

# EPI-GAZETTE



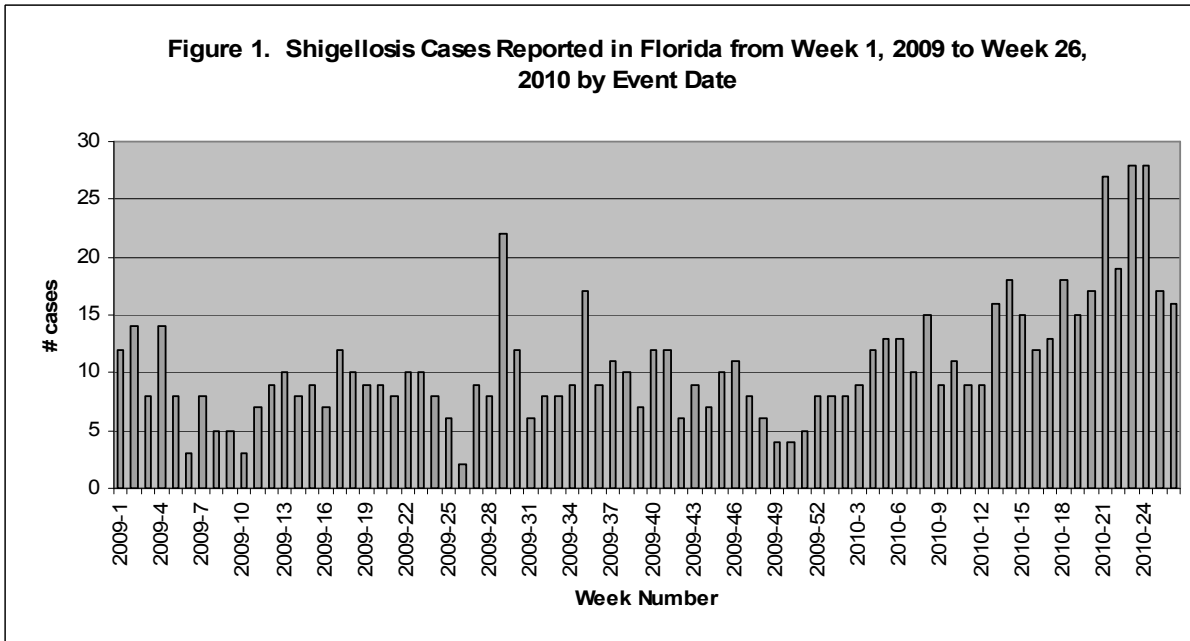
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Seminole County Health Department  
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## Recent Increase in Shigellosis in Florida, 2010

Figure 1. Shigellosis Cases Reported in Florida from Week 1, 2009 to Week 26, 2010 by Event Date



The Florida Department of Health, Bureau of Epidemiology has identified a recent increase in reported cases of shigellosis statewide. Symptoms of shigellosis include watery or bloody diarrhea, high fever and abdominal cramps, which may begin 1 to 3 days after exposure. Severe disease with high fever may be associated with seizures, especially in young children and the elderly, although it is usually a mild, self-resolving illness, and most people recover completely within 5 to 7 days. Asymptomatic cases do occur and can be a source for outbreaks.

Shigellosis is very contagious and can spread easily from person to person. The disease is caused by gram-negative bacteria in the genus *Shigella*. The infection is acquired by swallowing something contaminated with the feces of an infected person. This most commonly happens when an infected person does not wash his/her hands properly after a bowel movement, and then touches somebody else's hands or prepares food for others.

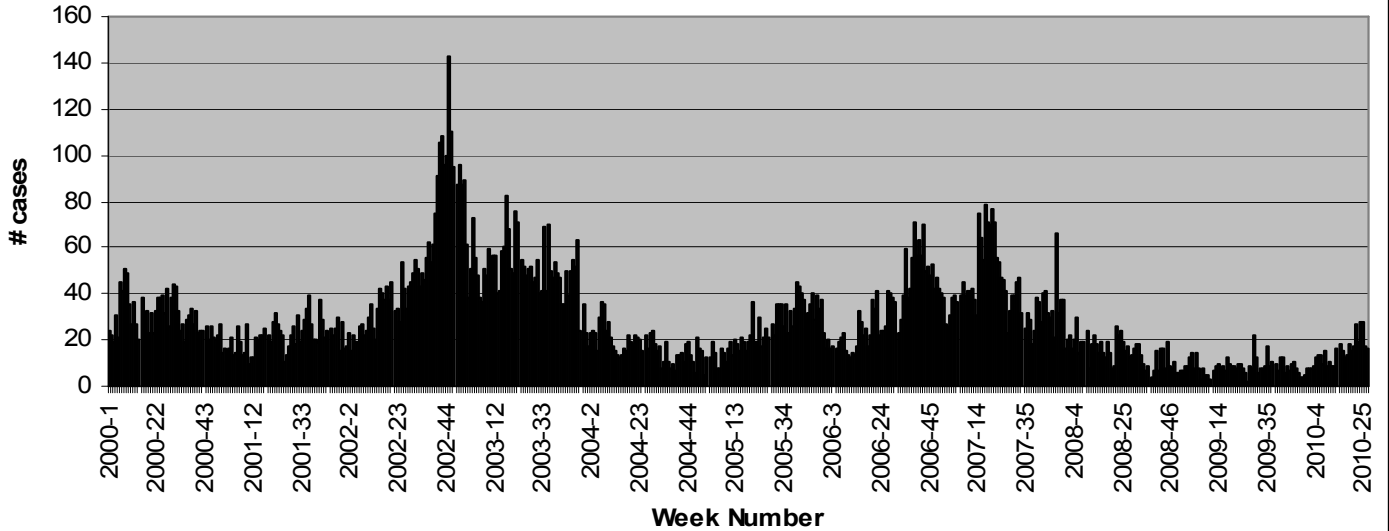
Shigellosis generally has a cyclic temporal pattern characterized by large community outbreaks, frequently associated with child care settings. In the last decade, Florida has experienced large peaks in 2002/2003 and 2006/2007. The increase

### Also in this issue:

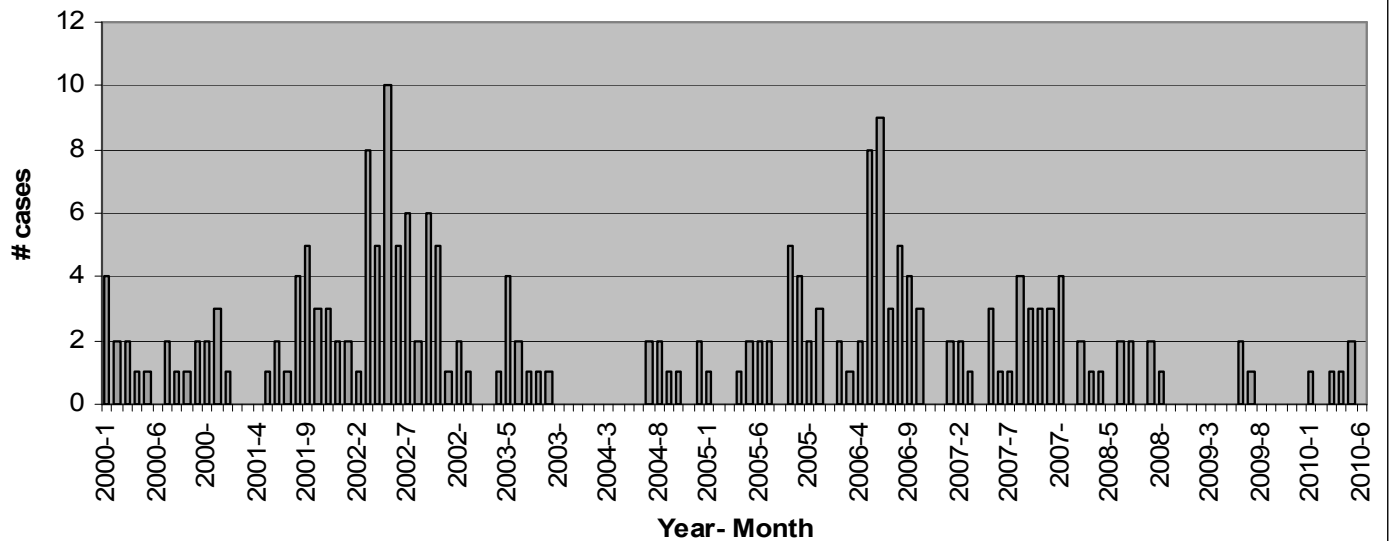
- Florida Arbovirus Surveillance
- Monthly Reportable Disease Table

in reported shigellosis cases observed over the last two months may indicate that we are entering another period of increased activity in Florida (see Figures 1 and 2). Recent increases are most noticeable in Broward, Duval, Lee, Leon, Palm Beach, and St. Johns counties. Five cases have been reported in Seminole County during 2010 as of July 15 (case rate of 1.18/100,000 county residents), while the average number of cases reported during the same period for the previous three years was 5.3 (case rate of 1.24/100,000). Because Seminole County experienced increases in shigellosis activity concurrent with past statewide peaks (Figure 3), the current statewide trend may affect local residents and thus continues to be monitored.

**Figure 2. Shigellosis Cases Reported in Florida from Week 1, 2000 to Week 26, 2010 by Event Date**



**Figure 3. Shigellosis Cases Reported in Seminole County by Month, from January 2000 to June 2010, by Event Date**



The decision to treat shigellosis depends upon the severity of the illness and the likelihood of disease transmission. Treatment may shorten the duration of the illness and/or eliminate the organism from the feces, thereby preventing the spread of the organism; but most cases recover promptly without treatment. Antibiotic resistance patterns can and do change over time and geography. Community-specific antibiograms are useful in determining treatment

Implementing prevention measures proactively may decrease the transmission of shigellosis and mitigate potential community outbreaks.

### **Prevention measures for shigellosis:**

- ◇ Wash hands thoroughly after bathroom visits, diaper changes, play time, and handling of pets or soil and before food preparation and eating. Wash hands for at least 20 seconds and use soap and running water to lather and rinse the palms, backs of hands, between fingers, under fingernails, and around wrists.
- ◇ Hand washing among children should be frequent and supervised by an adult in child care facilities and homes with children who have not been fully toilet trained.
- ◇ Everyone who changes any child's diapers should be sure the diapers are disposed of properly in a closed-lid garbage can, and should wash his or her hands and the child's hands carefully with soap and warm water immediately after changing the diapers. This is particularly important when the child has diarrhea.
- ◇ Clean and disinfect bathrooms, diaper changing areas, and soiled toys on a routine basis.
- ◇ People with diarrhea should not prepare food or drinks for others.

### **Practice basic food and water safety precautions:**

- ◇ **Clean:** wash hands often and clean kitchen utensils, plates, cutting boards, and counter surfaces during and after food preparation.
- ◇ **Cook:** cook meat and eggs thoroughly.
- ◇ **Wash:** raw fruits and vegetables.
- ◇ **Chill:** refrigerate promptly.
- ◇ **Separate:** don't cross contaminate.
- ◇ Drink only safe water supplies, or boil water.

### **Simple precautions taken while traveling to the developing world can prevent enteric diseases:**

- ◇ Drink only treated or boiled water.
- ◇ Eat only cooked hot foods or fruits you peel yourself.

*(Continued on page 5)*

# Thank You For Your Participation!

The Epidemiology Program would like to thank the following healthcare providers for their diligence in timely reporting from Florida's "List of Reportable Diseases/Conditions":

**Joanne Barnett, RN, Central Florida Regional Hospital**  
**Veronica Butler, RN, Florida Hospital, Altamonte and Apopka**  
**Sandra Delahoz, RN, South Seminole Hospital**

For more information about Florida's List of Reportable Diseases/Conditions, please contact Gregory Danyluk, PhD at 407-665-3266.

Selected Diseases/Conditions Reported to the Seminole County Health Department	2010 through Week 21	2009 through Week 21	2008 through Week 21	2008–2010 Average
AIDS*	24	27	24	25
Animal Bite to Humans**	7	15	5	9
Animal Rabies	2	4	1	2
Campylobacteriosis	3	3	3	3
Chlamydia	528	483	513	508
Cryptosporidiosis	2	2	2	2
Cyclosporiasis	0	1	0	0
Dengue	0	0	0	0
<i>E. coli Shiga toxin-producing</i>	0	1	1	1
<b>Giardiasis</b>	<b>14</b>	8	10	<b>11</b>
Gonorrhea	148	141	182	157
<i>Haemophilus influenzae—Pneumonia</i>	0	0	0	0
Hepatitis A	0	3	1	1
Hepatitis B	28	24	25	26
<b>Hepatitis C</b>	<b>133</b>	85	111	<b>110</b>
Hepatitis B in Pregnant Woman	5	3	7	5
HIV*	20	31	50	34
<b>Lead poisoning</b>	<b>2</b>	1	2	<b>2</b>
Legionnaire's disease	0	2	3	2
Lyme Disease	0	2	0	1
Meningococcal Disease	0	0	0	0
Pertussis	1	2	0	1
Salmonellosis	23	24	20	22
<b>Shigellosis</b>	<b>4</b>	0	5	<b>3</b>
<b><i>S. pneumoniae – drug resistant</i></b>	<b>13</b>	4	8	<b>8</b>
Syphilis	7	31	33	24
<b>Tuberculosis</b>	<b>4</b>	4	3	<b>4</b>
<b>Varicella</b>	<b>20</b>	12	11	<b>14</b>

\* HIV data includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive. Current AIDS/HIV data are provisional at the county level.

\*\* Animal bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis (PEP), or a bite by a non-human primate.

Reported cases of diseases/conditions in **Bold** are >10% higher than the current three year average for the same time period.

### Prevention measures specific to child care facilities:

- ◇ Child care facilities should keep the food preparation area separate from the diapering area, diaper-changers should not prepare foods, and water for formula or juices should not come from the bathroom or hand washing faucet.
- ◇ Child care facilities should not provide water play areas.
- ◇ Sick children should be excluded from child care facilities.
- ◇ Sick staff should stay home until their illness has cleared.

Shigellosis is a reportable illness. Please report cases to the Epidemiology Program of the Seminole County Health Department at 407-665-3266.

For more information, please visit the Centers for Disease Control and Prevention website at <http://www.cdc.gov/nczved/divisions/dfbmd/diseases/shigellosis/>

## Florida Arbovirus Surveillance Week 27: July 4-10, 2010

The following information is excerpted from the weekly arbovirus surveillance report distributed on July 12, 2010:

**Advisories/Alerts:** Monroe County is currently under a mosquito-borne disease alert. Polk, Lake, and Jackson counties issued mosquito-borne illness advisories this week in response to Eastern equine encephalitis virus positive horses. Walton, Volusia, Clay, Hillsborough, Osceola, Miami-Dade, Collier, and Glades counties are also currently under mosquito-borne illness advisories.

### Year to Date Human Case Summary

**Acquired in Florida:** Fourteen cases of dengue have been reported as acquired in Key West in 2010. Of these, 11 are Key West residents, two are residents of other Florida counties, and one resides out of state. Onset dates ranged from March 17 to June 12, 2010.

**Imported:** Twenty-six cases of dengue with onset in 2010 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin included Brazil, Colombia (3), Costa Rica (2), Dominican Republic (3), Haiti (3), Jamaica, Nicaragua, Philippines, Puerto Rico (7), Venezuela (3), and Malaysia/Dubai/Bangladesh (slash indicates travel to more than one country).

Fifty-four imported cases of malaria with onset in 2010 have been reported. Countries of origin included Angola, Dominican Republic, Ghana, Guyana, Haiti (38), Honduras (3), India, Nigeria (4), Philippines, Uganda, West Africa, and Zambia/South Africa.

For the most recent report, please visit the Florida Department of Health, Bureau of Environmental Public Health Medicine website at <http://www.doh.state.fl.us/Environment/medicine/arboviral/Weekly-Summary.html>