

# EPI EXPRESS



MARCH 2009

## Escambia County Health Department

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## Changes to Florida Reportable Diseases List and 64D-3 Code

By: Mary Beverly, BS, RS

Disease surveillance is a core public health function. Each state has a responsibility to report specific diseases and conditions of public health significance. These lists are reviewed periodically and updated to maintain effective case reporting and surveillance that is critical to public health. In order to enhance disease reporting, Chapter 64D-3 of the *Florida Administrative Code (F.A.C.)* has been updated with new guidance. Some diseases have been added to the reportable list and some definitions have changed.

These changes became effective on November 24, 2008.

For more details, please see <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64D-3>.

### Some of the changes include:

#### Added:

- Amebic encephalitis
- Arsenic poisoning
- Carbon monoxide poisoning
- *Staphylococcus aureus* – community associated mortality
- *Staphylococcus aureus* – isolated from a normally sterile site (only for laboratories reporting electronically)
- Non-paralytic poliomyelitis (paralytic polio is currently required)

**Deleted:** *Clostridium perfringens* – disease due to epsilon toxin

#### Some new definitions and wording:

- Outbreak - "An increase in the number of cases of a disease compared to the expected

number in a particular period of time and geographical area. For diseases where the expected number is zero, a single case constitutes an outbreak."

- HIV exposed newborn – All HIV test results, negative and positive, are now reportable for infants <18 months of age born to a HIV infected woman

All diseases on the Florida Reportable Disease

List are reportable by law under FAC 64D-3 (please see page 5 for a copy of the Reportable Disease List). All licensed practitioners in Florida: physicians, medical examiners, chiropractors, RNs, ARNPs, etc, are required to report if they diagnose or suspect a disease that is included on the Reportable Disease List. Laboratories are also required to report any positive lab results. However, laboratory

reporting does not relieve the doctor/practitioner of the responsibility to report. The Health Department would rather receive the information multiple times than not at all!

**What does the Health Department Epidemiology office do with the information you provide?** When reporting a disease or outbreak, please include as much information as possible, including: demographic information (age, sex, race, address, etc.), symptoms, tests performed and results, diagnosis, treatment given, and onset date. The information is used in the epidemiological case investigation. A determination is made whether it is an isolated case or potentially part of a larger outbreak. The more information you can provide, the quicker the investigation is performed and the sooner prevention and control measures can be implemented.

**You are our eyes and ears** – an invaluable part of Florida's disease surveillance system and we thank you! ☺

**CHANGES TO THE FLORIDA ADMINISTRATIVE CODE, 64D-3, BECAME EFFECTIVE ON NOVEMBER 24, 2008.**

# New Rabies Prophylaxis Protocol for Escambia

By: Megan Dalitsch, MPH and Pat Williams, RN, MS

Rabies is a nearly 100% fatal disease in humans that attacks the nerves and brain tissue. The most recent rabies death occurred in a man in Missouri who was bitten by a bat in October, 2008. He did not seek treatment. The last case of human rabies acquired in Florida was recorded in 1948 when a man was bitten by a neighbor's dog. He refused treatment.

**EFFECTIVE JULY 1, 2008, ECHD IS NO LONGER PROVIDING RABIES PEP.**

**LOCAL HEALTH CARE PROVIDERS ARE RESPONSIBLE FOR PROVIDING RABIES PEP**

Exposure to rabies occurs by virus transmission into open cuts or wounds, such as through a bite or scratch, or through mucous membranes. The likelihood of transmission depends on the nature and extent of exposure, whether the bite was provoked, and the risk associated with the specific animal. High-risk rabies animals include bats, raccoons, foxes, stray dogs, cats or ferrets, coyotes, and skunks. Simply handling or petting an animal does not constitute a rabies exposure. Often animals with rabies do not show symptoms in the early stages of disease. For example, bats and raccoons can carry the rabies virus for weeks or months before showing symptoms.

The post-exposure prophylaxis (PEP) treatment for an animal bite from a suspicious animal consists of a passively administered antibody (HRIG) and a series of vaccine shots. The series of vaccine includes 5 shots, one on

day 0, 3, 7, 14, and 28. PEP can be avoided if the animal is available for observation or testing. However, if the animal begins to show any signs of disease or the test returns positive, PEP should be initiated immediately. Please see the Rabies Decision Matrix included on the next page.

Effective July 1, 2008, the Escambia County Health Department (ECHD) is no longer providing rabies PEP. This change was initiated due to a shift in vaccine ordering procedures. Previously, only health departments could order and purchase the vaccine. Currently, any licensed health care provider is able to order and obtain the vaccine. Under ECHD's new policy on rabies PEP, local health care providers continue to be responsible for evaluating and treating bite victims. This now involves providing post-exposure prophylaxis to exposed victims. Please see page 3 for Rabies PEP Decision Matrix.

ECHD is still here to perform critical roles in an animal bite response and to support medical providers. Some of these roles include: investigation of the incident, inspection of biting animal location and disposition, quarantine monitoring, advising victim and provider of outcome of attempts to capture, test and quarantine animal, and consultation with providers who request assistance in treatment decision making or gaining patient compliance with recommended treatment. If you have questions or need to report an animal bite, please call ECHD Environmental Health at 850-595-6700 or Epidemiology at 595-6683. ☺



**High Risk Animals**

## Pneumonia Vaccine

By: Mary Beverly, BS, RS

*Streptococcus pneumoniae* is a bacterium that can cause meningitis (an infection of the brain) and bacteremia (an infection of the bloodstream). Since 1998, there have been 3,048 deaths in the state of Florida due to pneumococcal infections.<sup>1</sup> These infections are a major cause of morbidity and mortality all over the world. At least 1 million children die of pneumococcal disease every year; most of these are young children in developing countries. However, in the developed world, elderly persons carry the major disease burden and young children are also very susceptible. In addition, persons suffering from a wide range of chronic conditions and immune deficiencies are at increased risk.<sup>2</sup>



**The recommended vaccine protects against pneumonia, meningitis and other fatal infections**

are the most common manifestations of invasive pneumococcal disease, whereas bacterial spread within the respiratory tract may result in middle-ear infection, sinusitis or recurrent bronchitis. Escambia County reported 63 cases of invasive *Streptococcus pneumoniae* in 2008. Compared with invasive disease, the non-invasive manifestations are usually less severe, but considerably more common. In the United States alone, 7 million cases of otitis media (middle-ear infections) are attributed to pneumococci each year.<sup>2</sup>

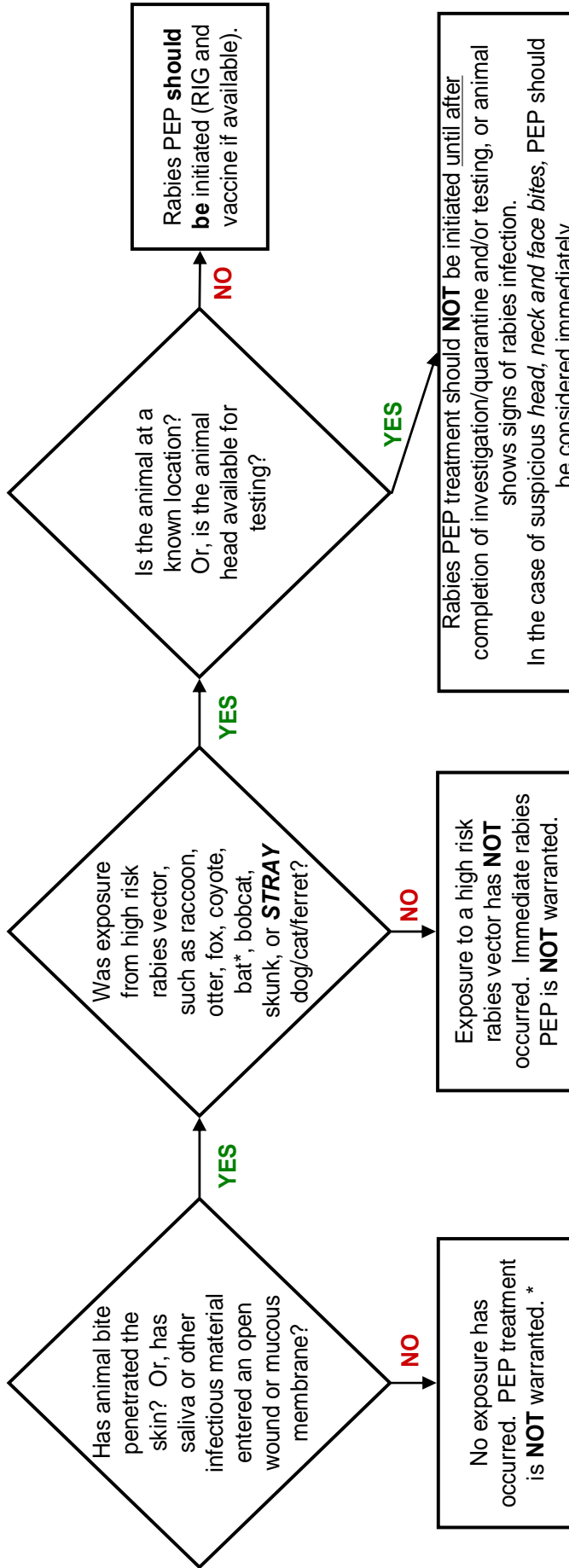
Pneumococci are transmitted by direct contact with respiratory secretions from patients and healthy carriers. Although transient nasopharyngeal colonization rather than disease is the normal outcome of exposure to

Pneumonia, febrile bacteremia and meningi-

(Continued on page 6)

3/18/2009

# Rabies Exposure and Post Exposure Prophylaxis (PEP) Decision Matrix



**Rabies PEP protocol –**

- NOT previously immunized against rabies – human rabies immune globulin (HRIG) is given once (20 IU/kg) according to labeled directions. Followed by five (5) 1.0 ml doses of rabies vaccine IM (deltoid), one dose on each day: 0, 3, 7, 14 and 28.
- Previously immunized against rabies – HRIG should NOT be given and only two (2) doses of vaccine administered IM, one on day 0 and one on day 3.

- All possible rabies exposures must be reported to the Escambia County Health Department, Environmental Health Division on completed animal bite form regardless of treatment provided, as per Florida Administrative Code, chapter 64D-3. **Environmental Health: phone: 595-6700; fax: 595-6792**
  - \* Bat bites may be difficult to see. Err on the side of caution if a bat was seen in a room with an unattended child, mentally disabled person or unconscious/intoxicated person.
  - Wound care should be performed according to standard practices whether PEP is recommended or not.
  - Skunks, raccoons, foxes and most other carnivores are considered “high risk” rabies animals. These animals should be regarded as rabid unless animal is proven negative by laboratory testing. PEP should be initiated as soon as possible following exposure, unless the animal is available for testing. Discontinue PEP if laboratory test returns negative results.
  - Other factors that may influence PEP decision include appearance and behavior of animal, species, whether encounter was provoked, and severity/location of bite(s). Other animals (e.g. rodents, livestock, etc.) should be considered individually for risk.
- For more information - *Rabies Prevention and Control in Florida, 2008* ([www.doh.state.fl.us/environment/community/rabies/Documents/Rabiesguide2008.pdf](http://www.doh.state.fl.us/environment/community/rabies/Documents/Rabiesguide2008.pdf)) and CDC MMWR, May 23, 2008/Vol. 57, *Human Rabies Prevention* ([www.cdc.gov/mmwr/PDF/rr/rr5703.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5703.pdf))

# Escambia County 2008 Communicable Disease Report

DISEASES	2002	2003	2004	2005	2006	2007	**EXPECTED ANNUAL TOTAL	ACTUAL 2008 TOTAL
AIDS†	45	69	62	73	61	59	64	72
ANIMAL BITE, PEP RECOM-MENDED***	0	3	1	0	67	94	54	43
ANIMAL RABIES	0	3	1	0	0	2	1	2
CAMPYLOBACTER	11	19	22	19	10	17	15	24
CHLAMYDIA†	1296	904	1077	1256	1353	1589	1399	1715
CIGUATERA	0	0	0	0	1	0	0	0
CREUTZFELDT-JAKOB DISEASE	0	0	0	1	1	0	1	2
CRYPTOSPORIDIUM	0	0	2	1	7	2	3	3
CYCLOSPORIASIS	0	0	0	2	0	0	1	0
EHRlichiosis	0	1	0	0	0	0	0	0
ENCEPHALITIS St. Louis	1	0	0	0	0	0	0	0
ENCEPHALITIS Other	0	0	1	1	0	2	1	0
E. COLI (0157:H7)	0	0	5	0	1	0	0	1
E. COLI NON-0157:H7	0	3	0	0	0	0	0	0
GIARDIA	9	12	13	8	12	13	11	9
GONORRHEA†	687	502	532	642	944	845	810	664
H. INFLUENZAE	3	2	0	4	4	5	4	8
HEMOLYTIC UREMIC SYN.	0	0	0	0	1	1	1	0
HEPATITIS A	1	6	3	0	0	0	0	0
HEPATITIS B acute	8	8	1	9	9	7	8	4
HEPATITIS B chronic	NA	112	111	90	91	88	90	78
HEPATITIS B-perinatal	0	0	0	1	0	0	0	0
HEP B-preg woman	7	16	14	19	12	16	16	18
HEPATITIS C acute	4	1	0	0	4	2	2	0
HEPATITIS C chronic	NA	651	557	655	723	721	700	680
HEPATITIS NANB acute****	0	0	0	1	32	0	11	0
HEPATITIS D	0	0	0	0	1	0	0	1
HIV†	73	82	62	46	64	82	64	67
LEAD LEVEL >10	5	15	5	4	5	7	5	2
LEGIONELLOSIS	0	0	1	0	1	0	0	0
LISTERIOSIS	0	0	2	0	1	0	0	0
LYME DISEASE	3	0	0	1	1	0	1	3
MALARIA	1	0	2	0	0	0	0	0
MENINGOCOCCAL (Neisseria)	2	2	1	4	0	5	3	1
MENINGITIS (Strep Pneum.)	2	0	2	1	3	1	2	3
MENINGITIS (Other)	4	5	14	14	15	18	16	13
MERCURY POISONING	0	0	0	0	4	0	1	0
MUMPS	3	0	0	0	1	1	1	0
PERTUSSIS	2	2	4	5	13	4	7	3
ROCKY MTN SPOT FEVER	0	0	0	0	1	2	1	0
SALMONELLA	97	125	81	139	107	189	145	83
SHIGELLA	113	287	71	7	7	163	59	143
STREP, GROUP A, INV	0	8	3	5	16	8	10	11
STREP PNEU, INV.	11	17	21	35	41	34	37	63
SYPHILIS†	2	3	9	17	5	23	15	14
TOXOPLASMOSIS	0	0	0	0	0	0	0	0
TUBERCULOSIS†	24	18	9	10	24	14	16	10
TYPHOID FEVER	0	0	0	0	0	0	0	1
VARICELLA	-	-	-	-	5	56	31	192
VIBRIO (vulnificus)	1	2	2	2	2	0	1	2
VIBRIO (other)	1	3	2	4	1	2	2	0
WEST NILE	7	12	0	0	2	0	1	2
<b>TOTAL</b>	<b>2423</b>	<b>2893</b>	<b>2693</b>	<b>3076</b>	<b>3653</b>	<b>4072</b>	<b>3611</b>	<b>3937</b>

Grey shading indicates value less than -2 SD

Black shading indicates value greater than +2SD

\*\*Expected Number Based on last 3 Year Average

† Information is provisional and reflects data reported by the FDOH Bureau of STD Control and Prevention and HIV/AIDS Surveillance.

All other data is from the FDOH Bureau of Epidemiology Merlin database (date entered range).

# Reportable Diseases/Conditions in Florida

During Business Hours (Monday-Friday, 8am-5pm):

Escambia: (850) 595-6683 Fax: (850) 595-6268  
 Santa Rosa: (850) 983-5200 Fax: (850) 983-4504  
 After hours: (850) 418-5566

**!** Phone immediately upon suspicion or lab test order  
**☎** Phone immediately upon diagnosis or lab test result  
 • Report next business day  
 ★ ★ See special reporting instructions on the reverse side

<p><b>!</b> Any disease outbreak</p> <p><b>!</b> Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.</p> <p>Acquired Immune Deficiency Syndrome (AIDS) (Report within 2 weeks) ★ ★</p> <p>Amebic encephalitis •</p> <p>Anaplasmosis •</p> <p><b>!</b> Anthrax</p> <p>Arsenic poisoning •</p> <p><b>!</b> Botulism (foodborne, wound, unspecified, other)</p> <p>Botulism (infant) •</p> <p><b>!</b> Brucellosis</p> <p>California serogroup virus (neuroinvasive and non-neuroinvasive disease) •</p> <p>Campylobacteriosis •</p> <p>Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) (report within 6 months) ★ ★</p> <p>Carbon monoxide poisoning •</p> <p>Chancroid • ★ ★</p> <p>Chlamydia • ★ ★</p> <p><b>!</b> Cholera</p> <p>Ciguatera fish poisoning (Ciguatera) •</p> <p>Congenital anomalies ★ ★ (Report within 6 months)</p> <p>Conjunctivitis (in neonates ≤ 14 days old) • ★ ★</p> <p>Creutzfeldt-Jakob Disease (CJD) •</p> <p>Cryptosporidiosis •</p> <p>Cyclosporiasis •</p> <p>Dengue •</p> <p><b>!</b> Diphtheria</p> <p>Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) •</p> <p>Ehrlichiosis •</p> <p>Encephalitis, other (non-arboviral) •</p> <p><b>☎</b> Enteric disease due to: <i>Escherichia coli</i>, O157:H7  <i>Escherichia coli</i>, other pathogenic <i>E. coli</i> including entero-toxicogenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains</p> <p>Giardiasis •</p> <p><b>!</b> Glanders</p> <p>Gonorrhea • ★ ★</p>	<p>Granuloma inguinale • ★ ★</p> <p><b>!</b> <i>Haemophilus influenzae</i> (meningitis and invasive disease)</p> <p>Hansen's disease (Leprosy) •</p> <p><b>☎</b> Hantavirus infection</p> <p><b>☎</b> Hemolytic uremic syndrome</p> <p><b>☎</b> Hepatitis A</p> <p>Hepatitis B, C, D, E, and G •</p> <p>Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child ≤ 24 months old) •</p> <p>Herpes simplex virus (HSV) (in infants &lt; 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years) • ★ ★</p> <p>Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn) (Report within 2 weeks) ★ ★</p> <p>Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs) • ★ ★</p> <p><b>!</b> Influenza due to novel or pandemic strains</p> <p><b>☎</b> Influenza-associated pediatric mortality (in persons aged &lt; 18 yrs)</p> <p>Lead poisoning (blood lead level ≥ 10 µg/dL); additional reporting requirements exist for hand held and/or onsite blood lead testing technology, see 64D-3 FAC •</p> <p>Legionellosis •</p> <p>Leptospirosis •</p> <p><b>☎</b> Listeriosis</p> <p>Lyme Disease •</p> <p>Lymphogranuloma venereum (LGV) • ★ ★</p> <p>Malaria •</p> <p><b>!</b> Measles (Rubeola)</p> <p><b>!</b> Melioidosis</p> <p>Meningitis (bacterial, cryptococcal, mycotic) •</p> <p><b>!</b> Meningococcal disease (includes meningitis and meningococemia)</p> <p>Mercury poisoning •</p> <p>Mumps •</p> <p><b>☎</b> Neurotoxic shellfish poisoning</p> <p><b>☎</b> Pertussis</p> <p>Pesticide-related illness and injury •</p> <p><b>!</b> Plague</p> <p><b>!</b> Poliomyelitis, paralytic and non-paralytic</p> <p>Psittacosis (Ornithosis) •</p> <p>Q Fever •</p>	<p><b>☎</b> Rabies (human, animal) ★ ★</p> <p><b>!</b> Rabies (possible exposure) ★ ★</p> <p><b>!</b> Ricin toxicity</p> <p>Rocky Mountain spotted fever •</p> <p><b>!</b> Rubella (including congenital)</p> <p>St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive) •</p> <p>Salmonellosis •</p> <p>Saxitoxin poisoning including paralytic shellfish poisoning (PSP) •</p> <p><b>!</b> Severe Acute Respiratory Syndrome – associated Coronavirus (SARS-CoV) disease</p> <p>Shigellosis •</p> <p><b>!</b> Smallpox</p> <p><i>Staphylococcus aureus</i>, community associated mortality •</p> <p><b>☎</b> <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)</p> <p>Staphylococcal enterotoxin B (disease due to)</p> <p>Streptococcal disease (invasive, Group A) •</p> <p>Streptococcus pneumoniae (invasive disease) •</p> <p>Syphilis • ★ ★</p> <p><b>☎</b> Syphilis (in pregnant women and neonates)</p> <p>Tetanus •</p> <p>Toxoplasmosis (acute) •</p> <p>Trichinellosis (Trichinosis) •</p> <p>Tuberculosis (TB) • ★ ★</p> <p><b>!</b> Tularemia</p> <p><b>☎</b> Typhoid fever</p> <p><b>!</b> Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)</p> <p>Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> infection) •</p> <p><b>!</b> Vaccinia disease</p> <p>Varicella (Chickenpox) •</p> <p>Varicella mortality •</p> <p><b>!</b> Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</p> <p>Vibriosis (Vibrio infections) •</p> <p><b>!</b> Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)</p> <p>West Nile virus disease (neuroinvasive and non-neuroinvasive) •</p> <p>Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) •</p> <p><b>!</b> Yellow Fever</p>
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**After Hours Hotline** (Escambia & Santa Rosa)

For Immediate Access to Health Department Staff

**(850) 418-5566**

## Escambia County Health Department

**Epidemiology Program**  
1295 West Fairfield Drive  
Pensacola, FL 32501

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After hours hotline: 850-418-5566  
E-mail: mary\_beverly@doh.state.fl.us



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### Pneumococcal Vaccine (cont.)

pneumococci, bacterial spread to the sinuses or the middle-ear, or bacteremia may occur in persons susceptible to infection. Pneumococci are resistant to many essential antibiotics such as penicillins, cephalosporins and macrolides. Therefore, vaccination is the most reliable tool to prevent pneumococcal disease.

According to the January 16, 2009 issue of the Morbidity and Mortality Weekly Report (MMWR) by the Centers for Disease Control, active population and laboratory based surveillance has shown substantial reductions in invasive pneumococcal disease among children and adults who have received the pneumococcal vaccine. In addition, a significant decrease in hospitalizations for all pneumonia has been reported since the vaccine has been offered.<sup>4</sup> ☼

For graphs and further information: <http://www.floridacharts.com/charts/DeathQuery.aspx>

1. FloridaCHARTS.com is provided by the Florida Department of Health, Office of Planning, Evaluation and Data Analysis, (850) 245-4009. Data Source: Florida Department of Health, Bureau of Vital Statistics. [www.doh.state.fl.us/charts](http://www.doh.state.fl.us/charts)

2. <http://www.who.int/vaccines/en/pneumococcus.shtml>

3. <http://www.cdc.gov/vaccines/vpd-vac/pneumo/in-short-both.htm#who>

4. MMWR, Vol. 58, No. 1, January 16, 2009. [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

Vaccination is the most reliable tool to prevent pneumococcal disease. Surveillance has shown substantial reductions in invasive pneumococcal disease among children and adults who have received the vaccination.

### 2008-09 Flu Season Update

By: Megan Dalitsch, MPH

Flu season is nearly six months old. To date, Escambia County has seen a mild season compared to years past, however, cases are on the rise.

However hospitals are also testing fewer people than in the past year. Whether that means that fewer patients are exhibiting symptoms that warrant testing or simply that physicians are choosing not to test is unknown.

The graph shows the total number of rapid flu tests performed this year per week (blue bar) and the total number of positive tests returned this year (yellow bar). It also shows the historical average from the past three flu seasons (2005-08): average number of tests performed per week (orange line) and average number of positive tests returned (red line). As you can see, based on historical data, flu season tends to peak in late February.

So, if you have not gotten your flu shot, or offered it to patients, now is the time! It takes about 2 weeks for the vaccination to take effect. ☼

2008-09 Flu season vs. Average Data from 2005-08

