

# Epi Monthly Report

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## Cryptosporidiosis Education

Genevie Rodriguez

Cryptosporidiosis (or Crypto) is a diarrheal disease caused by the microscopic parasite *Cryptosporidium*. This parasite has a protective outer shell which allows it to live outside of the body for long periods of time in both water and feces. The outer shell also makes it very resistant to chlorine-based disinfectants, making Crypto one of the most common causes of waterborne disease in humans. Crypto is primarily spread through the oral-fecal route and the modes of transmission include ingesting the parasite found in soil, food, water, or feces of an infected person or animal. The infectious shedding period typically begins once the symptoms start, primarily diarrhea, and can last for weeks even after the symptoms subside. If you are experiencing diarrhea, do not swim or enter recreational water for at least two weeks after the illness resolves, as any residual parasites from your body will wash off and contaminate the water.

Symptoms attributed to Crypto include diarrhea, abdominal pain, nausea, vomiting, fever, and loss of appetite. Diarrhea, vomiting, and loss of appetite are more commonly found in children with Crypto, although these can occur in adults as well. These symptoms can be intermittent and last up to thirty days in most people without any immunocompromising conditions.

Since Crypto is a diarrheal disease, dehydration due to fluid and electrolyte loss is the most important condition to treat or prevent. Rehydration has been proven effective in aiding an otherwise healthy individual's immune system to

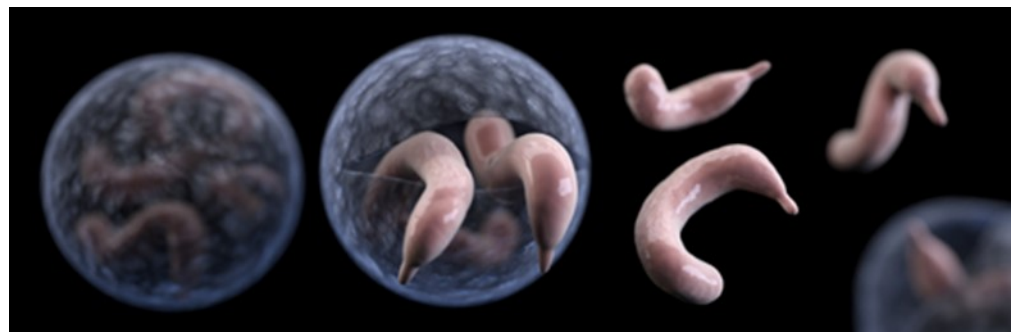
### Florida Department of Health in Miami-Dade County

Epidemiology, Disease Control & Immunizations Services

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*Cryptosporidium* oocysts and parasites. (CDC Photo)



recover from the disease. It is not recommended that an individual with Crypto use anti-diarrheal medicine without consulting a physician first. The parasite is shed through stool and if someone uses anti-diarrheal medicine they are compromising the time it takes to shed all the oocyst and parasite naturally from their gastrointestinal tract as well increase the risk of other complications. When rehydration is not sufficient, a healthcare provider can prescribe a Food and Drug Administration (FDA)-approved treatment. Immunosuppressed individuals must consult their healthcare providers upon suspicion any if their current medications hinder their ability to cure the disease.

The best prevention is proper hand hygiene with soap and water after dealing with animals, handling an infected individual, and before preparing and eating food. Stay out of the water if you have diarrhea and notify the appropriate authority if you or your child has an accident in the pool. Since recreational water is another risk for exposure, it is recommended that you avoid swallowing any recreational water. It is also recommended that you exercise caution when drinking untreated water when traveling outside of the country. If someone suspects that they have Crypto they should see their primary care physician for testing and treatment, if appropriate.

### **Helpful Websites:**

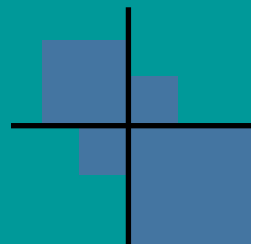
[Healthy Swimming](#)

### **Facts about Crypto and Swimming Pools:**

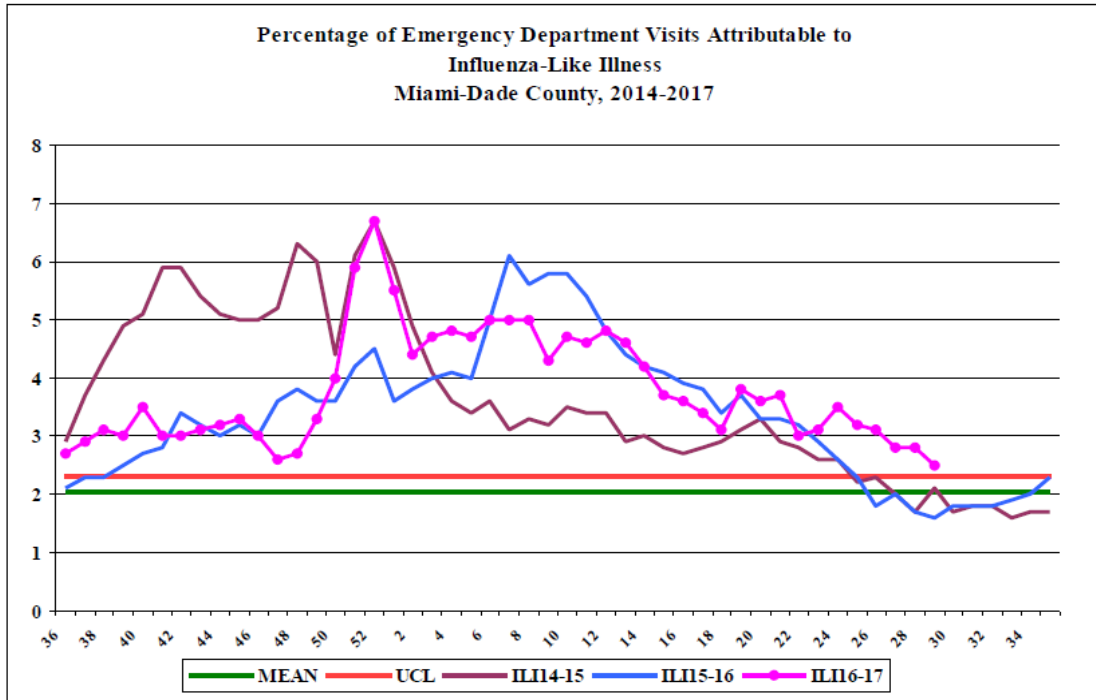
<https://www.cdc.gov/healthywater/pdf/swimming/resources/cryptosporidium-factsheet.pdf>

### **Use the Model Aquatic Health Code to Make Swimming Healthy and Safe:**

[https://www.cdc.gov/mahc/pdf/mahc\\_factsheet.pdf](https://www.cdc.gov/mahc/pdf/mahc_factsheet.pdf)



**Influenza-Like-Illness, All Age**



During this period, there were 30,267 ED visits; among them 764 (2.5%) were ILI. At the same week of last year, 1.6% of ED visits were ILI.

**PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE**

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

**TO REPORT ANY DISEASE AND FOR INFORMATION CALL:**  
Epidemiology, Disease Control & Immunization Services

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.

- Childhood Lead Poisoning
- Prevention Program .....305-470-6877
- Hepatitis .....305-470-5536
- Immunizations or outbreaks .....305-470-5660
- HIV/AIDS Program .....305-470-6999
- STD Program .....305-575-5430
- Tuberculosis Program .....305- 575-5415
- Immunization Service .....305-470-5660
- To make an appointment.....786-845-0550

- 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**.

For more information, please contact  
**Lakisha Thomas** at 305-470-5660.

**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.



## Miami-Dade County Monthly Report Select Reportable Disease/Conditions June 2017

Diseases/Conditions	2017 Current Month	2017 Year to Date	2016 Year to Date	2015 Year to Date
<b>HIV/AIDS</b>				
AIDS*	36	236	308	237
HIV	136	697	873	677
<b>STD</b>				
Infectious Syphilis*	33	207	221	152
Chlamydia*	1161	6433	6192	4925
Gonorrhea*	349	1645	1406	903
<b>TB</b>				
Tuberculosis**	10	37	56	49
<b>Epidemiology, Disease Control &amp; Immunization Services</b>				
<b>Epidemiology</b>				
Campylobacteriosis	61	306	286	324
Chikungunya Fever	1	1	0	10
Ciguatera Poisoning	0	7	0	5
Cryptosporidiosis	3	13	9	7
Cyclosporiasis	0	0	0	0
Dengue Fever	1	2	7	5
Escherichia coli, Shiga Toxin-Producing	0	20	4	9
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	8	62	118	78
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	1	0	0
Legionellosis	2	15	4	12
Leptospirosis	0	0	0	1
Listeriosis	0	4	4	0
Lyme disease	0	2	2	0
Malaria	0	4	1	1
Meningitis (except aseptic)	1	2	2	2
Meningococcal Disease	1	5	0	4
Salmonella serotype Typhi (Typhoid Fever)	0	0	1	2
Salmonellosis	64	277	262	256
Shigellosis	8	41	38	58
Streptococcus pneumoniae, Drug Resistant	3	11	2	0
Vibriosis	0	3	2	10
West Nile Fever	0	0	0	0
<b>Immunization Preventable Diseases</b>				
Measles	0	0	2	0
Mumps	0	0	2	3
Pertussis	3	16	13	11
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	2	21	44	25
<b>Hepatitis</b>				
Hepatitis A	4	47	15	17
Hepatitis B (Acute)	2	11	6	9
<b>Healthy Homes</b>				
Lead Poisoning	4	37	54	24

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

\*\* Data on tuberculosis is provisional at the county level.