

Epi Monthly Report



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Miami-Dade County we HEALTH DEPARTMENT

Office of Epidemiology and Disease Control

Report of Gastroenteritis Outbreak in A Child Care Center

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Background

On November 29, 2000, the Miami-Dade County Health Department's Office of Epidemiology and Disease Control (OEDC) learned that a child with shigellosis attended a child care facility in the county. According to the director of the facility, several children had developed symptoms of diarrhea, vomiting, and stomachache, with the first case starting on November 11, 2000. By November 29, eleven children had developed symptoms.

Methods

Case definition: The initial case definition was onset of diarrhea or vomiting in a facility staff member or child since November 13, 2000.

Epidemiologic investigation: On November 30, an OEDC investigator visited the facility, and information was collected including a log of cases. Parents of ill children were contacted and interviewed.

Laboratory methods: Stools were collected from all ill children and staff . All stools were collected at the child care facility by the staff. The Miami Branch Laboratory tested one

stool specimen for bacteria and ova and parasites, and the other specimen was sent to Tampa Branch Laboratory for viral studies.

Environmental investigation: An inspector from the Division of Environmental Health visited the facility and inspected the facility.

Control Measures

On December 1, 2000, oral and written instructions were given to all facility employees. Staff persons were given instructions about disease prevention measures, including proper hand washing techniques, recognition of illness, a video presentation, and a copy of the Centers of Disease Control's ABC's of Safe and Healthy Child Care Handbook.

The instructions included the following:

• Exclude any child or staff person from the facility if she or he has any diarrhea or vomiting.

• All persons, including children, parents, siblings, staff, visitors, and service personnel,



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must wash their hands:

- when they enter the facility
- after assisting with diaper changes or toileting
- after using the bathroom
- before and after handling food or eating.
- All staff persons must wash children's hand after each diaper change.
- No staff involved in food preparation may change diapers.
- All staff persons will ensure hand toys are limited to single use between cleaning and sanitized.

<u>Results</u>

Between November 13 and December 6, 2000, 18 (28%) of 65 children had developed illnesses that met the case definition. The 18 children were from the infant, toddler I, or toddler II classrooms (all adjacent to each other and located in the rear of the facility). One (8%) of 13 staff members met the case definition. The ill children ranged in age from 10 months to 3 years of age. One child was hospitalized. After December 6, 2000, there were no more cases at the child care facility.

Stools were collected from 14 (78%) of the 18 ill children and the one ill staff person. No pathogens were identified from the ill staff person's stool specimens. Of the 14 ill children from which stool specimens were collected, four (29%) tested positive for *Shigella*, four (29%) for *Giardia* only, two (14%) for G2 strain of Norwalk virus only, three (21%) for *Giardia* and G2 strain of Norwalk virus, and one negative (7%).

Discussion

This outbreak of gastrointestinal illness was due to multiple organisms. The first case was *Shigella sonnei* (*Group D*). Subsequently, Norwalk virus and *Giardia* were identified. Transmission appeared to be person to person, and the control measures, based on good hygiene, were effective in stopping the outbreak.

Prevention of gastrointestinal illness in child care facilities is challenging because the behavior of young children promotes the spread of bacteria, viruses and

parasites. Because of this, it is important that child care facilities have regular training sessions for staff about hand washing and prevention of enteric infections and that staff regularly teach children about hand washing.





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



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Influenza Surveillance Update (Week ending February 3, 2001-Week 5)

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[The following article appeared in EPI UPDATE, a weekly publication by the Bureau of Epidemiology, Florida Department of Health (For February 16, 2001)]

Florida: Florida is one of 13 states still reporting low levels of influenza activity. Overall, two percent P&I as reported by the vital statistics offices of 122 of 14,870 patients seeking care by reporting physicians in the influenza sentinel surveillance network met the case definition for influenza-like illness (ILI) during week 5. Influenza-like illness activity was detected statewide from Escambia to Miami Dade. Higher flu activity than expected for this time of year (>3%) was reported by physicians in Alachua, Escambia, Pasco and Polk counties. Eight positive isolates of influenza were reported to our laboratory database this week: influenza A (H1N1) was isolated from patients in Charlotte (1), Duval (3), and Leon (1) counties. Influenza A was also detected in specimens collected from a patient in Palm Beach County. Flu B was reported from Alachua (1), Duval (3), Hillsborough (1) and Leon (2) counties. Since October 1, 115 influenza isolations have been reported to the state health office: 40 influenza A (H1N1) isolates from Broward, Charlotte, Dade, Duval, Escambia, Hillsborough, Indian River, Lake, Leon, Nassau, Orange and Polk counties, one influenza A (H3N2) from Duval county, 15 untyped influenza A isolates from Alachua, Clay, Columbia, Hillsborough, Orange, Palm Beach and Pinellas counties), and 59 influenza B isolates from Brevard, Broward, Charlotte, Clay, Duval, Hillsborough, Indian River, Leon, Levy, Orange, Palm Beach, Santa Rosa, Seminole and Volusia counties.

National report: Eleven (Colorado, Connecticut, Minnesota, Mississippi, North Carolina, Oklahoma, Rhode Island, Tennessee, Utah, Virginia, and Washington) state and territorial health departments reported widespread and 26 states reported regional activity during week 5. WHO and NREVSS laboratories reported 1,459 specimens tested for influenza

viruses, of which 323 (22%) were positive. Sixtynine (21%) were influenza A (H1N1) viruses, 167 (52%) were unsubtyped influenza A viruses, and 87 (27%) were influenza B viruses. The highest yield in recent weeks (week 3-5) was seen in from patients in the South Atlantic region (which includes Florida) where 35% tested positive for flu.

The 2000-2001 flu vaccine induces reactive antibodies against all 247 virus strains that have been antigenically characterized at CDC this year.

During week 5, the percentage of all deaths due to U.S. cities was 7.6%, which is below the epidemic threshold of 8.7%. Four percent of patient visits to U.S. sentinel physicians were due to ILI. The percentage of patient visits for ILI was above baseline levels (3%) in 8 of 9 surveillance regions. Influenza activity was within baseline levels in the East North Central Region (Illinois, Indiana, Ohio, Michigan and Wisconsin).

Respiratory syncytial virus (RSV) activity is declining across the state. Between 13.0 and 25.2% of tested specimens were positive for RSV this week. Twelve Florida hospital laboratories participate in this program.





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Diseases/Conditions	Reported Cases	2001	2000	1999	1998
	this Month	Year to Date	Year to Date	Year to Date	Year to Date
AIDS *Provisional	115	115	131	94	109
Campylobacteriosis	5	5	N/A	0	2
Chancroid	0	0	0	0	0
Chlamydia trachomatis	211	211	328	331	181
Ciguatera Poisoning	0	0	N/A	0	0
Cryptosporidiosis	3	3	N/A	0	0
Cyclosporosis	0	0	0	0	0
Diphtheria	0	0	0	0	0
<i>E. coli</i> , O157:H7	0	0	0	0	0
<i>E. coli</i> , Other	0	0	0	0	0
Encephalitis	0	0	0	0	0
Giardiasis, Acute	2	2	N/A	3	2
Gonorrhea	165	165	233	263	115
Granuloma Inguinale	0	0	0	0	0
Haemophilus influenzae B (invasive)	0	0	0	0	0
Hepatitis A	10	10	N/A	2	1
Hepatitis B	1	1	N/A	0	0
HIV *Provisional	179	179	147	116	153
Lead Poisoning	12	12	N/A	0	8
Legionnaire's Disease	0	0	0	0	0
Leptospirosis	0	0	0	0	0
Lyme disease	0	0	0	0	0
Lymphogranuloma Venereum	0	0	0	0	1
Malaria	0	0	N/A	2	0
Measles	0	0	0	0	0
Meningitis (except aseptic)	0	0	0	0	0
Meningococcal Disease	1	1	N/A	0	0
Mumps	0	0	0	0	0
Pertussis	0	0	0	0	0
Polio	0	0	0	0	0
Rabies, Animal	0	0	0	0	1
Rubella	0	0	0	0	0
Salmonellosis	11	11	N/A	2	20
Shigellosis	4	4	N/A	0	11
Streptococcus pneumoniae, Drug Resistant	0	0	N/A	2	0
Syphilis, Infectious	12	12	10	9	1
Syphilis, Other	45	45	63	103	66
Tetanus	0	0	0	0	0
Toxoplasmosis	0	0	0	0	0
Tuberculosis *Provisional	N/A	N/A	15	0	22
Typhoid Fever	0	0	N/A	0	1
Vibrio, cholera	0	0	0	0	0
<i>Vibrio</i> , Other	0	0	0	0	0

Monthly Report Selected Reportable Diseases/Conditions in Miami-Dade County, January 2001

* 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.



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