



# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

December 2014

### Florida Department of Health in Pinellas County

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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  
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## Norovirus 101

By Andrea Leapley, MPH

Norovirus is the most common cause of acute gastrointestinal illness in the United States. According to the Centers for Disease Control and Prevention (CDC), it is responsible for an estimated 19-21 million illnesses, 56,000-71,000 hospitalizations, and 570-800 deaths each year. Most outbreaks occur between November and April.

Transmission of norovirus occurs through ingestion of the virus particles from stool or vomit of an infected person. Norovirus is highly contagious and as few as 18 virus particles can cause illness. The virus can be found in your stool before symptoms begin and can persist for two weeks or longer after symptoms resolve. Symptoms include vomiting, diarrhea, nausea, and abdominal pain. Some people may also experience fever, headache, or body aches. There is no specific treatment for norovirus. To avoid dehydration, patients should drink plenty of fluids. Most people recover within 1-3 days. Norovirus can be detected in stool samples collected within 48 to 72 hours after symptom onset. Real-time PCR is the most common test used to identify norovirus.

Norovirus is the leading cause of illness and outbreaks from contaminated food in the United States. The outbreaks generally occur when infected food service workers handle ready-to-eat foods such as raw fruits and vegetables with bare hands before serving. However, any food served raw or handled after cooking can become contaminated. Norovirus outbreaks also occur in settings where people have frequent close contact such as healthcare facilities, schools and daycares, or among household members.

Pinellas County sees outbreaks of norovirus each year, mostly during the winter months. While the source can be difficult to determine, the outbreaks are consistent with national trends and occur among people in close contact with each other. In order to prevent outbreaks, proper precautions should be taken. Hands should be washed regularly with soap and water especially after using the bathroom and before eating, preparing, or handling food. Wash fruits and vegetables thoroughly before eating and avoid consuming raw or undercooked shellfish. If you are sick, stay home from school or work and do not prepare food or care for others who are sick. Clean and disinfect surfaces with chlorine bleach or another disinfectant registered as effective against norovirus by the Environmental Protection Agency. And immediately remove and wash clothes or linens soiled with vomit or stool.

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

*For more information on norovirus, please visit the Centers for Disease Control and Prevention's website:*

<http://www.cdc.gov/norovirus/index.html>

**protect yourself from norovirus**

1. wash your hands often
2. rinse fruits & vegetables thoroughly
3. cook shellfish to 140°F or higher
4. when you are sick, don't prepare food or care for others
5. after vomiting or having diarrhea, immediately clean & disinfect surfaces & wash soiled laundry
6. use bleach for disinfection

# Animal Rabies in Florida

By Samantha Spoto, MPH

Rabies is a virus that infects mammals and is transmitted through infected saliva or nervous tissue. All species of mammals are susceptible to rabies virus infection and a few select species are considered reservoirs for the disease. In the United States, distinct strains of rabies virus have been identified in raccoons, skunks, foxes, coyotes, and select bats. When an uninfected mammal is bitten by a rabid animal, the virus travels from the location of the bite to the brain of the mammal through the nervous system. The mammal will not have symptoms until the virus reaches the brain, and during this incubation period it cannot transmit rabies to others. It may take weeks or months for the infected mammal to develop symptoms and be able to transmit rabies. Once an animal shows symptoms of rabies, it usually dies within 7 days.

Florida collects surveillance data of how many and what type of animals test positive for rabies each year. There have been 79 animals from January through November 2014 that have tested positive for rabies in the state of Florida. The most common animals to test positive for rabies in Florida are raccoons, bats, foxes, and unvaccinated cats. However, animals are only tested as a result of an animal bite report where a human or domestic pet is bitten and the animal under suspicion for rabies can be located. In December 2014, in Pinellas County, two bats tested positive for rabies. These are the first animals to test positive for rabies in Pinellas since 2011, when a bat and a raccoon were found to be positive.

In 2013, 19 bats tested positive for rabies in the state. A complete table of the number and type of animals that have tested positive for rabies from 1994-2013 in Florida can be found here: <http://www.floridahealth.gov/diseases-and-conditions/rabies/documents/20-year-rabies-species-summary1994-2013.pdf>.

