June 2016 Surveillance Report

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Listeriosis

What is Listeriosis?

Listeriosis, a serious infection usually caused by eating food contaminated with the bacterium *Listeria monocytogenes*, is an important public health problem in the United States. The disease primarily affects older adults, pregnant women, newborns, and adults with weakened immune systems. However, rarely, people without these risk factors can also be affected. The risk may be reduced by following a few simple recommendations.

What are the Symptoms of Listeriosis?

A person with listeriosis usually has fever and muscle aches, sometimes preceded by diarrhea or other gastrointestinal symptoms. Almost everyone who is diagnosed with listeriosis has "invasive" infection, in which the bacteria spread beyond the gastrointestinal tract. The symptoms vary with the infected person:

- Pregnant women: Pregnant women typically experience fever and other non-specific symptoms, such as fatigue and aches. However, infections during pregnancy can lead to miscarriage, stillbirth, premature delivery, or life-threatening infection of the newborn.
- People other than pregnant women: Symptoms can include headache, stiff neck, confusion, loss of balance, and convulsions in addition to fever and muscle aches.

Listeriosis can present in different ways. In older adults and people with immunocompromising conditions, septicemia and meningitis are the most common clinical presentations. Pregnant women may experience a fever and other non-specific symptoms, such as fatigue and aches, followed by fetal loss or bacteremia and meningitis in their newborns. Immunocompetent people may experience acute febrile gastroenteritis or no symptoms.

Source: CDC

Staff Events/News

Garik Nicholson and Deb Hensley attended Council of State and Territorial Epidemiologists' Annual Conference in Anchorage, Alaska.

HIV Outreach participated in events at the Sawmill in Trilby, Wilson Academy in Land O' Lakes. The Juvenile Detention Center in San Antonio, Farm Worker Outreach in Dade City, provided services to the Mobile Medical Unit, and partnered with Hernando County to provide outreach and testing.

Florida Arbovirus Surveillance

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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 June 26-July 2, 2016 the following arboviral activity was recorded in Florida.

WNV activity: No human cases of WNV infection were reported this week. One horse with WNV infection was reported this week in Osceola County. No sentinel chickens tested positive for antibodies to WNV this week. In 2016, positive samples from 39 sentinel chickens, one horse, and one mosquito pool have been received from ten counties.

SLEV activity: No human cases of SLEV infection were reported this week. No sentinel chickens tested positive for antibodies to SLEV this week.

EEEV activity: No human cases of EEEV infection were reported this week. Five horses with EEEV infection were reported this week in Jefferson, Osceola, Polk, and Washington Counties. Five sentinel chickens tested positive for antibodies to EEEV this week in Polk, St. Johns, and Walton Counties. In 2016, positive samples from 39 sentinel chickens and 11 horses have been received from 14 counties.

International Travel-Associated Dengue Fever Cases: No cases of dengue fever were reported this week in persons that had international travel. In 2016, 29 travel-associated cases have been reported.

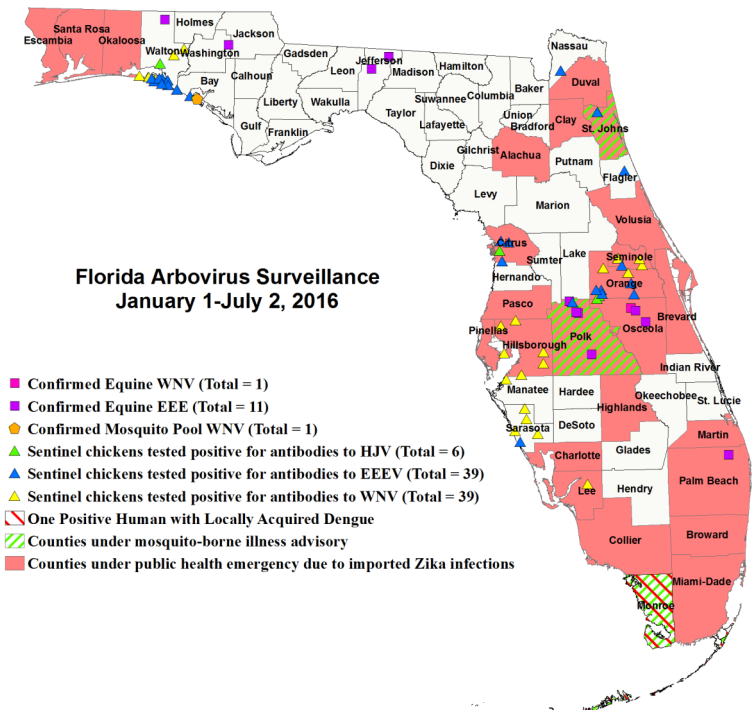
Dengue Fever Cases Acquired in Florida: No cases of locally acquired dengue fever were reported this week. In 2016, one case of locally acquired dengue fever has been reported.

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: Twenty-seven cases of Zika fever were reported this week in persons that had international travel. In 2016, 221 travel-associated cases have been reported. No cases of locally acquired Zika fever have been reported.

Advisories/Alerts: Monroe, Polk, and St. Johns Counties are currently under mosquito-borne illness advisory. Twenty-five counties are currently under a declared public health emergency due to the identification of travel-associated Zika infections: Alachua, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Escambia, Highlands, Hillsborough, Lee, Martin, Miami-Dade, Okaloosa, 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://wwwnc.cdc.gov/travel/notices.



Epidemiology Disease Summary

	June		YTD	
	2016	2015	2016	2015
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)				1
Haemophilus influenzae			6	1
Legionellosis	2		6	2
Listeriosis				1
Meningitis, Bacterial or Mycotic			2	1
Meningococcal Disease				
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	1		1	
Strep pneumoniae Invasive Disease, Drug-Resistant			2	1
Strep pneumoniae Invasive Disease, Drug-Susceptible	1		12	4
Enteric Infections				
Campylobacteriosis	4	17	39	53
Cholera (Vibrio cholerae Type O1)				
Cryptosporidiosis		2	6	6
Cyclosporiasis	1		1	
Escherichia coli Shiga Toxin-Producing (STEC)	1	1	9	4
Giardiasis	1	2	8	9
Hemolytic Uremic Syndrome (HUS)				1
Salmonellosis	12	14	38	53
Shigellosis	1	1	5	3
Typhoid Fever				
Vibriosis				2
Vaccine Preventable Diseases				
Measles				
Mumps				1
Pertussis		4	5	12
Varicella		1	4	16
Vector Borne, Zoonoses				
Chikungunya Fever				
Ehrlichiosis/Anaplasmosis				1
Lyme Disease			2	
Malaria				
Rabies, Animal			2	1
Rabies, Possible Exposure	20	18	81	109
Rocky Mountain Spotted Fever and Rickettsiosis				
West Nile Virus Neuroinvasive Disease				
Zika Fever	4		5	
Viral Hepatitis				
Hepatitis A			2	2
Hepatitis B, Acute	7	1	48	30
Hepatitis B, Chronic	9	11	54	45
Hepatitis B, Surface Antigen in Pregnant Women	2		2	4
Hepatitis C, Acute	2		12	2
Hepatitis C, Chronic	127	89	593	437
Other				
Carbon Monoxide Poisoning		1	4	2
Influenza-Associated Pediatric Mortality				
Lead Poisoning	1	3	15	16
Mercury Poisoning			1	
Pesticide-Related Illness and Injury	1		1	
Total	197	165	966	820

STD Morbidity Statistics

- Chlamydia = 94
- Gonorrhea = 32
- Syphilis = 4
- HIV = 0

Rarely, untreated gonorrhea can also spread to your blood or joints. This condition can be life-threatening.

HIV Outreach Statistics

- 45 individuals were tested for HIV
- 4 individuals were tested for Syphilis
- 31 rapid Hepatitis tests performed
- 4 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

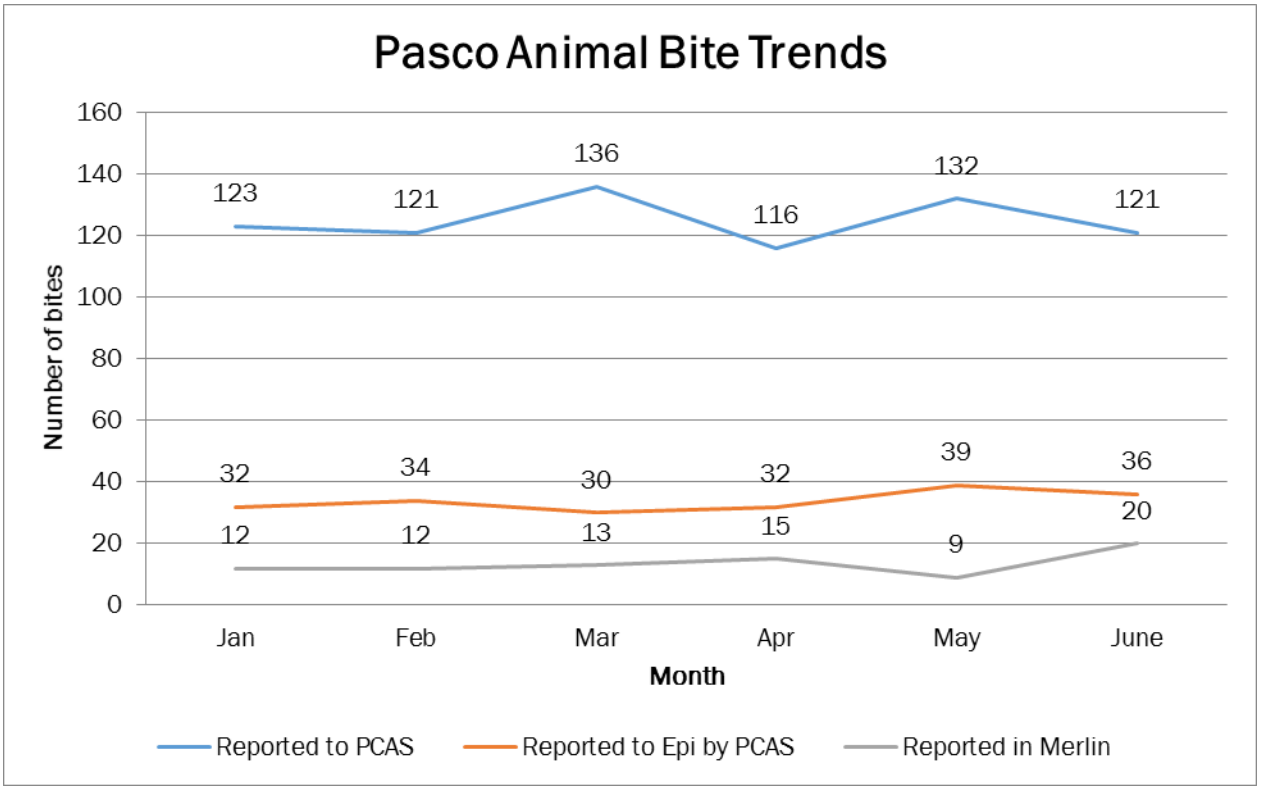
- 49 rapid HIV tests performed (1 – positive)
- 34 Hepatitis tests performed (10 – positive)
- 31 RPR tests performed (0 – positive)
- 8 Gonorrhea/Chlamydia tests performed (1 – positive)
- 49 individuals were HIV post-test counseled

Tuberculosis/Refugee Statistics

- 3 TB cases
- 5 Suspect cases
- 12 LTBI clients
- 13 new (1 no shows) refugees
- 16 Follow up immunization visits

Animal Bites

- Pasco County Animal Services (PCAS) received 121 animal bites in June
- PCAS reported 36 of 121 (30%) cases to PCHD for follow-up
- 20 of 36 (56%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 5 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.

Protect Your Baby from Group B Strep!

All pregnant women should get a group B strep test when they are 35–37 weeks pregnant. Babies can get very sick and even die if their mothers pass group B strep bacteria to them during childbirth.

If you are pregnant, talk with your doctor or midwife about getting a group B strep (GBS) test when you are 35–37 weeks pregnant. The test will let you know if you are carrying group B streptococcal bacteria, which you can pass to your baby during childbirth. If you have GBS, your baby can get very sick and even die if you are not tested and treated.

Preventing Group B Strep

Each time you are pregnant, you need to be tested for GBS. It doesn't matter if you did or did not have this type of bacteria before; each pregnancy is different. The test is an easy swab of the vagina and rectum that should not hurt. There are no risks to you or your baby by being tested for GBS.

If the test shows that you are carrying the bacteria, you will be given medicine during labor to stop GBS from spreading to your baby. The antibiotic (usually penicillin) is given to you through an IV (in the vein) during childbirth. If you are allergic to penicillin, there are other antibiotics to help treat you during labor. If you think you might have a C-section or go into labor early (prematurely), talk with your doctor or midwife about making a personal GBS plan.

Taking antibiotics before you go into labor will not protect your baby against GBS. The bacteria can grow back so fast that taking the medicine before you begin labor does not prevent the bacteria from spreading to your baby during childbirth.

