



Epi Watch

A Monthly Epidemiology Newsletter



September, 2010

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Epi Watch is a monthly newsletter from the Pinellas County Health Department. For more information, or to add your e-mail address to the distribution list, please contact the Editor.

In Florida, **Respiratory Syncytial Virus Infection (RSV)** activity has been increasing in recent weeks. This trend corresponds with the beginning of the normal RSV season. RSV most commonly causes a cold-like illness; generally a mild illness in adults and children, and more severe illness in infants and young children. RSV is a common cause of bronchiolitis and pneumonia. Infection can result from direct or indirect contact with nasal or oral secretions from infected persons. In most cases, full recovery occurs in about 1 to 2 weeks.

"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

Foegen, W.H. et al. (1976). Int. J of Epidemiology, 5:29-37.

To report diseases by phone call:
 (727) 824-6932

To report diseases by fax (other than HIV/AIDS) use:
 (727) 820-4270

Pertussis

As of August 31, 2010, 10 cases of pertussis have been reported to the Pinellas County Health Department. Despite the effectiveness of the vaccine, pertussis continues to occur in all age groups. While currently there are no reported outbreaks in Pinellas County, emphasis on appropriate and timely diagnosis and treatment of suspect cases is important.

Pertussis, also known as whooping cough, is a highly contagious respiratory disease caused by the bacterium *Bordetella pertussis*. The bacteria attach to the cilia of the respiratory epithelial cells, produce toxins that paralyze the cilia, and cause inflammation. The incubation period is usually 7 to 10 days with a range of 5 to 21 days. Early symptoms include runny nose, low grade fever, and apnea in infants. A clinical case of pertussis is defined as an acute cough illness for more than 2 weeks with "whoop", paroxysms of coughing, or posttussive vomiting. In addition, laboratory testing is needed to confirm a case.

Culture is considered the gold standard for testing for *B. pertussis* because it is the only 100% specific method for identification. Identifying which strains of *B. pertussis* are causing disease is of public health importance. Other tests that can be performed include PCR and serology. If treatment for pertussis is started early, within 2 weeks before coughing paroxysms occur, symptoms may be lessened. The duration of classic pertussis is 6 to 10 weeks in children.

Vaccination is the best prevention method. In the United States, the recommended pertussis vaccine for children is DTaP. This is an effective combination vaccine that protects children against three diseases: diphtheria, tetanus, and pertussis. For maximum protection against pertussis, children need five DTaP shots. A different formulation known as Tdap is a required booster for children entering 7th grade and now recommended for adults at ten year intervals (in place of the previously recommended Td vaccine). Furthermore, the Centers for Disease Control and Prevention recommend adults who have or anticipate having contact with infants younger than 12 months, healthcare personnel with direct patient care (especially if contact with infants younger than 1 yr), and pregnant women after delivery, before discharge from the hospital, receive the Tdap vaccine prior to the standard 10 year interval. Immunity fades with time and episodic outbreaks of pertussis among previously immunized older children and adults are not uncommon. Older individuals can be the source of infection for young children.

Pertussis is nationally-notifiable and cases should be reported immediately to the appropriate health department. Prompt reporting of cases can assist the health department in preventing secondary transmission and potential outbreaks.

For more information on pertussis and the recommended vaccine schedule, please visit the Centers of Disease Control and Prevention website at www.cdc.gov and the Florida Department of Health website at www.doh.state.fl.us.

Selected Reportable Diseases in Pinellas County

Disease	2010 August	2010 Year to date	2009 Year to date	2009 Total
AIDS	14*	87*	110	155
Animal Rabies			1	1
Arboviral Illness (Human):				
Dengue	1	3		
EEE				
SLE				
WNV				
CA/LaCrosse				
Campylobacteriosis	5	27	21	30
Chlamydia	326	2596	2698	3974
Creutzfeldt-Jakob Disease (CJD)			1	1
Cryptosporidiosis	4	20	9	23
Cyclosporiasis		3	2	2
<i>E. coli</i> O157:H7				
<i>E. coli</i> Shiga Toxin (+)				
Giardiasis	6	23	24	34
Gonorrhea	121	865	1059	1509
<i>H. influenzae</i> :				
Invasive Disease		10	6	8
Hansen's Disease		1	1	1
Hemolytic Uremic Syndrome (HUS)				
Hepatitis, Acute Viral:				
A			4	6
B		4	20	28
C		5	2	3
Hepatitis B: Pregnant Woman +HBsAg		19	18	24
Hepatitis, Chronic Viral				
B	18	173	117	187
C	130	1028	877	1383
HIV	28*	136*	131	183
Lead Poisoning: Children < 6 years:		1	4	5
Legionellosis	2	8	4	10
Listeriosis				
Lyme Disease	1	4	1	6
Malaria		1	2	3
Meningitis:				
Bacterial, Cryptococcal, Mycotic	1	8	6	7
Meningococcal Disease		4	2	3
Mercury Poisoning	1	1		
Mumps			1	2
Pertussis	4	10	3	4
Rabies, possible exposure	17	67	50	75
Salmonellosis	30	134	137	289
Shigellosis	4	7	2	5
Streptococcal Disease, Inv. Group A	2	5	10	14
<i>S. pneumoniae</i> , Inv. Disease (DR)		11	21	35
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	1	11	23	28
Syphilis:				
Total	7	69	125	183
Infectious (P and S)	4	28	48	68
Early Latent		18	53	81
Congenital				
Late Syphilis (Late Latent; Neurosyphilis)	3	23	24	34
Tuberculosis	3	25	14	18
<i>Vibrio</i> Infections	2	7	4	8

Provisional cases reported by the Pinellas County Health Department. Blank cells indicate no cases reported. For a complete list of reportable diseases and guidelines for reporting, please visit: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

*Some HIV and AIDS data for July 2010 were not entered into the eHARS system due to technical problems. Due to some July cases being entered as August 2010 cases, there is an artificially higher number of cases for HIV and AIDS for the month of August.