



# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

August 2013

**Florida Department of Health  
in Pinellas County**

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**For more information, or to  
add your e-mail address to  
the distribution list, please  
contact the Editor.**

**Disease Reporting**

**To report diseases and  
clusters of illness (other  
than TB/STD/HIV/AIDS)**

**Phone:** (727) 507-4346  
**Fax:** (727) 507-4347

**For TB,STD or HIV/AIDS  
Reporting**

**Phone:** (727) 824-6932

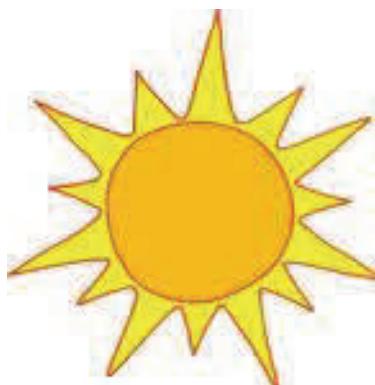
**Animal Bite Reporting**

**Phone:** (727) 524-4410

## Dog Days of Summer: 2013

Sharlene E. Edwards, MPH

When people are exposed to extreme heat, they can suffer from potentially deadly heat-related illnesses such as heat exhaustion and heat stroke. Heat is the leading weather-related killer in the United States, even though most heat-related deaths are preventable through outreach and intervention. Between 1979 and 2009, excessive heat exposure caused over 8,000 deaths in the United States. During this period, more people in this country died from extreme heat than from hurricanes, lightning, tornadoes, floods, and earthquakes combined.



People suffer heat-related illness when their bodies are unable to compensate and properly cool themselves. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body

temperatures may damage the brain or other vital organs. (*CDC, Extreme Heat: A Prevention Guide to Promote your Personal Health and Safety*).

Between May 14 and August 11, there have been approximately 63 visits to the Emergency Departments (ED) across Pinellas County with complaints of extreme heat, heat exposure, and/or heat illness. The most common chief complaint among those presenting to the ED during this time was "heat exhaustion" (*Syndromic Surveillance Data from ESSENCE—Florida*).

Although anyone at any time can suffer from heat-related illness, some people are at greater risk than others. Elderly people (65 years and older), infants and children and people with chronic medical conditions are more prone to heat stress.

Heat stroke occurs when the body is unable to regulate its temperature. The body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Signs of heat stroke include: extremely high body temperature (>103°F, orally); red, hot, and dry skin; rapid, strong pulse; throbbing headache; dizziness; nausea; confusion; and unconsciousness.

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Signs of heat exhaustion include: heavy sweating, paleness, muscle cramps, tiredness, weakness, dizziness, headache, nausea or vomiting, and in some cases fainting.

**For more information about ways to keep cool visit:**

Florida Department of Health—  
[http://www.doh.state.fl.us/environment/community/aquatic/beach\\_index\\_indepth.html](http://www.doh.state.fl.us/environment/community/aquatic/beach_index_indepth.html)

Centers for Disease Control and Prevention—  
[http://www.bt.cdc.gov/disasters/extremeheat/heat\\_guide.asp](http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp)

## DOH PROVIDES UPDATE ON CYCLOSPORA INVESTIGATION

### DOH Communications

**TALLAHASSEE** – August 08, 2013 - As Florida's public health authority, the Florida Department of Health remains mindful of protecting patient information, and patient privacy is our highest priority. Confidentiality drives epidemiological investigations, including the recent nationwide outbreak of cyclospora. As of August 8, 2013, DOH reports 27 cases of cyclospora in Florida.

*Cyclospora* is caused by a single-celled parasite that infects the small intestine, *cyclospora* usually causes diarrhea with frequent bowel movements. Other common symptoms of *cyclospora* infection include loss of appetite, weight loss, stomach cramps/pain, bloating, increased gas, nausea and fatigue. Vomiting, body aches, headache, fever and other flu-like symptoms may be noted.

*Cyclospora* is not contagious and cannot be passed directly from one person to another. It is most commonly spread by ingesting water or uncooked food that was contaminated with human feces. *Cyclospora* infections are most commonly linked to imported herbs, vegetables and berries.

Onset dates of *cyclospora* cases in Florida range from the beginning of June to mid-July. Currently, the average case age is 57.5 years, with a range of 22-78 years of age. The current case count consists of 14 females and 10 males. At this time, there are no identified links to common restaurants or food ingredients found among the cases, as in other states.

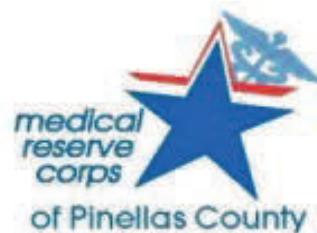
A statement regarding the investigation is available from the Department by visiting <http://youtu.be/kpbr8o-L9fA>. For more information on *cyclospora*, visit [www.doh.state.fl.us](http://www.doh.state.fl.us) or <http://www.cdc.gov/parasites/cyclosporiasis/>.

DOH protects, promotes and improves the health of all people in Florida through integrated state, county and community efforts.

### Pinellas County Medical Reserve Corp — Vans Warped Tour, 2013

JoAnne Lamb, MPH — Surveillance Epidemiologist

On June 26, 2013, Vans Warped Tour, an all-day outdoor music festival, was held at Vinoy Park in St. Petersburg, Florida. The annual event with as many as a 100 bands and 10 stages was estimated to bring an attendance of 15,000 people, mostly teenagers and young adults, to enjoy food and entertainment for over 11 hours. Historically, these types of events see a high number of injuries due to "mosh pits" and large crowds, as well as heat related illness due to high temperatures and humidity. With a high demand for medical resources in the preceding years, the St. Petersburg Fire and Rescue requested the assistance of the Pinellas County Medical Reserve Corp (MRC) to provide supplementary medical services.



A medical tent was set up on site to provide first aid to concert attendees, band members, vendors, and Warped Tour crew. The tent was staffed by the St. Petersburg Fire and Rescue incident commanders and paramedics, MRC volunteer registered nurses and licensed practical nurses, and Pinellas County Medical Directors. Seven treatment areas with cots and medical equipment were housed inside the tent. Outside, a cool-down misting area was set up for people who were over-heated, but did not require direct medical attention. In addition, the Warped Tour team had one first aid tent set up for primarily crew members and musicians in a separate location.

Throughout the course of the event, a total of 47 individuals were treated by clinic staff within the medical tent without the need for emergency transportation to local hospitals. The average patient age was 19 years old with a range from 15-37 years of age. Most patients were treated for minor injuries, followed by gastrointestinal and neurological illness complaints. Medical treatment provided, included: IV fluids, sutures, splints, blood pressure checks and ice packs. An estimated 200 event attendees were provided cooling and hydration in the misting tent area without the need for additional medical care. Only three individuals were transported by Sunstar Emergency Medical Services to local hospital emergency departments.

With the onsite clinical team providing medical evaluation and treatment, overcrowding of local emergency departments and an unnecessary burden to the Pinellas County's emergency medical services was prevented.

The Medical Reserve Corps is a team of pre-identified, trained and credentialed volunteers who augment local community health and medical services during disasters and other public health activities. For More Information Contact: Kimberly Grove, MRC Coordinator, [Kimberly\\_Grove@doh.state.fl.us](mailto:Kimberly_Grove@doh.state.fl.us) 727-538-7277 x7914

# Selected Reportable Diseases in Pinellas County

Disease	2013 July	2013 YTD	Pinellas 3 YR YTD-AVG	Florida 2013 YTD
<b>A. Vaccine Preventable</b>				
Mumps				1
Pertussis	2	7	5	348
<b>B. CNS Diseases &amp; Bacteremias</b>				
Creutzfeldt-Jakob Disease (CJD)				15
<i>H. influenzae</i> (Invasive Disease)		7	7	180
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	3	4	91
Meningococcal Disease			1	4
Streptococcal Disease, Group A, Invasive		6	3	176
<i>S. pneumoniae</i> , Invasive Disease, Drug Resistant	1	14	13	358
<i>S. pneumoniae</i> , Invasive Disease, Susceptible		8	11	405
<b>C. Enteric Infections</b>				
Campylobacteriosis	11	42	31	1166
Cryptosporidiosis	2	11	15	190
Cyclosporiasis	3	3	2	32
<i>E. coli</i> O157:H7				
<i>E. coli</i> Shiga Toxin (+)	1	5	3	95
Giardiasis		13	15	594
Hemolytic Uremic Syndrome (HUS)		1		5
Listeriosis			2	21
Salmonellosis	25	89	98	2655
Shigellosis		1	29	380
<b>D. Viral Hepatitis</b>				
Hepatitis A			1	62
Hepatitis B: Pregnant Woman +HBsAg	3	9	15	315
Hepatitis B, Acute	5	26	6	201
Hepatitis C, Acute	2	12	5	142
<b>E. Vector Borne, Zoonoses</b>				
Animal Rabies				61
Dengue			1	66
Eastern Equine Encephalitis				3
Lyme Disease	1	2	3	55
Malaria		1	1	32
Rabies, possible exposure	15	132	80	1585
St. Louis Encephalitis				
West Nile Virus				
<b>F. Others</b>				
AIDS**	11	79	79	N/A
Chlamydia	344	2482	2268	N/A
Gonorrhea	126	807	627	N/A
Hansen's Disease				6
HIV**	24	129	105	N/A
Lead Poisoning: Children < 6 years:	1	2	2	79
Legionellosis	3	7	8	132
Mercury Poisoning			1	
Syphilis, Total	4	63	66	N/A
Syphilis, Infectious (Primary and Secondary)	3	26	30	N/A
Syphilis, Early Latent	1	25	20	N/A
Syphilis, Congenital				N/A
Syphilis, Late Syphilis (Late Latent; Neurosyphilis )		12	17	N/A
Tuberculosis	1	15	17	N/A
Vibrio Infections		3	7	79

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](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 HIV/AIDS Program: 727-824-6932.