



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

May 2018

Florida Department of Health in Pinellas County

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Division of Disease Control and Health Protection



Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932

Fax: (727) 484-3865 (excluding HIV/AIDS)

To report HIV/AIDS by mail:

Surveillance Room 3-138
205 Dr. MLK Jr St. N
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High FIVE for Clean Hands!

By Rachel Janssen Ilic, BSPH
Environmental Epidemiologist

May 5 marks World Hand Hygiene Day. This campaign aims to improve healthcare worker adherence to hand hygiene recommendations, address concerns about hand hygiene and empower patients to be their own health advocate when it comes to hand hygiene.^{1,2}

Why are clean hands important?

Clean hands have been scientifically proven to reduce infection rates among healthcare patients and people in the community.³ By performing proper hand hygiene, microbes are taken off the hands, which allows patients to remain infection-free. Teaching others proper hand hygiene reduces the number of ill individuals and can reduce diarrheal and respiratory illnesses.

The Skinny on the Science

Scientifically, there is not an increased health benefit between using antimicrobial soap and regular soap – keeping in mind that this is not the case for healthcare workers.⁴ Water alone is not recommended because people tend to rub hands more vigorously when using soap. Microbes are lifted off the hands when friction and the surfactants in soap combine. Most recommendations include scrubbing hands for at least 20 seconds before rinsing with clean water.

Alcohol-based Hand Sanitizer

In healthcare settings, alcohol-based hand sanitizer (ABHS) is utilized when hands are not visibly soiled because ABHS kills most germs and does not cause antimicrobial resistance. ABHS is also less drying and causes less skin irritation than frequent use of soap and water. Common missed places include the fingertips, between fingers and sides of thumbs. ABHS is recommended when hand washing is not available, hands appear clean and non-greasy and when utilized properly.⁵

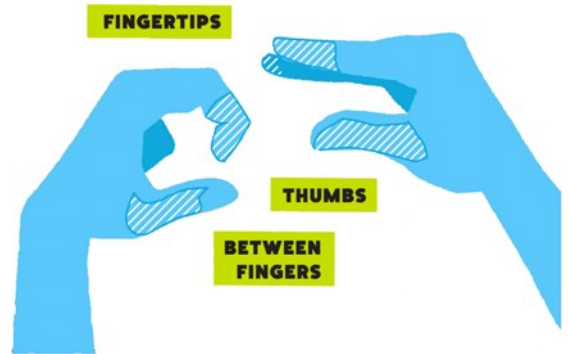
More information on proper hand hygiene can be found on the following websites:

<https://www.cdc.gov/handwashing/index.html>

<http://www.who.int/infection-prevention/campaigns/clean-hands/en/>

References:

1. Clean Hands Count Campaign. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/handhygiene/campaign/index.html>. Updated April 13, 2017. Accessed April 9, 2018.
2. Save Lives: Clean Your Hands. World Health Organization Website. <http://www.who.int/infection-prevention/campaigns/clean-hands/en/>. Published 2018. Accessed April 9, 2018.
3. Show Me the Science: Why Wash Your Hands? Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/handwashing/why-handwashing.html>. Updated November 18, 2015. Accessed April 9, 2018.
4. Luby S, Agboatwalla M, Feikin D, et al. Effect of handwashing on child health: A randomised controlled trial. *The Lancet*. 2005; 366 (9481): 225-33. doi: 10.1016/S0140-6736(05)66912-7
5. Show Me the Science: When & How to Use Hand Sanitizer. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html>. Updated July 13, 2017. Accessed April 9, 2018.



Retrieved from: <https://www.cdc.gov/handhygiene/pdfs/provider-factsheet-508.pdf>

Health Advisories and Alerts

[Multistate Outbreak of E. coli O157:H7 Infections Linked to Romaine Lettuce](#)

[Multistate Outbreak of Salmonella Braenderup Infections Linked to Rose Acre Farms Shell Eggs](#)

[Outbreak Alert: Potential Life-Threatening Vitamin K-Dependent Antagonist Coagulopathy Associated With Synthetic Cannabinoids Use](#)

Ebola Virus - Democratic Republic of the Congo

On May 8, 2018, the World Health Organization (WHO) reported that the government of the Democratic Republic of the Congo (DRC) had declared an outbreak of Ebola Virus Disease (EVD). As of May 11, a total of 34 cases, including 18 deaths, have been reported in Bikoro. To date, the outbreak is reported in a remote area and appears to be geographically limited.

EVD is a severe disease that can affect humans and nonhuman primates. Transmission occurs when there is direct contact with bodily fluids. The average case fatality rate is 50%; however, rates have varied from 25% to 90% in past outbreaks. Per WHO, health care facilities in Bikoro have limited functionality and depend on international organizations to assist with resources. WHO recently received approval from the Government of the DRC to deploy the Newlink/Merck rVSV-EBOV vaccine, an experimental Ebola vaccine, that will help prevent the spread of EVD.

