

Duval County Epidemiology Surveillance Report

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

Ron DeSantis
Governor

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Florida Department of Health
Duval County

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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 disease (STD), as well as other reportable diseases/conditions. Limitations to the accuracy of this information include persons who do not seek healthcare, healthcare providers, and those that may not recognize, confirm, or report notifiable diseases/conditions. This report includes data reported as of February 28, 2019, unless noted otherwise.

DOH-Duval reported 223 cases of various diseases/conditions in February. Please note that all cases met the case definition for a confirmed, probable or suspect case. Among the cases reported, there was a case of Carbon monoxide poisoning, Hepatitis A, and Salmonella Typhi infection, two cases of varicella, three cases of Scombroid poisoning and ten cases of Influenza ICU.

Surveillance data for select enteric diseases continued to decrease in case counts, while reported influenza and ILI activity showed similar trends compared to the previous season during this time.

This issue will also highlight the Hepatitis A virus and the free vaccine dates offered by the Florida Department of Health in Duval County (DOH-Duval) for Hepatitis A and B along with a flyer for providers.



Enteric Disease

Select enteric disease activity reported in February decreased notably when compared to the previous month of January (weeks 1– 5, 2019). Cases of campylobacteriosis (10) and salmonellosis (8) decreased, cases of shigellosis(3) increased and cryptosporidiosis(3) and giardiasis(3) remained unchanged (Figures 2 - 6). No enteric outbreaks were reported to DOH-Duval in February.

Compared to 2018 though, cases of salmonellosis and cryptosporidiosis showed an increase while cases of shigellosis and giardiasis decreased and campylobacteriosis remained unchanged (Figure 1). Cases reported for this year (2019) showed that the 20-34 and 35-54 year-old age group accounted for the majority of cases reported totaling 15 cases each.

(Source: FDENS EpiCom, ESSENCE).

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

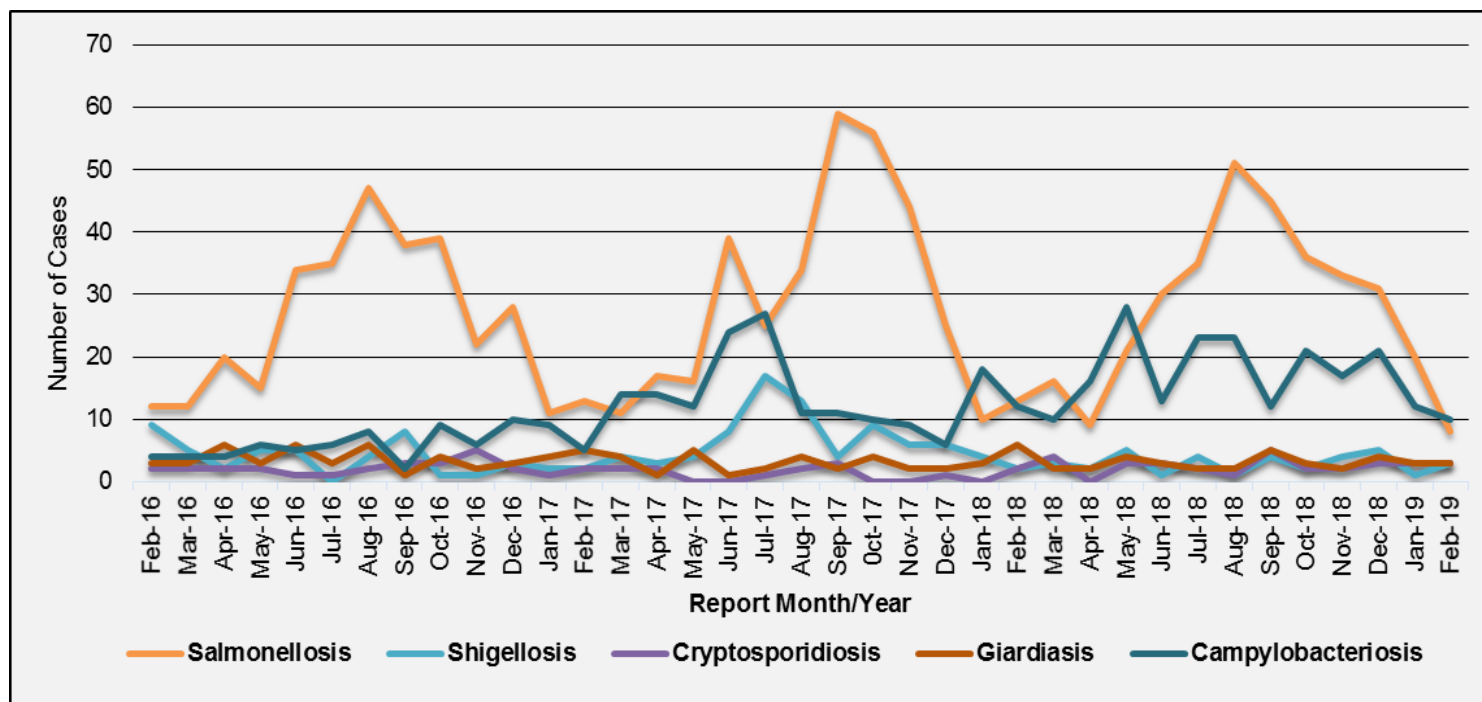


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 9, 2017 – Week 9, 2019

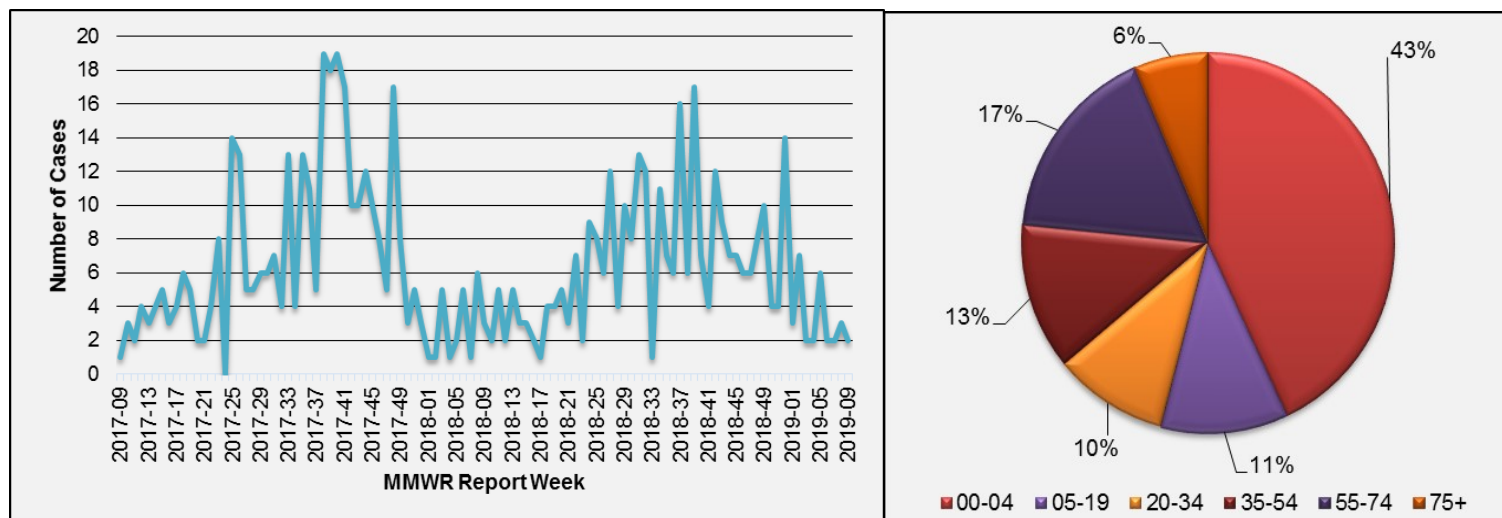


Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 9, 2017 – Week 9, 2019

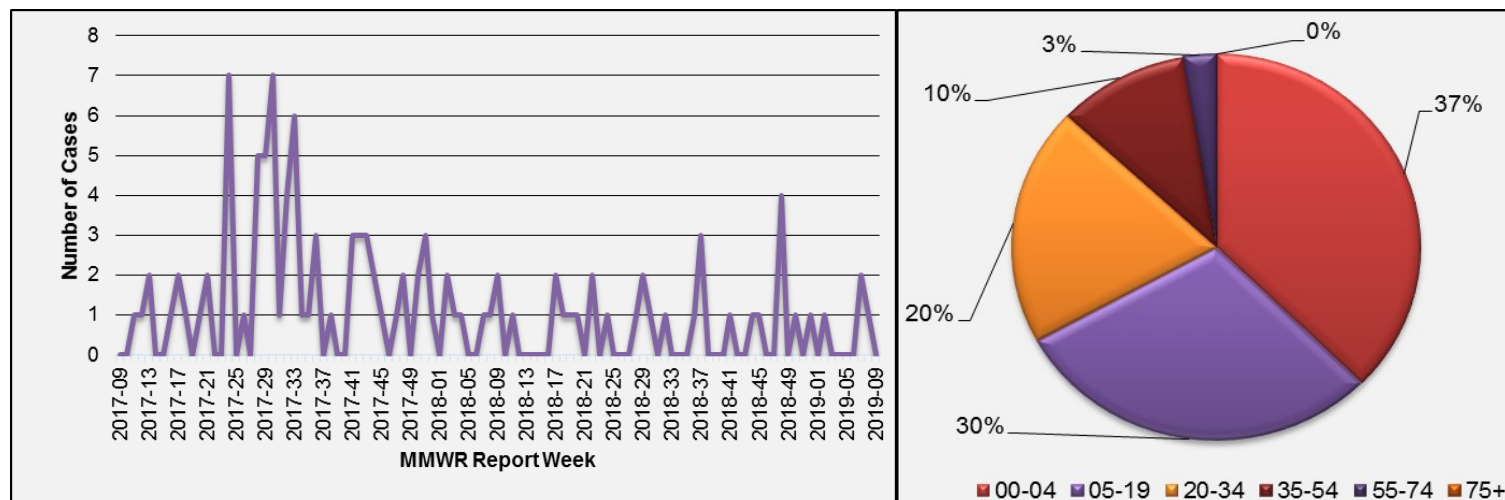


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 9, 2017 – Week 9, 2019

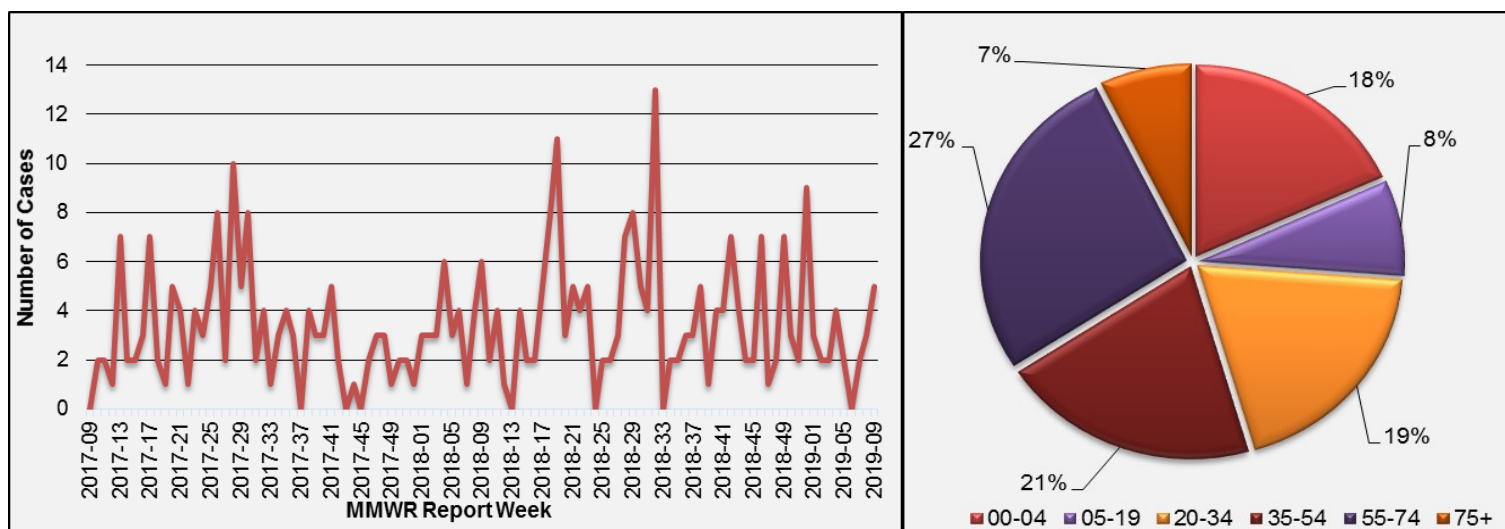
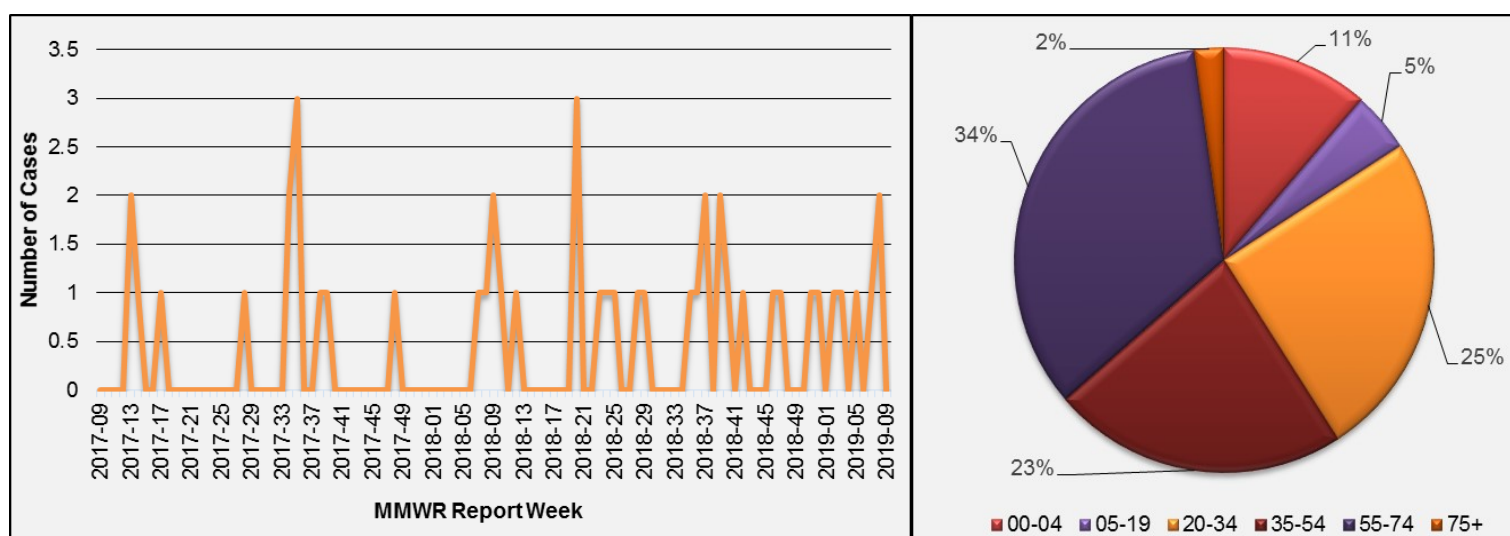
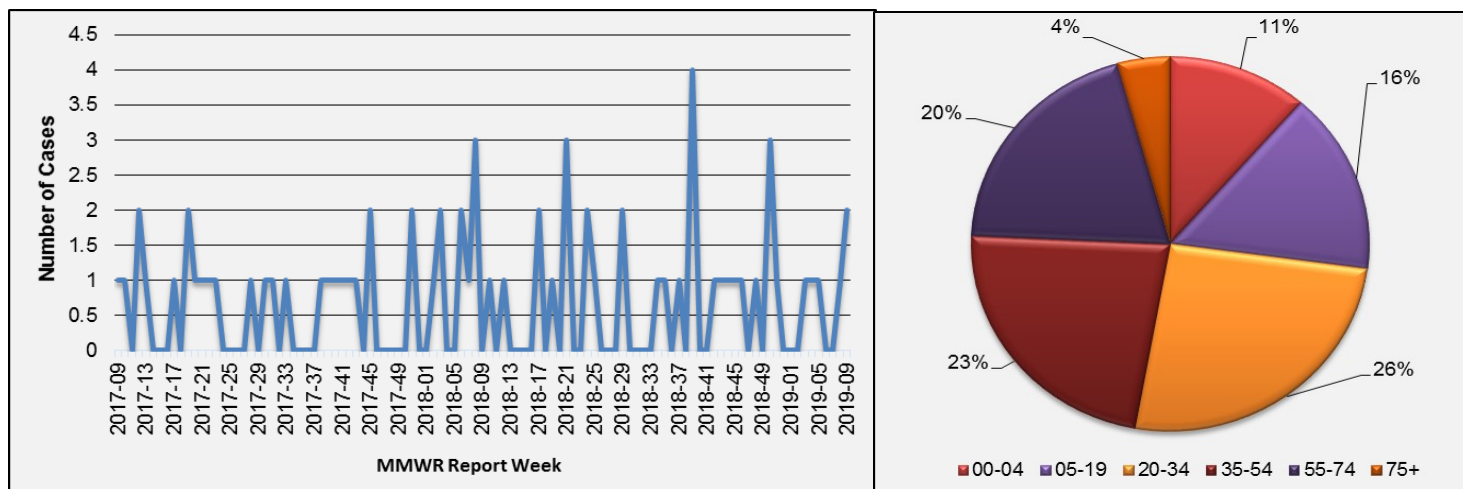


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 9, 2017 – Week 9, 2019



Enteric Disease Cont. & Influenza and ILI Overview

Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County Week 9, 2017 – Week 9, 2019



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed notably lower levels when compared to previous seasons. Since the influenza season started, 14 outbreaks of influenza and ILI have been reported. Emergency department (ED) and Urgent Care Centers (UCC) ILI visits monitored through ESSENCE also reported elevated levels which were lower when compared to the previous seasons (Figure 7). ED and UCC influenza and ILI visits for all age groups also showed lower trends when compared to the previous season (Figure 8).

The Electronic Laboratory Reporting (ELR) system reported 406 (22%) positive specimens out of the 1885 submitted for influenza testing. Of those, subtyping showed that influenza A (334) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were 33 positive specimens reported from Duval County and 26 that tested negative (Figure 10).

RSV laboratory surveillance reported higher levels when compared to the previous month of January. A total of 302 specimens were tested during the month of February. Of those, 20 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

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

In February, ten ICU laboratory-confirmed influenza in persons less than 65 were reported for Duval County. As influenza activity has previously shown higher levels in Florida and nationwide, the Florida Department of Health Duval County is requesting that hospitals report patients meeting the following criteria:

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

These efforts will assist with assessing the viral strains associated with severe presentations, vaccination administration in populations at risk for severe complications due to infection, antiviral administration and timing according to current guidance, as well as assisting the state in forming responsive strategies for policies and current guidance.

State influenza and influenza-like illness activity:

Influenza and ILI activity reported in Florida, during the month of February, was slightly above recorded activity observed during the 2016-2017 season. A total of 184 influenza and ILI outbreaks have been reported. Specimens submitted to BPHL for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) and showed that both influenza A 2009(H1N1) and influenza A (H3) viruses have co-circulated throughout the season in Florida.

National influenza activity:

Influenza activity decreased slightly but remains elevated in the United States. Influenza A(H1N1)pdm09, influenza A (H3N2), and influenza B viruses continue to co-circulate.

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)

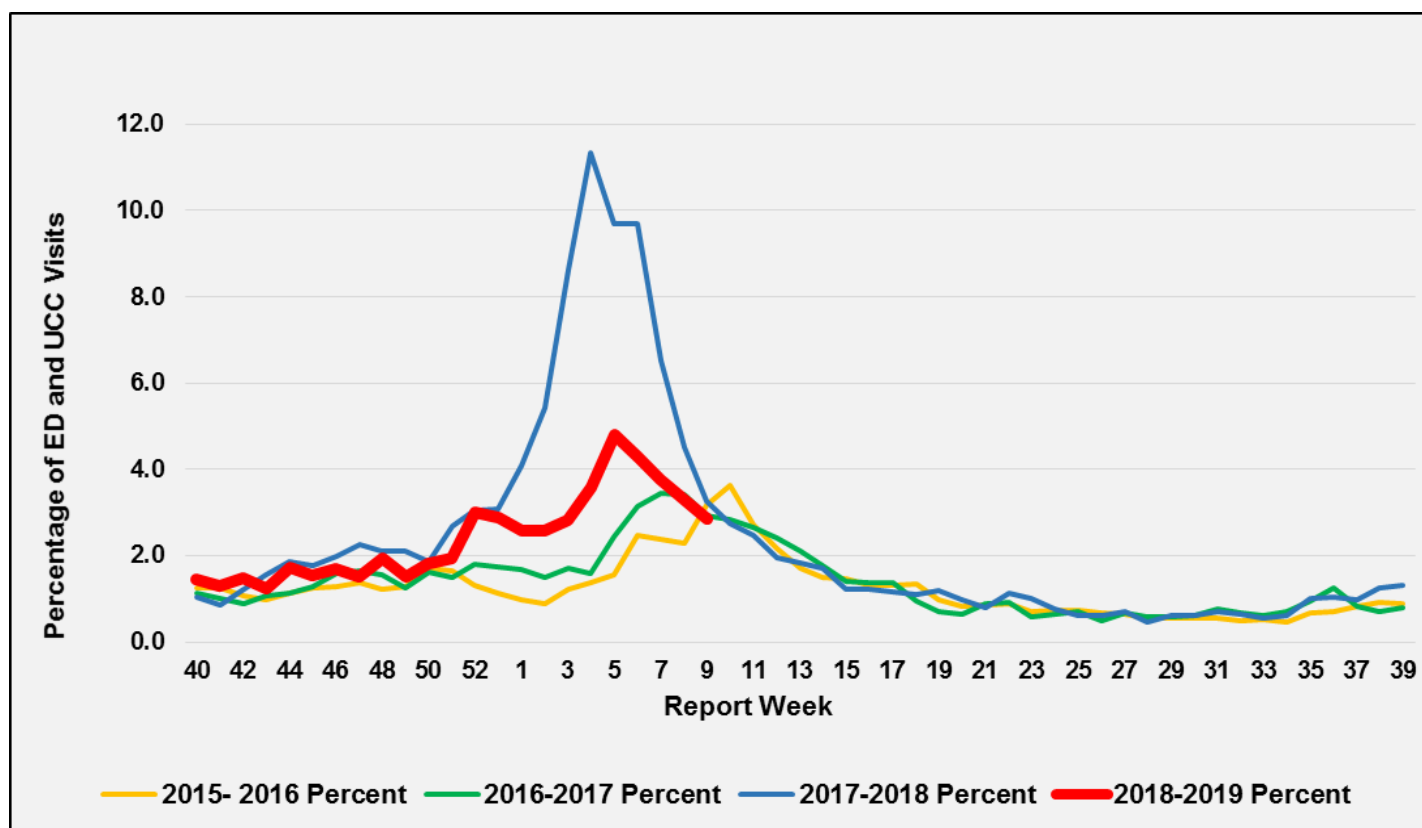
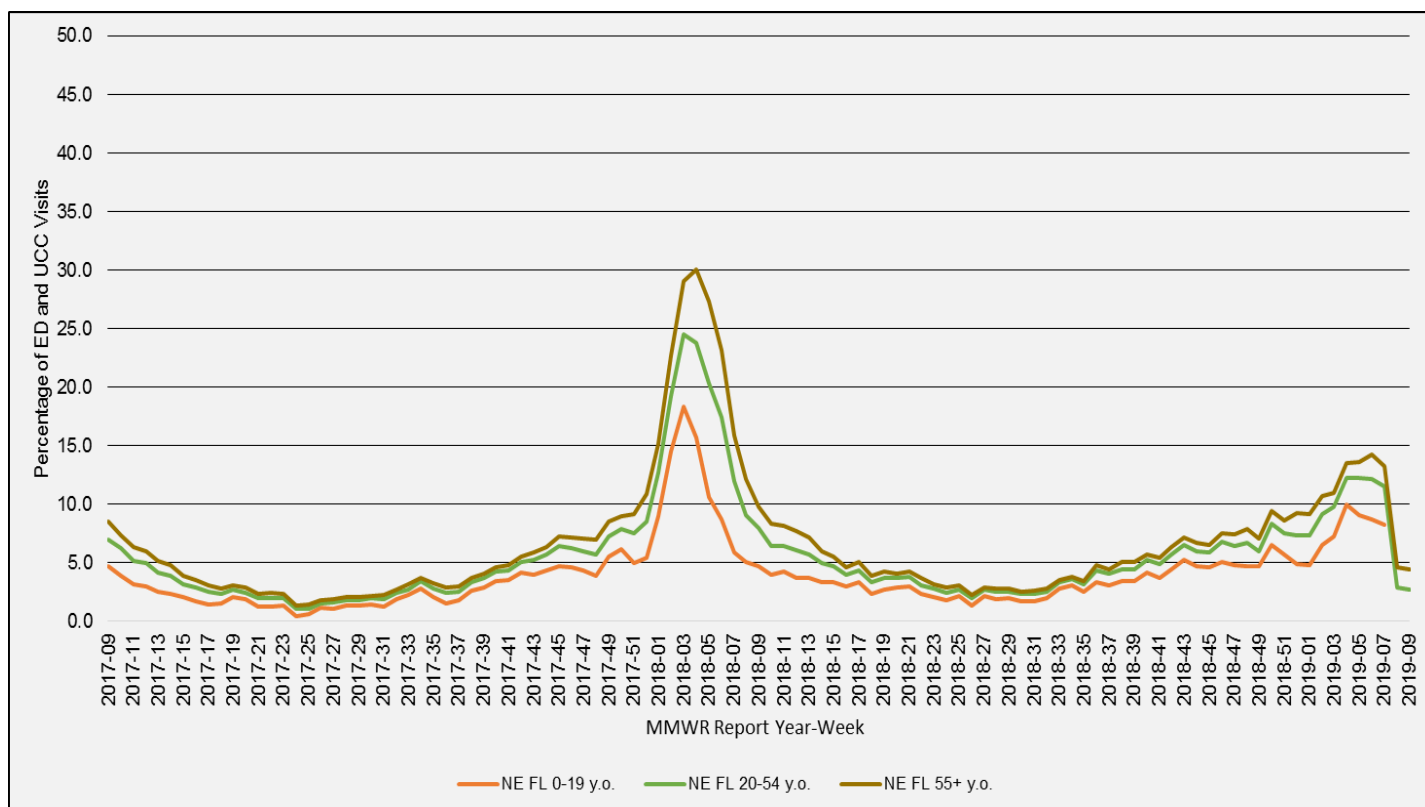


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 9, 2017 – Week 9, 2019



Influenza and ILI Overview Cont.

Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 9, 2017 - Week 9, 2019

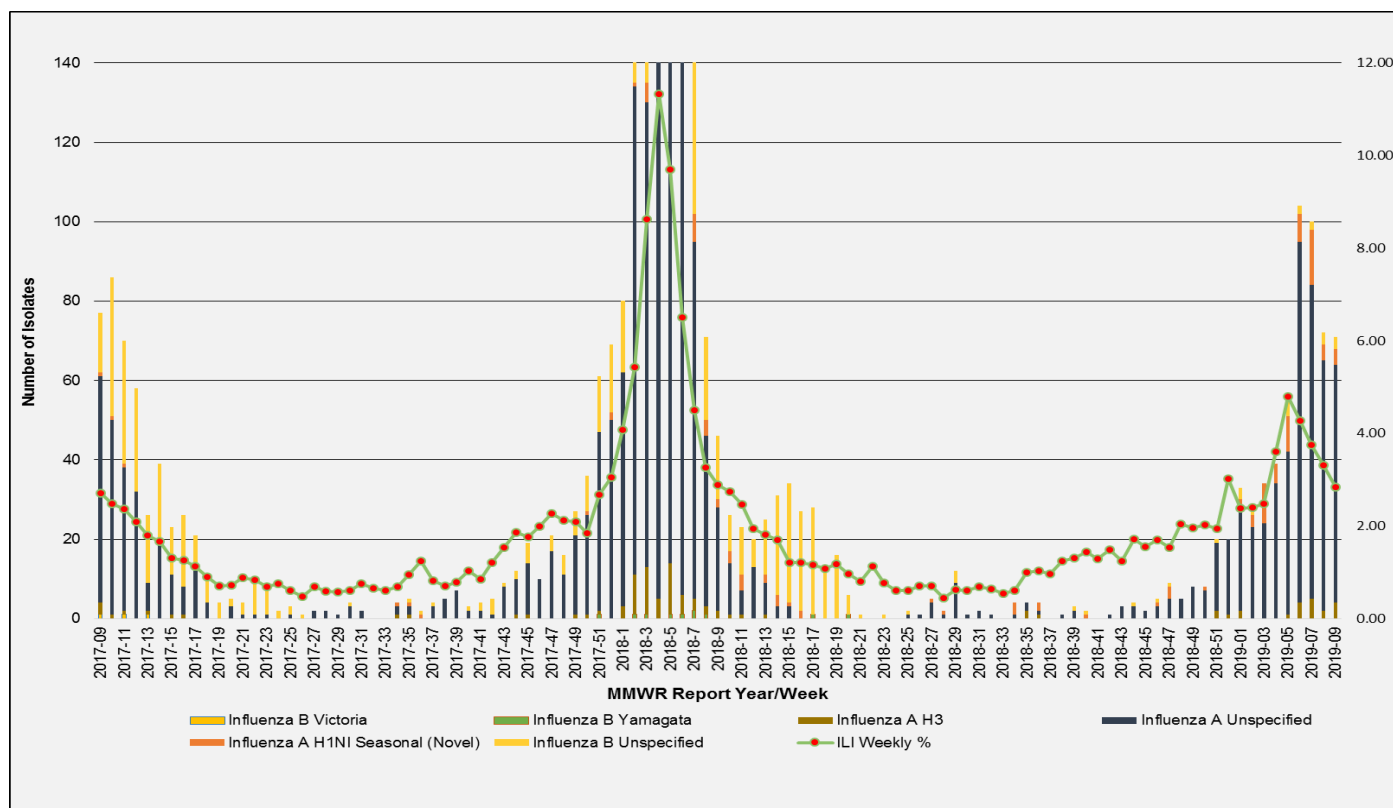
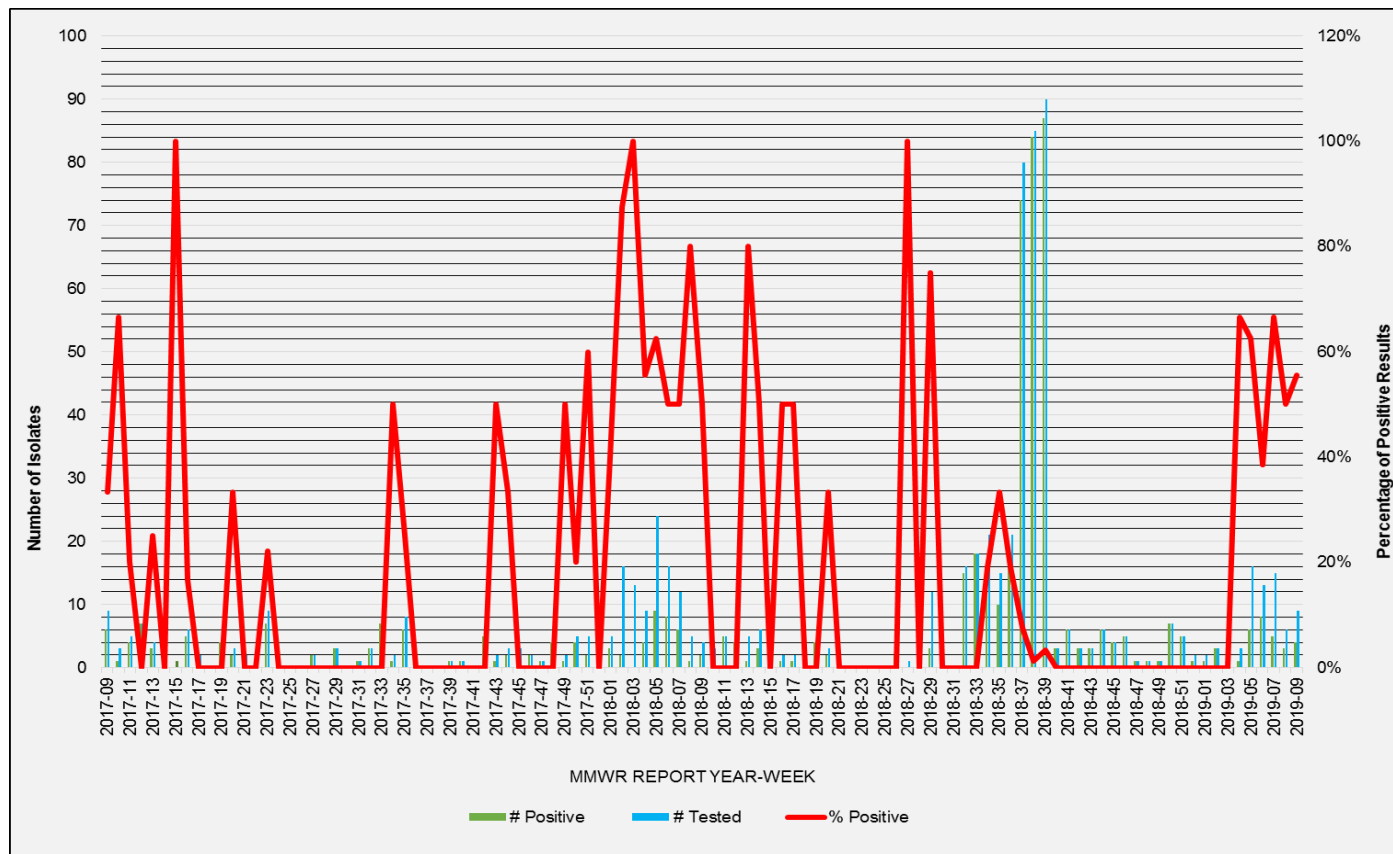


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 9, 2017 – Week 9, 2019



Mosquito-borne Illness Surveillance

Arbovirus surveillance in Florida includes endemic mosquito-borne viruses such as West Nile virus (WNV), Eastern equine encephalitis virus (EEEV), and St. Louis encephalitis virus (SLEV), as well as exotic viruses such as dengue virus (DENV), chikungunya virus (CHIKV), California encephalitis group viruses (CEV), and Zika virus disease. Malaria, a parasitic mosquito-borne disease is also included (Figure 11), from February 1 to February 3, 2019.

