



EPI WATCH

Monthly Epidemiology Newsletter

September 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

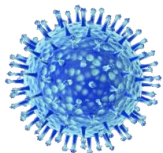
St. Petersburg, FL 33701



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Flu season officially starts in Fall. The mild to severe contagious respiratory illness can cause fever, cough, sore throat, runny nose, and other symptoms.



The best way to prevent the flu is by getting a flu vaccine each year.

Click [here](#) for more information about the flu

Severe Pulmonary Illness Associated with Electronic Cigarettes

The Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA) and state health departments are conducting an ongoing epidemiologic investigation into an outbreak of severe pulmonary illness. As of September 6, 33 states and the U.S. Virgin Islands have reported over 450 possible cases of severe illness associated with the use of electronic cigarettes (e-cigarettes), 6 associated deaths, and additional cases under investigation.

Cases have experienced one or more the following types of symptoms; general illness (fever, weight loss, fatigue), respiratory (cough, shortness of breath, or chest pain), and/or gastrointestinal (diarrhea, nausea, or vomiting). To date, no one e-cigarette product or substance has been identified as the confirmed cause of illness. CDC warns, that regardless of the outbreak, those who use e-cigarettes should avoid purchasing products off the street and should not tamper with e-cigarette products or add substances not in the original packaging. Additionally, regardless of the investigation, children and adolescents, pregnant women, and adults not currently using tobacco products should avoid using e-cigarette products. If you use e-cigarettes and experience symptoms, seek medical care immediately.

Additional information:

CDC: [Updates on Outbreak](#)

CDC Health Alert Network Advisory: [Severe Pulmonary Disease Associated with Using E-Cigarette Products](#)

FDA: [FDA's Information on Vaporizers, E-cigarettes, and other Electronic Nicotine Delivery Systems](#)

BMJ Editorial: [Don't Vape, CDC Says, as US Lung Disease Epidemic Grows](#)



Back-to-School Health

The CDC emphasizes 9 items to discuss with children to promote healthy and safe practices both in school and at home.

- **Wash hands** - Washing hands is the best way to remove germs, avoid getting sick, and prevent the spread of diseases.
- **Eating healthy and being active** - Nearly 1 in 5 children in the U.S. are obese, which puts them at risk for diseases such as asthma, sleep apnea, and type 2 diabetes and makes them more likely to suffer from social isolation, depression, and lower self-esteem.
- **Limiting sugary drinks** - These are high in calories and can lead to obesity. Promoting increased water consumption daily is a healthy habit to learn early as children, making it easier to continue into adulthood.
- **Avoid electronic cigarettes (e-cigarettes)** - These are the most commonly used tobacco product among U.S. youth and the nicotine in e-cigarettes can harm brain development. Additionally, recent investigations have associated e-cigarettes with pulmonary disease in people of all ages.
- **Stay cool**—Talk to children about ways to keep cool and reduce the possibility for heat-related illnesses while temperatures are elevated outside.
- **Stay safe** - Children can get injured at school in a variety of ways so talking about safe practices can prevent injuries such as concussions.
- **Plan for emergencies** - It is important that families and schools have emergency care plans and that these plans are practiced so children are comfortable with them.
- **Connect with children at school and home** - How connected children feel to school and family can greatly influence their lives as they move into adulthood and reduce the likelihood of experiencing adverse health outcomes as they get older.
- **Get vaccinated** - Vaccines are not only recommended in infants and toddlers. Vaccines are also important for adolescents at various stages. Parents and schools should be aware of these recommendations so they can be sure children are protected¹

For more information on these topics and how to talk to children about them please click [here](#).

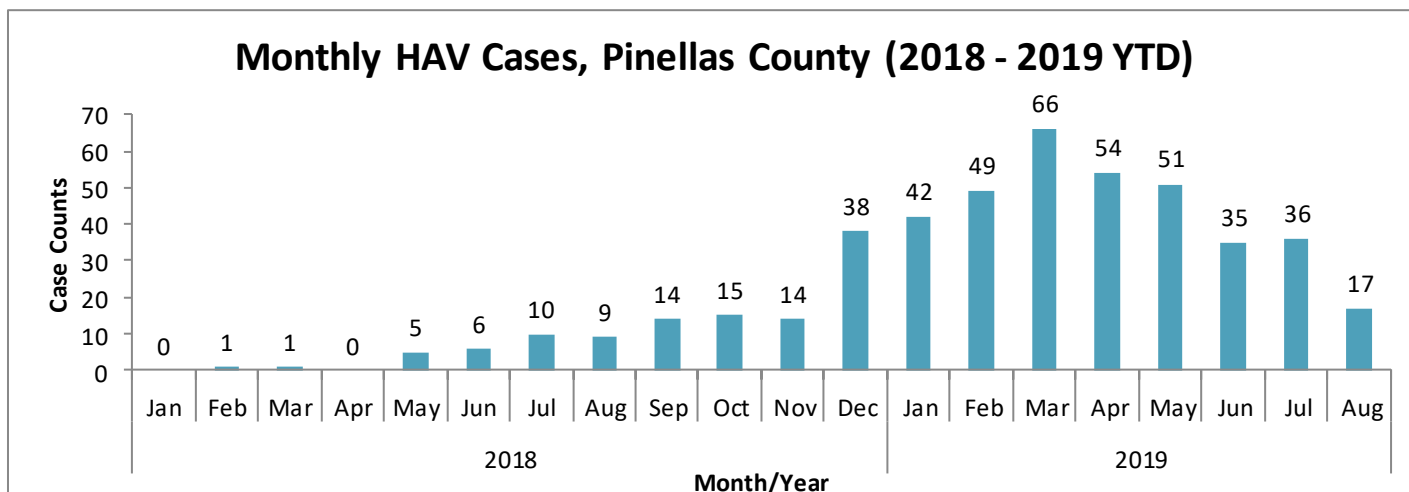
References:

¹Centers for Disease Control and Prevention (CDC). Nine CDC Health Hacks for Back-to-School Success. <https://www.cdc.gov/media/releases/2019/p0808-nine-health-hacks-for-school.html>. Accessed August 2019.

Hepatitis A Outbreak Update

Following last month's declared Public Health Emergency by State Surgeon General Dr. Scott Rivkees,¹ the Department of Health in Pinellas County continues to promote vaccination and good hygiene practices. Pinellas remains one of the most affected counties in Florida; however, current trends show a decrease (See graph.) Individuals who experience homelessness, men who have sex with men, incarceration during lifetime, and intravenous and non-intravenous drug users continue to be those at highest risk of contracting the virus.

In response to the outbreak, DOH-Pinellas has provided 15,439 vaccines in 2019 at outreaches, foot teams, and clinics. Response activities are ongoing and DOH-Pinellas will continue to monitor trends.



References:

¹ Florida Health. Declaration of Public Health Emergency. <http://www.floridahealth.gov/newsroom/2019/08/080219-state-of-florida-department-of-health-declaration-of-public-health-emergency.pr.html>

Eastern Equine Encephalitis



Eastern Equine Encephalitis (EEE) is a rare, yet severe infection that develops in 4-5% of individuals exposed to the virus. The lifecycle of the virus rotates between *Culiseta melanura* mosquitoes and birds in freshwater swamps and is transmitted to humans via other species of mosquitoes as vectors.¹

After an incubation period of 3 to 10 days, symptoms including fever, muscle pain, and headaches develop suddenly and increase in severity over 1 to 2 weeks. Typically, the symptoms are more severe in individuals older than 50 or younger than 15. Of those that develop symptoms, 30-45% die due to the infection.² Currently, there is no human vaccine for the virus and treatment is limited to supportive care.³

Historically, seven cases of EEE are reported yearly throughout the nation; most are reported between the warmer months of May and September.¹ Due to Florida's warmer climate and wetland hardwood forests, mosquito populations remain stable year round; as a result, EEE can be reported in fall and winter.⁴ To prevent EEE, the CDC recommends standard mosquito precautions including being mindful of standing water and using repellents when outdoors.

More information on prevention can be found [here](#)

Reference

1 Centers for Disease Control and Prevention (CDC). Eastern Equine Encephalitis. <https://www.cdc.gov/easterequineencephalitis/tech/epi.html>

2 Florida Department of Health. Eastern Equine Encephalitis. <http://www.floridahealth.gov/diseases-and-conditions/eastern-equine-encephalitis/index.html>

3 Centers for Disease Control and Prevention (CDC). Eastern Equine Encephalitis: Symptoms. <https://www.cdc.gov/easterequineencephalitis/tech/symptoms.html>

4 Vander Kelen P, downs J, Stark L, Loraamm R, Anderson J, Unnasch T. Spatial Epidemiology of Eastern equine Encephalitis in Florida. Int J of Health Geographics. 2012;11:47

Health Advisories and Travel Notices

[Severe Pulmonary Disease Associated with Using E-Cigarette](#)

[CDC Current U.S. Outbreak List](#)

[CDC Travel Health Notices](#)

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	August 2019	August 2018	Pinellas 2019	Florida 2019	2018	2017	2016
A. Vaccine Preventable							
Measles	0	7	1	2	7	0	0
Mumps	0	0	1	116	2	2	0
Pertussis	5	7	23	280	32	36	18
Varicella	1	1	21	671	67	24	74
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	3	16	1	2	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	0	4	65	9	7	7
Meningococcal Disease	0	0	1	15	1	0	0
C. Enteric Infections							
Campylobacteriosis	23	27	203	3185	264	207	178
Cryptosporidiosis	5	7	44	427	34	40	27
Cyclosporiasis	12	0	28	520	4	6	5
<i>E. coli</i> Shiga Toxin (+)	3	0	16	562	14	9	4
Giardiasis	4	5	37	758	41	45	41
Hemolytic Uremic Syndrome (HUS)	0	0	0	2	0	0	0
Listeriosis	0	0	1	22	1	0	2
Salmonellosis	21	19	120	4350	233	278	188
Shigellosis	2	3	16	1025	40	26	19
D. Viral Hepatitis							
Hepatitis A	17	9	350	2411	113	1	2
Hepatitis B: Pregnant Woman +HBsAg	6	1	14	282	14	25	28
Hepatitis B, Acute	6	4	50	624	52	51	70
Hepatitis C, Acute	8	1	71	678	40	30	49
E. VectorBorne/Zoonoses							
Animal Rabies	0	0	0	95	1	3	3
Rabies, possible exposure	11	14	98	2939	130	140	131
Chikungunya Fever	0	0	0	3	0	0	1
Dengue	0	0	2	156	0	0	2
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	3	2	11	105	12	17	16
Malaria	0	0	5	35	3	0	0
West Nile Virus	0	0	0	3	0	0	0
Zika Virus Disease	0	0	3	0	2	5	23
F. Others							
Chlamydia	460	411	3,115	n/a	4422	4188	4133
Gonorrhea	163	133	962	n/a	1439	1574	1566
Hansen's Disease	0	0	0	13	0	0	0
Legionellosis	5	5	17	271	0	0	0
Mercury Poisoning	0	1	1	14	0	0	0
Syphilis, Total	50	36	326	n/a	438	382	400
Syphilis, Infectious (Primary and Secondary)	25	19	149	n/a	190	160	188
Syphilis, Early Latent	14	11	126	n/a	158	128	146
Syphilis, Congenital	0	0	5	n/a	2	5	2
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	11	6	46	n/a	88	89	64
Tuberculosis	3	3	12	n/a		28	31
<i>Vibrio</i> Infections	2	0	16	185	6	11	8

*YTD up to September 13, 2019. n/a = not available at this time

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

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)



Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- 📞 Report immediately 24/7 by phone
 - Report next business day
 - + Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- 📞 Amebic encephalitis
- ! Anthrax
 - Arsenic poisoning
- ! Arboviral diseases not otherwise listed
 - Babesiosis
- ! Botulism, foodborne, wound, and unspecified
 - Botulism, infant
- ! Brucellosis
 - California serogroup virus disease
 - Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
 - Carbon monoxide poisoning
 - Chancroid
 - Chikungunya fever
- 📞 Chikungunya fever, locally acquired
 - Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
 - Ciguatera fish poisoning
- + Congenital anomalies
 - Conjunctivitis in neonates <14 days old
 - Creutzfeldt-Jakob disease (CJD)
 - Cryptosporidiosis
 - Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
 - Eastern equine encephalitis
 - Ehrlichiosis/anaplasmosis
 - *Escherichia coli* infection, Shiga toxin-producing
 - Giardiasis, acute
- ! Glanders
 - Gonorrhea
 - Granuloma inguinale

- ! *Haemophilus influenzae* invasive disease in children <5 years old
 - Hansen's disease (leprosy)
- 📞 Hantavirus infection
- 📞 Hemolytic uremic syndrome (HUS)
- 📞 Hepatitis A
 - Hepatitis B, C, D, E, and G
 - Hepatitis B surface antigen in pregnant women and children <2 years old
- 📞 Herpes B virus, possible exposure
 - Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
 - HIV-exposed infants <18 months old born to an HIV-infected woman
 - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- 📞 Influenza-associated pediatric mortality in children <18 years old
 - Lead poisoning (blood lead level ≥5 µg/dL)
 - Legionellosis
 - Leptospirosis
- 📞 Listeriosis
 - Lyme disease
 - Lymphogranuloma venereum (LGV)
 - Malaria
- ! Measles (rubeola)
- ! Melioidosis
 - Meningitis, bacterial or mycotic
- ! Meningococcal disease
 - Mercury poisoning
 - Mumps
- + Neonatal abstinence syndrome (NAS)
- 📞 Neurotoxic shellfish poisoning
- 📞 Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- 📞 Pertussis

- Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
 - Psittacosis (ornithosis)
 - Q Fever
- 📞 Rabies, animal or human
 - ! Rabies, possible exposure
- ! Ricin toxin poisoning
 - Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
 - St. Louis encephalitis
 - Salmonellosis
 - Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
 - Shigellosis
- ! Smallpox
- 📞 Staphylococcal enterotoxin B poisoning
- 📞 *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
 - *Streptococcus pneumoniae* invasive disease in children <6 years old
 - Syphilis
- 📞 Syphilis in pregnant women and neonates
 - Tetanus
 - Trichinellosis (trichinosis)
 - Tuberculosis (TB)
- ! Tularemia
- 📞 Typhoid fever (*Salmonella* serotype Typhi)
 - ! Typhus fever, epidemic
 - ! Vaccinia disease
 - Varicella (chickenpox)
- ! Venezuelan equine encephalitis
 - Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
 - West Nile virus disease
- ! Yellow fever
- ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."