

The

EPI
 gazette

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Scabies

The myth that scabies are only contracted from dirty homes, long-term nursing care facilities, and hospitals are false. Scabies can infect anyone regardless of age, race, sex, or socioeconomic level. This highly contagious skin condition is caused by the human itch mite. People contract scabies when the mite

Flea Bites vs Scabies



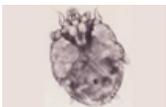
burrows into the top layer of skin to live and feed.

Because skin-to-skin contact is the most common way to get scabies, anyone can get it. Children, sexually active young adults, assisted living residences, and extended care facilities are especially susceptible due to direct skin to skin contact.

Individuals with a compromised and weak immune system are more susceptible to catching scabies due to their

pre-existing medical conditions. When the mite burrows into the top layer of skin, the body reacts to the mite by developing an itchy rash. If the patient had scabies before, the itching usually begins within one to four days. If a patient has never had scabies, the body needs time to develop an allergic reaction to the mite. It could take two to six weeks for symptoms to start. Scabies can develop on any part of the body. Common places the mites prefer to burrow are the trunk, hands, arms, and legs.

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Symptoms of scabies are:

- **Hives, tiny bites, and/or pimples.** Some people develop scaly patches that resemble eczema.
- **Severe itching:** Itching is the most common symptom. The itch can be so intense that it keeps a person awake at night.
- **Sores:** Because of the constant itching, sores develop from scratching. Non-stop scratching of the rash can develop into a secondary infection.
- **Thick crusts on the skin:** Crusts form when a person develops a severe type of scabies called Norwegian scabies. These crusts tend to be thick, crumble easily when touched, and look grayish in color.

If a person is diagnosed with scabies, they normally will get 15 to 20 mites that burrow in the skin. Whereas, Norwegian scabies can produce 100 to 1000 of mites burrowing in the skin. Norwegian scabies is the severe form of crusted scabies. Crusted scabies form when the person's body cannot develop any resistance to the mites. Without medical treatment, the mites quickly multiply. Individuals with compromised immune systems are more susceptible to catching Norwegian scabies.

Scabies in assisted living nursing homes and extended care facilities is a common problem in the United States. Current statistics estimates over a million adults reside in a long term nursing facility (Suwandhi and Dharmarajan, 2015). These residents need daily medical care. The nursing staff skin-to-skin contact makes them more prone to catching scabies. The staff and residents can spread scabies to other residents. Another way for scabies to spread in a close contact community is from contact with infected objects such as such towels, bedding, laundry, and upholstered furniture. The scabies mite is very hardy. "Insurance claims data on outpatient treatment of scabies in the USA from 2001 to 2005 suggests that the cost per episode was \$95, but the annual overall burden for public scabies was estimated at \$10.4 million" (Suwandhi and Dharmarajan, 2015, p.2).

While individual cases of scabies are not reportable, outbreaks of any diseases are reportable to the Florida Department of Health in Seminole County.

Notify DOH-Seminole of any outbreaks immediately (2 or more patients infected).

Refer to your infectious control policies for guidance.

Use epidemiologic data to create a line list of confirmed cases to evaluate symptoms, number of patients affected, and onset date of scabies-like condition to determine: 1) levels of risk for patients, staff and visitors, 2) extent of the outbreak (ex: confined or widespread in the facility, and 3) chronological relationship among cases.

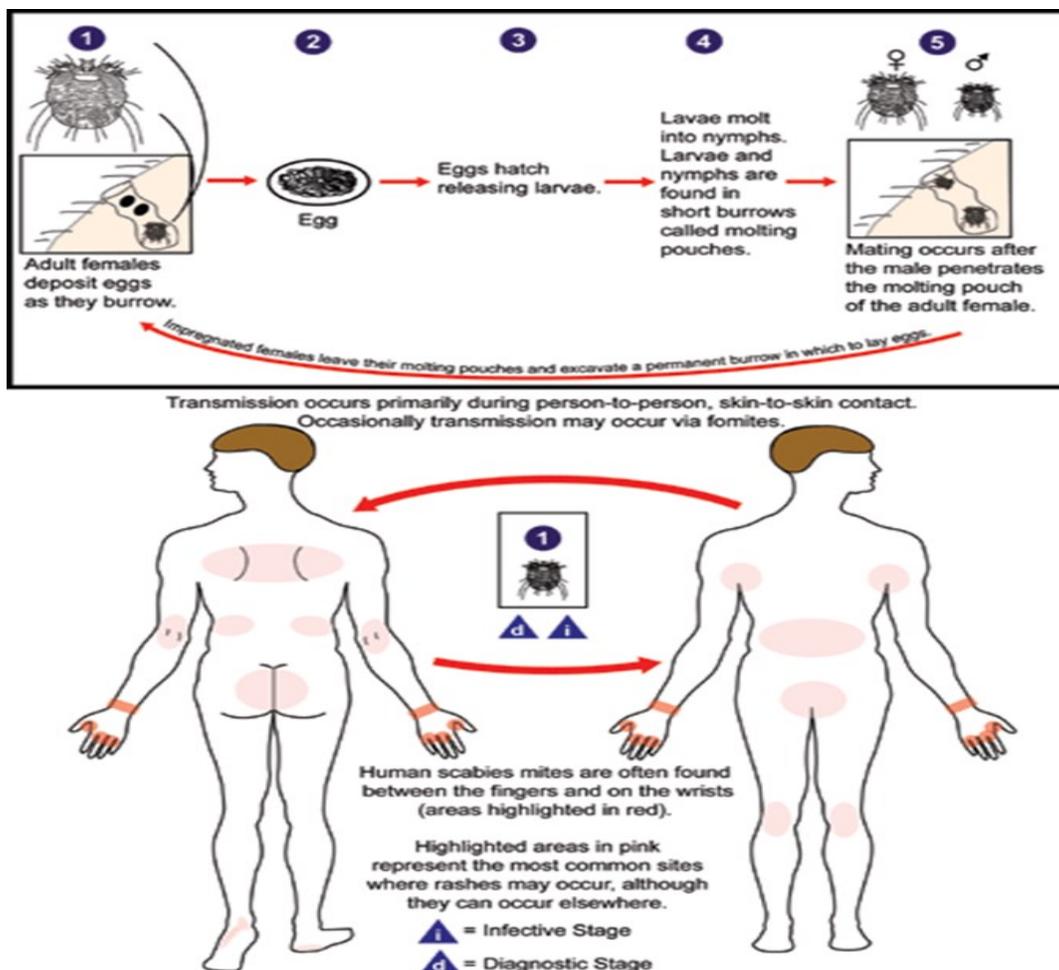
Educate and provide treatment to all infected patients, staff, and patients' contacts about the disease, treatment and prevention from future infections.

Use procedures that minimize risk of transmission of secondary bacterial infections that may develop from scratching with scabies.

Re-educate staff on appropriate procedures for infection control and treatment. Actively promote adherence to hand hygiene among healthcare personnel, patients, and visitors in patient care areas.

Establish appropriate procedures for environmental disinfection by increasing the frequency of cleaning, disinfection of patient care areas, and frequently shared touched surfaces during the outbreak. This includes washing and drying all linens, towels, washcloths, clothing of scabies patients using the hottest water and dryer cycles available frequently. Temperatures should reach 122°F for 10 minutes minimum to kill the scabies mite.

Ensure a proactive employee health service approach to scabies including providing information about scabies to all staff and providing dermatologic consultation for employees and, when appropriate, their household members.



Picture reference: Centers for Disease Control and Prevention (2010). Parasites-Scabies. Referred from <http://www.cdc.gov/parasites/scabies/biology.html>

References:

American Academy of Dermatology. (2015). Scabies. Referred from <https://www.aad.org/public/diseases/contagious-skin-diseases/scabies>

Centers for Disease Control and Prevention. (2010). Parasites – Scabies. Referred from <http://www.cdc.gov/parasites/scabies/diagnosis.html>

Suwandhi, P., & Dharmarajan, T. S. (2015). Scabies in the Nursing Home. *Current infectious disease reports*, 17(1), 1-8. DOI: 10.1007/s11908-014-0453-6

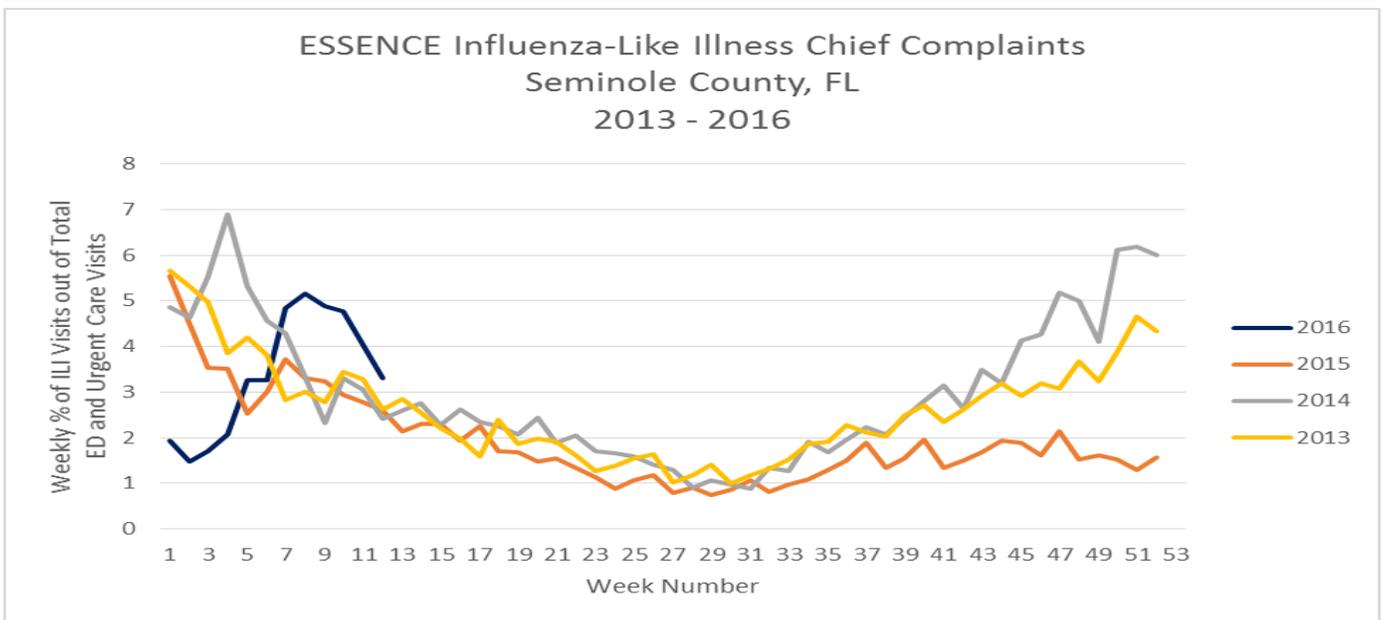
Influenza Surveillance

Local: Seminole County is reporting **MILD** flu activity for the month of March. One **influenza outbreak** was reported in Seminole for the 2015-2016 flu season in a childcare facility. The ESSENCE Syndromic Surveillance system is showing **decreasing** influenza-like illness (ILI) chief complaints.

State: Florida is currently reporting **REGIONAL** flu activity. Influenza activity has remained relatively stable, but has **PEAKED** in recent weeks. Forty-five **influenza or ILI outbreaks** have been reported this flu season. The predominantly circulating strain identified in Florida so far this season is Influenza A 2009(H1N1). Six influenza-associated pediatric deaths have been reported so far in the 2015-16 influenza season.

National: **Elevated** levels of flu activity are being reported nationwide. The predominantly circulating strain identified nationally so far this season is Influenza A 2009(H1N1).

Additional information can be found at the following link: <http://emergency.cdc.gov/han/han00374.asp>



Seminole County Mosquito-borne Illness Statistics 2016 Year to Date:

West Nile Virus: 0

Eastern Equine Encephalitis: 0

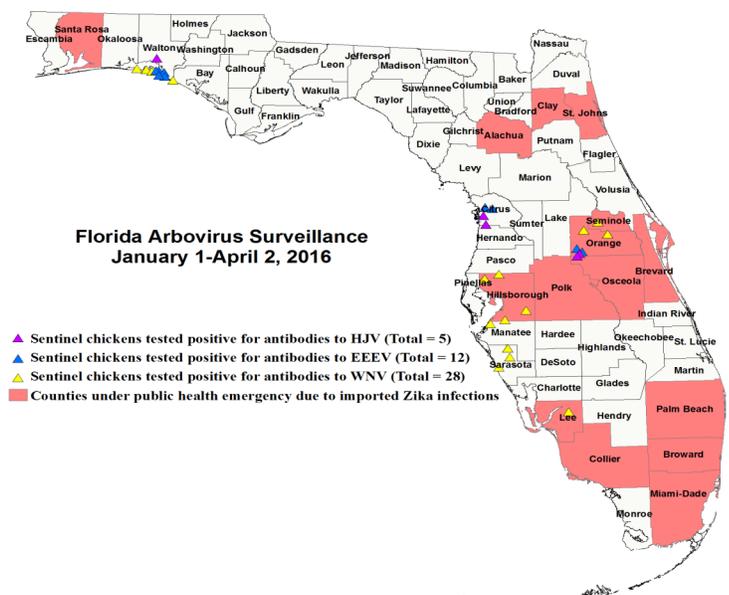
St. Louis Encephalitis: 0

Dengue: 3

Chikungunya: 0

Malaria: 0

Zika Virus: 1

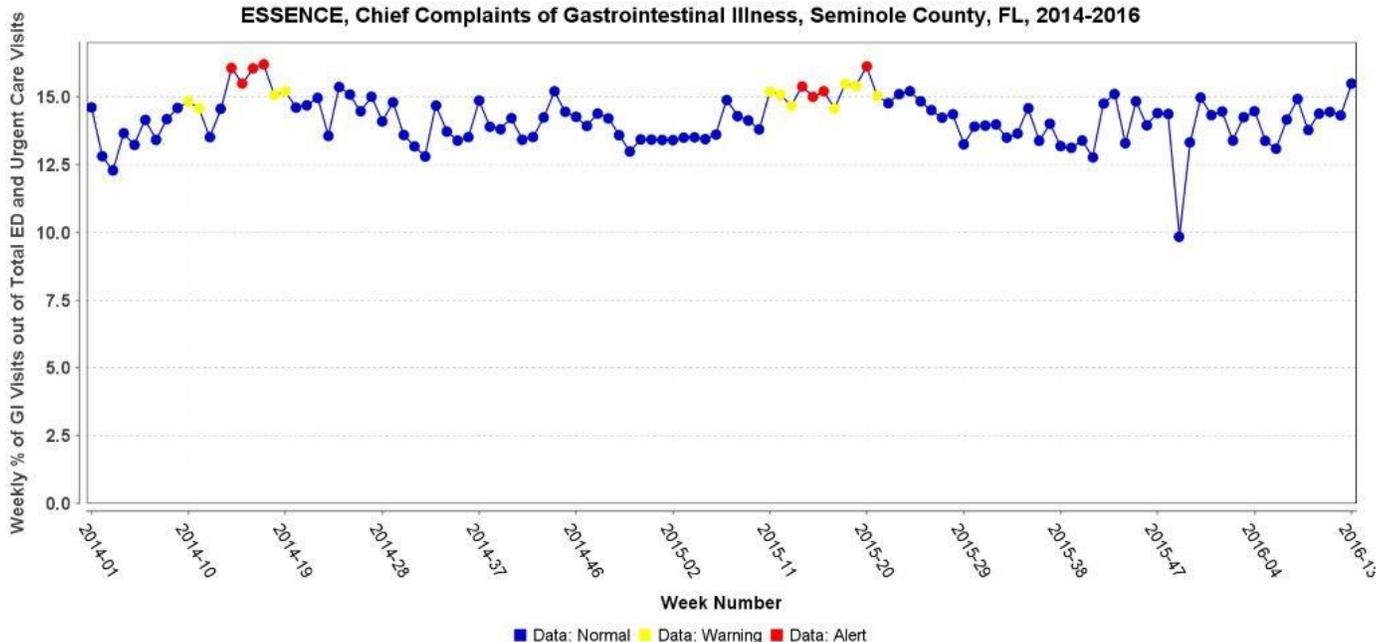


Gastrointestinal Illness Surveillance

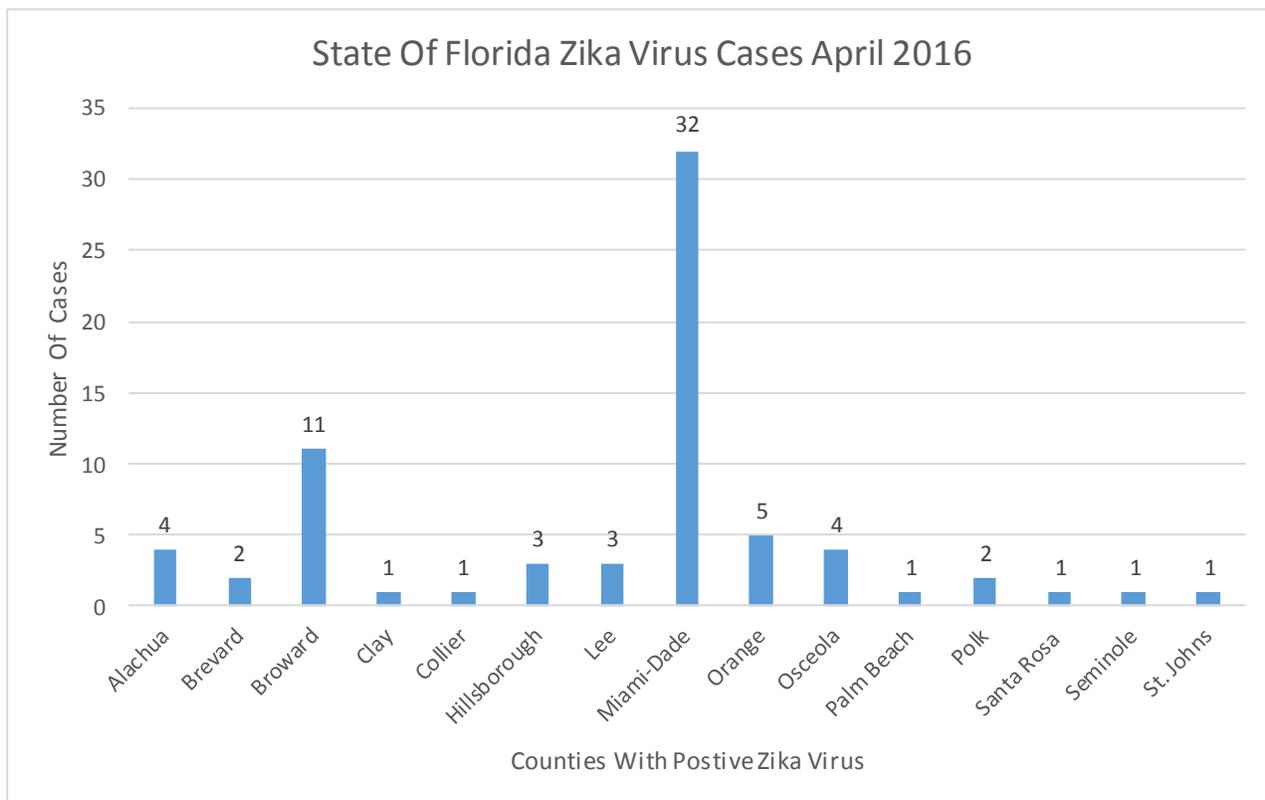
Gastrointestinal Illness typically follows a trend similar to influenza season, peaking in the winter months. There have been no gastrointestinal illness outbreaks investigated by DOH-Seminole in March.

Food and Waterborne Illness Complaints can be submitted at the following link. A health department employee will follow-up with the complainant by phone: <http://www.floridahealth.gov/diseases-and-conditions/food-and-waterborne-disease/online-food-complaint-form.html>

ESSENCE, Chief Complaints of Gastrointestinal Illness, Seminole County, FL, 2014-2016



State Of Florida Zika Virus Cases April 2016



Disease Incidence Table-Seminole County

Selected Diseases/Conditions Reported to DOH-Seminole	2016 through Week 13	2015 through Week 13	2014 through Week 13	2013–2016 Average through Week 13
Animal Bite to Humans**	12	3	6	6.5
Animal Rabies	0	3	0	1.3
Campylobacteriosis	16	14	7	10.8
Chlamydia	400	385	297	356.0
Cryptosporidiosis	2	4	1	2.0
Cyclosporiasis	0	0	0	0.0
Dengue	3	1	0	1.0
E. coli Shiga toxin-producing	1	2	2	1.8
Giardiasis	3	4	1	2.5
Gonorrhea	90	95	67	81.5
Haemophilus influenzae (invasive)	0	0	1	1.3
Hepatitis A	0	0	0	0.0
Hepatitis B (acute and chronic)	32	21	12	19.0
Hepatitis C (acute and chronic)	97	80	82	79.8
Hepatitis B in Pregnant Women	0	0	0	0.0
HIV*	9	14	9	10.3
Lead poisoning	0	1	1	0.5
Legionellosis	2	3	1	2.0
Lyme Disease	0	0	0	0.0
Meningococcal Disease	0	0	0	0.0
Pertussis	3	1	3	2.5
Salmonellosis	9	10	9	8.8
Shigellosis	0	5	1	1.8
S. pneumoniae –drug resistant	1	3	2	2.3
Syphilis	8	21	12	12.0
Tuberculosis	0	0	0	0.0
Varicella	4	5	4	5.0

- * 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.
- ** 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 previous three year average for the same time period.

All Data is Provisional

Seminole Shining Star Performer of the Month



DOH-Seminole's Epidemiology Program would like to thank Centra Care for their diligence in timely reporting from Florida's list of reportable diseases/ conditions.



Linda Hill with Centra Care

Seminole Shining Star Performer of the month shows a positive attitude toward work responsibilities, co-workers, clients, and serve as a role model for others. DOH-Seminole's Epidemiology Program would like to provide monthly recognition to public health professionals whose efforts protect the community from disease, promote healthy behaviors, and improve the quality of life in Seminole County.

The purpose of the award is to:

- Recognize Seminole County public health partner's excellence in the community
- Reward partners who show exemplary contribution, performance in their jobs, and other related duties beyond their own offices
- Acknowledge those that continuously report diseases and conditions from Florida's reportable diseases /conditions in a timely manner

Seminole County will be recognizing DOH-Seminole public health partners that provide stellar work monthly. Please nominate your colleagues to show your appreciation for **going above and beyond**. Nominations can be emailed to Tania.Slade@flhealth.gov or Kenyatta.Badgett@flhealth.gov.



Disease Reporting

The Epidemiology Program conducts disease surveillance and investigates suspected occurrences of infectious diseases and conditions reported from physician's offices, hospitals and laboratories.

Surveillance is primarily conducted through passive reporting from the medical community as required by Chapter 381, Florida Statutes.

To report a reportable disease or outbreak during business hours please use the [Report of Communicable Disease Form](#). Contact the Division of Epidemiology at 407-665-3266 for diseases other than HIV/AIDS and STDs.

To report an urgent reportable disease or outbreak after hours, call 407-665-3266 and follow the instructions to reach the on-call Epidemiologist.

[Reportable Diseases/Conditions in Florida - Practitioner List](#)

[Reportable Diseases/Conditions in Florida - Laboratory List](#)

[Disease Reporting Information for Health Care Providers and Laboratories](#)

Foodborne Illnesses Reporting Links:

[Report illnesses due to food online 24/7](#)

[Report unsafe or unsanitary conditions](#)

Disaster Preparedness Link: <http://www.floridadisaster.org/index.asp>

MISSION

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts

VISION

To be the Healthiest State in the Nation

VALUES

Innovation
Collaboration
Accountability
Responsiveness
Excellence

ADDRESS

400 West Airport Boulevard
Sanford, Florida 32773



Contact Information

Dr. Swannie Jett, Health Officer

Donna Walsh, Director of Community & Population Health

Nancy Smith, Environmental Health Manager

Tania Slade, Epidemiology and Tuberculosis Program Manager

Peggy Booth, Epidemiology/Tuberculosis 407-665-3294 (office) 407-665-3214 (fax)

Willie Brown, HIV/AIDS 407-665-3690 (office) 407-665-3265 (fax)

Vicky Lozada, ADAP 407-665-3289 (office) 407-665-3265 (fax)

Preston Boyce, STD/HIV/AIDS Surveillance 407-665-3698 (office) 407-665-3295 (fax)

Willie Brown, Immunizations 407-665-3299 (office) 407-665-3255 (fax)