Florida Department of Health in St. Lucie County Disease Control and Health Protection **Epidemiology Program**

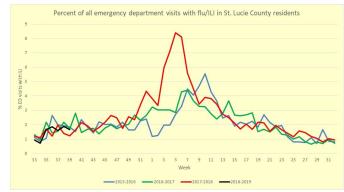
October 10, 2018 Volume 10. Issue 6

EPIsodes - Monthly Report

Spotlight on Influenza

The National Foundation for Infectious Disease and the Centers for Disease Control and Prevention (CDC) estimate the 2017-18 influenza (flu) season resulted in a record-breaking 900,000 hospitalizations and more than 80.000 deaths.

Influenza hit older adults harder than any other age group. CDC estimates about 70% of 2017-18 flu hospitalizations and 90% of flu



related deaths occurred in adults 65 years and older. There were also 180 pediatric influenza deaths reported in the United States in the 2017-18 season. This exceeded the previously recorded high of 171 pediatric flu deaths for non-pandemic flu seasons. About 80% of pediatric flu deaths occur in children who have not been vaccinated.

In Florida, during the 2017-18 flu season more outbreaks of influenza were reported than any previous season on record. Over 500 outbreaks were reported (eight in St. Lucie County) across the state during the season. In comparison, an average of 91 total flu related outbreaks were reported in the last five flu seasons. The most common settings of flu outbreaks were long-term care facilities, child daycares, and schools. For more Florida flu statistics and to receive regular reports of flu activity in the state sign up for the Florida Flu Review.



One hundred years ago the 1918 influenza pandemic devastated entire communities and took an estimated 675,000 American lives. It was the most severe pandemic in recent history, sweeping the globe quickly and killing more than 50 million people. -CDC

Facts about the seasonal flu vaccine:

The flu vaccine cannot give you the flu. Flu shots are made in two ways; either with an inactivated, or killed, virus; or using a single gene from a flu virus. Both produce an immune response without causing an infection.

The flu vaccine will not make you sick. Some people have mild reactions to the vaccine including soreness where the shot was given. The vaccine takes two weeks to be effective against the flu. Some people may get sick with a flu virus, common cold, or other illness they were exposed to before the vaccine's protection started.

The flu vaccine is effective. Every year the CDC conducts studies to determine how well the vaccine protects against the flu. Effectiveness may vary, but overall the vaccination has been shown to reduce the risk of illness by 40% to 60% and reduces the severity of illness in vaccinated people who do get influenza.

St. Lucie County

StLucieCountyHealth.com

CONTACTS

Epidemiology (EPI)

Disease Reporting Phone: 772.462.3883 **Confidential Fax:** 772.873.8593 Afterhours/Holidays/

Weekends: 772.462.3800

Preparedness Phone: 772.873.4911

Environmental Health

Phone: 772.873.4931

Tuberculosis (TB)

Phone: 772.462.3863 Fax: 772.462.5092

Sexually Transmitted Diseases (STD)

Phone: 772.462.3815 **Confidential Fax:** 772.873.8591

HIV/AIDS

Phone: 772.462.3875 **Confidential Fax:** 772.462.5096

> EPIsodes editor: Michelle Peaslee, MPH Epidemiology Department 772 462-3883- M-F 8-5 772-462-3800- After Hours

"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



FluFreeFlorida.com

Florida HEALTH

www.lmmunizeFlorida.org

VACCINES FROM BIRTH-AGE 18

HOTIGA HEALTH

Protect your baby from disease. Florida Health follows the recommendations and vaccine schedules of the Centers for Disease Control and Prevention (DDC: www.cdc.gov/vaccines/schedules/ea read/child. If your child needs to be "caught up" on vaccines, or has not had any vaccines, make an appointment with your health care provider today.

AGE	VACCINE	Hib	Haemophilus influenzae Type B		
Birth	Hep B	HepA	Hepatitis A		
	nop o	HepB	Hepatitis B		
2 months	DTaP, Hep B, Hib, IPV, PCV, Rotavirus	MMR	Measles-Mumps-Rubella		
4 months	DTaP, Hib, IPV, PCV, Rotavirus	VAR	Varicella (chickenpox)		
6 months	DTaP, Hib, PCV, Rotavirus, Flu*	DTaP	Diphtheria-Tetanus-Acellular Pertussis (whooping cough)		
6-18 months	Hep B, IPV	DT	Diphtheria-Tetanus		
		Td	Tetanus-Diphtheria		
12-15 months	MMR, VAR, PCV, Hib	Tdap	Tetanus-Diphtheria-Acellular Pertussis (whooping cough)		
12-23 months	Hep A (2 doses)	IPV	Inactivated Polio Vaccine		
15-18 months	DTaP	PCV	Pneumococcal Conjugate Vaccine		
4-6 years	DTaP, IPV, MMR, VAR	IIV	Inactivated Influenza Vaccine		
		MCV4	Meningococcal Conjugate Vaccine		
11-12 years	Tdap, HPV (2 or 3 doses), MCV4	Men B	Meningococcal B (Men B)		
13-16 years	MCV4	HPV	Human Papillomavirus Vaccine		

*After 6 months of age, then flu vaccine EVERY year after

caught the flu?

no school for you!

The flu is most contaglous early in the illness.

If you believe your child is coming down with the flu, have them stay home. Keep hands clean, and coughs and snezes covered. Consider seeing the doctor.

- seeing the doctor.

 Prevent the flu—it's in your hands!

 Get flu vaccines in October. The earlier the better.

 Wash hands often with soap and water. No soap and water? Use an alcohel-based hard sanitizer.

 Facch your child to not touch or shake hands with people who are sick.



Flu Prevention

Yearly vaccination

The first and most important step in preventing influenza is getting a yearly flu vaccine. Everyone 6 months of age and older should get a flu shot every year. This is especially true for people at high risk of complications (young children, pregnant women, people with chronic health conditions, and people 65 years and older). Healthcare workers should protect themselves and their clients by getting vaccinated as they may be exposed to the virus, and they can spread the virus to vulnerable clients, more than the average person.

Benefits of flu vaccination:

- Can keep people from getting sick with the flu
- Can reduce the risk of hospitalization for flu and influenza like illness (ILI)
- Is a preventative tool for people with chronic health conditions
- Helps women during and after pregnancy
- Can be life-saving for children
- Reduces the severity of illness
- Vaccinated people protect those around them who may be more vulnerable to illness



Everyday preventative actions

- Avoid contact with sick people
- If sick, limit contact with others – stay home from school or work
- Cover nose and mouth when sneezing
- "Take 3" Actions to Fight the Flu
- 1. Get vaccinated
- 2. Take everyday preventative actions
- 3. Take **antiviral** drugs as your doctor directs
- Hand hygiene wash hands with soap and water
- Avoid touching eyes, nose, and mouth
- Clean and disinfect surfaces

Take antiviral medication if a doctor prescribes

CDC recommends the use of antiviral treatment as soon as possible for all persons with suspected or confirmed influenza who are hospitalized, severely ill, or are higher risk for complications. Clinicians should not wait for laboratory confirmation to administer antivirals for suspect flu. It is best when antivirals are started within 48 hours of getting sick, but later can still be helpful. Influenza antiviral drugs are prescribed by a doctor; they are not available over-the-counter. For people at high risk of complications, the difference between starting an antiviral or not could mean the difference between mild illness and hospitalization or death.

Antiviral medication may also be used to stop or prevent influenza outbreaks. In long-term care facilities people are in close quarters, may be prone to illness, and are at high risk of complications when or if infected. If two or more people at a facility are ill with the flu or ILI (fever and cough and/or sore throat) it should be reported immediately to the DOH-SL Epidemiology Program. EPI can help with testing, education, controlling spread of infection, and preventing future outbreaks.

Final Case Count of Select Reportable Diseases in St. Lucie County and Florida, 2016 and 2017*

	2016 and 2017 Final Data						
Disease Category	St. Lucie County			Florida			
	2016	2017	% change	2016	2017	% change	
Sexually Transmitted Diseases							
Gonorrhea	256	255	0.39%	28,153	31,710	12.63%	
Chlamydia	1,099	1,178	7.19%	94,719	100,057	5.64%	
Early Latent Syphilis	16	53	231.25%	5,042	5,422	7.54%	
Tuberculosis							
TB Cases	15	3	-80.00%	639	549	-14.08%	
HIV/AIDS							
Reported HIV Diagnoses	51	66	29.41%	4,805	4,949	3.00%	
Reported AIDS Diagnoses	29	23	-20.70%	2,116	2,044	-3.40%	
Prevalence (persons living with HIV/AIDS)	1,663	1,730	4.03%	115,266	116,944	1.46%	

Preliminary Cases and Incidence of Reportable Diseases/Conditions in St. Lucie County and Florida, Year to Date September 29, 2017 and 2018

Note that this table includes preliminary confirmed and probable cases (2018 data) 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 is final; data for 2018 is preliminary and will change. 2018 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.

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

- *Case count decreased from last report. Count decreases can occur due to review and elimination of cases that do not meet case definition or a change in case definition affecting current or recently reported cases.
- ^Case definition for reported lead poisoning changed in 2018
- **From 2015 to 2016, the probable case classification for campylobacteriosis included non-culture tests for symptomatic people with no culture result available and no other enteric pathogen detected. Beginning in 2017, the probable case classification was revised to include non-culture tests for symptomatic people, independent of a culture result or detection of another enteric pathogen.
- ^^Beginning in 2017, the probable case classification for salmonellosis, shigellosis, and vibriosis included non-culture tests, independent of the presence of symptoms

Disease Category	YTD Sept	. 29, 2017	YTD Sept. 29, 2018	
Disease Category	St. Lucie	Florida	St. Lucie	Florida
Vaccine-Preventable Diseases				
Measles (Rubeola)	0	3	0	11
Mumps	0	45	0	40
Pertussis	2	290	0	251
Varicella (Chickenpox)	4	494	9	617
CNS Diseases and Bacteremias				
Creutzfeldt-Jakob Disease (CJD)	0	21	0	14
Haemophilus influenzae Invasive Disease	1	209	0	249
in children 5 years or younger	0	27	0	35
Listeriosis	0	38	0	33
Meningitis, Bacterial or Mycotic	3	84	6	77
Meningococcal Disease	0	17	0	18
Streptococcus pneumoniae Invasive Disease	-	-	-	-
Drug-Resistant	3	184	1*	165
Drug-Susceptible	8	253	2	293
Enteric Infections				
Campylobacteriosis**	44	3,256	71	3,669
Cryptosporidiosis	6	386	2	452
Cyclosporiasis	2	111	0	71
Escherichia coli, Shiga Toxin Producing (STEC)	0	118	9	631
Giardiasis, Acute	10	771	10	842
Salmonellosis^^	51	4,363	106	4,867
Shigellosis^^	1	988	8	1,091
Typhoid Fever (Salmonella serotype Typhi)	0	17	0	11
Viral Hepatitis				
Hepatitis A	0	196	1	233
Hepatitis B, Acute	14	547	9	621
Hepatitis B, Chronic	61	3,796	59	3,982
Hepatitis B, Surface Antigen in Pregnant Women	13	348	7	292
Hepatitis C, Acute	13	301	9*	499
Hepatitis C, Chronic	372	19,615	403	19,083
Hepatitis D, E, G	0	6	1	7
Vectorborne, Zoonoses				
Dengue Fever	0	17	0	31
Ehrlichiosis/Anaplasmosis	0	24	0	45
Lyme Disease	4	159	3*	126
Malaria	1	43	0	41
Rabies, Animal	0	61	1	109
Rabies, Human	0	0	0	1
Rabies, Possible Exposure	78	2,486	95	3,041
Rocky Mountain Spotted Fever/Rickettsiosis	0	17	0	25
West Nile Virus Disease	0	3	0	18
Others				
Botulism, Foodborne	0	0	0	0
Botulism, Infant	1	1	0	1
Brucellosis	0	6	0	9
Carbon Monoxide Poisoning	5	350	1	127
Ciguatera Fish Poisoning	0	17	5	53
Lead Poisoning^	23	1,620	14*	2,086
Legionellosis	5	311	5	357
Mercury Poisoning	3	31	0	36
Vibriosis (Excluding Cholera)^^	1	200	3	181
	1	_50	J	.01

Click here for a list of Reportable Diseases/Conditions in Florida