

# Duval County Epidemiology Surveillance Report

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

Ron DeSantis  
Governor

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Florida Department of Health  
Duval County  
Main Office  
900 University Blvd N  
Jacksonville, FL 32211  
(904)253-1000  
[www.duval.floridahealth.gov/](http://www.duval.floridahealth.gov/)

## Epidemiology Program

Office: (904) 253-1850  
Confidential fax: (904) 253-1851  
After hours line: (904) 434-6035

### Director

Saad Zaheer, MD, MSPH, FACE

### Epidemiologist

Aja Arrindell, MPH, MSc

### Epidemiologist

Kimberly Dawson, MPH

### Senior Community Health Nurse

Dana Henning, RN

### Senior Community Health Nurse

Ruth Voss, RN, MPH

### Research Assistant

Muniba McCabe, BSc

### Senior Word Processor

Debra Brown

### Intern

Erin Green

### Volunteer

Guirlande Etienne

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## Report Summary

The month of April included a variety of surveillance and investigation activities in Duval County. These data summaries included enteric disease, influenza, influenza-like illness (ILI), respiratory syncytial virus infection (RSV), mosquito-borne illness surveillance, active tuberculosis cases, sexually transmitted disease (STD), as well as other reportable diseases/conditions. Limitations to the accuracy of this information include persons who do not seek healthcare, healthcare providers, and those that may not recognize, confirm, or report notifiable diseases/conditions. This report includes data reported as of April 30, 2019, unless noted otherwise.

DOH-Duval reported 202 cases of various diseases/conditions in April. Please note that all cases met the case definition for a confirmed, probable or suspect case. Among the cases reported, there was a case of influenza (ICU), two cases of Escherichia coli, shiga toxin infection (STEC), three cases of legionellosis, and seven cases of varicella.

Surveillance data for select enteric diseases increased in case counts as the summer months approach and reported influenza and ILI activity showed slightly similar trends compared to the previous season during this time.

# Enteric Disease

Select enteric disease activity reported about a 60% increase in the month of April when compared to the month of March (weeks 9-13, 2019). Cases of all selected enteric diseases increased (Figures 2 - 6) and two enteric outbreaks were reported to DOH-Duval in April.

Compared to 2018, cases of salmonellosis, shigellosis, and cryptosporidiosis and giardiasis increased while campylobacteriosis decreased during this time (Figure 1). Cases reported for this year (2019) showed that the 55-74 year-old age group accounted for the majority of cases reported totaling 38 cases.

(Source: FDENS EpiCom, ESSENCE).

For prevention information, visit [CDC.gov](https://www.cdc.gov) or [Floridahealth.gov/diseases-and-conditions/norovirus-infection.html](https://www.floridahealth.gov/diseases-and-conditions/norovirus-infection.html)

Figure 1. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, April 2016 - April 2019

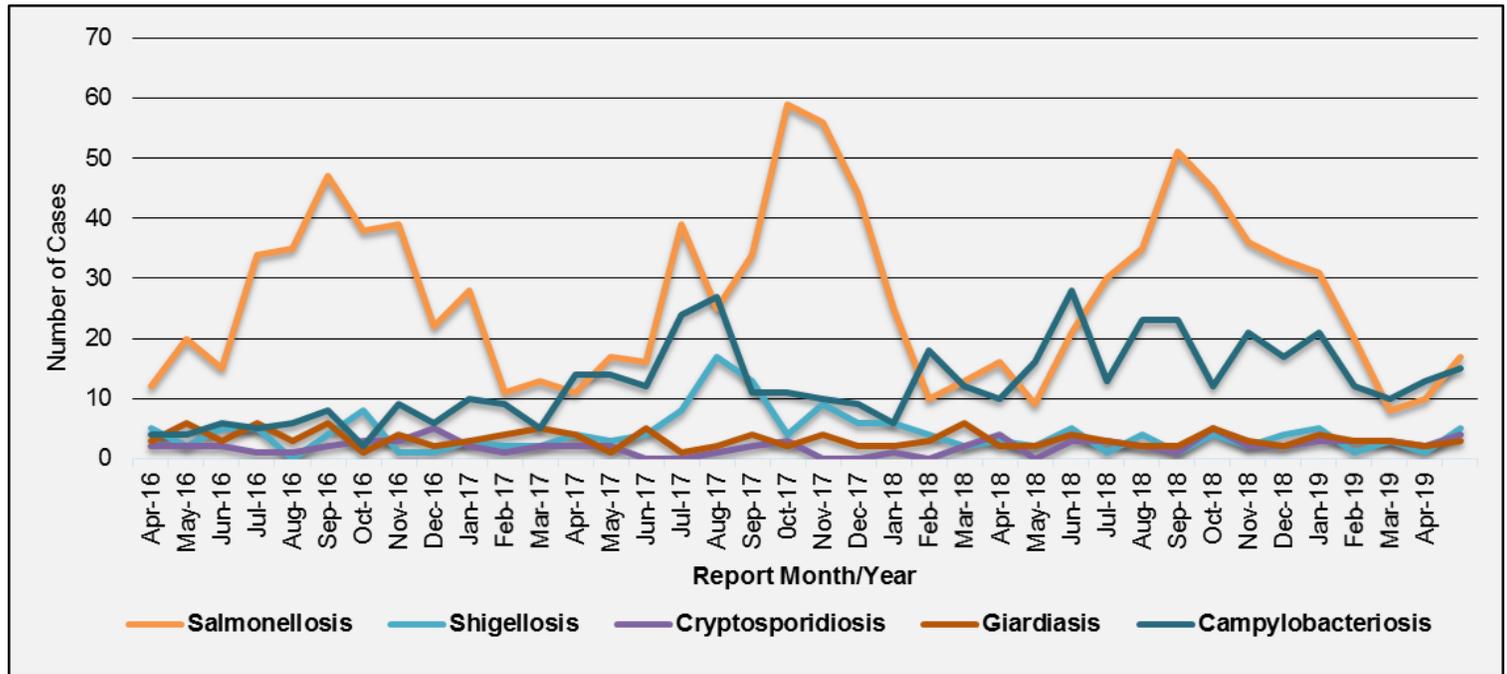
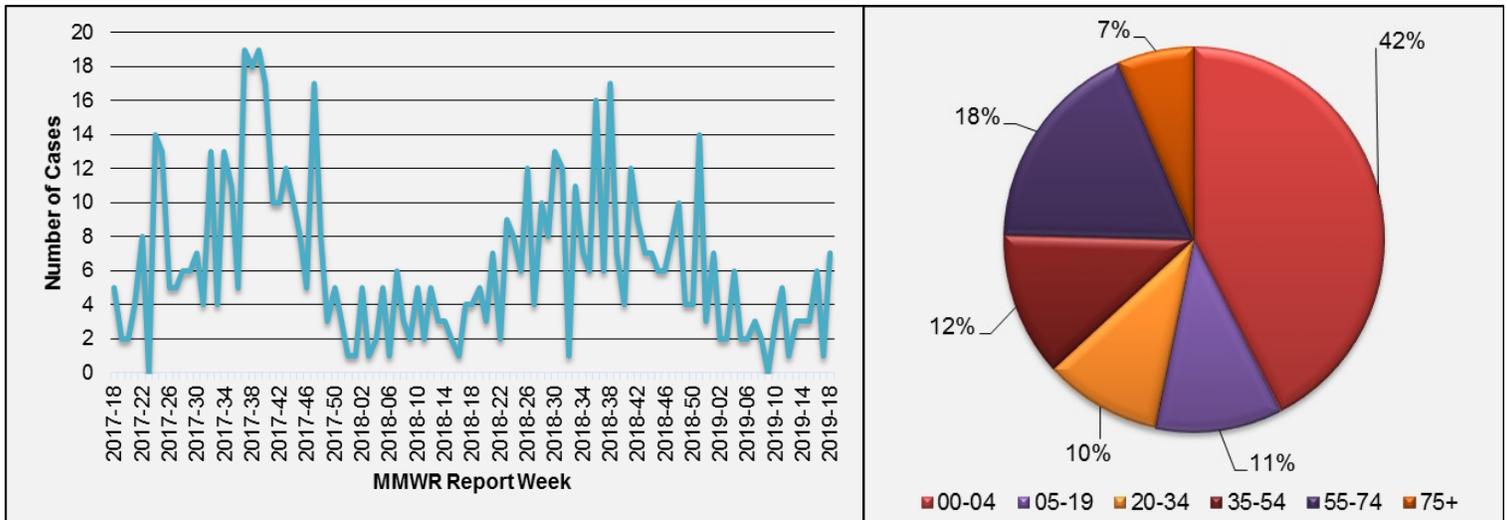


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 18, 2017 – Week 18, 2019



# Enteric Disease Cont.

Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 18, 2017 – Week 18, 2019

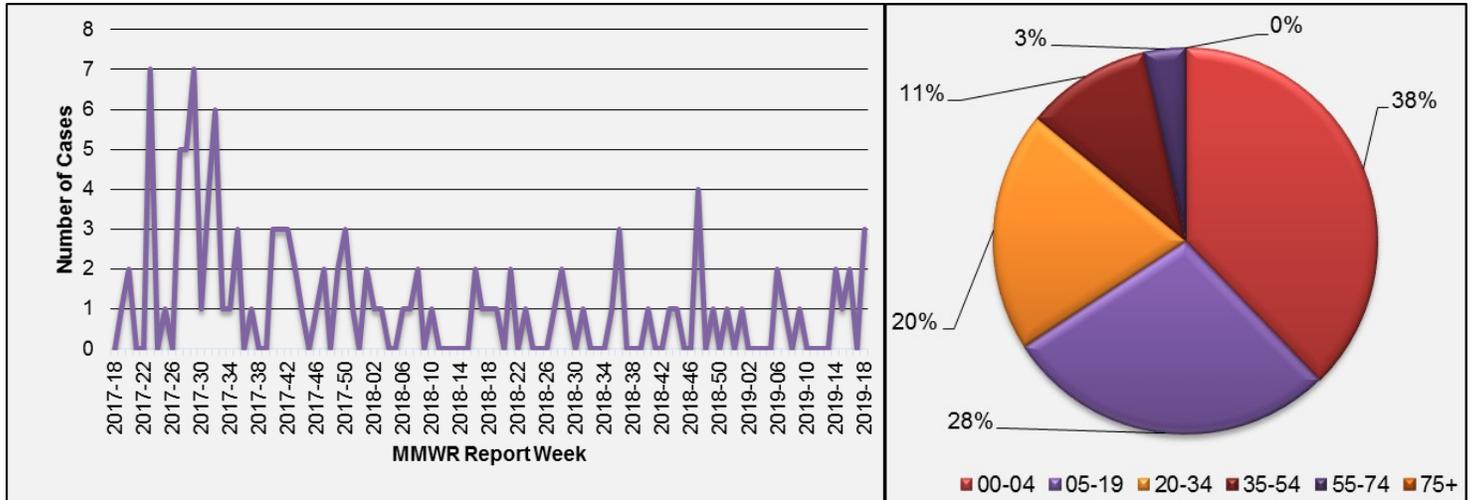


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 18, 2017 – Week 18, 2019

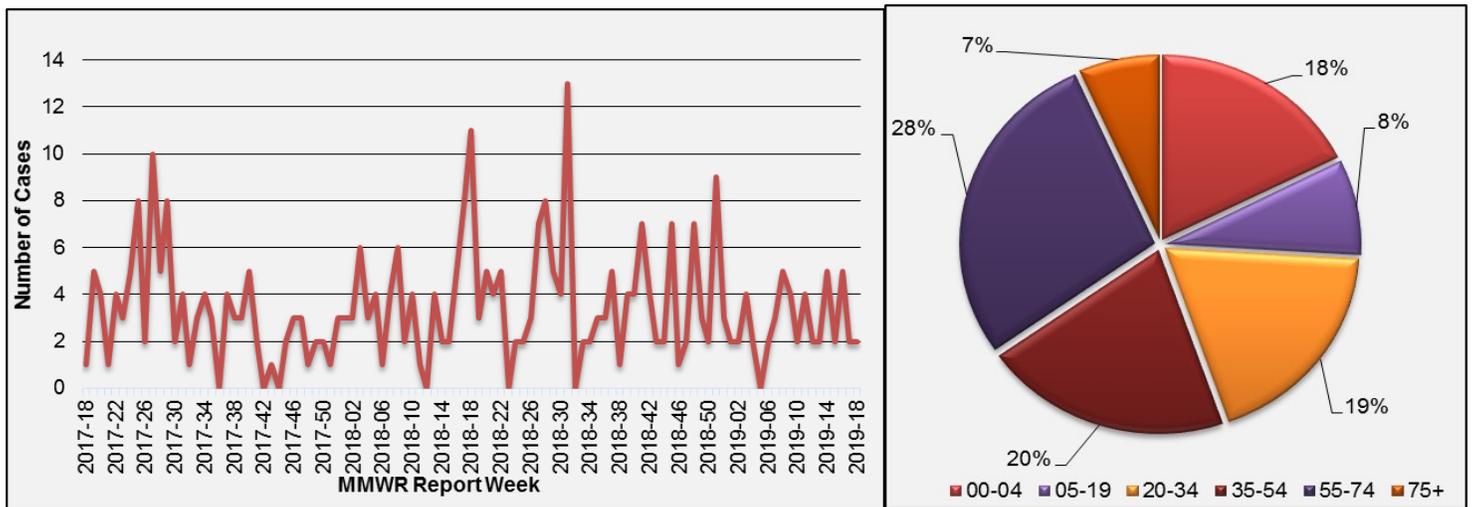
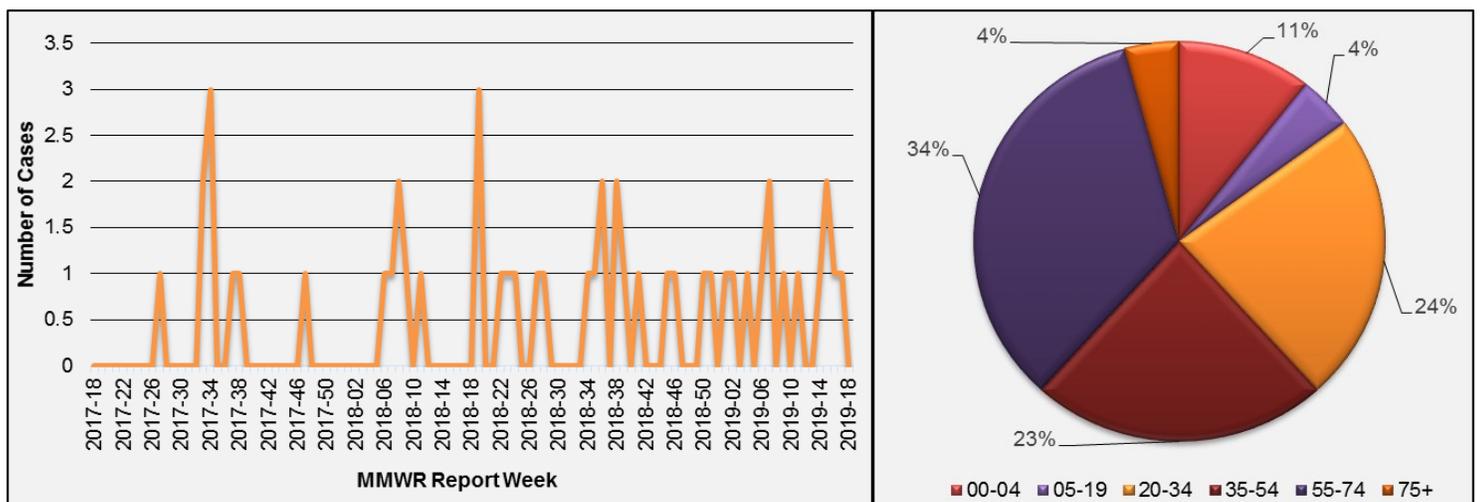
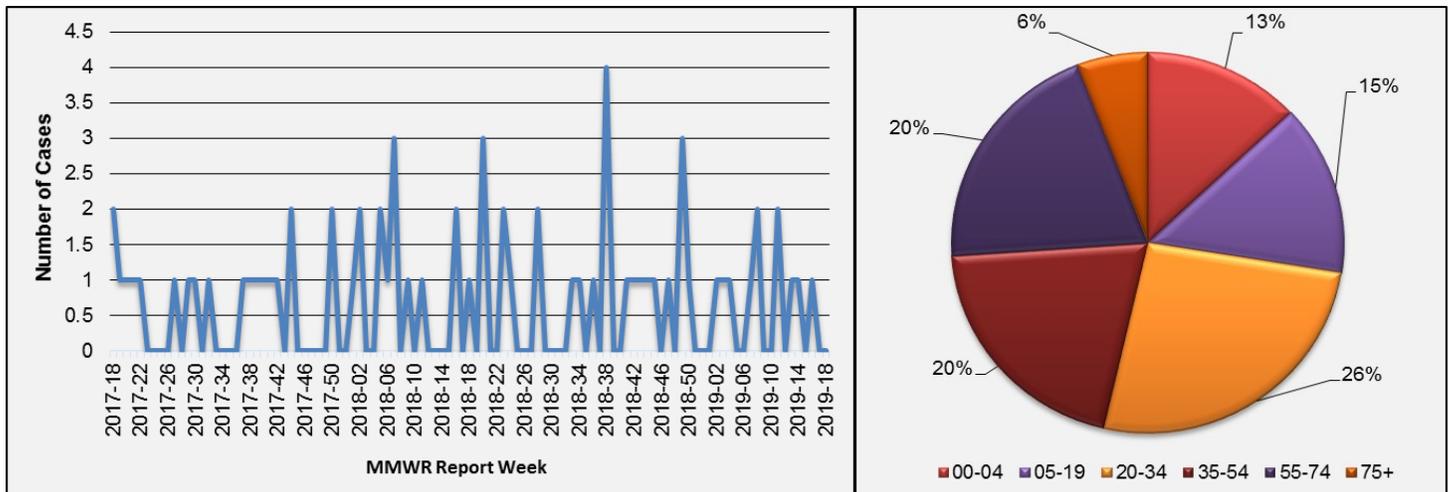


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 18, 2017 – Week 18, 2019



## Enteric Disease Cont. & Influenza and ILI Overview

Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County Week 18, 2017 – Week 18, 2019



### Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed slightly similar trends of influenza activity when compared to previous seasons. Emergency department (ED) and Urgent Care Centers (UCC) ILI visits for Influenza and ILI by age comparison, monitored through ESSENCE, also reported similar trends when compared to the previous seasons (Figure 8).

The Electronic Laboratory Reporting (ELR) system reported 79 (11%) positive specimens out of the 703 submitted for influenza testing. Of those, subtyping showed that influenza A (82%) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were 2 positive specimens reported from Duval County and 9 negative (Figure 10).

### Enhanced Influenza Surveillance for County Health Departments, Intensive Care Unit Cases

In April, one ICU laboratory-confirmed influenza in persons less than 65 were reported for Duval County. As influenza activity continues at decreased levels in Florida and nationwide, the Florida Department of Health– Duval County is requesting that hospitals report patients meeting the following criteria:

- 1) Admitted to the intensive care unit (ICU) with
- 2) Laboratory-confirmed influenza (including rapid antigen tests) and
- 3) Between 0 to 64 years of age

Please note that these efforts will assist with assessing the viral strains associated with severe presentations, vaccination administration in populations at risk for severe complications due to infection, antiviral administration and timing according to current guidance, as well as assisting the state in forming responsive strategies for policies and current guidance.

For more information visit <http://www.floridahealth.gov/diseases-and-conditions/influenza/icu-admission-reporting-guidance.html>

### State influenza and influenza-like illness activity:

Influenza and ILI activity reported in Florida, during the month of April, showed decreased influenza activity. A total of 229 influenza and ILI outbreaks have been reported throughout the state since the start of the influenza season. Specimens submitted to BPHL for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) and showed influenza A (H3) has the dominant strain in Florida.

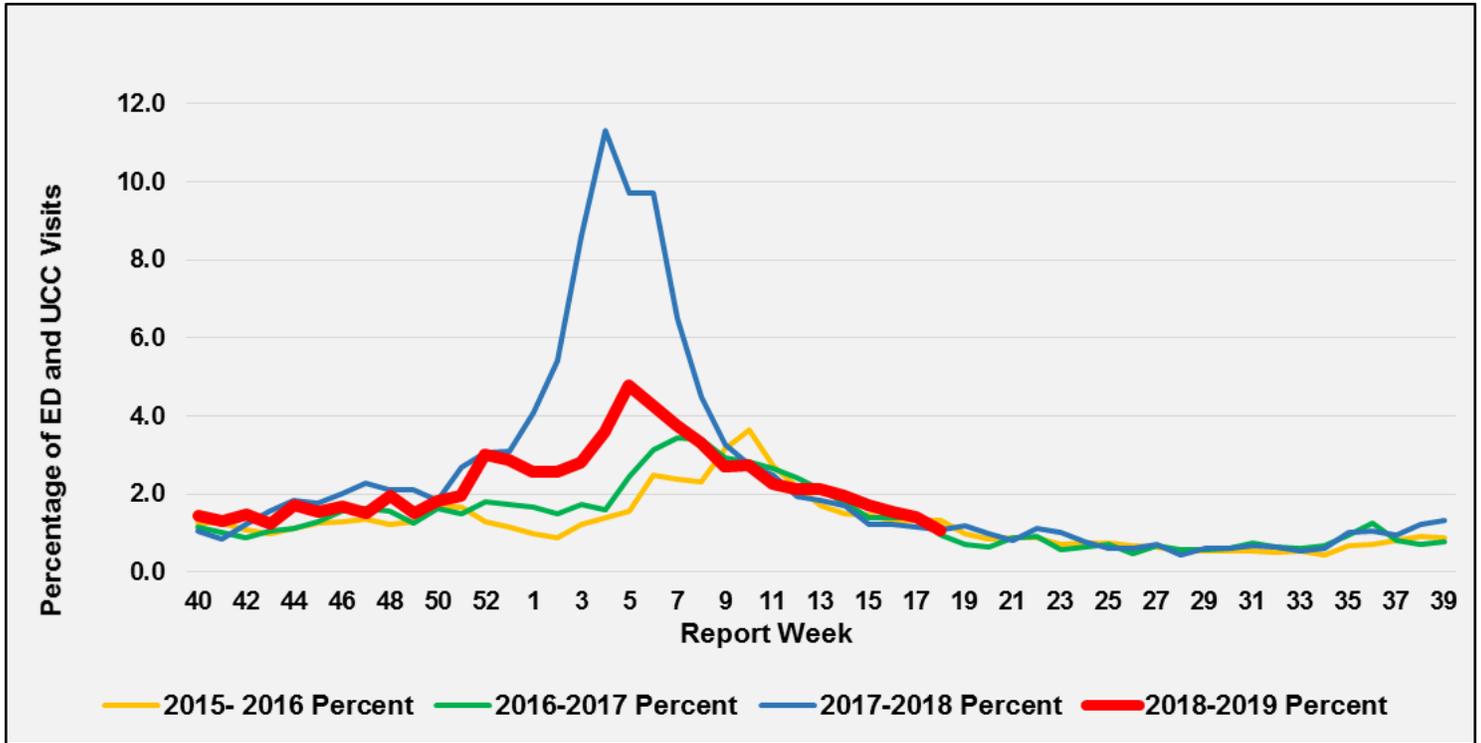
### National influenza activity:

Influenza activity decreased in the United States. Influenza activity continues to decrease in the United States. While influenza A(H1N1)pdm09 viruses predominated from October to mid-February, influenza A(H3N2) viruses have been more commonly identified since late February. Small numbers of influenza B viruses also have been reported.

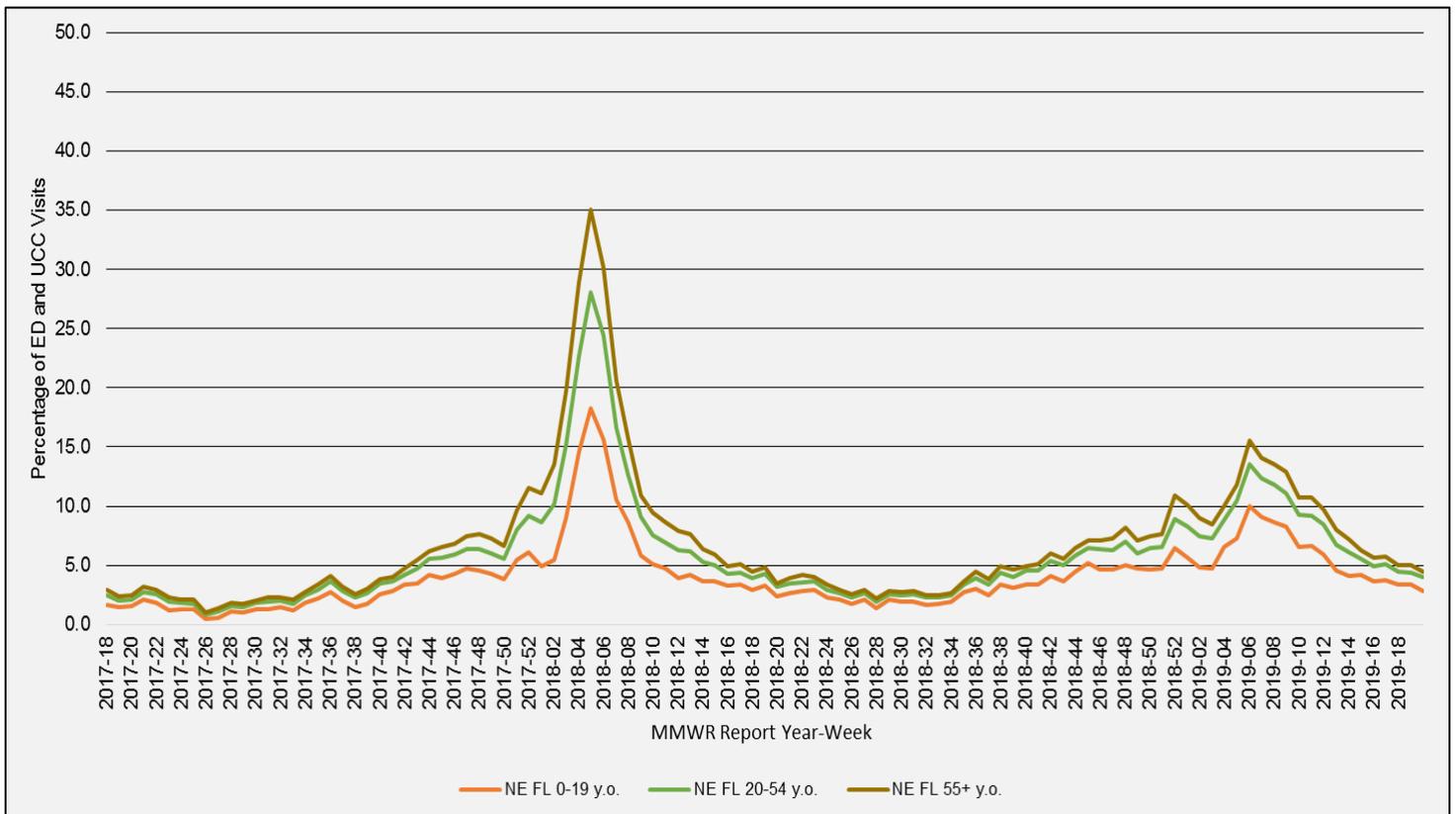
**Sources:** Florida Department of Health, Florida Flu Review, Centers for Disease Control and Prevention, FluView, National Center for Immunization and Respiratory Diseases (NCIRD).

## Influenza and ILI Overview Cont.

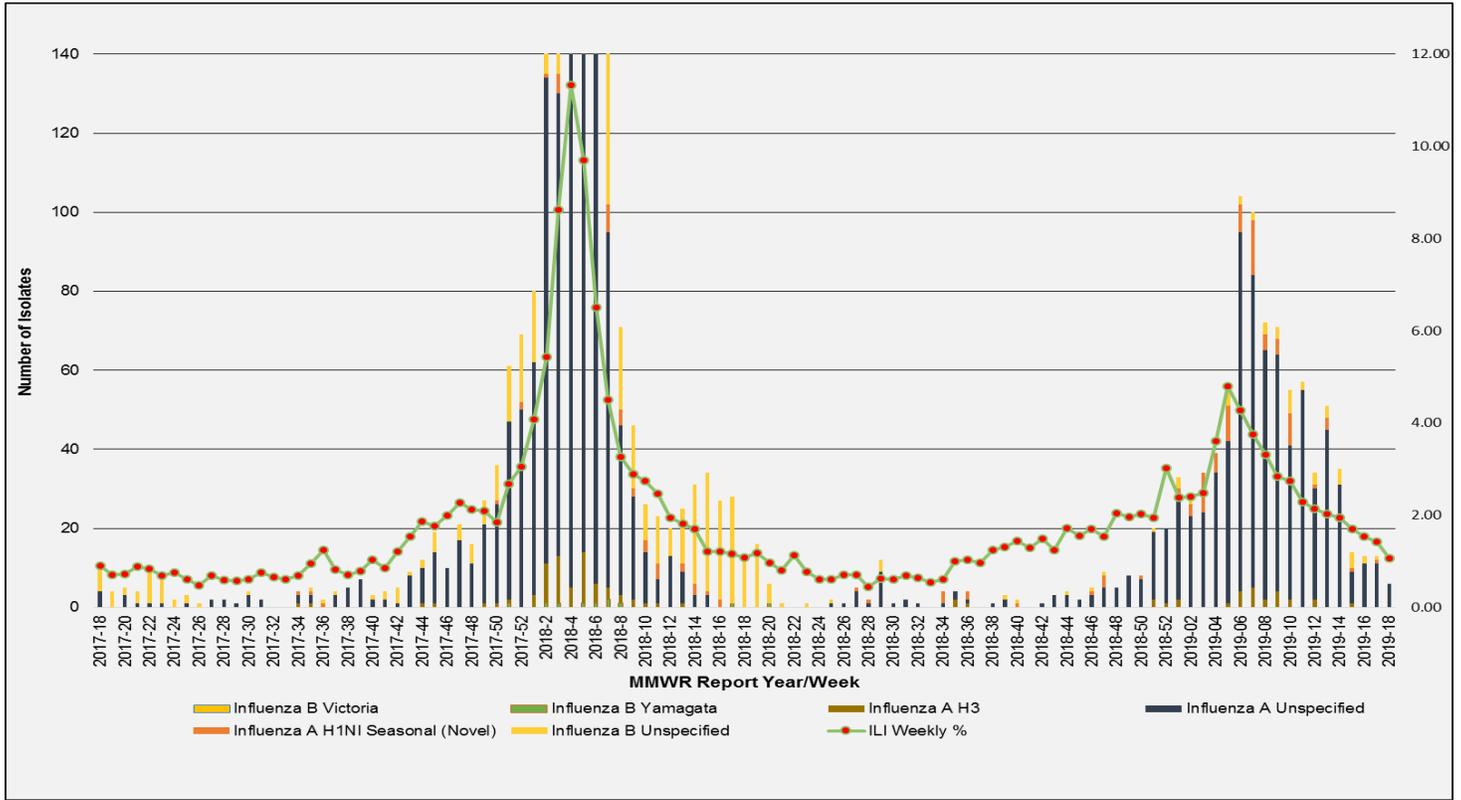
**Figure 7:** Percentage of ED and UCC Visits for Influenza and ILI Chief Complaints, ESSENCE– FL, Duval County Participating Hospitals (n=11)



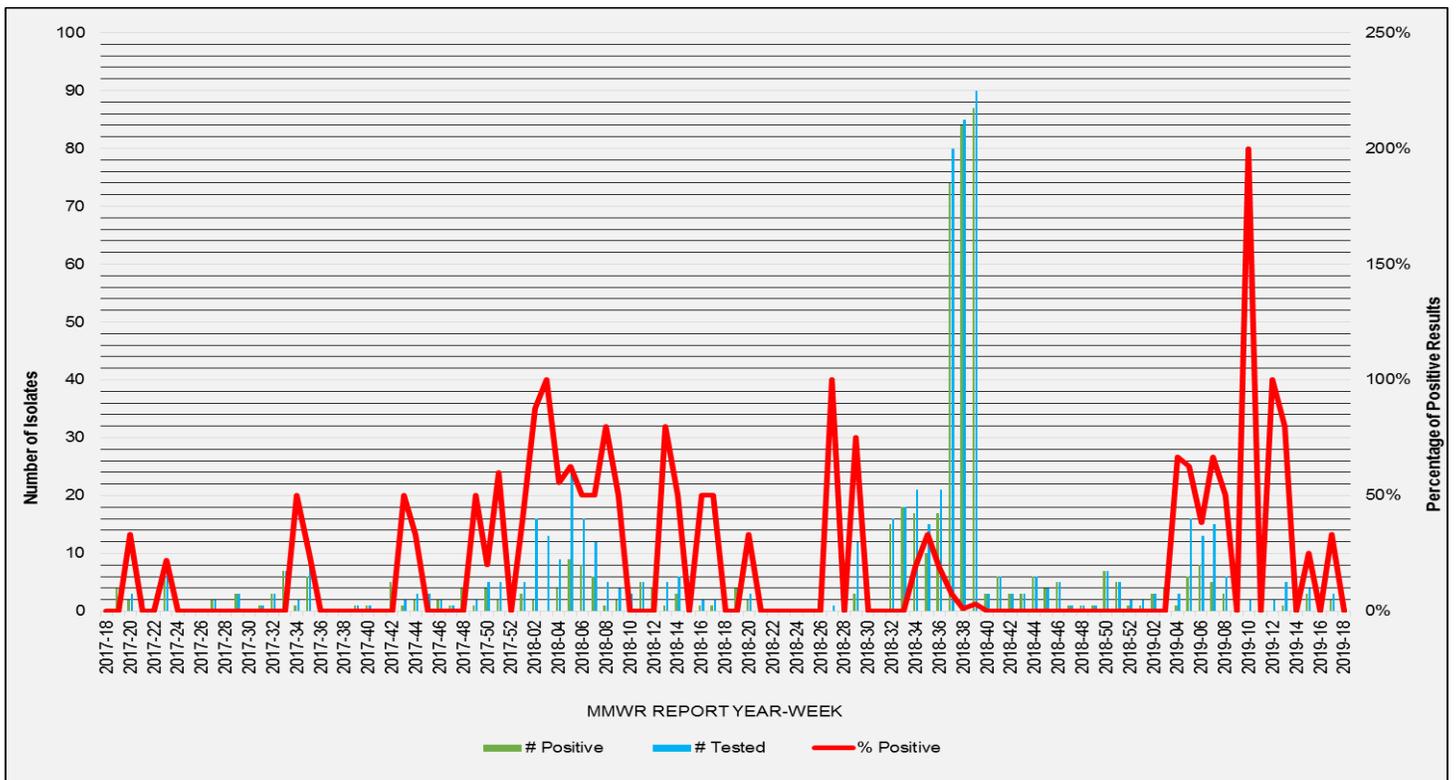
**Figure 8:** Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 18, 2017 – Week 18, 2019



**Figure 9:** Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Sub-type and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 18, 2017 - Week 18, 2019



**Figure 10:** Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 18, 2017 – Week 18, 2019



## **Mosquito-borne Illness Surveillance**

Arbovirus surveillance in Florida includes endemic mosquito-borne viruses such as West Nile virus (WNV), Eastern equine encephalitis virus (EEEV), and St. Louis encephalitis virus (SLEV), as well as exotic viruses such as dengue virus (DENV), chikungunya virus (CHIKV) and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included.

**Source:** <http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>

### **Duval County 2019 Human Case Summary**

No local cases of chikungunya fever, West Nile virus (WNV), dengue, malaria or Zika virus were reported in Duval County during the month of April.

### **State of Florida 2019 Human Case Summary and Surveillance**

**International Travel-Associated Dengue Fever Cases:** In 2019, 25 travel-associated cases have been reported.

**Dengue Fever Cases Acquired in Florida:** In 2019, no cases of locally acquired dengue fever have been reported.

**International Travel-Associated Chikungunya Fever Cases:** In 2019, two travel-associated cases have been reported.

**Chikungunya Fever Cases Acquired in Florida:** In 2019, no cases of locally acquired chikungunya fever have been reported.

**International Travel-Associated Zika Fever Cases:** In 2019, 15 cases of Zika fever have been reported.

**Zika Fever Cases Acquired in Florida:** In 2019, no cases of locally acquired Zika have been reported.

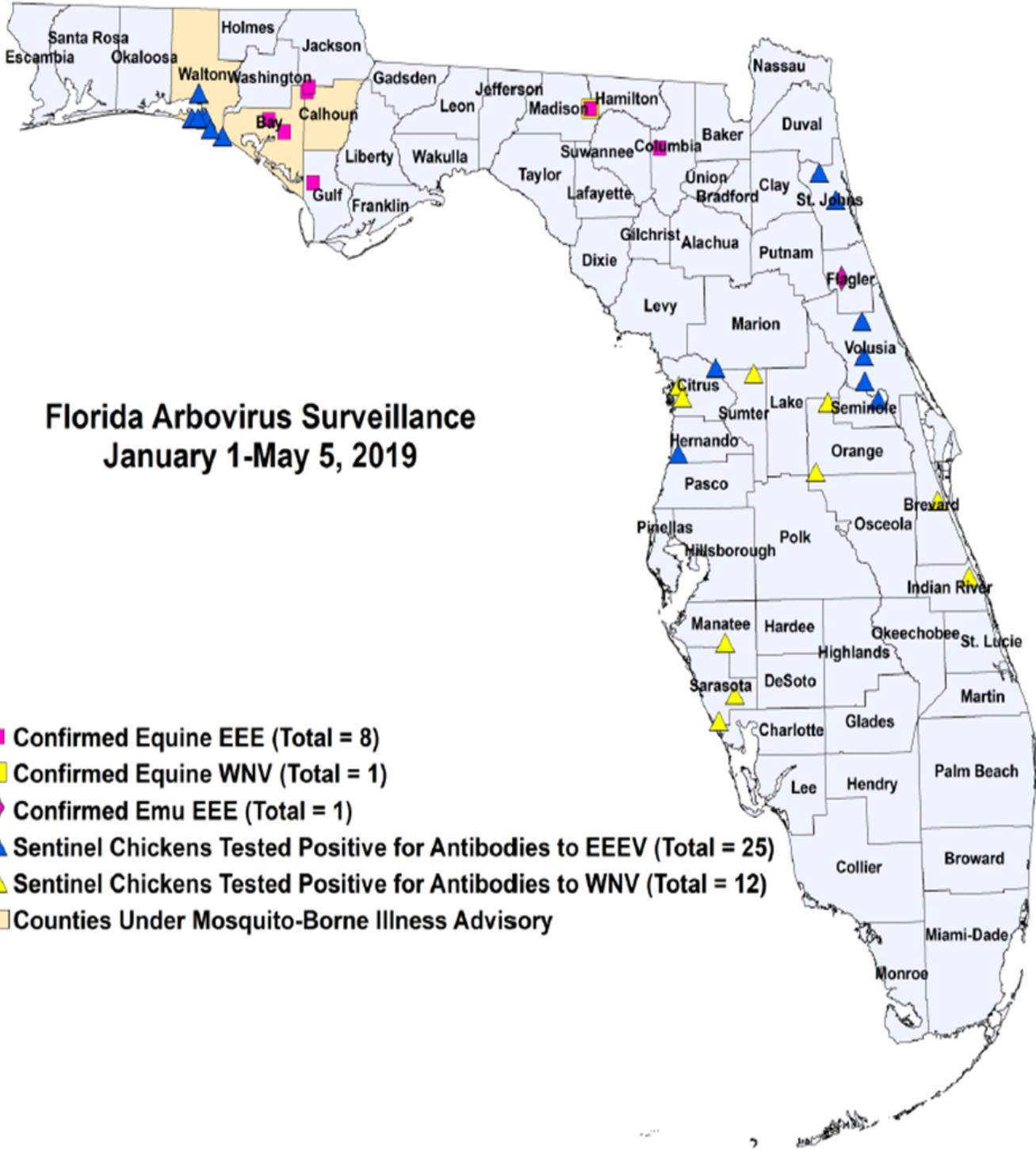
**International Travel-Associated Malaria Cases:** Ten cases of malaria with onset in 2019 have been reported. Countries of origin were: Angola, Congo, Democratic Republic of the Congo (2), Ivory Coast, Kenya, Nigeria (2), Sudan, and Uganda. Counties reporting cases were: Broward, Hillsborough (2), Miami-Dade (2), Orange, Pasco, and Pinellas (3). All ten cases were diagnosed with *Plasmodium falciparum*.

**Advisories/Alerts:** Bay, Calhoun, and Walton counties are currently under a mosquito-borne illness advisory. No other counties are currently under mosquito-borne illness advisory or alert.

**WNV activity:** In 2019, one horse and 12 sentinel chickens have been reported from eight counties.

**SLEV activity:** In 2019, no positive samples have been reported.

**EEEV activity:** In 2019, eight horses, one emu, and 25 sentinel chickens have been reported from 12 counties.



**Florida Arbovirus Surveillance  
January 1-May 5, 2019**

- Confirmed Equine EEE (Total = 8)
- Confirmed Equine WNV (Total = 1)
- ◆ Confirmed Emu EEE (Total = 1)
- ▲ Sentinel Chickens Tested Positive for Antibodies to EEEV (Total = 25)
- ▲ Sentinel Chickens Tested Positive for Antibodies to WNV (Total = 12)
- Counties Under Mosquito-Borne Illness Advisory

## Notable Topics and Other Statistics

**Table 1: Tuberculosis (TB) Surveillance – Duval County - 4/1/2019 through 4/30/2019**

Active TB cases reported year-to-date as of April 30, 2019								
	Count	Total Cases	Percent		Count	Total Cases	Percent	
<b>Gender</b>				<b>Race</b>				
Male	9	17	52.9%	Asian	2	17	11.8%	
Female	8	17	47.1%	Pacific Islander/Other	0	17	0.0%	
<b>Country of Origin</b>				<b>Ethnicity</b>				
U.S.	9	17	52.9%	Black	7	17	41.2%	
Non-U.S.	8	17	47.1%	White	8	17	47.1%	
<b>Age Group</b>				<b>Risk Factors</b>				
< 5	1	17	5.9%	Hispanic	3	17	17.6%	
5-14	0	17	0.0%	Non-Hispanic	14	17	82.4%	
15-24	2	17	11.8%	<b>Excess alcohol use within past year</b>				
25-44	3	17	17.6%	HIV co-infection*	1	17	5.9%	
45-64	9	17	52.9%	<b>Injection drug use within past year</b>				
> 65	2	17	11.8%	Homeless within past year	3	17	17.6%	
				<b>Incarcerated at diagnosis</b>				
				Unemployed	10	17	58.8%	
				<b>Drug Resistance</b>				
				<b>Resistant to isoniazid**</b>				
				0	12	0.0%		

\*For HIV co-infection, the total cases reflect the cases who have reported HIV test results.  
 \*\*For drug resistance testing, the total cases reflect the cases that have susceptibility testing completed and reported.

**Preliminary data as of 5/16/2019. Data is subject to change based on ongoing submission of RVCTs.**

Prepared by: Ashley Donnelly, MPH, CPH, TB Surveillance Coordinator

**Table 2. Area 4\* Reported Sexually Transmitted Diseases (STDs) Summary for April 2019, All STD case numbers are provisional and subject to change**

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%
Female	4	14%	2	8%	Female	535	63%	412	63%	Female	143	39%	123	39%
Male	24	86%	22	92%	Male	310	37%	242	37%	Male	220	61%	192	61%
Unknown	0	0%	0	0%	Unknown	2	0%	2	0%	Unknown	0	0%	0	0%
<b>Race</b>	<b>Area 4*</b>	<b>%</b>	<b>Duval</b>	<b>%</b>	<b>Race</b>	<b>Area 4*</b>	<b>%</b>	<b>Duval</b>	<b>%</b>	<b>Race</b>	<b>Area 4*</b>	<b>%</b>	<b>Duval</b>	<b>%</b>
Black	17	61%	14	58%	Black	360	43%	321	49%	Black	215	59%	200	63%
Hispanic	3	11%	3	13%	Hispanic	26	3%	20	3%	Hispanic	10	3%	8	3%
White	6	21%	5	21%	White	203	24%	131	20%	White	95	26%	73	23%
Other	0	0%	0	0%	Other	29	3%	23	4%	Other	4	1%	4	1%
Unknown	2	7%	2	8%	Unknown	229	27%	161	25%	Unknown	39	11%	30	10%
<b>Age</b>	<b>Area 4*</b>	<b>%</b>	<b>Duval</b>	<b>%</b>	<b>Age</b>	<b>Area 4*</b>	<b>%</b>	<b>Duval</b>	<b>%</b>	<b>Age</b>	<b>Area 4*</b>	<b>%</b>	<b>Duval</b>	<b>%</b>
0-14	0	0%	0	0%	0-14	5	1%	5	1%	0-14	3	1%	3	1%
15-19	0	0%	0	0%	15-19	254	30%	176	27%	15-19	74	20%	55	17%
20-24	2	7%	2	8%	20-24	313	37%	244	37%	20-24	96	26%	83	26%
25-29	8	29%	6	25%	25-29	152	18%	125	19%	25-29	80	22%	72	23%
30-39	6	21%	5	21%	30-39	93	11%	78	12%	30-39	62	17%	57	18%
40-54	7	25%	6	25%	40-54	26	3%	24	4%	40-54	34	9%	32	10%
55+	5	18%	5	21%	55+	4	0%	4	1%	55+	14	4%	13	4%
<b>Total Cases</b>	<b>28</b>		<b>24</b>		<b>Total Cases</b>	<b>847</b>		<b>656</b>		<b>Total Cases</b>	<b>363</b>		<b>315</b>	

