



Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County

Middle Eastern Respiratory Syndrome (MERS) Outbreak in The Republic of Korea

Breaking news:
Thailand MERS Case



From WHO.int (as of June 22)

History:

The first case from South Korea was reported to the World Health Organization (WHO) on May 20th; a 68-year-old male who had returned to South Korea from travel to four countries in the Middle East. Subsequent infections were confirmed in the man's family members, other patients at the same clinics or hospitals in which he was treated (the patient sought care at 2 clinics and 2 hospitals), visitors at these facilities, and health care workers caring for him.

On May 26th, one of these confirmed cases traveled, against medical advice, to Guangdong, China, via Hong Kong. The patient was symptomatic at the time of travel. China informed WHO on May 29th that the patient was lab-confirmed by their tests, and was isolated in a Huizhou hospital. As of this writing, no additional cases have been reported from China.

Epidemiology to date:

As of June 16th, the median age of the lab-confirmed cases is 56; the range is 16 years of age to 87 years of age. Most cases (60%) are male. Health care workers, at this point, make up 9.3% (14) of the cases.

Response:

Also, as of June 16th, the government of the Republic of Korea has identified 5,586 contacts; 348 of these are under facility monitoring, and the balance are under home monitoring. Case and contact management activities have been intensified. Public education campaigns are underway.

In early June, a joint Republic of Korea-WHO high-level mission was created to investigate the outbreak. The mission found no evidence of community-wide transmission, and confirmed that the virus is currently associated with health facilities.

Past United States Cases:

The first reported case of MERS (May 1, 2014) in the U.S. was in Indiana, and the second case (unrelated) was in Florida (Orange County) and was reported to CDC on May 11, 2014. [Both cases](#) were imported (travel-related).

[Florida Department of Health Updated Information and Guidelines](#)
[CDC MERS](#) [WHO MERS](#)

May, 2015

Volume 6, Issue 5

Points of Interest:

- Statewide Influenza activity continued to decline in May
- Hurricane season is here: preparing your business for storms
- Thailand MERS Case

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Respiratory Disease Surveillance

Pertussis Surveillance

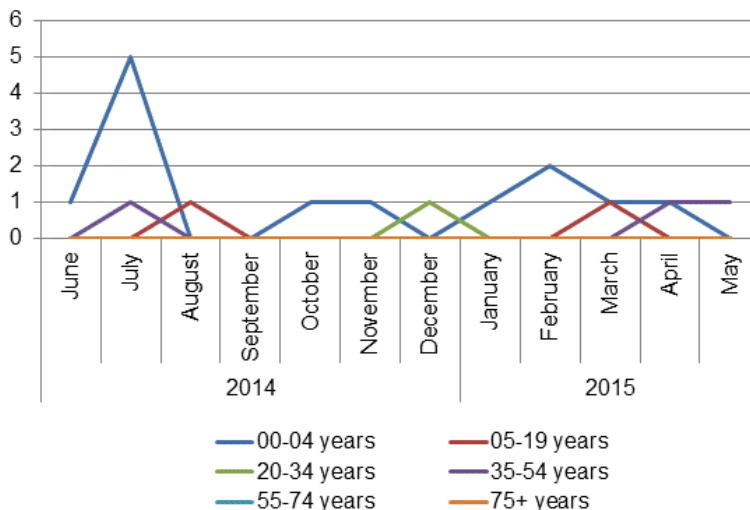
Florida

⇒ From January through May, there have been 149 cases of pertussis reported. During this same period in 2014, 317 cases were reported.

Orange County

⇒ One pertussis case was reported for Orange County (35-54 age group) in May.

Pertussis Cases in Orange County



Influenza Surveillance

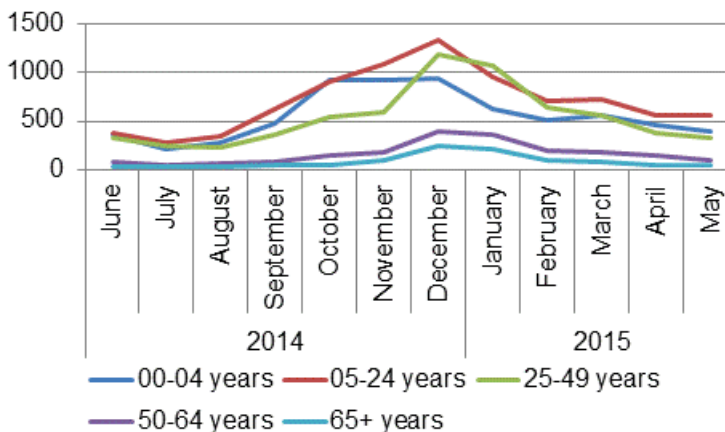
National

- ⇒ During weeks 17 through 21 (April 26th– May 30th), the percentage of patients presenting with ILI in outpatient settings continued to decrease– reaching 1.3% for week 21. Week 21 is the eighth consecutive week that the figure has been below the national baseline of 2.0%.
- ⇒ This 2014-2015 flu season was an H3N2-predominant season and is classified as “moderately severe” in a [recent CDC Morbidity and Mortality Weekly Report](#) which summarizes the season and discusses vaccine relating to both the 2014-2015 season and the 2015-2016 season.
- ⇒ Since December, highly pathogenic avian influenza H5N2 has been confirmed in wild birds and commercial and backyard poultry flocks in multiple states (no detections in Florida as of this publication date). [USDA Animal and Plant Health Inspection Service](#). No human infections with these viruses have been detected in the US as of June 9th.

Florida

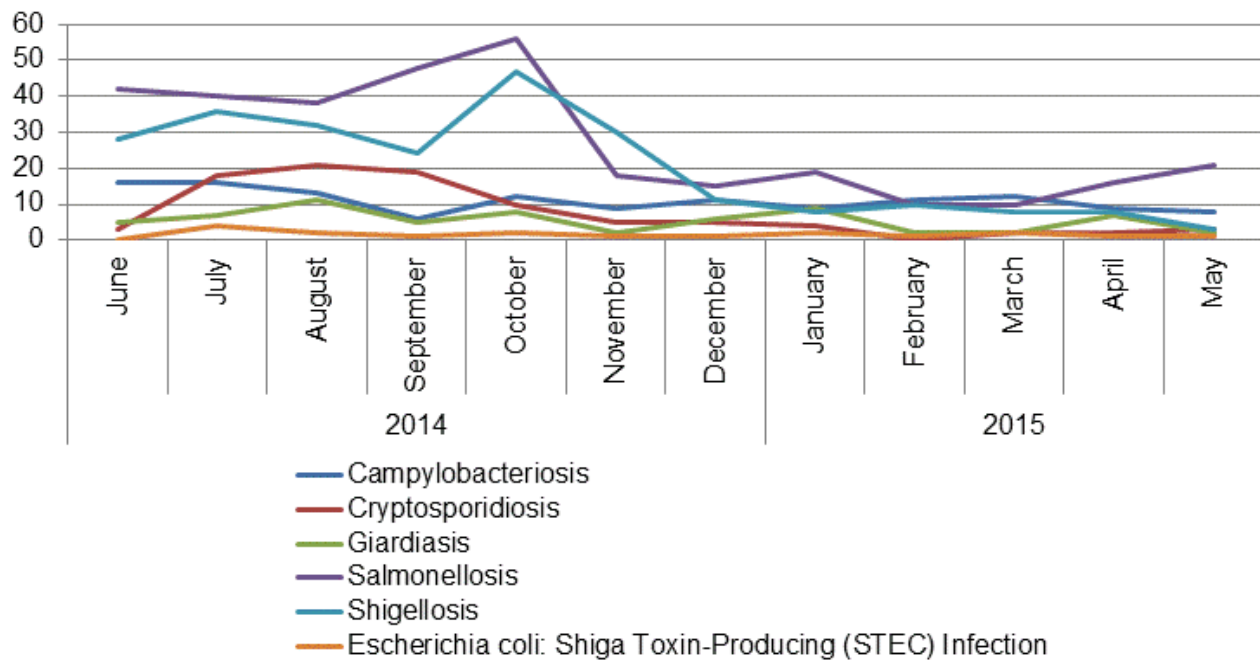
- ⇒ During weeks 17 through 21 (April 26th– May 30th) flu activity continued to decline or remained low around the state. Additional Florida flu information is available at [Florida Influenza Surveillance Reports](#).
- ⇒ No flu or ILI outbreaks were reported in week 16. (data from [Florida Flu Review](#))

ESSENCE Emergency Department Visits of Influenza-like Illness by Age Group, Orange County, Florida, 2014-2015



Gastrointestinal Illness Surveillance

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



Gastrointestinal Illness Points of Interest:

- ⇒ Salmonellosis case numbers increased from those seen in May (16 cases in April, to 21 cases in May) while Giardiasis cases decreased (7 cases in April to 2 cases in May). Shigellosis cases decreased to 3 in May from 8 in April. Campylobacter cases decreased from 9 in April to 8 in May.
- ⇒ During April, 10 foodborne illness complaints were reported to the Florida Department of Health in Orange County for investigation.
- ⇒ No lab-confirmed Norovirus foodborne outbreaks were reported in May in Orange County.

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**

Influenza Surveillance continued

Orange County

⇒ Orange County reported “Mild” influenza activity for week 21 (May 24th –30th).

Percentage of Emergency Department visits classified as “ILI” in Orange County:
(data: ESSENCE)

Week	% ILI
21 (5/24-5/30)	2.07
20 (5/17-5/23)	2.21
19 (5/10-5/16)	2.22
18 (5/3-5/9)	2.66
17 (4/26-5/2)	2.52

Influenza Resources:

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

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

Special Surveillance: Ebola

National

- ⇒ On May 13th, the Centers for Disease Control and Prevention changed the country classification for Liberia to “a country with former widespread transmission and current, established control measures”. On June 17th, entry screening was modified for travelers entering the U.S. from Liberia. [CDC: Interim U.S. Guidance](#)
- ⇒ 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** (link to Patient Screening Tool below).

International

Updated June 16, 2015:

Countries currently with widespread transmission are Guinea and Sierra Leone:

- ⇒ Case Count: **16,643**
- ⇒ Deaths: **6,363**
- ⇒ Laboratory Confirmed Cases: **11,898**
- ⇒ On May 9th, the World Health Organization declared Liberia free of Ebola virus transmission.



(Map Courtesy CDC)

Ebola Resources:

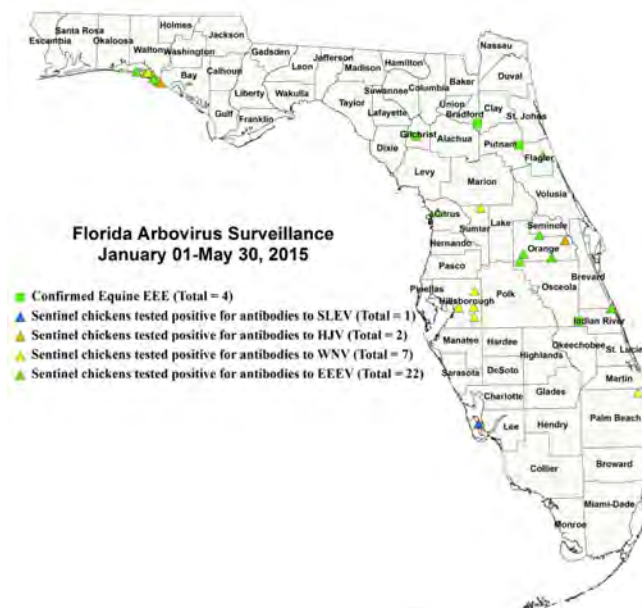
Patient Screening Tool: [Florida Department of Health](#) [Florida Department of Health EVD Resources](#)
 Centers for Disease Control and Prevention: [Ebola Information and Guidance](#)
 World Health Organization: [Global Alert and Response Situation Reports](#)

Arboviral Surveillance

January 1– May 30, 2015

Florida

- ⇒ There were no mosquito-borne illness advisories or alerts in Florida during May.
- ⇒ There was one case of international travel-associated dengue fever reported during May, which brings the 2015 case count to ten as of May 30th.
- ⇒ As of May 30th, 24 cases of imported Chikungunya have been reported in Florida in 2015. Three cases were reported in May.
- ⇒ No cases of locally acquired Dengue Fever or Chikungunya have been reported YTD.
- ⇒ Five new cases of international travel-associated malaria were reported in May, with a total of 19 cases now with onset in 2015. Countries of origin were: Angola, Cameroon (3), Egypt, Gabon, Ghana (2), Guatemala, Haiti (4), India (2), Malawi, Nigeria, (2), and Sudan. Counties reporting cases were: Broward (5), Charlotte, Collier, Hillsborough, Lee, Monroe, Miami-Dade (4), Orange (2), Palm Beach (2), and Sarasota. Five of these cases were reported in non-Florida residents.



Map and data: Florida Department of Health

Orange County

- ⇒ No locally-acquired or international travel-associated cases of dengue or chikungunya were reported in May.
- ⇒ One case of international travel-associated malaria was investigated.

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](#)

Hurricane Preparedness for Businesses

Hurricane Season is here! The official hurricane season runs from June 1st through November 30th and the National Oceanic and Atmospheric Administration (NOAA) predict 6-11 named storms this year.

Named Storms Already!

As a matter of fact, the first named storm “Ana” formed May 7, 2015 - before the “Official” start date. And, before this issue of the **Surveillance Report** went to press, another storm, Tropical Depression “Bill” formed. The [National Hurricane Center](#) issued its first advisory on “Bill” just after 9:00 PM CDT on Monday, June 15th. “Bill” has caused severe flooding in several parts of Texas.

“It Only Takes One”

It only takes one storm to impact the Central Florida Area and to effect business as we know it. Are you prepared for that next storm?

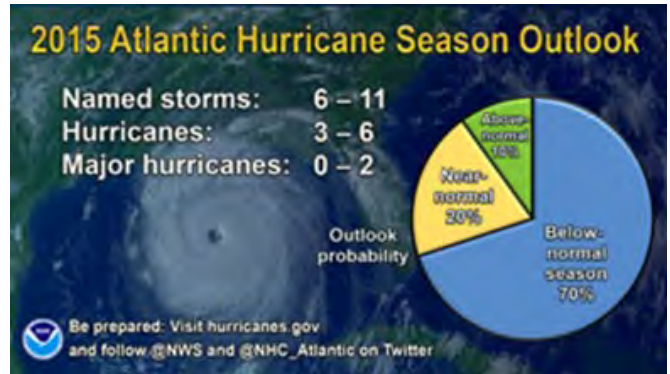
Plan Now for Your Business

Not only is it important having a family preparedness plan, but businesses should develop an all-hazards business continuity of operations plan as well. Creating such a plan at the business level gives peace of mind when emergencies arise. Items to consider in planning include relocation planning, resource management, employee assistance, and very important – crisis communication. Planning should focus on what to do before, during and after an emergency.

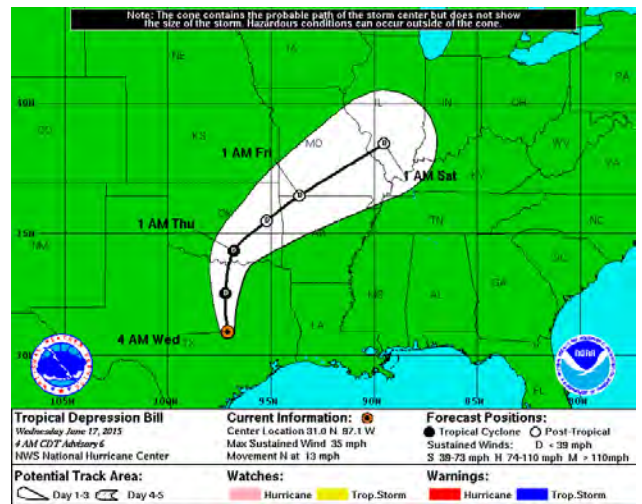
Go Kits- An Integral Part:

Once the plan is created the next step is to put your go kits together. It is recommended to have at least one kit per business or even one kit per area in the business. This is a great time to involve staff in the planning. If the office was closed and need to relocate to temporary location, what resources would be needed to accomplish this task? Use this question to build out the go-kit.

National Weather Service–
National Hurricane Center
Tropical Depression Bill—Advisory 6,
Wednesday, June 17, 2015, 4 AM CDT



NOAA



Exercise:

And lastly, take time to exercise the plan.

A simple after hours notification drill is a great place to start. There are many resources available to help create both personal and business emergency plans.

Now is the time to create a new plan or dust off the old one. Don't wait for the next named storm!

References and Sites of interest:

- [Florida Health: Prepare Yourself](#)
- [Florida Division of Emergency Management: Get a PLAN!](#)
- [Florida Disaster.org](#)
- [National Oceanic and Atmospheric Administration \(NOAA\)](#)
- [Ready.gov– Business](#)

Disease	ORANGE				All Counties			
	May		Cumulative (YTD)		May		Cumulative (YTD)	
	2015	Mean, 5 yr	2015	Mean, 5 yr	2015	Mean, 5 yr	2015	Mean, 5 yr
Brucellosis	0	0	0	0.2	1	0.8	3	4.6
Campylobacteriosis	14	12.6	57	42.8	320	213	1463	898.8
Carbon Monoxide Poisoning	0	0.6	3	2.4	9	7.2	96	58.8
Chikungunya Fever	0	0.2	2	0.2	4	4.6	75	5
Cholera (Vibrio cholerae Type O1)	0	0	2	0	0	0	4	1.8
Ciguatera Fish Poisoning	0	0	1	0.2	0	3.6	11	9.6
Creutzfeldt-Jakob Disease (CJD)	0	0	0	0.2	0	3	13	8.4
Cryptosporidiosis	4	1.4	15	10.8	46	33.2	237	164.6
Cyclosporiasis	0	0	0	0.4	0	0.8	0	7.8
Dengue Fever	0	0.8	0	2.8	2	5.2	15	28.8
Ehrlichiosis/Anaplasmosis: HME (Ehrlichia chaffeensis)	0	0.2	0	0.2	2	3	5	7.2
Escherichia coli: Shiga Toxin-Producing (STEC) Infection	1	1	8	4.4	39	33.8	180	149.8
Giardiasis: Acute	7	5.4	30	25.8	82	107.8	379	504
Haemophilus influenzae Invasive Disease	1	1.6	3	6.6	12	23.6	81	124
Hansen's Disease (Leprosy)	0	0	0	0.2	1	0.4	9	3
Hemolytic Uremic Syndrome (HUS)	0	0	1	0.2	0	0	3	2
Hepatitis A	0	0.2	1	2.4	9	10.2	49	48.6
Hepatitis B: Acute	1	1.4	7	4.8	35	31.2	185	131.4
Hepatitis B: Chronic	52	31.4	247	153.4	489	379	2471	1801.8
Hepatitis B: Perinatal	0	0	0	0.2	0	0	0	0.6
Hepatitis B: Surface Antigen in Pregnant Women	3	4.6	31	25.6	26	44.2	163	213
Hepatitis C: Acute	0	0.8	2	4.6	14	16.6	72	67.4
Hepatitis C: Chronic	205	138.2	841	684.6	3351	2367.2	15398	11298.6
Hepatitis E	0	0	1	0.2	0	0.4	2	1.6
Influenza-Associated Pediatric Mortality	0	0	0	0.2	0	0.4	0	3
Lead Poisoning	5	1.8	12	14	56	52.2	380	328.2
Legionellosis	0	1.4	7	5.4	25	14	137	79.6
Listeriosis	0	0.4	0	1	2	4	11	16
Lyme Disease	0	0.2	2	1.4	14	6	58	30.2
Malaria	1	0.6	2	3.2	4	5.2	21	30.6
Measles (Rubeola)	0	0.2	0	1.2	0	0.4	11	3
Meningitis: Bacterial or Mycotic	0	1	0	4.2	11	13.4	50	70.8
Meningococcal Disease	0	0	0	0	1	5	16	30
Mercury Poisoning	0	0	0	0	1	1.2	8	3.4
Mumps	0	0	0	0	2	1.2	11	6
Pertussis	1	2.4	9	10.8	33	56.6	151	199
Pesticide-Related Illness and Injury: Acute	0	0.4	0	1	1	6	3	34.2
Q Fever: Acute (Coxiella burnetii)	0	0	0	0	0	0.4	1	0.8
Q Fever: Chronic (Coxiella burnetii)	0	0	0	0	0	0	0	0
Rabies: Possible Exposure	7	6.8	40	38	204	223.2	1257	1021.8
Rocky Mountain Spotted Fever and Spotted Fever Rickettsiosis	0	0	0	0	7	1	16	2.8
Salmonellosis	22	20	79	73.6	476	411.4	1662	1540
Shigellosis	4	17.2	39	39.8	251	210.6	874	674
Strep pneumoniae Invasive Disease: Drug-Resistant	0	2.8	5	21.2	16	44	73	341.8
Strep pneumoniae Invasive Disease: Drug-Susceptible	1	1.2	11	14	18	43.8	157	341.2
Tetanus	0	0	0	0	0	0.6	1	2.8
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0.6	1	2	5	5.4
Varicella (Chickenpox)	3	3.8	5	15.8	61	93	370	434.6
Vibriosis (Other Vibrio Species)	0	0	0	0	4	0.4	7	2.4
Vibriosis (Vibrio alginolyticus)	0	0.6	1	0.6	10	6.8	19	15.4
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0	0.2	0	1.2	4	3.6
Vibriosis (Vibrio parahaemolyticus)	0	0	0	0.2	3	5.2	19	14.4
Vibriosis (Vibrio vulnificus)	0	0	0	0	5	3.6	9	5.6
Total	332	261.2	1464	1219.6	5648	4501.6	26245	20781.8

MERS Case Confirmed in Thailand

On Thursday, June 18th, Thailand reported its first Middle East respiratory syndrome coronavirus (MERS CoV) case. According to multiple news sources, Thailand Public Health Minister Rajata Rajatanavin provided the following information at a news conference on June 18th: the patient is a 75 year old man who traveled from Oman to Bangkok for medical treatment; 59 contacts are being monitored, including 3 of the patient's relatives who traveled with him.

This case marks the first in the World Health Organization's (WHO) [South-East Asia Region](#), which is composed of 11 countries.

Thailand is the 17th country with travel-associated cases outside of the Arabian Peninsula. These countries are: Algeria, Austria, China, Egypt, France, Germany, Greece, Italy, Malaysia, Netherlands, Philippines, Republic of Korea, Thailand, Tunisia, Turkey, United Kingdom (UK), and United States of America (USA).

The Florida Department of Health continues to recommend that healthcare providers and health departments throughout the state be prepared to detect and manage cases of MERS.

[Florida Health MERS](#) [Florida Health Clinician Screening Tool](#) [CDC MERS](#) [WHO Disease Outbreak News](#)


Other Disease Resources

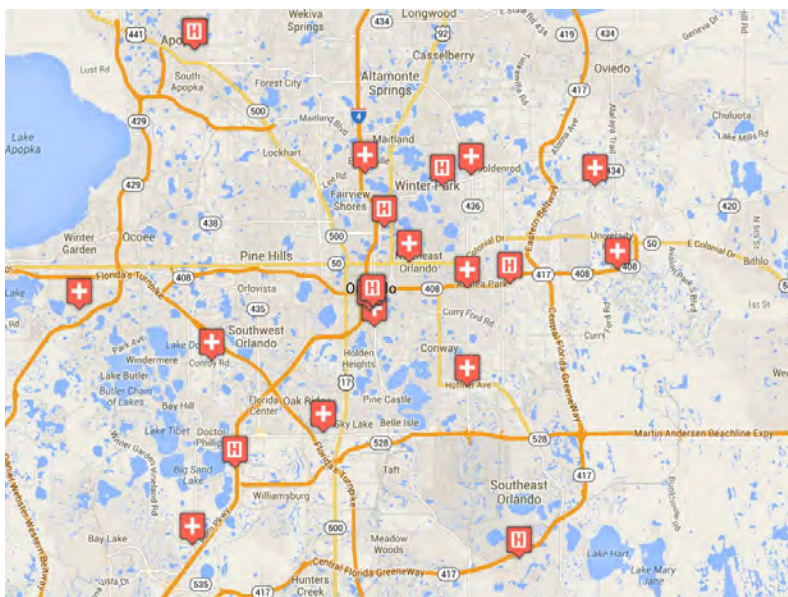
In the structure of DOH-Orange, tuberculosis, sexually transmitted infections, and human immunodeficiency virus are housed in separate programs from the Epidemiology Program. We recognize the importance of these diseases for our community partners and for your convenience have provided links for surveillance 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.

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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