EPI WATCH

Monthly Epidemiology Newsletter

205 Dr. MLK Jr. St. N
St. Petersburg, FL 33701
(727) 824-6900

Director
Ulyee Choe, DO

Editor
Rachel Ilic, MPH, CPH, CIC
Rachel.Ilic@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

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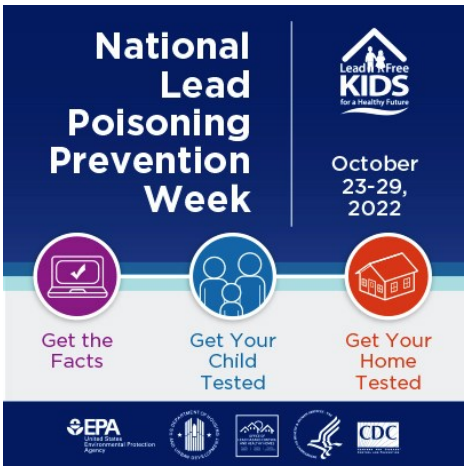
National Lead Poisoning Prevention Week

By: Becky Bohinc, MPH, CPH

National Lead Poisoning Prevention Week (NLPPW) will be recognized this year from October 23-29. This week is dedicated to promoting awareness of lead poisoning, sharing resources, and encouraging actions that will prevent childhood exposures to lead. Lead exposures are recognized as one of the most common environmental toxins among children, stressing the need for community awareness.



Individuals can be exposed to lead through inhalation of lead dust or ingestion of items containing lead. Lead exposures in children younger than six years are particularly concerning as their nervous systems are still developing and therefore susceptible to lead absorption. In addition, young children are more likely to put their hands or objects in their mouth that are contaminated with lead, thereby increasing the chances of a lead exposure. Effects from lead poisoning can affect multiple systems in the body and do not always present with obvious symptoms. Potential health outcomes can include anemia, hearing loss, diminished skeletal growth, lower IQ, and detrimental effects on cognitive and behavioral development. It has been found that even low levels of lead in blood can cause health affects in children. The only way to determine the level of lead in the body is through a blood test.

Children can be exposed to lead in various ways stemming form sources both inside and outside of the home. Homes built before 1978 could contain lead-based paint. As the paint cracks or deteriorates, children can ingest paint chips or dust. Lead can also be found in plastics, toys, jewelry, candies, traditional home remedies, or imported spices. Caregivers or family members that participate in jobs or hobbies that generate lead dust can also pose a potential threat by transferring lead dust into the home or car. Some examples include working in any form of repair, remodeling or demolition of homes or buildings, use of firearms or working at a firing range, welding, battery or car repair, soldering, or even through working with ceramic glaze or stain glass windows.

The Centers for Disease Control and Prevention utilizes a blood lead reference value to identify children that have higher levels in their blood compared with others. On October 28, 2021, CDC lowered their blood lead reference value from 5 ug/dL to 3.5 ug/dL to trigger earlier response efforts to reduce lead exposures. Jurisdictions should follow the Centers for Medicare and Medicaid Services requirement that all Medicaid-enrolled children be tested at ages 12 and 24 months or at ages 24 to 72 months if not previously screened. Testing is also important as disparities in lead exposures have been identified among racial and ethnic groups as well as among those of varying economic statuses. Elevated lead levels have been found among children living in low-income households, homes built before 1978, and in poor housing conditions. Families are encouraged to speak to their child's pediatrician to discuss potential risks of lead exposure and to request testing. If blood lead levels are elevated, families should be educated on possible risk factors and actions they can take to remove the source. Individuals can then be retested to determine if lead levels decline after implementing recommendations.

For more information on lead poisoning, visit www.cdc.gov/nceh/lead/default.htm

For more information on NLPPW, visit NLPPW

2021-2022 Influenza Season Review

By: Diana Yang

Influenza activity in the United States has been remarkably low since the COVID-19 pandemic began and the past 2021-22 Influenza season followed the same trend. Overall, it was a mild season with two distinct waves of increased activity. In the pre-pandemic years, typical influenza activity increases in the fall and peaks in February. During the 2021-22 influenza season, the first wave began increasing in November and peaked in December but a higher, and unusual, second wave began to start as early as March in some regions of the country and lasted until mid-June. This late season activity caused influenza levels to be higher than any previous season throughout the months of May, April, and early June.

