

Duval County Epidemiology Surveillance Report

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

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July 2019

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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 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 not recognize, confirm, or report notifiable diseases/conditions. This report includes data reported as of July 30, 2019, unless noted otherwise.

DOH-Duval reported 356 cases of various diseases/conditions in July. Please note that all cases met the case definition for a confirmed, probable or suspect case. Among the cases reported, there was a case of vibriosis, two cases of hepatitis A, Escherichia coli, shiga toxin– producing (STEC) infection and varicella, and three Haemophilus influenza.

Surveillance data for select enteric diseases showed a slight decrease among case counts and reported influenza and ILI activity showed similar trends compared to the previous season during this time.

This issue will also provide information on the hepatitis A public health emergency declaration issued due to the notable increase in cases reported throughout the State of Florida. Hepatitis A provider resources will also be included.

Enteric Disease

Select enteric disease activity reported decreased by 18% during the month of July when compared to the month of June (weeks 22-26, 2019). Cases of giardiasis increased, while cases of shigellosis, cryptosporidiosis, and campylobacteriosis (Figures 2 - 6) decreased and salmonellosis remained unchanged. One enteric outbreak was reported to DOH-Duval in July.

Compared to 2018, cases of giardiasis increased while shigellosis and cryptosporidiosis remained the same and salmonellosis and campylobacteriosis decreased during this time (Figure 1). Cases reported for this year (2019) showed that the 0– 4 year-old age group accounted for the majority of enteric cases reported (n=78).

(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)
<http://www.floridahealth.gov/diseases-and-conditions/enteric-disease-guidance/index.html>

Figure 1. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, July 2017 - July 2019

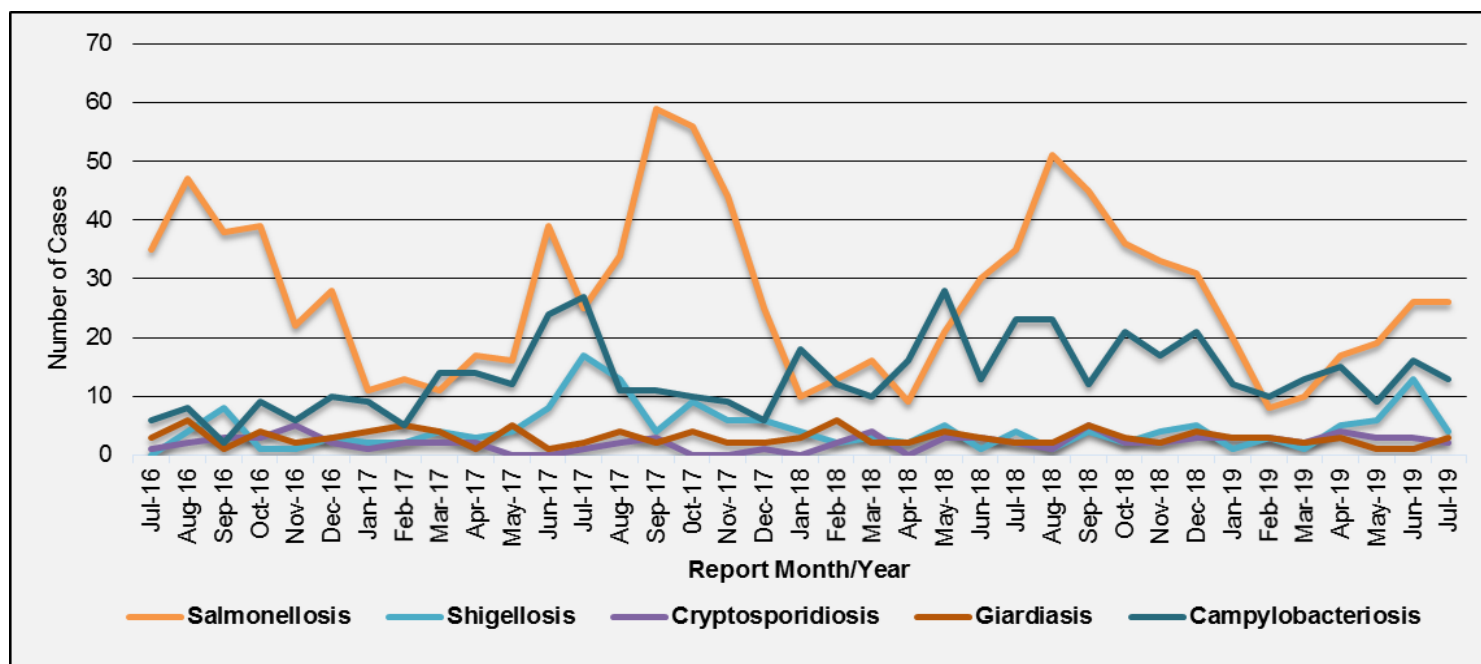
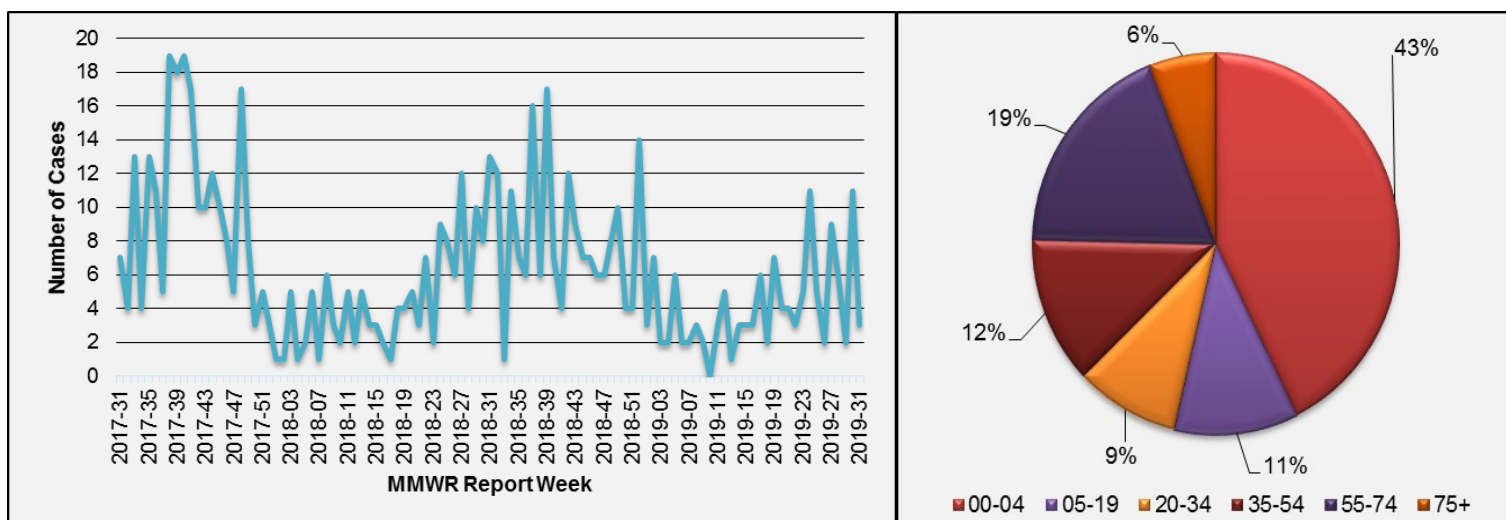


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 31, 2017 – Week 31, 2019



Enteric Disease Cont.

Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 31, 2017 – Week 31, 2019

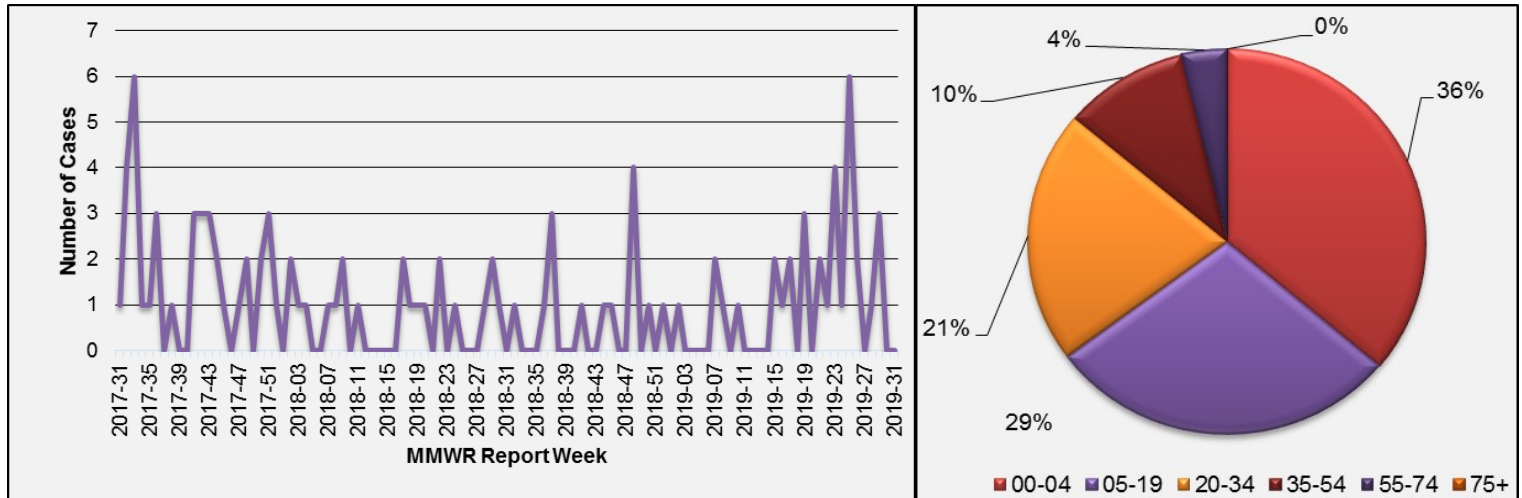


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 31, 2017 – Week 31, 2019

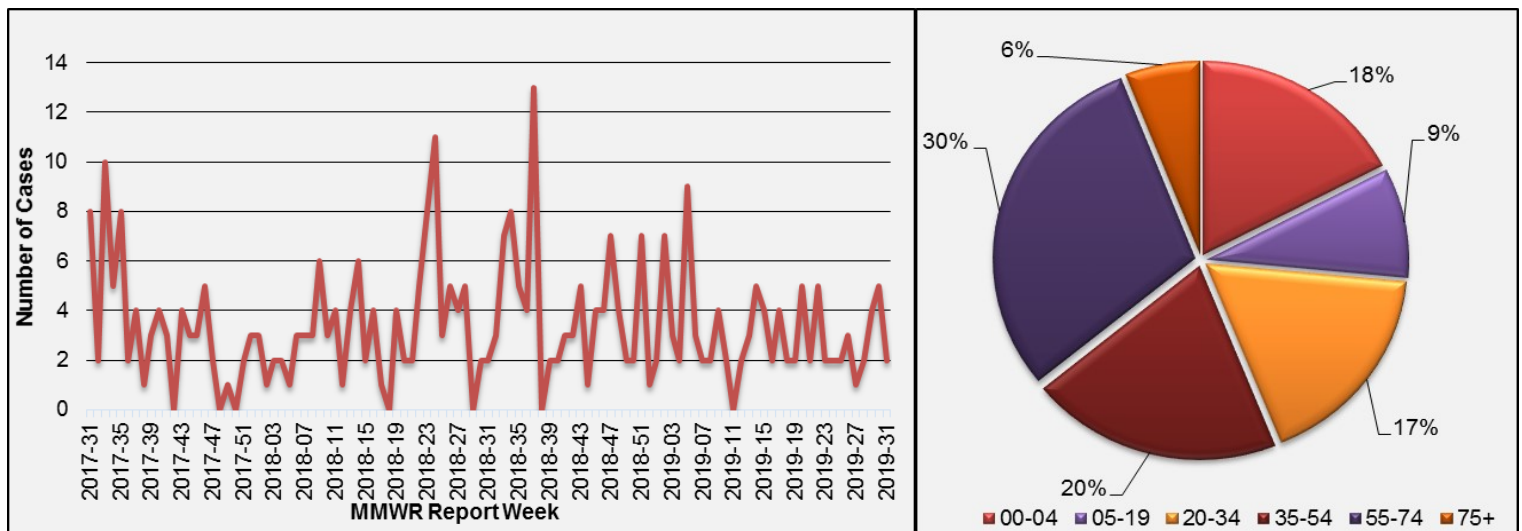
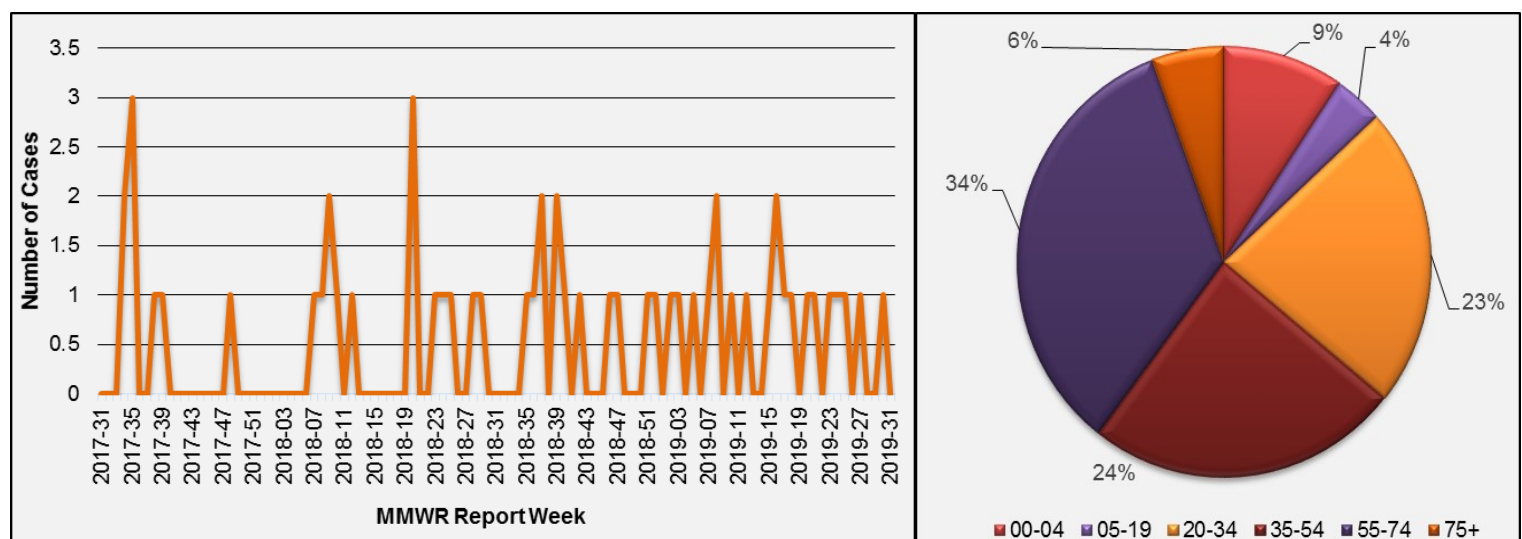
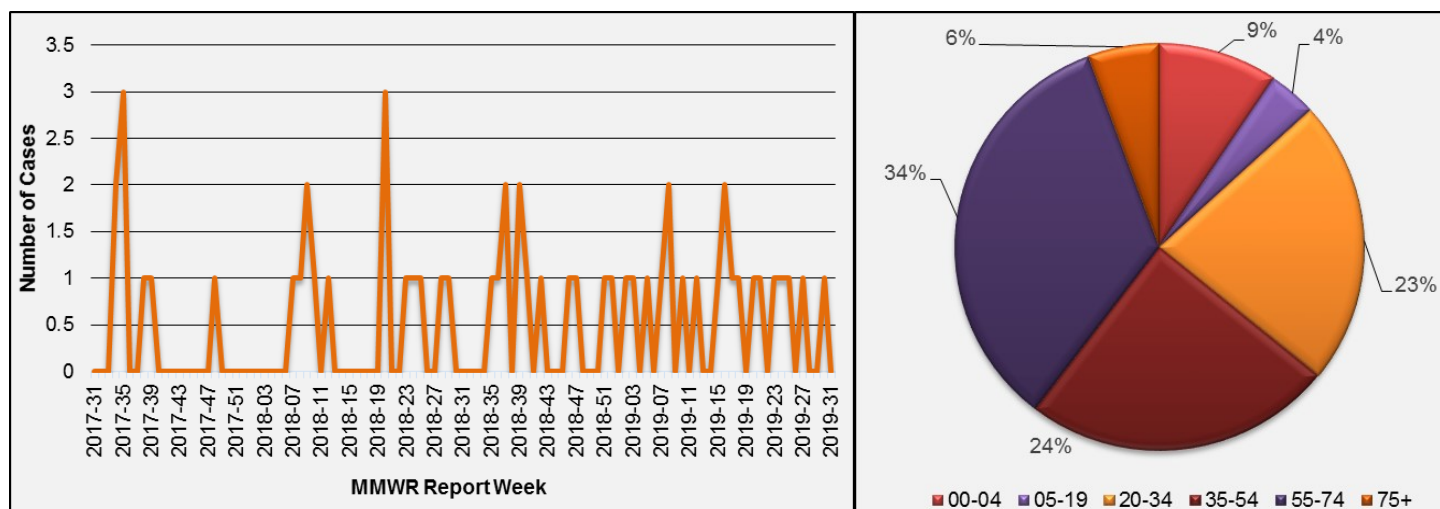


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 31, 2017 – Week 31, 2019



Enteric Disease Cont. & Influenza and ILI Overview

Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County Week 31, 2017 – Week 31, 2019



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed similar trends of influenza activity when compared to previous seasons. Emergency department (ED) and Urgent Care Centers (UCC) ILI visits for Influenza and ILI by age comparison (Region 3 data), monitored through ESSENCE, reported decreased activity when compared to the previous seasons (Figure 8).

The Electronic Laboratory Reporting (ELR) system reported 8 (1%) positive specimens out of the 601 submitted for influenza testing. Of those, subtyping showed that influenza A was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were 2 positive and 6 negative specimens reported for Duval County (Figure 10).

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

In July, no ICU laboratory-confirmed influenza, in persons less than 65, was reported for Duval County. As influenza activity continues at decreased 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

Please note that these efforts will assist with assessing viral strains associated with severe influenza presentations; ensuring vaccination administration in populations at high risk for severe complications due to infection; and promoting antiviral administration and timing according to current guidance. In addition, it will assist the state in forming responsive strategies for policies and current guidelines.

For more information visit <http://www.floridahealth.gov/diseases-and-conditions/influenza/icu-admission-reporting-guidance.html>

State influenza and influenza-like illness activity:

Influenza and ILI activity reported in Florida, during the month of July, continued to circulate at steady levels. A total of ten influenza and ILI outbreaks have been reported throughout the state since May 19, 2019. Specimens submitted to BPHL for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) and showed influenza A 2019(H1N1) as the dominant strain in Florida.

National influenza activity:

Influenza activity continues to circulate at stable levels in the United States. Specimens submitted to Public Health Laboratories for testing were positive for Influenza A and B subtype.

A total of 126 influenza-associated pediatric deaths have occurred during the 2018-2019 season.

Sources: Florida Department of Health, Florida Flu Review, Centers for Disease Control and Prevention, FluView, National Center for Immunization and Respiratory Diseases (NCIRD).

The Florida Department of Health in Duval County www.duval.floridahealth.gov/ (904) 253-1850

Prepared by: Aja Arrindell, MPH, MS – Aja.Arrindell@flhealth.gov Editor: Saad Zaheer, MD, MSPH, FACE, Pauline J. Rolle, MD, MPH, CPH –All data are provisional

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)

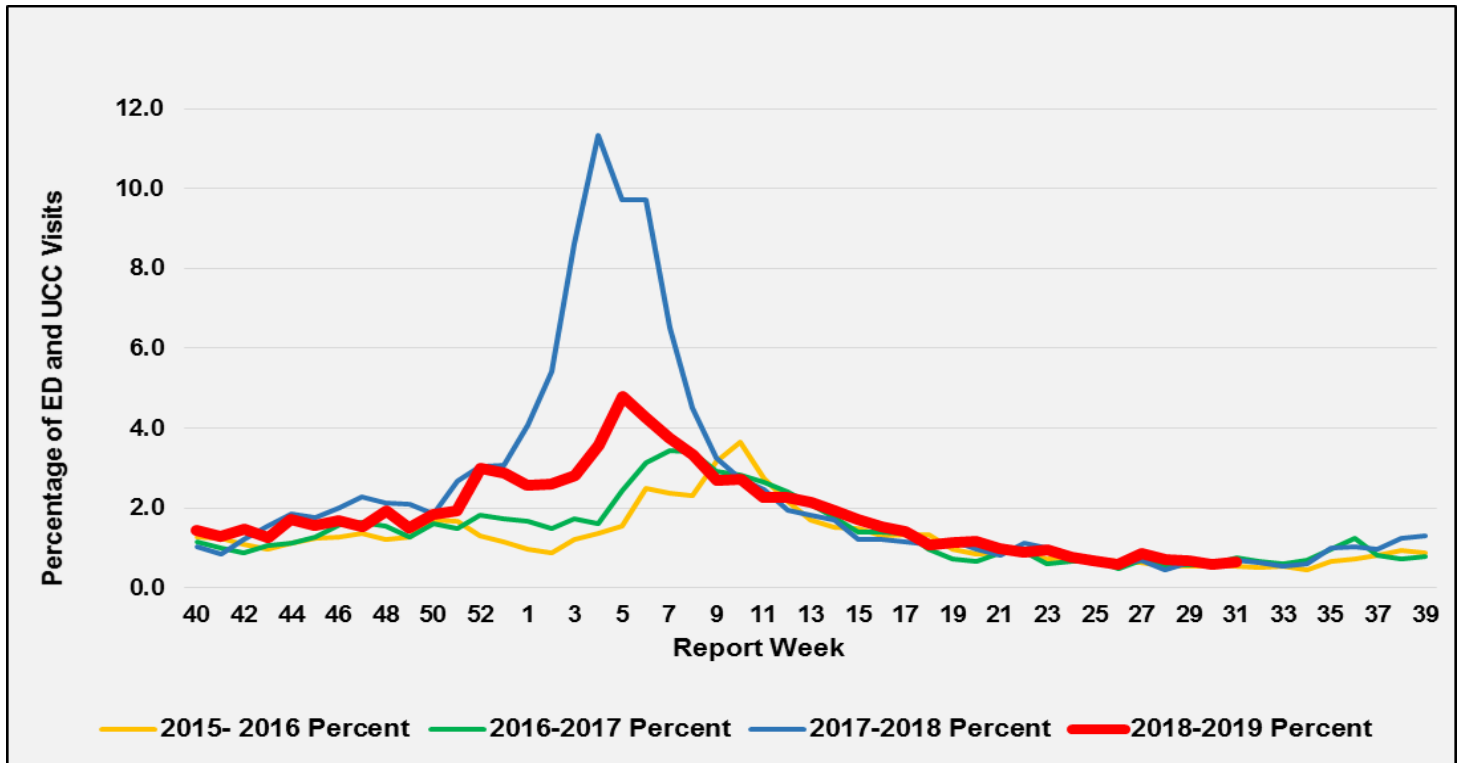
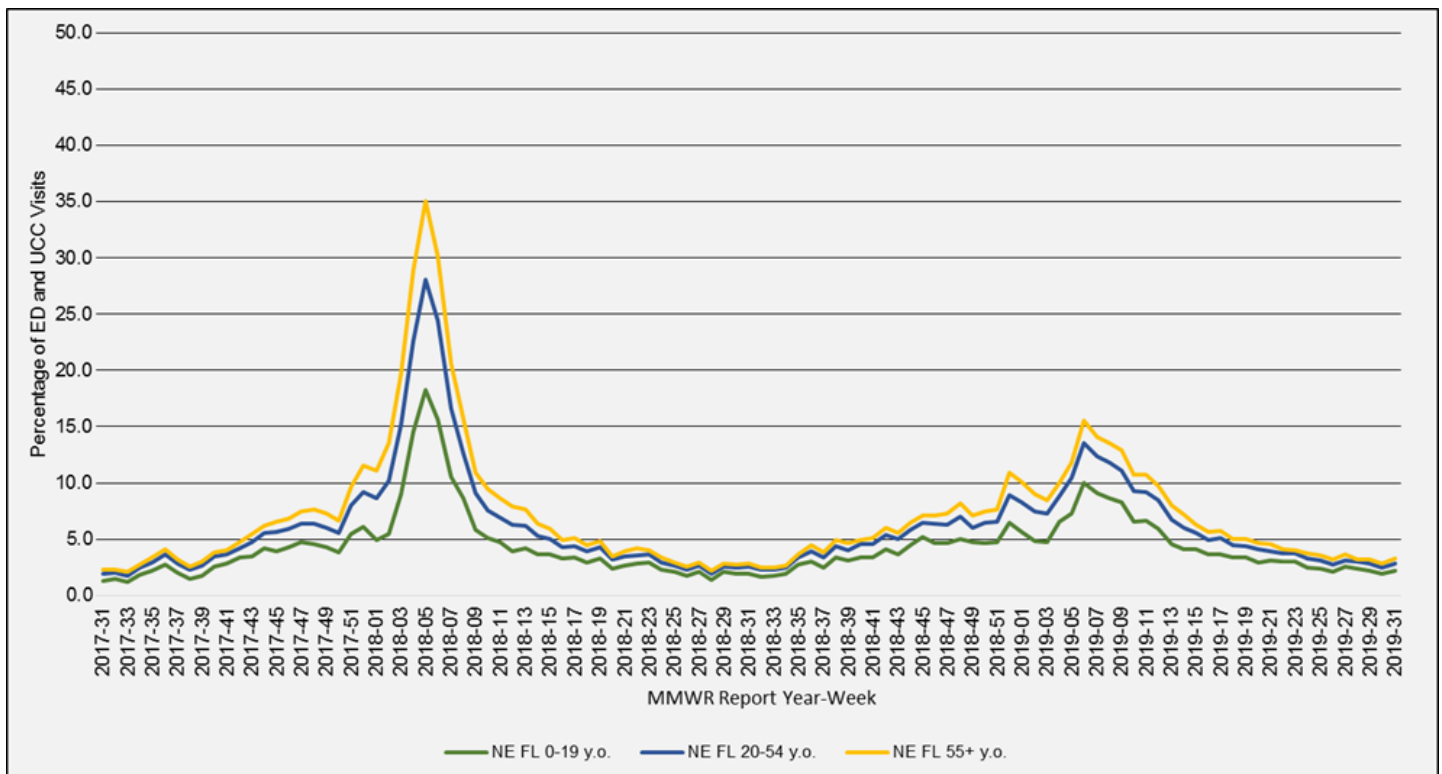


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 31, 2017 – Week 31, 2019



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 31, 2017 - Week 31, 2019

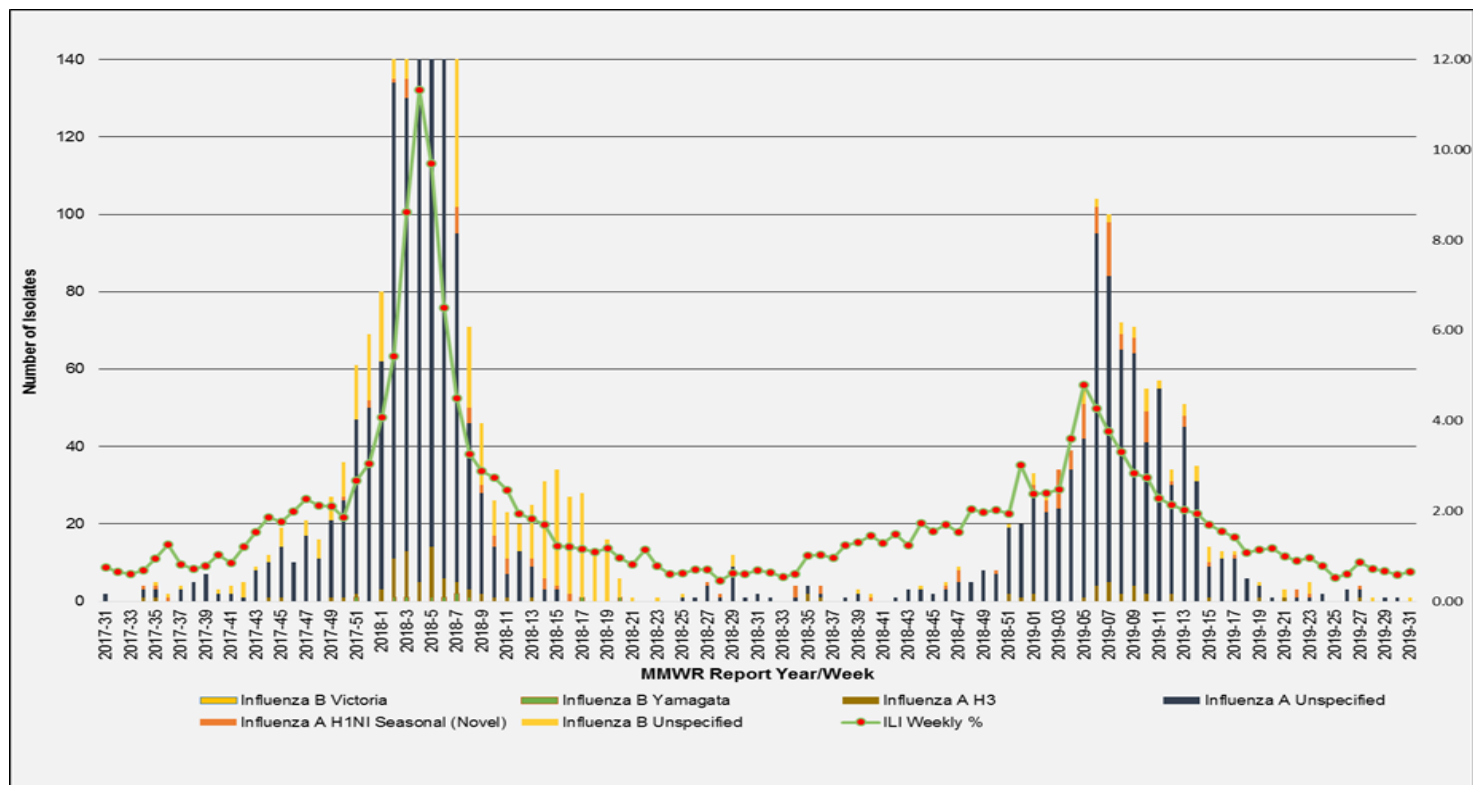
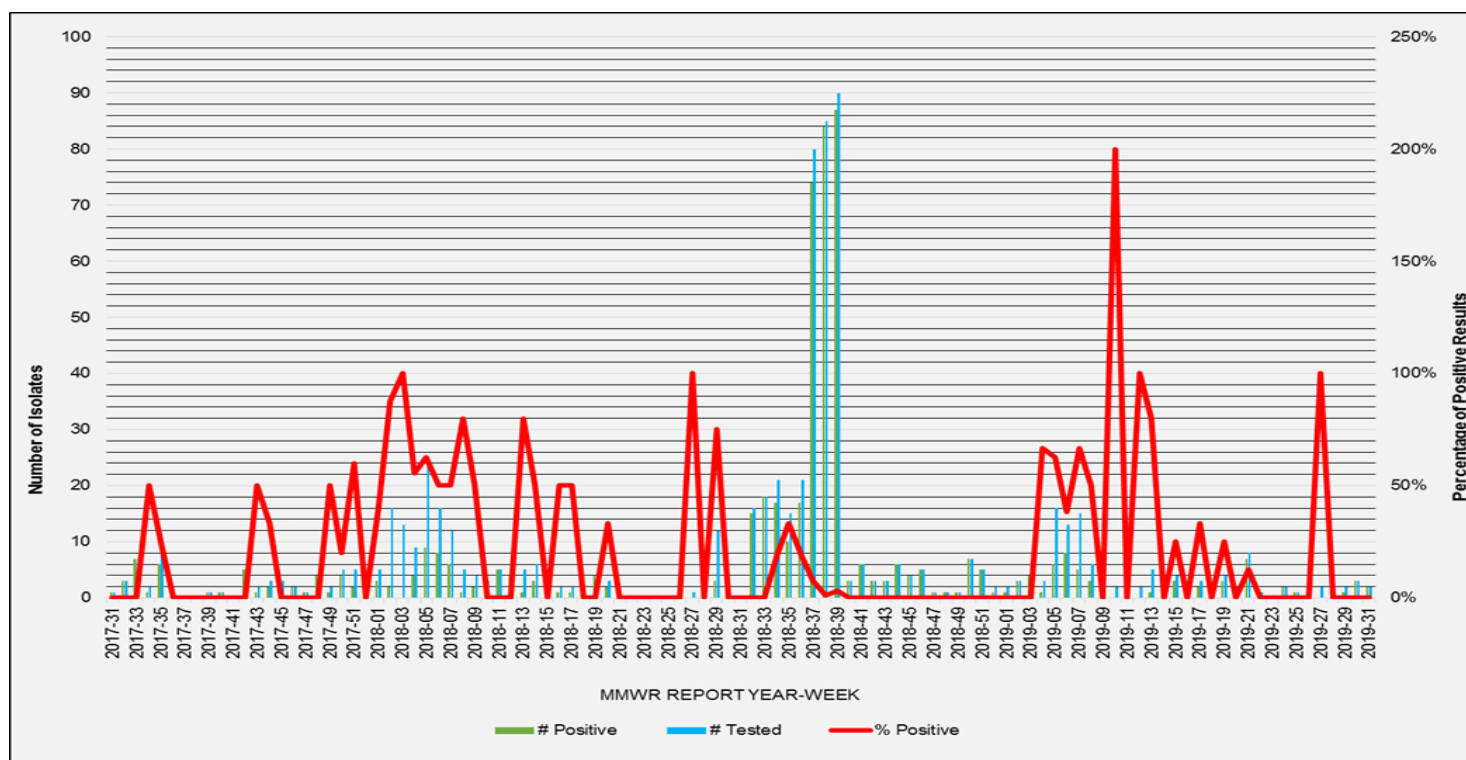


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 31, 2017 – Week 31, 2019



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) and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included.

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

Duval County 2019 Human Case Summary

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

State of Florida 2019 Human Case Summary and Surveillance

International Travel-Associated Dengue Fever Cases: In 2019, 75 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2019, one case of locally acquired dengue fever has been reported.

International Travel-Associated Chikungunya Fever Cases: In 2019, five travel-associated case have been reported. Two cases reported were non-Florida residents.

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, 29 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, Colombia (1), Cuba (3), Guatemala (5), Haiti (9), Honduras (4), Jamaica, Nicaragua, Philippines, Puerto Rico, and Venezuela. Counties reporting cases were: Broward (4), Collier (2), Duval, Hillsborough, Indian River, Lee, Miami-Dade (13), Orange (4), Palm Beach, and Sarasota. Two cases were reported in non-Florida residents. Florida is monitoring a total of 16 pregnant women in 2019.

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

International Travel-Associated Malaria Cases: Thirty-two cases of malaria with onset in 2019 have been reported. Countries of origin were: Angola (2), Congo, Democratic Republic of the Congo (4), Ghana (6), Ivory Coast (4), Kenya (3), Liberia(2), Nigeria (5), Papua New Guinea, Sudan, Uganda and Zambia(2). Counties reporting cases were: Broward(2), Duval(3), Hillsborough (4), Lake, Miami-Dade (5), Orange (4), Pasco (3), Pinellas (3), Polk (2), Seminole, and Volusia. Six cases were reported in non-Florida residents.

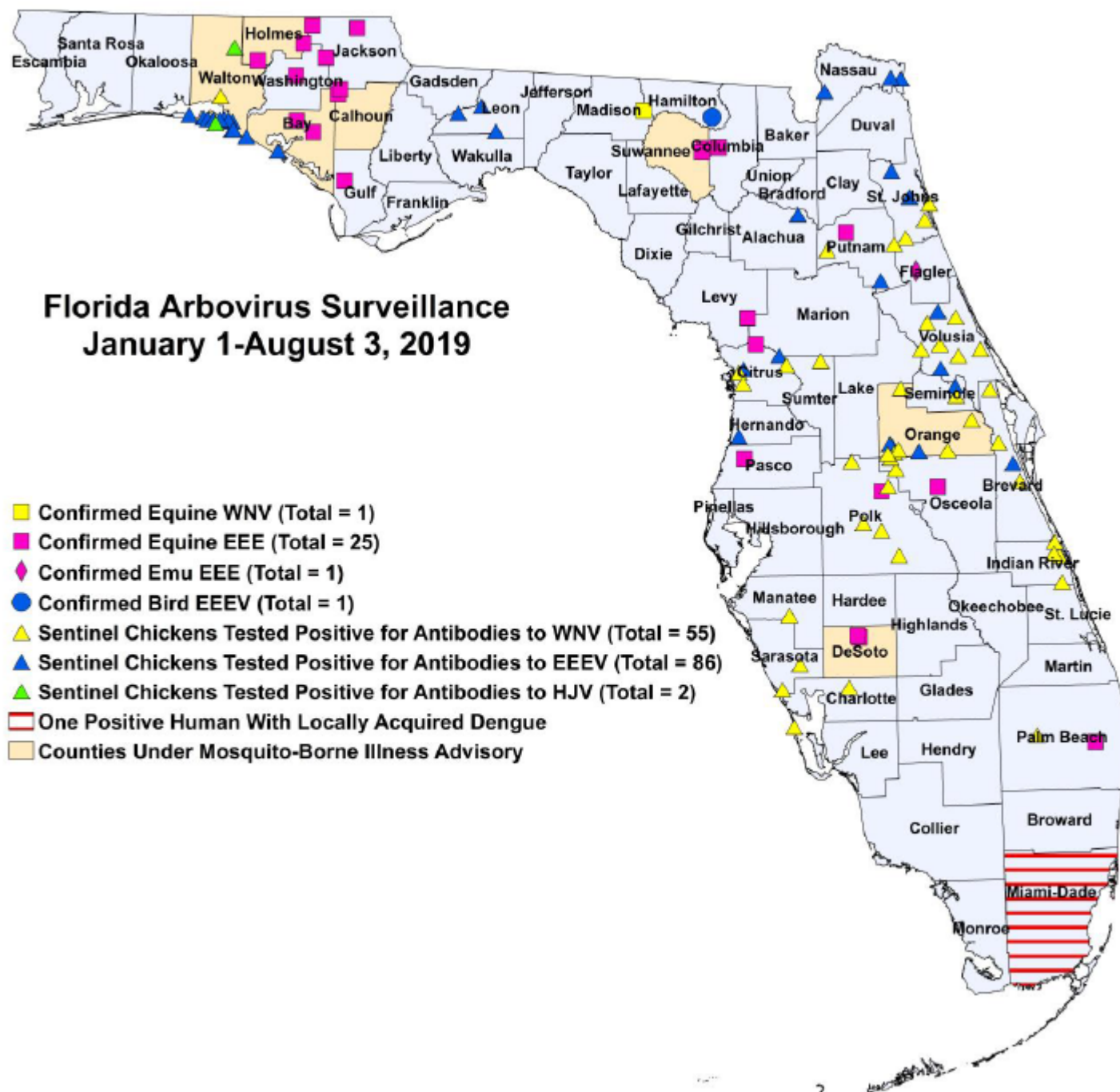
Thirty-one cases (97%) were diagnosed with Plasmodium falciparum. One case (3%) was diagnosed with Plasmodium vivax.

Advisories/Alerts: Bay, Calhoun, DeSoto, Holmes, Orange, Suwannee and Walton counties are currently under a mosquito-borne illness advisory. No other counties are currently under mosquito-borne illness advisory or alert.

WNV activity: In 2019, one horse and 55 sentinel chickens have been reported from 17 counties.

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

EEEV activity: Eight sentinel chickens tested positive for antibodies to EEEV this week in Nassau, Polk, St. Johns, and Walton counties. In 2019, 25 horses, one emu, one eagle, and 86 sentinel chickens have been reported from 29 counties.



Notable Topics and Other Statistics

Table 1: Tuberculosis (TB) Surveillance – Duval County - 7/1/2019 through 7/31/2019

| Active TB cases reported year-to-date as of 7/31/2019 | | | | | | | |
|---|-------|-------------|---------|-------------------------------------|-------|-------------|---------|
| | Count | Total Cases | Percent | | Count | Total Cases | Percent |
| Gender | | | | Race | | | |
| Male | 20 | 33 | 60.6% | Asian | 5 | 33 | 15.2% |
| Female | 13 | 33 | 39.4% | Pacific Islander/Other | 0 | 33 | 0.0% |
| Country of Origin | | | | Black | 17 | 33 | 51.5% |
| U.S. | 17 | 33 | 51.5% | White | 11 | 33 | 33.3% |
| Non-U.S. | 16 | 33 | 48.5% | Ethnicity | | | |
| Age Group | | | | Hispanic | 3 | 33 | 9.1% |
| < 5 | 1 | 33 | 3.0% | Non-Hispanic | 30 | 33 | 90.9% |
| 5-14 | 0 | 33 | 0.0% | Risk Factors | | | |
| 15-24 | 6 | 33 | 18.2% | Excess alcohol use within past year | 6 | 33 | 18.2% |
| 25-44 | 8 | 33 | 24.2% | HIV co-infection* | 3 | 33 | 9.1% |
| 45-64 | 15 | 33 | 45.5% | Injection drug use within past year | 0 | 33 | 0.0% |
| > 65 | 2 | 33 | 6.1% | Homeless within past year | 5 | 33 | 15.2% |
| | | | | Incarcerated at diagnosis | 2 | 33 | 6.1% |
| | | | | Unemployed | 26 | 33 | 78.8% |
| | | | | Drug Resistance | | | |
| | | | | Resistant to isoniazid** | 0 | 22 | 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 8/16/2019. Data is subject to change based on ongoing submission of RVC Ts.

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

Table 2. Area 4* Reported Sexually Transmitted Diseases (STDs) Summary for July 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 | 18% | 5 | 19% | Female | 629 | 66% | 505 | 67% | Female | 195 | 41% | 174 | 43% |
| Male | 27 | 82% | 22 | 81% | Male | 327 | 34% | 246 | 33% | Male | 277 | 59% | 232 | 57% |
| Unknown | 0 | 0% | 0 | 0% | Unknown | 0 | 0% | 0 | 0% | Unknown | 0 | 0% | 0 | 0% |
| Race | Area 4* | % | Duval | % | Race | Area 4* | % | Duval | % | Race | Area 4* | % | Duval | % |
| Black | 20 | 61% | 18 | 67% | Black | 427 | 45% | 381 | 51% | Black | 301 | 64% | 279 | 69% |
| Hispanic | 1 | 3% | 1 | 4% | Hispanic | 38 | 4% | 32 | 4% | Hispanic | 18 | 4% | 14 | 3% |
| White | 11 | 33% | 7 | 26% | White | 192 | 20% | 114 | 15% | White | 69 | 15% | 54 | 13% |
| Other | 1 | 3% | 1 | 0.03704 | Other | 26 | 3% | 20 | 3% | Other | 5 | 1% | 4 | 1% |
| Unknown | 0 | 0% | 0 | 0 | Unknown | 273 | 29% | 204 | 27% | Unknown | 79 | 17% | 55 | 14% |
| Age | Area 4* | % | Duval | % | Age | Area 4* | % | Duval | % | Age | Area 4* | % | Duval | % |
| 0-14 | 0 | 0% | 0 | 0% | 0-14 | 2 | 0% | 2 | 0% | 0-14 | 1 | 0% | 1 | 0% |
| 15-19 | 0 | 0% | 0 | 0% | 15-19 | 260 | 27% | 206 | 27% | 15-19 | 76 | 16% | 65 | 16% |
| 20-24 | 2 | 6% | 2 | 7% | 20-24 | 350 | 37% | 271 | 36% | 20-24 | 128 | 27% | 103 | 25% |
| 25-29 | 9 | 27% | 8 | 30% | 25-29 | 191 | 20% | 155 | 21% | 25-29 | 93 | 20% | 82 | 20% |
| 30-39 | 12 | 36% | 8 | 30% | 30-39 | 113 | 12% | 88 | 12% | 30-39 | 94 | 20% | 86 | 21% |
| 40-54 | 9 | 27% | 8 | 30% | 40-54 | 31 | 3% | 20 | 3% | 40-54 | 67 | 14% | 59 | 15% |
| 55+ | 1 | 3% | 1 | 4% | 55+ | 9 | 1% | 9 | 1% | 55+ | 13 | 3% | 10 | 2% |
| Total Cases | 33 | | 27 | | Total Cases | 956 | | 751 | | Total Cases | 472 | | 406 | |

Data as of 8/16/19. All data is provisional and subject to change.

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

Prepared by: Ashley Donnelly, MPH, TB/STD Surveillance

Reported Diseases/Conditions

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

| Disease | DUVAL | | | | | All Counties | | | | |
|---|----------|----------|-------------------|---------------------|----------|------------------|-------------------|---------------------|----------|----------|
| | July | | | | | Cumulative (YTD) | | | | |
| | 2019 | 2018 | Mean [†] | Median [‡] | 2019 | 2018 | Mean [†] | Median [‡] | 2019 | 2018 |
| A. Vaccine Preventable Diseases | | | | | | | | | | |
| Diphtheria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles (Rubella) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mumps | 0 | 1 | 0.4 | 0 | 1 | 3 | 1.2 | 0 | 1 | 3 |
| Pertussis | 0 | 1 | 0.4 | 0 | 1 | 3 | 1.2 | 0 | 1 | 3 |
| Rubella | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Varicella (Chickenpox) | 0 | 3 | 2.6 | 3 | 23 | 18 | 24.2 | 27 | 64 | 44.8 |
| B. CNS Diseases & Bacteremias | | | | | | | | | | |
| Creutzfeldt-Jakob Disease (CJD) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hemophilus influenzae Invasive Disease | 2 | 2 | 1.4 | 2 | 17 | 19 | 16 | 18 | 34 | 21 |
| Meningitis: Bacterial or Mycotic | 0 | 0 | 0 | 0 | 5 | 10 | 7.6 | 10 | 12 | 10.8 |
| Meningococcal Disease | 0 | 0 | 0.2 | 0 | 1 | 1 | 1 | 1 | 0 | 2 |
| Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Staphylococcus aureus Infection: Resistant to Vancomycin (VISA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Streptococcus pneumoniae Invasive Disease: Drug-Resistant (DRSA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Streptococcus pneumoniae Invasive Disease: Drug-Susceptible | 2 | 0 | 0.4 | 0 | 14 | 10 | 11.4 | 10 | 29 | 19 |
| C. Enteric Infections | | | | | | | | | | |
| Campylobacteriosis | 9 | 31 | 17.8 | 14 | 85 | 135 | 84 | 68 | 432 | 469 |
| Cryptosporidiosis | 0 | 2 | 5.8 | 2 | 17 | 14 | 16.4 | 14 | 96 | 91 |
| Cyclosporiasis | 8 | 1 | 0.4 | 0 | 151 | 1 | 1 | 1 | 170 | 26 |
| Escherichia coli: Shiga Toxin-Producing (STEC) Infection** | 1 | 5 | 3 | 3 | 18 | 14 | 11.4 | 12 | 91 | 122 |
| Giardiasis: Acute | 4 | 0 | 4 | 5 | 17 | 21 | 27.4 | 30 | 100 | 108 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Listeriosis | 0 | 1 | 0.2 | 0 | 2 | 1 | 0.6 | 1 | 5 | 5 |
| Salmonellosis | 34 | 44 | 47.6 | 49 | 146 | 156 | 163.8 | 160 | 807 | 825 |
| Shigellosis | 6 | 2 | 10 | 8 | 36 | 19 | 48.6 | 42 | 121 | 152 |
| Typhoid Fever (Salmonella Serotype Typhi) | 0 | 1 | 0.2 | 0 | 5 | 5 | 1 | 0 | 19 | 14 |
| D. Viral Hepatitis | | | | | | | | | | |
| Hepatitis A | 4 | 0 | 0 | 0 | 8 | 0 | 0.4 | 0 | 354 | 53 |
| Hepatitis B: Acute | 5 | 9 | 4.8 | 5 | 40 | 26 | 18.8 | 18 | 79 | 74 |
| Hepatitis B: Surface Antigen in Pregnant Women | 0 | 3 | 3.6 | 3 | 12 | 17 | 21 | 19 | 22 | 27 |
| Hepatitis C: Acute | 5 | 3 | 1.8 | 2 | 20 | 12 | 7.6 | 6 | 111 | 43 |
| E. Vector-Borne, Zoonoses | | | | | | | | | | |
| Chikungunya Fever | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.8 | 0 | 2 | 1 |
| Ciguatera Fish Poisoning | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dengue Fever | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 73 | 5 |
| Eastern Equine Encephalitis Neuroinvasive Disease | 0 | 1 | 0.2 | 0 | 0 | 1 | 0.2 | 0 | 0 | 2 |
| Encephalitis (Encephalitis ewingii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Encephalitis - HME (Encephalitis hawaiiensis) | 0 | 1 | 0.2 | 0 | 0 | 2 | 0.8 | 1 | 5 | 6 |
| Encephalitis/Arbovirolosis: Undetermined | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lyme Disease | 0 | 0 | 1.2 | 1 | 0 | 3 | 3.4 | 3 | 37 | 41 |
| Malaria | 6 | 0 | 0.4 | 0 | 9 | 3 | 2.2 | 3 | 15 | 11 |
| Rabies: Animal | 0 | 0 | 0 | 0 | 2 | 0 | 0.2 | 0 | 17 | 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 | 0 | 1 | 0 | 1.8 | 0 | 5 | 7 |
| F. Others | | | | | | | | | | |
| Botulism: Infant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brucellosis | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 1 | 0.8 |
| Carbon Monoxide Poisoning | 1 | 0 | 0 | 0 | 2 | 1 | 1.8 | 1 | 17 | 21 |
| Hansen's Disease (Leprosy) | 0 | 0 | 0 | 0 | 0 | 0 | 0.4 | 0 | 4 | 2 |
| Legionellosis | 2 | 4 | 2.4 | 2 | 15 | 23 | 14.8 | 16 | 73 | 62 |
| Vibrios (Grimontia holisae) | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 |
| Vibrios (Other Vibrio Species) | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.4 | 0 | 8 | 7 |
| Vibrios (Vibrio alginolyticus) | 1 | 1 | 0.8 | 1 | 2 | 1 | 1.4 | 1 | 9 | 11 |
| Vibrios (Vibrio cholerae Type Non-O1) | 0 | 1 | 0.6 | 0 | 0 | 1 | 1.2 | 1 | 3 | 2 |
| Vibrios (Vibrio fluvialis) | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 1 | 4 |
| Vibrios (Vibrio mimicus) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vibrios (Vibrio parahaemolyticus) | 0 | 1 | 0.6 | 0 | 1 | 3 | 2.2 | 2 | 4 | 8 |
| Vibrios (Vibrio vulnificus) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 5 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 5 |

This report consists of confirmed, probable and suspect cases based on the date of event (initial) as reported in Measles to the Bureau of Epidemiology. Incidence data for 2018 is provisional and may include Non-Florida Cases.

† Mean of the same month in the previous five years; ‡ Median for the same month in the previous five years (2014-2018)

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

Dictionary

Surveillance systems

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

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

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

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

Surveillance vocabulary

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

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

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

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

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

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

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

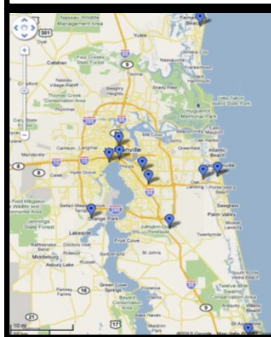
Other Links and Resources:

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

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

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

Figure 12. Hospitals Participating in ESSENCE



Public Health Surveillance

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

Such surveillance can:

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

Within Duval County, surveillance data is obtained through:

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



Epidemiology Program

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