

Duval County Epidemiology Surveillance Report

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

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State Surgeon General and Secretary

March 2018

Florida Department of Health

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Report Summary

The month of March 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 March 31,2018, unless noted otherwise.

DOH-Duval reported 184 cases of various diseases/conditions in March. Please note that all cases meet the case definition for a confirmed, probable or suspect case. Among the cases reported, there was a case of Strep pneumonia (drug-susceptible), two cases of Haemophilus influenza, pertussis, meningitis, three cases of acute Hepatitis B and five cases of varicella, one case of laboratory-confirmed influenza in ICU patients less than 65 years old.

Surveillance data for select enteric diseases showed similar case counts compared to the previous month of February, while influenza and ILI activity reported showed normal levels. This issue will also highlight a reportable case of influenza– associated death in a pediatric patient and cases reported for enhanced surveillance for intensive care unit (ICU) patients less than 65 with laboratory confirmed influenza.



Enteric Disease

Select enteric disease activity reported in March remained the same when compared to the previous month of February (weeks 6-9, 2018). Cases of cryptosporidiosis (4), salmonellosis (16), and shigellosis(3) increased, while cases of giardiasis(2) and campylobacteriosis (10) decreased (Figures 2 - 6). Three enteric outbreaks were reported to DOH-Duval, in March.

Compared to 2017, cases of cryptosporidiosis and salmonellosis showed an increase while cases of campylobacteriosis, giardiasis, and shigellosis decreased (Figure 1). Cases reported for this year showed that the 55 to 74 year-old age group accounted for the majority of the cases reported with 28 cases followed by those 20 to age 34 with 21 cases.

(Source: FDENS EpiCom, ESSENCE).

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

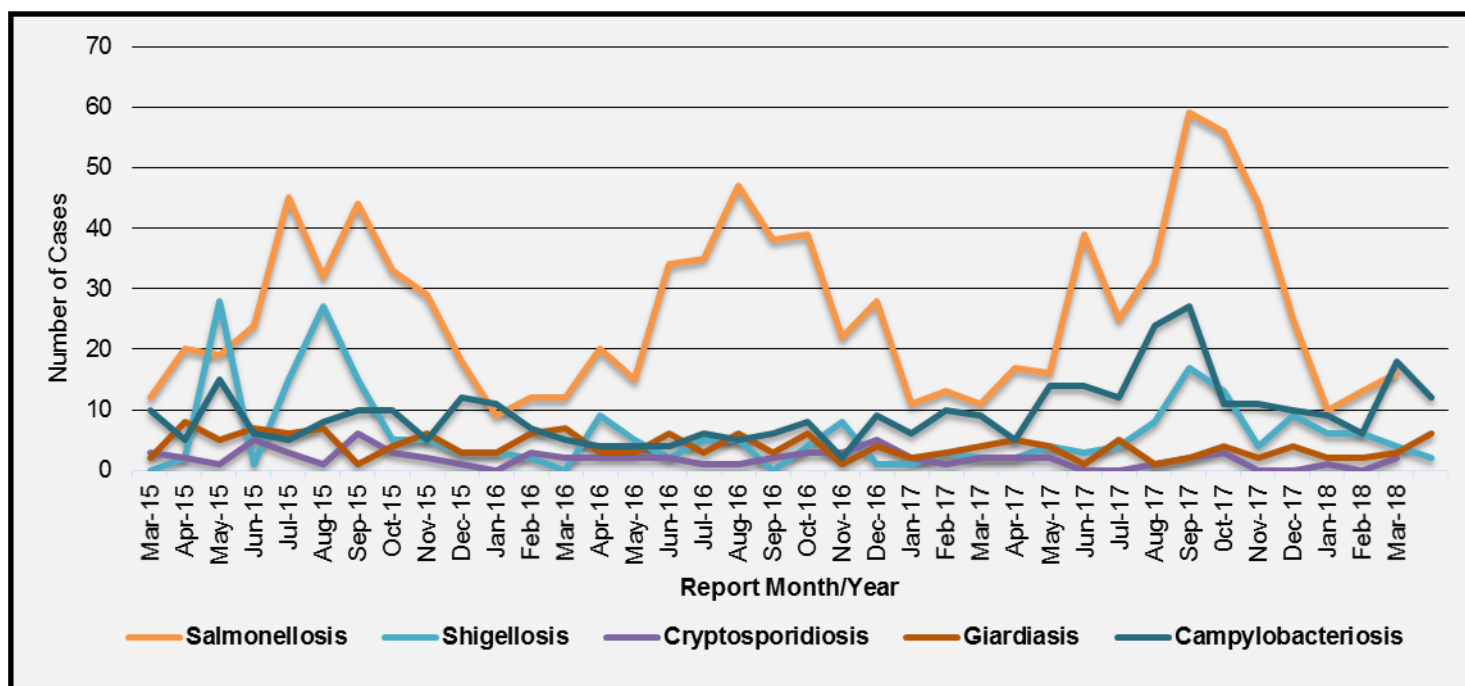


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 13, 2016 – Week 13, 2018

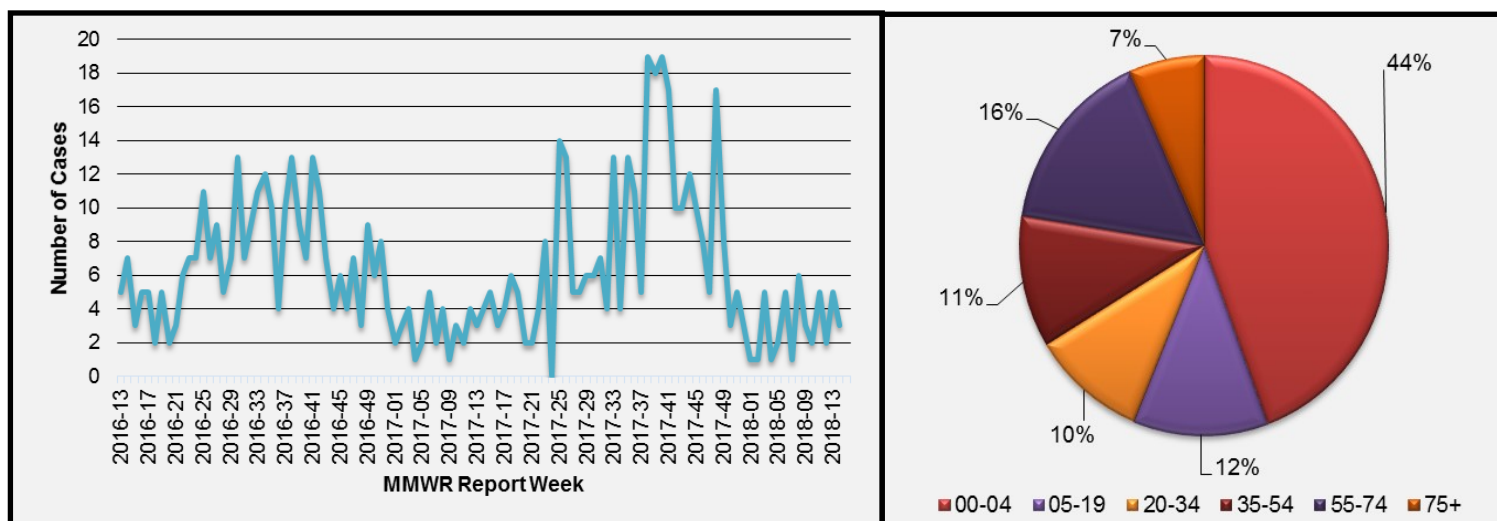


Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County

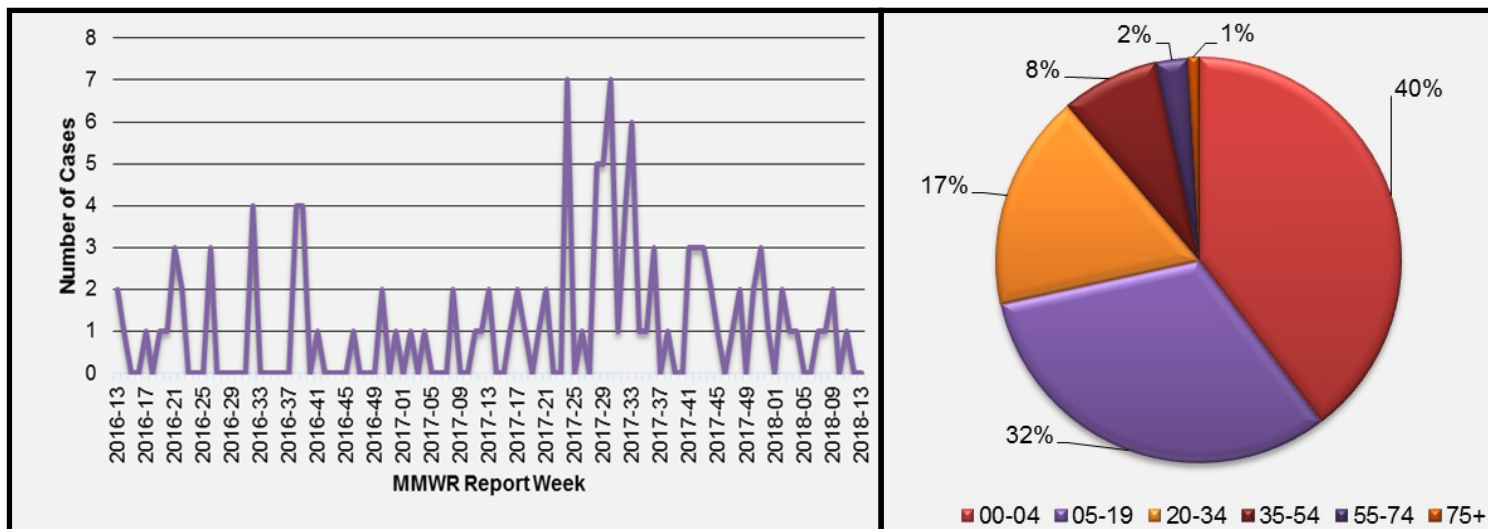


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 13,2016 – Week 13,2018

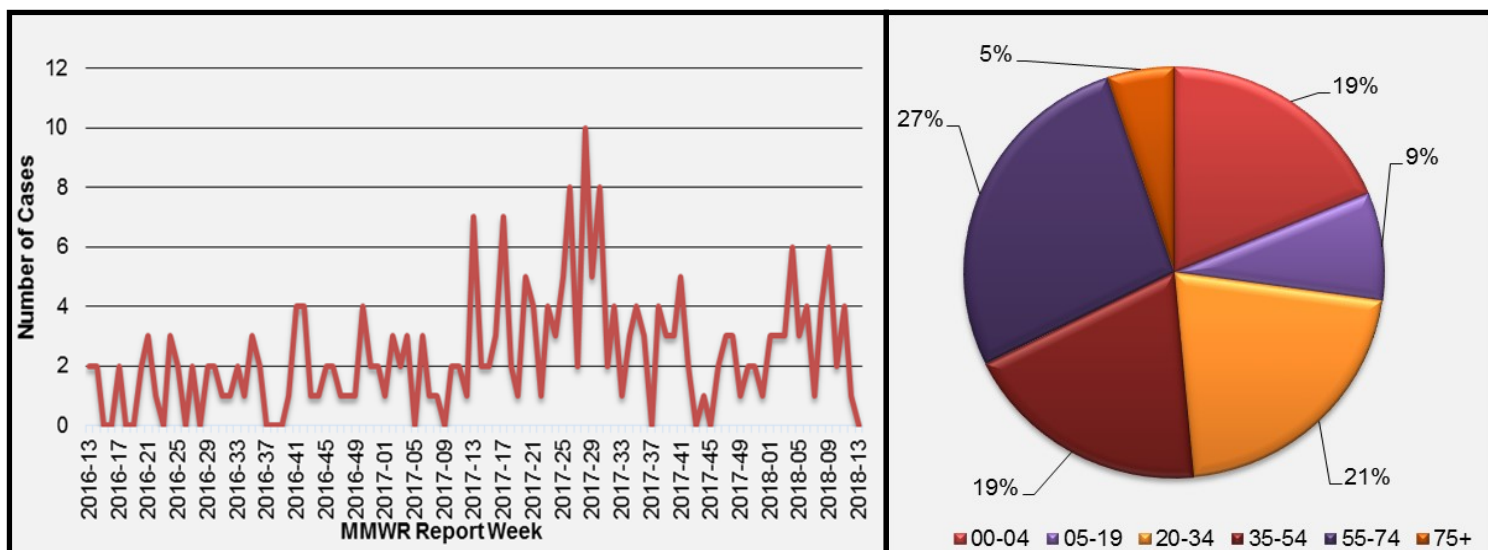


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 13, 2016 – Week 13, 2018

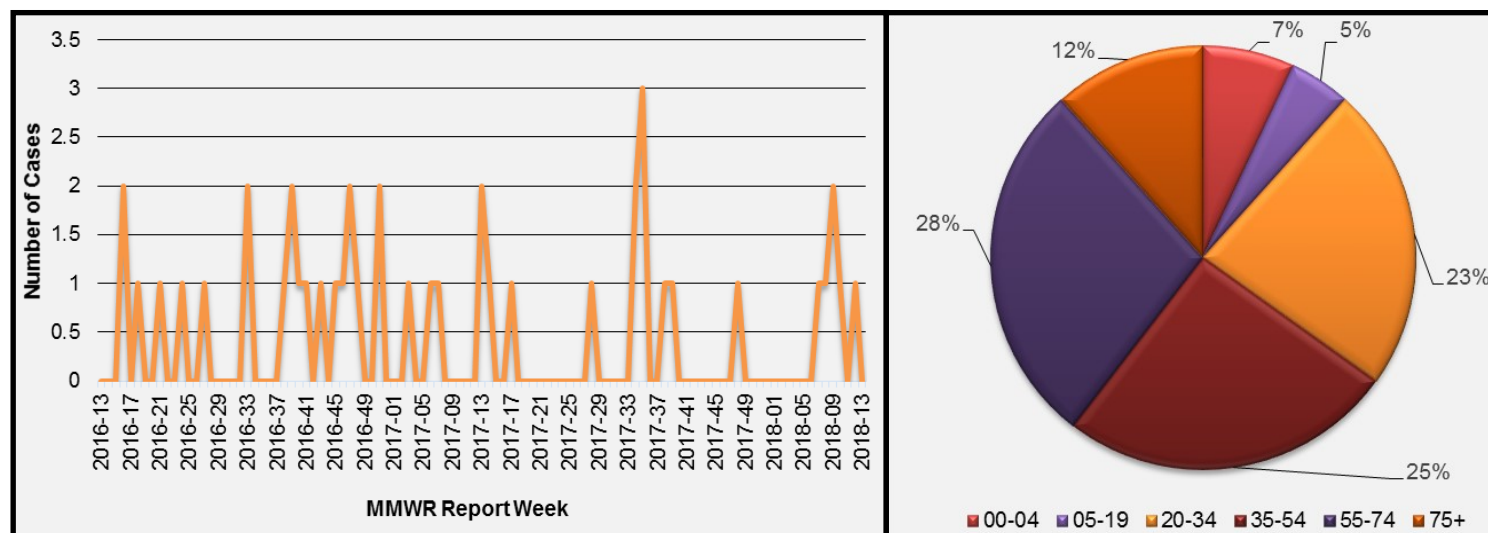
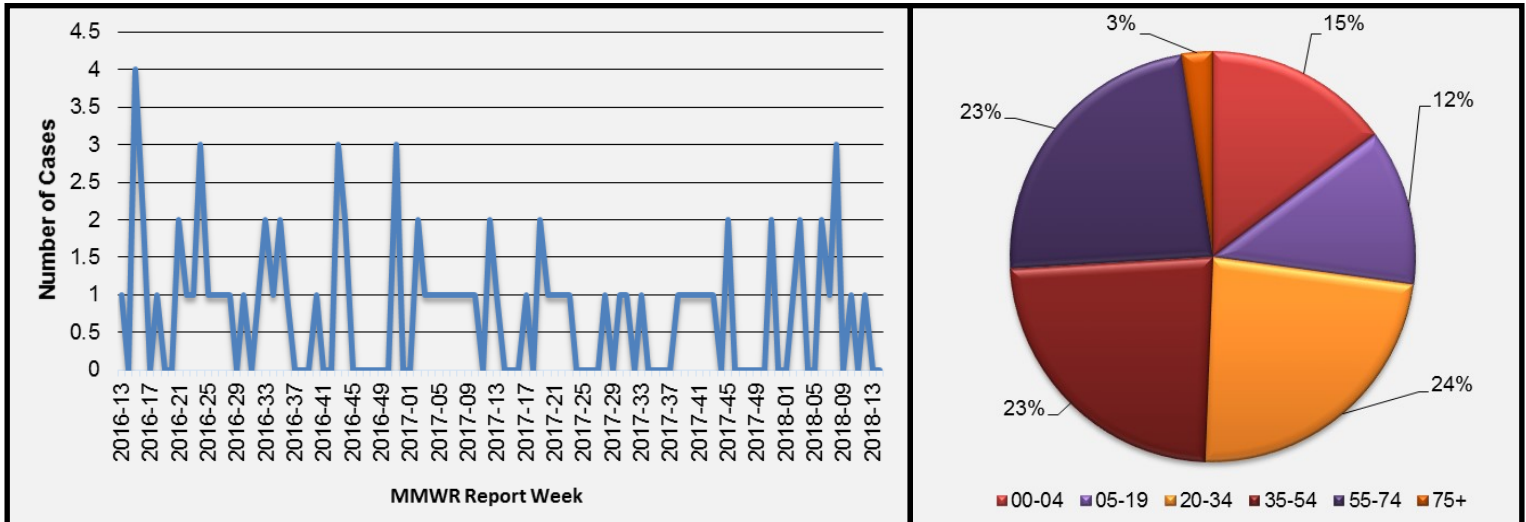


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 13, 2016 – Week 13, 2018



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed normal levels during the month of March. Emergency department (ED) and urgent care centers (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 those 0 to 19 showed similar levels, while age groups 20 to 54 and 55 and older showed higher levels when compared to the previous season (Figure 8). The Electronic Laboratory Reporting (ELR) system reported 109 (49%) positive specimens of the 221 submitted for influenza testing. Of those, subtyping showed that influenza A (48) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were 5 positive specimens reported from Duval County and 14 tested negative (Figure 10).

RSV laboratory surveillance reported lower levels when compared to the previous month of February. A total of 47 specimens were tested during the month of March. Of those, 5 were positive and subtyped as RSV unspecified. No outbreaks of RSV were reported to DOH-Duval, in March. RSV activity in Northeast Florida peaks between October and March. To learn more about RSV in Florida, visit: <http://www.floridahealth.gov/rsv>.

Source: Flu and RSV Reports, Merlin

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

In March, one case of ICU laboratory-confirmed influenza less than 65 was 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 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 March, continued to decrease. Despite this decrease, levels remained above levels observed during previous seasons at this time. As of week 13 (ending March 31, 2018), 484 outbreaks of influenza and ILI have been reported since the start of the 2017-18 season. Specimens submitted to BPHL for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) and showed influenza A (H3) as the dominant strain subtype.

National influenza activity:

Influenza activity has continued to decrease, but remains well above the national baseline. Influenza A (H3) has been the most common influenza subtype; however, influenza B activity has continued to increase in recent weeks according to CDC.

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

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

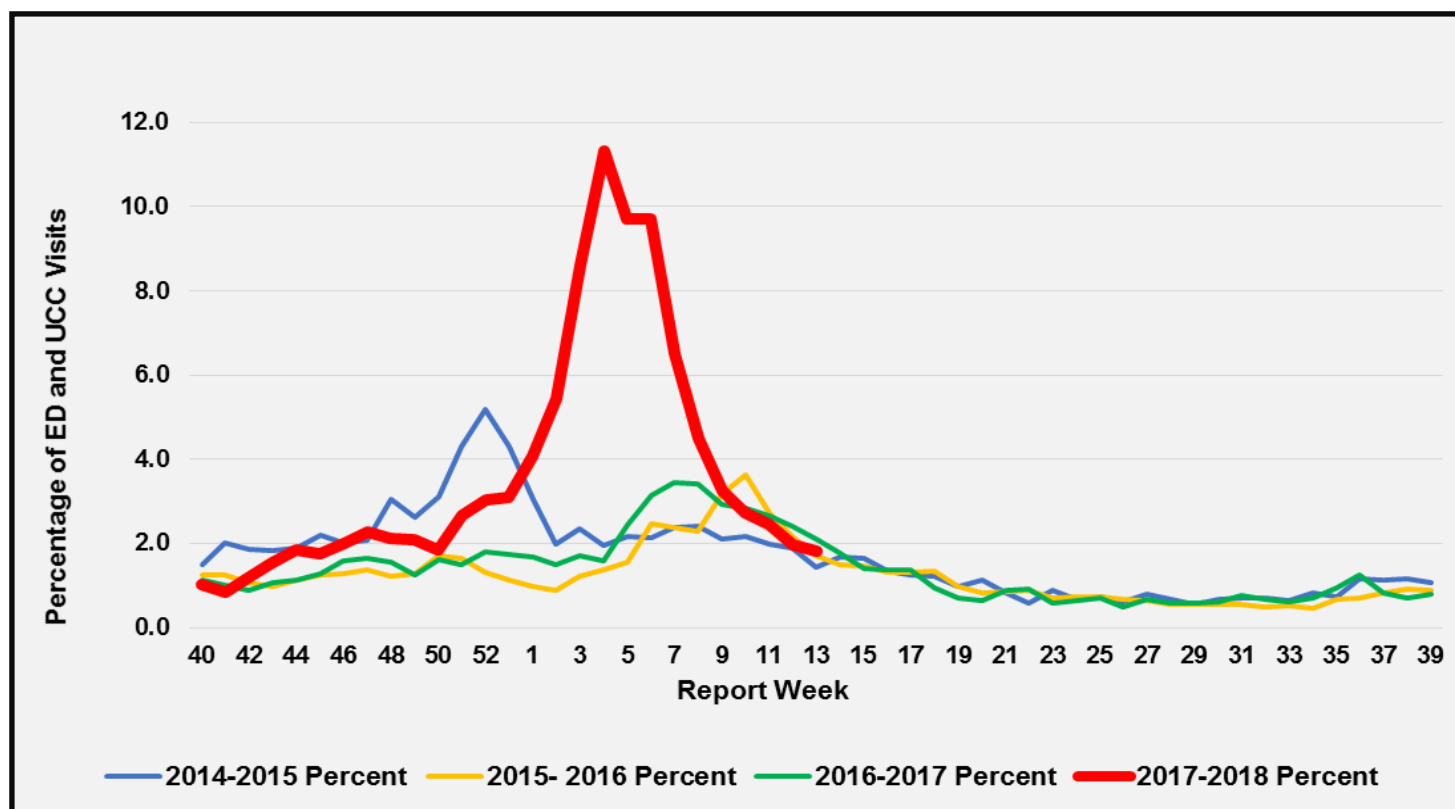


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 9,2016 – Week 14,2018

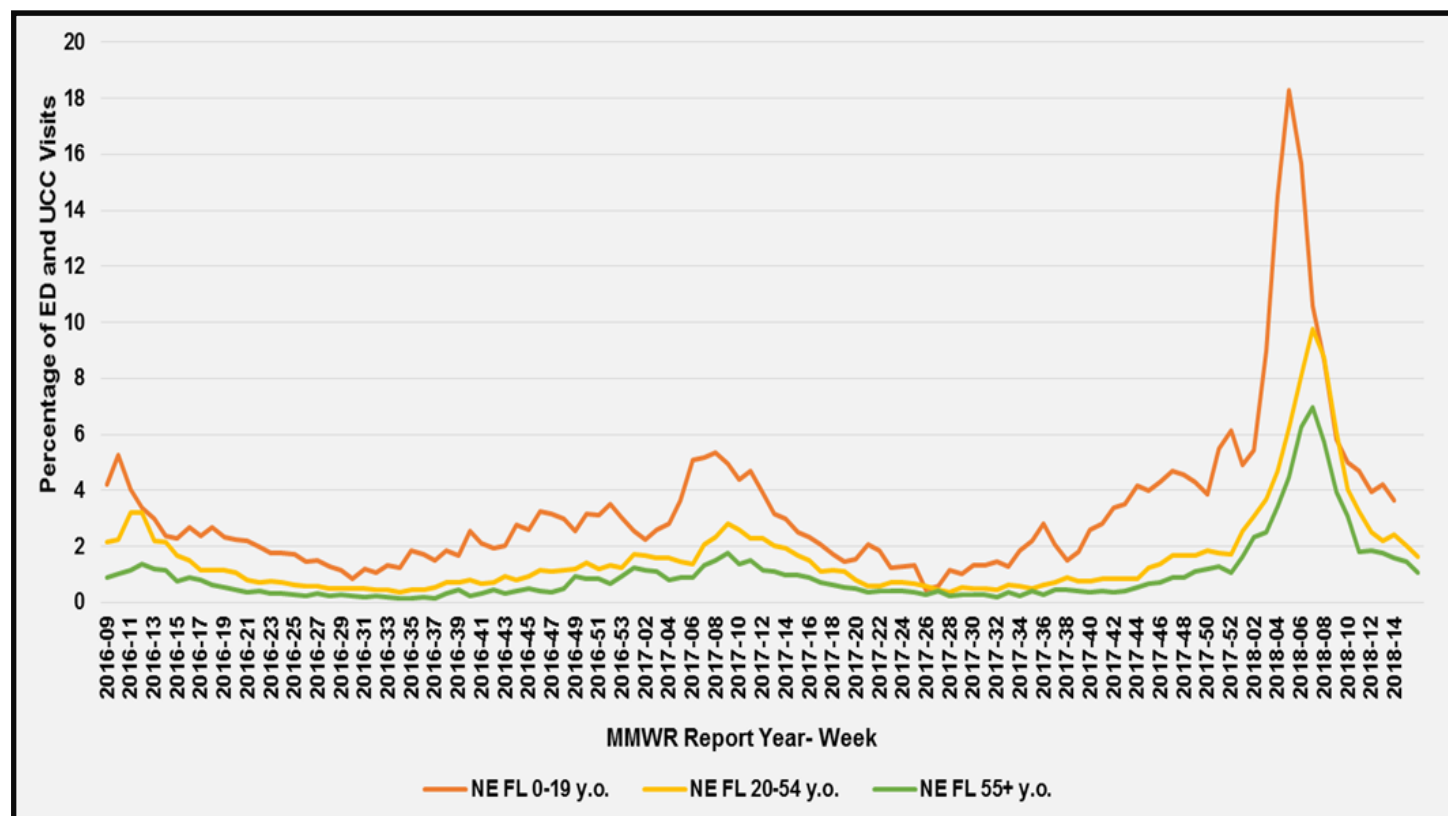


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 9,2016 - Week 13,2018

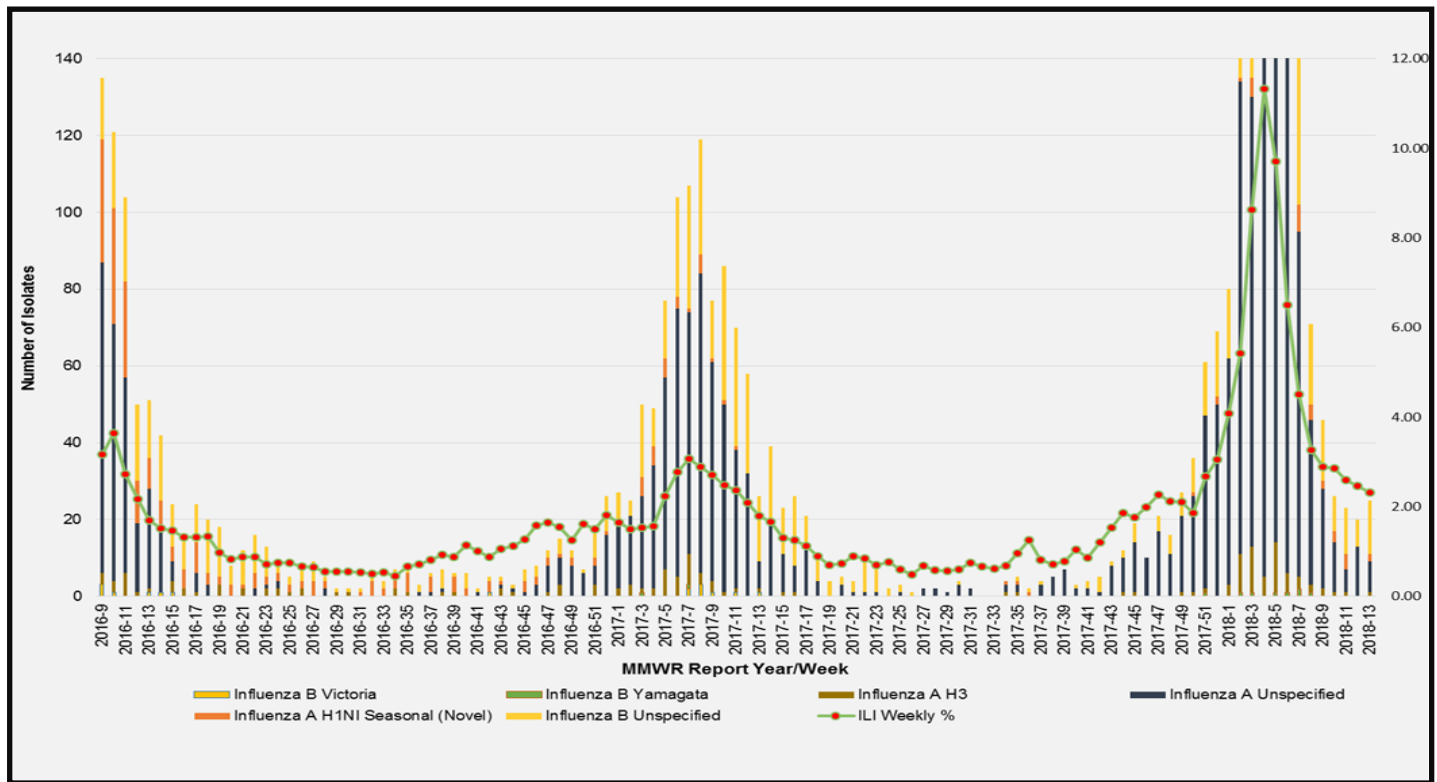
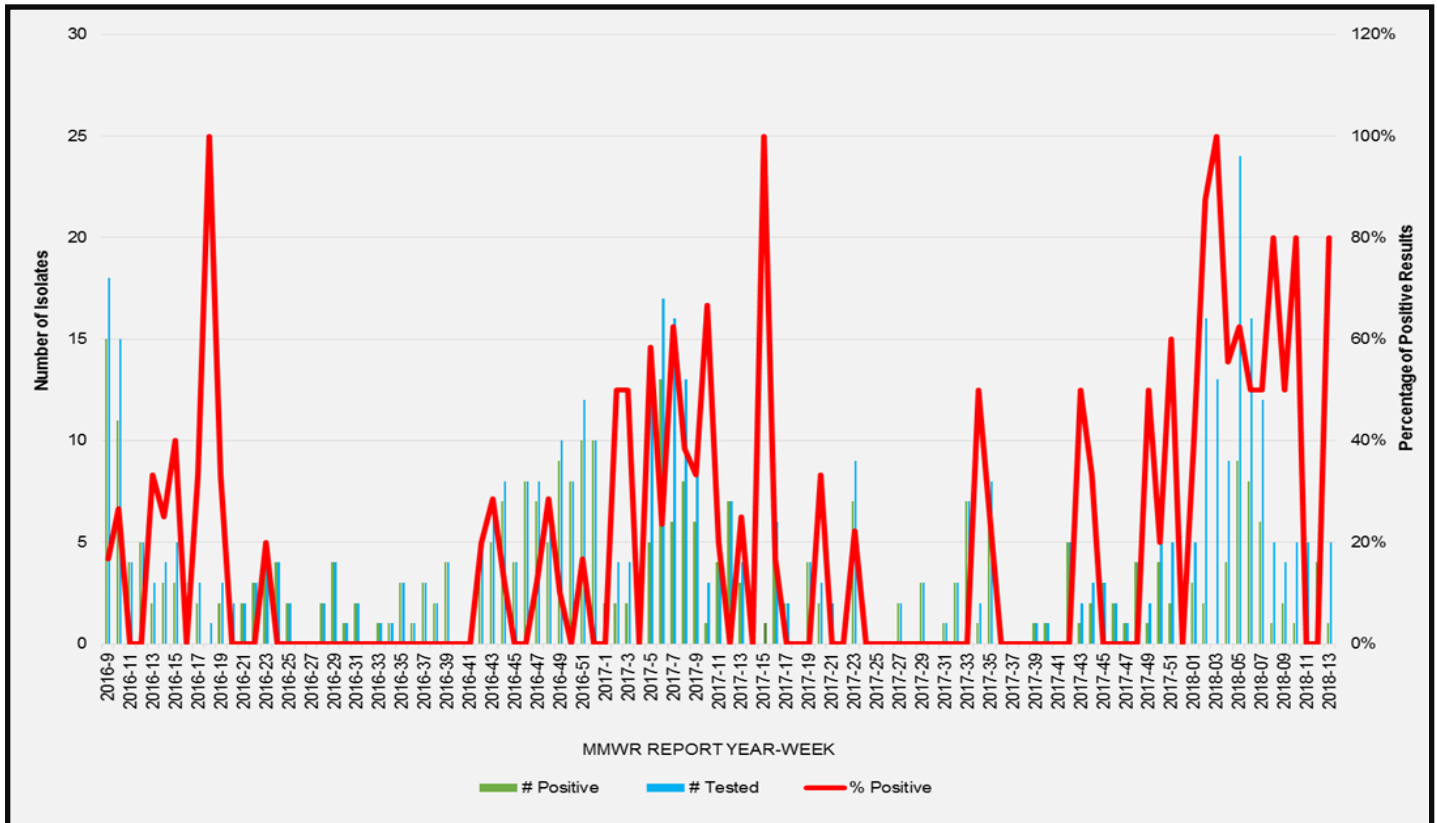


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 9,2016 – Week 13,2018



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 March.

State of Florida 2017 Human Case Summary and Surveillance

International Travel-Associated Dengue Fever Cases: In 2018, one travel-associated case has 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, twenty-four cases have been reported. Countries of origin were: Brazil, Brazil/Haiti, Brazil/Mexico, Cuba (9), Cuba/Mexico, Guatemala, Haiti (4), Honduras (2), Puerto Rico, and Venezuela (3). Counties reporting cases were: Broward, Collier (8), Hernando, Lee, Miami-Dade (7), Orange (3), Osceola (2), and Palm Beach. Two cases were reported in non-Florida residents. Florida is monitoring a total of 16 pregnant women in 2018.

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

Advisories/Alerts: Levy County is currently under a mosquito-borne illness advisory or alert.

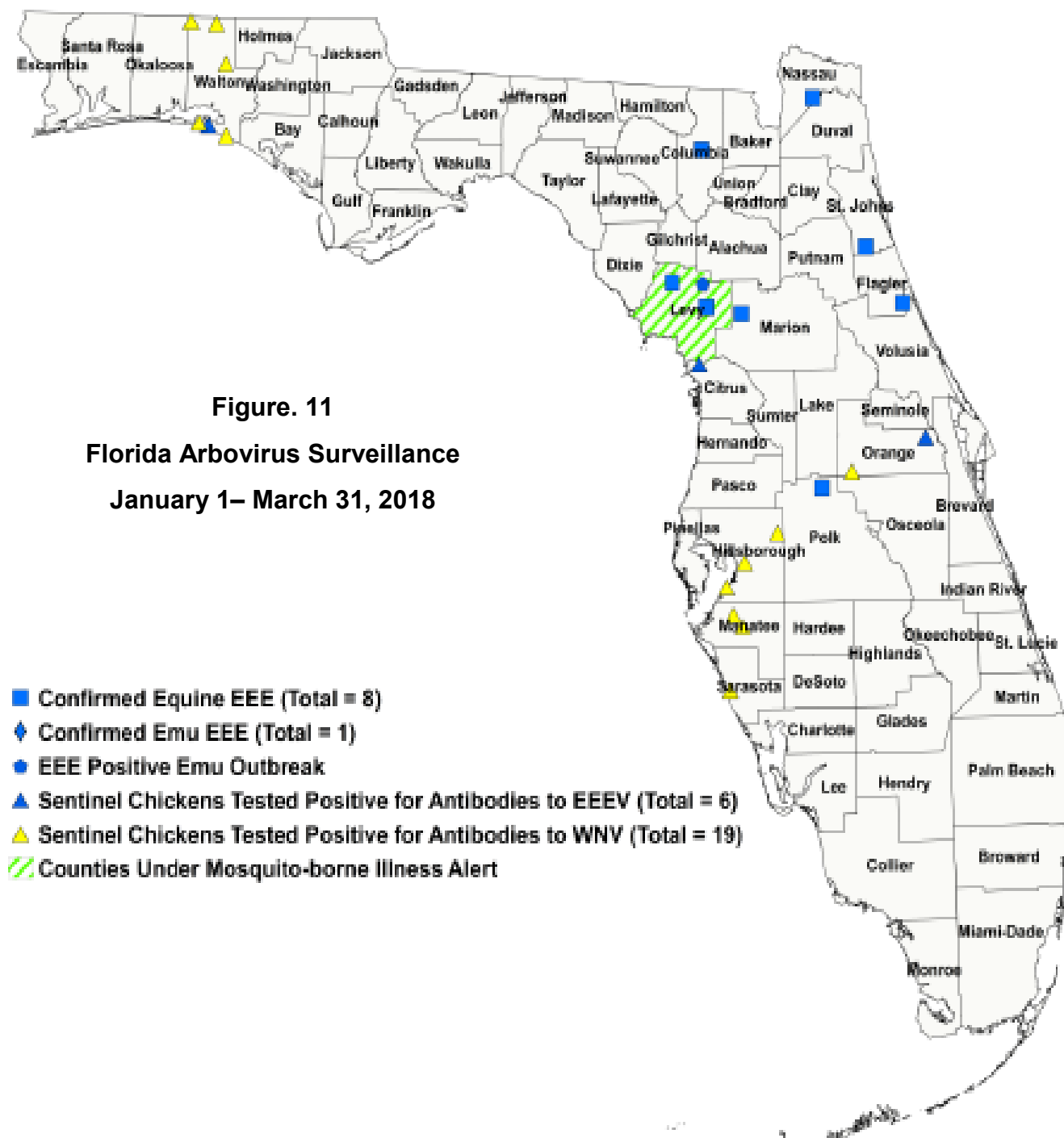
International Travel-Associated Malaria Cases: Six cases of malaria with onset in 2018 have been reported. Countries of origin were: Haiti, India, Kenya, Nigeria (3), and Togo (2). Counties reporting cases were: Broward, Hillsborough (2), Miami-Dade (4), and Orange. One case was reported in a non-Florida resident.

Six cases (75%) were diagnosed with *Plasmodium falciparum*. One case (13%) was diagnosed with *Plasmodium vivax*. One case (13%) was diagnosed with *Plasmodium ovale*.

WNV activity: In 2018, positive samples from nineteen sentinel chickens have been reported from five counties.

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

EEEV activity: In 2018, positive samples from eight horses, one emu, one emu flock and six sentinel chickens have been reported from eleven counties



Notable Topics and Other Statistics

Influenza-associated pediatric mortality reported in Duval County, March 2018

Investigator: Kimberly Dawson, MPH

In March, one case of influenza-associated pediatric mortality was reported for Duval county. This patient was a 3 year-old male that had underlying health conditions. This patient visited the ER on 3/24/18 and was admitted to the pediatric ICU with complications of pneumonia (x-ray confirmed) and placed on mechanical ventilation. The symptoms of runny nose, congestion, cough, fever and cyanosis started 3 days prior to admission. Antibiotic therapy was started on 3/24/18 with antiviral therapy starting on 3/28/18 after positive PCR testing for influenza A. There was no evidence of previous influenza vaccination. This is the first influenza-associated pediatric death confirmed in Duval during the current flu season and the eighth statewide. Most influenza-associated pediatric deaths occur in unvaccinated children with underlying health conditions. Children with underlying health conditions are at a higher risk for severe complications from influenza infection. The Centers for Disease Control and Prevention recommend continuous vaccinations for influenza as long as the viruses are in circulation. Pediatric death due to influenza and pneumonia are currently within expected levels.

Table 1: Tuberculosis (TB) Surveillance – Duval County - 3/1/2018 through 03/31/2018

Active TB cases reported year-to-date as of March 31, 2018						
	Count	Total Cases	Percent		Count	Total Cases
Gender				Race		
Male	8	10	80.0%	Asian	0	10
Female	2	10	20.0%	Pacific Islander/Other	0	10
Country of Origin				Black	7	10
U.S.	9	10	90.0%	White	3	10
Non-U.S.	1	10	10.0%	Ethnicity		
Age Group				Hispanic	1	10
< 5	2	10	20.0%	Non-Hispanic	9	10
5-14	0	10	0.0%	Risk Factors		
15-24	2	10	20.0%	Excess alcohol use within past year	1	10
25-44	1	10	10.0%	HIV co-infection*	1	10
45-64	1	10	10.0%	Injection drug use within past year	0	10
> 65	4	10	40.0%	Homeless within past year	1	10
				Incarcerated at diagnosis	0	10
				Unemployed	7	10
				Drug Resistance		
				Resistant to isoniazid**	0	5

*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 4/20/2018. 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 March 2018

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%
Female	2	10%	2	11%	Female	555	69%	426	69%	Female	139	47%	124	46%
Male	19	90%	16	89%	Male	255	31%	194	31%	Male	159	53%	147	54%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	10	48%	9	50%	Black	396	49%	348	56%	Black	213	71%	201	74%
Hispanic	1	5%	0	0%	Hispanic	42	5%	36	6%	Hispanic	11	4%	11	4%
White	9	43%	8	44%	White	237	29%	132	21%	White	49	16%	37	14%
Other	1	5%	1	1%	Other	135	17%	104	17%	Other	25	8%	22	8%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	16	2%	11	2%	0-14	4	1%	4	1%
15-19	2	10%	1	6%	15-19	196	24%	144	23%	15-19	51	17%	45	17%
20-24	5	24%	5	28%	20-24	304	38%	229	37%	20-24	103	35%	90	33%
25-29	2	10%	2	11%	25-29	153	19%	127	20%	25-29	55	18%	52	19%
30-39	7	33%	6	33%	30-39	110	14%	86	14%	30-39	57	19%	54	20%
40-54	5	24%	4	22%	40-54	25	3%	18	3%	40-54	20	7%	18	7%
55+	0	0%	0	0%	55+	6	1%	5	1%	55+	8	3%	8	3%
Total Cases	21		18		Total Cases	810		620		Total Cases	298		271	

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, March 2018

Disease	DUVAL				All Counties			
	March		Cumulative (YTD)		March		Cumulative (YTD)	
	2018	2017	Mean†	Median‡	2018	2017	Mean†	Median‡
A. Vaccine Preventable Diseases								
Diphtheria	0	0	0	0	0	0	0	0
Measles (Rubella)	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	14	2	1.8	2
Pertussis	0	3	2	2	5	19	38.6	37
Rubella	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0
Varicella (Chickenpox)	5	4	2.6	2	9	82	86.4	69
B. CNS Diseases & Bacteremias								
Cerebral-Jakob Disease (CJD)	0	0	0	0	0	1	3	2
Haemophilus influenzae Invasive Disease	3	7	3.6	3	9	37	29.6	27
Meningitis: Bacterial or Mycotic	2	0	1.2	2	7	8	11.2	31
Meningococcal Disease	0	0	0.2	0	1	0	2	4
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0	0
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Resistant	0	1	2.4	2	0	5	8.8	9
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	2	1	2.2	1	8	3	7.2	7
C. Enteric Infections								
Campylobacteriosis	11	10	9.8	10	40	36	25.4	25
Cryptosporidiosis	1	3	1.8	1	6	6	4.2	4
Cyclospora	0	0	0	0	0	0	0	0
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	1	1.2	1	2	3	3.2	3
Giardiasis: Acute	2	1	3	2	9	6	12.2	13
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	0	0	0
Salmonellosis	18	15	14.4	15	39	39	36.4	38
Shigellosis	1	4	9.2	6	7	10	10.8	14
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	1	0	0	0
D. Viral Hepatitis								
Hepatitis A	0	0	0.2	0	0	0	0.4	0
Hepatitis B: Acute	3	2	1.4	1	9	8	4.6	4
Hepatitis B: Surface Antigen in Pregnant Women	1	1	2.2	2	3	3	6.2	5
Hepatitis C: Acute	1	4	1.4	1	4	9	2.6	2
E. Vector-Borne, Zoonoses								
Chikungunya Fever	0	0	0	0	0	0	0.2	0
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0
Dengue Fever	0	0	0.2	0	0	0	0.2	0
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	0	0.2	0
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0.2	0	1	1	1	1
Malaise	0	0	0	0	0	0	0.2	0
Rabies: Animal	0	0	0	0	0	0	0	0
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection: Congenital	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection: Non-Congenital	0	0	0.2	0	0	0	0.2	0
F. Others								
Botulism: Infant	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	0
Carbon Monoxide Poisoning	0	0	0.2	0	0	1	0.6	1
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0
Legionellosis	3	0	1.2	1	9	7	5.2	5
Vibriosis‡	0	2	0.1	0	0	3	0.1	0
This report consists of confirmed, probable and suspect cases based on the data of (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								
‡ Includes Grimontia holisae, Vibrio alginolyticus, Vibrio cholerae Type Non-O1, Vibrio mimicus, Vibrio parahaemolyticus, Vibrio vulnificus, Other Vibrio Species								

Surveillance systems

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

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

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

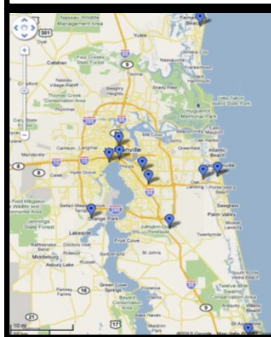
Other Links and Resources:

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

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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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"What's Reportable?" app
for iOS and Android