

Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) in Duval County, Epidemiology

January 2015



Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
 - Notifiable diseases
 - Outbreaks

Report Summary – January 2015

The month of January included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Influenza-like illness (ILI) activity continues. DOH-Duval continues to observe a decreasing trend in enteric illnesses and continues to monitor them.

Information on CDC: *Measles Cases and Outbreaks* is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* features the importance of measles vaccination among Florida residents.

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Notable Investigation of the Month: Measles Cases in Florida

TALLAHASSEE—The Florida Department of Health is working with other state and federal officials to monitor individuals who may have been exposed to measles cases across the state. In the past two weeks, four cases of measles have been identified and reported among travelers with unknown or no measles vaccinations who visited Florida. Two cases involved international travelers.

"It's important all Floridians make sure they have received the measles vaccination because those who are fully immunized have very little risk of developing the disease," said State Surgeon General and Secretary of Health Dr. John Armstrong. "The department is prepared to deal with any potential emerging infectious disease threat and is committed to ensuring the safety of all residents and visitors in Florida. Out of an abundance of caution, it is important for those who think they may have been exposed to measles to contact their health care provider for guidance right away."

While there are no confirmed cases among Florida residents at this time, people who may have come into contact with infected individuals are being notified and counseled. The department continues to work closely with the medical provider community in an effort to maintain its current level of readiness to identify cases and respond to any diagnosed cases of measles in Florida.

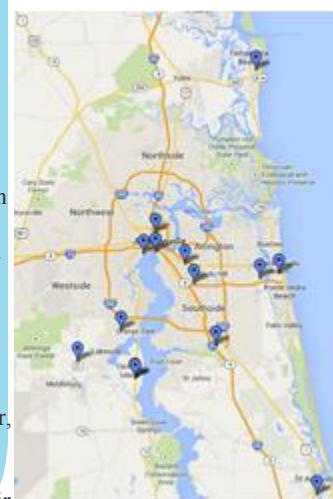
The most effective form of protection from this virus is through vaccination. Children should be immunized against measles with the combination measles, mumps and rubella vaccine (MMR) and should receive two doses, with the first at 12 to 15 months of age, and the second at four to six years of age. People with underlying health conditions should discuss with their health care provider to determine the need for additional booster doses. The department encourages all Floridians who have not been immunized to get vaccinated immediately.

"In Florida, more than 93 percent of kindergartners are vaccinated against this potentially life threatening virus," said Dr. Tommy Schechtman, President, Florida Chapter, American Academy of Pediatrics. "But in a time when vaccines are readily available and safe, every child who can be, should be vaccinated. It's our best defense against this re-emerging healthcare threat and one any responsible parent or guardian should want for their child to keep them healthy."

More information can be found on page 7 and at the following website:

<http://www.floridahealth.gov/newsroom/2015/01/013115-measles.html>

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

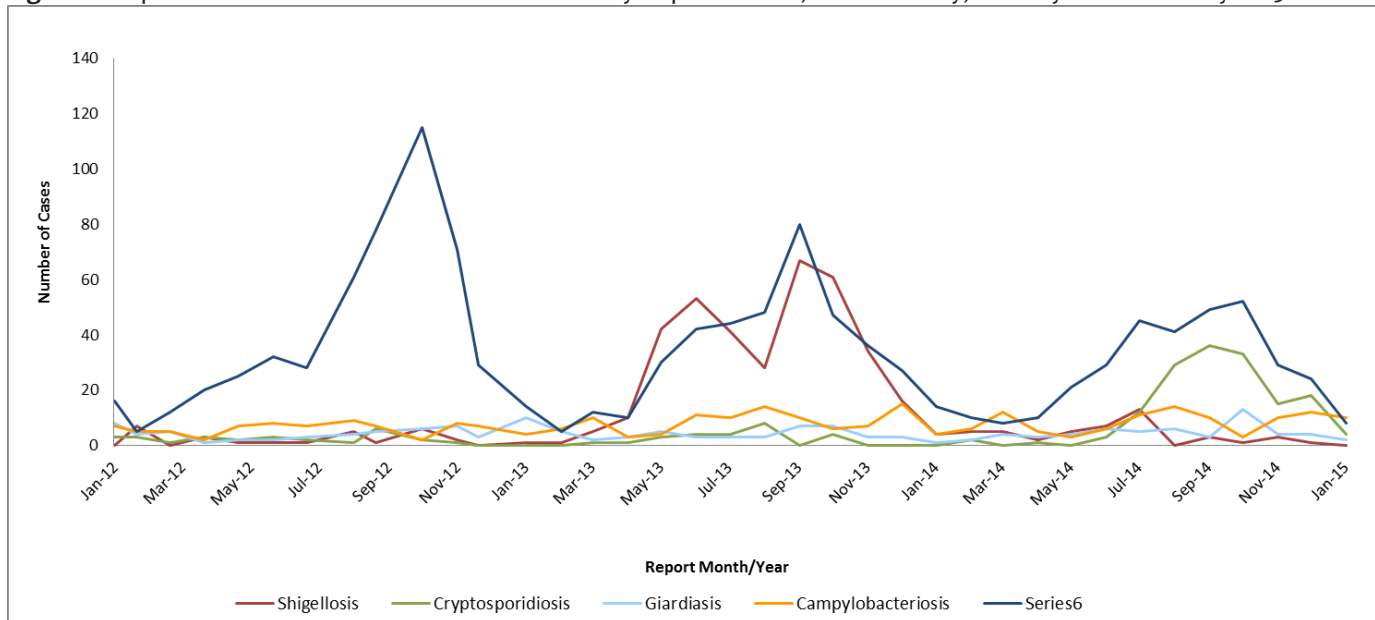
Reported cases of salmonellosis continued to decrease during the month of January (Figure 2). Eight (8) cases of salmonellosis were reported in December in Duval County residents, which is lower than the expected number for this time of year (Figure 2&3). The mean number of cases for the same time period during the previous five years was 14 cases for January. The most represented age group of reported cases of salmonellosis for 2015 (7/8, 87.5%) occurred in the 0-4 age group. Cases of campylobacteriosis (10), cryptosporidiosis (4) and giardiasis (2) continued to decrease and there were no cases of shigellosis (0) in January (Figure 2).

Norovirus activity remains elevated in Florida. During January, four confirmed outbreaks of norovirus GII, two outbreaks of norovirus unspesified and ten outbreaks of gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. There were no reported norovirus outbreaks in Duval County during the month of January (Source: FDENS EpiCom & DOH- Duval surveillance).

For prevention information, visit <http://www.cdc.gov/norovirus/> & <http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html>

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2012 – January 2015



Additional Enteric Disease Trends Update

Figure 3: Reported Cases of Salmonellosis by Report Week - Duval County - 2012-2015

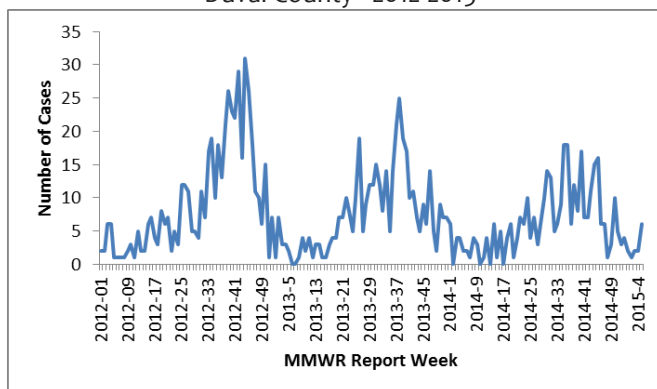
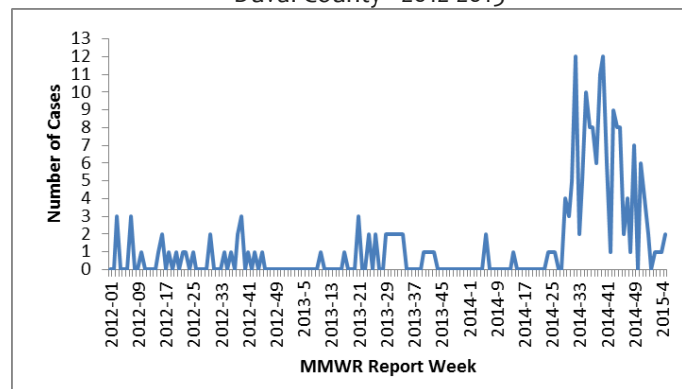


Figure 4: Reported Cases of Cryptosporidiosis Report Week - Duval County - 2012-2015



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a moderate level in Duval County. In Duval County, ED visits for ILI as monitored through ESSENCE has remained above 2% for the month of January except during week four when it dropped down to 1.95% (Figure 7). In January, twenty-seven (27) positive influenza results were tested within Duval County at the Bureau of Public Health Labs (BPHL) - Jacksonville. ILI ED visits are decreasing in all age groups (Figure 6). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, enterovirus, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: <http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html>

Figure 5: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)

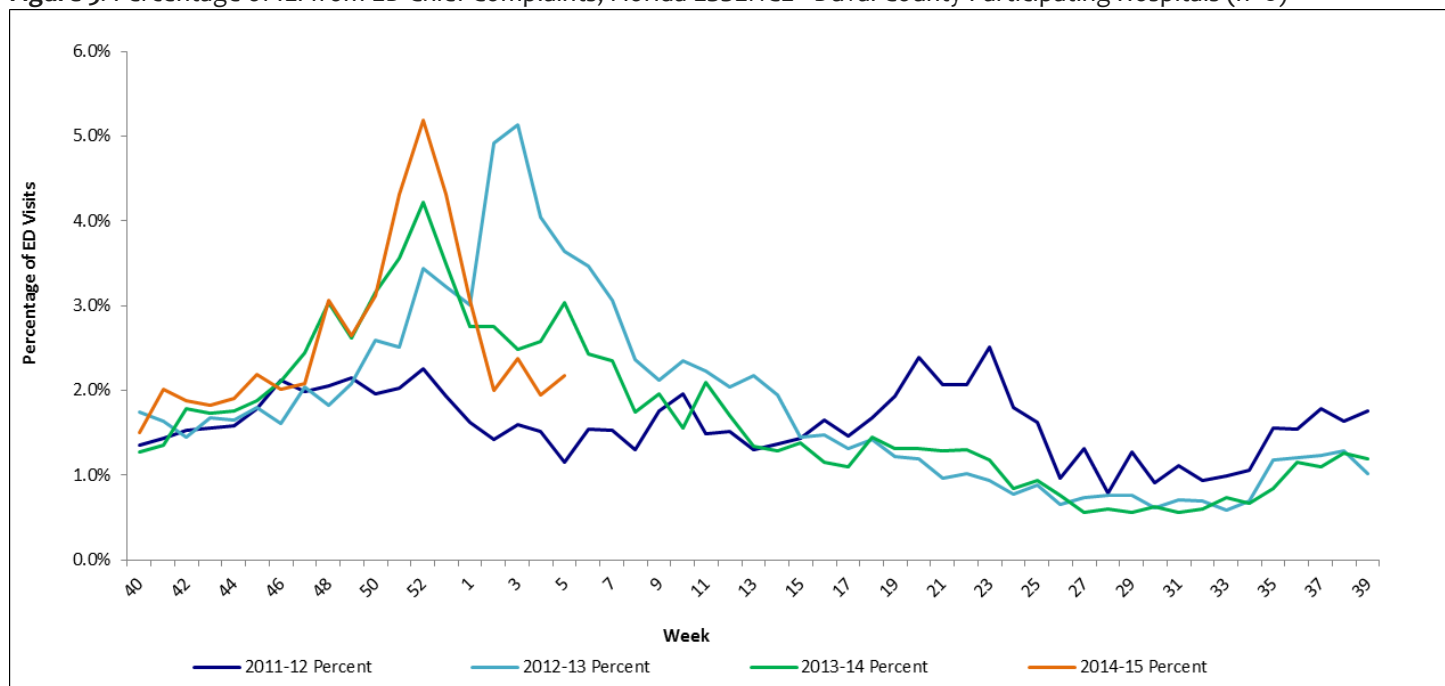
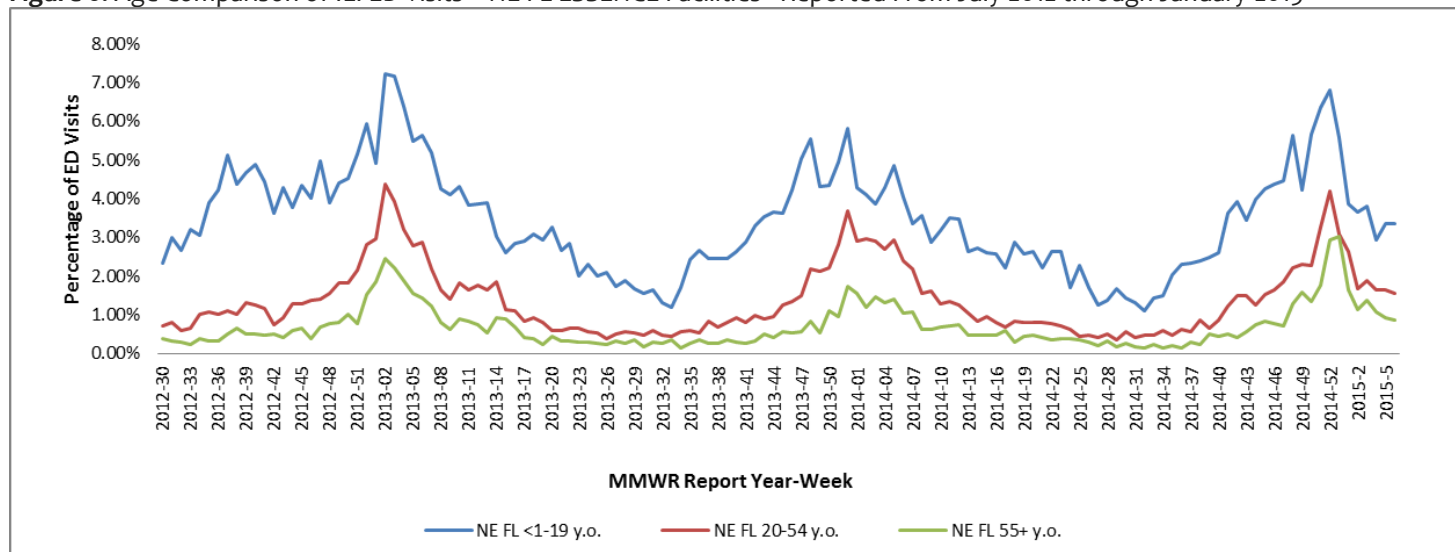


Figure 6: Age Comparison of ILI ED Visits – NE FL ESSENCE Facilities - Reported From July-2012 through January-2015



Respiratory Disease & ILI Overview Continued

Summary

Within the month of January, one (1) specimen tested positive for influenza B Victoria, twenty-three (23) specimens were positive for influenza A H3, two (2) specimen was positive for influenza B Yamagata and one (1) influenza B unspecified were tested by the Bureau of Public Health Laboratories (BPHL).

Influenza A H3 was positive in forty-seven (47) specimen, influenza A unspecified (156), influenza B Florida (20), influenza B Victoria (2), influenza B unspecified (29) and Unknown (9) were detected by private labs (as reported through Electronic Lab Reporting (ELR), Figure 8).

Figure 7: Number of Specimens Tested by FL Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date – Week 36, 2012 to Week 5, 2015 as Reported by Merlin - Duval County

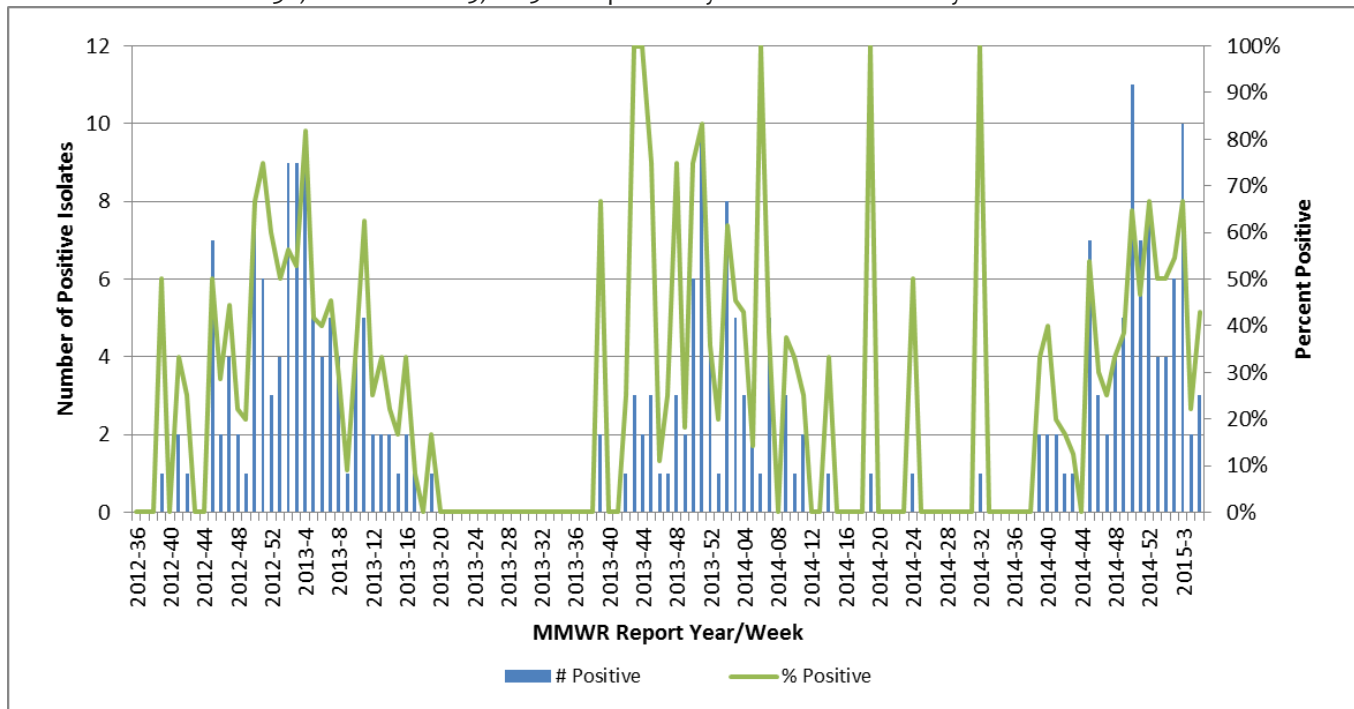
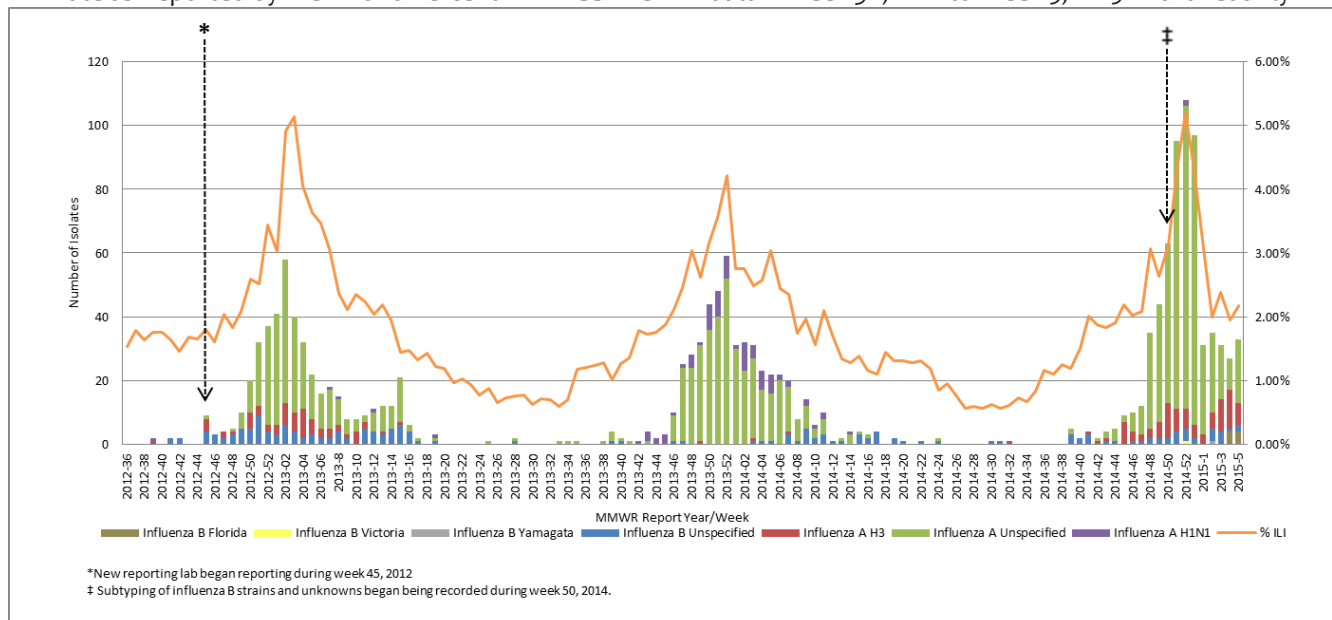


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 36, 2012 to Week 5, 2015 - Duval County



Respiratory Virus Surveillance (NREVSS N. Region)

Summary

Circulation of influenza and RSV have remained increased during the month of January. RSV season for the North Region of Florida traditionally runs from September to March. The percent positive for influenza reported by local hospital data is 19.2% (267/1392) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of January was 14.2% (62/438) (Figure 11). In December, the percent positive for influenza was 28.3% and for RSV was 16.5%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 1/20/2013-1/31/2015*

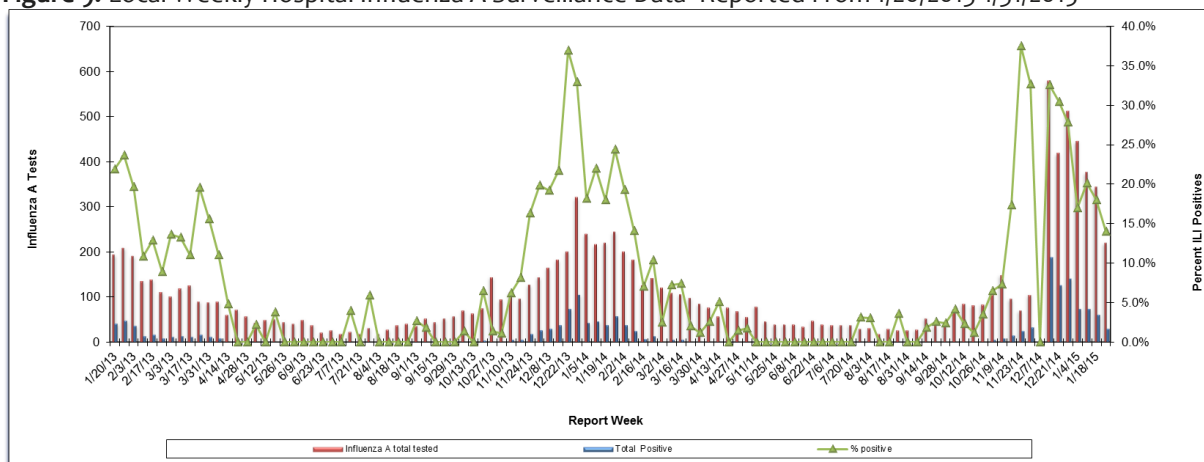


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 1/20/2013-1/31/2015*

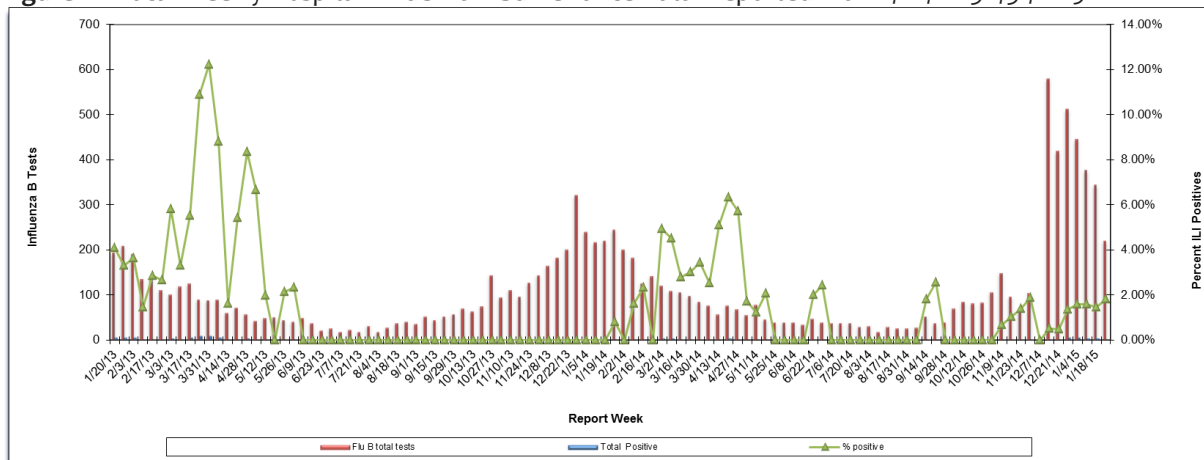
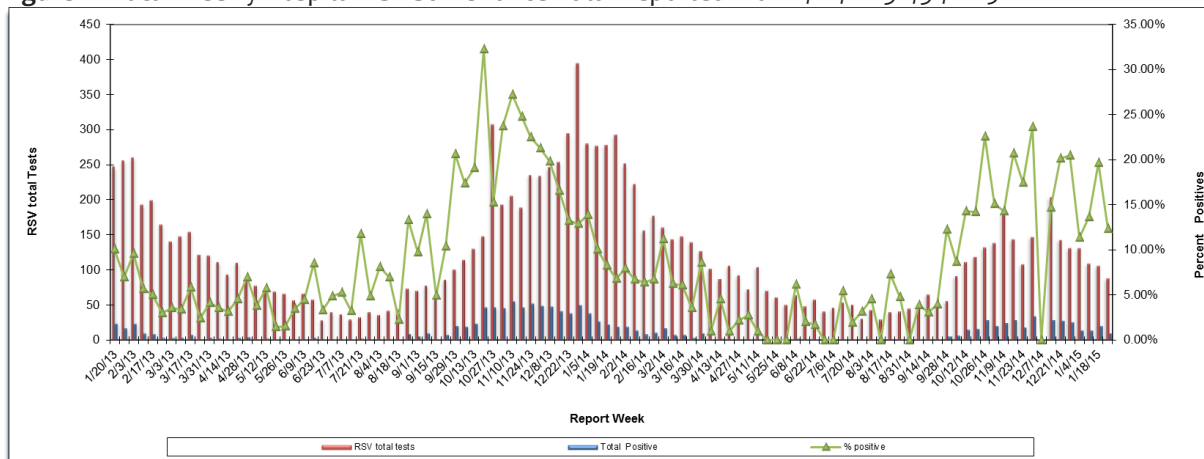


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 1/20/2013-1/31/2015*



* Data was not reported for week 50, 2014

Florida Mosquito-Borne Disease Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), and Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV) and California Encephalitis Group Viruses (CEV). **Resources:** <http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>

Figure 11: Florida Arbovirus Surveillance

(January 1- February 7, 2015)

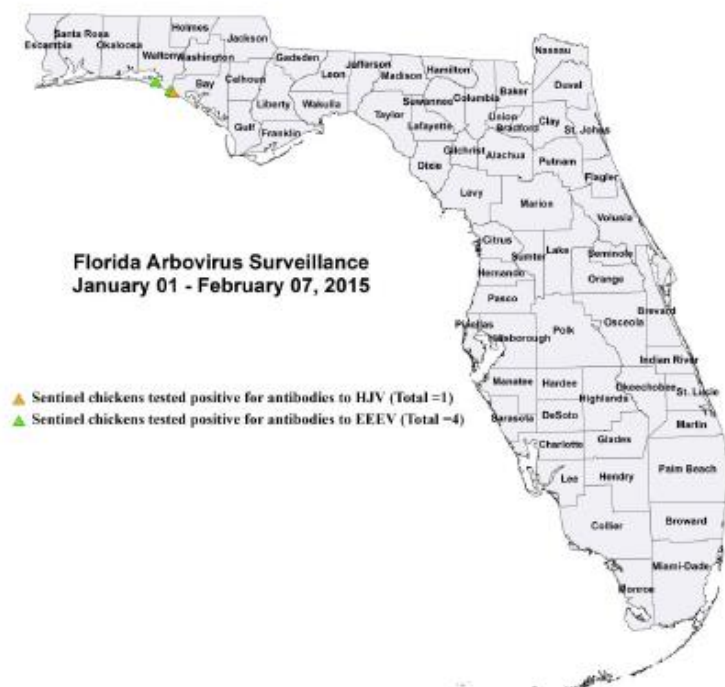


Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through December 31, 2014)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Deer
West Nile Virus	-	-	-	-
St. Louis Encephalitis Virus	-	-	-	-
Highlands J Virus	-	-	1	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	-	-	4	-

* Case count includes two asymptomatic blood donors.

State of Florida 2014 Human Case Summary

- International Travel-Associated Chikungunya Fever Cases:** Six cases of chikungunya with onset in 2015 have been reported in individuals with travel history to a chikungunya endemic country or area experiencing an outbreak in the two weeks prior to onset. Countries of origin were: Colombia, Jamaica, Nicaragua, Puerto Rico, Trinidad, and Venezuela. Counties reporting cases were: Brevard, Broward (2), Hillsborough, Miami-Dade, and Pinellas.
- International Travel-Associated Dengue Fever Cases:** One case of dengue with onset in 2015 has been reported in an individual with travel history to a dengue endemic country in the two weeks prior to onset. Country of origin was: Philippines. County reporting case was: Miami-Dade. The case was reported in a non-Florida resident.
- International Travel-Associated Malaria Cases:** Seven cases of malaria with onset in 2015 have been reported. Countries of origin were: Cameroon, Egypt, Haiti (2), India, Nigeria, and Sudan. Counties reporting cases were: Broward (4), Lee, and Miami-Dade (2). Two of the cases were reported in non-Florida residents.
 Five cases (71%) were diagnosed with *Plasmodium falciparum*. Two cases were diagnosed with *Plasmodium vivax* (29%).

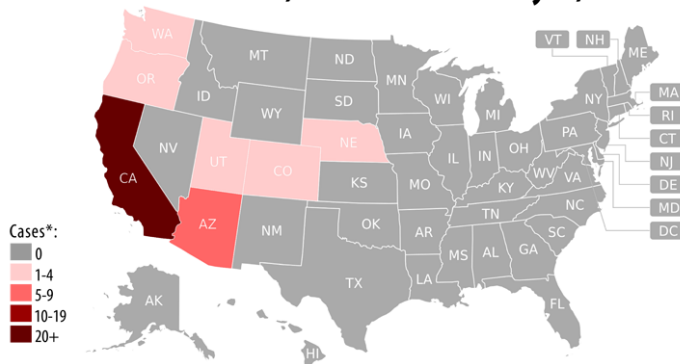
Other notable trends and statistics

Measles Cases and Outbreaks (Source: CDC.gov/Measles)

The United States experienced a record number of measles cases during 2014, with 644 cases from 27 states reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD). This is the greatest number of cases since [measles elimination](http://www.cdc.gov/measles/about/faqs.html#measles-elimination)(<http://www.cdc.gov/measles/about/faqs.html#measles-elimination>) was documented in the U.S. in 2000.

- The majority of the people who got measles were unvaccinated.
- Measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa.
- Travelers with measles continue to bring the disease into the U.S.
- Measles can spread when it reaches a community in the U.S. where groups of people are unvaccinated

U.S. Multi-state Measles Outbreak December 28, 2014 - February 6, 2015



From December 28 to February 6, 2015, 114 people from 7 states [AZ (7), CA (99), CO (1), NE (1), OR (1), UT (3), WA (2)] were reported to have measles and are considered to be part of a large, ongoing outbreak linked to an amusement park in California*.

*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases



Measles Cases and Outbreaks

January 1 to February 6, 2015*

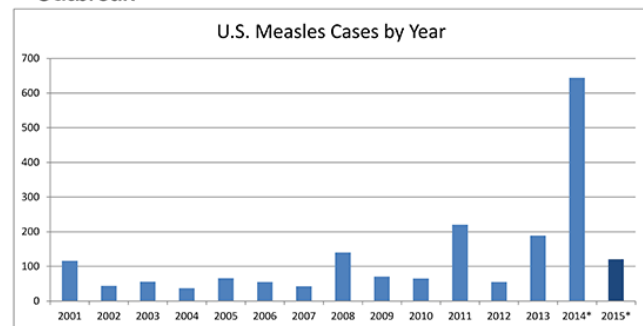
121
Cases

reported in 17 states and Washington DC: Arizona, California, Colorado, Delaware, Illinois, Michigan, Minnesota, Nebraska, Nevada, New Jersey, New York, Oregon, Pennsylvania, South Dakota, Texas, Utah, Washington

1

Outbreak

representing 85% of reported cases this year



*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases



Outbreaks in countries to which Americans often travel can directly contribute to an increase in measles cases in the U.S. Reasons for an increase in cases some years:

- 2015: The United States is currently experiencing a large, [multi-state measles outbreak linked to an amusement park in California](http://www.cdc.gov/measles/multi-state-outbreak.html)(<http://www.cdc.gov/measles/multi-state-outbreak.html>). The outbreak likely started from a traveler who became infected overseas with measles, then visited the amusement park while infectious. However, no source has been identified.

Analysis by CDC scientists shows that the measles virus in this outbreak is identical to the virus type that caused the [large measles outbreak in the Philippines in 2014](#). However, the same virus type has been identified within the past 6 months in 14 other countries and at least 6 U.S. states not associated with the current outbreak. On January 23, 2015, CDC issued a [Health Advisory](#) to notify public health departments and healthcare facilities about this multi-state outbreak and to provide guidance for healthcare providers nationwide.

- 2014: The U.S. experienced 23 measles outbreaks in 2014, including one large outbreak of 383 cases, occurring primarily among unvaccinated Amish communities in Ohio. Many of the cases in the U.S. in 2014 were associated with cases brought in from the Philippines, which experienced a large measles outbreak. For more information see the [Measles in the Philippines Travelers' Health Notice](#).
- 2013: The U.S. experienced 11 outbreaks in 2013, three of which had more than 20 cases, including an outbreak with 58 cases. For more information see [Measles — United States, January 1-August 24, 2013](#).
- 2011: In 2011, more than 30 countries in the WHO European Region reported an increase in measles, and France was experiencing a large outbreak. Most of the cases that were brought to the U.S. in 2011 came from France. For more information see [Measles — United States, January-May 20, 2011](#).
- 2008: The increase in cases in 2008 was the result of spread in communities with groups of unvaccinated people. The U.S. experienced several outbreaks in 2008 including three large outbreaks. For more information see [Update: Measles — United States, January-July 2008](#).

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, January 2015

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
A. Vaccine Preventable Diseases												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	2	0	1	0	2	0
Mumps	0	0	0.2	0	0	0	0	0	0.6	0	0	0
Pertussis	3	1	0.8	0	3	1	24	83	35	25	24	83
Rubella	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	1	1	0.6	0	1	1
Varicella	5	4	3.6	4	5	4	58	42	61.8	62	58	42
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	2	0	1	1	2	0
<i>H. influenzae</i> (invasive)	1	2	1.4	2	1	2	22	35	23.2	25	22	35
Meningitis (bacterial, cryptococcal, mycotic)	2	2	1.4	2	2	2	12	13	14	13	12	13
Meningococcal Disease	0	0	0	0	0	0	3	6	6	6	3	6
<i>Staphylococcus aureus</i> (VISA, VRSA)	0	0	0	0	0	0	1	0	0	0	1	0
<i>Streptococcus pneumoniae</i> (invasive disease)												
Drug resistant	1	1	1.4	1	1	1	15	56	80.6	88	15	56
Drug susceptible	1	7	3.4	3	1	7	39	74	83.4	75	39	74
Streptococcal Disease, Group A, Invasive	0	1	0.8	1	0	1	0	45	27.6	26	0	45
C. Enteric Infections												
Campylobacteriosis	10	6	5.4	6	10	6	166	172	129.8	123	166	172
Cryptosporidiosis	5	0	2	2	5	0	60	39	29.8	32	60	39
Cyclosporiasis	0	0	0	0	0	0	0	0	1	0	0	0
Giardiasis	2	1	5	3	2	1	72	81	101.8	98	72	81
Hemolytic Uremic Syndrome	0	0	0	0	0	0	1	1	0.2	0	1	1
Listeriosis	0	0	0	0	0	0	0	5	4	4	0	5
Salmonellosis	8	15	14	15	8	15	312	362	300.8	306	312	362
Shiga Toxin-Producing <i>E. coli</i> (STEC)	0	0	0.4	0	0	0	4	14	7	6	4	14
Shigellosis	0	4	3.2	3	0	4	66	97	79.2	94	66	97
Typhoid Fever	0	0	0	0	0	0	0	1	1	1	0	1

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
D. Viral Hepatitis												
Hepatitis A	0	0	0.2	0	0	0	11	7	5.6	6	11	7
Hepatitis B +HBsAg in pregnant women	2	8	4.2	3	2	8	24	41	34.8	35	24	41
Hepatitis B, Acute	1	0	1.2	1	1	0	24	28	24.2	27	24	28
Hepatitis C, Acute	1	0	0.2	0	1	0	13	13	9.6	8	13	13
E. Vector Borne, Zoonoses												
Animal Rabies	0	0	0	0	0	0	8	7	6.6	7	8	7
Ciguatera	0	0	0	0	0	0	1	4	2.2	2	1	4
Dengue Fever	0	0	0	0	0	0	5	19	10.4	4	5	19
Eastern Equine Encephalitis††	0	0	0	0	0	0	0	0	0.2	0	0	0
Ehrlichiosis/Anaplasmosis¶¶	0	0	0	0	0	0	1	0	0.4	0	1	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0.4	0	0	0	8	4	5.8	4	8	4
Malaria	1	1	0.8	1	1	1	9	6	10	9	9	6
St. Louis Encephalitis††	0	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus††	0	0	0	0	0	0	0	0	0	0	0	0
F. Others												
Botulism-infant	0	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	1	0	0.8	1	1	0
Carbon Monoxide Poisoning	0	0	0.2	0	0	0	15	18	12.6	4	15	18
Hansens Disease (Leprosy)	0	0	0	0	0	0	0	0	0.2	0	0	0
Legionellosis	2	1	1.2	1	2	1	26	21	17.6	21	26	21
Vibrios	0	0	0.6	0	0	0	9	3	-	1	9	3

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2014 and 2015 is provisional. **May include Non-Florida Cases.**

† 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, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for January 2015

*Area 4 consists of Baker, Calhoun, Nassau, and St. Johns. Please note that D numbers are provisional. For more STD surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/>

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	6	100%	6	100%
Female	0	0%	0	0%
Race	Area 4	%	Duval	%
White	0	0%	0	0%
Black	6	100%	6	100%
Hispanic	0	0%	0	0%
Other	0	0%	0	0%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	0	0%	0	0%
20-24	0	0%	0	0%
25-29	3	50%	3	50%
30-39	2	33%	2	33%
40-49	1	17%	1	17%
50+	0	0%	0	0%
Total Cases	6		6	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	116	31%	96	33%
Female	254	69%	193	67%
Race	Area 4	%	Duval	%
White	112	30%	60	21%
Black	179	48%	168	58%
Hispanic	16	4%	14	5%
Other	63	17%	47	16%
Age	Area 4	%	Duval	%
0-14	3	1%	3	1%
15-19	101	27%	76	26%
20-24	135	36%	105	36%
25-29	66	18%	54	19%
30-39	50	14%	40	14%
40-54	12	3%	11	4%
55+	3	1%	0	0%
Total Cases	370		289	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	41	37%	59	66%
Female	69	63%	30	34%
Race	Area 4	%	Duval	%
White	25	23%	17	19%
Black	60	54%	57	64%
Hispanic	5	5%	3	3%
Other	20	18%	12	13%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	18	16%	16	18%
20-24	34	31%	29	33%
25-29	22	20%	18	20%
30-39	22	20%	15	17%
40-54	11	10%	8	9%
55+	3	3%	3	3%
Total Cases	110		89	

	Count	Total Cases	Percent
Gender			
Male	28	43	65.1%
Female	15	43	34.9%
Country of Origin			
U.S.	29	43	67.4%
Non-U.S.	14	43	32.6%
Age Group			
0-9	2	43	4.7%
10-19	3	43	7.0%
20-29	5	43	11.6%
30-39	6	43	14.0%
40-49	12	43	27.9%
50-59	9	43	20.9%
≥ 60	6	43	14.0%

	Count	Total Cases	Percent
Risk Factors			
Excess alcohol use within past year	5	43	11.6%
HIV co-infection*	5	43	11.6%
Drug use within past year	9	43	20.9%
Homeless	4	43	9.3%
Incarcerated at diagnosis	2	43	4.7%
Unemployed	29	43	67.4%
Race and Ethnicity			
Asian	8	43	18.6%
Black	28	43	65.1%
White	6	43	14.0%
American Indian or Alaskan Native	1	43	2.3%
Hispanic**	3	43	7.0%
Drug Resistance (1/1/2014 through 12/31/14)***			
Resistant to isoniazid only	1	34	2.9%
Resistant to isoniazid and rifampin	2	34	5.9%

Table 5: Demographics and risk factors of active tuberculosis cases reported for 2014 in Duval County

* 4 people have not been offered HIV testing at the time of this report.

** Ethnicity is separate from race. A person can be in a race count and in ethnicity (e.g. White Hispanic)

*** For drug resistance testing, the total cases reflect the cases that have susceptibility testing completed.

Data Dictionary

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using <http://www.floridacharts.com/merlin/freqrpt.asp>.

Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the Sentinel Provider Influenza Surveillance Program): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILINet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (MMWR) disease incidence reporting and publishing. Values for MMWR week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 5, three in Clay, one in St Johns, and one in Nassau County, provide regional coverage. The 13 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Clay (Clay), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Vincent's (Duval), St. Vincent's Clay (Clay), and St. Vincent's Southside (Duval).

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

Florida Annual Morbidity Reports: <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html>

Influenza Surveillance Reports:

<http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.htm>

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



Did you know that you are required* to report certain diseases to your local county health department?

DOH-Duval Disease reporting telephone numbers:

AIDS, HIV - (904) 253-2989, (904) 253-2955
STD - (904) 253-2974, Fax - (904) 253-2601
TB Control - (904) 253-1070, Fax - (904) 253-1943
All Others- (904) 253-1850, Fax - (904) 253-1851
After Hours Emergency - (904) 434-6035

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ Report immediately 24/7 by phone
- Report next business day
- + Other reporting timeframe

<ul style="list-style-type: none"> ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance + Acquired immune deficiency syndrome (AIDS) ☎ Amebic encephalitis ! Anthrax • Arsenic poisoning • Arboviral diseases not otherwise listed ! Botulism, foodborne, wound, and unspecified • Botulism, infant ! Brucellosis • California serogroup virus disease • Campylobacteriosis + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors • Carbon monoxide poisoning • Chancroid • Chikungunya fever ☎ Chikungunya fever, locally acquired • Chlamydia ! Cholera (<i>Vibrio cholerae</i> type O1) • Ciguatera fish poisoning + Congenital anomalies • Conjunctivitis in neonates <14 days old • Creutzfeldt-Jakob disease (CJD) • Cryptosporidiosis • Cyclosporiasis • Dengue fever ☎ Dengue fever, locally acquired ! Diphtheria • Eastern equine encephalitis • Ehrlichiosis/anaplasmosis • <i>Escherichia coli</i> infection, Shiga toxin-producing • Giardiasis, acute ! Glanders • Gonorrhea 	<ul style="list-style-type: none"> • Granuloma inguinale ! <i>Haemophilus influenzae</i> invasive disease in children <5 years old • Hansen's disease (leprosy) ☎ Hantavirus infection ☎ Hemolytic uremic syndrome (HUS) ☎ Hepatitis A • Hepatitis B, C, D, E, and G • Hepatitis B surface antigen in pregnant women or children <2 years old ☎ Herpes B virus, possible exposure • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old + Human immunodeficiency virus (HIV) infection • HIV, exposed infants <18 months old born to an HIV-infected woman • Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old ! Influenza A, novel or pandemic strains ☎ Influenza-associated pediatric mortality in children <18 years old • Lead poisoning • Legionellosis • Leptospirosis ☎ Listeriosis • Lyme disease • Lymphogranuloma venereum (LGV) • Malaria ! Measles (rubeola) ! Melioidosis • Meningitis, bacterial or mycotic ! Meningococcal disease • Mercury poisoning • Mumps + Neonatal abstinence syndrome (NAS) ☎ Neurotoxic shellfish poisoning ☎ Pertussis • Pesticide-related illness and injury, acute 	<ul style="list-style-type: none"> ! Plague ! Poliomyelitis • Psittacosis (ornithosis) • Q Fever ☎ Rabies, animal or human ! Rabies, possible exposure ! Ricin toxin poisoning • Rocky Mountain spotted fever and other spotted fever rickettsioses ! Rubella • St. Louis encephalitis • Salmonellosis • Saxitoxin poisoning (paralytic shellfish poisoning) ! Severe acute respiratory disease syndrome associated with coronavirus infection • Shigellosis ! Smallpox ☎ Staphylococcal enterotoxin B poisoning ☎ <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) • <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old • Syphilis ☎ Syphilis in pregnant women and neonates • Tetanus • Trichinellosis (trichinosis) • Tuberculosis (TB) ! Tularemia ☎ Typhoid fever (<i>Salmonella</i> serotype Typhi) ! Typhus fever, epidemic ! Vaccinia disease • Varicella (chickenpox) ! Venezuelan equine encephalitis • Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! Viral hemorrhagic fevers • West Nile virus disease ! Yellow fever
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*Section 381.0031 (2), *Florida Statutes* (F.S.), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), F.S. provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."