FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

EPI WATCH

Monthly Epidemiology Newsletter

May 2019

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

St. Petersburg, FL 33701

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Hepatitis Awareness Month

May is the National Hepatitis Awareness Month, and May 19 is National Hepatitis Testing Day. Viral hepatitis is an infection caused by any of at least five different viruses: hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV) and hepatitis E virus (HEV)[1]. In the United States (U.S.), HAV, HBV and HCV are the most common viral hepatitis infections identified. Infected individuals may be asymptomatic; however, most common symptoms of acute infections include nausea, abdominal pain, jaundice (*i.e.*, yellowing of skin/eyes), dark urine and light-colored stool. Both HBV and HCV can become chronic infections that eventually leads to chronic liver disease, including cirrhosis and liver cancer[1,2]. Therefore, screening and testing for viral hepatitis is important for an early detection and treatment of the disease. Below we provide a snapshot of each viral hepatitis:

Hepatitis A

HAV is vaccine preventable and transmitted person-to-person through fecal-oral route or consumption of contaminated food or water.

Hepatitis B

HBV is transmitted through blood, semen or another body fluid from an infected person. Vaccination is the best way to prevent infection.

Hepatitis C

HCV is a blood-borne virus that can be transmitted by sharing needles or other equipment to inject drugs. There is no vaccine for HCV.

Hepatitis D

HDV is not common in the U.S. and usually occurs as a co-infection with HBV. It is transmitted through percutaneous or mucosal contact with infected person.

Hepatitis E

HEV is rare in the U.S. but common in many parts of the world. It is transmitted from ingestion of fecal matter and is usually associated with contaminated water.

To learn more about viral hepatitis, you can visit: https://www.cdc.gov/hepatitis/index.htm

References:
[1]Centers for Disease Control and Prevention (CDC). Lean the ABCs of Viral Hepatitis. Webpage: https://www.cdc.gov/hepatitis/hepawarenessabcs.htm. Accessed on May 2019.
[2]Centers for Disease Control and Prevention (CDC). Surveillance for Viral Hepatitis – United States (2016). Webpage: https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf. Accessed on May 2019.

Children Need to Sit Less and Play More

According to new guidelines from the World Health Organization (WHO), children younger than five years old must spend less time watching screens and more time getting better quality sleep and active time. Statistics show that over 23% of adults and 80% of adolescents are not physically active[1]. Therefore, it is important to start physical activities at an early age, reduce sedentary time, and improve quality sleep. This will help children to better physical and mental health, as well as wellbeing to prevent childhood obesity[1].

Among WHO recommendations, they mentioned that infants (<1 year) should be physically active several times a day and not be restricted for more than one hour at a time; children 1-2 years should spend at least 3 hours doing physical activity, not be restrained for more than one hour, and have 11 to 14 hours of sleep; and children between 3-4 years old should also spend 3 hours of physical activity of different type, not have sedentary screen time for more than one hour, and have at least 20 to 13 hours of sleep.

For more information regarding WHO guidelines, please visit: https://apps.who.int/iris/handle/10665/311664

References:
[1]World Health Organization (WHO). To grow up healthy, children need to sit less and play more. Webpage: https://www.who.int/news-room/detail/24-04-2019-to-grow-up-healthy-children-need-to-sit-less-and-play-more. Accessed on May 2019.

NATIONAL HEPATITIS TESTING DAY

No-cost hepatitis tests will be provided on Friday, May 17 (8 a.m. to 12 p.m.) at the following DOH-Pinellas locations:

Clearwater
310 N. Myrtle Ave

St. Petersburg
205 Dr. MLK Jr St N

Multistate Salmonella Outbreak linked to Pre-cut Melons

By: Kristine Aviles, DVM, MPH

The Centers for Disease Control and Prevention (CDC) recently reported that a multi-state outbreak of *Salmonella carrau* infections has been linked to pre-cut melon and fruit medley products that were produced by Caito Foods LLC. These items were distributed in 16 states, Florida not included, and sold under various labels[1]. Pre-cut watermelon, honeydew melon, cantaloupes, and pre-cut fruit medley products from Caito Foods LLC were recalled on April 12, 2019. As of **April 24, a total of 117 people were infected with this *Salmonella carrau* across 10 states with 32 people hospitalized. No deaths have been reported at this time. Symptoms in those infected started between March 4 and April 8.**

Public health investigators are using the PulseNet system to identify illnesses that may be part of this outbreak. PulseNet is the national subtyping network of public health and food regulatory agency laboratories coordinated by CDC. DNA fingerprinting is performed on *Salmonella* bacteria isolated from ill people by using techniques called pulsed-field gel electrophoresis and whole genome sequencing. CDC PulseNet manages a national database of these DNA fingerprints to identify possible outbreaks.

People infected with *Salmonella* typically develop symptoms 12-72 hours after exposure and these symptoms include: diarrhea, fever and stomach cramps. Illness usually lasts 4-7 days and resolves without medical intervention, but some people do develop severe disease and hospitalization is required[1]. Individuals most at risk for developing severe disease include children younger than 5 years old, adults older than 65 years old, and people with weakened immune systems.

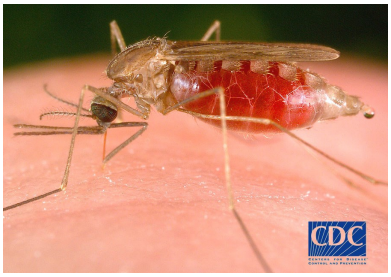
This investigation is currently still ongoing and CDC will provide updates as they become available.

For more information, please visit: https://www.cdc.gov/salmonella/carrau-04-19/index.html

References:
[1]Centers for Disease Control and Prevention (CDC). Current Outbreaks. Webpage: https://www.cdc.gov/salmonella/carrau-04-19/index.html. Accessed April 2019.

Malaria Vaccine Pilot Launched in Malawi

By: Kristine Aviles, DVM, MPH



Malaria is an acute febrile illness caused by *Plasmodium* parasites. There are five species that cause malaria in humans with two of these species posing the greatest threat[1]. *Plasmodium falciparum* accounts for the majority of estimated malaria cases worldwide except for the World Health Organization (WHO) Region of the Americas where *Plasmodium vivax* is the predominant parasite. Transmission occurs through the bite of an infected female *Anopheles mosquito.* Africa has the majority of the global malaria burden with 92% of malaria cases and 93% of malaria deaths as of 2017. Vector control has been the predominant way to reduce or prevent malaria transmission, but up until recently, there has been no vaccine[1].

RTS,S is the first vaccine that has shown to be effective in significantly reducing malaria in children. Malawi is the first country making this vaccine available as part of a pilot program. Malawi is one of the worst affected by this disease with over 4 million cases and 7,000 deaths in 2017[3]. The goal of this pilot program is to reach about 360,000 children annually across the three countries. The vaccine schedule is four doses given at five, six, and nine months with the fourth dose given at or around 2 years old[2]. The Deputy Director of Malaria, Ministry of Health of Malawi, Dr. Kayange, emphasizes that they will still work with communities to continue to support malaria prevention with items such as bed nets and notes that people "*should not think that when their children get malaria vaccine, they are fully protected. They can still pick up malaria if other preventative measures are not being used*"[3]. This pilot program will take four years to complete[3].

For more information please visit: https://www.who.int/news-room

References:
[1]Centers for Disease Control and Prevention (CDC). Malaria. Webpage: https://www.who.int/news-room/fact-sheets/detail/malaria. Accessed April 2019
[2]Centers for Disease Control and Prevention (CDC). Malaria vaccine pilot launched in Malawi. Webpage: https://www.who.int/news-room/detail/23-04-2019-malaria-vaccine-pilot-launched-in-malawi. Accessed April 2019
[3]Centers for Disease Control and Prevention (CDC). Mothers welcome world's first malaria vaccine in Malawi. Webpage: https://www.who.int/news-room/feature-stories/detail/mothers-welcome-world-s-first-malaria-vaccine-in-malawi. Accessed April 2019

Health Advisories and Travel Notices

CDC Current U.S. Outbreak List | Measles - European Region | MERS-CoV - Saudi Arabia

Select Reportable Diseases in Pinellas County

	Pinellas		YTD Total		Pinellas County Annual Totals		
Disease	**April 2019**	**April 2018**	**Pinellas 2019**	**Florida 2019**	**2018**	**2017**	**2016**
A. Vaccine Preventable							
Measles	1	0	1	2	7	0	0
Mumps	1	0	1	17	2	2	0
Pertussis	2	3	6	108	32	35	18
Varicella	3	1	15	326	67	24	74
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	5	1	2	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	2	23	9	7	7
Meningococcal Disease	0	0	0	11	1	0	0
C. Enteric Infections							
Campylobacteriosis	23	25	97	1491	264	207	137
Cryptosporidiosis	2	1	12	189	34	40	27
Cyclosporiasis	0	0	0	5	4	6	5
E. coli Shiga Toxin (+)	0	1	8	220	14	9	3
Giardiasis	5	4	19	357	41	45	41
Hemolytic Uremic Syndrome (HUS)	0	0	0	2	0	0	0
Listeriosis	0	0	0	6	1	0	2
Salmonellosis	7	11	28	1396	225	278	188
Shigellosis	3	7	7	489	40	26	19
D. Viral Hepatitis							
Hepatitis A	53	0	210	990	113	0	2
Hepatitis B: Pregnant Woman +HBsAg	3	3	6	126	14	25	28
Hepatitis B, Acute	5	6	25	260	51	51	68
Hepatitis C, Acute	9	4	21	243	37	30	49
E. VectorBorne/Zoonoses							
Animal Rabies	0	0	0	46	4	2	4
Rabies, possible exposure	11	17	41	1290	130	140	131
Chikungunya Fever	0	0	0	1	0	0	1
Dengue	1	0	1	32	0	0	2
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	1	3	24	12	17	11
Malaria	2	0	3	10	3	0	0
West Nile Virus	0	0	0	2	0	0	1
Zika Virus Disease	0	0	3	30	1	5	
F. Others							
Chlamydia	416	340	1433	n/a	4422	4188	4133
Gonorrhea	99	125	375	n/a	1439	1574	1566
Hansen's Disease	0	0	0	4	0	0	0
Legionellosis	2	2	7	120	26	23	19
Mercury Poisoning	0	0	0	9	1	1	0
Syphilis, Total	17	39	104	n/a	438	382	400
Syphilis, Infectious (Primary and Secondary)	10	22	49	n/a	190	160	188
Syphilis, Early Latent	7	17	54	n/a	158	128	146
Syphilis, Congenital	0	0	1	n/a	2	5	2
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	0	0	0	n/a	88	89	64
Tuberculosis	3	4	9	n/a		28	31
Vibrio Infections	0	1	1	61	6	11	8

*YTD up to April 30, 2019. n/a = not available at this time

Reportable diseases include confirmed and probable cases only. All case counts are current and provisional as of May 9, 2019. 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 STARS is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.