EpiNotes

Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter
August 2013

Director
Douglas Holt, MD
813.307.8008
Communicable Disease Director
Charurut Somboonwit, MD
813.307.8008
Community Health Director
Leslene Gordon, PhD, RD, LD/N
813.307.8015 x7107
Disease Control Manager
Faye Coe, RN
813.307.8015 x6321
Environmental Administrator
Brian Miller, RS
813.307.8015 x5901
Epidemiology
Warren R. McDougle Jr., MPH
813.307.8010 Fax 813.276.2981

TO REPORT A DISEASE:

Epidemiology
813.307.8010
After Hours Emergency
813.307.8000
Food and Waterborne Illness
James Ashworth
813.307.8015 x5944 Fax 813.272.7242
HIV/AIDS Surveillance
Erica Botting
813.307.8011
Lead Poisoning
Cynthia O. Keeton
813.307.8015 x7108 Fax 813.272.6915
Sexually Transmitted Disease
Carlos Mercado
813.307.8015 x4501 Fax 813.307.8027
Tuberculosis
Chris Lutz
813.307.8015 x4758 Fax 813.975.2014

Back to School Health Tips

Mackenzie Tewell, MA, MPH, CPH

Back to school is a time filled with anticipation and excitement for a new year, and unfortunately, opportunities for children to come in contact with a number of illnesses. The Florida Department of Health in Hillsborough County recommends keeping children's vaccinations up to date, as well as proper hand washing, rinsing of produce and keeping school-age children home while sick as methods to prevent commonly shared illnesses.

Vaccines provide enhanced protection from a number of illnesses that children are susceptible to while attending school. They work not only to protect the vaccinated individual, but those around them. Now is the perfect opportunity to ensure your child is up to date on required and other suggested vaccinations.

The CDC provides a schedule of recommended vaccines here (http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf). Hillsborough County requires students have particular vaccination protection prior to entering each grade level, so check to here for specific requirements (http://www.sdhc.k12.fl.us/studentservices/health_immunizations.asp). A number of locations offer free immunizations in Hillsborough County for uninsured, underinsured or Medicaid clients including the Florida Department of Health (http://www.hillscountyhealth.org/absolutenm/templates/?a=232&z=1) and St. Joseph's Children's Hospital Mobile Medical Clinic (see attached flyer).

Proper hand washing is one of the simplest ways to prevent illness among school children and families. Teach children to use warm water and soap for at least 20 seconds (about the length of time it takes to sing "Happy Birthday" twice from beginning to end) before eating or preparing food, after playing outside, using the restroom, petting animals or handling their food or treats, sneezing or coughing, and being around someone who is sick. Use hand sanitizers with

60% alcohol if hand washing is not an option. While hand sanitizers can be effective, they are not a replacement for hand washing because not all illnesses are completely eliminated with their use, such as in the case with C. Difficile and Norovirus. Therefore, hand sanitizers are best used alongside hand washing, but not as a substitute.

Finally, fresh fruits and vegetables are healthy choices for children's snacks and lunches, but without proper washing and handling, they can be a source of bacterial and parasitic infections. Produce should be thoroughly rinsed before serving, particularly berries, lettuce, peppers and sprouts.

In the case that children do become sick despite these precautionary measures, keeping sick children home from school or childcare facilities is essential to preventing further transmission to others. Children with fever, vomiting, diarrhea within the past 24 hours, sore or red throat, persistent cough or sneezing, red watery eyes, a rash, earache or drainage from ear, or excessive nasal drainage should not attend school.

CDC HAN: Investigational Drug Available Directly from CDC for the Treatment of Free-Living Ameba Infections

The new HAN, "Investigational Drug Available Directly from CDC for the Treatment of Free-Living Ameba Infections ", is now available on CDC's Emergency Preparedness & Response website at: http://emergency.cdc.gov/HAN/han00354.asp

The HAN is also attached at the end of EpiNotes.

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-July 12	Jan-July 13
Vaccine Preventable Diseases						
Diphtheria	0	0	0	0.00	0	0
Measles	0	0	0	0.00	0	0
Mumps	1	1	0	0.67	0	0
Pertussis	31	31	119	60.33	85	57
Poliomyelitis	0	0	0	0.00	0	0
Rubella	0	0	0	0.00	0	0
Smallpox	0	0	0	0.00	0	0
Tetanus	1	0	0	0.33	0	0
Varicella	48	46	45	46.33	35	27
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	0	3	1.00	3	0
Haemophilus influenzae (Invasive Disease)	11	16	8	11.67	1	8
In Children 5 Years or Younger	2	2	2	2.00	0	1
Listeriosis	2	3	1	2.00	1	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	28	21	5	18.00	1	7
Meningococcal Disease	1	1	3	1.67	3	2
Staphylococcus aureus (VISA, VRSA)	0	1	2	1.00	1	0
Streptococcal Disease, Group A (Invasive Disease)	20	17	18	18.33	9	14
Streptococcus pneumoniae (Invasive Disease)	105	100	55	86.67	42	32
Drug Resistant	60	54	29	47.67	22	14
Drug Susceptible	45	46	26	39.00	20	18
Enteric Infections						
Campylobacteriosis*	76	120	105	100.33	73	78
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	14	38	76	42.67	43	23
Cyclospora	3	1	2	2.00	2	4
Escherichia coli, Shiga toxin-producing (STEC)**	13	24	23	20.00	13	17
Giardiasis†	100	81	54	78.33	28	31
Hemolytic Uremic Syndrome	1	0	1	0.67	1	0
Salmonellosis	302	349	332	327.67	152	128
Shigellosis	134	378	36	182.67	25	4
Typhoid Fever	1	0	0	0.33	0	0
Viral Hepatitis						
Hepatitis A	6	4	5	5.00	0	4
Hepatitis B (Acute)	49	26	39	38.00	20	25
Hepatitis C (Acute)	12	7	26	15.00	14	25
Hepatitis +HBsAg in Pregnant Women	40	50	38	42.67	20	10
Hepatitis D, E, G	0	0	1	0.33	0	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-July 12	Jan-July 13
Vectorborne, Zoonoses						
Dengue	7	4	5	5.33	1	2
Eastern Equine Encephalitis††	2	0	0	0.67	0	1
Ehrlichiosis/Anaplasmosis	3	0	0	1.00	0	1
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	4	7	10	7.00	6	5
Malaria	5	7	7	6.33	3	5
Plague	0	0	0	0.00	0	0
Psittacosis	0	0	0	0.00	0	0
Q Fever (Acute and Chronic)	0	0	0	0.00	0	0
Rabies (Animal)	4	2	5	3.67	2	4
Rabies (Human)	0	0	0	0.00	0	0
Rabies (Possible Exposure)	55	94	91	80.00	60	58
Rocky Mountain Spotted Fever	4	0	1	1.67	0	0
St. Louis Encephalitis††	0	0	0	0.00	0	0
Toxoplasmosis	4	1	1	2.00	0	1
Trichinellosis	0	0	0	0.00	0	0
Tularemia	0	0	0	0.00	0	0
Typhus Fever (Epidemic and Endemic)	0	2	0	0.67	0	0
Venezuelan Equine Encephalitis††	0	0	0	0.00	0	0
West Nile Virus††	0	0	1	0.33	0	0
Western Equine Encephalitis††	0	0	0	0.00	0	0
Yellow Fever	0	0	0	0.00	0	0
Others						
Anthrax	0	0	0	0.00	0	0
Botulism, Foodborne	0	0	0	0.00	0	0
Botulism, Infant	0	0	0	0.00	0	0
Brucellosis	0	1	0	0.33	0	0
Glanders	0	0	0	0.00	0	0
Hansen's Disease (Leprosy)	1	0	2	1.00	1	2
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	7	12	8	9.00	3	7
Melioidosis	0	0	0	0.00	0	0
Vibriosis	12	8	14	11.33	6	8

