

EPIGRAM

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Nassau County
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INFLUENZA SURVEILLANCE ACTIVITY

As seasonal influenza activity continues to increase across the country, the **Florida Department of Health in Nassau County is currently experiencing activity of Influenza like Illness (ILI). Most counties in Florida have reported mild influenza activity.** Because of widespread influenza activity in some regions of the state, Florida reported widespread influenza activity to the CDC in week 6. This activity level represents the geographic spread of influenza in Florida.

Novel Influenza:

✦ **The first case of influenza A (H5N1) in the Americas was confirmed in a Canadian traveler who later died.**

The H5N1 strain originates from influenza that circulates in birds. No sustained human to human transmission has been identified. More information can be found here: <https://www.cdc.gov/flu/avianflu/h5n1-people.htm>

✦ **No cases of influenza A (H5N1) have been detected in the United States or Florida.**

State of Florida —

✦ **In recent weeks the FDOH has received reports of severe influenza illness, including hospitalizations requiring intensive care unit (ICU) care, among pregnant women.** None of these women had received the 2013-2014 influenza vaccine.

✦ Pregnant women are among those at high risk for severe complications due to influenza infection. More information can be found here: <http://www.floridahealth.gov/diseases-and-conditions/influenza/documents/2013/flu-fact-sheet-pregnant-women.pdf>

✦ **In Florida, the most common influenza subtype detected in recent weeks has been influenza A 2009 (H1N1).** Nationally (including Florida), almost all circulating influenza is a good match for the vaccine.

✦ **No pediatric influenza-associated deaths were reported in week 6.** Three pediatric influenza-associated deaths have been reported in the 2013-2014 season.

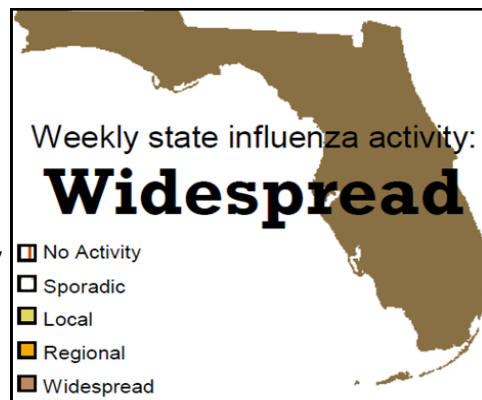


Figure 1. Map of Influenza Activity in Florida for Week 6, 2014. Florida Department of Health's Flu Review Report.

DISEASE REPORTING

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Confidential Fax Line:
(904) 277-7286

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(904) 225-2351

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CLINIC SITES

Fernandina Beach Clinic
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Fernandina Beach, FL 32034
(904) 548-1860

Yulee Clinic
528 Page's Dairy Road
Yulee, FL 32097
(904) 548-1880

Callahan Clinic
208 Mickler Street
Callahan, FL 32011
(904) 879-2306

Hilliard Clinic
37203 Pecan Street
Hilliard, FL 32046
(904) 845-5761



INFLUENZA SURVEILLANCE ACTIVITY (CONTINUED)

National —

- ✦ According to the CDC's FluView report, despite a decrease in several key indicators, influenza activity remains elevated nationally.
- ✦ At this time, more than 60% of the reported hospitalizations this season have been in people 18-64 years old.
- ✦ Nationwide during week 6, 3.0% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is above the national baseline of 2.0%.

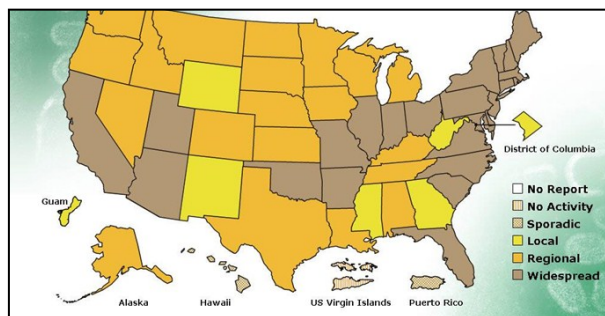


Figure 2. Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists. * This map indicates geographic spread and does not measure the severity of influenza activity. www.cdc.gov/flu/weekly/usmap.htm

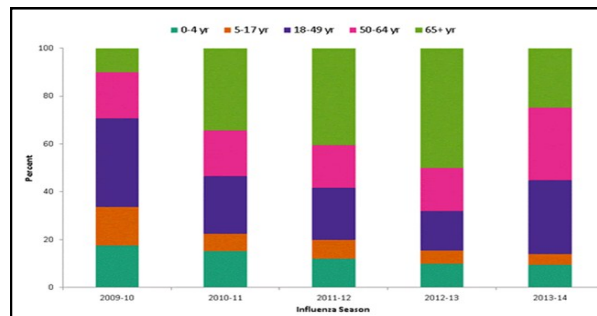


Figure 3. Laboratory-Confirmed Influenza Hospitalizations by Age Group, preliminary data as of February 8, 2014. <http://www.cdc.gov/flu/weekly/>

This excerpt was taken from the Centers for Disease Control and Prevention Health Alert Network. For additional information from the CDC HAN: Human Infection with Avian Influenza A (H5N1) Virus please refer to the link provided: <http://emergency.cdc.gov/HAN/han00360.asp>

According to a recent CDC Health Advisory: *Human infection with avian influenza A (H5N1) virus*, on January 8, 2014, the Public Health Agency of Canada reported the first confirmed case of human infection with avian influenza A (H5N1) virus identified in North America. The patient exhibited symptoms while returning from travel to Beijing, China, on December 27, 2013. The patient was hospitalized on January 1, 2014, and subsequently died on January 3, 2014. This case is a reminder that novel influenza A viruses, including avian influenza A (H5N1) virus, can infect and cause severe respiratory illness in humans. The clinical presentation of human infection with avian influenza A viruses varies considerably. **Most reports of H5N1 in humans, however, have described severe illness, including fulminant pneumonia leading to respiratory failure, acute respiratory distress syndrome, and death. Other reported H5N1 complications include encephalitis, septic shock, and multi-organ failure.**

Recommendations for Clinicians include:

- ✦ Clinicians should consider the possibility of avian influenza A (H5N1) virus infection in persons exhibiting symptoms of severe respiratory illness who have appropriate travel or exposure history. This includes persons with recent travel (within 10 days of illness onset) to areas where human cases of avian influenza A (H5N1) virus infection have been detected or where avian influenza A (H5N1) viruses are known to be circulating in animals. Rapid detection and characterization of novel influenza A viruses remain critical components of national efforts to prevent further cases, evaluate clinical illness associated with them, and assess any ability for these viruses to spread among humans.
- ✦ State health departments are encouraged to investigate potential human cases of avian influenza A (H5N1) virus infection as described below and should notify CDC within 24 hours of identifying probable or confirmed case of novel influenza A virus infection, including avian influenza A (H5N1) virus infection (<http://www.cdc.gov/flu/avianflu/h5n1/case-definitions.htm>).

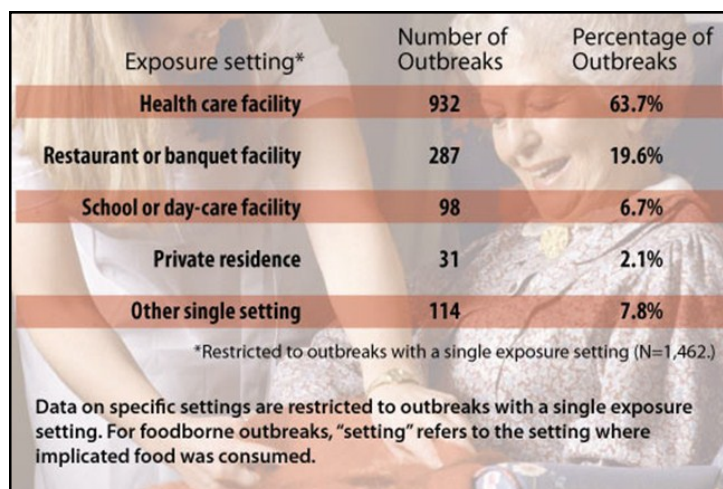
WINTER SNAPSHOT SURVEILLANCE — NASSAU COUNTY

NOROVIRUS ACTIVITY

✦ **The Bureau of Public Health Laboratories (BPHL) Tampa, has confirmed the new norovirus GII.4 Sydney in specimens from two outbreaks in Florida. While Norovirus outbreaks may occur any time of the year they are more frequent in the winter and spring months.** Healthcare facilities, including nursing homes and hospitals, are the most commonly reported settings for norovirus outbreaks.

✦ **If you observe any unusual increase in residents with gastrointestinal symptoms or any other illness, report it to Nassau County Health Department.** The county health department may be able to assist in controlling the outbreak and with laboratory diagnosis.

✦ **Clinical illness characteristics of the new norovirus GII.4 Sydney identified in Florida are consistent with previously identified norovirus strains.** The symptoms of norovirus illness usually include nausea, vomiting, diarrhea, and stomach cramping. Sometimes people experience a low-grade fever, chills, headache, muscle aches, and a general sense of tiredness. The illness often begins suddenly. In most people the illness is self-limiting, with symptoms lasting for one or two days. In general, vomiting is more common in children and diarrhea is more common in adults.



Exposure setting*	Number of Outbreaks	Percentage of Outbreaks
Health care facility	932	63.7%
Restaurant or banquet facility	287	19.6%
School or day-care facility	98	6.7%
Private residence	31	2.1%
Other single setting	114	7.8%

*Restricted to outbreaks with a single exposure setting (N=1,462.)

Data on specific settings are restricted to outbreaks with a single exposure setting. For foodborne outbreaks, "setting" refers to the setting where implicated food was consumed.

Figure 4. Setting of Norovirus Outbreaks Reported through the National Outbreak Reporting System (NORS), 2009-2010. For more information please refer to the link provided: <http://www.cdc.gov/features/dsnorovirus/figure2.html>

MMWR issued a report on January 25, 2013 titled "Notes from the Field: Emergence of New Norovirus Strain GII.4 Sydney-United States, 2012. The report documented the recent emergence of a new GII.4 strain, GII.4 Sydney, which caused most (53%) of the norovirus outbreaks reported through *CaliciNet during September-December 2012. For more information on this report please refer to the link provided: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6203a4.htm>

*CaliciNet was developed by the CDC in 2009. It is a network of public health and food regulatory laboratories that submit norovirus sequences identified from outbreaks into a national database. The information is used to link norovirus outbreaks that may be caused by common sources (such as food), monitor trends, and identify emerging norovirus strains.

Varicella Activity

The Florida Department of Health in Nassau County has observed sporadic community-wide activity of varicella (chickenpox) in Nassau County. Recent, clinically diagnosed cases reported to DOH in Nassau County have occurred among an unvaccinated infant and among children vaccinated with the routine 2-dose varicella vaccination.

Varicella in vaccinated persons is usually mild. Patients typically are afebrile or have low fever and develop fewer than 50 skin lesions. They usually have a shorter illness compared to unvaccinated people who get varicella. The rash is more likely to be predominantly maculopapular rather than vesicular. However, 25%-30% of persons vaccinated with 1 dose with breakthrough varicella have clinical features typical of varicella in unvaccinated people.

WINTER SNAPSHOT SURVEILLANCE — NASSAU COUNTY (CONTINUED)

Since the clinical features of breakthrough varicella are often mild, it can be difficult to make a diagnosis on clinical presentation alone. Laboratory testing is increasingly important for confirming varicella and appropriately managing cases and their contacts. (Source: CDC Varicella at <http://www.cdc.gov/chickenpox/hcp/index.html>)

Case Classification of Varicella:

Confirmed: a case that is laboratory confirmed or that meets the clinical case definition of an illness with acute onset of diffuse (generalized) maculo-papulovesicular rash without other apparent cause and is epidemiologically linked to a confirmed case.

- Laboratory criteria for diagnosis includes: Isolation of varicella virus from a clinical specimen, or Direct fluorescent antibody (DFA), or Polymerase chain reaction (PCR), or Significant rise in serum varicella immunoglobulin G (IgG) antibody level by any standard serologic assay.

Probable: a case that meets the clinical case definition that is not laboratory confirmed, and is not epidemiologically linked to another probable or confirmed case.

DOH in Nassau County encourages timely reporting in order for contact investigations for varicella cases to begin. **For clinical consultation contact information: DOH in Nassau County, Disease Control Program, (904) 548-1800, extensions 5204 or 5209.**

FDOH - NASSAU HEALTH BULLETINS, ADVISORIES AND ALERTS ISSUED Bulletin

- ✦ None.

Advisories

- ✦ None.

State Issued HAN

- ✦ Human Infection with Avian Influenza A (H5N1) Virus. January 15, 2014. CDC Health Network.

REPORTABLE DISEASE FREQUENCY

January 2014 Reported Cases with Previous Three-Year Period Comparison

	Selection Date 1/01/2014 - 1/31/2014		Compare Date 1 Selection Date 1/01/2013 - 1/31/2013		Compare Date 2 Selection Date 1/01/2012 - 1/31/2012		Compare Date 3 Selection Date 1/01/2011 - 1/31/2011	
	Cases	Rates*	Cases	Rates*	Cases	Rates*	Cases	Rates*
NASSAU COUNTY								
Campylobacteriosis	0	0.00	1	1.32	0	0.00	1	1.35
Carbon Monoxide Poisoning	0	0.00	1	1.32	0	0.00	0	0.00
Dengue Fever	1	1.29	0	0.00	0	0.00	0	0.00
Giardiasis	0	0.00	0	0.00	1	1.34	0	0.00
HAEMOPHILUS INFLUENZAE INVASIVE DISEASE	0	0.00	1	1.32	0	0.00	0	0.00
HEPATITIS B, ACUTE	0	0.00	0	0.00	0	0.00	1	1.35
HEPATITIS B, CHRONIC	1	1.29	0	0.00	0	0.00	0	0.00
HEPATITIS C, CHRONIC	5	6.47	5	6.61	1	1.34	4	5.42
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0.00	1	1.32	0	0.00	0	0.00
Rabies, Animal	0	0.00	0	0.00	1	1.34	0	0.00
Rabies, Possible Exposure	2	2.59	0	0.00	1	1.34	2	2.71
Salmonellosis	2	2.59	0	0.00	0	0.00	2	2.71
STREP PNEUMONIAE INVASIVE DISEASE, DRUG-RESISTANT	0	0.00	0	0.00	0	0.00	1	1.35
STREP PNEUMONIAE INVASIVE DISEASE, DRUG-SUSCEPTIBLE	0	0.00	0	0.00	0	0.00	1	1.35
Streptococcus Invasive Disease (Group A)	1	1.29	0	0.00	0	0.00	0	0.00
Varicella	0	0.00	1	1.32	0	0.00	1	1.35
NASSAU COUNTY TOTAL:	12	15.52	10	13.21	4	5.36	13	17.61
STATEWIDE TOTAL								
Campylobacteriosis	225	1.16	145	0.75	247	1.30	123	0.65
Carbon Monoxide Poisoning	18	0.09	4	0.02	9	0.05	6	0.03
Dengue Fever	16	0.08	19	0.10	4	0.02	4	0.02
Giardiasis	84	0.43	97	0.50	66	0.35	98	0.52
HAEMOPHILUS INFLUENZAE INVASIVE DISEASE	36	0.19	24	0.12	17	0.09	27	0.14
HEPATITIS B, ACUTE	29	0.15	30	0.16	17	0.09	19	0.10
HEPATITIS B, CHRONIC	351	1.80	372	1.94	262	1.38	174	0.92
HEPATITIS C, CHRONIC	2136	10.98	2,037	10.60	1,450	7.61	1,553	8.20
Meningitis (Bacterial, Cryptococcal, Mycotic)	14	0.07	13	0.07	19	0.10	13	0.07
Rabies, Animal	7	0.04	8	0.04	9	0.05	3	0.02
Rabies, Possible Exposure	186	0.96	187	0.97	144	0.76	129	0.68
Salmonellosis	357	1.84	309	1.61	293	1.54	232	1.23
STREP PNEUMONIAE INVASIVE DISEASE, DRUG-RESISTANT	53	0.27	80	0.42	52	0.27	111	0.59
STREP PNEUMONIAE INVASIVE DISEASE, DRUG-SUSCEPTIBLE	68	0.35	97	0.50	71	0.37	115	0.61
Streptococcus Invasive Disease (Group A)	46	0.24	25	0.13	21	0.11	29	0.15
Varicella	43	0.22	62	0.32	83	0.44	60	0.32
STATEWIDE TOTAL:	3669	19	3509	18	2764	15	2696	14