

Duval County Epidemiology Surveillance Report

The Florida Department of Health (FDOH) in Duval County, Epidemiology
January 2013



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 – January 2013

The month of January 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. FDOH in Duval continues to observe enteric illnesses with an apparent decrease in norovirus activity seen in the state and decreasing salmonellosis cases.

The CDC's Health Advisory "New Carbapenem-Resistant Enterobacteriaceae Warrant Additional Action by Healthcare Providers" information is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* summarizes a norovirus cluster in Duval County.

Table of Contents

Enteric Disease Overview	Page 2
▪ Salmonellosis activity decreases, norovirus activity decreasing in Florida	
Respiratory Disease & Influenza-like Illness Overview	Pages 3 - 5
▪ Influenza and RSV decreases	
Mosquito-borne Illness Surveillance	Page 6
Other Notable Trends and Statistics	Page 7
▪ New Carbapenem-Resistant Enterobacteriaceae Warrant Additional Action by Healthcare Providers	
▪ TB surveillance – Duval County – 86 active cases reported in Duval in 2012	
Table of Recently Reported Diseases/Conditions	Pages 8-9
Sexually Transmitted Disease Data	Page 10
Data Dictionary	Page 11
List of Reportable Diseases and Conditions	Page 12

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>.

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

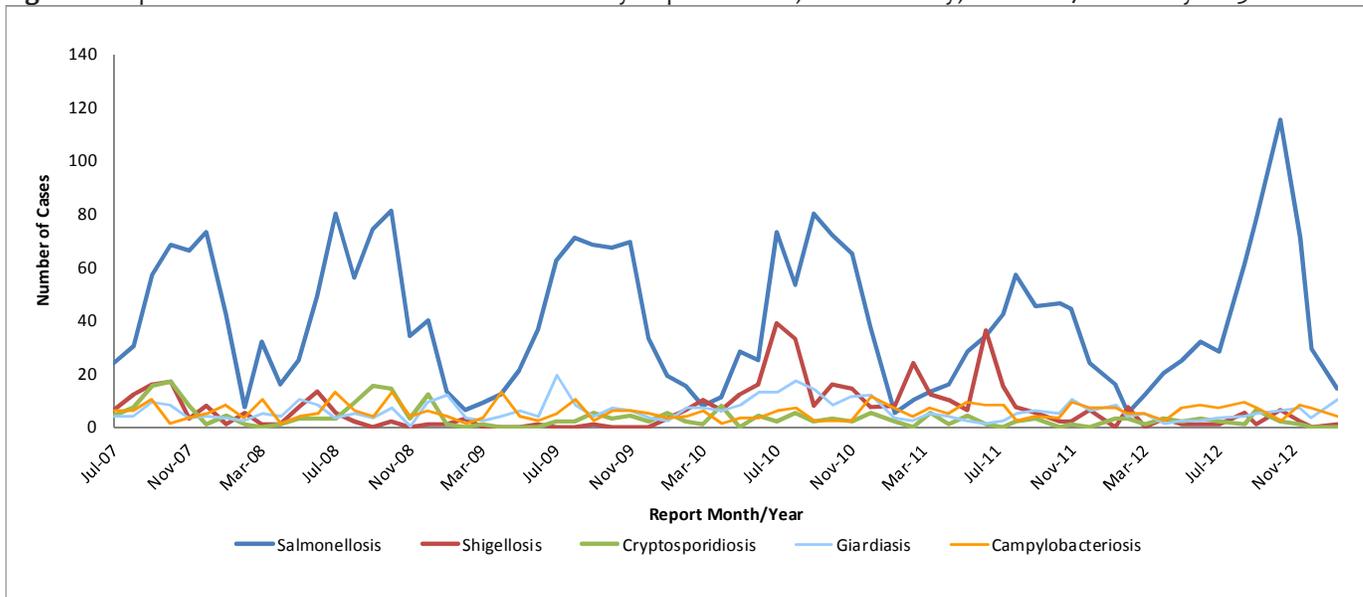
Summary

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

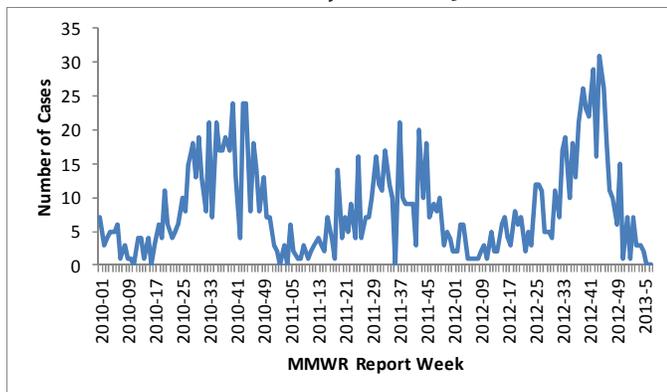
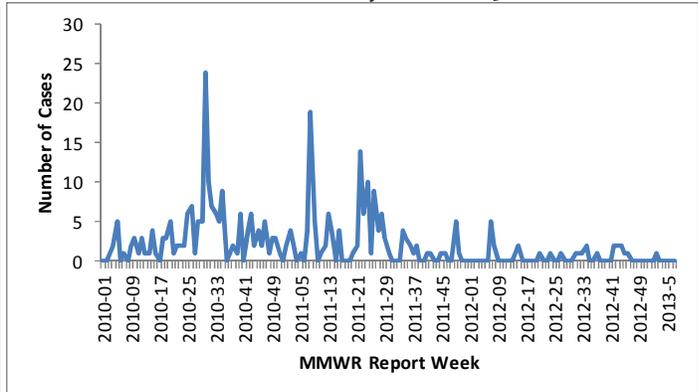


Figure 4: Reported Cases of Shigellosis by Report Week - Duval County - 2010-2013



