



# Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County

## Increase Observed in Hand, Foot and Mouth Disease

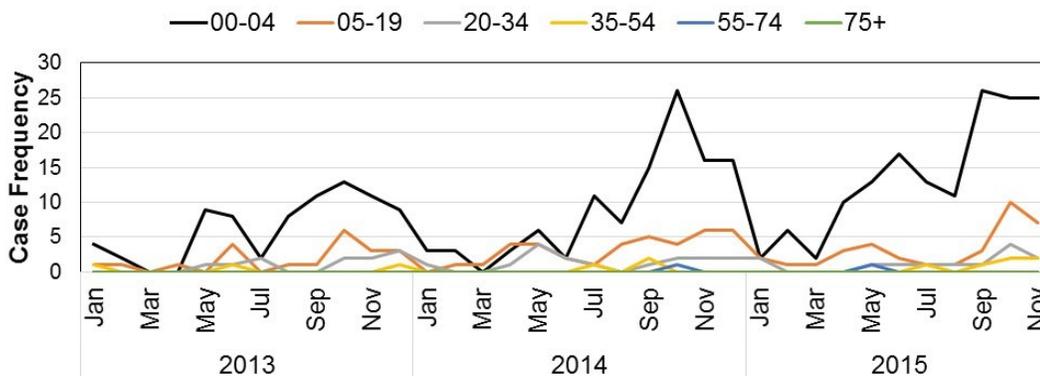
The Florida Department of Health ESSENCE-FL surveillance system has revealed a seasonal increase in Hand, Foot and Mouth Disease (HFMD) in Orange County, particularly in the 0 to 4 years age group. HFMD is caused by viruses that belong to the Enterovirus genus, including the most common causal virus coxsackievirus A16. While individual cases of HFMD are not reportable by law, the Florida Department of Health seeks your cooperation in reporting any clusters or outbreaks. As a reminder, clusters and outbreaks of any disease are reportable.

**Symptoms-** Symptoms of this viral illness usually appear 3-7 days after initial exposure and infection. Symptoms usually start with a fever, and include reduced appetite, sore throat, and malaise. One to two days later, sores may develop in the child’s mouth, which may be painful. A non-itchy skin rash may develop on the hands and feet, including the soles. The rash can occur on the knees, elbows and other parts of the body. The rash may turn into bumps and blisters. Most children completely recover in 7 to 10 days. Not all children show all of the symptoms - they may get only mouth sores and skin rash. Other symptoms, such as vomiting and diarrhea, can occur but are less common.

**Diagnosis -** Health care providers can usually tell the difference between mouth sores caused by HFMD and other illnesses by considering patient age, symptoms, and the appearance of the rash and mouth sores. Oral pharyngeal or stool specimens can be laboratory tested if needed.

**Transmission -** HFMD is easily spread through close personal contact, through the air (coughs and sneezes), contact with contaminated objects and surfaces, and through contact with contaminated feces. Patients will be most contagious during the first week of illness. Adults may become infected, but are more likely to be asymptomatic, but capable of spreading the infection. The virus is found in saliva, sputum, nasal secretions, blister fluid, and feces.

ESSENCE-FL: Hand, Foot and, Mouth Disease Discharge Diagnosis, Orange County, FL 2013-2015



November 2015

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### Points of Interest:

- Seasonal HFMD Increase
- Changes to DOH Traveler Monitoring Protocol from Ebola Impacted Counties in West Africa
- Influenza at seasonally expected levels

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

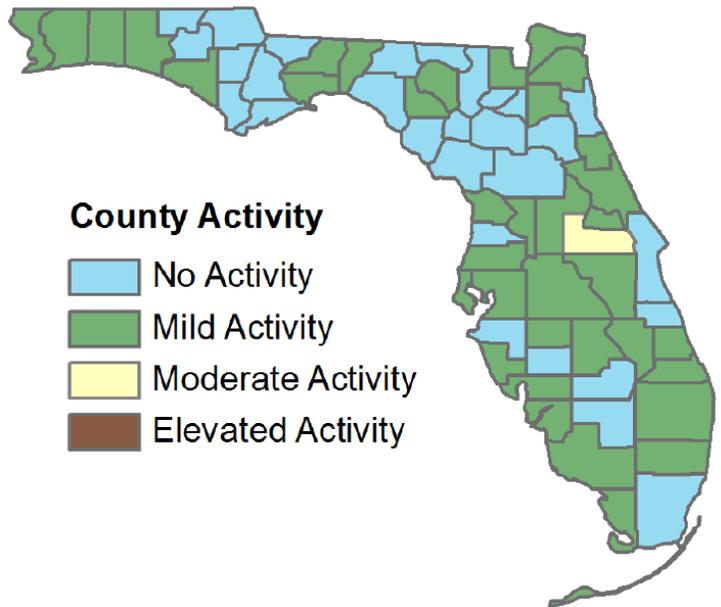
### National

⇒ Highly pathogenic avian influenza (HPAI) H5 viruses have been identified in U.S. backyard and commercial flocks of birds during the spring and summer of 2015. HPAI H5 has not been identified in Florida birds, but identifications are anticipated. No humans have been identified with HPAI infection in Florida or the rest of the nation. To learn more about HPAI, please visit: [www.floridahealth.gov/novelflu](http://www.floridahealth.gov/novelflu)

### Florida

- ⇒ Overall the influenza season is off to a slow start. Influenza activity remains low, although, it has increased slightly in recent weeks.
- ⇒ One reported influenza-associated pediatric mortality was reported in week 48.
- ⇒ Currently Influenza A (H3) is the predominant circulating strain in Florida.

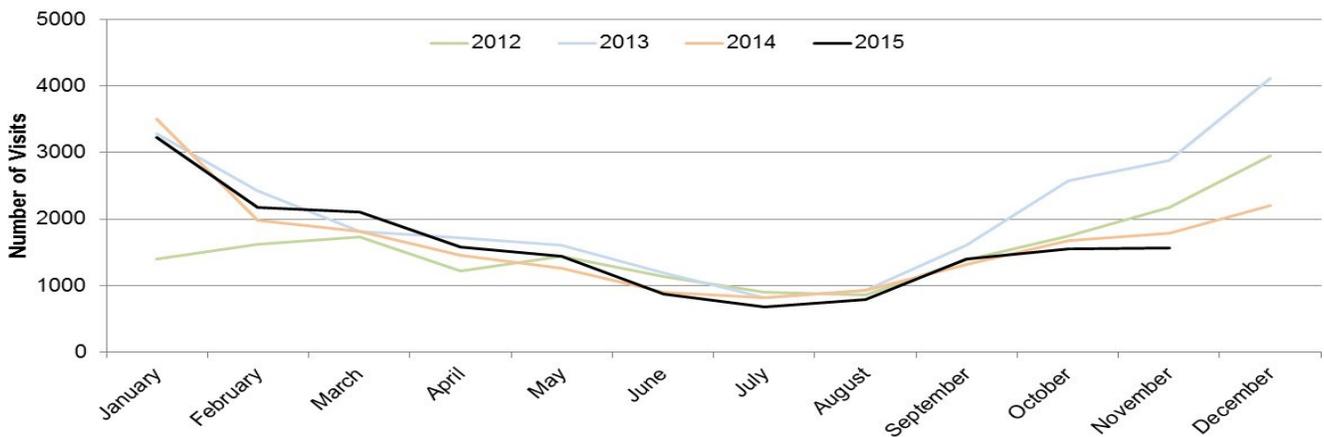
**Florida Influenza-like Illness Activity Map**  
**Week 48: November 29-December 5, 2015**



### Orange County

- ⇒ Orange County reported moderate influenza activity during week 48.
- ⇒ No outbreaks of influenza-like illness were reported to DOH-Orange in November 2015.

**Emergency Department Influenza-like Illness Visits in Orange County by Month, 2012 to 2015**



## Influenza Resources:

- [Florida Department of Health Weekly Influenza Activity Report](#)
- [Centers for Disease Control and Prevention Weekly Influenza Activity Report](#)

## Vibrio vulnificus Surveillance

*Vibrio vulnificus* is a bacterium that normally lives in warm seawater and is part of a group of vibrios that are called “halophilic” because they require salt. *Vibrio vulnificus* is a naturally occurring bacterium in warm, brackish seawater. Water and wounds do not mix. Persons entering the water with fresh cuts or scrapes are at higher risk of infection. *Vibrio vulnificus* infections are rare.

[Florida Department of Health Vibrio Information Page](#)

### Vibrio vulnificus Cases in Orange County and Florida, 2010 to 2015

	2010	2011	2012	2013	2014	2015 (YTD)
Orange County	0	0	0	1	1	0
Florida	32	35	26	42	31	44

## Ebola Surveillance Florida

⇒ On December 2, 2015, in response to continued progress in West Africa to halt the transmission of Ebola infections, the Florida Department of Health altered the monitoring protocol for persons recently returning from Ebola impacted countries. The Florida Department of Health is currently monitoring using the following protocol for all Ebola impacted countries:

- All Low Risk travelers will be monitored by phone twice daily
- All High Risk travelers will be monitored twice daily in-person

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

⇒ **Physicians should immediately call the local health department if a patient fits the criteria of an Ebola Patient Under Investigation** (link to Patient Screening Tool below).

[Days Since Last Case via CDC](#)



## International

Updated December 8, 2015:

⇒ Total Cases:

- Liberia: 10,675
- Sierra Leone: 14,122
- Guinea: 3,840

### Current Travel Notices:

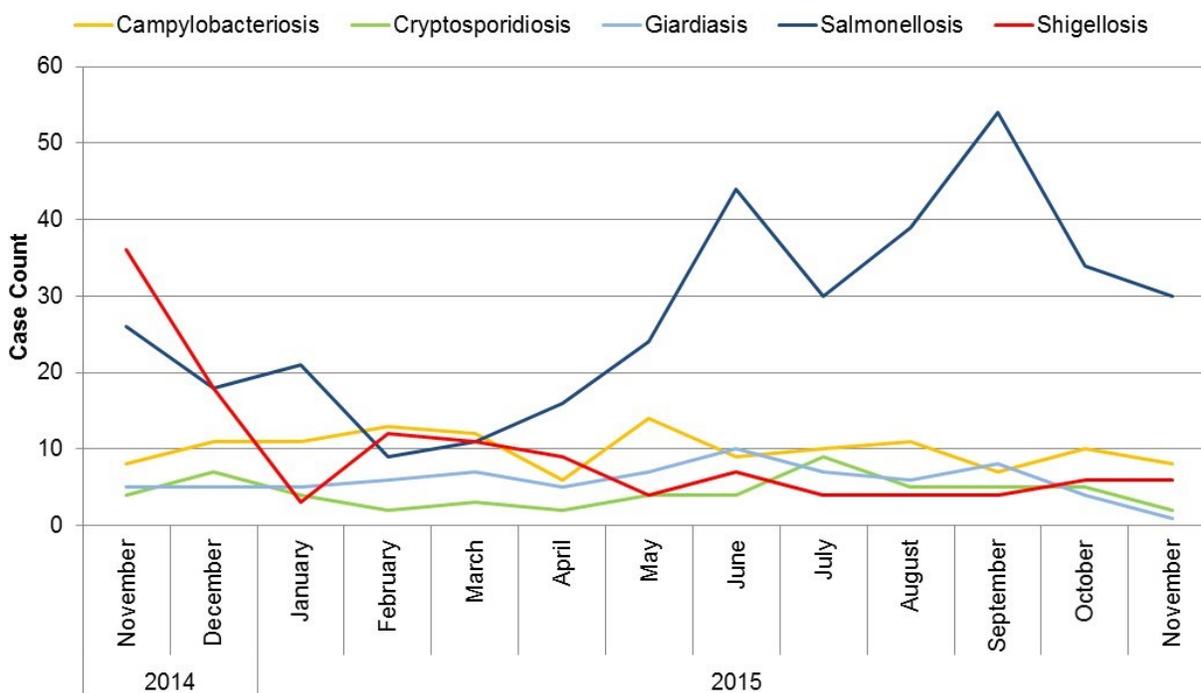
- Liberia: Watch, Level 1
- Sierra Leone: Watch, Level 1
- Guinea: Alert, Level 2

## Ebola Resources:

- Patient Screening Tool: [Florida Department of Health](#) [Florida Department of Health EVD Resources](#)
- Centers for Disease Control and Prevention: [Ebola Information and Guidance](#)
- World Health Organization: [Global Alert and Response Situation Reports](#)

## Gastrointestinal Illness Surveillance

Select Reportable Enteric Diseases in Orange County, Florida, November 2014 to November 2015



### Gastrointestinal Illness Points of Interest:

- ⇒ 30 cases of Salmonellosis were reported among Orange County residents in November 2015. This represents a decrease from November 2014 and is within expected seasonal disease incidence trends for Salmonellosis.
- ⇒ During November, 14 foodborne illness complaints were reported to the Florida Department of Health in Orange County for investigation.
- ⇒ One foodborne illness outbreak was reported during November 2015. The outbreak was associated with a local restaurant and the epidemiology suggested a bacterial intoxication as the etiological agent.
- ⇒ No waterborne illness outbreaks were reported or identified during November 2015.

### 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](#)

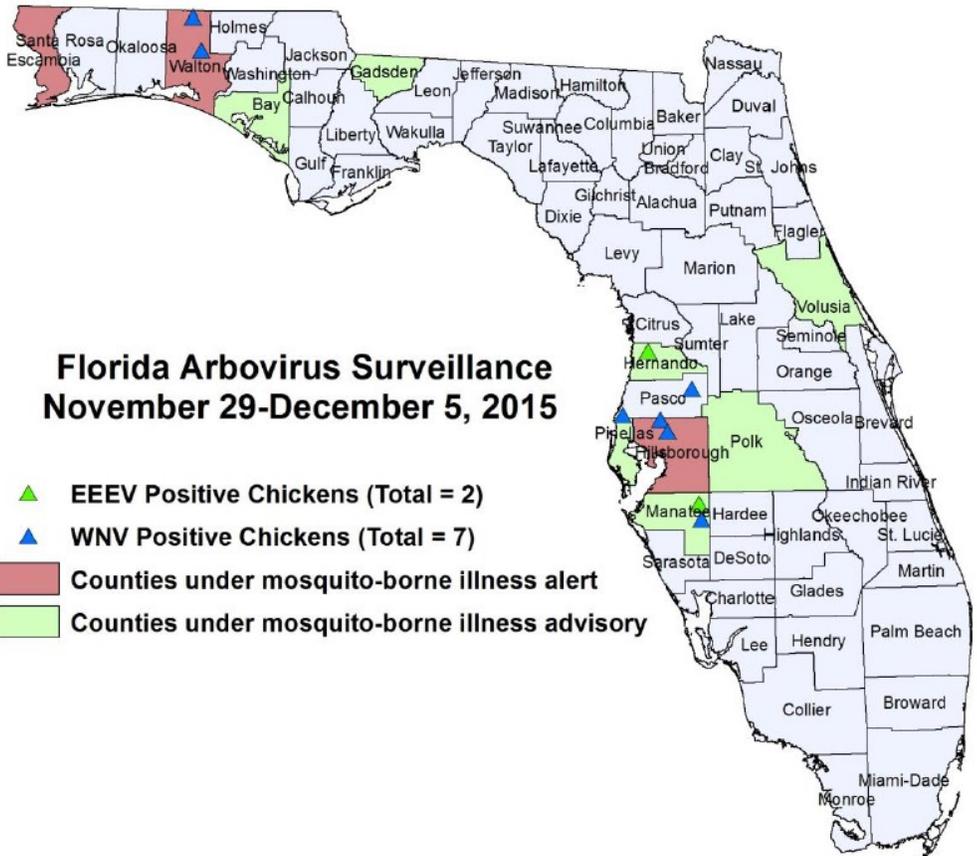
[CDC: Healthy Water](#)



## Arboviral Surveillance

### Florida

- ⇒ Bay, Gadsden, Hernando, Manatee, Pinellas, Polk, and Volusia Counties are currently under mosquito-borne illness advisory.
- ⇒ Escambia, Hillsborough, and Walton Counties are currently under mosquito-borne illness alert.
- ⇒ No human cases of West Nile Virus (WNV) infection were reported this week in Florida.
- ⇒ No locally-acquired dengue fever or chikungunya were reported this week in Florida.



### Orange County

- ⇒ No human cases of West Nile Virus, Chikungunya Virus, St. Louis Encephalitis Virus, Eastern Equine Encephalitis Virus, or Dengue Virus were reported among Orange County residents during November 2015.
- ⇒ In November, sentinel chickens tested positive for West Nile Virus (WNV) in Orange County.
- ⇒ To date this year, 15 sentinel chickens and 1 horse have tested positive for EEEV, two sentinel chickens tested positive for Highlands J Virus, and 27 sentinel chickens tested positive for WNV in Orange County.

### 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](#)

Disease	ORANGE				All Counties			
	November		Cumulative (YTD)		November		Cumulative (YTD)	
	2015	Median 5yr	2015	Median 5yr	2015	Median 5yr	2015	Median 5yr
Arsenic Poisoning	1	0	2	0	1	0	16	5
Brucellosis	0	0	1	0	1	1	9	8
Campylobacteriosis	8	8	114	116	300	185	3431	2442
Carbon Monoxide Poisoning	0	0	13	6	23	7	252	164
Chikungunya Fever	0	0	3	0	3	0	123	0
Ciguatera Fish Poisoning	0	0	2	0	0	0	56	48
Creutzfeldt-Jakob Disease (CJD)	0	0	1	1	0	1	24	21
Cryptosporidiosis	2	2	47	24	65	32	840	410
Cyclosporiasis	0	0	2	1	5	0	32	48
Dengue Fever	0	0	2	9	14	11	72	113
Escherichia coli: STEC	1	1	18	16	41	31	430	394
Giardiasis: Acute	1	4	69	63	90	94	985	1088
Haemophilus influenzae Invasive Disease	2	1	14	10	11	16	238	216
Hansen's Disease (Leprosy)	0	0	2	0	1	1	23	8
Hemolytic Uremic Syndrome (HUS)	0	0	1	1	1	0	5	6
Hepatitis A	0	0	2	4	6	12	117	116
Hepatitis B: Acute	0	0	16	10	38	27	473	295
Hepatitis B: Chronic	38	36	466	369	405	341	5080	3982
Hepatitis B: Perinatal	0	0	0	0	0	0	0	1
Hepatitis B: Surface Antigen in Pregnant Women	1	2	57	61	19	31	400	447
Hepatitis C: Acute	1	0	7	8	23	12	188	156
Hepatitis C: Chronic	196	128	1873	1616	3038	2244	34004	24310
Influenza-Associated Pediatric Mortality	0	0	0	0	1	0	1	3
Lead Poisoning	5	2	28	21	66	47	883	789
Legionellosis	1	1	18	20	24	21	322	217
Leptospirosis	0	0	0	0	1	0	5	1
Listeriosis	1	0	3	2	7	3	44	40
Lyme Disease	0	1	5	4	43	10	320	122
Malaria	1	0	4	8	6	3	50	61
Measles (Rubeola)	0	0	0	0	0	0	11	1
Meningitis: Bacterial or Mycotic	0	0	0	10	7	13	116	171
Meningococcal Disease	0	0	0	1	0	5	23	55
Mumps	0	0	0	0	0	2	19	16
Pertussis	0	2	13	26	17	33	313	554
Rabies: Possible Exposure	5	10	85	81	232	207	3040	2232
Ricin Toxin Poisoning	1	0	1	0	1	0	4	0
Rocky Mountain Spotted Fever	0	0	2	0	5	0	46	1
Rubella	0	0	0	0	0	0	1	0
Salmonellosis	30	32	319	314	680	630	6015	5932
Saxitoxin Poisoning (Paralytic Shellfish Poisoning)	0	0	0	0	0	0	0	0
Shigellosis	6	8	71	99	135	131	1947	1741
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0
Staphylococcal Enterotoxin B Poisoning	0	0	0	0	0	0	0	0
Strep pneumoniae Invasive Disease: Drug-Resistant	2	2	16	33	17	46	161	501
Strep pneumoniae Invasive Disease: Drug-Susceptible	1	1	19	21	20	60	249	515
Tetanus	0	0	0	0	0	0	3	3
Tularemia (Francisella tularensis)	0	0	0	0	0	0	0	0
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	1	0	0	6	11
Vaccinia Disease	0	0	0	0	0	0	1	0
Varicella (Chickenpox)	1	2	16	29	59	40	713	767
Vibriosis (Vibrio vulnificus)	0	0	0	0	1	2	44	34
West Nile Virus Neuroinvasive Disease	0	0	0	0	1	1	12	12
West Nile Virus Non-Neuroinvasive Disease	0	0	0	0	1	1	1	4

## Scabies: Prevention, Control, and Treatment in Institutional and Child Care Settings

Aggressive approaches to prevent outbreaks of scabies are recommended, and include early detection and screening.

**Early detection-** it is recommended that staff maintain an ongoing “high index of suspicion” for any undiagnosed skin rash or condition. An early warning sign of undetected scabies in a patient in an institutional setting may be scabies onset in an employee who has had scabies before.

**Screening-** any skin conditions on new patients, employees and new children (child care settings) should be carefully screened for compatibility with scabies.

First-time infestations may result in a delayed onset of symptoms of 4 to 6 weeks, during which time the infection is contagious.

Bacterial infections (eg Staphylococcus aureus or beta-hemolytic streptococci) are among the complications.

Crusted (Norwegian) scabies is a severe form which can be seen in the elderly, and persons who are immunocompromised, or in residents/patients who have a loss of skin sensation (for example, from spinal cord injury, paralysis, or other condition in which the usual intense pruritus is absent).

[CDC: Scabies in Institutional Settings](#)

[CDC: Resources for Health Professionals](#)

### Other Disease Resources

In the organizational 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 surveillance 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](#).



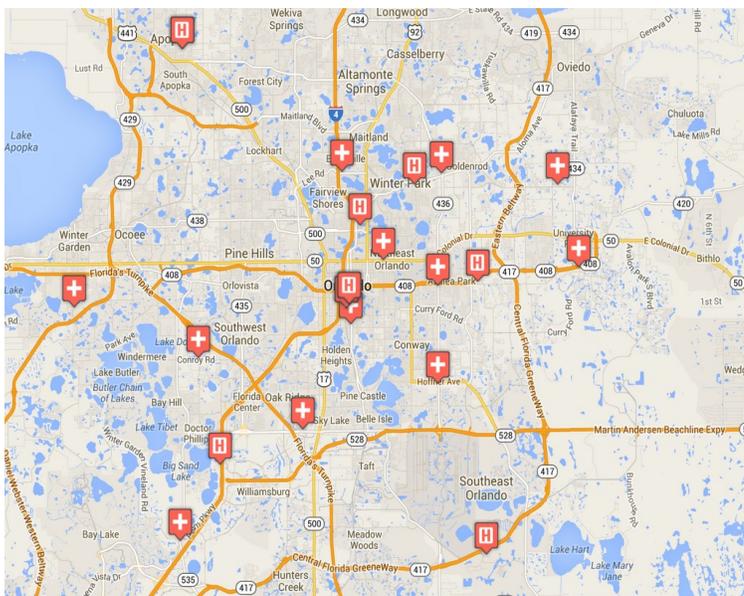
### Florida Department of Health: ESSENCE



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 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**