

Duval County Epidemiology Surveillance Report

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

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Report Summary

The month of July included a variety of surveillance and investigation activities in Duval County. These data summaries included enteric disease, influenza, influenza-like illness (ILI), mosquito-borne illness surveillance, active tuberculosis cases, sexually transmitted diseases (STD), as well as other reportable diseases/conditions. Limitations to the accuracy of this information include persons who do not seek healthcare, healthcare providers, and those that may not recognize, confirm or report notifiable diseases/conditions. This report includes data reported as of July 31, 2017, unless noted otherwise.

DOH-Duval reported 232 cases of various diseases/conditions in July. Please note that all cases meet the case definition for a confirmed, probable or suspect case. Among the reported cases, there were two cases of travel-associated malaria and Haemophilus influenza, one case of Escherichia coli (STEC), cyclosporiasis and vibriosis (Vibrio cholera Type Non-O1), and four cases of pertussis associated with an outbreak.

Surveillance data for select enteric diseases showed a continuous increase, while ILI activity reported remained low.

This issue of the Duval County Surveillance Report will also highlight updates on Zika virus disease clinical guidance for women and infants, yellow fever vaccine shortage, and a scabies investigation.

Enteric disease activity reported in July showed no significant increase in case count. Cases of shigellosis(17), cryptosporidiosis(1), giardiasis(2) and campylobacteriosis (27) increased from the previous reporting month of June (weeks 23-26, 2017) (Figures 2-4), while cases of salmonellosis (25) decreased during this time (Figures 5-6).

Compared to 2016, cases of campylobacteriosis and shigellosis showed a notable increase while cases of salmonellosis and giardiasis decreased (Figure 1).

Cases reported for the 75 and older age group showed an increase in cases from the previous reporting year with 63% followed by the 35-54 year old age group with 36% and those 20-34 year old with 41%.

There were no enteric disease outbreaks reported during the month of July.

(Source: FDENS EpiCom, ESSENCE).

For prevention information, visit CDC.gov or Floridahealth.gov/diseases-and-conditions/norovirus-infection.html

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

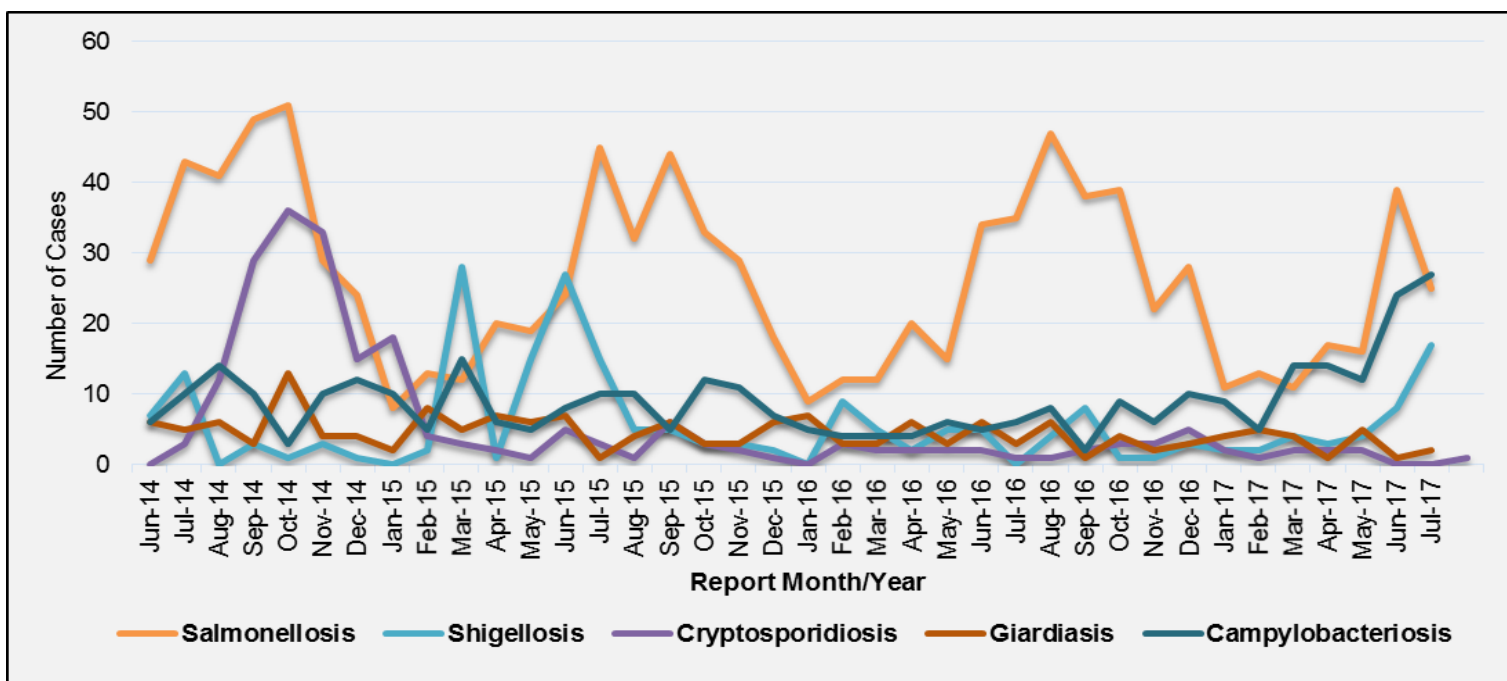


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 31,2015 – Week 31,2017

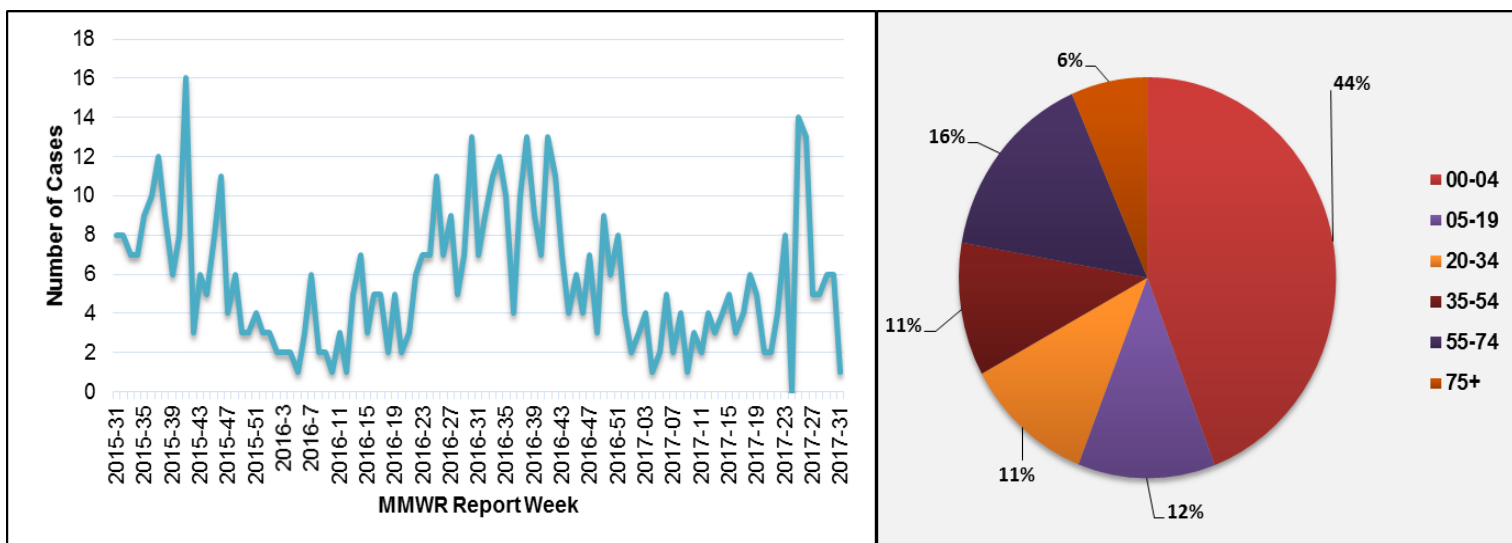


Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 31,2015 – Week 31,2017

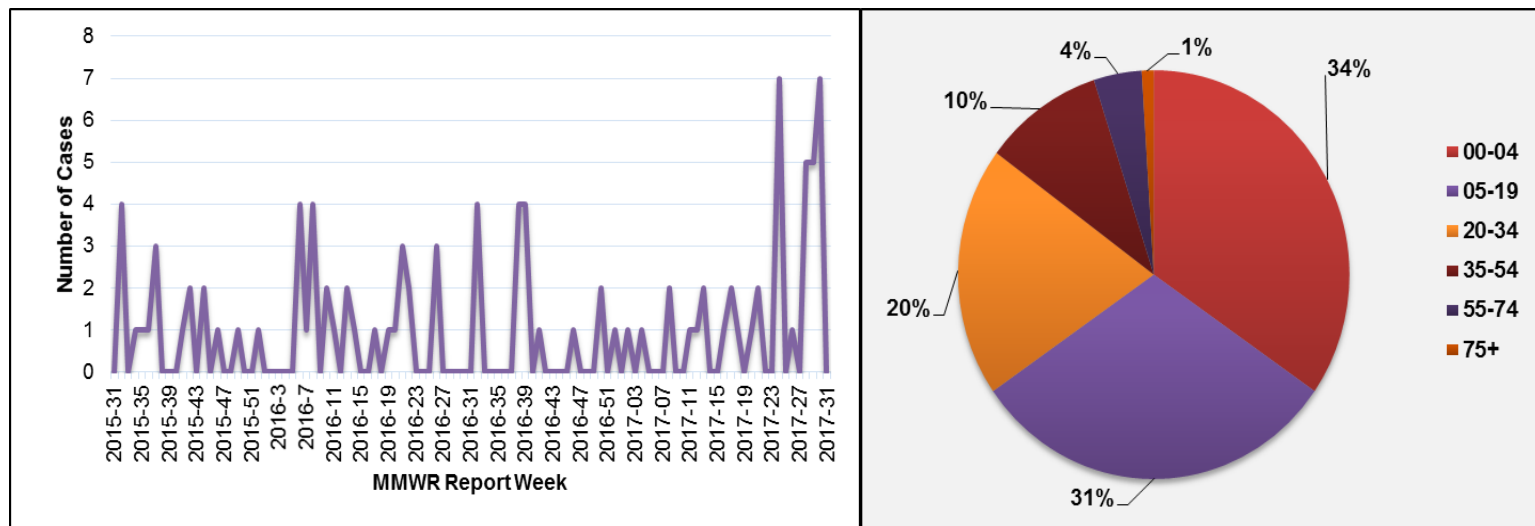


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 31,2015 – Week 31,2017

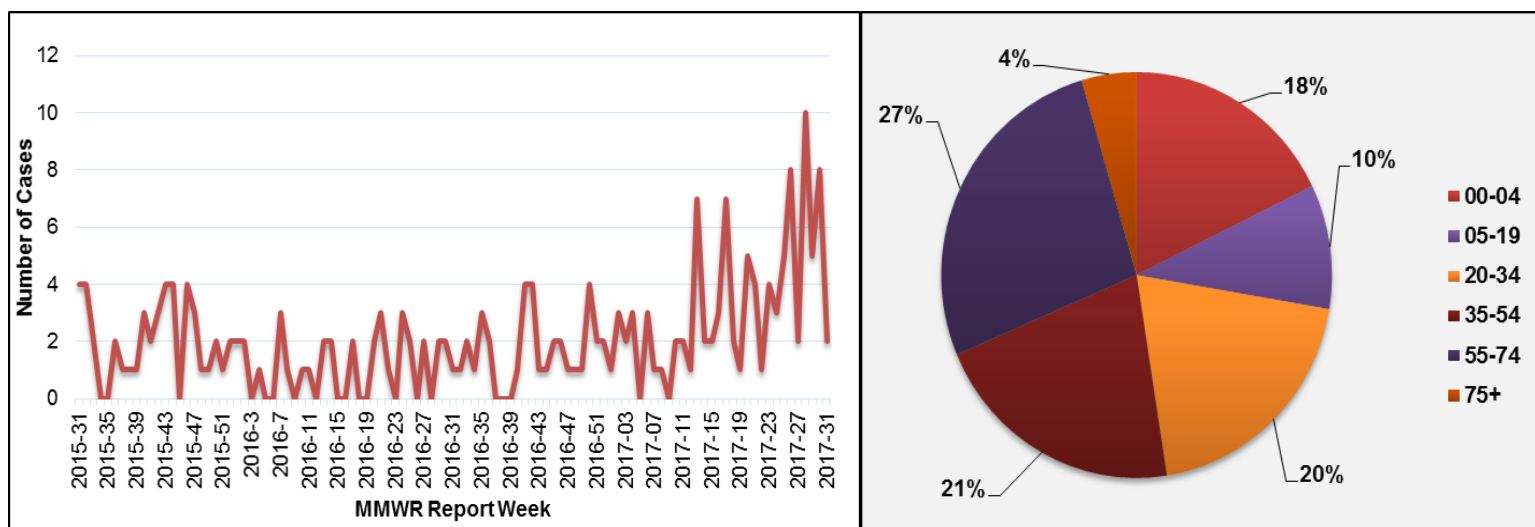


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 31,2015 – Week 31,2017

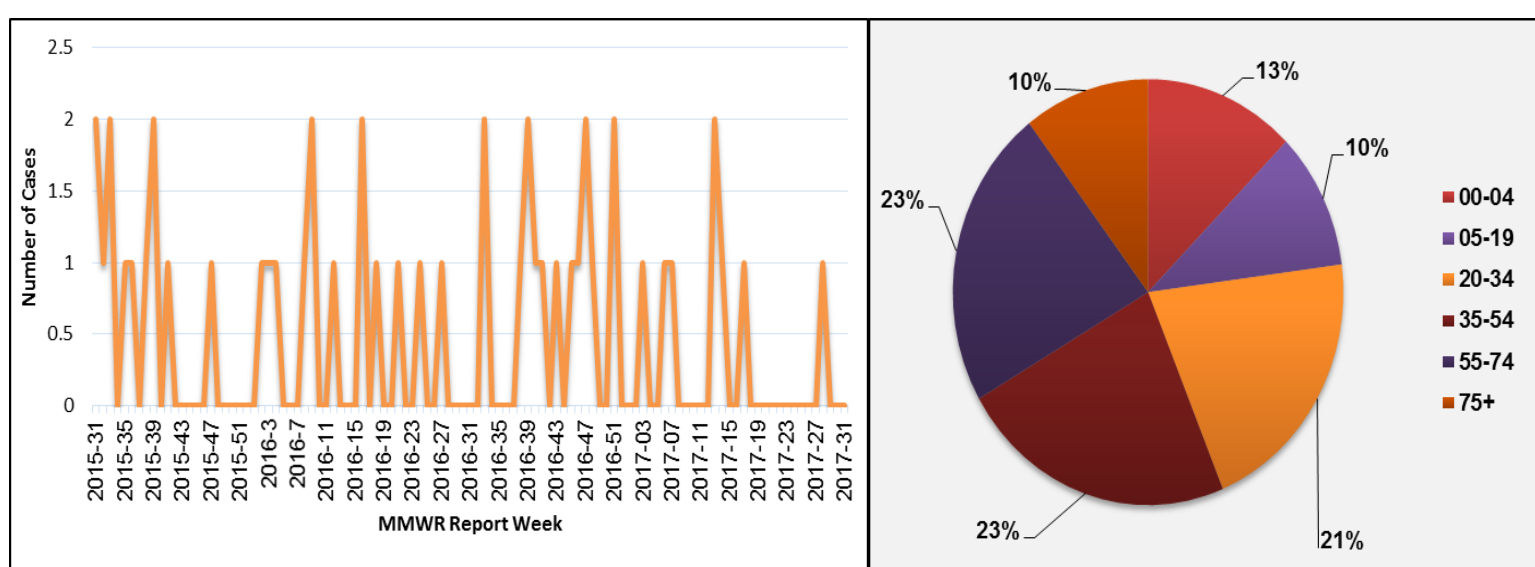
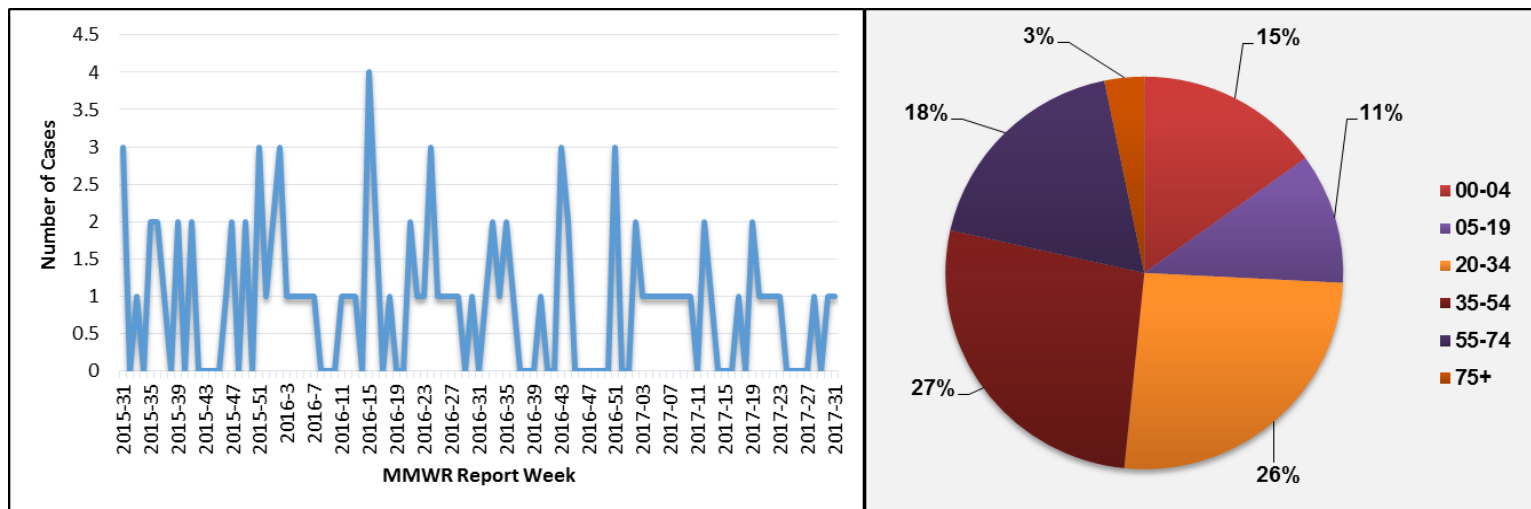


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County Week 31,2015 – Week 31,2017



Influenza and ILI Summary in Duval County

Influenza and ILI activity showed a slight increase during the month of July. Emergency department (ED) and urgent care centers (UCC) ILI visits monitored through ESSENCE, reported similar levels when compared to previous seasons (Figure 7). ED and UCC influenza and ILI visits for all age groups showed similar trends in comparison to previous seasons (Figure 8).

During the month of July the Electronic Laboratory Reporting (ELR) system reported 15 (21%) positive specimens of the 73 submitted for influenza testing. Of those, subtyping showed that Influenza A (7) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were no positive specimens reported from Duval County and six (6) tested negative (Figure 10).

Source: Flu Report, Merlin

State influenza and influenza-like illness activity:

Low levels of activity were reported in Florida during the month of July for influenza and ILI. Specimens submitted to BPHL for influenza testing were positive by real-time Reverse Transcription Polymerase Chain (RT-PCR). Influenza A (H3) was the dominant strain subtyped.

Source: Florida Department of Health, Florida Flu Review

National influenza activity:

Influenza viruses continue to circulate at low levels nationally. The Centers for Disease Control and Prevention (CDC) identified an antigenically drifted influenza B Victoria lineage strain circulating nationally. This strain is different from the influenza B Victoria lineage strain contained in the current 2016-17 influenza vaccination formulations. In the spring of 2017 avian influenza A (H7N9) was identified in chickens in Tennessee, Alabama, and Kentucky, while influenza A (H7) was identified in chickens in Georgia and A(H5N2) in turkeys in Wisconsin. Avian influenza has **not** been identified in Florida birds or humans in 2017.

To learn more about HPAI, please visit: www.floridahealth.gov/novelflu.

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)

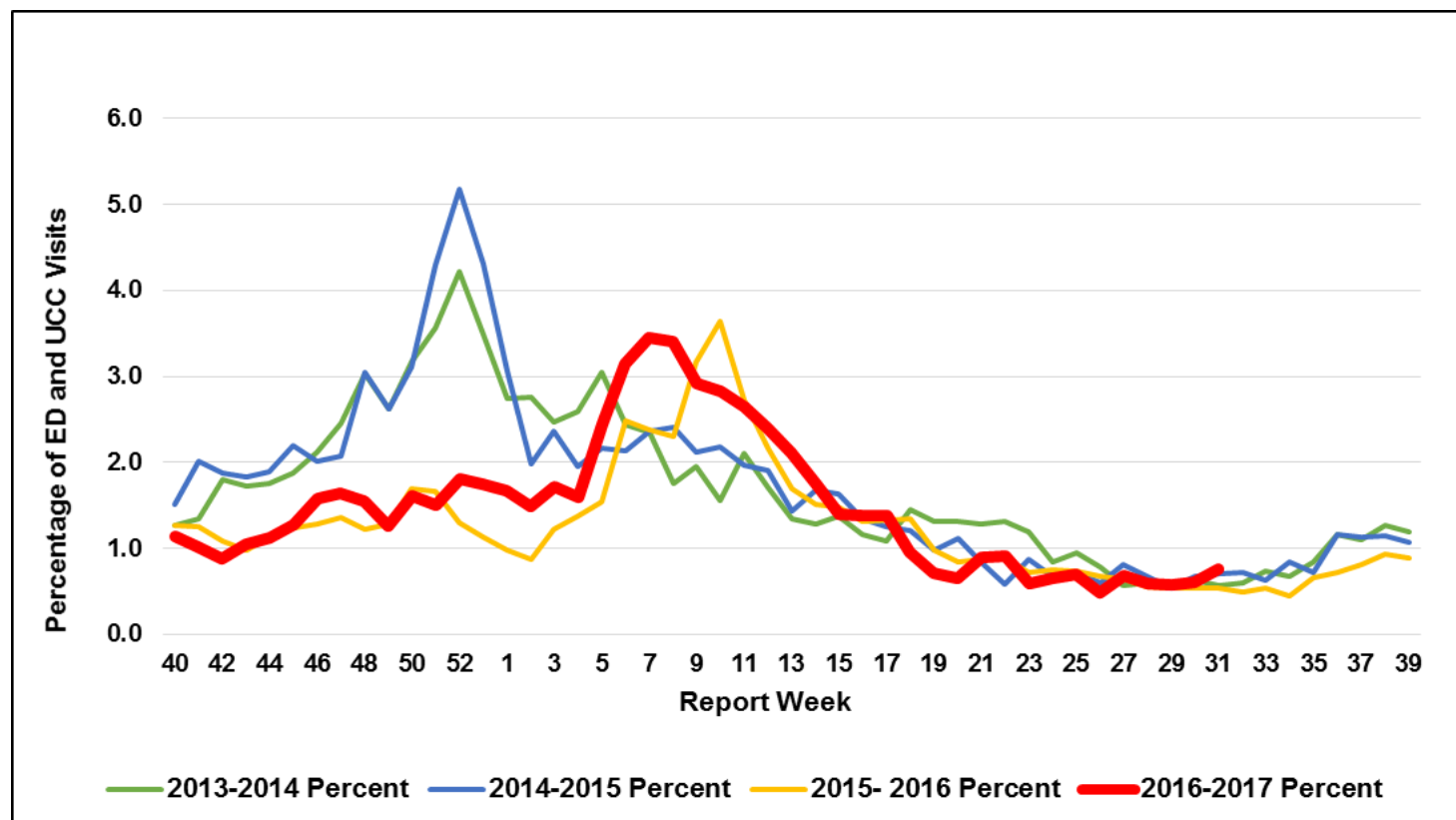


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 30, 2015 – Week 31, 2017

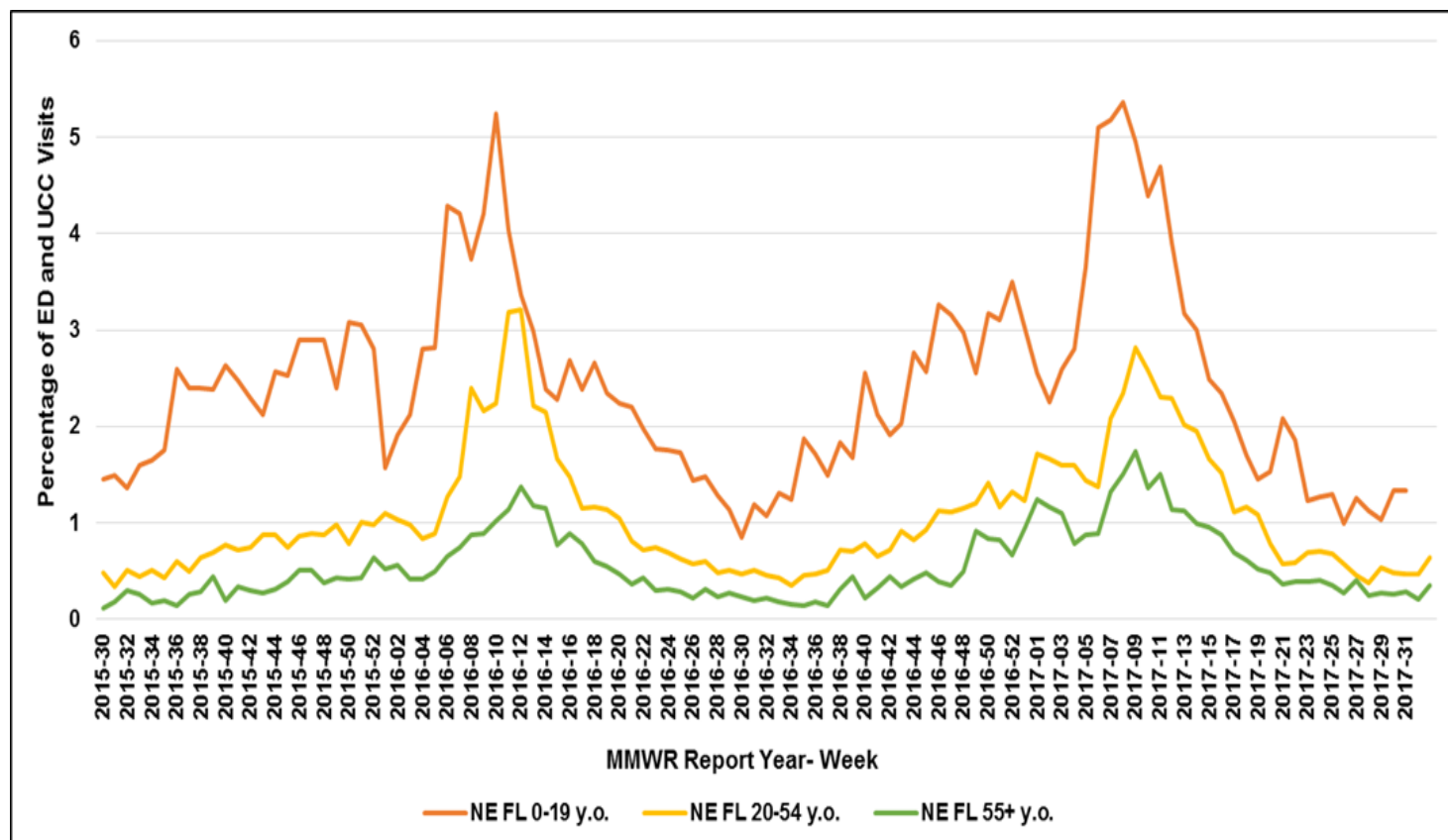


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 31, 2015 - Week 31, 2017

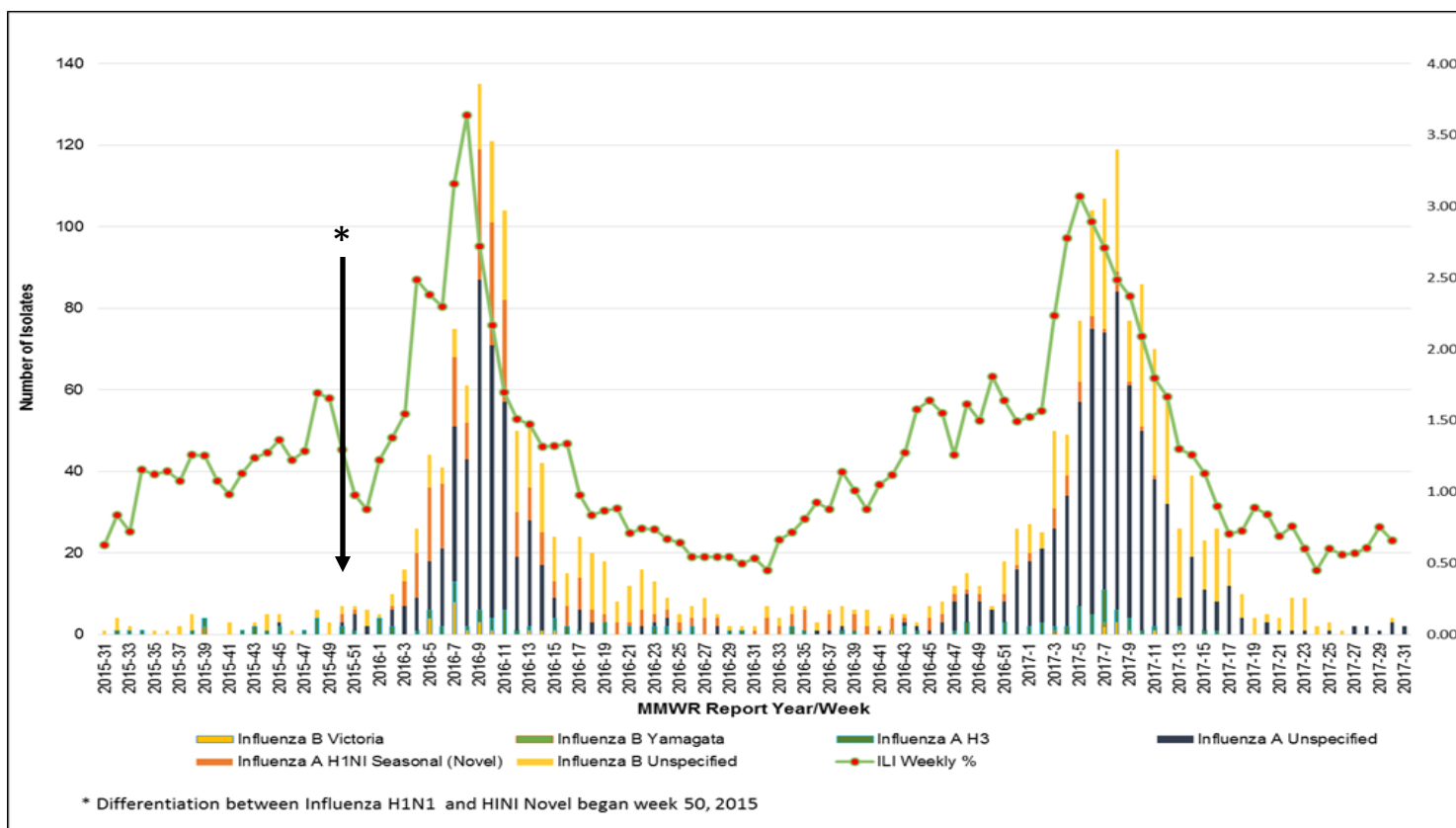
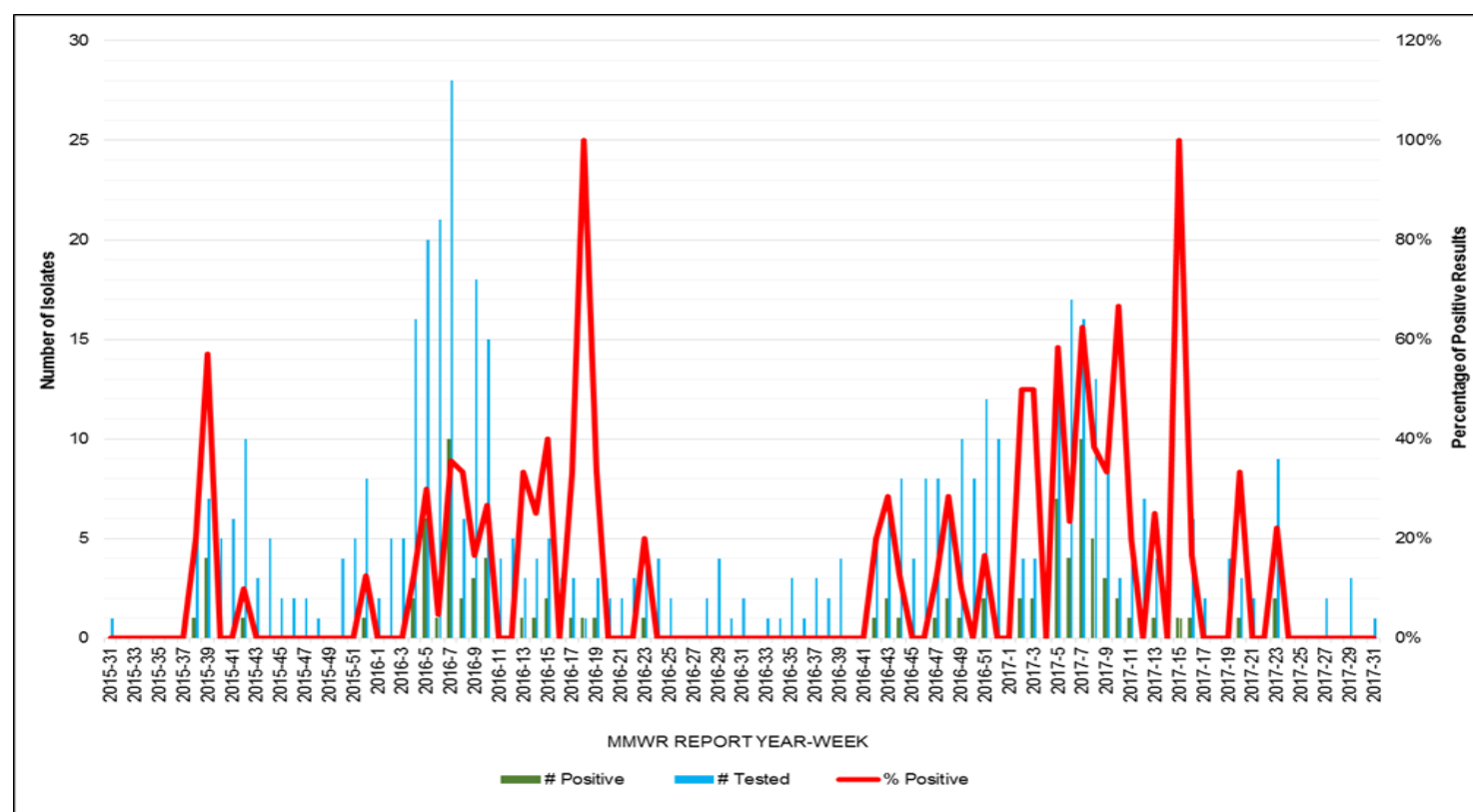
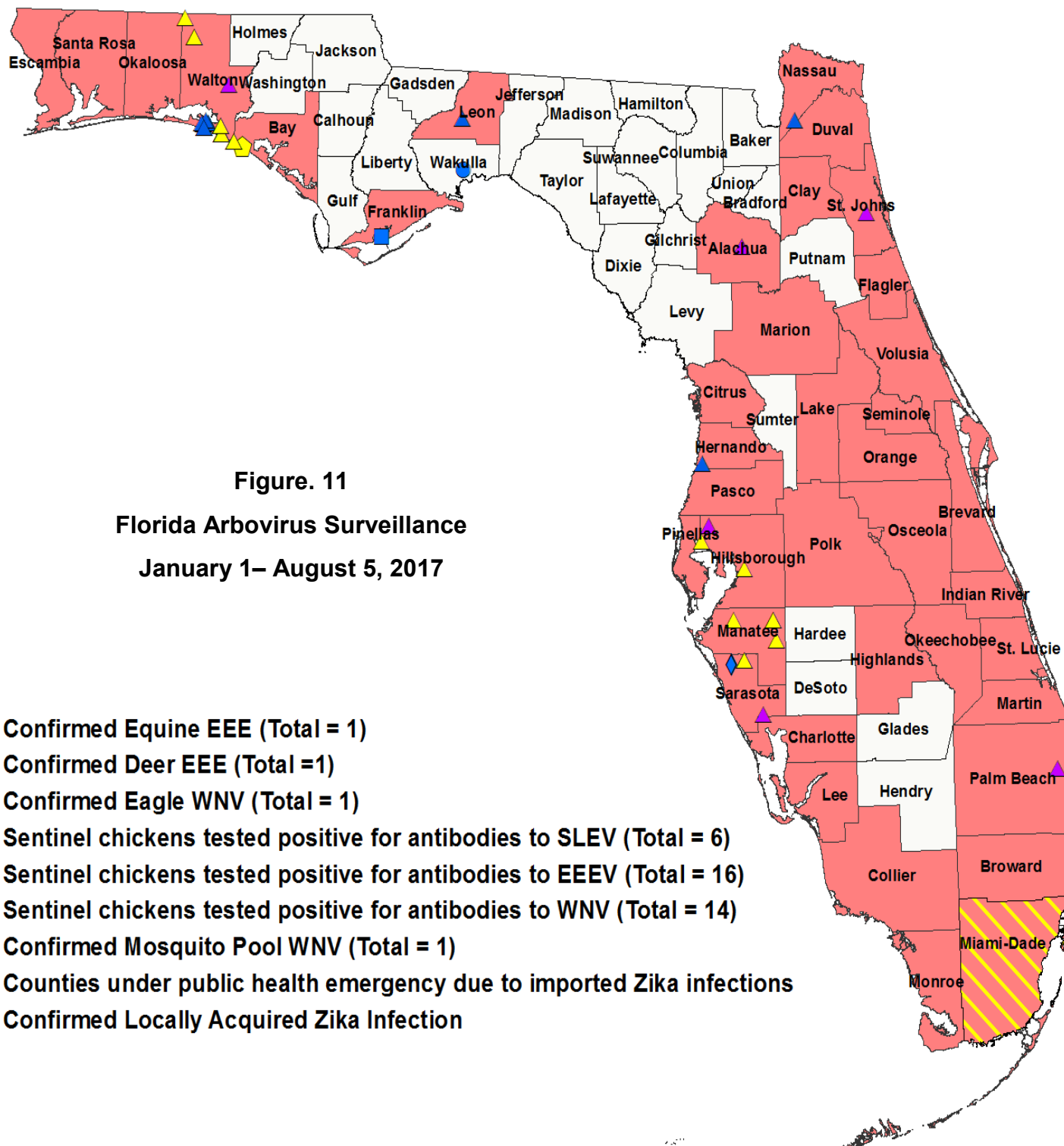


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 31, 2015 – Week 31, 2017



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

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 July.

International Travel-Associated Malaria Cases: Three cases have been reported in 2017. The countries of origin are Uganda, Ghana, and Cameroon.

State of Florida 2017 Human Case Summary and Surveillance

This report contains information for all arboviruses in 2017. For additional information on Zika virus cases from 2016, please visit <http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html>.

International Travel-Associated Chikungunya Fever Cases: One case of chikungunya with onset in 2017 has been reported in an individual with travel history to a chikungunya endemic country in the two weeks prior to onset. Country of origin was Brazil. The county reporting the case was Broward.

International Travel-Associated Dengue Fever Cases: Five cases of dengue with onset in 2017 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Brazil, Cuba, Cuba/Mexico, Guatemala, and Nigeria. Counties reporting cases were Miami-Dade (2), Osceola, Palm Beach, and Sumter. Two cases were reported in non-Florida residents. In 2017, four of the five cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

Zika Virus Infections Acquired in Florida: In 2017, seven locally acquired Zika virus infection cases with exposure in 2016 and testing in 2017 have been reported by Miami-Dade County. In addition, twenty-four individuals reported travel in 2016 to both Miami-Dade and countries with areas of active Zika virus transmission and exposure location could not definitively be determined.

International Travel-Associated Malaria Cases: Thirty-five cases of malaria with onset in 2017 have been reported. Countries of origin were Brazil (2), Cameroon (3), Ethiopia/Malawi, Ghana (3), Ghana/Liberia, Guatemala, Guyana, Haiti (2), India (2), Indonesia, Kenya, Kenya/South Africa/Tanzania, Liberia, Mozambique, Nigeria (4), Sierra Leone (2), South Africa, Togo, Uganda (5), and Venezuela. Counties reporting cases were Alachua, Brevard, Broward (3), Clay, Desoto, Duval (3), Escambia, Hillsborough (3), Lee (3), Leon (5), Marion, Miami-Dade (4), Monroe, Orange (2), Palm Beach (3), Seminole, and Volusia. Three cases were reported in non-Florida residents.

Twenty-three cases (66%) were diagnosed with *Plasmodium falciparum*. Nine cases (26%) were diagnosed with *Plasmodium vivax*. Two cases (6%) were diagnosed with *Plasmodium malariae*. One case (3%) was diagnosed with both *Plasmodium malariae* and *Plasmodium ovale*.

WNV activity: No human cases have been reported. In 2017, positive samples from fourteen sentinel chickens, one eagle, and one mosquito pool have been reported from five counties.

SLEV activity: No human cases have been reported. In 2017, positive samples from six sentinel chickens have been reported from six counties.

EEEV activity: No human cases have been reported. In 2017, positive samples from one horse, one deer, and sixteen sentinel chickens have been reported from six counties.

Zika Virus Disease: Updates to Clinical Guidance and Recommendations for Pregnant Women and Infants

On July 24, 2017, the Centers for Disease Control and Prevention (CDC) updated their interim guidance for health care providers caring for pregnant women with possible Zika virus exposure (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm>). The major change in this guidance was that routine Zika testing was no longer recommended for asymptomatic pregnant women without ongoing risk of Zika virus exposure. However, CDC clarified that variations in these guidelines may occur based on jurisdiction and emphasized a shared decision-making model for testing and screening of pregnant women and infants. The Florida Department of Health continues to recommend that all pregnant women with potential Zika virus exposure be tested. For more information on CDC's guidance change and Florida's rationale for retaining prior recommendations visit http://www.floridahealth.gov/diseases-and-conditions/zika-virus/_documents/zika-doh-testing-update-081117.pdf.

Yellow Fever Vaccine Alert

Following the limited availability of US licensed yellow fever vaccine, CDC and FDA have approved the use of Stamaril yellow fever vaccine in the US. This product has been used for some time in Europe and is comparable to the product typically used in the U.S. For more information visit <https://wwwnc.cdc.gov/travel/news-announcements/yellow-fever-vaccine-access>.

Scabies Investigation

On June 2, 2017, DOH-Duval was informed by the Infection Preventionist, of a skilled nursing facility (SNF), about a presumed scabies outbreak in the facility. The index case entered into the facility from a local hospital with documentation of a positive skin scraping in May 2017. Laboratory testing for the dermal illness was recommended to identify the etiologic agent, and therefore targeted infection prevention measures to control the outbreak within the facility. In total, 52 cases were reported with symptoms of rash and itching, diagnosed and treated. Surveillance continues in an effort to identify contacts and those with symptoms of scabies.

Scabies is an infestation of the skin by the human itch mite. The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The most common symptoms of scabies are intense itching and a pimple-like skin rash. The scabies mite usually is spread by direct, prolonged, skin-to-skin contact with a person who has scabies.

Control measures for single and multiple cases, of non-crusted scabies, should consist of heightened surveillance for early detection of new cases, infection control measures, confirmation of diagnosis, early and complete treatment, as well as follow-up of cases and prophylactic treatment for those who had prolonged skin-to-skin contact with suspect or confirmed cases. Likewise, control measures for an outbreak of crusted scabies should involve rapid and aggressive detection, diagnosis, infection control, and treatment measures because this form of scabies is highly transmissible. Long-term surveillance is imperative to eradicate scabies from an institution. The local health department and neighboring institutions should be notified immediately of an outbreak. **Source:** <https://www.cdc.gov>

Table 1: Tuberculosis (TB) Surveillance, Duval County - 1/1/2017 through 8/7/17

Active TB cases reported year-to-date for August 7, 2017							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	13	16	81.3%	Asian	3	16	18.8%
Female	3	16	18.8%	Pacific Islander/Other	1	16	6.3%
Country of Origin				Black	6	16	37.5%
U.S.	9	16	56.3%	White	6	16	37.5%
Non-U.S.	7	16	43.8%	Ethnicity			
Age Group				Hispanic	2	16	12.5%
< 5	0	16	0.0%	Non-Hispanic	14	16	87.5%
5-14	0	16	0.0%	Risk Factors			
15-24	1	16	6.3%	Excess alcohol use within past year	2	16	12.5%
25-44	6	16	37.5%	HIV co-infection*	3	15	20.0%
45-64	4	16	25.0%	Injection drug use within past year	1	16	6.3%
> 65	5	16	31.3%	Homeless within past year	1	16	6.3%
				Incarcerated at diagnosis	0	16	0.0%
				Unemployed	8	16	50.0%
				Drug Resistance			
				Resistant to isoniazid**	1	12	8.3%
*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 8/7/17. 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 July 2017, All STD case numbers are provisional and subject to change

Infectious and Early Latent Syphilis Cases				Chlamydia Cases			Gonorrhea Cases		
Sex	Area 4*	%	Duval	%	Area 4*	%	Sex	Area 4*	%
Female	11	38%	11	38%	582	69%	Female	148	45%
Male	18	62%	18	62%	259	31%	Male	180	55%
Race	Area 4*	%	Duval	%	Area 4*	%	Race	Area 4*	%
Black	23	79%	23	79%	420	50%	Black	213	65%
Hispanic	1	3%	1	3%	47	6%	Hispanic	11	3%
White	5	17%	5	17%	237	28%	White	78	24%
Other	0	0%	0	0	137	16%	Other	26	8%
Age	Area 4*	%	Duval	%	Area 4*	%	Age	Area 4*	%
0-14	0	0%	0	0%	8	1%	0-14	3	1%
15-19	2	7%	2	7%	211	25%	15-19	46	14%
20-24	6	21%	6	21%	321	38%	20-24	107	33%
25-29	3	10%	3	10%	163	19%	25-29	76	23%
30-39	11	38%	11	38%	101	12%	30-39	64	20%
40-54	6	21%	6	21%	30	4%	40-54	22	7%
55+	1	3%	1	3%	7	1%	55+	10	3%
Total Cases	29		29		841		Total Cases	328	
Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties				684			291		
Prepared by: Clement Richardson, STD Surveillance Supervisor									

Table 3. Provisional Cases* of Select Reportable Diseases/Conditions, Duval County, Florida, July 2017

Disease	DUVAL					All Counties						
	July			Cumulative (YTD)		July			Cumulative (YTD)			
	2017	2016	Mean [†]	Median [‡]	2017	2016	Mean [†]	Median [‡]	2017	2016	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	4	5	4.4
Mumps	1	0	0	0	3	0	14	0	0.8	1	50	16
Pertussis	1	3	5.4	5	12	7	23.8	26	38	33	64	77
Rubella	0	0	0	0	0	0	0	0	0	2	1	0.4
Tetanus	0	0	0	0	0	0	0.2	0	0	1	2	2.4
Varicella (Chickenpox)	4	1	3	3	27	20	27.4	28	46	42	36.6	38
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease (CJD)	0	0	0	0	1	1	0.2	0	0	4	2	11
Hemophilus influenzae Invasive Disease	2	0	1.2	1	13	18	14.2	18	25	13	17.6	15
Meningitis: Bacterial or Mycotic	0	0	1.4	2	2	3	9	11	10	8	12.4	13
Meningococcal Disease	0	1	0.2	0	1	1	0.6	0	3	2	2.8	2
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	1	1	0	2	0.8	1
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0	0	0	0	0
Strept pneumoniae Invasive Disease: Drug-Resistant	1	2	1	1	7	18	15	14	13	6	15	11
Strept pneumoniae Invasive Disease: Drug-Susceptible	2	0	0.4	0	13	13	14.2	13	23	27	20.4	21
C. Enteric Infections												
Campylobacteriosis	17	12	14	14	110	48	57.2	57	438	393	343.4	343
Cryptosporidiosis	0	2	6.8	3	8	13	18.2	16	60	81	119	81
Cyclosporiasis	1	0	0.2	0	3	0	1.4	0	37	10	10	10
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	1	2.2	2	6	7	8.6	7	58	63	58.2	62
Giardiasis: Acute	1	6	4.8	5	15	30	30.6	30	75	101	112.8	115
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	1	1	1	1
Listeriosis	0	0	0.2	0	0	1	0.6	1	6	2	5	5
Salmonellosis	30	49	50.8	54	150	175	171	175	680	683	710.2	719
Shigellosis	20	3	11.8	8	46	37	72.2	42	161	84	151.2	167
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	0	0	0.2	0	4	2	1	1
D. Viral Hepatitis												
Hepatitis A	0	0	0	0	1	1	0.8	0	18	18	15	17
Hepatitis B: Acute	5	5	2.2	1	17	24	12.4	10	52	67	42.6	32
Hepatitis B: Surface Antigen in Pregnant Women	2	6	4.8	5	10	18	23.8	23	27	35	41	41
Hepatitis C: Acute	1	3	0.8	0	12	5	3.6	4	19	40	22	18
E. Vector-Borne, Zoonoses												
Chikungunya Fever	0	0	0.2	0	0	0	0.8	0	0	0	18.4	0
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	4	4.4	5
Dengue Fever	0	0	0.2	0	0	0	0.4	0	4	10	15.2	13
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	1	0.2	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	1	0.6	1	2	3	2	1
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	1	1	1	3	7	2.8	1	37	67	52.8	58
Malaria	1	1	0.8	1	3	3	2.2	1	13	14	8.2	7
Rabies: Animal	0	0	0.4	0	0	0	0.8	0	0	0	6.4	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	1	1	0.2	0
Zika Virus Disease and Infection- Non-Congenital	0	0	0	0	0	7	1.4	0	24	310	61.8	0
F. Others												
Botulism: Infant	0	0	0	0	0	0	0	0	1	0	0	1
Brucellosis	0	0	0	0	0	0	0.2	0	2	0	1	0
Carbon Monoxide Poisoning	0	0	0	0	1	4	6.4	2	24	19	13.6	17
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0	0	2	1.4	2
Legionellosis	1	2	1.8	2	15	16	10.6	11	51	30	28.6	28
Vibriosis [§]	2	1	1.8	1	9	7	7	7	45	35	31.4	25
This report consist of confirmed and probable cases based on the date of event(initial) as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2017 is provisional and may include Non-Florida Cases.												
† Mean of the same month in the previous five years; ‡ Median for the same month in the previous five years												
** Includes E. coli O157:H7; shiga-toxin positive, serogroup non-O157; and shiga												

This report consists of confirmed and probable cases based on the data of event (initial) as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2017 is provisional and may include Non-Florida Cases.

[†] Mean of the same month in the previous five years; [‡] Median for the same month in the previous five years

** Includes E. coli O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped

[§] Includes Grimontia holisae, Vibrio alginolyticus, Vibrio cholerae Type Non-O1, Vibrio mimicus, Vibrio parahaemolyticus, Vibrio vulnificus, Vibrio vulnificus, Other Vibrio Species

Surveillance systems

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

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

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

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

Surveillance vocabulary

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

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

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

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

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

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

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

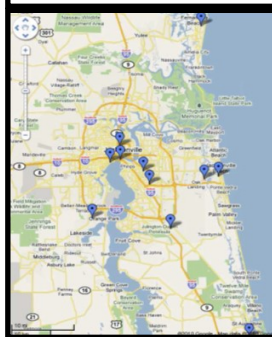
Other Links and Resources:

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

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

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

Figure 12. Hospitals Participating in ESSENCE



Public Health Surveillance

Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can:

- Serve as an early warning system for impending public health emergencies;
- Document the impact of an intervention, or track progress towards specified goals; and
- Monitor and clarify the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies.

Within Duval County, surveillance data is obtained through:

- Emergency department (ED) and UCC syndromic surveillance monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- The ILINet Program
- Merlin
- Laboratory data from the Bureau of Laboratories (BPHL)
- Florida Poison Information Center Network (FPICN)
- Electronic Laboratory Reporting (ELR)
- Passive reports from the community
- Notifiable disease outbreaks



Epidemiology Program

515 W 6th Street, MC-28

Jacksonville, FL 32206

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



Did you know that you are required* to report certain diseases to your local county health department?

DOH-Duval Disease reporting telephone numbers:

AIDS, HIV - (904) 253-2989, (904) 253-2955
STD - (904) 253-2974, Fax - (904) 253-2601
TB Control - (904) 253-1070, Fax - (904) 253-1943
All Others- (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

! 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

☎ Dengue fever, locally acquired

! 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 or 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

- 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

☎ 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

*Section 381.0031 (2), *Florida Statutes* (F.S.), 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, Section 381.0031 (4), F.S. 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..."