Source: <http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>

Duval County 2019 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 2019 Human Case Summary and Surveillance

International Travel-Associated Dengue Fever Cases: In 2019, 16 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2019, no cases of locally acquired dengue fever has been reported.

International Travel-Associated Chikungunya Fever Cases: In 2019, one travel-associated case has been reported.

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

International Travel-Associated Zika Fever Cases: In 2019, five cases of Zika fever have been reported.

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

Advisories/Alerts: Miami-Dade, Sumter, and Suwannee counties are currently under a mosquito-borne illness advisory. No other counties are currently under mosquito-borne illness advisory or alert.

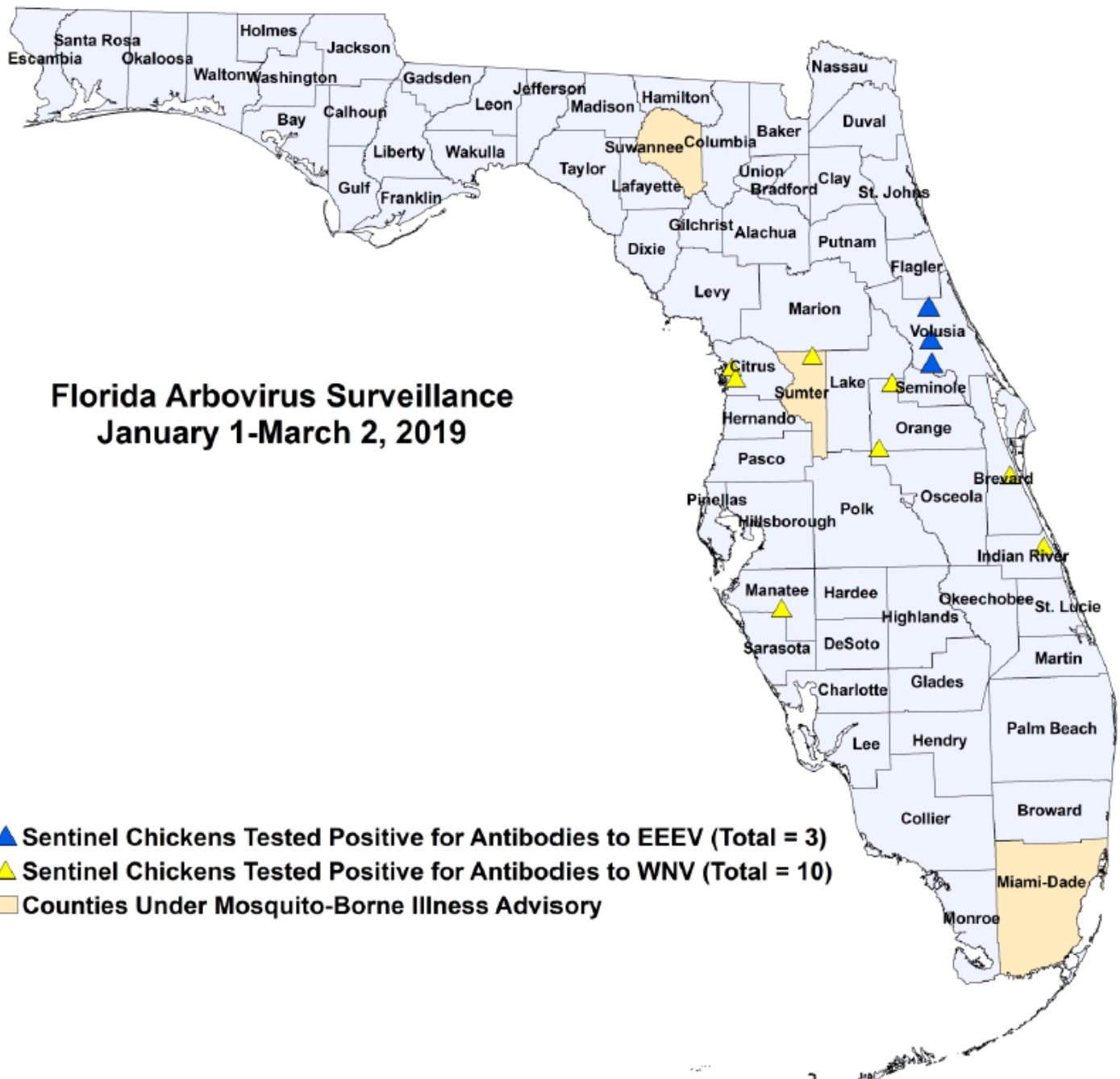
International Travel-Associated Zika Fever Cases: In 2019, five travel-associated cases have been reported.

International Travel-Associated Malaria Cases: Two cases of malaria with onset in 2019 have been reported. Countries of origin were: Ivory Coast and Nigeria. Counties reporting cases were: Hillsborough and Pinellas. Both cases were diagnosed with *Plasmodium falciparum*.

WNV activity: In 2019, ten sentinel chickens have been reported from five counties.

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

EEEV activity: In 2019, three sentinel chickens have been reported from one county.



Notable Topics and Other Statistics

Table 1: Tuberculosis (TB) Surveillance – Duval County - 2/1/2019 through 2/28/2019

Active TB cases reported year-to-date as of February 28, 2019							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	6	11	54.5%	Asian	1	11	9.1%
Female	5	11	45.5%	Pacific Islander/Other	0	11	0.0%
Country of Origin				Black	5	11	45.5%
U.S.	6	11	54.5%	White	5	11	45.5%
Non-U.S.	5	11	45.5%	Ethnicity			
Age Group				Hispanic	2	11	18.2%
< 5	0	11	0.0%	Non-Hispanic	9	11	81.8%
5-14	0	11	0.0%	Risk Factors			
15-24	1	11	9.1%	Excess alcohol use within past year	3	11	27.3%
25-44	3	11	27.3%	HIV co-infection*	1	11	9.1%
45-64	7	11	63.6%	Injection drug use within past year	0	11	0.0%
> 65	0	11	0.0%	Homeless within past year	2	11	18.2%
				Incarcerated at diagnosis	1	11	9.1%
				Unemployed	7	11	63.6%
				Drug Resistance			
				Resistant to isoniazid**	0	5	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 3/19/2019. 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 February 2019, All STD case numbers are provisional and subject to change

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%
Female	2	9%	1	6%	Female	509	66%	404	65%	Female	144	42%	128	42%
Male	20	91%	17	94%	Male	258	34%	215	35%	Male	199	58%	177	58%
Unknown	0	0%	0	0%	Unknown	2	0%	1	0%	Unknown	1	0%	1	0%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	15	68%	14	78%	Black	315	41%	281	45%	Black	197	57%	186	61%
Hispanic	0	0%	0	0%	Hispanic	32	4%	29	5%	Hispanic	16	5%	13	4%
White	6	27%	3	17%	White	175	23%	110	18%	White	75	22%	64	21%
Other	1	5%	1	6%	Other	34	4%	27	4%	Other	4	1%	2	1%
Unknown	0	0%	0	0%	Unknown	213	28%	173	28%	Unknown	52	15%	41	13%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	3	0%	2	0%	0-14	1	0%	0	0%
15-19	1	5%	1	6%	15-19	203	26%	149	24%	15-19	59	17%	52	17%
20-24	10	45%	9	50%	20-24	284	37%	232	37%	20-24	103	30%	89	29%
25-29	2	9%	2	11%	25-29	158	21%	135	22%	25-29	71	21%	65	21%
30-39	3	14%	2	11%	30-39	84	11%	71	11%	30-39	74	22%	66	22%
40-54	5	23%	3	17%	40-54	32	4%	26	4%	40-54	24	7%	22	7%
55+	1	5%	1	6%	55+	5	1%	5	1%	55+	12	3%	12	4%
Total Cases	22		18		Total Cases	769		620		Total Cases	344		306	

Data as of 3/19/19. All data is provisional and subject to change.
Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties
Prepared by: Ashley Donnelly, MPH, TB/STD Surveillance

Table 3. Provisional Cases* of Select Reportable Diseases/Conditions, Duval County, Florida, February 2019

Disease	DUVAL					All Counties				
	February			Cumulative (YTD)		February			Cumulative (YTD)	
	2019	2018	Mean [†]	Median [‡]	2019	2018	Mean [†]	Median [‡]	2019	2018
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	1	1.4	1	0	2	3.6	2	13	18
Rubella	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0
Varicella (Chickenpox)	2	2	2.8	3	5	4	6.4	7	78	53
B. CNS Diseases & Bacteremias										
Cerebral Meningitis	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0.2	0	0	0	0.4	0	3	2
Hemophilus influenzae Invasive Disease	1	2	1.8	2	5	8	4.8	6	24	30
Meningitis: Bacterial or Mycotic	1	2	0.6	0	2	5	2.2	3	8	12
Meningococcal Disease	0	1	0.2	0	0	1	0.4	0	3	5
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	3	0	2.8	2	5	0	4.8	4	29	25
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	1	4	2	2	2	6	5	6	46	53
C. Enteric Infections										
Campylobacteriosis	11	13	7.4	7	16	30	19.4	18	296	289
Cryptosporidiosis	3	2	1.4	2	4	3	2.8	3	36	37.4
Cyclosporiasis	0	0	0	0	0	0	0	0	0	0
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	1	4	2	1	3	4	2.8	2	36	56
Giardiasis: Acute	1	3	4.8	4	4	7	8.4	7	45	92
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	0	0	0	0	0
Salmonellosis	6	13	10.4	12	20	22	23.6	24	274	290
Shigellosis	1	3	4.8	3	3	5	7.4	8	105	94
Typhoid Fever (Salmonella Serotype Typhi)	0	1	0.2	0	0	3	0.8	0	7	13
D. Viral Hepatitis										
Hepatitis A	1	0	0	0	0	0	0	0	0	0
Hepatitis B: Acute	2	2	2	2	11	5	3.8	4	46	52
Hepatitis B: Surface Antigen in Pregnant Women	0	3	2.6	2	0	3	4.6	3	17	26
Hepatitis C: Acute	0	0	0.2	0	0	3	1.8	1	6	51
E. Vector-Borne, Zoonoses										
Chikungunya Fever	0	0	0	0	0	0	0.2	0	0	0
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	0
Dengue Fever	0	0	0	0	0	0	0	0	0	0
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0.2	0	0	0	0.2	0	0	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	0	0.4	0	0	2	1.2	1	3	8
Malaria	0	0	0	0	0	0	0.2	0	1	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	0.2	0	8	23
F. Others										
Botulism: Infant	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	0	0	0
Carbon Monoxide Poisoning	1	0	0.2	0	1	0	0.4	0	25	10
Hansen's Disease (Leprosy)	0	0	0.2	0	0	0	0.2	0	0	1
Legionellosis	1	4	2.2	1	6	6	4.4	4	37	64
Vibrios (Grimontia holisae)	0	0	0.2	0	0	0	0.2	0	0	0
Vibrios (Other Vibrio Species)	0	0	0	0	0	0	0	0	0	0
Vibrios (Vibrio alginolyticus)	0	0	0	0	0	0	0.2	0	4	4
Vibrios (Vibrio cholerae Type Non-O1)	0	0	0	0	0	0	0	0	1	9
Vibrios (Vibrio fluvialis)	0	0	0	0	0	0	0	0	2	0
Vibrios (Vibrio parahaemolyticus)	0	0	0	0	0	0	0	0	1	0.4
Vibrios (Vibrio vulnificus)	0	0	0	0	0	0	0	0	3	1
Vibrios (Vibrio vulnificus)	0	0	0	0	0	0	0	0	0	0.6
This report consists of confirmed, probable and suspect cases based on the date of event (initial) as reported in Meill 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 (2014-2018)										
** Includes E. coli O157:H7, shiga-toxin positive, serogroup non-O157, and shiga-toxin positive, not serogrouped										

Surveillance systems

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a bio-surveillance system that collects emergency department (ED) chief complaint (CC) data from participating hospitals and urgent care centers. DOH-Duval monitors 11 reporting hospitals.

ILINet (previously referred to as the Sentinel Provider Influenza Surveillance Program): ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Duval County has one ILINet provider.

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

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

Surveillance vocabulary

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factors that are the reason for a medical encounter in ESSENCE.

Count: The number of emergency department visits relating to a syndrome of query in ESSENCE.

Event Date: Reportable diseases and conditions presented within this report are recorded by event date.

Electronic Laboratory Reporting (ELR): Electronic transmission from laboratories to public health laboratory reports which identify reportable conditions.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of Morbidity and Mortality Weekly Report (MMWR) Disease Incidence reporting and publishing.

Syndrome: An illness classified in ESSENCE by ICD 10 codes or pharmaceutical syndromic surveillance.

