

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



Rick Scott
Governor

John H. Armstrong, MD,
FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

FLORIDA DEPARTMENT OF
HEALTH, POLK COUNTY

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EPI - Gram

REPORT SUMMARY—ISSUE 1

- Some of the surveillance systems that are used to monitor Influenza-like illness (ILI) in Polk County are beginning to show increasing activity as of the week ending January 2, 2016, but several remain at or near baseline in comparison to previous flu seasons.
- The Minnesota Department of Health reported that the state experienced its first outbreak which is credited to a new strain of Norovirus—GII.17 Kawasaki.
- The Centers for Disease Control and Prevention (CDC) reports a multi-state outbreak of Shiga-toxin producing Escherichia coli O157:H7 infections linked to Chipotle Mexican Grill. No cases have been identified in Florida.

REPORTABLE DISEASE SUMMARY:

In December 2015, the Epidemiology Program of the Florida Department of Health in Polk County (FDOH-Polk) investigated a total of 199 reportable diseases.

Ten cases of shigellosis were identified, which is above the previous five-year mean (5.8) for the month. The provisional total number of cases reported for 2015 is 179, which is significantly above the previous five-year mean of 117.

Also, Polk-Epidemiology has noticed an uptick in varicella (chickenpox) cases during 2015. Forty-seven confirmed, probable, and suspect cases have been identified to date, exceeding the previous five-year mean of 22.6 for the same time period. The age group most affected are those between 1 to 5 years old (40.4%).

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SPECIAL POINTS OF INTEREST

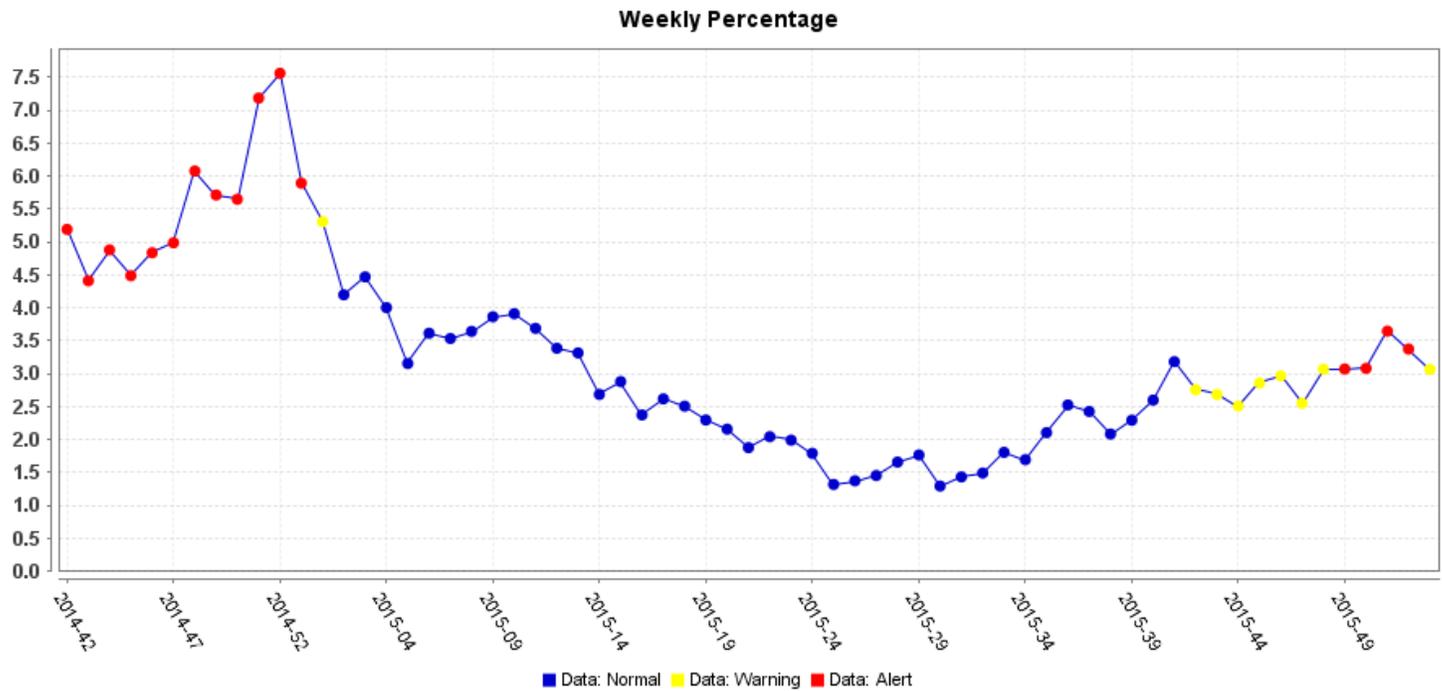
- New Strain of Norovirus—GII.17 Kawasaki, page 4
- Multi-state outbreak of Shiga toxin-producing Escherichia coli O26 Infections linked to Chipotle Mexican Grill Restaurants, page 6

TABLE 1: PROVISIONAL CASES OF SELECTED NOTIFIABLE DISEASES, POLK COUNTY, FLORIDA, DECEMBER 2015

* MEAN OF THE NUMBER OF CASES OF THE SAME MONTH IN THE PREVIOUS FIVE YEARS

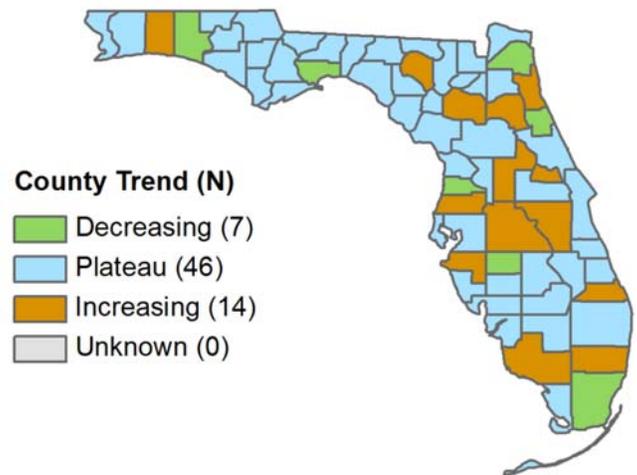
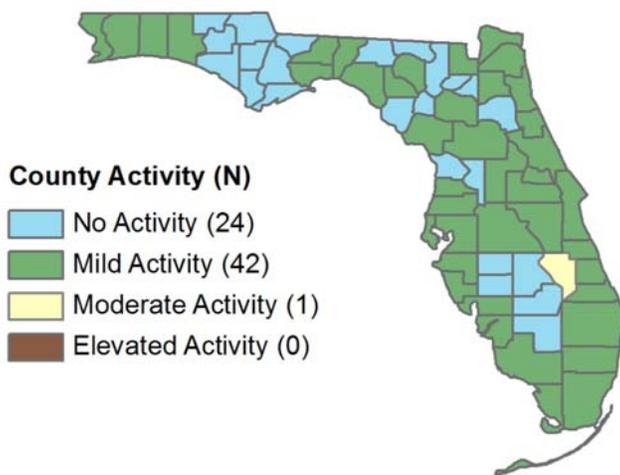
Disease	POLK					FLORIDA				
	December		Mean *	Cumulative (YTD)		December		Mean*	Cumulative (YTD)	
	2015	2014		2015	2014	2015	2014		2015	2014
Vaccine Preventables										
Mumps	0	0	0	3	1	1	1	2	20	18
Pertussis	1	3	3	16	24	21	23	37.6	331	683
Varicella (Chickenpox)	1	5	2.6	44	24	43	60	53.6	746	585
CNS Diseases & Bacteremias										
Haemophilus influenzae Invasive Disease	0	1	1.2	4	9	9	16	23.6	244	256
Meningitis: Bacterial or Mycotic	0	3	1.2	6	8	10	12	14.8	126	132
Meningococcal Disease	0	0	0	1	2	1	1	3.8	26	51
Strep pneumoniae Invasive Disease:	1	0	2.2	8	22	14	21	60	172	380
Strep pneumoniae Invasive Disease:	2	1	3.2	22	17	26	33	64.4	273	401
Enteric Infections										
Campylobacteriosis	10	10	9.8	135	157	231	217	183.8	3634	3090
Cryptosporidiosis	1	7	2.2	36	78	22	79	41.6	836	1923
Cyclosporiasis	0	0	0	1	0	0	0	0.4	33	33
Escherichia coli: Shiga Toxin-	0	0	0.8	19	15	23	26	25.4	447	475
Giardiasis: Acute	0	0	3.2	20	22	38	73	105.6	996	1129
Salmonellosis	16	15	13.4	284	285	329	364	362.2	6391	6404
Shigellosis	9	9	6.4	179	85	70	121	117.2	2015	2568
Vibriosis (Other Vibrio Species)	1	0	0	4	0	3	1	0.2	19	12
Vibriosis (Vibrio alginolyticus)	0	0	0	2	0	0	3	1	54	68
Vibriosis (Vibrio mimicus)	0	0	0	1	0	0	1	0.4	11	9
Vibriosis (Vibrio parahaemolyticus)	0	0	0	1	0	5	2	2.2	46	36
Vibriosis (Vibrio vulnificus)	0	0	0	3	1	3	0	0.4	48	34
Viral Hepatitis										
Hepatitis A	0	0	0.4	2	0	12	10	8.6	131	112
Hepatitis B: Acute	0	1	0.8	10	10	30	36	26.6	506	417
Hepatitis B: Chronic	11	8	6.6	100	88	382	394	321.6	5290	5020
Hepatitis B: Surface Antigen in Preg-	1	0	0	12	10	18	21	27.8	424	512
Hepatitis C: Acute	3	0	0.4	10	6	17	11	13.8	210	182
Hepatitis C: Chronic	46	58	47.6	754	732	2741	2671	2114.4	36279	34009
Vector Borne, Zoonoses										
Chikungunya Fever	1	0	0	1	26	3	35	7.2	77	531
Ehrlichiosis/Anaplasmosis: Undeter-	0	0	0	1	0	0	0	0	1	0
mined										
Lyme Disease	0	0	0	20	6	11	7	4.4	278	186
Rabies: Animal	0	3	0.8	4	5	7	14	10.4	83	93
Rabies: Possible Exposure	6	27	6.6	200	171	262	278	202.8	3350	3067
Rocky Mountain Spotted Fever and	0	0	0	2	1	0	3	0.8	44	35
Others										
Carbon Monoxide Poisoning	1	2	0.6	20	5	17	26	17	264	190
Creutzfeldt-Jakob Disease (CJD)	0	0	0	2	0	0	1	2.8	17	23
Leptospirosis	0	0	0	1	0	0	0	0	5	0
Listeriosis	1	0	0	2	0	1	2	3.2	45	49
Lead Poisoning	2	2	4.4	41	40	69	45	86	826	846
Legionellosis	0	0	1	8	15	22	18	18.6	345	311

FIGURE 1: ESSENCE WEEKLY PERCENTAGE OF ILI EMERGENCY DEPARTMENT VISITS, POLK COUNTY PARTICIPATING HOSPITALS (N=5), WEEK 42, 2014 TO WEEK 1, 2016



MAP 1: COUNTY INFLUENZA ACTIVITY LEVEL

MAP 2: COUNTY INFLUENZA ACTIVITY TREND



FLU SUMMARY

The number of visits to the emergency department for ILI remained at or near baseline with the exception of a mild increase in visits during the month of December in Polk County.

The state of Florida reported sporadic activity to the Centers for Disease Control and Prevention (CDC) in week 1 of 2016.

Nationally, influenza levels remain low but are increasing. The predominately circulating strain, both nationally and within the state of Florida, is A (H3).

The CDC recommends flu vaccination for everyone six months of age and older as long as influenza viruses are circulating.

ESSENCE: The Electronic Surveillance System for Early Notification of Community-based Epidemics is a bio-surveillance system that collects emergency department chief complaint data from participating hospitals and urgent care centers in Florida. Polk County has 5 participating hospitals.

Noroviruses belong to the family Caliciviridae, and causes what most people refer to as the “stomach flu” or “winter vomiting disease”. Noroviruses are the most common cause of infectious gastrointestinal disease in the United States, with an estimated 21 million cases annually.

The virus has an infectious dose of about 18 viral particles making it highly contagious. Transmission can occur through personal contact, food and/or water contamination, or from contaminated surfaces. The virus can also be transmitted through aerosolized vomit that lands on surfaces or that is ingested. Typical symptoms of norovirus infection include nausea, vomiting, abdominal pain, and watery, non-bloody diarrhea. Some individuals may experience a low-grade fever, headache, and myalgia. Symptoms typically began 1-2 days after infection.

The Florida Department of Health in Polk County Epidemiology Program investigated four outbreaks in healthcare facilities between 1/7/2015 and 3/9/2015 where norovirus was confirmed by the Bureau of Public Health Laboratories. A total of 108

individuals were affected including staff; the average attack rate was 30.26%—ranging from 7.87 to 50.00%. The first norovirus outbreak of this season was identified on 12/9/2015, affecting a total of 30 residents and staff—with an attack rate of 21.7%.

Recently the Minnesota Department of Health (MDH) reported the state’s first outbreak caused by a new strain of norovirus—GII.17 Kawasaki. This particular strain caused outbreaks in Asia and Italy before making its appearance in the United States ¹.

Outbreaks of any disease are reportable, and the Florida Department of Health in Polk County should be notified 24/7 by phone at (863) 519-8300, or after hours at (863) 413-2620.

For more information on Norovirus please visit <http://www.cdc.gov/norovirus/hcp/index.html>.

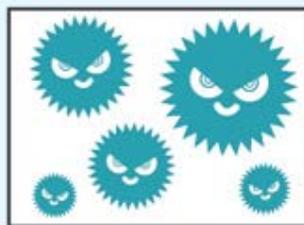
[1] Medici M, Tummolo F, Calderaro A, Chironna M, Giammanco G, De Grazia S, Arcangeletti M, De Conto F, Chezzi C, Martella V. Identification of the novel Kawasaki 2014 GII.17 human norovirus strain in Italy, 2015. *Euro Surveill.* 2015;20(35):pii=30010. DOI: <http://dx.doi.org/10.2807/1560-7917.ES.2015.20.35.30010>

Quick Stats: U.S. Outbreaks of Diarrhea and Vomiting, 2009–2013



61%

61% of outbreaks of diarrhea or vomiting are spread by having direct contact (like shaking hands) with an infected person or touching a contaminated surface and then touching your mouth.



#1

Norovirus is the #1 cause of diarrhea or vomiting outbreaks spread by direct contact with an infected person or touching a contaminated surface.



3 out of 4

3 out of 4 norovirus outbreaks occur in long-term care facilities like nursing homes. Elderly residents are more likely to get very sick or die from norovirus.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

To read the full article, see www.cdc.gov/mmwr/preview/mmwrhtml/ss6412a1.htm?s_cid=ss6412a1_w

CS258219-C

Stop Norovirus!

Norovirus causes diarrhea and vomiting. It spreads easily from an infected person to others, especially in long-term care facilities. Elderly residents are more likely to become very sick or die from norovirus.

Protect yourself and elderly residents from norovirus.

WASH YOUR HANDS



Wash your hands often with soap and water for at least 20 seconds each time and avoid touching your mouth.

CLEAN SURFACES



Use a bleach-based cleaner or other approved product* to disinfect surfaces and objects that are frequently touched.

WASH LAUNDRY



Remove and wash soiled clothes and linens immediately, then tumble dry.

USE GOWN AND GLOVES



Use gown and gloves when touching or caring for patients to reduce exposure to vomit or fecal matter.

STAY HOME WHEN SICK



If you're sick, stay home and don't take care of or visit people in long-term care facilities for at least 2 days after your symptoms stop.

For more information, visit www.cdc.gov/norovirus



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

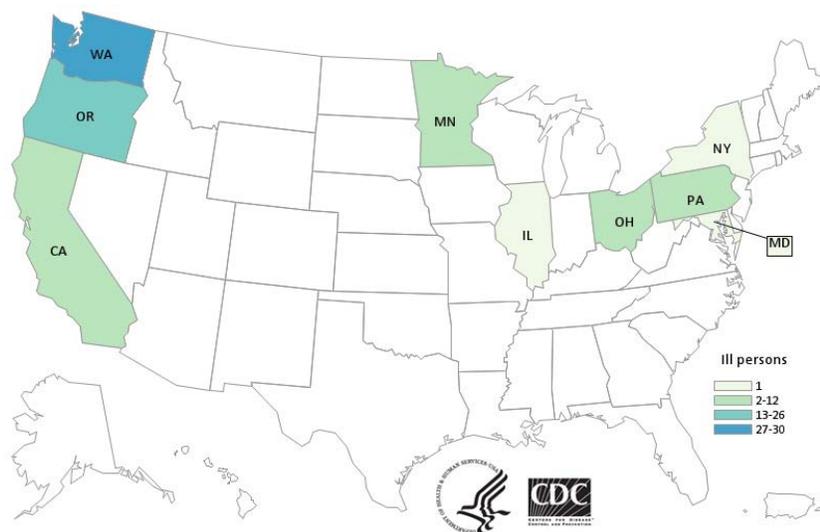
*Use a chlorine bleach solution with a concentration of 1000-5000 ppm (5-25 tablespoons of household bleach [5.25%] per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA) at http://www.epa.gov/oppad001/list_g_norovirus.pdf

CS258219A

MULTISTATE OUTBREAK OF SHIGA TOXIN-PRODUCING ESCHERICHIA COLI O26 INFECTIONS LINKED TO CHIPOTLE MEXICAN GRILL RESTAURANTS

An investigation of Escherichia coli O26 associated with Chipotle Mexican Grill began in October 2015. Initially cases were reported from two states, Washington and Oregon, but as the investigation grew seven states (California, Illinois, Maryland, Ohio, Pennsylvania, New York, and Minnesota) were added. As of December 18, 2015 a total of 53 people have been infected with STEC O26 from nine states. This investigation suggests that a common food or ingredient is the likely cause of illness; 46 (88%) out of 52 ill individuals who were interviewed stated that they had eaten at the restaurant within a week of their onset. The CDC along with the local health departments will continue their collaboration in identifying additional cases and essentially determine the source of the outbreak.

To keep abreast on this investigation click the following link <http://www.cdc.gov/ecoli/2015/o26-11-15/index.html>



Map 3: People infected with the outbreak strain of E. coli O26, by state of residence, as of December 18, 2015 (n=53)

Director	(863) 519-7900
Joy Jackson, MD	Ext. 11001
Epidemiology	(863) 519-8300
Gregory Danyluk, PhD, MPH, MS	Ext. 12163
Leslie McKay, MPH, CPH	Ext. 12186
Suzi Turner, MPH	Ext. 12212
Immunizations & Hepatitis Program	(863) 519-7900
Leroy Dux	Ext. 11304
Tuberculosis	(863) 965-6259
Tracey Murvin	Ext. 10112
STD	(863) 519-8233
James Hinson	Ext. 11200
Environmental Health	(863) 519-8300
John Cook	Ext. 12100

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



Did you know that you are required* to report certain diseases to your local county health department?

To Report In Polk County: Epidemiology Unit: (863) 519-8300 Fax: 519-8306
 Hepatitis Unit: (863) 519-8240 Fax: 519-8639
 TB Unit: (863) 965-6259 Fax: 965-6262
 STD Unit: (863) 519-8722 Fax: 519-8737
 HIV Unit: (863) 519-7900 Ext. 11236
 Animal Services: (863) 499-2600 Fax: 499-2603
 Emergency After Hours: (863) 413-2620

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎ Report immediately 24/7 by phone
 • Report next business day
 + Other reporting timeframe

- !** Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- ☎** Amebic encephalitis
- !** Anthrax
- Arsenic poisoning
- Arboviral diseases not otherwise listed
- !** Botulism, foodborne, wound, and unspecified
- Botulism, infant
- !** Brucellosis
- California serogroup virus disease
- Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- Carbon monoxide poisoning
- Chancroid
- Chikungunya fever
- ☎** Chikungunya fever, locally acquired
- Chlamydia
- !** Cholera (*Vibrio cholerae* type O1)
- Ciguatera fish poisoning
- + Congenital anomalies
- Conjunctivitis in neonates <14 days old
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue fever
- ☎** Dengue fever, locally acquired
- !** Diphtheria
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute
- !** Glanders
- Gonorrhoea

- Granuloma inguinale
- !** *Haemophilus influenzae* invasive disease in children <5 years old
- Hansen's disease (leprosy)
- ☎** Hantavirus infection
- ☎** Hemolytic uremic syndrome (HUS)
- ☎** Hepatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women or children <2 years old
- ☎** Herpes B virus, possible exposure
- Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
- HIV, exposed infants <18 months old born to an HIV-infected woman
- Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
- !** Influenza A, novel or pandemic strains
- ☎** Influenza-associated pediatric mortality in children <18 years old
- Lead poisoning
- Legionellosis
- Leptospirosis
- ☎** Listeriosis
- Lyme disease
- Lymphogranuloma venereum (LGV)
- Malaria
- !** Measles (rubeola)
- !** Melioidosis
- Meningitis, bacterial or mycotic
- !** Meningococcal disease
- Mercury poisoning
- Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎** Neurotoxic shellfish poisoning
- ☎** Pertussis
- Pesticide-related illness and injury, acute

- !** Plague
- !** Poliomyelitis
- Psittacosis (ornithosis)
- Q Fever
- ☎** Rabies, animal or human
- !** Rabies, possible exposure
- !** Ricin toxin poisoning
- Rocky Mountain spotted fever and other spotted fever rickettsioses
- !** Rubella
- St. Louis encephalitis
- Salmonellosis
- Saxitoxin poisoning (paralytic shellfish poisoning)
- !** Severe acute respiratory disease syndrome associated with coronavirus infection
- Shigellosis
- !** Smallpox
- ☎** Staphylococcal enterotoxin B poisoning
- ☎** *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- *Streptococcus pneumoniae* invasive disease in children <6 years old
- Syphilis
- ☎** Syphilis in pregnant women and neonates
- Tetanus
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- !** Tularemia
- ☎** Typhoid fever (*Salmonella* serotype Typhi)
- !** Typhus fever, epidemic
- !** Vaccinia disease
- Varicella (chickenpox)
- !** Venezuelan equine encephalitis
- Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- !** Viral hemorrhagic fevers
- West Nile virus disease
- !** Yellow fever

*Section 381.0031 (2), *Florida Statutes (F.S.)*, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."