

Duval County Epidemiology Surveillance Report

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

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August 2017

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Report Summary

The month of August included a variety of surveillance and investigation activities in Duval County. These data summaries included enteric disease, influenza, influenza-like illness (ILI), mosquito-borne illness surveillance, active tuberculosis cases, sexually transmitted diseases (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 August 31, 2017, unless noted otherwise.

DOH-Duval reported 263 cases of various diseases/conditions in August. Please note that all cases meet the case definition for a confirmed, probable or suspect case. Among the cases reported there was a case of arsenic poisoning, Pertussis, Hepatitis B Virus exposure, Varicella, vibriosis (Vibrio cholera Type Non-O1), cyclosporiasis, and Escherichia coli Shiga Toxin-Producing (STEC), two cases of legionellosis and five cases of Mumps, four of which were associated with an outbreak.

Surveillance data for select enteric diseases showed a decrease in activity, while ILI activity reported increased slightly.

This issue of the Duval County Surveillance Report will also highlight the 2017-2018 Influenza season Advisory Committee on Immunization Practices (ACIP) influenza vaccination recommendations.

Enteric disease activity reported in August showed a decrease in case count. Cases of salmonellosis(34), cryptosporidiosis(2), and giardiasis(4) increased from the previous reporting month of July (weeks 27-32, 2017) (Figure 1,5-6), while cases of shigellosis (13) and campylobacteriosis (11) decreased during this time (Figure 3-4).

Compared to 2016, cases of shigellosis, campylobacteriosis showed an increase while cases of salmonellosis and giardiasis decrease and cryptosporidiosis remained unchanged (Figure 1).

Cases reported for the 75 and older age group showed a continuous increase in cases from the previous reporting year with 42% followed by 20-34 age group with 36%.

Two outbreaks of norovirus GI and GII were reported, to DOH-Duval, in August.

(Source: FDENS EpiCom, ESSENCE).

For prevention information, visit CDC.gov or Floridahealth.gov/diseases-and-conditions/norovirus-infection.html

Figure 1. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, August 2014 – August 2017

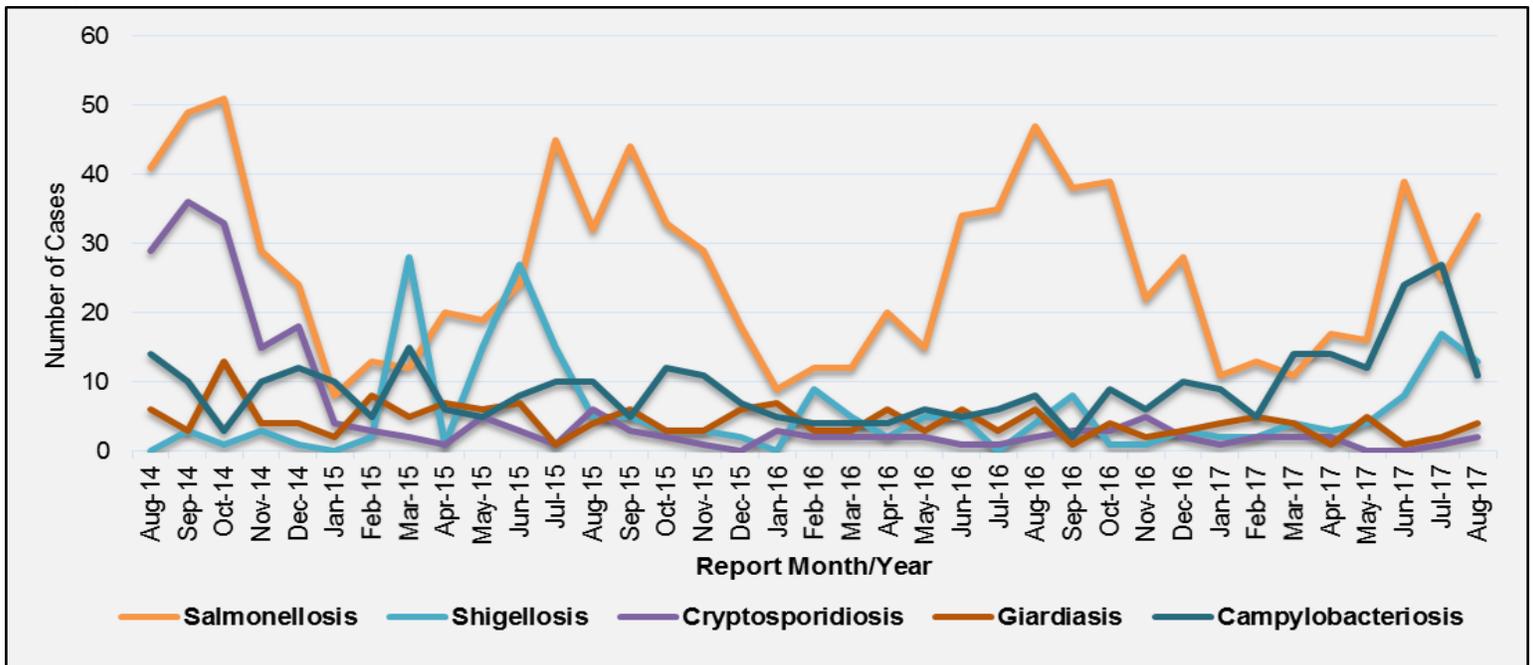


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 34,2015 – Week 34,2017

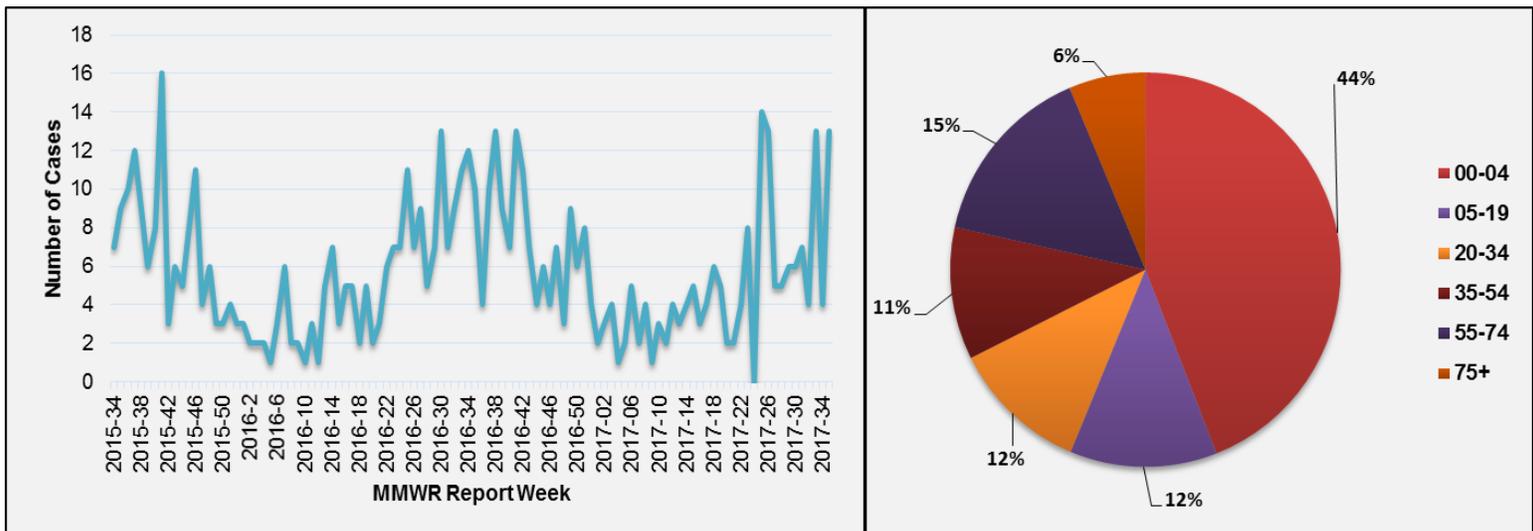


Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 34,2015 – Week 34,2017

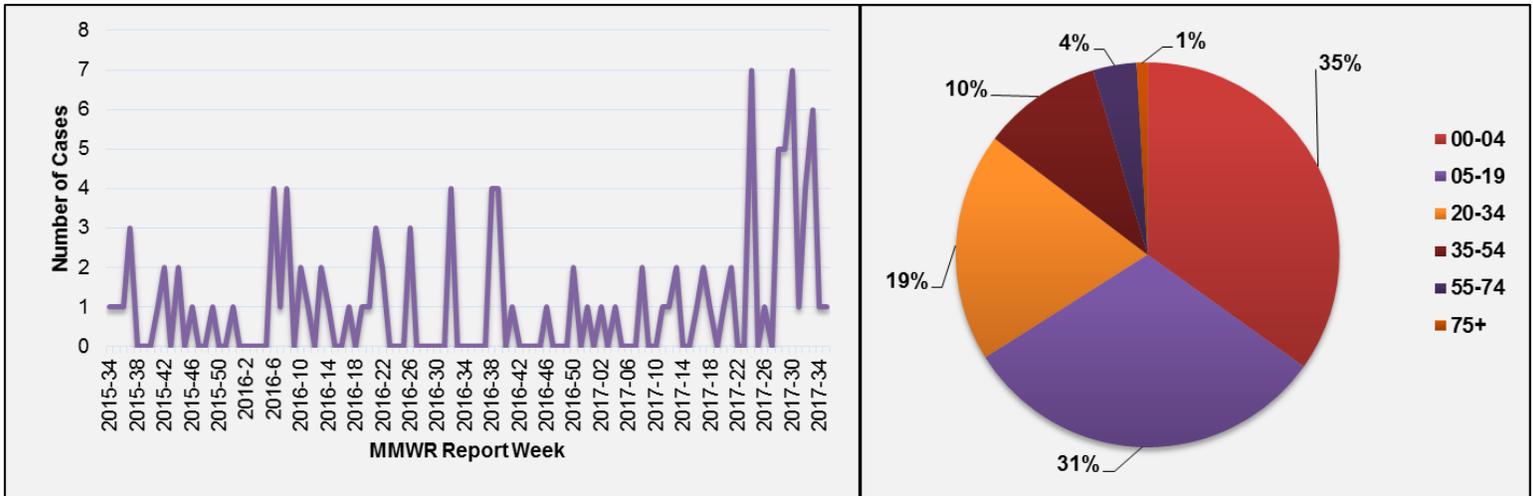


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 34,2015 – Week 34,2017

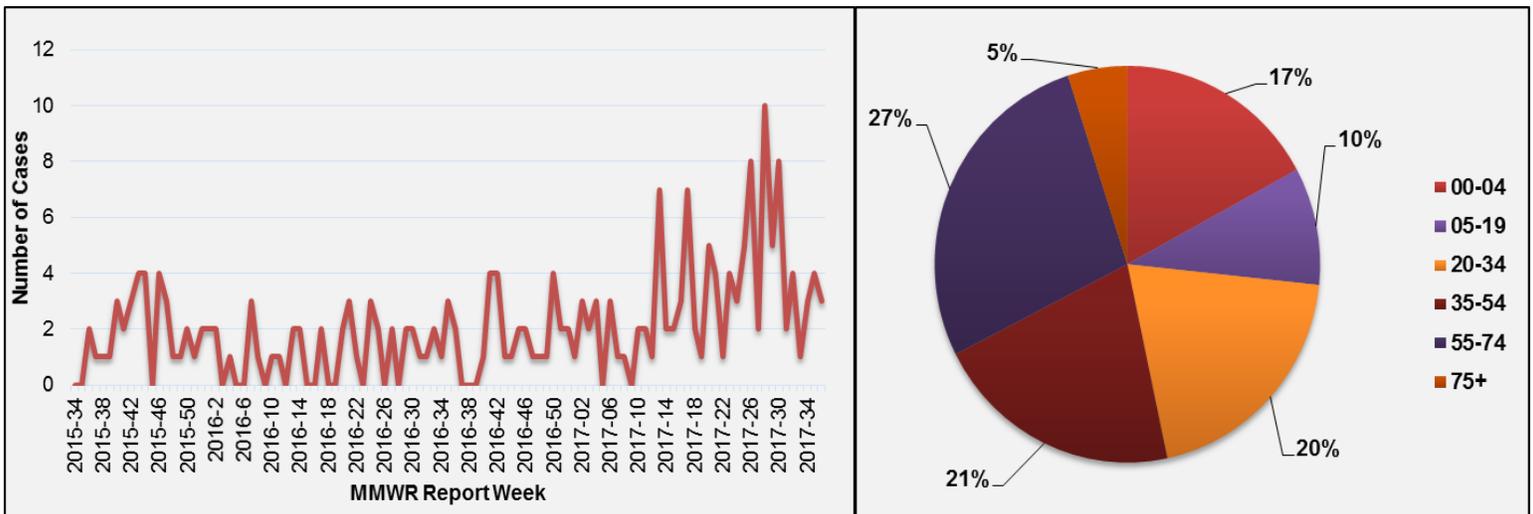


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 34,2015 – Week 34,2017

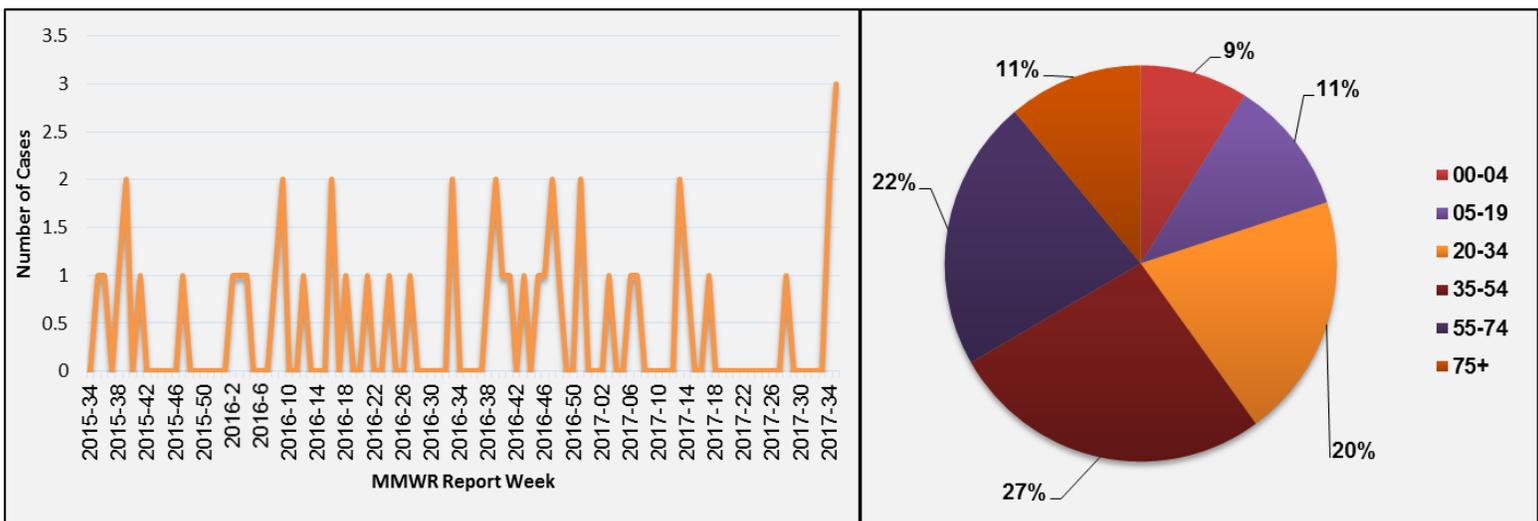
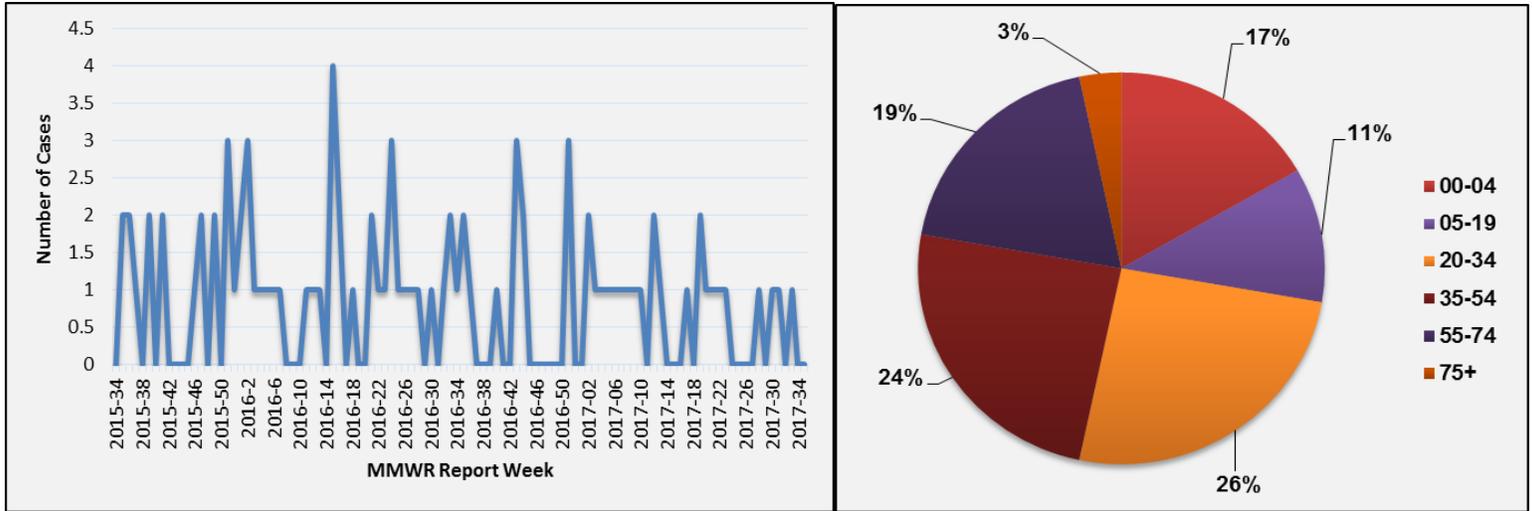


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County Week 34,2015 – Week 34,2017



Influenza and ILI Summary in Duval County

Influenza and ILI activity showed a slight increase during the month of August, as the influenza season began. Emergency department (ED) and urgent care centers (UCC) ILI visits monitored through ESSENCE reported similar levels when compared to previous seasons (Figure 7). ED and UCC influenza and ILI visits for all age groups showed similar trends in comparison to previous seasons (Figure 8).

During the month of August, the Electronic Laboratory Reporting (ELR) system reported 10 (12%) positive specimens of the 81 submitted for influenza testing. Of those, subtyping showed that Influenza A (6) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were four (4) positive specimens reported from Duval County and 17 tested negative (Figure 10).

Source: Flu Report, Merlin

State influenza and influenza-like illness activity:

Influenza and ILI activity reported in Florida, during the month of August, showed low levels. Specimens submitted to BPHL for influenza testing were positive by real-time Reverse Transcription Polymerase Chain (RT-PCR). Influenza A (H3) was the dominant strain subtyped.

Source: Florida Department of Health, Florida Flu Review

National influenza activity:

Influenza viruses continue to circulate at low levels nationally. The Centers for Disease Control and Prevention (CDC) identified an antigenically drifted influenza B Victoria lineage strain circulating nationally and in Florida that is different from the strain of influenza B Victoria lineage contained in the 2017-18 influenza vaccination formulations. This drifted strain is also different from the strain of influenza B Victoria lineage included in the 2016-17 influenza vaccination formulations. In the spring of 2017, avian influenza A (H7N9) was identified in chickens in Tennessee, Alabama, and Kentucky; avian influenza A (H7) was identified in chickens in Georgia; and avian influenza A (H5N2) was identified in turkeys in Wisconsin.

In August, one human infection with novel influenza A virus was reported in Ohio. The individual was infected with influenza A (H1N2v) virus after exposure to swine in a fair setting. **No person-to-person transmission was identified.**

To learn more about HPAI, please visit: www.floridahealth.gov/novelflu.

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

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

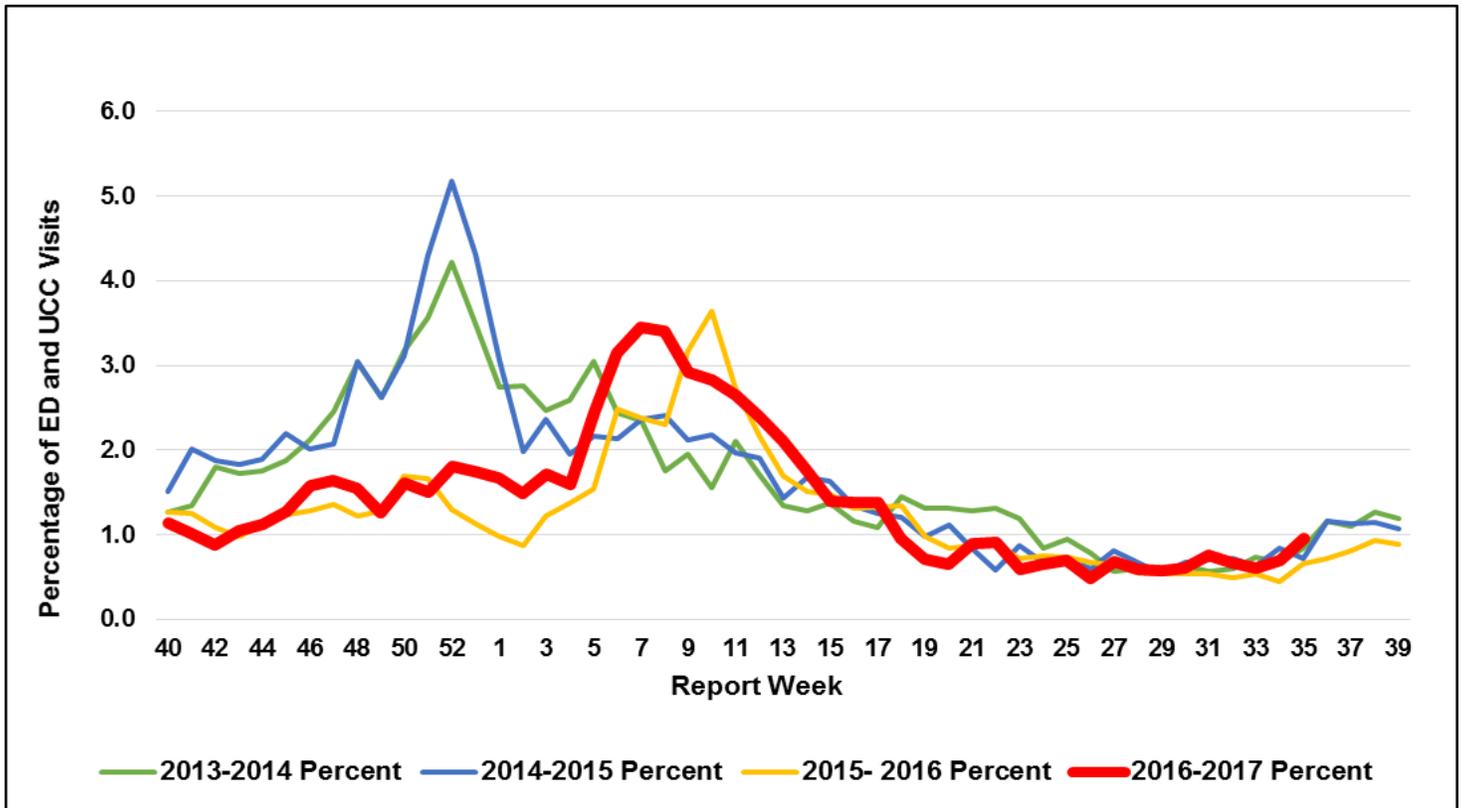


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 30, 2015 – Week 35, 2017

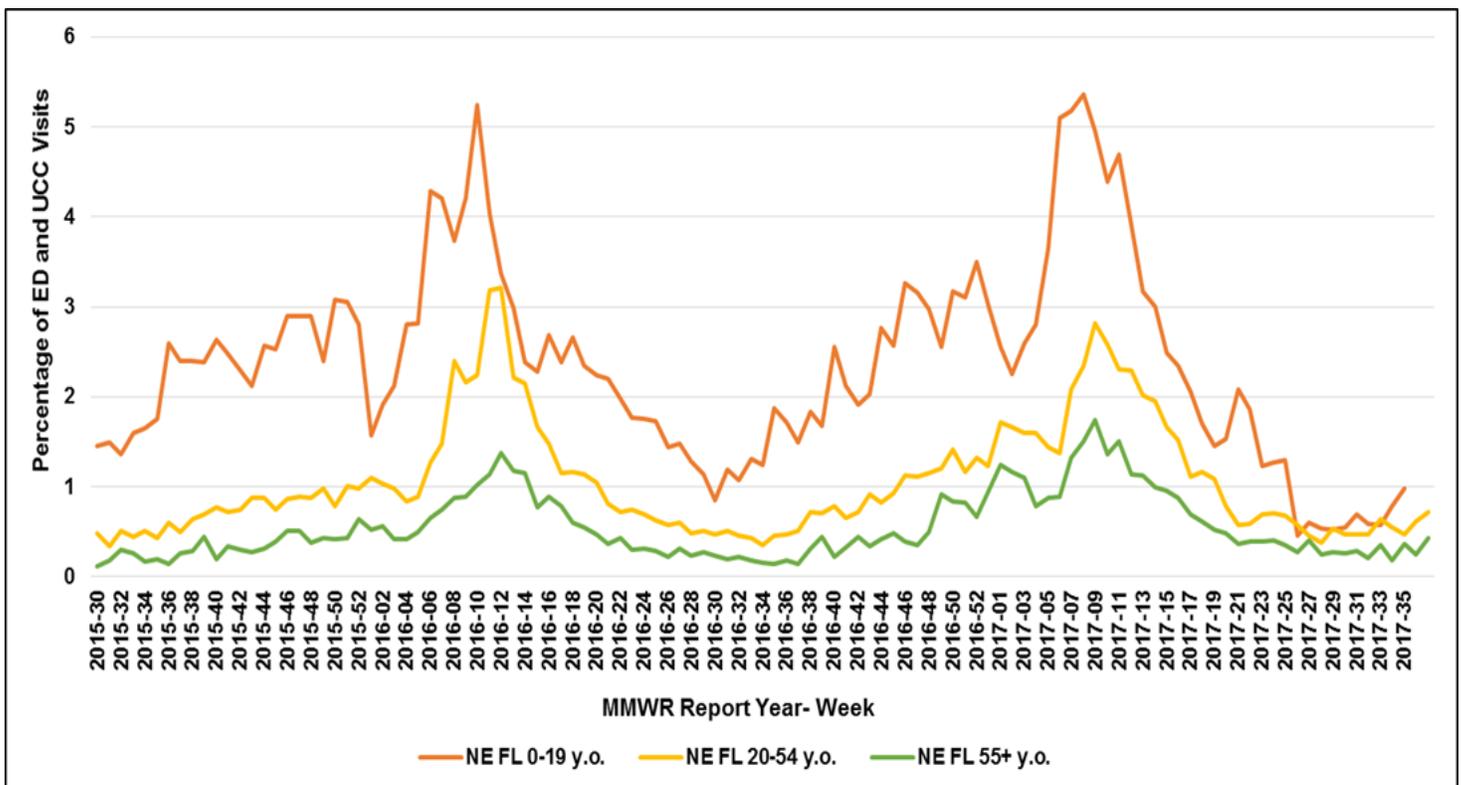


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 31, 2015 - Week 35, 2017

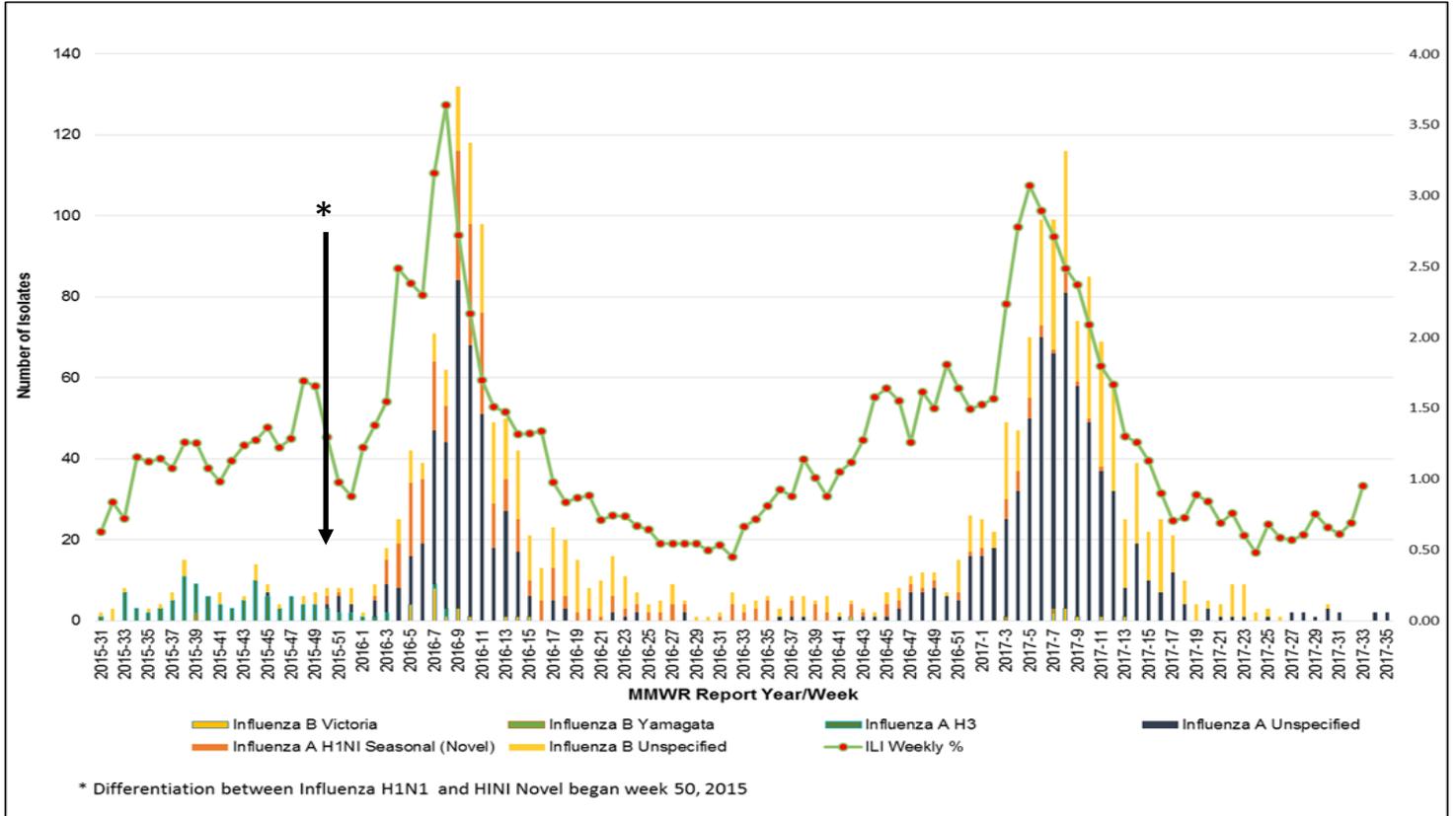
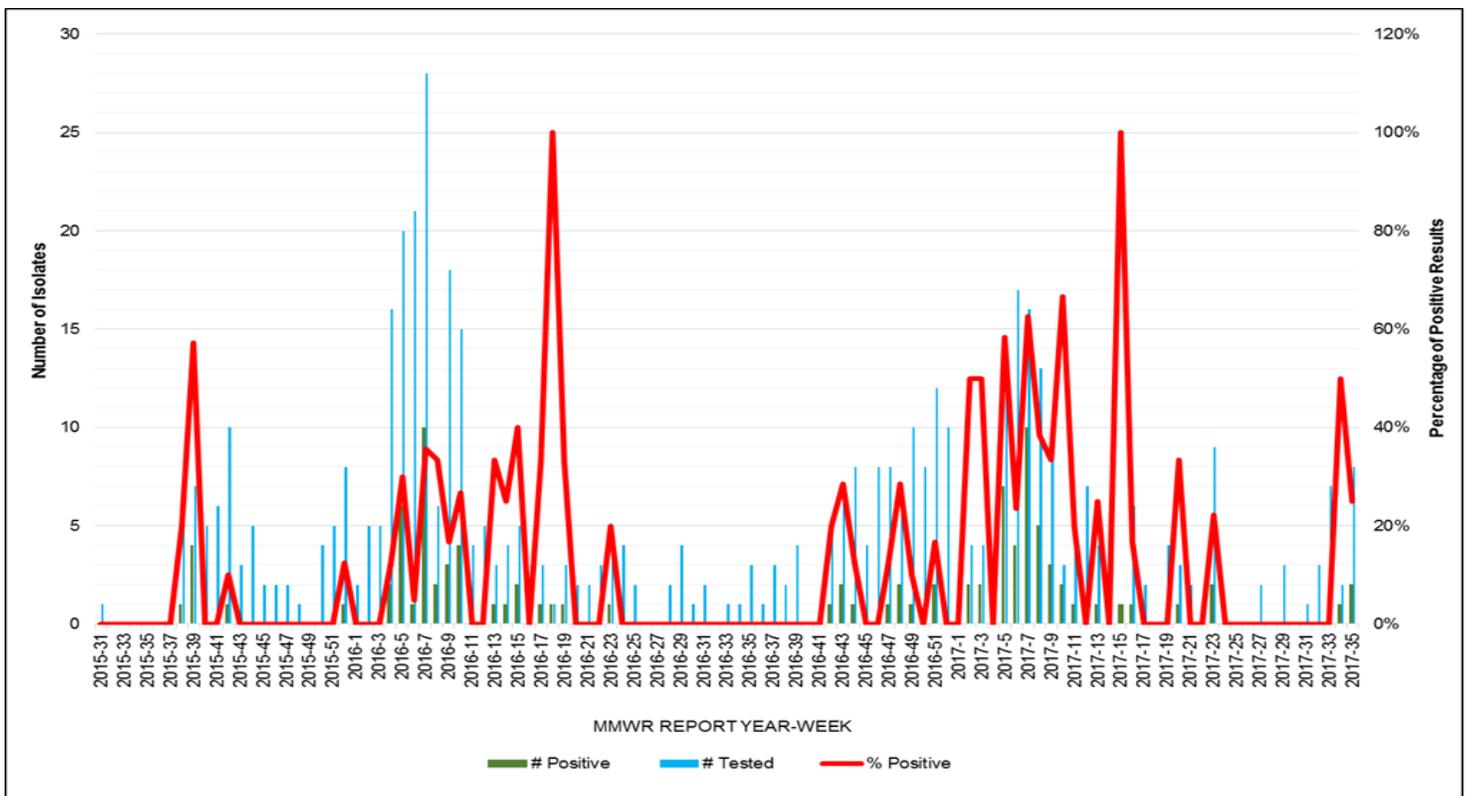


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 31, 2015 – Week 35, 2017





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), and Zika virus disease. Malaria, a parasitic mosquito-borne disease is also included (Figure 11).

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

Duval County 2017 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 August.

State of Florida 2017 Human Case Summary and Surveillance

This report contains information for all arboviruses in 2017. For additional information on Zika virus cases from 2016, please visit <http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html>.

International Travel-Associated Chikungunya Fever Cases: In 2017, one travel-associated case has been reported.

Chikungunya Fever Cases Acquired in Florida: In 2017, no cases of locally acquired chikungunya fever have been reported.

International Travel-Associated Dengue Fever Cases: In 2017, seven travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2017, no cases of locally acquired dengue fever have been reported.

West Nile Virus Illnesses Acquired in Florida: One asymptomatic positive blood donor was reported from Escambia County (August).

International Travel-Associated Zika Fever Cases: In 2017, 125 cases have been reported.

Zika Fever Cases Acquired in Florida: In 2017, ten cases of locally acquired Zika fever exposed in 2016 and tested in 2017 have been reported.

International Travel-Associated Malaria Cases: Forty-six cases of malaria with onset in 2017 have been reported. Countries of origin were Brazil (2), Cameroon (3), Ethiopia/Malawi, Ghana (4), Ghana/Liberia, Guatemala, Guyana, Haiti (5), India (2), Indonesia, Kenya (2), Kenya/South Africa/Tanzania, Liberia, Mozambique, Mozambique/South Africa, Nigeria (8), Sierra Leone (2), South Africa, Togo, Uganda (5), and Venezuela (2). Counties reporting cases were Alachua, Brevard (2), Broward (5), Collier, Clay, Desoto, **Duval (3)**, Escambia, Hillsborough (4), Lee (3), Leon (5), Marion, Miami-Dade (6), Monroe, Orange (2), Osceola (2), Palm Beach (3), Polk, Seminole, St. Lucie, and Volusia. Eight cases were reported in non-Florida residents.

Thirty-three cases (72%) were diagnosed with *Plasmodium falciparum*. Ten cases (22%) were diagnosed with *Plasmodium vivax*. Two cases (4%) were diagnosed with *Plasmodium malariae*. One case (2%) was diagnosed with both *Plasmodium malariae* and *Plasmodium ovale*.

WNV activity: In 2017, positive samples from one blood donor, thirty-nine sentinel chickens, one eagle, and two mosquito pools have been reported from nine counties.

SLEV activity: In 2017, positive samples from nine sentinel chickens have been reported from seven counties.

EEEV activity: In 2017, positive samples from two horses, one deer, and twenty-nine sentinel chickens have been reported from eight counties.

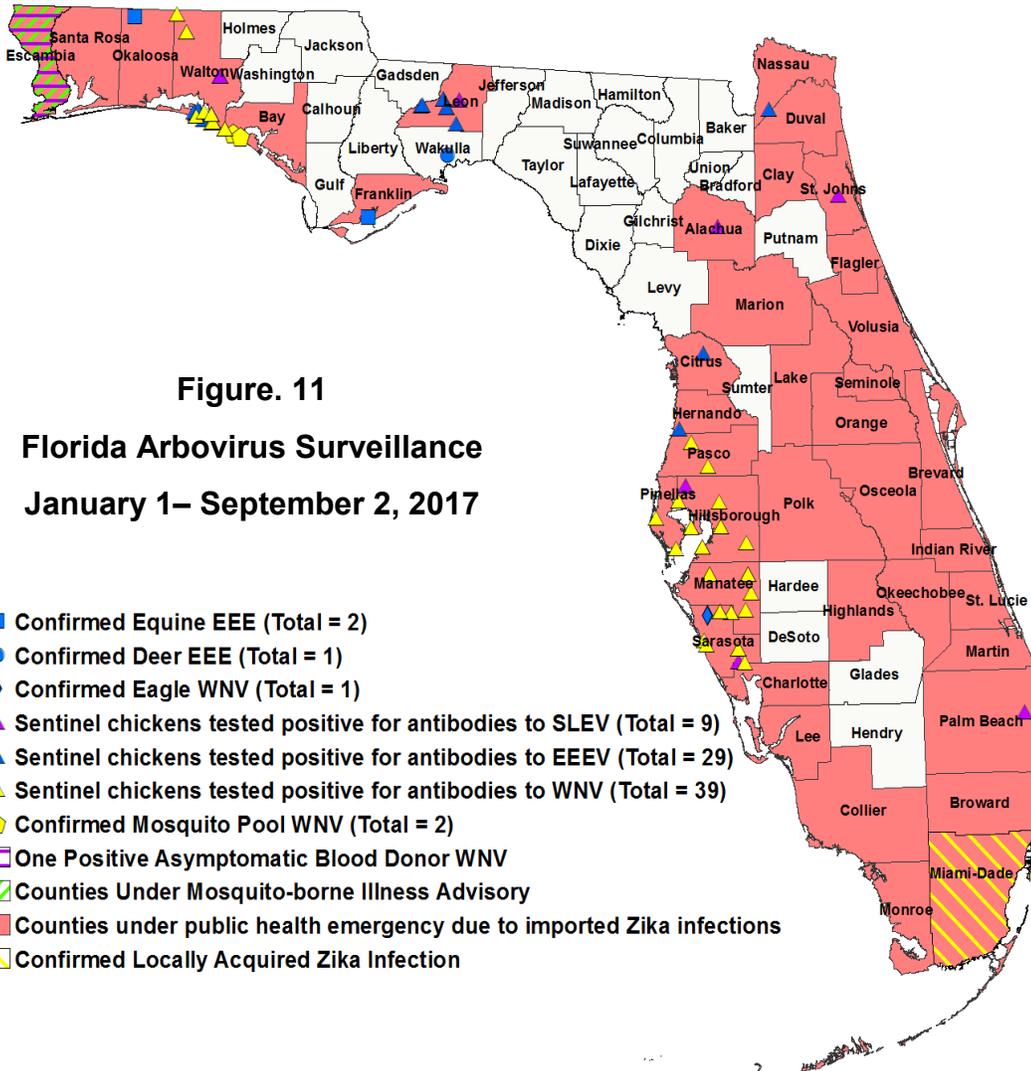


Figure. 11
Florida Arbovirus Surveillance
January 1– September 2, 2017

- Confirmed Equine EEE (Total = 2)
- Confirmed Deer EEE (Total = 1)
- ◆ Confirmed Eagle WNV (Total = 1)
- ▲ Sentinel chickens tested positive for antibodies to SLEV (Total = 9)
- ▲ Sentinel chickens tested positive for antibodies to EEEV (Total = 29)
- ▲ Sentinel chickens tested positive for antibodies to WNV (Total = 39)
- ◆ Confirmed Mosquito Pool WNV (Total = 2)
- ▨ One Positive Asymptomatic Blood Donor WNV
- ▨ Counties Under Mosquito-borne Illness Advisory
- Counties under public health emergency due to imported Zika infections
- ▨ Confirmed Locally Acquired Zika Infection

Table 1: Tuberculosis (TB) Surveillance, Duval County - 1/1/2017 through 8/31/17

| Active TB cases reported year-to-date for August 31, 2017 | | | | | | | |
|---|-------|-------------|---------|-------------------------------------|-------|-------------|---------|
| | Count | Total Cases | Percent | | Count | Total Cases | Percent |
| Gender | | | | Race | | | |
| Male | 18 | 23 | 78.3% | Asian | 5 | 23 | 21.7% |
| Female | 5 | 23 | 21.7% | Pacific Islander/Other | 2 | 23 | 8.7% |
| Country of Origin | | | | Ethnicity | | | |
| U.S. | 12 | 23 | 52.2% | Black | 9 | 23 | 39.1% |
| Non-U.S. | 11 | 23 | 47.8% | White | 7 | 23 | 30.4% |
| Age Group | | | | Risk Factors | | | |
| <5 | 0 | 23 | 0.0% | Hispanic | 2 | 23 | 8.7% |
| 5-14 | 0 | 23 | 0.0% | Non-Hispanic | 21 | 23 | 91.3% |
| 15-24 | 2 | 23 | 8.7% | Excess alcohol use within past year | 2 | 23 | 8.7% |
| 25-44 | 7 | 23 | 30.4% | HIV co-infection* | 3 | 23 | 13.0% |
| 45-64 | 8 | 23 | 34.8% | Injection drug use within past year | 1 | 23 | 4.3% |
| ≥ 65 | 6 | 23 | 26.1% | Homeless within past year | 1 | 23 | 4.3% |
| | | | | Incarcerated at diagnosis | 0 | 23 | 0.0% |
| | | | | Unemployed | 14 | 23 | 60.9% |
| | | | | Drug Resistance | | | |
| | | | | Resistant to isoniazid** | 1 | 15 | 6.7% |

*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 9/18/17. Data is subject to change based on ongoing submission of RVCTs.

