



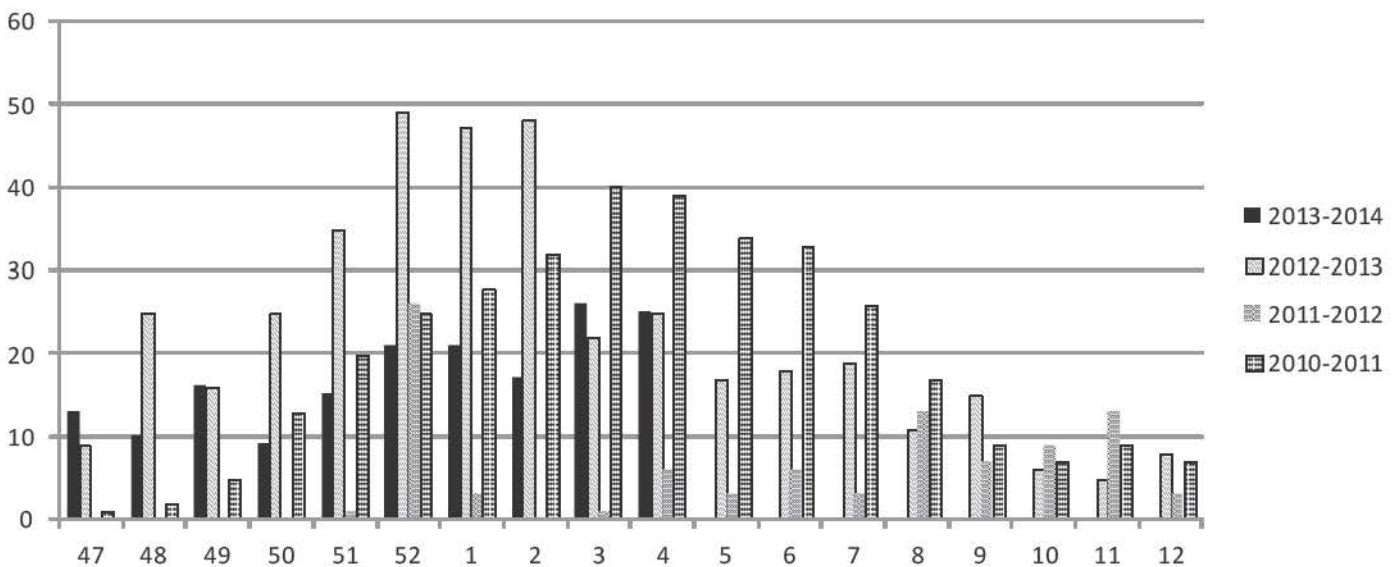
EPI-GAZETTE

February 2014, Issue 161

The Florida Department of Health in Seminole County
 WWW.SEMINOLECOHEALTH.COM

The 2013-2014 Influenza Season in Seminole County, through January 25, 2014

Seminole County Reported Laboratory-Diagnosed Seasonal Influenza Cases by Week (through January 25, 2014), vs. 2010-2014 seasons



