PINELLAS COUNTY HEALTH DEPARTMENT

Epi Watch

A Monthly Epidemiology Newsletter **April 2013**

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Epi Watch is a monthly newsletter from the Pinellas County Health Department. For more information, or to add your e-mail address to the distribution list, please contact the Editor.

"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

Foege, W.H. et al. (1976). Int. J of Epidemiology, 5:29-37.

To report diseases by phone call:
(727) 507-4346

To report diseases by fax (*other than HIV/AIDS*) use:
(727) 507-4347

Human Infections with Novel Influenza A (H7N9) Viruses

As of April 15, 2013, Chinese public health officials have reported 60 cases of human infection with a novel avian influenza A (H7N9) virus from four different provinces in China. All patients were hospitalized with severe respiratory illness, and 13 persons have died. These are the first human infections identified with an avian influenza A (H7N9) virus infection. Diagnosed cases have been from the provinces of Shanghai, Anhui, Jiangsu and Zhejiang. Cases include children (as young as 4 years old) and adults (as old as 87 years old). No person-to-person transmission or epidemiologic link between any of the cases has been identified. We are aware of reports of possible sources of infection but these have not been confirmed. We are investigating and will provide that information when it is available. Preliminary functional data of the isolated viruses from the first 3 cases suggest that they are likely susceptible to neuraminidase inhibitors. Investigations by Chinese public health officials are ongoing.

These cases are a reminder that novel A influenza viruses can infect and cause severe respiratory illness in humans. Novel influenza A viruses are influenza viruses that are different from currently circulating human influenza A virus subtypes and include influenza viruses from predominantly avian and swine origin. In recent years, human infections with highly pathogenic avian influenza A (H5N1) virus in several Asian countries and Egypt, highly pathogenic avian influenza A (H7N3) virus in Mexico, and variant influenza A (H3N2)v viruses in the United States have been reported

The clinical presentation of human infection with avian influenza A viruses varies considerably--from mild illness, including conjunctivitis, fever, and cough, to severe illness, including fulminant pneumonia leading to death in cases of H5N1 and in these recent cases of H7N9 virus infections. **To date there has been no evidence of person-to-person transmission of influenza A (H7N9) viruses and no human infection of this strain of the virus has been detected in the United States.**

At this time, no cases of human infection with avian influenza A (H7N9) viruses have been detected in the United States. Rapid detection and characterization of novel influenza viruses remain a critical component of national efforts to prevent further cases, evaluate clinical illness associated with them, and assess any ability for these viruses to spread among humans. As a result, clinicians are reminded to consider influenza as a possible diagnosis when evaluating patients with acute respiratory illnesses, including pneumonia, even outside of the typical influenza season.

Clinicians should consider the possibility of novel influenza A (H7N9) virus infection in persons with respiratory illness and an appropriate travel or exposure history. Although the majority of novel influenza A (H7N9) cases have resulted in severe respiratory illness in adults, infection with this virus may cause mild illness in some and may cause illness in children as well. When performing influenza diagnostic testing in patients with respiratory illness for whom an etiology has not been confirmed, clinicians may identify human cases of avian influenza A virus infection or new cases of variant influenza in the United States. Patients with novel influenza A (H7N9) virus infections should have a positive test result for influenza A virus via reverse-transcription polymerase chain reaction (RT-PCR) testing but be unsubtypeable.

Suspected infections with novel influenza A (H7N9) viruses in the United States should be reported to CDC within 24 hours of initial detection, and state health departments should notify CDC promptly of all patients under investigation for possible novel influenza A virus infection.

For more information on avian influenza A (H7N9) visit CDC's website at: http://www.cdc.gov/flu/avianflu/h7n9-virus.htm

Selected Reportable Diseases in Pinellas County

Disease	2013 March	2013 Year-to-date	2012 Year-to-date	2012 Total
AIDS**	**11**	**27**	**40**	**135**
Animal Rabies				
Arboviral Illness (Human): Dengue				**3**
EEE				
SLE				
WNV				
CA/LaCrosse				
Campylobacteriosis	**5**	**15**	**15**	**59**
Chlamydia	**316**	**1007**	**1002**	**3813**
Creutzfeldt-Jakob Disease (CJD)			**1**	**2**
Cryptosporidiosis	**2**	**4**	**3**	**29**
Cyclosporiasis			**2**	**1**
E. coli O157:H7				
E. coli Shiga Toxin (+)			**4**	**8**
Giardiasis	**1**	**5**	**4**	**32**
Gonorrhea	**96**	**319**	**247**	**1028**
H. influenzae: Invasive Disease	**1**	**2**	**1**	**7**
Hansen's Disease				
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral: A			**2**	**4**
B	**3**	**8**	**7**	**16**
C	**1**	**5**		**5**
Hepatitis B: Pregnant Woman +HBsAg	**4**	**4**	**2**	**16**
Hepatitis, Chronic Viral B	**12**	**46**	**43**	**207**
C	**94**	**306**	**211**	**1119**
HIV**	**18**	**55**	**53**	**201**
Lead Poisoning: Children < 6 years:				**2**
Legionellosis		**3**	**4**	**13**
Listeriosis			**1**	**5**
Lyme Disease		**1**		**6**
Malaria				**2**
Meningitis: Bacterial, Cryptococcal, Mycotic	**2**	**2**	**2**	**6**
Meningococcal Disease				
Mercury Poisoning				
Mumps				
Pertussis		**1**		**10**
Rabies, possible exposure	**26**	**53**	**48**	**201**
Salmonellosis	**6**	**24**	**28**	**203**
Shigellosis	**1**	**1**	**4**	**18**
Streptococcal Disease, Inv. Group A		**2**	**2**	**6**
S. pneumoniae, Inv. Disease (DR)	**2**	**10**	**7**	**16**
S. pneumoniae, Inv. Disease (Suscept)	**1**	**5**	**5**	**25**
Syphilis: Total	**3**	**40**	**33**	**132**
Infectious (P and S)	**1**	**15**	**9**	**58**
Early Latent	**2**	**21**	**15**	**45**
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)		**4**	**9**	**29**
Tuberculosis	**2**	**5**		**18**
Vibrio Infections			**2**	**10**

Provisional cases reported by the Pinellas County Health Department. Blank cells indicate no cases reported. For a complete list of reportable diseases and guidelines for reporting, please visit: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

** Current HIV Infection data reflects any case meeting the CDC definition of "HIV infection" which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV. Previous reports of HIV data reflected *only* newly reported HIV cases, which were HIV (not AIDS) at the time of report. Newly reported HIV Infection cases do not imply they are all newly diagnosed cases. For a more detailed explanation on changes in reporting and changes in trends, please contact the Pinellas County Health Department HIV/AIDS Program: 727-824-6932.