



# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

May 2017

## Declaration of Public Health Emergency: Opioid Epidemic

On May 3, 2017, following the Centers for Disease Control and Prevention (CDC) declaring a national opioid epidemic, Governor Rick Scott signed Executive Order 17-146 directing a Public Health Emergency across Florida. The order will allow the state to draw down more than \$27 million in federal grant funding from the US Department of Health and Human Services (HHS), Opioid State Targeted Response Grant which was awarded to Florida on April 21. The grant will fund community prevention, treatment and support services. Simultaneously, Dr. Celeste Philip will issue a standing order for Naloxone, to ensure first responders have immediate access to emergency treatment for opioid overdoses.



The complete executive order can be found here: <http://www.flgov.com/wp-content/uploads/2017/05/17146.pdf>  
Additional information regarding the opioid epidemic in in the US can be found on the CDC website: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

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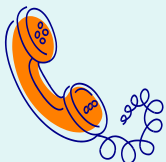
### Division of Disease Control and Health Protection

#### 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

#### Possible Rabies Exposure/

Animal Bite Reports:

Phone: (727) 524-4410 x7665

## Zika Virus Update

On May 5, 2017, an official CDC Health Advisory was distributed, *Prolonged IgM Antibody Response in People Infected with Zika Virus: Implications for Interpreting Serologic Testing Results for Pregnant Women*. The report emphasized that emerging epidemiologic and laboratory data indicate that Zika virus IgM can persist beyond 12 weeks in some infected people; therefore, detection of IgM may not always indicate a recent infection. Careful interpretation should be given during the clinical management of pregnant women with a history of living in or traveling to areas with Zika virus transmission.

#### Recommendations:

For asymptomatic pregnant women with a history of living in or traveling to areas with Zika virus transmission, Zika virus nucleic acid test (NAT) testing at least once per trimester is recommended, in addition to IgM testing as previously recommended. If positive, this may provide a more definitive diagnosis of recent Zika infection.

For asymptomatic pregnant women with possible Zika virus exposure before conception, (particularly women who lived in or traveled to areas with posted CDC Zika Travel Notices, CDC recommends that healthcare providers take these steps:

- 1) Screen pregnant women for risk of Zika exposure and symptoms of Zika. Promptly test pregnant women with NAT if they become symptomatic during their pregnancy or if a sexual partner tests positive for Zika virus infection.
- 2) Conduct NAT testing at least once per trimester, unless a previous test has been positive.
- 3) Consider NAT testing of amniocentesis specimens if amniocentesis is performed for other reasons.
- 4) Counsel pregnant women each trimester on the limitations of IgM and NAT testing.
- 5) Consider IgM testing to determine baseline Zika virus IgM levels as part of preconception Counseling.

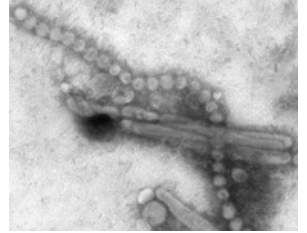
For the complete HAN and recommendations, see: <https://emergency.cdc.gov/han/>

In 2017, the Florida Department of Health has reported 44 travel-related cases of Zika. Currently, there are no areas with ongoing, active Zika transmission; however, isolated cases with no travel have been identified in South Florida. While Zika virus testing is available commercially, suspect Zika virus infections are to be reported to your local county health department immediately 24/7 by phone upon initial suspicion or laboratory test order. This ensures implementation of proper control measures and mosquito abatement activities. More information regarding Zika virus and testing can be found here: [http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html?utm\\_source=flhealthIndex](http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html?utm_source=flhealthIndex)

# Avian Influenza A (H7N9) Virus in China

By Simi Aduayi, MPH

Avian influenza is a virus that primarily affects poultry, but also has the potential to infect humans and cause disease. There are many strains of avian influenza, all of which are categorized by their level of pathogenicity. Influenza A H7N9 is a low pathogenic strain of avian influenza that causes fever and cough, with the potential to progress to severe illness including pneumonia, septic shock, and even death<sup>1</sup>. H7N9 infection has been most commonly associated with infected poultry and their feces or potentially contaminated environments, such as poultry markets<sup>2,3</sup>. Countries like China, where birds play a vital role in society, are at increased risk of human exposures.



China has been experiencing many sporadic human infections of H7N9 due to exposure to infected poultry. The country reported the first human H7N9 cases in March 2013 and is currently experiencing its fifth epidemic of sporadic infections<sup>2</sup>. The World Health Organization reported 641 human cases during China's most recent epidemic, bringing the total of laboratory-confirmed cases to 1,439 worldwide<sup>2</sup>.

Currently, H7N9 poses a low risk to the public's health; however, the pandemic potential is concerning<sup>2</sup>. Rare instances of limited person-to-person spread of this virus have been identified in China, but there is no evidence of sustained person-to-person spread<sup>2</sup>. While there is not a vaccine against the H7N9 virus, the Centers for Disease Control and Prevention (CDC) has initiated the development of candidate vaccine viruses should the need arise. Multiple prevention and control measures have also been implemented, including temporary closure of live-poultry markets as well as disinfection protocols<sup>4</sup>. CDC does not recommend that people delay or cancel their trips to China. Instead, the agency advises that travelers practice proper precautions including: avoid touching birds, wash hands frequently and avoid eating any raw or undercooked poultry<sup>2</sup>. A copy of this guidance can be found at <https://wwwnc.cdc.gov/travel/notices/watch/avian-flu-h7n9>. For detailed information on recommendations for novel influenza A virus surveillance, testing and investigation please visit <https://www.cdc.gov/flu/avianflu/severe-potential.htm>.

