

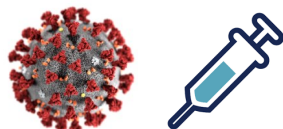
EPI SCOPE

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

What's Included?

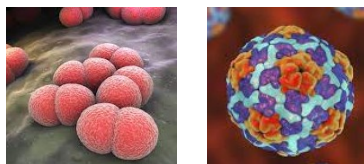
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Fast Stats & Updates



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, visit the [Florida Department of Health COVID-19 website](#).



Florida is experiencing an increase in Meningococcal Disease and hepatitis A infections. **Both of these diseases are preventable through vaccination.** Visit the Centers for Disease Control and Prevention's websites on [Meningococcal Disease](#) and [hepatitis A](#) for more information on symptoms, transmission, diagnosis, treatment and prevention of these diseases.

DON'T FORGET TO "THINK TB"

Taylor Kwiatkowski, MPH

WORLD TB DAY
— MARCH 24 —

World Tuberculosis (TB) Day is observed annually on March 24th, commemorating the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the causative agent of TB. At the time of its discovery, TB was responsible for one out of every seven deaths in people living in the United States (U.S.) and Europe. Now, World TB Day is used to educate the public about the impact of TB, highlight the progress and successes made in TB research, prevention and treatment and to raise awareness of the challenges that hinder the progress towards elimination of this disease.

There are two types of TB-related conditions: latent TB infection (LTBI) and TB disease. LTBI occurs when TB bacteria are present in the body without causing illness. Most people who are infected with TB bacteria are able to fight off infection, exhibit no symptoms and, are not contagious. If treatment for LTBI is not initiated, these individuals may develop TB disease in the future. If TB bacteria become active and the immune system cannot stop them from spreading, it becomes TB disease. These individuals may develop symptoms including a persistent cough that lasts greater than three weeks, chest pain, weakness or fatigue and weight loss. They are also infectious and can spread the bacteria to others. LTBI and TB disease are identified through a combination of skin or blood testing, radiology and acid-fast bacilli smear, Polymerase Chain Reaction (PCR) and culture. While many people who are diagnosed with LTBI will not develop TB disease, those with a weakened immune system, especially those with HIV, have a higher risk of developing TB disease. Most TB disease is located in pulmonary sites, but TB disease can manifest in extrapulmonary sites (e.g., kidney, spine, brain) as well.

There are several treatment regimens recommended for LTBI, including Isoniazid, Rifapentine and Rifampin and are generally used on their own. The Centers for Disease Control and Prevention (CDC) preferentially recommends short-course, rifamycin-based three- or four-month regimens, as opposed to six-to-nine-month regimens, when possible. Length of treatment depends on various factors, including drug-susceptibility results, coexisting medical conditions and potential for drug interactions.

Although preventable and treatable, TB remains one of the world's top infectious diseases, with approximately 4,000 lives taken each day throughout the world. It is estimated that one fourth of the world's population, nearly two billion people, are infected with TB and approximately ten million people become ill with the disease each year. The number of reported TB cases in 2020 substantially declined compared to previous years. It is believed that the COVID-19 pandemic has likely affected reporting of TB incidence in several ways, including a combination of underdiagnosis and a true reduction in incidence.

While the United States has a robust public health system in place to prevent and control TB, it is important that providers always "Think TB" when determining the etiology of acute pulmonary or extrapulmonary disease that could be caused by TB. Active TB is reportable to the Florida Department of Health in Seminole County no later than the next business day after diagnosis. Contact the Florida Department of Health in Seminole County Tuberculosis Program by calling 407-665-3243 for any TB consultations or guidance.

HEALTH ALERT: INCREASE IN MENINGOCOCCAL DISEASE CASES

Kevin Baker, MPH, CPH, CHES

Rates of meningococcal disease are increasing across Florida at rates higher than seen over the last five years during the same timeframe. Meningococcal disease is a vaccine-preventable disease that poses a major public health concern due to its severity of infection and risk of spread to others through contact with respiratory secretions. The disease is caused by the organism, *Neisseria meningitidis*, a gram-negative diplococci that is capable of causing both meningitis and meningococemia infections, both of which are highly fatal without immediate antibiotic therapy.

Meningitis symptoms include fever, vomiting, myalgias, photophobia, irritability, altered mental status, agitation, drowsiness, stiff neck, cloudy CSF and sometimes rash. Meningococemia symptoms include fever, malaise, myalgia, weakness, cold extremities and skin pallor, headache, drowsiness, with severe symptoms including hypotension, shock and petechial or purpuric rash.

Meningococcal disease is spread through direct contact with respiratory droplets. Those who live, care for or are a sexual or romantic partner of an individual with meningococcal disease are at highest risk of infection. Others at risk are those who have direct contact with respiratory secretions through cough or sneezing in one's face, sharing eating utensils, water bottles, kissing, mouth-to-mouth resuscitation, or performing medical procedures involving the patient's respiratory secretions without appropriate use of droplet precautions. Lastly, those sitting next to an infected individuals for at least eight (8) hours (e.g., neighboring passengers on an airplane) are also deemed at risk of infection. Immediate empiric antibiotic treatment of patients suspected to have meningococcal disease and chemoprophylaxis of close contacts is imperative for patient survival and prevention of secondary cases.

There are two meningococcal vaccines available in the United States: MenACWY and MenB. MenACWY offers protection against four serogroups of meningococcal disease: A, C, W and Y and MenB offers protection against serogroup B. These two vaccines appear on both the Centers for Disease Control and Prevention's (CDC) [pediatric](#) and [adult](#) immunizations schedules. Children should receive two doses of MenACWY: first at 11-12 years of age and the second at 16 years of age. MenB is recommended for those ages 19 to 23 years. Additionally, there are [special situations and contraindications](#) when planning to vaccinate a patient with MenACWY and MenB that providers should review before beginning to administer these vaccines.

Meningococcal disease 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 (DOH-Seminole) at 407-665-3243 (afterhours: 407-665-3000, option 1).

NATIONAL POISON PREVENTION WEEK

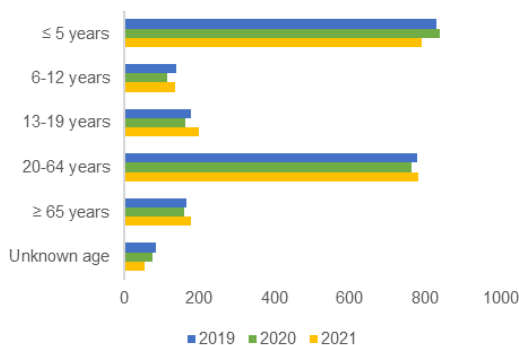
Tyler Weston, MPH

For more information, visit [CDC's Meningococcal Disease](#) website or call DOH-Seminole Epidemiology Program at 407-665-3243. National Poison Prevention Week (NPPW) is observed March 20th-26th, and is an opportunity to raise awareness about poison prevention, reduce the number of unintentional poisonings and encourage the community to participate in poison prevention efforts. According to the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics, poisoning is now one of the leading causes of preventable injury-related death in the United States. More than two million poisonings are reported annually to poison control centers (PCC) across the nation and are usually caused by the ingestion, inhalation or exposure to common items found in people's homes, including medicines, cleaning products, cosmetics and pesticides. More than 90 percent of poisonings occur in a residential setting and most non-fatal poisonings occur in children under the age of six years.

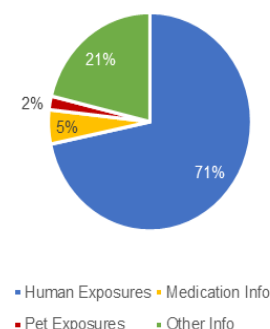
As reported by the Florida Poison Control Center Network, from 2019 through 2021, an average of 821 PCC calls per year were received for children under the age of six in Seminole County. Additionally, an average of 775 calls per year were placed to PCCs for Seminole County residents for the 20-64 age group. Approximately 70 percent of PCC calls came from the home site while 71 percent of calls were due to human exposures. Sixty-six percent (66%) of toxic exposures were managed at the home site, with the outcome of toxic effects among youth and adults mostly minor.

