



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:
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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.”

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

Perinatal HIV/AIDS

The number of women with HIV and AIDS is steadily rising. Nationally, the proportion of reported U.S. AIDS cases occurring among women increased from 8 percent to 26 percent from 1985 to 2005. HIV infection is now the third leading cause of death among women ages 25 to 44 and the leading cause of death among black women in this age group. In Florida, women accounted for 22 percent of newly reported AIDS cases in 1994 and 32 percent of AIDS cases in 2006. **Locally, for Pinellas County, the proportion of reported AIDS cases occurring among women increased from 18 percent to 26 percent from 1998 to 2007.** As of 2007, women in Pinellas County accounted for 27 percent of cumulative reported HIV cases and 17 percent of cumulative reported AIDS cases. Pinellas County's minority communities are disproportionately impacted by HIV/AIDS. Of the 1,072 female HIV/AIDS cumulative cases reported through 2007, **55 percent were among blacks, 37 percent were among whites and 6 percent were among Hispanics.** The majority of HIV-infected women reported in 2007 contracted the virus through heterosexual contact (47 percent), followed by IV drug users (27percent).

An HIV-infected pregnant woman can transmit the virus to her infant during pregnancy, at labor and delivery or through breastfeeding. **Florida is ranked second in the nation for total pediatric HIV/AIDS cases** (cases reported in children less than 13 years of age). Since 95 percent of these cases are perinatally acquired (from mother to child), the Department of Health has focused on educating women and health care providers about the importance of HIV testing for pregnant women and the availability of treatment to prevent perinatal transmission.

Medical treatment is available that can reduce the risk of perinatal HIV transmission from a high of approximately 30 percent, to less than 2 percent. The use of multi-drug therapy is known to be safe and effective for both the mother and infant. Consequently, it is important for all pregnant women to get prenatal care early in pregnancy and receive an HIV test at the beginning and near the end of their pregnancy.

Pregnant women must be notified that they will be tested for HIV, syphilis, chlamydia, gonorrhea and hepatitis B (at the initial visit and 28-32 weeks); and that they have the right to refuse any or all tests. Women who opt out of testing must sign a statement of objection or their refusal must be written in their medical chart. Counseling is encouraged for women who refuse testing. Women who present at labor and delivery with an undocumented HIV/STD status should be tested using a RAPID HIV test unless they refuse. According to Florida Administrative Code (FAC) 64D-3.029, any baby who is born to an HIV infected mother must be reported to the county health department's HIV/AIDS surveillance office within one business day. In addition, the FAC 64D-3.029 will soon be revised to include a new rule for laboratories to report all tests on babies ≤ 18 months pertaining to HIV (i.e. positive and negative HIV PCR/bDNA tests and all HIV viral load tests).

Epi Watch now features data on infants who were perinatally exposed to HIV. Our surveillance activities allow the Pinellas County Health Department, in conjunction with community partners, to help prevent HIV transmission between mother and child.

For additional information, please contact Beth Sudduth at (727) 824-6932 or visit:

<http://www.usfcenter.org/Perinatal/index.asp>

http://www.doh.state.fl.us/disease_ctrl/aids/perinatal/perinatal.html

Selected Reportable Diseases in Pinellas County

Disease	2008 September	2008 Year-to-Date	2007 Year-to-Date	2007 Total
AIDS	22	151	128	169
Animal Rabies		1	1	1
Arboviral Illness (Human):	Dengue		2	2
	EEE			
	SLE			
	WNV		1	1
	CA/LaCrosse			
Campylobacteriosis	1	29	36	47
Chlamydia	354	2888	2485	3454
Creutzfeldt-Jakob Disease (CJD)	1	2		1
Cryptosporidiosis	1	8	13	15
Cyclosporiasis	1	5	1	1
<i>E. coli</i> O157:H7		2	1	1
<i>E. coli</i> Shiga Toxin (+)	1	6	12	12
Giardiasis	2	21	20	27
Gonorrhea	128	1116	1107	1516
<i>H. influenzae</i> :	Invasive Disease	5	2	5
Hansen's Disease			2	2
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:	A	2	5	6
	B	17	16	22
	C	3	1	7
Hepatitis B: Pregnant Woman +HBsAg	3	28	31	33
Hepatitis, Chronic Viral	B	6	174	200
	C	103	976	1743
HIV	15	235	192	249
HIV, Perinatally exposed infants (# born to an infected mother)	2	18	9	19
Lead Poisoning: Children < 6 years:		3	4	6
Legionellosis	1	5	6	8
Listeriosis		1		1
Lyme Disease	2	8	9	12
Malaria		1	1	1
Meningitis:	Bacterial, Cryptococcal, Mycotic	3	3	6
Meningococcal Disease		5	1	3
Mercury Poisoning		1		
Mumps				
Pertussis		9	7	8
Rabies, possible exposure	13	40	26	42
Rocky Mountain Spotted Fever				
Salmonellosis	27	146	141	220
Shigellosis		4	39	39
Streptococcal Disease, Inv. Group A	3	5	9	15
<i>S. pneumoniae</i> , Inv. Disease (DR)		22	33	39
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	3	18	17	24
Syphilis:	Total	18	104	147
	Infectious (P and S)	15	50	72
	Early Latent	2	35	46
	Congenital			
	Late Syphilis (Late Latent; Neurosyphilis)	1	19	21
Tuberculosis	3	20	31	39
<i>Vibrio</i> Infections	2	7	10	11

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