

**Florida Department of Health in Pinellas County**

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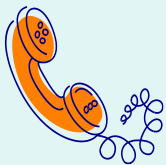
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**Division of Disease Control and Health Protection****Disease Reporting**

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(excluding HIV/AIDS)

**To Report HIV/AIDS**

by mail:

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## Influenza Season: Protect Your Health!

By Alexis Pullia  
Epidemiology Program Intern

Influenza activity in the United States has remained elevated. Based on data collected by the Centers for Disease Control and Prevention (CDC) from week six, 43 states are currently experiencing high influenza-like illness (ILI) activity, which is defined as having a fever 100°F or greater and a cough or sore throat without another cause.<sup>1</sup> In addition, 48 states are reporting widespread influenza activity.<sup>1,2</sup> This has significantly impacted the number of hospitalizations attributed to influenza and proportion of people seeking medical care for ILI. As of week 6, the hospitalization rate is 67.9 hospitalizations per 100,000 population.<sup>1,2</sup> This rate varies for at-risk populations, notably adults 65 years and older (294.9 per 100,000 population), adults 50 to 64 (72.8 per 100,000 population), and children 0 to 4 years old (47.1 per 100,000 population).<sup>1,2</sup> The proportion of health care visits for ILI has been reported at 7.51 percent, which is above the national baseline values.<sup>2</sup> Although, there is an increase in patients seeking care for influenza, the 2017-2018 influenza season is not at pandemic levels.

The CDC continues to recommend individuals receive the influenza vaccine. The vaccine is available to those 6 months of age and older. High-risk populations including pregnant women, individuals 65 years and older, health care workers, those with chronic health conditions, young children 6 to 60 months, and immunocompromised individuals should prioritize receiving the influenza vaccine. It is important to note that individuals can not get influenza from the vaccine, as the vaccine uses inactivated viruses to stimulate the production of antibodies in an individual.<sup>3</sup> Other prevention measures include avoiding close contact with sick individuals, covering one's mouth when coughing and sneezing with a tissue (and tossing it after use), washing one's hands with soap and water or alcohol-based hand rub, avoiding touching one's eyes, mouth, and nose, and cleaning and disinfecting surfaces and objects that are potentially contaminated with the virus.

If an individual is experiencing ILI symptoms, they should follow up with their health care provider. Antiviral treatment is recommended and is most effective within 48 hours of symptom onset. Treatment is strongly recommended for high-risk populations. **There are currently no shortages of influenza vaccine or anti-viral medication in the United States.** For more information on preventive measures visit the CDC's Preventive Steps webpage at: <https://www.cdc.gov/flu/consumer/prevention.htm>.

**References:**

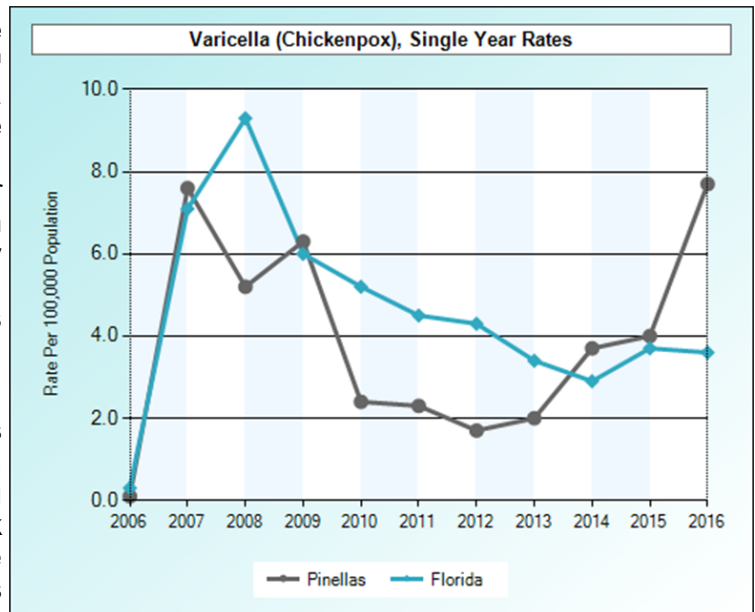
- 1) Weekly U.S. influenza surveillance report. Centers for Disease Control and Prevention Website. <https://www.cdc.gov/flu/weekly/index.htm> Published February 16, 2018. Updated February 16, 2018. Accessed February 16, 2018.
- 2) Situation update: Summary of weekly FluView Report. Centers for Disease Control and Prevention Website. <https://www.cdc.gov/flu/weeklysummary.htm> Published February 16, 2018. Updated February 16, 2018. Accessed February 16, 2018.
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# Why Vaccinate for Varicella?

By: Arianna Wright  
Epidemiology Program Intern

Varicella (chickenpox) is a reportable disease nationwide caused by the varicella-zoster virus.<sup>1</sup> Varicella is transmitted directly via contact with a symptomatic patient. Typical symptoms include blister-like rash, fever, tiredness, loss of appetite, and headache, which can develop 10-21 days after exposure. The rash typically starts on the stomach and back and then spreads over the rest of the body producing approximately 250 to 500 blisters. Infected individuals are contagious until after blisters have completely scabbed over.<sup>1</sup>

A prescription antiviral medication, Acyclovir, is available and can lessen the severity of illness when given within the first 24 hours of the rash being present. Acyclovir is recommended for high-risk patients experiencing moderate or severe symptoms, and patients with other complications such as skin or lung disease, receiving steroid therapy, pregnant, and/or individuals over the age of 12 years. It is advised that patients do not use aspirin to relieve fever symptoms, as it has been linked to Reye's syndrome which can cause liver, brain damage and possibly death.



**Figure A: Incidence rate of varicella in Florida versus Pinellas County, 2006– 2016**

Varicella has been observed to have a higher incidence of cases between January and June for an undetermined reason. Varicella can be prevented through vaccination and avoiding contact with symptomatic individuals. Developed in 1995, the varicella vaccine has been found to be approximately 90 percent effective for preventing illness.<sup>1</sup> Nationally, a 79 percent decline in incidence has been observed from 2000-2010 from 31 reporting states.<sup>1,2</sup> Florida has seen decreasing rates of varicella from 2006-2014 with a slight increase in 2014-2015.<sup>3</sup> However, Pinellas County has been experiencing an increase in varicella cases from 2013-2016 (Figure A).

Individuals who have previously experienced allergic reactions to vaccines, are currently ill, pregnant, have a compromised immune system, and/or have proof of immunity are not advised to receive the varicella vaccine.<sup>1</sup> Through herd immunity, individuals who are unable to receive the vaccine can still be protected by maintaining high levels of vaccination in the community. Herd immunity is obtained by reaching a high percentage of vaccinated persons who are not susceptible to acquiring and spreading the infection. As a result of fewer individuals developing the illness, the likelihood of a medically vulnerable individual coming into contact with a contagious patient is reduced. This makes it imperative that those who can be vaccinated do so for those who cannot. For more information about varicella please visit the Centers for Disease Control website: <https://www.cdc.gov/chickenpox/index.html>.

## References:

1. Chickenpox (Varicella). Centers for Disease Control and Prevention website. <https://www.cdc.gov/chickenpox/index.html>. Updated June 28, 2016. Accessed February 8, 2018.
2. Leung J, Harpaz R. Impact of the Maturing Varicella Vaccination Program on Varicella and Related Outcomes in the United States: 1994–2012. August 12, 2015. doi: 10.1093/jpids/piv044. Date accessed February 8, 2018.
3. Varicella (Chickenpox). Florida Department of Health, Division of Public Health Statistics & Performance Management Flhealthcharts website. <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=8633>. Accessed February 8, 2018.

# Selected Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	January 2018	January 2017	Pinellas 2018	Florida 2018	2017	2016	2015
<b>A. Vaccine Preventable</b>							
Measles	0	0	0	0	0	0	0
Mumps	0	0	0	10	2	0	0
Pertussis	1	1	1	20	36	18	17
Varicella	1	3	1	48	24	74	38
<b>B. CNS Diseases &amp; Bacteremias</b>							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	3	2	2	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	0	1	11	7	7	6
Meningococcal Disease	0	0	0	2	0	0	1
<b>C. Enteric Infections</b>							
Campylobacteriosis	14	14	14	330	206	137	104
Cryptosporidiosis	2	2	2	33	40	27	49
Cyclosporiasis	0	0	0	0	6	5	3
<i>E. coli Shiga Toxin (+)</i>	1	0	1	46	7	3	2
Giardiasis	2	5	2	66	45	41	30
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0
Listeriosis	1	0	1	3	0	2	2
Salmonellosis	19	5	19	324	279	188	196
Shigellosis	3	1	3	81	26	19	174
<b>D. Viral Hepatitis</b>							
Hepatitis A	0	0	0	17	0	2	4
Hepatitis B: Pregnant Woman +HBsAg	2	2	2	30	25	28	37
Hepatitis B, Acute	7	5	7	85	51	68	57
Hepatitis C, Acute	4	2	4	50	32	49	32
<b>E. VectorBorne/Zoonoses</b>							
Animal Rabies	0	0	0	0	2	4	1
Rabies, possible exposure	14	14	14	310	140	131	114
Chikungunya Fever	0	0	0	1	0	1	2
Dengue	0	0	0	1	0	2	3
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	0	0	7	16	11	6
Malaria	0	0	0	3	0	0	2
West Nile Virus	0	0	0	0	0	1	1
<b>F. Others</b>							
Chlamydia	340	319	340	n/a	4006	4133	4168
Gonorrhea	122	125	122	n/a	1502	1566	1439
Hansen's Disease	0	0	0	0	0	0	0
Lead Poisoning	3	4	3	20	33	32	40
Legionellosis	2	1	2	31	23	19	18
Mercury Poisoning	0	0	0	2	1	0	1
Syphilis, Total	24	19	24	n/a	337	400	289
Syphilis, Infectious (Primary and Secondary)	12	7	12	n/a	148	188	151
Syphilis, Early Latent	9	7	9	n/a	116	146	83
Syphilis, Congenital	0	0	0	n/a	1	2	3
Syphilis, Late Syphilis (Late Latent; Neurosyphilis )	3	5	3	n/a	72	64	52
Tuberculosis	1	0	1	n/a	28	31	14
<i>Vibrio Infections</i>	0	2	0	9	10	8	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 current calendar year (2016) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida.