

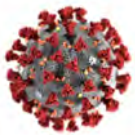
EPI SCOPE

FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY EPIDEMIOLOGY NEWSLETTER // OCT 2021 ISSUE

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Fast Stats & Updates



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.

For more information, view the latest weekly COVID-19 report on the [Florida Department of Health COVID-19 website](#).



Influenza season started the week of October 3. It is important to have conversations with patients and the community at large about getting vaccinated against the flu as soon as possible.

FLU SEASON GUIDANCE IN THE MIDST OF COVID

by Taylor Kwiatkowski, MPH

October marks the beginning of the 2021-22 influenza (flu) season, running from Week 40, 2021 (starting on October 3) to Week 20, 2022 (ending on May 21). The impact of the COVID-19 pandemic resulted in a great deal of variability during the 2020-2021 flu season, affecting testing and diagnostic outcomes. Due to the nature of the previous season, the projected burden of this flu season is harder to predict, making testing and vaccination crucial in protecting our community, according to the Centers for Disease Control and Prevention (CDC).



During periods of lower flu activity, use of rapid flu diagnostic tests can result in an increase of false positives, leading some providers away from their use. Additionally, the use of separate tests for both flu and COVID-19 can become a burden for patients, healthcare providers, and laboratories. To help combat this, the CDC developed a real-time reverse-transcription polymerase chain reaction (RT-PCR) test which is capable of detecting and differentiating RNA from SARS-CoV-2 (COVID-19), flu A virus and flu B virus in both upper and lower respiratory specimens (called the CDC Influenza SARS-CoV-2 [Flu SC2] Multiplex Assay). This single test will allow for comprehensive testing for both COVID-19 and flu viruses and the need for only one specimen will reduce the burden of testing on laboratories, health care providers and patients. Specimens may be collected from both upper and lower respiratory specimens, including, but not limited to, nasopharyngeal swabs, oropharyngeal swabs, nasal swabs and nasal aspirates.

The Florida Department of Health, Bureau of Public Health Laboratories (BPHL) validated and implemented this test at the start of the 2020-2021 flu season. All specimens submitted to BPHL for flu testing will be tested using the Multiplex Assay. Flu testing during flu season is crucial for determining which strains to include in the following season's vaccines.

Based on the low volume of positive results from laboratory testing last season, the predominant strain was unable to be identified. The composition of flu vaccines has been updated for the 2021-22 flu season, using only quadrivalent (four component) vaccines as compared to previous seasons which used both quadrivalent and trivalent vaccines. The quadrivalent vaccines are designed to protect against the four influenza strains believed to be predominant this year. Updates were made to the influenza A(H1N1) and A(H3N2) components of the four-component vaccines. This reflects one update from the Southern Hemisphere vaccine (in the A(H3N2) component). Flu vaccines are strongly recommended for those ages six months and older, with everyone ideally vaccinated by the end of October. Vaccination is crucial in protecting patients from complications, hospitalizations and severe illness as a result from infection. Additionally, COVID-19 vaccinations may be co-administered at the same time as the seasonal flu vaccine, as recommended by the CDC and the Advisory Committee on Immunization Practices (ACIP). For more information on co-administration of COVID-19 and influenza vaccines, visit the [CDC's 2021-22 Flu Season FAQ](#).

With the activity during the previous flu season at its lowest since current reporting began in 1997, special care and considerations need to be taken to protect our patients and community. Combination testing using the CDC Flu SC2 Multiplex Assay and encouragement of vaccinations for all age groups are important ways to minimize illness during this flu season.

Sources: [CDC Influenza 2021-2022 FAQ](#); [Florida Flu Review](#); [CDC Influenza SARS-CoV-2 Multiplex Assay](#)

WHO GREENLIGHTS MALARIA VACCINE FOR AT-RISK CHILDREN

by Carley Robinson, MPH, CPH

In a groundbreaking moment for public health, the World Health Organization (WHO) now recommends the use of the RTS,S (Mosquirix) vaccine against malaria for children living in sub-Saharan Africa and other regions where the disease is endemic. A successful pilot program in Ghana, Malawi and Kenya achieved inoculation for more than 800,000 children and provided the evidence needed to inform the recommendation.



RTS,S does not provide total immunity and must be given on a 4-dose regimen, which could be challenging to some families. However, the world's first malaria vaccine that spent 30 years in research and development at GlaxoSmithKline (GSK) is a significant development against the parasitic infection responsible for roughly 260,000 annual deaths in Africa among children before they reach their fifth birthday. When added to the toolbox of other preemptive measures, the WHO reports augmented malaria protection that extends to over 90% of children who have access to either the vaccine or an insecticide-treated bed net. Even areas where bed nets are common saw a 30% decrease in severe malaria illness after the vaccine was introduced.

In a partnership with [UNICEF](#), PATH, and international partners, GSK was able to donate 10 million doses of the vaccine for the pilot program, which was financed by Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Unitaid.

As countries include RTS,S alongside other routine childhood vaccinations the pilot program will continue to determine the efficacy of the fourth dose in the series. Reduction in repeat contraction of the parasite, hospitalizations, and malaria-related mortality is expected to decline.

For the full news release, visit the [WHO website](#).

NATIONAL LEAD POISONING PREVENTION WEEK

by Tyler Weston, MPH

Across the nation, individuals, healthcare providers, community-based organizations, health agencies, and state, tribal, and local governments are called to observe National Lead Poisoning Prevention Week (NLPPW) from October 24–30, 2021. The goal of NLPPW is to raise awareness about lead poisoning and encourage actions that can be taken to prevent and reduce childhood exposure to lead. This week of observance is also a great opportunity to draw attention to the ways parents and communities can lessen children's environmental exposure to lead and prevent its serious health effects. NLPPW is led by a collaboration of several key agencies, including the U.S. Department of Housing and Urban Development (HUD), the U.S. Environmental Protection Agency (EPA), and the Centers for Disease Control and Prevention (CDC). The theme of NLPPW this year is focused on getting the facts, getting your home tested, and getting your child tested.



Lead poisoning is a condition caused by increased levels of lead in the body. Common sources of exposure include lead-based paint and lead-contaminated dust found in homes and buildings built prior to 1978 as well as food and drinking water containing lead. Elevated blood lead levels can cause learning disabilities and behavioral problems in children, and at very high levels can lead to seizures, coma, and even death. The CDC currently uses a blood lead reference value of 5 µg/dL for children and 10 µg/dL for adults. The CDC strongly recommends that public health actions should be taken when levels reach or exceed these current thresholds. Since lead poisoning can affect nearly every system in the body and can occur without obvious symptoms, it often goes unrecognized and untreated. While no safe blood lead level has been identified, lead poisoning is 100% preventable.

Healthcare providers play an important role during NLPPW. Though blood lead testing is required for children at ages 12 and 24 months who receive Medicaid, providers are encouraged to provide blood lead testing for children at these ages who live in high risk areas and for children or other family members who have been exposed to high levels of lead. In addition, it is recommended that healthcare providers provide lead education materials to their patients, connect families to any needed follow-up services, and speak to their staff about the importance of blood lead screening, reporting, and health effects of lead.

Lead poisoning is a reportable condition in Florida. Local healthcare providers, laboratories, and hospitals are required to report all blood lead test results to county health departments. For more information about this year's NLPPW and other lead poisoning education and resources, visit the CDC, Florida Department of Health (FDOH) and HUD webpages below. **For questions about lead poisoning or to report a blood lead test result, contact the DOH-Seminole Epidemiology Program at 407-665-3243.**

This is an official
CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
October 14, 2021, 10:00 AM ET
CDCHAN-00454

Expansion of Recall of LeadCare Blood Lead Tests Due to Risk of Falsely Low Results

Summary

Magellan Diagnostics, Inc. and the U.S. Food and Drug Administration (FDA) have issued notifications about the expansion of Magellan Diagnostics' recall of LeadCare II, LeadCare Plus, and LeadCare Ultra Blood Lead Tests, which were distributed from October 27, 2020, to August 19, 2021. Additional LeadCare II product lots, including lots previously reported to be unaffected, were recalled due to a significant risk of falsely low results. The use of these devices may cause serious injuries because they might underestimate blood lead levels. FDA has identified this as a Class I recall, the most serious type of recall.

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Update to notify healthcare providers and state and local health departments about the expansion of the recall notice and to recommend appropriate follow-up actions in the shortage of LeadCare Lead Tests. This HAN Health Update is an update to [HAN Health Advisory 445: Recall of LeadCare Blood Lead Tests Due to Risk of Falsely Low Results](#) that CDC issued on July 6, 2021.

Background

Magellan Diagnostics, Inc. is recalling LeadCare II, LeadCare Plus, and LeadCare Ultra Blood Lead Test kits due to a significant risk of falsely low blood lead level results. FDA has concerns that the falsely low results may contribute to health risks in special populations such as young children and pregnant individuals. A pregnant or lactating individual's exposure to lead is concerning because it may cause health problems for the parent and the developing baby. Obtaining falsely low blood lead level results may lead to patients not receiving appropriate follow-up assessments, which may result in patient harm, including delayed puberty, reduced postnatal growth, decreased IQ, and attention and behavior problems in children.

FDA initially notified CDC on June 24, 2021, that some Magellan Diagnostics blood lead test kits were undergoing a voluntary recall by the manufacturer. FDA recommended that Magellan Diagnostics customers discontinue using all affected test kit lots identified as part of the recall and quarantine remaining inventory. On August 31, 2021, Magellan Diagnostics began notifying customers that the recall was expanded to include additional LeadCare II product lots. The recall now includes the majority of all test kits distributed since October 27, 2020. Product distribution has been paused until further notice, and replacement product is currently unavailable. It is unknown when replacement product will be available.

Recommendations for Clinicians

- Continue to schedule and perform required blood lead tests for patients. A venous or capillary blood sample analyzed using higher complexity methods such as inductively coupled plasma mass spectrometry (ICP-MS) or graphite furnace atomic absorption spectroscopy (GFAAS) from a CLIA compliant clinical laboratory should be used if LeadCare lead test kits are unavailable.
- Discontinue using all [test kit lots](#) identified as part of the recall.
- Retest children who were tested with the recalled LeadCare lead test kits whose results were less than CDC's [blood lead reference value](#). Retesting should be done with a venous blood sample analyzed with higher complexity testing.

- Retest children who were previously tested with a LeadCare test kit if the lot number of the initial test kit is unknown and the test was done after October 27, 2020.
- Prioritize testing for:
 - Children where there is clinical concern that symptoms or developmental problems may be related to lead exposure,
 - Populations at higher risk of elevated blood lead levels, such as children tested due to Medicaid-required screening or due to other state or local requirements,
 - Individuals who are pregnant or breastfeeding, and
 - Children who are immigrants, refugees, or recently adopted from outside of the United States.
- Discuss the recall and retesting recommendations with a parent or caregiver of children who meet the retesting criteria.
- Follow recommendations for [best practices](#) when collecting a capillary blood sample for lead testing.

Recommendations for Public Health Professionals

- Work with healthcare providers in their jurisdictions to ensure patients receive their required blood lead tests. This outreach should include making providers aware of the need to conduct a capillary or venous test analyzed using higher complexity methods if LeadCare lead test kits are unavailable.
- Make providers aware that:
 - By delaying blood lead testing for children due to the unavailability of LeadCare lead test kits, children exposed to lead risk are not being identified and receiving necessary treatment and services.
 - If blood lead testing indicates blood lead levels are above the current [CDC blood lead reference value](#) or state or local action level, the healthcare provider or public health professional should refer to CDC guidelines or state/local guidelines for appropriate follow-up action.
 - [State and public health laboratories](#) may be able to help with additional demands for higher complexity testing.
- Follow recommendations for [best practices](#) when [collecting a capillary blood sample](#) for lead testing.
- Per [CDC guidance](#), children with blood lead levels at or greater than CDC's [blood lead reference value](#) should have had a subsequent test with a venous blood sample for confirmation. LeadCare instruments are currently approved for use only with capillary or finger/heel stick samples.
 - Venous blood confirmation levels are performed with higher complexity testing such as inductively coupled plasma mass spectrometry (ICP-MS) or graphite furnace atomic absorption spectroscopy (GFAAS) and are generally considered more accurate and are available from CLIA-compliant clinical laboratories.

For More Information about Blood Lead Testing

- [CDC's Lead Poisoning Prevention Program](#)
- [CDC's Lead and Multi-element Proficiency Program](#)

For More Information about the Recall

- [Magellan Diagnostics Recalls LeadCare II, LeadCare Plus, and LeadCare Ultra Blood Lead Tests Due to Risk of Falsely Low Results](#)
- [Information on the LeadCare Test Kit "Controls Out of Range-Low" \("COOR-LO"\) Recall](#)

For More Information about Laboratory-related Resources

- [Blood Lead Testing in Public Health Laboratories](#)
- [Video: What is the Laboratory Response Network for Chemical Threats \(LRN-C\)?](#)
- [Best Practices for Sampling and Testing Blood for Lead](#)
- [Lead Testing at Environmental Health Laboratories](#)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention, highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##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##

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	September 2021	September 2020	Seminole 2021	Florida 2021	2020	2019	2018
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	0
Mumps	0	0	0	6	0	1	0
Pertussis	0	0	1	36	10	6	4
Varicella	2	2	9	247	18	24	17
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	1	15	0	1	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	58	1	2	3
Meningococcal Disease	0	0	0	17	0	0	0
C. Enteric Infections							
Campylobacteriosis	4	6	39	2917	38	75	59
Cryptosporidiosis	0	0	2	229	4	4	1
Cyclosporiasis	1	1	10	248	6	25	1
<i>E. coli Shiga Toxin (+)</i>	1	0	25	421	6	7	9
Giardiasis	0	2	10	490	16	14	18
Hemolytic Uremic Syndrome (HUS)	0	0	0	3	0	0	0
Listeriosis	0	0	0	43	0	0	0
Salmonellosis	7	7	67	4329	76	120	121
Shigellosis	3	1	6	338	12	22	17
D. Viral Hepatitis							
Hepatitis A	0	1	0	150	10	48	30
Hepatitis B in Pregnant Women	0	0	2	229	2	13	4
Hepatitis B, Acute	0	2	8	392	8	16	16
Hepatitis C, Acute	0	2	16	1093	28	15	6
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	64	7	2	1
Rabies, possible exposure	7	14	61	2646	135	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	0	1	2	152	3	4	3
Malaria	0	0	2	30	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	150	147	1,410	n/a	1730	2002	1979
Gonorrhea	58	42	506	n/a	591	620	646
Hansen's Disease	0	0	0	9	0	0	1
Legionellosis	0	2	10	358	13	8	16
Mercury Poisoning	0	0	0	12	0	0	0
Syphilis, Total	16	16	168	n/a	151	148	133
Syphilis, Infectious (Primary and Secondary)	9	8	61	n/a	51	45	36
Syphilis, Early Latent	6	6	53	n/a	61	55	63
Syphilis, Congenital	0	0	0	n/a	1	0	2
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	1	2	54	n/a	38	48	32
Tuberculosis	0	0	2	n/a	7	4	12
<i>Vibrio Infections</i>	0	0	2	195	5	2	2

*n/a—Data not available

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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 [Epi Scope webpage](#).

