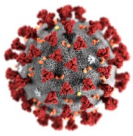
EPI SCOPE

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

What's Included?

Fast Stats & Updates



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

70% 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.

February is American Heart Month. Heart disease is the leading cause of death in the U.S. and kills one woman approximately every 80 seconds. Heart disease is preventable, so take time to speak with your patients about heart disease prevention to reduce the incidence of this chronic disease.

INCREASE IN HEPATITIS A IN FLORIDA

Carley Robinson, MPH, CPH

Prior to COVID-19, Florida was in the midst of a hepatitis A outbreak from 2018-2021, primarily among those who used either injection or non-injection drugs, those experiencing homelessness or unstable housing and recent incarceration. Recently, there has been an increase in hepatitis A activity in Florida, so the Florida Department of Health in Seminole County (DOH-Seminole) would like to remind healthcare providers about the transmission, symptoms, risk factors, diagnosis, and prevention of hepatitis A.

Hepatitis A is caused by the hepatitis A virus (HAV). Unlike hepatitis B and C, hepatitis A is transmitted through the fecal-oral route and does not result in chronic infection. The infectious period depends on if the patient has jaundice. If they have jaundice, they are contagious two weeks before to one week after jaundice onset. If they do not have jaundice, they are contagious two weeks before to two weeks after symptom onset. The incubation period is 15-50 days after exposure, with the average onset occurring 28 days after exposure. Hepatitis A symptoms can include jaundice, fever, nausea, vomiting, abdominal pain, diarrhea, fatigue, loss of appetite, dark-colored urine and pale or clay colored stool.

There are three serological markers that can be tested that are related to hepatitis A, one of which is for diagnostic purposes and one is to determine immune status.

Diagnostic Testing: Order anti-HAV IgM, which is also included in the acute hepatitis panel. Providers may order an acute hepatitis panel since symptoms of hepatitis A, B and C are virtually the same. Symptoms, risk factors and liver enzyme testing among other indicators should be used to determine whether diagnostic hepatitis A testing should be ordered.

Immunity Check: Order anti-HAV IgG or anti-HAV Total, the latter of which is included in the chronic hepatitis panel. These tests are used as serological titers to determine if any individual is immune to hepatitis A. Neither of these markers nor the chronic hepatitis panel should be ordered when suspecting acute hepatitis A infection.

The most prominent risk factors for hepatitis A infection during the recent outbreak in Florida include a history of unstable housing or homelessness, incarceration, or drug use. However, other individuals who should be considered for vaccine include:

- All children at the age of 12 months
- Men who have sexual encounters with other men
- Travelers to countries where hepatitis A is common
- People with chronic or long-term liver disease, including hepatitis B or hepatitis C
- People with clotting-factor disorders
- Family and caregivers of adoptees from countries where hepatitis A is common

Hepatitis A can be prevented through vaccination. The hepatitis A vaccine is given in a two-dose series, with each dose administered 6 months apart. There is also a hepatitis A and B combination vaccine that adults aged 18 and older can receive if they are susceptible to both viruses. Individuals who have been in direct contact with someone with hepatitis A should be vaccinated against hepatitis A within two weeks of last exposure as a means of post-exposure prophylaxis.

Additional information about hepatitis A can be found on state and federal websites.

Hepatitis A is reportable 24 hours a day, 7 days a week to the DOH-Seminole. If you diagnose a patient with a hepatitis A, contact DOH-Seminole immediately at 407-665-3243 during normal business hours and 407-665-3000, option 1 after hours.

NATIONAL BLACK HIV/AIDS AWARENESS DAY

Taylor Kwiatkowski, MPH

February 7th marks National Black HIV/AIDS Awareness Day (NBHAAD). Created in 1999, NBHAAD began as a grassroots education effort to raise awareness about HIV and AIDS prevention, care and treatment in African American communities. Annual observances are now dedicated to raising awareness of the disproportionate impact of HIV on the African American population and the importance of increasing access to HIV education, testing, treatment and prevention services. The observance also serves to highlight the work that is being done to combat and reduce the stigma surrounding HIV and the strides that have been made in new prevention and treatment strategies.

