



# Epi Watch

A Monthly Epidemiology Newsletter



June 11, 2010

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**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 the Editor.

The U.S. Food and Drug Administration (FDA) is alerting healthcare professionals not to use certain intravenous (IV) bags of metronidazole, ondansetron, and ciprofloxacin because of potential contamination. A Health Advisory was issued in June, 2010. For more information, please visit: [www.fda.gov](http://www.fda.gov)

*"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.**

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

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

## Protecting Against Infectious Disease While Traveling Abroad

The 2010 FIFA World Cup is scheduled to take place from June 11-July 11, 2010 in South Africa. An event like the World Cup, which draws many spectators from many countries around the world, is a reminder of the importance of protecting personal health and safety whenever traveling far from home. Travelers to the World Cup should take some of the following precautions including visiting their healthcare practitioner before departing and continue to protect their health while they are abroad and after they return home.

### Vaccinations

Before departing, American fans who plan to travel to South Africa for this event should ensure they have current travel vaccinations. The World Health Organization (WHO) recommends diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella at a minimum. Hepatitis A, hepatitis B, and typhoid fever are also recommended as are seasonal and H1N1 influenza vaccinations in particular. Since it is the winter season during the World Cup, the risk of influenza infection will be higher. Another important note regarding vaccinations is if travelers come from or make a stop in an area that is at risk of yellow fever, South African officials will require proof of vaccination or can deny entry. (<http://www.who.int/ith/ITH2010.pdf>). Summary tables for routine vaccinations can be found at [www.who.int/immunization/policy/immunization\\_tables/en/index.html](http://www.who.int/immunization/policy/immunization_tables/en/index.html). Healthcare practitioners can provide documentation to their patients, preferably using the international vaccination certificate that can be ordered from WHO at [www.who.int/ith/en/](http://www.who.int/ith/en/).

### Infectious Disease

Malaria and Rift Valley fever are two diseases that are of special interest in South Africa. Both malaria and Rift Valley fever can be prevented by protecting from mosquito and other insect bites. Wear clothing that covers most exposed skin, sleep under a mosquito net and utilize insect repellent to prevent bites. To protect against Rift Valley fever, it's also important to avoid contact with farms, animals, or consuming raw animal products. Rabies is another infectious disease that can be prevented by avoiding contact with animals. Patients returning from South Africa with a fever should be evaluated for malaria and other infectious disease endemic to the region.

Sexually transmitted infections are another area of concern. HIV/AIDS in particular occurs at very high rates in South Africa. Proper condom use is the best way to protect yourself when engaging in sexual activity.

### Other Precautions

Practice safe food and water practices as several serious diseases can be transmitted through food and water. Ensure all food is properly cooked and is held at proper temperatures. Avoid foods from street vendors and try to only eat fruits and vegetables that can be personally washed and peeled. Taking special care about what water sources are used for drinking and for recreation is another important precaution. Remember to bring any vital medications and health documents that local doctors may need to reference in the event of a serious medical emergency. Verify that insurance companies will cover any treatment and possibly medical transport while in South Africa. For additional information, go to <http://www.cdc.gov/Features/WorldCup/> or <http://www.who.int/ith/en/index.html>.

# Selected Reportable Diseases in Pinellas County

Disease	2010 May	2010 Year to date	2009 Year to date	2009 Total
AIDS	10	55	56*	155
Animal Rabies			1	1
Arboviral Illness (Human):				
Dengue				
EEE				
SLE				
WNV				
CA/LaCrosse				
Campylobacteriosis	1	11	10	30
Chlamydia	245	1502	1600	3974
Creutzfeldt-Jakob Disease (CJD)			1	1
Cryptosporidiosis	3	13	3	23
Cyclosporiasis			1	2
<i>E. coli</i> O157:H7				
<i>E. coli</i> Shiga Toxin (+)				
Giardiasis	4	11	10	34
Gonorrhea	89	493	630	1509
<i>H. influenzae</i> : Invasive Disease		7	5	8
Hansen's Disease		1		1
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:				
A			3	6
B	1	3	11	28
C		3	1	3
Hepatitis B: Pregnant Woman +HBsAg	3	18	8	24
Hepatitis, Chronic Viral				
B	15	118	79	186
C	123	637	585	1382
HIV	16	92	66*	189
Lead Poisoning: Children < 6 years:		1	4	5
Legionellosis	1	4	2	10
Listeriosis				
Lyme Disease		1		6
Malaria			2	3
Meningitis: Bacterial, Cryptococcal, Mycotic	1	4	6	7
Meningococcal Disease	1	4	1	3
Mercury Poisoning				
Mumps				2
Pertussis		2		4
Rabies, possible exposure	3	9	27	74
Salmonellosis	18	47	45	284
Shigellosis		2	1	5
Streptococcal Disease, Inv. Group A		2	7	14
<i>S. pneumoniae</i> , Inv. Disease (DR)	1	8	18	35
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	2	8	21	28
Syphilis: Total	5	34	88	182
Infectious (P and S)	2	12	37	67
Early Latent	2	15	35	81
Congenital				
Late Syphilis (Late Latent; Neurosyphilis )	1	7	16	34
Tuberculosis	2	12	9	18
<i>Vibrio</i> Infections	3	3	1	8

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](http://www.doh.state.fl.us/disease_ctrl/epi/index.html)

\* Year to date data cannot be compared to the first few months of 2009 due to data entry issues with the new eHARS system at that time.