



# EPI WATCH

**Florida Department of Health in Pinellas County**

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[www.PinellasHealth.com](http://www.PinellasHealth.com)

**Director**

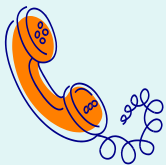
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*For more information, or to add your e-mail address to the distribution list, please contact the Editor.*

**Division of Disease Control and Health Protection**



**Disease Reporting**

To report diseases and clusters of illness:

Phone: (727) 824-6932  
Fax: (727) 820-4270  
(excluding HIV/AIDS)

To Report HIV/AIDS by mail:

Surveillance Room 3-138  
205 Dr. MLK Jr St. N  
St. Petersburg, FL 33701

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

## Hepatitis Awareness Month

The month of May is Hepatitis Awareness Month and on May 19, the United States observes National Hepatitis Testing Day. Hepatitis Testing Day is a health initiative by the Centers for Disease Control and Prevention (CDC) to educate the public and healthcare providers about who should be tested for viral hepatitis. The CDC estimates that there are millions of Americans living with chronic viral hepatitis and most are not aware they are infected.



**On May 19, the Florida Department of Health in Pinellas County (DOH-Pinellas) will offer hepatitis screening and testing services at no cost on a first-come, first-serve basis without an appointment from 10 a.m. to 2 p.m. at:**

- 205 Dr. Martin Luther King Jr. St. N., St Petersburg (Main Lobby)
- 8751 Ulmerton Rd., Largo (Clinic Lobby)

In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B and Hepatitis C. Hepatitis A is a self-limiting liver infection that often resolves within a few months and is transmitted via the fecal-oral route. Hepatitis B virus (HBV) can be spread through semen and both HBV and Hepatitis C virus (HCV) can be transmitted through blood. HBV and HCV infections can either be a short-term infection (acute) or a long term infection (chronic). According to the CDC, approximately 85% of adults infected with HCV develop a chronic infection. People infected with viral hepatitis don't always experience symptoms, which is why testing is important for people at risk.

Baby boomers (people born between 1945-1965) account for 75% of the people living with chronic Hepatitis C, making them 5 times more likely than other adults to be infected, which is why the CDC recommends that all baby boomers be tested at least once. Other persons at an increased risk for viral hepatitis include people who inject drugs (or have injected even once), men who have sex with men, people living with HIV/AIDS, Asian and Pacific Islanders, people with multiple sexual partners, people exposed to blood and bodily fluids through their occupations, and people with diabetes. To find out if you're at risk, you can complete a quick online Hepatitis Risk Assessment by visiting the following website: <http://www.cdc.gov/hepatitis/riskassessment/index.htm>.

If left untreated, viral hepatitis can lead to serious complications including liver cirrhosis, liver cancer, and death. However, there are medications available that can minimize the effects of Hepatitis B and can cure Hepatitis C infections. If you are living with viral hepatitis, talk with your healthcare provider to learn more about your treatment options.

**To learn more about viral hepatitis, visit the CDC's Viral Hepatitis website at: <http://www.cdc.gov/hepatitis/index.htm>.**

## GOING TO THE OLYMPIC GAMES IN BRAZIL?

Zika virus is spreading in Brazil. Because **Zika infection during pregnancy causes serious birth defects, pregnant women should not go to Brazil.**  
For more information, visit [www.cdc.gov/zika](http://www.cdc.gov/zika)



### REMEMBER THE 5 PRINCIPLES OF TRAVEL HEALTH



#### Personal Safety

- Try not to travel at night, and travel with a companion.
- Don't wear expensive clothes or jewelry.
- Don't drink too much alcohol, and don't use drugs.



#### Prevent Mosquito and Other Bug Bites

- Use insect repellent on exposed skin.
- Wear long pants and long-sleeved shirts.
- Stay in air conditioned or screened-in rooms.
- Use bed nets while sleeping if your room doesn't have screens or air conditioning.



#### Get Recommended Vaccines

- All routine vaccines (including a flu shot)
- Hepatitis A
- Hepatitis B (for high-risk travelers)
- Typhoid



#### Food Safety

- Eat food that is cooked and served hot.
- Eat raw fruits and vegetables only if they can be peeled or washed in clean water.
- Don't drink tap water, drinks with ice, or drinks diluted with tap water.
- Download our app "Can I Eat This?" at [www.cdc.gov/travel](http://www.cdc.gov/travel)



#### Road Safety

- Avoid overcrowded, overweight, or top-heavy buses or vans.
- Ride only in marked taxis that have seatbelts.
- Know local traffic laws before you get behind the wheel.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

For more information visit [www.cdc.gov/travel](http://www.cdc.gov/travel) or call 800-CDC-INFO

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More information about travel notices can be found here: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. Zika is reportable to DOH-Pinellas immediately upon suspicion 24 hours a day. The reporting phone number is 727-824-6932.

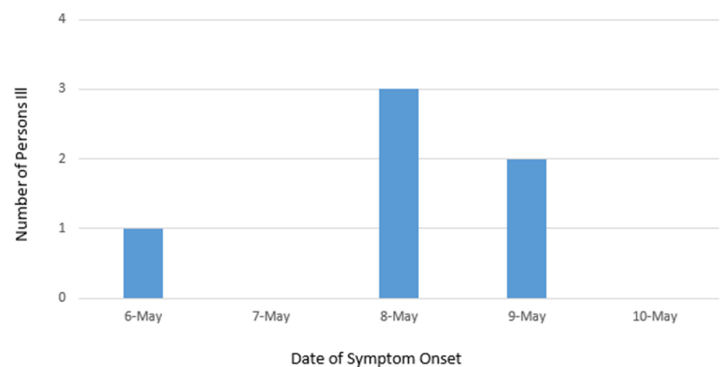
## Norovirus Cluster Among Extended Family

On May 9, 2016, the Florida Department of Health in Pinellas County, Epidemiology Program received a positive *Campylobacter* antigen lab for a 32 year old Hispanic male. An interview was conducted and the patient reported developing nausea, vomiting, and diarrhea on the morning of May 8 before presenting to a local hospital emergency department that afternoon. The patient also reported five additional symptomatic contacts- his nine year-old son developed nausea, vomiting, and diarrhea on the evening of May 6 and his fiancée and three year-old son developed the same symptoms on the morning of May 8. The fiancée's sister and her husband, who do not live with the family, also began experiencing nausea, vomiting, and diarrhea on the morning of May 9 (Graph 1).

It was suspected after the interview that *Campylobacter* was not the cause of the families' infections. *Campylobacter* generally does not spread easily from person-to-person and a point-source exposure was not identified. The only exposure reported for the fiancée's sister and her husband occurred on May 7, during a family event that was attended by the symptomatic index patient. Additionally, the positive predictive value for the *Campylobacter* antigen test when used for routine diagnostic testing without culture confirmation is low<sup>1</sup>.

Stool samples from the index patient and his father were collected on May 10 and sent to the Bureau of Public Health Laboratories in Tampa for norovirus PCR testing. Both samples were positive for norovirus GII on May 12. No restaurant meals were reported during the incubation period, the index patient had no ill contacts prior to his symptom onset, and no other exposure was identified. The family was notified of the results and provided education on norovirus transmission and prevention.

Graph 1: Date of Symptom Onset- Family Norovirus Cluster, May 2016



<sup>1</sup>Giltner CL, Saeki S, Bobenchik AM, Humphries RM. 2013. Rapid detection of *Campylobacter* antigen by enzyme immunoassay leads to increased positivity rates. *J. Clin. Microbiol.* 51:618–620. <http://jcm.asm.org/content/51/2/618>

# Selected Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	April 2016	April 2015	Pinellas 2016	Florida 2016	2015	2014	2013
<b>A. Vaccine Preventable</b>							
Measles	0	0	0	0	0	0	0
Mumps	0	0	0	4	0	0	0
Pertussis	4	1	7	121	17	19	17
Varicella	3	3	48	315	38	35	19
<b>B. CNS Diseases &amp; Bacteremias</b>							
Creutzfeldt-Jakob Disease (CJD)	0	1	0	3	3	0	0
Meningitis (Bacterial, Cryptococcal, Mycot-)	0	2	3	47	6	4	5
Meningococcal Disease	0	0	0	6	1	0	1
<b>C. Enteric Infections</b>							
Campylobacteriosis	5	10	30	567	104	103	63
Cryptosporidiosis	0	0	7	140	49	240	19
Cyclosporiasis	0	0	0	0	3	0	5
<i>E. coli Shiga Toxin (+)</i>	0	0	0	48	2	6	7
Giardiasis	4	0	9	354	30	42	34
Hemolytic Uremic Syndrome (HUS)	0	0	0	3	0	0	1
Listeriosis	0	0	0	8	2	0	0
Salmonellosis	11	8	35	1184	196	216	203
Shigellosis	2	14	7	203	174	21	5
<b>D. Viral Hepatitis</b>							
Hepatitis A	0	0	1	34	4	2	6
Hepatitis B: Pregnant Woman +HBsAg	1	3	8	147	37	21	17
Hepatitis B, Acute	4	5	18	177	57	44	39
Hepatitis C, Acute	4	1	14	77	32	19	17
<b>E. VectorBorne/Zoonoses</b>							
Animal Rabies	1	0	2	20	1	2	0
Rabies, possible exposure	15	7	37	1001	114	190	193
Chikungunya Fever	1	0	1	6	2	10	0
Dengue	1	0	1	31	3	1	2
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	1	0	2	27	6	5	8
Malaria	0	0	0	10	2	3	1
West Nile Virus	0	0	0	1	1	0	0
Zika Virus	0	0	0	93	0	0	0
<b>F. Others</b>							
AIDS**	15	7	44	n/a	118	129	114
HIV**	23	31	103	n/a	252	171	157
Chlamydia	314	375	1364	n/a	4147	3853	4141
Gonorrhea	100	102	509	n/a	1438	1295	1424
Hansen's Disease	0	0	0	6	0	0	0
Lead Poisoning: Children < 6 years:	0	0	1	51	6	8	4
Legionellosis	1	0	5	80	18	13	10
Mercury Poisoning	0	0	0	8	1	2	0
Syphilis, Total	30	24	119	n/a	283	186	114
Syphilis, Infectious (Primary and Secondary)	19	15	64	n/a	151	75	52
Syphilis, Early Latent	7	7	43	n/a	83	61	37
Syphilis, Congenital	0	0	0	n/a	3	0	0
Syphilis, Late Syphilis (Late Latent; Neuro-	4	2	12	n/a	52	50	25
Tuberculosis	3	2	6	n/a	14	25	30
<i>Vibrio Infections</i>	0	2	1	24	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 by year of report 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 in Florida. If a case is later identified as being previously diagnosed and reported from another state, the case will no longer be reflected as a Florida case and the data will be adjusted accordingly. Data from the most recent calendar year (2015 or 2016) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida.