



EPI WATCH

Monthly Epidemiology Newsletter



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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
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COVID-19 and Household Animals

SARS-CoV-2 is a coronavirus, belonging to the *Coronaviridae* family, that causes Coronavirus disease 2019 (COVID-19) in humans. Spillover of coronaviruses from animals to humans has occurred in the past, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), first identified in 2003 and 2012. Currently, the Centers for Disease Control and Prevention (CDC) has not confirmed an exact source of SARS-CoV-2; however, the first reported cases of COVID-19 in Wuhan, China had contact to a live animal market.

The CDC is aware of a small number of pets, including dogs and cats, that have become infected following close contact to a confirmed human case of COVID-19, all occurring outside of the United States.¹ Domestically, a tiger at the New York City Zoo recently tested positive for SARS-CoV-2 after developing respiratory symptoms.² However, there is **no** evidence supporting the transmission from pets to humans.³

The public is recommended to avoid dog parks or public places where a large number of people and dogs gather. Additionally, cats should be kept inside to limit interaction with people or other animals outside the household.

Out of an abundance of caution, the CDC and United States Department of Agriculture (USDA) recommend that symptomatic persons should limit their contact with pets by³:

- Having another member of household care for animals while symptomatic
- Avoiding contact with pet
- If you must care for your pet, wash hands before and after any interaction

If you are sick with COVID-19 and your pet becomes sick, do not take your pet to the veterinary clinic yourself. Instead, call your veterinarian and let them know you have been sick with COVID-19. Telemedicine or alternative plans will be coordinated in this instance.

Please review the [CDC's Pet Guidance](#) and [Q&A](#) for more information.

1 World Organization for Animal Health. (2020). Questions and Answers on the 2019 coronavirus Disease (COVID-19). Retrieved from <https://www.oie.int/en/scientific-expertise/specific-information-and-recommendations/questions-and-answers-on-2019-novel-coronavirus/>

2 United states department of Agriculture. (2020). USDA Statement on the confirmation of COVID-19 in a Tiger in New York. Retrieved from https://www.aphis.usda.gov/aphis/newsroom/news/sa_by_date/sa-2020/ny-zoo-covid-19

3 CDC. (2020). Interim Guidance for Public Health Professionals Managing People With COVID-19 in Home Care and Isolation Who

Stronger than C-19

The Florida Department of Health has developed a brief community action survey to aid Public Health Officials in fighting the spread of COVID-19 through better surveillance.

Please take a moment and visit www.strongerthanc19.com

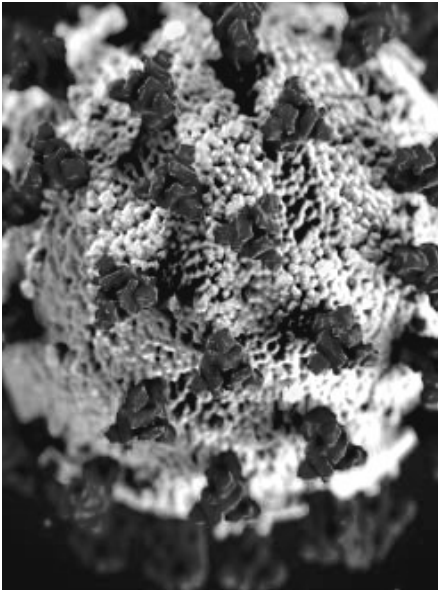


Image retrieved from CDC PHIL

COVID-19 and Children

In a recent Morbidity and Mortality Weekly Report (MMWR), the CDC COVID-19 Response Team summarized disease trends in children under 18 years old in the United States.

Children account for 22% of the U.S. population; however, of the 149,082 cases reported as of April 2, 2020, only 1.7% occurred in children. Among those with recorded symptoms, 56% reported fever, 54% reported cough, and 13% reported shortness of breath, compared with 71%, 80%, and 43%, respectively, among persons aged 18–64 years. Additionally, less than 2% of confirmed pediatric cases were admitted into an Intensive Care Unit (ICU).

These findings show that symptoms may be less severe in children, pointing to the need for social distancing and other preventive measures to reduce asymptomatic transmission.

To view the complete report please visit [MMWR: Coronavirus](#)

CDC Recommendations for Cloth Face Coverings

Recent evidence has identified transmission of SARS-CoV-2 (virus that causes COVID-19) through respiratory droplets and indirect contact up to 1 to 3 days before symptom onset¹. In light of this information, as well as increased evidence of community spread, the CDC recommends wearing cloth face coverings in public settings, including grocery stores and pharmacies. This measure is intended to limit transmission from persons who are not showing symptoms and may not know they are infected. **Please note that masking does not replace social distancing measures and good hand hygiene.**

Due to limited quantities of surgical masks and N-95 respirators, the CDC has developed guidance on fashioning masks from household items.

Please review the [Sew and No Sew Instructions](#) on the CDC's website.

1. Wei WE, Li Z, Chiew CJ, Yong SE, Toh MP, Lee VJ. Presymptomatic Transmission of SARS-CoV-2 -Singapore, January 23–March 16, 2020. MMWR Morb Mortal Wkly Rep. ePub: 1 April 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6914e1external icon>.

Stress and Coping for Responders during COVID-19

The ongoing stress of caring for COVID-19 patients, quelling community fears, and the excess of information can take an emotional toll on first responders, health care providers, and other public health professionals. Some persons may develop secondary traumatic stress, where stress develops after exposure to another individual's traumatic experience. This, and other forms of stress, have an impact on your health and quality of work. Things you can do to reduce stress:

- Acknowledge the stress
- Watch for symptoms including fatigue, illness, fear, withdrawal, etc.
- Take a break from media coverage of COVID-19
- Ask for help if you are feeling overwhelmed.

In a recent study, researchers identified key wants of health care professionals from administration to address their anxieties. These included providing up-to-date information, listening to concerns, and providing family resources. Please review the findings of [Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic](#) to better discern how you or your organization may address these concerns.

Please visit the [CDC's Emergency Responders: Tips for Taking Care of Yourself](#) site for more resources.

U.S. Based Outbreaks

Infectious disease outbreaks currently being reported by CDC can be found here:
<https://www.cdc.gov/outbreaks/index.html>

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas Annual Totals		
	Mar 2020	Mar 2019	Pinellas 2020	Florida 2020	2019	2018	2017
A. Vaccine Preventable							
Measles	0	0	0	2	1	7	0
Mumps	0	1	1	42	7	10	3
Pertussis	1	0	7	148	27	32	36
Varicella	1	4	12	189	33	67	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	5	3	1	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	30	7	9	7
Meningococcal Disease	0	0	2	13	1	1	0
C. Enteric Infections							
Campylobacteriosis	14	20	64	912	310	264	207
Cryptosporidiosis	2	3	9	98	64	34	40
Cyclosporiasis	1	0	0	2	28	4	6
<i>E. coli</i> Shiga Toxin (+)	0	0	3	156	24	15	22
Giardiasis	4	5	9	222	52	41	45
Hemolytic Uremic Syndrome (HUS)	0	0	0	2	1	0	0
Listeriosis	0	0	0	12	2	1	0
Salmonellosis	9	10	34	971	201	233	279
Shigellosis	6	0	10	241	22	40	26
D. Viral Hepatitis							
Hepatitis A	0	66	2	431	377	113	1
Hepatitis B: Pregnant Woman +HBsAg	1	1	7	71	24	14	25
Hepatitis B, Acute	3	8	7	156	72	52	51
Hepatitis C, Acute	5	6	27	411	82	40	30
E. Vector Borne/ Zoonoses							
Animal Rabies	0	0	0	19	2	1	3
Rabies, possible exposure	8	9	35	947	128	130	140
Chikungunya Fever	0	0	0	2	0	0	0
Dengue	0	0	0	25	3	0	0
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	3	0	35	22	14	19
Malaria	0	0	1	12	5	3	0
West Nile Virus	0	0	0	0	0	0	0
Zika Virus Disease	0	0	0	2	3	2	5
F. Others							
Chlamydia	325	353	1103	n/a	4588	4422	418
Gonorrhea	139	81	353	n/a	1537	1439	1574
Hansen's Disease	0	0	0	6	0	0	0
Legionellosis	2	4	9	211	43	37	28
Mercury Poisoning	0	0	0	6	1	1	1
Syphilis, Total	35	32	110	n/a	479	438	382
Syphilis, Primary and Secondary	16	11	45	n/a	213	190	160
Syphilis, Early Latent	13	17	43	n/a	191	158	128
Syphilis, Congenital	0	1	1	n/a	6	2	5
Syphilis, Late Syphilis	6	3	21	n/a	69	88	89
Tuberculosis	0	1	6	n/a	23	33	28
<i>Vibrio</i> Infections	1	0	1	31	18	6	11

*YTD up to April 01, 2020. n/a = not available at this time

Reportable diseases include confirmed and probable cases only. All case counts are current and 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 STARS is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)



Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- 📞 Report immediately 24/7 by phone
 - Report next business day
 - + Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- 📞 Amebic encephalitis
- ! Anthrax
 - Arsenic poisoning
- ! Arboviral diseases not otherwise listed
 - Babesiosis
- ! Botulism, foodborne, wound, and unspecified
 - Botulism, infant
- ! Brucellosis
 - California serogroup virus disease
 - Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
 - Carbon monoxide poisoning
 - Chancroid
 - Chikungunya fever
- 📞 Chikungunya fever, locally acquired
 - Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
 - Ciguatera fish poisoning
- + Congenital anomalies
 - Conjunctivitis in neonates <14 days old
 - Creutzfeldt-Jakob disease (CJD)
 - Cryptosporidiosis
 - Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
 - Eastern equine encephalitis
 - Ehrlichiosis/anaplasmosis
 - *Escherichia coli* infection, Shiga toxin-producing
 - Giardiasis, acute
- ! Glanders
 - Gonorrhea
 - Granuloma inguinale

- ! *Haemophilus influenzae* invasive disease in children <5 years old
 - Hansen's disease (leprosy)
- 📞 Hantavirus infection
- 📞 Hemolytic uremic syndrome (HUS)
- 📞 Hepatitis A
 - Hepatitis B, C, D, E, and G
 - Hepatitis B surface antigen in pregnant women and children <2 years old
- 📞 Herpes B virus, possible exposure
 - Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
 - HIV-exposed infants <18 months old born to an HIV-infected woman
 - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- 📞 Influenza-associated pediatric mortality in children <18 years old
 - Lead poisoning (blood lead level ≥5 µg/dL)
 - Legionellosis
 - Leptospirosis
- 📞 Listeriosis
 - Lyme disease
 - Lymphogranuloma venereum (LGV)
 - Malaria
- ! Measles (rubeola)
- ! Melioidosis
 - Meningitis, bacterial or mycotic
- ! Meningococcal disease
 - Mercury poisoning
 - Mumps
- + Neonatal abstinence syndrome (NAS)
- 📞 Neurotoxic shellfish poisoning
- 📞 Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- 📞 Pertussis

- Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
 - Psittacosis (ornithosis)
 - Q Fever
- 📞 Rabies, animal or human
 - ! Rabies, possible exposure
- ! Ricin toxin poisoning
 - Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
 - St. Louis encephalitis
 - Salmonellosis
 - Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
 - Shigellosis
- ! Smallpox
- 📞 Staphylococcal enterotoxin B poisoning
- 📞 *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
 - *Streptococcus pneumoniae* invasive disease in children <6 years old
 - Syphilis
- 📞 Syphilis in pregnant women and neonates
 - Tetanus
 - Trichinellosis (trichinosis)
 - Tuberculosis (TB)
- ! Tularemia
- 📞 Typhoid fever (*Salmonella* serotype Typhi)
 - ! Typhus fever, epidemic
 - ! Vaccinia disease
 - Varicella (chickenpox)
- ! Venezuelan equine encephalitis
 - Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
 - West Nile virus disease
- ! Yellow fever
- ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."