

# EPIGRAM

PRODUCED BY DISEASE CONTROL SERVICES  
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## INFLUENZA SURVEILLANCE

### County influenza and influenza-like illness (ILI) activity

Nassau County reported mild influenza and ILI activity in week 5, but influenza activity continues to increase. Three influenza and ILI outbreaks have been reported in Nassau County so far this season. All three of the outbreaks in Nassau County were in facilities that serve high risk populations (children and older adults). In week 5, 11.5% of emergency department (ED) visits by Nassau County residents were of ILI. For Nassau County children aged 0-4, 20.2% of ED visits during week 5 were for ILI, and for Nassau County residents aged 5-19, 25.3% of ED visits were for ILI in week 5. Nassau County residents aged 0-19 typically represent about half of all ED visits for ILI (Fig. 1). However, older adults (aged 65 and older) made up the largest proportion (40%) of ILI-related hospitalizations in Nassau County residents since the beginning of this flu season.

ED Visits for ILI in Nassau County Residents by Age Group

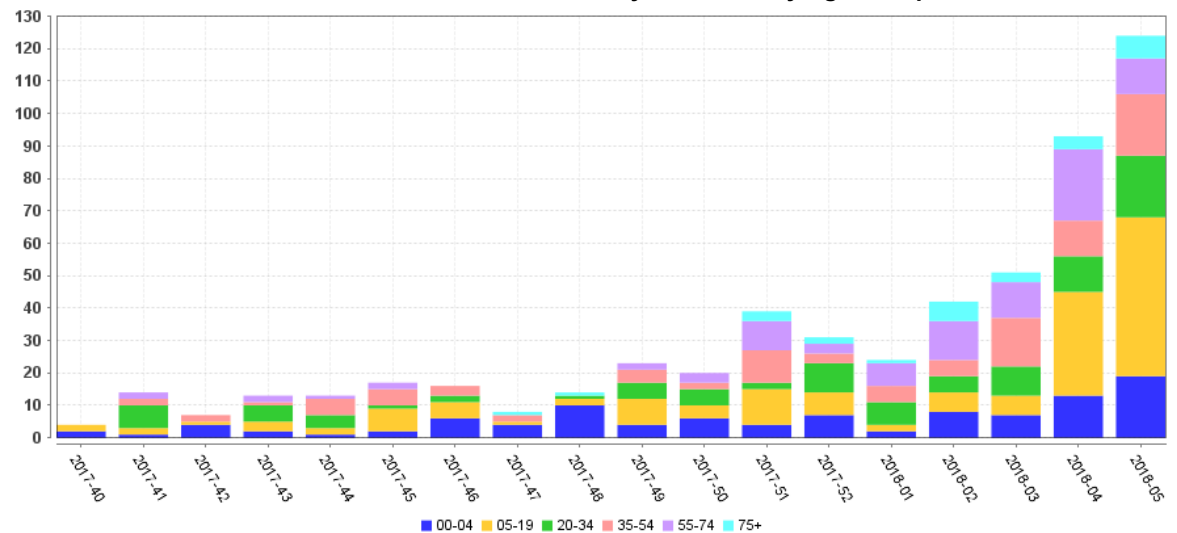


Figure 1. Visits to emergency departments for influenza-like illness in Nassau County residents by age group, week 40, 2017 through week 5, 2018. Data source: ESSENCE-FL.

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DISEASE REPORTING

Phone  
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After Hours Line  
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Bureau of Epidemiology  
24 Hour Reporting Line  
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86014 Pages Dairy Road  
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(904) 875-6110

Callahan Clinic  
45377 Mickler Street  
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(904) 320-6010

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37203 Pecan Street  
Hilliard, FL 32046  
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**State influenza and ILI activity**

✦ Flu activity increased sharply for the fourth week and a row. In week 5, flu activity was above peak levels in previous flu seasons (Fig. 2).

✦ The most impacted groups are those at high risk for complications from influenza, such as children, adults aged 65 and older, and pregnant women.

✦ Five influenza-associated pediatric deaths have been confirmed so far this season in Florida.

✦ Overall, deaths due to pneumonia and influenza were higher than expected and are expected to increase over the coming weeks. Most deaths occurred in people aged 65 and older. The majority (58%) of deaths in people aged 64 years and younger occurred in people who had underlying health conditions.

✦ Eighty-two outbreaks of influenza and ILI were reported in week 5, 36 with confirmation of influenza and 45 ILI. As of week 5, 319 outbreaks of influenza and ILI have been reported since the start of the 2017-18 flu season. Of the 319 outbreaks reported so far this season 296 (93%) occurred in facilities serving people at higher risk for complications due to influenza infection. More outbreaks have been reported this season than in any previous season on record.

**Florida ED and UCC visits for ILI by Flu Season**

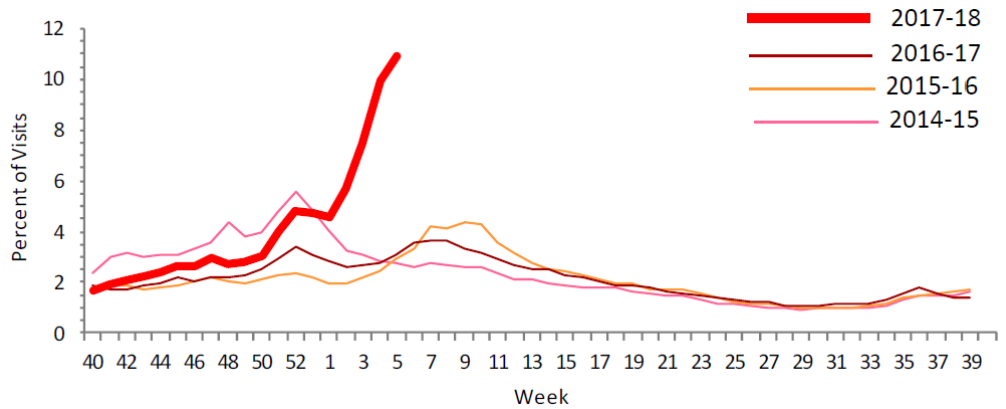


Figure 2. Percent of visits for ILI from emergency department (ED) and urgent care center (UCC) chief complaint data for ESSENCE-FL participating facilities (n=309), week 40, 2014 to week 5, 2018.

Source: Florida Flu Review, week 5, 2018. [www.floridahealth.gov/floridafiu](http://www.floridahealth.gov/floridafiu)

**National influenza and ILI activity**

✦ Influenza activity continued to increase and was well above the national baseline. For week 5, the proportion of people seeing a health care provider for ILI was 7.7%, well above the national baseline of 2.2%. This is the highest percentage recorded since the 2009 H1N1 pandemic, which peaked at 7.7%.

**2017-18 Influenza Season Week 5 ending Feb 03, 2018**

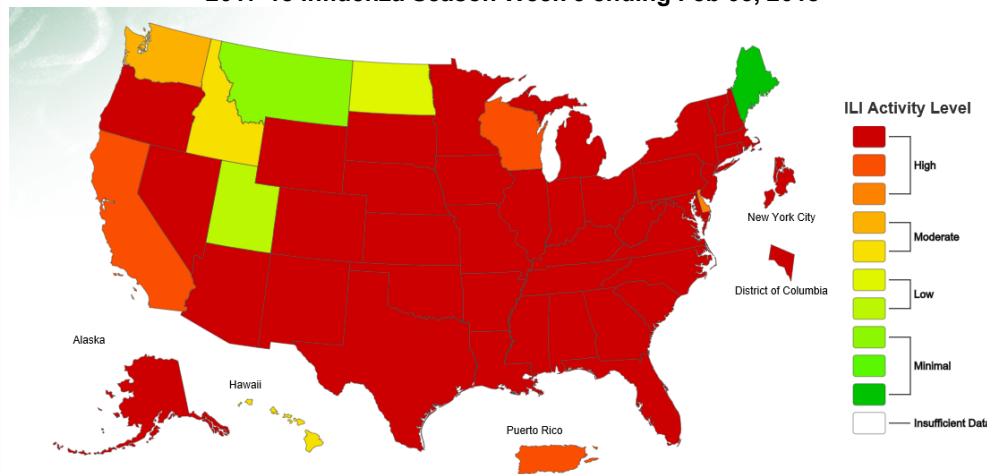


Figure 3. National ILI levels by state, measured using the proportion of outpatient visits to healthcare providers for ILI.

✦ Most states are experiencing high levels of ILI activity (Fig. 3).

✦ The cumulative overall hospitalization rate for lab-confirmed influenza is 59.9 hospitalizations per 100,000 people in the United States.

✦ Influenza A (H3N2) has been the most common subtype of influenza identified by public health laboratories.

Source: CDC Flu View, week 5, 2018. <https://www.cdc.gov/flu/weekly/fluactivitysurv.htm>

### Influenza Treatment & Prevention

- ✦ A recent study showed that flu vaccination can reduce a child's likelihood of dying from influenza by 50-60%. For more information visit: <https://www.cdc.gov/media/releases/2017/p0403-flu-vaccine.html>
- ✦ DOH-Nassau has been contacting local pharmacies twice weekly to assess the availability of influenza antivirals and vaccines. As of February 12, 2018, both antivirals and vaccines are widely available in Nassau County.

## EMERGING ISSUES—PUBLIC HEALTH SURVEY 2018

The Florida Department of Health is surveying Nassau County clinicians to get input on emerging issues that impact health in our community. This brief survey should take no more than 5 minutes. If you are not currently an active prescriber, please skip section I (Questions 1-4) and complete sections II-IV (Questions 5-13). Your responses are confidential and we thank you for your time.

The survey can be accessed online at: <https://www.surveymonkey.com/r/X8M6NNX>

## JANUARY 2018: REPORTED CASES IN NASSAU COUNTY

### Confirmed, Probable, Suspect Cases of Multiple Diseases with Report Date 01/01/18 to 01/31/18 with Three-Year Period Comparison for Nassau County

Disease Name	Selection Date		Comparison Date 1		Comparison Date 2		Comparison Date 3	
	01/01/18-01/31/18		01/01/17-01/31/17		01/01/16-01/31/16		01/01/15-01/31/15	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
<b>NASSAU COUNTY</b>								
Campylobacteriosis	2	10.5%	4	36.4%	0	0.0%	2	25.0%
Carbon Monoxide Poisoning	0	0.0%	1	9.1%	0	0.0%	0	0.0%
Haemophilus influenzae Invasive Disease	1	5.3%	0	0.0%	0	0.0%	0	0.0%
Hepatitis B, Chronic	2	10.5%	0	0.0%	3	21.4%	1	12.5%
Hepatitis C, Chronic	11	57.9%	4	36.4%	4	28.6%	5	62.5%
Rabies, Possible Exposure	0	0.0%	1	9.1%	4	28.6%	0	0.0%
Salmonellosis	2	10.5%	1	9.1%	3	21.4%	0	0.0%
Strep pneumoniae Invasive Disease, Drug-Resistant	1	5.3%	0	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>19</b>	<b>100.0%</b>	<b>11</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>
<b>STATEWIDE</b>								
Campylobacteriosis	331	7.2%	294	8.6%	262	7.5%	249	7.4%
Carbon Monoxide Poisoning	32	0.7%	17	0.5%	23	0.7%	20	0.6%
Haemophilus influenzae Invasive Disease	47	1.0%	22	0.6%	34	1.0%	21	0.6%
Hepatitis B, Chronic	361	7.8%	398	11.7%	332	9.5%	368	10.9%
Hepatitis C, Chronic	2370	51.4%	1432	42.0%	1574	45.0%	1554	46.1%
Rabies, Possible Exposure	310	6.7%	232	6.8%	204	5.8%	267	7.9%
Salmonellosis	323	7.0%	289	8.5%	379	10.8%	321	9.5%
Strep pneumoniae Invasive Disease, Drug-Resistant	61	1.3%	20	0.6%	33	0.9%	21	0.6%
Other remaining conditions in FL (not shared with Nassau County)	777	16.8%	707	20.7%	657	18.8%	547	16.2%
<b>TOTAL</b>	<b>4612</b>	<b>100.0%</b>	<b>3411</b>	<b>100.0%</b>	<b>3498</b>	<b>100.0%</b>	<b>3368</b>	<b>100.0%</b>

Table 1. Confirmed, probable, and suspect case counts for reportable diseases and conditions in Nassau County and Florida, January 2015 through January 2018.

Disease/condition counts from 2016 and before are final. Disease/condition counts for 2017 and 2018 are preliminary and will change.

## HEALTH BULLETINS, ADVISORIES & ALERTS

### January Press Releases & Public Information

For additional information regarding press releases visit the DOH-Nassau website or Department of Health Online Newsroom at: <http://nassau.floridahealth.gov/> and <http://www.floridahealth.gov/newsroom/>

- ✦ 01/10/18: Influenza guidance sent to long term care facilities
- ✦ 01/17/18: DOH-Nassau Reminds You to Take Precautions This Flu Season press release
- ✦ 01/18/18: Influenza guidance letter sent to long term care facilities and health care providers
- ✦ 01/29/18: Influenza guidance letter sent to schools and daycares for distribution to parents
- ✦ 01/29/18: Influenza antiviral letter sent to health care providers

### **KEEP SICK AT HOME**

#### **IF YOU CAUGHT THE FLU, NO WORK OR SCHOOL FOR YOU!**

#### **You may have the flu if:**

- ✦ In addition to coughing or sneezing, you're suffering from a fever, headache, chills, or body aches.
- ✦ It came on suddenly.

#### **The flu is most contagious early in the illness.**

- ✦ If you believe you're coming down with the flu, go home and stay home.
- ✦ Keep your hands clean, and coughs and sneezes covered.
- ✦ Consider seeing your doctor.



#### **Prevent the flu— it's in your hands!**

- ✦ Wash your hands often with soap and water. If you don't have soap and water, use an alcohol-based hand sanitizer.
- ✦ Don't touch or shake hands with people who are sick.
- ✦ Clean and disinfect frequently touched surfaces.
- ✦ Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper elbow, not your hands.
- ✦ Stay home when you're sick, and keep your children home when they're sick.

For more information visit: <http://www.floridahealth.gov/programs-and-services/prevention/flu-prevention/index.html>

**Mission:**

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



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

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Dear Colleague,

Hepatitis C virus (HCV) is an important public health issue across the country and in your community. Chronic HCV is a leading cause of liver failure, cancer, and liver transplantation. HCV-infection kills more Americans than any other infectious disease.<sup>1</sup> The number of new HCV infections reported to the Centers for Disease Control and Prevention has nearly tripled in the past five years. The greatest increases were among young people ages 20-29, with injection drug use related to the opioid epidemic as the primary route of transmission. However, the majority (three quarters) of the 3.5 million Americans already living with HCV are baby boomers, born from 1945-1965, who are six times more likely to be infected with HCV.<sup>2</sup>

There are newly developed treatment regimens that are shorter in duration and have significantly fewer side effects compared with older interferon-based treatment regimens. Most importantly, the new medications cure over 95 percent of patients treated. When HCV-infected patients are cured, they experience a 50 percent reduction in all-cause mortality, a 75 percent reduction in liver cancer risk, and an improved quality of life.

