

EPI EXPRESS

Escambia County Health Department

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Seasonal Influenza Update

By Lisa Lavoie CIC

This flu season in Escambia County has been very mild compared to last year. At this point in the season last year, we had already seen 618 positive rapid flu tests. Contrast that with this year's 11 positive tests. All positive rapid flu tests reported this season in Escambia County have been positive for Influenza type A with no positive reports of type B. Interestingly, CDC reformulated the influenza trivalent vaccine this season to include a different strain of influenza B. Perhaps this is contributing to the absence of type B in our community at this time. There is still time for patients to receive their flu shots. In recent years, the peak of flu season has occurred during February and March.

An article in JAMA mentioned that health care providers are notoriously under-vaccinated to protect against the flu and strep pneumoniae. In an effort to break the cycle and be prepared for this year's flu season, Escambia County Health Department (ECHD) issued a challenge to each of its divisions to see which division would have the highest percentage of vaccinated individuals. The Community Nursing Division won at 88% with an overall 65% for the ECHD.

ECHD then issued a challenge to all daycare facilities and extended care facilities in Escambia County. The competition closes the first week of February. Winners will be posted in newsletters. Call the Epidemiology Program office at (850)595-6683 to register for the immunization challenge where everyone vaccinated is a winner.

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FIGHT THE FLU!

Please encourage your staff and patients to get their flu vaccine

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The single most preventable cause of mortality and morbidity in the United State is the use of tobacco products. In Florida alone, on average, 18,700 smoking-attributable deaths occur every year, and it is estimated that the total medical costs incurred due to smoking is over \$6 billion (1). According to the 2006 Behavioral Risk Factor Surveillance System (BRFSS) (2), 21.0% (CI: 19.7 – 22.3) of the Florida adult population, 18 years of age or older, were current cigarette smokers*, a percentage comparable to the national average of 20.8% from the 2006 National Health Interview Survey (NHIS) (3). Moreover, four out of every five current smokers reported using tobacco products every day (4).

Since 2003, the Florida Department of Health administers an anonymous telephone survey, the Florida Adult Tobacco Survey (FLAT) to monitor and evaluate tobacco use in the state. This survey is sponsored by the Centers for Disease Control and Prevention (CDC) and includes 4,000 randomly selected adult Florida residents. Data show that approximately half of current Floridians smokers (47.8%) had stopped smoking for one day or longer in the past 12 months in an attempt to quit, 44.3% said they planned to stop smoking within the next 30 days, and 59.6% within the next 6 months. Another encouraging statistic, adults with children living in their home were significantly more likely to attempt to quit than adults without children (57.8% versus 40.5%) (2).

One of the goals of a comprehensive tobacco control program, as defined by the CDC, is to reduce the number of adults who smoke and promote cessation (1). From the numbers reported above, it is obvious that the demand for cessation services and products is present in our state. However, nicotine replacement therapies (NRT) such as nicotine patches or gum are rarely used by those who are attempting to quit. These smoking cessation tools including counseling and other FDA-approved medication need to be facilitated since only a small number of current and former smokers (22.3%) report having used NRTs and only a few (4.9%) indicated they had used some other form of assistance such as classes or counseling to quit smoking.

QUITLINE, the Florida Quit-for-life phone-based tobacco cessation counseling service, is sponsored by the Florida Department of Health. The CDC has recognized phone counseling as a convenient and evidence-based method to deliver support to people who are trying to quit. QUITLINE is available free of charge to all Florida residents. The combination of medications, over-the-counter (OTC) or prescription, and the individualized counseling provided by the QUITLINE staff has shown a successful quit rate of up to 30%. Health care providers can use this service in their tobacco addiction treatment without added time or costs. Providers may refer their patients simply by faxing a referral/consent form signed by the patient. QUITLINE counselors will contact the individual and assess the patient's needs. QUITLINE provides some pharmacotherapy assistance coupons and may offer some free NRT in the near future. For more information and a copy of the fax referral form, please visit the Florida Department of Health's website at <http://www.doh.state.fl.us/Tobacco/quitline.html>.

Healthcare providers may also refer their patients to the Escambia County Health Department's FREE smoking cessation classes 'I Quit for You, Baby!'. This program uses the Freedom from Smoking curriculum from the American Lung Association and is not only available for any woman currently pregnant or of child-bearing age, but also for any individual (for example, father, grandparent, or other relatives) who cares for a small child. Participants meet every Tuesday from 6 to 8 p.m. for eight (8) weeks at the Escambia County Health Department main campus located at 1295 W. Fairfield Dr. As participants reach milestones they will receive rewards such as free manicures, pedicures, and a \$50.00 Wal-mart certificate for completing the program successfully. For more information (including class dates) and to refer patients, please call ECHD/Healthy Start at (850) 595-6641.

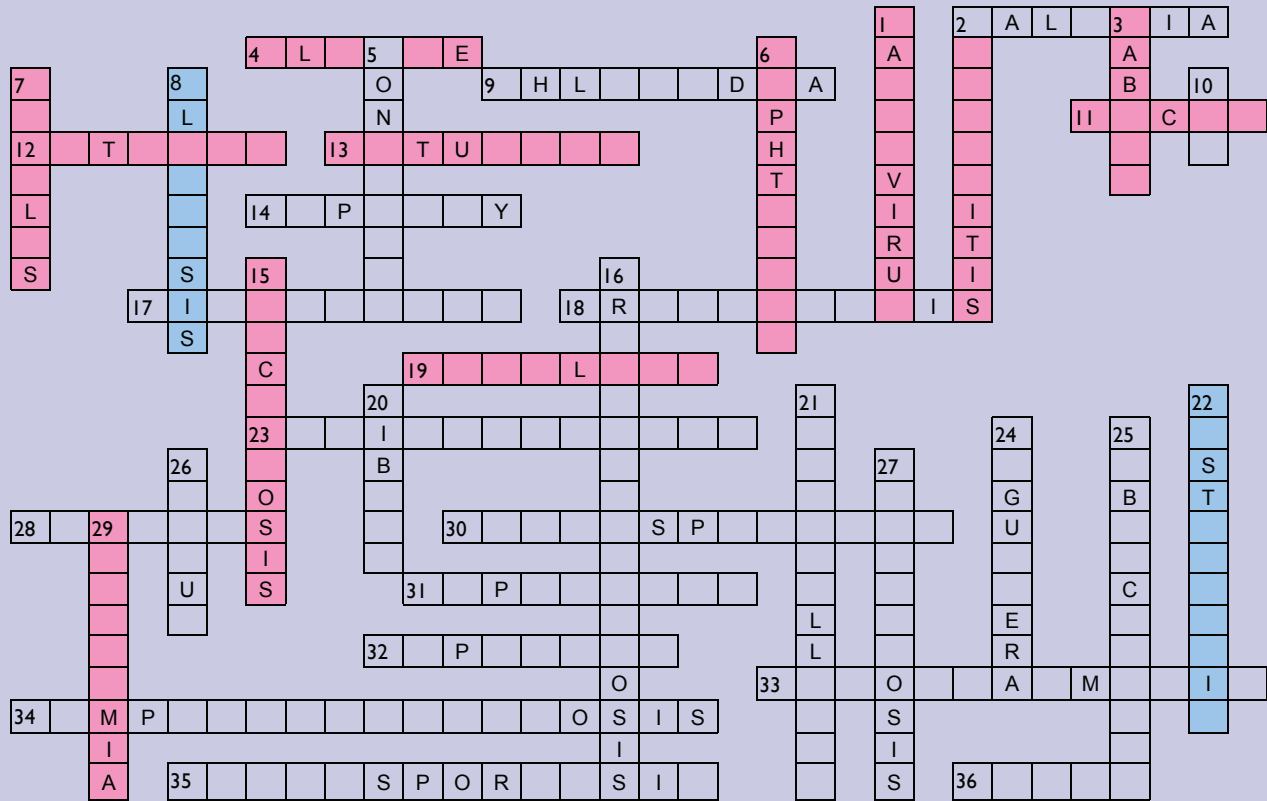
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1. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs – 2007*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
2. Centers for Disease Control and Prevention. 2006 Behavioral Risk Factor Surveillance System – Prevalence data [Last accessed online 01/03/2008 at <http://apps.nccd.cdc.gov/brfss/index.asp>]
3. Centers for Disease Control and Prevention. Cigarette Smoking Among Adults – United States, 2006. MMWR 2007; 56: 1157-1161.
4. Florida Department of Health. Florida Adult Tobacco Survey (FLATS) 2006. [Last accessed online 01/02/2008 at <http://www.doh.state.fl.us/Tobacco/Flats.html>]

* A current smoker is defined as person who reported smoking at least 100 cigarettes during his or her lifetime and who at the time of interview reported smoking every day or some days.

Communicable Disease Crossword Puzzle

(Hint: The pink boxes are Immediately Notifiable Upon Suspicion or Lab Order, the blue boxes are Immediately Notifiable Upon Diagnosis or Lab Result, and the white boxes are Notifiable the Next Business Day)



MRSA Taskforce by Leigh Gillis, MS, PhD, HCLD(ABB)

The NorthWest Florida Infection Control Practitioners (NWFICP), an organization whose members include infection control professionals, public health epidemiologists, clinical laboratorians, and patient caregivers, met this past October to determine a local approach to the community-wide problem of antibiotic resistant organisms, particularly methicillin-resistant *Staphylococcus aureus* (MRSA). As an organization of infection control workers, attending members and interested visitors discussed the necessary tactics to approach the problem of MRSA. All agreed that this problem has become severe in our region. Recent data from one study (Kolar) identified the MRSA rate for outpatient specimen isolates at 59.9% for Northwest Florida compared to 37.4% for isolates from the Miami-Dade region.

The attendees did emphasize several settings among patient and caregiver arenas requiring additional communication and education on the topic. Thus, immunocompromised and elderly patients and their respective caregivers will be part of the initial focus of NWFICP's actions. Towards that end and following much discussion, the formation of four committees resulted from this meeting. They are Education/Training, Survey/Tracking, Laboratory/Pharmacy, and Nursing/Continuum of Care. Committee members are planning their strategy as they continue to recruit and add additional experts to fulfill the specific tasks charged to each committee.

For now, the Laboratory/Pharmacy committee, one of the smaller groups of volunteers, is planning to generate a community-wide anti-biogram for *Staphylococcus aureus*, enabling a closer look at the predominant phenotypes of the organism. The largest committee, the Education/Training Committee, plans to provide tools and level-appropriate education to community groups.

If you would like to provide expertise or help, please call 850-595-8895 or email:

leah_gillis@doh.state.fl.us.

(Kolar, Stephanie in: *Laboratory Analysis of Staphylococcus aureus in Florida from January 1, 2003 to December 31, 2005 with an Emphasis on Methicillin Resistance*, Master of Science in Public Health thesis submitted to Department of Epidemiology and Biostatistics, College of Public Health, University of South Florida, 2006.)

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