

Duval County Epidemiology Surveillance Report

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

June 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 – June 2013

The month of June 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 is continuing to increase. FDOH in Duval continues to observe low levels of respiratory viruses circulating in Duval.

CDC guidance regarding Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* summarizes a cluster of carbon monoxide exposures at a childcare facility in Duval County.

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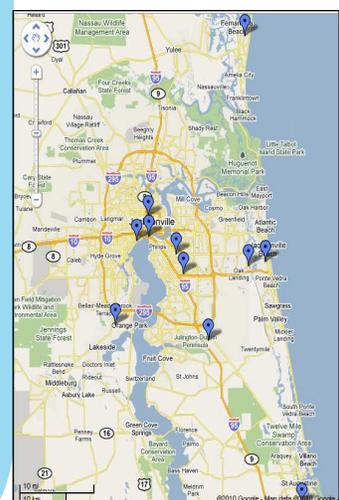
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Notable Investigation of the Month

Carbon Monoxide Exposure Cluster in Duval County

On June 27, 2013, the Epidemiology Program in Duval County received information that several calls were made to the Poison Control Center on the evening of 6/26/13 regarding children at a childcare facility in Duval County that were exposed to carbon monoxide (CO). On the afternoon of 6/26/13, the local fire rescue department had responded to the facility location upon receiving a 911 call. The childcare facility was located next to a business undergoing renovation. The fire rescue unit found that a generator was on inside that business and promptly had it removed from the building. According to the initial verbal report, they measured the CO levels in the childcare facility at 80 ppm. The childcare facility had fifty children and seven staff members at the facility during various times on 6/26/2013. Thirty of them went to various emergency departments (ED) in Duval County from 6/26/13-6/30/13. The majority (21) went to the ED on 6/26/13. Twenty-three (23) were known to have had symptoms. Predominant symptoms included headache (21), drowsiness (8), vomiting (6), abdominal pain (6), and nausea (5). Although some were admitted for observation, all of them were discharged the same day or the following day. The ages of those affected ranged from 1 - 62 with a median of 5.0 years. The carboxyhemoglobin (COHb) levels of those who were symptomatic ranged from 0.0% to 13.2%. The blood tests were collected at various times after exposure. Education was provided to those involved regarding generator use and CO detectors.

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

Reported cases of salmonellosis, shigellosis, and campylobacteriosis increased in June (Figure 2). Forty-two (42) cases of salmonellosis were reported in June, which is greater than the expected number (Figure 2&4). The mean number of cases for the same time period during the previous five years was 35.2 cases for May. The most represented age group of reported cases of salmonellosis for 2013 (45/116, 38.8%) occurred in the 0-4 age group. Reported cases (53) of shigellosis continued to increase in June (Figure 2&5). The mean number of cases for the same time period during the previous five years was 13.4 cases for June.

Reported norovirus activity is low in Florida. During June, no outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. No outbreaks of confirmed norovirus were reported in Duval County during June. Two gastroenteritis outbreaks have been reported so far in July. 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).

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 – June 2013

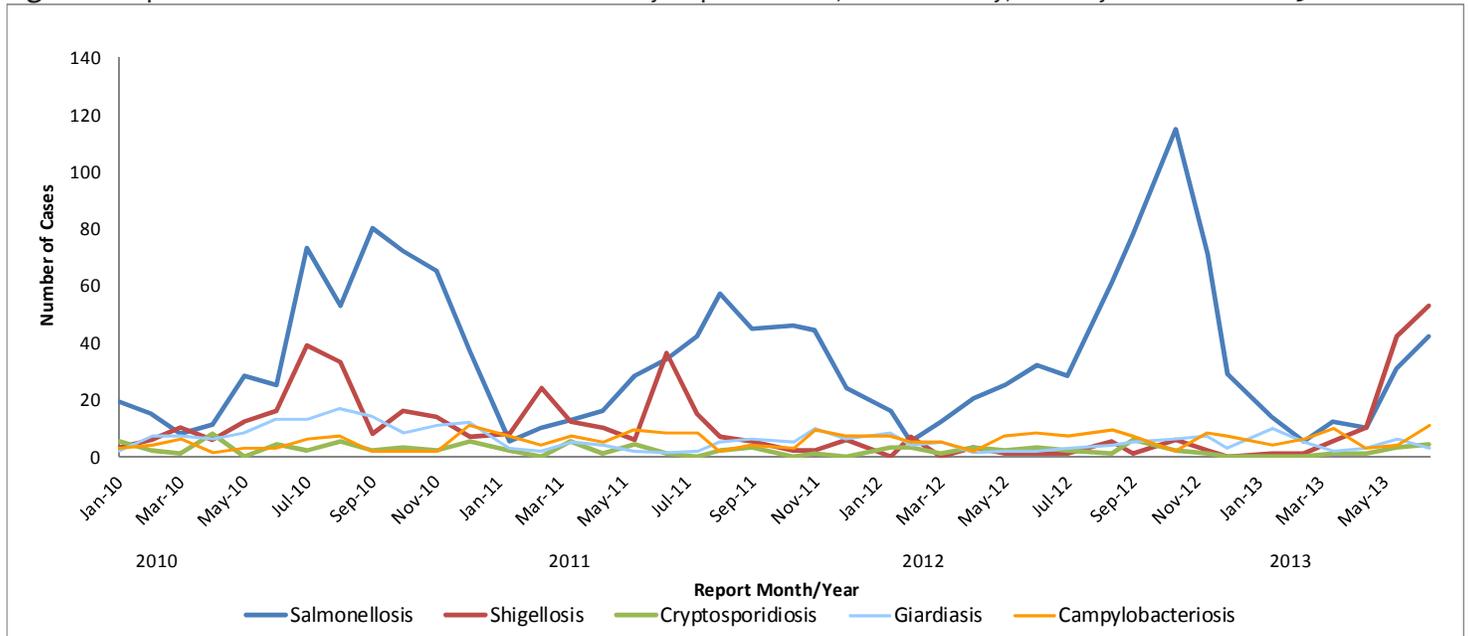
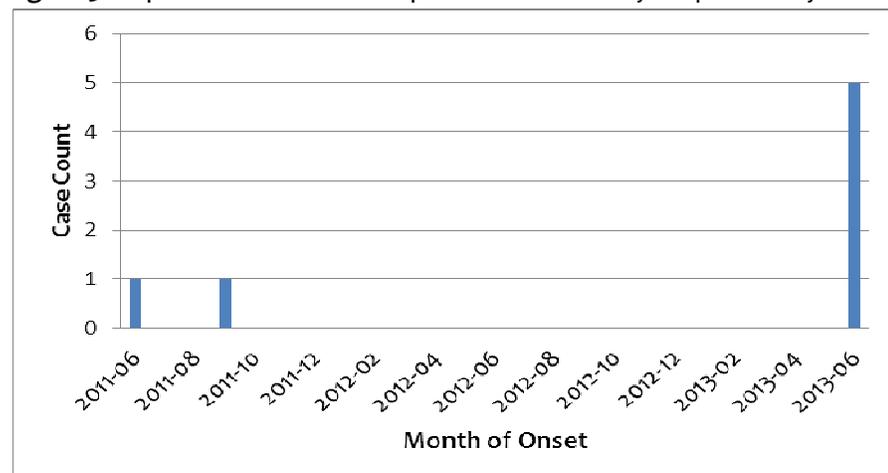


Figure 3: Reported confirmed and probable cases of cyclosporiasis by month of onset as of July 27, 2013, Duval County



Five (5) cases of cyclosporiasis have been reported so far in July and all five had onset of symptoms during June (Figure 3). Two (2) cases, one lab confirmed and one probable case, are linked. Those two cases live in the same household and share the same foods. They had onset within less than one day of each other suggesting that they may have shared a common source food item. No other common links have been found among the other cases at this time.

Enteric Disease Overview Continued

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

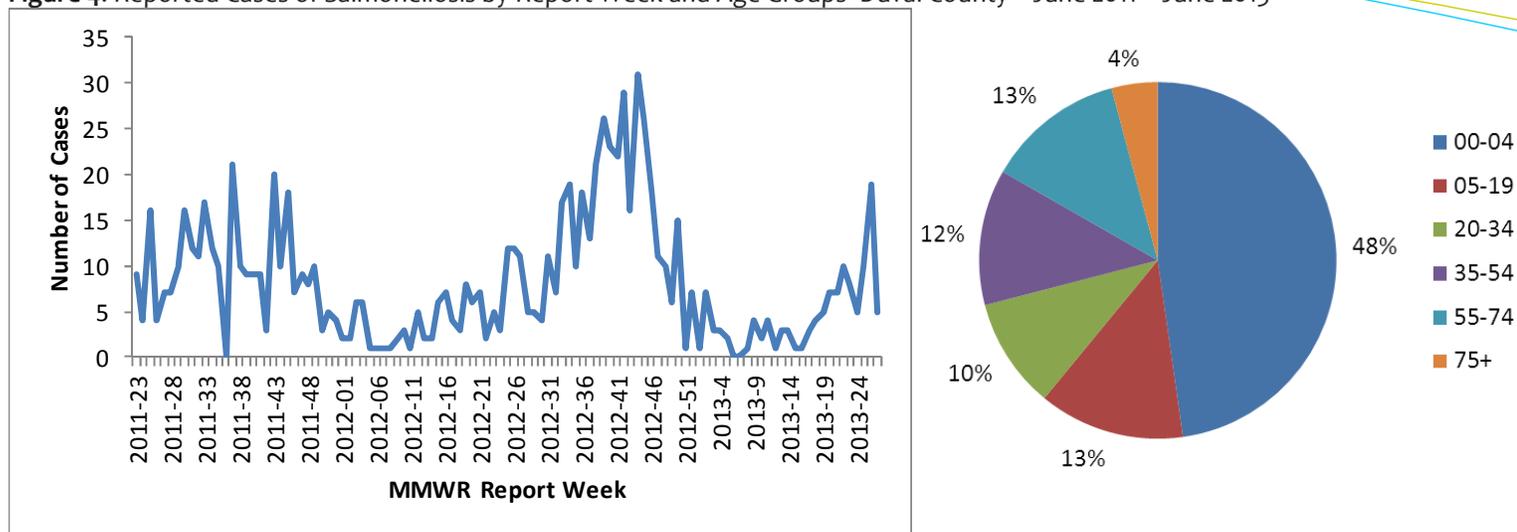


Figure 5: Reported Cases of Shigellosis by Report Week and Age Groups- Duval County - June 2011 – June 2013

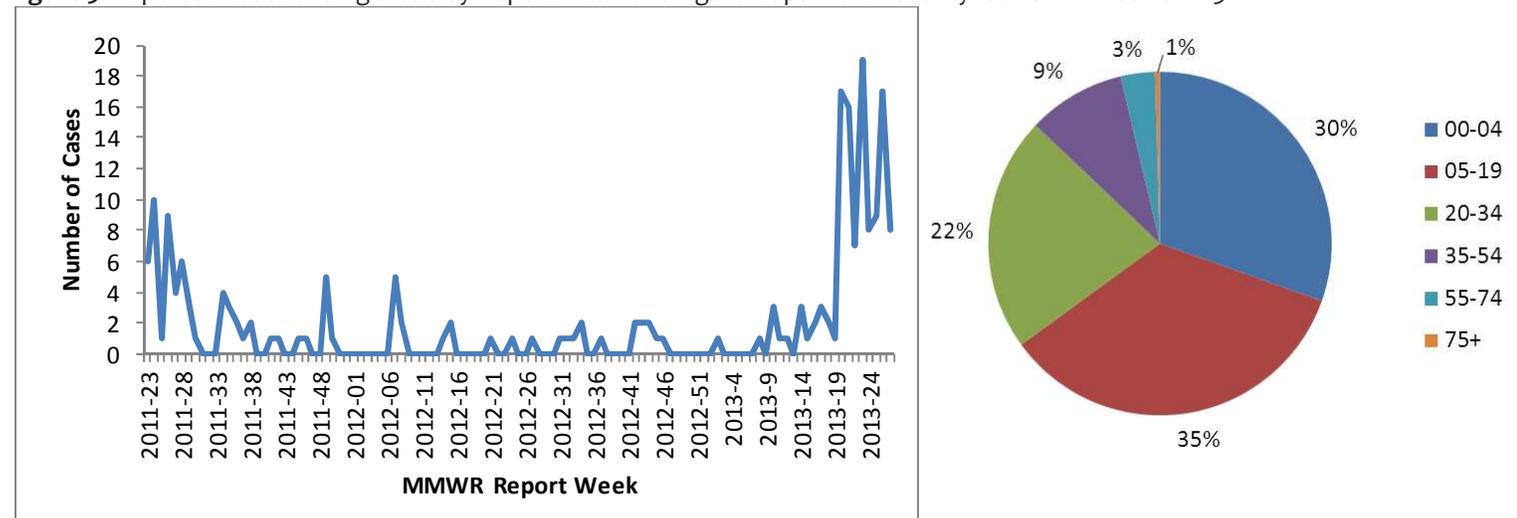
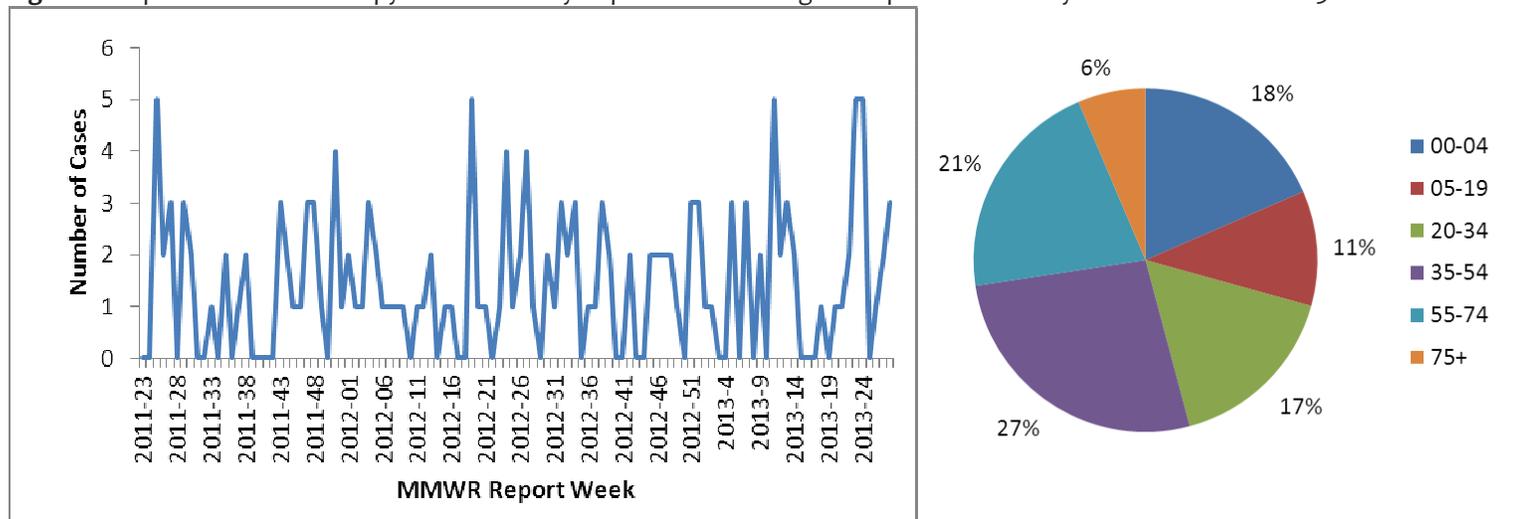


Figure 6: Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County - June 2011 – June 2013



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 23-28. During June, zero (0) specimens tested positive for influenza as tested by the Bureau of Public Health Laboratories (BPHL). One (1) Influenza A, unspecified was detected by a private lab using rapid antigen testing during June (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/htopics/flu/reports.htm

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

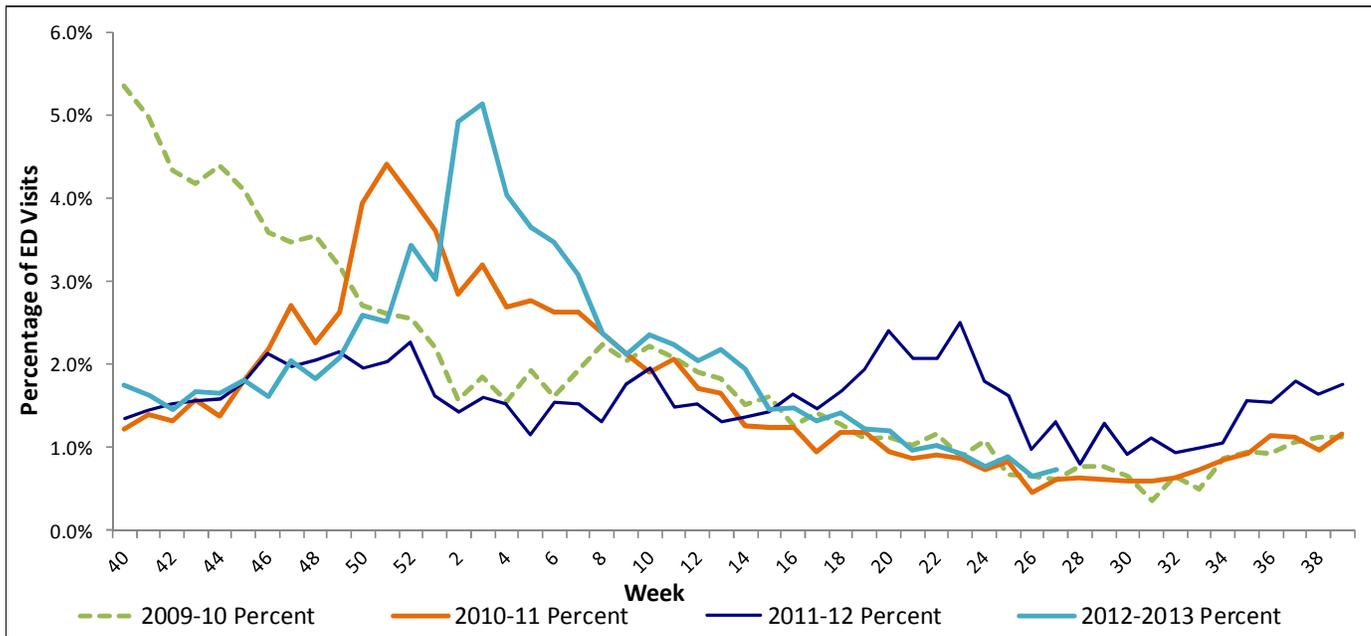
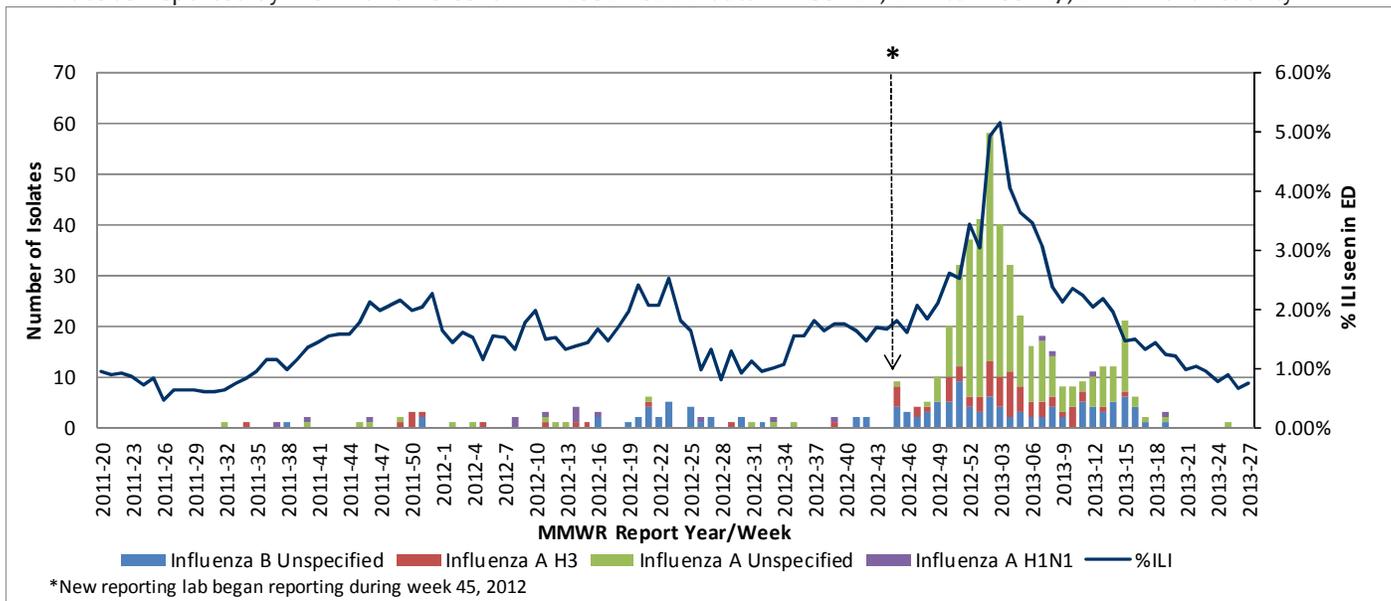


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 20, 2011 to Week 27, 2012 - Duval County



*New reporting lab began reporting during week 45, 2012

Respiratory Virus Surveillance (NREVSS N. Region)

Summary

Circulation of influenza decreased in June. RSV remained the same. 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 1.03% (2/194) (Figure 9) and 4.69% (12/256) of RSV specimens were positive during the month of June (Figure 10). In May, the percent positive for influenza was 4.84% and for RSV was 4.55%.

Figure 9: NREVSS - Monthly Influenza Surveillance Data by Region (NORTH) - Reported From 05/01/2009 to 06/25/2012

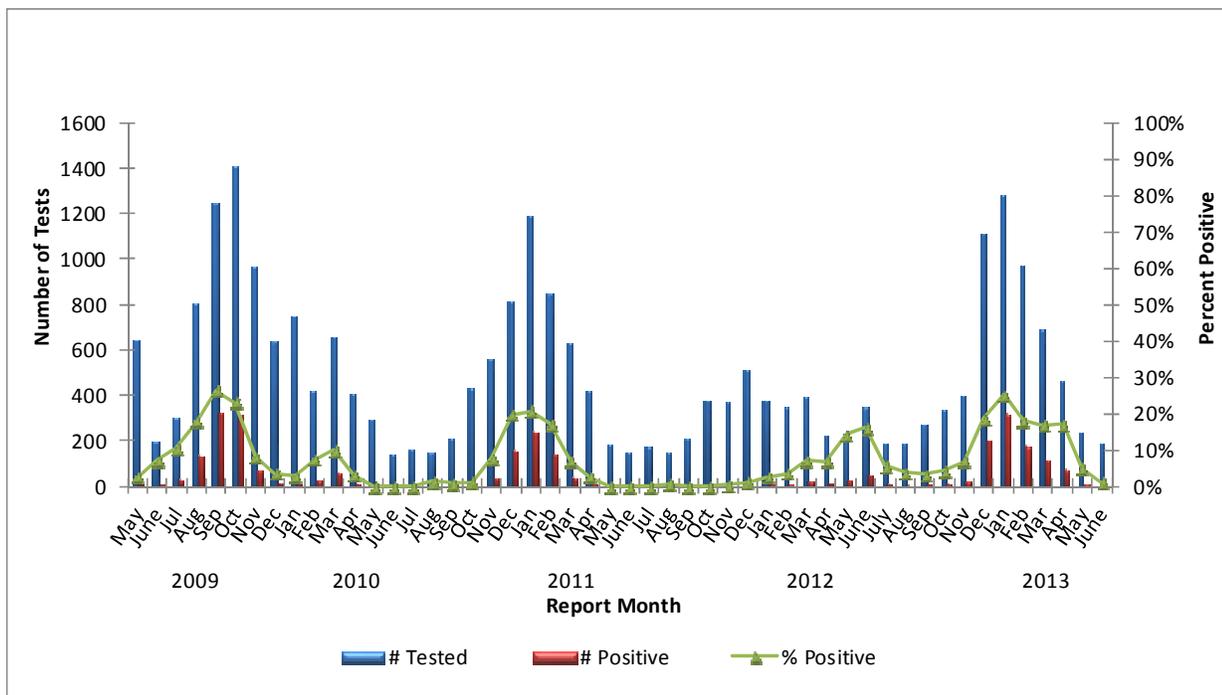
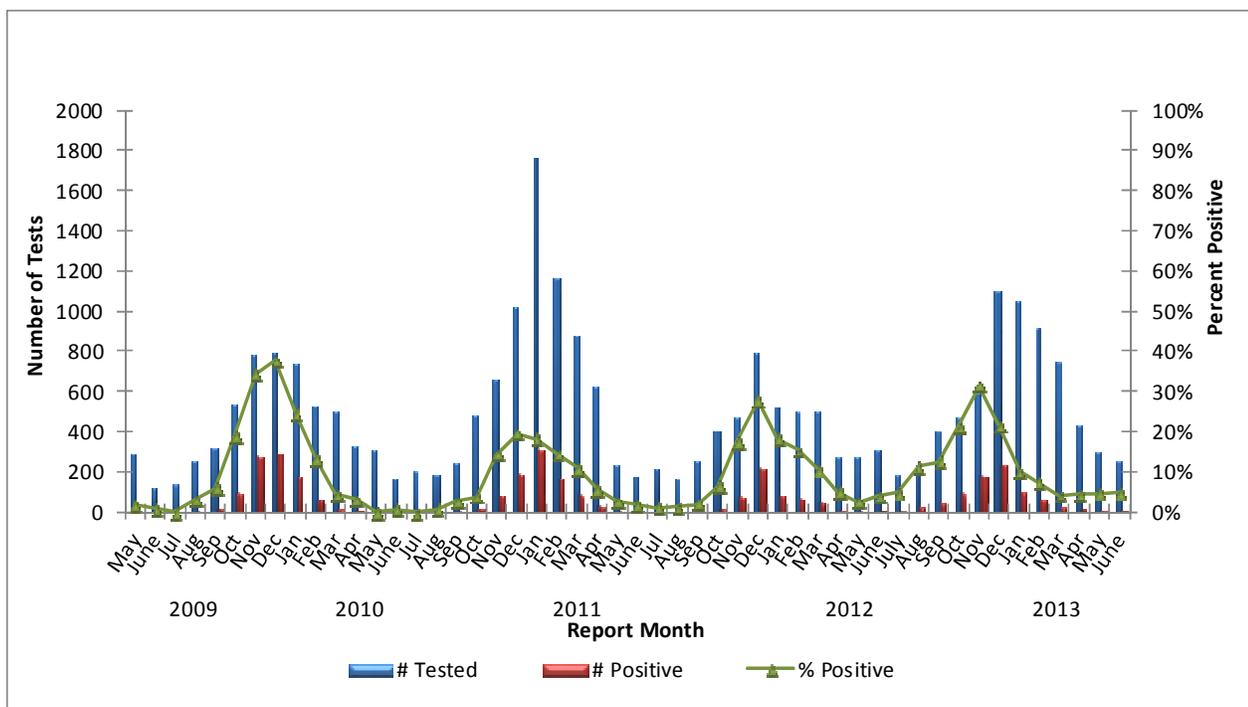


Figure 10: NREVSS - Monthly RSV Surveillance Data by Region (NORTH) - Reported From 05/01/2009 to 06/25/2012



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- July 6, 2012)



Year to Date (through July 6, 2013)				
Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	-	-	49	-
St. Louis Encephalitis Virus	-	-	2	-
Highlands J Virus	-	-	11	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	2	11	53	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: Forty-two 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, Barbados, Bolivia, Brazil (3), The Caribbean, Columbia (3), Costa Rica, Dominican Republic (4), Haiti (2), Honduras, Indonesia, Jamaica (4), Nigeria, Panama, Philippines, Puerto Rico (15) and Saint Martin. Counties reporting cases were: Brevard, Broward (4), Clay, Duval, Indian River, Lee, Miami-Dade (14), Orange (9), Osceola (2), Palm Beach (6), St. Lucie and Volusia. Five of the cases were reported in non-Florida residents. In 2013, 26 of the 42 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 (18), DENV- serotype 3 (3), and DENV- serotype 4 (5).

Imported Malaria: Twenty-five cases of malaria with onset in 2013 have been reported. Countries of origin were: Benin, Democratic Republic of the Congo, Guinea, Ghana (3), Guyana (5), Haiti (5), India, Kenya, Liberia, Nigeria (2), Peru, Sierra Leone (2) and Solomon Islands. Counties reporting cases were: Alachua, Broward, Hillsborough (5), Lake, Lee, Miami-Dade (6), Orange (5), Palm Beach (3), Pinellas and Seminole. One of the cases was reported in a non-Florida resident. Eighteen cases (72%) were diagnosed with Plasmodium falciparum, six (24%) 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- MERS-CoV -CDC Information

Coronaviruses are common worldwide. They usually cause colds. However, a novel coronavirus called “Middle East Respiratory Syndrome Coronavirus” (MERS-CoV) has caused severe illness and death in people from several countries.

Middle East Respiratory Syndrome Coronavirus (MERS-CoV), formerly called "novel coronavirus (nCoV)," was identified in 2012 in Saudi Arabia. Most people who got infected with MERS-CoV developed severe acute respiratory illness with symptoms of fever, cough, and shortness of breath. About half of them died. A small number of the reported cases had a mild respiratory illness. Investigators are trying to figure out the source of MERS-CoV and how it spreads. **There are no reported cases in the United States.**

This virus is different from any other coronavirus previously found in people. It is also different from the coronavirus that caused SARS (Severe Acute Respiratory Syndrome) in 2003. However, like the SARS virus, MERS-CoV is most similar to coronaviruses found in bats.

The CDC has posted information that may be useful to hospital systems and healthcare providers. This information includes:

- Case Definition and Patients Under Investigation (PUI) Criteria- which currently is based on symptoms and history of travel to the Arabian Peninsula or neighboring countries or those people who have symptoms and close contact with someone who travelled to those areas.
<http://www.cdc.gov/coronavirus/mers/case-def.html#foot1>
- Interim Infection Prevention and Control Recommendations for Hospitalized Patients with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)-
<http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>
- Healthcare Provider and Health Care Facility Preparedness Checklists for MERS-CoV-
<http://www.cdc.gov/coronavirus/mers/preparedness/index.html>
- Additional Guidance Interim Guidance for Health Professionals-
<http://www.cdc.gov/coronavirus/mers/interim-guidance.html>

Please report all suspect cases or people that meet the patient under investigation criteria to the Florida Department of Health in Duval County.

Tuberculosis (TB) Surveillance – Duval County - 1/1/2013 through 6/30/2013 – 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
Gender				Risk Factors			
Male	16	24	66.7%	Excess alcohol use within past year	7	24	29.2%
Female	8	24	33.3%	HIV co-infection*	2	24	8.3%
Country of Origin				Injected drug use within past year	2	24	8.3%
U.S.	19	24	79.2%	Homeless	9	24	37.5%
Non-U.S.	5	24	20.8%	Incarcerated at diagnosis	0	24	0.0%
Age Group				Unemployed	18	24	75.0%
0-9	1	24	4.2%	Ethnicity			
10-19	0	24	0.0%	Asian	5	24	20.8%
20-29	1	24	4.2%	Black	8	24	33.3%
30-39	6	24	25.0%	White	11	24	45.8%
40-49	6	24	25.0%	Hispanic	0	24	0.0%
50-59	8	24	33.3%	Drug Resistance			
≥ 60	2	24	8.3%	Resistant to isoniazid	0	24	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

Recently Reported Diseases/Conditions in Florida

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

	Duval County					Florida							
	Month				Cumulative (YTD)		Month				Cumulative (YTD)		
	2013	2012	Mean†	Median¶	2013	2012	2013	2012	Mean†	Median¶	2013	2012	
A. Vaccine Preventable Diseases													
Diphtheria	0	0	0.00	0	0	0	0	0	0	0.00	0	0	0
Measles	0	0	0.20	0	0	0	0	0	0	0.40	0	8	0
Mumps	0	0	0.00	0	0	1	0	0	0	1.00	1	0	3
Pertussis	0	4	2.00	2	6	9	56	51	32.60	22	274	261	
Rubella	0	0	0.00	0	0	0	0	0	0.00	0	0	0	
Tetanus	0	0	0.00	0	1	0	0	0	0.00	0	4	1	
Varicella	9	4	3.20	3	30	19	42	51	73.20	72	384	551	
B. CNS Diseases & Bacteremias													
Creutzfeldt-Jakob Disease	0	0	0	0	0	1	1	5	2.2	1	12	14	
<i>H. influenzae</i> (invasive)	1	0	0.40	0	16	5	30	21	18.2	19	166	126	
Meningitis (bacterial, cryptococcal, mycotic)	2	2	1.60	1	9	11	15	9	18.2	20	74	88	
Meningococcal Disease	0	0	0.20	0	0	0	4	3	4.2	4	35	30	
Staphylococcus aureus (VISA, VRSA)	0	0	0.00	-	1	3	0	0	0	-	2	5	
<i>Streptococcus pneumoniae</i> (invasive disease)													
Drug resistant	1	1	1.00	1	22	11	45	26	39.8	42	340	265	
Drug susceptible	3	0	2.00	3	19	12	40	35	44.2	46	391	318	
Streptococcal Disease, Group A, Invasive	2	0	1.60	1	5	4	20	19	21.4	20	152	117	
C. Enteric Infections													
Campylobacteriosis	12	8	5.20	5	41	34	201	193	148.2	117	927	919	
Cryptosporidiosis	4	3	2.20	3	9	15	31	29	29.8	29	166	216	
Cyclosporiasis	0	0	0.20	0	0	0	1	4	6.6	5	2	6	
<i>Escherichia coli</i> , Shiga-toxin producing**	0	0	0.20	0	3	1	15	9	10.4	10	91	41	
Giardiasis	3	2	5.60	4	32	22	65	83	124.4	106	499	500	
Hemolytic Uremic Syndrome	0	0	0.00	0	0	0	2	0	0.6	0	3	1	
Listeriosis	0	0	0.20	0	0	0	2	2	4	2	19	11	
Salmonellosis	42	32	35.20	34	116	110	507	498	506.8	501	2026	2048	
Shigellosis	53	1	13.40	13	112	12	90	199	162.4	114	311	998	
Typhoid Fever	0	0	0.00	0	1	0	1	1	0.4	0	4	5	

Recently Reported Diseases/Conditions in Florida

	Duval County					Florida						
	Month			Cumulative (YTD)	Month			Cumulative (YTD)				
	2013	2012	Mean†		Median¶	2013	2012	Mean†	Median¶	2013	2012	
D. Viral Hepatitis												
Hepatitis A	1	0	0.00	0	3	0	9	13	11.8	13	50	63
Hepatitis B +HBsAg in pregnant women	7	1	2.60	1	25	15	51	35	44.4	40	268	201
Hepatitis B, Acute	2	0	0.60	0	7	4	35	25	24	23	172	146
Hepatitis C, Acute	0	0	0.00	0	1	2	18	15	8.8	9	117	69
E. Vector Borne, Zoonoses												
Animal Rabies	0	1	0.60	1	1	1	1	3	8	6	44	52
Ciguatera	0	0	0.00	0	0	0	11	0	4.4	2	16	9
Dengue Fever	0	0	0.00	0	1	0	2	3	5.6	3	57	17
Eastern Equine Encephalitis††	0	0	0	-	0	0	0	0	0	-	2	0
Ehrlichiosis/Anaplasmosis¶¶	0	0	0.1	-	0	0	3	1	0.9	-	8	12
Leptospirosis	0	0	0.00	0	0	0	0	0	0	0	1	0
Lyme Disease	0	0	0.20	0	1	2	5	7	6.6	6	33	42
Malaria	0	0	0.60	0	1	3	6	8	7	8	30	38
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	1
F. Others												
Botulism-infant	0	0	0.00	0	0	0	0	0	0	0	1	10
Brucellosis	0	0	0.00	0	0	0	0	1	0.2	0	4	10
Carbon Monoxide Poisoning	11	0	0.00	0	11	1	14	4	7.6	4	76	26
Hansens Disease (Leprosy)	0	0	0.00	0	0	0	2	1	0.6	1	5	5
Legionellosis	0	0	0.60	1	6	8	27	15	12.6	13	99	83
Vibrios	1	2	0.13	-	5	6	19	17	1.6	-	60	59

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

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%
Male	5	100%	5	100%	Male	147	28%	120	29%	Male	81	54%	71	53%
Female	0	0%	0	0%	Female	370	72%	301	71%	Female	68	46%	62	47%
Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%
White	1	20%	1	20%	White	100	19%	75	18%	White	23	15%	19	14%
Black	4	80%	4	80%	Black	208	40%	194	46%	Black	77	52%	75	56%
Hispanic	0	0%	0	0%	Hispanic	13	3%	12	3%	Hispanic	2	1%	2	2%
Other	0	0%	0	0%	Other	196	38%	140	33%	Other	47	32%	37	28%
Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%
0-14	0	0%	0	0%	0-14	3	1%	2	1%	0-14	0	0%	0	0%
15-19	0	0%	0	0%	15-19	124	24%	99	24%	15-19	18	12%	17	13%
20-24	1	20%	1	20%	20-24	198	38%	162	38%	20-24	54	36%	50	37%
25-29	1	20%	1	20%	25-29	100	16%	76	18%	25-29	32	21%	27	20%
30-39	2	40%	2	40%	30-39	61	12%	57	11%	30-39	26	17%	21	16%
40-49	0	0%	0	0%	40-54	27	5%	22	5%	40-54	14	9%	13	10%
50+	1	20%	1	20%	55+	4	1%	3	1%	55+	5	3%	5	4%
Total Cases	5		5		Total Cases	517		421		Total Cases	149		133	

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

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			
+ 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