



# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

October 2013

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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

## Influenza Season 2013-2014

The influenza season can be unpredictable in timing, severity, and length of the season from one year to the next. The 2013 -2014 influenza season began in late September and will end in May. In the United States, influenza activity most commonly peaks in January or February. The Florida Department of Health in Pinellas County (DOH - Pinellas) monitors influenza activity year round and enhances surveillance during the flu season.

### Getting vaccinated each year

#### provides the best protection against influenza throughout flu season!!

Flu vaccines are designed to protect against the influenza viruses that experts predict will be the most common during the upcoming season. Presently, three types of influenza viruses are circulating among people: Influenza A (H1N1) viruses, influenza A (H3N2) viruses, and influenza B viruses. Each year, these viruses are used to produce the seasonal influenza vaccine.

This season, there are several flu vaccine options available. The traditional seasonal flu vaccine is made to protect against three different flu viruses (called "trivalent" vaccines); however, this year, there is also a quadrivalent vaccine available to protect against four different flu viruses.

The 2013-2014 trivalent influenza vaccine is made from the following three viruses:

- A/California/7/2009 (H1N1)pdm09-like virus
- A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011
- B/Massachusetts/2/2012-like virus.

It is recommended that the quadrivalent vaccine containing two influenza B viruses include the above three viruses and a B/Brisbane/60/2008-like virus.

*For more information, please visit the Centers for Disease Control and Prevention website: <http://www.cdc.gov/flu/about/season/index.htm>*

## **Acute Hepatitis and Liver Failure Following the Use of a Dietary Supplement**

### **Intended for Weight Loss or Muscle Building**

**Distributed via the CDC Health Alert Network, October 8, 2013**

#### Summary

Recently, a number of previously healthy individuals developed acute hepatitis and sudden liver failure of unknown cause after using a dietary supplement for weight loss or muscle building.

#### CDC Recommendations

- Clinicians evaluating patients with acute hepatitis should ask about consumption of dietary supplements as part of a comprehensive evaluation.
- Clinicians should report patients meeting the case definition to the local or state health department, as well as the US Food and Drug Administration's MedWatch program online at <https://www.accessdata.fda.gov/scripts/medwatch/> or by phone at 1-888-INFO-FDA.
- People who use dietary supplements for weight loss or muscle gain should do so with caution and under a medical provider's close supervision.

*Please visit the Centers for Disease Control and Prevention, Emergency Preparedness and Response website for the complete health advisory: <http://emergency.cdc.gov/HAN/>*

# Pinellas County ESF-8 Working Group

By Amber Boulding, MPH

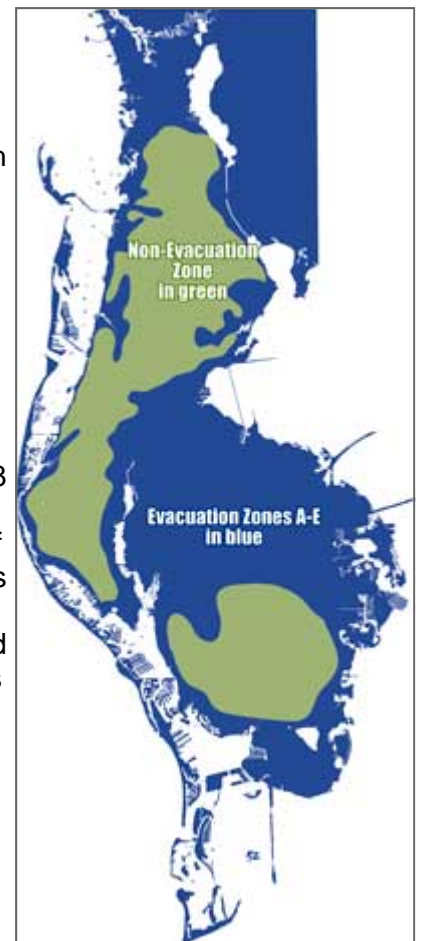


Pinellas County is a unique county that has the potential to produce a “perfect storm” should disaster strike. There are nearly 1 million residents in the County, many of them elderly, making it the most densely populated county in Florida. This can lead to issues with communicable diseases, as well as problems for evacuation, isolation and/or quarantine efforts. Pinellas County is also a peninsula located on a peninsula creating a high risk for flood devastation should a large storm hit our area. For these reasons and more, it is imperative that Pinellas County has a strong foundation for planning for all-hazard events.

In order to facilitate coordination during a disaster response, Pinellas County uses the Emergency Support Function (ESF) concept. This concept groups departments and agencies that have similar resources and responsibilities under 18 functional areas headed by a primary/lead agency. The Health and Medical discipline falls under ESF-8 in which the Florida Department of Health in Pinellas County (DOH-Pinellas) is the lead agency. ESF-8 is responsible for the coordination of services pertaining to health and medical issues during an emergency event or catastrophic incident. It oversees the preparedness, recovery, mitigation, and response with all agencies and organizations that are direct providers of health and medical services.

As part of an initiative to ensure the success of ESF-8 during an emergency, DOH-Pinellas in coordination with Pinellas County Emergency Management (EM) has formed an ESF-8 Working Group. Within this Working Group, ESF-8 partners collaborate to identify gaps and weaknesses among ESF-8 and take steps to strengthen these areas. This group works to improve the efficiency of the ESF-8 desk during a disaster. Among the many groups represented in this working group are DOH, Emergency Management, EMS/Sunstar, area hospitals, Health and Human Services, nursing homes, assisted living facilities, and home health. This working group meets monthly to discuss operational issues and gaps that have been identified by the group.

Having such a group in Pinellas County will help to identify areas for improvement and organize a solution to help better prepare the county for any disaster, whether it is storm related, a disease outbreak, or a biological threat. With this group, Pinellas County is better protecting the health of our residents.



***For more information about the Pinellas County ESF-8 Working Group, please contact the DOH-Pinellas, Public Health Preparedness Program at 727-507-4346.***

***More information about how you can be prepared for disasters, please visit, <http://www.pinellascounty.org/emergency/>***

# Selected Reportable Diseases in Pinellas County

Disease	September 2013	2013 YTD	Pinellas 3 YR YTD- AVG	Florida 2013 YTD
<b>A. Vaccine Preventable</b>				
Mumps			0	1
Pertussis	4	13	5	419
<b>B. CNS Diseases &amp; Bacteremias</b>				
Creutzfeldt-Jakob Disease (CJD)			0	16
<i>H. influenzae</i> (Invasive Disease)	2	9	7	218
Meningitis (Bacterial, Cryptococcal, Mycotic)		4	4	105
Meningococcal Disease			1	38
Streptococcal Disease, Group A, Invasive	2	8	3	201
<i>S. Pneumoniae</i> , Invasive Disease, Drug Resistant	3	18	13	375
<i>S. Pneumoniae</i> , Invasive Disease, Susceptible	1	9	11	428
<b>C. Enteric Infections</b>				
Campylobacteriosis	2	52	31	1404
Cryptosporidiosis		13	15	234
Cyclosporiasis		5	2	44
<i>E. coli</i> O157:H7			0	
<i>E. coli</i> Shiga Toxin (+)		5	3	103
Giardiasis	4	23	16	708
Hemolytic Uremic Syndrome (HUS)		1	0	6
Listeriosis			2	30
Salmonellosis	14	118	98	3352
Shigellosis	2	4	29	479
<b>D. Viral Hepatitis</b>				
Hepatitis A	1	1	1	72
Hepatitis B: Pregnant Woman +HBsAg	1	13	15	354
Hepatitis B, Acute	2	28	6	230
Hepatitis C, Acute	1	14	5	163
<b>E. Vector Borne, Zoonoses</b>				
Animal Rabies			0	69
Dengue		2	1	97
Eastern Equine Encephalitis			0	2
Lyme Disease	4	6	3	87
Malaria		1	1	37
Rabies, possible exposure	12	161	80	1839
St. Louis Encephalitis			0	
West Nile Virus			0	1
<b>F. Others</b>				
AIDS**	9	91	93	N/A
Chlamydia	367	3201	2782	N/A
Gonorrhea	126	1066	776	N/A
Hansen's Disease			0	6
HIV**	20	159	135	N/A
Lead Poisoning: Children < 6 years:		2	2	104
Legionellosis	2	9	8	150
Mercury Poisoning			1	
Syphilis, Total	5	72	66	N/A
Syphilis, Infectious (Primary and Secondary)	4	30	30	N/A
Syphilis, Early Latent	1	28	20	N/A
Syphilis, Congenital		0	0	N/A
Syphilis, Late Syphilis (Late Latent; Neurosyphilis )		14	17	N/A
Tuberculosis	3	20	17	N/A
Vibrio Infections	1	5	7	114

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\\_ctr/epi/index.html](http://www.doh.state.fl.us/disease_ctr/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. 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.