



Epi Update



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Prostate Cancer in Florida, 2006

Aruna Surendera Babu, M.P.H.

Prostate cancer is the second leading cause of cancer in Florida, exceeded only by cancer of the lung and bronchus, according to the Florida Cancer Data System (FCDS), Florida's statewide, population-based central cancer registry.

Prostate cancer forms in the tissues of the prostate (a gland in the male reproductive system found below the bladder and in front of the rectum). Prostate cancer usually occurs in older men. The Florida Department of Health (FDOH) encourages men to be aware of the risk factors associated with developing prostate cancer and take an active role in their health. Factors that may increase the risk of developing prostate cancer include:

- **Age** – As a man ages, his risk increases. The average age of patients at the time of diagnosis is 65.
- **Family history of prostate cancer** – A man's risk is higher if his father or brother had prostate cancer.
- **Race** – The disease is more common in African-American men than in white men, including Hispanic white men. It is less common in Asian and American Indian men.
- **Diet and dietary factors** – Some studies suggest that men who eat a diet high in animal fat may be at increased risk for prostate cancer.

For this article, data on prostate cancer incidence and diagnosis stage are from the FCDS, and mortality data are from the FDOH, Office of Vital Statistics. Florida data on cancer screening are from the Behavioral Risk Factor Surveillance System (BRFSS) survey. The Florida data are compared with that from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI). The U.S. mortality data reported by SEER are provided by the National Center for Health Statistics (NCHS).

In Florida in 2006, the prostate cancer incidence rate was 128.8 per 100,000 males and the mortality rate was 18.9 per 100,000 males. Both incidence and mortality rates were higher among those in older age groups and among blacks. The incidence rates among both race groups in Florida were significantly lower than the SEER rates. The mortality rate among whites in Florida (17.0 per 100,000 males) was significantly lower than the U.S. rate (21.8 per 100,000 males). The 2006 incidence rate was 37.0% higher than the rate observed in 1981 (94.0 per 100,000). The 2006 mortality rate was 37.4% lower than the rate observed in 1981 (30.2 per 100,000). Florida incidence rates were significantly lower than SEER rates overall and in both race groups. Florida mortality rates were also significantly lower than U.S. rates, overall, and among whites.

Of all Florida prostate cancer cases, 82.3% were diagnosed at an early stage in 2006. The percentage of cases diagnosed at an advanced stage was higher among blacks (11.8%) compared to their white counterparts (9.7%). The percentage of prostate cancer cases diagnosed at an advanced stage was lower in 2006 (10.0%), compared to the percentage in 1981 (24.5%).

Although the U.S. Preventive Services Task Force recommends the prostate cancer screening test for men aged 75 years and older, it recently concluded that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than 75 years-old.

About 60.1% of men aged 40 years and older had a prostate specific antigen (PSA) test and 57.9% had a digital rectal exam in the past two years. The prevalence of prostate cancer screening did not vary significantly by race. Lower screening rates were observed among males 40 to 44 years of age, males with less than a high school education, and among males without health insurance, compared to their counterparts.

A comprehensive fact sheet with detailed data table on prostate cancer in Florida is available at Florida Department of Health, Bureau of Epidemiology's website at http://www.doh.state.fl.us/disease_ctrl/epi/cancer/Prostate_06.pdf.

For additional information, please contact the Florida Department of Health, Bureau of Epidemiology at 850.245.4401 or visit our website at <http://www.floridachronicdisease.org/>.

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Race, Ethnicity, and Severe H1N1 Illness in Florida, 2009

Colin Malone, M.P.H.

Introduction

This analysis compares race and ethnicity among deaths and hospitalizations due to H1N1 in Florida. The goal of the analysis was to find out if there were differences in hospitalization and death rates between minority and non-minority populations, and whether age is a factor in the

relationship between race, ethnicity, and severe H1N1 disease. Beginning in April 2009, all cases with lab-confirmed H1N1 were reportable in Florida. As of July 17, only three categories of H1N1 infection were reportable: 1) persons hospitalized with life-threatening illness, 2) deaths, and 3) hospitalizations in pregnant women. For the purposes of this review, hospitalization and death are used as measures of severe H1N1 illness. All laboratory-confirmed novel H1N1 cases reported in Merlin, Florida's online disease reporting system, since the beginning of the pandemic were included. Case data are entered into Merlin by county health department (CHD) epidemiologists. Data available through Merlin includes age, race, ethnicity, if a case was hospitalized, if the case died, and county of residence. These data were extracted from the basic case information page in Merlin, as well as the H1N1 outbreak module survey.

Data sources and methods

Data in this report come from laboratory-confirmed cases of novel H1N1 influenza A reported into Merlin as of December 8, 2009. Since the beginning of the 2009 H1N1 epidemic in Florida, there have been 1,159 cumulative hospitalizations due to life-threatening H1N1 illness and 181 H1N1 deaths.

Cases are defined as hospitalized if:

- 1) "Y" is selected for the question "Hospitalized?" on the basic case information page in Merlin, and/or
- 2) "Y" is selected for the question "Was the patient hospitalized?" in the H1N1 outbreak module survey.

Cases are defined as dead if:

- 1) "Dead" is selected for the field "Final known outcome:" on the basic case information page in Merlin, or
- 2) "Y" is selected for the question "Did the patient die?" in the H1N1 outbreak module survey.

Race, ethnicity, and date of birth are required to be entered for each case of a reportable disease in Merlin. This ensures that there is a valid value for these fields in all records entered into the system. The options for race in Merlin are white, black, Asian/Pacific Islander, American Indian/Alaska Native, other, and unknown. Due to the small number of cases in some of the race categories, all persons with races other than white and black were combined into "Other Races" for this analysis. The options in the ethnicity field are Hispanic, non-Hispanic, and unknown. Some H1N1 hospitalizations and deaths had unknown race and ethnicity. These results were included in the calculations of the total counts but were not included in any of the specific race or ethnicity categories. Population data used to calculate rates were taken from Florida CHARTS 2009 population estimates. Analyses were stratified by Florida Regional Domestic Security Task Force (RDSTF) (Regions 1-7) and age group (0-4 years, 5-24, 25-49, 50-64, 65 and up).

Analysis

Table 1 below shows H1N1 hospitalization rates stratified by race and RDSTF region. Overall, the rate of hospitalization due to life-threatening H1N1 for Florida is 6.2 per 100,000. When the results are stratified by race, however, the rate of H1N1 hospitalization in blacks is 10.0 per 100,000, more than twice the rate of 4.9 per 100,000 found for whites. The case counts for some of these regions are very small, so the rates calculated for those regions are highly susceptible to fluctuation as new cases are reported. However, the regions with the highest number of hospitalizations, and therefore the least variability in hospitalization rates, all show higher rates of hospitalization among black Floridians compared to whites.

Table 1: H1N1 Hospitalizations by Race and RDSTF Region (Cumulative through 12/8/09)

RDSTF Region	White		Black		Other		Unknown	Total	
	Number Hospitalized	Rate per 100,000	Number Hospitalized	Rate per 100,000	Number Hospitalized	Rate per 100,000	Number Hospitalized	Number Hospitalized	Rate per 100,000
Region 1	21	2.5	0	0.0	1	2.8	1	23	2.3
Region 2	5	1.2	2	1.2	0	0.0	2	9	1.5
Region 3	70	4.1	30	6.5	3	4.2	1	104	4.6
Region 4	80	2.6	25	5.6	7	6.7	11	123	3.4
Region 5	157	5.1	32	6.0	6	4.8	4	199	5.3
Region 6	51	2.7	14	9.0	7	20.8	8	80	3.9
Region 7	364	8.6	207	17.5	19	12.2	31	621	11.1
Total	748	4.9	310	10.0	43	8.0	58	1,159	6.2

Table 2 shows hospitalization rates by RDSTF region, stratified by ethnicity. The overall rate of hospitalization among Hispanics is 10.1 per 100,000, compared to that of non-Hispanics at 4.5 per 100,000. This trend is also seen in the majority of the RDSTF regions as well, with the exception of Region 1, which has had no hospitalizations among Hispanics.

Table 2: H1N1 Hospitalizations by Ethnicity and RDSTF Region (Cumulative through 12/8/09)

RDSTF Region	Hispanic		Non-Hispanic		Unknown	Total	
	Number of Hospitalizations	Rate Per 100,000	Number of Hospitalizations	Rate Per 100,000	Number of Hospitalizations	Number of Hospitalizations	Rate Per 100,000
Region 1	0	0.0	20	2.1	3	23	2.3
Region 2	1	3.1	3	0.5	5	9	1.5
Region 3	10	6.4	88	4.2	6	104	4.6
Region 4	15	2.8	83	2.7	25	123	3.4
Region 5	65	9.6	131	4.3	3	199	5.3
Region 6	20	5.8	56	3.3	4	80	3.9
Region 7	302	13.5	279	8.3	40	621	11.1
Total	413	10.2	660	4.5	86	1,159	6.2

Table 3 that follows displays deaths due to H1N1 stratified by race and RDSTF region. This analysis shows that Florida's overall death rate due to H1N1 is 0.96 per 100,000. When stratified by race, the results show that the death rates for blacks and whites are very similar to each other and do not show the differences that were observed with the hospitalization rates. The death rate for blacks due to H1N1 is 0.97 per 100,000, and the rate among whites is 0.93 per 100,000.

Table 3: Novel H1N1 Deaths by Race and RDSTF Region (Cumulative through 12/8/09)									
RDSTF Region	White		Black		Other		Unknown	Total	
	Number of Deaths	Rate per 100,000	Number of Deaths	Rate per 100,000	Number of Deaths	Rate per 100,000	Number of Deaths	Number of Deaths	Rate per 100,000
Region 1	6	0.7	0	0.0	0	0.0	0	6	0.6
Region 2	1	0.2	0	0.0	0	0.0	0	1	0.2
Region 3	21	1.2	2	0.4	2	2.8	0	25	1.1
Region 4	26	0.9	6	1.3	3	2.9	2	37	1.0
Region 5	32	1.0	3	0.6	0	0.0	0	35	0.9
Region 6	13	0.7	2	1.3	1	3.0	2	18	0.9
Region 7	42	1.0	17	1.4	0	0.0	0	59	1.1
Total	141	0.93	30	0.97	6	1.12	4	181	0.96

Table 4 shows the death rate due to H1N1 by ethnicity. The death rate for Hispanics is 1.07 per 100,000 compared to 0.83 per 100,000 for non-Hispanics. The difference of death rates between ethnicities is larger than that between races, but the death rates are still very similar compared to differences between the rates of hospitalization. The very small number of deaths in most regions makes it difficult to compare the regional estimates.

Table 4: H1N1 Deaths by Ethnicity and RDSTF Region (Cumulative through 12/8/09)							
RDSTF Region	Hispanic		Non-Hispanic		Unknown	Total	
	Number of Deaths	Rate Per 100,000	Number of Deaths	Rate per 100,000	Number of Deaths	Number of Deaths	Rate per 100,000
Region 1	0	0.0	6	0.6	0	6	0.59
Region 2	0	0.0	0	0.0	1	1	0.17
Region 3	1	0.6	21	1.0	3	25	1.12
Region 4	4	0.8	26	0.8	7	37	1.03
Region 5	8	1.2	27	0.9	0	35	0.94
Region 6	4	1.2	13	0.8	1	18	0.87
Region 7	26	1.2	30	0.9	3	59	1.06
Total	43	1.07	123	0.83	15	181	0.96

Tables 5 and 6 display counts and rates of H1N1 hospitalization by race and ethnicity, respectively, and stratified by age group. These results show that overall rates of hospitalization are highest among the youngest age groups, especially in blacks and Hispanics. Tables 6 and 7 also show that, despite the skewed distribution of H1N1 hospitalizations towards younger age groups in minority populations, the stratum-specific hospitalization rates among minorities are higher across every age group.

Table 5: H1N1 Hospitalizations by Race and Age Group (Cumulative through 12/8/09)									
Age Group	White		Black		Other Races		Unknown	Total	
	Number Hospitalized	Rate per 100,000	Number Hospitalized	Rate per 100,000	Number Hospitalized	Rate per 100,000	Number Hospitalized	Number Hospitalized	Rate per 100,000
0 to 4	77	9.3	57	21.9	10	22.1	14	158	13.9
5 to 24	191	5.5	110	10.7	10	5.7	14	325	6.9
25 to 49	257	5.4	87	8.0	17	8.9	20	381	6.3
50 to 64	171	5.6	46	9.8	4	4.9	9	230	6.4
65 and up	52	1.7	10	3.9	2	4.6	1	65	2.0
Total	748	4.9	310	10.0	43	8.0	58	1,159	6.2

Table 6: Summary of H1N1 Hospitalizations by Ethnicity and Age Group (Cumulative through 12/8/09)

	Hispanic		Non-Hispanic		Unknown	Total	
Age Group	Number Hospitalized	Rate per 100,000	Number Hospitalized	Rate per 100,000	Number Hospitalized	Number Hospitalized	Rate per 100,000
0 to 4	62	19.5	85	9.9	11	158	13.9
5 to 24	122	10.5	181	4.8	22	325	6.9
25 to 49	133	8.6	213	4.4	35	381	6.3
50 to 64	69	11.7	145	4.4	16	230	6.4
65 and up	27	6.5	36	1.1	2	65	2.0
Total	413	10.2	660	4.2	86	1,159	6.2

Tables 7 and 8 show counts and rates of H1N1 deaths by race and ethnicity, respectively, stratified by age group. Although the small numbers of deaths make interpretation of age stratum-specific rates difficult, the difference of age-group specific death rates between races and ethnicities is not as great as that between hospitalization rates. Overall, H1N1 deaths in Florida are concentrated in the 25-49 and 50-64 age groups.

Table 7 Summary of H1N1 Deaths by Race and Age Group (Cumulative through 12/8/09)

	White		Black		Other Races		Unknown	Total	
Age Group	Number Died	Rate per 100,000	Number Died	Rate per 100,000	Number Died	Rate per 100,000	Number Died	Number Died	Rate per 100,000
0 to 4	2	0.24	2	0.77	0	0.00	2	6	0.53
5 to 24	17	0.49	3	0.29	0	0.00	0	20	0.43
25 to 49	52	1.08	16	1.46	5	2.61	2	75	1.23
50 to 64	57	1.87	7	1.49	1	1.23	0	65	1.81
65 and up	13	0.43	2	0.79	0	0.00	0	15	0.45
Total	141	0.93	30	0.97	6	1.12	4	181	0.96

Table 8 Summary of H1N1 Deaths by Ethnicity and Age Group (Cumulative through 12/8/09)

	Hispanic		Non-Hispanic		Unknown	Total	
Age Group	Number Died	Rate per 100,000	Number Died	Rate per 100,000	Number Died	Number Died	Rate per 100,000
0 to 4	0	0.00	5	0.61	1	6	0.53
5 to 24	4	0.34	13	0.37	3	20	0.43
25 to 49	17	1.10	51	1.12	7	75	1.23
50 to 64	15	2.54	46	1.53	4	65	1.81
65 and up	7	1.69	8	0.28	0	15	0.45
Total	43	1.07	123	0.83	15	181	0.96

Discussion

The results of this analysis show that rates of hospitalization due to life-threatening H1N1 are greater in minorities than in whites and non-Hispanics, but that H1N1 death rates do not differ greatly by race and ethnicity. These data show that hospitalizations are concentrated in younger age groups in the overall population, and that the age distribution of hospitalizations in minorities is especially skewed towards younger persons. These differences in the age distribution of cases may account for some of the discrepancy in hospitalization rates, but the greater hospitalization rates among minorities in every age group indicate that the age distribution in these populations does not wholly account for the difference. More research is necessary to determine what factors are causing this disproportionately severe impact of H1N1 on minority populations. It is possible that differences in race and socio-economic status could influence treatment-seeking behaviors, and that minorities may be more likely to delay seeking treatment for H1N1 illness or go to a

hospital emergency department rather than a physician's office. Availability of care might also vary between rural and urban communities, which might also impact hospitalization rates. It is also possible that the prevalence of underlying risk factors or genetic differences may play a role in the increased rates of hospitalization, although this might not explain the relative equivalence of death rates among non-Hispanics and whites compared to minority populations.

Limitations

These calculations were made using a small number of observations, and therefore rates calculated using these small counts are unstable. A small increase in deaths or hospitalizations may cause a large fluctuation in rate. The demographics of Florida's RDSTF regions differ, and in regions with smaller minority populations and a small number of deaths or hospitalizations among minorities, this may lead to very high rates. Additionally, denominator data used are population estimates and therefore may not accurately reflect the true population at risk. The number of cases with unknown race and ethnicity information varied between hospitalizations and deaths, but were large enough that their inclusion would have affected the analysis. Please note, because of these limitations, caution should be used when interpreting the results of this analysis.

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Florida Influenza Surveillance Report

Colin Malone, M.P.H.

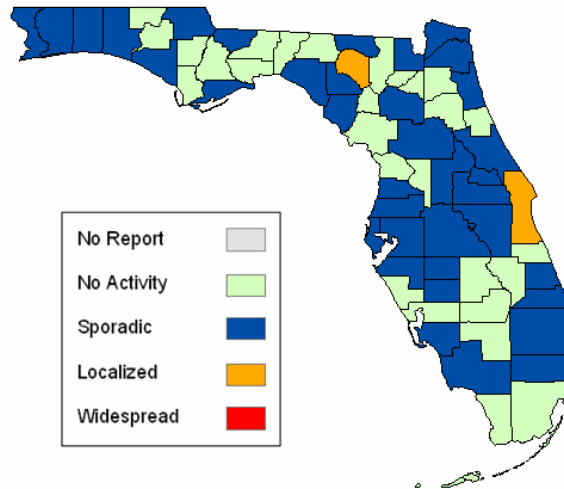
The 2009 H1N1 influenza brought an early flu season to Florida, and after a steep rise, followed by sustained, widespread influenza transmission, the fall wave of influenza appears to be over. Many of Florida's surveillance systems show that influenza activity has fallen to normal levels for this time of year. FDOH maintains a variety of surveillance systems to monitor influenza activity. The Bureau of Epidemiology summarizes the data from these systems in a weekly report to help FDOH track influenza activity. The surveillance sources summarized in these reports include:

1. Emergency department syndromic surveillance as monitored through the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE);
2. Laboratory data from the Bureau of Laboratories (BOL);
3. County influenza activity levels as reported by county health department epidemiologists;
4. The Florida Pneumonia and Influenza Mortality Surveillance System (FPIMSS);
5. Florida Outpatient Influenza-Like Illness Surveillance Network (ILINet) providers;
6. Novel H1N1 influenza notifiable disease data for special surveillance populations (deaths, hospitalized pregnant women, and those with life-threatening illness) and pediatric influenza-associated mortality as reported in the Merlin system for notifiable disease surveillance; and
7. Outbreaks or clusters of influenza-like illness (ILI) as reported through EpiCom.

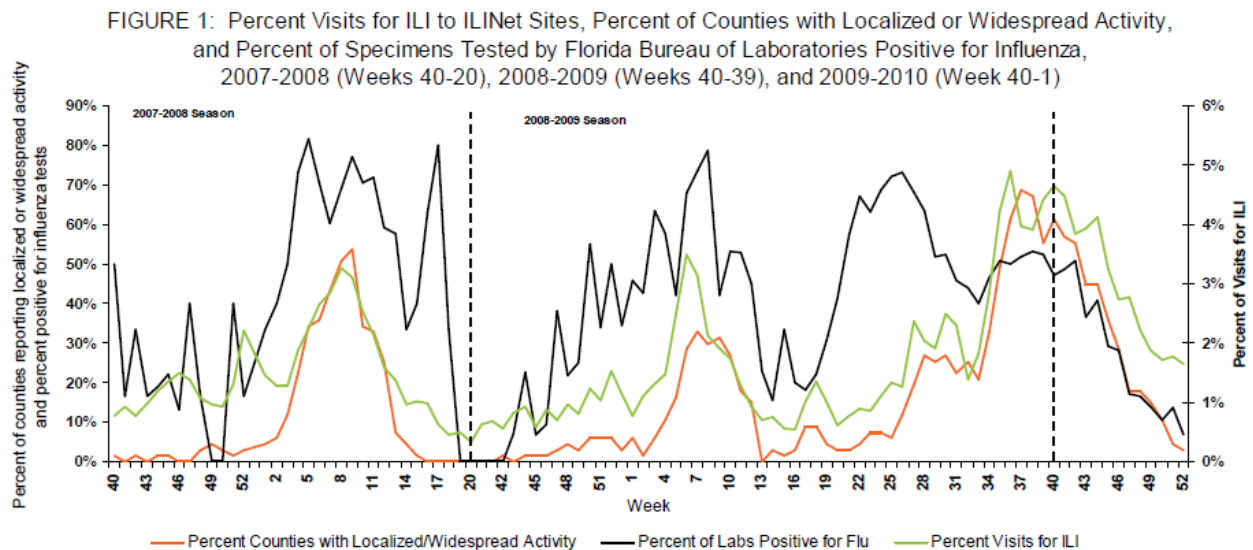
In week one (January 3-9, 2010) Florida reported sporadic statewide influenza activity to the CDC for the second week in a row. Prior to the past two weeks, Florida had not reported sporadic activity since week 23, 2009. There are five possible categories: no activity, sporadic, local, regional, or widespread. The CDC report can be viewed at <http://www.cdc.gov/flu/weekly/usmap.htm>. No counties in Florida reported widespread influenza activity, and only two reported localized activity. The vast majority of counties reported either

sporadic or no influenza activity, as shown by Map 1 that follows. This is similar to previous influenza seasons at this time.

Weekly County Influenza Activity for Week 1
as Reported by 3:00 p.m. January 13, 2010



Week one was the second week in a row that there were no reported outbreaks of ILI or deaths in persons with H1N1 influenza. BOL viral surveillance shows that there is very little influenza virus circulating in Florida, but the remaining influenza continues to be 2009 H1N1. There have been 64 specimens tested for influenza by the BOL with a lab event date of week one; of these, six specimens tested positive for influenza, all of which were 2009 H1N1. No other influenza virus, nor any other viruses that cause ILI, are currently causing significant ILI in Florida. Respiratory syncytial virus (RSV), a virus that affects infants and toddlers, is currently active throughout the state, as is normal at this time of year. The following graph shows the progression of the 2007-2008, 2008-2009, and 2009-2010 influenza seasons in three of the seven surveillance systems: ILINet, county activity reporting, and BOL viral surveillance.



Although Florida's influenza activity has decreased substantially in recent weeks, some regions still show elevated influenza activity, and influenza continues to circulate and cause illness in Florida. During normal influenza seasons, peak influenza transmission in Florida occurs from January through March, and Florida may continue to experience influenza activity over the coming months. This activity may be due to the 2009 H1N1 virus or to one or more of the seasonal viruses from previous seasons.

For up-to-date information on influenza surveillance and H1N1 influenza in Florida, please visit the Bureau of Epidemiology influenza surveillance reports website at http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/reports.htm.

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Florida Year-to-Date Mosquito-Borne Disease Summary Through January 19, 2010

Elizabeth Radke, M.P.H., Kristina Weis, Ph.D., Danielle Stanek, D.V.M., Carina Blackmore, D.V.M., Ph.D.



During the period from January 1 through January 19, 2010, the following arboviral activity was recorded in Florida:

Eastern Equine Encephalitis Virus (EEEV) Activity

Positive samples were obtained from one sentinel chicken and one live wild bird in two counties.

West Nile Virus (WNV), St. Louis Encephalitis Virus (SLEV) Activity

No activity reported in 2010.

Highlands J Virus (HJV) Activity

No activity reported in 2010.

California Encephalitis Group Viruses (CEV) Activity

No activity reported in 2010.

Dengue Virus (DENV)

One imported case with travel to Haiti was reported from Miami-Dade County.

