



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter September 2015

Florida Department of Health in Pinellas County

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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

Perinatal Hepatitis B Prevention in the Pinellas County

By Andrea Leapley, MPH, Hepatitis Program Coordinator

Before introduction of the Hepatitis B vaccine in 1982, the Centers for Disease Control and Prevention (CDC) estimate 200,000-300,000 people in the United States were infected with Hepatitis B each year, including approximately 20,000 children. No pre-exposure prophylaxis was available and post-exposure prophylaxis consisted only of a Hepatitis B immunoglobulin injection.

Routine childhood vaccination for Hepatitis B began in 1991 and since that time, the rate of new Hepatitis B infections has dropped 82%. However, there are still approximately 700,000 to 1.4 million people in the U.S. living with chronic Hepatitis B and approximately 20,000 acute infections occur each year. Worldwide, approximately 240 million people are living with chronic Hepatitis B infections. In Pinellas County in 2014, 44 acute Hepatitis B infections and 241 chronic Hepatitis B infections were reported. Because Hepatitis B infections persist despite the introduction of the vaccine, it is important that obstetricians and pediatricians assess their patients' risk of perinatal Hepatitis B transmission and take appropriate steps for prevention.

Hepatitis B surface antigen (HBsAg) testing is part of routine prenatal testing in Florida. All positive HBsAg tests in pregnant women are required to be reported to the Florida Department of Health per Florida statute 64D3, which establishes the list of reportable diseases and conditions. These reports should include the Hepatitis test results, estimated date of delivery, and the hospital at which the woman plans to deliver.

The Advisory Committee on Immunization Practices (ACIP) advises that all children born to HBsAg+ mothers receive a dose of Hepatitis B immunoglobulin and their first Hepatitis B vaccine at birth, followed by vaccines at 1 month and 6 months. At 9 months, post-vaccine serology testing should be completed. The post-vaccine serology should include Hepatitis B surface antigen and Hepatitis B core antibody total to ensure that the child has not been infected and has developed the antibodies to protect against infection.



Children who do not develop antibodies will need a second vaccine series given at the same intervals as the first. To ensure the vaccines and post-vaccine serology are provided on the correct schedule, it is vital that pediatricians who see newborns know the HBsAg status of the mothers.

The Florida Department of Health in Pinellas County offers case management services to all pregnant women with HBsAg positive tests. Hepatitis testing and vaccination for Hepatitis B are available free of charge to all close contacts of the women. After the birth of the child, the vaccines and post-vaccine serology test are followed to ensure the series is completed in a timely manner and that the child is protected from Hepatitis B infection.

To report an HBsAg+ test in a pregnant woman or post-vaccine serology results in an infant with an HBsAg+ mother, please fax the documents to the Hepatitis program at 727-820-4270. For questions, you can call the Hepatitis program at 727-824-6932.

To learn more about perinatal Hepatitis B, please visit the CDCs website at: <http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm>

Notice to Clinicians and Health Departments: Continued Vigilance Urged for Cases of Acute Flaccid Myelitis -- U.S., 2015

Distributed by the CDC on August 27, 2015

Due to the increased number of reports of acute flaccid myelitis (AFM) among children that were received by the Centers for Disease Control and Prevention (CDC) from August-October 2014, CDC is advising continued vigilance by clinicians and health departments.

The apparent increase in AFM cases in 2014 coincided with a national outbreak of severe respiratory illness among children caused by enterovirus-D68 (EV-D68), which resulted in an increased number of children hospitalized. However, despite this close association in timing between the EV-D68 outbreak and the increase in AFM cases, an etiology for the 2014 AFM cases was not determined. As the increase in AFM cases started in August 2014, it is unclear if an increase could occur again this year, coinciding with enterovirus season.

Therefore, CDC is re-emphasizing the importance of continued vigilance by clinicians for cases of AFM among all age groups, irrespective of enterovirus status. Reporting of cases will help states and CDC monitor potential increases in this illness and better understand potential causes, risk factors, and preventive measures or therapies.