For additional information on the current Ebola outbreak investigation and international response, please visit the WHO website: <http://www.who.int/emergencies/crises/cod/en/>

Lyme Disease

By Rebecca Bohinc, MPH, CPH
Epidemiologist

As spring emerges, people begin spending more time participating in outdoor activities. It is important to take necessary precautions to prevent tick bites that have the potential to transmit infections, including Lyme disease. To promote education of the illness, May has been designated as Lyme Disease Awareness Month. Lyme disease is the most commonly reported vector-borne disease in the United States.¹ An infection in humans occurs through the bite of an infected blacklegged tick transmitting the bacterium, *Borrelia burgdorferi*. Symptoms can include an erythema migrans rash, fever, headache, fatigue, myalgia and arthralgia.² An assessment of clinical symptoms as well as exposure to tick habitats should be evaluated when considering a formal diagnosis. Patients frequently respond to antibiotics when treated during early stages of illness.³

Testing using a two-tiered serological test is available to support a diagnosis, but is not recommended to be used exclusively as a diagnosis. The first step is most commonly completed by use of an enzyme immunoassay (EIA). An EIA can be less sensitive during early stages of infection and can remain negative in individuals who have received antibiotic treatment during early stages of illness. In addition, underlying health conditions can cause cross reactions with the test resulting in a false positive. Such conditions can include but are not limited to lupus, rheumatoid arthritis, syphilis, infections from *Helicobacter pylori*, Epstein-Barr virus and HIV. As patients progress to later stages of the disease, sensitivity of the EIA will improve.³ If the result of the EIA is negative, further testing is not recommended. Should the EIA result positive or equivocal, the second step employing an immunoblot test is recommended. If outcomes of both steps result positive, then the overall result can be considered as positive.⁴

To transmit Lyme disease, ticks frequently must be attached for at least 36 hours.⁴

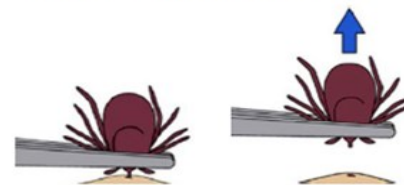
The following practices can be used to prevent an infection:

- Check your entire body for ticks when coming indoors including belly buttons, behind knees, in and around ears, under arms, around the waist and around all hair.
- Wear tick repellent with at least 20% DEET or clothing treated with permethrin.
- Wear light colored clothing tucked into socks and shoes.
- Tumble dry clothes on high heat for at least 10 minutes after coming indoors.
- Remove ticks promptly.
- Regularly treat pets for ticks.

For more information on Lyme disease, visit <https://www.cdc.gov/lyme/index.html>

How to remove a tick

1. Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.
2. Pull upward with steady, even pressure to remove the tick. Avoid twisting or jerking.
3. Clean the bite area and your hands with rubbing alcohol or soap and water.



References:

1. Lyme Disease Data and Statistics. Centers for Disease Control and Prevention Website. <https://www.cdc.gov/lyme/stats/index.html> Published December 19, 2016. Last updated November 13, 2017. Accessed April 16, 2018.
2. Surveillance and Investigation Guidance: Lyme Disease. Florida Department of Health. http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/_documents/cd-lyme.pdf. Accessed April 16, 2018.
3. Lyme Disease Treatment. Centers for Disease Control and Prevention Website. Published December 1, 2017. Updated December 1, 2017.
4. American Public Health Association. (2015). *Lyme Disease*. In Control of Communicable Disease Manual 20th Edition. (pp.363-367). Washington, DC. American Public Health Association.

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	April 2018	April 2017	Pinellas 2018	Florida 2018	2017	2016	2015
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	0
Mumps	0	0	1	25	2	0	0
Pertussis	3	6	5	87	35	18	17
Varicella	1	2	8	232	24	74	38
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	6	2	2	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	1	2	39	7	7	6
Meningococcal Disease	0	0	1	10	0	0	1
C. Enteric Infections							
Campylobacteriosis	25	14	69	1335	207	137	104
Cryptosporidiosis	1	2	8	150	40	27	49
Cyclosporiasis	0	0	0	1	6	5	3
<i>E. coli</i> Shiga Toxin (+)	1	0	6	232	9	3	2
Giardiasis	4	5	15	344	45	41	30
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0
Listeriosis	0	0	1	16	0	2	2
Salmonellosis	11	4	59	1254	278	188	196
Shigellosis	7	2	16	427	26	19	174
D. Viral Hepatitis							
Hepatitis A	0	0	2	52	0	2	4
Hepatitis B: Pregnant Woman +HBsAg	4	3	10	142	25	28	37
Hepatitis B, Acute	6	3	18	288	52	68	57
Hepatitis C, Acute	3	1	14	118	30	49	32
E. Vector Borne/Zoonoses							
Animal Rabies	0	0	0	1	2	4	1
Rabies, possible exposure	17	5	48	1333	140	131	114
Chikungunya Fever	0	0	0	2	0	1	2
Dengue	0	0	0	2	0	2	3
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	1	3	1	34	17	11	6
Malaria	0	0	0	10	0	0	2
West Nile Virus	0	0	0	0	0	1	1
Zika Virus Disease	0	0	0	61	5	23	0
F. Others							
Chlamydia	334	319	1385	n/a	4188	4133	4168
Gonorrhea	125	88	617	n/a	1574	1566	1439
Hansen's Disease	0	0	0	3	0	0	0
Lead Poisoning	15	3	36	527	101	32	40
Legionellosis	2	0	7	123	23	19	18
Mercury Poisoning	0	0	0	12	1	0	1
Syphilis, Total	38	22	136	n/a	382	400	289
Syphilis, Infectious (Primary and Secondary)	19	11	60	n/a	160	188	151
Syphilis, Early Latent	16	5	48	n/a	128	146	83
Syphilis, Congenital	0	0	1	n/a	5	2	3
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	3	6	27	n/a	89	64	52
Tuberculosis	5	3	7	n/a	28	31	14
<i>Vibrio</i> Infections	1	0	1	51	11	8	11

n/a = not available at this time.

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.