Elimination at the Centers for Disease Control and Prevention.

Participants will be able to attend via computer and telephone. The event will begin at 10:00 a.m. and end at 12:00 p.m. For more information, contact Karen Simpson at 888.265.7628. As usual, there is no registration fee.

Increasing Public Awareness of the 2007 Florida BRFSS County Survey

by Melissa Murray, MS

The Behavioral Risk Factor Surveillance System (BRFSS) is an anonymous population-based telephone surveillance system designed to collect data on health conditions, behaviors, and emerging health issues. First, households are randomly selected to participate, and then one adult (age 18 and older) is randomly selected from each household to complete the survey. Survey data are adjusted, or “weighted”, so that the resulting estimates can be generalized to the entire state population, not just to those who responded to the survey. The BRFSS is conducted in every state with financial and technical assistance from the Centers for Disease Control and Prevention.

The BRFSS survey data have been widely used to monitor health behavior and health status at the state and national levels. However, due to small sample sizes, the statewide BRFSS cannot provide accurate and reliable data at the county level for public health program planning and evaluation. Therefore, with support from all county health departments and other data users, the Bureau of Epidemiology designed the 2007 County BRFSS Survey. The county survey is an expanded version of the standard state survey, designed to collect county-specific data. At least 500 interviews will be completed in each of Florida’s 67 counties throughout the 2007 calendar year, for a total of 33,500 interviews statewide.

To raise public awareness of the BRFSS survey and encourage high participation in every county, the Department of Health will run the following ad in newspapers throughout the state, beginning May 7th:



More information about the Florida BRFSS, including survey instruments, reports, and data requests forms, is available on the Bureau of Epidemiology’s website at www.doh.state.fl.us/disease_ctrl/epi/brfss. For more information on BRFSS protocols, methodology, or to access state and national data, please visit the CDC’s BRFSS website at www.cdc.gov/brfss.

Melissa Murray is the Florida BRFSS coordinator in the Chronic Disease Epidemiology, Surveillance and Evaluation section. She can be reached at the Bureau of Epidemiology in Tallahassee at 850.245.4444, ext. 2445.

Mosquito-borne Disease Summary April 8-14, 2007

Rebecca Shultz, MPH; Caroline Collins; Daneshia Roberts; Carina Blackmore, DVM, PhD

During the period April 8-14, 2007, the following arboviral activity (St. Louis Encephalitis [SLE] virus, Eastern Equine Encephalitis [EEE] virus, Highlands J [HJ] virus, West Nile virus [WNV], California Group [CE] virus) was recorded in Florida:

EEE virus activity One seroconversion to EEE virus was reported in a sentinel chicken from Hillsborough County. Of 40 live wild birds captured from 5 counties, one cardinal from Santa Rosa County tested positive for antibodies to EEE virus.

WNV activity None

SLE virus activity None

HJ virus 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. This week, 16 reports representing 22 dead birds were received from 10 counties. Two birds were identified as crows, 1 was identified as a blue jay, and 19 were identified as other species. Please note that 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/.

Year-to-date summary Since January 1, 2007 nine counties have reported EEE virus activity, four have reported WN virus activity and one has reported SLE virus activity. No locally-acquired human cases of arboviral infection have been reported this year.

See the web for more information at <http://www.doh.state.fl.us/environment/community/arboviral/index.html>. The Disease Outbreak Information Hotline offers recorded updates on medical alert status and surveillance at 888.880.5782.

Rebecca Shultz is the arbovirus program coordinator at the Division of Environmental Health in Tallahassee. She can be reached at 850.245.4444, ext. 2437.



This Month on EpiCom

by Christie Luce

The Bureau of Epidemiology encourages *Epi Update* readers to not only register on the EpiCom system at <https://www.epicomfl.net>, but to sign up for features such as automatic notification of certain events at EpiCom_Administrator@doh.state.fl.us and contribute appropriate public health observations related to any suspicious or unusual occurrences or circumstances. EpiCom is the primary method of communication between the Bureau of Epidemiology and other state medical agencies during emergency situations.

- Influenza-associated pediatric death in Hillsborough County
- Neisseria meningitidis in a nine month-old in Escambia County
- Shigella outbreak in a Citrus County day care
- Presumptive positive brucellosis in Collier County
- GI illness outbreak at a nursing facility in Pasco County
- Probable meningococcal disease in Volusia County
- Pertussis suspected in a four month-old in Okaloosa County

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Weekly Disease Table

by D'Juan Harris, MSP

Go to http://www.doh.state.fl.us/disease_ctrl/epi/Disease_Table/2007_Weeks/dt_index.htm to review the most recent disease figures provided by the Florida Department of Health, Bureau of Epidemiology.

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