

# Duval County Epidemiology Surveillance Report

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

The month of July 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.

Enteric disease activity continues. FDOH in Duval continues to observe low levels of respiratory viruses circulating in Duval.

Recent cases of cyclosporiasis in Florida are highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* summarizes a cluster of gastrointestinal illness at a summer camp in Duval County.

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## Notable Investigation of the Month Norovirus Cluster at a Summer Camp in Duval County

On 7/8/13, the Duval County Epidemiology Program received notification of a possible outbreak from a camp liaison stating that several students and staff were ill with diarrhea and vomiting. There were two groups at the camp. Epidemiology staff worked with our School Health Program to disseminate information and with Environmental Health (EH) who inspected the kitchen and found it to be satisfactory. No ill food handlers were identified. EH also completed a pool inspection at a neighboring school pool that was utilized by the two groups. The inspection was satisfactory as well. The Epidemiology Program and EH provided the camp director with recommendations for the prevention of further spread. A total of 17 of 94 individuals at the camp were reported ill (attack rate= 18.1%). Eleven staff and six children at the camp reported symptoms. Onset dates ranged from 7/1/2013-7/10/13. The ages of the staff ranged from 15-26 and the ages of the children ranged from 10-14. Predominant symptoms included fatigue (17), vomiting (15), abdominal cramps (12), nausea (11), and diarrhea (5). Two individuals submitted stool specimens. One of those individuals was positive for Norovirus GII. The camp director intends to maintain a relationship with the Epidemiology Program so further education and prevention guidance can be provided for future camps.

Figure 1: ESSENCE Hospitals



# Enteric Disease Overview

## Summary

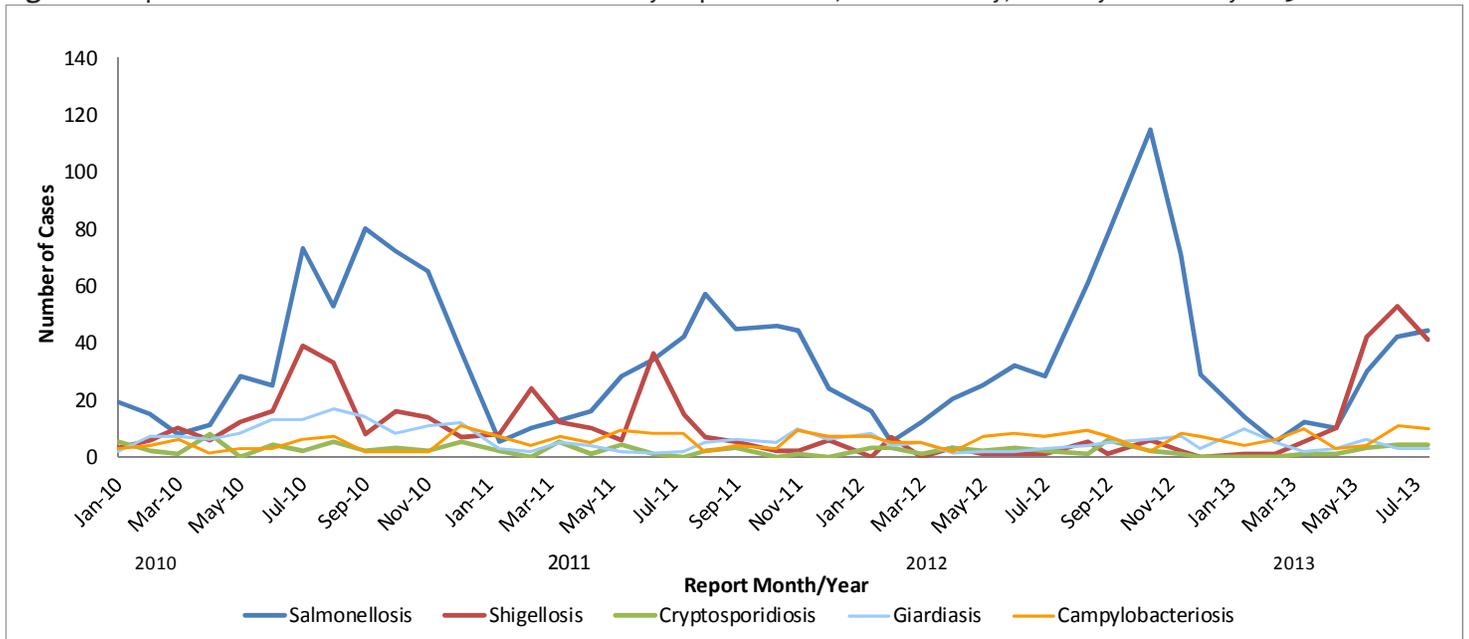
Reported cases of salmonellosis increased slightly in July (Figure 2). Forty-five (45) cases of salmonellosis were reported in July, which is less than the average over the previous five years (Figure 2&4). The mean number of cases for the same time period during the previous five years was 56.4 cases for July. The most represented age group of reported cases of salmonellosis for 2013 (66/160, 41.3%) occurred in the 0-4 age group. Reported cases (41) of shigellosis decreased in July (Figure 2&5). The mean number of cases for the same time period during the previous five years was 11.8 cases for July.

Reported norovirus activity is low in Florida. During July, two outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. One of those was reported in Duval and it was confirmed Norovirus GII. Both outbreaks were associated with summer camps (Source: FDENS EpiCom & FDOH in Duval surveillance). No outbreaks of confirmed norovirus were reported in Duval County during June.

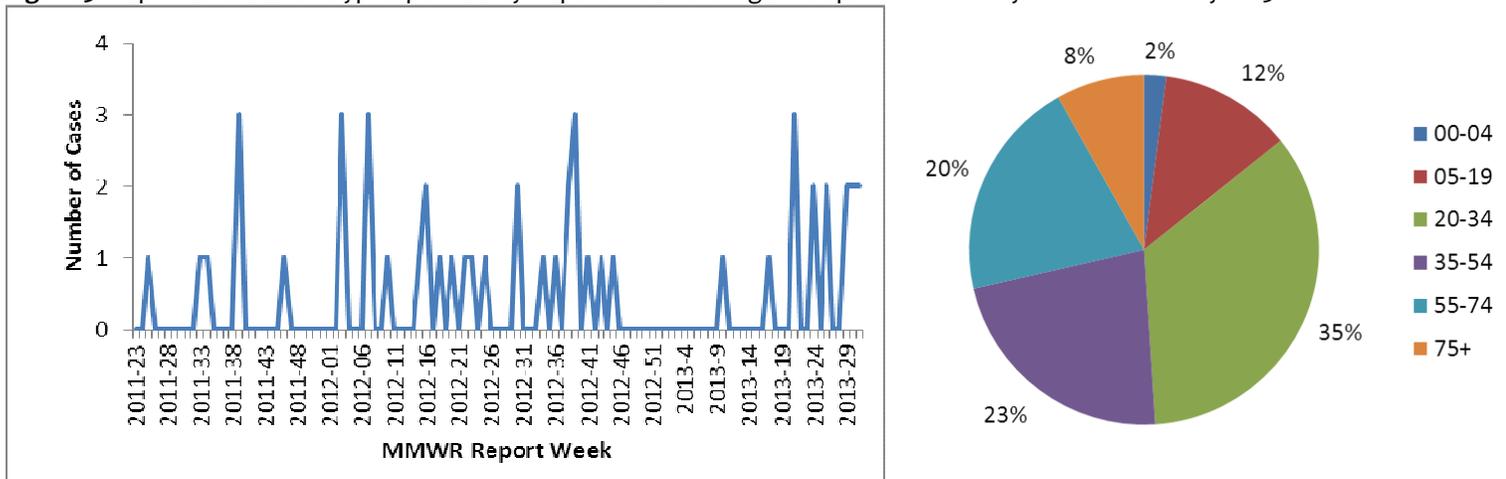
For prevention information, visit <http://www.cdc.gov/norovirus/> & <http://www.doh.state.fl.us/Environment/medicine/foodsurveillance/norovirus.htm>.

## ESSENCE Reportable Disease Surveillance Data

**Figure 2:** Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2010 – July 2013

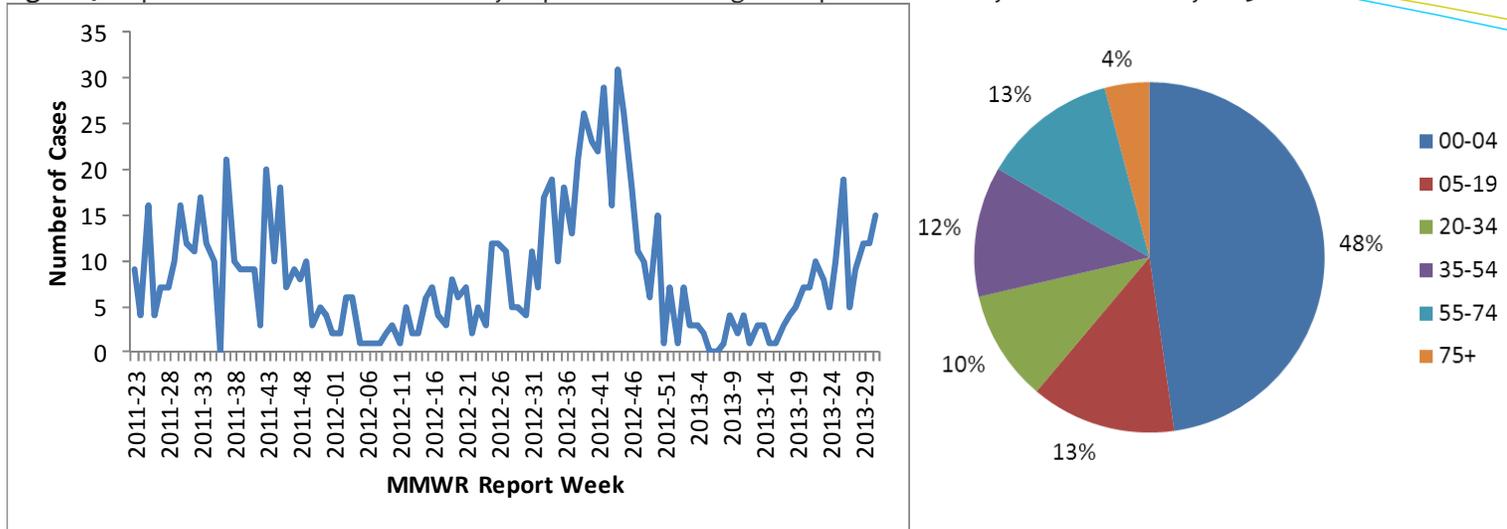


**Figure 3:** Reported Cases of Cryptosporidiosis by Report Week and Age Groups- Duval County – June 2011 – July 2013

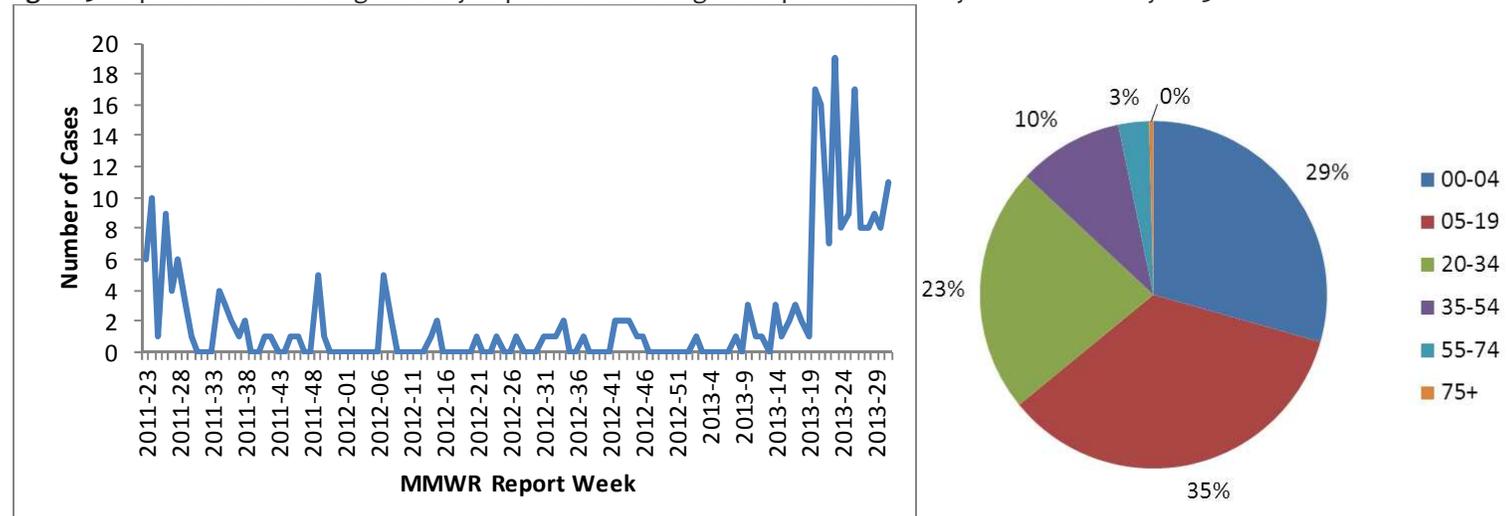


# Enteric Disease Overview Continued

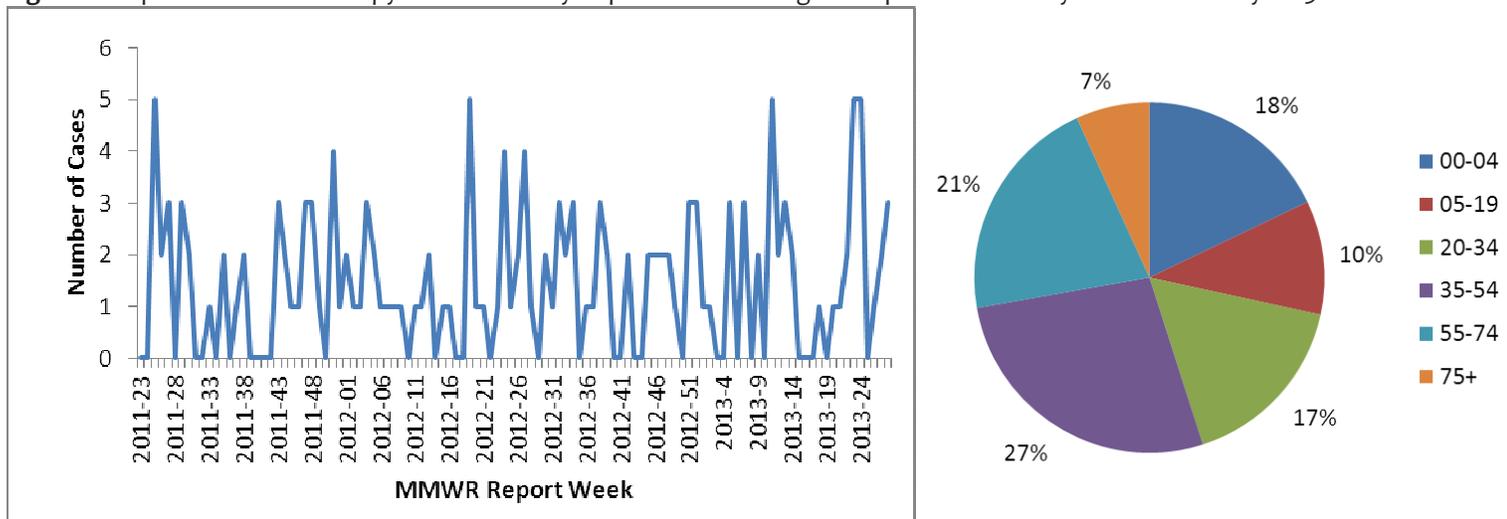
**Figure 4:** Reported Cases of Salmonellosis by Report Week and Age Groups- Duval County – June 2011 – July 2013



**Figure 5:** Reported Cases of Shigellosis by Report Week and Age Groups- Duval County - June 2011 – July 2013



**Figure 6:** Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County - June 2011 – July 2013



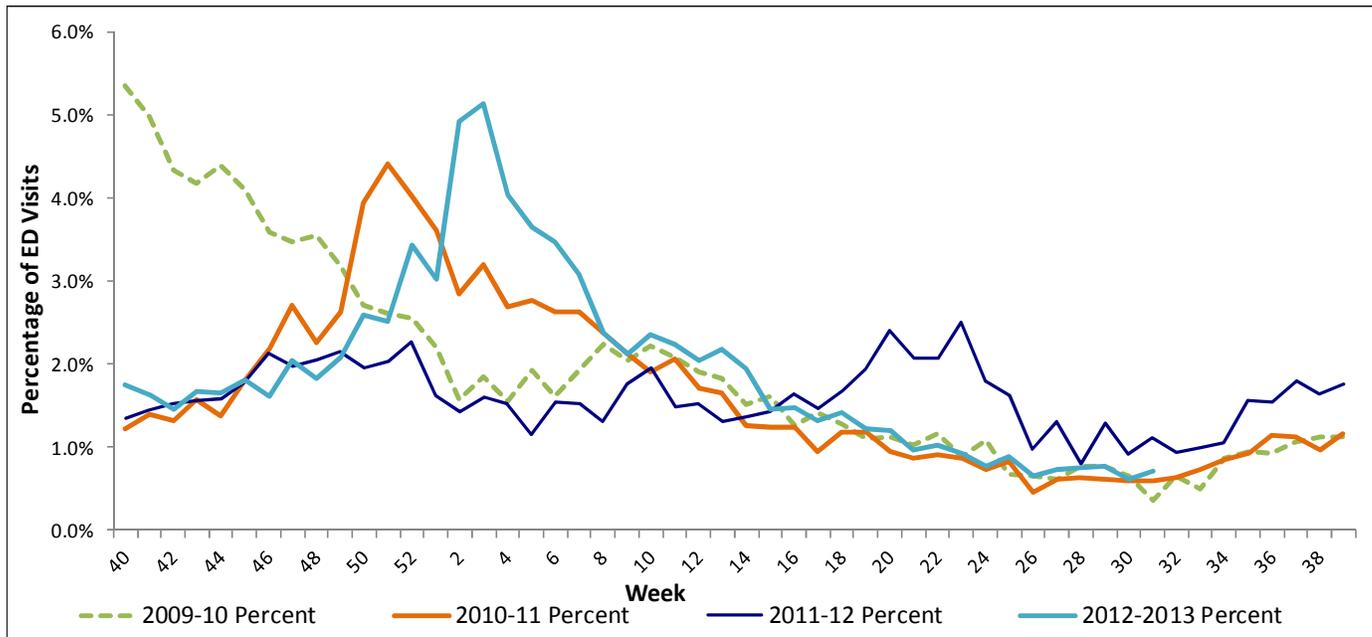
# Respiratory Disease & ILI Overview

## Summary

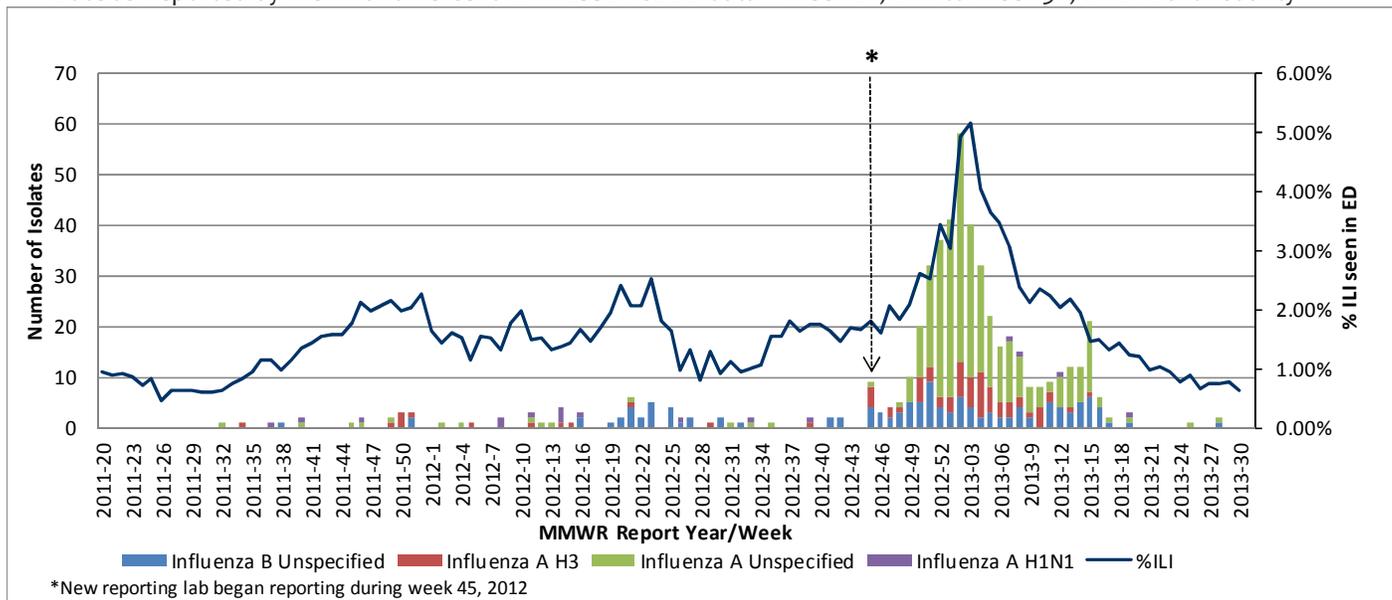
Currently, influenza-like illness (ILI) activity is at a mild level. In Duval County, ED visits for ILI as monitored through ESSENCE remained above 2% for weeks 49-13 (Figure 7), decreased below 2% during week 14, and have remained below 1% for weeks 23-31. During July, zero (0) specimens tested positive for influenza as tested by the Bureau of Public Health Laboratories (BPHL). One (1) Influenza A, unspecified and one (1) Influenza B, unspecified were detected by a private lab using rapid antigen testing during July (as reported through Electronic Lab Reporting (ELR), (Figure 8)). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, human metapneumovirus, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: [http://www.doh.state.fl.us/disease\\_ctrl/epi/httopics/flu/reports.htm](http://www.doh.state.fl.us/disease_ctrl/epi/httopics/flu/reports.htm)

