



Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County

September-October 2014

Volume 5, Issue 10

Points of Interest:

- Special Ebola Surveillance: Guinea, Liberia and Sierra Leone ONLY
- Influenza Increasing
- Enterovirus Update





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Health Care Actions for Ebola

FloridaHealth.gov • Florida Department of Health

1. IDENTIFY	2. ISOLATE	3. INFORM
<p>Ask about Travel History</p> <p>■ Did the person travel to/from Western Africa within 21 days of symptom onset?</p> <p>Look for Symptoms</p> <p>■ Fever, headache, joint and muscle weakness, fatigue, diarrhea and vomiting.</p> 	<p>If Both Criteria are Met:</p> <p>■ Move the patient to a private room with a private bathroom.</p> <p>■ Close the door.</p> <p>■ Post isolation signs on the doors of the patient's room.</p> 	<p>Call your County Health Department.</p> 
Patient Care	A Person Under Investigation has Risk Factors & Consistent Symptoms	
<p>Follow All Instructions for Donning & Doffing Personal Protection Equipment:</p> <p>■ Wear water-impermeable protection from head to toe, to include: a gown, leg-high covers or boots, hat, face mask, face shield and double gloves.</p> <p>■ Follow team-based care protocol.</p> <p>Practice Infection Control Guidelines Including:</p> <p>■ Washing hands frequently.</p> <p>■ Decontaminating surfaces and equipment.</p> <p>Patient testing may be considered per CDC guidelines.</p>	<p>Risk Factors</p> <p><input type="checkbox"/> Traveled to/from an area where Ebola transmission is active.</p> <p><input type="checkbox"/> Handled bats or non-human primates in an area where Ebola transmission is active.</p> <p><input type="checkbox"/> Within the past 21 days before symptom onset, has had contact with blood, other bodily fluids or human remains of a patient known to have, or is suspected to have, Ebola.</p> <p>Symptoms</p> <p><input type="checkbox"/> Has a fever greater than 38.6° C or 101.5° F.</p> <p><input type="checkbox"/> Has severe headache, abdominal pain, muscle pain, vomiting, diarrhea or unexplained hemorrhage.</p> 	
Local county contact information can be found at FloridaHealth.gov.		

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.

The poster above promotes the paradigm “Identify, Isolate and Inform”, and represents part of Florida Department of Health’s preparedness efforts for Ebola Virus Disease. It has been distributed to Orange County hospital ED’s and other outpatient settings.

For additional resources and guidance, please visit:

[Florida Department of Health’s Ebola Virus Disease resource page.](#)

Recent postings include: PPE guidance (for both low risk and high risk situations), Guidance for Businesses with Employees Returning from Countries Currently Experiencing an Outbreak of Ebola Virus Disease, and more.

[Florida Department of Health’s Online Newsroom: Information on Ebola Virus Disease](#)

[CDC’s Ebola Virus Disease Website](#)

Respiratory Disease Surveillance

Middle East Respiratory Syndrome-Coronavirus Surveillance

- ⇒ MERS represents 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 a MERS Patient Under Investigation.**

MERS-CoV Resources:

[Florida Department of Health MERS-CoV Information](#)

[Centers for Disease Control and Prevention MERS-CoV Information](#)

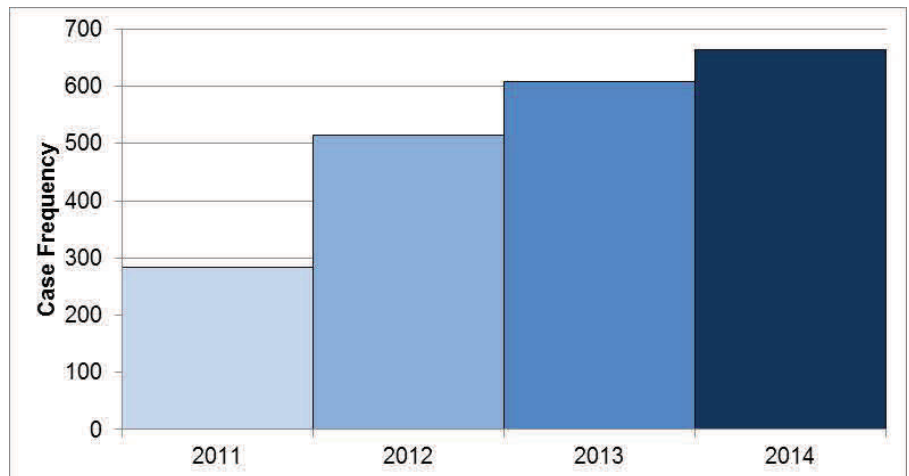
Pertussis Surveillance

Florida

- ⇒ From January to October 2014, there has been 664 cases of pertussis reported in Florida.

Orange County

- ⇒ 24 cases of pertussis have been reported among Orange County residents in 2014.



Pertussis Case Frequency in Florida, by year, 2011-2014.

Pertussis Resources:

[Florida Department of Health in Florida—Pertussis](#)

[Florida Department of Health Immunization Information](#)

Influenza Surveillance Week 42: October 12-18, 2014

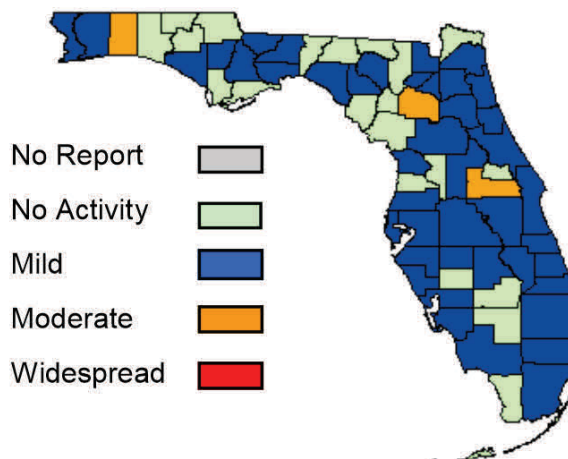
Florida

- ⇒ Most Florida counties are reporting mild influenza activity.
- ⇒ In Florida, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) in recent weeks has been influenza A (H3)
- ⇒ Seven influenza or ILI outbreaks (epidemiologically-linked cases of influenza in a single setting) were reported to EpiCom in week 42.

Influenza Surveillance continued...

Orange County

- ⇒ Orange County is reporting moderate influenza activity.
- ⇒ No influenza or ILI outbreaks were reported in September or October 2014.



Influenza Resources:

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

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

Special Surveillance: Ebola

National

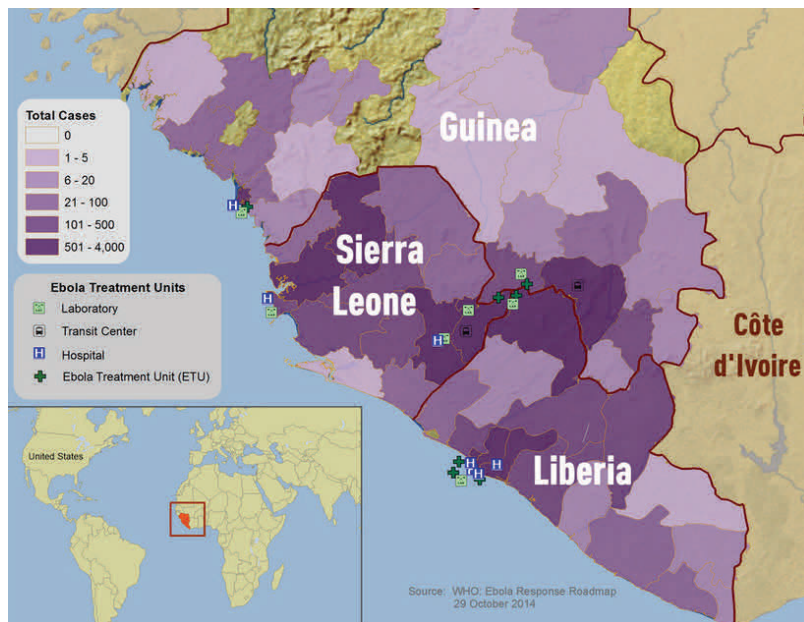
- ⇒ Ebola continues to represent a very low risk to the general public in the United States.
- ⇒ **Physicians should immediately call the local health department if a patient fits the criteria of an Ebola Patient Under Investigation** (Patient Screening Tool below - **UPDATED 10/21/14**).

International

As of November 2, 2014 update:

Countries impacted include Guinea, Sierra Leone, and Liberia.

- ⇒ Case Count: **13042**
- ⇒ Deaths: **4818**
- ⇒ Laboratory Confirmed Cases: **7991**



[Link to Map](#)

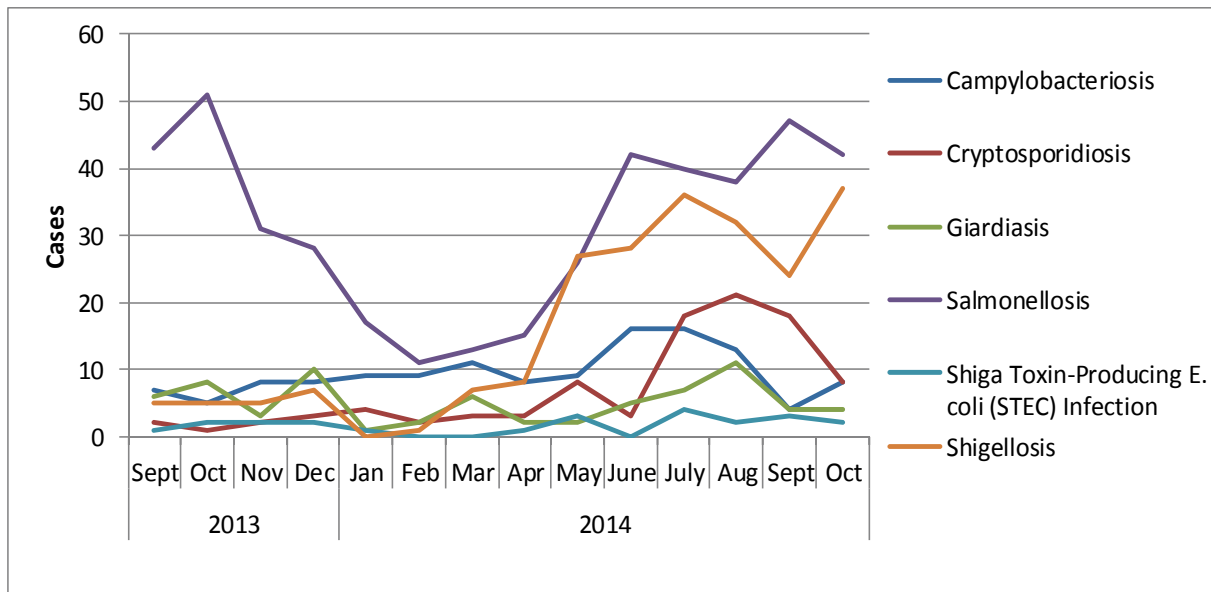
Ebola Resources:

[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, September 2013 to October 2014



Gastrointestinal Illness Points of Interest:

- ⇒ In September, Salmonella cases increased compared to August; however, Shigellosis cases spiked in October. Cryptosporidiosis spiked in September, whereas, Campylobacter increased in October. All other select reportable enteric diseases decreased.
- ⇒ During September, 12 foodborne illness complaints were reported to the Florida Department of Health in Orange County for investigation. During October 16 foodborne illness complaints were received.
- ⇒ No foodborne or waterborne outbreaks were reported in Orange County during

Gastrointestinal Illness Resources:

Florida Online Foodborne Illness Complaint Form - Public Use

<http://www.foodandwaterbornedisease.com>

[Florida Food Recall Searchable Database](#)

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

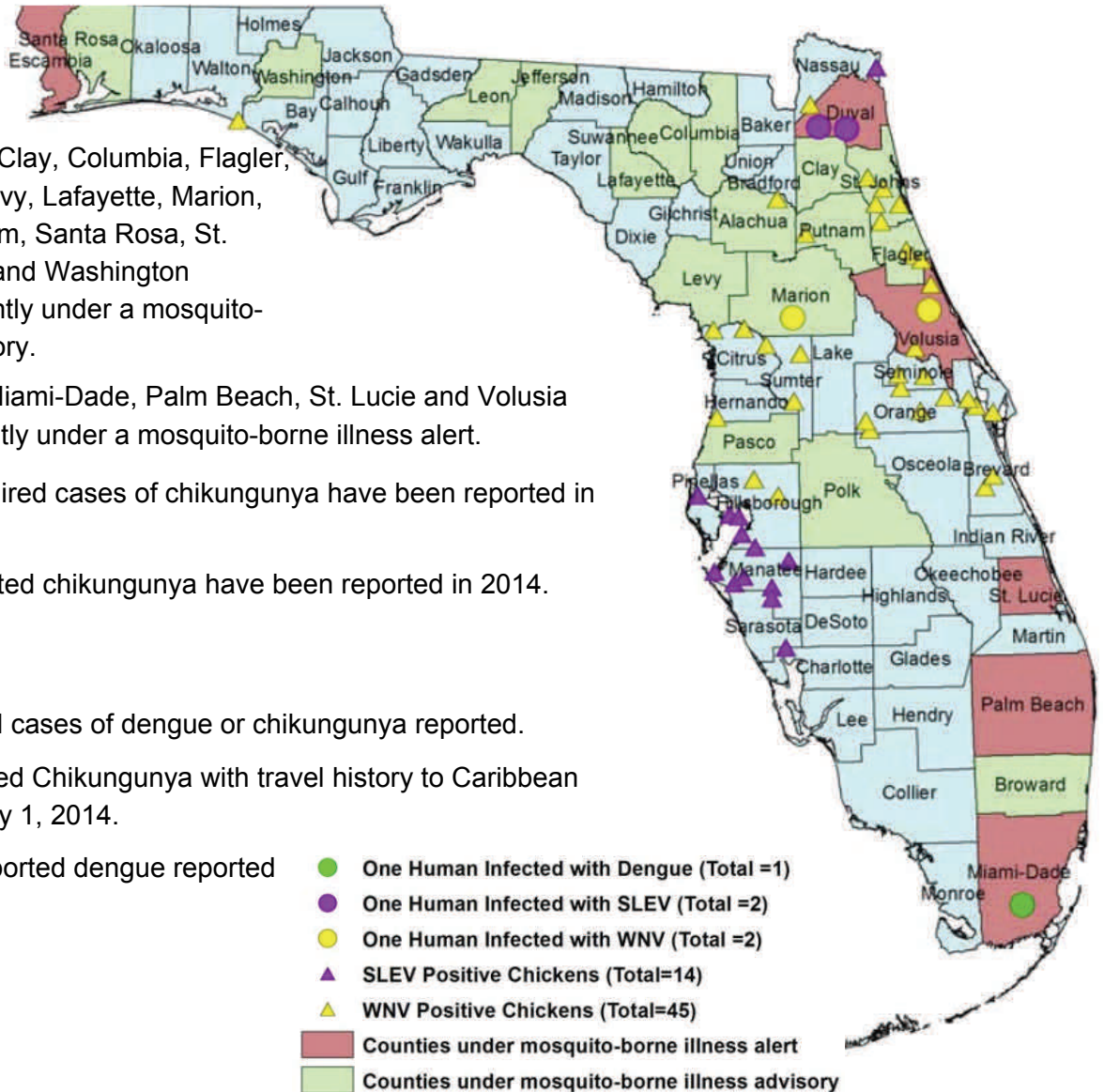
**REPORT
FOODBORNE
ILLNESS
ONLINE**

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.
- ⇒ 313 cases of imported chikungunya have been reported in 2014.



Orange County

- ⇒ No locally-acquired cases of dengue or chikungunya reported.
- ⇒ 36 cases of imported Chikungunya with travel history to Caribbean countries since May 1, 2014.
- ⇒ Three 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](#)



Hand, Foot, and Mouth Disease (HFMD)- The “Other” Enterovirus Disease

Occurring more often in the spring, summer, and fall, this common viral disease usually affects infants and children younger than 5 years old. It sometimes occurs in adults, although in most cases, natural immunity persists through adulthood.

HFMD viruses are among the over 100 non-polio enteroviruses known. Coxsackievirus A16 is the most common agent, but other coxsackieviruses have been associated with the illness. (see below)

The initial signs and symptoms commonly are: fever, poor appetite, malaise, and sore throat. One to 2 days after fever onset, vesicular lesions appear in the mouth on the tongue, buccal mucosa, uvula, or soft palate. The lesions may be painful. Cutaneous lesions develop 1 or 2 days after the appearance of the oral vesicles, and are asymptomatic round or oval vesiculopustules, evolving into superficial erosions

The rash is often seen on the palms of the hands and soles of the feet (the edges of the palms and soles are commonly affected), although it may also appear on the knees, elbows, buttocks or genital area.

Viruses causing HFMD are shed in an infected person’s: nose and throat secretions, blister fluid, and feces; viral spread is through: close personal contact, coughing or sneezing, contact with feces, or contact with contaminated objects and surfaces.

For the most part, patients are most contagious during the first week of illness. Viral shedding can sometimes occur for days or weeks after symptoms go away. Adults, particularly, can be asymptomatic but still shed the virus. Good hygiene (e.g. handwashing) is extremely important.

There is no vaccine. Preventative measures include: frequent hand washing, especially after changing diapers and using the toilet. Cleaning and disinfecting frequently touched surfaces and soiled items. Avoiding close contact, and sharing eating utensils or cups with people with hand, foot, and mouth disease.

There is no specific treatment for HFMD. Supportive treatment includes over-the-counter medications to relieve pain and fever, mouthwashes or sprays that numb mouth pain, and attention to the possibility of dehydration, as patients may be reluctant to drink fluids due to the painful vesicles.

Although Coxsackievirus A16 is the most common etiologic agent, Coxsackievirus A6 (CVA6) was identified in outbreaks occurring from November 7, 2011, to February 29, 2012 in California, Nevada, and Alabama. One case was identified in Connecticut during this timeframe. [These outbreaks](#) were characterized by unusual age ranges of patients, severity of illness, and seasonality of disease, in addition to the identification of CVA6.

Hand, foot, and mouth disease is not transmitted to or from pets or other animals.

[CDC’s Hand, Foot, and Mouth Disease](#)

[CDC’s Multimedia on HFMD](#)



Disease	ORANGE					All Counties				
	September		Cumulative (YTD)			September		Cumulative (YTD)		
	2014	2013	2014	2013	Mean (2009 - 2013)	2014	2013	2014	2013	Mean (2009 - 2013)
Brucellosis	0	1	0	2	0.4	0	1	5	3	7.4
Campylobacteriosis	4	7	95	86	77.6	235	222	2388	2092	1563.6
Carbon Monoxide Poisoning	0	0	3	7	3.6	10	27	121	140	93.4
Creutzfeldt-Jakob Disease (CJD)	0	0	0	1	0.6	0	0	7	17	11.6
Cryptosporidiosis	18	2	79	22	21	416	60	1517	326	351.2
Cyclosporiasis	0	0	3	1	2.4	2	1	30	47	42.2
Dengue Fever	0	2	3	19	10	18	14	85	142	99.4
Giardiasis	4	6	40	48	64	88	117	857	848	1141.6
Glanders	0	0	0	0	0	0	0	0	0	0
H. influenzae Invasive Disease	0	0	15	16	9	12	13	205	214	180
Hemolytic Uremic Syndrome	0	0	1	0	0.4	0	3	4	9	4.8
Hepatitis A	1	2	3	3	6.2	11	24	92	100	113.8
Hepatitis B, Acute	2	1	10	5	11	37	37	316	271	229.8
Hepatitis B, Chronic	44	28	338	307	296.8	392	293	3790	3226	3118.8
Hepatitis B, HBsAg in Pregnant Women	2	4	36	53	52.2	27	33	364	363	371.8
Hepatitis B, Perinatal	0	0	0	1	0.2	0	0	0	2	0.8
Hepatitis C, Acute	1	0	6	4	6.8	11	17	146	179	103.4
Hepatitis C, Chronic	143	122	1285	1221	1225.2	2744	2601	25514	23039	18897
Influenza-Associated Pediatric Mortality	0	0	1	0	0	0	1	4	5	4
Lead Poisoning	0	1	9	15	21.8	57	48	520	567	633
Legionellosis	4	4	19	18	14.8	31	36	243	204	152.4
Leptospirosis	0	0	0	0	0.2	0	0	0	1	1.4
Listeriosis	0	0	4	2	2	4	5	30	34	30.8
Lyme Disease	0	0	0	4	4.2	7	11	121	144	111.4
Malaria	0	0	6	8	8.4	4	5	53	46	74.2
Measles	0	0	0	5	2	0	0	0	8	4.4
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	2	7	9.4	7	8	96	109	138.8
Meningococcal Disease	0	0	1	2	1	7	4	38	47	45.2
Middle East Respiratory Syndrome (MERS)	0	0	1	0	0	0	0	1	0	0
Mumps	0	0	0	1	0.8	4	3	17	5	11.2
Pertussis	0	2	22	50	24	26	98	597	555	392.6
Pesticide-Related Illness Or Injury	0	0	0	4	4	3	3	20	56	55.4
Rabies, Animal	1	1	4	3	6	9	7	66	76	94.2
Rabies, Human	0	0	0	0	0	0	0	0	0	0.2
Rabies, Possible Exposure	6	6	66	65	67.8	210	191	2152	2087	1761.6
Rocky Mountain Spotted Fever	0	0	0	2	0.6	0	3	22	22	15.6
S. pneumoniae Invasive Disease, Drug-Resistant	0	1	19	28	27.6	9	31	325	405	484
S. pneumoniae Invasive Disease, Drug-Susceptible	1	0	19	18	17.8	12	26	343	429	465
Salmonellosis	46	43	248	227	242.4	833	867	4680	4616	4590.8
Shiga Toxin-Producing E. coli (STEC) Infection	3	1	14	15	10	45	47	410	388	271.2
Shigellosis	24	5	163	30	74	160	156	2003	735	1086.4
Streptococcus Invasive Disease (Group A)	0	1	7	16	12	0	21	172	230	205.2
Toxoplasmosis	0	0	1	0	0.4	0	1	9	8	6.2
Typhoid Fever	0	0	1	0	1.2	2	0	14	9	12.6
Varicella	6	2	16	32	29.6	64	64	450	523	725.4
Vibriosis (Vibrio alginolyticus)	0	0	0	1	1.2	3	5	50	43	38.4
Vibriosis (Vibrio cholerae, Type Non-O1)	0	0	0	1	0.4	2	2	10	12	9.6
Vibriosis (Vibrio parahaemolyticus)	0	0	1	1	0.4	5	6	24	41	30.6
Vibriosis (Vibrio vulnificus)	0	1	0	1	0.4	6	11	27	35	27.6
Total	310	243	2541	2352	2371.8	5513	5123	47938	42458	37810

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

Disease	ORANGE					All Counties				
	October		Cumulative (YTD)			October		Cumulative (YTD)		
	2014	2013	2014	2013	Mean (2009 - 2013)	2014	2013	2014	2013	Mean (2009 - 2013)
Brucellosis	0	0	0	2	0.4	0	1	5	4	8.6
Campylobacteriosis	10	5	105	91	85.6	180	192	2568	2284	1716
Carbon Monoxide Poisoning	0	9	3	16	5.6	6	24	127	164	104.2
Cholera (Vibrio cholera, Type O1)	0	0	0	0	0.2	0	0	2	4	4.4
Ciguatera Fish Poisoning	0	0	0	0	0.2	1	7	57	48	36
Creutzfeldt-Jakob Disease (CJD)	0	0	0	1	0.6	0	2	7	19	13.6
Cryptosporidiosis	7	1	86	23	22.2	150	45	1667	371	390.8
Cyclosporiasis	0	0	3	1	2.4	0	1	30	48	44.2
Dengue Fever	1	1	4	20	10.8	5	8	90	150	111.2
Giardiasis	1	8	41	56	71	65	103	922	951	1272.6
H. influenzae Invasive Disease	3	2	18	18	9.6	16	14	221	228	192.6
Hemolytic Uremic Syndrome	0	0	1	0	0.4	1	1	5	10	5.4
Hepatitis A	0	1	3	4	7.6	6	18	98	118	128.2
Hepatitis B, Acute	0	1	10	6	13	20	44	336	315	258.6
Hepatitis B, Chronic	36	24	374	331	324.6	428	356	4218	3582	3468.2
Hepatitis B, HBsAg in Pregnant Women	0	4	36	57	56	20	22	384	385	406
Hepatitis B, Perinatal	0	0	0	1	0.2	0	0	0	2	0.8
Hepatitis C, Acute	0	0	6	4	7.2	9	8	155	187	114.2
Hepatitis C, Chronic	143	162	1428	1383	1372.2	3063	2764	28577	25808	21053.4
Influenza-Associated Pediatric Mortality	0	0	1	0	0	0	0	4	5	4.4
Lead Poisoning	0	1	9	16	23	38	63	558	630	698.8
Legionellosis	1	3	20	21	16.8	18	23	262	227	176
Listeriosis	0	0	4	2	2.2	3	3	33	37	33.6
Lyme Disease	0	1	0	5	4.6	2	12	123	156	120.2
Malaria	1	0	7	8	8.6	3	3	56	49	78.6
Measles	0	0	0	5	2	0	0	0	8	4.4
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	2	7	10.2	3	15	99	124	153.2
Meningococcal Disease	0	0	1	2	1	7	5	45	52	49
Middle East Respiratory Syndrome (MERS)	0	0	1	0	0	0	0	1	0	0
Mumps	0	0	0	1	0.8	0	0	17	5	12
Pertussis	0	1	22	51	25.8	13	71	610	626	427.4
Pesticide-Related Illness Or Injury	0	0	0	4	4.6	14	0	34	56	65
Rabies, Animal	1	0	5	3	6.6	9	8	75	84	103
Rabies, Human	0	0	0	0	0	0	0	0	0	0.2
Rabies, Possible Exposure	3	9	69	74	76.8	171	226	2323	2313	1950
Rocky Mountain Spotted Fever	0	0	0	2	0.6	0	1	22	23	17.6
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	1	3	4	4
S. aureus, Community-Associated Mortality	0	0	0	0	0.2	0	3	1	11	10.4
S. pneumoniae Invasive Disease, Drug-Resistant	1	1	20	29	30.4	9	35	334	440	526
S. pneumoniae Invasive Disease, Drug-Susceptible	1	2	20	20	20	15	31	358	460	504.4
Salmonellosis	40	51	288	278	290	659	788	5339	5404	5463
Shiga Toxin-Producing E. coli (STEC) Infection	2	2	16	17	11.2	32	43	442	431	300.6
Shigellosis	33	5	196	35	81	172	166	2175	901	1229.2
Streptococcus Invasive Disease (Group A)	0	0	7	16	12.4	0	19	172	249	222
Toxoplasmosis	0	0	1	0	0.4	0	1	9	9	6.8
Typhoid Fever	0	0	1	0	1.4	0	1	14	10	13.6
Varicella	1	1	17	33	32.6	34	55	484	578	781.2
Vibriosis (Vibrio alginolyticus)	0	0	0	1	1.2	1	5	51	48	43.4
Vibriosis (Vibrio cholerae, Type Non-O1)	0	0	0	1	0.4	0	0	10	12	10.6
Vibriosis (Vibrio parahaemolyticus)	0	0	1	1	0.4	2	4	26	45	33.4
Vibriosis (Vibrio vulnificus)	0	0	0	1	0.4	5	10	32	45	31.4
Total	285	295	2826	2647	2655.4	5180	5202	53181	47720	42402.4

