

Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County

2018-2019 Recommendations for Influenza Prevention and Treatment in Children

Last influenza season was considered a high severity season since there were high levels of visits for influenza-like illness (ILI) in outpatient clinics and emergency departments, high influenza-related hospitalizations rates, and elevated and geographically widespread activity across the country for an extended period of time (November to February).

Like last season, the CDC recommends antiviral treatment as early as possible for any patient with confirmed or suspected influenza who is hospitalized, has severe, complicated, or progressive illness, or is at high risk for influenza complications. People at high risk for influenza complications include: children <2 years old, adults age 65 years and over, pregnant/postpartum women, people with underlying medical conditions, and residents of nursing homes/chronic care facilities. Antiviral treatment has its greatest clinical benefit when administered early and the three FDA-approved antivirals recommended are oral oseltamivir, inhaled zanamivir, and intravenous peramivir.

For this 2018-19 influenza season, routine annual influenza vaccination is recommended for all persons ≥ 6 months of age who do not have contraindications. Vaccination is particularly important for those aged ≥ 6 months who are at increased risk of complications/severe illness and contacts and caregivers of persons < 5 years of age, ≥ 50 years of age, or with medical conditions that put them at higher risk for severe complications from influenza. There have been some principal changes and updates regarding vaccinations for 2018-19 including: the influenza vaccine composition (trivalent and quadrivalent), quadrivalent live attenuated influenza vaccine (LAIV4) option, and vaccines for egg-allergic

persons. The Advisory Committee on Immunization Practices (ACIP) recommends any appropriate vaccine for patients. LAIV4 was not previously recommended for the 2016-17 or 2017-18 seasons, but for 2018-19, LAIV4 is an option for whom it is appropriate. The difference in ACIP and American Academy of Pediatrics (AAP) recommendations for LAIV4 is that ACIP makes no preferential recommendations for any one vaccine type when more than one is appropriate; whereas, AAP recommends the inactivated influenza vaccine (IIV) as the primary choice for children. There are specific groups of people who should not receive the LAIV4 which can be found at this Link. For pregnant



World Health Organization

women, influenza vaccination is an essential element of pre-pregnancy, prenatal and port-partum care and any of the licensed, recommended, age appropriate inactivated influenza vaccines can be given safely during any trimester.

Influenza vaccination of persons with egg allergy recommendations has mostly remained unchanged, except that LAIV4 is an option. Egg allergic persons can receive any licensed, recommended vaccine that is otherwise appropriate (IIV, RIV4, or LAIV4)—for children, IIV or LAIV4. According to ACIP, for persons with a history of severe allergic reaction to egg (any symptom other than hives), vaccine should be administered in an inpatient or outpatient medical setting, supervised by a health care provider able to recognize and manage severe allergic conditions. Per AAP recommendations, children with a history of severe allergic reaction to egg (anaphylaxis) should be supervised by a health care provider who is able to recognize and manage severe allergic conditions during vaccine administration.

Inactivated influenza vaccines (IIVs) for 6- through 35-month-olds have three licensed products, but the dose volumes differ and dose volume is distinct from number of doses needed. Children ages 6 months through 8 years who have not had \geq 2 doses of trivalent of quadrivalent vaccine before July 1, 2018 need two doses in 2018-19. Influenza vaccine can be administered as soon as available and complete vaccination (one or two doses, as pertinent) should be achieved by end of October.

Resources: CDC COCA Call Recording MMWR ACIP Recommendations

September 2018

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Influenza Surveillance (data from Florida Flu Review)

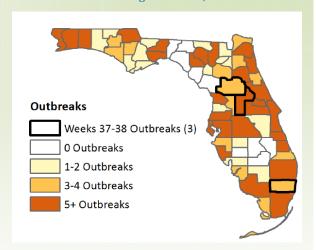
Florida

- In weeks 37-38, state influenza activity continues to circulate at low levels across the state.
- No new influenza-associated pediatric deaths were reported in weeks 37-38. Eight influenza-associated pediatric deaths have been confirmed since the start of the 2017-18 influenza season. Annual vaccination remains the best way to protect children against influenza.
- The Florida Department of Health recommends vaccination for influenza by the end of October.

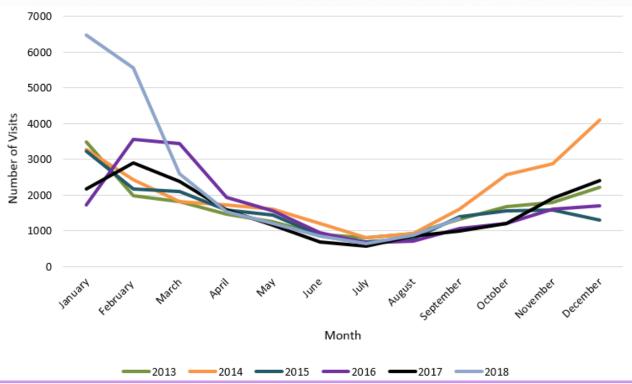
Orange County

- No new influenza-like illness outbreaks were reported in Orange County in September 2018.
- There was a slight uptick in influenza activity for weeks 37-38 in Orange County but numbers still remain low.

Influenza and ILI Outbreaks by County Week 40, 2017 through Week 38, 2018



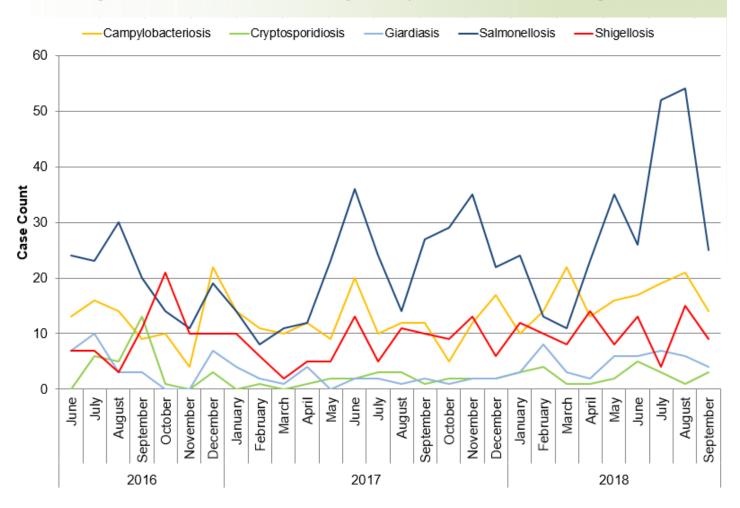
Influenza-like Illness from Emergency Department Visits in Orange County, 2013 to 2018



Influenza Resources:

Gastrointestinal Illness Surveillance

Select Reportable Enteric Diseases in Orange County, Florida, June 2016 to September 2018



Gastrointestinal Illness Points of Interest:

- Enteric reportable disease cases were normal for the month of September.
- In September, 13 foodborne illness complaints were investigated by DOH 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	Florida Food Recall Searchable Database
Florida Department of Health - Norovirus Resources	CDC: A-Z Index for Foodborne Illness

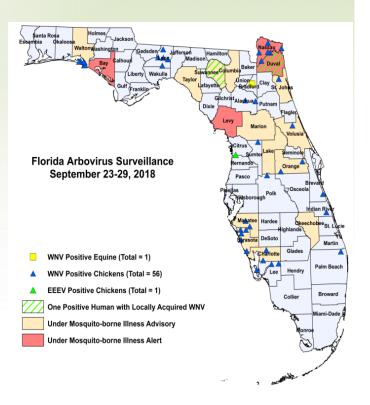
Arboviral Surveillance

International

- There is a Level 2 (Alert) Travel Health Notice from the CDC for multiple countries in Africa, the Caribbean, Central and South America, Southeast Asia, and Pacific Islands related to Zika virus transmission and an association with poor pregnancy outcomes. Pregnant women should consider postponing travel to these areas.
- There is also a Level 2 Travel Health Notice for Brazil and a Level 1 Travel Health Notice in Nigeria related to the transmission of yellow fever virus.

