



EPI WATCH

Monthly Epidemiology Newsletter

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Division of Disease Control and Health Protection

Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932

Fax: (727) 484-3865

(excluding HIV/AIDS)

To report HIV/AIDS by mail:

Surveillance Room 3-138

205 Dr. MLK Jr St. N

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World Tuberculosis (TB) Day: Invest to End TB

By: Margot Balliet - Disease Intervention Specialist

World TB Day is recognized annually on March 24 to commemorate the impact of tuberculosis around the globe and to raise awareness about the fight to end TB. In 2020, the WHO reported 1,500,000 people died from TB disease around the world, marking the first year in over a decade that global TB deaths have increased.¹ In order to get back on track, we must all invest in current TB control procedures as well as efforts to identify and treat latent TB infected (LTBI) patients at high risk of developing active infections.

This year's theme, "Invest to End TB," brings attention to the need for healthcare practitioners and community members to invest resources in the fight to end TB. Since active TB disease is rare in the United States compared to many other countries, TB is not always at the forefront on the minds of medical providers.² Healthcare practitioners can aid in the fight to end TB by screening patients at higher risk for developing TB such as contacts of people with TB disease, people born in countries with high rates of TB disease, people that have traveled to areas with high prevalence, people with compromised immune systems, and people that work in high risk settings where TB can be more transmissible. Higher risk settings can include hospitals, group homes, homeless shelters, and correctional facilities.³

Another way healthcare practitioners can invest in the fight to end TB is by treating latent infections that are likely to become active infections in the future. While active TB is rare in the US, there are an estimated 13 million cases of latent TB in the US and an estimated 5-10% of latent cases will become active at some point.⁴ Due to Florida statutes, treatment for LTBI is not mandatory, but healthcare practitioners have the responsibility to thoroughly and convincingly counsel patients on the benefits of treatment as well as the risks of refusing. Patients need to understand the urgency and importance of treatment while they are not infectious and before they put themselves or their loved ones at risk. Furthermore, treatment for LTBI costs around \$500 and can be completed as soon as 12 weeks while treatment for active disease costs around \$20,000 and lasts 6-9 months.⁵ We must go the extra mile to encourage treatment and help clients understand the different lengths and cost of treatment.

All active cases of tuberculosis are reportable to the Florida Department of Health at 727-824-6932. Please feel free to contact the DOH-Pinellas, TB Control Program with any questions, but always to report any individuals with high suspicion of pulmonary TB during medical evaluations. With your help, we can fight to end TB.



References:

1. World TB Day 2022. World Health Organization. 2022. www.who.int/campaigns/world-tb-day/2022.
2. Guidance: Newer tests recommended for TB diagnosis. Center for Infectious Disease and Research Policy. Updated December 8, 2016. www.cidrap.umn.edu/news-perspective/2016/12/guidance-newer-tests-recommended-tb-diagnosis.
3. TB Risk Factors. Centers for Disease Control and Prevention. Updated March 18, 2016. www.cdc.gov/tb/topic/basics/risk.htm.
4. Deciding When to Treat Latent TB Infection. Centers for Disease Control and Prevention. Updated March 13, 2018. www.cdc.gov/tb/topic/treatment/decideltbi.htm#:~:text=In%20the%20United%20States%2C%20up,that%20affect%20the%20immune%20system
5. CDC's TB Work Saves Lives and Money. Centers for Disease Control and Prevention. Updated October 1, 2021. www.cdc.gov/nchhstp/budget/infographics/tb.html

Infant Formula Recall Following *Cronobacter* and *Salmonella* infections

By: Rebecca Bohinc

On February 17 Abbott Nutrition issued a voluntary recall of potentially affected infant formula products produced in its Sturgis, Michigan, plant. The recall was initially prompted following three consumer complaints of *Cronobacter sakazakii* infections and one complaint of *Salmonella* Newport among infants who had consumed powdered infant formula traced back to the Sturgis facility. It should be noted that all products undergo microbiological testing prior to being released for sale and must test negative prior to distribution. Testing by the manufacturer revealed evidence of *Cronobacter sakazakii* in non-product contact areas yet no detection of *Salmonella* Newport. Additionally, products retained from the four complainants tested negative for the bacteria causing either the *Cronobacter* or *Salmonella* infection.¹ On February 28, one additional *Cronobacter sakazakii* infection was identified bringing to the total number of infections to five. All five infants were hospitalized, and the fifth patient identified ultimately passed away.²



Cronobacter is an environmental bacteria and has been found in dry food products such as powdered infant formula, skim milk powder, herbal teas, and starches. As powdered infant formula is not sterile, products can become contaminated from raw products used in the manufacturing process. Contamination can also occur in the home when products are unsealed or have contact with lids, scoops or bottles carrying the bacteria. Although infections are rare, they can be serious and often fatal for infants. Symptoms often begin with a fever, poor feeding, crying, or lethargy and can progress to sepsis, severe meningitis, or seizures.³ Infants displaying signs or symptoms should be evaluated by a doctor.

It identify if a product is part of the recall, check for the lot number here: <https://www.similacreCALL.com/us/en/product-lookup.html>

For more information to prevent *Cronobacter* infections, visit: <https://www.cdc.gov/cronobacter/infection-and-infants.html>

References:

1. Abbott Voluntarily Recalls Powder Formulas Manufactured at One Plant. U.S. Food & Drug Administration. February 17, 2022. <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/abbott-voluntarily-recalls-powder-formulas-manufactured-one-plant>
2. FDA Warns Consumers Not to Use Certain Powdered Infant Formula Produced in Abbott Nutrition's Facility in Sturgis, Michigan. Updated February 28, 2022. <https://www.fda.gov/news-events/press-announcements/fda-warns-consumers-not-use-certain-powdered-infant-formula-produced-abbott-nutrition-facility>
3. *Cronobacter*. Centers for Disease Control and Health Protection. Updated January 18, 2022. <https://www.cdc.gov/cronobacter/technical.html>

DOH-Pinellas Hosts NIDA *Drug and Alcohol Facts Week*[®]

By: Marianne Dean, MS, Edited by: Rachael Shaw, MPH

The National Institute on Drug Abuse (NIDA) will kick-off the 12th annual *National Drug and Alcohol Facts Week*[®] (NDAFW) from March 21-27. Launched in 2010, the NDAFW brings educators, community partners, healthcare providers and scientists together with one common goal – improve prevention and awareness campaigns about drug and alcohol use in teens and bring these messages to our community. This event highlights the importance of nurturing healthy coping skills and health-enhancing behaviors, which can better support stress management – reducing the chances of exploring drugs or alcohol as alternatives.¹

Drugs and alcohol can disrupt the neuro architecture of the brain, which can be detrimental to long-term development while the brain is still maturing and developing. Substance use in teens opens greater vulnerability to addiction and other mental illnesses.² Discussing these topics can be difficult because parents and guardians must combat social peer pressures of drug and alcohol use and fight marketing techniques often used to target youth.³ Parents and guardians may also lack key communication tools to discuss substance use which is why NDAFW is important.

The Office of Overdose Prevention has teamed up with the Gold Star Dads, Healthy Families, Florida Poison Control Centers, and Tobacco Free Florida to host an event table from March 21-25 at the St. Petersburg Health Department. The event will be held from 10 a.m. until 4 p.m. in the first Floor Lobby. Materials will be available at no cost for teens, parents, guardians, educators, healthcare providers, and any interested party to promote the facts behind drugs and alcohol. Participating partners will provide a large overlay of parent, guardian, and teen information services.



Picture courtesy of <https://nationalltoday.com/national-drug-and-alcohol-facts-week/>

References:

- ¹NIDA. 2022. Nurturing My Mental & Emotional Health. <https://teens.drugabuse.gov/teachers/lessonplans/nurturing-my-mental-emotional-health>
- ^{2,3}NIDA. 2022. Parents: Preventing Teen Drug Use. <https://teens.drugabuse.gov/parents/preventing-teen-drug-use>

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	February 2022	February 2021	Pinellas 2022	Florida 2022	2021	2020	2019
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	1
Mumps	0	0	1	8	1	1	3
Pertussis	0	0	1	56	1	8	27
Varicella	3	3	25	381	25	17	33
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	1	0	1	22	1	0	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	2	0	6	90	6	5	7
Meningococcal Disease	0	0	1	27	1	2	1
C. Enteric Infections							
Campylobacteriosis	14	19	214	3916	214	245	305
Cryptosporidiosis	2	1	28	344	28	36	64
Cyclosporiasis	0	0	9	253	9	9	28
<i>E. coli Shiga Toxin (+)</i>	3	1	16	581	16	10	22
Giardiasis	1	2	29	710	29	28	52
Hemolytic Uremic Syndrome (HUS)	0	0	0	4	0	0	1
Listeriosis	0	0	2	58	2	2	2
Salmonellosis	11	4	182	6417	182	199	201
Shigellosis	2	4	37	540	37	19	22
D. Viral Hepatitis							
Hepatitis A	1	0	6	206	6	3	377
Hepatitis B: Pregnant Woman +HBsAg	3	0	11	0	11	18	21
Hepatitis B, Acute	2	5	53	689	53	40	71
Hepatitis C, Acute	8	14	88	1842	88	117	75
E. VectorBorne/Zoonoses							
Animal Rabies	0	0	0	0	0	0	2
Rabies, possible exposure	10	10	135	3792	135	118	128
Chikungunya Fever	0	0	0	1	0	0	0
Dengue	0	0	0	0	0	0	0
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	0	6	286	6	11	19
Malaria	0	0	2	44	2	2	5
West Nile Virus	0	0	0	10	0	0	0
Zika Virus Disease	0	0	0	0	0	0	0
F. Others							
Chlamydia	317	333	4090	n/a	3956	4575	4355
Gonorrhea	137	130	1882	n/a	1634	1526	1416
Hansen's Disease	0	0	0	14	0	0	0
Legionellosis	0	6	36	506	36	33	30
Mercury Poisoning	0	0	2	19	2	1	1
Syphilis, Total	47	39	626	n/a	479	493	434
Syphilis, Infectious (Primary and Secondary)	14	14	273	n/a	212	218	190
Syphilis, Early Latent	25	14	236	n/a	166	197	152
Syphilis, Congenital	0	0	5	n/a	5	6	3
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	8	11	112	n/a	96	72	89
Tuberculosis	3	6	19	n/a	24	24	33
<i>Vibrio Infections</i>	0	0	13	236	8	11	4

*YTD up to February 28, 2022. n/a = not available at this time

Reportable diseases include confirmed and probable cases only. All case counts are current and provisional. Data is collected from the Merlin Reportable Disease database, surveillance systems maintained at the Florida Department of Health in Pinellas County, and Florida CHARTS <http://www.floridacharts.com/charts/default.aspx>. STD data in STARS is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.