



EpiCenter

SPRING 2014

FLORIDA HEALTH PALM BEACH COUNTY
 EPIDEMIOLOGY PROGRAM, DIVISION OF
 EPIDEMIOLOGY AND COMMUNICABLE DISEASES

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Visit us at our website
<http://www.pbchd.com>

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Epi Program Staff Retire

The Epidemiology Program of the Florida Department of Health in Palm Beach County is losing two special individuals to retirement this Spring. We will miss them both and wish them much happiness as they move on to other activities.

Barbara Johnson

Epidemiology Program manager is retiring in May, after 35 years of service to the Florida Dept. of Health in Palm Beach County. She worked in the Epidemiology Program for 25 years and has been manager since 1992. Her tireless efforts have led the Epidemiology program through many notable events, such as the anthrax investigation, cyclosporiasis and other food borne



outbreaks, numerous hurricanes and emergency events, and the development of computer based systems for reporting and disease surveillance.

Ginger Stanley is retiring in June.

She has worked in the Epidemiology program since 1987 overseeing varicella surveillance, salmonella and enteric disease investigations and the Epi program budget among other things. She was an active member of the

Employee Recognition Committee, and the Customer Satisfaction Committee.

Chikungunya Update

In December 2013, the World Health Organization (WHO) reported local transmission of chikungunya in Saint Martin. Local transmission means that mosquitoes in the area have been infected with chikungunya and are spreading it to people. This is the first time that local transmission of chikungunya has been reported in the Americas. Outbreaks have been documented in Africa, Southern Europe, Southeast Asia, the Indian subcontinent, and islands in the Indian and Pacific Oceans, prior to this introduction into the Caribbean.

Local transmission of chikungunya is now being reported in other countries in the Caribbean. As of May 5, 2014, the following Caribbean countries have reported cases of chikungunya: Anguilla, Antigua and Barbuda, British Virgin Islands, Dominica, Dominican Republic, French Guiana, Guadeloupe, Martinique, Saint Barthelemy, Saint Kitts and Nevis, Saint Martin, Saint Vincent and the Grenadines and Sint Maarten. It is forecast that the virus will continue to spread to new areas in the Americas (North America, Central America, and South America) through infected people and

mosquitoes. The mosquitoes that transmit the virus are found throughout much of the Americas, including parts of the United States. Most people in the region are not immune which means they can be infected and spread the virus to other mosquitoes. There is currently no vaccine or medicine to prevent chikungunya. Travelers can protect themselves by preventing mosquito bites. An infected person should avoid mosquito bites while ill to prevent infection of local mosquitoes.

Continued on Page 2

More Chikungunya Information



Countries and territories in the Caribbean where chikungunya cases have been reported as of April 5, 2014. (CDC)

Reporting:

Please contact FDOH / Palm Beach County Health Department (561-671-4184) if you have a patient that has: acute onset of high fever and polyarthralgia with or without recent (2 weeks prior to onset) travel to an endemic area including the Caribbean.

Laboratory Testing

The FDOH Public Health Laboratories is one of the labs with testing capability for chikungunya. FDOH / Palm Beach Epidemiology Program (561-671-4184) can provide guidance on how and when to submit samples to the Department of Health (DOH) Bureau of Public Health Laboratories.

Chikungunya Update (continued)

Chikungunya At A Glance

Clinical findings

- Majority of infected people become symptomatic.
- Incubation period usually 3–7 days (range 1–12 days.)
- Patients typically present with acute onset of fever and polyarthralgia .
- Joint symptoms usually symmetric and often occur in hands and feet.
- Other symptoms may include headache, myalgia, arthritis, conjunctivitis, nausea/vomiting, or maculopapular rash
- Clinical laboratory findings include lymphopenia, thrombocytopenia, elevated creatinine, and elevated hepatic transaminases
- Patients with suspected chikungunya fever also should be evaluated, tested and managed for possible dengue virus infection if travel was to areas where both are present, as co-infection is possible.

Laboratory testing

Evaluate serum or plasma by: RT-PCR to detect viral RNA in first 8 days of illness. Serology to detect IgM, IgG, and neutralizing antibodies . Collect both acute and convalescent sera.

Clinical course and outcomes

- Acute symptoms typically resolve within 7–10 days.
- Persons at risk for severe disease include neonates exposed intrapartum, older adults and persons with underlying medical conditions .
- Some patients might have relapse of rheumatologic symptoms in the months following acute illness
- Studies report variable proportions of patients with persistent joint pains for months to years
- Mortality is rare and occurs mostly in older adults

Treatment

- No specific antiviral therapy
- Supportive care with rest and fluids
- Non-steroidal anti-inflammatory drugs (NSAIDs) to relieve acute pain and fever
- Persistent joint pain may benefit from use of NSAIDs, corticosteroids, or physiotherapy

Addition Information

- www.cdc.gov/chikungunya/hc/clinicalevaluation.html
- www.cdc.gov/chikungunya/hc/diagnostic

Upcoming Changes in Reportable Disease List

The list of List of Reportable Diseases / Conditions is undergoing revision. The Florida Department of Health is moving forward with proposed changes to Chapter 64D-3 of the Florida Administrative Code. The Notice of the Proposed Rule has been published in the Florida Administrative Code and Florida Administrative Register. The next step is for a Notice of Change or Notice of Adoption to be filed with implementation occurring within a few weeks. The last revision of this rule occurred in 2008.

We are anticipating the removal of a few of the reporting categories, as well as transfer of some reporting responsibilities to the Electronic Lab Reporting system. Please watch for the additional information that will be sent out to all those with reporting responsibilities as soon as the final documents are available.

Can't Shake Shigella

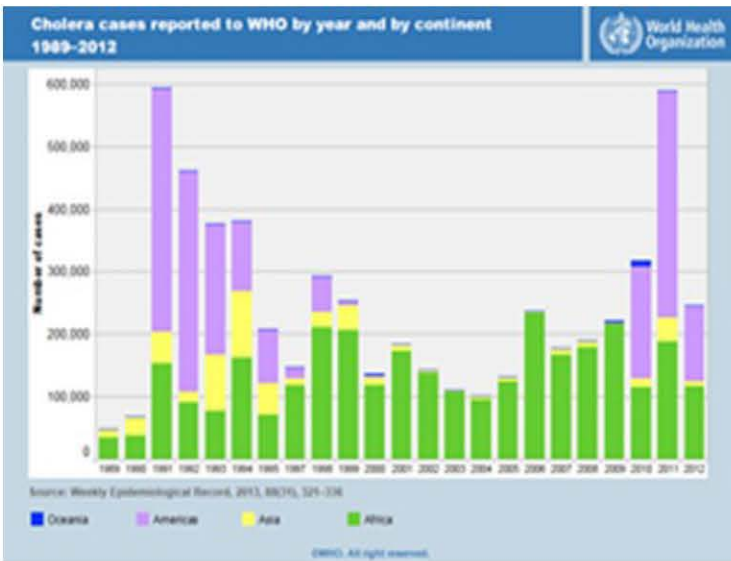
Shigellosis, infectious disease caused by the bacteria Shigella, is known to have cyclical changes in incidence and this year's reported incidence of Shigellosis, in Palm Beach County and in the state, indicates that 2014 is on track for representing a high mark on its cyclical upswing. Since December 29th, 2013 to May 2nd, 2014 there have been 56 confirmed or suspected cases in Palm Beach County and 585 confirmed or suspected cases in the southeastern counties of, Dade, Monroe, Broward and Palm Beach (Southeast Region). There have been 2 identified outbreaks of shigellosis in area daycare centers.

Last year, during this time frame, Palm Beach County reported 3 cases while 39 cases were reported for the southeast region. This is an increase of 1766% for Palm Beach County and 1400% for the southeast region. The most recent peaks in Shigellosis in Palm Beach County were in 2007 and 2003, with 2003 having the highest number of new cases in a year (145).

Shigella transmission can be prevented by frequent and thorough hand washing, not allowing an ill child to attend daycare and to avoid preparing food if you are ill with Shigellosis. Fluid and electrolyte replacement (oral or IV) is the mainstay of treatment for patients with shigellosis. Antibiotics to which the isolated strain is susceptible will shorten the duration of illness and period of communicability. Treatment should be based on susceptibility results. High levels of resistance to ampicillin and trimethoprim/sulfamethoxazole (TMP/SMX) have been found. Anti-motility agents are contraindicated, as they may prolong the illness.

Shigella Cases	
Year	County
	PALM BEACH
2000	30
2001	41
2002	77
2003	145
2004	76
2005	78
2006	57
2007	102
2008	70
2009	40
2010	51
2011	44
2012	36
2013	43
2014	55

Cholera Outbreaks Continuing in 4 Caribbean Countries



>49% of reported cholera cases in 2012 occurred in the Americas

An outbreak of cholera has been ongoing in Haiti since October 2010. Since that time the outbreak has spread to the Dominican Republic (November, 2010), Cuba (July, 2012), and most recently Mexico (August, 2013). A total of 28 cases in Florida residents have been reported to the Florida Department of Health. The most recent case was reported in April of this year. Most of these cases have been identified as travel associated. A few cases occurred due to contaminated food products brought into this country from the outbreak areas. All countries have the serotype Vibrio cholerae 01 Ogawa circulating. The Center for Disease Control and Prevention (CDC) has instituted a Level One Watch for these countries due to the risk of illness in travelers to the areas affected by this outbreak.

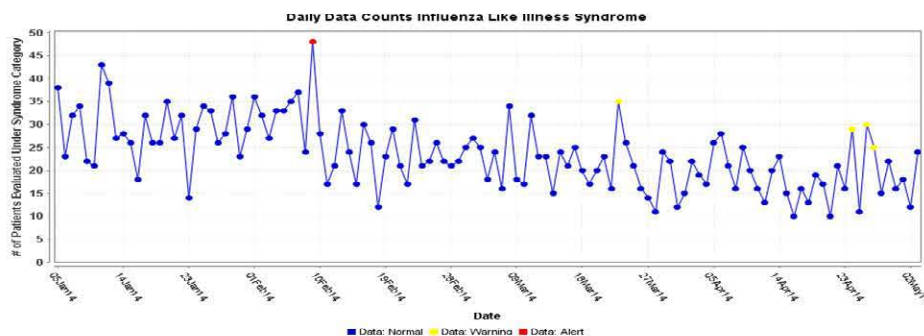
Although no cholera vaccine is available in the United States, travelers can prevent cholera by following these basic steps:

- 1) Drink and use safe water
- 2) Wash your hands often with soap and safe water
- 3) Cook food well (especially seafood), keep it covered, eat it hot, and peel fruits and vegetables.

Cholera is a bacterial disease that can cause diarrhea and dehydration. Cholera is most often spread through the ingestion of contaminated food or drinking water. Water may be contaminated by the feces of an infected person or by untreated sewage. Food is often contaminated by water containing cholera bacteria or by being handled by a person ill with cholera.

Summary of 2013-2014 Influenza season for Palm Beach County

- Significant influenza peak activity were recorded from week 51/2013 (12/15/13-12/21/13) through week 06, 2014 (02/22/2013-12/28/2013).
- Influenza A H1N1 was the predominant circulating virus during the 2013-2014 flu season.
- Compared to the preceding two seasons, the percentage of ILI ER visits was lower than 2013 flu season and almost similar as the 2012 flu season
- No ILI outbreaks were reported.
- One Influenza-associated pediatric death was reported during week 42 of 2013 for Palm Beach County.
- One case of oseltamivir resistant influenza was identified and reported in week 2 of 2014.
- The influenza activity code that summarized the weekly influenza surveillance data in Palm Beach County showed mild influenza activity throughout the influenza season. Moderate Influenza activity was observed during week 13, 2014 (03/23/2014-03/29/2014).



EPI AWARD

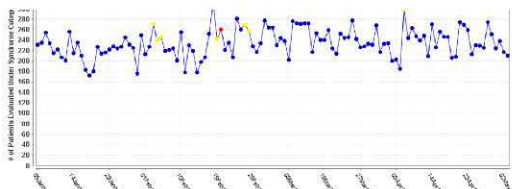
The Florida Department of Health / Palm Beach Epidemiology Program was recognized with an award in the 2014 Prudential-Davis Productivity Awards Program. These awards recognize and reward state government employees for work that increases productivity, promotes innovation, improves the delivery of state services and/or saves money for Florida taxpayers and businesses.

The award was given for the development of the Manual for Enhanced Disease Intervention and Control (MEDIC) by Robert Parkes, Alina Alonso, Barbara Johnson, Elba Montalvo, Tony Loncke, Mitchell Durant, Jayasree Hari and Everton Collins.

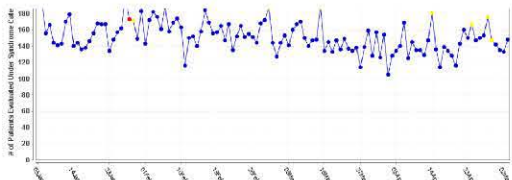
The Prudential-Davis Productivity Awards Program is a public-private partnership co-sponsored by Florida TaxWatch, The Florida Council of 100, and the State of Florida. The 2014 awards competition attracted 568 nominations from Florida's state agencies for innovations and productivity improvements resulting in \$558 million in cost savings, cost avoidances, and increased revenue for state government.

ESSENCE Report Week 18

GASTROINTESTINAL SYNDROME



RESPIRATORY SUB-SYNDROME



Reference Corner

<http://www.who.int/ith/updates/20100421/en/index.html>

- **International Infectious Diseases**

http://www.doh.state.fl.us/disease_ctrl/epi/

- **State of Florida Bureau of Epidemiology**

http://www.cdc.gov/mmwr/mmwr_wk.html

- **CDC, Morbidity and Mortality Weekly Report**

<http://www.fda.gov/Food/FoodSafety/default.htm>

- **FDA, Food Safety & Bad Bug Book**

PALM BEACH COUNTY HEALTH DEPARTMENT
 REPORTED COMMUNICABLE DISEASES FROM THE DIVISION OF EPIDEMIOLOGY & DISEASE CONTROL

WEEK 18, 2014 (Period from:04/27/14 to 05/03/14)	This Week	This Year	Same Time Last Year
CENTRAL NERVOUS SYSTEM AND INVASIVE DISEASES:			
Haemophilus influenzae invasive disease	0	8	8
Meningococcal disease	0	1	0
Listeriosis	0	2	2
Streptococcus pneumoniae invasive disease, drug-resistant	0	12	15
Streptococcus pneumoniae invasive disease, susceptible	2	12	18
Streptococcal disease, invasive Group A	0	8	11
Meningitis: bacterial, cryptococcal, mycotic	0	4	3
Encephalitis, other (non-arboviral)	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	1	0
Influenza A, novel or pandemic strains	0	0	0
VACCINE PREVENTABLE DISEASES:			
Mumps	0	0	0
Pertussis	0	3	13
Tetanus	0	0	0
Varicella	0	10	9
HEPATITIS:			
Hepatitis A	0	3	1
Hepatitis B, acute	0	6	5
Hepatitis B, chronic	8	131	128
Hepatitis B, (HBsAg+) in pregnant women	0	1	26
Hepatitis C, acute	0	3	3
Hepatitis C, chronic	48	663	719
ENTERIC DISEASES:			
Giardiasis	1	31	20
Campylobacteriosis	3	59	45
Shigellosis	3	58	3
Salmonellosis	8	87	111
Cryptosporidiosis	0	10	6
Cyclosporiasis	0	0	0
Typhoid fever	0	0	1
Escherichia coli, Shiga toxin producing	0	13	15
Vibrio fluvialis	0	0	0
Vibrio alginolyticus	0	0	0
Vibrio vulnificus	0	0	0
Vibrio parahaemolyticus	0	0	1
Vibrionaceae, other	0	0	0
OTHER DISEASES:			
Human exposure to a potentially rabid animal	4	53	64
Animal rabies	0	4	6
Monkey bite	0	0	1
Brucellosis	0	0	0
Carbon monoxide poisoning	0	4	16
Dengue fever	0	4	5
Hansen's disease (Leprosy)	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0
Lead poisoning	0	15	16
Legionellosis	0	4	4
Lyme disease	0	3	1
Malaria	0	0	3
Mercury poisoning	0	0	0
Pesticide-related illness or injury	0	0	2
Toxoplasmosis	0	0	0



Florida Department of Health Palm Beach County

Disease Reporting Telephone Numbers

AIDS, HIV - (561) 840-0144

STD - (561) 803-7326, Fax - (561) 840-0148

TB Control - (561) 803-7342, Fax - (561) 840-0171

All Others EPI - (561) 671-4184, Fax - (561) 837-5330 M-F 8AM-5PM

(561) 840-4500 Evenings after 5PM and Weekends

Section 381.0031 (1,2), Florida Statutes, provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The DOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance...and shall furnish a copy of said list to the practitioners..."