Malaria

Three imported cases were reported from the following counties: Osceola, Miami-Dade, and Hillsborough. Places of origin included Haiti, Guyana, and one unknown, likely Mexico. Two of the cases were diagnosed with *Plasmodium vivax*, the other with *Plasmodium falciparum*.

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, 2010, 13 reports representing a total of 39 dead birds (0 crows, 0 jays, 7 raptors, 32 others) have been received

from 11 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/.

See the following web site for more information:
<http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>.

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Upcoming Events

Bureau of Epidemiology Monthly Grand Rounds

Date: Last Tuesday of each month
Time: 10 a.m.-11 a.m., E.T.
Location: Building 2585, Room 310A
Dial-In Number: 877.646.8762 (password: Grand Rounds)

February 23, 2010: "Tuberculosis Outbreak Investigation Duval County, Florida" presented by Jimmy Keller, Deputy Chief, Bureau of TB and Refugee Health

Emory University's "Epi in Action" Course

Dates: June 14 – 25, 2010
Location: Orlando
Registration will begin in late February

Reportable Diseases in Florida

Up-to-date information about the occurrence of reportable diseases in Florida, based on the Merlin surveillance information system, is available at the following site: <http://www.floridacharts.com/merlin/freqrpt.asp>. Counts can be displayed by disease, diagnosis status, county, age group, gender, or time period.

Monthly Notifiable Disease Data

Table 1. Provisional Cases* of Selected Notifiable Diseases, Florida, December 1-31, 2009

Disease Category	Month				Cumulative (YTD)	
	2009	2008	Mean [†]	Median [‡]	2009	2008
A. Vaccine Preventable Diseases						
Diphtheria	0	0	0	0	0	0
Measles	0	1	0.2	1	5	1
Mumps	5	4	1	1	23	29
Pertussis	15	42	13.4	11	499	314
Poliomyelitis	0	0	0	0	0	0
Rubella	0	0	0	0	0	3
Smallpox	0	0	0	0	0	0
Tetanus	0	1	0.6	1	0	2
Varicella	54	220	N/A	N/A	1,128	1,736
B. CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	5	1	1.2	2	17	25
<i>H. Influenzae</i> (invasive)	18	20	9.8	2	222	154
in those ≤5	4	5	4.2	4	29	59
Listeriosis	6	5	5.2	4	25	49
Meningitis (bacterial, cryptococcal, mycotic)	21	22	17.8	15	210	199
Meningococcal Disease	2	2	3.8	4	56	54
<i>Staphylococcus aureus</i> (VISA, VRSA)	0	0	0.4	2	6	3
Streptococcal Disease, Group A, Invasive	18	28	23	28	256	253
<i>Streptococcus pneumoniae</i> (invasive disease)						
Drug resistant	81	123	57	0	767	792
Drug susceptible	101	121	43.6	44	731	704
C. Enteric Infections						
Campylobacteriosis	113	95	67.8	68	1,120	1,118
Cholera	0	0	0	0	0	0
Cryptosporidiosis	35	51	55	53	497	549
Cyclospora	2	4	2	5	40	59
<i>Escherichia coli</i> , Shiga-toxin producing (STEC)**	19	9	2	4	176	53
Giardiasis	167	167	101.8	105	1,980	1,391
Hemolytic Uremic Syndrome	2	1	1	1	5	5
Salmonellosis	747	496	550	515	6,745	5,312
Shigellosis	35	46	113	87	463	801
Typhoid Fever	1	2	0.4	1	19	18
D. Viral Hepatitis						
Hepatitis A	18	14	16.6	16	203	165
Hepatitis B, Acute	39	42	33.2	35	324	358
Hepatitis C, Acute	13	9	2.4	3	79	53
Hepatitis +HBsAg in pregnant women	60	60	46	49	602	599
Hepatitis D, E, G	0	0	0	0	4	1

* Confirmed and probable cases based on date of report as reported in Merlin
Incidence data for 2009 is provisional, data for 2008 was finalized on April 1, 2009

† Mean of the same month in the previous five years

‡ Median for the same month in the previous five years

** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped

†† Includes neuroinvasive and non-neuroinvasive

N/A indicates that no historical data is available to calculate mean and median

Table 1. (cont.) Provisional Cases* of Selected Notifiable Diseases, Florida, December 1-31, 2009

Disease Category	Month				Cumulative (YTD)	
	2009	2008	Mean [†]	Median [¶]	2009	2008
F. Vector Borne, Zoonoses						
Dengue	7	4	2.2	2	55	33
Eastern Equine Encephalitis ^{††}	0	0	0	0	0	1
Ehrlichiosis/Anaplasmosis	2	3	0.8	1	15	14
Leptospirosis	2	0	0	0	2	0
Lyme Disease	25	10	5.8	6	159	101
Malaria	9	9	7.6	7	93	65
Plague	0	0	0	0	0	0
Psittacosis	1	0	0	0	1	2
Q Fever (acute and chronic)	0	0	0.4	2	1	1
Rabies, Animal	10	4	10	10	161	138
Rabies (possible exposure)	263	158	116.4	101	1,857	1,618
Rocky Mountain Spotted Fever	3	4	1.4	2	12	20
St. Louis Encephalitis ^{††}	0	0	0	0	1	0
Toxoplasmosis	2	2	0.8	1	5	14
Trichinellosis	0	0	0	0	0	1
Tularemia	0	0	0.2	1	1	0
Typhus Fever (epidemic and endemic)	1	0	0	0	2	0
Venezuelan Equine Encephalitis ^{††}	0	0	0	0	0	0
West Nile Virus ^{††}	0	0	0.2	1	3	3
Western Equine Encephalitis ^{††}	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0
G. Others						
Anthrax	0	0	0	0	0	0
Botulism-Foodborne	0	0	0	0	0	0
Botulism-Infant	0	0	0.2	1	1	1
Brucellosis	5	0	0.6	1	13	10
Glanders	1	0	0	0	1	0
Hansen's Disease (Leprosy)	1	0	1	3	8	10
Hantavirus Infection	0	0	0	0	0	0
Legionella	27	14	11.2	10	205	149
Melioidosis	0	0	0.2	1	0	0
Vibriosis	15	10	8.8	9	114	94

* Confirmed and probable cases based on date of report as reported in Merlin

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† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

†† Includes neuroinvasive and non-neuroinvasive

N/A indicates that no historical data is available to calculate mean and median

Note: The 2009 case counts are provisional and are subject to change until the database closes. Cases may be deleted, added, or have their case classification changed based on new information and therefore the monthly tables should not be added to obtain a year to date number.

Please refer any questions regarding the data presented in these tables to Kate Goodin at Kate_Goodin@doh.state.fl.us or 850.245.4444 Ext. 2440.

This Month on EpiCom

Christie Luce



EpiCom is located within the Florida Department of Health's Emergency Notification System (FDENS). The Bureau of Epidemiology encourages *Epi Update* readers to register on the EpiCom system by emailing the Florida Department of Health Emergency Notification System Helpdesk at FDENS-help@doh.state.fl.us. 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 and public health agencies during emergency situations. The following are titles from selected recent postings:

- Influenza A H1N1 activities in schools, Dec. 6-12, Lake County
- Surveillance of *Salmonella* Rubislaw cases with PFGE pattern of JLPX01.0059
- Non-safety related voluntary recall of certain lots of Sanofi Pasteur H1N1 vaccine
- *Legionella* investigation on three lab-confirmed cases, Dec. 15, Miami-Dade County
- Influenza-like illness in an elementary school during Dec. 7-11, Nassau County
- Foodborne illness outbreak related to a catered lunch, Broward County
- Hepatitis A cases, Alachua County
- Brucellosis, Seminole-Orange County
- Suspected *E. coli* outbreak, Hillsborough County
- Update: *Legionella* outbreak, Miami-Dade County
- Influenza-like illness outbreak at a correctional institution, Dec. 18, Miami-Dade County
- Suspected Norovirus in a school, St. Johns County
- Update: Multi-state *E. coli* O157:H7 outbreak, pattern 0912MLEXH-1, Jan. 7

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For submission guidelines or questions regarding Epi Update, please contact Leesa Gibson at 850.245.4409 or by email at Leesa.Gibson@doh.state.fl.us.

