

Duval County Epidemiology Surveillance Report

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

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Report Summary

The month of November 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), 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 November 30, 2017, unless noted otherwise.

DOH-Duval reported 276 cases of various diseases/conditions in November. Please note that all cases meet the case definition for a confirmed, probable or suspect case. Among the cases reported, there were forty-four cases of salmonellosis, four acute Hepatitis B cases, three cases of Escherichia coli Shiga Toxin (STEC) infection, a case of anaplasmosis, carbon monoxide poisoning, legionellosis, pertussis, trichinellosis, Typhoid fever (Salmonella Serotype Typhi), and vibriosis.

Surveillance data for select enteric diseases showed a decrease in case counts compared to the previous month, while influenza and ILI activity reported steadily increased during this time. This issue will also highlight recommendation for children during the 2017-2018 influenza season and include a "Prevent Flu" infographic.



Enteric Disease

Select enteric disease activity reported in November decreased when compared to the previous month of October (weeks 40-44, 2017). Cases of salmonellosis (44), shigellosis (6), giardiasis (2), campylobacteriosis (9) decreased, while cases of cryptosporidiosis (0) remained unchanged during this time (Figures 2 - 6). Two enteric outbreaks were also reported to DOH-Duval, in November.

Compared to 2016, cases of campylobacteriosis, salmonellosis, and shigellosis showed an increase while cases of cryptosporidiosis decreased and giardiasis remained unchanged (Figure 1). Cases reported for the 75 and older age group showed a continuous increase in cases from the previous reporting year followed by the 5 to 19 year old age group.

(Source: FDENS EpiCom, ESSENCE).

For prevention information, visit CDC.gov or Floridahealth.gov/diseases-and-conditions/norovirus-infection.html

Figure 1. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, November 2014 – November 2017

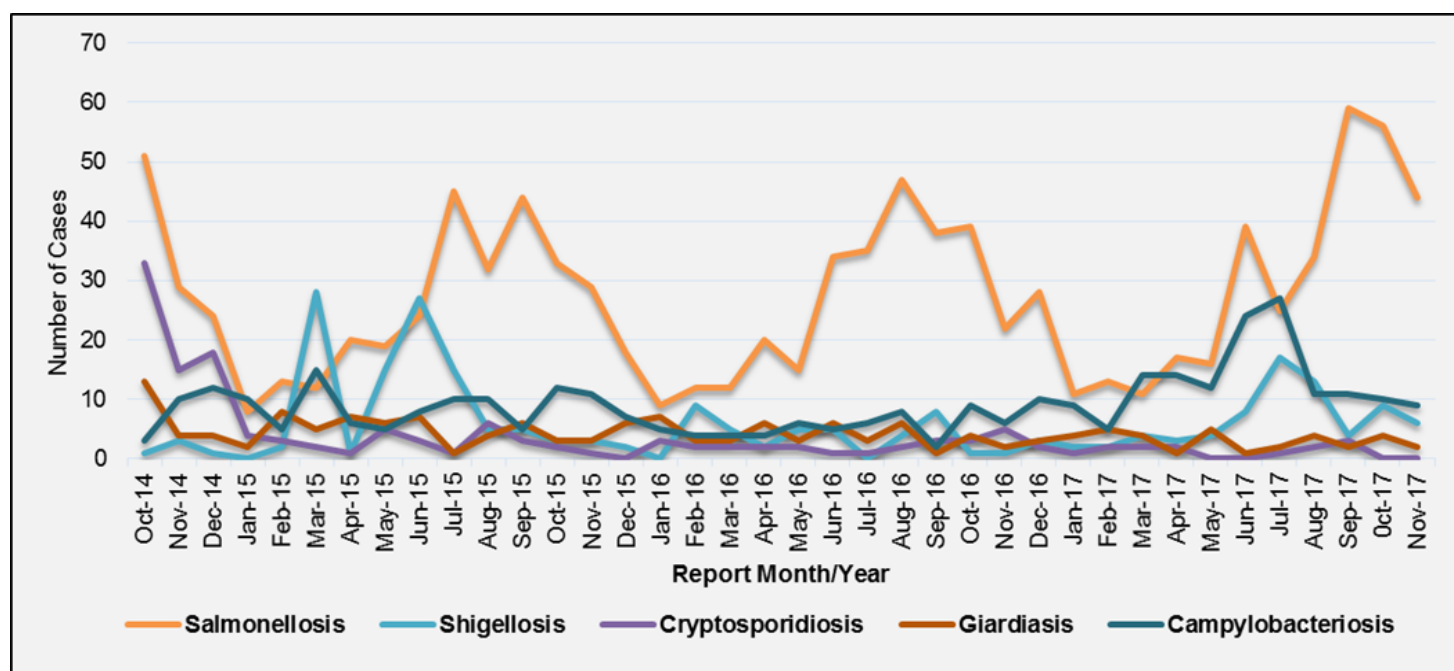


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 48, 2015 – Week 48, 2017

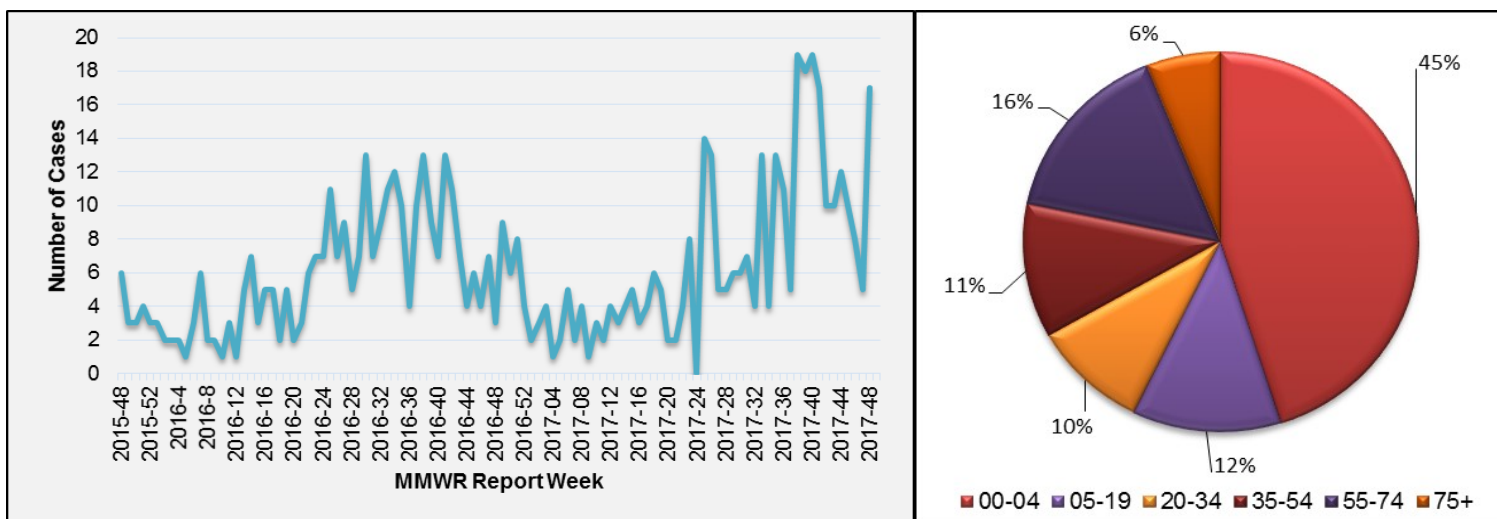




Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County Week 48, 2015 – Week 48, 2017

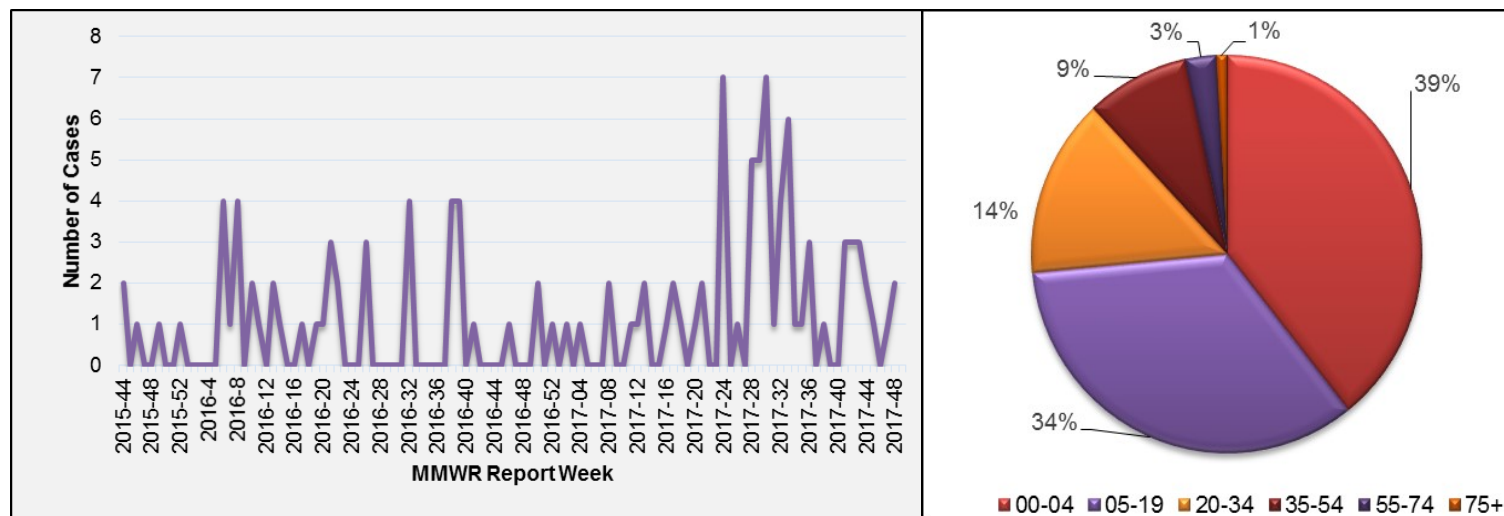


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County Week 48, 2015 – Week 48, 2017

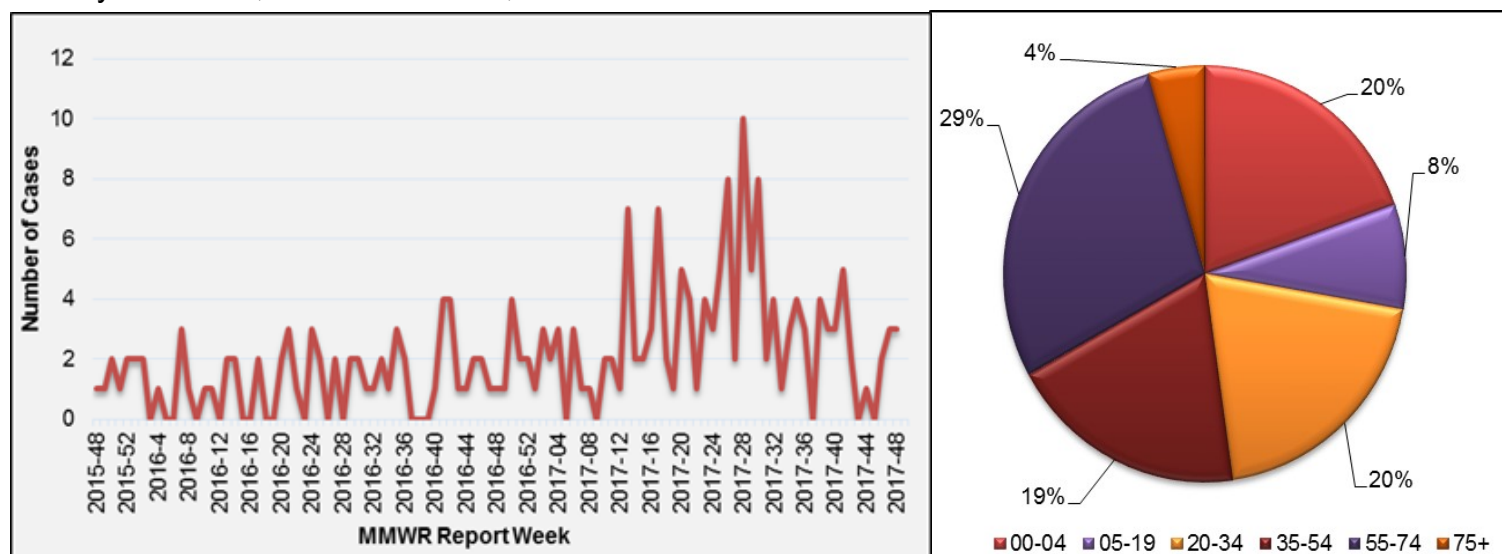


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County Week 48, 2015 – Week 48, 2017

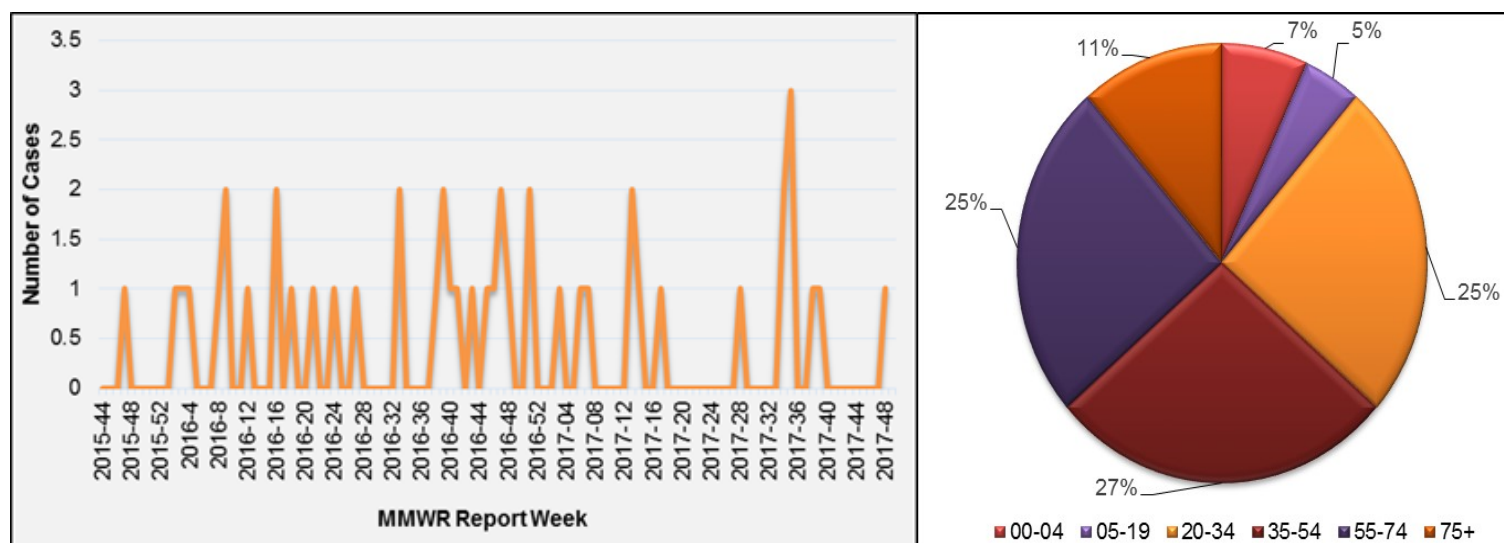
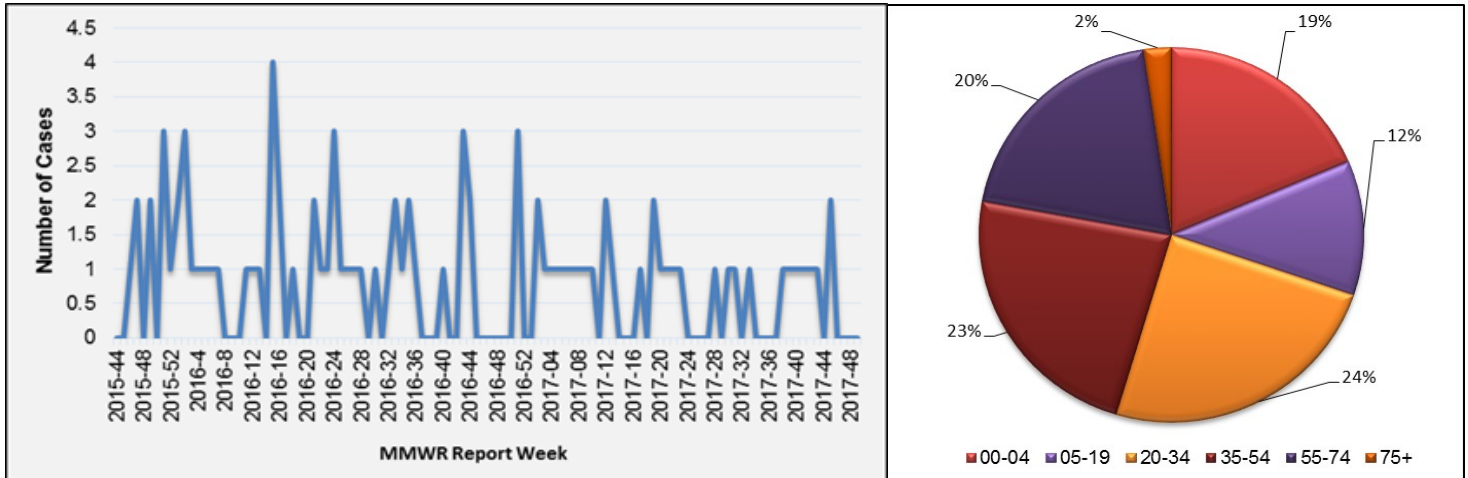


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 48, 2015 – Week 48, 2017



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed higher levels when compared to the previous two seasons. Emergency department (ED) and urgent care centers (UCC) ILI visits monitored through ESSENCE also reported higher levels when compared to the previous two seasons (Figure 7). ED and UCC influenza and ILI visits for age groups 0 to 19 and 20 to 54 showed higher trends when compared to the previous two seasons and those 55 to 75 and older trends were higher than the previous three seasons (Figure 8).

During the month of November, the Electronic Laboratory Reporting (ELR) system reported 69 (28%) positive specimens of the 244 submitted for influenza testing. Of those, subtyping showed that Influenza A (55) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there was one positive specimen reported from Duval County and 10 that tested negative (Figure 10).

RSV testing activity reported low levels when compared to previous seasons. A total of 211 specimens were tested. Of those, 31 were positive and subtyped as RSV unspecified. 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

State influenza and influenza-like illness activity:

Influenza and ILI activity reported in Florida, during the month of November, continued to increase. Specimens submitted to BPHL for influenza testing were positive by real-time Reverse Transcription Polymerase Chain (RT-PCR) and showed influenza A (H3) as the dominant strain subtyped.

National influenza activity:

Influenza activity has continued to increase and was above the national baseline for the first time this season. The Centers for Disease Control and Prevention (CDC) noted that several flu activity indicators were higher than typically observed for this time of year.

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

Recommendations for Prevention and Control of Influenza During the 2017–2018 Season

The American Academy of Pediatrics recommends annual seasonal influenza immunization for everyone 6 months and older, including children and adolescents. Healthcare providers should attempt to promptly identify children suspected of having influenza infection for timely initiation of antiviral treatment, when indicated, to reduce morbidity and mortality.

Source: American Academy of Pediatrics, Committee on Infectious Diseases. Recommendations for prevention and control of influenza in children, 2016-2017. Pediatrics. 2016;138(4):e20162527

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)

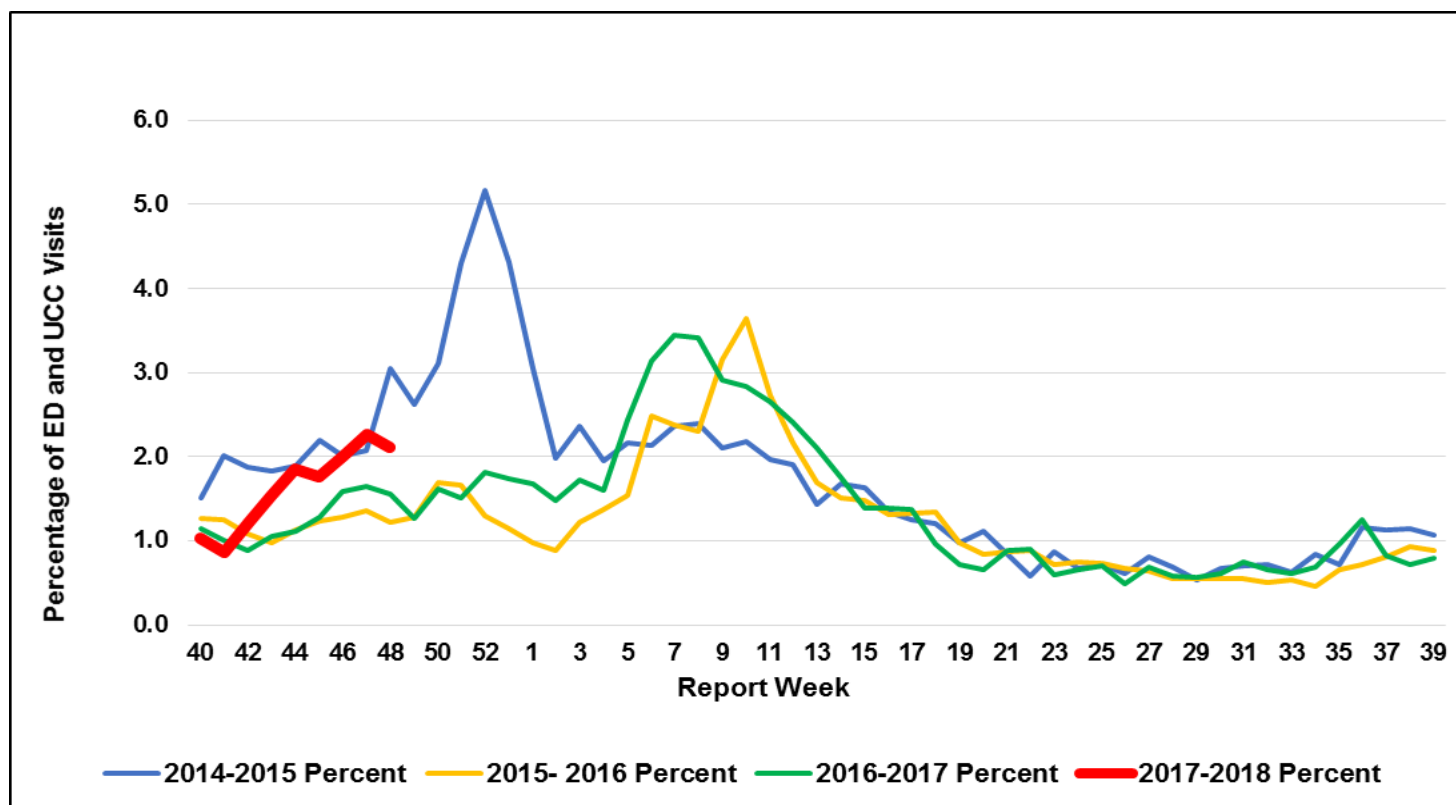
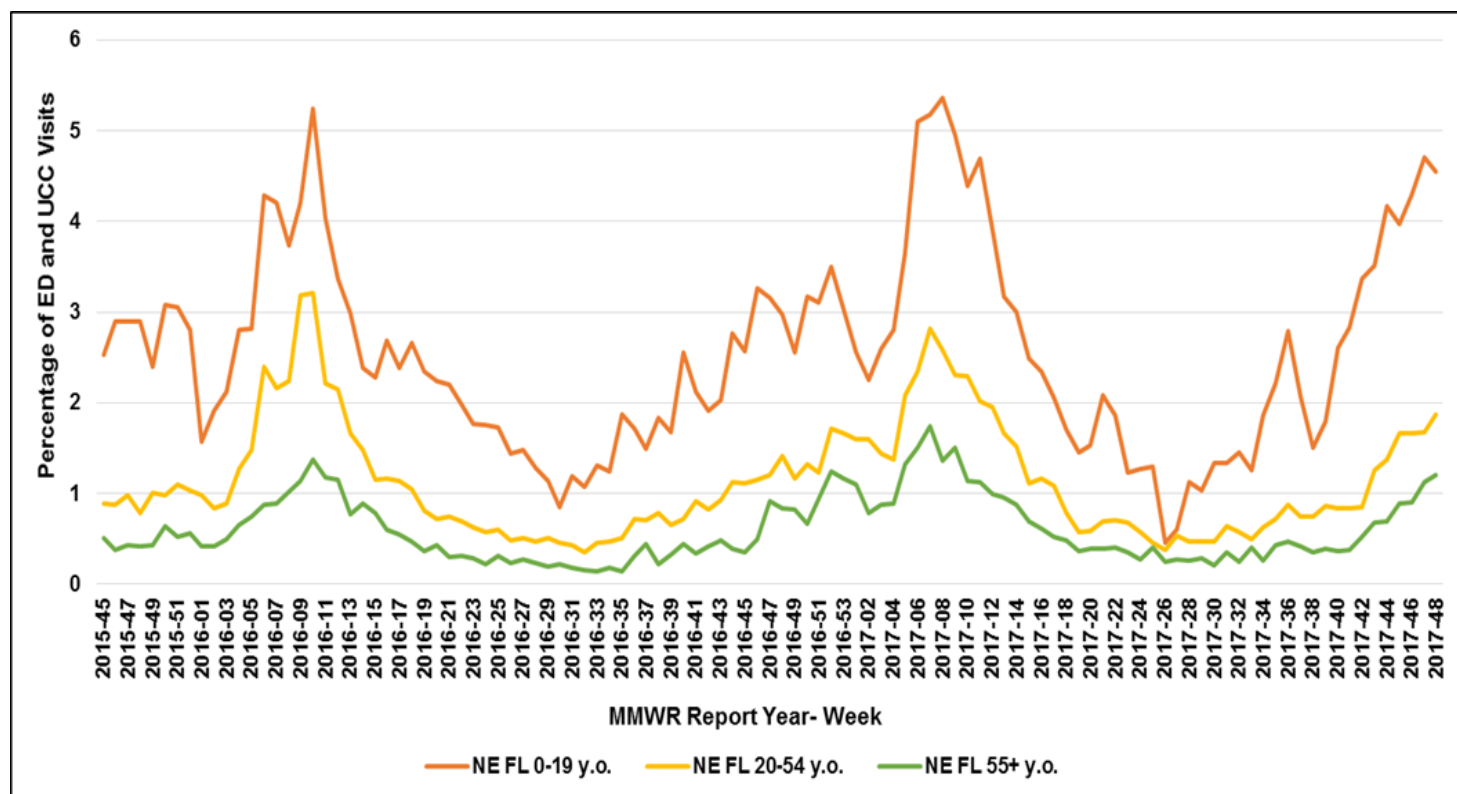


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 45, 2015 – Week 48, 2017



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 44, 2015 - Week 48, 2017

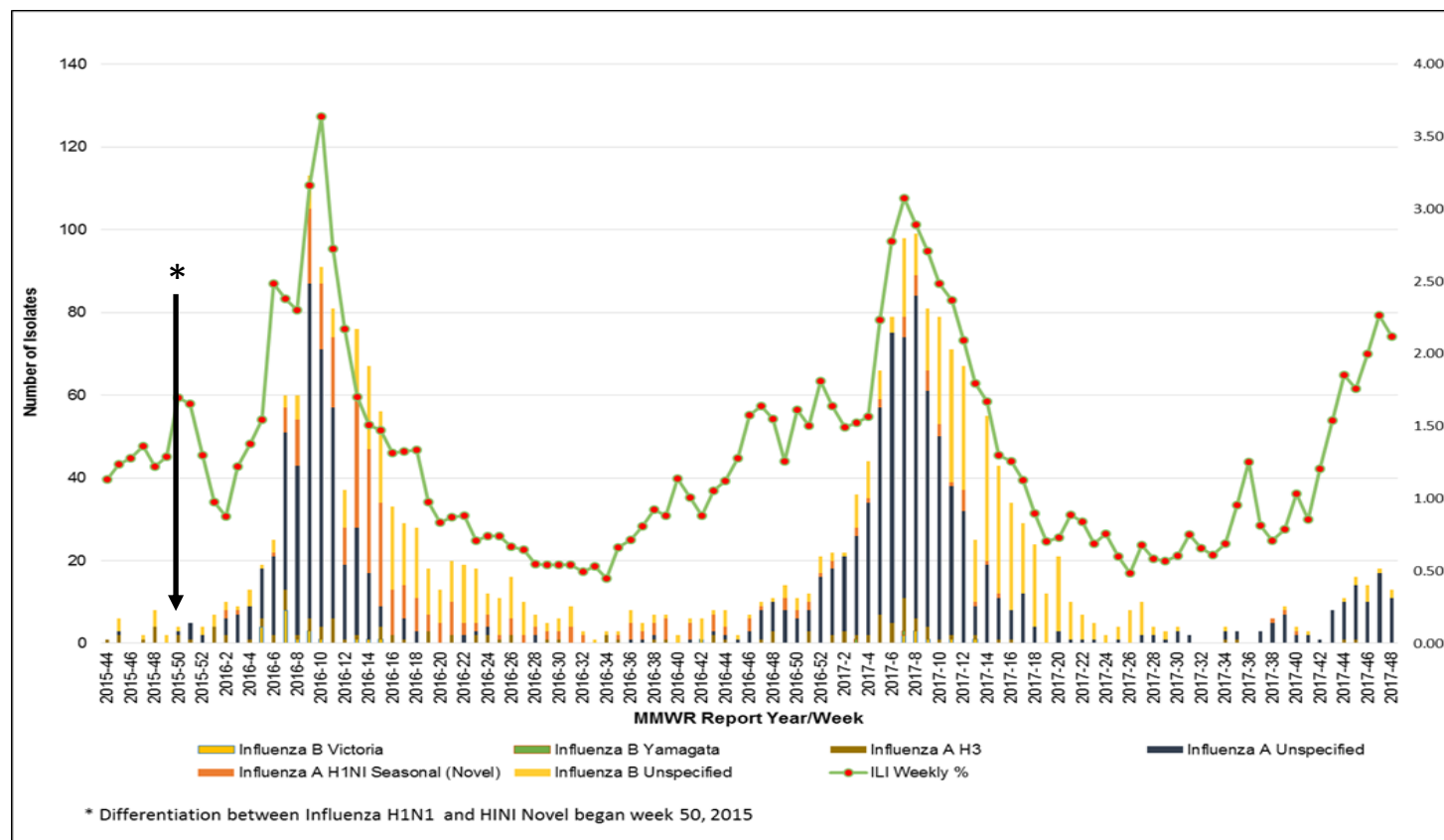
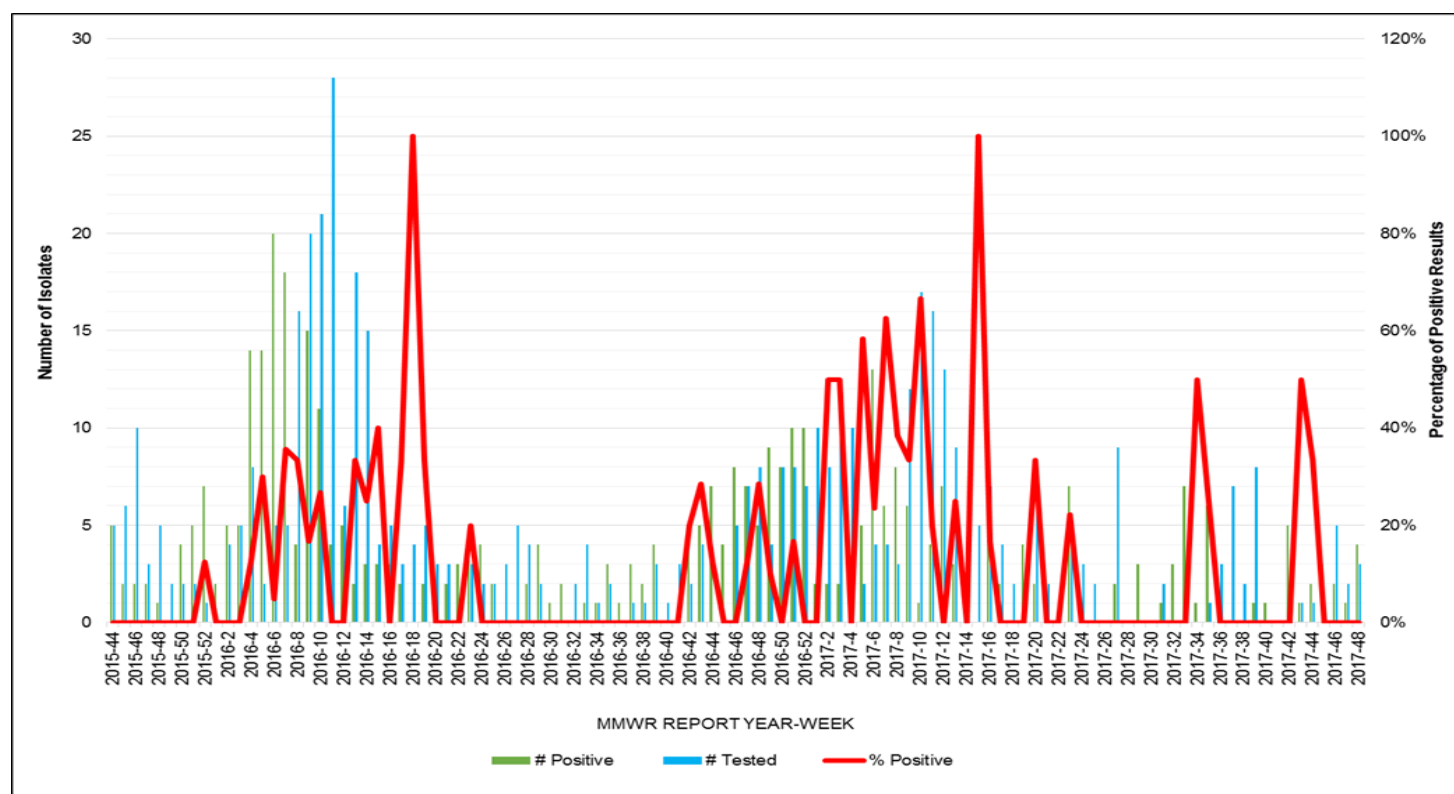


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 44, 2015 – Week 48, 2017



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), and Zika virus disease. Malaria, a parasitic mosquito-borne disease is also included (Figure 11).

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 November.

State of Florida 2017 Human Case Summary and Surveillance

International Travel-Associated Chikungunya Fever Cases: In 2017, two travel-associated cases have been reported.

Chikungunya Fever Cases Acquired in Florida: In 2017, no cases of locally acquired chikungunya fever have been reported.

International Travel-Associated Dengue Fever Cases: In 2017, 17 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2017, no cases of locally acquired dengue fever have been reported.

West Nile Virus Illnesses Acquired in Florida: Four human case of WNV illness acquired in Florida has been reported in 2017; one in Escambia County in October; one in Santa Rosa County in September; one in Taylor County in October, and one in Volusia County in November. One asymptomatic positive blood donor was reported from Escambia County in August.

International Travel-Associated Zika Fever Cases: In 2017, 195 cases of Zika fever have been reported in individuals with travel history to a country or area experiencing Zika virus activity.

Zika Fever Cases Acquired in Florida: In 2017, two cases of locally-acquired Zika fever were reported. In addition, 11 cases of locally-acquired Zika fever exposed in 2016 and tested in 2017 have been reported.

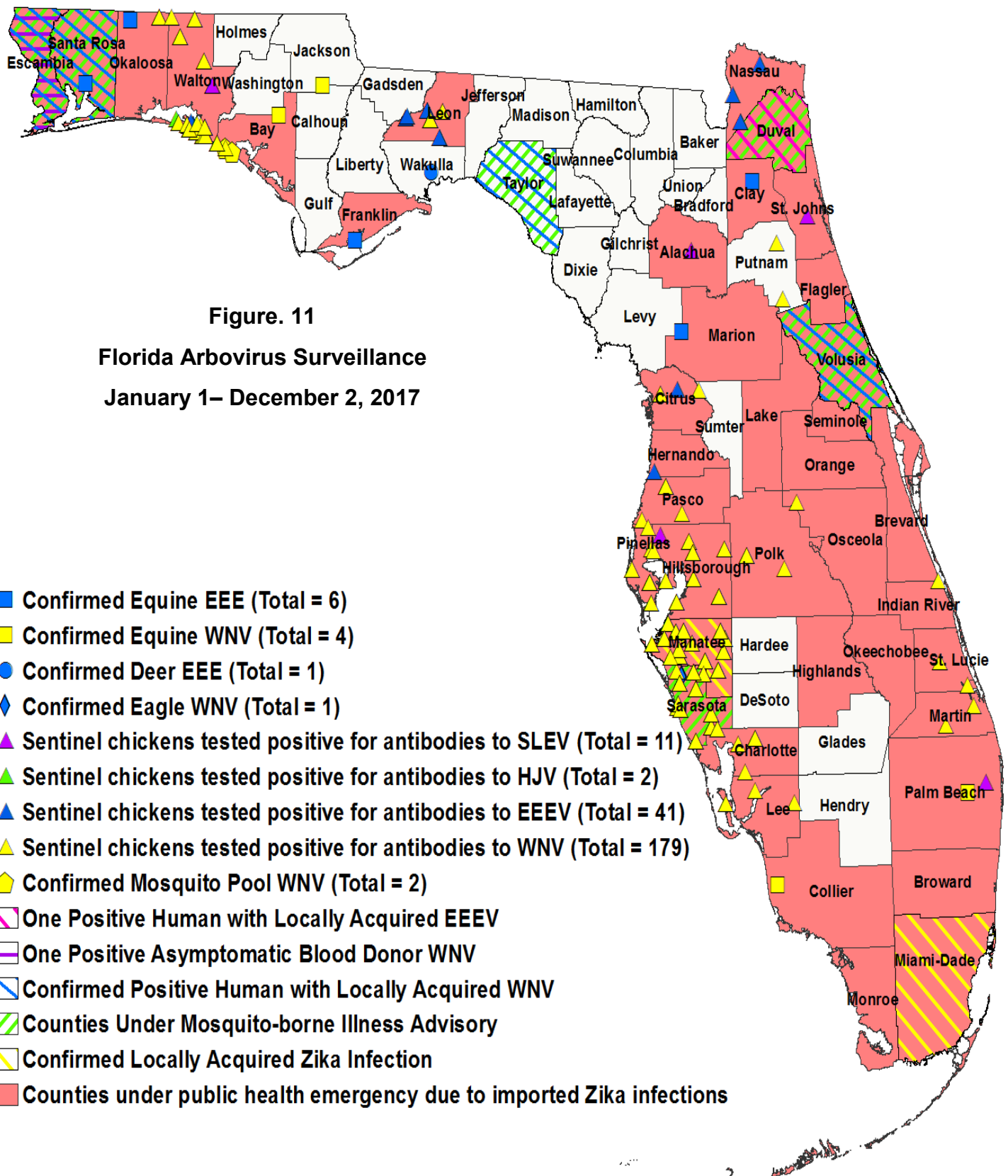
International Travel-Associated Malaria Cases: Sixty cases of malaria with onset in 2017 have been reported. Geographical locations of origin were Africa, Brazil (3), Cameroon (4), Central African Republic (2), Ethiopia/Malawi, Ghana (5), Ghana/Liberia, Guatemala, Guyana, Haiti (5), India (4), Indonesia, Kenya (2), Kenya/South Africa/Tanzania, Liberia, Mexico, Mozambique, Mozambique/South Africa, Niger, Nigeria (11), Sierra Leone (2), South Africa, Togo, Uganda(5), and Venezuela(3). Counties reporting cases were Alachua(2), Brevard(3), Broward(3), Broward(6), Collier, Clay, Desoto, Duval (3), Escambia (2), Hillsborough (5), Lee (4), Leon (6), Marion, Miami-Dade (8), Monroe (2), Okaloosa, Orange (3), Osceola (3), Palm Beach (3), Polk, Santa Rosa, Seminole, St. Lucie, and Volusia.

Forty-two cases (70%) were diagnosed with *Plasmodium falciparum*. Fifteen cases (25%) were diagnosed with *Plasmodium vivax*. Two cases (3%) were diagnosed with *Plasmodium malariae*. One case (2%) was diagnosed with both *Plasmodium malariae* and *Plasmodium ovale*.

WNV activity: In 2017, positive samples from four human cases, one blood donor, one hundred thirty-seven sentinel chickens, three horses, one eagle, and two mosquito pools have been reported from eighteen counties.

SLEV activity: In 2017, positive samples from eleven sentinel chickens have been reported from seven counties.

EEEV activity: In 2017, positive samples from one human, six horses, one deer, and forty-one sentinel chickens have been reported from thirteen counties.



Notable Topics and Other Statistics

Table 1: Tuberculosis (TB) Surveillance – Duval County - 1/1/2017 through 11/30/2017

Active TB cases reported year-to-date as of November 30, 2017							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	26	33	78.8%	Asian	8	33	24.2%
Female	7	33	21.2%	Pacific Islander/Other	2	33	6.1%
Country of Origin				Black	12	33	36.4%
U.S.	17	33	51.5%	White	11	33	33.3%
Non-U.S.	16	33	48.5%	Ethnicity			
Age Group				Hispanic	3	33	9.1%
< 5	0	33	0.0%	Non-Hispanic	30	33	90.9%
5-14	0	33	0.0%	Risk Factors			
15-24	3	33	9.1%	Excess alcohol use within past year	4	33	12.1%
25-44	8	33	24.2%	HIV co-infection*	6	33	18.2%
45-64	14	33	42.4%	Injection drug use within past year	2	33	6.1%
≥ 65	8	33	24.2%	Homeless within past year	1	33	3.0%
				Incarcerated at diagnosis	0	33	0.0%
				Unemployed	20	33	60.6%
				Drug Resistance			
				Resistant to isoniazid**	2	25	8.0%
*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 12/11/2017. Data is subject to change based on ongoing submission of RVC Ts.							
Prepared by: Ashley Donnelly, MPH, CPH, TB Surveillance Coordinator							

Table 2. Area 4* Reported Sexually Transmitted Diseases (STDs) Summary for November 2017, 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	5	24%	5	28%	Female	427	67%	336	67%	Female	137	47%	118	47%
Male	16	76%	13	72%	Male	207	33%	162	33%	Male	152	53%	135	53%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	14	67%	13	72%	Black	312	49%	285	57%	Black	203	70%	188	74%
Hispanic	1	5%	0	0%	Hispanic	31	5%	26	5%	Hispanic	8	3%	6	2%
White	6	29%	5	28%	White	199	31%	119	24%	White	61	21%	46	18%
Other	0	0%	0	0%	Other	92	15%	68	14%	Other	17	6%	13	5%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	5	1%	3		0-14	1	0%	1	0%
15-19	2	10%	2	11%	15-19	138	22%	106	21%	15-19	48	17%	38	15%
20-24	4	19%	3	17%	20-24	259	41%	207	42%	20-24	93	32%	81	32%
25-29	4	19%	4	22%	25-29	108	17%	80	16%	25-29	49	17%	41	16%
30-39	3	14%	2	11%	30-39	98	15%	78	16%	30-39	68	24%	62	25%
40-54	5	24%	4	22%	40-54	19	3%	18	4%	40-54	28	10%	28	11%
55+	3	14%	3	17%	55+	7	1%	6	1%	55+	2	1%	2	1%
Total Cases	21		18		Total Cases	634		498		Total Cases	289		253	
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, November 2017

Disease	DUVAL					All Counties										
	November			Cumulative (YTD)		November			Cumulative (YTD)							
	2017	2016	Mean*	Median†	2017	2016	Mean†	Median‡	2017	2016	Mean†	Median‡	2017	2016	Mean†	Median‡
A. Vaccine Preventable Diseases																
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Rubella)	0	0	0	0	0	0	0	0	0	0	0	0	4	5	4.4	5
Mumps	0	0	0	0	9	1	0.2	0	12	2	1.6	2	98	26	15.4	17
Pertussis	2	1	2.8	1	22	13	36.6	37	18	28	32.4	28	339	304	504.4	553
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0.6	0
Tetanus	0	0	0.2	0	0	0	0.4	0	0	0	0	0	1	4	3.8	4
Varicella (Chickenpox)	4	3	2.2	2	36	30	38.8	35	61	61	46.4	40	615	698	660.2	688
B. CNS Diseases & Bacteremias																
Cerebral-Jakob Disease (CJD)	0	0	0	0	1	1	0.4	0	0	0	0	0	1	18	20.8	22
Haemophilus influenzae Invasive Disease	4	0	0.8	0	21	22	18.8	21	27	19	15.8	16	273	276	244	243
Meningitis: Bacterial or Mycotic	0	0	0.6	1	3	5	12	13	5	7	12.2	10	100	100	129.8	120
Meningococcal Disease	0	0	0	0	1	1	0.6	0	2	7	4.6	5	20	19	39.4	46
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0	0	1	2	0	0	5	4	4.4	4
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Strept pneumoniae Invasive Disease: Drug-Resistant	1	0	2	1	8	23	21	22	25	18	29	18	231	185	324	359
Strept pneumoniae Invasive Disease: Drug-Susceptible	1	0	1.6	1	15	15	18.6	18	49	24	34	24	339	366	369.2	368
C. Enteric Infections																
Campylobacteriosis	8	9	10.4	11	152	82	93	95	333	278	231.2	220	4067	3378	2823.4	2880
Cryptosporidiosis	1	1	3.8	1	16	24	49.6	28	47	41	46.4	41	519	551	810	551
Cyclosporiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	0	1.2	1	16	8	13.6	17	51	39	37.6	39	598	580	35.2	33
Giardiasis: Acute	0	3	4.4	4	24	42	49.8	48	57	73	81.8	73	855	1044	1037.2	1044
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	0	1	2	1	11	6	6	6
Listeriosis	0	1	0.6	1	0	5	2.6	3	4	2	2.6	2	54	38	39.2	38
Salmonellosis	34	29	34	31	351	341	394.4	361	855	498	541.2	539	6272	5970	6097.6	6036
Shigellosis	4	1	8.6	3	72	51	123.4	53	97	99	121	117	1230	915	1614.8	1736
Typhoid Fever (Salmonella Serotype Typhi)	1	0	0	0	3	1	0.4	0	5	0	0.2	0	53	17	11.8	11
D. Viral Hepatitis																
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B: Acute	4	1	1.8	1	29	32	18.4	15	44	65	41	34	687	698	440.8	381
Hepatitis B: Surface Antigen in Pregnant Women	0	4	2.6	3	20	26	34.8	34	20	34	33.6	34	389	388	434.2	432
Hepatitis C: Acute	2	2	0.8	1	17	11	6.4	7	17	25	16	14	327	372	221	200
E. Vector-Borne, Zoonoses																
Chikungunya Fever	0	0	0.2	0	0	0	0	0	0	0	0	0	0	0	0	0
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dengue Fever	0	0	0.2	0	0	0	0	0	0	0	0	0	0	0	0	0
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	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
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis/Anaplasmosis: Undetermined	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
Lyme Disease	0	2	0.6	0	5	12	4	2	6	17	12	13	218	280	193.2	174
Malaria	0	0	0.2	0	3	6	4.2	4	7	7	4.8	5	86	78	60.4	58
Rabies: Animal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0.4	0	0	0	0	0	0	0	0.4	0
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection- Non-Congenital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F. Others																
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0.2	0	0	0	0.4	0	0	0	0	0	0	0	0	0
Carbon Monoxide Poisoning	0	0	0	0	7	13	9.6	5	26	15	15.4	15	793	238	183	171
Hansen's Disease (Leprosy)	0	0	0.2	0	0	0	0.4	0	0	0	0	0	0	0	0.8	1
Legionellosis	0	1	1.8	1	27	19	17.4	17	36	47	29.6	29	505	372	291.6	293
Vibriosis#	0	2	0.4	0	12	13	10.4	8	10	13	10.8	9	279	211	183.4	187

This report consists of confirmed and probable cases based on the date of event (initial) as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2017 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

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

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This report consists of confirmed and probable cases based on the date of event (initial) as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2017 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

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

Includes Grimontia holisae, Vibrio alginolyticus, Vibrio parahaemolyticus, Vibrio vulnificus, Vibrio fuvialis, 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 are 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.

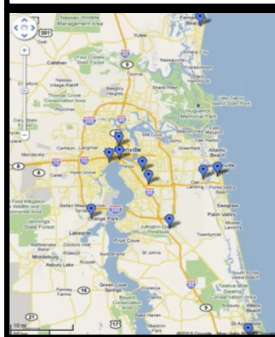
Other Links and Resources:

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?

HIV/AIDS: 904-253-2989, 904-253-2954

STD: 904-253-2974, Fax: 904-253-1601

TB Control: 904-253-1070, Fax: 904-253-1943

All Others, Epidemiology: 904-253-1850, Fax: 904-253-1851, After-Hours Emergency: 904-434-6035

! 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...

Prevent RESPIRATORY ILLNESS

—it's in your hands!



Wash your hands often
with soap and water.



Clean and disinfect
frequently touched
surfaces with
a bleach solution.



Stay home when you're sick,
and keep your children home
when they're sick.

Cover your mouth and nose
with a tissue when you cough
or sneeze. If you don't have a
tissue, cough or sneeze into
your upper sleeve or elbow, not
your hands.



Try not to touch your face
with unwashed hands.



Don't touch or shake hands
with people who are sick.

