

FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

July 2015

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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 Hepatitis Day 2015 PREVENT HEPATITIS: IT'S UP TO YOU!



Viral hepatitis is entirely preventable. With 400 million people living with hepatitis B and C worldwide, 1.4 million die due to these infections every year and many more become newly infected. Transmission of this virus can be prevented through better awareness and services

that improve vaccinations, blood and injection safety, and reduce harm.

The annual campaign, marked on July 28, aims not only to raise awareness among the general public and infected patients, but also to urgently promote improved access to hepatitis services, particularly prevention interventions, by policymakers.

In Pinellas County, World Hepatitis Day will be observed on July 24. The Florida Department of Health in Pinellas County will be partnering with Walgreens and other community organizations to offer free Hepatitis testing and wellness screenings from 11:00AM to 4:00PM at the Walgreens located at 875 Dr. Martin Luther King Jr. Street North St. Petersburg, Florida 33701.

More information about Hepatitis can be found here: <u>http://www.floridahealth.gov/</u> <u>diseases-and-conditions/hepatitis/index.html</u>

### 2014-2015 Ebola Outbreak in West Africa - Update as of July 14, 2015

Sierra Leone and Guinea continue to report widespread transmission of Ebola Virus Disease (EVD). According to the World Health Organization (WHO) Situation Report from July 8, there were 30 new confirmed cases of Ebola reported in the week ending July 5. While this is the highest weekly total since mid-May, there have been significant improvements in the case investigation and contact tracing along with enhanced incentives to report cases and comply with quarantine, which has decreased the proportion of cases arising from unknown sources of infection.

On June 29, Liberia's heightened surveillance detected a case of Ebola in a 17 year old male who became ill on June 21, died on June 28, and tested positive for Ebola post-mortem. Two contacts of the case have since been confirmed as EVD-positive. While the origin of these cases is still under investigation, they are considered to constitute a separate outbreak from that which was declared over on May 9. As of July 14, Liberia has reported six confirmed cases of Ebola.

Additional information, including case counts and EVD affected areas, can be found here: <u>http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html</u>

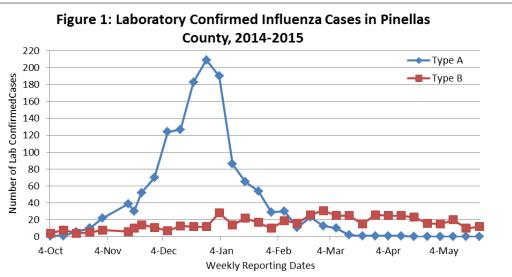
#### 2014-2015 Seasonal Influenza Summary – Pinellas County By Christina Houston

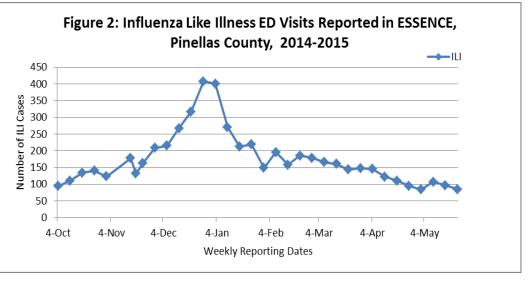
The Florida Department of Health in Pinellas County (DOH-Pinellas) conducts heightened surveillance of influenza and influenza-like-illness (ILI) between September and May of each year. Weekly reports are compiled using data collected from nursing homes and assisted living facilities, sentinel providers, hospitals, school absenteeism rates, and emergency room visits identified through the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE).

During the 2014-2015 influenza season, the most common circulating strain in Florida, as well as the US, was Influenza A (H3), followed by influenza B. In Pinellas County, the highest number of confirmed cases of influenza A was reported between December 2014 and February 2015 (Figure 1). In contrast, influenza B reports remained steady throughout the season.

Data compiled by the Centers for Disease Control and Prevention (CDC) noted this influenza season to be moderately severe with a similar activity seen in the 2012-2013 influenza season. During the flu season, vulnerable populations, such as young children and older adults are particularly at risk for severe illness and death. During the 2014-2015 influenza season, hospitals experienced a high level of fluassociated visits, as well as an increase in hospitalizations for adults aged  $\ge 65$ years. In Florida, three pediatric influenza associated deaths were reported during this influenza season.

Emergency department (ED) visits related to ILI symptoms are monitored daily in ES-SENCE (Figure 2). The number of ILI visits increased at the beginning of November and remained at high levels until mid-February. This corresponds with the peak of the season in January, which is also demonstrated in Figure 1 with confirmed cases of influenza.





While activity is traditionally lower during the summer months, the Epidemiology Program continues to conduct surveillance for influenza and ILI. Out of season activity can identify important changes in circulating viruses or identify novel strains. Monitoring these trends throughout the year assists with determining the burden of disease in the community and detecting outbreaks that may be occurring.

## **Selected Reportable Diseases in Pinellas County**

	Pinellas	YTD Total		Pinellas County Annual Totals		
Disease	June 2015	Pinellas 2015	Florida 2015	2014	2013	2012
A. Vaccine Preventable			L			
Measles			5			
Mumps			6			
Pertussis		4	156	19	17	10
Varicella	2			35	17	16
	2	22	406	35	19	10
B. CNS Diseases & Bacteremias		1	1			
Creutzfeldt-Jakob Disease (CJD)	1	3	17			2
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	3	64	4	5	6
Meningococcal Disease		1	14		1	
C. Enteric Infections			ľ			
Campylobacteriosis	3	52	1085	103	63	59
				240	19	29
Cryptosporidiosis	2	20	286	240	-	
Cyclosporiasis		ļ	1		5	1
E. coli Shiga Toxin (+)			61	6	7	8
Giardiasis	1	16	470	42	34	32
Hemolytic Uremic Syndrome (HUS)			3		1	
			12	010		5
Salmonellosis	18	71	2037	216	203	203 18
Shigellosis D. Viral Hepatitis	18	55	996	21	5	18
Hepatitis A			54	2	6	4
Hepatitis B: Pregnant Woman +HBsAg	3	26	210	21	17	16
Hepatitis B, Acute	2	20	210	44	39	16
Hepatitis C, Acute	 1	13	78	19	17	5
Animal Rabies			36	2		
Rabies, possible exposure	6	62	1644	190	193	201
Chikungunya Fever		2	76	10		
Dengue			16	1	2	3
Eastern Equine Encephalitis						
Lyme Disease			48	5	8	6
Malaria St. Louis Encephalitis	1	1	17	3	1	2
West Nile Virus						
F. Others			I			
AIDS**	9	62	n/a	148	118	130
HIV**	29	167	n/a	263	185	177
Chlamydia	346	2102	n/a	3853	4141	3812
Gonorrhea	131	698	n/a	1295	1424	1029
Hansen's Disease			9			
Lead Poisoning: Children < 6 years:	1	3	57	8	4	2
Legionellosis		5	133	13	10	13
Mercury Poisoning	40	401	9	2		4 4 4
Syphilis, Total Syphilis, Infectious (Primary and Secondary)	16	134	n/a	186 75	114 52	141 61
Syphilis, Early Latent	9 5	81 32	n/a n/a	61	37	47
Syphilis, Congenital	0	1	n/a n/a	01	57	+/
	0			50	05	22
Syphilis, Late Syphilis (Late Latent;Neurosyphilis )	2	20	n/a	50	25	33
Tuberculosis	2	5	n/a	25	30	17
Vibrio Infections	1	4	85	10	11	10

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 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 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. For a more detailed explanation on changes in reporting and changes in trends, please contact the Bureau of HIV/AIDS, Data Analysis Section.