



Epi Update



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Assessing Awareness of 2009 Novel Influenza A (H1N1) Among Business Owners, Seminole County

Tara A. Richardson, M.P.H., Gregory Danyluk, Ph.D., M.P.H., M.S., Linda Abernathy, R.N., B.S.N., L.H.R.M., Leora Munfus, B.A.

Businesses have an important role in protecting employees' health and safety, as well as maintaining a viable economy. Employees who have close contact with each other and the public are particularly at risk for acquiring and transmitting infection. Following the emergence of the 2009 novel Influenza A (H1N1), it is important to provide current information to businesses to assist them with their response plans. On August 19, 2009, the Centers for Disease Control and Prevention (CDC) released its new Guidance for Businesses and Employers to Plan for and Respond to the 2009-2010 Influenza Season. The document includes recommendations to keep sick workers home and to be prepared for dismissal from school and closure of child care programs due to increased illnesses. Although school closures are not anticipated, individual employees may be affected if they need to stay home to provide care to family members.

According to the U.S. Census Bureau 2005-2007 American Community Survey, 110,876 Seminole County residents work within the county. Beginning August 25, 2009, the Seminole County Health Department (CHD) contacted local businesses with more than 100 employees in order to alert them to the new CDC guidance. In addition, they were asked whether they have sick leave policies in place and were encouraged to create and review sick leave policies concerning a pandemic. They were also asked whether or not they would be willing to assist the Seminole CHD in its influenza surveillance by reporting unusually high numbers of absences due to illness.

Method

A list of Seminole County private businesses, with contact information and numbers of paid employees, was obtained through the County Office of Emergency Management. Human Resource departments at businesses headquartered in Seminole County with more than 100 employees were contacted and interviewed using a brief telephone survey. The included businesses were questioned about awareness of the CDC's recent guidance for businesses, sick leave policies addressing respiratory illnesses, pandemic preparedness plans, willingness to report increases in absence due to influenza-like illness (ILI) to the Seminole CHD, and a primary contact for the agency. All information was recorded in Microsoft Access 2003.

Results

A total of 86 businesses with a combined total of 20,479 employees met the inclusion criteria and were contacted. Most of the businesses were not aware of the recent guidance and did not have a pandemic plan. However, most of the businesses stated that they have a sick leave policy in place. Most of the businesses stated that they would be willing to report increased absentee rates due to ILI to the Seminole CHD (Table 1).

Table 1: Responses to telephone survey regarding awareness of CDC guidance for businesses and employers to plan for and respond to the 2009-2010 Influenza Season.

Questions	Yes	No	Total
Are you aware of the CDC guidance document for businesses and employees?	16 (19%)	70 (81%)	86 (100%)
Do you have sick leave policies?	77 (90%)	9 (10%)	86 (100%)
Do you have a pandemic plan?	19 (22%)	67 (78%)	86 (100%)
Would you be willing to report an outbreak of ILI to the health department?	56 (65%)	30 (35%)	86 (100%)

Discussion and Conclusions

The number of businesses contacted as of September 10, 2009 represents approximately 20% of the Seminole County workforce. However, the number of non-Seminole County residents employed at these businesses is unknown. In addition, the list was created in September 2008 at a time of relatively low unemployment in the county. Local county and municipal agencies were not contacted as part of this survey because of their relatively frequent contact with the CHD, including, for example, the largest employer in the county, the public school system.

It was beneficial to contact the businesses, as most of them were not previously aware of the guidance document or general recommendations for addressing absences due to ILI. This was a good opportunity to provide them with links to the document and discuss infection control measures to reduce and prevent additional illness. While most of the businesses had a sick leave policy, it is recommended that they start adjusting their plans to account for large numbers of illnesses and absences due to ILI and respiratory illnesses. Businesses were also encouraged to review and/or create pandemic plans in advance of a larger scale event.

Resources

- **Centers for Disease Control and Prevention (CDC) website:**
H1N1
<http://cdc.gov/h1n1flu/business/guidance/>
- **Florida Department of Health (FLDOH) website:**
H1N1 Swine Flu
<http://www.doh.state.fl.us/DEMO/php/FluInfo.htm#Communities%20and%20Workplace>
- **United States Census Bureau, American Community Survey website:**
http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=05000US12117&-qr_name=ACS_2007_3YR_G00_S0801&-ds_name=ACS_2007_3YR_G00_&-redoLog=false

Tara Richardson is a Florida Epidemic Intelligence Service Fellow. Ms. Richardson can be contacted at 407-665-3208 or by email at Tara_Richardson@doh.state.fl.us. Gregory Danyluk is the Epidemiology Program Manager. Dr. Danyluk can be contacted at 407.665.3266 or by email at Gregory_Danyluk@doh.state.fl.us. Linda Abernathy and Leora Munfus are interns. Ms. Abernathy can be contacted at 407.665.3265 or by email at lavernathy3@yahoo.com. Ms. Munfus can be contacted at 407.665.3262 or by email at Leora_Munfus@doh.state.fl.us. All are located at the Seminole County Health Department.

Liver Cancer in Florida, 2005

Aruna Surendera Babu, M.P.H.

Primary liver cancer begins in the cells of the liver, an organ that removes harmful materials from the blood and helps digest food. In the U.S., cancer affecting the liver is more commonly secondary cancer, which occurs when tumors from other parts of the body spread (metastasize) to the liver. Cancers that commonly spread to the liver include colon, lung, and breast cancers. Risk factors that are associated with primary liver cancer include chronic liver infection, cirrhosis, exposure to Aflatoxin, excessive alcohol consumption, smoking, male gender, family history, and age.

For this article, data on liver cancer incidence and diagnosis stage are from the Florida Cancer Data System (FCDS), and mortality data are from the Florida Department of Health, Office of Vital Statistics. The Florida data are compared with that from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI). The U.S. mortality data reported by SEER are provided by the National Center for Health Statistics (NCHS).

In Florida in 2005, the liver cancer incidence rate was 5.1 per 100,000 population and the mortality rate was 3.9 per 100,000 population. Both incidence and mortality rates were higher among older age groups, males, and blacks. The 2005 incidence rate was 2.5 times the rate in 1981 (1.8 per 100,000). The 2005 mortality rate was 45% higher than the rate observed in 1981 (2.7 per 100,000). Florida incidence and mortality rates were lower than the national rates overall, among both sexes, and among both race groups.

The percentage of Florida liver cancer cases reported without stage information was greater than those reported with a stage. The percentage of cancer diagnosed at an early stage was higher among females (37.4%) than among males (33.9%). The percentage of cancer diagnosed at a later stage was higher among blacks (41.3%) than in whites (32.6%). The percentage of cancer

diagnosed at an early stage increased by 15%, while the percentage of cancer reported without stage information decreased by 12% in 2005 compared to 1981.

A comprehensive fact sheet with detailed data table on liver cancer in Florida is available at the Florida Department of Health, Bureau of Epidemiology's website at: http://www.doh.state.fl.us/disease_ctrl/epi/cancer/Liver_cancer.pdf.

For additional information, please contact the Florida Department of Health, Bureau of Epidemiology at 850.245.4401 or visit our website at: <http://www.floridachronicdisease.org/>.

Aruna Surendera Babu is a statistical analyst with the Chronic Disease Section of the Bureau of Epidemiology, Florida Department of Health. Ms. Babu can be contacted at 850.245.4444, ext 2418 or by email at Aruna_Surenderababu@doh.state.fl.us.

Florida Influenza Surveillance Report

Kateesha McConnell, M.P.H.

Fall is usually the time of year when there is an increase in respiratory viruses that circulate in the community. However, this season is unique due to the 2009 Influenza A H1N1 virus outbreak. There is already an increase in influenza activity similar to or greater than what would be expected during the traditional winter peak of activity.

The Florida Department of Health (FDOH) monitors influenza activity through multiple surveillance systems. A report is produced weekly to assist FDOH monitor the current influenza and novel H1N1 influenza activity. Data summarized in this report includes multiple sources:

- 1) Emergency department syndromic surveillance as monitored through the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE);
- 2) Laboratory data from the Bureau of Laboratories;
- 3) County influenza activity levels as reported by county health department epidemiologists;
- 4) The Florida Pneumonia and Influenza Mortality Surveillance System (FPIMSS);
- 5) Florida Outpatient Influenza-Like Illness Surveillance Network (ILINet) providers;
- 6) Novel H1N1 influenza notifiable disease data for special surveillance populations (deaths, hospitalized pregnant women, and those with life threatening illness) and pediatric influenza-associated mortality as reported in the Merlin system for notifiable disease surveillance; and
- 7) Outbreaks or clusters of influenza-like illness (ILI) as reported through EpiCom.

