

## 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 activity for week 10 (February 3-9). Visits to emergency departments (EDs) for ILI by Nassau County residents have been decreasing in recent weeks (Fig. 1). A total of five influenza outbreaks have been reported in Nassau County so far this flu season, all in schools. Most of the positive influenza tests reported to the Florida Department of Health in Nassau County (DOH-Nassau) so far this flu season have been influenza A unspecified. Of those influenza A viruses that were subtyped, most were influenza A 2009 (H1N1).

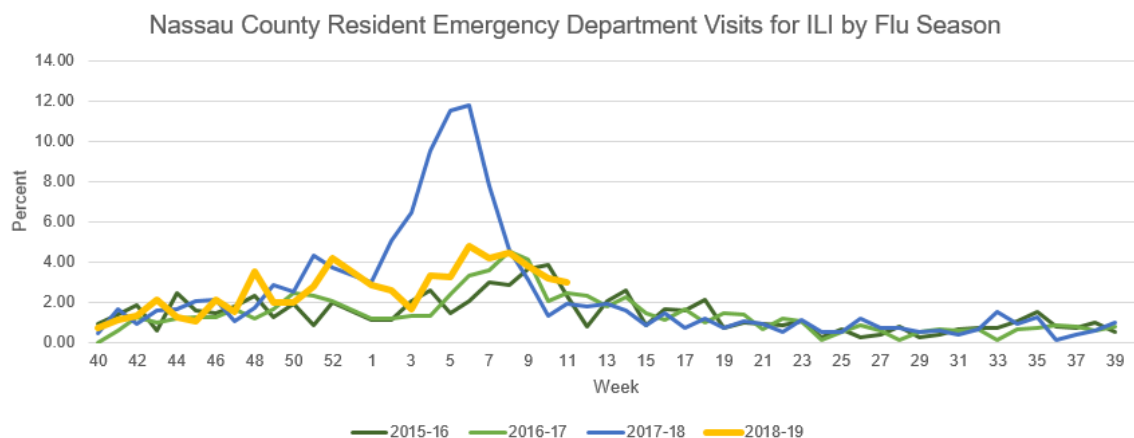


Figure 1. Emergency department visits for ILI by Nassau County residents, 2015-2019. Data source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

**State influenza and ILI activity<sup>1</sup>**

- ✦ Statewide ILI activity in week 10 was similar to levels observed during the peak of the 2016-17 season. ILI activity varies by region, with activity currently highest in the panhandle.
- ✦ Most counties reported mild influenza activity in week 10, with 18 counties reporting moderate

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## DISEASE REPORTING

Phone  
(904) 875-6100

Confidential Fax Line  
(904) 428-5630

After Hours Line  
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Bureau of Epidemiology  
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(904) 557-9130

Yulee Clinic  
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Callahan Clinic  
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Hilliard Clinic  
37203 Pecan Street  
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influenza activity (Fig. 2).

- ✦ Nineteen outbreaks of influenza or ILI were reported in Florida in week 10, up from 13 in week 9. Most (74%) of the outbreaks were in facilities serving children, such as schools or daycares.
- ✦ No new influenza-associated pediatric deaths were reported in Florida in week 10. So far this flu season, three influenza-associated pediatric deaths have been reported, all in unvaccinated children.
- ✦ Influenza A (H3) activity has been increasing in recent weeks. Influenza A 2009 (H1N1) and influenza A (H3) have co-circulated this flu season in Florida.

### County Influenza Activity Maps<sup>1</sup>

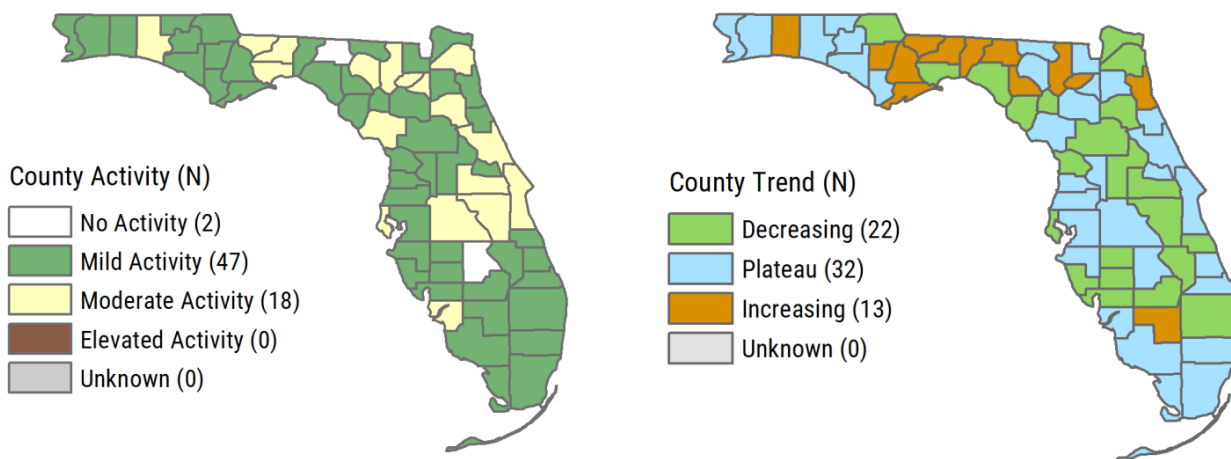


Figure 2. The majority of counties reported mild activity for week 10. Most counties reported influenza activity at a plateau for week 10.

### National Influenza Activity<sup>2</sup>

- ✦ During week 10, the proportion of people seeing a health care provider for ILI decreased to 4.5% from 4.6%, and remains above the national baseline of 2.2%. Recent national data indicate that ILI activity for the 2018-19 season peaked during week 7 at 5.1%. Over the past five flu seasons, the peak percent of visits due to ILI has ranged from 3.6% in the 2015-16 season to 7.5% in the 2017-18 season.
- ✦ The cumulative overall hospitalization rate for laboratory-confirmed influenza-associated hospitalizations is 41.3 per 100,000 people in the United States. The highest hospitalization rate is among adults 65 years and older (123.9 per 100,000) followed by children under five years old (54.8 per 100,000). During most flu seasons, older adults have the highest hospitalization rates, followed by young children.
- ✦ The proportion of deaths attributed to pneumonia and influenza (P&I) during week 9 (February 24-March 2) was 7.2%, below the epidemic threshold of 7.3%. P&I has been at or above the epidemic threshold for five weeks this season. During the last five seasons, P&I has been above the epidemic threshold for a range of four to 16 weeks.
- ✦ Nationally, the percentage of respiratory specimens that tested positive for influenza in clinical laboratories during week 10 decreased slightly to 25.8%. The majority of influenza viruses collected from the U.S. from September 30, 2018 through March 9, 2019 were genetically similar to the 2018-19 Northern Hemisphere influenza vaccine viruses.
- ✦ The vast majority (>99%) of influenza viruses tested showed susceptibility to oseltamivir, zanamivir, and peramivir. So far this season, two (0.1%) influenza A(H1N1)pdm09 viruses had highly reduced inhibition by oseltamivir and peramivir and an additional two (0.1%) influenza A(H1N1)pdm09 viruses had reduced inhibition by oseltamivir. All influenza viruses tested showed susceptibility to zanamivir.

<sup>1</sup> Florida Department of Health. Florida Flu Review. <http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html>

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

## THINK SYPHILIS

April is STD Awareness Month, and with a recent case of neurosyphilis diagnosed in an older adolescent male in Nassau County, it is essential that clinicians maintain awareness of screening and treatment recommendations. According to Dr. Gail Bolan, Director of the Division of STD Prevention at CDC, “Syphilis is ‘the great imitator,’ and has fallen off the radar for many clinicians. While patients present with signs and symptoms of primary and secondary syphilis, clinicians are not thinking about syphilis and missing opportunities to treat the most infectious stages.”<sup>3</sup> *Treponema pallidum*, which causes syphilis, can infect the central nervous system (CNS) and cause neurosyphilis. CNS involvement can occur at any stage of syphilis infection. Early neurologic manifestations, such as cranial nerve dysfunction, meningitis, stroke, acute altered mental status, and auditory or ophthalmic abnormalities, are usually present within the first few months or years of infection. Late neurologic manifestations such as tabes dorsalis and general paresis occur decades after infection<sup>4</sup>.

The highest risk groups for syphilis include people between the ages of 15 and 34, African Americans, men who have sex with men (MSM), and HIV-infected individuals. Some STDs, especially syphilis and rectal gonorrhea, are a risk marker for HIV acquisition. Anyone seeking evaluation and treatment for STDs should be screened for HIV infection. Screening for HIV should be a routine part of an STD evaluation, regardless of whether the patient has any specific behavioral risk factors for HIV<sup>4</sup>.

Syphilis cases should be reported to the Florida Department of Health (DOH) using the confidential case reportable disease form ([http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/\\_documents/reportable-diseases/\\_documents/practitioner-disease-report-form.pdf](http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/reportable-diseases/_documents/practitioner-disease-report-form.pdf)). Syphilis cases in pregnant women and neonates should be reported immediately 24/7 by phone. Upon notification of a syphilis case, the DOH STD prevention program will seek to prevent transmission of syphilis through confidential partner services, including:

- ✦ Assuring rapid and appropriate medical evaluation and treatment of affected individuals
- ✦ Identification, notification, and referral for medical evaluation and treatment for those persons who have been exposed to disease
- ✦ Counseling infected individuals on how to prevent future infection and transmission of disease to others

For more information on syphilis or to report a case, please contact DOH-Nassau at 904-875-6100.

<sup>3</sup>National STD Curriculum. Interview with Dr. Gail Bolan— Director, Division of STD Prevention—CDC. 2017 STD Surveillance Report. <https://www.std.uw.edu/page/interviews/surveillance-report>

<sup>4</sup>Centers for Disease Control and Prevention. 2015 Sexually Transmitted Treatment Guidelines. <https://www.cdc.gov/std/tg2015/syphilis.htm>

## UPCOMING EVENTS & TRAININGS

- ✦ The North Florida AIDS Education and Training Center (AETC) will be hosting a webinar on Primary Care for People Living with HIV on Thursday, March 28th at 12:00pm. This course is approved for 1.0 CE. To register visit [https://www.seaetc.com/event/?ER\\_ID=35031](https://www.seaetc.com/event/?ER_ID=35031)

Are you curious about the people who are tackling some of the world’s toughest health challenges and what set them on that path? The CDC Foundation recently launched Contagious Conversations, a new podcast that features interviews with individuals who are playing a key role in making the world safer and healthier for us all. The first season of Contagious Conversations features a series of three in-depth interviews with experts who share their unique perspectives on today’s toughest health challenges, including antibiotic resistance, global disease outbreaks, health equality and more. A second season will launch in Spring 2019. “Contagious Conversations offers compelling insights and advice from individuals who dedicate their lives to the health and safety of America and the world,” said Judith Monroe, MD, president and chief executive officer of the CDC Foundation. “Each episode takes listeners behind the scenes to learn more about leaders’ career paths, their thoughts about protecting peoples’ health and the power of working together for greater impact.” For more information visit <https://www.cdcfoundation.org/conversations>

## FEBRUARY 2019: REPORTED CASES IN NASSAU COUNTY

## Confirmed, Probable, and Suspect Cases of Reportable Diseases of Frequent Occurrence with Report Date 02/01/19 to 02/28/19 with Three-Year Period Comparison for Nassau County and Florida

