FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

April 2015

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Multistate Outbreak of *Listeria monocytogenes* Infections Linked to Blue Bell Creameries Ice Cream

The Center for Disease Control and Prevention (CDC) is investigating a complex and ongoing multistate outbreak of listeriosis that has been occurring over several years. The outbreak consists of two clusters of people infected with several strains of Listeria monocytogenes that were also found in products made at two Blue Bell facilities in Texas and Oklahoma. Available information indicates that various Blue Bell brand products produced in the facilities are the source.

Listeriosis is a life-threatening infection caused by eating food contaminated with the bacterium (germ) *Listeria monocytogenes*. The average incubation period for *Listeria* infection is three days to one month, but can be up to 70 days for pregnant women. Symptoms of listeriosis include fever and muscle aches, sometimes preceded by gastrointestinal symptoms. Ingestion of *Listeria* occurs frequently because the bacterium is commonly present in the environment. The risk of invasive listeriosis after exposure to *L. monocytogenes* is very low; however, exposure is common, but disease is rare. Groups at elevated risk for invasive disease include pregnant women, persons with immunocompromising conditions, and older adults. Listeriosis is treated with antibiotics.

The CDC recommends that consumers do not eat any Blue Bell brand products made at the company's Oklahoma facility and that retailers and institutions do not sell or serve them. If a person has eaten food contaminated with Listeria and does not have any symptoms, most experts believe that no tests or treatment are needed, even for people at higher risk for listeriosis.

For complete outbreak details and a product list, please visit the CDC website: http://www.cdc.gov/listeria/outbreaks/ice-cream-03-15/index.html and the FDA website: http://www.fda.gov/Food/RecallsOutbreaksEmergencies/Outbreaks/ucm438104.htm

Source: www.fda.gov

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 x7665

April is STD Awareness Month

Know the Facts! **GYT: G**et **Y**ourself **T**ested

If you are sexually active, getting tested for STDs is one of the most important things you can do to protect your health. The Center for Disease Control and Prevention recommends the following screenings:

- All adults and adolescents from ages 13 to 64 should be tested at least once for HIV.
- Annual chlamydia and gonorrhea screening of all sexually active women younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection.
- Syphilis, HIV, chlamydia, and hepatitis B screening for all pregnant women, and gonorrhea screening for at-risk pregnant women starting early in pregnancy, with repeat testing as needed, to protect the health of mothers and their infants.
- Screening at least once a year for syphilis, chlamydia, and gonorrhea for all sexually active gay, bisexual, and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3-to-6 month intervals).
- Anyone who has unsafe sex or shares injection drug equipment should get tested for HIV at least once a year. Sexually active gay and bisexual men may benefit from more frequent testing (e.g., every 3 to 6 months).

More information and resources can be found at the CDC, National HIV and STD Testing website, https://gettested.cdc.gov/. Information regarding STD services offered by the Florida Department of Health in Pinellas can be found here, http://pinellas.floridahealth.gov/programs-and-services/infectious-disease-services/std/index.html.

National Infant Immunization Week 2015
April 18-25, 2015

National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and to celebrate the achievements of immunization programs in promoting healthy communities throughout the United States. This year, NIIW is scheduled to be held April 18-25, 2015. For the past 20 years, hundreds of communities across the United States have joined those in countries around the world to celebrate the critical role vaccination plays in protecting the health of our children, families, and communities. The United States celebrates NIIW as part of World Immunization Week (April 24-30, 2015), an initiative of the World Health Organization.

National Infant Immunization Week
IMMUNIZATION. POWER TO PROTECT.

Because of the success of vaccines in preventing disease, parents may not have heard of some of today's vaccines or the serious diseases they prevent. These diseases can be especially serious for infants and young children. That is why it is important to follow the recommended immunization schedule to protect infants and children by providing immunity early in life, before they are exposed to potentially life-threatening diseases. **Vaccine-preventable diseases still circulate in the United States and around the world, so continued vaccination is necessary to protect everyone from potential outbreaks.** Even when diseases are rare in the U.S., they can still be commonly transmitted in many parts of the world and brought into the country by unvaccinated individuals, putting unvaccinated people at risk.

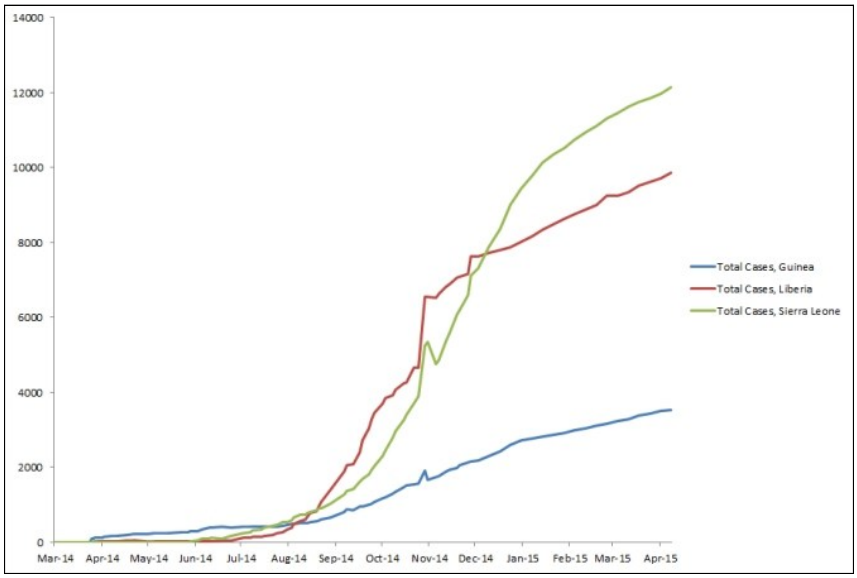
For more information about the importance of infant immunization, visit http://www.cdc.gov/vaccines.

