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Chicken and Food Poisoning

Americans eat more chicken every year than any other meat. Chicken can be a nutritious choice, but raw chicken is often contaminated with <u>Campylobacter</u> bacteria and sometimes with <u>Salmonella</u> and <u>Clostridium perfringens</u> bacteria. If you eat undercooked chicken or other foods or beverages contaminated by raw chicken or its juices, you can get a foodborne illness, which is also called food poisoning.

That's why it's important to take special care when handling and preparing chicken.

You Can Take Steps to Prevent Food Poisoning

If chicken is on your menu, follow these tips when shopping, cooking, and eating out to help prevent food poisoning:

- Place chicken in a disposable bag before putting in your shopping cart or refrigerator to prevent raw juices from getting onto other foods.
- <u>Wash hands</u> with warm soapy water for 20 seconds before and after handling chicken.
- **Do not wash raw chicken**. During washing, chicken juices can spread in the kitchen and contaminate other foods, utensils, and countertops.
- Use a separate cutting board for raw chicken.
- Never place cooked food or fresh produce on a plate, cutting board, or other surface that previously held raw chicken.
- Wash cutting boards, utensils, dishes, and countertops with hot soapy water after preparing chicken and before you prepare the next item.
- <u>Use a food thermometer</u> to make sure chicken is cooked to a safe internal temperature of 165°F.
- If cooking frozen raw chicken in a microwavable meal, handle it as you would fresh raw chicken. Follow cooking directions carefully to prevent food poisoning.
- If you think the chicken you are served at a restaurant or anywhere else is not fully cooked, send it back for more cooking.
- Refrigerate or freeze leftover chicken within 2 hours (or within 1 hour if the temperature outside is higher than 90°F).

Florida Department of Health Pasco County Main Office 10841 Little Road

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 5

Confidential fax: (352) 521-1435

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

Environmental: (727) 841-4425, Option 3

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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Source: CDC

Español

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Florida Arbovirus Surveillance

Arbovirus surveillance in Florida includes endemic mosquito-borne viruses such as West Nile virus (WNV), Eastern equine encephalitis virus (EEEV), and St. Louis encephalitis virus (SLEV), as well as exotic viruses such as dengue virus (DENV), chikungunya virus (CHIKV), Zika virus (ZIKV), and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included. During the period of July 28-August 3, 2019, the following arboviral activity was recorded in Florida.

WNV activity: No human cases of WNV infection were reported this week. No horses with WNV infection were reported this week. Twenty sentinel chickens tested positive for antibodies to WNV this week in Brevard, Charlotte, Citrus, Indian River, Orange, Polk, Putnam, St. Johns, and Volusia counties. In 2019, one horse and 55 sentinel chickens have been reported from 17 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 Brevard, Orange, and Walton counties. In 2019, 25 horses, one emu, one eagle, and 86 sentinel chickens have been reported from 29 counties.

International Travel-Associated Dengue Fever Cases: Seventeen cases of dengue fever were reported this week in persons that had international travel. In 2019, 75 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, one case of locally acquired dengue fever has 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, five 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.

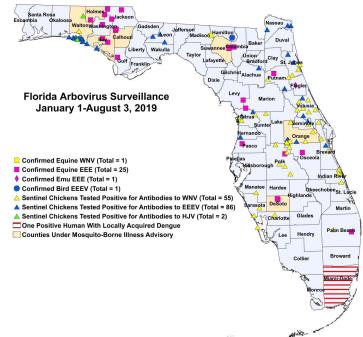
International Travel-Associated Zika Fever Cases: One case of Zika fever was reported this week in a person that had international travel. In 2019, 29 travel-associated cases have been reported.

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, DeSoto, Holmes, Orange, Suwannee, and Walton counties are currently under a mosquitoborne 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/</u> <u>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: wwwnc.cdc.gov/travel/notices. For a map of arboviral disease activity in the United States, please visit the following link: wwwn.cdc.gov/arbonet/maps/ADB_Diseases_Map/index.html.



| Page 3 | | - | | mes Volum | |
|------------|---|------|------------|------------|-----------|
| Epide | miology Disease Summary | 2019 | ly 2018 | YT 2019 | D 2018 |
| | eases and Bacteremias | | | | |
| | Creutzfeldt-Jacob Disease (CJD) | - | _ | - | - |
| | Haemophilus influenzae | 1 | 1 | 7 | 10 |
| | Legionellosis | 2 | 2 | 8 | 10 |
| | Meningitis, Bacterial or Mycotic | - | - | - | 1 |
| | Meningococcal Disease | - | - | - | - |
| | S. aureus Infection, Intermediate Resistance to Vancomycin (VISA) | - | - | - | - |
| | Strep pneumoniae Invasive Disease, Drug-Resistant | 3 | 1 | 7 | 3 |
| | Strep pneumoniae Invasive Disease, Drug-Susceptible | 2 | - | 12 | 7 |
| nteric Ir | nfections | | | | - |
| | Campylobacteriosis | 2 | 16 | 73 | 90 |
| | Cholera (Vibrio cholerae Type O1) | - | - | - | - |
| | Cryptosporidiosis | 2 | 2 | 12 | 7 |
| | Cyclosporiasis | 4 | - | 4 | - |
| | Escherichia coli Shiga Toxin-Producing (STEC) | 1 | 3 | 7 | 12 |
| | Giardiasis | | 2 | 7 | 14 |
| | Hemolytic Uremic Syndrome (HUS) | _ | - | - | - |
| | Listeriosis | _ | - | - | 1 |
| | Salmonella Typhi Infection | _ | | 3 | 3 |
| | Salmonellosis | - 19 | - 17 | 64 | 81 |
| | Shigellosis | 1 | 1 | 3 | 11 |
| accine l | Preventable Diseases | | 1 | 5 | 11 |
| | Measles | _ | _ | - | |
| | | - | - | - | - |
| | Mumps Pertussis | - | | | 3 |
| | | 5 | 3 | 15 9 | 8 9 |
| a at a n D | Varicella | - | <u> </u> | 9 | 9 |
| ector B | orne, Zoonoses | | | | |
| | Babesiosis | - | - | - | - |
| | Brucellosis | - | - | - | - |
| | Chikungunya Fever | - | - | - | - |
| | Dengue Fever | 1 | - | 1 | - |
| | Eastern Equine Encephalitis Neuroinvasive Disease | - | - | - | - |
| | Ehrlichiosis/Anaplasmosis | - | - | - | - |
| | Herpes B Virus, Possible Exposure | - | - | - | 2 |
| | Lyme Disease | 1 | - | 2 | 3 |
| | Malaria | - | 1 | 3 | 1 |
| | Rabies, Animal | 1 | - | 2 | 1 |
| | Rabies, Possible Exposure | 17 | 19 | 134 | 117 |
| | Rocky Mountain Spotted Fever and Rickettsiosis | - | - | 1 | - |
| | West Nile Virus Neuroinvasive Disease | - | - | - | - |
| | Zika Virus Disease and Infection | - | - | - | 1 |
| iral Hep | | | | | |
| | Hepatitis A | 34 | 1 | 366 | 22 |
| | Hepatitis B, Acute | 7 | 7 | 49 | 30 |
| | Hepatitis B, Chronic | 8 | 10 | 86 | 64 |
| | Hepatitis B, Perinatal | - | - | - | - |
| | Hepatitis B, Pregnant Women | 2 | - | 7 | 4 |
| | Hepatitis C, Acute | 7 | 2 | 51 | 12 |
| | Hepatitis C, Chronic | 63 | 75 | 442 | 541 |
| | Hepatitis C, Perinatal | - | - | - | 2 |
| | Hepatitis D | - | - | 1 | 2 |
| ther | · | | | | |
| | Carbon Monoxide Poisoning | 1 | - | 6 | 2 |
| | Hansen's Disease (Leprosy) | - | - | - | - |
| | Influenza-Associated Pediatric Mortality | _ | - | 1 | - |
| | Lead Poisoning | 11 | 8 | 39 | 87 |
| | Mercury Poisoning | - | - | - | |
| | | | | - | |
| | Pesticide-Related Illness and Injury | - | - | - | - |
| | Scombroid Poisoning | - | - | 2 | - |
| | Vibriosis | - | - | 4 | 2 |
| otal | | 195 | 172 | 1428 | 1163 |

STD Morbidity Statistics

- 144 Chlamydia cases
- 54 Gonorrhea cases
- 16 Syphilis cases
- 2 HIV cases

*Provisional data

Some men with gonorrhea may have no symptoms at all.

HIV Outreach Statistics

- 56 individuals were tested for HIV
- 33 rapid Hepatitis tests performed



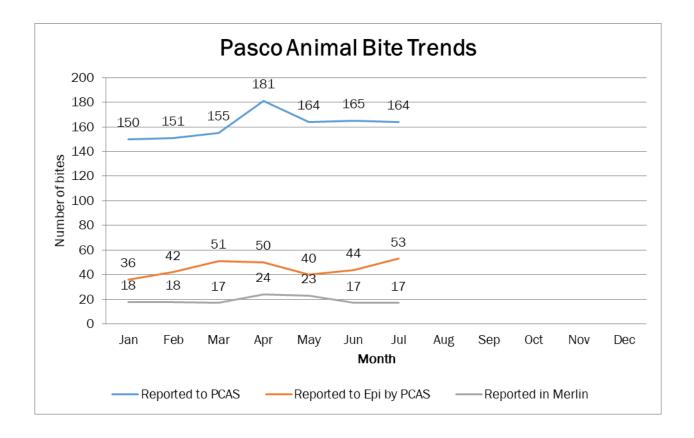
Jail Linkage Statistics

- 54 rapid HIV tests performed (0 positive)
- 41 Hepatitis tests performed (8 positive)
- 54 individuals were HIV post-test counseled



Animal Bites

- Pasco County Animal Services (PCAS) received 164 animal bites in July
- PCAS reported 53 of 164 (32%) cases to PCHD for follow-up
- 17 of 53 (32%) were reported in Merlin after meeting case definition
- DOH Pasco sent11 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 5 Fax: 352-521-1435 Epidemiology Manager: Garik Nicholson, MPH, CIC Epidemiology Staff: Armando Avellanet, DIS Madalaine Bohaboy-Walby, RN 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

Florida Department of Health

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

Pesticide-related illness and injury,

- Report next business day
- Other reporting timeframe +

| | 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) |
| 2 | 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 |
| 2 | Chikungunya fever, locally acquired |
| • | Chlamydia |
| ! | Cholera (<i>Vibrio cholera</i> e 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 |

Outbreaks of any disease, any case

disease in children <5 years old Hansen's disease (leprosy) Hantavirus infection

Haemophilus influenzae invasive

Hemolytic uremic syndrome (HUS)

Hepatitis A

I

- 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)
- 2 Neurotoxic shellfish poisoning
- Paratyphoid fever (Salmonella
- serotypes Paratyphi A, Paratyphi B, and Paratyphi C) Pertussis

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** 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

- .
- Tularemia
- Typhoid fever (Salmonella serotype 2 Typhi)
- Typhus fever, epidemic
- Vaccinia disease
- Varicella (chickenpox)
- I
- 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...



Psittacosis (ornithosis) Q Fever Rabies, animal or human

- Rabies, possible exposure

acute

Plague

Poliomyelitis

L

1

- æ Staphylococcal enterotoxin B poisoning

Trichinellosis (trichinosis)

- **Tuberculosis (TB)**

- Venezuelan equine encephalitis