

EpiTimes Volume 6 Issue 2

Meningococcal Disease

Risk Factors

Certain people are at increased risk for meningococcal disease. Some risk factors include:

Age—Meningococcal disease is more commonly diagnosed among infants, adolescents, and young adults. [Learn more about vaccine recommendations for age groups at increased risk.](#)

Community setting—Infectious diseases tend to spread wherever large groups of people gather together. Outbreaks of serogroup B meningococcal disease have been reported from college campuses during the last several years. [Learn more about vaccine recommendations for those at increased risk in community settings.](#)

Certain medical conditions—There are certain medical conditions and medications that put people at increased risk of meningococcal disease, such as not having a spleen, having a complement component deficiency, and being infected with HIV. [Learn more about vaccine recommendations for those at increased risk due to certain medical conditions.](#)

Travel—Travelers to the meningitis belt in sub-Saharan Africa may be at risk for meningococcal disease. [Learn more about vaccine recommendations for travelers.](#)

Meningococcal Meningitis

A common outcome of meningococcal infection is meningitis. When caused by *Neisseria meningitidis* bacteria it is known as meningococcal meningitis. When someone has meningococcal meningitis, the protective membranes covering their brain and spinal cord, known as the meninges, become infected and swell. The symptoms include sudden onset of fever, headache, and stiff neck. There are often additional symptoms, such as nausea, vomiting, photophobia (increased sensitivity to light), and altered mental status (confusion).

The symptoms of meningococcal meningitis can appear quickly or over several days. Typically they develop within 3-7 days after exposure.

In newborns and infants, the classic symptoms of fever, headache, and neck stiffness may be absent or difficult to notice. The infant may appear to be slow or inactive, irritable, vomiting or feeding poorly. In young children, doctors may also look at the child's reflexes, which can also be a sign of meningitis. Meningococcal meningitis is very serious and can be fatal. In fatal cases, deaths can occur in as little as a few hours. In non-fatal cases, permanent disabilities can include hearing loss and brain damage.

Meningococcal Septicemia (aka Meningococcemia)

Another common outcome of meningococcal infection is bloodstream infection, either septicemia or bacteremia. The more serious of the two is septicemia. When caused by *Neisseria meningitidis* bacteria it is known as meningococcal septicemia or meningococcemia. This is the more dangerous and deadly illness caused by *Neisseria meningitidis* bacteria. When someone has meningococcal septicemia, the bacteria enter the bloodstream and multiply, damaging the walls of the blood vessels and causing bleeding into the skin and organs.

Symptoms may include fever, fatigue, vomiting, cold hands and feet, cold chills, severe aches or pain in the muscles, joints, chest or abdomen (belly), rapid breathing, diarrhea, and in the later stages, a dark purple rash ([see photos](#))

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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)

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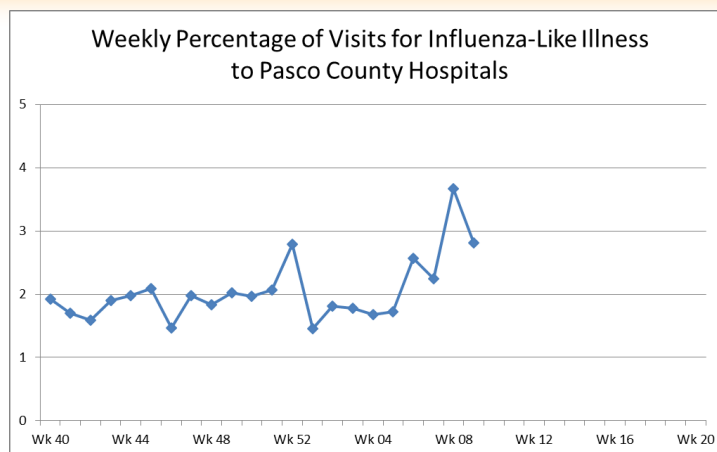
Influenza Update

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

- Florida reported widespread activity to the Centers of Disease Control and Prevention (CDC) for the eighth week in a row.
- In week 9, influenza activity in Florida remained elevated overall. Elevated influenza activity is expected for several more weeks.
- Statewide, the percent of emergency department (ED) and urgent care center (UCC) visits for ILI decreased slightly, but remained elevated. ED and UCC visits for pregnant women increased and was near peak levels observed in previous seasons. Pregnant women are at higher risk for severe complications from influenza infection.
- Respiratory syncytial virus (RSV) activity in children <5 years old decreased but remained above levels observed in previous seasons at this time (see page 12).
- In week 8, the preliminary estimated number of deaths due to pneumonia and influenza (P&I) decreased and was similar to levels seen in previous seasons at this time.
- In week 9, one influenza-associated pediatric death was reported.
 - Four influenza-associated pediatric deaths have been reported so far this season in Florida. While rare, Florida receives reports of influenza-associated pediatric deaths each season.
- 40 counties reported mild influenza activity, 24 counties reported moderate influenza activity, one county reported elevated influenza activity, and two counties reported no influenza activity.
- Eight influenza or ILI outbreaks were reported, with the majority occurring in facilities serving adults aged ≥65 years old. A total of 109 outbreaks of influenza or ILI have been reported so far this season.
- Since the start of the 2016-17 influenza season, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) statewide has been influenza A (H3).

National influenza activity:

- In recent weeks, influenza and ILI activity decreased. In week 8, levels were above those observed in previous seasons at this time. The majority of states, including Florida, reported widespread influenza activity.
- CDC recommends annual vaccination for everyone ≥6 months old. People who have not been vaccinated against influenza should get vaccinated as soon as possible.
- In recent weeks, influenza A (H3) has been the most common subtype reported to CDC by public health laboratories across the nation.
 - Seasons in which influenza A (H3) predominates have been associated with more severe illness, particularly in young children and adults ≥65 years old.
- Highly pathogenic avian influenza (HPAI) H7 was recently identified in a commercial chicken breeding flock in Tennessee. This is the first identification of HPAI in commercial poultry in the U.S. in 2017. Additional testing is being conducted to determine the virus strain and an epidemiologic investigation has been initiated to better determine the source of the birds' infection.
- There is increased risk for (HPAI) H5 virus identification in birds during the fall and winter migratory season. HPAI H5 has not been identified in Florida birds and would be expected to be seen in more northerly states first, but identifications are possible. Two wild ducks have tested positive for HPAI H5 since August 2016: one was identified in Alaska in August of 2016 and the second was identified in Montana in January of 2017. No human HPAI infections have been identified in Florida or any other states.
 - To learn more about HPAI, please visit: www.floridahealth.gov/novelflu.



Andrea Bingham, PhD, MSPH and Danielle Stanek, DVM, DOH Bureau of Epidemiology; Lea Heberlein-Larson, Lylah Seaton, 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 February 26-March 4, 2017 the following arboviral activity was recorded in Florida.

This report contains information for all arboviruses in 2017 and Zika virus only for 2016.

WNV activity: No human cases of WNV infection were reported this week. No horses with WNV infection were reported this week. No sentinel chickens tested positive for antibodies to WNV this week. In 2017, positive samples from three sentinel chickens have been reported from two 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 2017, a positive sample from one sentinel chicken has been reported from one county.

EEEV activity: No human cases of EEEV infection were reported this week. No horses with EEEV infection were reported this week. No sentinel chickens tested positive for antibodies to EEEV this week. In 2017, there have been no positive samples reported.

International Travel-Associated Dengue Fever Cases: No cases of dengue fever were reported this week in persons that had international travel. In 2017, no travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: No cases of locally acquired dengue fever were reported this week. In 2017, 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 2017, no travel-associated cases have been reported.

Chikungunya Fever Cases Acquired in Florida: No cases of locally acquired chikungunya fever were reported this week. In 2017, no cases of locally acquired chikungunya fever have been reported.

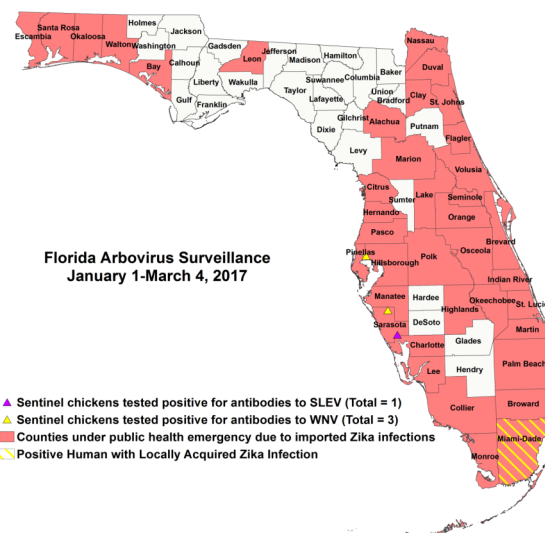
International Travel-Associated Zika Fever Cases: Three cases of Zika fever were reported this week in persons that had international travel. In 2017, thirteen cases have been reported. In 2016, 1077 travel-associated cases were reported.