What You Can Do Before Labor

Talk with your doctor or midwife about getting a GBS test when you are 35–37 weeks pregnant.

- If you test negative for GBS, you do not need to do anything more.
- If you test positive for GBS, talk with your doctor or midwife about a plan for labor.
- You will get IV antibiotics (medicine through the vein) during labor. If you are allergic to penicillin or other antibiotics, make sure to tell your doctor or midwife about any reactions you have had.

Continue your regular check-ups, and always call your doctor or midwife if you have any problems.

When Your Water Breaks or When You Go into Labor

If you have not had the GBS test when labor starts, remind the staff that you do not know your GBS status.

If you tested positive for GBS:

- Go to the hospital and expect to get IV antibiotics (medicine through the vein) during labor. The antibiotics work best if you get them for at least 4 hours before you deliver.
- Tell the labor and delivery staff at the hospital that you tested positive for GBS.
- Tell the labor and delivery staff if you are allergic to penicillin.

What is GBS?

It is a common type of bacteria. GBS bacteria are often found in the vagina and rectum of healthy women of all races and ethnicities. In fact, about 1 out of 4 women in the United States carry this type of bacteria. These bacteria can come and go naturally in the body.

What Does It Mean to "Test Positive" for GBS?

If you test positive, that does not mean you have an infection. It only means you have these bacteria in your body. You would not feel sick or have any symptoms. GBS are usually not harmful to you, but can be to your newborn because these bacteria can be passed on to babies during childbirth. Other people in the house, including other children, are not at risk of getting sick from GBS. Testing positive for GBS does not mean that you are not clean. It also does not mean that you have a sexually transmitted disease. The bacteria are not spread from food, sex, water, or anything that you might have come into contact with.

Source: CDC

Florida Department of Health
Pasco County

13941 15th Street
Dade City, Florida 33525
Phone: 352-521-1450, option 2
Fax: 352-521-1435

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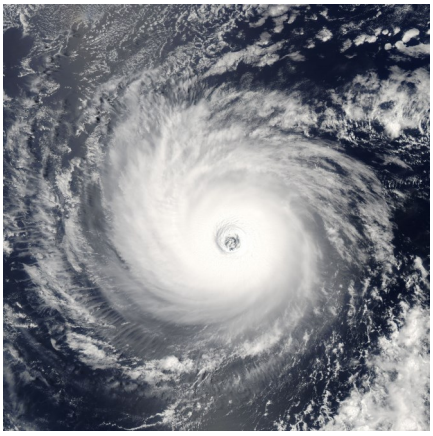
Stay tuned for our Quarterly Epi Newsletter published later this month!

Build an Emergency Supply Kit

To stay safe and ready for any disaster strike, it is important to prepare your family disaster kit by gathering some of the basic supplies. It is also important to place them in a portable container so that you can comfortably carry them in case disaster strikes. Some items that you will want to include are listed below.

Water—At least 1 gallon daily per person. You should try to store 3 to 7 days worth.

Food—Enough for 3 to 7 days worth.



- Non perishable food like canned foods
- Food for infants like baby formula and food for elderly as well
- High energy foods like protein bars with long shelf life
- Non electric can opener
- Cooking tools including means of fuel like Sterno for heating foods
- Plates and utensils
- Pet food if applicable

First Aid Kit

Medicine/Prescriptions

Toiletries

Suitable Clothing—seasonal, rain gear, proper shoes like boots

Flashlights—with batteries or able to be charged by hand crank

Radio—with batteries or able to be charged by hand crank and include NOAA weather radio

Pet Care Items

Disaster Supply Tools—utility knife, whistle, pencil, map compass, thread, needles, signal flare, tape, shut—off wrench, eyewear, thermal blankets

Important Items—to be stored in a waterproof container

- Medical records, bank account numbers, social security card, insurance information, telephone of important numbers, cash in case bank ATMs are down, cell phone charger

Your family disaster kit should be placed in an easily accessible place where each family member can reach it and all foodstuffs should be replaced on a regular basis according to it's shelf—life.

Source: Florida Department of Health

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?

Florida Department of Health in Pasco County - Epidemiology
13941 15th Street, Dade City, FL 33525
Phone (352) 521 - 1450, option 2
After Hours Reporting (727) 257 - 1177 (pager)
Confidential Fax (352) 521 - 1435

! **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…"