

Duval County Epidemiology Surveillance Report

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

Rick Scott Governor
Celeste Philip, MD, MPH
State Surgeon General and Secretary

August 2018

Florida Department of Health
Duval County
900 University Blvd N
Jacksonville, FL 32211
(904)253-1000
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

Guirlande Etienne

Volunteer

Johnathan Narvaez

In This Issue:

| | |
|---|------|
| Report Summary..... | 1 |
| Enteric Disease..... | 2- 4 |
| Influenza & Influenza-like Illness (ILI)..... | 4- 6 |
| • Enhanced Influenza Surveillance | |
| Mosquito-borne Illness Surveillance..... | 7- 8 |
| Notable Topics and Other Statistics..... | 9 |
| • West Nile Virus Reported Cases | |
| • TB Surveillance in Duval County | |
| • Sexually Transmitted Diseases | |
| Reportable Diseases/Conditions..... | 10 |
| Dictionary..... | 11 |
| Reportable Diseases/Conditions List..... | 12 |
| Reportable Practitioner Form..... | 13 |
| West Nile Fever Factsheet..... | 14 |

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), respiratory syncytial virus infection (RSV), mosquito-borne illness surveillance, active tuberculosis cases, sexually transmitted diseases (STDs), 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, 2018 unless noted otherwise.

DOH-Duval reported 258 cases of various diseases/conditions in August. Please note that all cases met the case definition as either a confirmed, probable or suspect case. Among the cases reported, there was a case of Eastern equine encephalitis neuroinvasive disease, Haemophilus influenzae, listeriosis, West Nile virus non-neuroinvasive and neuroinvasive disease, two cases of mumps, Vibrio parahaemolyticus, six cases of Shiga toxin-producing *Escherichia coli* (STEC) infection, and eight cases of legionellosis.

Surveillance data for select enteric diseases showed an increase in case counts compared to the previous month of July. Influenza and ILI activity also reported elevated levels.

This issue will also highlight cases of West Nile virus cases reported in Duval County for 2018.



Enteric Disease

Select enteric disease activity reported in August showed a slight increase compared to the previous month of July (weeks 22-31, 2018). Cases of salmonellosis (51) increased, cases of shigellosis (1) and cryptosporidiosis (1) decreased, while cases of giardiasis (0) and campylobacteriosis (0) remained unchanged (Figures 2 - 6). No outbreaks were reported to DOH-Duval in August.

Compared to 2017, cases of salmonellosis and campylobacteriosis showed an increase, while cases of shigellosis, cryptosporidiosis and campylobacteriosis decreased (Figure 1). Cases reported for this year (2018) showed that those 00 to 04 years of age accounted for the majority of the 110 cases reported, followed by those 55 to 74 years of age, with 86 cases.

(Source: FDENS EpiCom, ESSENCE).

Figure 1. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, August 2015 – August 2018

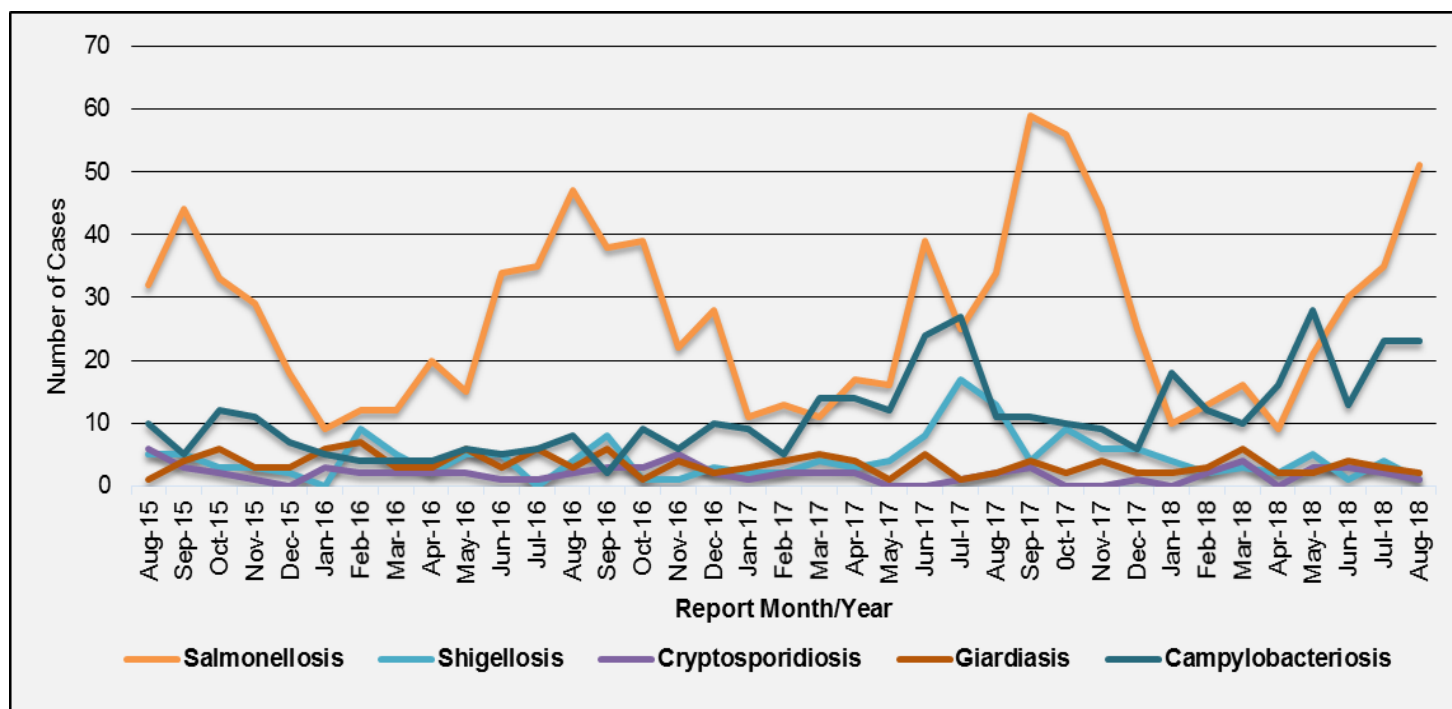


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 35, 2016 – Week 35, 2018

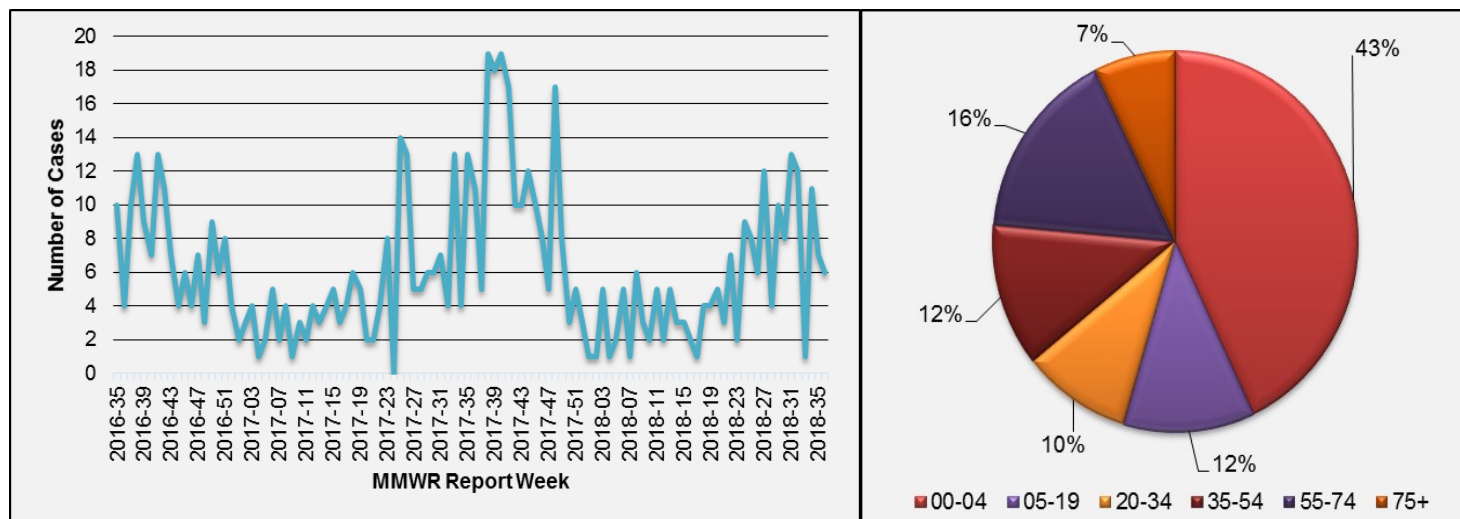




Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 35, 2016 – Week 35, 2018

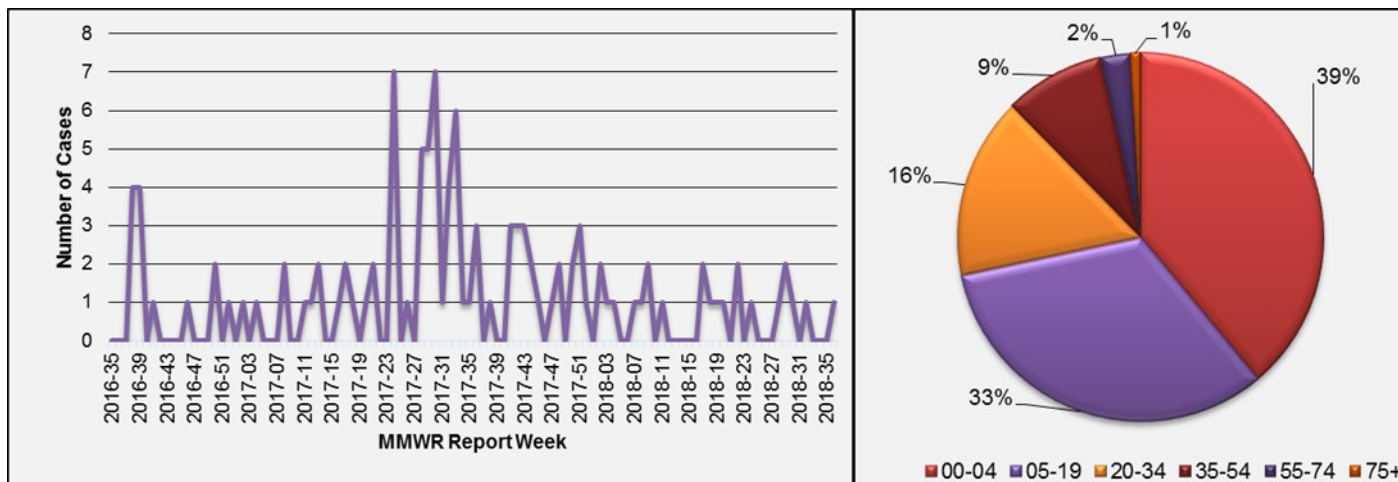


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 35, 2016 – Week 35, 2018

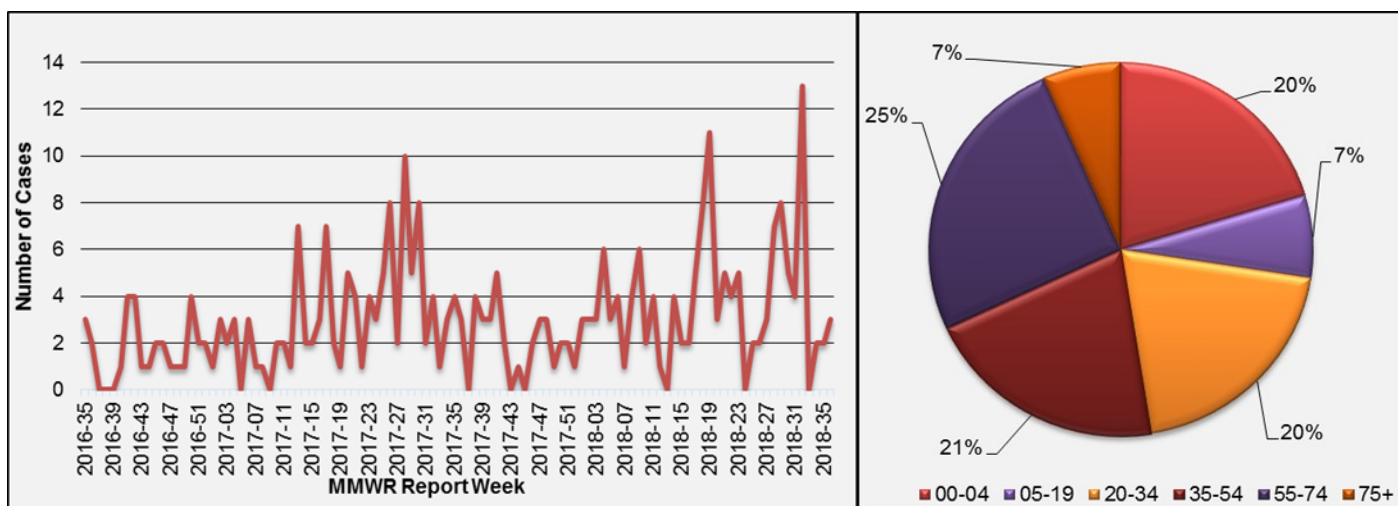


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 35, 2016 – Week 35, 2018

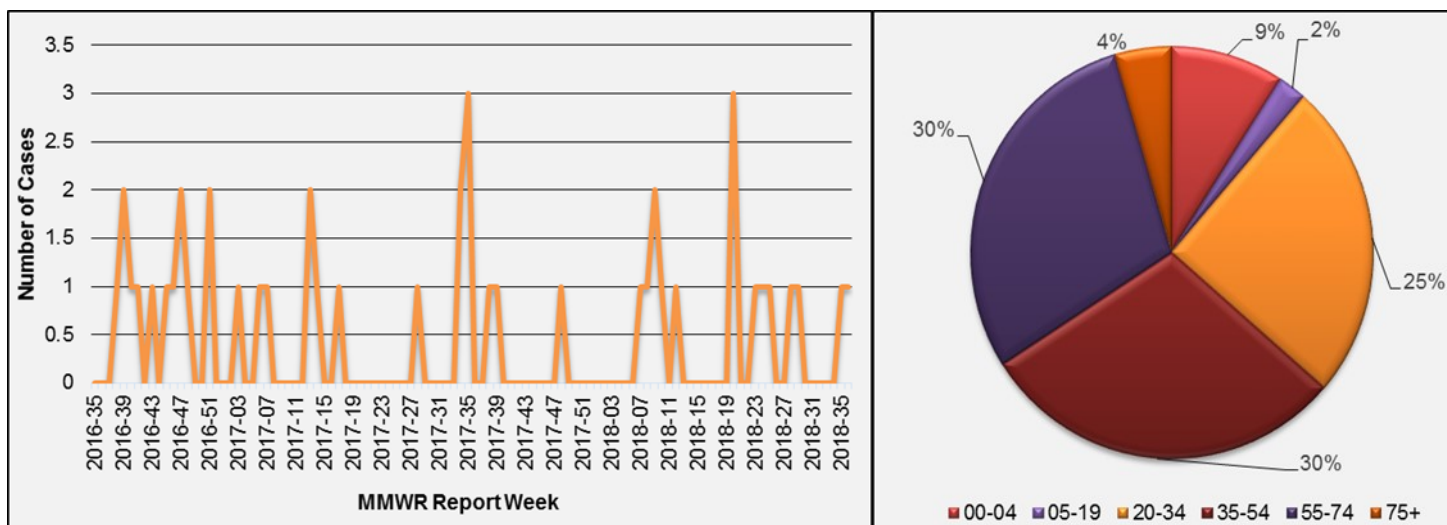
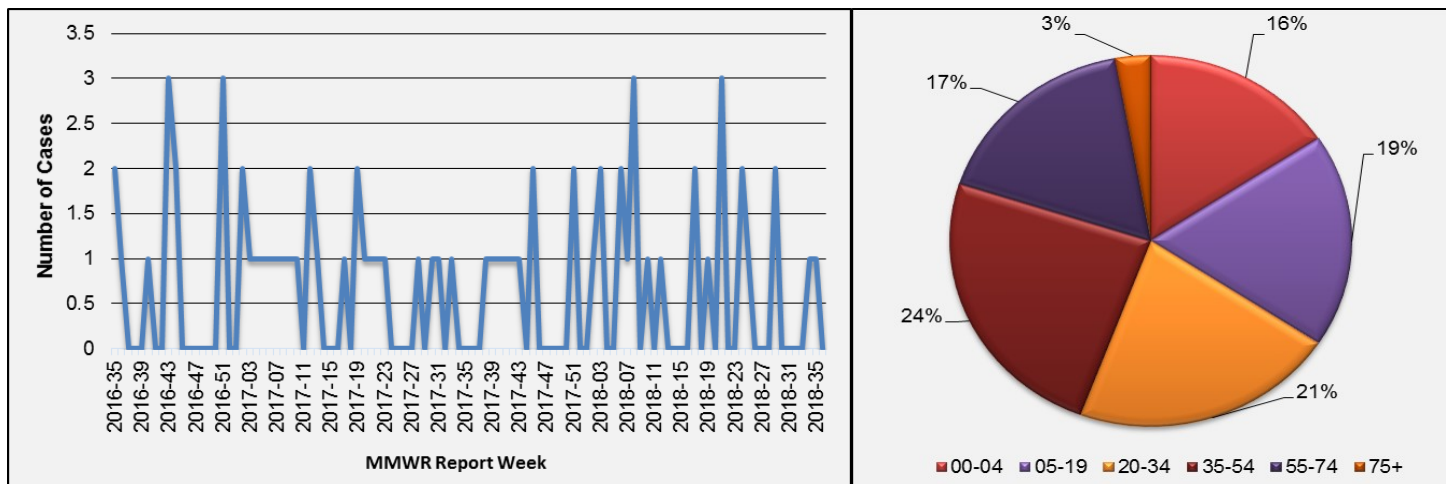


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 35, 2016 – Week 35, 2018



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed normal activity during the month of August. Emergency Department (ED) and Urgent Care Center (UCC) ILI visits monitored through ESSENCE showed similar activity when compared to the previous season (Figure 7). ED and UCC influenza and ILI visits for all age groups show similar trends with a slight increase as the 2018-2019 influenza season begins (Figure 8). The Electronic Laboratory Reporting (ELR) system reported 9 (12%) positive specimens out of the 76 submitted for influenza testing. Of those, subtyping showed that influenza A, with 5 positives, was the dominant strain detected by laboratories (Figure 9). The Bureau of Public Health Laboratories (BPHL) - Jacksonville reported 4 (80%) positive and 1 (20%) negative specimens for Duval County (Figure 10).

Source: Flu Lab Report, Merlin

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

In August, no ICU laboratory-confirmed influenza in persons less than 65 were reported for Duval County Reporting guidelines, which include patients:

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

For additional information please visit <http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html> or contact the local county health department.

State influenza and influenza-like illness activity:

Influenza activity remains low statewide. Modest increases are expected over the coming weeks as we approach the start of the traditional influenza season. In Florida, 512 outbreaks of influenza and ILI have been reported since October 2017. Eight influenza-associated pediatric deaths have been confirmed since the start of the 2017-2018 influenza season. The Bureau of Public Health Laboratories' testing for influenza were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) for influenza A unspecified.

National influenza activity:

The Centers for Disease Control and Prevention (CDC) continues to report influenza viruses circulating at low levels nationally. Consistent with trends observed in Florida, influenza A viruses have continued to predominate since early July, with the majority of the subtyped influenza A viruses being influenza A 2009 (H1N1). CDC has received reports of localized outbreaks across the United States, which is expected for this time of year. The majority of these outbreaks were caused by influenza A 2009 (H1N1).

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)

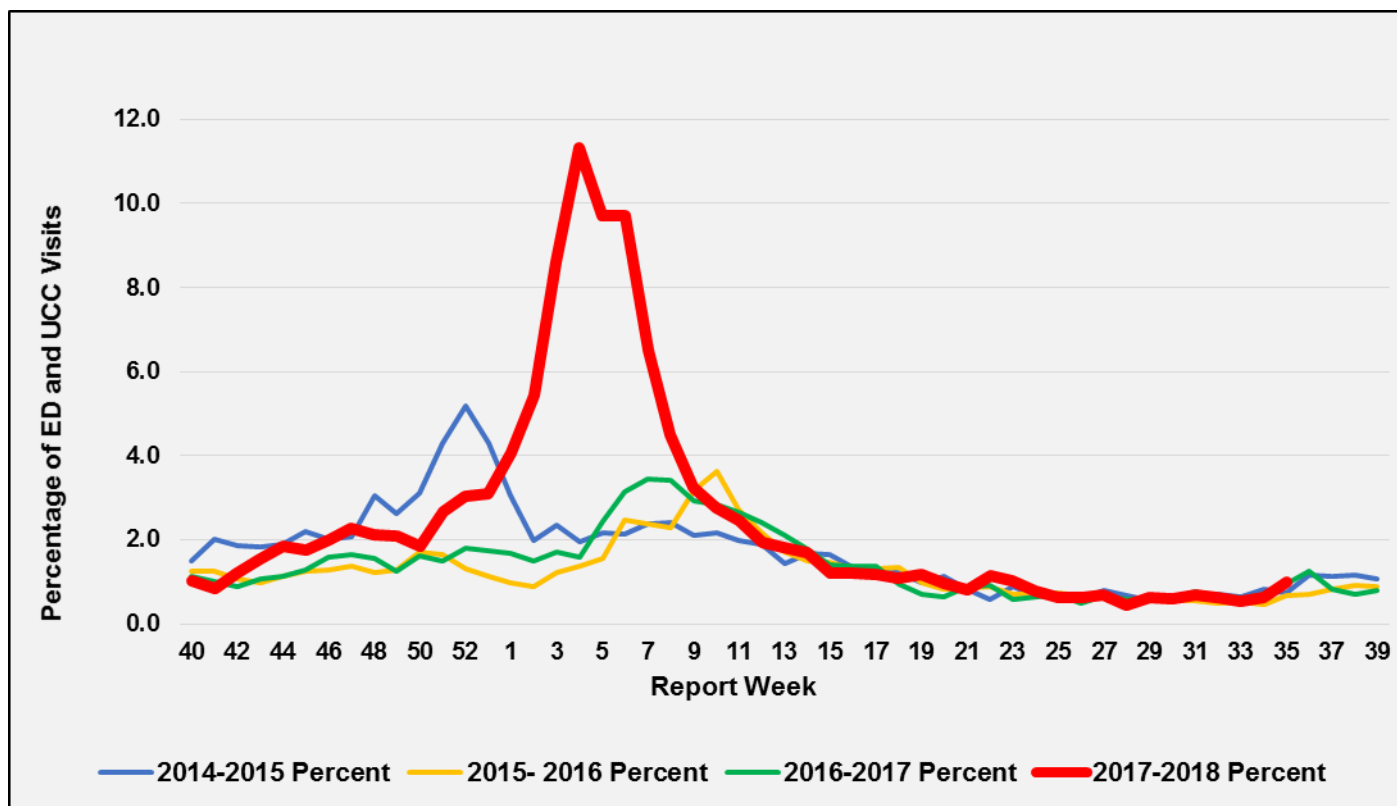


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 34, 2016 – Week 35, 2018

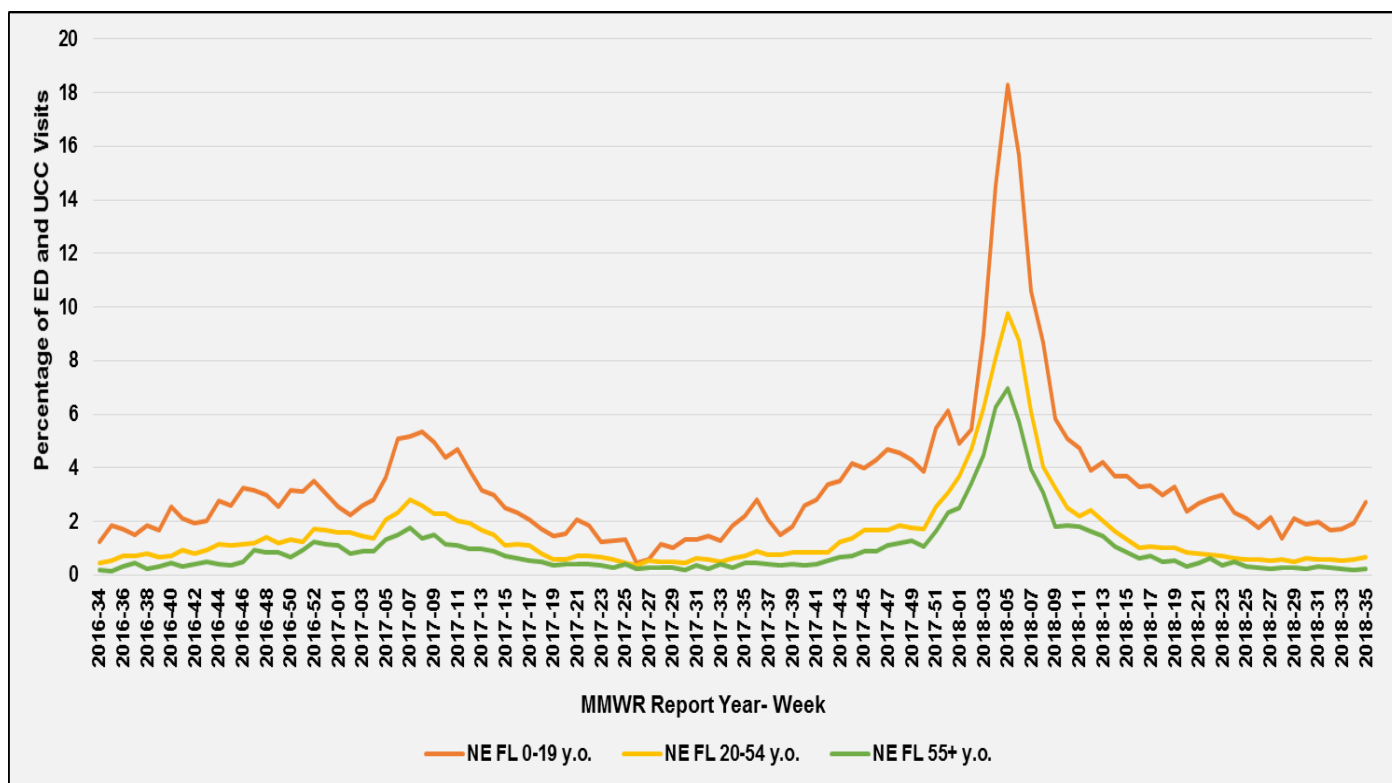


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 35, 2016 - Week 35, 2018

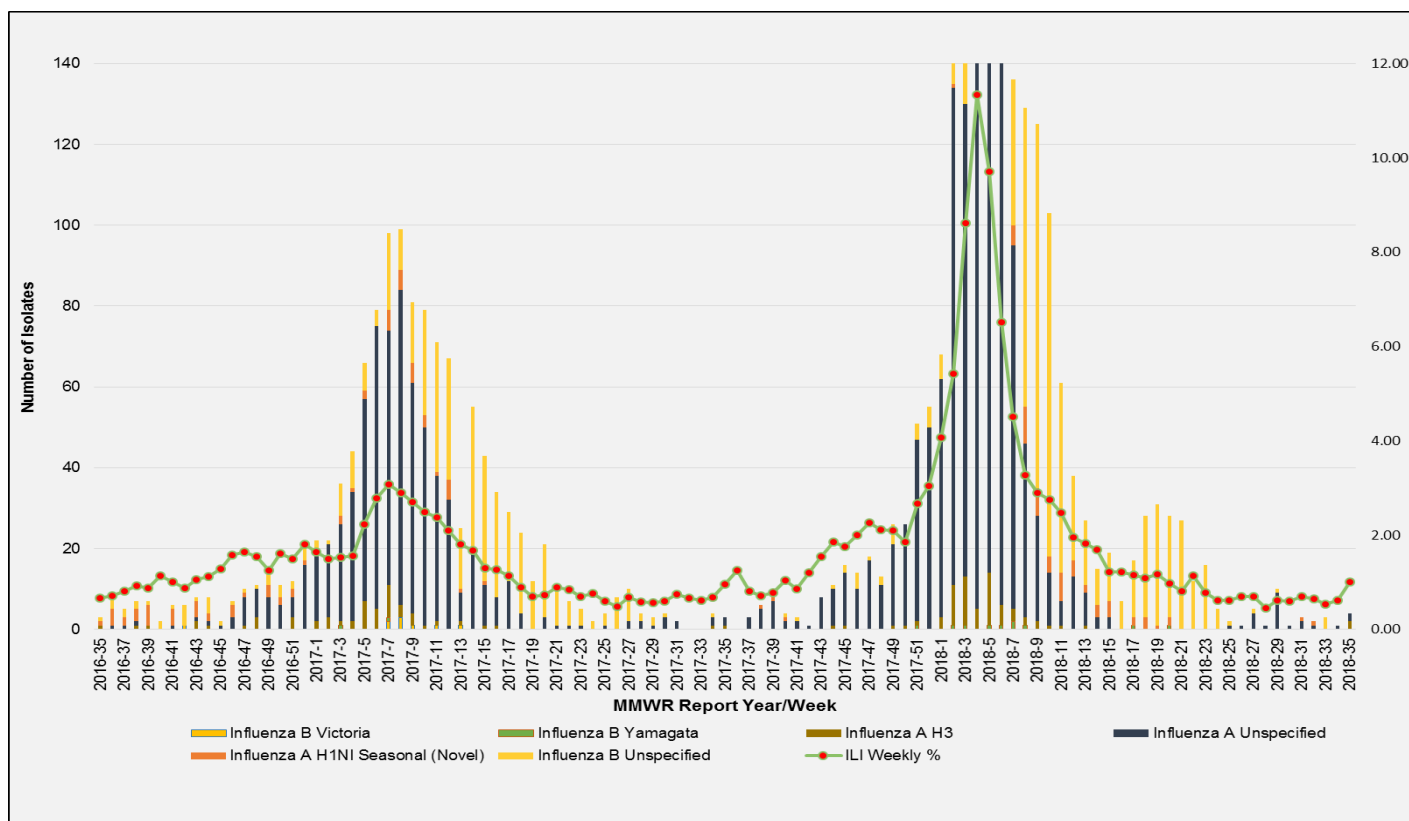
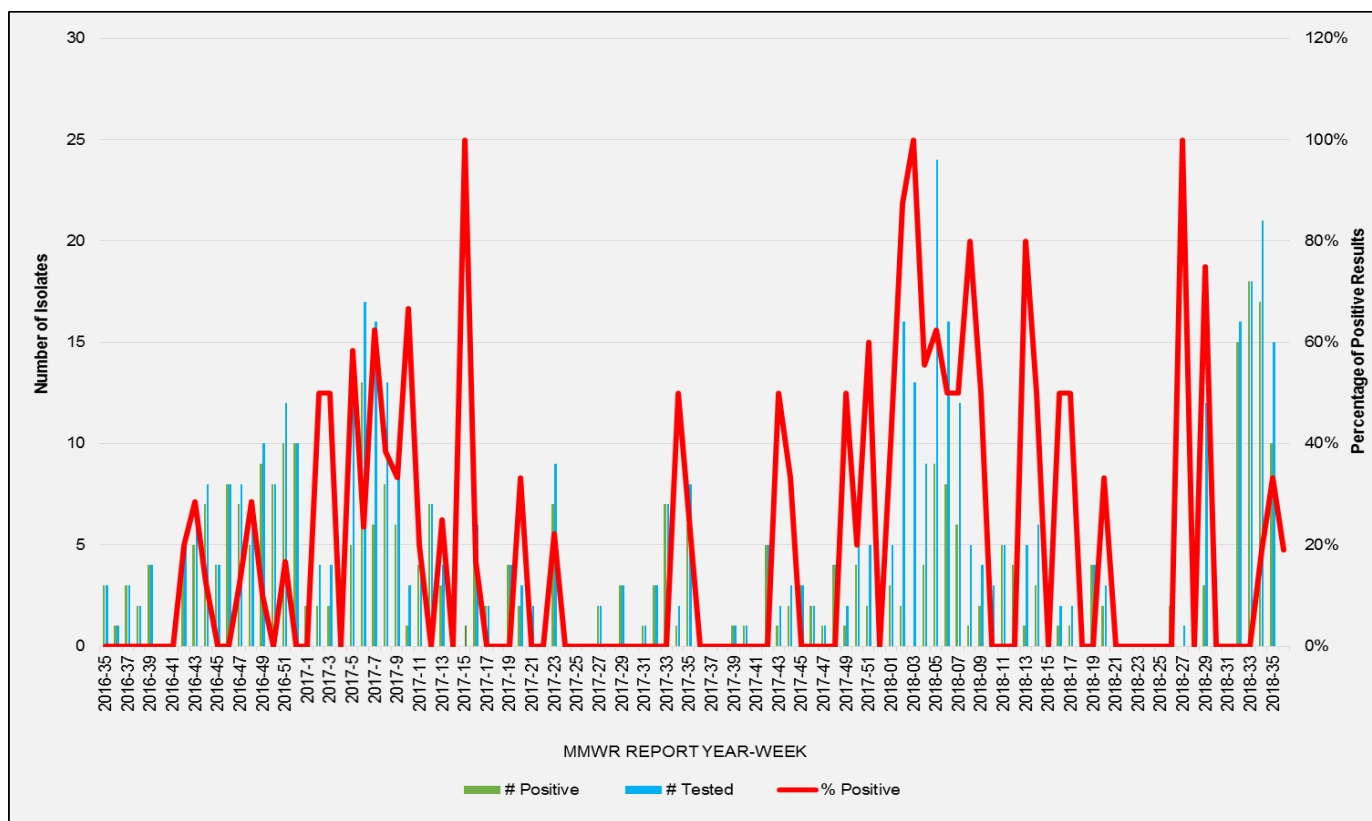


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 35, 2016 – Week 35, 2018



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), 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 2018 Human Case Summary

One asymptomatic blood donor and two human cases of West Nile virus (WNV) were reported in Duval County during the month of August. No local cases of chikungunya fever, dengue, malaria or Zika virus were reported during this time.

State of Florida 2018 Human Case Summary and Surveillance

International Travel-Associated Dengue Fever Cases: In 2018, 20 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2018, no cases of locally acquired dengue fever have been reported.

International Travel-Associated Chikungunya Fever Cases: In 2018, two travel-associated case has been reported.

Chikungunya Fever Cases Acquired in Florida: In 2018, no cases of locally acquired chikungunya fever have been reported.

International Travel-Associated Zika Fever Cases: In 2018, sixty-six cases of Zika fever have been reported in individuals with travel history to a country or area experiencing Zika virus activity.

Zika Fever Cases Acquired in Florida: In 2018, no cases of locally acquired Zika have been reported.

Advisories/Alerts: Columbia, Lake, Manatee, Marion, Nassau, Okeechobee, Orange, Sarasota, St. Johns, Suwannee, Taylor, Volusia and Walton counties are currently under a mosquito-borne illness advisory. Bay, Duval and Levy counties are currently under a mosquito-borne illness alert. No other counties are currently under mosquito-borne illness advisory or alert.

International Travel-Associated Malaria Cases: Forty-four cases of malaria with onset in 2018 have been reported.

Twenty-seven cases (61%) were diagnosed with *Plasmodium falciparum*. Thirteen cases (30%) were diagnosed with *Plasmodium vivax*. Three cases (7%) were diagnosed with *Plasmodium ovale*. One case (2%) was diagnosed with *Plasmodium malariae*.

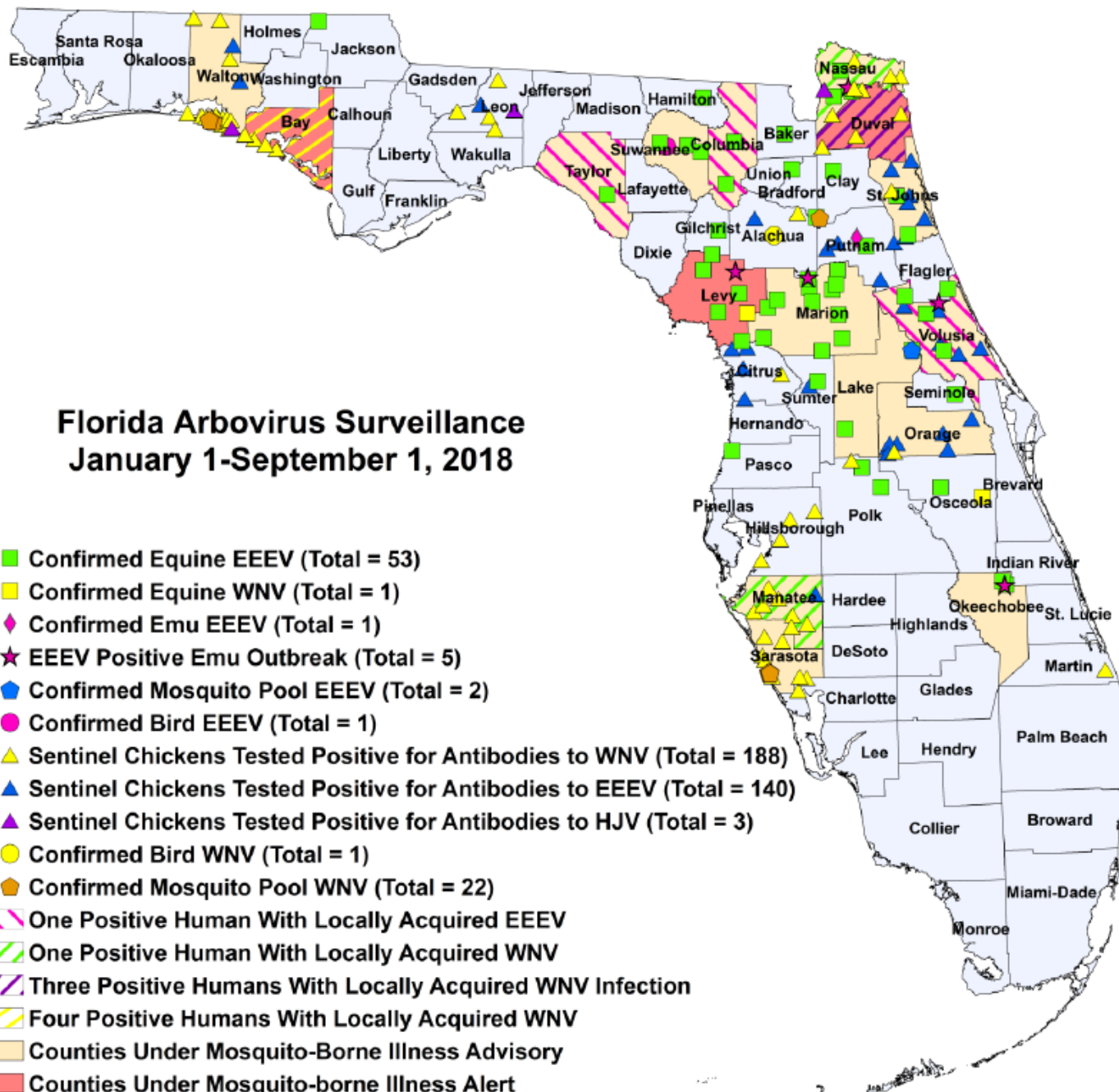
West Nile Virus Illnesses Acquired in Florida: A total of seven human cases of WNV illness acquired in Florida have been reported in 2018; three in Bay (July), two in Duval (August), one in Manatee (July) and one in Nassau (August) counties. Two asymptomatic positive blood donors were reported from Bay (June) and Duval (August) counties.

EEEV Infection Acquired in Florida: Three human cases of Eastern equine encephalitis acquired in Florida have been reported in 2018 in Columbia (July), Taylor (May) and Volusia (July) counties.

WNV activity: In 2018, positive samples from seven humans, two blood donors, one horse, one crow, 22 mosquito pools and 188 sentinel chickens have been reported from 18 counties.

SLEV activity: In 2018, there have been no positive samples reported.

EEEV activity: In 2018, positive samples from three humans, 51 horses, one mule, one donkey, one owl, one emu, five emu flocks, two mosquito pools and 140 sentinel chickens have been reported from 31 counties.



Notable Topics and Other Statistics

Duval County reported three cases of West Nile virus disease, from January to August 30, 2018. Of the reported cases, two were reported as neuroinvasive disease and one non-neuroinvasive disease. Reported cases have heightened awareness and officials continue to encourage residents and visitors to avoid being bitten by mosquitoes by taking precautions to limit exposure.

West Nile virus (WNV) illness is a disease that can be spread to people and animals through the bite of an infected mosquito. The virus can cause potentially serious illness and even death in some people. Experts believe WNV is well established in North America including Florida, with the highest activity reported in the summer and fall months.

Most West Nile virus infections (approximately 80%) are asymptomatic. In those people that do develop symptoms, most experience mild illness termed West Nile Fever (WNF) that is characterized by headache, fever, pain and fatigue. Less than 1% of infected people develop the most severe form of disease, neuroinvasive WNV, which may involve meningitis and encephalitis and can cause irreversible neurological damage, paralysis, coma or death. Symptoms typically appear between 2 and 14 days after the bite of an infected mosquito. People over the age of 60 and individuals with weakened immune systems (especially transplant recipients and HIV infected individuals) seem to be at an increased risk for severe disease.

There is no specific treatment for WNV and most mild infections are typically overcome with little or no medical intervention, within a matter of weeks. The easiest and best way to avoid WNV illness is to prevent mosquito bites. Some of these preventative measures are to **Drain** standing water to prevent mosquitos from breeding around your home or business, **Cover** doors and windows to keep mosquitoes outside of homes and **Cover** skin with clothing or mosquito repellent to prevent mosquito bites. For more information visit: <http://www.floridahealth.gov/diseases-and-conditions/west-nile-virus/index.html>

Table 1: Tuberculosis (TB) Surveillance – Duval County - 8/1/2018 through 08/30/2018

| Active TB cases reported year-to-date as of August 31, 2018 | | | | | | | |
|---|-------|-------------|---------|-------------------------------------|-------|-------------|---------|
| | Count | Total Cases | Percent | | Count | Total Cases | Percent |
| Gender | | | | Race | | | |
| Male | 25 | 34 | 73.5% | Asian | 5 | 34 | 14.7% |
| Female | 9 | 34 | 26.5% | Pacific Islander/Other | 0 | 34 | 0.0% |
| Country of Origin | | | | Black | 15 | 34 | 44.1% |
| U. S. | 23 | 34 | 67.6% | White | 14 | 34 | 41.2% |
| Non-U.S. | 11 | 34 | 32.4% | Ethnicity | | | |
| Age Group | | | | Hispanic | 2 | 34 | 5.9% |
| < 5 | 3 | 34 | 8.8% | Non-Hispanic | 32 | 34 | 94.1% |
| 5-14 | 1 | 34 | 2.9% | Risk Factors | | | |
| 15-24 | 3 | 34 | 8.8% | Excess alcohol use within past year | 7 | 34 | 20.6% |
| 25-44 | 10 | 34 | 29.4% | HIV co-infection* | 2 | 34 | 5.9% |
| 45-64 | 9 | 34 | 26.5% | Injection drug use within past year | 0 | 34 | 0.0% |
| > 65 | 8 | 34 | 23.5% | Homeless within past year | 4 | 34 | 11.8% |
| | | | | Incarcerated at diagnosis | 0 | 34 | 0.0% |
| | | | | Unemployed | 22 | 34 | 64.7% |
| | | | | Drug Resistance | | | |
| | | | | Resistant to isoniazid** | 0 | 24 | 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 9/20/2018. Data is subject to change based on ongoing submission of RVCs.

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

Table 2. Area 4* Reported Sexually Transmitted Diseases (STDs) Summary for August 2018

| Infectious and Early Latent Syphilis Cases | | | | | Chlamydia Cases | | | | | Gonorrhea Cases | | | | |
|--|----------------|----------|--------------|----------|-----------------|----------------|----------|--------------|----------|-----------------|----------------|----------|--------------|----------|
| Sex | Area 4* | % | Duval | % | Sex | Area 4* | % | Duval | % | Sex | Area 4* | % | Duval | % |
| Female | 8 | 17% | 8 | 19% | Female | 557 | 66% | 424 | 65% | Female | 152 | 43% | 123 | 42% |
| Male | 39 | 83% | 35 | 81% | Male | 290 | 34% | 229 | 35% | Male | 199 | 57% | 168 | 58% |
| Race | Area 4* | % | Duval | % | Race | Area 4* | % | Duval | % | Race | Area 4* | % | Duval | % |
| Black | 35 | 74% | 32 | 74% | Black | 422 | 50% | 373 | 57% | Black | 226 | 64% | 205 | 70% |
| Hispanic | 1 | 2% | 1 | 2% | Hispanic | 42 | 5% | 34 | 5% | Hispanic | 13 | 4% | 10 | 3% |
| White | 8 | 17% | 7 | 16% | White | 240 | 28% | 139 | 21% | White | 76 | 22% | 51 | 18% |
| Other | 0 | 0% | 0 | 0% | Other | 37 | 4% | 30 | 5% | Other | 14 | 4% | 10 | 3% |
| Unknown | 3 | 6% | 3 | 7% | Unknown | 106 | 13% | 77 | 12% | Unknown | 22 | 6% | 15 | 5% |
| Age | Area 4* | % | Duval | % | Age | Area 4* | % | Duval | % | Age | Area 4* | % | Duval | % |
| 0-14 | 0 | 0% | 0 | 0% | 0-14 | 5 | 1% | 4 | 1% | 0-14 | 2 | 1% | 2 | 1% |
| 15-19 | 4 | 9% | 3 | 7% | 15-19 | 229 | 27% | 160 | 25% | 15-19 | 53 | 15% | 46 | 16% |
| 20-24 | 6 | 13% | 6 | 14% | 20-24 | 320 | 38% | 245 | 38% | 20-24 | 108 | 31% | 89 | 31% |
| 25-29 | 14 | 30% | 13 | 30% | 25-29 | 170 | 20% | 140 | 21% | 25-29 | 78 | 22% | 59 | 20% |
| 30-39 | 13 | 28% | 11 | 26% | 30-39 | 84 | 10% | 72 | 11% | 30-39 | 67 | 19% | 56 | 19% |
| 40-54 | 6 | 13% | 6 | 14% | 40-54 | 32 | 4% | 28 | 4% | 40-54 | 34 | 10% | 30 | 10% |
| 55+ | 4 | 9% | 4 | 9% | 55+ | 7 | 1% | 4 | 1% | 55+ | 9 | 3% | 9 | 3% |
| Total Ca | 47 | | 43 | | Total Ca | 847 | | 653 | | Total Ca | 351 | | 291 | |
| All data is provisional and subject to change | | | | | | | | | | | | | | |
| Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties | | | | | | | | | | | | | | |
| Prepared by: Lekisha Cohen, STD Program Manager | | | | | | | | | | | | | | |

