

EPI SCOPE

What's Included?

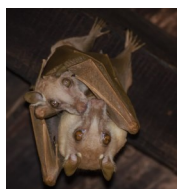
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Seminole County Highlights

Of all eligible Seminole County residents, 55% have received at least one dose of a COVID-19 vaccine.

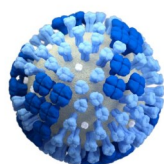


There has been increased human exposures to bats in Seminole County. Bats are high risk for carrying rabies.

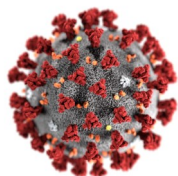


[Learn how to prevent exposures to bats and rabies.](#)

Seasonal influenza surveillance for the 2020-2021 influenza season concluded in May 2021.



COVID-19 cases are decreasing in Seminole County when compared to prior months. For more info, visit the [COVID-19 dashboard.](#)



Primary Amebic Meningoencephalitis (PAM) Awareness

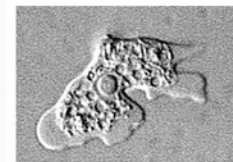
Now that summer has arrived, Floridians and visitors will be enjoying recreational water activities, therefore leading to increased possibility of waterborne disease transmission. One of the diseases of concern is Primary Amebic Meningoencephalitis (PAM), that is contracted when water contaminated with the amoeba *Naegleria fowleri* enters the nose and travels to the brain. Other amoebae can cause amoebic encephalitis such as *acanthamoeba* and *Balamuthia mandrillaris*. Symptoms are similar to bacterial meningitis and include fever, nausea, vomiting and headache and progress into stiff neck, seizures, altered mental status, hallucinations, and coma. While cases of PAM are rare, the disease is usually fatal if not treated promptly.

Naegleria fowleri is a free-living amoeba that inhabits soil and warm freshwater environments such as lakes, rivers and hot springs. As water sources become warmer during the summer months, the chances of exposure to water contaminated with amoeba increases. Ingesting this water will not result in infection, but swimming behaviors that allow water to enter one's nose are associated with infection, which include diving, jumping or submerging the head in the water.

From 1962-2019, there have been 148 cases of PAM in the United States. Of these, only 4 have survived, giving PAM a 97% fatality rate. Laboratory detection methods of *N. fowleri* include direct visualization of the organism under a microscope, polymerase chain reaction, or antigen detection of CSF, tissue, or biopsy specimens. Diagnosis has been made after the death of the patient in 75% of cases. Treatment for PAM includes miltefosine, which is commercially available.

Healthcare providers that have a patient with a suspected amoebic infection are encouraged to contact The Florida Department of Health as soon as possible. Amoebic encephalitis is required to be reported to the Florida Department of Health (FDOH) 24 hours a day, 7 days a week by phone upon diagnosis; however, providers may consider contacting DOH for guidance upon suspicion or laboratory test order. DOH and CDC can offer 24/7 guidance on diagnosis, treatment, and instructions on specimen collection and shipment.

For more information on PAM, please visit the [CDC PAM website](#) and the [FDOH PAM information page](#). To report a case of PAM or other amoebic encephalitis, call 407-665-3243 Monday-Friday from 8am-5pm and 407-665-3000, option 1, on evenings, weekends and holidays.



Three stages of *Naegleria fowleri*: cyst, trophozoite, flagellate (top to bottom). Image courtesy of CDC.

June is nationally celebrated as Pride Month, which observes the month in which many lesbian, gay, bisexual transgender, queer and other members of sexual and gender minority groups (LGBTQ+) fought for equal rights and treatment at the Stonewall Inn in New York. Although great strides have been made in the inclusion and acceptance of the LGBTQ+ community, individuals who identify as LGBTQ+ are still medically underserved and are faced with major health disparities linked to societal stigma, discrimination, and denial of their civil and human rights.



Risk of sexually transmitted diseases (STDs), cancers, cardiovascular diseases, obesity, depression, anxiety, and suicide have been found to be higher in the LGBTQ+ community, both in adults and youth, as compared to the general population. Among LGBTQ+ youth, the CDC's 2017 Youth Risk Behavior Survey (YRBS) showed that 48% of LGBTQ+ youth have seriously considered suicide, compared to 13% in heterosexual youth. Young gay and bisexual men have disproportionately higher rates of HIV, syphilis, and other STDs compared to their heterosexual peers. Additionally, 30% of LGBTQ+ adults either do not seek healthcare services or lack a regular healthcare provider, compared to 10% in age-matched heterosexuals. Many factors play into this, including lack of coverage in insurance for hormone therapy or mental health services, associated costs due to lack of coverage, and a lack of trust and understanding in their patient-provider relationships. Many LGBTQ+ adults have expressed concern about receiving substandard care and stigmatization as a result of their sexual orientation or gender identity. This lack of communication is responsible for poor therapeutic alliance, lack of appropriate health education, inadequate screening for communicable diseases, and inadequate interventions to prevent STDs.

There are many ways healthcare providers can provide culturally competent care for LGBTQ+ patients. Avoidance of unconscious and perceived biases and assumptions is the first step in decreasing the stigmatization felt by the community. Taking the time to learn terms commonly used by the LGBTQ+ community, what they mean, and asking how patients would like to be addressed creates a more inclusive environment. Continuous education for staff and providers to be comfortable discussing sexual and gender minority groups and the special needs for each population within the community can help make the patient feel their concerns are being heard and are valid. Above all, providing a caring, empathetic, and compassionate environment is needed to bring the best care to every patient.