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-July 12	Jan-July 13
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	7	13	4	8.00	2	0
Lead	247	193	330	256.67	248	57
Mercury	1	0	0	0.33	0	0
Pesticide	4	15	4	7.67	4	7
Influenza						
Influenza, Pediatric Associated Mortality	0	0	0	0.00	0	1
Influenza, Novel or Pandemic Strain	7	7	0	4.67	0	0
HIV/AIDS						
AIDS	193	192	172	185.67	78	135
HIV Infection	346	318	327	330.33	156	230
STDs						
Chlamydia	7012	7288	7124	7141.33	4065	4173
Gonorrhea	1951	2343	2160	2151.33	1261	1146
Syphilis, Congenital	7	3	6	5.33	5	1
Syphilis, Latent	145	134	129	136.00	59	75
Syphilis, Early	82	91	117	96.67	76	76
Syphilis, Infectious	118	124	155	132.33	97	77
Tuberculosis						
TB	86	46	51	61.00	22	34
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	147	13	74	78.00	72	65
Food and Waterborne Outbreaks	10	3	4	5.67	4	3

Florida Department of Health – Hillsborough County

Division of Community Health • Office of Epidemiology
P.O. Box 5135
Tampa, FL 33675-5135
PHONE: (813) 307-8010 • FAX: (813) 276-2981 **After Hours Reporting All Diseases – (813) 307-8000**

Section 381.0031 (1,2), Florida Statutes, provides that "**Any practitioner**, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The DOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance…and shall furnish a copy of said list to the practitioners…."

Reportable Diseases/Conditions in Florida Practitioner* Guide 11/24/08

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, *Florida Administrative Code (FAC)*.

AIDS, HIV – (813) 307-8011
DO NOT FAX

- \+ Acquired Immune Deficiency Syndrome (AIDS)
- \+ Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)

STD – (813) 307- 8022
Fax (813) 307-8027

- • Chancroid
- • Chlamydia
- • Conjunctivitis (in neonates ≤ 14 days old)
- • Gonorrhea
- • Granuloma inguinale
- • Herpes Simplex Virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years old)
- • Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)
- • Lymphogranuloma venereum (LGV)
- • Syphilis
- ☎ Syphilis (in pregnant women and neonates)

TB CONTROL – (813) 307-8015 x 4758
Fax- (813) 975-2014

- • Tuberculosis (TB)

CANCER – Tumor Registry Database

- \+ Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)

EPIDEMIOLOGY – (813) 307-8010
Fax (813) 276-2981

- ! Any disease outbreak
- ! 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.
- • Amebic encephalitis
- • Anaplasmosis
- ! Anthrax
- • Arsenic poisoning
- ! Botulism (foodborne, wound, unspecified, other)
- • Botulism (infant)
- ! Brucellosis
- • California serogroup virus (neuroinvasive and non-neuroinvasive disease)
- • Campylobacteriosis
- • Carbon monoxide poisoning
- ! Cholera
- • Ciguatera fish poisoning (Ciguatera)
- • Congenital anomalies
- • Creutzfeldt-Jakob disease (CJD)
- • Cryptosporidiosis
- • Cyclosporiasis
- • Dengue
- ! Diphtheria
- • Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
- • Ehrlichiosis
- • Encephalitis, other (non-arboviral)
- ☎ Enteric disease due to: *Escherichia coli*, O157:H7; *Escherichia coli*, other pathogenic; *E. coli* including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains
- • Giardiasis (acute)
- ! Glanders
- ! *Haemophilus influenzae* (meningitis and invasive disease)
- • Hansen's disease (Leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G
- • Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)
- ! Influenza due to novel or pandemic strains
- ☎ Influenza-associated pediatric mortality (in persons < 18 years)
- • Lead Poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC
- • Legionellosis
- • Leptospirosis
- ☎ Listeriosis
- • Lyme disease
- • Malaria
- ! Measles (Rubeola)
- ! Melioidosis
- • Meningitis (bacterial, cryptococcal, mycotic)
- ! Meningococcal disease (includes meningitis and meningococcemia)
- • Mercury poisoning
- • Mumps
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- • Pesticide-related illness and injury
- ! Plague
- ! Poliomyelitis, paralytic and non-paralytic
- • Psittacosis (Ornithosis)
- • Q Fever
- ☎ Rabies (human, animal)
- ! Rabies (possible exposure)
- ! Ricin toxicity
- • Rocky Mountain spotted fever
- ! Rubella (including congenital)
- • St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
- • Salmonellosis
- • Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
- ! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- • Shigellosis
- ! Smallpox
- ☎ *Staphylococcus aureus* (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
- ☎ Staphylococcus enterotoxin B (disease due to)
- • Streptococcal disease (invasive, Group A)
- • *Streptococcus pneumoniae* (invasive disease)
- • Tetanus
- • Toxoplasmosis (acute)
- • Trichinellosis (Trichinosis)
- ! Tularemia
- ☎ Typhoid fever
- ! Typhus fever (disease due to *Rickettsia prowazekii* infection)
- • Typhus fever (disease due to *Rickettsia typhi*, *R. felis* infection)
- ! Vaccinia disease
- • Varicella (Chickenpox)
- • Varicella mortality
- ! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
- • Vibriosis (Vibrio infections)
- ! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
- • West Nile virus disease (neuroinvasive and non-neuroinvasive)
- • Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
- ! Yellow fever

! = Report immediately 24/7 by phone upon initial suspicion or laboratory test order

☎ = Report immediately 24/7 by phone

• = Report next business day

\+ = Other reporting timeframe

FLORIDA DEPARTMENT OF HEALTH – PRACTITIONER DISEASE REPORT FORM

(Please complete the following information to report the suspect or diagnosis of a disease which is reportable under *Florida Administrative Code* 64D-3.)

DH2136,10/06

Patient Information:

Last Name | Area Code + Phone Number | ☐ Please check here if you would like more copies of the form

First Name | MI | Date of Birth (MMDDYYYY) | Social Security Number (no dashes)

Address

City | State | Zip Code

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/AlaskaNative ☐ Native Hawaiian/Pacific Islander ☐ Unknown ☐ Other: _____

Disease Specific Information:

Date of Onset: | Disease Fatal? ☐ Yes ☐ No

Patient Hospitalized? ☐ Yes ☐ No | Discharge Date:

Hospital Name:

Medicaid Number or Insurance:

Pregnancy Status: ☐ Not Pregnant ☐ Pregnant Number of Months___

Disease or Condition Reporting: For HIV/AIDS and HIV exposed newborns please report per forms indicated in *F.A.C.* 64D-3.

Report immediately upon:

❗ = Initial suspicion 24/7 by phone

☎ = Diagnosis 24/7 by phone

- ☐ Anthrax ☎❗
- ☐ Botulism, foodborne ☎❗
- ☐ Botulism, infant
- ☐ Botulism, other/wound/unspecified ☎❗
- ☐ Brucellosis ☎❗
- ☐ California serogroup virus disease
- ☐ Campylobacteriosis
- ☐ Chancroid
- ☐ Chlamydia
- ☐ Cholera ☎❗
- ☐ Ciguatera fish poisoning
- ☐ *Clostridium perfringens* epsilon toxin
- ☐ Conjunctivitis, in neonatal ≤14 days
- ☐ Creutzfeldt-Jakob disease (CJD)
- ☐ Cryptosporidiosis
- ☐ Cyclosporiasis
- ☐ Dengue
- ☐ Diphtheria ☎❗
- ☐ Eastern equine encephalitis virus disease
- ☐ Ehrlichiosis, human granulocytic (HEG)
- ☐ Ehrlichiosis, human monocytic (HME)
- ☐ Ehrlichiosis, human other or unspecified species
- ☐ Encephalitis, other (non-arboviral)
- ☐ Enteric disease due to *Escherichia coli* O157:H7 ☎
- ☐ Enteric disease due to other pathogenic *Escherichia coli* ☎
- ☐ Giardiasis (acute)
- ☐ Glanders ☎❗
- ☐ Gonorrhea
- ☐ Granuloma inguinale
- ☐ *Haemophilus influenzae*, meningitis and invasive disease ☎❗
- ☐ Hansen's disease
- ☐ Hantavirus infection ☎
- ☐ Hemolytic uremic syndrome ☎
- ☐ Hepatitis, acute A ☎
- ☐ Hepatitis, acute B, C, D, E, G
- ☐ Hepatitis, chronic B, C
- ☐ Hepatitis B surface antigen positive in pregnant woman or child up to 24 months
- ☐ Herpes simplex virus (HSV) in infants up to six months
