EPISCOPE

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

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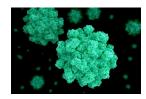
COVID-19 case counts have decreased in Seminole County in recent weeks.



69% of eligible* Seminole County residents have received at least one dose of a COVID-19 vaccine.

*Note the percent has decreased from the last newsletter as the eligible population now includes everyone ages 5 years and older.

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



We are in norovirus season.

If indicated, consider including norovirus in your differential diagnosis for acute gastroenteritis and order a norovirus PCR in your stool testing when determining diagnosis, along with enteric and ova/parasite testing.

SHORTENED ISOLATION & QUARANTINE GUIDELINES

Carley Robinson, MPH, CPH

At the end of December 2021, the Centers for Disease Control and Prevention (CDC) released new guidance for the isolation and quarantine of the general population and work restrictions for healthcare personnel (HCP) who are infected or exposed to SARS-CoV-2. It is important to note that these guidelines differ between the two groups. Isolation refers to the period a person with COVID-19 must refrain from interacting with others after infection. Quarantine refers to those who have been exposed to COVID-19 but have not yet been infected, to avoid contact with others to limit possible exposures should infection occur.

COVID-19 Isolation & Quarantine Recommendations for the General Public

- If someone tests positive for COVID-19, they must **isolate** for 5 days. The five (5) day isolation period starts:
 - The date symptoms started, OR if asymptomatic, the date they were tested.
 - By day 5, if there are no symptoms or if symptoms are resolving, the person can come out of isolation on day 6, but they should wear a mask on days 6-10.
- If someone is exposed to COVID-19, quarantine guidance will depend on the vaccination/boosted status of the exposed person.
 - For individuals who are up-to-date on COVID-19 vaccines
 - No quarantine is needed.
 - These individuals should wear a mask around others for 10 days from their last exposure to COVID-19.
 - They should get tested five (5) days after last exposure, if possible.
 - If symptoms develop, they should stay at home, other than to seek healthcare and/or testing.
 - For those who are not up-to-date on COVID-19 vaccines:
 - These individuals should stay home for 5 days from the date of exposure and continue to wear a mask through day 10.
 - If quarantine is not possible, at minimum a mask must be worn for 10 days from the exposure.
 - Testing on day 5 is recommended.
 - If symptoms develop, they should stay at home and seek testing.

Work Restrictions for HCP with SARS-CoV-2 Infection and Exposures

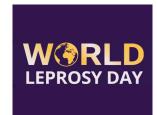
- There are three work restriction/return-to-work strategies based on whether there is a staffing shortage to mitigate this issue.
- HCP infected with SARS-CoV-2 (COVID-19 infection) follow the same guidelines in all strategies regardless of whether they are <u>up-to-date</u> on COVID-19 vaccines.
- HCP who are exposed to SARS-CoV-2 have different recommendations across all work restriction strategies based on if they are <u>up-to-date</u> on COVID-19 vaccines.

Seminole County is offering testing at sites across the county. Information about each testing site, as well as options to make an appointment can be accessed at PrepareSeminole.org. For any questions about COVID-19 guidance, contact the Florida Department of Health in Seminole County at 407-665-3243.

WORLD LEPROSY DAY: UNITED FOR DIGNITY

Tyler Weston, MPH

On January 30, 2022, the world will come together to celebrate World Leprosy Day (WLD). Established in 1954, WLD is a day of observance that aims to raise awareness about leprosy (also known as Hansen's disease), celebrate those who have experienced leprosy, and advocate for an end to the discrimination, stigma and isolation surrounding this disease. While leprosy is rare in the United States, many people across the world continue to suffer from this debilitating yet curable disease. This year's theme for WLF is "United for Dignity."



Leprosy is a chronic infectious disease caused by the bacterium *Mycobacterium leprae* and is a condition that primarily affects the skin and peripheral nerves, subsequently causing skin lesions and nerve damage, respectively. Once feared as a highly contagious and devastating illness, leprosy is now treatable with antibiotics. Each year, roughly 150 to 250 people in the United States and 250,000 worldwide contract leprosy. In Florida, leprosy has been reported as early as 1921 and up until 1975, an average of four cases were reported annually. Since 2015, only five (5) confirmed cases of leprosy have been reported in Seminole County.

Healthcare provider (HCP) awareness and education are key to early diagnosis, treatment, and prevention of leprosy. Since leprosy can have a wide range of clinical manifestations, it is important that HCP recognize the various presentations and complications of the disease as well as understand how and when to utilize appropriate diagnostic tests. Moreover, it is important for HCP to be a resource for their patients and address the stigma associated with leprosy through education and ensuring access to treatment.

Leprosy is a reportable condition in Florida. Local healthcare providers, laboratories, and public health professionals are required to report cases of leprosy to county health departments. For any questions about leprosy or to report the disease, please contact the DOH-Seminole Epidemiology Program at 407-665-3243.

For more information about WLD, visit the CDC or the Florida Department of Health (FDOH) Hansen's Disease webpages below.

Sources: CDC Hansen's Disease (Leprosy); FDOH Leprosy; WHO World Leprosy Day 2022: United for Dignity

INCREASE IN HUMAN RABIES CASES LINKED TO BATS IN THE U.S.

Taylor Kwiatkowski, MPH

In a press release on January 6, 2022, the CDC reported three human rabies cases linked to bats during a five-week period between late September and early November 2021. The three cases, including one child, bring the total number of human rabies cases in 2021 to five, compared to no reported human rabies cases during 2019 and 2020.



The three cases, residing in Idaho, Illinois and Texas, were all confirmed to have had direct contact with bats in and around their homes prior to their expirations. All three cases had direct contact with a bat

(e.g., bite or collision). Of the three cases, two were considered avoidable exposures: one was attributed to direct contact with a bat living in a bat roost in the home and the other had handled the bat with bare hands, neither submitted the bats for testing nor initiated post-exposure prophylaxis (PEP). The third case did submit the bat for testing but refused to initiate PEP, despite the bat testing positive for rabies.

The National Rabies Surveillance System reports a stable number of rabid bats reported since 2007, suggesting the uptick these recent cases may be due to lack of awareness about the risk and severity of rabies infections. Exposure to rabid bats is the leading cause of human rabies infections in the U.S., accounting for 70% of cases. In addition to direct contact with a bat, sleeping in a room where a bat is located or finding it near someone who cannot report an exposure (i.e. an unattended child) can constitute a rabies exposure, as bat bites and scratches may not always be visible. When properly administered in a timely fashion, rabies PEP is nearly 100% effective at preventing rabies if received prior to symptom onset.

The CDC is urging people to take precautions to prevent or lessen the risk of infection with rabies:

- Avoid direct contact with bats.
- If you come in contact with a bat OR a possible exposure occurred, do the following:
 - Call your state or local health department or animal control to assist in trapping the bat or safely trap the bat yourself. Testing a bat to determine if it is rabid can help to assess whether you need PEP.
 - Contact your doctor or a local public health official (i.e. the health department) to assess whether PEP is warranted.

For questions about rabies exposures and PEP or to report a possible rabies exposure, contact the Florida Department of Health in Seminole County Epidemiology Program at 407-665-3243 (if afterhours, call 407-665-3000, option 1).

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.

Disease	Seminole Monthly Total		Year to Date Total		Seminole County Annual Totals		
	December 2021	December 2020	Seminole 2021	Florida 2021	2020	2019	2018
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	0
Mumps	0	0	0	8	0	1	0
Pertussis	0	0	1	58	10	6	4
Varicella	2	1	15	379	18	24	17
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	1	22	0	1	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	90	1	2	3
Meningococcal Disease	0	0	0	27	0	0	0
C. Enteric Infections							
Campylobacteriosis	4	2	56	3894	38	75	59
Cryptosporidiosis	0	0	3	343	4	4	1
Cyclosporiasis	0	0	10	252	6	25	1
E. coli Shiga Toxin (+)	1	0	29	576	6	7	9
Giardiasis	0	1	14	710	16	14	18
Hemolytic Uremic Syndrome (HUS)	0	0	0	3	0	0	0
Listeriosis	0	0	0	56	0	0	0
Salmonellosis	6	5	89	6269	76	120	121
Shigellosis	0	1	9	535	12	22	17
D. Viral Hepatitis	, and the second	•		000	12	EL.	17
Hepatitis A	1	1	1	206	10	48	30
Hepatitis B in Pregnant Women	0	0	2	296	2	13	4
Hepatitis B, Acute	1	0	10	641	8	16	16
	2	2					6
Hepatitis C, Acute	2	2	21	1838	28	15	0
E. Vectorborne/Zoonoses	0	0	4	05	7	0	4
Animal Rabies	0	0	1	85	7	2	1
Rabies, possible exposure	7	17	81	3770	134	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	1	1	5	272	3	4	3
Malaria	0	0	2	44	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	152	129	1,891	n/a	1,730	2,002	1,982
Gonorrhea	72	44	680	n/a	591	620	646
Hansen's Disease	1	0	1	14	1	0	1
Legionellosis	1	0	14	502	13	8	16
Mercury Poisoning	0	0	0	19	0	0	0
Syphilis, Total	24	12	241	n/a	151	148	133
Syphilis, Infectious (Primary and Secondary)	5	4	83	n/a	51	45	36
Syphilis, Early Latent	15	5	79	n/a	61	55	63
Syphilis, Congenital	1	0	1	n/a	1	0	2
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	3	3	78	n/a	38	48	32
Tuberculosis	1	1	5	n/a	7	4	12
Vibrio Infections	0	0	2	261	5	2	2

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http://seminole.floridahealth.gov

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Email Address*

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*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 <u>Epi Scope webpage</u>.