Florida

- Twenty-three cases of **dengue** associated with international travel have been reported year to date.
- Two cases of chikungunya have been reported year to date in persons that had international travel.
- In 2018, positive samples of West Nile virus were reported from fourteen humans, two blood donors, three horses, one crow, twenty-five mosquito pools, and three hundred sixty-two sentinel chickens were reported from twenty-eight counties.
- Positive samples of Eastern equine encephalitis were reported in three humans, fifty-one horses, one mule, one donkey, one owl, one emu, five emu flocks, two mosquito pools, and one hundred forty-three sentinel chickens from thirty-one counties in 2018.
- Charlotte, Columbia, Duval, Lake, Manatee, Marion,
 Okeechobee, Orange, Sarasota, St. Johns, Suwannee, Taylor,
 Volusia, and Walton counties are currently under a mosquito borne illness advisory. Bay, Duval, Levy, and Nassau counties
 are currently under a mosquito-borne illness alert. No other
 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.
- Nine 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 <u>letter</u> regarding updates on Zika virus testing at BPHL.

Arboviral Resources:

Weekly Florida Arboviral Activity Report (Released on Mondays)

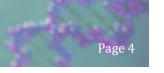
Orange County Mosquito Control

Additional Resources:

Florida Department of Health Zika

Florida Department of Health Mosquito-Borne and Other Insect-Borne Diseases Information

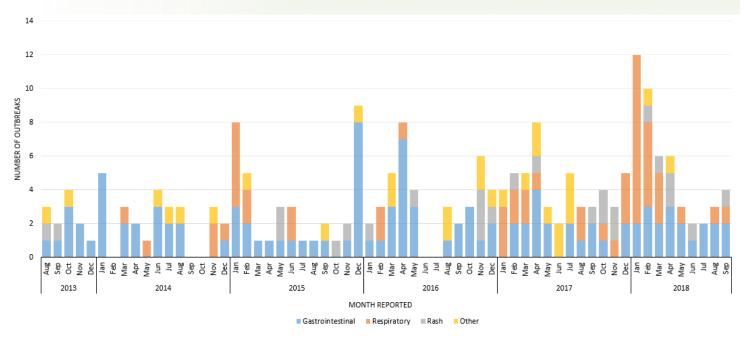
Florida Department of Health Mosquito-Borne Disease Education Materials



Outbreaks in Orange County

- In September 2018, the following outbreaks were investigated:
 - One rhinovirus outbreak in a long term care facility
 - One HFMD outbreak in a child daycare setting
 - Two gastrointestinal outbreaks in a school

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



*** All Data In This Surveillance Report 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 <u>here</u> of urgent public health significance should be reported.



For more information on reporting, please follow this link.: Reportable Disease Form

		ORA	NGE		All Counties			
Disease	September Cumulative (YTD)			ulative (YTD)	September Cumulative (YTD)			
	2018	Median (2013 - 2017)	2018	Median (2013 - 2017)	2018	Median (2013 - 2017)	2018	Median (2013 - 2017)
Amebic Infections (Balamuthia mandrillaris)	0	0	0	0	0	0	3	0
Anaplasmosis - HGA (Anaplasma phagocytophilum)	0	0	1	0	3	0	17	8
Arsenic Poisoning	0	0	0	0	0	0	11 1	11 0
Botulism: Infant Brucellosis	0	0	0	0	0	0	12	6
California Serogroup Virus Neuroinvasive Disease	0	0	0	0	0	0	3	0
Campylobacteriosis	16	11	162	96	339	270	3766	2825
Carbon Monoxide Poisoning	0	1	5	9	24	28	174	196
Chikungunya Fever	0	0	1	0	2	1	4	9
Cholera (Vibrio cholerae Type O1) Ciguatera Fish Poisoning	0	0	0 3	0	0 5	0 10	0 60	2 40
Creutzfeldt-Jakob Disease (CJD)	0	0	0	1	1	2	12	19
Cryptosporidiosis	4	7	23	34	64	96	469	435
Cyclosporiasis	0	0	8	2	2	2	77	36
Dengue Fever	0	0	0	3	10 0	8	30 2	69 0
Dengue Fever: Severe Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	3	1
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	1	0	5	1	34	21
Escherichia coli: Shiga Toxin-Producing (STEC) Infection	6	1	49	16	79	42	727	399
Flavivirus Disease and Infection	0	0	0	0	1	0	2	0
Giardiasis: Acute	7	7	48	53	86	111	854	840
Haemophilus influenzae Invasive Disease Hansen's Disease (Leprosy)	0	0	18 0	13 0	19 1	16	255 15	216 15
Hansen's Disease (Leprosy) Hemolytic Uremic Syndrome (HUS)	0	0	0	1	0	0	15 9	15 6
Hepatitis A	13	1	46	3	65	13	271	101
Hepatitis B: Acute	6	2	26	14	61	46	624	397
Hepatitis B: Chronic	45	37	367	321	488	371	4011	3764
Hepatitis B: Perinatal	0	0	0	0	0	0	2	1
Hepatitis B: Surface Antigen in Pregnant Women	1	2	22	46	29 38	35	292 444	375
Hepatitis C: Acute Hepatitis C: Chronic	166	1 118	15 1482	6 1101	1975	23 2406	18404	192 22310
Hepatitis C: Perinatal	0	0	1	0	0	0	13	0
Hepatitis D	0	0	0	0	0	0	3	1
Hepatitis E	0	0	0	0	2	0	4	3
Influenza-Associated Pediatric Mortality	0	0	0	0	1	0	8	6
Lead Poisoning	5 4	3	120 37	20	194 70	67	3842	686 256
Legionellosis Leptospirosis	0	0	0	0	1	30 0	510 7	1
Listeriosis	1	0	3	2	4	4	40	31
Lyme Disease	1	1	3	4	24	22	149	160
Malaria	0	1	3	6	6	6	55	54
Measles (Rubeola)	0	0	0	0	1	0	15	5
Meningitis: Bacterial or Mycotic	0	0	3	1	8	9	80	98
Meningococcal Disease Mercury Poisoning	0	0	3 0	0	1	3	22 36	22 12
Mercury Poisoning Mumps	0	0	9	1	11	3	144	19
Neurotoxic Shellfish Poisoning	0	0	0	0	0	0	1	0
Paratyphoid Fever (Salmonella Serotypes Paratyphi A B C)	0	0	0	0	0	0	1	6
Pertussis	2	0	10	24	22	27	252	295
Pesticide-Related Illness and Injury: Acute	1 0	0	4	0	11 0	18	47	42
Q Fever: Acute (Coxiella burnetii) Rabies: Possible Exposure	3	7	0 56	0 62	254	0 256	2 3057	2 2538
Ricin Toxin Poisoning	0	0	0	0	0	0	4	1
Rocky Mountain Spotted Fever and Spotted Fever Rickettsiosis	0	0	0	1	2	2	33	19
Rubella	0	0	0	0	0	0	0	1
Salmonellosis	45	47	289	231	800	827	5123	4578
Saxitoxin Poisoning (Paralytic Shellfish Poisoning)	0	0	0	0	1 7	0	4 19	0
Scombroid Poisoning Shigellosis	10	14	94	60	7 75	140	1123	1024
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	2	3
Strep pneumoniae Invasive Disease: Drug-Resistant	1	0	16	15	10	16	202	199
Strep pneumoniae Invasive Disease: Drug-Susceptible	2	1	19	17	18	19	310	340
Tetanus T. I.	0	0	0	0	0	0	0	2
Tularemia (Francisella tularensis) Typhoid Foyor (Salmonolla Sarotypa Typhi)	0	0	0 13	0	0	0	3	1
Typhoid Fever (Salmonella Serotype Typhi) Varicella (Chickenpox)	2	0 4	36	16	10 66	63	117 633	12 527
Vibriosis (Grimontia hollisae)	0	0	0	0	0	0	5	2
Vibriosis (Other Vibrio Species)	0	0	1	0	10	1	47	8
Vibriosis (Vibrio alginolyticus)	0	0	3	2	4	7	62	53
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0	0	0	2	4	12
Vibriosis (Vibrio fluvialis)	0	0	0	0	0	0	10 0	9 7
Vibriosis (Vibrio mimicus) Vibriosis (Vibrio parahaemolyticus)	0	0	1	1	2	4	43	36
Vibriosis (Vibrio vulnificus)	0	0	0	1	6	9	37	37
West Nile Virus Neuroinvasive Disease	0	0	0	0	11	1	18	5
West Nile Virus Non-Neuroinvasive Disease	0	0	0	0	1	0	5	2
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	1	0
Zika Virus Disease and Infection- Non-Congenital	3	0	32	0	23	0	162	0
Total **AI	352	270 ARF PRFI IMI	3034 NADV*	2205 *	4957	5021	46843	43409 age 6

