FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

October 2014

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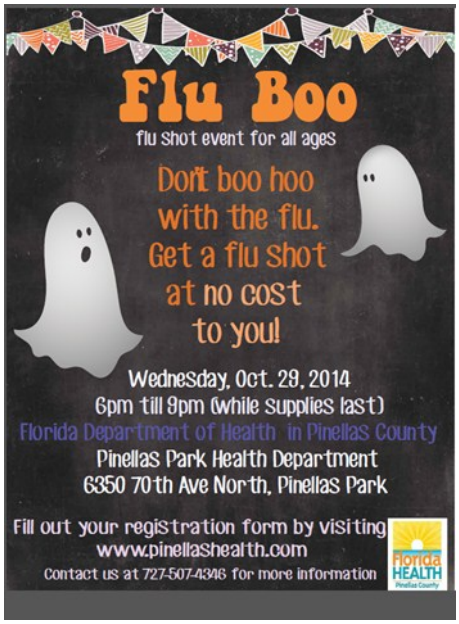
Disease Reporting

To report diseases and clusters of illness
(*other than TB/STD/HIV/AIDS*)
Phone: (727) 507-4346
Fax: (727) 507-4347

For TB, STD or HIV/AIDS Reporting
Phone: (727) 824-6932

Animal Bite Reporting
Phone: (727) 524-4410 x7665

2014 Annual Drive-thru/Walk in Flu Clinic
Don't Boo Hoo with the Flu!



The Department of Health in Pinellas County (DOH-Pinellas), Public Health Preparedness Program announces with great excitement the 2014 Annual Drive-thru / Walk-in Flu Clinic. For the third year in a row, the DOH-Pinellas will be providing influenza vaccines at ***NO COST*** to Pinellas County residents and visitors. **This year's event will be held at the Pinellas Park Health Department located at 6350 76th Avenue North in Pinellas Park on Wednesday, October 29th, 2014 from 6pm to 9pm** (or while supplies last).

The new location will allow more people access to the vaccine as it is in a residential area and is close to a main thoroughfare, schools, and community centers. A fun twist to the program this year is the Halloween theme due to the late October date. The nickname "Flu Boo" has been given to the event to add some fun and excitement. So don't "boo hoo" with the flu, get a flu shot at no cost to you!

Ebola Virus Disease (EVD)

Update as of October 15, 2014

On September 30, 2014, the Centers for Disease Control and Prevention confirmed the first case of Ebola Virus Disease (EVD) diagnosed in the United States in a traveler from Liberia. Since that time, two nurses who cared for the patient while he was hospitalized have also become infected. **At this time, there are no cases or suspected cases of EVD in Florida.** However, planning and preparations are ongoing as the situations in West Africa and the United States evolve.

The DOH-Pinellas is coordinating with local partners and has enhanced surveillance to monitor for and detect any suspected cases of EVD in the county. Guidance and recommendations developed by the Centers for Disease Control and Prevention (CDC) and the Department of Health (DOH) have been disseminated to local response partners including Emergency Medical Services (EMS), hospitals, urgent care centers, and primary providers. If a case is suspected or confirmed, communicable disease plans are in place to address the needs of healthcare facilities managing an EVD patient. Early recognition and identification of patients with potential EVD is critical. Healthcare workers must be able to recognize a case of EVD and employ practical isolation precautions or barrier nursing techniques to avoid contact with the blood or secretions of an infected patient.

If you have questions or concerns, please contact the Epidemiology Program at 727-507-4346. For the most up to date information on the EVD situation, visit the Centers for Disease Control and Prevention website: http://www.cdc.gov/vhf/ebola/index.html.

Enterovirus D68 (EV-D68) Transmission and Prevention

BY SAMANTHA SPOTO, MSPH

Enterovirus D68 (EV-D68) is one of many non-polio enteroviruses that are very common in the United States. When infected with an enterovirus, many people do not become ill or have only a mild illness similar to a cold. EV-D68 symptoms may include fever, runny nose, sneezing, cough, and body and muscle aches. Severe symptoms may include wheezing and difficulty breathing and is possible for infants or people with weakened immune systems. Rarely, complications from an enterovirus infection can include paralysis or infection of the heart or brain.

The Centers for Disease Control and Prevention (CDC) announced the clusters of severe respiratory illness in Missouri and Illinois associated with EV-D68 in mid-September. Many cases appear to be children with a prior history of asthma or wheezing that present with severe respiratory illness requiring hospitalization, often in the absence of fever. As of October 14, testing has confirmed presence of EV-D68 in 691 cases of respiratory illness in 46 states since mid-August. Two cases have been confirmed in the state of Florida, one in Polk County and one from Escambia County. Both cases were initially hospitalized, but have seen recovered and are doing well.

Currently the CDC is assisting an investigation into a cluster of children in Colorado with acute neurological illness displaying symptoms of focal limb weakness, generally preceded by a febrile respiratory illness. The investigation includes consideration of a possible linkage between this cluster to the current nationwide outbreak of EV-D68. The CDC requests that providers report to the local health department patients presenting after August 1, 2014 with acute onset of focal limb weakness and an MRI showing a gray matter spinal cord lesion.

Transmission of enteroviruses, including EV-D68, involves close contact with an infected person's feces, saliva, nasal secretions, or blister fluid (if a rash is present). This can come from shaking hands or touching an object or surface that has the virus on it, and then touching your own eyes, nose or mouth. Frequent hand washing and disinfection of regularly touched surfaces is important to prevent spread.

For healthcare professionals, standard, contact and droplet precautions should be in use for the current EV-D68 outbreak. The CDC also offers this comment on the use of alcohol based hand rub versus soap and water hand washing:

"Although non-enveloped viruses such as EV-D68 may be less susceptible to alcohol than enveloped viruses or vegetative bacteria, alcohol-based hand rub (ABHR) offers benefits in skin tolerance, compliance, and, especially when combined with glove use, overall effectiveness for a wide variety of healthcare pathogens. Therefore, upon removal and prior to donning gloves, perform hand hygiene using either ABHR or soap and water."

The Florida Bureau of Public Health Laboratories is currently offering fee-based strain typing for routine clinical diagnosis of enterovirus, a method not currently offered by commercial laboratories, for severely ill children within three days of symptom onset that have tested negative for influenza and RSV. When approved by the local county health department epidemiology program, this testing is offered for free to support public health investigations of outbreaks or unusual clusters. Strain typing is useful information for public health analysis, but medical management of individual patients may not be influenced by the testing.

Enteroviruses are not reportable diseases in Florida. As always, any clusters or outbreaks of any disease are reportable to the local health department. More information on enteroviruses, or EV-D68, is available on the CDC's website: http://www.cdc.gov/non-polio-enterovirus/index.html

Selected Reportable Diseases in Pinellas County

	Pinellas	Year-to-Date		Pinellas County Annual Totals		
Disease	**September 2014**	**Pinellas 2014**	**Florida 2014**	**2013**	**2012**	**2011**
A. Vaccine Preventable						
Measles						
Mumps			**1**			
Pertussis	**3**	**19**	**630**	17	10	10
Varicella	**7**	**18**	**439**	19	16	21
B. CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease (CJD)			**14**		2	3
Meningitis (Bacterial, Cryptococcal, Mycotic)		**1**	**97**	5	6	7
Meningococcal Disease			**35**	1		
S. Pneumoniae, Invasive Disease, Drug Resistant		**11**	**338**	24	16	22
S. Pneumoniae, Invasive Disease, Susceptible		**11**	**344**	11	25	11
C. Enteric Infections						
Campylobacteriosis	**5**	**78**	**1729**	63	59	83
Cryptosporidiosis	**44**	**204**	**1330**	19	29	19
Cyclosporiasis			**29**	5	1	2
E. coli Shiga Toxin (+)	**1**	**6**	**126**	7	8	2
Giardiasis	**2**	**27**	**882**	34	32	27
Hemolytic Uremic Syndrome (HUS)			**5**	1		
Listeriosis			**31**		5	3
Salmonellosis	**23**	**144**	**4183**	203	203	225
Shigellosis	**3**	**18**	**1856**	5	18	93
D. Viral Hepatitis						
Hepatitis A		**2**	**86**	6	4	5
Hepatitis B: Pregnant Woman +HBsAg		**19**	**401**	17	16	29
Hepatitis B, Acute	**4**	**23**	**312**	39	16	10
Hepatitis C, Acute	**1**	**14**	**147**	17	5	13
E. Vector Borne, Zoonoses						
Animal Rabies			**69**			2
Rabies, possible exposure	**13**	**148**	**2141**	193	201	217
Chikungunya Fever	**3**	**7**	**257**			
Dengue		**1**	**68**	2	3	1
Eastern Equine Encephalitis			**1**			
Lyme Disease	**1**	**4**	**109**	8	6	9
Malaria		**2**	**42**	1	2	1
St. Louis Encephalitis						
West Nile Virus			**14**			
F. Others						
AIDS**	**12**	**112**	**n/a**	118	130	123
HIV**	**29**	**206**	**n/a**	189	177	189
Chlamydia	**281**	**2848**	**n/a**	4141	3812	3863
Gonorrhea	**105**	**929**	**n/a**	1424	1029	1034
Hansen's Disease			**5**			
Lead Poisoning: Children < 6 years:	**1**	**5**	**119**	4	2	4
Legionellosis	**1**	**9**	**207**	10	13	13
Mercury Poisoning		**2**	**12**			2
Syphilis, Total	**16**	**146**	**n/a**	114	141	132
Syphilis, Infectious (Primary and Secondary)	**9**	**54**	**n/a**	52	61	66
Syphilis, Early Latent	**4**	**48**	**n/a**	37	47	35
Syphilis, Congenital			**n/a**			1
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	**3**	**42**	**n/a**	25	33	30
Tuberculosis	**4**	**18**	**n/a**	30	17	9
Vibrio Infections	**1**	**7**	**115**	11	10	11

n/a = not available at this time. Blank cells indicate no cases reported. Reportable diseases include confirmed and probable cases only. All case counts are provisional. Data is collected from the Merlin Reportable Disease database, surveillance systems maintained at the Florida Department of Health in Pinellas County, and Florida CHARTS http://www.floridacharts.com/charts/default.aspx.

*STD data in PRISM is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.

**Current HIV Infection data reflects any case meeting the CDC definition of "HIV infection" which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV. Newly reported HIV Infection cases do not imply they are all newly diagnosed cases. CDC case definitions for HIV and AIDS, as of September 2014, were now accepted into the updated version of eHARS. This means that prior to September HIV cases that were not considered "reportable" due to an undetectable HIV viral load can now be reported as an HIV case if Surveillance staff can determine if the patient is being treated on ARVs (antiretrovirals) and, therefore, they have a "clinical diagnosis". This could result in an artificial increase in HIV case reporting in the upcoming months. In addition, children from ages 6-12 years that are diagnosed with HIV can now be reported as "AIDS" with a CD4 absolute count <200. This may affect our YTD comparison between years for the upcoming year. For a more detailed explanation on changes in reporting and changes in trends, please contact the Bureau of HIV/AIDS, Data Analysis Section.