

# Duval County Epidemiology Surveillance Report

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

April 2014



## Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
  - Notifiable diseases
  - Outbreaks

## Report Summary – April 2014

The month of April included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Influenza-like illness (ILI) activity and RSV are decreasing currently. DOH-Duval continues to observe enteric illnesses and continued norovirus activity has been seen in the state.

Highlighted in the *Other Notable Trends and Statistics* section is the CDC's article regarding the first imported case of MERS-CoV in the United States. Lastly, this edition's *notable investigation of the month* summarizes a recent Legionellosis cluster in an Assisted Living Facility in Duval County.

## Table of Contents

<b>Enteric Disease Overview</b> .....	Page 2
▪ Salmonellosis & norovirus activity continues in Florida	
<b>Respiratory Disease &amp; Influenza-like Illness Overview</b> .....	Pages 3 - 5
▪ Influenza and RSV decreases	
<b>Mosquito-borne Illness Surveillance</b> .....	Page 6
<b>Other Notable Trends and Statistics</b> .....	Page 7
▪ First imported case of MERS-CoV in the United States	
▪ TB surveillance – Duval County – 16 active cases have been reported in 2014	
<b>Table of Recently Reported Diseases/Conditions</b> .....	Pages 8-9
<b>Sexually Transmitted Disease Data</b> .....	Page 10
<b>Data Dictionary</b> .....	Page 11
<b>List of Reportable Diseases and Conditions</b> .....	Page 12

## Notable Investigation of the Month

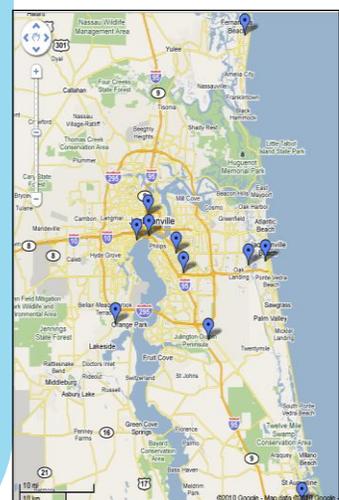
### Legionella Cluster– Duval County

On March 27, 2014 DOH-Duval Epidemiology program was notified of a hospitalized patient diagnosed with Legionellosis and pneumonia residing in a local assisted living facility. The client had recently moved into the facility after hospitalization and rehabilitation. A review of Legionellosis cases identified another case reported six weeks prior and a third case in November 2013 at the same ALF. Another case was also identified later in the investigation bringing the total to four positive cases.

A team was created, consisting of state and local Epidemiologists and Environmental Health Specialists to conduct an environmental assessment at the ALF. A total of three water samples and five swab samples were taken from the facility, three of the water samples and two of the swabs were positive for growth of Legionella pneumonia Group 1. Two control swabs showed no growth of Legionella spp. The facility conducted environmental remediation and no new cases have been identified.

Legionella is a Gram-negative bacilli that thrives in warm, aquatic environments and is relatively resistant to chlorine and heat. Legionella is generally spread through the air by aerosolized water that is then inhaled or microaspirated. Persons with Legionnaires' disease typically present with pneumonia, high fever, chills and cough. The people most at risk of contracting Legionnaires' disease are generally older with underlying medical conditions.

Figure 1: ESSENCE Hospitals



# Enteric Disease Overview

## Summary

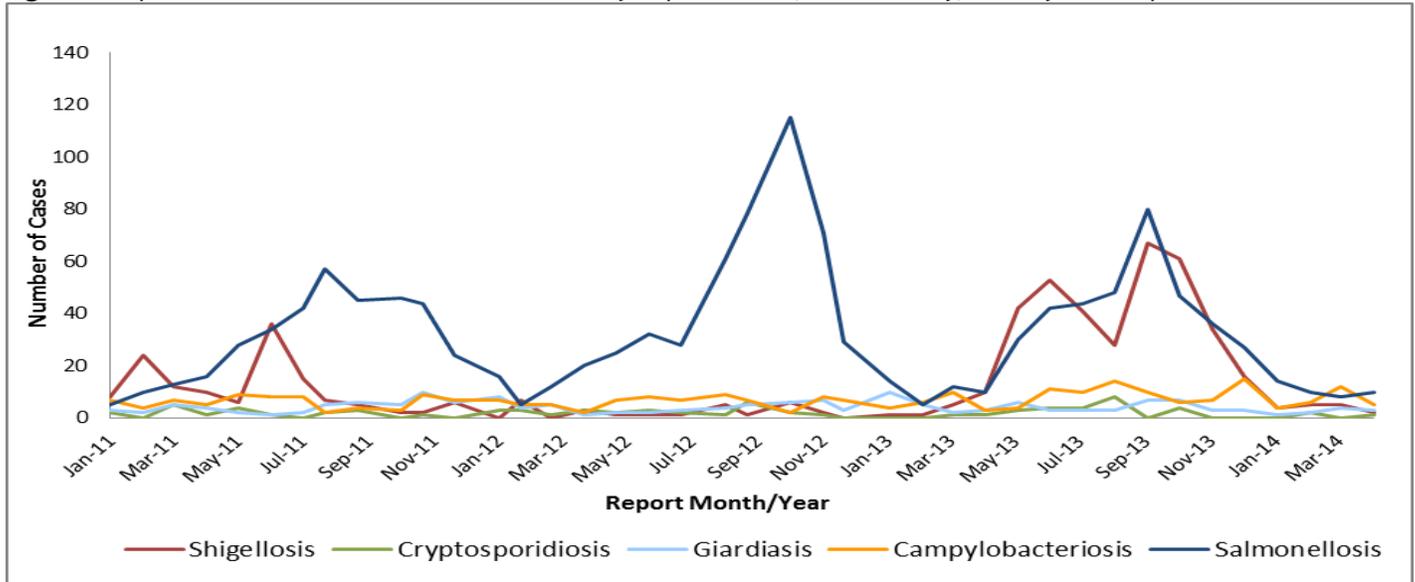
Reported cases of salmonellosis and reported enteric diseases overall remained low in April (Figure 2). Ten (10) cases of salmonellosis were reported in April, which is slightly lower than the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 18.4 cases for April. The most represented age group of reported cases of salmonellosis for 2014 (10/42, 23.8%) occurred in the 0-4 age group. Cases of giardiasis (3), shigellosis (2) and campylobacteriosis (5) all decreased in April (Figure 2).

Norovirus activity continues in Florida. During April, more than eleven (11) outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. Six of the reported outbreaks were confirmed as norovirus GII per the last report in EpiCom and two were reported as norovirus GI. Zero outbreaks of confirmed norovirus and zero suspect viral gastroenteritis outbreaks were reported in Duval County during April (Source: EpiCom & DOH-Duval surveillance). During March, thirteen (13) norovirus or gastrointestinal illness outbreaks were reported in Florida via EpiCom and 1 outbreak was reported in Duval County.

For prevention information, visit <http://www.cdc.gov/norovirus/> & <http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html>

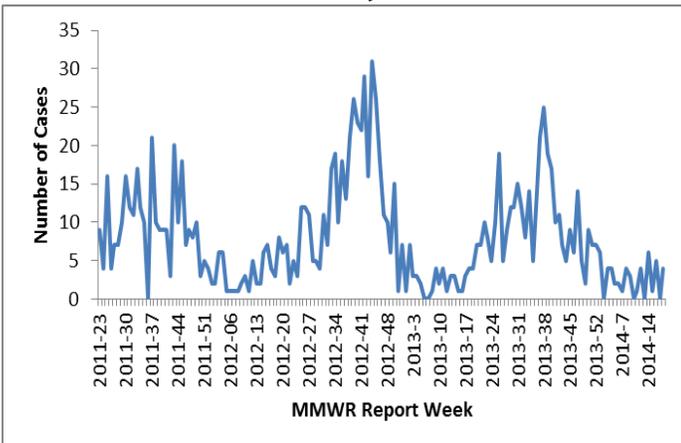
## ESSENCE Reportable Disease Surveillance Data