<sup>1</sup>Chinese Center for Disease Control and Prevention. (April 18, 2013). Frequently Asked Questions on human infection with avian influenza A (H7N9) virus, China. Retrieved from: [http://www.chinacdc.cn/en/research\\_5311/FAQ/201304/t20130418\\_80053.html](http://www.chinacdc.cn/en/research_5311/FAQ/201304/t20130418_80053.html)

<sup>2</sup>U.S Centers for Disease Control and Prevention. (2017, May 9). Asian Lineage Avian Influenza A (H7N9) Virus. Retrieved from: <https://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

<sup>3</sup>The World Health Organization. (2017). Avian influenza A (H7N9) Virus. Retrieved from : [http://www.who.int/influenza/human\\_animal\\_interface/influenza\\_h7n9/en/](http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/)

<sup>4</sup>U.S Centers for Disease Control and Prevention. (2016, December 15). MMWR: Assessing Change in Avian Influenza A (H7N9) Virus Infections During the Fourth Epidemic-China, September 2015-August 2016. Retrieved from: [https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a2.htm?s\\_cid=mm6549a2\\_w#suggestedcitation](https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a2.htm?s_cid=mm6549a2_w#suggestedcitation)

## National Hepatitis Testing Day—May 19

The month of May is Hepatitis Awareness Month and on May 19, the United States observes National Hepatitis Testing Day. Hepatitis Testing Day is a public health initiative to educate the public and health care providers about hepatitis and the importance of knowing your status.

On May 19, the Florida Department of Health in Pinellas County (DOH-Pinellas) will offer hepatitis education and screening at no-cost on a first-come, first-served basis from 8am – 12pm at the following locations:

- St. Petersburg Center: 205 Dr. M. L. King St. N., St. Petersburg, FL 33701
- Clearwater Center: 310 N. Myrtle Ave., Clearwater, FL 33755

### Know Your Status!

3 in 4 people born between 1945 - 1965 have Hepatitis C.

About 8 in 10 people who become infected with Hepatitis C develop a lifelong infection.

Hepatitis C is a leading cause liver cancer and the leading cause of liver transplants.

**To learn more about viral hepatitis, please visit the Florida Department of Health website: <http://www.floridahealth.gov/diseases-and-conditions/hepatitis/index.html>**



# Selected Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	April 2017	April 2016	Pinellas 2017	Florida 2017	2016	2015	2014
<b>A. Vaccine Preventable</b>							
Measles	0	0	0	3	0	0	0
Mumps	0	0	1	8	0	0	0
Pertussis	6	4	20	120	18	17	19
Varicella	2	3	10	259	74	38	35
<b>B. CNS Diseases &amp; Bacteremias</b>							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	10	2	3	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	0	4	34	7	6	4
Meningococcal Disease	0	0	0	10	0	1	0
<b>C. Enteric Infections</b>							
Campylobacteriosis	14	12	56	1181	146	104	103
Cryptosporidiosis	2	0	6	122	27	49	240
Cyclosporiasis	0	0	0	0	5	3	0
<i>E. coli Shiga Toxin (+)</i>	0	0	1	50	3	2	6
Giardiasis	5	4	20	348	41	30	42
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0
Listeriosis	0	0	0	16	2	2	0
Salmonellosis	5	11	39	1195	188	196	216
Shigellosis	2	2	7	300	19	174	21
<b>D. Viral Hepatitis</b>							
Hepatitis A	0	0	0	70	2	4	2
Hepatitis B: Pregnant Woman +HBsAg	3	1	12	158	28	37	21
Hepatitis B, Acute	3	5	15	212	68	57	44
Hepatitis C, Acute	1	5	8	99	49	32	19
<b>E. VectorBorne/Zoonoses</b>							
Animal Rabies	0	1	3	45	4	1	2
Rabies, possible exposure	5	15	43	1000	131	114	190
Chikungunya Fever	0	1	0	1	1	2	10
Dengue	0	1	0	11	2	3	1
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	2	1	5	60	11	6	5
Malaria	0	0	0	13	0	2	3
West Nile Virus	0	0	0	1	1	1	0
Zika Virus	0	0	0	142	23	0	0
<b>F. Others</b>							
Chlamydia	319	375	1493	n/a	4086	4168	3853
Gonorrhea	88	102	485	n/a	1562	1439	1295
Hansen's Disease	0	0	0	6	0	0	0
Lead Poisoning	3	1	8	198	32	40	62
Legionellosis	0	1	4	98	19	18	13
Mercury Poisoning	0	0	0	14	0	1	2
Syphilis, Total	22	24	99	n/a	400	289	186
Syphilis, Infectious (Primary and Secondary)	11	15	53	n/a	188	151	75
Syphilis, Early Latent	5	7	25	n/a	146	83	61
Syphilis, Congenital	0	0	1	n/a	2	3	0
Syphilis, Late Syphilis (Late Latent; Neurosyphilis )	6	2	20	n/a	64	52	50
Tuberculosis	3	2	4	n/a	31	14	25
Vibrio Infections	0	0	2	67	8	11	10

n/a = not available at this time. 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.

\* Florida tracks cases of HIV/AIDS. For the most up to date data, please visit: <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>