



Epi Watch

A Monthly Epidemiology Newsletter



July, 2009

Syndromic Surveillance

The Pinellas County Health Department monitors the Electronic Surveillance System for the Early Notification of Community-Based Epidemics for aberrations based on civilian visits to the emergency department (ED). There was an overall decrease in observed ED visits for all combined syndrome categories during June. However, there was a slight increase in average ED visits from 06/28/09 to 07/04/09, which was due to insignificant increases in the injury syndrome category (Figure 1).

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

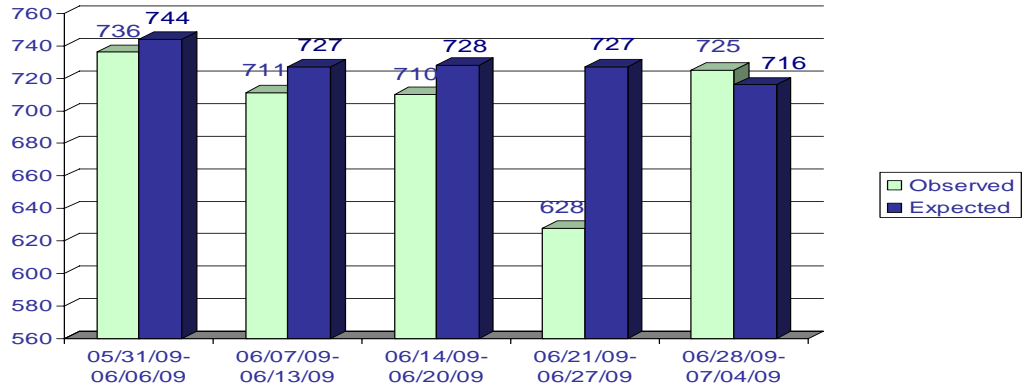
To report diseases by fax (other than HIV/AIDS) use:
(727) 820-4270

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."

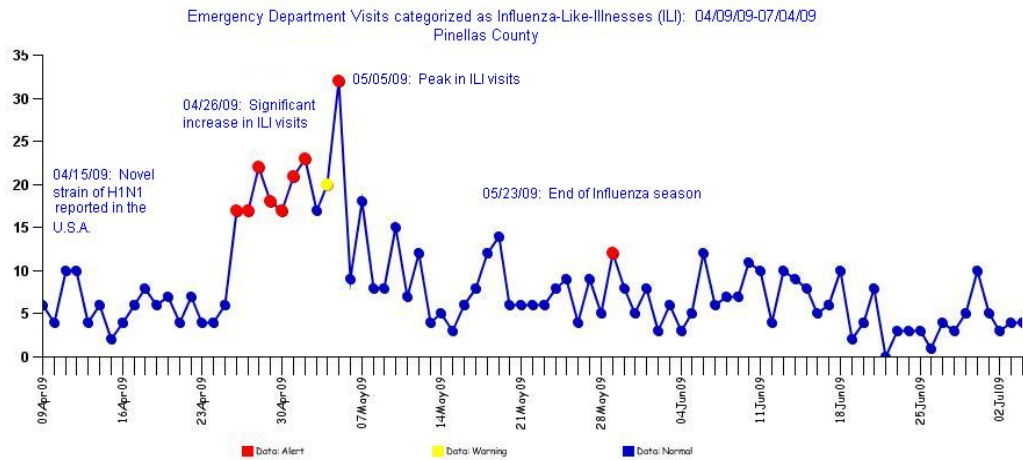
Foegen, W.H. et al. (1976). Int. J of Epidemiology, 5:29-37.

Figure 1: Average Emergency Department Visits: 05/31/09-07/04/09 Pinellas County



Source: The Electronic Surveillance system for the Early Notification of Community-Based Epidemics (ESSENCE)

There has been a steady decrease in visits related to influenza-like-illnesses, fever and respiratory syndromes. This is in contrast to increases observed in late April to early May that were mainly attributable to the emergence of the influenza A (H1N1) virus. In addition, the novel strain of influenza A was detected during the regular influenza season when there would be an expected increase in ILI visits. There continues to be a decline in ED visits related to ILI since the end of the influenza season. However, the H1N1 virus continues to circulate in the community and accounts for 90% of positive influenza tests in the Florida Department of Health Bureau of Laboratories, rather than the seasonal strains.



Source: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

Influenza Surveillance

As of June 30, 2009 in Pinellas County, 22 individuals had tested positive for H1N1, 15 of which were reported in June. However, there is evidence to suggest many more cases were undiagnosed. Of the 22 cases, 12 (55%) were children and adolescents aged 10 to 19 years. No reported cases were under one year of age or older than 60 years.

The Florida Department of Health states that a specific virologic diagnosis of the infection is not currently needed for clinical purposes. The H1N1 strain is susceptible to both oseltamivir and zanamivir (Tamiflu and Relenza). Please contact the Pinellas County Health Department at (727) 824-6932 if you have any questions.

Selected Reportable Diseases in Pinellas County

Disease	2009 June	2009 Year to date	2008 Year to date	2008 Total
AIDS	17	82**	114*	206
Animal Rabies		1		2
Arboviral Illness (Human):				
Dengue				
EEE				
SLE				
WNV				
CA/LaCrosse				
Campylobacteriosis	3	13	16	36
Chlamydia	301	1915	1892	3915
Creutzfeldt-Jakob Disease (CJD)				2
Cryptosporidiosis	2	5	2	12
Cyclosporiasis		1	2	5
<i>E. coli</i> O157:H7			1	2
<i>E. coli</i> Shiga Toxin (+)		1		
Giardiasis	6	16	10	32
Gonorrhea	123	761	722	1493
<i>H. influenzae</i> : Invasive Disease	1	6	3	4
Hansen's Disease				
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:				
A		3	1	3
B	2	14	16	22
C		1	2	4
Hepatitis B: Pregnant Woman +HBsAg	4	12	19	35
Hepatitis, Chronic Viral				
B	3	11	12	33
C	98	533	616	1225
HIV	21	100**	195*	327
Lead Poisoning: Children < 6 years:		4	2	5
Legionellosis	1	5	2	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			1	2
Mumps				
Pertussis			5	11
Rabies, possible exposure	5	32	20	69
Rocky Mountain Spotted Fever				
Salmonellosis	24	69	75	205
Shigellosis		1	2	11
Streptococcal Disease, Inv. Group A		7	2	9
<i>S. pneumoniae</i> , Inv. Disease (DR)	3	21	15	28
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	1	22	8	27
Syphilis: Total	11	96	63	149
Infectious (P and S)	5	41	21	66
Early Latent	5	40	27	51
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)	1	15	15	32
Tuberculosis	3	8	9	30
<i>Vibrio</i> Infections	2	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.