



Pasco County Health Department

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Office Hours

Mon-Fri 8am–5pm

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

Epidemiology: (352) 521-1450 opt 6

Confidential fax: (352) 521-1435

TB: (727) 861-5260 ext 253

Confidential fax: (727) 861-4844

Environmental: (813) 558-5173

Animal Control (report animal bites):

(727) 834-3216

Fax: (813) 929-1218

STD/HIV: (727) 861-5260 ext. 173 (W. Pasco) or (352) 521-1450 ext. 345 (E. Pasco)

HIV (testing): (727)861-5260 ext. 177 (W. Pasco) or (352)521-1450 ext. 346 (E. Pasco)

After Hours: Pager (727) 257-1177
Answering Service (727) 815-4088

Avian Influenza A (H7N9) Outbreak

Current Situation

- ◆ China reported human and bird (poultry) infections with a new strain of H7N9 that is very different from previously seen H7N9 viruses.
- ◆ As of April 26, 2013, the number of human infections with avian influenza A (H7N9) in China has risen to 109 with 23 deaths.*
- ◆ Currently no evidence of sustained human-to-human spread of this virus.
- ◆ There are still no reports of H7N9 in the United States.
- ◆ Currently there are no travel restrictions to China



What is Avian Influenza (AI)?

- ◆ AI refers to the disease caused by infection with avian (bird) influenza (flu) Type A viruses.
- ◆ These viruses occur naturally among wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species.
- ◆ AI viruses do not normally infect humans. However, sporadic human infections with avian flu viruses have occurred.

What is H7N9?

- ◆ "H7N9" is the designation for one subtype of influenza viruses that is sometimes found in birds, but that does not normally infect humans.

Symptoms

- ◆ Symptoms include high fever, cough, and shortness of breath.
- ◆ Severe illness has resulted in acute respiratory distress syndrome, septic shock and multi-organ failure leading to death.

Treatment

- ◆ CDC recommends oseltamivir/Tamiflu® and zanamivir/Relenza® for treatment of patients with suspected or confirmed H7N9.
- ◆ Influenza viruses are always changing and some of these changes can result in viruses becoming resistant to one or more influenza antiviral drugs, so these medications may not always be fully effective.
- ◆ CDC will conduct further testing to determine the susceptibility of other H7N9 viruses to existing antiviral drugs.

Vaccine

- ◆ Currently there is no vaccine to protect against this virus, however, CDC and others are working to develop a vaccine candidate virus that could be used to make a vaccine if needed.

*On April 24, 2013, Chinese authorities announced they will begin reporting cases of H7N9 on a weekly rather a daily basis.

Source: www.cdc.gov

Important Links

<http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

<http://www.cdc.gov/flu/spotlights/h7n9-cases-update.htm>

<http://www.cdc.gov/flu/avianflu/h7n9-healthprofessionals.htm>

<http://wwwnc.cdc.gov/travel/notices/watch/avian-flu-h7n9-china.htm>

<http://www.flu.gov>

PASCO HIV/AIDS 1st Quarter Summary



<u>Disease</u>	2013	2013	2012
	<u>Jan - Mar</u>	<u>YTD (Mar)</u>	<u>YTD (Mar)</u>
HIV*	15	15	16
AIDS*	5	5	8

*Florida Department of Health, Bureau of HIV/AIDS (excluded Department of Corrections, DOC cases from report) Current HIV Infection data reflects any case meeting the CDC definition of "HIV infection" which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV. Newly reported HIV Infection cases do not imply they are all newly diagnosed cases.

Pasco County Health Department offers **FREE RAPID HIV TESTING**.

Get tested today and receive results in 20 minutes!

For more information please visit <http://www.doh.state.fl.us/chdPasco/epi.html> or call (727) 861-5260 ext. 177 or (352) 521-1450 ext 345

Outbreak Snapshot

Norovirus Outbreak

On March 20, 2013, the PCHD Epidemiology Program received notification of a gastrointestinal outbreak at a local nursing home. This outbreak resulted in a total of 15 out of 113 residents and 16 staff members becoming ill with initial illness onset date of March 8th. Individuals experienced diarrhea, vomiting and nausea lasting approximately 42 – 48 hours. PCHD provided lab slips and testing kits for stool collection along with shipping instructions. Infection control measures included: hand washing education, notification of visitors, cancelling group activities, environmental cleaning, and the appropriate usage of personal protective equipment (PPE). A recommendation of a 48 hour exclusion period for staff and residents was given. Gastrointestinal outbreak management documentation was provided. The outbreak pathogen was verified in two residents as Norovirus. As of April 1, 2013, no new cases have developed at the center. The investigation is closed.

Varicella Outbreak

On March 20, 2013, the Pasco County Health Department (PCHD) received notification through the syndromic surveillance system known as ESSENCE or Electronic Surveillance System for Early Notification of Community-based Epidemics regarding three physician diagnosed cases of varicella. It was determined that all three cases were family related. The ages were four, six and eight. The four year old child was the index case as his symptoms (rash and fever) began on 3/14/13. The remaining two children experienced symptoms (rash and fever) on 3/16/13. The children were out of school from 3/15/13 – 4/1/13 due to the illness and Spring Break (3/25 – 4/1). The school health nurse at their elementary school was consulted to determine the history of varicella vaccine. It was determined that both children six and eight were up to date on their vaccinations. The four year old child does not attend school therefore Florida Shots was used to confirm that the child was up to date. The children aged six and eight are in 1st and 2nd grade respectively. Neither of their classrooms reported any students that experienced varicella like symptoms. Student vaccination records for both classrooms were reviewed and determined that all students were up to date. There were pregnant faculty members identified during the investigation. They were advised to consult with their OB/GYN provider.

Exclusion was recommended for students and staff with no history of varicella vaccine or disease. It was recommended that should anyone experience symptoms that they be excluded until 24 hours after the last lesion was crusted over. PCHD provided the supervisor of student health services with a letter to inform parents of the Varicella outbreak at their child's school. The letter went home with students on 3/21/13. There have been no additional cases. This investigation is closed.



1st Quarter 2013 Disease Summary



Disease/Condition	2013	2012
	<u>Jan - Mar</u>	<u>Jan - Mar</u>
ANIMAL RABIES	0	1
ARSENIC	0	1
CAMPYLOBACTERIOSIS	2	8
CRYPTOSPORIDIOSIS	0	1
CREUTZFELDT-JAKOB DISEASE (CJD)	1	0
CRYPTOSPORIDIOSIS	3	0
DENGUE FEVER	1	0
ESCHERICHIA COLI, SHIGA TOXIN PRODUCING	3	4
GIARDIASIS	7	3
HAEMOPHILUS INFLUENZAE (INVASIVE DISEASE)	1	1
HEPATITIS A	0	3
HEPATITIS B (+HBsAg IN PREGNANT WOMEN)	2	3
HEPATITIS B, ACUTE	4	6
HEPATITIS B, CHRONIC	12	16
HEPATITIS C, ACUTE	0	1
HEPATITIS C, CHRONIC	184	124
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	1	0
LEAD POISONING	15	23
LEGIONELLOSIS	0	3
LYME DISEASE	0	1
MENINGOCOCCAL DISEASE	1	0
PERTUSSIS	5	3
PESTICIDE-RELATED ILLNESS OR INJURY	0	1
RABIES, POSSIBLE EXPOSURE	43	37
SALMONELLOSIS	19	13
SHIGELLOSIS	1	9
STREP PNEUMONIAE, INVASIVE DISEASE, DRUG-R	2	4
STREP PNEUMONIAE, INVASIVE DISEASE, SUSCEPT	3	4
STREPTOCOCCAL DISEASE INVASIVE GROUP A	6	0
VARICELLA	5	1
TOTAL CASES	321	271

*Data retrieved from Merlin - Florida's Disease Registry System

Reportable Diseases/Conditions in Florida

Practitioner* List 11/24/08

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

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, Florida Administrative Code (FAC).

! = 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

! Any disease outbreak	Granuloma inguinale*	! Rabies (possible exposure)
! Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.	! <i>Haemophilus influenzae</i> (meningitis and invasive disease)	! Ricin toxicity
Acquired Immune Deficiency Syndrome (AIDS)+	Hansen's disease (Leprosy)*	Rocky Mountain spotted fever*
Amebic encephalitis*	☎ Hantavirus infection	! Rubella (including congenital)
Anaplasmosis*	☎ Hemolytic uremic syndrome	St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)*
! Anthrax	☎ Hepatitis A	Salmonellosis*
Arsenic poisoning*	Hepatitis B, C, D, E, and G*	Saxitoxin poisoning including paralytic shellfish poisoning (PSP)*
! Botulism (foodborne, wound, unspecified, other)	Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)*	! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
Botulism (infant)*	Herpes simplex virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 yrs)*	Shigellosis*
! Brucellosis	Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)+	! Smallpox
California serogroup virus (neuroinvasive and non-neuroinvasive disease)*	Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs)*	☎ <i>Staphylococcus aureus</i> , community associated mortality*
Campylobacteriosis*	! Influenza due to novel or pandemic strains	☎ <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)+	☎ Influenza-associated pediatric mortality (in persons aged < 18 yrs)	☎ Staphylococcal enterotoxin B (disease due to)
Carbon monoxide poisoning*	Lead poisoning (blood lead level ≥ 10µg/dL; additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC)*	Streptococcal disease (invasive, Group A)*
Chancroid*	Legionellosis*	<i>Streptococcus pneumoniae</i> (invasive disease)*
Chlamydia*	Leptospirosis*	Syphilis*
! Cholera	☎ Listeriosis	☎ Syphilis (in pregnant women and neonates)
Ciguatera fish poisoning (Ciguatera)*	Lyme disease*	Tetanus*
Congenital anomalies*	Lymphogranuloma venereum (LGV)*	Toxoplasmosis (acute)*
Conjunctivitis (in neonates ≤ 14 days old)*	Malaria*	Trichinellosis (Trichinosis)*
Creutzfeldt-Jakob disease (CJD)*	! Measles (Rubeola)	Tuberculosis (TB)*
Cryptosporidiosis*	! Melioidosis	! Tularemia
Cyclosporiasis*	Meningitis (bacterial, cryptococcal, mycotic)*	☎ Typhoid fever
Dengue*	! Meningococcal disease (includes meningitis and meningococemia)	! Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)
! Diphtheria	Mercury poisoning*	Typhus fever (disease due to <i>Rickettsia typhi</i> , <i>R. felis</i> infection)*
Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)*	Mumps*	! Vaccinia disease
Ehrlichiosis*	☎ Neurotoxic shellfish poisoning	Varicella (Chickenpox)*
Encephalitis, other (non-arboviral)*	☎ Pertussis	Varicella mortality*
☎ Enteric disease due to: <i>Escherichia coli</i> , O157:H7 <i>Escherichia coli</i> , other pathogenic <i>E. coli</i> including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains	Pesticide-related illness and injury*	! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
Giardiasis*	! Plague	Vibriosis (Vibrio infections)*
! Glanders	! Poliomyelitis, paralytic and non-paralytic	! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
Gonorrhea*	Psittacosis (Ornithosis)*	West Nile virus disease (neuroinvasive and non-neuroinvasive)*
	Q Fever*	Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)*
	☎ Rabies (human, animal)	! Yellow fever

You are an invaluable part of Florida's disease surveillance system.

For more information, please call the epidemiology unit at your local county health department or the Bureau of Epidemiology, Florida Department of Health (FDOH): 850-246-4401 or visit http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

**Section 381.003(1)(a), Florida Statutes provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The FDOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance... and shall furnish a copy of said list to the practitioners..."