Syndromic Surveillance: Health-related data that precedes diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

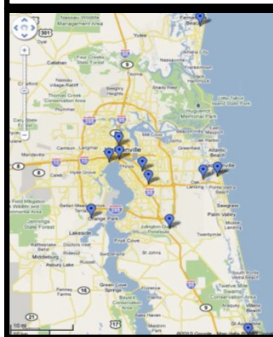
Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

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

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

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

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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



Hepatitis A virus (HAV) is a vaccine-preventable form of infectious hepatitis.

Florida Department of Health • FloridaHealth.gov

HAV is contagious & can harm your liver.

HAV usually spreads person-to-person through objects, food or drink that are contaminated by small amounts of stool from a person with HAV.



Symptoms

You can have HAV for up to 2 weeks without feeling sick, but during that time you may be spreading HAV to others.

Symptoms usually start 2–6 weeks after infection and last less than 2 months. Some people can be sick for up to 6 months.

COMMON SYMPTOMS:

- Stomach pain.
- Nausea and vomiting.
- Yellow skin or eyes (jaundice).



OTHER SYMPTOMS:

- Diarrhea.
- Loss of appetite.
- Joint pain.
- Pale or clay colored stool.
- Fever.
- Tired.
- Dark-colored urine.

Think you're at risk? See your health care provider.

You're at risk if you:

- Are in close contact, care for or live with someone who has HAV.
- Have recently visited a country where HAV is common—or been in close contact with someone who has.
- Are having sex with someone who has HAV.
- Are a man who has had sex with other men.
- Use injection or non-injection drugs.
- Are homeless or in temporary housing.
- Have recently been incarcerated.

Your health care provider:

- Will talk to you about your risks and symptoms.
- May take a blood sample to test you for HAV.

If you have HAV, you will need to:

- Get lots of rest.
- Eat healthy food.
- Drink plenty of fluids.
- Keep all medical appointments with your health care provider.

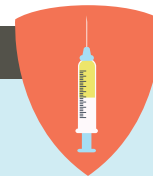
Stay home from work if you have HAV.

If you have some symptoms and a close friend, relative or roommate who has been diagnosed with HAV in the past 30 days, see a health care provider immediately.

LET YOUR BOSS KNOW IF:

- You're seeing a health care provider because you have HAV symptoms.
- You've seen a health care provider and you have HAV.

Prevent the spread of HAV.



Talk to your health care provider about getting vaccinated.

HAV can spread person-to-person from any sexual activity with a person who has HAV—using a condom will not prevent the spread of the virus. People who are sick with HAV should avoid sexual contact. People who are at-risk should get vaccinated.

An additional way to help prevent the spread of HAV is to wash your hands with soap and warm water for at least 20 seconds:

BEFORE YOU

- Prepare food.
- Work with food that isn't already packaged.

AFTER YOU

- Touch people or public surfaces.
- Use the restroom.
- Change a diaper.
- Cough, sneeze or use a handkerchief or tissue.
- Use tobacco, eat or drink.



ALCOHOL-BASED HAND SANITIZERS DON'T KILL HAV GERMS!

DON'T SHARE:

Towels, toothbrushes or eating utensils.

DON'T TOUCH:

Food, drinks, drugs or cigarettes that have been handled by a person with HAV.



The HAV vaccine is safe & effective.

- If you're at risk, you should get vaccinated.
- The vaccine is given as 2 shots, 6 months apart. You need both shots for the vaccine to work long-term.
- Contact your local health department if you don't have health insurance at this time and you need help getting a vaccination.

Have questions? Like to learn more?

Contact the Florida Department of Health's Hepatitis Section: 850-245-4303, HSD.Hepatitis@flhealth.gov

Learn more: CDC.gov/Hepatitis, Immunize.org/Hepatitis-A



The Florida Department of Health in Duval County (DOH-Duval) will be offering free Hepatitis A and B vaccines on the following dates:

Hepatitis A and B

JASMYN Clinic
923 Peninsular Place
Jacksonville, Florida 32204

☐ Thursday, March 14, 2019
3:30 p.m. - 6:30 p.m.

☐ Friday, March 29, 2019
10:00 a.m. - 1:00 p.m.

☐ Thursday, May 9, 2019
3:30 p.m. - 6:30 p.m.
(Hepatitis B Only)

☐ Friday, May 24, 2019
10:00 a.m. - 1:00 p.m.
(Hepatitis B Only)

☐ Thursday, September 12, 2019
3:30 p.m. - 6:30 p.m.

☐ Friday, September 27, 2019
10:00 a.m. - 1:00 p.m.



Hepatitis A

Florida Department of Health in Duval County
Center for Specialized Pulmonary Services
515 West 6th Street
Jacksonville, Florida 32206

☐ Tuesday, March 5, 2019
9:00 a.m. - Noon

☐ Tuesday, March 19, 2019
9:00 a.m. - Noon

☐ Tuesday, September 3, 2019
9:00 a.m. - Noon

☐ Tuesday, September 17, 2019
9:00 a.m. - Noon

Have questions?

FOR MORE INFORMATION CALL 904-253-1862.

DUVAL.FLORIDAHEALTH.GOV //  FLHEALTHDUVAL





Hepatitis A Virus (HAV)

Alert for Health Care Providers

Florida Department of Health • FloridaHealth.gov

Protect

Vaccinate high-risk patients.

The HAV vaccine is given as 2 shots, 6 months apart. Patients will need both shots for the vaccine to work long-term.

Diagnosis is with confirmation of a serum IGM test. Report HAV cases to your CHD.

Treatment is supportive.

Prevention is through vaccination of at risk individuals.



Is Your Patient at High Risk for HAV?

At-risk people:

- Are in close contact, care for or live with someone who has HAV.
- Use injection or non-injection drugs.
- Are homeless or in temporary housing.
- Have recently been incarcerated.
- Are men who have had sex with other men.
- Have recently visited a country where HAV is common.
- Are having sex with someone who has HAV.



Symptoms:

- Stomach pain
- Nausea and vomiting
- Jaundice
- Diarrhea
- Loss of appetite
- Joint pain
- Pale or clay colored stool
- Fever
- Tired
- Dark-colored urine

Educate Patients

HAV:

- Spreads person-to-person from ingesting small amounts of fecal matter from a person with HAV.
- Sexual activity can spread HAV
- People who are sick with HAV should avoid sexual contact.
- People who are at-risk should get vaccinated.

Wash hands with soap and warm water for at least 20 seconds:

BEFORE THEY

- Prepare food, or work with food that isn't already packaged.

AFTER THEY

- Use the restroom.
- Change a diaper.
- Cough, sneeze or use a handkerchief or tissue.



ALCOHOL-BASED HAND SANITIZERS DON'T KILL HAV GERMS!

Do not:

SHARE

Towels, toothbrushes or eating utensils.

TOUCH

Food, drinks, drugs or cigarettes that have been handled by a person with HAV.

Share the need for vaccination with anyone you know who might be at risk.

Have questions? Like to learn more?

Contact the Florida Department of Health:
DOH-Duval
Epidemiology Program
(904)253-1850

Learn more:
FloridaHealth.gov/hepa
CDC.gov/Hepatitis,
Immunize.org/Hepatitis-A