**Figure 7:** Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)



**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, 2011 to Week 30, 2012 - Duval County



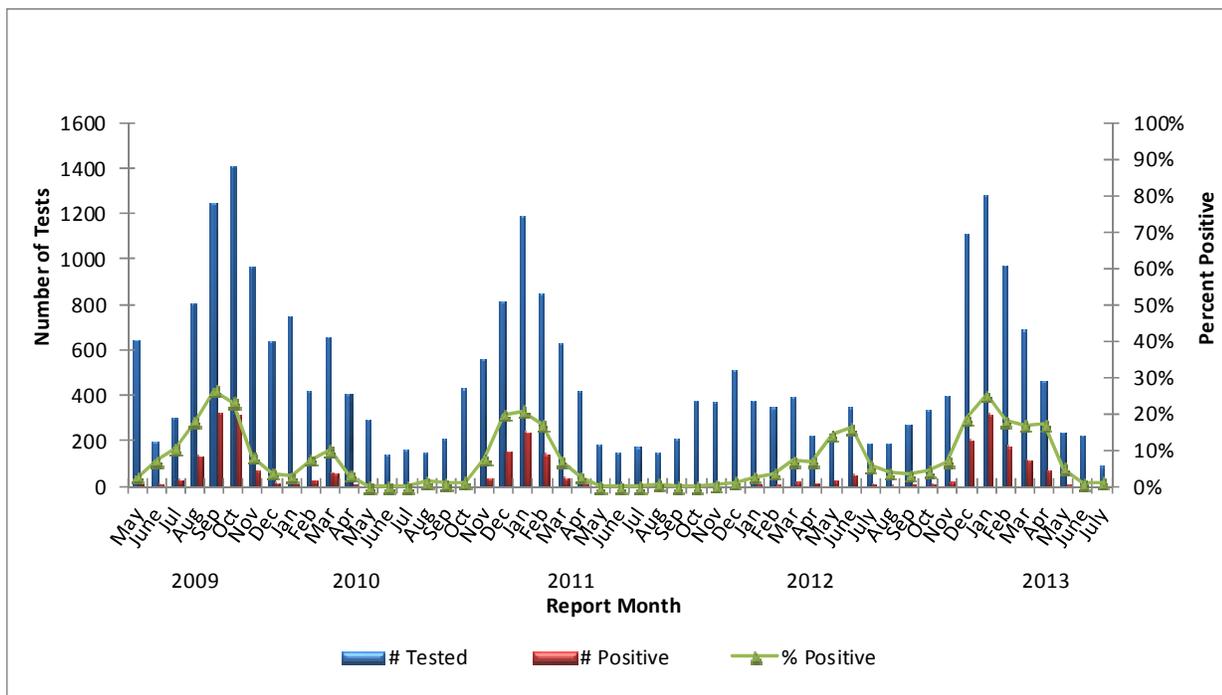
\*New reporting lab began reporting during week 45, 2012

# Respiratory Virus Surveillance (NREVSS N. Region)

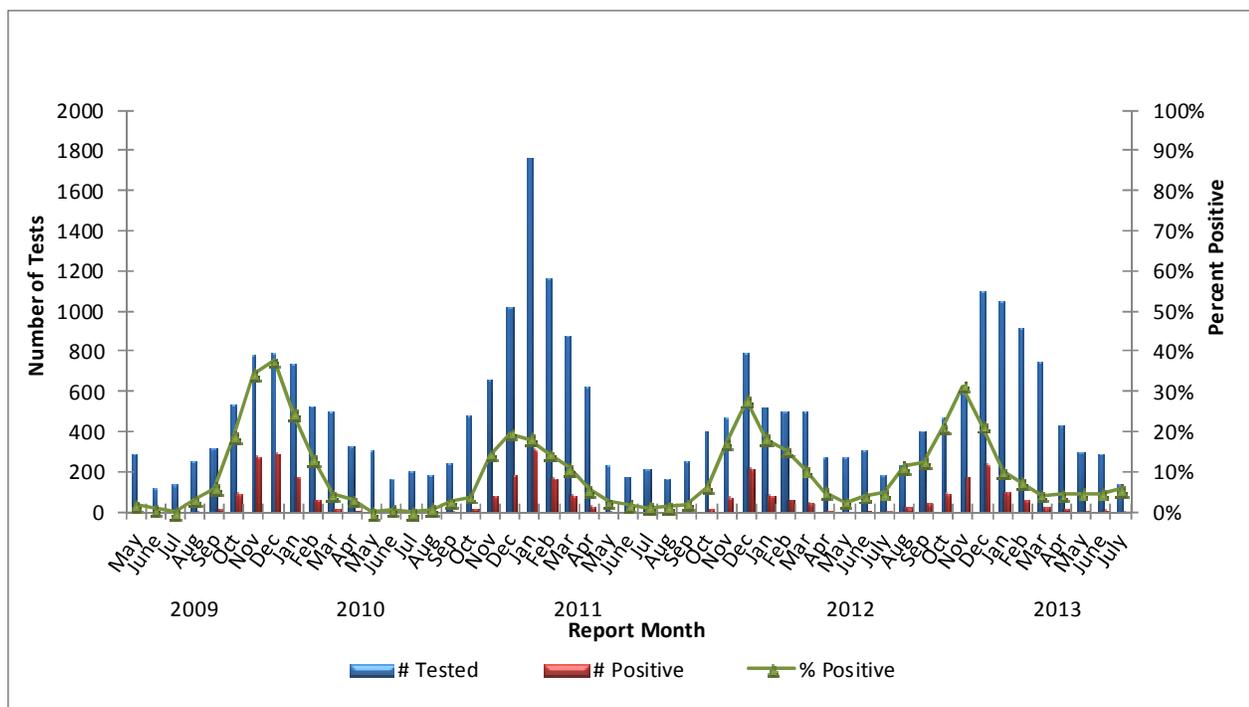
## Summary

Circulation of influenza and RSV remained at low levels July. 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 1.06% (1/94) (Figure 9) and 5.56% (8/144) of RSV specimens were positive during the month of July (Figure 10). In June, the percent positive for influenza was 0.87% and for RSV was 4.39%.

**Figure 9:** NREVSS - Monthly Influenza Surveillance Data by Region (NORTH) - Reported From 05/01/2009 to 07/27/2012



**Figure 10:** NREVSS - Monthly RSV Surveillance Data by Region (NORTH) - Reported From 05/01/2009 to 07/27/2012

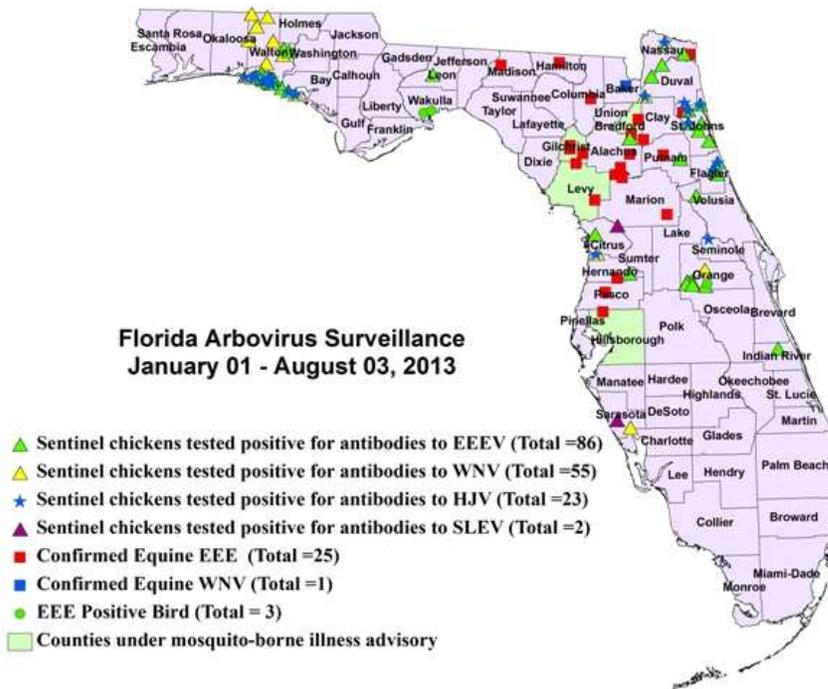


# Florida Mosquito-Borne Disease Summary

## 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- August 3, 2012)



**Table 1: Florida Mosquito-Borne Disease Surveillance Summary**  
Year to Date (through August 3, 2013)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	-	1	55	-
St. Louis Encephalitis Virus	-	-	2	-
Highlands J Virus	-	-	23	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	2	25	86	3

## State of Florida 2013 Case Summary

**EEEV Infection Acquired in Florida:** Two human cases of EEEV infection with onset in January (1) and March (1) have been reported in 2013 in Levy (1) and Hillsborough (1) County residents.

**Imported Dengue:** Fifty-Four 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: Angola, Bangladesh, Barbados, Bolivia, Brazil (3), The Caribbean, Columbia (3), Costa Rica, Dominican Republic (5), Haiti (2), Honduras, Indonesia, Jamaica (4), Nigeria, Panama, Philippines, Puerto Rico (24) and Saint Martin (2). Counties reporting cases were: Alachua, Brevard, Broward (4), Clay, Duval, Indian River, Lee, Miami-Dade (16), Orange (11), Osceola (4), Palm Beach (7), Pasco, Seminole (3), St. Lucie and Volusia. Seven of the cases were reported in non-Florida residents.

In 2013, 33 of the 54 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted. The serotyped cases include DENV- serotype 1 (23), DENV- serotype 3 (3), and DENV- serotype 4 (7).

**Imported Malaria:** Thirty cases of malaria with onset in 2013 have been reported. Countries of origin were: Benin, Democratic Republic of the Congo, Guinea, Ghana (3), Guyana (6), Haiti (5), India (2), Kenya, Liberia, Nigeria (3), Peru, Sierra Leone (2), Solomon Islands, and Uganda (2). Counties reporting cases were: Alachua, Broward, Hillsborough (5), Lake, Lee, Miami-Dade (6), Orange (7), Palm Beach (5), Pinellas and Seminole (2). Two of the cases were reported in a non-Florida resident. Twenty-two cases (73%) were diagnosed with *Plasmodium falciparum*, seven (23%) with *Plasmodium vivax*, and one mixed *Plasmodium falciparum/ Plasmodium vivax* (4%).

## Resources

See the following web site for more information:

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

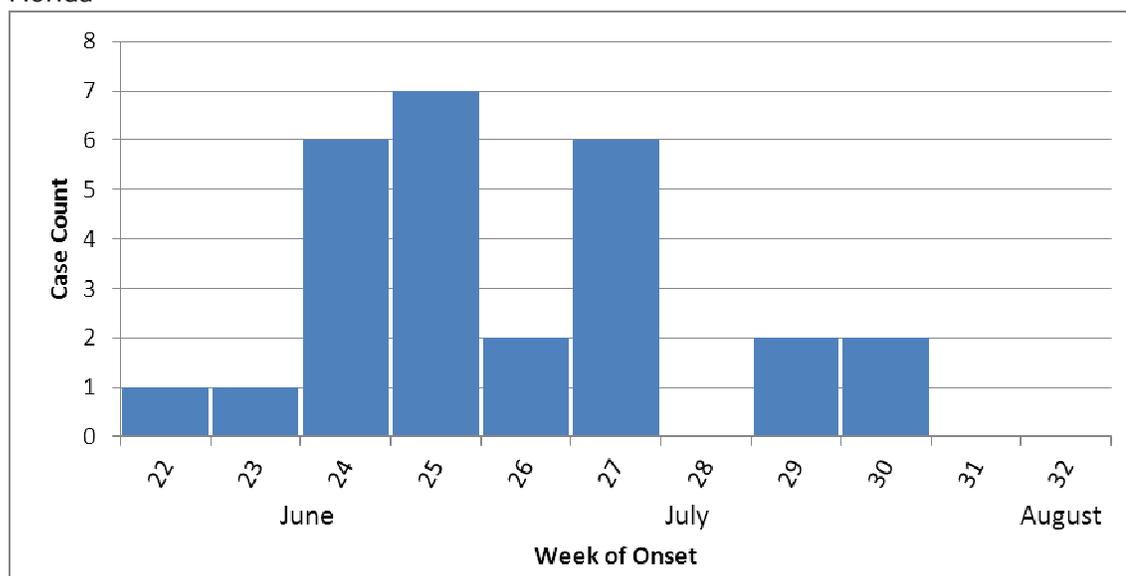
<http://www.dchd.net/mosquitoborneillnessprevention.htm>

# Other notable trends and statistics

## Notable Trends and Statistics-Recent Cases of Cyclosporiasis in Florida

The nationwide cyclospora investigation continues. As of 8/07/2012, Florida has reported 27 sporadic cases with disease onset ranging from early June-mid July (Figure 12). One Florida case was hospitalized. The Florida Department of Health is working with the Centers for Disease Control and Prevention, along with other federal agencies and health departments, to investigate cases of cyclospora in an attempt to identify the source of the infection. Currently, the mean case age is 57.8 years, with a range of 22-78 years of age. The current case count consists of 15 females and 12 males. At this time, there are no identified links to common restaurants or food ingredients found among the 27 Florida cases, as in other states. Cases in Iowa and Nebraska have been epidemiologically linked to bagged salad mix with produce imported from Mexico.

**Figure 12:** Reported Confirmed Cases of Cyclosporiasis by Week of Onset for June 1, 2013-August 7, 2013- Florida



For more information on cyclospora, visit [www.doh.state.fl.us](http://www.doh.state.fl.us) or <http://www.cdc.gov/parasites/cyclosporiasis/>.

Tuberculosis (TB) Surveillance – Duval County - 1/1/2013 through 7/31/2013 – All Data are Provisional  
Eighty-six (86) cases of TB were reported by Duval County in 2012.

**Table 2:** Demographics and risk factors of TB cases reported year-to-date for 2013.

	Count	Total Cases	Percent		Count	Total Cases	Percent
<b>Gender</b>				<b>Risk Factors</b>			
Male	17	25	68.0%	Excess alcohol use within past year	7	25	28.0%
Female	8	25	32.0%	HIV co-infection*	3	25	12.0%
<b>Country of Origin</b>				Injected drug use within past year	2	25	8.0%
U.S.	20	25	80.0%	Homeless	9	25	36.0%
Non-U.S.	5	25	20.0%	Incarcerated at diagnosis	0	25	0.0%
<b>Age Group</b>				Unemployed	18	25	72.0%
0-9	1	25	4.0%	<b>Ethnicity</b>			
10-19	0	25	0.0%	Asian	5	25	20.0%
20-29	1	25	4.0%	Black	9	25	36.0%
30-39	6	25	24.0%	White	11	25	44.0%
40-49	7	25	28.0%	Hispanic	0	25	0.0%
50-59	8	25	32.0%	<b>Drug Resistance</b>			
≥ 60	2	25	8.0%	Resistant to isoniazid	0	25	0.0%

\* 2 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/2013/MSR2013.html](http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2013/MSR2013.html)

# Recently Reported Diseases/Conditions in Florida

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

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2013	2012	Mean†	Median¶	2013	2012	2013	2012	Mean†	Median¶	2013	2012
<b>A. Vaccine Preventable Diseases</b>												
Diphtheria	0	0	0.00	0	0	0	0	0	0.00	0	0	0
Measles	0	0	0.00	0	0	0	1	0	0.20	0	9	0
Mumps	0	0	0.00	0	0	1	2	0	0.20	0	2	3
Pertussis	8	14	7.40	8	14	23	76	76	48.60	46	349	337
Rubella	0	0	0.00	0	0	0	0	0	0.00	0	0	0
Tetanus	0	0	0.00	0	1	0	0	1	0.20	0	4	2
Varicella	5	5	2.40	2	35	24	28	33	42.60	40	412	584
<b>B. CNS Diseases &amp; Bacteremias</b>												
Creutzfeldt-Jakob Disease	1	0	0	0	1	1	3	2	1	1	15	16
<i>H. influenzae</i> (invasive)	0	0	0.80	1	16	5	21	14	15.6	15	187	140
Meningitis (bacterial, cryptococcal, mycotic)	0	1	1.00	1	9	12	19	17	18.6	17	93	105
Meningococcal Disease	0	0	0.40	0	0	0	1	6	5.2	6	36	36
Staphylococcus aureus (VISA, VRSA)	0	0	0.10	-	1	3	2	0	0.1	-	4	5
<i>Streptococcus pneumoniae</i> (invasive disease)												
Drug resistant	1	2	1.80	2	23	13	29	25	30.2	30	369	290
Drug susceptible	3	1	0.80	1	22	13	28	32	28.6	28	419	350
Streptococcal Disease, Group A, Invasive	1	1	0.80	1	6	5	30	21	23.6	21	182	138
<b>C. Enteric Infections</b>												
Campylobacteriosis	10	7	7.80	7	51	41	268	222	160.2	143	1195	1141
Cryptosporidiosis	4	2	1.80	2	13	17	32	36	39.2	36	198	252
Cyclosporiasis	5	0	0.80	1	5	0	32	9	16.2	10	34	15
<i>Escherichia coli</i> , Shiga-toxin producing**	1	0	0.00	0	4	1	11	8	7.4	8	98	49
Giardiasis	3	3	7.80	3	35	25	106	92	137	98	604	592
Hemolytic Uremic Syndrome	0	0	0.00	0	0	0	2	0	0.2	0	5	1
Listeriosis	0	1	0.20	0	0	1	2	3	2.8	3	21	14
Salmonellosis	45	28	56.40	61	160	138	683	605	655.6	643	2709	2653
Shigellosis	41	1	11.80	5	153	13	77	165	129.2	120	387	1163
Typhoid Fever	0	0	0.20	0	1	0	3	0	2	1	7	5

# Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2013	2012	Mean†	Median¶	2013	2012	2013	2012	Mean†	Median¶	2013	2012
<b>D. Viral Hepatitis</b>												
Hepatitis A	0	0	0.40	0	3	0	13	9	11.2	13	63	72
Hepatitis B +HBsAg in pregnant women	5	7	3.20	2	30	22	48	51	44.8	46	315	252
Hepatitis B, Acute	2	1	1.00	1	9	5	32	23	25	26	207	169
Hepatitis C, Acute	1	0	0.00	0	2	2	26	13	9.2	9	143	82
<b>E. Vector Borne, Zoonoses</b>												
Animal Rabies	1	1	0.60	0	2	2	17	6	13.6	16	61	58
Ciguatera	0	0	0.00	0	0	0	6	0	8.4	7	22	9
Dengue Fever	1	0	0.00	0	2	0	17	13	10.2	1	74	30
Eastern Equine Encephalitis††	0	0	0	-	0	0	1	1	0.4	-	3	1
Ehrlichiosis/Anaplasmosis¶¶	0	1	0.05	-	0	1	7	4	0.8	-	15	16
Leptospirosis	0	0	0.00	0	0	0	0	0	0	0	1	0
Lyme Disease	0	0	0.20	0	1	2	24	12	10.6	11	57	54
Malaria	1	2	1.00	1	2	5	6	5	9.8	11	36	43
St. Louis Encephalitis††	0	0	0	-	0	0	0	0	0	-	0	0
West Nile Virus††	0	1	0.5	-	0	1	0	2	0.6	-	0	3
<b>F. Others</b>												
Botulism-infant	0	0	0.00	0	0	0	0	0	0	0	1	13
Brucellosis	0	0	0.00	0	0	0	1	3	1.6	1	5	13
Carbon Monoxide Poisoning	12	0	0.20	0	23	1	17	0	7.6	4	93	26
Hansens Disease (Leprosy)	0	0	0.00	0	0	0	1	0	0.8	0	6	5
Legionellosis	5	1	1.20	1	11	9	43	17	15.6	17	142	100
Vibrios	2	0	0.04	-	7	6	26	23	2.0	-	86	82

\* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2013 is provisional. May include Non-Florida Cases.

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

\*\* Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (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 July 2013

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%
Male	9	90%	9	90%	Male	156	28%	135	29%	Male	93	53%	85	55%
Female	1	10%	1	10%	Female	400	72%	325	71%	Female	82	47%	69	45%
Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%
White	2	20%	2	20%	White	88	16%	58	13%	White	26	15%	22	14%
Black	8	80%	8	80%	Black	257	46%	249	54%	Black	106	61%	100	65%
Hispanic	0	0%	0	0%	Hispanic	12	2%	12	2%	Hispanic	3	2%	3	2%
Other	0	0%	0	0%	Other	199	36%	141	31%	Other	40	23%	29	19%
Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%
0-14	0	0%	0	0%	0-14	2	1%	2	1%	0-14	0	0%	0	0%
15-19	0	0%	0	0%	15-19	129	23%	98	21%	15-19	26	15%	23	15%
20-24	1	10%	1	10%	20-24	233	42%	196	42%	20-24	58	33%	52	34%
25-29	1	10%	1	10%	25-29	114	16%	101	22%	25-29	41	24%	36	23%
30-39	3	30%	3	30%	30-39	53	12%	45	10%	30-39	25	14%	21	14%
40-49	4	40%	4	40%	40-54	23	4%	16	3%	40-54	23	13%	20	13%
50+	1	10%	1	10%	55+	2	1%	2	1%	55+	2	1%	2	1%
<b>Total Cases</b>	10		10		<b>Total Cases</b>	556		460		<b>Total Cases</b>	175		154	

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/2013/MSR2013.html](http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2013/MSR2013.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](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](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](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			
+ Acquired Immune Deficiency Syndrome (AIDS)	• Congenital anomalies	!	Plague
+ Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)	• Creutzfeldt-Jakob disease (CJD)	!	Poliomyelitis, paralytic and non-paralytic
STD - (904) 253-2974	• Cryptosporidiosis	•	Psittacosis (Ornithosis)
• Chancroid	• Cyclosporiasis	•	Q Fever
• Chlamydia	• Dengue	☎	Rabies (human, animal)
• Conjunctivitis (in neonates ≤ 14 days old)	! Diphtheria	!	Rabies (possible exposure)
• Gonorrhea	• Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)	!	Ricin toxicity
• Granuloma inguinale	• Ehrlichiosis	•	Rocky Mountain spotted fever
• 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)	• Encephalitis, other (non-arboviral)	!	Rubella (including congenital)
• Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)	☎ 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	•	St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
• Lymphogranuloma venereum (LGV)	• Giardiasis	•	Salmonellosis
• Syphilis	! Glanders	•	Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
☎ Syphilis (in pregnant women and neonates)	! <i>Haemophilus influenzae</i> (meningitis and invasive disease)	!	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
TB CONTROL - (904) 253-1070	• Hansen's disease (Leprosy)	•	Shigellosis
• Tuberculosis (TB)	☎ Hantavirus infection	•	Smallpox
CANCER - (305) 243-4600	☎ Hemolytic uremic syndrome	•	<i>Staphylococcus aureus</i> , community associated mortality
+ Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)	☎ Hepatitis A	☎	<i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
ALL OTHERS - (904) 253-1850	• Hepatitis B, C, D, E, and G	☎	<i>Staphylococcus enterotoxin B</i> (disease due to)
! Any disease outbreak	• Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)	•	• Streptococcal disease (invasive, Group A)
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.	! Influenza due to novel or pandemic strains	•	• <i>Streptococcus pneumoniae</i> (invasive disease)
! 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.	☎ Influenza-associated pediatric mortality (in persons < 18 years)	•	• Tetanus
• Amebic encephalitis	• 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	•	• Toxoplasmosis (acute)
• Anaplasmosis	• Legionellosis	•	• Trichinellosis (Trichinosis)
! Anthrax	• Leptospirosis	!	Tularemia
• Arsenic poisoning	☎ Listeriosis	☎	Typhoid fever
! Botulism (foodborne, wound, unspecified, other)	• Lyme disease	!	Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)
• Botulism (infant)	• Malaria	•	Typhus fever (disease due to <i>Rickettsia typhi</i> , <i>R. felis</i> infection)
! Brucellosis	! Measles (Rubeola)	!	Vaccinia disease
• California serogroup virus (neuroinvasive and non-neuroinvasive disease)	! Melioidosis	•	Varicella (Chickenpox)
• Campylobacteriosis	• Meningitis (bacterial, cryptococcal, mycotic)	•	Varicella mortality
• Carbon monoxide poisoning	! Meningococcal disease (includes meningitis and meningococemia)	!	Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
! Cholera	• Mercury poisoning	•	Vibriosis (Vibrio infections)
• Ciguatera fish poisoning (Ciguatera)	• Mumps	!	Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
	☎ Neurotoxic shellfish poisoning	•	West Nile virus disease (neuroinvasive and non-neuroinvasive)
	☎ Pertussis	•	Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
	• Pesticide-related illness and injury	!	Yellow fever

! = 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