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A Monthly Epidemiology Report October, 2017

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Disease Summary:

In October, a total of 539 cases of various diseases were reported to the Florida Department of Health in Broward County (DOH-Broward). Among them, there were one case of listeriosis, nighty-seven cases of salmonellosis, six cases of acute hepatitis B, eleven cases of possible rabies exposure, eighteen cases of carbon monoxide poisoning, seven cases of legionellosis, four cases of mercury poisoning, one case of mumps, seven cases of varicella (chickenpox), one case of vibriosis (Vibrio cholerae type non-O1), and one case of vibriosis (other Vibrio species). These were higher than the averages of the same month in the previous five years.

Food Recalls:

There was one food recall reported in Florida for the month of October 2017.

Brand Name	Food	Recall Date	Health Risk	
Spicely Organics	Organic Tarragon	10/16/2017	Salmonella	

Link to food recalls: http://www.floridahealth.gov/diseases-and-conditions/ food-and-waterborne-disease/florida-food-recalls.html

All data are provisional.



Celeste Philip, MD, MPH State Surgeon General and Secretary

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Health Care Provider Alert

Increase in Locally Acquired Hepatitis A infections in Broward County

Since January 2017, there have been 34 cases of hepatitis A infection reported in Broward County. Over the past five years an average of 7 hepatitis A cases have been reported each year. Most of the cases do not have international travel exposures. Although infections have occurred across all demographic groups, approximately 75% of the recent cases are among males. The median age of cases is 35 years and some of the cases have reported in men who have sex with men (MSM). The Florida Department of Health in Broward County (DOH-Broward) recommends that healthcare providers offer hepatitis A vaccine to all persons at risk of hepatitis A infection, who have not been vaccinated, do not know their vaccination status or have had disease.

Persons at increased risk for hepatitis A can receive hepatitis vaccine free of charge through the DOH-Broward Hepatitis clinic, 2421 SW 6th Avenue, Fort Lauderdale, Florida 33315, Mondays from 1:00 p.m. to 4:00. No appointment is necessary.

Hepatitis A is transmitted person-to-person through fecal-oral route, which may include some types of sexual contact, or poor hand hygiene after going to the bathroom or changing diapers. Hepatitis A can also be spread through fecally contaminated food or water, which most often occurs in countries where hepatitis A is common. While most patients with hepatitis A will fully recover, 68% of recent cases have required hospitalization.

MSM are known to be at increased risk of hepatitis A infection. Outbreaks among MSM have been reported frequently. Cyclic outbreaks have occurred in urban areas in the United States and can occur in the context of an outbreak in the larger community. Since 1996, the Advisory Committee on Immunization Practices (ACIP) has recommended that all MSM receive two doses of hepatitis A vaccine; the second dose should be administered 6-12 months after the first dose. Additional persons at increased risk for hepatitis A infection include:

- Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A
- Users of injection and non-injection drugs
- Persons who have chronic liver disease
- Persons who have clotting-factor disorders
- Household members and other close personal contacts of adopted children newly arriving from countries with high or intermediate hepatitis A endemicity
- Persons with direct contact with persons who have hepatitis A

Please immediately report all cases of hepatitis A to the Florida Department of Health in Broward by calling 954-467-4700 x 5581 to ensure a prompt public health response to prevent the spread of hepatitis A.



Table 1 . Provisional Cases* of Selected Notifiable Disease, Broward County, Florida, October 2017

	BROWARD COUNTY					FLORIDA				
	Cumulative					Curr			lative	
	October		(YTD)			October		(YTD)		
	2017	2016	Mean†	2017	2016	2017	2016	Mean†	2017	2016
A. Enteric Infections										
Campylobacteriosis	21	7	14	216	116	363	278	242.8	3631	3014
Cryptosporidiosis	3	0	2.8	31	17	67	80	124.6	454	496
E.Coli, Shiga Toxin-Producing Infection**	3	7	4	55	55	43	52	39.4	544	505
Giardiasis, Acute	5	6	8.4	80	69	70	79	103	842	946
Listeriosis	1	0	0	8	4	7	7	4.8	45	33
Salmonellosis	97	60	62.8	553	441	929	826	914	5318	5229
Shigellosis	11	10	16.2	98	108	122	110	154	1121	784
B. CNS Diseases & Bacteremias										
Meningitis, Bacterial or Mycotic	1	0	0.8	9	7	11	8	9.6	96	92
C. Viral Hepatitis										
Hepatitis A	3	1	1.2	34	6	25	6	10	224	96
Hepatitis B, Acute	6	3	3.4	47	39	85	61	41	646	579
Hepatitis B, Pregnant Women	12	12	4	86	66	38	29	29.4	395	344
Hepatitis C, Acute	2	3	1.4	19	23	41	25	18.4	323	260
D. Vector Borne, Zoonoses										
Lyme Disease	1	1	0.6	15	16	24	22	15.2	241	190
Rabies, Possible Exposure	11	9	2.6	144	90	321	292	241.4	2810	2722
Zika Virus Disease and Infection, Non-Congenital	5	27	5.4	44	157	36	127	25.4	328	940
E. Others										
Carbon Monoxide Poisoning	18	0	0.6	60	6	203	33	19.2	678	226
Lead Poisoning	2	3	2.6	39	30	57	80	89.8	825	674
Legionellosis	7	3	3	46	20	61	41	33.6	417	279
Mercury Poisoning	4	0	0	15	3	9	0	0.2	40	16
Mumps	1	0	0	7	3	9	2	1.2	79	23
Pertussis	2	0	0.8	23	8	20	24	54.2	314	288
Varicella (Chickenpox)	7	2	2	81	48	40	32	49.4	534	622
Vibriosis (<i>Vibrio alginolyticus</i>)	2	1	1	3	6	8	6	6	58	45
Vibriosis (<i>Vibrio cholerae</i> Type Non-O1)	1	0	0	3	0	3	0	0.4	22	13
Vibriosis (Other <i>Vibrio</i> Species)	1	0	0	2	1	4	2	1	48	12

* Confirmed, Probable, Suspect and Unknown Cases based on date of report as reported in Merlin.

⁺ Mean of the number of cases of 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.

Highlighted diseases/conditions are higher than expected for the current month in Broward.

The Merlin system is Florida's state repository of reportable disease case reports, including automated notification of staff about individual cases of high priority diseases. Data are extracted using event date which is usually the date of onset of illness, and when that is unknown, event date may be date of lab report, or date of diagnosis.

Syndromic Surveillance

Enas Mohamed, M.B.B.S., M.P.H.

The Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) was developed by Johns Hopkins University and Walter Reed Army Institute of Research. It is a syndromic surveillance tool used to monitor potential bioterrorism threats and reportable diseases. Chief complaint data is transmitted daily to the ESSENCE system from participating hospital emergency rooms. DOH-Broward monitors a total of 17 reporting hospitals in Broward County. ESSENCE groups the chief compliant data into twelve syndrome groups, including: botulism-like, exposure, fever, gastrointestinal (GI), hemorrhagic, influenza-like-illness (ILI), neurological, rash, respiratory, shock/coma, injury, and other. ESSENCE creates automatic warnings or alerts for the monitoring of the twelve syndrome groups by comparing statistical differences in observed and predicted disease based on a 28-day average. Specialized queries have also been developed to monitor Florida state reportable diseases in Broward County. When an observed value is statistically higher at the p<.05 level, a yellow warning flag is generated.

Figure 1. ESSENCE Daily Emergency Department Visits, Broward, October 2017

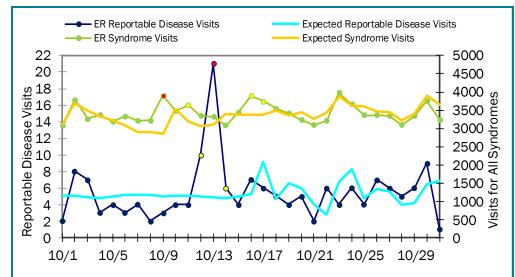


Figure 5. There are two warnings and one alert for E.R reportable disease visits; and three warnings and one alert for E.R syndromic visits.

Warning - Yellow data point Alert - Red data point

Table 2. ESSENCE Chief Complaint Alerts and	Warnings for Reportable Disease and Ch	nief Complaint Syndromes, October 2017

Disease	Alert Dates	Warning Dates	Syndrome	Alert Dates	Warning Dates	
All Reportable Disease Query	13	12, 14	Botulism-like Illness	16, 17	18, 30	
Vaccine Preventable Diseases ¹	None	None	Exposure	12, 13	14	
Hepatitis A and B	None	None	Form	8, 16, 17, 23,	2, 4, 7, 9, 13, 15,	
Meningitis (may not be bacterial)	13	14, 15	Fever	24	18, 19, 22	
Varicella (chicken pox)	5, 17, 18	22, 23, 24, 26	Gastrointestinal Illness	9	23	
Vector Borne Diseases	None	None	Hemorrhagic Illness	2	19, 20	
Chikungunya	5, 6	3, 9, 10, 11	Influenza-like Illness (ILI)	15, 17, 24, 30	9, 11, 12, 13, 16,	
Dengue	None	None	Innuenza-like Inness (ILI)	15, 17, 24, 50	18, 19, 23, 25, 26 27	
Encephalitis	None	None	Injury	None	30	
Malaria	None	None	Neurological	None	None	
Zika Infection	None	None	Rash	None	None	
Gastrointestinal Illnesses	None	None	Respiratory	15, 16, 17, 18	7, 19, 30	
General Enterics ²	None	None	Shock/Coma	None	16	
Vomit and Diarrhea	9, 23, 24	17	Other Illness	9	11, 17	

¹ Varicella, Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Polio

² Cryptosporidium, cyclospora, shigellosis, shigella, salmonellosis, salmonella, ciguatera, campylobacteriosis, cholera, E. coli, and vibrio

Influenza Surveillance

Patrice Fernandez, M.P.H.

During the month of October, Influenza and ILI activity remains at low levels nationally. Statewide activity increased but remained at low levels overall across the state. Florida reported local Influenza Like Illness (ILI) activity with the peak of the season to have passed in week 8. There were no positive influenza tests detected by the Bureau of Public Health Laboratories in recent weeks in Broward County. Broward influenza activity peaked in week 52 and remains sporadic.

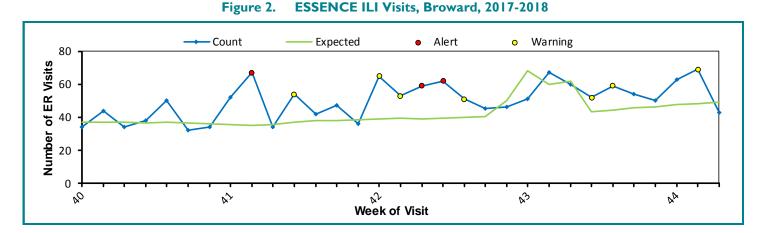


Figure 3. ESSENCE Reported ILI Visits, Broward, 2017

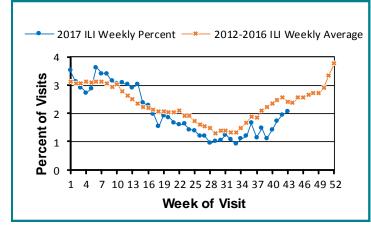
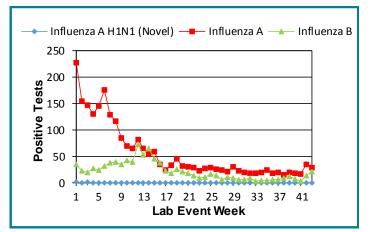


Figure 4. Merlin Reported Circulating Flu Types, Broward, 2017



Summary of Influenza and Respiratory Diseases Data

The number of visits to the emergency department for ILI was increasing and was above the number of expected visits at this time for the month of October (week 40 to week 43) with three alerts and seven warnings (Fig. 2). The percentage of emergency department visits due to ILI was decreasing, and is at lower levels when compared to the weekly average for the last five years (Fig. 3). According to Merlin Flu Lab Reports, the number of positive tests for Influenza A has decreased and was similar to the number of positive tests for Influenza B. Positive results for Influenza B were decreasing, compared to the month of September (Fig. 4).

Influenza Prevention Recommendations

Florida Department Health in Broward County recommends that everyone take precautions to prevent the spread of influenza. The flu is a contagious disease, caused by the influenza virus, and spreads to others when infected persons cough, sneeze or talk. Common symptoms of the flu include: fever (usually high), headache, extreme tiredness, cough, sore throat, runny or stuffy nose, muscle aches, nausea, vomiting, and diarrhea (more common among children than adults). Influenza vaccines have protected millions of people safely for decades. The CDC recommends an annual flu vaccine as the first and best way to protect against influenza. This recommendation is the same even during years when the vaccine composition (the viruses the vaccine protects against) remains unchanged from the previous season. Everyone 6 months and older is encouraged to get vaccinated against the flu even if they got vaccinated last season.

Other recommendations include:

- Wash your hands often with soap and water or an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, or mouth.
- Stay home when you are sick, keep sick children home and check with a health care provider, as needed.
- Do not share eating utensils, drinking glasses, towels or other personal items.
- Avoid close contact with people who are sick, if possible.





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TEST AND TREAT, BROWARD COUNTY

Test and Treat Program Totals as of: May 1st - October 31st, 2017			
TOTAL NUMBER REFERRED TO TEST AND TREAT	ER REFERRED TO TEST AND TREAT 619		
Total Enrolled:	548	89%	
Newly diagnosed:	253	46%	
Previous positives:	295	54%	
REFUSED:	30	5%	

On May 1st, 2017, Department of Health in Broward County (DOH - Broward) implemented the Test & Treat Program (T&T). T & T is one of the 4 key components to help eliminate HIV transmission and reduce HIV – Related deaths in Broward County.

As of October 31st, 2017, 619 clients have been referred to the T&T Program. Out of the 619, 548 have been enrolled. Of the 548, 253 were newly diagnosed and 295 previous positives who had fallen out of care. Thirty or 5% of the referred clients to the T&T Program refused participation.



Syphilis Update

Nationally, syphilis cases for both males and females have been increasing for many years. Since 2011, the highest number of syphilis cases in Broward County have been among white males. Among females, blacks have consistently had the highest number of syphilis cases.

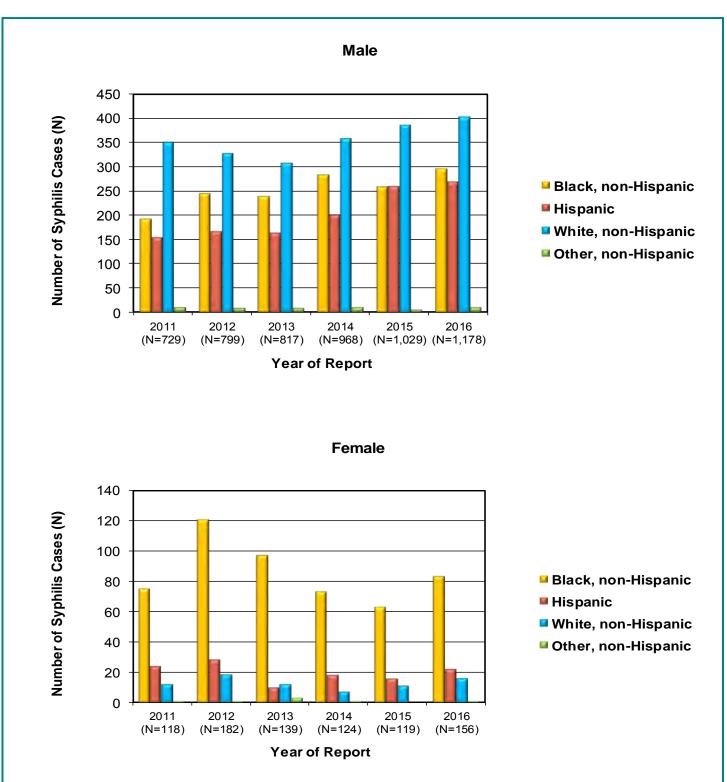


Figure 5. Syphilis Cases by Gender and Race/ Ethnicity in Broward County, 2011-2016