EPI WATCH

Monthly Epidemiology Newsletter

205 Dr. MLK Jr. St. N
St. Petersburg, FL 33701
(727) 824-6900

Director
Ulyee Choe, DO

Editor
Andrea Leapley, MPH
Andrea.Leapley@FLHealth.gov

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

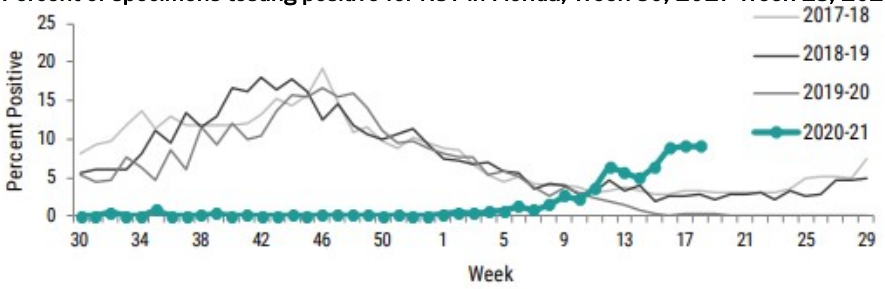
Find us on Facebook!
www.facebook.com/HealthyPinellas

Follow us on Twitter!
@HealthyPinellas

Respiratory Syncytial Virus Increasing in Florida

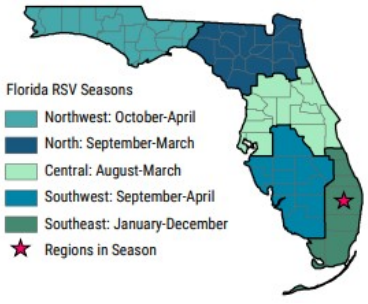
In the United States, respiratory syncytial virus (RSV) generally circulates during fall, winter, and spring. Florida has a longer season with distinct regional patterns. The Central Florida season lasts from August through March. However, in recent weeks, Florida has seen an increase in the percent of labs that test positive for RSV. Several outbreaks in childcare facilities have also been reported across the state.

Percent of specimens testing positive for RSV in Florida, Week 30, 2017-Week 18, 2021



Source: Florida Department of Health Respiratory Syncytial Virus Surveillance

Awareness of RSV circulation is important for physicians when making decisions about prophylaxis for high-risk infants and young children. Palivizumab is a monoclonal antibody that is given intramuscularly to those who would benefit from immunoprophylaxis based on their age and underlying medical conditions during RSV season.



Given Florida's unique patterns of RSV circulation, data from state surveillance can assist with determining the timing for the first dose of palivizumab. It is not recommended that children receive more than 5 monthly doses and the antibodies should be present to protect them for up to six months, which would extend through most of RSV season.

The Florida Department of Health produces a weekly **RSV Surveillance Activity Summary** that includes a variety of data on RSV in the state, including emergency department visits, positive laboratory tests, and reported outbreaks as well as additional information on other common respiratory viruses. Physicians that treat infants and young children at high-risk for complications from RSV should monitor this report to guide recommendations for prophylaxis.

For more information on RSV, please visit CDC Respiratory Syncytial Virus

Hepatitis Awareness Month

by Kyle Olle

In May, we observe Hepatitis Awareness Month and National Hepatitis Testing Day on May 19. The Centers for Disease Control and Prevention (CDC) recommends that every adult be tested for hepatitis C at least once in their lifetime, unless they participate in behaviors that put them at higher risk which would warrant more frequent testing. Hepatitis means inflammation of the liver and can occur for many reasons including autoimmune conditions, excessive alcohol use, drugs (OTC, Illicit and prescribed), or viral diseases. The liver is a triangular organ in the upper right quadrant of the abdomen. It is protected by the rib cage and is the primary organ that filters the blood to and from the digestive tract. In addition to making the proteins for blood clotting, the liver assists with the digestion, absorption and processing of food that is ingested. The leading cause of liver inflammation in the United States is viral hepatitis diseases, which are hepatitis A, B and C. There are no treatments for the acute presentations of these diseases, but supportive treatment of the symptoms is advised. For the chronic presentation of hepatitis B there are medications to manage the condition and chronic hepatitis C can be cured with treatment. Please consult your physician for more information regarding your own medical situation.

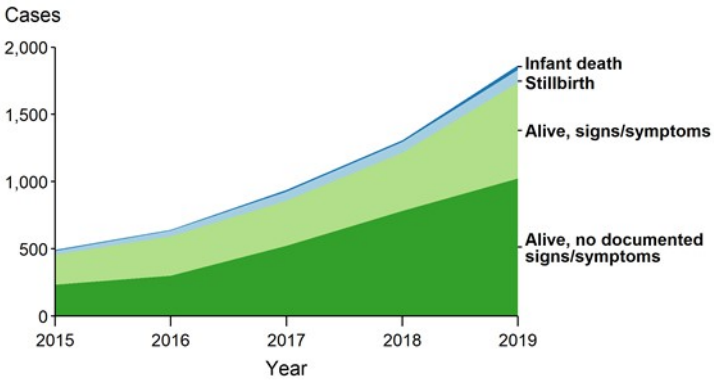
The Hepatitis Program at the Florida Department of Health in Pinellas County conducts outreaches, provides information on viral hepatitis, and resources for getting treatment for chronic hepatitis C. Education and community outreaches are provided at substance abuse rehabilitation centers, transitional housing, and events put on by community partners. At these events, the Hepatitis Program provides education on viral hepatitis and performs rapid hepatitis C virus screening tests. These tests are used to screen interested clients by testing a droplet of blood for the antibodies to hepatitis C. The results return within twenty minutes of blood collection. The Hepatitis Program is also able to perform venipunctures in the field for confirmatory hepatitis C testing if the screening test is reactive for the antibody. The confirmatory test is performed to look for the presence of the RNA in the collected sample. While adhering to COVID -19 guidelines and due to many facilities not accepting outside partners, the number of outreaches conducted has been limited. However, the Hepatitis Program has been able to provide rapid hepatitis C testing to 69 interested clients and 29 confirmatory hepatitis C tests since the beginning of 2021. The Hepatitis Program also partners internally with the Immunization Program to provide hepatitis A and B vaccinations. Through this partnership, the program has been able to provide 39 hepatitis A and 59 hepatitis B immunizations so far this year.

For more on viral hepatitis, please visit CDC Viral Hepatitis

Congenital Syphilis Cases Quadrupled in the Last Five Years

The Centers for Disease Control and Prevention (CDC) released the **2019 Sexually Transmitted Disease (STD) Surveillance** overview that describes the current epidemiology of nationally notifiable STDs as well as guides planning for prevention and control strategies. Cases of syphilis in the United States reached historic lows in 2000-2001. However, since that time, rates have been rising in persons of all genders, races, and ethnicities across the United States.

Congenital Syphilis– Reported Cases by Vital Status and Clinical Signs and Symptoms of Infection, United States, 2015-2019



Source: CDC National Overview, Sexually Transmitted Disease Surveillance, 2019

With the increase in syphilis cases, there has also been an increase in congenital syphilis cases. During pregnancy, syphilis can cause miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth. As any as 40% of babies born to persons with syphilis may be stillborn or die shortly after birth. When a baby is born with congenital syphilis, it can cause deformed bones, severe anemia, enlarged liver and spleen, jaundice, brain and nerve problems such as blindness or deafness, meningitis, or skin rashes. Symptoms may not be present at birth, but without treatment, can occur weeks to years later.

In 2019, 43 states and the District of Columbia reported at least one case of congenital syphilis. The national rate of 48.5 cases per 100,000 live births is a 41.4% increase from 2018 and a 291.1% increase from 2015. The number of stillbirths also increased from 79 in 2018 to 94 in 2019 and the number of congential syphilis-related deaths increased from 15 deaths in 2018 to 34 deaths in 2019.