Zika Fever Cases Acquired in Florida: In 2017, one case of locally acquired Zika fever has been reported. In 2016, 276 local cases were reported.

Advisories/Alerts: No counties are currently under mosquito-borne illness advisory or alert. Thirty-nine counties are currently under a declared public health emergency due to the identification of travel-associated Zika infections: Alachua, Bay, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Escambia, Flagler, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Leon, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, St. Johns, St. Lucie, Santa Rosa, Sarasota, Seminole, Volusia, and Walton Counties.

There are no areas of ongoing, active Zika transmission in Florida. However, isolated local Zika cases continue to be identified in Miami-Dade County. CDC currently designates Miami-Dade County as a cautionary area and recommends that pregnant women should consider postponing travel to the county. For additional information on current CDC recommendations, please visit <https://www.cdc.gov/zika/intheus/florida-update.html>. Zika zones were lifted in Wynwood (September 19), North Miami Beach (November 22), Little River (December 2), and South Miami Beach (December 9) after 45 days with no evidence of active Zika transmission.

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 a Level 2 Travel Health Notice from the CDC for Brazil related to the transmission of Yellow Fever virus. There is a Level 1 (Watch) Travel Health Notice from the CDC for multiple countries in the Caribbean, Central and South America, and Mexico, related to the transmission of chikungunya virus. Additional information on travel health notices can be found at the following link: <http://wwwnc.cdc.gov/travel/notices>.



Epidemiology Disease Summary	February		YTD	
	2017	2016	2017	2016
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)	-	-	-	-
Haemophilus influenzae	1	-	2	-
Legionellosis	-	-	-	-
Listeriosis	-	-	-	-
Meningitis, Bacterial or Mycotic	-	-	2	-
Meningococcal Disease	-	-	-	-
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	-	-
Strep pneumoniae Invasive Disease, Drug-Resistant	-	-	-	2
Strep pneumoniae Invasive Disease, Drug-Susceptible	1	-	2	2
Enteric Infections				
Campylobacteriosis	7	4	13	13
Cholera (Vibrio cholerae Type O1)	-	-	-	-
Cryptosporidiosis	-	-	1	-
Cyclosporiasis	-	-	-	-
Escherichia coli Shiga Toxin-Producing (STEC)	-	1	1	2
Giardiasis	2	1	4	3
Hemolytic Uremic Syndrome (HUS)	-	-	1	-
Salmonellosis	7	6	14	13
Shigellosis	2	2	4	3
Typhoid Fever	-	-	-	-
Vibriosis	1	-	1	-
Vaccine Preventable Diseases				
Measles	-	-	-	-
Mumps	-	-	-	-
Pertussis	-	3	-	4
Varicella	1	1	1	2
Vector Borne, Zoonoses				
Chikungunya Fever	-	-	-	-
Eastern Equine Encephalitis Neuroinvasive Disease	-	-	-	-
Ehrlichiosis/Anaplasmosis	-	-	-	-
Lyme Disease	3	-	3	-
Malaria	-	-	-	-
Rabies, Animal	-	-	-	-
Rabies, Possible Exposure	3	12	8	24
Rocky Mountain Spotted Fever and Rickettsiosis	-	-	-	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	-	-	-
Viral Hepatitis				
Hepatitis A	-	-	-	-
Hepatitis B, Acute	6	10	6	19
Hepatitis B, Chronic	14	4	21	14
Hepatitis B, Surface Antigen in Pregnant Women	-	-	2	1
Hepatitis C, Acute	-	1	2	6
Hepatitis C, Chronic	98	46	145	117
Other				
Carbon Monoxide Poisoning	1	-	1	2
Influenza-Associated Pediatric Mortality	-	-	-	-
Lead Poisoning	-	3	3	5
Mercury Poisoning	-	1	-	1
Pesticide-Related Illness and Injury	-	-	-	-
Total	147	95	237	233

STD Morbidity Statistics

- Chlamydia = 97
- Gonorrhea = 21
- Syphilis = 0
- HIV = 1

If you've had chlamydia and were treated in the past, you can still get infected again if you have unprotected sex with someone who has chlamydia.

HIV Outreach Statistics

- 69 individuals were tested for HIV
- 3 individuals were tested for Syphilis
- 46 rapid Hepatitis tests performed



Current HIV Infection data by year of report 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 in Florida. If a case is later identified as being previously diagnosed and reported from another state, the case will no longer be reflected as a Florida case and the data will be adjusted accordingly. Data from the most recent calendar year (2015) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida. The final year-end numbers are generated in July of the following year, after duplicate cases are removed from the dataset, as is customary of HIV surveillance in the US.

Jail Linkage Statistics

- 24 rapid HIV tests performed (0 – positive)
- 22 Hepatitis tests performed (10 – positive)
- 8 RPR tests performed (0 – positive)
- 0 Gonorrhea/Chlamydia tests performed (0 – positive)
- 24 individuals were HIV post-test counseled

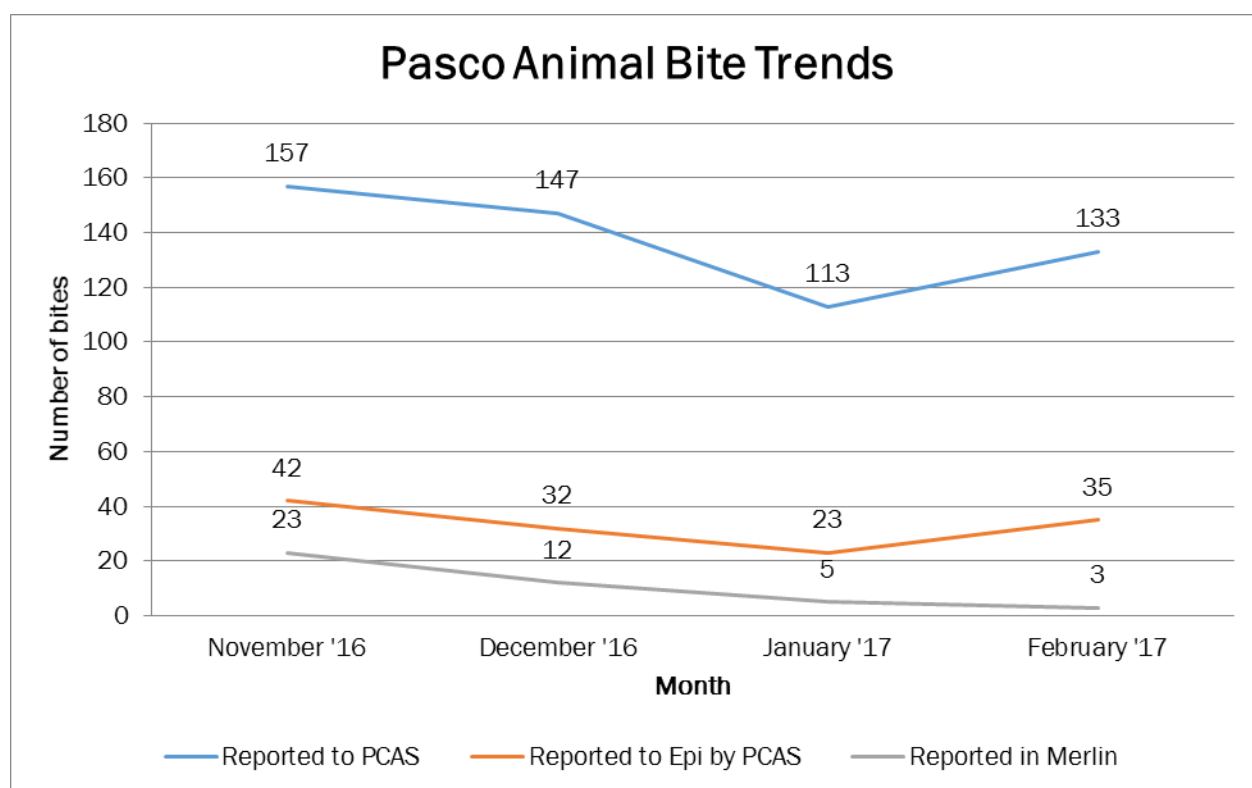
Tuberculosis & Refugee Health Statistics

- 4 TB cases
- 3 Suspect cases
- 10 LTBI clients
- 8 new refugees
- 17 Follow up immunization visits

Animal Bites



- Pasco County Animal Services (PCAS) received 133 animal bites in February
- PCAS reported 35 of 133 (26%) cases to PCHD for follow-up
- 3 of 35 (9%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 10 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.



Barberi International Inc. Recalls Frozen Ajiaco Due to Possible Health Risk

FOR IMMEDIATE RELEASE — February 1, 2017 — Barberi International Inc., based in Miami, Florida, is recalling its Sunmba Frozen Ajiaco (vegetable mix) product across Florida due to possible contamination with *Listeria monocytogenes*. *Listeria monocytogenes* is an organism, which can cause serious and sometimes fatal infections in young children, frail or elderly people, and others with weakened immune systems. Although healthy individuals may suffer only short-term symptoms such as high fever, severe headache, stiffness, nausea, abdominal pain and diarrhea, *Listeria monocytogenes* infection can cause miscarriages and stillbirths among pregnant women.

The Sunmba Frozen Ajiaco (vegetable mix) product being recalled was sold in 2 lb. plastic bags with the UPC number 85641400172 and with a “use by” date of Nov. 5, 2017, or earlier. This product was distributed in Florida and sold to the below stores between December 24, 2016 thru January 22, 2017. Out of an abundance of caution, Barberi International Inc. is recalling this product from these stores.

Bravo Supermarket	Kissimmee Meat Produce	Mexico Lindo	Colenvia
Fancy Fruit and Produce	Riverview Fresh Market	Tienda Los Amigos	El Aguila Supermarket
La Sabrosita	La Placita	El Ricon,	Compare
Unidos Supermarket	El Mariachi Latino	Meat Emporium	Tienda La Paisa
La Grande Supermarket	Blooming Latin Market	La Teresita Meat Market	Mi Pueblo
La 41 Meat Market	The Latin Brothers	El Loco Supermarket	Pepes Hacienda
Tico Market	Las Mercedes	La Hacienda	Busy Bee
Quick Stop Latino	Latin American Supermarket	Pepes Mexican Store	East Coast Market
Las Americas Grocery and Deli	Thrifty Specialty Produce	Antonys Fruit produce and Meat Market	

Listeria monocytogenes was discovered in the Sunmba Frozen Ajiaco after Florida Department of Agriculture and Consumer Services product testing. No other Barberi International food items are impacted by this recall.

To date, no illnesses have been reported in connection with this product.

Customers who purchased this product should discard it or return it to their local store for a full refund.

Consumers with questions may contact Barberi International at (786) 845 0037 Monday thru Friday from 8:00am to 5:00pm EST.





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Staff News and Upcoming Events

HIV Outreach participated in events at Atonement Lutheran Church in Wesley Chapel, Juvenile Detention Center in San Antonio, Land O' Lakes Jail, Vine Church in Zephyrhills, Wilson Academy in Land O' Lakes, and Bay Care Behavioral Health Community Recovery Center in New Port Richey.

The Pasco Public Defender Mobile Medical Unit will be parked outside the Florida Department of Health-Pasco County in Dade City on Thursday, March 16th and Tuesday, March 28th. 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.

The quarterly EpiTimes newsletter and monthly surveillance report have been combined into one publication. The EpiTimes newsletter will now be sent out monthly and the monthly surveillance report has been discontinued.

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



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
- ☎ Report immediately 24/7 by phone
- Report next business day
- + 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
- ! 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
- ☎ 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
- ☎ Dengue fever, locally acquired
- ! Diphtheria
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute
- ! Glanders
- Gonorrhea

- Granuloma inguinale
- ! *Haemophilus influenzae* invasive 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 or 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) 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
- ☎ Influenza-associated pediatric mortality in children <18 years old
- Lead poisoning
- Legionellosis
- Leptospirosis
- ☎ Listeriosis
- Lyme disease
- Lymphogranuloma venereum (LGV)
- Malaria
- ! Measles (rubeola)
- ! Melioidosis
- Meningitis, bacterial or mycotic
- ! Meningococcal disease
- Mercury poisoning
- Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- Pesticide-related illness and injury, acute

- ! Plague
- ! 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
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- *Streptococcus pneumoniae* invasive disease in children <6 years old
- Syphilis
- ☎ Syphilis in pregnant women and neonates
- Tetanus
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- West Nile virus disease
- ! Yellow fever

*Section 381.0031 (2), *Florida Statutes* (F.S.), 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, Section 381.0031 (4), F.S. 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..."