

Duval County Epidemiology Surveillance Report

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

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Report Summary

The month of September included a variety of surveillance and investigation activities in Duval County. These data summaries included enteric disease, influenza, influenza-like illness (ILI), respiratory syncytial virus infection (RSV), mosquito-borne illness surveillance, active tuberculosis cases, sexually transmitted diseases (STD's), as well as other reportable diseases/conditions. Limitations to the accuracy of this information include persons who do not seek healthcare, healthcare providers, and those that may not recognize, confirm, or report notifiable diseases/conditions. This report includes data reported as of September 30, 2018, unless noted otherwise.

DOH-Duval reported 243 cases of various diseases/conditions in September. Please note that all cases met the case definition for either a confirmed, probable or suspect case. Among the cases reported, there was a case of dengue fever (travel-associated), malaria (travel-associated), mumps meningitis, two cases of Zika virus (travel –associated), three cases of West Nile virus Neuroinvasive disease, Shiga toxin-producing *Escherichia coli* (STEC) infection, and four cases of legionellosis.

Surveillance data for select enteric diseases showed an increase in case counts compared to the previous month of August. Influenza and ILI activity also reported elevated levels.

This issue will also highlight seasonal influenza and preventive methods for the 2018-2019 season.

Enteric Disease

Select enteric disease activity reported in September showed a slight decrease compared to the previous month of August (weeks 31-35, 2018). Cases of shigellosis (4), cryptosporidiosis (5), giardiasis (5) increased, while cases of salmonellosis (45) and campylobacteriosis (12) decreased (Figures 2 - 6). One outbreak was reported to DOH-Duval in September.

Compared to 2017, cases of cryptosporidiosis, giardiasis, and campylobacteriosis showed an increase, while cases of salmonellosis decreased and shigellosis remained unchanged (Figure 1). Cases reported for this year (2018) showed that those 00 to 04 years of age accounted for the majority of cases reported with 136 cases followed by those 55 to 74 years of age with 101 cases.

(Source: FDENS EpiCom, ESSENCE).

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

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

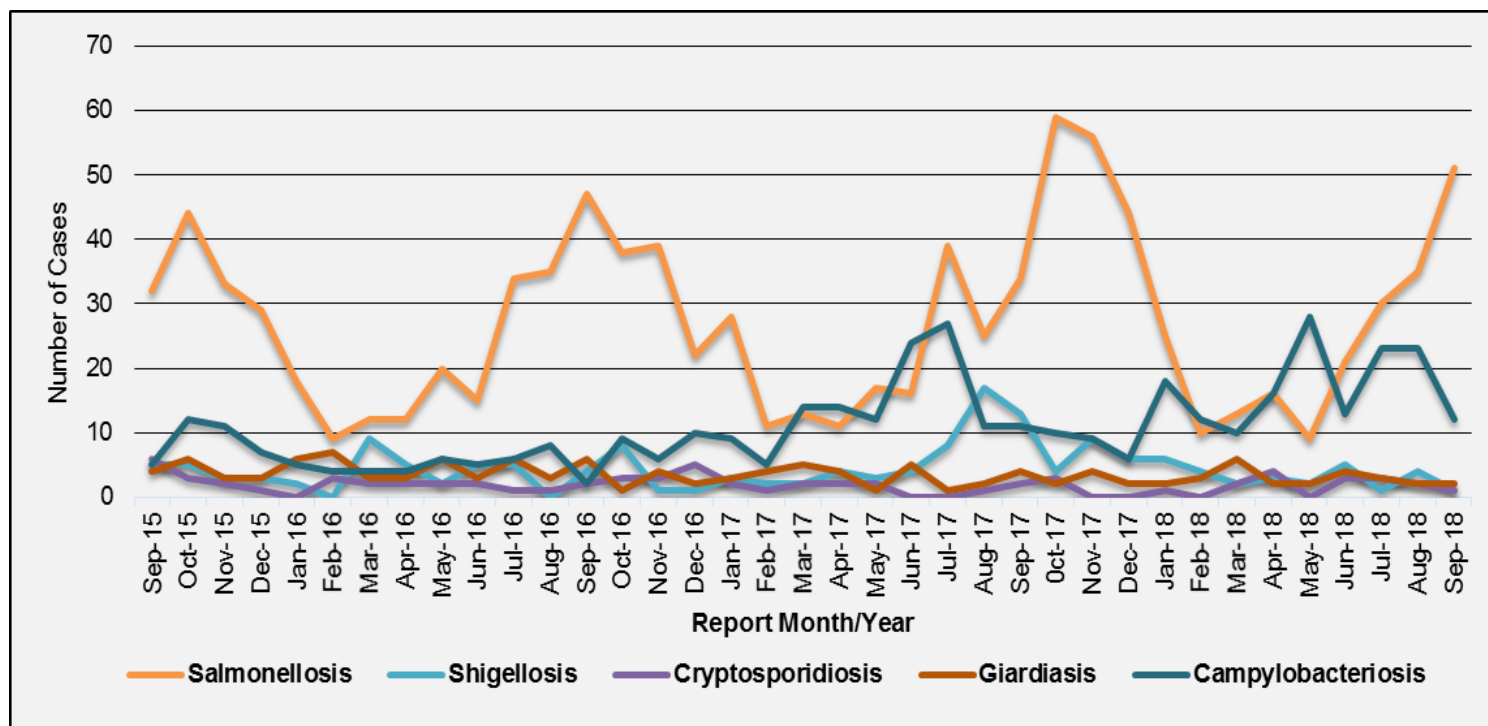


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 39, 2016 – Week 39, 2018

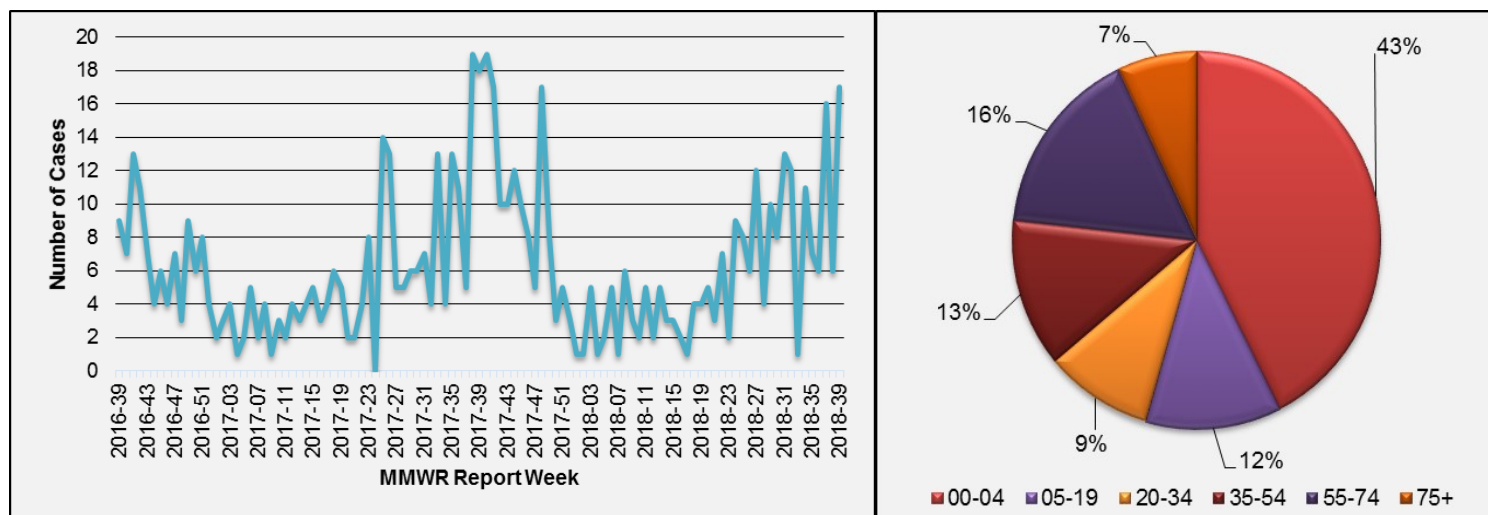


Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 39, 2016 – Week 39, 2018

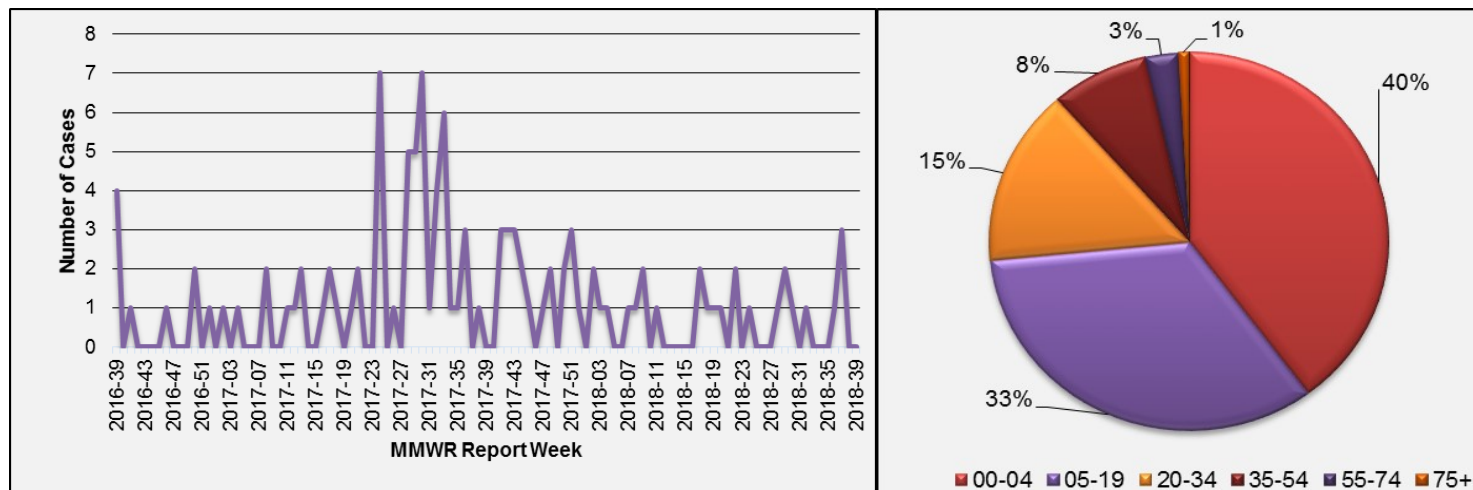


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 39, 2016 – Week 39, 2018

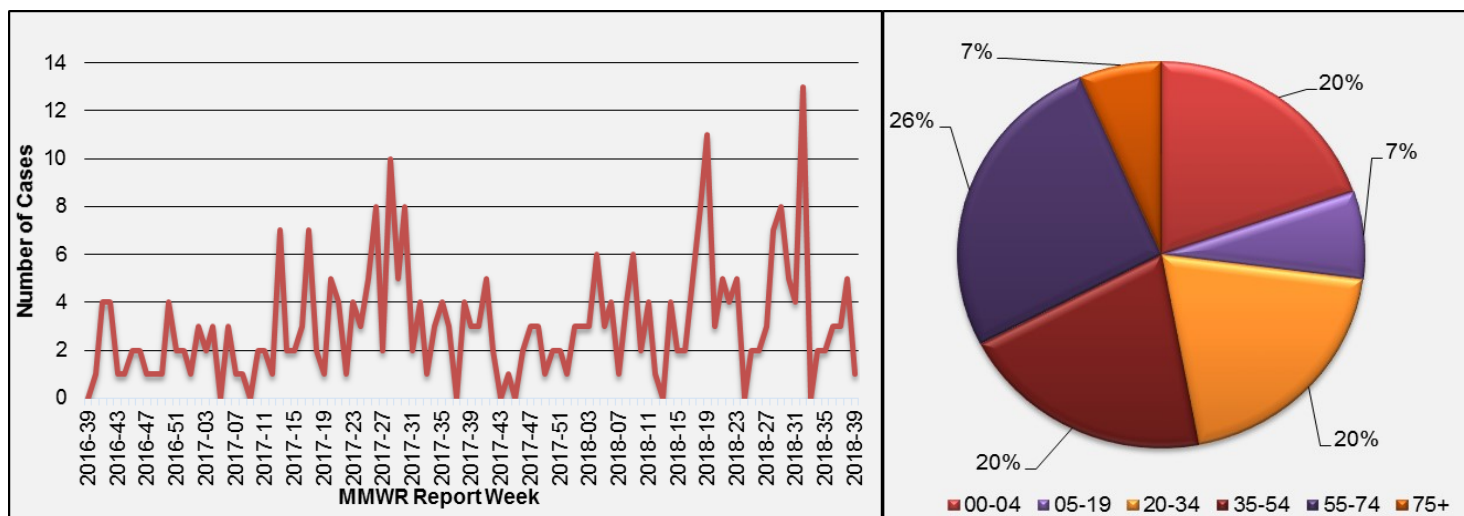


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 39, 2016 – Week 39, 2018

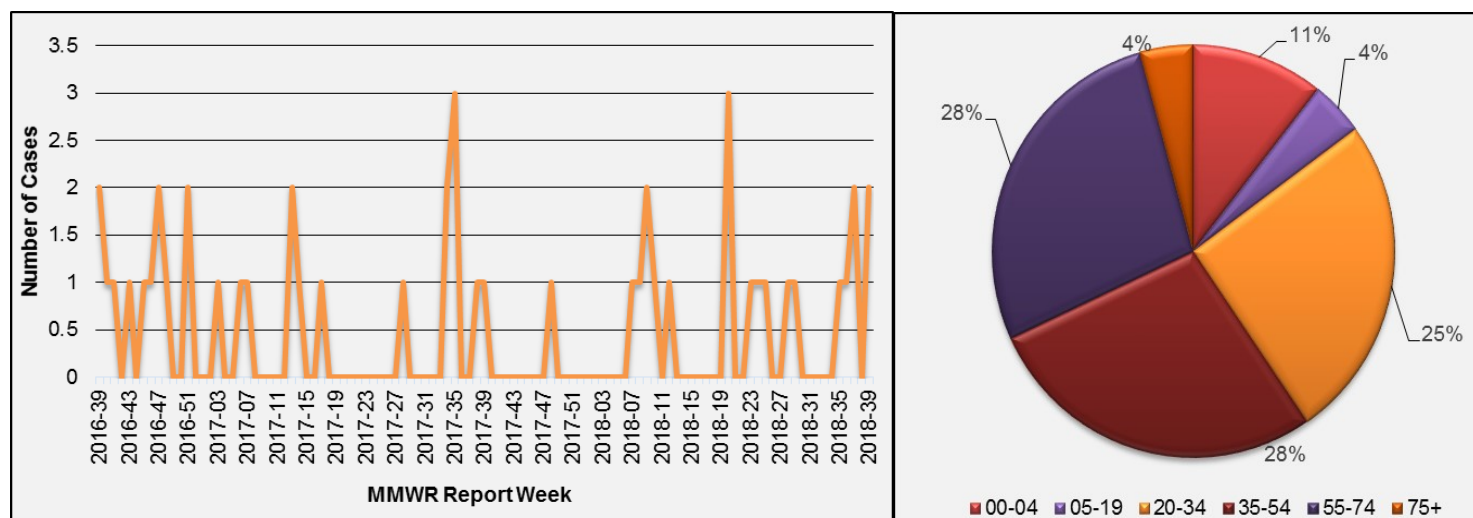
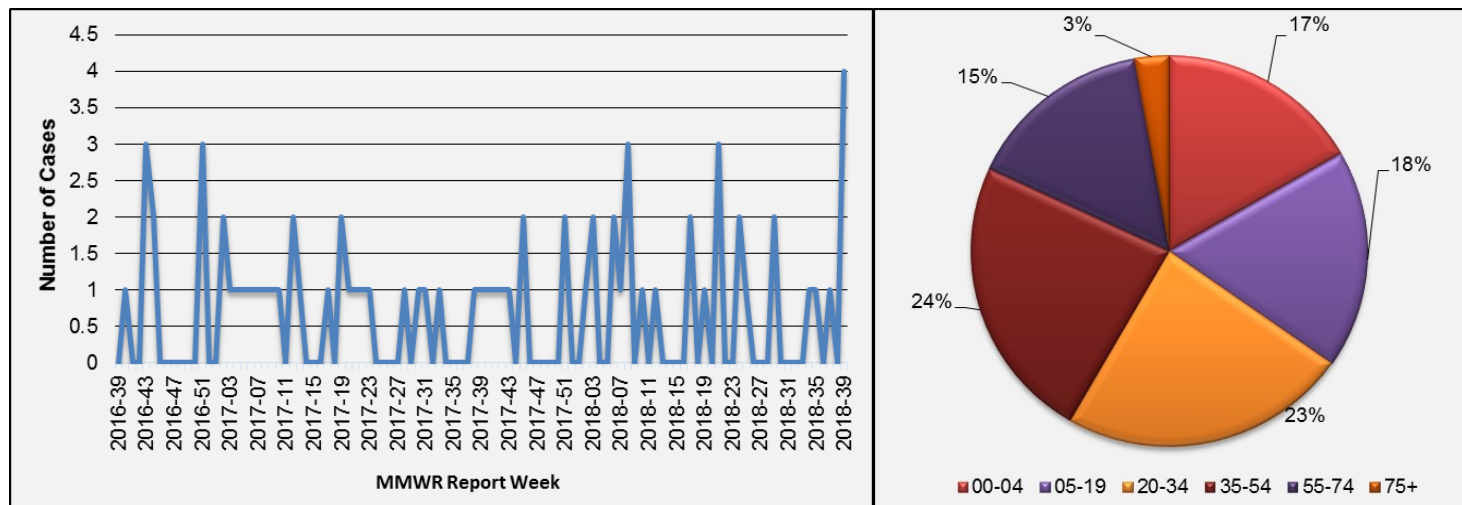


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 39,2016 – Week 39,2018



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed normal activity during the month of September. Emergency department (ED) and urgent care center (UCC) ILI visits monitored through ESSENCE showed increased activity when compared to the previous season (Figure 7). ED and UCC influenza and ILI visits for all age groups showed increased trends as the 2018-2019 influenza season begins (Figure 8). The Electronic Laboratory Reporting (ELR) system reported 9 (3%) positive specimens of the 288 submitted for influenza testing. Of those, subtyping showed that influenza A(5) was the dominant strain detected by laboratories (Figure 9). The Bureau of Public Health Laboratories (BPHL) - Jacksonville reported 1 (13%) positive and 7 (87%) negative specimens for Duval County (Figure 10).

Source: Flu Lab Report, Merlin

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

In September, no ICU laboratory-confirmed influenza in persons less than 65 were reported for Duval County. Reporting guidelines include patients:

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

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

State influenza and influenza-like illness activity:

During the first week of the 2018-19 influenza season (week 40), influenza activity remained at low levels across the state. Since July, the most common influenza subtype detected at the Bureau of Public Health Laboratories has been influenza A 2009 (H1N1), however influenza A (H3) and influenza B Yamagata lineage viruses have also been detected in recent weeks.

Influenza vaccines protect against the three or four strains research suggests will be most common. It is expected that influenza A 2009 (H1N1), influenza A (H3), and influenza B viruses will co-circulate throughout the season. Influenza vaccines are designed to protect against all of these viruses. One new influenza-associated pediatric death was reported in an unvaccinated child in week 40. Annual vaccination remains the best way to protect children against influenza. Specimens submitted to the Bureau of Public Health Laboratories for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) for influenza A unspecified.

National influenza activity:

The Centers for Disease Control and Prevention (CDC) report low levels of circulation nationally. Consistent with trends observed in Florida, influenza A viruses have continued to predominate since early July, with the majority of the subtyped influenza A viruses being influenza A 2009 (H1N1).

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

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

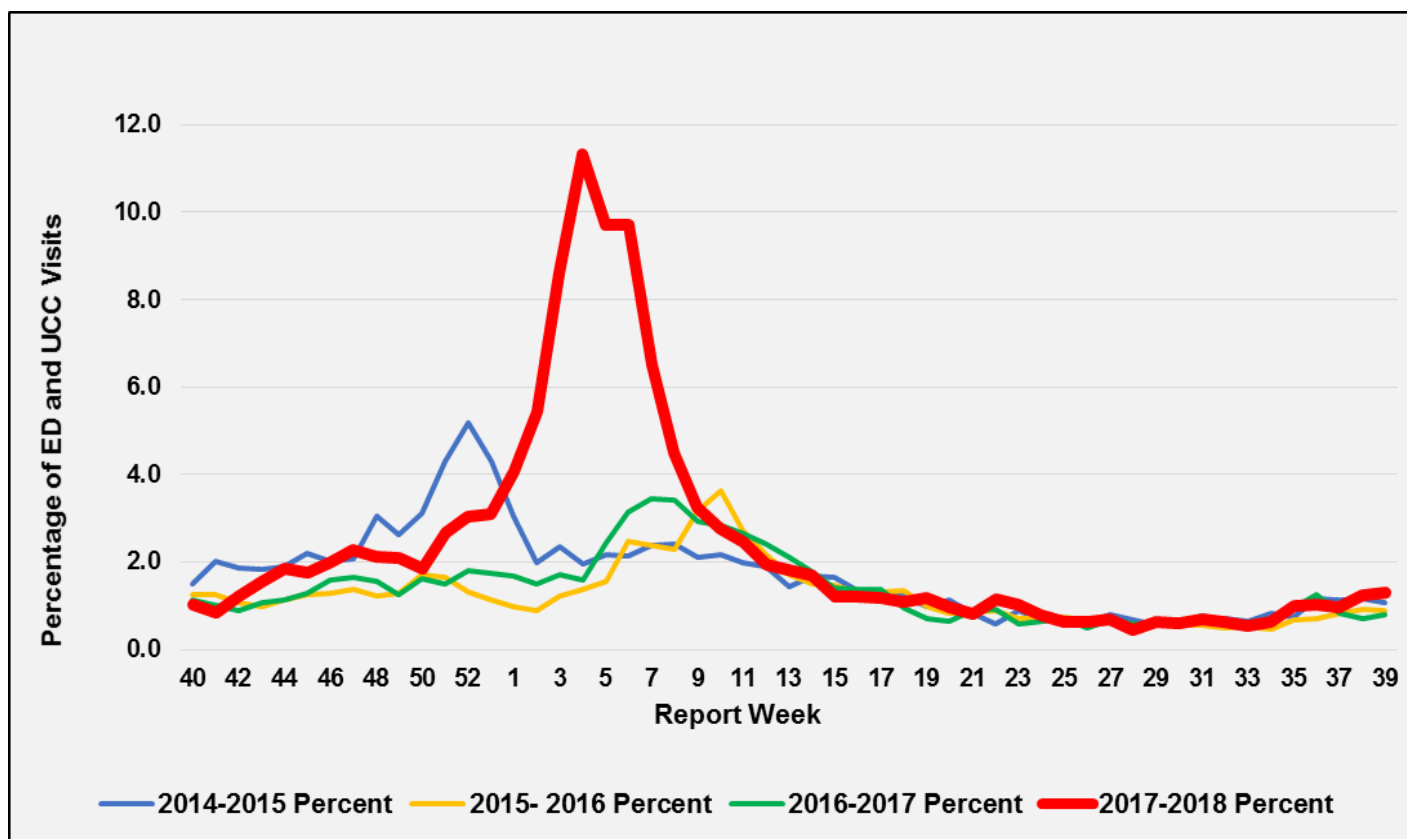


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 38,2016 – Week 39,2018

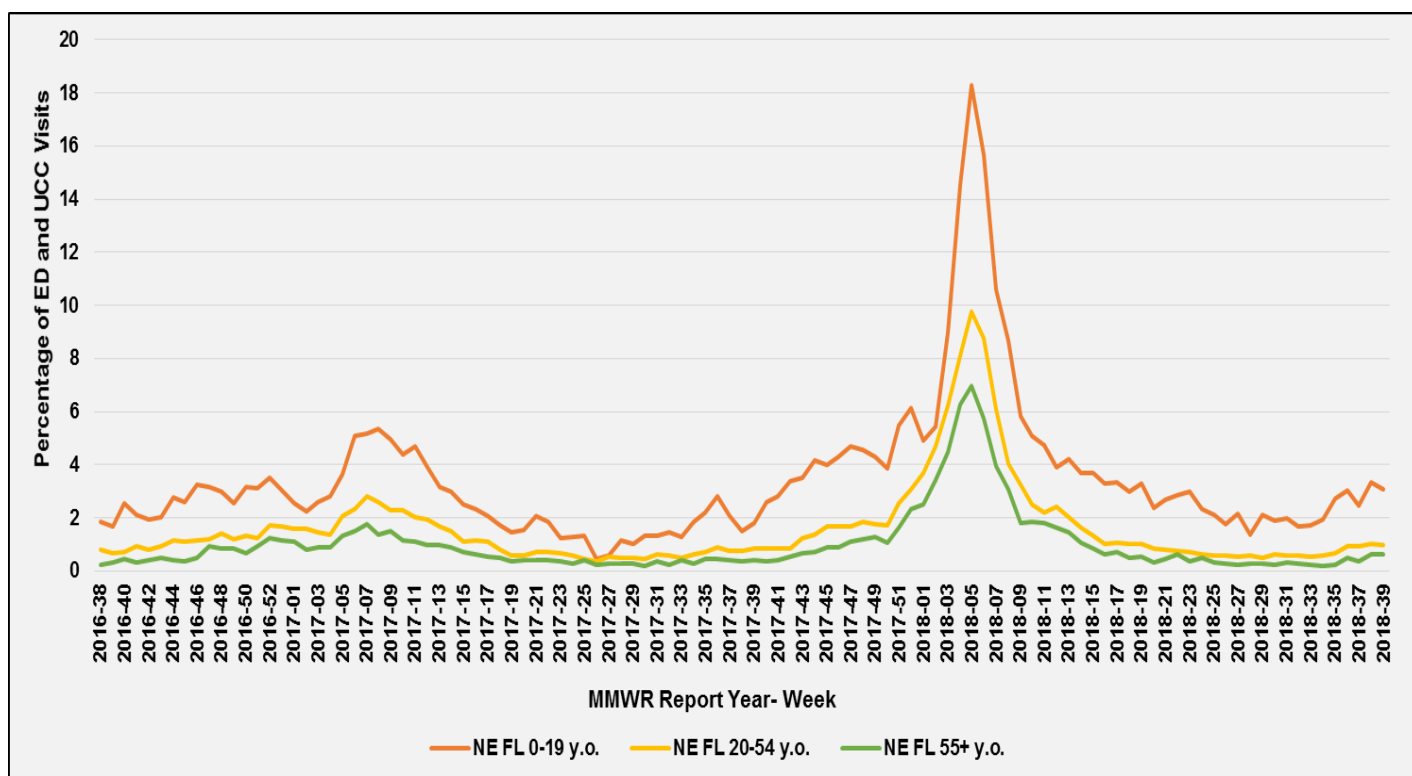


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 39,2016 - Week 39,2018

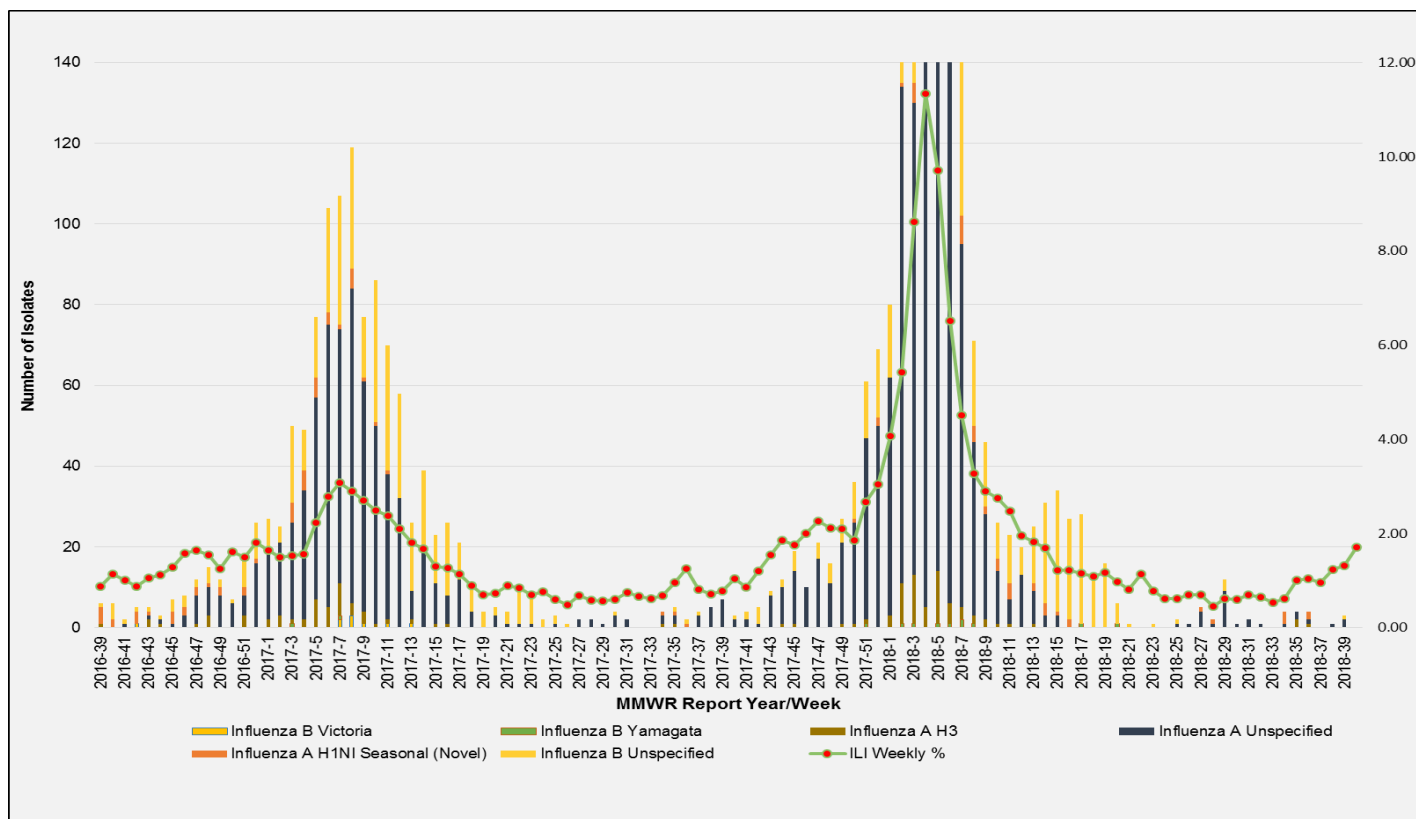
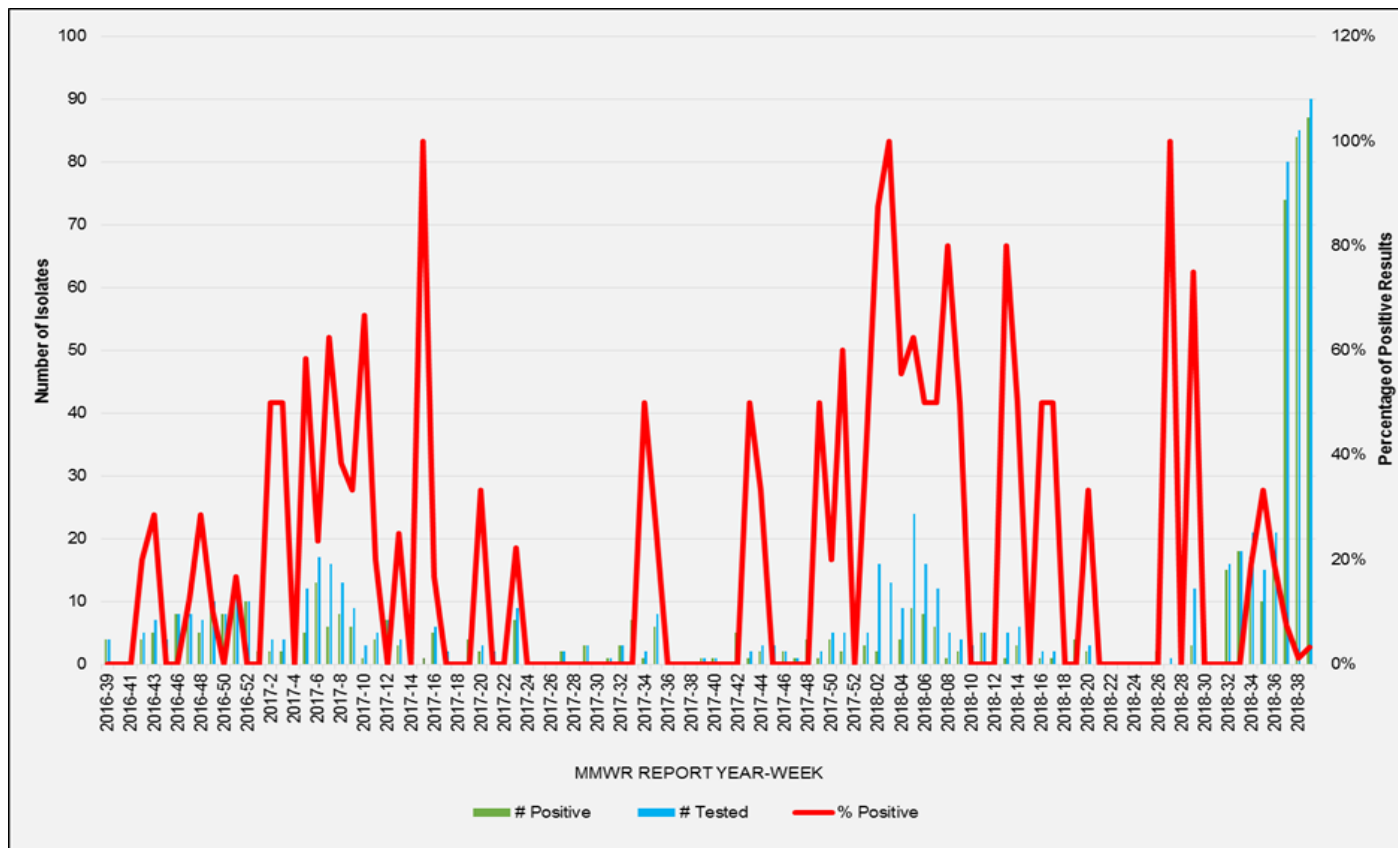


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 39,2016 – Week 38,2018



Notable Topics and Other Statistics

Seasonal Influenza

Seasonal influenza is often referred to simply as “the flu.” It is caused by influenza viruses, which target respiratory areas such as the nose, throat, and lungs. This virus can cause severe illness and even life-threatening complications.

Influenza is a serious disease that is associated with high rates of sickness and death. In the United States, an estimated 5 to 15 percent of the population is affected by the virus each year. Influenza infections result in approximately 150,000 hospital admissions and 24,000 deaths annually

The most efficient way to prevent annual influenza epidemics and their associated morbidity and mortality is through pre-exposure vaccination. In addition to their risk for exposure to influenza from friends, family, and community sources, healthcare personnel (HCP) are at an increased risk for acquiring influenza due to their exposure to ill patients.

Seasonal influenza vaccination of healthcare providers offers an important method for preventing the spread of influenza to high-risk patients. Evidence supports the fact that influenza vaccine is effective, cost efficient, and successful in reducing sickness and deaths. Evidence also demonstrates that the current policy of voluntary vaccination has not been effective in achieving acceptable vaccination rates. For more information about influenza, please visit <https://www.cdc.gov/flu/>.

Table 1: Tuberculosis (TB) Surveillance – Duval County - 9/1/2018 through 09/30/2018

Active TB cases reported year-to-date as of September 30, 2018						
	Count	Total Cases	Percent		Count	Total Cases
Gender				Race		
Male	26	36	72.2%	Asian	6	36
Female	10	36	27.8%	Pacific Islander/Other	0	36
Country of Origin				Black	16	36
U. S.	24	36	66.7%	White	14	36
Non-U.S.	12	36	33.3%	Ethnicity		
Age Group				Hispanic	2	36
< 5	3	36	8.3%	Non-Hispanic	34	36
5-14	1	36	2.8%	Risk Factors		
15-24	4	36	11.1%	Excess alcohol use within past year	7	36
25-44	11	36	30.6%	HIV co-infection*	2	36
45-64	9	36	25.0%	Injection drug use within past year	0	36
> 65	8	36	22.2%	Homeless within past year	4	36
				Incarcerated at diagnosis	0	36
				Unemployed	23	36
				Drug Resistance		
				Resistant to isoniazid**	0	26
*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 10/18/2018. 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 September 2018

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%	Sex	Area 4*	%	Duval	%
Female	8	31%	6	29%	Female	470	66%	371	65%	Female	152	49%	125	47%
Male	18	69%	15	71%	Male	242	34%	198	35%	Male	157	51%	139	53%
Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%	Race	Area 4*	%	Duval	%
Black	21	81%	17	81%	Black	351	49%	318	56%	Black	196	63%	182	69%
Hispanic	1	4%	1	5%	Hispanic	31	4%	25	4%	Hispanic	12	4%	10	4%
White	3	12%	2	10%	White	189	27%	126	22%	White	66	21%	45	17%
Other	1	4%	1	0.04762	Other	32	4%	27	5%	Other	7	2%	7	3%
Unknown	0	0%	0	0%	Unknown	109	15%	73	13%	Unknown	28	9%	20	8%
Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%	Age	Area 4*	%	Duval	%
0-14	0	0%	0	0%	0-14	3	0%	2	0%	0-14	0	0%	0	0%
15-19	1	4%	0	0%	15-19	185	26%	146	26%	15-19	49	16%	43	16%
20-24	7	27%	7	33%	20-24	275	39%	226	40%	20-24	108	35%	88	33%
25-29	5	19%	4	19%	25-29	145	20%	111	20%	25-29	69	22%	60	23%
30-39	7	27%	4	19%	30-39	72	10%	55	10%	30-39	47	15%	40	15%
40-54	6	23%	6	29%	40-54	24	3%	22	4%	40-54	29	9%	27	10%
55+	0	0%	0	0%	55+	8	1%	7	1%	55+	7	2%	6	2%
Total Ca	26		21		Total Ca	712		569		Total Ca	309		264	
All data is provisional and subject to change														
Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties														
Prepared by: Lekisha Cohen, STD Program Manager														

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 six human cases of West Nile virus (WNV) were reported in Duval County as of October 6, 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, 28 travel-associated cases have been reported.

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

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

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

International Travel-Associated Zika Fever Cases: In 2018, 74 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, Columbia, Lake, Manatee, Marion, Okeechobee, Orange, Putnam, Sarasota, St. Johns, Suwannee, Taylor, Volusia, and Walton counties are currently under a mosquito-borne illness advisory. Bay, Duval, 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: Forty-nine cases of malaria with onset in 2018 have been reported.

Thirty-one cases (63%) were diagnosed with *Plasmodium falciparum*. Thirteen cases (27%) were diagnosed with *Plasmodium vivax*. Three cases (6%) were diagnosed with *Plasmodium ovale*. One case (4%) was diagnosed with *Plasmodium malariae*.

West Nile Virus Illnesses Acquired in Florida: A total of 15 human cases of WNV illness acquired in Florida have been reported in 2018; four in Bay (July, September), one in Charlotte (August), six in Duval (August, September), one in Manatee (July), two in Nassau (August), and one in Suwannee (August) counties. Two asymptomatic positive blood donors were reported from Bay (June) and Duval (August) 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 15 humans, two blood donors, four horses, one zebra, one crow, 27 mosquito pools, and 396 sentinel chickens have been reported from 29 counties.

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

EEEV activity: In 2018, positive samples from three humans, 51 horses, one mule, one donkey, one owl, one emu, five emu flocks, two mosquito pools, and 143 sentinel chickens have been reported from 31 counties.

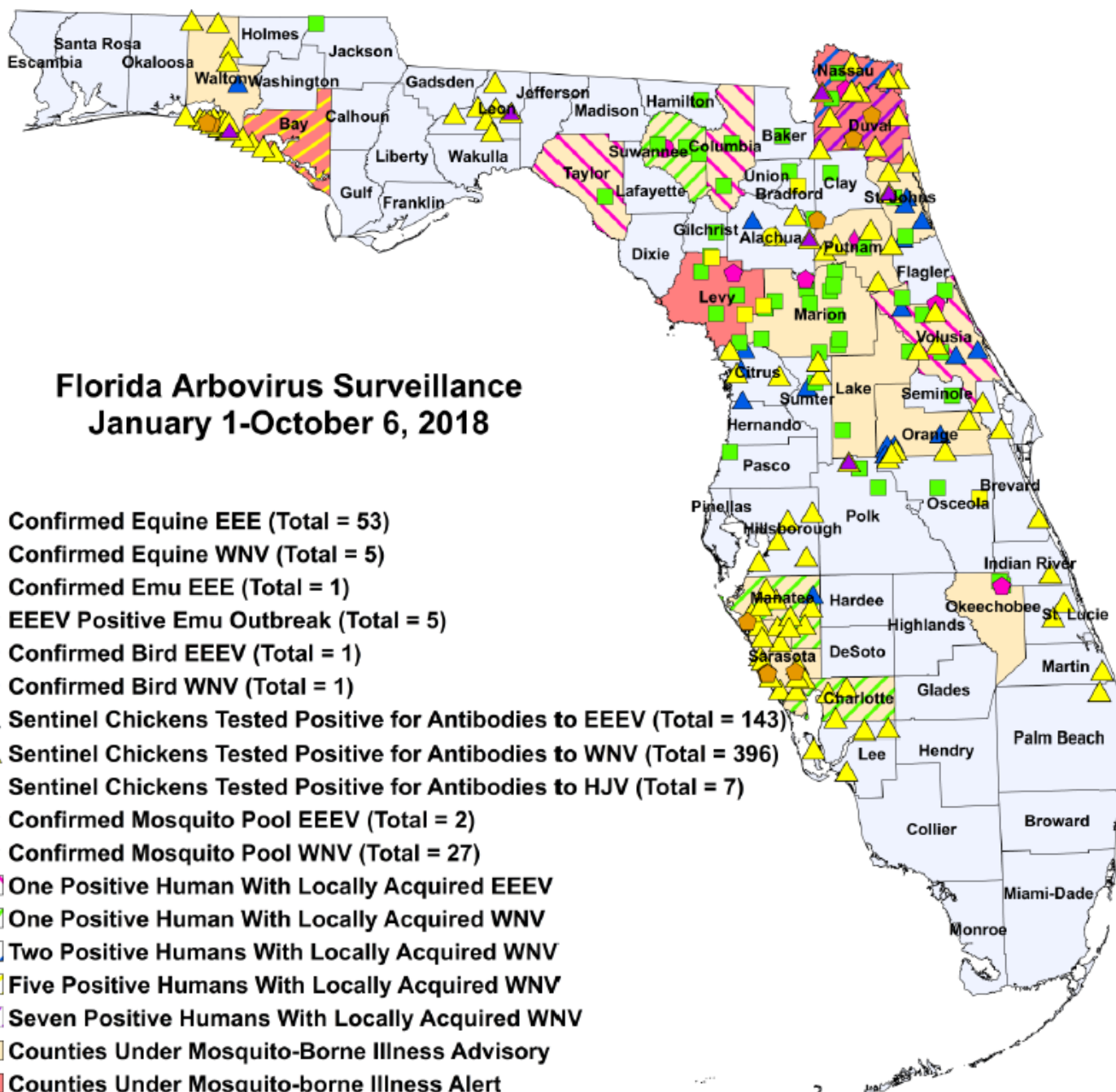


Table 3. Provisional Cases* of Select Reportable Diseases/Conditions, Duval County, Florida, September 2018

Disease	DUVAL					All Counties									
	September					Cumulative (YTD)					September				
	2018	2017	Mean [†]	Median [‡]	2018	2017	Mean [†]	Median [‡]	2018	2017	Mean [†]	Median [‡]	2018	2017	Mean [†]
A. Vaccine Preventable Diseases															
Diphtheria	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	0	0	0
Mumps	1	1	0.2	0	7	8	1.6	0	3	5	3	3	15	4	5.2
Pertussis	0	3	3.4	3	7	18	26.6	25	28	21	40.8	28	262	295	276.6
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0.2	0	0	0	0.2	0	0	1	0.6
Varicella (Chickenpox)	2	2	3.8	4	23	29	34.6	34	67	47	62.6	64	636	512	535.6
B. CNS Diseases & Bacteremias															
Cerebral-Jakob Disease (CJD)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae Invasive Disease	5	1	1	1	29	16	18	19	19	25	17	17	254	217	219.2
Meningitis: Bacterial or Mycotic	0	0	0.2	0	11	2	7.6	8	8	8	8.4	8	78	85	96.2
Meningococcal Disease	0	0	0	0	0	0	0.8	1	4	1	3.6	3	22	17	27.4
Staphylococcus aureus infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0.4	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	0	0	0	0	0
Streptococcus pneumoniae Invasive Disease: Drug-Resistant	0	0	1.4	1	6	7	15.8	15	11	23	18	15	198	198	244.4
Streptococcus pneumoniae Invasive Disease: Drug-Susceptible	0	0	0.4	0	10	11	14.4	13	19	27	20.8	22	309	261	314.6
C. Enteric Infections															
Campylobacteriosis	12	13	8.8	8	157	139	88.8	79	340	328	271	279	3749	3408	2723
Cryptosporidiosis	4	2	9.2	4	22	15	36.6	24	59	63	153.4	103	465	408	689
Cyclosporiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	1	1	2.4	1	18	13	12.8	13	68	37	40.4	37	718	480	416.6
Giardiasis: Acute	3	3	3	3	26	22	36.8	39	73	81	101.6	102	834	763	843
Hemolytic Uremic Syndrome (HUS)	0	0	0.6	0	0	0	0.6	0	0	0	0.6	0	9	9	6.2
Listeriosis	0	0	0.4	0	1	0	1.4	2	5	5	5	5	40	44	34
Salmonellosis	49	61	56.2	52	256	295	282.8	273	795	750	837.4	863	5242	4752	4699.8
Shigellosis	2	2	14.6	5	25	57	109.4	57	79	93	126.8	120	1124	1031	1231.6
Typhoid Fever (Salmonella Serotype Typhi)	0	1	0.2	0	4	1	0.6	1	10	7	1.8	0	115	44	17.6
D. Viral Hepatitis															
Hepatitis A	0	0	0.2	0	0	0	1.4	1	56	27	16	11	281	225	122.8
Hepatitis B: Acute	1	2	1.2	1	33	23	17.2	19	50	72	52.8	45	571	569	408.6
Hepatitis B: Surface Antigen in Pregnant Women	1	3	2.6	3	19	22	27.8	29	23	32	34.8	34	246	369	371
Hepatitis C: Acute	1	0	0.6	0	15	11	7.2	9	19	31	19.6	17	436	345	223.8
E. Vector-Borne, Zoonoses															
Chikungunya Fever	0	0	1.6	0	0	0	3	1	0	1	21.2	1	3	3	90.2
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	9	0	10.8	10	63	15	40.4
Dengue Fever	1	0	0.2	0	1	0	0.8	0	16	3	8.6	8	39	14	69.4
Eastern Equine Encephalitis Neuroinvasive Disease	0	1	0.2	0	1	1	0.2	0	0	0	0.2	0	3	1	1
Ehrlichiosis (Ehrlichia ewingii)	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	0.4	0	3	0	0	1	33	19	21
Ehrlichiosis/Anaplasmosis: Undetermined	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
Lyme Disease	0	1	0.2	0	2	3	3.8	3	15	13	15.6	13	132	195	182
Malaria	1	0	0.4	0	4	3	3	3	6	5	5.2	5	57	57	52.4
Rabies: Animal	0	0	0	0	0	0	0.8	1	12	0	0	5	7	88	1
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0.4	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	0	0	0	0	0.2	0	1	4	2
Zika Virus Disease and Infection- Non-Congenital	1	1	0.6	0	1	2	2.8	0	17	33	40.4	0	116	249	304.6
F. Others															
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0.4
Brucellosis	0	0	0	0	0	0	0.2	0	1	2	0.6	0	13	6	5.2
Carbon Monoxide Poisoning	0	2	0.8	1	1	4	8.2	5	29	559	131.8	27	168	709	275
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0	0	0	1	1	14	11	12.8
Legionellosis	3	6	2.6	2	35	23	16.4	18	64	73	43.8	36	522	458	283.6
Vibriosis (Grimontia holisae)	0	0	0	0	0	0	0.2	0	0	0	0	0	5	11	3.4
Vibriosis (Other Vibrio Species)	0	0	0	0	0	0	0.8	1	8	6	2.4	2	46	54	18.8
Vibriosis (Vibrio alginolyticus)	0	0	0	0	0	0	1.2	1	53	1	5	5	60	57	54
Vibriosis (Vibrio cholerae Type Non-O1)	0	0	0	0	0	0	0	0	0	0	2.2	2	4	16	12.2
Vibriosis (Vibrio fujialis)	0	1	0.2	0	0	0	0.6	0	0	2	1.6	2	10	18	10.2
Vibriosis (Vibrio parahaemolyticus)	0	0	0	0	0	0	0.4	0	0	0	0	0	0	3	6.2
Vibriosis (Vibrio vulnificus)	0	0	0.2	0	4	2	2.8	2	2	7	5	5	41	41	37.2
Vibriosis (Vibrio vulnificus)	0	1	0.4	0	1	2	2	2	7	20	11	10	37	48	40

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.

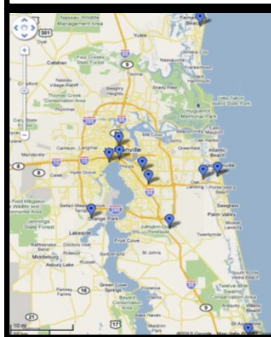
Other Links and Resources:

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 | | | |

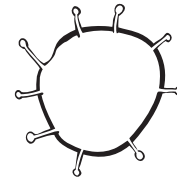
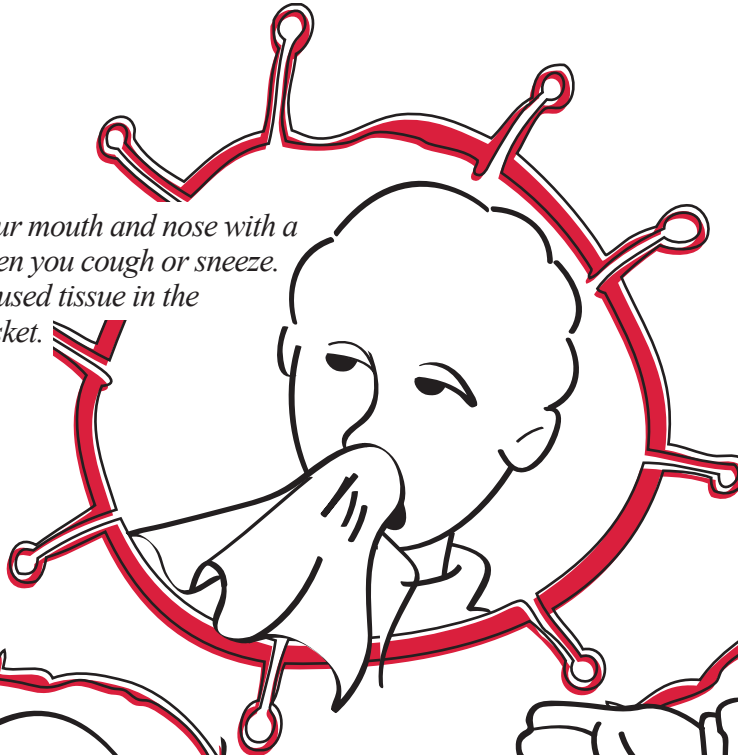
Comments:

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

Cover Cough

Stop the spread of germs that can make you and others sick!

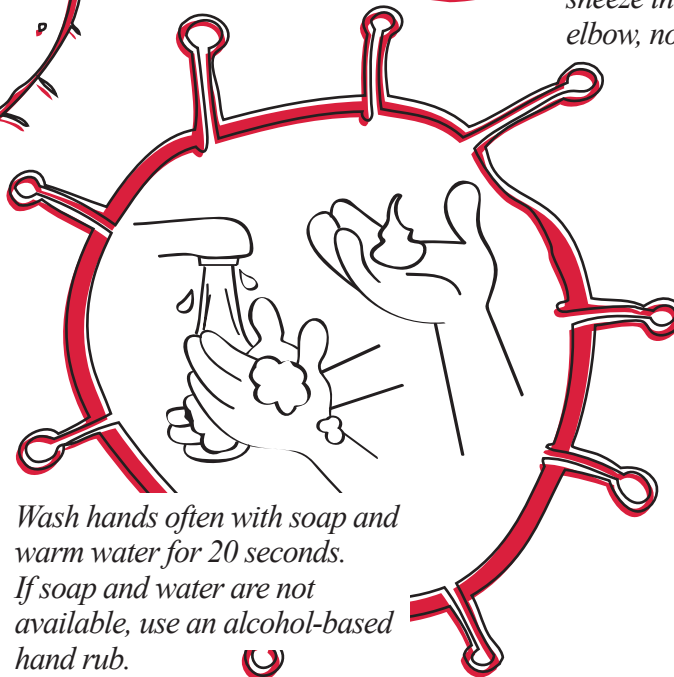
Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.



You may be asked to put on a facemask to protect others.



Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.

