

Duval County Epidemiology Surveillance Report

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

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Report Summary

The month of October 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 October 31, 2017, unless noted otherwise.

DOH-Duval reported 291 cases of various diseases/conditions in October. Please note that all cases meet the case definition for a confirmed, probable or suspect case. Among the cases reported, there were fifty-six cases of salmonellosis, four cases of pertussis and legionellosis, three cases of carbon monoxide poisoning and one case of *Vibrio vulnificus*.

Surveillance data for select enteric diseases showed similar case counts compared to the previous month, while ILI activity reported increased notably as the influenza season began.

Enteric Disease

Select enteric disease activity reported in October showed similar case counts when compared to the previous month of September (weeks 35-39, 2017). Cases of shigellosis (9) and giardiasis (4) increased (Figures 3 and 6), while cases of salmonellosis(56), campylobacteriosis (10), and cryptosporidiosis (0) decreased during this time (Figures 2, 4, and 5). Two enteric outbreaks were also reported to DOH-Duval, in October.

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 with 94% followed by the 35 to 54 year old age group with 29%.

(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, October 2014 – October 2017

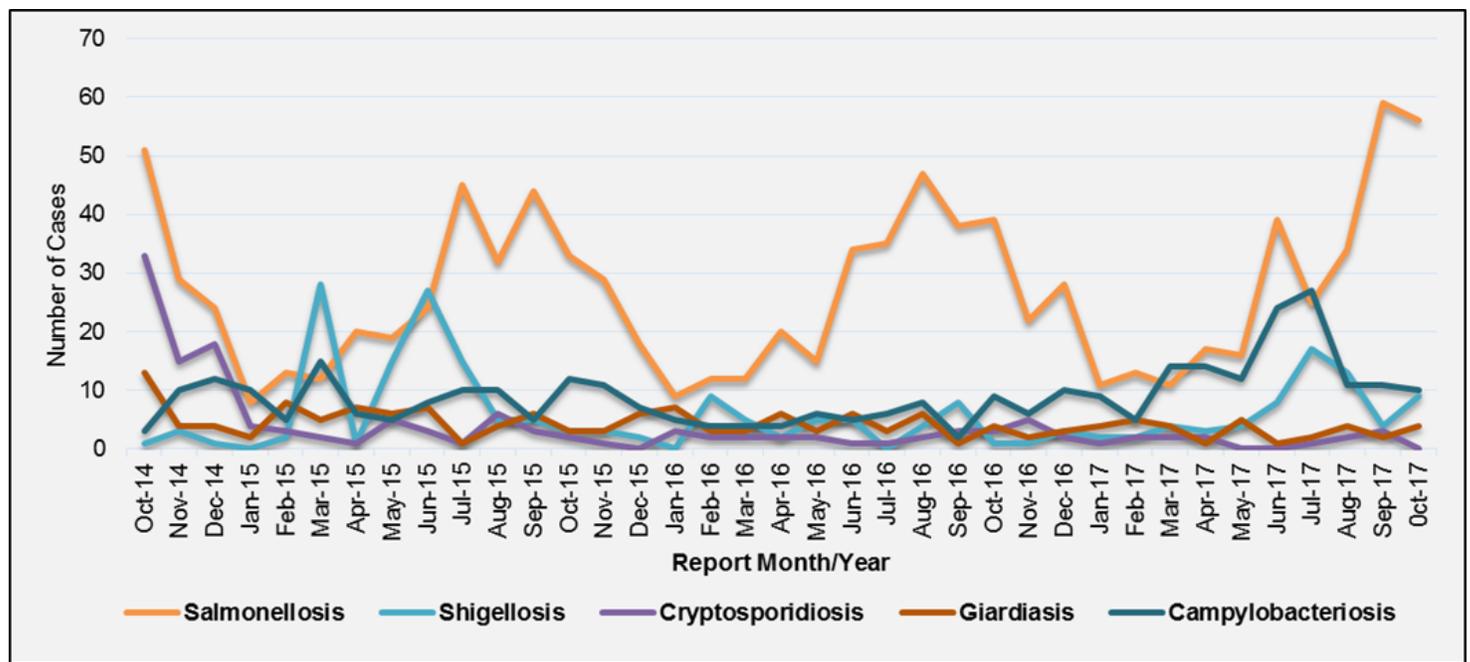
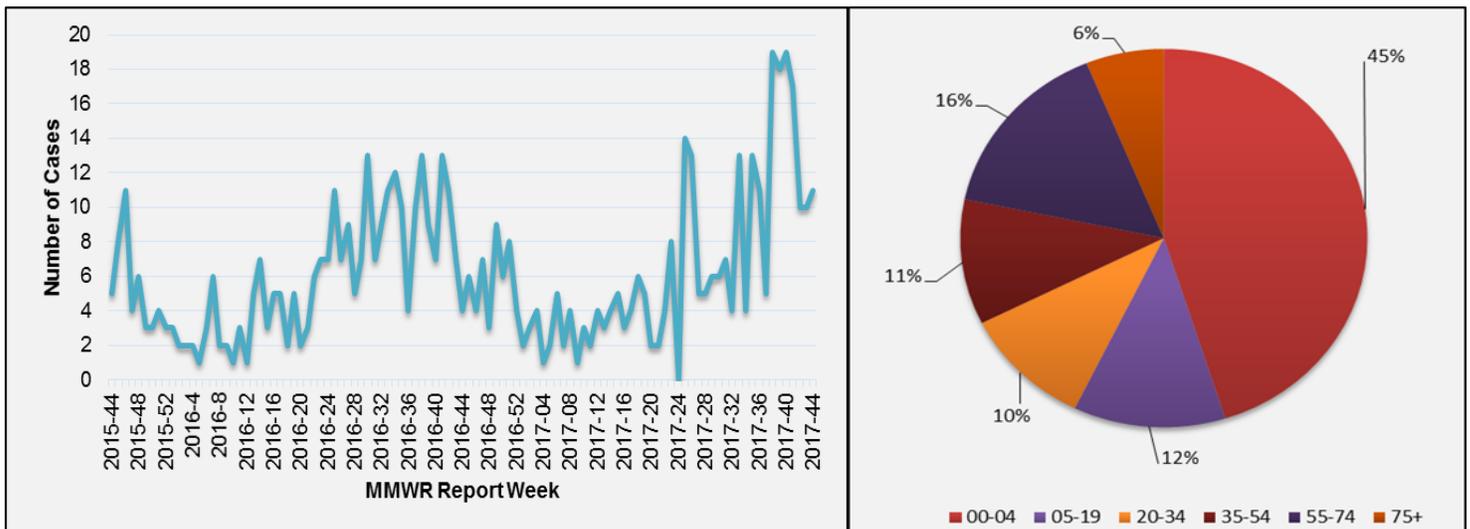


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 44,2015 – Week 44,2017



Enteric Disease Cont. d

Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 44,2015 – Week 44,2017

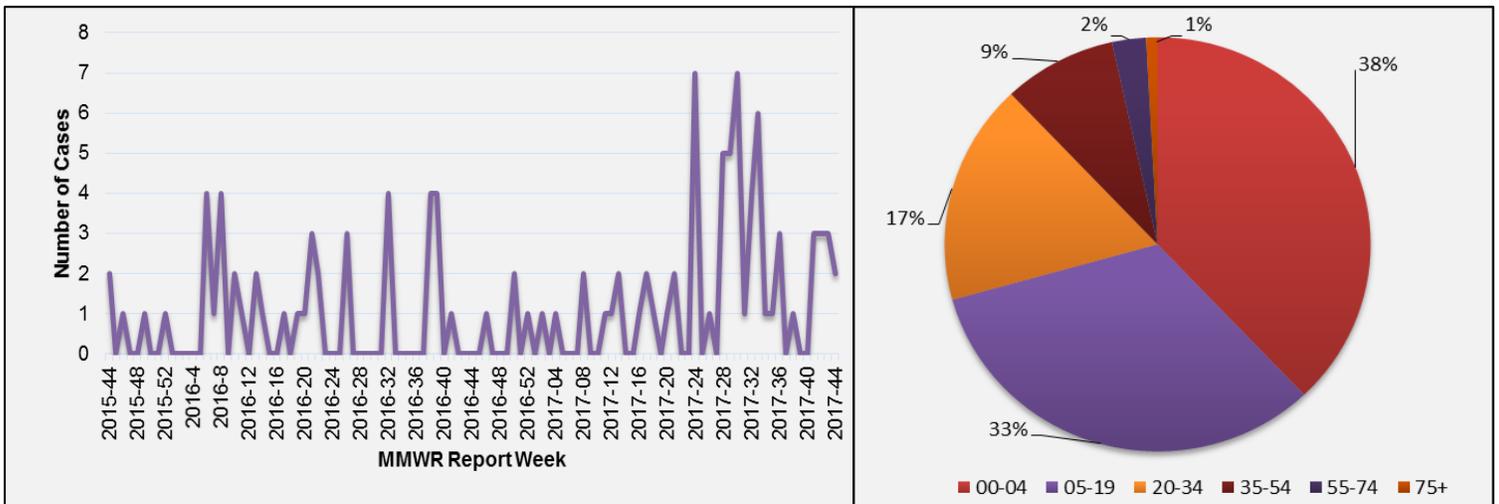


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 44,2015 – Week 44,2017

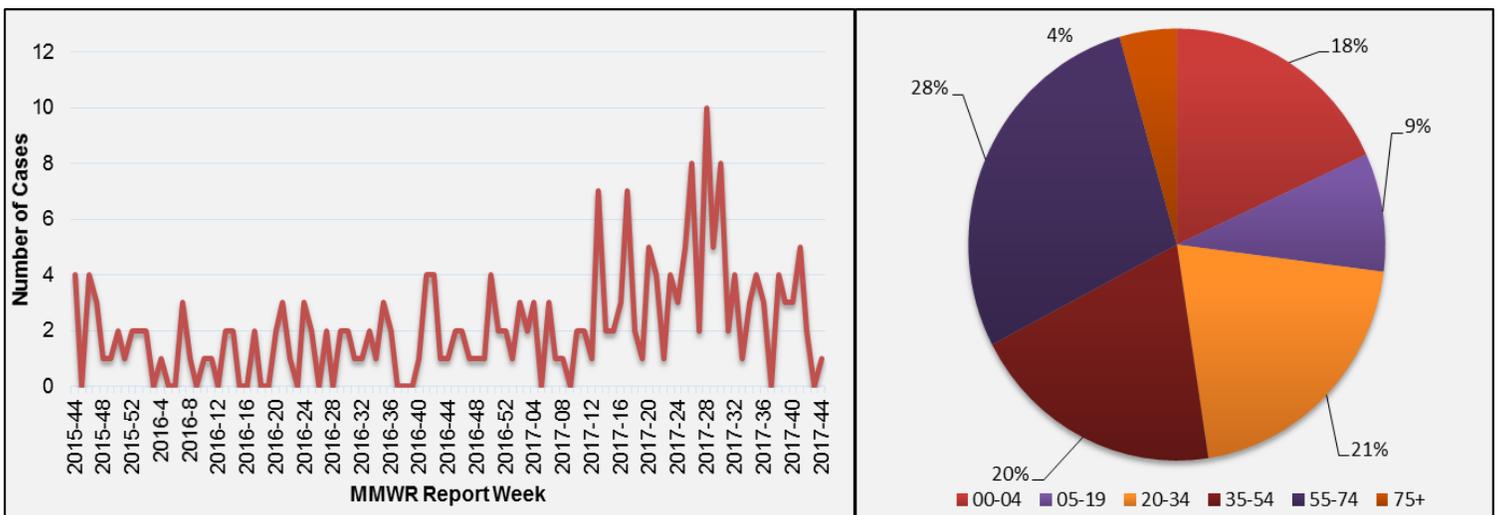
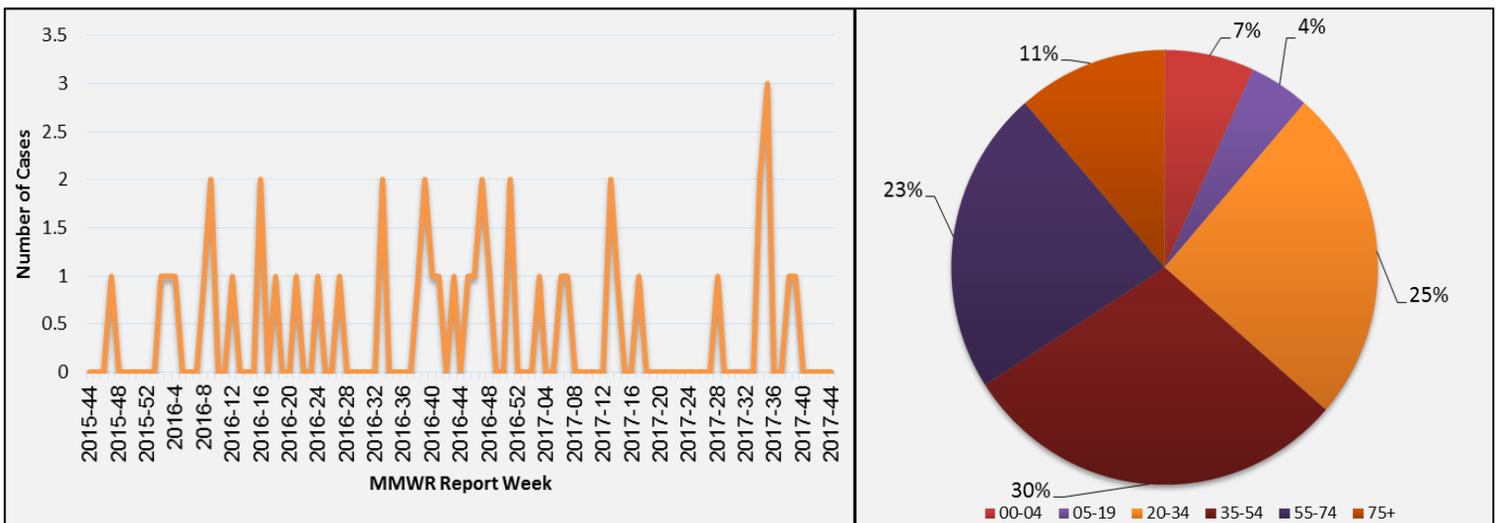
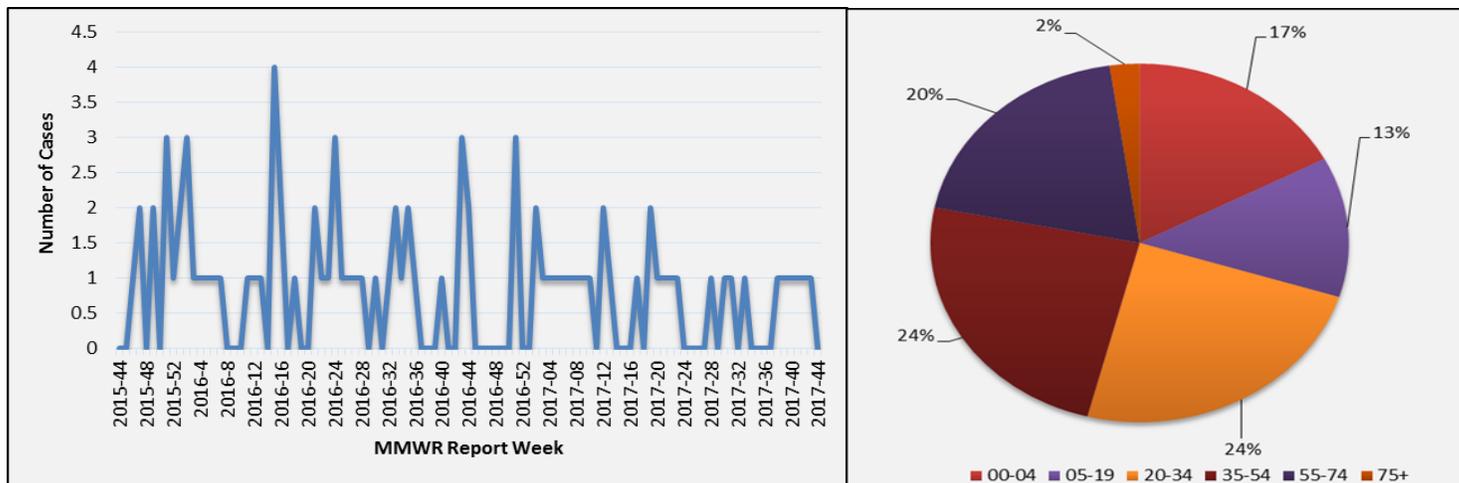


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 44,2015 – Week 44,2017



Enteric Disease Cont. d & Influenza and ILI Overview

Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 44,2015 – Week 44,2017



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity increased notably since the influenza season began. Emergency department (ED) and urgent care centers (UCC) ILI visits monitored through ESSENCE, reported higher levels when compared to previous seasons (Figure 7). ED and UCC influenza and ILI visits for age groups 20 to 54 and 55+ showed similar trends, while those 0 to 19 showed higher levels when compared to previous seasons (Figure 8).

During the month of October, the Electronic Laboratory Reporting (ELR) system reported 27 (17%) positive specimens of the 155 submitted for influenza testing. Of those, sub-typing showed that Influenza A (19) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were two positive specimens reported from Duval County and 10 that tested negative (Figure 10).

RSV activity reported low levels when compared to previous seasons. A total of 140 specimens were tested. Of those, 19 were positive and sub-typed 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 October, showed increased levels. 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 sub-typed.

Source: Florida Department of Health, Florida Flu Review

National influenza activity:

Influenza viruses continue to circulate at low levels nationally.

In Florida, influenza A (H3) has been the most common influenza subtype reported. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) voted in favor of a recommendation that the live attenuated influenza vaccine (LAIV) should not be used during the 2017-18 influenza season. This recommendation follows concerns about lower effectiveness of the LAIV during the 2013-14 and 2015-16 influenza seasons against influenza A 2009 (H1N1) viruses. ACIP continues to recommend annual influenza vaccination with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) for everyone aged six months and older. The CDC also recommends the use of antiviral treatment as soon as possible for all persons with suspected or confirmed influenza who are at higher risk for complications due to age or underlying medical condition. Groups at higher risk recommended antiviral treatment include children <2 years, adults age ≥65 and pregnant women.

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

Influenza and ILI Overview Cont. d

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

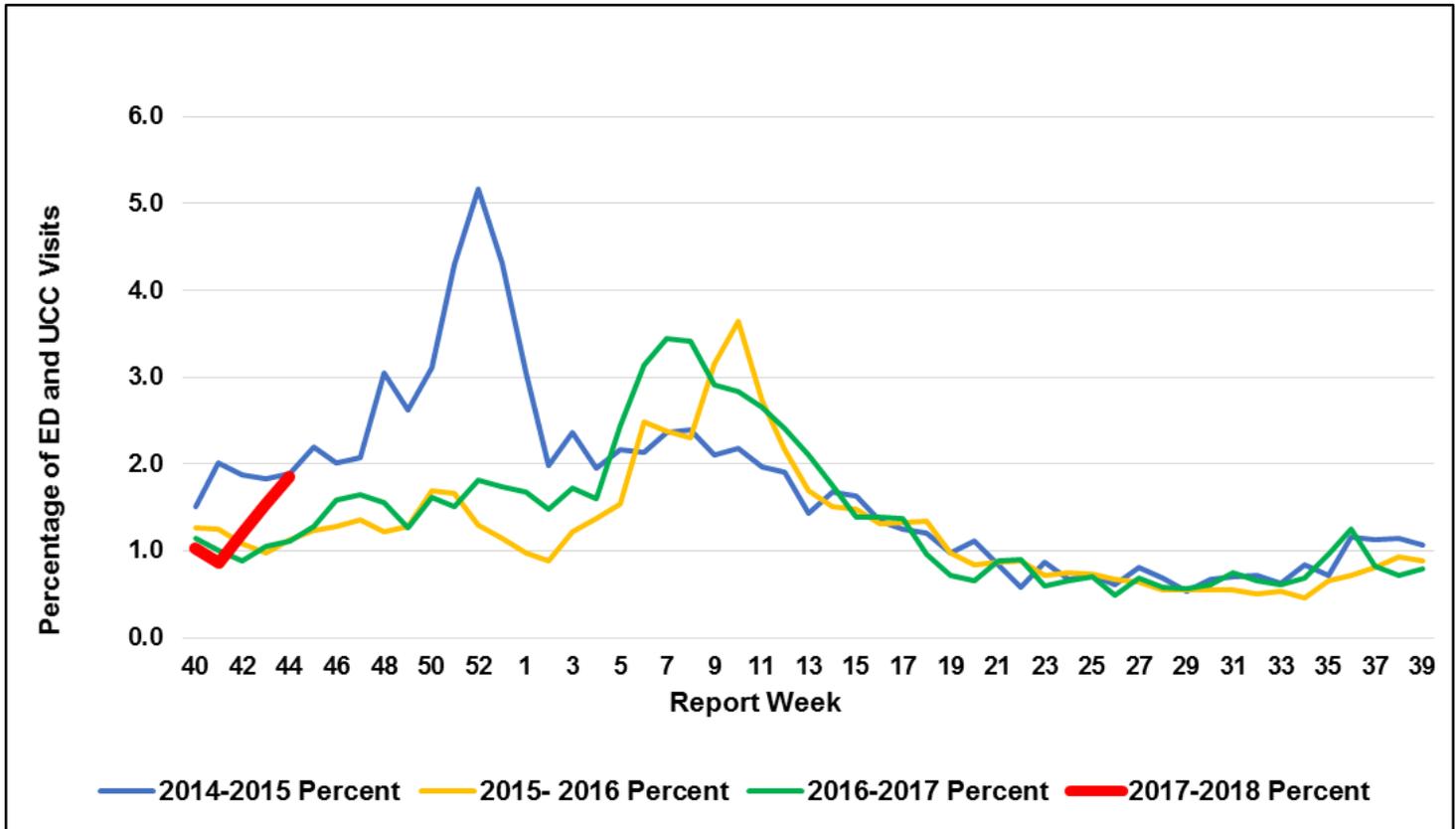
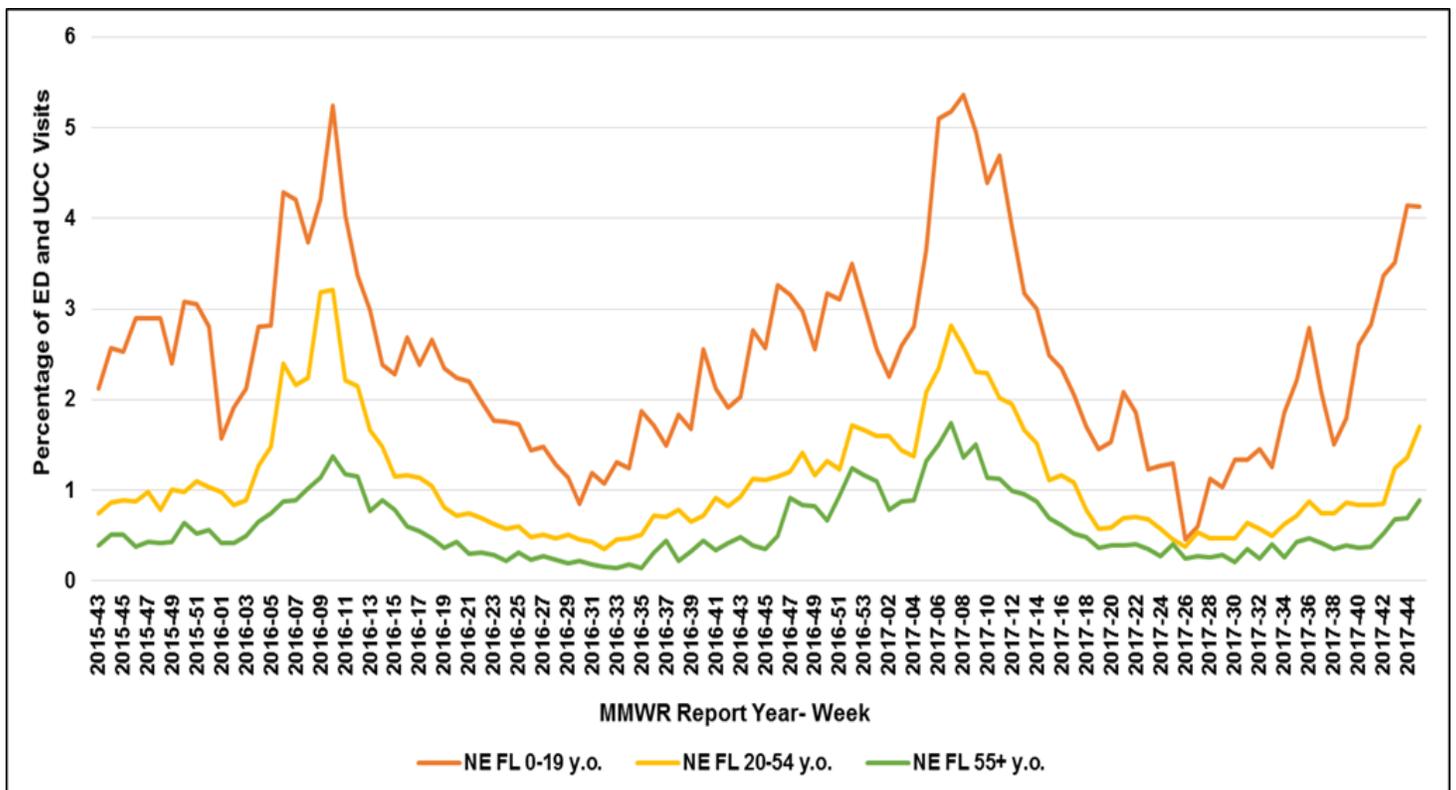


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 43, 2015 – Week 44, 2017



Influenza and ILI Overview Cont. d

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 40, 2015 - Week 44, 2017

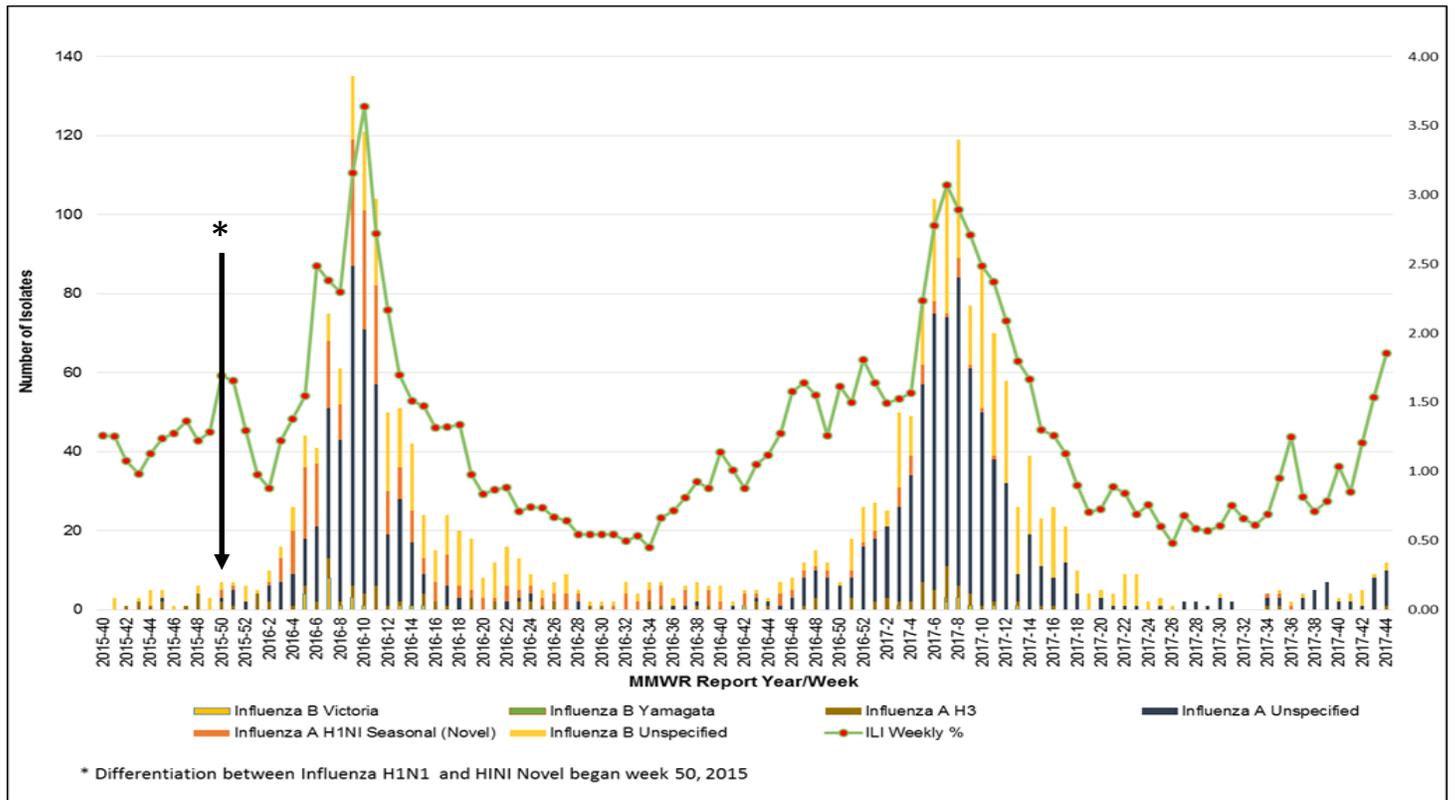
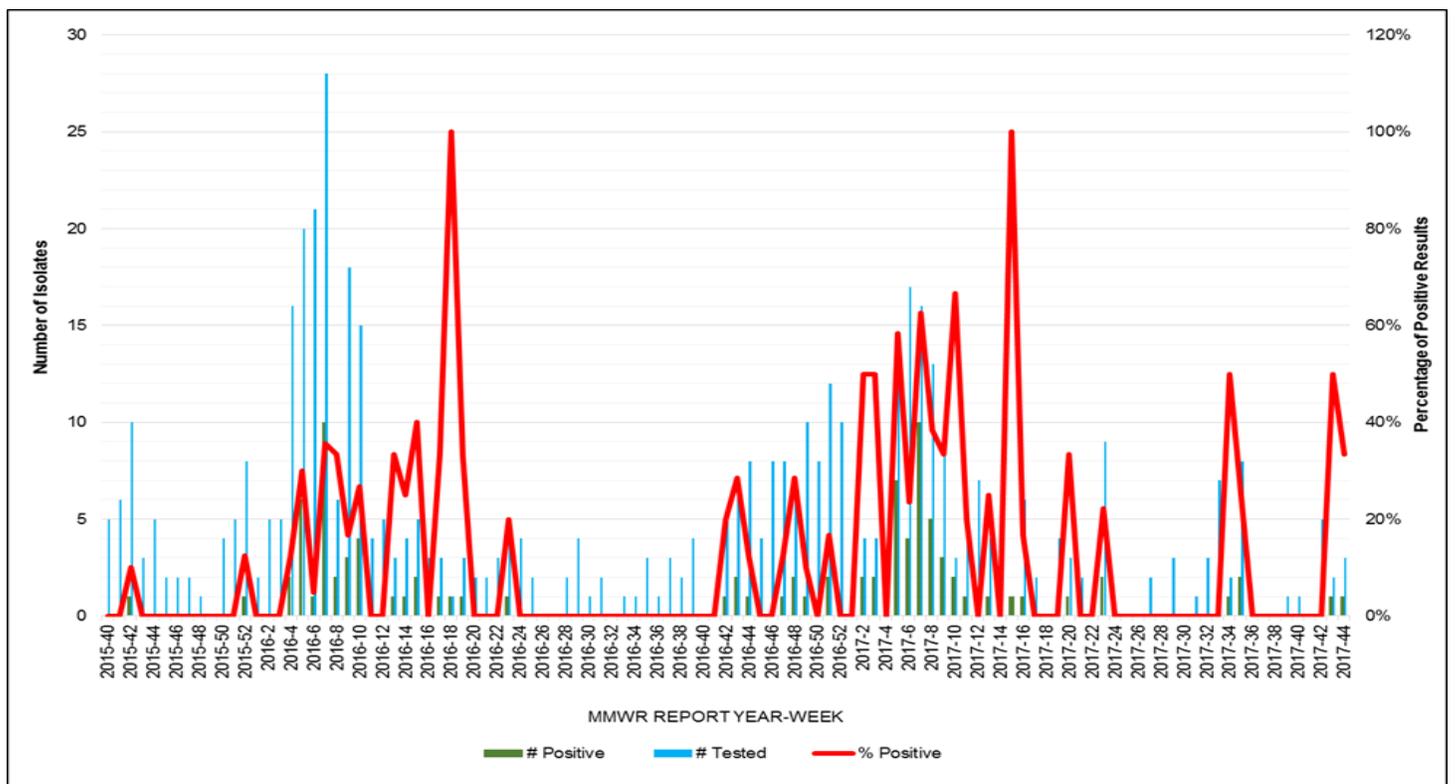


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 40, 2015 – Week 44, 2017



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).

Source: <http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>

Duval County 2017 Human Case Summary

No local cases of chikungunya fever, West Nile virus (WNV), dengue, malaria or Zika virus were reported in Duval County during the month of October.

State of Florida 2017 Human Case Summary and Surveillance

International Travel-Associated Chikungunya Fever Cases: In 2017, two travel-associated case has 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, 13 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: One human case of WNV illness acquired in Florida has been reported in 2017 in Santa Rosa County in September. One asymptomatic positive blood donor was reported from Escambia County in August.

International Travel-Associated Zika Fever Cases: In 2017, 174 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, one case of locally-acquired Zika fever was 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: Fifty-six cases of malaria with onset in 2017 have been reported. Geographical locations of origin were Africa, Brazil (3), Cameroon (3), Central African Republic, Ethiopia/Malawi, Ghana (5), Ghana/Liberia, Guatemala, Guyana, Haiti (5), India (4), Indonesia, Kenya (2), Kenya/South Africa/Tanzania, Liberia, Mozambique, Mozambique/South Africa, Niger, Nigeria (10), Sierra Leone (2), South Africa, Togo, Uganda (5), and Venezuela (3). Counties reporting cases were Alachua (2), Brevard (2), Broward (5), Collier, Clay, Desoto, Duval (3), Escambia (2), Hillsborough (4), Lee (4), Leon (6), Marion, Miami-Dade (8), Monroe, Okaloosa, Orange (3), Osceola (3), Palm Beach (3), Polk, Santa Rosa, Seminole, St. Lucie, and Volusia. Ten cases were reported in non-Florida residents.

Thirty-nine cases (70%) were diagnosed with Plasmodium falciparum. Fourteen cases (25%) were diagnosed with Plasmodium vivax. Two cases (4%) were diagnosed with Plasmodium malariae. One case (2%) was diagnosed with both Plasmodium malariae and Plasmodium ovale.

WNV activity: In 2017, positive samples from one human case, 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 ten sentinel chickens have been reported from seven counties.

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

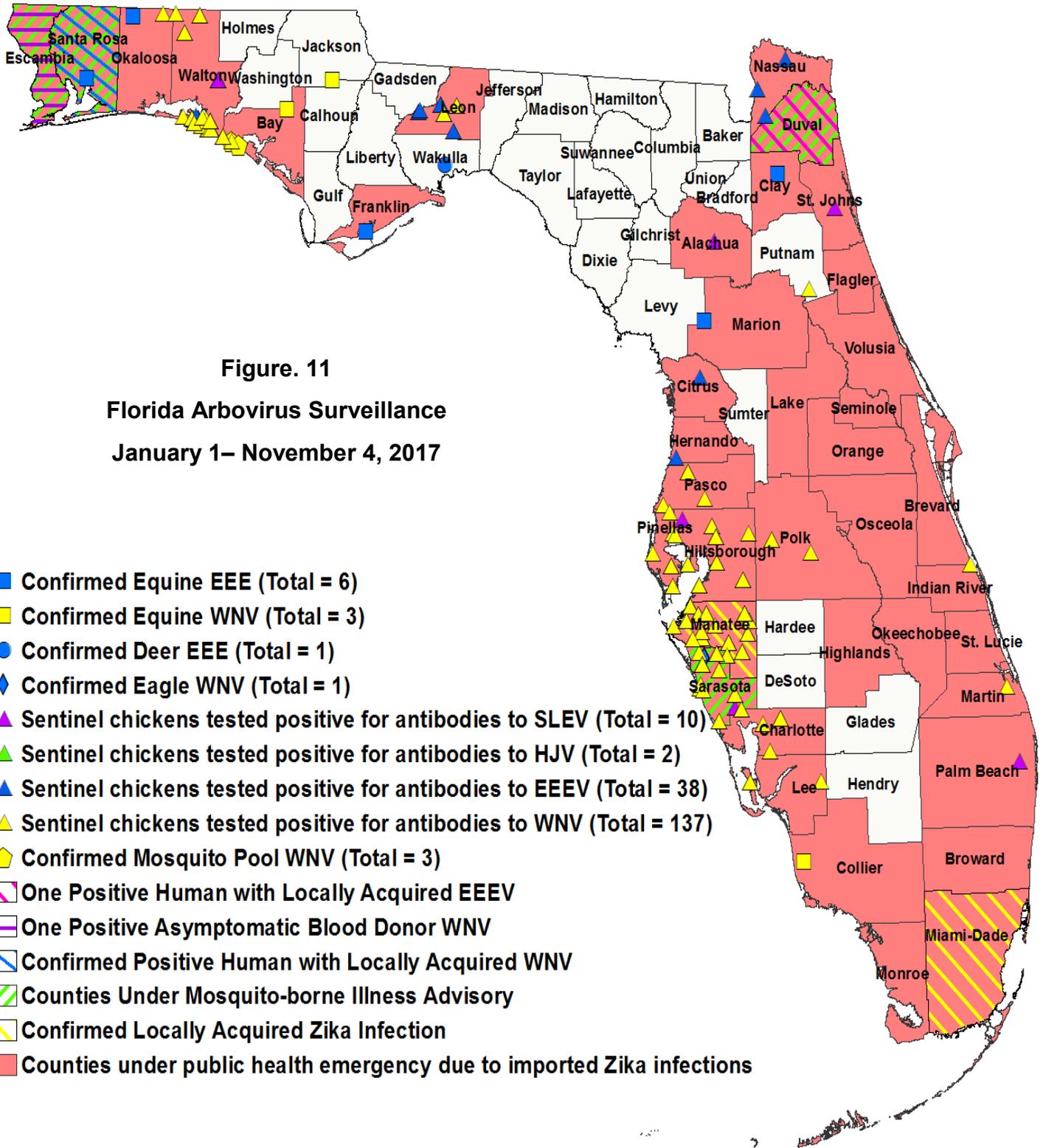


Figure. 11

**Florida Arbovirus Surveillance
January 1– November 4, 2017**

- Confirmed Equine EEE (Total = 6)
- Confirmed Equine WNV (Total = 3)
- Confirmed Deer EEE (Total = 1)
- ◆ Confirmed Eagle WNV (Total = 1)
- ▲ Sentinel chickens tested positive for antibodies to SLEV (Total = 10)
- ▲ Sentinel chickens tested positive for antibodies to HJV (Total = 2)
- ▲ Sentinel chickens tested positive for antibodies to EEEV (Total = 38)
- ▲ Sentinel chickens tested positive for antibodies to WNV (Total = 137)
- ◆ Confirmed Mosquito Pool WNV (Total = 3)
- ▨ One Positive Human with Locally Acquired EEEV
- ▨ One Positive Asymptomatic Blood Donor WNV
- ▨ Confirmed Positive Human with Locally Acquired WNV
- ▨ Counties Under Mosquito-borne Illness Advisory
- ▨ Confirmed Locally Acquired Zika Infection
- Counties under public health emergency due to imported Zika infections

Notable Topics and Other Statistics

Table 1: Tuberculosis (TB) Surveillance – Duval County - 1/1/2017 through 10/31/2017

Active TB cases reported year-to-date for October 31, 2017							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Race			
Male	22	28	78.6%	Asian	6	28	21.4%
Female	6	28	21.4%	Pacific Islander/Other	2	28	7.1%
Country of Origin				Black			
U.S.	16	28	57.1%	White	10	28	35.7%
Non-U.S.	22	28	78.6%	Ethnicity			
Age Group				Hispanic			
< 5	0	28	0.0%	Non-Hispanic	26	28	92.9%
5-14	0	28	0.0%	Risk Factors			
15-24	3	28	10.7%	Excess alcohol use within past year	3	28	10.7%
25-44	7	28	25.0%	HIV co-infection*	4	28	14.3%
45-64	11	28	39.3%	Injection drug use within past year	1	28	3.6%
> 65	7	28	25.0%	Homeless within past year	1	28	3.6%
				Incarcerated at diagnosis	0	28	0.0%
				Unemployed	18	28	64.3%
				Drug Resistance			
				Resistant to isoniazid**	1	19	5.3%

*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 10/31/17. Data is subject to change based on ongoing submission of RVCs.

Prepared by: Ashley Donnelly, MPH, CPH, TB Surveillance Coordinator

Table 2. Area 4* Reported Sexually Transmitted Diseases (STDs) Summary for October 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	11	29%	9	26%	Female	560	67%	432	66%	Female	123	41%	116	42%
Male	27	71%	25	74%	Male	278	33%	221	34%	Male	178	59%	157	58%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	24	63%	24	71%	Black	414	49%	366	56%	Black	208	69%	201	74%
Hispanic	1	3%	1	3%	Hispanic	35	4%	30	5%	Hispanic	6	2%	5	2%
White	13	34%	9	26%	White	254	30%	158	24%	White	55	18%	44	16%
Other	0	0%	0	0%	Other	135	16%	99	15%	Other	32	11%	23	8%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	3	0%	3		0-14	1	0%	1	0%
15-19	5	13%	3	9%	15-19	215	26%	160	25%	15-19	46	15%	43	16%
20-24	6	16%	5	15%	20-24	308	37%	241	37%	20-24	88	29%	76	28%
25-29	5	13%	5	15%	25-29	160	19%	126	19%	25-29	62	21%	58	21%
30-39	13	34%	12	35%	30-39	108	13%	91	14%	30-39	66	22%	61	22%
40-54	5	13%	5	15%	40-54	40	5%	29	4%	40-54	31	10%	27	10%
55+	4	11%	4	12%	55+	4	1%	3	1%	55+	7	2%	7	3%
Total Cases	38		34		Total Cases	838		653		Total Cases	301		273	

Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties
 Prepared by: Clement Richardson, STD Surveillance Supervisor

Reported Diseases/Conditions

Disease	DUVAL					All Counties							
	October		Cumulative (YTD)			October		Cumulative (YTD)					
	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	
Measles (Rubella)	0	0	0	0	0	0	0	0	0	4	5	4.4	
Mumps	0	0	0	0	0	0	0	0	0	0	0	0	
Polio	0	0	0	0	0	0	0	0	0	0	0	0	
Rubella	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	
Varicella (Chickenpox)	3	1	2	2	32	27	36.8	34	40	35	550	637	615
B. CNS Diseases & Bacteremias													
Cerebral Meningitis	0	0	0	0	0	0	0	0	0	0	0	0	
Cerebellar Ataxia	0	0	0	0	0	0	0	0	0	0	0	0	
Creutzfeldt-Jakob Disease (CJD)	0	0	0.2	0	1	1	0.4	0	0	3	2.6	3	17
Haemophilus influenzae Invasive Disease	1	3	1.8	1	17	22	18	20	25	8	15.2	14	246
Meningitis: Bacterial or Mycotic	1	1	1.2	1	3	5	11.4	12	9	8	13	94	93
Meningococcal Disease	0	0	0	0	1	1	0.6	0	1	0	3.2	4	18
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (ISA)	0	0	0	0	0	0	0	1	1	0	0.4	0	3
Staphylococcus aureus Infection: Resistant to Vancomycin (VISA)	0	0	0	0	0	0	0	0	0	0	0	0	4
Streptococcus pneumoniae Invasive Disease: Drug-Resistant (DRSA)	0	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	1	2	2	2	14	15	17	15	24	24	25.4	27	290
C. Enteric Infections													
Campylobacteriosis	5	8	8	8	143	73	82.8	84	324	273	229.8	238	3709
Cryptosporidiosis	0	4	7.2	2	15	23	45.8	26	60	54	85.2	54	465
Cyclosporiasis	0	0	0	0	3	0	1.8	0	1	0	1.2	1	113
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	2	1	0.8	1	14	8	12.4	14	31	57	40.6	36	538
Giardiasis: Acute	3	3	5.6	4	24	39	45.4	45	48	74	95.8	103	774
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	1	0	0.4	0	10
Listeriosis	0	1	0.4	0	2	2	6	2	6	7	6.2	36	36.6
Salmonellosis	48	40	55.4	43	314	312	350.4	335	824	790	844	790	5566
Shigellosis	11	2	12.4	5	68	50	114.8	50	111	117	160	142	1127
Typhoid Fever (Salmonella Serotype Typhi)	2	0	0	0	3	1	0.4	0	6	2	1	1	49
D. Viral Hepatitis													
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B: Acute	1	7	2.4	1	22	31	16.6	14	55	76	45.8	44	617
Hepatitis B: Surface Antigen in Pregnant Women	1	1	2.8	3	17	22	32.2	33	13	40	35.2	40	352
Hepatitis C: Acute	1	0	0.2	0	13	9	5.6	6	24	28	20.6	20	284
E. Vector-Borne, Zoonoses													
Chikungunya Fever	0	0	0.4	0	0	0	1	3.4	1	0	19	0	7
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	5	0	3.6	4
Dengue Fever	0	0	0.2	0	0	0	1.2	1	5	4	10.8	9	18
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0	0	2
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	0	0.6	1	2	1.4	1	20	25
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0.2	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	2	0	0	0	6
Lyme Disease	0	0	0	0	5	10	3.4	1	12	22	14.6	14	208
Malaria	0	1	0.4	0	3	6	4	4	5	6	3.8	4	59
Rabies: Animal	0	0	0.4	0	0	0	1.4	2	0	0	7.8	9	18
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0.4	0	0	0	0	0	0
Zika Virus Disease and Infection: Congenital	0	0	0	0	0	0	0	0	0	1	0.2	0	7
Zika Virus Disease and Infection: Non-Congenital	0	1	0.2	0	1	13	2.6	0	23	118	23.6	0	266
F. Others													
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0.2	0	1	0	1	1	6
Carbon Monoxide Poisoning	3	7	1.8	1	7	13	9.6	5	50	30	19.4	24	748
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0	0	0	1.2	1	7
Legionellosis	3	0	1.6	2	26	18	15.6	15	61	56	34.2	29	458
Vibriosis†	0	2	1	1	12	11	10	8	23	24	17.8	17	264

This report consists of confirmed and probable cases based on the date of event (initial) as reported in Merit 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*): IILINet 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.

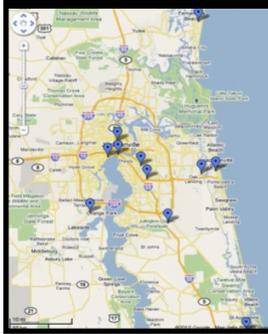
Other Links and Resources:

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...