**Figure 2:** Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2011 – April 2014

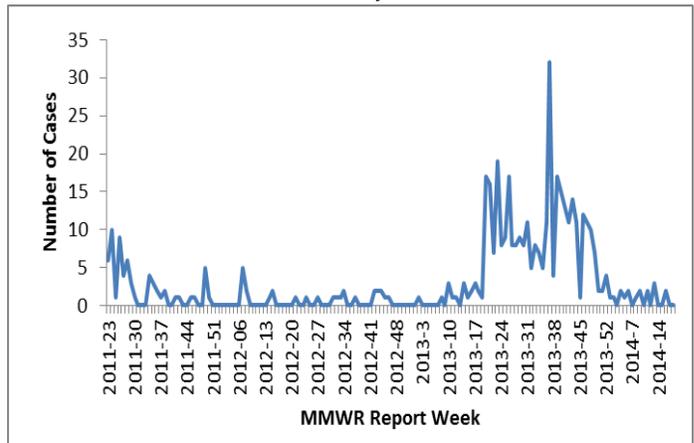


## Additional Enteric Disease Trends Update

**Figure 3:** Reported Cases of Salmonellosis by Report Week - Duval County - 2011-2014



**Figure 4:** Reported Cases of Shigellosis by Report Week - Duval County - 2011-2014



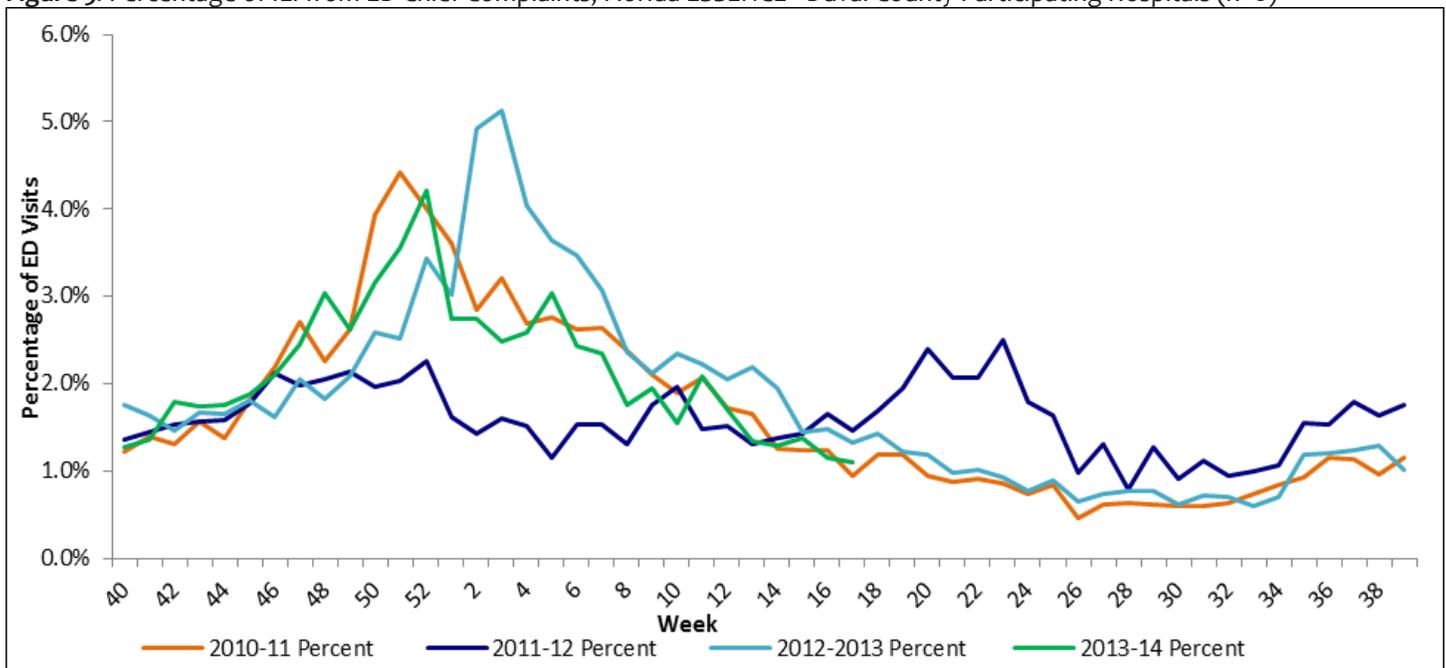
# Respiratory Disease & ILI Overview

## Summary

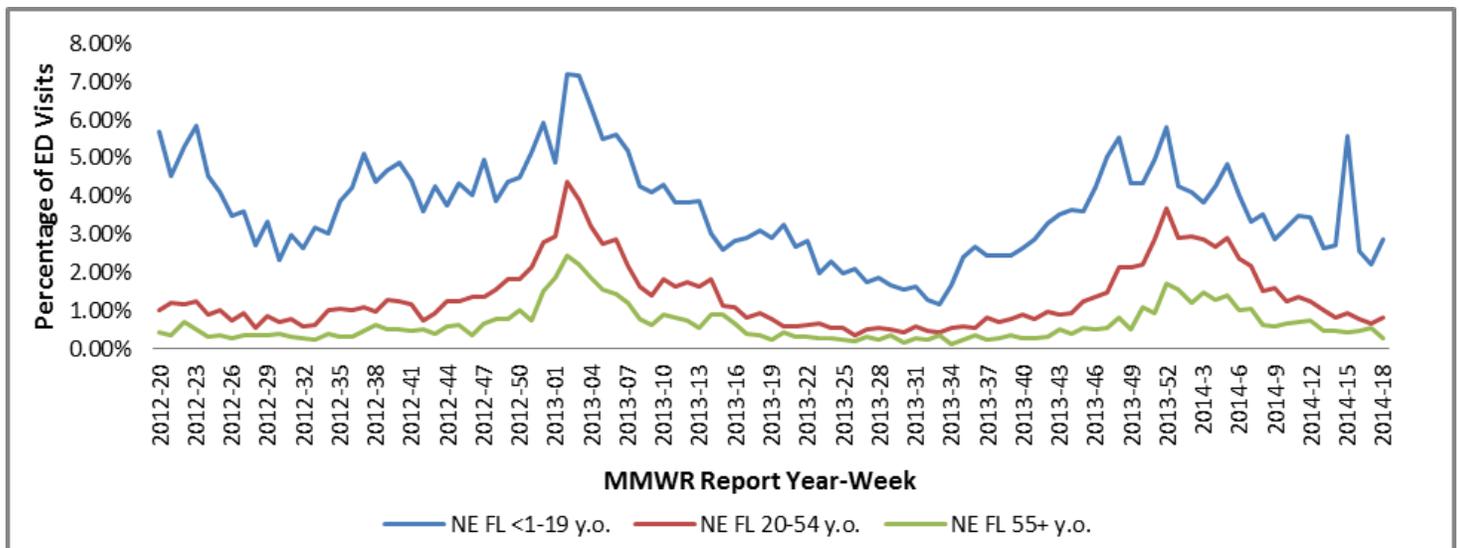
Currently, influenza-like illness (ILI) activity is at a mild level. In Duval County, ED visits for ILI as monitored through ESSENCE remained about 2% for weeks 46-7 (Figure 5) and decreased below 2% for weeks 8-17. In April, there was one (1) positive influenza result within Duval County that was tested at the Bureau of Public Health Labs (BPHL) - Jacksonville. ILI ED visits in the age group of <1-19 increased fairly significantly during the month of April (Figure 6). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, enterovirus, human metapneumovirus, multiple coronaviruses, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: <http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html>

**Figure 5:** Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)



**Figure 6:** Age Comparison of ILI ED Visits – NE FL ESSENCE Facilities - Reported From May-2012 to April-2014

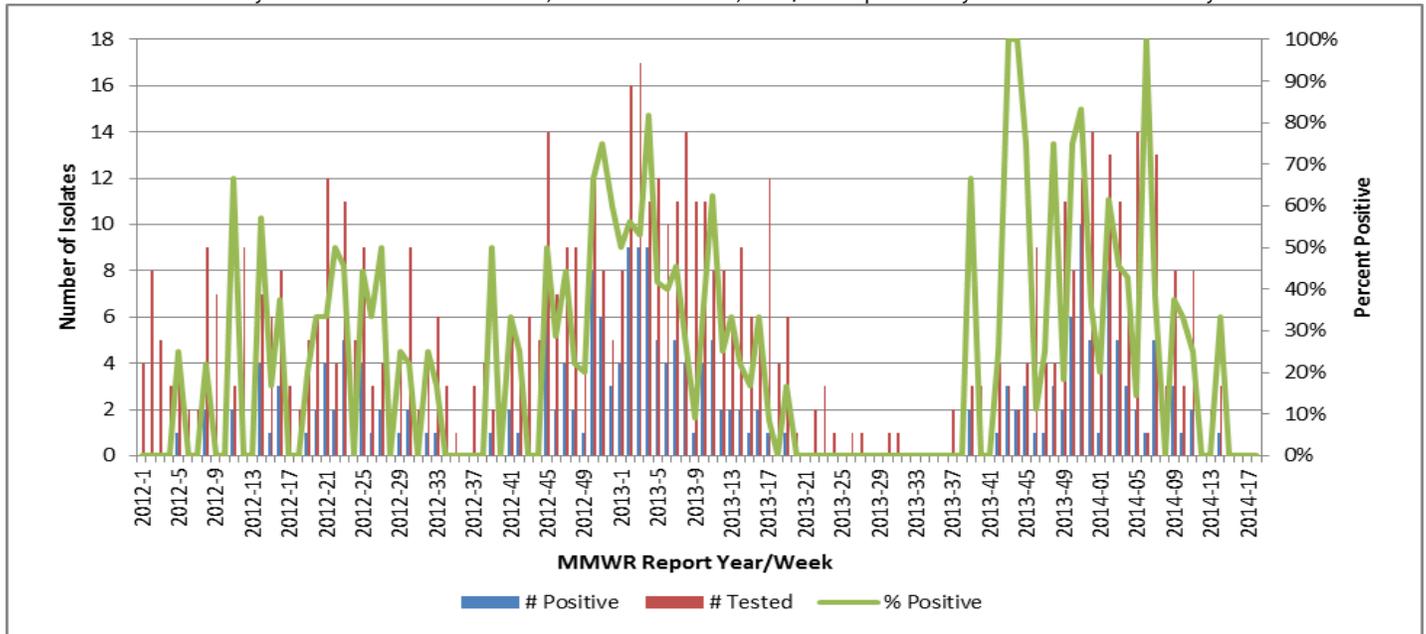


# Respiratory Disease & ILI Overview Continued

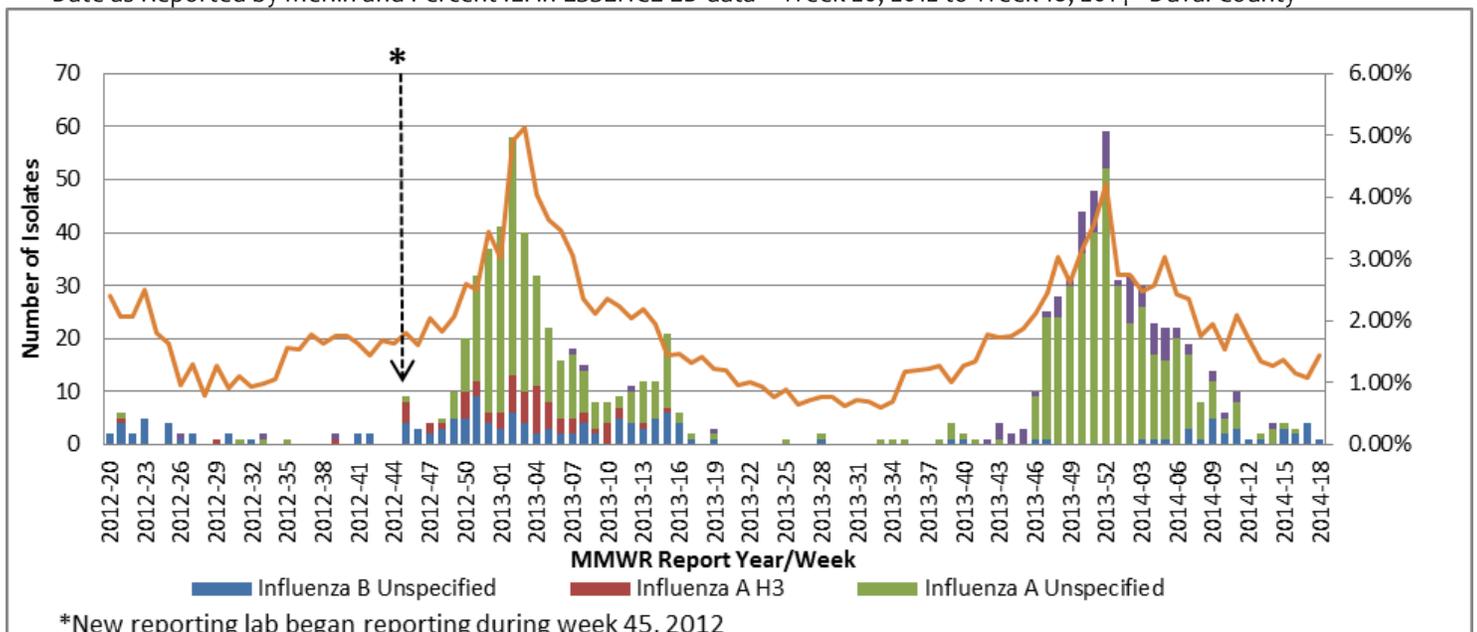
## Summary

Within the last month, only one (1) Influenza A H1N1 was detected by the Bureau of Public Health Laboratories (BPHL). Influenza B, unspecified (10) and Influenza A, unspecified (5) were detected by private labs using rapid antigen testing (as reported through Electronic Lab Reporting (ELR), Figure 8). Of the seventy (70) specimens received by the Bureau of Labs and testing positive for influenza in Duval County this influenza season, sixty (85.7%) were influenza A H1N1 (novel), two (2.86%) were influenza A H3, two (2.86%) were influenza A unspecified, five (7.14%) were influenza B, unspecified and one (1.43%) was Influenza unspecified equivocal.

**Figure 7:** Number of Specimens Tested by FL Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date – Week 1, 2012 to Week 18, 2014 as Reported by Merlin - Duval County



**Figure 8:** Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 20, 2012 to Week 18, 2014 - Duval County



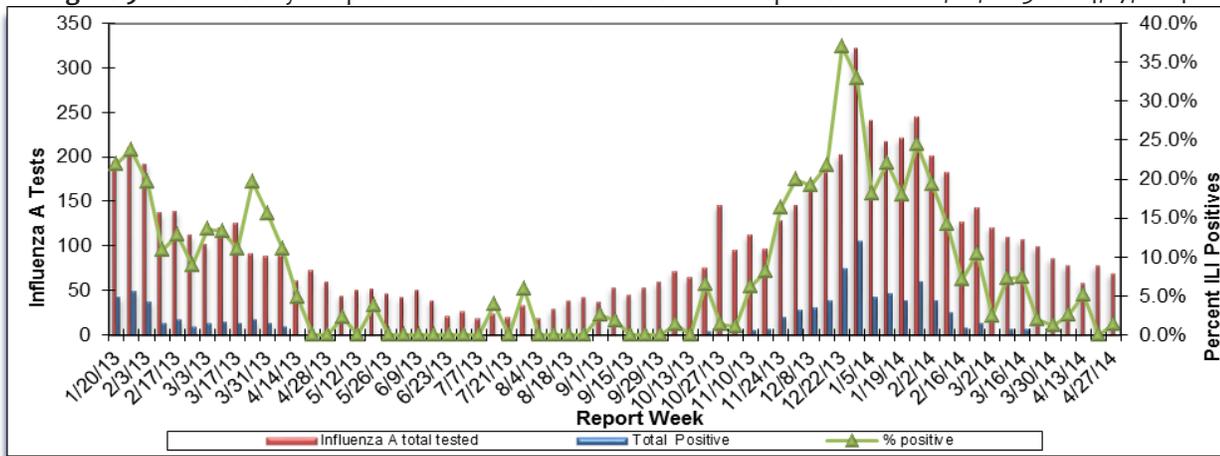
\*New reporting lab began reporting during week 45, 2012

# Respiratory Virus Surveillance (Local Hospital Data)

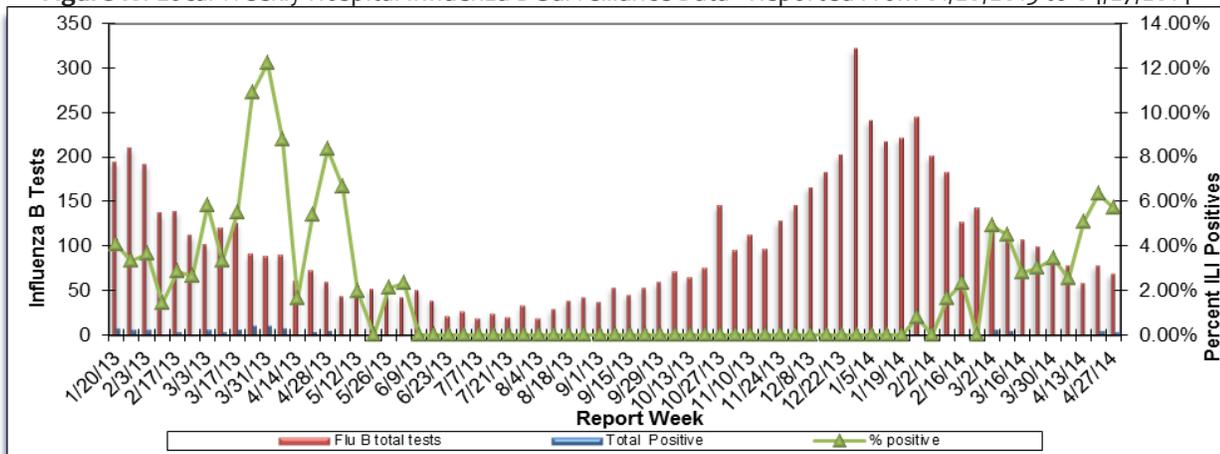
## Summary

Circulation of influenza A continues to decrease in April, while the number of influenza B are increasing, which is normal for this time of year. RSV also decreased. RSV season for the North Region of Florida traditionally runs from September to March. Local hospital data counts the percent positive for influenza was 6.96% (20/287) (Figure 9 & Figure 10) and 2.05% (8/391) of RSV specimens were positive during the month of April (Figure 11). In March, the percent positive for influenza was 9.05% and for RSV was 6.84%.

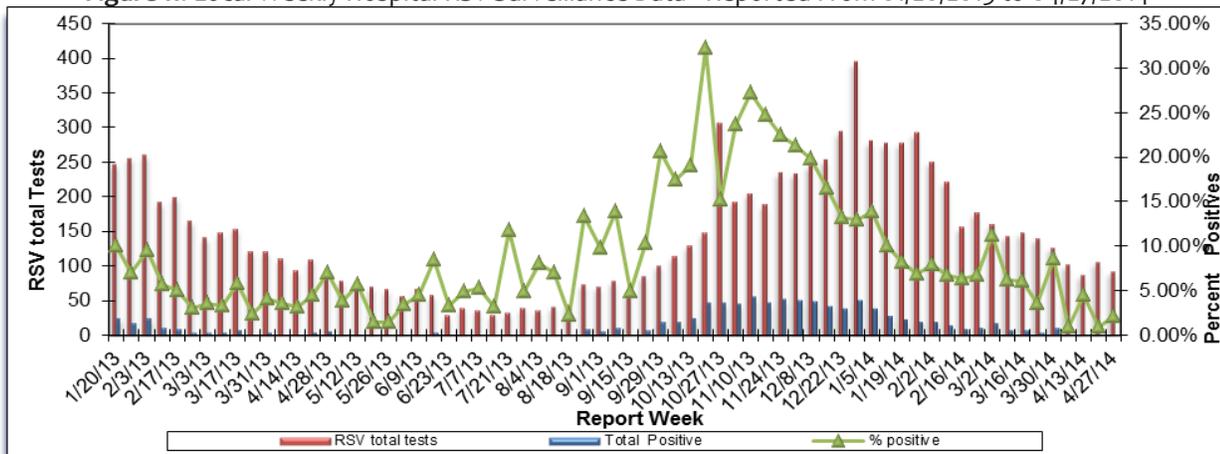
**Figure 9:** Local Weekly Hospital Influenza A Surveillance Data - Reported From 01/20/2013 to 04/27/2014



**Figure 10:** Local Weekly Hospital Influenza B Surveillance Data - Reported From 01/20/2013 to 04/27/2014



**Figure 11:** Local Weekly Hospital RSV Surveillance Data - Reported From 01/20/2013 to 04/27/2014

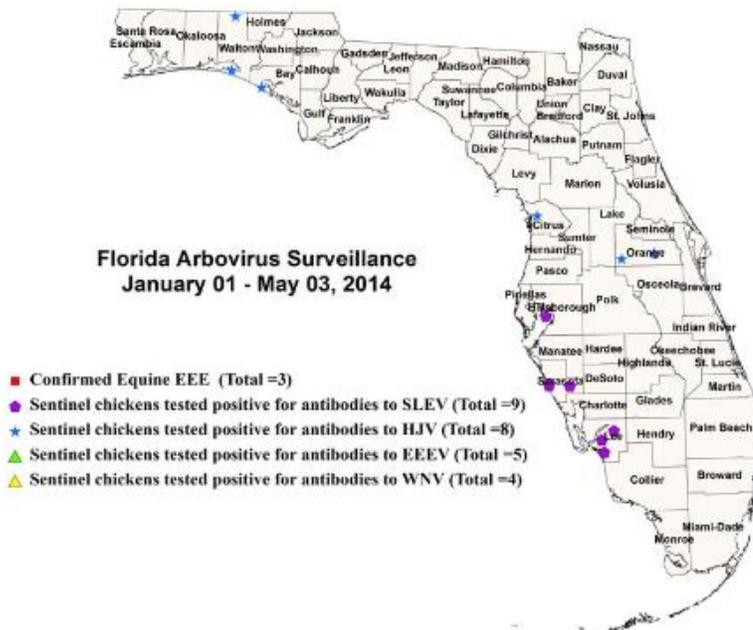


# Florida Mosquito-Borne Illness (MBI) Summary

## Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), and Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV) and California Encephalitis Group Viruses (CEV).

**Figure 12: Florida Arbovirus Surveillance**  
(January 1- May 3, 2014)



**Table 1: Florida Mosquito-Borne Disease Surveillance Summary**  
Year to Date (through May 3, 2014)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	-	-	4	-
St. Louis Encephalitis Virus	-	-	9	-
Highlands J Virus	-	-	8	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	3	-	5	-

## State of Florida 2013 Case Summary

**Imported Dengue (DENV):** Twenty cases of dengue with onset in 2014 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Bolivia, Brazil, Cuba (7), Dominican Republic (4), Guadeloupe, Honduras, Puerto Rico (2), Trinidad, and Venezuela (2). Counties reporting cases were: Alachua, Broward (2), Clay, Hillsborough (2), Marion, Miami-Dade (9), Orange, and Osceola (3). Four of the cases were reported in non-Florida residents.

In 2014, 13 of the 20 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

**Imported Malaria:** Seven cases of malaria with onset in 2014 have been reported. Countries of origin were: Dominican Republic, Ghana, Guatemala, Ivory Coast, Sierra Leone (2), and Sudan. Counties reporting cases were: Broward, Duval, Hillsborough (2), Miami-Dade, Okaloosa, and Orange. Four cases (57%) were diagnosed with *Plasmodium falciparum*. Two cases (29%) were diagnosed with *Plasmodium vivax*. One case (14%) was diagnosed with *Plasmodium malariae*.

## Resources

See the following web site for more information:

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

<http://dchd.net/component/content/article/9-home-news/74-mosquito-borne-illness-awareness>

# Other notable trends and statistics

## Notable Trends and Statistics: MERS Imported to US (Source: CDC)

**Middle East Respiratory Syndrome Coronavirus (MERS-CoV) has caused severe illness and death in people from several countries. On May 11, 2014, the second imported case was confirmed in a traveler to the United States.**

The first confirmed case of MERS-CoV was reported in a traveler to the United States on May 2, 2014. The patient, a healthcare worker who traveled from Saudi Arabia to a city in Indiana by way of London and Chicago, was isolated in a hospital during the course of illness and later discharged, having fully recovered.

On May 11, 2014, a second U.S. imported case of MERS was confirmed in a traveler who also came to the U.S. from Saudi Arabia. The patient is hospitalized and doing well. The patient flew from Saudi Arabia to the United States by way of London, England; Boston, Massachusetts; Atlanta, Georgia; and Orlando, Florida. CDC is working very quickly to investigate this second U.S. case of MERS and respond to minimize the spread of this virus. For additional information, see the [CDC MERS website](#).

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was first reported in 2012 in Saudi Arabia. It is different from any other coronavirus previously found in people. We don't know where the virus came from or exactly how it spreads. However, it likely came from an animal source. All reported cases to date have been linked to the Arabian Peninsula.

Most people infected with MERS-CoV developed severe respiratory illness with symptoms of fever, cough, and shortness of breath. About 30% of people with MERS have died. Most of the people who died had an underlying medical condition. Some infected people had mild symptoms or no symptoms at all.

It is different from the coronavirus that caused SARS (Severe Acute Respiratory Syndrome) in 2003. However, like the [SARS](#) virus, MERS-CoV is most similar to coronaviruses found in bats.

**What Are Coronaviruses?** Coronaviruses are named for the crown-like spikes on their surface. They are common viruses that most people get in their lifetime. These viruses usually cause mild to moderate upper-respiratory tract illnesses.

Coronaviruses may also infect animals. Most of these coronaviruses usually infect only one animal species or, at most, a small number of closely related species. However, SARS coronavirus can infect people and animals, including monkeys, Himalayan palm civets, raccoon dogs, cats, dogs, and rodents.

**Global Partners Working to Understand MERS** The World Health Organization (WHO), CDC, and other partners are working to better understand the possible risks from MERS-CoV to the public's health.

**CDC Does Not Recommend Anyone Change Travel Plans** CDC does not recommend that anyone change their travel plans because of MERS. The current CDC travel notice is an Alert (Level 2), which provides special precautions for travelers. Because spread of MERS has occurred in healthcare settings, the alert advises travelers going to countries in or near the Arabian Peninsula to provide healthcare services to practice CDC's recommendations for infection control of confirmed or suspected cases and to monitor their health closely. Travelers who are going to the area for other reasons are advised to follow standard precautions, such as hand washing and avoiding contact with people who are ill.

## Tuberculosis (TB) Surveillance- Duval County- 1/1/2014 through 4/30/2014- All Data are Provisional

Fifty-three (53) Cases of TB were reported by Duval County in 2013

**Table 2:** Demographics and risk factors of TB cases reported year-to-date for 2014.

	Count	Total Cases	Percent		Count	Total Cases	Percent
<b>Gender</b>				<b>Risk Factors</b>			
Male	10	16	62.5%	Excess alcohol use within past year	1	16	6.3%
Female	6	16	37.5%	HIV co-infection*	0	16	0.0%
<b>Country of Origin</b>				Injected drug use within past year	0	16	0.0%
U.S.	13	16	81.3%	Homeless	2	16	12.5%
Non-U.S.	3	16	18.8%	Incarcerated at diagnosis	1	16	6.3%
<b>Age Group</b>				Unemployed	12	16	75.0%
0-9	1	16	6.3%	<b>Ethnicity</b>			
10-19	0	16	0.0%	Asian	1	16	6.3%
20-29	2	16	12.5%	Black	12	16	75.0%
30-39	2	16	12.5%	White	3	16	18.8%
40-49	5	16	31.3%	Hispanic	1	16	6.3%
50-59	2	16	12.5%	<b>Drug Resistance</b>			
≥ 60	4	16	25.0%	Resistant to isoniazid	1	16	6.3%

\* 1 person has not been offered HIV testing at the time of this report

For more tuberculosis surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/>

# Recently Reported Diseases/Conditions in Florida

**Table 3:** Provisional Cases\* of Selected Notifiable Disease, Duval County, Florida, April 2014

	Duval County					Florida						
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2014	2013	Mean†	Median¶	2014	2013	2014	2013	Mean†	Median¶	2014	2013
<b>A. Vaccine Preventable Diseases</b>												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0.6	0	0	8
Mumps	0	0	0	0	0	0	0	0	1	1	0	0
Pertussis	4	0	1	1	9	6	60	48	29.6	31	259	142
Rubella	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	1	0.4	0	0	1	0	1	0.6	1	2	4
Varicella	4	6	6.8	6	13	17	64	73	119.8	119	209	272
<b>B. CNS Diseases &amp; Bacteremias</b>												
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	2	3	1	0	6	8
<i>H. influenzae</i> (invasive)	2	6	1.8	1	7	13	30	29	28.2	29	126	107
Meningitis (bacterial, cryptococcal, mycotic)	5	1	2.2	1	10	5	17	10	12.8	12	50	46
Meningococcal Disease	1	0	0.2	0	2	0	1	4	6.4	7	15	31
Staphylococcus aureus (VISA, VRSA)	0	0	0	0	0	1	0	0	0	0	0	1
<i>Streptococcus pneumoniae</i> (invasive disease)												
Drug resistant	3	5	3	2	13	18	57	54	61.2	63	253	263
Drug susceptible	1	5	3.4	3	14	14	46	70	65.2	69	268	298
Streptococcal Disease, Group A, Invasive	3	1	1.6	2	8	3	29	33	28.6	29	146	92
<b>C. Enteric Infections</b>												
Campylobacteriosis	5	3	4.8	3	29	23	191	175	133.6	122	712	566
Cryptosporidiosis	1	1	2.6	1	3	2	40	26	30.6	27	147	100
Cyclosporiasis	0	0	0	0	0	0	0	0	0.8	1	2	1
Giardiasis	3	4	3.8	4	10	23	101	104	112	104	329	351
Hemolytic Uremic Syndrome	0	0	0	0	0	0	2	0	0.2	0	5	1
Listeriosis	0	0	0	0	0	0	3	3	1.4	1	10	13
Salmonellosis	10	11	13.8	12	45	43	300	315	288	293	1157	1100
Shiga Toxin-Producing <i>E. coli</i> (STEC) Infection	2	0	0.2	0	2	2	16	14	7.8	9	45	39
Shigellosis	2	10	5.8	6	16	17	257	44	109.4	56	738	135
Typhoid Fever	0	0	0	0	0	0	2	0	1.2	1	4	1

# Recently Reported Diseases/Conditions in Florida

	Duval County					Florida						
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2014	2013	Mean†	Median¶	2014	2013	2014	2013	Mean†	Median¶	2014	2013
<b>D. Viral Hepatitis</b>												
Hepatitis A	0	0	0	0	0	2	10	12	12.4	12	38	27
Hepatitis B +HBsAg in pregnant women	2	1	1.8	2	16	9	41	48	40.4	41	178	171
Hepatitis B, Acute	3	0	0	0	6	5	40	31	23.6	21	129	106
Hepatitis C, Acute	1	0	0.2	0	3	1	20	22	10.6	9	61	74
<b>E. Vector Borne, Zoonoses</b>												
Animal Rabies	0	0	0.2	0	0	1	9	10	10.2	10	31	33
Ciguatera	0	0	0.00	0	0	0	0	1	1.8	1	9	1
Dengue Fever	0	1	0.2	0	0	1	5	8	4	3	35	46
Eastern Equine Encephalitis††	0	0	0	0	0	0	0	0	0	0	1	2
Ehrlichiosis/Anaplasmosis¶¶	0	0	0	0	1	0	3	1	1	1	5	3
Leptospirosis	0	0	0.00	0	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0.00	0	0	1	9	5	3.8	3	22	21
Malaria	0	0	0.40	0	1	1	5	4	5.4	6	15	22
St. Louis Encephalitis††	0	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus††	0	0	0	0	0	0	0	0	0	0	0	0
<b>F. Others</b>												
Botulism-infant	0	0	0.00	0	0	0	0	0	0	0	0	1
Brucellosis	0	0	0.00	0	0	0	1	2	2	2	1	3
Carbon Monoxide Poisoning	0	0	0.20	0	1	0	8	8	5	4	50	53
Hansens Disease (Leprosy)	0	0	0.00	0	0	0	2	0	0.6	0	2	1
Legionellosis	3	0	0.60	0	6	5	22	9	10.8	10	93	51
Vibrios	1	0	0	0	1	3	9	13	11.2	9	25	25

\* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2013 and 2014 are provisional.

† 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, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

# Recently Reported Diseases/Conditions in Florida

**Table 4:** Duval County Reported Sexually Transmitted Disease for Summary for March 2014

Sex	Area 4	%	Duval	%
Male	8	80%	8	80
Female	2	20%	2	20
Race	Area 4	%	Duval	%
White	1	10%	1	10%
Black	9	90%	9	90%
Hispanic	0	0%	0	0%
Other	0	0%	0	0%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	0	0%	0	0%
20-24	1	10%	1	10%
25-29	3	30%	3	30%
30-39	3	30%	3	30%
40-49	3	30%	3	30%
50+	0	0%	0	0%
<b>Total Cases</b>	10		10	

Sex	Area 4	%	Duval	%
Male	166	27%	128	26%
Female	454	73%	358	74%
Race	Area 4	%	Duval	%
White	128	21%	83	17%
Black	326	53%	299	62%
Hispanic	25	4%	22	5%
Other	141	23%	82	17%
Age	Area 4	%	Duval	%
0-14	3	.4%	3	1%
15-19	158	25%	118	24%
20-24	262	42%	206	42%
25-29	106	17%	87	18%
30-39	76	12%	62	13%
40-54	13	2%	8	2%
55+	2	.3%	2	.4%
<b>Total Cases</b>	620		486	

Sex	Area 4	%	Duval	%
Male	85	46%	71	43%
Female	99	54%	93	57%
Race	Area 4	%	Duval	%
White	31	17%	22	13%
Black	123	67%	117	71%
Hispanic	2	0%	1	1%
Other	28	15%	24	15%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	26	14%	21	13%
20-24	57	31%	50	30%
25-29	52	28%	49	30%
30-39	36	20%	34	21%
40-54	12	7%	10	6%
55+	1	0%	0	0%
<b>Total Cases</b>	184		164	

Please note that STD numbers are provisional for the month of March 2013. Percentages are rounded.

\* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

For more STD surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/>

**Merlin:** The Merlin system is essential to the control of disease in 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 reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using <http://www.floridacharts.com/merlin/freqrpt.asp>.

**Event Date:** Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

**ILINet (previously referred to as the Sentinel Provider Influenza Surveillance Program):** The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILINet providers that contribute to the state and national data.

**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. Values for MMWR week range from 1 to 53, although most years consist of 52 weeks.

