



Dear Colleague:

We would like to take this opportunity to thank you for your help this year in monitoring and controlling communicable diseases in Miami-Dade County. Best wishes to you and happy New Year!

**Mary Jo Trepka, MD, MSPH
and Epi Staff**

**ENHANCED SURVEILLANCE
FOR POLIO**

Dolly Katz, PhD, Regional Epidemiologist

We would like to update you about the polio outbreak in the Dominican Republic and Haiti and how the Florida Department of Health can assist you in the rapid diagnosis of acute flaccid paralysis (AFP) cases.

The outbreak is the first in the Americas since wild poliovirus was eradicated from the hemisphere in 1991. Since July 12, the Dominican Republic has recorded six laboratory-confirmed and 13 clinically diagnosed cases of paralytic polio; Haiti has recorded one laboratory-confirmed case. The

outbreak strain appears to have mutated from an oral vaccine strain of type 1 poliovirus. All cases were either unvaccinated or inadequately vaccinated. Intense outbreak control efforts are underway.

Because of high immunization levels among Florida's children and young adults, the risk of an outbreak from an introduced case of polio is low. Nevertheless, Florida's position as a gateway for immigration and travel to and from the Caribbean underscores the need for heightened surveillance and rapid diagnosis of suspected cases.

To assist in efforts to quickly identify any suspected cases of polio, Florida Department of Health laboratories will provide free diagnostic services for laboratory confirmation of suspect cases of polio.

Physicians should consider paralytic poliomyelitis in the following patients:

- All patients presenting with acute flaccid paralysis. Acute poliomyelitis is typically characterized by rapid onset of fever and flaccid paralysis that progresses to its maximal extent within a few days, is asymmetric, is more marked in proximal than distal limb muscles, and is associated with weak or absent deep tendon reflexes.
- Patients with aseptic meningitis who have traveled to Haiti or the Dominican ahead close contact with a traveler to these two countries in the two months before onset of illness.

If you suspect a case, please call the Office of Epidemiology and Disease Control, Miami-Dade County Health Department immediately (305) 324-2413 from 8:00AM

can assist in the investigation and in the collection and shipment of specimens.

Please collect the following specimens for shipment to the Department of Health's diagnostic laboratories:

- stool samples in a sterile container with no preservatives (most important)
- throat swabs in viral transport media
- cerebrospinal fluid (if available)
- acute and convalescent sera collected 2-4 weeks apart

The National Center for Infectious Diseases has not recommended any travel restrictions to the Dominican Republic or Haiti. Travelers to these countries should ensure that they are fully vaccinated against polio. Current recommendations on polio vaccinations for travelers are available from the CDC's Web site (<http://www.cdc.gov/travel/>, click on "Polio outbreak").



**INFLUENZA AND RESPIRATORY
SYNCYTIAL VIRUS SURVEILLANCE
SUMMARY UPDATE
(Week ending December 9, 2000-Week 49)**

Dr. Carina Blackmore, Regional
Epidemiologist, Northeast Florida

[The following article appeared in EPI UPDATE A weekly publication by the Bureau of Epidemiology Florida Department of Health (For December 22, 2000)]

Florida: Data from Florida suggest low levels of influenza activity. Overall, one percent of

19, 493 patients seeking care by reporting physicians in the influenza sentinel surveillance network met the case definition for ILI during week 49. Influenza-like illness activity was detected in 20 counties from Escambia to Miami Dade. Higher ILI activity than expected for this time of year (>3%) was reported by physicians in Duval, Escambia and Orange counties. One culture positive specimen was reported for influenza this week. Influenza A (H1N1) was isolated from a patient in Escambia county. Since October 1, 31 influenza isolations have been reported to the state health office: 16 influenza A (H1N1) isolates from Broward, Charlotte, Duval, Escambia, Lake, Leon, Orange and Polk counties, one influenza A (H3N2) from Duval county, 7 untyped influenza A isolates from Alachua, Columbia, Hillsborough, Orange, Palm Beach and Pinellas counties) and 7 influenza B isolates from Brevard, Broward, Hillsborough, Leon and Volusia counties.

Respiratory syncytial virus (RSV) activity remains high but is declining in northeastern, central and the southwestern part of the state where 40.5-50.6% of tested specimens were positive for RSV. Twenty-six percent of RSV specimens tested in the southeast were positive. Twelve hospital laboratories in the state participate in this program.

National report: During week 49 (December 3-9, 2000), 39 of the 870 specimens tested by the WHO and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories were positive for influenza type A virus and 12 were positive for type B virus. Thirty-three (85%) of the influenza A isolates were typed. All of them were influenza A (H1N1). Since October 1, 245 (2%) influenza isolates (138 influenza A (H1N1), 7 influenza

A (H3N2) and 63 influenza B) have been recovered from 11,744 specimens tested. Influenza A(H3N2) have been identified in Florida, Hawaii, Kentucky and Missouri and influenza A (H1N1) in California, Colorado, Florida, Indiana, Massachusetts, North Carolina, Oklahoma, Pennsylvania, South Dakota, Texas and Wisconsin. In addition, unsubtyped influenza A isolates have been identified in Georgia, New York, North Dakota and West Virginia. Influenza B isolates have been recovered from patients in Alaska, California, Florida, Louisiana, Missouri, North Carolina, Oklahoma, Oregon, South Carolina and Texas.

CDC has antigenically characterized 22 influenza viruses (1 influenza A (H3N2); 19 influenza A (H1N1) and 2 influenza B) received from US laboratories since October 1. They are all similar to respective vaccine strains.

The percentage of all deaths due to Pneumonia and Influenza (P&I) as reported



by the vital statistics offices of 122 U.S. cities was 7.2% during week 49. This percentage is below the epidemic threshold of 8.1% for this time of year.

Influenza activity was assessed by state and territorial health departments as regional in 5 states (Georgia, Hawaii, Kentucky, Tennessee and Texas) and sporadic in 31 additional states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Utah, Virginia, Washington, West Virginia, Wisconsin and Wyoming). No influenza activity was reported from 13 states. One state did not report.

During week 49, 1% of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). The percentage of ILI was within baseline levels of 0% to 3% in all 9 surveillance regions.



To report diseases or for information:

Office of Epidemiology and Disease Control

Childhood lead poisoning prevention program	(305) 324-2414
Hepatitis	(305) 324-2490
Other diseases and outbreaks	(305) 324-2413
HIV/AIDS Program	(305) 377-7400
STD Program	(305) 325-3242
Tuberculosis Program	(305) 324-2470
Special Immunization Program	(305) 376-1976
Nights, weekends, and holidays	(305) 377-6751

Monthly Report

Selected Reportable Disease/Conditions in Miami-Dade County, November, 2000

Diseases/Conditions	Reported Cases this Month	2000 Year to Date	1999 Year to Date	1998 Year to Date
AIDS ^{*Provisional}	124	1282	1271	1474
Campylobacteriosis	12	142	162	157
Chancroid	0	0	0	2
<i>Chlamydia trachomatis</i>	195	3236	3819	3336
Ciguatera Poisoning	0	2	0	0
Cryptosporidiosis	1	29	33	31
Cyclosporiasis	0	0	1	2
Diphtheria	0	0	0	0
<i>E. coli</i> , O157:H7	0	3	5	9
<i>E. coli</i> , Other	0	1	0	2
Encephalitis	0	0	0	2
Giardiasis, Acute	20	223	101	146
Gonorrhea	106	2525	2568	2461
Granuloma Inguinale	0	0	0	0
<i>Haemophilus influenzae</i> B (invasive)	0	2	3	1
Hepatitis A	12	87	108	125
Hepatitis B	6	55	86	74
HIV ^{*Provisional}	220	1570	1578	1783
Lead Poisoning	25	380	Not available	Not available
Legionnaire's Disease	0	0	1	2
Leptospirosis	0	0	1	0
Lyme disease	0	7	7	1
Lymphogranuloma Venereum	0	0	0	2
Malaria	0	21	26	33
Measles	0	0	0	0
Meningitis (except aseptic)	0	21	34	32
Meningococcal Disease	0	24	27	13
Mumps	1	2	3	0
Pertussis	0	7	15	14
Polio	0	0	0	0
Rabies, Animal	0	0	0	1
Rubella	0	1	0	0
Salmonellosis	26	268	356	332
Shigellosis	18	212	220	317
<i>Streptococcus pneumoniae</i> , Drug Resistant	14	184	205	129
Syphilis, Infectious	12	123	71	27
Syphilis, Other	81	683	707	654
Tetanus	0	1	0	0
Toxoplasmosis	0	0	1	2
Tuberculosis ^{*Provisional}	15	230	239	265
Typhoid Fever	0	2	16	3
<i>Vibrio, cholera</i>	0	0	0	0
<i>Vibrio</i> , Other	0	0	0	1

*Data on AIDS are 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.