



Epi Watch

A Monthly Epidemiology Newsletter
Division of Disease Control
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Pinellas County Health Department

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To report diseases or request
information call

(Mon-Fri, 8-5, Area code 727):

Epidemiology	824-6932
Hepatitis Program	824-6932
HIV/AIDS	824-6964
Immunizations	824-6936
STD	824-6911
Tuberculosis	824-6953
Non-business hours	824-6900

*Epi Watch is a monthly newsletter
produced and distributed by the
PinellasCountyHealthDepartment
Epidemiology Program.*

Avian Influenza (H5N1) Testing Guidelines and Procedures

*The following is an excerpt from Epi Update, a weekly publication by the Bureau of Epidemiology, Florida Department of Health. Epi Update can be found at:
www.doh.state.fl.us/disease_ctrl/epi/Epi_Updates/Epi_Weekly/Epi_Update.htm.*

Recently the Bureau of Epidemiology advised physicians and healthcare workers to take careful travel histories of patients presenting with influenza-like illness (ILI). At this time, patients with recent onset of influenza-like illness AND travel history to an affected area where they may have been exposed to poultry or other domestic or wild birds will be tested for avian influenza through the State Laboratory. Approval for testing must be obtained for each patient by the Bureau of Epidemiology, through the local health department, prior to submitting specimens for avian influenza testing. Physicians suspecting avian influenza should contact the Pinellas CHD Epidemiology Program at (727) 824-6932. The following list of questions will be asked prior to approving testing:

- 1) Has the person traveled to South Korea, Vietnam, Japan, Cambodia, Thailand, China, Indonesia and Laos? Please get a specific destination city /province/country and whether it was rural or urban. Did the patient have contact with any wild or domestic animals or chickens or ducks? Did the patient visit poultry farms or slaughterhouses or open markets or farms where birds were raised or sold? Did the patient have contact with any wild birds in a zoo or similar setting?
- 2) What was the purpose of the trip? Business or pleasure? Where did the patient stay; at a hotel or with family or friends?
- 3) How long was the patient there? Get the number of days and if possible dates of travel. Determine the dates of departure from the United States and return to the United States. In relation to travel, when did the patient become ill? How did the patient travel; by air, train, or auto? Did the patient travel in a group, and are others ill?
- 4) Is there influenza-like activity or a confirmed influenza outbreak in the person's home county? If the patient is not a Florida resident, where is the patient's home and is he/she a tourist in Florida? Is the patient part of or linked to a confirmed influenza outbreak?
- 5) In what hospital or emergency room were they admitted and/or seen? Who is the attending physician and has influenza testing been ordered? What type of test? What are the test results? Where was the test performed (in house/sent out)?
- 6) Was the patient immunized for Influenza within the past six months?

Regions with confirmed outbreaks of H5N1 among poultry (as of 2/1/04):

South Korea, Vietnam, Japan, Cambodia, Thailand, China, Indonesia and Laos.

For further information, please call the Epidemiology Program at (727) 824-6932.

In light of the recent events that occurred in Washington D.C. the following information may be used as a reference on ricin poisoning. Ricin is a poison processed from the castor bean and can be ingested, inhaled or injected. Ricin poisoning cannot be spread from person-to-person. Symptoms of ricin poisoning vary based on the route of transmission, but may include: vomiting, fever, nausea, diarrhea and respiratory distress. No antidote is available for ricin poisoning; treatment is supportive with the most important factor being getting ricin off/out of the body. For additional information on ricin visit the CDC website at www.cdc.gov or call the Pinellas CHD at 824-6932.

"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

--Foege WH et al. *Int. J of Epidemiology* 1976; 5:29-37.

Selected Reportable Diseases in Pinellas County

Disease	2004 January	2004 Year-to-Date	2003 Year-to-Date	2003 Total
AIDS	16	16	10	194
Arboviral Illness (Human):				1
Dengue				
Eastern Equine Encephalitis				
St. Louis Encephalitis				
West Nile Virus				
Anthrax				
Botulism				
Campylobacteriosis	2	2	6	47
Chlamydia	131	131	183	2294
Cryptosporidiosis	2	2		3
Cyclosporiasis				
Diphtheria				
<i>E. coli</i> O157:H7				3
Giardiasis	2	2	2	39
Gonorrhea	75	75	105	1290
<i>H. influenzae</i> :				
Meningitis				
Pneumonia				
Primary bacteremia				2
Hepatitis:				
A	1	1	3	18
B	4	4	3	44
C	4	4	1	11
Hepatitis B:				
Perinatal				1
Pregnant woman +HBsAg	3	3	3	36
HIV	20	20	13	286
Legionellosis	1	1	3	16
Listeriosis				3
Lyme Disease	1	1		9
Malaria	1	1		4
Measles				
Meningitis:				
Group B Strep				
<i>Listeria monocytogenes</i>				
<i>S. pneumoniae</i>	1	1		1
Other			1	7
Meningococcal Disease (Meningococcemia & meningitis)	1	1		4
Mumps				
Pertussis	4	4		24
Plague (Bubonic & Pneumonic)				
Rubella				
Salmonellosis	4	4	7	203
Shigellosis			2	46
Smallpox				
<i>Streptococcal</i> Disease, Inv. Group A	1	1		4
<i>S. pneumoniae</i> , Inv. Disease Total	9	9	2	42
<i>S. pneumoniae</i> , Inv. Disease (DR)	5	5	2	28
<i>S. pneumoniae</i> , Inv. Disease (NDR)	4	4		14
Syphilis: Total	4	4	4	125
Infectious (P and S)	1	1	1	48
Early Latent				
Late Latent	1	1	1	39
Late Syphilis (Late Latent & Neurosyphilis)	2	2	2	38
Congenital				
Tuberculosis	3	3	4	54

Provisional cases reported by the Pinellas County Health Department. Blank cells indicate no cases reported.

For a complete list of reportable diseases and guidelines for reporting please visit:

www9.mvflorida.com/disease_ctrl/eni/index.html