



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

April 2016

Florida Department of Health in Pinellas County

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Division of Disease Control and Health Protection



Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932 Fax: (727) 820-4270 (excluding HIV/AIDS)

To Report HIV/AIDS by mail: Surveillance Room 3-138 205 Dr. MLK Jr St. N St. Petersburg, FL 33701

Animal Bite Reporting: Phone: (727) 524-4410 x7665

April is STD Awareness Month

The Centers for Disease Control and Prevention (CDC) estimates that there are over 20 million new sexually transmitted diseases (STD) reported in the United States each year. According to data collected in 2014, there was a nationwide increase in chlamydia, gonorrhea, and syphilis for the first time since 2006. Unfortunately, youth are disproportionately affected as half of the new infections occur among young men and women. These infections can cause negative long term health effects and threaten an individual's well-being.



Luckily - STDs are preventable! And the CDC is calling on individuals and healthcare providers to *Talk.Test.Treat*.

talk.test.treat.

- Talk openly with your partner(s) and your healthcare provider about sex and STDs.
- **Get tested.** Many STDs have no symptoms, so getting tested is the only way to know for sure if you have an infection.
- Some STDs can be cured with the right medication. Those that aren't curable can be treated.

More information on current trends and statistics can be found on the Florida Department of Health website: http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/index.html and the CDC website: http://www.cdc.gov/std/

Zika Virus & Sexual Transmission

Zika virus is transmitted to people primarily through the bite of an infected Aedes species mosquito (*A. ae-gypti* and *A. albopictus*). Other modes of transmission include infected mother to child, blood transfusion, and through sexual contact.

Zika virus can be spread by an infected man to his sexual partners. In previously reported cases of sexual transmission, all the men had developed symptoms of Zika virus. A review of sexual transmission cases has shown that the virus was in the semen and passed to another individual while the man was symptomatic, prior to symptom onset, and after symptoms have resolved. The virus has been found to be present in semen longer than in the blood; however, how long the virus can remain in the semen is unknown. At this time, it is not known if women can spread Zika virus to sexual partners.

Sexual transmission through both vaginal and anal sex is an emerging mode of Zika virus infection. Only people whose male sex partners live in or have traveled to an area with Zika transmission need to be concerned about getting Zika from sex.

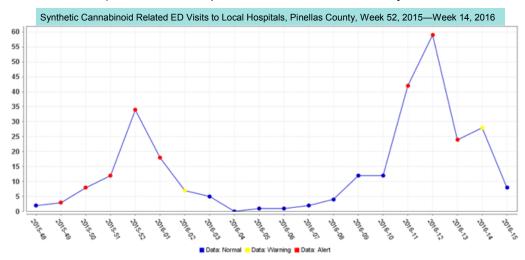
Testing blood or semen is not recommended to determine the risk of sexual transmission of Zika virus. Zika virus testing is recommended for people who may have been exposed to Zika through sex and who have Zika virus symptoms. If a healthcare provider suspects an individual has symptoms of Zika, they should contact their local health department to coordinate testing.

Additional information on Zika and Sexual transmission can be found here: http://www.cdc.gov/zika/transmission/zika/transmissi

Monitoring the Trends: Synthetic Cannabinoids in Pinellas County

By Rachel Janssen Ilic, BSPH

In December of 2015, the Florida Department of Health in Pinellas County (DOH – Pinellas) observed an increase in reports from Emergency Departments (EDs) and physicians regarding patients who appeared to be under the influence of synthetic cannabinoids and experiencing adverse health effects. Symptoms included agitation, altered mental status, loss of consciousness, and seizures, with some patients requiring intubation. Through the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) database, which reports daily ED visits for area hospitals, DOH – Pinellas identified a peak in visits during week 52 (December 27, 2015 – January 2, 2016) with hospitals seeing 34 patients with illness as a result of synthetic cannabinoid use. The chief complaint included a variation of drug names, including "Synthetic Marijuana", "Spice" or "K2". Synthetic cannabinoid related visits declined and remained around one to three visits per week during the beginning of 2016. During week 11 (March 13 – March 19, 2016), Pinellas EDs experienced a 350% increase in synthetic cannabinoid related visits. A total of 161



visits have been identified since week 11.

To the left is an ESSENCE graph of spice related visits from Week 52 (2015) to Week 14 (2016).

DOH – Pinellas is closely monitoring synthetic cannabinoid related ED visits and calls through multiple surveillance databases, including ESSENCE, 911 calls in First Watch, and Poison Control Center Calls.

Since January 1, 2016, the U.S. Poison Control Centers identified 67 spice related calls from people throughout Florida. All states are compared below.¹

Synthetic cannabinoids are a designer drug that attempts to mimic the effects of natural cannabinoids. They are often sold in legal retail shops. usually labeled "not for human consumption". This aids in avoiding the Food and Drug Administration's (FDA) oversight. Synthetic cannabinoids are man-made by applying various chemicals to plants or plant products. Due to minimal regulation, chemicals can vary with each purchase or batch. With the various types of chemicals and substances used to make synthetic cannabinoid products, hospitals generally cannot test for a specific drug. Adverse health outcomes vary and range from Synthetic Cannabinoid Calls to U.S. Poison Centers (1/1/16-3/31/16)

DE Count = 1

NJ Count = 12

PI Count = 1

Source: http://www.aapcc.org/alerts/synthetic-cannabinoids/

increased heart rate to extreme paranoia and violent behavior.2

References:

1 American Association of Poison Control Centers (AAPCC). Synthetic Cannabinoids. https://www.aapcc.org/alerts/synthetic-cannabinoids/. Accessed April 14, 2016. 2 Office of National Drug Control Policy. Synthetic Drugs (aka K2, Spice, Bath Salts, etc.). https://www.whitehouse.gov/ondcp/ondcp-fact-sheets/synthetic-drugs-k2-spice-bath-salts. Accessed April 13, 2016.

Selected Reportable Diseases in Pinellas County

| | Pinellas | | YTD Total | | | Pinellas County Annual Totals | | |
|--|---------------|---------------|------------------|--------------------------------------|--------------|-------------------------------|------|------|
| Disease | March 2016 | March 2015 | Pinellas 2016 | Pinellas 3 YR Avg. (2013-2015) | Florida 2016 | 2015 | 2014 | 2013 |
| A. Vaccine Preventable | | | | | | | | |
| Measles | | | | | | | | |
| Mumps | | | | | 4 | | | |
| Pertussis | | | 3 | 18 | 94 | 17 | 19 | 17 |
| Varicella | 12 | 5 | 45 | 31 | 243 | 38 | 35 | 19 |
| B. CNS Diseases & Bacteremias | | ı | | <u> </u> | | | | |
| Creutzfeldt-Jakob Disease (CJD) | | | | 1 | 2 | 3 | | |
| Meningitis (Bacterial, Cryptococcal, Mycotic) | 1 | | 3 | 5 | 34 | 6 | 4 | 5 |
| Meningococcal Disease | | | | 1 | 5 | 1 | | 1 |
| C. Enteric Infections | | | | | | | | |
| Campylobacteriosis | 8 | 9 | 25 | 90 | 425 | 104 | 103 | 63 |
| Cryptosporidiosis | 3 | 4 | 7 | 103 | 119 | 49 | 240 | 19 |
| Cyclosporiasis | | | | 3 | | 3 | | 5 |
| E. coli Shiga Toxin (+) | | | | 5 | 42 | 2 | 6 | 7 |
| Giardiasis | 3 | 2 | 5 | 35 | 238 | 30 | 42 | 34 |
| Hemolytic Uremic Syndrome (HUS) | | | | 0 | 3 | | | 1 |
| Listeriosis | | | | 1 | 4 | 2 | | |
| Salmonellosis | 6 | 16 | 24 | 205 | 858 | 196 | 216 | 203 |
| Shigellosis | 1 | 7 | 5 | 67 | 157 | 174 | 21 | 5 |
| D. Viral Hepatitis | | ı | | <u> </u> | | | | |
| Hepatitis A | | | 1 | 4 | 24 | 4 | 2 | 6 |
| Hepatitis B: Pregnant Woman +HBsAg | 3 | 11 | 7 | 25 | 105 | 37 | 21 | 17 |
| Hepatitis B, Acute | 5 | 7 | 15 | 47 | 130 | 57 | 44 | 39 |
| Hepatitis C, Acute | 1 | 1 | 10 | 23 | 61 | 32 | 19 | 17 |
| E. VectorBorne/Zoonoses | | | | | | | | |
| Animal Rabies | 1 | | 1 | 1 | 13 | 1 | 2 | |
| Rabies, possible exposure | 14 | 13 | 22 | 166 | 689 | 114 | 190 | 193 |
| Chikungunya Fever | | 1 | | 4 | 6 | 2 | 10 | |
| Dengue | | | | 2 | 29 | 3 | 1 | 2 |
| Eastern Equine Encephalitis | | | | | 1 | | | |
| Lyme Disease | 1 | | 1 | 6 | 26 | 6 | 5 | 8 |
| Malaria | | | | 2 | 9 | 2 | 3 | 1 |
| St. Louis Encephalitis | | | | _ | | | | |
| West Nile Virus | | | | 0 | 1 | 1 | | |
| Zika Virus | | | | | 77 | | | |
| F. Others | | 44 | | 100 | , | 440 | 400 | 444 |
| AIDS** HIV** | 9 | 11 | 29 | 120 | n/a | 118 | 129 | 114 |
| | 32 | 30 | 80 | 193 | n/a | 252 | 171 | 157 |
| Chlamydia | 372 | 309 | 1034 | 4047 | n/a | 4147 | 3853 | 4141 |
| Gonorrhea Hansen's Disease | 131 | 99 | 407 | 1386 | n/a 5 | 1438 | 1295 | 1424 |
| Lead Poisoning: Children < 6 years: | | 1 | 1 | 6 | 29 | 6 | 8 | 4 |
| Legionellosis | 1 | 2 | 4 | 14 | 65 | 18 | 13 | 10 |
| Mercury Poisoning | | _ | | 1 | 5 | 1 | 2 | . 0 |
| Syphilis, Total | 33 | 9 | 92 | 190 | n/a | 283 | 186 | 114 |
| Syphilis, Infectious (Primary and | 18 | 5 | 46 | 93 | n/a | 151 | 75 | 52 |
| Secondary) | | 2 | 38 | 60 | | 83 | 61 | 37 |
| Syphilis, Early Latent | 11 | 2 | 30 | 60 | n/a | | 01 | 31 |
| Syphilis, Congenital Syphilis, Late Syphilis (Late Latent; | | | | 1 | n/a | 3 | | |
| Neurosyphilis) | 4 | 2 | 8 | 42 | n/a | 52 | 50 | 25 |
| Tuberculosis | 3 | | 3 | 23 | n/a | 14 | 25 | 30 |
| Vibrio Infections | | | 1 | 11 | 18 | 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 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 by year of report 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 in Florida. If a case is later identified as being previously diagnosed and reported from another state, the case will no longer be reflected as a Florida case and the data will be adjusted accordingly. Data from the most recent calendar year (2015 or 2016) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida.