



EPI WATCH

Monthly Epidemiology Newsletter



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**Division of Disease Control
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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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Summer Safety Tips

by Paola Mancera

With school officially out and the warm weather in, it's a great time to take advantage of the longer days to enjoy outdoor summer activities. Following these tips can prevent illness and injury so that everyone can enjoy a safe and healthy Florida summer.

COVID-19 COVID-19 [vaccination efforts](#) in Pinellas County continue to ensure our residents can make the best of their summer. If you haven't been vaccinated, use this time to take advantage vaccination incentives. Although there is no longer a county-wide mask ordinance, businesses can still enforce masking and social distancing. Everyone should also continue to practice good hand hygiene as this can prevent not only COVID-19 but other infectious diseases that can put a damper on summer fun.

Water Safety One threat to summer fun are diarrhea-causing germs that thrive in water. To prevent the spread of illness, do not participate in water activities while experiencing diarrhea and up to two weeks after. Make sure that children in diapers get diaper checks every hour and that diaper checks and changes occur away from water sources to prevent fecal matter from entering the water.

Beach Safety Pinellas County has miles of beaches accessible within minutes. While at the beach, follow all signs, flags, and advisories. Florida's barrier island beaches may experience rip tides, which can pose a significant risk to swimmers. If caught in a rip tide, tread water and do not try to swim against the current. Wait until you are released from the current to begin swimming at an angle away from the current towards shore.

Harmful Algal Blooms Summer is prime time for red tide, which is caused by harmful algal blooms. These blooms can kill fish populations and produce toxins that cause respiratory symptoms, particularly for those with underlying respiratory disease. Respiratory symptoms usually resolve after exposure to the toxin ends. The toxins can also lead to skin irritation, rashes, and to illness if ingested. Refrain from consuming shellfish or dead fish harvested from areas with red tide.

Bike Helmets Adults and children should wear helmets when participating in activities such as biking, roller blading, or skateboarding. Helmets should have correct size and fit to ensure the helmet protects the wearer as intended. Additionally, helmets need to be replaced after being involved in an impact as this can affect their integrity and ability to provide protection.

Sunscreen While enjoying the outdoors, sun exposure can lead to sunburn in as little as 15 minutes when individuals don't use sunblock. To protect skin, it is recommended individuals stay out of the sun between 10am and 4pm when UV levels are the highest. When in the sun, sunblock should be used and reapplied per instructions, especially when participating in water-related activities.

Medical Tourism: Things to Consider

by Austin Morley-Sloan

Each year, millions of US residents travel to another country, most commonly Mexico and Canada, for medical care. An individual may be interested in traveling internationally to get healthcare due to lower costs, cultural values, or to get a procedure or therapy that is not available or approved in the United States. The most common procedures people undergo include dental care, surgery, cosmetic surgery, fertility treatments, organ and tissue transplantation, and cancer treatment.

Medical tourism can be risky – your risk of complications depends on the destination, the facility, and whether you are in good physical and psychological condition for the procedure(s). Other issues that can increase your risk of complications include: infectious disease, antibiotic resistance, quality of care, communication challenges, air travel, and continuity of care.



If you are going to partake in medical tourism, there are several CDC recommendations to consider:

Get a pre-travel consultation: See your domestic or travel healthcare provider (HCP) at least 4-6 weeks prior to the trip for an assessment and information on risks, the procedure, and travel before and after your procedure. Also, obtain travel health insurance with medical evacuation back to the US and before planning travel activities, learn what activities are permitted.

Maintain your health/medical records: Bring medical records with you, results of any labs or tests related to your condition and care, so that you can inform the medical staff at your destination. Make sure to pack your prescription and over-the-counter medications to last the whole trip, plus extra in case of delays. Finally, get copies of the medical records from the destination before you return home.

Research the healthcare provider and facility: Check the qualifications and credentials of the HCPs and the facility conducting the procedure. If you choose a country where you do not speak the language, determine ahead of time how you will communicate with your doctor and others caring for you.

Arrange for follow-up care: Identify where you will be staying immediately after the procedure and arrange for follow-up care in the United States.

For more information, please visit [CDC Medical Tourism](#)

COVID-19 Vaccination and Pregnancy

by Austin Morley-Sloan

Pregnant women with symptomatic COVID-19 have a higher risk of ICU admission, mechanical ventilation, and death compared with other women in their reproductive years. This population was excluded from the phase 3 COVID-19 vaccine trials, therefore data on vaccine safety and immunogenicity in this pregnant or lactating women is limited. A recent cohort study published in Journal of American Medical Association (JAMA) followed 103 women, 18-46 years-old, who received a COVID-19 mRNA vaccine. In the study, 54% and 46% received the Pfizer and Moderna vaccines, respectively. Binding, neutralizing, and functional non-neutralizing antibody responses, as well as CD4 and CD8 T-cell responses were present in pregnant, lactating, and nonpregnant women following vaccination. The binding and neutralizing antibodies were also observed in infant cord blood and breast milk. These findings demonstrated that the COVID-19 mRNA vaccines were immunogenic, as quantified by both humoral and cellular immune responses, in pregnant, lactating, and nonpregnant, nonpregnant women.

Another article was recently published by the American College of Obstetricians and Gynecologists (ACOG) that compared the placental findings of maternal SARS-CoV-2 infections to pregnant mothers who had been vaccinated against SARS-CoV-2. If there were significant placental findings in the vaccinated group, then they could identify an early signal for rare injury that would only be seen after widespread use in the pregnant population. Their research reported findings for 84 women who received a SARS-CoV-2 vaccine during pregnancy and 116 women in a control group who did not receive a vaccine. Women in the vaccination group showed robust antibody responses, whereas women in the control group were negative. In this cohort of vaccinated pregnant patients, there was no observed increase in the incidence of findings characteristic of SARS-CoV-2 infection in pregnancy and no evidence of vaccine-triggered breakdown in maternal immunologic tolerance of the fetus.

While studies on the impact mothers and their fetuses are limited, it is important for pregnant people, and those that live with them, to take steps to protect themselves from getting COVID-19.

For more information, please visit [CDC's COVID-19 website for Pregnant and Recently Pregnant People](#)

References

<https://jamanetwork.com/journals/jama/fullarticle/2780202>

https://journals.lww.com/greenjournal/Fulltext/9900/Severe_Acute_Respiratory_Syndrome_Coronavirus_2.206.aspx

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas Annual Totals		
	May 2021	May 2020	Pinellas 2021	Florida 2021	2020	2019	2018
A. Vaccine Preventable							
Measles	0	0	0	0	0	1	7
Mumps	0	0	1	3	1	7	10
Pertussis	0	1	0	24	8	27	32
Varicella	5	0	9	124	18	33	67
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	4	0	3	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	29	6	7	9
Meningococcal Disease	1	0	1	10	3	1	1
C. Enteric Infections							
Campylobacteriosis	27	17	97	1369	252	310	264
Cryptosporidiosis	5	1	14	117	44	64	34
Cyclosporiasis	0	0	0	5	9	28	4
<i>E. coli Shiga Toxin (+)</i>	0	0	3	159	10	24	15
Giardiasis	4	5	13	234	28	52	41
Hemolytic Uremic Syndrome (HUS)	0	0	0	2	0	1	0
Listeriosis	0	0	0	13	2	2	1
Salmonellosis	10	15	37	1454	176	201	233
Shigellosis	3	0	13	159	19	22	40
D. Viral Hepatitis							
Hepatitis A	1	0	2	128	4	377	113
Hepatitis B: Pregnant Woman	0	2	0	121	40	24	14
Hepatitis B, Acute	4	4	21	192	103	72	52
Hepatitis C, Acute	4	13	33	558	18	82	40
E. Vector Borne/ Zoonoses							
Animal Rabies	0	0	0	31	1	2	1
Rabies, possible exposure	4	11	53	1301	128	128	130
Chikungunya Fever	0	0	0	1	0	0	0
Dengue	0	0	0	8	0	3	0
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	0	0	41	11	22	14
Malaria	0	0	0	10	2	5	3
West Nile Virus	0	0	0	1	0	0	0
Zika Virus Disease	0	0	0	0	0	3	2
F. Others							
Chlamydia	317	227	1713	n/a	3982	4588	4422
Gonorrhea	140	102	779	n/a	1640	1537	1439
Hansen's Disease	0	0	0	5	0	0	0
Legionellosis	0	2	13	167	35	43	37
Mercury Poisoning	1	0	2	6	1	1	1
Syphilis, Total	39	24	225	n/a	469	479	438
Syphilis, Primary and Secondary	20	12	98	n/a	224	213	190
Syphilis, Early Latent	13	6	79	n/a	161	191	158
Syphilis, Congenital	0	0	1	n/a	5	6	2
Syphilis, Late Syphilis	6	6	47	n/a	89	69	88
Tuberculosis	1	0	9	n/a	24	23	33
<i>Vibrio Infections</i>	1	0	3	55	12	18	6

*YTD up to May 31, 2021. 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.



