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.
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.


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%.
- 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.


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

<table>
<thead>
<tr>
<th>Disease Name</th>
<th>Selection Date 01/01/18-01/31/18</th>
<th>Comparison Date 01/01/17-01/31/17</th>
<th>Comparison Date 01/01/16-01/31/16</th>
<th>Comparison Date 01/01/15-01/31/15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Percent</td>
<td>Cases</td>
<td>Percent</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>2</td>
<td>10.5%</td>
<td>4</td>
<td>36.4%</td>
</tr>
<tr>
<td>Carbon Monoxide Poisoning</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Haemophilus influenzae Invasive Disease</td>
<td>1</td>
<td>5.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hepatitis B, Chronic</td>
<td>2</td>
<td>10.5%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hepatitis C, Chronic</td>
<td>11</td>
<td>57.9%</td>
<td>4</td>
<td>36.4%</td>
</tr>
<tr>
<td>Rabies, Possible Exposure</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>2</td>
<td>10.5%</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Strep pneumoniae Invasive Disease, Drug-Resistant</td>
<td>1</td>
<td>5.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>19</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>11</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

**STATEWIDE**

<table>
<thead>
<tr>
<th>Disease Name</th>
<th>Selection Date 01/01/18-01/31/18</th>
<th>Comparison Date 01/01/17-01/31/17</th>
<th>Comparison Date 01/01/16-01/31/16</th>
<th>Comparison Date 01/01/15-01/31/15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Percent</td>
<td>Cases</td>
<td>Percent</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>331</td>
<td>7.2%</td>
<td>294</td>
<td>8.6%</td>
</tr>
<tr>
<td>Carbon Monoxide Poisoning</td>
<td>32</td>
<td>0.7%</td>
<td>17</td>
<td>0.5%</td>
</tr>
<tr>
<td>Haemophilus influenzae Invasive Disease</td>
<td>47</td>
<td>1.0%</td>
<td>22</td>
<td>0.6%</td>
</tr>
<tr>
<td>Hepatitis B, Chronic</td>
<td>361</td>
<td>7.8%</td>
<td>398</td>
<td>11.7%</td>
</tr>
<tr>
<td>Hepatitis C, Chronic</td>
<td>2370</td>
<td>51.4%</td>
<td>1432</td>
<td>42.0%</td>
</tr>
<tr>
<td>Rabies, Possible Exposure</td>
<td>310</td>
<td>6.7%</td>
<td>232</td>
<td>6.8%</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>323</td>
<td>7.0%</td>
<td>289</td>
<td>8.5%</td>
</tr>
<tr>
<td>Strep pneumoniae Invasive Disease, Drug-Resistant</td>
<td>61</td>
<td>1.3%</td>
<td>20</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other remaining conditions in FL (not shared with Nassau County)</td>
<td>777</td>
<td>16.8%</td>
<td>707</td>
<td>20.7%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4612</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>3411</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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.

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. 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.2

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. 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.4
- 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.
- 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.
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