



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

February 2015

Florida Department of Health in Pinellas County

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Measles Cases and Prevention

Florida Department of Health, Update - February 2015

As of January 31, 2015, four cases of measles have been confirmed among travelers in Florida. Each traveler was reported to have unknown or no measles vaccinations. **There are no confirmed cases of measles among Florida residents at this time.**

Measles is a respiratory disease caused by a virus spread through the air by breathing, coughing or sneezing and is highly contagious. Measles can be transmitted from four days before the rash becomes visible to four days after the rash appears. The majority of people who become infected with measles are unvaccinated. **Measles is so contagious that if one person has it, 90 percent of the people close to that person who are not vaccinated will also become infected with the measles virus.**

Measles can be prevented with the MMR (measles, mumps, rubella) vaccine. Additional information about the recommended vaccine schedule can be found here: <http://www.cdc.gov/measles/vaccination.html>. Measles is very rare in countries that are able to keep vaccination coverage high. Data collected by the Florida Department of Health (DOH) for 2013-2014 shows that statewide, 93.2% of kindergarten students were reported as receiving all immunizations required for school entry and attendance. DOH provides individual analyses of kindergarten and seventh grade vaccination status by county, available at <http://www.floridahealth.gov/statistics-and-data/immunization-coverage-surveys-reports/state-surveys.html>.

The DOH continues to conduct surveillance to monitor infectious diseases statewide, as well as other states and our federal partners to ensure we provide the most accurate and up-to-date information about the current measles outbreak affecting the United States. DOH maintains ongoing communication with theme parks and tourist attractions to review protocols in order to be prepared to respond to any infectious disease outbreak and contain it.

Measles should be reported to your local health department immediately by phone upon suspicion or laboratory test order. For more information on measles and the recent outbreak, please visit the Centers for Disease Control and Prevention's website: <http://www.cdc.gov/measles/cases-outbreaks.html>

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

Get Vaccinated: Prevent and Stop Measles Outbreaks

When measles happens anywhere in the world...

It can travel here and spread

Since measles is still common in many countries, unvaccinated travelers will continue to bring the disease into the U.S., and it can spread to other people.

Make sure you and your family members are up-to-date on your measles-mumps-rubella (MMR) vaccine, including before traveling internationally. Ask your doctor if everyone has received all recommended doses of MMR for best protection against measles.

www.cdc.gov/features/measles/

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Sanofi Rabies Immune Globulin Supply Limitations

One manufacturer of rabies immune globulin, Sanofi Pasteur SA (product name Imogam), is currently experiencing supply limitations. The company is requesting that customers order the product on a case by case basis. The product will be shipped directly to customers as needed for use with patients that have a documented exposure suspicious for rabies that require post-exposure prophylaxis. Currently, the manufacturer Grifols that supplies rabies immune globulin product (product name HyperRAB) is not experiencing a shortage. More information is available through the FDA at: <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/Shortages/ucm351921.htm>

Due to these circumstances, it is important for providers to determine the need and timing for post-exposure prophylaxis. Consideration should be given to the location of the bite on the human, the species of biting animal, the animal's behavior and health, whether the animal was wild or a household pet, the vaccination status of the animal, whether the encounter was provoked or unprovoked, and if the animal is available for observation or testing. Rabies post exposure treatment consists of receiving passive immunity with the rabies immune globulin and then active immunity with rabies vaccine.



All animal bites should be reported to your local animal control and health department. More information regarding Florida's recommendations on rabies prevention and control can be found here <http://www.floridahealth.gov/diseases-and-conditions/rabies/documents/rabiesguide2014final2.pdf>.

2014 Ebola Outbreak in West Africa - Update

Update as of February 13, 2015

- According to the World Health Organization (WHO) Situation Report, total weekly case incidence increased for the second consecutive week, with 144 new confirmed cases reported in the week to 8 February. Guinea reported a sharp increase in incidence, with 65 new confirmed cases compared with 39 the week before. Transmission remains wide-spread in Sierra Leone, which reported 76 new confirmed cases, while the resurgence in cases in the western district of Port Loko continued for a second week. Liberia continues to report a low number of new confirmed cases (See Table 1).
- On December 29, 2014, the WHO was notified by the National IHR Focal Point for the United Kingdom of a laboratory-confirmed case of Ebola. This is the first Ebola case to be detected on United Kingdom soil. The case is a female healthcare worker who has returned from volunteering at an Ebola treatment center in Sierra Leone. **All contacts of the Ebola patient have now completed the 21-day follow-up period. The patient has recovered and was discharged from the hospital on January 24.**
- Two imported cases, including one death, and two locally acquired cases in healthcare workers were reported in the United States in 2014. **There are currently no active cases of Ebola in the United States.**
- The Centers for Disease Control and Prevention (CDC) response and actions to the Ebola outbreak include testing samples of suspected Ebola cases around the world, interviewing people who may have been in contact with Ebola patients to see if they have symptoms, communicating health messages, and educating healthcare workers in West Africa and the United States.**

Table 1: Confirmed, probable, and suspected cases reported by Guinea, Liberia, and Sierra Leone*

			Number of cases	Number of deaths
Country	Data as of	Case definition	Cumulative	Cumulative
Guinea	9-Feb-15	Confirmed	2685	1651
		Probable	367	367
		Suspected	16	Not available
		Total	3068	2018
Liberia	7-Feb-15	Confirmed	3146	3826
		Probable	1873	Not available
		Suspected	3862	Not available
		Total	8881	3826
Sierra Leone	9-Feb-15	Confirmed	8138	2984
		Probable	287	208
		Suspected	2529	158
		Total	10 954	3350
All countries		Total	22 903*	9194*

*This total only includes cases from the high transmission countries as of February 8, 2015 (Guinea/Liberia/Sierra Leone)

The following updates 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->

Selected Reportable Diseases in Pinellas County

Disease	Pinellas	Total		Pinellas County Annual Totals		
	January 2015	Pinellas 2015	Florida 2015	2014	2013	2012
A. Vaccine Preventable						
Measles						
Mumps						
Pertussis			20	19	17	10
Varicella	9	9	54	35	19	16
B. CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease (CJD)			1			2
Meningitis (Bacterial, Cryptococcal, Mycotic)			12	4	5	6
Meningococcal Disease			3		1	
C. Enteric Infections						
Campylobacteriosis	11	10	145	109	63	59
Cryptosporidiosis	1	1	44	240	19	29
Cyclosporiasis					5	1
<i>E. coli Shiga Toxin (+)</i>			3	6	7	8
Giardiasis	6	4	61	42	34	32
Hemolytic Uremic Syndrome (HUS)			1		1	
Listeriosis						5
Salmonellosis	10	9	278	216	203	203
Shigellosis	2	2	59	21	5	18
D. Viral Hepatitis						
Hepatitis A			6	2	6	4
Hepatitis B: Pregnant Woman +HBsAg	1		17	21	17	16
Hepatitis B, Acute	3	3	22	44	39	16
Hepatitis C, Acute	3	3	12	19	17	5
E. Vector Borne, Zoonoses						
Animal Rabies			8	2		
Rabies, possible exposure	18	16	231	190	193	201
Chikungunya Fever	1	1	23	10		
Dengue			4	1	2	3
Eastern Equine Encephalitis						
Lyme Disease			6	5	8	6
Malaria			6	3	1	2
St. Louis Encephalitis						
West Nile Virus						
F. Others						
AIDS**	8	8	n/a	149	118	130
HIV**	28	28	n/a	278	185	177
Chlamydia	317	317	n/a	3854	4141	3812
Gonorrhea	100	100	n/a	1295	1424	1029
Hansen's Disease						
Lead Poisoning: Children < 6 years:			8	8	4	2
Legionellosis	1	1	18	13	10	13
Mercury Poisoning			2	2		
Syphilis, Total	19	19	n/a	186	114	141
Syphilis, Infectious (Primary and Secondary)	15	15	n/a	75	52	61
Syphilis, Early Latent	3	3	n/a	61	37	47
Syphilis, Congenital			n/a			
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	1	1	n/a	50	25	33
Tuberculosis			n/a	25	30	17
<i>Vibrio Infections</i>			8	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.