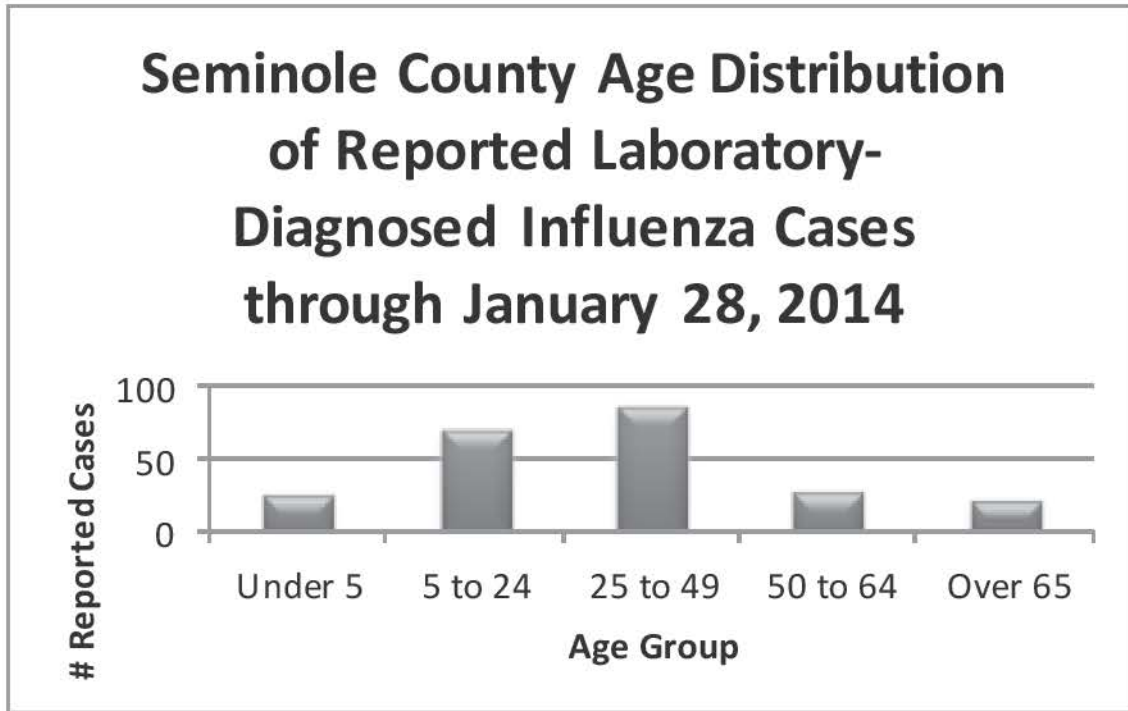
The above graph represents numbers of laboratory-diagnosed influenza A and B cases reported to the Florida Department of Health in Seminole County (DOH-Seminole) up to January 25 (i.e., "Report Week 4") for the 2013-2014 influenza season compared to the previous influenza seasons (excluding the 2009 H1N1 pandemic).

While this graph does not reflect the true number of influenza cases within the county, it does give an indication of the trends in numbers of cases during this period, and suggest that this current flu season did not follow last years trend, but rather followed

Also in this issue:

- Norovirus in the Community
- Reportable Diseases Table

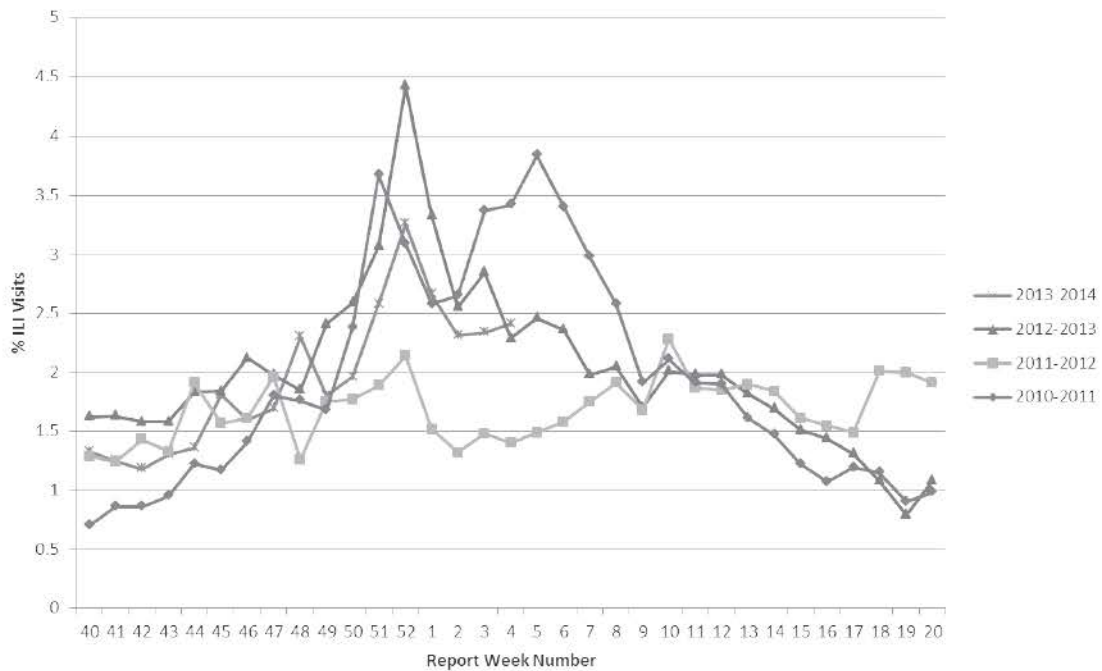
the trends of the 2010-2011 and 2011-2012 flu seasons. The age distribution of the laboratory-diagnosed cases for the 2013-2014 season is shown below from reporting weeks 42 to 52 (2013) and 1 to 4 (2014).



Influenza-Like Illness Visits to Sentinel Physicians in Seminole County

The following graph represents the mean percentage of visits for influenza-like illness (ILI) reported by sentinel physicians in Seminole County for the 2013-2014 season up to January 25 (Week 4) compared to the 2010-2011, 2011-2012, and 2012-2013 seasons. For the purpose of surveillance, ILI is defined as fever $\geq 100^{\circ}$ F, and a sore throat and/or cough in the absence of another known cause.

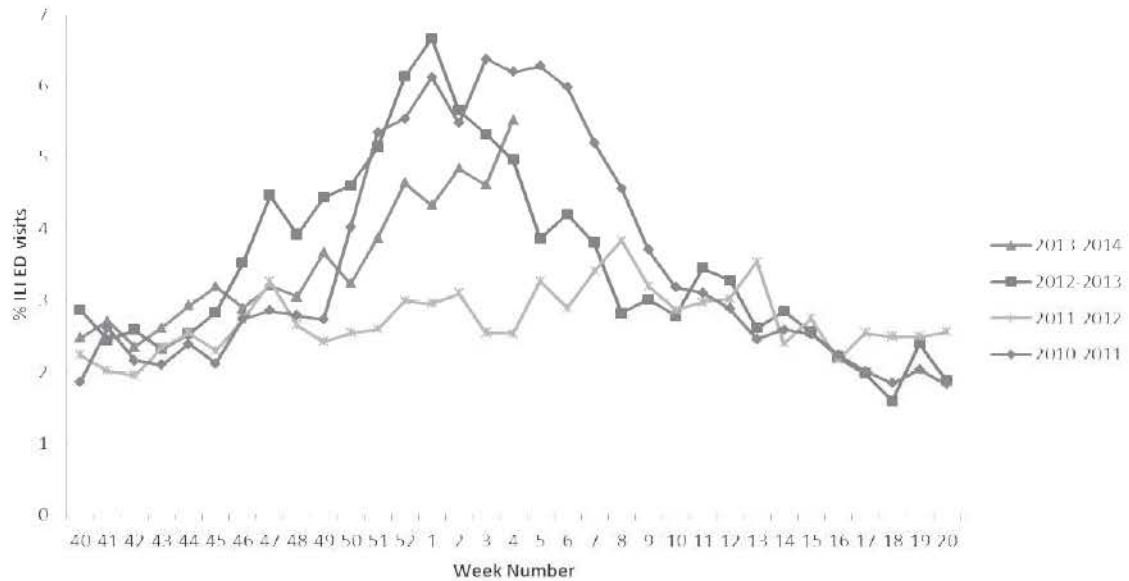
**Percent ILI Visits to Sentinel Physicians by Report Week,
2010-2014 Influenza Seasons**



Influenza-Like Illness Visits to Emergency Departments and Urgent Care Centers in Seminole County

The graph below represents the percentage of local emergency department visits for ILI in Seminole County for the 2013-2014 season up to January 25 (Week 4) compared to the 2010-2011, 2011-2012, and 2012-2013 season by patients' chief complaint as measured by the ESSENCE syndromic surveillance system. Data from patient visits to Florida Hospital Centra Care locations in Seminole County are also included for the 2013-2014 season.

