



EPI Monthly Report

Florida Department of Health in Miami-Dade County

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Think Measles Isabel Griffin, MPH

The United States is currently experiencing a large, multi-state outbreak of measles linked to an amusement park in California. The outbreak started in December 2014 and has spread to more than a dozen other states. We urge healthcare professionals to “think measles” when evaluating patients with febrile rash and ask about a patient's vaccine status, recent travel history, and contact with individuals who have a febrile rash illness.

Measles is a highly contagious respiratory disease caused by a virus. It is characterized by a prodrome of fever (as high as 105°F) and malaise, as well as cough, coryza (runny nose), and conjunctivitis (pink eye) – these are known as the “three Cs of measles” – and the presence of a pathognomonic enanthema (Koplik spots). The spots confirm measles, but the absence of Koplik spots does not rule it out, as it is present in only a small percentage of cases. The incubation period for these symptoms range from 7-21 days (average 10-12). These symptoms are followed by a maculopapular rash, which usually appears about three days after the patient’s onset of symptoms. The rash typically spreads from the hairline to the trunk and then onto the lower extremities. It is important to remember that sometimes immunocompromised patients – for example those with HIV, do not develop a rash. Patients with darker skin also tend to have a different clinical presentation of the rash. Patients are considered to be contagious from 4 days before to 4 days after the rash appears.

Complications from measles include otitis

media, (middle ear inflammation) bronchopneumonia, laryngotracheobronchitis, and diarrhea. Persons who are at high risk for severe illness and complications from measles include infants and children who are unvaccinated or have received only one dose of MMR, adults aged over 20 years, pregnant women, and people with immunocompromised immune systems.

There is no treatment for measles, but there is a vaccine. One dose of the measles, mumps, and rubella vaccine (MMR) provides 93% immunity, while two doses provide 97% immunity (1). Typically, children are given the first dose on their first birthday and a second dose between 4 to 6 years of age or when the child begins school. It is not recommended for children under 12 months of age to receive the MMR.

Surveillance

Measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa. Travelers with measles continue to bring the disease into the United States. Measles can spread when it reaches a community where groups of people are unvaccinated. During 2014, the United States experienced a record number of measles cases with 644 cases from 27 states reported to CDC. This is the greatest number of cases documented in the U.S. since 2000 (1).

Today we live in a society where diseases are no longer restricted by borders, but travel on cruise ships, buses, and planes. For this reason the Florida Department of





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Health is strongly urging that all Florida residents receive the MMR vaccine. The Florida Department of Health in Miami-Dade County has increased surveillance efforts through the monitoring of emergency room visits, and the provision of written communications on measles to infection control practitioners.

What to do if you suspect measles

If you suspect measles immediately isolate the patient in a private room for four days and implement airborne precautions. All staff entering the patient's room should use respiratory protection consistent with airborne precautions; for example, the use of an N95 respirator. Also, because of the possibility of MMR vaccine failure, providers should wear appropriate personal protective equipment (PPE) while caring for measles patients. Any person without evidence of immunity who was exempted from measles vaccination should be excluded from your hospital or healthcare clinic, in the event of an outbreak, until 21 days after the last case of rash onset.

Laboratory tests for measles

Laboratory confirmation is required for all suspected cases of measles. Detection of measles-specific IgM antibody and measles RNA by real-time polymerase chain reaction (RT-PCR) are the most common methods for confirming measles infection (1). A serum sample and a throat swab (or nasopharyngeal swab) should be obtained from initial visit with patient. Urine can also be collected as it also contains the virus. The measles virus is sensitive to heat and infectivity decreases when samples are not kept cold. For specific information regarding specimen collection visit the CDC Measles Lab Tools website (<http://www.cdc.gov/measles/lab-tools/index.html>).

What to consider for close contacts

The virus is transmitted by direct contact with airborne infectious droplets when an infected person breathes, coughs, or sneezes. The measles virus can remain in the air and on surfaces for up to two hours after an infected person has left the room. A close contact includes anyone who was in the same confined space as a measles patient during the infectious period (four days before and after rash onset) and anyone who visited the same area during the two hours after the patient has left. For example, emergency room visitors and healthcare staff who were present when the patient arrived would be considered close contacts, as well as all persons who were in the ER during the two hours after the patient leaves. It is estimated that approximately 9 out of 10 susceptible persons with close contact to a measles patient will develop the disease (1). Post-exposure prophylaxis (PEP) is recommended for those who are exposed to measles but are unable to show evidence of immunity. Currently, CDC recommends the MMR vaccine up to 72 hours after exposure, or Immunoglobulin (IG) up to 6 days after exposure for pregnant women, immunosuppressed individuals, and children under 12 months of age (1). If the MMR vaccine is not administered within 72 hours of exposure as PEP, MMR vaccine should still be offered at any interval to offer protection from future exposures.

What you can do to prevent measles in your healthcare setting

Educate patients regarding both the risks and benefits of having the MMR vaccine. Ensure



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that your medical office staff is prepared with the appropriate resources and knowledge in the event of having to treat a patient with measles. Consider placing signs in your waiting room regarding measles and ensure that masks are available to visitors who are showing signs and symptoms of measles. Ensure that your staff is vaccinated and keep their vaccination records on file.

When to contact the Florida Department of Health

Your local health department should be contacted

immediately upon any suspicion of measles. During the call, please have the following patient information ready to provide for the investigator: patient demographics, symptoms with onset dates, vaccination history, and the patient's travel history, especially any travel outside of the country within the 21 days prior to onset of symptoms.

Healthcare providers should report immediately by phone any suspicion of Measles to the Florida Department of Health in Miami-Dade County at 305-470-5660 (24/7,

Provider update on Linkage to Care in Miami Dade County

Provided by the FDOH-MDC HIV/AIDS Program

Linkage to care helps to ensure that people living with HIV receive life-saving medical care and treatment, and helps reduce their risk of transmitting HIV.

All registered counseling and testing sites should make every effort to link 90% of HIV positive clients to medical care and partner services in accordance with all DOH policies, protocols, procedures and guidelines regarding Confidential HIV Counseling, Testing, and Linkage Services. As stated in the DOH Technical Assistance Guideline: HIV/AIDS 9, "...linkage requires providers to take whatever steps are necessary to ensure that clients access needed services." (*Linked to care is defined as attending an appointment with a doctor and receiving a CD4 and Viral Load laboratory test within 90 days of receiving the positive test results*).

This shall mean that the Provider will collaborate with the DOH linkage to care coordinator and follow any and all DOH linkage to care processes and recommendations as applicable. The Provider shall actively work in a concerted effort with the DOH linkage to care coordinator to obtain or submit documentation that services were/are being provided to the client. The linkage verification and or documentation shall include but not be limited to confirmation that the person/client attended his or her first appointment (e.g., via kickback card, self-report) or has a documented viral load test or CD4 count.

Please contact our Counseling and Testing staff at (305)643-7420 ext. 21025 if you need assistance.

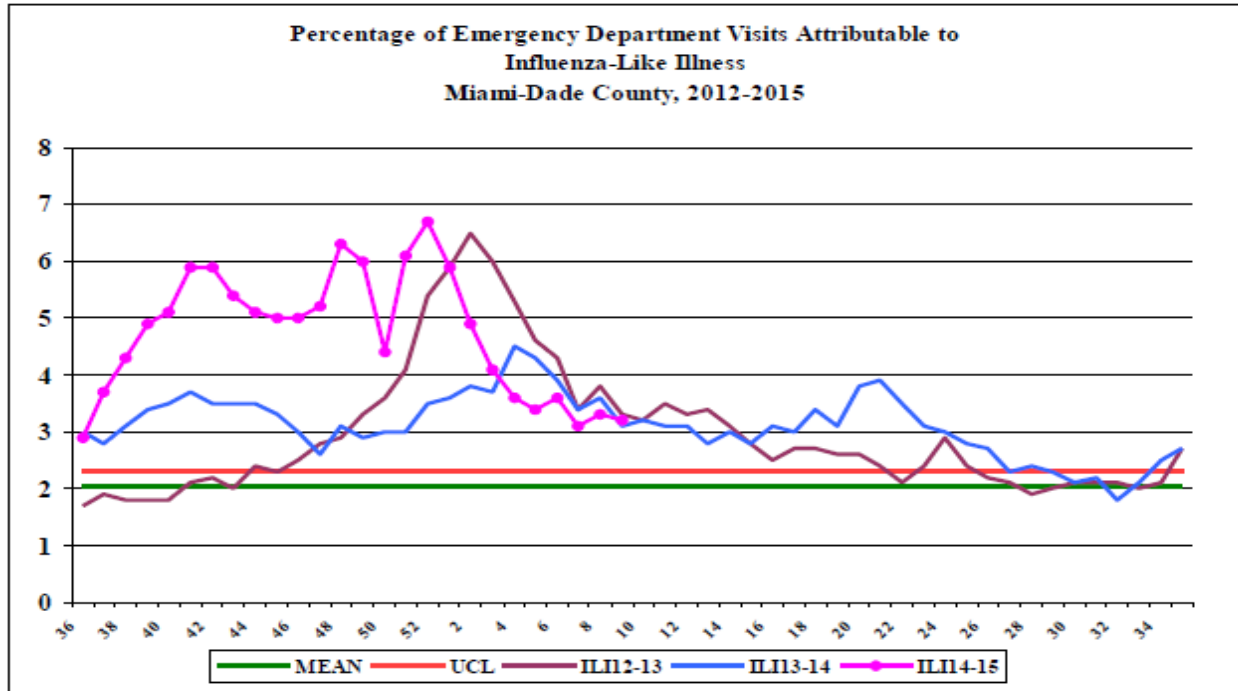


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Influenza-Like-Illness, All Age



During this period, there were 24,746 ED visits; among them 797 (3.2%) were ILI. At the same week of last year, 3.1% of ED visits were ILI.

TO REPORT ANY DISEASE AND FOR INFORMATION CALL:

Epidemiology, Disease Control & Immunization Services

Childhood Lead Poisoning

- Prevention Program305-470-6877
- Hepatitis305-470-5536
- Immunizations or outbreaks305-470-5660
- HIV/AIDS Program305-470-6999
- STD Program305-575-5430
- Tuberculosis Program305- 575-5415
- Immunization Service305-470-5660
- To make an appointment.....786-845-0550

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County **NEEDS** Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

About the Epi Monthly Report

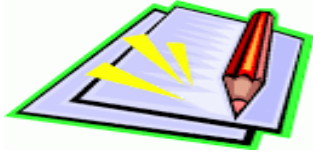
The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, please contact Emily Moore at (305) 470-6918.



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Miami-Dade County Monthly Report Select Reportable Disease/Conditions January 2015

Diseases/Conditions	2015 Current Month	2015 Year to Date	2014 Year to Date	2013 Year to Date
HIV/AIDS				
AIDS*	29	29	37	58
HIV	126	126	108	118
STD				
Infectious Syphilis*	19	19	29	19
Chlamydia*	562	562	669	804
Gonorrhea*	124	124	153	188
TB				
Tuberculosis**	5	5	7	5
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	16	16	20	14
Chikungunya Fever	1	1	0	0
Ciguatera Poisoning	0	0	0	0
Cryptosporidiosis	0	0	3	2
Cyclosporiasis	0	0	0	0
Dengue Fever	1	1	0	1
Escherichia coli, Shiga Toxin-Producing	0	0	0	0
E. coli, Non-O157	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	7	7	11	12
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	1	1	1	1
Leptospirosis	0	0	0	0
Listeriosis	0	0	0	0
Lyme disease	0	0	0	0
Malaria	0	0	0	3
Meningitis (except aseptic)	1	1	2	2
Meningococcal Disease	1	1	0	2
Salmonella serotype Typhi (Typhoid Fever)	0	0	0	0
Salmonellosis	35	35	33	34
Shigellosis	6	6	20	1
Streptococcus pneumoniae, Drug Resistant	0	0	3	9
Toxoplasmosis	0	0	0	0
Vibriosis	0	0	1	0
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	0	0	1	0
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	0	0	3	3
Hepatitis				
Hepatitis A	0	0	1	1
Hepatitis B (Acute)	0	0	1	1
Lead				
Lead Poisoning	4	4	8	1

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.