

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

December 2017

Florida Department of Health
Duval County

Main Office

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, MS

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

Florida EIS Fellow

Ellen Dugan, MPH

Intern

Danecia Cooper

Volunteer

Holly Clancy

In This Issue:

Report Summary.....	1
Enteric Disease.....	2- 4
Influenza & Influenza-like Illness (ILI).....	4- 6
• 2017- 2018 Flu Season: CDC Health Advisory	
Mosquito-borne Illness Surveillance.....	7- 8
Notable Topics and Other Statistics.....	9
• TB Surveillance in Duval County	
• Sexually Transmitted Diseases	
Reportable Diseases/Conditions.....	11
Dictionary.....	12
Reportable Diseases/Conditions List.....	13



Report Summary

The month of December 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 (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 December 31, 2017, unless noted otherwise.

DOH-Duval reported 276 cases of various diseases/conditions in December. 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 mumps, Hepatitis A (outbreak associated), Mercury poisoning, typhoid fever (Salmonella Serotype Typhi), Rocky Mountain Spotted Fever, three cases of Pertussis, and four cases of Varicella.

Surveillance data for select enteric diseases showed a notable decrease in case counts compared to the previous month, while influenza and ILI activity reported increased during this time. This issue will also highlight seasonal influenza activity and provide recommendations for treatment of patients with antiviral medications.

Enteric Disease

Select enteric disease activity reported in December decreased notably when compared to the previous month of November (weeks 45-48, 2017). Cases of cryptosporidiosis (1) increased, while cases of salmonellosis (25) and campylobacteriosis (6) decreased and cases of shigellosis (0) and giardiasis (0) remained unchanged during this time (Figures 2 - 6). Two enteric outbreaks were also reported to DOH-Duval, in December.

Compared to 2016, cases of shigellosis showed an increase while cases of salmonellosis, cryptosporidiosis, giardiasis, and campylobacter decreased (Figure 1). Cases reported for the 75 and older age group showed a continuous increase in cases from the previous reporting year followed by the 5 to 19 year old age group.

(Source: FDENS EpiCom, ESSENCE).

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

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

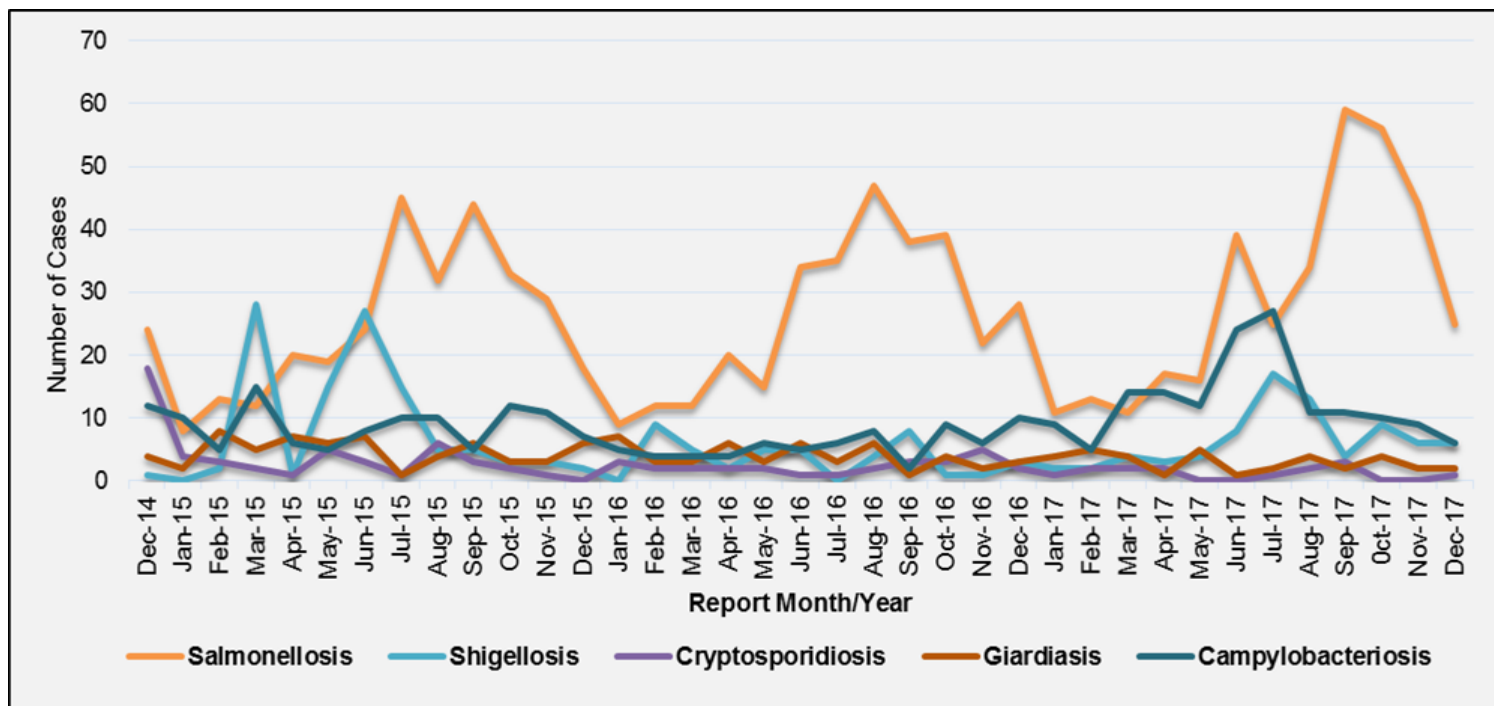


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 52,2015 – Week 52,2017

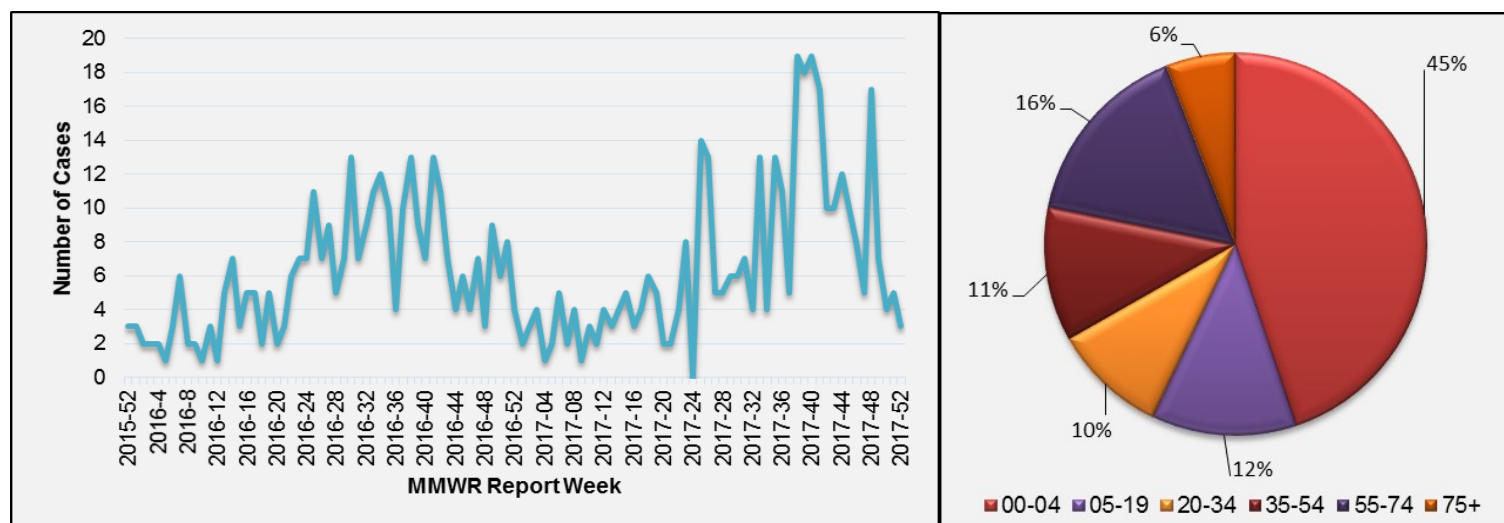




Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 52,2015 – Week 52,2017

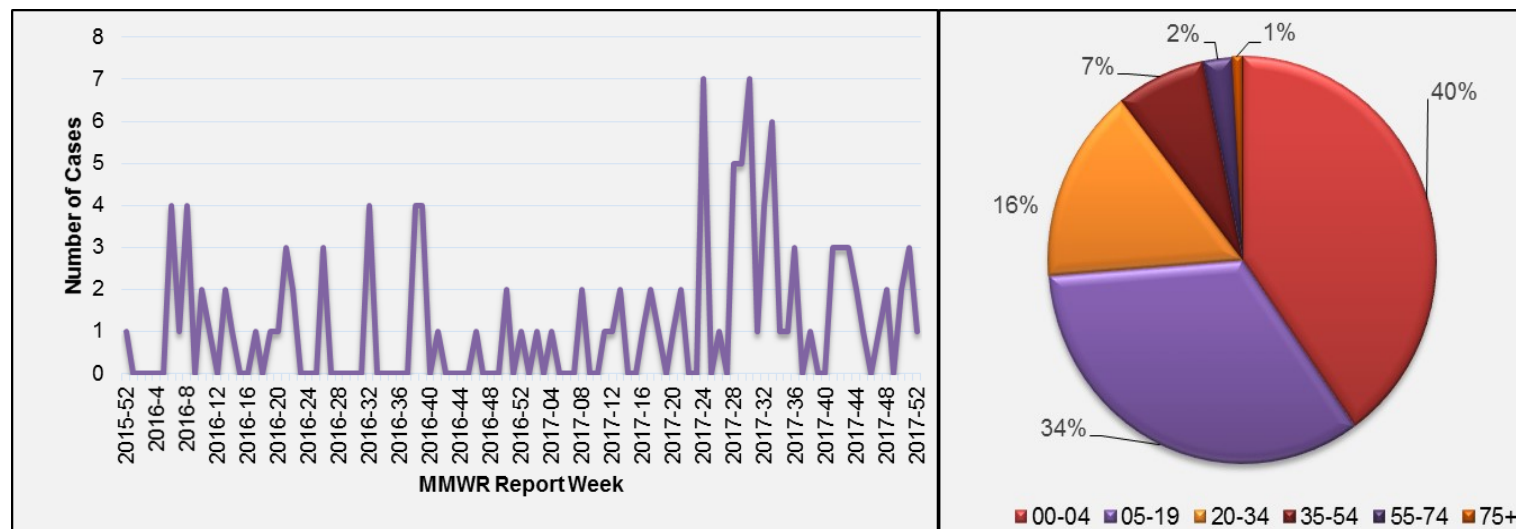


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 52,2015 – Week 52,2017

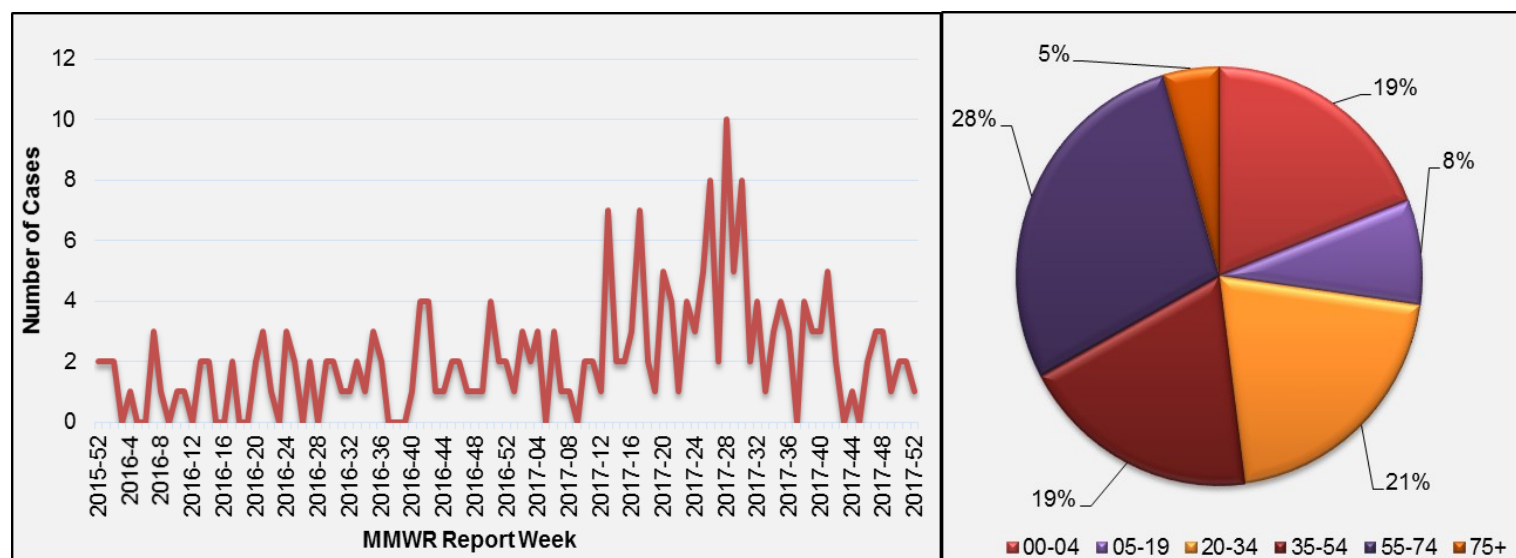


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 52,2015 – Week 52,2017

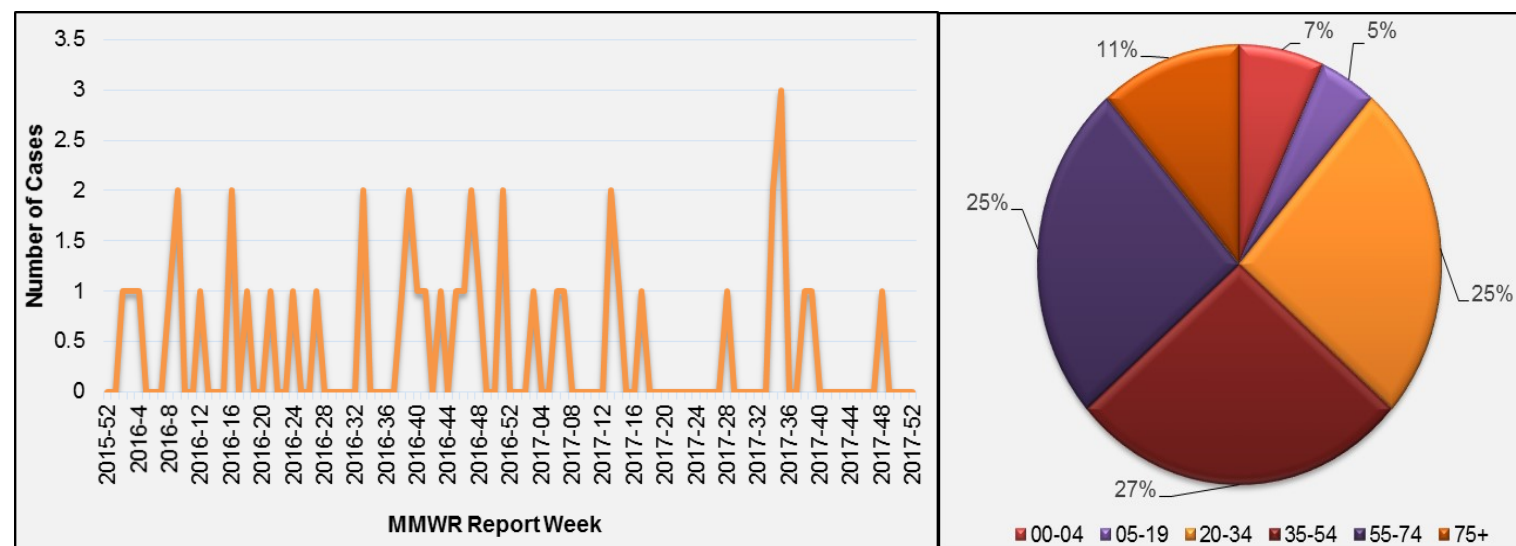
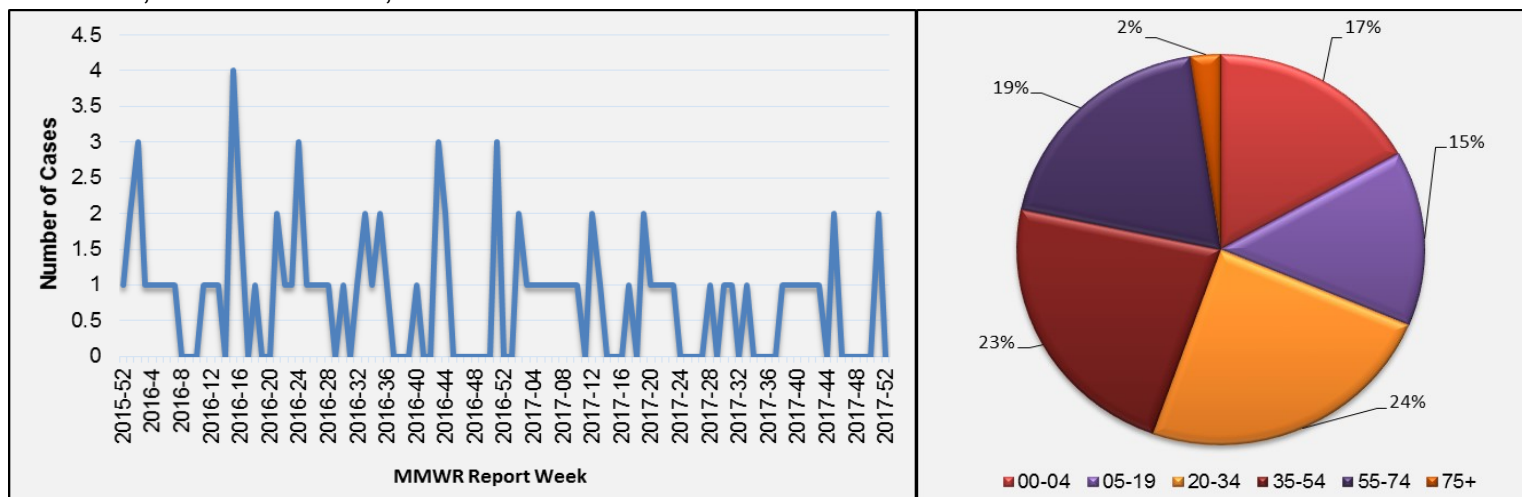


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 52,2015 – Week 52,2017



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed higher levels when compared to the previous two seasons. Emergency department (ED) and urgent care centers (UCC) ILI visits monitored through ESSENCE also reported higher levels when compared to the previous two seasons (Figure 7). ED and UCC influenza and ILI visits for all age groups showed higher levels when compared to the previous season (Figure 8). The Electronic Laboratory Reporting (ELR) system reported 193 (45%) positive specimens of the 432 submitted for influenza testing. Of those, subtyping showed that influenza A (140) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were five positive specimens reported from Duval County and seven that tested negative (Figure 10).

RSV activity reported a lower number of tested specimens when compared to previous seasons. A total of 324 specimens were tested during the month of December. Of those, 37 were positive and subtyped as RSV unspecified. RSV activity in Northeast Florida peaks between October and March. To learn more about RSV in Florida, visit: <http://www.floridahealth.gov/rsv>. **Source:** Flu and RSV Reports, Merlin

State influenza and influenza-like illness activity:

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

National influenza activity:

Influenza activity has continued to increase and was above the national baseline. The Centers for Disease Control and Prevention (CDC) noted that several flu activity indicators were higher than typically observed for this time of year. Influenza A (H3) has been the most common influenza subtype reported to CDC. **Sources:** Florida Department of Health, Florida Flu Review, Centers for Disease Control and Prevention, FluView, National Center for Immunization and Respiratory Diseases (NCIRD).

Early Seasonal Influenza A(H3N2) Activity and Treatment of Patients with Influenza Antiviral Mediations

The 2017-2018 influenza season has been described as one of the worst seasons to hit the United States (US). Over 90% of the US reported notably higher levels of influenza when compared to the previous season, especially among young children and the elderly.

On December 27, 2017, the Center for Disease Control (CDC), issued a health advisory about increased influenza A (H3N2) activity and its clinical implications; 2) treatment recommendations; 3) approved treatment drugs, and 4) background information for patients about treatment.

The CDC advises clinicians that flu should be a top priority when evaluating patients due to influenza activity increasing. The CDC also advises clinicians to treat influenza, when suspected, with neuraminidase inhibitor antiviral. The Advisory Committee on Immunizations Practices (ACIP) encourages practitioners to continue educating patients on frequent hand washing, getting the flu vaccine and avoiding contact with sick individuals. For more information about influenza visit <https://www.cdc.gov/flu/index.htm> or <https://www.cdc.gov/flu/professionals/antivirals/index.htm>. **Sources:** www.cdc.gov/flu.

Influenza and ILI Overview Cont. d

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

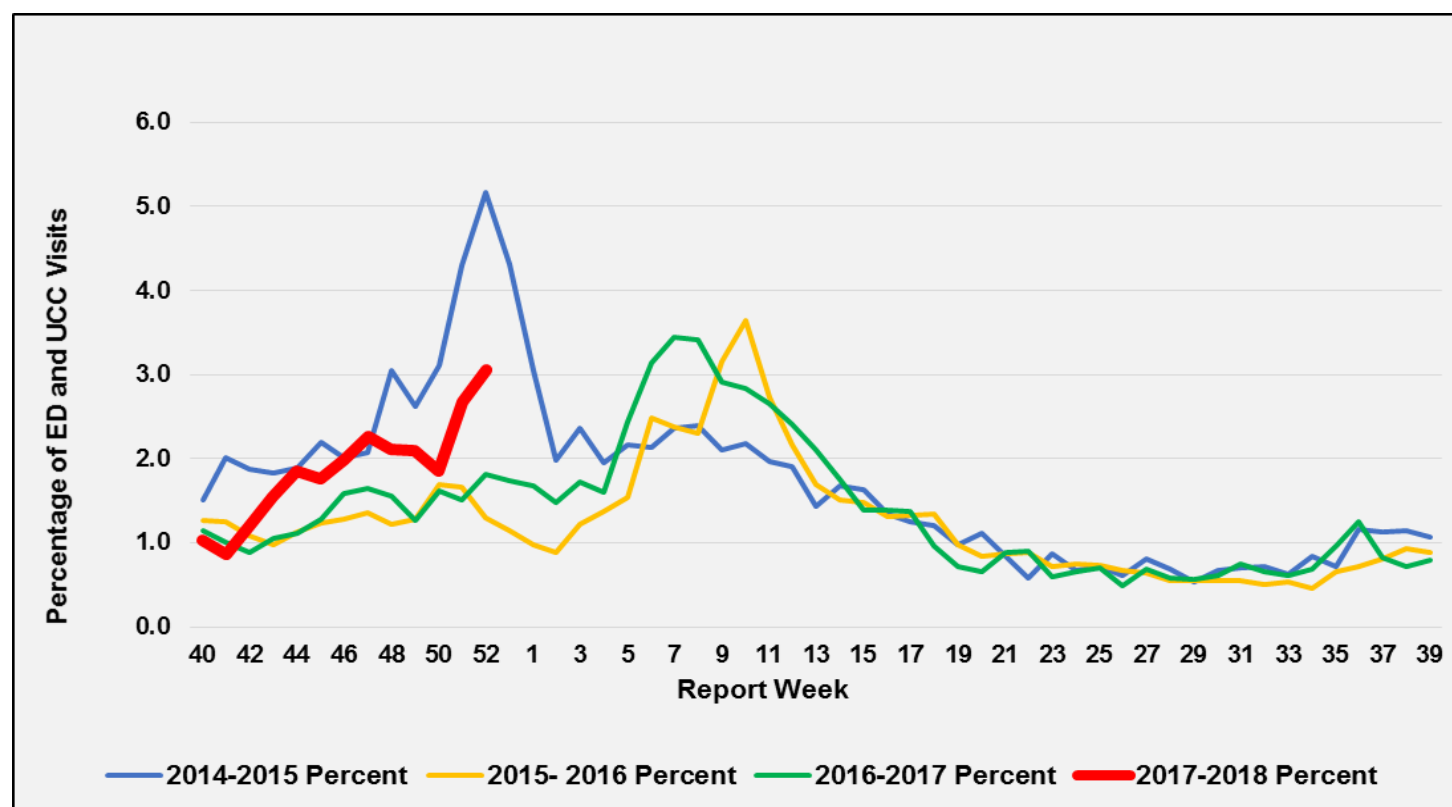
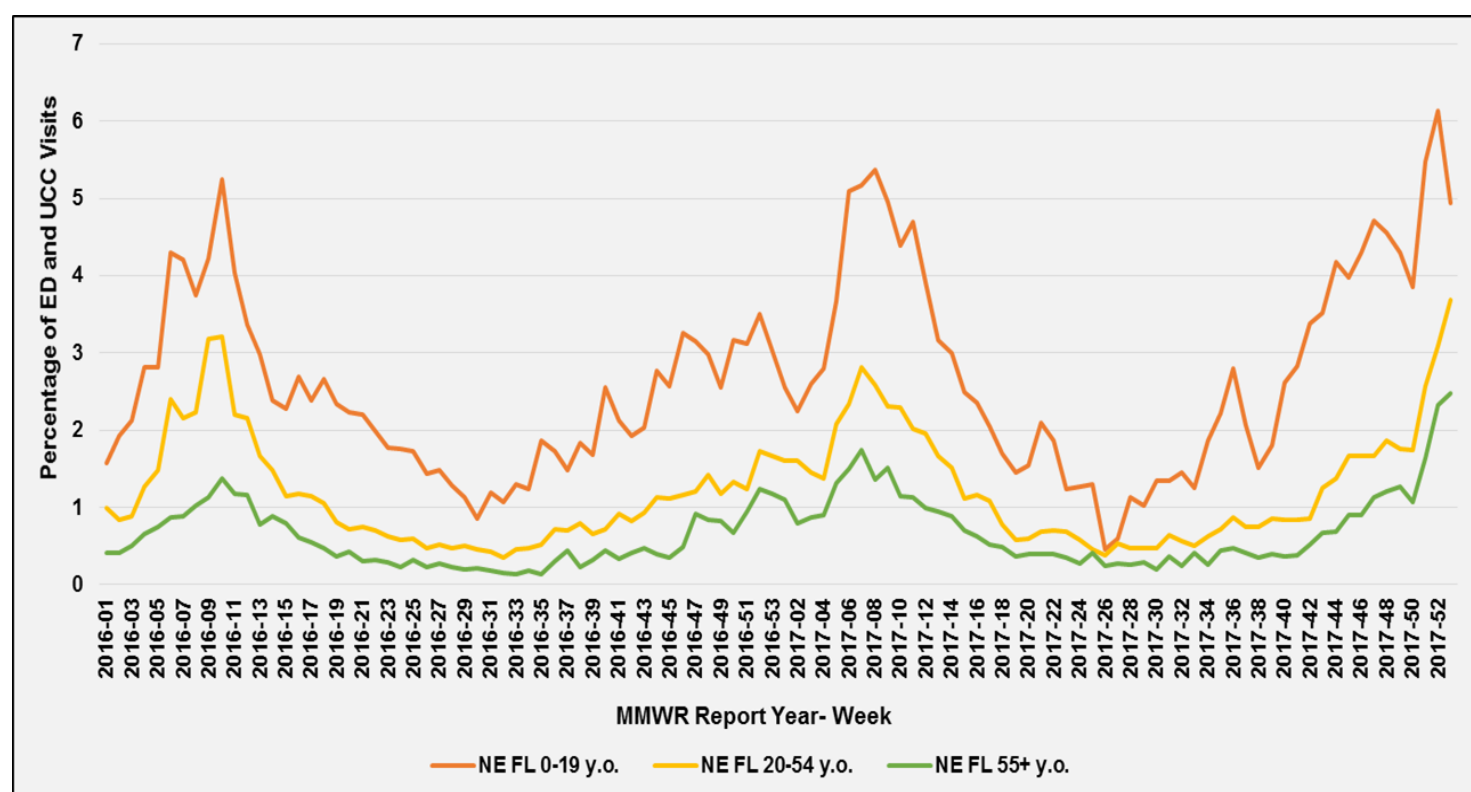


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 01, 2016 – Week 52, 2017



Influenza and ILI Overview Cont. d

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 52, 2015 - Week 52, 2017

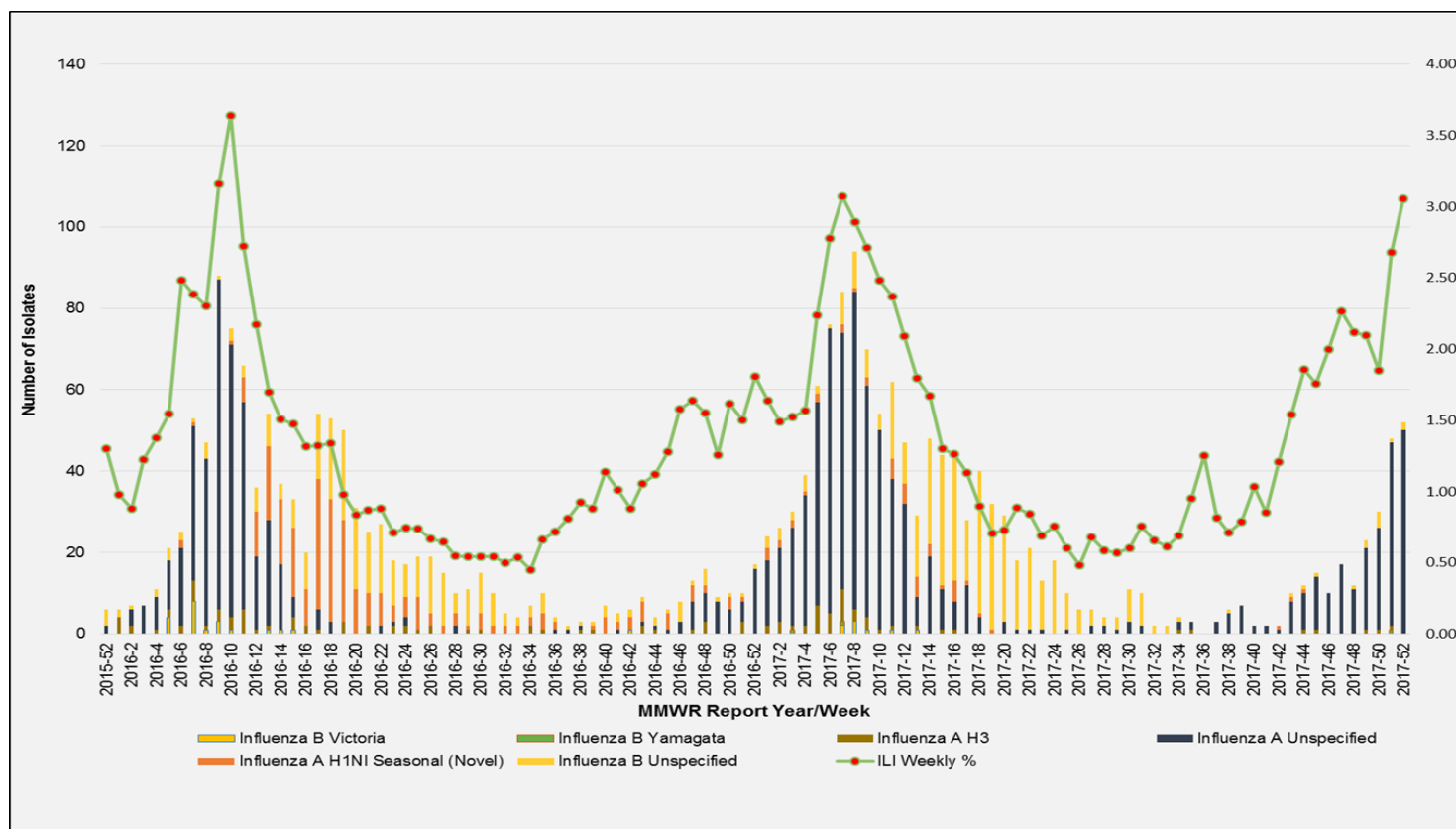
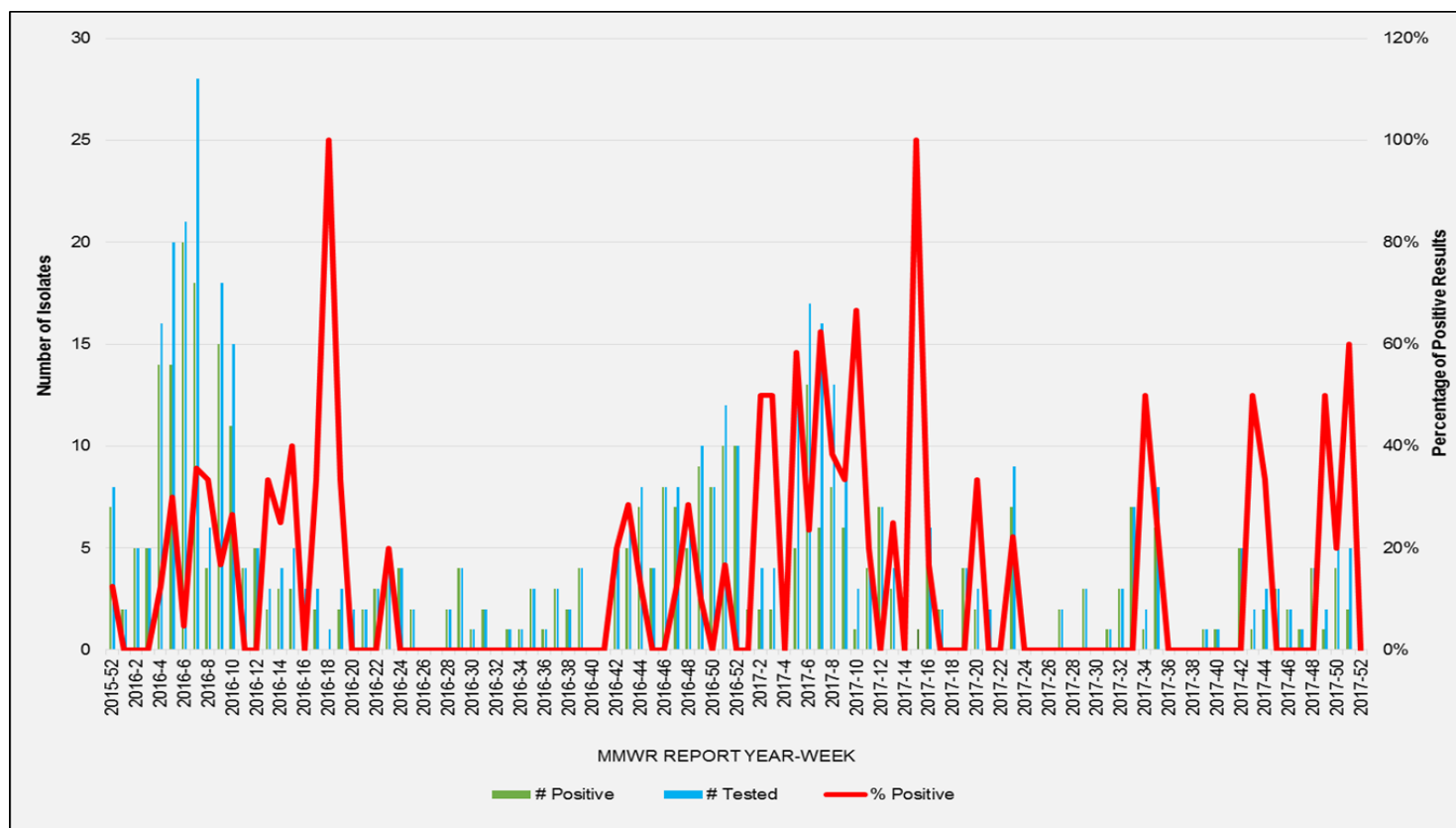


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 52, 2015 – Week 52, 2017



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

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 December.

State of Florida 2017 Human Case Summary and Surveillance

International Travel-Associated Chikungunya Fever Cases: In 2017, four travel-associated cases were reported.

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

International Travel-Associated Dengue Fever Cases: In 2017, 18 travel-associated cases were reported.

