



Broward County Health Department

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Monthly Report	762-3891

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A Monthly Epidemiology Report

JULY 2009

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July Disease Summary

Confirmed and Probable notifiable disease cases were analyzed by date of event for this report (Table 1). Diseases were categorized as higher than expected using a two standard deviation threshold and as significantly higher than expected according to Pearson's chi-square test for fit of a distribution.

After updating data for June, no diseases were significantly higher than expected for the month. In July, malaria and cryptosporidiosis were significantly higher than expected. There were six cases of malaria and 4 cases of ciguatera reported. The majority of the malaria cases acquired the disease in Haiti and one had acquired it from Nigeria. The four people with ciguatera shared an 8lb grouper that may have been caught near coral reefs. Although not significant, campylobacter cases were higher than the 5-year average and also close to three times higher in July (14) than in June(5). Salmonella was also higher than the 5-year average and higher in July(38) than in June(29).

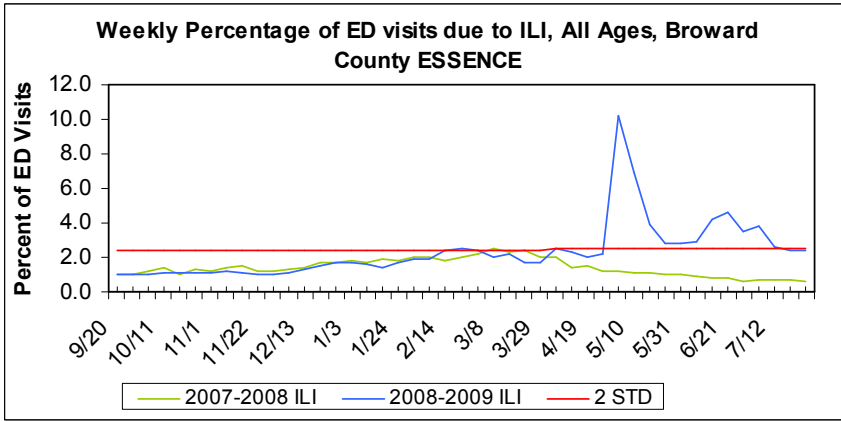
Ciguatera Poisoning

Ciguatera is the most common marine toxin disease worldwide, particularly in Florida, the Caribbean and the Pacific Islands. Tiny algae can produce toxins that concentrate in the organs and flesh of large carnivorous reef fish (such as barracuda, hogfish, red snapper and groupers). Fish that are "ciguatotoxic" do not seem to be affected by the toxin. They do not behave unusually or appear sick, nor do they taste bad.

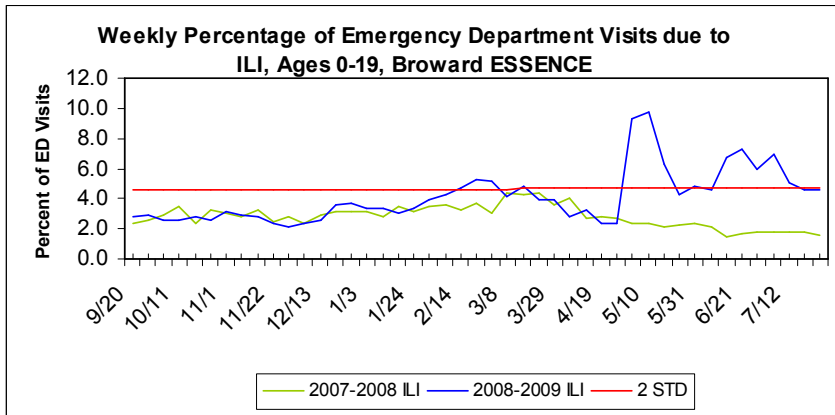
Symptoms of ciguatera appear within 6-24 hours, and include vomiting, diarrhea, abdominal pain and cramping, as well as unusual sensations (such as itching skin, aching teeth and painful urination). Some people also experience rapid or irregular heartbeats or unusual changes in blood pressure during the first few days of the illness. The classic symptom of ciguatera is the sensation that cold things feel hot to the touch. For some people, these symptoms come and go for months or even years, and can be triggered by eating seafood, caffeine or alcohol.

Reduce your risk of ciguatera by not eating large fish of which have been reported to carry ciguatera, such as barracuda, hogfish, red snapper or groupers. Ask local fishermen for the reefs and types of fish to avoid. Ciguatera can be treated with a drug called Mannitol if diagnosed within 72 hours. At first sign of illness, contact your doctor or local emergency room and report your symptoms and what reef fish you ate. Call the toll free Aquatic Toxins Hotline (888) 232-8635 to get treatment advice. A ciguatera diagnosis should be reported to the local County health department so that other poisonings can be avoided.

DO NOT EAT THESE FISH!



ILI incidence for July has decreased and is starting to drop below the 2 standard deviation threshold. Emergency Department visits have decreased and we are seeing a decrease in ILI cases. This is expected for this time of year. Since April, there have been consistently more ILI visits than the same time in previous year.



ILI incidence in youth and children continues to comprise the largest percentage of persons presenting to the Emergency Department in Broward County with ILI symptoms. ILI incidence among this age group is slowly dropping below the 2 standard deviation. This is where it should be during the summer months.

H1N1 Update:

As of August 26, 2009 Broward County has confirmed 7 deaths due to H1N1. While most cases of H1N1 Swine Flu are mild, there are exceptions. Pre-existing health conditions often play a role in how individuals react to the flu. To-date, there have been 66 laboratory confirmed H1N1 Swine Flu deaths in Florida.

***Please note that following the lead of the Centers for Disease Control and the World Health Organization, we will no longer be collecting numbers of confirmed H1N1 Swine Flu cases.**

PRECAUTIONS:

*As always, people with respiratory illness should stay home from work or school to avoid spreading infections, including influenza, to others in the community *Avoid close contact with people who are coughing or otherwise appear ill *Avoid touching your eyes, nose and mouth *Wash hands frequently to lessen the spread of respiratory illness *People experiencing cough, fever and fatigue, possibly along with diarrhea and vomiting, should contact their physician/health care provider *Cough or sneeze into a tissue or into your upper sleeve, not your hands and put your used tissue in the waste basket.

If you think you have influenza, please call your health care provider and discuss whether you need to be seen in their office, emergency department or stay home.

Please note: The Swine Flu virus is not transmitted by food and a person cannot get Swine Flu from eating pork products. The infection appears to spread from person to person.

On Monday, August 24th, Florida Department of Health launched a toll free number to provide public health information and updates on H1N1 Swine flu. The information line is available from 8 a.m. to 8 p.m. EDT, seven days a week. Information is available in English, Spanish and Creole. **Florida Flu Information Line 1-877-352-3581**

Broward County Health Department continues enhanced surveillance and outreach to physicians, hospitals, other health care professionals and community partners. Broward County Health Department is providing community outreach with recommended health precautions. Organizations may request information at: <http://www.browardchd.org/SwineInfo.asp>.

More information is provided at: www.MyFluSafety.com : Florida Department of Health www.doh.state.fl.us 1-800-342-3557: Centers for Disease Control and Prevention www.cdc.gov/swineflu

Selected Reportable Communicable Diseases and Other Conditions Broward County Health Department

	Jul-09	Jun-09	YTD Jul-09	YTD Jul-08	Jul-08	Jul-07	Jul-06	Jul-05	Jul-04	5-Yr AVG
Animal Bite, PEP or Rabies Exposure	0	0	7	6	2	1	0	5	0	1.6
Brucellosis	0	0	1	0	0	0	0	0	0	0
Campylobacteriosis	14	5	53	69	16	7	12	8	12	11
Carbon Monoxide Poisoning	0	3	3	0	0	0	0	0	0	0
Ciguatera	4	0	4	2	1	0	0	0	0	0.2
Creutzfeldt-Jacob CJD	0	0	1	1	0	0	0	0	0	0
Cryptosporidiosis	1	0	4	15	3	3	4	12	3	5
Cyclosporiasis	0	1	3	1	0	0	1	0	0	0.2
Dengue Fever	1	1	4	6	2	3	2	1	0	1.6
E. Coli NS	0	0	0	3	0	4	1	0	0	1
E.Coli Shiga Toxin	0	4	8	0	0	0	0	0	0	0
EHEC O157:H7	0	0	0	4	0	0	0	1	2	0.6
Encephalitis other	0	0	0	0	0	0	0	0	0	0
Giardiasis	7	9	58	44	11	9	6	4	11	8.2
Haemophilus Influenzae Invasive	2	1	19	10	3	0	1	1	0	1
Haemophilus Influenzae Meningitis	0	0	0	1	0	0	0	0	0	0
Hepatitis A	3	0	21	11	1	2	4	6	5	3.6
Hepatitis B Acute	2	2	25	20	5	3	3	6	6	4.6
Hepatitis B Chronic	0	5	177	222	30	28	21	13	25	23.4
Hepatitis B HBsAg	0	3	25	26	5	6	3	3	9	5.2
Hepatitis C Chronic	15	24	599	1,594	324	87	172	198	251	206.4
Lead Poisoning	0	0	10	26	1	4	3	2	6	3.2
Legionellosis	0	0	4	6	0	1	1	1	3	1.2
Leprosy(Hansen's Disease)	0	0	0	3	0	0	0	0	0	0
Listeriosis	0	0	1	1	0	1	1	0	0	0.4
Lyme Disease	1	0	1	1	0	0	1	0	0	0.2
Malaria	6	1	17	7	1	1	1	0	1	0.8
Meningitis Listeria	0	0	0	0	0	1	1	0	0	0.4
Meningitis Other*	1	1	10	10	0	1	2	4	1	1.6
Meningitis Strep Pneumoniae	0	0	0	4	1	0	0	0	0	0.2
Meningococcal Disease	0	0	3	1	0	1	0	2	0	0.6
Mercury Poisoning	0	0	3	2	1	1	0	0	0	0.4
Mumps	0	0	1	0	0	0	0	0	0	0
Novel Influenza	135	146	375	0	0	0	0	0	0	0
Pertussis	1	1	5	1	1	1	1	1	0	0.8
Salmonellosis	38	29	226	209	41	27	33	40	36	35.4
Shigellosis	3	12	37	68	12	23	10	18	5	13.6
Staphylococcus	0	0	2	0	0	0	0	0	0	0
Streptococcal Disease Invasive Group A	3	2	18	12	1	1	6	4	1	2.6
Streptococcal Pnemoniae Drug Resistant	2	2	48	46	4	4	1	3	6	3.6
Streptococcal Pnemoniae Susceptible	5	4	30	34	3	3	2	7	6	4.2
Typhoid Fever	1	0	2	2	0	0	0	1	0	0.2
Varicella	0	0	26	32	3	2	0	0	0	1
Vibrio Alginolyticus	0	0	0	0	0	0	0	1	0	0.2
Vibrio Cholerae	0	0	0	0	0	0	0	0	1	0.2
Vibrio Parahaemolyticus	0	0	0	0	0	0	0	1	0	0.2
Vibrio Vulnificus	1	0	1	0	0	0	0	1	0	0.2
Total	246	256	1832	2500	472	225	293	344	390	344.8

*Includes bacterial, cryptococcal, and mycotic meningitis

Data accessed on 8/19/09 from FL Merlin Communicable Disease Reporting System.

These diseases are significantly higher than expected for the month.