

Duval County Epidemiology Surveillance Report

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Report Summary

The month of February 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's), 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 February 28, 2018, unless noted otherwise.

DOH-Duval reported 214 cases of various diseases/conditions in February. 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 meningococcal disease, Typhoid fever (salmonella Typhi), two cases of pertussis, legionellosis, meningitis, Haemophilus influenza and varicella, three cases of Escherichia coli, Shiga toxin, and ten cases of laboratory-confirmed influenza in ICU patients <65 years of age.

Surveillance data for select enteric diseases showed similar case counts compared to the previous month of January, while influenza and ILI activity reported showed higher levels during week 5 and returned to normal levels in week 9. This issue will also highlight a reportable case of meningococcal disease and cases reported for enhanced surveillance for intensive care unit (ICU) patients aged <65 years of age with laboratory confirmed influenza.



Enteric Disease

Select enteric disease activity reported in February remained the same when compared to the previous month of January (weeks 1- 5, 2018). Cases of cryptosporidiosis (2), giardia (6) and salmonellosis (13) increased, while cases of shigellosis (2), and campylobacteriosis (0) decreased (Figures 2 - 6). No enteric outbreaks were reported to DOH-Duval, in February.

Compared to 2017, cases of giardiasis and campylobacteriosis showed an increase while cases of salmonellosis, cryptosporidiosis, and shigellosis remained unchanged (Figure 1). Cases reported for this year showed that the 55 to 74 year-old age group accounted for the majority of the cases reported with 18 cases followed by those 20 to age 34 with 16 cases.

(Source: FDENS EpiCom, ESSENCE).

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

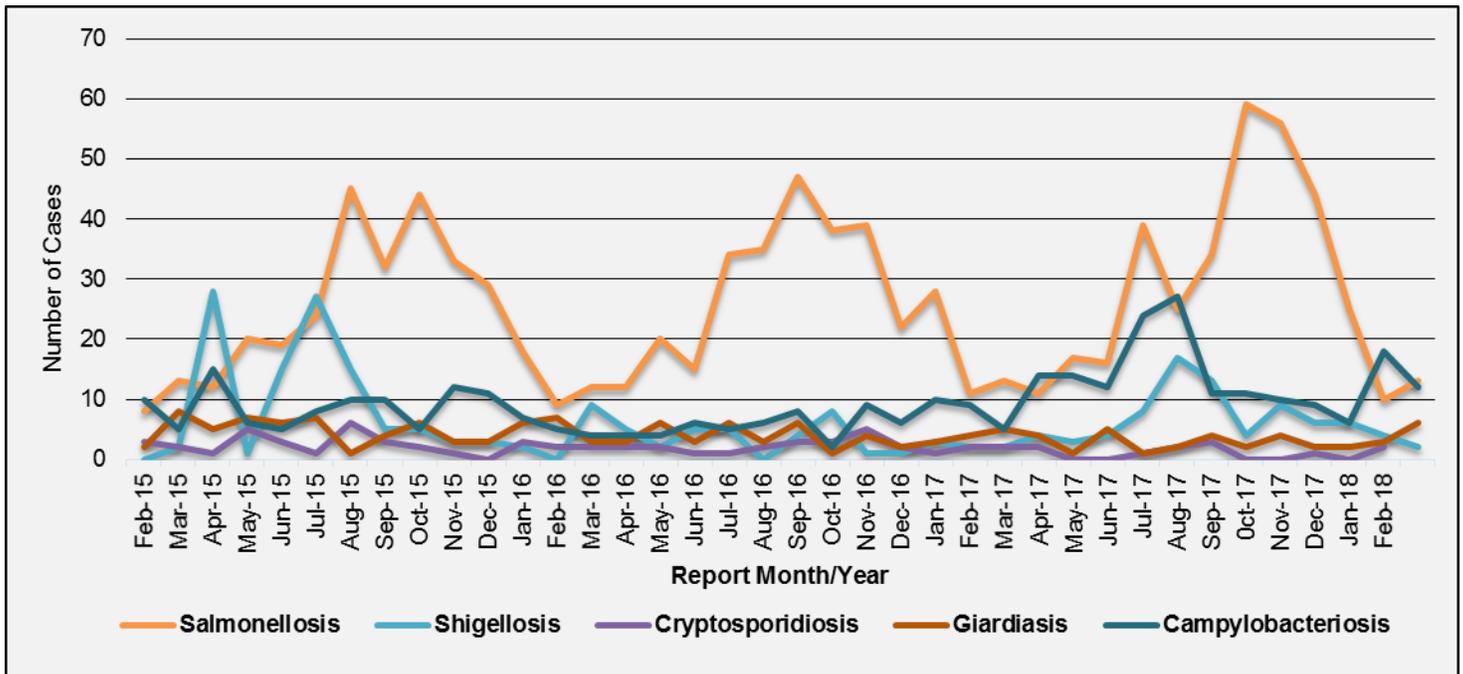


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 9, 2016 – Week 9, 2018

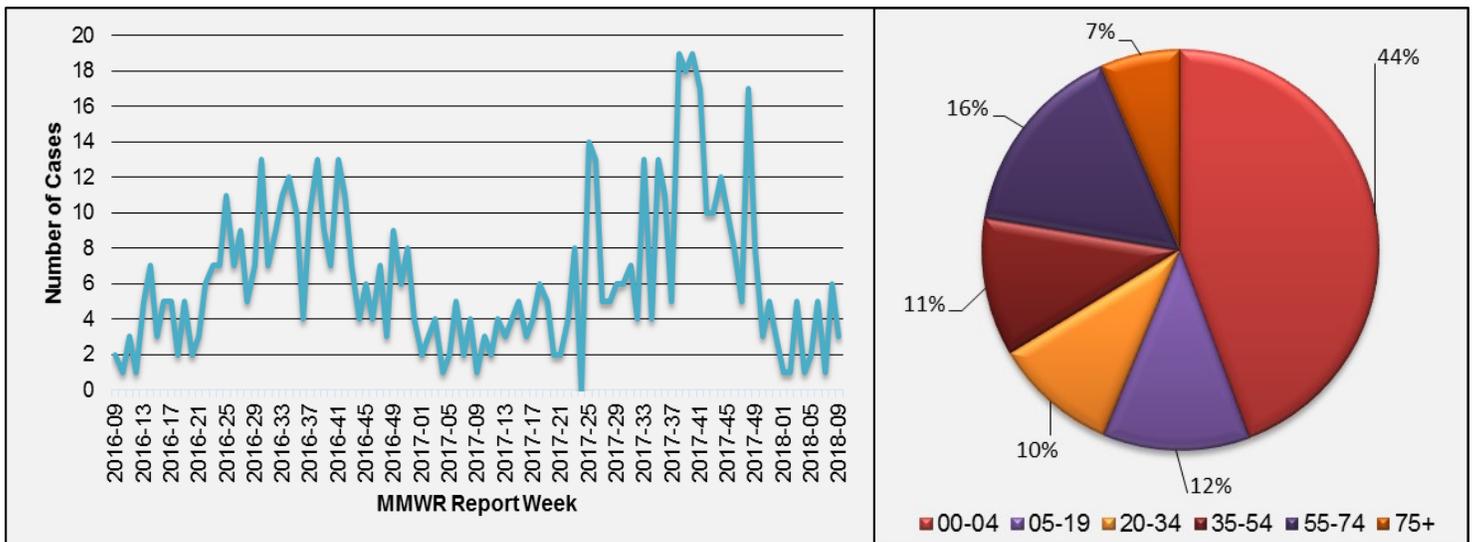


Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 9, 2016 – Week 9, 2018

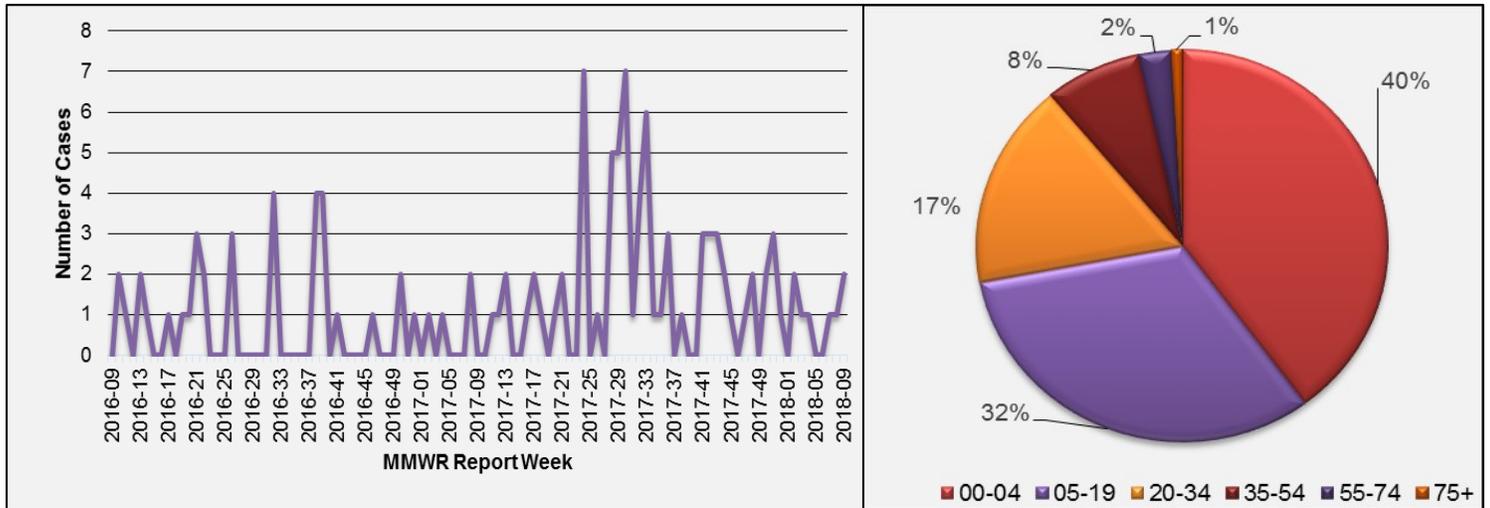


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 9, 2016 – Week 9, 2018

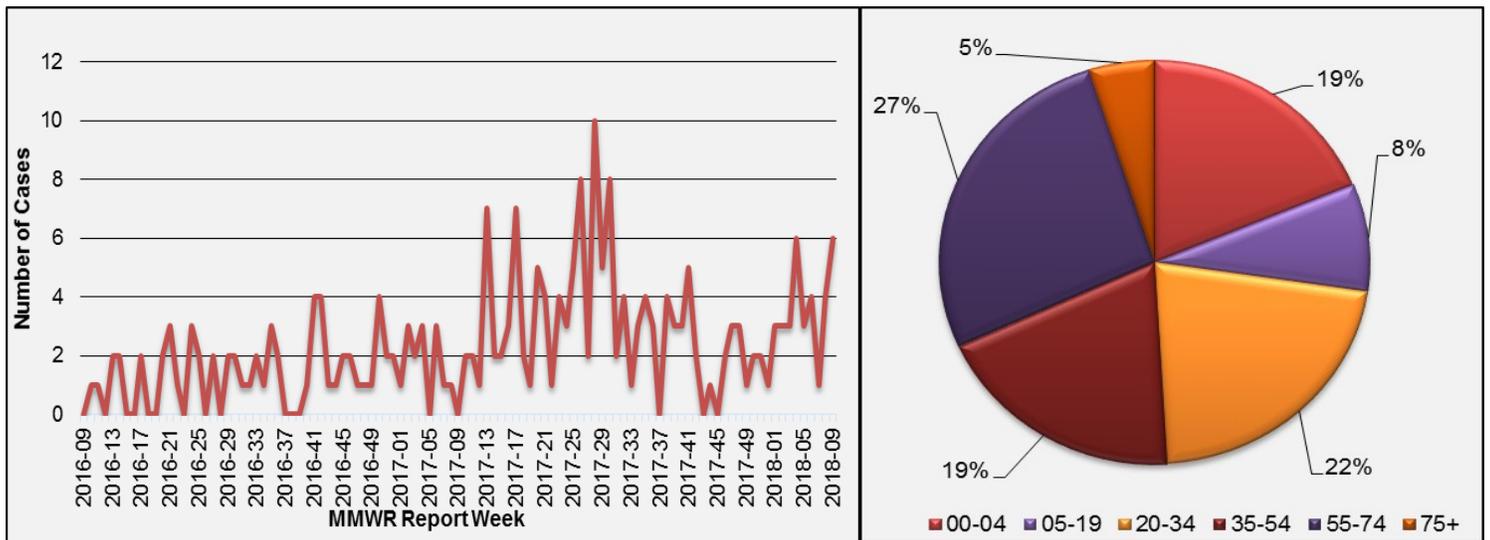
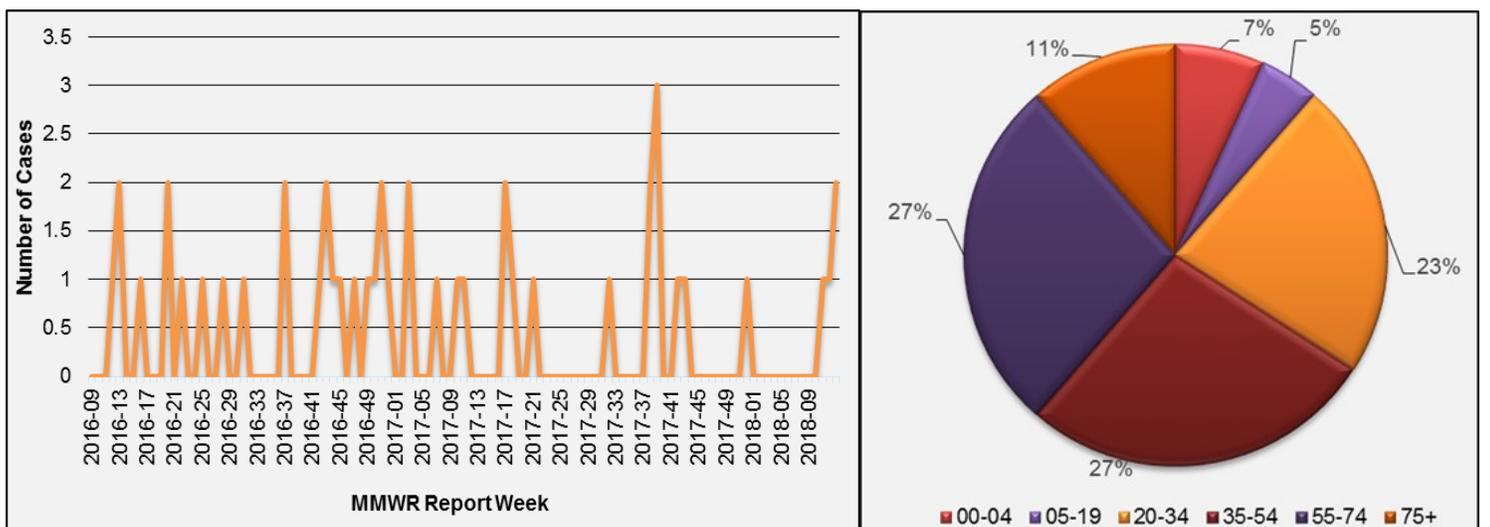
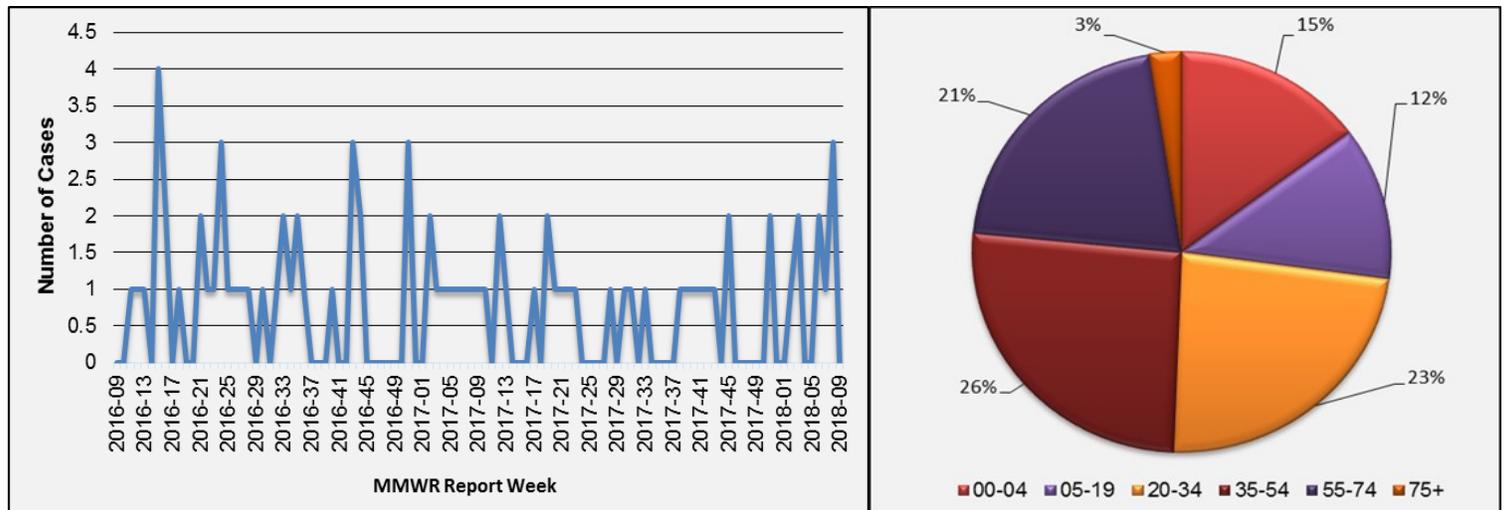


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 9, 2016 – Week 9, 2018



Enteric Disease Cont. d & Influenza and ILI Overview

Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 9, 2016 – Week 9, 2018



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed higher levels at the beginning of the month (week 5) and returned to normal levels in week 9, showing similar trends to the previous seasons. Since the influenza season started, thirty two outbreaks of influenza and ILI have been reported to DOH-Duval. Emergency department (ED) and urgent care centers (UCC) ILI visits monitored through ESSENCE reporting showed elevated levels in week 5 and returned to normal levels in week 9 (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 682 (66%) positive specimens of the 1034 submitted for influenza testing. Of those, sub-typing showed that influenza A (453) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were 22 positive specimens reported from Duval County and 19 that tested negative (Figure 10).

RSV laboratory surveillance reported higher levels when compared to the previous month of January. A total of 357 specimens were tested during the month of February. Of those, 14 were positive and sub-typed as RSV unspecified. No outbreaks of RSV were reported to DOH-Duval, in February. 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

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

In February, ten cases of ICU laboratory-confirmed influenza cases in those less than 65 years of age were reported for Duval County. Patients reported were:

- 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 or criteria for reporting ICU cases 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 and ILI activity reported in Florida, during the month of February, peaked during week 5 (ending Feb 3, 2018) and started to decline, but showed similar trends when compared to the previous season. As of week 9 (ending March 3, 2018), 456 outbreaks of influenza and ILI have been reported since the start of the 2017-18 season. Specimens submitted to BPHL for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) and showed influenza A (H3) as the dominant strain subtype.

National influenza activity:

Influenza activity has continued to decrease, but remained well 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).

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

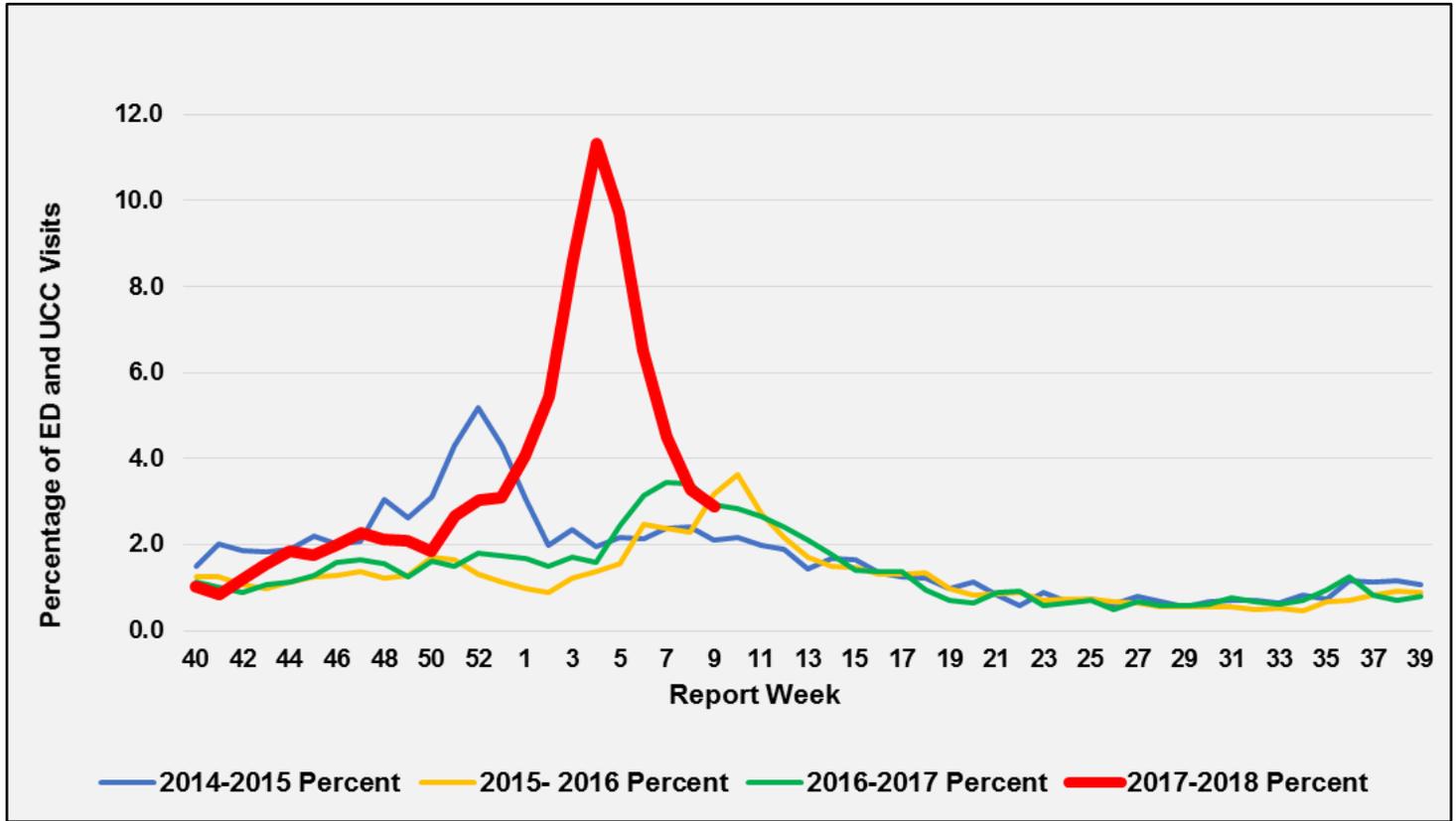
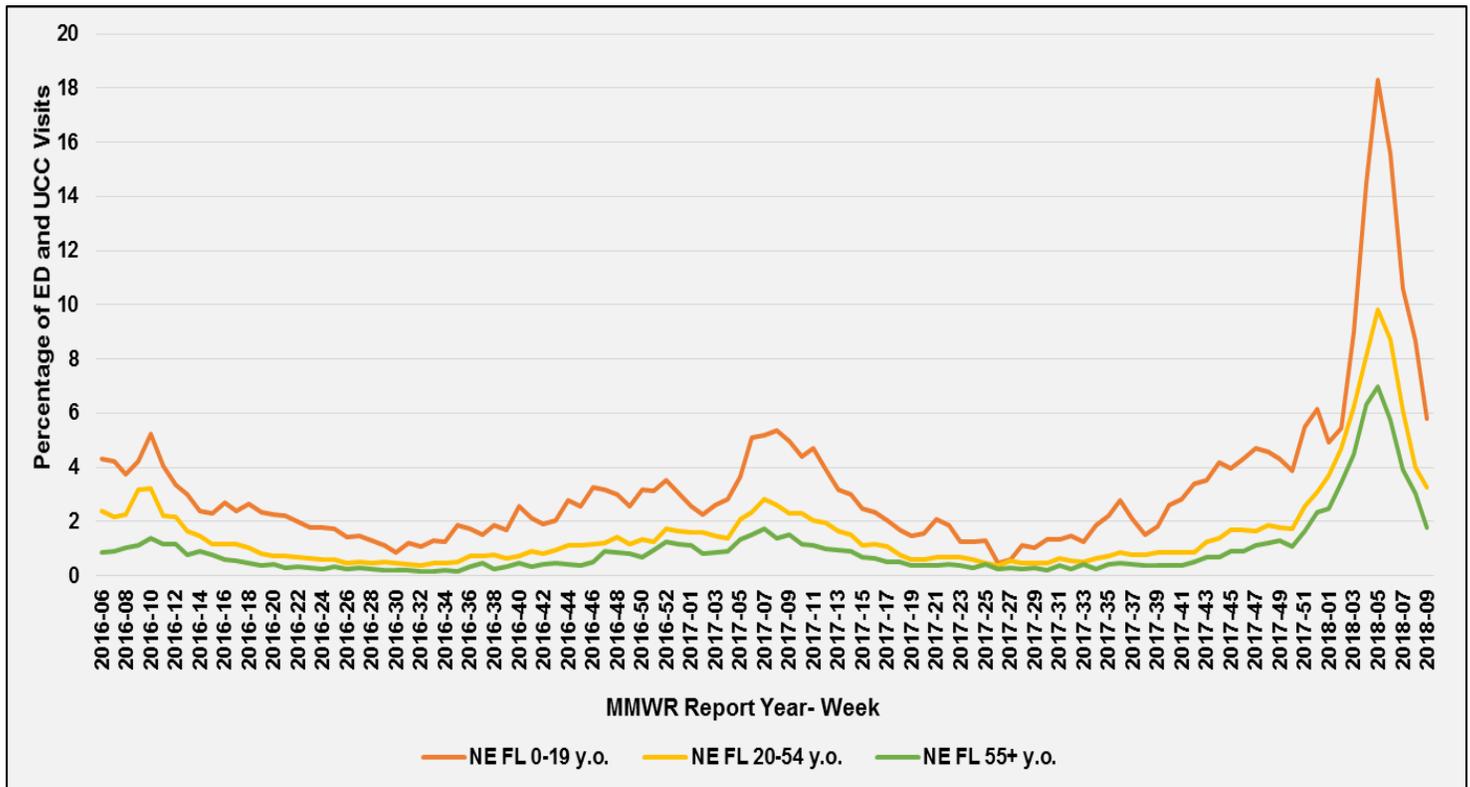


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 6,2016 – Week 9,2018



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 5,2016 - Week 9,2018

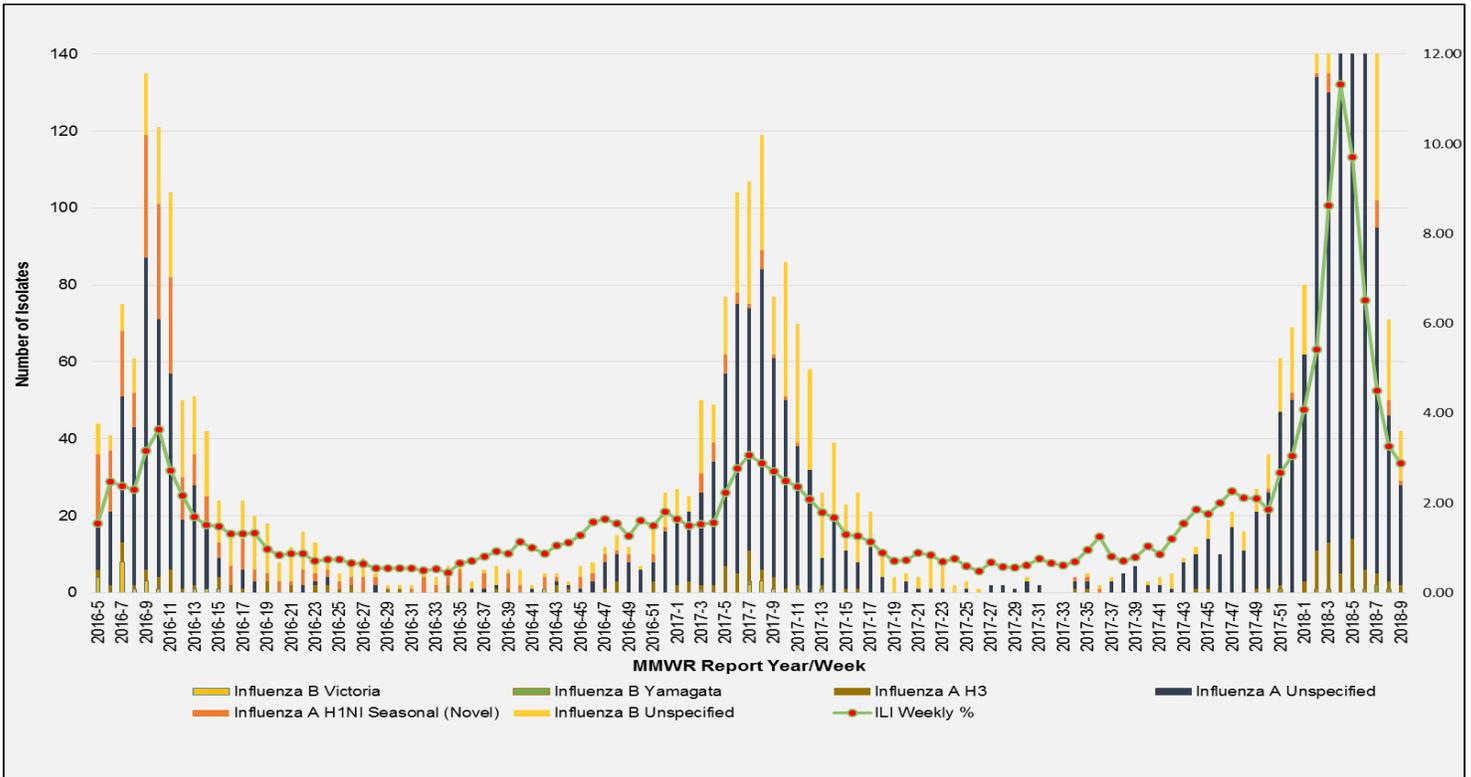
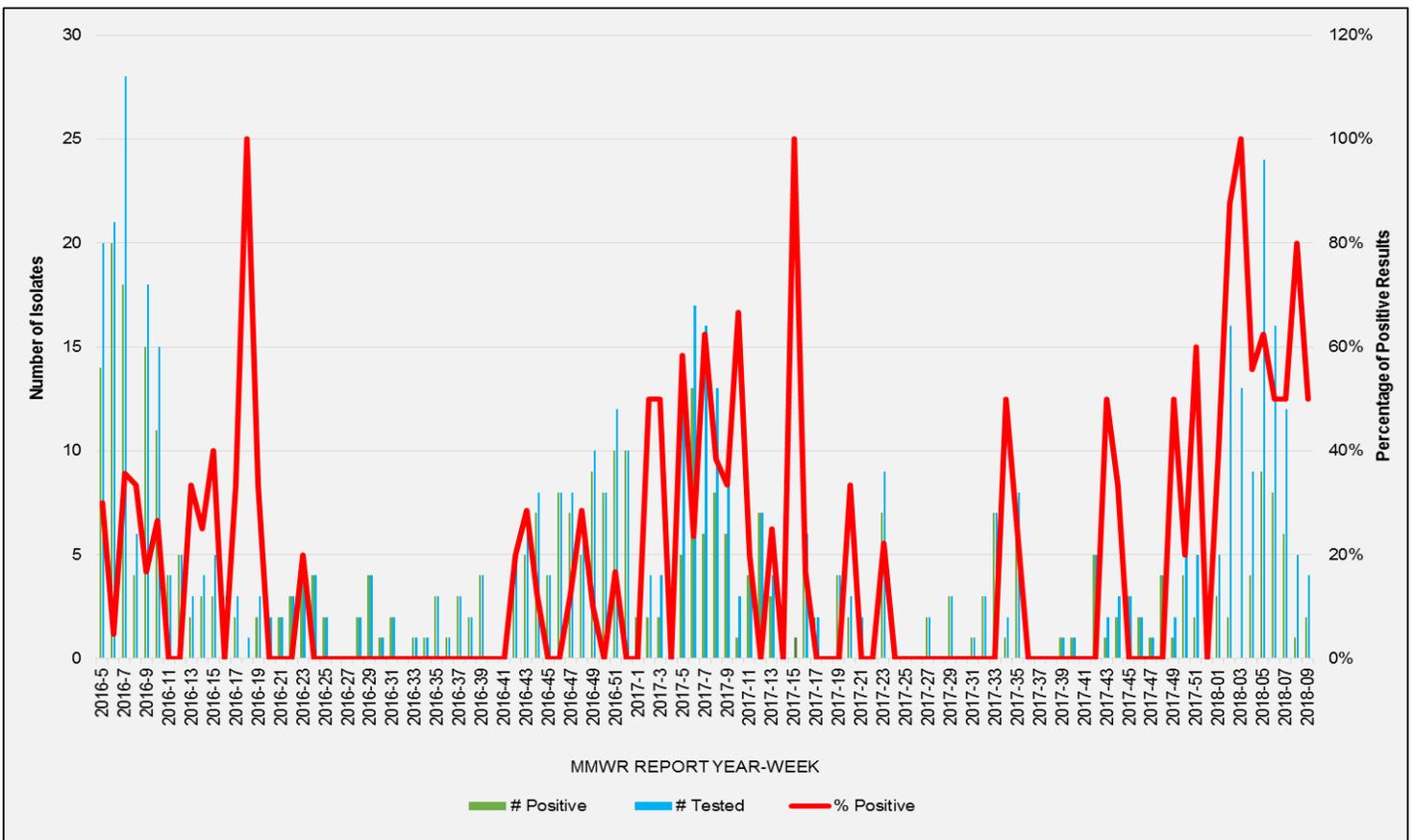


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 5,2016 – Week 9,2018



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 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 February.

State of Florida 2017 Human Case Summary and Surveillance

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

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

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

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

International Travel-Associated Zika Fever Cases: In 2018, fourteen cases have been reported. Countries of origin were: Brazil/Mexico, Cuba (7), Haiti, Honduras (2), Puerto Rico, and Venezuela (2). Counties reporting cases were: Collier (2), Hernando, Lee, Miami-Dade (6), Orange, Osceola (2), and Palm Beach. Florida is monitoring a total of seven pregnant women in 2018.

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

Advisories/Alerts: No counties are currently under mosquito-borne illness advisory or alert.

International Travel-Associated Malaria Cases: Six cases of malaria with onset in 2018 have been reported. Countries of origin were: Haiti, India, Kenya, Nigeria (2), and Togo. Counties reporting cases were: Broward, Hillsborough (2) and Miami-Dade (3). One case was reported in a non-Florida resident.

Five cases (83%) were diagnosed with Plasmodium falciparum. One case (17%) was diagnosed with Plasmodium vivax.

WNV activity: In 2018, positive samples from fifteen sentinel chickens have been reported from five counties.

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

EEEV activity: In 2018, positive samples from two horses, one emu, and two sentinel chickens have been reported from five counties



Figure. 11
Florida Arbovirus Surveillance
January 1– March 3, 2018

- Confirmed Equine EEE (Total = 2)
- ◆ Confirmed Emu EEE (Total = 1)
- ▲ Sentinel Chickens Tested Positive for Antibodies to EEEV (Total = 2)
- ▲ Sentinel Chickens Tested Positive for Antibodies to WNV (Total = 15)

Notable Topics and Other Statistics

Neisseria Meningitidis (Meningococcal Disease) reported in Duval County, February 2018

On February 11, 2018, DOH-Duval was informed by a medical provider, at a local hospital, of a patient presenting to the emergency room with altered mental status (AMS), shortness of breath (SOB) and malaise. No travel-related or other significant risk factors were noted during the initial investigation. The patient was intubated and placed on droplet precautions. Laboratory testing was completed and identified *Neisseria meningitidis* as the etiological agent, this resulted in targeted isolation and rapid investigation for exposed contacts. In total, six contacts were identified, prophylaxed, and monitored during the course of treatment.

Neisseria meningitidis (Meningococcal disease) is a contagious infection spread by close contact that can be very serious and can be fatal. Common symptoms of meningococcal meningitis include sudden fever, headache, and stiff neck. CDC recommends that close contacts of a person with meningococcal disease receive antibiotics to prevent them from getting sick. It is also suggested that preteens and teens receive meningococcal vaccines which is the best defense against meningococcal disease.

Source: CDC.gov

Table 1: Tuberculosis (TB) Surveillance – Duval County - 2/1/2018 through 02/28/2018

| Active TB cases reported year-to-date as of February 28, 2018 | | | | | | | |
|---|-------|-------------|---------|-------------------------------------|-------|-------------|---------|
| | Count | Total Cases | Percent | | Count | Total Cases | Percent |
| Gender | | | | Race | | | |
| Male | 6 | 6 | 100.0% | Asian | 0 | 6 | 0.0% |
| Female | 0 | 6 | 0.0% | Pacific Islander/Other | 0 | 6 | 0.0% |
| Country of Origin | | | | Black | 5 | 6 | 83.3% |
| U.S. | 5 | 6 | 83.3% | White | 1 | 6 | 16.7% |
| Non-U.S. | 1 | 6 | 16.7% | Ethnicity | | | |
| Age Group | | | | Hispanic | 1 | 6 | 16.7% |
| < 5 | 1 | 6 | 16.7% | Non-Hispanic | 5 | 6 | 83.3% |
| 5-14 | 0 | 6 | 0.0% | Risk Factors | | | |
| 15-24 | 2 | 6 | 33.3% | Excess alcohol use within past year | 1 | 6 | 16.7% |
| 25-44 | 0 | 6 | 0.0% | HIV co-infection* | 1 | 6 | 16.7% |
| 45-64 | 1 | 6 | 16.7% | Injection drug use within past year | 0 | 6 | 0.0% |
| > 65 | 2 | 6 | 33.3% | Homeless within past year | 0 | 6 | 0.0% |
| | | | | Incarcerated at diagnosis | 0 | 6 | 0.0% |
| | | | | Unemployed | 5 | 6 | 83.3% |
| | | | | Drug Resistance | | | |
| | | | | Resistant to isoniazid** | 0 | 3 | 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 3/15/2018. Data is subject to change based on ongoing submission of RVC Ts.

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

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

| Infectious and Early Latent Syphilis Cases | | | | | Chlamydia Cases | | | | | Gonorrhea Cases | | | | |
|--|----------------|----------|--------------|----------|--------------------|----------------|----------|--------------|----------|--------------------|----------------|----------|----------------|----------|
| Sex | Area 4* | % | Duval | % | Sex | Area 4* | % | Duval | % | Sex | Area 4* | % | Duval | % |
| Female | 4 | 24% | 4 | 25% | Female | 516 | 70% | 397 | 70% | Female | 126 | 46% | 117 | 48% |
| Male | 13 | 76% | 12 | 75% | Male | 217 | 30% | 168 | 30% | Male | 148 | 54% | 129 | 52% |
| Race | Area 4* | % | Duval | % | Race | Area 4* | % | Duval | % | Race | Area 4* | % | Area 4* | % |
| Black | 9 | 53% | 9 | 56% | Black | 360 | 49% | 324 | 57% | Black | 184 | 67% | 175 | 71% |
| Hispanic | 1 | 6% | 1 | 6% | Hispanic | 47 | 6% | 39 | 7% | Hispanic | 13 | 5% | 9 | 4% |
| White | 6 | 35% | 5 | 31% | White | 228 | 31% | 132 | 23% | White | 60 | 22% | 45 | 18% |
| Other | 0 | 0% | 0 | 0% | Other | 98 | 13% | 70 | 12% | Other | 17 | 6% | 17 | 7% |
| Age | Area 4* | % | Duval | % | Age | Area 4* | % | Duval | % | Age | Area 4* | % | Duval | % |
| 0-14 | 0 | 0% | 0 | 0% | 0-14 | 4 | 1% | 3 | 1% | 0-14 | 0 | 0% | 0 | 0% |
| 15-19 | 2 | 12% | 1 | 6% | 15-19 | 172 | 23% | 120 | 21% | 15-19 | 40 | 15% | 35 | 14% |
| 20-24 | 4 | 24% | 4 | 25% | 20-24 | 274 | 37% | 203 | 36% | 20-24 | 94 | 34% | 85 | 35% |
| 25-29 | 3 | 18% | 3 | 19% | 25-29 | 156 | 21% | 132 | 23% | 25-29 | 61 | 22% | 54 | 22% |
| 30-39 | 6 | 35% | 6 | 38% | 30-39 | 93 | 13% | 78 | 14% | 30-39 | 48 | 18% | 44 | 18% |
| 40-54 | 2 | 12% | 2 | 13% | 40-54 | 28 | 4% | 23 | 4% | 40-54 | 21 | 8% | 19 | 8% |
| 55+ | 0 | 0% | 0 | 0% | 55+ | 6 | 1% | 6 | 1% | 55+ | 10 | 4% | 9 | 4% |
| Total Cases | 17 | | 16 | | Total Cases | 733 | | 565 | | Total Cases | 274 | | 246 | |

All data is provisional and subject to change
 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, February 2018

| Disease | DUVAL | | | | | All Counties | | | | | | |
|---|----------|------|-------------------|---------------------|------|--------------|-------------------|---------------------|------|------|-------------------|---------------------|
| | February | | Cumulative (YTD) | | | February | | Cumulative (YTD) | | | | |
| | 2018 | 2017 | Mean [†] | Median [‡] | 2018 | 2017 | Mean [†] | Median [‡] | 2018 | 2017 | Mean [†] | Median [‡] |
| A. Vaccine Preventable Diseases | | | | | | | | | | | | |
| Diphtheria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles (Rubella) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mumps | 0 | 0 | 0 | 0 | 0 | 0 | 0.4 | 0 | 0 | 0 | 2 | 2 |
| Pertussis | 1 | 3 | 2 | 2 | 3 | 4 | 4 | 3 | 11 | 29 | 34.8 | 30 |
| Rubella | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Varicella (Chickenpox) | 2 | 3 | 3.4 | 3 | 4 | 7 | 7.4 | 7 | 49 | 70 | 71 | 68 |
| B. CNS Diseases & Bacteremias | | | | | | | | | | | | |
| Creutzfeldt-Jakob Disease (CJD) | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.4 | 0 | 0 | 2 | 1.8 | 2 |
| Haemophilus influenzae Invasive Disease | 2 | 2 | 2.4 | 2 | 6 | 2 | 5.2 | 6 | 31 | 18 | 22.2 | 22 |
| Meningitis: Bacterial or Mycobiotic | 2 | 0 | 0.4 | 0 | 5 | 0 | 1.6 | 2 | 10 | 8 | 8.6 | 8 |
| Meningococcal Disease | 1 | 0 | 0 | 0 | 1 | 1 | 0.4 | 0 | 5 | 1 | 3.6 | 2 |
| Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA) | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 | 0 | 0 |
| Staphylococcus aureus Infection: Resistant to Vancomycin (VISA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Strep pneumoniae Invasive Disease: Drug-Resistant | 0 | 1 | 3.4 | 3 | 0 | 4 | 6.6 | 8 | 42 | 28 | 39 | 27 |
| Strep pneumoniae Invasive Disease: Drug-Susceptible | 4 | 0 | 1.4 | 1 | 6 | 2 | 5 | 6 | 56 | 45 | 56.6 | 44 |
| C. Enteric Infections | | | | | | | | | | | | |
| Campylobacteriosis | 9 | 8 | 8.8 | 7 | 26 | 26 | 15.4 | 15 | 249 | 337 | 202.8 | 168 |
| Cryptosporidiosis | 5 | 2 | 1.2 | 1 | 5 | 4 | 2.8 | 3 | 35 | 21 | 33 | 41 |
| Cyclosporiasis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Escherichia coli: Shiga Toxin-Producing (STEC) Infection | 2 | 0 | 0 | 0 | 2 | 0 | 0.2 | 0 | 47 | 12 | 11.2 | 12 |
| Giardiasis: Acute | 3 | 3 | 5.2 | 5 | 7 | 6 | 9.8 | 10 | 54 | 77 | 76.6 | 79 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.6 | 1 |
| Listeriosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 1.6 | 2 |
| Salmonellosis | 14 | 11 | 8.8 | 7 | 22 | 24 | 21.6 | 23 | 258 | 264 | 222 | 214 |
| Shigellosis | 3 | 3 | 4.8 | 4 | 5 | 4 | 6.8 | 7 | 93 | 66 | 97.4 | 81 |
| Typhoid Fever (Salmonella Serotype Typhi) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 |
| D. Viral Hepatitis | | | | | | | | | | | | |
| Hepatitis A | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 14 | 25 | 10.8 | 9 |
| Hepatitis B: Acute | 2 | 3 | 1.8 | 3 | 6 | 6 | 3.2 | 3 | 69 | 68 | 44.2 | 46 |
| Hepatitis B: Surface Antigen in Pregnant Women | 2 | 2 | 1.8 | 1 | 2 | 3 | 4.4 | 3 | 32 | 39 | 37.4 | 34 |
| Hepatitis C: Acute | 0 | 3 | 0.2 | 0 | 3 | 7 | 1.2 | 0 | 41 | 45 | 23.4 | 17 |
| E. Vector-Borne, Zoonoses | | | | | | | | | | | | |
| Chikungunya Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 1 | 0 | 0.8 | 0 |
| Ciguatera Fish Poisoning | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 2 | 1.6 | 1 |
| Dengue Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3.8 | 3 |
| Eastern Equine Encephalitis Neuroinvasive Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ehrlichiosis (Ehrlichia ewingii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ehrlichiosis - HME (Ehrlichia chaffeensis) | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.2 | 0 | 0 | 1 | 0.6 | 0 |
| Leptospirosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 |
| Lyme Disease | 0 | 1 | 0.2 | 0 | 0 | 1 | 0.6 | 1 | 7 | 8 | 4.4 | 3 |
| Malaria | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 4 | 4 | 2.8 | 3 |
| Rabies: Animal | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 | 5.2 | 5 |
| St. Louis Encephalitis Neuroinvasive Disease | 0 | 0 | 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 | 2 | 0.4 | 0 |
| Zika Virus Disease and Infection- Non-Congenital | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 18 | 13.2 | 0 |
| F. Others | | | | | | | | | | | | |
| Botulism: Infant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 |
| Brucellosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.8 | 1 |
| Carbon Monoxide Poisoning | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.2 | 0 | 14 | 10 | 10.6 | 8 |
| Hansen's Disease (Leprosy) | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.2 | 0 | 0 | 1 | 1 | 1 |
| Legionellosis | 2 | 3 | 1.4 | 1 | 2 | 5 | 3.4 | 3 | 47 | 31 | 23.4 | 26 |
| Vibriosis [‡] | 0 | 1 | 0.0 | 0 | 0 | 0 | 0.1 | 0 | 12 | 15 | 0.8 | 0 |

This report consists of confirmed and probable cases based on the date of event (initial) as reported in Meritri 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
 ‡ Includes *Enterobacteriaceae* 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*): 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.

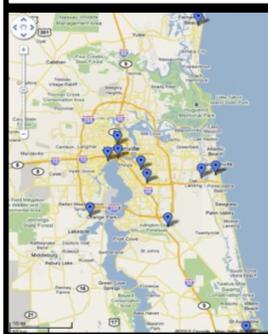
Other Links and Resources:

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 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?

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...