

Duval County Epidemiology Surveillance Report

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

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Report Summary

The month of December included a variety of surveillance and investigation activities in Duval County. These data summaries included enteric diseases, 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 December 31, 2018 unless noted otherwise.

DOH-Duval reported 284 cases of various diseases/conditions in December. 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 dengue fever (travel-associated), West Nile virus Neuroinvasive and Non-Neuroinvasive, and Mumps, two cases of STEC infection, three cases of meningitis, Lyme disease and eight cases of legionellosis.

Surveillance data for select enteric diseases showed a slight increase in case counts compared to the previous month of November, while Influenza and ILI activity reported elevated levels.

This issue will also provide information about Influenza reporting to Duval Epidemiology for clusters and outbreaks of influenza and ILI; pediatric deaths in children less than 18 years of age associated with influenza and ICU patients 64 years of age and younger with positive influenza testing.

Enteric Disease

Select enteric disease activity reported in December showed an increase compared to the previous month of November (weeks 44-48, 2018). Cases of shigellosis (5), cryptosporidiosis (3), giardiasis (4) and campylobacteriosis (21) increased, while salmonellosis (31) decreased (Figures 2 - 6). Compared to 2017, cases of salmonellosis, cryptosporidiosis, giardiasis, and campylobacteriosis increased, while cases of shigellosis showed a decrease (Figure 1). Cases reported for this year (2018) showed that those 00 to 04 years of age accounted for the majority of the 188 cases reported, followed by those 55 to 74 years of age, with 145 cases. Two outbreaks were reported to DOH-Duval in December.

(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 2015 – December 2018

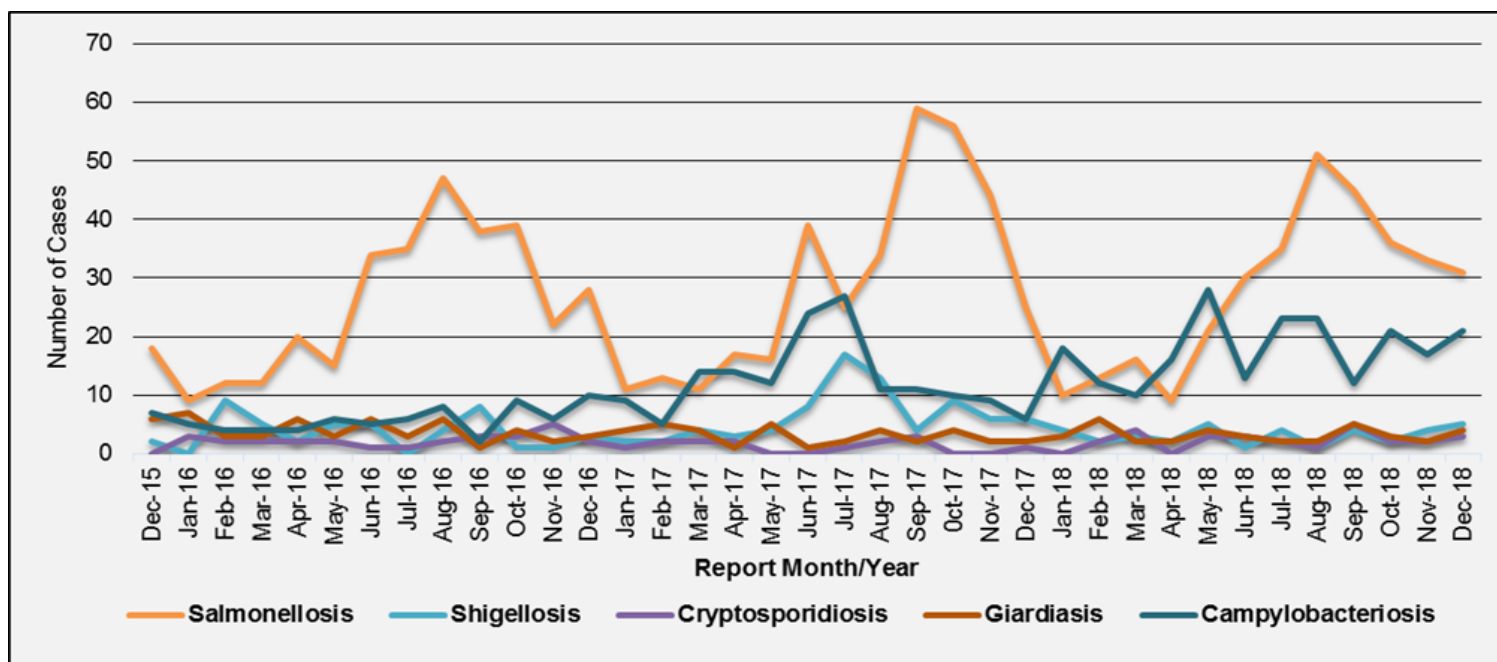


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 52, 2016 – Week 52, 2018

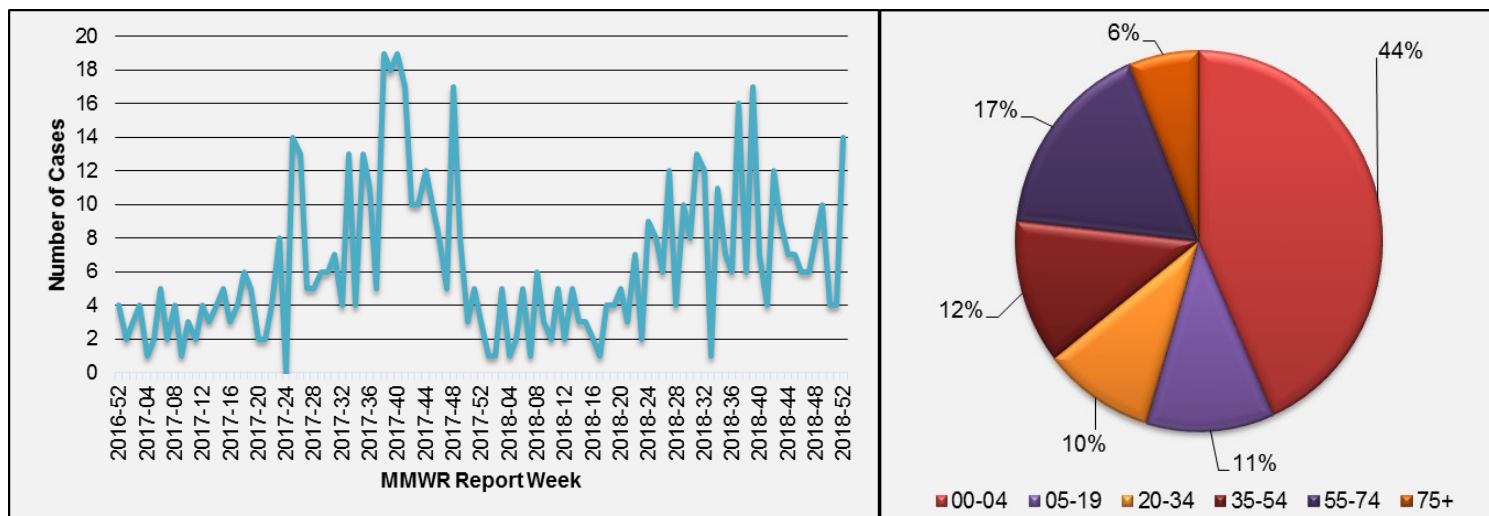




Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 52, 2016 – Week 52, 2018

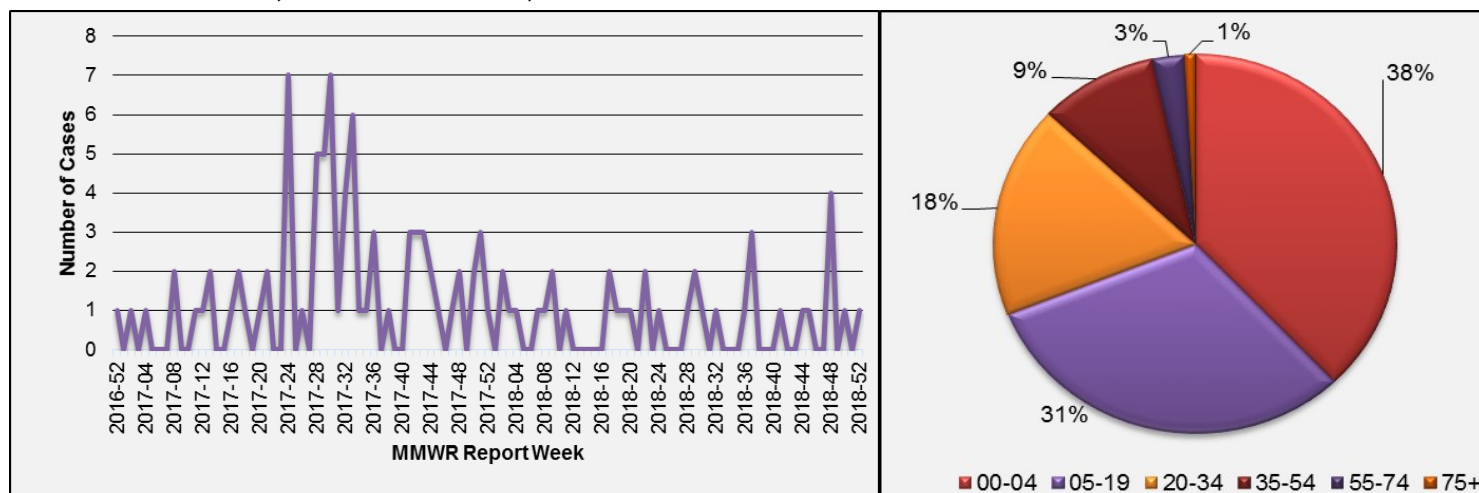


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 52, 2016 – Week 52, 2018

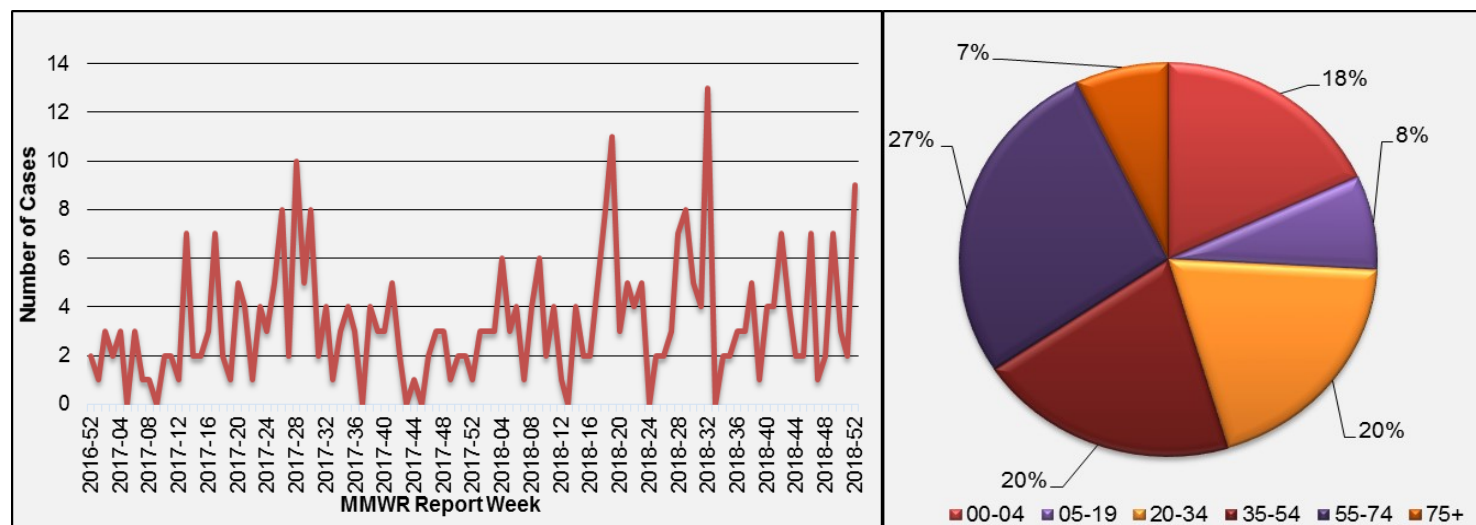


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 52, 2016 – Week 52, 2018

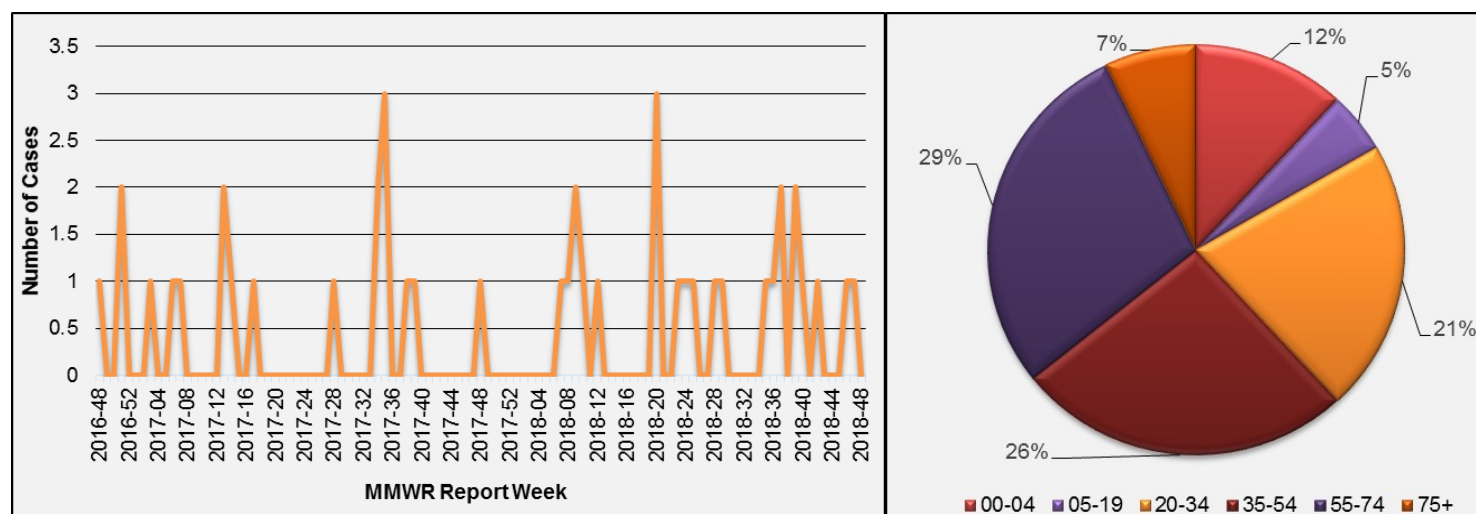
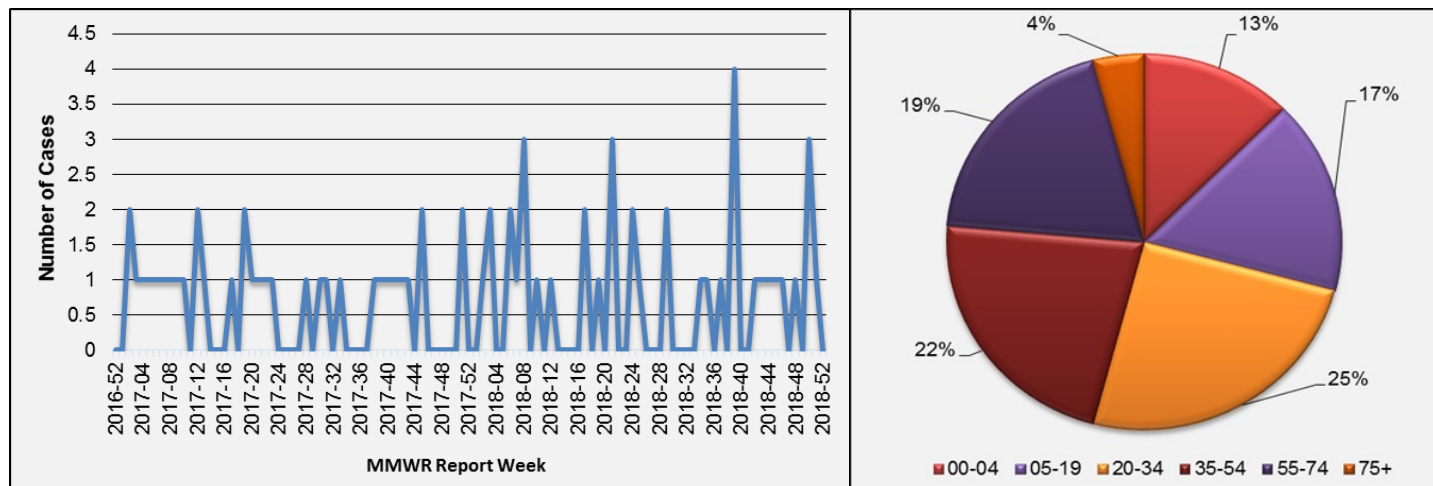


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 52, 2016 – Week 52, 2018



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed normal activity during the month of December. Emergency Department (ED) and Urgent Care Center (UCC) ILI visits monitored through ESSENCE showed lower activity when compared to the previous season (Figure 7). ED and UCC influenza/ILI visits for all age groups showed similar trends when compared to the previous season (Figure 8).

The Electronic Laboratory Reporting (ELR) system reported 62 (~7%) positive specimens out of the 975 submitted for influenza testing. Of those, subtyping showed that influenza A was the dominant strain detected by laboratories (Figure 9). The Bureau of Public Health Laboratories (BPHL) Jacksonville reported one positive specimen and 17 negative specimens for Duval County (Figure 10).

Source: Flu Lab Report, Merlin

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

In December, 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 increased statewide but remained within levels observed at this time in past seasons. Two influenza-associated pediatric deaths have been confirmed since the start of the 2018-2019 influenza season: one in an unvaccinated child with no known underlying conditions and one in an unvaccinated child with underlying conditions. The Bureau of Public Health Laboratories', testing for influenza, showed influenza A 2009 (H1N1) identified as the most common subtype followed by A(H3) by real-time reverse transcription polymerase as the most dominant strains circulating.

National influenza activity:

The Centers for Disease Control and Prevention (CDC) reported a slight increase in activity. Influenza A (H1N1) and A(H3N2), and influenza B continue to co-circulate. The proportion of outpatient visits for influenza-like illness (ILI) increased to 3.3%, which is above the national baseline of 2.2%. All 10 regions reported ILI at or above their region-specific baseline level. The percentage of respiratory specimens testing positive for influenza viruses in clinical laboratories increased. Influenza A viruses have predominated in the United States since the beginning of October.

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)

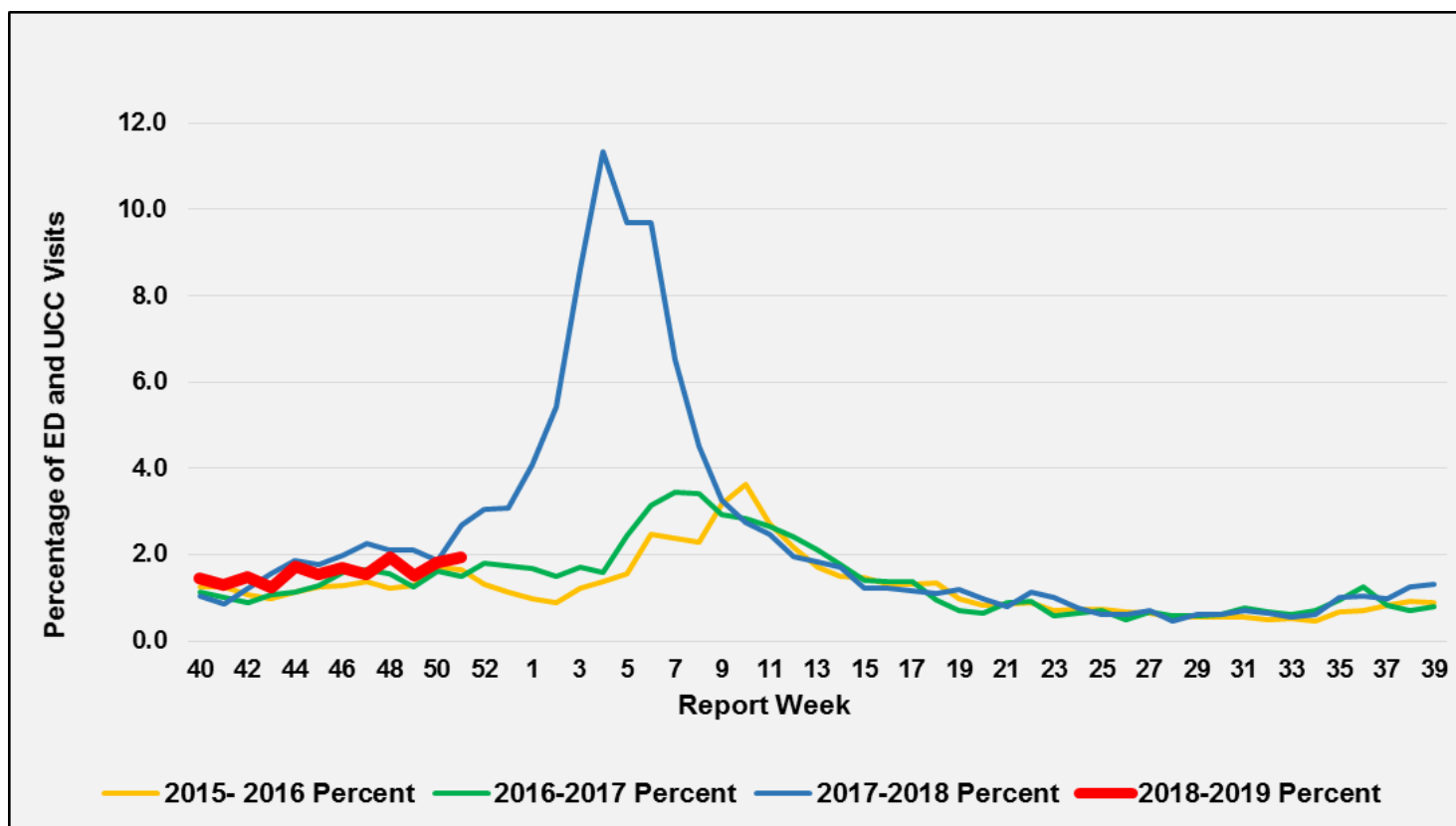
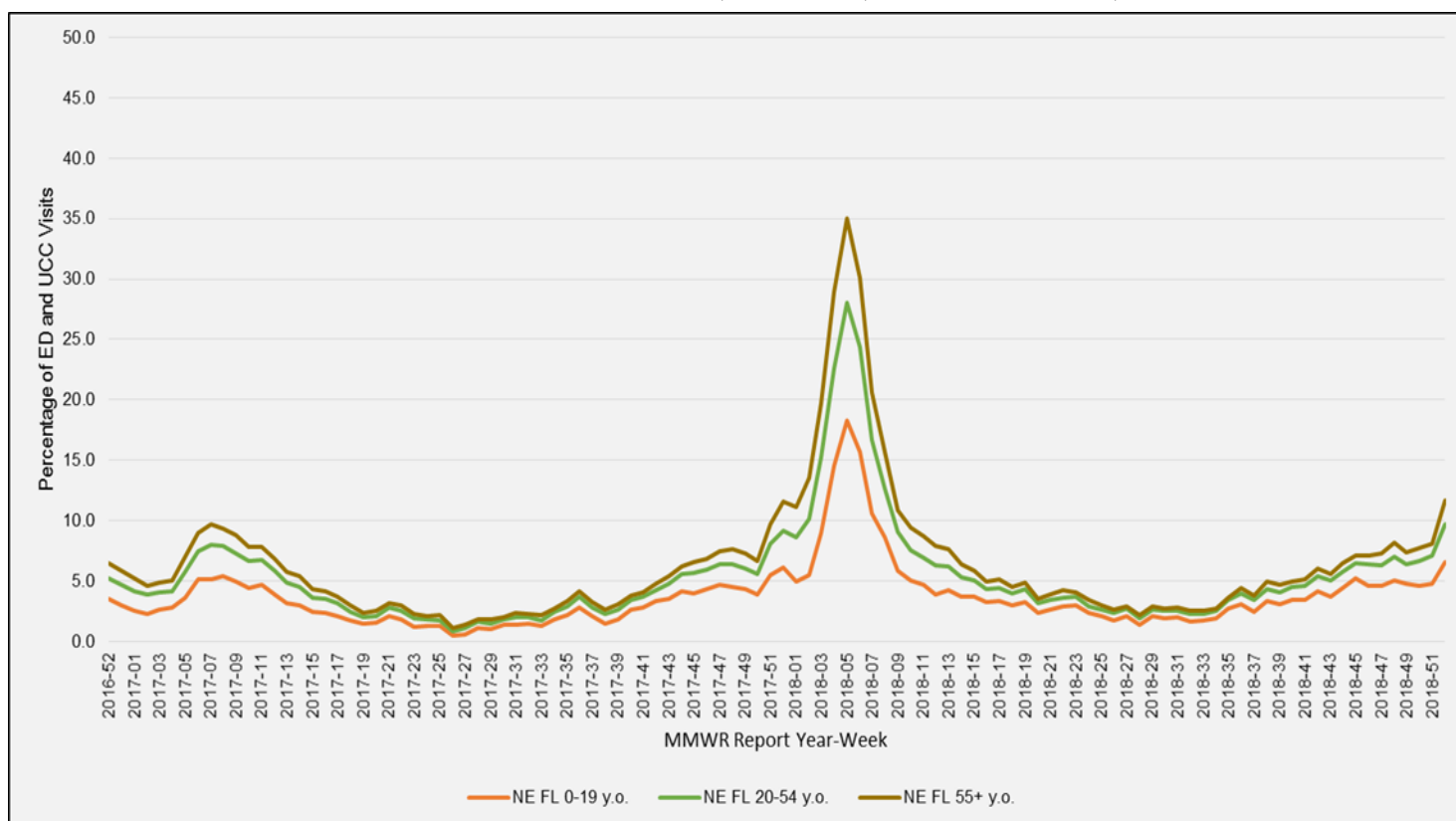


