



EPI WATCH

Monthly Epidemiology Newsletter

Human Rabies and Infection Control

By Rachel Ilic, MPH, CPH, CIC

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

Find us on Facebook

www.facebook.com/HealthyPinellas

Follow us on Twitter

@HealthyPinellas

Human rabies was identified in a 7-year-old child from Texas in October 2021. The child reported a bat exposure in August 2021 but, due to lack of knowledge, was not evaluated for rabies post-exposure prophylaxis. The child developed altered mental status and hallucinations, among other symptoms approximately two (2) months after exposure. The child began experimental intrathecal human rabies immune globulin while in the hospital but was not successful and the child passed away while in the hospital.

This case highlights the importance of obtaining post-exposure prophylaxis after all forms of possible exposures. Additionally, the child was hospitalized for 16 days prior to expiration and possibly exposed healthcare workers, caregivers and funeral home workers after death.

Prevention of transmission of rabies in healthcare settings involves:

1. Using Standard Precautions, that may include a gown, gloves, eye protection and a facemask, for patients with suspected or confirmed clinical infection, to prevent contact with potentially infectious body fluids and secretions.
2. Rapidly diagnosing patients with clinical infection.
3. Appropriately administering post-exposure prophylaxis (PEP) to persons exposed to rabies virus
4. Excluding potentially infectious HCP from work.

Rabies post-exposure prophylaxis should be administered as soon as possible after exposure. A rabies exposure is considered any bite, scratch, or other event in which saliva, cerebral spinal fluid, tears, or nervous tissue from a possibly rabid animal or person enters an open wound, is transplanted into, or comes in contact with mucous membranes of another animal or person.

Human rabies immune globulin (HRIG) is administered only once, at the beginning of anti-rabies prophylaxis, to previously unvaccinated persons. This will provide immediate antibodies until the body can respond to the vaccine by actively producing antibodies of its own. If possible, the full dose of HRIG should be thoroughly infiltrated in the area around and into the wounds. HRIG must be infiltrated into the wound or at the exposure site, unless anatomically impossible. In the event the HRIG is unable to be infiltrated directly into the wound or at the exposure site, the HRIG must be given as close as possible to those sites. Any remaining volume should be injected intramuscularly at a site distant from vaccine administration. HRIG should not be administered in the same syringe or in the same anatomical site as the first vaccine dose. However, subsequent doses of vaccine in the four-dose series can be administered in the same anatomic location where the HRIG dose was administered.

For questions regarding Rabies Post-Exposure Prophylaxis, contact DOH-Pinellas at 727-824-6932.

For more information, please visit:

[Human Rabies – Texas, 2021 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a.htm)

[Rabies | Epidemiology and Control of Selected Infections | Infection Control | CDC](#)

[Rabies Postexposure Prophylaxis \(PEP\) | Medical Care | Rabies | CDC](#)

You Can Stop an Overdose. Get Naloxone. Save A Life.

Naloxone Available at Select Florida CHDs.

By Marianne Dean, MS

Naloxone is an opioid antagonist that reverses the effects of an opioid overdose, restoring breathing and consciousness within minutes of being administered to a person who has overdosed. Naloxone can be administered by a bystander before emergency medical assistance becomes available, but it is not intended to substitute for professional medical care. Individuals should call 911 immediately when an opioid overdose is suspected, while simultaneously administering Naloxone.

Know the FACTS:

- In 2021, one person died from an overdose every 14 hours in Pinellas County.
- Illicit fentanyl was related to 418 overdose deaths in Pinellas County in 2020, and is one of the top five Florida counties for fentanyl-related deaths with a rate of 42 deaths per 100,000 population.
- Reoccurrence is part of recovery. Provision of naloxone *does not enable* an individual with a substance use disorder (SUD) to use, rather, it is giving that person a second chance at life.

Help end the stigma against substance use. Chances are someone you love is experiencing a substance use disorder.



