

Duval County Epidemiology Surveillance Report

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

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July 2018

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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), respiratory syncytial virus infection (RSV), mosquito-borne illness surveillance, active tuberculosis cases, sexually transmitted diseases (STD's), as well as other reportable diseases/conditions. Limitations to the accuracy of this information include persons who do not seek healthcare, healthcare providers, and those that may not recognize, confirm, or report notifiable diseases/conditions. This report includes data reported as of July 31, 2018, unless noted otherwise.

DOH-Duval reported 217 cases of various diseases/conditions in July. Please note that all cases met the case definition for either a confirmed, probable or suspect case. Among the cases reported, there was a case of mumps, legionellosis, influenza (ICU), meningitis, two cases of pertussis, varicella and four cases of Shiga toxin-producing *Escherichia coli* (STEC) infection.

Surveillance data for select enteric diseases showed a notable increase in case counts compared to the previous month of June, while influenza and ILI activity reported showed normal levels.

This issue will also highlight vaccine preventable disease recommendations from the Centers for Disease Control and the Association for Professionals in Infection Control and Epidemiology. A one-page information factsheet on West Nile virus is included due to issuance of a mosquito-borne illness alert.



Enteric Disease

Select enteric disease activity reported in July showed an increase compared to the previous month of June (weeks 22-26, 2018). Cases of salmonellosis (35), shigellosis (4), and campylobacteriosis (23) increased, while cases of giardiasis (2) and cryptosporidiosis (2) decreased (Figures 2 - 6). One enteric outbreak was reported to DOH-Duval in July.

Compared to 2017, cases of salmonellosis and cryptosporidiosis showed an increase, while cases of shigellosis and campylobacteriosis decreased and giardiasis remained unchanged (Figure 1). Cases reported for this year showed that those ages 00 to 04 years of age accounted for the majority of the cases reported with 81 cases followed by those ages 55 to 74 years of age with 68 cases.

(Source: FDENS EpiCom, ESSENCE).

For prevention information, visit [CDC.gov](https://www.cdc.gov) or [Floridahealth.gov/diseases-and-conditions/norovirus-infection.html](https://www.floridahealth.gov/diseases-and-conditions/norovirus-infection.html)

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

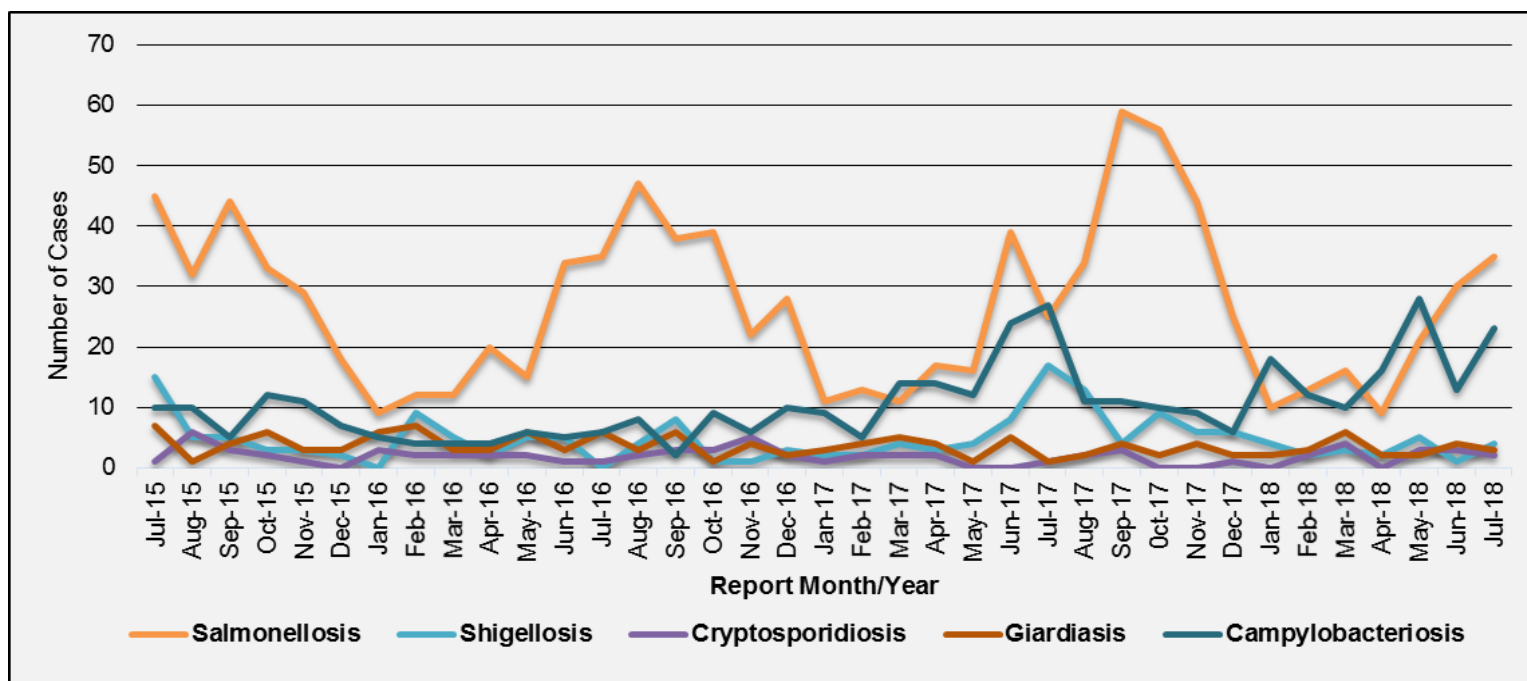


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 31, 2016 – Week 31, 2018

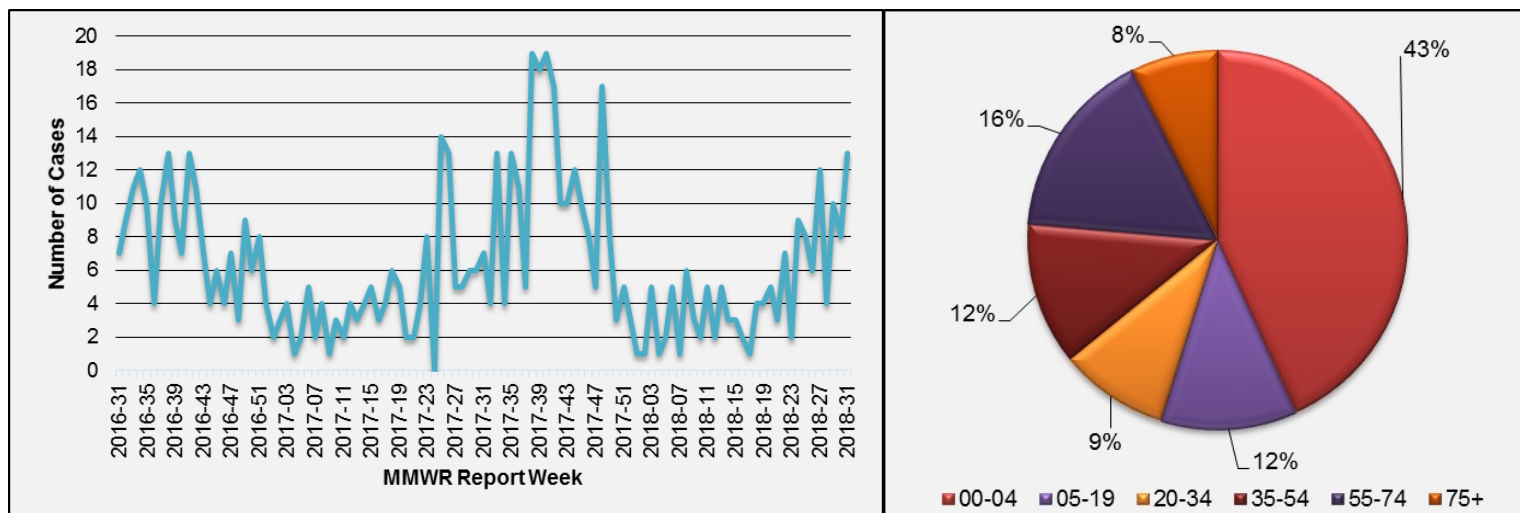




Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 31,2016 – Week 31,2018

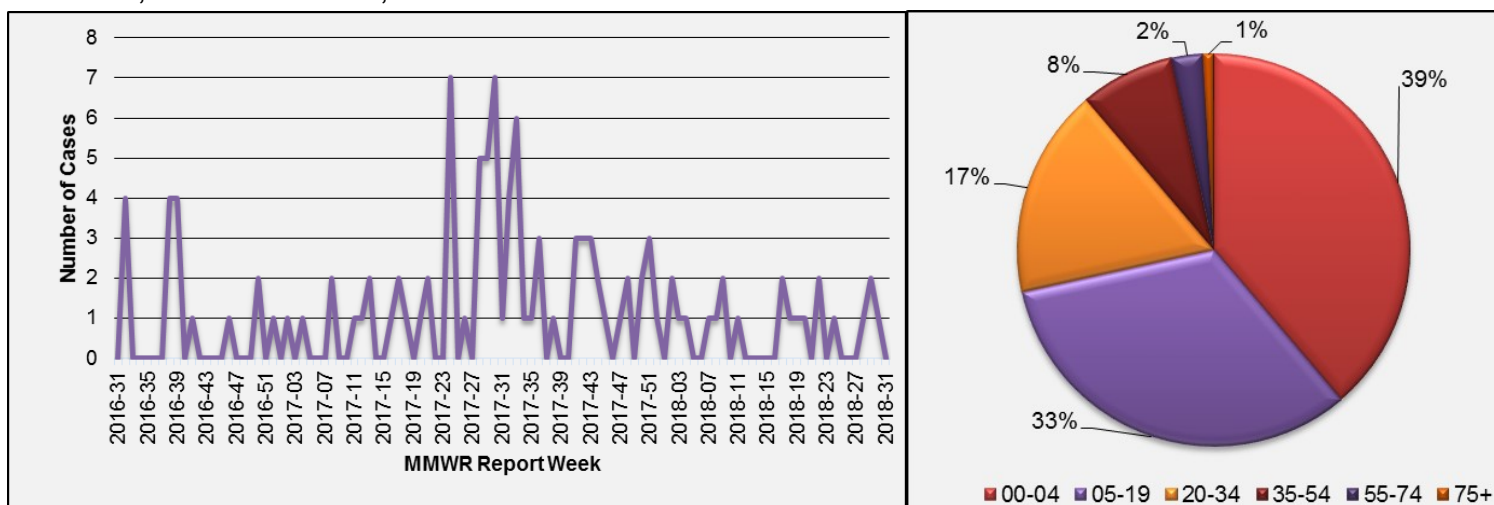


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 31,2016 – Week 31,2018

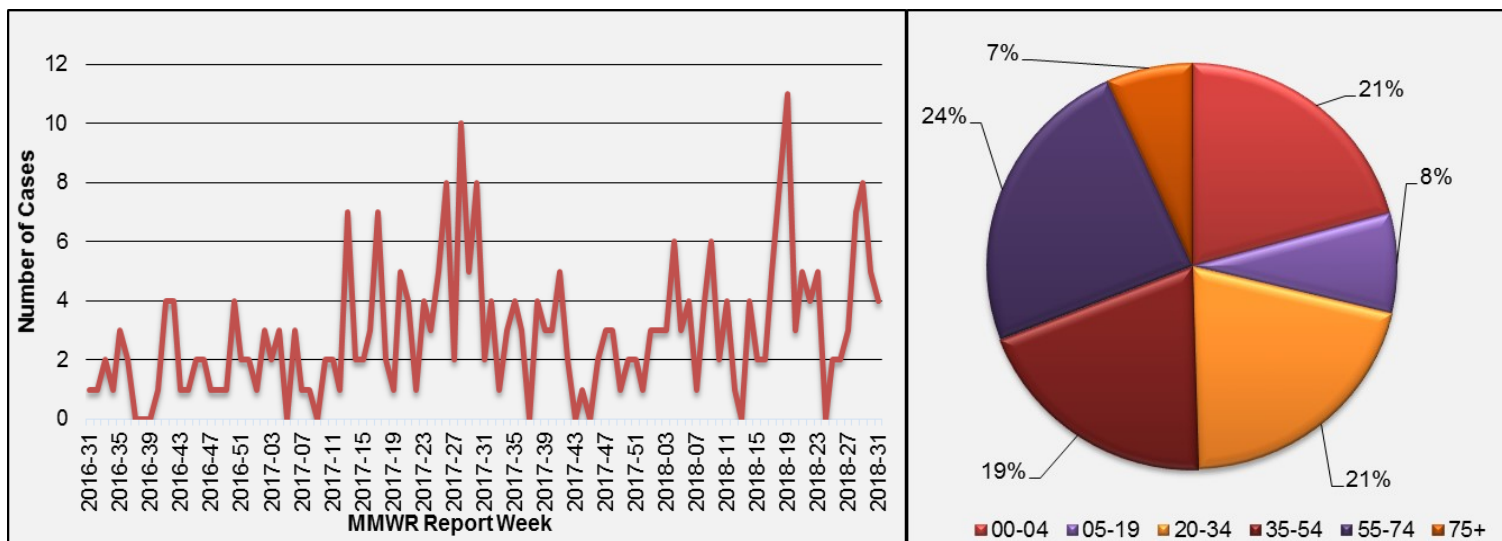


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 31, 2016 – Week 31, 2018

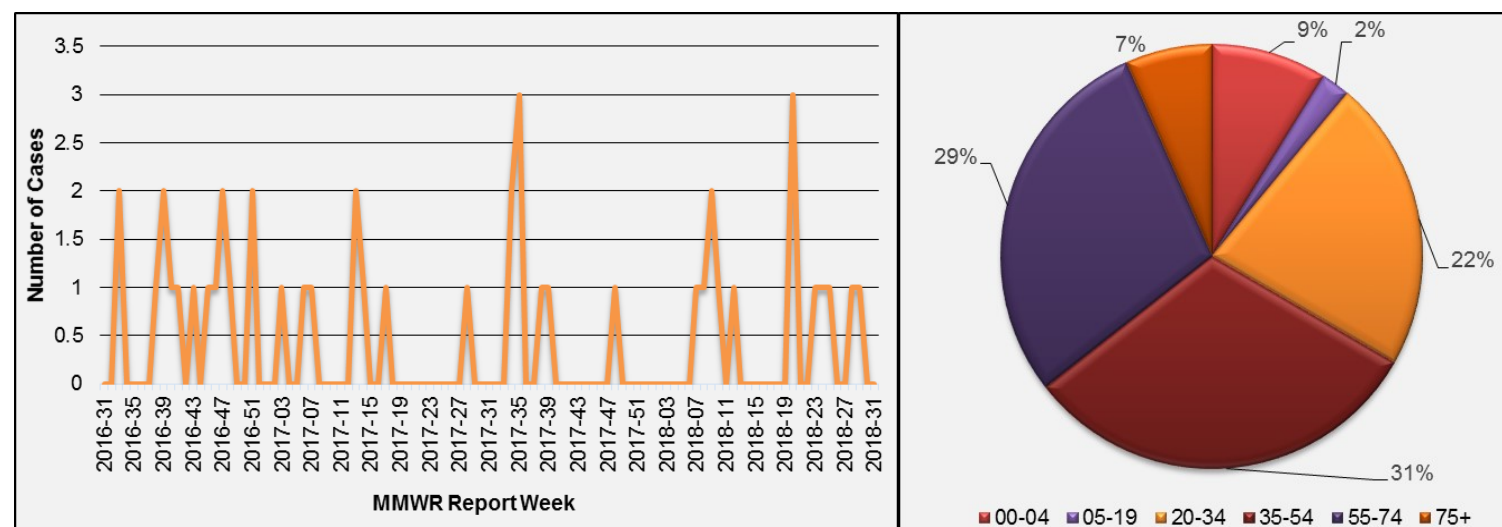
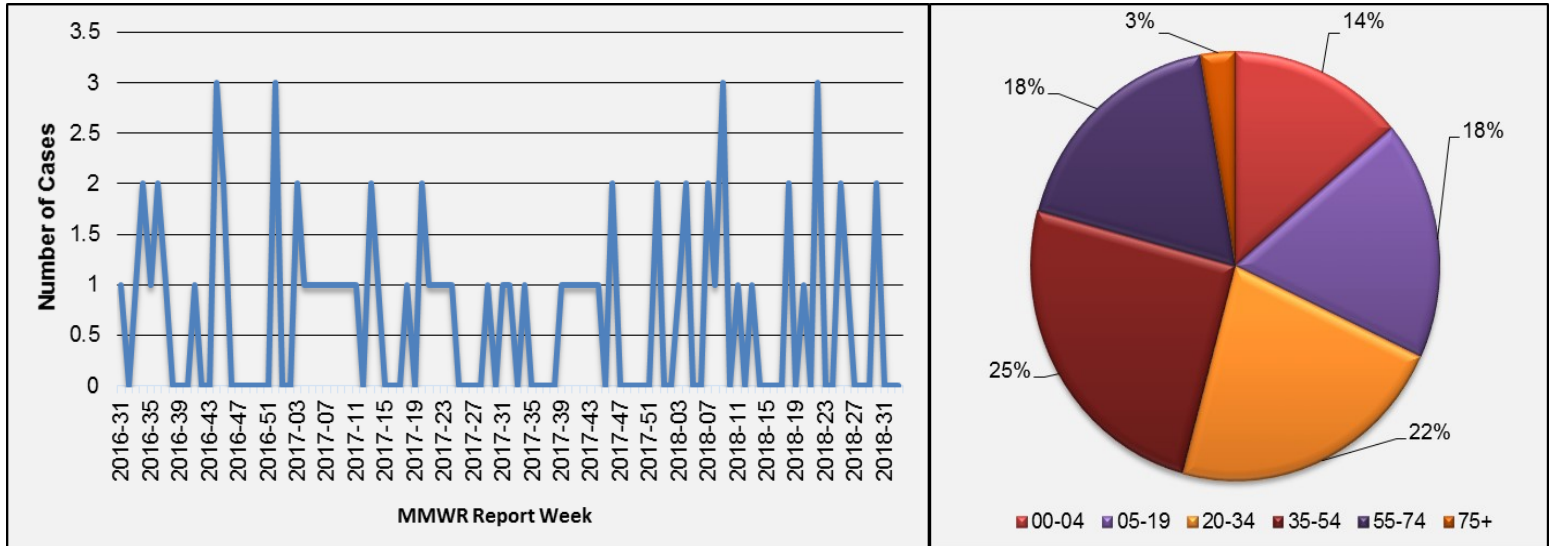


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 31,2016 – Week 31,2018



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed normal activity during the month of July. Emergency department (ED) and urgent care center (UCC) ILI visits monitored through ESSENCE showed similar activity when compared to the previous season (Figure 7). ED and UCC influenza and ILI visits for all age groups showed similar trends (Figure 8). The Electronic Laboratory Reporting (ELR) system reported 17 (22%) positive specimens of the 79 submitted for influenza testing. Of those, subtyping showed that influenza A(15) was the dominant strain detected by laboratories (Figure 9). The Bureau of Public Health Laboratories (BPHL) - Jacksonville reported 7 (78%) positive and 2 (22%) negative specimens for Duval County (Figure 10).

Source: Flu Lab Report, Merlin

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

In July, one case of ICU laboratory-confirmed influenza in persons less than 65 were reported for Duval County. Reporting guidelines include patients:

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

For additional information please visit <http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html> or contact the local county health department.

State influenza and influenza-like illness activity:

Influenza and ILI activity reported in Florida, during the month of July, continued to circulate at low levels. While activity remains low, it is important to note that influenza continues to circulate throughout the summer months in Florida. A total of 510 outbreaks of influenza and ILI have been reported since October 2017. Specimens submitted to BPHL for influenza testing, from weeks 26 to 31, were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) for influenza A subtype.

National influenza activity:

Influenza activity has continued to circulate at low levels. Consistent with trends observed in Florida, the Centers for Disease Control and Prevention (CDC) has observed the co-circulation of influenza A 2009 (H1N1) and influenza B Yamagata viruses in recent weeks. The total number of influenza positive specimens reported to CDC by public health laboratories nationwide remained low.

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. d

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

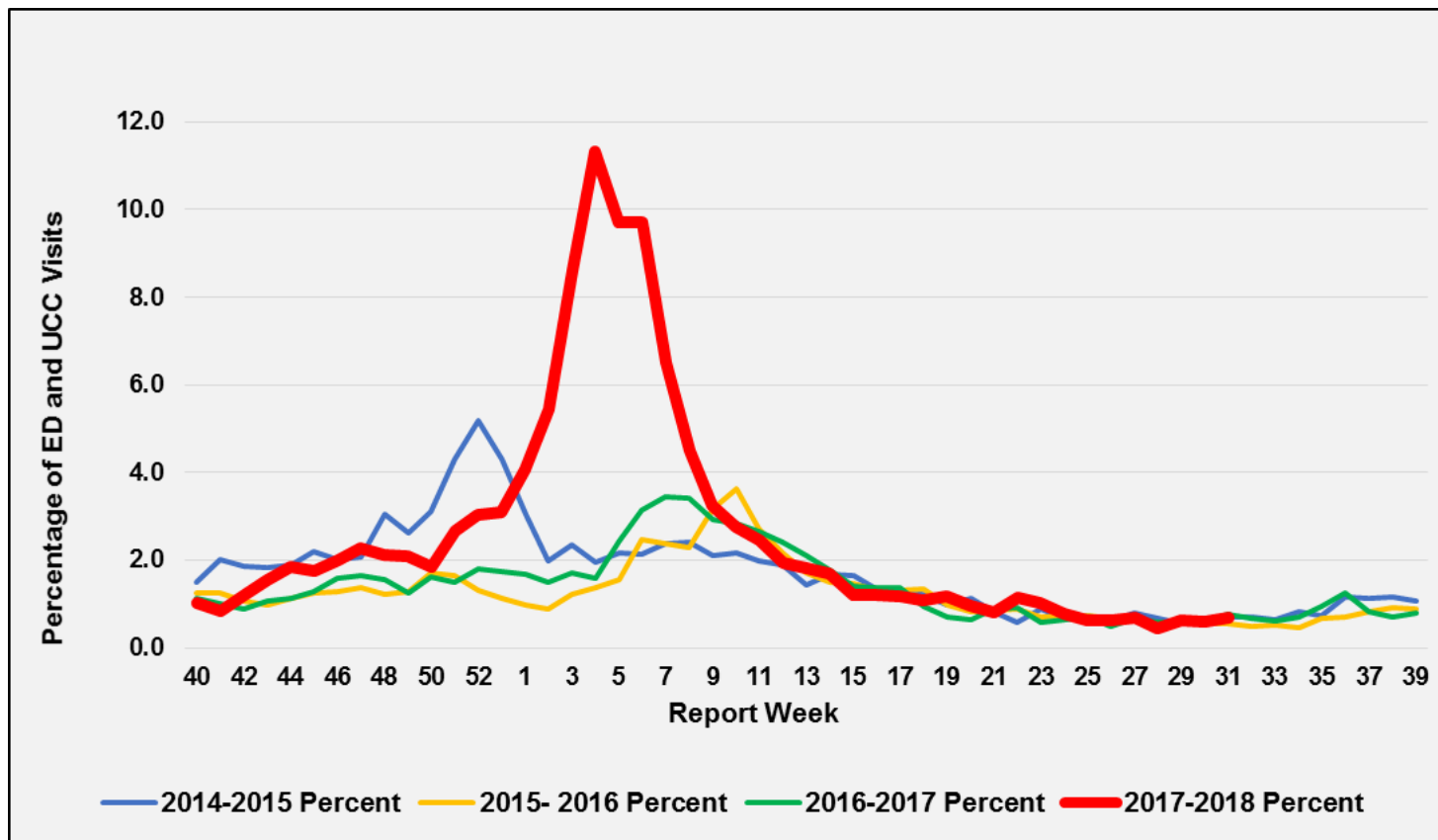


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 30,2016 – Week 31,2018

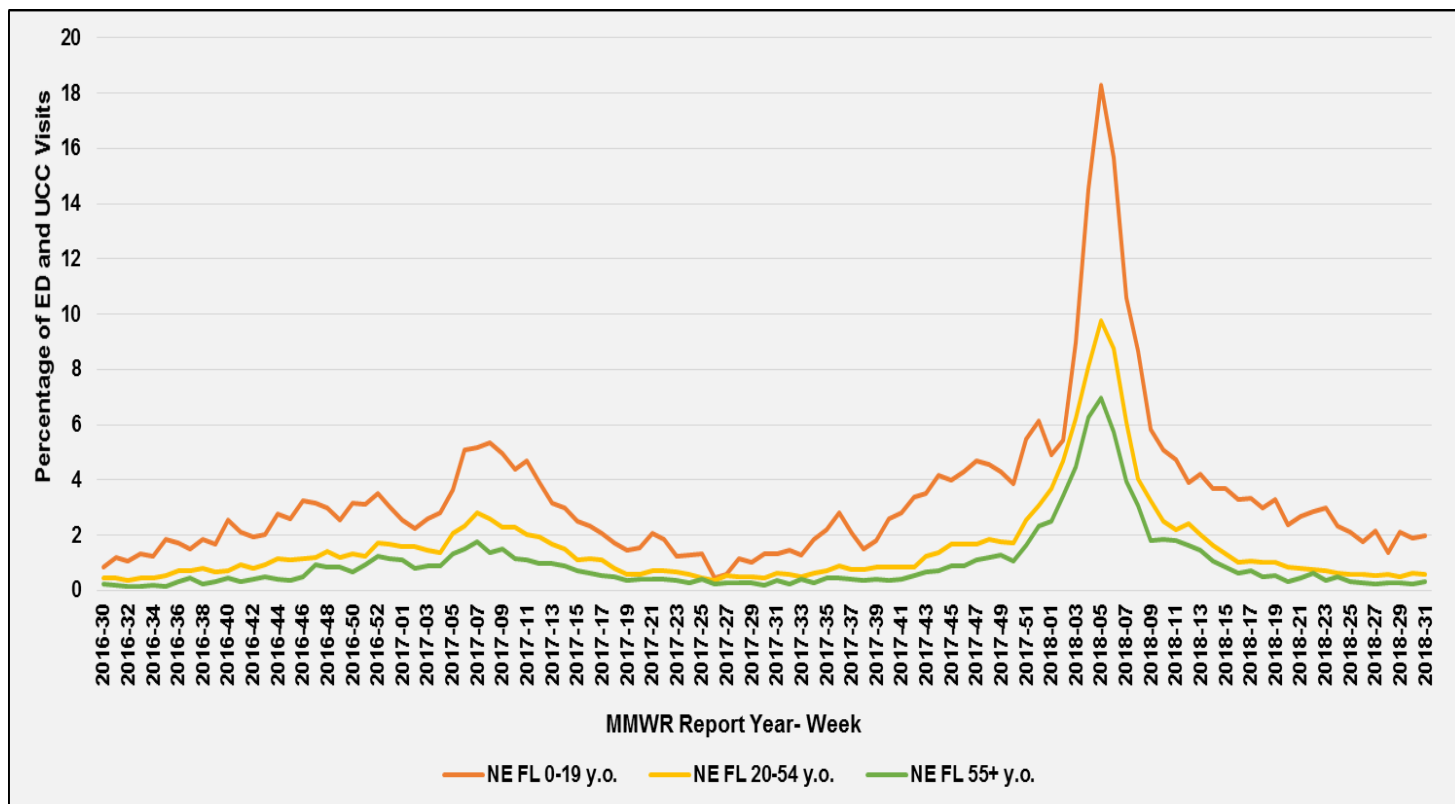


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 31,2016 - Week 31,2018

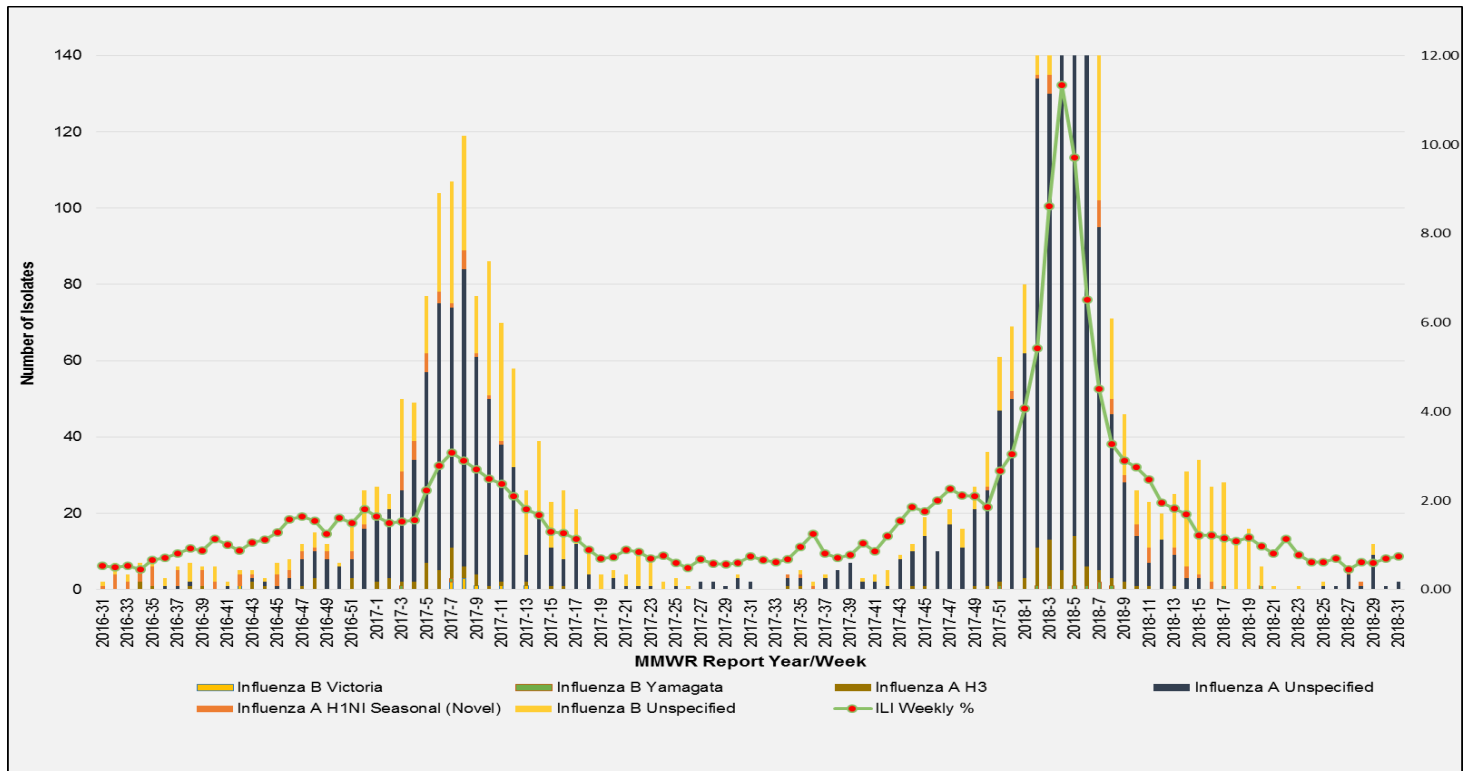
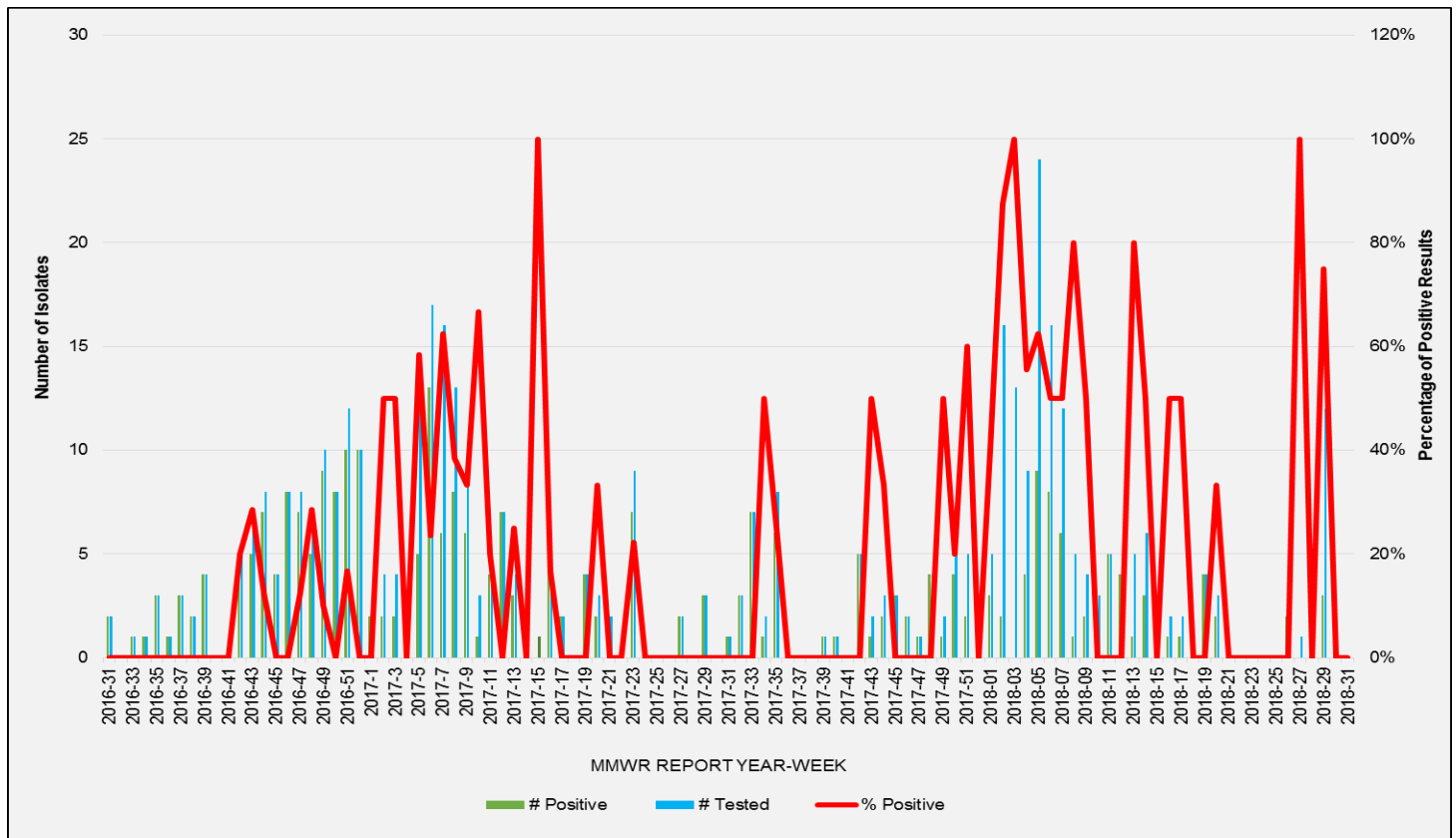


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 31,2016 – Week 31,2018





Mosquito-borne Illness Surveillance

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

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

Duval County 2017 Human Case Summary

No local cases of chikungunya fever, West Nile virus (WNV), dengue, malaria or Zika virus were reported in Duval County during the month of July.

State of Florida 2017 Human Case Summary and Surveillance

International Travel-Associated Dengue Fever Cases: In 2018, eleven travel-associated cases have been reported.

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

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

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

International Travel-Associated Zika Fever Cases: In 2018, sixty cases of Zika fever have been 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, Cuba (14), Cuba/Mexico, Dominica, Dominican Republic, Guatemala (2), Guatemala/Mexico, Haiti (20), Honduras (4), Jamaica, Puerto Rico, and Venezuela (9). Counties reporting cases were: Broward (4), Collier (20), Hernando, Hillsborough, Lee, Miami-Dade (15), Orange (9), Osceola (3), Palm Beach (4), Pinellas, and Walton. Eight cases were reported in non-Florida residents. Florida is monitoring a total of forty-four pregnant women in 2018.

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

Advisories/Alerts: Lake, Marion, Nassau, Okeechobee, Orange, Sarasota, St. Johns, Suwannee, Taylor, Volusia, and Walton counties are currently under a mosquito-borne illness advisory. Bay 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 Malaria Cases: Thirty-four cases of malaria with onset in 2018 have been reported. Countries of origin were: Afghanistan (2), Angola, Brazil, Cameroon, Ethiopia, Ghana (3), Haiti (2), India (4), Kenya, Liberia, Nicaragua (3), Nigeria (10), Sierra Leone, and Togo (3). Counties reporting cases were: Broward (10), Duval (3), Hillsborough (4), Miami-Dade (9), Okaloosa, Orange, Palm Beach, Pasco, Polk, Sarasota, and Seminole (2). Five cases were reported in non-Florida residents.

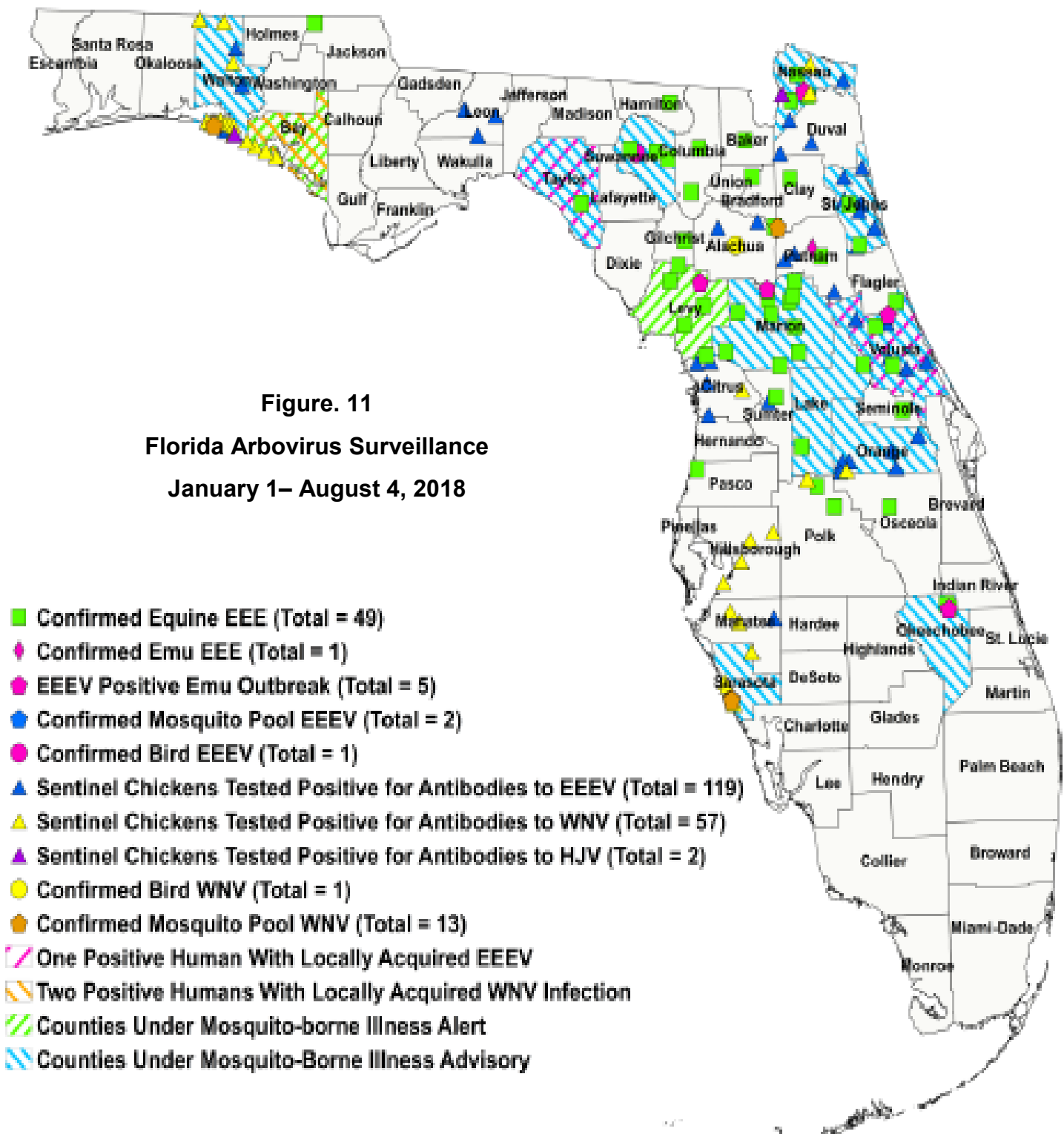
Twenty-two cases (65%) were diagnosed with *Plasmodium falciparum*. Eleven cases (32%) were diagnosed with *Plasmodium vivax*. One case (3%) was diagnosed with *Plasmodium ovale*.

West Nile Virus Illnesses Acquired in Florida: One human case (July) and one asymptomatic positive blood donor (June) have been reported in 2018 from Bay County.

EEEV Infection Acquired in Florida: Two human cases of Eastern equine encephalitis acquired in Florida have been reported in 2018 in Taylor (May) and Volusia (July) counties.

WNV activity: In 2018, positive samples from one human, one blood donor, one crow, thirteen mosquito pools, and fifty-seven sentinel chickens have been reported from twelve counties.

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



Notable Topics and Other Statistics

Vaccine-Preventable Disease Surveillance

In Duval County, thirty-one cases of select vaccine-preventable diseases have been reported since January 2018. Among the cases reported there was one case of measles, four cases of mumps, nine cases of pertussis and seventeen cases of varicella. Although, this is a 22% decrease from the previous reporting year (1/1/2017 - 07/31/2017) providers should contact the Duval County Epidemiology program for consultation upon suspicion or to report a case.

The Centers for Disease Control and Prevention (CDC) and Association for Professionals in Infection Control and Epidemiology recommends vaccinations from birth through adulthood to provide a lifetime of protection against many diseases and infections, such as influenza, pneumococcal disease, human papillomavirus, measles, and hepatitis A and B. Please visit <https://www.cdc.gov/vaccines/vpd/vaccines-age.html> for more information on recommended vaccines by age.

Table 1: Tuberculosis (TB) Surveillance – Duval County - 7/1/2018 through 07/31/2018

Active TB cases reported year-to-date as of July 31, 2018						
	Count	Total Cases	Percent		Count	Total Cases
Gender				Race		
Male	23	31	74.2%	Asian	5	31
Female	8	31	25.8%	Pacific Islander/Other	0	31
Country of Origin				Black	13	31
U.S.	20	31	64.5%	White	13	31
Non-U.S.	11	31	35.5%	Ethnicity		
Age Group				Hispanic	2	31
< 5	3	31	9.7%	Non-Hispanic	29	31
5-14	1	31	3.2%	Risk Factors		
15-24	3	31	9.7%	Excess alcohol use within past year	7	31
25-44	7	31	22.6%	HIV co-infection*	1	31
45-64	9	31	29.0%	Injection drug use within past year	0	31
> 65	8	31	25.8%	Homeless within past year	3	31
				Incarcerated at diagnosis	0	31
				Unemployed	21	31
				Drug Resistance		
				Resistant to isoniazid**	0	21

*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 8/14/2018. 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 2018

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%
Female	6	18%	6	20%	Female	487	67%	377	65%	Female	133	41%	118	41%
Male	27	82%	24	80%	Male	243	33%	207	35%	Male	190	59%	169	59%
Race					Race					Race				
Black	23	70%	22	73%	Black	389	53%	378	65%	Black	232	72%	221	77%
Hispanic	3	9%	2	7%	Hispanic	29	4%	22	4%	Hispanic	8	2%	7	2%
White	7	21%	6	20%	White	209	29%	123	21%	White	64	20%	45	16%
Other	0	0%	0	0%	Other	103	14%	83	14%	Other	19	6%	14	5%
Age					Age					Age				
0-14	0	0%	0	0%	0-14	9	1%	7	1%	0-14	4	1%	4	1%
15-19	0	0%	0	0%	15-19	177	24%	138	24%	15-19	47	15%	40	14%
20-24	3	9%	3	10%	20-24	281	38%	221	38%	20-24	97	30%	86	30%
25-29	8	24%	8	27%	25-29	135	18%	114	20%	25-29	74	23%	67	23%
30-39	9	27%	9	30%	30-39	101	14%	82	14%	30-39	66	20%	58	20%
40-54	8	24%	5	17%	40-54	18	2%	16	3%	40-54	25	8%	23	8%
55+	5	15%	5	17%	55+	9	1%	6	1%	55+	10	3%	9	3%
Total Ca	33		30		Total Ca	730		584		Total Ca	323		287	

All data is provisional and subject to change

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

Prepared by: Clement Richardson, STD Surveillance Supervisor

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

Disease	DUVAL						All Counties					
	July			Cumulative (YTD)			July			Cumulative (YTD)		
	2018	2017	Mean [†]	Median [‡]	2018	2017	Mean [†]	Median [‡]	2018	2017	Mean [†]	Median [‡]
A. Vaccine Preventable Diseases												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Rubella)	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	1	1	0.2	0	4	3	0.6	0	7	18	4.4	5.2
Pertussis	21	18	3.8	5	13	21	18	24	50	193	247	247
Rubella	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0.2	0	0	1	0.6	1
Varicella (Chickenpox)	3	4	3	3	18	27	27.8	28	56	49	38.2	42.4
B. CNS Diseases & Bacteremias												
Cryptococcal Meningitis	0	0	0	0	0	0	0.4	0	0	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae Invasive Disease	1	2	1.4	2	19	13	15.8	18	20	23	19.2	17.5
Meningitis: Bacterial or Mycotic	0	0	0	0	10	2	7	7	12	11	11.2	85
Meningitis: Bacterial or Mycotic	0	0	0.2	0	1	1	0.8	1	2	3	2.2	14
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0.4	0	0	0	0	0
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Resistant	0	1	0.8	1	5	7	13.8	14	9	15	13.4	11
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	0	1	0.6	1	10	10	13.6	13	18	21	19.2	21
C. Enteric Infections												
Campylobacteriosis	27	18	14.8	14	129	112	86.6	58	430	473	381.4	2673
Cryptosporidiosis	3	1	6.6	3	16	10	16.8	15	77	66	125.2	81
Cyclosporiasis	1	1	0.4	0	1	3	2	1	16	53	20	10
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	2	3	2.4	2	10	10	9.4	10	101	60	60.2	62
Giardiasis: Acute	0	2	4.4	5	19	16	28.6	30	67	103	114	115
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	4	1	1.2	1
Listeriosis	1	0	0	0	0	0	0.4	0	0	7	5.4	7
Salmonellosis	41	35	50	54	153	153	106.4	175	740	745	734	720
Shigellosis	2	22	15.6	15	19	48	78.4	48	142	174	152.6	174
Typhoid Fever (Salmonella Serotype Typhi)	1	0	0	0	4	0	0.2	0	8	6	2.2	2
D. Viral Hepatitis												
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B: Acute	6	5	3.2	5	20	18	14.8	16	52	71	54.2	69
Hepatitis B: Surface Antigen in Pregnant Women	4	4	4	4	14	17	21.8	21	15	39	40.4	40
Hepatitis C: Acute	2	2	1.2	1	9	12	5.6	5	17	34	26.2	24
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	0	0	0
Dengue Fever	0	0	0.2	0	0	0	0.4	0	0	2	3	11.6
Eastern Equine Encephalitis Neuroinvasive Disease	1	0	0	0	0	0	0	0	0	0	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	0	0.4	0	0	2	3	2.2
Ehrlichiosis/Anaplasmosis: Undetermined	1	0	0	0	1	0	0	0	0	1	0.2	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0.2	0
Lyme Disease	0	1	1.2	1	2	2	3	2	14	64	56.8	59
Malaria	0	1	0.6	1	3	3	1.8	1	8	15	10.2	10
Rabies: Animal	0	0	0.2	0	0	0	0.4	0	0	0	5.8	4
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection- Non-Congenital	0	0	0	0	0	0	0	0	0	0	0	0
F. Others												
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0.2	0
Brucellosis	0	0	0	0	0	0	0	0	0	0	0	0
Carbon Monoxide Poisoning	0	0	0	0	0	0	0.2	0	0	0	0.6	0
Hansen's Disease (Leprosy)	3	2	2	2	22	16	12.4	12	56	66	36.2	30
Legionellosis	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (Grimontia holisae)	0	0	0	0	0	0	0.2	0	0	0	0	0
Vibriosis (Other Vibrio Species)	0	0	0.4	0	0	0	0.6	1	10	9	3.2	1
Vibriosis (Vibrio alginolyticus)	1	0	0.6	1	1	1	1.2	1	8	13	11.6	13
Vibriosis (Vibrio cholerae Type Non-O1)	1	2	0.4	0	1	3	1	0	4	2.2	2	2
Vibriosis (Vibrio fluvialis)	0	0	0.2	0	0	0	0.4	0	1	5	2.2	2
Vibriosis (Vibrio mimicus)	0	0	0.2	0	0	0	0.2	0	0	0	1.4	1
Vibriosis (Vibrio parahaemolyticus)	1	0	0.4	0	3	2	2.2	2	5	10	8.2	8
Vibriosis (Vibrio vulnificus)	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	0	0	1	1	1	1	12	7.8	6	22

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.

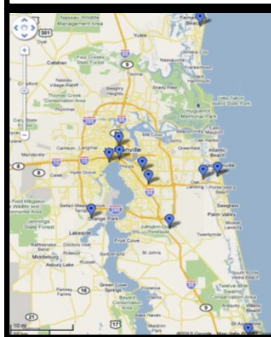
Other Links and Resources:

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?

- ! 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"/> Shigella | |
| <input type="checkbox"/> <i>Escherichia coli</i> infection, Shiga toxin-producing | | <input type="checkbox"/> Staphylococcal enterotoxin B poisoning | |
| <input type="checkbox"/> Giardiasis, acute | | | |
| ! <input type="checkbox"/> Glanders | | | |

Comments:

Coming soon:
"What's Reportable?" app
for iOS and Android



West Nile Fever and Neuroinvasive Disease – Information for Clinicians

Please contact Duval County Health Department (CHD) by the next business day if you suspect West Nile virus infection to ensure prompt mosquito control efforts.

Transmission: West Nile virus is transmitted to humans primarily through the bites of infected mosquitoes. Other modes of transmission include blood transfusion and organ transplantation.

Incubation period: Two to 14 days.

Clinical presentation: The clinical spectrum for WNV infection includes asymptomatic infection or mild illness (fever and headache), aseptic meningitis, and encephalitis that can progress to coma and death. West Nile virus infection cases are often categorized into two primary groups: neuroinvasive disease and non-neuroinvasive disease. Approximately 80% of those infected show no clinical symptoms. Twenty percent have mild symptoms, and less than 1% experience the neuroinvasive form of illness.

Neuroinvasive disease such as aseptic meningitis, encephalitis, or acute flaccid paralysis (AFP).

Symptoms include

- Fever
- Stiff neck
- Altered mental status
- Seizures
- Limb weakness
- Cerebrospinal fluid (CSF) pleocytosis
- Abnormal neuroimaging.

Non-neuroinvasive disease (e.g., West Nile fever). Symptoms include

- Fever
- Headache
- Myalgias
- Arthralgias
- Rash
- Gastrointestinal symptoms

Patients at risk for severe disease:

Individuals over 60 years of age

Immunosuppressed patients

Laboratory testing

Testing for WNV specific IgM antibodies should be requested for serum specimens or CSF. The Florida Department of Health-Duval County(DOH-Duval) can provide guidance on how and when to submit samples to the Department of Health (DOH) Bureau of Public Health Laboratories.

Resources:

Duval County Health Department phone number: 904-253-1850

DOH Bureau of Epidemiology: <http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/index.html>

Centers for Disease Control and Prevention: <http://www.cdc.gov/westnile/index.html>