



Epi Watch

A Monthly Epidemiology Newsletter



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To report diseases by **phone** call:
(727) 824-6932

To report diseases by **fax**
(other than HIV/AIDS) use:
(727) 820-4270

Epi Watch is a monthly newsletter from the Pinellas County Health Department. For more information, or to add your e-mail address to the distribution list, please contact Andrea Dopico:
andradopico@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."

Foege, W.H. et al. (1976). *Int. J of Epidemiology*, 5:29-37.

Rabies and Public Health

Andrea M. Dopico, MPH

Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal. The majority of rabies cases reported nationally each year occur in wild animals such as raccoons, skunks, bats and foxes. Domestic animals account for less than 10% of the reported rabies cases.

Rabies virus affects the central nervous system, ultimately resulting in death. Early symptoms of rabies in humans are nonspecific, consisting of fever, headache and general malaise. As the disease progresses, neurological symptoms appear such as anxiety, confusion, slight or partial paralysis, hallucinations, hyper-salivation, difficulty swallowing and hydrophobia (fear of water). Death usually occurs within days of the onset of symptoms.

Public health importance of rabies

The principal rabies hosts today are wild carnivores and bats. The number of rabies-related human deaths in the U.S. has declined from more than 100 per year in the early 1900's to one or two per year in the 1990's. Modern day prophylaxis has proven nearly 100% successful. In the U.S., human deaths associated with rabies occur in people who do not seek medical assistance, usually because they are unaware of their exposure.

Post-Exposure prophylaxis

Rabies post-exposure prophylaxis (PEP) is indicated for persons possibly exposed to a rabid animal. Possible exposures include animal bites or the introduction of infectious tissue or saliva into an open wound. PEP should begin as soon as possible after an exposure. There have been no vaccine failures in the U.S. (i.e., someone developed rabies) when PEP was given promptly and appropriately after an exposure.

In the first six months of 2007, the Pinellas County Health Department received 16 reports of animal bites where PEP was recommended. In 2006, 38 animal bite cases were reported where PEP was recommended.

Administration of rabies PEP is generally a *medical urgency, not a medical emergency*. Physicians should evaluate each possible exposure to rabies and consult with public health officials regarding the need for rabies prophylaxis. In the U.S., PEP consists of a regimen of one dose of immune globulin and five doses of rabies vaccine over a 28-day period. Rabies immune globulin and the first dose of rabies vaccine should be given as soon as possible after exposure. Additional doses of rabies vaccine should be given on days 3, 7, 14 and 28 after the first vaccination.

For additional information, or to report an animal bite, please contact the Pinellas County Health Department: **(727) 824-6932**. For more information about rabies, including information specific to rabies in Florida, please visit:

<http://www.myfloridaeh.com/community/rabies/rabies-index.html>

Selected Reportable Diseases in Pinellas County

Disease	2007	2007	2006	2006
	June	Year-to-Date	Year-to-Date	Total
AIDS	14	87	110	220
Animal Bite, PEP Recommended	4	16	22	38
Animal Rabies				
Arboviral Illness (Human):				
Dengue	1	1	2	2
EEE				
SLE				
WNV				
CA/LaCrosse				
Botulism				
Campylobacteriosis	3	24	12	28
Chlamydia	262	1490	1385	2904
Creutzfeldt-Jakob disease (CJD)	1	1		1
Cryptosporidiosis		2	2	9
Cyclosporiasis				
<i>E. coli O157:H7</i>		1	1	2
Giardiasis	3	11	13	37
Gonorrhea	111	665	834	1631
<i>H. influenzae</i> :				
Meningitis				
Pneumonia		2	1	3
Primary bacteremia		2	4	5
Epiglottitis				
Hansen's Disease		2		
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:				
A	1	3	2	5
B	1	13	7	24
C		1	6	9
Hepatitis B: Pregnant woman +HBsAg	2	19	13	27
Hepatitis, Chronic Viral				
B	24	127	90	186
C	185	868	724	1581
HIV	21	151	78	174
Lead Poisoning:				
Total:	1	8	2	22
Children < 6 years:		1		6
Legionellosis		6	8	13
Listeriosis				2
Lyme Disease				3
Malaria			1	3
Meningitis:				
Group B Strep				
<i>S. pneumoniae</i>		2	1	2
Other bacterial	2	3	5	10
Meningococcal Disease		1	5	7
Mercury Poisoning				5
Mumps				
Pertussis	2	4	2	5
Rocky Mountain Spotted Fever		1	2	1
Salmonellosis	16	74	54	175
Shigellosis	3	19	13	19
<i>Streptococcal</i> disease, Inv. Group A	2	8	7	16
<i>S. pneumoniae</i> , Inv. disease (DR)	1	26	8	18
<i>S. pneumoniae</i> , Inv. disease (Suscept)	1	14	15	25
Syphilis:				
Total	3	47	76	143
Infectious (P and S)		24	20	40
Early Latent	1	17	35	60
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)				43
Tuberculosis	5	16	17	31
<i>Vibrio</i> infections		5	5	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: http://www.doh.state.fl.us/disease_ctrl/epi/index.html