



EPI WATCH

Monthly Epidemiology Newsletter

Ending
the
HIV
Epidemic

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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
(excluding HIV/AIDS)

To report HIV/AIDS by mail:
Surveillance Room 3-138
205 Dr. MLK Jr St. N

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Pinellas Ending the HIV Epidemic

By: Nicole Houston, MPH, EHE Consultant
Edited by Chris Walker, LSW, EHE Consultant

The Pinellas Ending the HIV Epidemic (EHE) program is currently making great strides in the second year of the program's implementation phase. "What is EHE?", one may ask. The answer is simple. Ending the HIV Epidemic (or EHE) is a national initiative developed by the U.S. Department of Health and Human Services (HHS) in 2019 to reduce new human immunodeficiency virus (HIV) infections. EHE serves two main goals: to reduce new HIV infections by 75% by 2025 and at least 90% by the year 2030. For more information on the national EHE initiative click [here](#).

Though EHE is a national program, there are several states and counties with disproportionately higher incidence rates of HIV/AIDS that were designated as Phase 1 locations to begin EHE planning and implementation. Pinellas County was identified as one of seven within the state of Florida requiring the intervention. Each jurisdiction has slightly different needs, thus the Pinellas EHE initiative differs slightly due to the priority populations most at risk for HIV acquisition and unique geographical factors contributing to issues related to Social Determinants of Health.

Pinellas EHE's has taken a grassroots, community-based approach to Ending the HIV Epidemic. The vision is to end the HIV epidemic in Pinellas County by providing equitable and accessible HIV services and resources for all and its mission is to build capacity within Pinellas County to provide equitable HIV services through collaborative community networking that promotes and sustains accessible resources and services for all. Pinellas EHE fulfills this mission by offering opportunities for community engagement and ownership through several novel strategies such as: 1) Innovative funding opportunities to encourage community organization participation in the competitive process; 2) Various communication opportunities between community members, stakeholders, EHE funded partners and the leadership team for example quarterly Pinellas EHE Council meetings open to the public and live streamed on Facebook and the Pinellas EHE Bi-weekly Newsletter; 3) Planning, supporting, facilitating and attending a wide array of EHE activities, in person or virtually. 4) Maintaining a Pinellas EHE website that provides educational content such as the Pinellas EHE Narrative and links to resources for testing locations, HIV/STI services, medical providers, housing assistance and more. For more information click the link [here](#).



Monday, February 7
12-3PM
1601 16th St. S
St. Petersburg

Get a \$10 Gift Card
with your
free Rapid
HIV Test

NATIONAL BLACK HIV & AIDS AWARENESS DAY

National Black HIV/AIDS Awareness Day is on Monday, Feb. 7, addressing the impact of HIV on Black communities. When we work to overcome structural barriers to HIV testing, prevention, and treatment, we can #StopHIVtogether.

JOIN US FOR:
HIV Testing & Prevention (first 10 people tested get free lunch)
Linkage to Health Resources | Employment Assistance

Pinellas EHE also promotes national HIV/AIDS Awareness days and local events acknowledging these days. February 7 is National Black HIV/AIDS Awareness Day. Throughout the community, several organizations are acknowledging this day and providing a plethora of events and services to spread awareness and access to HIV testing, prevention, and access to care. Metro Inclusive Health provided HIV education, free Rapid HIV tests and gift cards as well as free lunch to the first 10 individuals tested. For more information about upcoming Pinellas EHE events or to get involved, request to be added to the Pinellas EHE email list serv by sending an email to PinellasEHE@flhealth.gov

We look forward to you joining our efforts soon!

Angiostrongylus Cantonensis

By: Alissa Brown, MPH, CIC

Angiostrongylus is a parasitic nematode that can cause severe gastrointestinal or central nervous disease in humans depending on the species. The species *Angiostrongylus cantonensis*, also known as rat lungworm, causes eosinophilic meningitis. The parasite is most prevalent in Southeast Asia and tropical Pacific Islands, but the distribution of the parasite has been increasing, with infections identified in Africa, the Caribbean, and the United States.

Angiostrongylus cantonensis is transmitted between rats and mollusks such as slugs and snails. Humans are hosts who do not transmit infection to others. Risk factors for the infection of *A. cantonensis* include ingestion of raw or undercooked infected snails, slugs or pieces of snails and slugs accidentally chopped up in vegetables, vegetable juices, or salads. Contamination of food can also occur by the slime of infected snails or slugs. It is possible that ingestion of raw or undercooked transport hosts such as freshwater shrimp, land crabs or frogs can result in human infections though it is less certain.

When infected with *A. cantonensis*, humans develop eosinophilic meningitis caused by the presence of larvae in the brain. Symptoms consist of headache, fever, malaise along with varying degrees of neurological dysfunction. In some cases, infection may prove fatal.

To prevent infection, educating persons regarding traveling or in residing areas where the parasite is found and advising on not ingesting raw or undercooked snails and slugs. Removing snails, slugs and rats found near the home and garden should help to reduce risk. Thoroughly washing hands and utensils after preparing raw snails or slugs is recommended. If consuming raw vegetables, they should be thoroughly washed.



