FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

November 2017

**Florida Department of Health in Pinellas County**
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## 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**

**Possible Rabies Exposure/ Animal Bite Reports:**

**Phone: (727) 524-4410 x7665**

# Swine Influenza

**By Simileoluwa Aduayi, MPH**

Swine influenza (Swine flu), is a respiratory disease caused by certain subtypes of influenza A virus, that primarily affects pigs.[1, 2] Human infections with swine flu have occurred following close contact with infected pigs and their respiratory droplets at pig barns, pig exhibits or in individuals who work in the pig industry.[3] When such a virus is detected in humans, it is known as a variant virus.[2,3] The three main isolated subtypes of swine flu in pigs are H1N1, H1N2, and H3N2.[1] Similar to the human influenza virus, swine flu circulates in pigs throughout the year, with the majority of outbreaks occurring in the fall and winter months.[1] The virus typically causes a high level of illness in pigs including fever, cough (barking), loss of appetite, discharge from the nose and or eyes, difficulty breathing, and in few cases, death.[1] Sporadic cases with little to no signs of illness may also occur in infected and vaccinated pigs.[1]

According to the Centers for Disease Control and Prevention (CDC), the incidence of swine flu variant infections is occurring more frequently in recent years.[3] Since December of 2005, the United States has reported a total of 466 cases of sporadic variant influenza virus infections that has mainly occurred in individuals 18 years and younger.[4] The H3N2v virus accounts for 93% of these cases. Rare instances of limited person-to-person spread of the virus have been identified, but there is no evidence of sustained person-to person transmission.[3,4] In 2012, multiple outbreaks occurred across the country resulting in 309 reported cases of H3N2v. To date, 61 cases have been reported for 2017.[5]

Presently, swine flu poses a low risk to the public's health; however, the pandemic potential is concerning. Pigs can be protected against swine flu by receiving the swine flu vaccine.[3] Currently, there are no vaccines against variant viruses for humans.[1] However, individuals infected with variant viruses can be treated with antiviral drugs, namely: oseltamivir (Tamiflu), peramivir, and zanamivir.[3] The CDC has made recommendations regarding the prevention and control of swine flu. The agency advises that individuals should avoid contact with swine and ill persons with swine exposure. In cases where swine exposure is inevitable, individuals should consider protective equipment. A copy of this guidance can be found at https://www.cdc.gov/flu/professionals/acip/index.htm. For information on recommendations for swine flu surveillance, testing and investigation please visit https://www.cdc.gov/flu/swineflu/interim-guidance-variant-flu.htm.

Source: https://www.cdc.gov/flu/images/swineflu/flexslider_variant-in-humans/1-cdc-spotlight-

**References:**

1. U.S Centers for Disease Control and Prevention. (2016, August 9). Key Facts about Swine Influenza (Swine FLU) in Pigs. Retrieved from: https://www.cdc.gov/flu/swineflu/keyfacts_pigs.htm
2. U.S Centers for Disease Control and Prevention. (2016, September 12). Variant Influenza Viruses in Humans. Retrieved from: https://www.cdc.gov/flu/swineflu/variant-flu-in-humans.htm
3. U.S Centers for Disease Control and Prevention. (2017, February 1). Key Facts about Human Infections with Variant Viruses. Retrieved from: https://www.cdc.gov/flu/swineflu/keyfacts-variant.htm
4. U.S Centers for Disease Control and Prevention. (2017, October 16). Reported Infections with Variant Influenza Viruses in the United States since 2005. Retrieved from: https://www.cdc.gov/flu/swineflu/variant-cases-us.htm#table-infections
5. U.S Centers for Disease Control and Prevention. (2017, September 29). Case count; Detected U.S. Human Infections with H3N2v by State since August 2011. Retrieved from: https://www.cdc.gov/flu/swineflu/h3n2v-case-count.htm

# Psittacosis

Psittacosis is a bacterial illness caused by *Chlamydia psittaci*, a gram-negative coccus. Other names that this disease is referred to include ornithosis, parrot fever, chlamydophilosis, and chlamydiosis. The natural reservoirs are primarily psittacine's such as parrots, parakeets, cockatiels, macaws and pigeons. However, this bacterium has also been found in other birds such as birds of prey, shore birds, ducks and turkeys. Birds mostly responsible for human transmission are pet psittacine birds and domestic turkey.[1] The most common source of transmission is through inhalation of organisms shed in fecal and nasal discharges, handling infected birds, and beak-to-mouth transmission. This bacterium can also survive and remain infective in the environment for several months. The incubation period is typically between 4 to 15 days.[1] Psittacosis is reportable in the state of Florida. However, this disease is rare and no more than 10 cases are reported in the United States each year and 5 cases have been reported in Florida from 2006-2015.[2,3]

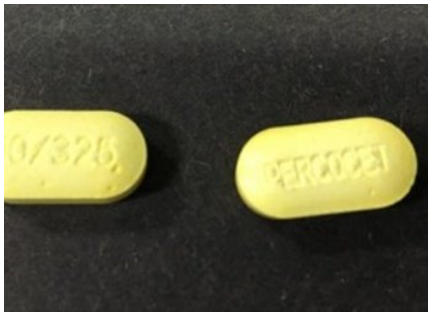
Psittacosis in humans causes fever, chills, headache, muscle ache, dry cough, and pneumonia; however, if the infection travels beyond the lungs, it can cause hepatitis, endocarditis and neurological symptoms.[1] Fever can last 2 to 3 weeks and can be fatal without treatment. Tetracyclines are the treatment of choice for Psittacosis and must continue for at least 2 weeks after the fever is gone.[1,2]

Individuals at the greatest risk for contracting Psittacosis include pet bird owners, veterinary professionals, pet shop employees, zoo workers, and poultry farming workers.[1]

**References:**


1. Colville JL, Berryhill DL. Plague. In: Colville JL, Berryhill DL. Handbook of Zoonoses: Identification and Prevention. St. Louis, MO. Mosby Inc.; 2007: 135-138
2. Psittacossi. Centers for Disease Control and Prevention Website. https://www.cdc.gov/pneumonia/atypical/psittacosis.html. Updated June 29,2017. Accessed October 25, 2017.
3. Psittacosis. FLHealth Charts website. http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndNoGrpCountsTenYrRpt.aspx?q=aAWDLwdJuptT9uIf0rp0vv0EKa7CW4J6lCHNLszT9GHTHcfmKV8zooNr42PnyeUQ. Accessed November 2, 2017.
4. image: https://images.sciencedaily.com/2012/11/121119171259_1_900x600.jpg


# MMWR: Notes from the Field: Review
# Counterfeit Percocet-Related Overdose Cluster- Georgia, June 2017




On June 5, 2017, six opioid overdoses were reported to the Georgia Poison Center with severe respiratory depression, and loss of consciousness, all of which required high naloxone doses and mechanical ventilation. Two patients confessed to purchasing Percocet on the street and taking only one or two pills.

During this series of overdoses, cases associated with this outbreak were identified using syndromic surveillance as 1) an opioid toxidrome requiring resuscitation, ventilation, naloxone, or all three; 2) history of purchasing street pills; and 3) ingestion of one or two pills resulting in severe central nervous system depression since June 1, 2017. Cases were identified using syndromic surveillance of hospital ED visit data, which helped determine the scope of the outbreak.

Thirty-seven cases, including 5 deaths, were initially suspected to be part of the outbreak. After the case definition was altered as additional information became available, a total of 27 cases were identified to have occurred during the June 4 to 13 window. The final case definition was reported as (1) an opioid toxidrome requiring resuscitation, ventilation, naloxone, or all three; 2) a history of purchasing street pills; and 3) ingestion of as few as one or two pills, resulting in disproportionately severe central nervous system, respiratory, or cardiovascular depression occurring in a person evaluated by EMS or at an ED since June 1, 2017). Of the 27 cases, there was one death. Sixteen were male and 19 were female, with the median age of 34 years (range = 19-69 years). Twenty-five of the patients received naloxone and 11 required intubation and mechanical ventilation.

The Percocet pressed pills obtained were identified to contain cyclopropyl fentanyl and U-47700, two highly potent and illicit synthetic opioids.

**References:**


1. Edison L, Erickson A, Smith S, et al. Counterfeit Percocet–Related Overdose Cluster -Georgia, June 2017. Morbidity and Mortality Weekly Report. October 2017; 66(41). 1119-1120. https://www.cdc.gov/mmwr/volumes/66/wr/mm6641a6.htm?s_cid=mm6641a6_x
2. Image: http://atlantablackstar.com/wp-content/uploads/2017/06/Percocet-1-324x235.jpg

