



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

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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

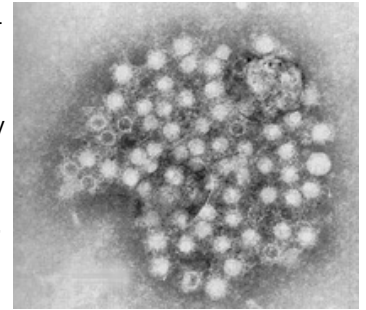
Animal Bite Reporting

Phone: (727) 524-4410

Hepatitis A

BY ANDREA LEAPLEY, MPH

Hepatitis A is an acute liver disease caused by an infection from the hepatitis A virus (HAV). In 2012, there were 126 reported cases of HAV in the state of Florida. Over the last ten years, rates have decreased from 2.2 per 100,000 population in 2003 to a rate of 0.7 per 100,000 population in 2012. Similar to the state average, the average rate of infection in Pinellas County has also decreased, from 2.4 per 100,000 population in 2003 to 0.4 in 2012. Despite this trend, sporadic cases of Hepatitis A are still reported in Pinellas County. A total of four confirmed cases have been reported this year within the months of September and October alone. **While these cases are not linked, the Florida Department of Health does investigate all cases of HAV for possible ill contacts and contaminated food sources.**



HAV is contagious and is spread through fecal-oral transmission. The infection can be spread by direct contact with the hepatitis A virus or when another person consumes contaminated food or drink handled by an infected person. People are at a higher risk of becoming infected with HAV by having unprotected sex or sharing illegal drugs with an infected individual. The hepatitis A virus can survive outside the body for months. **Infected people can pass on the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice.** Most infected persons no longer excrete virus in the feces by the third week of illness.

People who are infected with hepatitis A do not always have symptoms. **Symptoms may appear 2-6 weeks after exposure. The clinical course is similar to other types of acute hepatitis.** The illness often includes a discrete onset of fever, nausea, vomiting, dark urine, clay-colored bowel movements, and jaundice. Hepatitis A appears as a newly occurring infection and does not become chronic. Symptoms may last for approximately two months and in severe cases hospitalization is required. There is no specific treatment for hepatitis A.

If HAV is suspected, serological testing can detect current or past infection. Virtually all patients with acute hepatitis A have detectable IgM anti-HAV. **IgM typically becomes detectable 5-10 days before the onset of symptoms and can persist for up to 6 months.**

Infected healthcare workers, daycare employees, and people who work in food preparation should be excluded from work activities until they are symptom free. Post exposure prophylaxis may be recommended for anyone exposed to HAV through their close contacts. Within two weeks of exposure, the HAV vaccine should be administered to all contacts not previously vaccinated, preferably with a dose of immune globulin.

The best way to prevent HAV infection is to receive the vaccination. The vaccine has proven to be safe, effective, and long lasting. The HAV vaccine is given in two doses, six months apart. Vaccination is recommended for all children at one year old, international travelers, men who have sexual contact with men, illegal drug users, persons with chronic liver infections, and persons who work with HAV infected animals or in HAV research laboratories.

Personal hygiene is also important in the prevention of HAV infection. **Hands should always be washed with soap and water before food preparation, after using the restroom, changing diapers, or any other activity in which contact with stool is possible.** Surfaces that have come into contact with stool should be cleaned and disinfected.

Hepatitis A is reportable in the state of Florida and any cases should be reported immediately 24/7 by phone to your local health department. For more information, please visit the Centers for Disease Control and Prevention website: <http://www.cdc.gov/hepatitis/HAV/index.htm>

Global Eradication of Guinea Worm Disease

By Dale Watson, MPH

What if you were exposed to something in your water supply today, but you did not present with symptoms until a year later? One such illness is Guinea worm disease and unfortunately, this is a common possibility for individuals living in remote parts of Chad, Ethiopia, Mali and South Sudan.

Guinea worm disease (GWD), also known as *dracunculiasis*, is a parasitic infection caused by the nematode roundworm parasite *Dracunculus mendenisi*. GWD is contracted when people ingest drinking water from stagnant sources containing copepods (commonly referred to as water fleas) that harbor infective Guinea worm larvae. Inside a human's abdomen, Guinea worm larvae mate and female worms mature and grow, some as long as 3 feet (1 meter). After a year of incubation, the female Guinea worm creates an agonizingly painful lesion on the skin and slowly emerges from the body.

The contamination cycle begins when victims, seeking relief from the burning sensation caused by the emerging Guinea worm, immerse their limbs in sources of drinking water, which stimulates the emerging worm to release larvae into the water and begin the cycle all over again.

There is no cure for GWD and no one is immune. Treatment is painful. It can take weeks, for what can be a meter long worm, to emerge from the infected site.

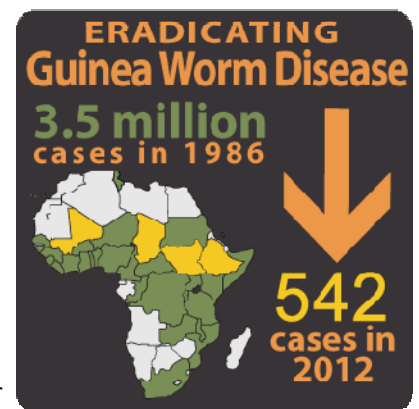
For some people living in the countries still affected by GWD, their livelihood is greatly impacted and they are socially/economically vulnerable. Individuals are infected for extended periods of time making them unable to work or grow enough food to feed their families, or attend school.

Global Guinea worm disease eradication campaigns started in 1980 and by 1986, only 20 countries were still reporting cases. The Carter Center has taken the lead on the Guinea Worm Eradication Program and has been working tirelessly. Today, the incidence of disease has decreased by 99%.

Prevention of GWD is accomplished at four basic levels:

- Surveillance, case detection, and containment
- Provision of safe drinking water
- Vector control using chemical larvicide (abate)
- Health education and community mobilization

Technical advisors, field officers and village volunteers provide water filters (pipe, cone and flat) and educate villagers on proper use of the filters. As well they look for and ask the community if anyone has been seen who may have signs/symptoms of GWD. An illustrated placard with the picture of blisters and worms emerging are used as surveillance tools.



Thanks to the tireless efforts of many, GWD is close to being eradicated. The end is within reach.

Global travel and missionary work exposes many people to a range of health risks. Many of these risks can be minimized by taking precautions before and after travel and keeping informed on the diseases that circulate all over the world.

For more information on Guinea worm disease, please visit the Centers for Disease Control and Disease website: <http://www.cdc.gov/parasites/guineaworm/> and the Carter Center at: www.cartercenter.org

Selected Reportable Diseases in Pinellas County

Disease	2013 October	2013 YTD	Pinellas 3 YR YTD-AVG	Florida 2013 YTD	2010	2011	2012
A. Vaccine Preventable							
Mumps			0	1			
Pertussis	1	14	5	609	6	4	5
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)			0	17			1
<i>H. influenzae (Invasive Disease)</i>	1	10	7	224	10	7	3
Meningitis (Bacterial, Cryptococcal, Mycotic)		4	4	125	7	2	3
Meningococcal Disease			1	49	4		
Streptococcal Disease, Group A, Invasive	2	10	3	249	3	3	3
<i>S. Pneumoniae, Invasive Disease, Drug Resistant</i>	2	20	13	441	11	16	12
<i>S. Pneumoniae, Invasive Disease, Susceptible</i>		9	11	490	10	8	14
C. Enteric Infections							
Campylobacteriosis	5	57	31	1721	22	41	30
Cryptosporidiosis	2	15	15	351	16	13	15
Cyclosporiasis		5	2	45	3	2	1
<i>E. coli Shiga Toxin (+)</i>		6	3	124	1	1	6
Giardiasis	2	25	16	931	17	14	17
Hemolytic Uremic Syndrome (HUS)		1	0	10			
Listeriosis			2	36		2	3
Salmonellosis	48	166	98	5038	104	97	92
Shigellosis	1	5	29	828	3	72	12
D. Viral Hepatitis							
Hepatitis A	3	4	1	113		2	2
Hepatitis B: Pregnant Woman +HBsAg		13	15	419	19	19	7
Hepatitis B, Acute	5	33	6	294	4	4	10
Hepatitis C, Acute		14	5	193	5	7	3
E. Vector Borne, Zoonoses							
Animal Rabies			0	84		1	
Dengue		2	1	142	2	1	
Eastern Equine Encephalitis			0	2			
Lyme Disease	2	7	3	131	2	4	3
Malaria		1	1	46	1	1	2
Rabies, possible exposure	11	172	80	2242	50	96	93
St. Louis Encephalitis			0				
West Nile Virus			0	5			
F. Others							
AIDS**	14	105	93	N/A	73	76	131
Chlamydia	380	3584	2782	N/A	2261	2274	3812
Gonorrhea	136	1202	776	N/A	738	561	1029
Hansen's Disease			0	8	1		
HIV**	28	182	135	N/A	109	109	187
Lead Poisoning: Children < 6 years:		2	2	104	1	3	1
Legionellosis		9	8	201	6	9	9
Mercury Poisoning			1	3		2	
Syphilis, Total	8	93	66	N/A	56	64	77
Syphilis, Infectious (Primary and Secondary)	4	40	30	N/A	21	25	44
Syphilis, Early Latent	2	34	20	N/A	18	25	18
Syphilis, Congenital			0	N/A			
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	2	19	17	N/A	17	18	15
Tuberculosis	2	22	17	N/A	24	9	17
<i>Vibrio Infections</i>	6	10	7	169	5	10	7

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.