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 52, 2016 – Week 51, 2018



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 52, 2016 - Week 52, 2018

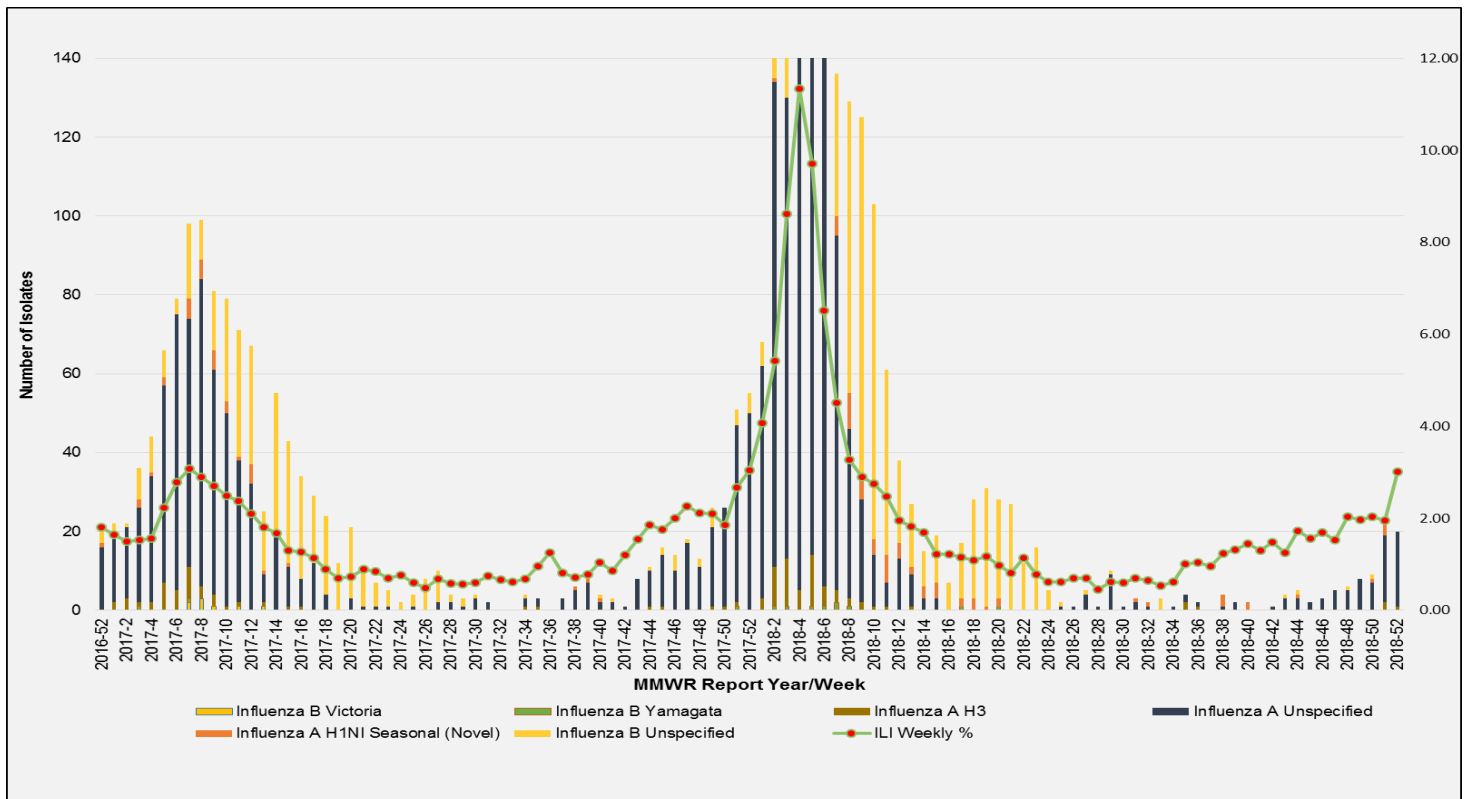
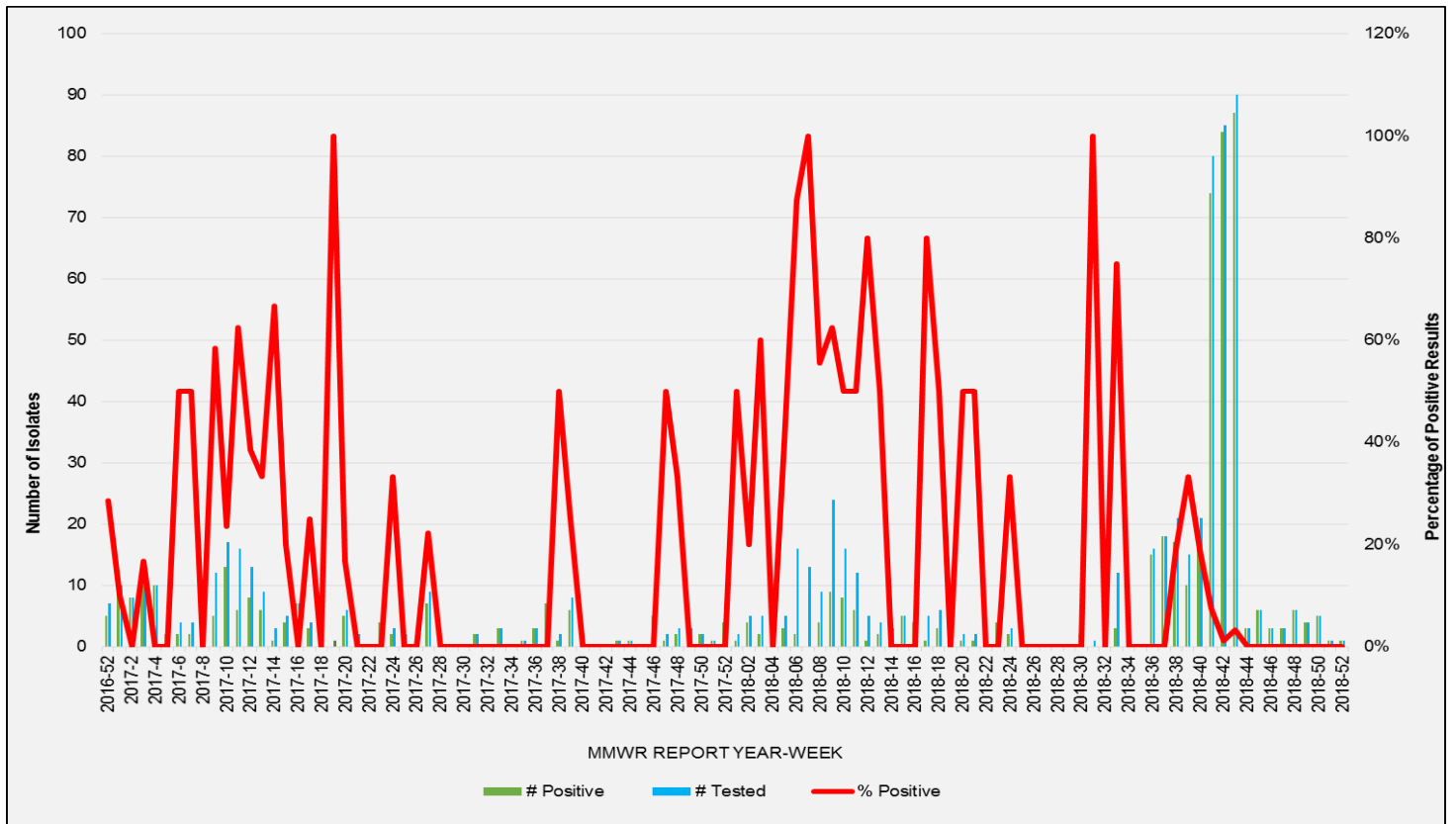