- ☐ HSV anogenital in children≤12 yrs
- ☐ Human papilloma virus (HPV) anogenital in children≤12 yrs
- ☐ HPV assocated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- ☐ HPV cancer associated strains
- ☐ Influenza – due to novel or pandemic strains ☎❗
- ☐ Influenza – assocated pediatric mortality in persons <18 yrs ☎
- ☐ Lead poisoning
- ☐ Legionellosis
- ☐ Leptospirosis
- ☐ Listeriosis ☎
- ☐ Lyme disease
- ☐ Lymphogranuloma Venereum (LGV)
- ☐ Malaria
- ☐ Measles (Rubeola) ☎❗
- ☐ Melioidosis ☎❗
- ☐ Meningitis, bacterial, cryptococcal, other mycotic
- ☐ Meningococcal disease ☎❗
- ☐ Mercury poisoning
- ☐ Mumps
- ☐ Neurotoxic shellfish poisoning
- ☐ Pertussis ☎
- ☐ Pesticide-related illness and injury
- ☐ Plague ☎❗
- ☐ Poliomyelitis ☎❗
- ☐ Psittacosis (Ornithosis)
- ☐ Q Fever
- ☐ Rabies, animal ☎
- ☐ Rabies, human ☎
- ☐ Rabies possible exposure (animal bite) ☎❗
- ☐ Ricin toxicity ☎❗
- ☐ Rocky Mountain spotted fever
- ☐ Rubella ☎❗
- ☐ St. Louis encephalitis virus disease
- ☐ Salmonellosis
- ☐ Saxitoxin poisoning, including paralytic shellfish poisoning (PSP)
- ☐ Severe acute respiratory syndrome (SARS) ☎❗
- ☐ Shigellosis
- ☐ Smallpox ☎❗
- ☐ *Staphylococcus aureus*, intermediate or full resistance to vancomycin ☎
- ☐ Staphylococcus enterotoxin B ☎
- ☐ Streptococcal disease, invasive Group A
- ☐ *Streptococcal pneumoniae*, invasive disease
- ☐ Syphilis
- ☐ Syphilis, pregnancy or neonate ☎
- ☐ Tetanus
- ☐ Toxoplasmosis, acute
- ☐ Trichinellosis (Trichinosis)
- ☐ Tuberculosis (TB)
- ☐ Tularemia ☎❗
- ☐ Typhoid fever ☎
- ☐ Typhus fever, endemic
- ☐ Typhus fever, epidemic ☎❗
- ☐ Vaccinia disease ☎❗
- ☐ Varicella (chickenpox) Date of vaccination __/__/__
- ☐ Varicella mortality
- ☐ Venezuelan equine encephalitis virus disease ☎❗
- ☐ Vibriosis, Vibrio infections
- ☐ Viral hemorrhagic fevers ☎❗
- ☐ West Nile virus disease
- ☐ Western equine encephalitis virus disease
- ☐ Yellow fever ☎❗

☐ Any Outbreak, grouping, or clustering of patients having similar disease, symptoms, syndromes: ☎❗ _____

Provider Information:

Name:

Address:

City, State, Zip:

Phone: ( ) Provider Fax: ( )

Email:

County Health Department Fax: 813-276-2981

CHD After-Hours Phone Number: 813-307-8000

Medical Information:

Diagnosis Date:

Test Conducted? ☐ Yes ☐ No

Please attach lab record (if available)

Lab Name:

Lab Test Date: | Lab Results:

Treatment Provided? ☐ Yes ☐ No | Test Method:

Treatment:

Medical Record Number:

Updated 4/25/2013

St. Joseph's Children's Hospital
BayCare Health System

Mobile Medical Clinic

Providing Free Well Child Physicals and Immunizations

Site	Date	Time	Appointment Info
Brandon CBFRC	May 2	3pm-7pm	Call for appointment
Sulphur Springs Resource Center	May 7	3pm-7pm	Call for appointment
Central Tampa CBFRC	May 9	4pm-7pm	Call for appointment
East County CBFRC	May 14	4pm-7pm	Call for appointment
North Tampa CBFRC	May 15	10am-2pm	Call for appointment
Layla's House	May 21	2pm-6pm	Call for appointment
Town & Country	May 23	3pm-7pm	Call for appointment
Sulphur Springs Resource Center	June 4	3pm-7pm	Call for appointment
Brandon CBFRC	June 6	3pm-7pm	Call for appointment
Hispanic Outreach Center (Pinellas)	June 11	3pm-7pm	Call for appointment
Layla's House	June 18	2pm-6pm	Call for appointment
North Tampa CBFRC	June 19	10am-2pm	Call for appointment
South County CBFRC	June 25	3pm-7pm	Call for appointment
Town & Country CBFRC	June 27	3pm-7pm	Call for appointment
Sulphur Springs Resource Center	July 2	3pm-7pm	Call for appointment
Brandon CBFRC	July 10	3pm-7pm	Call for appointment
Layla's House	July 16	2pm-6pm	Call for appointment
North Tampa CBFRC	July 17	10am-2pm	Call for appointment
Central Tampa CBFRC	July 23	4pm-7pm	Call for appointment
Town & Country CBFRC	July 25	3pm-7pm	Call for appointment
East County CBFRC	July 30	4pm-7pm	Call for appointment
Brandon CBFRC	August 1	3pm-7pm	Call for appointment
Sulphur Springs Resource Center	August 6	3pm-7pm	Call for appointment
North Tampa CBFRC	August 7	10am-2pm	Call for appointment
South County CBFRC	August 8	3pm-7pm	Call for appointment
Hispanic Outreach Center (Pinellas)	August 13	3pm-7pm	Call for appointment
Town & Country CBFRC	August 14	3pm-7pm	Call for appointment
Layla's House	August 27	2pm-6pm	Call for appointment

Children are eligible to visit the Mobile Medical Clinic if they are 18 years old or under and:

- Are enrolled in Medicaid
- **OR** have no health insurance
- **OR** are American Indians or Alaskan Natives

Please be aware <u>we cannot provide sports physicals</u>

Please bring the following items when visiting the Mobile Medical Clinic:

- All children must come with their legal guardian
- The legal guardian must bring a photo ID
- EVERY child must come with an immunization record (whether they need shots or not)

CBFRC in Town & Country
7520 West Waters Ave
Tampa, FL 33615
(813) 356-1703

Layla's House
1506 E. Eskimo St
Tampa, FL 33604
(813) 443-5004

CBFRC in Central Tampa
1002 E. Palm Ave.
Tampa, FL 33605
(813) 204-1741

CBFRC in East County
639 E. Alexander St.
Plant City, FL 33563
(813) 752-8700

CBFRC in North Tampa
1401 East Fowler Ave
Tampa, FL 33612
(813) 558-1877

Sulphur Springs Resource Center
8412 N 12th St
Tampa, FL 33604
(813) 936-3064

CBFRC in Brandon
1271 Kingsway Rd
Brandon, FL 33510
(813) 740-4634

CBFRC in South County
3032 E College Ave
Ruskin, FL 33570
(813) 641-5600

Note: The following site is located in <u>Pinellas County:</u>

Hispanic Outreach Center
612 Franklin St.
Clearwater, FL 33756
Tel: (727) 445-9734 ext. 209 Mari Rodriguez

Actualizado 4/25/2013

St. Joseph's Children's Hospital
BayCare Health System

La Clínica Móvil

Ofrece Exámenes de Salud y Vacunas Gratuitas

Sitio	Fecha	Hora	Información
Brandon CBFRC	2 de Mayo	3pm-7pm	Llame para la cita
Sulphur Springs Resource Center	7 de Mayo	3pm-7pm	Llame para la cita
Central Tampa CBFRC	9 de Mayo	4pm-7pm	Llame para la cita
East County CBFRC	14 de Mayo	4pm-7pm	Llame para la cita
North Tampa CBFRC	15 de Mayo	10am-2pm	Llame para la cita
Layla's House	21 de Mayo	2pm-6pm	Llame para la cita
Town & Country	23 de Mayo	3pm-7pm	Llame para la cita
Sulphur Springs Resource Center	4 de Junio	3pm-7pm	Llame para la cita
Brandon CBFRC	6 de Junio	3pm-7pm	Llame para la cita
Hispanic Outreach Center (Pinellas)	11 de Junio	3pm-7pm	Llame para la cita
Layla's House	18 de Junio	2pm-6pm	Llame para la cita
North Tampa CBFRC	19 de Junio	10am-2pm	Llame para la cita
South County CBFRC	25 de Junio	3pm-7pm	Llame para la cita
Town & Country CBFRC	27 de Junio	3pm-7pm	Llame para la cita
Sulphur Springs Resource Center	2 de Julio	3pm-7pm	Llame para la cita
Brandon CBFRC	10 de Julio	3pm-7pm	Llame para la cita
Layla's House	16 de Julio	2pm-6pm	Llame para la cita
North Tampa CBFRC	17 de Julio	10am-2pm	Llame para la cita
Central Tampa CBFRC	23 de Julio	4pm-7pm	Llame para la cita
Town & Country CBFRC	25 de Julio	3pm-7pm	Llame para la cita
East County CBFRC	30 de Julio	4pm-7pm	Llame para la cita
Brandon CBFRC	1 de Agosto	3pm-7pm	Llame para la cita
Sulphur Springs Resource Center	6 de Agosto	3pm-7pm	Llame para la cita
North Tampa CBFRC	7 de Agosto	10am-2pm	Llame para la cita
South County CBFRC	8 de Agosto	3pm-7pm	Llame para la cita
Hispanic Outreach Center (Pinellas)	13 de Agosto	3pm-7pm	Llame para la cita
Town & Country CBFRC	14 de Agosto	3pm-7pm	Llame para la cita
Layla's House	27 de Agosto	2pm-6pm	Llame para la cita

Su niño califica para visitar la clínica móvil si es menor de 18 años de edad y:

- Tiene Medicaid;
- **O** no tiene seguro medico;
- **O** es un Indio Americano o Nativo de Alaska

No se hacen exámenes para deportes

Información necesaria:

- Identificación del padre/madre con una foto
- Una copia del registro de vacunas de cada niño
- Cada niño necesita venir acompañado de su padre/madre o tutor legal.

CBFRC in Town & Country
7520 West Waters Ave
Tampa, FL 33615
(813) 356-1703

Layla's House
1506 E. Eskimo St
Tampa, FL 33604
(813) 443-5004

CBFRC in Central Tampa
1002 E. Palm Ave.
Tampa, FL 33605
(813) 204-1741

CBFRC in East County
639 E. Alexander St.
Plant City, FL 33563
(813) 752-8700

CBFRC in North Tampa
1401 East Fowler Ave
Tampa, FL 33612
(813) 558-1877

Sulphur Springs Resource Center
8412 N 12th St
Tampa, FL 33604
(813) 936-3064

CBFRC in Brandon
1271 Kingsway Rd
Brandon, FL 33510
(813) 740-4634

CBFRC in South County
3032 E College Ave
Ruskin, FL 33570
(813) 641-5600

Atención: El sitio que sigue está localizado en el <u>condado de Pinellas</u>…

Hispanic Outreach Center
612 Franklin St.
Clearwater, FL 33756
Tel: (727) 445-9734 ext. 209
Mari Rodriguez

Centers for Disease Control and Prevention
CDC 24/7: Saving lives, protecting people, reducing health costs
Emergency Preparedness and Response

(/HAN) This is an official
CDC HAN INFOService

HEALTH ALERT NETWORK
Distributed via the CDC Health Alert Network
August 23, 2013, 11:30 ET (11:30 AM ET)
HANINFO-00354

Investigational Drug Available Directly from CDC for the Treatment of Free-Living Ameba Infections

Summary

CDC now has an expanded access investigational new drug (IND) protocol in effect with the Food and Drug Administration (FDA) to make miltefosine available directly from CDC to clinicians for treatment of free-living ameba (FLA) infections in the United States.

Background

Infections caused by FLA are severe and life-threatening. These infections include primary amebic meningoencephalitis (PAM) caused by *Naegleria fowleri** and granulomatous amebic encephalitis caused by *Balamuthia mandrillaris*† and *Acanthamoeba* species.§ Although several drugs have in vitro activity against FLA, mortality from these infections remains greater than 90% despite treatment with combinations of drugs.

Miltefosine is a drug used to treat leishmaniasis and also has shown in vitro activity against FLA (*1*), but as an investigational drug, it has not been readily available in the United States. With CDC assistance, however, miltefosine has been administered in combination with other drugs since 2009 for FLA infections as single-patient emergency use with permission from the Food and Drug Administration. Although the number of *B. mandrillaris* and *Acanthamoeba* species infections treated with a miltefosine-containing regimen is small, it appears that a miltefosine-containing treatment regimen does offer a survival advantage for these usually fatal infections (*2*). Miltefosine has not been used successfully to treat a *Naegleria* infection, but the length of time it has taken to import miltefosine from abroad has made timely treatment of fulminant *Naegleria* infections with miltefosine difficult.

