



Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County

RABIES ALERT: Rabid Domestic Dog

On January 24, 2014, the Florida Department of Health in Orange (DOH-Orange) Environmental Health (EH) program was notified through Orange County Animal Control Services of a raccoon versus dog incident that occurred on 1/23/2014. Animal Control reported that there were no human exposures and no other dogs at the home. Per the owners, the dog chased after the raccoon that was trying to escape and the raccoon turned on the dog and bit her legs. Since the dog was not up to date on her vaccinations and it was questionable whether the dog had ever received any vaccines, Animal Control issued a 180 day at home quarantine for the dog. The following history ascertained by one of the vet's consulting on this case was that the dog was assessed on (1/23) by an after-hours emergency animal clinic and the first time her clinic had seen the dog was on (1/24) as the dog was whimpering in pain. The dog was seen 4 days later (1/28) for a follow up assessment in which she was acting normal and the vet reiterated that the dog remain under quarantine conditions. The dog was seen again by the vet on (2/17) due to shaking in its hind legs, which began on (2/16); the dog was subsequently referred to a neurological vet on the same day for an assessment. On 2/20/14, the dog died at home (24 days into the quarantine). The dog was not vaccinated during the quarantine. Because of the neurological symptoms, DOH-Orange EH consulted on this case with the vet's office to send the head for testing. On 2/22/14, the on-call epidemiology (EPI) nurse was advised that the dog was positive for rabies from the Bureau of Public Health Laboratories (BPHL). This is the first positive rabid domestic dog in Florida since 2012, the first in Orange since 2009.

On 2/24/2014, the owners of the dog called DOH-Orange EPI when the hospital refused to administer rabies post-exposure prophylaxis (RPEP) without notification from the health department. From discussions it was revealed that during the quarantine period, the owners as well as the mother of the male owner had exposure to the dog that would put them at risk for acquiring rabies. As a result, RPEP was recommended and they returned to the hospital ER to begin treatment (see rabies PEP Administration Guidelines linked below). It was later communicated to DOH-Orange that the owners had a second dog which was kept by a friend after the raccoon bite incident occurred. Follow up on this dog revealed that this dog was vaccinated so it remained with the friend for the duration of the quarantine. Subsequently, 2 vets and a vet tech, adamantly requested to receive RPEP boosters because the use of appropriate personal protective equipment (PPE) could not be verified when handling this dog and the vet tech had also admitted to allowing the dog to kiss her on the lips. Consequently, RPEP was then recommended for the vet tech. As the investigation continues, additional consultations for persons exposed to this dog are being conducted. On Tuesday, February 25, 2014, a Rabies Alert was issued in accordance with our State Rabies Guidelines. The DOH-Orange public information officer (PIO), Epidemiology and Environmental Health staff continue to assist with media inquiries regarding this case.

See Attachment 21 in Rabies Prevention and Control Manual:
[Rabies Post-Exposure Prophylaxis Administration Guidelines](#)

February 2014

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Special points of interest:

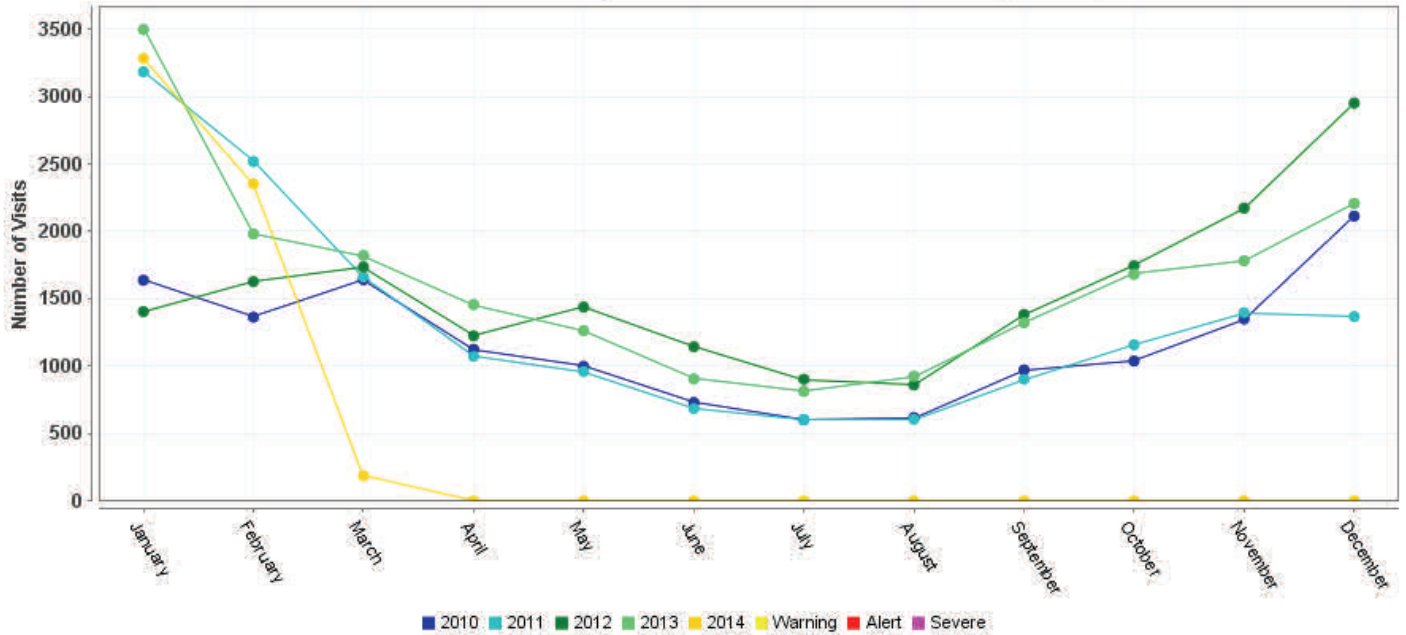
- Rabies Alert Issued
- Easter: baby chicks and Salmonella
- Cryptococcus Cohort Study: call for investigators

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Influenza Surveillance

ESSENCE, ED/Clinic Visits with Chief Complaint of Influenza-Like Illness, Orange County, FL 2010-2014



Orange

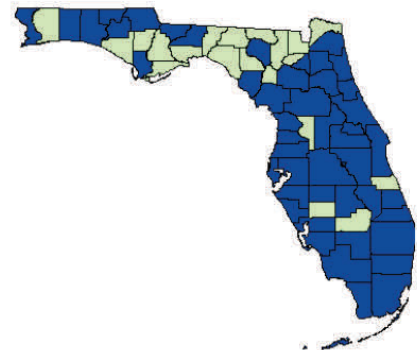
- ⇒ Orange County is currently experiencing **moderate** flu activity.
- ⇒ No influenza or ILI outbreaks in Orange County were reported in February.

Florida

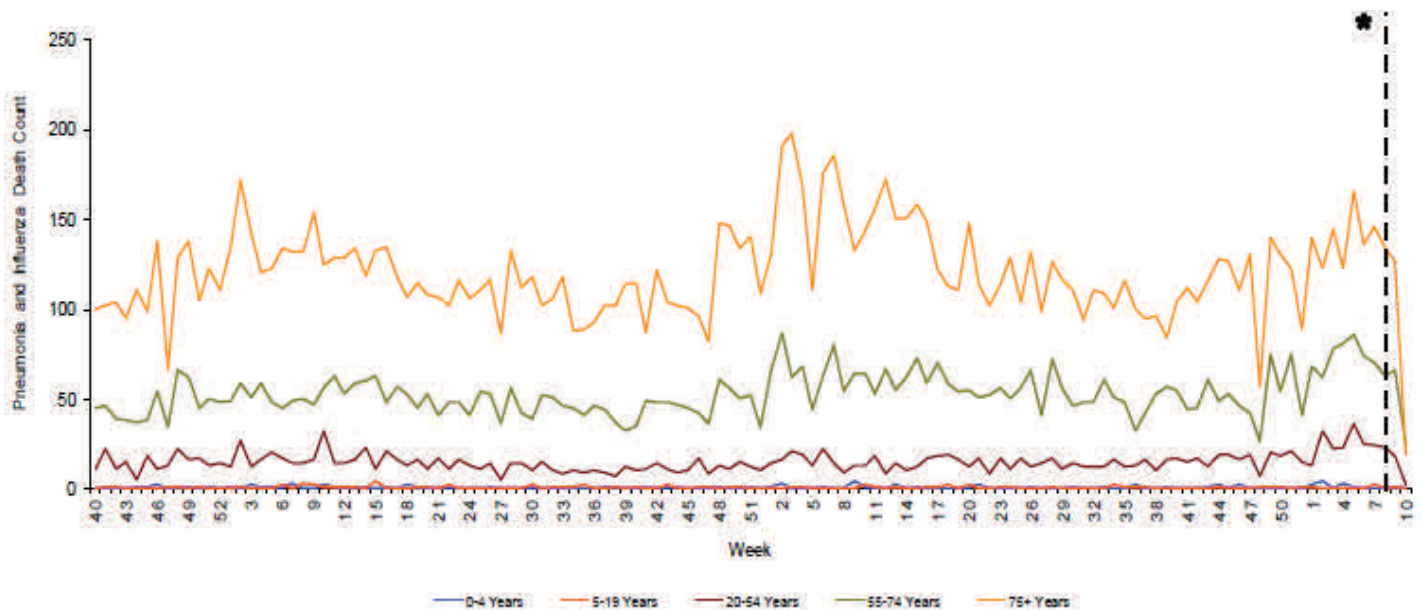
- ⇒ Most Florida counties are reporting mild influenza activity. Forty counties reported decreasing influenza activity; 24 counties indicated activity is at a plateau in Week 9.
- ⇒ Emergency Departments (ED) and urgent care center (UCC) ILI visits have decreased in recent weeks and is as expected for this time of year; preliminary data suggest that the influenza season has peaked. However, those at high risk for infection, such as pregnant women are among those presenting to EDs and UCCs for care. Pregnant women are among those at high risk for severe complications due to influenza infection.
- ⇒ The most common subtype detected in recent weeks has been influenza A (2009 H1N1).
- ⇒ No pediatric influenza-associated deaths were reported in week 9. Three pediatric influenza-associated deaths have been reported in the 2013-2014 season.

Florida Influenza Activity Week 9

No Activity
 Mild
 Moderate
 Widespread



Vital Statistics Florida Pneumonia and Influenza Deaths by Age Group, ESSENCE, Week 40 2010–Week 10, 2014



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.
- ⇒ The Center for Infectious Disease Research and Policy (CIDRAP) reports 379 total confirmed cases and 114 deaths as of February 28, 2014, all in or with recent travel to China. DOH continues to actively monitor the situation.
- ⇒ There is no evidence that avian influenza A (H7N9) virus is capable of sustained person-to-person transmission.
- ⇒ **There is no evidence of avian influenza A (H7N9) virus infection in the United States.** No travel restrictions 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:

Influenza Resources:

[Florida Department of Health Weekly Influenza Activity Report](#)

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

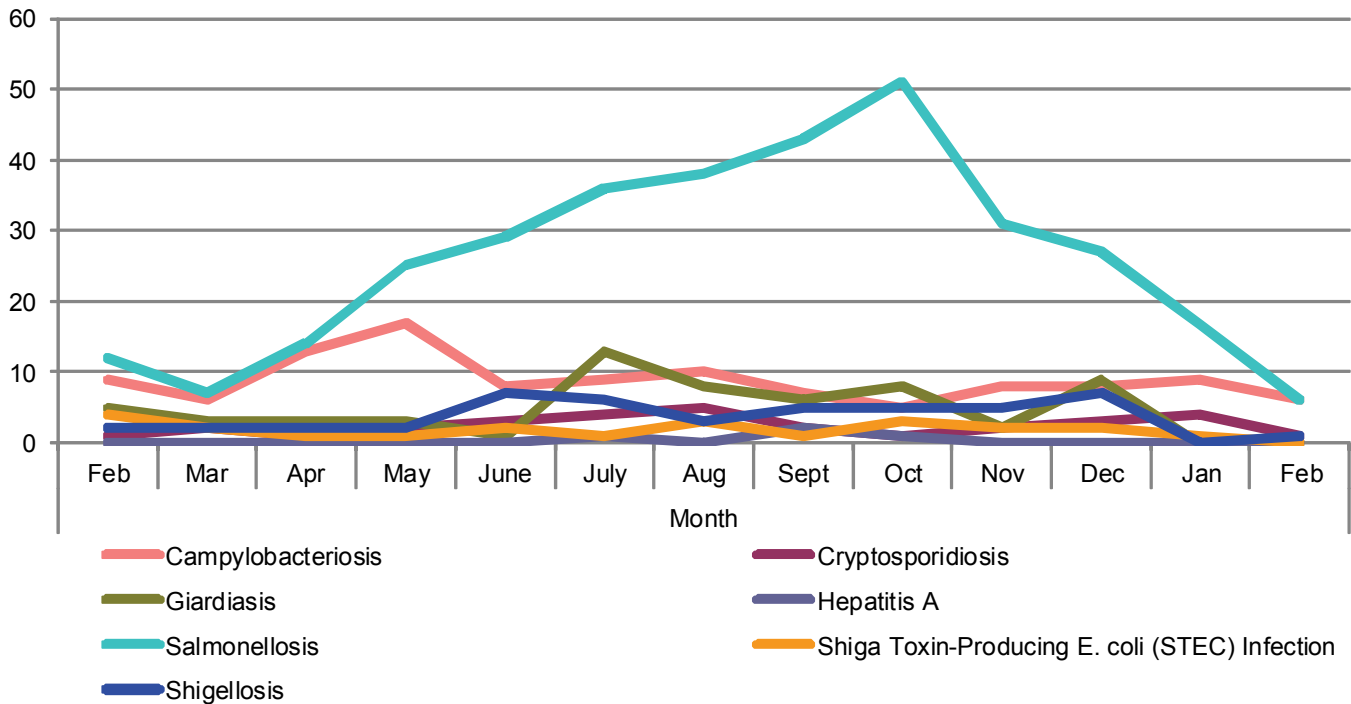
[Centers for Disease Control and Prevention 2013-2014 Influenza Season](#)

[CDC: Preventing Seasonal Flu With Vaccination](#)

["Know Flu" Campaign: Florida Department of Health in Orange County](#)

Gastrointestinal Illness Surveillance

Merlin, Reportable Enteric Illness by Event Date, Orange County, FL, 2013-2014



Gastrointestinal Illness Points of Interest:

- ⇒ Cases of reportable enteric disease continue to decline per the typical seasonal trend.
- ⇒ Statewide, two alerts of outbreaks of norovirus or norovirus-like illness were reported in EPICOM (DOH's Health Alert Network) in February 2014.
- ⇒ During February, twelve foodborne illness complaints were reported to the Florida Department of Health in Orange County (DOH-Orange) for investigation.
- ⇒ There were no reported outbreaks to DOH-Orange in February 2014.

Gastrointestinal Illness Resources

Florida Online Foodborne Illness Complaint Form - Public Use

<http://www.floridahealth.gov/diseases-and-conditions/food-and-waterborne-disease/online-food-complaint-form.html>

[Florida Food Recall Searchable Database](#)

[Florida Department of Health - Norovirus Resources](#)

Arboviral Surveillance

Arboviral Activity in Orange County, Florida, February 2014						
Disease	Bird/Sentinel Chicken		Horse Case		Human Case	
	Month	Cumulative (YTD) 2014	Month	Cumulative (YTD) 2014	Month	Cumulative (YTD) 2014
Eastern equine encephalitis virus	0	0	0	0	0	0
St. Louis encephalitis virus	—	—	—	—	—	—
West Nile virus	0	0	—	—	—	—
Dengue virus	—	—	—	—	1	1

Statewide:

- ⇒ No cases of locally acquired dengue have been reported in 2014.
- ⇒ 16 cases of imported dengue with onset in 2014 have been reported.
- ⇒ 5 cases of imported malaria with onset in 2014 have been reported.

Orange County:

- No cases of imported dengue have been reported in Orange County in 2014.
- ⇒ 1 case of imported malaria was reported in Orange County in 2014.



Arboviral Resources

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

[Orange County Mosquito Control](#)



National Center for
EMERGING AND ZOOONOTIC INFECTIOUS DISEASES
 Announcement to Partners

Clinical Infectious Diseases Article Examines Backyard Poultry Flocks and Salmonellosis

As part of the local foods movement, backyard poultry flocks have increased in popularity. Many people know that handling or eating raw poultry or eggs can make you sick. It is not well known; however, that contact with live poultry and their environments can also be a source of illness for people.

CDC examines 45 outbreaks of human *Salmonella* infections linked to live poultry from mail-order hatcheries between 1996 and 2012 responsible for more than 1,500 illnesses, 221 hospitalizations, and five deaths.

This review examines:

- History of live poultry–associated salmonellosis in humans in the United States
- Current status of the issue
- What can be done to help prevent these illnesses

An integrated One Health approach involving the mail-order hatchery industry, feed stores, healthcare providers, veterinarians, and backyard flock owners is needed to help prevent live poultry–associated salmonellosis.

See the PDF *Clinical Infectious Diseases* article attached to this newsletter

To find education materials and graphics, please see our [Live Poultry Resources Section](#) on our [Zoonotic Diseases Website](#).

Suggested tweets for partners:

New article examines Backyard Poultry outbreaks of *Salmonella* infections spread to people (see the PDF article attached to this newsletter).

[Don't get sick from your backyard poultry!](#)

Got a backyard flock? Print this sheet for tips on protecting yourself & family from germs: <http://go.usa.gov/BtAJ>

Please follow [@CDC_NCEZID](#) on Twitter



Centers for Disease
 Control and Prevention
 National Center for Emerging and
 Zoonotic Infectious Diseases



www.cdc.gov/ncezid/

Orange County Select Reportable Disease Incidence Table February 2014

Disease	ORANGE					All Counties				
	February		Cumulative (YTD)			February		Cumulative (YTD)		
	2014	2013	2014	2013	Mean (2009-13)	2014	2013	2014	2013	Mean (2009-13)
AMEBIC ENCEPHALITIS	0	0	0	0	0	0	0	0	0	0
BRUCELLOSIS	0	0	0	1	0.2	1	0	2	1	1.4
CAMPYLOBACTERIOSIS	10	8	18	15	13.6	213	163	452	332	270
CARBON MONOXIDE POISONING	0	0	3	0	0.2	18	2	36	9	20.8
CHOLERA (VIBRIO CHOLERA, TYPE 01)	0	0	0	0	0	1	0	1	0	1.2
CIGUATERA FISH POISONING	0	0	0	0	0.2	3	0	7	0	2.8
CREUTZFELDT-JAKOB DISEASE (CJD)	0	0	0	0	0.2	1	2	1	3	2.8
CRYPTOSPORIDIOSIS	4	1	7	3	3.6	47	19	86	50	61
CYCLOSPORIASIS	0	0	0	0	0.4	1	1	1	1	5.4
DENGUE FEVER	0	2	0	5	1.4	8	6	27	34	13.4
EASTERN EQUINE ENCEPHALITIS- NEUROINVASIVE	0	0	0	0	0	1	0	1	1	0.2
EASTERN EQUINE ENCEPHALITIS- NON-NEUROINVASIVE	0	0	0	0	0	0	0	0	0	0
GIARDIASIS	1	4	4	14	12	71	72	153	170	211
H. INFLUENZAE INVASIVE DISEASE	1	2	3	5	1.8	28	27	63	53	42.8
HEMOLYTIC UREMIC SYNDROME	0	0	0	0	0.2	0	0	2	0	0.4
HEPATITIS A	1	0	1	0	1.2	6	6	17	12	22.2
HEPATITIS B- ACUTE	0	1	0	3	2.6	30	18	60	53	49.4
HEPATITIS B- CHRONIC	18	33	48	65	63.2	336	366	694	756	654.6
HEPATITIS B, HBsAg IN PREGNANT WOMEN)	6	8	11	14	12.2	34	37	68	80	86.6
HEPATITIS B- PERINATAL	0	0	0	0	0	0	1	1	1	0.2
HEPATITIS C- ACUTE	0	0	1	2	1.8	9	12	23	35	18.4
HEPATITIS C- CHRONIC	146	107	294	238	266.8	2804	2313	5450	4792	3850.6
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	0	0	1	0	0	0	2	3	5	1.4
LEAD POISONING	1	1	2	6	8	184	72	229	120	105
LEGIONELLOSIS	0	0	2	2	1.6	21	14	47	39	29.6
LEPTOSPIROSIS	0	0	0	0	0	0	0	0	0	0
LISTERIOSIS	0	0	0	2	0.6	0	1	5	9	7.2
LYME DISEASE	0	1	0	1	0.4	7	12	15	17	12
MALARIA	0	1	1	1	1	3	6	9	15	16.8
MEASLES	0	0	0	4	0.8	0	1	0	5	1.6
MELIOIDOSIS	0	0	0	0	0	0	0	0	0	0
MENINGITIS (BACTERIAL, CRYPTOCOCCAL, MYCOTIC)	0	0	0	4	2.4	7	8	22	23	30.4
MENINGOCOCCAL DISEASE	0	0	0	0	0	6	10	11	20	13.6
MUMPS	0	0	0	0	0	1	0	3	0	1.6
PERTUSSIS	1	4	4	6	2.8	45	39	132	67	55.2
PESTICIDE-RELATED ILLNESS OR INJURY	0	0	0	0	0.2	4	2	10	15	7.6
RABIES, ANIMAL	0	0	0	0	0	0	0	0	0	0
RABIES- POSSIBLE EXPOSURE	14	12	19	19	15.2	209	196	383	417	338.6
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	3	0	4	1	1.8
S. AUREUS INFECTION, INT-R-VANCOMYCIN (VISA)	0	0	0	0	0	0	1	0	1	1
S. AUREUS- COMMUNITY ASSOCIATED MORTALITY	0	0	0	0	0.2	1	1	1	5	3.6
S. PNEUMONIAE- INVASIVE DISEASE- DRUG-RESISTANT	4	1	8	8	11	72	48	118	140	173.4
S. PNEUMONIAE- INVASIVE DISEASE- SUSCEPTIBLE	3	0	8	7	9	82	72	161	180	173.2
SALMONELLOSIS	8	10	32	32	28.8	251	212	641	537	530
SHIGA TOXIN-PRODUCING E. COLI (STEC) INFECTION	1	2	2	2	1.2	30	32	71	71	46.6
SHIGELLOSIS	1	1	4	3	7.6	141	40	247	70	146.6
STREPTOCOCCUS INVASIVE DISEASE (GROUP A)	1	1	2	3	2.8	37	15	81	41	46.8
VARICELLA	3	10	4	15	10.6	49	63	97	127	172.6
VIBRIO (VIBRIO ALGINOLYTICUS)	0	0	0	0	0	2	1	4	1	1.6
VIBRIO (VIBRIO PARAHAEMOLYTICUS)	0	0	0	0	0	0	0	0	4	3.2
VIBRIO(VIBRIO VULNIFICUS)	0	0	0	0	0	0	0	0	0	0.2
Total	224	210	479	480	487.6	4779	3901	9459	8334	7265.4

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

Emerging Infections Network: Cryptococcus Infections in Non-HIV Hosts

Johns Hopkins University School of Medicine (JHUSM) would like to make the community aware of a new protocol that they are initiating to study the **natural history and immunologic risks for Cryptococcus infections in non-HIV hosts**. This is the Cryptococcus Infection Network Cohort study for non-HIV, or the **CINCH** study. It's an NIH funded, minimal-risk observational protocol that has the goal of recruiting as many people as possible in the US with documented or suspected Cryptococcus infection in the absence of HIV infection. The protocol utilizes electronic, internet based case report forms to collect clinical data every 3 - 6 months for two years, with minimal blood draws. A subset of people who lack an apparent immunosuppressive condition will be eligible to consent for a more detailed study of immunologic risks, at the NIH clinical center.

At this time, JHUSM is recruiting investigators who would like to put the protocol through their Institutional Review Board (IRB) for anticipated enrollment of patients at their centers and/or to serve as regional referral investigators. For questions or interest, please contact the protocol principal investigator directly: Kieren Marr, MD (kmarr4@jhmi.edu).



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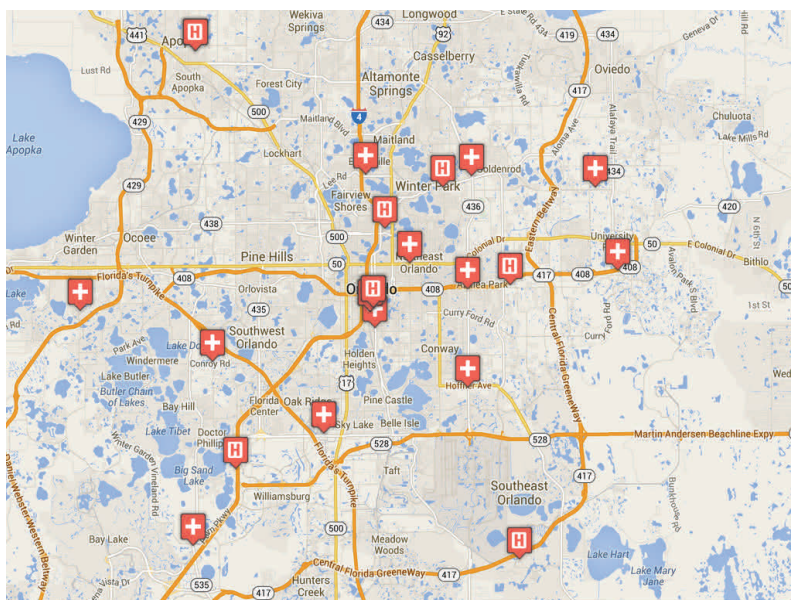
Other Disease Resources

In the structure of FDOH-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 172 emergency departments and 25 urgent care centers (Florida Hospital Centra Care) reporting to ESSENCE-FL for a total of 197 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