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

Update on: “Pediatric Neurologic Illness of Unknown Etiology—Colorado”

In last month’s issue, we reported on an investigation of an acute neurologic illness with focal limb weakness of unknown etiology in children which originated in Colorado, with reports of 10 children hospitalized for focal limb weakness and spinal cord abnormalities (MRI).

Since then, (and as of October 29th) as a result of CDC’s request to all states to look for and report other similar neurologic illnesses, 64 cases from 28 states have been verified to meet the case definition for the investigation.

For additional information, please visit CDC’s National Center for Immunization and Respiratory Diseases (NCIRD) webpage concerning [this ongoing investigation](#).

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](#).



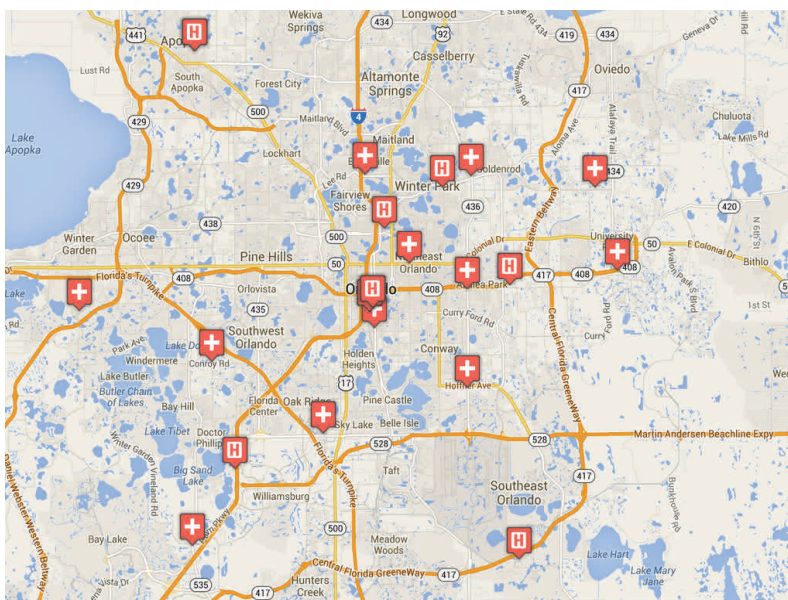
Florida Department of Health: ESSENCE



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

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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