Despite this unusual late season activity, the 2021-22 Influenza season had the lowest percent positive influenza test results in the past 25 pre-pandemic years and the lowest cumulative rate of infuenza-associated hospitalizations since the 2011-12 influenza season. Higher levels of influenza testing occurred in clinical and public health laboratories, with at least one million more samples were tested. When sequencing specimens during the 2021-22 Influenza season, the predominant virus was A (H3N2) throughout both waves. Among the A (H3N2) cases with age data available, approximately 51% were ages 5-24 and 11% of cases were ages 65+.

Preliminary vaccine effectiveness estimates showed that persons who were vaccinated reduced their risk for influenza illness by approximately one third. Vaccination against influenza remains the best way to protect against seasonal influenza. All persons aged 6 months or older should receive a seasonal influenza vaccine each year. For those infected with the virus, influenza antiviral drugs are approved by the Food and Drug Administration and is recommended for use within 2 days of symptom onset for treatment of acute uncomplicated influenza.

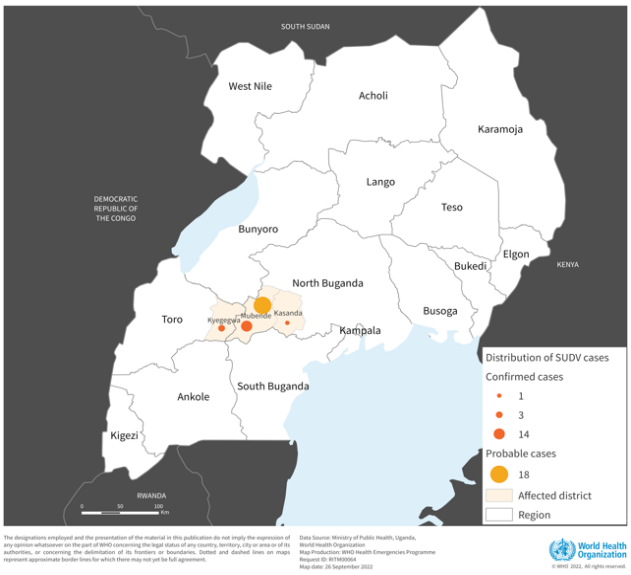
For more information, visit: https://www.cdc.gov/mmwr/volumes/71/wr/mm7129a1.htm

2022 Uganda Ebola Virus Disease Outbreak

By: Rachel Ilic, MPH, CPH, CIC

An outbreak of Ebola Virus Disease (EVD) due to Sudan virus (species *Sudan ebolavirus*) was declared on September 20, 2022 by Ugandan health authorities. As of October 12, 72 cases with 39 deaths (52.7%) have been linked to the outbreak.

The *Sudan ebolavirus'* mortality rate is approximately 50% while the *Zaire ebolavirus* is 70-90%. The incubation period ranges from 2 to 21 days and those infected cannot spread the disease until symptoms develop. There are currently no FDA approved vaccines or treatments available. Symptoms are similar to other Ebola viruses, but can mimic other diseases such as malaria, typhoid fever and meningitis. Rule out malaria testing is recommended for all travelers with undifferentiated fever after travel to sub-Saharan Africa.



At this time, there are a low number of possibly exposed travelers returning to the US. Travelers are sent through five designated U.S. airports and screened upon entry.

If you suspect Ebola Virus Disease, contact the Epidemiology Program immediately at 727-824-6932.

