

# EPIsodes

15 Jan 2015



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Larry J. Lee, Administrator

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## About Last Year...

Assigning a dollar amount to sickness, pain, suffering, lost wages or lives never paints a complete picture of real events. Dollars can't account for the long term side effects of some of the diseases and conditions public health efforts try to prevent.

The Epidemiology program at Florida Department of Health in St. Lucie County (DOH-St. Lucie EPI) is one partner working for the protection of our community's health- we like to think that we saved people a lot of lost wages and pains. DOH-St. Lucie EPI could not do all this without the help and cooperation of our public health partners and we'd like to recognize the following: school health and St. Lucie County School Board, mosquito control, county emergency management, environmental health, local animal control agencies and Humane Society, local hospitals and infection control, reporting community providers and long term care facilities.

According to preliminary data for St. Lucie County, from Jan 1- Dec 31, 2014, **DOH-St. Lucie EPI:**

**Provided information including infectious disease prevention/control measures and education regarding the following diseases and topics:**

- **Ebola Preparedness**- in partnership with community healthcare providers and hospitals, county emergency operations, Fire Rescue, law enforcement/jail, key representatives from Martin and Indian River Counties, St Lucie County (SLC) School Board, Office of the Medical Examiner, Water/Utilities and Waste Management, Region 5 Emergency Response Advisor, SLC Commissioners, SLC Elder Affairs, SLC Tribal Leaders, SLC Community Services, SLC International Airport, Department of Children and Families, area colleges, Early Learning Coalition, daycares, long term care facilities, Medical Reserve Corps, local Red Cross, City of Port St Lucie, local legal counsel (Apologies if any entities were accidentally omitted!)
- Chikungunya (CHIK)
- Middle East Respiratory Syndrome (MERS)
- Food/product recall notices, health alerts, influenza updates, community disease trends, reportable disease information and updates
- Consultations for possible clusters involving diseases and/or conditions

**Investigated 1,895 reports of diseases including brucellosis, dengue fever, Lyme disease, meningitis, vibriosis, and multiple vaccine preventable diseases, gastrointestinal illnesses.**

- Over 900 reported cases

**Completed over 35 disease clusters, outbreaks, or special investigations.**

- Multi-county endophthalmitis investigation
- Chikungunya
  - ⇒ Maintained close collaboration and communication with local mosquito control district
  - ⇒ Responded to identification of locally acquired cases via enhanced outreach and active case finding (field survey and other surveillance systems)

**Provided over 100 recorded services pertaining to rabies and other communicable disease surveillance and investigations.**

- Completed over 648 animal bite investigations
- Treated 19 clients for possible rabies exposure
  - ⇒ One rabid bat investigation- 24 contacts were identified and 16 were recommended for rabies post-exposure vaccination (15 children)

**Monitored travelers from countries with Ebola transmission.**

**Investigated over 25 foodborne illness complaints.**

**DOH-St. Lucie EPI's Hepatitis Prevention Program provided 290 recorded services including:**

- 88 hepatitis risk screenings
- 59 doses of Hepatitis A & B vaccine administered
- Participated in 3 Outreach events and 1 Group presentation

**EPI's Perinatal Hepatitis B Prevention program/case management:**

- Reported 15 cases of Hepatitis B+ pregnant women
- Followed the 6 infants born to Hepatitis B+ women during this reporting period

**DOH-St. Lucie EPI staff attended, participated in and/or presented at:**

- 10 monthly grand round presentations
- 35 Monthly Regional County Epidemiology Conference Calls and Biweekly Epidemiology County Health Department Conference Calls
- Mass Dispensing/Point of Distribution exercise
- Arbovirus Community Partner Conference Workshop including various community presentations
- Public Health Preparedness Planning Meetings
- Numerous state Ebola response calls
- Employee Safety/Occupational Health Meetings
- Annual St Lucie County Animal Control Meeting and Update
- Joint Criminal and Epidemiologic Investigations Workshop
- STD Outreach Events

**Mission:**

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



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

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

December 5, 2014

Dear Colleague:

The 2014-15 flu season is off to an earlier than usual start in Florida. **People who have not yet been vaccinated this season should get vaccinated now. We urge you to actively identify, recommend and offer flu vaccine to patients in your clinics who have not yet been vaccinated.** Everyone 6 months and older is recommended for annual flu vaccination with rare exception. Please refer to the attached guidance document for additional information regarding influenza vaccination, antivirals and chemoprophylaxis.

In the last several weeks, influenza and influenza-like illness (ILI) activity levels have steadily increased across the state. At this point in the 2014-15 season, **influenza activity is highest in children but overall is widely spread throughout Florida.** The proportion of visits to emergency departments (ED) and urgent care centers (UCC) with a chief complaint of ILI or discharge diagnosis of influenza for those 18 years and under are higher than they have been during the previous four influenza seasons at this time and are at or near what we typically see at the peak of flu season. **Increased influenza activity in children regularly comes ahead of increased activity in all other age groups.** In the last week, the proportion of pregnant women seeking care at EDs and UCCs for flu has increased is similar to what we have previously seen at the height of flu season. The Department has also received reports of the first two influenza-associated pediatric deaths of the 2014-15 influenza season. Although both of these children were at higher risk for severe influenza complications, neither received the 2014-15 flu vaccine.

**Influenza A (H3) is the predominantly circulating strain of influenza so far this season.** While it is too early to tell if this flu season will be worse than other years, seasons when influenza A (H3) predominantly circulates are often associated with higher morbidity and mortality, particularly in the elderly and very young. **Since October 1, 2014, the Centers for Disease Control and Prevention (CDC) has identified an antigenically drifted influenza A (H3N2) strain circulating that is different from the strain of influenza A (H3N2) contained in the current 2014-15 influenza vaccine formulations.** Vaccination is still recommended as it provides some protection against drifted viruses and it can also protect against other circulating strains. **The CDC recommends early neuraminidase inhibitor antiviral administration of medications for treatment and prevention influenza, as an adjunct to vaccination.**

Contact your county health department if you suspect an outbreak of flu or ILI, an influenza-associated pediatric mortality, if you see an unusually severe presentation of flu or if you suspect anti-viral resistance in a patient. Influenza outbreaks and influenza-associated pediatric mortalities are required to be reported per Florida Administrative Code, Chapter 64D-3. Visit [www.flhealth.gov/floridaflu](http://www.flhealth.gov/floridaflu) for further guidance and surveillance data. Thank you for your important contribution to protecting Floridians from influenza!

Sincerely,

Anna Marie Likos, MD, MPH  
Director, Division of Disease Control & Health Protection  
State Epidemiologist

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**2014-2015 Influenza Season Recommendations for Health Care Providers:**

Version 1, December 5, 2014

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Vaccination:**Please identify and vaccinate your patients that still need to be vaccinated this flu season.**

- **Vaccine uptake is highest among patients when recommended and offered in doctor's offices.** For example, pregnant women receiving a recommendation and offer of vaccination by their healthcare provider were over six times more likely to get vaccinated (65%) than women who did not receive a recommendation or offer (10%).
- **The flu vaccine is safe and continues to be the best protection to avoid getting the flu and severe outcomes if infected.**
- This week, the Centers for Disease Control and Prevention (CDC) announced that, nationally, this year's flu vaccine is not as effective against the most common flu strain identified this year because the virus has changed. Despite the change or "drift" in this strain, vaccination can still decrease severity of illness. It can also protect against other circulating strains of the virus, which is why vaccination is still recommended.
- **The national Advisory Committee on Immunization Practices (ACIP) recommends that all individuals six months of age and older receive the flu vaccine each year.**

<http://www.cdc.gov/flu/professionals/acip/index.htm>

- Vaccination to prevent influenza is particularly important for people who are at high risk for serious complications from influenza such as children, pregnant and postpartum patients, adults aged  $\geq 65$  years, individuals with certain underlying health conditions and people who live with or care for people at high risk for influenza-related complications.
- Since infants younger than 6 months of age are too young to get vaccinated against influenza, it is important that family members (including pregnant and postpartum mothers) and other caregivers for these children be vaccinated to help protect them from the disease.
- Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered  $\geq 4$  weeks apart) *during their first season* of vaccination to optimize immune response.
- **Influenza is five times more likely to cause severe illness in pregnant women than women who are not pregnant.**
  - Changes in immune, heart and lung functions during pregnancy increase the risk for severe complications from influenza.
  - Pregnant women with underlying health conditions are at greater risk of serious illness from flu than their healthy counterparts.
  - Influenza infection also increases the risk for premature labor and delivery.
- **Inactivated influenza vaccines are safe and the best protection for pregnant women and their fetuses.**

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- Inactivated trivalent and quadrivalent influenza vaccines are indicated for use in pregnant women. Pregnancy is contraindicated for vaccination with live attenuated influenza vaccine, which is administered intranasally. Postpartum women, including those who are breastfeeding, can receive either type of vaccine.
- Vaccination is indicated at any time during the pregnancy.
- Vaccination during pregnancy has been shown to protect both the mother and her infant (up to 6 months of age) from influenza illness, influenza hospitalizations, and influenza related preterm birth.
- Inactivated influenza vaccines are safe. No evidence exists to suggest harm to the fetus from maternal vaccination.

Treatment and chemoprophylaxis:

**Due to the detection of drifted influenza A (H3N2) viruses, the CDC issued a Health Advisory to re-emphasize the importance of the use of neuraminidase inhibitor antiviral medications when indicated for treatment and prevention of influenza, as an adjunct to vaccination.**

**In the event of influenza infection, antiviral treatment is recommended as early as possible after illness onset in children, pregnant women or other at-risk group with suspected influenza.**

- Influenza antiviral prescription drugs can be used to treat influenza or to prevent influenza.
- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications.
- **Delayed antiviral treatment (longer than 2 days) has been associated with increased risk of severe illness (such as hospitalization and death).**
- **Early treatment is important for pregnant women.**
  - Antiviral treatment is recommended as early as possible for pregnant or postpartum (within two weeks of delivery) women with confirmed or suspected influenza. Delayed antiviral treatment (longer than 2 days) has been associated with increased risk of severe illness (such as hospitalization and death). For recommendations of the ACIP on influenza antivirals and chemoprophylaxis visit:  
<http://www.cdc.gov/flu/professionals/antivirals/index.htm>
- A flu test that is *negative by rapid antigen test* should not be used to exclude a diagnosis of influenza or delay treatment if it is suspect.
- The two prescription antiviral medications recommended for treatment or prevention of influenza are oseltamivir (Tamiflu®) and zanamivir (Relenza®).

Additionally, to reduce the spread of influenza, **please encourage your patients to stay home when sick**, keep children home when they are sick, as well as promote healthy habits such as washing hands often, keeping hands away from their face and covering their mouth and nose with a tissue when sneezing and coughing or sneezing or coughing into a sleeve.

**Contact your county health department <http://www.Floridahealth.gov/CHDEpiContact> if you suspect an outbreak of influenza or influenza-like illness, an influenza-associated pediatric mortality, if you see an unusually severe presentation of influenza or if you suspect anti-viral resistance in a patient.** Influenza outbreaks and influenza-associated pediatric mortalities are required to be reported per Florida Administrative Code, Chapter 64D-3.

# MERLIN Registry System\*

## Year to Date Incidence Comparisons of Selected Diseases for St. Lucie County and Florida

1 Jan 2014– 31 Dec 2014

- Data include confirmed/probable cases in St. Lucie County residents by date reported to the health department, regardless of where infection was acquired
- Counts are accurate at the time of publication but these may change and/or vary from other reports depending on criteria used
- Alterations of case definitions can result in dramatic changes in case counts

	St. Lucie County		State of Florida	
	1Jan-31 Dec 2014	1Jan-31 Dec 2013	1Jan-31 Dec 2014	1Jan-31 Dec 2013
<b>Central Nervous System &amp; Invasive Diseases</b>				
CREUTZFELDT-JAKOB DISEASE (CJD)	2	0	25	20
MENINGITIS (BACTERIAL, CRYPTOCOCCAL, MYCOTIC)	4	4	134	152
MENINGOCOCCAL DISEASE	1	0	52	63
<b>Hepatitides</b>				
HEPATITIS A	1	0	107	133
HEPATITIS B ACUTE	7	13	437	376
HEPATITIS B, CHRONIC	63	63	4992	4281
HEPATITIS B (+HBsAg IN PREGNANT WOMEN)	14	12	510	483
HEPATITIS C, ACUTE	6	8	182	220
HEPATITIS C, CHRONIC	370	313	25686	19840
<b>Enteric Diseases</b>				
CAMPYLOBACTERIOSIS	42	19	3019	2630
CHOLERA (VIBRIO CHOLERA, TYPE O1)	0	0	2	4
CRYPTOSPORIDIOSIS	8	7	1885	414
CYCLOSPORIASIS	1	0	33	47
ESCHERICHIA COLI, SHIGA TOXIN PRODUCING	12	8	528	514
GIARDIASIS	7	6	1151	1117
HEMOLYTIC UREMIC SYNDROME	0	1	7	14
SALMONELLOSIS	100	79	6318	6339
SHIGELLOSIS	13	3	2604	1077
VIBRIO ALGINOLYTICUS	2	1	65	49
VIBRIO FLUVIALIS	0	0	8	14
VIBRIO PARAHAEMOLYTICUS	0	2	29	55
VIBRIO VULNIFICUS	1	0	33	41
<b>Vaccine Preventable Diseases</b>				
INFLUENZA A (NOVEL OR PANDEMIC STRAINS)	0	0	0	0
INFLUENZA A (PEDIATRIC MORTALITY)	0	0	7	8
MUMPS	0	0	18	8
PERTUSSIS	3	10	716	735
VARICELLA	10	20	515	610
<b>Vector Borne &amp; Zoonotic Diseases</b>				
POSSIBLE RABIES EXPOSURE PROPHYLAXIS (HUMAN)	119	88	2987	2733
BRUCELLA	1	1	5	9
CHIKUNGUNYA (4 locally acquired; 2 imported)	6	0	442	0
DENGUE FEVER	1	6	98	161
LYME DISEASE	4	4	186	155
MALARIA	0	0	52	54
RABID ANIMALS	1	2	94	104
SPOTTED FEVER RICKETTSIOSES	0	0	45	0
<b>Others</b>				
CARBON MONOXIDE POISONING	5	3	186	176
CIGUATERA	1	1	63	49
LEAD POISONING	6	12	810	747
LEGIONELLA	4	4	284	265
LISTERIOSIS	0	3	45	41
PESTICIDE-RELATED ILLNESS/INJURY	0	9	69	68
STAPH AUREUS (INTERMED RESIST TO VANCO)	1	0	3	4

\*Data in MERLIN reports are provisional, based on cases entered by county health departments and are not considered official data