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

2017-2018 Influenza Season

As the 2017-2018 influenza season begins, the Florida Department of Health in Duval County recommends that individuals aged ≥ 6 months, who do not have contraindications, get vaccinated. Influenza is a contagious illness, caused by the influenza virus, and spreads to others by coughing, sneezing, or talking. Common symptoms of the flu include fever, headache, fatigue, cough, sore throat, runny or stuffy nose, muscle aches, nausea, vomiting, and diarrhea. Influenza viruses typically circulate widely in the United States annually, from the late fall through the early spring. Although most persons with influenza will recover without sequelae, influenza can cause serious illness and death, particularly among older adults, very young children, pregnant women, and those with certain chronic medical conditions.

The Center for Disease Control (CDC) recommends that getting an annual flu vaccine is the first and best way to protect yourself and your family from the flu. Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations. The CDC has published recommendations from the Advisory Committee on Immunization Practices (ACIP) for the prevention and control of seasonal influenza vaccines for the 2017-2018 season.

What's new this flu season?

- The recommendation to not use the nasal spray flu vaccine (LAIV) was renewed for the 2017-2018 season. Only injectable flu shots are recommended for use again this season.
- Flu vaccines have been updated to better match circulating viruses (the influenza A(H1N1) component was updated).
- Pregnant women may receive any licensed, recommended, and age-appropriate flu vaccine.
- Two new quadrivalent (<https://www.cdc.gov/flu/protect/vaccine/quadrivalent.htm>) (four-component) flu vaccines have been licensed: one inactivated influenza vaccine ("Afluria Quadrivalent" IIV) and one recombinant influenza vaccine ("Flublok Quadrivalent" RIV).
- The age recommendation for "Flulaval Quadrivalent" has been changed from 3 years old and older to 6 months and older to be consistent with FDA-approved labeling.
- The trivalent formulation of Afluria is recommended for people 5 years and older (from 9 years and older) in order to match the Food and Drug Administration package insert.

There are many different flu viruses and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated as needed to match circulating flu viruses. Flu vaccines protect against the three or four viruses (depending on the vaccine) that research suggests will be most common. For 2017-2018, three-component vaccines are recommended to contain:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus (updated)
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like (B/Victoria lineage) virus

Quadrivalent (four-component) vaccines, which protects against a second lineage of B viruses, are recommended to be produced using the same viruses recommended for the trivalent vaccines, as well as a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

This season, only injectable flu vaccines (flu shots) are recommended. Some flu shots protect against three flu viruses and some protect against four flu viruses. You should get a flu vaccine before flu begins spreading in your community. It takes about two weeks after vaccination for antibodies to develop in the body that protect against flu, so make plans to get vaccinated early in fall, before flu season begins. **CDC recommends that people get a flu vaccine by the end of October, if possible.** Source: <https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm>.

Table 2. Area 4* Reported Sexually Transmitted Diseases (STDs) Summary for August 2017, 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 | 5 | 28% | 5 | Female | 544 | 66% | 436 | Female | 157 | 42% | 147 |
| Male | 13 | 72% | 12 | Male | 281 | 34% | 230 | Male | 219 | 58% | 193 |
| Race | Area 4* | % | Duval | Race | Area 4* | % | Duval | Race | Area 4* | % | Duval |
| Black | 13 | 72% | 13 | Black | 442 | 54% | 411 | Black | 269 | 72% | 256 |
| Hispanic | 0 | 0% | 0 | Hispanic | 35 | 4% | 30 | Hispanic | 13 | 3% | 13 |
| White | 5 | 28% | 4 | White | 211 | 26% | 132 | White | 61 | 16% | 45 |
| Other | 0 | 0% | 0 | Other | 137 | 17% | 93 | Other | 33 | 9% | 26 |
| Age | Area 4* | % | Duval | Age | Area 4* | % | Duval | Age | Area 4* | % | Duval |
| 0-14 | 0 | 0% | 0 | 0-14 | 1 | 0% | 1 | 0-14 | 2 | 1% | 2 |
| 15-19 | 0 | 0% | 0 | 15-19 | 233 | 28% | 186 | 15-19 | 74 | 20% | 67 |
| 20-24 | 7 | 39% | 7 | 20-24 | 295 | 36% | 232 | 20-24 | 119 | 32% | 109 |
| 25-29 | 2 | 11% | 2 | 25-29 | 167 | 20% | 137 | 25-29 | 69 | 18% | 61 |
| 30-39 | 5 | 28% | 5 | 30-39 | 91 | 11% | 82 | 30-39 | 68 | 18% | 61 |
| 40-54 | 4 | 22% | 3 | 40-54 | 33 | 4% | 23 | 40-54 | 31 | 8% | 28 |
| 55+ | 0 | 0% | 0 | 55+ | 5 | 1% | 5 | 55+ | 13 | 3% | 12 |
| Total Cases | 18 | | 17 | Total Cases | 825 | | 666 | Total Cases | 376 | | 340 |

Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties
 Prepared by: Clement Richardson , STD Surveillance Supervisor

Table 3. Provisional Cases* of Select Reportable Diseases/Conditions, Duval County, Florida, August 2017

| Disease | DUVAL | | | | | All Counties | | | | | | |
|---|--------|------|------------------|---------|------|--------------|------|------------------|------|------|-------|---------|
| | August | | Cumulative (YTD) | | | August | | Cumulative (YTD) | | | | |
| | 2017 | 2016 | Mean† | Median‡ | 2017 | 2016 | 2017 | 2016 | 2017 | 2016 | Mean† | Median‡ |
| A. Vaccine Preventable Diseases | | | | | | | | | | | | |
| Diphtheria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles (Rubella) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mumps | 4 | 0 | 0 | 0 | 7 | 0 | 0 | 16 | 6 | 1.8 | 1 | 71 |
| Pertussis | 2 | 1 | 2.2 | 2 | 15 | 8 | 26 | 27 | 28 | 31 | 48.2 | 44 |
| Rubella | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 | 0 | 0 |
| Varicella (Chickenpox) | 0 | 3 | 3.2 | 3 | 27 | 23 | 30.6 | 30 | 43 | 54 | 46.8 | 54 |
| B. CNS Diseases & Bacteremias | | | | | | | | | | | | |
| Creutzfeldt-Jakob Disease (CJD) | 0 | 0 | 0 | 0 | 1 | 1 | 0.2 | 0 | 1 | 2 | 2 | 2 |
| Haemophilus influenzae Invasive Disease | 2 | 1 | 1.2 | 1 | 15 | 19 | 15.4 | 19 | 20 | 12 | 15.8 | 17 |
| Meningitis: Bacterial or Mycotic | 0 | 0 | 0.6 | 1 | 2 | 3 | 9.6 | 12 | 12 | 9 | 11.4 | 12 |
| Meningococcal Disease | 0 | 0 | 0 | 0 | 1 | 1 | 0.6 | 0 | 3 | 1 | 1.6 | 1 |
| Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0.4 | 0 |
| Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Strep pneumoniae Invasive Disease: Drug-Resistant | 0 | 1 | 0.8 | 1 | 7 | 19 | 15.8 | 14 | 10 | 7 | 13.6 | 12 |
| Strep pneumoniae Invasive Disease: Drug-Susceptible | 1 | 0 | 0.2 | 0 | 14 | 13 | 14.4 | 13 | 12 | 13 | 14 | 13 |
| C. Enteric Infections | | | | | | | | | | | | |
| Campylobacteriosis | 14 | 11 | 10 | 11 | 125 | 59 | 67.2 | 70 | 391 | 359 | 297.8 | 291 |
| Cryptosporidiosis | 3 | 1 | 10.6 | 5 | 13 | 14 | 28.8 | 20 | 75 | 56 | 168 | 57 |
| Cyclosporiasis | 0 | 0 | 0 | 0 | 3 | 0 | 1.4 | 0 | 9 | 5 | 2.8 | 2 |
| Escherichia coli: Shiga Toxin-Producing (STEC) Infection** | 2 | 0 | 0.8 | 1 | 12 | 7 | 9.4 | 7 | 66 | 72 | 54 | 50 |
| Giardiasis: Acute | 2 | 4 | 5.8 | 5 | 18 | 34 | 36.4 | 36 | 72 | 102 | 118.8 | 129 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 |
| Listeriosis | 0 | 1 | 0.6 | 0 | 2 | 2 | 1.2 | 1 | 7 | 4 | 6 | 6 |
| Salmonellosis | 50 | 51 | 61.6 | 68 | 206 | 226 | 232 | 226 | 746 | 813 | 808.8 | 805 |
| Shigellosis | 7 | 3 | 15.6 | 3 | 56 | 40 | 87.8 | 45 | 161 | 94 | 153.2 | 173 |
| Typhoid Fever (Salmonella Serotype Typhi) | 0 | 1 | 0.2 | 0 | 0 | 1 | 0.4 | 0 | 5 | 4 | 2 | 2 |
| D. Viral Hepatitis | | | | | | | | | | | | |
| Hepatitis A | 0 | 0 | 0.4 | 0 | 1 | 1 | 1.2 | 1 | 25 | 14 | 11.2 | 12 |
| Hepatitis B: Acute | 1 | 0 | 0.8 | 1 | 19 | 24 | 13.2 | 10 | 53 | 73 | 40.8 | 34 |
| Hepatitis B: Surface Antigen in Pregnant Women | 1 | 1 | 3.2 | 3 | 12 | 19 | 27 | 29 | 24 | 34 | 39 | 37 |
| Hepatitis C: Acute | 0 | 1 | 1.2 | 1 | 11 | 6 | 4.8 | 6 | 17 | 31 | 20.8 | 19 |
| E. Vector-Borne, Zoonoses | | | | | | | | | | | | |
| Chikungunya Fever | 0 | 0 | 0.6 | 0 | 0 | 1 | 1.4 | 1 | 0 | 0 | 15.8 | 0 |
| Ciguatera Fish Poisoning | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 9 | 13 | 11 |
| Dengue Fever | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.6 | 0 | 2 | 11 | 20 | 11 |
| Eastern Equine Encephalitis Neuroinvasive Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.2 | 0 |
| Ehrlichiosis (Ehrlichia ewingii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ehrlichiosis - HME (Ehrlichia chaffeensis) | 0 | 0 | 0 | 0 | 0 | 1 | 0.6 | 1 | 2 | 3 | 1.6 | 1 |
| Ehrlichiosis/Anaplasmosis: Undetermined | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Leptospirosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0.4 | 0 |
| Lyme Disease | 2 | 3 | 0.6 | 0 | 5 | 10 | 3.4 | 1 | 27 | 46 | 28.6 | 26 |
| Malaria | 0 | 2 | 0.8 | 1 | 3 | 5 | 3 | 2 | 8 | 17 | 8.6 | 8 |
| Rabies: Animal | 0 | 0 | 0.2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 6.6 | 6 |
| St. Louis Encephalitis Neuroinvasive Disease | 0 | 0 | 0.4 | 0 | 0 | 0 | 0.4 | 0 | 0 | 0 | 0.4 | 0 |
| Zika Virus Disease and Infection- Congenital | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.2 | 0 |
| Zika Virus Disease and Infection- Non-Congenital | 0 | 3 | 0.6 | 0 | 0 | 10 | 2 | 0 | 33 | 381 | 76.4 | 0 |
| F. Others | | | | | | | | | | | | |
| Botulism: Infant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 |
| Bruceellosis | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.4 | 0 |
| Carbon Monoxide Poisoning | 0 | 2 | 1 | 0 | 1 | 6 | 7.4 | 4 | 14 | 14 | 15.8 | 11 |
| Hansen's Disease (Leprosy) | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 | 1.4 | 0 |
| Legionellosis | 1 | 0 | 1.8 | 1 | 17 | 16 | 12.4 | 12 | 50 | 46 | 33.6 | 27 |
| Vibriosis‡ | 0 | 2 | 1.2 | 1 | 9 | 9 | 8.2 | 7 | 21 | 24 | 22.2 | 22 |

This report consist of confirmed and probable cases based on the date of event(initial) as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2017 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
 ** Includes E. coli O157:H7, shiga-toxin positive, serogroup non-O157, and shiga-toxin positive, not serogrouped
 ‡ includes Grimontia hollisae, Vibrio alginolyticus, Vibrio parahaemolyticus, Vibrio vulnificus, Vibrio fluvialis, Other Vibrio Species

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): IILINet 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 of staff about individual cases of high-priority diseases. All data are 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 reported 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 precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

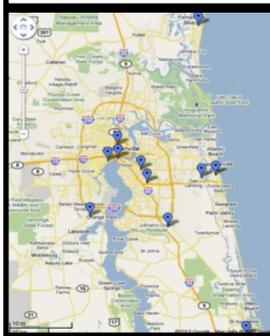
Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

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
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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?

HIV/AIDS: 904-253-2989, 904-253-2954
 STD: 904-253-2974, Fax: 904-253-1601
 TB Control: 904-253-1070, Fax: 904-253-1943
 All Others, Epidemiology: 904-253-1850, Fax: 904-253-1851, After-Hours Emergency: 904-434-6035

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎ Report immediately 24/7 by phone
 • Report next business day
 + Other reporting timeframe

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance + Acquired immune deficiency syndrome (AIDS) ☎ Amebic encephalitis ! Anthrax • Arsenic poisoning ! Arboviral diseases not otherwise listed • 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 (<i>Vibrio cholerae</i> type O1) • Ciguatera fish poisoning + Congenital anomalies • Conjunctivitis in neonates <14 days old • Creutzfeldt-Jakob disease (CJD) • Cryptosporidiosis • Cyclosporiasis ! Dengue fever ! Diphtheria • Eastern equine encephalitis • Ehrlichiosis/anaplasmosis • <i>Escherichia coli</i> infection, Shiga toxin-producing • Giardiasis, acute ! Glanders • Gonorrhea • Granuloma inguinale | <ul style="list-style-type: none"> ! <i>Haemophilus influenzae</i> invasive disease in children <5 years old • Hansen's disease (leprosy) ☎ Hantavirus infection ☎ Hemolytic uremic syndrome (HUS) ☎ Hepatitis A • Hepatitis B, C, D, E, and G • Hepatitis B surface antigen in pregnant women 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 (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) ☎ Pertussis | <ul style="list-style-type: none"> • 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 ☎ <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) • <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old • Syphilis ☎ Syphilis in pregnant women and neonates • Tetanus • Trichinellosis (trichinosis) • Tuberculosis (TB) ! Tularemia ☎ Typhoid fever (<i>Salmonella</i> serotype Typhi) ! Typhus fever, epidemic ! Vaccinia disease • Varicella (chickenpox) ! Venezuelan equine encephalitis • Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! Viral hemorrhagic fevers • West Nile virus disease ! Yellow fever ! 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...