



## Florida Tick-Borne Disease Surveillance January 1 – March 22, 2012

Tick-borne disease surveillance in Florida includes confirmed and probable cases of *Ehrlichia chaffeensis* or human monocytic ehrlichiosis (HME), *Anaplasma phagocytophilum* or human granulocytic ehrlichiosis (HGE) Rocky Mountain spotted fever (RMSF) or spotted fever rickettsiosis (SFR), and Lyme disease cases using national case definitions.

### Year to Date Tick-Borne Disease Summary

**Florida acquired HME:** 1 case with an onset date in 2012 has been reported in an individual as being acquired in Florida. Florida counties reporting these cases include: Leon (1).

**Non-Florida or unknown acquired HME:** No cases with an onset date in 2012 have been reported as being acquired outside the state of Florida or of an unknown origin.

**Florida acquired HGE:** No cases with an onset date in 2012 have been reported as being acquired in Florida.

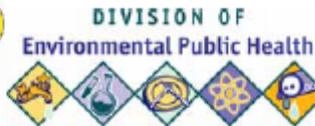
**Non-Florida or unknown acquired HGE:** No cases with an onset date in 2012 have been reported as being acquired outside the state of Florida or of an unknown origin.

**Florida acquired RMSF / SFR:** No cases with an onset date in 2012 have been reported as being acquired in Florida.

**Non-Florida or unknown acquired RMSF/ SFR:** 1 case with an onset date in 2012 has been reported as being acquired outside the state of Florida or of an unknown origin. Florida counties reporting these cases include: Jackson (Unknown).

**Florida acquired acute Lyme disease:** 4 cases with an onset date in 2012 have been reported in individuals acquired in Florida. Florida counties with Lyme disease cases include: Putnam (1), Seminole (1), St. Lucie (1), and Volusia (1).

**Non-Florida or unknown acquired acute Lyme disease:** 1 additional case with an onset date in 2012 has been reported as being acquired outside the state of Florida or of an unknown origin. Florida counties reporting these cases include: Pasco (Pennsylvania).



**Year to Date Tick-Borne Diseases by Geographic Location**

2012 Cases of Tick-borne Infections Exposure Location			
Location	# of cases	Location	# of cases
Florida	5	Pennsylvania	1
Unknown	1		

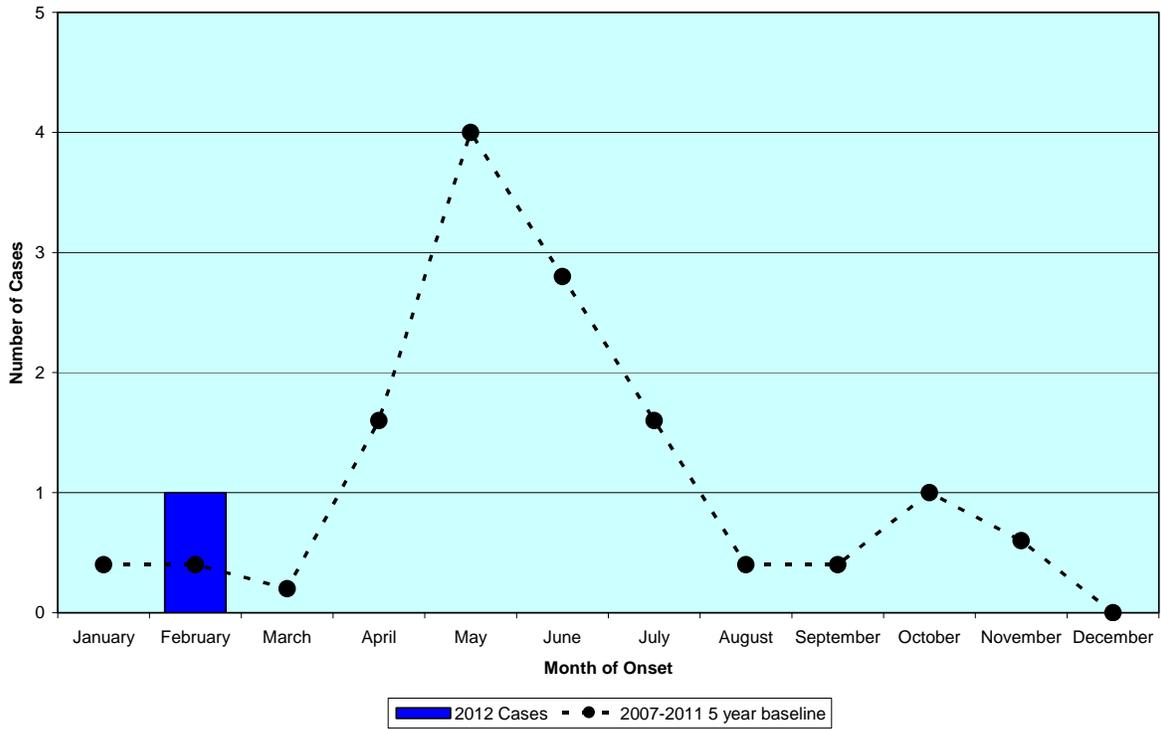
**Year to Date Tick-Borne Disease Cases by County**

Tick-Borne Disease Activity							
Disease Origin	HME		RMSF/SFR		Acute Lyme		Totals
	FL	Non-FL	FL	Non-FL	FL	Non-FL	All
Jackson	0	0	0	1 (U)	0	0	1
Leon	1	0	0	0	0	0	1
Pasco	0	0	0	0	0	1 (I)	1
Putnam	0	0	0	0	1	0	1
Seminole	0	0	0	0	1	0	1
St. Lucie	0	0	0	0	1	0	1
Volusia	0	0	0	0	1	0	1
<b>Totals</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>7</b>

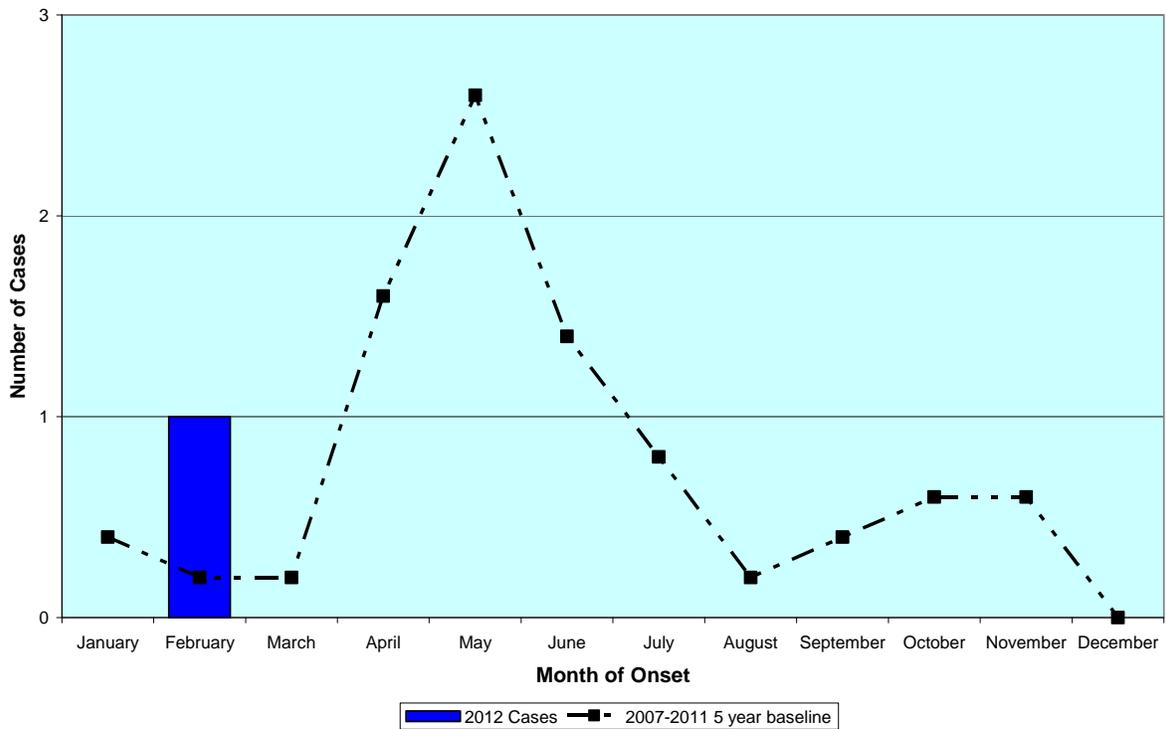
Legend: HME = human monocytic ehrlichiosis, RMSF = Rocky Mountain spotted fever  
 FL = Florida acquired, Non-FL=Non-Florida or unknown origin, I=imported, U=Unknown

**Monthly Tick-Borne Disease Summary**

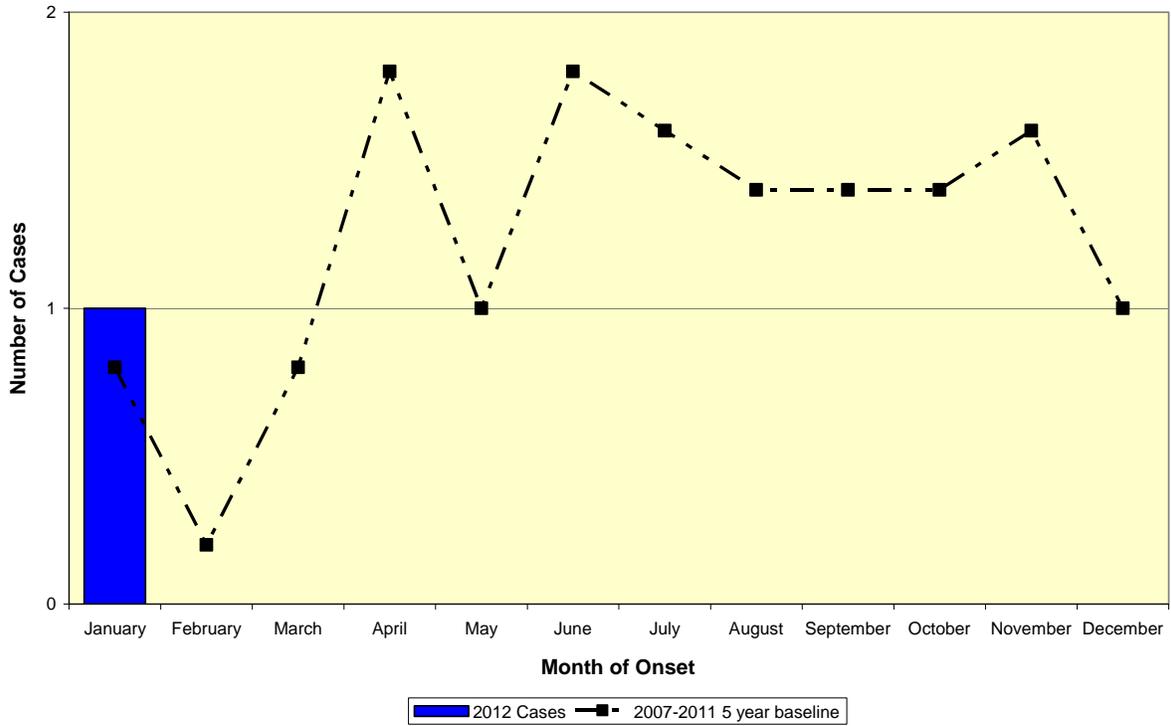
**Total *Ehrlichia chaffeensis* / HME Cases By Month**



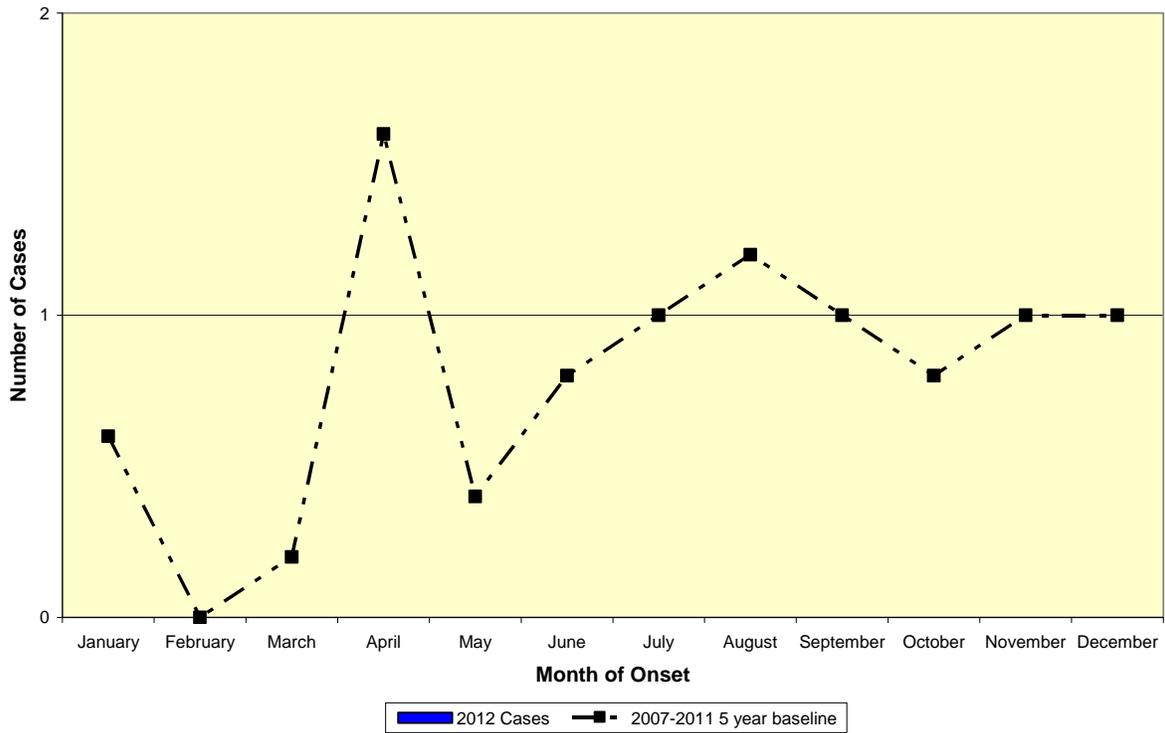
**Florida Acquired Cases of *Ehrlichia chaffeensis* / HME By Month**



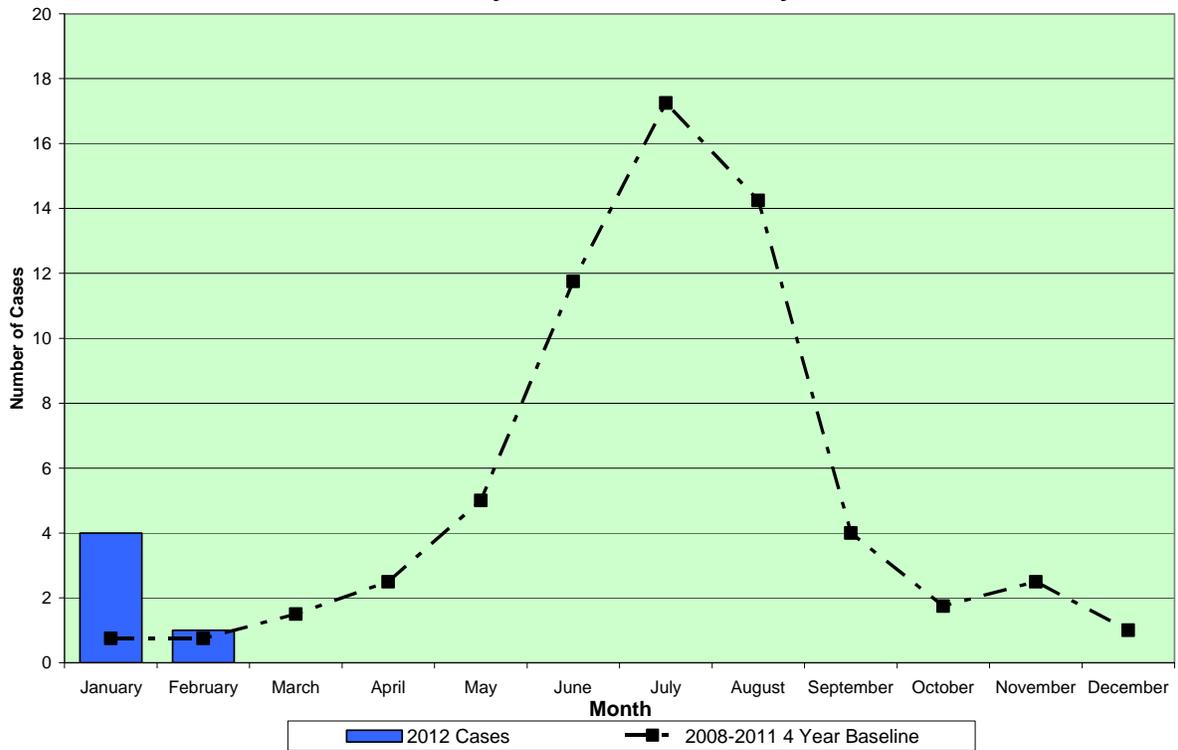
**Total RMSF / SFR Cases By Month**



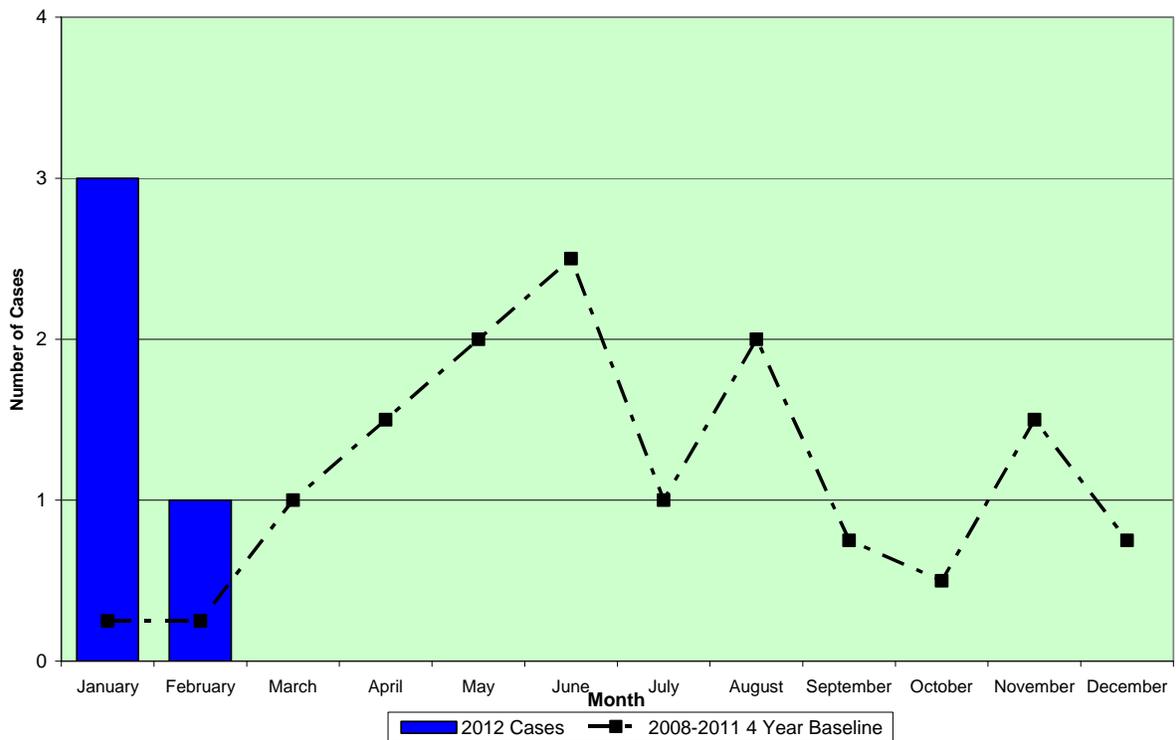
**Florida Acquired Cases of RMSF / SFR By Month**



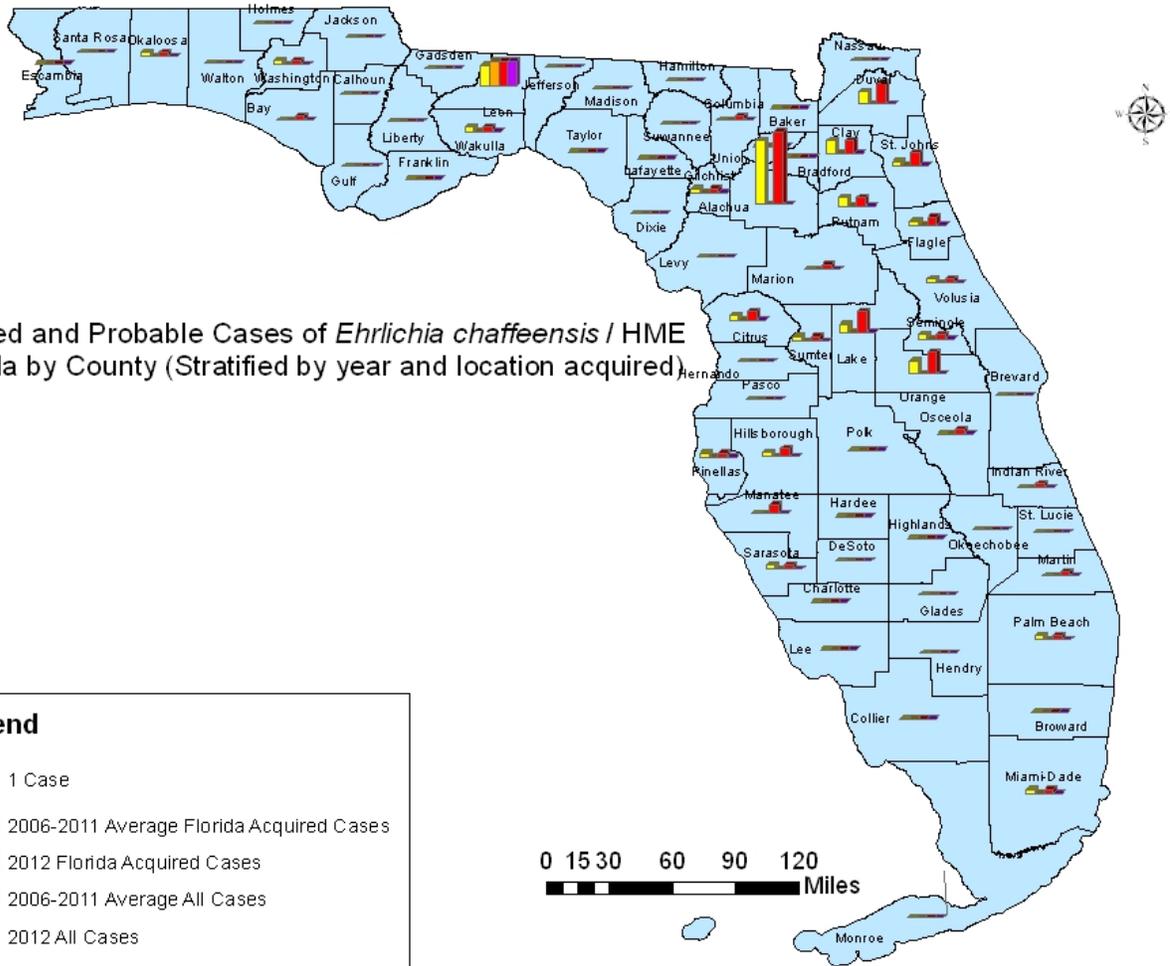
### Total Acute Lyme Disease Cases By Month



### Florida Acquired Acute Cases of Lyme Disease By Month



**Maps of Tick-Borne Disease Cases by County**

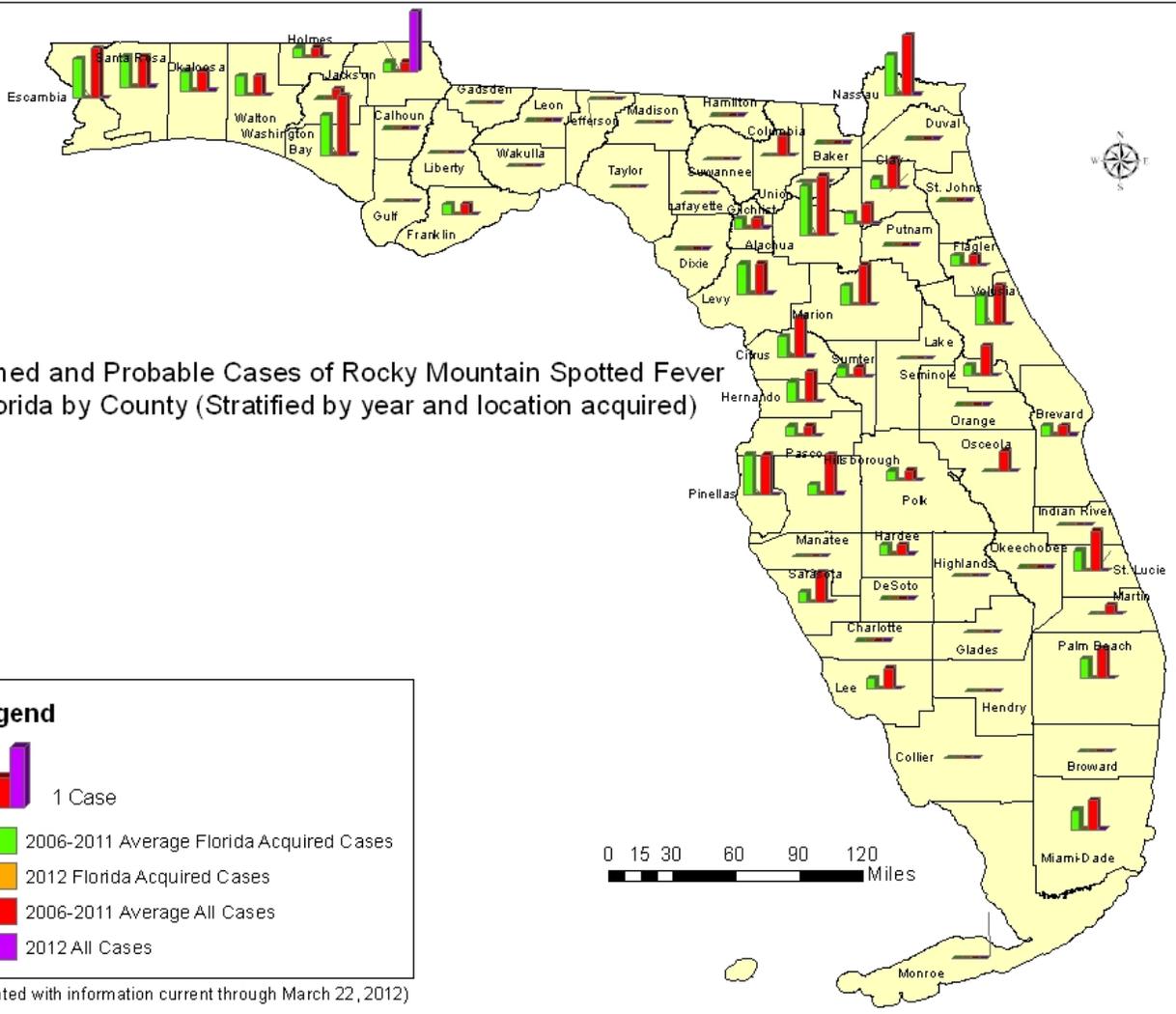


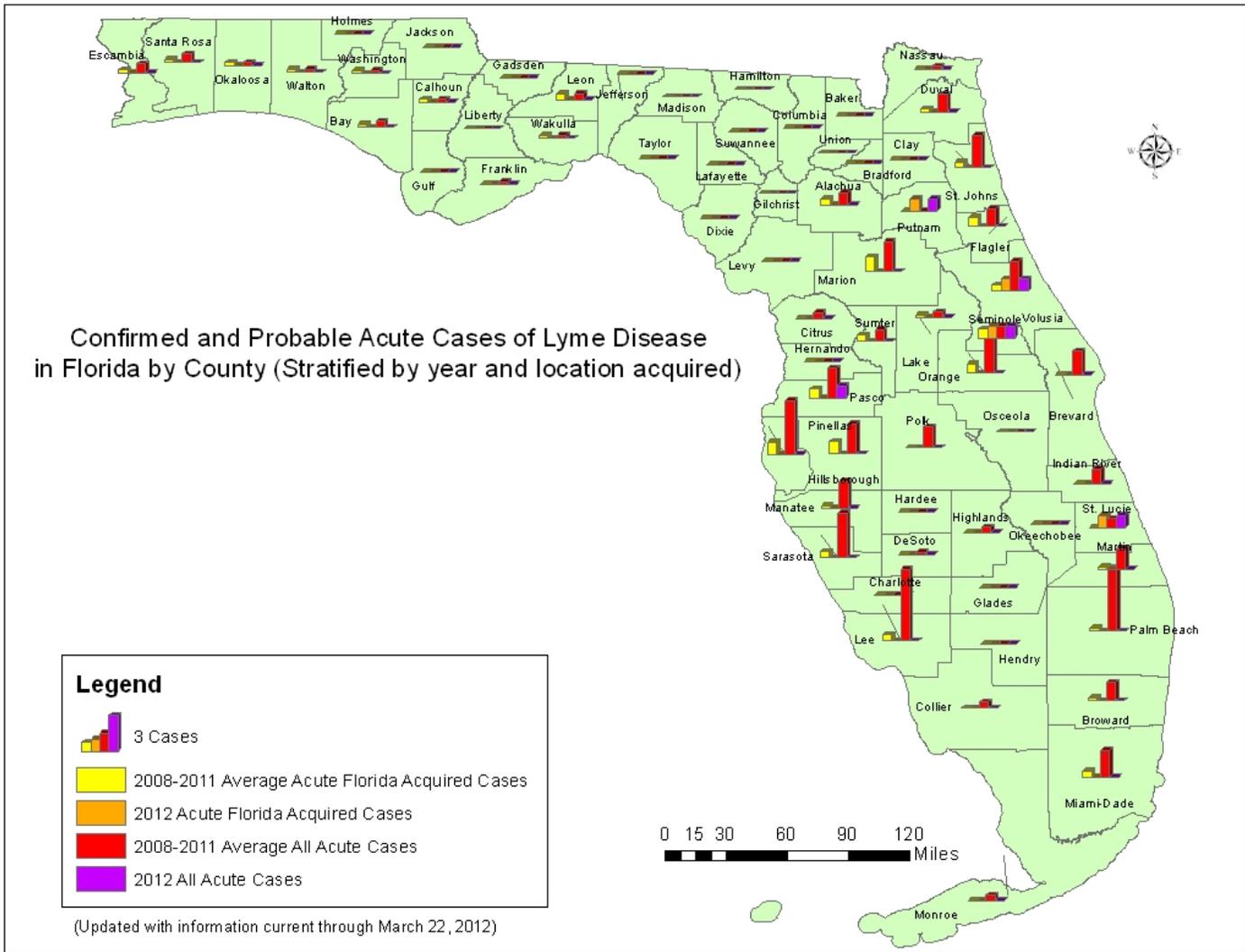
Confirmed and Probable Cases of *Ehrlichia chaffeensis* / HME in Florida by County (Stratified by year and location acquired)

**Legend**

- 1 Case
- 2006-2011 Average Florida Acquired Cases
- 2012 Florida Acquired Cases
- 2006-2011 Average All Cases
- 2012 All Cases

(Updated with information current through March 22, 2012)







## Tick-Borne Disease Prevention

With the start of the new year, it is pertinent to have a quick reminder on tick-borne disease prevention. The most effective prevention is avoiding exposure to ticks by using the following strategies:

- Avoid tick infested areas.
- Cover exposed skin as much as possible.
- Wear light-colored clothing to better see ticks.
- Tuck in pant legs and button sleeves;
- Apply permethrin to clothing and gear. DEET containing repellents can be applied directly to skin (per CDC recommendations).
- Inspect children, pets, and adults for ticks immediately following likely exposure;
- Use appropriate veterinary products as recommended by a veterinarian to prevent tick exposure to pets.
- Use landscaping measures around the home to reduce ground cover to reduce contact with ticks and use any type of fencing around a home.
- Bathe within two hours after being in tick habitats. This has been shown to decrease risk of infection in endemic areas.
- Remove promptly any ticks found attached to children, adults, or pets. Use fine tweezers or a tissue to protect fingers, grasp the tick close to the skin and gently pull straight out without twisting. Do not use bare fingers to crush ticks. Wash hands following tick removal.

For more information on tick-borne disease prevention, please see the DOH website at: [http://www.doh.state.fl.us/environment/medicine/arboviral/Tick\\_Borne\\_Diseases/Prevention.html](http://www.doh.state.fl.us/environment/medicine/arboviral/Tick_Borne_Diseases/Prevention.html)



## Acknowledgements and Data Sources

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**For more surveillance information, please see the DOH website at:**

**[http://www.doh.state.fl.us/Environment/medicine/arboviral/Tick Borne Diseases/Tick Index.htm](http://www.doh.state.fl.us/Environment/medicine/arboviral/Tick_Borne_Diseases/Tick_Index.htm)**

Data is provided by county health departments, Department of Health Bureau of Laboratories-Jacksonville, private health care providers and laboratories. Tallies are organized into those where exposure to the infected tick most likely occurred: in Florida or a total case count which includes cases with exposures in and outside Florida as well as cases that exposure location was not definitively determined. This report is in large part designed to increase awareness of current tick disease transmission so the report focuses on cases acquired in 2011. Acute Lyme cases include patients with symptoms of less than 30 days duration, without late clinical signs such as intermittent arthritis. Reporting is inherently delayed as most testing for tick-borne illness is based on antibody testing which can take 2-4 weeks to form and generally requires an acute and convalescent serum sample to be definitive.