

October 2016 Surveillance Report

HIV and Injection Drug Use

Sharing needles, syringes, and other injection equipment puts people who inject drugs (PWID) at high risk for getting HIV and other infections, including hepatitis. Annual HIV diagnoses among black and Hispanic/Latino PWID were cut in half between 2008–2014, but diagnoses among white PWID dropped by only 28%. One reason may be that fewer blacks and Hispanics/Latinos are sharing needles and syringes, while whites are more likely to share them. Syringe services programs (SSPs) can play a role in preventing HIV and other health problems among PWID. They provide access to sterile syringes and should also provide comprehensive services such as help with stopping substance misuse; testing and linkage to treatment for HIV, hepatitis B, and hepatitis C; education on what to do for an overdose; and other prevention services. State and local health departments can work with their lawmakers and law enforcement to make SSPs more available to PWID.

State and local health departments can:

- Use data on HIV, hepatitis, substance use, and overdoses to determine where services are needed.
- Work with law enforcement and local leaders to expand access to SSPs, where permitted by law.
- Provide HIV and hepatitis testing and prevention services for PWID.
- Ensure treatment is available for overdoses, HIV, hepatitis, and substance use disorder, and inform first responders about available resources.

Problem

HIV diagnoses among PWID have decreased, but progress has been uneven.

The number of PWID getting HIV has been cut in half in the U.S.

- Annual HIV diagnoses among PWID decreased by 48% overall (2008–2014).
- Annual HIV diagnoses fell by about 50% among black and Hispanic/Latino PWID, both in urban and nonurban areas (2008–2014).
- Annual HIV diagnoses dropped by 28% among urban white PWID during 2008–2012, but did not decrease from 2012–2014. Trends among nonurban whites were similar.

There have been changes in who is starting to inject drugs.*

- In 2005, blacks and whites each made up 38% of new PWID (those who have been injecting for 5 years or less).
- In 2015, blacks made up 19% of new PWID and whites made up 54%.
- The percent of new PWID who are Hispanic/Latino stayed around the same at about 21%.

*In 22 cities with a high number of HIV cases

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HIV and Injection Drug Use, continued

Some PWID are at higher risk for getting HIV from sharing syringes.*

- About 46% of new white PWID shared syringes, compared with 32% of Hispanics/Latinos and 28% of blacks.
- White PWID started injecting at younger ages than other races/ethnicities, and younger people were more likely to share syringes.
- Syringe sharing was low (13%) among PWID who got all their syringes from sterile sources like SSPs, but high (41%) among those who didn't.

What Can Be Done

The Federal government is

- Allowing certain state and local prevention programs to use their federal funds for SSPs (not to buy needles, syringes, and other injection equipment). For more information, visit <http://bit.ly/2eVU8ab>.
- Providing support and access to HIV, hepatitis, and substance use disorder prevention and treatment, including medication-assisted treatment and mental health services.
- Providing guidelines to healthcare providers for appropriate prescribing practices to reduce opioid abuse and overdoses.
- Monitoring national trends for HIV, hepatitis, and drug overdoses.

State and local health departments can

- Use data on HIV, hepatitis, substance use, and overdoses to determine where services are needed.
- Work with law enforcement and local leaders to expand access to SSPs, where permitted by law.
- Provide HIV and hepatitis testing and prevention services for PWID.
- Ensure treatment is available for overdoses, HIV, hepatitis, and substance use disorder, and inform first responders about available resources.

Healthcare providers can

- Screen patients for substance use disorder, including the misuse of prescription opioids. Provide or link PWID to medication-assisted treatment, and link them to mental health services, if needed. Use CDC opioid prescribing guidelines, <http://bit.ly/1jTLLej>
- Test PWID for HIV and hepatitis and treat them if they are infected. Vaccinate patients for hepatitis A and B, if appropriate.
- Prescribe sterile syringes to PWID, or refer them to SSPs or pharmacies that provide sterile syringes, where permitted by law.
- Provide or refer PWID to HIV risk reduction counseling. Consider prescribing pre-exposure prophylaxis (PrEP) for PWID at very high HIV risk.
- Prevent overdose deaths by providing naloxone or referring PWID to pharmacies or community-based programs that provide it, where permitted by law.

Lawmakers, judges, police and other criminal justice officials can

- Address legal and law enforcement barriers that prevent or discourage the use of SSPs and substance use disorder treatment, including use of medication-assisted treatment.
- Refer PWID to substance use disorder treatment and HIV and hepatitis prevention services.
- Support HIV and hepatitis testing and care and hepatitis vaccination in prisons and jails.

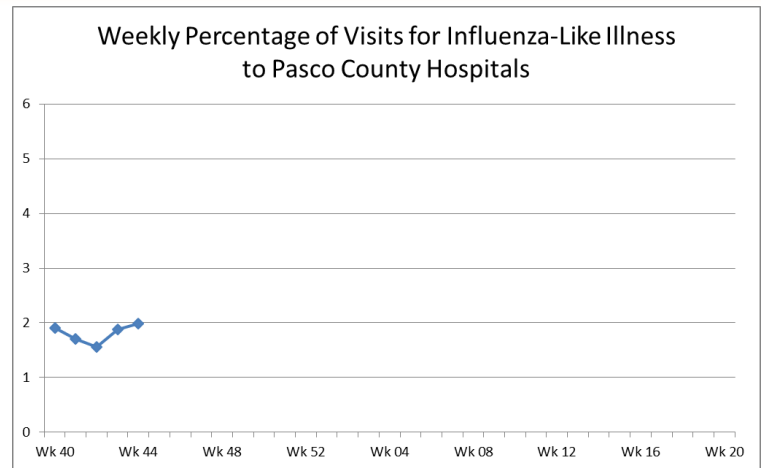
People who inject drugs can

- Get help to stop injecting drugs. SAMHSA.gov, or 1-800-662-HELP (4357).
- Use only new, sterile syringes, safely dispose of used syringes, and never share any equipment if injecting drugs. Contact the local health department or NASEN.org to find an SSP.
- Get tested for HIV and hepatitis C at least once a year. Get vaccinated for hepatitis A and B if not infected. People who have HIV or hepatitis should get medical care and take medicines as prescribed.

Influenza Update

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

- Influenza activity increased, but remains at low levels across the state.
- Emergency department (ED) and urgent care center (UCC) visits for ILI increased, but remain similar to levels seen in previous seasons at this time.
- In week 44, respiratory syncytial virus (RSV) activity in children under the age of five continued to increase notably and remains above levels observed in previous seasons at this time.
- In week 43, the preliminary estimated number of deaths due to pneumonia and influenza (P&I) decreased and is below levels seen in previous seasons at this time.
- In week 44, the majority of counties reported “mild” or no influenza activity.
- No influenza-associated pediatric deaths were reported in week 44.
 - No influenza-associated pediatric deaths have been reported so far this season.
 - Annual vaccination remains the best way to protect children against influenza infection. Now is the perfect time to get your annual vaccine.
- In week 44, no outbreaks of influenza or ILI were reported.
- Since the start of the 2016-17 influenza season, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) has been influenza A (H3).



National influenza activity:

- Influenza activity continues to circulate at low levels nationally. In recent weeks, influenza and ILI activity remained below the national baseline.
 - While the timing and severity of influenza seasons vary and are unpredictable, flu activity is expected to increase in the coming weeks.
- In recent weeks, influenza A (H3) has been the most common subtype reported to the CDC by public health laboratories across the nation.
- For the 2016-17 season, CDC recommends use of inactivated influenza vaccines (IIV) or recombinant influenza vaccines (RIV). Live attenuated influenza vaccines (LAIV) should not be used during the 2016-17 influenza season. This recommendation follows poor or relatively lower effectiveness of LAIV between 2013 and 2016.
 - To learn more, please visit: http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w.
- CDC recommends annual influenza vaccination for everyone aged six months and older by the end of October, if possible. People who have not been vaccinated against influenza by the end of October should get vaccinated as soon as possible.
 - Getting your annual flu vaccine aids in the protection of others who are more vulnerable to serious influenza complications, such as pregnant women, the elderly, young children, and people with chronic conditions like asthma or diabetes. Influenza can be more serious for these individuals and the best way to protect them is by getting your flu vaccine every year.
- There is increased risk for highly pathogenic avian influenza (HPAI) H5 virus identification in birds as we enter the fall 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. To date, only one wild duck in Alaska has tested positive for HPAI H5 since November 2015. No human HPAI infections have been identified in Florida or other states.

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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) and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included. During the period of October 30-November 5, 2016 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. Five sentinel chickens tested positive for antibodies to WNV this week in Citrus, Lee, and Manatee Counties. In 2016, positive samples from 178 sentinel chickens, six humans, one horse, and five mosquito pools have been received from 22 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 2016, six positive samples from sentinel chickens have been received from two counties.

EEEV activity: No human cases of EEEV infection were reported this week. One horse with EEEV infection was reported this week in Highlands County. No sentinel chickens tested positive for antibodies to EEEV this week. In 2016, positive samples from 81 sentinel chickens and 22 horses have been received from 23 counties.

International Travel-Associated Dengue Fever Cases: No new cases of dengue fever were reported this week in persons that had international travel. In 2016, 40 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: No new cases of locally acquired dengue fever were reported this week in Miami-Dade County. In 2016, two 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 2016, six travel-associated cases have been reported.

Chikungunya Fever Cases Acquired in Florida: No cases of locally acquired chikungunya fever were reported this week. In 2016, no cases of locally acquired chikungunya fever have been reported.

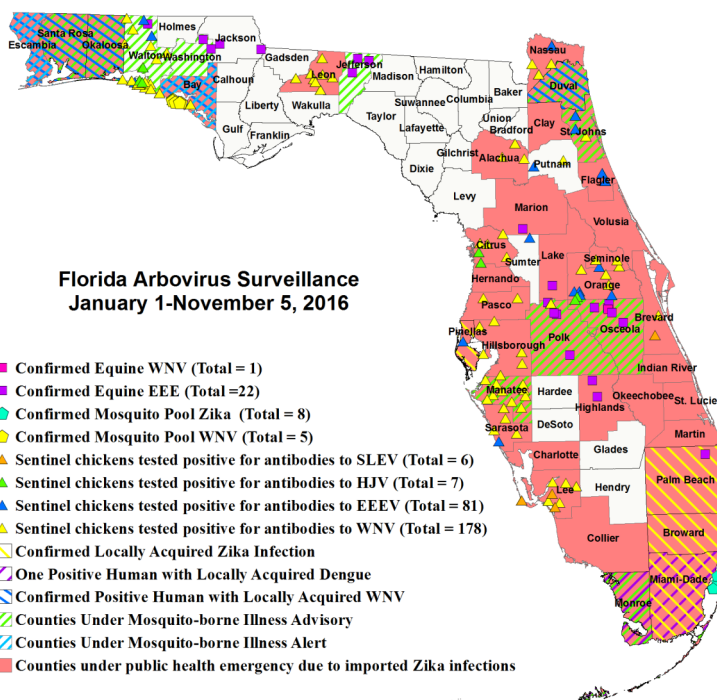
International Travel-Associated Zika Fever Cases: Eighteen cases of Zika fever were reported this week in persons that had international travel. In 2016, 881 travel-associated cases have been reported.

Zika Fever Cases Acquired in Florida: Eight cases of Zika fever were reported this week in persons that had no international travel. In 2016, 191 local cases have been reported.

Advisories/Alerts: Bay and Escambia Counties are currently under mosquito-borne illness alert. Duval, Jefferson, Manatee, Monroe, Polk, Okaloosa, Osceola, St. Johns, Santa Rosa, Walton, and Washington Counties are currently under mosquito-borne illness advisory. Thirty-seven 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, and Volusia Counties.

Florida has confirmed that local transmission of Zika virus is occurring in two areas in Miami-Dade County. One area is about 4.5 square miles in Miami Beach within the boundaries of 8th and 63rd streets. The second area is about one square mile within the boundaries of NW 79th St. to the North, NW 63rd St. to the South, NW 10th Ave. to the West and N. Miami Ave to the East. A map of the area along with public health recommendations can be seen at: <http://www.floridahealth.gov/newsroom/2016/10/101316-zika-update.html>. On Monday, September 19, the Zika zone in Wynwood was lifted 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 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	October		YTD	
	2016	2015	2016	2015
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)	-	-	-	1
Haemophilus influenzae	-	1	6	2
Legionellosis	-	-	6	6
Listeriosis	-	1	-	2
Meningitis, Bacterial or Mycotic	-	-	2	6
Meningococcal Disease	-	-	1	-
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	1	-
Strep pneumoniae Invasive Disease, Drug-Resistant	-	-	2	1
Strep pneumoniae Invasive Disease, Drug-Susceptible	-	2	14	6
Enteric Infections				
Campylobacteriosis	11	12	79	89
Cholera (Vibrio cholerae Type O1)	-	-	-	-
Cryptosporidiosis	1	-	8	24
Cyclosporiasis	-	-	3	-
Escherichia coli Shiga Toxin-Producing (STEC)	1	-	14	8
Giardiasis	2	2	13	17
Hemolytic Uremic Syndrome (HUS)	-	-	-	1
Salmonellosis	22	20	117	117
Shigellosis	1	1	17	13
Typhoid Fever	-	-	-	-
Vibriosis	-	-	3	2
Vaccine Preventable Diseases				
Measles	-	-	-	-
Mumps	1	-	1	1
Pertussis	1	3	13	16
Varicella	-	4	8	25
Vector Borne, Zoonoses				
Chikungunya Fever	-	-	-	-
Eastern Equine Encephalitis Neuroinvasive Disease	-	-	1	-
Ehrlichiosis/Anaplasmosis	-	-	1	1
Lyme Disease	1	-	9	5
Malaria	-	-	-	-
Rabies, Animal	-	-	2	1
Rabies, Possible Exposure	18	10	127	156
Rocky Mountain Spotted Fever and Rickettsiosis	-	-	-	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	-	9	-
Viral Hepatitis				
Hepatitis A	1	-	4	4
Hepatitis B, Acute	5	1	78	55
Hepatitis B, Chronic	10	7	80	81
Hepatitis B, Surface Antigen in Pregnant Women	1	-	7	8
Hepatitis C, Acute	3	-	23	4
Hepatitis C, Chronic	91	69	970	729
Other				
Carbon Monoxide Poisoning	-	2	7	4
Influenza-Associated Pediatric Mortality	-	-	-	-
Lead Poisoning	10	12	36	38
Mercury Poisoning	-	-	1	-
Pesticide-Related Illness and Injury	-	-	1	-
Total	180	147	1664	1423

STD Morbidity Statistics

- Chlamydia = 95
- Gonorrhea = 27
- Syphilis = 4
- HIV = 1

Symptoms of Gonorrhea in women can include:
Painful or burning sensation when urinating, increased vaginal discharge, and vaginal bleeding between periods.

HIV Outreach Statistics

- 50 individuals were tested for HIV
- 6 individuals were tested for Syphilis
- 29 rapid Hepatitis tests performed
- 16 individuals tested positive for HIV and 4 tested positive for AIDS



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

- 32 rapid HIV tests performed (0 – positive)
- 34 Hepatitis tests performed (18 – positive)
- 31 RPR tests performed (0 – positive)
- 1 Gonorrhea/Chlamydia tests performed (0 – positive)
- 32 individuals were HIV post-test counseled

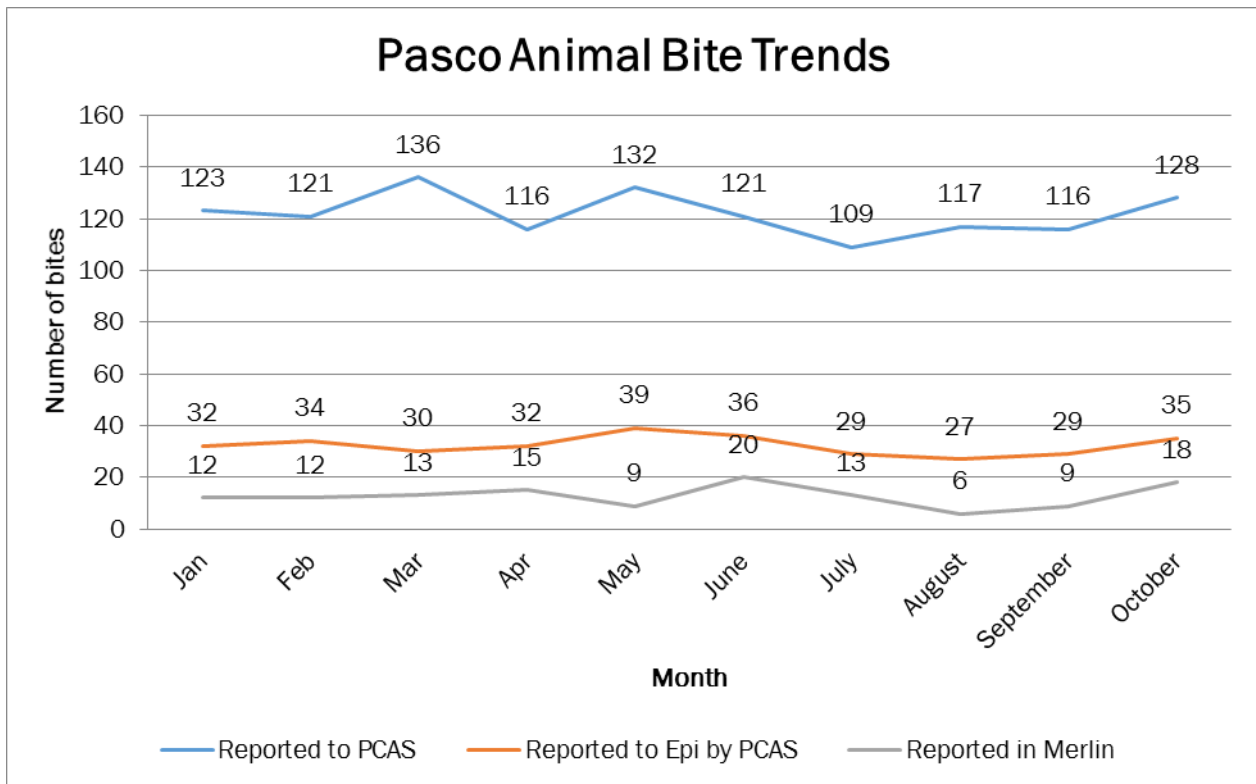
Tuberculosis/Refugee Statistics

- 5 TB cases
- 4 Suspect cases
- 8 LTBI clients
- 10 new (0 no shows) refugees
- 23 Follow up immunization visits



Animal Bites

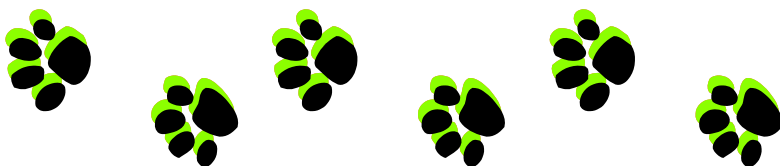
- Pasco County Animal Services (PCAS) received 128 animal bites in October
- PCAS reported 35 of 128 (27%) cases to PCHD for follow-up
- 18 of 35 (51%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 4 animal specimens for rabies testing (0 positive)



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.



Nestlé USA Initiates Voluntary Recall Of Nestlé® Drumstick® Club 16 Count Variety and 24 Count Vanilla Pack Due to Possible Health Risk

FOR IMMEDIATE RELEASE — October 7, 2016 — Glendale, CA - Nestlé USA, Inc. is initiating a voluntary recall of its Nestlé Drumstick Club 16 count Variety Pack and 24 count Vanilla Pack (with cones marked for easy individual sale) due to a possible health risk. The two pack sizes contain 4.6 fl.oz. cones and were manufactured in Bakersfield, Calif. and distributed nationally. No other production codes, sizes or varieties of Nestlé Drumstick products are affected by this recall.

The company received positive test results for *Listeria monocytogenes* (LM) from equipment contact surfaces from a location on the production line where these products are made. There have been no positive test results for LM present in the Drumstick cones themselves. The products impacted by the voluntary recall were put into distribution inadvertently. No illnesses have been reported to date; the company is initiating this recall as a precautionary action to avoid any potential for consumer illness.

Listeria monocytogenes 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 infection can cause miscarriages and stillbirths among pregnant women.

The Nestlé recall is limited to the Drumstick Club 16 Count Variety Pack and 24 count Vanilla Pack, made at the company's Bakersfield, Calif. ice cream production facility. The product identification codes can be found on the back of the packages and on the individually marked vanilla cones from the 24 count pack. The two packs being recalled carry distinct UPC codes, as well as a "best before" date and production code.

Consumers who may have purchased the product listed above should not consume it, but instead should return it to the place of purchase or contact Nestlé Consumer Services for replacement. Please call or text 1-800-681-1676 or email Nestleproductinquiry@casupport.com; representatives are available 24/7. News about this recall also can be found on Nestléusa.com and Drumstick.com.

Description	Production Code	UPC	Best Before Date
	6244580212	6251580212	
	6245580212	6252580212	
	6246580212	6253580212	
DSTK Club CP 16x4.6floz US	6247580212	6254580212	72554-11096 Between June 2 - June 15, 2017
	6248580212	6255580212	
	6249580212	6256580212	
	6250580212	6257580212	
DSTK Vanilla 24x4.6floz US	6258580212	6260580212	72554-00160 Between June 16 - June 19, 2017
	6259580212	6261580212	

The quality and safety of Nestlé products remain our number one priority. We apologize for any inconvenience this action represents for both our consumers and retail customers.

Outside Supplier Aspen Hills Expands Cookie Dough Recall; Blue Bell Recalls All Products Made With Aspen Hills Cookie Dough Due To Potential Health Risk

FOR IMMEDIATE RELEASE — October 10, 2016 — BRENHAM, Texas – Blue Bell Ice Cream is voluntarily recalling all products that were made with a cookie dough ingredient supplied by a third party supplier Aspen Hills, Inc., due to the potential for them to contain *Listeria monocytogenes*. *Listeria monocytogenes* 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* infection can cause miscarriages and stillbirths among pregnant women.

No illnesses have been reported to date. Blue Bell initiated this expanded recall after Aspen Hills provided additional information on affected cookie dough lots. Although our products in the marketplace have passed our test and hold program, which requires that finished product samples from a batch test negative for *Listeria monocytogenes* before the batch can be released, Blue Bell is initiating this recall out of an abundance of caution. This recall is being conducted in cooperation with the FDA.

This recall includes the following products in half gallons and pints, Blue Bell Chocolate Chip Cookie Dough and Blue Bell Cookie Two Step sold to retail outlets, and three gallon flavors sold to food service accounts including Blue Bell Blue Monster, Blue Bell Chocolate Chip Cookie, and Blue Bell Crazy Kookie Dough. These products were produced from February 2, 2016 through September 7, 2016.

The consumer and food service products produced with the cookie dough pieces were distributed in the following states Alabama, Arkansas, Florida, Georgia, Kansas, Kentucky, Louisiana, Mississippi, Missouri, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.

Consumers should not eat the recalled products and are encouraged to return them to the place of purchase for a full refund.

We continue to work closely with our regulatory agencies, and we remain committed to ensuring we are producing safe products for our consumers to enjoy. For more information, consumers with questions may call 979-836-7977, Monday – Friday 8 a.m. – 5 p.m. CST.

This is an expansion of the original recall posted here: [Blue Bell Recall](#)



Publix Recalls Publix Premium Chocolate Chip Cookie Dough Ice Cream Due To Possible *Listeria monocytogenes* Contamination From Aspen Hills, Inc. Cookie Dough Pieces

FOR IMMEDIATE RELEASE — October 10, 2016 — LAKELAND, Fla – Aspen Hills, the supplier of the cookie dough pieces used as an ingredient in the Publix Chocolate Cookie Dough Ice Cream, notified Publix that some of their product could be contaminated with *Listeria monocytogenes*. Publix Super Markets is issuing a voluntary recall for Publix Premium Chocolate Chip Cookie Dough Ice Cream due to the possibility of the product containing *Listeria monocytogenes*.

The ice cream was sold at Publix stores in Florida, Georgia, Alabama, South Carolina, Tennessee and North Carolina with a UPC of 000-41415-03843, and a sell by date of May 27 2017, which is printed on the bottom of the half gallon container.

Listeria monocytogenes is a bacteria that 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 infection can cause miscarriages and stillbirths among pregnant women.

"As part of our commitment to food safety, potentially impacted product has been removed from all store shelves," said Maria Brous, Publix media and community relations director. "To date, there have been no reported cases of illness. Consumers who have purchased the product in question may return the product to their local store for a full refund. Publix customers with additional questions may call our Customer Care department at 1-800-242-1227 or by visiting our website at www.publix.com. Customers can also contact the US Food and Drug Administration at 1-888-SAFEFOOD (1-888-723-3366)."

Publix is privately owned and operated by its 186,000 employees, with 2015 sales of \$32.4 billion. Currently Publix has 1,127 stores in Florida, Georgia, Alabama, Tennessee, South Carolina and North Carolina. The company has been named one of Fortune's "100 Best Companies to Work For in America" for 19 consecutive years. In addition, Publix's dedication to superior quality and customer service is recognized among the top in the grocery business. For more information, visit the company's website, corporate.publix.com.

Chocolate Shoppe Ice Cream Company Recalls Select Products Containing Chocolate Chip Cookie Dough Pieces Purchased From Outside Supplier Aspen Hills Due To Possible Health Risk

FOR IMMEDIATE RELEASE — October 11, 2016 — Madison, WI - Chocolate Shoppe Ice Cream Company, Inc. is recalling select ice cream products, because they were made with a chocolate chip cookie dough ingredient supplied by Aspen Hills, Inc., which has the potential to be contaminated 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* infection can cause miscarriages and stillbirths among pregnant women.

The ice cream products were distributed to the following states AL, AZ, CO, CT, FL, GA, IA, IL, IN, KS, KY, LA, MI, MN, MO, ND, NE, OH, OK, PA, SC, TX, WA, WI & WV. The ice cream products were distributed to various ice cream shops around the country, online outlets and limited grocery stores.

4,183 3 Gallon Cartons and 5,296 Pints are affected by this recall.

This recall includes the following products with code dates provided:

- Chocolate Shoppe Ice Cream Co. 3 Gallon Cartons
- Cookie Dough Ice Cream 12/29/17, 12/19/17, 12/13/17, 12/6/17, 11/26/17 & 11/15/17
- Heaps of Love Ice Cream 12/29/17, 11/24/17 & 11/8/17
- Peanut Butter Cookie Dough 12/1/17 & 11/18/17
- Sticks & Stones 12/27/17, 12/2/17 & 11/10/17
- Yippee Skippee 12/1/17
- Chocolate Shoppe Ice Cream Co. Pints
- Cookie Dough Ice Cream 12/13/17, 12/9/17 & 11/26/17
- The Baked Bear brand 3 Gallon Cartons
- Cookie Dough 12/6/17, 11/26/17 & 11/15/17

The affected product can be identified by the code date listed on the bottom right hand corner of the product label on 3 gallon cartons and by the code date listed on the bottom of each pint.

No illnesses have been reported to date that we are aware of.

Customers are urged to destroy or return the affected products. Full credit will be offered for a full refund of the products in question. Consumers may contact us at 800-466-8043 or via email at info@chocolateshoppeicecream.com.

ICAPP Voluntarily Recalls Certain Lots of Frozen Strawberries

FOR IMMEDIATE RELEASE — October 30, 2016 — The International Company for Agricultural Production & Processing (ICAPP) is voluntarily recalling certain lots of its frozen strawberries out of an abundance of caution in response to a U.S. Food and Drug Administration (FDA) investigation of an outbreak of Hepatitis A. For more information about this investigation, please visit FDA's outbreak investigation website at <http://www.fda.gov/Food/RecallsOutbreaksEmergencies/Outbreaks/ucm518775.htm>.

The recalled products were all distributed for sale to and use in food service establishments nationwide – not for use in food products offered for retail sale to consumers. Nonetheless, ICAPP is issuing this news release publicly to help mitigate any possible risk to the public health and to fully ensure that all recalled products are recovered. Although none of ICAPP's own testing through an established surveillance program or through third party testing of retained samples has identified the presence of Hepatitis A in any of its products, ICAPP has decided to recall all frozen strawberries that it has imported into the United States since January 1, 2016 out of an abundance of caution.

No other ICAPP products, frozen or fresh, are covered by this voluntary recall.

ICAPP is conducting this voluntary recall after learning that frozen strawberries that it distributed may be linked to a recent Hepatitis A outbreak in the United States. ICAPP has been engaged with FDA in its investigation of this outbreak and is taking this action in consultation with FDA because Hepatitis A virus was detected in four lots of frozen strawberries that were exported to the U.S. by ICAPP. ICAPP is working closely with all of the U.S. distributors of this product to ensure that this recall is effective.

Hepatitis A is a contagious liver disease that results from exposure to the Hepatitis A virus, including from food. It can range from a mild illness lasting a few weeks to a serious illness lasting several months. Illness generally occurs within 15 to 50 days of exposure and includes fatigue, abdominal pain, jaundice, abnormal liver tests, dark urine and pale stool. Hepatitis A vaccination can prevent illness if given within two weeks of exposure to a contaminated food. In rare cases, particularly consumers who have a pre-existing severe illness or are immune compromised, Hepatitis A infection can progress to liver failure. Persons who may have consumed affected product should consult with their health care professional or local health department to determine if a vaccination is appropriate, and consumers with symptoms of Hepatitis A should contact their health care professionals or the local health department immediately.

ICAPP is fully committed to producing safe and high quality products; consumer safety is its top priority. ICAPP is conducting a comprehensive review of all of its operations and its suppliers to ensure that the food it produces is safe. ICAPP continues to work closely with federal and state authorities and is conducting this recall in cooperation with FDA.

For questions or more information, consumers may contact ICAPP by email at customerservice@icapp.com.eg or by phone, between 9:00 am and 5:00 pm Cairo local time, at +201-541-1624.



Florida Department of Health Pasco County



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**Check out
our Quarterly
Epi Newsletter
published in
November!**

Staff News and Upcoming Events

HIV Prevention staff participated in events at the Land O' Lakes Jail, Vine Church in Zephyrhills, First Presbyterian Church in New Port Richey, The Community Recovery Center of West Pasco County in New Port Richey, Loving Hands Ministries in Lacoochee, Arm Works, Inc. in Dade City, and BayCare Behavioral Health-Community Recovery Center in New Port Richey.

The Pasco World AIDS Day Committee, Inc., will be hosting a drag queen bingo on Friday, March 25, 2016 at Lakes at Regency Civic Association in Port Richey. Proceeds to benefit local Pantry.

Garik Nicholson, Epi manager, received his Certification in Infection Control in October. Congratulations, Garik!

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..."