



The EPI gazette

Epidemiology Program • www.seminolecohealth.com

CO Poisoning After Natural Disasters in Seminole County



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Carbon Monoxide (CO) is an odorless, colorless gas that can cause sudden illness and death if inhaled. When power outages occur during natural disasters and other emergencies, the use of alternative sources of fuel or electricity for heating or cooking can cause CO to build up. CO is found in combustion fumes, such as those produced by small gasoline engines, stoves, generators, lanterns, and gas ranges, or by burning charcoal and wood. The most common symptoms of CO poisoning are **headache, dizziness, weakness, nausea, vomiting, chest pain, and**

confusion. Every year, more than 400 people die in the United States (US) from accidental CO poisoning. After natural disasters like hurricanes individuals may face flooding, downed power lines, damage from mold, and other risks to health such as CO poisoning. In an effort to prevent CO poisoning post natural disaster the Centers for Disease Control and Prevention (CDC) recommends the following: **never use gas or coal-burning equipment inside the home, basement, or garage, use battery-operated or battery backup CO detector any time a generator is used, never run a car or truck inside a garage attached to the home even with the garage door open, and never heat the home with the oven.**

Seminole County

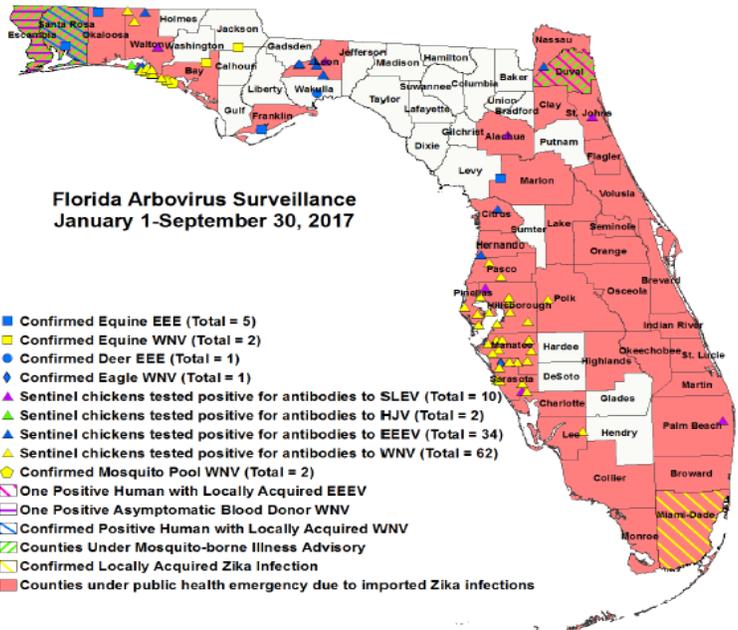
Post Hurricane Irma, 7 cases of CO poisoning were reported in Seminole County and 86% were generator related.

All practitioners, hospitals, laboratories, medical facilities, schools, nursing homes, state institutions, and other locations providing medical care in Florida are required to notify the health department of diseases and conditions of public significance under section 381.0031, Florida Statutes, and Chapter 64D-F, Florida Administrative Code. The Department of Health has updated the *Table of Reportable Diseases and Conditions to Be Reported*, Rule ⁰8D-3.029, Florida Administrative Code (effective October 20, 2016), and section 381.985, Florida Statutes (effective July 1, 2017). Carbon monoxide poisoning is one of many reportable diseases/conditions that can be found on that list (www.FloridaHealth.gov/DiseaseReporting).

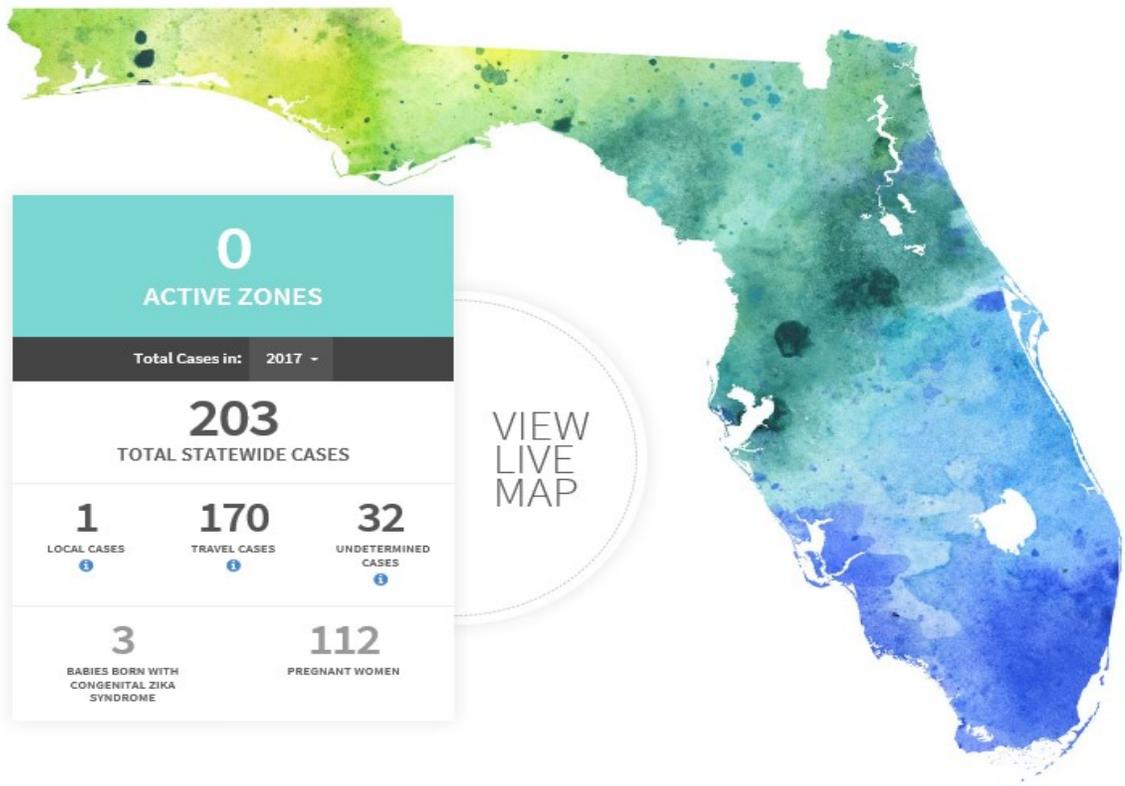
Arbovirus Surveillance

Seminole County Mosquito-Borne Illness Statistics 2017 Year to Date (September):

West Nile Virus: 0
 Eastern Equine Encephalitis: 0
 St. Louis Encephalitis: 0
 Dengue: 1
 Chikungunya: 0
 Malaria: 1
 Zika Virus: 4 (Travel-Related)



Statewide Zika Snapshot



Link to active map: zikafreefl.org

Influenza-Like Illness in Seminole County

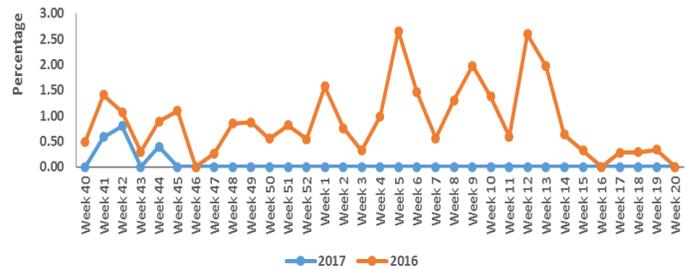
October marks the beginning of influenza or flu season that extends from week 40 to week 20 of the next calendar year. The first and most important step in preventing influenza is to get vaccinated against it. Each year The Centers for Disease Control and Prevention provides guidance on flu vaccine and recommendations on its usage. Everyone 6 months of age and older without any contraindications should get an injectable flu vaccine before the end of October, if possible. The guidance and recommendations for 2017-18 flu season is available at: https://www.cdc.gov/flu/pdf/professionals/acip/acip-2017-18_summary-of-recommendations.pdf

2017 Highlights:

From a state prospective influenza activity has increased in 2017, but remained at low levels overall across the state, although preliminary data indicates some high-risk subpopulations (children) are seeing a larger increase in flu activity. There have been no influenza-associated pediatric deaths reported so far during the 2017-2018 flu season through September. Since July, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) has been influenza A (H3); however, it is still too early to say if influenza A (H3) will continue to predominate throughout the season. Respiratory syncytial virus (RSV) activity in children less than age 5 years has increased, and has remained higher than levels observed in previous seasons for several weeks in a row. In Seminole County influenza activity is reported as mildly increasing. There has been no report of influenza or influenza-like illness outbreaks through September. The CDC Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccination with inter inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) for everyone six months and older. The weekly US influenza surveillance report can be found on the CDC's website at: www.cdc.gov/flu/weekly/index.htm

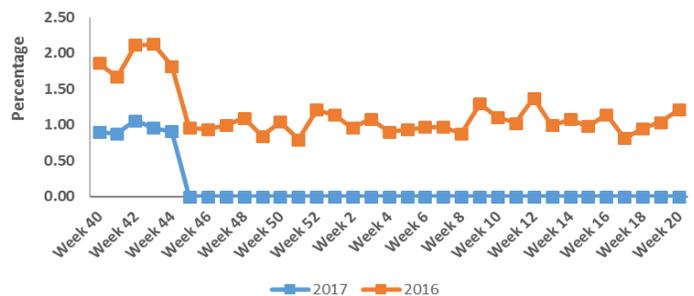
Influenza in Children < or = 5 yrs

Percentage of Influenza in Children 5 yrs and Under in Seminole County, 2017-2018



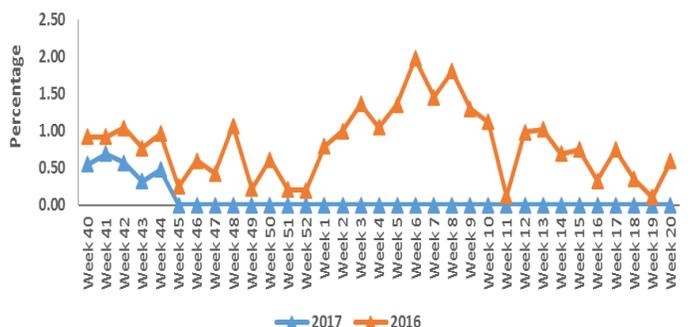
Influenza in Pregnant Women

Percentage Influenza in Pregnant Women in Seminole County, 2017-2018



Influenza in Adults 65 yrs and Older

Percentage of Influenza in Adults 65 years and Older in Seminole County, 2017-2018



Disease Incidence Table-Seminole County

| Selected Diseases/Conditions Reported to DOH-Seminole | 2017 through Week 43 | 2016 through Week 43 | 2015 through Week 43 | 2015-2017 Average through Week 43 |
|---|----------------------|----------------------|----------------------|-----------------------------------|
| AIDS* | * | 26 | 27 | 26.5 |
| Animal Rabies | 50 | 42 | 19 | 37.0 |
| Campylobacteriosis | 57 | 39 | 45 | 47.0 |
| Chlamydia | 1459 | 1383 | 1353 | 1398.3 |
| Cyclosporiasis | 6 | 3 | 1 | 2.0 |
| Dengue | 1 | 4 | 1 | 2.0 |
| E. coli Shiga toxin-producing | 6 | 3 | 7 | 5.3 |
| Giardiasis | 11 | 15 | 13 | 13.0 |
| Gonorrhea | 434 | 326 | 289 | 349.6 |
| Haemophilus influenzae (invasive) | 4 | 1 | N/R | 2.5 |
| Hepatitis A | 1 | 0 | 0 | 0.3 |
| Hepatitis B (acute and chronic) | 71 | 69 | 57 | 65.6 |
| Hepatitis C (acute and chronic) | 260 | 286 (chronic only) | 254 (chronic only) | 266.6 |
| Hepatitis B in Pregnant Women | 1 | N/R | 6 | 3.5 |
| HIV | 39 | 51 | 46 | 45.3 |
| Lead poisoning | 17 | 11 | 2 | 10.0 |
| Legionellosis | 10 | 6 | 9 | 8.3 |
| Meningococcal Disease | 1 | 6 | 1 | 2.6 |
| Pertussis | 7 | 6 | 12 | 8.3 |
| Salmonellosis | 64 | 64 | 82 | 70.0 |
| Shigellosis | 19 | 2 | 17 | 12.6 |
| S. pneumoniae – drug resistant | 5 | 7 | 3 | 5.0 |
| Syphilis | 69 | 83 | 101 | 84.3 |
| Tuberculosis | 7 | 1 | 5 | 4.3 |
| Varicella | 21 | 8 | 7 | 12.0 |
| Zika Virus Disease and Infection, Non-Congenital | 4 | 25 | N/R | 14.5 |

*AIDS data was unavailable at the time of publication.

N/R: The disease was not reported in the year.

All Data is Provisional

Shigellosis Increase in Seminole County

Seminole County is experiencing increased transmission of *Shigella*. The Florida Department of Health in Seminole County is asking for your help in identifying and preventing cases. There have been 19 confirmed cases since the beginning of 2017, a notable increase in *Shigella* cases county-wide. Last year only two (2) confirmed cases were reported. Most cases have been daycare or elementary school attendees and their household members.

Symptoms of Shigellosis include:

- Watery (occasionally bloody) diarrhea
- Abdominal cramps/pain
- Fever

Duration of illness: 3-7 days

Shigella is generally transmitted person to person and is highly contagious. We recommend the following measures to reduce transmission:

- **Persons with suspected or confirmed infectious gastrointestinal illness should be advised to stay home from school, daycare, or work until 48 hours after symptoms have resolved.**
- **Reinforce good hand washing and hygiene measures.**
- **Ill persons should refrain from preparing or handling food.**
- **Suspected outbreaks in group settings (daycare, school, etc.) should be reported to the health department at (407) 665-3266.**

When indicated, please test for enteric pathogens including *Shigella*. It is recommended that a stool culture be ordered with antibiotic susceptibility testing. Upon physician discretion, if antibiotic therapy is appropriate or indicated, it is recommended to utilize the antibiogram to provide guidance for treatment. Appropriate antibiotic treatment for a confirmed case of shigellosis can reduce the severity and duration of the illness and can greatly reduce the length of time that the infected person is shedding the organism. *Shigella* is usually found in stool for up to one month after illness if not treated, but in treated cases shedding of *Shigella* usually stops within 2 weeks (mean of 7 days). Fast facts about shigellosis can be found at: www.cdc.gov/shigella/fast-facts.html

| Year | Number of Cases (Confirmed, Probable, Suspect) |
|-----------------------------------|--|
| January 1, 2017 November 28, 2017 | 30 |
| January 1, 2016 November 28, 2016 | 2 |
| January 1, 2015 November 28, 2015 | 17 |



Disease Reporting

The Epidemiology Program conducts disease surveillance and investigates suspected occurrences of infectious diseases and conditions reported from physician's offices, hospitals and laboratories. Surveillance is primarily conducted through passive reporting from the medical community as required by Chapter 381, Florida Statutes.

To report a reportable disease or outbreak during business hours please use the [Report of Communicable Disease Form](#) or Contact the Division of Epidemiology at 407-665-3266.

To report an urgent reportable disease or outbreak after hours, call 407-665-3266 and follow the instructions to reach the on-call Epidemiologist.

[Reportable Diseases/Conditions in Florida - Practitioner List](#)

[Reportable Diseases/Conditions in Florida - Laboratory List](#)

[Disease Reporting Information for Health Care Providers and Laboratories](#)

Foodborne Illnesses Reporting Links:

[Report illnesses due to food online 24/7](#)

[Report unsafe or unsanitary conditions](#)

Disaster Preparedness Link:

<http://www.floridadisaster.org/index.asp>

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