

EPIsodes - Monthly Report

New Reportable Disease Monthly Update

In an effort to keep our Florida Department of Health in St. Lucie (DOH-SL) internal and community partners informed and up to date, the Epidemiology (EPI) section of the Disease Control and Health Protection Program will now be sending out a monthly synopsis of the reportable diseases and conditions EPI investigates as well as select reportable disease statistics of the HIV/AIDS, sexually transmitted diseases/ infections, and tuberculosis programs. This monthly record will also highlight a reportable disease from the categories of: vaccine preventable diseases, central nervous system diseases, enteric infections, viral hepatitis, vectorborne diseases, zoonotic diseases; a new, novel or emerging disease; or a special outbreak investigation report.

EPI investigated 231 possible cases of reportable diseases in March 2018. Preliminary counts of confirmed or probable cases based on [Surveillance and Investigation Guidance](#) appear on page 2 of this report.

Spotlight on Legionellosis

Legionella is a bacterium spread through the air by aerosolized water which is then inhaled or microaspirated. Contaminated aerosols can come from devices such as cooling towers, showers, faucets, or improperly maintained pools or spas. *Legionella* can cause Legionnaires' Disease or Pontiac Fever. Legionnaires' is the more severe of the legionellosis infections and is reportable.

People who are over 50, current or former smokers, have a history of lung disease, have compromised immune systems, or have cancer or other chronic disease are at higher risk of both infection and complications from an infection. All cases of Legionnaires' Disease require treatment with antibiotics and many need care at a hospital. Usually healthy people will recover, but those with higher risk can suffer severe pneumonia, lung failure, or death.

Early signs and symptoms of legionellosis can include a high fever, chills, cough; and sometimes muscle aches, headaches, and gastrointestinal symptoms. Because the symptoms mimic influenza like illness legionellosis is difficult to diagnose early. Laboratory testing is required to identify cases. Tests include cultures or PCR tests on sputum, blood, or lung tissues but the most common diagnostic test is the urine antigen test.

Investigations of laboratory confirmed Legionnaires' Disease include a review of medical records of the client; interviewing the client regarding possible exposures; recent travel, spa or pool exposure, medical history, and smoking; and possibly an environmental assessment. The investigation team may include DOH-SL Epidemiologists, Environmental Health specialists, and possible representatives from governing agencies like the Department of Business and Professional Regulation or the Agency for Health Care Administration.

Whether or not an intensive environmental assessment is conducted depends on several factors, but in general the Florida Department of Health follows these guidelines:

- A single case that reports multiple potential exposure sites – information and education will be provided to management of the sites, and the facility's regulatory agency will be notified.
- A single case spending the entire incubation period (2-10 days) at a single facility (e.g. nursing home) - full environmental investigation.
- A confirmed cluster or outbreak with epidemiological links of place and time - full environmental investigation.

If you have any questions about Legionnaires' Disease or need to report a case, please call Epidemiology at 772-462-3883. For further information see <https://www.cdc.gov/legionella/index.html> or [http://www.floridahealth.gov/diseases-and-conditions/legionnaires-disease/ documents/gsi-legionella-update-final.pdf](http://www.floridahealth.gov/diseases-and-conditions/legionnaires-disease/documents/gsi-legionella-update-final.pdf)

"Disease control and prevention are core functions of any public health agency. Protection of the public's health from existing, emerging, and re-emerging diseases requires diligence in all aspects of public health. The public health partners identifying and characterizing emerging trends in disease are the physicians, nurses, laboratorians, hospital infection preventionists, and other health care professionals who participate in reportable disease surveillance. Without their participation, the ability to recognize and intervene in emerging public health issues would be much more limited." [Florida Morbidity Statistics Report 2016](#)



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Preliminary Cases and Incidence of Reportable Diseases/ Conditions in St. Lucie County and Florida, Year to Date April 1, 2017 and 2018

Note that this table includes preliminary confirmed and probable cases reported in Florida residents (regardless of where infection was acquired) by date reported to the Bureau of Epidemiology as captured in the reportable disease surveillance system (Merlin). **Data for 2017 and 2018 are preliminary and will change.** Preliminary case counts are current as of the date above, but may change with additional review. A percentage of cases will be determined not to be cases after additional review and this percentage varies by disease. Merlin data for 2017 will be finalized in April 2018.

Please note that counts presented in this table may differ from counts presented in other tables or reports, depending on the criteria used.

**2016 population estimates from www.flhealthcharts.com. Florida pop. 20,231,092. St. Lucie County pop. 294,144

*Specific population estimate not available

Preliminary Cases of Select Reportable Diseases in St. Lucie County and Florida, January 2017 and 2018

Data from the current year (2018) is considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in St. Lucie County, or Florida. The final counts are generated in July of the following year. If during the review period a case is identified as previously diagnosed, or reported from another state, these duplicate cases are removed from the dataset and the related numbers will be adjusted. Anticipate the final counts will be different than appear in this table. Increase in Reported HIV Infection Cases may be a result of increased testing.

Disease Category	YTD March 31, 2017		YTD March 31, 2018			
	St. Lucie	Florida	St. Lucie	Incidence per 100,000 population**	Florida	Incidence per 100,000 population**
Vaccine-Preventable Diseases						
Mumps	0	3	0	n/a	20	0.10
Pertussis	0	71	0	n/a	66	0.33
Varicella (Chickenpox)	0	189	5	1.70	164	0.81
CNS Diseases and Bacteremias						
Creutzfeldt-Jakob Disease (CJD)	0	10	0	n/a	5	0.02
Haemophilus influenzae Invasive Disease	0	70	0	n/a	112	0.55
in children 5 years or younger	0	11	0	*	12	*
Listeriosis	0	11	0	n/a	13	0.06
Meningitis, Bacterial or Mycotic	1	25	3	1.02	31	0.15
Meningococcal Disease	0	9	0	n/a	9	0.04
Streptococcus pneumoniae Invasive Disease	-	-	-	-	-	-
Drug-Resistant	0	76	2	0.68	116	0.57
Drug-Susceptible	4	124	1	0.34	156	0.77
Enteric Infections						
Campylobacteriosis	14	913	19	6.46	925	4.57
Cryptosporidiosis	2	75	1	0.34	112	0.55
Cyclosporiasis	0	0	0	n/a	1	0.00
Escherichia coli, Shiga Toxin Producing (STEC)	0	36	2	0.68	165	0.82
Giardiasis, Acute	5	250	2	0.68	265	1.31
Salmonellosis	6	841	19	6.46	919	4.54
Shigellosis	0	209	2	0.68	319	1.58
Typhoid Fever (Salmonella serotype Typhi)	0	7	0	n/a	5	0.02
Viral Hepatitis						
Hepatitis A	0	54	0	n/a	36	0.18
Hepatitis B, Acute	5	177	2	0.68	252	85.67
Hepatitis B, Chronic	19	1,349	19	6.46	1,249	n/a
Hepatitis B, Surface Antigen in Pregnant Women	6	123	3	*	105	*
Hepatitis C, Acute	5	79	1	0.34	103	0.51
Hepatitis C, Chronic	102	6,128	134	45.56	6,748	33.35
Vectorborne, Zoonoses						
Chikungunya	0	0	0	n/a	2	0.01
Dengue Fever	0	8	0	n/a	2	0.01
Ehrlichiosis/Anaplasmosis	0	1	0	n/a	1	0.00
Lyme Disease	0	37	2	0.68	29	0.14
Malaria	0	9	0	n/a	7	0.03
Rabies, Animal	0	23	0	*	18	*
Rabies, Possible Exposure	20	746	28	9.52	1,003	4.96
Rocky Mountain Spotted Fever/Rickettsiosis	0	2	0	n/a	2	0.01
West Nile Virus Disease	0	1	0	n/a	0	0.00
Zika (non-congenital)	0	118	0	n/a	47	0.23
Others						
Botulism, Infant	0	0	0	*	0	*
Brucellosis	0	0	0	n/a	1	0.34
Carbon Monoxide Poisoning	1	36	0	n/a	46	0.23
Ciguatera Fish Poisoning	0	7	0	n/a	17	0.08
Lead Poisoning	4	135	2	0.68	91	0.45
Legionellosis	1	74	2	0.68	93	0.46
Mercury Poisoning	1	9	0	n/a	6	0.03
Ricin Toxin Poisoning	0	0	0	n/a	4	0.02
Vibriosis (Excluding Cholera)	1	50	2	0.68	34	0.17

Disease Category	Year to Date through January 31, 2017 and 2018						
	St. Lucie County				Florida		
	2017	2018	% change	county rank	2017	2018	% change
HIV/AIDS							
Reported HIV Infection Cases	3	11	267%	14	436	630	44%
Reported AIDS Cases	4	2	-50%	23	192	213	13%
Sexually Transmitted Diseases							
Gonorrhea	7	6	-14%	36	2,144	2,181	2%
Chlamydia	40	65	63%	23	6,295	6,192	-2%
Infectious Syphilis	0	0	n/a	not ranked	130	141	8%
Early Latent Syphilis	0	5	n/a		136	195	43%
Congenital Syphilis	0	0	n/a		5	5	0%
Tuberculosis							
TB Cases	1	1	0%	14	41	29	-29%