**Syndromic Surveillance:** An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

**ESSENCE:** The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 3, one in Clay, St Johns, and Nassau Counties, provide regional coverage. The 11 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Luke's (Duval), and St. Vincent's (Duval)

**Chief Complaint (CC):** The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

**Syndrome:** A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

**Count:** The number of emergency department visits relating to a syndrome of query.

#### Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology [http://www.doh.state.fl.us/disease\\_ctrl/epi/index.html](http://www.doh.state.fl.us/disease_ctrl/epi/index.html)

Florida Annual Morbidity Reports

<http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html>

Influenza Surveillance Reports

<http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html>

# The Florida Department of Health in Duval County

## Disease Reporting Telephone Numbers

AIDS, HIV - (904) 253-2992

STD - (904) 253-2974, Fax - (904) 573-4935

TB Control - (904) 253-1070, Fax - (904) 253-1943

Animal Bites – (904) 253-2576, Fax – (904) 253-2390

All Others - (904) 253-1850, Fax - (904) 253-1851, After Hrs Emergency – (904) 434-6035



**Section 381.0031 (1,2), Florida Statutes**, provides that “Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.” The DOH county health departments serve as the Department’s representative in this reporting requirement. Furthermore, this Section provides that “Periodically the Department shall issue a list of diseases determined by it to be of public health significance...and shall furnish a copy of said list to the practitioners...”

## Reportable Diseases/Conditions in Florida Practitioner Guide 11/24/08\*

\*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, *Florida Administrative Code (FAC)*.

<b>AIDS, HIV - (904) 253-2992</b>	<ul style="list-style-type: none"> <li>• Congenital anomalies</li> <li>• Creutzfeldt-Jakob disease (CJD)</li> <li>• Cryptosporidiosis</li> <li>• Cyclosporiasis</li> <li>• Dengue</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Plague</b></li> <li>! <b>Poliomyelitis, paralytic and non-paralytic</b></li> <li>• Psittacosis (Ornithosis)</li> <li>• Q Fever</li> </ul>
<ul style="list-style-type: none"> <li>+ Acquired Immune Deficiency Syndrome (AIDS)</li> <li>+ Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Diphtheria</b></li> <li>• Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</li> <li>• Ehrlichiosis</li> <li>• Encephalitis, other (non-arboviral)</li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Rabies (human, animal)</b></li> <li>! <b>Rabies (possible exposure)</b></li> <li>! <b>Ricin toxicity</b></li> <li>• Rocky Mountain spotted fever</li> <li>! <b>Rubella (including congenital)</b></li> <li>• St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)</li> <li>• Salmonellosis</li> <li>• Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)</li> <li>! <b>Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease</b></li> <li>• Shigellosis</li> <li>! <b>Smallpox</b></li> <li>• <i>Staphylococcus aureus</i>, community associated mortality</li> <li>☎ <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)</li> <li>☎ <i>Staphylococcus enterotoxin B</i> (disease due to)</li> <li>• Streptococcal disease (invasive, Group A)</li> <li>• <i>Streptococcus pneumoniae</i> (invasive disease)</li> <li>• Tetanus</li> <li>• Toxoplasmosis (acute)</li> <li>• Trichinellosis (Trichinosis)</li> <li>! <b>Tularemia</b></li> <li>☎ <b>Typhoid fever</b></li> <li>! <b>Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)</b></li> <li>• Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> infection)</li> <li>! <b>Vaccinia disease</b></li> <li>• Varicella (Chickenpox)</li> <li>• Varicella mortality</li> <li>! <b>Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</b></li> <li>• Vibriosis (Vibrio infections)</li> <li>! <b>Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)</b></li> <li>• West Nile virus disease (neuroinvasive and non-neuroinvasive)</li> <li>• Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</li> <li>! <b>Yellow fever</b></li> </ul>
<b>STD - (904) 253-2974</b>	<ul style="list-style-type: none"> <li>• Chancroid</li> <li>• Chlamydia</li> <li>• Conjunctivitis (in neonates ≤ 14 days old)</li> <li>• Gonorrhea</li> <li>• Granuloma inguinale</li> <li>• Herpes Simplex Virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years old)</li> <li>• Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)</li> <li>• Lymphogranuloma venereum (LGV)</li> <li>• Syphilis</li> <li>☎ <b>Syphilis (in pregnant women and neonates)</b></li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Enteric disease due to:</b> <i>Escherichia coli</i>, O157:H7 <i>Escherichia coli</i>, other pathogenic <i>E. coli</i> including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains</li> <li>• Giardiasis</li> <li>! <b>Glanders</b></li> <li>! <b><i>Haemophilus influenzae</i> (meningitis and invasive disease)</b></li> <li>• Hansen's disease (Leprosy)</li> <li>☎ <b>Hantavirus infection</b></li> <li>☎ <b>Hemolytic uremic syndrome</b></li> <li>☎ <b>Hepatitis A</b></li> <li>• Hepatitis B, C, D, E, and G</li> <li>• Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)</li> <li>! <b>Influenza due to novel or pandemic strains</b></li> <li>☎ <b>Influenza-associated pediatric mortality (in persons &lt; 18 years)</b></li> <li>• Lead Poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC</li> <li>• Legionellosis</li> <li>• Leptospirosis</li> <li>☎ <b>Listeriosis</b></li> <li>• Lyme disease</li> <li>• Malaria</li> <li>! <b>Measles (Rubeola)</b></li> <li>! <b>Melioidosis</b></li> <li>• Meningitis (bacterial, cryptococcal, mycotic)</li> <li>! <b>Meningococcal disease (includes meningitis and meningococemia)</b></li> <li>• Mercury poisoning</li> <li>• Mumps</li> <li>☎ <b>Neurotoxic shellfish poisoning</b></li> <li>☎ <b>Pertussis</b></li> <li>• Pesticide-related illness and injury</li> </ul>
<b>TB CONTROL - (904) 253-1070</b>	<ul style="list-style-type: none"> <li>• Tuberculosis (TB)</li> </ul>	
<b>CANCER - (305) 243-4600</b>	<ul style="list-style-type: none"> <li>+ Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)</li> </ul>	
<b>ALL OTHERS - (904) 253-1850</b>	<ul style="list-style-type: none"> <li>! <b>Any disease outbreak</b></li> <li>! <b>Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.</b></li> <li>• Amebic encephalitis</li> <li>• Anaplasmosis</li> <li>! <b>Anthrax</b></li> <li>• Arsenic poisoning</li> <li>! <b>Botulism (foodborne, wound, unspecified, other)</b></li> <li>• Botulism (infant)</li> <li>! <b>Brucellosis</b></li> <li>• California serogroup virus (neuroinvasive and non-neuroinvasive disease)</li> <li>• Campylobacteriosis</li> <li>• Carbon monoxide poisoning</li> <li>! <b>Cholera</b></li> <li>• Ciguatera fish poisoning (Ciguatera)</li> </ul>	

! = 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