The Florida Department of Health (DOH) uses a system called the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) to monitor trends in emergency department (ED) and urgent care center (UCC) chief complaints. ESSENCE allows epidemiologists across the state to identify outbreaks or unusual trends rapidly and provide a timely public health response. Trends in injury patterns around the summer holidays are one situation in which syndromic surveillance has identified an opportunity for education to better protect Florida residents and visitors.

There was a substantial increase in visits with chief complaints related to fire, burns, and explosives around Independence Day, and to a lesser extent around Memorial Day (Fig. 1). Many of these were related to fireworks and involved injuries to the hands or eyes.

Also around Memorial Day weekend, there was an increase in the number of ED and UCC visits related to drowning and submersion, April 15-July 15, 2017.

---

**SUMMER SAFETY**

![Figure 1. ED and UCC visits in Florida related to fire, burns, and explosives, April 15-July 15, 2017.](image1)

![Figure 2. ED and UCC visits in Florida related to drowning and submersion, April 15-July 15, 2017.](image2)
related to drowning and submersion (Fig. 2). Thankfully not all of the drowning and submersion injuries in fig. 2 were fatal, but an increase in drowning-related deaths can also be consistently observed in death certificate data throughout each summer (Fig. 3).

The above graphs represent statewide data, but similar trends occurred in Nassau County. Firework-related injuries and drownings are preventable and education surrounding these topics is important for the health and safety of the community. Prevention of these injuries should be a focus for public messaging and patient education, especially during the summer and prior to holidays.

For more information on the DOH Injury Prevention Section, visit http://www.floridahealth.gov/programs-and-services/prevention/injury-prevention/index.html

For tips on preventing fireworks injuries and drowning, and information on other common summer safety concerns, visit https://blogs.cdc.gov/publichealthmatters/2017/06/prepare-to-be-patriotic/

**SECOND QUARTER 2017: REPORTED STDs IN NASSAU COUNTY**

Syphilis rates are increasing in Florida and nationally. Reported rates of infectious (symptomatic) syphilis in Florida have risen steadily over the past decade, from 4.0 per 100,000 population in 2006 to 10.5 per 100,000 population in 2015. The rate of early syphilis (acquired within the past 12 months) has risen from 8.3 per 100,000 population in 2006 to 22.1 per 1000,00 in 2015. The increase in syphilis cases corresponds to an increasing number of congenital syphilis cases in Florida, from 21 in 2006 to 38 in 2015. For recommendations from CDC for health care providers, please visit http://www.infectiousdiseaseadvisor.com/news/rise-in-syphilis-cases-prompts-new-cdc-video-for-clinicians/article/674591

**Confirmed, Probable, Suspect Cases of Sexually Transmitted Diseases Reported in Second Quarter 2017 with Three-Year Period Comparison for Nassau County**

<table>
<thead>
<tr>
<th>Disease Name</th>
<th>Selection Date</th>
<th>Comparison Date 1</th>
<th>Comparison Date 2</th>
<th>Comparison Date 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Percent</td>
<td>Cases</td>
<td>Percent</td>
</tr>
<tr>
<td></td>
<td>04/01/17 - 06/30/17</td>
<td>04/01/16 - 06/30/16</td>
<td>04/01/15 - 06/30/15</td>
<td>04/01/14 - 04/30/14</td>
</tr>
<tr>
<td>NASSAU COUNTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>56</td>
<td>65.9%</td>
<td>50</td>
<td>89.3%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>24</td>
<td>28.2%</td>
<td>5</td>
<td>8.9%</td>
</tr>
<tr>
<td>Syphilis</td>
<td>5</td>
<td>5.9%</td>
<td>1</td>
<td>1.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>85</td>
<td>100.0%</td>
<td>56</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

| Statewide    |                |                   |                   |                   |
| Chlamydia    | 25913          | 72.1%             | 24361             | 72.7%             | 22914             | 75.3%             | 20923             | 75.7%             |
| Gonorrhea    | 8022           | 22.3%             | 7013              | 20.9%             | 5805              | 19.1%             | 5194              | 18.8%             |
| Syphilis     | 2019           | 5.6%              | 2129              | 6.4%              | 1700              | 5.6%              | 1518              | 5.5%              |
| TOTAL        | 35954          | 100.0%            | 33503             | 100.0%            | 30419             | 100.0%            | 27635             | 100.0%            |

Disease/condition counts for 2014 through 2016 are final. Disease/condition counts for 2017 are preliminary and will change.
Disease Spotlight: Vibriosis

Vibriosis is caused by several species in the Vibrionaceae family. Toxigenic Vibrio cholera O1 and O139 are also members of this family, but are reported as cholera, not vibriosis. In Florida the most common pathogens that cause non-cholera vibriosis are V. parahaemolyticus, V. alginolyticus, and V. vulnificus. The bacteria occur naturally in the marine and estuarine environment, and are present in greater numbers during the warm summer months. Vibriosis infection can be characterized by gastroenteritis, primary septicemia, bacteremia, or wound infection. Vibrio gastroenteritis is typically transmitted by consumption of raw or undercooked seafood, especially shellfish such as oysters. Gastroenteritis is generally mild and self-limiting, with watery stools and abdominal cramps. Vibrio wound infections can occur after exposure of an open wound or broken skin to salty or brackish water. Septicemia can occur after gastroenteritis or wound infections, but is uncommon in people who are immune-competent. People with liver disease, low gastric acidity, peptic ulcers, diabetes, malnourishment, and immunodeficiency are most at risk for vibriosis. V. vulnificus is most commonly associated with severe infections in the U.S.; one third of patients presenting for care either are in shock or develop hypotension within 12 hours of admission. The case fatality rate is over 90% for those that develop hypotension. Septicemia occurs frequently in high-risk individuals, and over 50% of patients with primary septicemia die. Four cases of vibriosis were reported in Nassau County residents in 2016, of which two were V. parahaemolyticus and two were V. vulnificus. All four were wound infections that occurred after a break in the skin was exposed to a body of water in Northeast Florida. None were fatal, but all required hospitalization.

Prevention recommendations for vibriosis include: avoiding consumption of raw oysters or other raw shellfish, avoiding cross-contamination of ready to eat food with raw seafood or juices from raw seafood, wearing gloves when handling or preparing uncooked shellfish, and avoiding wound or broken skin exposure to salt water and raw shellfish. Education on these prevention measures is especially important for patients who are immunocompromised, have chronic liver disease, or have other predisposing factors. The incubation period for vibriosis ranges from 4-96 hours, so vibriosis should be considered as a differential diagnosis for patients who present with gastroenteritis or wound infections within four days of consumption of raw shellfish or wound exposure to water. Laboratory criteria for diagnosis requires isolation of Vibrio spp. from stool, wound sites, or blood. Cases of vibriosis should be reported to DOH by the next business day.


Zika Updates

Zika virus testing is recommended for pregnant women who lived in or traveled to an area with active Zika transmission at any point during pregnancy, and for pregnant women who had sex with a partner who lived in or traveled to an area with active Zika transmission at any point during pregnancy. Health care providers are encouraged to utilize commercial laboratories for Zika testing of pregnant women who have insurance. Zika testing is available at DOH-Nassau for pregnant women, as a secondary option. For up-to-date information on areas with active Zika transmission, visit https://www.cdc.gov/zika/geo/index.html For more information on Zika testing recommendations, visit https://www.cdc.gov/zika/hc-providers/testing-for-zikavirus.html

CDC has developed a toolkit to provide guidance to pediatric providers who are evaluating infants with possible congenital Zika virus infection, and to assist with obtaining information necessary to track the outcomes pregnancies with laboratory evidence of Zika virus infection during pregnancy through the US Zika Pregnancy Registry. DOH-Nassau will also provide timely testing and evaluation guidance to providers who are caring for infants with possible congenital Zika virus infection. The toolkit is available at https://www.cdc.gov/zika/pdfs/uszpr_toolkit_peds.pdf.
**June 2017: Reported Cases in Nassau County**