Table 3. Provisional Cases* of Select Reportable Diseases/Conditions, Duval County, Florida, August, 2018

| Disease | Duval | | | | All Counties | | | |
|--|--------|-------------------|---------------------|------|--------------|-------------------|---------------------|------|
| | August | | Cumulative (YTD) | | August | | Cumulative (YTD) | |
| | 2018 | Mean [†] | Median [‡] | 2017 | 2018 | Mean [†] | Median [‡] | 2017 |
| A. Vaccine Preventable Diseases | | | | | | | | |
| Diphtheria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles (Rubella) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mumps | 3 | 4 | 0.8 | 6 | 11 | 16 | 4.6 | 1 |
| Pertussis | 0 | 2 | 2.2 | 7 | 15 | 23.2 | 20 | 23 |
| Rubella | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Varicella (Chickenpox) | 3 | 0 | 3 | 21 | 27 | 30.8 | 30 | 79 |
| B. CNS Diseases & Bacteremias | | | | | | | | |
| Cryptococcal Meningitis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Creutzfeldt-Jakob Disease (CJD) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Haemophilus influenzae Invasive Disease | 2 | 2 | 1.2 | 15 | 17 | 13.8 | 17 | 235 |
| Meningitis: Bacterial or Mycotic | 1 | 0 | 0.4 | 0 | 11 | 2 | 7.4 | 8 |
| Meningococcal Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Streptococcus pneumoniae Invasive Disease: Drug-Resistant | 1 | 0 | 0.6 | 1 | 6 | 7 | 14.4 | 14 |
| Streptococcus pneumoniae Invasive Disease: Drug-Susceptible | 0 | 1 | 0.4 | 0 | 10 | 11 | 14 | 13 |
| C. Enteric Infections | | | | | | | | |
| Campylobacteriosis | 10 | 14 | 11.4 | 12 | 145 | 128 | 80 | 71 |
| Cryptosporidiosis | 3 | 3 | 10.6 | 5 | 19 | 13 | 27.4 | 20 |
| Cyclosporiasis | 1 | 0 | 0 | 0 | 2 | 3 | 2 | 1 |
| Escherichia coli: Shiga Toxin-Producing (STEC) Infection** | 3 | 2 | 1 | 16 | 12 | 10.4 | 12 | 79 |
| Giardiasis: Acute | 2 | 3 | 5.2 | 4 | 22 | 15 | 33.8 | 36 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Listeriosis | 0 | 0 | 0.6 | 1 | 0 | 0 | 1 | 1 |
| Salmonellosis | 50 | 51 | 56.2 | 51 | 206 | 204 | 227.6 | 228 |
| Shigellosis | 4 | 7 | 16.4 | 7 | 23 | 55 | 94.8 | 55 |
| Typhoid Fever (Salmonella Serotype Typhi) | 0 | 0 | 0.2 | 0 | 4 | 0 | 0.4 | 0 |
| D. Viral Hepatitis | | | | | | | | |
| Hepatitis A | 1 | 0 | 0.2 | 0 | 1 | 1 | 1.2 | 1 |
| Hepatitis B: Acute | 7 | 3 | 1.2 | 1 | 30 | 21 | 16 | 18 |
| Hepatitis B: Surface Antigen in Pregnant Women | 3 | 1 | 3.2 | 3 | 16 | 18 | 25 | 24 |
| Hepatitis C: Acute | 1 | 0 | 1.2 | 1 | 12 | 11 | 6.6 | 6 |
| E. Vector-Borne, Zoonoses | | | | | | | | |
| Chikungunya Fever | 0 | 0 | 0.6 | 0 | 0 | 0 | 1.4 | 1 |
| Ciguatera Fish Poisoning | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dengue Fever | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.6 | 0 |
| Eastern Equine Encephalitis Neuroinvasive Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ehrlichiosis (Ehrlichia ewingii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ehrlichiosis - HME (Ehrlichia chaffeensis) | 0 | 0 | 0 | 0 | 0 | 0 | 0.4 | 0 |
| Ehrlichiosis/Anaplasmosis: Undetermined | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Leptospirosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lyme Disease | 0 | 0 | 0.6 | 0 | 2 | 2 | 3.6 | 2 |
| Malaria | 0 | 0 | 0.8 | 1 | 3 | 3 | 2.6 | 2 |
| Rabies: Animal | 0 | 0 | 0.4 | 0 | 0 | 0 | 0.8 | 1 |
| St. Louis Encephalitis Neuroinvasive Disease | 0 | 0 | 0.4 | 0 | 0 | 0 | 0.4 | 0 |
| Zika Virus Disease and Infection: Congenital | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Zika Virus Disease and Infection: Non-Congenital | 0 | 0 | 0.6 | 0 | 0 | 1 | 2.2 | 0 |
| F. Others | | | | | | | | |
| Botulism: Infant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brucellosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Carbon Monoxide Poisoning | 0 | 1 | 1.2 | 1 | 2 | 7.4 | 4 | 12 |
| Hansen's Disease (Leprosy) | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 |
| Legionellosis | 6 | 1 | 1.4 | 1 | 29 | 17 | 13.8 | 16 |
| Vibriosis (Vibrio cholerae) | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 |
| Vibriosis (Other Vibrio Species) | 0 | 1 | 0.2 | 0 | 1 | 0.8 | 1 | 5 |
| Vibriosis (Vibrio alginolyticus) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vibriosis (Vibrio cholerae Type Non-O1) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vibriosis (Vibrio fluvialis) | 0 | 0 | 0 | 0 | 0 | 0 | 0.4 | 0 |
| Vibriosis (Vibrio mimicus) | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.4 | 0 |
| Vibriosis (Vibrio parahaemolyticus) | 1 | 0 | 0.4 | 0 | 4 | 2 | 2.6 | 2 |
| Vibriosis (Vibrio vulnificus) | 1 | 0 | 0.6 | 1 | 1 | 1.6 | 1 | 1 |
| This report consists of confirmed, probable and suspect cases based on the date of event (initial) as reported in Medline 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 (2013-2017) | | | | | | | | |
| ** 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 of 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 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.

