FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

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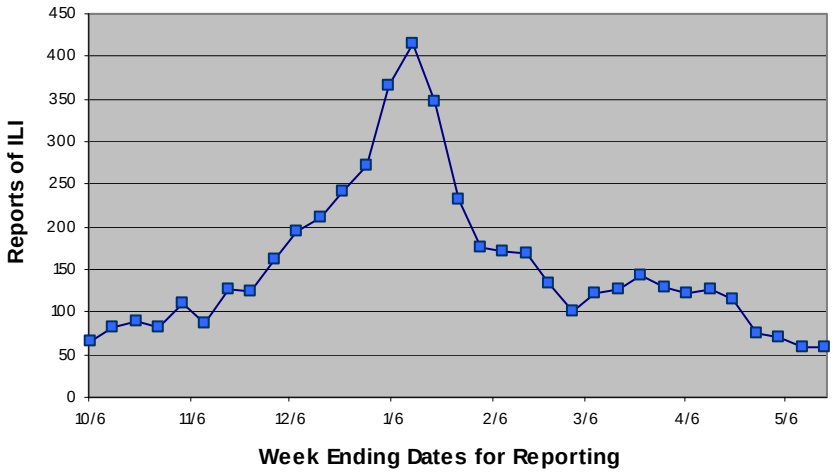
2012-2013 Influenza Season Review — Pinellas County

Sharlene E. Edwards, MPH

The Florida Department of Health in Pinellas County (DOH-Pinellas) monitors multiple surveillance systems to measure influenza activity in the county during influenza season (September to May). These systems include confirmed laboratory reports of influenza from hospitals and clinics, weekly reports from nursing homes and sentinel providers, absenteeism data from schools and data collected from ESSENCE, which monitors emergency department visits.

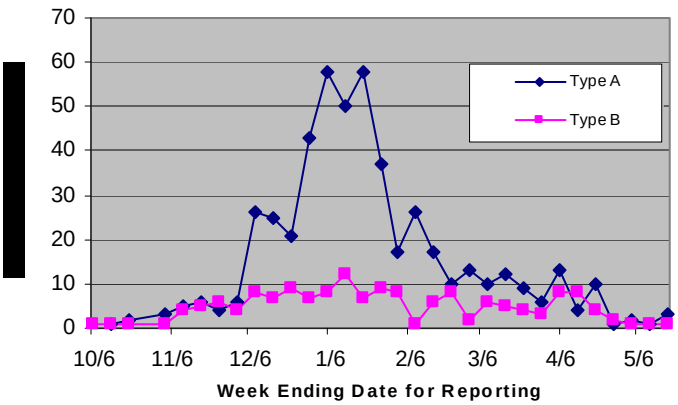
Flu seasons vary in their timing and severity. This season, influenza activity started about 4 weeks early and was more intense than the previous year. Across the nation, Influenza-like-illness rose quickly to well above the baseline of expected activity and remained elevated for 15 consecutive weeks, making this season slightly longer than average. In Pinellas, reports of influenza like illness (ILI) among providers, nursing homes and hospital emergency departments began to increase in week 46 (mid November) and peaked in week 2 (January) of the season (Figure 1).

Figure 1: Reports of ILI in Pinellas County 2012-2013



Between September 2012 and May 2013, there were 657 laboratory confirmed cases of influenza reported to DOH-Pinellas from hospitals and sentinel providers. Among these confirmed cases, 499 (76%) were infected with influenza Type A and 157 (24%) with influenza Type B (Figure 2). While individual cases of influenza are not reportable by law, the health department relies on laboratory reports provided by hospitals and clinics to identify circulating influenza strains of influenza due to a novel or pandemic strain and influenza associated mortality in a person under 18 years, which is reportable.

Figure 2: Laboratory Confirmed Flu Pinellas 2012-2013



An estimated 15% to 40% of the population develop illness from influenza every year. An average of about 36,000 people per year in the U.S. die from influenza, and 114,000 per year are admitted to the hospital as a result of influenza infection.

For current information on statewide influenza surveillance including novel influenza A (H7N9) visit: The Florida Department of Health: http://www.doh.state.fl.us/floridaflu

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

Norovirus Outbreak Linked to Local Golfing Tournament— Pinellas County

Danielle Egger, BS, CEHP & JoAnne Lamb, MPH

On May 1, the Florida Department of Health in Pinellas County was notified that approximately 20 attendees of a corporate golfing tournament fell ill with gastrointestinal illness after attending the event held on April 23. Immediately, the Epidemiology and Preparedness Program contacted the corporation that hosted the event to gather additional information. A line list of a 150 attendees, including staff, family, and friends was received. A two page questionnaire was developed and administered over the phone.

Attendees were asked about meals consumed during the event. Meals included a bagged lunch that was prepared off site and delivered by a catering company in Hillsborough County, also implicated in two other GI illness outbreaks, and dinner buffet prepared and served by the golf club kitchen. The lunch included a turkey sandwich (prepared with cheese, lettuce, and tomatoes), chips, cookie, and water. The dinner included a variety of appetizers including chicken wings and pulled pork.

In all, 53 of the 150 attendees (35%) were interviewed. Of those, 31 (58%) reported feeling ill after eating at the event. Illness onset was between 24-72 hours following the event. Symptoms include nausea, vomiting, abdominal pain, and diarrhea. Furthermore, event attendees reported household members and contacts that were not present at the tournament also experiencing illness within 24-48 hours of their onset. Stool specimen kits were delivered to two separate households. A sample was provided by a secondary case and delivered to the Bureau of Laboratories in Tampa for testing. The specimen was positive for Norovirus, Type GII.

Noroviruses are highly contagious and in some cases, as few as 10 viral particles can be sufficient to infect an individual. Noroviruses are transmitted primarily through the fecal-oral route, either by consumption of contaminated food or water or by direct person-to-person spread. Fecal contamination of hands and subsequent lack of hand washing can spread the organism onto various surfaces, where it can remain viable for weeks.

Carbon Monoxide Exposure Cluster in Pinellas County

Patricia Borkowski, RN — Nurse Epidemiologist

On Wednesday, May 29, the Florida Department of Health in Pinellas County was notified by the Florida Poison Information Center (FL-PICN) of a possible carbon monoxide (CO) poisoning at a local bakery. Preliminary data revealed two employees were exposed to CO during the early hours of the day due to a malfunctioning oven. Both employees were transferred to a local hospital by EMS.

Follow up investigation into this cluster was conducted and records revealed that the first employee was exposed between the hours of 3:00am and 4:00am. The employee left work after developing a headache and feeling lightheaded and was transferred by EMS to a local emergency department 4 hours later with complaints of headache, dizziness, and chest tightness. Initial lab results identified a COHb level of 11.1% and an O2 saturation of 88.3%.

The second employee was exposed between the hours of 4:15am and 6:30am. Initial symptoms included lightheadedness and three episodes of syncope. 9-1-1 was called and the employee was transferred to a local emergency department at 6:30 am. Initial lab results identified a COHb level of 27.6% and an O2 saturation of 70%. This patient was transferred to another healthcare facility in Florida for further treatment to include hyperbaric oxygen therapy.

Environmental testing was conducted by the local Fire Department. The bakery had a CO level of 360 parts per million (ppm) in the air. The businesses to the left and to the right of the bakery measured CO levels of 20ppm and 40ppm respectively. Natural CO levels in the air are 0.2ppm. Maximum levels allowed by OSHA in the workplace over an 8 hour period is 35ppm.

To date, both employees have fully recovered and are back to work. No other employees or customers were exposed. The issue began with the gas oven on May 28th after it was unintentionally set to a level for a different model, which caused it to malfunction and release hazardous amounts of CO. The oven has since been repaired.

CO is colorless, odorless, tasteless and mixes evenly with the air. It enters the bloodstream through the lungs and displaces the oxygen the body needs.

Early symptoms of CO poisoning include: irritated eyes, headache, nausea, weakness, and dizziness.

Prolonged exposure to low concentrations or very short exposure to high concentrations can lead to death.

Selected Reportable Diseases in Pinellas County

Disease	2013 May	2013 YTD	Pinellas 3 YR YTD-AVG	Florida 2013 YTD
A. Vaccine Preventable				
Mumps				
Pertussis		3	3	218
B. CNS Diseases & Bacteremias				
Creutzfeldt-Jakob Disease (CJD)				11
H. influenzae (Invasive Disease)	2	6	5	131
Meningitis (Bacterial, Cryptococcal, Mycotic)		2	2	58
Meningococcal Disease			1	30
Streptococcal Disease, Group A, Invasive			2	128
S. Pneumoniae, Invasive Disase, Drug Resistant		10	10	285
S. Pneumoniae, Invasive Disase, Susceptible		7	6	339
C. Enteric Infections				
Campylobacteriosis	4	27	21	707
Cryptosporidiosis	1	8	10	128
Cyclosporiasis				1
E. coli O157:H7				
E. coli Shiga Toxin (+)	1	3	2	74
Giardiasis	4	13	10	425
Hemolytic Uremic Syndrome (HUS)				1
Listeriosis			1	
Salmonellosis	14	47	56	1485
Shigellosis		1	20	214
D. Viral Hepatitis				
Hepatitis A			1	41
Hepatitis B: Pregnant Woman +HBsAg		6	12	217
Hepatitis B, Acute	3	16	5	132
Hepatitis C, Acute	1	10	3	101
E. Vector Borne, Zoonoses				
Animal Rabies				43
Dengue			1	50
Eastern Equine Encephalitis				2
Lyme Disease		1	2	30
Malaria		1	1	23
Rabies, possible exposure	16	105	36	1057
St. Louis Encephalitis				
West Nile Virus				2
F. Others				
AIDS**	15	60	59	N/A
Chlamydia	374	1807	1587	N/A
Gonorrhea	109	574	438	N/A
Hansen's Disease				3
HIV**	21	93	97	N/A
Lead Poisoning: Children < 6 years:	1	1	2	1
Legionellosis		3	5	65
Mercury Poisoning				
Syphilis, Total	5	53	50	N/A
Syphilis, Infectious (Primary and Secondary)		19	21	N/A
Syphilis, Early Latent	3	26	17	N/A
Syphilis, Congenital				N/A
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	2	8	11	N/A
Tuberculosis	4	11	10	N/A
Vibrio Infections	1	1	4	40

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 HIV/AIDS Program: 727-824-6932.