Confirmed, Probable, Suspect Cases of Multiple Diseases with Report Date 06/01/17 to 06/30/17 with Three-Year Period Comparison for Nassau County

<table>
<thead>
<tr>
<th>Selection Date 06/01/17-06/30/17</th>
<th>Comparison Date 1 06/01/16-06/30/16</th>
<th>Comparison Date 2 06/01/15-06/30/15</th>
<th>Comparison Date 3 06/01/14-06/30/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>Percent</td>
<td>Cases</td>
<td>Percent</td>
</tr>
<tr>
<td>Cases</td>
<td>Percent</td>
<td>Cases</td>
<td>Percent</td>
</tr>
<tr>
<td>Cases</td>
<td>Percent</td>
<td>Cases</td>
<td>Percent</td>
</tr>
<tr>
<td>Cases</td>
<td>Percent</td>
<td>Cases</td>
<td>Percent</td>
</tr>
</tbody>
</table>

**Nassau County**

- **Campylobacteriosis**: 3 cases (15.0%) compared to 5 cases (20.0%) in 2014.
- **Ehrlichiosis, HME (Ehrlichia chaffeensis)**: 0 cases in 2017 compared to 1 case in 2014.
- **Escherichia coli, Shiga Toxin-Producing (STEC) Infection**: 0 cases in 2017 compared to 1 case in 2014.
- **Haemophilus influenza Invasive Disease**: 0 cases in 2017 compared to 1 case in 2014.
- **Hepatitis B, Chronic**: 1 case (5.0%) in 2017 compared to 2 cases (8.0%) in 2014.
- **Hepatitis C, Chronic**: 11 cases (55.0%) in 2017 compared to 11 cases (44.0%) in 2014.
- **Lead Poisoning**: 0 cases in 2017 compared to 1 case in 2014.
- **Rabies, Animal**: 0 cases in 2017 compared to 1 case in 2014.
- **Rabies, Possible Exposure**: 0 cases in 2017 compared to 1 case in 2014.
- **Salmonellosis**: 4 cases (20.0%) in 2017 compared to 5 cases (20.0%) in 2014.
- **Shigellosis**: 0 cases in 2017 compared to 1 case in 2014.
- **Typhoid Fever (Salmonella Serotype Typhi)**: 0 cases in 2017 compared to 0 cases in 2014.
- **Varicella (Chickenpox)**: 0 cases in 2017 compared to 1 case in 2014.

**Total**

- **Confirmed**: 20 cases (100.0%)
- **Probable**: 25 cases (100.0%)
- **Suspect**: 19 cases (100.0%)
- **Other remaining conditions in FL (not shared with Nassau County)**: 19 cases (100.0%)

**Statewide**

- **Campylobacteriosis**: 460 cases (8.7%) compared to 341 cases (6.0%) in 2014.
- **Ehrlichiosis, HME (Ehrlichia chaffeensis)**: 3 cases (0.1%) compared to 11 cases (0.2%) in 2014.
- **Escherichia coli, Shiga Toxin-Producing (STEC) Infection**: 66 cases (1.2%) compared to 58 cases (1.0%) in 2014.
- **Haemophilus influenza Invasive Disease**: 35 cases (0.7%) compared to 17 cases (0.3%) in 2014.
- **Hepatitis B, Chronic**: 440 cases (8.3%) compared to 435 cases (7.6%) in 2014.
- **Hepatitis C, Chronic**: 2329 cases (44.1%) compared to 3157 cases (55.2%) in 2014.
- **Lead Poisoning**: 99 cases (1.9%) compared to 78 cases (1.4%) in 2014.
- **Rabies, Animal**: 12 cases (0.2%) compared to 8 cases (0.1%) in 2014.
- **Rabies, Possible Exposure**: 320 cases (6.1%) compared to 317 cases (5.5%) in 2014.
- **Salmonellosis**: 666 cases (12.6%) compared to 587 cases (10.3%) in 2014.
- **Shigellosis**: 170 cases (3.2%) compared to 92 cases (1.6%) in 2014.
- **Typhoid Fever (Salmonella Serotype Typhi)**: 2 cases (0.0%) compared to 1 case (0.0%) in 2014.
- **Varicella (Chickenpox)**: 42 cases (0.8%) compared to 50 cases (0.9%) in 2014.
- **Other remaining conditions in FL (not shared with Nassau County)**: 637 cases (12.1%) compared to 567 cases (9.9%) in 2014.

**Total**

- **Confirmed**: 5281 cases (100.0%)
- **Probable**: 5719 cases (100.0%)
- **Suspect**: 4616 cases (100.0%)
- **Other remaining conditions in FL (not shared with Nassau County)**: 4223 cases (100.0%)

Disease/condition counts for 2014 through 2016 are final. Disease/condition counts for 2017 are preliminary and will change.

**Clinician Training Opportunity**

The AIDS Education and Training Center (AETC) has launched the National HIV Curriculum (NHC), an online tool with free CME/CEU training for physician assistants, nurse practitioners, and pharmacists designed to inform and update healthcare professionals about guidelines for HIV infection prevention, diagnosis, and treatment. Visit [https://www.aidsetc.org/nhc](https://www.aidsetc.org/nhc) to access the curriculum.
Phone Numbers Change for the Florida Department of Health in Nassau County

The Florida Department of Health in Nassau County has changed telephone numbers. The new main telephone number is 904-875-6100. In order to better serve residents on the west side of the county, a toll-free number has been established at 877-580-4784. The old number is no longer in service. For more information regarding services, please visit our website at http://nassau.floridahealth.gov.

CDC Travel Notices

For additional information regarding CDC travel warnings, alerts, and advisories visit https://wwwnc.cdc.gov/travel/notices/

- 6/28/17 Updated Travel Alert: MERS in the Arabian Peninsula
- 6/28/17 Updated Travel Alert: Hajj and Umrah in Saudi Arabia
- 7/7/17 New Travel Watch: Measles in Democratic Republic of the Congo
- 7/7/17 New Travel Watch: Measles in France
- 7/18/17 New Travel Alert: Nontuberculosis Mycobacteria in Medical Tourists to the Dominican Republic

Pool Safety is Everyone’s Responsibility

Florida loses more children under age five to drowning than any other state. Annually in Florida, enough children to fill three to four preschool classrooms drown and do not live to see their fifth birthday. Drowning can be a silent catastrophe, one that can happen in the few minutes you take to answer a phone call or run inside for a towel. In 2011, 66% of drownings occurred in residential swimming pools. Learn the steps you can take to secure your pool and keep children safe.

LAYERS OF PROTECTION

Layer 1. Supervision: Supervision, the first and most crucial layer of protection, means someone is always actively watching when a child is in the pool. Imagine a barbecue with friends and neighbors gathered around the pool, eating and drinking, while the kids splash in the pool. But who’s watching the kids? Everyone, right? Or no one. In a situation like this, it’s easy to assume someone else is watching. DON’T ASSUME. At every moment, make sure someone is assigned the role of “water watcher” and does nothing else but focus on the children at all times.

Layer 2. Barriers: A child should never be able to enter the pool area unaccompanied by a guardian. Barriers physically block a child from the pool. Barriers include: child-proof locks on all doors, a pool fence with self-latching and self-closing gates, as well as door and pool alarms.

Layer 3. Emergency Preparedness: The moment a child stops breathing there is a small, precious window of time in which resuscitation may occur, but only if someone knows what to do. Even if you’re not a parent, it’s important to learn CPR. The techniques are easy to learn and can mean the difference between life and death. In an emergency, it’s critical to have a phone nearby and immediately call 911.

For more information visit WaterSmartFL.com or call 1-877-362-5033.