FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology Newsletter

November 2018

Florida Department of Health in Pinellas County
205 Dr. Martin Luther King Jr. Street N.
St. Petersburg, FL 33701
(727) 824-6900
www.PinellasHealth.com

Director
Ulyee Choe, DO
Ulyee.Choe@flhealth.gov

Editor
JoAnne Lamb, MPH
Joanne.Lamb@flhealth.gov

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
St. Petersburg, FL 33701

RED TIDE

RED TIDE CONTACTS:

Red tide questions/health concerns? Call the Florida Poison Control Information Center at:
800-222-1222

Report Fish Kills: 800-636-0511 [FWC]

Red Tide Info & Status Reports: MyFWC.com/RedTide

Red Tide Facts: START1.org

Current Beach Conditions: mote.org/beaches or call 941-BEACHES (232-2437)

Acute Flaccid Myelitis (AFM)

The Centers for Disease Control and Prevention (CDC) have identified an increase in Acute Flaccid Myelitis (AFM) cases, a rare nervous system condition, since 2014. From August 2014 to November 2018, a total of 414 confirmed AFM cases have been reported across the U.S. (Table 1)[1,2]. Case counts have varied year to year and 27 states have reported cases in 2018.

Table 1:Number of confirmed AFM cases by year of illness onset (2014-2018*)

Year	Number of confirmed cases	Number of states with confirmed cases
2014 (Aug-Dec)	120	34
2015	22	17
2016	149	39 (Includes DC)
2017	33	16
2018 (Jan - Nov 9)	90	27

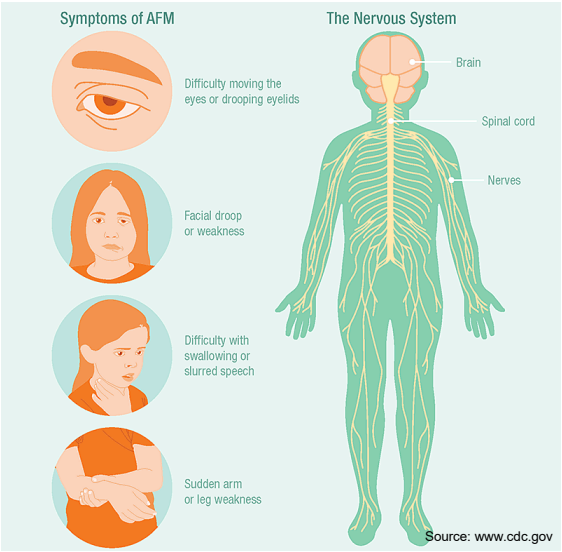
*CDC data—case counts are subject to change

Symptoms of AFM may include sudden onset of arm or leg weakness, difficulty moving eyes, dropping eyelids, or difficulty with swallowing or slurred speech. The most severe manifestation of AFM is respiratory failure due to muscles involved with breathing becoming weak[3]. There is no specific treatment and specific interventions may be recommended on a case-by-case basis. While AFM is not a new condition, there is still little known about its cause and long-term effects.

Certain viruses have been found to be associated with AFM, including poliovirus, enterovirus A71 (EV-A71) and enterovirus D68 (EV-D68). Of the 414 cases identified since 2014, coxsackievirus A16, EV-A71, and EV-D68 were detected in the spinal fluid of only four cases, which points to their cause of their AFM. All patients were negative for poliovirus. No pathogen has been detected for the other cases to confirm cause. Most cases showed an onset between August and October, with increases in AFM cases every two years since 2014; this is the same time period many viruses circulate[1,4].

AFM can be challenging to diagnose as it shares many symptoms with other neurologic diseases[1]. If you would like to learn more about determining if a patient has AFM, please visit the official CDC case definition webpage.

The CDC is working closely with healthcare providers and local health departments to identify new cases and identify possible risk factors.



To learn more about AFM, please visit AFM Surveillance and Acute Flaccid Myelitis.

References:
[1]AFM Investigation. Centers for Disease Control and Prevention (CDC). Website: https://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html#cdc. Accessed on November 2018.
[2]Sejvar, J. J., Lopez, A. S., Cortese, M. M., Leshem, E., Pastula, D. M., Miller, L., ... & Fischer, M. (2016). Acute flaccid myelitis in the United States, August–December 2014: results of nationwide surveillance. Clin Infect Dis, 63(6), 737-745.
[3]About Acute Flaccid Myelitis. Centers for Disease Control and Prevention (CDC). Website: https://www.cdc.gov/acute-flaccid-myelitis/about-afm.html#causes. Accessed on November 2018.
[4]Morris, S., Kim, Y. M., Waubant, E., Van Haren, K., & Mar, S. S. (2017). Acute Flaccid Myelitis. In Pediatric Demyelinating Diseases of the Central Nervous System and Their Mimics (pp. 241-250). Springer, Cham.

Pinellas County Suicide Prevention

In 2017, the Pinellas County suicide death rate was 16.9, which was above the 14.1 rate observed for Florida. Adjacent counties reported 17.2 (Pasco), 12.8 (Hillsborough) and 15.4 (Manatee)[1]. Suicide is the second leading cause of death among those 10-24 years old in the United States[2].

While the causes of suicide vary and may involve a combination of individual, relationship, community and societal factors, some risk factors are identifiable. These risks factors can include a family history of suicide, previous suicide attempts, history of alcohol and substance abuse, cultural and religious beliefs, isolation, loss, physical illness, among others. It is important to remember these elements are characteristics associated with suicide and might not be the direct causes[3].

The primary goals for suicide prevention are to reduce factors that increase risk and to advocate resilience and coping. Suicide is a serious, but preventable public health problem. It is essential to promote awareness of suicide, while also promoting commitment to social change[3].

For a full list of suicide prevention strategies and resources, please visit: https://www.cdc.gov/violenceprevention/suicide/prevention.html

References:

[1]Data obtained from FL CHARTS. Accessed on November 7, 2018.
[2]Sullivan, E. M., Annest, J. L., Simon, T. R., Luo, F., & Dahlberg, L. L. (2015). Suicide trends among persons aged 10-24 years--United States, 1994-2012. MMWR, 64(8), 201-205.
[3]Suicide Prevention. Centers for Disease Control and Prevention (CDC). Website: https://www.cdc.gov/violenceprevention/suicide/index.html. Accessed on November 2018.

Hepatitis A

Nationwide, there has been an increase in hepatitis A cases, which has been observed in states such as Kentucky, Indiana, West Virginia, and Florida[1]. Florida has reported a total of 344 hepatitis A cases, including 66 (19%) cases in Pinellas[2].

Hepatitis A is a contagious liver infection caused by the hepatitis A virus. It usually spreads through close contact with an infected person, eating or drinking contaminated foods/liquids, touching a surface contaminated with hepatitis A, and oral to anal contact with infected partner[3]. Common symptoms include fever, stomach pain, nausea/vomiting, gray-colored stool and yellowing of skin or eyes.

High-risk groups include those who use drugs, men who have sex with men, travelers to countries where hepatitis A is common, homelessness, and those recently in jail[1]. The best way to prevent hepatitis A is through good hygiene and vaccination. Remember to wash your hands after using the bathroom, changing a diaper, before eating or preparing food. The hepatitis A vaccine is a two-dose series and provides long-lasting immunity.

For more information about hepatitis A and vaccination, please visit the following webpages: Florida Department of Health and the Centers for Disease Control and Prevention (CDC).

References:

[1]Outbreak of hepatitis A virus (HAV) infections among persons who use drugs and persons experiencing homelessness. CDC. Webpage: https://emergency.cdc.gov/han/han00412.asp. Accessed on November 2018.
[2]Data obtained from MERLIN. Accessed on November 7, 2018.
[3]Viral hepatitis. Centers for Disease Control and Prevention (CDC). Webpage: https://www.cdc.gov/hepatitis/hav/index.htm. Accessed on November, 2018.