To prevent syphilis, persons who are sexually active should consider getting tested regularly and using latex condoms every time they have sex. However, syphilis sores can occur in areas that are not covered by a condom and contact with these sores can transmit syphilis. If you are pregnant, you should be tested at your first prenatal visit and be treated immediately if you are positive. If negative, you should be tested every trimester hereafter.

For more on congenital syphilis, please visit CDC Congenital Syphilis Fact Sheet

Select Reportable Diseases in Pinellas County

	Pinellas		YTD Total		Pinellas Annual Totals		
Disease	**April 2021**	**April 2020**	**Pinellas 2021**	**Florida 2021**	**2020**	**2019**	**2018**
A. Vaccine Preventable							
Measles	**0**	**0**	**0**	**0**	0	1	7
Mumps	**1**	**0**	**1**	**9**	1	7	10
Pertussis	**0**	**0**	**0**	**19**	8	27	32
Varicella	**0**	**0**	**4**	**91**	18	33	67
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	**0**	**0**	**0**	**3**	0	3	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	**0**	**0**	**0**	**22**	6	7	9
Meningococcal Disease	**0**	**0**	**0**	**6**	3	1	1
C. Enteric Infections							
Campylobacteriosis	**15**	**15**	**70**	**1000**	252	310	264
Cryptosporidiosis	**6**	**2**	**9**	**87**	44	64	34
Cyclosporiasis	**0**	**0**	**0**	**2**	9	28	4
E. coli Shiga Toxin (+)	**2**	**1**	**3**	**136**	10	24	15
Giardiasis	**2**	**0**	**9**	**195**	28	52	41
Hemolytic Uremic Syndrome (HUS)	**0**	**0**	**0**	**2**	0	1	0
Listeriosis	**0**	**1**	**0**	**9**	2	2	1
Salmonellosis	**7**	**10**	**27**	**1037**	176	201	233
Shigellosis	**1**	**0**	**10**	**126**	19	22	40
D. Viral Hepatittis							
Hepatitis A	**1**	**0**	**1**	**107**	4	377	113
Hepatitis B: Pregnant Woman	**0**	**2**	**0**	**89**	40	24	14
Hepatitis B, Acute	**3**	**5**	**17**	**165**	103	72	52
Hepatitis C, Acute	**9**	**6**	**34**	**432**	18	82	40
E. Vector Borne/ Zoonoses							
Animal Rabies	**0**	**0**	**0**	**24**	1	2	1
Rabies, possible exposure	**8**	**6**	**49**	**1077**	128	128	130
Chikungunya Fever	**0**	**0**	**0**	**0**	0	0	0
Dengue	**0**	**0**	**0**	**7**	0	3	0
Eastern Equine Encephalitis	**0**	**0**	**0**	**0**	0	0	0
Lyme Disease	**0**	**1**	**0**	**44**	11	22	14
Malaria	**0**	**0**	**0**	**7**	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	**370**	**214**	**1078**	**n/a**	3982	4588	4422
Gonorrhea	**145**	**114**	**634**	**n/a**	1640	1537	1439
Hansen's Disease	**0**	**0**	**0**	**3**	0	0	0
Legionellosis	**1**	**2**	**13**	**251**	35	43	37
Mercury Poisoning	**0**	**0**	**1**	**2**	1	1	1
Syphilis, Total	**33**	**22**	**173**	**n/a**	469	479	438
Syphilis, Primary and Secondary	**16**	**11**	**74**	**n/a**	224	213	190
Syphilis, Early Latent	**14**	**6**	**61**	**n/a**	161	191	158
Syphilis, Congenital	**0**	**0**	**1**	**n/a**	5	6	2
Syphilis, Late Syphilis	**3**	**5**	**37**	**n/a**	89	69	88
Tuberculosis	**2**	**1**	**8**	**n/a**	24	23	33
Vibrio Infections	**2**	**2**	**2**	**37**	12	18	6

*YTD up to April 30, 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.