

EPI-NOTES



Hillsborough County Health Department

Disease Surveillance Newsletter



December 4, 2006

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ANNOUNCEMENT OF CHANGES TO CHAPTER 64D-3, FLORIDA ADMINISTRATIVE CODE

Florida Department of Health

The Department of Health is pleased to announce the completion of an extensive rewrite of Chapter 64D-3, Florida Administrative Code (F.A.C), which governs disease reporting. **These changes affect you.** To find the updated guidelines for reporting and other important disease reporting documents log onto: http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm.

The purpose of the rewrite is to update, clarify, and streamline rule language. These revisions reduce language redundancy, enhance disease reporting efficiency, and clarify reporting and testing requirements for healthcare providers, laboratories, hospitals, and other entities.

Some noteworthy changes to Chapter 64D-3 include:

- Revises and standardizes reporting timeframes to three major categories:
 - **Suspect Immediately** (newly added): Report upon *initial* suspicion or laboratory test order (24 hours a day, 7 days a week by phone).
 - **Immediately**: Report immediately upon diagnosis confirmed clinically or by laboratory results (24 hours a day, 7 days a week by phone).
 - **Next Business Day** (previously within 72 hours): Report next business day upon diagnosis confirmed clinically or by laboratory results.
- Formats the list of reportable diseases/conditions into a table organized by reporter type, reporting timeframes, and information required.
 - Lab results for notifiable disease and conditions may be reported electronically. For more information contact the **department by e-mail at elr@doh.stats.fl.us**
- Add **new disease/conditions** to the list of reportable diseases:
 - Reportable by practitioners: HIV exposed infants or newborns and conjunctivitis in neonates less than or equal to 14 days old.
 - Reportable by laboratories: CD-4 counts, viral load, and STARHS.
 - Reportable by practitioners and laboratories: HPV cancer associated strain; abnormal cervical cytologies/histologies; novel or pandemic human influenza strains; influenza associated pediatric mortality; SARS; California serogroup viruses; hepatitis D, E, and G; varicella; varicella mortality; epidemic typhus fever; and cancer, including benign and borderline intracranial and central nervous system tumors.
- Requires routine testing during pregnancy for chlamydia, gonorrhea, hepatitis B, HIV, and syphilis with an opt-out approach. Emergency departments may satisfy testing requirements by referring pregnant women (12 or more weeks gestation) presenting with no record of prenatal care to the corresponding county health department for testing.
- Requires ALL blood lead tests to be reported electronically by laboratories.

The updated version of Chapter 64D-3, F.A.C., is effective **November 20, 2006**. Included with this edition of *Epi-Notes* is the new list for printing. Color copies may be requested by calling 813-307-8010.

RED TIDE

Albert L Vincent, PhD, Division of Infectious Diseases and International Medicine, University of South Florida

Karenia brevis is a microscopic dinoflagellate alga that is a natural, usually harmless component of the Gulf of Mexico ecosystem. Sporadically, however, the organism proliferates in vast numbers and releases a toxin that poisons the nervous system of fishes, birds, mammals, and other animals. These harmful algal blooms (HAB) typically begin 40-80 miles offshore in the Gulf of Mexico and move with the prevailing currents into the Tampa Bay area and to the southern coast. Affected waters may become red, brownish, greenish, purple or even retain their normal color. The phenomenon typically appears between August and November, lasting from a few months to more than a year. First documented in 1844, red tide struck Florida especially hard in 2004 and 2005. Pollution, unusual hurricane activity and iron-bearing airborne dust particles from the African Saharan desert are among the possible causes under investigation by marine scientists.

Which seafoods are safe to eat during red tide?

- 1) Shrimp, crabs, scallops and lobsters: These are safe to eat during red tide since they do not accumulate toxin in the meat or hard muscle tissue which is typically consumed. However, scallop stew should not be eaten.
- 2) Finfish which are freshly caught and behaving normally: Again, it is safe to eat the muscle or hard tissue but never to consume the viscera or soft tissues. Never consume any part of a finfish floating in the water or found dead on the beach.
- 3) Oysters, clams, mussels, whelks: No parts should be taken or eaten until the Department of Environmental Protection has determined that the red tide toxin is no longer a threat, usually a matter of several weeks.

Ingestion of contaminated fish or seafood may result in neurotoxic shellfish poisoning (NSP). One to three hours after ingestion, there is numbness, tingling in the mouth, the arms and legs, incoordination, diarrhea and vomiting. Death is rare and full recovery follows in one to three days. Cooking does not destroy the red tide toxin.

Commercial seafood in restaurants and grocery stores is safe because it is monitored by the government and commercial shellfish beds are closed while at risk. Fish-eating animals such as manatees, dolphins, birds and dogs may be severely sickened or killed.

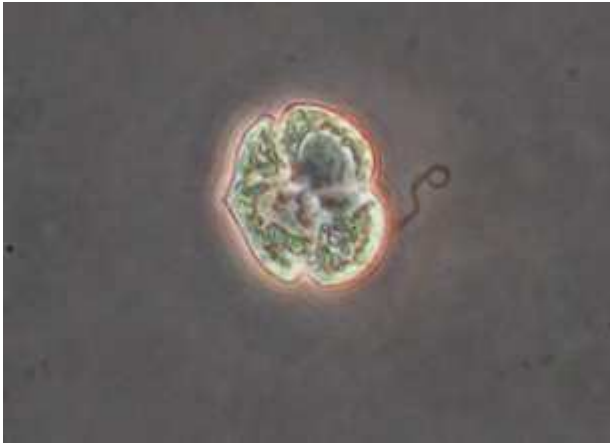
K. brevis is a fragile organism. It readily disintegrates and releases its toxins into fine droplets created by the turbulence of wind, surf or boat propellers. Typical symptoms of respiratory exposure include coughing, sneezing, tearing, a burning sensation of the eyes and nose, and a dry choking cough. These symptoms are temporary and disappear within hours following exposure. Those with chronic respiratory problems such as emphysema, bronchitis or asthma should exercise caution. To aid recovery, sufferers should return to their home or motel, close windows and use the air conditioning. Seek medical attention if symptoms persist. Respiratory exposure may be reduced by use of a particle filter (painter's mask) to filter out airborne particles or simply by avoiding the beach during a strong onshore breeze. Also, carrying an over-the-counter antihistamine or short acting inhaler while at the coast may reduce symptoms.

Swimmers who have skin sensitivity to cosmetics or to plant products are advised to take particular care in the water during red tide blooms. Anyone who experiences skin irritation while bathing should get out of the water and rinse themselves off. Dead fish floating in the water are dangerous and may be associated with bacteria which can lead to serious disease.

K. brevis concentrations are sampled weekly by the Florida Fish and Wildlife Institute. For the reporting week ending November 9th 2006, *K. brevis* was encountered alongshore between southern Pinellas and southern Collier counties, with highest concentrations in southern Charlotte County. Medium concentrations were found in Boca Ciega Bay (Pinellas County), New Pass (Sarasota County) and Gasparilla Pass (Charlotte County). Elsewhere, including Lee and Collier Counties, concentrations ranged from low to absent. Fish kills and respiratory irritation remain possible between southern Pinellas County and southern Collier County.

Medical effects should be reported to the Florida Department of Health, Division of Environmental Health, Aquatic Toxins Program at 850-245-4299. For rapid diagnostic and treatment information, as well as disease reporting, call the Marine and Fresh Water Toxin Disease Reporting Hotline (888-232-8635) of the South Florida Poison Information Center. This toll-free hotline is multilingual and operates 24 hours a day, 365 days a year. From an array of buoys and coastal stations, the University of South Florida maintains a site for gathering real-time information on surface meteorology, currents and sea levels, available at <http://comps.marine.usf.edu>. Weekly updates on red tide conditions in Florida are also available at http://research.myfwc.com/features/view_article.asp?id=9670. A recording of current conditions can be heard toll-free in Florida at 866-300-9399. Finally, other questions can be referred to the Mote Marine Laboratory in Sarasota at 941-388-4441.

Most people should enjoy Florida's beautiful Gulf beaches. Respiratory symptoms and fish kills are relatively infrequent. Use common sense. If the red tide bothers you, avoid the area for the time being.



The author wishes to express his thanks to Dr. Barbara Kirkpatrick, Program Manager of Environmental Health at the Mote Marine Laboratory in Sarasota for permission to use this image of *Karenia brevis*.

References

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/marinetoxins_g.htm

<http://isurus.mote.org/~mhenry/WREDTIDE.html>

HILLSBOROUGH COUNTY HEALTH DEPARTMENT Data Summary Report

DISEASE	2003 Yr end	2004 Yr end	2005 Yr end	3YR AVG (2002-2004)	Jan-Oct 05	Jan-Oct 06
AIDS	194	377	346	305.7	304	281
ANIMAL BITE, PROPHY REC.	24	17	30	23.7	12	29
ANTHRAX	0	0	0	0.0	0	0
BOTULISM	0	1	0	0.3	0	1
BRUCELLOSIS	0	2	0	0.7	0	0
CAMPYLOBACTERIOSIS	72	59	45	58.7	43	36
CHLAMYDIA	3,071	2,964	3,208	3,081.0	2,405	2,932
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	0	2	0	0.7	0	1
CRYPTOSPORIDIOSIS	7	13	32	17.3	20	25
CYCLOSPORIASIS	0	0	40	13.3	40	0
DENGUE	0	1	3	1.3	1	0
DIPHThERIA	0	0	0	0.0	0	0
EHRlichiosis, HUMAN GRANULOCYTIC	1	0	0	0.3	0	0
EHRlichiosis, HUMAN MONOCYTIC	0	0	0	0.0	0	0
ENCEPHALITIS, CALIFORNIA/LACROSSE	0	1	0	0.3	0	1
ENCEPHALITIS, HERPES	0	1	1	0.7	1	0
ENCEPHALITIS, NON-ARBOVIRAL	0	0	0	0.0	0	0
ENCEPHALITIS, OTHER	0	0	0	0.0	0	0
ENCEPHALITIS, EEE	0	0	0	0.0	0	0
ENCEPHALITIS, SLE	0	0	0	0.0	0	0
ENCEPHALITIS, WN	0	3	0	1.0	0	0
ESCHERICHIA COLI (E. COLI) O157:H7	2	4	6	4.0	3	3
E. COLI SHIGA TOXIN + NOT SEROGROUP	0	0	0	0.0	0	2
E. COLI SHIGA TOXIN + NON-O157	0	0	0	0.0	0	1
E. COLI, OTHER	0	0	0	0.0	0	0

DISEASE	2003 Yr end	2004 Yr end	2005 Yr end	3YR AVG (2002-2004)	Jan-Oct 05	Jan-Oct 06
FOOD AND WATERBORNE CASES	163	210	114	162.3	111	73
FOOD AND WATERBORNE OUTBREAKS	33	22	9	21.3	7	21
GIARDIASIS	71	62	64	65.7	49	65
GONORRHEA	1,643	1,197	1,261	1,367.0	942	1,253
H. INFLUENZAE PNEUMONIA	1	3	5	3.0	4	0
H-FLU, PRIMARY BACTEREMIA	2	3	4	3.0	2	3
HANSEN'S DISEASE (LEPROSY)	1	0	0	0.3	0	1
HANTAVIRUS	0	0	0	0.0	0	0
HEMOLYTIC UREMIC SYNDROME	0	0	1	0.3	1	1
HEPATITIS A, ACUTE	40	27	14	27.0	14	14
HEPATITIS B, ACUTE	76	60	41	59.0	29	31
HEPATITIS B, MATERNAL (HBsAg+ Pregnant)	43	42	41	42.0	27	26
HEPATITIS B, PERINATAL ACUTE	0	0	0	0.0	0	1
HEPATITIS B, CHRONIC	234	203	145	194.0	75	110
HEPATITIS C, ACUTE	10	9	3	7.3	2	4
HEPATITIS C, CHRONIC	479	1,184	827	830.0	416	866
HEPATITIS NON-A NON-B, ACUTE	0	0	1	0.3	1	1
HEPATITIS UNSPEC, ACUTE	1	0	1	0.7	1	0
HIV INFECTION	363	366	332	353.7	278	253
LEAD POISONING	49	37	29	38.3	29	24
LEGIONELLOSIS	12	10	9	10.3	6	6
LEPTOSPIROSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	0	1	1.0	1	1
LYME DISEASE	3	1	7	3.7	6	0
MALARIA	4	5	9	6.0	5	3
MEASLES	0	1	0	0.3	0	0
MENINGITIS, GROUP B STREP	2	3	4	3.0	4	3
MENINGITIS, H-FLU	1	4	1	2.0	0	1
MENINGITIS, LISTERIA MONO	0	0	0	0.0	0	1
MENINGITIS, OTHER	14	15	15	14.7	10	12
MENINGITIS, S PNEUMO	7	7	6	6.7	5	6
MENINGOCOCCAL DISEASE	3	4	4	3.7	3	1
MERCURY POISONING	0	0	0	0.0	0	1
MUMPS	3	1	2	2.0	1	1
NEUROTOXIC SHELLFISH POISONING	0	0	0	0.0	0	3
PERTUSSIS	4	3	34	13.7	27	39
PESTICIDE RELATED ILLNESS	0	0	0	0.0	0	0
POLIO, PARALYTIC	0	0	0	0.0	0	0
PSITTACOSIS	0	1	0	0.3	0	0
Q FEVER	1	0	0	0.3	0	0
RABIES ANIMAL	12	9	8	9.7	6	4
ROCKY MOUNTAIN SPOTTED FEVER	1	1	0	0.7	0	1
RUBELLA	0	0	0	0.0	0	1
SALMONELLOSIS	263	233	299	265.0	228	216
SHIGELLOSIS	31	49	251	110.3	126	128
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS VISA/VRSA	0	0	0	0.0	0	0
STREP DISEASE, INVASIVE GROUP A	11	18	7	12.0	6	9
STREP PNEUMO, INVASIVE DRUG RESIST	59	50	46	51.7	31	55
STREP PNEUMO, INVASIVE SUSCEPTIBLE*	14	39	35	29.3	27	39

DISEASE	2003 Yr end	2004 Yr end	2005 Yr end	3YR AVG (2002-2004)	Jan-Oct 05	Jan-Oct 06
SYPHILIS, CONGENITAL	3	1	0	1.3	0	0
SYPHILIS, INFECTIOUS	43	47	41	43.7	25	46
TETANUS	0	0	0	0.0	0	0
TOXOPLASMOSIS	3	2	0	1.7	0	1
TUBERCULOSIS	77	73	90	80.0	56	62
TYPHOID FEVER	0	2	1	1.0	1	1
VIBRIO ALGINOLYTICUS	0	3	1	1.3	1	1
VIBRIO CHOLERA NON-01	0	0	0	0.0	0	0
VIBRIO FLUVIALIS	0	0	0	0.0	0	1
VIBRIO HOLLISAE	0	0	0	0.0	0	0
VIBRIO PARAHAEMOLYTICUS	2	0	2	1.3	2	1
VIBRIO VULNIFICUS	5	5	2	4.0	2	0
VIBRIO, OTHER	0	0	0	0.0	0	0
WEST NILE FEVER	1	0	0	0.3	0	0
YELLOW FEVER	0	0	0	0.0	0	0

Data contained in this report are provisional

*Added September 2003

Epi-Notes is a free newsletter produced by the Hillsborough County Health Department to provide local information and promote disease reporting. **Please share this information with interested health care providers.** To add or remove your name from the Epi-Notes list, please email your request to dawn_morgan@doh.state.fl.us or fax to 813-276-2981. This list also serves for dissemination of health alerts and advisories. Epi-Notes is also available on our website http://hillscountyhealth.org/epi/epi_main.htm. We welcome your comments. The editorial staff consists of Dr. Albert Vincent, Michael Kilcomons, Eliot Gregos, Debbie Daniels, David Atrubin, and Jylmarie Kintz. The Hillsborough County Health Department, Epidemiology Program, distributes Epi-Notes, 1105 E. Kennedy Blvd, PO Box 5135, Tampa, FL 33675-5135.