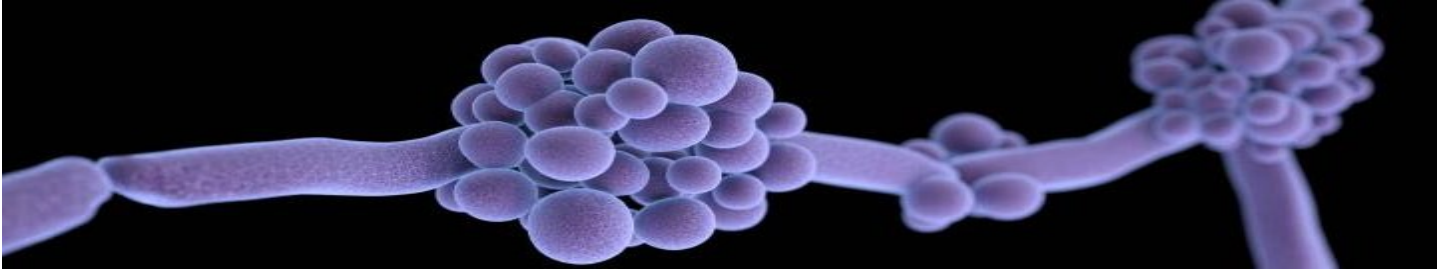




# EPI WATCH

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  
205 Dr. MLK Jr St. N

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## *Candida Auris* in Pinellas County

*Candida auris*, first identified in Asia in 2009, has become a serious threat to global public health over the last decade. The first cases in the United States were detected in 2015 and at least 20 states have reported 1 or more case as of September 30, 2020.

The Centers for Disease Control and Prevention (CDC) are concerned about *C. auris* for three reasons. First, it is often resistant to multiple anti-fungal drugs used to treat other *Candida* infections. Second, it is difficult to identify with standard laboratory methods and can be misidentified, which can lead to inappropriate management. And third, it has caused outbreaks in health care settings.

**We are actively identifying *C. auris* cases in Pinellas County.** While *C. auris* has been introduced from abroad, most Florida cases have resulted from local transmission in health care settings, especially in nursing homes and other long-term care facilities providing ventilator care. *C. auris* typically affects ill patients, often those who are ventilator-dependent, have tracheostomies, and are colonized with other resistant pathogens. Some patients can be colonized with *C. auris* and do not have symptoms. Patients colonized with *C. auris* are still capable of transmitting *C. auris* to others and are at risk of developing invasive infections. Patients with *C. auris* bloodstream infections have a 30-day mortality rate of 39% and a 90-day rate of 58%.<sup>1</sup> The CDC reports 90% of isolates show resistance to at least one antifungal and 30% have resistance to at least two antifungal drug classes.

The Florida Department of Health in Pinellas County (DOH-Pinellas) is responding to the spread of *C. auris* by working with FDOH to implement a CDC containment strategy. The intent is to provide ongoing technical assistance for conducting surveillance, working with laboratories to ensure the use of proper *C. auris* detection methods, and providing guidance to facilities for infection prevention including hand hygiene, environmental cleaning, and contact precaution strategies. Without these urgent activities for containment, it is likely Florida will follow the trend of other U.S. and international locations where *C. auris* has become endemic. Despite being a new emerging threat, infection control recommendations are similar to those for other multidrug-resistant organisms (MDROs) or *Clostridioides difficile* (*C. difficile*). Facilities that care for people with other MDROs or *C. difficile* are typically capable of caring for similar patients who have *C. auris*.

Recommendations for physicians include:

1. Test and identify all yeast isolates to the species level for specimens from bloodstream and other sterile sites (e.g. cerebrospinal fluid).
2. Test and identify all *Candida* isolates from non-sterile, non-invasive sites to determine species when:
  - Clinically indicated in the care of a patient.
  - A case of *C. auris* infection or colonization has been detected in your facility.
  - There is an increase in unidentified *Candida* species infections in a facility.
3. Screen patients who are at high risk of *C. auris*.

For more information, please visit [CDC Candida auris](https://www.cdc.gov/fungal/diseases/candida-auris/)

<sup>1</sup>Adams A et al. *Candida auris* in Healthcare Facilities, New York, USA, 2013-2017. Emerging Infectious Diseases. 2018. [https://wwwnc.cdc.gov/eid/article/24/10/18-0649\\_article](https://wwwnc.cdc.gov/eid/article/24/10/18-0649_article)

## Options for a Shortened Quarantine After COVID-19 Exposure

The purpose of quarantine for persons exposed to COVID-19 is to prevent the spread of illness before someone knows that they have the virus. Once it was determined that people could spread COVID-19 prior to symptom onset and that many people may never develop symptoms at all, quarantine became even more important in controlling the spread. The recommendation for the 14-day quarantine was based on the estimated upper bound of the COVID-19 incubation period and is the most effective way to control the spread of the illness.

However, for many people, a 14-day quarantine poses substantial burdens. The gender wage gap, the lack of universal paid family leave and affordable child care, inadequate unemployment programs, and only token emergency financial support from federal and state governments has created significant economic hardships for many Americans, especially among communities who have also been disproportionately impacted by illness during the COVID-19 pandemic<sup>1</sup>. These hardships can decrease compliance with quarantine and discourage persons with COVID-19 from providing contacts for tracing.

On December 2, the Centers for Disease Control and Prevention (CDC) published updated guidance with options to reduce the quarantine period for contacts of persons with COVID-19. While any reduction in time of quarantine can increase the risk for transmission of COVID-19, the shorter quarantine periods may increase compliance and the willingness to provide information to contact tracers. Certain factors, such as higher prevalence of illness or settings with high rates of contact, offer the most risk of secondary transmission after a shortened period of quarantine.



There are two options for a shortened quarantine. The first option, when diagnostic testing resources are widely available, allows for someone to end quarantine after completing day 7 if they are asymptomatic and have a negative PCR test on or after day 5. It was found that the risk for post-quarantine transmission in this scenario is about 5% with an upper limit of 12%<sup>2</sup>. The second option allows persons who remain asymptomatic to end quarantine after day 10 with no diagnostic testing. It was found that the risk for post-quarantine in this scenario is about 1% with an upper limit of 10%. If quarantine is ended early, all persons must adhere to correct and consistent mask usage, social distancing and avoiding crowds, hand hygiene, and monitoring for symptoms through day 14. If symptoms do develop, the person should isolate immediately and seek medical care and testing.

While this new guidance does allow for ending quarantine early, those who are able should still complete the full 14-day quarantine. COVID-19 cases are rising in Florida and Pinellas County, and while masks, social distancing, and hand hygiene are all important tools in preventing the spread of COVID-19, the best way to prevent the spread of illness is to stay home and away from other people as much as possible and to complete the full 14-day quarantine after an exposure to someone with COVID-19.

For more information on who should quarantine, please visit [CDC When to Quarantine](#)

### References

1) Percival, A. COVID-19 Economic Impact And the Need To Do Better. *Forbes* (12/15/2020). <https://www.forbes.com/sites/alainapercival/2020/12/15/covid-19-impact-and-the-need-to-do-better/?sh=3a9b0946cb49>

2) Centers for Disease Control and Prevention. Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing. (2020). <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

## Similarities in Symptoms of SARS-CoV-2 Infection and Carbon Monoxide (CO) Poisoning

On December 9, the CDC sent out a newsletter via the Clinician Outreach and Communication Activity Now network regarding the similarities between the symptoms of SARS-CoV-2 and carbon monoxide poisoning. With the rise of cooler weather comes an increased use of heating systems, which can lead to an increased incidence of carbon monoxide (CO) poisoning cases. Symptoms of CO poisoning that may overlap with SARS-CoV-2 include headache, dizziness, weakness, nausea, vomiting, chest pain, and altered mental status with no other explanation. A high level of suspicion is necessary in patients with general or non-specific signs and symptoms, altered mental status, or both and a focused history should be obtained to determine whether a CO exposure may have occurred.

To confirm CO poisoning, the patient's carboxyhemoglobin (COHgb) level should be measured. A COHgb level of >2% for non-smokers and >9% for smokers strongly supports a diagnosis of CO poisoning. Patients with suspected or confirmed CO poisoning should be counseled on how to prevent CO poisoning, including installation and use of a CO detector and safe generator use. They may also need to be counseled not to return to their home until it has been determined that it is safe.

For the full text of the newsletter, please visit [CDC COCA Now](#)

# Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas Annual Totals		
	November 2020	November 2019	Pinellas 2020	Florida 2020	2019	2018	2017
<b>A. Vaccine Preventable</b>							
Measles	0	0	0	1	1	7	0
Mumps	0	0	1	52	7	10	3
Pertussis	0	0	8	211	27	32	36
Varicella	1	3	17	328	33	67	24
<b>B. CNS Diseases &amp; Bacteremias</b>							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	10	3	1	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	1	4	74	7	9	7
Meningococcal Disease	0	0	2	17	1	1	0
<b>C. Enteric Infections</b>							
Campylobacteriosis	20	29	225	3108	310	264	207
Cryptosporidiosis	0	3	37	269	64	34	40
Cyclosporiasis	1	0	9	151	28	4	6
<i>E. coli</i> Shiga Toxin (+)	2	3	9	436	24	15	22
Giardiasis	1	2	27	606	52	41	45
Hemolytic Uremic Syndrome (HUS)	0	0	0	2	1	0	0
Listeriosis	0	0	2	35	2	1	0
Salmonellosis	6	24	153	6019	201	233	279
Shigellosis	0	2	16	510	22	40	26
<b>D. Viral Hepatitis</b>							
Hepatitis A	0	2	4	974	377	113	1
Hepatitis B: Pregnant Woman	0	2	18	321	24	14	25
Hepatitis B, Acute	5	4	32	493	72	52	51
Hepatitis C, Acute	5	2	94	1407	82	40	30
<b>E. Vector Borne/ Zoonoses</b>							
Animal Rabies	0	0	0	74	2	1	3
Rabies, possible exposure	10	9	114	3088	128	130	140
Chikungunya Fever	0	0	0	0	0	0	0
Dengue	0	0	1	105	3	0	0
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	2	2	11	123	22	14	19
Malaria	0	0	2	19	5	3	0
West Nile Virus	0	0	0	91	0	0	0
Zika Virus Disease	0	0	0	1	3	2	5
<b>F. Others</b>							
Chlamydia	291	330	3619	n/a	4588	4422	418
Gonorrhea	137	139	1469	n/a	1537	1439	1574
Hansen's Disease	0	0	0	25	0	0	0
Legionellosis	4	3	34	762	43	37	28
Mercury Poisoning	0	0	1	9	1	1	1
Syphilis, Total	33	36	388	n/a	479	438	382
Syphilis, Primary and Secondary	18	12	180	n/a	213	190	160
Syphilis, Early Latent	12	19	136	n/a	191	158	128
Syphilis, Congenital	1	1	4	n/a	6	2	5
Syphilis, Late Syphilis	2	4	69	n/a	69	88	89
Tuberculosis	3	1	20	n/a	23	33	28
<i>Vibrio</i> Infections	1	0	11	190	18	6	11

\*YTD up to December 1, 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.