For more on Angiostrongylus species, please visit [CDC Parasites](#)

Recent Bird Flu Infections in U.S. Wild Birds and Poultry Pose a Low Risk to the Public

The U.S. Department of Agriculture's (USDA) Animal and Plant Health Inspective Service (APHIS) has announced multiple detections of highly pathogenic avian influenza (HPAI) viruses in U.S. commercial poultry and backyard flocks. Previously, HPAI A(H5) viruses were detected in wild birds in the U.S. The detection of the viruses in poultry doesn't change the risk to the general public's health, which CDC considers to be low. However, outbreaks in domestic poultry and wild birds may result in increased exposures in some groups of people, especially poultry workers. There is existing federal guidance around bird flu exposures for different groups of people, including hunters, poultry producers, the general public and health care providers. As a reminder, it is safe to eat properly handled and cooked poultry in the U.S. The proper handling and cooking of poultry and eggs to an internal temperature of 165 degrees Fahrenheit kills bacteria and viruses, including HPAI A(H5) viruses.



Wild birds can carry HPAI A(H5) viruses without showing symptoms but these viruses can cause illness and death in domestic poultry. Human infections with such viruses are rare but can occur, usually after close contact with infected birds. No human infections with highly pathogenic avian influenza A viruses have been detected to date in the United States.

According to USDA APHIS, genetic sequencing and real-time RT-PCR laboratory testing performed on some of the virus samples collected from infected wild birds show the viruses are HPAI A(H5N1) bird flu viruses from clade 2.3.4.4b. CDC has an existing A(H2) candidate vaccine virus (CVV) whose hemagglutinin (HA) is genetically nearly identical to the A(H5) HA of viruses detected in north wild birds and that could be used to produce vaccine for humans if needed. Sequencing data to date also suggest these viruses would be susceptible to current antiviral medications used to treat influenza. CDC will continue to monitor those viruses and update the vaccine virus if warranted.

Since 2003, 19 countries have reported 864 human infections and 456 deaths with HPAI A(H5N1) virus to the World Health Organization (WHO) as of January 21, 2022. The most recent human infection with HPAI A(H5N1) virus was reported in the United Kingdom in January 2022 in association with exposure to domestically kept birds.

CDC is working closely with USDA to monitor the current HPAI A(H5) virus situation and review existing guidance to determine if updates are needed. CDC will continue its ongoing assessment of the risk posed by these viruses, including conducting laboratory experiments to further characterize the virus. CDC will provide updates on this situation as needed.

¹ Centers for Disease Control and Prevention. Flu News & Spotlight—2021-2022. <https://www.cdc.gov/flu/avianflu/spotlights/2021-2022/bird-flu-poses-low-risk-public.htm>. Accessed on February 15, 2022.

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	January 2022	January 2021	Pinellas 2022	Florida 2022	2021	2020	2019
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	1
Mumps	0	0	1	8	1	1	3
Pertussis	0	0	1	56	1	8	27
Varicella	0	1	25	381	25	17	33
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	1	22	1	0	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	0	6	90	6	5	7
Meningococcal Disease	0	0	1	27	1	2	1
C. Enteric Infections							
Campylobacteriosis	17	23	214	3918	214	245	305
Cryptosporidiosis	3	1	28	344	28	36	64
Cyclosporiasis	0	0	9	253	9	9	28
<i>E. coli</i> Shiga Toxin (+)	1	0	16	580	16	10	22
Giardiasis	1	3	29	710	29	28	52
Hemolytic Uremic Syndrome (HUS)	0	0	0	4	0	0	1
Listeriosis	1	0	2	58	2	2	2
Salmonellosis	7	7	182	6432	182	199	201
Shigellosis	1	2	37	540	37	19	22
D. Viral Hepatitis							
Hepatitis A	4	0	6	206	6	3	377
Hepatitis B: Pregnant Woman +HBsAg	1	0	11	0	11	18	21
Hepatitis B, Acute	1	6	53	691	53	40	71
Hepatitis C, Acute	12	7	87	1836	87	117	75
E. VectorBorne/Zoonoses							
Animal Rabies	0	0	0	0	0	0	2
Rabies, possible exposure	10	17	135	3792	135	118	128
Chikungunya Fever	0	0	0	1	0	0	0
Dengue	0	0	0	0	0	0	0
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	0	6	284	6	11	19
Malaria	0	0	2	44	2	2	5
West Nile Virus	0	0	0	11	0	0	0
Zika Virus Disease	0	0	0	0	0	0	0
F. Others							
Chlamydia	339	326	4090	n/a	3956	4575	4355
Gonorrhea	135	150	1882	n/a	1634	1526	1416
Hansen's Disease	0	0	0	14	0	0	0
Legionellosis	6	4	36	506	36	33	30
Mercury Poisoning	1	1	2	19	2	1	1
Syphilis, Total	54	42	626	n/a	479	493	434
Syphilis, Infectious (Primary and Secondary)	20	17	273	n/a	212	218	190
Syphilis, Early Latent	23	10	236	n/a	166	197	152
Syphilis, Congenital	0	2	5	n/a	5	6	3
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	11	13	112	n/a	96	72	89
Tuberculosis	2	3	19	n/a	24	24	33
<i>Vibrio</i> Infections	1	0	13	236	8	11	4

*YTD up to January 31, 2022. 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.