FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

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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) 484-3865 (excluding HIV/AIDS)

To Report HIV/AIDS by mail:

Surveillance Room 3-138
205 Dr. MLK Jr St. N
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Overview of Rising Cases of Syphilis in Young Adults

By Alexis Pullia
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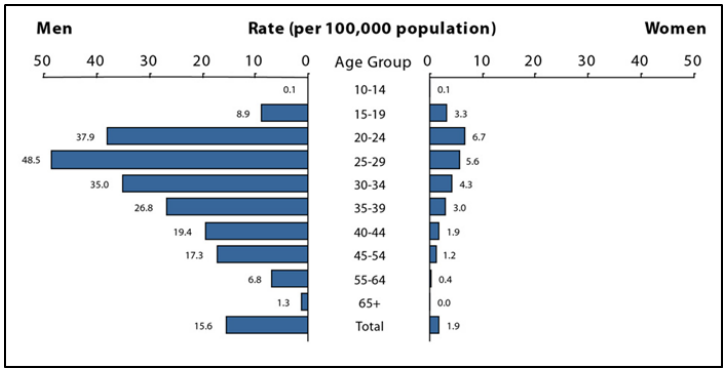
Syphilis is a sexually transmitted disease (STD) that is caused by the bacterium *Treponema pallidum*. It is transmitted through direct contact with syphilis sores during penile, vaginal, anal or oral sex.[1] These sores can be identified near or on the penis, vagina, anus, lips and mouth.[2] Individuals who are at greatest risk for contracting syphilis include those who have multiple partners, are HIV positive, have a partner who has tested positive for syphilis, identify as MSM or engage in unprotected sex.[1]

Epidemiological surveillance of STDs has shown that young adults between the ages of 15 and 24 years old currently contribute to one half of the 20 million new STD cases in the United States every year.[2,3] Notably, primary and secondary (P&S) syphilis increased in this population between 2012 and 2016 (54.2% for males and 64.5% in females).[3] Throughout this period, reported P&S syphilis cases have remained noticeably greater in the male population when compared to the female population of the same age group (Figure A).[3]

In the United States, the 15 to 19 year old age group saw an increase in reported P&S syphilis cases between 2015 and 2016—2.7 cases to 3.3 cases per 100,000 (22% increase) in females and 8 to 8.9 cases per 100,000 (11.3% increase).[3] In 2016, the reported P&S syphilis rate for individuals between 20 to 24 years of age was reported at 6.7 cases per 100,000 females, and 37.9 cases per 100,000 males.[3]

The Centers for Disease Control and Prevention (CDC) notes that the increase of P&S syphilis in this population may be due to healthcare access barriers, notably the lack of transportation to access health services, inability to pay for STD care services, embarrassment of utilizing STD services, conflicting school and work schedules and clinic hours of operation, long waiting times at clinics, methods of specimen collection, and concerns surrounding confidentiality.[3] Peer norms, along with social and cultural considerations, may further influence the risky behaviors one partakes in. Prevention measures that can be utilized to decrease an individual's risk of syphilis include reducing the number of sexual partners, seeking STD testing and treatment annually or every six months if part of the MSM community, sharing test results with partners, and using condoms effective at preventing STD transmission.[4,5]

For more information on comparative rates between males and females and the public health impact of syphilis please reference the figure and/or visit https://www.cdc.gov/std/stats16/adolescents.htm. For information pertaining to the syphilis rates in the state of Florida and Pinellas County, please visit the Syphilis FLCHARTS website.



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The Why and Where of Travel Vaccines

By Dana Elhassani, MPH, CPH
Epidemiologist

Why?

International travel is a great opportunity for new experiences and personal growth. Travel to developing countries and rural areas may pose an increased risk to the possibility of exposure to new pathogens for unsuspecting travelers. Illnesses that are not endemic in the United States, but are significant causes of morbidity and mortality abroad include, but not limited to: cholera, malaria and typhoid. Fortunately, vaccines and prophylaxis are available for these illnesses and travelers can be protected.

Source: http://www.itwasonmyvisionboard.com/uploads/3/8/4/9/38491691/2496195.jpg?250

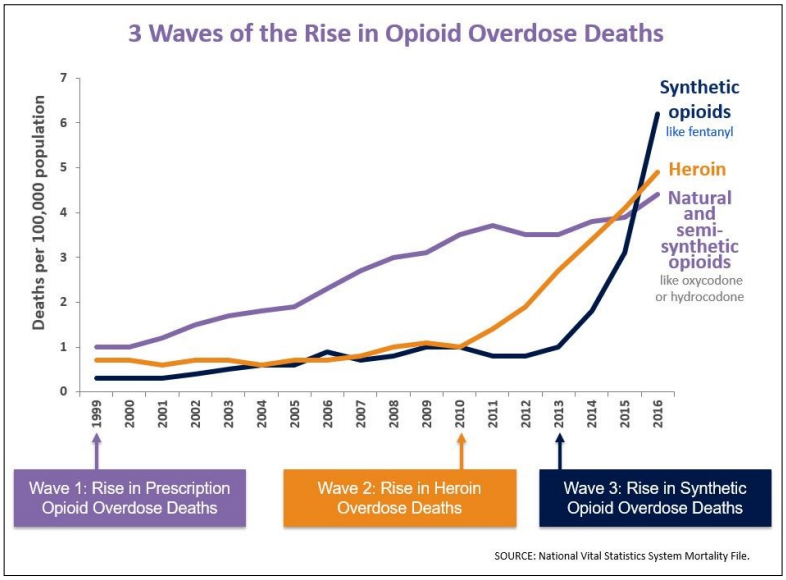
Where?

Recommended vaccinations and medicines will vary depending on the destination. For the most up-to-date recommendations please visit the CDC's Travelers' Health webpage: https://wwwnc.cdc.gov/travel/destinations/list. In the event of an increased risk of disease due to an outbreak, special events, or other conditions that may impact travelers' health, country and disease specific alerts may be found at: https://wwwnc.cdc.gov/travel/notices.

Be sure to consult with your healthcare provider prior to your trip (ideally 4-6 weeks) before you leave. Healthcare providers or your local health department can provide most travel vaccines and prophylaxis except for yellow fever. Due to a shortage of the yellow fever vaccine (YF-Vax), an alternate vaccine (Stamaril) is only available at select locations which may be found here.

The Opioid Task Force of Pinellas County

In 2016, 66 percent of more than 63,600 drug overdoses involved the use of opioids in the United States. The increase in opioid use has been increasing over the last ten years with the most significant increase occurring in 2013 due to the influx of synthetic opioids (See figure). This nationwide increase in opioid-related deaths prompted the presidential declaration of a public health emergency which allows the reallocation of funds to directly combat this epidemic. The increase in opioid-related deaths was also observed in Pinellas County. In 2016, 204 opioid-related deaths were identified, a 36 percent increase from 2015.



In 2017, the Pinellas County Opioid Task Force was formed with the goal of reducing the incidence of opioid-related deaths. Comprised of community partners from local public health agencies, the school board, law enforcement, healthcare providers, and other public service organizations, task force members offer a wide range of expertise related to substance misuse and the impact it has on the community. Task force members are working towards increasing education, identifying sources of funding for treatment, targeting sources of illicit opioids, and other evidence-based activities to stop the epidemic and reduce the number of preventable deaths in Pinellas County.

To learn more about the effect of the Opioid Epidemic in Pinellas County and available resources for families please visit: http://egis.pinellascounty.org/apps/Opioid.

Selected Reportable Diseases in Pinellas County

	Pinellas		YTD Total		Pinellas County Annual Totals		
Disease	**March 2018**	**March 2017**	**Pinellas 2018**	**Florida 2018**	**2017**	**2016**	**2015**
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	0
Mumps	0	0	1	21	2	0	0
Pertussis	0	13	2	66	36	18	17
Varicella	3	1	7	164	24	74	38
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	5	2	2	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	1	2	31	7	7	6
Meningococcal Disease	0	0	1	9	0	0	1
C. Enteric Infections							
Campylobacteriosis	15	12	44	925	206	137	104
Cryptosporidiosis	3	1	6	112	40	27	49
Cyclosporiasis	0	0	0	1	6	5	3
E. coli Shiga Toxin (+)	4	0	5	165	7	3	2
Giardiasis	0	8	11	265	45	41	30
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0
Listeriosis	0	0	1	11	0	2	2
Salmonellosis	19	12	47	319	279	188	196
Shigellosis	5	2	9	319	26	19	174
D. Viral Hepatitis							
Hepatitis A	1	0	2	36	0	2	4
Hepatitis B: Pregnant Woman +HBsAg	2	4	6	106	25	28	37
Hepatitis B, Acute	0	4	11	252	51	68	57
Hepatitis C, Acute	3	3	11	106	32	49	32
E. VectorBorne/Zoonoses							
Animal Rabies	0	2	0	0	2	4	1
Rabies, possible exposure	9	12	31	1003	140	131	114
Chikungunya Fever	0	0	0	2	0	1	2
Dengue	0	0	0	2	0	2	3
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	1	0	29	16	11	6
Malaria	0	0	0	7	0	0	2
West Nile Virus	0	0	0	0	0	1	1
F. Others							
Chlamydia	354	403	1038	n/a	4006	4133	4168
Gonorrhea	113	141	351	n/a	1502	1566	1439
Hansen's Disease	0	0	0	1	0	0	0
Lead Poisoning	3	2	7	92	33	32	40
Legionellosis	0	2	5	93	23	19	18
Mercury Poisoning	0	0	0	6	1	0	1
Syphilis, Total	24	25	88	n/a	337	400	289
Syphilis, Infectious (Primary and Secondary)	13	15	38	n/a	148	188	151
Syphilis, Early Latent	7	3	28	n/a	116	146	83
Syphilis, Congenital	0	0	1	n/a	1	2	3
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	4	7	21	n/a	72	64	52
Tuberculosis	0	0	2	n/a	28	31	14
Vibrio Infections	0	0	0	33	10	8	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 current calendar year (2016) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida.