EPI WATCH

Monthly Epidemiology Newsletter

Image retrieved from CDC PHIL

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Disease Reporting
To report diseases and clusters of illness:
Phone: (727) 824-6932
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(excluding HIV/AIDS)

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Surveillance Room 3-138
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EVALI Update

In August 2019, the Centers for Disease Control and Prevention (CDC) began investigating E-cigarette or vaping product use-associated lung injury (EVALI) after patients presented with unexplainable respiratory and GI syndromes later identified to be related to vaping or e-cigarette use.

Below are recent updates on the outbreak:

- Nationally, cases have been declining since peaking in September, 2019. As of December 27, a total of 2,561 persons have been hospitalized and 55 have died as a result of the injury.[1]
- Vitamin E acetate has been identified in a majority of samples and is thought to be associated with EVALI.[1]
- In a recent study it was identified that persons with one or more chronic conditions had a higher risk of rehospitalization or death. These conditions include heart disease, diabetes, and chronic pulmonary disease, and they caused rehospitalization in a median of two days.[2]
- The CDC provided updated clinical guidance for healthcare providers recommending care coordination before discharge and 48 hour follow-up to limit rehospitalization and death.[3]

During Influenza season, it may be difficult to differentiate between EVALI and flu. Currently, it is unclear whether EVALI patients are at an increased risk for flu complication. Healthcare professionals should report cases of EVALI or lung injury of unclear etiology in patients with a history of e-cigarette, or vaping, product use to their state or local health departments.

More information for healthcare providers can be found on the CDC website, please click here.

1CDC. Outbreak of Lung Injury Associated with the use of E-Cigarette, or Vaping, Products. (2019) Retrieved from https://www.cdc.gov/tobacco/basic _information/e-cigarettes/severe-lung-disease.html#epi-chart
2Mikosz A M et al. Characteristics of Patients Experiencing Rehospitalization or Death After Hospital Discharge in a Nationwide Outbreak of E-cigarette, or Vaping, Product Use–Associated Lung Injury — United States, 2019. *MMWR*. 2020 January 3. 68(5152): 1183-1188.
3 Siegel D A et al. Update: Interim Guidance for Health Care Providers Evaluating and Caring for Patients with Suspected E-cigarette, or Vaping, Product Use Associated Lung Injury — United States, October 2019. 2019. MMWR. 2019 October 18. 68(41): 919-927.

Image retrieved from CDC PHIL

Multistate Outbreak of Multidrug Resistant *Campylobacter* infections linked to pet store puppies

On December 17, the CDC posted an investigation notice that 30 people have been infected with an outbreak strain of *Campylobacter jejuni* in 13 states.

Typically, symptoms develop two to five days after being exposed and cause diarrhea (often bloody), fever and stomach cramps in most persons. Among the 30 cases, 24 were interviewed and 88% reported contact with a puppy. Additionally, 71% reported contact with a puppy from a pet store, and 42% of cases were Petland employees. Laboratory tests confirm that the strain is closely related to the 2016-2018 outbreak of *C. jejuni* linked to pet store puppies.

The *campylobacter* bacteria isolated from clinical samples from ill people in this outbreak are resistant to commonly recommended, first-line antibiotics. Most people recover without the need for antibiotics. For individuals who require antibiotics, clinicians are advised to choose an antibiotic based on stool culture.

To prevent infection the CDC recommends:

- Washing hands following contact with a dog
- Not allowing dogs to lick wounds or face
- Taking dogs to a veterinarian regularly

For more information on the multistate outbreak of campylobacter, please visit the CDC website here.

Source: CDC. Outbreak of Multidrug-resistant campylobacter infections linked to contact with Pet Store Puppies. (2019). Retrieved from

Prevent ACEs to Improve US Health

Adverse childhood experiences (ACE) are traumatic events including abuse, neglect and household dysfunction that occur during childhood (birth - 17 years). Nationally, it is estimated that over 60% of adults reported one or more ACEs.[1] The ongoing stress from these experiences has long term effects on health, behavior, and socioeconomic status.[2] In a recent study, ACEs were linked to five of the top 10 leading causes of death including heart disease, cancer, respiratory disease and suicide.[1]

Preventing ACEs requires intervention at multiple levels of our social structure. Primary care settings provide an opportunity to recognize and intervene in potentially harmful settings. The CDC promotes the use of evidence-based Safe Environment for Every Kid (SEEK) model, a questionnaire targeted at parents to identify psychosocial problems, including depression or substance abuse.[4] The combination of this approach and other evidence-based strategies will hopefully help reduce and prevent ACEs long term impact or from happening in the first place.

For more information on preventing Adverse Childhood Experiences, please visit the CDC's website here.

1 CDC. Preventing Adverse Childhood Expirences (ACE): leveraging the best available evidence. (2019). Retrieved from https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf
2 CDC. Adverse Childhood Expirences (ACEs). (2019). Retrieved fromhttps://www.cdc.gov/ violenceprevention/childabuseandneglect/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fchildabuseandneglect%2Facestudy%2Faboutace.html
4 Safe Environment for Every Kid. (2019). Retrieved from https://seekwellbeing.org/the-seek-model/

Image retrieved from CDC ACE Report

CDC Travel Advisories

Monkey pox in Nigeria and DRC

Novel coronavirus outbreak in Wuhan,China

U.S. Based Outbreaks

Fresh Express salad Kits—*E. coli* infections

Romain lettuce—*E. coli* infections

Select Reportable Diseases in Pinellas County

	Pinellas		YTD Total		Pinellas Annual Totals		
Disease	**Dec 2019**	**Dec 2018**	**Pinellas 2019**	**Florida 2019**	**2018**	**2017**	**2016**
A. Vaccine Preventable							
Measles	**0**	**0**	**1**	**3**	7	0	0
Mumps	**1**	**2**	**7**	**193**	10	3	0
Pertussis	**1**	**0**	**27**	**392**	32	36	18
Varicella	**0**	**12**	**33**	**984**	67	24	74
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	**0**	**0**	**3**	**42**	1	2	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	**1**	**2**	**7**	**101**	9	7	7
Meningococcal Disease	**0**	**0**	**1**	**23**	1	0	0
C. Enteric Infections							
Campylobacteriosis	**26**	**15**	**310**	**4562**	264	207	187
Cryptosporidiosis	**7**	**1**	**64**	**668**	34	40	27
Cyclosporiasis	**0**	**0**	**28**	**543**	4	6	5
E. coli Shiga Toxin (+)	**0**	**0**	**24**	**823**	15	22	14
Giardiasis	**3**	**4**	**52**	**1094**	41	45	41
Hemolytic Uremic Syndrome (HUS)	**1**	**0**	**1**	**4**	0	0	0
Listeriosis	**1**	**0**	**2**	**52**	1	0	2
Salmonellosis	**16**	**27**	**202**	**7163**	233	279	213
Shigellosis	**2**	**2**	**22**	**1422**	40	26	19
D. Viral Hepatittis					is		
Hepatitis A	**0**	**38**	**377**	**3407**	113	1	2
Hepatitis B: Pregnant Woman +HBsAg	**3**	**0**	**24**	**434**	14	25	28
Hepatitis B, Acute	**8**	**6**	**73**	**855**	52	51	70
Hepatitis C, Acute	**10**	**2**	**85**	**1006**	40	30	49
E. Vector Borne/ Zoonoses							
Animal Rabies	**0**	**0**	**2**	**131**	1	3	3
Rabies, possible exposure	**7**	**10**	**128**	**4424**	130	140	131
Chikungunya Fever	**0**	**0**	**0**	**13**	0	0	1
Dengue	**1**	**0**	**3**	**416**	0	0	2
Eastern Equine Encephalitis	**0**	**0**	**0**	**0**	0	0	0
Lyme Disease	**5**	**1**	**25**	**201**	14	19	17
Malaria	**0**	**1**	**5**	**52**	3	0	0
West Nile Virus	**0**	**0**	**0**	**7**	0	0	0
Zika Virus Disease	**0**	**0**	**3**	**100**	2	5	23
F. Others							
Chlamydia	**394**	**328**	**4588**	**n/a**	4422	4188	4133
Gonorrhea	**167**	**103**	**1537**	**n/a**	1439	1574	1566
Hansen's Disease	**0**	**0**	**0**	**27**	0	0	0
Legionellosis	**4**	**3**	**43**	**727**	37	28	20
Mercury Poisoning	**0**	**0**	**1**	**19**	1	1	0
Syphilis, Total	**21**	**25**	**479**	**n/a**	438	382	400
Syphilis, Primary and Secondary	**5**	**11**	**213**	**n/a**	190	160	188
Syphilis, Early Latent	**13**	**14**	**191**	**n/a**	158	128	146
Syphilis, Congenital	**0**	**0**	**6**	**n/a**	2	5	2
Syphilis, Late Syphilis	**3**	**16**	**69**	**n/a**	88	89	64
Tuberculosis	**1**	**3**	**23**	**n/a**	33	28	31
Vibrio Infections	**0**	**1**	**18**	**260**	6	11	8

*YTD up to Janury 02, 2020. 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.