



Epi Watch

A Monthly Epidemiology Newsletter

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(727) 824-6932

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(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.

SURVEILLANCE SUMMARY—2008

In addition to the traditional surveillance activities that track reportable diseases, the Pinellas County Health Department (PinCHD) uses other sources of information to monitor the health status of the County. This article summarizes some of these systems, and how they were implemented in 2008.

Syndromic Surveillance

The PinCHD is actively utilizing the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) as an early warning system to collect information on Emergency Department visits. PinCHD epidemiologists monitor ESSENCE daily for any indication of an event of public health importance and contact the hospitals, if necessary, for further information.

Since the use of ESSENCE is relatively new, a series of meetings took place the majority of hospitals that participate in the system. These meetings provided an overview of the components and benefits of ESSENCE. Of significant importance, a primary goal of the meetings was to form positive working relationships with focal points (i.e., infection control practitioners, emergency department personnel, triage nurses, safety officers, and lab personnel). To date, we have met with 10 of the 11 (91%) hospitals connected to ESSENCE. Establishing these relationships has helped tremendously, especially in facilitating a standardized, effective, and timely follow-up in the event of an alert of public health significance based on a detailed line listing and analysis of chief complaints. We have completed multiple investigations based on events detected in ESSENCE (i.e. meningitis, chickenpox, food poisoning, suspected measles, gastrointestinal clusters, and hepatitis). We recognize the importance of providing feedback to our data providers, thus we collected information from the hospitals to establish the frequency and magnitude of feedback that they would like to receive. We look forward to recruiting two additional hospitals in early 2009.

School Absenteeism Surveillance

Data on school absences are received electronically (via e-mail) on a weekly basis from the two participating school systems: Pinellas County Public Schools and the Catholic Diocese of St. Petersburg. The primary purpose for receiving this data is to identify any adverse health events in the school-aged population at an early stage. This allows for timely implementation of infection control and prevention measures. Some of the variables captured include number of students absent from each school, number of total enrolled students at each school, and teachers absent due to illness. If absences exceed 10%, the PinCHD contacts the school for follow-up.

Influenza Surveillance

The end of 2008 marked the mid-way point in the 2008-2009 influenza season. From the beginning of the influenza season in late September until the end of December 2008, Pinellas County hospitals reported 20 cases of influenza. Seven of these cases were Influenza type A and 13 were type B.

Foodborne Illnesses Surveillance

In 2008, PinCHD staff investigated three foodborne outbreaks. One of these events took place at a conference held at a resort in Pinellas County. The other outbreaks were the result of meals shared by co-workers; one at a local restaurant and the other at a catered training event. During each of these investigations, PinCHD staff interviewed individuals who attended the events where the exposure likely took place. Information from attendees who became ill, as well as those who did not, was analyzed to identify the food item(s) that were likely contaminated. As a result, the PinCHD was able to provide the facilities that prepared the meals with information to prevent further illnesses.

The Pinellas County Health Department thanks our community partners for their continued support and assistance in disease reporting and surveillance activities.

Selected Reportable Diseases in Pinellas County

Disease	2008 December	2008 Total	2007 Total
AIDS	27	206	171
Animal Rabies		2	1
Arboviral Illness (Human):			2
Dengue			
EEE			
SLE			
WNV			1
CA/LaCrosse			
Campylobacteriosis	22	36	47
Chlamydia	354	3871	3454
Creutzfeldt-Jakob Disease (CJD)		2	1
Cryptosporidiosis	1	12	15
Cyclosporiasis		5	1
<i>E. coli</i> O157:H7		2	1
<i>E. coli</i> Shiga Toxin (+)		5	12
Giardiasis	5	32	27
Gonorrhea	132	1472	1516
<i>H. influenzae</i> :			
Invasive Disease		4	5
Hansen's Disease			2
Hemolytic Uremic Syndrome (HUS)			
Hepatitis, Acute Viral:			
A		3	6
B	1	22	22
C	1	8	6
Hepatitis B: Pregnant Woman +HBsAg	1	35	33
Hepatitis, Chronic Viral			
B	30	260	265
C	121	1534	1743
HIV	35	314	238
HIV, Perinatally exposed infants (# born to an infected mother)	2	21	20
Lead Poisoning: Children < 6 years:	1	5	6
Legionellosis	3	9	8
Listeriosis	1	3	1
Lyme Disease		7	4
Malaria	2	3	1
Meningitis:			
Bacterial, Cryptococcal, Mycotic	3	7	6
Meningococcal Disease		5	3
Mercury Poisoning	1	2	
Mumps			
Pertussis		11	8
Rabies, possible exposure	7	69	42
Rocky Mountain Spotted Fever			
Salmonellosis	26	205	214
Shigellosis	6	11	35
Streptococcal Disease, Inv. Group A	2	9	15
<i>S. pneumoniae</i> , Inv. Disease (DR)	4	28	39
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	6	27	24
Syphilis:			
Total	13	140	147
Infectious (P and S)	5	63	72
Early Latent	3	47	46
Congenital			
Late Syphilis (Late Latent; Neurosyphilis)	5	30	29
Tuberculosis	4	32	39
<i>Vibrio</i> Infections	1	8	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