CDC now has an expanded access IND protocol in effect with the Food and Drug Administration to make miltefosine available directly from CDC for treatment of FLA in the United States. The expanded access IND use of miltefosine for treatment of FLA is partly supported by 26 case reports of FLA infection from around the world during the period of 2008–2012 in which miltefosine was part of the treatment regimen (Unpublished data, Division of Foodborne, Waterborne, and Environmental Diseases, National Center for Emerging and Zoonotic Infectious Diseases, CDC, 2013). Miltefosine is generally well-tolerated, with gastrointestinal symptoms as the most commonly reported adverse effects.

Recommendations

Clinicians who suspect they have a patient with FLA infection who could benefit from treatment with miltefosine should contact CDC to consult with an FLA expert. See the **For More Information** section below for information on contacting a CDC FLA expert.

For More Information

- For diagnostic assistance, specimen collection guidance, specimen shipping instructions, treatment recommendations, and information on obtaining miltefosine from CDC, clinicians should contact the CDC Emergency Operations Center at 770-488-7100 to request to speak to an FLA expert.
- For more information on diagnostic assistance specimen collection guidance and specimen shipping instructions, see http://www.cdc.gov/parasites/naegleria/diagnosis-hcp.html (http://www.cdc.gov/parasites/naegleria/diagnosis-hcp.html) .
- For *Naegleria fowleri* treatment recommendations, see http://www.cdc.gov/parasites/naegleria/treatment-hcp.html (http://www.cdc.gov/parasites/naegleria/treatment-hcp.html) .
- For the *MMWR* Notice to Readers on this topic, see http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6233a4.htm?s_cid=mm6233a4_w (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6233a4.htm?s_cid=mm6233a4_w) .

References

1. Schuster FL, Guglielmo BJ, Visvesvara GS. In-vitro activity of miltefosine and voriconazole on clinical isolates of free-living amebas: *Balamuthia mandrillaris*, *Acanthamoeba* spp., and *Naegleria fowleri*. J Eukaryot Microbiol 2006;53:121–6.

2. Cope JR, Roy SL, Yoder JS, Beach MJ. Improved treatment of granulomatous amebic encephalitis and other infections caused by *Balamuthia mandrillaris* and *Acanthamoeba* species [Poster]. Presented at CSTE Annual Conference, Pasadena, CA, June 9–13, 2013. Available at http://www.cste2.org/confpresentations/uploadedfiles/cste%202013%20miltefosine%20Poster%20final.pdf (http://www.cste2.org/confpresentations/uploadedfiles/cste%202013%20miltefosine%20Poster%20final.pdf) .

Endnotes

* Additional information available at http://www.cdc.gov/parasites/naegleria (http://www.cdc.gov/parasites/naegleria) .
† Additional information available at http:// www.cdc.gov/parasites/balamuthia (http://www.cdc.gov/parasites/balamuthia) .
§ Additional information available at http://www.cdc.gov/parasites/acanthamoeba (http://www.cdc.gov/parasites/acanthamoeba) .

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance; warrants immediate action or attention. Example: HAN00001 (/HAN/han00001.asp)
- **Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action. Example: HAN00346 (/HAN/han00346.asp)
- **Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action. Example: HAN00342 (/HAN/han00342.asp)
- **Info Service:** Provides general information that is not necessarily considered to be of an emergent nature. Example: HAN00345 (/HAN/han00345.asp)

###
This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.
###

Additional Resources

- HAN Archive By Year (/HAN/dir.asp)
- HAN Types (/HAN/hantable.asp)
- Sign Up for HAN E-mail Updates (/HAN/updates.asp)
- HAN Jurisdictions (/HAN/hanjuris.asp)

- Page last reviewed: August 23, 2013
- Page last updated: August 23, 2013
- Content source: CDC Emergency Risk Communication Branch (ERCB), Division of Emergency Operations (DEO), Office of Public Health Preparedness and Response (OPHPR) (http://www.cdc.gov/phpr/)

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - Contact CDC-INFO