Data as of 5/16/19. All data is provisional and subject to change.  
 Area 4\* consist of Baker, Clay, Duval, Nassau and St. Johns Counties  
 Prepared by: Ashley Donnelly, MPH, TB/STD Surveillance

# Reported Diseases/Conditions

Table 3. Provisional Cases\* of Select Reportable Diseases/Conditions, Duval County, Florida, April 2019

Disease	DUVAL					All Counties						
	A pril		Cumulative (YTD)			A pril		Cumulative (YTD)				
	2019	2018	Median*	2019	2018	Mean*	2019	2018	Mean*	2019	2018	
<b>A. Vaccine Preventable Diseases</b>												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Rubella)	0	2	0.4	0	0	0.4	1	4	1.8	1	3	3.2
Mumps	0	0	0	0	0	0	15	14	5.4	3	58	27.8
Pertussis	0	3	3.8	3	0	5	9.2	7	16	33.8	32	103
Rubella	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0.2	0	0	0.6
Varicella (Chickenpox)	5	0	4.8	6	17	9	14.2	15	98	65	361	254
<b>B. CNS Diseases &amp; Bacteremias</b>												
Cerebral-Jacob Disease (CJD)	0	0	0	0	0	0	0	0	2	2	2	8
Haemophilus influenzae Invasive Disease	2	4	2	2	7	13	10.6	10	33	36	25	137
Meningitis: Bacterial or Mycotic	1	1	1.2	1	5	8	5	6	11.6	11	25	39
Meningococcal Disease	0	0	0.2	0	0	0	0.8	1	5	2	1	13
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (ISA)	0	0	0	0	0	0	0	0	0	0	0	1
Staphylococcus aureus Infection: Resistant to Vancomycin (VISA)	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Resistant (VRS-A)	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	0	1	2.4	2	6	9	7.6	8	38	15	26.6	22
<b>C. Enteric Infections</b>												
Campylobacteriosis	9	14	10.6	10	27	44	30	29	278	380	311	1044
Cryptosporidiosis	1	2	2	2	4	5	4.8	5	44	35	36.6	131
Cyclosporiasis	0	0	0	0	0	0	0	0	2	0	0	3
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	2	0	1	1	8	4	3.8	3	48	68	52.4	47
Giardiasis: Acute	3	3	3.2	3	7	10	11.6	12	53	99	93.6	99
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	1	0	0	0	0	0	0	1
Listeriosis	0	0	0.2	0	0	0	0.2	0	1	7	3.8	3
Salmonellosis	11	18	16	17	33	40	38.8	39	258	355	317.4	323
Shigellosis	0	1	8.2	6	4	6	15.6	14	98	149	147.4	149
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	0	0	0	0	14	15	5.8	4
<b>D. Viral Hepatitis</b>												
Hepatitis A	0	0	0.2	0	2	0	0.2	0	32	13	14.4	13
Hepatitis B: Acute	6	5	3.2	2	23	14	9.2	10	66	76	52.2	52
Hepatitis B: Surface Antigen in Pregnant Women	1	2	2.8	3	6	8	9.4	8	16	39	43.4	43
Hepatitis C: Acute	3	3	1.2	1	9	7	4.2	3	94	49	32	31
<b>E. Vector-Borne, Zoonoses</b>												
Chikungunya Fever	0	0	0	0	0	0	0.2	0	2	0	1.4	1
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	2	3	1	33
Dengue Fever	0	0	0	0	0	0	0	0	2	2	2.2	2
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	1	0.2	0	0	1	0.4	0	2	7	3.6	3
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0	0	0	0	0	0	0	0	0	0
Malaria	2	1	0.4	0	2	1	0.6	1	3	7	4.2	4
Rabies: Animal	0	0	0	0	0	0	0	0	9	6	5.8	6
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection: Congenital	0	0	0	0	0	0	0	0	1	0	0.2	0
Zika Virus Disease and Infection: Non-Congenital	0	0	0	0	1	0	0.4	0	7	10	16.8	10
<b>F. Others</b>												
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	0	0	3	1.4	1
Carbon Monoxide Poisoning	0	0	0	1	0	0	0.6	1	4	29	18.8	14
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0	0	2	1.4	2
Legionellosis	1	4	2.8	3	12	14	8.8	9	54	48	33.2	29
Vibriosis (Gonorrhea)	0	0	0	0	0	0	0.2	0	1	1	0.6	1
Vibriosis (Other Vibrio Species)	0	0	0.2	0	0	0	0.4	0	5	4	2.8	2
Vibriosis (Vibrio alginolyticus)	0	0	0.2	0	0	0	0.4	0	5	4	4	13
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0.2	0	0	0	0.4	0	1	0	2	2
Vibriosis (Vibrio fuvialis)	0	0	0	0	0	0	0.2	0	4	0	1.4	4
Vibriosis (Vibrio mimicus)	0	0	0	0	0	0	0	0	1	0	1	0
Vibriosis (Vibrio parahaemolyticus)	0	1	0.2	1	0	1	1.2	1	9	6	6.4	6
Vibriosis (Vibrio vulnificus)	0	0	0	0	0	0	0.2	0	2	1	1.6	1

This report consists of confirmed, probable and suspect cases based on the date of event (initial) as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2018 is provisional and 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 (2014-2018)  
 \*\* Includes E. coli O157:H7, shiga-toxin positive, serogroup non-O157, and shiga-toxin positive, not serogrouped

## Surveillance systems

**ESSENCE:** The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a bio-surveillance system that collects emergency department (ED) chief complaint (CC) data from participating hospitals and urgent care centers. DOH-Duval monitors 11 reporting hospitals.

**ILINet (previously referred to as the Sentinel Provider Influenza Surveillance Program):** ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Duval County has one ILINet provider.

**Merlin:** is a database for the State of Florida. It serves as the state's repository of reportable disease case reports, and features automated notification to staff about individual cases of high-priority diseases. All data is provisional.

**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.

## Surveillance vocabulary

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

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

**Event Date:** Reportable diseases and conditions presented within this report are recorded by event date.

**Electronic Laboratory Reporting (ELR):** Electronic transmission from laboratories to public health laboratory reports which identify reportable conditions.

**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.

**Syndrome:** An illness classified in ESSENCE by ICD 10 codes or pharmaceutical syndromic surveillance.

**Syndromic Surveillance:** Health-related data that precedes diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

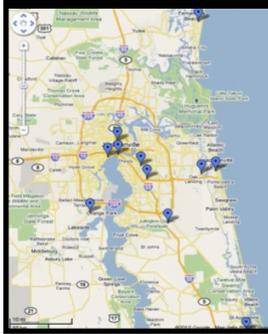
## Other Links and Resources:

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 Statistics 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/index.html>

Figure 12. Hospitals Participating in ESSENCE



## Public Health Surveillance

Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can:

- Serve as an early warning system for impending public health emergencies;
- Document the impact of an intervention, or track progress towards specified goals; and
- Monitor and clarify the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies.

Within Duval County, surveillance data is obtained through:

- Emergency department (ED) and UCC syndromic surveillance monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- The ILINet Program
- Merlin
- Laboratory data from the Bureau of Laboratories (BPHL)
- Florida Poison Information Center Network (FPICN)
- Electronic Laboratory Reporting (ELR)
- Passive reports from the community
- Notifiable disease outbreaks



**Epidemiology Program**

**515 W 6th Street, MC-28**

**Jacksonville, FL 32206**

# Reportable Diseases/Conditions in Florida

## Practitioner List (Laboratory Requirements Differ)

Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016



Florida Department of Health

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

- ! 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
- Babesiosis
- ! 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
- ! Diphtheria
  - Eastern equine encephalitis
  - Ehrlichiosis/anaplasmosis
  - *Escherichia coli* infection, Shiga toxin-producing
  - Giardiasis, acute
- ! Glanders
  - Gonorrhoea
  - 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 and 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 (blood lead level ≥5 µg/dL)
  - 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
- 📞 Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- 📞 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
- ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

\*Subsection 381.0031(2), Florida Statutes, 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, subsection 381.0031(4), Florida Statutes, 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...

# Practitioner Disease Report Form

Complete the following information to notify the Florida Department of Health of a reportable disease or condition. This can be filled in electronically.



Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ).

**Patient Information**

**SSN:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**First name:** \_\_\_\_\_

**Middle:** \_\_\_\_\_

**Parent name:** \_\_\_\_\_

**Gender:**  Male  Female  Unknown  If female, pregnant:  Yes  No  Unknown

**Birth date:** \_\_\_\_\_ **Death date:** \_\_\_\_\_

**Race:**  American Indian/Alaska native  White  Asian/Pacific islander  Other  Black  Unknown

**Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Address:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Other phone:** \_\_\_\_\_

**Emergency phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Medical Information**

**MRN:** \_\_\_\_\_

**Date onset:** \_\_\_\_\_ **Date diagnosis:** \_\_\_\_\_

**Died:**  Yes  No  Unknown

**Hospitalized:**  Yes  No  Unknown

**Hospital name:** \_\_\_\_\_

**Date admitted:** \_\_\_\_\_ **Date discharged:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**Treated:**  Yes  No  Unknown

**Specify treatment:**

**Laboratory testing:**  Yes  No  Unknown **Attach laboratory result(s) if available**

**Provider Information**

**Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

To obtain local county health department contact information, see [www.FloridaHealth.gov/CHDEpiContact](http://www.FloridaHealth.gov/CHDEpiContact). See [www.FloridaHealth.gov/DiseaseReporting](http://www.FloridaHealth.gov/DiseaseReporting) for other reporting questions. HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥13 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people <13 years old. Please contact your county health department for these forms (visit [www.FloridaHealth.gov/CHDEpiContact](http://www.FloridaHealth.gov/CHDEpiContact) to obtain contact information). **Congenital anomalies** and **neonatal abstinence syndrome** notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 FAC. **Cancer** notification should be directly to the Florida Cancer Data System (<http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

**Reportable Diseases and Conditions in Florida** ! Notify upon suspicion 24/7 by phone 📞 Notify upon diagnosis 24/7 by phone

- |  |   |  |  |
|--|---|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Amebic encephalitis</li> <li>! <input type="checkbox"/> Anthrax</li> <li><input type="checkbox"/> Arsenic poisoning</li> <li>! <input type="checkbox"/> Arboviral diseases not otherwise listed</li> <li><input type="checkbox"/> Babesiosis</li> <li>! <input type="checkbox"/> Botulism, foodborne, wound, and unspecified</li> <li><input type="checkbox"/> Botulism, infant</li> <li>! <input type="checkbox"/> Brucellosis</li> <li><input type="checkbox"/> California serogroup virus disease</li> <li><input type="checkbox"/> Campylobacteriosis</li> <li><input type="checkbox"/> Carbon monoxide poisoning</li> <li><input type="checkbox"/> Chancroid</li> <li><input type="checkbox"/> Chikungunya fever</li> <li>📞 <input type="checkbox"/> Chikungunya fever, locally acquired</li> <li><input type="checkbox"/> Chlamydia</li> <li>! <input type="checkbox"/> Cholera (<i>Vibrio cholerae</i> type O1)</li> <li><input type="checkbox"/> Ciguatera fish poisoning</li> <li><input type="checkbox"/> Conjunctivitis in neonates &lt;14 days old</li> <li><input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)</li> <li><input type="checkbox"/> Cryptosporidiosis</li> <li><input type="checkbox"/> Cyclosporiasis</li> <li>! 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<input type="checkbox"/> Influenza A, novel or pandemic strains</li> <li>📞 <input type="checkbox"/> Influenza-associated pediatric mortality in children &lt;18 years old</li> <li><input type="checkbox"/> Lead poisoning (blood lead level ≥5 ug/dL)</li> <li><input type="checkbox"/> Legionellosis</li> <li><input type="checkbox"/> Leptospirosis</li> <li>📞 <input type="checkbox"/> Listeriosis</li> <li><input type="checkbox"/> Lyme disease</li> <li><input type="checkbox"/> Lymphogranuloma venereum (LGV)</li> <li><input type="checkbox"/> Malaria</li> <li>! <input type="checkbox"/> Measles (rubeola)</li> </ul> | <ul style="list-style-type: none"> <li>! <input type="checkbox"/> Melioidosis</li> <li><input type="checkbox"/> Meningitis, bacterial or mycotic</li> <li>! <input type="checkbox"/> Meningococcal disease</li> <li><input type="checkbox"/> Mercury poisoning</li> <li><input type="checkbox"/> Mumps</li> <li>📞 <input type="checkbox"/> Neurotoxic shellfish poisoning</li> <li>📞 <input type="checkbox"/> Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C)</li> <li>📞 <input type="checkbox"/> Pertussis</li> <li><input type="checkbox"/> Pesticide-related illness and injury, acute</li> <li>! <input type="checkbox"/> Plague</li> <li>! <input type="checkbox"/> Poliomyelitis</li> <li><input type="checkbox"/> Psittacosis (ornithosis)</li> <li><input type="checkbox"/> Q Fever</li> <li>📞 <input type="checkbox"/> Rabies, animal or human</li> <li>! <input type="checkbox"/> Rabies, possible exposure</li> <li>! <input type="checkbox"/> Ricin toxin poisoning</li> <li><input type="checkbox"/> Rocky Mountain spotted fever and other spotted fever rickettsioses</li> <li>! <input type="checkbox"/> Rubella</li> <li><input type="checkbox"/> St. Louis encephalitis</li> <li><input type="checkbox"/> Salmonellosis</li> <li><input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning)</li> <li>! <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection</li> <li><input type="checkbox"/> Shigellosis</li> <li>! <input type="checkbox"/> Smallpox</li> <li>📞 <input type="checkbox"/> Staphylococcal enterotoxin B poisoning</li> </ul> | <ul style="list-style-type: none"> <li>📞 <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA)</li> <li><input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in children &lt;6 years old</li> <li><input type="checkbox"/> Syphilis</li> <li>📞 <input type="checkbox"/> Syphilis in pregnant women and neonates</li> <li><input type="checkbox"/> Tetanus</li> <li><input type="checkbox"/> Trichinellosis (trichinosis)</li> <li><input type="checkbox"/> Tuberculosis (TB)</li> <li>! <input type="checkbox"/> Tularemia</li> <li>📞 <input type="checkbox"/> Typhoid fever (<i>Salmonella</i> serotype Typhi)</li> <li>! <input type="checkbox"/> Typhus fever, epidemic</li> <li>! <input type="checkbox"/> Vaccinia disease</li> <li><input type="checkbox"/> Varicella (chickenpox)</li> <li>! <input type="checkbox"/> Venezuelan equine encephalitis</li> <li><input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)</li> <li>! <input type="checkbox"/> Viral hemorrhagic fevers</li> <li><input type="checkbox"/> West Nile virus disease</li> <li>! <input type="checkbox"/> Yellow fever</li> <li>! <input type="checkbox"/> Zika fever</li> <li>! <input type="checkbox"/> 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 above that is of urgent public health significance. Specify in comments below.</li> </ul> |
|--|---|--|--|

**Comments:**

**Coming soon:**  
**"What's Reportable?" app**  
**for iOS and Android**