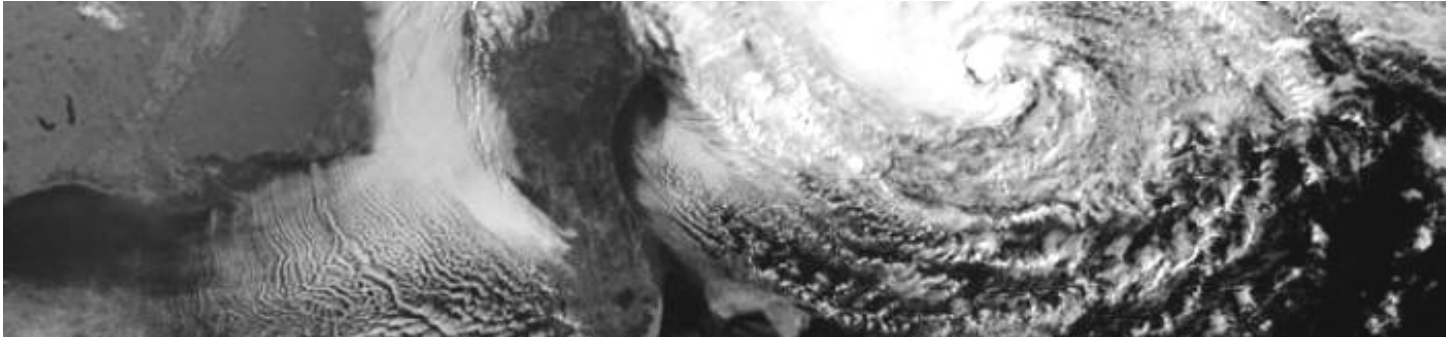




EPI WATCH

Monthly Epidemiology Newsletter



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**Division of Disease Control
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Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932

Fax: (727) 484-3865

To report HIV/AIDS by mail:

Surveillance Room 3-138

205 Dr. MLK Jr St. N

St. Petersburg, FL 33701

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www.facebook.com/
HealthyPinellas

Hurricane Season during COVID-19

Hurricane seasons began on June 1 in the Atlantic and Caribbean region and lasts until November 30. The National Oceanic and Atmospheric Administration predicts a 60% chance of an above normal hurricane season with 3 to 6 major hurricanes.¹ The combination of COVID-19 and a busy hurricane season require appropriate planning to ensure that you and your family are safe in case of an emergency.

Federal Emergency Management Agency (FEMA), following guidance from the CDC, has released recommendations to aid in preparing for hurricane season:²

- Develop an emergency plan for your family and pets. For guidance on what to consider for your plan, please review [Ready.Gov: Make a Plan](#).
- In the event that you need to evacuate, prepare a “go kit”. Guidance on what to pack can be found at [CDC: Preparedness and Response](#).
- Find out your evacuation zone by reviewing the zone map at [Pinellas County: Know Your Zone](#). If you are evacuating to a shelter please note that shelter plans will differ this year to promote social distancing. In addition, consider packing cloth masks and hand sanitizer to help prevent the spread of germs.
- Ensure that you have enough food, water, and other supplies. Review disaster supplies kits at [Ready.Gov: Build a Kit](#).
- Check that your insurance policies and personal documents are up to date and keep them in a password protected digital space. For more information please review [Ready.Gov: Financial Preparedness](#)
- Download the [FEMA mobile app](#) for weather alerts, safety tips and other resources.

For more information please review [CDC: Preparing for Hurricanes during COVID-19](#).

1. NOAA. (2020). Busy Atlantic hurricane seasons predicted for 2020. retrieved from <https://www.noaa.gov/media-release/busy-atlantic-hurricane-season-predicted-for-2020>

2. FEMA. (2020). Preparing for hurricane seasons during the COVID-19 pandemic. Retrieved from <https://www.fema.gov/blog/2020-05-08/preparing-hurricane-season-during-covid-pandemic>

Hepatitis and COVID-19

Persons with underlying health conditions, including hepatitis, are at an increased risk of developing severe illness from COVID-19. In addition, research indicates that some hospitalized cases of COVID-19 show increased levels of alanine aminotransferase (ALT) and aspartate aminotransferase (AST).¹ Increased levels of liver enzymes may indicate temporary damage to the organ which may pose a greater risk to persons with chronic liver disease; however, more research is needed to understand the relationship between COVID-19 and liver diseases.

The CDC has released a new resource for persons with liver disease to provide guidance on maintaining health during the outbreak. Recommendations include:

- Speak with your health care provider to ensure you have an adequate supply of medication.
- Speak with health care provider about getting vaccinated for Hepatitis A, Hepatitis B, or other available vaccines to ensure your health.
- Avoid close contact with persons who are sick and call your health care provider if you believe you were exposed.
- Practice good hand washing and respiratory etiquette.
- Avoid non-essential travel and large crowds.

For more information please visit [CDC:COVID-19 and Liver Disease](#)

1 Zhang, C., Shi, L., and Wang, F. (2020). Liver injury in COVID-19: management and challenges. Lancet. Doi: 10.1016/S2468-1253(2)30057-1

Summer Camps and COVID-19

By Mohammad Alak

As Pinellas County continues to open services, summer camps have begun operating; however, the risk of COVID-19 is still present. The virus is spread through respiratory droplets and can be passed as people talk, cough, sneeze, or touch contaminated surfaces. While there are reports of severe illness among children, available evidence indicates most children experience mild symptoms. However, children may pass COVID-19 to older adults or people with underlying medical conditions that may be at a higher risk of severe complications.

Camp administrators are strongly encouraged to follow the [CDCs Summer Camp Decision Tool](#) to assess their readiness to open. In addition, administrators can limit the spread through a facility by coordinating youth into small groups with dedicated counselors, promoting the use of cloth face coverings, providing posters and education on COVID-19. In addition, high touch surfaces should be frequently disinfected with [EPA - approved products](#).

Parents of children attending summer camps should be informed to look for symptoms, including fever, cough, difficulty breathing, headache, and keep ill children home. Teaching children proper hand washing is important to protect themselves and others from germs.

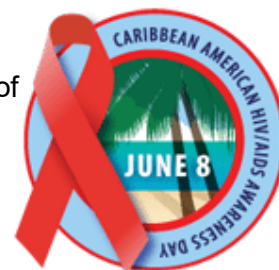
For more information please visit [CDC: Summer camps and COVID-19](#).

June 8 is Caribbean American HIV/AIDS Awareness Day

Strides continue to be made to end the HIV epidemic; however, this progress is not reaching everyone equally. The Caribbean region has the second highest prevalence of HIV after sub-Saharan Africa.¹ In Florida, Caribbean Americans accounted for 15% of new HIV diagnoses in 2018.

Caribbean American HIV/AIDS Awareness Day sheds a light on the need to continue progress on HIV and AIDS prevention and treatment. **Please review the attached infographic for more information.**

1. Virgin Islands Department of Health. (2017). DOH recognizes Caribbean American HIV/AIDS day. Retrieved from <https://doh.vi.gov/news/doh-recognizes-caribbean-american-hiv-aids-awareness-day>



Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas Annual Totals		
	May 2020	May 2019	Pinellas 2020	Florida 2020	2019	2018	2017
A. Vaccine Preventable							
Measles	0	0	0	1	1	7	0
Mumps	0	0	1	42	7	10	3
Pertussis	1	1	8	192	27	32	36
Varicella	0	1	12	216	33	67	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	8	3	1	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	36	7	9	7
Meningococcal Disease	0	0	2	16	1	1	0
C. Enteric Infections							
Campylobacteriosis	17	25	96	1394	310	264	207
Cryptosporidiosis	1	11	12	139	64	34	40
Cyclosporiasis	0	0	1	4	28	4	6
<i>E. coli Shiga Toxin (+)</i>	0	2	4	207	24	15	22
Giardiasis	5	7	14	322	52	41	45
Hemolytic Uremic Syndrome (HUS)	0	0	0	2	1	0	0
Listeriosis	0	1	1	15	2	1	0
Salmonellosis	15	24	59	1572	201	233	279
Shigellosis	0	1	10	304	22	40	26
D. Viral Hepatitis							
Hepatitis A	0	47	2	606	377	113	1
Hepatitis B: Pregnant Woman +HBsAg ?	2	1	11	151	24	14	25
Hepatitis B, Acute	4	7	16	251	72	52	51
Hepatitis C, Acute	5	13	34	449	82	40	30
E. Vector Borne/ Zoonoses							
Animal Rabies	0	0	0	30	2	1	3
Rabies, possible exposure	11	15	52	1432	128	130	140
Chikungunya Fever	0	0	0	0	0	0	0
Dengue	0	0	0	30	3	0	0
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	1	1	61	22	14	19
Malaria	0	0	1	12	5	3	0
West Nile Virus	0	0	0	1	0	0	0
Zika Virus Disease	0	0	0	1	3	2	5
F. Others							
Chlamydia	230	375	1545	n/a	4588	4422	418
Gonorrhea	106	113	574	n/a	1537	1439	1574
Hansen's Disease	0	0	0	15	0	0	0
Legionellosis	2	5	13	348	43	37	28
Mercury Poisoning	0	0	0	6	1	1	1
Syphilis, Total	22	45	110	n/a	479	438	382
Syphilis, Primary and Secondary	11	27	68	n/a	213	190	160
Syphilis, Early Latent	6	14	56	n/a	191	158	128
Syphilis, Congenital	1	0	2	n/a	6	2	5
Syphilis, Late Syphilis	4	4	30	n/a	69	88	89
Tuberculosis	0	2	7	n/a	23	33	28
<i>Vibrio Infections</i>	0	7	3	58	18	6	11

*YTD up to June 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.



Caribbean-Born Persons Living with an HIV Diagnosis in Florida, 2018

19,249

out of 119,661 (16%) persons living with an HIV diagnosis in Florida in 2018 were Caribbean-born

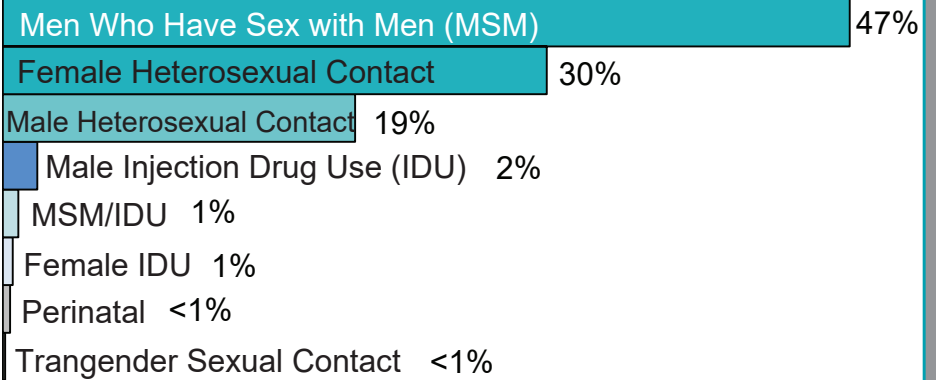
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out of 4,906 (15%) persons who received an **HIV** diagnosis in Florida in 2018 were Caribbean-born

