

Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) in Duval County, Epidemiology
March 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 – March 2016

The month of March 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 is believed to have peaked in late February/mid-March. DOH-Duval continues to observe enteric illnesses.

Information on the *Increasing Trend of Heroin-related ED Visits* 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 in Duval County.

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Notable Investigation of the Month DOH-Duval Zika Virus Update

As of March 31, 2016 the DOH-Duval Epidemiology Program has approved the testing of twenty-two Duval County residents for Zika virus by either PCR or IgM antibody screening. At this point in time, all twenty-two of the test results have been reported as negative.

Of the twenty-two travelers approved for testing, eighteen were asymptomatic pregnant women who had traveled while pregnant to an area identified as experiencing active mosquito-borne transmission of Zika virus. All asymptomatic pregnant women with a history of travel are tested for Zika virus by IgM serologic testing for antibodies.

Four suspected cases of acute infection of Zika virus were identified in residents with a history of travel in the two weeks prior to illness onset. For those returning travelers experiencing acute symptoms, PCR is the method of testing used. PCR is the definitive test on samples collected less than five days after symptoms onset.

DOH-Duval continues to facilitate testing through the Bureau of Public Health Laboratories for symptomatic travelers, asymptomatic pregnant women with a history of travel during pregnancy and mothers of infants with microcephaly, intracranial calcifications or poor fetal outcomes after the first trimester and a history of travel during pregnancy. Testing must be requested by a healthcare provider and is required to be approved and facilitated by the Epidemiology department.

Figure 1: ESSENCE



Enteric Disease Overview

Summary

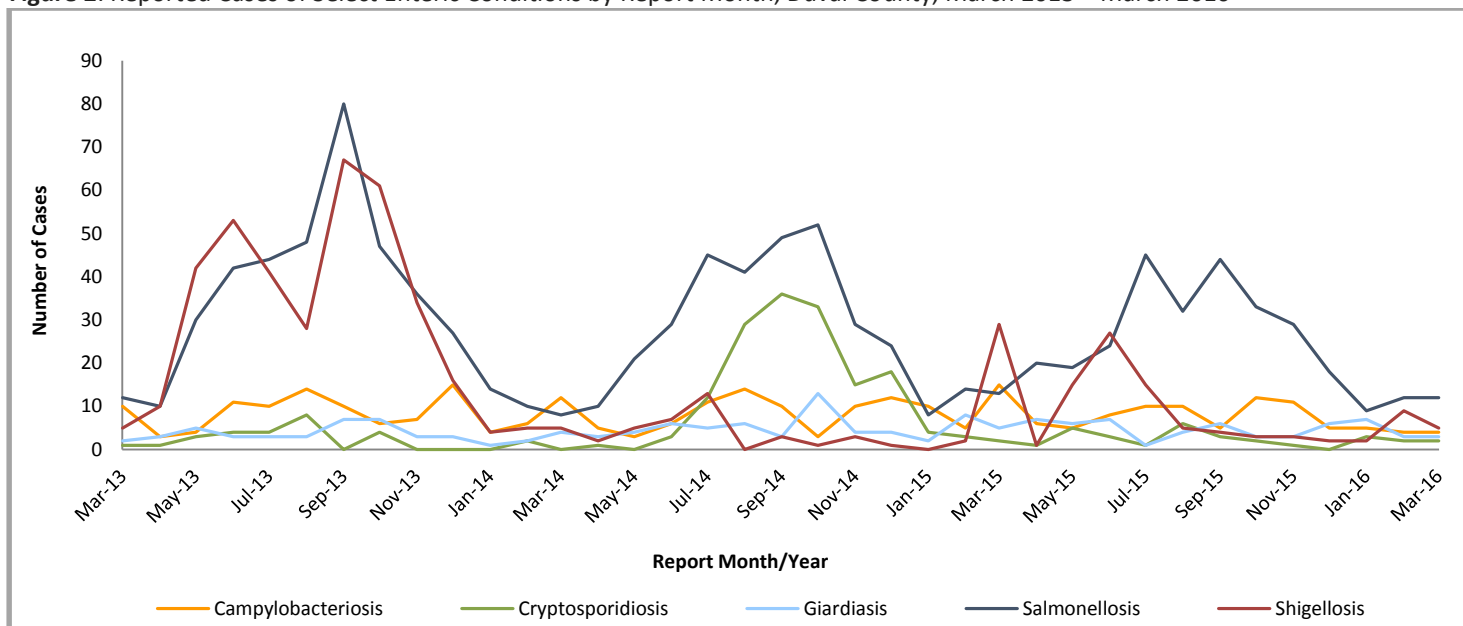
Reported cases of salmonellosis continued to occur at low levels during the month of March (Figure 2). Thirteen (13) cases of salmonellosis were reported in March in Duval County residents, which is higher than the expected number (Figure 2&3). The mean number of cases for the same time period during 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 (15/33, 45.5%). Cases of giardia (3), campylobacteriosis (4), cryptosporidium (2) and salmonellosis (12) all remained the same as February, while cases of shigellosis (5) decreased (Figure 2).

Norovirus activity increased significantly in March. There were three confirmed norovirus outbreaks associated with assisted living facilities in Duval County. During March ten outbreaks of norovirus were reported within the State of Florida. The month of February confirmed three reported outbreaks of norovirus statewide. (Source: FDENS EpiCom & DOH- Duval surveillance).

For prevention information, visit [CDC's Website](#) & [FDOH's Norovirus Page](#)

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, March 2013 – March 2016



Additional Enteric Disease Trends Update

Figure 3: Reported Cases of Salmonellosis by Report Week- Duval County – Week 13, 2014- Week 13, 2016

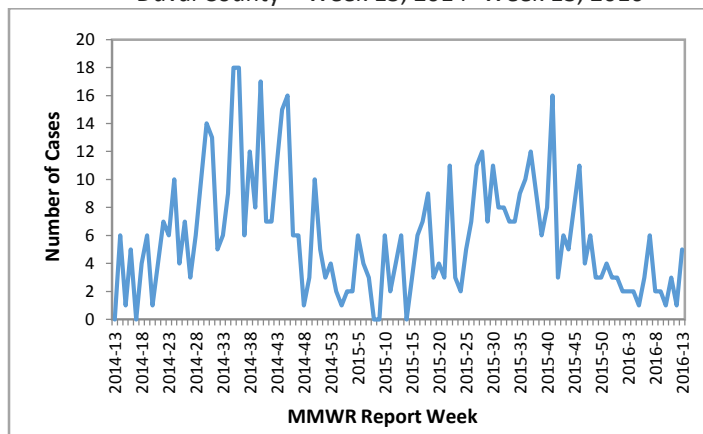
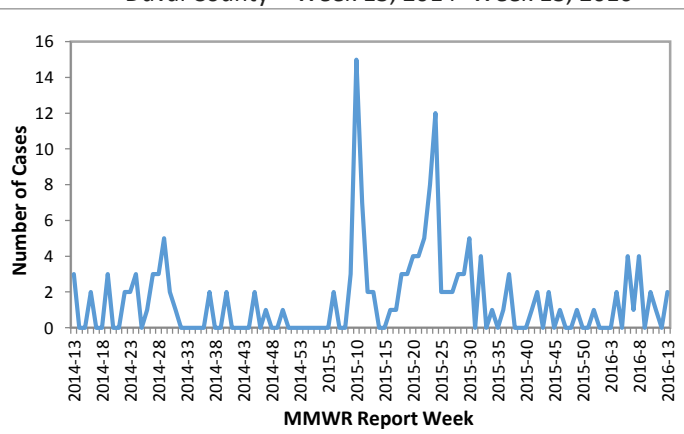


Figure 4: Reported Cases of Shigellosis Report Week- Duval County – Week 13, 2014- Week 13, 2016



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a low level locally, preliminary data suggests that influenza activity this season peaked during the month of March between the weeks of 7 and 11. Nationally, influenza activity has decreased slightly, but continues to remain elevated, with the majority of states reporting widespread activity. In Duval County, ED visits for ILI as monitored through ESSENCE remained above 2% for the majority of March (Figure 7), and decreased to below 2% for the first week of April. Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, enterovirus, and respiratory syncytial virus (RSV). ILI ED visits for the NE Florida region this season remain highest in the 0-19 age group. Reported activity for all age groups peaked during the early part of March but have all declined for the latter weeks of March which is consistent with reported ILI activity (Figure 6).

Six pediatric influenza-associated deaths have been reported in Florida so far this season. The majority of influenza-associated pediatric deaths occur in unvaccinated children with underlying health conditions. Identified influenza strains in the pediatric deaths were attributed to influenza B (2), influenza A unsubtype (2), influenza A (H1N1)(1) and Influenza A (H3)(1).

Comprehensive Statewide Influenza Surveillance: [Florida Influenza Surveillance Reports](#)

Figure 5: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=9)

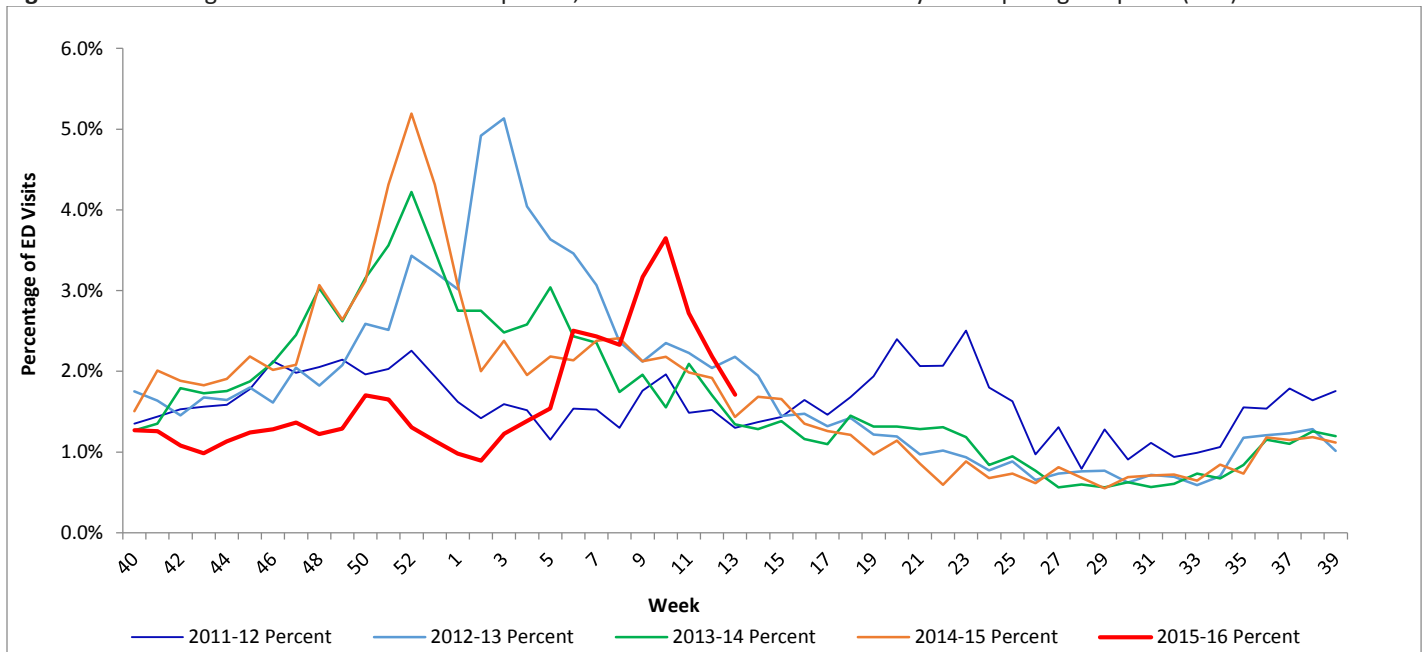
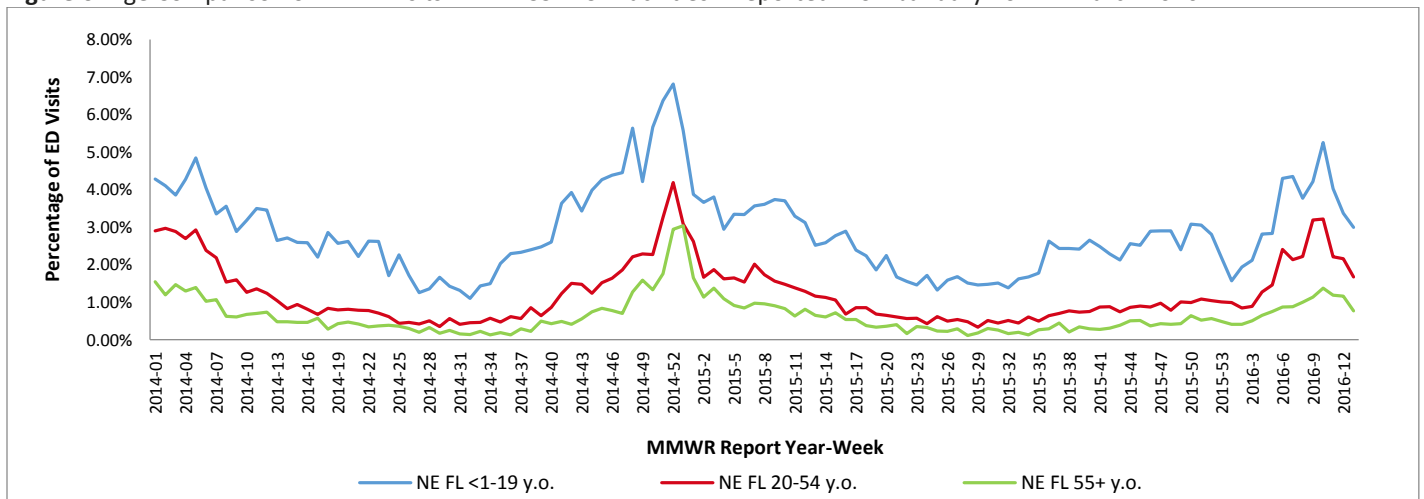


Figure 6: Age Comparison of ILI ED Visits NE FL ESSENCE Facilities - Reported From January 2014 – March 2016



Respiratory Disease & ILI Overview Continued

Summary

Within the month of March, four hundred and forty-seven (447) specimens tested positive for influenza, for Duval County as reported by All Sending Applications. Of the Duval County specimens subtyped, Influenza A H1N1 Seasonal (73) was the predominant circulating strain detected by private labs (as reported through Electronic Lab Reporting (ELR), Figure 8). Other circulating strains detected by private labs include Influenza A H1N1 Novel (44), Influenza H3 (19), Influenza B Florida (28) and Influenza B Victoria (5). During the same time period, twenty-one (21) positive influenza results were reported for Duval County residents by the Bureau of Public Health Labs (BPHL) -Jacksonville

CDC has reported the estimated vaccine efficacy for the 2015-2016 season between 50-60% and is considered a good match for the influenza virus this season.

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 13, 2016 as Reported by Merlin - Duval County

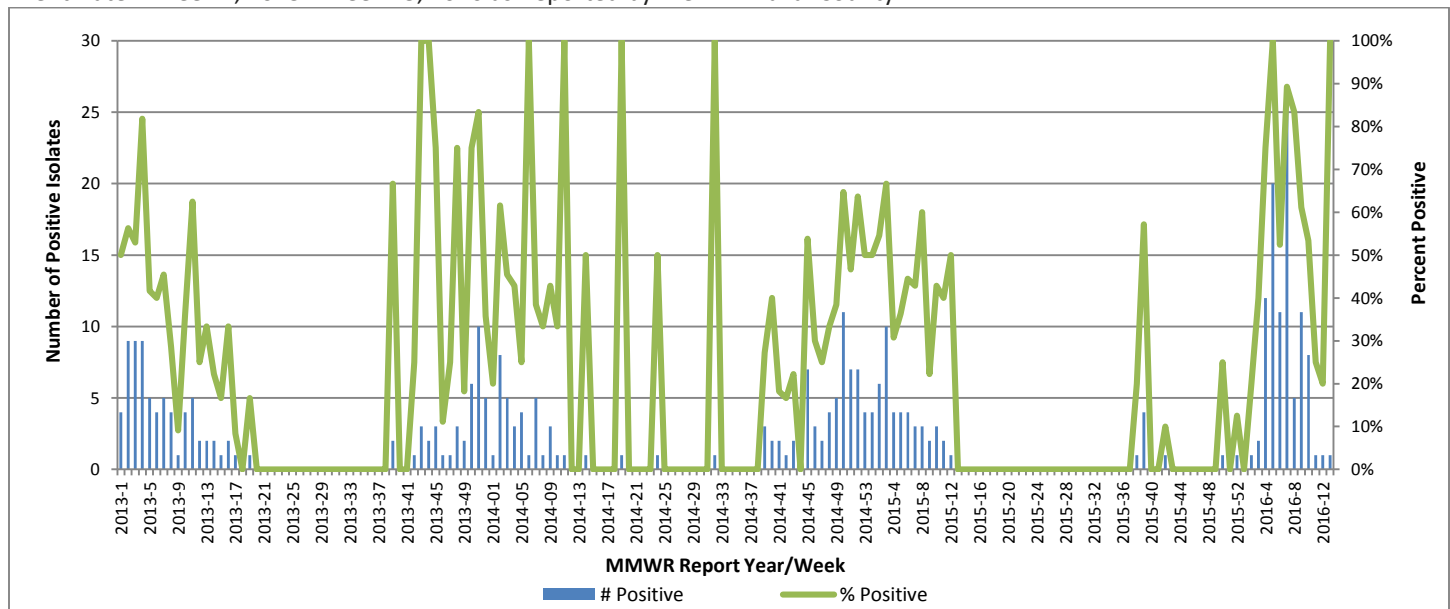
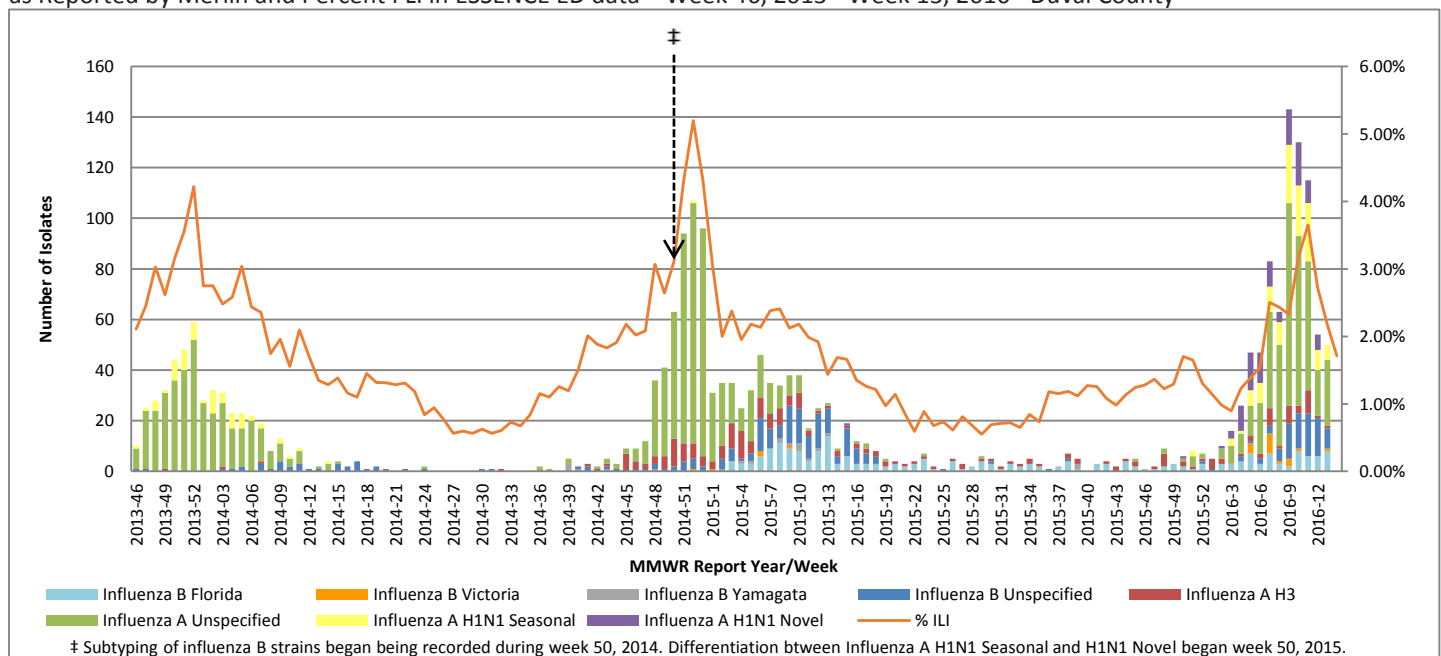


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 46, 2013 - Week 13, 2016 - Duval County



Respiratory Virus Surveillance

Summary

Influenza continues to circulate at a decreasing level. Reported results of RSV also decreased during March. RSV season for the North Region of Florida traditionally runs from September to March. The percent positive for influenza reported in March by local hospital data was 30.9% (554/1791) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of March was 4.53% (21/464) (Figure 11). In February, the percent positive for influenza via this reporting system was 23.81% and for RSV the percent positive was 6.59%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 11/3/2013-3/27/2016

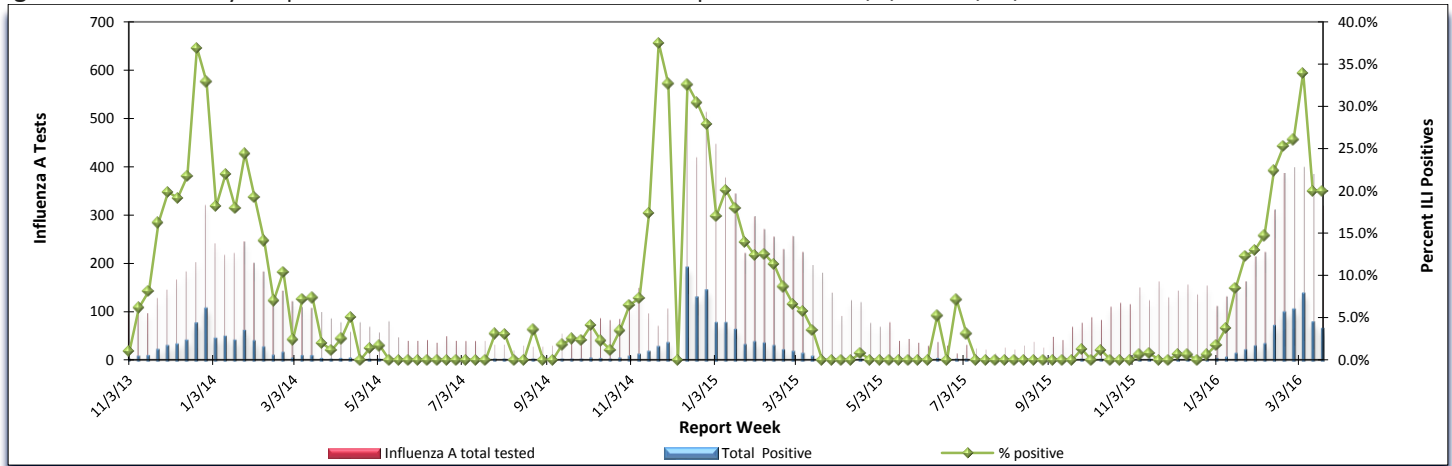


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 11/3/2013-3/27/2016

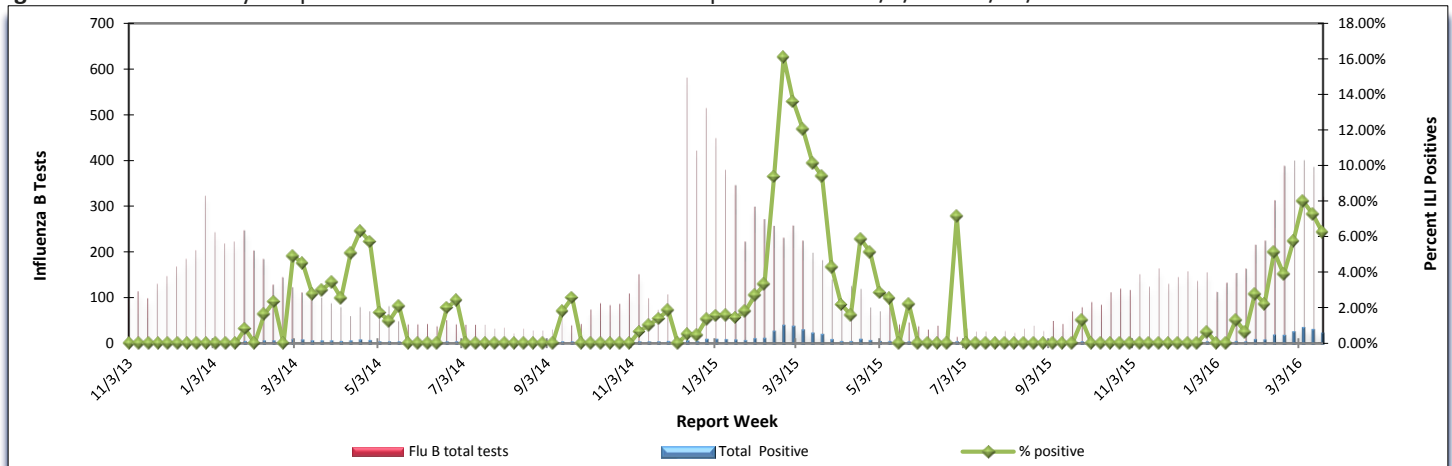
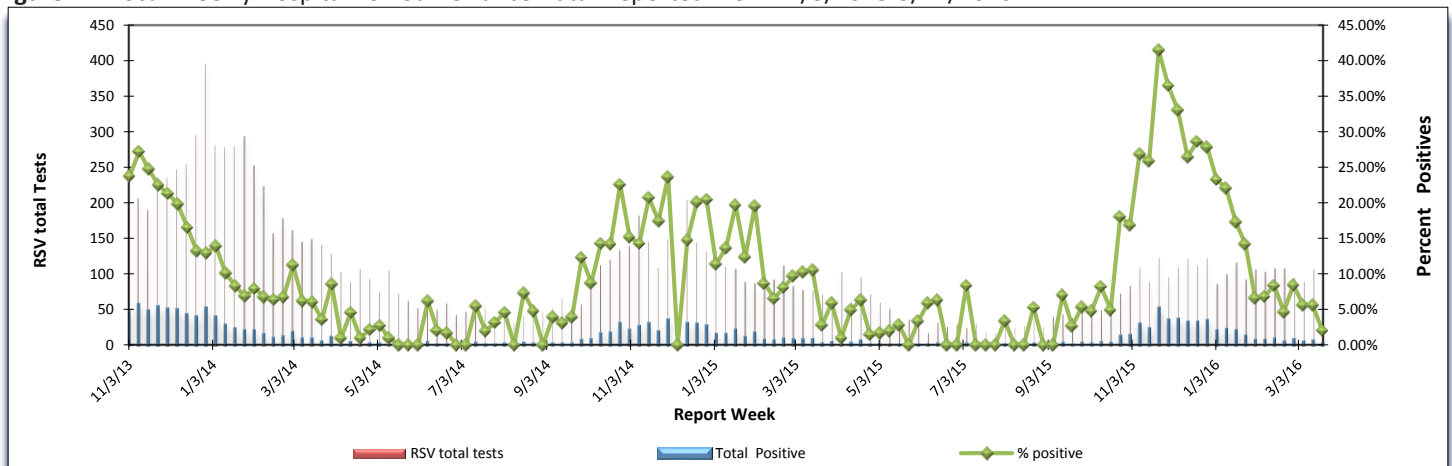


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 11/3/2013-3/27/2016



* 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

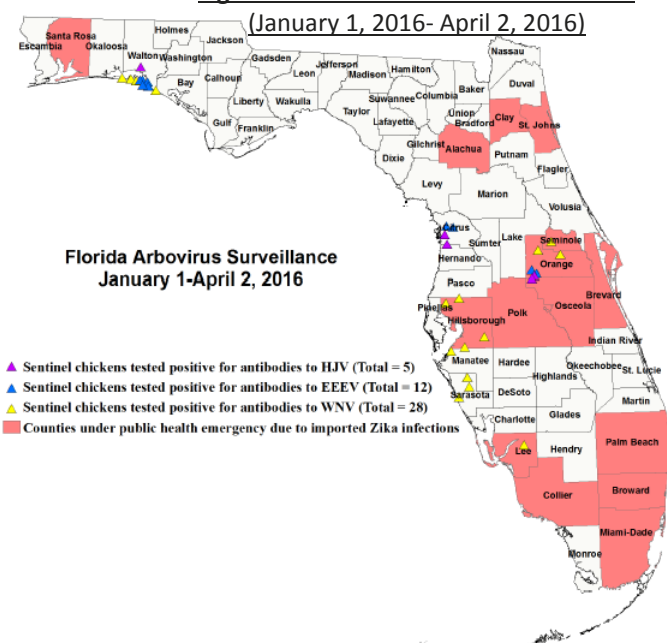


Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (January 1, 2016 to April 2, 2016)				
Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	-	-	28	-
St. Louis Encephalitis Virus	-	-	-	-
Highlands J Virus	-	-	5	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	-	-	12	-

State of Florida 2016 Human Case Summary

International Travel-Associated Chikungunya Fever Cases: Three cases of chikungunya with onset in 2016 have been reported in individuals with travel history to a chikungunya endemic country in the two weeks prior to onset. Countries of origin were Bahamas/Mexico and Bolivia (2). Counties reporting cases were Broward, Duval, and Hillsborough.

International Travel-Associated Dengue Fever Cases: Twenty-one 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. Countries of origin were: Brazil (3), Colombia, Costa Rica (2), Cuba (6), Dominican Republic, El Salvador, Haiti (2), Jamaica, Mexico, and Venezuela (3). Counties reporting cases were: Alachua, Broward (4), Clay, Hillsborough (2), Miami-Dade (6), Orange (3), Palm Beach, Sarasota, and Seminole (2). Two cases were reported in non-Florida residents. In 2016, 16 of the 21 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

International Travel-Associated Zika Fever Cases: Seventy-nine 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: Belize, Brazil (5), Brazil/Bolivia/Peru, Colombia (19), Costa Rica, Dominican Republic (5), El Salvador (4), Guyana (2), Haiti (13), Honduras (5), Honduras/Guatemala, Martinique, Nicaragua (4), Puerto Rico (4), Suriname, and Venezuela (11). Counties reporting cases were: Alachua (4), Brevard (2), Broward (12), Clay, Collier, Hillsborough (3), Lee (3), Miami-Dade (32), Orange (5), Osceola (4), Palm Beach, Polk (3), St. Johns, Santa Rosa, and Seminole. One case was reported in a non-Florida resident. One Polk County case was acquired through sexual transmission. Five of the 79 cases involve pregnant women whose counties of residence are not included in the individual county totals to protect privacy.

International Travel-Associated Malaria Cases: Six cases of malaria with onset in 2016 have been reported. Countries of origin were: Angola, Cameroon, Kenya, Sudan, Uganda, and Venezuela. Counties reporting cases were: Broward (2), Flagler, Hillsborough, Orange, and Sarasota Counties. One case was reported in a non-Florida resident. Four cases (67%) were diagnosed with *Plasmodium falciparum*. One case (17%) was diagnosed with *Plasmodium vivax*. One case (17%) was diagnosed with *Plasmodium malariae*.

	# of cases per serotype - 2016
DENV-1	5
DENV-2	2
DENV-3	4
DENV-4	5
TOTAL	16

Other notable trends and statistics

Duval County Heroin-related Surveillance

Duval County, along with the rest of the nation is experiencing an increasing trend in heroin and opioid abuse among its citizens. During the previous 6 years (2010-2016), Duval County reported a total of 250 hospital visits with a heroin-related chief complaint or discharge diagnosis as identified through ESSENCE (electronic surveillance system for the early notification of community-based epidemics). Prior to 2014, the yearly average of heroin-related visits was thirteen (13), which increased significantly beginning in 2014 with sixty-seven (67) visits and 2015 with one hundred and two (102) visits respectively (Figure 13).

As of March 10, 2016 thirty (30) Duval County residents have presented to emergency departments for a heroin-related visit. The majority of visits in Duval County 2010 to date, were males (60.24%) between the ages of 20 and 34 (62%), residing in a zip code that predominantly identifies as Caucasian.

Figure 13: ED Chief Complaint/Discharge Diagnosis for Heroin-Related Visits by Year- Duval County Jan. 1, 2010- Mar. 10, 2016 (n=250)

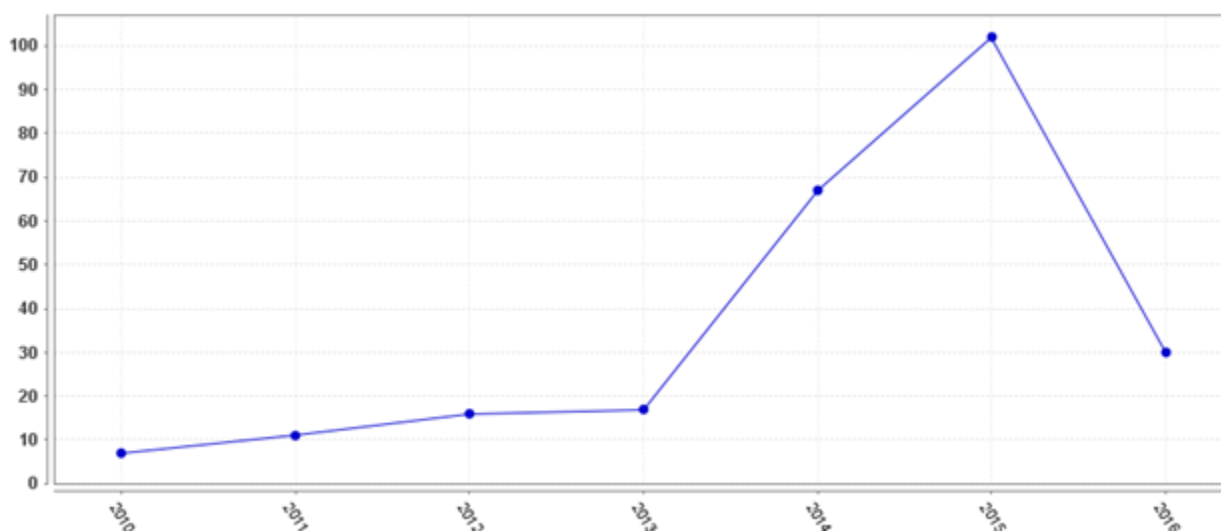


Table 2: Tuberculosis (TB) Surveillance – Duval County - 1/1/2016 through 3/31/2016 – All data are provisional
Fifty-two (52) cases of TB were reported by Duval County in 2015.

Demographics and risk factors of TB cases reported year-to-date for 2016.							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Risk Factors			
Male	9	12	75.0%	Excess alcohol use within past year	1	12	8.3%
Female	3	12	25.0%	HIV co-infection*	2	12	16.7%
Country of Origin				Drug use within past year	0	12	0.0%
U.S.	9	12	75.0%	Homeless	2	12	16.7%
Non-U.S.	3	12	25.0%	Incarcerated at diagnosis	0	12	0.0%
Age Group				Unemployed	6	12	50.0%
< 5	0	12	0.0%	Race/ Ethnicity			
5-14	1	12	8.3%	Asian	3	12	25.0%
15-24	1	12	8.3%	Black	7	12	58.3%
25-44	3	12	25.0%	White	2	12	16.7%
45-64	6	12	50.0%	Hispanic**	0	12	0.0%
≥ 65	1	12	8.3%	Drug Resistance			
				Resistant to isoniazid***	0	5	0.0%

* Zero 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.

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, March 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	3	1.4	0	0	6
Mumps	0	0	0	0	0	0	4	1	0.6	1	5	2
Pertussis	1	6	2.2	1	2	16	26	33	40	33	97	90
Rubella	0	0	0	0	0	0	0	1	0.2	0	1	1
Tetanus	0	0	0	0	0	0	0	0	0.2	0	0	1
Varicella	3	3	4.2	4	11	11	62	90	92	90	247	224
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	1	5	2.4	2	2	12
<i>H. influenzae</i> (invasive)	3	0	1.2	1	11	3	26	13	22.6	23	87	48
Meningitis (bacterial, cryptococcal, mycotic)	1	2	1.6	2	1	5	8	10	13.4	12	34	29
Meningococcal Disease	0	0	0.2	0	0	0	3	5	4.6	4	5	13
Staphylococcus aureus (VISA)	0	0	0.2	0	0	0	0	0	0.4	0	1	1
Staphylococcus aureus (VRSA)	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae (invasive disease)												
Drug resistant	2	2	2.8	2	8	5	14	16	57.8	65	63	52
Drug susceptible	3	1	2.4	3	9	2	57	38	59	60	178	105
C. Enteric Infections												
Campylobacteriosis	4	16	10	10	13	31	129	192	157	167	438	536
Cryptosporidiosis	2	2	1.8	1	7	10	35	60	33.4	27	121	161
Cyclosporiasis	0	0	0.4	0	0	0	0	0	1.4	0	0	0
<i>E. coli</i> : Shiga Toxin-Producing (STEC)	0	0	0.2	0	2	1	13	16	11.6	11	42	36
Giardiasis	3	5	4.2	5	13	15	89	83	80.6	81	240	240
Hemolytic Uremic Syndrome	0	0	0.2	0	0	0	1	0	0.6	1	3	3
Listeriosis	1	0	0	0	1	0	2	1	1.6	1	4	8
Salmonellosis	13	13	11.8	12	36	34	269	251	248.2	251	885	773
Shigellosis	5	28	10	5	16	30	41	185	147.4	158	162	407
Typhoid Fever	0	0	0	0	0	0	0	1	0.6	1	2	3

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	7	10	10.8	12	30	28
Hepatitis B, Acute	1	0	1.2	1	6	1	41	46	27	20	137	107
Hepatitis B +HBsAg in pregnant women	0	1	2.4	3	1	9	40	54	47	51	107	111
Hepatitis C, Acute	0	1	0.6	1	0	2	12	19	15.2	18	62	41
E. Vector Borne, Zoonoses												
Animal Rabies	0	0	0	0	0	0	6	8	8.2	8	13	21
Chikungunya Fever	1	0	0	0	1	0	3	8	1.6	0	6	61
Ciguatera	0	0	0	0	0	0	0	2	1.6	2	0	9
Dengue Fever	0	0	0	0	0	0	13	3	2.8	3	33	10
Eastern Equine Encephalitis††	0	0	0	0	0	0	1	0	0.2	0	1	0
Ehrlichiosis/Anaplasmosis¶¶	0	0	0.2	0	0	0	0	0	1	-	3	2
Leptospirosis	0	0	0	0	0	0	0	1	0.2	0	0	1
Lyme Disease	0	0	0.2	0	0	0	15	6	4.6	6	34	19
Malaria	0	0	0.2	0	1	1	4	2	3	3	12	15
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	1	0
Zika Fever	0	0	0	0	0	0	34	0	0	0	78	0
F. Others												
Botulism-infant	0	0	0	0	0	0	0	0	0.2	0	0	0
Brucellosis	0	0	0	0	0	0	0	0	0	0	2	1
Carbon Monoxide Poisoning	0	0	0.4	0	0	1	7	30	17	8	47	60
Hansens Disease (Leprosy)	0	0	0	0	0	0	0	4	1	0	5	6
Legionellosis	2	1	1.2	1	5	4	29	25	18.6	15	77	82
Vibrios	0	0	0.2	0	1	0	5	7	7.4	-	21	22

* 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 March 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	3	75.0%	3	75.0%
Female	1	25.0%	1	25.0%
Race	Area 4	%	Duval	%
White	1	25.0%	1	25.0%
Black	3	75.0%	3	75.0%
Hispanic	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%
Age	Area 4	%	Duval	%
0-14	0	0.0%	0	0.0%
15-19	1	25.0%	1	25.0%
20-24	1	25.0%	1	25.0%
25-29	0	0.0%	0	0.0%
30-39	2	50.0%	2	50.0%
40-49	0	0.0%	0	0.0%
50+	0	0.0%	0	0.0%
Total Cases	4		4	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	176	29%	138	30%
Female	424	71%	318	70%
Race	Area 4	%	Duval	%
White	148	25%	100	22%
Black	255	43%	234	51%
Hispanic	21	4%	18	4%
Other	176	29%	104	23%
Age	Area 4	%	Duval	%
0-14	0	0%	2	1%
15-19	156	26%	111	24%
20-24	233	39%	170	37%
25-29	121	20%	98	21%
30-39	77	13%	66	14%
40-54	13	2%	9	2%
55+	0	0%	0	0%
Total Cases	600		456	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	97	50%	81	51%
Female	97	50%	78	49%
Race	Area 4	%	Duval	%
White	45	23%	32	20%
Black	109	56%	102	64%
Hispanic	7	4%	5	3%
Other	33	17%	20	13%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	27	14%	22	14%
20-24	55	28%	45	28%
25-29	46	24%	40	25%
30-39	36	19%	30	19%
40-54	23	12%	17	10%
55+	7	3%	5	3%
Total Cases	194		159	

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

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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-amr1.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

! **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..."