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**Inside this issue:**

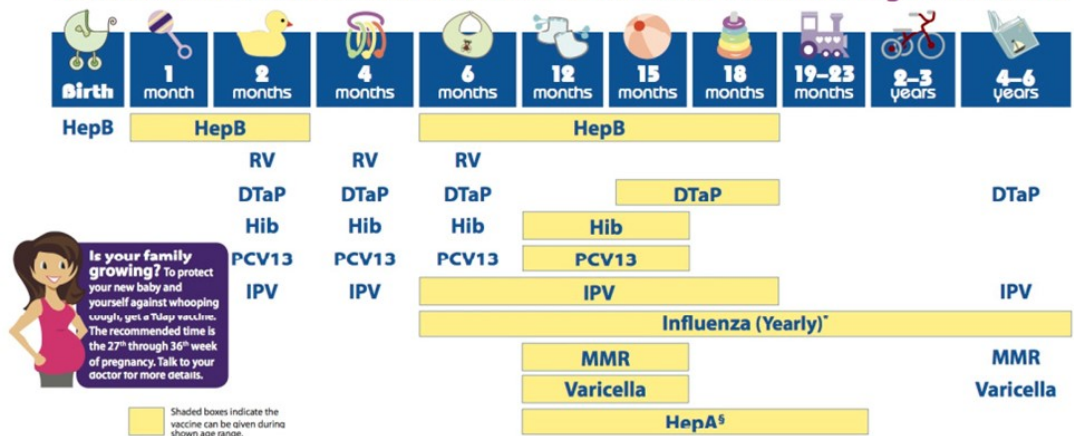
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## Don't Wait, Vaccinate!

By Suzi Turner

School will be back in session before we know it. Vaccine Preventable illnesses are on the rise across the nation, please consider the Centers for Disease Control & Prevention's recommendations on childhood vaccinations before the school year begins!

### 2018 Recommended Immunizations for Children from Birth Through 6 Years Old



**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**  
 \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
 † Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.  
 If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.



For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit [www.cdc.gov/vaccines/inactive](http://www.cdc.gov/vaccines/inactive)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

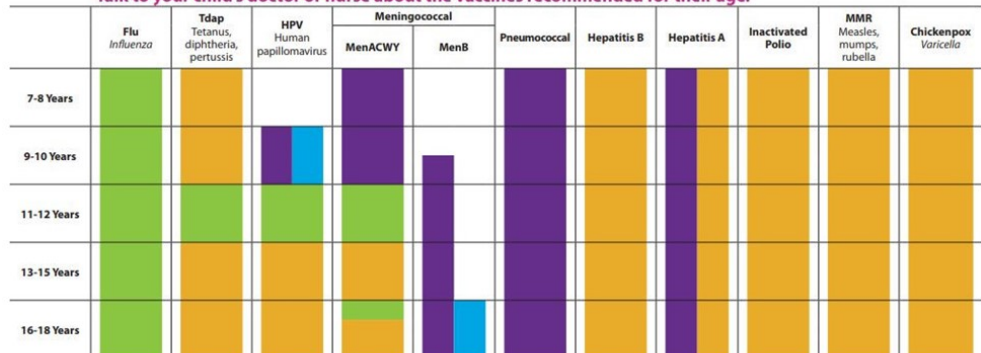


American Academy of Pediatrics



### INFORMATION FOR PARENTS 2018 Recommended Immunizations for Children 7-18 Years Old

Talk to your child's doctor or nurse about the vaccines recommended for their age.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

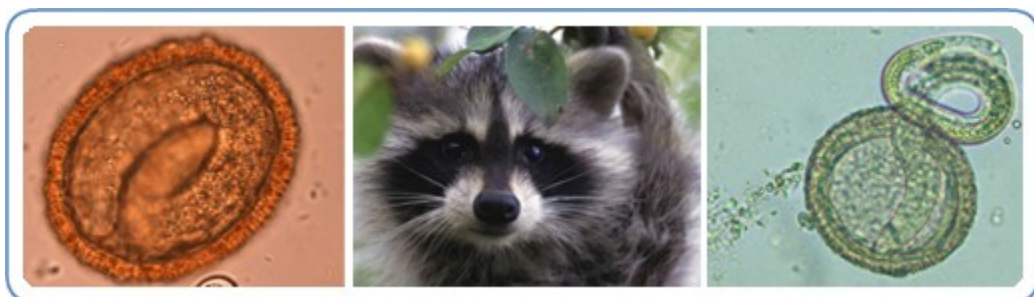
These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).

This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.

# Baylisascaris

By Dana Pina

'Tis the season for swimming! With summer well underway, swim suit prices are rising and beach balls are afloat. Swimming pools are quickly filling as the tingles of the summer sun on our skin are difficult to resist. While most of us have a general idea of water safety and potential risks, there is one risk that often goes unnoticed; raccoons, which are found all over Palm Beach County, seem to like swimming almost as much as we do and can leave behind traces in our pools... shall we say. Raccoon waste can carry an intestinal parasite, Baylisascaris, which is quite resilient and can survive most chemicals, even chlorine. The parasite is transmitted to humans by ingestion of the eggs in soil, animal waste, or a number of other sources including pool water. According to the CDC, the eggs take 2 to 4 weeks to become infectious and it usually takes 1 to 4 weeks for an individual to show symptoms once exposed. Symptoms of Baylisascaris infection include nausea and fatigue, but can be as severe as liver enlargement, blindness, coma, or loss of attention, coordination, or muscle control.



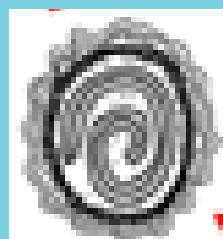
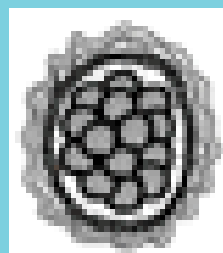
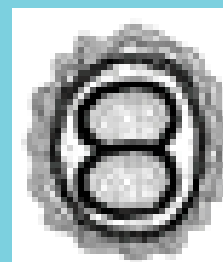
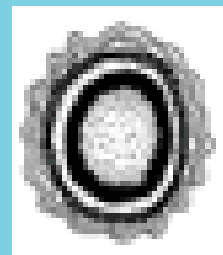
Below are a couple of quick tips to lessen your chances of exposure to Baylisascaris:

- Remove or limit raccoon access to ponds, birdfeeders and other water sources on your property
- Remove food sources outside that could attract raccoons. They are often attracted to homes that leave food out for stray cats or dogs.
- Remove raccoon waste from your pool immediately, backwash and replace the pool filters. Under some circumstances, draining and deep-cleaning the pool may be necessary. Consult the CDC website for further guidance.

Information in this article was obtained from the following CDC websites:

<https://www.cdc.gov/parasites/baylisascaris/>

<https://www.cdc.gov/healthywater/swimming/residential/animals/raccoons-and-pools.html>



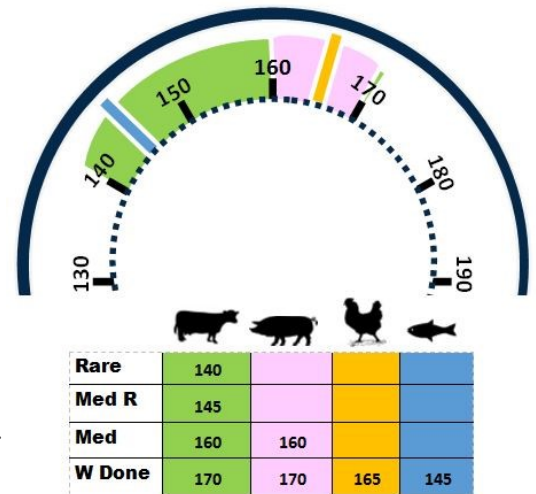
# Get Ready to Grill Safely

By Jayasree Hari



With summer right around the corner, there's never a better time to brush up on grilling safety. Yes, you may be the master of your grill; however, you can never be too careful. Here are some tips to stay safe this summer while grilling:

- Keep your grill at least 10 feet away from your house.
- Wear fitted clothing. While you may be warm, you're safest when wearing long-sleeved shirts, long pants and closed shoes.
- Clean your grill regularly.
- Check for gas leaks.
- Keep a fire extinguisher within a couple steps of your grill.
- Do not turn on the gas while your grill lid is closed
- Do not leave a grill unattended.
- Do not overload your grill with food
- Use long-handed tools to avoid leaning over the grill when flipping over burgers and other meats.

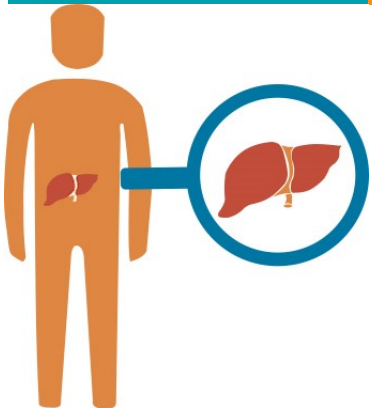


Graphic by Briana O'Sullivan

Information found at Centers for Disease Control and Prevention – Home Safety

# Hepatitis in Young Adults Project

By Ana Howerton



The Hepatitis in Young Adults Project started as an initiative to quantify the burden and collect risk factor information associated with chronic hepatitis B and C in young adults in Florida. A nearly double-fold increase in the number of chronic hepatitis C cases in those aged 18-30 years old was observed during 2008-2010 in Florida. The project was part of a CDC grant and started in 2011 and ended in 2017. Ten counties in Florida participated. The coordinator of the Project Maura Comer presented the findings of the project for hepatitis C from 2012-2015 at a CSTE conference. The most common risk factors among those interviewed were the following: injection drug use (71%), tattoo (66%), piercing (43%), diagnosed with a sexually transmitted disease (18%) and incarcerated over 24 hours (14%). Among those who reported injection drug use 61% used a needle or syringe that was previously used by someone else and 55% admitted to lending someone else a needle or syringe that was previously used. Intravenous drug use was the most common risk factor for hepatitis C. An integrated approach is necessary for prevention and treatment of substance abuse in Florida.

Comer, M. (2017). Enhanced Surveillance of Chronic Hepatitis C in Young Adults in Florida, 2012-2015, presented at CSTE Conference 2017, Boise, ID.

# Naegleria fowleri: The Brain-Eating Amoeba

By Russell Kopit

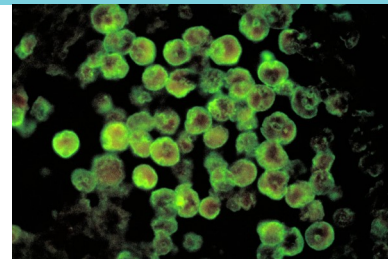
Primary amebic meningoencephalitis (PAM), is a rare and devastating infection of the brain. PAM is caused by *Naegleria fowleri*, a free-living microscopic amoeba (single-celled living organism), commonly referred to as the “brain-eating amoeba”. The amoeba is commonly found in warm freshwater (e.g. lakes, rivers, and hot springs) and soil. *Naegleria fowleri* usually infects people when contaminated water enters the body through the nose. Once the amoeba enters the nose, it travels to the brain where it causes PAM, which is usually fatal. Infection typically occurs when people go swimming or diving in warm freshwater places, like lakes and rivers. In very rare instances, *Naegleria* infections may also occur when contaminated water from other sources (such as inadequately chlorinated swimming pool water or heated and contaminated tap water) enters the nose.

## Swimming Precautions –What can I do to prevent a PAM infection?

There are no means yet known that would control naturally occurring *Naegleria fowleri* levels in lakes and rivers, making prevention difficult. Because of this, swimmers and other recreational water users should assume that there is always a low level of risk whenever they enter warm freshwater lakes, rivers, and hot springs (for example, when swimming, diving, or waterskiing), particularly in southern-tier states. The only certain way to prevent a *Naegleria fowleri* infection due to swimming is to refrain from water-related activities in warm freshwater. Personal actions to reduce the risk of *Naegleria fowleri* infection should focus on limiting the amount of water going up the nose.

You **cannot** get infected from **swallowing** water contaminated with *Naegleria*.

People who develop a PAM infection usually start to feel ill 1-9 days (median 5 days) after exposure. The most common early symptoms are headache, fever, nausea, and vomiting. Later symptoms include neck stiffness, lethargy, confusion/disorientation, photophobia, seizures, and cranial nerve abnormalities. Findings on exam may include meningeal signs and focal neurologic deficits. Signs and symptoms mimic those of bacterial meningitis, especially in the early stages. In some cases, abnormalities in taste or smell, nasal obstruction, and nasal discharge have been observed. PAM progresses rapidly and frequently leads to coma and death in 1-18 days (median 5 days) after symptom onset.



## Recommendations to Avoid Infection:

Hold your nose shut, use nose clips, or keep your head above water when taking part in water-related activities in bodies of warm freshwater.

Avoid putting your head under the water in hot springs and other untreated thermal waters.

Avoid water-related activities in warm freshwater during periods of high water temperature.

Avoid digging in, or stirring up, the sediment while taking part in water-related activities in shallow, warm freshwater areas.

Continued on Page 5

# Neti Pot Safety!

When making a solution for irrigating, flushing, or rinsing your sinuses (for example, when using a neti pot, sinus rinse bottle, or other irrigation device, or performing ritual nasal rinsing), use safe water to protect yourself.

Take at least one of these actions to lower your risk of becoming infected:

**1. Boil:** Use water that has been previously boiled for 1 minute and left to cool.

At elevations above 6,500 feet, boil for 3 minutes.

**2. Filter:** Use a filter designed to remove some water loving germs.

The label may read “NSF 53” or “NSF 58.”

Filter labels that read “absolute pore size of 1 micron or smaller” are also effective.

**3. Buy:** Use water with a label specifying that it contains distilled or sterile water.

**4. Disinfect:** Learn how to disinfect your water to ensure it is safe from *Naegleria fowleri*.

Chlorine bleach used at the right level and time will work as a disinfectant against this germ.

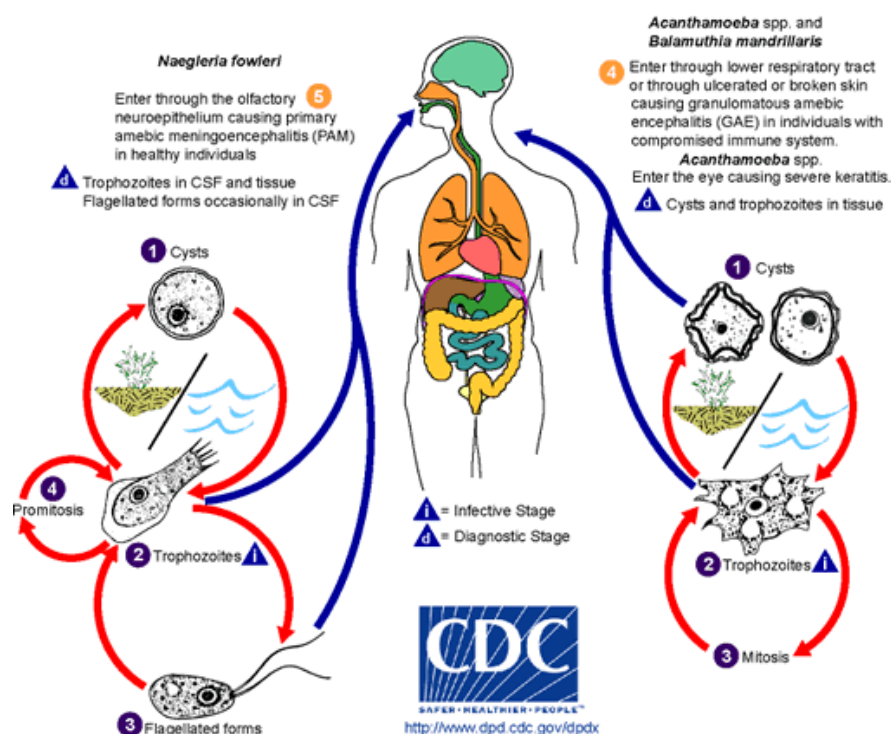
Rinse the irrigation device after each use with safe water, and leave the device open to air dry completely

# Is There Treatment for PAM Infections?

Although most cases of primary amebic meningoencephalitis caused by *Naegleria fowleri* infection in the United States have been fatal (139/143 in the U.S.), there have been five well-documented survivors in North America. Recently an investigational breast cancer and anti-leishmania drug, miltefosine, has shown some promise in combination with some other drugs. Miltefosine has shown ameba-killing activity against free-living amoebae, including *Naegleria fowleri*, in the laboratory. Miltefosine has also been used to successfully treat patients infected with *Balamuthia* and disseminated *Acanthamoeba* infection. The most recent US survivor’s PAM infection was aggressively managed with treatments that included cooling the body below normal body temperature (therapeutic hypothermia) and use of the drug miltefosine. This patient made a full neurologic recovery and returned to school. His recovery has been attributed to early diagnosis and treatment and novel therapeutics including miltefosine and hypothermia.

\*Amoebic encephalitis is a reportable condition in the state of Florida! If you are a clinician and have a patient with suspected *Naegleria* or other free-living amoeba infection, please contact your county health department division of epidemiology immediately, 24/7 for guidance. Early diagnosis and treatment is imperative to a successful outcome. Palm Beach County Division of Epidemiology can be reached at 561-671-4184 M-F 8am-5pm, or by calling 561-840-4500 after hours.

Information contained in this article was obtained from the Centers for Disease Control and Prevention website: <https://www.cdc.gov/parasites/naegleria/>



# Lessons in Generator Safety from Hurricane Season 2017

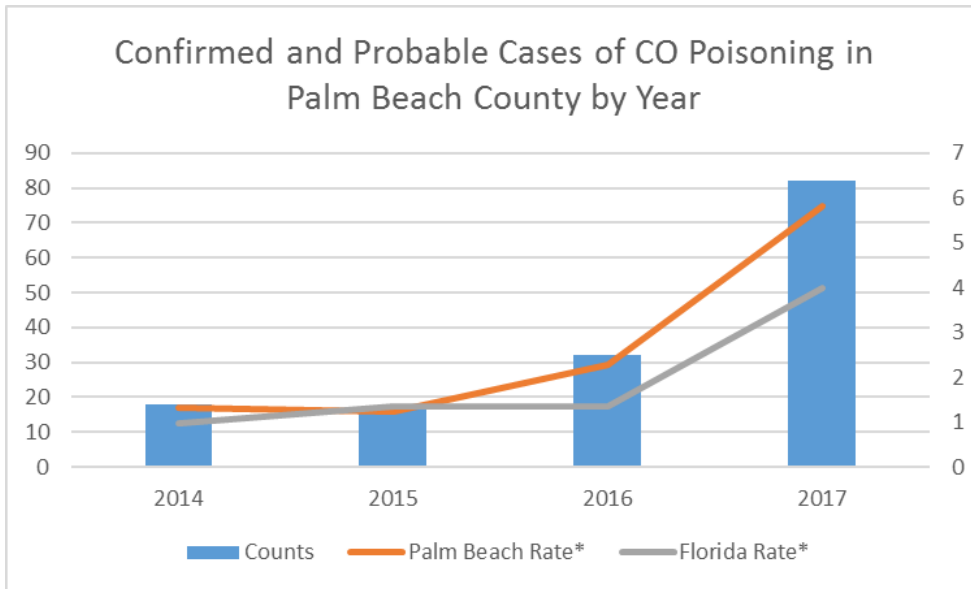
By Briana O'Sullivan

## CARBON MONOXIDE (CO) POISONING



Carbon monoxide (CO) is a colorless and odorless gas that is commonly emitted from machines that run on gasoline, like cars or portable generators. When people breathe CO in, it can cause a number of symptoms including becoming lightheaded or nauseous. Severe CO poisoning can cause loss of consciousness and even death. During 2017, the Florida Department of Health (DOH) saw a marked increase

in CO poisoning cases reported across the state. This increase was seen in Palm Beach County as well, with 82 cases reported to DOH-Palm Beach last year. This over doubled - and even quadrupled – what was reported in previous years (see figure below).



\*Rates are per 100,000 population

One of the major drivers of this increase in cases was the active hurricane season Palm Beach experienced in 2017. 62% of confirmed and probable CO cases investigated by DOH-Palm Beach were associated with Hurricane Irma. According to a 2017 article from the Miami Herald, Hurricane Irma left over half a million Palm Beach County residents without electricity, and many turned to portable generators to be able to power their home. However, when generators were run in closed garages, under awnings, too close to homes, or near propped open doors or windows it put residents at risk for CO exposure.

The Centers for Disease Control and Prevention recommends that generators be kept at minimum 20 feet away from doors, windows and any structure. Even if doors or windows are fully or partially open, generators should never be used inside the home or garage. CO detectors that are installed within the home and use a battery can help give a warning if CO makes it into your home, even when the power is out. CO detectors can be purchased in preparation for hurricane season at some hardware stores and online.

<https://www.miamiherald.com/news/weather/hurricane/article172403537.html>  
<https://www.cdc.gov/co/guidelines.htm>  
Counts and rates – pulled from Merlin

CENTRAL NERVOUS SYSTEM AND INVASIVE DISEASES:	TOTAL THIS WEEK	TOTAL THIS YEAR	TOTAL SAME TIME LAST YEAR
H. influenzae Invasive Disease	0	15	18
Meningococcal Disease	0	0	0
Listeriosis	0	2	4
S. pneumoniae Invasive Disease, Drug-Resistant	1	10	4
S. pneumoniae Invasive Disease, Drug-Susceptible	0	22	17
Meningitis, Bacterial or Mycotic	0	1	2
Creutzfeldt-Jakob Disease (CJD)	0	0	1
Influenza-Associated Pediatric Mortality	0	1	0
Amebic Infections (Balamuthia mandrillaris)	1	1	0
VACCINE PREVENTABLE DISEASES:			
Mumps	0	2	0
Pertussis	2	15	17
Varicella (Chickenpox)	0	30	20
HEPATITIS:			
Hepatitis A	0	8	7
Hepatitis B, Acute	2	34	34
Hepatitis B, Chronic	10	211	283
Hepatitis B, HBsAg in Pregnant Women	2	22	29
Hepatitis C, Acute	0	25	25
Hepatitis C, Chronic	35	941	960
Hepatitis C, Perinatal	0	2	1
Hepatitis E	0	0	0
OTHER DISEASES:			
Malaria	0	1	2
Mercury Poisoning	1	14	3
Pesticide-Related Illness or Injury, Acute	5	13	4
Saxitoxin Poisoning (Paralytic Shellfish Poisoning)	0	2	0
Ricin Toxin Poisoning	0	4	0
Zika Virus Disease and Infection, Non-Congenital	0	2	4

ENTERIC DISEASES:	TOTAL THIS WEEK	TOTAL THIS YEAR	TOTAL SAME TIME LAST YEAR
Campylobacteriosis	5	181	100
Cryptosporidiosis	0	6	14
Cyclosporiasis	1	2	1
Giardiasis, Acute	2	40	41
Salmonellosis	8	209	201
Shiga Toxin-Producing E. coli (STEC) Infection	1	40	23
Shigellosis	0	14	18
Typhoid Fever (Salmonella serotype Typhi)	0	2	10
Vibriosis (Vibrio cholerae, Type Non-O1)	0	0	1
Vibriosis (Vibrio alginolyticus)	0	3	4
Vibriosis (Vibrio fluvialis)	0	1	0
Vibriosis (Vibrio parahaemolyticus)	0	3	1
Vibriosis (Vibrio vulnificus)	0	1	0
Vibriosis (Other Vibrio Species)	0	1	2
OTHER DISEASES:			
Rabies, Animal	0	4	0
Rabies, Possible Exposure	8	152	80
Herpes B Virus, Possible Exposure	1	3	3
Arsenic Poisoning	0	1	0
Babesiosis	0	0	0
Brucellosis	0	0	0
Carbon Monoxide Poisoning	0	12	7
Chikungunya Fever	0	0	0
Ciguatera Fish Poisoning	0	8	3
Dengue Fever	0	0	1
Hansen's Disease (Leprosy)	0	0	1
Hemolytic Uremic Syndrome (HUS)	0	0	1
Lead Poisoning	2	205	61
Legionellosis	0	20	15
Lyme Disease	1	4	0

# Reportable Diseases/Conditions in Florida

## Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016



Florida Department of Health

Did you know that you are required\* to report certain diseases to your local county health department?

