



Epi Watch

A Monthly Epidemiology Newsletter



August, 2009

Surveillance of Influenza like Illnesses

The number of visits to the Emergency Department (ED) due to Influenza-like Illnesses (ILI) increased in July compared to June. During July, the Pinellas County Health Department received numerous calls from the public concerning H1N1 (Swine) influenza. Some organizations reported clusters of cases although no outbreaks were identified by Epidemiology staff and no influenza-related deaths were reported in July.

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

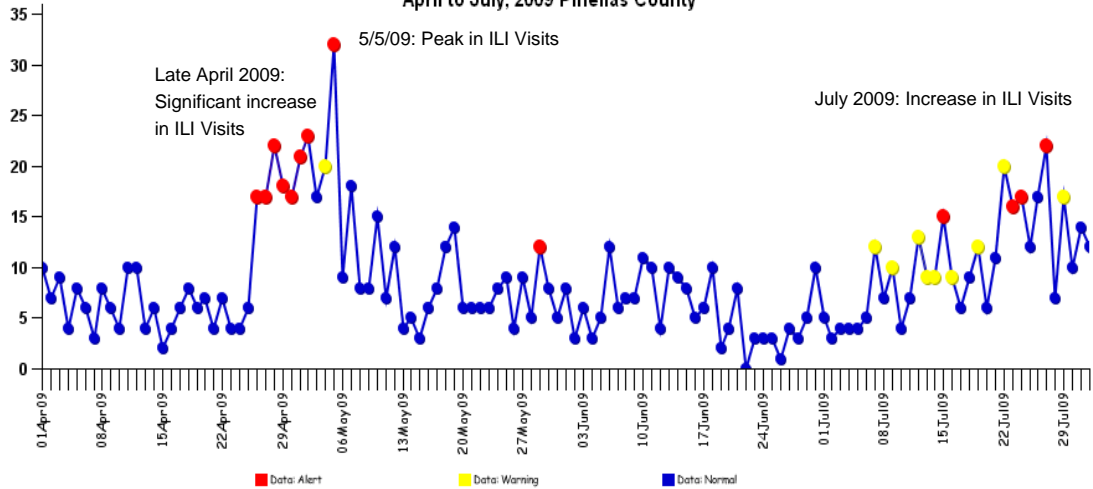
To report diseases by fax (other than HIV/AIDS) use:
(727) 820-4270

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."

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

Emergency Department Visits Categorized as Influenza-like Illnesses (ILI) April to July, 2009 Pinellas County



Due to the current guidelines from the Florida Department of Health, which limit laboratory testing, the number of confirmed cases of H1N1 (Swine) influenza in Pinellas County is not available. The virus is currently circulating in our communities and more cases and outbreaks are expected in the next few weeks as schools return to session. Current guidance documents can be found by visiting: www.pinellashealth.com

The Pinellas County Health Department has established an Information Line to take calls related to influenza. The phone number is: **(727) 824-6964** and is operational weekdays from 8am to 5pm. The Florida Department of Health also has a toll-free number that is staffed from 8am to 8pm seven days a week. The number is: **877-352-3581** and information is available in English, Spanish, and Creole.

Information for Providers

A specific virologic diagnosis of infection with the new virus is not currently needed for clinical or public health purposes for most people with an influenza-like illness.

H1N1 flu testing is only recommended for: Persons who may be part of an outbreak OR Persons who are hospitalized and are suspected of having influenza.

H1N1 treatment (antiviral medications) is only recommended for: Persons who are ill and are either hospitalized OR have high risk conditions.

H1N1 preventive treatment (antiviral medications) is only recommended for: Persons who had close contact with H1N1 flu and are **not ill** if: they have high risk conditions like asthma, diabetes, pregnancy, etc... OR if they live or work in closed settings like jails or nursing homes OR are health care personnel, public health workers, or first responders

Patients with a life threatening illness that are confirmed or suspected to have influenza need to be reported. Please report any death of a person with confirmed or probable novel influenza A H1N1 infection immediately to the Pinellas County Health Department: (727) 824-6932.

Selected Reportable Diseases in Pinellas County

Disease	2009 July	2009 Year to date	2008 Year to date	2008 Total
AIDS	30	111**	122*	204
Animal Rabies		1		2
Arboviral Illness (Human):				
Dengue				
EEE				
SLE				
WNV				
CA/LaCrosse				
Campylobacteriosis	4	17	22	36
Chlamydia	321	2272	2265	3915
Creutzfeldt-Jakob Disease (CJD)			1	2
Cryptosporidiosis	1	6	5	12
Cyclosporiasis		1	3	5
<i>E. coli</i> O157:H7			1	2
<i>E. coli</i> Shiga Toxin (+)		1		
Giardiasis	5	21	13	32
Gonorrhea	142	912	871	1493
<i>H. influenzae</i> : Invasive Disease		6	4	4
Hansen's Disease				
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:				
A		3	2	3
B	3	16	17	22
C	1	2	3	4
Hepatitis B: Pregnant Woman +HBsAg	6	18	23	35
Hepatitis, Chronic Viral				
B	3	14	12	33
C	90	623	726	1225
HIV	38	136**	206*	326
Lead Poisoning: Children < 6 years:		4	3	5
Legionellosis	1	4	3	9
Listeriosis			1	3
Lyme Disease				6
Malaria		2	1	3
Meningitis:				
Bacterial, Cryptococcal, Mycotic		6	3	7
Meningococcal Disease		1	4	5
Mercury Poisoning				2
Mumps	1	1		
Pertussis			6	11
Rabies, possible exposure	11	43	23	69
Rocky Mountain Spotted Fever				
Salmonellosis	38	107	97	205
Shigellosis		1	2	11
Streptococcal Disease, Inv. Group A	2	9	2	9
<i>S. pneumoniae</i> , Inv. Disease (DR)		21	16	28
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	1	23	8	27
Syphilis: Total	4	107	75	149
Infectious (P and S)	2	44	27	66
Early Latent	1	43	30	51
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)	1	20	18	32
Tuberculosis	2	10	16	30
<i>Vibrio</i> Infections		5	4	8

* Reporting changes (expansion of electronic lab reporting) disrupted ordinary HIV trends and AIDS trends in 2008, resulting in increases in cases that did not reflect actual increases in new infections or illnesses.

** In 2009, a logistic issue is overriding the effect of the changes in 2008: A new computerized system of entering, retrieving and analyzing HIV/AIDS data has been implemented (eHARS), which currently requires much longer time to enter data and extends the routine reporting lag considerably. Thus, the number of HIV and AIDS cases presently appears much lower than expected. Meaningful interpretation of trends will be possible again once these effects stabilize.