	Nassau County		Florida	
	February 2019	February Average, 2016-2018	February 2019	February Average, 2016-2018
Arsenic Poisoning	0	0.00	1	0.33
Campylobacteriosis	1	0.00	327	278.67
Carbon Monoxide Poisoning	0	0.00	25	15.67
Chlamydia (Excluding Neonatal Conjunctivitis)	15	19.00	8304	8039.00
Ciguatera Fish Poisoning	0	0.00	6	3.67
Creutzfeldt-Jakob Disease (CJD)	0	0.33	1	1.67
Cryptosporidiosis	0	0.00	38	30.67
Cyclosporiasis	0	0.00	0	0.00
Dengue Fever	0	0.00	7	4.00
Ehrlichiosis	0	0.00	2	0.33
<i>Escherichia coli</i> , Shiga Toxin-Producing (STEC) Infection	0	0.00	46	52.67
Giardiasis, Acute	0	0.33	88	77.67
Gonorrhea (Excluding Neonatal Conjunctivitis)	6	2.67	2374	2336.00
<i>Haemophilus influenzae</i> (Invasive Disease in Children <5 Years Old)	0	0.00	3	0.67
Hepatitis A	0	0.00	231	12.33
Hepatitis B, Acute	1	0.67	59	53.33
Hepatitis B, Chronic	1	1.33	370	412.67
Hepatitis B, Pregnant Women	0	0.00	38	31.67
Hepatitis C, Acute	0	0.00	14	26.33
Hepatitis C, Chronic (Including Perinatal)	13	6.67	1889	2055.67
Lead Poisoning Cases in Children <6 Years Old	0	0.00	76	45.00
Lead Poisoning Cases in Those ≥6 Years Old	0	0.00	64	61.67
Legionellosis	0	0.33	49	31.67
Listeriosis	0	0.00	0	3.67
Lyme Disease	1	0.00	20	9.67
Malaria	0	0.00	3	2.00
Meningitis, Bacterial or Mycotic (Excluding <i>Neisseria meningitidis</i> )	0	0.33	5	11.00
Pertussis	0	0.00	21	28.00
Pesticide-Related Illness and Injury, Acute	0	0.00	2	0.00
Rabies, Animal	0	0.00	9	11.67
Rabies, Possible Exposure	0	0.67	337	252.33
Salmonellosis	2	1.33	305	260.00
Shigellosis	0	0.00	125	70.33
<i>Streptococcus pneumoniae</i> Invasive Disease, Drug-Resistant	0	0.00	30	25.33
<i>Streptococcus pneumoniae</i> Invasive Disease, Drug-Susceptible	0	0.00	46	45.00
Syphilis (Excluding Congenital)	0	0.00	331	595.67
Syphilis, Congenital	0	0.00	3	6.67
Varicella (Chickenpox)	0	0.00	68	76.33
Vibriosis (Excluding Cholera)	0	0.00	13	9.67
Zika Virus Disease and Infection	0	0.00	7	35.67

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

## HEALTH BULLETINS, ADVISORIES &amp; ALERTS

## Press Releases &amp; 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 03/19/19: Florida Department of Health in Nassau County Addresses County Health Rankings 2019

## Protect Yourself from Hepatitis A

**The Florida Department of Health in Nassau County is providing free hepatitis A vaccines to those who qualify.**

**Please call 904-875-6110, option #1 to see if you are eligible.**

**DID YOU KNOW?** The number of reported hepatitis A cases in Florida has steadily increased each month since April 2018, primarily among people who use drugs, are homeless, or men who have sex with men.

- Common symptoms of hepatitis A include stomach pain, nausea and vomiting, and yellow skin or eyes
- Hepatitis A can spread by objects, food or drink containing small amounts of stool from someone with hepatitis A
- Most people with hepatitis A will fully recover, but recently 77% of people with hepatitis A in Florida were hospitalized
- The hepatitis A vaccine is safe and effective. Even one dose can protect you.

**Call Today! 904-875-6110, option #1**



**Keep Vaccine Between You & Disease**

