

EPI—NOTES



Hillsborough County Health Department

Disease Surveillance Newsletter



July 6, 2004

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SARS & AVIAN INFLUENZA UPDATE

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The last case of SARS anywhere in the world was reported on April 29, 2004. The CDC currently recommends that surveillance efforts should target identifying patients who require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome without identifiable etiology and also have one of the following risk factors in the ten days before the onset of illness:

- Travel to mainland China, Hong Kong or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, OR
- Employment in an occupation associated with a risk for SARS-CoV exposure, OR
- Part of a cluster of cases of atypical pneumonia without an alternative diagnosis

For more information about SARS, please go to <http://www.cdc.gov/ncidod/sars/>.

The last officially reported case of avian influenza (H5N1) occurred in February 2004. At this time, there is no evidence of efficient human-to-human transmission of avian influenza viruses. However, the CDC recommends that enhanced surveillance efforts at the state and local levels be maintained in order to identify those patients at high risk for avian influenza. The guidelines that exist for enhanced surveillance are largely based upon testing and infection control precautions. In the case of the hospitalized patient, testing for avian influenza is indicated if there is radiologically confirmed pneumonia, acute respiratory distress syndrome, or other severe respiratory illness for which an alternate diagnosis has not been established, AND when there is a history of travel within ten days of symptom onset to a country with documented avian influenza in poultry and/or humans.

“Since January 2004, a total of 34 confirmed human cases of avian influenza A (H5N1) virus infections have been reported in Vietnam (22 cases, 15 deaths) and Thailand (12 cases, 8 deaths). The last case officially reported by Vietnam occurred in February 2004. Since December 2003, eight countries have reported H5N1 outbreaks among poultry. Outbreaks in South Korea and Japan were limited to commercial farms and have been adequately contained; however, outbreaks in Vietnam, Thailand, Indonesia, Cambodia, Laos, and China have been more extensive and the degree to which they have been controlled remains uncertain. On the basis of current information, human infection with avian influenza A (H5N1) viruses remains a public health risk in these countries.” CDC Health Alert Network, June 10, 2004

Infection control precautions should remain unchanged at the present time. Please see the following website for detailed infection control precautions <http://www.cdc.gov/flu/han020302.htm>.

For more information about avian influenza, please go to <http://www.cdc.gov/flu>.

HILLSBOROUGH COUNTY HEALTH DEPARTMENT Data Summary Report

DISEASE	2001 Yr end	2002 Yr end	2003 Yr end	3YR AVG (2001-2003)	Jan-May 2003	Jan-May 2004
AIDS	243	253	194	230.0	76	124
ANIMAL BITE, PROPHY REC.	33	37	24	31.3	11	3
ANTHRAX	0	0	0	0.0	0	0
BOTULISM	0	0	0	0.0	0	0
BRUCELLOSIS	0	0	0	0.0	0	0
CAMPYLOBACTERIOSIS	50	53	72	58.3	14	23
CHLAMYDIA	2,513	3,407	3,034	2,984.7	1,262	1,218
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	NR	NR	0	NA	0	2
CRYPTOSPORIDIOSIS	6	8	7	7.0	0	4
CYCLOSPORIASIS	1	1	0	0.7	0	0
DENGUE	0	1	0	0.3	0	0
DIPHTHERIA	0	0	0	0.0	0	0
EHRlichiosis, HUMAN GRANULOCYtic	0	0	1	0.3	0	0
EHRlichiosis, HUMAN MONOCYtic	1	1	0	0.7	0	0
ENCEPHALITIS, HERPES	0	1	0	0.3	0	1
ENCEPHALITIS, NON-ARBOVIRAL	NR	NR	0	NA	0	0
ENCEPHALITIS, OTHER	1	1	0	0.7	0	0
ENCEPHALITIS, EEE	0	0	0	0.0	0	0
ENCEPHALITIS, SLE	0	0	0	0.0	0	0
ENCEPHALITIS, WN	0	1	0	0.3	0	0
ESCHERICHIA COLI (E. COLI) O157:H7	6	9	2	5.7	0	3
E. COLI SHIGA TOXIN + NON-O157	NR	1	0	NA	0	0
E. COLI, OTHER	1	0	0	0.3	0	0
FOOD AND WATERBORNE CASES	338	245	163	248.7	91	61
FOOD AND WATERBORNE OUTBREAKS	61	55	33	49.7	18	12
GIARDIASIS	95	74	71	80.0	20	25
GONORRHEA	1,489	1,912	1,625	1,675.3	659	498
H. INFLUENZAE PNEUMONIA	0	0	1	0.3	0	1
H-FLU, PRIMARY BACTEREMIA	3	3	2	2.7	2	2
HANSEN'S DISEASE (LEPROSY)	0	0	1	0.3	0	0
HANTAVIRUS	0	0	0	0.0	0	0
HEMOLYTIC UREMIC SYNDROME	0	0	0	0.0	0	0
HEPATITIS A, ACUTE	76	78	40	64.7	18	6
HEPATITIS B, ACUTE	49	59	76	61.3	25	29
HEPATITIS B, MATERNAL (HBsAg+ Pregnant)	56	52	43	50.3	14	19
HEPATITIS B, PERINATAL ACUTE	2	2	0	1.3	0	0
HEPATITIS B, CHRONIC*	NR	48	234	NA	88	85
HEPATITIS C, ACUTE	1	3	11	5.0	6	7
HEPATITIS C, CHRONIC*	NR	32	479	NA	115	320
HEPATITIS NON-A NON-B, ACUTE	1	0	0	0.3	0	0
HEPATITIS UNSPEC, ACUTE	1	0	1	0.7	0	0
HIV INFECTION	356	303	363	340.7	178	124
LEAD POISONING	60	103	49	70.7	27	13
LEGIONELLOSIS	10	0	12	7.3	7	3
LEPTOSPIROSIS	0	0	0	0.0	0	0

DISEASE	2001 Yr end	2002 Yr end	2003 Yr end	3YR AVG (2001-2003)	Jan-May 2003	Jan-May 2004
LISTERIOSIS	0	1	2	1.0	0	0
LYME DISEASE	4	2	5	3.7	0	2
MALARIA	3	4	4	3.7	0	1
MEASLES	0	0	0	0.0	0	0
MENINGITIS, GROUP B STREP	1	4	2	2.3	1	2
MENINGITIS, H-FLU	1	1	1	1.0	1	2
MENINGITIS, LISTERIA MONO	0	0	0	0.0	0	0
MENINGITIS, OTHER	13	12	14	13.0	3	6
MENINGITIS, S PNEUMO	5	15	7	9.0	6	4
MENINGOCOCCAL DISEASE	12	10	3	8.3	3	4
MERCURY POISONING	0	0	0	0.0	0	0
MUMPS	1	1	3	1.7	3	0
PERTUSSIS	3	6	4	4.3	3	0
PESTICIDE RELATED ILLNESS	1	0	0	0.3	0	0
POLIO, PARALYTIC	0	0	0	0.0	0	0
Q FEVER	0	0	1	0.3	0	0
RABIES ANIMAL	11	10	12	11.0	6	2
ROCKY MOUNTAIN SPOTTED FEVER	0	3	1	1.3	0	1
RUBELLA	1	0	0	0.3	0	0
SALMONELLOSIS	202	266	263	243.7	45	47
SHIGELLOSIS	237	362	31	210.0	17	21
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS VISA/VRSA	0	0	0	0.0	0	0
STREP DISEASE, INVASIVE GROUP A	15	12	11	12.7	5	14
STREP PNEUMO, INVASIVE DRUG RESIST	53	68	59	60.0	32	23
STREP PNEUMO, INVASIVE SUSCEPTIBLE**	NR	NR	14	NA	NA	28
SYPHILIS, CONGENITAL	4	2	3	3.0	0	0
SYPHILIS, INFECTIOUS	14	33	37	28.0	21	26
TETANUS	0	0	0	0.0	0	0
TOXOPLASMOSIS	0	2	3	1.7	1	2
TUBERCULOSIS	80	49	77	68.7	28	28
TYPHOID FEVER	0	0	0	0.0	0	0
VIBRIO ALGINOLYTICUS	1	1	0	0.7	0	0
VIBRIO CHOLERA NON-01	0	0	0	0.0	0	0
VIBRIO HOLLISAE	0	0	0	0.0	0	0
VIBRIO PARAHAEMOLYTICUS	0	1	2	1.0	0	0
VIBRIO VULNIFICUS	0	4	5	3.0	1	0
VIBRIO, OTHER	0	0	0	0.0	0	0
WEST NILE FEVER	NR	NR	1	NA	0	0
YELLOW FEVER	0	0	0	0.0	0	0

Data contained in this report are provisional

NA=NOT AVAILABLE NR=NOT REPORTABLE

*Data collection began October 2002 **Added September 2003

Epi-Notes is a free newsletter produced by the Hillsborough County Health Department disease control programs to provide local information and promote disease reporting. The editorial staff consists of Dr. Albert Vincent, Dr. Keith Rosenbach, Michael Kilcomons, Eliot Gregos, David Atrubin, Xiomara Hewitt-Jeffrey, and Jylmarie Kintz. The Hillsborough County Health Department, Epidemiology Program, distributes Epi-Notes, 1105 E. Kennedy Blvd, PO Box 5135, Tampa, FL 33675-5135. Phone: 813-307-8010, Fax: 813-276-2981, Web: www.hillscountyhealth.org, Email: dawn_morgan@doh.state.fl.us. We welcome your comments, questions or suggestions. To add or remove your name from the Epi-Notes list please email your request to dawn_morgan@doh.state.fl.us or fax to 813-276-2981.