



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

Epi Watch is a monthly newsletter
produced and distributed by the
Pinellas County Health Department

Epidemiology Program. "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." Foegen, W.H. et al. (1976). Int. J of Epidemiology, 5:29-37.

The Critical Healthcare – Epi – Lab Connection

Julia Gill, PhD, MPH, MT

The Epidemiology Program relies heavily on cooperation and collaboration with private healthcare providers and laboratories for the prompt and accurate reporting of suspect and confirmed reportable diseases. Established, strong and tested communications and working relationships allow for the diagnosis, investigation and implementation of public health interventions necessary to protect the health of the public. Recently, the Pinellas CHD has been involved in a variety of investigations which have tested and strengthened the importance of the healthcare – epidemiology – laboratory connection.

In April 2005 the Pinellas CHD Epi Program was notified of a research laboratory accident, which resulted in an employee exposure to chicken (avian) blood. One week post-exposure, the employee was admitted to a local hospital with fever and respiratory symptoms. Although the employer and not the physician notified the Pinellas CHD, the physician suspected avian influenza (as verified by phone). The physician had ordered a battery of tests, including psittacosis and chlamydia, but did not order influenza testing because of the belief that avian influenza testing was not available. Within hours, an epidemiologist interviewed the patient at the hospital and collected blood and nasopharyngeal swab and transported it to the Department of Health (DOH) Bureau of Laboratories, Tampa Branch. The virologist was able to perform the testing and report a result of Influenza B within 24 hours of initial notification to the Pinellas CHD of a suspect case of avian influenza. Although it was biologically unlikely that the patient could have contracted avian influenza from this exposure, it is important to note that the doctor suspected the disease due to exposure and symptoms and it was ruled out in an expedited manner; the patient's illness was unrelated to her occupational exposure.

Another excellent example of an investigation that included the Public Health Preparedness Program occurred in May 2005. In this case a man called the Pinellas CHD Epi Program because a physician had ordered testing for tularemia on his daughter; he researched the disease, caused by *Francisella tularensis*, on the CDC website and also found the phone number for the Pinellas CHD on our website. Although the patient had a natural exposure to a wild rabbit carcass and blood, tularemia is a Level A bioterrorism agent which requires immediate investigation due to the public health implications of a case in the community. Within 3 hours of the initial call, an epidemiologist interviewed the patient and delivered a blood specimen to the DOH Lab, Tampa; the PCR negative result was reported that same evening. It is also important to note that the State Public Health Veterinarian and local county Animal Control veterinarian were contacted on an immediate basis for consultation. Subsequent patient assessment and diagnostic testing ruled out tularemia as the cause of the illness, which was determined to be unrelated to her exposure.

Other recent investigations have included suspect avian influenza in a patient returning from China (in collaboration with Hillsborough CHD and the DOH Lab, Tampa) that was positive for influenza A, the cyclospora outbreak associated with basil consumption and a single confirmed case of leprosy. These and many more communicable disease investigations highlight the critical nature of consultation with DOH and local CHD's for diseases of public health importance and knowledge that state of the art diagnostic testing is available at the DOH Lab, Tampa. We thank our private and public healthcare providers for these continuing collaborative efforts to assure the health of the public.

NA = Not Available

Selected Reportable Diseases in Pinellas County

Disease	2005 May	2005 Year-to-Date	2004 Year-to-Date	2004 Total
AIDS	14	85	74	213
Animal Bite, PEP Recommended	3	18	13	59
Animal Rabies	1	3	6	4
Arboviral Illness (Human):				
Dengue				
Eastern Equine Encephalitis				
St. Louis Encephalitis				
West Nile Virus				
California/LaCrosse				1
Botulism				
Campylobacteriosis	7	20	17	46
Chlamydia	227	733	940	2,312
Creutzfeldt-Jakob disease (CJD)		1	1	2
Cryptosporidiosis	2	2	2	7
Cyclosporiasis	43	47		1
<i>E. coli</i> O157:H7				2
Giardiasis	2	6	9	28
Gonorrhea	136	420	536	1,305
<i>H. influenzae</i> :				
Meningitis				
Pneumonia		1		1
Primary bacteremia		2		5
Epiglottitis			1	1
Hansen Disease	1	1		
Hemolytic Uremic Syndrome (HUS)		1		
Hepatitis, Acute Viral:				
A	1	5	8	12
B	4	14	19	48
C		3	8	14
Non-A, Non-B		1	4	5
Hepatitis B: Pregnant woman +HBsAg	4	17	14	26
HIV	11	129	91	251
Legionellosis		3	3	16
Listeriosis		1		
Lyme Disease		4	2	4
Malaria			2	4
Meningitis:				
Group B Strep				1
<i>Listeria monocytogenes</i>				
<i>S. pneumoniae</i>		3	1	1
Other bacterial		2	1	2
Meningococcal Disease		3	3	4
Mercury Poisoning			1	1
Mumps		1		
Pertussis		4	7	15
Plague (Bubonic & Pneumonic)				
Rocky Mountain Spotted Fever	1	1	1	
Salmonellosis	12	50	28	170
Shigellosis	15	30	8	19
Smallpox				
<i>Streptococcal</i> Disease, Inv. Group A	2	6	3	8
<i>S. pneumoniae</i> , Inv. Disease (DR)	4	16	12	22
<i>S. pneumoniae</i> , Inv. Disease (NDR)	5	18	14	21
Syphilis: Total	5	31	39	126
Infectious (P and S)	2	16	13	49
Early Latent	2	10	17	39
Late Syphilis(Late Latent; Neurosyphilis)	1	5	9	38
Congenital				
Tuberculosis	3	10	14	35
<i>Vibrio</i> infections				10

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:

http://www.myflorida.com/disease_ctrl/epi/surv/lor8_4.pdf