Ground beef recall due to potential E.coli contamination

Approximately 132,606 pounds of ground beef products made from the chuck portion of carcass were recalled on September 19, 2018 by Cargill Meat Solutions. Raw ground beef items were recalled due to potential contamination with *Escherichia coli* O26. Products subject to recall were produced and packaged on June 21, 2018 and distributed to local retail stores nationwide. This recall comes after extensive investigation in the ground beef recall from Publix Super Markets Inc. where traceback information indicated that case-patients consumed ground beef products that were purchased from various retail stores that were supplied by Cargill Meat Solutions. The epidemiological investigation identified 17 illnesses and one death with illness onset dates ranging from July 5 to July 25, 2018. Illnesses have been reported in four state: Colorado, Florida, Massachusetts, and Tennessee.

Most people infected with STEC O26 develop diarrhea (often bloody) and vomiting. People can become ill from STECs 2 –8 days (average of 3–4 days) after exposure to the organism. Some illnesses last longer and can be more severe. Infection is usually diagnosed by testing of a stool sample. Vigorous rehydration and other supportive care is the usual treatment; antibiotic treatment is generally not recommended. Most people recover within a week, but rarely, some develop a more severe infection. Hemolytic uremic syndrome (HUS), a type of kidney failure, is common with STEC O26 infection. HUS can occur in people of any age but is most common in children under 5 years old, older adults, and persons with weakened immune systems. It is marked by easy bruising, pallor and decreased urine output. Persons who experience these symptoms should seek emergency medical care immediately.

Consumers who have purchased these products are urged not to consume them. These products should be thrown away or returned to the place of purchase. For a complete list of recalled product information, please visit: <u>USDA Recalls</u>.

Reference: fsis.usda.gov







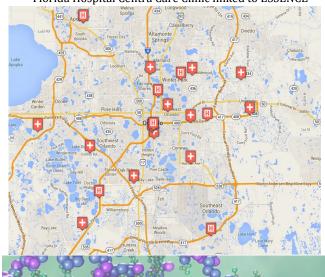
Other Disease Resources

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 a link for surveillance information on these diseases in Florida and Area 7 HIV & AIDS Program.

Resource: http://orange.floridahealth.gov/programs-and-services/index.html

Hospital linked to ESSENCE

Florida Hospital Centra Care Clinic linked to ESSENCE



H 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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http://orange.floridahealth.gov/



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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 ensures 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

