

EpiTimes Volume 8 Issue 3

Measles: Make Sure Your Child is Fully Immunized

Measles is a highly contagious disease. It can be serious for young children. Protect your child by making sure he or she is up to date on measles vaccine, including before traveling abroad.

Children Need 2 Doses of Measles Vaccine

You can protect your child against measles with a combination vaccine that provides protection against three diseases: measles, mumps, and rubella (MMR). The MMR vaccine is proven to be very safe and effective. CDC recommends that children get one dose at each of the following ages:

- 12 through 15 months
- 4 through 6 years

Make Sure You Are Protected Before International Travel

Before any international travel—

- Infants 6—11 months old need 1 dose of measles vaccine*
- Children 12 months and older need 2 doses separated by at least 28 days
- Teenagers and adults who do not have evidence of immunity** against measles should get 2 doses separated by at least 28 days

Before you leave for your trip, check the [CDC Travel Notices](#) on measles.

*Infants who get one dose of MMR vaccine before their first birthday should get two more doses (one dose at 12 through 15 months of age and another dose at age 4-6 years or at least 28 days later).

**Acceptable evidence of immunity against measles includes at least one of the following: written documentation of adequate vaccination, laboratory evidence of immunity, laboratory confirmation of measles, or birth in the United States before 1957.

Measles Can Be Serious

Measles is a very contagious disease caused by a virus. It spreads to others through coughing and sneezing. It is so contagious that if one person has it, up to 90% of the people around him or her will also become infected if they are not protected.

Measles starts with a high fever. Soon after, it causes a cough, runny nose, and red eyes. Then a rash of tiny, red spots breaks out. It starts at the head and spreads to the rest of the body. Measles can be serious. It can lead to pneumonia, encephalitis (swelling of the brain), and death.

Florida Department of Health Pasco County

Main Office
10841 Little Road
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: (727) 841-4425, Option 5

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

Epi Times editor:
Jennie Pell, MPH, CPH, CIC
Epidemiologist
(352) 834-6145
jennie.pell@flhealth.gov

Measles in the U.S.

Measles cases and outbreaks have been reported in the U.S. in 2019. See [Measles Cases and Outbreaks](#) for details.

People in the United States still get measles, but it's not very common. That's because most people in this country are protected against measles through vaccination. However, measles is still common in other parts of the world. Every year, unvaccinated people get measles while they are abroad, bring the disease into the United States, and spread it to others.

Measles can spread quickly in communities where people are not vaccinated. Anyone who is not protected against measles, including children too young to be vaccinated, are at risk of getting infected. That's why it is so important to be up to date on vaccinations, including before [traveling abroad](#).

Additional Resources for Parents and Childcare Providers

See [resources](#) for parents and others who care for children, including childcare providers.

Paying for Measles Vaccine

Most health insurance plans cover the cost of vaccines. But you may want to check with your health insurance provider before going to the doctor. [Learn how to pay for vaccines](#).

If you don't have insurance or if your insurance does not cover vaccines for your child, the [Vaccines for Children Program](#) may be able to help. This program helps families of eligible children who might not otherwise have access to vaccines. To find out if your child is eligible, visit the [VFC website](#) or ask your child's doctor. You can also contact your state [VFC coordinator](#).

To See if Your Child's Vaccine Is Due

Check your child's [vaccination record](#).

Contact their healthcare provider, or

Visit the [immunization scheduler](#) for newborn to 6-year-old children.

Source: [CDC](#)

Protect your child from measles

Measles is still common in many parts of the world. Unvaccinated travelers who get measles in other countries continue to bring the disease into the United States.

Give your child the best protection against measles with **two** doses of measles-mumps-rubella (MMR) vaccine:

- 1st dose at 12-15 months**
- 2nd dose at 4-6 years**

Traveling abroad with your child?

Infants 6 to 11 months old need 1 dose of measles vaccine before traveling abroad. Children 12 months and older should receive 2 doses before travel. Check with your pediatrician before leaving on your trip to make sure your children are protected.

CDC

Influenza Update

Influenza & influenza-like illness (ILI) activity summary:

In week 13, ILI activity continued to decrease and was within levels observed at this time in past seasons. Activity has likely peaked for the season; however, heightened influenza and ILI activity is still expected for several more weeks.

The timing of peak activity this season varied across regions, ranging from as early as week 52 (ending December 29, 2018) to as late as week 9 (ending March 2, 2019). For more information on regional trends, see page 8.

Most counties continued to report mild influenza activity in week 13. In week 13, 11 counties reported moderate influenza activity.

In week 13, 10 outbreaks of influenza or ILI were reported (up from four outbreaks in week 12). A total of 213 influenza or ILI outbreaks have been reported so far this season.

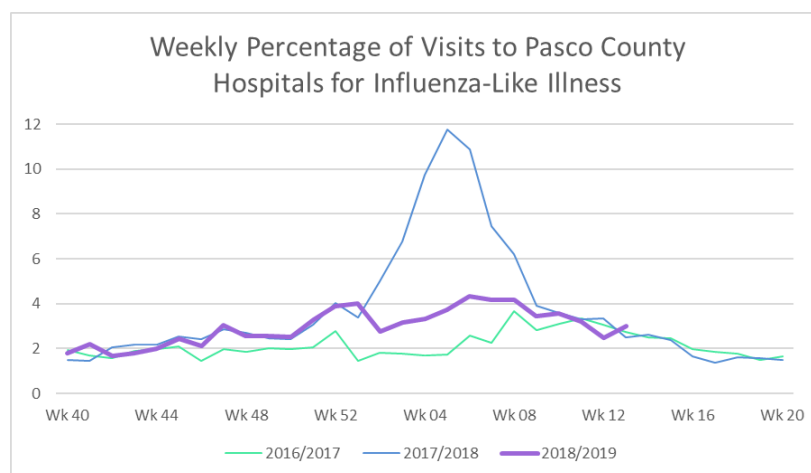
No new influenza-associated pediatric deaths were reported in week 13. Three influenza-associated pediatric deaths have been reported so far this season, all in unvaccinated children. Influenza vaccination can be life-saving in children. For more information, see page 10.

On March 28, 2019, the Centers for Disease Control and Prevention (CDC) released an official health advisory reminding clinicians to have high suspicion for influenza and to prescribe antiviral treatment to high-risk patients with suspected influenza. Antiviral treatment should be started as soon as possible after illness onset and should not wait for laboratory confirmation. Early treatment should not be delayed for hospitalized and high-risk patients, especially those aged 65 years and older. For more information, please visit: emergency.cdc.gov/han/han00419.asp.

It's not too late to get your flu vaccine. CDC recommends influenza vaccination as long as flu 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).



Andrea Morrison, PhD, MSPH, Dana Giandomenico, MPH, and Danielle Stanek, DVM, DOH Bureau of Epidemiology; Lea Heberlein-Larson, Maribel Castaneda, and Valerie Mock, DOH Bureau of Public Health Laboratories; Carina Blackmore, DVM, PhD, DOH Division of Disease Control and Health Protection.

Florida Arbovirus Surveillance

WNV activity: No human cases of WNV infection were reported this week. No horses with WNV infection were reported this week. No sentinel chickens tested positive for antibodies to WNV this week in. In 2019, 12 sentinel chickens have been reported from seven 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. Three sentinel chickens tested positive for antibodies to EEEV this week in Walton County. In 2019, five horses, one emu, and nine sentinel chickens have been reported from seven counties.

International Travel-Associated Dengue Fever Cases: Three cases of dengue fever were reported this week in persons that had international travel. In 2019, 21 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: One case of chikungunya fever was reported this week in a person that had international travel. In 2019, two travel-associated cases have 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.

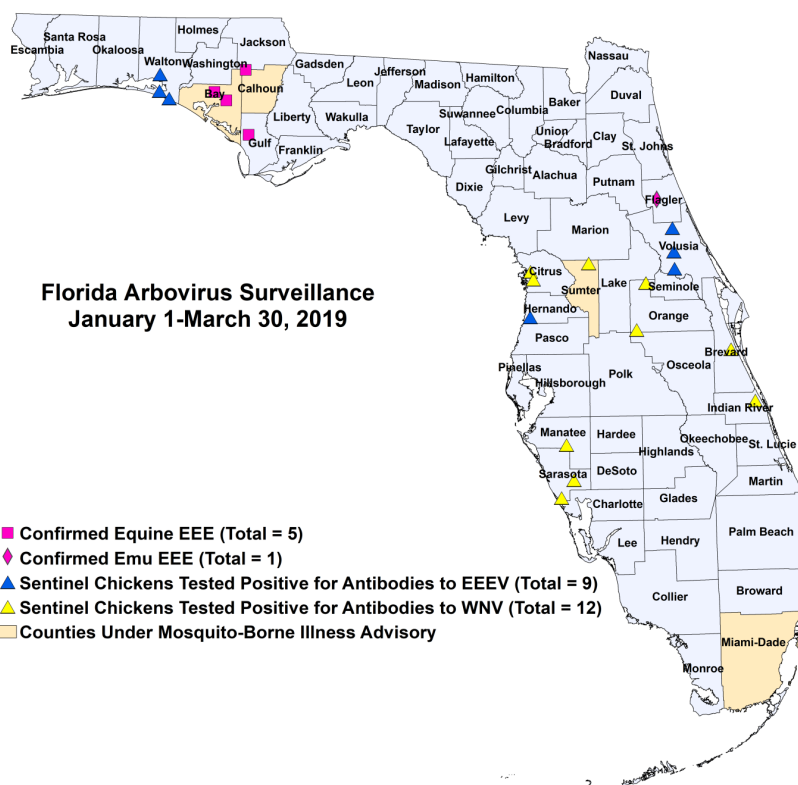
International Travel-Associated Zika Fever Cases: One case of Zika fever was reported this week in a person that had international travel. In 2019, 11 travel-associated cases have been reported.

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: Bay, Calhoun, Miami-Dade, and Sumter 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 India 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: wwwnc.cdc.gov/arbovet/maps/ADB_Diseases_Map/index.html.



Epidemiology Disease Summary	March		YTD	
	2019	2018	2019	2018
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)	-	-	-	-
Haemophilus influenzae	2	2	2	3
Legionellosis	-	1	3	1
Meningitis, Bacterial or Mycotic	-	-	-	-
Meningococcal Disease	-	-	-	-
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	-	-
Strep pneumoniae Invasive Disease, Drug-Resistant	2	-	2	1
Strep pneumoniae Invasive Disease, Drug-Susceptible	3	1	6	2
Enteric Infections				
Campylobacteriosis	12	10	33	26
Cholera (Vibrio cholerae Type O1)	-	-	-	-
Cryptosporidiosis	3	-	5	2
Cyclosporiasis	-	-	-	-
Escherichia coli Shiga Toxin-Producing (STEC)	-	-	2	5
Giardiasis	1	3	3	5
Hemolytic Uremic Syndrome (HUS)	-	-	-	-
Listeriosis	-	-	-	-
Salmonella Typhi Infection	2	-	2	2
Salmonellosis	7	5	25	19
Shigellosis	-	2	1	4
Vaccine Preventable Diseases				
Measles	-	-	-	-
Mumps	-	-	-	1
Pertussis	-	2	3	2
Varicella	1	4	5	6
Vector Borne, Zoonoses				
Babesiosis	-	-	-	-
Brucellosis	-	-	-	-
Chikungunya Fever	-	-	-	-
Eastern Equine Encephalitis Neuroinvasive Disease	-	-	-	-
Ehrlichiosis/Anaplasmosis	-	-	-	-
Herpes B Virus, Possible Exposure	-	1	-	1
Lyme Disease	-	-	-	1
Malaria	-	-	1	-
Rabies, Animal	1	-	1	-
Rabies, Possible Exposure	17	27	53	57
Rocky Mountain Spotted Fever and Rickettsiosis	1	-	1	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	1	-	1
Viral Hepatitis				
Hepatitis A	52	5	146	11
Hepatitis B, Acute	5	4	24	12
Hepatitis B, Chronic	11	12	36	29
Hepatitis B, Perinatal	-	-	-	-
Hepatitis B, Pregnant Women	1	3	4	4
Hepatitis C, Acute	3	1	10	5
Hepatitis C, Chronic	62	78	194	235
Hepatitis C, Perinatal	-	-	-	1
Hepatitis D	-	1	1	2
Other				
Carbon Monoxide Poisoning	-	-	4	1
Hansen's Disease (Leprosy)	-	-	-	-
Influenza-Associated Pediatric Mortality	-	-	1	-
Lead Poisoning	6	5	14	16
Mercury Poisoning	-	-	-	-
Pesticide-Related Illness and Injury	-	-	-	-
Scombroid Poisoning	1	-	1	-
Virbiosis	-	-	1	-
Total	193	168	584	455

STD Morbidity Statistics

- 130 Chlamydia cases worked
- 34 Gonorrhea cases worked
- 5 Syphilis cases worked
- 3 HIV cases worked

All pregnant women should be tested for syphilis at their first prenatal visit. Receive immediate treatment if you test positive.

HIV Outreach Statistics

- 72 individuals were tested for HIV
- 36 rapid Hepatitis tests performed



Jail Linkage Statistics

- 52 rapid HIV tests performed (0 positive)
- 30 Hepatitis tests performed (4 positive)
- 52 individuals were HIV post-test counseled

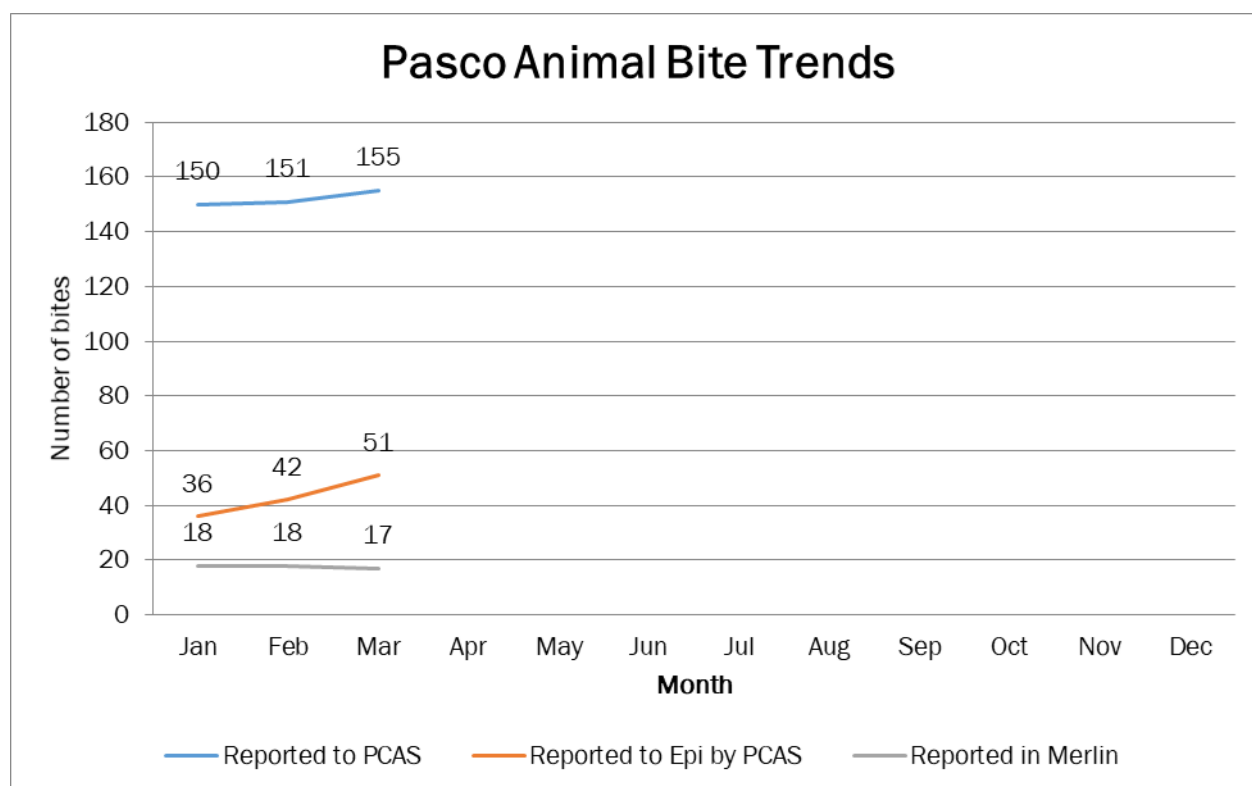
Tuberculosis & Refugee Health Statistics

- TB and Refugee Health statistics not available at this time

Animal Bites



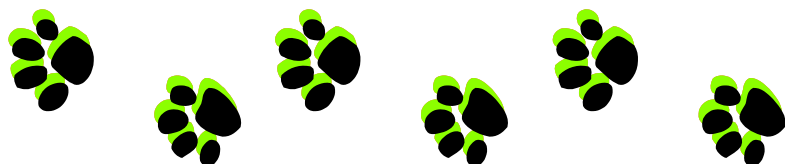
- Pasco County Animal Services (PCAS) received 155 animal bites in March
- PCAS reported 51 of 155 (33%) cases to PCHD for follow-up
- 17 of 51 (33%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 6 animal specimens for rabies testing (1 positive)



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



13941 15th Street
Dade City, Florida 33525
Phone: 352-521-1450, option 2
Fax: 352-521-1435

Epidemiology Manager:
Garik Nicholson, MPH, CIC
Epidemiology Staff:
Armando Avellanet, DIS
Deb Hensley, MPH, MHA
Jennie Pell, MPH, CPH, CIC
Zelda Young, DIS

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..."