

EPI MONTHLY REPORT

MIAMI-DADE COUNTY HEALTH DEPARTMENT



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Know the Virus, Norovirus

You may know it as viral gastroenteritis, stomach flu and even food poisoning, all names that have been used to reference Norovirus. Noroviruses are illnesses produced by infection with the virus called Norovirus, the official genus name for the group of viruses previously known as "Norwalk-like viruses." There are currently five known Norovirus genogroups, with three specific genogroups responsible for affecting humans (GI, GII and GIV). Within these three genogroups, more than 25 different genotypes have been identified. The most notable is the GII.4 which has been the most common cause of outbreaks since 2002. (CDC Fact Sheet)

contagious from the onset of symptoms and up to 2 weeks or more following recovery. (CDC Fact Sheet)

The peak season for Norovirus is during the winter months. However, Norovirus "season" tends to mimic flu season each year. Outbreaks are more prevalent starting in September and peak from January to March. Because Norovirus is so highly contagious, it may spread quickly in closed environments such as daycare centers, nursing homes, cruise ships, jails or other settings where individuals are in close contact with one another. The following table shows the breakdown of 660 specimens collected from outbreaks between 1994 and 2006 by the CDC.

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Selected Notifiable Disease Reports Historical data Miami-Dade

EDC-IS Influenza/Respiratory Illness Surveillance Report

In the United States, the CDC estimates that more than 21 million cases of acute gastroenteritis each year are due to Norovirus infection. More than half of all foodborne outbreaks are linked to the virus as well. The foods most commonly contaminated with the virus are salads, sandwiches, baked goods and oysters. Though uncommon, waterborne outbreaks have been caused by sewage contamination of wells and recreational water. Miami-Dade County alone reported 13 Norovirus outbreaks in 2010, 9 in 2011 and 2 in 2012 (January 1st - February 13th 2012). Norovirus transmission typically occurs by the fecal-oral route. Individuals may become infected through consumption of contaminated food or through direct person-to-person contact. The virus is also capable of being transmitted through aerosolization of vomit that may spread as droplets that can contaminate surfaces or be ingested by surrounding individuals. However, no evidence suggests that infection with the virus occurs through the respiratory system. Norovirus is highly contagious with as little as 10 viral particles being sufficient to cause infection. Individuals are

Though Norovirus is not serious, individuals may feel extremely ill. Norovirus associated gastroenteritis has an incubation period of 24 to 48 hours with the majority of outbreaks occurring between 33-36 hours. In some cases, symptoms may arise within 12 hours of exposure. Symptoms are acute and cause inflammation of the stomach and intestines usually resulting in watery non-bloody diarrhea, nausea and vomiting, and stomach pain. Low grade fever is occasionally reported. Typically, symptoms last for one to two days though may persist for up to 72 hours. Individuals normally make a complete recovery with no serious or lasting sequelae. The most common complication among patients is dehydration, which may require medical attention among the young and elderly.

Currently, state public health laboratories in 50 states have the capability of testing for Norovirus using reverse transcriptase polymerase chain reaction (RT-PCR). Samples of stool and vomitus may be tested during the acute phase, within 48-72 hours after the

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Monthly Report, Selected Reportable Diseases/ Conditions in January 2012

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onset of symptoms, though samples may be tested as late as five days after initial symptom onset. The virus has been isolated in stool samples as long as two weeks after recovery.

Sequencing Norovirus strains has aided in conducting epidemiological investigations. Tracking different sequences of Norovirus are of great public health interest to better identify linked cases of the infection. A national database called CaliciNet is a network state laboratories use to enter sequences of the virus upon identification. The system allows for rapid assessment of strain relationships and also helps track the emergence of new strains.

At this time there are no drugs available to treat individuals infected with the virus. The most important treatment is rehydration. Replacing fluid loss from vomiting and diarrhea is necessary to prevent severe dehydration. In some cases, intravenous fluids may be needed to treat significant fluid loss. Immunity to Norovirus after infection is not entirely clear. Strain specific immunity has been noted, though has only been seen to last a few months. With the genetic variability and multiple strains of Norovirus, individuals are likely to be infected repeatedly throughout their lifetime. Research is actively trying to identify a vaccine that would prevent against Noroviruses. (CDC Fact Sheet)

Without vaccines or drugs used to prevent or treat Norovirus, the best recommendation for individuals to protect themselves and those around them are to take preventative measures. As with any other infection, appropriate and frequent hand washing is vital. To prevent the spread of Norovirus through food, anyone preparing food should wash their hands thoroughly with soap and water before handling all food items. Since the majority of foods commonly identified with outbreaks are cold items or items that can be consumed raw, handling and packaging of food is of great concern.

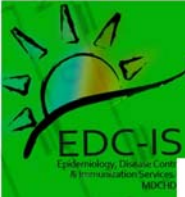
Ensuring that preparation areas are properly maintained will help eliminate the spread of the virus. Fruits and vegetables should be washed, and oysters and other shellfish should be cooked instead of being consumed raw. Linens and clothing should be washed immediately after being contaminated with vomit or fecal matter, with hot water to ensure the virus is killed off. Anyone who is sick or cares for individuals with symptoms of vomiting and diarrhea should avoid handling and preparing foods. Individuals who are infected should not prepare foods for up to three days after recovery from symptoms.

Norovirus has become more common in the recent years. More reports of cruise ships and facility outbreaks are making headline news. The best method to reducing the spread of the virus and outbreaks are for people to know the facts and how to prevent it.

Table 1

| Breakdown of 660 CDC Specimens From Outbreaks Occurring Between 1994 and 2006 | |
|--|----------------------------------|
| Percent | Setting |
| 36 | Long-term Care Facilities |
| 31 | Resuarants, Parties, Events |
| 20 | Vacation Settings (Cruise Ships) |
| 16 | Schools and Community Settings |

Source: CDC Fact Sheet



Teen Dating Violence Awareness

Teen dating violence and abuse is a pattern of destructive behaviors used to exert power and control over a dating partner. While we define dating violence as a pattern, that doesn't mean the first instance of abuse is not dating violence. It just recognizes that dating violence usually involves a series of abusive behaviors over a course of time.

According to the CDC, adolescents and adults are often unaware how regularly dating violence occurs. In a nationwide survey, 9.8 percent of high school students report being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the 12 months prior to the survey. (Centers for Disease Control and Prevention, 2009 Youth Risk Behavior Survey). About 1 in 5 women and nearly 1 in 7 men who ever experienced rape, physical violence, and/or stalking by an intimate partner, first experienced some form of partner violence between 11 and 17 years of age (Centers for Disease Control and Prevention, 2010 National Intimate Partner and Sexual Violence Survey). Become aware of teen dating and visit the web-sites. <http://www.teendvmonth.org/>
<http://www.cdc.gov/ViolencePrevention/>

10 Warning Signs of Abuse

While there are many warning signs of abuse, here are ten of the most common abusive behaviors:

- Checking your cell phone or email without permission
 - Constantly putting you down
 - Extreme jealousy or insecurity
 - Explosive temper
 - Isolating you from family or friends
 - Making false accusations
 - Mood swings
 - Physically hurting you in any way
 - Possessiveness
 - Telling you what to do
- If you or a loved one is in a violent relationship, please get help.

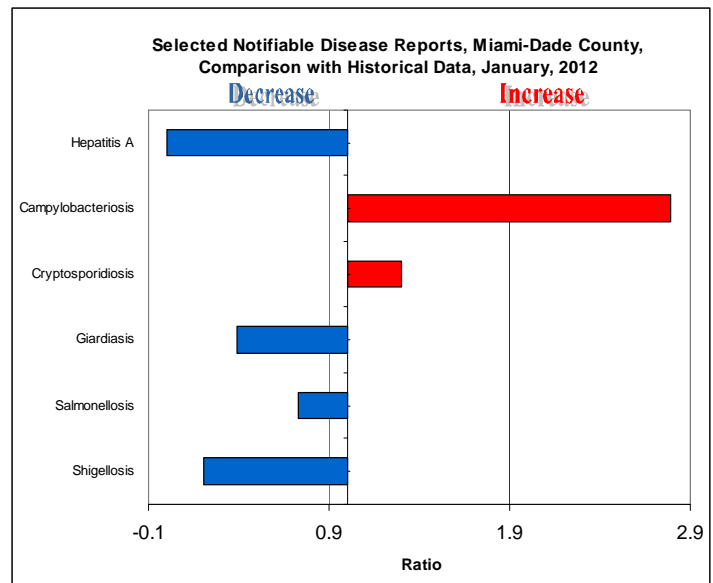


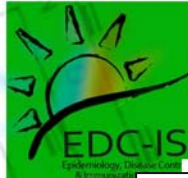
EVERYDAY HEALTH
VACCINE Data
Prevention Help Us



**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





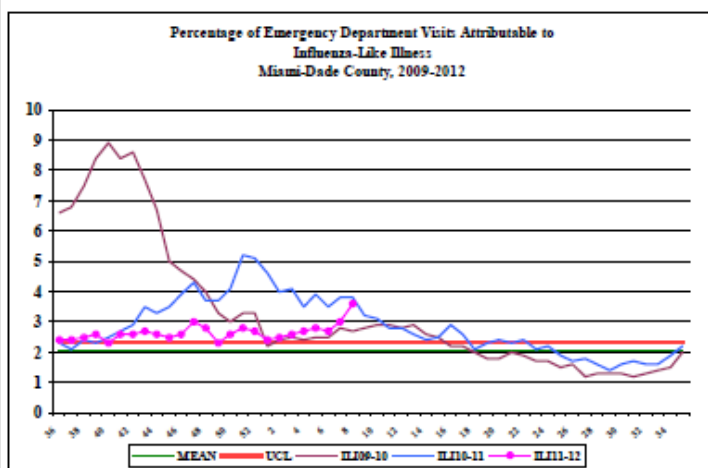
Miami-Dade County Health Department
EDC-IS Influenza/Respiratory Illness Surveillance Report



Week 08: 02/19/2012– 02/25/2012

Miami Dade County Health Department EDC-IS collects and analyzes weekly information on influenza activity in Miami-Dade County. On a daily basis, selected Miami-Dade County hospitals electronically transmit hospital emergency department data to the Miami-Dade County Health Department.

This data is then categorized into 11 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of "flu". Each week, staff will determine the percentage of all emergency department visits that fall into the ILI category.



During this period, there were 22,880 ED visits; among them 830 (3.6%) were ILI. At the same week of last year, 3.8% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

The Miami-Dade County Health Department NEEDS Influenza Sentinel Providers!!

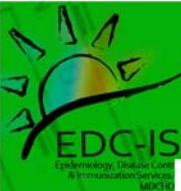
Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain 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 Miami-Dade County Health Department, 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, contact Lizbeth Londoño at 305-470-6918.



Miami-Dade County Monthly Report Select Reportable Disease/Conditions January 2012

| Diseases/Conditions | 2012 Current Month | 2012 Year to Date | 2011 Year to Date | 2010 Year to Date |
|--|-----------------------|----------------------|----------------------|----------------------|
| HIV/AIDS | | | | |
| AIDS* | 69 | 69 | 47 | 45 |
| HIV | 122 | 122 | 140 | 42 |
| STD | | | | |
| Infectious Syphilis* | 36 | 36 | 29 | 26 |
| Chlamydia* | 778 | 778 | 712 | 628 |
| Gonorrhea* | 220 | 220 | 191 | 195 |
| TB | | | | |
| Tuberculosis** | 3 | 3 | 9 | N/A |
| Epidemiology, Disease Control & Immunization Services | | | | |
| Epidemiology | | | | |
| Campylobacteriosis | 35 | 35 | 27 | 6 |
| Ciguatera Poisoning | 0 | 0 | 1 | 0 |
| Cryptosporidiosis | 2 | 2 | 1 | 0 |
| Cyclosporiasis | 0 | 0 | 0 | 0 |
| Dengue Fever | 0 | 0 | 0 | 0 |
| E. coli, O157:H7 | 1 | 1 | 1 | 0 |
| E. coli, Non-O157 | 0 | 0 | 0 | 0 |
| Encephalitis (except WNV) | 0 | 0 | 0 | 0 |
| Encephalitis, West Nile Virus | 0 | 0 | 0 | 0 |
| Giardiasis, Acute | 8 | 8 | 38 | 47 |
| Influenza Novel Strain | 0 | 0 | 0 | 3 |
| Influenza, Pediatric Death | 0 | 0 | 0 | 0 |
| Legionellosis | 1 | 1 | 1 | 0 |
| Leptospirosis | 0 | 0 | 0 | 0 |
| Listeriosis | 0 | 0 | 0 | 0 |
| Lyme disease | 0 | 0 | 0 | 0 |
| Malaria | 1 | 1 | 1 | 3 |
| Meningitis (except aseptic) | 0 | 0 | 0 | 0 |
| Meningococcal Disease | 1 | 1 | 0 | 0 |
| Salmonellosis | 23 | 23 | 22 | 13 |
| Shigellosis | 3 | 3 | 5 | 8 |
| Streptococcus pneumoniae, Drug Resistant | 7 | 7 | 9 | 10 |
| Toxoplasmosis | 0 | 0 | 0 | 0 |
| Typhoid Fever | 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 | 1 | 1 | 0 | 0 |
| Rubella | 0 | 0 | 0 | 0 |
| Tetanus | 0 | 0 | 0 | 0 |
| Varicella | 4 | 4 | 1 | 3 |
| Hepatitis | | | | |
| Hepatitis A | 0 | 0 | 0 | 1 |
| Hepatitis B (Acute) | 0 | 0 | 0 | 0 |
| Lead | | | | |
| Lead Poisoning | 4 | 4 | 12 | 0 |

*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.