



Epi Watch

A Monthly Epidemiology Newsletter
Division of Disease Control
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To report diseases or request
information call
(Mon-Fri, 8-5, Area code 727):

Epidemiology	824-6932
Hepatitis Program	824-6932
HIV/AIDS	824-6964
Immunizations	824-6936
STD	824-6911
Tuberculosis	824-6953
Non-business hours	824-6900

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Surveillance Summary, 2003

The prevention and control of communicable diseases continues to be a top priority for the Pinellas County Health Department (PCHD). In 2003, the PCHD has enhanced its public health preparedness activities, strengthened disease surveillance programs and increased its epidemiology and investigative capabilities.

Because of the increased potential for bioterrorism, the PCHD and area emergency departments (ED) utilize the Syndromic Tracking and Reporting System (STARS) to identify syndromes that may indicate a potential outbreak or public health threat. Currently, 10 of the 14 hospitals in Pinellas County use the system to report ED data, which has grown from approximately 5,000 entries per month to over 20,000 entries. Cooperation between the health department and participating hospitals provides information that may indicate diseases such as influenza or identify a bioterrorism event at the earliest stage, which may prove to be a valuable tool for protecting the health and well being of the community.

Rates of hepatitis A declined over the past year, representing the lowest incidence since 1998. Rates of hepatitis B and C have also decreased. The hepatitis surveillance trends observed in 2003 may be attributed in part to the Hepatitis Program's comprehensive screening, testing, vaccination, surveillance and aggressive follow-up efforts; over 1200 hepatitis A and 1500 hepatitis B vaccine doses were administered to at-risk individuals over the past year.

Pertussis increased from 1 reported case in 2002, to 24 in 2003. The reason for the increase is uncertain, but could reflect the 3-5 year cyclicality typically observed with pertussis, enhanced surveillance efforts or an increase in undiagnosed cases among populations with waning vaccine immunity. The Epidemiology Program continues surveillance activities for all vaccine preventable diseases, including pertussis.

Changing patterns of enteric diseases have been noted in 2003. Rates of giardiasis and shigellosis decreased while rates of salmonellosis increased; however, all rates were below those reported statewide. The increase in salmonellosis cases may be due in part to a salmonella-associated foodborne outbreak that occurred in October 2003. The timely identification and investigation of both sporadic cases and outbreaks of enteric illness remains a surveillance priority for the PCHD Epidemiology Program.

Two major foodborne outbreaks were investigated in 2003 in collaboration with the Environmental Health Division. The outbreaks, which followed catered dinner events, resulted in gastrointestinal illness among attendees. A case-control study was conducted during each investigation to identify epidemiological associations between illness and foods consumed. *Salmonella* Group C was the causative agent in one of the outbreaks, which resulted in 52 persons becoming ill. In the second foodborne outbreak, involving 108 ill persons, *Vibrio* species and other enteric organisms were isolated. Prompt notification to the health department of suspect cases of enteric illnesses cannot be over emphasized and allows for a comprehensive investigation, decreasing the chances of secondary or prolonged transmission.

Because of an early appearance of influenza activity in the US and the detection of a variant influenza strain, the PCHD is pleased to have increased surveillance activities in the community. Eight sentinel physicians volunteering to monitor and report influenza-like illnesses (ILI) are active for the 2003-04 influenza season. Most influenza isolates submitted by these physicians have been identified as Influenza A H3N2, of which some have been identified as the Fujian-like strain. To date, there have been no influenza outbreaks, no deaths and no encephalopathies among children in Pinellas County. Nursing homes continue to report consistently low ILI activity among residents. The PCHD continues its vigilant influenza and ILI surveillance efforts.

The PCHD would like to thank our community partners for continued support and assistance in disease reporting and surveillance activities and look forward to another successful year of collaborative efforts to promote, protect and improve the health of residents and visitors of Pinellas County.

"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

--Foege WH et al. *Int. J of Epidemiology* 1976; 5:29-37.

Selected Reportable Diseases in Pinellas County

Disease	2003 December	2003 Total	2002 Total
AIDS	21	199	171
Arboviral Illness (Human): Dengue	1	1	
Eastern Equine Encephalitis			
St. Louis Encephalitis			
West Nile Virus			
Anthrax			
Botulism			
Campylobacteriosis	2	47	43
Chlamydia	190	2225	2287
Cryptosporidiosis	1	3	5
Cyclosporiasis			1
Diphtheria			
<i>E. coli O157:H7</i>		3	6
Giardiasis	1	39	55
Gonorrhea	119	1257	1521
<i>H. influenzae</i> : Meningitis			
Pneumonia			
Primary bacteremia		2	4
Hepatitis: A		18	25
B	6	44	60
C		11	14
Hepatitis B: Perinatal		1	
Pregnant woman +HBsAg	2	36	35
HIV	33	312	235
Legionellosis		16	9
Listeriosis		3	1
Lyme Disease	2	9	12
Malaria	1	4	4
Measles			
Meningitis: <i>Group B Strep</i>			
<i>Listeria monocytogenes</i>			
<i>Strep Pneumoniae</i>	1	1	4
Other	1	7	13
Meningococcal Disease (Meningococemia & meningitis)		4	9
Mumps			
Pertussis	1	24	1
Plague (Bubonic; Pneumonic)			
Rubella			
Salmonellosis	11	203	176
Shigellosis	6	46	73
Smallpox			
<i>Streptococcal Disease, Inv. Group A</i>		4	24
<i>Streptococcus pneumoniae, Inv. Disease Total</i>	10	42	28
<i>Streptococcus pneumoniae, Inv. Disease (DR)</i>	5	28	28
<i>Streptococcus pneumoniae, Inv. Disease (NDR)</i>	5	14	
Syphilis: Total	7	122	80
Infectious (P and S)	0	47	22
Early Latent	4	38	18
Late Syphilis (Late Latent and Neurosyphilis)	3	37	40
Congenital			
Tetanus		2	
Toxoplasmosis		1	4
Tuberculosis	8	54	40
<i>Vibrio vulnificus</i>		2	2

Provisional cases reported by the Pinellas County Health Department. Blank cells indicate no cases reported.

For a complete list of reportable diseases and guidelines for reporting please visit:

www9.myflorida.com/disease_ctrl/epi/index.html