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 52, 2016 – Week 52, 2018



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 ten human cases of West Nile virus (WNV) were reported in Duval County as of December 29, 2018. 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, 73 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2018, one case of locally acquired dengue fever has been reported.

International Travel-Associated Chikungunya Fever Cases: In 2018, five travel-associated cases have 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, 97 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: Charlotte, Clay, Columbia, Gadsden, Lake, Manatee, Marion, Martin, Miami-Dade, Okeechobee, Orange, Putnam, Sarasota, St. Johns, Suwannee, Taylor, Volusia, Walton, and Washington counties are currently under a mosquito-borne illness advisory. Bay, Duval, Leon, Levy, and Nassau 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: Sixty-six cases of malaria with onset in 2018 have been reported. Countries of origin were: Afghanistan (2), Africa, Angola, Benin (2), Brazil, Cameroon, Dominican Republic, Ethiopia, Gabon, Ghana (5), Haiti (2), India (5), Kenya, Liberia (3), Mali/Togo, Nicaragua (4), Nigeria (22), Peru, Sierra Leone (3), South Africa, Sudan, Tanzania, Togo (3), and Venezuela (2). Counties reporting cases were: Broward (16), Clay, Duval (5), Escambia, Gadsden, Hillsborough (5), Miami-Dade (15), Okaloosa, Orange (4), Osceola, Palm Beach (4), Pasco, Pinellas (3), Polk, Sarasota, Seminole (5), and Volusia. Ten cases were reported in non-Florida residents. Forty-three cases (65%) were diagnosed with *Plasmodium falciparum*. Sixteen cases (24%) were diagnosed with *Plasmodium vivax*. Five cases (8%) were diagnosed with *Plasmodium ovale*. Two cases (3%) were diagnosed with *Plasmodium malariae*.

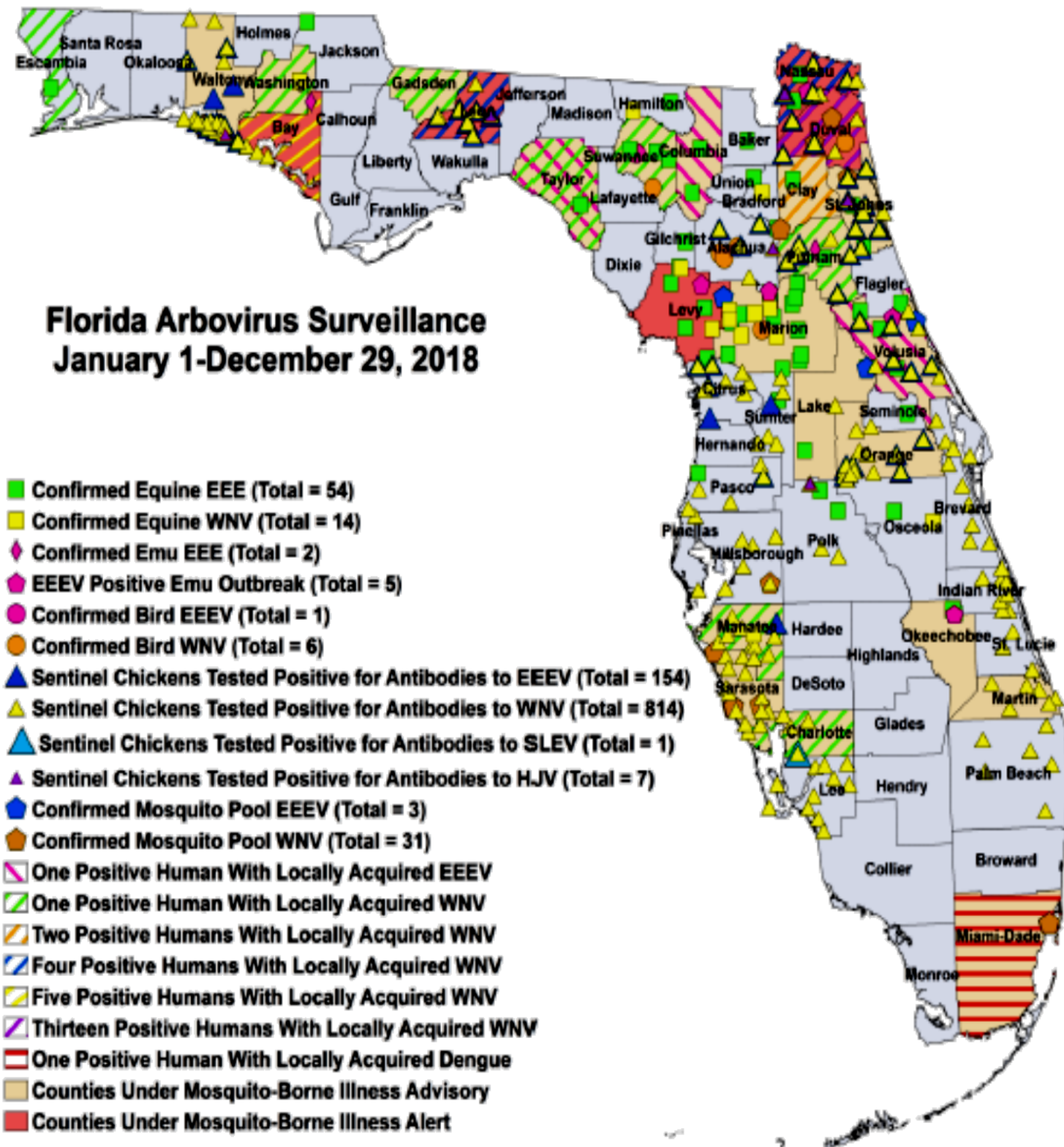
West Nile Virus Illnesses Acquired in Florida: A total of 29 human cases of WNV illness acquired in Florida have been reported in 2018; four in Bay (July, September), one in Charlotte (August), two in Clay (September, October), 10 in Duval (August, September, October), four in Leon (October), one in Manatee (July), three in Nassau (August, October), one in Putnam (October), one in Suwannee (August), one in Taylor (October), and one in Washington (October) counties. Three asymptomatic positive blood donors were reported from Bay (June), Duval (August), and Gadsden (October) 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 33 humans, three blood donors, thirteen horses, one zebra, one red-shouldered hawk, five crows, 31 mosquito pools, and 814 sentinel chickens have been reported from 40 counties.

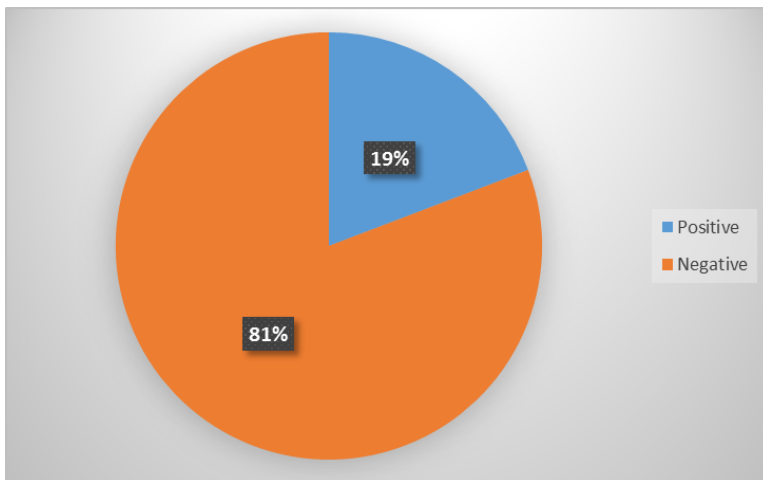
SLEV activity: In 2018, a positive sample from one sentinel chicken has been reported from one county.

EEEV activity: In 2018, positive samples from three humans, 52 horses, one mule, one donkey, one owl, two emus, five emu flocks, three mosquito pools, and 154 sentinel chickens have been reported from 33 counties.



Notable Topics and Other Statistics

Graph 1: Respiratory syncytial virus (RSV) Surveillance – Duval County - 12/1/2018 through 12/31/2018



Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Young children and older adults, especially those with certain underlying health conditions, are at higher risk for severe illness from RSV. Prophylaxis is available for children who qualify.

In November, 49 specimens were tested and reported for Duval County. Among those tested, the RSV subtype was unspecified (n=49).

Table 1: Tuberculosis (TB) Surveillance – Duval County - 12/1/2018 through 12/31/2018

Active TB cases reported year-to-date as of December 31, 2018							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	35	49	71.4%	Asian	6	49	12.2%
Female	14	49	28.6%	Pacific Islander/Other	0	49	0.0%
Country of Origin				Black	22	49	44.9%
U. S.	34	49	69.4%	White	21	49	42.9%
Non-U.S.	15	49	30.6%	Ethnicity			
Age Group				Hispanic	2	49	4.1%
< 5	3	49	6.1%	Non-Hispanic	47	49	95.9%
5-14	1	49	2.0%	Risk Factors			
15-24	5	49	10.2%	Excess alcohol use within past year	11	49	22.4%
25-44	13	49	26.5%	HIV co-infection*	5	49	10.2%
45-64	16	49	32.7%	Injection drug use within past year	0	49	0.0%
> 65	11	49	22.4%	Homeless within past year	6	49	12.2%
				Incarcerated at diagnosis	0	49	0.0%
				Unemployed	35	49	71.4%
				Drug Resistance			
				Resistant to isoniazid**	0	36	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 1/31/2019. 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 December 2018

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%
Female	9	25%	6	21%	Female	586	69%	450	69%	Female	164	42%	137	42%
Male	27	75%	23	79%	Male	258	31%	205	31%	Male	223	58%	186	58%
Unknown	0	0%	0	0%	Unknown	1	0%	1	0%	Unknown	0	0%	0	0%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	23	64%	20	69%	Black	372	44%	331	50%	Black	231	60%	209	65%
Hispanic	3	8%	1	3%	Hispanic	35	4%	23	4%	Hispanic	15	4%	9	3%
White	8	22%	6	21%	White	213	25%	135	21%	White	80	21%	55	17%
Other	0	0%	0	0%	Other	28	3%	16	2%	Other	12	3%	10	3%
Unknown	2	6%	2	7%	Unknown	197	23%	151	23%	Unknown	49	13%	40	12%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	2	0%	2	0%	0-14	0	0%	0	0%
15-19	0	0%	0	0%	15-19	224	27%	162	25%	15-19	52	13%	45	14%
20-24	7	19%	6	21%	20-24	301	36%	232	35%	20-24	109	28%	95	29%
25-29	10	28%	8	28%	25-29	172	20%	139	21%	25-29	97	25%	81	25%
30-39	10	28%	9	31%	30-39	108	13%	90	14%	30-39	72	19%	57	18%
40-54	4	11%	3	10%	40-54	31	4%	26	4%	40-54	40	10%	31	10%
55+	5	14%	3	10%	55+	7	1%	5	1%	55+	17	4%	14	4%
Total Cases	36		29		Total Cases	845		656		Total Cases	387		323	

All data is provisional and subject to change.

Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties

Prepared by: Ashley Donnelly, TB/STD Surveillance

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

Disease	DUVAL					All Counties				
	December					December				
	2018	2017	Mean [†]	Median [‡]	Cumulative (YTD)	2018	2017	Mean [†]	Median [‡]	Cumulative (YTD)
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	1	0.2	0	9	3	11	10.4	2	181
Pertussis	0	0	1.8	2	23	24	20	26.2	23	339
Rubella	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0
Varicella (Chickenpox)	0	1	2.6	3	27	36.4	0	108	64.4	60
B. CNS Diseases & Bacteremias										
Creutzfeldt-Jakob Disease (CJD)	0	0	0.2	0	0	0	0	0	0	0
Hemophilus influenzae Invasive Disease	0	1	1.4	1	4	23	22.6	24	16	21.4
Meningitis: Bacterial or Mycotic	0	1	2	1	16	11.8	14	13	13.2	13
Meningococcal Disease	0	0	0	0	2	1.2	1	2	1	23
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0.2	0	0	0	0
Staphylococcus aureus Infection: Resistant to Vancomycin (VISA)	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Resistant	0	1	1.4	1	2	9	15	16	0	20
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	0	2	3	3	13	17.2	15	38	38.6	39
C. Enteric Infections										
Campylobacteriosis	0	20	13	12	3	218	140.6	117	0	331
Cryptosporidiosis	0	4	3.6	2	0	30	51	27	0	38
Cyclosporiasis	0	0	0	0	0	2	1.4	0	0	0
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	0	0	0	0	20	17.6	19	0	60
Giardiasis: Acute	0	2	3.8	3	1	37	46.8	49	0	49
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	0	0
Listeriosis	0	0	0.2	0	1	2.2	1	3	3.6	3
Salmonellosis	0	24	19.8	21	12	358	306.6	385	0	424
Shigellosis	0	3	2.8	3	0	36	86.6	54	0	141
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	0	4	1.6	0	0	20
D. Viral Hepatitis										
Hepatitis A	0	2	0.8	0	1	2	1.4	1	0	144
Hepatitis B: Acute	0	6	4	5	2	49	32.6	32	0	50
Hepatitis B: Surface Antigen in Pregnant Women	0	0	1.2	1	0	24	31.8	28	0	10
Hepatitis C: Acute	0	1	0.4	0	0	16	11.6	12	0	15
E. Vector-Borne, Zoonoses										
Chikungunya Fever	0	0	0	0	0	0	3.8	1	0	0
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	0
Dengue Fever	0	2	0.4	0	0	5	1.4	1	0	15
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0
Encephalitis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0
Encephalitis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	3	1	0	0	0
Encephalitis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0
Leprosy	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0.4	0	0	6	5.8	5	0	18
Malaria	0	1	0.8	1	0	6	4.4	4	0	5
Rabies: Animal	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0
F. Others										
Botulism: Infant	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0.4	0	0	0
Carbon Monoxide Poisoning	0	0	1	0	0	1	6.8	7	0	13
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.4	0	0	0
Legionnaires Disease	0	7	3.2	4	0	52	28.2	27	0	67
Vibriosis (Grimontia holisae)	0	1	0.2	0	0	1	0.4	0	0	1
Vibriosis (Other Vibrio Species)	0	0	0	0	0	0	0.6	1	0	7
Vibriosis (Vibrio alginolyticus)	0	0	0	0	0	1	1.8	2	0	2
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0.2	0	0	1	0.4	1	0	1
Vibriosis (Vibrio fluvialis)	0	0	0.2	0	0	0	0.8	0	0	0
Vibriosis (Vibrio mimicus)	0	0	0	0	0	0	0	0	0	0
Vibriosis (Vibrio parahaemolyticus)	0	0	0	0	0	5	3.2	3	0	3
Vibriosis (Vibrio vulnificus)	0	0	0	0	0	1	2.4	1	0	1

This report consists of confirmed, probable and suspect cases based on the date of event/initial as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2018 is provisional and may include Non-Florida Cases.

† Mean of the same month in the previous five years; ‡ Median for the same month in the previous five years (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): IILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Duval County has one ILINet provider.

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

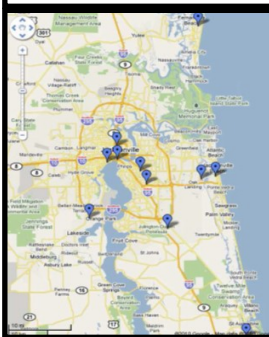
Other Links and Resources:

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.



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

Influenza Reporting to Florida Department of Health -Duval Epidemiology Influenza Season 2018- 2019

Influenza season is once again upon us.

Duval County is experiencing increased flu activity in all age groups. Florida is seeing an increase in Influenza-like-illness (ILI) activity. Statewide ILI activity was above levels observed at this time in past seasons. Increases were observed in all age groups and regions, most notably in the southeastern region of the state and in children less than 18 years old. The Centers for Disease Control (CDC) is reporting widespread influenza activity in the U.S.

Please remember that:

Clusters and outbreaks of Influenza and ILI are reportable to Epidemiology Program, FL Department of Health (FDOH) in Duval County, 904-253-1850, Fax: 904-253-1851.

Pediatric deaths (less than 18 years of age) associated with Influenza are also reportable. Please note underlying illnesses, influenza vaccination type and date, and treatment when reporting the case.

FDOH Bureau of Epidemiology is requesting hospitals to voluntarily report Influenza-associated ICU admissions in people aged <65 years to the county Epidemiology program and send the positive influenza specimen to the Bureau of Public Health Lab (BPHL/State Lab) for further analysis.

Guidance for Hospitals

Current guidance for hospitals and instructions for notifying their county health department (CHD), specimen collection and submission instructions, prevention strategies, and the 2018 enhanced influenza surveillance case report form for hospitals is located at:

<http://www.floridahealth.gov/diseases-and-conditions/influenza/ documents/icu-admission-guidance-documents/hospitals-enhanced-influenza-surveillance-icu-reporting-form.pdf>

For further guidance and instructions, the website guidance for CHDs may be helpful:

<http://www.floridahealth.gov/diseases-and-conditions/influenza/ documents/icu-admission-guidance-documents/cdc-enhanced-influenza-surveillance-icu-reporting-form.pdf>

For up-to-date influenza activity, refer to:

Florida Flu Review: www.floridahealth.gov/diseases-and-conditions/influenza/index.html

CDC: www.cdc.gov/flu/weekly/index.htm

January 9, 2019

Florida Department of Health

Duval County - Epidemiology Program
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FloridaHealth.gov



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