



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

March 2016

Florida Department of Health in Pinellas County

205 Dr. Martin Luther King Jr. Street N.
St. Petersburg, FL 33701
(727) 824-6900
www.PinellasHealth.com

Director

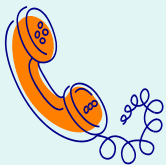
Ulyee Choe, DO
Ulyee.Choeflhealth.gov

Editor

JoAnne Lamb, MPH
joanne.lamb@flhealth.gov

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

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

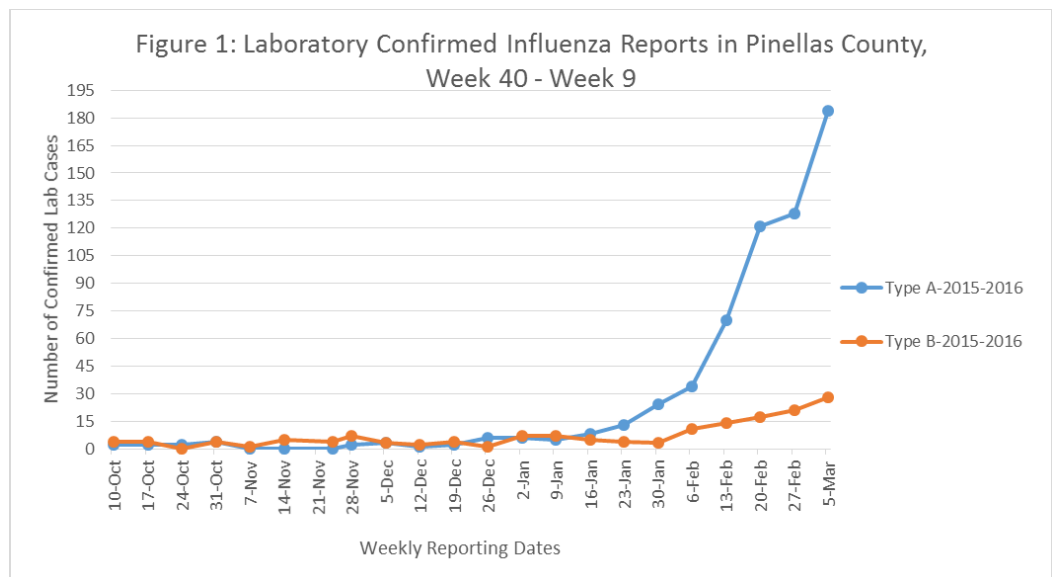
Animal Bite Reporting:
Phone: (727) 524-4410
x7665

2015-2016 Flu Review: Week 40 - Week 9, Pinellas County

The 2015–2016 influenza season is still underway and now at near-peak levels in Florida. The recent increase in influenza activity is also being seen nationally. This trend of late-season activity is different than previous years as influenza activity most commonly peaks in the United States between December and February. Flu seasons vary in their timing, duration and intensity, but it is likely that flu activity will continue for several more weeks.

Influenza activity in Pinellas County remained mild and stable through January 2016 with a recent increase in activity across several surveillance systems in early February. The number of confirmed influenza laboratory reports remained low during weeks 40-2 (October 13, 2015 – January 16, 2016), averaging 6 cases per week, and then steadily increased in week 3 (January 23, 2016). In addition, there continues to be an increase in reported outbreaks in multiple community settings and emergency department (ED) visits for ILI. In Pinellas County, thus far, there have been no influenza-associated pediatric deaths.

In the beginning of the influenza season the strain that was predominating was influenza A (H3). In recent weeks, the predominating circulating influenza subtype has changed to influenza A (H1N1) pdm09. The influenza strains that are circulating this season are similar to the vaccine virus components for this season’s influenza vaccine. According to the Centers for Disease Control and Prevention (CDC), the influenza vaccine has a 60% effective rate against the strains that are now circulating.



The CDC continues to recommend vaccination. Becoming protected during the season is better than no protection at all regardless of how far this year’s influenza season has progressed.

For current information on influenza, please visit:
The Florida Department of Health
<http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html>
The Centers for Disease Control and Prevention: <http://www.cdc.gov/flu/index.htm>

Increase in Tampon-associated Toxic Shock Syndrome (TSS) Cases, Michigan - 2016

The Michigan Department of Health and Human Services (MDHHS) and Centers for Disease Control and Prevention (CDC) are investigating a cluster of apparent tampon-associated Toxic Shock Syndrome (TSS) among young women. Since December 2015, five tampon-associated TSS cases have been reported in Michigan. These cases confirm a statewide increase. According to the MDHSS, the previous ten years averaged less than four cases reported annually.

The reported cases have occurred in four different local health jurisdictions. To date, the only commonalities found between these cases have involved product selection. Four out of five cases were using super absorbency tampons and four out of five were using the Playtex Sport brand. One case was using U by Kotex.

TSS is a serious, but rare clinical syndrome typically caused by bacterial infection due to *Staphylococcus aureus* or *Streptococcus pyogenes*. Illness progresses quickly. Symptoms include: sudden fever, vomiting, diarrhea, dizziness, muscle aches, low blood pressure, sunburn-like rash, and shock with multi-organ dysfunction. The case fatality rate is reported as four percent nationally.

Although individual TSS cases are not reportable in Florida, county health departments that become aware of TSS cases will conduct an investigation to ensure that product history (including package bar codes) has been collected and positive clinical cultures are retained for possible molecular characterization.

Invasive *Elizabethkingia Anophelis* Infections, Wisconsin - 2016

The Wisconsin Division of Public Health and Centers for Disease Control and Prevention (CDC) are currently investigating a cluster of bloodstream infections caused by the bacteria *Elizabethkingia*. On January 5, 2016, the Wisconsin Division of Public Health notified CDC of 6 cases of *Elizabethkingia meningoseptica* bloodstream infections among patients in 3 healthcare facilities in Southeastern Wisconsin. Additional cases have been reported and reference testing on available isolates at CDC identified the bacteria as *E. anophelis*, which cannot be distinguished from *E. meningoseptica* by conventional laboratory testing. From November 1, 2015 through March 9, 2016, 48 cases of invasive infection have been reported. While the majority of case-patients presented from home with their infection (i.e., community onset) many had some exposure to a healthcare setting (e.g., outpatient clinic visits).

Elizabethkingia are opportunistic pathogens that often cause illness among immune compromised individuals or patients with underlying medical conditions, and are associated with high mortality. Therefore, early detection and treatment with an effective antibiotic regimen is important to increase the probability of good outcomes. Health care facility staff should follow standard precautions when caring for patients with *E. anophelis* infections.

In Florida, *Elizabethkingia* species are sporadically reported as the cause of bacterial meningitis. Other invasive infections would not normally be reported to the Department of Health. To assist with identifying any unusual trends, we are working with local laboratory partners to ensure reporting of any isolation of *Elizabethkingia* from any sterile site specimen (blood, cerebral spinal fluid, synovial fluid, pleural fluid or other sterile site).

More information on the current outbreak in Wisconsin can be found here: <https://www.dhs.wisconsin.gov/disease/elizabethkingia.htm>

Selected Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total			Pinellas County Annual Totals		
	February 2016	February 2015	Pinellas 2016	Pinellas 3 YR Avg. (2013-2015)	Florida 2016	2015	2014	2013
A. Vaccine Preventable								
Measles								
Mumps								
Pertussis	2	1	3	18	68	17	19	17
Varicella	23	2	33	31	181	38	35	19
B. CNS Diseases & Bacteremias								
Creutzfeldt-Jakob Disease (CJD)		1		1	1	3		
Meningitis (Bacterial, Cryptococcal, Mycotic)			2	5	26	6	4	5
Meningococcal Disease		1		1	2	1		1
C. Enteric Infections								
Campylobacteriosis	14	13	17	90	296	104	103	63
Cryptosporidiosis	1	5	4	103	84	49	240	19
Cyclosporiasis				3		3		5
<i>E. coli</i> Shiga Toxin (+)		1		5	28	2	6	7
Giardiasis		4	2	35	149	30	42	34
Hemolytic Uremic Syndrome (HUS)				0	2			1
Listeriosis				1	2	2		
Salmonellosis	12	7	18	205	596	196	216	203
Shigellosis	3	2	4	67	119	174	21	5
D. Viral Hepatitis								
Hepatitis A			1	4	18	4	2	6
Hepatitis B: Pregnant Woman +HBsAg			4	25	66	37	21	17
Hepatitis B, Acute	7	4	10	47	92	57	44	39
Hepatitis C, Acute	7	4	9	23	48	32	19	17
E. VectorBorne/Zoonoses								
Animal Rabies				1	7	1	2	
Rabies, possible exposure	4	15	8	166	421	114	190	193
Chikungunya Fever	1		1	4	5	2	10	
Dengue				2	19	3	1	2
Eastern Equine Encephalitis								
Lyme Disease				6	15	6	5	8
Malaria				2	5	2	3	1
St. Louis Encephalitis								
West Nile Virus				0	1	1		
Zika Virus					44			
F. Others								
AIDS**	8	8	20	129	n/a	120	148	118
HIV**	26	28	49	234	n/a	253	263	185
Chlamydia	328	317	718	4047	n/a	4147	3853	4141
Gonorrhea	139	100	289	1386	n/a	1438	1295	1424
Hansen's Disease					5			
Lead Poisoning: Children < 6 years:	1	1	1	6	27	6	8	4
Legionellosis	1	1	3	14	40	18	13	10
Mercury Poisoning				1	4	1	2	
Syphilis, Total	27	19	55	190	n/a	283	186	114
Syphilis, Infectious (Primary and Secondary)	14	15	25	93	n/a	151	75	52
Syphilis, Early Latent	10	3	26	60	n/a	83	61	37
Syphilis, Congenital				1	n/a	3		
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	3	1	4	42	n/a	52	50	25
Tuberculosis	1		1	23	n/a	14	25	30
<i>Vibrio</i> Infections	1		1	11	13	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.