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Sumter County Quarterly Epidemiology Report

Volume 2, Issue 4

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Disease Summary

During the last quarter, Sumter County Epidemiology staff investigated and or recorded **117** cases of reportable disease, and investigated **3** outbreaks. Outbreak investigations included two gastrointestinal illnesses and one scabies outbreak.

West Nile Fever

Transmission: West Nile virus is transmitted to humans primarily through the bites of infected mosquitoes. Other modes of transmission include blood transfusion and organ transplantation.

- ✦ Altered mental status
 - ✦ Seizures
 - ✦ Limb weakness
 - ✦ Cerebrospinal fluid (CSF) pleocytosis
- Abnormal neuroimaging.

Incubation period: Two to 14 days.

Clinical presentation: The clinical spectrum for WNV infection includes asymptomatic infection or mild illness (fever and headache), aseptic meningitis, and encephalitis that can progress to coma and death. West Nile virus infection cases are often categorized into two primary groups: neuroinvasive disease and non-neuroinvasive disease. Approximately 80% of those infected show no clinical symptoms. Twenty percent have mild symptoms, and less than 1% experience the neuroinvasive form of illness.

Non-neuroinvasive disease (e.g., West Nile fever). Symptoms include

- ✦ Fever
- ✦ Headache
- ✦ Myalgias
- ✦ Arthralgias
- ✦ Rash
- ✦ Gastrointestinal symptoms

Patients at risk for severe disease:

Individuals over 60 years of age
Immunosuppressed patients

Laboratory testing: Testing for WNV specific IgM antibodies should be requested for serum specimens or CSF. Sumter CHD can provide guidance on how and when to submit samples to the Department of Health (DOH) Bureau of Public Health Laboratories.

Neuroinvasive disease such as aseptic meningitis, encephalitis, or acute flaccid paralysis (AFP). Symptoms include

- ✦ Fever
- ✦ Stiff neck

Food Recalls

In the last 30 days the following food recalls were issued. More information can be found at, <http://www.floridahealth.gov/>

Brand Names	Food	Date of Recall	Health Risk
Death Wish Coffee Co.	Nitro Cold Brew Cans	9/21/2017	Clostridium botulinum
Garden of Life LLC	Baby Organic Liquid Formula	9/8/2017	Label may be misinterpreted
Country Fresh Orlando LLC	Diced bell pepper, vegetable kabobs, and creole and fajita mixed diced vegetables	9/5/2017	Listeria monocytogenes

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Reportable Disease List Changes

All practitioners, hospitals and laboratories in Florida are required to notify the Florida Department of Health (DOH) of diseases or conditions of public health significance under section 381.0031, Florida Statutes, and Chapter 64D-3, Florida Administrative Code. Practitioners, hospitals, medical facilities, laboratories, schools, nursing homes, state institutions or other locations providing health services are required to notify DOH of diseases or conditions and the associated laboratory test results listed in the Table of Reportable Diseases or Conditions to Be Reported, Rule 64D-3.029, Florida Administrative Code.

DOH has updated the Table of Reportable Diseases or Conditions to Be Reported, Rule 64D- 3.029, Florida Administrative Code, and section 381.985, Florida Statutes, related to reporting elevated blood lead levels and screening results to DOH. These revisions were made in 2016 and 2017 to reflect current public health needs for disease reporting and to align with national public health priorities. A brief summary of updates to reportable disease and condition requirements is included below. The full text of the revised rule is posted on the Disease Reporting Information for Health Care Providers and Laboratories website (www.FloridaHealth.gov/DiseaseReporting).

Summary of changes for general communicable diseases reporting:

1. Added Zika fever as explicitly reportable (previously reportable under other arboviral infections) and specified that notification should occur upon initial suspicion (i.e., clinical suspicion or laboratory test order), but after-hours reporting is not required.
2. Updated reporting timeframe for dengue fever to be upon initial suspicion (i.e., clinical suspicion or laboratory test order), but after-hours reporting is not required.
3. Updated reporting timeframe for arboviral infections not otherwise listed in the Table of Reportable Diseases or Conditions to Be Reported from next business day to suspect immediately (i.e., laboratories and health care providers should call DOH immediately, 24 hours a day, seven days a week by phone upon initial clinical suspicion or laboratory test order).
4. Added babesiosis as a reportable disease.
5. Expanded leptospirosis to include all species of *Leptospira*, rather than just interrogans.
6. Lowered the blood lead level considered as lead poisoning from ≥ 10 $\mu\text{g}/\text{dL}$ to ≥ 5 $\mu\text{g}/\text{dL}$. Note that all blood lead level results should be reported to DOH, but results ≥ 5 $\mu\text{g}/\text{dL}$ should be reported on the next business day. Results < 5 $\mu\text{g}/\text{dL}$ should be reported within 10 business days.
7. Added requirement that all *Salmonella* isolates or specimens be forwarded to DOH for confirmation.
8. Specified that isolates or specimens required to be submitted to DOH for confirmation must be submitted within two weeks from the time the isolate or specimen is received by a laboratory, unless otherwise noted by DOH.

Please report all diseases to the Florida Department of Health in Sumter County Epidemiology Program at:

PRIMARY PHONE: (352)569-3115

SECONDARY PHONE: (352)569-3106

Fax: (352)512-6555

After Hours Reporting: (352)303-6237

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)



Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department?

Contact the Florida Department of Health in Sumter County Epidemiology at:

PRIMARY PHONE: (352)569-3115 SECONDARY PHONE: (352)569-3106

Fax: (352)512-6555

After Hours Reporting: (352)303-6237

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ Report immediately 24/7 by phone
 - Report next business day
 - + Other reporting timeframe

! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance

+ Acquired immune deficiency syndrome (AIDS)

☎ Amebic encephalitis

! Anthrax

• Arsenic poisoning

! Arboviral diseases not otherwise listed

• Babesiosis

! Botulism, foodborne, wound, and unspecified

• Botulism, infant

! Brucellosis

• California serogroup virus disease

• Campylobacteriosis

+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors

• Carbon monoxide poisoning

• Chancroid

• Chikungunya fever

☎ Chikungunya fever, locally acquired

• Chlamydia

! Cholera (*Vibrio cholerae* type O1)

• Ciguatera fish poisoning

+ Congenital anomalies

• Conjunctivitis in neonates <14 days old

• Creutzfeldt-Jakob disease (CJD)

• Cryptosporidiosis

• Cyclosporiasis

! Dengue fever

! Diphtheria

• Eastern equine encephalitis

• Ehrlichiosis/anaplasmosis

• *Escherichia coli* infection, Shiga toxin-producing

• Giardiasis, acute

! Glanders

• Gonorrhea

• Granuloma inguinale

! *Haemophilus influenzae* invasive disease in children <5 years old

• Hansen's disease (leprosy)

☎ Hantavirus infection

☎ Hemolytic uremic syndrome (HUS)

☎ Hepatitis A

• Hepatitis B, C, D, E, and G

• Hepatitis B surface antigen in pregnant women and children <2 years old

☎ Herpes B virus, possible exposure

• Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old

+ Human immunodeficiency virus (HIV) infection

• HIV-exposed infants <18 months old born to an HIV-infected woman

• Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old

! Influenza A, novel or pandemic strains

☎ Influenza-associated pediatric mortality in children <18 years old

• Lead poisoning (blood lead level ≥5 µg/dL)

• Legionellosis

• Leptospirosis

☎ Listeriosis

• Lyme disease

• Lymphogranuloma venereum (LGV)

• Malaria

! Measles (rubeola)

! Melioidosis

• Meningitis, bacterial or mycotic

! Meningococcal disease

• Mercury poisoning

• Mumps

+ Neonatal abstinence syndrome (NAS)

☎ Neurotoxic shellfish poisoning

☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)

☎ Pertussis

• Pesticide-related illness and injury, acute

! Plague

! Poliomyelitis

• Psittacosis (ornithosis)

• Q Fever

☎ Rabies, animal or human

! Rabies, possible exposure

! Ricin toxin poisoning

• Rocky Mountain spotted fever and other spotted fever rickettsioses

! Rubella

• St. Louis encephalitis

• Salmonellosis

• Saxitoxin poisoning (paralytic shellfish poisoning)

! Severe acute respiratory disease syndrome associated with coronavirus infection

• Shigellosis

! Smallpox

☎ Staphylococcal enterotoxin B poisoning

☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)

• *Streptococcus pneumoniae* invasive disease in children <6 years old

• Syphilis

☎ Syphilis in pregnant women and neonates

• Tetanus

• Trichinellosis (trichinosis)

• Tuberculosis (TB)

! Tularemia

☎ Typhoid fever (*Salmonella* serotype Typhi)

! Typhus fever, epidemic

! Vaccinia disease

• Varicella (chickenpox)

! Venezuelan equine encephalitis

• Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)

! Viral hemorrhagic fevers

• West Nile virus disease

! Yellow fever

! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, provides that Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health. Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners...

Influenza Season

The 2017-2018 flu season officially started October 1, 2016. While influenza activity remains at low levels across the state, it is never too early to start taking prevention steps.

Prevention Tips:

- Get Vaccinated!
- Wash your hands often.
- Keep your hands away from your face.
- Keep your distance from others when you are sick.
- Keep your distance if you are around someone else who is sick.
- Stay home if you are sick.
- Cover your mouth and nose with a tissue when sneezing and coughing.
- Be aware that you can still spread germs up to 7 days after getting sick.



Vaccination:

The CDC recommends annual flu vaccination for everyone 6 months of age and older with rare exceptions. Only injectable flu vaccines, the inactivated influenza vaccine (IIV) or the recombinant influenza vaccine (RIV), are recommended this year. Like the 2016-2017 season, the live attenuated influenza vaccine (LAIV), or nasal spray flu vaccine, is not recommended for use in the 2017-2018 flu season. The 2017-2018 influenza vaccination recommendations can be found in their entirety at www.cdc.gov.

Report to the Health Department:

The beginning of flu season is an excellent time to keep in mind that the following should be reported to the Florida Department of Health in Sumter County:

- abnormal spikes in illness
- outbreaks
- confirmed and suspected cases of influenza
- confirmed and suspected cases of other reportable diseases

Timely reporting will allow us to improve disease surveillance and our understanding of influenza and influenza like illnesses (ILI). This will help us identify which diseases are causing illness in our community and help with the planning of future prevention efforts.

You play a vital role in this endeavor. Without your reporting it will be impossible to gain an accurate picture of what is happening in Sumter County or how we can best protect residents.



Protect Yourself From Mosquito Bites

Stop mosquitoes from living and multiplying around your home or business!



Drain standing water to stop mosquitoes from multiplying:

- **Drain** water from garbage cans, house gutters, buckets, pool covers, coolers, toys, flower pots or any other containers where sprinkler or rain water has collected.
- **Empty** and clean birdbaths and pets' water bowls at least once or twice a week.

Cover skin with clothing or repellent:

- **Clothing:** When possible wear shoes, socks, and long pants and long-sleeves.
- **Repellent:** Apply mosquito repellent to bare skin and clothing. Always use repellents according to the label.

Florida Department of Health in Sumter County

Reportable Disease Count Year to Date 2017



Disease Category	Sumter			State	
	Cumulative (YTD)			Cumulative (YTD)	
	2017	2016	Expected	2017	2016
B. CNS Diseases & Bacteremias					
H. Influenzae	2	3	2	214	249
Meningococcal Disease	0	0	0	20	11
Strep Pneumoniae, Invasive, Drug Resistant	0	1	1	184	153
Strep Pneumoniae, Invasive, Susceptible	1	2	2	260	340
C. Enteric Infections					
Campylobacteriosis	17	10	13	3268	2736
Cryptosporidiosis	1	8	7	388	416
Escherichia Coli Shiga Toxin +	3	8	7	501	453
Giardiasis	2	6	7	772	867
Salmonellosis	15	16	16	4395	4403
Shigellosis	3	2	3	999	674
Vibriosis (All Reportable Species)	3	0	0	203	140
D. Viral Hepatitis					
Hepatitis A	1	2	2	201	90
Hepatitis B, Acute	2	3	3	556	518
Hepatitis B, Chronic	12	20	19	3964	3698
Hepatitis C, Acute	1	4	4	275	235
Hepatitis C, Chronic	235	259	269	20305	23194
Hepatitis +HBsAg in pregnant women	0	0	0	358	315
E. Vector Borne, Zoonoses					
Post-Exposure Prophylaxis for Rabies (PEP)	23	11	16	2489	2430
Rabid Animals	0	0	0	29	44
Lyme Disease	3	5	5	246	168
Rocky Mountain Spotted Fever	2	0	0	42	11
F. Others					
Carbon Monoxide Poisoning	0	0	0	476	193
Creutzfeldt - Jakob Disease (CJD)	0	0	2	23	13
Legionellosis	2	4	5	357	238

* Mid year population based on 2016 & 2017 est. U.S Census Bureau (<http://quickfacts.census.gov/qfd/states/12/12119.html>)

* Case number based on total number of cases reported during reporting year 2016 & 2017

* Expected rates based on US Census population growth estimates, 2016

EPI Quiz Question



Who was the only woman and only American volunteer to die during the Yellow Fever Experiments of 1900-1901?

(Answer on pg 6)



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Confidential Fax: 352-512-6555

After Hours Reports: 352-303-6237



[\(Click here to learn more\)](#)



MISSION :

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

VISION :

To be the *Healthiest State* in the Nation

VALUES (ICARE) :

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.



Epi Quiz Answer



Who was the only woman and only American volunteer to die during the Yellow Fever Experiments of 1900-1901?

Clara Louise Maass (June 28, 1876 – August 24, 1901)

Clara Louise Maass was born in East Orange, New Jersey on June 28, 1876. After graduating from the Christian Trefz Training School for Nurses in 1895 Clara worked as a private duty nurse and later the head nurse at Newark German Hospital in New Jersey. During the Spanish American War Clara served as a contract nurse working in Florida, Georgia, and Cuba. Dr. William Gorgas, Havana Sanitary Officer, sent out a call for volunteer nurses in the fall of 1900, to which Clara responded. In the summer of 1901 Clara volunteered to be part of the yellow fever Experiments being conducted by Major Walter Reed. As part of the experiments Clara was bitten by an infected mosquito in June of 1901 and came down with a mild case of yellow fever from which she quickly recovered. On August 14, 1901 Clara volunteered to again be bitten by an infected mosquito resulting in a severe case of yellow fever. Clara died of yellow fever on August 24, 1901, at the age of 25, 10 days after her second infection with the illness.

