EPI Gram

Florida Department of Health in Sarasota County
Health and Human Services

September 2013 Issue

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To report a disease, or disease outbreak, phone, mail or fax* the appropriate office (Please mark confidential)
Mailing Address:
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(941) 861-9500
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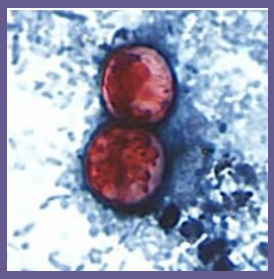
Please share this Epi Gram newsletter with your staff and colleagues or visit: http://www.sarasotahealth.org/services/epidemiology.htm
Contact Marissa DeVita with comments or suggestions at (941) 861-2873, by e-mail at marissa_devita@doh.state.fl.us or by mail to the address listed above. If you would like the Epi-Gram or other disease control information e-mailed or faxed to you, please contact us.

To Wash or Not to Wash Your Vegetables? Outbreak of Cyclosporiasis

Michael Drennon, MSPH
Sarasota County Epidemiologist

Cyclospora cayetanensis is a tiny parasite that causes an intestinal infection called cyclosporiasis. *Cyclospora* is spread to humans when they consume food or water that is contaminated with infected feces. After being passed from a person's bowel it can take days to weeks for the parasites to become infectious. Taking this into account it is unlikely that *Cyclospora* is spread directly from person-to-person. While everyone is susceptible to *Cyclospora*, the parasite is endemic in tropical and subtropical areas of the world. Residents and travelers to these areas are more prone to infection. Additionally many fresh fruits and vegetables are imported from these regions of the world, making it easier for exposure to occur at home. In fact many of the outbreaks that have occurred in the United States are due to contaminated imported fruits and vegetables.



Common symptoms of cyclosporiasis include: frequent sometimes uncontrollable watery diarrhea, loss of appetite, weight loss, stomach cramps, gas, nausea and fatigue. Other symptoms may include vomiting, body aches, headache and fever. It is not uncommon for some individuals to be asymptomatic. Symptoms can last from several days to a month, with the occasional relapse. Cyclosporiasis can be treated with trimethoprim-sulfamethoxazole.

On June 28, 2013 the CDC (Centers for Disease Control and Prevention) was notified of two Iowa residents with lab confirmed *Cyclospora* infections, these cases had reported no recent international travel. These two cases led to an investigation that identified a much larger outbreak. As of September 3, 2013 there have been 641 cases of cyclosporiasis reported to the CDC, from twenty-four states. The majority of cases have been reported in Iowa, Nebraska and Texas. Thirty-two cases have been reported in Florida. The Florida cases have not been linked to any common source.

Public Health officials in Nebraska and Iowa were able to link many of the cases in their states to multiple bagged salad products that were produced in Mexico. Currently Public Health officials in Texas and the CDC are investigating the *Cyclospora* cases in that state. At this time there is little evidence to link the increase in cases in Texas to the same producer in Mexico.

The implicated company voluntarily stopped production and shipment of salad products to the United States on August 12th. Implicated product was also recalled. Production and shipment to the United States resumed on August 25th.

At this time there are no recalls or concerns associated with bagged salad products. While there are no current recalls it is always important to use proper food safety practices.

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- Consumers should always wash hands with soap and water before preparing any foods
- Wash cutting boards and utensils with soap and water after use, and never use the same cutting boards and utensils for raw meats and produce
- Wash all fruits and vegetables before eating, cooking or cutting
- "Prewashed" fruits and vegetables do not need to be washed again at home
- Firm fruits and vegetables can be cleaned with a produce brush
- Remove any damaged or bruised areas from fruits and vegetables before eating
- Store fruits and vegetables away from raw meats

For more information visit:
http://www.fda.gov/Safety/Recalls/default.htm
http://www.cdc.gov/
www.sarasotahealth.org

What You Should Know for the 2013-2014 Influenza Season

Joan Surso, RN, MHA, Nursing Program Specialist
Florida Department of Health in Sarasota County

According to the Centers of Disease Control and Prevention (CDC), flu seasons vary from year to year but the coming year's multiple influenza vaccine options may provide better protection against the flu in the United States due to recent changes in manufacturing and the addition of a quadrivalent vaccine.

The composition of the 2013-2014 Influenza Vaccine approved by the FDA and the Related Biological Products Advisory Committee will contain:

1. an A/California/7/2009 (H1N1) pdm09-like virus,
2. an A(H3N2) virus antigenically like the cell-propagated A/Victoria/361/2011 virus (A/Texas/50/2012), and
3. a B/Massachusetts/2/2012-like (B/Yamagata lineage) virus

Quadrivalent vaccine will for the first time be available and will contain, in addition to the viral strains listed above, a B/Brisbane/60/2008-like (B/Victoria lineage) virus. This will allow the quadrivalent vaccine to contain two A strain viruses and two B strain viruses, providing increased coverage against potential strains of circulating flu viruses. Quadrivalent vaccines will be available from Sanofi Pasteur (Fluzone Quadrivalent for age 6 months and older), GSK (Fluarix Quadrivalent for age 3 and older), and Medimmune (FluMist Quadrivalent, an attenuated live-virus vaccine approved for healthy people ages 2 to 49 who are not pregnant and are without long-term health conditions, such as asthma, diabetes or heart disease).

The FDA recently approved Flucelvax, a cell-culture-derived influenza vaccine manufactured by Novartis for individuals age 18 and older. It is the first cell-culture vaccine in the US, allowing for a change in flu vaccine technology. The vaccine can be manufactured in a much shorter time frame than with chicken egg-derived vaccines. This technological breakthrough may enable a rapid response in the face of an urgent public health need precipitated by a pandemic. This is the first major innovation in influenza vaccine production in more than 40 years. The quadrivalent flu vaccine will contain no preservatives. It is the first influenza vaccine that individuals with previous egg allergies may be able to take.

Remember, the CDC recommends the flu vaccine for everyone age 6 months and older, as the first and most important step in protection against the flu. It is important to start immunizing individuals as soon as the vaccine becomes available, usually late August or early September. The protection will last through-out the flu season, which is typically early October through late May, but may start earlier and/or end later, as was the case in 2009, during the H1N1 pandemic.

Many agencies are now implementing new requirements for annual flu vaccination in healthcare settings. Leaders in this movement include: American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Hospital Association (AHA), American Pharmaceutical Association (APA), and National Association of County and City Health Officials (NACCHO). Some of these agencies are following Healthy People 2020 goal for an annual influenza vaccination rate of 90 percent among healthcare workers.

Please join the ranks locally! Urge your staff and patients to be vaccinated this coming flu season. It makes sense and it save lives.

Hepatitis B Prevention Program

Donna Keith, R.N., M.P.H. and Joan Surso, R.N., M.H.A.

The Department of Health in Sarasota County is pleased to announce they have been selected to participate in a grant from the Centers of Disease Control and Prevention (CDC) to provide 450 doses of hepatitis B vaccine to high risk individuals, based on a Viral Hepatitis Risk Assessment (Please see questions below). Although the program is targeting those at highest risk, anyone who has not already completed a hepatitis B vaccine series and expresses an interest in being vaccinated can be immunized through this program. For those diagnosed with HIV/AIDS, chronic liver disease or certain other immune compromising conditions, a second series of hepatitis B vaccine may also be approved.

The Hepatitis B Prevention Project, also known as "The 09 Program," is being offered in the Adult Immunization Clinics at the Department of Health in Sarasota County at both the William L. Little Health & Human Services Center, 2200 Ringling Blvd. site in Sarasota and at the North Port Family Health Center located at 6950 Outreach Way.

No prescription is required. Individuals with risk factors for hepatitis B are particularly being sought for participation in this program, but participants may decline to divulge specific risks if they prefer. Risk factors include but are not limited to:

- Household contact of person with Hepatitis B
- Sex partner of person with Hepatitis B
- HIV Positive
- Long-term or recent IV drug user
- Incarceration
- Men who have sex with men
- More than one sex partner in the last six months
- Chronic Liver Disease
- History of an STD

Persons with hepatitis C, those born between 1945 and 1965, and persons with diabetes are at higher than average risk for hepatitis B and should consider participating in the "09" Hepatitis Prevention Program if they have not previously completed a series of hepatitis B vaccine.

Individuals not eligible for this project include individuals with a prior history of hepatitis B infection, those previously vaccinated with all three doses of hepatitis B (excepting some immunocompromised persons as listed above) and persons with end stage renal disease (ESRD). Unless they have additional risk factors, healthcare personnel, international travelers, and emergency first responders are also ineligible for this program. Persons under age 18 and staff of the Department of Health in Florida are not eligible to participate in the "09" Hepatitis Prevention Program.

If you have additional questions, or have a patient whom you think may qualify for this program, please contact Donna Keith, Immunization Program Manager for the Florida Department of Health in Sarasota County at (941) 861-2914.

Reportable Diseases/Conditions in Florida

Practitioner* List 11/24/08

Did you know that you are required by Florida statute to report certain diseases to your local county health department?**

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, *Florida Administrative Code (FAC)*.

! = Report immediately 24/7 by phone upon initial suspicion or laboratory test order

☎ = Report immediately 24/7 by phone

• = Report next business day

+ = Other reporting timeframe

- ! Any disease outbreak
- ! Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.
- Acquired Immune Deficiency Syndrome (AIDS)+
- Amebic encephalitis•
- Anaplasmosis•
- ! Anthrax
- Arsenic poisoning•
- ! Botulism (foodborne, wound, unspecified, other)
- Botulism (infant)•
- ! Brucellosis
- California serogroup virus (neuroinvasive and non-neuroinvasive disease)•
- Campylobacteriosis•
- Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)+
- Carbon monoxide poisoning•
- Chancroid•
- Chlamydia•
- ! Cholera
- Ciguatera fish poisoning (Ciguatera)•
- Congenital anomalies•
- Conjunctivitis (in neonates ≤ 14 days old)•
- Creutzfeldt-Jakob disease (CJD)•
- Cryptosporidiosis•
- Cyclosporiasis•
- Dengue•
- ! Diphtheria
- Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)•
- Ehrlichiosis•
- Encephalitis, other (non-arboviral)•
- ☎ Enteric disease due to:
  Escherichia coli, O157:H7
  Escherichia coli, other pathogenic *E. coli* including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains
- Giardiasis•
- ! Glanders
- Gonorrhea•
- Granuloma inguinale•
- ! *Haemophilus influenzae* (meningitis and invasive disease)
- Hansen's disease (Leprosy)•
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome
- ☎ Hepatitis A
- Hepatitis B, C, D, E, and G•
- Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)•
- Herpes simplex virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 yrs)•
- Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)+
- Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs)•
- ! Influenza due to novel or pandemic strains
- ☎ Influenza-associated pediatric mortality (in persons aged < 18 yrs)
- Lead poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC•
- Legionellosis•
- Leptospirosis•
- ☎ Listeriosis
- Lyme disease•
- Lymphogranuloma venereum (LGV)•
- Malaria•
- ! Measles (Rubeola)
- ! Melioidosis
- Meningitis (bacterial, cryptococcal, mycotic)•
- ! Meningococcal disease (includes meningitis and meningococcemia)
- Mercury poisoning•
- Mumps•
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- Pesticide-related illness and injury•
- ! Plague
- ! Poliomyelitis, paralytic and non-paralytic
- Psittacosis (Ornithosis)•
- Q Fever•
- ☎ Rabies (human, animal)
- ! Rabies (possible exposure)
- ! Ricin toxicity
- Rocky Mountain spotted fever•
- ! Rubella (including congenital)
- St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)•
- Salmonellosis•
- Saxitoxin poisoning including paralytic shellfish poisoning (PSP)•
- ! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- Shigellosis•
- ! Smallpox
- *Staphylococcus aureus*, community associated mortality•
- ☎ *Staphylococcus aureus* (infection with intermediate or full resistance to vancomycin, VISA,VRSA)
- ☎ Staphylococcal enterotoxin B (disease due to)
- Streptococcal disease (invasive, Group A)•
- *Streptococcus pneumoniae* (invasive disease)•
- Syphilis•
- ☎ Syphilis (in pregnant women and neonates)
- Tetanus•
- Toxoplasmosis (acute)•
- Trichinellosis (Trichinosis)•
- Tuberculosis (TB)•
- ! Tularemia
- ☎ Typhoid fever
- ! Typhus fever (disease due to *Rickettsia prowazekii* infection)
- Typhus fever (disease due to *Rickettsia typhi, R. felis* infection)•
- ! Vaccinia disease
- Varicella (Chickenpox)•
- Varicella mortality•
- ! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
- Vibriosis (Vibrio infections)•
- ! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
- West Nile virus disease (neuroinvasive and non-neuroinvasive)•
- Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)•
- ! Yellow fever

You are an invaluable part of Florida's disease surveillance system.
For more information, please call the epidemiology unit at your local county health department or the Bureau of Epidemiology, Florida Department of Health (FDOH): 850-245-4401 or visit http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

FLORIDA DEPARTMENT OF HEALTH

**Section 381.0031(1,2), Florida Statutes provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The FDOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance ... and shall furnish a copy of said list to the practitioners...."

Florida Department of Health in Sarasota County - Disease Intervention Services
Mon - Fri, 8 am - 5 pm: 941-861-2873; Nights, weekends, holidays: 941-861-2900
Fax reports to: 941-861-2902
**** MAIL HIV/AIDS REPORTS (DO NOT FAX)**
For a clear printed version of this list please go to:
http://www.sarasotahealth.org/services/epidemiology-reportable.htm