

Duval County Epidemiology Surveillance Report

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

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August 2019

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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), 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 do not recognize, confirm, or report notifiable diseases/conditions. This report includes data reported as of August 31, 2019, unless noted otherwise.

DOH-Duval reported 267 cases of various diseases/conditions in August. 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 mumps, ricin toxin poisoning, Dengue fever (travel-associated), vibriosis, two cases of legionellosis and varicella, four cases of carbon monoxide poisoning, and seven cases of hepatitis A.

Surveillance data for select enteric diseases showed a notable increase in case count and reported influenza and ILI activity showed slightly elevated trends when compared to the previous season during this time.

This issue will also provide information on vaping associated pulmonary injuries and proper reporting and testing recommendations for healthcare providers.

Enteric Disease

Select enteric disease activity reported increased 47% during the month of August when compared to the month of July (weeks 27-31, 2019). Cases of giardiasis, salmonellosis, and cryptosporidiosis increased, while cases of shigellosis and campylobacteriosis (Figures 2 - 6) decreased. No enteric outbreaks were reported to DOH-Duval in August.

Compared to 2018, cases of select enterics increased during this time (Figure 1). Cases reported for this year (2019) showed that the 0– 4 year-old age group accounted for the majority of the enteric cases reported(n=101).

(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)
<http://www.floridahealth.gov/diseases-and-conditions/enteric-disease-guidance/index.html>

Figure 1. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, August 2017 - August 2019

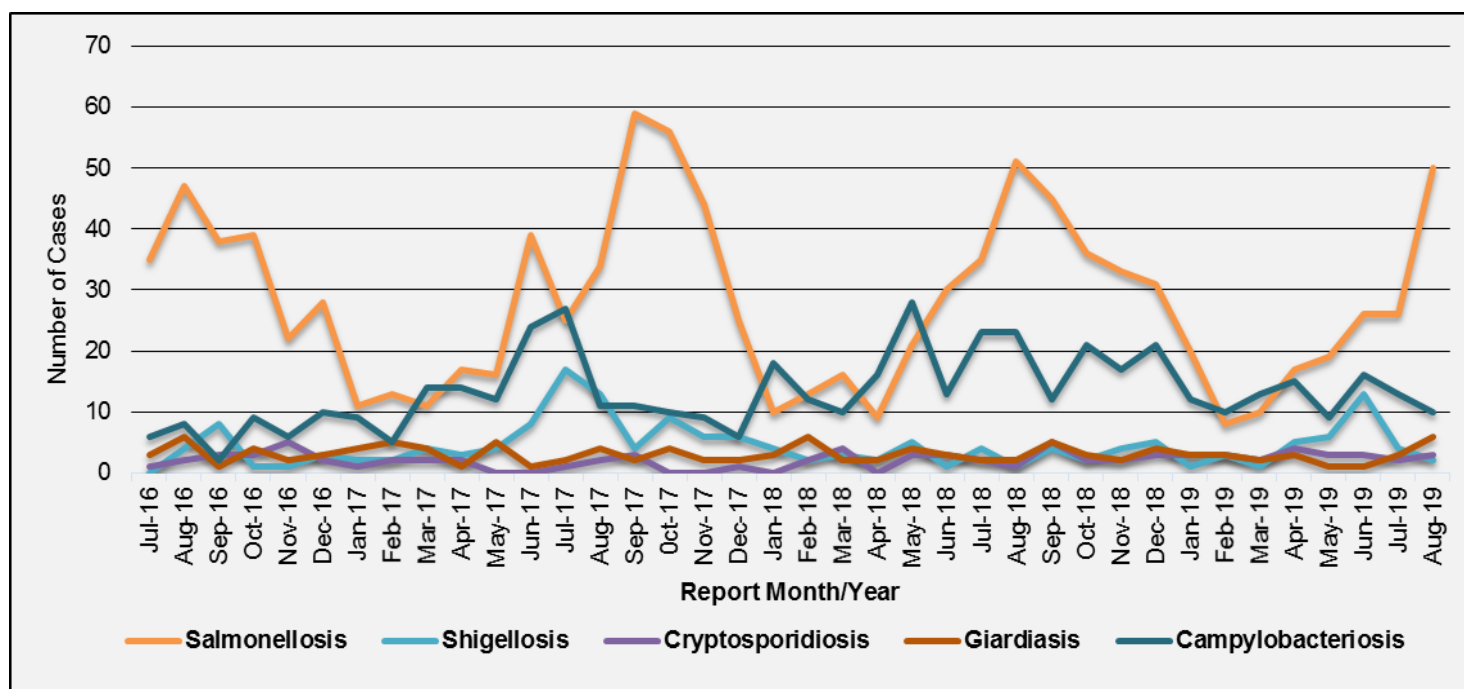
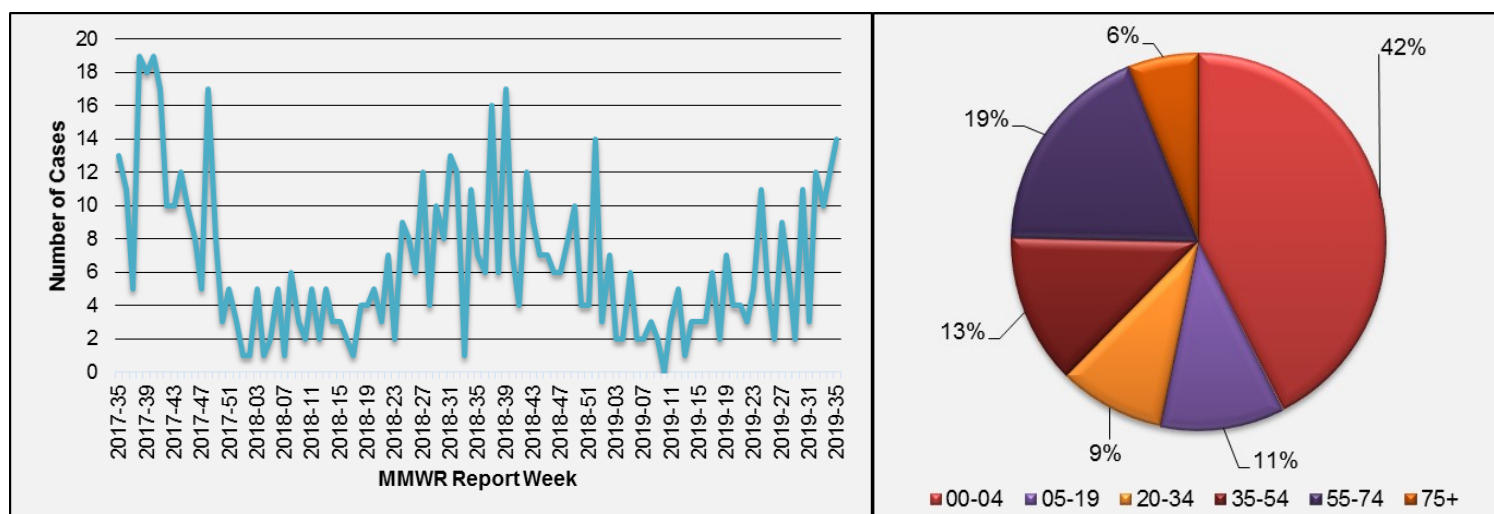


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 35, 2017 – Week 35, 2019



Enteric Disease Cont.

Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 35, 2017 – Week 35, 2019

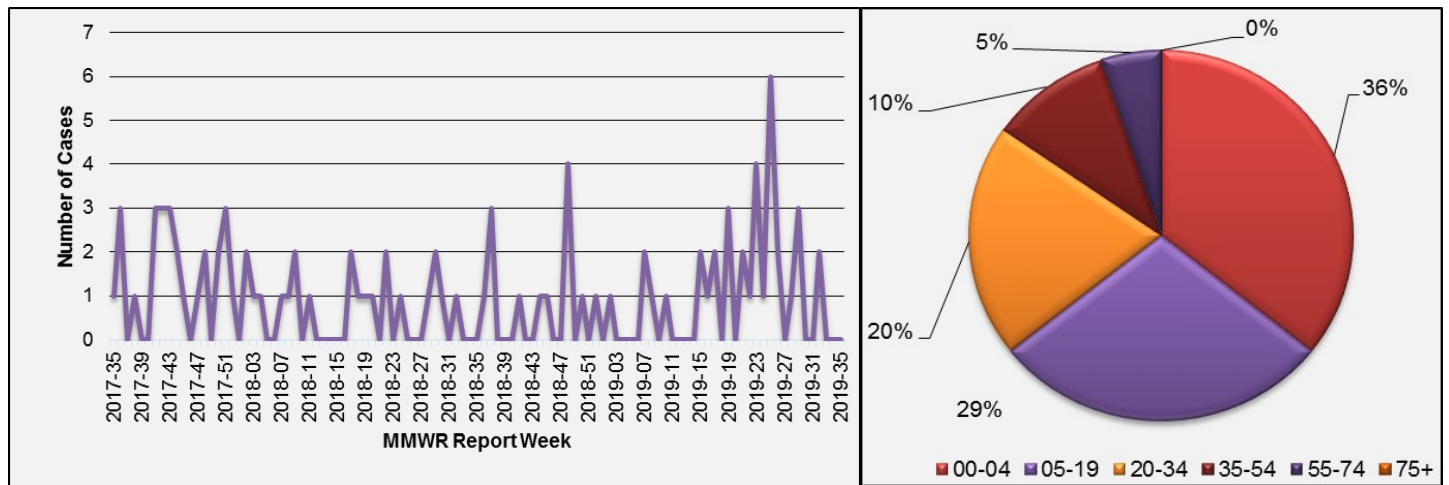


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 35, 2017 – Week 35, 2019

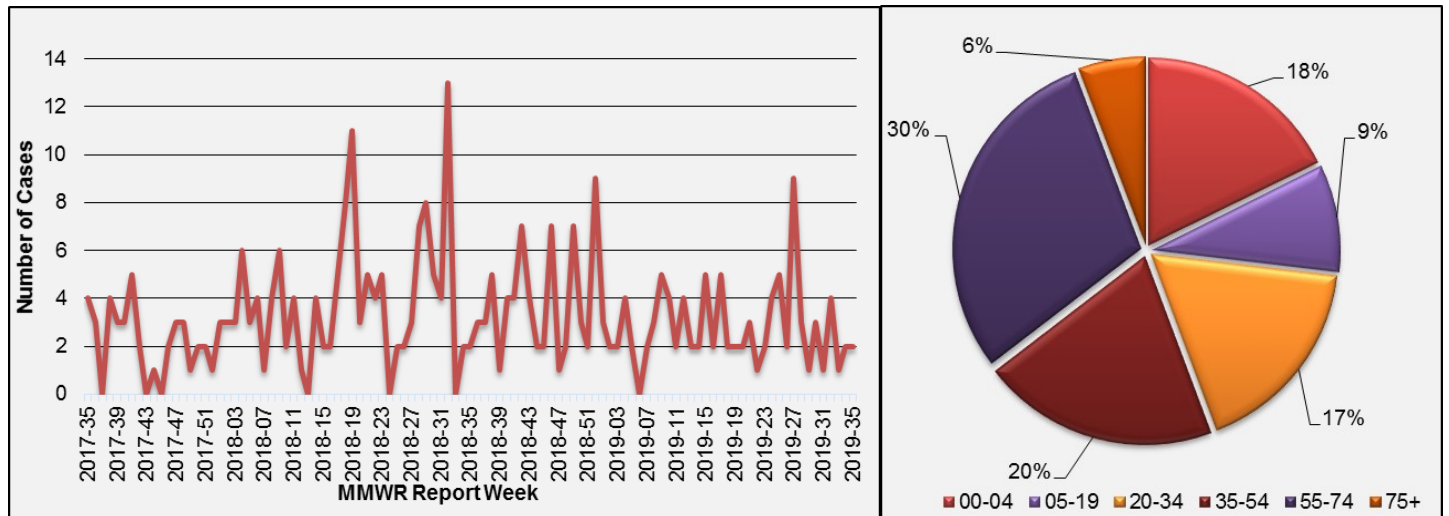
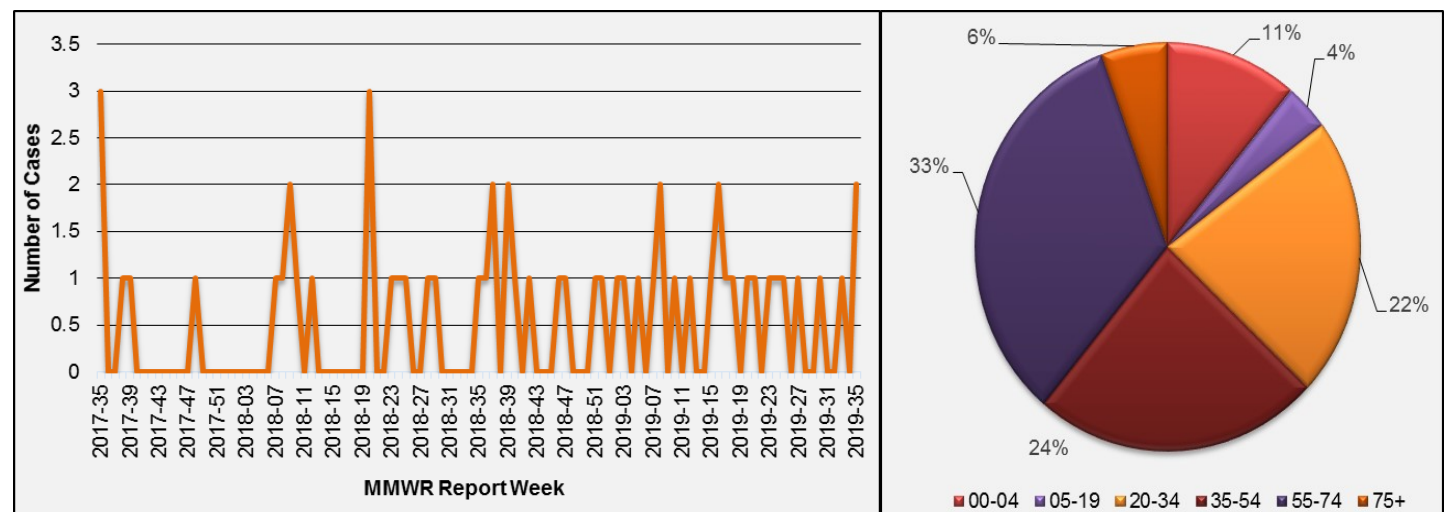
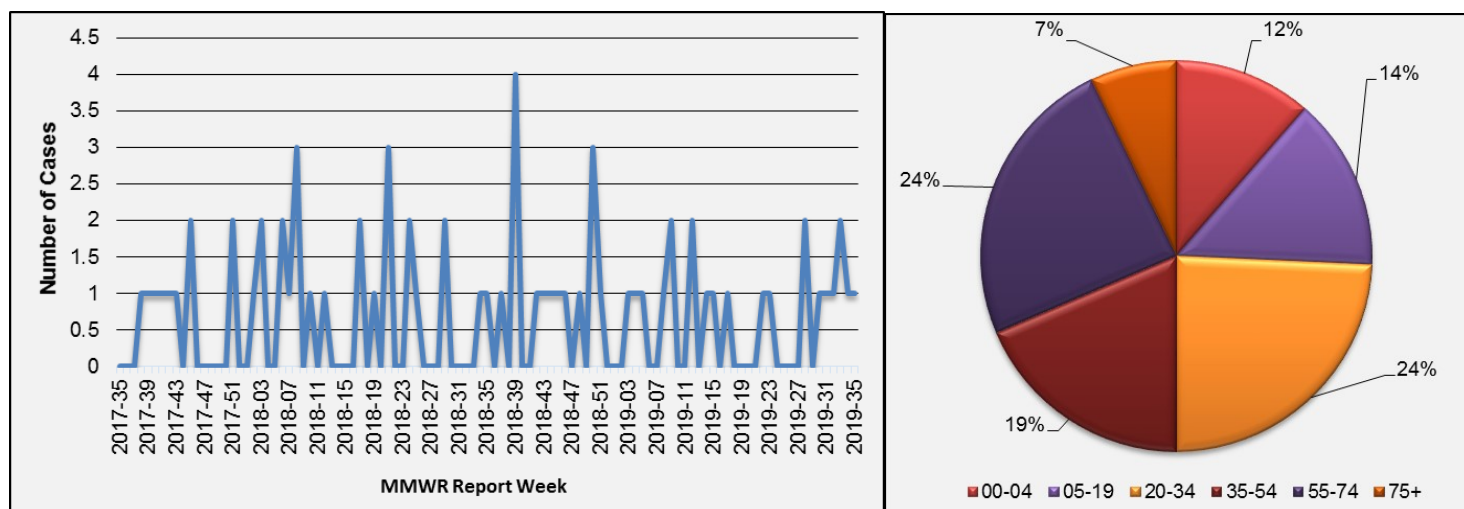


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 35, 2017 – Week 35, 2019



Enteric Disease Cont. & Influenza and ILI Overview

Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County Week 35, 2017 – Week 35, 2019



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed 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 (Region 3 data), monitored through ESSENCE, reported slightly elevated activity when compared to the previous seasons (Figure 8). RSV reporting showed similar trends and accounted for all the labs reported.

The Electronic Laboratory Reporting (ELR) system reported 8 (1%) positive specimens out of the 601 submitted for influenza testing. Of those, subtyping showed that influenza A was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were 2 positive and 6 negative specimens reported for Duval County (Figure 10).

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

In August, no ICU laboratory-confirmed influenza in persons less than 65 was 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 viral strains associated with severe influenza presentations; ensuring vaccination administration in populations at high risk for severe complications due to infection; and promoting antiviral administration and timing according to current guidance. In addition, it will assist the state in forming responsive strategies for policies and current guidelines. 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 August, began to circulate at low levels. A total of 20 influenza and ILI outbreaks have been reported throughout the state since May 19, 2019. Specimens submitted to BPHL for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) and showed influenza A 2019(H1N1) as the dominant strain in Florida.

National influenza activity:

Influenza activity continues to circulate at low levels in the United States. Specimens submitted to Public Health Laboratories for testing were positive for Influenza A and B subtype.

A total of 126 influenza-associated pediatric deaths have occurred during the 2018-2019 season.

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)

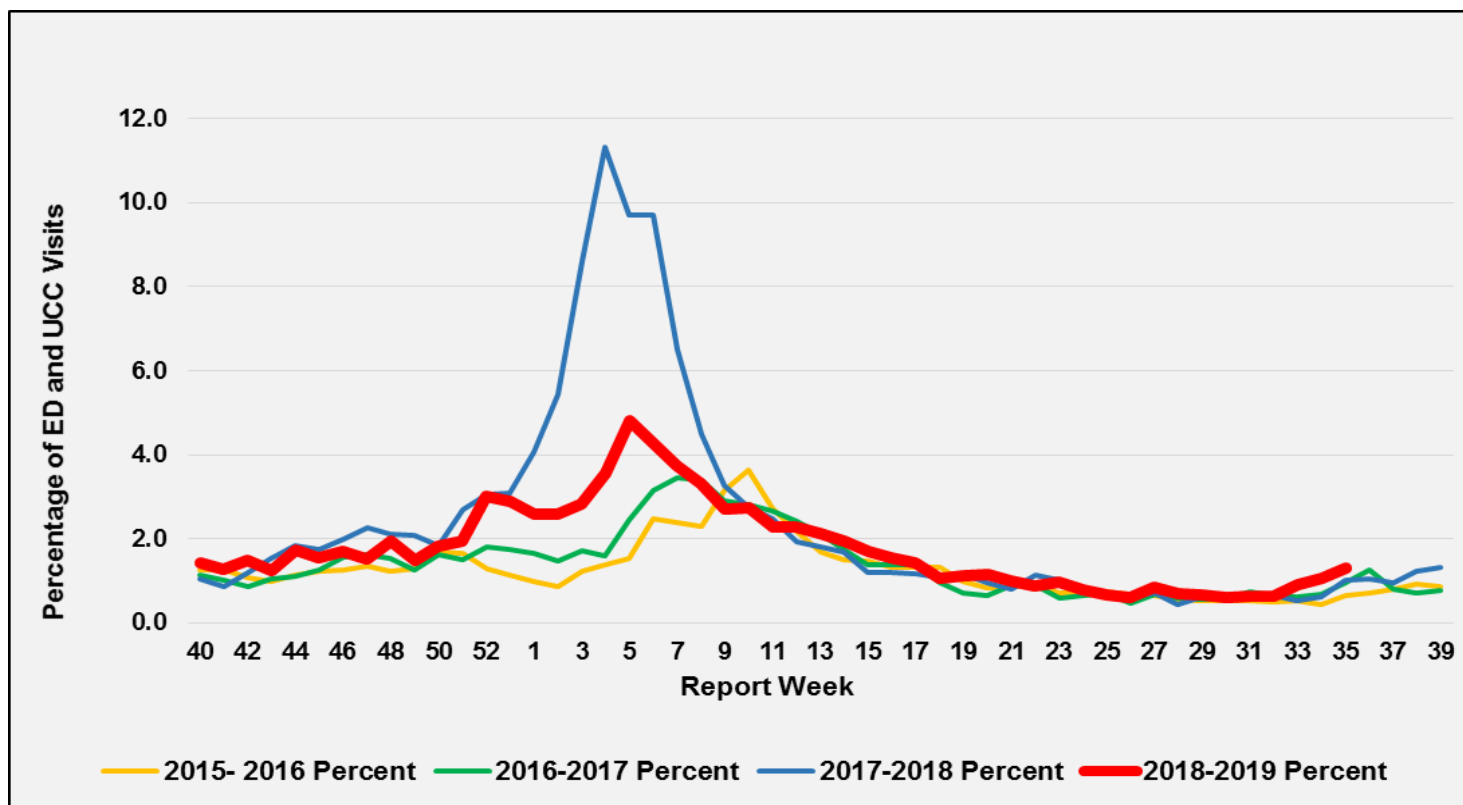
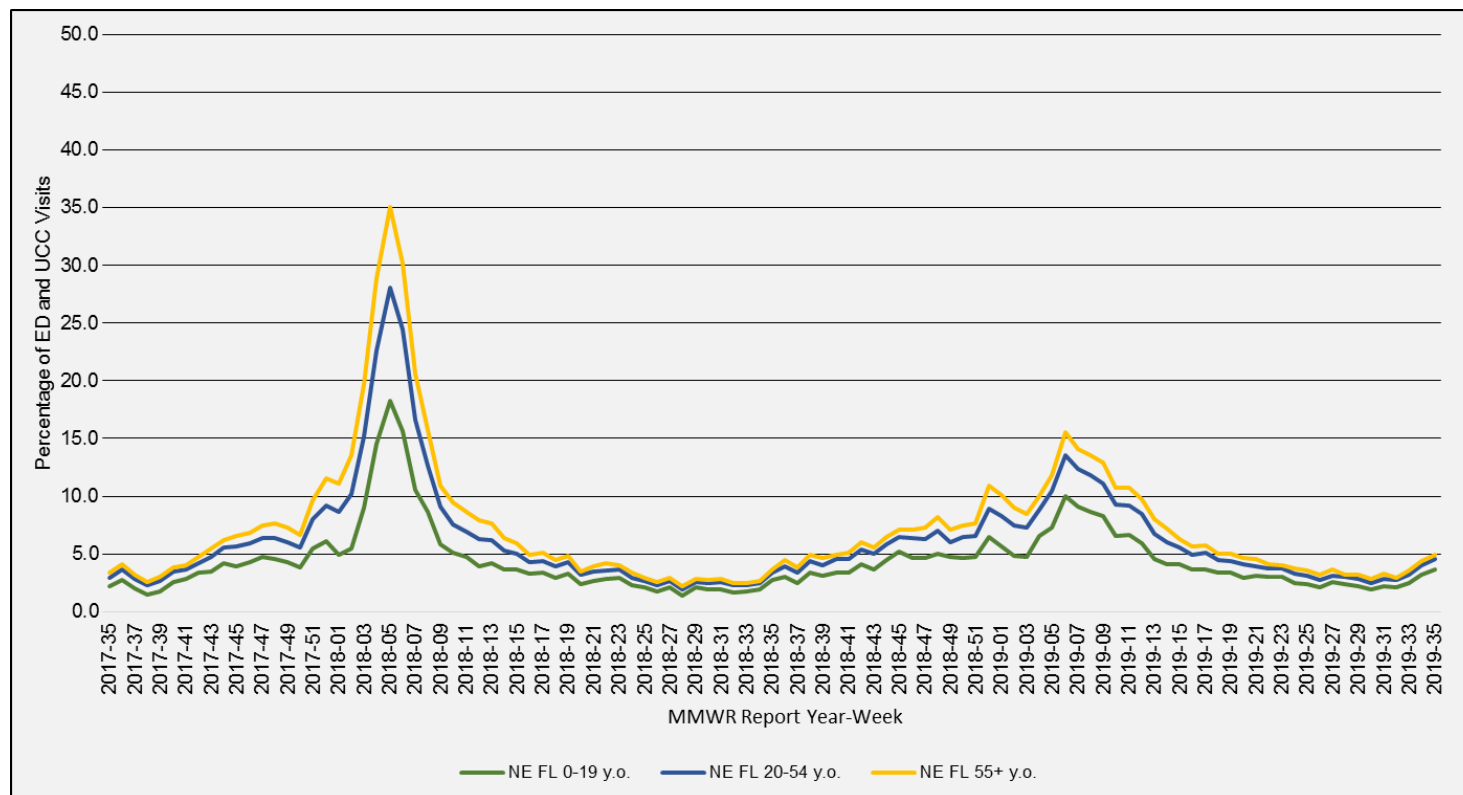


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 35, 2017 – Week 35, 2019



Influenza and ILI Overview Cont.

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, 2017 - Week 35, 2019

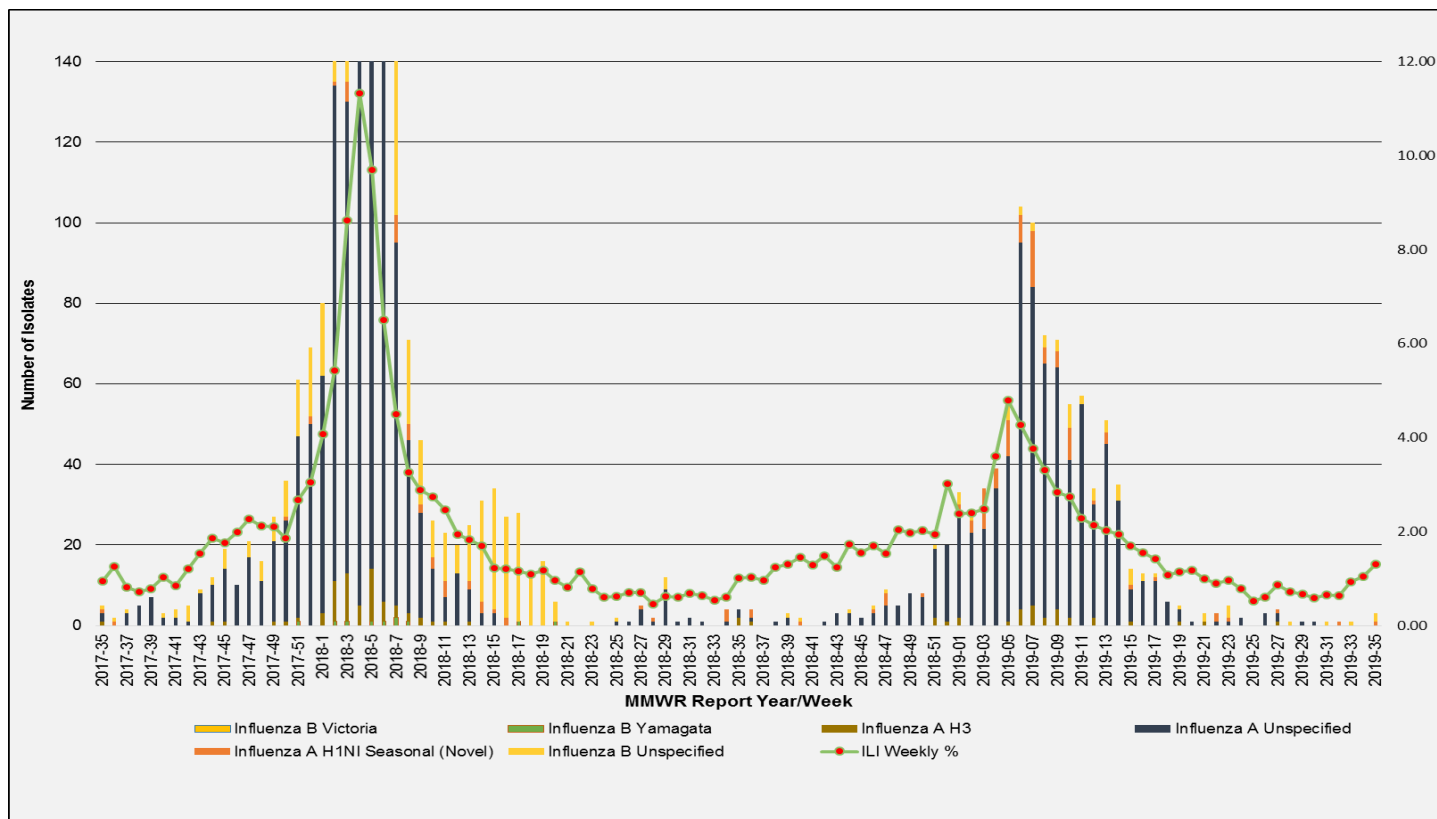
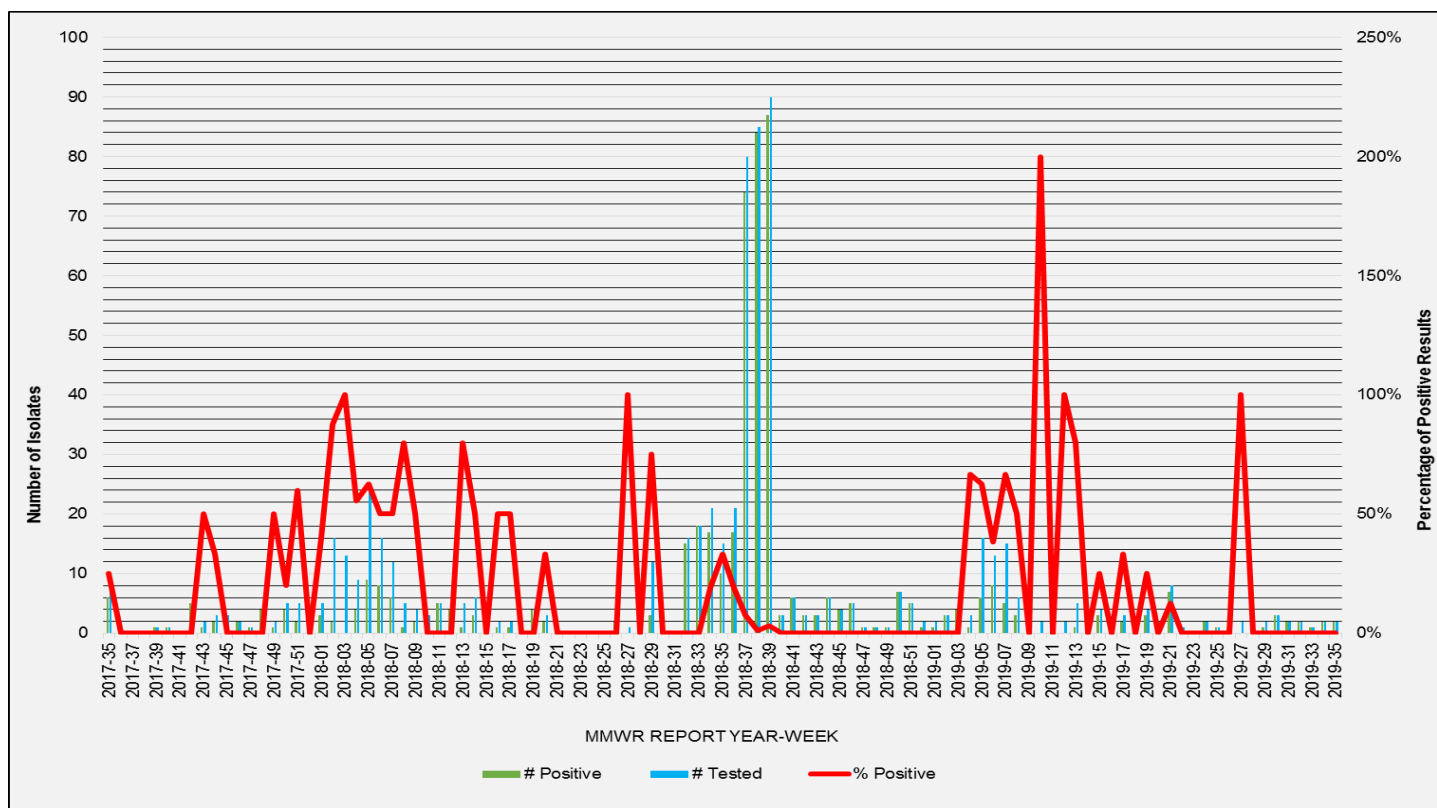


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 35, 2017 – Week 35, 2019



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

One local case of West Nile virus (WNV) was reported in August while no local cases of chikungunya fever, dengue, malaria or Zika virus were reported in Duval County.

State of Florida 2019 Human Case Summary and Surveillance

International Travel-Associated Dengue Fever Cases: In 2019, 147 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2019, three cases of locally acquired dengue fever has been reported.

International Travel-Associated Chikungunya Fever Cases: In 2019, five travel-associated case have been reported. Two cases reported were non-Florida residents.

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, 32 cases of Zika fever have been reported in individuals with travel history to a country or area experiencing Zika virus activity. Countries of origin were: Brazil, Colombia (1), Cuba (5), Guatemala (5), Haiti (9), Honduras (4), Jamaica, Nicaragua, Philippines, Puerto Rico, and Venezuela (2). Counties reporting cases were: Broward (5), Collier (2), Duval, Hillsborough (2), Indian River, Lee, Miami-Dade (14), Orange (4), Palm Beach, and Sarasota. Three cases were reported in non-Florida residents. Florida is monitoring a total of 19 pregnant women in 2019.

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

International Travel-Associated Malaria Cases: Forty-three cases of malaria with onset in 2019 have been re-reported. Countries of origin were: Angola (2), Congo, Democratic Republic of the Congo (4), Ghana (6), Guyana, India, Ivory Coast (5), Kenya (3), Liberia (2), Nigeria (12), Papua New Guinea, Sudan, Uganda, and Zambia (3). Counties reporting cases were: Brevard, Broward (3), Duval (8), Hillsborough (4), Lake (2), Miami-Dade (5), Orange(6), Pasco (3), Pinellas (5), Polk (2), Seminole (3), and Volusia. Ten cases were reported in non-Florida residents.

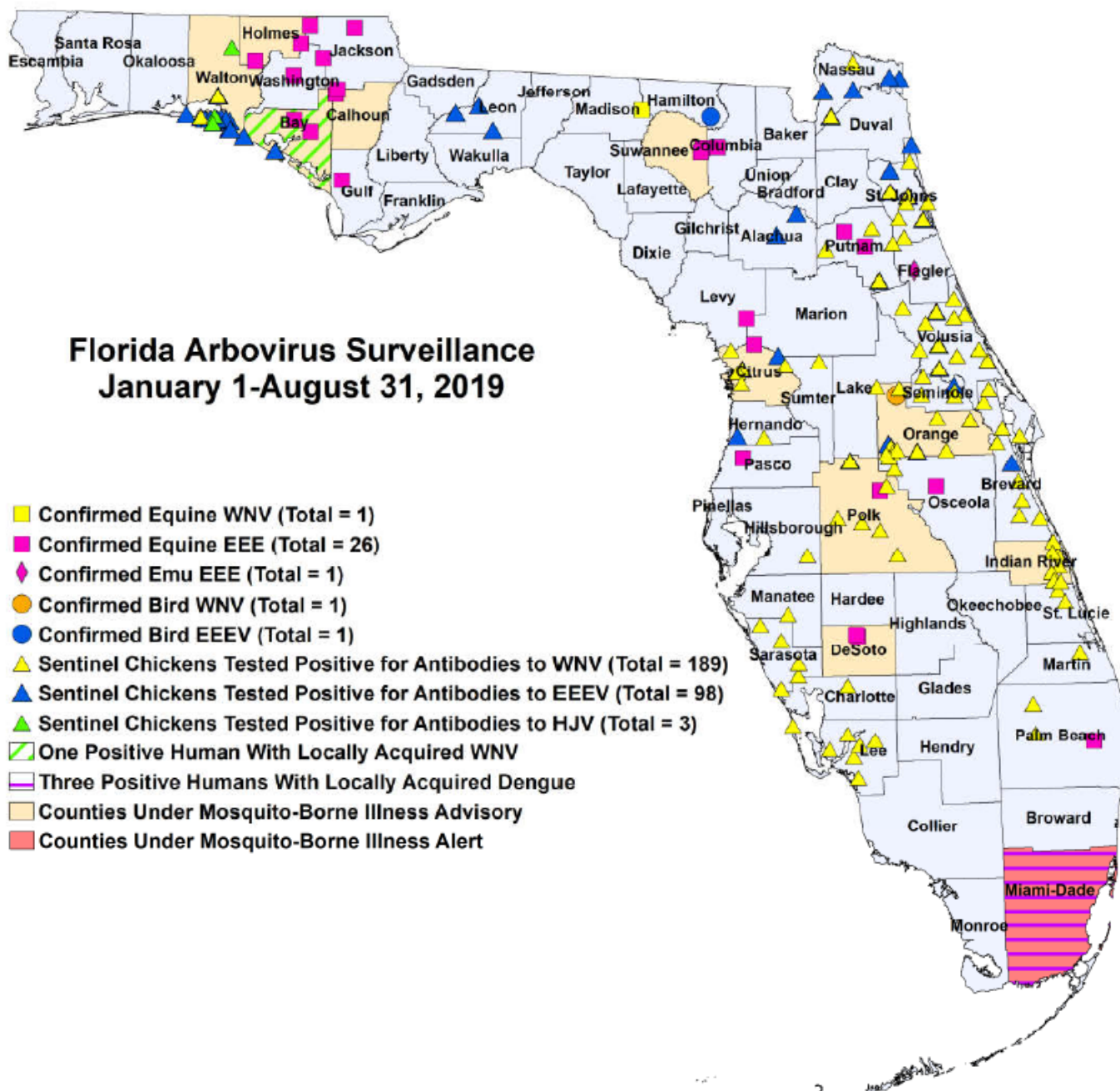
Thirty-nine cases (91%) were diagnosed with *Plasmodium falciparum*. Three cases (7%) were diagnosed with *Plasmodium vivax*. One case (2%) was diagnosed with *Plasmodium ovale*.

Advisories/Alerts: Bay, Calhoun, Citrus, DeSoto, Holmes, Indian River, Orange, Polk, Suwannee, and Walton counties are currently under a mosquito-borne illness advisory. Miami-Dade County is currently under a mosquito-borne illness alert. No other counties are currently under mosquito-borne illness advisory or alert.

WNV activity: In 2019, positive samples from one blood donor, one horse, one eagle, and 189 sentinel chickens have been reported from 23 counties.

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

EEEV activity: In 2019, 26 horses, one emu, one eagle, and 98 sentinel chickens have been reported from 29 counties.



Notable Topics and Other Statistics

Table 1: Tuberculosis (TB) Surveillance – Duval County - 8/1/2019 through 8/31/2019

Active TB cases reported year-to-date as of 8/31/2019							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	20	33	60.6%	Asian	5	33	15.2%
Female	13	33	39.4%	Pacific Islander/Other	0	33	0.0%
Country of Origin				Black	17	33	51.5%
U.S.	17	33	51.5%	White	11	33	33.3%
Non-U.S.	16	33	48.5%	Ethnicity			
Age Group				Hispanic	3	33	9.1%
< 5	1	33	3.0%	Non-Hispanic	30	33	90.9%
5-14	1	33	3.0%	Risk Factors			
15-24	6	33	18.2%	Excess alcohol use within past year	6	33	18.2%
25-44	8	33	24.2%	HIV co-infection*	3	32	9.4%
45-64	15	33	45.5%	Injection drug use within past year	0	33	0.0%
> 65	2	33	6.1%	Homeless within past year	5	33	15.2%
				Incarcerated at diagnosis	2	33	6.1%
				Unemployed	26	33	78.8%
				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 9/16/2019. 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 August 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	10	32%	9	33%	Female	544	65%	441	65%	Female	173	40%	148	42%
Male	21	68%	18	67%	Male	297	35%	238	35%	Male	257	59%	200	57%
Unknown	0	0%		0%	Unknown	1	0%	1	0%	Unknown	2	0%	2	1%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	17	55%	16	59%	Black	382	45%	339	50%	Black	272	63%	242	69%
Hispanic	2	6%	1	4%	Hispanic	33	4%	28	4%	Hispanic	10	2%	7	2%
White	11	35%	9	33%	White	147	17%	85	13%	White	80	19%	51	15%
Other	0	0%	0	0%	Other	27	3%	23	3%	Other	10	2%	7	2%
Unknown	1	3%	1	4%	Unknown	253	30%	205	30%	Unknown	60	14%	43	12%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	4	0%	2	0%	0-14	3	1%	1	0%
15-19	1	3%	1	4%	15-19	244	29%	205	30%	15-19	81	19%	70	20%
20-24	2	6%	1	4%	20-24	291	35%	231	34%	20-24	100	23%	80	23%
25-29	9	29%	8	30%	25-29	174	21%	137	20%	25-29	90	21%	67	19%
30-39	8	26%	8	30%	30-39	89	11%	72	11%	30-39	84	19%	73	21%
40-54	6	19%	4	15%	40-54	33	4%	27	4%	40-54	52	12%	39	11%
55+	5	16%	5	19%	55+	7	1%	6	1%	55+	22	5%	20	6%
Total Ca	31		27		Total Ca	842		680		Total Ca	432		350	

Data as of 9/16/2019. 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, August 2019