For more information, visit:
CDC Oct 12 EVD PPT: https://emergency.cdc.gov/coca/ppt/2022/101222_slides.pdf
CDC HAN: https://emergency.cdc.gov/han/2022/han00477.asp
CDC Interim Traveler Risk Assessment and Management: www.cdc.gov/quarantine/interim-guidance-risk-assessment-ebola.html
www.cdc.gov/quarantine/pdf/sample-Ebola-Exposure-Screening-Assessment-Tool-p.pdf
CDC EVD Recs for Organizations: www.cdc.gov/quarantine/ebola/recs-organizations-sending-workers-ebola.html

Select Reportable Diseases in Pinellas County

	Pinellas		YTD Total		Pinellas County Annual Totals		
Disease	**September 2022**	**September 2021**	**Pinellas 2022**	**Florida 2022**	**2021**	**2020**	**2019**
A. Vaccine Preventable							
Coronavirus 2019	**4031**	**21918**	**103947**	**2754498**	**103408**	**45804**	**0**
Measles	**0**	**0**	**0**	**0**	0	0	1
Monkeypox	**49**	**0**	**135**	**2333**	0	0	0
Mumps	**0**	**0**	**0**	**11**	1	1	3
Pertussis	**1**	**0**	**2**	**43**	1	8	27
Varicella	**0**	**2**	**22**	**323**	25	18	32
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	**0**	**0**	**3**	**47**	1	0	3
Meningitis (Bacterial, Crypto-coccal, Mycotic)	**0**	**0**	**9**	**102**	5	5	7
Meningococcal Disease	**0**	**0**	**1**	**55**	1	2	1
C. Enteric Infections							
Campylobacteriosis	**18**	**12**	**160**	**2940**	213	247	303
Cryptosporidiosis	**6**	**1**	**24**	**436**	28	38	62
Cyclosporiasis	**0**	**0**	**20**	**480**	9	9	28
E. coli Shiga Toxin (+)	**2**	**0**	**25**	**793**	16	10	22
Giardiasis	**4**	**1**	**21**	**859**	29	28	52
Hemolytic Uremic Syndrome (HUS)	**0**	**0**	**0**	**12**	0	0	1
Listeriosis	**0**	**0**	**3**	**43**	3	2	2
Salmonellosis	**16**	**28**	**133**	**4838**	182	200	200
Shigellosis	**3**	**3**	**26**	**628**	37	19	22
D. Viral Hepatitis							
Hepatitis A	**0**	**0**	**17**	**269**	6	3	377
Hepatitis B: Pregnant Woman +HBsAg	**3**	**2**	**17**	**303**	10	18	21
Hepatitis B, Acute	**3**	**6**	**20**	**566**	51	40	71
Hepatitis C, Acute	**3**	**5**	**90**	**1216**	91	117	75
E. Vectorborne/Zoonoses							
Animal Rabies	**0**	**0**	**0**	**47**	0	0	2
Rabies, possible exposure	**8**	**10**	**112**	**3518**	135	118	128
Chikungunya Fever	**0**	**0**	**0**	**0**	0	0	0
Dengue fever	**2**	**0**	**7**	**557**	0	1	3
Eastern Equine Encephalitis	**0**	**0**	**0**	**0**	0	0	0
Lyme Disease	**2**	**3**	**6**	**170**	7	11	19
Malaria	**3**	**0**	**4**	**42**	2	2	5
West Nile Virus	**0**	**0**	**0**	**6**	0	0	0
Zika Virus Disease	**0**	**0**	**0**	**0**	0	0	3
F. Others							
Chlamydia	**326**	**345**	**3070**	**n/a**	4090	3956	4575
Gonorrhea	**128**	**148**	**1385**	**n/a**	1882	1634	1526
Hansen's Disease	**0**	**0**	**0**	**6**	0	0	0
Legionellosis	**3**	**3**	**30**	**409**	36	33	30
Mercury Poisoning	**0**	**0**	**0**	**28**	2	1	1
Syphilis, Total	**35**	**49**	**555**	**n/a**	633	479	493
Syphilis, Infectious (Primary and Secondary)	**21**	**19**	**249**	**n/a**	273	212	218
Syphilis, Early Latent	**11**	**21**	**205**	**n/a**	239	166	197
Syphilis, Congenital	**0**	**1**	**5**	**n/a**	7	5	6
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	**3**	**8**	**96**	**n/a**	114	96	72
Tuberculosis	**2**	**0**	**16**	**n/a**	24	24	33
Vibrio Infections	**2**	**0**	**9**	**211**	13	12	18

*YTD up to September 30 2022. n/a = not available at this time