FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

September 2013

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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

Middle East Respiratory Syndrome (MERS)

JoAnne Lamb, MPH

Middle East Respiratory Syndrome (MERS) is a viral respiratory illness first reported in Saudi Arabia in 2012. It is caused by a beta coronavirus called MERS-CoV. Most people who have been confirmed to have MERS-CoV infection developed severe acute respiratory illness. Symptoms reported include fever, cough, and shortness of breath; however, some cases have reported only a mild respiratory illness. Medical care is supportive as there is no specific treatments for illnesses caused by MERS– CoV. The virus has spread from ill people to others through close contact; however, the virus has not shown to spread in a sustained way in communities. At this time, there is no vaccine available for MERS.

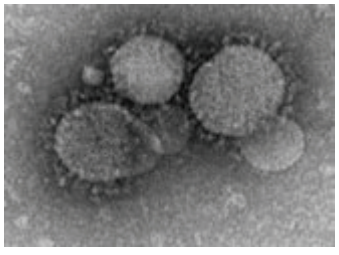
As of September 16, there is a total of 114 cases and 54 deaths due to MERS. Cases are among individuals who reside in or traveled to four countries in or near the Arabian Peninsula (Kingdom of Saudi Arabia, United Arab Emirates, Qatar, or Jordan), or had close contact with someone who resided in or traveled to one of these countries. ***No cases have been identified in the United States.*** The Centers for Disease Control and Prevention (CDC) is working with partners to better understand the risks of this virus, including the source, transmission, and proper prevention measures.

Healthcare professionals should evaluate patients for MERS-CoV infection if they develop fever and pneumonia within 14 days after traveling from countries in or near the Arabian Peninsula. They should also evaluate patients for MERS-CoV infection if they have had close contact with a symptomatic traveler from this area who has fever and acute respiratory illness. Additional information is provided in CDC's definition of a patient under investigation (PUI): http://www.cdc.gov/coronavirus/mers/case-def.html#pui

Patients who meet the criteria for a PUI should also be evaluated for other common causes of community-acquired pneumonia based on clinical presentation and epidemiologic information. Testing for MERS-CoV and other respiratory pathogens can be done simultaneously. CDC recommends collecting multiple specimens from different sites at different times after symptom onset. Many health department laboratories are approved for MERS-CoV testing using real-time polymerase chain reaction assay (rt-PCR). Guidelines for collecting, handling, and testing clinical specimens from PUIs for MERS—CoV can be found here: http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html

Healthcare professionals should immediately report any person being evaluated for MERS-CoV infection to their local health department.

The CDC is closely monitoring the situation and working with health departments, hospitals, and other partners to prepare for possible cases in the United States. For updated information for travelers and health professionals, please visit:



Centers for Disease Control and Prevention—
http://www.cdc.gov/coronavirus/mers/

Scabies Cluster Investigation

Danielle Egger, BS

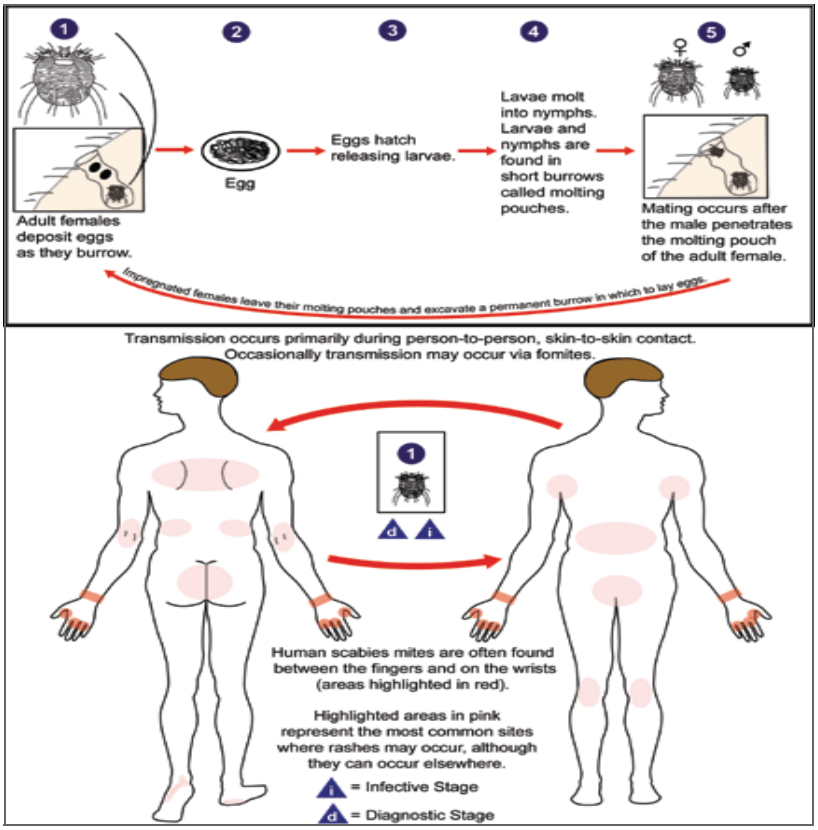
In August 2013, the Florida Department of Health in Pinellas County, Epidemiology Program investigated two separate clusters of scabies at two local assisted living facilities (ALF). Upon notification of multiple individuals with scabies, an investigation was initiated and site visits were conducted at both facilities.

The first cluster was identified at an ALF that housed a total of 460 residents. Preliminary information identified a total of 65 residents with confirmed scabies (14% attack rate). Only two staff members reported symptoms and they remained out of work for two days until cleared by the company doctor to return to work. Nursing staff was immediately trained on proper monitoring, isolation, and treatment. Treatment for ill patients included topical medication. Weekly "full body checks" were completed on each resident by nursing staff to monitor for additional cases. Patients with scabies were re-located to a guest room with two sets of clothing. All other personal belongings and surfaces were either washed in hot water or bagged and treated with Steri-fab disinfectant. Common areas including the dining rooms, lobbies, and busses were disinfected daily. A letter was sent to all residents alerting them of the situation and providing education regarding the illness. A line list was produced to monitor cases or potential cases and to track which rooms have been disinfected for use.

The second cluster was identified after an employee was diagnosed with scabies. The employee received treatment and did not return to work for 36 hours. The following day, five symptomatic residents out of a total of 113, were identified (4% attack rate). A dermatologist was consulted and skin scrapings were collected from all five ill residents. Four of the five scrapings were positive; however, all five residents were subsequently treated. Enhanced monitoring identified eight additional residents and three nursing staff with similar symptoms. Gatherings in common areas were restricted and all common areas were disinfected. Ill residents that shared a room were re-located and their rooms disinfected. The Director of Nursing began a line list including ill resident names, room numbers, environmental control measures taken, and treatments.

Both facilities have continued to monitor for additional cases. The key to preventing scabies outbreaks is proper infection control, routine surveillance, and education. Once scabies is confirmed, gloves should be worn and direct skin-to skin contact avoided. Prophylaxis should be offered to anyone in direct skin-to-skin contact with known cases. Environmental disinfection should be performed which includes laundering all bedding and clothing in hot water. Routine cleaning of rooms may be done once the patient moves to a new room.

Scabies Fast Facts



- Scabies is an infestation of the skin by the human itch mite - Sarcoptes scabiei var hominis. The scabies mite burrows into the upper layer of the skin where it lives and lays its eggs (2-3 eggs/day).
- If a person has never had scabies before, symptoms may take 4-6 weeks to begin. It is important to remember that an infested person can spread scabies during this time, even if he/she does not have symptoms yet.
- Diagnosis of a scabies infestation usually is made based on the appearance and distribution of the rash and the presence of burrows. Whenever possible, the diagnosis of scabies should be confirmed. This can be done by carefully removing a mite from the end of its burrow using the tip of a needle or by obtaining skin scraping to examine under a microscope for mites, eggs, or mite fecal matter.
- On a person, scabies mites can live for as long as 1-2 months. Off a person, scabies mites usually do not survive more than 48-72 hours. Scabies mites will die if exposed to a temperature of 50°C (122°F) for 10 minutes.
- Scabicides to treat human scabies are available only with a doctor's prescription; no "over-the-counter" products have been tested and approved for humans
- Crusted scabies (Norwegian scabies) is a severe form of scabies that can occur in some persons who are immunocompromised or elderly. Persons with crusted scabies have thick crusts of skin that contain large numbers of scabies mites and eggs. Crusted scabies is very contagious and spreads easily both by direct skin-to-skin contact and by contaminated surfaces.

Image and information: http://www.cdc.gov/parasites/scabies/gen_info/index.html

Selected Reportable Diseases in Pinellas County

Disease	2013 August	2013 YTD	Pinellas 3 YR YTD-AVG	Florida 2013 YTD
A. Vaccine Preventable				
Mumps			0	**1**
Pertussis	**2**	**9**	5	**419**
B. CNS Diseases & Bacteremias				
Creutzfeldt-Jakob Disease (CJD)			0	**16**
H. influenzae (Invasive Disease)	**2**	**7**	7	**218**
Meningitis (Bacterial, Cryptococcal, Mycotic)	**1**	**4**	4	**105**
Meningococcal Disease			1	**38**
Streptococcal Disease, Group A, Invasive	**2**	**8**	3	**201**
S. Pneumoniae, Invasive Disase, Drug Resistant	**1**	**15**	13	**375**
S. Pneumoniae, Invasive Disase, Susceptible	**1**	**9**	11	**428**
C. Enteric Infections				
Campylobacteriosis	**8**	**50**	31	**1404**
Cryptosporidiosis	**2**	**13**	15	**234**
Cyclosporiasis	**2**	**5**	2	**44**
E. coli O157:H7			0	
E. coli Shiga Toxin (+)		**5**	3	**103**
Giardiasis	**6**	**19**	16	**708**
Hemolytic Uremic Syndrome (HUS)		**1**	0	**6**
Listeriosis			2	**30**
Salmonellosis	**15**	**104**	98	**3352**
Shigellosis	**1**	**2**	29	**479**
D. Viral Hepatitis				
Hepatitis A			1	**72**
Hepatitis B: Pregnant Woman +HBsAg	**2**	**11**	15	**354**
Hepatitis B, Acute	**1**	**26**	6	**230**
Hepatitis C, Acute	**1**	**13**	5	**163**
E. Vector Borne, Zoonoses				
Animal Rabies			0	**69**
Dengue	**2**	**2**	1	**97**
Eastern Equine Encephalitis			0	**2**
Lyme Disease		**2**	3	**87**
Malaria		**1**	1	**37**
Rabies, possible exposure	**17**	**149**	80	**1839**
St. Louis Encephalitis			0	
West Nile Virus			0	**1**
F. Others				
AIDS**	**7**	**82**	75	**N/A**
Chlamydia	**338**	**2482**	2268	**N/A**
Gonorrhea	**130**	**938**	627	**N/A**
Hansen's Disease			0	**6**
HIV**	**16**	**139**	105	**N/A**
Lead Poisoning: Children < 6 years:		**2**	2	**104**
Legionellosis		**7**	8	**150**
Mercury Poisoning			1	
Syphilis, Total	**6**	**72**	66	**N/A**
Syphilis, Infectious (Primary and Secondary)	**3**	**30**	30	**N/A**
Syphilis, Early Latent	**2**	**28**	20	**N/A**
Syphilis, Congenital	**0**	**0**	0	**N/A**
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	**1**	**14**	17	**N/A**
Tuberculosis	**2**	**17**	17	**N/A**
Vibrio Infections	**1**	**4**	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_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. 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.