

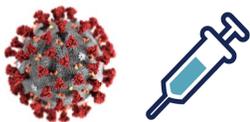
# EPI SCOPE

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

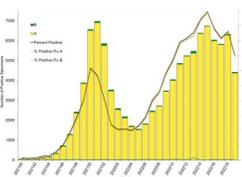
## What's Included?

Health Alert: Monkeypox.....	1
Hurricanes & Generator Use.....	2
Mosquito Control Awareness.....	2
Monthly Surveillance Data.....	3
Additional Info & Resources.....	4

## Fast Stats & Updates



COVID-19 case counts have **increased** in Seminole County in recent weeks, but activity is starting to plateau. **70%** of eligible Seminole County residents have received at least one dose of a COVID-19 vaccine. **Visit the [Florida Department of Health \(FDOH\) COVID-19 website](#) for more information.**



Florida continues to report abnormally high levels of influenza (flu) and flu-like illness activity at this point in the year, but activity beginning to slowly decline. **Visit [CDC](#) or [FDOH](#) for more information on flu.**



Monkeypox activity is increasing in the U.S. and FDOH is experiencing an increase in monkeypox rule-out calls from healthcare providers. Call 407-665-3243 (business hours) or 407-665-3000, option 1 (afterhours) to report suspect cases and consult on testing and infection control guidelines.

## HEALTH ALERT: GLOBAL INCREASE IN MONKEYPOX

Taylor Kwiatkowski, MPH

Since May 14th, several clusters of monkeypox cases have been reported in countries where monkeypox is not typically observed. Monkeypox, a zoonotic infection, is considered endemic to several Central and West African countries. Prior to May 2022, reported cases of monkeypox were associated with recent travel to Nigeria or from contact with a person with a confirmed monkeypox infection. This recent outbreak, however, includes numerous cases without known travel to endemic areas and current investigations are suggesting person-to-person community spread. First appearing in the United Kingdom, cases have now accumulated to 3,308 spread to 42 countries as of June 22nd.



As cases rise globally, the Centers for Disease Control and Prevention (CDC) is tracking reported monkeypox cases in the U.S. and has initiated an emergency response to identify, monitor and investigate monkeypox cases in the U.S. The first U.S. case was confirmed in a Massachusetts resident on May 18th and, as of June 22nd, a total of 84 cases have been confirmed in 24 states. Of these cases, many identify as gay, bisexual or men who have sex with men (MSM). The higher proportion of cases in the MSM community may reflect early introduction of the virus into interconnected social networks, however, it is important to keep in mind that infections are not often confined to specific geographies or populations.

Symptoms of monkeypox include the characteristic rash involving deep-seated and well-circumscribed lesions which progress through specific sequential stages: macules, papules, vesicles, pustules and scabs, with lesions in each stage for at least 1-2 days. Lesions are often preceded by prodromal symptoms including fever, malaise, headache and muscle aches. In some recently reported cases, however, the clinical presentation has begun atypically, with lesions appearing in the genital and perianal region first in the absence of other prodromal symptoms. Laboratory Response Network laboratories can provide testing on suspected patients with confirmatory testing completed at the CDC. It is important that multiple specimens are collected for preliminary and confirmatory testing and that specimens are stored dry and not in viral or universal transport media.

Person-to-person transmission occurs via direct contact with infected body fluids or lesions, via infectious fomites (e.g. shared linens) or respiratory secretions over a prolonged period of time. A person is considered infectious between the onset of symptoms through when all lesions have crusted over, the crusts have separated and a fresh layer of healthy skin has formed under the crust. The incubation period for monkeypox ranges between 5-21 days. There is no specific treatment for monkeypox, but CDC has released [interim monkeypox treatment guidelines](#). Persons who come in direct contact with a patient with monkeypox should be monitored by local health departments for the 21 days following exposure and PEP recommended depending on degree of exposure in conjunction with clinical decision making.

CDC is urging health care providers to remain alert for patients with rash illnesses consistent with monkeypox regardless of recent travel, ill contacts or other specific risk factors for monkeypox. If there is suspicion of a case of monkeypox, clinicians should contact their local health department immediately.

**Monkeypox is immediately reportable upon suspicion or laboratory test order 24 hours a day, 7 days a week to the Florida Department of Health in Seminole County (FDOH-Seminole) at 407-665-3243 (afterhours: 407-665-3000, option 1).**

Sources: [Monkeypox Outbreak — Nine States, May 2022](#); [Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022](#); [CDC: U.S. Monkeypox Outbreak 2022: Situation Summary](#)

# HURRICANE PREPAREDNESS & GENERATOR USE

Tyler Weston, MPH

Hurricane season has officially arrived. While the season lasts from June 1st through November 30th each year, storm preparation, response and recovery are usually ongoing throughout the year. Hurricanes are serious and have the power to cause damage to humans, animals and property. Careful planning and preparation ahead of an imminent storm are necessary and crucial in ensuring everyone's health and safety. The Centers for Disease Control and Prevention (CDC) and the Florida Department of Health in Seminole County (DOH-Seminole) recommend the following tips and guidance when preparing for a hurricane:



- Create an emergency plan for yourself and your pets
- Assemble an emergency supply kit with a minimum of food, water and medication
- Be prepared to implement your plan and stay informed via local, state and national media

It is important to note that the risk for exposure to carbon monoxide (CO) also increases during hurricane season. These exposures are usually associated with the improper usage and placement of generators or other gasoline-powered engines. The Florida Department of Health (FDOH) reported a total of 759 cases of CO poisoning during the past five hurricane seasons (2017-2021), 474 (62.5%) of which were reported in 2017, the year when Hurricane Irma impacted the state of Florida. Of the 474 cases reported during the 2017 season, 349 (73.6%) were associated with an exposure to a generator. Practicing safe generator use during hurricane season is crucial and is one of the most important ways to prevent exposure to CO. The CDC recommends using a generator a minimum of 20 feet away from home, doors, windows and vents, and to never to use a generator or any gasoline-powered engine inside a home, garage or other enclosed structure. Additionally, ensuring that a battery-operated, properly functioning CO detector is installed in the home near every sleeping area is also an important step to prevent CO poisoning and keep everyone safe.

For information on hurricane planning and preparation as well as important resources, visit the FDOH's [Hurricane Preparation and Resources](#) webpage and the CDC's [Hurricane Preparation](#) and [Generator Safety](#) webpages. To report a suspected CO poisoning case or for any questions about CO poisoning, contact DOH-Seminole Epidemiology Program at 407-665-3243. The Florida Poison Information Center is available 24 hours a day at 1-800-222-1222.

Sources: [CDC Carbon Monoxide – Generator Safety Fact Sheet](#); [CDC Preparing for a Hurricane or Tropical Storm](#); [FDOH Seminole Hurricane Preparedness and Resources](#); [FLHealthCharts](#); [Florida Emergency Preparedness Guide](#)

## MOSQUITO CONTROL EFFORTS & MOSQUITO-BORNE DISEASE PREVENTION

Carley Robinson, MPH, CPH

DOH-Seminole, in partnership with Seminole County Mosquito Control, continues to monitor mosquito-borne illness activity as warmer and wetter weather becomes more prevalent in Spring and Summer months. June is Mosquito Control Awareness Month and during this time of year Seminole residents are spending more time outdoors, and thus can increase their chance of coming in contact with mosquitoes. Historically, the majority of mosquito-borne illness cases have been reported between May and August, with a peak in July.



The most impacted age group is 35-54. Many of these illnesses are associated with travel activity, which also increases during the summer. Of all the mosquito-borne illnesses acquired by Seminole residents since 1993, 78% were exposed while travelling abroad. If your patient is planning on visiting an area where Yellow Fever or Malaria is endemic, encourage them to initiate the appropriate prophylaxis to prevent illness.

Control of mosquito populations in Seminole County is achieved through a variety of techniques, including Ultra Low Volume (UVL) aerosol spraying (fogging) in areas where conditions have contributed to an increase in the mosquito population, larval control, the use of mosquitofish (a native species of fish that consumes larva), and treatment of "green pools".

Preventive measures that everyone can take to prevent mosquito bites include:

- Applying mosquito repellent to bare skin and over clothing
- Covering bare skin with long, loose fitting shirts and pants when outdoors
- Using a screen over windows or doors when left open
- Draining any standing water on the property which may create an environment for mosquitos to breed

Common symptoms of mosquito-borne illness include fever, joint pain, rash, and conjunctivitis. If you suspect, or diagnosis, a mosquito-borne illness, please notify the DOH-Seminole Epidemiology team right away (407-665-3243).

The Seminole County Mosquito Control team is also available for service requests if an area needs to be treated for mosquito activity: 407-665-5542, or by submitting on online form. A [daily map of mosquito control activity](#) can be viewed here. To learn more about Seminole County Mosquito Control, visit the [Mosquito Control website](#).

The Florida Department of Health statewide [mosquito-borne disease surveillance reports](#) are publicly available to understand current mosquito-borne disease trends across the state. For more information on mosquito-borne diseases, visit the Florida Department of Health [Mosquito-Borne and Other Insect-Borne Diseases website](#).

# 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 2022	May 2021	Seminole 2022	Florida 2022	2021	2020	2019
<b>A. Vaccine Preventable</b>							
Measles	0	0	0	0	0	0	0
Mumps	0	0	1	5	0	0	1
Pertussis	0	0	0	20	1	10	6
Varicella	3	4	9	191	15	18	24
<b>B. CNS Diseases &amp; Bacteremias</b>							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	38	1	0	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	59	0	1	2
Meningococcal Disease	0	0	2	35	0	0	0
<b>C. Enteric Infections</b>							
Campylobacteriosis	7	6	25	1531	56	38	75
Cryptosporidiosis	1	0	4	198	3	4	4
Cyclosporiasis	0	0	0	9	10	6	25
<i>E. coli Shiga Toxin (+)</i>	2	0	3	347	29	6	7
Giardiasis	3	0	9	456	14	16	14
Hemolytic Uremic Syndrome (HUS)	0	0	0	4	0	0	0
Listeriosis	1	0	1	25	0	0	0
Salmonellosis	4	9	14	1793	90	76	120
Shigellosis	1	1	5	282	9	12	22
<b>D. Viral Hepatitis</b>							
Hepatitis A	1	0	9	175	1	10	48
Hepatitis B in Pregnant Women	0	1	4	156	2	2	13
Hepatitis B, Acute	1	2	6	289	11	8	16
Hepatitis C, Acute	2	2	9	622	22	28	15
<b>E. Vectorborne/Zoonoses</b>							
Animal Rabies	0	0	0	27	1	7	2
Rabies, possible exposure	8	4	28	1831	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	75	4	3	4
Malaria	0	0	0	22	2	0	3
West Nile Virus	0	0	0	0	0	0	0
Zika Virus Disease	0	0	0	0	0	0	0
<b>F. Others</b>							
Chlamydia	154	130	764	n/a	1,898	1,730	2,002
Gonorrhea	53	55	254	n/a	683	591	620
Hansen's Disease	0	0	0	4	1	1	0
Legionellosis	1	2	6	226	14	13	8
Mercury Poisoning	0	0	0	17	0	0	0
Syphilis, Total	5	18	95	n/a	254	151	148
Syphilis, Infectious (Primary and Secondary)	3	8	28	n/a	86	51	45
Syphilis, Early Latent	1	2	34	n/a	85	61	55
Syphilis, Congenital	0	0	0	n/a	2	1	0
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	1	8	33	n/a	81	38	48
Tuberculosis	1	0	2	n/a	5	7	4
<i>Vibrio Infections</i>	0	0	0	78	2	5	2

\*n/a—Data not available

**Florida Department of Health in  
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**Email Address\***

[DiseaseControlSeminole@FLHealth.gov](mailto:DiseaseControlSeminole@FLHealth.gov)  
*\*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](#).

