FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

May 2015

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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 x7665

KNOW MORE HEPATITIS | May is Hepatitis Awareness Month

During the month of May, The Florida Department of Health (DOH), the Centers for Disease Control and Prevention (CDC), and our public health partners work to raise awareness about this hidden epidemic and promote hepatitis screening for at "risk populations".

Know More Hepatitis

Unlike Hepatitis A, which does not cause a long-term infection, Hepatitis B and Hepatitis C can become chronic, life-long infections. More than 4 million Americans are living with chronic Hepatitis B or chronic Hepatitis C in the United States, but most do not know they are infected. Hepatitis C is a leading cause of liver cancer and the #1 cause of liver transplants. Hepatitis A and Hepatitis B are preventable with a vaccine. Unfortunately, there is no vaccine for Hepatitis C.

Get Tested!

According to the CDC, 75% of people living with Hepatitis C were born between 1945-1965. While anyone can get Hepatitis C, people born during this time frame are five times more likely to have Hepatitis C than other age group. Much like Hepatitis C, people can live with Hepatitis B for decades without having any symptoms or feeling sick. To assist with recommendations for testing and vaccine, the CDC has an online Hepatitis Risk Assessment designed to determine an individual's risk for viral hepatitis. http://www.cdc.gov/HEPATITIS/riskassessment/

Hepatitis Testing Day—May 19

May 19th has been designated as a national "Hepatitis Testing Day" in the United States. The CDC will use the second annual Hepatitis Testing Day on May 19, 2015 as an opportunity to remind health care providers and the public who should be tested for chronic viral hepatitis. Find a testing event near you or help build testing resources by registering your testing day event at: npin.cdc.gov/htd/HTD.aspx

More information and resources on hepatitis can be found here: http://www.cdc.gov/Hepatitis/

Misperceptions Keep Kids from Getting Lifesaving Treatment for Tickborne Diseases

Short-term doxycycline use does not stain kids' teeth, CDC/IHS study finds

The misperceptions about the use of doxycycline for children prevents lifesaving treatment. In a new study, experts at the Centers for Disease Control and Prevention (CDC) and Indian Health Service (IHS) found that short courses of the antibiotic doxycycline can be used in children without causing tooth staining or weakening of tooth enamel. Doctors often avoid prescribing doxycycline to young children because of a warning that tooth staining may occur when used in children less than 8 years old. ***Doxycycline is the most effective antibiotic for the treatment of suspected rickettsial infections, including Rocky Mountain spotted fever (RMSF). CDC recommends starting doxycycline treatment as soon as a doctor suspects RMSF or other rickettsial infection. Delaying treatment after the start of the infection increases the patient's risk of hospitalization and death***. Children are five times more likely than adults to die from RMSF.

Please visit the CDC's website for a complete report summarizing the research on doxycycline http://www.cdc.gov/rmsf/doxycycline/index.html

The publication on doxycycline and tooth staining is available online: "No Visible Dental Staining in Children Treated With Doxycycline for Suspected Rocky Mountain spotted fever."

Outbreak of Human Pneumonic Plague - Colorado, June-July 2014

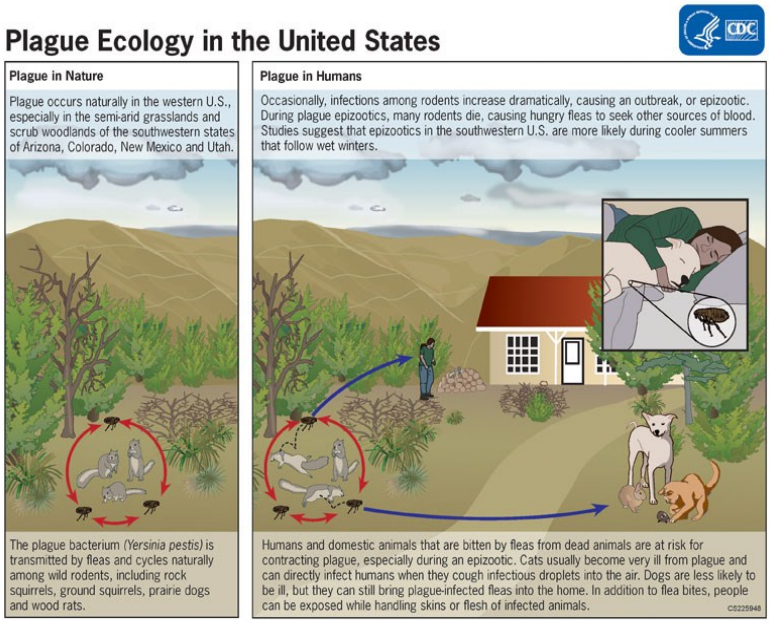
On May 1, 2015 the Centers for Disease Control and Prevention (CDC) published an article in the Morbidity and Mortality Weekly Report (MMWR) which documented the Tri-County Health Department's (TCHD) investigation into an outbreak of dog to human and possible human to human transmission of pneumonic plague. *Yersinia pestis,* the bacterium that causes plague, was identified in a blood specimen collected from a man (patient A) hospitalized with pneumonia. Further investigation revealed that patient A's dog had died recently with hemoptysis. Three other persons who had contact with the dog, one of whom also had contact with patient A, became ill with fever and respiratory symptoms, including two with radiographic evidence of pneumonia. Following patient A's diagnosis, specimens from the dog and all three human contacts were tested and yielded evidence of acute *Y. pestis* infection.

TCHD evaluated potential exposures from each patient and conducted an environmental assessment to determine the risk for further disease transmission. A total of 114 persons had close contact with the dog or one or more of the human patients. Antimicrobial prophylaxis was recommended for 88 persons interviewed within 7 days of exposure. The remaining 26 were advised to monitor for fever for 7 days and to seek medical attention immediately if symptoms occurred.

This outbreak began with illness in a pet dog, a previously unrecognized source of plague exposure in the United States. Of note, the only previously published case of direct transmission of plague from a dog to a human was reported from China in 2009. *Y. pestis* infection in dogs generally is either asymptomatic or the cause a mild, self-limiting febrile illness. It is possible for mammals, such as dogs, to play a role in human infection through transport of rodent fleas into the home.

Plague is a rare but life-threatening zoonosis caused by *Y. pestis. Y. pestis* are found in many areas of the world, including the United States. Human plague occurs in areas where the bacteria are present in wild rodent populations. People most commonly acquire plague when they are bitten by a flea that is infected with the plague bacteria. People can also become infected from direct contact with infected tissues or fluids while handling an animal that is sick with or that has died from plague. Furthermore, people can become infected from inhaling respiratory droplets after close contact with cats and humans with pneumonic plague. There are three forms of plague: bubonic, septicemic, and pneumonic. All forms of plague can be successfully treated with antibiotics.

For more information on this outbreak, please refer to the CDC's MMWR: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6416a1.htm More information and FAQ about Plague can be found here: http://www.cdc.gov/plague/



2014 Ebola Outbreak in West Africa - Update

as of May 14, 2015

- According to the May 13 World Health Organization (WHO) Situation Report, a total of 9 confirmed cases of Ebola were reported in the week leading up to May 10. Total cases including suspected, probable, and confirmed is 26,759 and total deaths from the virus is 11,080.
- On May 9, the Ebola outbreak in Liberia was declared over after 42 days had elapsed since the burial of the last confirmed case in the country. The country has now entered a three-month period of heightened vigilance. WHO will maintain an enhanced presence in the country until the end of 2015, with a focus on areas that border Guinea and Sierra Leone.
- The CDC is no longer recommending that US residents avoid nonessential travel to Liberia. However, CDC recommends that residents practice enhanced precautions when traveling to Liberia. Although the risk to travelers is extremely low, there is the possibility of reintroduction of Ebola into the country. ***At this time the US government has not changed its policies for enhanced entry screening and recommendations for symptom monitoring by state and local health departments.***
- The CDC states that the Ebola virus can be found in the semen of some men who have recovered from the virus. Condoms prevent the transmission of Ebola and should be used correctly and consistently. The transmission of Ebola from semen is low and will decrease over time. The CDC is continuing to study the transmission of Ebola and will update accordingly.

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/.

Selected Reportable Diseases in Pinellas County

	Pinellas	Total		Pinellas County Annual Totals		
Disease	**April 2015**	**Pinellas 2015**	**Florida 2015**	**2014**	**2013**	**2012**
A. Vaccine Preventable						
Measles			**2**			
Mumps			**3**			
Pertussis	**1**	**3**	**114**	19	17	10
Varicella	**3**	**19**	**288**	35	19	16
B. CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease (CJD)	**1**	**2**	**14**			2
Meningitis (Bacterial, Cryptococcal, Mycotic)	**2**	**2**	**40**	4	5	6
Meningococcal Disease		**1**	**13**		1	
C. Enteric Infections						
Campylobacteriosis	**10**	**41**	**695**	103	63	59
Cryptosporidiosis		**10**	**177**	240	19	29
Cyclosporiasis					5	1
E. coli Shiga Toxin (+)			**38**	6	7	8
Giardiasis		**10**	**298**	42	34	32
Hemolytic Uremic Syndrome (HUS)			**3**		1	
Listeriosis			**8**			5
Salmonellosis	**9**	**41**	**1059**	216	203	203
Shigellosis	**14**	**25**	**528**	21	5	18
D. Viral Hepatitis						
Hepatitis A			**34**	2	6	4
Hepatitis B: Pregnant Woman +HBsAg	**3**	**18**	**140**	21	17	16
Hepatitis B, Acute	**5**	**18**	**142**	44	39	16
Hepatitis C, Acute	**1**	**9**	**52**	19	17	5
E. Vector Borne, Zoonoses						
Animal Rabies			**25**	2		
Rabies, possible exposure	**7**	**51**	**1021**	190	193	201
Chikungunya Fever		**2**	**67**	10		
Dengue			**11**	1	2	3
Eastern Equine Encephalitis						
Lyme Disease			**30**	5	8	6
Malaria			**10**	3	1	2
St. Louis Encephalitis						
West Nile Virus						
F. Others						
AIDS**	**7**	**33**	**n/a**	149	118	130
HIV**	**31**	**108**	**n/a**	264	185	177
Chlamydia	**375**	**1383**	**n/a**	3853	4141	3812
Gonorrhea	**102**	**433**	**n/a**	1295	1424	1029
Hansen's Disease			**8**			
Lead Poisoning: Children < 6 years:		**2**	**38**	8	4	2
Legionellosis		**4**	**92**	13	10	13
Mercury Poisoning			**5**	2		
Syphilis, Total	**24**	**90**	**n/a**	186	114	141
Syphilis, Infectious (Primary and Secondary)	**15**	**60**	**n/a**	75	52	61
Syphilis, Early Latent	**7**	**20**	**n/a**	61	37	47
Syphilis, Congenital			**n/a**			
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	**2**	**10**	**n/a**	50	25	33
Tuberculosis	**2**	**2**	**n/a**	25	30	17
Vibrio Infections	**2**	**2**	**32**	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