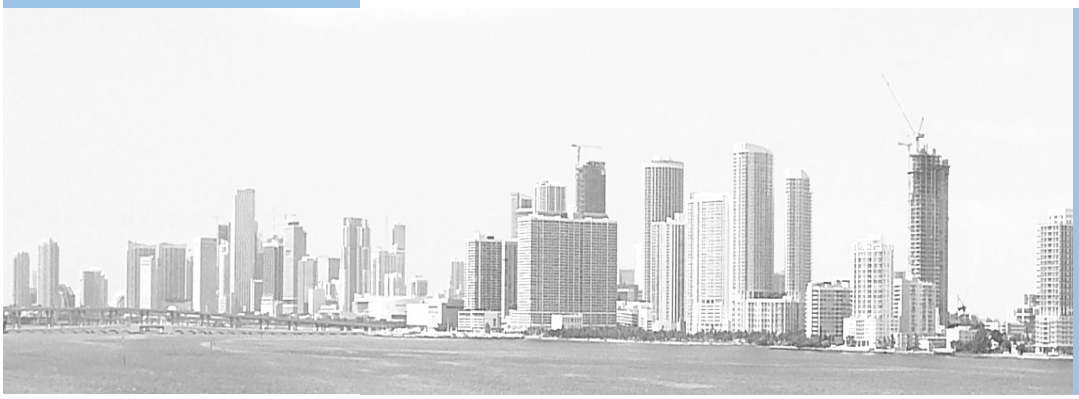
Epi Monthly Report

VOLUME 18, ISSUE 3

MARCH 2017



Inside this issue:

Florida Department of Health in Miami-Dade County

Epidemiology, Disease Control & Immunizations Services

8600 NW 17th Street, Suite 200
Doral, FL 33126

Tel: 305.470.5660

Fax: 305. 470.5533

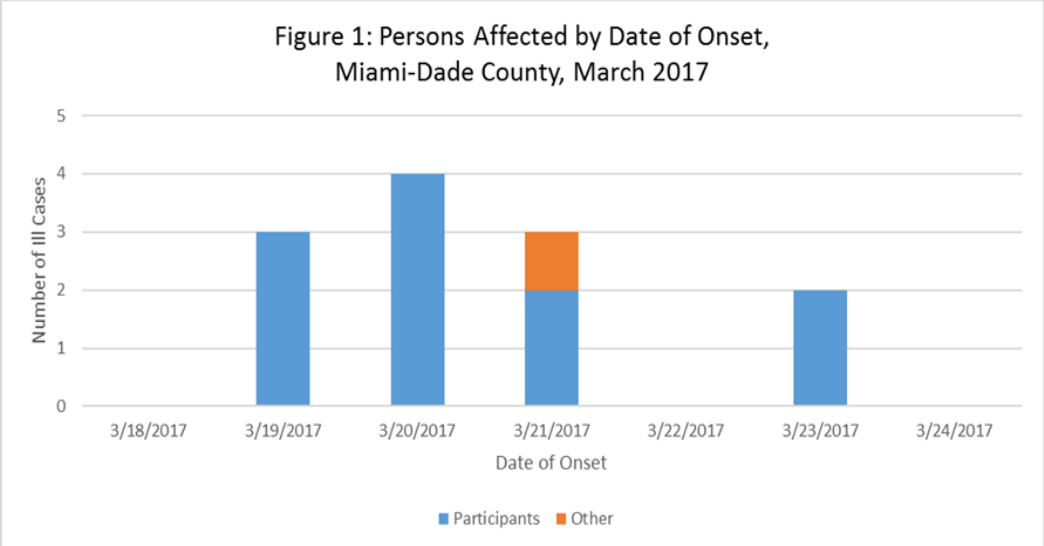
Gastrointestinal Illness (GI) Cluster at an Event March 24, 2017

Isabel Griffin, MPH, Anthony Llau, PhD, Juan Suarez, Edhelene Rico, MPH

On March 24, 2017, the Florida Department of Health in Miami-Dade County, Epidemiology-Disease Control, and Immunization Services (EDC-IS) was notified by a local clinician of 10 participants presenting with gastrointestinal illness (GI) of vomiting and diarrhea at an event in Miami-Dade County. EDC-IS deployed staff to conduct an Epidemiological investigation.

