

# May 2016 Surveillance Report

## Zika virus testing

Zika virus screening tests (including RT-PCR) are available for patients who meet any of the following criteria:

1) Requested by a health care provider AND

Pregnant women who, while pregnant, traveled to an area reporting Zika virus activity regardless of the length of time since the travel/illness occurred, but ideally within 2-12 weeks of travel

2) Requested by a health care provider AND

All persons, including pregnant women, with two or more of the following signs/symptoms: fever, maculopapular rash, arthralgia, or conjunctivitis and a history of travel to an area reporting Zika virus activity in the two weeks prior to illness onset

3) Requested by a health care provider AND

Mothers of an infant or fetus with microcephaly and/or intracranial calcifications, or poor fetal outcome diagnosed after the first trimester and with history of travel to an area with Zika virus activity during pregnancy or sexual contact with a potentially infected male during pregnancy

4) Requested by a health care provider AND

Any person with three or more of the following signs/symptoms: fever, maculopapular rash, arthralgia, or conjunctivitis with no travel and no epidemiologic linkages to persons potentially infected with Zika virus (suspected local case)

## Staff Events/News

Briana O’Sullivan and Jennie Pell of Epidemiology attended a Beginner’s GIS Workshop offered by USF-St. Petersburg.

HIV Outreach staff participated in events at Glorious Church in Trilby, The Lighthouse Ministries in Dade City, Juvenile Detention Center in San Antonio, Farm Worker Outreach in Dade City, Wilson Academy in Land O’ Lakes, Land O’ Lakes Jail, Mobile Medical Unit, and Volunteer Way in New Port Richey.

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## Influenza Update

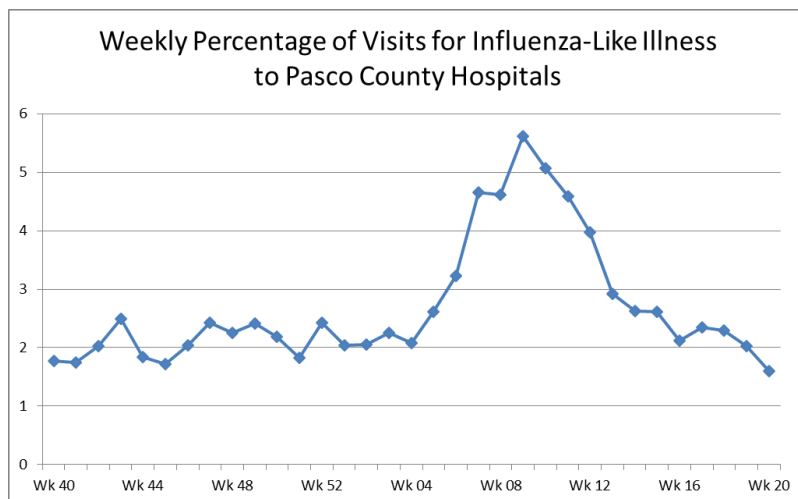
Contributors: Heather Rubino, PhD; Julia Munroe, MS; Ellen Dugan, MPH; Brandon Ramsey, MS; Leah Eisenstein, MPH; Lea Heberlein-Larson, MPH; Valerie Mock, BS; Marshall Cone, MS; Pam Colarusso, MSH; Janet Hamilton, MPH.

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

- Florida reported “sporadic” activity to the Centers for Disease Control and Prevention (CDC) in week 20.
- Influenza activity this season peaked between weeks 7-11. This peak in activity occurred later than in the past six seasons.
- Emergency department (ED) and urgent care center (UCC) visits for ILI remained low, which is typical for this time in the influenza season.
- In recent weeks, 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 20, the majority of counties reported “mild” or no influenza activity.
- No influenza-associated pediatric deaths were reported in week 20.
- Seven influenza-associated pediatric deaths have been reported so far this season. While rare, Florida receives reports of influenza-associated pediatric deaths each season. Annual vaccination remains the best way to protect children against influenza infection.
- In week 20, no outbreaks of influenza or ILI were reported.
- In recent weeks, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) has been influenza B, although influenza A 2009 (H1N1) has been the predominately circulating strain for the majority of the season. As Florida transitions into the summer months, we often see a late season change to influenza B as the most commonly circulating strain. This change has also been observed nationally.

### National influenza activity:

- Influenza activity continues to decrease. Data suggests that influenza activity peaked nationally around week 10, which also coincided with the peak in Florida.
- CDC recommends that persons at high risk for developing complications from influenza infection (such as children and pregnant women) or very ill patients suspected of having influenza receive prompt treatment with antiviral drugs, even prior to laboratory confirmation.
- Influenza A 2009 (H1N1) is the predominately circulating strain for the season, however, influenza B has been the most commonly identified virus type in recent weeks. This late season circulation of influenza B is expected.
- The vast majority of circulating influenza viruses analyzed this season remain similar to the vaccine virus components for this season’s flu vaccines.
- CDC reported that the 2015-16 influenza vaccine formulations are a good match for the currently circulating strains of influenza.
- Recent studies have shown that women who received the influenza vaccine while pregnant were significantly less likely to experience stillbirth compared to unvaccinated pregnant women. Additionally, infants born to vaccinated women were shown have a 60% lower risk for influenza or ILI infection in the first six months of life compared to infants born to unvaccinated women. Additional research is needed to make strong conclusions on the subject. To learn more, please visit: <http://cid.oxfordjournals.org/content/early/2016/03/10/cid.ciw082.abstract> and <http://www.jwatch.org/na41211/2016/05/03/influenza-vaccination-during-pregnancy-protects-infant>.
- Highly pathogenic avian influenza (HPAI) H5 viruses identifications in birds are expected during the spring and summer of 2016. Influenza (HPAI) H5 has not been identified in Florida birds yet, but identifications are anticipated. No human HPAI infections have been identified in Florida or the rest of the nation. To learn more, please visit: [www.floridahealth.gov/novelflu](http://www.floridahealth.gov/novelflu).



## Florida Arbovirus Surveillance

Contributors: Andrea Bingham, PhD, MSPH, Shaiasia Itwaru-Womack, MPH, 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

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 non-viral mosquito-borne disease is also included. During the period of May 22-28, 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. No sentinel chickens tested positive for antibodies to WNV this week. In 2016, positive samples from 34 sentinel chickens have been received from seven 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, there have been no positive samples reported.

**EEEV activity:** No human cases of EEEV infection were reported this week. One horse with EEEV infection was reported this week in Polk County. Four sentinel chickens tested positive for antibodies to EEEV this week in Nassau, Orange, and Seminole Counties. In 2016, positive samples from 26 sentinel chickens and three horses have been received from ten counties.

**International Travel-Associated Dengue Fever Cases:** No cases of dengue fever were reported this week in persons that had international travel. In 2016, 25 travel-associated cases have been reported.

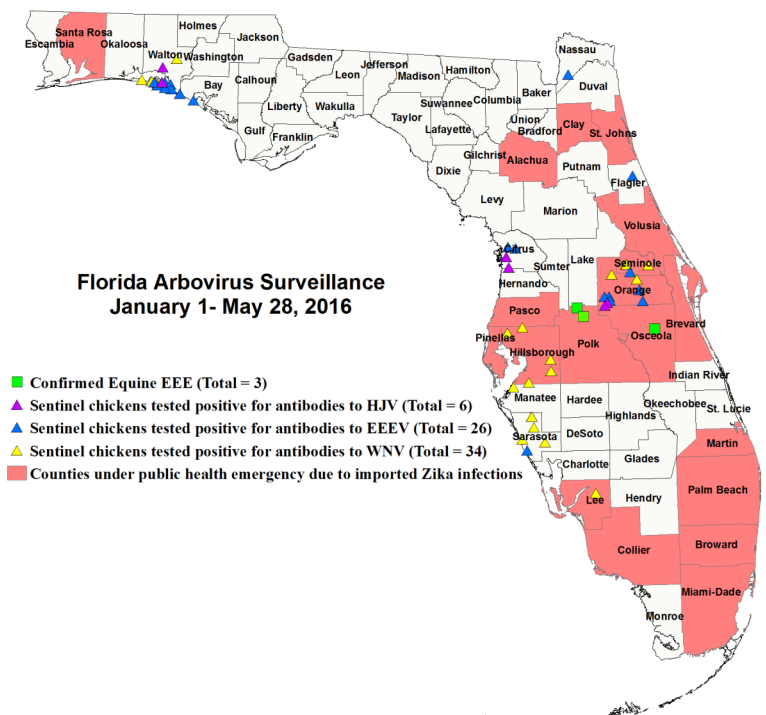
**Dengue Fever Cases Acquired in Florida:** No cases of locally acquired dengue fever were reported this week. In 2016, no cases of locally acquired dengue fever have been reported.

**International Travel-Associated Chikungunya Fever Cases:** No cases of chikungunya fever were reported this week in persons that had international travel. In 2016, four 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:** Seven cases of Zika fever were reported this week in persons that had international travel. In 2016, 132 travel-associated cases have been reported. No cases of locally acquired Zika fever have been reported.

**Advisories/Alerts:** Nineteen counties are currently under a declared public health emergency due to the identification of travel-associated Zika infections: Alachua, Brevard, Broward, Clay, Collier, Hillsborough, Lee, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, St. Johns, Santa Rosa, Seminole, and Volusia Counties. 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, 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://www.ncdc.gov/travel/notices>.



| Epidemiology Disease Summary                        | May        |            | YTD        |            |
|-----------------------------------------------------|------------|------------|------------|------------|
|                                                     | 2016       | 2015       | 2016       | 2015       |
| <b>CNS Diseases and Bacteremias</b>                 |            |            |            |            |
| Creutzfeldt-Jacob Disease (CJD)                     |            | 1          |            | 1          |
| Haemophilus influenzae                              | 2          |            | 6          | 1          |
| Legionellosis                                       | 2          | 1          | 4          | 2          |
| Listeriosis                                         |            |            |            | 1          |
| Meningitis, Bacterial or Mycotic                    | 2          |            | 2          | 1          |
| Meningococcal Disease                               |            |            |            |            |
| Strep pneumoniae Invasive Disease, Drug-Resistant   |            | 1          | 2          | 1          |
| Strep pneumoniae Invasive Disease, Drug-Susceptible | 2          |            | 11         | 4          |
| <b>Enteric Infections</b>                           |            |            |            |            |
| Campylobacteriosis                                  | 8          | 6          | 35         | 36         |
| Cholera (Vibrio cholerae Type O1)                   |            |            |            |            |
| Cryptosporidiosis                                   | 4          | 1          | 6          | 4          |
| Cyclosporiasis                                      |            |            |            |            |
| Escherichia coli Shiga Toxin-Producing (STEC)       | 1          |            | 8          | 3          |
| Giardiasis                                          | 1          | 2          | 7          | 7          |
| Hemolytic Uremic Syndrome (HUS)                     |            |            |            | 1          |
| Salmonellosis                                       | 7          | 6          | 26         | 39         |
| Shigellosis                                         |            | 1          | 4          | 2          |
| Typhoid Fever                                       |            |            |            |            |
| Vibriosis                                           |            | 1          |            | 2          |
| <b>Vaccine Preventable Diseases</b>                 |            |            |            |            |
| Measles                                             |            |            |            |            |
| Mumps                                               |            |            |            | 1          |
| Pertussis                                           |            | 1          | 5          | 8          |
| Varicella                                           | 1          | 9          | 5          | 15         |
| <b>Vector Borne, Zoonoses</b>                       |            |            |            |            |
| Chikungunya Fever                                   |            |            |            |            |
| Ehrlichiosis/Anaplasmosis                           |            |            |            | 1          |
| Lyme Disease                                        | 1          |            | 3          |            |
| Malaria                                             |            |            |            |            |
| Rabies, Animal                                      |            |            | 2          | 1          |
| Rabies, Possible Exposure                           | 9          | 22         | 61         | 91         |
| Rocky Mountain Spotted Fever and Rickettsiosis      |            |            |            |            |
| West Nile Virus Neuroinvasive Disease               |            |            |            |            |
| Zika Fever                                          |            |            | 1          |            |
| <b>Viral Hepatitis</b>                              |            |            |            |            |
| Hepatitis A                                         |            |            | 2          | 2          |
| Hepatitis B, Acute                                  | 4          | 6          | 41         | 29         |
| Hepatitis B, Chronic                                | 9          | 6          | 45         | 34         |
| Hepatitis B, Surface Antigen in Pregnant Women      |            | 1          |            | 4          |
| Hepatitis C, Acute                                  | 2          | 2          | 10         | 2          |
| Hepatitis C, Chronic                                | 189        | 76         | 472        | 348        |
| <b>Other</b>                                        |            |            |            |            |
| Carbon Monoxide Poisoning                           | 1          |            | 4          | 1          |
| Influenza-Associated Pediatric Mortality            |            |            |            |            |
| Lead Poisoning                                      | 3          | 2          | 15         | 13         |
| Mercury Poisoning                                   |            |            | 1          |            |
| <b>Total</b>                                        | <b>248</b> | <b>145</b> | <b>778</b> | <b>655</b> |

## STD Morbidity Statistics

- Chlamydia = 87
- Gonorrhea = 18
- Syphilis = 2
- HIV = 0

## HIV Outreach Statistics

- 88 individuals were tested for HIV
- 3 individuals were tested for Syphilis
- 62 rapid Hepatitis tests performed
- 8 individuals tested positive for HIV and 3 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

- 49 rapid HIV tests performed (0 – positive)
- 33 Hepatitis tests performed (5 – positive)
- 5 RPR tests performed (1 – positive)
- 5 Gonorrhea/Chlamydia tests performed (0 – positive)
- 49 individuals were HIV post-test counseled

## Tuberculosis/Refugee Statistics

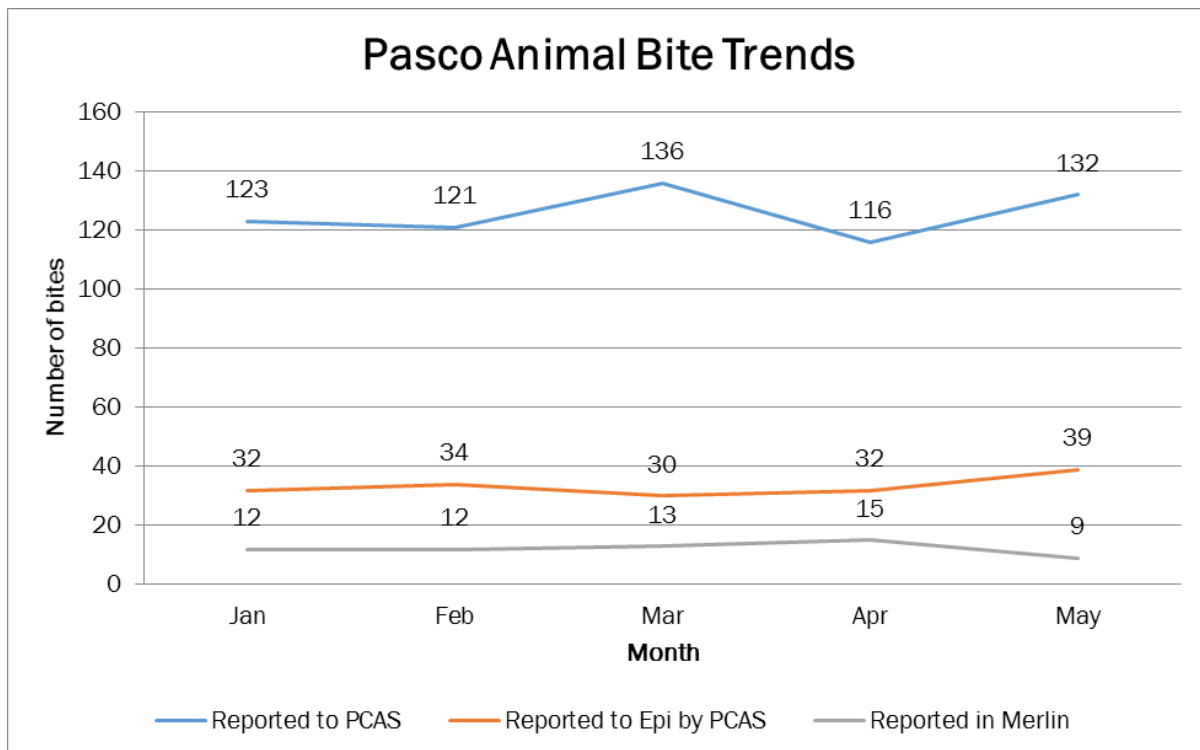
- 5 TB cases
- 4 Suspect cases
- 14 LTBI clients
- 6 new (3 no shows) refugees
- 20 Follow up immunization visits

Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.



## Animal Bites

- Pasco County Animal Services (PCAS) received 132 animal bites in May
- PCAS reported 39 of 132 (30%) cases to PCHD for follow-up
- 9 of 39 (23%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 6 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.



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Phillip, MD, MPH**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

June 1, 2016

Dear Colleague:

As Florida approaches the warm summer months when swimming activities are more common and when the majority of the primary amebic meningoencephalitis (PAM) cases are diagnosed, the Florida Department of Health (DOH) would like to remind physicians about the availability of the investigational drug, miltefosine, for the treatment of infections caused by free living amebae. The infections include those caused by *Naegleria fowleri*, *Balamuthia mandrillaris* and *Acanthamoeba* species. Physicians who suspect they have a patient that has an infection due to a free living amebae are directed to contact the Centers for Disease Control and Prevention (CDC) **immediately** at **770-488-7100**. Confirmatory testing or laboratory evidence of a free living amebae infection is not a prerequisite for contacting CDC. CDC physicians will offer direct consultation services and will release the investigational drug for treatment. The drug can be delivered within hours of the initial consultation in most cases. Additional guidance regarding specimen collection, shipping instructions, and treatment recommendations are also available from CDC.

There have been 138 reported cases of PAM from 1962-2015 with three known survivors. The treatment regime for two of the survivors included miltefosine, which was provided by CDC in 2013.

Amebic encephalitis is a reportable disease in Florida and any suspected case needs to be reported to the county health department or state health department (850-245-4401) within one day. These types of infections should be considered for persons presenting with meningitis like symptoms and a recent history of fresh water exposure. Early diagnosis and reporting are likely critical factors for the effectiveness of any medical treatment regimen. Thank you for your help in keeping our communities safe and healthy.

Sincerely,

Anna Marie Likos, MD, MPH  
Interim Deputy Secretary and State  
Epidemiologist  
Division of Disease Control & Health Protection

**Florida Department of Health**  
**Division of Disease Control and Health Protection**  
**Bureau of Epidemiology**  
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 Accredited Health Department  
Public Health Accreditation Board



## Florida Department of Health Pasco County



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Stay tuned for  
our Quarterly  
Epi Newsletter  
published in July!

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## Florida Department of Health-Pasco County open select Saturdays for immunizations

The Florida Department of Health-Pasco County will be open select Saturdays in July and August for immunizations only. No appointment is necessary, just walk right in.

Dade City - July 30, 2016 from 10:00a.m.– 2:00p.m.

13941 15th Street, Dade City, FL 33525

Zephyrhills - August 6, 2016 from 10:00a.m.– 2:00p.m.

4717 Airport Road, Zephyrhills, FL 33542

New Port Richey - August 6, 2016 from 10:00a.m.– 2:00p.m.

10841 Little Road, New Port Richey, FL 3465

The Florida Department of Health-Pasco County clinics offer immunizations, family planning, and STD testing. Regular clinic hours are 8a-5p Monday through Friday. The clinic is closed the 4th Thursday of every month for a work day.



# 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..."