References: [Cultural Competence in the Care of LGBTQ Patients](#); [Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review](#); [Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning \(LGBTQ\) populations](#); [CDC Health Considerations for LGBTQ+ Youth](#)

NATIONAL MOSQUITO CONTROL AWARENESS WEEK

Each June, the American Mosquito Control Association (AMCA) recognizes *National Mosquito Control Awareness Week*. This national week of observance, occurring this year from June 20 to June 26, serves to educate and remind the public on how to protect themselves from mosquitoes and the diseases they can carry. *National Mosquito Control Awareness Week* is also a time to reflect on the important services provided by mosquito control personnel at the local, state, and national levels.

Mosquito control plays a crucial role in protecting the public against mosquito-borne diseases, such as West Nile virus, eastern equine encephalitis, Zika virus, Chikungunya, dengue fever, and malaria. Mosquito control programs in Florida work closely with county health departments and other partners to perform a variety of activities, including animal surveillance (e.g., sentinel chicken and bird surveillance), source reduction (e.g., spraying for mosquitoes), and educating the public about personal protection against mosquitoes. Emergency room personnel, officials in neighboring counties, veterinarians, and communities also work closely with mosquito control programs in response to various levels of mosquito activity.

Health care providers also play an important role in the mosquito control response. Providers may share important preventive measures with their patients to reduce the risk of mosquito-borne disease transmission and perform laboratory testing if an illness is suspected. If a provider suspects that their patient meets the case definition for a mosquito-borne disease or is concerned of the potential for disease transmission, it is imperative that they contact the local county health department and report new cases of disease.

(continued on page 4)

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		
	May 2021	May 2020	Seminole 2021	Florida 2021	2020	2019	2018
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	0
Mumps	0	0	0	3	0	1	0
Pertussis	0	0	0	24	10	6	4
Varicella	4	1	6	124	18	24	17
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	4	0	1	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	29	1	2	3
Meningococcal Disease	0	0	0	10	0	0	0
C. Enteric Infections							
Campylobacteriosis	6	4	21	1369	38	75	59
Cryptosporidiosis	0	1	1	117	4	4	1
Cyclosporiasis	0	0	0	5	6	25	1
<i>E. coli</i> Shiga Toxin (+)	0	1	20	159	6	7	9
Giardiasis	0	2	4	234	16	14	18
Hemolytic Uremic Syndrome (HUS)	0	0	0	2	0	0	0
Listeriosis	0	0	0	13	0	0	0
Salmonellosis	9	5	32	1453	59	120	121
Shigellosis	1	0	2	159	12	22	17
D. Viral Hepatitis							
Hepatitis A	0	1	0	128	10	48	30
Hepatitis B in Pregnant Women	1	0	1	120	2	13	4
Hepatitis B, Acute	2	0	5	192	8	16	16
Hepatitis C, Acute	0	1	6	559	23	15	6
E. Vectorborne/Zoonoses							
Animal Rabies	0	3	0	31	7	2	1
Rabies, possible exposure	4	15	32	1301	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	0	0	41	3	4	3
Malaria	0	0	0	10	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	121	132	767	n/a*	1745	1994	1978
Gonorrhea	47	36	279	n/a*	592	619	646
Hansen's Disease	0	0	0	5	0	0	1
Legionellosis	2	0	4	167	13	8	16
Mercury Poisoning	0	0	0	6	0	0	0
Syphilis, Total	9	5	84	n/a*	151	149	132
Syphilis, Infectious (Primary and Secondary)	5	2	28	n/a*	51	46	35
Syphilis, Early Latent	0	3	29	n/a*	61	55	63
Syphilis, Congenital	0	0	0	n/a*	1	0	2
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	4	0	27	n/a*	38	48	32
Tuberculosis	0	0	2	n/a*	0	0	0
<i>Vibrio</i> Infections	0	1	0	55	5	2	2

*n/a—Data not available

**Florida Department of Health in
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Disease Reporting

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Non-COVID-19 Phone: 407-665-3243
Fax: 407-845-6055

**Afterhours Urgent Disease
Reporting and Consultations**
Phone: 407-665-3000, option 1

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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

Questions?

Email:
DiseaseControlSeminole@FLHealth.gov

ADDITIONAL INFORMATION AND RESOURCES

(cont. from page 2—National Mosquito Control Awareness Week)

Mosquito control is a significant function of public health, and *National Mosquito Control Awareness Week* is a great time to get involved. For more information about mosquito-borne disease and mosquito control, as well as educational materials to post in your facility and share with patients, please visit Seminole County's [Mosquito Control Program](#) webpage, the Florida Department of Health's webpage on [Mosquito-borne Diseases](#), and the Centers for Disease Control and Prevention's [Mosquito Control](#) webpage.

For any questions about mosquito-borne diseases or to report a suspected mosquito-borne disease, contact the Florida Department of Health in Seminole County (DOH-Seminole) Epidemiology Program at 407-665-3243.

Sources: [CDC Mosquito Control](#); [EPA Mosquito Control](#); [FDOH Mosquito-borne Diseases Guidebook](#); [Mosquito.org—Mosquito Week](#); [Seminole County, Florida: Mosquito Control](#)

Influenza & Acute Respiratory Illness Surveillance

Heightened influenza surveillance has concluded for the 2020-2021 influenza season. For statewide and nationwide influenza surveillance reports, please visit the Florida Department of Health and CDC websites below:

[Florida Statewide Weekly Influenza Surveillance Report—Flu Review](#)

[CDC U.S. Weekly Influenza Surveillance Report—FluView](#)

Practitioner Resources

[Florida Department of Health Practitioner Disease Report Form](#)

[Florida COVID-19 Data and Information](#)

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](#). 4