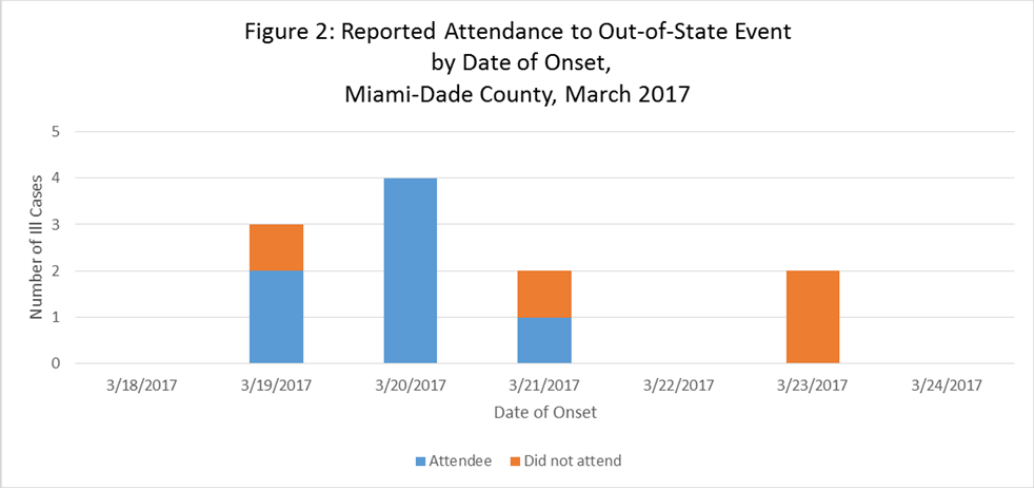
During interviews with the three healthcare providers, a total of 19 patients with gastrointestinal illness were identified. Of them, the onset date is available among twelve cases. Ages of cases ranged from 17 to 34, and 7 were male.

Figure 1 shows the distribution of symptom onsets among participants. (N=12)



Distribution of reported symptoms were available among the 12 cases: Vomiting (66.6%; 8/12), Diarrhea (66.6%; 8/12), Nausea (66.6%; 8/12), Abdominal Pain (25.0%; 3/12), and Fever (25.0%; 3/12). To date, no additional cases have reported GI illness in relation to attending the event. Among the 11 cases with known attendance status, 7 (63.6%) attended a previous out of state event recently. Upon speaking with state DOH officials, it was discovered that several other participants who attended the out-of-state event were also presenting with GI illness.

Figure 2 shows the distribution of cases by Out-of-State Special Event attendance among the 11 cases with known symptom onsets and travel history. (N=11)



Syndromic Surveillance:

Electronic monitoring of emergency rooms visits through ESSENCE was conducted in the days post-cluster notification to identify additional cases, and to monitor the appearance of illness among attendees of the special event. There were no alerts or visits associated with the special event identified via ESSENCE.

Person-to-Person Transmission:

Given the epidemiologic evidence of projectile vomiting and the two days between clusters in the epicurve (Figure 2), the assumed agent was most likely to be Norovirus which has an incubation period of 24-48 hours. As norovirus can be spread via both person-to-person route and by foodborne transmission, special emphasis was placed on environmental cleaning of shared spaces. On March 23rd, event staff immediately conducted environmental cleaning of the common access spaces upon seeing an increase in GI reports at the clinic.

Environmental Site Visit:

On 3/25/17, a joint site-visit between EDC-IS, the Department of Business and Professional Regulation (DBPR), and the event's full-time sanitarian inspected the food preparation sites.

Risk factors for possible transmission of a virus like Norovirus were evaluated in the food service area of the special event. A special emphasis was placed on the kitchen which serves a restaurant. There were multiple other temporary facilities and food trucks as well as smaller food stands. While observing in a dining room, several at-risk activities were observed and immediately corrected on-site. The following observations were made by DBPR: Potentially hazardous (time/temperature control for safety) hot held at less than 135 degrees Fahrenheit or above; a server handled soiled dishes or utensils and then picked up plated food, served food, or prepared a beverage without washing hands; waiters and waitresses coming back from dining area of customers after picking up dirty dishes, then grabbed clean utensils without washing hands; and the designated employee eating/drinking/smoking area was located in a food preparation or other restricted area causing possible cross contamination.

During the investigation, EDC-IS learned that the ill participants drop-out of the event after becoming Ill. As of March 27th, no additional GI cases have been reported and no specimens have been provided for testing.

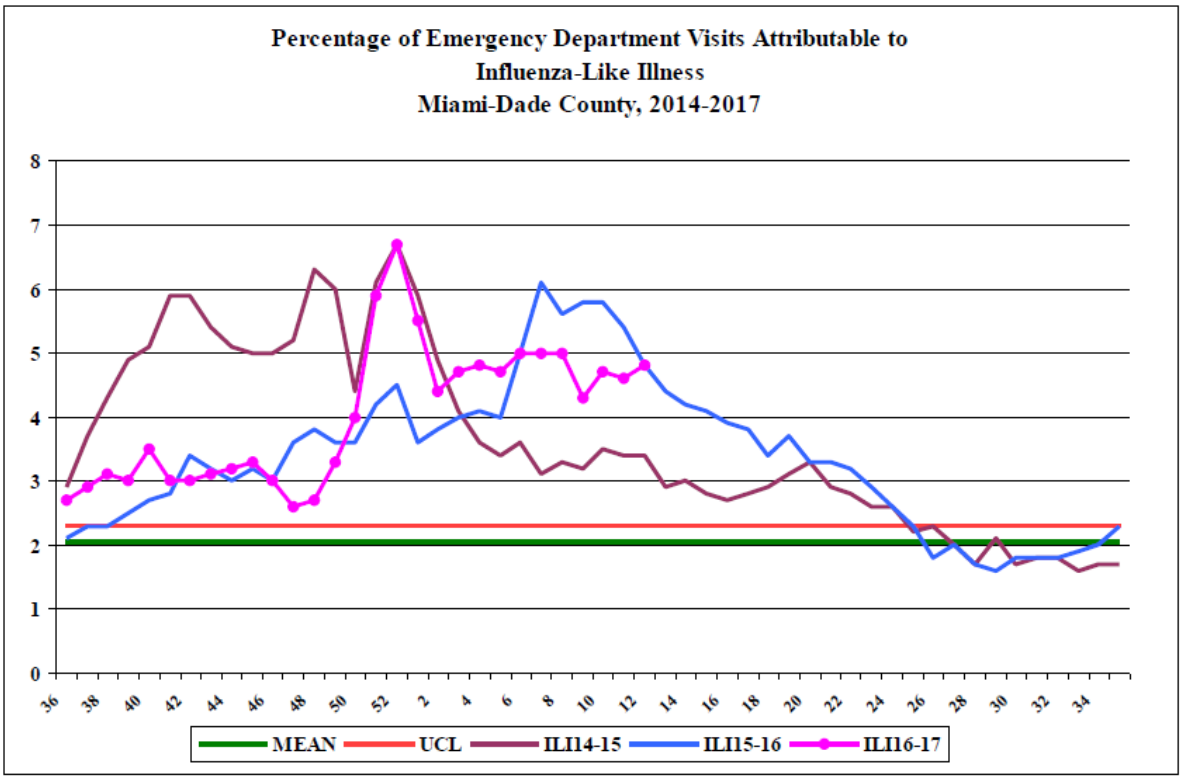
Prevention of Norovirus

According to the Centers for Disease Control and Prevention, norovirus is a very contagious virus that can be transmitted by an infected person, contaminated food or water, or by touching contaminated surfaces. Viral infections cause stomach pain, nausea, vomiting, and diarrhea. Each year on average in the United States, norovirus causes 19–21 million cases of acute gastroenteritis (inflammation of the stomach or intestines or both). The best way to prevent the spread of norovirus is to practice proper hand hygiene, especially after using the restroom, changing diapers, and before eating or preparing food.

CDC's Hand Hygiene Steps:

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

Influenza-Like-Illness, All Age



During this period, there were 32,758 ED visits; among them 1,565 (4.8%) were ILI. At the same week of last year, 4.8% of ED visits were ILI.

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

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

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**.

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
February 2017

Diseases/Conditions	2017 Current Month	2017 Year to Date	2016 Year to Date	2015 Year to Date
HIV/AIDS				
AIDS*	30	63	71	56
HIV	102	193	238	233
STD				
Infectious Syphilis*	34	57	55	51
Chlamydia*	1019	1914	1740	1389
Gonorrhea*	221	432	367	270
TB				
Tuberculosis**	10	12	12	11
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	30	46	46	56
Chikungunya Fever	0	0	0	5
Ciguatera Poisoning	2	2	0	2
Cryptosporidiosis	0	0	5	0
Cyclosporiasis	0	0	0	0
Dengue Fever	0	0	5	2
Escherichia coli, Shiga Toxin-Producing	0	0	2	2
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	6	8	20	24
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	2	5	0	2
Leptospirosis	0	0	0	0
Listeriosis	2	3	0	0
Lyme disease	0	0	0	0
Malaria	1	1	0	0
Meningitis (except aseptic)	0	0	0	1
Meningococcal Disease	0	2	0	1
Salmonella serotype Typhy (Typhoid Fever)	0	0	0	1
Salmonellosis	47	67	68	67
Shigellosis	6	8	19	20
Streptococcus pneumoniae, Drug Resistant	0	2	1	0
Vibriosis	0	1	0	0
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	5	5	5	2
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	6	7	17	3
Hepatitis				
Hepatitis A	3	5	3	1
Hepatitis B (Acute)	1	2	1	0
Healthy Homes				
Lead Poisoning	8	14	9	5

*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.