Healthcare providers can play a pivotal role during NPPW by talking to their patients about the dangers of poisonings, how to prevent poisonings and what to do during a poisoning emergency. Educating patients on keeping chemicals out of the reach of children, carefully reading labels (medications, household cleaners, etc.), and answering patients' questions about poisonings are also great ways to raise awareness during NPPW. The Florida Poison Center, community partners and healthcare providers are highly encouraged to work together during NPPW to educate the community about poisonings and how to prevent them. *(continued on page 8)*

Age Distribution for PCC Calls, Seminole County, 2019-2021



Reason for PCC Calls, Seminole County, 2019-2021



Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Hepatitis A Update

March 21, 2022

Florida is observing ongoing transmission of hepatitis A virus (HAV) among certain populations in communities in Florida. Between October 1, 2021 and March 19, 2022, 103 hepatitis A cases were reported across 20 counties. Of these new cases, 84 percent were reported in males and most of these individuals were not up to date on their hepatitis A vaccination or their vaccine status was unknown.

Health care providers are reminded to assess patients for hepatitis vaccination status and offer the hepatitis A vaccine to those who meet eligibility; especially those deemed to be at higher risk for infection with the hepatitis A virus. Higher risk patients include men who have sex with men, people experiencing homelessness, individuals who use drugs (injecting or non-injecting drugs), individuals in close contact with people diagnosed with hepatitis A, the recently incarcerated and those with recent foreign travel to countries where hepatitis A is [highly endemic](#). Persons at increased risk of severe complications from hepatitis A should also be offered vaccination; this includes persons with hepatitis B or C co-infections and individuals over 60 years of age with serious underlying health conditions.

Patients who present with symptoms that could indicate recent infection with the hepatitis A virus should be tested for infection.

- Symptoms of hepatitis A can last up to two months and include fatigue, nausea, abdominal pain and jaundice.
- Clinical findings suggestive of hepatitis A include elevated liver enzymes (ALT and bilirubin).

Health care providers enrolled in the Vaccines for Adults (VFA) or Vaccines for Children (VFC) programs can order hepatitis A vaccine through their VFA or VFC account in the Florida State Health Online Tracking System (Florida SHOTS) (www.flshotsusers.com). Florida Administrative Code rule 64F-16.004 prohibits charging for the cost of vaccines provided by the Florida Department of Health purchased through a federal contract. Providers having trouble placing orders or who need assistance with Florida SHOTS can contact the Department's Immunization Section at 877-888-7468.

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Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Candida auris Update: Information for Clinicians and Laboratorians

Version 9.0 March 16, 2022

Contact the county health department if *Candida auris* infection or colonization is suspected. This is a nationally notifiable disease of public health concern. For more information, please contact the Health Care-Associated Infection Prevention Program at HAI_Program@FLHealth.gov.

This is an update to the Florida Department of Health detection and reporting guidance for multidrug-resistant *Candida auris* (*C. auris*). **We are actively identifying cases throughout the state.** This important fungal pathogen can cause invasive infections, is drug-resistant, persists in the environment and is transmitted in health care settings. Additionally, *C. auris* can be misidentified using standard laboratory methods.

From 2017 to January 24, 2022, the Department identified 325 people with clinical *C. auris* infections in Florida. From September 1, 2020 to August 31, 2021, the Centers for Disease Control and Prevention (CDC) reported 1,156 confirmed clinical cases of *C. auris* in 21 states and territories.

Most Florida cases result from local transmission in health care settings, especially in nursing homes and other long-term care facilities providing ventilator care. *C. auris* typically affects ill patients, often those who are ventilator-dependent, have tracheostomies, multiple health care exposures and may be colonized with other resistant pathogens. Patients colonized with *C. auris* often do not have symptoms, are capable of transmitting *C. auris* to others and are at risk of developing invasive infections. Patients with *C. auris* bloodstream infections have a 30-day mortality rate of 39% and a 90-day rate of 58%.¹ CDC reports 90% of isolates show resistance to at least one antifungal and 30% have resistance to at least two antifungal drug classes.

The Department is responding to the spread of *C. auris* by implementing a CDC containment strategy. The Department, in collaboration with facilities, provides ongoing technical assistance for conducting surveillance, works with laboratories to ensure the use of proper *C. auris* detection methods and provides guidance to facilities for infection prevention including hand hygiene, environmental cleaning and contact precaution strategies. Without these urgent activities for containment, it is likely Florida will follow the trend of other U.S. and international locations where *C. auris* has become endemic. Despite being a new emerging threat, infection control recommendations are similar to those for other multidrug-resistant organisms (MDROs) or *Clostridioides difficile* (*C. difficile*). Facilities that care for people with other MDROs or *C. difficile* are typically capable of caring for similar patients who have *C. auris*.

¹wwwnc.cdc.gov/eid/article/24/10/18-0649_article

Recommendations:

- 1. Test and identify all yeast isolates to the species level for specimens obtained from the bloodstream and other normally sterile invasive body sites (e.g., cerebrospinal fluid).**
 - *C. auris* is commonly [misidentified](#) as *Candida haemulonii* and other *Candida* species, as conventional biochemical identification is not reliable for speciation.
- 2. Test and identify all *Candida* isolates from non-sterile, non-invasive sites to determine species when:**
 - Clinically indicated in the care of a patient.
 - A case of *C. auris* infection or colonization has been detected in your facility or unit.
 - An increase in unidentified *Candida* species infections in a patient care unit is identified.
 - The patient has had inpatient health care at a facility outside the U.S. in the previous 12 months, especially if in a country with [documented *C. auris* transmission](#).
Note: Colonization for longer than one year has been identified among some *C. auris* patients; consider determining the *Candida* species isolated from patients with remote exposure to health care abroad.
- 3. Screen patients who are at high risk of *C. auris*, including:**
 - Close health care contacts of patients with newly identified *C. auris* infection or colonization.
 - Patients who have had an overnight stay in a health care facility outside the U.S. in the previous 12 months, especially if in a country with documented *C. auris* cases.
 - i. Strongly consider screening when patients have had such inpatient health care exposures outside the U.S. and have infection or colonization with carbapenemase-producing gram-negative bacteria. *C. auris* co-colonization with these organisms has been observed regularly.
 - Facilities may also work with the Department to further develop screening protocols based on local epidemiology and resource capacity.

Please contact the Health Care-Associated Infection Prevention Program at HAI_Program@FLHealth.gov for assistance.

Infection Prevention Measures:

- Patients with *C. auris* in acute-care hospitals and long-term acute-care hospitals should be managed using Contact Precautions and placed in a single or private room whenever possible. When single rooms are not available, facilities should implement strategies to minimize transmission between roommates, including cohorting by MDRO, ensuring beds have spatial separation of at least three feet between roommates, carefully disinfecting the environment and shared equipment and changing personal protective equipment and performing hand hygiene between care of roommates. Residents with *C. auris* in nursing homes, including skilled nursing homes with ventilator units, should be managed using either Contact Precautions or Enhanced Barrier Precautions, depending on the situation. [Additional guidance for use of Enhanced Barrier Precautions is available.](#)
 - CDC recommends continuing appropriate Transmission-Based Precautions for the entire duration of the patient's stay in the facility. Routine retesting for *C. auris* colonization is not recommended. Any retesting should be done in consultation with the HAI Prevention Program. [Additional infection control guidance is available.](#)
- Enforce good hand hygiene practices following the World Health Organization's [My Five Moments for Hand Hygiene](#). Alcohol-based hand sanitizer is preferred over soap and water except when hands are visibly soiled.

- Clean and disinfect rooms (daily and terminal) as well as shared and mobile equipment of patients with *C. auris* infection or colonization using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris*, also referred to as [List P](#).

Some disinfectant products, including those solely dependent on quaternary ammonium compounds (QACs), may not be effective against *C. auris*, despite EPA-registered label claims for fungi and *Candida albicans*.

- Communicate the patient's *C. auris* status when transferring them to other facilities.
 - An [example of a standard communication template](#) may be found in the *C. auris* resource materials from the Health Care-Associated Infection Prevention Program.

Reporting:

Immediately notify the Florida Department of Health in Seminole County at 407-665-3243 (afterhours line: 407-665-3000, option 1) if *C. auris* is suspected or identified to arrange confirmatory testing and conduct surveillance screening.

Additional Resources:

cdc.gov/fungal/candida-auris

cdc.gov/fungal/candida-auris/health-professionals.html

who.int/gpsc/tools/Five_moments/en/

FloridaHealth.gov/diseases-and-conditions/health-care-associated-infections/_documents/it-patient-colonized-candida-a-guidance.pdf

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		
	February 2022	February 2021	Seminole 2022	Florida 2022	2021	2020	2019
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	0
Mumps	0	0	0	3	0	0	1
Pertussis	0	0	0	9	1	10	6
Varicella	1	1	3	61	15	18	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	9	1	0	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	27	0	1	2
Meningococcal Disease	0	0	0	13	0	0	0
C. Enteric Infections							
Campylobacteriosis	4	6	9	483	56	38	75
Cryptosporidiosis	2	1	2	69	3	4	4
Cyclosporiasis	0	0	0	2	10	6	25
<i>E. coli Shiga Toxin (+)</i>	0	0	0	122	29	6	7
Giardiasis	2	1	4	163	14	16	14
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0
Listeriosis	0	0	0	11	0	0	0
Salmonellosis	2	2	4	601	89	76	120
Shigellosis	1	1	1	96	9	12	22
D. Viral Hepatitis							
Hepatitis A	3	0	3	60	1	10	48
Hepatitis B in Pregnant Women	0	0	0	43	2	2	13
Hepatitis B, Acute	0	1	2	101	11	8	16
Hepatitis C, Acute	2	1	4	224	22	28	15
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	14	1	7	2
Rabies, possible exposure	4	8	9	652	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	26	5	3	4
Malaria	0	0	0	9	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	154	174	271	n/a	1,891	1,730	2,002
Gonorrhea	47	75	96	n/a	683	591	620
Hansen's Disease	0	0	0	1	1	1	0
Legionellosis	1	0	4	86	14	13	8
Mercury Poisoning	0	0	0	16	0	0	0
Syphilis, Total	19	30	47	n/a	253	151	148
Syphilis, Infectious (Primary and Secondary)	5	11	15	n/a	85	51	45
Syphilis, Early Latent	8	14	19	n/a	85	61	55
Syphilis, Congenital	0	0	0	n/a	2	1	0
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	6	5	13	n/a	81	38	48
Tuberculosis	0	2	0	n/a	5	7	4
<i>Vibrio Infections</i>	0	0	0	16	2	5	2

*n/a—Data not available

Florida Department of Health in Seminole County

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**Do not include any confidential
information in email.*

Continued from page 2

Poison control centers operate 24 hours a day, 7 days a week and 365 days a year to respond to the needs of the public in the event of a poison emergency. **For poisoning questions or emergencies, immediately call the Poison Control Help line at 1-800-222-1222.** For more information on poisoning prevention, please visit the Health Resources & Services Administration's [Poison Help](#) website or the Florida Department of Health's [Poison Prevention Links](#) webpage.

Sources: [FDOH Poisoning Prevention Links](#); [Florida Poison Control Network Statistics](#); [HRSA Poison Help](#); [National Poison Prevention Week](#)

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](#).