Guidance can be found [here](#) and provides the following:

- Status of the 2014 investigation
- Information about revision to the AFM case definition
- Recommendations for increased vigilance and reporting procedures
- Recommendations for prompt specimen collection, and subsequent testing
- Link to recommendations for clinical management and follow-up of patients.

2014-2015 Ebola Outbreak in West Africa - Update *as of September 14, 2015*

- As of September 14, 2015, the World Health Organization (WHO) reported 28,248 cases of Ebola virus disease (EVD) and 11,306 related deaths in ten countries (figures include suspect, probable, and confirmed cases and deaths).
- On September 3, 2015, WHO declared Liberia free of Ebola virus transmission after 42 days had passed since the second negative test on July 22 of the last laboratory-confirmed case in the country. Liberia has now entered a 90-day period of heightened surveillance.
- Although the situation has improved dramatically within countries with widespread transmission, there is continued potential for resurgence and translocation.
- The CDC has urged U.S. residents to avoid non-essential travel to countries with widespread transmission (Guinea, Sierra Leone, and Liberia). DOH is currently monitoring any travelers returning from CDC designated Ebola-affected areas twice-daily for 21 days. No confirmed cases of Ebola viral disease have been identified in Florida.



Additional information, including case counts and EVD affected areas, can be found here:
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>

Selected Reportable Diseases in Pinellas County

Disease	Pinellas	YTD Total		Pinellas County Annual Totals		
	August 2015	Pinellas 2015	Florida 2015	2014	2013	2012
A. Vaccine Preventable						
Measles			5			
Mumps			8			
Pertussis	1	6	232	19	17	10
Varicella	5	30	490	35	19	16
B. CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease (CJD)		3	20			2
Meningitis (Bacterial, Cryptococcal, Mycotic)		3	90	4	5	6
Meningococcal Disease		1	17		1	
C. Enteric Infections						
Campylobacteriosis	12	77	1482	103	63	59
Cryptosporidiosis	4	30	529	240	19	29
Cyclosporiasis			21		5	1
<i>E. coli</i> Shiga Toxin (+)			48	6	7	8
Giardiasis	3	19	670	42	34	32
Hemolytic Uremic Syndrome (HUS)			4		1	
Listeriosis	1	1	26			5
Salmonellosis	18	111	3371	216	203	203
Shigellosis	23	127	1323	21	5	18
D. Viral Hepatitis						
Hepatitis A	1	3	83	2	6	4
Hepatitis B: Pregnant Woman +HBsAg	1	28	309	21	17	16
Hepatitis B, Acute	6	39	331	44	39	16
Hepatitis C, Acute	3	16	116	19	17	5
E. Rabies & Other Arthropod-Borne Diseases						
Animal Rabies	1	1	47	2		
Rabies, possible exposure	10	79	2250	190	193	201
Chikungunya Fever		2	97	10		
Dengue			31	1	2	3
Eastern Equine Encephalitis						
Lyme Disease	4	5	109	5	8	6
Malaria		1	24	3	1	2
St. Louis Encephalitis						
West Nile Virus	1	1	7			
F. Others						
AIDS**	10	86	1721	148	118	130
HIV**	25	223	4668	263	185	177
Chlamydia	335	2796	n/a	3853	4141	3812
Gonorrhea	124	984	n/a	1295	1424	1029
Hansen's Disease			15			
Lead Poisoning: Children < 6 years:		3	98	8	4	2
Legionellosis	4	10	192	13	10	13
Mercury Poisoning		1	11	2		
Syphilis, Total	19	180	n/a	186	114	141
Syphilis, Infectious (Primary and Secondary)	14	112	n/a	75	52	61
Syphilis, Early Latent	2	39	n/a	61	37	47
Syphilis, Congenital	1	3	n/a			
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	2	26	n/a	50	25	33
Tuberculosis		5	n/a	25	30	17
<i>Vibrio</i> Infections		6	127	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. For a more detailed explanation on changes in reporting and changes in trends, please contact the Bureau of HIV/AIDS, Data Analysis Section.