

Duval County Epidemiology Surveillance Report

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

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May 2018

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Report Summary

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

DOH-Duval reported 321 cases of various diseases/conditions in May. 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 Escherichia coli, Shiga Toxin-producing (STEC), Typhoid fever (Salmonella), Vibriosis, mumps, measles, Malaria, suspect Zika (travel-associated) case, and one case of ICU laboratory-confirmed influenza less than 65, two cases of meningitis, Strep pneumonia, and four cases of legionellosis and varicella.

Surveillance data for select enteric diseases showed a significant increase in case counts compared to the previous month of April, while influenza and ILI activity reported showed normal levels. This issue will also highlight the two measles outbreaks reported for Duval County.



Enteric Disease

Select enteric disease activity reported in May showed a notable increase compared to the previous month of April (weeks 13-18, 2018). Cases of campylobacteriosis(28), cryptosporidiosis(3), giardiasis(4), salmonellosis(21), and shigellosis(5) increased (Figures 2 - 6). One enteric outbreak was reported to DOH-Duval, in May.

Compared to 2017, cases of campylobacteriosis, cryptosporidiosis, salmonellosis and shigellosis showed an increase while cases of giardiasis decreased (Figure 1). Cases reported for this year showed that those ages 00 to 04 years of age accounted for the majority of the cases reported with 50 cases followed by those ages 55 to 74 years of age with 41 cases.

(Source: FDENS EpiCom, ESSENCE).

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

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

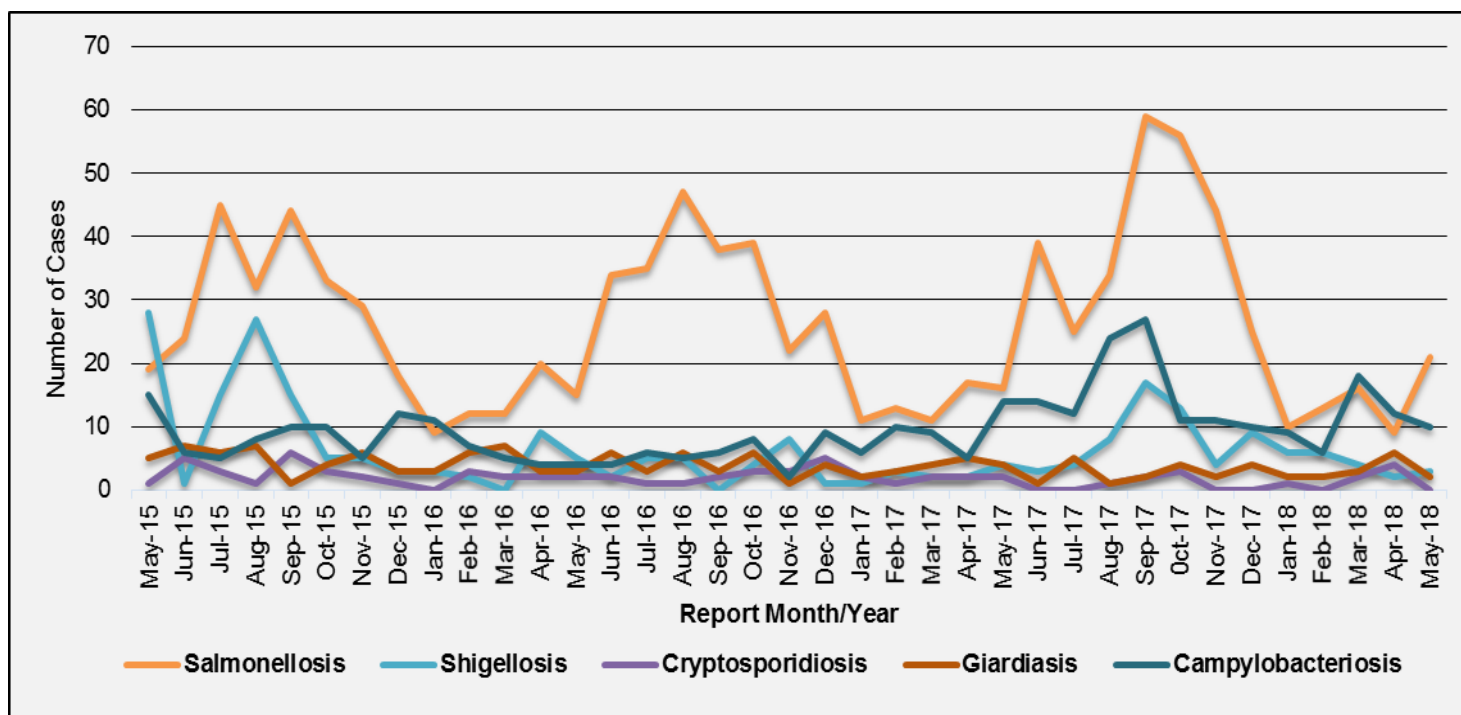


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 22, 2016 – Week 22, 2018

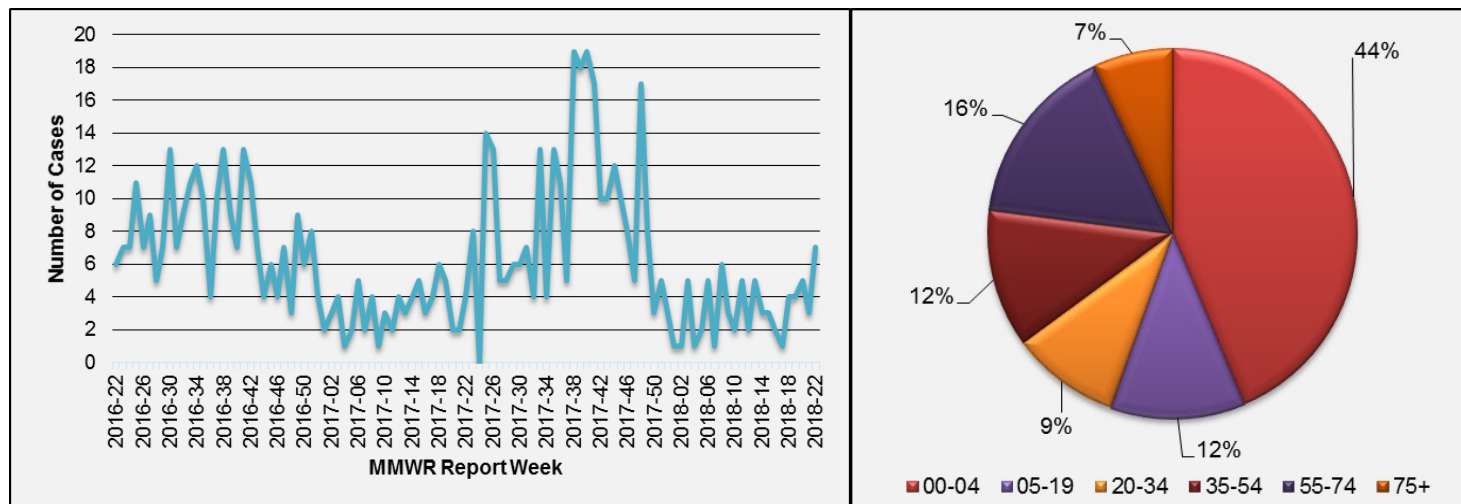




Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 22,2016 – Week 22,2018

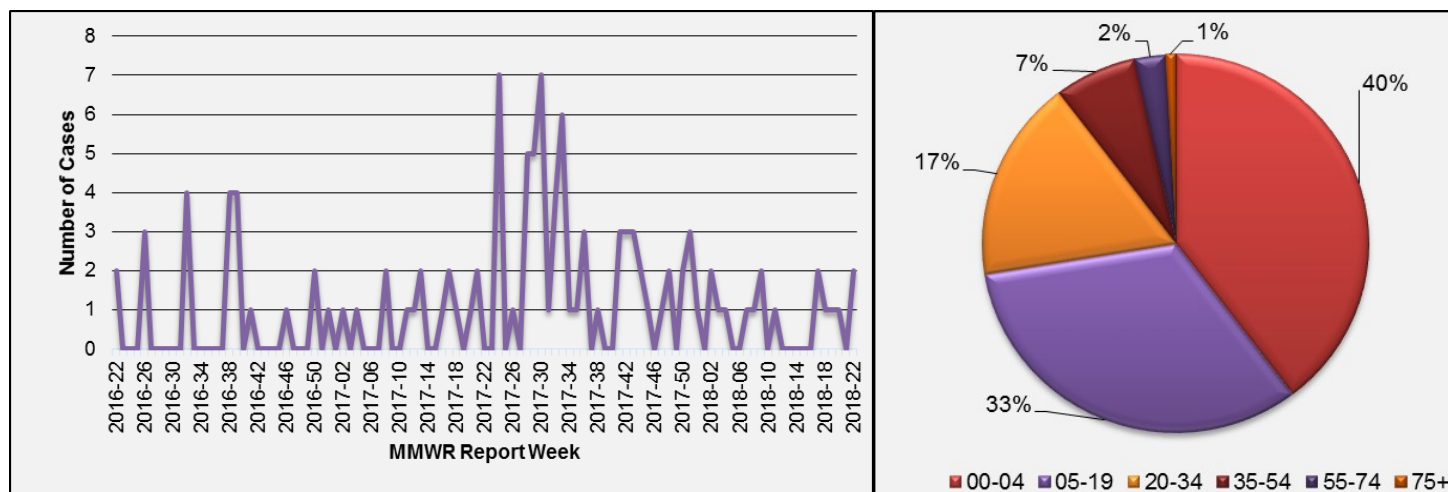


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 22,2016 – Week 22,2018

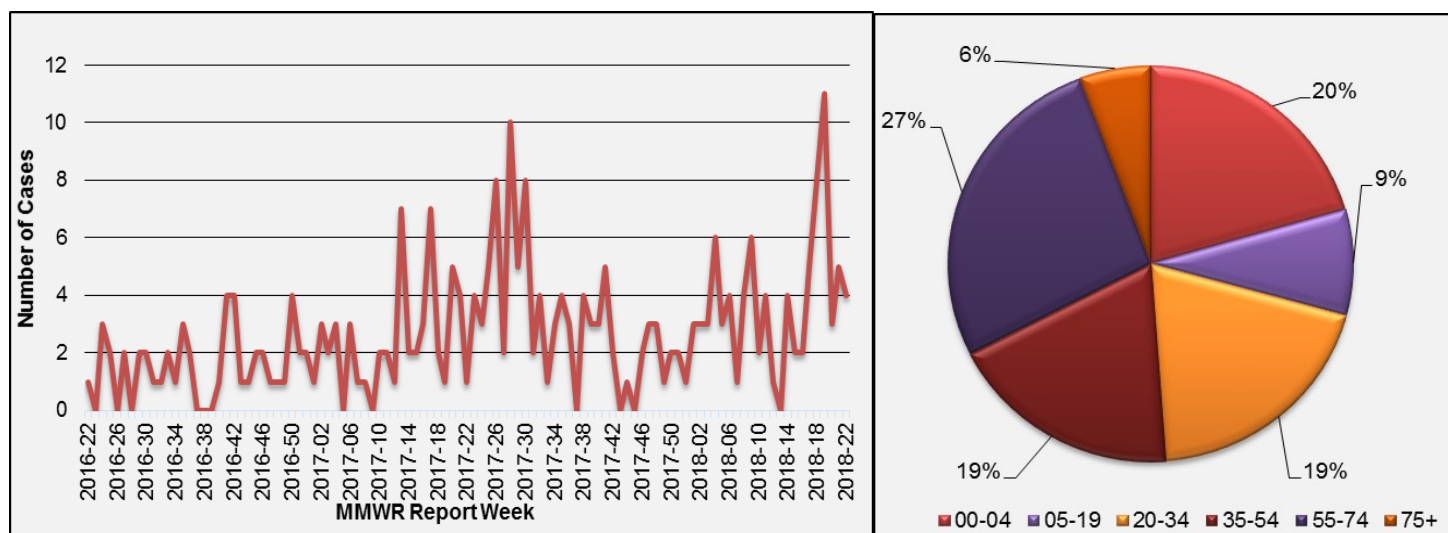


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 22, 2016 – Week 22, 2018

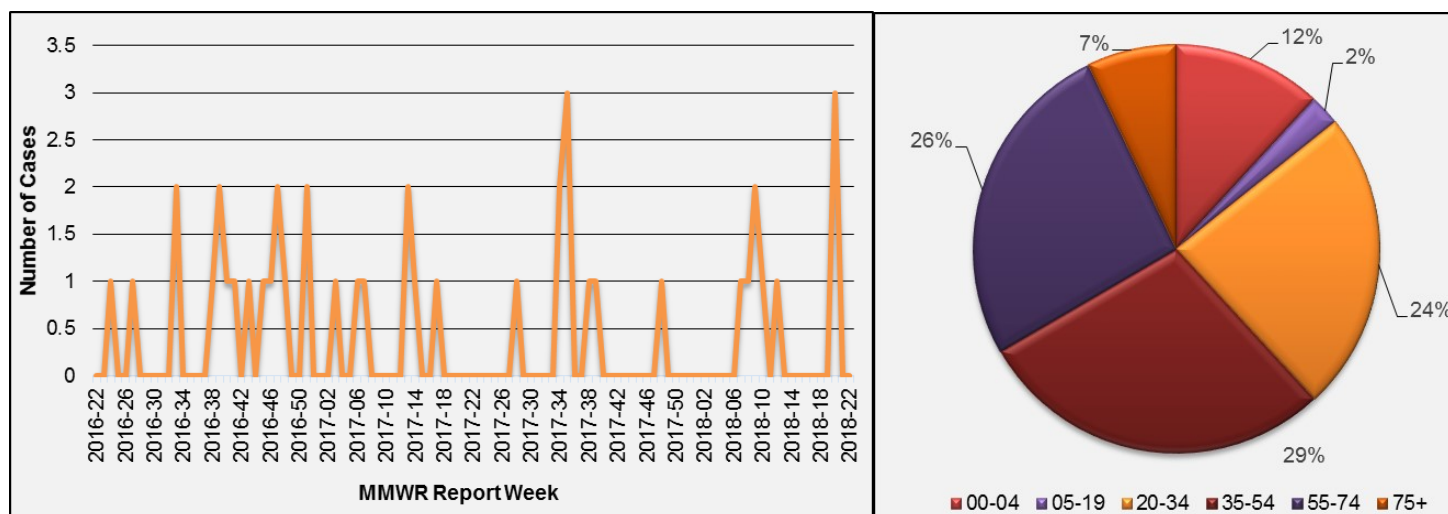
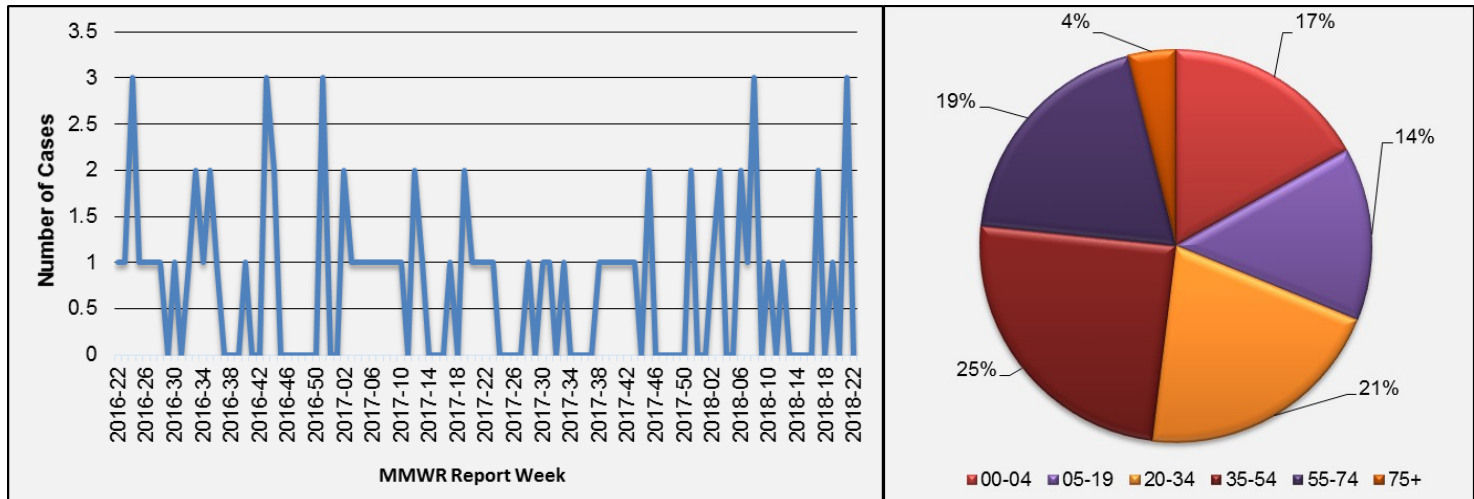


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 22,2016 – Week 22,2018



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed normal activity during the month of May. 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 all age groups showed similar trends (Figure 8). The Electronic Laboratory Reporting (ELR) system reported 31 (26%) positive specimens of the 120 submitted for influenza testing. Of those, subtyping showed that influenza B (31) was the dominant strain detected by laboratories (Figure 9). The Bureau of Public Health Laboratories (BPHL) - Jacksonville reported 1(13%) positive and 7(87%) negative specimens for Duval County (Figure 10).

Source: Flu Lab Report, Merlin

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

In May, one case of ICU laboratory-confirmed influenza in persons 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 ages 0 to 64 years of age

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

State influenza and influenza-like illness activity:

Influenza and ILI activity reported in Florida, during the month of May, continued to circulate at low levels. While activity remains low, it is important to note that influenza continues to circulate throughout the summer months in Florida. Over 500 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 and remain below the national baseline. Influenza A (H3) has been the most common influenza subtype; however, influenza B viruses have been more frequently reported than influenza A viruses since early March.

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

Influenza and ILI Overview Cont. d

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

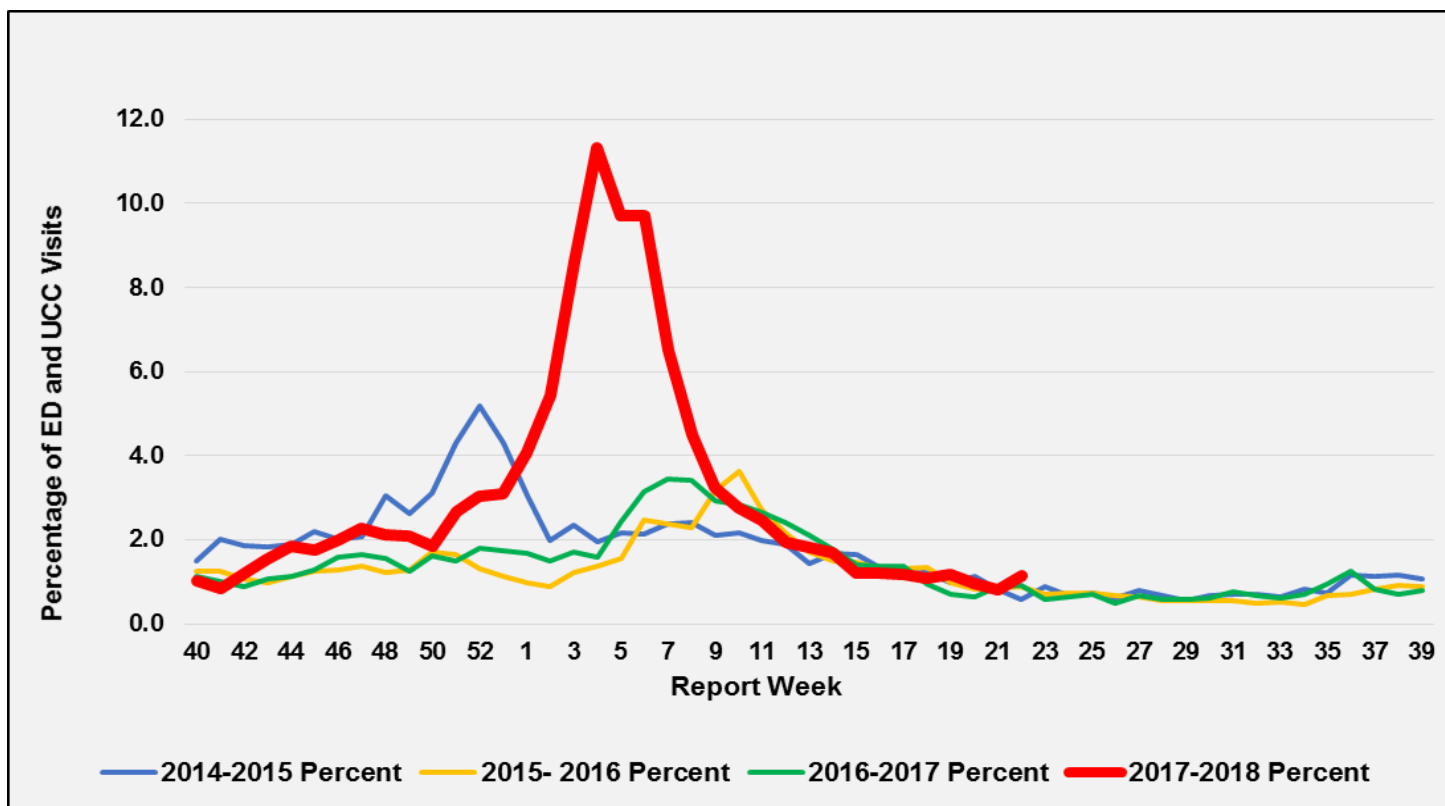


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 21,2016 – Week 22,2018

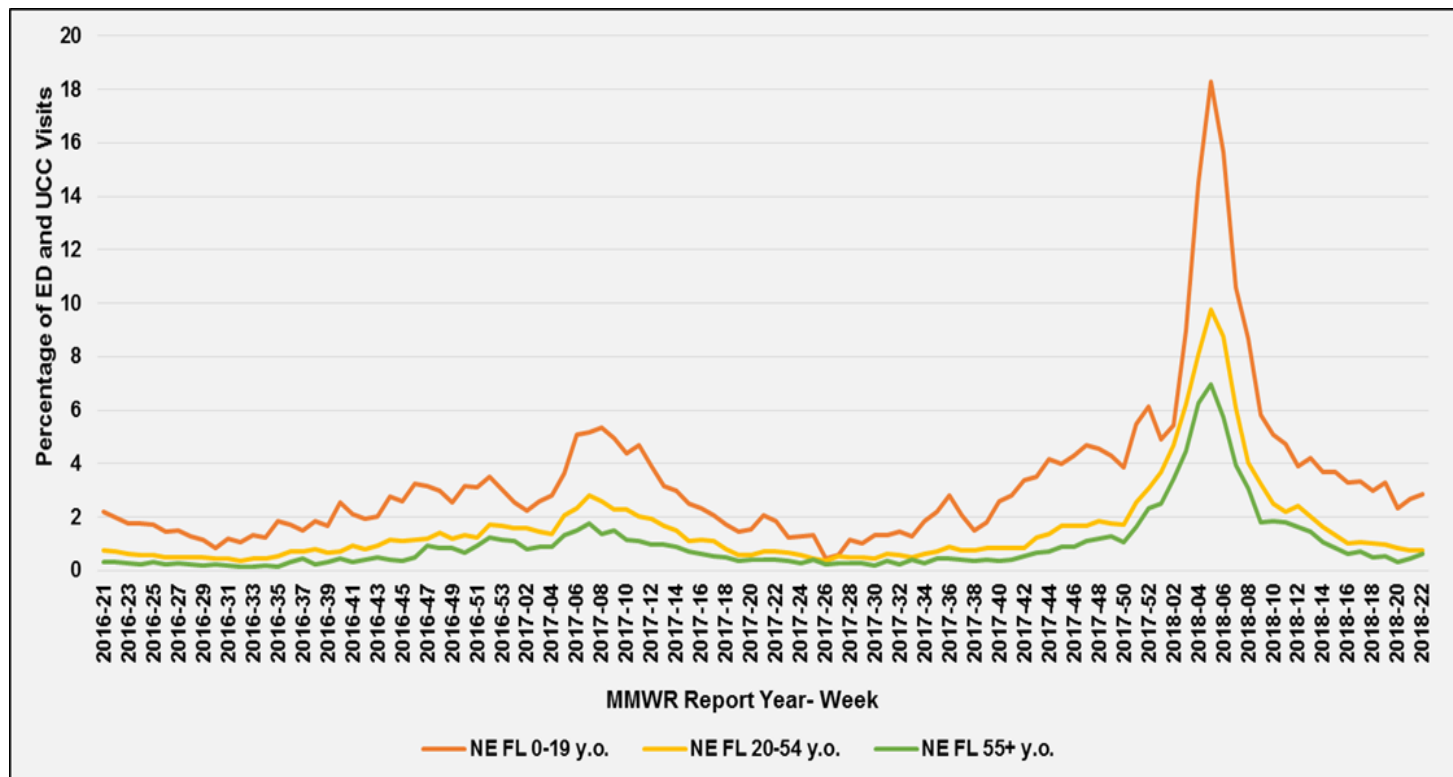


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 22,2016 - Week 22,2018

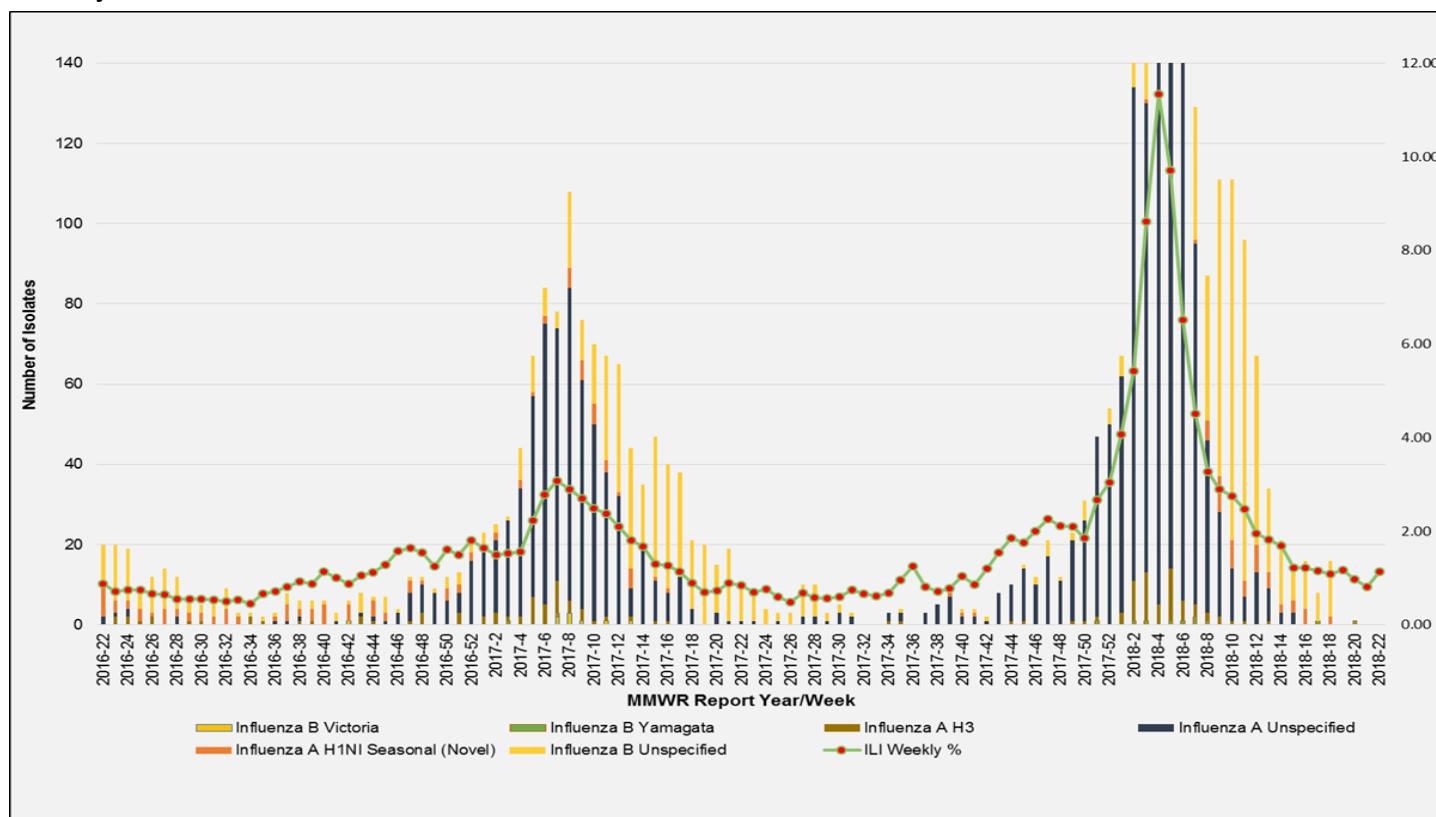
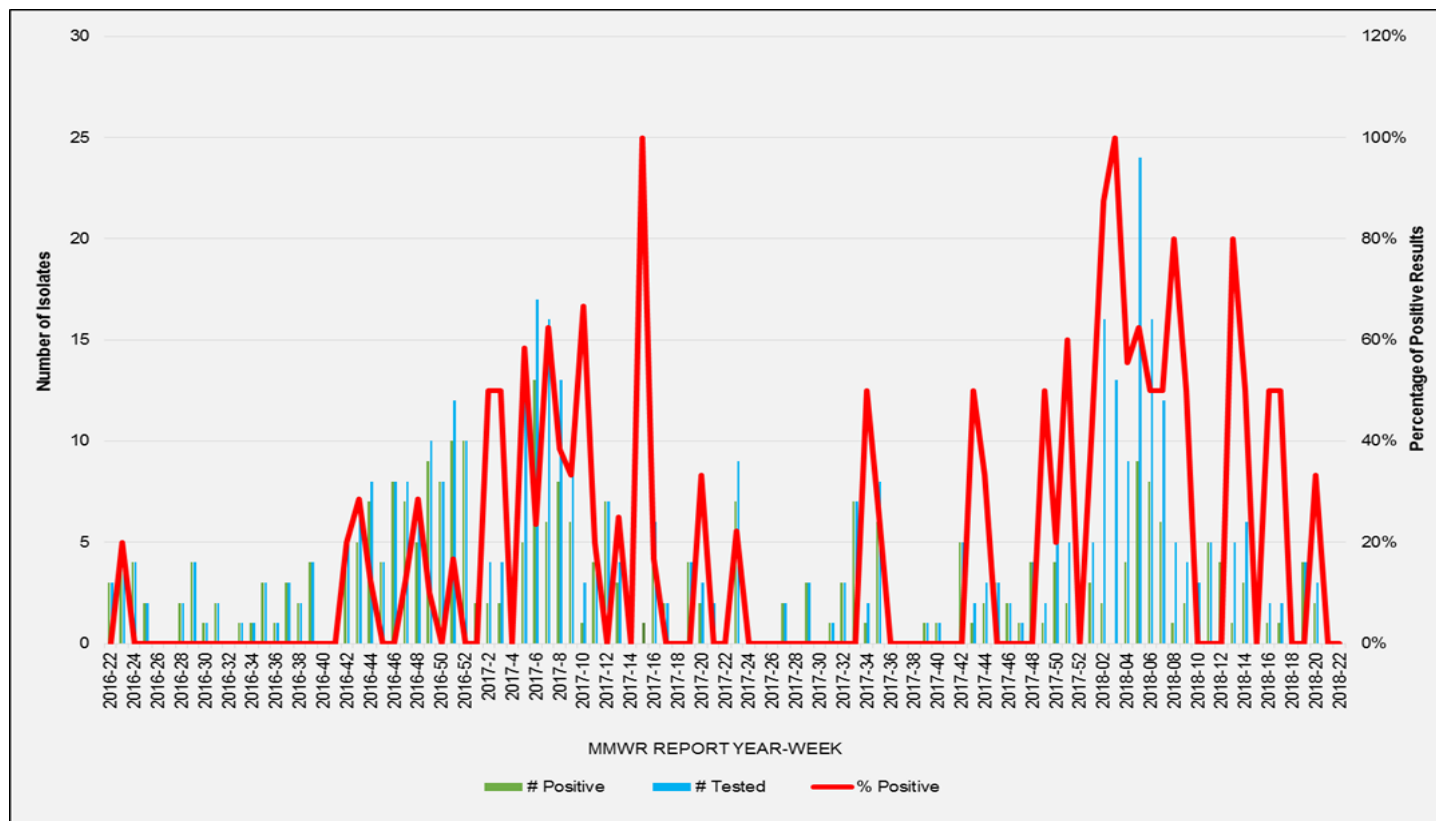


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 22,2016 – Week 22,2018





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 May.

State of Florida 2017 Human Case Summary and Surveillance

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

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

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

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

International Travel-Associated Zika Fever Cases: In 2018, forty-four cases of Zika fever have been reported in individuals with travel history to a country or area experiencing Zika virus activity. Countries of origin were: Brazil (3), Brazil/Haiti, Brazil/Mexico, Cuba (10), Cuba/Mexico, Dominica, Guatemala, Haiti (14), Honduras (3), Puerto Rico, and Venezuela (8). Counties reporting cases were: Broward (3), Collier (15), Hernando, Lee, Miami-Dade (10), Orange (9), Osceola (3), and Palm Beach (2). Six cases were reported in non-Florida residents. Florida is monitoring a total of 31 pregnant women in 2018.

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

Advisories/Alerts: Levy and Marion counties are currently under a mosquito-borne illness advisory.

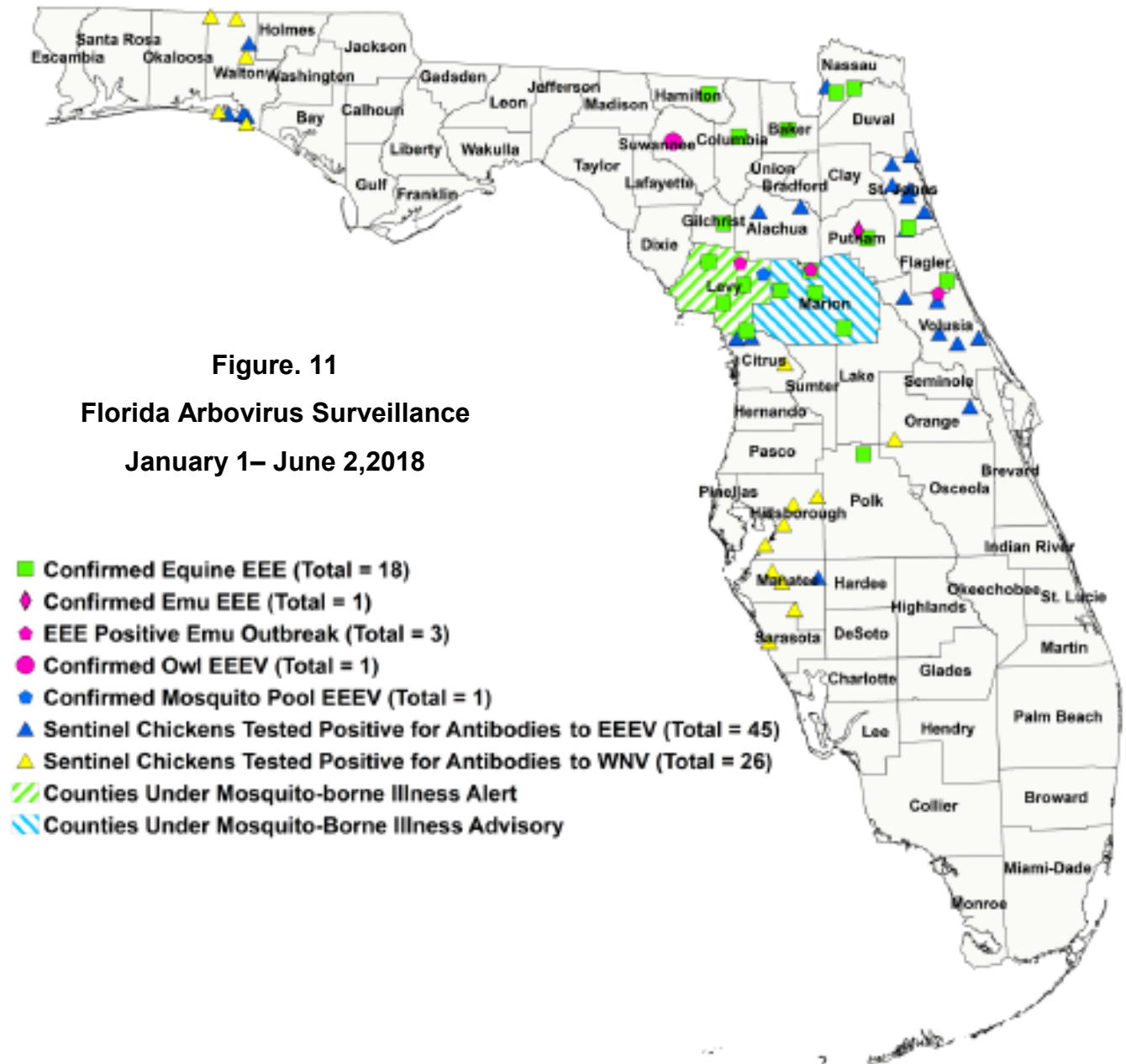
International Travel-Associated Malaria Cases: Twenty-one cases of malaria with onset in 2018 have been reported. Countries of origin were: Afghanistan, Angola, Brazil, Cameroon, Ghana, Haiti (2), India (3), Kenya, Nicaragua (2), Nigeria (6), and Togo (2). Counties reporting cases were: Broward (6), Duval, Hillsborough (2), Miami-Dade (7), Okaloosa, Orange, Palm Beach, Polk, and Seminole. Four cases were reported in non-Florida residents.

Thirteen cases (62%) were diagnosed with *Plasmodium falciparum*. Seven cases (33%) were diagnosed with *Plasmodium vivax*. One case (5%) was diagnosed with *Plasmodium ovale*.

WNV activity: In 2018, positive samples from twenty-six sentinel chickens have been reported from six counties.

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

EEEV activity: In 2018, positive samples from seventeen horses, one mule, one emu, three emu flocks, one mosquito pool, and forty-five sentinel chickens have been reported from eighteen counties.



Notable Topics and Other Statistics

Two Measles Cases Reported in Duval County– May 2018

Investigators: Ruth Voss, RN, MPH & Muniba McCabe, BSH

On May 4, one adult case associated with a measles cluster was reported by the Department of Health from another state. The case traveled to Jacksonville to attend an event, became ill during the return trip home, and was infectious during their time in FL. Laboratory results were positive for a confirmed case of measles. Contacts were identified via family and friends of the case and with the National Quarantine Station for follow-up with the airline. Contact tracking included emails, letters and phone interviews to persons in six FL counties. Notification was provided to the businesses where the case went during their Florida visit and included a letter to disseminate to potentially exposed staff.

On May 5, a local hospital reported a suspect measles case in a 1-year-old unvaccinated child who had recent travel and exposure to measles in another country. The child developed fever and cold symptoms prior to returning to Jacksonville. Symptoms worsened and the child went to the ER the day after arriving to Jacksonville. The next day the child had cough, fever, congestion, malaise and was taken to their primary healthcare provider. The following day the child developed a rash that began on the head and face, then extended to the torso and extremities. The child was then taken back to the ER where serum laboratory specimens were collected for measles and the child was admitted for observation. Initially the measles IgG was negative but later specimens were confirmed as IgM and PCR positive for measles. Contacts were identified from the child's two ER visits, the primary care visit, the overnight hospital stay, and the airlines. Extensive contact tracking was completed and a "Think Measles" fact sheet was emailed to local infection control providers and community partners.

No secondary cases were identified for either case. Reminders from these investigations are to continuously be on alert for measles in our midst and the importance of immediately investigating reports of possible cases.

Table 1: Tuberculosis (TB) Surveillance – Duval County - 5/1/2018 through 05/31/2018

Active TB cases reported year-to-date as of May 31, 2018							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	15	19	78.9%	Asian	2	19	10.5%
Female	4	19	21.1%	Pacific Islander/Other	0	19	0.0%
Country of Origin				Black	11	19	57.9%
U.S.	13	19	68.4%	White	6	19	31.6%
Non-U.S.	6	19	31.6%	Ethnicity			
Age Group				Hispanic	1	19	5.3%
< 5	2	19	10.5%	Non-Hispanic	18	19	94.7%
5-14	0	19	0.0%	Risk Factors			
15-24	2	19	10.5%	Excess alcohol use within past year	2	19	10.5%
25-44	4	19	21.1%	HIV co-infection*	1	19	5.3%
45-64	4	19	21.1%	Injection drug use within past year	0	19	0.0%
> 65	7	19	36.8%	Homeless within past year	2	19	10.5%
				Incarcerated at diagnosis	0	19	0.0%
				Unemployed	14	19	73.7%
				Drug Resistance			
				Resistant to isoniazid**	0	12	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 6/12/2018. 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 May 2018

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%
Female	4	22%	4	27%	Female	530	70%	412	69%	Female	127	43%	103	42%
Male	14	78%	11	73%	Male	229	30%	181	31%	Male	169	57%	145	58%
Race					Race					Race				
Black	15	83%	14	93%	Black	398	52%	360	61%	Black	186	63%	174	70%
Hispanic	0	0%	0	0%	Hispanic	38	5%	37	6%	Hispanic	12	4%	9	4%
White	3	17%	1	7%	White	227	30%	124	21%	White	66	22%	41	17%
Other	0	0%	0	0%	Other	96	13%	72	12%	Other	32	11%	24	10%
Age					Age					Age				
0-14	0	0%	0	0%	0-14	4	1%	4	1%	0-14	2	1%	1	0%
15-19	2	11%	2	13%	15-19	190	25%	141	24%	15-19	48	16%	42	17%
20-24	4	22%	4	27%	20-24	290	38%	233	39%	20-24	78	26%	66	27%
25-29	5	28%	44	293%	25-29	131	17%	98	17%	25-29	73	25%	62	25%
30-39	4	22%	2	13%	30-39	116	15%	97	16%	30-39	56	19%	42	17%
40-54	3	17%	1	7%	40-54	22	1%	17	3%	40-54	31	10%	27	11%
55+	0	0%	2	13%	55+	6	1%	3	1%	55+	8	3%	8	3%
Total Cases	18		15		Total Cases	759		593		Total Cases	296		248	

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

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

Prepared by: Aja Arrindell, MPH, MS and Kimberly Dawson, MPH Editor: Pauline J. Rolle, MD, MPH, FAAP, CPH – All data are provisional

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

Disease	DUVAL					All Counties					
	May		Cumulative (YTD)			May		Cumulative (YTD)			
	2018	2017	Mean [†]	Median [‡]	2018	2017	Mean [†]	Median [‡]	2018	Mean [†]	Median [‡]
A. Vaccine Preventable Diseases											
Diphtheria	0	0	0	0	0	0	0	0	0	0	0
Measles (Rubella)	0	0	0	0	2	0	0	0	1	0.4	0
Mumps	1	0	0	0	2	0	0	0	9	8	3
Pertussis	0	1	1.8	1	5	8	11.2	8	12	49	50.4
Rubella	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0.2	0	0	0.2	0
Varicella (Chickenpox)	4	5	5.2	5	13	23	21	22	66	68	66.2
B. CNS Diseases & Bacteremias											
Creutzfeldt-Jakob Disease (CJD)	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae Invasive Disease	1	0	1.6	2	14	9	12.6	14	30	26	24.2
Meningitis: Bacterial or Mycotic	1	0	0.8	1	9	1	4.8	5	4	9	11.4
Meningococcal Disease	0	0	0	0	0	1	0.6	0	0	2	2.6
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0.2	0	0	0	0.4	0	1	0	0.6
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0	0	0	0
Strept pneumoniae Invasive Disease: Drug-Resistant	2	0	1.4	1	2	5	12.4	14	17	18	25.2
Strept pneumoniae Invasive Disease: Drug-Susceptible	1	2	2.4	2	10	9	12.4	12	26	25	31.2
C. Enteric Infections											
Campylobacteriosis	22	16	10	11	81	68	42.6	35	367	430	336.4
Cryptosporidiosis	4	0	1.6	1	10	7	7	7	38	43	41.6
Cyclosporiasis	0	1	0.2	0	0	0	0	0	0	0	0
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	1	1	0.8	1	5	4	5.4	4	56	60	46.2
Gardiasis: Acute	2	4	5.6	4	15	12	20.8	20	43	80	86.8
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis	18	20	25.2	25	68	77	81.2	78	468	492	466
Shigellosis	3	10	18.8	10	13	21	44	31	115	132	188.4
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0.2	0	3	0	0.2	0	7	3	2.2
D. Viral Hepatitis											
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B: Acute	0	3	2.8	3	11	13	9.8	9	41	71	46.2
Hepatitis B: Surface Antigen in Pregnant Women	2	5	4	4	7	10	13	12	14	41	40.6
Hepatitis C: Acute	0	0	0	0	0	0	0	0	0	0	0
E. Vector-Borne, Zoonoses											
Chikungunya Fever	0	0	0.2	0	0	0	0.4	0	1	0	0.8
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	0	0
Dengue Fever	0	0	0	0	0	0	0.2	0	0	0	0
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0.2	0	1	0	0.4	0	5	3	5.2
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0	0	1	1	1	1	4	11	10.4
Malaria	1	1	0.4	0	2	1	0.8	1	5	2	5.6
Rabies: Animal	0	0	0	0	0	0	0.2	0	20	0	6.8
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection: Congenital	0	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection: Non-Congenital	1	0	0	0	1	0	0.2	0	13	26	15.8
F. Others											
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0.2	0	0	0	0.2	0	0	0	0
Carbon Monoxide Poisoning	0	0	0.8	0	0	1	1.4	1	12	22	14.4
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0	1	2	1.4
Legionellosis	3	2	1.2	2	16	12	8.4	7	46	46	23.2
Vibriosis†	0	0	0.1	0	1	6	0.5	0	12	25	2.9
This report consist of confirmed, probable and suspect cases based on the date of event (initial as reported in Merit) 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 (2015-2017)											
** Includes E. coli O157:H7, shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped											
†† Includes E. coli O157:H7, shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped											
††† Includes Giemsa-positive, shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped											
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Surveillance systems

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

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

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

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

Surveillance vocabulary

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

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

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

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

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

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

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

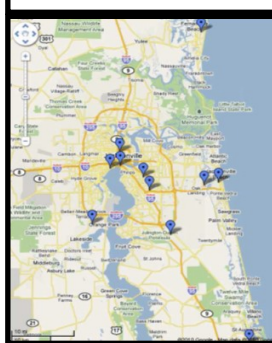
Other Links and Resources:

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

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

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

Figure 12. Hospitals Participating in ESSENCE



Public Health Surveillance

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

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

Within Duval County, surveillance data is obtained through:

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



Epidemiology Program

515 W 6th Street, MC-28

Jacksonville, FL 32206

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016



Florida Department of Health

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

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ Report immediately 24/7 by phone
 - Report next business day
 - + Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
 - Arsenic poisoning
- ! Arboviral diseases not otherwise listed
- Babesiosis
- ! Botulism, foodborne, wound, and unspecified
 - Botulism, infant
- ! Brucellosis
 - California serogroup virus disease
 - Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
 - Carbon monoxide poisoning
 - Chancroid
 - Chikungunya fever
 - ☎ Chikungunya fever, locally acquired
 - Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
 - Ciguatera fish poisoning
- + Congenital anomalies
 - Conjunctivitis in neonates <14 days old
 - Creutzfeldt-Jakob disease (CJD)
 - Cryptosporidiosis
 - Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
 - Eastern equine encephalitis
 - Ehrlichiosis/anaplasmosis
 - *Escherichia coli* infection, Shiga toxin-producing
 - Giardiasis, acute
- ! Glanders
 - Gonorrhea
 - Granuloma inguinale

- ! *Haemophilus influenzae* invasive disease in children <5 years old
 - Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
 - Hepatitis B, C, D, E, and G
 - Hepatitis B surface antigen in pregnant women and children <2 years old
- ☎ Herpes B virus, possible exposure
 - Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
 - HIV-exposed infants <18 months old born to an HIV-infected woman
 - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
 - Lead poisoning (blood lead level ≥5 µg/dL)
 - Legionellosis
 - Leptospirosis
- ☎ Listeriosis
 - Lyme disease
 - Lymphogranuloma venereum (LGV)
 - Malaria
- ! Measles (rubeola)
- ! Melioidosis
 - Meningitis, bacterial or mycotic
- ! Meningococcal disease
 - Mercury poisoning
 - Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- ☎ Pertussis

- Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
 - Psittacosis (ornithosis)
 - Q Fever
- ☎ Rabies, animal or human
 - ! Rabies, possible exposure
- ! Ricin toxin poisoning
 - Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
 - St. Louis encephalitis
 - Salmonellosis
 - Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
 - Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
 - *Streptococcus pneumoniae* invasive disease in children <6 years old
 - Syphilis
 - ☎ Syphilis in pregnant women and neonates
 - Tetanus
 - Trichinellosis (trichinosis)
 - Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
 - ! Typhus fever, epidemic
 - ! Vaccinia disease
 - Varicella (chickenpox)
- ! Venezuelan equine encephalitis
 - Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
 - West Nile virus disease
- ! Yellow fever
- ! Zika fever

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

*Subsection 381.0031(2), Florida Statutes, provides that Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health. Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners...

Practitioner Disease Report Form

Complete the following information to notify the Florida Department of Health of a reportable disease or condition. This can be filled in electronically.

Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ).



Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

Gender: ☐ Male ☐ Female ☐ Unknown ☐ If female, pregnant: ☐ Yes ☐ No ☐ Unknown

Birth date: _____ **Death date:** _____

Race: ☐ American Indian/Alaska native ☐ White ☐ Asian/Pacific islander ☐ Other ☐ Black ☐ Unknown

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Address: _____

ZIP: _____ **County:** _____

City: _____ **State:** _____

Home phone: _____

Other phone: _____

Emergency phone: _____

Email: _____

Medical Information

MRN: _____

Date onset: _____ **Date diagnosis:** _____

Died: ☐ Yes ☐ No ☐ Unknown

Hospitalized: ☐ Yes ☐ No ☐ Unknown

Hospital name: _____

Date admitted: _____ **Date discharged:** _____

Insurance: _____

Treated: ☐ Yes ☐ No ☐ Unknown

Specify treatment: _____

Laboratory testing: ☐ Yes ☐ No ☐ Unknown **Attach laboratory result(s) if available**

Provider Information

Physician: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Fax: _____

Email: _____

To obtain local county health department contact information, see www.FloridaHealth.gov/CHDEpiContact. See www.FloridaHealth.gov/DiseaseReporting for other reporting questions. HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥13 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people <13 years old. Please contact your county health department for these forms (visit www.FloridaHealth.gov/CHDEpiContact to obtain contact information). **Congenital anomalies** and **neonatal abstinence syndrome** notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 FAC. **Cancer** notification should be directly to the Florida Cancer Data System (<http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

Reportable Diseases and Conditions in Florida

Notify upon suspicion 24/7 by phone

Notify upon diagnosis 24/7 by phone

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Amebic encephalitis | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Melioidosis | <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) |
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Granuloma inguinale | <input type="checkbox"/> Meningitis, bacterial or mycotic | <input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old |
| <input type="checkbox"/> Arsenic poisoning | <input type="checkbox"/> <i>Haemophilus influenzae</i> invasive disease in children <5 years old | <input type="checkbox"/> Meningococcal disease | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Arboviral diseases not otherwise listed | <input type="checkbox"/> Hansen's disease (leprosy) | <input type="checkbox"/> Mercury poisoning | <input type="checkbox"/> Syphilis in pregnant women and neonates |
| <input type="checkbox"/> Babesiosis | <input type="checkbox"/> Hantavirus infection | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Botulism, foodborne, wound, and unspecified | <input type="checkbox"/> Hemolytic uremic syndrome (HUS) | <input type="checkbox"/> Neurotoxic shellfish poisoning | <input type="checkbox"/> Trichinellosis (trichinosis) |
| <input type="checkbox"/> Botulism, infant | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Brucellosis | <input type="checkbox"/> Hepatitis B, C, D, E, and G | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Tularemia |
| <input type="checkbox"/> California serogroup virus disease | <input type="checkbox"/> Hepatitis B surface antigen in pregnant women and children <2 years old | <input type="checkbox"/> Pesticide-related illness and injury, acute | <input type="checkbox"/> Typhoid fever (<i>Salmonella</i> serotype Typhi) |
| <input type="checkbox"/> Campylobacteriosis | <input type="checkbox"/> Herpes B virus, possible exposure | <input type="checkbox"/> Plague | <input type="checkbox"/> Typhus fever, epidemic |
| <input type="checkbox"/> Carbon monoxide poisoning | <input type="checkbox"/> Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Vaccinia disease |
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old | <input type="checkbox"/> Psittacosis (ornithosis) | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Chikungunya fever | <input type="checkbox"/> Influenza A, novel or pandemic strains | <input type="checkbox"/> Q Fever | <input type="checkbox"/> Venezuelan equine encephalitis |
| <input type="checkbox"/> Chikungunya fever, locally acquired | <input type="checkbox"/> Influenza-associated pediatric mortality in children <18 years old | <input type="checkbox"/> Rabies, animal or human | <input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Lead poisoning (blood lead level ≥5 ug/dL) | <input type="checkbox"/> Rabies, possible exposure | <input type="checkbox"/> Viral hemorrhagic fevers |
| <input type="checkbox"/> Cholera (<i>Vibrio cholerae</i> type O1) | <input type="checkbox"/> Legionellosis | <input type="checkbox"/> Ricin toxin poisoning | <input type="checkbox"/> West Nile virus disease |
| <input type="checkbox"/> Ciguatera fish poisoning | <input type="checkbox"/> Leptospirosis | <input type="checkbox"/> Rocky Mountain spotted fever and other spotted fever rickettsioses | <input type="checkbox"/> Yellow fever |
| <input type="checkbox"/> Conjunctivitis in neonates <14 days old | <input type="checkbox"/> Listeriosis | <input type="checkbox"/> Rubella | <input type="checkbox"/> Zika fever |
| <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD) | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> St. Louis encephalitis | <input type="checkbox"/> Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed above that is of urgent public health significance. Specify in comments below. |
| <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Lymphogranuloma venereum (LGV) | <input type="checkbox"/> Salmonellosis | |
| <input type="checkbox"/> Cyclosporiasis | <input type="checkbox"/> Malaria | <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning) | |
| <input type="checkbox"/> Dengue fever | <input type="checkbox"/> Measles (rubeola) | <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection | |
| <input type="checkbox"/> Diphtheria | | <input type="checkbox"/> Shigellosis | |
| <input type="checkbox"/> Eastern equine encephalitis | | <input type="checkbox"/> Smallpox | |
| <input type="checkbox"/> Ehrlichiosis/anaplasmosis | | <input type="checkbox"/> 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:

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