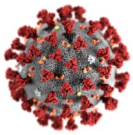
EPI SCOPE

FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY EPIDEMIOLOGY NEWSLETTER // SEPT 2021 ISSUE

What's Included?

Fast Stats & Updates



COVID-19 case counts have decreased in Seminole County in recent weeks.

68% of eligible Seminole County residents have received at least one dose of a COVID-19 vaccine.

For more information, view the latest weekly COVID-19 report on the Florida Department of Health COVID-19 website.

Influenza season starts the week of October 3rd. It is important to start having conversations with patients and the community at large about getting vaccinated against the flu.

WORLD RABIES DAY: FACTS, NOT FEAR

by Taylor Kwiatkowski, MPH

World Rabies Day is observed on September 28th to raise awareness about rabies and to enhance prevention and control efforts worldwide. This year's theme is "Rabies: Facts, not Fear", to combat the fear, misconception, and misinformation about the disease and its prevention. Below are a few common rabies myths and misconceptions.

Myth: Rabies infections only occur in third-world countries.

Fact: Widespread vaccination of pets, animal control programs, public health surveillance and testing, and the availability of rabies postexposure prophylaxis (PEP) largely account for the decreased rates of human rabies infection in the United States. However, roughly 5,000 animal rabies cases are reported annually, with greater than 90% occurring in wildlife, including bats, raccoons, foxes, and skunks.

Myth: Infection can occur after handling blood, feces, or urine of an infected animal.

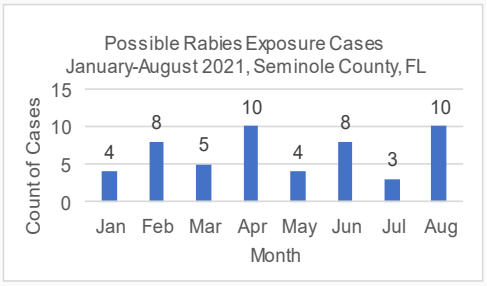
Fact: Rabies can only be transmitted via the saliva of an infected animal, either from a bite, scratch, or the saliva coming in contact with a mucous membrane.

Myth: There has to be a visible bite or scratch to initiate PEP.

Fact: Between 2009 and 2019, 52% of human rabies cases were associated with exposure to a bat. Based on their small size, a bite or scratch from a bat may not be noticeable or leave obvious puncture wounds. While human rabies immune globulin (HRIG) is normally administered into the wound, if there is no visible wound, it should then be injected intramuscularly in deltoid or anterolateral thigh opposite vaccine administration.

There are many steps that can be taken to prevent rabies transmission in our community. Keeping pets up to date on rabies vaccines, encouraging the public to "look, don't touch" with wildlife, and correct and timely administration of PEP (HRIG plus four doses of rabies vaccine [five doses of rabies vaccine in those who are immunocompromised]) in those who have been bitten by or exposed to the saliva of a wild or stray animal are all ways that the risk of rabies infections can be reduced.

The Florida Department of Health in Seminole County (DOH-Seminole) tracks possible rabies exposures in residents. In 2021, there were 52 possible rabies exposures reported to DOH-Seminole. These case counts are reported in the surveillance tables included in every Epi Scope newsletter. See page 10 for additional monthly surveillance data for Seminole County and Florida.



For any questions on rabies PEP or to report an animal bite or other possible rabies exposure, contact the Florida Department of Health in Seminole County (DOH-Seminole) Epidemiology Program at 407-665-3243 (afterhours call 407-665-3000, option 1).

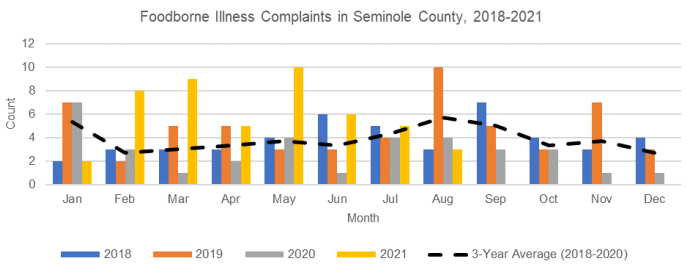
Sources: Human Rabies; Rabies in the US; Common Myths and Legends of Rabies

NATIONAL FOOD SAFETY EDUCATION MONTH

by Tyler Weston, MPH

September marks National Food Safety Education Month (FSEM), a great time to raise awareness about the importance of food safety and to educate the public on preventing foodborne illness (FBI). In the U.S., it is estimated that FBIs affect nearly 48 million Americans annually (about 1 in every 6 people) and result in roughly 128,000 hospitalizations and 3,000 deaths. Certain groups of people are more likely to become seriously ill from FBIs, including adults aged 65 and older, children under the age of 5, and individuals who are pregnant or immunocompromised.

The Florida Department of Health in Seminole County (DOH-Seminole) Epidemiology Program investigates FBI complaints and conducts passive surveillance to monitor the incidence of FBI outbreaks. From January through September 2021, DOH-Seminole has investigated a total of 48 FBI complaints and three FBI outbreaks. Compared to the prior three-year average, there has been an increase in FBI complaints investigated in 2021.



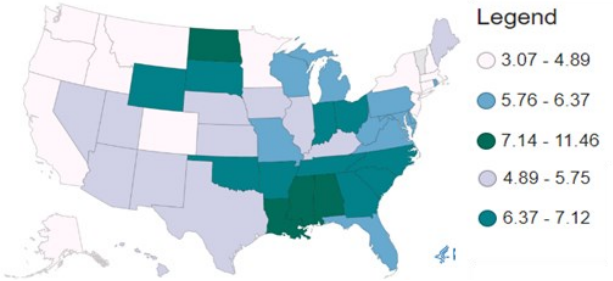
FBIs can range in severity and outcomes and though there are many kinds of organisms that can cause such disease, germs such as *Campylobacter*, *Salmonella*, *C. perfringens*, *S. aureus, E.coli O157*, and norovirus are the most common causative organisms of FBIs. FSEM is a great opportunity for healthcare providers to take an active role in FBI awareness and learn how to correctly suspect, identify, treat, and report FBIs. Additionally, healthcare providers have an opportunity to share food safety resources and provide education to their patients about preventing FBIs during this national health observance.

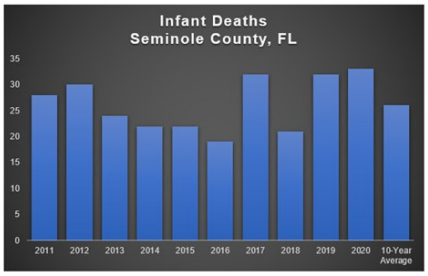
For more information on food safety education and steps to prevent FBIs, visit the Centers for Disease Control and Prevention's Food Safety webpage, the Food and Drug Administration's Resources for You (Food) webpage and the Food Safety Education Month webpage. **For any questions about FBIs or to report an FBI complaint or potential outbreak, please contact the DOH-Seminole Epidemiology Program at 407-665-3243.**

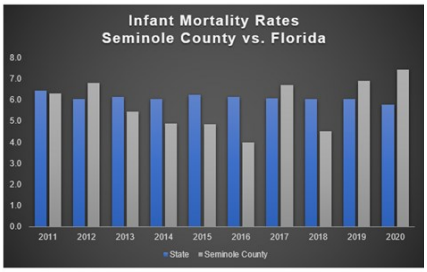
INFANT MORTALITY AWARENESS & RESOURCES

by Carley Robinson, MPH, CPH

Infant mortality is considered one of the many important measures to determine the health of a community. In 2020, Seminole County reported 33 infant deaths, which is about as many children or more than an average kindergarten class. September is observed as Infant Mortality Awareness Month, which draws attention to this critical public health issue. Infant mortality is measured by the death of a child before their first birthday. CDC surveillance found that the leading causes of infant mortality in 2018 included: birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome, and injuries. Rates tend to be higher in southern states and impact non-Hispanic black children more than any other race/ethnicity group.







Seminole County's infant mortality rates (IMR) per 1,000 live births in 2019 and 2020 were higher than the county's 10-year average. In 2020, the IMR for Black children in was 13.8 per 1,000 births compared to 6.9 in Hispanic children and 4.9 in White children.

There are community resources available to help ensure that infants and parents are connected to the tools, nutrition, and healthcare access they need for a healthy beginning.

Florida Healthy Babies: Offers trainings and referrals to parents on various childhood topics.

Safe Kids Seminole County Coalition: Provides education and training to parents on preventing unintentional injuries to children age 0-14.

Seminole County WIC Program: Offers free access to healthy food, breastfeeding support, nutrition education, and more.

Healthy Start Coalition of Seminole County: Provides programs and resources aimed specifically at reducing infant mortality and improving infant health outcomes.

For more information, visit Centers for Disease Control and Prevention: Infant Mortality.

ILINet Sentinel Provider Program

Let's Fight the Flu Together!

What is ILINet?

The ILINet is a national outpatient influenza illness surveillance program operated by the Centers for Disease Control and Prevention (CDC) in partnership with county and state health departments.

Importance of Participation

- Submitting total and ILI-specific outpatient visits weekly help to establish trends in Influenza activity.
- Specimens sent to the state public health laboratory assists the CDC in selecting which influenza virus strains are to be included in the annual influenza vaccine.

Program Benefits

- Participate in a robust state and national surveillance program that enhances influenza prevention and control.
- Access to a ***highly sensitive test (RT-PCR)*** for diagnosis
- Receive monthly feedback reports summarizing influenza activity in Seminole County.
- ***No cost to participate.*** All materials for testing are provided by the CDC and Florida Department of Health.

If interested in participating, please contact:

Taylor Kwiatkowski, MPH
Taylor.Kwiatkowski@FLHealth.gov
407-665-3284

Tyler Weston, MPH
Tyler.Weston@FLHealth.gov
407-665-3287

This is an official

CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
September 14, 2021, 10:00 AM ET
CDCHAN-00451

Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events

Summary
The purpose of this Health Alert Network (HAN) Health Advisory is to alert public health departments, healthcare professionals, first responders, poison control centers, laboratories, and the public to the increased availability of cannabis products containing delta-8 tetrahydrocannabinol (THC) and the potential for adverse events due to insufficient labeling of products containing THC and cannabidiol (CBD).

Background
Marijuana, which can also be called weed, pot, or dope, refers to all parts of the plant *Cannabis sativa L.*, including flower, seeds, and extracts with more than 0.3% delta-9 tetrahydrocannabinol (THC) by dry weight. Any part of the cannabis plant containing 0.3% or less THC by dry weight is defined as hemp.[1] The cannabis plant contains more than 100 cannabinoids, including THC, which is psychoactive (i.e., impairing or mind-altering) and causes a "high".[2] CBD is another active cannabinoid found in the cannabis plant that is not psychoactive and does not cause a "high".

The term THC most often refers to the delta-9 THC isomer, which is the most prominently occurring THC isomer in cannabis. However, THC has several other isomers that occur in the cannabis plant, including delta-8 THC. Delta-8 THC exists naturally in the cannabis plant in only small quantities and is estimated to be about 50-75% as psychoactive as delta-9 THC.[3,4]

CBD can be synthetically converted into delta-8 THC, as well as delta-9 THC and other THC isomers, with a solvent, acid, and heat to produce higher concentrations of delta-8 THC than those found naturally in the cannabis plant.[5] This conversion process, used to produce some marketed products, may create harmful by-products that presently are not well-characterized.

Delta-8 THC products are increasingly appearing in both marijuana and hemp marketplaces, some of which operate legally under state, territorial, or tribal laws.[6] Most states and territories permit full or restricted hemp marketplaces that sell hemp and hemp-derived CBD products.[7] Products sold as concentrated delta-8 THC are also available online. Delta-8 THC products are sometimes marketed as "weed light" or "diet weed."

The health effects of delta-8 THC have not yet been researched extensively and are not well-understood. However, delta-8 THC is psychoactive and may have similar risks of impairment as delta-9 THC.[4] As such, products that contain delta-8 THC but are labeled with only delta-9 THC content rather than with total THC content likely underestimate the psychoactive potential of these products for consumers. In addition, the sale of delta-8 THC products is not limited to regulated marijuana dispensaries in states, territories, or tribal nations where marketplaces operate under law. Rather, delta-8 THC products are sold by a wide range of businesses that sell hemp. As a result, delta-8 THC products may also have the potential to be confused with hemp or CBD products that are not intoxicating. Consumers who use these products may therefore experience unexpected or increased THC intoxication.

A wide variety of delta-8 THC-containing products have entered the marketplace, including, but not limited to, vapes, smokable hemp sprayed with delta-8 THC extract, distillates, tinctures, gummies,

chocolates, and infused beverages. In addition, because testing methods for products like synthetically derived delta-8 THC are still being developed, delta-8 THC products may not be tested systematically for contaminants such as heavy metals, solvents, or pesticides that may have adverse health effects.[8]

Recent increases in delta-8 THC-involved adverse events

In March 2021, the West Virginia Poison Control Center[9] reported two cases of adverse events related to use of delta-8 THC products in adults. In both instances, individuals mistook the products containing delta-8 THC for CBD-like products. These exposures led to symptoms consistent with cannabis intoxication. The Michigan Poison Control Center[10] also reported two cases of severe adverse events to delta-8 THC in two children who ingested a parent's delta-8 THC-infused gummies purchased from a vape shop. Both children experienced deep sedation and slowed breathing with initial increased heart rate progressing to slowed heart rate and decreased blood pressure. The children were admitted to the intensive care unit for further monitoring and oxygen supplementation.

In 2021, The American Association of Poison Control Centers (AAPCC) introduced a product code specific to delta-8 THC into its National Poison Data System (NPDS), allowing for the monitoring of delta-8 THC adverse events*. From January 1 to July 31, 2021, 660 delta-8 THC exposures were recorded with the new product code, and one additional case was recoded as a delta-8 THC exposure from October 2020. Eighteen percent of exposures (119 of 661 cases) required hospitalization, and 39% (258 of 661 cases) involved pediatric patients less than 18 years of age.

Syndromic surveillance data from emergency departments participating in the CDC's National Syndromic Surveillance Program (NSSP) show an increase in visits with a mention of delta-8 THC or some variation in the chief complaint text in recent months. More than 4,400 active emergency facilities that represent portions of 49 states and Washington, DC contribute data to NSSP, accounting for approximately 71% of all U.S. non-federal emergency departments. The first suspected visit associated with delta-8 THC in NSSP was observed in September 2020, with three additional visits observed through the end of 2020. Suspected visits have generally increased monthly in 2021 (three suspected visits were observed in January; six in February; 16 in March; 11 in April; 29 in May; 32 in June; and 48 in July 2021). The majority of these visits (73%, 109 of 149 visits) occurred in the Department of Health and Human Services' Regions 4 and 6, which are composed primarily of Southern states that have not passed state laws to allow non-medical adult cannabis use.[11] These numbers are likely an underestimate due to the potential for inaccurate and incomplete information about products used by consumers.

Several factors can influence both the type and severity of cannabis-related adverse events, including the type of cannabinoid ingested, concentration, route of exposure, and the individual characteristics of the person who consumed the cannabinoid such as their age, weight, and sex. Delta-8 THC intoxication can cause adverse effects similar to those observed during delta-9 THC intoxication[10,12], and may include—

- Lethargy
- Uncoordinated movements and decreased psychomotor activity
- Slurred speech
- Increased heart rate progressing to slowed heart rate
- Low blood pressure
- Difficulty breathing
- Sedation
- Coma

Summary

The rise in delta-8 THC products in marijuana and hemp marketplaces has increased the availability of psychoactive cannabis products, even in states, territories, and tribal nations where non-medical adult cannabis use is not permitted under law. Variations in product content, manufacturing practices, labeling, and potential misunderstanding of the psychoactive properties of delta-8 THC may lead to unexpected effects among consumers. Adverse event reports involving products that contain delta-8 THC that resulted in consumers' hospital or emergency department treatment have been described. Increased

reports of adverse events related to delta-8 THC, as well as preliminary reports of the emergence of other similarly produced products derived from cannabis warrant the continued monitoring and tracking of adverse events related to THC.

Recommendations for the Public and Consumers

- Consumers should be aware of possible limitations in the labeling of products containing THC and CBD even from approved marijuana and hemp retailers. Products reporting only delta-9 THC concentration, but not total THC may underestimate the psychoactive potential for consumers.
- Consumers should be aware that products labeled as hemp or CBD may contain delta-8 THC, and that products containing delta-8 THC can result in psychoactive effects. Delta-8 THC products are currently being sold in many states, territories, and tribal nations where non-medical adult cannabis use is not permitted by law. In addition, retailers may sell products outside of regulated dispensaries in states, territories, and tribal nations where cannabis use is permitted by law. This may provide consumers with a false sense of safety, as delta-8 THC products may be labeled as hemp or CBD, which consumers may not associate with psychoactive ingredients.
- Parents who consume edibles and other products that contain THC and CBD should store them safely away from children. Children may mistake some edibles that contain THC and CBD (e.g., fruit-flavored gummies containing delta-8 THC) as candy.
- If consumers experience adverse effects of THC- or CBD-containing products that are an immediate danger to their health, they should call their local or regional poison control center at 1-800-222-1222 or 911 or seek medical attention at their local emergency room and report the ingredients of ingested products to healthcare providers. Consumers are also encouraged to report adverse events to MedWatch.
- Consumers should be aware that the cannabis marketplace continues to evolve. Other cannabis-derived products of potential concern have emerged recently, such as those containing delta-10 THC and THC-O acetate. More research is needed to understand the health effects of products containing these compounds.

Recommendations for Public Health Departments and Poison Control Centers, including those in locations where laws only permit hemp marketplaces

- Release information to healthcare providers and the public about the psychoactive qualities and the potential health implications of using products containing delta-8 THC and that products labeled as hemp or CBD may contain delta-8 THC.
- Poison control centers have a new code available to identify delta-8 THC exposures. For patients or providers reporting delta-8 THC consumption, poison control centers should use the American Association of Poison Control Centers code 310146 or product code 8297130 to indicate delta-8 THC exposure and aid in the continued surveillance of these exposures.
- States, territories, and tribal nations that have passed laws allowing non-medical use of adult cannabis or that may allow such use in the future may consider requiring the reporting of total THC content, including ingredients like delta-8 THC and other compounds that may be synthetically produced, on product labeling.
- Community-based organizations, such as Drug-Free Communities coalitions, can use information from this report to raise awareness in their communities about the potential negative health effects associated with use of delta-8 THC-containing products, as well as the emergence of other cannabis-derived products of potential concern.

Recommendations for Retailers Selling Cannabis Products

- Retailers selling cannabis products should provide information to consumers about the psychoactive qualities of delta-8 THC.
- Retailers selling cannabis products should report total THC content on product labeling, including ingredients like delta-8 THC that may be synthetically produced to create a psychoactive effect.

Recommendations for Healthcare Providers

- Healthcare providers should be vigilant in observing patients presenting with THC-like intoxication symptoms who do not report an exposure to marijuana or history of use. Symptomatic patients should be questioned about their use of CBD or delta-8 THC products.
- There is no specific antidote for THC intoxication. Treatment is largely symptomatic and supportive care. The ability to detect delta-8 THC with laboratory tests that hospitals use to detect delta-9 THC currently is not fully characterized. Consult with your hospital's medical toxicologist or local poison control center for toxicology consultations on treatment.

For More Information

- CDC Marijuana homepage: "Marijuana and Public Health"
- FDA Delta-8 THC Consumer Update: "5 Things to Know about Delta-8 Tetrahydrocannabinol"
- Visit CDC-INFO or call CDC-INFO at 1-800-232-4636
- CDC 24/7 Emergency Operations Center (EOC) 770-488-7100

References

1. Agriculture Improvement Act of 2018. H.R.2, 115th Cong. (2017-2018).
2. Rosenberg EC, Tsien RW, Whalley BJ, Devinsky O. Cannabinoids and epilepsy. Neurotherapeutics, 12 (2015), pp. 747-768.
3. Razdan RK. CHEMISTRY AND STRUCTURE-ACTIVITY RELATIONSHIPS OF CANNABINOIDS: AN OVERVIEW, Editor(s): STIG AGURELL, WILLIAM L. DEWEY, ROBERT E. WILLETTE, The Cannabinoids: Chemical, Pharmacologic, and Therapeutic Aspects, Academic Press, 1984, Pages 63-78.
4. Hollister LE, Gillespie HK. Delta-8- and delta-9-tetrahydrocannabinol comparison in man by oral and intravenous administration. Clin Pharmacol Ther. 1973 May-Jun;14(3):353-7
5. Kiselak TD, Koerber R, Verbeck GF. Synthetic route of sourcing of illicit at home cannabidiol (CBD) isomerization to psychoactive cannabinoids using ion mobility-coupled-LC-MS/MS. Forensic Sci Int 2020; 308:110173.
6. Brightfield Group. What's the Fate of Delta-8? Consumer, Product, and Regulatory Trends. Published 2021. Accessed August 31, 2021.
7. National Conference of State Legislatures (2020, April 16). *State Industrial Hemp Statutes*.
8. Delta-8-THC, HB 3000, 2021 Oregon State Legislature Regular Session. Testimony of Steven Crowley.
9. West Virginia Substance Abuse Early Warning Network. Alert #WV003. Reported Cases of Adverse Reactions to Delta-8 THC Products in West Virginia. March 10, 2021.
10. Michigan Poison Center. Fact Sheet: Emerging Public Health Concern: Delta-8 THC. April 23, 2021.
11. National Conference of State Legislatures (2021, July 14). *State Medical Marijuana Laws*.
12. Grotenhermen F. Pharmacokinetics and pharmacodynamics of cannabinoids. Clin Pharmacokinet.2003;42(4):327-60.

** The American Association of Poison Control Centers (AAPCC) maintains the National Poison Data System (NPDS), which houses de-identified case records of self-reported information collected from callers during exposure management and poison information calls managed by the country's poison control centers (PCCs). NPDS data do not reflect the entire universe of exposures to a particular substance as additional exposures may go unreported to PCCs; accordingly, NPDS data should not be construed to represent the complete incidence of U.S. exposures to any substance(s). Exposures do not necessarily represent a poisoning or overdose and AAPCC is not able to completely verify the accuracy of every report. Findings based on NPDS data do not necessarily reflect the opinions of AAPCC.*

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention, highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

This is an official

CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
September 20, 2021, 3:45 PM ET
CDCHAN-00452

Guidance for Clinicians Caring for Individuals Recently Evacuated from Afghanistan

Summary
The Centers for Disease Control and Prevention (CDC) recommends that clinicians be on alert for cases of measles that meet the case definition, as well as other infectious diseases, including mumps, leishmaniasis, and malaria, among evacuees (including both Afghan nationals and U.S. citizens) from Afghanistan. Clinicians should immediately notify their local or state health department of any suspected cases of measles. Clinicians should also recommend the measles, mumps, and rubella (MMR) vaccine for unvaccinated patients. Measles is an extremely contagious infectious disease; around 9 out of 10 people who are close contacts and who are not protected will become infected following exposure to measles virus. As of September 20, 2021, CDC has been notified of 16 confirmed cases of measles and 4 cases of mumps among Afghan nationals and U.S. citizens, recently arriving from Afghanistan and continued vigilance is needed. In addition to MMR vaccination, CDC recommends that evacuees are also up to date on vaccinations for varicella, polio, COVID-19, and seasonal influenza.

Background
The U.S. government is in the process of resettling U.S. citizens and Afghan nationals from Afghanistan. Approximately 124,000 people, including about 6,000 American citizens, have been safely flown out of Afghanistan. Many of the evacuees are from areas with limited access to healthcare and vaccinations and have been living in close quarters for long periods during the evacuation process, thereby raising the risk of disease spread.

As of September 20, 2021, CDC has been notified by public health departments of 16 measles cases among the evacuees. All patients confirmed to have measles have been isolated and provided care, and their contacts have been quarantined. Contacts who were not immune were given the MMR vaccine or, if not vaccine-eligible, immunoglobulin. Evacuees who are in the United States are required to be vaccinated with MMR and complete a 21-day quarantine from the time of vaccination at U.S. “Safe Haven” designated locations, such as military bases[1]. Some evacuees left bases before measles cases were identified and a mass vaccination campaign began. In addition, some evacuees who arrived in the United States early in the repatriation and resettlement process were transported to locations other than the current eight bases for temporary housing.

Evacuation flights from Safe Havens in other countries to the United States have been temporarily halted at CDC’s request to facilitate MMR administration and post-vaccine quarantine efforts. During this halt, CDC has requested that all unvaccinated individuals awaiting evacuation be vaccinated for measles and quarantined for 21 days before leaving for the United States.

CDC expects the possibility of additional measles infections and spread among evacuees, based on ongoing transmission and low vaccine coverage (approximately 60%) in Afghanistan, and close living quarters during the process of evacuating people to the United States. Public health officials should continue to look for people with communicable disease symptoms, isolate those with symptoms, and track contacts to manage the spread of the illness, reporting to CDC as consistent with National Notifiable Diseases Surveillance System (NNDSS) requirements. CDC is also working with partners to identify infections at their onset and limit their spread.

In addition to the recognized concerns about vaccine-preventable diseases, evacuees are at increased likelihood of gastrointestinal infections, including shigellosis, giardiasis, cryptosporidiosis, hepatitis A, rotavirus, and viral diarrheal diseases. CDC is also aware of some cases of varicella, mumps, tuberculosis, malaria, leishmaniasis, hepatitis A, and COVID-19 among evacuees. Although COVID incidence in this population has been notably low, COVID immunization and testing is being provided for all evacuees. Environmental and personal hygiene, elimination of crowding, wearing masks, and safe food and water supplies will address most of these; however, individuals supporting this effort should ideally be vaccinated against hepatitis A, in addition to being current on routine U.S. immunizations.

As always, clinicians should be cognizant of the possibility of infections among patients arriving in or returning to the United States from other countries. Collecting a detailed travel history, particularly when signs and/or symptoms of gastrointestinal infections as mentioned above, mumps, varicella, tuberculosis, malaria, leishmaniasis, hepatitis A, and COVID-19 are present, may help in identifying and taking appropriate action to prevent further spread of these diseases within the United States.

[1]Marine Corps Base Quantico, Virginia; Fort Pickett, Virginia; Fort Lee, Virginia; Holloman Air Force Base, New Mexico; Fort McCoy, Wisconsin; Fort Bliss, Texas; Joint Base McGuire-Dix-Lakehurst, New Jersey; and Camp Atterbury, Indiana.

Infection-specific Recommendations

Measles

Afghanistan ranks seventh in the world for measles cases. People with measles can spread the virus to others from four days before through four days after the rash appears. Measles virus can remain infectious for up to two hours in an airspace after an infected person leaves an area and can be spread to large numbers of susceptible people very rapidly. Measles outbreaks in refugee camps and other congregate settings lead to high morbidity and mortality (as high as 34%). In 2000, measles was declared eliminated from the United States, meaning the disease is no longer endemic in this country. However, travelers continue to bring measles into the United States, and community transmission in connection with these travel-associated cases poses an ongoing risk to unvaccinated persons and thereby measles elimination.

CDC advises clinicians across the United States to maintain vigilance for cases of measles that meet the case definition. Vigilance should be particularly enhanced in communities near the military bases that are housing the evacuees: Marine Corps Base Quantico, Virginia; Fort Pickett, Virginia; Fort Lee, Virginia; Holloman Air Force Base, New Mexico; Fort McCoy, Wisconsin; Fort Bliss, Texas; Joint Base McGuire-Dix-Lakehurst, New Jersey; and Camp Atterbury, Indiana. Acute measles illness is characterized by the following:

- Generalized, maculopapular rash lasting ≥3 days; **and**
- Temperature ≥101°F or 38.3°C; **and**
- Cough, coryza, or conjunctivitis.

Clinicians should immediately notify their local or state health department about any suspected cases of measles. State health departments should report measles cases promptly (within 24 hours) to CDC, directly to the domestic measles team at CDC's National Center for Immunization and Respiratory Diseases by telephone (404-639-6247) or by email (measlesreport@cdc.gov) or to the CDC Emergency Operations Center by telephone (770-488-7100).

Clinicians should also recommend the MMR vaccine for unvaccinated patients. Live vaccines administered to a pregnant woman pose a theoretical risk to the fetus; therefore, live, attenuated virus and live bacterial vaccines generally are contraindicated during pregnancy. Persons who are at risk of severe disease and/or complications from measles should receive immunoglobulin (IG).

- Administer intramuscular immunoglobulin (IMIG) to evacuees <6 months of age.
- Administer intravenous immunoglobulin (IVIG) to immunocompromised evacuees.

- Conduct serologic testing (IgG) of pregnant women and administer IVIG if they test negative.

Any transport of suspected measles patients to healthcare settings must be preceded by notification of the receiving facility and the transport staff, e.g., EMS, of the patient's suspected diagnosis.

Leishmaniasis
CDC advises clinicians to look for cases of leishmaniasis in Afghan evacuees. Cutaneous leishmaniasis is characterized by lesions on the skin that can change in size and appearance over time. The sores may start out as papules or nodules and evolve into ulcers. Visceral leishmaniasis is a more severe form of infection that requires urgent management. The signs and symptoms of visceral leishmaniasis include:

- Fever
- Weight loss
- Enlargement of the spleen and liver

Malaria
Because of the risk of malaria in individuals arriving in or returning to the United States from Afghanistan Afghan evacuees, CDC advises clinicians to also be vigilant for cases of malaria. The first symptoms of malaria (most often fever, chills, sweats, headaches, muscle pains, nausea, and vomiting) are usually not specific and are also found in other diseases (such as influenza and common viral infections). Fever in a person who has recently traveled in a malaria-endemic area should always be immediately evaluated with a thick and thin blood smear to look for parasites, or if results are not available within hours, a rapid diagnostic test while the blood smear results are pending. When diagnosed, malaria must be treated immediately to prevent poor outcomes and death. Severe malaria requires treatment with intravenous artesunate available through CDC.

Malaria is endemic to Afghanistan, and transmission occurs April through December in nearly half the country where altitudes are below 2,000-2,500 meters. The type of malaria in Afghanistan is 95% *Plasmodium vivax*, the type of malaria that can relapse if not treated appropriately, and 5% *Plasmodium falciparum,* the type of malaria most likely to cause severe disease.

Malaria was eliminated from the United States in the early 1950s; however, the vector that transmits malaria, the *Anopheles* mosquito, is present across the country. Travelers continue to bring malaria into the country, and numbers of cases have risen since the 1970s to about 2,000 cases per year. The last confirmed outbreak of locally transmitted malaria in the United States was in 2003.
Clinicians who need guidance on diagnosing, managing, and treating malaria cases, and access to intravenous artesunate can call the CDC Malaria Hotline Monday–Friday 9:00 am–5:00 pm ET at 770-488-7788, or afterhours at 770-488-7100. Clinicians should immediately notify their local or state health department about any confirmed case of malaria.

Polio
Afghanistan is one of two countries in the world where wild poliovirus remains endemic. Polio is a viral disease that is transmitted person to person and can cause serious symptoms that affect the brain and spinal cord. A small percentage of people with polio infection can develop more severe symptoms, including paresthesia (feeling of pins and needles), meningitis, and paralysis. About one in four people infected with poliovirus will develop symptoms that may include: sore throat, fever, fatigue, nausea, headache, and stomach pain. Since 1979, there have been no cases of polio originating in the United States, but, occasionally, a travel-related case has occurred, the last in 1993. While the risk is low, CDC advises clinicians to maintain vigilance for cases of polio in patients who have recently arrived from Afghanistan or in people who have had close contact with recent arrivals from Afghanistan and whose vaccination status is unknown.

Clinicians should immediately notify their local or state health department about any suspected case of polio and recommend polio vaccination for unvaccinated patients.

For More Information
Measles case definition
Information about measles
Information on MMR vaccines
Information on mumps
Information about leishmaniasis
Information on malaria
Malaria hotline
Information on polio

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention, highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

SEMINOLE COUNTY MONTHLY SURVEILLANCE DATA

Confirmed and probable cases of select notifiable diseases as per 64D-3, Florida Administrative Code

These data are provisional and subject to change.

	Seminole Monthly Total		Year to Date Total		Seminole County Annual Totals		
Disease	**August 2021**	**August 2020**	**Seminole 2021**	**Florida 2021**	**2020**	**2019**	**2018**
A. Vaccine Preventable							
Measles	**0**	**0**	**0**	**0**	0	0	0
Mumps	**0**	**0**	**0**	**5**	0	1	0
Pertussis	**1**	**0**	**1**	**33**	10	6	4
Varicella	**1**	**1**	**7**	**217**	18	24	17
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	**0**	**0**	**1**	**14**	0	1	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	**0**	**0**	**0**	**49**	1	2	3
Meningococcal Disease	**0**	**0**	**0**	**13**	0	0	0
C. Enteric Infections							
Campylobacteriosis	**7**	**5**	**35**	**2635**	38	75	59
Cryptosporidiosis	**0**	**0**	**2**	**199**	4	4	1
Cyclosporiasis	**1**	**4**	**9**	**224**	6	25	1
E. coli Shiga Toxin (+)	**1**	**0**	**24**	**367**	6	7	9
Giardiasis	**2**	**2**	**10**	**383**	16	14	18
Hemolytic Uremic Syndrome (HUS)	**0**	**0**	**0**	**3**	0	0	0
Listeriosis	**0**	**0**	**0**	**34**	0	0	0
Salmonellosis	**10**	**4**	**60**	**3468**	59	120	121
Shigellosis	**0**	**0**	**3**	**296**	12	22	17
D. Viral Hepatitis							
Hepatitis A	**0**	**0**	**0**	**140**	10	48	30
Hepatitis B in Pregnant Women	**1**	**0**	**2**	**209**	2	13	4
Hepatitis B, Acute	**1**	**2**	**8**	**313**	8	16	16
Hepatitis C, Acute	**1**	**1**	**13**	**828**	24	15	6
E. Vectorborne/Zoonoses							
Animal Rabies	**0**	**0**	**0**	**58**	7	2	1
Rabies, possible exposure	**9**	**11**	**53**	**2367**	135	180	134
Chikungunya Fever	**0**	**0**	**0**	**1**	0	0	1
Dengue	**0**	**0**	**0**	**0**	0	5	0
Eastern Equine Encephalitis	**0**	**0**	**0**	**0**	0	0	0
Lyme Disease	**2**	**0**	**2**	**121**	3	4	3
Malaria	**0**	**0**	**2**	**27**	0	3	4
West Nile Virus	**0**	**0**	**0**	**1**	0	0	0
Zika Virus Disease	**0**	**0**	**0**	**0**	0	0	1
F. Others							
Chlamydia	**146**	**135**	**1261**	**n/a**	1734	2002	1979
Gonorrhea	**42**	**53**	**448**	**n/a**	591	620	646
Hansen's Disease	**0**	**0**	**0**	**8**	0	0	1
Legionellosis	**1**	**3**	**10**	**313**	13	8	16
Mercury Poisoning	**0**	**0**	**0**	**11**	0	0	0
Syphilis, Total	**22**	**12**	**150**	**n/a**	151	148	133
Syphilis, Infectious (Primary and Secondary)	**8**	**8**	**52**	**n/a**	51	43	36
Syphilis, Early Latent	**6**	**2**	**47**	**n/a**	61	55	63
Syphilis, Congenital	**0**	**0**	**0**	**n/a**	1	0	2
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	**8**	**2**	**51**	**n/a**	38	48	32
Tuberculosis	**0**	**0**	**2**	**n/a**	7	4	12
Vibrio Infections	**1**	**3**	**2**	**166**	5	2	2

***n/a—Data not available**

Florida Department of Health in Seminole County

400 W Airport Blvd, Sanford, FL 32773
Phone: 407-665-3000

Donna Walsh, MPA, BSN, RN
Health Officer

Ana Scuteri, MPH
Community & Population Health Director

Sarah Alvarez Wright, MPH, BSN
Executive Community Health Nursing Director

Dr. Meena Joseph, MD
Medical Director

Udgit Mehta, MBA, FCCM
Business & Community Relations Director

Epi Scope Staff

Kevin Baker, MPH, CPH, CHES
Epi Scope Editor
Epidemiology Program Manager

Maria Bermudez, MS
Carley Robinson, MPH, CPH
Keisha Nauth, MPH
Tara Rao, MS, MS
Tyler Weston, MPH
Taylor Kwiatkowski, MPH
Epidemiology Program Staff & Contributors

Disease Reporting

Epidemiology Program
COVID-19 Phone: 407-665-3000, option 1
Non-COVID-19 Phone: 407-665-3243
Fax: 407-845-6055

Afterhours Urgent Disease Reporting and Consultations
Phone: 407-665-3000, option 1

Tuberculosis Program
Phone: 407-665-3243
Fax: 407-665-3279

STD Program
Phone: 407-665-3384
Fax: 407-845-6134

HIV/AIDS Program
Phone: 407-723-5065
Fax: 407-858-5985

Questions?

Email:
DiseaseControlSeminole@FLHealth.gov

ADDITIONAL INFORMATION AND RESOURCES

Florida Department of Health Websites

Florida Department of Health

Florida Department of Health in Seminole County

General Public Health Surveillance & Data Resources

Florida Statewide Weekly Influenza Surveillance Report—Flu Review

CDC U.S. Weekly Influenza Surveillance Report—FluView

Florida Health CHARTS—Public Health Data

Agency for Health Care Administration Data

COVID-19 Surveillance & Data Resources

Florida Department of Health—COVID-19 Data and Information

CDC—U.S. COVID-19 Data

World Health Organization—Nationwide COVID-19 Data

Practitioner Resources

Florida Department of Health Practitioner Disease Report Form

Florida Department of Health—Report Food and Waterborne Illness

Health Alerts and Advisories

- CDC Travel Health Notices
- FDA Food Recalls

Epi Scope Information

The Epi Scope is a monthly newsletter provided at no cost to consumers to share epidemiological data and trends, public health and health care guidance and current events to Seminole County stakeholders.

To subscribe to the Epi Scope distribution list, please visit the Florida Department of Health in Seminole County Epi Scope webpage.