Florida HEALTH Seminole County

EPI-GAZETTE

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

Attention: LAST Postal Edition of Epi-Gazette

Dear Valued Reader,

The Epidemiology Program will be moving to an e-mail delivery format of the Epi-Gazette at the conclusion of July 2014! The move to an electronic delivery system enables us to reach you faster, decrease the amount of paper on your desk, and provide you with the same excellent information that you have come to expect right on your computer screen. The transition comes during a period of increased publication and shipping costs partnered with a decrease in our budget. However, we are committed to continuing the delivery of this publication and consider the information contained within the Epi-Gazette to be important for practitioners.

Please choose one of the options below to join our distribution list and continue your subscription to the Epi-Gazette:

- E-mail your name and your interest in continuing your subscription to one of the following addresses: Tania.Slade@flhealth.gov or to Connor.Bridge@flhealth.gov

OR

- Call Connor Bridge at 407-665-3219 with your name and email address

The Epi-Gazette publication will also continue to be available on the Florida Department of Health in Seminole County website at seminolecohealth.com. Please assist us in upholding a fantastic network of practitioners during this transition period.

Sincerely,

Tania Slade, MPH
Epidemiology Program Manager

***The information you provide will not be used for any other Department of Health purposes, nor will your information be sold to other businesses and institutions.**

Also in this issue:

CDC Prevention Status Reports

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to address the following important public health problems and concerns. The PSRs follow a simple framework in which they describe the problem, identify solutions and then report the status of those solutions. The PSRs use a simple, three level rating scale to provide practical assessment of the status of policies practices in each state. The rating scale uses three colors (Green, Yellow and Red) to indicate whether the policy or practice has been established. It is important to note that the ratings reflect the status of policies and do not reflect the status of efforts by local health departments.

Below is a snapshot of the 2013 Prevention Status Report for Florida.
More on PSRs can be found at http://www.cdc.gov/stltpublichealth/psr/state_reports.html

PSR Policies and Practices by Topic	2013 PSR Rating
Excessive Alcohol Use	
State beer tax	**Red**
State distilled spirits tax	**Yellow**
State wine tax	**Green**
Commercial host (dram shop) liability law	**Yellow**
Local authority to regulate alcohol outlet density	**Yellow**
Food Safety	
Speed of pulsed-field gel electrophoresis (PFGE) testing of reported *E. coli* O157 cases	**Green**
Completeness of PFGE testing of reported *Salmonella* cases	**Red**
Healthcare-Associated Infections (HAIs)	
State health department participation in statewide HAI prevention efforts	**Green**
Heart Disease and Stroke	
Implementation of electronic health records	**Yellow**
Pharmacist collaborative drug therapy management policy	**Green**
HIV	
State Medicaid reimbursement for routine HIV screening	**Data not available**
State HIV testing laws	**Green**
Reporting of CD4 and viral load data to state HIV surveillance program	**Green**
Motor Vehicle Injuries	
Seat belt law	**Yellow**
Child passenger restraint law	**Red**
Graduated driver licensing system	**Red**
Ignition interlock law	**Yellow**
Nutrition, Physical Activity, and Obesity	
Secondary schools not selling less nutritious foods and beverages	**Red**
State nutrition standards policy for foods and beverages sold or provided by state government agencies	**Red**
Inclusion of nutrition and physical activity standards in state regulations of licensed childcare facilities	**Red**
State physical education time requirement for high school students	**Red**
Average birth facility score for breastfeeding support	**Red**

Ebola FAQ

On March 25, 2014 the Ministry of Health in Guinea reported an Ebola outbreak. Since that time there has been an explosion of cases and as of July 2, 2014 there have been 305 fatal cases. The Florida Department of Health in Seminole County would like to remind physicians about the importance of considering Ebola when obtaining patient histories. There have been no Ebola cases identified in Florida. Other illnesses more common to West Africa such as malaria should always be considered in ill travelers coming from these regions. There are no travel restrictions to the impacted area; CDC recommends that travelers avoid direct contact will blood and bodily fluids from infected persons. Health care providers should report suspect cases to their local health department immediately. Updates about the outbreak are available at: http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html

Frequently Asked Questions (FAQs) for Health Care Providers about Ebola Virus Disease

Why is Ebola Virus Disease so concerning?
Ebola is a filovirus that can be transmitted by contact with infected body fluids, has no recognized treatment other than supportive care, and has a very high mortality rate (60-90%). Of note, less than 50% of patients have hemorrhage, especially early in the illness. Healthcare providers in Africa sometimes become infected because of exposure to the patient prior to diagnosis, or the inability to protect themselves through appropriate policies and personal protective equipment.

How extensive is the Ebola outbreak in Guinea and Liberia?
Compared with the other Ebola outbreaks in Africa since 1976, this outbreak is more geographically widespread involving 6 districts (five rural) and 20 patients in one major city (Conarky, the capital of Guinea). See color map of outbreak zones at: http://www.afro.who.int/en/clusters-a-programmes/dpc/epidemic-a-pandemic-alert-and-response/outbreak-news/4087-ebola-virus-disease-west-africa-7-april-2014.html. As of 7 April, a cumulative total of 151 clinically compatible cases, including 95 deaths had officially been reported from Guinea. 14 of the cases including 8 deaths are health workers (11 are laboratory confirmed cases). Medical observation is continuing for 535 contacts. Liberia has reported a cumulative total of 5 laboratory confirmed cases and 16 suspected and probable cases of Ebola virus disease (EVD), including 10 deaths. Three cases have occurred in health-care workers, all of whom have died. See updates on the WHO website at: http://www.who.int/csr/don/en/

What is the strain of Ebola causing this outbreak?
Zaire strain (98% match), the most lethal strain of Ebola (approximately 60% of patients in the current outbreak and higher than in prior Zaire strain outbreaks in Africa). There is little or no clinical experience with Ebola patients being treated in modern ICUs, thus mortality here may be lower.

What is the incubation period?
From 2-21 days after exposure. CDC states that 8-10 days is most common

Is the virus contagious before illness onset?
No. It is contagious only after illness onset (e.g., fever)

How is the virus transmitted from person-to -person?
By contact with infected body fluids, especially blood (including via needles) but also urine, vomitus, stool, and soiled linen. Patients in Africa often have had exposures to several such body fluids. Thus, it is sometimes difficult to be certain how infection occurred.

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":

Shirley Tucker, RN, Central Florida Regional Hospital
Carolina Alvarado, RN, Florida Hospital Altamonte
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	2014 through Week 26	2013 through Week 26	2012 through Week 26	2011–2013 Average through Week 26
AIDS*	15	23	17	21.3
Animal Bite to Humans**	11	16	8	10.7
Animal Rabies	0	5	2	3.0
Campylobacteriosis	14	19	29	21.7
Chlamydia	694	719	742	749.0
Cryptosporidiosis	**2**	1	3	1.7
Cyclosporiasis	0	0	1	0.3
Dengue	**1**	0	0	0.0
E. coli Shiga toxin-producing	4	4	6	4.0
Giardiasis	6	5	8	6.0
Gonorrhea	144	147	180	143.3
Haemophilus influenzae (invasive)	1	5	1	2.7
Hepatitis A	0	0	3	1.3
Hepatitis B (acute and chronic)	32	21	37	29.7
Hepatitis C (acute and chronic)	**233**	154	156	**150.7**
Hepatitis B in Pregnant Women	0	2	1	2.0
HIV*	24	25	23	26.7
Lead poisoning	1	1	8	3.3
Legionellosis	3	7	0	3.0
Lyme Disease	**4**	0	2	1.3
Meningococcal Disease	**1**	1	1	0.7
Pertussis	**8**	5	4	3.7
Salmonellosis	**31**	22	21	24.3
Shigellosis	2	2	39	15.0
S. pneumoniae – drug resistant	5	8	5	6.3
Syphilis	16	16	19	18.0
Tuberculosis	1	3	3	4.3
Varicella	8	12	11	11.3

* 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 previous three year average for the same time period.

What should we look for in a suspect case in the USA?

1. Travel from Guinea or Liberia outbreak areas within 21 days of illness onset
2. Contact with suspected or confirmed Ebola Virus Disease (EVD) patient within 21 days of illness onset

What are the symptoms and signs to look for?

The CDC Ebola fact sheet lists 2 sets of signs & symptoms:

1. Symptoms typically include: Fever, headache, vomiting, stomach pain, and lack of appetite.

2. Some patients may experience: A rash, red eyes, hiccups, cough, sore throat, chest pain, difficulty breathing, difficulty swallowing, bleeding inside and outside the body."

What patient should I suspect of having Ebola virus (& initiate reporting to local public health)*?

Patients with a travel and/or exposure history AND a clinical presentation consistent with the above CDC description.
*When more specific CDC or local Health Department guidance is given, then it should be adopted.
Note CDC document for airlines: "Interim Guidance about Ebola Virus Infection for Airline Flight Crews, Cargo and Cleaning Personnel, and Personnel Interacting with Arriving Passengers" http://www.cdc.gov/vhf/abroad/airline-workers.html

During this outbreak have any suspected patients been reported in North America? One patient traveling to Canada was reported March 25th to have tested negative for Ebola virus. One patient traveling from West Africa was hospitalized March 31 in Minneapolis and reported to be infected with Lassa fever virus (not Ebola). Statistically, the risk of a traveler to the USA having Ebola virus is very low. The risk of a traveler being suspected of having Ebola in the differential diagnosis is higher, however, and warrants enhanced Ebola preparedness.

Is there an FDA-licensed prophylaxis, or a treatment?

No, only investigational ones (none of which include efficacy data in humans to our knowledge)

What initial actions should be taken, and what personal protective equipment should be worn?

1. Immediately place any suspected patient into an isolation room. Until the disease process is defined, an airborne isolation (AIIR) room is recommended. Patients with respiratory symptoms should wear a simple mask.

2. Adopt strict contact precautions and pay particular attention to safe doffing, or removal of PPE. Use of a simple mask and faceshield is appropriate although providers may opt for N95 mask until the pathogen is confirmed.

3. Contact Infection Prevention and Control and Infectious Disease on-call immediately and assure that the local/state health department is involved as well for appropriate sample acquisition and tracking

4. Minimize the number of caregivers and invasive procedures to decrease exposure opportunities.

5. Assure special precautions for handling laboratory samples and for personnel performing testing (including notification of lab personnel, special labeling, handling, and containers, etc.)

***Note that once Ebola is confirmed, infection control precautions move to strict contact precautions and private, but not respiratory isolation rooms. See the current online CDC "Prevention" guidance for Ebola http://www.cdc.gov/vhf/ebola/prevention/index.html for further information on PPE, disinfection / sterilization of equipment and spaces, and isolation procedures.**

See the detailed 4-page most recent (2005) CDC information on "Infection Control Precautions" and PPE contained in the document titled "Interim Guidance for Managing patients with Suspected Viral Hemorrhagic Fever in U.S. Hospitals" at: **http://www.cdc.gov/vhf/ebola/vhf-interim-guidance.pdf** This guidance includes more detailed information on infection prevention and control as well as laboratory handling and addresses special circumstances and options for PPE.

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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

We're on the web!
WWW.SEMINOLECOHEALTH.COM

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