Respiratory Disease & ILI Overview

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/httopics/flu/reports.htm

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

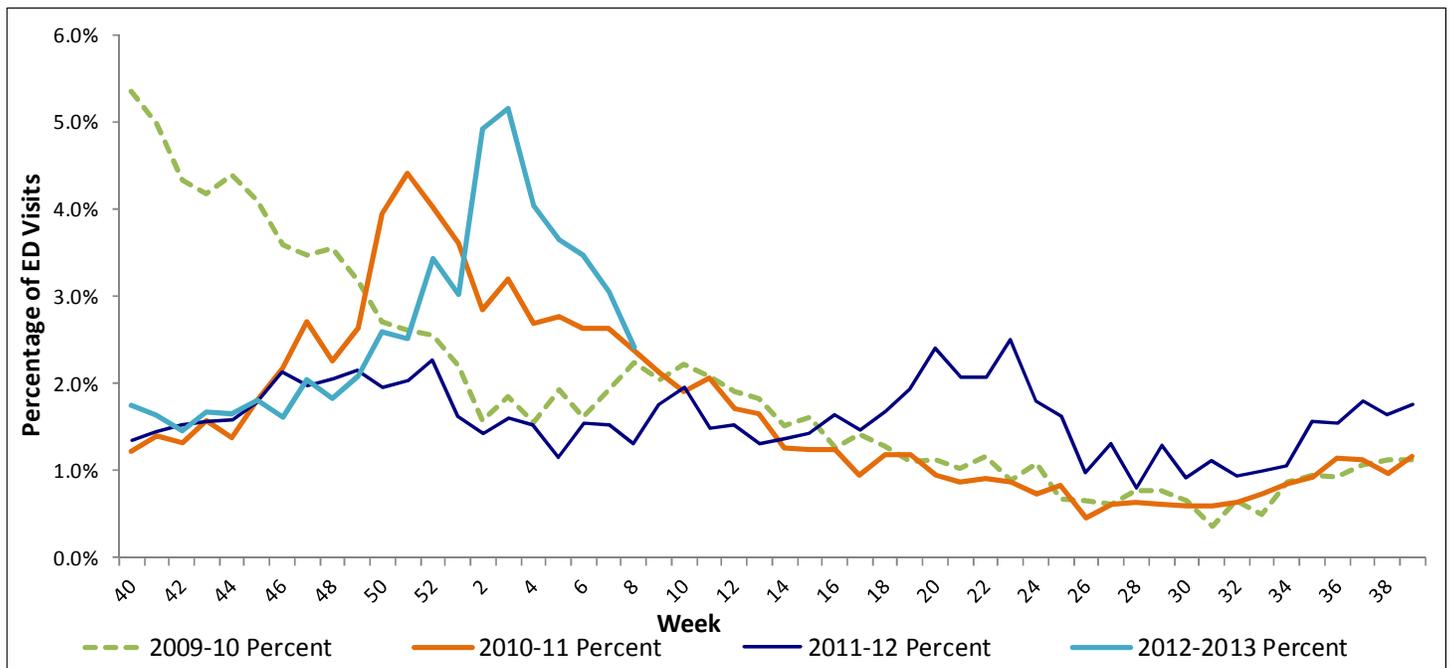
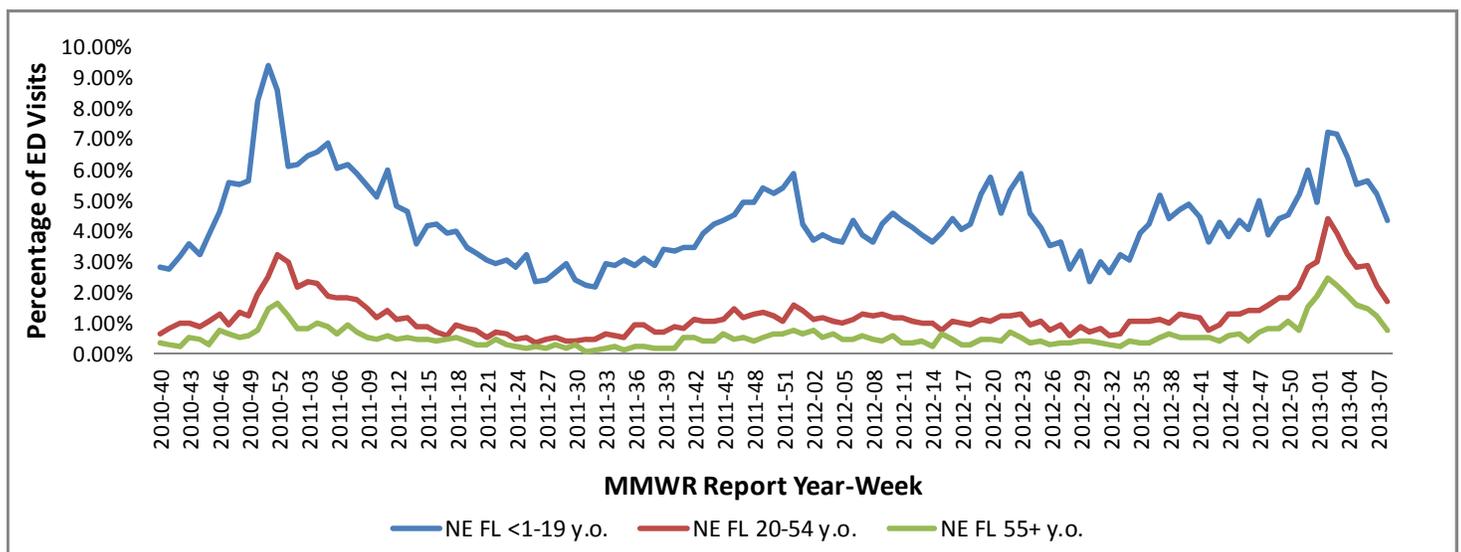


Figure 6: Age Comparison of ILI ED Visits – NE FL ESSENCE Facilities - Reported From October-2010 to mid-February-2013



Respiratory Disease & ILI Overview Continued

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

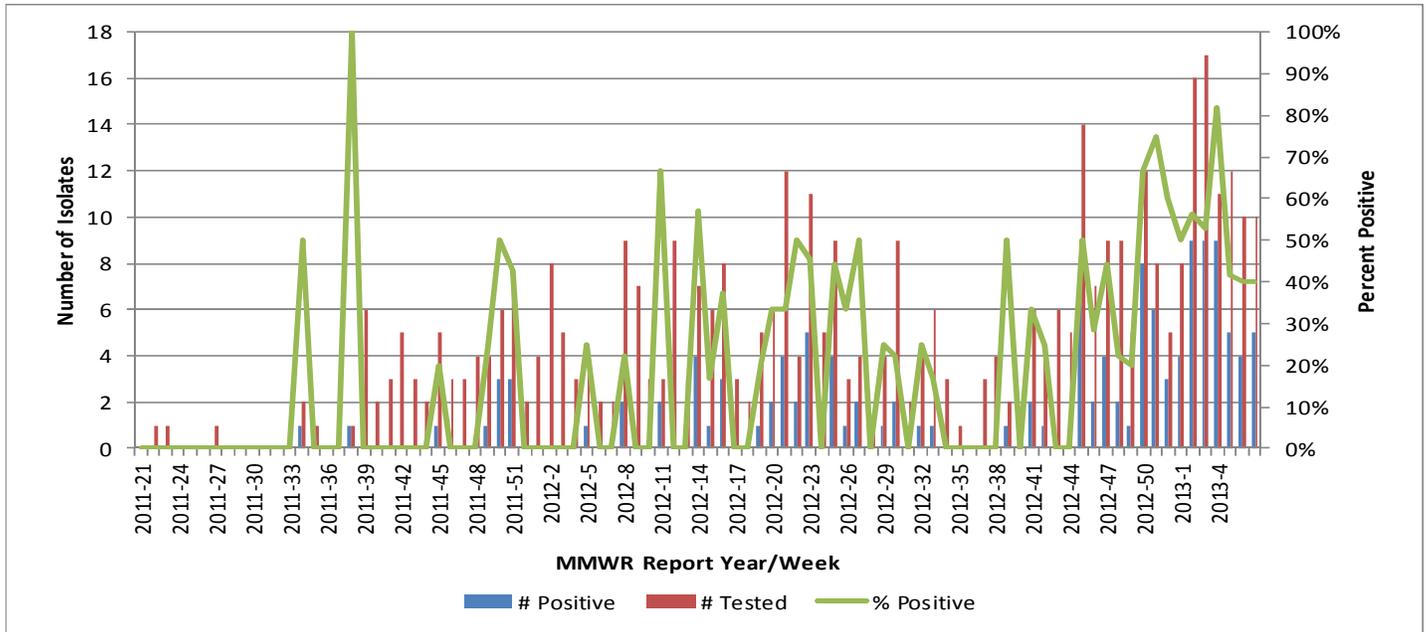
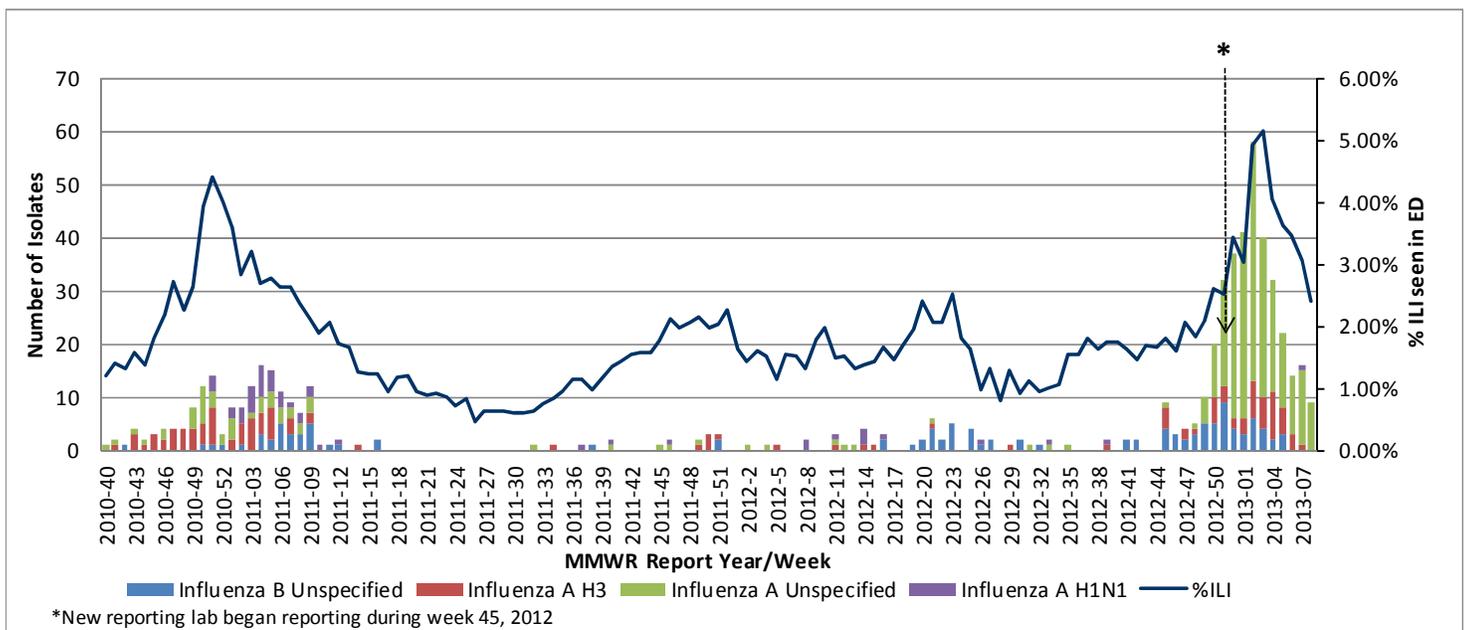


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 40, 2010 to Week 8, 2012 - Duval County



Respiratory Virus Surveillance (NREVSS N. Region)

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

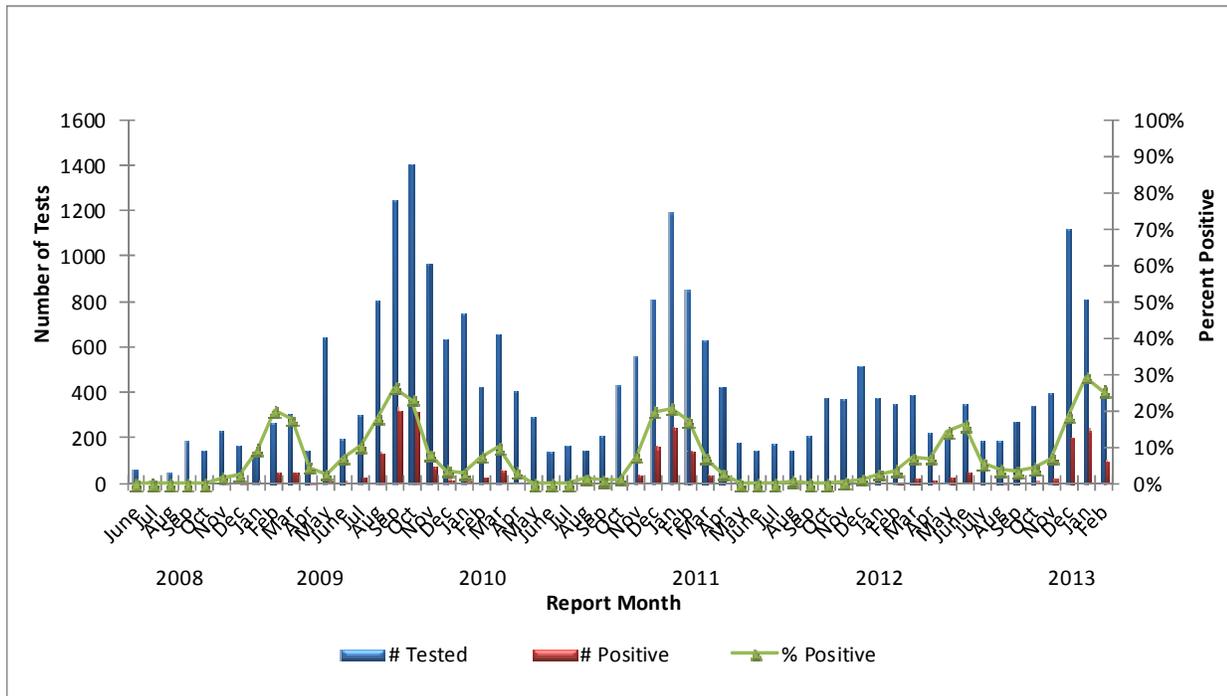
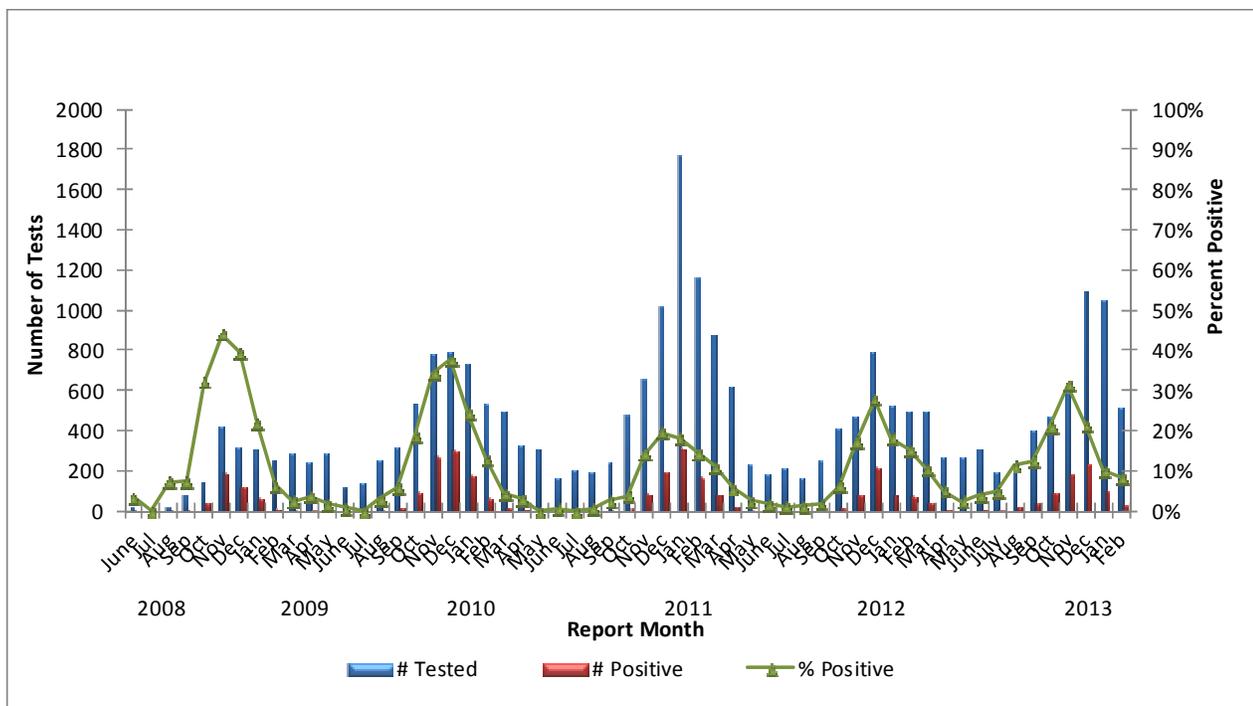


Figure 10: NREVSS - Monthly RSV Surveillance Data by Region (NORTH) - Reported From 06/01/2008 to 02/09/2012



Florida Mosquito-Borne Disease 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 11: Florida Arbovirus Surveillance
(January 1- February 16, 2012)



Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through February 16, 2012)				
Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Wild Birds
West Nile Virus	-	-	11	-
St. Louis Encephalitis Virus	-	-	1	0
Highlands J Virus	-	-	-	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	1	3	1	-

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).

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>

Other notable trends and statistics

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.

Table 2: Demographics and risk factors of TB cases reported year-to-date for 2012.

	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Risk Factors			
Male	55	86	64.0%	Excess alcohol use within past year	25	86	29.1%
Female	31	86	36.0%	HIV co-infection*	15	86	17.4%
Country of Origin				Illicit drug use within past year	16	86	18.6%
U.S.	66	86	76.7%	Homeless	20	86	23.3%
Non-U.S.	20	86	23.3%	Incarcerated at diagnosis	3	86	3.5%
Age Group				Unemployed	46	86	53.5%
0-9	3	86	3.5%	Ethnicity			
10-19	4	86	4.7%	Asian	12	86	14.0%
20-29	10	86	11.6%	Black	49	86	57.0%
30-39	13	86	15.1%	White	24	86	27.9%
40-49	17	86	19.8%	Hispanic	1	86	1.2%
50-59	24	86	27.9%	Drug Resistance (1/1/2012 through 08/31/12)			
≥ 60	15	86	17.4%	Resistant to isoniazid	2	86	2.3%

* 3 people refused HIV testing, 11 people have not been offered HIV testing at the time of this report

For more tuberculosis surveillance data see: http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2012/MSR2012.html

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, January 2013

	Duval County					Florida						
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2012	2011	Mean†	Median¶	2012	2011	2012	2011	Mean†	Median¶	2012	2011
A. Vaccine Preventable Diseases												
Diphtheria	0	0	0.00	0	0	0	0	0	0.00	0	0	0
Measles	0	0	0.00	0	0	0	4	0	0.40	0	4	0
Mumps	0	1	0.20	0	0	1	0	2	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	0.00	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
<i>H. influenzae</i> (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
<i>Streptococcus pneumoniae</i> (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
<i>Escherichia coli</i> , 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

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2012	2011	Mean†	Median¶	2012	2011	2012	2011	Mean†	Median¶	2012	2011
D. Viral Hepatitis												
Hepatitis A	1	0	0.00	0	1	0	4	6	10.2	7	4	6
Hepatitis B +HBsAg in pregnant women	3	4	4.40	4	3	4	36	24	40.2	42	36	24
Hepatitis B, Acute	2	1	1.40	1	2	1	29	17	22	23	29	17
Hepatitis C, Acute	0	1	0.20	0	0	1	18	8	4.6	5	18	8
E. Vector Borne, Zoonoses												
Animal Rabies	0	0	0.00	0	0	0	8	9	8.4	8	8	9
Ciguatera	0	0	0.00	0	0	0	1	5	2.4	2	1	5
Dengue Fever	0	0	0.20	0	0	0	27	5	3.8	4	27	5
Eastern Equine Encephalitis††	0	0	0	-	0	0	1	0	0	-	1	0
Ehrlichiosis/Anaplasmosis¶¶	0	0	0	-	0	0	0	0	0.1	-	0	0
Leptospirosis	0	0	0.00	0	0	0	0	0	0	0	0	0
Lyme Disease	0	2	0.40	0	0	2	7	11	4.4	3	7	11
Malaria	1	2	0.40	0	1	2	8	14	9.4	9	8	14
St. Louis Encephalitis††	0	0	0	-	0	0	0	0	0	-	0	0
West Nile Virus††	0	0	0	-	0	0	0	0	0	-	0	0
F. Others												
Botulism-infant	0	0	0.00	0	0	0	0	0	0	0	0	1
Brucellosis	0	0	0.00	0	0	0	1	1	1	1	1	1
Carbon Monoxide Poisoning	0	0	0.20	0	0	0	1	2	8.8	2	1	2
Hansens Disease (Leprosy)	0	0	0.20	0	0	0	1	0	0.4	0	1	0
Legionellosis	2	3	0.60	0	2	3	22	24	14.8	13	22	24
Vibrios	3	0	0.00	-	3	0	5	6	0.5	-	5	6

* 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

Recently Reported Diseases/Conditions in Florida

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for 2012

Infectious and Early Latent Syphilis Cases				
Sex	Area 4	%	Duval	%
Male	78	80%	66	79%
Female	19	20%	18	21%
Race	Area 4	%	Duval	%
White	16	17%	11	13%
Black	70	72%	66	79%
Hispanic	4	4%	3	4%
Other	7	7%	4	4%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	5	5%	5	6%
20-24	23	24%	21	25%
25-29	28	29%	23	27%
30-39	22	23%	21	25%
40-49	15	15%	11	13%
50+	4	4%	3	4%
Total Cases	97		84	

Chlamydia Cases				
Sex	Area 4	%	Duval	%
Male	1,997	29%	1,607	30%
Female	4,780	71%	3,691	70%
Race	Area 4	%	Duval	%
White	1,336	20%	893	17%
Black	3,320	49%	3,098	59%
Hispanic	199	3%	171	3%
Other	1,922	28%	1136	21%
Age	Area 4	%	Duval	%
0-14	56	1%	42	1%
15-19	1,929	28%	1,454	27%
20-24	2,721	40%	2,104	40%
25-29	1,146	17%	933	17%
30-39	691	10%	578	11%
40-54	194	3%	157	3%
55+	40	1%	30	1%
Total Cases	6,777		5,298	

Gonorrhea Cases				
Sex	Area 4	%	Duval	%
Male	964	50%	872	51%
Female	974	50%	845	49%
Race	Area 4	%	Duval	%
White	237	12%	194	11%
Black	1,326	68%	1,269	74%
Hispanic	48	3%	39	2%
Other	327	17%	215	13%
Age	Area 4	%	Duval	%
0-14	8	0%	6	0%
15-19	398	21%	359	21%
20-24	682	35%	599	35%
25-29	380	20%	338	20%
30-39	307	16%	276	16%
40-54	136	7%	115	7%
55+	27	1%	24	1%
Total Cases	1,938		1,717	

Please note that STD numbers are provisional.

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

For more STD surveillance data see: http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2012/MSR2012.html

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.

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 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
Florida Annual Morbidity Reports http://www.doh.state.fl.us/disease_ctrl/epi/Morbidity_Report/amr.html
Influenza Surveillance Reports 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*

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

AIDS, HIV - (904) 253-2992	<ul style="list-style-type: none"> • Congenital anomalies • Creutzfeldt-Jakob disease (CJD) • Cryptosporidiosis • Cyclosporiasis • Dengue 	<ul style="list-style-type: none"> ! Plague ! Poliomyelitis, paralytic and non-paralytic • Psittacosis (Ornithosis) • Q Fever
<ul style="list-style-type: none"> + Acquired Immune Deficiency Syndrome (AIDS) + Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn) 	<ul style="list-style-type: none"> ! Diphtheria • Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) • Ehrlichiosis • Encephalitis, other (non-arboviral) 	<ul style="list-style-type: none"> ☎ Rabies (human, animal) ! Rabies (possible exposure) ! Ricin 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 • <i>Staphylococcus aureus</i>, community associated mortality ☎ <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA) ☎ <i>Staphylococcus enterotoxin B</i> (disease due to) • Streptococcal disease (invasive, Group A) • <i>Streptococcus pneumoniae</i> (invasive disease) • Tetanus • Toxoplasmosis (acute) • Trichinellosis (Trichinosis) ! Tularemia ☎ Typhoid fever ! Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection) • Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> 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) • Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) ! Yellow fever
STD - (904) 253-2974	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> ☎ Enteric disease due to: <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 • Giardiasis ! Glanders ! <i>Haemophilus influenzae</i> (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 meningococemia) • Mercury poisoning • Mumps ☎ Neurotoxic shellfish poisoning ☎ Pertussis • Pesticide-related illness and injury
TB CONTROL - (904) 253-1070	<ul style="list-style-type: none"> • Tuberculosis (TB) 	
CANCER - (305) 243-4600	<ul style="list-style-type: none"> + Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) 	
ALL OTHERS - (904) 253-1850	<ul style="list-style-type: none"> ! 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. • Amebic 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) 	

! = 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