

Duval County Epidemiology Surveillance Report

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

Ron DeSantis
Governor

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In This Issue:

Report Summary.....	1
Enteric Disease.....	2- 4
Influenza & Influenza-like Illness (ILI).....	4- 6
• Enhanced Influenza Surveillance	
Mosquito-borne Illness Surveillance.....	7- 8
Notable Topics and Other Statistics.....	9
• TB Surveillance in Duval County	
• Sexually Transmitted Diseases	
Reportable Diseases/Conditions.....	10
Dictionary.....	11
Reportable Diseases/Conditions List.....	12
Practitioner Disease Reporting Form.....	13
Influenza Reporting Notification.....	14
Enhanced Influenza Surveillance (ICU) form.....	15



Report Summary

The month of January 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 January 31, 2019, unless noted otherwise.

DOH-Duval reported 234 cases of various diseases/conditions in January. Please note that all cases met the case definition for a confirmed, probable or suspect case. Among the cases reported, there were pertussis, Scombroid poisoning, hepatitis A, Hemolytic uremic syndrome (HUS), two cases of Influenza ICU, and four cases of legionellosis.

Surveillance data for select enteric diseases continued to decrease in case counts, while reported influenza and ILI activity showed a notable increase during this time. This issue will also highlight enhanced surveillance for intensive care unit (ICU) patients aged <65 with laboratory confirmed influenza.

Enteric Disease

Select enteric disease activity reported in January decreased notably when compared to the previous month of December (weeks 48 –52, 2018). Cases of campylobacteriosis (12), giardiasis (3), salmonellosis (20) and shigellosis (1) decreased while cases of cryptosporidiosis remained unchanged (Figures 2 - 6). No enteric outbreaks were reported to DOH-Duval in January.

Compared to 2018 though, cases of cryptosporidiosis and salmonellosis showed an increase while cases of shigellosis and campylobacteriosis decreased and giardiasis remained unchanged (Figure 1). Cases reported for this year (2019) showed that the 55 to 74 year-old age group accounted for the majority of cases reported totaling 9 cases.

(Source: FDENS EpiCom, ESSENCE).

Figure 1. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, January 2016 – January 2019

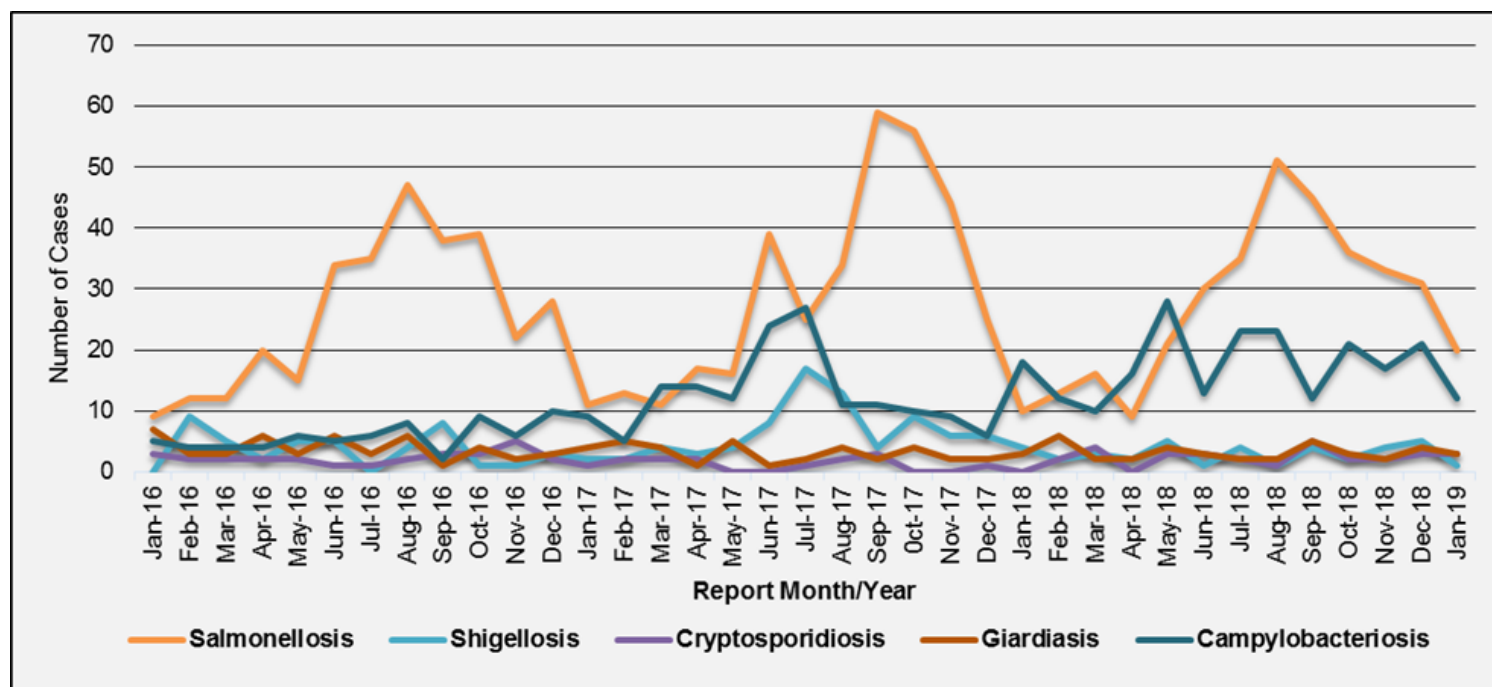


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 5, 2017 – Week 5, 2019

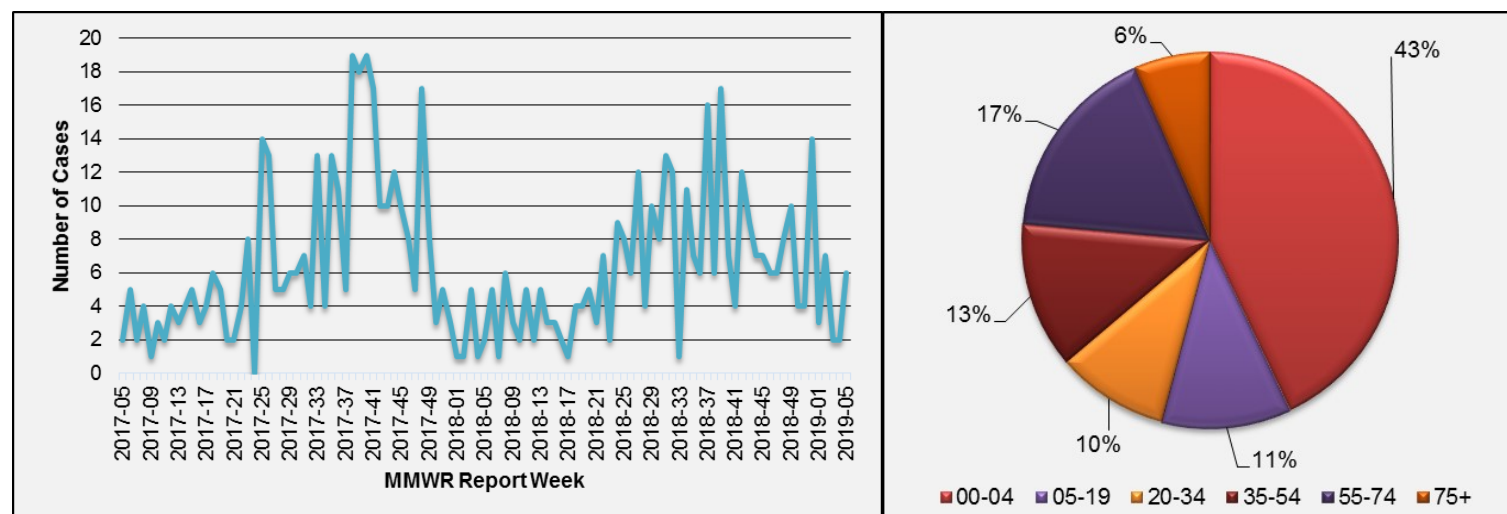




Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 5, 2017 – Week 5, 2019

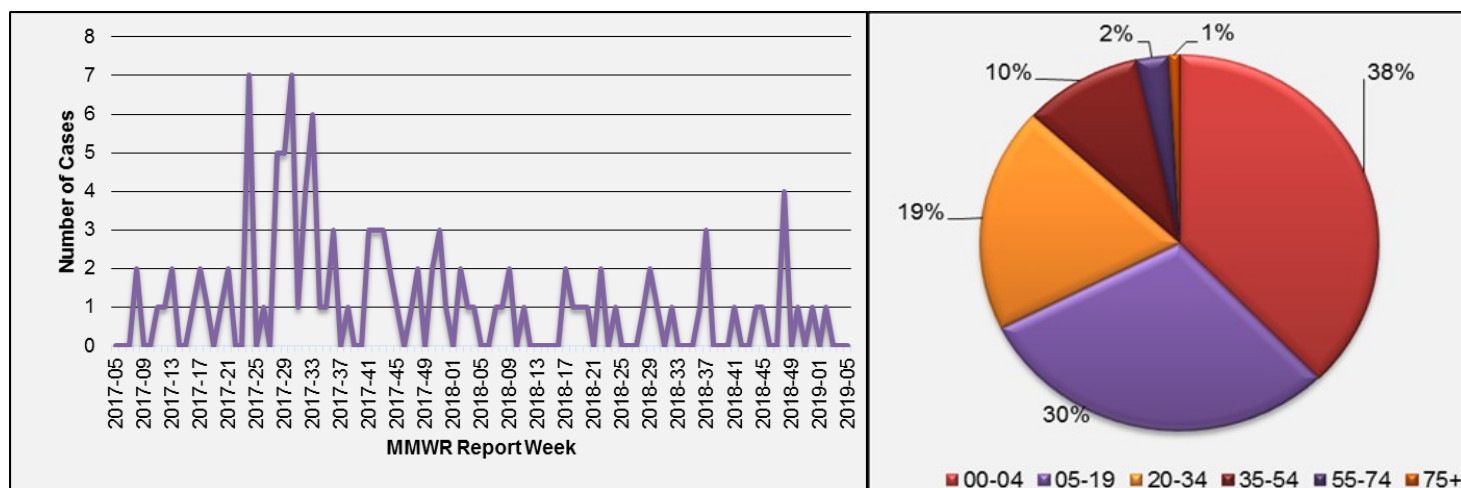


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 5, 2017 – Week 5, 2019

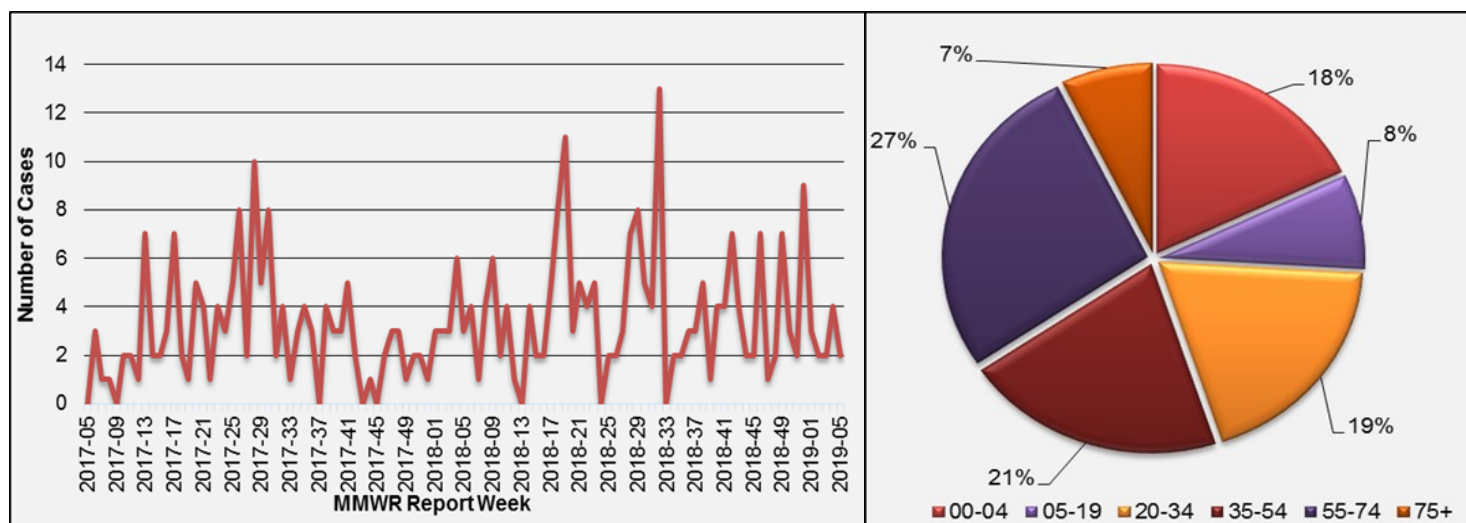


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 5, 2017 – Week 5, 2019

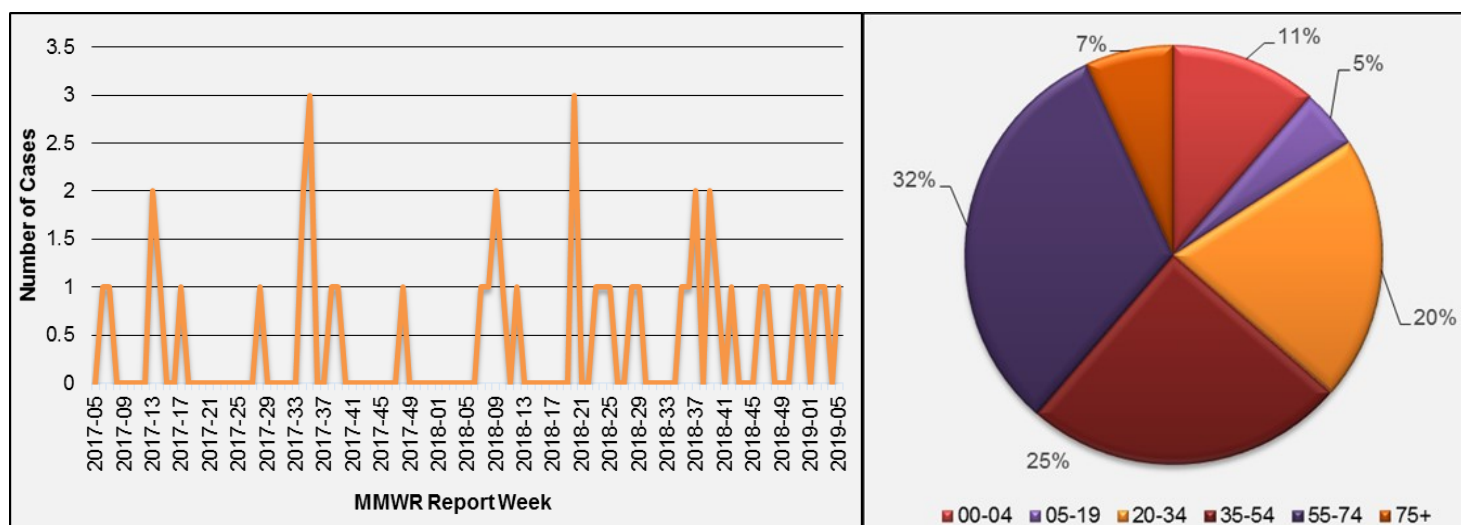
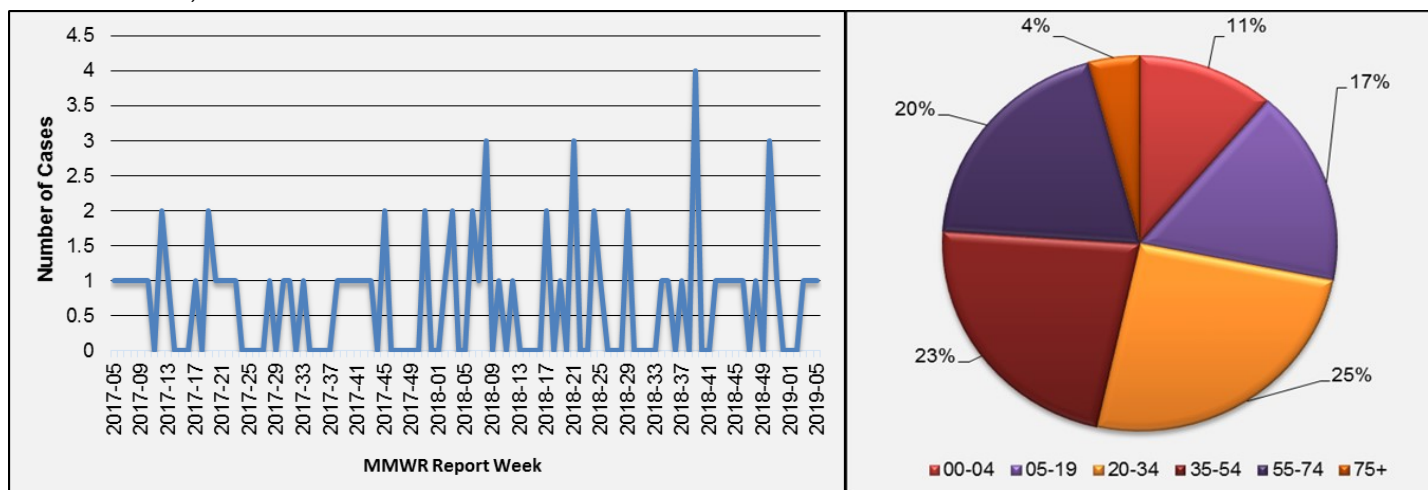


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
2017 – Week 5, 2019

Week 5,



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed notable levels when compared to previous seasons. Since the influenza season started, eight 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 showed similar trends when compared to the previous season (Figure 8).

The Electronic Laboratory Reporting (ELR) system reported 155 (14%) positive specimens of the 1074 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 13 positive specimens and 18 negative specimens for Duval County (Figure 10).

RSV laboratory surveillance reported higher levels when compared to the previous month of December. A total of 299 specimens were tested during the month of January. Of those, 37 were positive and subtyped as RSV unspecified. RSV activity in Northeast Florida peaks between October and March. To learn more about RSV in Florida, visit: <http://www.floridahealth.gov/rsv>. **Source:** Flu and RSV Reports, Merlin

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

In January, two ICU laboratory-confirmed influenza in persons less than 65 were reported for Duval County. As influenza activity has 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 helping the state form 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 January, continued to increase and was above peak activity observed during the 2016-2017 season. A total of 89 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 continues to increase in the United States. Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B viruses continue to co-circulate and have been the most common influenza subtype reported to CDC.

Sources: Florida Department of Health, Florida Flu Review, Centers for Disease Control and Prevention, Flu-View, 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)

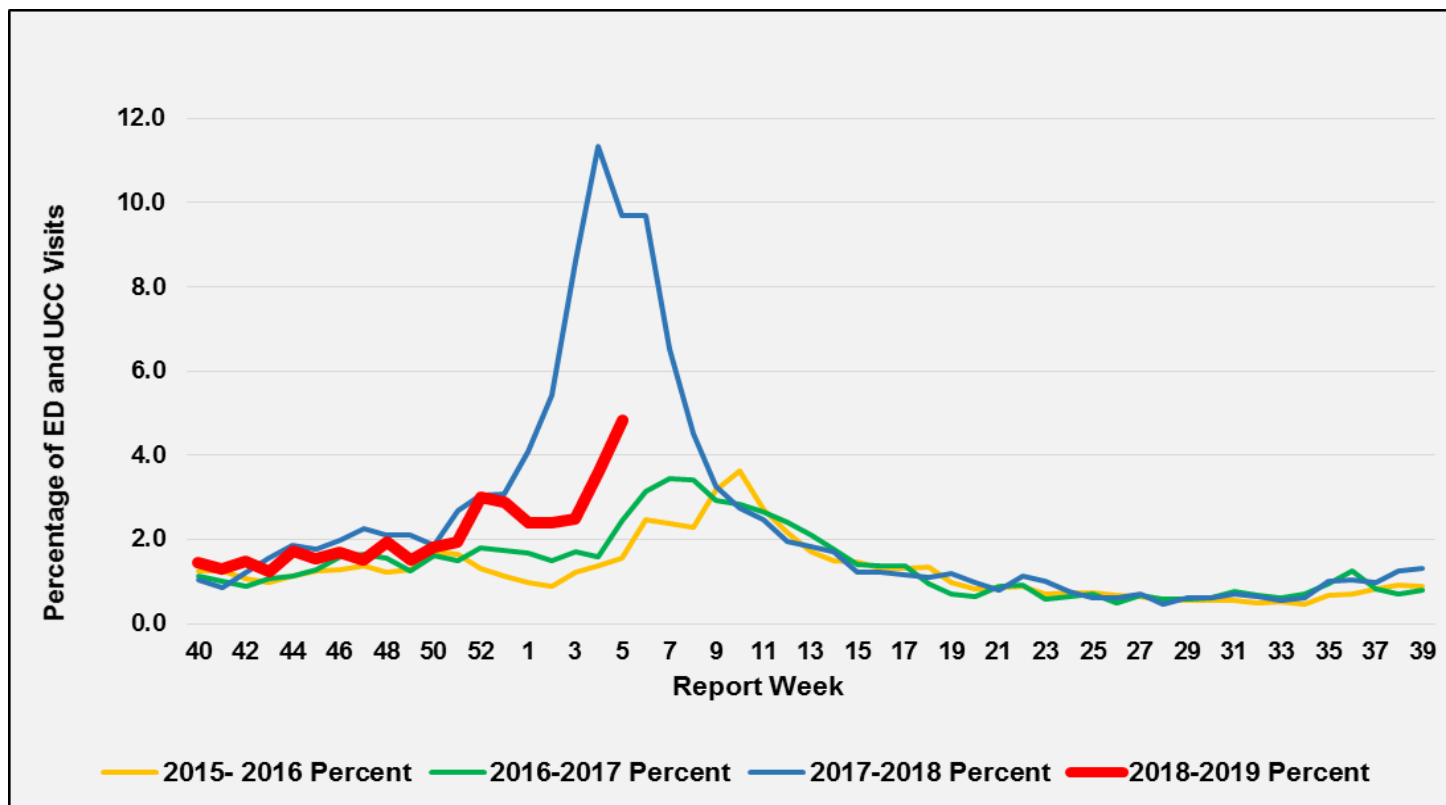
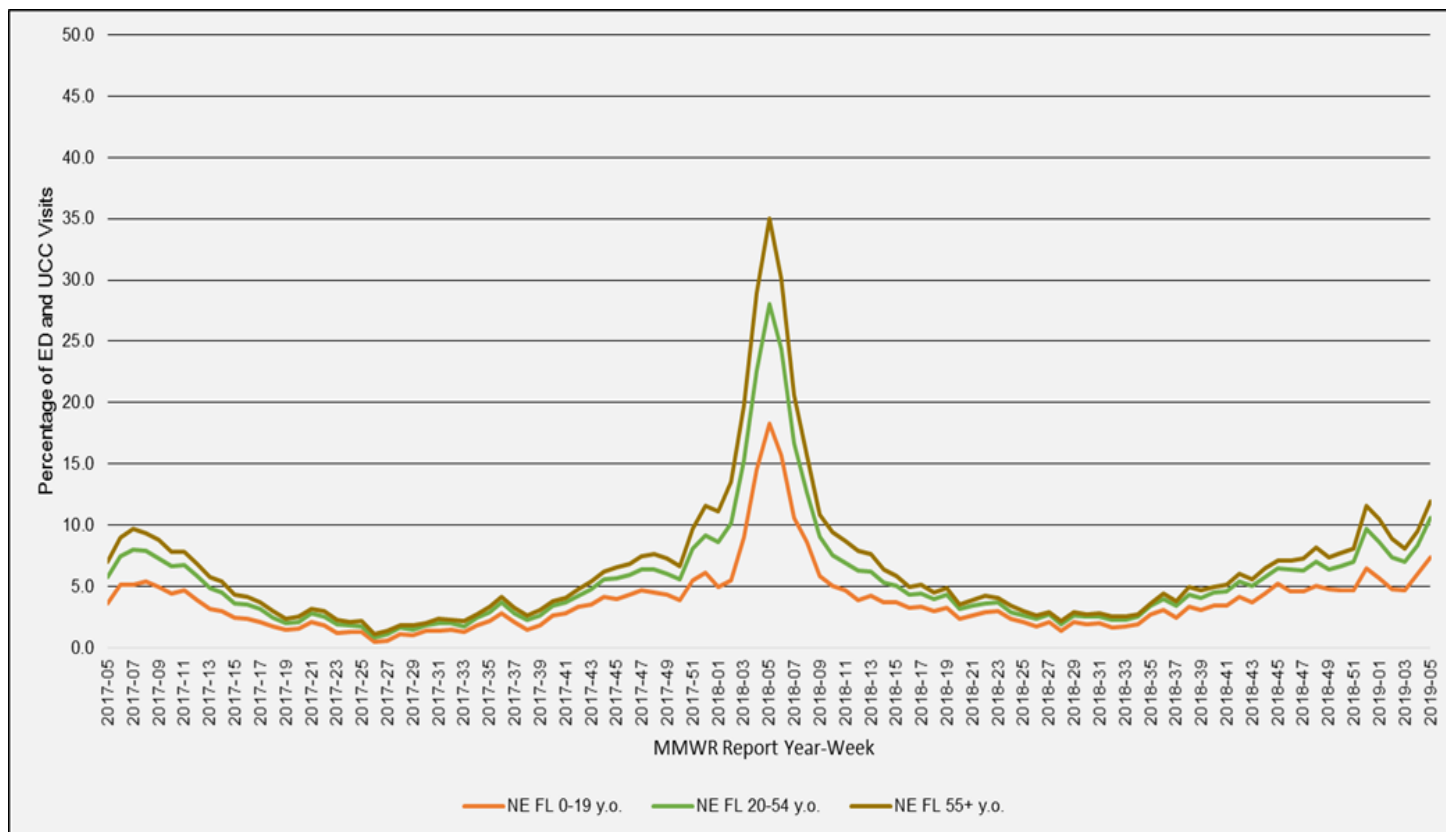


