

Duval County Epidemiology Surveillance Report

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

The month of May 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 is continuing to increase. DOH-Duval continues to observe low levels of respiratory viruses circulating in the county.

DOH-Duval information regarding the local increase in shigellosis cases is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* summarizes the cases of vibriosis in Duval County this year.

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Notable Investigation of the Month

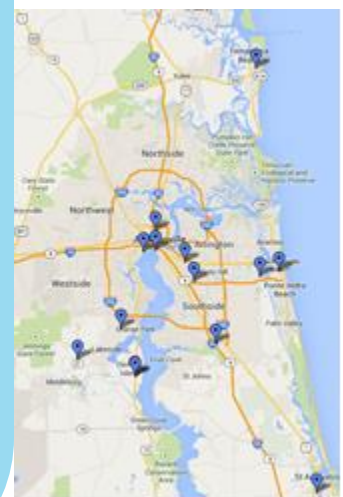
Summary of *vibriosis* in Duval County 2015

Various non-cholera *Vibrio* species are known inhabitants of the salt and brackish water environments that surround Duval County. Nationwide around 85% of cases occur between May and October, however, in the warm Florida weather, cases occur year round. Within 2015, five cases of infections due to *Vibrio* infections have been reported to DOH-Duval with three infections in May and two in June. It is important to note that two cases reported infection with multiple species of vibrio bacteria. Two of the cases reported infection with *vibrio parahaemolyticus*, one *vibrio vulnificus*, one *vibrio alginolyticus* and one other vibrio species.

Three of the five (60%) reported cases had exposure to brackish or salt water and developed wound infections, while two (40%) were believed to have acquired the infection from raw or undercooked seafood and exhibited gastrointestinal symptoms including nausea, vomiting and diarrhea.

Prevention strategies for wound infections due to non-cholera *Vibrio* species include washing wounds acquired while swimming in marine habitats with fresh soap and water and to avoid swimming in these environments when there are existing wounds especially if the person has immune compromising conditions. Recommendations for the prevention of ingestion of *Vibrio* species includes avoiding raw or undercooked seafood, ensuring recommended temperatures are being observed and using proper kitchen sanitation when cooking with raw seafood.

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

Reported cases of salmonellosis (24), shigellosis (15) and cryptosporidiosis (5) increased during the month of May (Figure 2). Twenty-four (24) cases of salmonellosis were reported in May, which is less than the expected number (Figure 2&4). The mean number of cases for the same time period during the previous five years was 27 cases. The most represented age group of reported cases of salmonellosis for 2015 have occurred in the 0-4 age group (47/95, 49.5%). Reported cases of giardiasis (6) and campylobacteriosis (5) remained level with the month of April, both decreasing by one and two cases, respectively.

Reported norovirus activity is low in Florida which is typical for this time of year. During May, four outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. One outbreak was identified as being caused by norovirus GII, two outbreaks were caused by norovirus which was not subtyped and one outbreak was suspect norovirus but not identified. No outbreaks of confirmed norovirus were reported in Duval County during May. No gastroenteritis outbreaks have been reported thus far in June (Source: 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 – May 2015

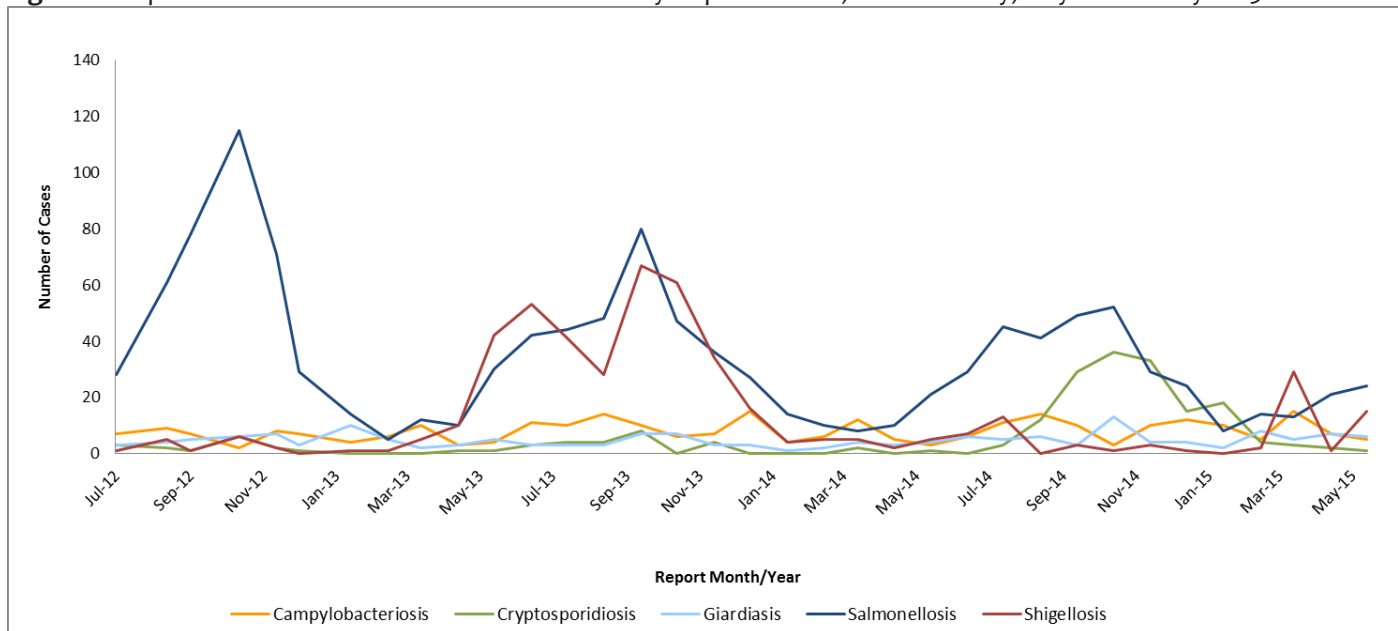
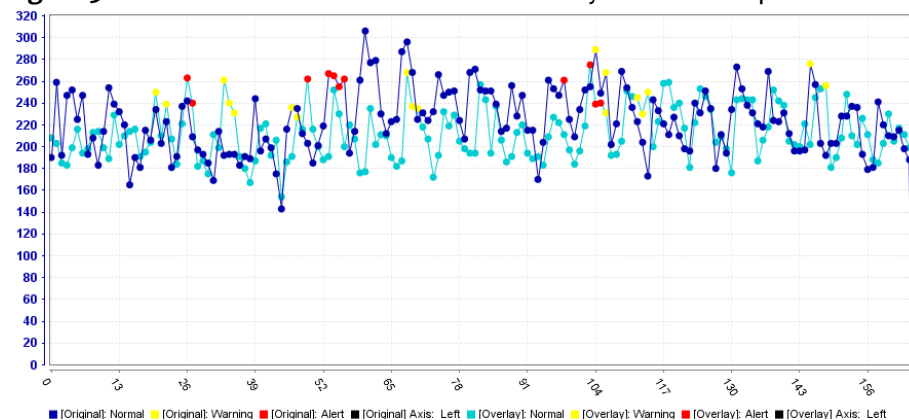


Figure 3: ESSENCE ED Visits For Gastrointestinal Syndromic Complaints Duval County, January-June 2014 vs. 2015



The graph represents the number of people reporting to a Duval County Emergency department with a gastrointestinal complaint from January 1, 2015 through June 15, 2015 (blue line), versus those reporting to an emergency department in Duval County for the same time period in 2014 (aqua line). The yellow dots represent a warning in the increase in cases, the red represents an alert.

Enteric Disease Overview Continued

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

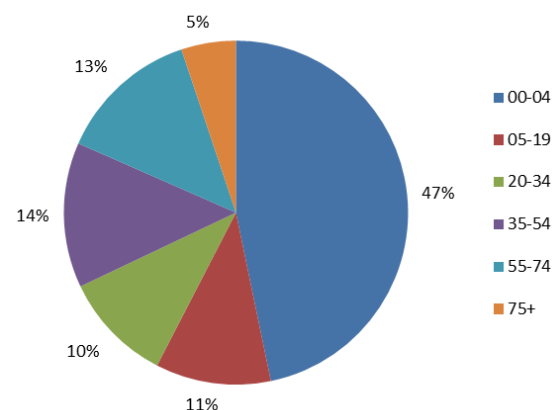
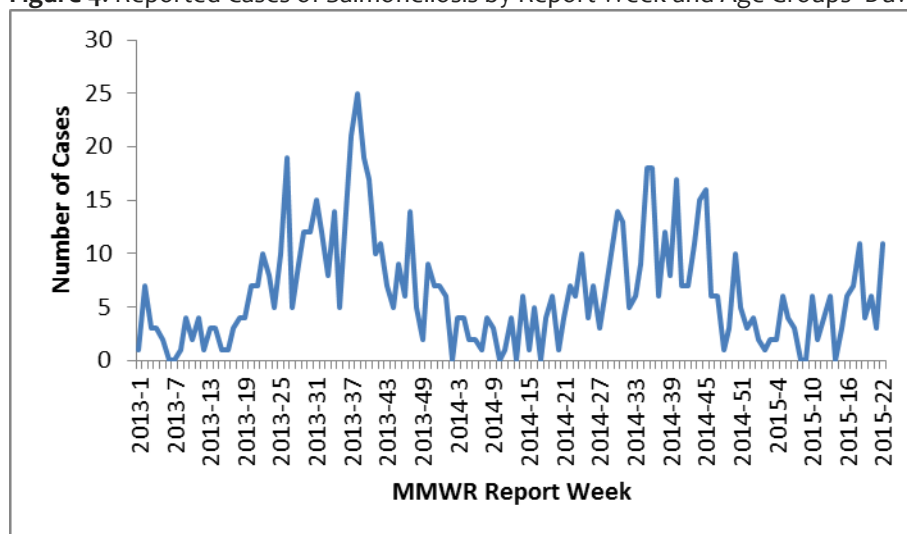


Figure 5: Reported Cases of Shigellosis by Report Week and Age Groups- Duval County - January 2013 – May 2015

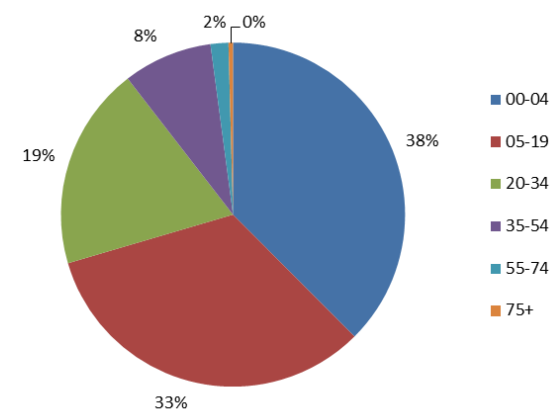
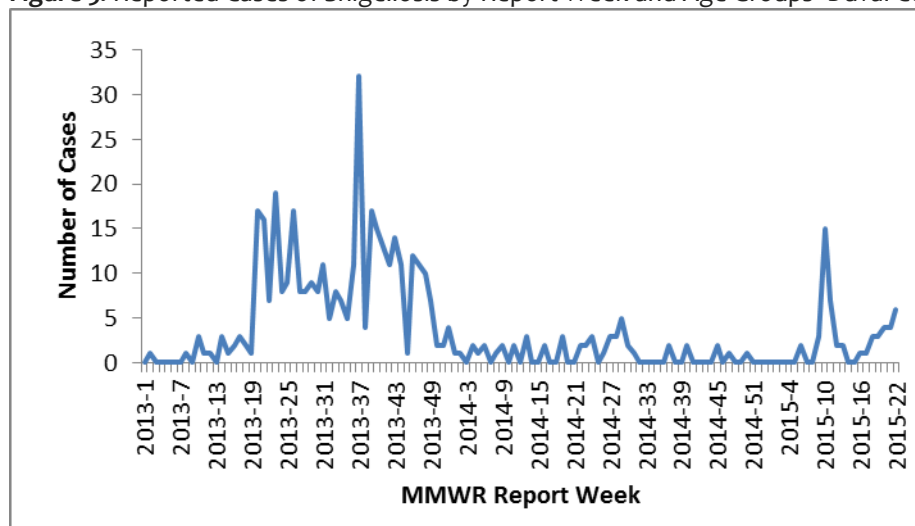
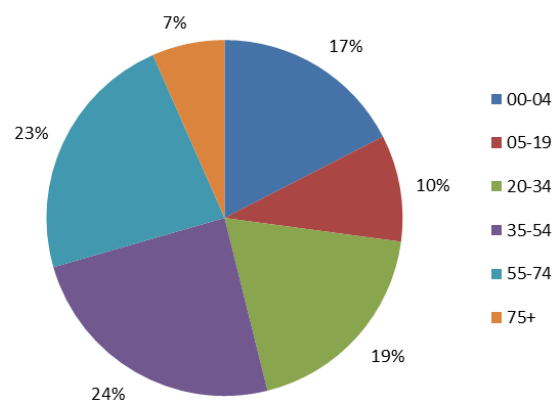
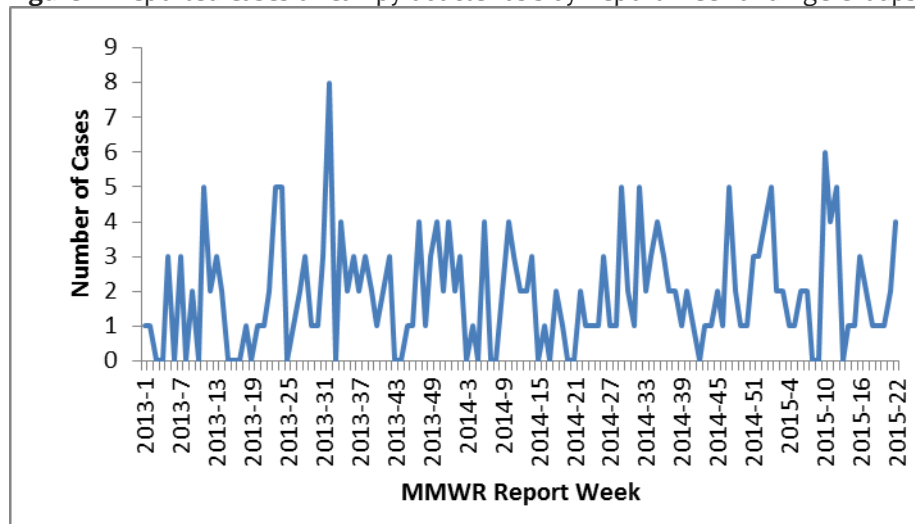


Figure 6: Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County - January 2013 – May 2015



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 (Figure 7). There have been no positive influenza tests as reported by the Bureau of Public Health Laboratories (BPHL) in the month of May. Influenza viruses circulate year round and Duval County continues to experience low levels of influenza A and B. 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)

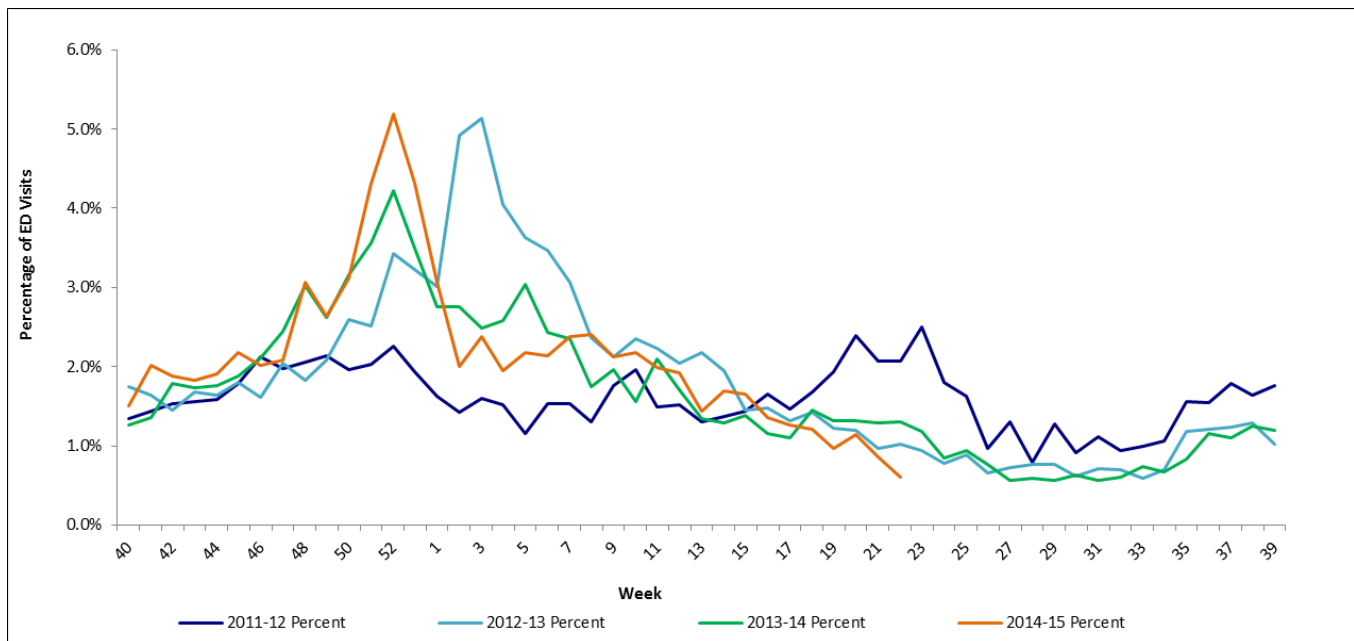
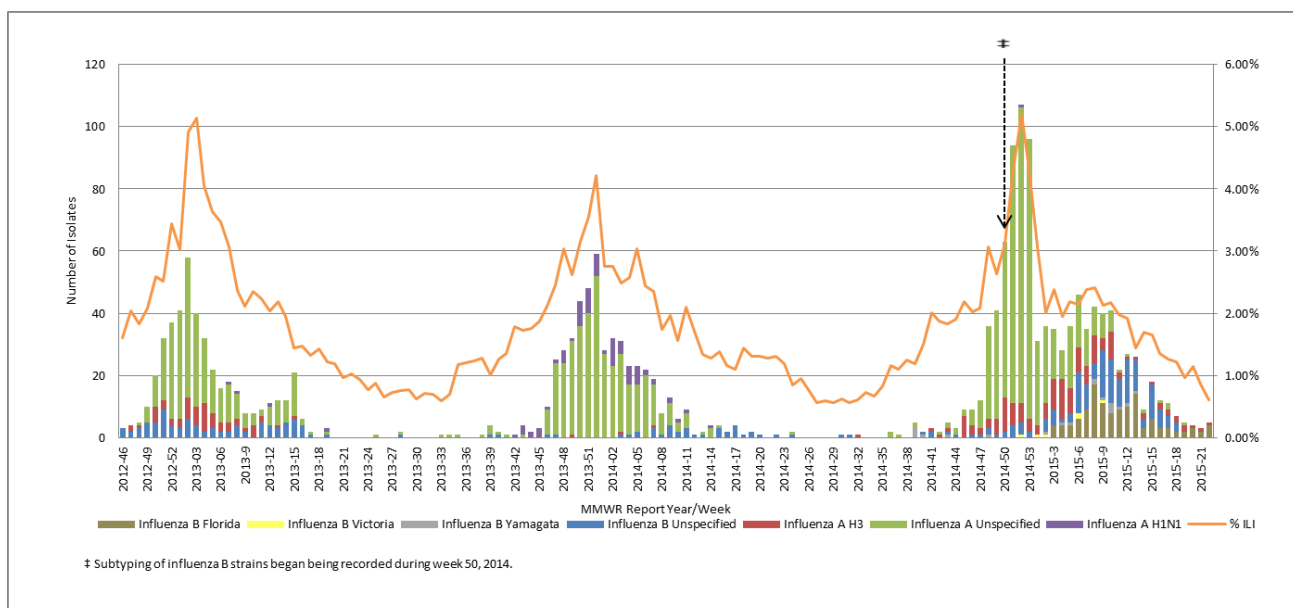


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 46, 2012 to Week 22, 2015 - Duval County



Respiratory Virus Surveillance (Local Hospital Data)

Summary

Circulation of influenza and RSV both continued to decrease during the month of May. RSV season for the North Region of Florida traditionally runs from September to March. For the month of May, the percent positive for influenza reported by local hospital data was 1.83% (5/272) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of May was 1.87% (4/213) (Figure 11). In April, the percent positive for influenza was 3.84% and for RSV was 3.32%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 5/12/2013-6/6/2015*

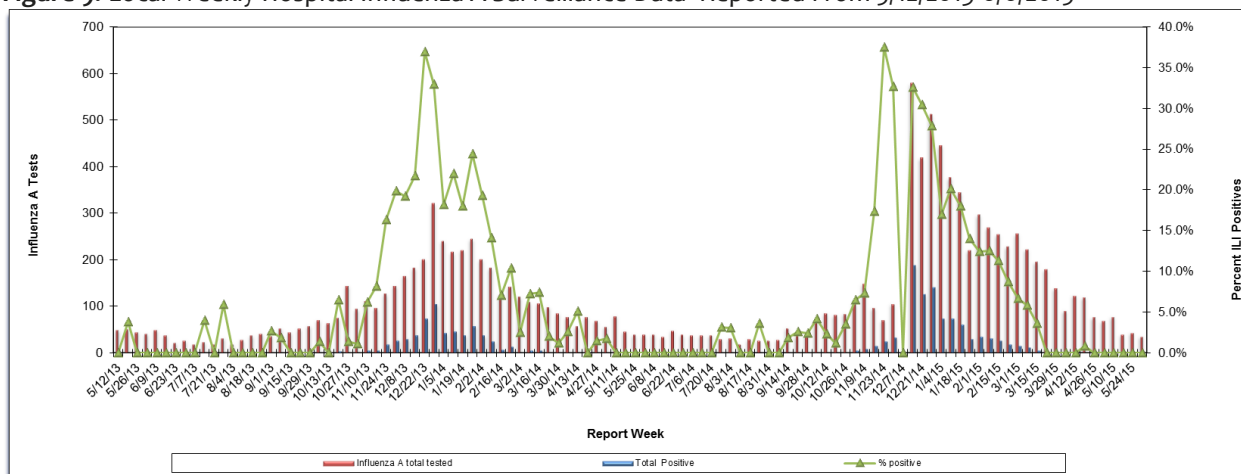


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 5/12/2013-6/6/2015*

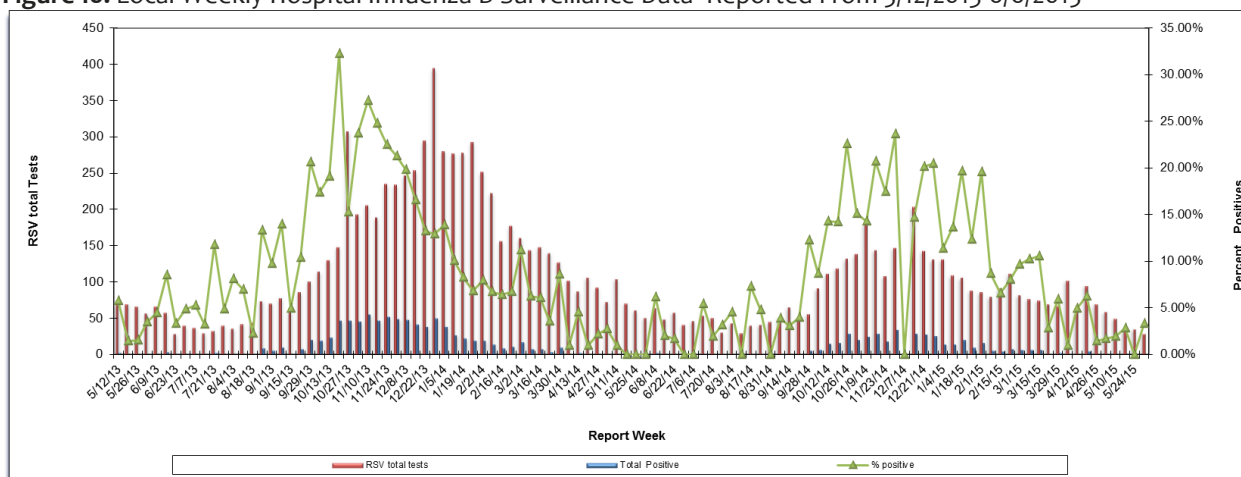
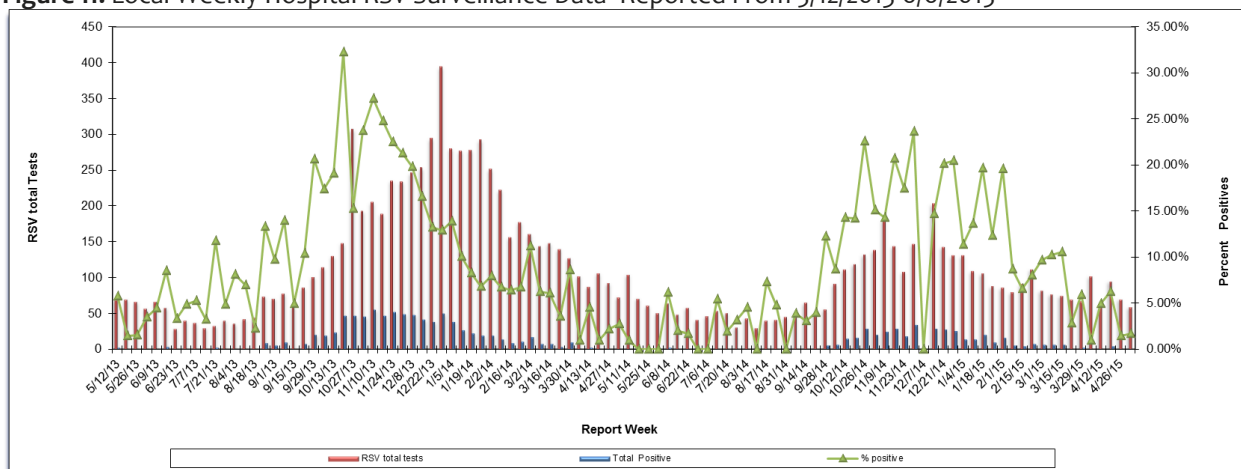


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 5/12/2013-6/6/2015*



* 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), Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV), California Encephalitis Group Viruses (CEV) and chikungunya virus (CHIKV). Malaria, a non-viral mosquito-borne disease is also included.

Figure 12: Florida Arbovirus Surveillance
(January 1- June 6, 2015)



Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through June 6, 2015)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	-	-	7	-
St. Louis Encephalitis Virus	-	-	1	-
Highlands J Virus	-	-	3	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	-	6	22	-

International Travel-Associated Chikungunya Fever Cases: Twenty-four cases of chikungunya with onset in 2015 have been reported in individuals with travel history to a chikungunya endemic country or area experiencing an outbreak in the two weeks prior to onset. Countries of origin were: Colombia (7), Haiti, Honduras, India, Jamaica (2), Nicaragua (6), Puerto Rico (3), Trinidad and Tobago, Venezuela, and Virgin Islands. Counties reporting cases were: Brevard, Broward (6), Hillsborough, Miami-Dade (8), Monroe, Orange (2), Palm Beach (2), Pinellas, Seminole, and Volusia.

International Travel-Associated Dengue Fever Cases: Thirteen 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 (4), Cuba (4), Dominican Republic, Haiti, India, Jamaica, and Philippines. Counties reporting cases were: Hillsborough (3), Miami-Dade (6), Palm Beach, St. Johns, St. Lucie, and Seminole. One case was reported in a non-Florida resident. In 2015, six of the thirteen cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

International Travel-Associated Malaria Cases: Nineteen cases of malaria with onset in 2015 have been reported. Countries of origin were: Angola, Cameroon (3), Egypt, Gabon, Ghana (2), Guatemala, Haiti (4), India (2), Malawi, Nigeria (2), and Sudan. Counties reporting cases were: Broward (5), Charlotte, Collier, Hillsborough, Lee, Monroe, Miami-Dade (4), Orange (2), Palm Beach (2), and Sarasota. Five of the cases were reported in non-Florida residents.

Fifteen cases (79%) were diagnosed with *Plasmodium falciparum*. Four cases were diagnosed with *Plasmodium vivax* (21%). diagnosed with *Plasmodium malariae*. One case (5%) was diagnosed with *Plasmodium ovale*.

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

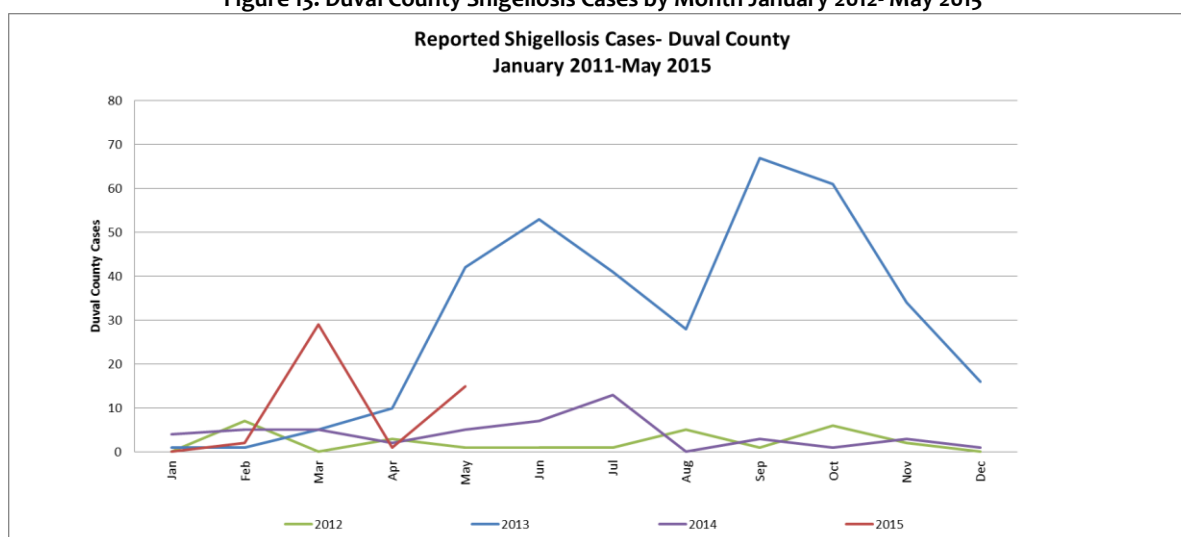
Other notable trends and statistics

Notable Trends and Statistics- Duval County Trends in Shigellosis:

Cases of the foodborne illness shigella are on the rise in Duval County with a total of 47 (forty-seven) cases so far this year, as compared to 49 (forty-nine) cases for all of 2014. The five year median for shigellosis in Duval is 13.6 with a median of 6. The majority of cases in 2015 can be attributed to three outbreaks, all of which occurred in local daycares. Cases of shigellosis have remained low since 2013, when there was 59 (fifty-nine) cases reported from January through May and a total of 359 cases for the whole year. Within Duval County this year, 71% of shigellosis cases are reported in the 0-19 age group (as seen in figure 5).

Shigella is a highly contagious bacterium which is spread from person to person, often through contamination of food items or sexual contact. Shigella does not have a seasonality, unlike most other foodborne illnesses, and occurs year round, as seen in figure 13. Those who are at a higher risk of developing shigellosis include young children, gay, bisexual or other men who have sex with men, HIV-infected persons and travelers.

Figure 13: Duval County Shigellosis Cases by Month January 2012- May 2015



Tuberculosis (TB) Surveillance – Duval County - 1/1/2015 through 5/31/2015 – 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 2014.

	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Risk Factors			
Male	17	25	68.00%	Excess alcohol use within past year	4	25	16.00%
Female	8	25	32.00%	HIV co-infection*	2	25	8.00%
Country of Origin				Drug use within past year	5	25	20.00%
U.S.	20	25	80.00%	Homeless	5	25	20.00%
Non-U.S.	5	25	20.00%	Incarcerated at diagnosis	0	25	0.00%
Age Group				Unemployed	13	25	52.00%
0-9	3	25	12.00%	Ethnicity			
0-10	5	25	20.00%	Asian	3	25	12.00%
20-29	0	25	0.00%	Black	13	25	52.00%
30-39	2	25	8.00%	White	9	25	36.00%
40-49	5	25	20.00%	Hispanic**	2	25	8.00%
50-59	4	25	16.00%	Drug Resistance			
≥ 60	6	25	24.00%	Resistant to isoniazid	1	12	8.30%

* 1 person 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, May 2015

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
A. Vaccine Preventable Diseases												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	3	0	0.2	0	11	0
Mumps	0	0	0	0	0	0	2	2	0.6	0	11	8
Pertussis	3	4	1.8	2	21	13	31	63	56	63	151	322
Rubella	0	0	0	0	0	0	0	0	0	0	1	0
Tetanus	0	0	0	0	0	0	0	0	0.4	0	1	2
Varicella	3	5	6.4	5	21	18	76	71	96.2	71	368	280
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	0	0	0.2	0	0	0	1	2	2.2	2	16	7
<i>H. influenzae</i> (invasive)	1	3	2	2	5	10	12	28	22.6	25	82	153
Meningitis (bacterial, cryptococcal, mycotic)	0	1	1.2	1	6	10	9	14	13.2	14	49	62
Meningococcal Disease	0	0	0	0	0	2	1	5	5	5	16	23
<i>Staphylococcus aureus</i> (VISA, VRSA)	1	0	0.4	0	1	0	3	0	0.4	0	5	0
<i>Streptococcus pneumoniae</i> (invasive disease)												
Drug resistant	1	1	2.6	2	7	14	17	34	43.4	41	82	285
Drug susceptible	1	4	2.6	2	5	18	19	30	41.4	41	150	294
C. Enteric Infections												
Campylobacteriosis	5	5	6.2	7	44	35	316	280	205.8	213	1444	1219
Cryptosporidiosis	5	0	1.8	2	16	3	45	35	36	35	244	182
Cyclosporiasis	0	0	0	0	0	0	0	0	0.8	1	0	2
<i>Escherichia coli</i> , Shiga-toxin producing**	2	3	2	3	6	12	38	40	31.2	36	177	189
Giardiasis	6	4	4.4	4	28	14	81	93	109	93	383	420
Hemolytic Uremic Syndrome	0	0	0	0	0	0	0	0	0.2	0	3	4
Listeriosis	0	1	0.4	0	0	1	2	2	2.8	2	15	12
Salmonellosis	24	23	27	27	81	69	457	468	402.4	422	1646	1670
Shigellosis	15	5	13.2	6	47	22	243	326	206.4	259	862	1098
Typhoid Fever	0	0	0.2	0	0	0	1	4	1.6	1	5	8

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
D. Viral Hepatitis												
Hepatitis A	0	0	0	0	0	0	9	18	11	12	50	55
Hepatitis B +HBsAg in pregnant women	2	8	4.4	3	12	23	39	40	40.6	45	183	214
Hepatitis B, Acute	2	3	1	1	4	7	38	36	32	34	187	159
Hepatitis C, Acute	0	2	0.4	0	2	5	16	28	15.6	10	72	89
E. Vector Borne, Zoonoses												
Animal Rabies	0	0	0	0	0	0	6	11	10.6	11	31	42
Ciguatera	0	0	0	0	0	0	1	7	2.6	2	13	16
Dengue Fever	0	0	0	0	0	0	3	3	5.2	5	15	39
Eastern Equine Encephalitis††	0	0	0	0	0	0	0	0	0	0	0	1
Ehrlichiosis/Anaplasmosis¶¶	0	0	0	0	0	1	4	5	3.6	-	8	10
Leptospirosis	0	0	0	0	0	0	0	0	0.2	0	1	0
Lyme Disease	1	0	0.2	0	2	0	12	8	5.2	5	61	33
Malaria	0	0	0.2	0	1	1	4	5	5.4	6	21	20
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	1	0.2	0	0	1
F. Others												
Botulism-infant	0	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	1	1	1.4	1	3	2
Carbon Monoxide Poisoning	1	0	0	0	4	1	10	13	7.2	7	98	75
Hansen's Disease (Leprosy)	0	0	0	0	0	0	1	0	1	1	9	2
Legionellosis	3	0	1.2	1	7	6	27	23	14.2	16	139	121
Vibrios	3	0	0.8	0	3	1	28	17	16	17	64	42

* 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 4: Duval County Reported Sexually Transmitted Disease for Summary for May 2015

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%
Male	10	71%	10	71%	Male	139	26%	117	27%	Male	75	44%	59	42%
Female	4	29%	4	29%	Female	387	74%	319	73%	Female	95	56%	82	58%
Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%
White	2	14%	2	14%	White	125	24%	79	18%	White	41	24%	24	17%
Black	12	86%	12	86%	Black	264	50%	253	58%	Black	105	62%	101	72%
Hispanic	0	0%	0	0%	Hispanic	22	4%	20	5%	Hispanic	3	2%	2	1%
Other	0	0%	0	0%	Other	115	22%	84	19%	Other	21	12%	14	10%
Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%
0-14	0	0%	0	0%	0-14	1	0%	1	0%	0-14	1	1%	1	1%
15-19	2	14%	2	14%	15-19	136	26%	110	25%	15-19	26	15%	20	14%
20-24	3	21%	3	21%	20-24	198	38%	162	37%	20-24	57	34%	46	33%
25-29	3	21%	3	21%	25-29	98	19%	81	19%	25-29	34	20%	30	21%
30-39	4	29%	4	29%	30-39	74	14%	66	15%	30-39	31	18%	26	18%
40-49	1	7%	1	7%	40-54	15	3%	14	3%	40-54	14	8%	12	9%
50+	1	7%	1	7%	55+	4	1%	2	0%	55+	7	4%	6	4%
Total Cases	14		14		Total Cases	526		436		Total Cases	170		141	

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

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..."