Reportable Diseases/Conditions in Florida Practitioner* Guide 11/24/08

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, Florida Administrative Code (FAC).

AIDS, HIV - (561) 840-0144

- + Acquired Immune Deficiency Syndrome (AIDS)
- Human Immunodeficiency Virus (HIV) Infection (all, and including neonates born to an infected woman, exposed newborn)

STD - (561) 803-7326

- Chancroid
- Chlamydia
- Conjunctivitis (In neonates ≤ 14 days old)
- Gonorrhea
- Granuloma Inguinale
- Herpes Simplex Virus (HSV) (In infants up to 80 days old with disseminated infection with involvement of liver, encephalitic and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years old)
- Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 8 years old; anogenital in children ≤ 12 years)
- Lymphogranuloma venereum (LGV)
- Syphilis
- ☎ Syphilis (In pregnant women and neonates)

TB CONTROL - (561) 803-7342

- Tuberculosis (TB)

CANCER - (305) 243-4600

- + Cancer (except non-melanoma skin cancer, and including benign and borderline intraocular and CNS tumors)

ALL OTHERS EPI - (561) 671-4184

- ! Any disease outbreak
- ! Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.
- Amebic encephalitis
- Anaplasmosis
- ! Anthrax
- Arsenic poisoning
- ! Botulism (foodborne, wound, unspecified, other)
- Botulism (Infant)
- ! Brucellosis
- California serogroup virus (neuroinvasive and non-neuroinvasive disease)
- Campylobacteriosis
- Carbon monoxide poisoning
- ! Cholera
- Ciguatera fish poisoning (Ciguatera)
- Congenital anomalies
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis

- Cyclosporiasis
- Dengue
- ! Diphtheria
- Eastern equine encephalitic virus disease (neuroinvasive and non-neuroinvasive)
- Ehrlichiosis
- Encephalitis, other (non-arboviral)
- Enteric disease due to:
Escherichia coli, O157:H7
Escherichia coli, other pathogenic
E. coli including entero-toxicogenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains
- ☎ Giardiasis
- ! Glanders
- ! Haemophilus influenzae (meningitis and invasive disease)
- Hansen's disease (Leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremia syndrome
- ☎ Hepatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)
- ! Influenza due to novel or pandemic strains
- ☎ Influenza-associated pediatric mortality (in persons < 18 years)
- Lead Poisoning (blood lead level ≥ 10µg/dL; additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC)
- Legionellosis
- Leptospirosis
- ☎ Listeriosis
- Lyme disease
- Malaria
- ! Measles (Rubeola)
- ! Molluscum
- Meningitis (bacterial, cryptococcal, mycotic)
- ! Meningococcal disease (includes meningitis and meningococemia)
- Mercury poisoning
- Mumps
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- Pesticide-related illness and injury
- ! Plague
- ! Poliomyelitis, paralytic and non-paralytic
- Psittacosis (Ornithosis)
- Q Fever
- ☎ Rabies (human, animal)
- ! Rabies (possible exposure)

- ! Ricin toxicity
- Rocky Mountain spotted fever
- ! Rubella (including congenital)
- St. Louis encephalitic (SLE) virus disease (neuroinvasive and non-neuroinvasive)
- Salmonellosis
- Saxitoxin poisoning (including paralytic shellfish poisoning) (PSP)
- ! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- Shigellosis
- ! Smallpox
- Staphylococcus aureus, community associated mortality
- ☎ Staphylococcus aureus (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
- ☎ Staphylococcus enterotoxin B (disease due to)
- Streptococcal disease (invasive, Group A)
- Streptococcus pneumoniae (invasive disease)
- Tetanus
- Toxoplasmosis (acute)
- Trichinellosis (Trichinosis)
- ! Tularemia
- ☎ Typhoid fever
- ! Typhus fever (disease due to Rickettsia prowazekii infection)
- Typhus fever (disease due to Rickettsia typhi, R. felis infection)
- ! Vaccinia disease
- Varicella (Chickenpox)
- Varicella mortality
- Venezuelan equine encephalitic virus disease (neuroinvasive and non-neuroinvasive)
- ! Vibriosis (Vibrio infections)
- ! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
- West Nile virus disease (neuroinvasive and non-neuroinvasive)
- Western equine encephalitic virus disease (neuroinvasive and non-neuroinvasive)
- ! Yellow fever

! - 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