



Epi Watch

A Monthly Epidemiology Newsletter



September 2009

Syndromic Surveillance

The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) aids epidemiologists at the Pinellas County Health Department in identifying disease clusters or outbreaks by monitoring the volume of local emergency department (ED) visits. In April 2009, the Pinellas County Health Department observed a significant increase in ED visits due to fever, respiratory symptoms, and influenza-like illnesses (ILI), which coincided with the emergence of the H1N1 (Swine) flu. By early May, the ED volume due to these syndromes returned to a more normal level and remained stable through the end of July. During the month of September, the volume once again peaked with the highest values seen this year. Before September 2009 the highest percentage of total ED visits due to ILI was observed on May 5, 4.2%. On September 14, the percentage of total ED visits due to ILI was 6.8%, the highest value observed to date for 2009. From September 1 to 15, children and adolescents aged 5 to 19 years accounted for 34% of the visits and adults aged 20 to 54 years accounted for 50% of the visits.

Pinellas County Health Department
205 Dr. M.L King Street North
St. Petersburg, FL 33701
(727) 824-6900
www.PinellasHealth.com

Director
Claude Dharamraj, MD, MPH, FAAP-
claude_dharamraj@doh.state.fl.us

Disease Control Division Director-
Patricia L. Ryder, MD, MPH
pat_ryder@doh.state.fl.us

Disease Control Operations Mgr.
HIV/AIDS Program Manager
Lisa Cohen, BS
lisa_cohen@doh.state.fl.us

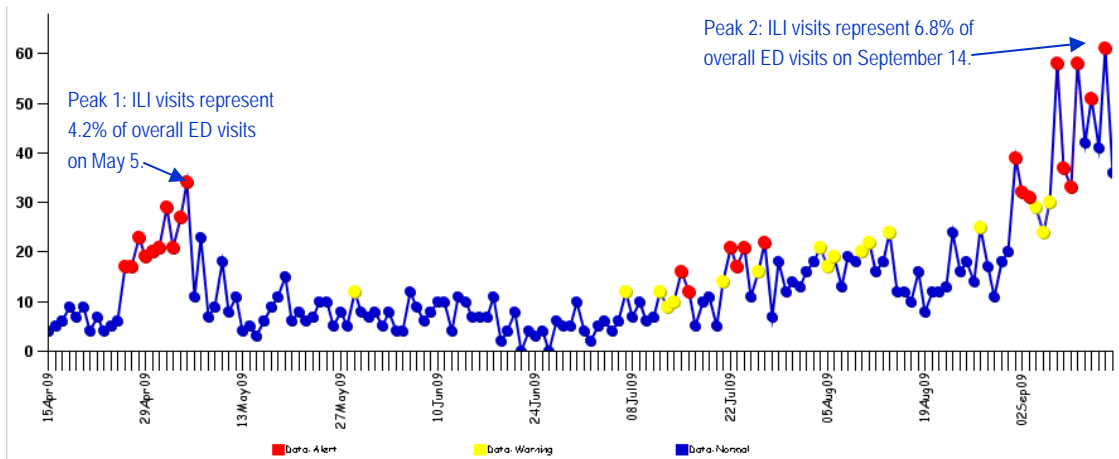
Epidemiology Program Manager-
Dongming Cui, MD, MPH, DrPH
dongming_cui@doh.state.fl.us

Surveillance Program Manager
Andrea M. Dopico, MPH
andrea_dopico@doh.state.fl.us

STD Program Manager
Sherry Y. Lewis, MM
sherry_lewis@doh.state.fl.us

TB Program Manager
Robert Berger, BA
robert_berger@doh.state.fl.us

Emergency Department (ED) Visits Categorized as Influenza-like Illnesses (ILI) April 15-September 15, 2009—Pinellas County, Florida



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

During the 2009-2010 influenza season, which begins in early October, the Pinellas County Health Department expects to observe an increase in ILI-related ED visits due to both the H1N1 (Swine) flu and seasonal influenza. Both viruses are actively circulating in our communities and the beginning of a new school year contributes to more clusters and outbreaks of infection.

Current guidance documents on influenza can be found at www.pinellashealth.com. The Pinellas County Health Department also has an Influenza Information Line to answer the community's questions about influenza and connect callers with local resources. The phone number is: (727) 824-6964 and is available from 8:00am-5:00pm Monday through Friday. The Florida Department of Health has a toll-free H1N1 (Swine) Influenza Information Line available from 8:00am-8:00pm seven days a week staffed with specialists to answer questions in English, Spanish, and Creole. This number is: (877)352-3581.

A specific virologic diagnosis of infection with the H1N1 (Swine) flu strain is not currently needed for clinical or public health purposes. However, it remains important for public health purposes to know the specific diagnosis on people who have life-threatening illness with influenza. For this purpose, the Florida Department of Health will continue to offer diagnostic testing for these patients to assure that no barriers are placed in the way of such diagnoses. Providers are asked to use commercial laboratories to test specimens from patients that do not have a life threatening illness.

Patients with a life threatening illness that are confirmed or suspected to have influenza need to be reported immediately. 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.

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:
andrea_dopico@doh.state.fl.us

"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.

Selected Reportable Diseases in Pinellas County

Disease or Condition	2009 August	2009 Year to date	2008 Year to date	2008 Total
AIDS	9	120**	128*	203
Animal Rabies		1	1	2
Arboviral Illness (Human):				
Dengue				
EEE				
SLE				
WNV				
CA/LaCrosse				
Campylobacteriosis	4	21	26	36
Chlamydia	335	2681	2569	3915
Creutzfeldt-Jakob Disease (CJD)			1	2
Cryptosporidiosis	3	9	7	12
Cyclosporiasis	1	2	4	5
<i>E. coli</i> O157:H7			2	2
<i>E. coli</i> Shiga Toxin (+)	1	2		
Giardiasis	3	24	19	32
Gonorrhea	129	1062	1002	1493
<i>H. influenzae</i> :				
Invasive Disease		6	4	4
Hansen's Disease	1	1		
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral***:				
A	1	4	2	3
B	4	20	17	22
C		2	7	8
Hepatitis B: Pregnant Woman +HBsAg***		18	25	35
Hepatitis, Chronic Viral ***:				
B	6	117	168	260
C	64	877	1082	1534
HIV	16	151**	228*	323
Lead Poisoning: Children < 6 years:		4	3	5
Legionellosis		4	4	9
Listeriosis			1	3
Lyme Disease			2	6
Malaria		2	1	3
Meningitis:				
Bacterial, Cryptococcal, Mycotic		6	3	7
Meningococcal Disease	1	2	5	5
Mercury Poisoning			1	2
Mumps		1		
Pertussis	3	3	9	11
Rabies, possible exposure	7	50	27	69
Rocky Mountain Spotted Fever				
Salmonellosis	27	134	113	205
Shigellosis	1	2	3	11
Streptococcal Disease, Inv. Group A	1	10	2	9
<i>S. pneumoniae</i> , Inv. Disease (DR)		21	22	28
<i>S. pneumoniae</i> , Inv. Disease (Suscept)		23	14	27
Syphilis:				
Total	5	121	96	149
Infectious (P and S)	1	47	42	66
Early Latent	3	50	34	51
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)	1	24	20	32
Tuberculosis	3	13	17	30
<i>Vibrio</i> Infections	1	6	5	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.

***The hepatitis values in this issue of Epi Watch include confirmed, suspect, and probable cases. Previous issues of Epi Watch published in 2009 only included confirmed cases. To provide a more accurate description of hepatitis morbidity, future issues will include suspect and probable cases. All other values represent confirmed cases.