

Duval County Epidemiology Surveillance Report

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

Ron DeSantis
Governor

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Report Summary

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

DOH-Duval reported 243 cases of various diseases/conditions in June. 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 influenza (ICU), hepatitis A, hepatitis B and C acute, Hansens disease, and listeriosis, two cases of Escherichia coli, shiga toxin– producing (STEC) infection and three cases of varicella.

Surveillance data for select enteric diseases increased notably in case count as reported influenza and ILI activity showed similar trends compared to the previous season during this time.

Enteric Disease

Select enteric disease activity reported doubled in the month of June when compared to the month of May (weeks 19-22, 2019). Cases of salmonellosis, shigellosis and campylobacteriosis (Figures 2 - 6) increased, while cryptosporidiosis and giardiasis remained unchanged. Two enteric outbreaks were reported to DOH-Duval in June.

Compared to 2018, cases of shigellosis and campylobacteriosis increased while giardiasis and salmonellosis decreased and cryptosporidiosis remained the same during this time (Figure 1). Cases reported for this year (2019) showed that the 55-74 and 0-4 year-old age groups accounted for the majority of cases reported (n=62).

(Source: FDENS EpiCom, ESSENCE).

For prevention information, visit [CDC.gov](http://www.cdc.gov) or [Floridahealth.gov/diseases-and-conditions/norovirus-infection.html](http://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, June 2016 - June 2019

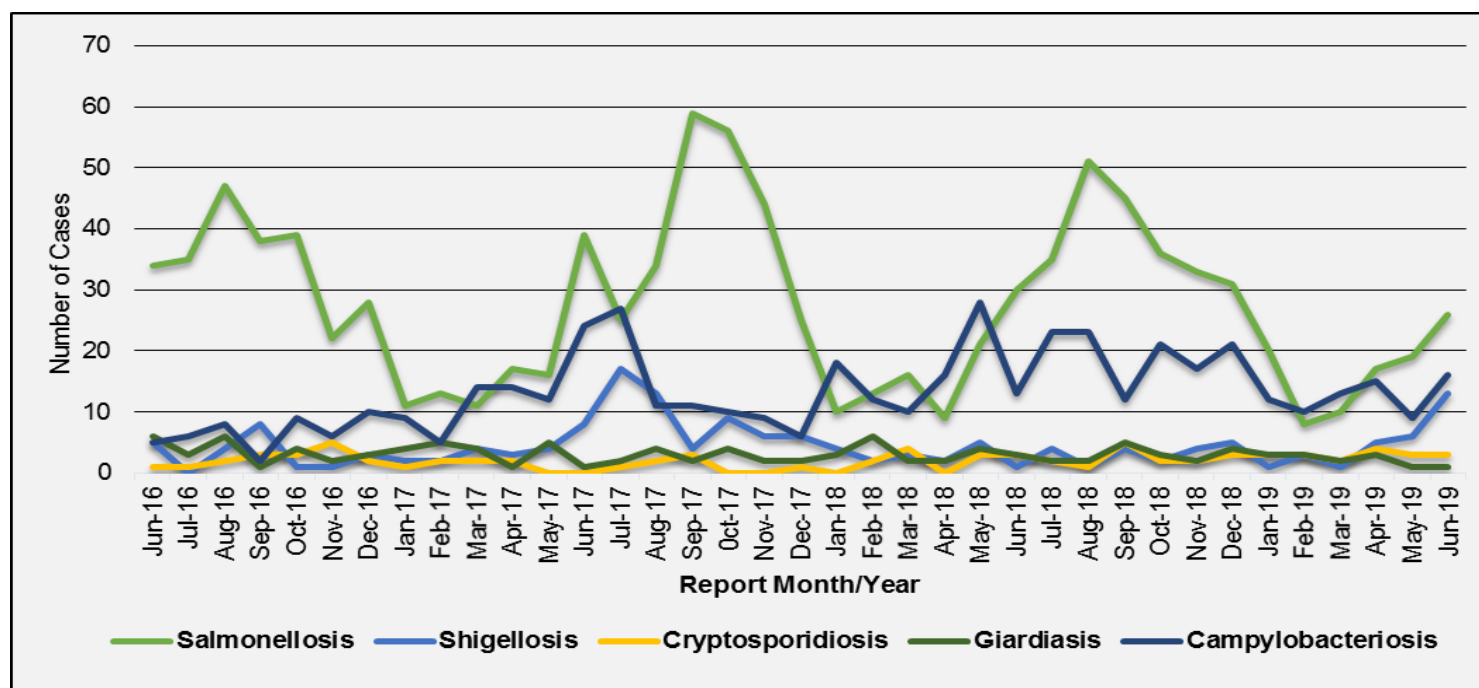
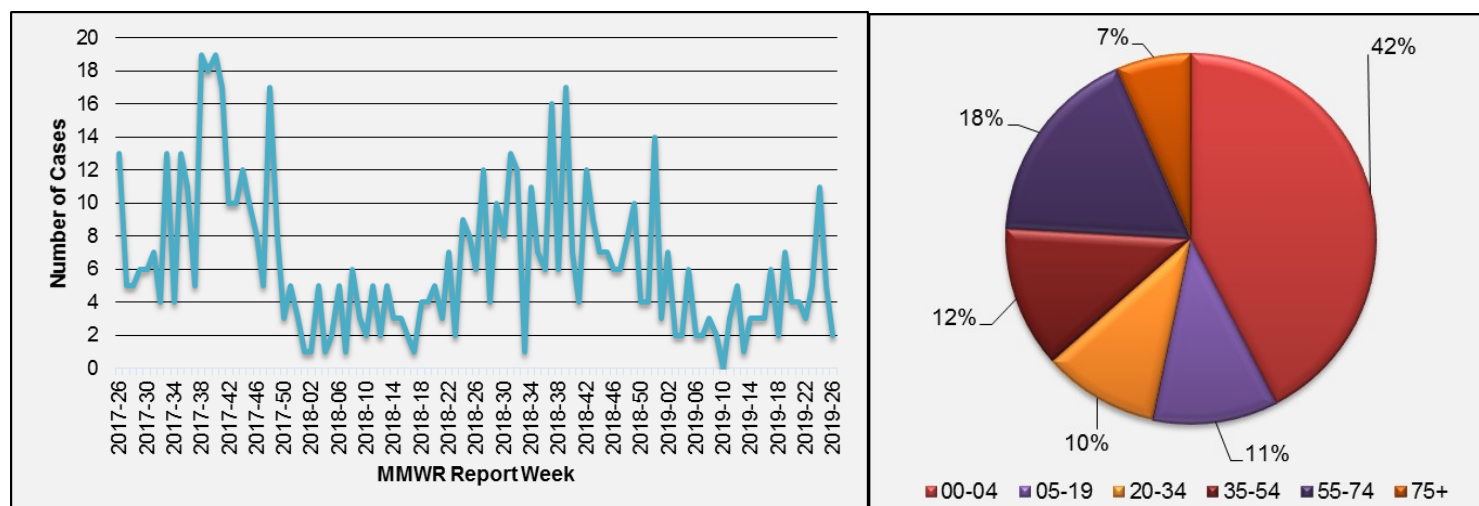


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 26, 2017 – Week 26, 2019



Enteric Disease Cont.

Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 26, 2017 – Week 26, 2019

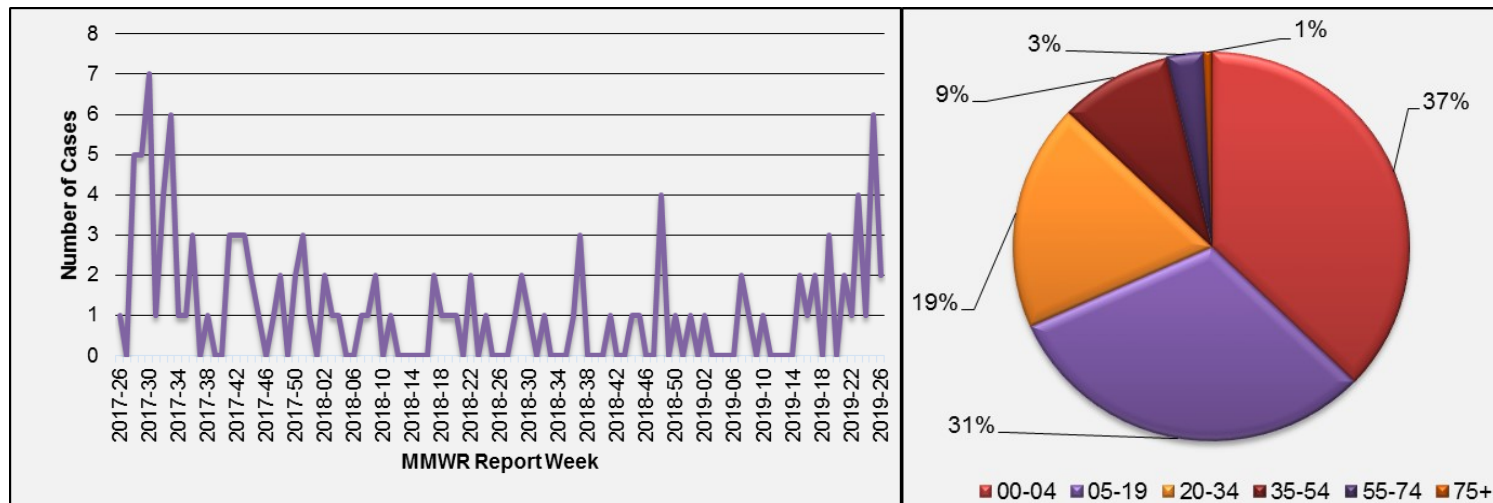


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 26, 2017 – Week 26, 2019

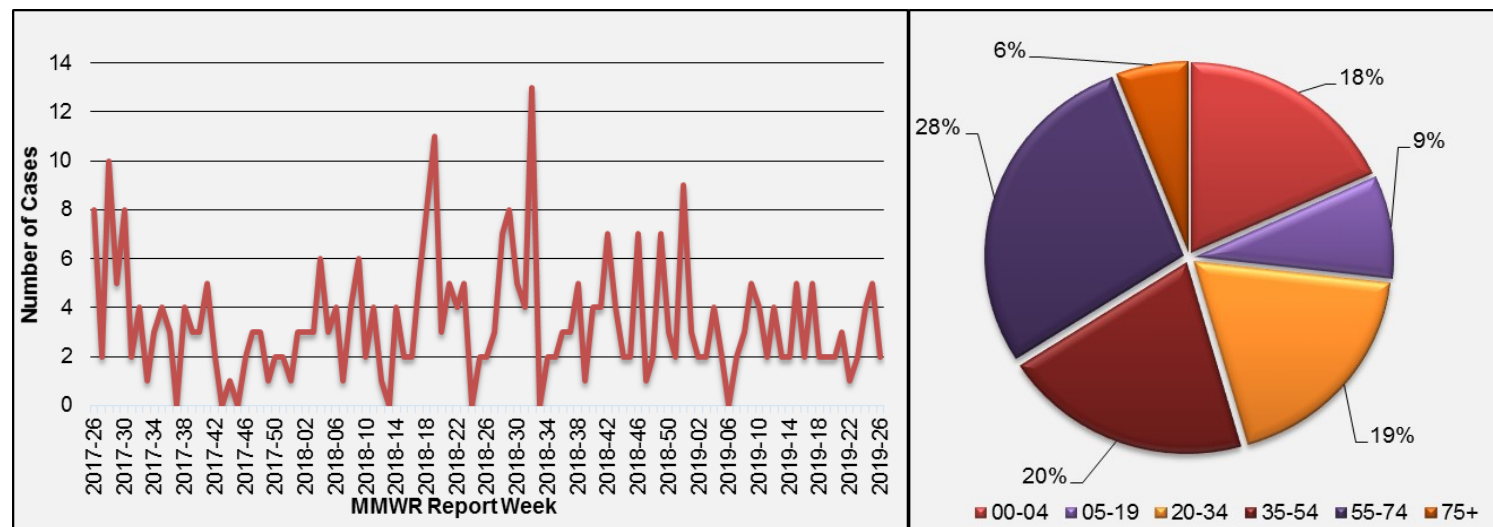
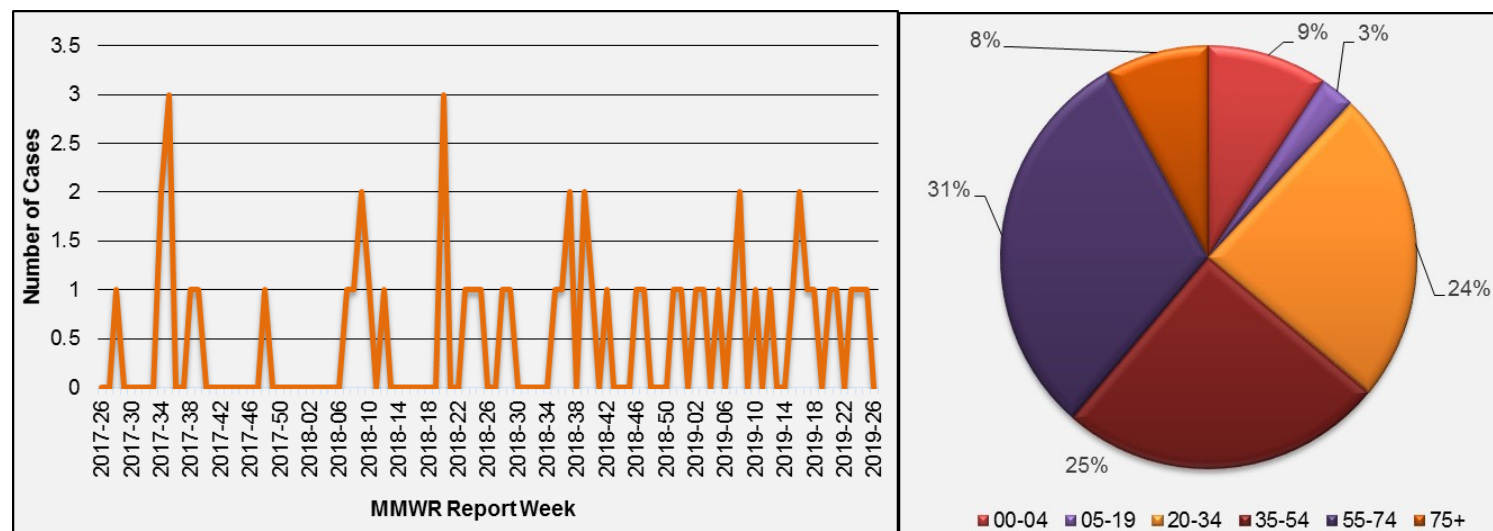
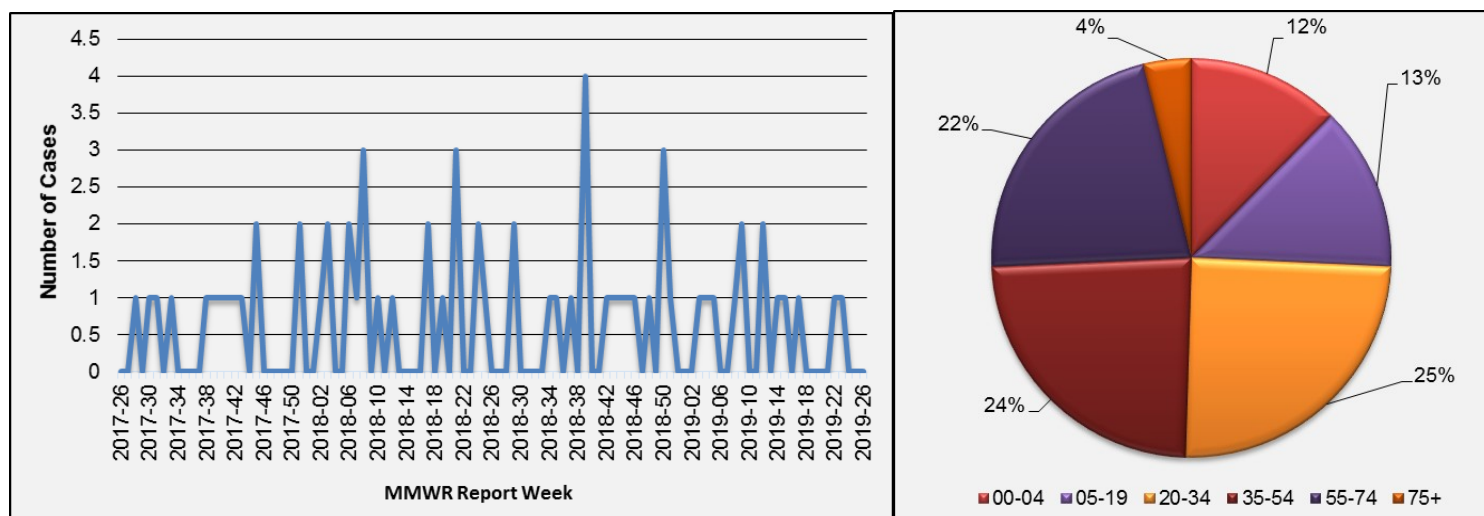


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 26, 2017 – Week 26, 2019



Enteric Disease Cont. & Influenza and ILI Overview

Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County Week 26, 2017 – Week 26, 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 17 (5%) positive specimens out of the 305 submitted for influenza testing. Of those, subtyping showed that influenza A (53%) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were 5 negative specimens reported for Duval County (Figure 10).

