

EpiTimes Volume 7 Issue 4

Proactive Vaccination Recommended After Substantial Increase in Locally Acquired Hepatitis A infections in Pasco County

Since the beginning of the year, there have been more than 17 cases of hepatitis A infection identified in Pasco County. In 2017, there were 9 cases of Hepatitis A in Pasco County. Over the past five years an average of 6 hepatitis A cases have been reported each year. Although infections have occurred across all demographic groups, approximately 65% of the recent cases are among males. The median age of cases is 39 years. Thirty-eight percent of cases reported IV drug use, and 12% of men reported having sex with men. **The Florida Department Health in Pasco County (DOH-Pasco) recommends that healthcare providers offer hepatitis A vaccine to all persons at risk of hepatitis A infection, who have not been vaccinated, do not know their vaccination status, or who do not have a history of disease.**

Persons at increased risk for hepatitis A can receive hepatitis vaccine free of charge through any of the 3 DOH-Pasco clinics located in New Port Richey, Wesley Chapel, or Dade City. **Please call (727) 861-5250, option 1, to schedule an appointment.**

Hepatitis A is transmitted person-to-person through the fecal-oral route, which may include some types of sexual contact, or poor hand hygiene after toileting or changing diapers. Hepatitis A can also be spread through food or water with fecal contamination. While most patients with hepatitis A will fully recover, >60% of recent cases have required hospitalization.

Men who have sex with men (MSM) are known to be at increased risk of hepatitis A infection. Since 1996, the Advisory Committee on Immunization Practices (ACIP) has recommended that all MSM receive two doses of hepatitis A vaccine; the second dose should be administered 6-12 months after the first dose.

Additional persons at increased risk for hepatitis A infection include:

- *Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A*
- *Users of injection and non-injection drugs*
- *Persons who have chronic liver disease*
- *Persons who have clotting-factor disorders*
- *Household members and other close personal contacts of adopted children newly arriving from countries with high or intermediate hepatitis A endemicity*
- *Persons with direct contact with persons who have hepatitis A*

Please immediately report all cases of hepatitis A to the Florida Department of Health in Pasco County by calling (352) 521-1450, option 2, to ensure a prompt public health response to prevent additional spread of hepatitis A.

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: (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

Epi Times editor:

Jennie Pell, MPH, CPH, CIC

Epidemiologist

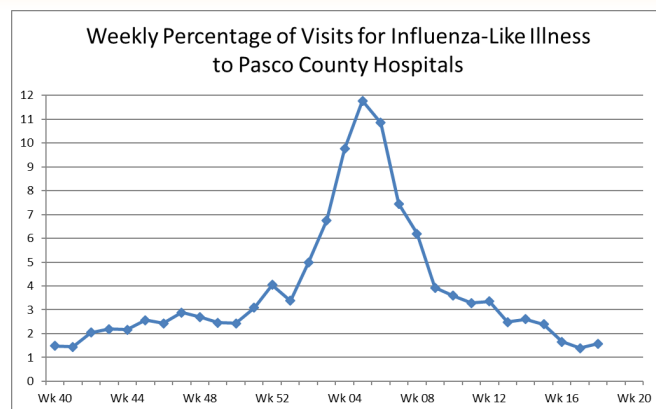
(352) 521-1450, ext. 6145

jennie.pell@flhealth.gov

Influenza Update

State influenza and influenza-like illness (ILI) activity:

- In week 17, influenza and ILI activity continued to decrease and remained at normal levels for this time of the season. Data indicate influenza activity peaked during week 5 (ending February 3, 2018).
- While activity has declined overall, it is important to note that influenza continues to circulate at low levels throughout the summer months in Florida.
- No new influenza-associated pediatric deaths were confirmed in week 17. Eight influenza-associated pediatric deaths have been confirmed so far in the 2017-18 influenza season.
- Deaths due to pneumonia and influenza were below expected levels.
- Three outbreaks of influenza or ILI were reported in week 17: all three with laboratory confirmation of influenza. Thus far, 496 outbreaks of influenza and ILI have been reported since the start of the 2017-18 season.
- The Florida Department of Health is conducting enhanced surveillance of intensive-care unit (ICU) patients aged <65 years with laboratory-confirmed influenza.
 - In week 17, four cases were reported; 370 cases have been reported since February 1, 2018.
 - Of the 235 cases with known vaccination status, the majority (69%) were unvaccinated individuals. Of the 366 cases with medical histories available, the majority (89%) had underlying medical conditions.



Treatment:

- In severe seasons like this one, the use of antivirals is especially important.
- The Centers for Disease Control and Prevention (CDC) recommends the use of antiviral treatment as soon as possible for all people who are hospitalized, severely ill, or at higher risk for complications with suspect influenza. A CDC health advisory stresses the importance of rapid and early antiviral treatment this season. Visit: <http://www.floridahealth.gov/diseases-and-conditions/influenza/documents/cdc-han-influenza-12-27-2017.pdf>.
 - Clinicians should not wait for laboratory confirmation to administer antivirals to people with suspect influenza.

Immunizations and prevention:

- The Florida Department of Health recommends that sick people stay home until fever-free for at least 24 hours (without the use of fever-reducing medication) and that all people use good handwashing practices.
- CDC recommends vaccination now and as long as influenza viruses are circulating. To find a flu shot near you, visit: www.floridahealth.gov/findaflushot. Flu vaccines are also available at your local county health department.

National influenza activity:

- Influenza activity decreased and remained below the national baseline.
- As in Florida, influenza A (H3) has been the most common strain of influenza identified for the season; however, influenza B viruses have been more frequently reported than influenza A viruses since early March.
 - This late-season circulation of influenza B is expected.

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

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) and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included. During the period of April 22-28, 2018, 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. Four sentinel chickens tested positive for antibodies to WNV this week in Citrus, Hillsborough, and Sarasota counties. In 2018, positive samples from twenty-four 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 2018, there have been no positive samples reported.

EEEV activity: No human cases of EEEV infection were reported this week. One horse, one mule, and one owl with EEEV infection were reported this week in Marion, Levy, and Suwannee counties. Five sentinel chickens tested positive for antibodies to EEEV this week in St. Johns, Volusia, and Walton counties. In 2018, positive samples from eleven horses, one mule, one owl, one emu, one emu flock, and fifteen sentinel chickens have been reported from sixteen counties.

International Travel-Associated Dengue Fever Cases: No cases of dengue fever were reported this week in persons that had international travel. In 2018, one travel-associated case has been reported.

Dengue Fever Cases Acquired in Florida: No cases of locally acquired dengue fever were reported this week. In 2018, 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 2018, 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 2018, no cases of locally acquired chikungunya fever have been reported.

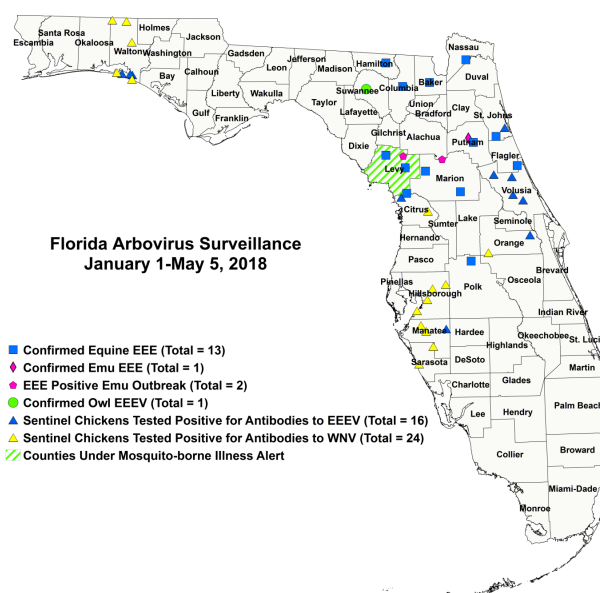
International Travel-Associated Zika Fever Cases: No cases of Zika fever were reported this week in persons that had international travel. In 2018, 30 cases have been reported.

Zika Fever Cases Acquired in Florida: No cases of locally acquired Zika fever were reported this week. In 2018, no cases of locally acquired Zika fever have been reported.

Advisories/Alerts: Levy County is currently under a mosquito-borne illness alert. 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 <https://www.cdc.gov/zika/intheus/florida-update.html>. For additional information on Zika virus cases from 2016 or 2017, 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 the Caribbean, Central and South America, Mexico, Cape Verde, 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 also a Level 2 Travel Health Notice for Brazil and a Level 1 Travel Health Notice in Nigeria related to the transmission of yellow fever virus. There is also a Level 1 Travel Health Notice for Sri Lanka related to the transmission of dengue virus. Additional information on travel health notices can be found at the following link: <http://wwwnc.cdc.gov/travel/notices>. For a map of arboviral disease activity in the United States, please visit the following link: https://www.cdc.gov/arbovet/maps/ADB_Diseases_Map/index.html.



Epidemiology Disease Summary	April		YTD	
	2018	2017	2018	2017
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)	-	-	-	-
Haemophilus influenzae	1	-	4	3
Legionellosis	1	1	2	1
Meningitis, Bacterial or Mycotic	1	-	1	3
Meningococcal Disease	-	-	-	-
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	-	-
Strep pneumoniae Invasive Disease, Drug-Resistant	-	-	1	-
Strep pneumoniae Invasive Disease, Drug-Susceptible	2	1	4	4
Enteric Infections				
Campylobacteriosis	17	7	43	25
Cholera (Vibrio cholerae Type O1)	-	-	-	-
Cryptosporidiosis	1	-	3	1
Cyclosporiasis	-	-	-	-
Escherichia coli Shiga Toxin-Producing (STEC)	1	2	6	3
Giardiasis	-	2	5	8
Hemolytic Uremic Syndrome (HUS)	-	-	-	1
Listeriosis	-	-	-	-
Salmonellosis	6	3	25	23
Shigellosis	4	2	8	6
Typhoid Fever	1	-	3	-
Vibriosis	-	1	-	2
Vaccine Preventable Diseases				
Measles	-	-	-	-
Mumps	-	-	1	-
Pertussis	1	-	3	1
Varicella	-	3	5	4
Vector Borne, Zoonoses				
Brucellosis	-	-	-	-
Chikungunya Fever	-	-	-	-
Eastern Equine Encephalitis Neuroinvasive Disease	-	-	-	-
Ehrlichiosis/Anaplasmosis	-	-	-	-
Herpes B Virus, Possible Exposure	1	-	2	-
Lyme Disease	2	-	3	1
Malaria	-	-	-	-
Rabies, Animal	-	-	-	-
Rabies, Possible Exposure	20	19	77	34
Rocky Mountain Spotted Fever and Rickettsiosis	1	-	1	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	-	1	-
Viral Hepatitis				
Hepatitis A	6	-	17	-
Hepatitis B, Acute	1	-	15	14
Hepatitis B, Chronic	8	10	39	44
Hepatitis B, Surface Antigen in Pregnant Women	-	1	4	2
Hepatitis C, Acute	-	1	4	5
Hepatitis C, Chronic	73	77	345	292
Hepatitis C, Perinatal	1	-	1	-
Hepatitis D	-	-	1	-
Other				
Carbon Monoxide Poisoning	-	1	1	2
Hansen's Disease (Leprosy)	-	-	-	1
Influenza-Associated Pediatric Mortality	-	-	-	-
Lead Poisoning	17	3	33	7
Mercury Poisoning	-	1	-	1
Pesticide-Related Illness and Injury	-	-	-	-
Total	166	135	673	488

STD Morbidity Statistics

- Chlamydia = 135
- Gonorrhea = 27
- Syphilis = 2
- HIV = 4

You can find syphilis sores on or around the penis, vagina, or anus, or in the rectum, on the lips, or in the mouth.

HIV Outreach Statistics

- 88 individuals were tested for HIV
- 0 individuals were tested for Syphilis
- 61 rapid Hepatitis tests performed



Jail Linkage Statistics

- 50 rapid HIV tests performed (1 – positive)
- 38 Hepatitis tests performed (15 – positive)
- 50 individuals were HIV post-test counseled

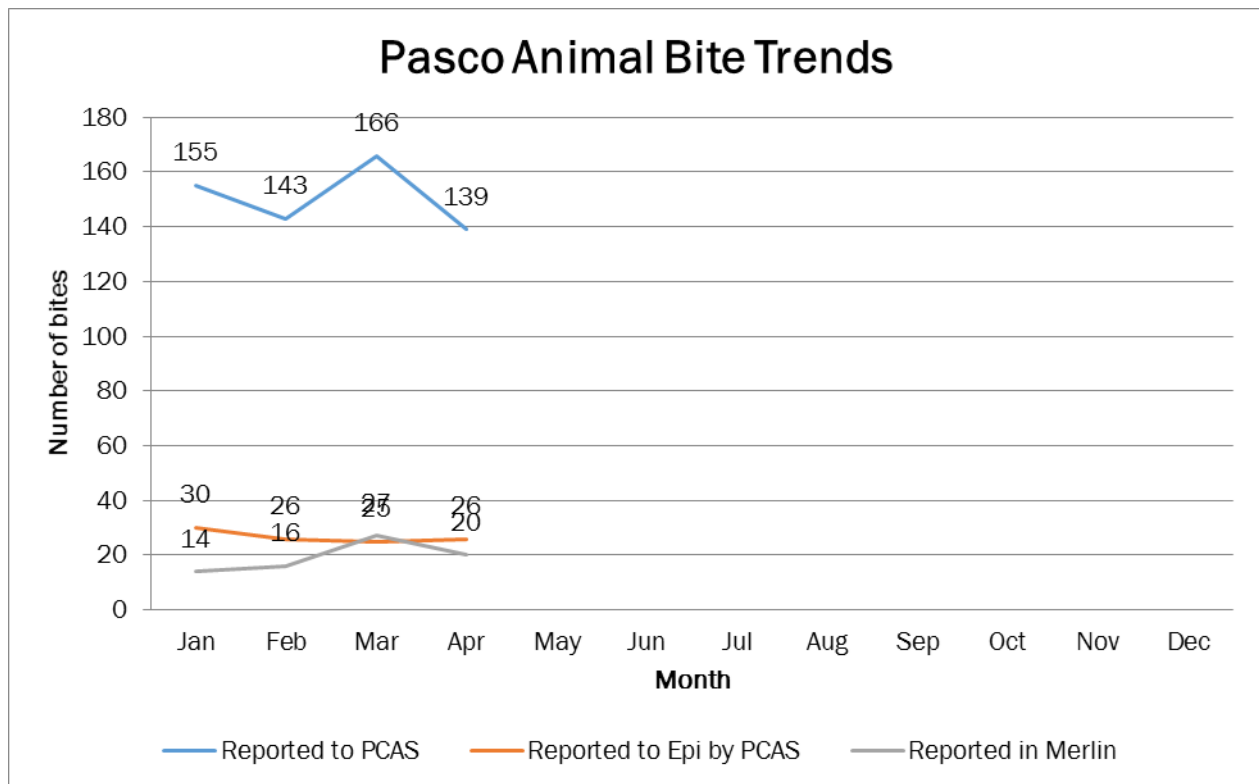
Tuberculosis & Refugee Health Statistics

- 4 TB cases
- 0 Suspect cases
- 6 LTBI clients
- 0 new refugees
- 0 Follow up immunization visits



Animal Bites

- Pasco County Animal Services (PCAS) received 139 animal bites in April
- PCAS reported 26 of 139 (19%) cases to PCHD for follow-up
- 20 of 26 (77%) 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.



Updates to FDA Notice about LeadCare Blood Lead Analyzers

When the U.S. Food and Drug Administration first warned Americans in May 2017 that lead tests manufactured by Magellan Diagnostics may provide inaccurate results for some children and adults in the U.S., the agency made a commitment to continue to aggressively investigate the problem. Since then, the FDA has remained in close contact with the lead test manufacturer as well as Becton Dickinson (BD) & Company, the manufacturer of certain blood sample collection tubes often used alongside many lead tests, as part of our effort to determine the cause of the inaccurate results.

At the FDA's request, BD conducted studies to assess the accuracy of Magellan's LeadCare testing systems when used with blood from the vein (venous) collected into BD tubes. The FDA concluded that the studies performed by BD were robust and showed that there was a significant chance of false results with Magellan's LeadCare tests when used with whole blood collected from the vein and stored in certain BD tubes. Upon further investigation, BD determined that the affected tubes' rubber stoppers contain a chemical called thiuram that can release sulfur-containing gases that dissolve into blood samples and bind tightly to lead particles. This chemical reaction makes it difficult for the Magellan lead tests to detect the correct amount of lead in a sample.

Given these findings, the FDA continues to recommend that Magellan lead tests not be used with blood samples taken from the vein. Magellan's lead test systems can continue to be used with blood samples from a finger or heel stick (capillary blood samples).

BD has determined their venous blood collection tubes that contain thiuram and that could be used with Magellan lead tests include those with green tops (lithium heparin tubes), pink, tan, and lavender tops (EDTA tubes). Because the chemical thiuram may be used to manufacture rubber stoppers by both BD and other blood collection tube manufacturers, the recommendation not to use Magellan lead tests with blood samples taken from the vein applies to all brands of collection tubes used for blood drawn from the vein. The FDA is following up with blood collection tube manufacturers serving the U.S. market to investigate if this issue may impact collection tubes marketed by companies other than BD. The FDA is also continuing to evaluate other factors that may have contributed to inaccurate results observed with Magellan lead tests.

BD uses thiuram in the manufacturing of **green tops (lithium heparin tubes), red tops (serum tubes), grey tops (sodium fluoride tubes), pink, tan and lavender tops (EDTA tubes), black tops (seditainer tubes), light blue/black tops (CPT tubes), and green/red tops (CPT tubes)**. At the FDA's request, BD is conducting testing to determine whether clinical laboratory tests other than the Magellan lead tests are affected by the thiuram chemical interference. This evaluation is ongoing. Based on the results of BD's studies to date and our understanding of the chemical interaction that could cause inaccurate lead test results, the FDA does not believe that there is evidence at this time showing that other tests are impacted by the chemical interference. The FDA also has no evidence at this time that other methods of measuring blood lead, including mass spectrometry or atomic absorption method lead tests, are affected by the thiuram interference.

The FDA continues to work alongside the U.S. Centers for Disease Control and Prevention (CDC) on an independent analysis of Magellan Diagnostics' LeadCare System tests. Given that studies are ongoing, patients are encouraged to continue following the CDC's 2017 re-testing recommendations and the FDA's recommendations for health care professionals. As our investigation into the cause of the inaccurate lead test results continues to unfold, the FDA will provide updates on our findings and on changes to our recommendations based on any new findings.

For More Information, please click on the following links:

- CDC's Lead Poisoning Prevention Program: <https://www.cdc.gov/nceh/lead/>
- CDC's Lead and Multi-Element Proficiency Program: https://www.cdc.gov/nceh/lead/acclpp/actions_blls.html
- Reference: FDA's statement on findings from ongoing investigation into lead testing issues - https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm602343.htm?utm_campaign=National%20Broadcast%20Message%20%20FDA%20Ongoing%20Investigation%20into%20Lead%20Testing%20Issues&utm_medium=email&utm_source=Eloqua&elqTrackId=6a194fcee27441cbb04774773e9ddc5e&elq=d26b31b6793a4e58ba376451dd790cab&elqaid=2892&elqat=1&elqCampaignId=2131



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 Test Fridays

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

1st Friday – Little Road Health Department 9 am to 3 pm

2nd Friday – Dade City Health Department 10 am to 3 pm

3rd Friday – Wesley Chapel Health Department 10 am to 3 pm

4th Friday – Main Street Health Department 12 noon to 4 pm

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