National HIV Testing Day

June 27, 2021

116,689

persons with an HIV diagnosis, living in Florida, year-end 2019

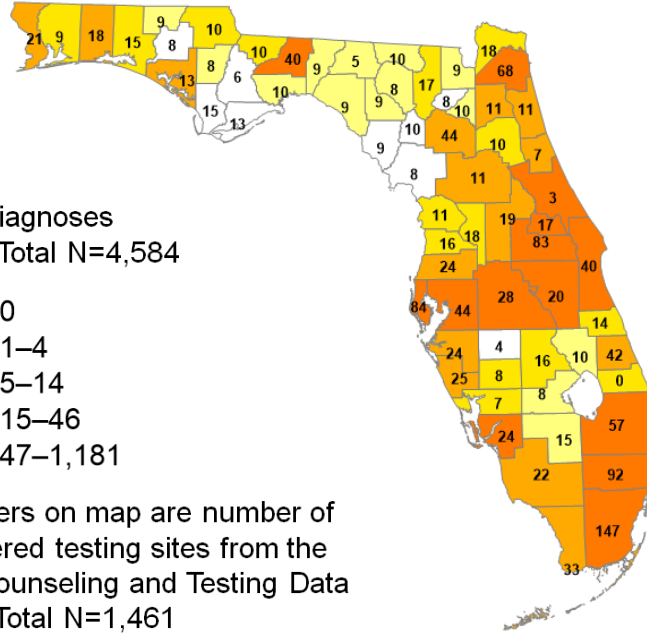
4,584

persons received an HIV diagnosis in Florida in 2019

1,879

persons received an AIDS diagnosis in Florida in 2019

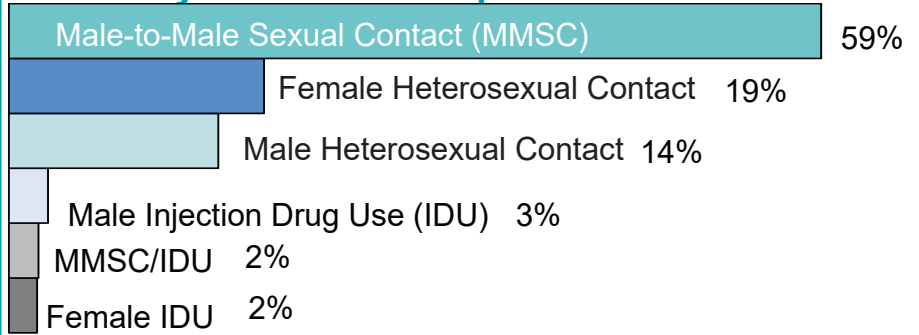
HIV Diagnoses by County of Residence, and Publicly Funded Testing Sites, 2019, Florida



HIV Testing

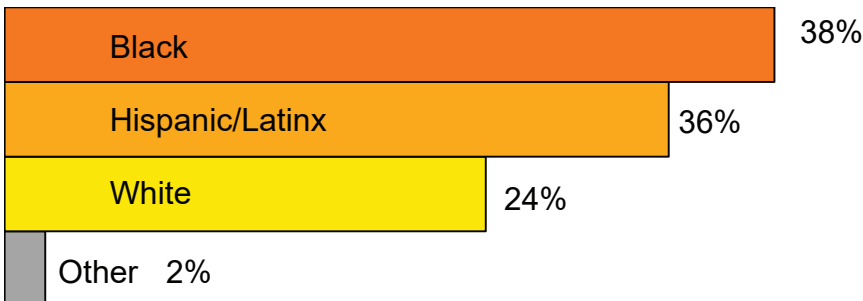
311,841 HIV tests were conducted in Florida in **2019** with **2,173 (0.7%)** testing positive at **1,461** registered HIV test sites across the state

Persons who received an HIV diagnosis in Florida in 2019 by mode of HIV exposure



"Other Risk" (n=23) includes perinatal, transgender sexual contact, hemophilia and blood transfusion transmission and is not shown as it accounts for <1% of diagnoses