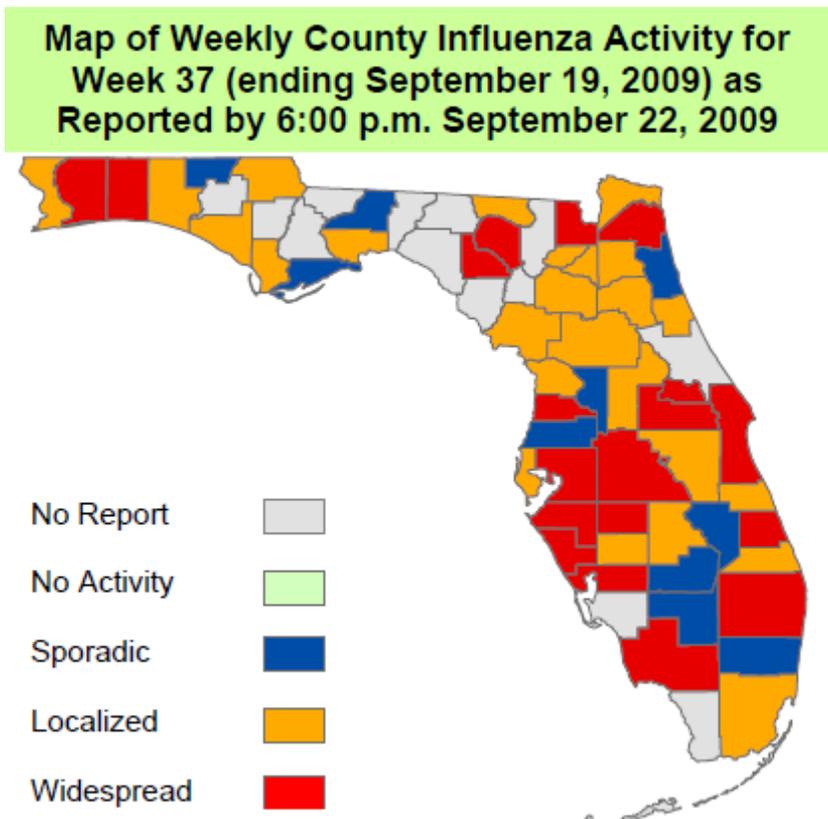
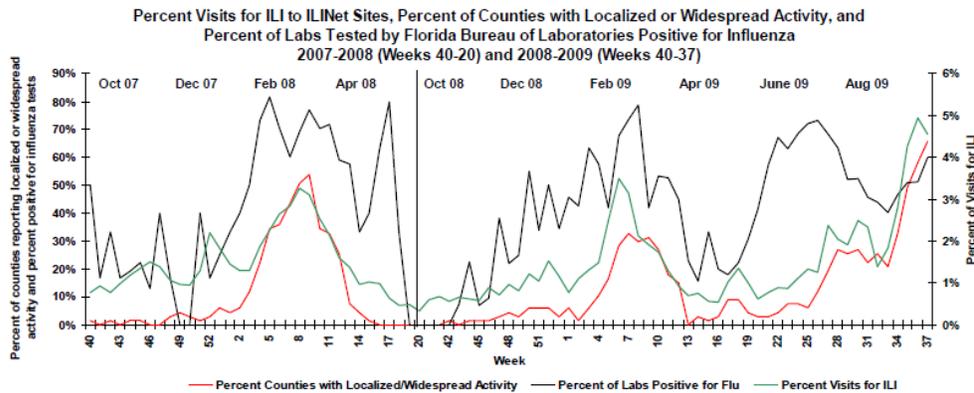
The criteria for influenza-like illness differ somewhat across the data systems.

These data sources indicate influenza-like illness activity increased sharply around week 34, coinciding with the start of the school year for students. ESSENCE data show a slight increase for week 37, but it has not followed the same sharp increases we have seen over the past few weeks. ILINet did not show a net increase from last week, though the number of counties reporting widespread or localized activity did increase. The majority (98% - 100%) of the influenza viruses being detected are novel H1N1 influenza viruses. Virtually all infections due to the new virus are caused by strains that are sensitive to Tamiflu and Relenza.

Each week an activity code for the state as a whole is reported to the Centers for Disease Control and Prevention (CDC). There are five possible categories: No Activity, Sporadic, Local, Regional, or Widespread. For week 37, Florida meets the CDC widespread activity definition: outbreaks of

influenza or increases in ILI cases in more than half the regions of the state with recent laboratory evidence of influenza in those regions. The CDC report can be viewed at <http://www.cdc.gov/flu/weekly/usmap.htm>.

The graph that follows shows the progression of the 2007-2008 and 2008-2009 Florida influenza seasons as monitored by three of the seven surveillance systems: ILINet, Bureau of Laboratories viral surveillance, and county activity levels.



For the most up-to-date information regarding influenza surveillance and the progress of influenza season and 2009 H1N1 pandemic in Florida, please visit the Bureau of Epidemiology influenza surveillance reports website at: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/reports.htm.

We would like to encourage all counties and sentinel providers to be active in each component of influenza surveillance during the 2009-2010 season. Not only will your participation improve statewide surveillance but it will also aid in monitoring the impact of H1N1 and seasonal influenza within your own communities. We look forward to this upcoming year and want to thank everyone in advance for making this a productive surveillance season!

Kateesha A. McConnell is the Respiratory Disease Surveillance Epidemiologist in the Bureau of Epidemiology. Ms. McConnell can be contacted at 850.245.4444, ext 2417 or by email at Kateesha_McConnell@doh.state.fl.us.

Florida Year-to-Date Mosquito-Borne Disease Summary Through September 12, 2009

Elizabeth Radke, M.P.H., Kristina Weis, Ph.D., Danielle Stanek, D.V.M., Carina Blackmore, D.V.M., Ph.D.



During the period from January 1 through September 12, 2009, the following arboviral activity was recorded in Florida:

Eastern equine encephalitis virus (EEEV) Activity

Positive samples were obtained from 67 equines, 1 captive bird, 155 sentinel chickens, and 80 live wild birds, and one mosquito pool in 32 counties.

West Nile virus (WNV), St. Louis encephalitis virus (SLEV) Activity

Positive samples from 1 equine and 15 sentinel chickens were received from seven counties. Samples from two live wild birds from two counties tested positive for antibodies to a flavivirus; either WNV or SLEV.

Highlands J virus (HJV) Activity

Positive samples were obtained from 78 sentinel chickens in 10 counties.

California encephalitis group viruses (CEV) Activity

None

In addition, the following imported mosquito-borne disease was reported:

Dengue Virus (DENV)

Nineteen imported cases were reported from eight counties: Alachua, Brevard (3), Broward (4), Dade (3), Hillsborough, Lee, Orange (4), and Sarasota (2). Places of origin included Puerto Rico (4), Dominican Republic (3), Panama (2), Bolivia (2), India (2), Brazil, Honduras, Suriname, the Philippines, Haiti, and Columbia.

Malaria

Sixty-eight imported cases were reported from fifteen counties: Alachua (2), Broward (19), Clay, Dade (14), Duval (5), Escambia, Hillsborough (2), Lee, Leon, Marion, Orange (6), Palm Beach (8), Pasco, Pinellas (2), Polk, and Seminole (3). Places of origin included Haiti (31), Nigeria (9), Ghana (5), India (4), Malawi (3), Sierra Leone (2), South Africa, Honduras, Mexico, Colombia,

Guinea, Pakistan, Kenya, Congo, Dominican Republic, Thailand, Togo, Zambia, Sudan/Uganda, and West Africa. One case acquired malaria in Florida via blood transfusion. Eighty percent of cases (55/69) were diagnosed with *Plasmodium falciparum*; 13% (9/69) were *Plasmodium vivax*, and three were not determined.

Dead Bird Reports

The Fish and Wildlife Conservation Commission (FWC) collects reports of dead birds, which can be an indication of arbovirus circulation in an area. Since January 1, 299 reports representing a total of 745 dead birds (61 crows, 39 jays, 46 raptors, 599 others) were received from 53 of Florida's 67 counties. Please note that FWC collects reports of birds that have died from a variety of causes, not only arboviruses. Dead birds should be reported to www.myfwc.com/bird/.

See the following web site for more information:

<http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>.

Elizabeth Radke is the Arthropod-borne Disease Surveillance Coordinator with the Bureau of Environmental Public Health Medicine. Ms. Radke can be contacted at 850.245.4444, ext 2437 or by email at Elizabeth.Radke@doh.state.fl.us. Dr. Kristina Weis is the CDC/CSTE Applied Epidemiology Fellow with the Bureau of Environmental Public Health Medicine. Dr. Weis can be contacted at 850.245.4444, ext 2016 or by email at Kristina.Weis@doh.state.fl.us. Dr. Danielle Stanek is a medical epidemiologist with the Bureau of Environmental Public Health Medicine. Dr. Stanek can be contacted at 850.245.4117 or by email at Danielle.Stanek@doh.state.fl.us. Dr. Carina Blackmore is the State Public Health Veterinarian and the Chief of the Bureau of Environmental Public Health Medicine. Dr. Blackmore can be contacted at 850.245.4732 or by email at Carina.Blackmore@doh.state.fl.us. The Bureau of Environmental Public Health Medicine is part of the Division of Environmental Health, Florida Department of Health.

Recently Published

“Assessing Public Health Department Employees’ Willingness to Report to Work During an Influenza Pandemic” Basta NE, Edwards SE, and Schulte J, *J Public Health Management Practice*, 2009, 15(5), 375–383

Upcoming Events

Bureau of Epidemiology Monthly Grand Rounds

Date: Last Tuesday of each month

Time: 10 a.m.-11 a.m., E.T.

Location: Building 2585, Room 310A

Dial-In Number: 877.646.8762 (password: Grand Rounds)

October 27: “Enhancing Cancer Registry Passive Follow-Up with National Death Index Data and the Impacts on Research Outcomes” presented by Brad Wohler, M.S. and Monique N. Hernandez, Ph.D., University of Miami

Reportable Diseases in Florida

Up-to-date information about the occurrence of reportable diseases in Florida, based on the Merlin surveillance information system, is available at the following site: <http://www.floridacharts.com/merlin/freqrpt.asp>. Counts can be displayed by disease, diagnosis status, county, age group, gender, or time period.

Monthly Notifiable Disease Data

Table 1. Provisional Cases* of Selected Notifiable Diseases, Florida, August 1-31, 2009

Disease Category	Month				Cumulative (YTD)	
	2009	2008	Mean [†]	Median [‡]	2009	2008
A. Vaccine Preventable Diseases						
Diphtheria	0	0	0	0	0	0
Measles	0	0	0	1	5	0
Mumps	3	0	1	1	14	17
Pertussis	70	41	24.4	21	374	173
Poliomyelitis	0	0	0	0	0	0
Rubella	0	0	0	0	0	2
Smallpox	0	0	0	0	0	0
Tetanus	0	1	0.6	1.5	0	1
Varicella	23	40	19.4	48.5	919	1,182
B. CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	1	0.8	1	11	11
<i>H. Influenzae</i> (invasive)	12	13	6.2	4	172	94
in those ≤5	1	0	3.4	4.5	21	49
Listeriosis	2	6	0	4.5	11	26
Meningitis (bacterial, cryptococcal, mycotic)	13	29	13.8	10	140	126
Meningococcal Disease	3	1	2.8	3	43	41
<i>Staphylococcus aureus</i> (VISA, VRSA)	1	0	0	0	5	0
Streptococcal Disease, Group A, Invasive	25	19	19.2	19	210	189
<i>Streptococcus pneumoniae</i> (invasive disease)						
Drug resistant	17	52	39.0	40	542	510
Drug susceptible	21	36	32.2	33	502	470
C. Enteric Infections						
Campylobacteriosis	141	119	104.4	114	752	718
Cholera	0	0	0	0	0	0
Cryptosporidiosis	64	70	68.2	70	239	265
Cyclospora	5	7	5.8	6.5	31	53
<i>Escherichia coli</i> , Shiga-toxin producing (STEC)**	19	8	1.6	3	108	8
Giardiasis	172	113	121.2	113	1,263	773
Hemolytic Uremic Syndrome	0	1	1.4	1.5	2	1
Salmonellosis	764	544	576	568	3,375	2,986
Shigellosis	45	62	122.8	133	296	607
Typhoid Fever	5	4	3	3	13	12
D. Viral Hepatitis						
Hepatitis A	13	19	27.2	25	139	111
Hepatitis B, Acute	22	21	32	35	214	224
Hepatitis C, Acute	5	3	4.8	5	45	35
Hepatitis +HBsAg in pregnant women	36	45	42.2	45	383	420
Hepatitis D, E, G	0	0	0.2	1	3	1

* Confirmed and probable cases based on date of report as reported in Merlin
Incidence data for 2009 is provisional, data for 2008 was finalized on April 1, 2009

† Mean of the same month in the previous five years

‡ Median for the same month in the previous five years

** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped

†† Includes neuroinvasive and non-neuroinvasive

N/A indicates that no historical data is available to calculate mean and median

Table 1. (cont.) Provisional Cases* of Selected Notifiable Diseases, Florida, August 1-31, 2009

Disease Category	Month				Cumulative (YTD)	
	2009	2008	Mean [†]	Median [¶]	2009	2008
F. Vector Borne, Zoonoses						
Dengue	1	3	3.4	4.5	18	23
Eastern Equine Encephalitis ^{††}	0	0	0.8	4	0	0
Ehrlichiosis/Anaplasmosis	1	0	0.6	1.5	10	8
Leptospirosis	0	0	0.2	1	0	0
Lyme Disease	23	16	8.4	8	60	47
Malaria	10	7	8.6	7	67	34
Plague	0	0	0	0	0	0
Psittacosis	0	0	0.2	1	0	1
Q Fever (acute and chronic)	0	0	0.2	1	1	0
Rabies, Animal	20	8	16.2	17	120	89
Rabies (possible exposure)	186	121	117.8	121	1,188	1,027
Rocky Mountain Spotted Fever	1	4	2	2	5	10
St. Louis Encephalitis ^{††}	0	0	0	0	0	0
Toxoplasmosis	1	2	0.8	1	3	6
Trichinellosis	0	0	0.2	1	0	1
Tularemia	1	0	0	0	1	0
Typhus Fever (epidemic and endemic)	1	0	0	0	1	0
Venezuelan Equine Encephalitis ^{††}	0	0	0	0	0	0
West Nile Virus ^{††}	0	1	6	3	0	1
Western Equine Encephalitis ^{††}	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0
G. Others						
Anthrax	0	0	0	0	0	0
Botulism-Foodborne	0	0	0	0	0	0
Botulism-Infant	0	1	0.2	1	1	1
Brucellosis	1	0	0.4	1	6	2
Glanders	0	0	0	0	0	0
Hansen's Disease (Leprosy)	1	0	0.2	1	3	5
Hantavirus Infection	0	0	0	0	0	0
Legionella	17	11	15	11	105	93
Melioidosis	0	0	0	0	0	0
Vibriosis	12	12	15.4	17	58	61

* Confirmed and probable cases based on date of report as reported in Merlin

Incidence data for 2009 is provisional, data for 2008 was finalized on April 1, 2009

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

†† Includes neuroinvasive and non-neuroinvasive

N/A indicates that no historical data is available to calculate mean and median

Note: The 2009 case counts are provisional and are subject to change until the database closes. Cases may be deleted, added, or have their case classification changed based on new information and therefore the monthly tables should not be added to obtain a year to date number.

Please refer any questions regarding the data presented in these tables to Kate Goodin at Kate_Goodin@doh.state.fl.us or 850.245.4444 Ext. 2440.

This Month on EpiCom

Christie Luce



EpiCom is located within the Florida Department of Health's Emergency Notification System (FDENS). The Bureau of Epidemiology encourages *Epi Update* readers to register on the EpiCom system by emailing the Florida Department of Health Emergency Notification System Helpdesk at FDENS-help@doh.state.fl.us. Users are invited to contribute appropriate public health observations related to any suspicious or unusual occurrences or circumstances through the system. EpiCom is the primary method of communication between the Bureau of Epidemiology and other state medical agencies during emergency situations. The following are titles from select recent postings:

- *Vibrio vulnificus* wound infection, Escambia County
- Suspected *Vibrio vulnificus* wound infection, Martin County
- Key points on Oseltamivir-resistant novel Influenza A (H1N1)
- Novel H1N1 Influenza outbreak investigations, Orange County
- Salmonella outbreak update, Bay County
- Update on patient with meningococcal disease and co-infection with novel Influenza A, Brevard County
- H1N1 death, Brevard County
- H1N1 death, Hillsborough County
- H1N1 death, Clay County
- H1N1 death of a pregnant woman, Hillsborough County
- Possible rabies exposures to an African bat among missionaries returning from Burkina Faso, Lake County
- Influenza-like illness in schools, Palm Beach County
- H1N1 deaths, Miami-Dade County
- Update on CDC Epi Aid field study of PAM, Nassau County
- Norovirus outbreak at an assisted living facility, Orange County
- Novel H1N1 influenza A death, Miami-Dade County
- Influenza-like illness outbreak among football players at a high school, Seminole County
- Influenza A H1N1-associated death, Pinellas County
- School mask distribution process
- Outbreak of influenza-like illness in a cluster of group homes, Duval County
- Death from novel H1N1 influenza of an obese man, Polk County
- False positive *B. mallei* reported in a local hospital, Miami-Dade County
- Pertussis, Sarasota County
- H1N1 outbreak in a private school, Escambia County
- H1N1 Influenza A in a private high school, Hillsborough County
- H1N1 Influenza A in a prison, Marion County
- Legionella investigation associated with exposure at a fitness center, Seminole County
- Outbreaks of Influenza A in schools, Aug 20-24, Palm Beach County
- H1N1 in a military squadron, Duval County
- Influenza outbreak at an adult daycare, Hendry County
- Outbreak in a group home for mentally handicapped individuals, Duval County
- Possible *Salmonella Typhimurium* outbreak, multi-state
- Small outbreak of H1N1 in a school, Putnam County

- Death from H1N1 of a young man with asthma, St. Lucie County
- Possible Florida-acquired dengue infection, Monroe County
- Influenza-like illness outbreak and H1N1 at a school, St. Johns County
- Confirmed H1N1 death of a healthy 50-year-old man, St. Lucie County
- H1N1 death of an infant, Duval County
- H1N1 death of a 52-year-old woman with underlying disease, Orange County
- Influenza A among members of a high school football team, Baker County
- Multiple school outbreaks of influenza-like illness, some with confirmed Influenza A and A/H1N1, Hillsborough County
- Influenza-like illness in women's prison, Marion County
- Influenza outbreak at a private school, Miami-Dade County
- Suspected *Vibrio vulnificus* wound infection in an 86-year-old-woman, Miami-Dade County
- Influenza-like illness at all local schools, Nassau County
- Suspected H1N1 influenza in a prison, Lake County
- Influenza outbreak at a public elementary school, Miami-Dade County
- H1N1 death of an elderly man, Alachua County
- Influenza in schools, Osceola County
- Influenza-like illness activity in schools and colleges, Palm Beach County
- A single Florida case identified in a multi-state *Salmonella Typhimurium* cluster investigation, Alachua County
- Cluster of influenza-like illness in a prison, Jackson County

Christie Luce is the Surveillance Systems Administrator for the Bureau of Epidemiology. Ms. Luce can be contacted at 850.245.4418 or by email at Christie.Luce@doh.state.fl.us.

Epi Update is the peer-reviewed journal of the Florida Department of Health, Bureau of Epidemiology and is published monthly on the Internet. Current and past issues of Epi Update are available online: http://www.doh.state.fl.us/disease_ctrl/epi?Epi_Updates/index.html. The current issue of Epi Update is available online at: http://www.doh.state.fl.us/disease_ctrl/epi/Epi_Updates/2009/September2009EpiUpdate.pdf.

For submission guidelines or questions regarding Epi Update, please contact Leesa Gibson at 850.245.4409 or by email at Leesa.Gibson@doh.state.fl.us.