Naloxone is available to those 18 years or older, at the following locations 8 a.m. to 5 p.m., Monday through Friday:

St. Petersburg – 205 Dr. Martin Luther King Jr. St. N, St. Petersburg

Pinellas Park – 6350 76th Ave. N., Pinellas Park

Mid County – 8751 Ulmerton Rd., Largo

Clearwater – 310 N. Myrtle Ave., Clearwater

Tarpon Springs – 301 S. Disston Ave., Tarpon Springs (Monday, Wednesday, and Friday only)

Call 727-824-6900 for more information on naloxone in Pinellas County, or talk to the Office of Overdose Prevention at 727-568-8193. Learn more about naloxone and steps to recovery at www.isavefl.com. For source information please visit: <https://storymaps.arcgis.com/stories/57761bafd0aa459697ac4ebaf4aebc4f>

Prevalence of SARS-CoV-2 and Influenza Coinfection and Clinical Characteristics Among Children and Adolescents Aged <18 Years Who Were Hospitalized or Died with Influenza – United States, 2021–22 Influenza Season

MMWR: December 16, 2022/71(50); 1589-1596

What is already known about this topic?

Influenza and SARS-CoV-2 viruses individually contribute to pediatric morbidity. The prevalence and severity of coinfection with influenza and SARS-CoV-2 are less well understood.

What is added by this report?

During the 2021–22 influenza season, 6% of hospitalized pediatric influenza patients had SARS-CoV-2 coinfection; a higher percentage of patients with coinfection required invasive or noninvasive respiratory support compared with those with influenza only. Among influenza-associated pediatric deaths, 16% had SARS-CoV-2 coinfection; only one coinfecting decedent received influenza antivirals, and none had been fully vaccinated against influenza.

What are the implications for public health practice?

The public should adopt prevention strategies, including influenza and COVID-19 vaccination, and consider mask use during high respiratory virus circulation.

For the full report, please visit: [Prevalence of SARS-CoV-2 and Influenza Coinfection and Clinical Characteristics Among Children and Adolescents Aged 18 Years Who Were Hospitalized or Died with Influenza – United States, 2021–22 Influenza Season | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/7150a1.htm)

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	November 2022	November 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	3	0	160	2791	0	0	0
Mumps	0	0	0	13	1	1	3
Pertussis	0	0	2	51	1	8	27
Varicella	1	1	24	381	25	18	32
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	3	48	1	0	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	11	120	5	5	7
Meningococcal Disease	1	0	2	65	1	2	1
C. Enteric Infections							
Campylobacteriosis	16	15	188	3596	213	247	303
Cryptosporidiosis	1	2	28	541	28	38	62
Cyclosporiasis	1	0	21	504	9	9	28
<i>E. coli</i> Shiga Toxin (+)	2	0	27	895	16	10	22
Giardiasis	4	3	31	1057	29	28	52
Hemolytic Uremic Syndrome (HUS)	0	0	0	16	0	0	1
Listeriosis	0	0	3	50	3	2	2
Salmonellosis	12	19	161	6356	182	200	200
Shigellosis	3	1	33	839	37	19	22
D. Viral Hepatitis							
Hepatitis A	0	3	17	303	6	3	377
Hepatitis B: Pregnant Woman +HBsAg	1	2	19	381	10	18	21
Hepatitis B, Acute	3	1	29	671	51	40	71
Hepatitis C, Acute	5	5	99	1400	91	117	75
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	56	0	0	2
Rabies, possible exposure	11	8	136	4194	135	118	128
Chikungunya Fever	0	0	0	0	0	0	0
Dengue fever	0	0	7	805	0	1	3
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	0	6	208	7	11	19
Malaria	0	0	4	53	2	2	5
West Nile Virus	0	0	0	10	0	0	0
Zika Virus Disease	0	0	0	0	0	0	3
F. Others							
Chlamydia	329	316	3406	n/a	4090	3956	4575
Gonorrhea	113	133	1502	n/a	1882	1634	1526
Hansen's Disease	0	0	0	7	0	0	0
Legionellosis	3	4	36	478	36	33	30
Mercury Poisoning	0	0	0	30	2	1	1
Syphilis, Total	63	53	718	n/a	633	479	493
Syphilis, Infectious (Primary and Secondary)	34	28	331	n/a	273	212	218
Syphilis, Early Latent	14	15	253	n/a	239	166	197
Syphilis, Congenital	0	1	6	n/a	7	5	6
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	15	9	128	n/a	114	96	72
Tuberculosis	1	0	17	n/a	24	24	33
<i>Vibrio</i> Infections	1	1	11	291	13	12	18

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