According to the Center for Disease Control and Prevention's (CDC) HIV Surveillance Report in 2019, the African American population accounted for an estimated 41% of new HIV cases despite comprising only 13% of the total U.S. population. Florida led the U.S. in overall numbers of new HIV cases and has the country's third highest case rate. Per the report, Florida reported 4,378 new HIV cases in 2019, with the case rate averaging 23.7 cases per 100,000 people, trailing behind only the District of Columbia and Georgia. The disproportionate number of African Americans living with HIV can be attributed to a myriad of causes, including inadequate access to education, testing, prevention, healthcare services, discrimination and socioeconomic status, as well as several other risk factors and structural obstacles.

While great strides have been made in the treatment and prevention of HIV, there is still much work to be done. African Americans are largely affected by higher HIV incidence rates, larger gaps in pre-exposure prophylaxis (PrEP) coverage and lower rates of viral suppression. Ensuring communities have the funding, expertise and resources they need to address barriers and promote public knowledge is crucial in working towards ending the HIV epidemic. NBHAAD is an opportunity to celebrate the progress made thus far and serves as a call to continue to work to overcome barriers so that everyone has access to the HIV prevention and treatment they need to stay healthy.

Sources: National Black HIV and AIDS Awareness Day (NBHAAD): Work and Organizers to Follow in 2022; National Black HIV/AIDS Awareness Day – February 7; HIV Surveillance Report

INTERNATIONAL PRENATAL INFECTION PREVENTION MONTH

Tyler Weston, MPH

February is recognized as International Prenatal Infection Prevention Month. This global observance is a time to bring awareness to preventing bacterial or viral infections transmitted from mother to baby during pregnancy or the delivery process. International Prenatal Infection Prevention Month is also a time to not only raise awareness about prenatal infections, but also an opportunity to reflect on the importance of prenatal infection prevention for the wellbeing of the baby and the protection of the mother.

Prenatal infections are the cause of minor and severe health problems for the mother and baby. Some of the most common types of prenatal infections include cytomegalovirus (CMV), group B streptococcus (GBS), hepatitis B, listeriosis, rubella, and Zika virus. If severe, these infections can lead to the increased risk of preterm birth, organ damage and developmental delay in the fetus, and both maternal and fetal death. According to the Centers for Disease Control and Prevention (CDC), 12.5% of deaths in pregnant and postpartum women are due to an infection. Though infections can occur at any time during pregnancy and post-partum periods, the highest number of infections are likely to occur within the first six days following delivery.

Healthcare providers play a pivotal role in the prevention of prenatal infections. Providers are encouraged to talk to their patients about safe food preparation, practicing good hygiene, and taking careful precautions such as avoiding contact with people who have an infection, staying away from wild rodents and their droppings, and not touching or changing dirty cat litter. In addition, it is essential for providers to discuss the importance of routine prenatal screening with their patients and ensure that their patients have access to and receive the appropriate immunizations prior to and during the pregnancy.

For more information on tips for preventing infections before and during pregnancy, visit the CDC's webpage on Preventing Infections. Also, please visit the Florida Department of Health's (FDOH) Pregnancy webpage for important links and resources. For questions about prenatal infections or to report a reportable prenatal infection, contact the Florida Department of Health in Seminole County Epidemiology Program at 407-665-3243.

Sources: CDC Preventing Infections; FDOH Pregnancy; What Infections Can Affect Pregnancy

MEMORANDUM

DATE: February 17, 2022

TO: Health Care Practitioners and Facilities

THROUGH: Carina Blackmore, DVM, PhD, Dipl ACVPM
Director, Division of Disease Control and Health Protection

FROM: Clayton R. Weiss, MPH
Chief, Bureau of Epidemiology

SUBJECT: Entering Influenza and SARS-CoV-2 Vaccine Data Into Florida SHOTS

INFORMATION ONLY

Circulation of Multiple Respiratory Viruses

The 2021–2022 influenza season has begun and the COVID-19 (SARS-CoV-2 virus) pandemic continues to impact the health of Floridians.

The Centers for Disease Control and Prevention (CDC) has stated that influenza and COVID-19 vaccines may be given at the same time if necessary. More information can be found on their influenza web page.

Using Florida SHOTS

Section 381.003, Florida Statutes, requires health care practitioners who administer vaccinations to children from birth through 17 years of age to report to the immunization registry. Pursuant to Rule 64.D-3.048, Florida Administrative Code, COVID-19 vaccinations must also be reported to Florida SHOTS. The Florida Department of Health (Department) also highly recommends practitioners report influenza vaccinations. Tracking vaccinations in Florida SHOTS provides a number of benefits.

- Florida SHOTS (FLSHOTSusers.com) provides health care practitioners with a single resource to track all vaccines, including influenza and COVID-19, for patients of all ages.
- Web-based immunization records simplify everything from finding a patient's vaccination history and interpreting complex immunization schedules to printing an automated DH Form 680 for school attendance.
- Florida SHOTS can assist with automatic reporting, recall, reminder, and inventory functions, and reduce paperwork and record keeping.

- The system is accessible 24 hours a day, seven days a week and does not involve any software to download or upgrade.

Florida SHOTS offers a helpful way to manage immunizations across the lifespan. To help maintain patients' vaccination history and ensure it is up to date, vaccination data should be entered into Florida SHOTS regularly. Vaccination data can be easily submitted to Florida SHOTS either by entering the information directly through the web-based application or through an automated interface between your electronic health record (EHR) and Florida SHOTS.

For questions regarding enrolling or entering vaccination data into Florida SHOTS, please contact the Florida SHOTS enrollment desk at: 877-888-7468 or FLSHOTS@flhealth.gov.

For questions about influenza or COVID-19 activity in your area, contact your county health department: FloridaHealth.gov/CHDEpiContact. Seasonal influenza circulation patterns sometimes differ in Florida compared to the rest of the nation. Please visit FloridaHealth.gov/FloridaFlu for additional information and subscribe to the Department's weekly influenza report, the *Florida Flu Review*, for regular updates. Please visit FloridaHealthCOVID19.gov for updates on the COVID-19 response in Florida. Thank you for your important contribution to protecting the health of Floridians.

Respiratory Syncytial Virus

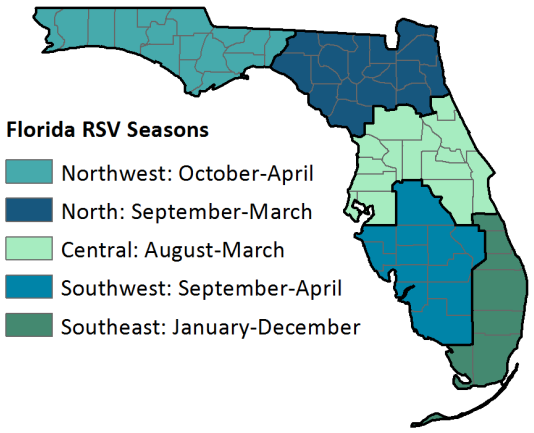
Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Young children and older adults, especially those with certain underlying health conditions, are at higher risk of severe illness. In the United States, RSV is the most common cause of pneumonia and bronchiolitis in children younger than one year of age. In Florida, RSV activity is monitored to support clinical decision-making for prophylaxis of at-risk children.

Background

RSV is a common cause of respiratory tract infections in early childhood, with almost all children experiencing an infection by their second birthday. In the United States, RSV season typically occurs from fall through spring, though timing and severity can vary each year. Common cold-like symptoms usually appear 4–6 days following infection; however, in infants less than 6 months old, the only symptoms of RSV may include decreased activity and appetite, irritability and apnea. Most RSV infections will resolve on their own within 1–2 weeks, but certain groups are at higher risk of severe illness, including premature and very young infants, adults 65 years and older and anyone who is immunocompromised or has chronic lung or heart disease.

Surveillance and Laboratory Testing

Florida's RSV season has an earlier onset and longer duration than the rest of the nation, with activity typically peaking between November and January. Each of the state's five regions has distinct seasonal patterns, with activity occurring year-round in the southeast region. Seasonal determination is established based on the first two consecutive weeks during which the average percentage of specimens testing positive for RSV at hospital laboratories is ≥10%.



Because RSV symptoms are nonspecific and similar to those caused by other respiratory viruses, laboratory testing is needed to confirm RSV infection and is critical in determining seasonal and geographic trends. Additionally, statewide surveillance data play an important role in informing the preapproval and administration of immunoprophylaxis to high-risk infants and children. Palivizumab, a monoclonal antibody used to reduce the risk of RSV-associated hospitalization, is typically administered in five monthly doses that provide more than six months of protection. The timing of the first dose is informed by the start of RSV season, underscoring the importance of routine laboratory testing to differentiate between RSV and other circulating respiratory pathogens. Furthermore, robust surveillance data can facilitate outbreak identification and reporting, allowing for timely recommendations of prevention and control measures. **RSV outbreaks are defined as ≥3 ill individuals within 72 hours in child care or school settings, or ≥2 individuals in other settings, with ≥1 positive RSV laboratory test result.** Among ill individuals, symptoms are similar to those of the common cold, including runny nose, decrease in appetite, cough, fever or wheezing.

For more information on RSV in Florida, visit FloridaHealth.gov/RSV. To report an outbreak to your local county health department, visit FloridaHealth.gov/CHDEpiContact.

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	**January 2022**	**January 2021**	**Seminole 2022**	**Florida 2022**	**2021**	**2020**	**2019**
A. Vaccine Preventable							
Measles	**0**	**0**	**0**	**0**	0	0	0
Mumps	**0**	**0**	**0**	**1**	0	0	1
Pertussis	**0**	**0**	**0**	**7**	1	10	6
Varicella	**2**	**0**	**2**	**17**	15	18	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	**0**	**0**	**0**	**4**	1	0	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	**0**	**0**	**0**	**13**	0	1	2
Meningococcal Disease	**0**	**0**	**0**	**8**	0	0	0
C. Enteric Infections							
Campylobacteriosis	**5**	**4**	**5**	**220**	56	38	75
Cryptosporidiosis	**0**	**0**	**0**	**36**	3	4	4
Cyclosporiasis	**0**	**0**	**0**	**1**	10	6	25
E. coli Shiga Toxin (+)	**0**	**0**	**0**	**57**	29	6	7
Giardiasis	**2**	**0**	**2**	**64**	14	16	14
Hemolytic Uremic Syndrome (HUS)	**0**	**0**	**0**	**0**	0	0	0
Listeriosis	**0**	**0**	**0**	**5**	0	0	0
Salmonellosis	**2**	**5**	**2**	**312**	89	76	120
Shigellosis	**0**	**0**	**0**	**40**	9	12	22
D. Viral Hepatitis							
Hepatitis A	**0**	**0**	**0**	**36**	1	10	48
Hepatitis B in Pregnant Women	**0**	**0**	**0**	**20**	2	2	13
Hepatitis B, Acute	**3**	**1**	**3**	**52**	11	8	16
Hepatitis C, Acute	**2**	**2**	**2**	**101**	21	28	15
E. Vectorborne/Zoonoses							
Animal Rabies	**0**	**0**	**0**	**8**	1	7	2
Rabies, possible exposure	**5**	**4**	**5**	**316**	81	134	180
Chikungunya Fever	**0**	**0**	**0**	**0**	0	0	0
Dengue	**0**	**0**	**0**	**0**	0	0	5
Eastern Equine Encephalitis	**0**	**0**	**0**	**0**	0	0	0
Lyme Disease	**0**	**0**	**0**	**13**	5	3	4
Malaria	**0**	**0**	**0**	**6**	2	0	3
West Nile Virus	**0**	**0**	**0**	**0**	0	0	0
Zika Virus Disease	**0**	**0**	**0**	**0**	0	0	0
F. Others							
Chlamydia	**117**	**141**	**117**	**n/a**	1,891	1,730	2,002
Gonorrhea	**49**	**46**	**49**	**n/a**	683	591	620
Hansen's Disease	**0**	**0**	**0**	**1**	1	1	0
Legionellosis	**3**	**1**	**3**	**47**	14	13	8
Mercury Poisoning	**0**	**0**	**0**	**9**	0	0	0
Syphilis, Total	**26**	**16**	**26**	**n/a**	253	151	148
Syphilis, Infectious (Primary and Secondary)	**9**	**4**	**9**	**n/a**	85	51	45
Syphilis, Early Latent	**10**	**4**	**10**	**n/a**	85	61	55
Syphilis, Congenital	**0**	**0**	**0**	**n/a**	2	1	0
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	**7**	**8**	**7**	**n/a**	81	38	48
Tuberculosis	**0**	**1**	**0**	**n/a**	5	7	4
Vibrio Infections	**0**	**0**	**0**	**6**	2	5	2

***n/a—Data not available**

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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 Epi Scope webpage.