



Epi Watch

A Monthly Epidemiology Newsletter



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Epi Watch is a monthly newsletter of 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:
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“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*

CDC Changes Recommendations for Gonorrhea Treatment

The U.S. Centers for Disease Control and Prevention (CDC) no longer recommends fluoroquinolones (ciprofloxacin, ofloxacin, and levofloxacin) as a treatment for gonorrhea. This limits the options available to treat gonorrhea, one of the most common sexually transmitted diseases in the U.S.

New data showing that fluoroquinolone-resistant gonorrhea is widespread in the U.S. among heterosexuals and men who have sex with men (MSM) prompted the recommendation. The data showed the proportion of drug-resistant cases among heterosexuals rising above the recognized threshold of 5% for changing treatment recommendations. CDC recommended fluoroquinolones no longer be used to treat gonorrhea in MSM when this threshold was crossed in earlier years.

The new data, from CDC’s Gonococcal Isolate Surveillance Project (GISP) in 26 U.S. cities, showed that among heterosexual men, the proportion of gonorrhea cases that were fluoroquinolone-resistant *Neisseria gonorrhoeae* (QRNG) reached 6.7 % in the first half of 2006, an 11-fold increase from 0.6% in 2001.

Recommended options for treating gonorrhea are now limited to a single class of antibiotics known as cephalosporins. While significant resistance to cephalosporins has not been observed to date, CDC is working monitoring emerging cephalosporin resistance.

Oral fluoroquinolones were recommended as first-line treatments for gonorrhea in 1993. But drug resistant cases have increased steadily in recent years, rising first in the western United States and then among MSM nationwide. In 2002, CDC recommended that fluoroquinolones not be used to treat gonorrhea infections acquired in California and Hawaii and in 2004 that the drugs no longer be used to treat MSM with these infections.

Within the class of cephalosporins, CDC now recommends ceftriaxone, available as an injection, as the preferred treatment for all types of gonorrhea infection (genital, anal and throat). For genital and anal gonorrhea, there are alternative oral cephalosporin treatments that physicians can consider, but there are currently no recommended alternatives for pharyngeal infection.

For more information on available gonorrhea treatments visit www.cdc.gov/std/gonorrhea/arg/.

Source: CDC Morbidity and Mortality Weekly Report (MMWR) April 13, 2007

Selected Reportable Diseases in Pinellas County

Disease	2007	2007	2006	2006
	March	Year-to-Date	Year-to-Date	Total
AIDS	18	45	69	220
Animal Bite, PEP Recommended	4	7	9	38
Animal Rabies				
Arboviral Illness (Human):				
Dengue			1	3
EEE				
SLE				
WNV				
CA/LaCrosse				
Botulism				
Campylobacteriosis	5	15	5	28
Chlamydia	350	625	692	2904
Creutzfeldt-Jakob disease (CJD)				1
Cryptosporidiosis	1	2	2	9
Cyclosporiasis				
<i>E. coli O157:H7</i>		1		2
Giardiasis	2	4	6	37
Gonorrhea	123	269	374	1631
<i>H. influenzae</i> :				
Meningitis				
Pneumonia		2	1	3
Primary bacteremia		1	3	5
Epiglottitis				
Hansen's Disease				
Hemolytic Uremic Syndrome (HUS)			1	2
Hepatitis, Acute Viral:				
A		2	2	5
B	3	6	2	24
C		1	2	9
Hepatitis B: Pregnant woman +HBsAg	2	10	5	30
Hepatitis, Chronic Viral				
B	19	47	29	186
C	146	352	344	1581
HIV	37	92	37	175
Lead Poisoning:				
Total:		4	2	22
Children < 6 years:		1	1	6
Legionellosis	2	4	2	13
Listeriosis				2
Lyme Disease				3
Malaria				3
Meningitis:				
Group B Strep				
<i>S. pneumoniae</i>		1	1	2
Other bacterial		1	3	10
Meningococcal Disease		1	2	7
Mercury Poisoning				5
Mumps				
Pertussis			1	5
Rocky Mountain Spotted Fever				1
Salmonellosis	10	38	24	175
Shigellosis	3	6	6	19
<i>Streptococcal</i> disease, Inv. Group A	3	5	2	16
<i>S. pneumoniae</i> , Inv. disease (DR)	6	17	7	18
<i>S. pneumoniae</i> , Inv. disease (Suscept)	5	9	8	25
Syphilis:				
Total	5	20	36	143
Infectious (P and S)	3	10	9	40
Early Latent	2	8	13	60
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)		2	14	43
Tuberculosis	3	8	10	31
<i>Vibrio</i> infections		1		6

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: