

Duval County Epidemiology Surveillance Report

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

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November 2018

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In This Issue:

Report Summary.....	1
Enteric Disease.....	2- 4
Influenza & Influenza-like Illness (ILI).....	4- 6
• Enhanced Influenza Surveillance	
Mosquito-borne Illness Surveillance.....	7- 8
Notable Topics and Other Statistics.....	9
• Respiratory syncytial virus (RSV) Surveillance	
• TB Surveillance in Duval County	
• Sexually Transmitted Diseases	
Reportable Diseases/Conditions.....	10
Dictionary.....	11
Reportable Diseases/Conditions List.....	12
Reportable Practitioner Form.....	13
Hepatitis A Advisory.....	14 –17
ABC'S of Viral Hepatitis.....	18



Report Summary

The month of November included a variety of surveillance and investigation activities in Duval County. These data summaries included enteric diseases, influenza, influenza-like illness (ILI), respiratory syncytial virus infection (RSV), mosquito-borne illness surveillance, active tuberculosis cases, sexually transmitted diseases (STDs), 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, 2018 unless noted otherwise.

DOH-Duval reported 230 cases of various diseases/conditions in November. Please note that all cases met the case definition as either a confirmed, probable, or suspect case. Among the cases reported there was a case of dengue fever and malaria (both travel-associated), two cases of Scombroid fish poisoning, three cases of varicella and West Nile virus and four cases of pertussis and legionellosis.

Surveillance data for select enteric diseases showed steady decrease in case counts compared to the previous month of October, while Influenza and ILI activity reported elevated levels.

This issue will also provide an advisory about Hepatitis A vaccinations and recommendations for prevention due to the substantial increase in acquired infections within Florida and outbreaks reported across the Nation. For more information about prevention and treatment, contact Florida Department of Health in Duval County, Epidemiology Program.

Enteric Disease

Select enteric disease activity reported in November showed a decrease compared to the previous month of October (weeks 40-44, 2018). Cases of shigellosis(4) increased while cases of campylobacteriosis(17), salmonellosis (33), giardiasis(2) decreased and cases of cryptosporidiosis(2) were unchanged (Figures 2 - 6). Compared to 2017, cases of campylobacteriosis increased, while cases of salmonellosis and shigellosis decreased and giardiasis showed no change (Figure 1). Cases reported for this year (2018) showed that those 00 to 04 years of age accounted for the majority of the 176 cases reported, followed by those 55 to 74 years of age, with 125 cases. Two outbreaks were reported to DOH-Duval in November.

(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, November 2015 – November 2018

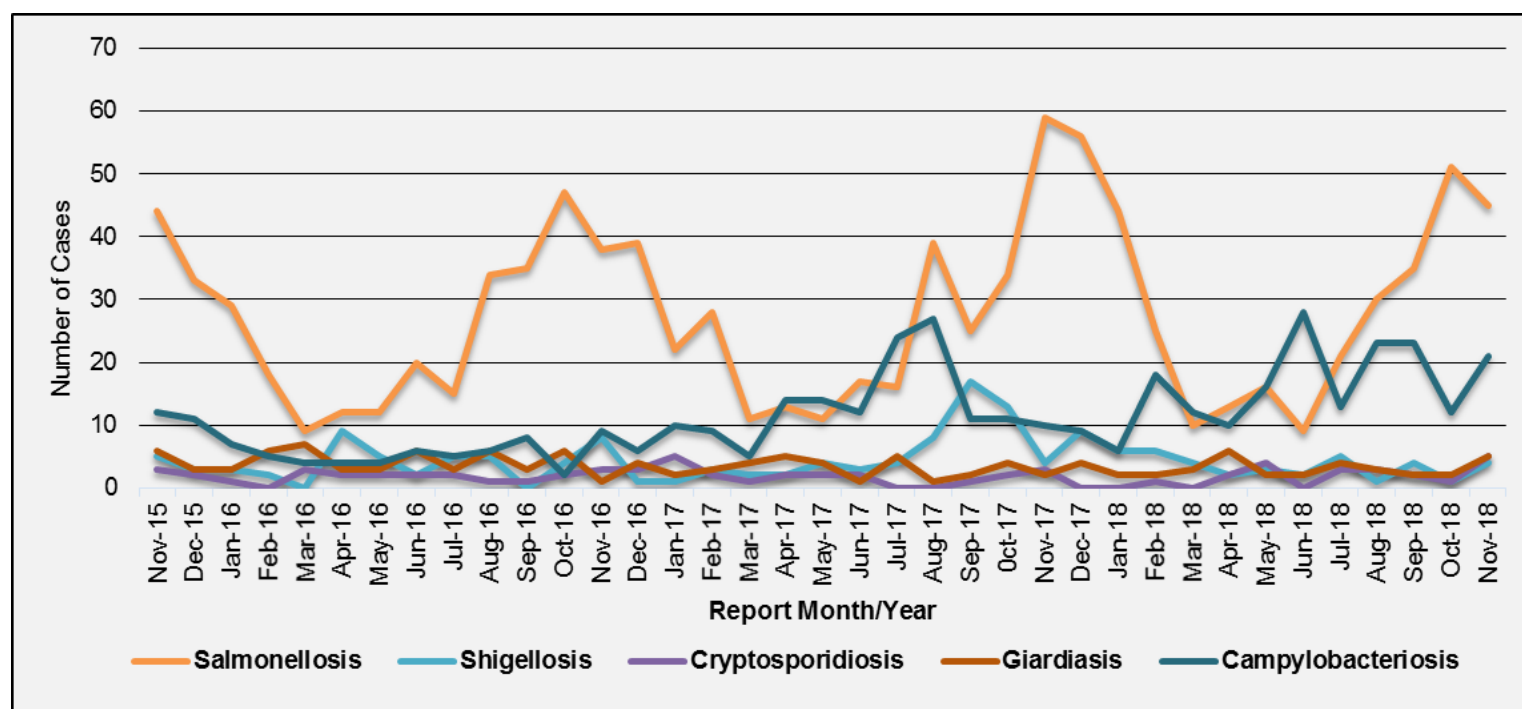


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 48, 2016 – Week 48, 2018

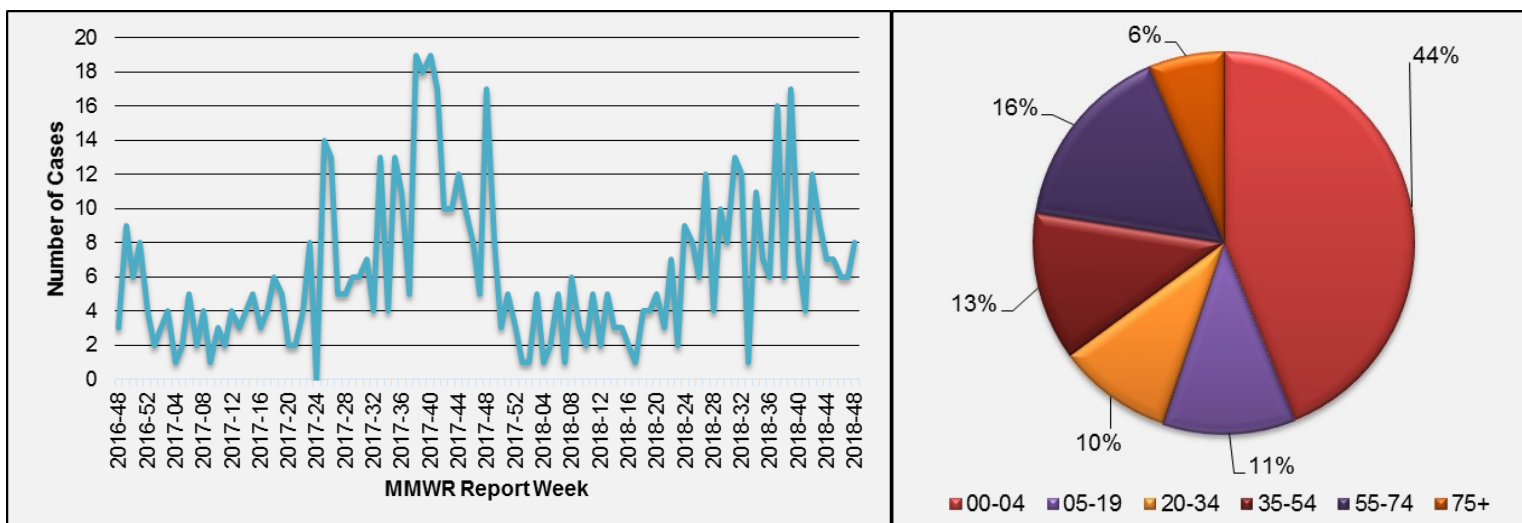




Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 48, 2016 – Week 8, 2018

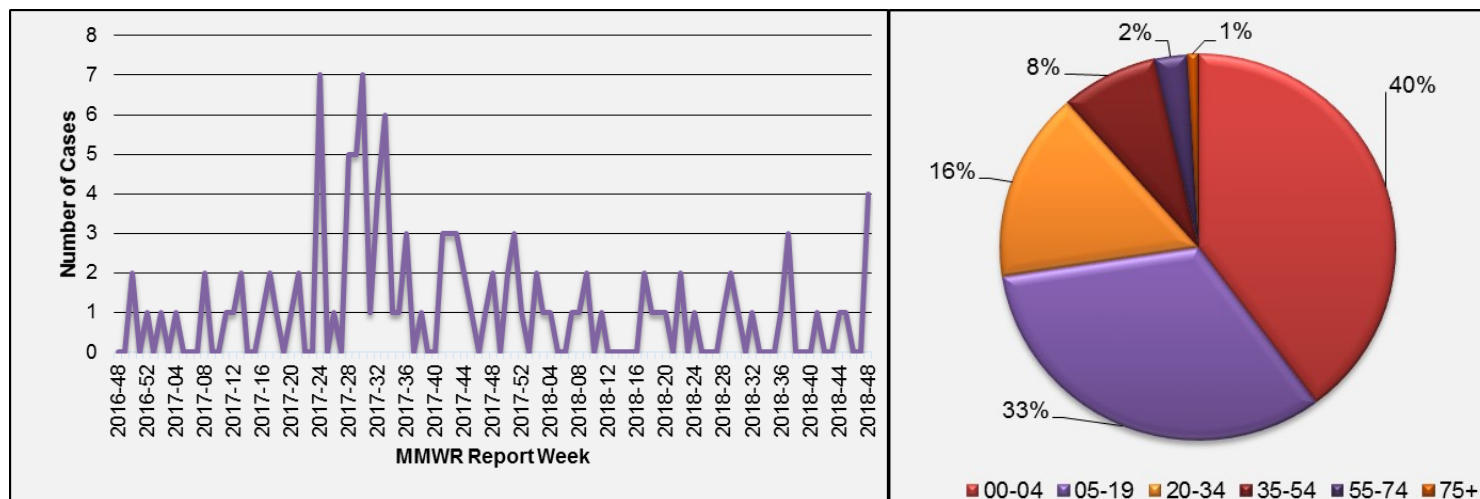


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 48, 2016 – Week 48, 2018

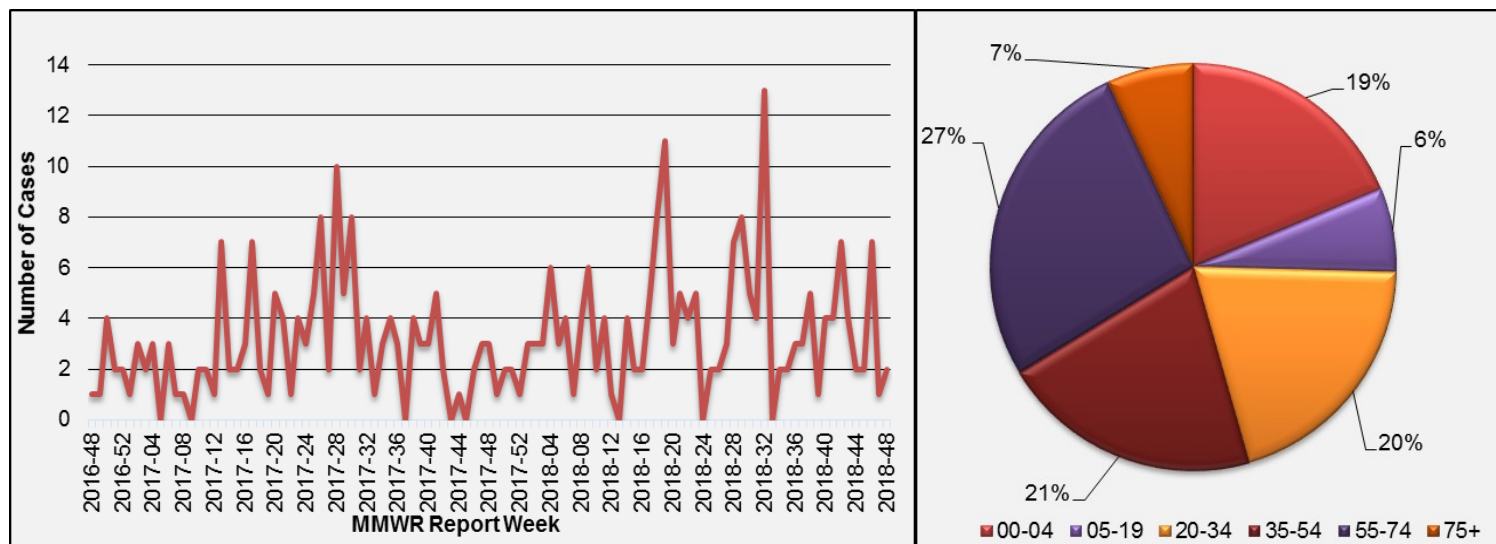


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 48, 2016 – Week 48, 2018

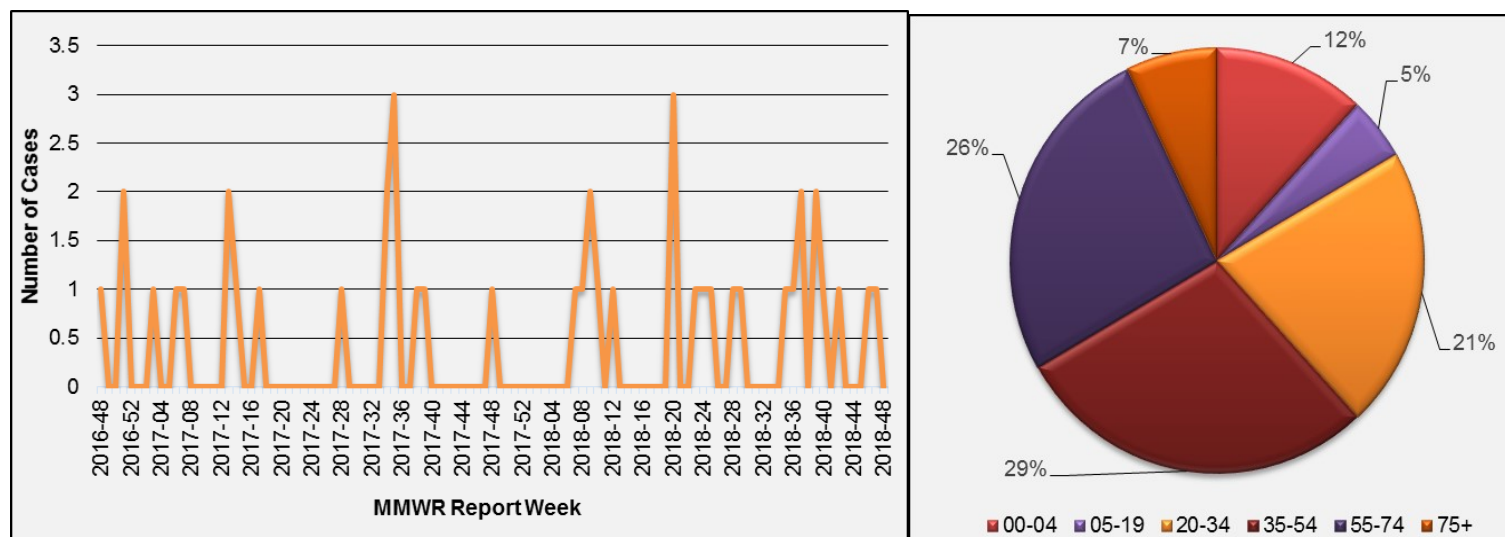
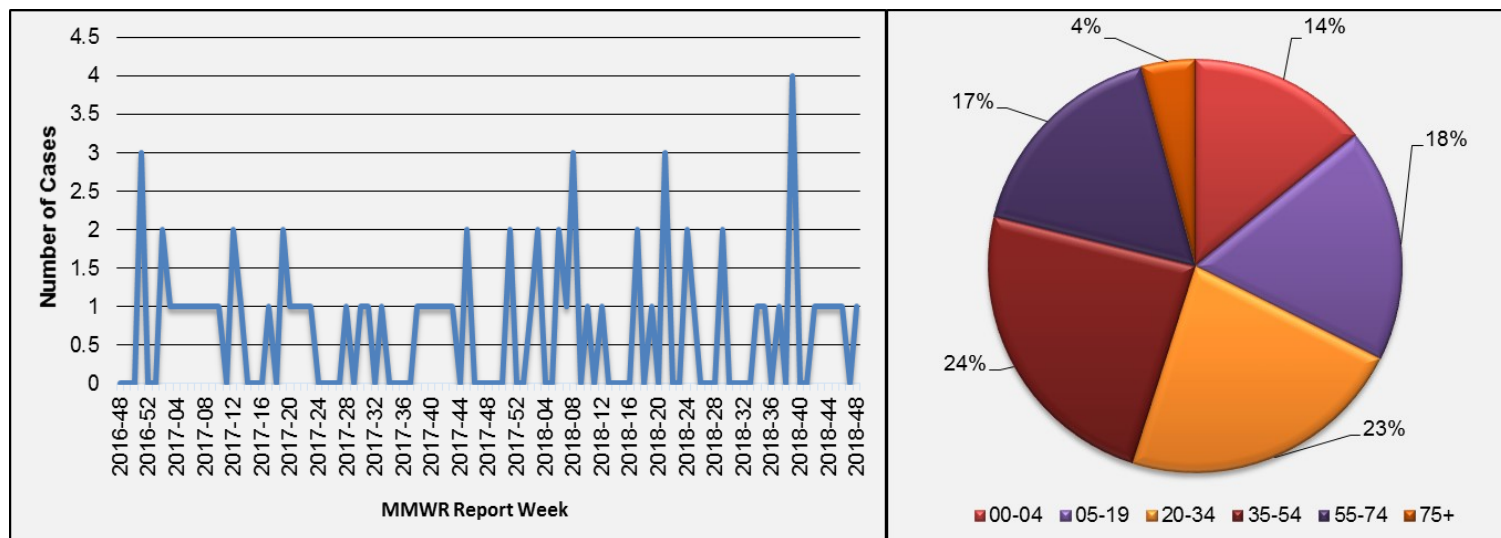


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 48, 2016 – Week 48, 2018



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed normal activity during the month of November. Emergency Department (ED) and Urgent Care Center (UCC) ILI visits monitored through ESSENCE showed lower activity when compared to the previous season (Figure 7). ED and UCC influenza/ILI visits for all age groups showed similar trends when compared to the previous season (Figure 8).

The Electronic Laboratory Reporting (ELR) system reported 26 (~4%) positive specimens out of the 709 submitted for influenza testing. Of those, subtyping showed that influenza A (n=18) was the dominant strain detected by laboratories (Figure 9). The Bureau of Public Health Laboratories (BPHL) Jacksonville reported no positive specimens and 17 negative specimens for Duval County (Figure 10).

Source: Flu Lab Report, Merlin

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

In November, no ICU laboratory-confirmed influenza in persons less than 65 were reported for Duval County reporting guidelines, which include patients:

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

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

State influenza and influenza-like illness activity:

Influenza activity decreased statewide. Two influenza-associated pediatric deaths have been confirmed since the start of the 2018-2019 influenza season. The Bureau of Public Health Laboratories', testing for influenza, showed A Influenza A 2009 (H1N1) followed by Influenza B Yamagata lineage by real-time reverse transcription polymerase the most dominant strains circulating.

National influenza activity:

The Centers for Disease Control and Prevention (CDC) reported a slight increase in activity. Influenza A viruses have predominated in the United States since the beginning of October. The percentage of respiratory specimens testing positive for influenza in clinical laboratories remains low, but is increasing. Influenza A(H1N1) pdm09, influenza A (H3N2), and influenza B viruses continue to co-circulate, with influenza A(H1N1)pdm09 viruses reported most commonly by public health laboratories since September 30, 2018.

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)

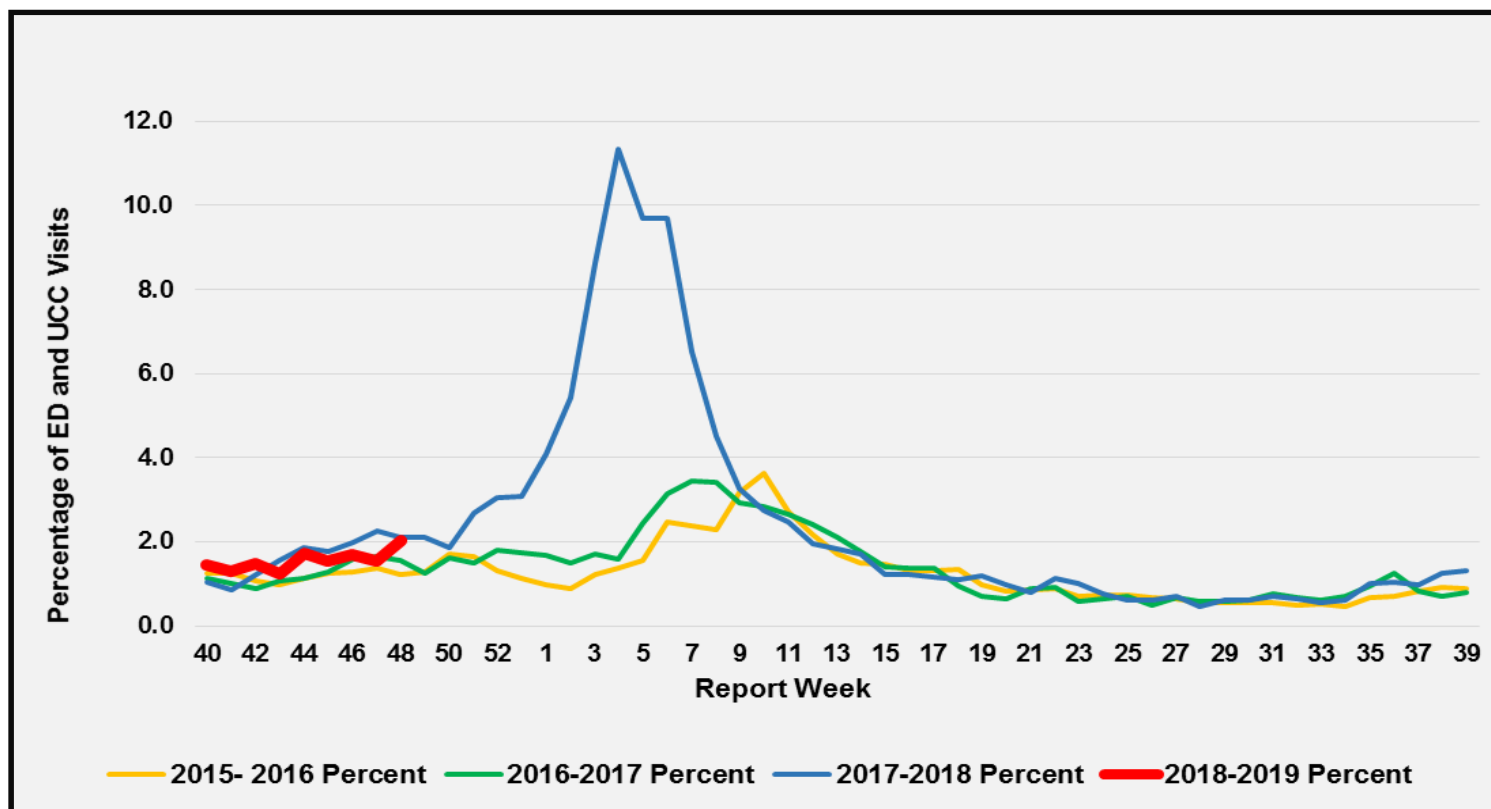
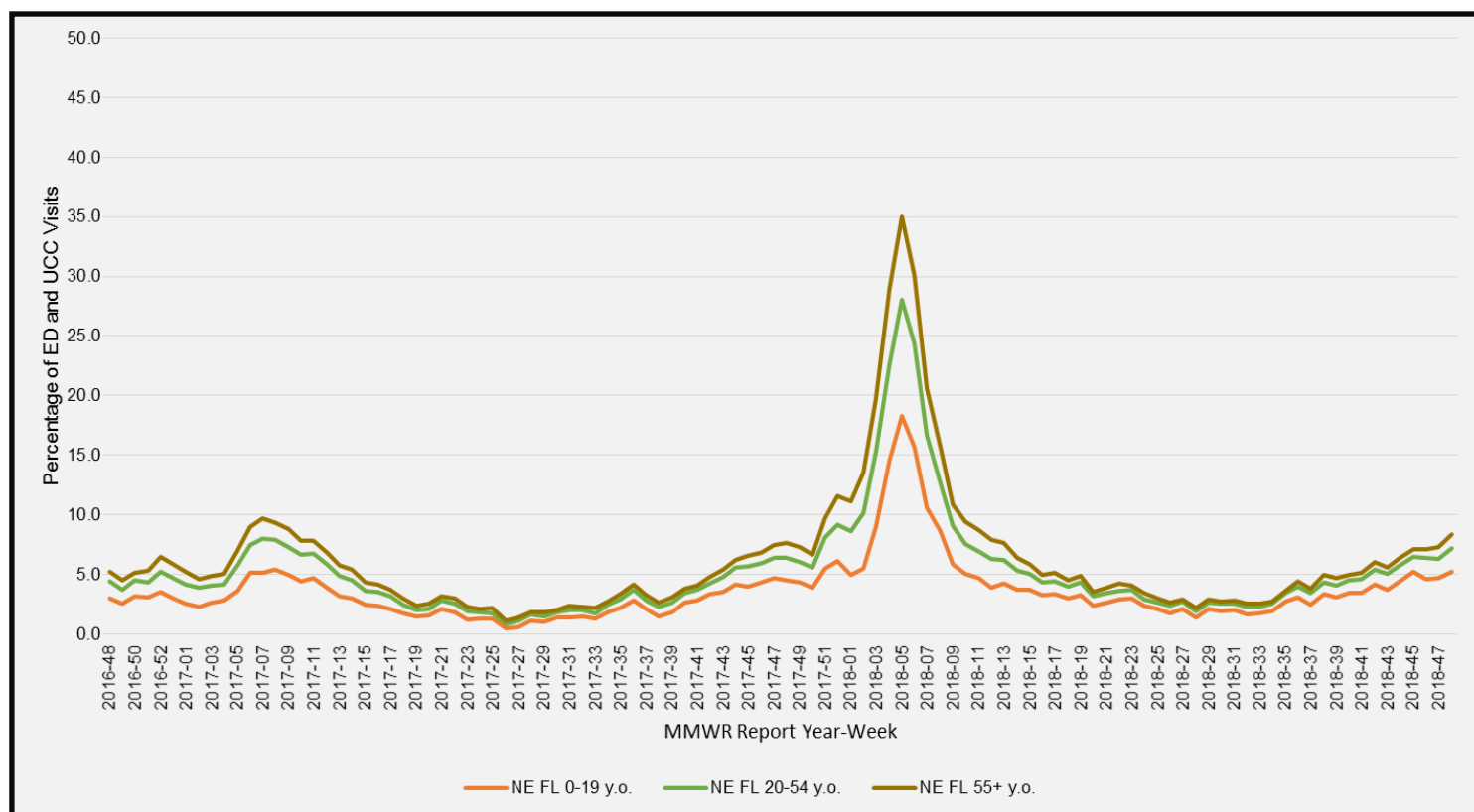


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 48, 2016 – Week 47, 2018



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 48, 2016 - Week 48, 2018

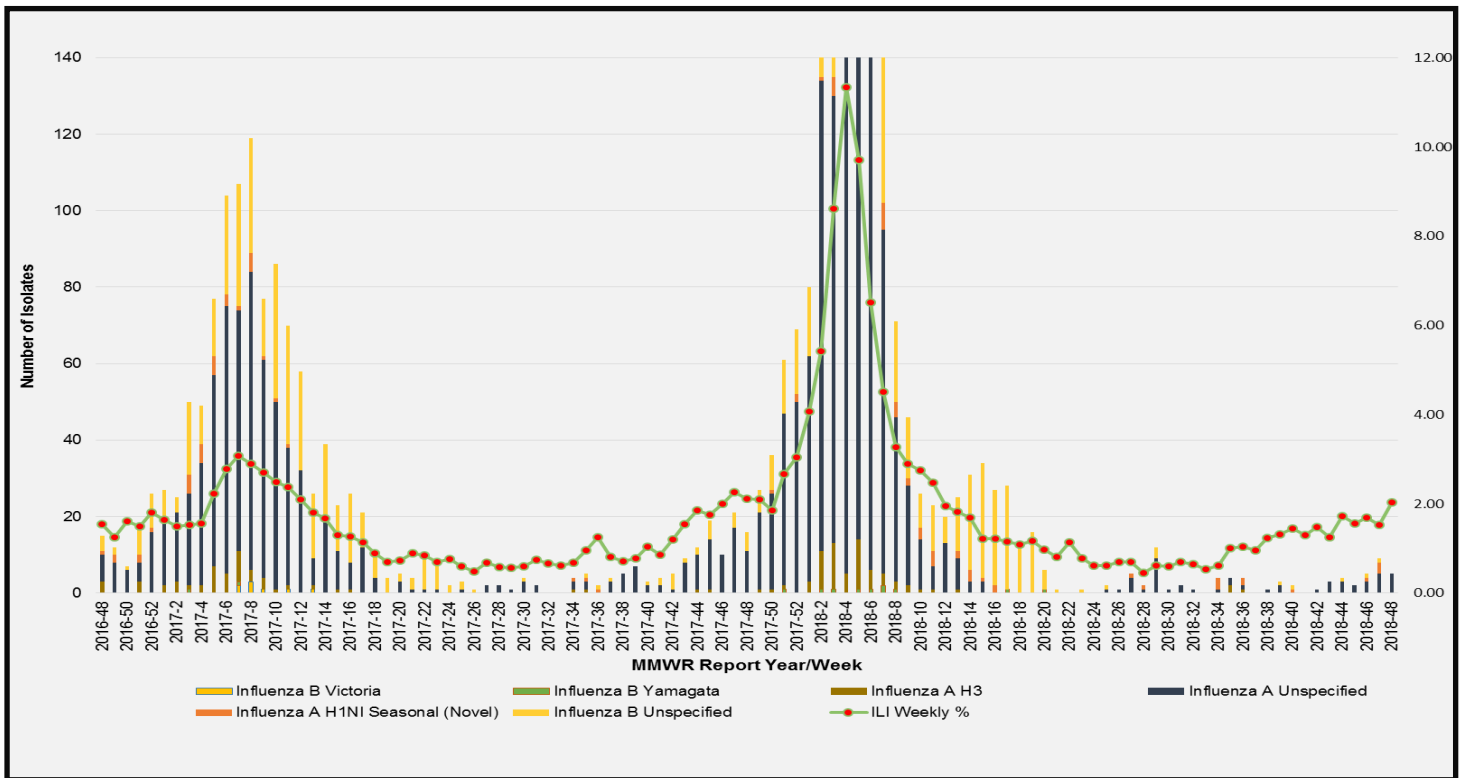
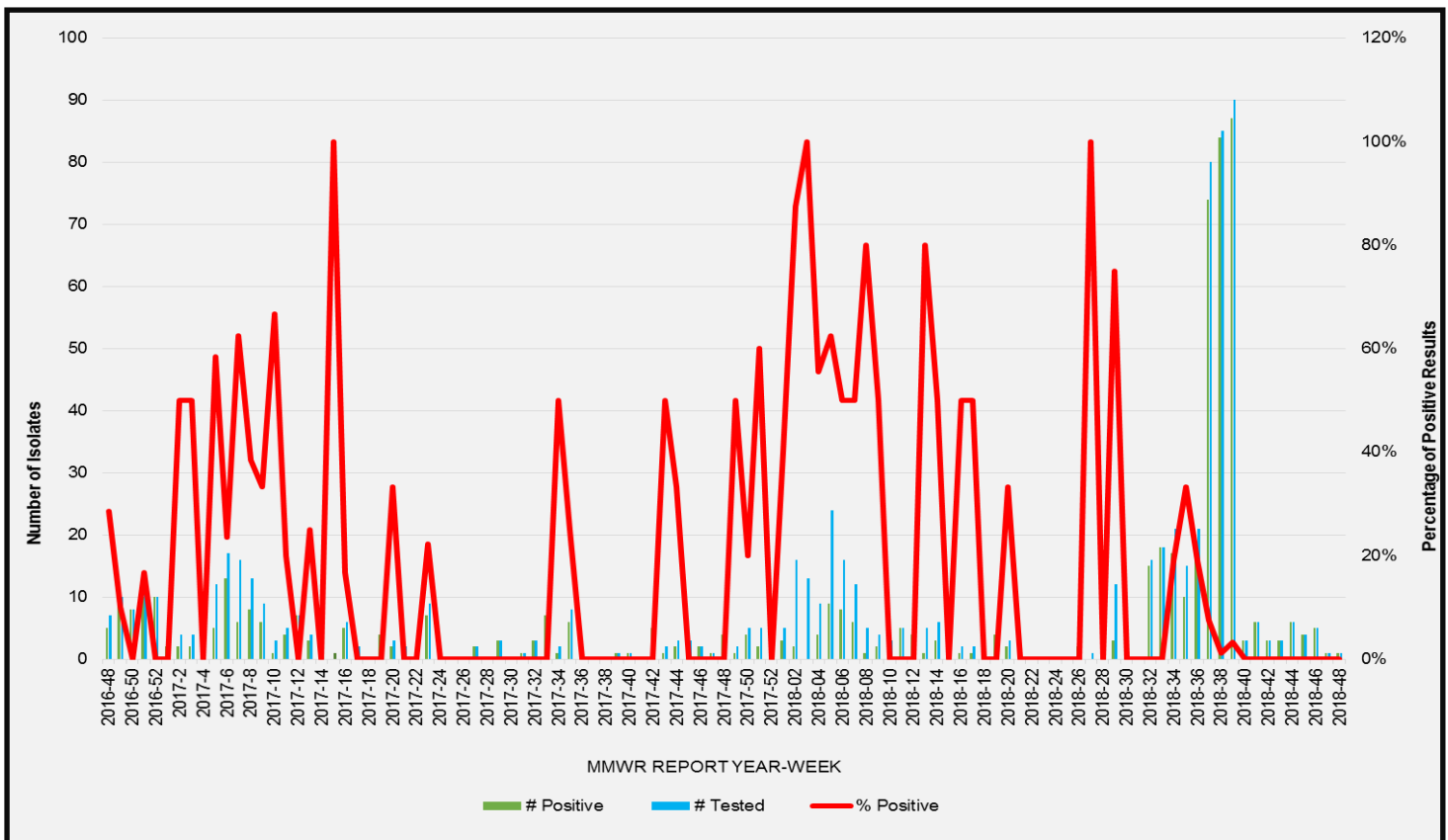


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 48, 2016 – Week 48, 2018



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 2018 Human Case Summary

One asymptomatic blood donor and ten human cases of West Nile virus (WNV) were reported in Duval County as of December 1, 2018. No local cases of chikungunya fever, dengue, malaria or Zika virus were reported during this time.

State of Florida 2018 Human Case Summary and Surveillance

International Travel-Associated Dengue Fever Cases: In 2018, 47 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2018, one case of locally acquired dengue fever have been reported.

International Travel-Associated Chikungunya Fever Cases: In 2018, four travel-associated cases have 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, 90 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 2018, no cases of locally acquired Zika have been reported.

Advisories/Alerts: Charlotte, Clay, Columbia, Gadsden, Lake, Manatee, Marion, Martin, Miami-Dade, Okeechobee, Orange, Putnam, Sarasota, St. Johns, Suwannee, Taylor, Volusia, Walton, and Washington counties are currently under a mosquito-borne illness advisory. Bay, Duval, Leon, Levy, and Nassau counties are currently under a mosquito-borne illness alert. No other counties are currently under mosquito-borne illness advisory or alert.

International Travel-Associated Malaria Cases: Sixty cases of malaria with onset in 2018 have been reported. Geographical regions of origin were: Afghanistan (2), Angola, Benin (2), Brazil, Cameroon, Dominican Republic, Ethiopia, Gabon, Ghana (5), Haiti (2), India (5), Kenya, Liberia (2), Mali/Togo, Nicaragua (4), Nigeria (20), Peru, Sierra Leone, South Africa, Sudan, Tanzania, Togo (3), and Venezuela (2). Counties reporting cases were: Broward (16), Clay, Duval (4), Escambia, Gadsden, Hillsborough (5), Miami-Dade (15), Okaloosa, Orange (4), Osceola, Palm Beach (3), Pasco, Pinellas (2), Polk, Sarasota, and Seminole (3). Ten cases were reported in non-Florida residents. Thirty-nine cases (65%) were diagnosed with *Plasmodium falciparum*. Sixteen cases (27%) were diagnosed with *Plasmodium vivax*. Three cases (5%) were diagnosed with *Plasmodium ovale*. Two cases (3%) were diagnosed with *Plasmodium malariae*.

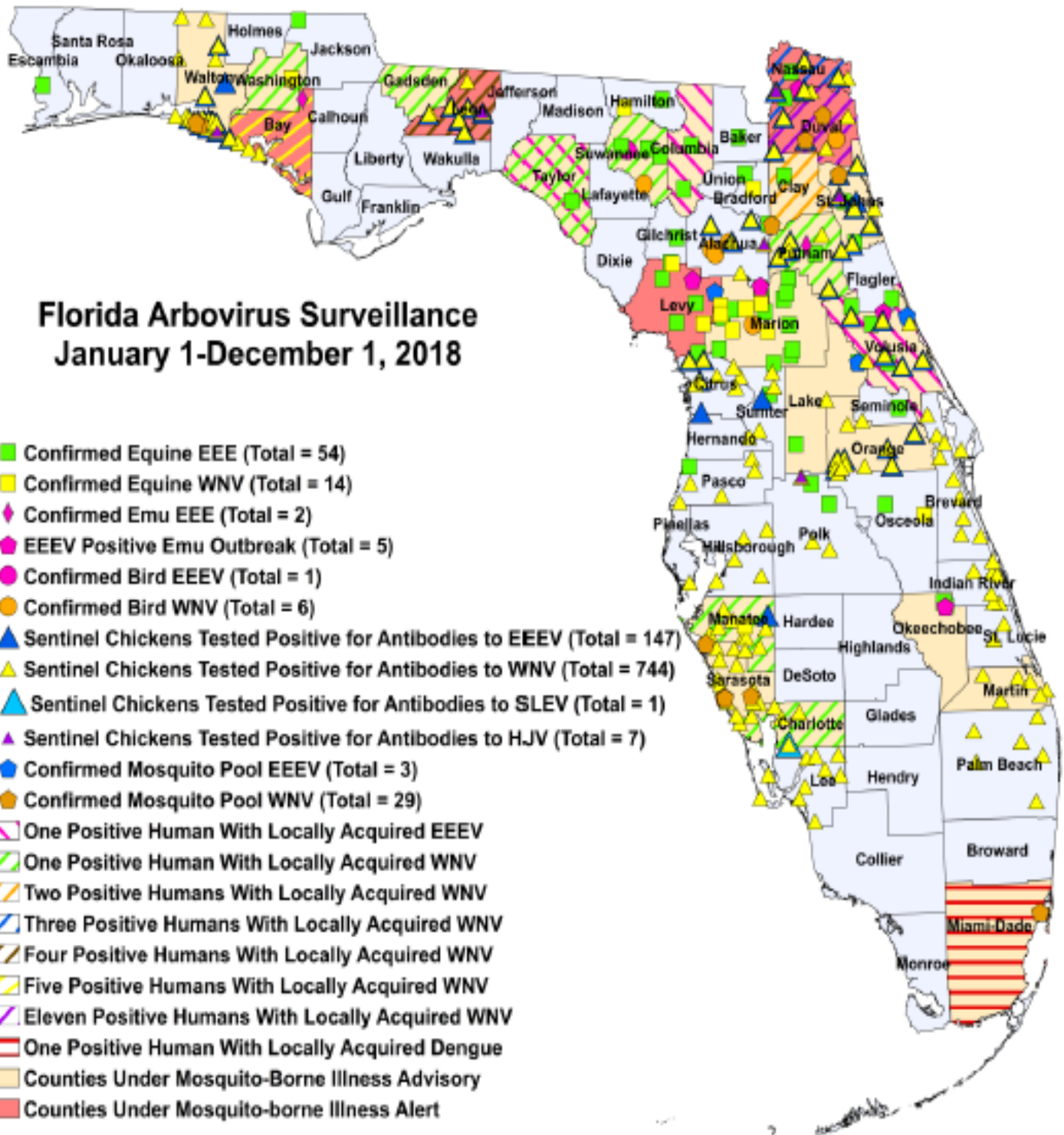
West Nile Virus Illnesses Acquired in Florida: A total of 29 human cases of WNV illness acquired in Florida have been reported in 2018; four in Bay (July, September), one in Charlotte (August), two in Clay (September, October), 10 in Duval (August, September, October), four in Leon (October), one in Manatee (July), three in Nassau (August, October), one in Putnam (October), one in Suwannee (August), one in Taylor (October), and one in Washington (October) counties. Three asymptomatic positive blood donors were reported from Bay (June), Duval (August), and Gadsden (October) counties.

EEEV Infection Acquired in Florida: Three human cases of Eastern equine encephalitis acquired in Florida have been reported in 2018 in Columbia (July), Taylor (May), and Volusia (July) counties.

WNV activity: In 2018, positive samples from 29 humans, three blood donors, thirteen horses, one zebra, one red-shouldered hawk, five crows, 29 mosquito pools, and 744 sentinel chickens have been reported from 39 counties.

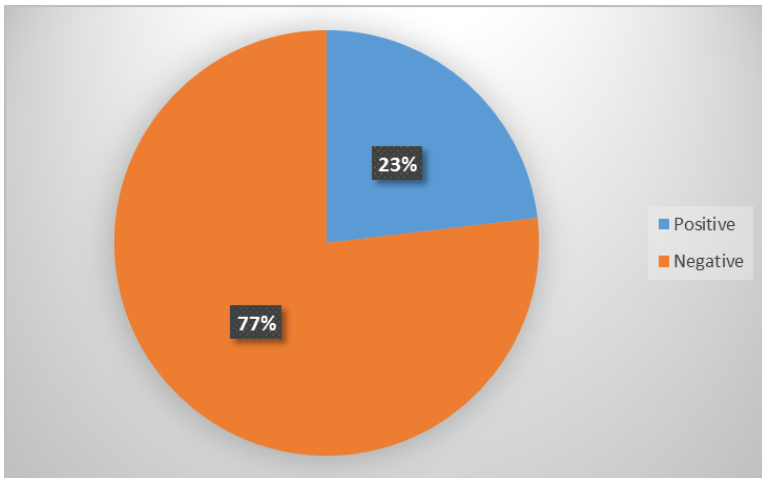
SLEV activity: In 2018, a positive sample from one sentinel chicken has been reported from one county.

EEEV activity: In 2018, positive samples from three humans, 52 horses, one mule, one donkey, one owl, two emus, five emu flocks, three mosquito pools, and 147 sentinel chickens have been reported from 33 counties.



Notable Topics and Other Statistics

Graph 1: Respiratory syncytial virus (RSV) Surveillance – Duval County - 11/1/2018 through 11/30/2018



Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Young children and older adults, especially those with certain underlying health conditions, are at higher risk for severe illness from RSV. Prophylaxis is available for children who qualify.

In November, 49 specimens were tested and reported for Duval County. Among those tested, the RSV subtype was unspecified (n=49).

Table 1: Tuberculosis (TB) Surveillance – Duval County - 11/1/2018 through 11/30/2018

Active TB cases reported year-to-date as of November 30, 2018						
	Count	Total Cases	Percent		Count	Total Cases
Gender				Race		
Male	30	43	69.8%	Asian	6	43
Female	13	43	30.2%	Pacific Islander/Other	0	43
Country of Origin				Black	20	43
U.S.	29	43	67.4%	White	17	43
Non-U.S.	14	43	32.6%	Ethnicity		
Age Group				Hispanic	2	43
< 5	3	43	7.0%	Non-Hispanic	41	43
5-14	1	43	2.3%	Risk Factors		
15-24	4	43	9.3%	Excess alcohol use within past year	9	43
25-44	12	43	27.9%	HIV co-infection*	3	43
45-64	13	43	30.2%	Injection drug use within past year	0	43
> 65	10	43	23.3%	Homeless within past year	4	43
				Incarcerated at diagnosis	0	43
				Unemployed	29	43
				Drug Resistance		
				Resistant to isoniazid**	0	29

*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 12/12/2018. 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 November 2018

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%
Female	2	17%	2	20%	Female	385	64.4%	302	62.8%	Female	121	43%	97	41%
Male	10	83%	8	80%	Male	212	35.5%	178	37.0%	Male	159	57%	138	59%
Unknown	0	0%	0	0%	Unknown	1	0.2%	1	0.2%	Unknown	0	0%	0	0%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	5	42%	5	50%	Black	282	47%	249	52%	Black	176	63%	154	66%
Hispanic	0	0%	0	0%	Hispanic	26	4%	21	4%	Hispanic	10	4%	7	3%
White	6	50%	4	40%	White	202	34%	147	31%	White	73	26%	61	26%
Other	0	0%	0	0%	Other	27	5%	25	5%	Other	6	2%	6	3%
Unknown	1	8%	1	10%	Unknown	61	10%	39	8%	Unknown	15	5%	7	3%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	3	1%	3	1%	0-14	1	0%	1	0%
15-19	0	0%	0	0%	15-19	172	29%	126	26%	15-19	43	15%	32	14%
20-24	0	0%	0	0%	20-24	215	36%	173	36%	20-24	86	31%	76	32%
25-29	4	33%	4	40%	25-29	111	19%	90	19%	25-29	65	23%	49	21%
30-39	3	25%	3	30%	30-39	79	13%	73	15%	30-39	66	24%	62	26%
40-54	4	33%	2	20%	40-54	16	3%	14	3%	40-54	15	5%	12	5%
55+	1	8%	1	10%	55+	2	0%	2	0%	55+	4	1%	3	1%
Total Cases	12		10		Total Cases	598		481		Total Cases	280		235	

All data is provisional and subject to change.

Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties

Prepared by: Ashley Donnelly, TB/STD Surveillance

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

Disease	DUVAL					All Counties				
	2018	2017	Mean [†]	Median [‡]	Cumulative (YTD)	2018	2017	Mean [†]	Median [‡]	Cumulative (YTD)
A. Vaccine Preventable Diseases										
Diphtheria	0	0	0	0	0	0	0	0	0	0
Measles (Rubella)	0	0	0	0	0	0	0	0	0	0
Mumps	0	1	0.2	0	8	9	2	17	4.4	103
Pertussis	0	3	2.6	1	11	22	32.6	27	31.6	338
Rubella	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0.2	0	0.4	0	0	0	0.6	1
Varicella (Chickenpox)	1	4	2.2	2	28	36	39	50	54	619
B. CNS Diseases & Bacteremias										
Cerebral Meningitis	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	4	1	0	28	21	20.8	21	16	24
Haemophilus influenzae Invasive Disease	0	0	0.4	0	13	3	8.6	9	7.6	286
Meningitis: Bacterial or Mycotic	0	0	0	0	2	1	0.8	1	4.2	24
Meningococcal Disease	0	0	0	0	0	0	0	0	0	0
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0	0	0	0
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Resistant	1	1	1.2	1	8	8	18.2	16	18	221
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	0	1	1	1	11	13	17.6	15	21	357
C. Enteric Infections										
Campylobacteriosis	15	10	11	11	156	154	107.8	99	291	4108
Cryptosporidiosis	1	1	4	1	26	16	47.4	25	35	524
Cyclosporiasis	0	0	0	0	0	3	2.2	1	0.6	78
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	1	0	1.2	1	19	19	16	18	39	819
Giardiasis: Acute	0	2	3.6	3	31	26	45.4	48	49	77
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	0	0
Listeriosis	0	0	0.6	1	1	1	0.6	0	1	9
Salmonellosis	25	38	32.8	31	326	353	359.6	353	543	6894
Shigellosis	6	5	9.4	3	33	73	132.2	73	121	101
Typhoid Fever (Salmonella Serotype Typhi)	0	1	0.2	0	4	3	1	1	8	141
D. Viral Hepatitis										
Hepatitis A	0	0	0	0	0	0	1.8	1	95	22
Hepatitis B: Acute	3	4	2.4	1	42	29	22.2	24	49	62
Hepatitis B: Surface Antigen in Pregnant Women	1	0	2.6	3	22	25	33.6	35	9	24
Hepatitis C: Acute	1	2	1.2	1	15	14	8.8	9	9	35
E. Vector-Borne, Zoonoses										
Chikungunya Fever	0	0	0.2	0	0	0	3.6	1	2	1
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	5	2
Dengue Fever	0	0	0.2	0	2	0	1.2	1	14	1
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0
Encephalitis (Encephalitis ewingii)	0	0	0	0	0	0	0	0	0	0
Encephalitis - HME (Encephalitis haemorrhagica)	0	0	0	0	0	0	0.4	0	0	0
Encephalitis/Encephalomyelitis: Undetermined	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0.6	0	2	3	4.4	3	7	10.4
Malaria	0	0	0	0	1	1	1.4	1	9	11
Rabies: Animal	0	0	0	0	0	0	0.4	0	0	0
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection: Congenital	0	0	0	0	0	0	3	0	14	19
Zika Virus Disease and Infection: Non-Congenital	0	0	0.2	0	2	3	3	0	14	27
F. Others										
Botulism: Infant	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0.2	0	0	0	0.4	0	0	0
Carbon Monoxide Poisoning	0	0	0	0	1	7	10.6	7	13	26
Hansen's Disease (Leprosy)	0	0	0.2	0	0	0	0.4	0	0	0
Legionellosis	2	0	1.4	1	44	27	19.4	19	36	38
Vibriosis (Grimontia hollisae)	0	0	0	0	0	1	0.2	0	1	0
Vibriosis (Other Vibrio Species)	0	0	0	0	0	1	0.8	1	6	2
Vibriosis (Vibrio alginolyticus)	0	0	0.2	0	1	1	1.8	2	3	7
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0	0	1	3	1	0	1	0
Vibriosis (Vibrio fluvialis)	0	0	0.2	0	0	2	0.8	1	0	1
Vibriosis (Vibrio mimicus)	0	0	0	0	0	0	0.4	0	0	0
Vibriosis (Vibrio parahaemolyticus)	0	0	0	0	5	2	3	3	1	2
Vibriosis (Vibrio vulnificus)	0	0	0	0	1	2	2.4	2	2	2

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 (2013-2017)

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

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.

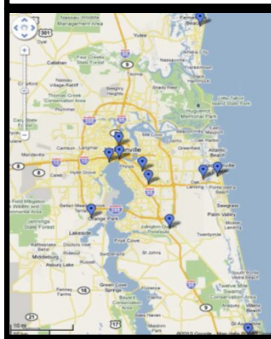
Other Links and Resources:

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



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
PUBLIC HEALTH ADVISORY**

**In Re:
REEMPHASIS OF HEPATITIS A VACCINATION
RECOMMENDATIONS AFTER SUBSTANTIAL INCREASE
IN LOCALLY ACQUIRED INFECTIONS IN FLORIDA AND
OUTBREAK REPORTS ACROSS THE NATION**

Pursuant to the authority granted in Section 381.00315, Florida Statutes, Celeste Philip, M.D., M.P.H., as State Surgeon General and State Health Officer, determines that a public health advisory is necessary to protect the public health and safety, and hereby issues the following Public Health Advisory.

Since January 2018, 385 cases of hepatitis A virus (HAV) infection have been reported in Florida. This is more than three times the previous five-year average of 126 cases. The increase in hepatitis A cases to date is predominantly in the Tampa Bay and Orlando metropolitan areas. Most of the cases do not involve international travel exposures. Although infections have occurred across all demographic groups, approximately 68% of the recent cases are among males. The median age of cases is 37 years and the highest rates of disease are among persons 30-49 years. Common risk factors include injection and non-injection drug use, homelessness, and men having sex with men (MSM).

Local and state health departments across the country have worked closely with the Centers for Disease Control and Prevention (CDC) to respond to similar outbreaks since March 2017. This year, health departments in Arkansas, California, Indiana, Kentucky, Massachusetts, Michigan, Missouri, North Carolina, Ohio, Tennessee, West Virginia and Utah,

have investigated more than 8,000 outbreak associated cases of hepatitis A among persons who are homeless, persons who use drugs, men who have sex with men, and their close direct contacts.

HAV is transmitted person-to-person through fecal-oral route, which may include, but is not limited to, some types of sexual contact, and poor hand hygiene after going to the bathroom or changing diapers. HAV can also be spread through fecal-contaminated food or water. While most patients with HAV infections will fully recover, 77% of recent cases in Florida have required hospitalization.

The CDC Advisory Committee on Immunization Practices recommends that the following persons be vaccinated against HAV:

- All children at age 1 year
- Persons who are at increased risk for infection
- Persons who are at increased risk for complications from HAV
- Users of injection and non-injection drugs
- Persons who are homeless
- Men who have sex with men
- Persons who have chronic liver disease
- Persons traveling to or working in countries that have high or intermediate endemicity of HAV
- Persons who have clotting-factor disorders
- Household members and other close personal contacts of adopted children newly arriving from countries with high or intermediate HAV endemicity
- Persons having direct contact with persons who have HAV.

Health care providers are also reminded to immediately report all cases of hepatitis A to your county health department to ensure a prompt public health response in order to prevent disease among close contacts.

The Department of Health will continue to work closely with community partners to raise awareness and promote vaccination by:

- Providing education to persons who report drug use, homelessness and/or MSM activity.
- Encouraging proper hand hygiene and offering HAV vaccination.

- Collaborating with community partners associated with Federally Qualified Health Centers, local jails, drug treatment centers, homeless shelters, hospitals, the Florida Department of Children and Families, and managing entities, among others, to increase vaccination access to their clients.
- Providing all high-risk clients who present to county health departments for various services (including HIV, STD, TB) with the opportunity to receive HAV vaccination.
- Encouraging support of the CDC recommendations for Syringe Services Programs (SSP) to reduce new HAV infections by offering HAV vaccination to all high-risk clients who seek health care services at the SSP.
- Enhancing HAV and HAV vaccine information resources on the Department of Health's webpage and developing audience-specific educational materials for clients and the public.
- Providing regular updates and messaging to the medical community.
- Continuing to work closely with the CDC to ensure Florida has sufficient vaccine and other resources for an effective response.

Issued this 28th day of November 2018, in Department of Health offices,
Tallahassee, Leon County, Florida.



Celeste Philip, MD, MPH
Surgeon General and Secretary

KNOW THE **ABC'S** OF VIRAL HEPATITIS

More than 4 million people in the US are living with viral hepatitis. Most don't know it!

Hepatitis A can be prevented with a safe, effective vaccine.

A

Many people got infected with hepatitis B before the vaccine was widely available.

B

Treatments are available that can cure hepatitis C.

C



Take the CDC Online Risk Assessment to see if you should be vaccinated or tested for viral hepatitis:

www.cdc.gov/hepatitis/riskassessment