ESSENCE ED/Clinic Visits with Chief Complaint of ILI, Seminole County, 2010-2014



Human Infection with Avian Influenza A (H5N1) Virus

On January 8, 2014, the Public Health Agency of Canada reported the first confirmed case of human infection with avian influenza A (H5N1) virus identified in North America. The patient exhibited symptoms while returning from travel to Beijing, China, on December 27, 2013. For more information on this patient's travel itinerary, please refer to a Public Health Agency of Canada technical briefing at http://www.phac-aspc.gc.ca/media/nr-rp/2014/2014_0108a-eng.php. The patient was hospitalized on January 1, 2014, and subsequently died on January 3, 2014. Investigations by Canadian public health officials are ongoing. Since avian influenza A (H5N1) viruses have only been rarely, and never sustainably, transmitted from person to person, there is a very low risk of subsequent related cases. **To date, no cases of human infection with avian influenza A (H5N1) viruses have been reported in the United States.**

This case is a reminder that novel influenza A viruses, including avian influenza A (H5N1) virus, can infect and cause severe respiratory illness in humans. The clinical presentation of human infection with avian influenza A viruses varies considerably. **Most reports of H5N1 in humans, however, have described severe illness, including fulminant pneumonia leading to respiratory failure, acute respiratory distress syndrome, and death. Other reported H5N1 complications include encephalitis, septic shock, and multi-organ failure.**

Clinicians should consider the possibility of avian influenza A (H5N1) virus infection in persons exhibiting symptoms of severe respiratory illness who have appropriate travel or exposure history. This includes persons with recent travel (within 10 days of illness onset) to areas where human cases of avian influenza A (H5N1) virus infection have been detected or where avian influenza A (H5N1) viruses are known to be circulating in animals. Rapid detection and characterization of novel influenza A viruses remain critical components of national efforts to prevent further cases, evaluate clinical illness associated with them, and assess any ability for these viruses to spread among humans.

Additional information and guidance on Avian Influenza A (H5N1) Virus can be found at the following link:

<http://www.cdc.gov/flu/avianflu/avian-flu-summary.htm#health>

Thank You For Your Participation!

The Epidemiology Program would like to thank the following healthcare providers for their diligence in timely reporting from Florida's "List of Reportable Diseases/Conditions":

Joanne Barnett, RN, Central Florida Regional Hospital
Veronica Butler, RN, Florida Hospital
Sandra Delahoz, RN, South Seminole Hospital

For more information about Florida's List of Reportable Diseases/Conditions, please contact Tania Slade, MPH at 407-665-3266

Selected Diseases/Conditions Reported to the DOH-Seminole	2013 through Week 52	2012 through Week 52	2011 through Week 52	2010–2012 Average through Week 52
AIDS*	29	31	33	38
Animal Bite to Humans**	26	10	13	11.0
Animal Rabies	10	4	5	4.3
Campylobacteriosis	33	43	36	30.3
Chlamydia	1275	1315	1406	1370.3
Cryptosporidiosis	8	6	2	3.7
Cyclosporiasis	1	1	1	1.7
Dengue	2	4	0	2.3
<i>E. coli Shiga toxin-producing</i>	7	10	7	7.3
Giardiasis	9	19	14	22.0
Gonorrhea	274	301	240	300.7
<i>Haemophilus influenzae (invasive)</i>	10	1	4	2.3
Hepatitis A	0	3	3	2.0
Hepatitis B (acute and chronic)	52	70	88	74.0
Hepatitis C (acute and chronic)	370	360	298	319.7
Hepatitis B in Pregnant Women	4	5	9	7.7
HIV*	57	42	57	51.7
Lead poisoning	6	9	3	5.7
Legionellosis	10	6	2	4.0
Lyme Disease	5	3	2	2.0
Meningococcal Disease	1	1	0	0.7
Pertussis	9	12	2	5.0
Salmonellosis	91	100	93	104.7
Shigellosis	4	44	20	25.0
<i>S. pneumoniae – drug resistant</i>	12	7	14	12.7
Syphilis	41	32	41	20.0
Tuberculosis	3	5	8	6.0
Varicella	21	15	18	18.7

* HIV data includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive. Current AIDS/HIV data are provisional at the county level.

** Animal bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis (PEP), or a bite by a non-human primate.

Reported cases of diseases/conditions in **Bold** are >10% higher than the current three year average for the same time period.

New Norovirus Strain Detected: GII.4 Sydney

Noroviruses (NoVs) are the most common cause of epidemic gastroenteritis worldwide and the leading cause of food-borne outbreaks in the United States. In the United States, NoVs cause 19–21 million illnesses and lead to 56,000–70,000 hospitalizations and 570–800 deaths each year. Severe disease associated with NoV occurs most frequently among older adults, young children, and immunocompromised patients. NoV outbreaks occur year round, but activity increases in the United States during the winter months; 80% of reported outbreaks occur during November–April. In March 2012, a new GII.4 NoV strain was identified in Australia. Per the CDC the proportion of outbreaks attributed to GII.4 Sydney increased from 8% in September 2012 to 82% in March 2013. Most outbreaks attributed to the GII.4 Sydney strain occurred in healthcare–related settings and were predominantly transmitted from person to person.

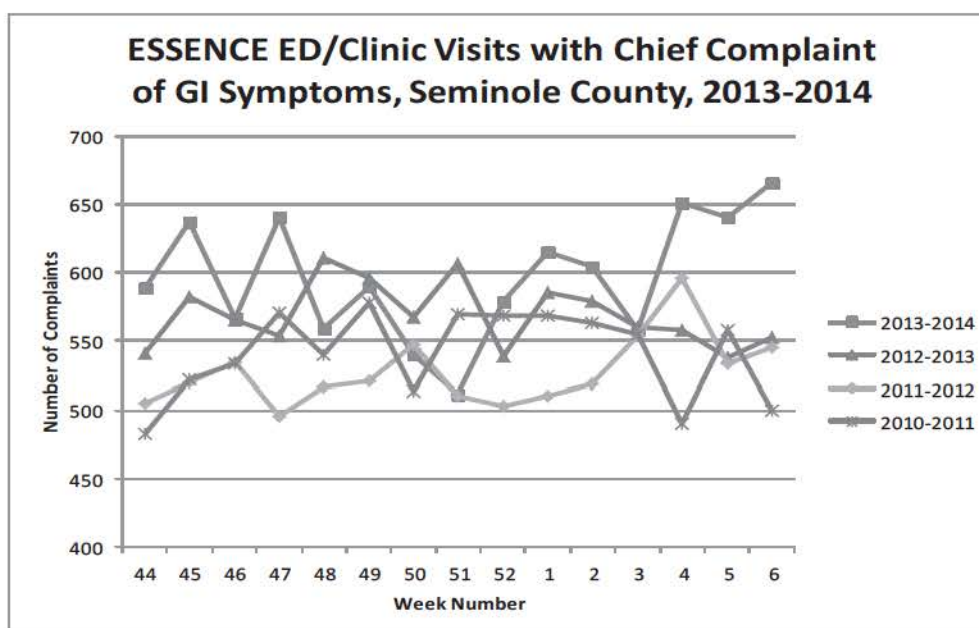
CDC guidelines are available for the prevention and control of norovirus gastroenteritis outbreaks in healthcare settings.

http://www.cdc.gov/hicpac/norovirus/002_norovirus-toc.html

Additional information on the emergence of norovirus GII.4 Sydney can be found at the following link:

http://wwwnc.cdc.gov/eid/article/19/8/13-0458_article.htm

Clinicians should also notify their local county health department when an outbreak is suspected in their facility. DOH-Seminole can assist with facilitating testing and the creation and implementation of an outbreak control strategy.



Seminole County has seen two outbreaks of Norovirus in the surrounding community over the past 3 months, and as the graph above indicates gastrointestinal illnesses are above the levels seen from previous years. The addition of a new strain coupled with Norovirus' virulence is important to note for the health of our community. The links below provide guidance on recommended steps to take if you suspect an outbreak and the recommended sanitation techniques for a tough pathogen.

http://www.cdc.gov/hicpac/norovirus/002_norovirus-toc.html

<http://www.cdc.gov/norovirus/preventing-infection.html>

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*Our mission is to protect, promote, and improve the health of all people in Florida
through integrated state, county, and community efforts*

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