



Epi Watch

A Monthly Epidemiology Newsletter



Division of Disease Control
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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. For more information, or to add your e-mail address to the distribution list, please contact Andrea Dopico: andrea_dopico@doh.state.fl.us

"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.

Methicillin-Resistant *Staphylococcus aureus*

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Methicillin-resistant *Staphylococcus aureus* (MRSA) continues to pose a challenge to the health care industry as it becomes increasingly resistant to certain antibiotics. The development of resistance can be attributed to the overuse or improper use of antibiotics, an increase in immunocompromised persons, the use of antibiotics for viral infections or as prophylaxis. According to The Surveillance Network (TSN), an electronic surveillance system that collects microbiology data from clinical laboratories across the U.S., resistance trends of MRSA rates are on the rise.

This fall, the Association for Professionals in Infection Control and Epidemiology (APIC) will conduct the largest national study of MRSA ever undertaken. The study, titled "2006 Methicillin-resistant *Staphylococcus aureus* (MRSA) Prevalence Study," is designed to gather national data on MRSA infections/colonizations among US health care facility inpatients. Once completed, the survey will enable APIC to accurately assess the prevalence of MRSA and to illustrate our national role in providing valuable data for infection prevention. The study's true success hinges on the cooperation and participation of infection prevention and control professionals throughout those hospitals which will be polled. APIC members and nonmembers are encouraged to participate. More information is available at: <http://www.apic.org/Content/NavigationMenu/ResearchFoundation/NationalMRSAPrevalenceStudy/NationalMRSAPreval.htm>

Hospital-acquired MRSA (HA-MRSA) is transmitted primarily by contaminated hands of health care providers through contact with infected or colonized patients, colonized or infected body sites of the health care worker or items or environmental surfaces contaminated with MRSA. Caregivers who leave the bedside of infected or colonized patients without performing proper hand hygiene may carry thousands or even hundreds of thousands of colony-forming units of the antibiotic resistant bacteria on their hands. To remedy this, caregivers should practice proper hand hygiene when leaving the bedside of every patient and before touching the next patient.

In the past several decades, HA-MRSA commonly caused infections among hospitalized patients, but recently, community-acquired MRSA (CA-MRSA) is causing illness among persons with no known association with hospitals and healthcare facilities. A recent CDC study indicated that MRSA infections are now common outside of the hospital setting and occur in otherwise healthy people in which 8 to 20 percent of all MRSA patient samples examined were community strains. MRSA infections within the community have emerged among children, inmates, athletes, tattoo recipients and military recruits. While MRSA infections in Florida are not required to be reported to the local county health department, any MRSA outbreak in a community, hospital or other institution is reportable. In addition, the health department investigates MRSA infections associated with tattoos or body piercings.

Good hygiene is the single most important method in preventing the spread of MRSA. MRSA can be transmitted through direct and indirect contact. Indirect contact refers to touching objects such as towels, sheets, wound dressings, clothes, workout areas or sports equipment contaminated with MRSA. Some of the recommendations by CDC include the following:

1. Hospital staff should wash their hands before leaving the bedside of every patient and before touching the next patient.
2. Keep infections, particularly those that continue to drain, covered with clean, dry bandages. Clean the infected area regularly by washing with soap and water before covering.
3. Caregivers who change an infected person's bandages or touch the infected wound or any potentially infectious materials should wash their hands frequently with soap and warm water. Alcohol-based hand sanitizer can also be used as a substitute to soap and water.
4. Avoid sharing personal items (e.g. towels, washcloths, razors, clothing or uniforms)
5. Shower with soap immediately after the completion of a contact sport.
6. Non-washable gear (e.g. head protectors), should be wiped down with alcohol after each use.

Education to increase community awareness about MRSA and proper hand hygiene is critical due to the frequent misidentification of MRSA-related boils and skin infections by lay people as 'spider bites.' The community must be made aware that, unlike insect bites, these infections can be transmitted from person to person and that this can be prevented. Detailed information regarding MRSA infection and prevention techniques can be obtained at http://www.cdc.gov/ncidod/diseases/submenus/sub_mrsa.htm.

NA = Not Available

Selected Reportable Diseases/Conditions in Pinellas County

Disease	2006 August	2006 Year-to-Date	2005 Year-to-Date	2005 Total
AIDS	23	161	125	159
Animal Bite, PEP Recommended	6	29	32	48
Animal Rabies			4	5
Arboviral Illness (Human):				
Dengue		3	3	3
EEE				
SLE				
WNV			5	18
CA/LaCrosse				
Botulism				
Campylobacteriosis	2	18	30	39
Chlamydia	297	1864	1515	2505
Creutzfeldt-Jakob disease (CJD)			2	2
Cryptosporidiosis	3	6	5	15
Cyclosporiasis			57	57
<i>E. coli</i> O157:H7			1	3
Giardiasis	7	24	15	30
Gonorrhea	131	1075	873	1436
<i>H. influenzae</i> :				
Meningitis				
Pneumonia	1	2	1	1
Primary bacteremia		4	3	6
Epiglottitis				
Hansen Disease			1	1
Hemolytic Uremic Syndrome (HUS)		1	1	1
Hepatitis, Acute Viral:				
A	2	4	5	9
B	4	14	22	36
C		6	5	7
Non-A, Non-B			1	1
Hepatitis B: Pregnant woman +HBsAg	2	20	22	33
Hepatitis, Chronic Viral				
B	6	107	88	131
C	116	938	893	1378
HIV	23	130	175	234
Lead Poisoning:				
Total:	5	11	27	29
Children < 6 years:	2	3	10	11
Legionellosis	1	9	5	8
Listeriosis	1	2	1	1
Lyme Disease	2	3	2	4
Malaria		1	1	1
Meningitis:				
Group B Strep				
<i>S. pneumoniae</i>	1	2	5	6
Other bacterial		7	4	5
Meningococcal Disease		5	5	7
Mercury Poisoning	2	2		
Mumps			1	1
Pertussis	2	15	4	13
Plague (Bubonic & Pneumonic)				
Rocky Mountain Spotted Fever		2		
Salmonellosis	20	86	92	212
Shigellosis		14	97	169
<i>Streptococcal</i> disease, Inv. Group A	1	9	9	11
<i>S. pneumoniae</i> , Inv. disease (DR)	2	10	18	27
<i>S. pneumoniae</i> , Inv. disease (Suscept)	3	18	25	29
Syphilis:				
Total	15	100	52	95
Infectious (P and S)	5	28	23	41
Early Latent	9	49	19	32
Late Syphilis(Late Latent; Neurosyphilis)	1	23	10	22
Congenital				
Tuberculosis	3	21	19	34
<i>Vibrio</i> infections	1	6	3	5

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