

# EPI—NOTES



## Hillsborough County Health Department

### Disease Surveillance Newsletter



September 28, 2006

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#### **PROVIDERS PROVIDING FOR THE FLU**

*Kimberly Fraser, MPH, Florida Epidemic Intelligence Service*

Each year more focus is being placed on influenza, both nationally and internationally. In recent years, with the introduction of Avian influenza H5N1, focus has shifted from not only preparing for seasonal influenza needs, but also preparing for the occurrence of Pandemic Influenza. With such a focus it is critical that surveillance networks be in place and or enhanced to better estimate changes in the healthcare status of a population. The key to preventing a pandemic is to identify cases and to delay transmission before the disease is wide spread. One means of identifying and tracking influenza is CDC's Influenza Like Illness Surveillance Program.

Shifting our focus to include Pandemic Influenza Preparedness has rendered the role of providers even more essential. Recommending influenza vaccination is no longer the primary prevention mechanism providers can enact to help ensure the health and well being of their patients. In addition to providing vaccinations, many providers nationwide have begun to participate in CDC'S Influenza Like Illness Surveillance Program. This program enables local physicians and their respective clinics the ability to conduct surveillance of influenza and influenza like illness (ILI), submitting samples free of charge which are then used to develop vaccine for the following Influenza season. Sentinel providers in this program are asked to report on a weekly basis the total number of patients seen, along with number of patients seen, by age group, who have ILI. The data collected from this surveillance is compiled through the U.S Influenza Sentinel Provider Surveillance network, which is a collaborative effort between the CDC, state and local health departments and local providers. Any specialty is eligible to join this program, including emergency medicine, pediatrics, family practice, OB/GYN, internal medicine, and infectious disease. Surveillance for this program can be conducted in a variety of sites such as health management organizations, college/university student health centers, urgent care centers and emergency rooms.

Providers enrolled in this program receive free access to Morbidity and Mortality Weekly Report, data feed back from the CDC, testing of select samples, and family practice residents may fulfill their resident research requirements by participating in this surveillance program.

To receive more information about this program and a registration packet, please contact Kimberly Fraser at Hillsborough County Health Department at 813-307-8015. ext. 6718.

For additional information consult:

<http://www.cdc.gov/flu/weekly/pdf/flu-surveillance-overview.pdf>

&

<http://www.doh.state.fl.us/>

#### **EXTREMELY DRUG-RESISTANT TUBERCULOSIS, OR XDR-TB**

*Compiled by Cassandra Workman, MA, PhD/MPH Student, Anthropology and Public Health, University of South Florida; with contributions from Denise Dodge, RN, Tuberculosis Program Manager*

Emerging drug resistant organisms are an increasing threat to our communities. Although extreme drug resistance is uncommon in the United States, it has been

found in Hillsborough County. Fortunately, the Hillsborough County Health Department has an excellent Tuberculosis Health Center facility and access to innovative and often successful therapies for the difficult to treat patient.

The World Health Organization recently issued a warning that deadly new strains of tuberculosis appear to be spreading around the globe. A recent analysis by the United Nations organization found that new strains, known as extreme-drug-resistant TB, or XDR-TB, have been found in every continent. The drug-resistant strains have killed people in the United States and Eastern Europe. HIV sufferers are particularly vulnerable because of their weakened immune systems. Tuberculosis, already the world's fourth most fatal infectious disease, could wreak havoc with AIDS treatment programs. -Newsweek, September 13, 2006, [www.msnbc.msn.com](http://www.msnbc.msn.com)

Officials from the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and various African governments are convening for a meeting September 7<sup>th</sup> and 8<sup>th</sup> in Johannesburg, South Africa to outline best practices for infection control of extremely drug-resistant tuberculosis, or XDR-TB. This meeting comes as outbreaks of XDR-TB have proven highly-fatal especially among people with HIV/AIDS. A study conducted by Yale University sampled 536 people with TB living in the Msinga district of KwaZulu-Natal, a region South Africa, and found 41% had drug resistant TB and 53 had XDR-TB. Fifty-two of the 53 confirmed cases died within a month of having their sputum collected. As the people with XDR-TB had never been treated for TB they cannot have developed resistance and instead must have contracted a resistant strain. Currently XDR-TB is resistant to 7 of the 11 available TB drugs, and the meeting seeks to discuss new treatment options or combinations. The meeting also seeks to discuss strengthening standard protective measures for healthcare workers, improving diagnosis and treatment of XDR-TB, and developing or improving laboratories in developing countries. Two earlier outbreaks have been reported but never confirmed and these will be addressed there.

In addition to the meeting, the KwaZulu-Natal Health Department announced they are seeking to elucidate the scope of the disease through improved surveillance of XDR-TB as well as to improve epidemiological contact tracing of those infected. Finally, South Africa is seeking to test whether two drugs it does not have access to are effective against XDR-TB.

For more information, visit the WHO website:  
<http://www.who.int/mediacentre/news/notes/2006/np23/en/print.html>

Additional References:  
 XVI International AIDS Conference, <http://www.aids2006.org/start.aspx>  
 Kaiser Network, [http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=39675](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=39675)

## HILLSBOROUGH COUNTY HEALTH DEPARTMENT Data Summary Report

DISEASE	2003 Yr end	2004 Yr end	2005 Yr end	3YR AVG (2002-2004)	Jan- Aug 05	Jan- Aug 06
AIDS	194	377	346	305.7	250	225
ANIMAL BITE, PROPHY REC.	24	17	30	23.7	11	9
ANTHRAX	0	0	0	0.0	0	0
BOTULISM	0	1	0	0.3	0	0
BRUCELLOSIS	0	2	0	0.7	0	0
CAMPYLOBACTERIOSIS	72	59	45	58.7	34	25
CHLAMYDIA	3,071	2,964	3,208	3,081.0	2,151	2,583
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	0	2	0	0.7	0	1
CRYPTOSPORIDIOSIS	7	13	32	17.3	10	18
CYCLOSPORIASIS	0	0	40	13.3	40	0
DENGUE	0	1	3	1.3	0	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	0	0
ENCEPHALITIS, NON-ARBOVIRAL	0	0	0	0.0	0	0

DISEASE	2003 Yr end	2004 Yr end	2005 Yr end	3YR AVG (2002-2004)	Jan- Aug 05	Jan- Aug 06
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	2
E. COLI SHIGA TOXIN + NOT SEROGROUP	0	0	0	0.0	0	1
E. COLI SHIGA TOXIN + NON-O157	0	0	0	0.0	0	1
E. COLI, OTHER	0	0	0	0.0	0	0
FOOD AND WATERBORNE CASES	163	210	114	162.3	109	40
FOOD AND WATERBORNE OUTBREAKS	33	22	9	21.3	6	14
GIARDIASIS	71	62	64	65.7	36	49
GONORRHEA	1,643	1,197	1,261	1,367.0	813	1,120
H. INFLUENZAE PNEUMONIA	1	3	5	3.0	3	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	6	8
HEPATITIS B, ACUTE	76	60	41	59.0	23	25
HEPATITIS B, MATERNAL (HBsAg+ Pregnant)	43	42	41	42.0	25	18
HEPATITIS B, PERINATAL ACUTE	0	0	0	0.0	0	1
HEPATITIS B, CHRONIC	234	203	145	194.0	67	69
HEPATITIS C, ACUTE	10	9	3	7.3	2	3
HEPATITIS C, CHRONIC	479	1,184	827	830.0	344	579
HEPATITIS NON-A NON-B, ACUTE	0	0	1	0.3	1	1
HEPATITIS UNSPEC, ACUTE	1	0	1	0.7	0	0
HIV INFECTION	363	366	332	353.7	220	220
LEAD POISONING	49	37	29	38.3	29	13
LEGIONELLOSIS	12	10	9	10.3	3	4
LEPTOSPIROSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	0	1	1.0	0	0
LYME DISEASE	3	1	7	3.7	1	0
MALARIA	4	5	9	6.0	2	3
MEASLES	0	1	0	0.3	0	0
MENINGITIS, GROUP B STREP	2	3	4	3.0	4	2
MENINGITIS, H-FLU	1	4	1	2.0	0	0
MENINGITIS, LISTERIA MONO	0	0	0	0.0	0	0
MENINGITIS, OTHER	14	15	15	14.7	7	10
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
PERTUSSIS	4	3	34	13.7	22	34
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	11	9	7	9.0	6	4
ROCKY MOUNTAIN SPOTTED FEVER	1	1	0	0.7	0	1
RUBELLA	0	0	0	0.0	0	0
SALMONELLOSIS	263	233	299	265.0	130	138

DISEASE	2003 Yr end	2004 Yr end	2005 Yr end	3YR AVG (2002-2004)	Jan- Aug 05	Jan- Aug 06
SHIGELLOSIS	31	49	251	110.3	58	120
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	5	7
STREP PNEUMO, INVASIVE DRUG RESIST	59	50	46	51.7	27	38
STREP PNEUMO, INVASIVE SUSCEPTIBLE*	14	39	35	29.3	24	32
SYPHILIS, CONGENITAL	3	1	0	1.3	0	0
SYPHILIS, INFECTIOUS	43	47	41	43.7	23	37
TETANUS	0	0	0	0.0	0	0
TOXOPLASMOSIS	3	2	0	1.7	0	1
TUBERCULOSIS	77	73	51	67.0	51	57
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	1	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 disease control programs 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](mailto:dawn_morgan@doh.state.fl.us) or fax to 813-276-2981. This list also serves for dissemination of health alerts. Epi-Notes is also available on our website [http://hillscountyhealth.org/epi/epi\\_main.htm](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. Phone: 813-307-8010, Fax: 813-276-2981, Web: [www.hillscountyhealth.org](http://www.hillscountyhealth.org), Email: [dawn\\_morgan@doh.state.fl.us](mailto:dawn_morgan@doh.state.fl.us).