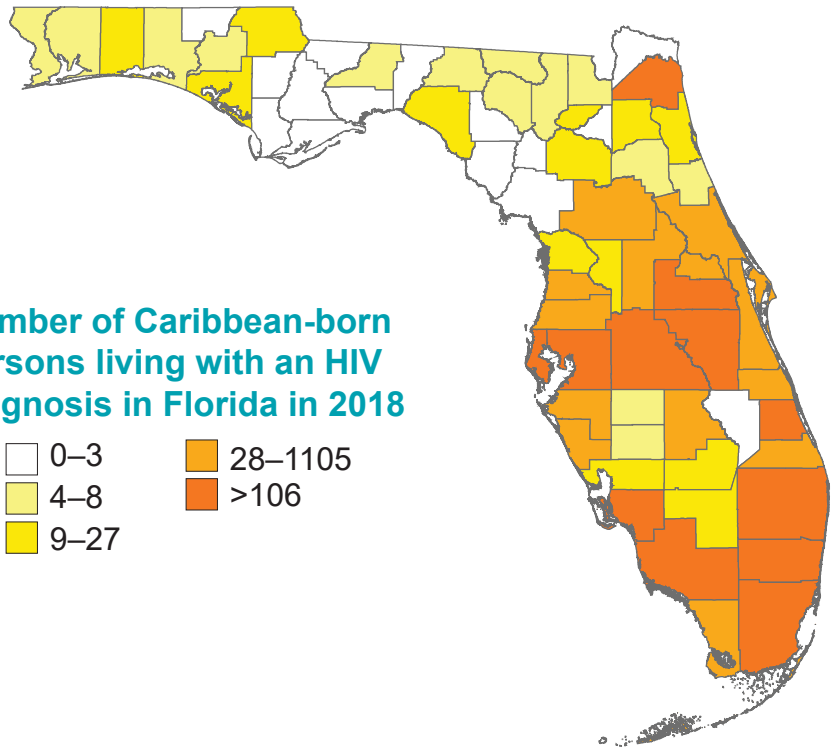
310

out of 1,918 (16%) persons who received an **AIDS** diagnosis in Florida in 2018 were Caribbean-born

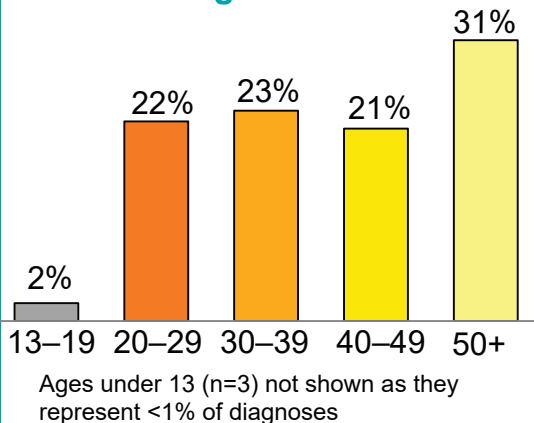
Caribbean-born persons who received an HIV diagnosis in 2018 by mode of HIV exposure



MSM, MSM/IDU and Heterosexual Data exclude Transgender Persons



The highest proportion of Caribbean-born persons who received an HIV diagnosis in 2018 were aged 50 and older

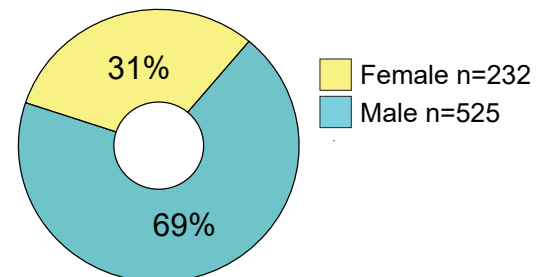


Hispanics represented the highest proportion of Caribbean-born persons who received an HIV diagnosis in 2018



Unless otherwise noted, Whites and Blacks are non-Hispanic/Latino. "Other" includes Asian/Pacific Islanders, American Indians/Native Alaskans and mixed races.

