



# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

February 2016

## Florida Department of Health in Pinellas County

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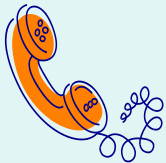
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*For more information, or to add your e-mail address to the distribution list, please contact the Editor.*

## Division of Disease Control and Health Protection



### Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932  
Fax: (727) 820-4270  
(excluding HIV/AIDS)

To Report HIV/AIDS by mail:

Surveillance Room 3-138  
205 Dr. MLK Jr St. N  
St. Petersburg, FL 33701

Animal Bite Reporting:  
Phone: (727) 524-4410  
x7665

## Zika Virus Updates

### Zika Virus: DECLARATION OF PUBLIC HEALTH EMERGENCY

On February 1, 2016, the World Health Organization (WHO) declared the recent emergence of Zika virus with associated clusters of poor pregnancy outcomes and neurological effects, a Public Health Emergency of International Concern. In response, the Centers for Disease Control and Prevention (CDC) issued travel guidelines advising pregnant women or women that may conceive in the near future to avoid visiting countries currently experiencing outbreaks.

On February 3, 2016, Governor Rick Scott directed State Surgeon General and Secretary of Health, Dr. John Armstrong, to issue a Declaration of Public Health Emergency for counties with travel-associated cases of Zika. As of February 13, Florida has reported 21 travel-related cases. **No cases have been acquired locally or involve pregnant women.** The declaration now includes: Miami-Dade, Hillsborough, Lee, Santa Rosa, Broward, Osceola, and St. Johns counties. Florida's public health laboratory has developed a capacity to test for infections. The department works closely with health care providers in the state to offer testing to individuals that meet CDC testing criteria.

### What is Zika Virus Disease?

Zika Virus Disease is caused by a flavivirus spread through the bites of infected *Aedes* species mosquitoes. These mosquitoes can be found throughout Central and South America, as well as the Caribbean and southern portion of North America. The most common symptoms include fever, rash, joint pain, and conjunctivitis. The illness is usually mild with symptoms lasting a few days to a week. During the first week of infection, Zika virus can be found in the blood and passed from an infected person to another mosquito through mosquito bites. An infected mosquito can then spread the virus to other people. There have also been reports of transmission through sexual contact and blood transfusions, as well as from mother to child during pregnancy or birth. As there are currently no vaccines to prevent Zika virus; protection from mosquito bites is key to avoiding infection.

### Zika Fever: Information for Obstetricians

A recent increase in the numbers of babies born with microcephaly in areas experiencing Zika virus outbreaks has made the disease especially concerning for pregnant women. The CDC is advising pregnant women to avoid traveling to areas where Zika virus is prevalent. If travel cannot be avoided, they are advised to speak with their health care provider before leaving and take special precautions to avoid mosquito bites. Pregnant women experiencing symptoms of Zika should be tested within the first week of illness, and the fetuses and newborns of women infected with Zika during pregnancy should be evaluated for microcephaly or other abnormalities. Serologic testing is available for pregnant women with no symptoms 2-12 weeks after travel.

**For more information about Zika Virus, please visit: <http://www.floridahealth.gov/diseases-and-conditions/zika-virus/> and the CDC website: <http://www.cdc.gov/zika/index.html>.**

# Varicella Cases in Pinellas County

The Florida Department of Health in Pinellas County (DOH-Pinellas) has detected a recent increase in the number of reported cases of varicella (chickenpox). As of February 13, 2016, DOH-Pinellas has reported a total of 23 probable and confirmed cases of varicella. During the same time last year, a total of 11 cases were reported. Of the 23 cases reported in 2016, 18 were determined to be outbreak associated. Ongoing transmission between cases in school and daycare settings has been detected. The largest numbers of cases are in the 5 – 9 year-old group, followed by the 10-14 year-old group.

Chickenpox is very contagious and is caused by the varicella-zoster virus. An individual infected with chickenpox can spread the disease from 1-2 days before the rash starts until the rash has crusted over. Symptoms include fever, centripetally-distributed maculopapular or vesicular pruritic rash originating on the head and trunk. Successive crops (200-500) of lesions are common, sometimes involving mucosa. Atypical breakthrough infections can be afebrile and consist of less than 50 maculopapular lesions in varicella vaccinated patients or patients with a natural history of disease. An individual can be exposed to someone with chickenpox or shingles and not develop symptoms for 10-21 days. Most people will develop immunity for life following vaccination or infection; however, it is possible to get chickenpox more than once.

We are asking healthcare providers to increase their index of suspicion for varicella. Laboratory testing should be done to ensure the proper control measures are implemented. Diagnostic testing includes scab/vesicular lesion collection for testing by Polymerase Chain Reaction (PCR).

**Report all cases by next business day to the Florida Department of Health in Pinellas County, Epidemiology Program at 727-824-6932 (secure fax: 727- 820-4270).**

**More information regarding varicella can be found on here: <http://www.cdc.gov/chickenpox/about/>**

## 2014-2015 Ebola Outbreak in West Africa - Update

*as of February 13, 2016*

- According to the World Health Organization (WHO) Report released on February 3, 2016, a confirmed case of Ebola was reported on January 14 in Sierra Leone. A postmortem swab collected from the deceased woman tested positive. A total of 150 contacts were identified and close family members were transferred to a voluntary quarantine facility. One contact developed symptoms on January 20 and tested positive for Ebola Virus. Sierra Leone was previously declared free of ongoing Ebola virus transmission on November 7 and entered a 90-day period of enhanced surveillance that ended on February 5.
- On January 14, 2016, WHO declared Liberia free of Ebola virus transmission after 42 days had passed since the last confirmed patient with Ebola tested laboratory-negative twice. Liberia was previously declared free of transmission in May 2015, but small clusters were identified.
- Guinea has been declared free of Ebola transmission since December 29, 2015, and is under a 90-day period of enhanced surveillance that is due to end on March 27, 2016.
- The CDC no longer recommends active monitoring for travelers arriving in the United States from Sierra Leone, Liberia, and Guinea. Subsequently, Florida Department of Health is no longer actively monitoring low risk travelers returning from the impacted countries in West Africa.

**Information collected from the Centers of Disease Control and Prevention (CDC) and regularly updated World Health Organization (WHO) Reports. More information can be found here:**

**<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>**

# Selected Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total			Pinellas County Annual Totals		
	January 2016	January 2015	Pinellas 2016	Pinellas 3 YR Avg. (2013-2015)	Florida 2016	2015	2014	2013
<b>A. Vaccine Preventable</b>								
Measles								
Mumps								
Pertussis	1		1	18	34	17	19	17
Varicella	10	9	10	31	73	38	35	19
<b>B. CNS Diseases &amp; Bacteremias</b>								
Creutzfeldt-Jakob Disease (CJD)				1	1	3		
Meningitis (Bacterial, Cryptococcal, Mycotic)	2		2	5	12	6	4	5
Meningococcal Disease				1	1	1		1
<b>C. Enteric Infections</b>								
Campylobacteriosis	3	9	3	90	139	104	103	63
Cryptosporidiosis	3	1	3	103	43	49	240	19
Cyclosporiasis				3		3		5
<i>E. coli Shiga Toxin (+)</i>				5	12	2	6	7
Giardiasis	2	4	2	35	71	30	42	34
Hemolytic Uremic Syndrome (HUS)				0	2			1
Listeriosis				1	1	2		
Salmonellosis	5	9	5	205	345	196	216	203
Shigellosis	1	2	1	67	69	174	21	5
<b>D. Viral Hepatitis</b>								
Hepatitis A	1		1	4	10	4	2	6
Hepatitis B: Pregnant Woman +HBsAg	4		4	25	39	37	21	17
Hepatitis B, Acute	3	2	3	47	40	57	44	39
Hepatitis C, Acute	2	3	2	23	23	32	19	17
<b>E. VectorBorne/Zoonoses</b>								
Animal Rabies				1	5	1	2	
Rabies, possible exposure	4	16	4	166	200	114	190	193
Chikungunya Fever		1		4	3	2	10	
Dengue				2	11	3	1	2
Eastern Equine Encephalitis								
Lyme Disease				6	10	6	5	8
Malaria				2	4	2	3	1
St. Louis Encephalitis								
West Nile Virus				0		1		
Zika Virus					6			
<b>F. Others</b>								
AIDS**	12	8	12	129	n/a	121	148	118
HIV**	23	28	23	235	n/a	256	263	185
Chlamydia	273	317	273	4032	n/a	4103	3853	4141
Gonorrhea	115	100	115	1378	n/a	1415	1295	1424
Hansen's Disease					4			
Lead Poisoning: Children < 6 years:				6	3	6	8	4
Legionellosis	2	1	2	14	22	18	13	10
Mercury Poisoning				1	2	1	2	
Syphilis, Total	27	19	27	190	n/a	271	186	114
Syphilis, Infectious (Primary and Secondary)	11	15	11	91	n/a	146	75	52
Syphilis, Early Latent	15	3	15	58	n/a	75	61	37
Syphilis, Congenital				1	n/a	3		
Syphilis, Late Syphilis (Late Latent; Neurosyphilis )	1	1	1	41	n/a	47	50	25
Tuberculosis				23	n/a	14	25	30
<i>Vibrio Infections</i>				11	9	11	10	11

n/a = not available at this time. Blank cells indicate no cases reported. Reportable diseases include confirmed and probable cases only. All case counts are provisional. Data is collected from the Merlin Reportable Disease database, surveillance systems maintained at the Florida Department of Health in Pinellas County, and Florida CHARTS <http://www.floridacharts.com/charts/default.aspx>.

\*STD data in PRISM is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.

\*\*Current HIV Infection data by year of report reflects any case meeting the CDC definition of 'HIV infection' which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV in Florida. If a case is later identified as being previously diagnosed and reported from another state, the case will no longer be reflected as a Florida case and the data will be adjusted accordingly. Data from the most recent calendar year (2015 or 2016) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida.