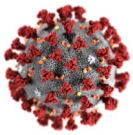
EPI SCOPE

FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY EPIDEMIOLOGY NEWSLETTER // APR 2022 ISSUE

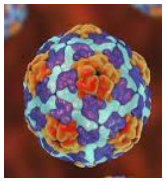
What's Included?

Fast Stats & Updates



COVID-19 case counts have **increased** in Seminole County in recent weeks. Of eligible Seminole County residents, **70%** have received at least one dose of a COVID-19 vaccine.

For more information, visit the Florida Department of Health COVID-19 website.



Florida is continuing to experience an increase in Meningococcal Disease (MD) and hepatitis A infections. **Both of these diseases are preventable through vaccination.** Visit the Centers for Disease Control and Prevention's websites on MD and hepatitis A for more information on symptoms, transmission, diagnosis, treatment and prevention of these diseases. For information on vaccines visit the Florida Department of Health websites on hepatitis A and MD.

PREVENTING MOSQUITO-BORNE ILLNESSES

Carley Robinson, MPH, CPH

As the weather becomes warmer and wetter, the local mosquito population, as well as domestic and international travel will increase. Florida is one of the few areas in the United States that is uniquely positioned to have significant challenges with mosquito-borne illness (MBI) being introduced into and spread within the state. Although almost all cases of non-endemic MBIs in Seminole County are linked to travel and endemic MBIs are rare, the robust mosquito population in the state makes controlling the spread of these diseases critical to the health of the Seminole County community.

Mosquito-borne illnesses are transmitted to and between humans through the bite of an infected mosquito. Common symptoms of MBI include rash, joint pain, conjunctivitis, and fever. Since 2001, Seminole County has reported a total of 116 cases of MBI. Of these cases, 78% were acquired outside of the U.S. Zika virus accounts for 31% of mosquito-borne illness in Seminole County. However, the majority of these occurred in 2016 during the statewide Zika outbreak. Malaria and Dengue comprise 58% of cases and were all travel-associated.

Everyone can reduce mosquito breeding and mosquito bites by doing the following:

DRAIN standing water:

- Drain water from plants, garbage cans, buckets, pool covers, coolers, toys, flowerpots or any other containers where sprinkler or rainwater has collected.
- Discard old tires, drums, bottles, cans, pots, and other items that aren't being used.
- Empty and clean birdbaths and pet's water bowls at least once or twice a week.
- Protect boats and vehicles from rain with tarps that don't accumulate water.
- Maintain swimming pools in good condition and appropriately chlorinated. Empty plastic swimming pools when not in use.

COVER your skin.

- If outside when mosquitoes are active, wear shoes, socks, long pants and long sleeves.
- Apply mosquito repellent to skin and clothing per the manufacturer label. Repellents with 10-30 percent DEET, picaridin, oil of lemon eucalyptus and IR3535 are effective.
- Use mosquito netting to protect children younger than 2 months old.

COVER doors and windows with screens:

- Repair broken screening on windows, doors, porches and patios.

MALARIA PROPHYLAXIS

- Patients traveling internationally to areas where malaria is common should be educated on taking malaria prophylaxis to prevent malaria infection while abroad, if exposed.

For consultations on diagnosis of MBI or if a patient is suspected to have or is diagnosed with an MBI, please contact DOH-Seminole immediately at 407-665-3243 (if afterhours, call 407-665-3000, option 1).

Sources: Florida Department of Health: Mosquito-borne Disease Prevention

STD AWARENESS WEEK

Tyler Weston, MPH

STD Awareness Week, observed this year from April 10 through April 16, is an excellent opportunity to raise awareness about sexually transmitted diseases (STDs). This annual week of observance is also an annual reminder to reduce STD-related barriers, including stigma, fear and discrimination, as well as ensure everyone has the knowledge, tools and access to STD prevention, testing and treatment. STDs are incredibly common and many infections often go undetected and unreported. Recent surveillance data from the Centers for Disease Control and Prevention (CDC) show that STDs are on the rise and remain a serious public health concern.

In 2019, over 1.8 million cases of chlamydia were reported to the CDC from health departments across the country, an increase of nearly 20% since 2015. Chlamydia was the most common notifiable condition in the U.S. for 2019. Moreover, 616,392 cases of gonorrhea and 129,813 cases of syphilis (all stages) were reported, an increase of 56% and 74% since 2015, respectively. It is estimated that about 20% of the U.S. population, or approximately one in five people in the U.S. had an STD on any given day in 2018 and STDs had cost the U.S. healthcare system nearly $16 billion dollars in direct medical costs. In Seminole County, the number of reported chlamydia, gonorrhea and syphilis cases increased from 2,472 cases in 2020 to 2,831 cases in 2021. Most STDs reported in 2021 were chlamydia (67.0%), followed by gonorrhea (24.1%) and syphilis (8.9%).

Health care providers are encouraged to talk to their patients about STDs and sexual health, offer testing for STDs as recommended, and ensure appropriate access to treatment and care (the Talk. Test. Treat. concept) during STD Awareness Week. Also, health care providers may refer to the CDC's Sexually Transmitted Infections Treatment Guidelines, 2021, which provides evidence-based diagnostic, management and treatment recommendations for STDs. Furthermore, STD Awareness Week is also a time for healthcare providers to foster a trusting patient-provider relationship and empower their patients to take charge of their sexual health.

For questions about STDs, testing and treatment, or to report a diagnosis of an STD (except for HIV/AIDS), contact the Florida Department of Health in Seminole County STD Program at 407-665-3384. For more information on STD Awareness Week and resources, visit the CDC's STD Awareness Week webpage.

Sources: CDC About STD Awareness Week; CDC Sexually Transmitted Disease Surveillance 2019; CDC STI Treatment Guidelines; DOH-Seminole Sexually Transmitted Diseases

BAT MATERNITY SEASON, RABIES RISK, AND POST-EXPOSURE PROPHYLAXIS

Taylor Kwiatkowski, MPH

April 15 marks the beginning of Florida's bat maternity season, the time of year when bats give birth and raise their young, and lasts until August 15. While most of Florida's native bat species typically roost in trees, caves or other natural spaces, some species may also be attracted to man-made structures, such as attics. This may lead to an increased risk of human-bat exposures. Over a five-week period in late 2021, three cases of human rabies following exposure to bats in or around their home were reported in the U.S. Two of the exposures were considered avoidable, one being attributed to a roost in the home and the other due to picking up a bat with bare hands. These cases brought the 2021 U.S. case count to five, following no reported cases in 2019 or 2020.

Human rabies infections are rare in the U.S. with 1-3 cases reported annually. Although the vast majority of bats do not have rabies, exposure to rabid bats is the leading cause of these uncommon infections, accounting for 70% of rabies cases acquired in the U.S between 1938-2018. Bats and raccoons serve as potential reservoirs for rabies and may not exhibit obvious symptoms of rabies especially in the early stages of illness. Rabies exposures via bats differ from other animals such as dogs, cats or raccoons. Bites and scratches from a bat may be very small and not easily recognizable and may heal quickly but still result in rabies infection. Waking up with a bat in the room, seeing a bat in a room with an unattended child or seeing a bat near a person with a mental impairment or who is under the influence of drugs or alcohol are all considered forms of exposure. Any reported handling of a bat should be assessed by a clinical or public health provider even if no obvious wounds are visible.

If a patient is exposed to a potentially rabid animal, rabies post-exposure prophylaxis (PEP) is recommended. The series consists of a dose of human rabies immune globulin (HRIG) and rabies vaccines given on day 0 (date initiated), day 3, day 7 and day 14. HRIG is a crucial part of the series, as it provides immediate antibodies until the body can respond to the vaccine and produce its own. For maximum protection, as much HRIG as possible (and is biologically sound) should be infiltrated into the wound. This is especially important in high-risk areas such as the neck, face and head where the virus incubation period may be shorter, but should be administered at any body site that was directly exposed. Any remaining HRIG should be administered intramuscularly at a site distant from the vaccine. HRIG is always recommended for previously unvaccinated individuals, even if no wound is visible.

Patients who have been exposed to a potentially rabid animal should immediately wash the wound with soap and water and seek medical attention. A tetanus booster may also be considered if it has been five (5) or more years since the last tetanus vaccination. HRIG and the first dose of the vaccine are available for administration via the emergency department (ED). All remaining doses may be administered at the ED or the local county health department. Time is of the essence when it comes to rabies PEP administration, and rabies is almost always fatal without prophylaxis. However, timely and appropriately administered PEP is highly effective in preventing this serious infection. Thank you for all you do to protect our community!

For any questions about rabies exposures, which animals are considered high risk and PEP administration or to report a possible rabies exposure, please contact the Florida Department of Health in Seminole County (DOH-Seminole) Epidemiology Program at 407-665-3243 (if reporting afterhours, call 407-665-3000, option 1).

Sources: CDC Reports Increase in Human Rabies Cases Linked to Bats in the U.S.; CDC: Rabies Postexposure Prophylaxis (PEP); Human Rabies Immune Globulin

Acute Hepatitis of Unknown Etiology Guidelines & CDC Update on Malaria Treatment

Dear Colleague,

The Florida Department of Health in Seminole County (DOH-Seminole) is providing guidance to health care facilities and providers regarding monitoring for and reporting cases of acute hepatitis of unknown etiology in children.

Current Situation:
On April 5, 2022, 10 cases of severe acute hepatitis of unknown etiology in children under 10 years of age were reported to the World Health Organization (WHO). As of April 8, 2022, 74 cases have been identified in the United Kingdom.[1] Additionally, nine similar cases in children under 10 years of age have been under investigation in Alabama by the Alabama Department of Public Health and the Centers for Disease Control and Prevention.[2] It should be noted that early data from the Alabama cluster indicates a possible link to Adenovirus 41. To date, cases have involved acute hepatitis often with elevated liver enzymes, jaundice and general gastrointestinal symptoms. Some cases have been associated with severe liver injury and failure resulting in liver transplants.

Reporting Guidance:
Any cases involving a child 16 years of age and younger presenting with acute hepatitis (non-hepatitis viruses A, B, C, D, E) with aspartate transaminase or alanine transaminase over 500 U/L must be reported to DOH-Seminole immediately 24/7 by phone upon initial suspicion or laboratory test order at 407-665-3243, option 2 (if reporting outside of business hours, call 407-665-3000, option 1).

[1] Acute hepatitis of unknown etiology – the United Kingdom of Great Britain and Northern Ireland, https://www.who.int/emergencies/disease-outbreak-news/item/acute-hepatitis-of-unknown-aetiology---the-united-kingdom-of-great-britain-and-northern-ireland
[2] Investigations of nine young children with adenovirus are underway, https://www.alabamapublichealth.gov/blog/2022/04/nr15.html

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Dear Colleague,

For your awareness, CDC will discontinue its distribution of intravenous artesunate for treatment of severe malaria in the U.S. on September 30, 2022. Commercial intravenous artesunate, Artesunate for Injection™, is available in adequate supply from major drug distributors. Further details can be found here.

Information on treatment of severe malaria can be found here. Information on treatment of uncomplicated malaria can be found here. Please refer to the CDC malaria website for more information and reach out to malaria@cdc.gov if you have questions regarding Artesunate treatment or availability.

This is an official

CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
April 21, 2022, 11:00 AM ET
CDCHAN-00462

Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology

Summary
The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and public health authorities of a cluster of children identified with hepatitis and adenovirus infection. In November 2021, clinicians at a large children's hospital in Alabama notified CDC of five pediatric patients with significant liver injury, including three with acute liver failure, who also tested positive for adenovirus. All children were previously healthy. None had COVID-19. Case-finding efforts at this hospital identified four additional pediatric patients with hepatitis and adenovirus infection for a total of nine patients admitted from October 2021 through February 2022; all five that were sequenced had adenovirus type 41 infection identified. In two patients, plasma samples were negative for adenovirus by quantitative polymerase chain reaction (qPCR), but both patients were positive when retested using whole blood. Two patients required liver transplant; no patients died. A possible association between pediatric hepatitis and adenovirus infection is currently under investigation. Cases of pediatric hepatitis in children who tested negative for hepatitis viruses A, B, C, D, and E were reported earlier this month in the United Kingdom, including some with adenovirus infection [1].

This Health Advisory serves to notify US clinicians who may encounter pediatric patients with hepatitis of unknown etiology to consider adenovirus testing and to elicit reporting of such cases to state public health authorities and to CDC. Nucleic acid amplification testing (NAAT, e.g. PCR) is preferred for adenovirus detection and may be performed on respiratory specimens, stool or rectal swabs, or blood.

Background
Hepatitis is inflammation of the liver that can be caused by viral infections, alcohol use, toxins, medications, and certain other medical conditions. In the United States, the most common causes of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C viruses [2]. Signs and symptoms of hepatitis include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, light-colored stools, joint pain, and jaundice [2]. Treatment of hepatitis depends on the underlying etiology.

Adenoviruses are doubled-stranded DNA viruses that spread by close personal contact, respiratory droplets, and fomites [3]. There are more than 50 types of immunologically distinct adenoviruses that can cause infections in humans. Adenoviruses most commonly cause respiratory illness but depending on the adenovirus type they can cause other illnesses such as gastroenteritis, conjunctivitis, cystitis, and, less commonly, neurological disease [3]. There is no specific treatment for adenovirus infections.

Adenovirus type 41 commonly causes pediatric acute gastroenteritis, which typically presents as diarrhea, vomiting, and fever; it can often be accompanied by respiratory symptoms [4]. While there have been case reports of hepatitis in immunocompromised children with adenovirus type 41 infection, adenovirus type 41 is not known to be a cause of hepatitis in otherwise healthy children [5, 6].

Recommendations
1. Clinicians should consider adenovirus testing in pediatric patients with hepatitis of unknown etiology. NAAT (e.g. PCR) is preferable and may be done on respiratory specimens, stool or rectal swabs, or blood.

2. Anecdotal reports suggest that testing whole blood by PCR may be more sensitive than testing plasma by PCR; therefore, testing of whole blood could be considered in those without an etiology who tested negative for adenovirus in plasma samples.

Request for Notification of Possible Cases

CDC is requesting notification from clinicians or state public health authorities of children <10 years of age with elevated aspartate aminotransferase (AST) or alanine aminotransferase (ALT) (>500 U/L) who have an unknown etiology for their hepatitis (with or without any adenovirus testing results, independent of the results) since October 1, 2021.

Please email CDC at ncirddvdgast@cdc.gov to notify of any cases meeting the above criteria or with any related questions.

If patients are still under medical care or have residual specimens available, please save and freeze them for possible additional testing and contact CDC at ncirddvdgast@cdc.gov for additional instructions.

For More Information

Division of Viral Hepatitis | CDC
Adenovirus | CDC

References

[1] World Health Organization. Acute hepatitis of unknown aetiology - the United Kingdom of Great Britain and Northern Ireland. Disease Outbreak News [Internet]. 2022 Apr 15; Available from: https://www.who.int/emergencies/disease-outbreak-news/item/acute-hepatitis-of-unknown-aetiology---the-united-kingdom-of-great-britain-and-northern-ireland
[2] Hepatitis Webpage. Centers for Disease Control and Prevention. Available from: https://www.cdc.gov/hepatitis/abc/index.htm
[3] Adenoviruses Webpage. Centers for Disease Control and Prevention. Available from: http://www.cdc.gov/adenovirus/index.html
[4] Kang G. Viral Diarrhea. International Encyclopedia of Public Health [Internet]. Elsevier; 2017. P. 260-7. Available from https://www.sciencedirect.com/referencework/9780128037089/international-encyclopedia-of-public-health
[5] Munoz FM, Piedra PA, Demmler GJ. Disseminated Adenovirus Disease in Immunocompromised and Immunocompetent Children. CLIN INFECT DIS. 1998. Nov;27(5):1194-200. https://doi.org/10.1086/514978
[6] Peled N, Nakar C, Huberman H, Scherf E, Samra Z, Finkelstein Y, et al. Adenovirus Infection in Hospitalized Immunocompetent Children. Clin Pediatr (Phila). 2004 Apr;43(3):223–9. https://doi.org/10.1177/000992280404300303

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Health Advisory	May not require immediate action; provides important information for a specific incident or situation
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##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
April 25, 2022, 1:00 PM ET
CDCHAN-00463

Updated Information on Availability and Use of Treatments for Outpatients with Mild to Moderate COVID-19 Who are at Increased Risk for Severe Outcomes of COVID-19

Summary
The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to update healthcare providers, public health departments, and the public about the availability and use of recommended therapies for COVID-19 and to advise against using unproven treatments that have known or potential harms for outpatients with mild to moderate COVID-19. For patients with mild to moderate COVID-19 who are not hospitalized and who are at increased risk for severe COVID-19 outcomes, several treatment options, including antiviral medications and monoclonal antibodies, are now widely available and accessible.

Systemic corticosteroids are not recommended to treat patients with mild to moderate COVID-19 who do not require supplemental oxygen; patients who are receiving dexamethasone or another corticosteroid for other indications should continue therapy for their underlying conditions as directed by their healthcare providers. Antibacterial therapy is not recommended for the treatment of COVID-19 in the absence of another indication.

Staying up to date with COVID-19 vaccination is still the best way to prevent serious outcomes of COVID-19, including severe disease, hospitalization, and death.

Background
Early outpatient treatment of COVID-19 can avert serious, potentially life-threatening illness and reduce burden on the healthcare system. CDC issued a HAN Health Advisory on December 31, 2021 to address using therapeutics in the outpatient setting for people with COVID-19. At that time, Omicron cases were increasing rapidly in the United States and some COVID-19 therapeutics were in short supply. Now antivirals for COVID-19 are widely available and can be accessed with a provider prescription at pharmacies nationwide and at Test to Treat locations.

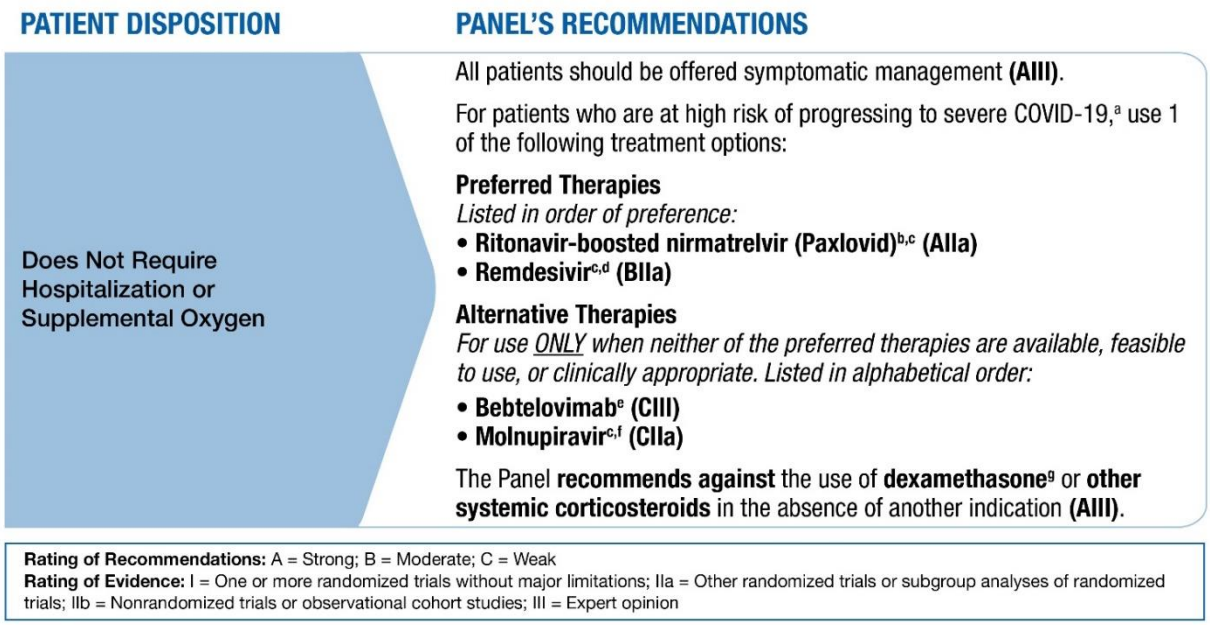
Data from CDC (1, 2) (highlighted in a February 13, 2021 CDC/Infectious Diseases Society of America COVID-19 Clinical Call) and the Food and Drug Administration (3) suggest that there has been increasing use of systemic corticosteroids and antibiotics to treat outpatients with COVID-19. However, these drugs can cause harm and provide no demonstrated benefit in patients with COVID-19 with no supplemental oxygen requirement or bacterial coinfection. Short courses of systemic corticosteroids have been associated with adverse events such as hyperglycemia, gastrointestinal bleeding, psychosis, infections, and longer-term effects (4–7).

The National Institutes of Health (NIH) provides COVID-19 Treatment Guidelines. The guidelines panel provides treatment options and recommends against using systemic corticosteroids to treat patients with mild to moderate COVID-19 who do not require supplemental oxygen (**Figure**). Patients who are receiving dexamethasone or another corticosteroid for other indications should continue therapy for their

underlying conditions as directed by their healthcare providers. Systemic corticosteroids are recommended for hospitalized patients with COVID-19 who require supplemental oxygen or higher-level respiratory support.

The guidelines panel also recommends against using antibacterial therapy for COVID-19 in the absence of another indication. Antibacterial drugs have no benefit in treating viral infections and can cause harm.

Figure. Therapeutic Management of Nonhospitalized Adults with COVID-19 (from NIH COVID-19 Treatment Guidelines, last updated: April 8, 2022)



[a] For a list of risk factors, see the CDC webpage Underlying Medical Conditions Associated With Higher Risk for Severe COVID-19.
[b] Ritonavir-boosted nirmatrelvir has significant drug-drug interactions. Clinicians should carefully review a patient's concomitant medications and evaluate potential drug-drug interactions.
[c] If a patient requires hospitalization after starting treatment, the full treatment course can be completed at the healthcare provider's discretion.
[d] Administration of remdesivir requires 3 consecutive days of IV infusion.
[e] Bebtelovimab is active in vitro against all circulating Omicron subvariants, but there are no clinical efficacy data from placebo-controlled trials that evaluated the use of bebtelovimab in patients who are at high risk of progressing to severe COVID-19. Therefore, bebtelovimab should be used only when the preferred treatment options are not available, feasible to use, or clinically appropriate.
[f] Molnupiravir has lower efficacy than the preferred treatment options. Therefore, it should be used only when the preferred options are not available, feasible to use, or clinically appropriate.
[g] There is currently a lack of safety and efficacy data on the use of this agent in outpatients with COVID-19; using systemic glucocorticoids in this setting may cause harm.

Recommendations for Healthcare Providers

1. Obtain updated information on appropriate use of clinically indicated therapeutics through NIH's COVID-19 Treatment Guidelines.
2. Prescribe **COVID-19 therapeutics** for patients when clinically indicated.
    - There are considerable differences in efficacy, risk profiles, and use restrictions between the two oral antivirals. Healthcare providers need to be familiar with these distinctions to

make clinical decisions and inform patients. In addition, initiating treatment with these oral antivirals must begin within five days of symptom onset to maintain product efficacy.
    - Please see NIH's COVID-19 Treatment Guidelines for important therapeutic considerations, such as the potential for significant drug-drug interactions with ritonavir-boosted nirmatrelvir (Paxlovid) and dosing regimens for patients with renal impairment.
3. Obtain information on **access to outpatient COVID-19 treatments**, including pharmacies where antivirals for COVID-19 are distributed and Test to Treat locations.
4. Do not use **dexamethasone and other systemic corticosteroids** to treat patients with mild to moderate COVID-19 who do not require hospitalization or supplemental oxygen; these drugs have no proven benefit in these patients and can cause harm.
5. Do not use **antibacterial therapy** to treat COVID-19 in the absence of another indication; these drugs have no benefit for treating viral infections and can cause harm.
6. To prevent serious outcomes of COVID-19, including severe disease, hospitalization, and death, encourage all patients to remain up to date **with COVID-19 vaccination**.
    - People who are immunocompromised or severely allergic to COVID-19 vaccines may receive tixagevimab co-packaged with cilgavimab (Evusheld), a **long-acting combination monoclonal antibody therapy** given by intramuscular injection for pre-exposure prophylaxis of COVID-19. To find Evusheld distribution locations, providers can go to the COVID-19 Therapeutics Locator, call the support line at 1-800-232-0233 (TTY 888-720-7489), or contact their individual state or territorial health planners.

Recommendations for Public Health Departments and Public Health Jurisdictions

1. Maintain awareness of **locations of available therapeutics** within your jurisdictions, including pharmacies where antivirals for COVID-19 are distributed and Test to Treat locations.
2. Communicate ongoing and up-to-date information on therapeutics for COVID-19 and their availability to healthcare providers within your jurisdiction.
3. Disseminate information for the Test to Treat call center at 1-800-232-0233 (TTY 1-888-720-7489) which provides information in more than 150 languages, and for the Disability Information and Access Line at 1-888-677-1199.

Recommendations for the Public

1. If you test positive and are an older adult or someone who is at increased risk of getting very sick from COVID-19, treatment is available. **Contact a healthcare provider right away after a positive test to determine if you are eligible for treatment**, even if your symptoms are mild. You can also visit a Test to Treat location and, if eligible, receive a prescription from a provider at that location.
2. Follow CDC guidance on testing for COVID-19 and use the Test to Treat locator or call 1-800-232-0233 (TTY 1-888-720-7489) to find a testing location that can provide treatment if you test positive.
3. **Don't delay**: Treatment must be started within the first few days of when your symptoms started to be effective.
4. Staying up to date with **COVID-19 vaccination** is still the best way to prevent serious outcomes of COVID-19, including severe disease, hospitalization, and death.

For More Information

- CDC COVID-19 Treatment website
- NIH COVID-19 Treatment Guidelines
- NIH COVID-19 Treatment Guidelines: Therapeutic Management of Nonhospitalized Adults with COVID-19
- Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC
- NIH COVID-19 Treatment Guidelines: Prevention of SARS-CoV-2 Infection
- Office of the Assistant Secretary for Preparedness & Response (ASPR) Test to Treat website

- U.S. Food and Drug Administration COVID-19 Therapeutic Product Emergency Use Authorizations
- CDC COVID Data Tracker

References

1. Geller AI, Lovegrove MC, Lind JN, Datta SD, Budnitz DS. Assessment of outpatient dispensing of products proposed for treatment of prevention of COVID-19 by U.S. retail pharmacies during the pandemic. JAMA Intern Med 2021;181:869-72. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2776456
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7. Li Q, Li W, Jin Y, et al. Efficacy evaluation of early, low-dose, short-term corticosteroids in adults hospitalized with non-severe COVID-19 pneumonia: a retrospective cohort study. Infect Dis Ther 2020;9:823-36. https://pubmed.ncbi.nlm.nih.gov/32880102/

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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	**March 2022**	**March 2021**	**Seminole 2022**	**Florida 2022**	**2021**	**2020**	**2019**
A. Vaccine Preventable							
Measles	**0**	**0**	**0**	**0**	0	0	0
Mumps	**1**	**0**	**1**	**4**	0	0	1
Pertussis	**0**	**0**	**0**	**13**	1	10	6
Varicella	**0**	**1**	**3**	**98**	15	18	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	**0**	**0**	**0**	**17**	1	0	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	**0**	**0**	**0**	**36**	0	1	2
Meningococcal Disease	**1**	**0**	**1**	**21**	0	0	0
C. Enteric Infections							
Campylobacteriosis	**1**	**4**	**10**	**814**	56	38	75
Cryptosporidiosis	**0**	**0**	**2**	**102**	3	4	4
Cyclosporiasis	**0**	**0**	**0**	**7**	10	6	25
E. coli Shiga Toxin (+)	**1**	**19**	**1**	**196**	29	6	7
Giardiasis	**1**	**1**	**5**	**256**	14	16	14
Hemolytic Uremic Syndrome (HUS)	**0**	**0**	**0**	**1**	0	0	0
Listeriosis	**0**	**0**	**0**	**17**	0	0	0
Salmonellosis	**3**	**9**	**7**	**959**	89	76	120
Shigellosis	**2**	**0**	**3**	**155**	9	12	22
D. Viral Hepatitis							
Hepatitis A	**1**	**0**	**4**	**91**	1	10	48
Hepatitis B in Pregnant Women	**2**	**0**	**3**	**73**	2	2	13
Hepatitis B, Acute	**1**	**1**	**3**	**154**	11	8	16
Hepatitis C, Acute	**3**	**1**	**7**	**369**	22	28	15
E. Vectorborne/Zoonoses							
Animal Rabies	**0**	**0**	**0**	**17**	1	7	2
Rabies, possible exposure	**3**	**6**	**12**	**1034**	81	134	180
Chikungunya Fever	**0**	**0**	**0**	**0**	0	0	0
Dengue	**0**	**0**	**0**	**0**	0	0	5
Eastern Equine Encephalitis	**0**	**0**	**0**	**0**	0	0	0
Lyme Disease	**0**	**0**	**0**	**40**	5	3	4
Malaria	**0**	**0**	**0**	**12**	2	0	3
West Nile Virus	**0**	**0**	**0**	**0**	0	0	0
Zika Virus Disease	**0**	**0**	**0**	**0**	0	0	0
F. Others							
Chlamydia	**173**	**155**	**444**	**n/a**	1,894	1,730	2,002
Gonorrhea	**48**	**54**	**144**	**n/a**	682	591	620
Hansen's Disease	**0**	**0**	**0**	**2**	1	1	0
Legionellosis	**1**	**1**	**5**	**138**	14	13	8
Mercury Poisoning	**0**	**0**	**0**	**14**	0	0	0
Syphilis, Total	**9**	**14**	**56**	**n/a**	253	151	148
Syphilis, Infectious (Primary and Secondary)	**3**	**5**	**18**	**n/a**	85	51	45
Syphilis, Early Latent	**4**	**7**	**23**	**n/a**	85	61	55
Syphilis, Congenital	**0**	**0**	**0**	**n/a**	2	1	0
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	**2**	**2**	**15**	**n/a**	81	38	48
Tuberculosis	**0**	**2**	**0**	**n/a**	5	7	4
Vibrio Infections	**0**	**0**	**0**	**30**	2	5	2

***n/a—Data not available**

Florida Department of Health in Seminole County

400 W Airport Blvd, Sanford, FL 32773
Phone: 407-665-3000
http://seminole.floridahealth.gov

Donna Walsh, MPA, BSN, RN
Health Officer

Ana Scuteri, MPH
Assistant County Health Department 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

Mirna Chamorro
Public Information Officer

Epi Scope Editor

Kevin M. Baker, MPH, CPH, CHES
Epidemiology Program Manager

Disease Reporting

Epidemiology Program
Phone:
COVID-19: 407-665-3000, option 1
Non-COVID-19: 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

Email Address*

DiseaseControlSeminole@FLHealth.gov

**Do not include any confidential information in email.*

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.