With curative treatment, eliminating HCV as a public health threat is a real possibility.<sup>3</sup> However, while new drugs are curative and better tolerated than the previous generation of treatment, there are significant challenges to reaching that goal of elimination. One major challenge is that approximately half of HCV-infected individuals remain undiagnosed and are unaware of being infected.

Health care providers play a critical role in identifying people who are HCV-infected and providing or linking their patients to appropriate care and treatment. **I am asking health care providers to take the following actions now:**

- Screen all persons born between 1945-1965 (baby boomers) once in their lifetime, regardless of past risk. This action will identify 77 percent of persons infected.<sup>4</sup>
- Screen all persons with risk factors for HCV, including persons who are currently or who have ever injected drugs (even one time). For complete risk factor information, visit [www.cdc.gov/hepatitis/hcv/guidelinesc.htm](http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm).
- Confirm HCV infections by performing HCV ribonucleic acid (RNA) tests on all patients who screen antibody-positive.
- Follow up with patients in your practice who receive a confirmatory RNA result to ensure they are linked to care and treatment.
- Implement systems to promote screening and linkage to care. This includes standing orders for staff to screen for HCV, electronic medical records (EMR) prompts and reminders, and clinical decision support tools in your EMR to track and follow up with patients with HCV.
- Counsel HCV-infected persons on adherence for those receiving treatment and harm reduction strategies for HCV-negative persons at risk of infection.
- Consult the most up-to-date HCV prevention and treatment guidelines at the Centers for Disease Control and Prevention's hepatitis website, [www.cdc.gov/hepatitis/hcv/management.htm](http://www.cdc.gov/hepatitis/hcv/management.htm).
- For more information on the Florida Department of Health, Hepatitis Prevention Program, please visit our website, [www.floridahealth.gov//diseases-and-conditions/hepatitis/index.html](http://www.floridahealth.gov//diseases-and-conditions/hepatitis/index.html).

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**Accredited Health Department**  
Public Health Accreditation Board

Patients who learn of their HCV status benefit by having the opportunity to make lifestyle changes that positively impact their liver health and reduce the risk of transmission to others. HCV treatment is covered under Medicaid and Medicare, the Veterans Administration, and most private insurance policies. For patients without insurance coverage, many pharmaceutical companies offer Patient Assistance Programs to cover the cost of treatment.

Thank you for your commitment to health and your work in this important effort.

Sincerely,



Celeste Philip, MD, MPH  
Surgeon General and Secretary

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<sup>1</sup> Centers for Disease Control and Prevention. Hepatitis C Kills More Americans than Any Other Infectious Disease. [www.cdc.gov/nchhstp/newsroom/2016/hcv-press-release.html](http://www.cdc.gov/nchhstp/newsroom/2016/hcv-press-release.html)

<sup>2</sup> Centers for Disease Control and Prevention. 2017 Hepatitis Surveillance Report. [www.cdc.gov/nchhstp/newsroom/2017/hepatitis-surveillance-report.html](http://www.cdc.gov/nchhstp/newsroom/2017/hepatitis-surveillance-report.html)

<sup>3</sup> National Academies of Sciences, Engineering, and Medicine. A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report. [www.nationalacademies.org/hmd/Reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx](http://www.nationalacademies.org/hmd/Reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx)

<sup>4</sup> Chhatwal, J., et al. Hepatitis C disease burden in the United States in the era of oral direct-acting antivirals. *Hepatology*. 2016; doi: 10.1002/hep.28571. The 1945-1965 birth cohort maintains the highest burden of chronic HCV in the United States, and the US Preventive Services Task Force recommends screening all members of this birth cohort once and without prior risk elicitation. Risk-based screening is recommended for those with risk factors including current or past injection drug use, blood transfusion prior to 1992, or accidental blood exposure or needlestick.