Health Advisories and Travel Notices

Polio in Somalia

Monkeypox in Nigeria

Rubella in Japan

Super Typhoon Yutu

Select Reportable Diseases in Pinellas County

	Pinellas		YTD* Total		Pinellas County Annual Totals		
Disease	**October 2018**	**October 2017**	**Pinellas 2018**	**Florida 2018**	**2017**	**2016**	**2015**
A. Vaccine Preventable							
Measles	**0**	**0**	**7**	**11**	0	0	0
Mumps	**0**	**1**	**2**	**47**	2	0	0
Pertussis	**4**	**0**	**22**	**277**	35	18	17
Varicella	**2**	**0**	**45**	**665**	24	74	38
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	**0**	**1**	**0**	**15**	2	2	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	**4**	**0**	**6**	**88**	7	7	6
Meningococcal Disease	**0**	**0**	**1**	**18**	0	0	1
C. Enteric Infections							
Campylobacteriosis	**22**	**18**	**225**	**4056**	207	137	104
Cryptosporidiosis	**2**	**5**	**31**	**501**	40	27	49
Cyclosporiasis	**0**	**0**	**4**	**72**	6	5	3
E. coli Shiga Toxin (+)	**3**	**3**	**13**	**683**	9	3	2
Giardiasis	**2**	**4**	**34**	**944**	45	41	30
Hemolytic Uremic Syndrome (HUS)	**0**	**0**	**0**	**8**	0	0	0
Listeriosis	**0**	**0**	**1**	**38**	0	2	2
Salmonellosis	**20**	**56**	**185**	**5703**	278	188	196
Shigellosis	**0**	**0**	**37**	**1219**	26	19	174
D. Viral Hepatitis							
Hepatitis A	**15**	**1**	**61**	**313**	0	2	4
Hepatitis B: Pregnant Woman +HBsAg	**1**	**1**	**14**	**324**	25	28	37
Hepatitis B, Acute	**7**	**5**	**40**	**668**	51	68	57
Hepatitis C, Acute	**1**	**4**	**37**	**518**	30	49	32
E. VectorBorne/Zoonoses							
Animal Rabies	**0**	**0**	**4**	**118**	2	4	1
Rabies, possible exposure	**7**	**7**	**113**	**3346**	140	131	114
Chikungunya Fever	**0**	**0**	**0**	**4**	0	1	2
Dengue	**0**	**0**	**0**	**43**	0	2	3
Eastern Equine Encephalitis	**0**	**0**	**0**	**3**	0	0	0
Lyme Disease	**0**	**0**	**11**	**141**	17	11	6
Malaria	**1**	**0**	**1**	**47**	0	0	2
West Nile Virus	**0**	**0**	**0**	**24**	0	1	1
Zika Virus Disease	**0**	**0**	**1**	**117**	5		
F. Others							
Chlamydia	**414**	**385**	**3738**	**n/a**	4188	4133	4168
Gonorrhea	**107**	**146**	**1220**	**n/a**	1574	1566	1439
Hansen's Disease	**0**	**0**	**0**	**16**	0	0	0
Legionellosis	**3**	**1**	**24**	**413**	23	19	18
Mercury Poisoning	**0**	**1**	**1**	**36**	1	0	1
Syphilis, Total	**30**	**38**	**342**	**n/a**	382	400	289
Syphilis, Infectious (Primary and Secondary)	**16**	**16**	**159**	**n/a**	160	188	151
Syphilis, Early Latent	**10**	**12**	**112**	**n/a**	128	146	83
Syphilis, Congenital	**0**	**1**	**2**	**n/a**	5	2	3
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	**4**	**9**	**69**	**n/a**	89	64	52
Tuberculosis	**6**	**2**	**12**	**n/a**	28	31	14
Vibrio Infections	**0**	**2**	**4**	**196**	11	8	11

*YTD up to October 31, 2018. 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.