

# 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 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 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 may not recognize, confirm, or report notifiable diseases/conditions. This report includes data reported as of May 31, 2019, unless noted otherwise.

DOH-Duval reported 243 cases of various diseases/conditions in May. 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, Escherichia coli, shiga toxin– producing (STEC) infection, pesticide-related illness and injury (acute), vibriosis, travel-associated case of Zika virus( non-congenital) and two cases of legionellosis.

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

## Enteric Disease

Select enteric disease activity reported a 13% decrease in the month of May when compared to the month of April (weeks 14-18, 2019). Cases of campylobacteriosis, cryptosporidiosis and giardiasis decreased, while cases of salmonellosis and shigellosis (Figures 2 - 6) increased. No enteric outbreaks were reported to DOH-Duval in May.

Compared to 2018, cases of shigellosis increased while campylobacteriosis, giardiasis, salmonellosis decreased and cryptosporidiosis remained the same during this time (Figure 1). Cases reported for this year (2019) showed that the 55-74 year-old age group accounted for the majority of cases reported totaling 49 cases.

(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, May 2016 - May 2019

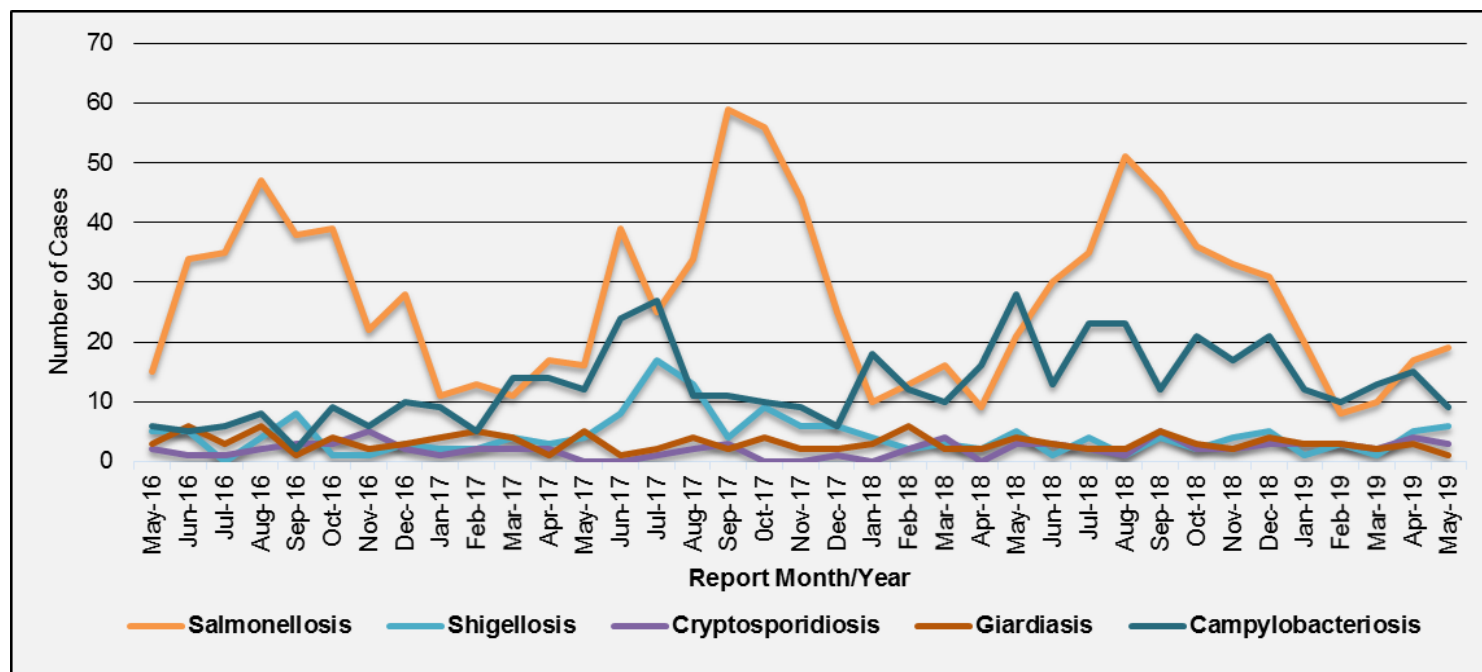
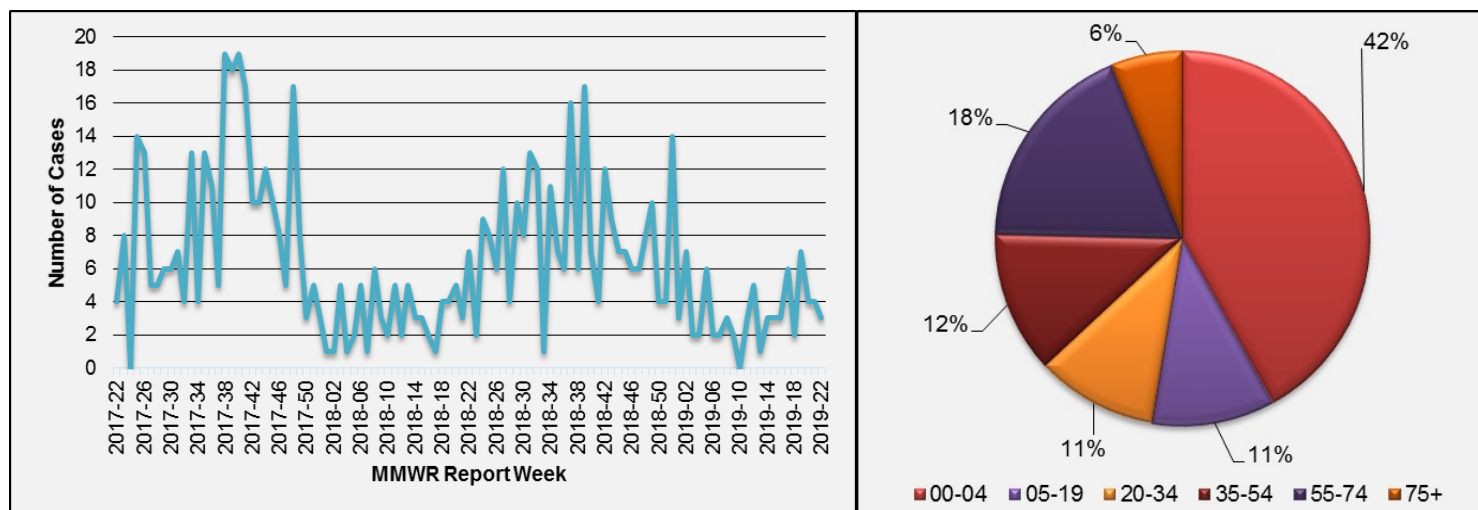


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 22, 2017 – Week 22, 2019



## Enteric Disease Cont.

Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 22, 2017 – Week 22, 2019

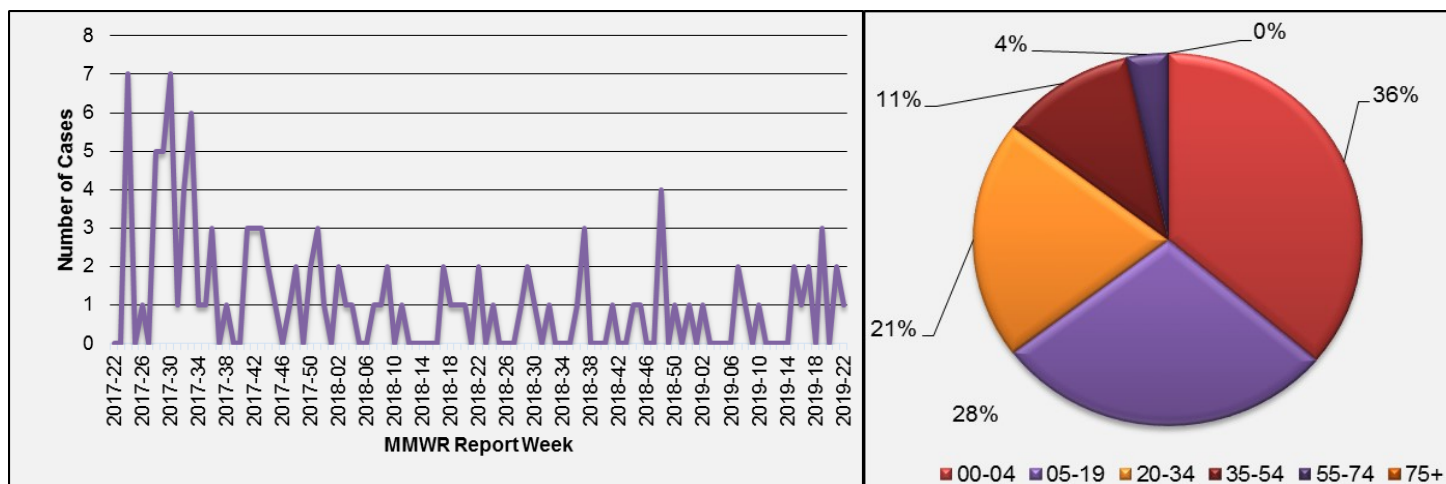


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 22, 2017 – Week 22, 2019

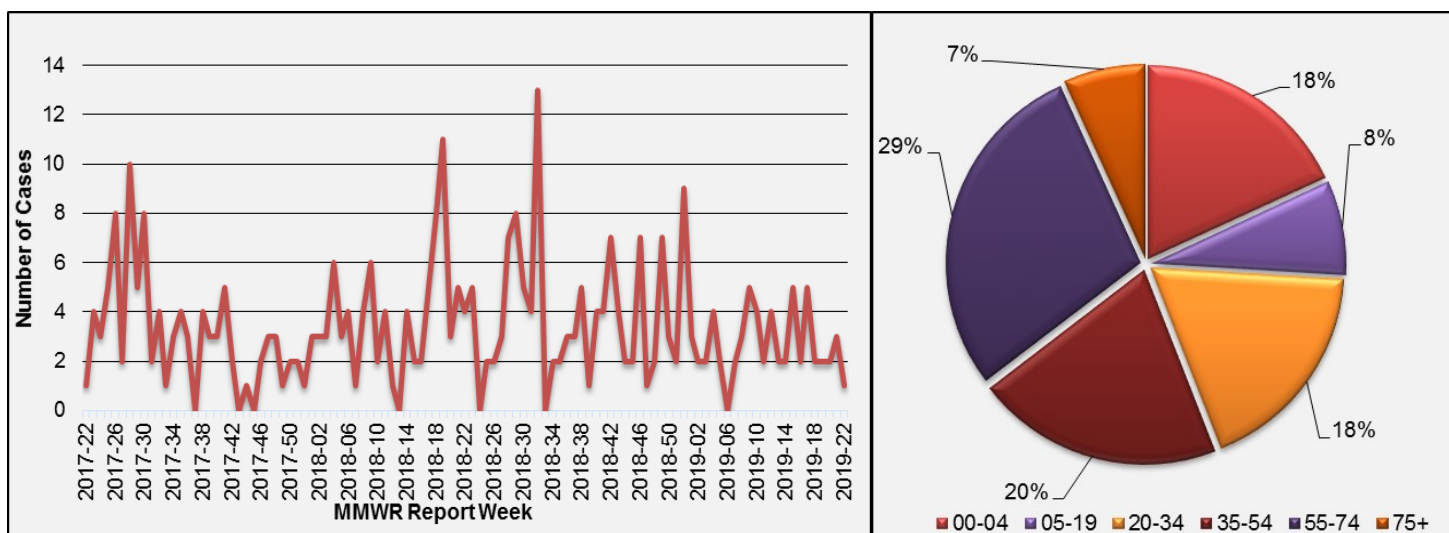
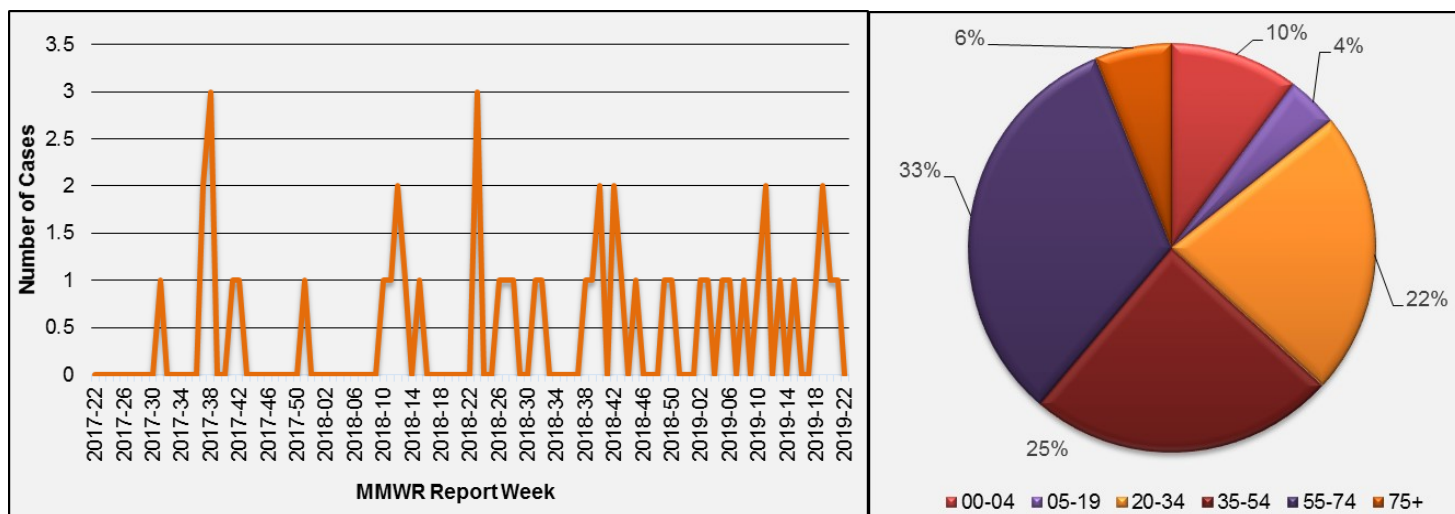
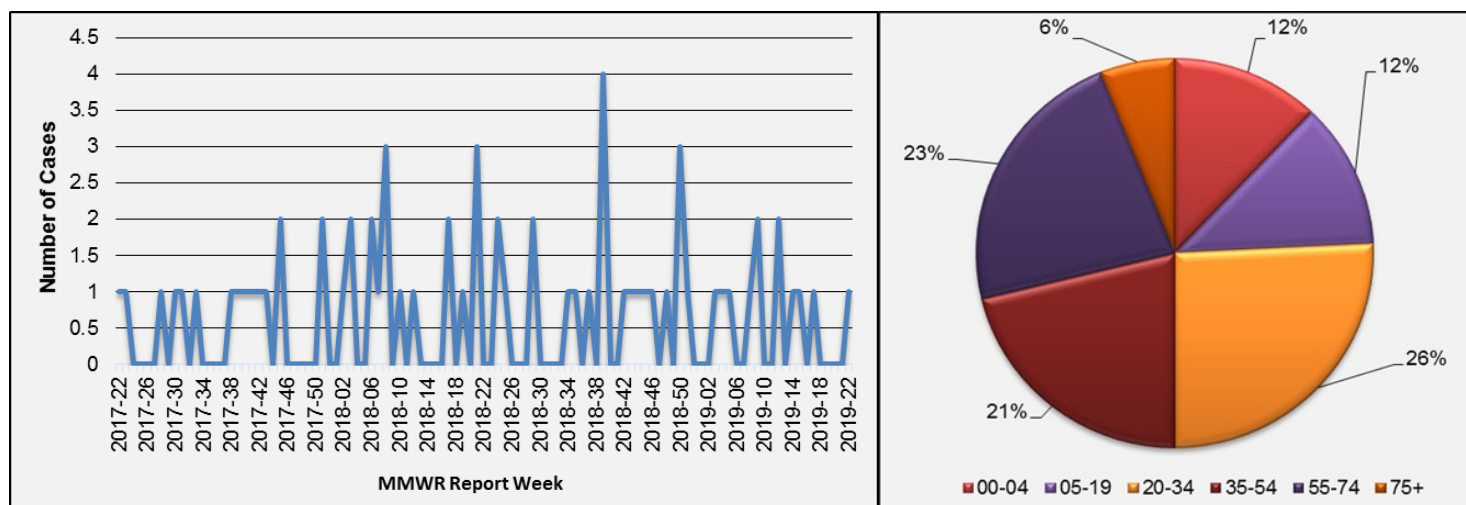


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 22, 2017 – Week 22, 2019



## Enteric Disease Cont. & Influenza and ILI Overview

Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County Week 22, 2017 – Week 22, 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, monitored through ESSENCE, also reported similar trends when compared to the previous seasons (Figure 8).

The Electronic Laboratory Reporting (ELR) system reported 15 (3%) positive specimens out of the 514 submitted for influenza testing. Of those, subtyping showed that influenza A (73%) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were 2 positive specimens reported from Duval County and 13 negative (Figure 10).

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

In May, one ICU laboratory-confirmed influenza in persons less than 65 was reported for Duval County. As influenza activity continues at decreased levels in Florida and nationwide, the Florida Department of Health– Duval County is requesting that hospitals report patients meeting the following criteria:

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

Please note that these efforts will assist with assessing the viral strains associated with severe presentations, vaccination administration in populations at risk for severe complications due to infection, antiviral administration and timing according to current guidance, as well as assist the state in forming responsive strategies for policies and current guidance.

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 May, continued to circulate at low levels. A total of 234 influenza and ILI outbreaks have been reported throughout the state since the start of the influenza 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) has the dominant strain in Florida.

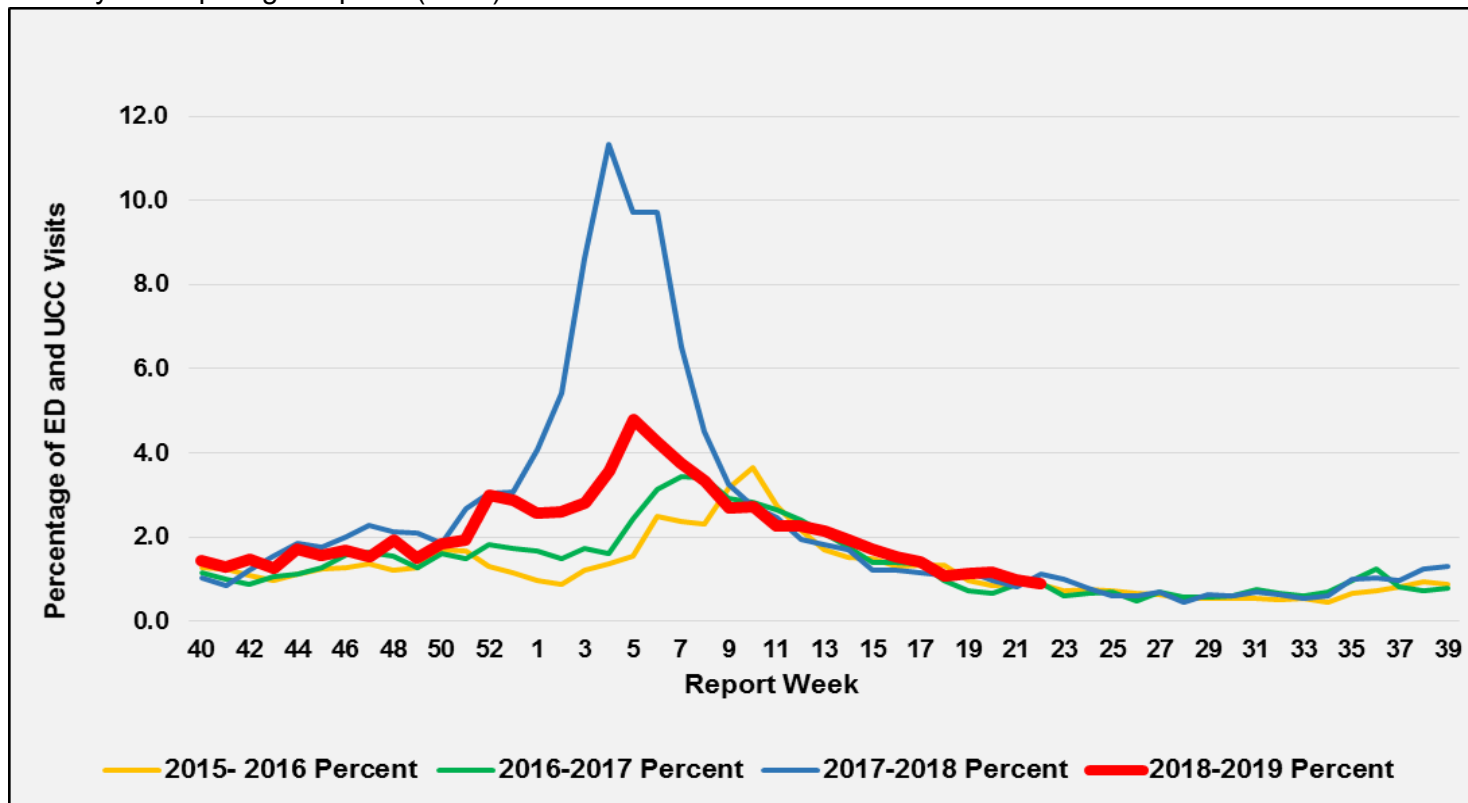
### National influenza activity:

Influenza activity continues to decrease in the United States, various subtypes of influenza A have been reported as well as influenza B lineage. A total of 114 influenza-associated pediatric deaths have occurred during the 2018-2019 season.

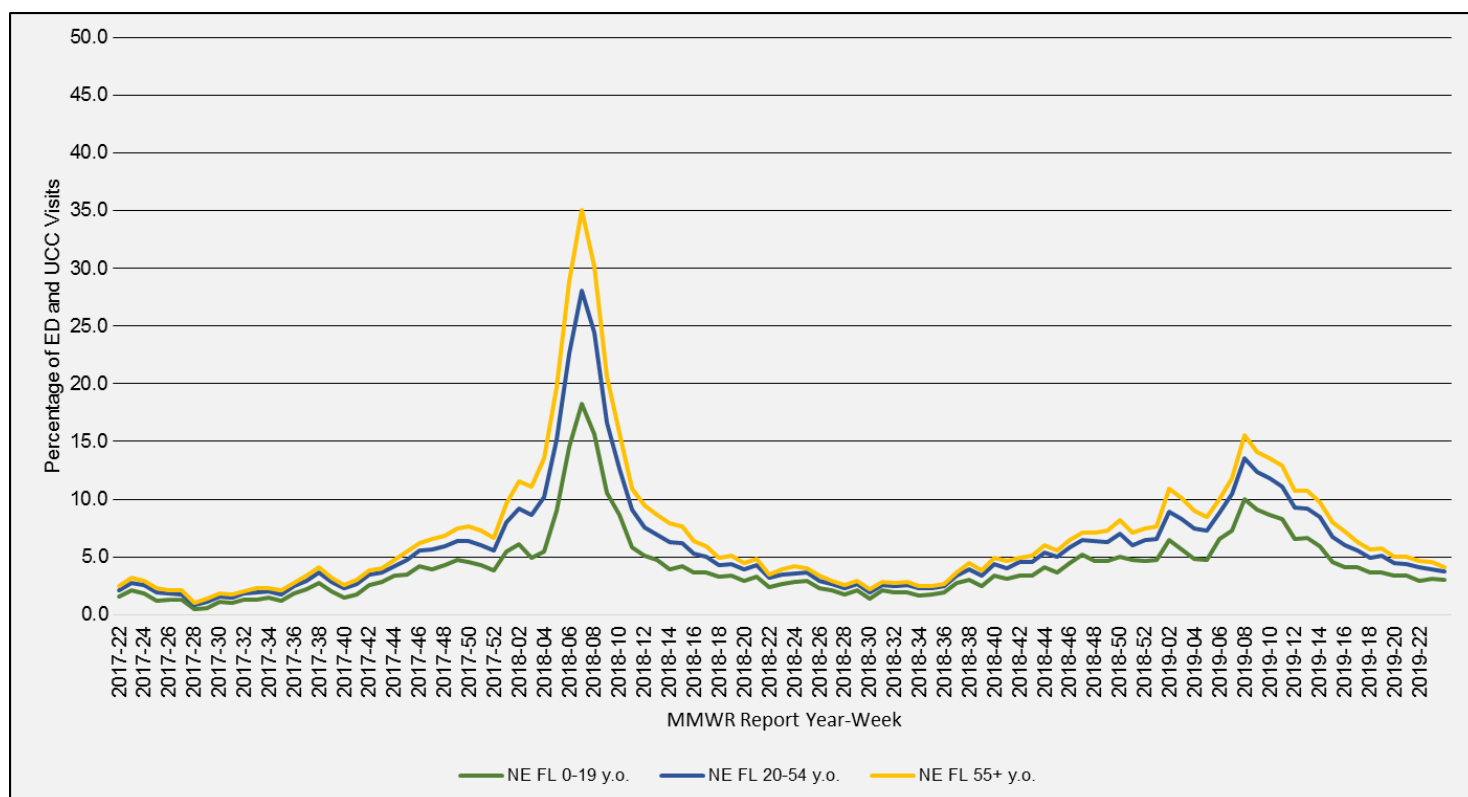
**Sources:** Florida Department of Health, Florida Flu Review, Centers for Disease Control and Prevention, FluView, National Center for Immunization and Respiratory Diseases (NCIRD).

## 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)



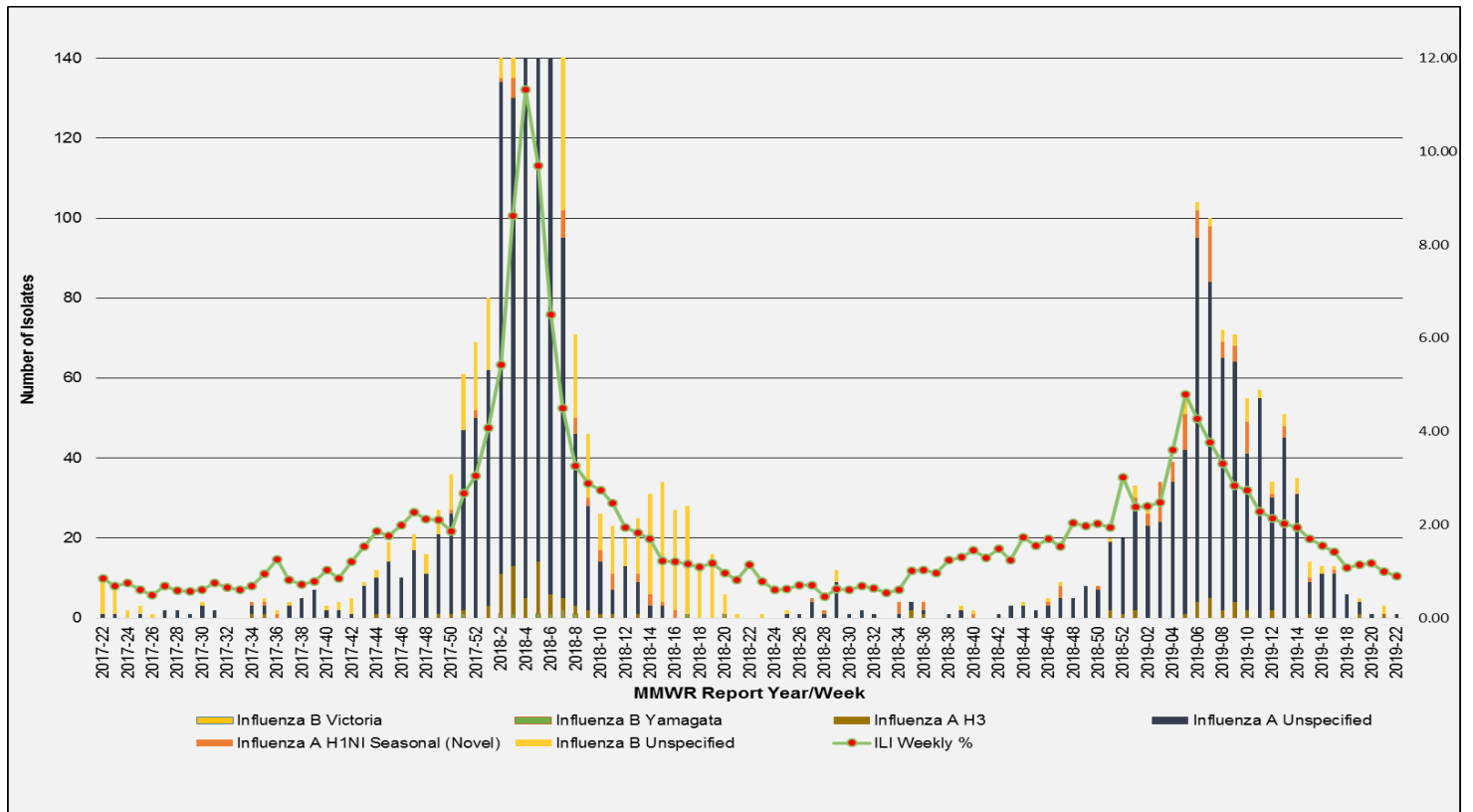
**Figure 8:** Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 22, 2017 – Week 22, 2019



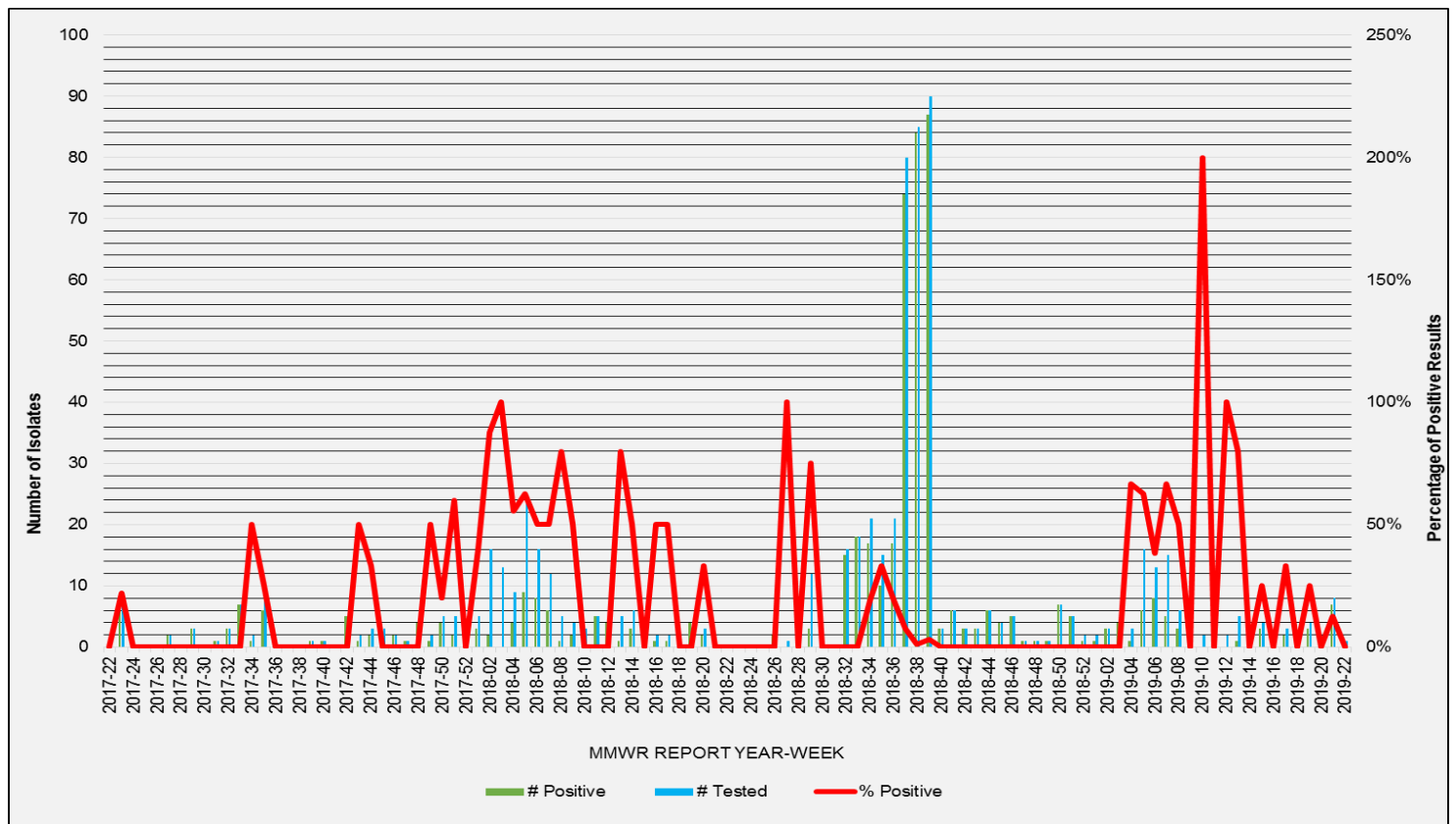


## Influenza and ILI Overview Cont.

**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 22, 2017 - Week 22, 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 22, 2017 – Week 22, 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 May.

### **State of Florida 2019 Human Case Summary and Surveillance**

**International Travel-Associated Dengue Fever Cases:** In 2019, 30 travel-associated cases have been reported.

**Dengue Fever Cases Acquired in Florida:** In 2019, no cases of locally acquired dengue fever have been reported.

**International Travel-Associated Chikungunya Fever Cases:** In 2019, two 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, 20 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, Cuba (2), Guatemala (4), Haiti (6), Honduras (2), Jamaica, Nicaragua, Philippines, and Venezuela. Counties reporting cases were: Broward (2), Collier, Hillsborough, Indian River, Miami-Dade (10), Orange (4), and Palm Beach. One case was reported in a non-Florida resident. Florida is monitoring a total of nine pregnant women in 2019.

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

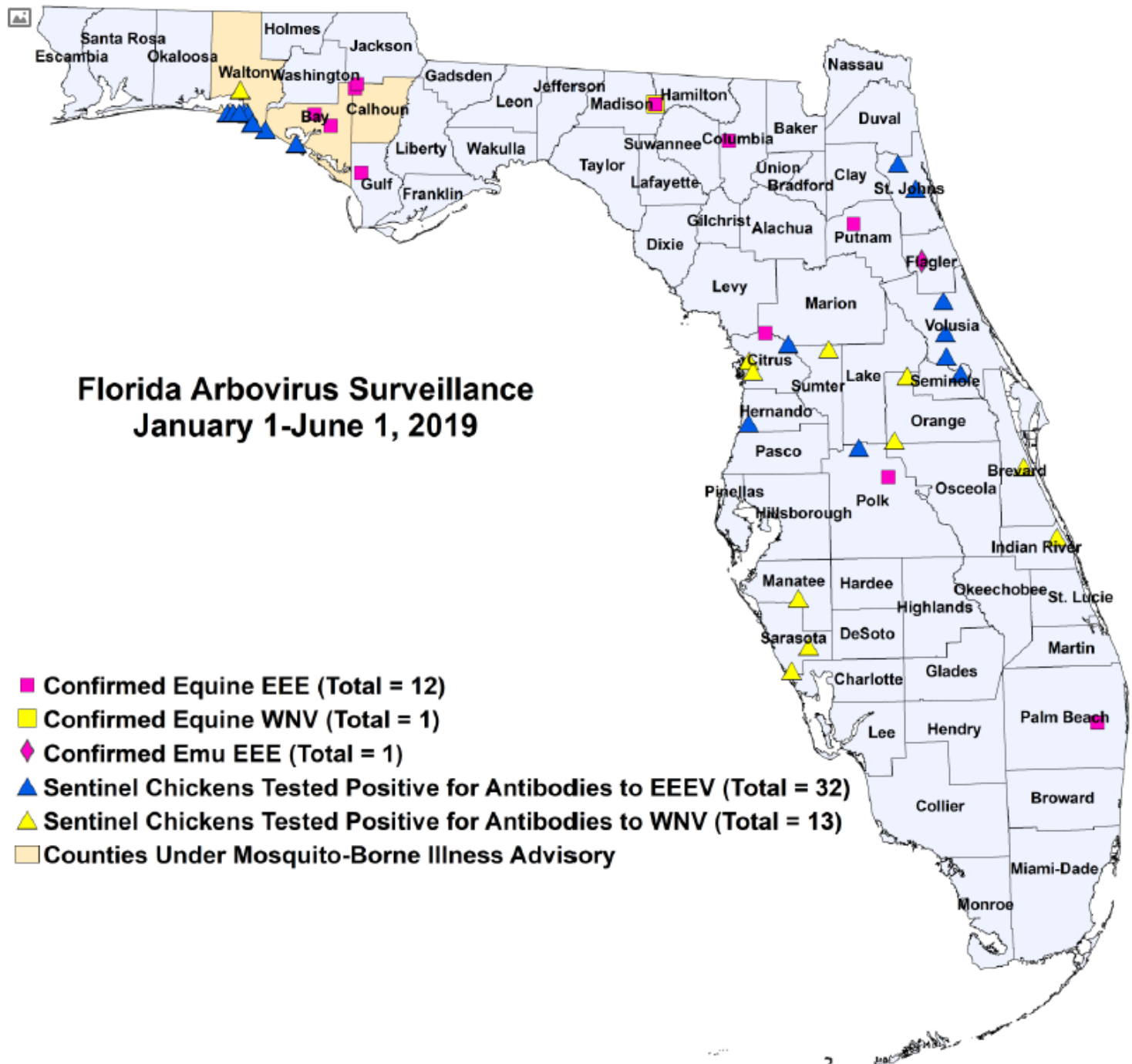
**International Travel-Associated Malaria Cases:** Eighteen cases of malaria with onset in 2019 have been reported. Countries of origin were: Angola, Congo, Democratic Republic of the Congo (2), Ghana (3), Ivory Coast (4), Kenya, Liberia, Nigeria (3), Sudan, and Uganda. Counties reporting cases were: Broward, Duval, Hillsborough (3), Miami-Dade (5), Orange (3), Pasco, Pinellas (3), and Polk. Two cases were reported in non-Florida residents. All 18 cases were diagnosed with *Plasmodium falciparum*.

**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 13 sentinel chickens have been reported from eight counties.

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

**EEEV activity:** In 2019, twelve horses, one emu, and 32 sentinel chickens have been reported from 15 counties.





## Notable Topics and Other Statistics

**Table 1: Tuberculosis (TB) Surveillance – Duval County - 5/1/2019 through 5/31/2019**

Active TB cases reported year-to-date as of 5/31/2019							
	Count	Total Cases	Percent		Count	Total Cases	Percent
<b>Gender</b>				<b>Race</b>			
Male	14	24	58.3%	Asian	3	24	12.5%
Female	10	24	41.7%	Pacific Islander/Other	0	24	0.0%
<b>Country of Origin</b>				Black	12	24	50.0%
U.S.	10	24	41.7%	White	9	24	37.5%
Non-U.S.	14	24	58.3%	<b>Ethnicity</b>			
<b>Age Group</b>				Hispanic	3	24	12.5%
< 5	1	24	4.2%	Non-Hispanic	21	24	87.5%
5-14	0	24	0.0%	<b>Risk Factors</b>			
15-24	6	24	25.0%	Excess alcohol use within past year	5	24	20.8%
25-44	6	24	25.0%	HIV co-infection*	2	24	8.3%
45-64	9	24	37.5%	Injection drug use within past year	0	24	0.0%
> 65	2	24	8.3%	Homeless within past year	3	24	12.5%
				Incarcerated at diagnosis	2	24	8.3%
				Unemployed	17	24	70.8%
				<b>Drug Resistance</b>			
				Resistant to isoniazid**	0	14	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 6/17/19. 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 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	7	37%	7	37%	Female	572	67%	456	66%	Female	165	48%	150	49%
Male	12	63%	12	63%	Male	287	33%	229	33%	Male	181	52%	157	51%
Unknown	0	0%	0	0%	Unknown	1	0%	1	0%	Unknown	0	0%	0	0%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	12	63%	12	63%	Black	374	43%	333	49%	Black	210	61%	194	63%
Hispanic	0	0%	0	0%	Hispanic	31	4%	28	4%	Hispanic	10	3%	7	2%
White	7	37%	7	37%	White	165	19%	98	14%	White	64	18%	52	17%
Other	0	0%	0	0%	Other	30	3%	22	3%	Other	8	2%	7	2%
Unknown	0	0%	0	0%	Unknown	260	30%	205	30%	Unknown	54	16%	47	15%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	4	0%	2	0%	0-14	1	0%	1	0%
15-19	1	5%	1	5%	15-19	237	28%	188	27%	15-19	58	17%	52	17%
20-24	4	21%	4	21%	20-24	311	36%	245	36%	20-24	84	24%	75	24%
25-29	1	5%	1	5%	25-29	161	19%	130	19%	25-29	86	25%	77	25%
30-39	9	47%	9	47%	30-39	116	13%	95	14%	30-39	72	21%	63	21%
40-54	2	11%	2	11%	40-54	26	3%	21	3%	40-54	32	9%	27	9%
55+	2	11%	2	11%	55+	5	1%	5	1%	55+	13	4%	12	4%
<b>Total Cases</b>	<b>19</b>		<b>19</b>		<b>Total Cases</b>	<b>860</b>		<b>686</b>		<b>Total Cases</b>	<b>346</b>		<b>307</b>	

Data as of 6/17/2019. 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, May 2019**

Disease	May					Cumulative (YTD)					May					Cumulative (YTD)				
	2019	2018	Mean*	Median†	2019	2018	Mean*	Median†	2019	2018	2019	2018	Mean*	Median†	2019	2018	Mean*	Median†	2019	2018
<b>A. Vaccine Preventable Diseases</b>																				
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Rubella)	0	0	0.4	0	0	2	0.4	0	0	0	0	0	0.4	0	0	3	0.4	0	0	4
Mumps	0	0	0	0	0	0	0	0	50	9	4.8	3	106	104	32.6	12	146	146	146	146
Pertussis	0	0	1.8	1	0	5	1.1	8	25	38	42.8	38	131	127	181.6	146	146	146	146	146
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Varicella (Chickenpox)	1	6	5	5	18	15	19.2	19	88	90	71.6	68	452	344	346.8	344	346.8	344	344	344
<b>B. CNS Diseases &amp; Bacteremias</b>																				
Cryptococcal Meningitis	0	0	0	0	0	0	0.4	0	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae Invasive Disease	2	1	1.8	2	13	14	12.4	14	39	31	26.2	26	191	180	154.4	156	154.4	156	156	156
Meningitis: Bacterial or Mycotic	1	1	0.6	1	6	9	5.6	7	10	4	9.2	9	35	43	50.4	54	50.4	54	54	54
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	1	0.8	1	2	0	2.2	1	13	13	14	13	14	13	13	13
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0.2	0	0	0	0.2	0	1	1	0.6	0	1	2	1.4	1	1.4	1	1	1
Streptococcus pneumoniae Invasive Disease: Drug-Resistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	3	1	1.8	1	9	10	10.8	10	43	28	28.2	28	254	232	219.8	232	219.8	232	232	232
<b>C. Enteric Infections</b>																				
Campylobacteriosis	8	25	12.8	11	53	86	52.8	45	423	487	387.6	375	1888	1855	1581.8	1513	1581.8	1513	1513	1513
Cryptosporidiosis	3	4	1.8	1	14	9	8	9	54	49	43.2	43	250	203	195.6	203	195.6	203	203	203
Cyclosporiasis	0	0	0.2	0	0	0	0.2	0	5	8	6.6	3	13	8	7.4	4	7.4	4	4	4
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	3	1.4	1	13	18	6.6	7	70	87	51.6	44	316	379	249.8	242	249.8	242	242	242
Giardiasis: Acute	1	3	4.6	4	9	18	20	19	75	87	88.8	92	435	461	438.4	442	438.4	442	442	442
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	0	0	0.2	0	0	1	0.4	0	5	4	3.6	4	10	28	17	14	17	14	14	14
Salmonellosis	25	24	23.6	24	78	77	81	77	595	609	515	506	2077	2007	1795	1745	1795	1745	1745	1745
Shigellosis	8	3	9.6	7	19	13	30	24	131	163	203.6	163	627	620	705.4	620	705.4	620	620	620
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	0	3	0.6	0	15	11	4	3	63	72	23	10	23	10	10	10
<b>D. Viral Hepatitis</b>																				
Hepatitis A	1	0	0.2	0	3	0	0.2	0	352	24	16.2	12	1467	90	71.4	56	71.4	56	56	56
Hepatitis B: Acute	7	1	2.6	3	34	15	11.8	12	66	63	52.4	60	383	329	257	289	257	289	289	289
Hepatitis B: Surface Antigen in Pregnant Women	0	3	3.6	3	6	11	13.2	12	13	30	38.4	40	122	178	211	207	211	207	207	207
Hepatitis C: Acute	4	0	1	1	13	7	5.2	6	112	59	32.6	34	440	253	154.2	172	154.2	172	172	172
<b>E. Vector-Borne, Zoonoses</b>																				
Chikungunya Fever	0	0	0.2	0	0	0	0.4	0	0	0	9.6	0	2	2	17.2	5	17.2	5	5	5
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	0	5.2	4	39	31	15.4	12	15.4	12	12	12
Dengue Fever	0	0	0	0	0	0	0	0	0	0	2.4	1	47	3	16.8	16	16.8	16	16	16
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0.2	0	0	0	0	0	0	0	0	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0.2	0	0	1	0.6	1	6	6	6	6	9	17	12	10	12	10	10	10
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	1	0	0	0	1	3	1.4	1	8	14	12	13	28	42	42.4	42	42.4	42	42	42
Malaria	0	1	0.6	1	2	2	1.2	1	9	6	5.8	6	24	25	21	20	21	20	20	20
Rabies: Animal	1	0	0	0	1	0	0	0	11	16	10	9	57	40	34.6	35	34.6	35	35	35
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	0	0	0	0	0.4	0	1	1	1	1	1	1	1	1
Zika Virus Disease and Infection- Non-Congenital	0	0	0	0	1	0	0.4	0	4	9	19	9	33	73	88.4	73	88.4	73	73	73
<b>F. Others</b>																				
Botulism: Infant	0	0	0.2	0	0	0	0.2	0	0	0	0.2	0	2	7	3.8	4	3.8	4	4	4
Brucellosis	0	0	0.8	0	1	0	1.4	1	23	15	15.8	15	103	100	92.8	97	92.8	97	97	97
Carbon Monoxide Poisoning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0	1	3	1.8	2	3	9	8.0	8	8.0	8	8	8
Legionellosis	1	3	1.8	2	14	17	10.6	11	43	68	33.6	25	287	278	173.4	140	173.4	140	140	140
Vibriosis (Grimontia hollisae)	0	0	0	0	0	0	0.2	0	0	0	0.2	0	2	5	3.8	2	3.8	2	2	2
Vibriosis (Other Vibrio Species)	0	0	0	0	0	0	0.2	0	7	7	3.8	1	43	19	10.8	4	10.8	4	4	4
Vibriosis (Vibrio alginolyticus)	0	0	0	0	0	0	0.4	0	11	8	9.2	8	28	28	22.0	22	22.0	22	22	22
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0.2	0	0	0	0.6	0	1	0	1	0	5	0	5	4	5	4	4	4
Vibriosis (Vibrio fuvialis)	0	0	0	0	0	0	0.2	0	0	0	0.6	0	4	6	4.4	4	4.4	4	4	4
Vibriosis (Vibrio mimicus)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (Vibrio parahaemolyticus)	1	0	0.2	0	1	1	1.4	1	3	3	5	5	23	16	17.6	17	17.6	17	17	17
Vibriosis (Vibrio vulnificus)	0	0	0.2	0	0	0	0.4	0	2	2	4.4	5	6	9	9	8	9	8	8	8

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

\* Mean of the same month in the previous five years; † Median for the same month in the previous five years (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.

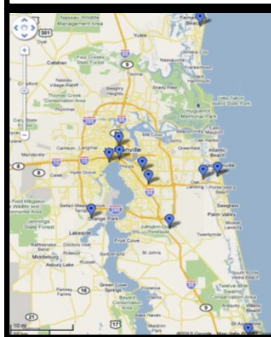
### Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology: [http://www.doh.state.fl.us/disease\\_ctrl/epi/index.html](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](http://www.FloridaHealth.gov/CHDEpiContact). See [www.FloridaHealth.gov/DiseaseReporting](http://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](http://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**