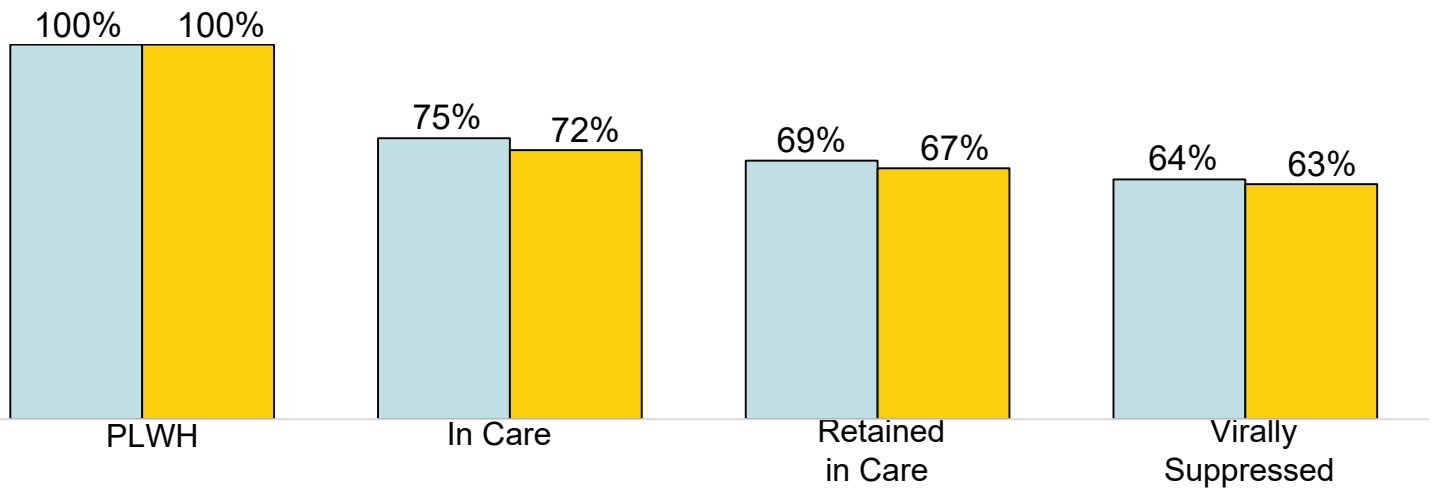
Caribbean-born males were more likely to receive an HIV diagnosis than Caribbean-born females in 2018



HIV Care Continuum for Caribbean-born persons living with an HIV diagnosis in Florida in 2018

The HIV Care Continuum reflects the series of steps a person living with an HIV diagnosis (PLWH) takes from initial diagnosis to being retained in care and achieving a very low level of HIV in the body (viral suppression). PLWH with a suppressed viral load (<200 copies/mL) are highly unlikely to transmit the virus to others.¹

■ Florida (119,661 PLWH) ■ Caribbean-born (19,249 PLWH)



In Care: Documented care ≥ 1 time in 2018. **Retained in Care:** Documented care ≥ 2 times, ≥ 3 months apart in 2018.

¹Centers for Disease Control and Prevention (CDC). (2018). <https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf>

HIV Testing

All adolescents and adults (ages 13–64) should be tested for HIV at least once during their lifetime. Persons at increased risk for HIV should be tested at least **annually**. Per Florida law, all pregnant women are to be tested for HIV and other sexually transmitted infections (STIs) at their initial prenatal care visit, again at 28–32 weeks, and at labor and delivery if HIV status is unknown.
www.knowyourhivstatus.com

Pre-Exposure Prophylaxis (PrEP)

For persons at increased risk for HIV, PrEP medication, taken once daily, can reduce the risk of acquiring HIV through sexual contact by over 90% and through injection drug use by 70%. Condoms are still important during sex to prevent other STIs and unwanted pregnancy. STIs are increasing in Florida and can increase HIV risk.

To find a PrEP provider visit:
www.preplocator.org

Antiretroviral Therapy (ART)

For persons living with HIV, starting ART with a provider as soon as possible improves health outcomes by reducing the risk of disease progression and reducing HIV viral load. Persons living with HIV who take ART as prescribed and achieve and sustain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners. ART is recommended for all persons living with HIV, regardless of how long they have had the virus or how healthy they are. To find a care provider or to learn more about the resources available to persons living with HIV, visit www.floridaaids.org

Florida HIV/AIDS Hotline

1-800-FLA-AIDS (352-2437) English
 1-800-545-SIDA (545-7432) Spanish
 1-800-AIDS-101 (243-7101) Haitian Creole
 1-800-503-7118 Hearing/Speech Impaired
www.211bigbend.org/flhivaids hotline
 Text 'FLHIV' or 'flhiv' to 898211
 For more information:
DiseaseControl@flhealth.gov

Data Sources:

For national data: www.cdc.gov/hiv/library/factsheets/index.html or www.kff.org/hivaids
 For more Florida data: www.floridaaids.org or www.flhealthcharts.com

Published 9/2019

Data as of 6/30/2019