

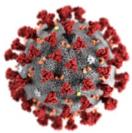
EPI SCOPE

FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY EPIDEMIOLOGY NEWSLETTER // SEPT 2021 ISSUE

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Fast Stats & Updates



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



68% 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](#).



Influenza season starts the week of October 3rd. It is important to start having conversations with patients and the community at large about getting vaccinated against the flu.

WORLD RABIES DAY: FACTS, NOT FEAR

by Taylor Kwiatkowski, MPH

World Rabies Day is observed on September 28th to raise awareness about rabies and to enhance prevention and control efforts worldwide. This year's theme is "Rabies: Facts, not Fear", to combat the fear, misconception, and misinformation about the disease and its prevention. Below are a few common rabies myths and misconceptions.



Myth: Rabies infections only occur in third-world countries.

Fact: Widespread vaccination of pets, animal control programs, public health surveillance and testing, and the availability of rabies postexposure prophylaxis (PEP) largely account for the decreased rates of human rabies infection in the United States. However, roughly 5,000 animal rabies cases are reported annually, with greater than 90% occurring in wildlife, including bats, raccoons, foxes, and skunks.

Myth: Infection can occur after handling blood, feces, or urine of an infected animal.

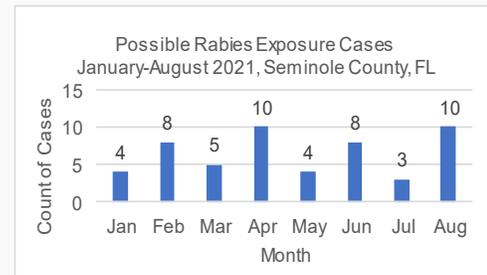
Fact: Rabies can only be transmitted via the saliva of an infected animal, either from a bite, scratch, or the saliva coming in contact with a mucous membrane.

Myth: There has to be a visible bite or scratch to initiate PEP.

Fact: Between 2009 and 2019, 52% of human rabies cases were associated with exposure to a bat. Based on their small size, a bite or scratch from a bat may not be noticeable or leave obvious puncture wounds. While human rabies immune globulin (HRIG) is normally administered into the wound, if there is no visible wound, it should then be injected intramuscularly in deltoid or anterolateral thigh opposite vaccine administration.

There are many steps that can be taken to prevent rabies transmission in our community. Keeping pets up to date on rabies vaccines, encouraging the public to "look, don't touch" with wildlife, and correct and timely administration of PEP (HRIG plus four doses of rabies vaccine [five doses of rabies vaccine in those who are immunocompromised]) in those who have been bitten by or exposed to the saliva of a wild or stray animal are all ways that the risk of rabies infections can be reduced.

The Florida Department of Health in Seminole County (DOH-Seminole) tracks possible rabies exposures in residents. In 2021, there were 52 possible rabies exposures reported to DOH-Seminole. These case counts are reported in the surveillance tables included in every Epi Scope newsletter. See page 10 for additional monthly surveillance data for Seminole County and Florida.



For any questions on rabies PEP or to report an animal bite or other possible rabies exposure, contact the Florida Department of Health in Seminole County (DOH-Seminole) Epidemiology Program at 407-665-3243 (afterhours call 407-665-3000, option 1).

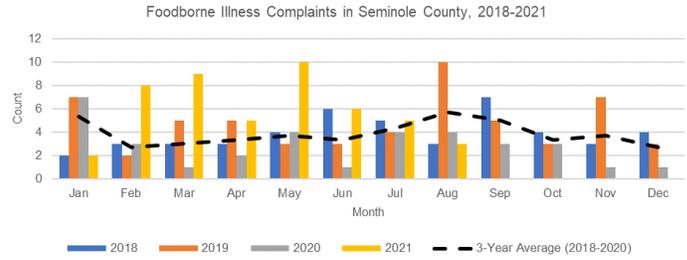
Sources: [Human Rabies](#); [Rabies in the US](#); [Common Myths and Legends of Rabies](#)

NATIONAL FOOD SAFETY EDUCATION MONTH

by Tyler Weston, MPH

September marks National Food Safety Education Month (FSEM), a great time to raise awareness about the importance of food safety and to educate the public on preventing foodborne illness (FBI). In the U.S., it is estimated that FBIs affect nearly 48 million Americans annually (about 1 in every 6 people) and result in roughly 128,000 hospitalizations and 3,000 deaths. Certain groups of people are more likely to become seriously ill from FBIs, including adults aged 65 and older, children under the age of 5, and individuals who are pregnant or immunocompromised.

The Florida Department of Health in Seminole County (DOH-Seminole) Epidemiology Program investigates FBI complaints and conducts passive surveillance to monitor the incidence of FBI outbreaks. From January through September 2021, DOH-Seminole has investigated a total of 48 FBI complaints and three FBI outbreaks. Compared to the prior three-year average, there has been an increase in FBI complaints investigated in 2021.



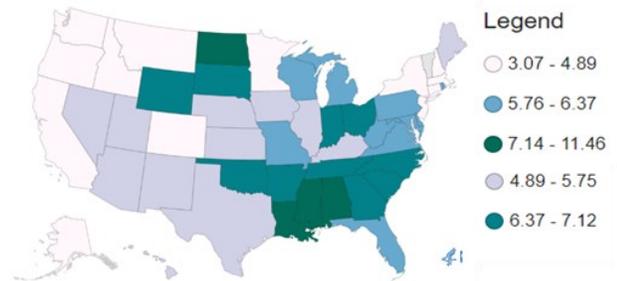
FBIs can range in severity and outcomes and though there are many kinds of organisms that can cause such disease, germs such as *Campylobacter*, *Salmonella*, *C. perfringens*, *S. aureus*, *E.coli O157*, and norovirus are the most common causative organisms of FBIs. FSEM is a great opportunity for healthcare providers to take an active role in FBI awareness and learn how to correctly suspect, identify, treat, and report FBIs. Additionally, healthcare providers have an opportunity to share food safety resources and provide education to their patients about preventing FBIs during this national health observance.

For more information on food safety education and steps to prevent FBIs, visit the Centers for Disease Control and Prevention's [Food Safety](#) webpage, the Food and Drug Administration's [Resources for You \(Food\)](#) webpage and the [Food Safety Education Month](#) webpage. **For any questions about FBIs or to report an FBI complaint or potential outbreak, please contact the DOH-Seminole Epidemiology Program at 407-665-3243.**

INFANT MORTALITY AWARENESS & RESOURCES

by Carley Robinson, MPH, CPH

Infant mortality is considered one of the many important measures to determine the health of a community. In 2020, Seminole County reported 33 infant deaths, which is about as many children or more than an average kindergarten class. September is observed as Infant Mortality Awareness Month, which draws attention to this critical public health issue. Infant mortality is measured by the death of a child before their first birthday. CDC surveillance found that the leading causes of infant mortality in 2018 included: birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome, and injuries. Rates tend to be higher in southern states and impact non-Hispanic black children more than any other race/ethnicity group.



Seminole County's infant mortality rates (IMR) per 1,000 live births in 2019 and 2020 were higher than the county's 10-year average. In 2020, the IMR for Black children in was 13.8 per 1,000 births compared to 6.9 in Hispanic children and 4.9 in White children.

There are community resources available to help ensure that infants and parents are connected to the tools, nutrition, and healthcare access they need for a healthy beginning.

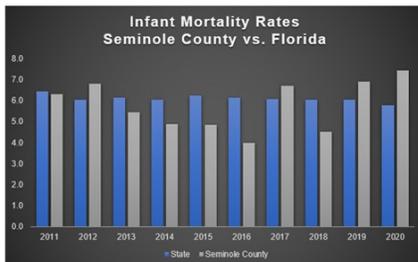
[Florida Healthy Babies](#): Offers trainings and referrals to parents on various childhood topics.

[Safe Kids Seminole County Coalition](#): Provides education and training to parents on preventing unintentional injuries to children age 0-14.

[Seminole County WIC Program](#): Offers free access to healthy food, breastfeeding support, nutrition education, and more.

[Healthy Start Coalition of Seminole County](#): Provides programs and resources aimed specifically at reducing infant mortality and improving infant health outcomes.

For more information, visit [Centers for Disease Control and Prevention: Infant Mortality](#).



This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
September 14, 2021, 10:00 AM ET
CDCHAN-00451

Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events

Summary

The purpose of this Health Alert Network (HAN) Health Advisory is to alert public health departments, healthcare professionals, first responders, poison control centers, laboratories, and the public to the increased availability of cannabis products containing delta-8 tetrahydrocannabinol (THC) and the potential for adverse events due to insufficient labeling of products containing THC and cannabidiol (CBD).

Background

Marijuana, which can also be called weed, pot, or dope, refers to all parts of the plant *Cannabis sativa L.*, including flower, seeds, and extracts with more than 0.3% delta-9 tetrahydrocannabinol (THC) by dry weight. Any part of the cannabis plant containing 0.3% or less THC by dry weight is defined as hemp.¹ The cannabis plant contains more than 100 cannabinoids, including THC, which is psychoactive (i.e., impairing or mind-altering) and causes a “high”.² CBD is another active cannabinoid found in the cannabis plant that is not psychoactive and does not cause a “high”.

The term THC most often refers to the delta-9 THC isomer, which is the most prominently occurring THC isomer in cannabis. However, THC has several other isomers that occur in the cannabis plant, including delta-8 THC. Delta-8 THC exists naturally in the cannabis plant in only small quantities and is estimated to be about 50-75% as psychoactive as delta-9 THC.^{3,4}

CBD can be synthetically converted into delta-8 THC, as well as delta-9 THC and other THC isomers, with a solvent, acid, and heat to produce higher concentrations of delta-8 THC than those found naturally in the cannabis plant.⁵ This conversion process, used to produce some marketed products, may create harmful by-products that presently are not well-characterized.

Delta-8 THC products are increasingly appearing in both marijuana and hemp marketplaces, some of which operate legally under state, territorial, or tribal laws.⁶ Most states and territories permit full or restricted hemp marketplaces that sell hemp and hemp-derived CBD products.⁷ Products sold as concentrated delta-8 THC are also available online. Delta-8 THC products are sometimes marketed as “weed light” or “diet weed.”

The health effects of delta-8 THC have not yet been researched extensively and are not well-understood. However, delta-8 THC is psychoactive and may have similar risks of impairment as delta-9 THC.⁴ As such, products that contain delta-8 THC but are labeled with only delta-9 THC content rather than with total THC content likely underestimate the psychoactive potential of these products for consumers. In addition, the sale of delta-8 THC products is not limited to regulated marijuana dispensaries in states, territories, or tribal nations where marketplaces operate under law. Rather, delta-8 THC products are sold by a wide range of businesses that sell hemp. As a result, delta-8 THC products may also have the potential to be confused with hemp or CBD products that are not intoxicating. Consumers who use these products may therefore experience unexpected or increased THC intoxication.

A wide variety of delta-8 THC-containing products have entered the marketplace, including, but not limited to, vapes, smokable hemp sprayed with delta-8 THC extract, distillates, tinctures, gummies,

[Click Here to Visit the CDC Health Alert Network for the full report.](#)

This is an official **CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network
September 20, 2021, 3:45 PM ET
CDCHAN-00452

Guidance for Clinicians Caring for Individuals Recently Evacuated from Afghanistan

Summary

The Centers for Disease Control and Prevention (CDC) recommends that clinicians be on alert for cases of measles that meet the [case definition](#), as well as other infectious diseases, including [mumps](#), [leishmaniasis](#), and [malaria](#), among evacuees (including both Afghan nationals and U.S. citizens) from Afghanistan. Clinicians should immediately notify their local or state health department of any suspected cases of measles. Clinicians should also recommend the measles, mumps, and rubella (MMR) vaccine for unvaccinated patients. Measles is an extremely contagious infectious disease; around 9 out of 10 people who are close contacts and who are not protected will become infected following exposure to measles virus. As of September 20, 2021, CDC has been notified of 16 confirmed cases of measles and 4 cases of mumps among Afghan nationals and U.S. citizens, recently arriving from Afghanistan and continued vigilance is needed. In addition to MMR vaccination, CDC recommends that evacuees are also up to date on vaccinations for varicella, polio, COVID-19, and seasonal influenza.

Background

The U.S. government is in the process of resettling U.S. citizens and Afghan nationals from Afghanistan. Approximately 124,000 people, including about 6,000 American citizens, have been safely flown out of Afghanistan. Many of the evacuees are from areas with limited access to healthcare and vaccinations and have been living in close quarters for long periods during the evacuation process, thereby raising the risk of disease spread.

As of September 20, 2021, CDC has been notified by public health departments of 16 measles cases among the evacuees. All patients confirmed to have measles have been isolated and provided care, and their contacts have been quarantined. Contacts who were not immune were given the MMR vaccine or, if not vaccine-eligible, immunoglobulin. Evacuees who are in the United States are required to be vaccinated with MMR and complete a 21-day quarantine from the time of vaccination at U.S. "Safe Haven" designated locations, such as military bases¹. Some evacuees left bases before measles cases were identified and a mass vaccination campaign began. In addition, some evacuees who arrived in the United States early in the repatriation and resettlement process were transported to locations other than the current eight bases for temporary housing.

Evacuation flights from Safe Havens in other countries to the United States have been temporarily halted at CDC's request to facilitate MMR administration and post-vaccine quarantine efforts. During this halt, CDC has requested that all unvaccinated individuals awaiting evacuation be vaccinated for measles and quarantined for 21 days before leaving for the United States.

CDC expects the possibility of additional measles infections and spread among evacuees, based on ongoing transmission and low vaccine coverage (approximately 60%) in Afghanistan, and close living quarters during the process of evacuating people to the United States. Public health officials should continue to look for people with communicable disease symptoms, isolate those with symptoms, and track contacts to manage the spread of the illness, reporting to CDC as consistent with National Notifiable Diseases Surveillance System (NNDSS) requirements. CDC is also working with partners to identify infections at their onset and limit their spread.

[Click Here to Visit the CDC Health Alert Network for the full report.](#)

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		
	August 2021	August 2020	Seminole 2021	Florida 2021	2020	2019	2018
A. Vaccine Preventable							
Measles	0	0	0	0	0	0	0
Mumps	0	0	0	5	0	1	0
Pertussis	1	0	1	33	10	6	4
Varicella	1	1	7	217	18	24	17
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	1	14	0	1	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	0	49	1	2	3
Meningococcal Disease	0	0	0	13	0	0	0
C. Enteric Infections							
Campylobacteriosis	7	5	35	2635	38	75	59
Cryptosporidiosis	0	0	2	199	4	4	1
Cyclosporiasis	1	4	9	224	6	25	1
<i>E. coli Shiga Toxin (+)</i>	1	0	24	367	6	7	9
Giardiasis	2	2	10	383	16	14	18
Hemolytic Uremic Syndrome (HUS)	0	0	0	3	0	0	0
Listeriosis	0	0	0	34	0	0	0
Salmonellosis	10	4	60	3468	59	120	121
Shigellosis	0	0	3	296	12	22	17
D. Viral Hepatitis							
Hepatitis A	0	0	0	140	10	48	30
Hepatitis B in Pregnant Women	1	0	2	209	2	13	4
Hepatitis B, Acute	1	2	8	313	8	16	16
Hepatitis C, Acute	1	1	13	828	24	15	6
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	58	7	2	1
Rabies, possible exposure	9	11	53	2367	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	2	0	2	121	3	4	3
Malaria	0	0	2	27	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	146	135	1261	n/a	1734	2002	1979
Gonorrhea	42	53	448	n/a	591	620	646
Hansen's Disease	0	0	0	8	0	0	1
Legionellosis	1	3	10	313	13	8	16
Mercury Poisoning	0	0	0	11	0	0	0
Syphilis, Total	22	12	150	n/a	151	148	133
Syphilis, Infectious (Primary and Secondary)	8	8	52	n/a	51	43	36
Syphilis, Early Latent	6	2	47	n/a	61	55	63
Syphilis, Congenital	0	0	0	n/a	1	0	2
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	8	2	51	n/a	38	48	32
Tuberculosis	0	0	2	n/a	7	4	12
<i>Vibrio Infections</i>	1	3	2	166	5	2	2

*n/a—Data not available

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Fax: 407-845-6055

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Fax: 407-665-3279

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Phone: 407-723-5065
Fax: 407-858-5985

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DiseaseControlSeminole@FLHealth.gov

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](#).

