



# Epi Watch

## A Monthly Epidemiology Newsletter



June, 2009

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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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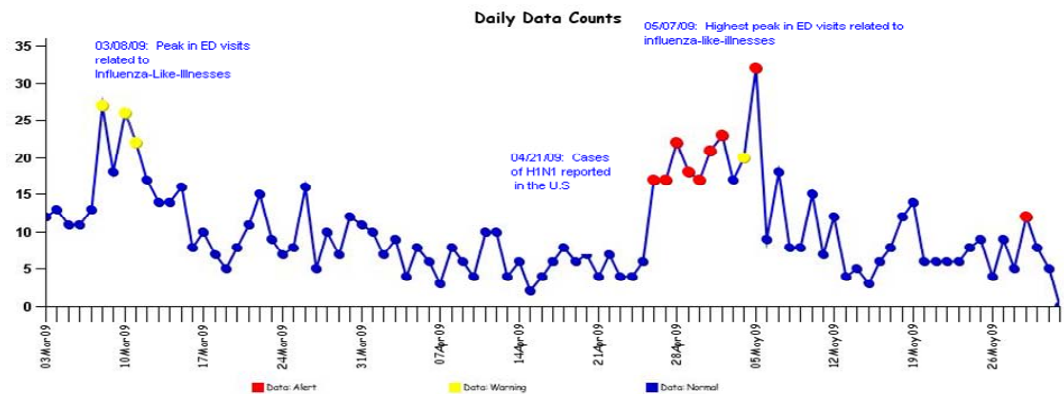
*"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."*

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

### Syndromic Surveillance:

The Pinellas County Health Department monitors the Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE) for aberrations based on visits to the emergency department (ED). The largest increase in ED visits was observed from April 26 to May 2, 2009. The number of visits related to fever, respiratory, and influenza like illnesses (ILI) attributed to the emergence of the swine-origin influenza A (H1N1) virus (S-OIV) significantly contributed to the increase. After a decline in ILI related visits from mid-March to late April, a ten-fold increase in ED visits due to ILI was observed on April 27, 2009. This increase continued until May 5, 2009 when the highest peak in ED visits for ILI since the start of the influenza season was observed. However, there has been a decline in ED visits categorized as ILI since this peak.

Figure 1: Emergency Department Visits related to ILI: March 2008-May 2009 Pinellas County



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

There were eighteen ED visits to multiple hospitals that warranted further follow-up for information. Such follow-ups are made based on clusters of events or chief complaints that may indicate a public health emergency. The majority (83%) of these were initiated due to possible association with S-OIV. Only two of these patients met the testing criteria for S-OIV, one of whom was the first confirmed case in Pinellas County. The other patient was negative for S-OIV. The other follow-ups (17%) were due to complaints of food poisoning and body rash that were not issues of public health importance.

### Influenza Surveillance:

The 2008-2009 influenza season officially ended on Saturday, May 23 2009. However, cases of seasonal influenza are currently present in the community as illustrated in Figure 2. There were eight confirmed cases of swine-origin influenza virus (S-OIV) reported in Pinellas County. As a result of the increased laboratory testing that began on April 24 to screen for this novel virus, twelve times as many seasonal influenza cases were reported in May, 2009 than in May, 2008.

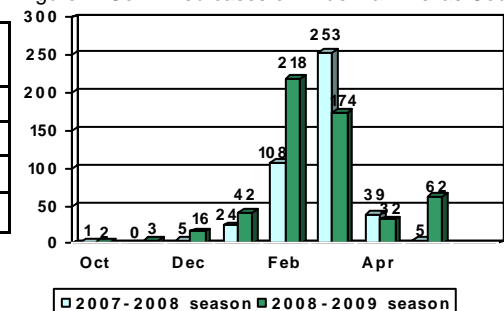
The Pinellas County Health Department plans on enhancing influenza surveillance activities throughout the summer. Although the ILI activity levels have begun to decrease during the latter half of May, it is possible that localized outbreaks will continue to occur over the summer. **Providers are asked to contact the Pinellas County Health Department at 727-824-6932 if they suspect that a patient is ill with the S-OIV or if a specimen was sent to the State Lab for testing.**

Table 1:

Pinellas County	Type A*	Type B	Unk	Total
May, 2009	60	2	0	62
May, 2008	1	4	0	5
2008-2009 season	377	149	5	531
2007-2008 season	359	75	1	435

\* Includes eight cases of S-OIV from May, 2009

Figure 2: Confirmed cases of influenza Pinellas County



Legend: 2007-2008 season (light blue), 2008-2009 season (dark blue)

# Selected Reportable Diseases in Pinellas County

Disease or Condition	2009 May	2009 Year to date	2008 Year to date	2008 Total
AIDS	20	67**	98*	206
Animal Rabies		1		2
Arboviral Illness (Human):				
Dengue				
EEE				
SLE				
WNV				
CA/LaCrosse				
Campylobacteriosis	2	10	14	36
Chlamydia	318	1580	1595	3915
Creutzfeldt-Jakob Disease (CJD)				2
Cryptosporidiosis		3	2	12
Cyclosporiasis		1		5
<i>E. coli</i> O157:H7			1	2
<i>E. coli</i> Shiga Toxin (+)		1		
Giardiasis	3	10	9	32
Gonorrhea	146	626	601	1493
<i>H. influenzae</i> : Invasive Disease		5	2	4
Hansen's Disease				
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:				
A	1	3	1	3
B	3	12	16	22
C		1	2	4
Hepatitis B: Pregnant Woman +HBsAg	1	8	14	35
Hepatitis, Chronic Viral				
B	1	8	8	33
C	92	435	512	1225
HIV	38	80**	169*	328
HIV, Perinatally exposed infants (# born to an infected mother)		Data not available		
Lead Poisoning: Children < 6 years:		4	2	5
Legionellosis	1	4	1	9
Listeriosis			1	3
Lyme Disease				6
Malaria		2	1	3
Meningitis: Bacterial, Cryptococcal, Mycotic		6	2	7
Meningococcal Disease		1	3	5
Mercury Poisoning			1	2
Mumps				
Pertussis			5	11
Rabies, possible exposure	9	27	16	69
Rocky Mountain Spotted Fever				
Salmonellosis	16	45	59	205
Shigellosis			1	11
Streptococcal Disease, Inv. Group A	1	7	2	9
<i>S. pneumoniae</i> , Inv. Disease (DR)	3	18	13	28
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	2	21	8	27
Syphilis: Total	9	82	55	149
Infectious (P and S)	6	32	18	66
Early Latent	2	34	24	51
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)	1	16	13	32
Tuberculosis		Data not available		
<i>Vibrio</i> Infections	2	3	3	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.