### FDOH / Palm Beach County Disease Reporting Telephone Numbers

**AIDS/HIV** - (561) 840-3137, (no faxing allowed); **STD** - (561) 803-7326 or 7316, Fax - (561) 840-0148

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

**All Other EPI** - (561) 671-4184, Fax - (561) 837-5330 M-F 8AM - 5PM  
(561) 840-4500 Evenings after 5PM and Weekends

- ! **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

### Birth Defects (850) 617-1440

- + Congenital anomalies
- + Neonatal abstinence syndrome (NAS)

### Cancer (305) 243-4600

- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors

### HIV/AIDS (561) 840-3137

- + Acquired immune deficiency syndrome (AIDS)
- + Human immunodeficiency virus (HIV) infection
  - HIV-exposed infants <18 months old born to an HIV-infected woman

### STDs (561) 803-7326 or 7316

- Chancroid
- Chlamydia
- Conjunctivitis in neonates <14 days old
- Gonorrhea
- Granuloma inguinale
- 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 papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- Lymphogranuloma venereum (LGV)
- Syphilis

### ☎ Syphilis in pregnant women and neonates

### Tuberculosis (561) 803-7342

Tuberculosis (TB)

### All Others EPI (561) 671-4184

- ! **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**

### ☎ Amebic encephalitis

### ! Anthrax

- Arsenic poisoning

### ! Arboviral diseases not otherwise listed

- Babesiosis
- ! **Botulism, foodborne, wound, and unspecified**

- Botulism, infant

### ! Brucellosis

- California serogroup virus disease
- Campylobacteriosis
- Carbon monoxide poisoning
- Chikungunya fever

### ☎ Chikungunya fever, locally acquired

### ! Cholera (*Vibrio cholerae* type O1)

- Ciguatera fish poisoning
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis

### ! Dengue fever

### ! Diphtheria

- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute

### ! Glanders

### ! *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 and children <2 years old

### ☎ Herpes B virus, possible exposure

### ! Influenza A, novel or pandemic strains

### ☎ Influenza-associated pediatric mortality in children <18 years old

- Lead poisoning (blood lead level ≥5 µg/dL)
- Legionellosis
- Leptospirosis

### ☎ Listeriosis

- Lyme disease
- Malaria

### ! Measles (rubeola)

### ! Melioidosis

- Meningitis, bacterial or mycotic

### ! Meningococcal disease

- Mercury poisoning
- Mumps

### ☎ Neurotoxic shellfish poisoning

### ☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)

### ☎ 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

- Tetanus

- Trichinellosis (trichinosis)

### ! 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

### ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

\*Subsection 381.0031(2), Florida Statutes, 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, subsection 381.0031(4), Florida Statutes, 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..."

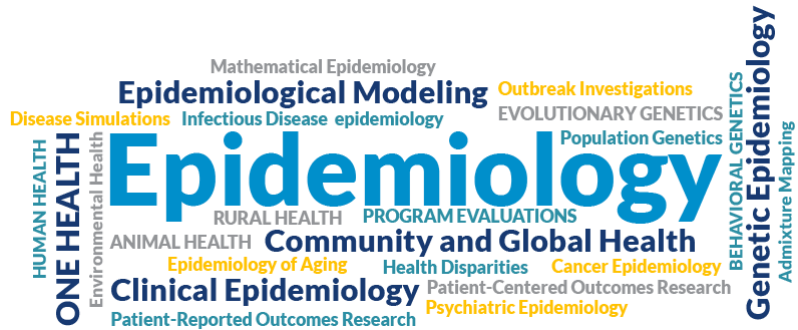
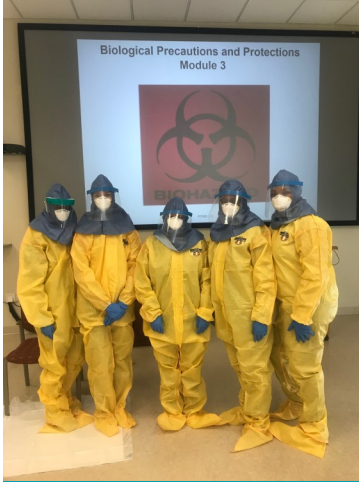




# Did you know that you are required to report certain diseases to your local county health department?

You are an invaluable part of disease surveillance in Florida!

Please visit <http://floridahealth.gov/diseasereporting> for more information. To report a disease or condition, contact your local CHD epidemiology program (<http://floridahealth.gov/chdepcontact>). If unable to reach your CHD, please call the Bureau of Epidemiology at (850)245-4401.



Florida Department of Health - Palm Beach County  
Division of Epidemiology and Communicable Diseases  
800 Clematis Street, West Palm Beach, FL 33401  
Phone: 561-671-4184      Fax: 561-837-5330