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

West Nile Virus Illnesses Acquired in Florida: Four human case of WNV illness acquired in Florida were reported in 2017; one in Escambia County in October; one in Santa Rosa County in September; one in Taylor County in October, and one in Volusia County in November. Two asymptomatic positive blood donors were reported from Escambia County in August and Lee County in November .

International Travel-Associated Zika Fever Cases: In 2017, 207 cases of Zika fever were reported in individuals with travel history to a country or area experiencing Zika virus activity.

Zika Fever Cases Acquired in Florida: In 2017, two cases of locally-acquired Zika fever were reported. In addition, 13 cases of locally-acquired Zika fever exposed in 2016 and tested in 2017 were reported.

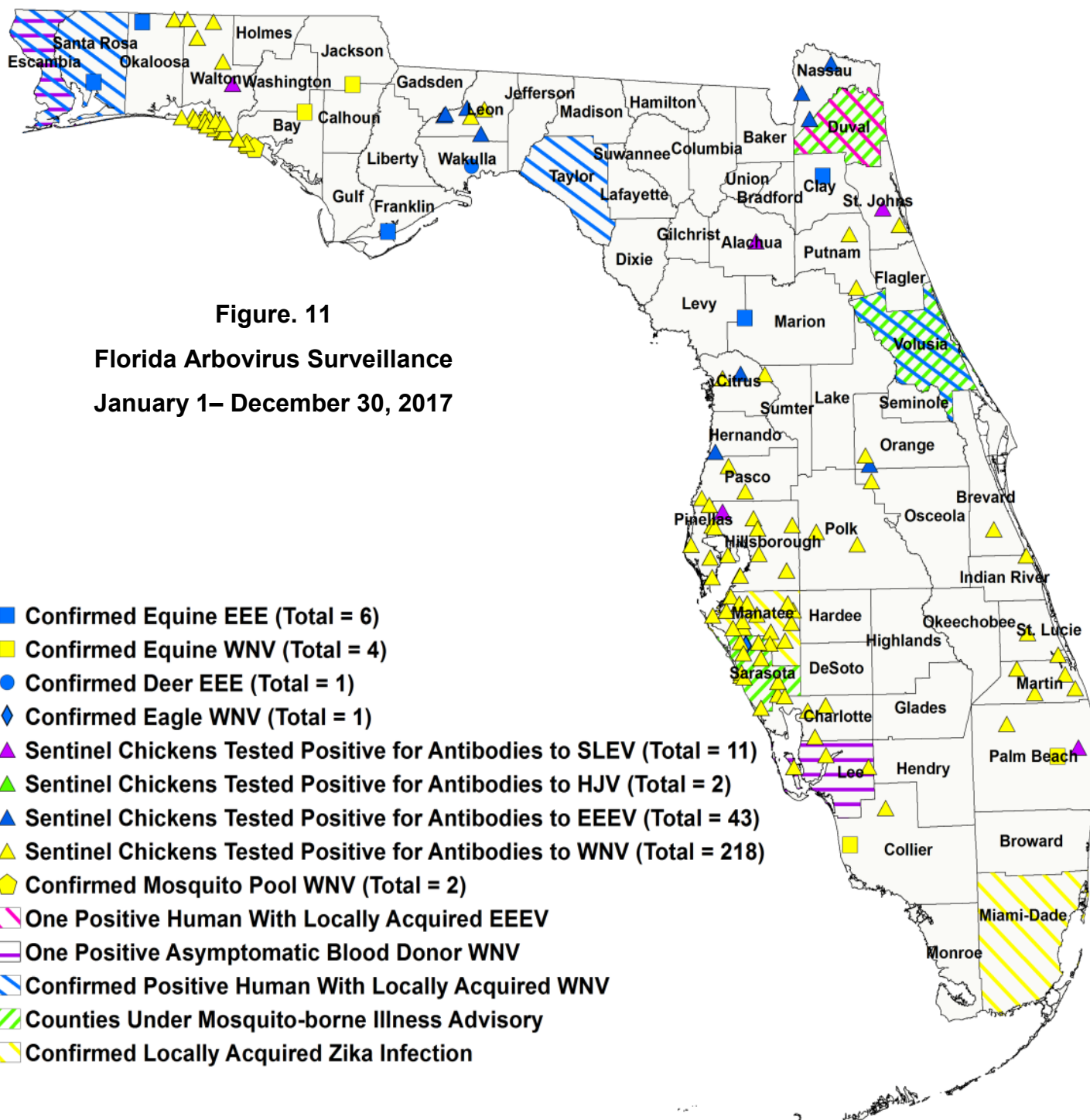
International Travel-Associated Malaria Cases: Seventy cases of malaria with onset in 2017 were reported. Geographical locations of origin were Afghanistan, Africa, Brazil (3), Cameroon (5), Central African Republic (2), Ethiopia/Malawi, Ghana (5), Ghana/Liberia, Guatemala, Guinea/Sierra Leone, Guyana, Haiti (6), India (6), Indonesia, Kenya (2), Kenya/South Africa/Tanzania, Liberia, Mexico, Mozambique, Mozambique/South Africa, Niger, Nigeria (13), Pakistan, Sierra Leone (2), South Africa, Togo, Uganda (5), Venezuela (3) and Zambia. Counties reporting cases were Alachua (3), Bay, Brevard (3), Broward (6), Collier, Clay, Desoto, Duval (3), Escambia (2), Hillsborough (7), Lee (4), Leon (7), Marion, Miami-Dade (8), Monroe (2), Okaloosa, Orange (3), Osceola (4), Palm Beach (5), Pasco, Polk, Santa Rosa, Seminole, St. Johns, St. Lucie, and Volusia. Thirteen cases were reported in non-Florida residents.

Forty-eight cases (69%) were diagnosed with *Plasmodium falciparum*. Nineteen cases (27%) were diagnosed with *Plasmodium vivax*. Two cases (3%) were diagnosed with *Plasmodium malariae*. One case (1%) was diagnosed with both *Plasmodium malariae* and *Plasmodium ovale*.

WNV activity: In 2017, positive samples from four human cases, two blood donors, two hundred eighteen sentinel chickens, four horses, one eagle, and two mosquito pools were reported from twenty-three counties.

SLEV activity: In 2017, positive samples from eleven sentinel chickens were reported from seven counties.

EEEV activity: In 2017, positive samples from one human, six horses, one deer, and forty-three sentinel chickens were reported from fourteen counties.



Notable Topics and Other Statistics

Table 1: Tuberculosis (TB) Surveillance – Duval County - 1/1/2017 through 12/31/2017

Active TB cases reported year-to-date as of December 31, 2017							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	28	38	73.7%	Asian	9	38	23.7%
Female	10	38	26.3%	Pacific Islander/Other	2	38	5.3%
Country of Origin				Black	15	38	39.5%
U.S.	20	38	52.6%	White	12	38	31.6%
Non-U.S.	18	38	47.4%	Ethnicity			
Age Group				Hispanic	4	38	10.5%
< 5	0	38	0.0%	Non-Hispanic	34	38	89.5%
5-14	0	38	0.0%	Risk Factors			
15-24	3	38	7.9%	Excess alcohol use within past year	6	38	15.8%
25-44	9	38	23.7%	HIV co-infection*	8	38	21.1%
45-64	17	38	44.7%	Injection drug use within past year	2	38	5.3%
> 65	9	38	23.7%	Homeless within past year	1	38	2.6%
				Incarcerated at diagnosis	0	38	0.0%
				Unemployed	23	38	60.5%
				Drug Resistance			
				Resistant to isoniazid**	2	30	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 1/23/2018. 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 December 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	3	20%	2	15%	Female	518	61%	396	59%	Female	151	40%	132	40%
Male	12	80%	11	85%	Male	326	39%	270	41%	Male	224	60%	200	60%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	8	53%	7	54%	Black	420	50%	389	58%	Black	260	69%	242	73%
Hispanic	0	0%	0	0%	Hispanic	43	5%	32	5%	Hispanic	12	3%	9	3%
White	7	47%	6	46%	White	256	30%	148	22%	White	72	19%	55	17%
Other	0	0%	0	0	Other	125	15%	97	15%	Other	31	8%	26	8%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	6	1%	5		0-14	2	1%	2	1%
15-19	1	7%	1	8%	15-19	218	26%	164	25%	15-19	57	15%	46	14%
20-24	2	13%	2	15%	20-24	302	36%	241	36%	20-24	118	31%	105	32%
25-29	4	27%	3	23%	25-29	165	20%	127	19%	25-29	77	21%	67	20%
30-39	4	27%	3	23%	30-39	106	13%	87	13%	30-39	76	20%	70	21%
40-54	3	20%	3	23%	40-54	39	5%	35	5%	40-54	36	10%	33	10%
55+	1	7%	1	8%	55+	8	1%	7	1%	55+	9	2%	9	3%
Total Cases	15		13		Total Cases	844		666		Total Cases	375		332	

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, December 2017

Disease	DUVAL					All Counties				
	December		Cumulative (YTD)			December		Cumulative (YTD)		
	2017	Mean†	Median‡	2017	Mean†	2017	Mean†	2017	Mean†	Median‡
A. Vaccine Preventable Diseases										
Diphtheria	0	0	0	0	0	0	0	0	0	0
Measles (Rubella)	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0
Varicella (Chickenpox)	3	2.8	3	39	32	41.6	39	60	46	51
B. CNS Diseases & Bacteremias										
Cryptococcal Infection	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae Invasive Disease	3	1	1	24	23	20	23	34	26	23.4
Meningitis: Bacterial or Mycotic	1	4	1	4	9	13.8	14	11	16	14.6
Meningococcal Disease	0	0	0	1	1	0.8	1	1	6	3.8
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0	0	0	0
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Resistant	1	2	2	9	25	23.2	24	35	23	35.4
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	2	3	3	17	18	22.4	22	53	38	47.4
C. Enteric Infections										
Campylobacteriosis	6	11	10.6	11	160	93	103.6	108	304	341
Cryptosporidiosis	0	2	2.8	2	16	26	52.4	27	37	33
Cyclosporiasis	0	0	0	0	3	0	1.6	0	1	0.2
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	3	1.6	2	16	11	15.2	18	37	41
Giardiasis: Acute	2	7	4.8	6	27	49	54.6	57	40	103
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0.6	0	1	0
Listeriosis	0	0	0.2	0	0	5	2.8	3	4	6
Salmonellosis	18	22	19.8	20	370	363	404.2	379	352	401
Shigellosis	7	3	2.6	1	79	54	126	54	75	76
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	3	1	0.4	0	3	3
D. Viral Hepatitis										
Hepatitis A	1	0	0	0	2	1	1.8	1	29	13
Hepatitis B: Acute	1	6	2.8	2	30	38	21.2	15	47	60
Hepatitis B: Surface Antigen in Pregnant Women	3	0	1.6	1	24	26	36.4	36	22	27
Hepatitis C: Acute	0	0	0.4	0	15	11	6.8	7	23	27
E. Vector-Borne, Zoonoses										
Chikungunya Fever	0	0	0	0	0	1	3.6	1	0	0
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	6	2
Dengue Fever	0	0	0.2	0	0	1	1.6	1	0	2
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	1	0	0	0	0	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	1	0.6	1	3	0
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	1	0.4	0	2	13	4.2	2	7	12
Malaria	0	0	0.8	1	3	6	5	4	5	2
Rabies: Animal	0	0	0	0	0	1	1.6	2	0	3
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection- Non-Congenital	0	0	0	0	1	13	2.6	0	12	60
F. Others										
Botulism: Infant	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0.4	0	2	0.8
Carbon Monoxide Poisoning	0	0	1	0	7	13	10.6	9	41	34
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.4	0	0	2
Legionellosis	0	4	2.6	2	27	23	20	19	21	41
Vibriosis#	0	1	0.1	0	10	10	1.2	0	11	14
This report consists 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 holisae, Vibrio alginolyticus, Vibrio cholerae Type Non-O1, Vibrio mimicus, 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*): 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 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.

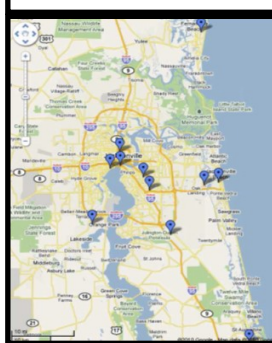
Other Links and Resources:

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

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?

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

! 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...