



EPI-GAZETTE

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

Foodborne Illness Reporting

The Florida Department of Health in Seminole County (DOH-Seminole) Epidemiology Program would like to remind everyone of the importance of reporting suspected foodborne illness or outbreaks. DOH-Seminole works in conjunction with other regulatory agencies to track foodborne illness complaints and to investigate outbreaks. All foodborne illness complaints are referred to the regulatory agency for inspection.

- DOH-Seminole regulates food and beverage service in public and private schools, civic and fraternal organizations, correctional facilities, group residential facilities, bars and lounges, and movie theaters.
- The Department of Business and Professional Regulation regulates food and beverage service in restaurants, hotels, caterers, and food trucks.
- Department of Agriculture and Consumer Services regulates food and beverages from grocery and convenient stores and bakeries.

Foodborne illness complaints for any venue can be reported by the public or medical providers to DOH-Seminole and will be forwarded to the appropriate agency. This allows DOH-Seminole the opportunity to compare complaints and food histories, to identify outbreaks, and to initiate outbreak investigations in a timely manner. Inspections are conducted by the regulatory agency for most complaints that are received. A complaint is investigated as an outbreak by DOH-Seminole when two or more persons have the same disease, have similar symptoms, or excrete the same pathogens; and there is a time, place, and/or person association between these individuals.

Food complaints may be submitted online at the following link:
www.reportfoodpoisoningflorida.com

Information on reporting non-illness related complaints can be found at the following website:

<http://www.floridahealth.gov/diseases-and-conditions/food-and-waterborne-disease/how-to-report-a-problem-with-food-in-florida.html>

Also in this issue:

- Rabies Prevention and Control Guide 2014
- Provider Health Alert Network
- Improving Antibiotic Use Among Hospitalized Patients

Rabies Prevention and Control Guide 2014

The Rabies Prevention and Control in Florida is a guide created annually by the Florida Department of Health Bureau of Epidemiology, which provides recommended policies and procedures for the prevention and control of rabies infection in Florida. The 2014 edition has been released with a few modifications from last year's edition.

Changes to the 2014 version include:

- Consolidating historical rabies information into the beginning of Chapter 2 (p 9)
- Adding a non-human primate reference related to negative testing in FL (p 17)
- Removing risk and assessment redundancies and consolidating into a new Chapter 3 (p 18) and moving the animal chapter (chapter 5, p 30)
- Clarifying scratch exposures (p 19)
- Adding Key Risk Assessment Questions (p 21)
- Adding N-methyl-D-aspartate receptor encephalitis with reference to human rabies differential diagnosis (p 27)
- Adding the language from the FWC rule (68A-4.001, F.A.C.) prohibiting feeding of raccoons (p 65)



Rabies Prevention and Control in Florida, 2014 is posted at the Bureau of Epidemiology webpage at: <http://www.floridahealth.gov/diseases-and-conditions/rabies/index.html>

We would also like to point out that rabies educational materials can be downloaded from: <http://www.floridahealth.gov/diseases-and-conditions/rabies/educational-materials.html>

If you have any questions or suggestions for the 2014 update, please contact Dr. Blackmore at 850-245-4732 or via e-mail Carina.Blackmore@flhealth.gov or Dr. Danielle Stanek at 850-245-4117 or via e-mail danielle_stanek@flhealth.gov

Animal bites should be reported to the local county animal control. Seminole County Animal Services Division can be contacted at (407) 665-5201.

For consultation regarding suspect rabies exposures and rabies vaccination please contact Peggy Booth, RN with the Florida Department of Health in Seminole County (407) 665-3294.

Vital Signs: Improving Antibiotic Use Among Hospitalized Patients

The text below is the introduction to a study published in the Morbidity and Mortality Weekly Report (MMWR). The complete text can be found by visiting the following link:

http://www.cdc.gov/mmwr/mmwr_wk/wk_cvol.html

Introduction

Antibiotics offer tremendous benefit to patients with infectious diseases and are commonly administered to patients cared for in U.S. hospitals. However, studies have demonstrated that treatment indication, choice of agent, or duration of therapy can be incorrect in up to 50% of the instances in which antibiotics are prescribed (1). One study reported that 30% of antibiotics received by hospitalized adult patients, outside of critical care, were unnecessary; antibiotics often were used for longer than recommended durations or for treatment of colonizing or contaminating microorganisms (2).



Incorrect prescribing of antibiotics exposes individual patients to potential complications of antibiotic therapy, without any therapeutic benefit. One such complication is infection with *Clostridium difficile*, an anaerobic, spore-forming bacillus that causes pseudomembranous colitis, manifesting as diarrhea that often recurs and can progress to sepsis and death; CDC has estimated that there are about 250,000 *C. difficile* infections (CDI) in hospitalized patients each year (3). Other complications related to unnecessary use of antibiotics include infection with antibiotic-resistant bacteria (4) and complications from adverse events (5). Evidence is accumulating that interventions to optimize inpatient antibiotic prescribing can improve patient outcomes (6). To assist health-care providers to reduce incorrect inpatient prescribing, information is needed regarding how frequently incorrect prescribing occurs in hospitals and how improving prescribing will benefit patients. In this report, current assessments of the scope of inpatient antibiotic prescribing, the potential for optimizing prescribing, and the potential benefits to patients are described.

Seven core elements critical to the success of hospital antibiotic stewardship programs

- Leadership commitment: Dedicating necessary human, financial, and information technology resources.
- Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs has shown that a physician leader is effective.
- Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
- Action: Implementing at least one recommended action, such as systemic evaluation of ongoing treatment need after a set period of initial treatment (i.e., "antibiotic time out" after 48 hours).
- Tracking: Monitoring antibiotic prescribing and resistance patterns.
- Reporting: Regular reporting information on antibiotic use and resistance to doctors, nurses and relevant staff members.
- Education: Educating clinicians about resistance and optimal prescribing.

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
 Veronica Butler, RN, Florida Hospital
 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 8	2013 through Week 8	2012 through Week 8	2011–2013 Average through Week 8
AIDS*	3	4	10	6.7
Animal Bite to Humans**	4	3	2	2.3
Animal Rabies	0	2	2	1.3
Campylobacteriosis	2	5	10	6.7
Chlamydia	246	218	242	235.3
Cryptosporidiosis	1	0	2	1.0
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
<i>E. coli Shiga toxin-producing</i>	2	2	0	1.0
Giardiasis	0	2	3	2.3
Gonorrhea	58	16	54	35.3
<i>Haemophilus influenzae (invasive)</i>	0	3	0	1.0
Hepatitis A	0	0	2	0.7
Hepatitis B (acute and chronic)	6	5	10	7.7
Hepatitis C (acute and chronic)	67	39	44	42.7
Hepatitis B in Pregnant Women	0	0	0	0.3
HIV*	3	7	7	8.3
Lead poisoning	0	0	1	0.7
Legionellosis	0	2	0	1.3
Lyme Disease	0	0	2	1.0
Meningococcal Disease	0	0	1	0.7
Pertussis	3	2	0	0.7
Salmonellosis	8	2	6	6.0
Shigellosis	0	1	11	4.3
<i>S. pneumoniae – drug resistant</i>	1	1	1	1.7
Syphilis	4	4	9	6.3
Tuberculosis	1	3	3	4.3
Varicella	4	5	5	3.3

* 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 current three year average for the same time period.

Department of Health in Seminole County Epidemiology Program

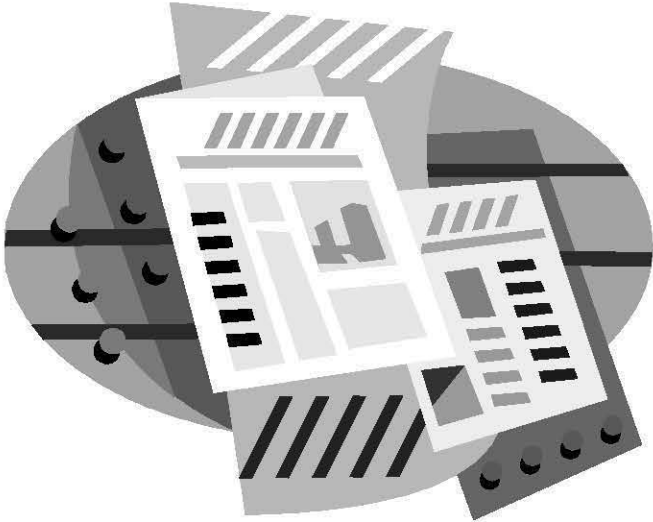
SIGN UP TODAY!

▶ JOIN OUR INFORMATION NETWORK

The Florida Department of Health in Seminole County, Epidemiology Program would like to invite you to become a part of our “information network” to keep you up to date with what is happening in our community and keep you informed so that you can better serve your clients!

RECEIVE:

- HEALTH ALERTS
- MONTHLY EPIDEMIOLOGY UPDATES
- AND MORE



“Health Alerts” are only available through this information network. Current and archived publications are available at our website at:
www.seminolecohealth.com

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TO SIGN UP, E-MAIL US AT:
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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*

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We're on the web!