The best way to prevent rabies is to keep vaccinations up to date for your pets, and to avoid stray or wild animals. If bitten by an animal, it is important to follow up with a healthcare provider promptly to evaluate the risk for rabies exposure and start post-exposure prophylaxis if necessary. Rabies can be prevented after a bite from an infected animal through early administration of human rabies immune globulin (HRIG) and rabies vaccine. Once symptoms develop there is no treatment for rabies and it is nearly always fatal.

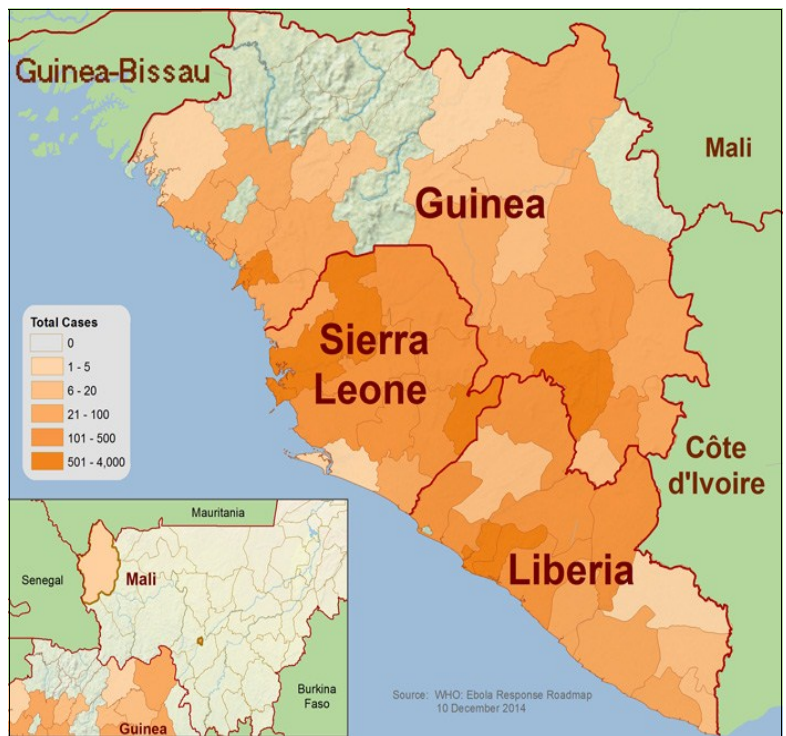
**Information about Rabies and additional data can be found on the Center's for Disease Control and Prevention website:** <http://www.floridahealth.gov/diseases-and-conditions/rabies/rabiessurveillance.html>



## 2014 Ebola Outbreak in West Africa - Updates

Update as of December 15, 2014

- Since November 10, the Centers for Disease Control and Prevention (CDC) have been working with the World Health Organization (WHO) and other partners in response a cluster of Ebola cases in Bamako, Mali. The cases in Bamako are linked to a man who had traveled to Bamako after becoming sick in Guinea. On November 13, CDC released a travel alert (Warning, Level 2) recommending that travelers to Mali protect themselves by avoiding contact with the blood and body fluids of people who are sick. As a further precaution, CDC and the Department of Homeland Security (DHS) have added Mali to the list of nations for which enhanced screening and active post-arrival monitoring measures will be taken. Since November 17, people arriving into the United States whose travel began in Mali are subject to the same enhanced entry screening activities, including health and Ebola exposure assessments, which are already in place for travelers from Guinea, Liberia, and Sierra Leone.
- As reported in the latest WHO Situation Report, Sierra Leone now has the highest total number of reported cases of the three intense transmission countries with 7,897 cases as of December 11.
- All contacts of Ebola cases in the United States have completed the 21-day follow-up period.
- On December 2, WHO officially declared the Ebola outbreak in Spain over. The first human-to-human transmission outside Africa was confirmed by the Spanish National Reference Laboratory on October 6. The healthcare worker was considered free of Ebola as of October 21 and in the 42-day period since, there have been no additional Ebola cases in Spain.



**The following updates and distribution map were collected from the CDC website. Additional information can be found here:** <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>. WHO Situation Reports can be found here: <http://www.who.int/csr/disease/ebola/situation-reports/archive/en/>.

# Selected Reportable Diseases in Pinellas County

Disease	Pinellas	Year-to-Date		Pinellas County Annual Totals		
	November 2014	Pinellas 2014	Florida 2014	2013	2012	2011
<b>A. Vaccine Preventable</b>						
Measles						
Mumps			1			
Pertussis		19	697	17	10	10
Varicella	5	26	517	19	16	21
<b>B. CNS Diseases &amp; Bacteremias</b>						
Creutzfeldt-Jakob Disease (CJD)			19		2	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	2	4	118	5	6	7
Meningococcal Disease			48	1		
<b>C. Enteric Infections</b>						
Campylobacteriosis	8	97	2040	63	59	83
Cryptosporidiosis	5	234	1783	19	29	19
Cyclosporiasis			30	5	1	2
<i>E. coli Shiga Toxin (+)</i>		6	158	7	8	2
Giardiasis	2	37	1081	34	32	27
Hemolytic Uremic Syndrome (HUS)			7	1		
Listeriosis			43		5	3
Salmonellosis	22	200	5578	203	203	225
Shigellosis	1	20	2227	5	18	93
<b>D. Viral Hepatitis</b>						
Hepatitis A		2	96	6	4	5
Hepatitis B: Pregnant Woman +HBsAg		21	467	17	16	29
Hepatitis B, Acute	5	34	388	39	16	10
Hepatitis C, Acute	2	17	169	17	5	13
<b>E. Vector Borne, Zoonoses</b>						
Animal Rabies			81			2
Rabies, possible exposure	15	177	2628	193	201	217
Chikungunya Fever		10	395			
Dengue		1	89	2	3	1
Eastern Equine Encephalitis			1			
Lyme Disease		4	127	8	6	9
Malaria		2	46	1	2	1
St. Louis Encephalitis			2			
West Nile Virus			21			
<b>F. Others</b>						
AIDS**	10	138	n/a	118	130	123
HIV**	23	261	n/a	187	177	189
Chlamydia	271	3503	n/a	4141	3812	3863
Gonorrhea	90	1151	n/a	1424	1029	1034
Hansen's Disease			7			
Lead Poisoning: Children < 6 years:	1	6	147	4	2	4
Legionellosis	1	13	254	10	13	13
Mercury Poisoning		2	12			2
Syphilis, Total	12	172	n/a	114	141	132
Syphilis, Infectious (Primary and Secondary)	6	69	n/a	52	61	66
Syphilis, Early Latent	6	57	n/a	37	47	35
Syphilis, Congenital			n/a			1
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)		46	n/a	25	33	30
Tuberculosis		21	n/a	30	17	9
<i>Vibrio Infections</i>	1	9	151	11	10	11

n/a = not available at this time. Blank cells indicate no cases reported. Reportable diseases include confirmed and probable cases only. All case counts are provisional. Data is collected from the Merlin Reportable Disease database, surveillance systems maintained at the Florida Department of Health in Pinellas County, and Florida CHARTS <http://www.floridacharts.com/charts/default.aspx>.

\*\*STD data in PRISM is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.

\*\*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. CDC case definitions for HIV and AIDS, as of September 2014, were now accepted into the updated version of eHARS. This means that prior to September HIV cases that were not considered "reportable" due to an undetectable HIV viral load can now be reported as an HIV case if Surveillance staff can determine if the patient is being treated on ARVs (antiretrovirals) and, therefore, they have a "clinical diagnosis". This could result in an artificial increase in HIV case reporting in the upcoming months. In addition, children from ages 6-12 years that are diagnosed with HIV can now be reported as "AIDS" with a CD4 absolute count <200, children from 1-5 years old can be diagnosed AIDS with a CD4 test <500 and children <1 years old can be diagnosed with AIDS with a CD4 test <750. This may affect our YTD comparison between years for the upcoming year. For a more detailed explanation on changes in reporting and changes in trends, please contact the Bureau of HIV/AIDS, Data Analysis Section.