Blacks represented the highest proportion of persons who received an HIV diagnosis in Florida, 2019



"Other" includes Asian/Pacific Islanders, American Indians/Native Alaskans and mixed races



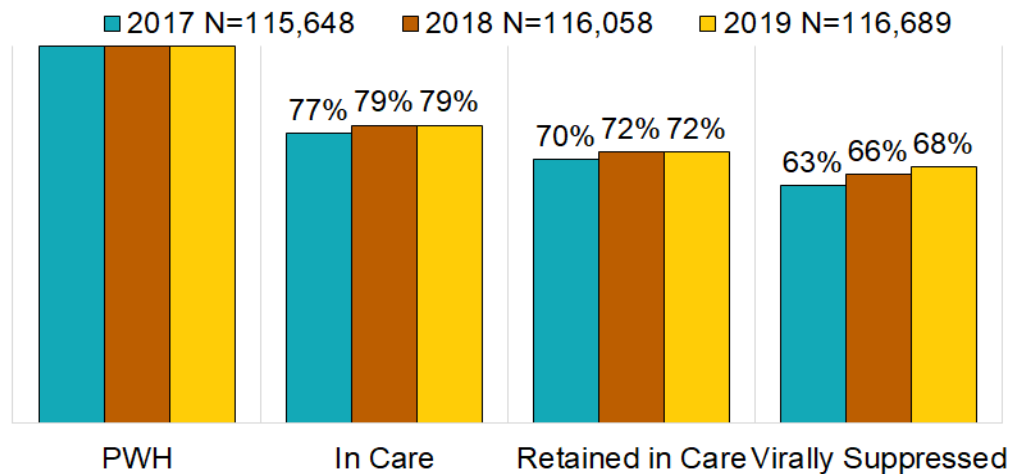
KnowYourHIVStatus.com

Florida Health encourages Floridians Test Your Way on National HIV Testing Day

To request a free, HIV self-test kit, visit KnowYourHIVStatus.com

Florida's HIV Care

Continuum The HIV Care Continuum reflects the series of steps a person with an HIV diagnosis (PWH) takes from initial diagnosis to being retained in care and achieving a very low level of HIV in the body (viral suppression). PWH with a suppressed viral load (<200 copies/mL) are highly unlikely to transmit the virus to others.



In Care: Documented care ≥ 1 time in 1 year. **Retained in Care:** Documented care ≥ 2 times, ≥ 3 months apart in 1 year.

HIV Testing

Adolescents and adults (ages 13–64) should get tested for HIV at least once during their lifetime. Persons at **increased risk** for HIV should get tested at least annually. Visit www.knowyourhivstatus.com for testing options in your area. **Florida law** (section 384.31, Florida Statutes) requires all pregnant women to be tested for HIV and other sexually transmitted infections (STIs) at their initial prenatal care visit, again at 28–32 weeks and at labor and delivery if their HIV status is unknown.

Pre-Exposure Prophylaxis (PrEP)

PrEP medication, taken as directed, can reduce the risk of acquiring HIV through sexual contact by over 90% and through IDU by 70%. Condoms are still important during sex to prevent other STIs and unwanted pregnancy. STIs are increasing in Florida and can increase HIV risk. To find a PrEP provider who can help you decide if PrEP is right for you, visit www.prelocator.org.

Antiretroviral Therapy (ART)

For PWH, starting ART as soon as possible improves health outcomes and quality of life by reducing viral load and the risk of disease progression. PWH who take ART as prescribed and achieve and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners (Undetectable=Untransmittable). ART is recommended for all PWH, regardless of how long they have had the virus or how well they feel. To find a care provider or to learn more about the resources available to PWH, visit www.floridaaids.org.

Florida HIV/AIDS Hotline

1-800-FLA-AIDS (352-2437) English
1-800-545-SIDA (545-7432) Spanish
1-800-AIDS-101 (243-7101) Haitian Creole
1-800-503-7118 Hearing/Speech Impaired
211bigbend.org/flhivaidshotline
Text 'FLHIV' or 'flhiv' to 898211

For more information, contact
DiseaseControl@flhealth.gov

Data Sources:

For national data: cdc.gov/hiv/library/reports/hiv-surveillance.html or cdc.gov/mmwr
For more Florida data: Floridaaids.org or www.flhealthcharts.com

HIV: Human Immunodeficiency Virus, **AIDS:** Acquired Immune Deficiency Syndrome

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