



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter September 2016

Florida Department of Health in Pinellas County

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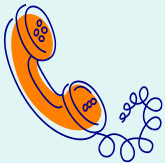
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For more information, or to add your e-mail address to the distribution list, please contact the Editor.

Division of Disease Control and Health Protection



Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932
Fax: (727) 820-4270
(excluding HIV/AIDS)

To Report HIV/AIDS by mail:

Surveillance Room 3-138
205 Dr. MLK Jr St. N
St. Petersburg, FL 33701

Animal Bite Reporting:

Phone: (727) 524-4410
x7665

Ongoing Hepatitis A Outbreaks in the United States

By Elizabeth Kim, MSPH

Multi-State Outbreak

The Centers for Disease Control and Prevention (CDC), the US Food and Drug Administration (FDA), and several states are continuing to investigate a multi-state outbreak of hepatitis A. As of September 14, 119 people have been reported ill from Arkansas, Maryland, New York, North Carolina, Oregon, Virginia, West Virginia, and Wisconsin. Based on the CDC and FDA's joint investigation, frozen strawberries imported from Egypt are the suspected source of the outbreak. Respondents interviewed had reported drinking smoothies containing these strawberries at Tropical Smoothie Café locations in Maryland, North Carolina, Virginia, and West Virginia. Since August 8, all Tropical Smoothie Café locations have stopped using the suspected ingredient and have switched to a different supplier. There is no information to suggest that there is an ongoing risk of hepatitis A infection from Tropical Smoothie Café at this time. The CDC continues to identify additional cases of hepatitis A linked to this outbreak. Those who may have been infected by consuming strawberries from Tropical Smoothie Café prior to August 8 should seek medical care.



Hawaiian Outbreak

The Hawaii Department of Health is continuing to investigate an outbreak of hepatitis A on the Hawaiian Islands of Oahu and Kauai. As of September 14, 271 people have been reported ill with symptom onset ranging from June 12 to September 4. The likely source of the infections is raw scallops that originated from the Philippines served at Genki Sushi restaurants on Oahu and Kauai. The scallops were sold under the name "Sea Port Bay Scallops" and distributed by Koha Oriental Foods and True World Foods. As a result, the product has since been embargoed in Hawaii and all Genki Sushi restaurants on Oahu and Kauai have been temporarily closed. The Hawaii Department of Health continues to work with healthcare providers to identify additional cases and encourages residents to consider getting vaccinated for hepatitis A.



Hepatitis A Background

Hepatitis A outbreaks are challenging because of the long incubation period of the disease and the difficulty in getting patients to accurately recall their food histories. Symptoms for hepatitis A may take between 15 and 50 (average 28 days) days to appear. Common symptoms include abdominal pain, fever, fatigue, headache, loss of appetite, nausea, vomiting, diarrhea, dark colored urine, pale colored stools, and jaundice. The hepatitis A virus affects the liver and is shed in an infected person's stool. It is contagious and can be spread from person to person through contaminated food/water or sexual contact. It is especially important for infected food handlers and restaurant workers to stay home during their illness, as this prevents the virus from spreading. Hepatitis A can be prevented with the hepatitis A vaccine and transmission may be minimized through thorough hand washing.

References:

- August 2016 - Multistate outbreak of hepatitis A linked to frozen strawberries. (2016, September 08). Retrieved September 21, 2016, from <http://www.cdc.gov/hepatitis/outbreaks/2016/hav-strawberries.htm>
- Hepatitis A outbreak 2016. (2016, September 07). Retrieved September 21, 2016, from <http://health.hawaii.gov/docd/hepatitis-a-outbreak-2016/>
- Hepatitis A Questions and Answers for Health Professionals. (2016, July 13). Retrieved September 11, 2016, from <http://www.cdc.gov/hepatitis/hav/havfaq.htm>



Zika Virus: Recent MMWR's



Preliminary Findings from an Investigation of Zika Virus Infection in a Patient with No Known Risk Factors — Utah, 2016

On September 13, 2016, this report was posted online as an MMWR Early Release.

In July 2016, a patient in Utah with no known risk factors for Zika virus tested positive for the virus. The patient had provided care to an elderly man who died from complications due to Zika virus disease. This report describes the investigative process for evaluating this case, including an epidemiologic evaluation of family contacts, a healthcare worker serosurvey, a community serosurvey, and vector surveillance efforts.

The complete report is available here:

http://www.cdc.gov/mmwr/volumes/65/wr/mm6536e4.htm?s_cid=mm6536e4.htm_w

Zika Virus Disease Cases — 50 States and the District of Columbia, January 1–July 31, 2016

On September 13, 2016, this report was posted online as an MMWR Early Release.

As of September 3, 2016, a total of 2,382 confirmed or probable cases of Zika virus disease with symptom onset during January 1–July 31, 2016 were reported to ArboNET, the national arboviral surveillance system managed by CDC and state health departments. Most (99%) cases were travel-associated. Locally acquired cases include 26 mosquito-borne disease cases, one laboratory-acquired infection, and one patient with unknown transmission mode. Sixty-five (3%) patients were hospitalized, and one died

The complete report is available here:

http://www.cdc.gov/mmwr/volumes/65/wr/mm6536e5.htm?s_cid=mm6536e5_w

Raccoon Roundworm

Baylisascaris procyonis, also known as raccoon roundworm, is a common roundworm found throughout the United States. While infected raccoons are most often identified in the Northeast, Midwest, and along the West Coast, raccoons in other areas including Georgia and Florida have been found to be infected in recent years. Human infection can occur in persons who have close contact with raccoons or soil or objects contaminated with raccoon feces. If left untreated, the infection can be fatal or result in serious neurological impairment.

Persons at risk of raccoon roundworm infection include those who have direct contact with raccoons or raccoon feces. The Centers for Disease Control and Prevention (CDC) case series included an adult who spent time hiking in areas where raccoons are common and a child who likely became infected while playing in the garage where his father stored raccoon pelts collected during hunting. Children who play outdoors and may come into contact with contaminated soil are also at risk, especially with those with pica or geophagia.

To prevent raccoon roundworm infection, hand washing after handling raccoons or working and playing outdoors is important. Children should also be taught to avoid eating soil or putting soiled toys into their mouths.

The CDC published a report in the September 9 Morbidity and Mortality Weekly Report (MMWR) detailing seven cases of raccoon roundworm infection that occurred from 2013-2015. Six (86%) of the patients had neural infections and one (14%) had an ocular infection. All seven patients survived but four (57%) were left with serious neurological impairment.

More information on raccoon roundworm and the full MMWR report can be found on the CDC website: <http://www.cdc.gov/parasites/baylisascaris/index.html>

Selected Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	August 2016	August 2015	Pinellas 2016	Florida 2016	2015	2014	2013
A. Vaccine Preventable							
Measles	0	0	0	5	0	0	0
Mumps	0	0	0	12	0	0	0
Pertussis	1	1	12	239	17	19	17
Varicella	4	5	60	530	38	35	19
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	1	7	3	0	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	5	84	6	4	5
Meningococcal Disease	0	0	0	9	1	0	1
C. Enteric Infections							
Campylobacteriosis	12	19	85	1368	104	103	63
Cryptosporidiosis	4	4	21	324	49	240	19
Cyclosporiasis	0	0	5	32	3	0	5
<i>E. coli Shiga Toxin (+)</i>	0	0	1	113	2	6	7
Giardiasis	6	3	25	773	30	42	34
Hemolytic Uremic Syndrome (HUS)	0	0	0	6	0	0	1
Listeriosis	0	1	1	23	2	0	0
Salmonellosis	20	18	98	3220	196	216	203
Shigellosis	1	0	14	461	174	21	5
D. Viral Hepatitis							
Hepatitis A	0	1	2	79	4	2	6
Hepatitis B: Pregnant Woman +HBsAg	2	1	20	285	37	21	17
Hepatitis B, Acute	5	7	41	423	57	44	39
Hepatitis C, Acute	2	3	32	188	32	19	17
E. VectorBorne/Zoonoses							
Animal Rabies	2	1	4	57	1	2	0
Rabies, possible exposure	0	10	89	2159	114	190	193
Chikungunya Fever	0	0	1	11	2	10	0
Dengue	0	0	2	49	3	1	2
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	2	2	9	109	6	5	8
Malaria	0	0	0	44	2	3	1
West Nile Virus	1	1	1	9	1	0	0
Zika Virus	10	0	17	619	0	0	0
F. Others							
AIDS**	14	10	99	n/a	118	129	114
HIV**	32	25	201	n/a	252	171	157
Chlamydia	410	335	2790	n/a	4147	3853	4141
Gonorrhea	160	124	1063	n/a	1438	1295	1424
Hansen's Disease	0	0	0	13	0	0	0
Lead Poisoning: Children < 6 years:	1	0	5	97	6	8	4
Legionellosis	5	4	12	175	18	13	10
Mercury Poisoning	0	0	0	16	1	2	0
Syphilis, Total	35	19	261	n/a	283	186	114
Syphilis, Infectious (Primary and Secondary)	13	14	125	n/a	151	75	52
Syphilis, Early Latent	17	2	99	n/a	83	61	37
Syphilis, Congenital	0	1	1	n/a	3	0	0
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	5	2	36	n/a	52	50	25
Tuberculosis	3	0	13	n/a	14	25	30
<i>Vibrio Infections</i>	1	0	5	121	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 by year of report 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 in Florida. If a case is later identified as being previously diagnosed and reported from another state, the case will no longer be reflected as a Florida case and the data will be adjusted accordingly. Data from the most recent calendar year (2015 or 2016) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida.