### April 2022

# **EpiNotes**

Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter

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### **Epidemiology**

Michael Wiese, MPH, CPH 813.307.8010 Fax 813.276.2981

### TO REPORT A DISEASE:

Epidemiology

813.307.8010

### After Hours Emergency

813.307.8000

### HIV/AIDS Surveillance

Candace Lewis 813.307.8011

### Lead Poisoning

Jorge Flores 813.559.4181 Fax 813.307.8094

### Sexually Transmitted Disease

Jesse Kline 813.307.8058 Fax 813.307.8027

### **Tuberculosis**

Irma B. Polster 813.559.4654 Fax 813.975.2014

### **Articles and Attachments Included This Month**

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### Health Advisories, News, and Alerts

### **INFLUENZA**

Flu Vaccines Key Facts About Seasonal Flu Vaccine | CDC

### **CDC and FDOH Notices**

- <u>Travel tips during COVID-19</u> Please be advised traveling can increase the spread of COVID-19 and the best way to prevent transmission is to stay home.
- COVID-19 Travel Recommendations by Destination | CDC
- Highly pathogenic avian influenza A(H5N1) virus has been confirmed by the CDC and reported by the Colorado Department of Public Health. To find out more about the case click here.
- Updated information on availability and use of treatments for outpatients with mild to moderate COVID-19 who are at an increased rick for severe outcomes can be found here.
- A cluster of children with hepatitis and adenovirus infection has been identified in Alabama with significant liver injury. More information and recommendations for adenovirus testing and reporting of children with acute hepatitis of unknown etiology can be found here.
- FDOH is currently responding to a large, ongoing outbreak of meningococcal disease in Florida. For more disease information and vaccine advise <u>click here</u>.

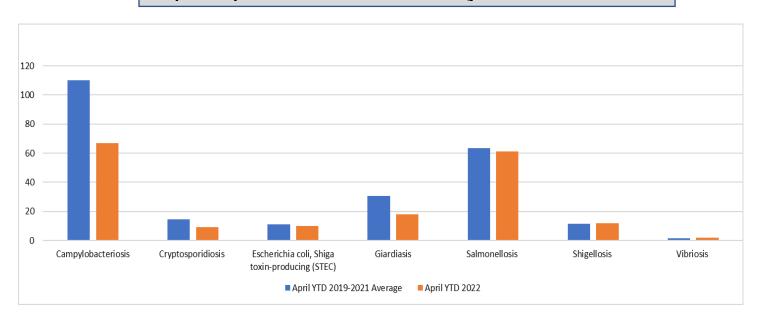
**Mission:** To protect, promote & improve the health of all people in Florida through integrated state & community offerts.

Vision: To be the Healthiest State in the Nation

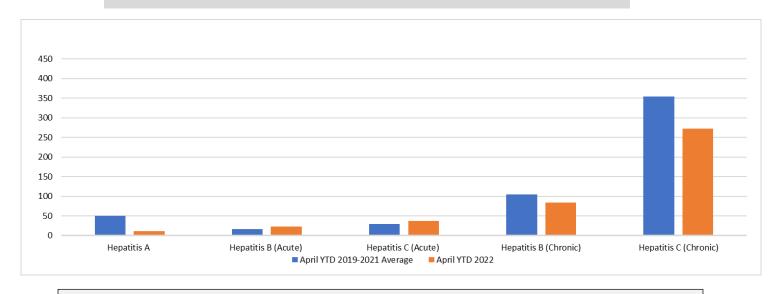
Ron DeSantis
Governor



### **April Reportable Disease Summary - Enteric Infections**



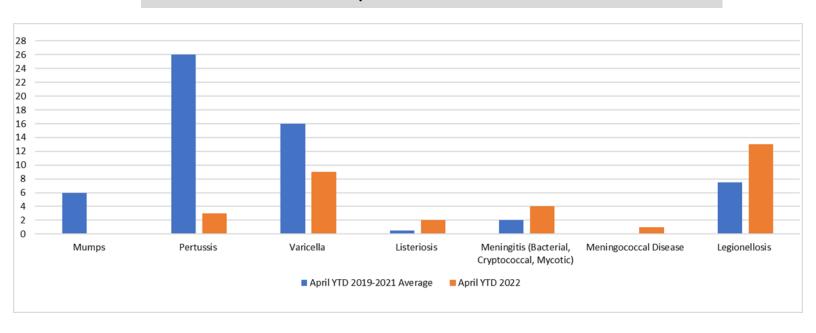
### **April Reportable Disease Summary - Viral Hepatitis**



Hillsborough and several Florida counties in our region are experiencing an increase in Hepatitis A infections. Hillsborough county has reported 12 cases in 2022. Hepatitis A usually spreads when a person unknowingly ingests the virus from objects, food, or drinks contaminated by small, undetected amounts of stool from an infected person. Hepatitis A can also spread from close personal contact with an infected person such as through sex or caring for someone who is ill.

Please immediately report all cases of Hepatitis A to the Florida Department of Health in Hillsborough County Epidemiology Program (813-307-8010) to ensure a prompt public health response to prevent disease among close contacts.

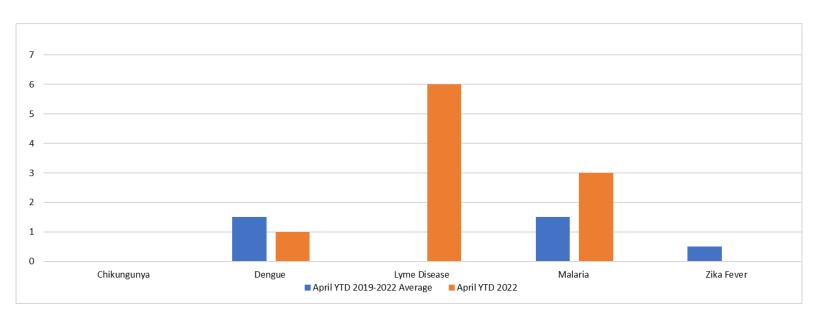
# April Reportable Disease Summary - Other Common Reportable Infections



These vaccine reportable diseases are summarized monthly in the state Vaccine Preventable Disease Report, which is available online at:

http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease-report-archive.html

# **April Reportable Disease Summary – Arboviral Infections**



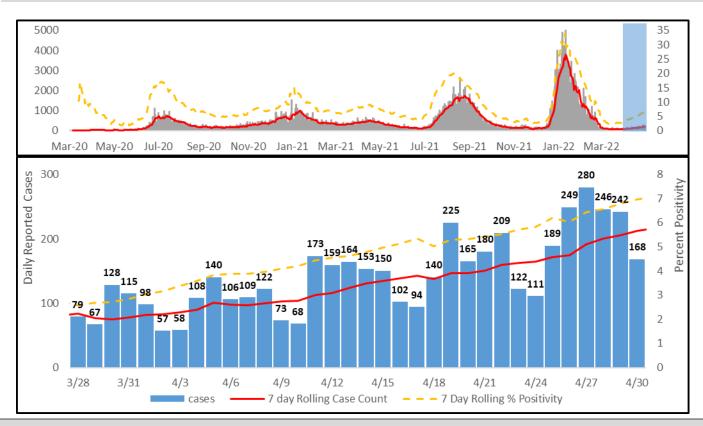
The data in these charts represent the most common reportable diseases investigated by the Epidemiology Program. All of the state's reportable disease data is available for the public to search on FL CHARTS here: <a href="http://www.flhealthcharts.com/charts/CommunicableDiseases/default.aspx">http://www.flhealthcharts.com/charts/CommunicableDiseases/default.aspx</a> To build your own search, click on the link for "Reportable Diseases Frequency Report".

The case numbers for 2021 are provisional and subject to change until the yearly database is closed, usually around April of the following year. Once the numbers are finalized, the state puts together a comprehensive Florida Annual Morbidity Statistics Report that details case trends and notable outbreak investigations. The report for 2020 and previous years are available at: <a href="http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html">http://www.floridahealth.gov/diseases-and-conditions/fl-amsr1.html</a>

### **COVID-19 Information & Statistics Worldwide**

- <u>Frequently Asked Questions and Answers</u> provided by the CDC regarding the spread, prevention, testing, contact tracing and vaccinations regarding COVID-19
- <u>COVID-19 Information for Travelers</u> provided by the CDC if you are considering travelling, when
  to delay travel, and travel recommendations by destination.
- Clinical information for healthcare providers when evaluating patients for possible 2019-nCoV.
- <u>Interim Infection Prevention and Control Recommendations</u> for patients with known or patients under investigation for COVID-19 in a healthcare setting
- Situation summary of <u>Cases in the US</u> regarding COVID-19 including case trends, demographics, and forecasting provided by the CDC.
- GIS Map of Current Cases Worldwide including COVID-19 data broken down by each country and in the U.S. provided by Johns Hopkins University.
- Latest News Updates from CDC on 2019-nCoV with a list of resources available.

## Hillsborough County COVID-19 Surveillance



Daily new COVID-19 cases and percent positivity trends in Hillsborough County residents. In the last 30 days cases have increased averaging 212 cases per day. Percent positivity has increased to 6.96% as well in the last 30 days. Hillsborough county has reported 378,836 cases to date.

### Hillsborough County Influenza Report April 2022

Flu Level:



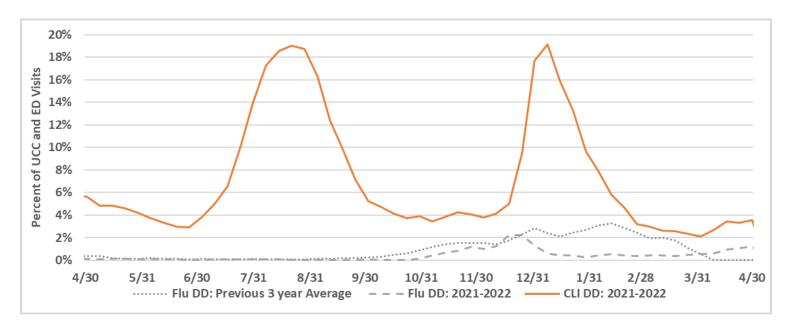
Flu Trend: **Stable** 



Flu Activity This Season (September 27 – April 30)

- Total Outbreaks: Two outbreaks of influenza or ILI have been reported during the 2021-2022 flu season.
- Total Deaths: Hillsborough County has reported **no** pediatric mortalities in the current flu season.
- The number of laboratory confirmed influenza cases reported by Hillsborough County medical providers has decreased.
- In week 17, influenza type A made up 94% of reported laboratory results.

For statewide data see the Florida Flu Review.



Percentage of Urgent Care Center (UCC) and Emergency Department (ED) visits with a discharge diagnosis (DD) for influenza (flu) or COVID-like illness (CLI) in Hillsborough County, based on FL-ESSENCE reporting facilities, by reporting week. Visits are now above the historical values for flu.

Additional notes about data sources and data collection for the charts used in this newsletter:

**Merlin reportable disease database**: Merlin serves as the state's repository of reportable disease case reports, including automated notification of staff about individual cases of high-priority diseases. Access to Merlin is available only to approved Department of Health employees. COVID data is entered in Merlin in multiple ways. Data fields associated with Electronic Lab Reports (ELRs) or electronic case reports will be auto populated when available. As the data is collected from case investigations the Merlin database will be updated. Some data elements, such as deaths and group care associations (Jails, LTCFs, and Schools) are reviewed by local and state staff for accuracy. Data within Merlin is considered provisional and is subject to change.

**ESSENCE-FL:** The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a biosurveillance system that collects emergency department chief complaint data from participating hospitals and urgent care centers in Florida, call data from the Florida Poison Information Center Network, reportable disease data from the Merlin database, and mortality data from the Florida Office of Vital Statistics. The objective of this surveillance system is to provide the epidemiologist with the data sources and analytic tools needed to identify outbreaks or unusual trends more rapidly, leading to a timelier public health response.

#### Mission:

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



**Ron DeSantis** 

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

### **September 28, 2021**

### **COVID-19 Vaccine Provider Update**

After 41 weeks of COVID-19 vaccine distribution, enrolled providers have vaccine inventory that may expire soon (including many lots of the Janssen COVID-19 vaccine). We encourage all providers to check your inventory, dispose of expired vaccine, update vaccine inventory records and submit vaccine wastage reports.

### **Check Inventory**

- Determining when a vaccine or diluent expires is a critical step in proper storage and handling. Expired vaccines and diluents must be removed immediately from storage units to avoid inadvertently administering them.
- Any vial of the Janssen COVID-19 vaccine that has a date prior to September 23, 2021 has now expired. There will be no more extensions.
- Visit Janssen COVID-19 vaccine to look up a Janssen COVID-19 vaccine expiration date.
- Visit Moderna COVID-19 vaccine to look up a Moderna COVID-19 vaccine expiration date.
  - This product line may announce shelf life extensions as early as this week (September 27, 2021–October 1, 2021).
  - Do not dispose of expired Moderna COVID-19 vaccine until there is decision made about extension. Please check the website at the beginning of October 2021 for potential expiration updates.
- The COVID-19 Vaccine Lot Number report, available via the Centers for Disease Control and Protection's (CDC) Vaccine Code Set Management Service, can also help identify expired inventory. The report is updated daily with COVID-19 vaccine lot numbers and expiration dates provided to the CDC by vaccine manufacturers.
  - If you have not yet registered for the report, visit CDC's Vaccine Lot Number and Expiration Date webpage and complete the registration form to request access.

### **Update Vaccine Inventory Records**

Update your inventory in <u>Vaccine Finder</u>

### **Submit Vaccine Wastage Reports**

- Adjust your waste in Florida SHOTS. If you need additional instructions on waste reporting visit Training Guides | Florida SHOTS (flshotsusers.com) under 'VFC Resources' for the 'Quick Tip Guide for Recording Wasted COVID-19 Doses'.
- Waste is expected in any vaccination program. As time passes and administration of vaccine doses increase, the reported levels of waste will also increase. The reporting of wastage does not reflect negatively on a program.
- Once you have identified expired vaccine, please dispose of these vials as per local ordinances regarding disposal of biologic waste.

Florida Department of Health **Division of Disease Control and Health Protection Bureau of Epidemiology** 

4052 Bald Cypress Way, Bin A-12 • Tallahassee, FL 32399-1701

PHONE: 850/245-4401 • FAX: 850/413-9113

FloridaHealth.gov



# Reportable Diseases/Conditions in Florida



Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

### Florida Department of Health

# Did you know that you are required\* to report certain diseases to your local county health department (CHD)?

### You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- 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)
- deficiency syndrome (AIDS)

  Amebic encephalitis
- I Anthrax
- Arsenic poisoning
- ! Arboviral diseases not otherwise listed
- Babesiosis
- ! 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
- R Chikungunya fever, locally acquired
- Chlamvdia
- Cholera (Vibrio cholerae type O1)
- Ciguatera fish poisoning
- Congenital anomalies
- Conjunctivitis in neonates <14 days old</li>
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- Escherichia coli infection, Shiga toxinproducing
- Giardiasis, acute
- ! Glanders
- Gonorrhea
- Granuloma inguinale

- ! Haemophilus influenzae invasive disease in children <5 years old
- Hansen's disease (leprosy)
- R Hantavirus infection
- Memolytic uremic syndrome (HUS)
- R Hepatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women and children <2 years old</li>
- 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</li>
- + 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</p>
- Lead poisoning (blood lead level ≥5 µg/dL)
- 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
- Paratyphoid fever (Salmonella serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- Pertussis

- Pesticide-related illness and injury, acute
- Plaque
- 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</li>
- 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
- Zika fever

Coming soon. "What's Reportable?" app for iOS and Android

"Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part 1 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, subsection 381.0031(4), Florida's Statutes, 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..."





Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ).

Patient Information		Medical Information									
SSN:					MRN:						
Last name:	•			– Dat	te onset:			Dat	e diagno	osis:	
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Gender:	O Male O Female	If female, pregnant:				Date admitted	d:		Date disci	harged:	
	O Unknown	prognant.	O Unknown	Ins	surance:						
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Birth date:		Death date:		-				- 0			
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Etimotty.	☐ Non-Hispanic				testing:	O res	O NO	O Uni	known	result(s) if available	
	☐ Unknown										
Address:				Pro	vider Info	rmation					
ZIP:	County	<i>y</i> :		Ph	hysician:						
City:			State:		Address:						
Home phone:				1	City:				State:	ZIP:	
Other phone:				-	Phone:				_		
Emergency phone:				-	Fax:						
Email:				ī	Email:						
		ee www.FloridaHealth.gov/CHD	EniContact, See www.F	loridaHealth.gov/f		ing for other repor	ting questions	s. HIV/AID	S and HIV-ext	posed newborn notification	
should be made using the Adult people <13 years old. Please co	department contact information, s HIV/AIDS Confidential Case Report entact your county health department the Agency for Health Care Adminis	Form, CDC 50.42A (revised Mar for these forms (visit www.Florid	rch 2013) for cases in pe	ople ≥13 years old	d or the Pediatric	: HIV/AIDS Confider	ntial Case Repo	ort, CDC 5	0.42B (revised	March 2003) for cases in	
these conditions are reported to other notifications should be to t	the Agency for Health Care Adminis	tration in its inpatient discharge	data report pursuant to (	Chapter 59E-7 FAC	C. Cancer notific	ation should be dire	ctly to the Flori	ida Cancer	Data System	(http://fcds.med.miami.edu). All	
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<b></b> □ Anthrax		Granuloma inguinale		☐ Meni	ingitis, bacte	erial or mycotic				ite or full resistance to in (VISA, VRSA)	
☐ Arsenic poisoning		Haemophilus influenzae invasive		■ Meningococcal disease				Streptococcus pneumoniae invasive disease in children <6 years old			
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☐ Babesiosis		Hantavirus infection	osy)	☐ Mum	nps					pregnant women and	
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☐ Brucellosis	_	Hepatitis B, C, D, E, an	d G	and I	serotypes Paratyphi A, Paratyphi B, and Paratyphi C)				☐ Trichinellosis (trichinosis)		
☐ California serogroup vi	_	Hepatitis B surface anti	gen in pregnant		Pertussis				☐ Tuberculosis (TB) ☐ Tularemia		
☐ Campylobacteriosis	<b>2</b> -	women and children <2 years old		☐ Pesti acute	ticide-related illness and injury, e			•		ver (Salmonella serotype	
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☐ Chancroid		<60 days old with disse	minated	Polic	omyelitis			<u> </u>		ver, epidemic	
☐ Chikungunya fever		infection and liver involvement; encephalitis; and infections limited to		☐ Psittacosis (ornithosis)				• —	Vaccinia d		
Chikungunya fever, loo	cally acquired	skin, eyes, and mouth; in children <12 years of		☐ Q Fe	ever					chickenpox)	
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☐ Dengue fever ☐ Legionel		3	Legionellosis		<ul> <li>Saxitoxin poisoning (paralytic shellfish</li> </ul>			• –	cluster of o	cases, or exposure to an or non-infectious disease.	
Diphtheria		Leptospirosis		poisoning)  Severe acute respiratory disease					condition,	or agent found in the	
☐ Eastern equine encept	_	Listeriosis		synd	drome associ	iated with coror				mmunity or any defined g., hospital, school, other	
☐ Ehrlichiosis/anaplasmosis ☐ Escherichia coli infection, Shiga toxin-		Lyme disease		infection  Shigellosis					institution) not listed above that is of		
Escherichia coli infection producing		Lymphogranuloma vene	ereum (LGV)	. □ Smal						olic health significance. comments below.	
Giardiasis, acute	_	Malaria				enterotoxin B po	oisoning		r,		
Glanders		Measles (rubeola)						_	Carrie		
Comments:								1	Coming	soon: s Reportable?" app	
										and Android	