



Epi Watch

A Monthly Epidemiology Newsletter



October 2009

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(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.

School Absenteeism Summary:

Monitoring school absenteeism is one method epidemiologists at the Pinellas County Health Department use to identify disease clusters or outbreaks. Since the school year began in August 2009 the Pinellas County Health Department has collected data from the Pinellas County School Board and the Catholic Diocese of St. Petersburg—which provides data for all Catholic schools in Pinellas County— concerning student absenteeism.

For the first 10 weeks of the school year, the Pinellas County Schools averaged 5.7% absenteeism and the Catholic Diocese Schools averaged 3.5% absenteeism. The graph below displays each school system's average rate of absenteeism each week. From week 1 to 3, each school system experienced a sharp increase in absenteeism followed by brief dips in weeks 4 and 5. The Pinellas County Schools have remained fairly steady since week 5, while the Catholic Diocese schools have been declining although they usually experience a lower rate of absenteeism.

The Pinellas County Health Department remains in close contact with school officials and monitors daily attendance rates to quickly identify and appropriately handle any disease clusters or outbreaks that may arise in local schools and affect local school children and teachers.

Average School Absenteeism (Pinellas County Schools and Catholic Diocese of St. Petersburg Schools)



Emergency Department Surveillance:

The volume of Emergency Department (ED) visits due to Influenza-like illnesses (ILI), have slowly but steadily declined throughout the month of October. On average, the number of ED visits due to ILI in October were 3.9% below expected levels for the month, and 14.1% below the average for September, which was the month with the highest number of ILI-related ED visits.

Influenza Surveillance:

Although influenza activity in Pinellas County is at a higher level than what would be expected at this point in an influenza season, the activity level has been declining across all surveillance systems since reaching its peak in September 2009. The Pinellas County Health Department continues to receive a large volume of calls from the public with questions about H1N1, particularly about the vaccine and its availability.

The H1N1 (Swine) flu virus is actively circulating in our communities. Current guidance documents on influenza can be found at www.pinellashealth.com.

Selected Reportable Diseases in Pinellas County

Disease	2009 October	2009 Year to date	2008 Year to date	2008 Total
AIDS	13	140**	161*	202
Animal Rabies		1	2	2
Arboviral Illness (Human):				
Dengue				
EEE				
SLE				
WNV				
CA/LaCrosse				
Campylobacteriosis		23	33	36
Chlamydia	310	3404	3300	3915
Creutzfeldt-Jakob Disease (CJD)			2	2
Cryptosporidiosis	2	16	10	12
Cyclosporiasis		2	5	5
<i>E. coli</i> O157:H7			2	2
<i>E. coli</i> Shiga Toxin (+)		2		
Giardiasis	4	31	26	32
Gonorrhea	105	1305	1248	1493
<i>H. influenzae</i> :				
Invasive Disease	1	7	4	4
Hansen's Disease		1		
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:				
A		6	3	3
B	2	25	21	22
C	1	3	7	8
Hepatitis B: Pregnant Woman +HBsAg	2	22	32	35
Hepatitis, Chronic Viral				
B	17	143	217	260
C	92	1064	1310	1534
HIV	16	178**	263*	316
Lead Poisoning: Children < 6 years:		5	3	5
Legionellosis	1	8	6	9
Listeriosis			1	3
Lyme Disease		2	5	6
Malaria		2	1	3
Meningitis:				
Bacterial, Cryptococcal, Mycotic		6	3	7
Meningococcal Disease		2	5	5
Mercury Poisoning			1	2
Mumps		1		
Pertussis		4	11	11
Rabies, possible exposure	11	66	47	69
Rocky Mountain Spotted Fever				
Salmonellosis	41	235	161	205
Shigellosis	1	3	5	11
Streptococcal Disease, Inv. Group A		11	7	9
<i>S. pneumoniae</i> , Inv. Disease (DR)	5	28	23	28
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	2	26	21	27
Syphilis:				
Total	10	154	120	149
Infectious (P and S)	5	55	52	66
Early Latent	5	71	42	51
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)		28	26	32
Tuberculosis	1	13	24	30
<i>Vibrio</i> Infections	1	6	7	8

* Reporting changes (expansion of electronic lab reporting) disrupted ordinary HIV 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.