

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 for week 14 (March 31-April 6). Emergency Department (ED) visits for ILI by Nassau County residents peaked in week 6 (Feb. 3-9) at 4.77%. There was also a slightly lower peak in week 52 (Dec. 23-29, 2018) at 4.15% (Fig. 1). Five outbreaks of influenza A have been reported in Nassau County so far this season. ILI activity has decreased over the past several weeks, but influenza and ILI activity continue to be reported. Heightened influenza activity is expected to continue for several more weeks.

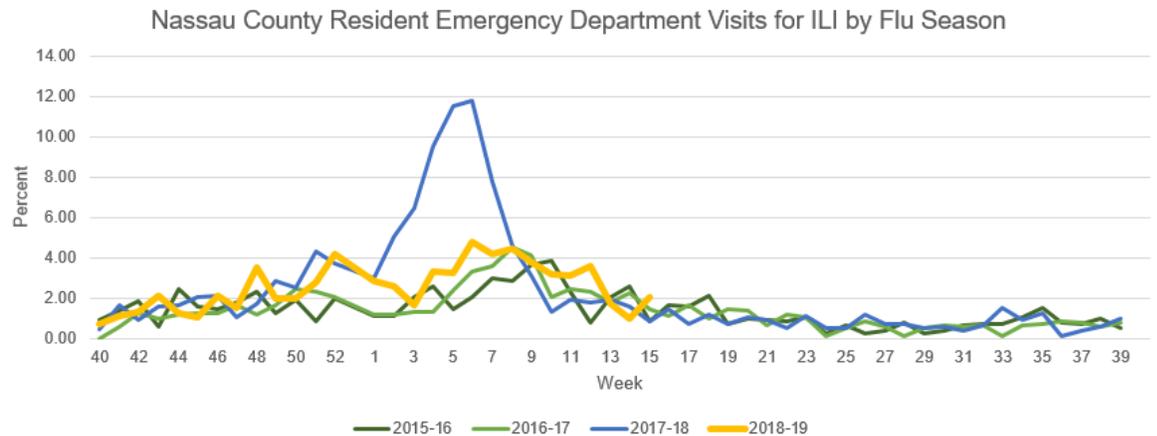


Figure 1. Emergency department visits for ILI by Nassau County residents, 2015-2019. Data source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

State influenza and ILI activity¹

✦ Statewide ILI activity decreased in week 14 and was similar to levels at this time in previous seasons. The timing of peak activity varied across regions, ranging from as early as week 52 (Dec. 23-29, 2018) to as late as week 9 (Feb. 24-Mar. 2). Activity has likely peaked for the season, but heightened influenza activity is expected for several more weeks.

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BULLETINS, ADVISORIES
& ALERTS FOR
DISPLAY IN OFFICE

DISEASE REPORTING

Phone
(904) 875-6100

Confidential Fax Line
(904) 428-5630

After Hours Line
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- ✦ Four outbreaks of influenza or ILI were reported in week 14, down from 10 outbreaks in week 13. A total of 217 influenza or ILI outbreaks have been reported so far this season.
- ✦ Most (52 of 67) counties reported mild influenza activity; seven counties reported moderate influenza activity and eight counties reported no influenza activity (Fig. 2).
- ✦ No new influenza-associated pediatric deaths were reported in week 14. Three influenza-associated pediatric deaths have been reported in Florida so far this season, all in unvaccinated children.

County Influenza Activity Maps¹

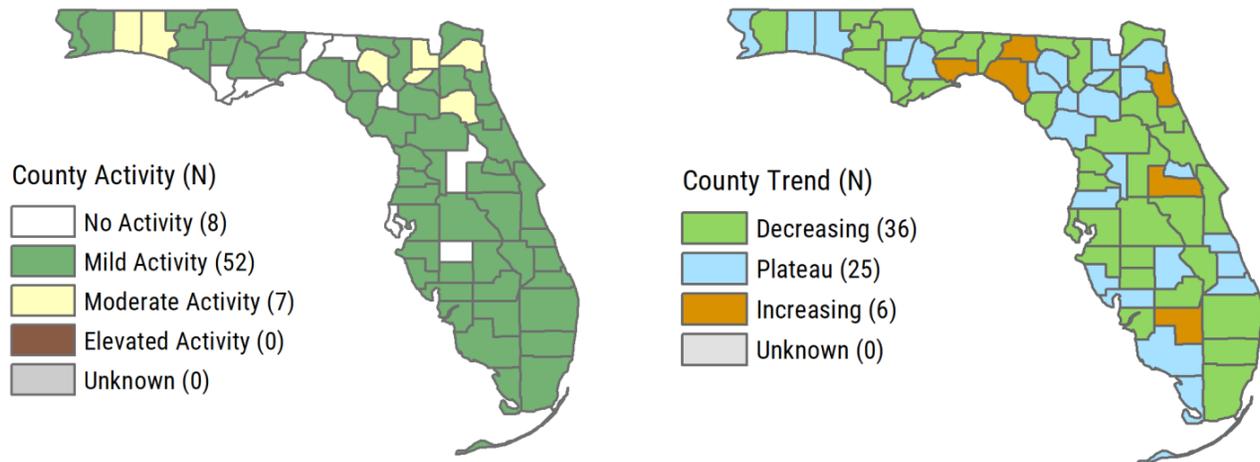


Figure 2. The majority of counties reported mild activity for week 14. Most counties reported influenza activity decreasing or at a plateau for week 14.

National Influenza Activity²

- ✦ On March 28, 2019, the Centers for Disease Control and Prevention (CDC) released an official health advisory reminding clinicians to have high suspicion for influenza and to prescribe antiviral treatment to high-risk patients with suspected influenza. Antiviral treatment should be started as soon as possible after illness onset and should not wait for laboratory confirmation. Early treatment should not be delayed for hospitalized and high-risk patients, especially those aged 65 years and older.
- ✦ For week 14, the proportion of people seeing their health care provider for ILI decreased from 3.1% to 2.8% and is still above the national baseline of 2.2%. Recent data indicate ILI activity peaked nationally in week 7 (Feb. 10-16) at 5.1%.
- ✦ The cumulative overall rate of laboratory-confirmed influenza hospitalizations since October 1, 2018 is 59.9 hospitalizations per 100,000 people in the United States. The highest hospitalization rate is among adults 65 years and older (195.5 per 100,000) followed by adults aged 50-64 years (75.5 per 100,000) and children younger than 5 years (69.1 per 100,000).
- ✦ The proportion of deaths attributed to pneumonia and influenza (P&I) during week 13 (March 24-30) was 7.0%, below the epidemic threshold of 7.1%. P&I has been at or above threshold for eight weeks this season (weeks 1-3, 7-9, and 11-12). A total of 86 influenza-associated pediatric deaths have been reported for the 2018-2019 season.
- ✦ Nationally, the percentage of respiratory specimens testing positive for influenza viruses in clinical laboratories during week 14 was 15.1%, down from 19.0% the previous week. During week 14, influenza A(H3) viruses were reported more frequently than influenza A(H1N1)pdm09 viruses. However, overall for the 2018-2019 flu season, influenza A(H1N1)pdm09 viruses remain predominant nationally.

¹Florida Department of Health. Florida Flu Review. www.floridahealth.gov/floridaflu

²Centers for Disease Control and Prevention. Weekly U.S. influenza Surveillance Report. <https://www.cdc.gov/flu/weekly/summary.htm>

HEPATITIS A

Disease Overview³

Hepatitis A is a vaccine-preventable viral infection that is typically spread through ingestion of something contaminated with the feces of an infected person. Most infections occur due to close personal contact with an infected person or household member, and common source outbreaks can occur due to contaminated food or water. Virus can remain infectious on surfaces for at least a month. The incubation period can range from 15 to 50 days, with an average of 28 days. Symptoms of hepatitis A can include fever, malaise, anorexia, nausea, abdominal pain, jaundice, dark colored urine, and light-colored stools. Illness does not usually last longer than two months, but about 10-15% of infected people can have symptoms lasting up to six months. Persons infected with hepatitis A are most infectious during the two weeks before the onset of jaundice, and infectivity declines the week after jaundice appears. In people without jaundice, peak infectivity occurs when serum alanine aminotransferase (ALT) concentrations increase. **Laboratories, hospitals, and physicians are required to immediately report hepatitis A infections to the Florida Department of Health without delay 24/7 by phone upon laboratory confirmation or physician diagnosis.**

Epidemiology^{4, 5}

After remaining relatively stable for several years, the number of reported hepatitis A cases in Florida more than doubled from 2016 to 2017 and nearly doubled again in 2018. Case counts in 2019 have already surpassed those in 2018. Weekly hepatitis A case counts have been steadily increasing overall since the beginning of 2018 (Fig. 3). Since January 1, 2018, 97% of reported hepatitis A cases have likely been acquired in Florida. The highest hepatitis A activity levels have been in the central Florida region, with the highest incidence rates to date in Pinellas and Pasco Counties.

Hepatitis A Cases in Florida by Report Week

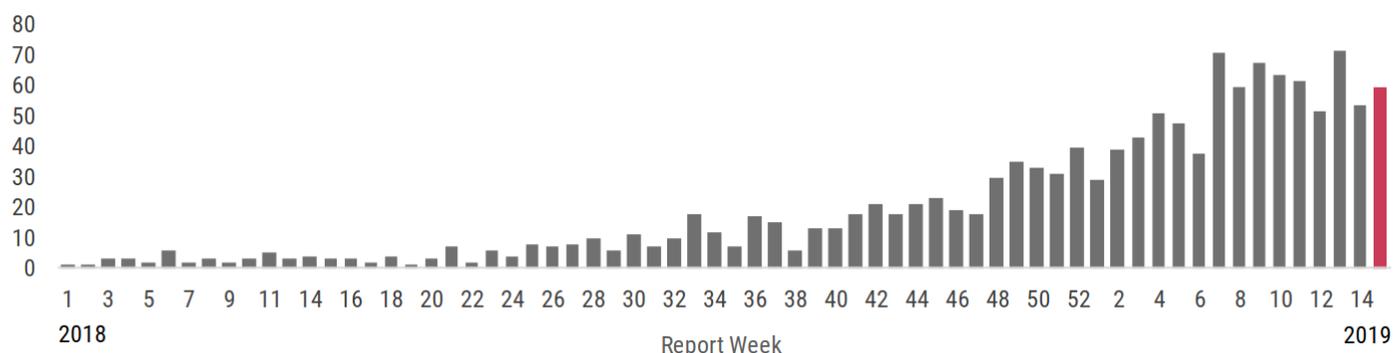


Figure 3. Sixty hepatitis A cases were reported in week 15 (April 7-13). Weekly case counts have steadily increased overall since week 1, 2018⁵.

From January 1, 2018 through March 31, 2019, 73% of hepatitis A cases likely acquired in Florida were hospitalized due to their hepatitis A infection, and eight cases died as a direct result of hepatitis A. Cases have been reported primarily among men (66%) and persons who identify as non-Hispanic white (78%). The incidence rate is highest among adults aged 30-39 years (15.7 cases per 100,000 population). Since the beginning of 2018, 28% of the reported hepatitis A cases were co-infected with chronic hepatitis B, hepatitis C, or both.

Over half (59%) of the 1,206 cases likely acquired in Florida from January 1, 2018 through March 31, 2019 reported at least one risk factor for hepatitis A, while 41% of cases reported no or unknown risk factors. **The most commonly identified risk factor was drug use, reported by 54% of cases. Non-injection (35%) and injection (34%) were both common forms of drug use.** Recent homelessness, reported by 17% of cases, was also a risk factor. Seven percent of the cases were in men who have sex with men (MSM).

Prevention

Vaccination is the best way to prevent hepatitis A infection. The Florida Department of Health is actively working to vac-

cinates those most at risk for hepatitis A infection. In recent months, the number of first doses of hepatitis A vaccine administered by both private providers and county health departments to adults aged 18 years and older, as recorded in Florida SHOTS, remained well above the previous five year average (Fig. 4). In week 15 (April 7-13, 2019), 5,945 doses were administered.

First Doses of Hepatitis A Vaccine Administered to Adults in Florida by Month

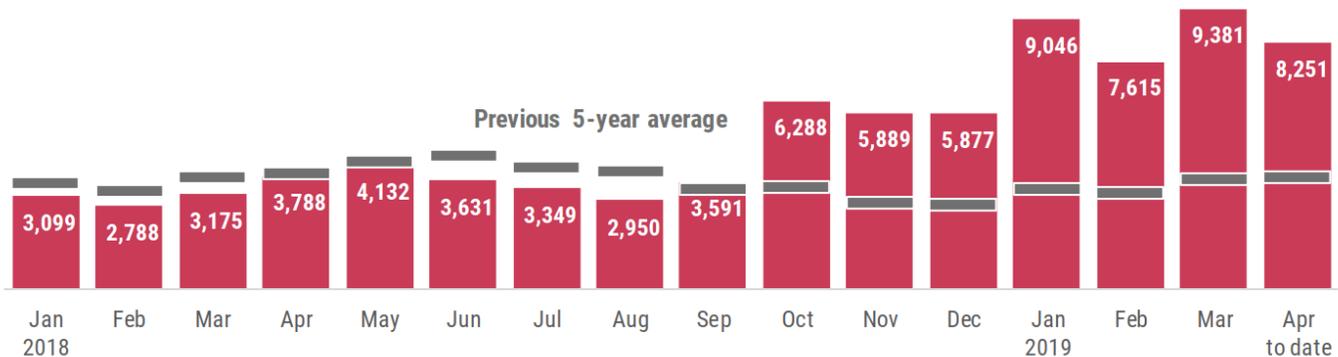


Figure 4. Number of first doses of hepatitis A vaccine administered to adults in Florida from January 2018 through week 15, 2019 (April 7-13)⁵.

Individuals with risk factors for hepatitis A infection (injection and non-injection drug use, recently experiencing homelessness, and identifying as men who have sex with men) should receive the hepatitis A vaccine. **Providers are encouraged to actively offer the hepatitis A vaccine to individuals at risk.** The CDC recommendations for hepatitis A vaccine administration include any person wishing to obtain immunity, so providers are encouraged to provide vaccination to any interested patient.

CDC recommends the following groups be vaccinated against hepatitis A⁶

- ◆ All children at age 1 year
- ◆ Persons who are at increased risk for infection, including persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A; men who have sex with men; persons who use injection and non-injection drugs; persons who have occupational risk for infection; persons who have chronic liver disease; persons who have clotting-factor disorders; household members and other close personal contacts or adopted children newly arriving from countries with high or intermediate hepatitis A endemicity; and persons with direct contact with persons who have hepatitis A
- ◆ Persons who are at increased risk for complications from hepatitis A, including people with chronic liver diseases, such as hepatitis B or hepatitis C
- ◆ Any person wishing to obtain immunity

³Florida Department of Health. Hepatitis A Guide to Surveillance and Investigation. http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/_documents/gsi-hepatitis-a.pdf

⁴Florida Department of Health. Vaccine-Preventable Disease Surveillance Report. http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/_documents/2019-march-vpd-report.pdf

⁵Florida Department of Health. Hepatitis A Surveillance. http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/hepatitis-a/surveillance-data/_documents/2019-week-15-hep-a-summary.pdf

⁶Centers for Disease Control and Prevention. Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Drugs and Persons Experiencing Homelessness. <https://emergency.cdc.gov/han/han00412.asp>

UPCOMING EVENTS & TRAININGS

The Florida Department of Health Immunization Section is pleased to share information about an upcoming webinar, *The Shoestring Budget Plan for Doing HPV Vaccination Quality Improvement in Primary Care Offices*. The webinar is scheduled for Tuesday, April 30, 3:00 p.m.–4:15 p.m. EST. The webinar will focus on HPV vaccination as an example, and will describe how your team can craft an aim statement and a set of measurements to propel you toward success. The webinar facilitators will also demonstrate how you can generate change ideas and utilize your office data to be even better!

MARCH 2019: REPORTED CASES IN NASSAU COUNTY

Confirmed, Probable, and Suspect Cases of Reportable Diseases of Frequent Occurrence with Report Date 03/01/19 to 03/31/19 with Three-Year Period Comparison for Nassau County and Florida

	Nassau County		Florida	
	March 2019	March Average, 2016-2018	March 2019	March Average, 2016-2018
Arsenic Poisoning	0	0.00	2	1.33
Campylobacteriosis	0	1.00	358	303.00
Carbon Monoxide Poisoning	0	0.00	17	16.00
Chlamydia (Excluding Neonatal Conjunctivitis)	21	16.67	7276	8447.67
Ciguatera Fish Poisoning	0	0.00	8	2.00
Creutzfeldt-Jakob Disease (CJD)	0	0.00	0	2.33
Cryptosporidiosis	0	0.33	51	35.33
Cyclosporiasis	0	0.00	2	0.33
Dengue Fever	0	0.00	3	3.67
Ehrlichiosis	0	0.00	1	0.00
<i>Escherichia coli</i> , Shiga Toxin-Producing (STEC) Infection	0	0.00	52	52.67
Giardiasis, Acute	0	1.00	80	95.33
Gonorrhea (Excluding Neonatal Conjunctivitis)	4	4.00	2111	2424.67
<i>Haemophilus influenzae</i> (Invasive Disease in Children <5 Years Old)	0	0.00	3	4.00
Hepatitis A	0	0.00	264	15.33
Hepatitis B, Acute	0	0.67	61	60.00
Hepatitis B, Chronic	0	0.33	441	435.67
Hepatitis B, Pregnant Women	0	0.00	31	43.00
Hepatitis C, Acute	0	0.00	37	24.00
Hepatitis C, Chronic (Including Perinatal)	11	7.00	1672	2115.33
Lead Poisoning Cases in Children <6 Years Old	1	0.00	80	85.33
Lead Poisoning Cases in Those ≥6 Years Old	2	0.00	70	73.00
Legionellosis	0	0.00	46	27.67
Listeriosis	0	0.00	1	3.00
Lyme Disease	0	0.00	11	12.00
Malaria	0	0.00	3	2.67
Meningitis, Bacterial or Mycotic (Excluding <i>Neisseria meningitidis</i>)	0	0.00	7	8.33
Pertussis	0	1.67	26	26.67
Pesticide-Related Illness and Injury, Acute	0	0.00	4	2.33
Rabies, Animal	0	0.00	15	8.33
Rabies, Possible Exposure	1	1.33	290	312.00
Salmonellosis	1	1.00	346	304.33
Shigellosis	0	0.00	115	97.67
<i>Streptococcus pneumoniae</i> Invasive Disease, Drug-Resistant	1	0.33	35	22.33
<i>Streptococcus pneumoniae</i> Invasive Disease, Drug-Susceptible	1	0.67	61	42.67
Syphilis (Excluding Congenital)	0	0.67	225	717.67
Syphilis, Congenital	0	0.00	2	7.67
Varicella (Chickenpox)	0	0.00	90	67.33
Vibriosis (Excluding Cholera)	0	0.33	14	14.00
Zika Virus Disease and Infection	0	0.00	7	33.00

Table 1. Confirmed, probable, and suspect case counts for reportable diseases and conditions in Nassau County and Florida in March 2019 with three-year period comparison for Nassau County and Florida.

HEALTH BULLETINS, ADVISORIES & ALERTS

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/>

- ✦ Press Release 03/27/19: Health Officials Lift Rabies Alert
- ✦ Press Release 04/04/19: Florida Department of Health in Nassau County Celebrates National Public Health Week
- ✦ Press Release 04/10/19: Florida Department of Health in Nassau County Recruiting Volunteers to Address Senior Health, Teens and Health Disparities



DO YOU HAVE CHRONIC PAIN?

Learn How to Manage Your Pain with The FREE Chronic Pain Self-Management Program

WHERE: Nassau COA- 1901 Island Walkway Fernandina Beach 32034

WHEN: Mondays 9:30 a.m. – 12:00 p.m.

DATES: May 6, 2019 – June 17, 2019

CONTACT: Sherri Cheshire, at Northeast Florida AHEC for pre-registration or information call (904) 482-0189

Who should Attend? People 60 years and up with chronic pain.

Pain is defined as being chronic or long term when it lasts for longer than three to six months, or beyond the normal healing time of an injury.

Participants of this FREE program also receive: the “Living a Healthy Life With Chronic Pain Book,” that includes the Moving Easy Program CD.

Classes meet once a week for six weeks and are meant to enhance, not replace existing programs and treatments.

Join us and learn: techniques to deal with problems such as fatigue, frustration, isolation, and poor sleep. How to evaluate new treatments, communicate effectively with health professionals, family, and friends. Appropriate use of medications and exercise for maintaining and improving strength, flexibility, and endurance. Pacing activity and rest and healthy eating tips to improve pain management.

Sponsored by NEFAHEC, ElderSource and the State of Florida, Department of Elder Affairs