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 1, 2017 – Week 5, 2019



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 5, 2017 - Week 5, 2019

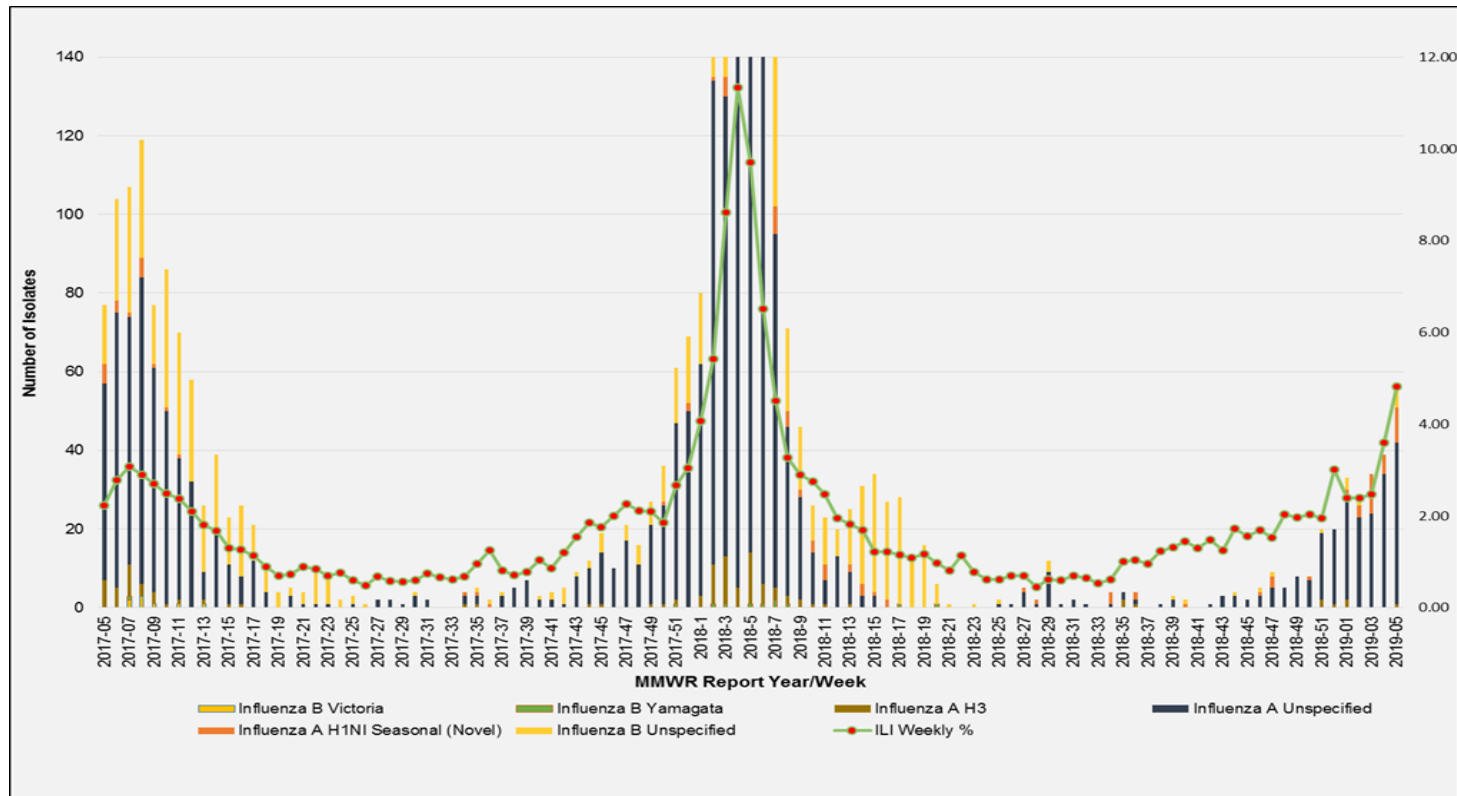
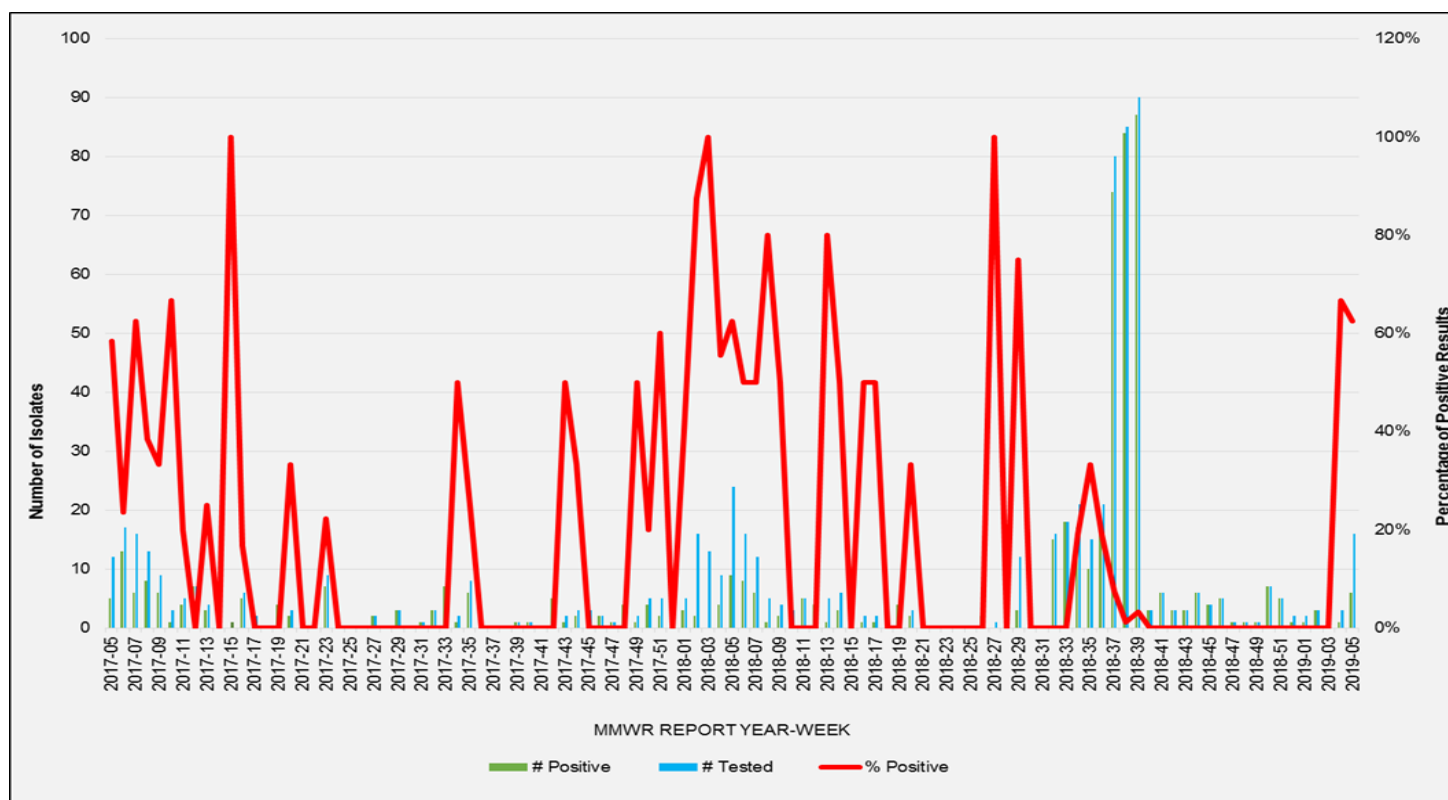


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 1, 2017 – Week 5, 2019



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 January 1 to February 3, 2019.

This report contains information from 2018 and 2019

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 January.

State of Florida 2019 Human Case Summary and Surveillance

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

Dengue Fever Cases Acquired in Florida: In 2019, no cases of locally acquired dengue fever have 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, one case of Zika fever was reported.

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

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

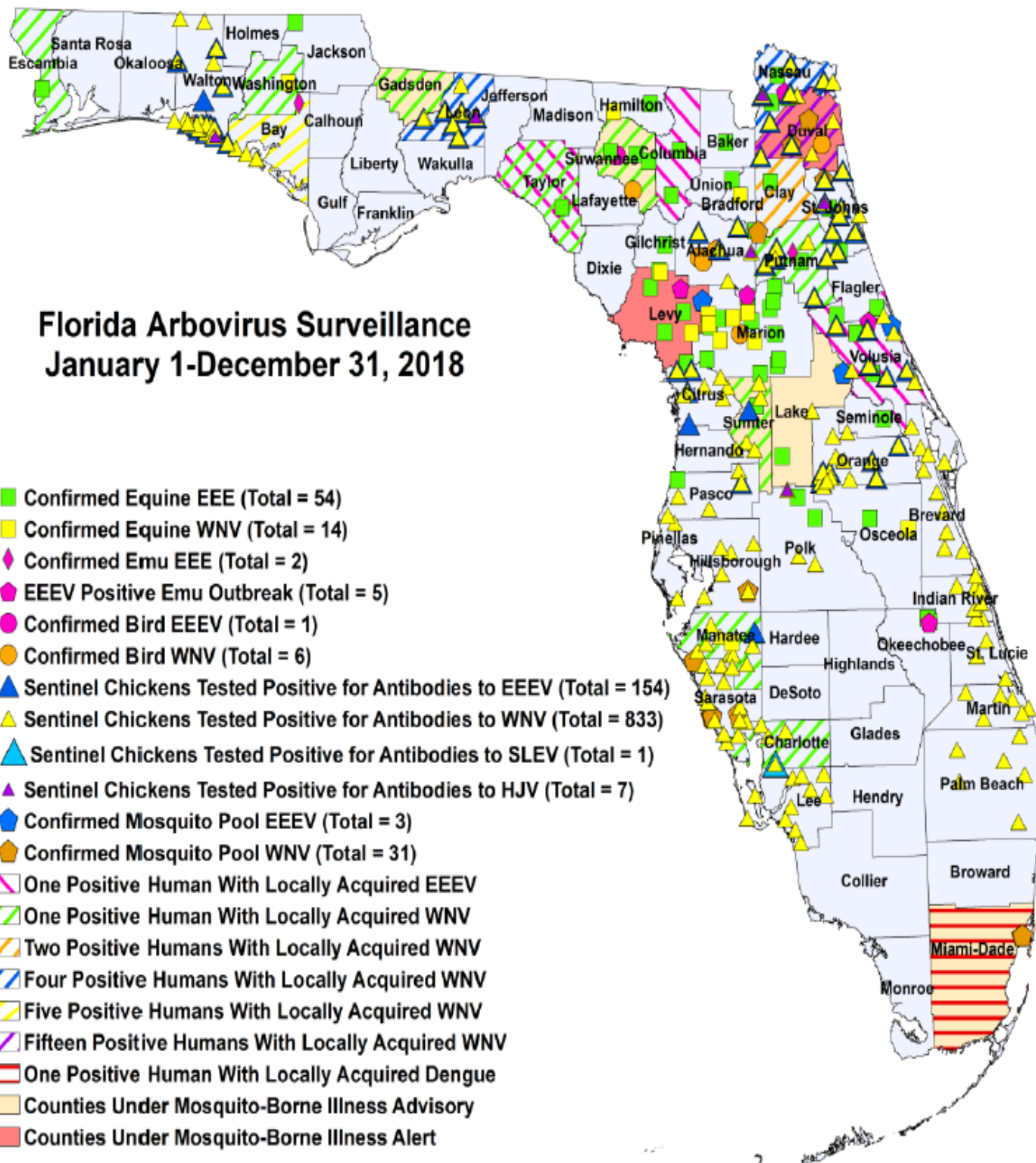
International Travel-Associated Zika Fever Cases: In 2018, 103 cases of Zika fever were reported in individuals with travel history to a country or area experiencing Zika virus activity. Countries of origin were: Brazil (3), Brazil/Haiti, Brazil/Mexico, Colombia, Cuba (23), Cuba/Mexico, Dominica, Dominican Republic (4), Guatemala (2), Guatemala/Mexico, Haiti (37), Honduras (8), Jamaica (2), Jamaica/Mexico, Nicaragua, Puerto Rico, Turks and Caicos, and Venezuela (14). Counties reporting cases were: Broward (7), Charlotte, Collier (35), Hernando, Hillsborough, Lee, Manatee, Miami-Dade (31), Orange (12), Osceola (3), Palm Beach (7), Pinellas, Seminole, and Walton. Nineteen cases were reported in non-Florida residents. Florida is monitoring a total of 75 pregnant women from 2018.

International Travel-Associated Malaria Cases: Sixty-eight cases of malaria with onset in 2018 were reported. Countries of origin were: Afghanistan (2), Africa, Angola, Benin (2), Brazil (2), Cameroon, Dominican Republic, Ethiopia, Gabon, Ghana (5), Guyana, 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 (6), Escambia, Gadsden, Hillsborough (5), Miami-Dade (16), Okaloosa, Orange (4), Osceola, Palm Beach (4), Pasco, Pinellas (3), Polk, Sarasota, Seminole (5), and Volusia. Twelve cases were reported in non-Florida residents.

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

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

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



Notable Topics and Other Statistics

Table 1: Tuberculosis (TB) Surveillance – Duval County - 1/1/2019 through 01/31/2019

Active TB cases reported year-to-date as of January 31, 2019							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	3	6	50.0%	Asian	1	6	16.7%
Female	3	6	50.0%	Pacific Islander/Other	0	6	0.0%
Country of Origin				Black	3	6	50.0%
U.S.	3	6	50.0%	White	2	6	33.3%
Non-U.S.	3	6	50.0%	Ethnicity			
Age Group				Hispanic	1	6	16.7%
< 5	0	6	0.0%	Non-Hispanic	5	6	83.3%
5-14	0	6	0.0%	Risk Factors			
15-24	0	6	0.0%	Excess alcohol use within past year	2	6	33.3%
25-44	1	6	16.7%	HIV co-infection*	1	6	16.7%
45-64	5	6	83.3%	Injection drug use within past year	0	6	0.0%
> 65	0	6	0.0%	Homeless within past year	0	6	0.0%
				Incarcerated at diagnosis	1	6	16.7%
				Unemployed	4	6	66.7%
				Drug Resistance			
				Resistant to isoniazid**	0	2	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 2/22/2019. 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 January 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	6	26%	6	30%	Female	468	67%	369	67%	Female	138	47%	117	47%
Male	17	74%	14	70%	Male	226	33%	180	33%	Male	156	53%	132	53%
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	13	57%	12	60%	Black	281	40%	253	46%	Black	159	54%	147	59%
Hispanic	0	0%	0	0%	Hispanic	42	6%	34	6%	Hispanic	15	5%	13	5%
White	9	39%	8	40%	White	184	26%	115	21%	White	69	23%	49	20%
Other	1	4%	0	0%	Other	38	5%	28	5%	Other	12	4%	10	4%
Unknown	0	0%	0	0%	Unknown	150	22%	120	22%	Unknown	39	13%	30	12%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	1	0%	0	0%	0-14	1	0%	1	0%
15-19	2	9%	2	10%	15-19	201	29%	149	27%	15-19	49	17%	39	16%
20-24	2	9%	2	10%	20-24	271	39%	216	39%	20-24	80	27%	68	27%
25-29	6	26%	5	25%	25-29	112	16%	89	16%	25-29	64	22%	56	22%
30-39	9	39%	7	35%	30-39	84	12%	74	13%	30-39	63	21%	53	21%
40-54	1	4%	1	5%	40-54	21	3%	17	3%	40-54	28	10%	24	10%
55+	3	13%	3	15%	55+	5	1%	5	1%	55+	9	3%	8	3%
Total Cases	23		20		Total Cases	695		550		Total Cases	294		249	

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, January 2019

Disease	DUVAL					All Counties				
	2019	2018	Mean†	Median‡	Cumulative (YTD)	2019	2018	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	1	0	13	43	10.2	43
Pertussis	0	1	2.2	1	2	1	36	32	21	36
Rubella	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0
Vaccines (Chickenpox)	1	2	3.8	4	1	2	3.8	69.2	67	69.4
B. CNS Diseases & Bacteremias										
Creutzfeldt-Jakob Disease (CJD)	0	0	0.2	0	0	0	1	0	2.2	1
Hemophilus influenzae Invasive Disease	4	4	3	4	4	3	4	33.2	34	45
Meningitis: Bacterial or Mycotic	1	3	1.6	2	1	3	12	10.2	11	3
Meningococcal Disease	0	0	0.2	0	0	0	1	3	4.2	4
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 Invasive Disease: Drug-Resistant	2	0	2	2	2	2	32	60	35.4	26
Streptococcus Invasive Disease: Drug-Susceptible	1	2	3	2	1	2	40	64	52	64
C. Enteric Infections										
Campylobacteriosis	5	17	12	11	5	17	12	336	301.2	336
Cryptosporidiosis	1	1	1.4	1	1	1	44	38	42	44
Cyclosporiasis	0	0	0	0	0	0	0	0	0	0
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	2	0	0.8	1	2	0	0.8	91	55	54
Giardiasis: Acute	3	4	3.6	4	3	4	86	91	83	86
Hemolytic Uremic Syndrome (HUS)	1	0	0	0	1	0	0	1.4	1	1
Listeriosis	0	0	0	0	0	0	1	7	4	3
Salmonellosis	14	9	13.2	13	14	9	13.2	350	346.2	347
Shigellosis	2	2	2.6	2	2	2	134	93	95.8	93
Typhoid Fever (Salmonella Serotype Typhi)	0	2	0.4	0	2	0.4	0	19	5.8	2
D. Viral Hepatitis										
Hepatitis A	1	0	0	0	1	0	0	231	11	231
Hepatitis B: Acute	7	3	1.8	2	7	3	1.8	68	59	68
Hepatitis B: Surface Antigen in Pregnant Women	0	0	2	1	0	0	2	35	42.2	35
Hepatitis C: Acute	0	3	1.4	1	0	3	1.4	46	32.4	46
E. Vector-Borne, Zoonoses										
Chikungunya Fever	0	0	0.2	0	0	0	0	2	1	2
Guinea Pig Poisoning	0	0	0	0	0	0	0	2	4	2
Dengue Fever	0	0	0	0	0	0	0	18	5	18
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	0	0	0	0	0
Encephalitis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	1	0.8	1
Lyme Disease	0	2	0.8	1	0	2	0.8	9	9	9
Malaria	0	0	0.2	0	0	0	0	5	5	5
Rabies: Animal	0	0	0	0	0	0	0	13	6	13
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	0.2	0	0	0	0.2	16	17	16
F. Others										
Botulism: Infant	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	1	0.6	1
Carbon Monoxide Poisoning	0	0	0.2	0	0	0	0.2	21	26.2	21
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0	3	3	3
Legionellosis	5	2	2.2	2	5	2	2.2	55	37.2	55
Vibriosis (Grimontia holisae)	0	0	0	0	0	0	0	1	1	1
Vibriosis (Other Vibrio Species)	0	0	0	0	0	0	0	2	2	2
Vibriosis (Vibrio alginolyticus)	0	0	0.2	0	0	0	0.2	1	2.6	1
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0	0	0	0	0	0	0	0
Vibriosis (Vibrio fuvialis)	0	0	0	0	0	0	0	1	0.8	1
Vibriosis (Vibrio mimicus)	0	0	0	0	0	0	0	1	0	1
Vibriosis (Vibrio parahaemolyticus)	0	0	0	0	0	0	0	2	2.6	2
Vibriosis (Vibrio vulnificus)	0	0	0	0	0	0	0	1	0	1
This report consists of confirmed, probable and suspect cases based on the date of event (initial) as reported in Medline to the Bureau of Epidemiology. Incidence data for 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*): ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Duval County has one ILINet provider.

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

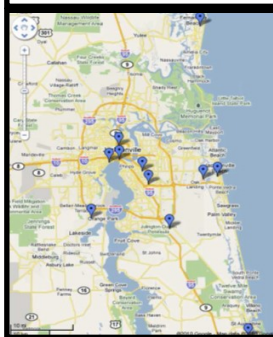
Other Links and Resources:

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?

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...

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
900 University Blvd N (MC28) • Jacksonville, FL 32211
PHONE: 904 253-1850 FAX: 904 253-1851

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

2018 Enhanced Influenza Surveillance Form For County Health Departments: Intensive Care Unit Cases

If you have questions afterhours, contact the FDOH Bureau of Epidemiology at (850) 245-4401.

Contact Information

Merlin ID (e.g. Countyname_123)		<input type="checkbox"/> New Report <input type="checkbox"/> Update	Date CHD Notified Report Date (MM/DD/YYYY)
Reporting County	Interviewer Name	Interviewer Phone	Interviewer Email

Patient Information

Person Name: Last		First	M.I.	Parent/Guardian Name (if Minor)	Person or Guardian Phone
Person Address: Number, Street, apt #			City	County	State ZIP Code
Date of Birth (MM/DD/YYYY)	Age	Sex	Country of residence	If US Resident, State and County	
Race (check one) <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other: _____				Ethnicity (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> DK	
Attends/works school/daycare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK			Lives/works in congregate setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Facility Name: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Attendee			Facility Name: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Attendee		

Hospitalization and Laboratory Information

Hospital Name	Diagnosing Physician	Physician Phone	Medical Record #
ED Visit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Admitted to ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Inpatient hospitalization Admission Date (MM/DD/YYYY)	Inpatient hospitalization Discharge Date (MM/DD/YYYY)
Date of ED Visit (MM/DD/YYYY)	Date Admitted to ICU (MM/DD/YYYY)	Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Date of Death (MM/DD/YYYY)
Laboratory Name	Specimen Collection Date (MM/DD/YYYY)	Specimen Type <input type="checkbox"/> NP <input type="checkbox"/> OP	Specimen source:
<input type="checkbox"/> Rapid Antigen Test <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> DK	<input type="checkbox"/> Influenza A, PCR <input type="checkbox"/> H3 <input type="checkbox"/> H1 <input type="checkbox"/> DK	<input type="checkbox"/> Influenza A, Culture	<input type="checkbox"/> Influenza A, DFA/IFA
<input type="checkbox"/> Other Respiratory Virus, Specify: _____	<input type="checkbox"/> Influenza B, PCR <input type="checkbox"/> Yam <input type="checkbox"/> Vic <input type="checkbox"/> DK	<input type="checkbox"/> Influenza B, Culture	<input type="checkbox"/> Influenza B, DFA/IFA

Clinical Information

Symptoms

Earliest Onset Date (MM/DD/YYYY)	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Muscle Aches	<input type="checkbox"/> Nausea
<input type="checkbox"/> Fever, Highest Temp (F): ____	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Chills	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Cough	<input type="checkbox"/> Parotitis	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Nasal Congestion	<input type="checkbox"/> Headaches	<input type="checkbox"/> Other, specify: _____

Underlying Conditions

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Morbidly Obese (BMI>40)	<input type="checkbox"/> Smokes Tobacco
<input type="checkbox"/> Cancer	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Immunosuppression, specify: _____
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Neurological, specify: _____
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Obesity (BMI>30-39)	<input type="checkbox"/> Premature at Birth	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> None		<input type="checkbox"/> DK	

Medical Complications

<input type="checkbox"/> Acute Respiratory Distress Syndrome (ARDS)	<input type="checkbox"/> Bronchiolitis	<input type="checkbox"/> Seizures	<input type="checkbox"/> None
<input type="checkbox"/> Bacteremia	<input type="checkbox"/> Pneumonia (X-Ray confirmed)	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> DK

Clinical Management

Antiviral Treatment Prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Start Date (MM/DD/YYYY)	Prior to illness onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	After illness onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
Drug: <input type="checkbox"/> Oseltamivir (Tamiflu) <input type="checkbox"/> Zanamivir (Relenza) <input type="checkbox"/> Other, specify: _____	End Date (MM/DD/YYYY)	ECMO used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Mechanical ventilation used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
	Antibiotic treatment prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		

Vaccination History

Received current seasonal flu vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
Date Dose Received: (MM/DD/YYYY)

Epidemiologic Risk Factors

2018 Enhanced Influenza Surveillance Form

For County Health Departments: Intensive Care Unit Cases

Animal Contact History

Animal contact within 10 days of symptom onset?	<input type="checkbox"/> Birds (chickens/water fowl)	<input type="checkbox"/> Pigs	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Type of contact:	Type of contact:	Type of contact:
	<input type="checkbox"/> Same barn/shed room	<input type="checkbox"/> Same barn/shed room	<input type="checkbox"/> Same barn/shed room
	<input type="checkbox"/> Outside, within 6 feet	<input type="checkbox"/> Outside, within 6 feet	<input type="checkbox"/> Outside, within 6 feet
	<input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Other, specify _____
Did the patient attend an agricultural event in the 10 days prior to symptom onset?	If yes, specify: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	From (MM/DD/YYYY) Through (MM/DD/YYYY)		

Travel History

Did the patient have international travel in the 10 days prior to symptom onset?	If yes, specify: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	From (MM/DD/YYYY) Through (MM/DD/YYYY)

Other Notes

Please add any other pertinent notes in the space below: