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Availability of Intravenous Artesunate for Treatment of Severe Malaria in the United States

There are approximately 300 cases of severe malaria in the United States each year, most of them acquired from travel to countries with malaria. Severe malaria should be treated with intravenous (IV) antimalarial medications. The only U.S. Food and Drug Administration (FDA)-approved IV antimalarial in the United States, IV quinidine, has been discontinued, and will no longer be available beginning April 1, 2019. When IV quinidine is no longer available, CDC will make IV artesunate available for the treatment of severe malaria.

IV artesunate is the first-line, WHO-recommended treatment for severe malaria but is neither FDA-approved nor commercially available in the United States. It is unknown when IV artesunate will be FDA approved, as the approval process requires a drug company to submit a new drug application to FDA. The Walter Reed Army Institute of Research (WRAIR) and the U.S. Army Medical Materiel Development Activity have worked together to develop IV artesunate for the United States.

Since 2007, CDC has made IV artesunate, supplied by the U.S. Army Medical Research and Materiel Command (USAMRMC), available under an expanded access investigational new drug (IND) protocol in cases where quinidine is not available, not tolerated, or not working. With the discontinuation of IV quinidine, IV artesunate will become the first-line drug for treatment of severe malaria in the United States. To address this increased demand, CDC has imported additional IV artesunate for distribution under an IND protocol. CDC and USAMRMC are working to ensure the availability of IV artesunate for all cases of severe malaria in the United States.

Starting on April 1, 2019, clinicians treating patients with severe malaria should call CDC to obtain IV artesunate. The CDC Malaria Hotline (770-488-7788) is available Monday–Friday, 9am–5pm, Eastern time. Outside these hours, providers should call 770-488-7100 and ask to speak with a CDC Malaria Branch expert.

IV artesunate will be prepositioned throughout the United States and sent free of charge to the major airport closest to the requesting hospital. We anticipate that hospitals can expect timely delivery of IV artesunate, but delivery times will vary depending on the requesting hospital's proximity to one of the storage sites. Since severe malaria can progress rapidly, CDC has guidance on interim treatment while waiting for IV artesunate to arrive.

Source: [CDC](#)

Florida Department of Health Pasco County

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New Port Richey, FL 34654
(727) 861-5260
www.pasco.floridahealth.gov

Administrator:
Mike Napier, MS

Epidemiology Manager:
Garik Nicholson, MPH, CIC

Office Hours:
Mon-Fri 8am–5pm

To report a disease, disease outbreak or request information call:

Epidemiology: (352) 521-1450, Option 2
Confidential fax: (352) 521-1435

TB: (727) 861-5260, ext. 0253
Confidential fax: (727) 861-4844

Environmental: (813) 558-5173

Animal Control (report animal bites): (727) 834-3216
Fax: (813) 929-1218

STD/HIV: (727) 484-3655 (W. Pasco) or (352) 834-6150 (E. Pasco)

HIV (testing): (727) 619-0260 (W. Pasco) or (352) 834-6146 (E. Pasco)

After Hours:
Pager (727) 257-1177
Answering Service (866) 568-0119

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Influenza Update

In week 9, ILI activity decreased statewide and was similar to peak levels observed during the 2016-17 season.

Regional differences were observed, with activity remaining highest in the panhandle. For more information on regional trends, see page 8.

Most counties continued to report mild influenza activity in week 9. In week 9, 17 counties reported moderate influenza activity.

In week 9, 13 outbreaks of influenza or ILI were reported (up from 10 outbreaks in week 8). Most of these outbreaks (77%) were reported in facilities serving children. A total of 165 influenza or ILI outbreaks have been reported so far this season.

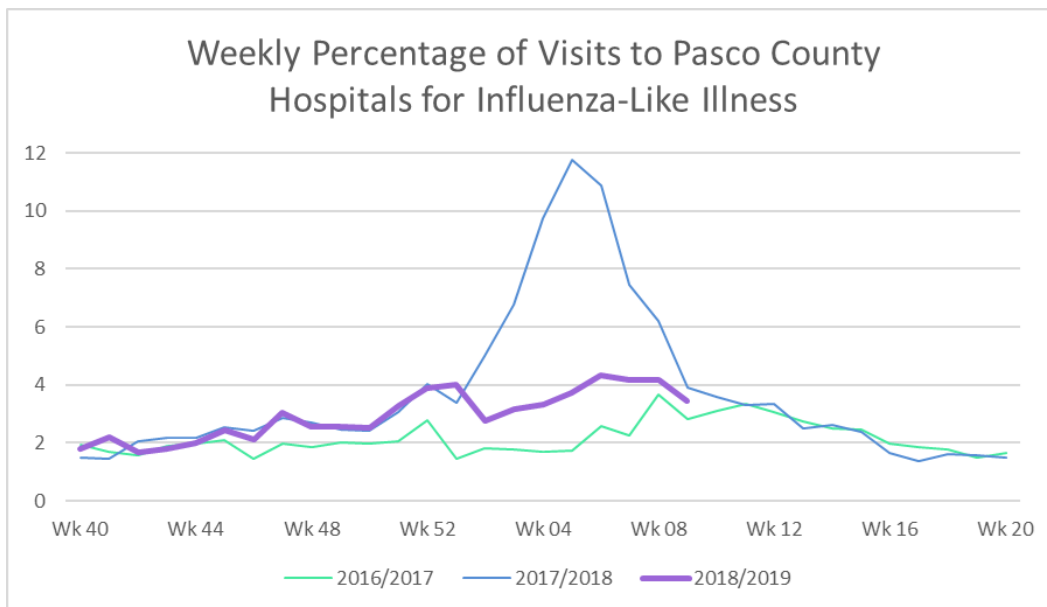
No new influenza-associated pediatric deaths were reported in week 9. Three influenza-associated pediatric deaths have been reported so far this season, all in unvaccinated children. Influenza vaccination can be life-saving in children. For more information, see page 10.

An increase in influenza A (H3) activity has been observed in recent weeks. Both influenza A 2009 (H1N1) and influenza A (H3) viruses have co-circulated throughout the season in Florida. Mid-season changes in predominantly circulating strain have been observed in past seasons in Florida. This trend will continue to be monitored closely.

It's not too late to get your flu vaccine. People who have not yet been vaccinated for the 2018-19 season should do so as soon as possible. Influenza vaccines are safe and are the best way to protect yourself and your loved ones from influenza and its potentially severe complications. The Centers for Disease Control and Prevention continue to recommend influenza vaccination now and as long as influenza viruses are circulating.

In addition to getting vaccinated, the Florida Department of Health also recommends you take everyday precautions to prevent the spread of influenza and other respiratory viruses:

- Wash your hands often with soap and water (if soap is not available, use an alcohol-based sanitizer).
- Avoid touching your eyes, nose, and mouth.
- If you do get sick, stay home until fever-free for at least 24 hours (without the use of fever-reducing medication).



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Florida Arbovirus Surveillance

WNV activity: No human cases of WNV infection were reported this week. No horses with WNV infection were reported this week. One sentinel chicken tested positive for antibodies to WNV this week in Manatee County. In 2019, ten sentinel chickens have been reported from six counties.

SLEV activity: No human cases of SLEV infection were reported this week. No sentinel chickens tested positive for antibodies to SLEV this week. In 2019, no positive samples have been reported.

EEEV activity: No human cases of EEEV infection were reported this week. No horses with EEEV infection were reported this week. No sentinel chicken tested positive for antibodies to EEEV this week. In 2019, three sentinel chickens have been reported from one county.

International Travel-Associated Dengue Fever Cases: No cases of dengue fever were reported this week in persons that had international travel. In 2019, 16 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: No cases of locally acquired dengue fever were reported this week. In 2019, no cases of locally acquired dengue fever have been reported.

International Travel-Associated Chikungunya Fever Cases: No cases of chikungunya fever were reported this week in persons that had international travel. In 2019, one travel-associated case has been reported.

Chikungunya Fever Cases Acquired in Florida: No cases of locally acquired chikungunya fever were reported this week. In 2019, no cases of locally acquired chikungunya fever have been reported.

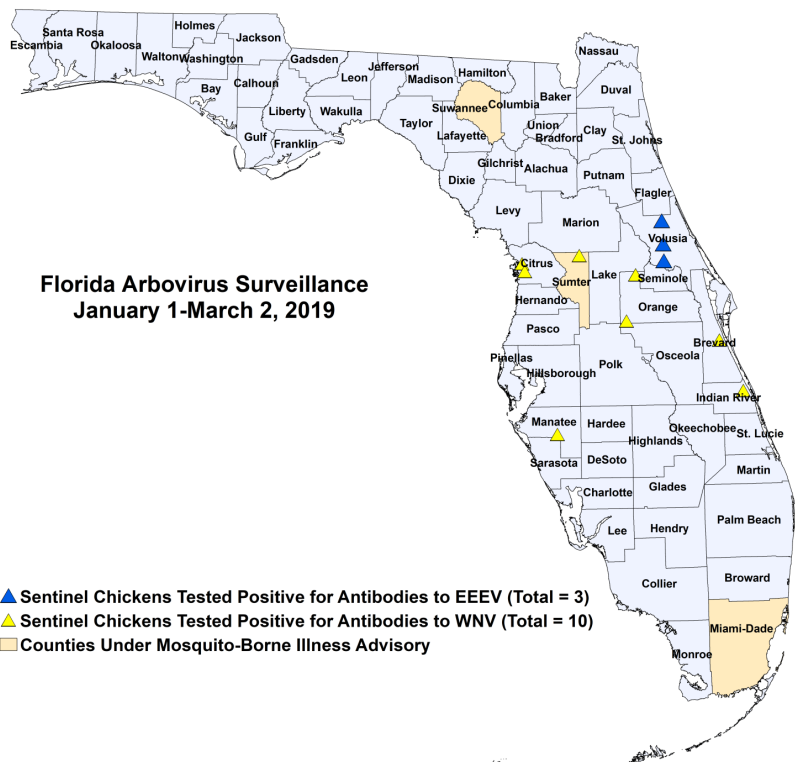
International Travel-Associated Zika Fever Cases: Three cases of Zika fever was reported this week in persons that had international travel. In 2019, five travel-associated cases have been reported.

Zika Fever Cases Acquired in Florida: No cases of locally acquired Zika fever were reported this week. In 2019, no cases of locally acquired Zika fever have been reported.

Advisories/Alerts: Miami-Dade, Sumter, and Suwannee counties are currently under a mosquito-borne illness advisory. No other counties are currently under mosquito-borne illness advisory or alert.

There are no areas of ongoing, active Zika transmission in Florida. For additional information on current CDC recommendations, please visit www.cdc.gov/zika/intheus/florida-update.html. For additional information on Zika virus cases from 2016–2018, including up-to-date numbers, please visit <https://zikafreefl.org/>.

There is a Level 2 (Alert) Travel Health Notice from the CDC for multiple countries in Africa, the Caribbean, Central and South America, India, Southeast Asia, and Pacific Islands related to Zika virus transmission and an association with poor pregnancy outcomes. Pregnant women should consider postponing travel to these areas. There is a Level 1 (Watch) Travel Health Notice in Senegal related to dengue virus transmission. There are also Level 2 Travel Health Notices for Brazil and Nigeria related to the transmission of yellow fever virus. Additional information on travel health notices can be found at the following link: wwwnc.cdc.gov/travel/notices. For a map of arboviral disease activity in the United States, please visit the following link: www.cdc.gov/arbonet/maps/ADB_Diseases_Map/index.html.



Epidemiology Disease Summary	February		YTD	
	2019	2018	2019	2018
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)	-	-	-	-
Haemophilus influenzae	-	-	-	1
Legionellosis	1	-	3	-
Meningitis, Bacterial or Mycotic	-	-	-	-
Meningococcal Disease	-	-	-	-
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	-	-
Strep pneumoniae Invasive Disease, Drug-Resistant	-	-	-	1
Strep pneumoniae Invasive Disease, Drug-Susceptible	2	-	3	1
Enteric Infections				
Campylobacteriosis	9	5	22	16
Cholera (Vibrio cholerae Type O1)	-	-	-	-
Cryptosporidiosis	-	1	2	2
Cyclosporiasis	-	-	-	-
Escherichia coli Shiga Toxin-Producing (STEC)	1	4	2	5
Giardiasis	-	-	2	2
Hemolytic Uremic Syndrome (HUS)	-	-	-	-
Listeriosis	-	-	-	-
Salmonella Typhi Infection	-	-	-	2
Salmonellosis	7	9	18	14
Shigellosis	1	1	1	2
Vaccine Preventable Diseases				
Measles	-	-	-	-
Mumps	-	-	-	1
Pertussis	2	-	3	-
Varicella	-	1	4	2
Vector Borne, Zoonoses				
Babesiosis	-	-	-	-
Brucellosis	-	-	-	-
Chikungunya Fever	-	-	-	-
Eastern Equine Encephalitis Neuroinvasive Disease	-	-	-	-
Ehrlichiosis/Anaplasmosis	-	-	-	-
Herpes B Virus, Possible Exposure	-	-	-	-
Lyme Disease	-	1	-	1
Malaria	1	-	1	-
Rabies, Animal	-	-	-	-
Rabies, Possible Exposure	18	16	36	30
Rocky Mountain Spotted Fever and Rickettsiosis	-	-	-	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	-	-	-
Viral Hepatitis				
Hepatitis A	57	5	87	6
Hepatitis B, Acute	8	5	16	8
Hepatitis B, Chronic	9	8	28	16
Hepatitis B, Perinatal	-	-	-	-
Hepatitis B, Pregnant Women	3	-	3	1
Hepatitis C, Acute	3	1	3	4
Hepatitis C, Chronic	78	92	139	166
Hepatitis C, Perinatal	-	1	-	1
Hepatitis D	-	-	-	1
Other				
Carbon Monoxide Poisoning	1	-	4	1
Hansen's Disease (Leprosy)	-	-	-	-
Influenza-Associated Pediatric Mortality	1	-	1	-
Lead Poisoning	2	5	8	11
Mercury Poisoning	-	-	-	-
Pesticide-Related Illness and Injury	-	-	-	-
Scombroid Poisoning	-	-	-	-
Virbiosis	-	-	1	-
Total	204	155	387	295

STD Morbidity Statistics

- 115 Chlamydia cases worked
- 33 Gonorrhea cases worked
- 6 Syphilis cases worked
- 2 HIV cases worked

At the time of delivery your doctor should carefully examine you for symptoms. If you have herpes symptoms at delivery, a 'C-section' is usually performed.

HIV Outreach Statistics

- 87 individuals were tested for HIV
- 59 rapid Hepatitis tests performed



Jail Linkage Statistics

- 51 rapid HIV tests performed (0 positive)
- 27 Hepatitis tests performed (5 positive)
- 51 individuals were HIV post-test counseled

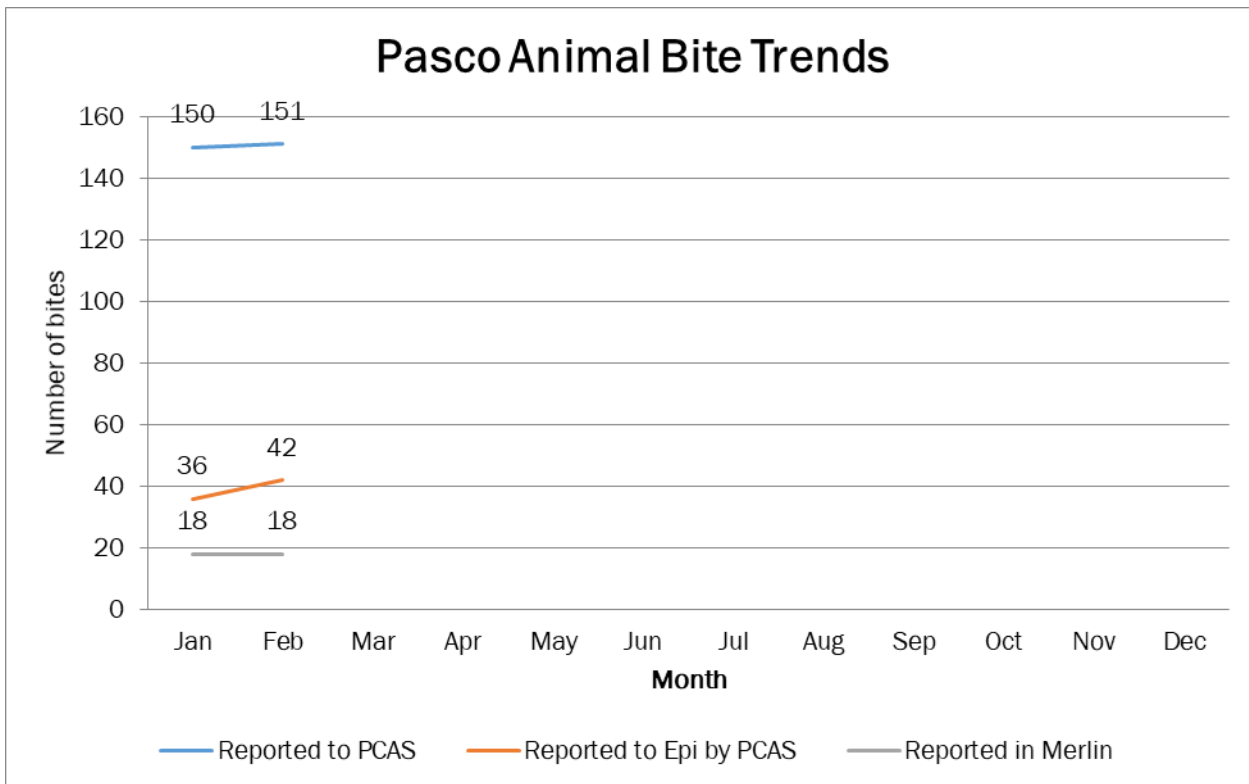
Tuberculosis & Refugee Health Statistics

- 4 TB cases worked
- 4 Suspect cases worked
- 10 LTBI cases worked
- 3 new refugees
- 1 Follow up immunization visits



Animal Bites

- Pasco County Animal Services (PCAS) received 151 animal bites in February
- PCAS reported 42 of 151 (28%) cases to PCHD for follow-up
- 18 of 42 (43%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 7 animal specimens for rabies testing (0 positive)



Reported to PCAS = Animal exposures reported to PCAS by community or Epi.

Reported to Epi by PCAS = Exposures that require Epi’s attention due to the severity of bite, type of animal, inability to locate animal, victim and/or owner and need for rabies prophylaxis.

Reported in Merlin = Involves situations where the animal or person could not be located or exposure victim either accepts or declines rabies vaccinations.





Florida Department of Health Pasco County



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Staff News and Upcoming Events

Free Hepatitis A and Hepatitis B vaccines to high risk groups

The Florida Department of Health-Pasco County is offering free hepatitis vaccines to those in high risk groups such as recreational drug users, those experiencing homelessness, and those with direct contact with others who have hepatitis A. For more information call Denise at 813-364-5812.

Free Test Fridays

The Florida Department of Health-Pasco County is offering Free Test Fridays. For more information, contact Rob at 727-619-0260.

Pasco Public Defender Mobile Medical Unit

The Florida Department of Health-Pasco County is partnering with the Pasco Public Defender Mobile Medical Unit to provide free rapid HIV and Hepatitis C testing. The Mobile Medical Unit offers free basic medical care for uninsured, free health screenings for all ages, and free flu shots. No appointment is needed. For more information, please call 352-521-1450, option 1 or visit their website, where you can also find a calendar with all of their stops for the month.

Resources

Florida Health Alert Network

Everbridge is a public health notification system that allows us to disseminate pertinent public health information regarding outbreaks or disease trends more efficiently. Everbridge provides users with a wide range of methods to receive information on a variety of communication devices. To register, please visit <https://www.surveymonkey.com/r/SD3R5ON>

Hepatitis C Consultation Service

The Clinician Consultation Center (CCC) provides no-cost, up-to-date, expert clinical advice to support clinicians managing patients with hepatitis C (HCV) and co-morbidities such as HIV co-infection or substance use disorder. Advice provided is based on federal treatment guidelines, current medical literature, and clinical best practices. Consultation topics include: HCV transmission & prevention, HCV screening & diagnostic testing, HCV staging & monitoring, regimen selection & dosing, drug interactions, HIV/HCV management strategies, prior HCV treatment failure, ESRD/chronic kidney disease, HCV in pregnancy, and management of clinical problems— including cirrhosis and anemia.

Call for a Phone Consultation

(844) HEP-INFO or (844) 437-4636
Monday-Friday, 9 a.m.—8 p.m. EST

Submit a Case for Consultation Online

For non-urgent HCV management consultation
nccc.ucsf.edu

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)



Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- 📞 Report immediately 24/7 by phone
 - Report next business day
 - + Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- 📞 Amebic encephalitis
- ! Anthrax
 - Arsenic poisoning
- ! Arboviral diseases not otherwise listed
 - Babesiosis
- ! Botulism, foodborne, wound, and unspecified
 - Botulism, infant
- ! Brucellosis
 - California serogroup virus disease
 - Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
 - Carbon monoxide poisoning
 - Chancroid
 - Chikungunya fever
- 📞 Chikungunya fever, locally acquired
 - Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
 - Ciguatera fish poisoning
- + Congenital anomalies
 - Conjunctivitis in neonates <14 days old
 - Creutzfeldt-Jakob disease (CJD)
 - Cryptosporidiosis
 - Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
 - Eastern equine encephalitis
 - Ehrlichiosis/anaplasmosis
 - *Escherichia coli* infection, Shiga toxin-producing
 - Giardiasis, acute
- ! Glanders
 - Gonorrhea
 - Granuloma inguinale

- ! *Haemophilus influenzae* invasive disease in children <5 years old
 - Hansen's disease (leprosy)
- 📞 Hantavirus infection
- 📞 Hemolytic uremic syndrome (HUS)
- 📞 Hepatitis A
 - Hepatitis B, C, D, E, and G
 - Hepatitis B surface antigen in pregnant women and children <2 years old
- 📞 Herpes B virus, possible exposure
 - Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
 - HIV-exposed infants <18 months old born to an HIV-infected woman
 - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- 📞 Influenza-associated pediatric mortality in children <18 years old
 - Lead poisoning (blood lead level ≥5 µg/dL)
 - Legionellosis
 - Leptospirosis
- 📞 Listeriosis
 - Lyme disease
 - Lymphogranuloma venereum (LGV)
 - Malaria
- ! Measles (rubeola)
- ! Melioidosis
 - Meningitis, bacterial or mycotic
- ! Meningococcal disease
 - Mercury poisoning
 - Mumps
- + Neonatal abstinence syndrome (NAS)
- 📞 Neurotoxic shellfish poisoning
- 📞 Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- 📞 Pertussis

- Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
 - Psittacosis (ornithosis)
 - Q Fever
- 📞 Rabies, animal or human
 - ! Rabies, possible exposure
- ! Ricin toxin poisoning
 - Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
 - St. Louis encephalitis
 - Salmonellosis
 - Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
 - Shigellosis
- ! Smallpox
- 📞 Staphylococcal enterotoxin B poisoning
- 📞 *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
 - *Streptococcus pneumoniae* invasive disease in children <6 years old
 - Syphilis
- 📞 Syphilis in pregnant women and neonates
 - Tetanus
 - Trichinellosis (trichinosis)
 - Tuberculosis (TB)
- ! Tularemia
- 📞 Typhoid fever (*Salmonella* serotype Typhi)
 - ! Typhus fever, epidemic
 - ! Vaccinia disease
 - Varicella (chickenpox)
- ! Venezuelan equine encephalitis
 - Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
 - West Nile virus disease
- ! Yellow fever
- ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."