

# Duval County Epidemiology Surveillance Report

The Florida Department of Health (FDOH) in Duval County, Epidemiology  
July 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 – July 2015

The month of July 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.

Enteric disease activity continues to increase. FDOH in Duval continues to observe low levels of respiratory viruses circulating in Duval.

The recent Legionnaires disease outbreak in New York City is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* addresses the rise in cases of Hansen's disease in Florida.

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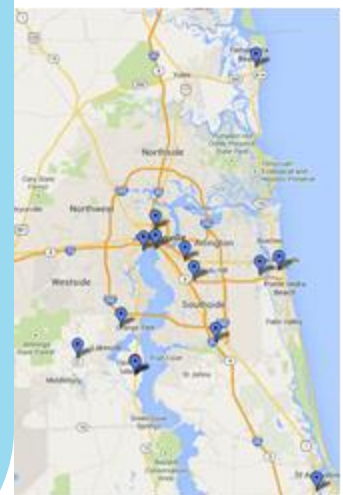
## Notable Investigation of the Month

Hansen's disease, formerly known as leprosy, is caused by the *Mycobacterium leprae* (*M. leprae*) bacteria. In Florida, between 2 and 12 cases are reported each year. So far in 2015, thirteen cases have been reported in Florida residents which is an increase from the ten cases reported for the entire 2014 year. Two of the thirteen reported cases have been identified in Duval County residents. Duval County has not reported a case of Hansen's disease since 2008, when there was a single confirmed case.

The mode of transmission of *M. leprae* is difficult to determine due to the fact that it can take months to years for an infection to develop. However, most of the research points to person-to-person transmission through respiratory droplets. Extended close contact with infected armadillos may also pose exposure risk to *M. leprae*. Both of the cases in Duval County reported having close contact with armadillos.

According to the Florida Department of Health, 'Hansen's disease has been reported in Florida since 1921. Up until 1975, an average of four cases were reported each year, with 80% of the 226 cases occurring in persons residing in Monroe, Dade and Hillsborough Counties at the time of onset. Another 82 cases were reported during the next two decades (1976-95). A demographic analysis of 24 confirmed or probable cases reported between 1987 and 1995, found 71% white, 58% hispanic, and 54% male with ages ranging from 28 to 84 years (mean age 50). Over one-half (57%) of the cases resided in southeast Atlantic Coast counties, with others from counties along the south-central Gulf Coast or mainland.'

Figure 1: ESSENCE Hospitals



# Enteric Disease Overview

## Summary

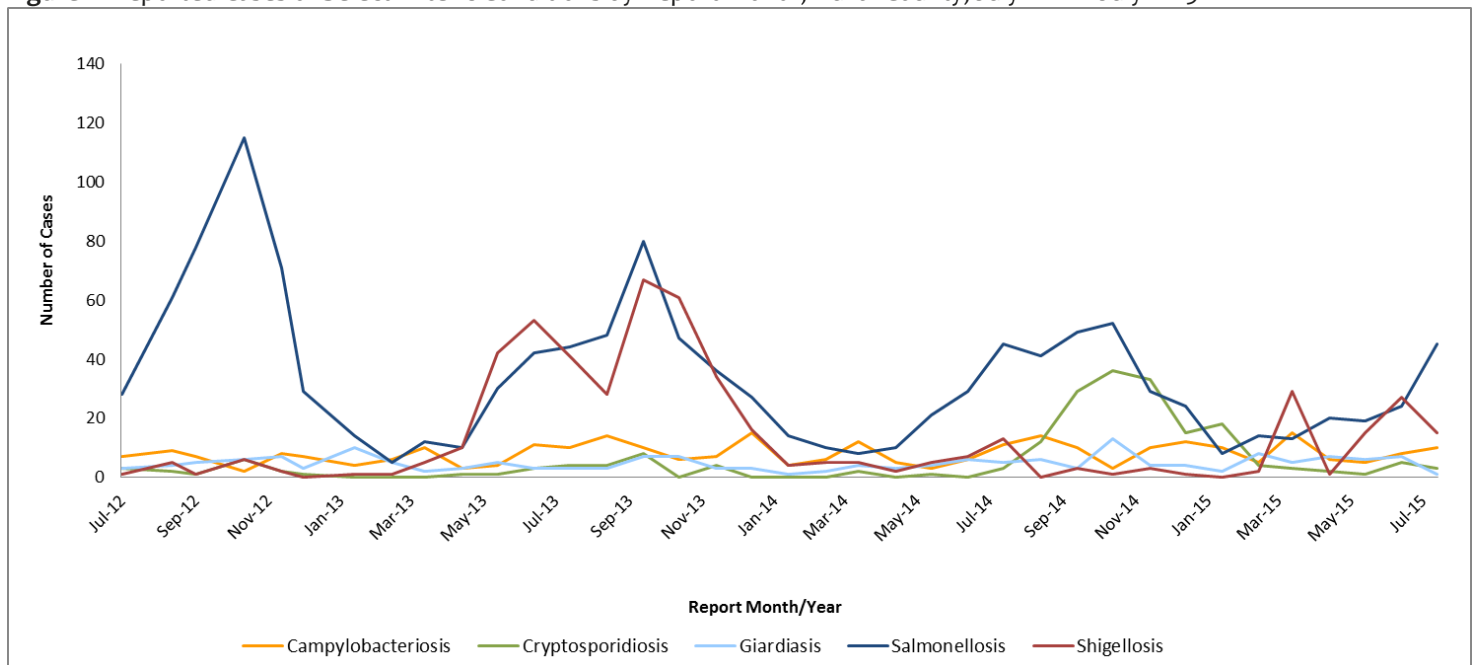
Reported cases of salmonellosis increased in July (Figure 2). Forty-six (46) cases of salmonellosis were reported in July, which is about the average over the previous five years (Figure 2&4). The mean number of cases for the same time period during the previous five years was 46.6 cases for July. The most represented age group of reported cases of salmonellosis for 2014 (66/147, 44.9%) occurred in the 0-4 age group. Reported cases (15) of shigellosis decreased in July (Figure 2&5). The mean number of cases for the same time period during the previous five years is 21.6 cases for July.

Reported norovirus activity is low in Florida. During July, two outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. One confirmed norovirus outbreak occurred in Duval County in the month of July as well as, one suspected norovirus outbreak in another county. (Source: FDENS EpiCom & FDOH in Duval surveillance).

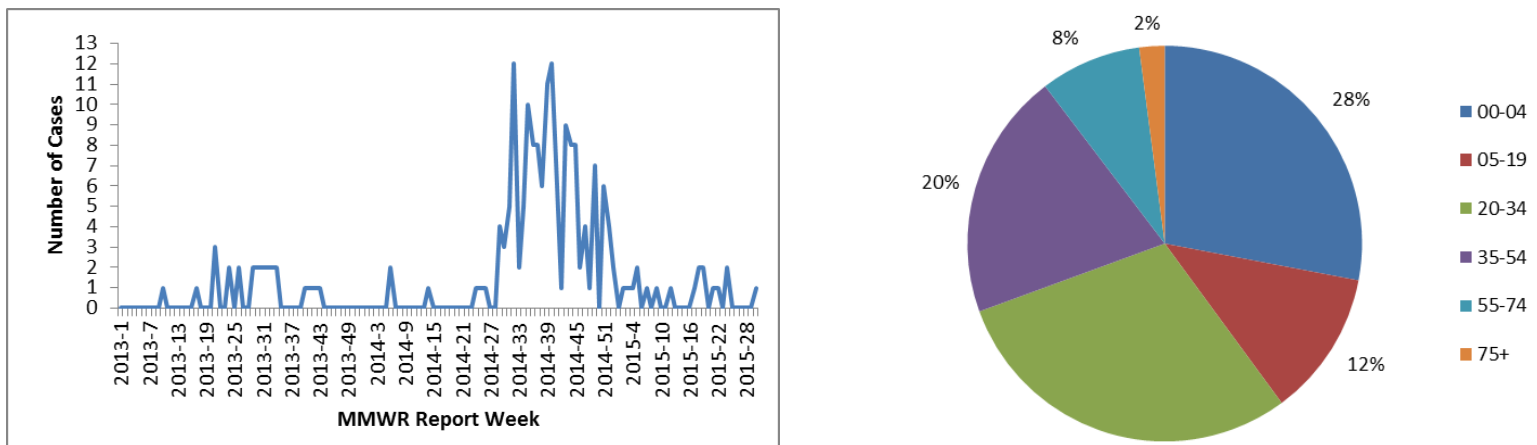
For prevention information, visit <http://www.cdc.gov/norovirus/> & <http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html>

## ESSENCE Reportable Disease Surveillance Data

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

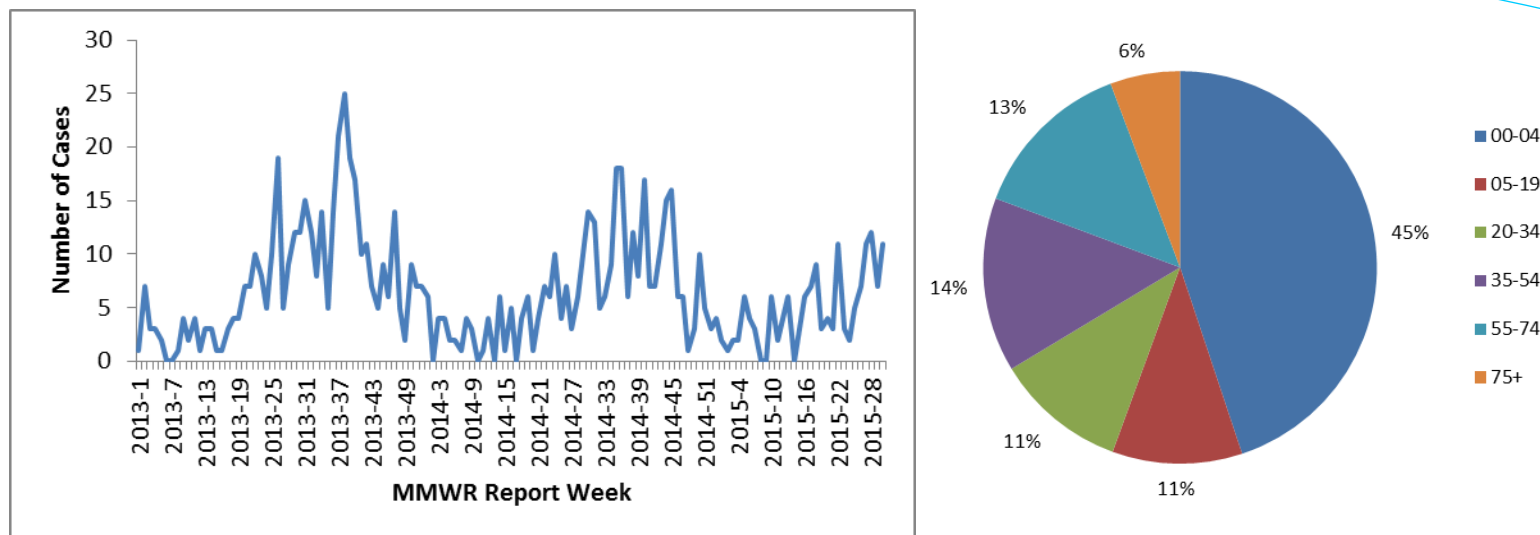


**Figure 3:** Reported Cases of Cryptosporidiosis by Report Week and Age Groups- Duval County – January 2013 – July 2015

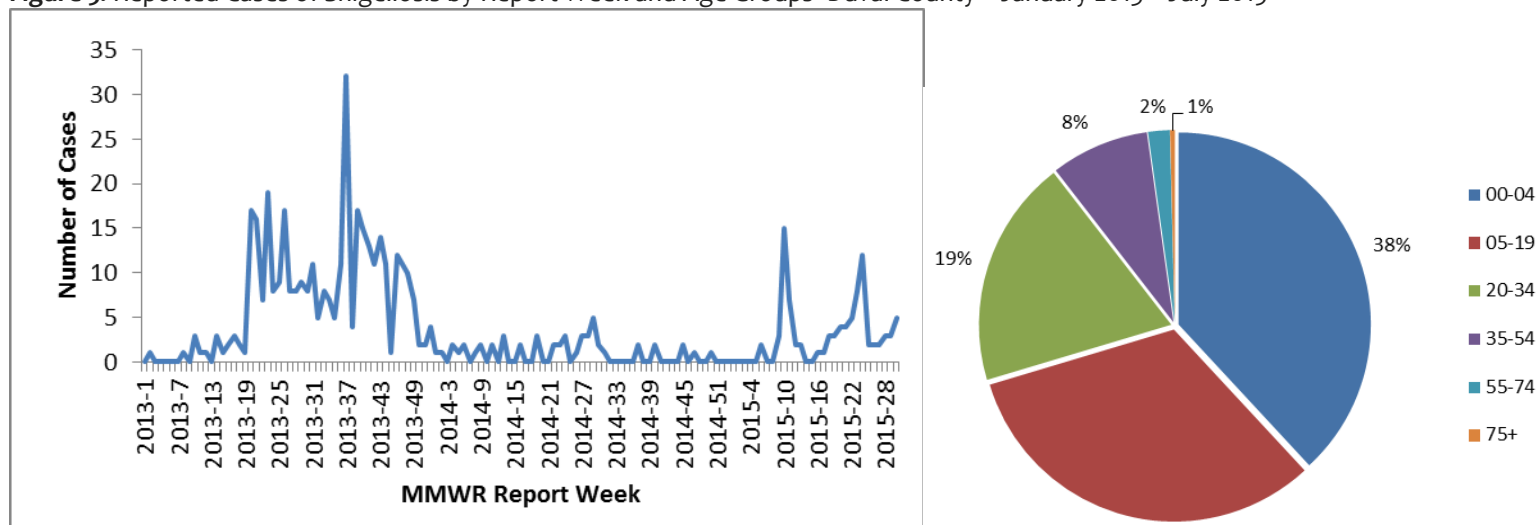


# Enteric Disease Overview Continued

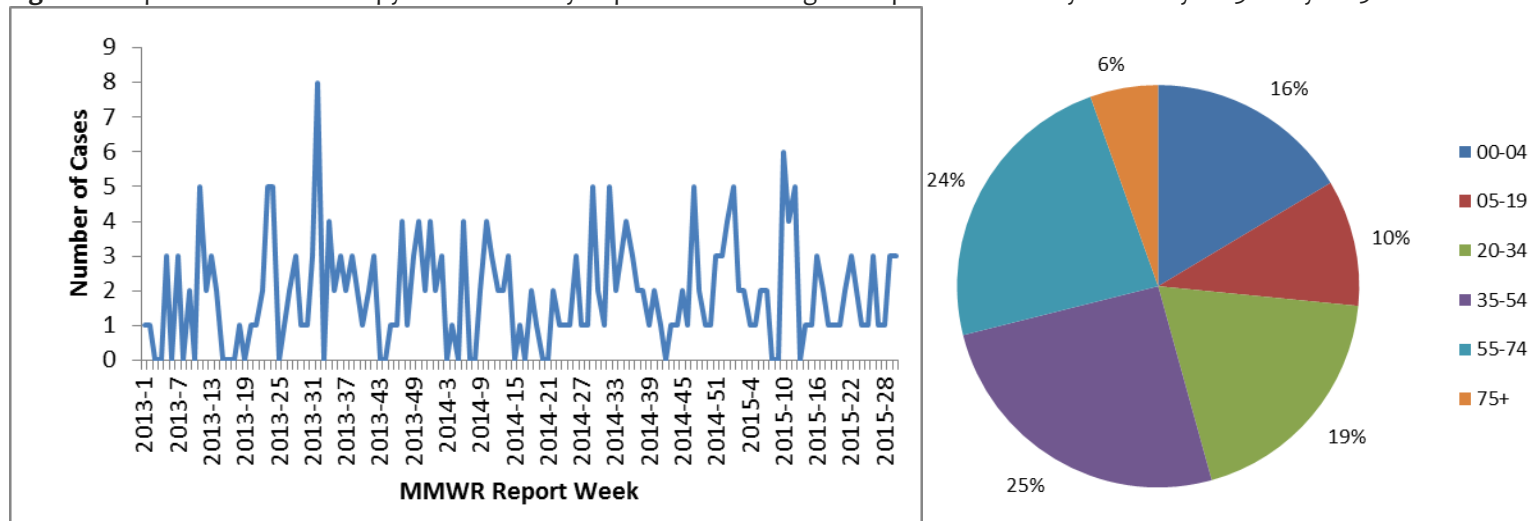
**Figure 4:** Reported Cases of Salmonellosis by Report Week and Age Groups- Duval County – January 2013 – July 2015



**Figure 5:** Reported Cases of Shigellosis by Report Week and Age Groups- Duval County – January 2013 – July 2015



**Figure 6:** Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County – January 2013 – July 2015



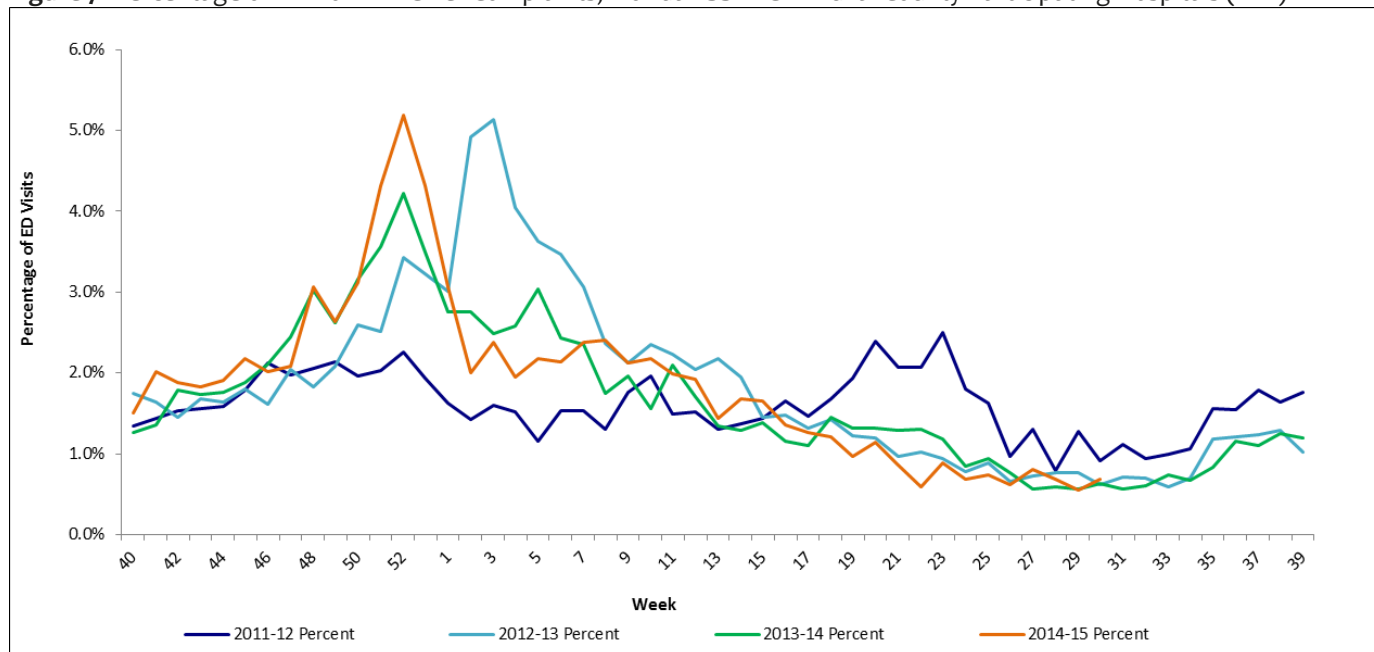
# Respiratory Disease & ILI Overview

## Summary

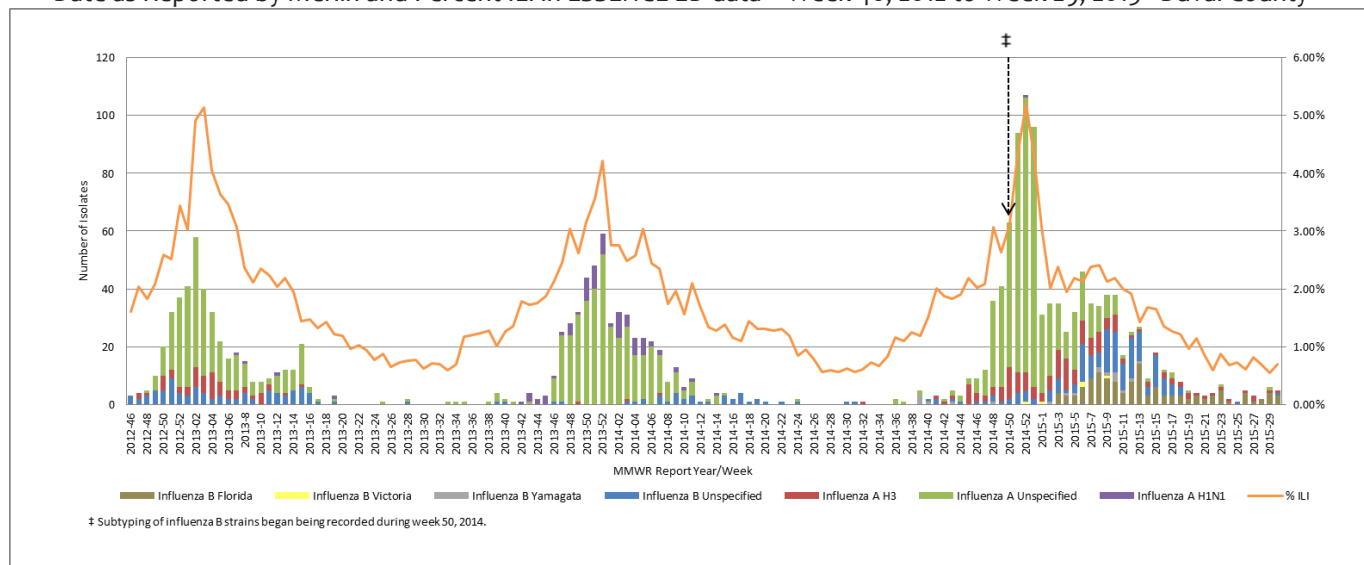
Currently, influenza-like illness (ILI) activity is at a low level. In Duval County, ED visits for ILI as monitored through ESSENCE has remained below 2% since week 11 and below 1% since week 20 (Figure 7). During the month of July, zero (0) specimens tested positive for influenza as tested by the Bureau of Public Health Laboratories (BPHL). Five (5) influenza A H3, one (1) influenza A unspecified, ten (10) influenza B Florida, and one (1) influenza B unspecified were detected by a private lab using rapid antigen testing during July (as reported through Electronic Lab Reporting (ELR), (Figure 8)). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, human metapneumovirus, and respiratory syncytial virus (RSV).

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

**Figure 7:** Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)



**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 46, 2012 to Week 29, 2015 - Duval County



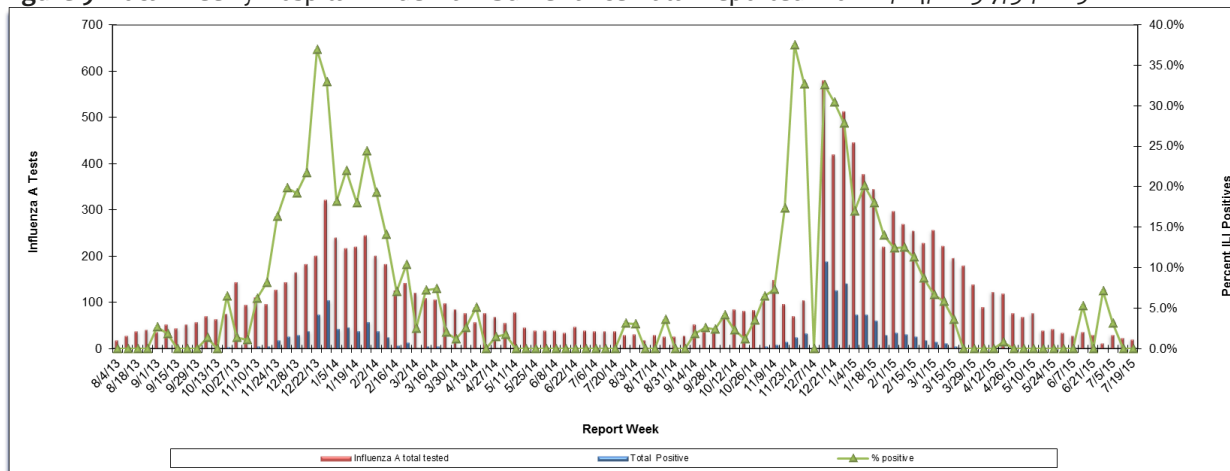


# Respiratory Virus Surveillance (Local Hospital Data)

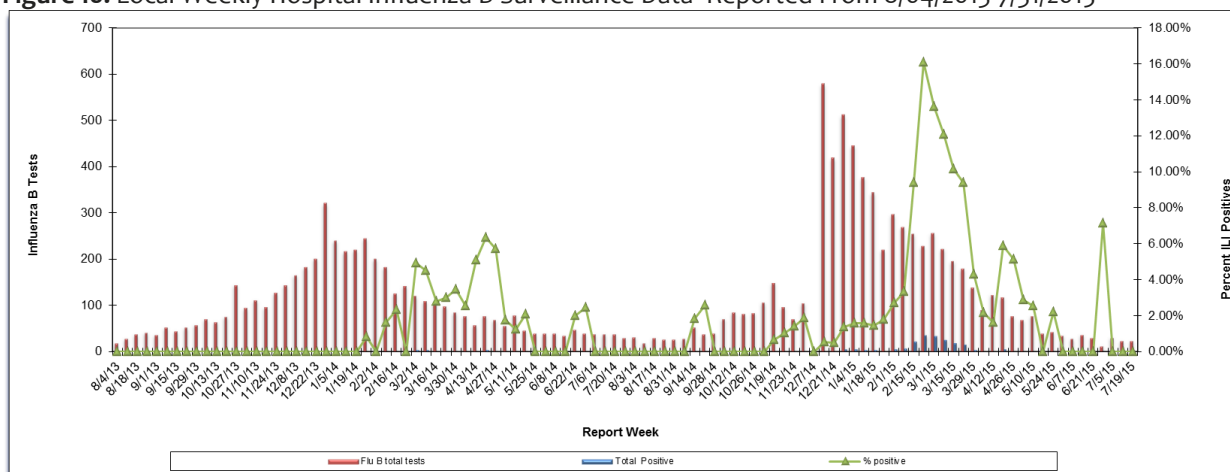
## Summary

Circulation of influenza and RSV remained at low levels for the month of July. 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 3.23% (3/93) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of July was 1.96% (2/102) (Figure 11). In June, the percent positive for influenza was 1.47% and for RSV was 3.80%.

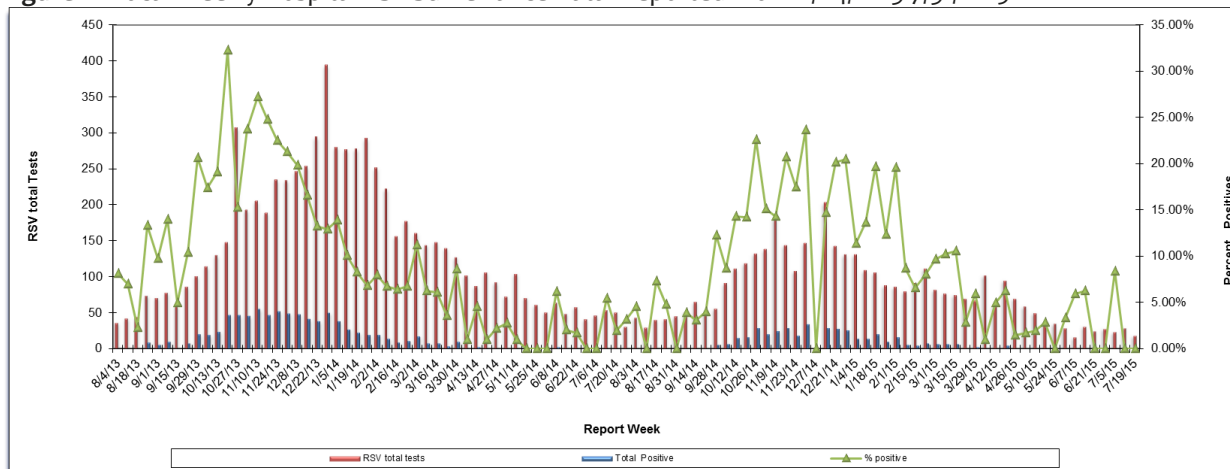
**Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 8/04/2013-7/31/2015\***



**Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 8/04/2013-7/31/2015\***



**Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 8/04/2013-7/31/2015\***



\* Data was not reported for week 50, 2014

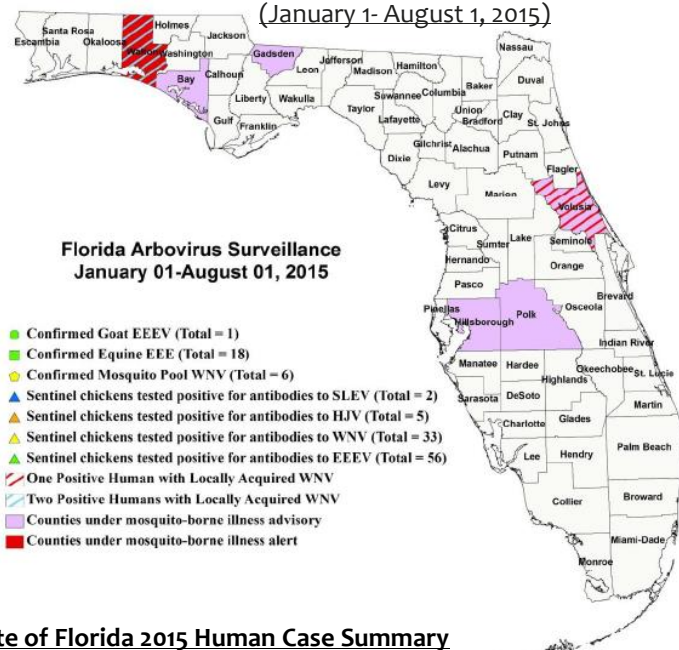
# Florida Mosquito-Borne Disease Summary

## 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).

**Figure 12: Florida Arbovirus Surveillance**

(January 1- August 1, 2015)



**Table 1: Florida Mosquito-Borne Disease Surveillance Summary**

Year to Date (through August 1, 2015)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds	Goats
West Nile Virus	3	-	33	-	-
St. Louis Encephalitis Virus	-	-	2	-	-
Highlands J Virus	-	-	5	-	-
California Encephalitis Group Viruses	-	-	-	-	-
Eastern Equine Encephalitis Virus	-	18	56	-	1

## State of Florida 2015 Human Case Summary

**West Nile Virus Illnesses Acquired in Florida:** A total of three human cases of WNV illness acquired in Florida have been reported in 2015; one in Volusia County (July) and two in Walton County (June).

**International Travel-Associated Chikungunya Fever Cases:** Thirty-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: Bolivia, Colombia (10), Ecuador, El Salvador, Guatemala (2), Haiti (2), Honduras (2), India, Jamaica (2), Mexico (2), Nicaragua (6), Puerto Rico (3), Trinidad and Tobago, Venezuela, and Virgin Islands. Counties reporting cases were: Brevard, Broward (7), Collier, Hillsborough (2), Miami-Dade (12), Monroe, Orange (3), Osceola, Palm Beach (2), Pinellas, Sarasota, Seminole (3), and Volusia.

**International Travel-Associated Dengue Fever Cases:** Twenty-five 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. Countries of origin were: Brazil (5), Colombia, Cuba (6), Dominican Republic (2), Haiti (2), Honduras, India, Jamaica, Philippines (2), Puerto Rico, Thailand, and Venezuela (2). Counties reporting cases were: Hillsborough (3), Broward (5), Lee, Miami-Dade (9), Monroe, Orange, Palm Beach, St. Johns, St. Lucie (2), and Seminole. Four cases were reported in non-Florida residents. In 2015, 12 of the 25 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

**International Travel-Associated Malaria Cases:** Twenty-nine cases of malaria with onset in 2015 have been reported. Countries of origin were: Angola, Cameroon (3), Dominican Republic (2), Egypt, Eritrea, Gabon, Ghana (4), Guatemala, Haiti (4), India (3), Malawi, Nigeria (3), South Sudan, Sudan, Tanzania, and Uganda. Counties reporting cases were: Broward (6), Charlotte, Collier, Duval, Escambia, Hillsborough (2), Lee, Monroe, Miami-Dade (8), Orange (2), Pinellas, Palm Beach (3), and Sarasota. Eight of the cases were reported in non-Florida residents.

Twenty-three cases (79%) were diagnosed with *Plasmodium falciparum*. Five cases were diagnosed with *Plasmodium vivax* (17%). One case (3%) was diagnosed with *Plasmodium malariae*.

**Resources** See the following web site for more information: <http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>

# Other notable trends and statistics

## Notable Trends and Statistics- Outbreak of Legionnaires' Disease, NYC July 29, 2015 (Source: CDC.gov)

Health Department Investigating Outbreak of Legionnaires' Disease in the South Bronx Legionnaires' disease have been reported since July 10. New Yorkers with respiratory symptoms, such as fever, cough, chills and muscle aches, are advised to promptly seek medical attention

The Health Department is currently investigating an outbreak of Legionnaires' disease in the South Bronx. The Health Department is actively investigating and is testing water from cooling towers and other potential sources in the area to determine the source of the outbreak. New Yorkers with respiratory symptoms, such as fever, cough, chills and muscle aches, are advised to promptly seek medical attention.

“We are concerned about this unusual increase in Legionnaires' disease cases in the South Bronx,” said Health Commissioner Dr. Mary Bassett. “We are conducting a swift investigation to determine the source of the outbreak and prevent future cases. I urge anyone with symptoms to seek medical attention right away.”

Legionnaires' disease is caused by the bacteria Legionella. Additional symptoms include: headache, fatigue, loss of appetite, confusion and diarrhea. Symptoms usually appear two to 10 days after significant exposure to Legionella bacteria. Most cases of Legionnaires' disease can be traced to plumbing systems where conditions are favorable for Legionella growth, such as whirlpool spas, hot tubs, humidifiers, hot water tanks, cooling towers, and evaporative condensers of large air-conditioning systems.

Legionnaires' disease cannot be spread from person to person. Groups at high risk for Legionnaire's disease include people who are middle-aged or older – especially cigarette smokers – people with chronic lung disease or weakened immune systems and people who take medicines that weaken their immune systems (immunosuppressive drugs). Those with symptoms should call their doctor and ask about testing for Legionnaire's disease.

For more information about Legionnaires' disease, please visit: <http://www.nyc.gov/html/doh/html/diseases/cdlegi.shtml>

## Tuberculosis (TB) Surveillance – Duval County - 1/1/2015 through 7/31/2015 – All Data are Provisional

Forty-three (43) cases of TB were reported by Duval County in 2014.

**Table 2: Demographics and risk factors of TB cases reported year-to-date for 2015**

	Count	Total Cases	Percent		Count	Total Cases	Percent
<b>Gender</b>				<b>Risk Factors</b>			
Male	23	34	67.60%	Excess alcohol use within past year	8	34	23.50%
Female	11	34	32.40%	HIV co-infection*	2	34	5.90%
<b>Country of Origin</b>				Drug use within past year	7	34	20.60%
U.S.	28	34	82.40%	Homeless	6	34	17.60%
Non-U.S.	6	34	17.60%	Incarcerated at diagnosis	0	34	0.00%
<b>Age Group</b>				Unemployed	16	34	47.10%
0-9	4	34	11.80%	<b>Ethnicity</b>			
10-19	7	34	20.60%	Asian	4	34	11.80%
20-29	0	34	0.00%	Black	18	34	52.90%
30-39	3	34	8.80%	White	12	34	35.30%
40-49	6	34	17.60%	Hispanic**	2	34	5.90%
50-59	7	34	20.60%	<b>Drug Resistance</b>			
≥ 60	7	34	20.60%	Resistant to isoniazid	1	16	6.30%

\* 2 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 2:** Provisional Cases\* of Selected Notifiable Disease, Duval County, Florida, July 2015

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
<b>A. Vaccine Preventable Diseases</b>												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0.4	0	11	0
Mumps	0	0	0	0	0	0	0	0	0.4	0	6	0
Pertussis	3	8	8	8	25	38	39	112	68	76	202	526
Rubella	0	0	0	0	0	0	0	0	0	0	1	0
Tetanus	0	0	0	0	0	0	0	0	0.2	0	2	2
Varicella	5	5	3.8	5	30	29	46	30	33.6	33	461	349
<b>B. CNS Diseases &amp; Bacteremias</b>												
Creutzfeldt-Jakob Disease	0	0	0.2	0	0	0	1	2	1.6	2	19	13
<i>H. influenzae</i> (invasive)	1	0	0.4	0	8	11	13	16	15.8	15	106	194
Meningitis (bacterial, cryptococcal, mycotic)	2	3	1.2	1	11	13	14	13	14.8	16	80	83
Meningococcal Disease	0	0	0.2	0	0	2	1	2	3.6	3	16	28
<i>Staphylococcus aureus</i> (VISA, VRSA)	0	0	-	0	1	0	0	0	0.4	-	5	0
<i>Streptococcus pneumoniae</i> (invasive disease)												
Drug resistant	0	0	1.4	1	8	14	8	17	24.4	25	103	324
Drug susceptible	0	1	1.4	1	5	20	12	11	24	26	179	331
<b>C. Enteric Infections</b>												
Campylobacteriosis	10	11	8.4	8	60	49	222	265	216.4	222	1355	1362
Cryptosporidiosis	1	12	4	2	20	18	74	157	62.6	36	382	412
Cyclosporiasis	1	0	1.6	1	1	0	12	18	20.8	18	13	22
<i>Escherichia coli</i> , Shiga-toxin producing**	0	0	0	0	1	2	6	12	9.4	10	33	77
Giardiasis	1	5	5.2	3	37	25	98	108	117	105	579	622
Hemolytic Uremic Syndrome	0	0	0	0	0	0	1	0	0.6	0	4	4
Listeriosis	0	0	0.2	0	0	1	7	6	3.2	3	24	20
Salmonellosis	46	45	46.6	45	145	140	700	672	668.2	672	2815	2731
Shigellosis	15	13	21.6	15	90	43	199	220	167.2	165	1205	1554
Typhoid Fever	0	0	0.2	0	0	0	1	0	2.2	2	6	10



# 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
<b>D. Viral Hepatitis</b>												
Hepatitis A	0	0	0.2	0	0	0	17	10	10.2	10	78	69
Hepatitis B +HBsAg in pregnant women	6	3	4	4	18	32	58	53	44.4	47	275	312
Hepatitis B, Acute	4	0	0.6	0	10	9	55	29	25.4	27	287	226
Hepatitis C, Acute	0	0	0.2	0	2	7	15	18	14.8	13	100	121
<b>E. Vector Borne, Zoonoses</b>												
Animal Rabies	0	0	0.8	1	0	0	5	5	10.8	10	41	48
Ciguatera	0	0	0	0	0	0	8	5	5.2	5	23	28
Dengue Fever	0	0	0.2	0	0	0	8	15	16.4	15	28	54
Eastern Equine Encephalitis††	0	0	0	0	0	0	0	0	0.8	0	0	1
Ehrlichiosis/Anaplasmosis¶¶	0	0	0.2	0	0	1	4	12	5.6	-	16	27
Leptospirosis	0	0	0	0	0	0	0	0	0	0	1	0
Lyme Disease	0	1	0.2	0	0	1	36	19	16.2	14	83	57
Malaria	0	0	0.8	1	2	1	7	8	8.2	8	31	38
St. Louis Encephalitis††	0	0	0	-	0	0	0	0	0	-	0	0
West Nile Virus††	0	0	1	0	0	0	3	0	1.2	0	3	1
<b>F. Others</b>												
Botulism-infant	0	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	1	5	0	1.6	1	8	3
Carbon Monoxide Poisoning	0	0	2.6	0	2	1	21	14	13	14	118	83
Hansen's Disease (Leprosy)	2	0	0	0	2	0	4	2	1.4	1	13	4
Legionellosis	3	1	2	1	10	7	22	30	24	20	176	167
Vibrios	1	2	1	0	7	3	23	23	23.2	-	113	83

\* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 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 3:** Duval County Reported Sexually Transmitted Disease for Summary for July 2015

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%
Male	12	92%	10	91%	Male	166	27%	133	28%	Male	110	54%	88	53%
Female	1	8%	1	9%	Female	446	73%	348	72%	Female	93	46%	79	47%
Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%
White	3	23%	2	18%	White	163	27%	92	19%	White	46	23%	24	14%
Black	10	77%	9	82%	Black	313	51%	289	60%	Black	132	65%	123	74%
Hispanic	0	0%	0	0%	Hispanic	23	4%	20	4%	Hispanic	3	1%	3	2%
Other	0	0%	0	0%	Other	113	18%	80	17%	Other	22	11%	17	10%
Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%
0-14	0	0%	0	0%	0-14	5	1%	5	1%	0-14	2	1%	2	1%
15-19	0	0%	0	0%	15-19	178	29%	134	28%	15-19	44	22%	34	20%
20-24	4	31%	3	27%	20-24	224	37%	176	37%	20-24	56	28%	45	27%
25-29	3	23%	3	27%	25-29	119	19%	96	20%	25-29	50	25%	42	25%
30-39	2	15%	2	18%	30-39	59	10%	47	10%	30-39	32	16%	26	16%
40-49	3	23%	2	18%	40-54	22	4%	19	4%	40-54	17	8%	16	10%
50+	1	8%	1	9%	55+	5	1%	4	1%	55+	2	1%	2	1%
Total Cases	13		11		Total Cases	612		481		Total Cases	203		167	

Please note that STD numbers are provisional.

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

For more STD surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/>

**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](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.html>

# 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

- ! 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 (*Vibrio cholerae* 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
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute
- ! Glanders
- Gonorrhea

- Granuloma inguinale
- ! *Haemophilus influenzae* 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

- ! 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
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- *Streptococcus pneumoniae* invasive disease in children <6 years old
- Syphilis
- ☎ Syphilis in pregnant women and neonates
- Tetanus
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* 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..."