2014 Ebola Outbreak in West Africa - Update
Update as of April 15, 2015

- According to the Word Health Organization (WHO) Situation Report, 25,646 cases of Ebola (suspect, probable, and confirm) have been reported. Guinea, Liberia, and Sierra Leone have reported widespread transmission since March 2014 (see Table 1); however, new confirmed case counts are decreasing.
- The last confirmed patient with Ebola in Liberia passed away on March 27. Investigations are ongoing to establish the origin of infection and 332 contacts are being monitored.
- An Ebola vaccine trial is underway. STRIVE, Sierra Leone Trial to Introduce a Vaccine against Ebola, is a combined Phase 2 and 3 clinical trial designed to assess the safety and efficacy of the rVSV-ZEBOV candidate Ebola vaccine. The study will take place in five districts in Sierra Leone and will enroll about 6,000 healthcare workers and frontline responders.
- There are currently no active cases of Ebola in the United States.

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.whoint/csr/disease/ebola/situation-reports/archive/en/.

Table 1: Suspected, Probable, and Confirmed Cases in Guinea, Liberia, and Sierra Leone, March 25, 2014 - April 8, 2015 (Source: www.cdc.gov)



Select Reportable Diseases in Pinellas County

	Pinellas	Total		Pinellas County Annual Totals		
Disease	**March 2015**	**Pinellas 2015**	**Florida 2015**	**2014**	**2013**	**2012**
A. Vaccine Preventable						
Measles						
Mumps			**2**			
Pertussis		**2**	**84**	19	17	10
Varicella	**5**	**16**	**222**	35	19	16
B. CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease (CJD)		**1**	**11**			2
Meningitis (Bacterial, Cryptococcal, Mycotic)			**30**	4	5	6
Meningococcal Disease		**1**	**12**		1	
C. Enteric Infections						
Campylobacteriosis	**9**	**31**	**480**	103	63	59
Cryptosporidiosis	**4**	**10**	**141**	240	19	29
Cyclosporiasis					5	1
E. coli Shiga Toxin (+)			**27**	6	7	8
Giardiasis	**2**	**10**	**235**	42	34	32
Hemolytic Uremic Syndrome (HUS)			**3**		1	
Listeriosis			**4**			5
Salmonellosis	**16**	**32**	**728**	216	203	203
Shigellosis	**7**	**11**	**400**	21	5	18
D. Viral Hepatitis						
Hepatitis A			**25**	2	6	4
Hepatitis B: Pregnant Woman +HBsAg	**11**	**15**	**109**	21	17	16
Hepatitis B, Acute	**6**	**12**	**103**	44	39	16
Hepatitis C, Acute	**1**	**8**	**38**	19	17	5
E. Vector Borne, Zoonoses						
Animal Rabies			**21**	2		
Rabies, possible exposure	**13**	**44**	**731**	190	193	201
Chikungunya Fever	**1**	**2**	**54**	10		
Dengue			**10**	1	2	3
Eastern Equine Encephalitis						
Lyme Disease			**21**	5	8	6
Malaria			**9**	3	1	2
St. Louis Encephalitis						
West Nile Virus						
F. Others						
AIDS**	**11**	**27**	**n/a**	149	118	130
HIV**	**19**	**76**	**n/a**	267	185	177
Chlamydia	**296**	**997**	**n/a**	3493	4141	3812
Gonorrhea	**105**	**320**	**n/a**	1194	1424	1029
Hansen's Disease			**6**			
Lead Poisoning: Children < 6 years:	**1**	**2**	**27**	8	4	2
Legionellosis	**2**	**4**	**68**	13	10	13
Mercury Poisoning			**3**	2		
Syphilis, Total	**29**	**61**	**n/a**	188	114	141
Syphilis, Infectious (Primary and Secondary)	**20**	**40**	**n/a**	77	52	61
Syphilis, Early Latent	**6**	**11**	**n/a**	64	37	47
Syphilis, Congenital			**n/a**			
Syphilis, Late (Late Latent; Neurosyphilis)	**3**	**6**	**n/a**	51	25	33
Tuberculosis			**n/a**	25	30	17
Vibrio Infections			**20**	10	11	10

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.