Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County County

November 2014

Volume 5, Issue 11

Ebola Virus Disease: Enhanced Airport Screening and Active Post-Arrival Monitoring for People Traveling to the USA from Mali

Excerpt from CDCHAN-00372, dated November 24, 2014, 12:15 ET

On November 13, 2014, the Centers for Disease Control and Prevention (CDC) released a travel alert (Level 2) for Mali following reports of a cluster of Ebola cases in Bamako, Mali, that were linked to a man who had become sick in Guinea and traveled to Bamako, Mali. CDC is working with the government of Mali, the World Health Organization (WHO), and other partners to control further spread of Ebola in Mali. In addition, CDC is working with the Department of Homeland Security (DHS) to expand enhanced entry screening at U.S. airports and post-arrival monitoring of people whose travel originates in Mali.

The purpose of this HAN Advisory is to inform public health officials and the public of the following additional precautions taken to reduce the risk of Ebola cases entering the United States from Mali:

- ***Effective Monday, November 17, people arriving into the United States whose travel began in Mali are subject to the same enhanced entry screening activities, including health and Ebola exposure assessments that are already in place for travelers from Guinea, Liberia, and Sierra Leone.***
- ***All travelers entering the United States from Mali are subject to the 21-day active post-arrival monitoring and movement protocols now in effect for travelers from Guinea, Liberia, and Sierra Leone, with twice-daily temperature and symptom checks in coordination with state or local public health authorities.***

For the complete CDCHAN-00372, please visit: http://emergency.cdc.gov/han/han00372.asp

As of this publication, no confirmed cases of Ebola virus disease (EVD) have been identified in Florida.

Please call the Epidemiology Program at Florida Department of Health in Orange County (407-858-1400) for consultation on suspect cases, or if you have any questions concerning EVD.

For additional resources and guidance, please visit:

Florida Department of Health's Ebola Virus Disease resource page.

Florida Department of Health's Online Newsroom: Information on Ebola Virus Disease

CDC's Ebola Virus Disease Website

Points of Interest:

- Mali added to Ebola Surveillance and Monitoring
- Influenza: Antigenically-drifted Flu A H3N2 detected
- Ciguatera Poisoning / Holiday Food Safety
- Arbovirus Testing Availability

Contents

Respiratory Disease Surveillance

Pertussis Surveillance

Florida

⇒ From January to November 2014, there has been 703 cases of pertussis reported in Florida.

Orange County

⇒ 27 cases of pertussis have been reported among Orange County residents in 2014.

Age Group	Cases
00-04	17
05-19	8
20-34	1
35-54	1
55-74	0
75+	0
Unknown	0

Pertussis Cases in Orange County, Florida, by age group, 2014.

Pertussis Resources:

Florida Department of Health in Florida—Pertussis

Florida Department of Health Immunization Information

Influenza Surveillance Week 48: November 23-29, 2014

National: A significant proportion of "antigenically-drifted" H3N2 viruses has been detected, CDC issues a HAN on 12-3-14 emphasizing the importance of the use of flu anti-virals as adjuncts to vaccination.

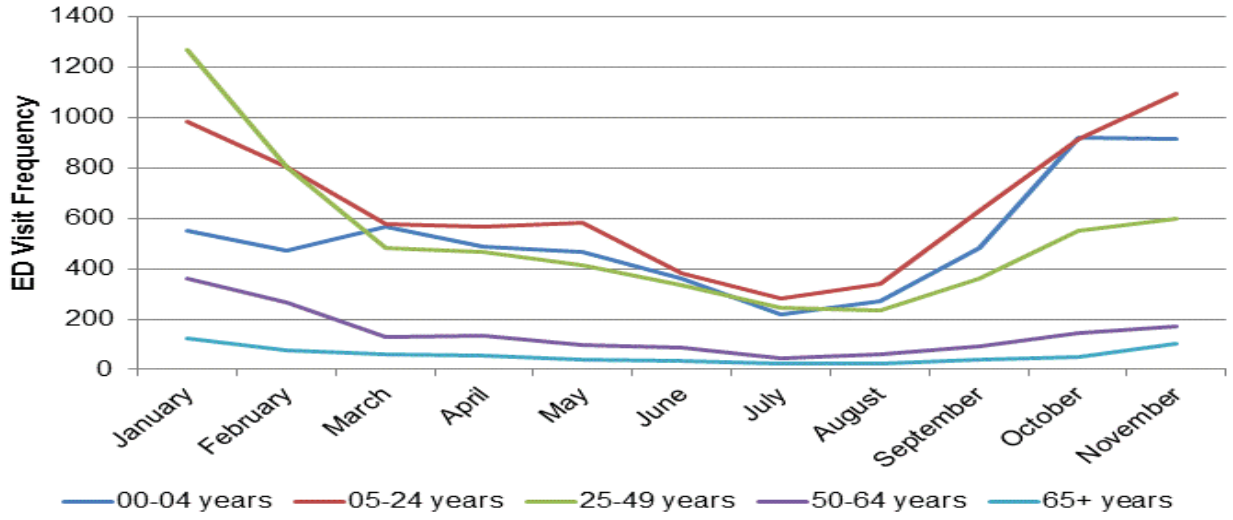
Florida

⇒ 42 Florida counties report "increasing" influenza activity, and 21 counties reported that influenza activity is at a "plateau".

⇒ In Florida, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) in recent weeks has been influenza A (H3).

⇒ Three influenza or ILI outbreaks (epidemiologically-linked cases of influenza in a single setting) were reported to EpiCom in week 47.

ESSENCE Emergency Department Visits of Influenza-like Illness by Age Group, Orange County, Florida, 2014



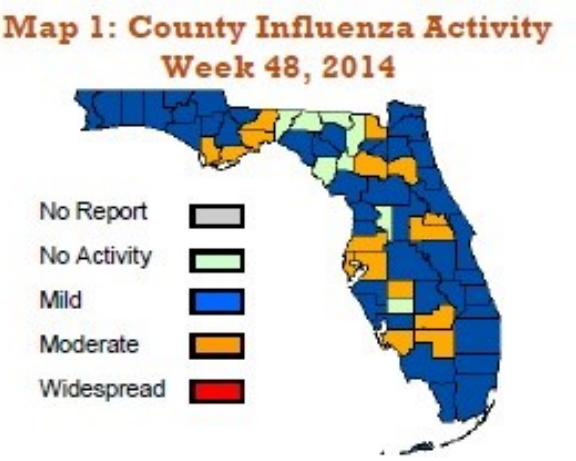
Influenza Surveillance continued…

Orange County

⇒ Orange County is reporting “moderate” influenza activity for week 48 (November 23-29, 2014)

⇒ One influenza outbreak was reported in November 2014.

⇒ One Influenza-associated pediatric mortality was reported in November in Orange County.



(Map from Florida Flu Review.)

Influenza Resources:

Florida Department of Health Weekly Influenza Activity Report

Center for Disease Control and Prevention Weekly Influenza Activity Report

Special Surveillance: Ebola

National

⇒ Ebola continues to represent a very low risk to the general public in the United States.

⇒ **Physicians should immediately call the local health department if a patient fits the criteria of an Ebola Patient Under Investigation** (Patient Screening Tool below - **UPDATED 10/21/14**).

International

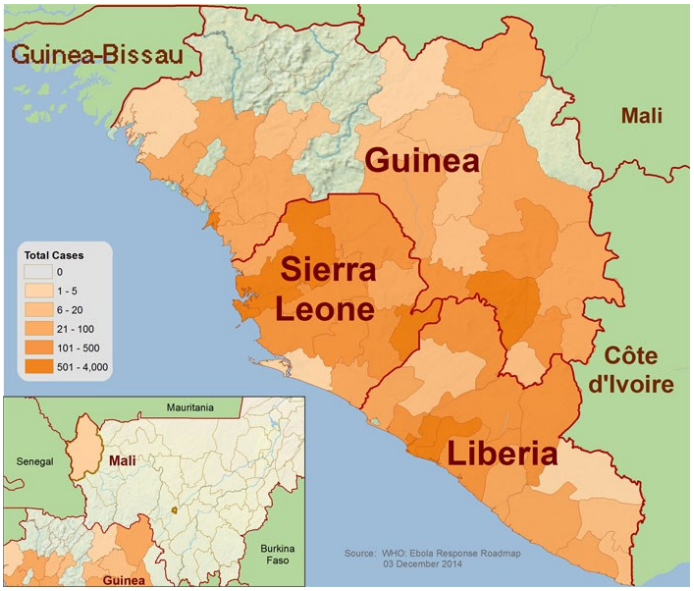
As of December 3, 2014:

Countries impacted include Guinea, Sierra Leone, Liberia and Mali.

⇒ Case Count: **17,111**

⇒ Deaths: **6,055**

⇒ Laboratory Confirmed Cases: **10,708**



(Map Courtesy CDC)

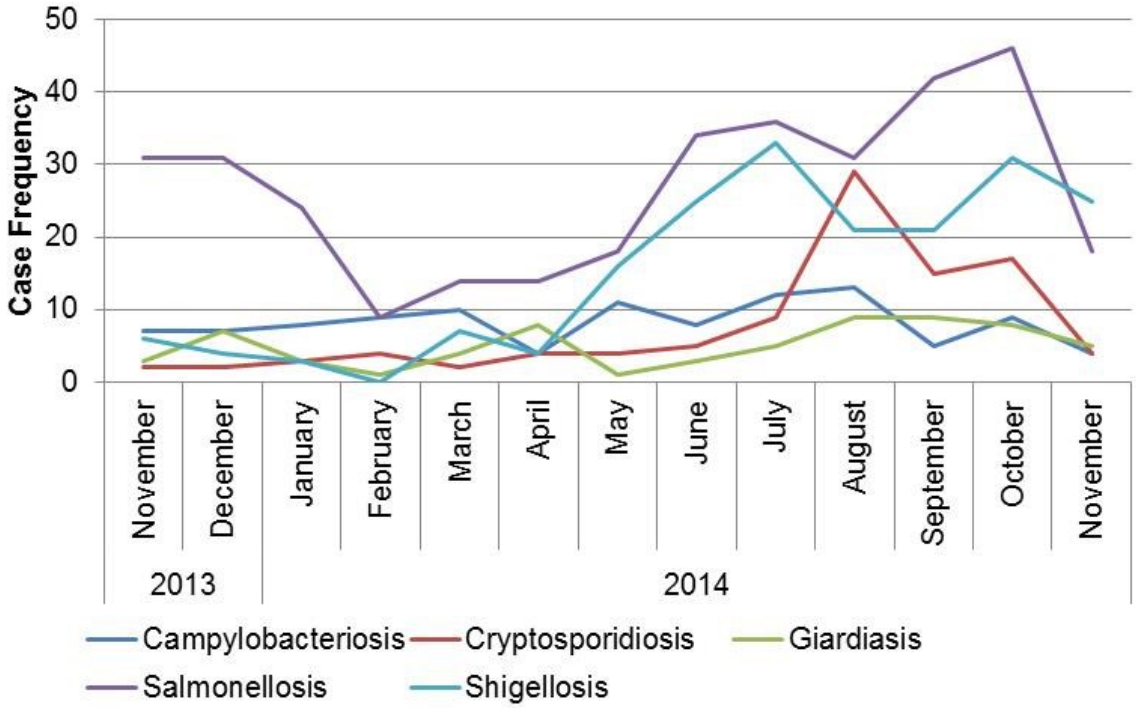
Ebola Resources:

Patient Screening Tool: Florida Department of Health

Centers for Disease Control and Prevention: Ebola Information and Guidance

Gastrointestinal Illness Surveillance

Select Reportable Enteric Diseases in Orange County, Florida, November 2013 to November 2014



Gastrointestinal Illness Points of Interest:

⇒ In November, all select reportable enteric cases decreased compared to October.

⇒ During November,11 foodborne illness complaints were reported to the Florida Department of Health in Orange County for investigation.

⇒ One foodborne outbreak of ciguatera fish poisoning associated with consumption of grouper was reported in Orange County during November. No waterborne outbreaks were reported.

Gastrointestinal Illness Resources:

Florida Online Foodborne Illness Complaint Form - Public Use

Florida Food and Waterborne Disease Program

Florida Food Recall Searchable Database

Florida Department of Health - Norovirus Resources

CDC: A-Z Index for Foodborne Illness CDC: Healthy Water

REPORT FOODBORNE ILLNESS ONLINE

Arboviral Surveillance

October 19-25, 2014

Florida

⇒ Alachua, Broward, Clay, Columbia, Flagler, Jefferson, Leon, Levy, Lafayette, Marion, Pasco, Polk, Putnam, Santa Rosa, St. Johns, Suwannee and Washington Counties are currently under a mosquito-borne illness advisory.

⇒ Duval, Escambia, Miami-Dade, Palm Beach, St. Lucie and Volusia Counties are currently under a mosquito-borne illness alert.

⇒ Eleven locally-acquired cases of chikungunya have been reported in 2014.

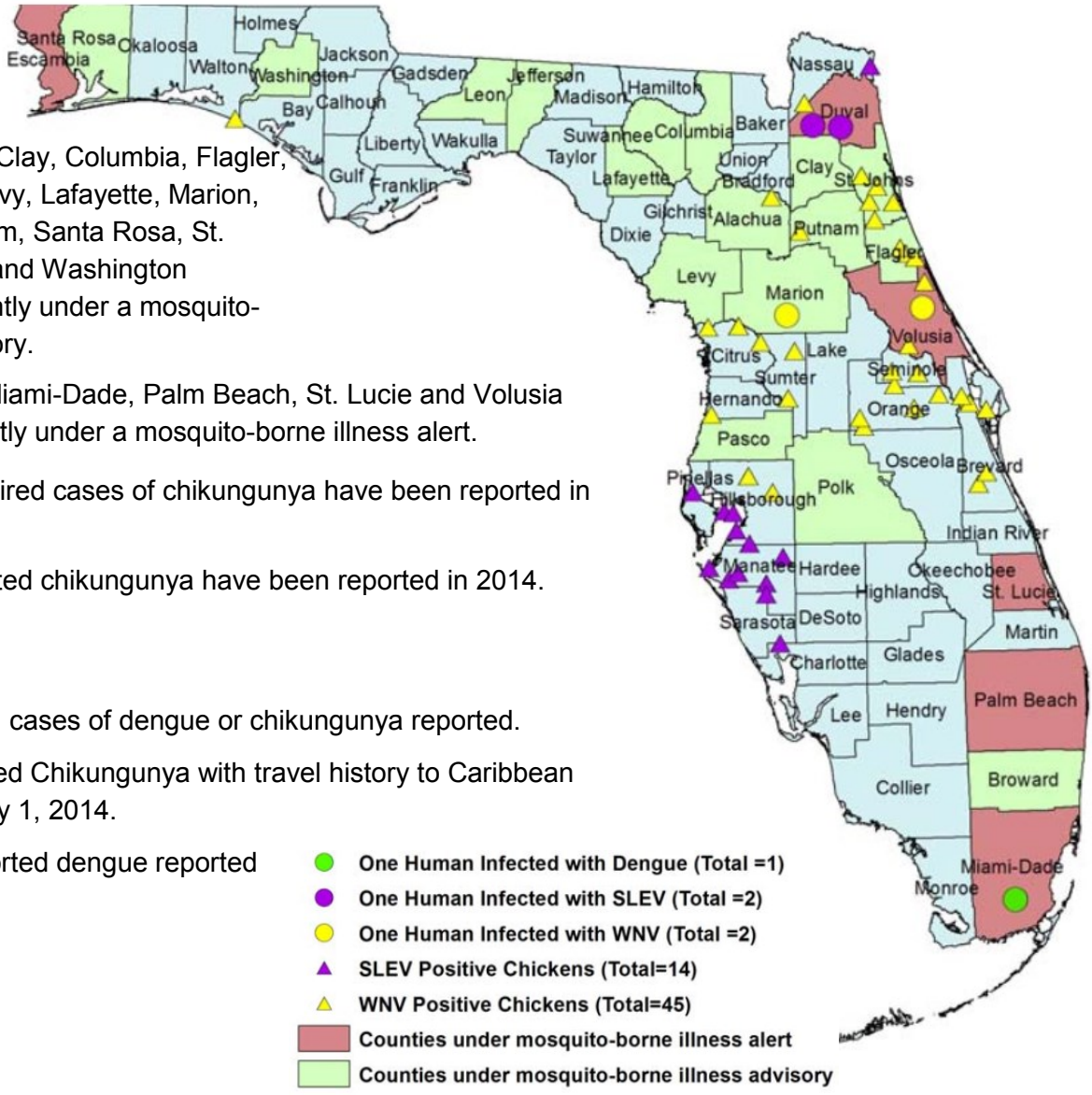
⇒ 383 cases of imported chikungunya have been reported in 2014.

Orange County

⇒ No locally-acquired cases of dengue or chikungunya reported.

⇒ 47 cases of imported Chikungunya with travel history to Caribbean countries since May 1, 2014.

⇒ Four cases of imported dengue reported in 2014.



Arboviral Resources:

Weekly Florida Arboviral Activity Report (Released on Mondays)

Orange County Mosquito Control

Chikungunya Resources

Florida Department of Health Chikungunya Information

CDC Chikungunya Information

CDC Chikungunya MMWR

Ciguatera Toxin Poisoning

Ciguatera intoxication is an acute illness that can result from consumption of a subtropical or tropical marine fish that has acquired ciguatera toxin through bioaccumulation. The toxin is produced by a dinoflagellate called Gambierdiscus toxicus and algae which commonly grow on underwater reefs in lower latitudes; fish eat this algae and over time through the food chain the toxin is magnified causing large predatory fish to become the most toxic. Some examples of common ciguatoxin carrying fish include barracuda, amberjack, grouper, snapper, tuna, sea bass, kingfish, mackerel, and mahi-mahi. Toxic fish are sporadic; not all fish of a given species in a particular area may be toxic.

People presenting with ciguatera toxin poisoning usually experience gastrointestinal and neurological symptoms within 1-30 hours of eating the fish. These symptoms may include nausea, vomiting, diarrhea, abdominal pain, tingling fingers or toes, metallic taste, pain and weakness in lower extremities, and temperature reversal. These symptoms are self-limiting and patients normally recover in days or weeks, but symptoms can reoccur intermittently for months to years.

Ciguatoxin is a very heat-stable toxin. Normal household cooking methods such as baking, boiling, steaming, frying, or any other ordinary cooking method will not destroy or eliminate the ciguatoxin. In order to avoid this illness people should avoid eating unusually large reef fish and consumers should be aware of where the supplier obtained the fish in addition to the size and type of fish.

CDC Marine Toxins

Florida Department of Health Ciguatera Fish Poisoning

Heymann, David L. "Food-borne Intoxications, V. Ciguatera Fish Poisoning." Control of Communicable Diseases Manual. 19th ed. Washington, DC: American Public Health Association, 2008. 247. (Print)

Holiday Food Safety

Remember the Basics: Clean, Separate, Cook and Chill

Clean: Wash hands, utensils and surfaces before and after food preparation. Especially after preparing meat, poultry, eggs or seafood

Separate: Don't Cross Contaminate—Keep raw meat, poultry, eggs, seafood and their juices away from ready to eat foods.

Cook: Cook food to proper internal temperatures. Check for doneness with a food thermometer.

Chill: Refrigerate Properly—Refrigerate or freeze perishables, prepared food and leftovers **within two hours. DO NOT LEAVE FOODS UNCOVERED ON THE TABLE ALL DAY SO PEOPLE CAN NIBBLE.** Make sure the refrigerator is set at no higher than 40 degrees F and the freezer at 0 degrees F.

For additional food safety resources see: CDC Food Safety Food Safety.gov

Disease	ORANGE				All Counties			
	November		Cumulative (YTD)		November		Cumulative (YTD)	
	2014	Mean, 5yr	2014	Mean, 5yr	2014	Mean, 5yr	2014	Mean, 5yr
Amebic Encephalitis	0	0	0	0.2	0	0	2	1
Arsenic Poisoning	0	0	0	0	0	0.8	2	8.2
Brucellosis	0	0.2	0	0.6	2	0.8	7	9.8
Campylobacteriosis	6	4.8	95	64.4	159	121.2	2085	1562.8
Carbon Monoxide Poisoning	0	0	8	4.8	15	4.8	139	94
Cholera (Vibrio cholera, Type O1)	0	0.2	0	0.4	1	0.8	3	5.2
Ciguatera Fish Poisoning	7	0	7	0.2	13	0.8	73	36.4
Creutzfeldt-Jakob Disease (CJD)	0	0	0	0.8	2	1	17	16.2
Cryptosporidiosis	4	1.8	96	23.6	93	32.8	1804	416.6
Cyclosporiasis	0	0	3	2.6	0	1.4	30	46.2
Dengue Fever	0	1.4	4	11	7	13.4	104	115.4
Giardiasis	5	5.4	56	78	73	117.4	1089	1389.6
H. influenzae Invasive Disease	0	0.6	19	10	11	15	243	212.6
Hansens Disease (Leprosy)	0	0	0	0.4	1	1.4	6	9.2
Hemolytic Uremic Syndrome	0	0	1	0.4	3	0.2	8	5.4
Hepatitis A	0	0.8	3	7.8	5	12.4	100	137.6
Hepatitis B, Acute	0	2.2	10	14.4	35	28	398	284.6
Hepatitis B, Chronic	45	33.4	416	368.8	432	314.2	4676	3910.8
Hepatitis B, HBsAg in Pregnant Women	0	4	37	66.6	16	31.4	447	451.6
Hepatitis B, Perinatal	0	0	0	0.2	0	0	1	0.6
Hepatitis C, Acute	0	1	6	8.4	7	10.4	172	123.6
Hepatitis C, Chronic	105	68.8	1085	828.6	1872	1437.6	21205	16532.6
Influenza-Associated Pediatric Mortality	1	0	2	0	2	0.4	6	5.2
Lead Poisoning	0	1.6	10	22.8	32	51.6	675	678.8
Legionellosis	0	2	22	18.2	15	23	281	194.2
Leptospirosis	0	0.4	0	0.6	0	0.6	0	1.8
Listeriosis	0	0.2	4	2.2	6	1.8	43	35.6
Lyme Disease	0	0.6	1	3.6	6	8	135	109
Malaria	0	0.2	7	9	4	5.8	62	86
Measles	0	0	0	2.2	0	0	0	4.8
Melioidosis	0	0	0	0.2	0	0.2	0	0.4
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0.4	2	11.2	9	16.4	124	170.6
Meningococcal Disease	2	0	3	1	5	4.8	46	51.4
Mercury Poisoning	0	0	0	0	0	1.2	10	10.8
Middle East Respiratory Syndrome (MERS)	0	0	1	0	0	0	1	0
Mumps	0	0	0	0.8	0	0.8	1	7.6
Pertussis	3	1.8	27	27	35	30.8	702	460.2
Pesticide-Related Illness Or Injury	0	0.8	0	4.8	0	2	23	43.8
Q Fever, Acute	0	0	0	0.2	0	0	3	1.6
Rabies, Possible Exposure	4	8.2	80	84.6	190	185.4	2648	2145.2
Rocky Mountain Spotted Fever	0	0	0	0.6	0	1.4	17	17
S. pneumoniae Invasive Disease, Drug-Resistant	0	3.4	18	35	7	49.6	308	590.2
S. pneumoniae Invasive Disease, Drug-Susceptible	0	1.6	23	23.4	24	55.4	436	575.8
Salmonellosis	19	31.6	287	312.2	521	658.6	5714	5916
Shiga Toxin-Producing E. coli (STEC) Infection	0	0.4	9	5.4	12	6.4	153	93.6
Shigellosis	31	5.2	192	84.8	193	117.6	2234	1315.2
St. Louis Encephalitis Virus Neuroinvasive Disease	0	0	0	0	0	0	2	0
St. Louis Encephalitis Virus Non-Neuroinvasive Disease	0	0	0	0	0	0	0	0
Staphylococcus Enterotoxin B Poisoning	0	0	0	0	0	0	0	0
Streptococcus Invasive Disease (Group A)	0	0.8	8	13.4	0	19.2	182	244.2
Tetanus	0	0	0	0	0	0.2	2	3.4
Typhoid Fever	0	0	1	1.4	0	0.2	14	13.6
Varicella	2	2.2	19	35.4	36	51.8	531	838.2
Vibriosis (Vibrio vulnificus)	1	0	1	0.4	2	2	34	32.4

The Top 10 Reported Disease and Conditions in Orange County Year-To-Date are Highlighted in GREY.

Arbovirus Testing Availability

Focus Diagnostics is reporting that a reagent issue is holding up production of some arbovirus tests. The affected tests include indirect fluorescent antibody (IFA) testing for IgM and IgG antibodies to California encephalitis group viruses (St. Louis encephalitis virus, Eastern equine encephalitis virus and Western equine encephalitis virus). Both individual virus and arbovirus panel tests are affected. Focus Diagnostics cannot yet confirm when production will resume and other commercial labs that rely on their kits or contract out to Focus Diagnostics are also affected (Quest, LabCorp, etc.).
West Nile virus, Dengue virus and Chikungunya virus testing is still available at Focus Diagnostics.

Clinicians considering arboviruses such as Eastern equine encephalitis virus, California encephalitis group viruses, St. Louis encephalitis virus and Western equine encephalitis virus as a diagnosis should contact their County Health Department for assistance. Testing is available at the Florida Department of Health Bureau of Public Health Laboratories, BPHL, in Tampa or Jacksonville for patients with febrile illness and appropriate epidemiologic risk factors with approval from your County Health Department.

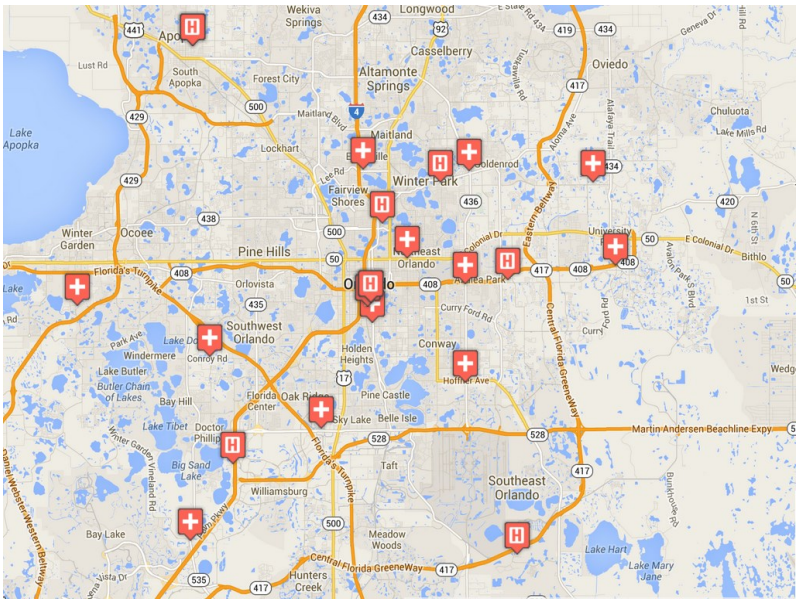
Please see the bottom of page 5 for links to all other arbovirus resources.

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 Orange County.

Florida Department of Health: ESSENCE

Hospital linked to ESSENCE
Florida Hospital Centra Care Clinic linked to ESSENCE



Since 2007, the Florida Department of Health has operated the Early Notification of Community-based Epidemics (ESSENCE), 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 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 currently has 186 emergency departments and 30 urgent care centers (Florida Hospital Centra Care) reporting to ESSENCE-FL for a total of 216 facilities.

Florida Department of Health in Orange County

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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.

ALL DATA IS PROVISIONAL