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

In June, one ICU laboratory-confirmed influenza test, 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 June, continued to circulate at low levels. A total of seven influenza and ILI outbreaks have been reported throughout the state since the influenza season ended. Specimens submitted to BPHL for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) and showed influenza A (H3) has the dominant strain in Florida.

National influenza activity:

Influenza activity continues to circulate at low levels in the United States. Specimens submitted to Public Health Laboratories for testing were positive for Influenza A subtype (H1 or H3) and influenza B lineage.

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,

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)

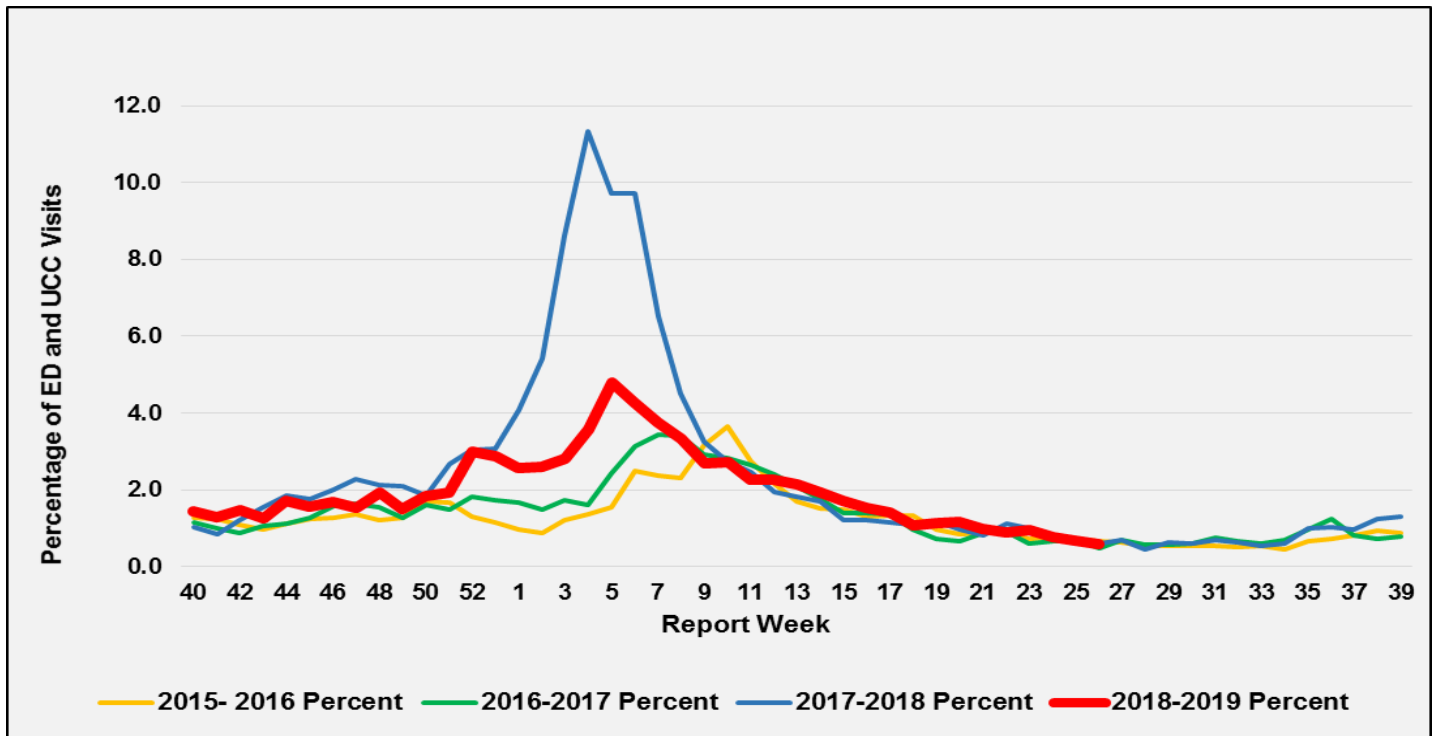
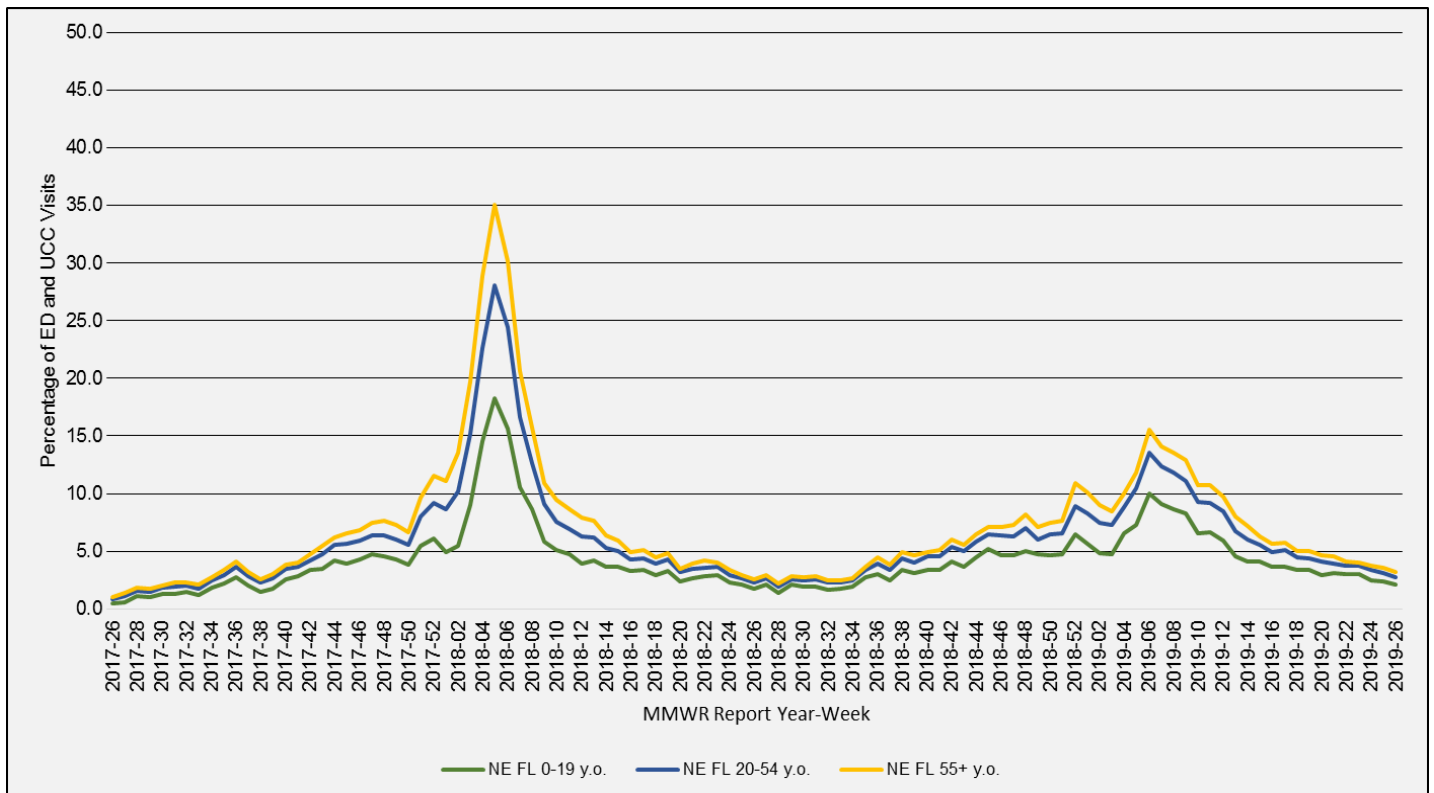


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 26, 2017 – Week 26, 2019



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 26, 2017 - Week 26, 2019

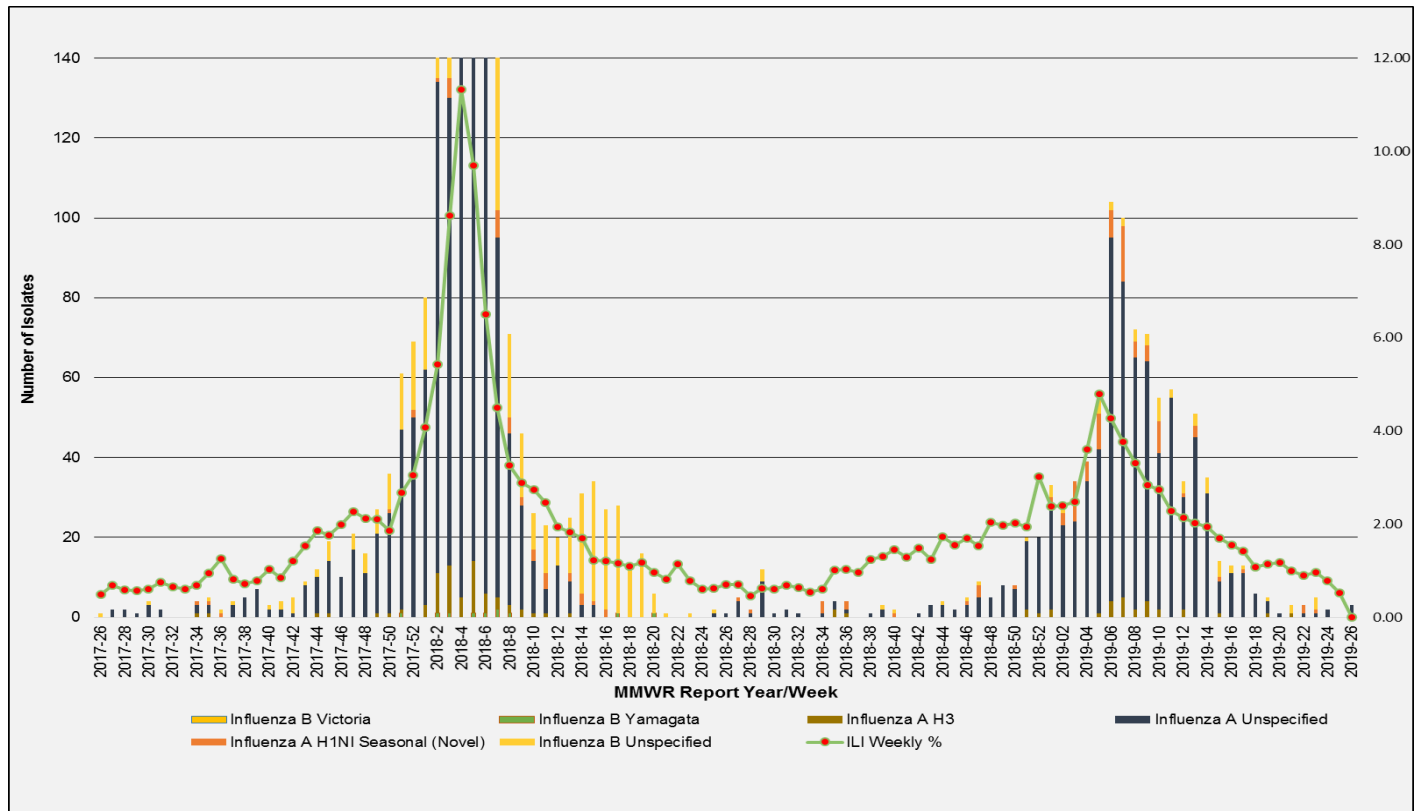
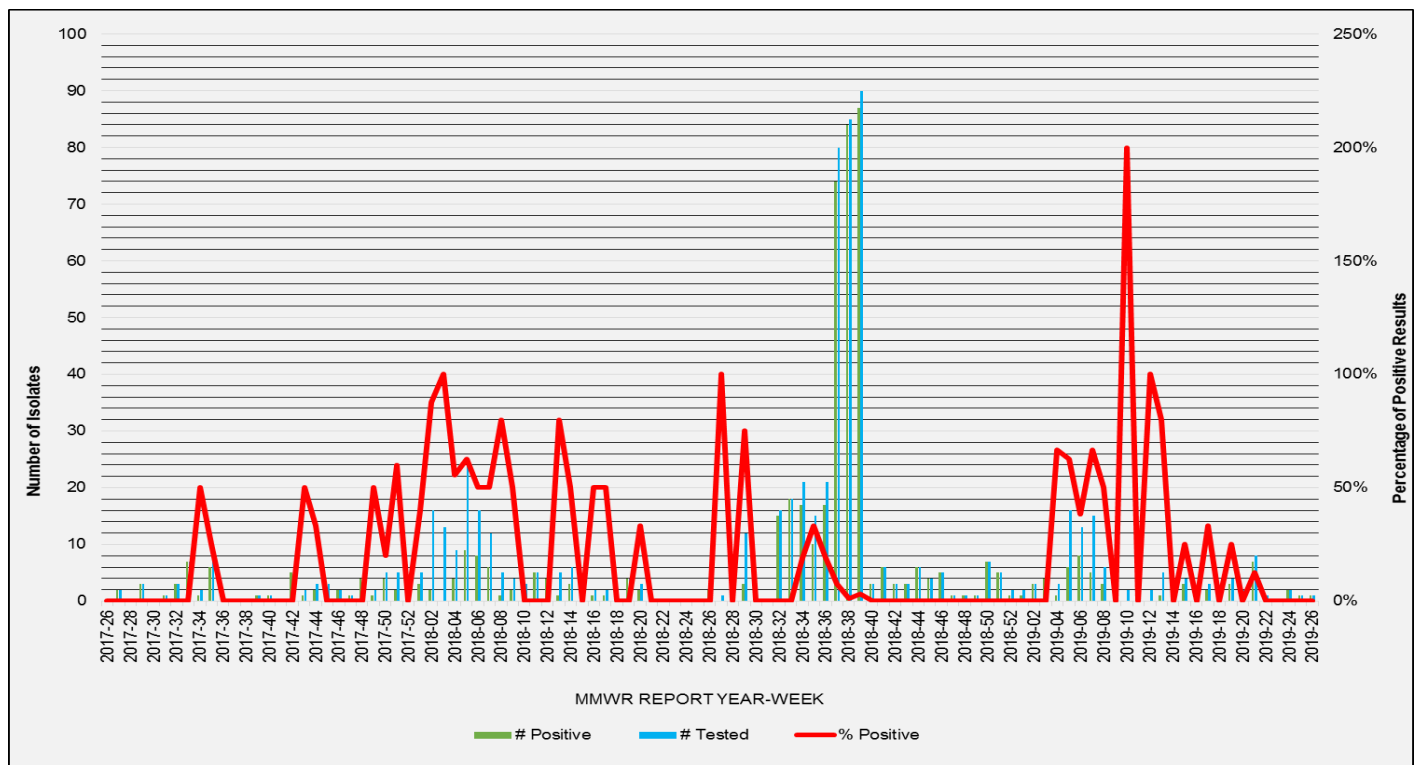


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 26, 2017 – Week 26, 2019



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 June.

State of Florida 2019 Human Case Summary and Surveillance

International Travel-Associated Dengue Fever Cases: In 2019, 40 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, four travel-associated case have been reported.

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

International Travel-Associated Zika Fever Cases: In 2019, 26 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 (7), Honduras (3), Jamaica, Nicaragua, Philippines, Puerto Rico, and Venezuela. Counties reporting cases were: Broward (3), Collier (2), Duval, Hillsborough, Indian River, Lee, Miami-Dade (11), Orange (4), Palm Beach, and Sarasota. Two cases were reported in non-Florida residents. Florida is monitoring a total of 14 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: Twenty-six cases of malaria with onset in 2019 have been reported. Countries of origin were: Angola (2), Congo, Democratic Republic of the Congo (4), Ghana (3), Ivory Coast (4), Kenya (3), Liberia, Nigeria (5), Papua New Guinea, Sudan, and Uganda. Counties reporting cases were: Broward, Duval, Hillsborough (4), Lake, Miami-Dade (5), Orange (4), Pasco (3), Pinellas (3), Polk (2), Seminole, and Volusia. Five cases were reported in non-Florida residents.

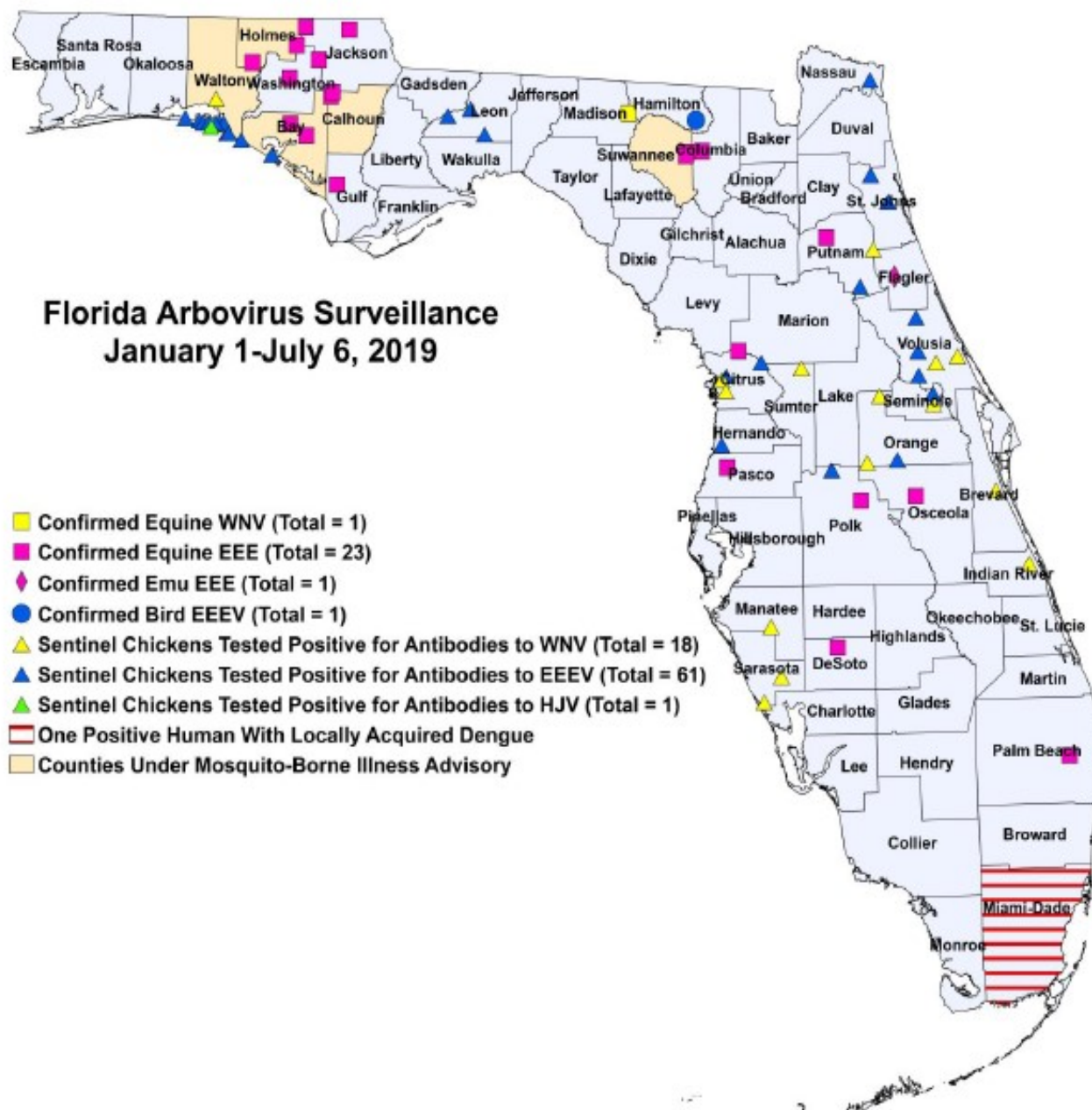
Twenty-five cases (96%) were diagnosed with *Plasmodium falciparum*. One case (4%) was diagnosed with *Plasmodium vivax*.

Advisories/Alerts: Bay, Calhoun, 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 18 sentinel chickens have been reported from 12 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, 23 horses, one emu, one eagle, and 61 sentinel chickens have been reported from 26 counties.



Notable Topics and Other Statistics

Cyclospora Outbreak Reported in a Local Restaurant (Investigator: Muniba McCabe)

On Saturday, June 22, 2019, the Florida Department of Health in Duval Epidemiology Program was informed of a gastroin-testinal illness (GI) outbreak among 20 employees in a local restaurant who became ill on 6/18. Common symptoms re-ported included nausea, vomiting, diarrhea, abdominal cramp/pain, fatigue, weakness, headache, chills, loss of appetite, and weight loss. On 6/24, a food complaint from FPCIN was filed and reported concerning an additional 20 people who ate at the same restaurant on 6/11. During the reported timeframe, a total of six independent parties contacted Duval Epi to report GI illness after they ate food from the restaurant between 6/11 -6/15. A joint environmental inspection by the Re-gional Food and Waterborne Epidemiologist, Duval-EH, and DBPR was completed on June 25. On July 2, four out of the six-stool samples were positive for Cyclospora, one was also positive for Salmonella. Additional confirmed cases have been reported since then with one positive test for Salmonella. Four specimens including Salmonella isolate were forwarded to CDC for further analysis. On July 8, the local media reported the outbreak.

Patrons were advised to talk to their providers regarding medical evaluation, treatment and prevention measures such as proper hand-washing, disinfecting contaminated surfaces with bleach, washing of soiled articles of clothing, and identifying infected patients as soon as possible to implement extended infection control. For more information about Cyclospora

<https://www.cdc.gov/parasites/cyclosporiasis/index.html>

Table 1: Tuberculosis (TB) Surveillance – Duval County - 6/1/2019 through 6/30/2019

Active TB cases reported year-to-date as of 6/30/2019						
	Count	Total Cases	Percent		Count	Total Cases
Gender				Race		
Male	17	28	60.7%	Asian	3	28
Female	11	28	39.3%	Pacific Islander/Other	0	28
Country of Origin				Black	15	28
U.S.	14	28	50.0%	White	10	28
Non-U.S.	14	28	50.0%	Ethnicity		
Age Group				Hispanic	3	28
< 5	1	28	3.6%	Non-Hispanic	25	28
5-14	0	28	0.0%	Risk Factors		
15-24	6	28	21.4%	Excess alcohol use within past year	6	28
25-44	6	28	21.4%	HIV co-infection*	3	28
45-64	13	28	46.4%	Injection drug use within past year	0	28
> 65	2	28	7.1%	Homeless within past year	4	28
				Incarcerated at diagnosis	2	28
				Unemployed	21	28
				Drug Resistance		
				Resistant to isoniazid**	0	19
*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 7/16/2019. 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 June 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	21%	5	22%	Female	523	65%	404	64%	Female	151	38%	134	38%
Male	23	79%	18	78%	Male	278	35%	225	36%	Male	244	62%	216	62%
Unknown	0	0%	0	0%	Unknown	2	0%	2	0%	Unknown	1	0%	1	0%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	15	52%	12	52%	Black	331	41%	297	47%	Black	253	64%	237	68%
Hispanic	3	10%	3	13%	Hispanic	30	4%	22	3%	Hispanic	9	2%	6	2%
White	9	31%	7	30%	White	174	22%	107	17%	White	67	17%	55	16%
Other	0	0%	0	0%	Other	29	4%	23	4%	Other	12	3%	11	3%
Unknown	2	7%	1	4%	Unknown	239	30%	182	29%	Unknown	55	14%	42	12%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	5	1%	5	1%	0-14	1	0%	1	0%
15-19	0	0%	0	0%	15-19	235	29%	180	29%	15-19	81	20%	71	20%
20-24	3	10%	2	9%	20-24	293	36%	228	36%	20-24	100	25%	88	25%
25-29	5	17%	3	13%	25-29	150	19%	118	19%	25-29	74	19%	62	18%
30-39	17	59%	14	61%	30-39	95	12%	80	13%	30-39	77	19%	70	20%
40-54	4	14%	4	17%	40-54	20	2%	16	3%	40-54	47	12%	43	12%
55+	0	0%	0	0%	55+	5	1%	4	1%	55+	16	4%	16	5%
Total Cases	29		23		Total Cases	803		631		Total Cases	396		351	
Data as of 7/16/2019. 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, June 2019

Disease	DUVAL					All Counties				
	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	1	1	0.6	0	1	2	0.4	0	3	4
Pertussis	0	1	4.8	3	0	6	15.8	12	51	132
Rubella	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0
Varicella (Chickenpox)	4	0	2.4	2	23	15	21.6	23	91	86
B. CNS Diseases & Bacteremias										
Cryptococcal Meningitis	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob Disease (CJD)	2	3	2.2	2	15	17	14.6	16	38	26
Haemophilus Influenzae Invasive Disease	0	1	1	1	5	10	6.6	8	13	10
Meningitis: Bacterial or Mycotic	0	0	0	0	0	1	0.8	1	2	1
Meningococcal Disease	0	0	0	0	0	0	0	0	0	0
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0.2	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 (VISA)	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	3	0	0.2	0	12	10	11	10	44	29
C. Enteric Infections										
Campylobacteriosis	22	18	13.4	9	76	104	66.2	64	439	548
Cryptosporidiosis	3	3	2.6	2	17	12	10.6	11	41	51
Cyclosporiasis	133	0	0.4	0	133	0	0.8	0	277	36
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	4	1	1.8	1	17	9	8.4	8	100	75
Gardiasis: Acute	4	3	3.4	3	13	21	23.4	24	82	95
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	0	0
Listeriosis	1	0	0	0	2	0	0.4	0	6	2
Salmonellosis	31	35	35.2	35	111	112	116.2	118	762	804
Shigellosis	7	4	8.6	5	30	17	38.6	34	142	167
Typhoid Fever (Salmonella Serotype Typhi)	0	1	0.2	0	0	4	0.8	0	8	11
D. Viral Hepatitis										
Hepatitis A	1	0	0.2	0	4	0	0.4	0	363	32
Hepatitis B: Acute	3	2	2.2	2	35	17	14	13	73	68
Hepatitis B: Surface Antigen in Pregnant Women	1	2	2	4	4	12	14	15	16	25
Hepatitis C: Acute	4	2	0.6	0	18	9	5.8	6	117	46
E. Vector-Borne, Zoonoses										
Chikungunya Fever	0	0	0.2	0	0	0	0.6	0	2	0
Q Fever	0	0	0	0	0	0	0	0	0	0
Dengue Fever	0	0	0	0	0	0	0	0	0	0
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	0	0.6	1	7	9
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	1	1	1	0	0	0	0	0	0
Malaria	1	1	0.6	1	3	3	1.8	2	8	7
Rabies: Animal	1	0	0.2	0	2	0	0.2	0	8	9
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	1.4	0	1	0	1.8	0	8	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
Carbon Monoxide Poisoning	0	1	0.4	0	1	1	1.8	1	22	8
Hansen's Disease (Leprosy)	0	0	0.2	0	0	0	0.4	0	1	2
Legionellosis	0	2	1.8	2	13	19	12.4	14	62	53
Vibriosis (Vibrio cholerae)	0	0	0	0	0	0	0.2	0	0	0
Vibriosis (Vibrio parahaemolyticus)	0	0	0	0	0	0	0.2	0	0	0
Vibriosis (Vibrio vulnificus)	0	0	0	0	0	0	0.2	0	0	0
Vibriosis (Vibrio vulnificus)	0	0	0	0	0	0	0.2	0	0	0
Vibriosis (Vibrio vulnificus)	0	1	0.2	0	1	2	1.6	2	3	10
Vibriosis (Vibrio vulnificus)	0	0	0.8	1	0	0	1	1	6	10

This report consists of confirmed, probable and suspect cases based on the date of event (initial) as reported in Meslin 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.

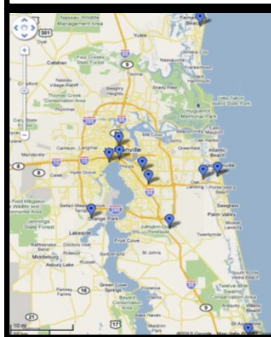
Other Links and Resources:

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

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

Comments:

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for iOS and Android