



Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County

Outbreaks of Hepatitis A in Multiple States Among People Who are Homeless and People Who Use Drugs

Since March, 2017, the Centers for Disease Control and Prevention’s (CDC) Division of Viral Hepatitis has been assisting multiple states with hepatitis A outbreaks that were identified in people who are homeless, those who use drugs, and their close contacts. Those states who were or are currently affected are California, Kentucky, Michigan, and Utah (Table 1). In response to these outbreaks, the CDC has recommended working with the community to provide the hepatitis A vaccine to people who are homeless or use drugs who have not been immunized and to consider vaccinating any persons with ongoing close contact with people who are homeless or use drugs. In addition to administering post-exposure prophylaxis (PEP), California decided to provide handwashing stations and access to toilets for people who may not have these resources in the community, including those who are homeless or use drugs.

This outbreak is unique as it is the largest person-to-person hepatitis A outbreak in the United States since the vaccine became available, with many associated deaths. The outbreak is within populations that report having limited sanitation, which increases the risk of person-to-person transmission through contact with a fecally-contaminated environment. No common sources of food, beverages, or drugs have been identified as a potential source of infection. Cases have been linked through laboratory and epidemiological evidence. Viral sequencing was conducted on specimens collected, which has linked cases within different states. Hepatitis A is an acute infection usually characterized by abrupt onset of fever, malaise, anorexia, nausea, and abdominal pain. Jaundice, dark-colored urine, or light-colored stools might be present at onset or might develop a few days later. Transmission is most often person-to-person by the fecal-oral route, but can also occur through fecal contamination of food, water, or fomites (inanimate objects). The virus can remain infectious for at least one month at room temperature on environmental surfaces. Peak infectivity occurs during the two-week period before the onset of jaundice and declines during the week after jaundice appears. Vaccination is the best way to prevent hepatitis A infection. Additional prevention and control measures are: properly wash hands after every bathroom use and before eating or preparing meals; frequently clean and disinfect bathrooms; provide safe drinking water; and always wash raw fruits and vegetables in safe water before eating.

Table 1. Outbreak associated hepatitis A infections by state as of March 30, 2018

State	Cases	Hospitalizations	Deaths
California	703	460	21
Michigan	802	644	25
Utah	217	113	2
Kentucky	221	157	1

Resources: [CDC Hepatitis A Outbreak Hepatitis A Outbreak in California](#)
[Hepatitis A Outbreak in Kentucky](#)
[Hepatitis A Outbreak in Michigan](#)
[Hepatitis A Outbreak in Utah](#)

March 2018

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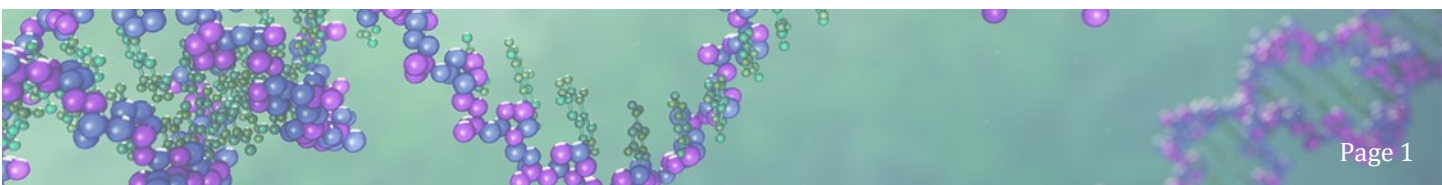
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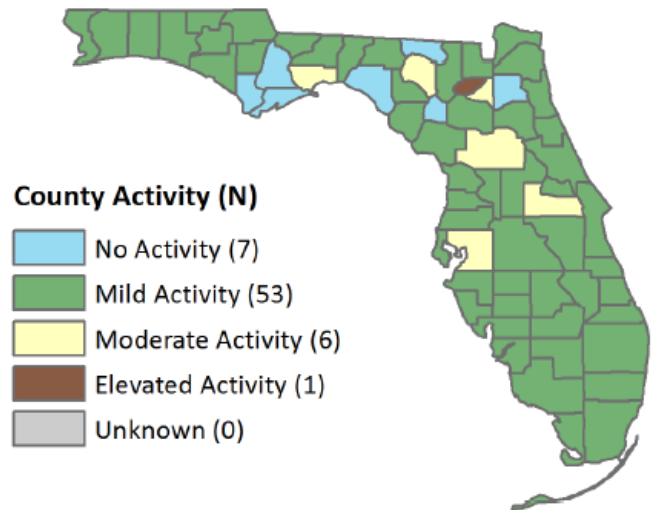


Influenza Surveillance (data from [Florida Flu Review](#))

Florida

- ◆ In week 13, state influenza activity continues to decrease.
- ◆ One new influenza-associated pediatric death was confirmed. Seven have been confirmed so far in the 2017-18 influenza season.
- ◆ Deaths due to pneumonia and influenza were below expected levels.

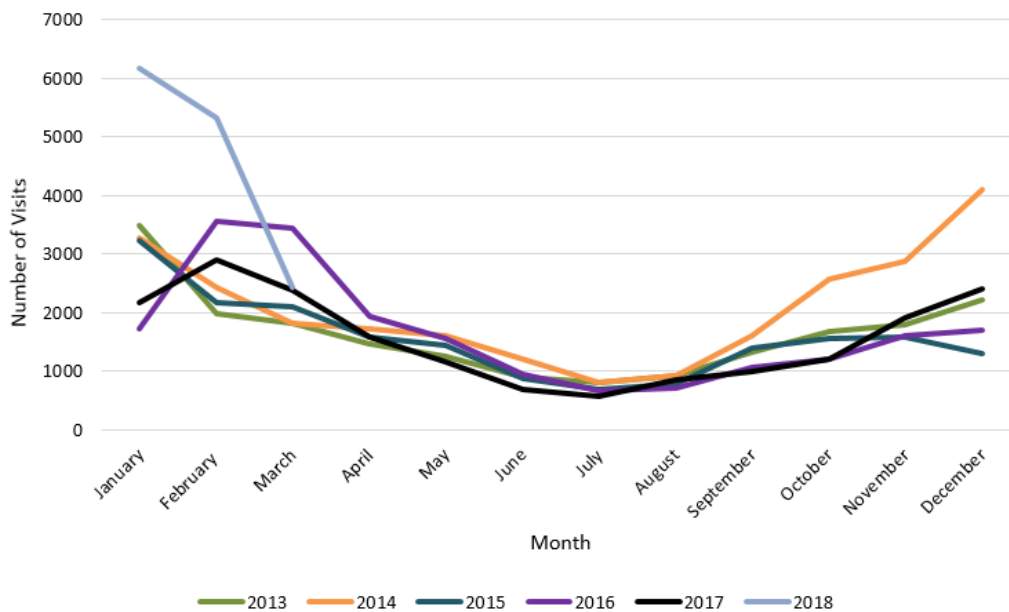
Influenza Activity Level, by County for Week 13, 2018



Orange County

- ◆ Three outbreaks of influenza were reported in Orange County in March 2018.
- ◆ Orange County influenza activity level for week 13 is decreasing.

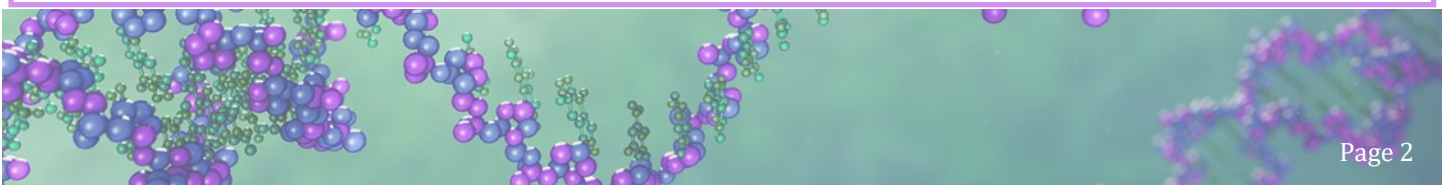
Influenza-like Illness from Emergency Department Visits in Orange County, 2013 to 2018



Influenza Resources:

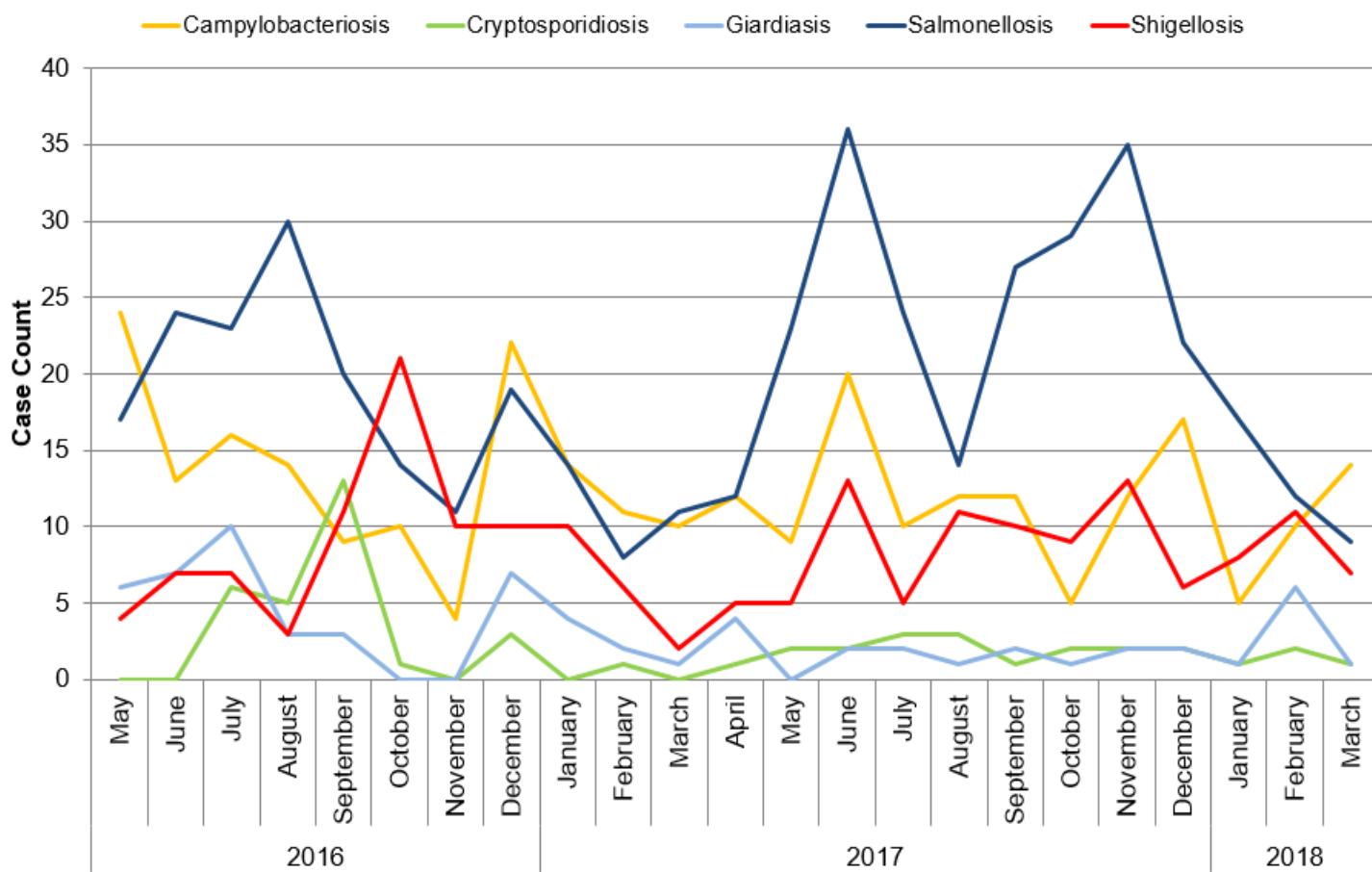
[Florida Department of Health Influenza](#)

[Center for Disease Control and Prevention Weekly Influenza Activity Report](#)



Gastrointestinal Illness Surveillance

Select Reportable Enteric Diseases in Orange County, Florida, May 2016 to March 2018



[REPORT
FOODBORNE
ILLNESS ONLINE](#)

Gastrointestinal Illness Points of Interest:

- Enteric reportable disease cases were normal for the month of March. As the summer months approach, we expect the number of enteric illness to increase.
- In March 15 foodborne illness complaints were investigated by Orange County from various sources such as direct reporting, online reporting, social media, Department of Health, and crowd-sourced web-based reporting.

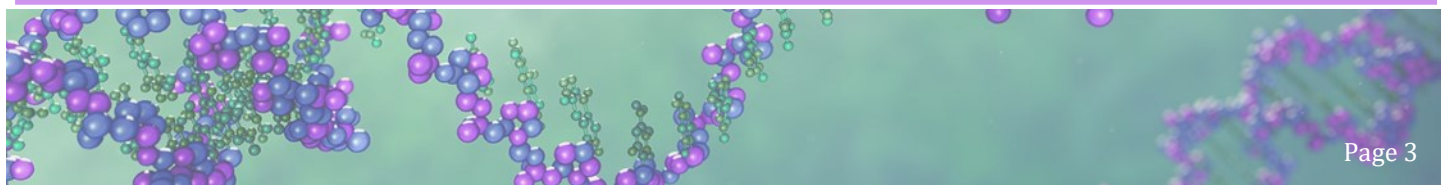
Gastrointestinal Illness Resources:

[Florida Online Foodborne Illness Complaint Form - Public Use](#)

[CDC: Healthy Water](#)

[Florida Food and Waterborne Disease Program](#)

[CDC: A-Z Index for Foodborne Illness](#)



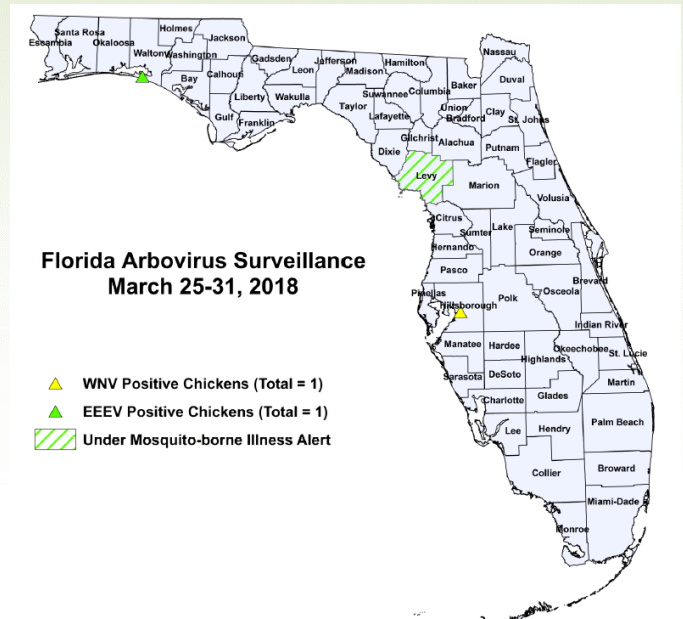
Arboviral Surveillance

International

- There is a Level 2 (Alert) Travel Health Notice from the CDC for multiple countries in the Caribbean, Central and South America, Mexico, Cape Verde, Southeast Asia, and Pacific Islands related to Zika virus transmission and an association with poor pregnancy outcomes.
- There is a CDC Level 2 Travel Health Notice for Brazil and a Level 1 Travel Health Notice in Nigeria related to the transmission of yellow fever virus.
- There is a CDC Level 1 Travel Health Notice for Sri Lanka related to the transmission of dengue virus.

Florida

- One case of dengue associated with international travel has been reported year to date.
- One case of chikungunya has been reported year to date in a person that had international travel.
- No human cases of West Nile virus were reported this week. Positive samples from nineteen sentinel chickens have been reported in 2018.
- **No counties are currently under mosquito-borne illness advisory or alert.**



Orange County

- **No locally acquired** cases of Zika virus, West Nile virus, dengue virus, chikungunya virus, St. Louis encephalitis virus, or Eastern equine encephalitis virus have been identified in Orange County in 2018.
- Four cases of Zika fever have been reported year to date in individuals with travel history to a country or area experiencing Zika virus activity.
- **We are no longer offering free Zika testing at DOH-Orange for insured pregnant women. Testing for Zika may be ordered through commercial labs. Please notify DOH-Orange of symptomatic patients with a history of travel. Please refer to the following [letter](#) regarding updates on Zika virus testing at BPHL.**

Arboviral Resources:

[Weekly Florida Arboviral Activity Report \(Released on Mondays\)](#)

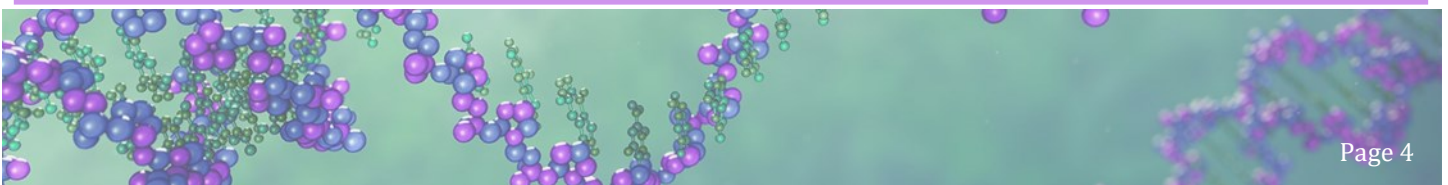
[Orange County Mosquito Control](#)

Additional Resources:

[Florida Department of Health Zika](#)

[Florida Department of Health Mosquito-Borne and Other Insect-Borne Diseases Information](#)

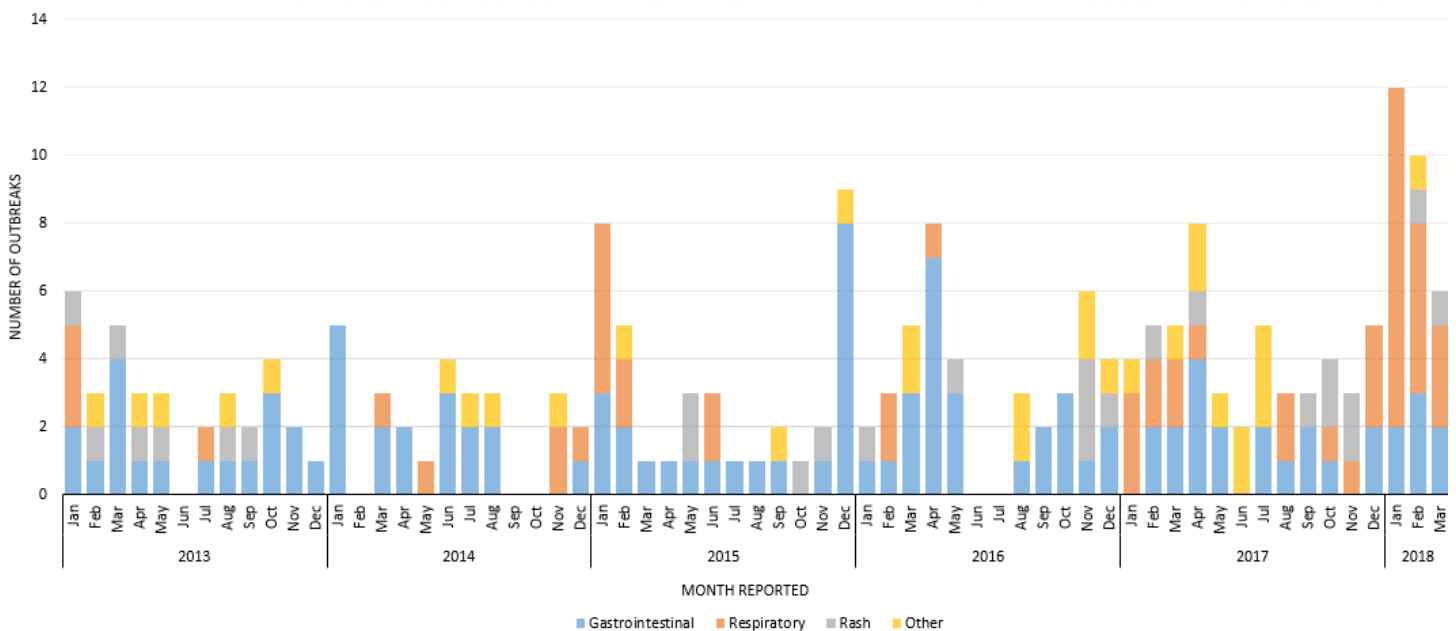
[Florida Department of Health Mosquito-Borne Disease Education Materials](#)



Outbreaks in Orange County

- In March 2018, the following outbreaks were investigated:
 - One influenza B outbreak in a long-term care facility.
 - An influenza A outbreak in a long-term care facility.
 - A gastrointestinal illness outbreak associated with a prison.
 - A gastrointestinal illness outbreak associated with a potluck dinner.
 - A hand, foot, and mouth disease outbreak in an elementary school.
 - A human metapneumovirus outbreak at a long term care facility.

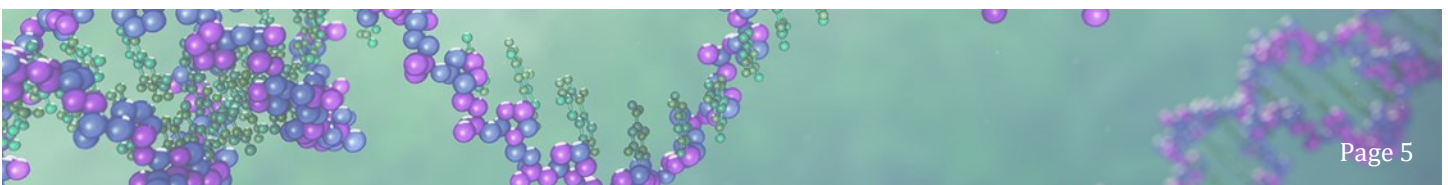
Number of Outbreaks Reported in Orange County, FL, by Month from 2013-2018



*** All Data are Preliminary ***



Reminder: 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, or other institution) not listed that is of urgent public health significance should be reported.



Disease	ORANGE				All Counties			
	March		Cumulative (YTD)		March		Cumulative (YTD)	
	2018	Median (2013 - 2017)	2018	Median (2013 - 2017)	2018	Median (2013 - 2017)	2018	Median (2013 - 2017)
Anaplasmosis - HGA (Anaplasma phagocytophilum)	0	0	0	0	0	0	1	1
Arsenic Poisoning	0	0	0	0	1	2	3	2
Brucellosis	0	0	0	0	0	0	2	1
Campylobacteriosis	18	12	45	37	339	276	977	835
Carbon Monoxide Poisoning	1	1	1	3	25	15	67	58
Chikungunya Fever	1	0	2	0	1	0	2	1
Ciguatera Fish Poisoning	1	0	1	0	8	2	20	8
Creutzfeldt-Jakob Disease (CJD)	0	0	0	0	1	3	4	4
Cryptosporidiosis	5	1	8	6	42	30	118	114
Cyclosporiasis	0	0	0	0	1	0	1	0
Dengue Fever	0	0	0	1	0	3	1	29
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	1	2	1
Escherichia coli: Shiga Toxin-Producing (STEC) Infection	3	1	12	5	62	41	202	109
Giardiasis: Acute	6	5	13	18	107	88	278	250
Haemophilus influenzae Invasive Disease	1	3	8	6	36	26	114	75
Hansen's Disease (Leprosy)	0	0	0	0	1	0	2	6
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	1	0	3
Hepatitis A	0	0	2	1	13	10	47	29
Hepatitis B: Acute	2	2	8	4	70	41	237	112
Hepatitis B: Chronic	45	46	116	111	487	441	1277	1182
Hepatitis B: Perinatal	0	0	0	0	0	0	1	1
Hepatitis B: Surface Antigen in Pregnant Women	4	7	11	17	31	49	110	127
Hepatitis C: Acute	1	1	5	2	25	20	107	52
Hepatitis C: Chronic	171	128	472	358	2224	2589	6657	7175
Hepatitis C: Perinatal	0	0	0	0	2	0	4	0
Hepatitis D	0	0	0	0	1	0	1	0
Hepatitis E	0	0	0	0	0	0	1	2
Influenza-Associated Pediatric Mortality	0	0	0	0	0	1	6	4
Lead Poisoning	5	1	16	7	147	64	256	207
Legionellosis	2	1	5	5	41	33	150	85
Leptospirosis	0	0	0	0	0	0	2	0
Listeriosis	1	0	1	0	7	2	19	6
Lyme Disease	1	0	2	1	16	6	38	20
Malaria	1	0	1	1	2	3	11	10
Measles (Rubeola)	0	0	0	0	0	0	0	2
Meningitis: Bacterial or Mycotic	0	0	0	0	9	9	33	33
Meningococcal Disease	0	0	0	0	0	4	8	14
Mercury Poisoning	0	0	0	0	1	0	7	4
Mumps	1	0	5	0	16	2	82	8
Pertussis	2	3	4	8	20	34	69	97
Pesticide-Related Illness and Injury: Acute	0	0	0	0	5	1	6	4
Rabies: Possible Exposure	6	8	22	23	334	298	1015	775
Ricin Toxin Poisoning	0	0	0	0	0	0	4	0
Rocky Mountain Spotted Fever and Spotted Fever Rickettsiosis	0	0	0	0	3	0	4	2
Rubella	0	0	0	0	0	0	0	1
Salmonellosis	14	13	55	45	358	287	982	888
Shigellosis	9	3	29	14	145	94	332	223
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	1	0	1	1
Strep pneumoniae Invasive Disease: Drug-Resistant	0	2	9	6	32	28	121	80
Strep pneumoniae Invasive Disease: Drug-Susceptible	3	4	8	10	45	51	163	144
Tetanus	0	0	0	0	0	0	0	1
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	6	1	20	3
Varicella (Chickenpox)	1	1	6	4	84	67	180	200
Vibriosis (Grimontia hollisae)	0	0	0	0	1	1	3	1
Vibriosis (Other Vibrio Species)	0	0	0	0	4	0	8	2
Vibriosis (Vibrio alginolyticus)	0	0	1	0	4	2	13	7
Vibriosis (Vibrio cholerae Type Non-01)	0	0	0	0	0	0	1	2
Vibriosis (Vibrio fluvialis)	0	0	0	0	2	0	4	1
Vibriosis (Vibrio mimicus)	0	0	0	0	0	1	0	1
Vibriosis (Vibrio parahaemolyticus)	0	0	0	0	2	1	8	5
Vibriosis (Vibrio vulnificus)	0	0	0	0	2	1	2	3
Zika Virus Disease and Infection- Non-Congenital	4	0	14	0	17	0	71	0
Total	1408	1084	4193	3134	16483	14648	49830	41357

ALL DATA ARE PRELIMINARY

Yellow Fever Vaccine for Travelers to Brazil

Yellow fever is an acute viral hemorrhagic disease transmitted by infected mosquitoes, primarily the *Aedes aegypti* species. Since early 2018, there have been reports of unvaccinated travelers to Brazil who visited areas with yellow fever outbreaks and contracted yellow fever; many of these travelers were infected in Rio de Janeiro State. Several of these travelers died. In response to the outbreak, the World Health Organization has expanded the list of areas where yellow fever vaccination is recommended for international travelers to Brazil. In addition to areas in Brazil where yellow fever vaccination has been recommended since before the recent outbreaks, the CDC is now recommending vaccine for people who are traveling to or living in: All of Espirito Santo State, São Paulo State, and Rio de Janeiro State as well as a number of cities in Bahia State. People who have never been vaccinated against yellow fever should avoid traveling to areas of Brazil where yellow fever vaccination is recommended.

While the yellow fever vaccine confers long-lasting protection for most travelers, the CDC has recommended a booster dose for those who received the vaccine more than 10 years ago and are planning to travel to Brazil.

On February 22, 2018, Sanofi Pasteur, the manufacturer of the US-licensed yellow fever vaccine (YF-VAX), announced a temporary total depletion. The manufacturer has projected the availability of YF-VAX by the end of 2018; however, due to demand, STAMARIL the distributed yellow fever vaccine used in Europe, was made available to a limited number of clinics. Travelers and health care providers can find a list of clinics who may have a supply from this link: <https://wwwnc.cdc.gov/travel/page/search-for-stamaril-clinics>

Expanded Yellow Fever Vaccine Recommendation Areas In Brazil



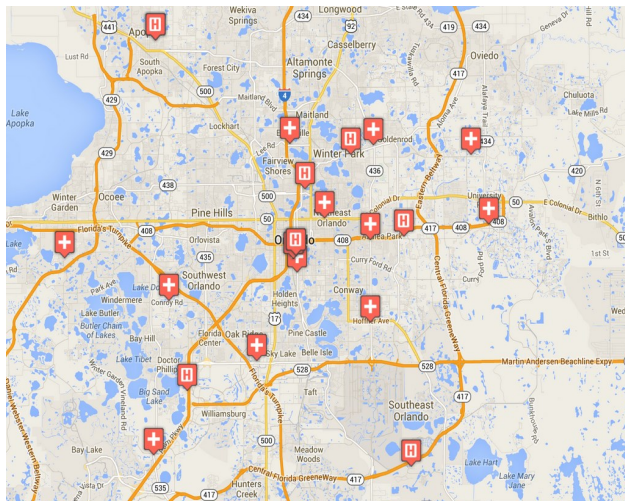
Source: <https://wwwnc.cdc.gov/travel/notices/alert/yellow-fever-brazil>

Other Disease Resources

In the structure of DOH-Orange, tuberculosis, sexually transmitted infections, and human immunodeficiency virus are housed in separate programs from the Epidemiology Program. We recognize the importance of these diseases for our community partners and for your convenience have provided links for surveillance information on these diseases in Florida and Area 7 HIV & AIDS Program (Brevard, Orange, Osceola, and Seminole Counties).

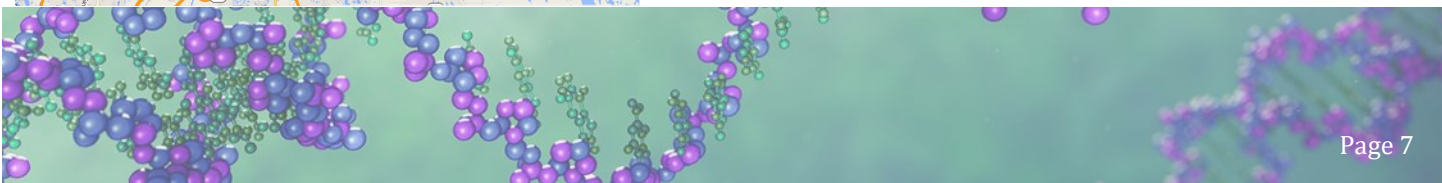
Hospital linked to ESSENCE

Florida Hospital Centra Care Clinic linked to ESSENCE



Florida Department of Health: ESSENCE

Since 2007, the Florida Department of Health has operated the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL), a state-wide electronic bio-surveillance system. The initial scope of ESSENCE was to aid in rapidly detecting adverse health events in the community based on Emergency Department (ED) chief complaints. In the following years, ESSENCE capabilities have continually evolved to currently allow for rapid data analysis, mapping, and visualization across several data sources, including ED record data, Merlin reportable disease data, Florida Poison Information Network consultations, and Florida Office of Vital Statistics death records. The majority of the information presented in this report comes via ESSENCE. Florida currently has 228 emergency departments and 35 urgent care centers reporting to ESSENCE-FL for a total of 263 facilities.



Florida Department of Health in Orange County

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The Epidemiology Program conducts disease surveillance and investigates, controls, and prevents infectious diseases and conditions that are reported to DOH-Orange.

Surveillance is primarily conducted through passive reporting from the medical community as required by Chapter 381, Florida Statutes.

Data are collected and analyzed to track disease trend, and identify outbreaks and unusual occurrences for response and mitigation, to identify targets for prevention and reduction efforts.

In cooperation with the Office of Emergency Operations, the Epidemiology Program conducts syndromic and influenza-like-illness surveillance activities. Syndromic surveillance was added to the disease reporting process as an active method of determining activities in the community that could be early indicators of outbreaks and bioterrorism.

Our staff ensure that action is taken to prevent infectious disease outbreaks from occurring in Orange County communities and area attractions. Along with many public and private health groups, we work for the prevention of chronic and long-term diseases in Central Florida.

ALL DATA ARE PROVISIONAL

