Jan 2014-Mar 2014

#### Department of Health Pasco County

Main Office 10841 Little Road New Port Richey, FL 34654 (727)861-5260 www.doh.state.fl.us/chdpasco/defa ult.html

Administrator Mike Napier, MS

#### Office Hours Mon-Fri 8am-5pm

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

Epidemiology: (352) 521-1450 Press 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)841-4425 ext. 1015 (W. Pasco) or (352)521-1450 ext. 346 (E. Pasco)

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

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### HEALTH OFFICIALS EXPAND BOUNDARIES FOR RABIES ALERT

**Zephyrhills** – The Florida Department of Health in Pasco County is expanding the boundaries for the previously issued rabies alert for the south east geographical region of Pasco County. This is in response to a raccoon found outside of the previous boundaries testing positive for rabies.

All residents and visitors in Pasco County should be aware that rabies is present in the wild animal population and domestic animals are at risk if not vaccinated. The public is asked to maintain a heightened awareness that rabies is active in Pasco County. Alerts are designed to increase awareness to the public, but they should not get a false sense of security to areas that have not been named as under an alert.

"In rural and urban surroundings rabies in the wild animal population, specifically raccoons are more prevalent than most people think," said Mike Napier, County Health Officer. "We urge you to be responsible pet owners and get your pets vaccinated and to educate your children to stay away from any raccoons or animals they are not familiar with."

The recent rabies alert is for 60 days. The center of the rabies alert is in the south east area of Pasco, and includes the following boundaries in Pasco County: West of County Road 535, South of Centennial Road, East of River Glen Blvd, North of Chancey Road

An animal with rabies could infect other wild or domestic animals that have not been vaccinated against rabies. All domestic animals should be vaccinated against rabies and all wildlife contact should be avoided, particularly raccoons, bats, foxes, skunks, otters, bobcats and coyotes. Rabies is a disease of the nervous system and is fatal to warm blooded animals and humans. The only treatment for human exposure to rabies is rabies specific immune globulin and rabies immunization. Appropriate treatment started soon after the exposure, will protect an exposed person from the disease.

Residents and visitors are advised to take the following precautions:

- Keep rabies vaccinations up to date for all pets.
- Keep your pets under direct supervision so they do not come in contact with wild animals. If your pet is bitten by a wild animal, seek veterinary assistance for the animal immediately.
- Do not handle, feed, or unintentionally attract wild animals with open garbage cans or litter
- Never adopt wild animals or bring them into your home.
- Teach children never to handle unfamiliar animals, wild or domestic, even if they appear friendly.
- Prevent bats from entering living guarters or occupied spaces in homes, churches, schools, and other similar areas, where they might come in contact with people and pets.
- If you are bitten by any animal seek care promptly. Wash the wound thoroughly with soap and water. Go to your family doctor or hospital for medical attention immediately.
- Contact Pasco County Animal Services at (727) 834-3216, (813) 929-1212, or (352) 521-5194 to report animal bites or scratches and for information on stray dogs and cats.
  - Contact the Florida Fish and Wildlife Conservation Commission at 1-863-648-3203 for concerns about wild animals.

For further information on rabies, go to http://www.floridahealth.gov/diseases-and-conditions/rabies/ index.html or call the Florida Department of Health Pasco County, (352) 521-1450 ext. 344.

# PASCO HIV/AIDS/TB 1st Quarter Summary



	2014	2014	<u>2013</u>
<u>Disease</u>	<u>Jan - Mar</u>	<u>YTD (Mar)</u>	<u>YTD (Mar)</u>
HIV*	10	10	11
AIDS*	9	9	5
TB**	0	0	0

\*Florida Department of Health, Bureau of HIV/AIDS (excluded DOC cases from report)

\*\*Bureau of TB & Refugee Health

Department of Health - Pasco County offers FREE RAPID HIV TESTING.

Get tested today and receive results in 20 minutes!

For more information please visit <u>http://www.doh.state.fl.us/chdPasco/epi.html</u> or call (727) 841-4425 ext. 1015 or (352) 521-1450 ext. 346



#### **Domestic Cat test positive for Rabies**

On 3/10/14, Pasco County Animal Services contacted FDOH - Pasco Epidemiology Program regarding an owned, unvaccinated, suspect rabid outdoor cat. On 3/7, the cat was taken to a local veterinary clinic due to abnormal behavior. Upon examination, a local veterinarian advised the owner to leave the cat at the clinic overnight for observation. On 3/8, when the veterinarian observed the cat, the cat was displaying classic aggressive rabies behavior. The cat was euthanized and sent rabies testing. On 3/13, the laboratory confirmed a positive result.

The investigation identified individuals that were exposed to cat during the 10 day period preceding the onset of rabies symptoms. The cat was one of seven animals in the home. In addition to the rabid cat, there are two unvaccinated cats and four unvaccinated dogs. The rabid cat was approximately two years old and was an outdoor cat during the day.

All three potentially exposed persons in the home received rabies post-exposure prophylaxis treatment. In addition, two individuals at the veterinary clinic had unprotected hand to mouth contact with the rabid cat while examining its gums and were unsure if any cuts were present on their fingers. Both of these individuals reported previously receiving pre-exposure prophylaxis rabies vaccines. Two booster doses of rabies vaccine were recommended for each of these individuals.

Pasco County Animal Services placed each of the six remaining pets on a 180 day separated observation period.

On 3/13/14 FDOH - Pasco issued a Rabies Alert for southeast Pasco County.

#### Rabid Raccoon--Pasco County

On February 26, 2014, Department of Health Pasco County (DOH - Pasco) Epidemiology department was notified of a positive test for rabies in a raccoon. This was the first animal and raccoon that tested positive for rabies in Pasco County this year. The incident involved contact between a raccoon and a vaccinated cat. There were no reported human exposures. The cat received a booster vaccination and remained on home quarantine/observation for 45 days as a precaution. The cat was seen at a local animal emergency clinic and veterinarian's office. Epidemiology contacted both places to inform them of the positive test result.

#### See link for news coverage:

http://www.abcactionnews.com/news/region-pasco/pasco-county-health-officials-say-a-raccoon-that-mauled-a-cat-in-trinity-tested-positive-for-rabies

#### Pasco Teen attacked by trio of raccoons

See link: <u>http://www.abcactionnews.com/news/region-pasco/evimary-pinero-of-land-o-lakes-was-attacked-by-three-raccoons-feb-4-shes-getting-rabies-shots</u>

## **Outbreak Snapshot**

## Respiratory Illness at a Rehabilitation and Nursing Center - Pasco County

On 2/11/14, the DON at a rehabilitation and nursing center in Pasco County called the Department of Health - Pasco Epidemiology department to report 10 residents within their facility exhibiting signs of respiratory illness. Symptoms included cough and congestion. The onset date was on 2/3/14.

Rapid flu test were performed on two residents and both were negative. One resident was diagnosed with pneumonia. On 2/12/14, nasopharyngeal swabs were collected and shipped to BPHL - Tampa for further testing. As of 2/14, all samples were negative for influenza A&B and enterovirus. Results from the respiratory panel are still pending.

Control measures were recommended and the facility was provided with the CDC Influenza Outbreak Management in Long term care facility document. Epidemiology will continue to follow-up with the facility.

### Update - Respiratory Illness at a Rehabilitation and Nursing Center - Pasco County

On 2/17/14, DOH - Pasco Epidemiology followed up with the facility regarding the recent respiratory illness outbreak. Per DON, there were no new cases among residents and staff. Previously ill residents were improving with some still experiencing a slight cough.

On 2/18/14, Epidemiology received the final laboratory results from BPHL - Tampa. Both specimens were positive for RSV and one positive for Coronavirus (HKU1).

#### FDOH-Pasco Investigates GI illness at Nursing Center, March 2014

<u>On 3/10/14</u>, FDOH - Pasco Epidemiology Program was contacted by a local nursing center inquiring on enteric outbreaks in Pasco County. The nursing center reported one resident vomiting and three who were nauseated. The nursing center closed the dining room and was asked to notify FDOH - Pasco if there were any additional cases.

<u>On 3/12/14</u>, FDOH - Pasco was informed of 10 residents experiencing vomiting and/or diarrhea. All cases were afebrile. Stools were watery. There was no visible blood in the vomitus or stools. FDOH - Pasco provided written guidance for enteric disease in healthcare settings and appropriate measures. In addition, signage was posted at visitor's entrances to inform people of the outbreak. FDOH -Pasco requested stool specimens to determine the outbreak cause, as well as a line list of residents and staff members who were ill.

<u>On 3/13/14</u>, FDOH - Pasco received a line list of **21 residents** (attack rate 19.09%) and **23 staff members** who had or were currently having symptoms of an enteric illness. The center provided three stool specimens for testing.

<u>On 3/14/14</u>, FDOH - Pasco delivered three stool specimens to the Tampa Lab for virology and microbiology tests. The nursing center informed FDOH - Pasco that four additional staff members were symptomatic.

On 3/17/14, **Norovirus G1** was detected by PT-PCR in each of the three specimens submitted.

<u>As of 3/17/2014</u>, there were no new cases reported at the facility.

# 1st Quarter 2014 Disease Summary





	2014	2014	2013	2013
Disease/Condition*	<u>Jan - Mar</u>	<u>YTD</u>	<u>Jan - Mar</u>	<u>YTD</u>
CAMPYLOBACTERIOSIS	13	13	2	2
CARBON MONOXIDE POISONING	1	1	0	0
CRYPTOSPORIDIOSIS	2	2	3	3
DENGUE FEVER	0	0	1	1
ESCHERICHIA COLI, SHIGA TOXIN-PRODUCING (STEC)	4	4	3	3
GIARDIASIS	5	5	7	7
HAEMOPHILUS INFLUENZAE INVASIVE DISEASE	1	1	1	1
HEPATITIS A	3	3	0	0
HEPATITIS B, ACUTE	13	13	4	4
HEPATITIS B, CHRONIC	13	13	11	11
HEPATITIS B, PREGNANT WOMEN	3	3	2	2
HEPATITIS C, CHRONIC	195	195	152	152
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	0	0	1	1
LEAD POISONING	11	11	15	15
LEGIONELLOSIS	2	2	0	0
LISTERIOSIS	1	1	0	0
MENINGOCOCCAL DISEASE	0	0	1	1
PERTUSSIS	7	7	4	4
RABIES, ANIMAL	2	2	0	0
RABIES, POSSIBLE EXPOSURE	50	50	43	43
SALMONELLOSIS	25	25	19	19
SHIGELLOSIS	2	2	1	1
STREP PNEUMONIAE INVASIVE DISEASE, DRUG RESIS.	3	3	2	2
STREP PNEUMONIAE INVASIVE DISEASE, DRUG SUS.	5	5	3	3
STREPTOCOCCAL INVASIVE DISEASE (GROUP A)	5	5	6	6
TOXOPLASMOSIS	1	1	0	0
VARICELLA (CHICKENPOX)	7	7	5	5
VIBRIOSIS CHOLERAE (TYPE, NON 01)	1	1	0	0
TOTAL	375	375	286	286

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

Pr	actitioner* List 11/24/08		/Conditions in Flo		test order = Report immediately 24/7
	d you know that you are require				<ul> <li>by phone</li> <li>= Report next business day</li> </ul>
	rtain diseases to your local cour				<ul> <li>Report next business day</li> <li>+ = Other reporting timeframe</li> </ul>
	orting requirements for laboratories differ. For specifi sult Rule 64D-3, <i>Florida Administrative Code (FAC)</i> .	c inform	nation on disease reporting,		T = Outer reporting time. and
OUE					
_	Any disease outbreak	-	Granuloma inguinale*	_	Rabies (possible exposure)
	Any case, cluster of cases, or outbreak of a disease or condition found in the general	1	Haemophilus influenzae (meningitis and invasive disease)	_	Ricin toxicity
	community or any defined setting such as a		Hansen's disease (Leprosy) •	_	Rocky Mountain spotted fever •
	hospital, school or other institution, not listed below that is of urgent public health	8	Hantavirus infection	_	Rubella (including congenital)
	significance. This includes those indicative	2	Hemolytic uremic syndrome		St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)*
	of person to person spread, zoonotic spread, the presence of an environmental,	2	Hepatitis A	_	Salmonellosis •
	food or waterborne source of exposure and those that result from a deliberate act of		Hepatitis B, C, D, E, and G.	—	Saxitoxin poisoning including paralytic
	terrorism.		Hepatitis B surface antigen (HBsAg)	_	shellfish poisoning (PSP) •
	Acquired Immune Deficiency Syndrome (AIDS)+		(positive in a pregnant woman or a child up to 24 months old) •	_	Severe Acute Respiratory Syndrome- associated Coronavirus (SARS-CoV) diseas
-	Amebic encephalitis *		Herpes simplex virus (HSV) (in infants up to 60 days old with disseminated infection	_	Shigellosis •
	Anaplasmosis •		with involvement of liver, encephalitis and	_	Smallpox
	Anthrax		infections limited to skin, eyes and mouth; anogenital in children < 12 yrs) *		Staphylococcus aureus, community associated mortality*
	Arsenic poisoning •		Human Immunodeficiency Virus (HIV)	2	Staphylococcus aureus linfection with
	Botulism (foodborne, wound, unspecified,		infection (all, and including neonates born to an infected woman, exposed newborn)+		intermediate or full resistance to vancomycin, VISA,VRSA)
	other) Botulism (infant) •		Human papillomavirus (HPV) (associated	7	Staphylococcal enterotoxin B (disease
	Brucellosis		laryngeal papillomas or recurrent		due to)
_	California serogroup virus (neuroinvasive		respiratory papillomatosis in children ≤6 years of age; anogenital in children ≤12		Streptococcal disease (invasive, Group A) •
	and non-neuroinvasive disease) *		yrs)•		Streptococcus pneumoniae (invasive
	Campylobacteriosis •	1	Influenza due to novel or pandemic strains	—	disease) • Syphilis •
	Cancer (except non-melanoma skin cancer, and including benign and borderline	2	Influenza-associated pediatric mortality (in	-	Syphilis (in pregnant women and neonates
	intracranial and CNS tumors)+		persons aged < 18 yrs) Lead poisoning (blood lead level > 10µg/dL);	-	Tetanus •
	Carbon monoxide poisoning*		additional reporting requirements exist for	—	Toxoplasmosis (acute) •
	Chancroid •		hand held and/or on-site blood lead testing technology, see 64D-3 FAC *	—	Trichinellosis (Trichinosis) •
	Chlamydia •		Legionellosis *	_	Tuberculosis (TB) •
	Cholera		Leptospirosis*		Tularemia
	Ciguatera fish poisoning (Ciguatera)*	2	Listeriosis	2	Typhoid fever
	Congenital anomalies •		Lyme disease •	1	Typhus fever (disease due to Rickettsia
	Conjunctivitis (in neonates ≤ 14 days old) •		Lymphogranuloma venereum (LGV) •	—	prowazekii infection) Typhus fever (disease due to Rickettsia
_	Creutzfeldt-Jakob disease (CJD) * Cryptosporidiosis *	_	Malaria •		typhi, R. felis infection) •
-	Cyclosporiasis •	1	Measles (Rubeola)	1	Vaccinia disease
-	Cyclosponasis* Dengue*	1	Melioidosis		Varicella (Chickenpox) •
	Diphtheria		Meningitis (bacterial, cryptococcal, mycotic) •		Varicella mortality*
	Eastern equine encephalitis virus disease	1	Meningococcal disease (includes meningitis	1	Venezuelan equine encephalitis virus disease (neuroinvasive and
	(neuroinvasive and non-neuroinvasive)*		and meningococcemia)		non-neuroinvasive)
	Ehrlichiosis *		Mercury poisoning *	_	Vibriosis (Vibrio infections) •
	Encephalitis, other (non-arboviral)* Enteric disease due to:	-	Mumps*	1	Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
	Enteric disease que to: Escherichia coli, O157:H7 Escherichia coli, other pathogenic E.	-	Neurotoxic shellfish poisoning Pertussis	—	West Nile virus disease (neuroinvasive and
	Escherichia coli, other pathogenic E. coli including enternatoriagnic	_	Pertussis Pesticide-related illness and injury •	_	non-neuroinvasive)*
	coli including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains	Т	Plague	_	Western equine encephalitis virus disease
	aggregative strains and shiga toxin positive strains	÷	Poliomyelitis, paralytic and non-paralytic	_	(neuroinvasive and non-neuroinvasive)*
	Giardiasis*	-	Psittacosis (Ornithosis) •	-	Yellow fever
	Glanders		Q Fever*		
_	Gonorrhea*	2	Rabies (human, animal)		