

Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County

Increase in Norovirus Outbreaks

Noroviruses, compose a highly contagious group of viruses that are the most common cause of gastroenteritis in the United States. While the primary means of norovirus transmission is through the fecal-oral route, transmission by environmental and fomite contamination and ingestion of virus aerosolized through vomiting are viable transmission routes.

Norovirus can be contracted throughout the year, although an increase in incidence is usually observed during the winter months. Most individuals that are otherwise healthy who become ill from norovirus, typically recover without medical intervention within 1-2 days. As a result, cases of norovirus captured in the disease surveillance system only represent a small fraction of the actual norovirus disease burden.

Facilities that house a large number of individuals (e.g., nursing homes, jails) or group gathering facilities (e.g., schools, community centers) are susceptible to outbreaks of norovirus and other enteric illness due to the ease of person-to-person transmission within the facilities. DOH-Orange investigated three gastrointestinal outbreaks in local elementary schools during October. All outbreaks of any disease are reportable by law to the health department. To report an outbreak to DOH-Orange, please call (407) 858-1420.

The best way to prevent norovirus and other enteric disease infections is through good hand washing. Recommended norovirus environmental cleaning is with a freshly prepared 1:10 bleach solution.

Please follow the link for the Environmental Protection Agency's list of Registered Antimicrobial Products Effective Against Norovirus:

http://www.epa.gov/oppad001/list_g_norovirus.pdf

The CDC Norovirus Prevention Toolkit can be found at the following link:

http://www.cdc.gov/HAI/organisms/norovirus.html#a4

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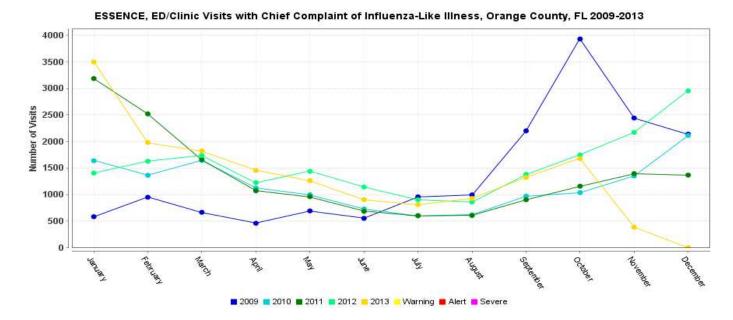
Special points of interest:

- Influenza is at Moderate activity level in Orange County.
- Norovirus activity increased in October.
- Influenza A 2009 H1N1 continues to be the dominant strain.

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Influenza Surveillance



Orange

- ⇒ We are currently experiencing **moderate** influenza activity.
- ⇒ No influenza or ILI outbreaks have been reported to date this flu season.

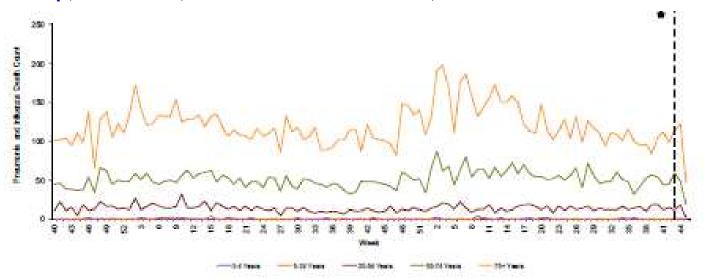
Florida

- ⇒ Most Florida counties are reporting mild or no influenza activity.
- ⇒ Emergency Departments and urgent care centers on ESSENCE have reported an increase in ILI visits in recent weeks. Visits are at slightly above typical levels for this time of year.
- ⇒ the most common influenza subtype detected in recent weeks has been influenza A (2009 H1N1).
- ⇒ One pediatric influenza-associated death has been reported this flu season in a 3 year-old Palm Beach County resident.
- ⇒ Three influenza or ILI outbreaks have been reported in the 2013-2014 season so far.

Florida Influenza Activity Week 44 No Activity Mild Moderate Widesprei

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Vital Statistics Florida Pneumonia and Influenza Deaths by Age Group, ESSENCE, Week 40 2010 –Week 45, 2013



Influenza Points of Interest: Novel Influenza A (H7N9) Virus

- ⇒ On April 1, 2013, the World Health Organization (WHO) reported that confirmed human infection with novel avian influenza A (H7N9) virus was identified in China. The first onset of illness was on February 19, 2013.
- ⇒ WHO reports 137 total confirmed cases as of October 25, all in or with recent travel to China. Forty-five infected individuals have died. DOH continues to actively monitor the situation.
- ⇒ There is no evidence that avian influenza A (H7N9) virus is capable of sustained person-toperson transmission.
- ⇒ There is no evidence of avian influenza A (H7N9) virus infection in the United States or any countries other than China. No travel advisories to China are in effect.
- ⇒ The CDC Health Advisory for testing, treatment and infection control guidelines for suspect H7N9 cases can be found at the following link:

http://www.cdc.gov/flu/avianflu/h7n9-virus.htm

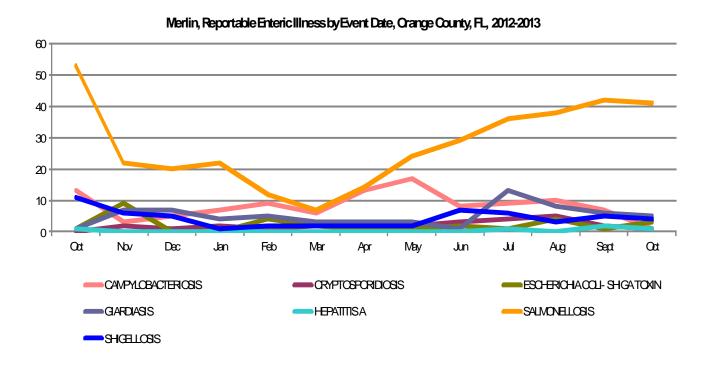
Influenza Resources:

Florida Department of Health Weekly Influenza Activity Report http://www.doh.state.fl.us/floridaflu/reports.htm

Center for Disease Control and Prevention Weekly Influenza Activity Report http://www.cdc.gov/flu/weekly/fluactivitysurv.htm

2011-2012 Influenza Vaccination Estimates www.cdc.gov/flu/professionals/vaccination/coverage_1112estimates.htm

Gastrointestinal Illness Surveillance



Gastrointestinal Illness Points of Interest:

- ⇒ With the exception of salmonella, reportable enteric disease cases are starting to decline per the typical seasonal trend.
- ⇒ Statewide, four alerts of outbreaks of norovirus or norovirus-like illness were reported in EPICOM (DOH's Health Alert Network) in October 2013
- ⇒ During October, 7 foodborne illness complaints were reported to the Florida Department of Health in Orange County (DOH-Orange) for investigation.

Gastrointestinal Illness Resources

Florida Online Foodborne Illness Complaint Form - Public Use

http://www.doh.state.fl.us/Environment/medicine/foodsurveillance/Online_Foodborne_Complaint_Form.html

Florida Food Recall Searchable Database

http://doh.state.fl.us/environment/medicine/foodsurveillance/Recalls_Page.htm

Florida Department of Health - Norovirus Outbreak Control Documents

http://www.doh.state.fl.us/Disease_ctrl/epi/Norovirus.htm

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Arboviral Surveillance

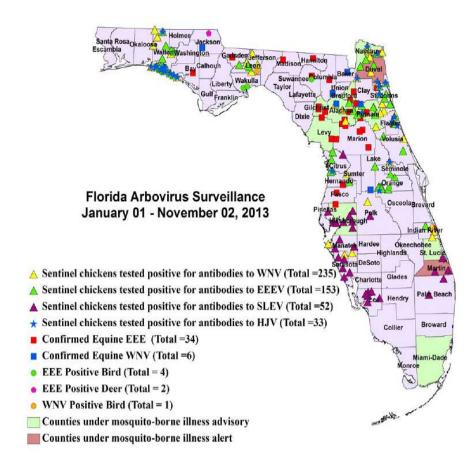
Arboviral Activity in Orange County, Florida, October 2013									
Disease	Bird/Sen	tinel Chicken	Но	rse Case	Human Case				
	Month	Cumulative (YTD)	Month	Cumulative (YTD)	Month	Cumulative (YTD)			
Eastern equine encephalitis virus	3	25	_	_	_	_			
St. Louis encephalitis virus	_	_	_	_		_			
West Nile virus	_	_			_	_			
Dengue virus	_	_	_	_	3	15			

Statewide:

- ⇒ 23 cases of locally acquired dengue have been reported in 2013.
- ⇒ 94 cases of imported dengue have been reported in 2013.
- ⇒ 45 cases of imported malaria have been reported in 2013.

Orange County:

- ⇒ 15 cases of imported dengue have been reported in Orange County in 2013.
- ⇒ 8 cases of imported malaria have been reported in Orange County in 2013.



Arboviral Resources

Weekly Florida Arboviral Activity Report (Released on Monday's) http://www.doh.state.fl.us/Environment/medicine/arboviral/surveillance.htm

Orange County Mosquito Control

http://www.orangecountyfl.net/FamiliesHealthSocialSvcs/MosquitoSafety.aspx



CLIMATE CHANGE Impacts on Public Health

Open to the public, this dinner program highlights the relationship between climate change and health, and provides ideas for mitigation.

KEYNOTE SPEAKERS USF College of Public Health Dean's Lecture

The Health Consequences of a Changing Climate: New findings from the US National Climate Assessment

Dr. George Luber is an epidemiologist and the Associate Director for Climate Change in the Division of Environmental Hazards and Health Effects at the National Center for Environmental Health, Centers for Disease Control and Prevention.



GEORGE LUBER, PHD Assoc. Director for Climate Change, CDC



MEREDITH JAGGER
Program Manager, FLDOH, Div. of
Disease Control and Health Protection

Meredith Jagger is an environmental epidemiologist focusing on climate-sensitive diseases and health adaptation planning. She is currently the manager of the Florida Department of Health's Building Resilience Against Climate Effects (BRACE) Program. Ms. Jagger will discuss how Florida is implementing the BRACE framework to reduce the health consequences of climate change and variability by developing public health adaptations.

INFO & REGISTRATION: http://bit.ly/152JTFw Marybeth Dunn: 813-444-2750

Co-Sponsors: PSR/Florida is a non profit organization whose vision is a healthy, just and peaceful world for present and future generations. USF Health is committed to improve the full spectrum of health, from the environment, to the community, to the individual.



PSR/Florida is a SOI (c) 3 non-profit organization, tax ID # 46-0985992. \$12 of each registration, and all event contributions, Will go to further the mission of PSR/Florida.

Presentation of the 5TH ANNUAL T. TERRELL SESSUMS AWARD for Environmental Stewardship

awarded to –

PETER A. CLARK, Founder and President, Tampa Bay Watch



Tampa Bay Watch, a non-profit environmental stewardship program, was established in 1995 to restore and protect the Tampa Bay estuary using community volunteers.

Under Mr. Clark's watch, the organization has coordinated more than 100,000 volunteers, installed more than two miles of oyster shell reef communities, planted more than 1,000,000 salt marsh grasses to restore 200 acres of coastal tidal ponds in Tampa Bay. In 2005, Tampa Bay Watch completed construction of the \$4 million marine and education center in Tierra Verde, Florida.

Until 1993, Mr. Clark served as Director of the Tampa Bay Regional Planning Council's Agency on Bay Management, an alliance of agencies charged with protecting the Bay. It was Mr. Clark who initiated the nomination of Tampa Bay into the EPA's National Estuary Program.

Mr. Clark received the 1994 Outstanding Environmentalist of the Year award from the Florida Marine Research Institute. He was the recipient of the NOAA Fisheries/American Fisheries Society Nancy Foster Habitat Conservation Award in 2005, and the 13 Magnetic Men of 2013 Award from PARC.

Mr. Clark has a BS in Marine Biology and over 50 professional publications on natural resource restoration, water quality and environmental planning. He also holds a US Coast Guard Captains License.

In honor of T. Terrell Sessums, Esq., for years of dedicased public service, strong environmensal ssewardship, and leadership that has made Tampa Bay and all of Florida a besser place in which so live for all.

		ect Reportable Disease Incide ORANGE						All Cou		
Disease	Oct	ober		umulativ	re (YTD)	Octo	ber		umulative	(YTD)
	2013	2012	2013	2012	Mean (2008 - 2012)	2013	2012	2013	2012	Mean (2008 2012)
AMEBIC ENCEPHALITIS	0	0	0	0	0.2	0	0	1	0	0.
ANIMAL RABIES	0	3	3	9	7.6	8	12	84	89	111.
BRUCELLOSIS	0	0	1	0	0	0	2	3	14	9.
CAMPYLOBACTERIOSIS	1	13	87	162	75	145	194	2216	2294	1447.
CARBON MONOXIDE POISONING	2	0	9	6	2.4	18	3	159	77	71.
CIGUATERA	0	0	0	0	0.2	4	4	45	21	36.
CREUTZFELDT-JAKOB DISEASE (CJD)	0	0	1	0	0.4	0	2	12	16	13.
CRYPTOSPORIDIOSIS	1	0	23	12	22.6	37	45	357	402	416.
CYCLOSPORIASIS	0	0	1	0	2.2	1	1	48	25	45.
DENGUE FEVER	0	2	19	14	7	6	16	150	105	85.
EASTERN EQUINE ENCEPHALITIS- NEUROINVASIVE	0	0	0	0	0	0	0	2	2	1.
EASTERN EQUINE ENCEPHALITIS- NON-NEUROINVASIVE	0	0	0	0	0	0	0	0	0	
ESCHERICHIA COLI- SHIGA TOXIN PRODUCING	3	1	19	10	8.4	31	34	420	354	238.
GIARDIASIS	5	1	51	52	76.2	59	90	875	914	1311.
HAEMOPHILUS INFLUENZAE (INVASIVE DISEASE)	2		18	10	7.4	12	9	225	195	177.
HEMOLYTIC UREMIC SYNDROME	0	0	0	0	0.4	1	0	10	1	4.
HEPATITIS A	1	1	4	6	7.8	17	11	119	106	133.
HEPATITIS B (posHBsAg IN PREGNANT WOMEN)	4	5	55	59	60.8	18	30	351	368	43
HEPATITIS B- ACUTE	1	1	6	10	18.2	30	28	293	250	254.
HEPATITIS B- CHRONIC	25	25	332	292	352.8	359	358	3654	3391	344
HEPATITIS B- PERINATAL	0	_	1	0	0	0	0	2	1	0.
HEPATITIS C- ACUTE	0	1	4	12	7.4	4	19	182	147	8
HEPATITIS C- CHRONIC	158	122	1390	1156	1490.2	2663	2379	25760	21863	19843.
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	0	0	0	0	0	2003	23/9	5	21003	3.
LEAD POISONING	0	0	15	36	24.6	40	60	540	777	658.
LEGIONELLOSIS	3	-	21	16	15.4	23	29	225	184	15
LEPTOSPIROSIS	0	0	0	0	0.4	23	0	1	104	1.
LISTERIOSIS	0	0	2	1		3	4	35	28	34.
LYME DISEASE	0	0	3	3	4.6	9	10	159	112	10
		-		-						
MALARIA MENOLEO	0		8	6	8.4	2		47	56	79.
MEASLES	0	0	5	0	1	0	0	8	0	2.
MELIOIDOSIS	0	1	0	1	0.2	0	1	0	1	0.
MENINGITIS (BACTERIAL, CRYPTOCOCCAL, MYCOTIC)	0	2	8	8	15.4	14	16	124	148	17
MENINGOCOCCAL DISEASE	0		2		1.4	5	4	52	42	47.
MUMPS	0	-	1	0	0.6	0	0	5	4	15.
PERTUSSIS	0	_	50		18	48	46	595	525	358.
PESTICIDE-RELATED ILLNESS OR INJURY	0		4		3.8	0	3	56	65	53.
RABIES- POSSIBLE EXPOSURE	6		69	75	78	184	171	2226	2051	1744.
ROCKY MOUNTAIN SPOTTED FEVER	0	0	2		0.2	1	2	32	31	15.
SALMONELLOSIS	44	53	268	289	272.6	671	1080	5253	5899	5261.
SHIGELLOSIS	4	11	34	94	85.2	153	118	876	1657	1185.
STAPHYLOCOCCUS AUREUS- COMMUNITY ASSOCIATED	_		0		0.0	0		44	7	
MORTALITY	0		0	0	0.2	2	1	11	7	8.
STREP PNEUMONIAE- INVASIVE DISEASE- DRUG-R	1	4	29	18	31.4	33	31	427	375	554.
STREP PNEUMONIAE- INVASIVE DISEASE- SUSCEPT	2		20		19.8	30	27	469	414	514.
STREPTOCOCCAL DISEASE INVASIVE GROUP A	0		16	10	12.2	19	17	249	195	21
VARICELLA	1	3	34		36	49	53	572	720	94
VIBRIO ALGINOLYTICUS	0		1	2	1	2	6	44	52	38.
VIBRIO CHOLERAE TYPE O1	0		0	1	0.2	0	2	3	7	3.
VIBRIO PARAHAEMOLYTICUS	0	0	1	0	0.2	3	3	43	42	2
VIBRIO VULNIFICUS	0	0	1	0	0.2	8	3	43	25	25.
Total	264	264	2620	2470	2861.8	4721	4949	47210	44248	4166

New DOH Email Addresses

The Florida Department of Health has implemented a new email address format for all DOH users. The new email address format took effect on October 1, 2013.

The format for the new address is: flhealth.gov)

(i.e. John.Doe@flhealth.gov)

The old email addresses will continue to be functional for one year. In the interim, please update your email contacts and list serves that include DOH contacts.

Other Disease Resource

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 the below link for surveillance information on these diseases in Florida and Orange County.



Florida Department of Health: ESSENCE



Since 2007, the Florida Department of Health has operated the Early Notification of Community-based Epidemics (ESSENCE), a state-wide electronic biosurveillance 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 past seven 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 from ESSENCE.

Florida Department of Health in Orange County

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Sign up for Electronic Health Alerts & Epidemiology Monthly Surveillance Reports

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The Epidemiology Program conducts disease surveillance and investigates suspected occurrences of infectious diseases and conditions that are reported from physician's offices, hospitals, and laboratories.

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

Data is collected and examined to determine the existence of trends. 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.