



# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

November 2014

## Florida Department of Health in Pinellas County

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*For more information, or to add your e-mail address to the distribution list, please contact the Editor.*

## Disease Reporting

### To report diseases and clusters of illness

*(other than TB/STD/HIV/AIDS)*

Phone: (727) 507-4346

Fax: (727) 507-4347



### For TB, STD or HIV/AIDS Reporting

Phone: (727) 824-6932

### Animal Bite Reporting

Phone: (727) 524-4410  
x7665

## World AIDS Day

December 1, 2014

Pinellas Planning Partnership in collaboration with Help US Help U presents

### World AIDS Day 2014

**Getting to ZERO!**  
 0 New HIV Infections. 0 Discrimination. 0 AIDS Related Deaths

**MONDAY, DECEMBER 1, 2014**  
 WILLIAMS PARK (DOWNTOWN ST PETERSBURG)  
 330 2ND AVENUE NORTH, ST PETERSBURG, FL 33701  
**NOON - 4:00PM**

**FREE Food | Giveaways | Health Screenings**  
**HOST OF LIVE ENTERTAINMENT**

Logos for: The Suncoast, US HEALTHCARE, PAR, Walgreens, Metro, and others.

Since 1988, December 1st has marked the global world calendar as “World AIDS Day.” World AIDS Day is celebrated every year to raise awareness about HIV/AIDS and to demonstrate international solidarity in the face of the pandemic. UNAIDS (the Joint United Nations Program on HIV/AIDS) has elected to keep the theme “**Getting to ZERO! 0 New HIV Infections, 0 Discrimination, 0 AIDS Related Deaths**” until 2015.



The Florida Department of Health in Pinellas County, along with several local organizations, are hosting an event in Downtown St. Petersburg at Williams Park from Noon to 4:00 PM on Monday, December 1, 2014. Participants are offered free food, HIV and hepatitis counseling and testing, and routine health screenings.

## Ebola Virus Disease (EVD): Travelers

The Centers for Disease Control and Prevention (CDC) issued a Warning, Level 3 travel notice for three countries, Guinea, Liberia, and Sierra Leone, and advised U.S. citizens to avoid all nonessential travel to those destinations. All air travelers entering the United States who have been in Guinea, Liberia, or Sierra Leone are being routed through five U.S. airports (New York’s JFK International, Washington-Dulles, Newark, Chicago-O’Hare, and Atlanta) for enhanced entry screening.

Entry screening helps to prevent further spread of Ebola and protect the health of all Americans by identifying travelers who may be sick or exposed to Ebola and by ensuring that these travelers are directed to appropriate care. These inbound travelers receive Check and Report Ebola (CARE) Kits that contain further information about Ebola. This kit includes a health advisory infographic about monitoring for Ebola symptoms for 21 days, pictorial description of symptoms, a thermometer with instructions for how to use it, a symptom log, and a wallet-sized card that reminds travelers to monitor their health and provides information about who to call if they have symptoms. (More information about CARE Kits is available here: <http://www.cdc.gov/media/DPK/2014/Ebola-Care-Kit.html>).



State and local health departments are working with the CDC to identify travelers entering their jurisdictions to ensure monitoring is completed appropriately and the proper public health measures are taken. On October 25, 2014, Florida Governor, Rick Scott, signed an Executive Order mandating twice-daily 21-day health monitoring for people returning from CDC designated Ebola-affected areas.

**At this time, there are no cases or suspected cases of EVD in Florida.** However, planning and preparations are ongoing as the situations in West Africa and the United States evolve.

*If you have questions or concerns, please contact the Epidemiology Program at 727-507-4346. For the most up to date information on the EVD situation and guidance, visit the Centers for Disease Control and Prevention website: <http://www.cdc.gov/vhf/ebola/index.html>.*

# Pre-exposure Prophylaxis (PrEP) for HIV Prevention

By Christian Spears, MSW, MPH



In May 2014, the Centers for Disease Control and Prevention (CDC) and the US Public Health Institute released clinical practice guidelines for the administration of Pre-exposure Prophylaxis, better known as PrEP. When the drug is taken consistently, the treatment along with condoms has proven to be effective in preventing HIV infection in high-risk HIV-negative patients. In 2012, Truvada, a combination of Viread (tenorfovir) and Emtriva (emtricitabine), was the antiretroviral drug approved by the US Food and Administration (FDA) for PrEP.

PrEP was used in several national and international clinical trials that evaluated outcomes among heterosexual women and men, gay and bisexual men, and drug users who had been exposed to HIV through injection drug use or sex. All of the studies demonstrated up to a 92% lower risk of acquiring the HIV infection when medicines were taken once a day consistently and a 3 month test was obtained. The treatment has been recommended by federal guidelines for individuals who are HIV-negative with multiple high-risk sex partners and no reported use of condoms. Post-exposure prophylaxis (PEP) is still available to be taken within 72 hours of a high risk exposure, such as unprotected sex, sexual assault, or needle-sharing during injection drug use.

There were early concerns regarding PrEP, including drug resistance of those who may become infected with HIV, cost, side effects, poor drug adherence, and regimen duration. To address some of these issues, Phase II clinical trials have been initiated for new drugs called long-acting injectable antiretroviral therapy. Once the drugs are injected, they remain effective in the body between 12-28 weeks. This alternative treatment includes 2 injections per year as opposed to a daily pill. Human trials will begin later this year.

HPTN 052 is the most recent study designed to evaluate the effects of immediate or delayed use of antiretroviral therapy by HIV-exposed negative partners. Studies have proved that sexual transmission of HIV was reduced by more than 96% in HIV-serodiscordant couples. However, all but one of the couples involved in the study were heterosexual.

CDC is leading PrEP awareness and delivery efforts by supporting the new recommendations and provider's supplement. Pilot experiments are being physically implemented at four federally qualified health centers to study costs and requirements, as well as, providing program guidance and webinars for state and local health departments. Healthcare providers and other groups also continue to play a significant role in providing PrEP and raising awareness in at-risk communities.

More information regarding PrEP can be found here:

<http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>

Information about the HIV/AIDS Program at the Florida Department of Health in Pinellas County is available

here: <http://pinellas.floridahealth.gov/programs-and-services/infectious-disease-services/hiv-aids/index.html>



## Quick Facts about HIV/AIDS in Florida

- \* 2nd in the nation with newly reported HIV infections
- \* 2nd in the nation with cumulative pediatric AIDS cases
- \* 3rd in the nation with 130,000 persons living with HIV disease
- \* 3rd in the nation with 105,000 persons living with AIDS disease
- \* Pinellas County is ranked 7th in Florida for HIV/AIDS cases

Information collected from: *HIV Disease: United States vs. Florida Report*, FL Department of Health, Bureau of Communicable Disease, HIV/AIDS Section  
[http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/\\_documents/fact-sheet/2013-us-vs-fl.pdf](http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/_documents/fact-sheet/2013-us-vs-fl.pdf)

# Selected Reportable Diseases in Pinellas County

Disease	Pinellas		Year-to-Date		Pinellas County Annual Totals		
	October 2014	Pinellas 2014	Florida 2014	2013	2012	2011	
<b>A. Vaccine Preventable</b>							
Measles							
Mumps			1				
Pertussis		19	664	17	10	10	
Varicella	3	21	486	19	16	21	
<b>B. CNS Diseases &amp; Bacteremias</b>							
Creutzfeldt-Jakob Disease (CJD)			14		2	3	
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	2	102	5	6	7	
Meningococcal Disease			42	1			
<i>S. Pneumoniae, Invasive Disease, Drug Resistant</i>		11	348	24	16	22	
<i>S. Pneumoniae, Invasive Disease, Susceptible</i>		11	365	11	25	11	
<b>C. Enteric Infections</b>							
Campylobacteriosis	11	89	1884	63	59	83	
Cryptosporidiosis	25	229	1677	19	29	19	
Cyclosporiasis			30	5	1	2	
<i>E. coli Shiga Toxin (+)</i>		6	147	7	8	2	
Giardiasis	8	35	1011	34	32	27	
Hemolytic Uremic Syndrome (HUS)			6	1			
Listeriosis			36		5	3	
Salmonellosis	34	178	5052	203	203	225	
Shigellosis	1	19	2049	5	18	93	
<b>D. Viral Hepatitis</b>							
Hepatitis A		2	94	6	4	5	
Hepatitis B: Pregnant Woman +HBsAg	2	21	430	17	16	29	
Hepatitis B, Acute	4	27	345	39	16	10	
Hepatitis C, Acute	1	14	156	17	5	13	
<b>E. Vector Borne, Zoonoses</b>							
Animal Rabies			78			2	
Rabies, possible exposure	14	162	2375	193	201	217	
Chikungunya Fever	3	10	342				
Dengue		1	80	2	3	1	
Eastern Equine Encephalitis			1				
Lyme Disease		4	119	8	6	9	
Malaria		2	44	1	2	1	
St. Louis Encephalitis			2				
West Nile Virus			20				
<b>F. Others</b>							
AIDS**	14	126	n/a	118	130	123	
HIV**	34	239	n/a	187	177	189	
Chlamydia	384	3232	n/a	4141	3812	3863	
Gonorrhea	132	1061	n/a	1424	1029	1034	
Hansen's Disease			6				
Lead Poisoning: Children < 6 years:		5	130	4	2	4	
Legionellosis	3	12	238	10	13	13	
Mercury Poisoning		2	12			2	
Syphilis, Total	14	160	n/a	114	141	132	
Syphilis, Infectious (Primary and Secondary)	7	63	n/a	52	61	66	
Syphilis, Early Latent	3	51	n/a	37	47	35	
Syphilis, Congenital			n/a			1	
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	4	46	n/a	25	33	30	
Tuberculosis	3	21	n/a	30	17	9	
<i>Vibrio Infections</i>	1	8	137	11	10	11	

n/a = not available at this time. Blank cells indicate no cases reported. Reportable diseases include confirmed and probable cases only. All case counts are provisional. Data is collected from the Merlink 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 PRISM is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.

\*\*Current HIV Infection data reflects any case meeting the CDC definition of "HIV infection" which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV. Newly reported HIV infection cases do not imply they are all newly diagnosed cases. CDC case definitions for HIV and AIDS, as of September 2014, were now accepted into the updated version of eHARS. This means that prior to September HIV cases that were not considered "reportable" due to an undetectable HIV viral load can now be reported as an HIV case if Surveillance staff can determine if the patient is being treated on ARVs (antiretrovirals) and, therefore, they have a "clinical diagnosis". This could result in an artificial increase in HIV case reporting in the upcoming months. In addition, children from ages 6-12 years that are diagnosed with HIV can now be reported as "AIDS" with a CD4 absolute count <200, children from 1-5 years old can be diagnosed AIDS with a CD4 test <500 and children <1 years old can be diagnosed