

Duval County Epidemiology Surveillance Report

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

January 2016



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 2016

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 has begun to increase locally and statewide. DOH-Duval continues to observe enteric illnesses.

Information on the *Current Information on the Ebola Outbreak in West Africa* is highlighted in the other Notable Trends and Statistics section. Lastly, this edition's *notable investigation of the month* summarizes the most recent information regarding Zika Fever.

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Notable Investigations of the Month

West African Ebola Outbreak Update (Source CDC/WHO)

As of December 29, 2015 travelers entering the United States from Guinea, Sierra Leone and Liberia will no longer be actively monitored as recommended by the CDC. The State of Florida officially ceased the monitoring of travelers on February 1, 2016.

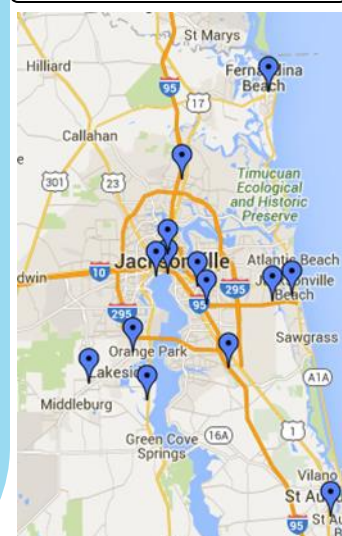
From October 2014 through January 2016, the State of Florida monitored a total of 820 travelers from West Africa; in all, DOH-Duval participated in the monitoring of 63 travelers.

Since the start of the New Year, there have been two confirmed cases of Ebola reported mid-January in Sierra Leone. A woman died in her home and was unsafely buried by her community, the deceased woman tested positive for the Ebola virus postmortem. A secondary case also testing positive for Ebola was identified from the deceased woman's contacts. At this point in time, all contacts of the confirmed case have completed their 21 day follow-up as of February 11, 2016 without incident. Forty-eight (48) of the 108 contacts were unable to be located for monitoring, however, the WHO will continue their efforts in trying to locate these individuals for 21 days post February 3rd.

Current information on the Ebola Virus Disease Outbreak can be located at the following websites:

- <http://apps.who.int/ebola/current-situation/ebola-situation-report-3-february-2016>
- <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

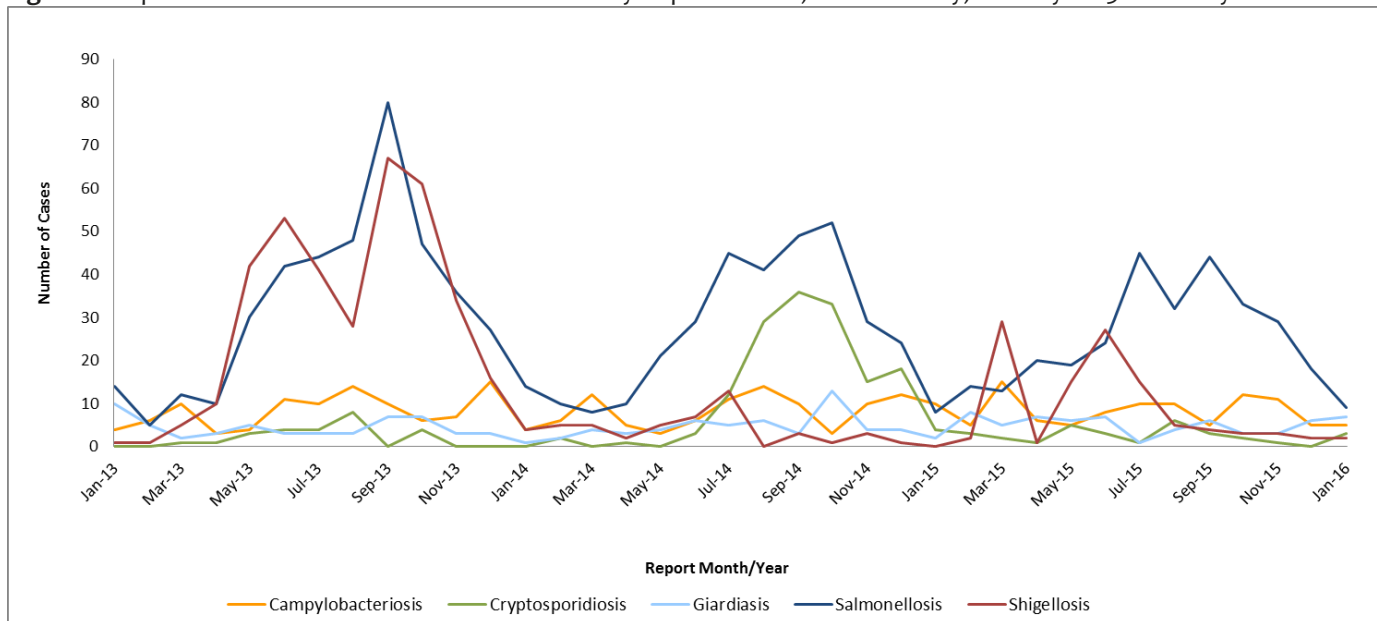
Reported cases of salmonellosis continued to decrease during the month of January (Figure 2). Nine (9) cases of salmonellosis were reported in January in Duval residents, which is lower than the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 11.8 cases. The most represented age group of reported cases of salmonellosis thus far in 2016 occurred in the 0-4 age group (4/11, 36.4%). Cases of giardia elevated during the month of January with seven (7) cases, as well as cases of cryptosporidiosis (3) all other reported cases of enteric disease remained the same as December, campylobacter (5), and shigellosis (2) (Figure 2).

Norovirus activity has increased in Florida. During January, six confirmed outbreaks of norovirus were reported (3 Norovirus GII and 3 Unspecified Norovirus), a single outbreak of suspected gastroenteritis was reported by the State of Florida within the month but was not confirmed as norovirus. One outbreak of norovirus occurred within the State of Florida during the month of December. (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 2013 – January 2016



Additional Enteric Disease Trends Update

Figure 3: Reported Cases of Salmonellosis by Report Week- Duval County – Week 1, 2014- Week 5, 2016

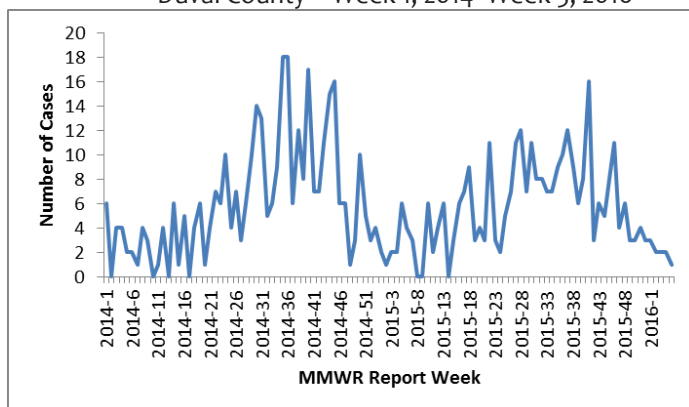
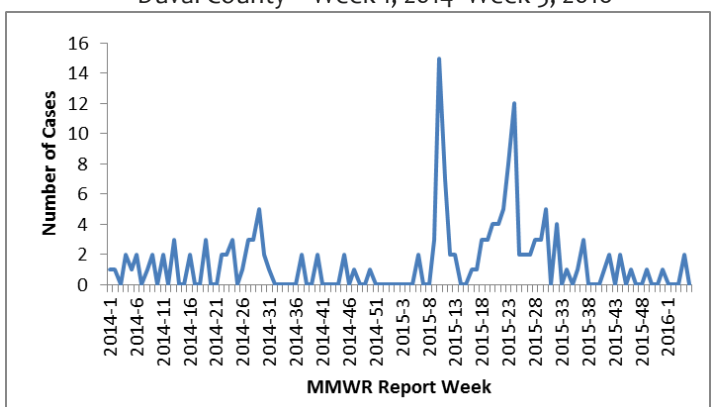


Figure 4: Reported Cases of Shigellosis Report Week- Duval County – Week 1, 2014- Week 5, 2016



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a moderate level and continues to increase as we progress through influenza season. In Duval County, ED visits for ILI as monitored through ESSENCE remained above 1% for the majority of January (Figure 7), and is expected to remain above 1% for the remainder of the flu season. In January, there were fourteen (14) positive influenza results within Duval County that were tested at the Bureau of Public Health Labs (BPHL) - Jacksonville. ILI ED visits in all age groups are increasing but remain consistent with what has occurred in previous influenza seasons (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=9)

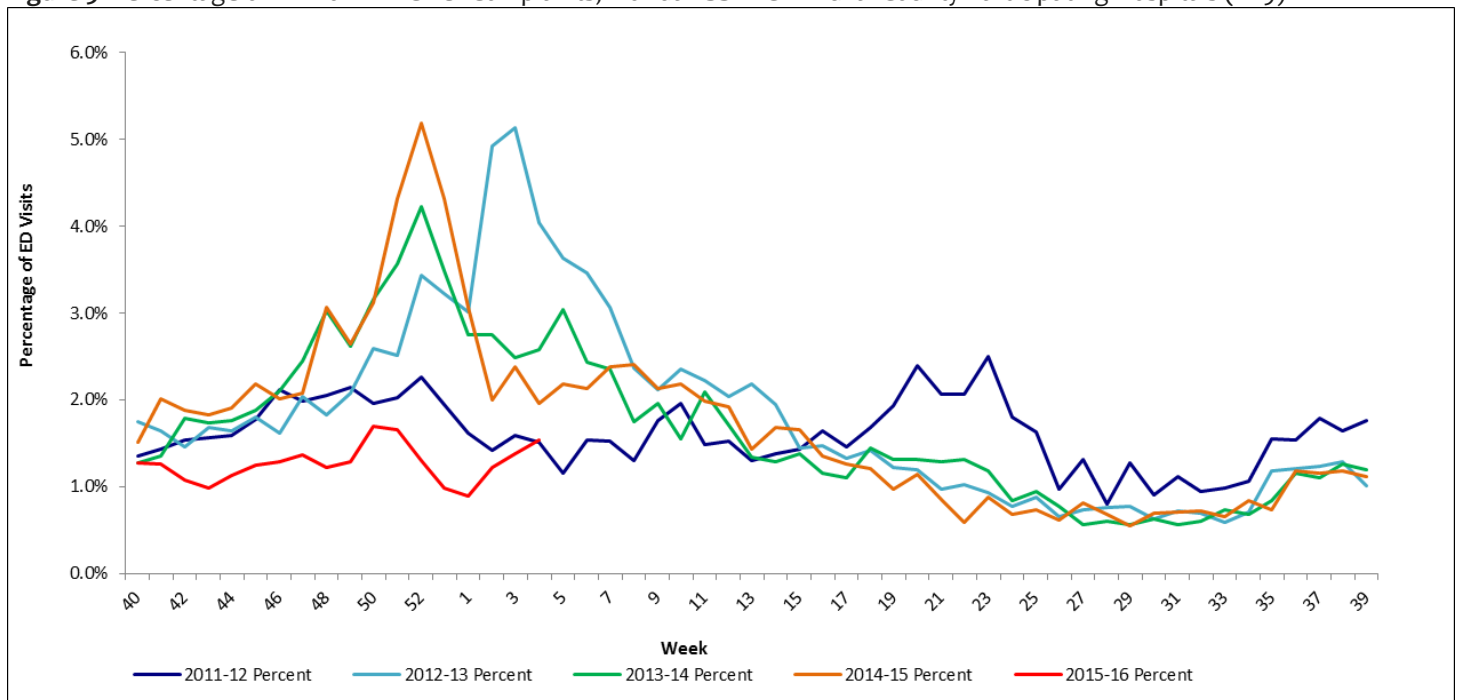
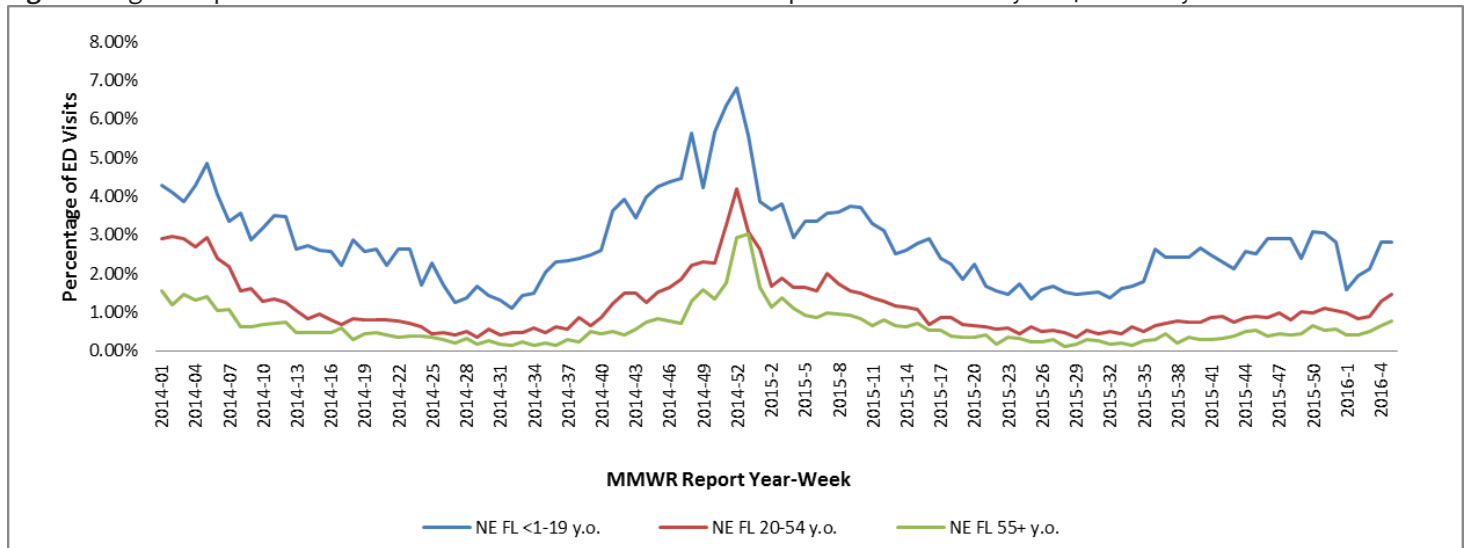


Figure 6: Age Comparison of ILI ED Visits NE FL ESSENCE Facilities - Reported From January 2014 – January 2016



Respiratory Disease & ILI Overview Continued

Summary

Within the last month, fifty-eight (58) specimens tested positive for influenza, by All Sending Applications. Influenza A H1N1 Novel (15) is the primary circulating strain 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 1, 2013 - Week 5, 2016 as Reported by Merlin - Duval County

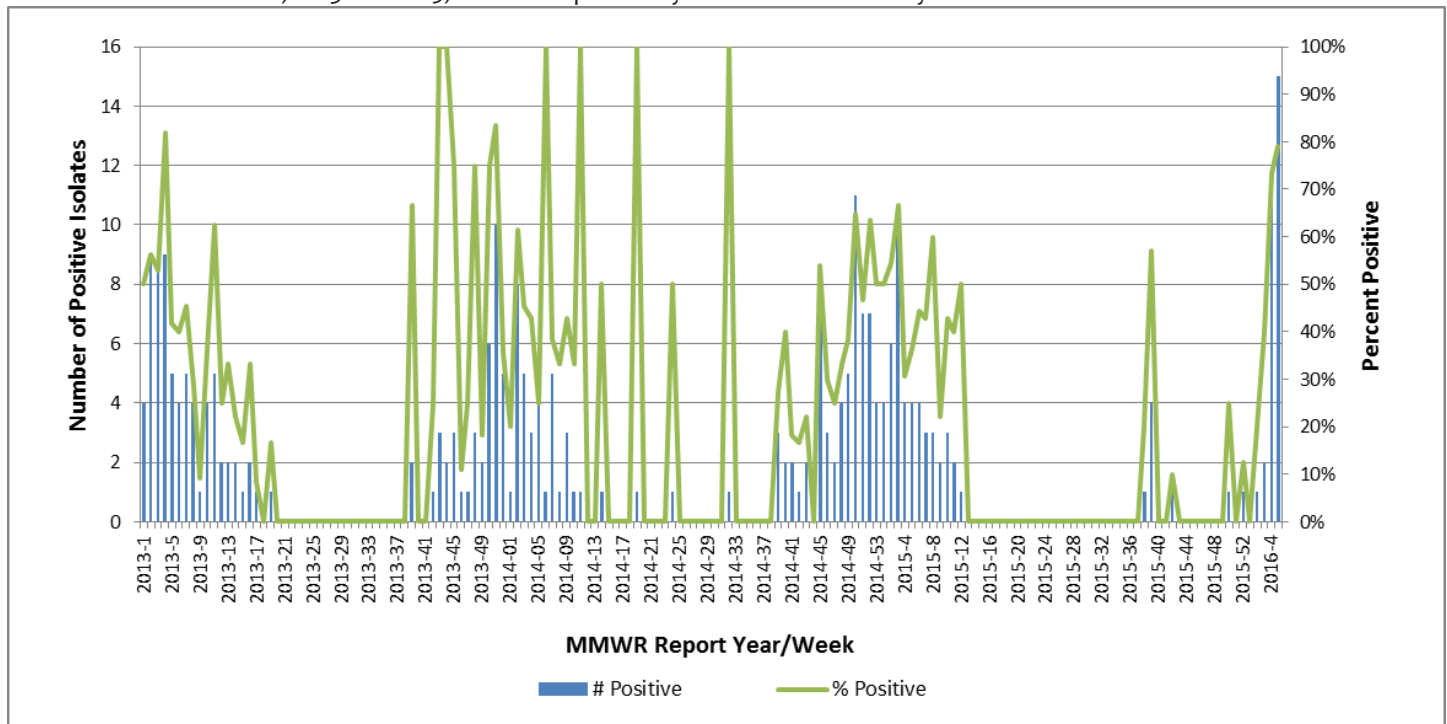
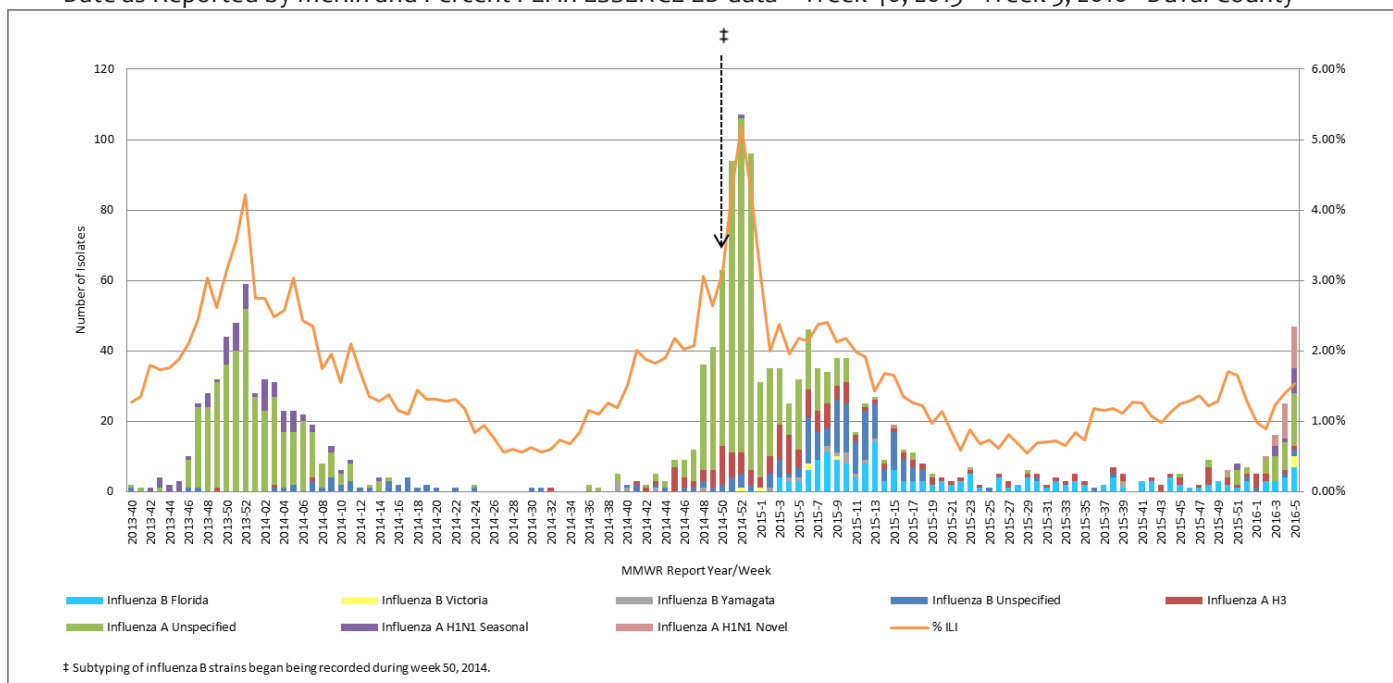


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 40, 2013 - Week 5, 2016 - Duval County



Respiratory Virus Surveillance

Summary

Circulation of influenza continues at an increasing level, levels of RSV remained heightened 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 in January by local hospital data is 7.67% (43/560) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of January was 19.0% (75/394) (Figure 11). In December, the percent positive for influenza via this reporting system was .55% and for RSV the percent positive was 30.2%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 11/3/2013-1/30/2016

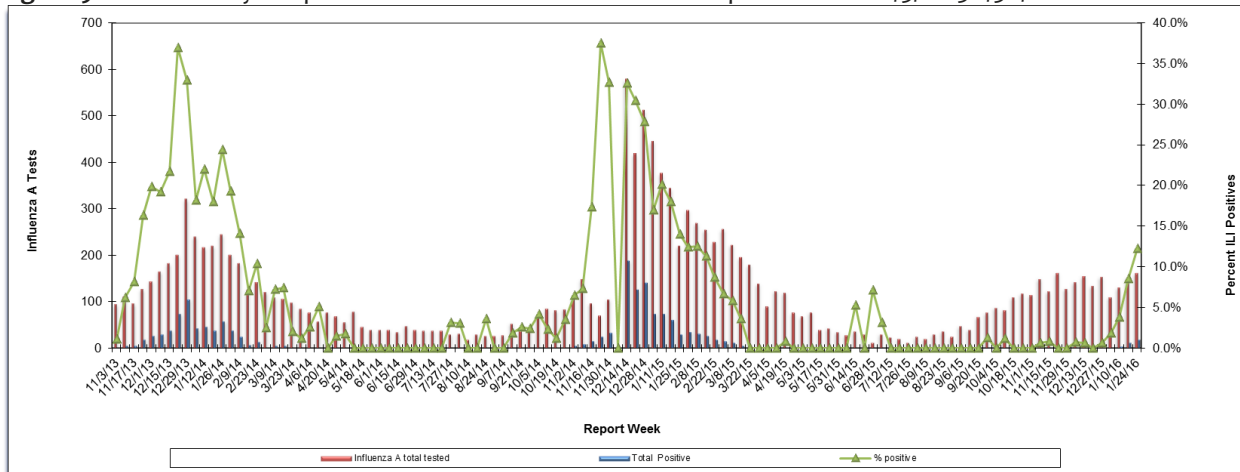


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 11/3/2013-1/30/2016

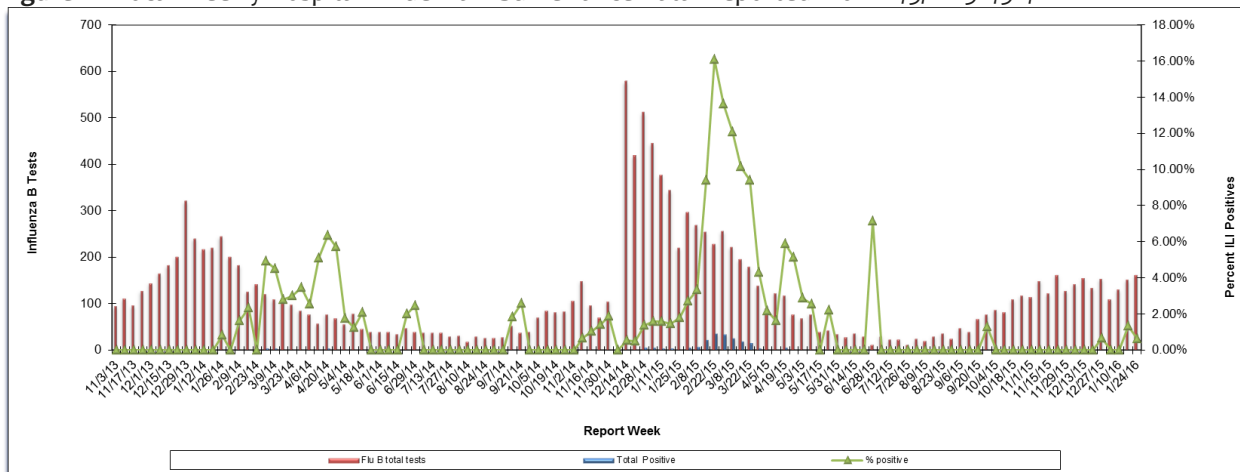
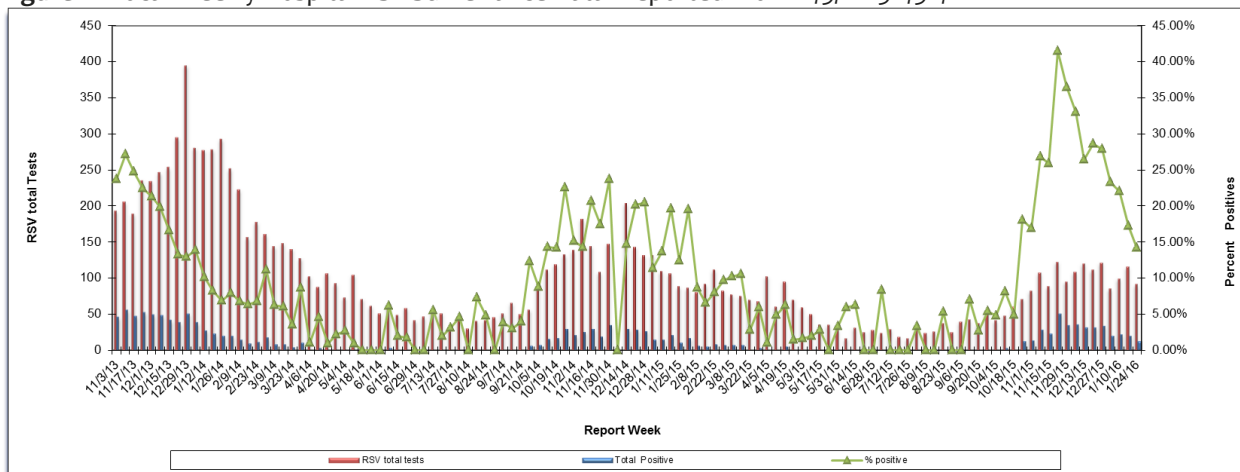


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 11/3/2013-1/30/2016



* 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 12: Florida Arbovirus Surveillance
(January 1, 2016- February 6, 2016)

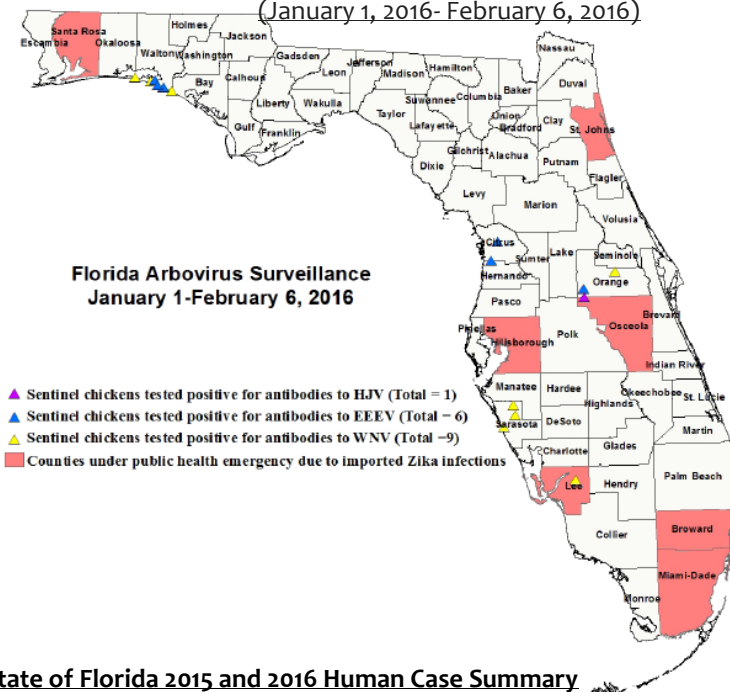


Table 1: Florida Mosquito-Borne Disease Surveillance Summary
Year to Date (January 1, 2016 to February 6, 2016)

| Mosquito-Borne Disease | Human | Horses | Sentinel Chickens | Birds | Goats |
|---------------------------------------|-------|--------|-------------------|-------|-------|
| West Nile Virus | - | - | 9 | - | - |
| St. Louis Encephalitis Virus | - | - | - | - | - |
| Highlands J Virus | - | - | 1 | - | - |
| California Encephalitis Group Viruses | - | - | - | - | - |
| Eastern Equine Encephalitis Virus | - | - | 6 | - | - |

State of Florida 2015 and 2016 Human Case Summary

West Nile Virus Illnesses Acquired in Florida: A total of twelve human cases of WNV illness acquired in Florida have been reported in 2015; one in Duval County (November), four in Escambia County (July, August, and September), one in Hillsborough County (September), one in Marion County (October), one in Pinellas County (July), one in Sarasota County (December), one in Volusia County (July), and two in Walton County (June). Two asymptomatic positive blood donors have been reported in 2015; one in Hillsborough County (September) and one in Manatee County (October).

International Travel-Associated Chikungunya Fever Cases: Seventy-five 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.

International Travel-Associated Dengue Fever Cases: Eighty-seven cases of dengue with onset in 2015 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Seven cases were reported in non-Florida residents. In 2015, 43 of the 87 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted. Five cases of dengue with onset in 2016 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Counties reporting cases were: Broward, Miami-Dade (2), Orange, and Sarasota. In 2016, all five cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

Dengue Fever Cases Acquired in Florida: In 2015, one case of locally acquired dengue fever has been reported in Broward County, with onset in October.

International Travel-Associated Zika Fever Cases: Sixteen cases of Zika fever have been reported in individuals with travel history to a country or area experiencing Zika virus activity. Countries of origin were: Brazil, Colombia (2), Costa Rica, El Salvador, Haiti (4), Honduras, Honduras/Guatemala, Puerto Rico (2), and Venezuela (3). Counties reporting cases were: Broward (2), Hillsborough (3), Lee (2), Miami-Dade (6), Osceola, St. Johns and Santa Rosa.

International Travel-Associated Malaria Cases: Fifty-five cases of malaria with onset in 2015 have been reported. Counties reporting cases were: Alachua, Broward (10), Charlotte, Collier, Duval (3), Escambia, Flagler, Hillsborough (2), Lake, Lee (2), Manatee (2), Monroe, Miami-Dade (13), Okaloosa, Orange (5), Osceola (2), Pinellas (2), Palm Beach (3), Sarasota, and Volusia. Thirteen of the cases were reported in non-Florida residents. Forty-one cases (75%) were diagnosed with *Plasmodium falciparum*. Twelve cases were diagnosed with *Plasmodium vivax* (22%). One case (2%) was diagnosed with *Plasmodium malariae*. One case was diagnosed with *Plasmodium ovale* (2%).

Two cases of malaria with onset in 2016 have been reported. Counties reporting cases were: Orange and Sarasota. One case (50%) was diagnosed with *Plasmodium falciparum*. One case (50%) was diagnosed with *Plasmodium malariae*.

Other notable trends and statistics

Zika Fever Update:

As of February 12, 2016, Zika Fever cases have been confirmed in eight different counties in Florida. There have been no locally-acquired cases of Zika Fever in Florida. None of the confirmed cases involve pregnant women. Last week, Governor Scott directed State Surgeon General and Secretary of Health Dr. John Armstrong to issue a Declaration of Public Health Emergency for the counties of residents with travel-associated cases of Zika Fever. The Declaration currently includes the eight effected counties – Alachua, Broward, Hillsborough, Lee, Miami-Dade, Osceola, Santa Rosa and St. Johns – and will be updated as needed.

Governor Rick Scott has also directed State Surgeon General Dr. John Armstrong to activate a Zika Virus Information Hotline for current Florida residents and visitors, as well as anyone planning on traveling to Florida in the near future. The hotline will be managed by the Department of Health, and will answer questions on the Zika Virus and the state's preparedness efforts. The number for the Zika Virus Information Hotline is 1-855-622-6735.

More Information on DOH action on Zika Virus:

- According to the CDC, Zika illness is generally mild with a rash, fever and joint pain. CDC researchers are examining a possible link between the virus and harm to unborn babies exposed during pregnancy.
- Florida currently has the capacity to test 5,079 people for active Zika virus and 1,402 for Zika antibodies.

| County | Number of Cases (all travel related) |
|--------------|--------------------------------------|
| Alachua | 1 |
| Broward | 3 |
| Hillsborough | 3 |
| Lee | 3 |
| Miami-Dade | 7 |
| Osceola | 1 |
| Santa Rosa | 1 |
| St. Johns | 1 |
| Total | 20 |

Table 2: Tuberculosis (TB) Surveillance – Duval County - 1/1/2015 through 12/31/2015 – All data are provisional
Forty-three (43) cases of TB were reported by Duval County in 2014.

| Demographics and risk factors of TB cases reported year-to-date for 2015. | | | | | | | |
|---|-------|-------------|---------|-------------------------------------|-------|-------------|---------|
| | Count | Total Cases | Percent | | Count | Total Cases | Percent |
| Gender | | | | Risk Factors | | | |
| Male | 36 | 52 | 69.2% | Excess alcohol use within past year | 20 | 52 | 38.5% |
| Female | 16 | 52 | 30.8% | HIV co-infection* | 3 | 52 | 5.8% |
| Country of Origin | | | | Drug use within past year | 10 | 52 | 19.2% |
| U.S. | 40 | 52 | 76.9% | Homeless | 10 | 52 | 19.2% |
| Non-U.S. | 12 | 52 | 23.1% | Incarcerated at diagnosis | 1 | 52 | 1.9% |
| Age Group | | | | Unemployed | 25 | 52 | 48.1% |
| 0-9 | 4 | 52 | 7.7% | Race/ Ethnicity | | | |
| 10-19 | 7 | 52 | 13.5% | Asian | 7 | 52 | 13.5% |
| 20-29 | 1 | 52 | 1.9% | Black | 26 | 52 | 50.0% |
| 30-39 | 6 | 52 | 11.5% | White | 19 | 52 | 36.5% |
| 40-49 | 13 | 52 | 25.0% | Hispanic** | 3 | 52 | 5.8% |
| 50-59 | 13 | 52 | 25.0% | Drug Resistance | | | |
| ≥ 60 | 8 | 52 | 15.4% | Resistant to isoniazid*** | 3 | 30 | 10.0% |

* 3 people has 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.

For more tuberculosis surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/>

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, January 2016

| | Duval County | | | | | | Florida | | | | | |
|--|--------------|------|-------|---------|------------------|------|---------|------|-------|---------|------------------|------|
| | Month | | | | Cumulative (YTD) | | Month | | | | Cumulative (YTD) | |
| | 2016 | 2015 | Mean† | Median¶ | 2016 | 2015 | 2016 | 2015 | Mean† | Median¶ | 2016 | 2015 |
| A. Vaccine Preventable Diseases | | | | | | | | | | | | |
| Diphtheria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1.4 | 1 | 0 | 2 |
| Mumps | 0 | 0 | 0.2 | 0 | 0 | 0 | 1 | 0 | 0.4 | 0 | 1 | 0 |
| Pertussis | 1 | 3 | 0.8 | 0 | 1 | 3 | 35 | 24 | 36.2 | 25 | 35 | 24 |
| Rubella | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.8 | 1 | 0 | 1 |
| Varicella | 5 | 5 | 3 | 4 | 5 | 5 | 76 | 57 | 60.8 | 60 | 76 | 57 |
| B. CNS Diseases & Bacteremias | | | | | | | | | | | | |
| Creutzfeldt-Jakob Disease | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1.2 | 1 | 1 | 2 |
| <i>H. influenzae</i> (invasive) | 5 | 1 | 1.6 | 2 | 5 | 1 | 38 | 21 | 25 | 25 | 38 | 21 |
| Meningitis (bacterial, cryptococcal, mycotic) | 0 | 2 | 1.8 | 2 | 0 | 2 | 12 | 11 | 14 | 13 | 12 | 11 |
| Meningococcal Disease | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 5.2 | 4 | 1 | 3 |
| <i>Staphylococcus aureus</i> (VISA) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0.2 | 0 | 1 | 1 |
| <i>Staphylococcus aureus</i> (VRSA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>Streptococcus pneumoniae</i> (invasive disease) | | | | | | | | | | | | |
| Drug resistant | 2 | 2 | 1.6 | 2 | 2 | 2 | 25 | 22 | 66.8 | 57 | 25 | 22 |
| Drug susceptible | 4 | 0 | 3.2 | 3 | 4 | 0 | 70 | 32 | 77.6 | 75 | 70 | 32 |
| C. Enteric Infections | | | | | | | | | | | | |
| Campylobacteriosis | 5 | 10 | 6.8 | 7 | 5 | 10 | 142 | 174 | 154.6 | 172 | 142 | 174 |
| Cryptosporidiosis | 3 | 5 | 2 | 2 | 3 | 5 | 44 | 60 | 37.8 | 32 | 44 | 60 |
| Cyclosporiasis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.8 | 0 | 0 | 0 |
| <i>E. coli</i> : Shiga Toxin-Producing (STEC) | 2 | 0 | 0.4 | 0 | 2 | 0 | 11 | 5 | 7 | 6 | 11 | 5 |
| Giardiasis | 7 | 2 | 5 | 3 | 7 | 2 | 72 | 71 | 83 | 81 | 72 | 71 |
| Hemolytic Uremic Syndrome | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0.4 | 0 | 2 | 1 |
| Listeriosis | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 4 | 4 | 1 | 4 |
| Salmonellosis | 11 | 8 | 11.8 | 15 | 11 | 8 | 362 | 311 | 300.2 | 306 | 362 | 311 |
| Shigellosis | 2 | 0 | 2.6 | 1 | 2 | 0 | 70 | 66 | 84.8 | 94 | 70 | 66 |
| Typhoid Fever | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0.8 | 1 | 2 | 0 |

Recently Reported Diseases/Conditions in Florida

| | Duval County | | | | | | Florida | | | | | |
|--------------------------------------|--------------|------|-------|---------|------------------|------|---------|------|-------|---------|------------------|------|
| | Month | | | | Cumulative (YTD) | | Month | | | | Cumulative (YTD) | |
| | 2016 | 2015 | Mean† | Median¶ | 2016 | 2015 | 2016 | 2015 | Mean† | Median¶ | 2016 | 2015 |
| D. Viral Hepatitis | | | | | | | | | | | | |
| Hepatitis A | 0 | 0 | 0.2 | 0 | 0 | 0 | 13 | 10 | 6.2 | 6 | 13 | 10 |
| Hepatitis B, Acute | 3 | 1 | 0.8 | 1 | 3 | 1 | 41 | 24 | 23.6 | 24 | 41 | 24 |
| Hepatitis B +HBsAg in pregnant women | 1 | 2 | 4 | 3 | 1 | 2 | 40 | 23 | 33 | 35 | 40 | 23 |
| Hepatitis C, Acute | 0 | 1 | 0.4 | 0 | 0 | 1 | 23 | 13 | 11.6 | 13 | 23 | 13 |
| E. Vector Borne, Zoonoses | | | | | | | | | | | | |
| Animal Rabies | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 8 | 7 | 8 | 5 | 8 |
| Chikungunya Fever | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 29 | 5.8 | 0 | 3 | 29 |
| Ciguatera | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2.4 | 2 | 0 | 1 |
| Dengue Fever | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 4 | 10.6 | 4 | 11 | 4 |
| Eastern Equine Encephalitis†† | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 |
| Ehrlichiosis/Anaplasmosis¶¶ | 0 | 0 | 0 | - | 0 | 0 | 2 | 1 | 0.4 | - | 2 | 1 |
| Leptospirosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lyme Disease | 0 | 0 | 0.4 | 0 | 0 | 0 | 11 | 7 | 6.4 | 7 | 11 | 7 |
| Malaria | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 9 | 9.2 | 9 | 7 | 9 |
| 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 |
| Zika Fever | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 6 | 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 | 0.4 | 0 | 1 | 0 |
| Carbon Monoxide Poisoning | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 15 | 8 | 4 | 16 | 15 |
| Hansen's Disease (Leprosy) | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0.2 | 0 | 4 | 0 |
| Legionellosis | 2 | 2 | 1.6 | 2 | 2 | 2 | 26 | 26 | 20.2 | 21 | 26 | 26 |
| Vibrios | 0 | 0 | 0.6 | 0 | 0 | 0 | 13 | 9 | 5 | - | 13 | 9 |

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2015/2016 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 2016- All STD 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 | 2 | 40% | 2 | 40% |
| Female | 3 | 60% | 3 | 60% |
| Race | Area 4 | % | Duval | % |
| White | 1 | 20% | 1 | 20% |
| Black | 3 | 60% | 3 | 60% |
| Hispanic | 0 | 0% | 0 | 0% |
| Other | 1 | 20% | 1 | 20% |
| Age | Area 4 | % | Duval | % |
| 0-14 | 0 | 0% | 0 | 0% |
| 15-19 | 0 | 0% | 0 | 0% |
| 20-24 | 1 | 20% | 1 | 20% |
| 25-29 | 3 | 60% | 3 | 60% |
| 30-39 | 1 | 20% | 1 | 20% |
| 40-49 | 0 | 0% | 0 | 0% |
| 50+ | 0 | 0% | 0 | 0% |
| Total Cases | 5 | | 5 | |

Chlamydia Cases

| Sex | Area 4 | % | Duval | % |
|--------------------|--------|-----|-------|-----|
| Male | 96 | 35% | 79 | 35% |
| Female | 180 | 65% | 144 | 65% |
| Race | Area 4 | % | Duval | % |
| White | 71 | 26% | 50 | 22% |
| Black | 145 | 53% | 133 | 60% |
| Hispanic | 10 | 4% | 9 | 4% |
| Other | 50 | 18% | 31 | 14% |
| Age | Area 4 | % | Duval | % |
| 0-14 | 0 | 0% | 0 | 0% |
| 15-19 | 67 | 24% | 50 | 22% |
| 20-24 | 114 | 41% | 87 | 39% |
| 25-29 | 54 | 20% | 50 | 22% |
| 30-39 | 27 | 10% | 25 | 11% |
| 40-54 | 11 | 4% | 9 | 4% |
| 55+ | 3 | 1% | 2 | 1% |
| Total Cases | 276 | | 223 | |

Gonorrhea Cases

| Sex | Area 4 | % | Duval | % |
|--------------------|--------|-----|-------|-----|
| Male | 57 | 58% | 49 | 58% |
| Female | 42 | 42% | 35 | 42% |
| Race | Area 4 | % | Duval | % |
| White | 21 | 21% | 14 | 17% |
| Black | 58 | 59% | 53 | 63% |
| Hispanic | 2 | 2% | 2 | 2% |
| Other | 18 | 18% | 15 | 18% |
| Age | Area 4 | % | Duval | % |
| 0-14 | 0 | 0% | 0 | 0% |
| 15-19 | 15 | 15% | 13 | 15% |
| 20-24 | 34 | 34% | 28 | 33% |
| 25-29 | 21 | 21% | 18 | 21% |
| 30-39 | 14 | 14% | 11 | 13% |
| 40-54 | 11 | 11% | 10 | 12% |
| 55+ | 4 | 4% | 4 | 5% |
| Total Cases | 99 | | 84 | |

* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

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 nine 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 14 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), Shands Jacksonville North (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 |
|--|--|--|

*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..."