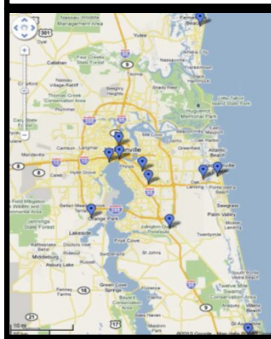
Other Links and Resources:

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

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
 - 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 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. See 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 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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Amebic encephalitis | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Melioidosis | <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) |
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Granuloma inguinale | <input type="checkbox"/> Meningitis, bacterial or mycotic | <input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old |
| <input type="checkbox"/> Arsenic poisoning | <input type="checkbox"/> <i>Haemophilus influenzae</i> invasive disease in children <5 years old | <input type="checkbox"/> Meningococcal disease | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Arboviral diseases not otherwise listed | <input type="checkbox"/> Hansen's disease (leprosy) | <input type="checkbox"/> Mercury poisoning | <input type="checkbox"/> Syphilis in pregnant women and neonates |
| <input type="checkbox"/> Babesiosis | <input type="checkbox"/> Hantavirus infection | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Botulism, foodborne, wound, and unspecified | <input type="checkbox"/> Hemolytic uremic syndrome (HUS) | <input type="checkbox"/> Neurotoxic shellfish poisoning | <input type="checkbox"/> Trichinellosis (trichinosis) |
| <input type="checkbox"/> Botulism, infant | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Brucellosis | <input type="checkbox"/> Hepatitis B, C, D, E, and G | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Tularemia |
| <input type="checkbox"/> California serogroup virus disease | <input type="checkbox"/> Hepatitis B surface antigen in pregnant women and children <2 years old | <input type="checkbox"/> Pesticide-related illness and injury, acute | <input type="checkbox"/> Typhoid fever (<i>Salmonella</i> serotype Typhi) |
| <input type="checkbox"/> Campylobacteriosis | <input type="checkbox"/> Herpes B virus, possible exposure | <input type="checkbox"/> Plague | <input type="checkbox"/> Typhus fever, epidemic |
| <input type="checkbox"/> Carbon monoxide poisoning | <input type="checkbox"/> 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 | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Vaccinia disease |
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old | <input type="checkbox"/> Psittacosis (ornithosis) | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Chikungunya fever | <input type="checkbox"/> Influenza A, novel or pandemic strains | <input type="checkbox"/> Q Fever | <input type="checkbox"/> Venezuelan equine encephalitis |
| <input type="checkbox"/> Chikungunya fever, locally acquired | <input type="checkbox"/> Influenza-associated pediatric mortality in children <18 years old | <input type="checkbox"/> Rabies, animal or human | <input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Lead poisoning (blood lead level ≥5 ug/dL) | <input type="checkbox"/> Rabies, possible exposure | <input type="checkbox"/> Viral hemorrhagic fevers |
| <input type="checkbox"/> Cholera (<i>Vibrio cholerae</i> type O1) | <input type="checkbox"/> Legionellosis | <input type="checkbox"/> Ricin toxin poisoning | <input type="checkbox"/> West Nile virus disease |
| <input type="checkbox"/> Ciguatera fish poisoning | <input type="checkbox"/> Leptospirosis | <input type="checkbox"/> Rocky Mountain spotted fever and other spotted fever rickettsioses | <input type="checkbox"/> Yellow fever |
| <input type="checkbox"/> Conjunctivitis in neonates <14 days old | <input type="checkbox"/> Listeriosis | <input type="checkbox"/> Rubella | <input type="checkbox"/> Zika fever |
| <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD) | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> St. Louis encephalitis | <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. |
| <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Lymphogranuloma venereum (LGV) | <input type="checkbox"/> Salmonellosis | |
| <input type="checkbox"/> Cyclosporiasis | <input type="checkbox"/> Malaria | <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning) | |
| <input type="checkbox"/> Dengue fever | <input type="checkbox"/> Measles (rubeola) | <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection | |
| <input type="checkbox"/> Diphtheria | | <input type="checkbox"/> Shigellosis | |
| <input type="checkbox"/> Eastern equine encephalitis | | <input type="checkbox"/> Smallpox | |
| <input type="checkbox"/> Ehrlichiosis/anaplasmosis | | <input type="checkbox"/> Staphylococcal enterotoxin B poisoning | |
| <input type="checkbox"/> <i>Escherichia coli</i> infection, Shiga toxin-producing | | | |
| <input type="checkbox"/> Giardiasis, acute | | | |
| <input type="checkbox"/> Glanders | | | |

Comments:

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

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

West Nile Virus Fact Sheet

What is West Nile virus infection?

West Nile virus infection is a mosquito-borne disease. The virus was first isolated in the United States in 1999, when an outbreak occurred in New York City. More than 200 cases have been reported since West Nile virus was first detected in Florida in 2001.

Who gets West Nile virus infection?

People may get the virus by being bitten by infected mosquitoes. People over the age of 50 and people with weakened immune systems are at a higher risk for developing a more serious infection.

How is West Nile virus spread?

West Nile virus is maintained in a bird-mosquito cycle. Mosquitoes become infected when they bite a bird that is carrying the virus. Sometimes an infected mosquito will bite a person or an animal instead of a bird. West Nile virus is not spread from person to person or from animals to people.

What are the symptoms?

Symptoms appear between 2 and 15 days after the bite of an infected mosquito. Most people who are infected do not develop any symptoms or they develop a mild illness that may include fever, muscle aches and sometimes a skin rash. A small number of people may develop a more serious infection, West Nile meningitis and encephalitis. These illnesses are usually characterized by the acute onset of fever with stiff neck, altered mental status, seizures and limb weakness. Meningitis and encephalitis can progress to coma and death.

How is it treated?

There is no specific treatment and most cases will recover on their own. Treatment is supportive, attempting to deal with problems such as swelling of the brain, respiratory paralysis and other treatable complications. There are currently no commercially available human vaccines for the West Nile virus disease.

Can pets and livestock develop West Nile virus infection?

Yes, pets and livestock can develop the disease. Like people, infected animals may not develop any symptoms or they will develop a mild illness. A small number of animals may develop a more serious infection. The disease is mostly seen in wild birds and horses, but other animals have developed the disease.

Sick animals may have a fever, weakness, and difficulties with coordination, muscle spasms and other symptoms related to neurologic disease.

If your pet is sick, contact your veterinarian.

What should I do if I find a dead bird?

Dead birds may be an indicator that West Nile virus is in your area. If you find a dead bird that appears to have died of natural causes, report it to the Florida Fish and Wildlife Conservation Commission's wild bird mortality database <http://www.MyFWC.com/bird/>. Do not handle dead birds unless it is necessary. If you must handle a dead bird, wear rubber gloves or use double plastic bags.

What can be done to prevent West Nile virus infection?

Prevention is the key. The best way to avoid infection is to avoid getting mosquito bites. remember **"Drain and Cover."**

DRAIN standing water to stop mosquitoes from multiplying

- Drain water from garbage cans, house gutters, buckets, pool covers, coolers, toys, flower pots or any other containers where sprinkler or rain water has collected.
- Discard old tires, drums, bottles, cans, pots and pans, broken appliances and other items that aren't being used.
- Empty and clean birdbaths and pet's water bowls at least once or twice a week.
- Protect boats and vehicles from rain with tarps that don't accumulate water.
- Maintain swimming pools in good condition and appropriately chlorinated.
- Empty plastic swimming pools when not in use.

COVER skin with clothing or repellent

- **CLOTHING** - Wear shoes, socks, and long pants and long-sleeves. This type of protection may be necessary for people who must work in areas where mosquitoes are present.
- **REPELLENT** - Apply mosquito repellent to bare skin and clothing.
- Always use repellents according to the label. Repellents with DEET, picaridin, oil of lemon eucalyptus, and IR3535 are effective.
- Use mosquito netting to protect children younger than 2 months old.
- **COVER** doors and windows with screens to keep mosquitoes out of your house
- Repair broken screening on windows, doors, porches, and patios.

Duval County Health Department
Epidemiology Program, MC-28
515 West Sixth Street

Jacksonville, FL 32206
(904) 253-1850 www.doh.state.fl.us