# Selected Reportable Diseases in Pinellas County

| | Pinellas | | YTD Total | | Pinellas County Annual Totals | | |
|---|---|---|---|---|---|---|---|
| **Disease** | **October 2017** | **October 2016** | **Pinellas 2017** | **Florida 2017** | **2016** | **2015** | **2014** |
| **A. Vaccine Preventable** | | | | | | | |
| Measles | **0** | **0** | **0** | **3** | 0 | 0 | 0 |
| Mumps | **1** | **0** | **2** | **49** | 0 | 0 | 0 |
| Pertussis | **0** | **3** | **30** | **314** | 18 | 17 | 19 |
| Varicella | **0** | **3** | **17** | **534** | 74 | 38 | 35 |
| **B. CNS Diseases & Bacteremias** | | | | | | | |
| Creutzfeldt-Jakob Disease (CJD) | **1** | **0** | **2** | **24** | 2 | 3 | 0 |
| Meningitis (Bacterial, Cryptococcal, Mycotic) | **0** | **1** | **7** | **96** | 7 | 6 | 4 |
| Meningococcal Disease | **0** | **0** | **0** | **19** | 0 | 1 | 0 |
| **C. Enteric Infections** | | | | | | | |
| Campylobacteriosis | **18** | **17** | **173** | **3625** | 146 | 104 | 103 |
| Cryptosporidiosis | **0** | **2** | **33** | **454** | 27 | 49 | 240 |
| Cyclosporiasis | **5** | **0** | **6** | **111** | 5 | 3 | 0 |
| *E. coli Shiga Toxin (+)* | **3** | **0** | **5** | **107** | 3 | 2 | 6 |
| Giardiasis | **4** | **5** | **39** | **842** | 41 | 30 | 42 |
| Hemolytic Uremic Syndrome (HUS) | **0** | **0** | **0** | **9** | 0 | 0 | 0 |
| Listeriosis | **0** | **1** | **0** | **45** | 2 | 2 | 0 |
| Salmonellosis | **56** | **17** | **237** | **5304** | 188 | 196 | 216 |
| Shigellosis | **0** | **1** | **21** | **1106** | 19 | 174 | 21 |
| **D. Viral Hepatitis** | | | | | | | |
| Hepatitis A | **0** | **0** | **0** | **225** | 2 | 4 | 2 |
| Hepatitis B: Pregnant Woman +HBsAg | **1** | **2** | **24** | **395** | 28 | 37 | 21 |
| Hepatitis B, Acute | **6** | **5** | **40** | **646** | 68 | 57 | 44 |
| Hepatitis C, Acute | **4** | **4** | **24** | **324** | 49 | 32 | 19 |
| **E. VectorBorne/Zoonoses** | | | | | | | |
| Animal Rabies | **0** | **0** | **2** | **26** | 4 | 1 | 2 |
| Rabies, possible exposure | **7** | **9** | **119** | **2810** | 131 | 114 | 190 |
| Chikungunya Fever | **0** | **0** | **0** | **2** | 1 | 2 | 10 |
| Dengue | **0** | **0** | **0** | **24** | 2 | 3 | 1 |
| Eastern Equine Encephalitis | **0** | **0** | **0** | **1** | 0 | 0 | 0 |
| Lyme Disease | **0** | **0** | **13** | **164** | 11 | 6 | 5 |
| Malaria | **0** | **0** | **0** | **48** | 0 | 2 | 3 |
| West Nile Virus | **0** | **0** | **0** | **3** | 1 | 1 | 0 |
| **F. Others** | | | | | | | |
| Chlamydia | **375** | **293** | **3408** | **n/a** | 4084 | 4168 | 3853 |
| Gonorrhea | **144** | **98** | **1294** | **n/a** | 1560 | 1439 | 1295 |
| Hansen's Disease | **0** | **0** | **0** | **15** | 0 | 0 | 0 |
| Lead Poisoning | **3** | **0** | **25** | **588** | 32 | 40 | 62 |
| Legionellosis | **1** | **1** | **17** | **368** | 19 | 18 | 13 |
| Mercury Poisoning | **1** | **0** | **1** | **40** | 0 | 1 | 2 |
| Syphilis, Total | **24** | **19** | **279** | **n/a** | 400 | 289 | 186 |
| Syphilis, Infectious (Primary and Secondary) | **11** | **14** | **127** | **n/a** | 187 | 151 | 75 |
| Syphilis, Early Latent | **9** | **1** | **97** | **n/a** | 144 | 83 | 61 |
| Syphilis, Congenital | **1** | **0** | **1** | **n/a** | 2 | 3 | 0 |
| Syphilis, Late Syphilis (Late Latent; Neurosyphilis ) | **3** | **4** | **54** | **n/a** | 68 | 52 | 50 |
| Tuberculosis | **2** | **3** | **27** | **n/a** | 31 | 14 | 25 |
| *Vibrio Infections* | **2** | **2** | **8** | **231** | 8 | 11 | 10 |

n/a = not available at this time. 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.

* Florida tracks cases of HIV/AIDS. For the most up to date data, please visit: http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html