

# EpiNotes

## Florida Department of Health - Hillsborough County Disease Surveillance Newsletter September 2015

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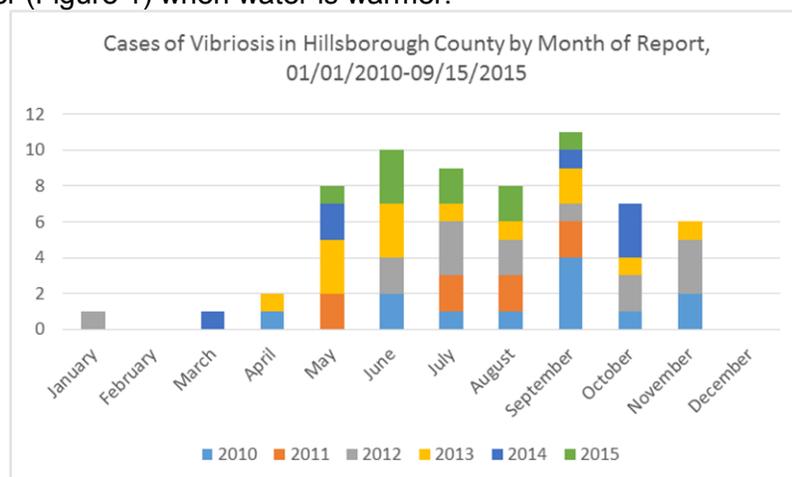
### Articles and Attachments: The following are included this month:

- Page 1 – *Vibrio Vulnificus* – Information and Statistics
- Page 3 – Reportable Disease Surveillance Data
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### *Vibrio Vulnificus*

Samantha Spoto, MSPH, CPH

*Vibrio vulnificus* is a species of bacteria in the family Vibrionaceae that naturally occurs in brackish or saltwater environments. The bacteria can be found living in seawater or within filter feeding animals such as shellfish. Most cases of vibriosis (infection with any vibrio species) are reported between May and October (Figure 1) when water is warmer.



**Figure 1.** The number of cases of vibriosis in Hillsborough County by month of report, from 2010 through year to date 2015.

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Individuals can be exposed to *Vibrio vulnificus* through ingestion of raw or undercooked seafood, particularly oysters, or through open wound exposure to saltwater. In healthy individuals, ingestion of the bacteria through shellfish causes self-limiting gastrointestinal illness with symptoms such as nausea, vomiting and diarrhea. Exposure of an open wound to saltwater can cause a wound infection that can lead to skin breakdown and ulceration. Since 2010, in *Vibrio vulnificus* cases reported in Hillsborough County, 90% were found to be acquired through wound/saltwater exposure.

People with compromised immune systems or other chronic health conditions are at higher risk for developing a blood infection following food or wound exposure called septicemia, which may result in death. In Florida, the most commonly reported risk factors from 2008-2013 for developing disease were alcohol abuse, liver disease, heart disease, and diabetes<sup>1</sup>. In *Vibrio vulnificus* cases reported in Hillsborough County since 2010, 86% were in individuals with underlying health conditions.

To prevent infection, especially in high risk individuals, do not consume raw or undercooked shellfish, and stay out of saltwater environments with an open wound.

Species	2010	2011	2012	2013	2014	2015 (through 9/15/15)
<i>V. vulnificus</i>	4	2	3	4	3	5
<b>Other <i>Vibrio</i> species</b>	8	7	11	9	4	4
<b>Total</b>	12	9	14	13	7	9

**Table 1:** Number of cases of vibriosis reported in Hillsborough County residents yearly from 2010-2015. Information from 2015 is given through 9/15/15.

More information is available at:

1. [http://www.floridahealth.gov/diseases-and-conditions/vibrio-infections/\\_documents/vibrio-vulnificus-summary-final.pdf](http://www.floridahealth.gov/diseases-and-conditions/vibrio-infections/_documents/vibrio-vulnificus-summary-final.pdf)
2. <http://www.floridahealth.gov/diseases-and-conditions/vibrio-infections/vibrio-vulnificus/index.html>
3. <http://www.cdc.gov/vibrio/vibriov.html>

## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-Aug 14	Jan-Aug 15
<b>Vaccine Preventable Diseases</b>						
Diphtheria	0	0	0	0.00	0	0
Measles	0	0	0	0.00	0	0
Mumps	0	0	2	0.67	0	0
Pertussis	119	95	65	93.00	58	25
Poliomyelitis	0	0	0	0.00	0	0
Rubella	0	0	0	0.00	0	0
Smallpox	0	0	0	0.00	0	0
Tetanus	0	0	0	0.00	0	0
Varicella	45	65	59	56.33	41	49
<b>CNS Diseases &amp; Bacteremias</b>						
Creutzfeldt-Jakob Disease	3	1	1	1.67	1	3
<i>H. influenzae</i> (Invasive Disease in children <5)	2	2	3	2.33	2	1
Listeriosis	1	5	2	2.67	2	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	5	11	12	9.33	10	13
Meningococcal Disease	3	6	3	4.00	3	2
<i>Staphylococcus aureus</i> (VISA, VRSA)	1	1	0	0.67	0	0
<i>S. pneumoniae</i> (Invasive Disease in children <6)	5	7	5	5.67	4	1
<b>Enteric Infections</b>						
Campylobacteriosis	105	134	189	142.67	114	182
Cholera	1	0	0	0.33	0	0
Cryptosporidiosis	77	59	354	163.33	92	74
Cyclospora	2	9	4	5.00	4	0
<i>Escherichia coli</i> , Shiga toxin-producing (STEC)	22	30	20	24.00	13	20
Giardiasis	54	56	64	58.00	39	39
Hemolytic Uremic Syndrome	1	2	1	1.33	0	2
Salmonellosis	331	303	362	332.00	202	190
Shigellosis	36	63	68	55.67	32	215
Typhoid Fever	0	0	0	0.00	0	0
<b>Viral Hepatitis</b>						
Hepatitis A	5	10	5	6.67	4	4
Hepatitis B (Acute)	39	56	61	52.00	36	46
Hepatitis C (Acute)	26	38	28	30.67	21	33
Hepatitis +HBsAg in Pregnant Women	38	30	35	34.33	23	21
Hepatitis D, E, G	1	0	0	0.33	0	0

## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-Aug 14	Jan-Aug 15
<b>Vectorborne, Zoonoses</b>						
Chikungunya	N/A	N/A	36	N/A	12	10
Dengue	5	4	6	5.00	3	3
Eastern Equine Encephalitis	0	1	0	0.33	0	0
Ehrlichiosis/Anaplasmosis	0	2	2	1.33	2	1
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	9	12	9	10.00	6	12
Malaria	7	8	11	8.67	9	2
Plague	0	0	0	0.00	0	0
Psittacosis	0	0	0	0.00	0	0
Q Fever (Acute and Chronic)	0	0	0	0.00	0	0
Rabies (Animal)	5	6	5	5.33	4	1
Rabies (Human)	0	0	0	0.00	0	0
Rocky Mountain Spotted Fever	1	1	0	0.67	0	0
St. Louis Encephalitis	0	0	0	0.00	0	0
Trichinellosis	0	0	0	0.00	0	0
Tularemia	0	0	0	0.00	0	0
Typhus Fever (Epidemic)	0	0	0	0.00	0	0
Venezuelan Equine Encephalitis	0	0	0	0.00	0	0
West Nile Virus	1	0	0	0.33	0	0
Western Equine Encephalitis	0	0	0	0.00	0	0
Yellow Fever	0	0	0	0.00	0	0
<b>Others</b>						
Anthrax	0	0	0	0.00	0	0
Botulism, Foodborne	0	0	0	0.00	0	0
Botulism, Infant	0	0	0	0.00	0	0
Brucellosis	0	0	0	0.00	0	0
Glanders	0	0	0	0.00	0	0
Hansen's Disease (Leprosy)	2	2	0	1.33	0	0
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	8	18	8	11.33	7	16
Melioidosis	0	0	0	0.00	0	0
Vibriosis	13	13	7	11.00	3	8

## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-Aug 14	Jan-Aug 15
<b>Chemicals/Poisoning</b>						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	4	5	22	10.33	7	13
Lead	329	173	246	249.33	164	0
Mercury	0	0	0	0.00	0	0
Pesticide	4	13	42	19.67	3	14
<b>Influenza</b>						
Influenza, Pediatric Associated Mortality	0	1	1	0.67	1	0
Influenza, Novel or Pandemic Strain	0	0	0	0.00	0	0
<b>HIV/AIDS</b>						
AIDS	172	231	178	193.67	127	133
HIV Infection	327	403	443	391.00	309	328
<b>STDs</b>						
Chlamydia	7124	7220	7461	7268.33	4500	4584
Gonorrhea	2160	2023	1848	2010.33	1140	1133
Syphilis, Congenital	6	3	4	4.33	3	2
Syphilis, Latent	129	189	166	161.33	106	126
Syphilis, Early	117	124	141	127.33	95	89
Syphilis, Infectious	155	156	208	173.00	133	140
<b>Tuberculosis</b>						
TB	51	54	51	52.00	N/A	N/A
<b>Food and Waterborne Illness Outbreaks</b>						
Food and Waterborne Cases	74	73	55	67.33	51	27
Food and Waterborne Outbreaks	4	4	3	3.67	2	2

# 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?

! 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

## Birth Defects

+ Congenital anomalies

+ Neonatal abstinence syndrome (NAS)

## Cancer

+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors

## HIV/AIDS

+ Acquired immune deficiency syndrome (AIDS)

+ Human immunodeficiency virus (HIV) infection

• HIV, exposed infants <18 months old born to an HIV-infected woman

## STDs

• Chancroid

• Chlamydia

• Conjunctivitis in neonates <14 days old

• Gonorrhea

• Granuloma inguinale

• 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 papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old

• Lymphogranuloma venereum (LGV)

• Syphilis

☎ Syphilis in pregnant women and neonates

## Tuberculosis

• Tuberculosis (TB)

## All Others

! 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

☎ Amebic encephalitis

! Anthrax

• Arsenic poisoning

• Arboviral diseases not otherwise listed

! Botulism, foodborne, wound, and unspecified

• Botulism, infant

! Brucellosis

• California serogroup virus disease

• Campylobacteriosis

• Carbon monoxide poisoning

• Chikungunya fever

☎ Chikungunya fever, locally acquired

! Cholera (*Vibrio cholerae* type O1)

• Ciguatera fish poisoning

• 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

! *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

! Influenza A, novel or pandemic strains

☎ Influenza-associated pediatric mortality in children <18 years old

• Lead poisoning

• Legionellosis

• Leptospirosis

☎ Listeriosis

• Lyme disease

• Malaria

! Measles (rubeola)

! Melioidosis

• Meningitis, bacterial or mycotic

! Meningococcal disease

• Mercury poisoning

• Mumps

☎ 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

• Tetanus

• Trichinellosis (trichinosis)

! 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..."

# Florida Department of Health, Practitioner Disease Report Form



Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, *Florida Administrative Code (FAC)*. This can be filled in electronically.

Print Form

## Patient Information

SSN: \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle: \_\_\_\_\_

Parent name: \_\_\_\_\_

Gender:  Male  Female  Unk  
Pregnant:  Yes  No  Unk

Birth date: \_\_\_\_\_ Death date: \_\_\_\_\_

Race:  American Indian/Alaska Native  White  
 Asian/Pacific Islander  Other  
 Black  Unk

Ethnicity:  Hispanic  Non-Hispanic  Unk

Address: \_\_\_\_\_

ZIP: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Emer. phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information

MRN: \_\_\_\_\_

Date onset: \_\_\_\_\_ Date diagnosis: \_\_\_\_\_

Died:  Yes  No  Unk

Hospitalized:  Yes  No  Unk

Hospital name: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Insurance: \_\_\_\_\_

Treated:  Yes  No  Unk

Specify treatment:

Laboratory testing:  Yes  No  Unk Attach laboratory result(s) if available.

## Provider Information

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Reportable Diseases and Conditions in Florida

**Notify upon suspicion 24/7 by phone** **Notify upon diagnosis 24/7 by phone**

HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people  $\geq 13$  years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people  $< 13$  years old. Please contact your local county health department for these forms (visit <http://floridahealth.gov/chdecontact> to obtain CHD contact information).  
Congenital anomalies and neonatal abstinence syndrome notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 FAC. Cancer notification should be directly to the Florida Cancer Data System (see <http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

To obtain CHD contact information, see <http://floridahealth.gov/chdecontact>. See <http://floridahealth.gov/diseasereporting> for other reporting questions.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Amebic encephalitis                               | <input type="checkbox"/> Glanders  | <input type="checkbox"/> Melioidosis   | <input type="checkbox"/> Staphylococcal enterotoxin B poisoning   |
| <input type="checkbox"/> Anthrax   | <input type="checkbox"/> Gonorrhea   | <input type="checkbox"/> Meningitis, bacterial or mycotic  | <input type="checkbox"/> Streptococcus pneumoniae invasive disease in child $< 6$ years old   |
| <input type="checkbox"/> Arsenic poisoning                                 | <input type="checkbox"/> Granuloma inguinale   | <input type="checkbox"/> Meningococcal disease   | <input type="checkbox"/> Syphilis   |
| <input type="checkbox"/> Arboviral disease not listed here                 | <input type="checkbox"/> Haemophilus influenzae invasive disease in child $< 5$ years old  | <input type="checkbox"/> Mercury poisoning   | <input type="checkbox"/> Syphilis in pregnant woman or neonate  |
| <input type="checkbox"/> Botulism, infant                                  | <input type="checkbox"/> Hansen's disease (leprosy)  | <input type="checkbox"/> Mumps   | <input type="checkbox"/> Tetanus  |
| <input type="checkbox"/> Botulism, foodborne                               | <input type="checkbox"/> Hantavirus infection  | <input type="checkbox"/> Neurotoxic shellfish poisoning  | <input type="checkbox"/> Trichinellosis (trichinosis)   |
| <input type="checkbox"/> Botulism, wound or unspecified                    | <input type="checkbox"/> Hemolytic uremic syndrome (HUS)   | <input type="checkbox"/> Pertussis   | <input type="checkbox"/> Tuberculosis (TB)  |
| <input type="checkbox"/> Brucellosis                                       | <input type="checkbox"/> Hepatitis A   | <input type="checkbox"/> Pesticide-related illness and injury, acute   | <input type="checkbox"/> Tularemia  |
| <input type="checkbox"/> California serogroup virus disease                | <input type="checkbox"/> Hepatitis B, C, D, E, and G   | <input type="checkbox"/> Plague  | <input type="checkbox"/> Typhoid fever (Salmonella serotype Typhi)  |
| <input type="checkbox"/> Campylobacteriosis                                | <input type="checkbox"/> Hepatitis B surface antigen in pregnant woman or child $< 2$ years old  | <input type="checkbox"/> Poliomyelitis   | <input type="checkbox"/> Typhus fever, epidemic   |
| <input type="checkbox"/> Carbon monoxide poisoning                         | <input type="checkbox"/> Herpes B virus, possible exposure   | <input type="checkbox"/> Psittacosis (ornithosis)  | <input type="checkbox"/> Vaccinia disease   |
| <input type="checkbox"/> Chancroid   | <input type="checkbox"/> Herpes simplex virus (HSV) in infant $< 60$ days old  | <input type="checkbox"/> Q Fever   | <input type="checkbox"/> Varicella (chickenpox)   |
| <input type="checkbox"/> Chikungunya fever                                 | <input type="checkbox"/> HSV, anogenital in child $< 12$ years old   | <input type="checkbox"/> Rabies, animal  | <input type="checkbox"/> Venezuelan equine encephalitis   |
| <input type="checkbox"/> Chikungunya fever, locally acquired               | <input type="checkbox"/> Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child $< 6$ years old | <input type="checkbox"/> Rabies, human   | <input type="checkbox"/> Vibriosis (infections of Vibrio species and closely related organisms, excluding Vibrio cholerae type O1)  |
| <input type="checkbox"/> Chlamydia   | <input type="checkbox"/> HPV, anogenital papillomas in child $< 12$ years old  | <input type="checkbox"/> Rabies, possible exposure   | <input type="checkbox"/> Viral hemorrhagic fevers   |
| <input type="checkbox"/> Cholera (Vibrio cholerae type O1)                 | <input type="checkbox"/> Influenza A, novel or pandemic strains  | <input type="checkbox"/> Ricin toxin poisoning   | <input type="checkbox"/> West Nile virus disease  |
| <input type="checkbox"/> Ciguatera fish poisoning                          | <input type="checkbox"/> Influenza-associated pediatric mortality in child $< 18$ years old  | <input type="checkbox"/> Rocky Mountain spotted fever or other spotted fever rickettsiosis                           | <input type="checkbox"/> Yellow fever   |
| <input type="checkbox"/> Conjunctivitis in neonate $< 14$ days old         | <input type="checkbox"/> Lead poisoning  | <input type="checkbox"/> Rubella   | <input type="checkbox"/> 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 above that is of urgent public health significance. Please specify: |
| <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)                   | <input type="checkbox"/> Legionellosis   | <input type="checkbox"/> St. Louis encephalitis  |   |
| <input type="checkbox"/> Cryptosporidiosis                                 | <input type="checkbox"/> Leptospirosis   | <input type="checkbox"/> Salmonellosis   |   |
| <input type="checkbox"/> Cyclosporiasis                                    | <input type="checkbox"/> Listeriosis   | <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning)   |   |
| <input type="checkbox"/> Dengue fever                                      | <input type="checkbox"/> Lyme disease  | <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection             |   |
| <input type="checkbox"/> Dengue fever, locally acquired                    | <input type="checkbox"/> Lymphogranuloma venereum (LGV)  | <input type="checkbox"/> Shigellosis   |   |
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Malaria   | <input type="checkbox"/> Smallpox  |   |
| <input type="checkbox"/> Eastern equine encephalitis                       | <input type="checkbox"/> Measles (rubeola)   | <input type="checkbox"/> Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA) |   |
| <input type="checkbox"/> Ehrlichiosis/anaplasmosis                         |  |  |   |
| <input type="checkbox"/> Escherichia coli infection, Shiga toxin-producing |  |  |   |
| <input type="checkbox"/> Giardiasis, acute                                 |  |  |   |

## Comments

**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

## Guidelines for Heartland virus disease testing

Heartland virus (HRTV) is a recently discovered tickborne phlebovirus that causes an Ehrlichiosis-like illness. Cases have been reported in persons in Missouri, Oklahoma, and Tennessee; animal data suggests broad distribution in the central and eastern U.S. including in Florida. Preliminary evidence suggests the virus may be transmitted through the bite of a tick, with the lone star tick (*Amblyomma americanum*) implicated as a vector. This tick is present throughout the southeastern U.S.

Clinical presentation is acute febrile illness with fatigue, anorexia, headache, nausea, or diarrhea with leukopenia, thrombocytopenia, and mild to moderately elevated liver transaminases in the two weeks following tick exposure. Symptoms may appear similar to ehrlichiosis but patients do not respond to doxycycline treatment, and test negative for ehrlichiosis. Co-infection with *Ehrlichia* is also possible.

To learn more about this virus including virus distribution, the Centers for Disease Control and Prevention (CDC) is developing a diagnostic testing for HRTV infection in patients with a clinically compatible illness. However, because the laboratory tests are investigational, patients must meet the study inclusion criteria and provide consent for the testing to be performed. Testing must be requested through the county health department.

**Please contact Florida Department of Health-Hillsborough County at 813-307-8010 if you have a patient that meets all of the following inclusion criteria:**

Exposure and all of the following

- 1) Aged  $\geq 18$  years
- 2) Fever ( $\geq 38^{\circ}\text{C}$ )
- 3) Leukopenia (white blood cell count  $< 4,500$  cells/ $\mu\text{L}$ )
- 4) Thrombocytopenia (platelet count  $< 150,000$  cells/mL)
- 5) Acute illness onset in the last two weeks
- 6) No underlying conditions that could explain their clinical findings (e.g., cancer)

Exposure: having been in wooded, brushy, or grassy areas (i.e. potential tick habitat) during the 2 weeks prior to onset of illness. A history of a tick bite is not required. Most people who develop a tick-borne disease do not remember being bitten by a tick.

**\*\*\*If a tick-borne illness, including ehrlichiosis, anaplasmosis, Rocky Mountain spotted fever (RMSF), and other spotted fever rickettsiosis (SFR) is suspected, CDC recommended treatment is doxycycline and should be initiated immediately.\*\*\***

References:

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## Influenza and Influenza Vaccine Myths and Reality

Myth	Reality
<b>The flu vaccine can cause influenza.</b>	<p>The injectable flu vaccine does not contain the live virus so it is impossible to get influenza from the vaccine. Side effects may occur in some people, such as mild soreness, redness, or swelling at the injection site, headache, or a low-grade fever. The nasal spray flu vaccine contains live, attenuated (weakened) viruses that can cause mild signs or symptoms such as runny nose, fever, sore throat, and nasal congestion. This vaccine, however, cannot cause influenza infection in the lower respiratory tract.</p> <p>Vaccination is safe and effective, and the best way to help prevent influenza and its complications. <sup>1</sup></p>
<b>The flu shot doesn't work.</b>	<p>The influenza vaccine will prevent influenza most of the time. In scientific studies, the effectiveness of the vaccine ranges from 70 to 90 percent, depending on how well the circulating viruses match those in the vaccine. In populations in which the vaccine is less effective in preventing influenza, such as the elderly, the vaccine reduces the severity of the disease and the incidence of complications by 50 to 60 percent and the incidence of death by approximately 80 percent. Getting vaccinated is the most effective way to protect against influenza and its serious outcomes. <sup>2</sup></p>
<b>Our staff follows Standard Precautions, with good hand hygiene practices and appropriate glove and mask use – so vaccination is not necessary.</b>	<ul style="list-style-type: none"> <li>• Influenza is spread by respiratory droplets generated when talking, coughing or sneezing. Adults shed influenza virus <i>at least one day before</i> any signs or symptoms of the disease, so health care personnel can unknowingly infect patients or other staff.<sup>3,4</sup></li> <li>• 50 percent of influenza infections can be asymptomatic, and both symptomatic and asymptomatic individuals can shed the virus and infect others. <sup>5,6,7,8</sup></li> </ul>
<b>Our staff stays at home if they are sick - so vaccination is not necessary.</b>	<ul style="list-style-type: none"> <li>• Since unvaccinated individuals are contagious at least one day before any signs or symptoms of influenza appear, they can still shed the virus and infect patients and other staff. <sup>3,4</sup></li> <li>• Unvaccinated health care personnel can become infected with influenza and not have any symptoms, and both symptomatic and asymptomatic individuals can shed the virus and infect others. <sup>5,6,7,8</sup></li> </ul>
<b>There is no evidence to support that influenza vaccination of staff improves patient outcomes.</b>	<p>Health care personnel can acquire influenza from the community or their patients and can transmit it to patients or other staff. Influenza transmission and outbreaks in health care organizations have been recognized for many years and have been associated with substantial morbidity, mortality, and costs.<sup>9,10,11</sup> Influenza's short incubation period and ease of transmission through respiratory droplets from person to person can result in explosive outbreaks of febrile respiratory illness. Health care settings are favorable environments for such transmission.<sup>8,12</sup> Increased rates of staff vaccination result in decreased rates of health care-associated influenza.<sup>10,13</sup> In fact, one group of researchers concluded that the reduction in morbidity, mortality, and use of health service resources associated with vaccinating their long term care facility was "equivalent to preventing five deaths, two admissions to hospitals with influenza-like illness, seven general practitioner consultations for influenza-like illness, and nine cases of influenza-like illness per 100 residents during the period of influenza activity."<sup>13</sup></p>
<b>Influenza vaccinations for staff will be too costly.</b>	<p>The cost savings associated with health care personnel influenza vaccination programs generally outweigh the costs associated with providing the vaccine, and vaccinating ultimately results in a safer environment for patients.<sup>5,14,15,16,17</sup></p>

See footnotes on next page...

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- <sup>15</sup> Nichol K.L., et al.: The effectiveness of vaccination against influenza in healthy, working adults. *N Engl J Med* 333:889–893, Oct. 5, 1995.
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# FREE Flu Shot Drive



**Friday, November 13**  
8 a.m. – 4 p.m. (while supplies last)  
USF College of Public Health  
13201 Bruce B. Downs Blvd.  
(corner of Bruce B. Downs Blvd. and Fletcher Ave.)  
Tampa, FL 33612

The USF College of Public Health, in collaboration with USF Health and the Hillsborough County Health Department, will provide free flu shots to the university and area community.

- Flu shots are free
- Must be 18 or older
- Health exhibits

For more information, call (813) 974-3623



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# 2015 Fast & Free Flu Shots

Over the past 13 years, Florida Hospital Centra Care, with Get Healthy Florida, has provided over 200,000 free flu shots to Florida residents. This year, we are doing it again by offering seven different local opportunities to get your flu shot, fast and free.

## 2015 Fast & Free Flu Shot Event Schedule:

**MONDAY, Sept. 14th:**

Noon – 5PM

[Sanford Centra Care](#)

\*Special Fun & Free Tent for Kids

**WEDNESDAY, Sept. 30th:**

Noon – 5PM

[Hunter's Creek Centra Care](#)

**MONDAY, Oct. 5th**

Noon – 5PM

[Carrollwood Centra Care](#)

**WEDNESDAY, Oct. 7th:**

Noon – 5PM

[Dr. Phillips Centra Care](#)

**MONDAY, Oct. 12th:**

Noon – 5PM

[Colonial Town Centra Care](#)

\*Special Fun & Free Tent for Kids

**WEDNESDAY, Oct. 14th:**

3PM – 7PM

[Daytona Centra Care](#)

\*Girls Night Out for Health Theme

**THURSDAY, Oct. 15th:**

3PM – 7PM

[South Tampa Centra Care](#)

\*Girls Night Out for Health Theme