



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

December 2013

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Disease Reporting

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

Phone: (727) 507-4346

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For TB,STD or HIV/AIDS
Reporting

Phone: (727) 824-6932

Animal Bite Reporting

Phone: (727) 524-4410
x7665

Respiratory Syncytial Virus

BY ANDREA LEAPLEY, MPH

Discovered in 1956, Respiratory Syncytial (sin-SISH-uhl) Virus (RSV) is one of the most common causes of childhood illness in the United States. By age two, most children have been infected with the virus. RSV typically causes a cold-like illness, but it can also cause bronchitis, croup, and lower respiratory infections including pneumonia. In most parts of the country, RSV season runs from November to March. In Florida, however, the RSV season can start as early as August or September and last through March.

RSV is transmitted when droplets containing the virus are spread into the air by the cough or sneeze of an infected person and come into contact with the eyes, nose, or mouth. Outside the body, RSV can survive on hard surfaces such as tables or doorknobs for many hours. RSV lives for a shorter time on soft surfaces, including skin.

Four to six days after exposure, the illness begins with a runny nose and a decreased appetite. One to three days later, coughing, sneezing, and a fever develop. In very young children, the only symptoms may be irritability, decreased activity, and trouble breathing. Most otherwise healthy children do not require hospitalization and recover in one to two weeks. In adults, the infection tends to be less severe than in children and usually lasts fewer than five days. Symptoms include a runny nose, sore throat, cough, headache, fatigue, and fever.

Certain children and adults are at an increased risk for a serious infection. Premature infants, children under two with congenital heart or chronic lung disease, and children who are immunocompromised are at greatest risk for a severe infection. Adults that are immunocompromised or aged 65 or older are also at an increased risk of a severe infection.

Rapid diagnostic assays performed on respiratory specimens are commercially available to detect RSV. Most laboratories perform antigen detection tests and many supplement antigen testing with cell culture. These tests are typically reliable in young children but are less so in older children and adults. RT-PCR assays are also available and are highly sensitive. Serologic tests are not frequently used for routine diagnosis because a rise in antibody to RSV cannot be detected in time to guide patient care.

There is no specific treatment for RSV and most infections will resolve without medical care. Palivizumab is an antibody that can be administered to children at high risk of a serious infection. Furthermore, there is currently no vaccine to prevent RSV. One of the best ways to prevent infection is regular hand washing and cleaning of hard surfaces with disinfectant or soap and water. Children or adults with cold-like symptoms should limit contacts with children who are at high risk of severe infection. Persons who are infected with RSV should not share cups or utensils.

Although sporadic cases of RSV are not reportable in Florida, the Florida Department of Health, Bureau of Epidemiology has a sentinel surveillance system that collects data from twelve hospitals throughout the state to monitor RSV season. Monitoring the seasonal and geographical trends assists with determining the proper time frame to provide prophylaxis to high risk children. **Current RSV data and additional information on participating in Florida's RSV surveillance system can be found at <http://www.floridahealth.gov/diseases-and-conditions/respiratory-syncytial-virus/index.html>**

Clusters of RSV in any public setting, including daycares and nursing homes, should be reported to your local health department for further investigation.

For more information on Respiratory Syncytial Virus, please visit the Centers for Disease Control and Prevention's website: <http://www.cdc.gov/rsv/>

Lyme Disease



Lyme disease is caused by the bacterium *Borrelia burgdorferi* and is transmitted to humans through the bite of infected blacklegged ticks. In most cases, the tick must be attached for 36-48 hours or more before the Lyme disease bacterium can be transmitted. Common early symptoms include erythema migrans (EM), fatigue, fever, and muscle aches. Individuals should follow up with a healthcare provider for evaluation and the appropriate antibiotic treatment following suspected exposure. Most cases of Lyme disease can be treated successfully after early diagnosis; however, it is possible to have persistent or recurrent symptoms following a late diagnosis or treatment.



Top Left - Blacklegged Tick; Above - EM or "bull's eye" rash. Source: Florida Department of Health, www.floridahealth.gov

According to the Centers for Disease Control and Prevention (CDC), Lyme disease is the most commonly reported vector-borne illness in the United States. Cases of Lyme disease are typically reported year round. It is important to note, this disease does not occur nationwide. The majority of cases are reported from states in the northeast and upper Midwest. For surveillance purposes, the state of Florida is considered Lyme endemic.

In Florida, 515 confirmed and probable cases of Lyme disease were reported from 2008 - 2012. Of these, 113 (22%) were reported as acquired in Florida and 352 (68%) were acquired outside of Florida, but in the United States. As of November 30, the Florida Department of Health in Pinellas County, Epidemiology Program has reported eight confirmed and probable cases of Lyme disease in 2013. Of these, six cases (75%) reported exposures outside of Florida, in the northeast and Midwest states, and only one case (12.5%) reported no travel outside of Pinellas County during the exposure period.

To review the surveillance case definition of Lyme disease, please visit: <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/index.html>

For more information on Lyme and the prevention of tick-borne diseases, please visit:

<http://www.floridahealth.gov/diseases-and-conditions/tick-and-insect-borne-diseases/index.html>

and the Centers for Disease Control and Prevention, Lyme Disease: <http://www.cdc.gov/lyme/index.html>

CDC HEALTH ALERT NETWORK (HAN) ADVISORY: Recognizing, Managing, and Reporting Chikungunya Virus Infections in Travelers Returning from the Caribbean

Distributed via the CDC Health Alert Network December 13, 2013

On December 7, the World Health Organization (WHO) reported the first local transmission of chikungunya virus in the Americas. As of December 12, 10 cases have been confirmed in patients on St. Martin in the Caribbean. Chikungunya fever is a viral disease transmitted by the bite of infected mosquitoes. At this time, there are no reports of other suspected chikungunya cases outside St. Martin. However, further spread to other countries in the region is possible.

Recommendations for Health Care Providers and Public Health Practitioners

- Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia, especially those who have recently traveled to the Caribbean.
- Healthcare providers are encouraged to report suspected chikungunya cases to their state or local health department to facilitate diagnosis and to mitigate the risk of local transmission.
- Health departments should perform surveillance for chikungunya cases in returning travelers and be aware of the risk of possible local transmission in areas where *Aedes* species mosquitoes are currently active.

For the complete HAN, please visit: <http://emergency.cdc.gov/HAN/han00358.asp>

For general information about chikungunya virus and disease, please visit: <http://www.cdc.gov/chikungunya/>

Additional guidance on chikungunya for clinicians: http://www.cdc.gov/chikungunya/pdfs/CHIKV_Clinicians

Selected Reportable Diseases in Pinellas County

Disease	2013 November	Pinellas 2013 YTD	Pinellas 3YR YTD-AVG	Florida 2013 YTD
A. Vaccine Preventable				
Mumps			0	1
Pertussis	3	17	10	662
B. CNS Diseases & Bacteremias				
Creutzfeldt-Jakob Disease (CJD)			2	18
<i>H. influenzae (Invasive Disease)</i>	2	12	8	241
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	5	7	139
Meningococcal Disease			1	53
Streptococcal Disease, Group A, Invasive		10	5	266
<i>S. Pneumoniae, Invasive Disease, Drug Resistant</i>	2	22	17	477
<i>S. Pneumoniae, Invasive Disease, Susceptible</i>		9	16	522
C. Enteric Infections				
Campylobacteriosis	3	60	55	1873
Cryptosporidiosis	3	18	23	385
Cyclosporiasis		5	2	46
<i>E. coli Shiga Toxin (+)</i>		6	4	125
Giardiasis	7	32	28	1016
Hemolytic Uremic Syndrome (HUS)		1	0	10
Listeriosis			2	38
Salmonellosis	20	186	209	5662
Shigellosis		5	45	923
D. Viral Hepatitis				
Hepatitis A	2	6	3	128
Hepatitis B: Pregnant Woman +HBsAg	4	17	23	444
Hepatitis B, Acute	5	38	10	338
Hepatitis C, Acute	3	17	9	206
E. Vector Borne, Zoonoses				
Animal Rabies			0	93
Dengue		2	2	155
Eastern Equine Encephalitis			0	2
Lyme Disease	1	8	5	141
Malaria		1	1	50
Rabies, possible exposure	12	184	138	2242
St. Louis Encephalitis			0	
West Nile Virus			0	5
F. Others				
AIDS**	13	118	N/A	N/A
Chlamydia	306	3887	N/A	N/A
Gonorrhea	111	1310	N/A	N/A
Hansen's Disease			0	8
HIV**	9	191	135	N/A
Lead Poisoning: Children < 6 years:		2	2	104
Legionellosis	1	10	13	220
Mercury Poisoning			1	5
Syphilis, Total	6	104	N/A	N/A
Syphilis, Infectious (Primary and Secondary)	5	47	N/A	N/A
Syphilis, Early Latent	1	36	N/A	N/A
Syphilis, Congenital			N/A	N/A
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)		21	N/A	N/A
Tuberculosis	1	23	N/A	N/A
<i>Vibrio Infections</i>		10	11	177

Provisional cases reported by the Florida Department of Health in Pinellas County. Blank cells indicate no cases reported.

** 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. 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. or the Florida Department of Health, Bureau of HIV/AIDS, Data Analysis Section 850-245-4334.