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CDC supports WHO declaration of "Public Health Emergency of International Concern" for Ebola outbreak in eastern region of The Democratic Republic of the Congo

As cases of Ebola continue to increase in the eastern region of The Democratic Republic of the Congo (DRC), and travel-associated cases have been reported in neighboring Uganda, CDC fully supports the decision by the International Health Regulations Emergency Committee of the World Health Organization (WHO) to declare the outbreak a "public health emergency of international concern" (PHEIC). A PHEIC is declared if an extraordinary event poses a public health threat to other nations through the spread of disease and requires a more robust coordinated international response.

The declaration was made by WHO after the IHR Emergency Committee cited recent developments in the outbreak in making its recommendation, including the first confirmed case in Goma, a city of almost two million people in the DRC on the border with Rwanda and the gateway to the rest of DRC and the world. WHO cautioned against imposing trade or travel restrictions, which would have a negative impact on the response and on the lives and livelihoods of people in the region.

"Ending the Ebola outbreak is one of the Trump Administration's top global health priorities," said HHS Secretary Alex Azar. "We appreciate the strong response of Dr. Tedros and WHO leadership to this outbreak, yet it is clear that much more remains to be done. The United States government has already played a vital role in supporting the response in the DRC and neighboring nations, and will continue this support until we have put an end to the outbreak."

"It is time for the world to take notice and redouble our efforts. We need to work together in solidarity with the DRC to end this outbreak and build a better health system," said WHO Director-General Tedros Adhanom Ghebreyesus, Ph.D.

"Make no mistake, the challenges to stopping the Ebola outbreak are growing steeper and the public health response will unquestionably be longer," said CDC Director Robert R. Redfield, M.D. "CDC stands ready to support our U.S. government and international partners in limiting the spread of Ebola, improving the human condition, and bringing this outbreak to an end."

As part of the Administration's whole-of-government effort, CDC experts are working with the United States Agency for International Development (USAID) Disaster Assistance Response Team (DART) on the ground in the DRC and the American Embassy in Kinshasa to support the Congolese and international response. The United States government, including CDC, is working with DRC, Uganda, WHO, and other partners to support the current Ebola outbreak response by providing technical assistance and expertise in disease tracking, case investigation, contact tracing, case management, infection prevention and control, safe burials, community engagement and social mobilization, risk communication and health education, behavioral science, laboratory testing, border health, data management, vaccination campaigns, and logistics.

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CDC supports WHO declaration, cont.

To rapidly identify cases and prevent further spread of Ebola, CDC is working with the U.S. Embassy in DRC to preposition CDC staff in Goma to rapidly respond to hotspots where the security situation is permissible. As of July 16, 2019, CDC staff have conducted 311 deployments to the DRC, neighboring countries, and WHO headquarters. CDC has 246 permanent staff in the three high-risk countries bordering the outbreak (South Sudan, Rwanda, Uganda), including 43 in DRC. DRC has more than 150 graduates of CDC's <u>Field Epidemiology and Laboratory Training Program</u> who are playing a central role in this public health response.

CDC activated its <u>Emergency Operations Center (EOC)</u> on Thursday, June 13, 2019, to support the inter-agency response to the outbreak in eastern Democratic Republic of the Congo. CDC's activation of the EOC allows the agency to provide increased operational support for the response to meet the outbreak's evolving challenges.

There are no cases of Ebola in the United States. At this time, we believe the risk to the United States from the current Ebola outbreak in DRC remains low based on the travel volume and travel patterns from the outbreak area to the United States.

The outbreak in DRC is occurring in a region where there are armed conflict, outbreaks of violence, and other problems that complicate public health response activities and increase the risk of disease spread both locally within DRC and to neighboring countries. CDC continues to provide technical assistance to the ministries of health of DRC, Uganda, and other neighboring countries, in collaboration with the USAID Disaster Assistance Response Team (DART), the U.S. Embassy in Kinshasa, the Department of State, the World Health Organization (WHO), and other local and international partners, to ensure the response is robust and well -coordinated and brings the outbreak to an end.

- For more information about the current outbreak in DRC: <u>https://www.cdc.gov/vhf/ebola/outbreaks/drc/2018-august.html</u>
- For more information about Ebola: <u>https://www.cdc.gov/vhf/ebola/</u>
- For travel health information: https://wwwnc.cdc.gov/travel/destinations/traveler/none/democratic-republic-of-congo

Source: CDC

Florida Arbovirus Surveillance

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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 Volusia County. In 2019, one horse and 15 sentinel chickens have been reported from 11 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. Nine sentinel chickens tested positive for antibodies to EEEV this week in Citrus, Orange, Putnam, and Walton counties. In 2019, 18 horses, one emu, one eagle, and 53 sentinel chickens have been reported from 22 counties.

International Travel-Associated Dengue Fever Cases: Three cases of dengue fever were reported this week in persons that had international travel. In 2019, 40 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, three 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, 26 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, Holmes, Suwannee, and Walton 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 <u>www.cdc.gov/zika/intheus/florida-update.html</u>. For additional information on Zika virus cases from 2016–2018, including up-to-date numbers, please visit <u>https://zikafreefl.org/</u>.

There are 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: <u>wwwnc.cdc.gov/travel/notices</u>. For a map of arboviral disease activity in the United States, please visit the following link: <u>wwwn.cdc.gov/arbonet/maps/</u> ADB_Diseases_Map/index.html.



Epidemiology Disease Summary CNS Diseases and Bacteremias Creutzfeldt-Jacob Disease (CJD) Haemophilus influenzae Legionellosis Meningitis, Bacterial or Mycotic Meningococcal Disease S. aureus Infection, Intermediate Resistance to Vancomycin (VISA) Strep pneumoniae Invasive Disease, Drug-Resistant Strep pneumoniae Invasive Disease, Drug-Susceptible Enteric Infections Campylobacteriosis Cholera (Vibrio cholerae Type O1) Cryptosporidiosis Cyclosporiasis Escherichia coli Shiga Toxin-Producing (STEC) Giardiasis Hemolytic Uremic Syndrome (HUS) Listeriosis Salmonella Typhi Infection Salmonellosis Shigellosis Vaccine Preventable Diseases Measles Mumps Pertussis Varicella Vector Borne, Zoonose Babesiosis Brucellosis Chikungunya Fever Eastern Equine Encephalitis Neuroinvasive Disease Ehrlichiosis/Anaplasmosis Herpes B Virus, Possible Exposure Lyme Disease Malaria Rabies, Animal Rabies, Possible Exposure	Ju 2019 - 1 - - - - - - - - - - - - -	ne 2018 - 2 5 - - - - - - - - - - - - -	Y1 2019 - 6 - - 4 10 71 - 6 71 - 6 7 - 3 45 2 - 10 - 3 45 2 - 10 9 - - - 10 9 - <	D 2018 - 9 8 1 - 2 7 - 2 7 - 7 - 7 - 7 - 7 - 1 - - 9 12 - - 9 12 - 1 3 64 10 - - 3 64 10 - - - - - - - - - - - - -
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Ehrlichiosis/Anaplasmosis Herpes B Virus, Possible Exposure Lyme Disease Malaria Rabies, Animal	-	-		_
Herpes B Virus, Possible Exposure Lyme Disease Malaria Rabies, Animal	-		-	_
Lyme Disease Malaria Rabies, Animal		-	-	-
Malaria Rabies, Animal	-	-	-	2
Rabies, Animal	1	-	1	3
	2	-	3	-
Rabies, Possible Exposure	-	-	1	1
	17	11	117	98
Rocky Mountain Spotted Fever and Rickettsiosis	-	-	1	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	-	-	1
Viral Hepatitis				
Hepatitis A	78	2	333	21
Hepatitis B, Acute	5	6	42	23
Hepatitis B, Chronic	14	8	78	54
Hepatitis B, Perinatal	-	-	-	-
Hepatitis B, Pregnant Women	1	-	5	4
Hepatitis C, Acute	6	-	46	10
Hepatitis C, Chronic	67	80	379	466
Hepatitis C, Perinatal	-	-	-	2
Hepatitis D	-	-	1	2
Dther				
Carbon Monoxide Poisoning	1	-	5	2
Hansen's Disease (Leprosy)	-	-	-	-
Influenza-Associated Pediatric Mortality	-	-	1	-
Lead Poisoning	6	9	28	79
Mercury Poisoning	-	-	-	-
Pesticide-Related Illness and Injury	-	-	-	-
Scombroid Poisoning	_	t	2	-
Virbiosis		-		2
Fotal	1	2	4	Z 2

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STD Morbidity Statistics

- 132 Chlamydia cases*
- 31 Gonorrhea cases*
- 13 Syphilis cases*
- 0 HIV cases*

*Provisional data

Genital herpes sores usually appear as one or more blisters on or around the genitals, rectum or mouth.

HIV Outreach Statistics

- 102 individuals were tested for HIV
- 79 rapid Hepatitis tests performed



Jail Linkage Statistics

- 50 rapid HIV tests performed
- 32 Hepatitis tests performed
- 50 individuals were HIV post-test counseled



Animal Bites

- Pasco County Animal Services (PCAS) received 165 animal bites in June
- PCAS reported 44 of 165 (27%) cases to PCHD for follow-up
- 17 of 44 (39%) 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



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 <u>https://www.surveymonkey.com/r/SD3R5ON</u>

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	Submit a Case for Consultation Online
(844) HEP-INFO or (844) 437-4636	For non-urgent HCV management consultation
Monday-Friday, 9 a.m.—8 p.m. EST	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

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

- Report immediately 24/7 by phone
- upon initial suspicion or laboratory test order
- æ Report immediately 24/7 by phone

Pesticide-related illness and injury,

Report next business day

L

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
23	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
! •	-

- Haemophilus influenzae invasive I 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) 44 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 T
- 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
- T Measles (rubeola)
- I **Melioidosis**
- Meningitis, bacterial or mycotic
- Meningococcal disease L
- Mercury poisoning •
- Mumps
- Neonatal abstinence syndrome (NAS)
- Neurotoxic shellfish poisoning
- Paratyphoid fever (Salmonella
- serotypes Paratyphi A, Paratyphi B, and Paratyphi C) Pertussis
- acute Plague 1 **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** æ Staphylococcal enterotoxin B poisoning Staphylococcus aureus infection, æ intermediate or full resistance to vancomycin (VISA, VRSA) Streptococcus pneumoniae invasive disease in children <6 years old Syphilis Syphilis in pregnant women and 23 neonates Tetanus . **Trichinellosis (trichinosis) Tuberculosis (TB)** Tularemia Typhoid fever (Salmonella serotype 2 Typhi) Typhus fever, epidemic Vaccinia disease Varicella (chickenpox) I Venezuelan equine encephalitis Vibriosis (infections of Vibrio species and closely related organisms,
 - Viral hemorrhagic fevers West Nile virus disease

excluding Vibrio cholerae type O1)

- 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...



Florida Department of Health