



# Epi Update



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## First Probable Case Report of *Rickettsia parkeri* Spotted Fever Rickettsiosis in Florida

**Stephanie Thouvenel-Romans, Ph.D.; Samantha Rivers, M.S., M.P.H.; Gregory Danyluk, Ph.D., M.P.H.; Rebecca Shultz, M.P.H.; Danielle Stanek, D.V.M.**

On July 27, 2007, the Epidemiology Department of the Escambia County Health Department (ECHD) initiated an epidemiology investigation of a locally-acquired suspected case of rickettsial disease. Personnel from ECHD obtained a clinical history and submitted serum samples to the Bureau of Laboratories (BOL)-Jacksonville, and the Centers for Disease Control and Prevention (CDC) for specific testing.

### Background

In early June 2007, the patient was mountain-biking near Pensacola, Florida. Following the bike ride, he discovered one tick attached to the right side of his abdomen, and another on his left leg. Approximately 10 days later, he became ill and sought medical attention.

### Clinical Presentation

The patient was a 30-year-old white male in good general health. He presented to the local emergency department June 14 with fever (39.2°C/102.6°F), headache and neck pain, fatigue, numerous scratches, and a cellulitic area on his tibia. Other symptoms reported by his wife, but not documented in the medical charts, included: erythematous circular areas at the bite sites, chills, high fever (104°F), diaphoresis, headaches, and white spots on the tongue. The patient was diagnosed with a staphylococcal infection, and treated with IV fluids, Tygacil and oral ibuprofen, Bactrim and Cleocin HCl.

### Sample Collection and Testing

A convalescent blood sample collected on July 24 was submitted to the Florida Department of Health (DOH) BOL-Pensacola on August 2 and shipped to the BOL-Jacksonville for Rocky Mountain Spotted Fever (RMSF)

testing. A second convalescent blood sample was collected on August 9 and also shipped to BOL-Jacksonville for RMSF testing.

## Results

Both samples were tested for RMSF using an indirect fluorescent antibody (IFA) serological assay, and found to be marginally positive (1:64). The samples were then forwarded to the CDC. Serological test results from the CDC (Table 1) suggest that the patient was positive for *Rickettsia parkeri* (non-reportable in the United States and the state of Florida at this time). Further evidence to support the *R. parkeri* diagnosis was that a photograph of the tick, taken by the patient's wife, was identified by CDC as *A. maculatum*, the Gulf Coast tick known to carry *R. parkeri*.

**Table 1.** Serological tests and values obtained from patient samples collected on the indicated sample dates. RPA = *R.parkeri*, RRI = *R.rickettsia*.

Sample date	Test	Result
07/24/2007	RPA-IgG	256
07/24/2007	RRI-IgG	64
07/24/2007	RPA-IgM	64
07/24/2007	RRI-IgM	64
08/09/2007	RPA-IgG	256
08/09/2007	RRI-IgG	32
08/09/2007	RPA-IgM	64
08/09/2007	RRI-IgM	32

## Discussion

This is the first probable case of the obligate intracellular bacterium *R. parkeri* reported in a Florida resident. *R. parkeri*, a member of the spotted fever group (SFG) of rickettsiae, has recently been identified as a cause of spotted fever rickettsiosis in the United States (1). The bacterium is related to *R. rickettsii*, the causative agent of the reportable disease RMSF. Both organisms are transmitted by the bite of an infected tick (2). Eschars have been associated with *R. parkeri* infections.

The Gulf Coast tick, *Amblyomma maculatum*, (depicted in Figure 1) is a Nearctic and Neotropical hard tick found in coastal areas of the southern United States, including Florida. The tick is approximately the size of a pinhead in the nymph stage, and in the adult stage, is approximately four millimeters long, although the adult female can reach 11 millimeters when engorged (W.C. Welbourn, personal communication). *R. parkeri* was recently identified in Gulf Coast ticks collected in Duval and Franklin counties, Florida (3).



Figure 1. *Amblyomma maculatum*

RMSF is thought to be transmitted in Florida by the dog tick, *Dermacentor variabilis* (4). Between 2000 and 2006, 109 cases of RMSF were reported in Florida; particularly noteworthy is that 71% of these were acquired in Florida. Paddock et al. (1) note that "some anecdotal data are compelling enough to suggest that cases of a second disease entity...are embedded among surveillance data for RMSF." According to Whitman et al. (2), clinicians "should consider this diagnosis [of *R. parkeri* infection] for patients with mild rickettsiosis-like illness and single or multiple eschars."

Rickettsial testing is available through the BOL-Jacksonville. If *R. parkeri* is suspected, samples can be submitted to the BOL-Jacksonville, for forwarding to the CDC. Whole blood, serum, or biopsies of skin lesions collected before, or within, 48 hours of treatment initiation for testing by polymerase chain reaction (PCR) or culture are preferred. Serum collected post-treatment is also acceptable for serologic testing.

Eschars caused by *R. parkeri* may appear similar to those caused by methicillin-resistant *Staphylococcus aureus* (MRSA), but may not be sensitive to all MRSA treatment regimens. *R. parkeri* infections will resolve with standard rickettsial illness therapies including doxycycline with concurrent symptomatic care.

For more information on Rocky Mountain spotted fever, please visit the CDC website:  
<http://www.cdc.gov/ncidod/dvrd/rmsf/index.htm>.

## References

1. C.D. Paddock et al., "*Rickettsia parkeri*: A Newly Recognized Cause of Spotted Fever Rickettsiosis in the United States," *Clinical Infectious Disease*; 38:805-811, 2004.
2. T.J. Whitman et al., "*Rickettsia parkeri* Infection After Tick Bite, Virginia," *Emerging Infectious Diseases*; 13:334-336, 2007.
3. J.W. Sumner et al., "Gulf Coast Ticks (*Amblyomma maculatum*) and *Rickettsia parkeri*, United States," *Emerging Infectious Diseases*; 13:751-753, 2007.
4. B. Bigler, "Rocky Mountain Spotted Fever," 1999,  
[http://www.doh.state.fl.us/disease\\_ctrl/epi/htopics/reports/rsmfpres.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/htopics/reports/rsmfpres.pdf).

## Acknowledgements

W. C. Welbourn is the Acari Curator for the Florida State Collection of Arthropods with the Florida Department of Agriculture and Consumer Services, Division of Plant Industry, and is gratefully acknowledged for providing information on the Gulf Coast tick. The figure is from the article by Sumner, et al.

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# Stopping the Fear: Methicillin-Resistant *Staphylococcus aureus* (MRSA)

*Information for this article was obtained from the CDC website: [www.cdc.gov](http://www.cdc.gov)*

In the community, most MRSA infections are skin infections that may appear as pustules or boils, which often are red, swollen, painful, or have pus or other drainage. These skin infections commonly occur at sites of visible skin trauma, such as cuts and abrasions, and areas of the body covered by hair (e.g., back of neck, groin, buttock, armpit, beard area of men). Almost all MRSA skin infections can be effectively treated by drainage of pus, with or without antibiotics. More serious infections such as pneumonia, bloodstream infections, or bone infections are very rare in healthy people who get MRSA skin infections.

MRSA is usually transmitted by direct skin-to-skin contact, or contact with shared items or surfaces that have come into contact with someone else's infection (e.g., towels, used bandages). It is important to note that MRSA transmission can be prevented by simple measures such as washing hands with soap and water or using an alcohol-based hand sanitizer, and showering immediately after participating in exercise; covering skin trauma such as abrasions or cuts with a clean dry bandage until healed; avoiding sharing personal items (e.g. towels, razors) that come into contact with bare skin; using a barrier (e.g., clothing or a towel) between skin and shared equipment such as weight-training benches; and maintaining a clean environment by establishing cleaning procedures for frequently touched surfaces and surfaces that come into direct contact with people's skin. Cleaning surfaces with detergent-based cleaners or Environmental Protection Agency (EPA)-registered disinfectants is effective at removing MRSA from the environment. It is important to read the instruction labels

on all cleaners to make sure they are used safely and appropriately. Environmental cleaners and disinfectants should not be used to treat infections. The EPA provides a list of EPA-registered products effective against MRSA online: <http://epa.gov/oppad001/chemregindex.htm>.

MRSA skin infections can occur anywhere. However, some settings have factors that make it easier for MRSA to be transmitted. These factors, referred to as the 5 C's, are as follows: **C**rowding, frequent skin-to-skin **C**ontact, **C**ompromised skin (i.e., cuts or abrasions), **C**ontaminated items and surfaces, and lack of **C**leanliness. Locations where the 5 C's are common include schools, dormitories, military barracks, households, correctional facilities, and daycare centers.

The decision to close a school for any communicable disease should be made by school officials in consultation with local and/or state public health officials. However, in most cases, it is not necessary to close schools to "disinfect" them when MRSA infections occur.

### **Links to MRSA Information**

MRSA Data and Statistics: [http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_surveillanceFS.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_surveillanceFS.html)

### MRSA in Healthcare Settings

Overview of MRSA in Healthcare Settings: [http://www.cdc.gov/ncidod/dhqp/ar\\_MRSA\\_spotlight\\_2006.html](http://www.cdc.gov/ncidod/dhqp/ar_MRSA_spotlight_2006.html)

Fact Sheet for Healthcare Personnel: [http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_healthcareFS.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_healthcareFS.html)

MRSA Prevention Healthcare Guideline: <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>

Hand Hygiene Healthcare Guideline: <http://www.cdc.gov/handhygiene/>

### MRSA in the Community

Overview of MRSA in the Community: [http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_ca.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html)

Information for the Public: [http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_ca\\_public.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html)

Information for Healthcare Providers: [http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_ca\\_clinicians.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_clinicians.html)

Clinical Management Strategies: [http://www.cdc.gov/ncidod/dhqp/pdf/ar/CAMRSA\\_ExpMtgStrategies.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/ar/CAMRSA_ExpMtgStrategies.pdf)

Educational Materials (Posters and Information Sheet):

[http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_ca\\_posters.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_posters.html)

MRSA in Schools: <http://www.cdc.gov/Features/MRSAinSchools/>

*For more information, contact Roger Sanderson. Roger Sanderson is the Regional Epidemiologist assigned to the Tampa Area. He can be contacted at 813.974.6305.*

## **Dengue Fever Outbreak Ongoing in the Americas**

*Rebecca Shultz, M.P.H.; Danielle Stanek, D.V.M.; Carina Blackmore, D.V.M., Ph.D.*

An outbreak of dengue fever is ongoing in parts of the Caribbean and Latin America. According to the Pan American Health Organization, over 600,000 cases have been reported this year, with the total expected to reach one million by the end of 2007. As a result, the number of imported dengue cases reported among Florida residents in 2007 has more than doubled, from 16 to 34 during the same period in 2006 (Figure 1).

### **Transmission**

Dengue virus is transmitted to humans by *Aedes* mosquitoes. Transmission usually occurs in tropical or subtropical areas.

### **Clinical Description**

Classic dengue fever, or "break bone fever," is characterized by acute onset of high fever, 3-14 days after the bite of an infected mosquito. Patients develop frontal headache, retro-orbital pain, myalgias, arthralgias, nausea, vomiting, and often a maculopapular rash. Many patients notice a change in taste sensation. Acute symptoms, when present, usually last about one week, but weakness, malaise, and anorexia may persist for several weeks. Treatment emphasizes relief of symptoms, avoiding aspirin and other non steroidal anti-

inflammatory medications, and encouraging oral fluid intake. Severe manifestations (e.g., dengue hemorrhagic fever and dengue shock syndrome) are rare, but may be fatal.

### Laboratory Diagnosis

Diagnosis of dengue infection requires laboratory confirmation, either by antibody detection or virus isolation. For virus isolation, an acute-phase serum specimen should be collected within five days after onset of fever. If the virus cannot be isolated, a convalescent-phase serum specimen is needed at least six days after onset of symptoms to make a serologic diagnosis by enzyme-linked immunosorbent assay (ELISA). Most tests for anti-dengue antibodies are non-specific among the flaviviruses, including West Nile and St. Louis encephalitis viruses. Serology can be especially complex for individuals who were raised in an endemic country, and laboratory results for these patients should be interpreted with caution. For individuals with no opportunity for prior dengue exposure, a single positive IgM is sufficient to indicate a recent infection.

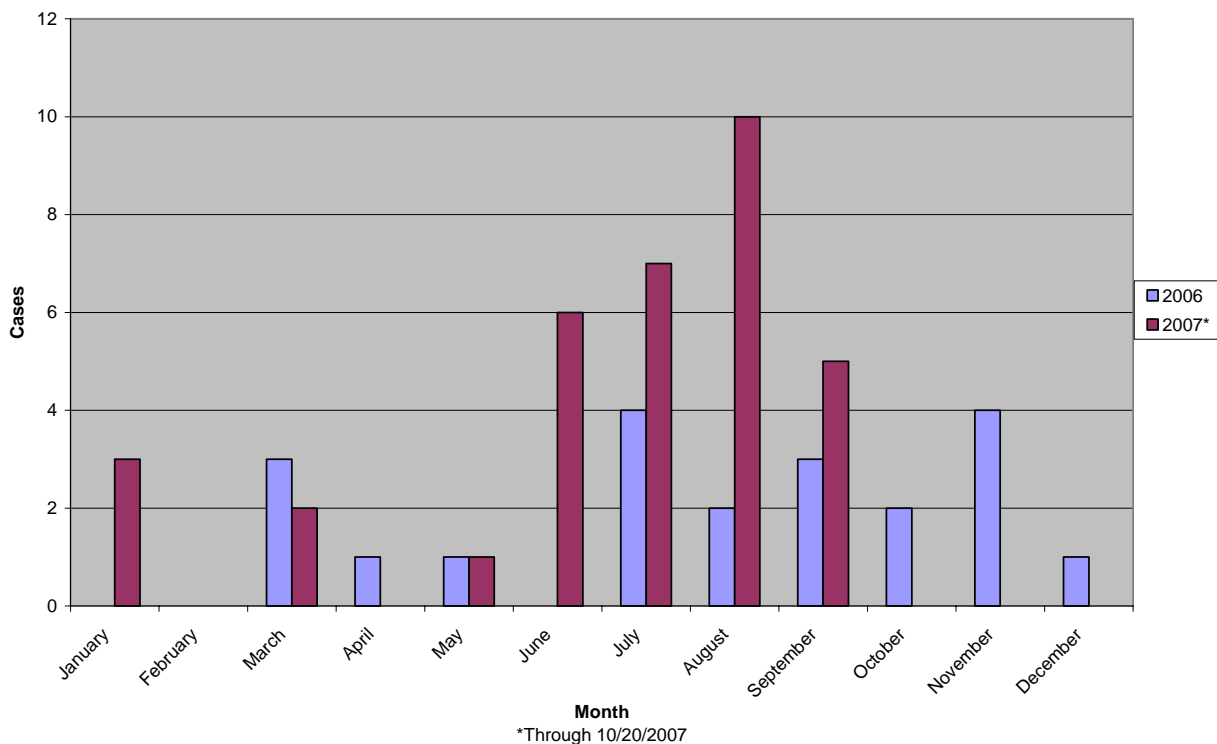
Commercial kits may vary in sensitivity and specificity; therefore results may need confirmation by a reference laboratory. Acute and convalescent sera from reported and suspect cases should be acquired and sent to the Florida Department of Health Bureau of Laboratories for confirmatory testing.

### Reporting

Dengue is a reportable disease under Chapter 64D-3 of the Florida Administrative Code. To report a case, please contact the local county health department. Some samples from Puerto Rico have been sent to commercial laboratories in Florida for testing. If you receive any reports with these results, please send them to the Bureau of Epidemiology at the address below, so that they may be forwarded to Puerto Rico.

Surveillance Section, Bureau of Epidemiology, Florida Department of Health, 4052 Bald Cypress Way Bin #A-12, Tallahassee, FL 32399-1720

Figure 1. Imported Dengue Cases in Florida, 2006-2007



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## Florida Year-to-Date Mosquito-Borne Disease Through October 20, 2007

*Rebecca Shultz, M.P.H.; Caroline Collins; Danielle Stanek, D.V.M.; Carina Blackmore, D.V.M., Ph.D.*

During the period January 1-October 20, 2007, the following arboviral activity was recorded in Florida: Eastern equine encephalitis virus (EEEV), West Nile virus (WNV), St. Louis encephalitis virus (SLEV), Highlands J virus (HJV), and California encephalitis group viruses (CEV).

### EEEV Activity

Positive samples from 106 live wild birds, 87 sentinel chickens, 15 horses and 1 antelope were received from 23 counties.

### WNV Activity

Two human cases of locally acquired WNV encephalitis were confirmed in Bay County residents in August. One case of WNV encephalitis was confirmed in a resident of Pinellas County with travel history. This case was reported as a Florida case acquired out-of-state. Positive samples from 35 sentinel chickens were received from eight counties. In addition, samples from 13 live wild birds in four counties were found to be flavivirus-reactive (indeterminate for either SLEV or WNV antibodies).

### SLEV Activity

Positive samples from five sentinel chickens were received from two counties.

### HJV Activity

Positive samples from 15 sentinel chickens were received from six counties. In addition, virus was cultured from a mosquito pool (*Culiseta melanura*) collected in May in Flagler County.

### CEV Activity

One case of La Crosse encephalitis was confirmed in a Hillsborough County resident with travel history. This case was reported as a Florida case acquired out-of-state. La Crosse virus is a member of the California encephalitis group of viruses. In addition, virus was detected in a mosquito pool (*Anopheles crucians*) collected in March in Sarasota County.

### Dead Bird Reports

The Fish and Wildlife Conservation Commission (FWC) collects reports of dead birds, which can be an indication of arbovirus circulation in an area. Since January 1, 939 reports representing a total of 4,323 dead birds (48 crows, 54 jays, 82 raptors, 4,139 other species) were received from 59 of Florida's 67 counties. Please note that FWC collects reports of birds that have died from a variety of causes, not only arboviruses. Dead birds should be reported to [www.myfwc.com/bird/](http://www.myfwc.com/bird/).

### Year-to-Date Summary

Since January 1, 23 counties have reported EEEV activity, 11 have reported WNV activity (or undetermined flavivirus) activity, two have reported SLEV activity, seven have reported HJV activity, and one has reported CEV activity. Bay County is under medical alert for mosquito-borne illness. Nassau County is under medical advisory for mosquito-borne illness, due to exceeding the response plan's trigger level for seroconversion rates in chickens.

See the following web site for more information:

<http://www.doh.state.fl.us/environment/community/arboviral/index.html>. Also, the Disease Outbreak Information Hotline offers recorded updates on medical alert status and surveillance at 888.880.5782.

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## Florida Youth Tobacco Survey Shows Smoking Decreases

*Jamie Weitz, M.S.*

The Bureau of Epidemiology is proud to announce the release of the 2007 Florida Youth Tobacco Survey (FYTS) data. The FYTS is a statewide school-based anonymous survey that has been conducted annually since 1998. The FYTS collects information about the prevalence of tobacco use, attitudes, and related behaviors, among middle and high school students throughout Florida, and tracks those behaviors over time.

In March and April of 2007, 5,037 middle school students and 4,028 high school students in 188 public schools throughout the state completed the FYTS. The survey data show that from 1998 to 2007:

- The prevalence of lifetime cigarette smokers (defined as students who have ever smoked one or two puffs) has decreased by 52% among middle school students and by 40% among high school students.
- The percentage of students who are committed never smokers (defined as students who have never smoked, and say that they will not smoke in the future or if a friend offers them a cigarette) has increased by 104% among middle school students and by 62% among high school students (Figure 1).
- Current cigarette smoking has decreased by 67% among middle school students and by 47% among high school students (Figure 2).
- Current tobacco use of any kind has decreased by 57% among middle school students and by 37% among high school students.

Protecting students from secondhand smoke (SHS) exposure, however, has not made as much progress when compared to preventing and reducing tobacco use. From 1998 to 2007, the prevalence of SHS exposure has decreased among both middle and high school students by only 17%. Currently, more than half of middle and high school students (52% and 60%, respectively) reported that they had been exposed to SHS, in a room or car, during the seven days prior to the survey.

Up-to-date information from the Florida Youth Tobacco Survey (FYTS) will soon be available online: [http://www.doh.state.fl.us/disease\\_ctrl/epi/Chronic\\_Disease/FYTS/Intro.htm](http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Intro.htm).

Figure 1. Committed Never Smokers, FYTS, 1998-2007

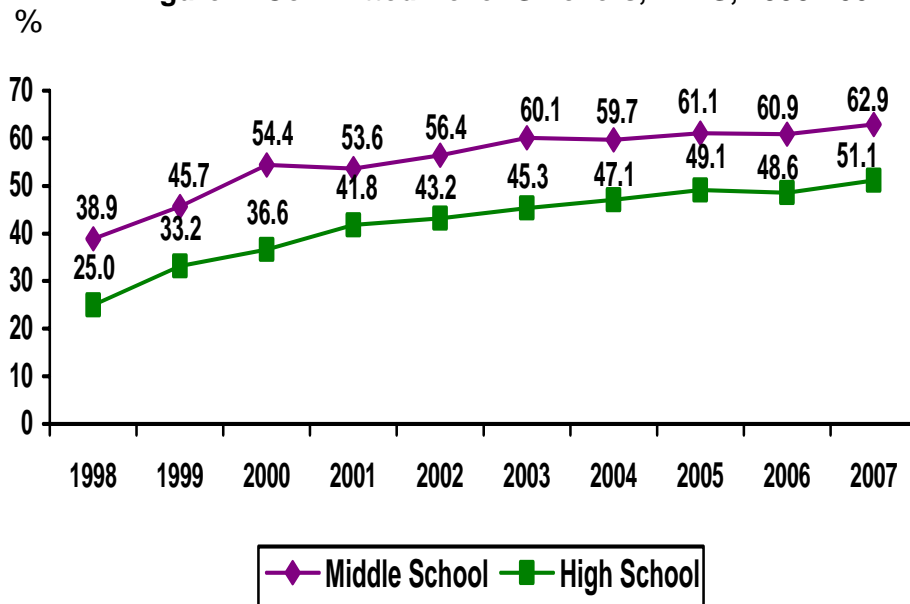
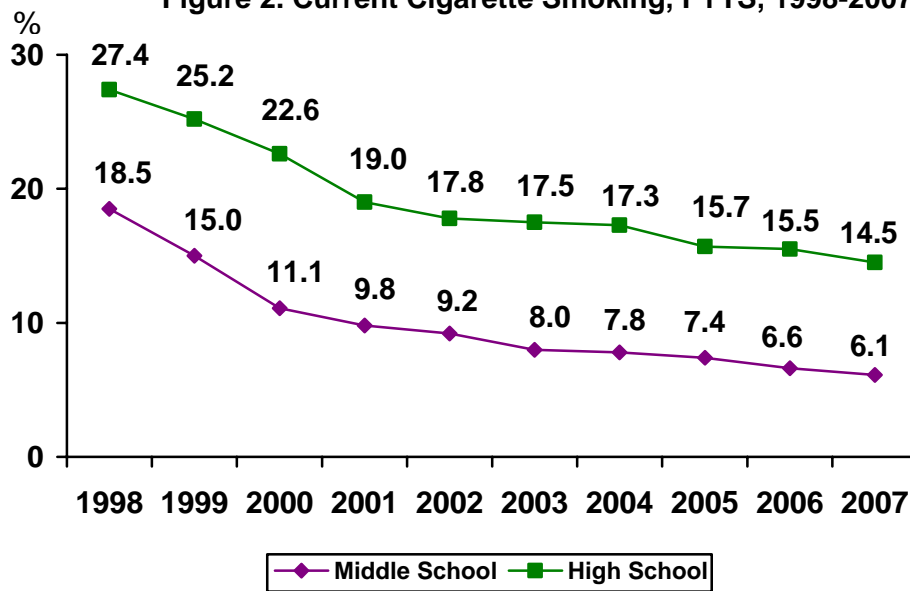


Figure 2. Current Cigarette Smoking, FYTS, 1998-2007



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## Paws and Claws (World Rabies Day)

Katherine Gibbs McCombs, M.P.H.

On the first World Rabies Day, September 8, 2007, the St. Johns County Health Department and the St. Johns County Animal Control collaborated to provide the first annual Paws and Claws Rabies Shot Clinic. During the four-hour clinic over 350 pets in St. Johns County, and surrounding areas, were vaccinated against rabies. The rabies vaccine was offered for \$7.00 for the annual vaccine.

The St. Johns County Health Department parking lot was transformed into an animal rabies vaccine clinic. St. Johns County Animal Control arranged to have two veterinarians and two veterinarian technicians onsite to

vaccinate the animals. Employee volunteers from the health department completed the rabies certification forms and assisted the clients through the process of having their animals vaccinated.

Tents were erected over the clinic to provide cover from sun and rain. Cat and dog registration and vaccination tents were separated to reduce interaction between the animals. There were a few ferrets vaccinated as well. Animal Control provided muzzles and leashes, when necessary, and assisted when people arrived with multiple animals.

This event successfully achieved the goal of vaccinating animals against rabies that might otherwise have remained unvaccinated. There was widespread publicity before the event, which increased the public's awareness about rabies disease and rabies vaccine. The event highlighted the need for animals to be vaccinated against rabies.

Many citizens who attended the event asked when this event would be repeated. Meetings have already been held to discuss the need for another clinic to be conducted prior to hurricane season next year, and to include microchipping of pets.

This event highlights how collaboration between the St. Johns County Health Department and the St. Johns County Animal Control can benefit all citizens of our community, and hopefully reduce the need for post-exposure prophylaxis for animal exposures in the future.

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## Canine Rabies in the United States

*Danielle Stanek, D.V.M. and Carina Blackmore, D.V.M., Ph.D.*

The Centers for Disease Control and Prevention (CDC) recently announced the successful eradication of canine rabies from the United States. This press release was made in conjunction with the first World Rabies Day and showcases the potential for control of the disease, particularly in the natural canid reservoir. However, in 2006 there was an 8.2% increase in animal rabies cases reported in the United States and the disease still poses a threat to dogs and other domestic animals, as well as to the general public<sup>1</sup>.

Rabies virus can infect and kill any mammal species. Specific virus strains or variants tend to circulate within a species, with occasional spill-out into other mammals. Very rarely a variant that has spilled-out into another species can maintain circulation in the new species.

Canine rabies in the United States has drastically declined as a result of mandatory vaccination laws and animal control policies implemented in the 1940s and 1950s. Major canine variant circulation was eliminated by the late 1960s, leaving wildlife as the primary rabies reservoirs in the United States (Figure 1). However, Mexico continues to have significant canine rabies cases and has circulating canine variants. One of these variants spilled over into coyotes and unvaccinated dogs in Texas, and was a growing problem until an oral rabies animal bait (ORAB) program directed at coyotes was implemented in 1995. In addition, the United States and Mexico worked together to control canine rabies in bordering states of Mexico. In 2004, there was only one case of this canine variant identified. Since that time, there have been no additional cases, and the incidence of a canid variant circulating in grey foxes in Texas and the southwest have been reduced. Strengthened wildlife translocation laws have made the chances of reintroduction of the Mexican canine variant less likely.

In Florida, rabies historically circulated in dogs<sup>2</sup>. That changed in the late 1940s as local ordinances mandated canine rabies vaccination and consistent animal control practices. In 1953, rabies was first identified in bats in the United States when a bat that attacked a child in the Tampa Bay area tested positive for the virus. At the same time, rabies was identified in increasing numbers of raccoons in Florida, initially in the Brevard County area, and then spreading throughout the state. In 1956, Florida rabies cases in wildlife surpassed cases in

domestic animals. Since that time, raccoons have emerged as the predominant reservoir for the virus. On average, three dogs are confirmed infected with raccoon rabies each year in the state.

All five of the Florida state laboratories provide rabies testing. In addition, the Bureau of Laboratories-Jacksonville has been typing all terrestrial animal rabies cases for the state since 1998. The data indicate that terrestrial animal cases, including domestic animals, are infected with raccoon variants A or B, with most cases being type A. Type B cases are consistently found in west central Florida. Non-terrestrial or bat variant typing must be performed at the CDC, but generally bats are infected with bat rabies variants that tend to be species-specific.

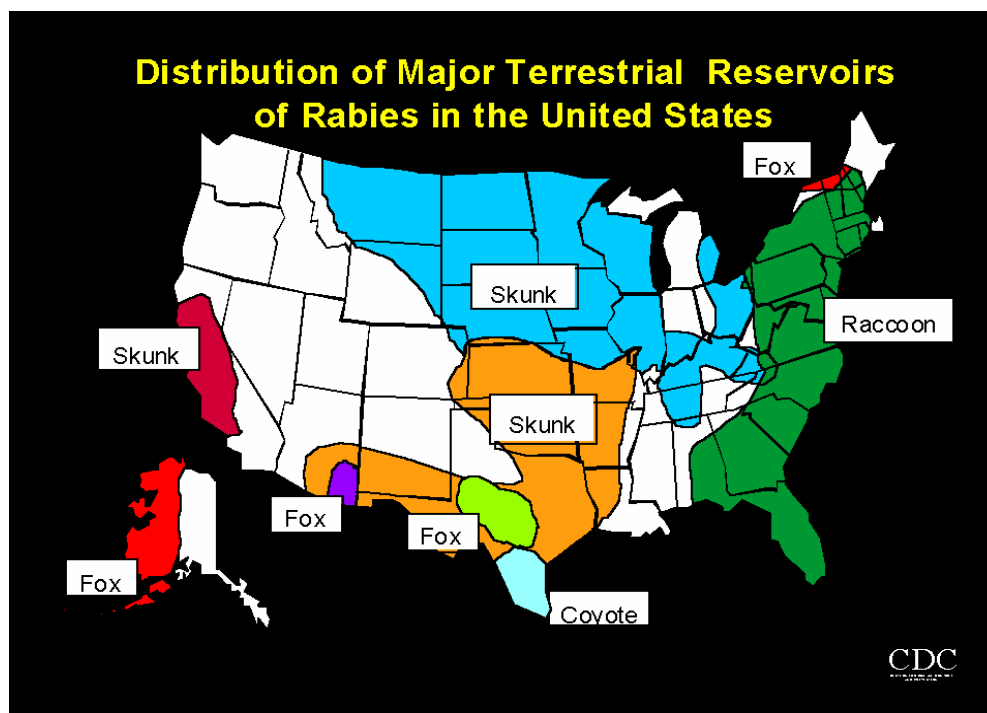
Though the Mexican canine variant of the rabies virus appears to be eradicated in the United States, the raccoon, bat, skunk, fox, and mongoose (Puerto Rico) variants are still present. The 6,940 rabid animals identified in 2006 serve as a reminder of the importance of domestic animal vaccination. Human exposures are closely related to rabies infections in domesticated animals, and domestic animals may be infected with any circulating virus variant. Rabies vaccination of dogs, cats, and ferrets is required by law in the state of Florida. As long as the virus remains endemic in our native wildlife, rabies vaccination of domestic animals remains key to protecting humans and domestic animals against infection by this nearly uniformly fatal disease.

### References

<sup>1</sup> J.D. Blanton, C.A. Halon and C.E. Rupprecht, "Rabies Surveillance in the United States During 2006," *JAVMA*; 231(4):540-556, 2007.

<sup>2</sup> M.J. Burrige, L.A. Sawyer and W.J. Bigler, "Rabies: a Historical Profile in Rabies in Florida," Health Program Office, State of Florida, Department of Health and Rehabilitative Services, pp 1-6, 1986.

Figure 1



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# CDC/FDOH Public Health Apprenticeship Program

*Patti Ragan, Ph.D., M.P.H., PA-C*

You may have already heard the exciting news, but if not, the newly established training initiative, the Public Health Apprenticeship Program (PHAP), a joint partnership between the Centers for Disease Control and Prevention (CDC) and Florida Department of Health (DOH), got underway earlier this summer with the assignment of the first 10 apprentices to county health department (CHD) host sites in Florida. This represents the implementation of an initial five-year pilot project in Florida, which will serve as a model to develop similar programs in other states.

The goal of the PHAP is to develop highly qualified candidates for employment with state and local health departments and the CDC, to meet public health system challenges of the 21<sup>st</sup> century. The apprentices are similar to Public Health Advisors at the CDC, and to individuals such as Health Services Representatives in the DOH.

The apprentices selected are highly qualified recent Florida and Georgia university graduates who possess a bachelor's degree or higher and have an interest in developing a career in public health. The three-year program provides salary, benefits, and didactic training. After selection, apprentices were matched with qualifying CHD host site preceptors, who provide the day-to-day direction and mentoring, with additional guidance from senior level DOH and CDC advisors. During the program, apprentices will gain experience in two or three different program areas in order to develop the specific competencies needed to enhance the public health workforce. Program areas for this group include: Tuberculosis, Sexually Transmitted Diseases, Refugee Health, Environmental Health, Emergency Preparedness, Epidemiology, Quarantine, Clinic Services, Chronic Health, and Health Education. Additionally, apprentices will participate in emergency response and other short term assignments. Upon completion of the apprenticeship, assistance will be provided in securing employment at local, state, and national health agencies.

Competencies and skills to be developed during the three-year apprenticeship include: general knowledge of public health, agency operations, technology, communication and interpersonal skills, cultural competency, leadership, preparedness and emergency response, data analysis, networking, resource management, policy development, supervisory and personnel management, and program planning, management and evaluation.

The initial group of apprentices was introduced at the DOH in early July and started their first year assignment on July 23, 2007. Along with their supervisors, the apprentices recently traveled to the CDC for orientation activities. It is anticipated that a second cohort of apprentices and CHD host sites will be recruited in spring 2008.

Please welcome our newest colleagues in public health: Camille Gonzalez (Alachua); Cecilia Galvin (Jefferson-Madison), Bobbie Strickland (Bradford-Union), Kara Johnson (Orange), Toyin Ademokun (Pinellas), Clayton Weiss (Indian River), Jabari Paul (Palm Beach), Donyelle Russ (Hillsborough), Martin Honisch (Dade), and Adrienne Huneke (Dade- Quarantine Station).

For further information about the PHAP Program, please contact: Dan George at the Bureau of STD, 850.245.4444 Ext. 4314, or Patti Ragan at the Bureau of Epidemiology, 850.245.4406, Florida Department of Health, or Glen Koops, Director of Field Services at the CDC, 404.498.0291.

***Patti Ragan is the administrator for the Florida Epidemic Intelligence Service in the Bureau of Epidemiology, DOH. She can be contacted at 850.245.4406, 850.528.5531 (cell), or by email at [Patricia.Ragan@doh.state.fl.us](mailto:Patricia.Ragan@doh.state.fl.us).***

# The Preparedness Planning Section

*Dr. Bill Tynan, M.D., M.P.H.*

The Division of Disease Control recently established the Preparedness Planning Section (PPS) in the Bureau of Epidemiology. The PPS has the responsibility of coordinating activities involving the portion of the CDC Public Health Emergency Preparedness Cooperative Agreement that is related to the Biological Response, including the development and/or update of the Biological Annex, and its associated appendices. These appendices include threat-based plans (Pandemic Influenza, Smallpox) and capability-based plans (Isolation and Quarantine, Responder Health and Safety, and portions of Mass Prophylaxis and Communication plans).

The Preparedness Planning Section consists of four staff members: Bill Tynan, M.D., M.P.H., was appointed as the Preparedness Section's director. Dr. Tynan most recently served as a medical director in the Office of Public Health Preparedness. Patrick Gardner, R.N., M.P.H., accepted the role of senior planner. He came to the Division of Disease Control from the Office of Emergency Operations, where he served as the special projects planning coordinator. Katie Pollard, M.M., is the disaster planner and the division's safety coordinator. Deborah Kenon, B.S., is the section's administrative assistant.

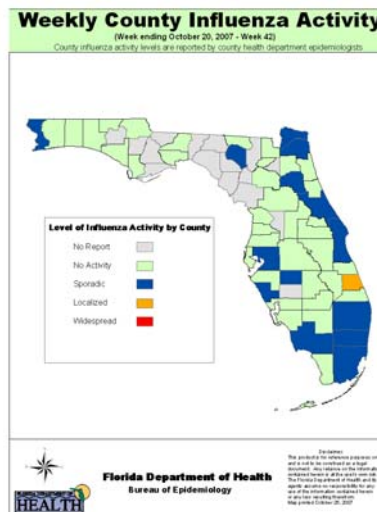
According to Pat Gardner, the PPS will begin by updating the Pandemic Influenza plan, and will finish the remaining five plans during the coming grant year. "Not an easy task, but one that urgently needs to be completed," he said. Mr. Gardner assures us the PPS has the complete support of the Divisions of Disease Control and Emergency Medical Operations.

***Dr. Bill Tynan is the medical director of the Preparedness Planning Section in the Bureau of Epidemiology. He can be contacted at 950.245-4561 or by email at [Bill\\_Tynan@doh.state.fl.us](mailto:Bill_Tynan@doh.state.fl.us).***

## Florida Influenza Surveillance Report

*Aimee Pragle, M.S.*

Influenza surveillance in Florida consists of six surveillance components: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN); 2) Florida Pneumonia and Influenza Mortality Surveillance System; 3) State laboratory viral surveillance; 4) County influenza activity levels; 5) Notifiable Disease Reports; and 6) Influenza or Influenza-like illness (ILI) outbreaks. During reporting weeks 40, 41, and 42, statewide influenza activity was sporadic. The proportion of patient visits for ILI, as reported by the FSPISN averaged 1.04% for these three weeks, and this is below the state threshold for moderate activity of 1.75%. Since September 30, 2007, Florida Department of Health Laboratories have tested a total of 18 specimens for influenza viruses, and six (33%) were positive. All positive influenza specimens thus far have been influenza A unsubtype. During week 42, St. Lucie County reported localized activity. Fourteen counties reported sporadic activity. Thirty-six counties reported no activity. Sixteen counties did not report.



The report will be available on EpiCom and on the Bureau of Epidemiology website:  
[http://www.doh.state.fl.us/disease\\_ctrl/epi/htopics/flu/reports.htm](http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/reports.htm).

**Aimee Pragle, is a respiratory disease epidemiologist with the Bureau of Epidemiology, Florida Department of Health. She can be contacted at 850.245.4444 Ext. 2417 (office), 850.922.9299 (fax), 850.519.3424 (cell) or by email at [Aimee\\_Pragle@doh.state.fl.us](mailto:Aimee_Pragle@doh.state.fl.us).**

## Weekly Disease Table

*Travis McLane*

Go to [http://www.doh.state.fl.us/disease\\_ctrl/epi/Disease\\_Table/2007\\_Weeks/dt\\_index.htm](http://www.doh.state.fl.us/disease_ctrl/epi/Disease_Table/2007_Weeks/dt_index.htm) to review the most recent disease figures provided by the Florida Department of Health, Bureau of Epidemiology.

**Travis McLane is a program specialist in the Surveillance Section of the Bureau of Epidemiology. He can be reached at 850.245.4444, Ext. 2413.**

## This Month on EpiCom



EpiCom is located within the Florida Department of Health's Emergency Notification System (FDENS). The Bureau of Epidemiology encourages *Epi Update* readers not only to register on the EpiCom system by emailing the Florida Department of Health Emergency Notification System Helpdesk at [FDENS-help@doh.state.fl.us](mailto:FDENS-help@doh.state.fl.us), but to sign up for features such as automatic notification of certain events. Users are invited to contribute appropriate public health observations related to any suspicious or unusual occurrences or circumstances through the system. EpiCom is the primary method of

communication between the Bureau of Epidemiology and other state medical agencies during emergency situations. Following are selected recent postings:

- Harmful algal blooms have been identified in several Florida counties.
- Boil water notice for the cities of West Palm Beach, Palm Beach and South Palm Beach. Fecal coliforms and E. coli bacteria were found in water samples, source unknown.
- Kraft Foods recalls Baker's Premium White Chocolate Baking Squares, possible *Salmonella* contamination.
- Sabanero Inc. recalls cheese for frying and grating, possible *Staphylococcus aureus* contamination.
- Pertussis investigation update: three confirmed cases have been reported, Charlotte County.
- Lead Paint Standard violations and recalls online:  
[http://www.doh.state.fl.us/environment/community/lead/The\\_Lead\\_Alert\\_Network.htm](http://www.doh.state.fl.us/environment/community/lead/The_Lead_Alert_Network.htm).
- Wisconsin firm recalls ground beef products due to possible *E. coli* O157:H7 contamination.
- Topps Meat Company, a New Jersey company, voluntarily expanded its ground beef recall to include a total of approximately 21.7 million pounds of frozen ground beef products, possible *E. coli* O157:H7 contamination.
- Suspected foodborne outbreaks in Charlotte and Sarasota counties.
- Confirmed case of typhoid fever in a visitor from Ghana, Volusia County.
- ConAgra Foods, a Missouri firm, is voluntarily recalling an undetermined amount of all varieties of frozen pot pie products, may be linked to an outbreak of salmonellosis.
- ILI Activity, Palm Beach County.
- Meningococcal meningitis in a 21-year-old University of Central Florida student, Orange County.
- Single case of *Vibrio cholerae* O1 serogroup inaba after consumption of cooked shrimp, Okaloosa County.
- Community-associated *Staphylococcus aureus* pneumonia death, Hillsborough County.

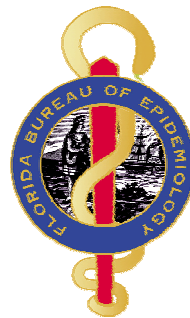
- Pediatric hospitalization for Acute Disseminated Encephalomyelitis (ADEM) caused by recent Influenza A infection, A, Duval County.
- Tetanus case, Broward County.
- Varicella outbreak, Flagler County.

**Christie Luce is the administrator of the Surveillance Systems Section in the Bureau of Epidemiology. She can be reached at 850.245.4444, Ext. 2450.**

**Epi Update** is the peer-reviewed journal of the Florida Department of Health, Bureau of Epidemiology, and is published monthly on the Internet. Current and past issues of Epi Update are available online:

[http://www.doh.state.fl.us/disease\\_ctrl/epi/Epi\\_Updates/index.html](http://www.doh.state.fl.us/disease_ctrl/epi/Epi_Updates/index.html). The Current issue of Epi Update is available online: [http://www.doh.state.fl.us/disease\\_ctrl/epi/Epi\\_Updates/2007/October2007EpiUpdate.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/Epi_Updates/2007/October2007EpiUpdate.pdf).

For submission guidelines or questions regarding Epi Update, please contact Gail Morales, Communications Coordinator, Bureau of Epidemiology. She can be contacted at 850.245.4444, Ext. 2401, or by email at [Gail\\_Morales@doh.state.fl.us](mailto:Gail_Morales@doh.state.fl.us).



The Bureau of Epidemiology is a part of the Division of Disease Control  
Tallahassee, Florida