Disease	DUVAL					All Counties									
	August					Cumulative (YTD)					August				
	2019	2018	Mean*	Median†	2019	2018	Mean*	Median†	2019	2018	Mean*	Median†	2019	2018	Mean*
A. Vaccine Preventable Diseases															
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Rubella)	0	0	0	0	0	2	0.4	0	1	5	1	1	0	4	15
Mumps	0	3	1.4	0	1	6	2.0	0	13	10	6.6	6	178	131	50.4
Pertussis	0	0	1.8	1	2	7	20.6	16	23	25	30.6	27	270	233	310.6
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.6
Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	3	0	1.4
Varicella (Chickenpox)	3	3	2.4	3	26	21	26.6	27	75	82	53.8	54	715	576	466.6
B. CNS Diseases & Bacteremias															
Creutzfeldt-Jakob Disease (CJD)	2	0	0	0	2	0	0.4	0	2	3	3	3	11	16	19.2
Hemophilus influenzae Invasive Disease	1	2	1.4	1	18	21	17.4	19	20	9	12.2	12	284	236	209.2
Meningitis: Bacterial or Mycotic	1	2	0.6	0	6	12	8.2	12	9	6	9.8	10	67	71	81.8
Meningococcal Disease	0	0	0	0	0	1	1	1	0	1	1	1	15	17	18.6
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0.2	0	0	0	0.6	0	0	2	2.8
Staphylococcus aureus Infection: Resistant to Vancomycin (VISA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Resistant	0	1	0.6	1	8	6	11.2	10	25	11	9.6	9	225	189	190.4
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	1	0	0.4	0	15	10	11.8	11	24	16	10.6	12	349	297	273.8
C. Enteric Infections															
Campylobacteriosis	10	11	11.2	11	95	146	56.2	74	367	444	366.8	360	3268	3417	2761.4
Cryptosporidiosis	3	3	9.8	3	20	17	26.2	17	71	61	17.4	80	440	407	563.6
Cyclosporiasis	2	1	0.2	0	153	2	1.2	1	21	8	5.8	5	537	79	56
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	3	1.6	2	18	17	13	14	64	82	62.2	63	651	653	439.8
Gardiasis: Acute	4	3	3.8	4	22	24	31.2	34	67	119	108.8	101	731	763	751.4
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	1	0	0	0	0	3	0.8	0	2	9	6.2
Listeriosis	0	0	0.2	0	2	1	0.8	1	1	5	6	6	22	38	31.2
Salmonellosis	54	50	53.8	51	202	206	217.6	221	892	862	797.6	782	4604	4490	4012.6
Shigellosis	3	4	5.2	4	38	23	53.8	45	137	111	144.8	166	1042	1050	1156
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0.2	0	5	5	1.2	0	10	16	5.4	4	112	113	36.6
D. Viral Hepatitis															
Hepatitis A	7	0	0.2	0	15	0	0.6	1	279	60	25.4	14	2492	236	138.8
Hepatitis B: Acute	1	7	2.4	2	42	33	21.2	21	88	55	54.2	55	637	526	409.4
Hepatitis B: Surface Antigen in Pregnant Women	0	4	2.6	3	12	21	29.6	21	21	34	37	36	221	267	324.8
Hepatitis C: Acute	6	1	1.4	1	20	13	9	9	56	52	30.4	27	716	395	248.8
E. Vector-Borne, Zoonoses															
Chikungunya Fever	0	0	0.6	0	0	0	1.4	1	0	0	16	1	5	3	69.6
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	9	6	9.6	9	62	53	33.4
Dengue Fever	0	0	0	0	1	0	0	0	51	9	8.2	9	198	24	40.4
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	1	0.2	0	0	0	0.2	0	0	3	1
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	2	0.8	1	0	6	2.6	3	24	38	24.2
Ehrlichiosis (Anaplasmosis, Undetermined)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0.6
Leptospirosis	0	0	0	0	0	0	0	0	0	1	3	1.2	1	5	8
Lyme Disease	0	2	1	0	1	5	4.4	4	25	21	30	26	120	138	166.2
Malaria	1	0	0.6	0	10	3	2.8	3	8	5	8.4	7	51	48	48.8
Rabies: Animal	0	0	0.4	0	2	0	0.6	1	13	13	9	8	95	75	56
St. Louis Encephalitis Neuroinvasive Disease	0	0	0.4	0	0	0	0.4	0	0	0	0.4	0	0	0	0.4
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	0	0	0	1	0.4	0	1	2	2.2
Zika Virus Disease and Infection- Non-Congenital	0	0	0.6	1	1	0	2.4	0	7	15	89.2	15	54	102	289.8
F. Others															
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0.4
Brucellosis	0	0	0	0	0	0	0.2	0	1	1	0.8	1	4	10	6.2
Carbon Monoxide Poisoning	3	0	1.2	1	5	1	3	2	20	11	18.2	14	162	140	148.6
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0	0	0	0	1.4	0	7	16	13.8
Legionellosis	0	9	3	1	15	32	17.8	17	73	74	52.4	49	512	467	304.8
Vibriosis (Grimontia hollicase)	0	0	0	0	0	0	0.2	0	0	0	0	0	2	5	3.8
Vibriosis (Other Vibrio Species)	0	0	0.2	0	0	0	0.6	1	4	5	3.6	4	62	37	22.2
Vibriosis (Vibrio alginolyticus)	0	0	0	0	2	1	1.4	1	8	15	8.4	7	58	60	52.2
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0	0	0	1	1.2	1	0	1	0.8	1	12	4	8.8
Vibriosis (Vibrio fuvialis)	0	0	0	0	0	0	0.2	0	2	1	1	1	10	11	8.8
Vibriosis (Vibrio mimicus)	0	0	0	0	0	0	0	0	0	0	0.2	0	3	0	4.4
Vibriosis (Vibrio parahaemolyticus)	0	1	0.6	1	1	4	2.8	2	6	5	3.2	3	37	39	33.2
Vibriosis (Vibrio vulnificus)	0	1	0.8	1	0	1	1.8	1	8	11	7.8	8	23	31	28.4

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 2019 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, not serogrouped

Dictionary

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 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

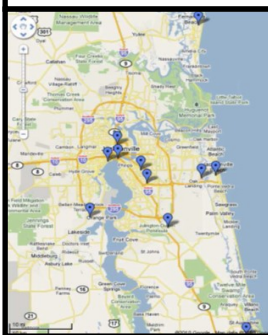
Florida Annual Morbidity Statistics Reports: <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amr1.html>

Influenza Surveillance Reports: <http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html>

The Florida Department of Health in Duval County www.duval.floridahealth.gov/ (904) 253-1850

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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 clarifies 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.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

September 12, 2019

Dear Florida Health Care Providers:

On August 16, 2019, the Centers for Disease Control and Prevention (CDC) issued an [alert](#) urging clinicians to report cases of unexplained pulmonary illness possibly linked to e-cigarette use, or “vaping,” to their local health department (<https://emergency.cdc.gov/newsletters/coca/081619.htm>). To date, 215 possible cases of severe pulmonary illness have been reported nationwide. Most have been hospitalized; in some cases, intubation, mechanical ventilation, and ICU care was required. Symptom onset was gradual, presenting with cough, shortness of breath, chest pain, fever, fatigue, nausea and diarrhea. Patients were negative for any infectious disease etiology and did not improve with antibiotic therapy. Some have improved significantly with corticosteroid therapy. All cases report a history of e-cigarette use or vaping prior to hospital admission.

Recommendations for Health Care Providers:

1. [Report](#) cases of significant pulmonary illness of unclear etiology and a history of e-cigarette use or vaping to your local county health department (Floridahealth.gov/CHDEpiContact) or the Florida Department of Health, Bureau of Epidemiology at 850-245-4401.
2. Ask patients presenting with pulmonary illness with an unclear etiology about the use of e-cigarette or vaping products or any inhalational method of drug use. Document the available details in the medical record.
3. For questions about treatment and clinical management of these patients, contact the Florida Poison Information Center Network (FPICN) at 1-800-222-1222.

The Bureau of Tobacco Free Florida has a Team Up To Quit initiative to engage health care providers, encouraging them to use the “2As+R” (Ask, Advise, Refer) protocol and to refer patients to Tobacco Free Florida’s free, proven-effective cessation tools and services. Providers can use these tangible resources to refer their patients to Tobacco Free Florida, increasing their patients’ chances of successfully quitting tobacco or vaping. For more information, visit tobaccofreeflorida.com/healthcare.