Notable Investigation of the Month

Norovirus Cluster at a Long Term Care Facility – Duval County

On January 18th, the FDOH in Duval County Epidemiology Program was notified by a local nursing care facility of a group of staff and residents with nausea, vomiting, and diarrhea. The first onset of illness was 01/15/13. The last case’s onset was 01/25/13 and a total of 18/114 (15.8%) residents and 5/159 (3.1%) staff had become ill. Person to person spread was the suspected mode of transmission. Six stool specimens were collected and three tested positive for Norovirus G2. Further typing is pending at the CDC lab. Prevention and control guidance were provided to the facility. Through the prompt control and prevention measures implemented by the staff of the facility, this cluster was controlled quickly.

In response to the heightened statewide activity, the FDOH in Duval County Epidemiology Program distributed notifications including resources for control of norovirus to Duval County long-term care & assisted living facilities on December 18, 2012. Prevention and control measures for specific facility types can be found at http://www.doh.state.fl.us/Environment/medicine/foodsurveillance/norovirus.htm.
Summary

Reported cases of salmonellosis decreased and other reported enteric diseases reported remained low in January (Figure 2). Fifteen (15) cases of salmonellosis were reported in January, which is lower than the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 19.0 cases for January. The most represented age group of reported cases of salmonellosis for 2013 (6/15, 40.0%) occurred in the 0-4 age group. Cases of giardiasis (11) and shigellosis (1) increased in January and cases of campylobacteriosis (4) decreased (Figure 2).

Norovirus activity appears to be decreasing in Florida. During January, ten (10) outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. Four of the reported outbreaks have been confirmed as Norovirus GII per the last report in EpiCom, one was confirmed Norovirus GI and one was confirmed norovirus with the type not reported. One outbreak of confirmed Norovirus GII was reported in Duval County during January (Source: FDENS EpiCom & FDOH in Duval surveillance). Central and south Florida have reported seven outbreaks from October through mid-December that were confirmed Norovirus GII.4 Sydney genotype. For more information on this genotype, go to http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20345. For prevention information, visit http://www.cdc.gov/norovirus/ & http://www.doh.state.fl.us/Environment/medicine/foodsurveillance/norovirus.htm.

ESSENCE Reportable Disease Surveillance Data

**Figure 2:** Reported Cases of Select Enteric Conditions by Report Month, Duval County, June 2007 – January 2013

Additional Enteric Disease Trends Update

**Figure 3:** Reported Cases of Salmonellosis by Report Week-Duval County - 2010-2013

**Figure 4:** Reported Cases of Shigellosis by Report Week-Duval County - 2010-2013
Summary

Currently, influenza-like illness (ILI) activity is at a moderate level and is decreasing. In Duval County, ED visits for ILI as monitored through ESSENCE have increased above 2% for weeks 49-8 (Figure 5). In January, there were thirty-five (35) positive influenza results within Duval County that were tested at the Bureau of Public Health Labs (BPHL) - Jacksonville. ILI ED visits in all age groups are decreasing (Figure 6). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/reports.htm

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 October-2010 to mid-February-2013

The Florida Department of Health in Duval County www.DCHD.net (904) 253-1850 Report prepared by Karen Elliott, MPH, CHES karen_elliott@doh.state.fl.us – All data are provisional
Summary

Within the last month, Influenza B, unspecified (5) and Influenza A H3 (30) were detected by the Bureau of Public Health Laboratories (BPHL). Influenza B, unspecified (13) and Influenza A, unspecified (133) were detected by private labs using rapid antigen testing (as reported through Electronic Lab Reporting (ELR), Figure 8). Of the ninety-four (94) specimens received by the Bureau of Labs and testing positive for influenza in Duval County this influenza season, fifty-two (55.3%) were influenza A H3, one (0.01%) was influenza A H1N1 2009, thirty (31.9%) were influenza B, and eleven (11.7%) were influenza A, unspecified.

Figure 7: Number of Specimens Tested by FL Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date – Week 40, 2010 to Week 7, 2013 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 40, 2010 to Week 8, 2012 - Duval County
Summary
Circulation of influenza increased in January. RSV decreased. RSV season for the North Region of Florida traditionally runs from September to March. Within the National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratory surveillance data for the North Florida region, the percent positive for influenza was 29.25% (239/817) (Figure 9) and 10.06% (106/1054) of RSV specimens were positive during the month of January (Figure 10). In December, the percent positive for influenza was 18.46% and for RSV was 21.41%.

Figure 9: NREVSS - Monthly Influenza Surveillance Data by Region (NORTH) - Reported From 06/01/2008 to 02/09/2012

Figure 10: NREVSS - Monthly RSV Surveillance Data by Region (NORTH) - Reported From 06/01/2008 to 02/09/2012
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).

**Imported Dengue:** 2013: Fourteen cases of dengue with onset in 2013 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: The Caribbean, Columbia (2), Dominican Republic (2), Jamaica, Philippines, Puerto Rico (6), and Saint Martin. Counties reporting cases were: Broward (3), Clay, Lee, Miami-Dade (5), Orange (3), and Palm Beach. Two of the cases were reported in non-Florida residents.

**Imported Malaria - 2013:** Five cases of malaria with onset in 2013 have been reported. Countries of origin were: Guinea, Guyana, Haiti (2), and Sierra Leone. County reporting case was: Hillsborough and Miami-Dade (4).

**Resources**
See the following web site for more information:
http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html
http://www.dchd.net/mosquitoborneillnessprevention.htm

### Table 1: Florida Mosquito-Borne Disease Surveillance Summary

<table>
<thead>
<tr>
<th>Mosquito-Borne Disease</th>
<th>Human</th>
<th>Horses</th>
<th>Sentinel Chickens</th>
<th>Wild Birds</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Nile Virus</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td>St. Louis Encephalitis Virus</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Highlands J Virus</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>California Encephalitis Group Viruses</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Eastern Equine Encephalitis Virus</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

**Figure 11: Florida Arbovirus Surveillance**

Florida Arbovirus Surveillance
January 01 - February 16, 2013

**State of Florida 2013 Case Summary**

**EEEV Infection Acquired in Florida:** One human case of EEEV infection with onset in January was reported in 2013 in a Levy County resident.

**Imported Dengue:**

2013: Fourteen cases of dengue with onset in 2013 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: The Caribbean, Columbia (2), Dominican Republic (2), Jamaica, Philippines, Puerto Rico (6), and Saint Martin. Counties reporting cases were: Broward (3), Clay, Lee, Miami-Dade (5), Orange (3), and Palm Beach. Two of the cases were reported in non-Florida residents.

**Imported Malaria - 2013:** Five cases of malaria with onset in 2013 have been reported. Countries of origin were: Guinea, Guyana, Haiti (2), and Sierra Leone. County reporting case was: Hillsborough and Miami-Dade (4).
Notable Trends and Statistics: New Carbapenem-Resistant Enterobacteriaceae Warrant Additional Action by Healthcare Providers (Source: CDC)

Carbapenem-resistant Enterobacteriaceae (CRE) are untreatable or difficult-to-treat multidrug-resistant organisms that are emerging in the United States. Because of increased reports of these multidrug-resistant organisms, CDC is alerting clinicians about the need for additional prevention steps regarding CRE.

CDC continues to recommend that facilities follow the CDC guidance for preventing the spread of CRE in healthcare settings (http://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html). Facilities should:

- Ensure that the patient is on Contact Precautions.
- Reinforce and evaluate adherence to hand hygiene and Contact Precautions for healthcare personnel who come into contact with the patient (e.g., enter the patient’s room).
- Since clinical cultures will identify only a minority of patients with CRE, screen epidemiologically linked patient contacts for CRE colonization with stool, rectal, or perirectal cultures. At a minimum, this should include persons with whom the CRE patient shared a room but could also include patients who were treated by the same healthcare personnel. A laboratory-based screening protocol is available here: (http://www.cdc.gov/HAI/pdfs/labSettings/Klebsiella_or_Ecoli.pdf).
- Should the patient be transferred to another healthcare facility, ensure that the presence of CRE colonization or infection is communicated to the accepting facility. An example transfer form is available here (http://www.cdc.gov/HAI/toolkits/InterfacilityTransferCommunicationForm11-2010.pdf).
- Dedicate rooms and staff to CRE patients when possible. It is preferred that staff caring for CRE patients do not also care for non-CRE patients.
- Remove temporary medical devices as soon as they are no longer needed.
- When a CRE is identified in a patient (infection or colonization) with a history of an overnight stay in a healthcare facility (within the last 6 months) outside the United States, send the isolate to a reference laboratory for confirmatory susceptibility testing and test to determine the carbapenem resistance mechanism; at a minimum, this should include evaluation for KPC and NDM carbapenemases.
- For patients admitted to healthcare facilities in the United States after recently being hospitalized (within the last 6 months) in countries outside the United States, consider each of the following:
  - Perform rectal screening cultures to detect CRE colonization.
  - Place patients on Contact Precautions while awaiting the results of these screening cultures.

Tuberculosis (TB) Surveillance – Duval County - 1/1/2012 through 12/31/2012 – All Data are Provisional

Seventy-one (71) cases of TB were reported by Duval County in 2011.

For more tuberculosis surveillance data see: http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2012/MSR2012.html
### Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, January 2013

| A. Vaccine Preventable Diseases | Duval County | | | Florida | | |  
|-------------------------------|--------------|---|---|--------------|---|---|               |
| | Month | 2012 | 2011 | Mean† | Median¶ | Cumulative (YTD) | 2012 | 2011 | Mean† | Median¶ | Cumulative (YTD) | 2012 | 2011 | Mean† | Median¶ |  
| | |  |  |  |  | |  |  |  |  | | |  |  |  |  |  
| Diphtheria | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  
| Measles | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  
| Mumps | 0 | 1 | 0.20 | 0 | 0 | 0 | 1 | 0 | 0 | 1.40 | 1 | 0 | 2 |  
| Pertussis | 0 | 0 | 2.00 | 0 | 0 | 0 | 25 | 28 | 21.80 | 21 | 25 | 28 |  
| Rubella | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |  
| Tetanus | 0 | 0 | 0.00 | 0 | 0 | 0 | 2 | 0 | 0.00 | 0 | 2 | 0 |  
| Varicella | 5 | 1 | 2.00 | 1 | 5 | 1 | 64 | 83 | 79.80 | 83 | 64 | 83 |  
| B. CNS Diseases & Bacteremias | | | | | | | | | | | | | |  
| | | | | | | | | | | | | |  
| Creutzfeldt-Jakob Disease | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 1.4 | 1 | 2 | 1 |  
| *H. influenzae* (invasive) | 2 | 1 | 1.00 | 1 | 2 | 1 | 25 | 17 | 18.8 | 19 | 25 | 17 |  
| Meningitis (bacterial, cryptococcal, mycotic) | 2 | 1 | 1.20 | 1 | 2 | 1 | 14 | 19 | 16.4 | 13 | 14 | 19 |  
| Meningococcal Disease | 0 | 0 | 0.00 | 0 | 0 | 0 | 10 | 3 | 5 | 5 | 10 | 3 |  
| Staphylococcus aureus (VISA, VRSA) | 0 | 0 | 0.00 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 |  
| *Streptococcus pneumoniae* (invasive disease) | | | | | | | | | | | | | |  
| | | | | | | | | | | | | |  
| Drug resistant | 2 | 1 | 2.60 | 2 | 2 | 1 | 83 | 56 | 87.6 | 92 | 83 | 56 |  
| Drug susceptible | 3 | 1 | 4.20 | 5 | 3 | 1 | 98 | 74 | 85.2 | 83 | 98 | 74 |  
| Streptococcal Disease, Group A, Invasive | 0 | 0 | 2.00 | 2 | 0 | 0 | 26 | 21 | 24.2 | 22 | 26 | 21 |  
| C. Enteric Infections | | | | | | | | | | | | | |  
| | | | | | | | | | | | | |  
| Campylobacteriosis | 4 | 7 | 5.80 | 7 | 4 | 7 | 113 | 191 | 104.6 | 84 | 113 | 191 |  
| Cryptosporidiosis | 0 | 3 | 3.00 | 3 | 0 | 3 | 26 | 32 | 26.6 | 26 | 26 | 32 |  
| Cyclosporiasis | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 |  
| *Escherichia coli*, Shiga-toxin producing** | 0 | 0 | 0.60 | 0 | 0 | 0 | 14 | 16 | 8.6 | 5 | 14 | 16 |  
| Giardiasis | 11 | 8 | 5.60 | 3 | 11 | 8 | 99 | 66 | 108.4 | 98 | 99 | 66 |  
| Hemolytic Uremic Syndrome | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  
| Listeriosis | 0 | 0 | 0.00 | 0 | 0 | 0 | 4 | 2 | 3 | 3 | 4 | 2 |  
| Salmonellosis | 15 | 16 | 19.00 | 16 | 15 | 16 | 307 | 289 | 301.8 | 294 | 307 | 289 |  
| Shigellosis | 1 | 0 | 2.60 | 1 | 1 | 0 | 30 | 94 | 83.6 | 94 | 30 | 94 |  
| Typhoid Fever | 0 | 0 | 0.00 | 0 | 0 | 0 | 1 | 1 | 1.2 | 1 | 1 | 1 |  

*Recently Reported Diseases/Conditions in Florida*
# Recently Reported Diseases/Conditions in Florida

## D. Viral Hepatitis

<table>
<thead>
<tr>
<th>Disease</th>
<th>Month</th>
<th>Cumulative (YTD)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
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<td></td>
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<td>0</td>
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<td>0</td>
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<td></td>
</tr>
<tr>
<td>Hepatitis B + HBsAg in pregnant women</td>
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<td>4</td>
<td></td>
<td>4.40</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>36</td>
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<td>Hepatitis B, Acute</td>
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<td></td>
<td>1.40</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>29</td>
<td>17</td>
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<tr>
<td>Hepatitis C, Acute</td>
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<td>0.20</td>
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<td>18</td>
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## E. Vector Borne, Zoonoses

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<th>Cumulative (YTD)</th>
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<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Animal Rabies</td>
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<td></td>
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<td>0</td>
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<td>0</td>
<td>8</td>
<td>9</td>
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<tr>
<td>Ciguatera</td>
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<td>5</td>
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<tr>
<td>Dengue Fever</td>
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<td>0.20</td>
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<td>Eastern Equine Encephalitis††</td>
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<td>Leptospirosis</td>
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<td>Lyme Disease</td>
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<td>0</td>
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<td>8</td>
<td>14</td>
</tr>
<tr>
<td>St. Louis Encephalitis††</td>
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<tr>
<td>West Nile Virus††</td>
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## F. Others

<table>
<thead>
<tr>
<th>Disease</th>
<th>Month</th>
<th>Cumulative (YTD)</th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Botulism-infant</td>
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<td>0</td>
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</tr>
<tr>
<td>Brucellosis</td>
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<td></td>
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<td>0</td>
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<td>1</td>
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<tr>
<td>Carbon Monoxide Poisoning</td>
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<td>0</td>
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<td>Hansens Disease (Leprosy)</td>
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<td>Legionellosis</td>
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<td>3</td>
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<td>0</td>
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<td>3</td>
<td>22</td>
<td>24</td>
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<tr>
<td>Vibrios</td>
<td>3</td>
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<td></td>
<td>0.00</td>
<td>-</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2012 is 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
**Table 4:** Duval County Reported Sexually Transmitted Disease for Summary for 2012

<table>
<thead>
<tr>
<th>Sex</th>
<th>Area 4</th>
<th>%</th>
<th>Duval</th>
<th>%</th>
<th>Sex</th>
<th>Area 4</th>
<th>%</th>
<th>Duval</th>
<th>%</th>
<th>Sex</th>
<th>Area 4</th>
<th>%</th>
<th>Duval</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infectious and Early Latent Syphilis Cases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Chlamydia Cases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Gonorrhea Cases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>78</td>
<td>80%</td>
<td>66</td>
<td>79%</td>
<td>Male</td>
<td>1,997</td>
<td>29%</td>
<td>1,607</td>
<td>30%</td>
<td>Male</td>
<td>964</td>
<td>50%</td>
<td>872</td>
<td>51%</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>20%</td>
<td>18</td>
<td>21%</td>
<td>Female</td>
<td>4,780</td>
<td>71%</td>
<td>3,691</td>
<td>70%</td>
<td>Female</td>
<td>974</td>
<td>50%</td>
<td>845</td>
<td>49%</td>
</tr>
<tr>
<td>Race</td>
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<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>16</td>
<td>17%</td>
<td>11</td>
<td>13%</td>
<td>White</td>
<td>1,336</td>
<td>20%</td>
<td>893</td>
<td>17%</td>
<td>White</td>
<td>237</td>
<td>12%</td>
<td>194</td>
<td>11%</td>
</tr>
<tr>
<td>Black</td>
<td>70</td>
<td>72%</td>
<td>66</td>
<td>79%</td>
<td>Black</td>
<td>3,320</td>
<td>49%</td>
<td>3,098</td>
<td>59%</td>
<td>Black</td>
<td>1,326</td>
<td>68%</td>
<td>1,269</td>
<td>74%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>4%</td>
<td>3</td>
<td>4%</td>
<td>Hispanic</td>
<td>199</td>
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<td>171</td>
<td>3%</td>
<td>Hispanic</td>
<td>48</td>
<td>3%</td>
<td>39</td>
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</tr>
<tr>
<td>Other</td>
<td>7</td>
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<td>4</td>
<td>4%</td>
<td>Other</td>
<td>1,922</td>
<td>28%</td>
<td>1,136</td>
<td>21%</td>
<td>Other</td>
<td>327</td>
<td>17%</td>
<td>215</td>
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<tr>
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<td>0-14</td>
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<td>1%</td>
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<td>5</td>
<td>6%</td>
<td>15-19</td>
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<td>28%</td>
<td>1,454</td>
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<td>15-19</td>
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<td>25%</td>
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<td>2,721</td>
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<td>2,104</td>
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<td>20-24</td>
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<tr>
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<td>23</td>
<td>27%</td>
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<td>1,146</td>
<td>17%</td>
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<tr>
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<td>23%</td>
<td>21</td>
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<td>30-39</td>
<td>691</td>
<td>10%</td>
<td>578</td>
<td>11%</td>
<td>30-39</td>
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<td>40-49</td>
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<td>3%</td>
<td>40-49</td>
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<td>50+</td>
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<td>4%</td>
<td>3</td>
<td>4%</td>
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<td>1%</td>
<td>30</td>
<td>1%</td>
<td>50+</td>
<td>27</td>
<td>1%</td>
<td>24</td>
<td>1%</td>
</tr>
<tr>
<td>Total Cases</td>
<td>97</td>
<td></td>
<td>84</td>
<td></td>
<td>Total Cases</td>
<td>6,777</td>
<td></td>
<td>5,298</td>
<td></td>
<td>Total Cases</td>
<td>1,938</td>
<td></td>
<td>1,717</td>
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</tr>
</tbody>
</table>

Please note that STD numbers are provisional.

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

**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](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.

**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.

**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 syndromes 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)
- Influenza Surveillance Reports: [http://www.doh.state.fl.us/disease Ctrl/epi/htopics/flu/reports.htm](http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/reports.htm)
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*

AIDS, HIV - (904) 253-2992
+ Acquired Immune Deficiency Syndrome (AIDS)
+ Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)

STD - (904) 253-2974
• Chancroid
• Chlamydia
• Conjunctivitis (in neonates ≤ 14 days old)
• Gonorrhea
• Granuloma inguinale
• 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)
• Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)
• Lymphogranuloma venereum (LGV)
• Syphilis
• Syphilis (in pregnant women and neonates)

TB CONTROL - (904) 253-1070
• Tuberculosis (TB)

CANCER - (305) 243-4600
+ Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)

ALL OTHERS - (904) 253-1850
! Any disease outbreak

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.

• Amoebic encephalitis
• Anaplasmosis
• Anthrax
• Arsenic poisoning
• Botulism (foodborne, wound, unspecified, other)
• Botulism (infant)
• Brucellosis
• California serogroup virus (neuroinvasive and non-neuroinvasive disease)
• Campylobacteriosis
• Carbon monoxide poisoning
• Cholera
• Ciguatera fish poisoning (Ciguatera)
• Congenital anomalies
• Creutzfeldt-Jakob disease (CJD)
• Cryptosporidiosis
• Cyclosporiasis
• Dengue
• Diphtheria
• Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
• Ehrlichiosis
• Encephalitis, other (non-arboviral)
• Enteric disease due to: Escherichia coli, O157:H7
• Escherichia coli, other pathogenic E. coli including entero- toxicigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains
• Giardiasis
• Gianders
• Haemophilus influenzae (meningitis and invasive disease)
• Hansen’s disease (Leprosy)
• Hantavirus infection
• Hemolytic uremic syndrome
• Hepatitis A
• Hepatitis B, C, D, E, and G
• Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)
• Influenza due to novel or pandemic strains
• Influenza-associated pediatric mortality (in persons ≤ 18 years)
• 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
• Legionellosis
• Leptospirosis
• Listeriosis
• Lyme disease
• Malaria
• Measles (Rubeola)
• Melioidosis
• Meningitis (bacterial, cryptococcal, mycotic)
• Meningococcal disease (includes meningitis and meningococcemia)
• Mercury poisoning
• Mumps
• Neurotoxic shellfish poisoning
• Pertussis
• Pesticide-related illness and injury

! Plague
! Poliomyelitis, paralytic and non-paralytic
! Psittacosis (Oromisis)
! Q Fever
! Rabies (human, animal)
! Rabies (possible exposure)
! Racin toxicity
! Rocky Mountain spotted fever
! Rubella (including congenital)
! St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
! Salmonellosis
! Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
! Shigellosis
! Smallpox
! Staphylococcus aureus, community associated mortality
! Staphylococcus aureus (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
! Staphylococcus enterotoxin B (disease due to)
! Streptococcal disease (invasive, Group A)
! Streptococcus pneumoniae (invasive disease)
! Tetanus
! Toxoplasmosis (acute)
! Trichinellois (Trichinosis)
! Tularemia
! Typhoid fever
! Typhus fever (disease due to Rickettsia prowazekii infection)
! Typhus fever (disease due to Rickettsia typhi, R. felis infection)
! Vaccinia disease
! Varicella (Chickenpox)
! Varicella mortality
! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
! Vibriosis (Vibrio infections)
! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
! West Nile virus disease (neuroinvasive and non-neuroinvasive)
! Yellow fever