

Duval County Epidemiology Surveillance Report

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

March 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 – March 2013

The month of March 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 increase in norovirus activity seen in the state and increasing salmonellosis cases.

The CDC's case definition for the Avian Influenza A (H7N9) Virus is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's notable investigation of the month summarizes recent norovirus clusters in Duval County.

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Notable Investigation of the Month

Norovirus or Suspected Norovirus Clusters– Duval County

From March 8th – April 4th, the FDOH in Duval County Epidemiology Program was notified of six clusters of gastrointestinal illness in various settings within the community. The facilities included one childcare facility, two schools, one nursing care facility, and two assisted living facilities. Common symptoms included nausea, vomiting, and diarrhea. Often person to person spread is the suspected mode of transmission. Five of the clusters were confirmed norovirus GII. Prevention and control guidance were provided to the facilities.

These kinds of clusters demonstrate how important it is for all people to prevent bringing illness into facilities such as these. One important way to do that is to practice proper hand hygiene, to stay home when you are sick, and to not prepare food or care for others when you are sick and for at least 2-3 days after you recover. More prevention and control measures can be found at <http://www.doh.state.fl.us/Environment/medicine/foodsurveillance/norovirus.htm> or <http://www.cdc.gov/norovirus/preventing-infection.html>

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

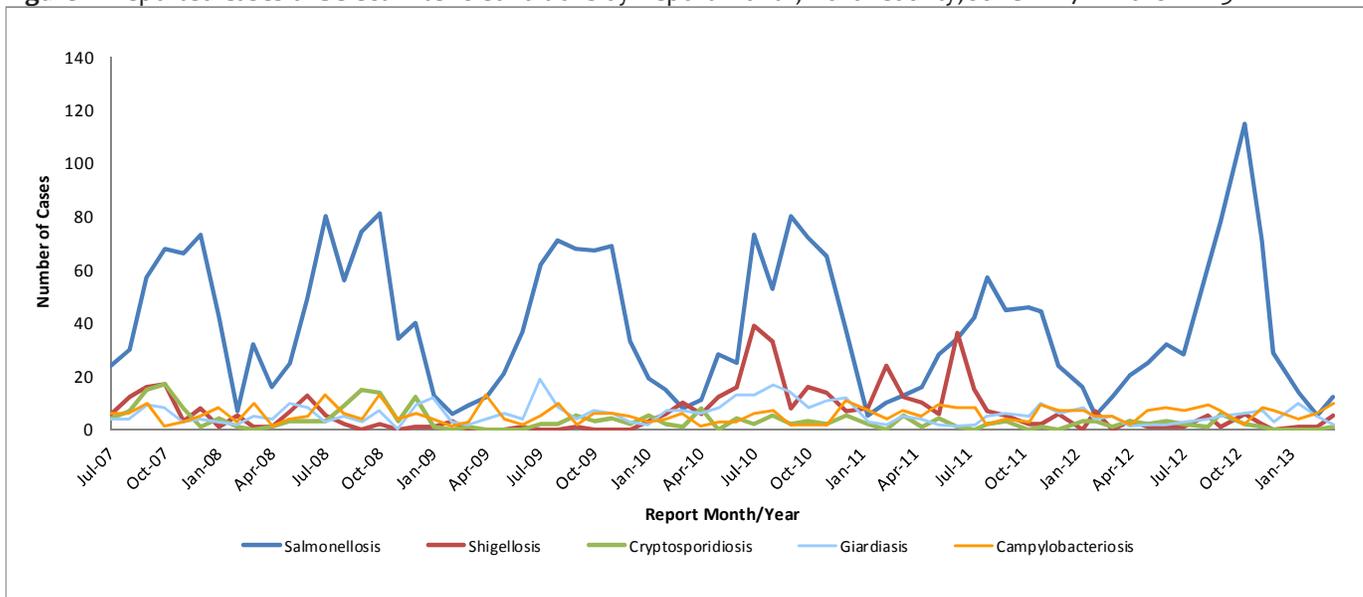
Reported cases of salmonellosis increased, but reported enteric diseases overall remained low in March (Figure 2). Twelve (12) cases of salmonellosis were reported in March, which is slightly lower than the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 14.8 cases for March. The most represented age group of reported cases of salmonellosis for 2013 (15/32, 46.9%) occurred in the 0-4 age group. Cases of campylobacteriosis (10) and shigellosis (5) increased in March and cases of giardiasis (2) decreased (Figure 2).

Norovirus activity appears to be increasing in Florida. During March, twenty-one (21) outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. Three of the reported outbreaks were confirmed as norovirus GII per the last report in EpiCom and eight were confirmed norovirus with the type not reported. Four outbreaks of confirmed norovirus and two suspect viral gastroenteritis outbreaks were reported in Duval County during March (Source: FDENS EpiCom & FDOH in Duval surveillance). During February, fourteen (14) norovirus or gastrointestinal illness outbreaks were reported in Florida via EpiCom and zero outbreaks were reported in Duval County.

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 – March 2013



Additional Enteric Disease Trends Update

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

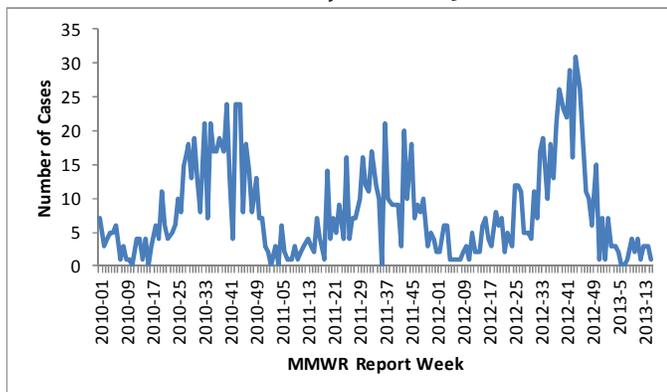
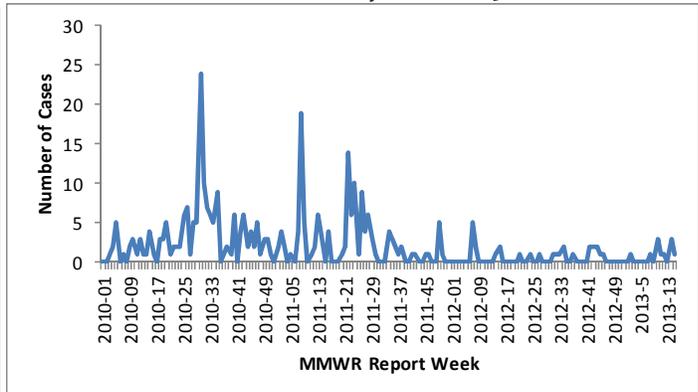


Figure 4: Reported Cases of Shigellosis by Report Week - Duval County - 2010-2013



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a mild level. In Duval County, ED visits for ILI as monitored through ESSENCE remained above 2% for weeks 49-13 (Figure 5) and decreased below 2% for weeks 14-15. In March, there were thirteen (13) 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, enterovirus, human metapneumovirus, multiple coronaviruses, and respiratory syncytial virus (RSV).

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

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

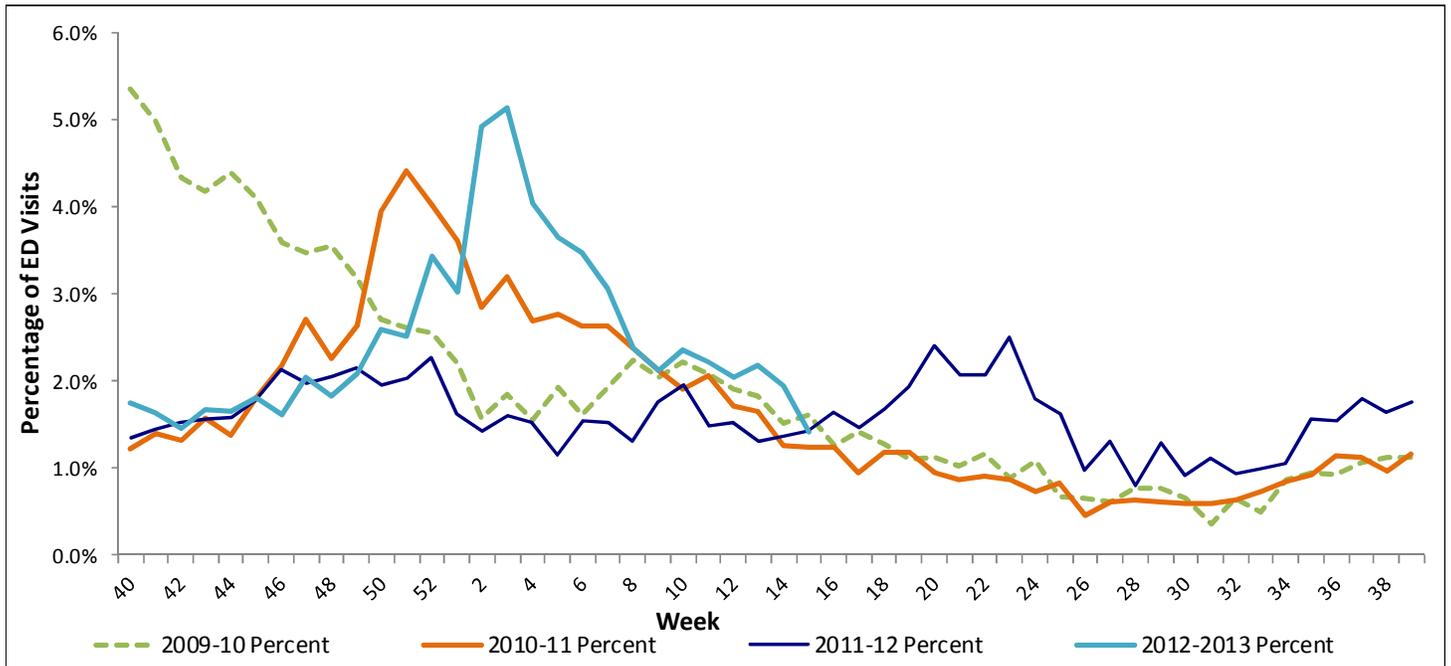
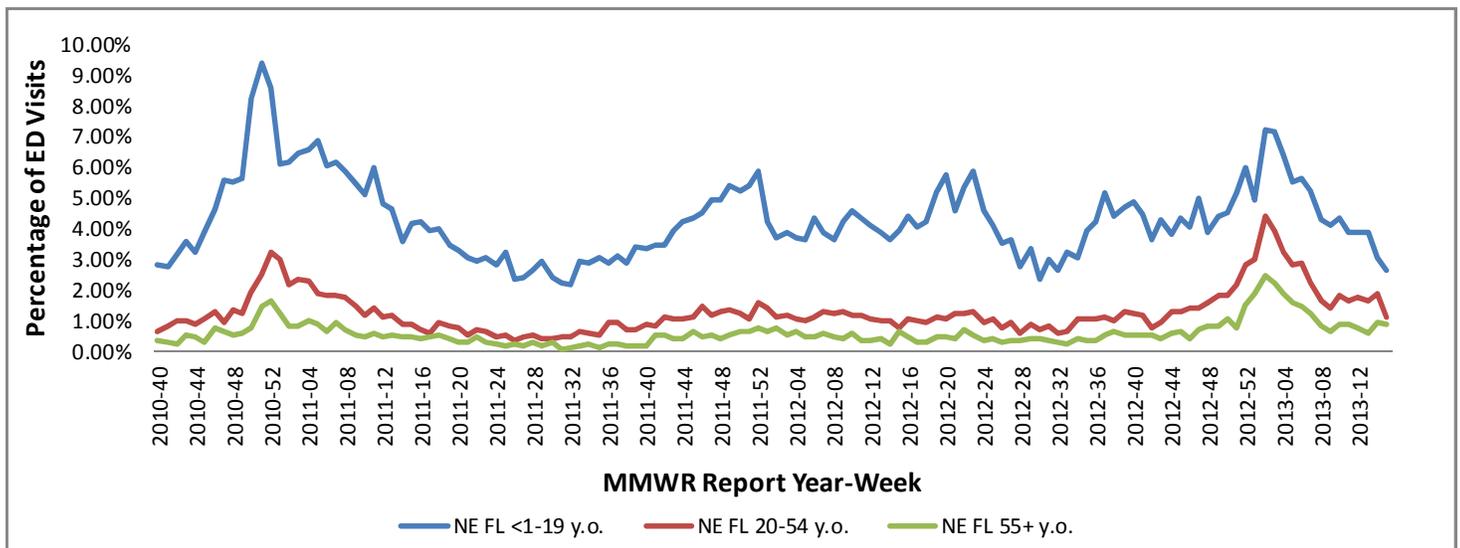


Figure 6: Age Comparison of ILI ED Visits – NE FL ESSENCE Facilities - Reported From October-2010 to mid-April-2013



Respiratory Disease & ILI Overview Continued

Summary

Within the last month, Influenza B, unspecified (5), Influenza A H1N1 2009 (1), and Influenza A H3 (7) were detected by the Bureau of Public Health Laboratories (BPHL). Influenza B, unspecified (9) and Influenza A, unspecified (24) 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, sixty-four (58.7%) were influenza A H3, three (2.75%) was influenza A H1N1 2009, thirty-five (32.1%) were influenza B, and seven (6.4%) 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 15, 2013 as Reported by Merlin - Duval County

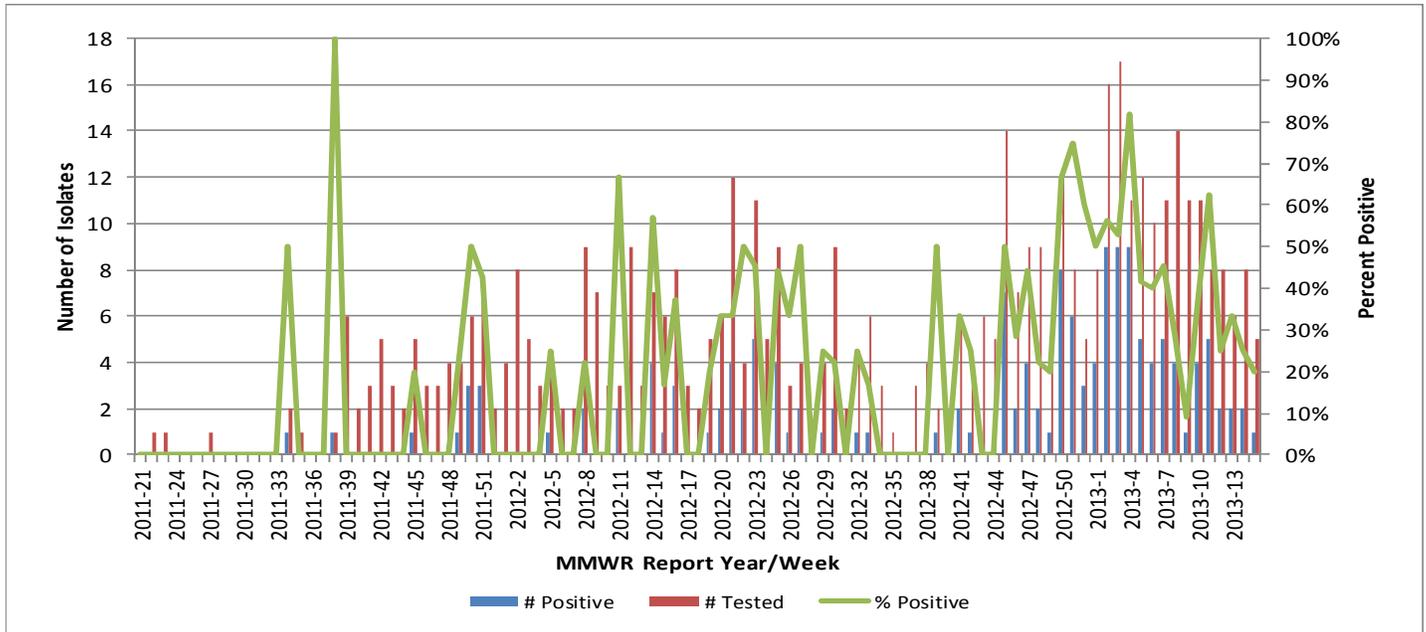
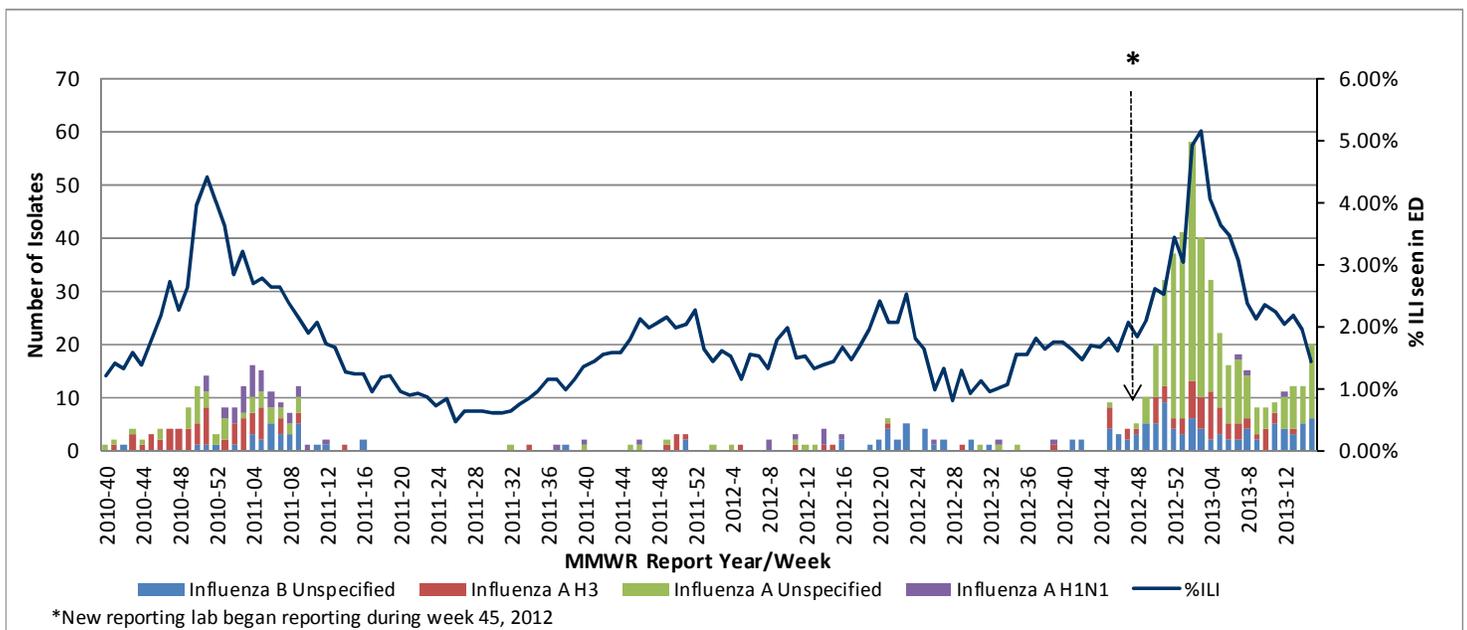


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 40, 2010 to Week 15, 2012 - Duval County



*New reporting lab began reporting during week 45, 2012

Respiratory Virus Surveillance (NREVSS N. Region)

Summary

Circulation of influenza decreased in March. RSV also 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 16.84% (113/671) (Figure 9) and 4.01% (30/749) of RSV specimens were positive during the month of March (Figure 10). In February, the percent positive for influenza was 18.06% and for RSV was 7.14%.

Figure 9: NREVSS - Monthly Influenza Surveillance Data by Region (NORTH) - Reported From 06/01/2008 to 03/30/2012

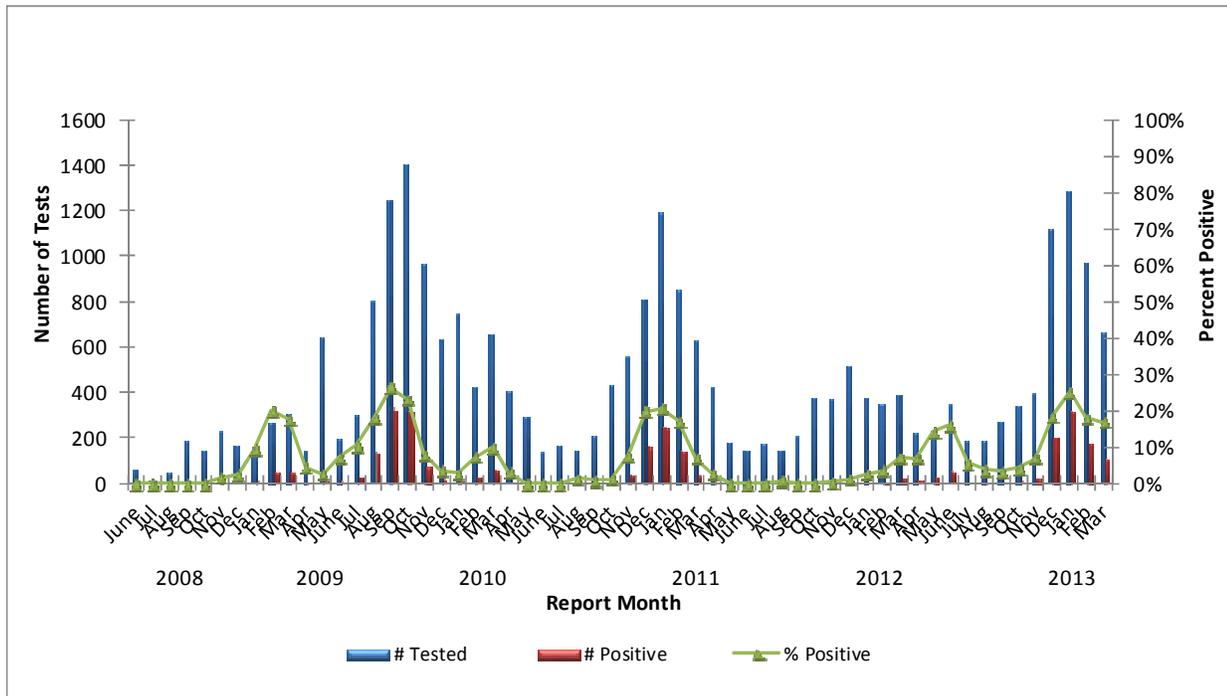
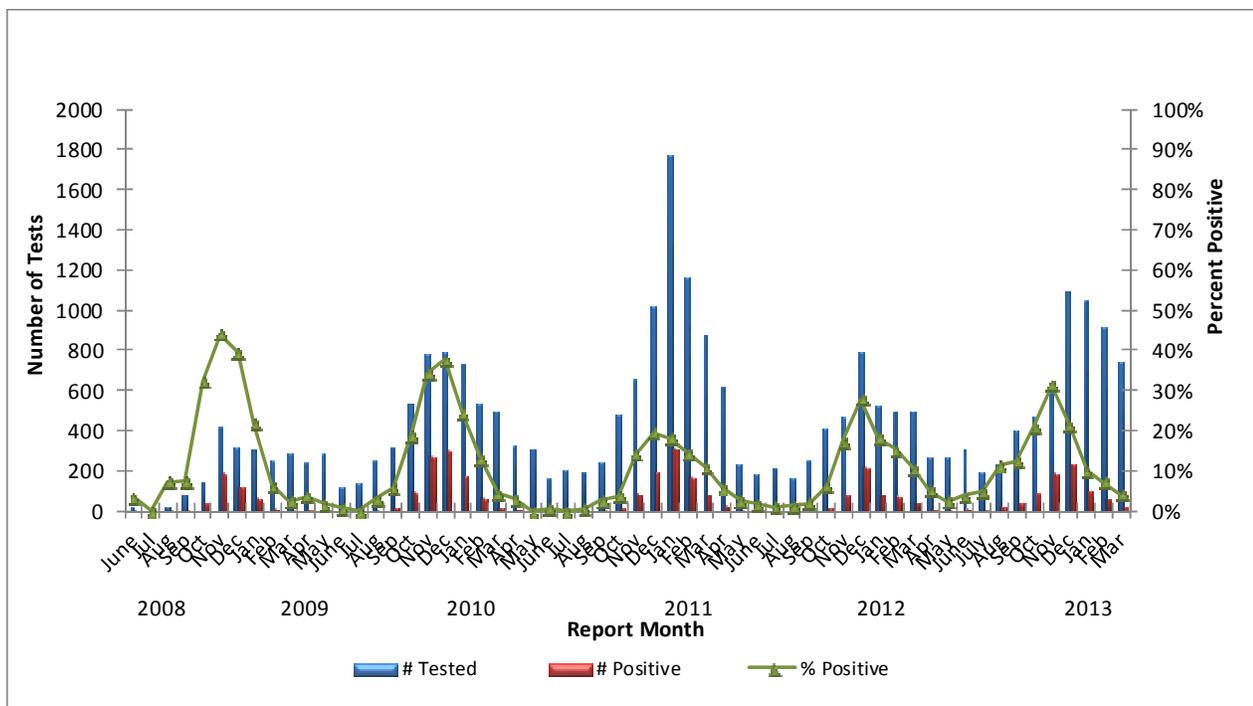


Figure 10: NREVSS - Monthly RSV Surveillance Data by Region (NORTH) - Reported From 06/01/2008 to 03/30/2012



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- April 13, 2012)



Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through April 13, 2013)				
Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Wild Birds
West Nile Virus	-	-	26	-
St. Louis Encephalitis Virus	-	-	1	-
Highlands J Virus	-	-	-	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	2	6	4	-

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 a Levy (1) and Hillsborough (1) Counties resident.

Imported Dengue: Twenty-one 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), Guatemala, Haiti, Indonesia, Jamaica (3), Philippines, Puerto Rico (8), and Saint Martin. Counties reporting cases were: Brevard (2), Broward, Clay, Lee, Miami-Dade (7), Orange (5), Osceola, and Palm Beach (3). Three of the cases were reported in non-Florida residents.

Imported Malaria: Twelve cases of malaria with onset in 2013 have been reported. Countries of origin were: Democratic Republic of the Congo, Guinea, Guyana, Haiti (5), Kenya, Nigeria, Sierra Leone, and Solomon Islands. Counties reporting cases were: Hillsborough, Lee, Miami-Dade (5), Orange (2), Palm Beach (2) and Seminole.

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- Avian Influenza A (H7N9) Virus (Source: CDC)

On April 1, 2013, the World Health Organization (WHO) first reported 3 human infections with a new influenza A (H7N9) virus in China. Since then, additional cases have been reported. Most reported cases have severe respiratory illness and, in some cases, have died. At this time, **no cases of H7N9 outside of China** have been reported. The new H7N9 virus has not been detected in people or birds in the United States. For current case counts, go to: <http://www.who.int/csr/don/en/>

Case Definitions- <http://www.cdc.gov/flu/avianflu/h7n9-case-definitions.htm>

Confirmed Case: A patient with novel influenza A (H7N9) virus infection that is confirmed by CDC's Influenza Laboratory or a CDC certified public health laboratory using methods agreed upon by CDC and CSTE.¹

Probable Case: A patient with illness compatible with influenza for whom laboratory diagnostic testing is positive for influenza A, negative for H1, negative for H1pdm09, and negative for H3 by real-time reverse transcriptase polymerase chain reaction (RT-PCR), and therefore unsubtypeable.

Case Under Investigation: A patient with illness compatible with influenza meeting either of the following exposure criteria and for whom laboratory confirmation is not known or pending, or for whom test results do not provide a sufficient level of detail to confirm novel influenza A virus infection.

- A patient who has had recent contact (within ≤ 10 days of illness onset) with a confirmed or probable case of infection with novel influenza A (H7N9) virus.

OR

- A patient who has had recent travel (within ≤ 10 days of illness onset) to a country where human cases of novel influenza A (H7N9) virus have recently been detected² or where novel influenza A (H7N9) viruses are known to be circulating in animals.

Cases under investigation with severe respiratory illness (including radiographically-confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness) of unknown etiology may be prioritized for diagnostic testing.

¹ Confirmation of all novel influenza A (H7N9) viruses will initially be performed by CDC's Influenza Laboratory. Once appropriate diagnostic testing methodology has been identified by CDC, confirmation may be made by public health laboratories following CDC-approved protocols for detection of novel influenza A (H7N9) virus, or by laboratories using an FDA-authorized test specific for detection of novel influenza A (H7N9) virus.

² Countries that have recently reported novel influenza A (H7N9) human cases include: **China**.

Tuberculosis (TB) Surveillance – Duval County - 1/1/2013 through 3/31/2013 – 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
Gender				Risk Factors			
Male	6	12	50.0%	Excess alcohol use within past year	2	12	16.7%
Female	6	12	50.0%	HIV co-infection	0	12	0.0%
Country of Origin				Illicit drug use within past year	0	12	0.0%
U.S.	9	12	75.0%	Homeless	2	12	16.7%
Non-U.S.	3	12	25.0%	Incarcerated at diagnosis	0	12	0.0%
Age Group				Unemployed	8	12	66.7%
0-9	1	12	8.3%	Ethnicity			
10-19	0	12	0.0%	Asian	3	12	25.0%
20-29	2	12	16.7%	Black	3	12	25.0%
30-39	3	12	25.0%	White	6	12	50.0%
40-49	4	12	33.3%	Hispanic	0	12	0.0%
50-59	1	12	8.3%	Drug Resistance			
≥ 60	1	12	8.3%	Resistant to isoniazid	0	12	0.0%
* 3 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, March 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	0.00	0	0	0	4	0	0.00	0	8	0	
Mumps	0	0	0.00	0	0	1	0	1	0.80	1	0	3	
Pertussis	4	0	1.40	0	6	1	33	29	28.00	29	95	100	
Rubella	0	0	0.00	0	0	0	0	0	0.00	0	0	0	
Tetanus	0	0	0.00	0	0	0	1	0	0.40	0	3	0	
Varicella	4	6	4.00	4	11	10	87	141	153.80	141	202	314	
B. CNS Diseases & Bacteremias													
Creutzfeldt-Jakob Disease	0	0	0.2	0	0	0	1	2	1.4	2	6	3	
<i>H. influenzae</i> (invasive)	1	0	0.60	0	7	2	24	21	21.6	21	78	62	
Meningitis (bacterial, cryptococcal, mycotic)	0	2	1.60	2	4	4	11	21	21.6	22	36	55	
Meningococcal Disease	0	0	0.40	0	0	0	8	4	7.4	8	28	14	
Staphylococcus aureus (VISA, VRSA)	0	1	0.20	-	1	2	1	2	0.4	-	2	4	
<i>Streptococcus pneumoniae</i> (invasive disease)													
Drug resistant	6	1	4.00	2	13	8	68	49	97.4	90	196	164	
Drug susceptible	4	1	3.00	3	9	6	61	59	81.8	75	242	195	
Streptococcal Disease, Group A, Invasive	2	2	1.60	2	2	2	18	17	24.6	22	59	53	
C. Enteric Infections													
Campylobacteriosis	10	5	6.20	6	20	17	130	117	101.2	81	394	451	
Cryptosporidiosis	1	1	1.60	1	1	7	25	34	26.6	27	74	105	
Cyclosporiasis	0	0	0.40	0	0	0	0	0	2.8	3	1	1	
<i>Escherichia coli</i> , Shiga-toxin producing**	2	0	0.40	0	2	1	11	7	11.6	14	37	18	
Giardiasis	2	5	4.80	5	19	17	86	76	120.4	91	256	224	
Hemolytic Uremic Syndrome	0	0	0.20	0	0	0	1	0	0.8	1	1	0	
Listeriosis	0	0	0.00	0	0	0	4	2	2.4	1	11	6	
Salmonellosis	12	12	14.80	12	32	33	263	273	242.4	235	792	807	
Shigellosis	5	0	4.60	1	7	7	29	119	83.4	65	91	330	
Typhoid Fever	0	0	0.00	0	0	0	0	0	0.4	0	1	2	

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
D. Viral Hepatitis												
Hepatitis A	1	0	0.20	0	2	0	6	13	13.6	13	19	30
Hepatitis B +HBsAg in pregnant women	3	1	2.60	3	8	10	51	29	48	44	124	87
Hepatitis B, Acute	1	2	1.60	2	5	3	21	20	24.4	20	74	64
Hepatitis C, Acute	1	0	0.00	0	1	1	18	11	8	9	52	35
E. Vector Borne, Zoonoses												
Animal Rabies	0	0	0.20	0	1	0	4	8	11.4	11	23	27
Ciguatera	0	0	0.00	0	0	0	0	2	1	0	1	7
Dengue Fever	0	0	0.00	0	0	0	3	1	2.4	3	38	7
Eastern Equine Encephalitis††	0	0	0	-	0	0	1	0	0	-	2	0
Ehrlichiosis/Anaplasmosis¶¶	0	0	0	-	0	0	2	1	0.2	-	2	3
Leptospirosis	0	0	0.00	0	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0.20	0	0	2	1	7	4.6	6	16	25
Malaria	0	0	0.60	1	1	3	3	3	5.8	7	18	20
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	1	0	0	0	1	3
Brucellosis	0	0	0.00	0	0	0	0	0	0	0	1	3
Carbon Monoxide Poisoning	0	1	1.20	0	0	1	39	5	3.8	3	45	9
Hansens Disease (Leprosy)	0	0	0.00	0	0	0	0	1	0.6	0	1	1
Legionellosis	2	2	0.60	0	5	6	11	15	13.6	15	46	46
Vibrios	0	1	0.02	-	3	1	5	7	0.6	-	12	16

* 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 January 2013

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	8	80%	8	80%
Female	2	20%	2	20%
Race	Area 4	%	Duval	%
White	2	20%	2	20%
Black	7	70%	7	70%
Hispanic	1	10%	1	10%
Other	0	0%	0	0%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	1	10%	1	10%
20-24	4	40%	4	40%
25-29	1	10%	1	10%
30-39	2	20%	2	20%
40-49	2	20%	2	20%
50+	0	0%	0	0%
Total Cases	10		10	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	196	28%	156	28%
Female	498	72%	393	72%
Race	Area 4	%	Duval	%
White	132	19%	84	15%
Black	348	50%	324	59%
Hispanic	18	3%	18	3%
Other	196	28%	123	22%
Age	Area 4	%	Duval	%
0-14	5	1%	5	1%
15-19	175	25%	133	24%
20-24	288	41%	220	40%
25-29	116	17%	98	18%
30-39	76	11%	63	11%
40-54	27	4%	23	4%
55+	7	1%	7	1%
Total Cases	694		549	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	101	53%	90	56%
Female	88	47%	70	44%
Race	Area 4	%	Duval	%
White	24	13%	15	9%
Black	120	63%	112	70%
Hispanic	3	2%	3	2%
Other	42	22%	30	19%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	20	11%	17	11%
20-24	69	37%	63	39%
25-29	45	24%	35	22%
30-39	34	18%	28	18%
40-54	18	10%	14	9%
55+	3	2%	3	2%
Total Cases	189		160	

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/httopics/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 	<ul style="list-style-type: none"> ! Plague
+ Acquired Immune Deficiency Syndrome (AIDS)	• Creutzfeldt-Jakob disease (CJD)	! Poliomyelitis, paralytic and non-paralytic
+ Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)	• Cryptosporidiosis	• Psittacosis (Ornithosis)
STD - (904) 253-2974	• Cyclosporiasis	• Q Fever
• Chancroid	• Dengue	☎ Rabies (human, animal)
• Chlamydia	! Diphtheria	! Rabies (possible exposure)
• Conjunctivitis (in neonates ≤ 14 days old)	• Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)	! Ricin toxicity
• Gonorrhea	• Ehrlichiosis	• Rocky Mountain spotted fever
• Granuloma inguinale	• Encephalitis, other (non-arboviral)	! Rubella (including congenital)
• 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)	☎ 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)
• Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)	• Giardiasis	• Salmonellosis
• Lymphogranuloma venereum (LGV)	! Glanders	• Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
• Syphilis	! Haemophilus influenzae (meningitis and invasive disease)	! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
☎ Syphilis (in pregnant women and neonates)	• Hansen's disease (Leprosy)	• Shigellosis
TB CONTROL - (904) 253-1070	☎ Hantavirus infection	! Smallpox
• Tuberculosis (TB)	☎ Hemolytic uremic syndrome	• <i>Staphylococcus aureus</i> , community associated mortality
CANCER - (305) 243-4600	☎ Hepatitis A	☎ Staphylococcus aureus (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
+ Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)	• Hepatitis B, C, D, E, and G	☎ Staphylococcus enterotoxin B (disease due to)
ALL OTHERS - (904) 253-1850	• Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)	• Streptococcal disease (invasive, Group A)
! Any disease outbreak	! Influenza due to novel or pandemic strains	• Streptococcus pneumoniae (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
! 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.	• 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)
• Amebic encephalitis	• Legionellosis	• Trichinellosis (Trichinosis)
• Anaplasmosis	• Leptospirosis	! Tularemia
! Anthrax	☎ Listeriosis	☎ Typhoid fever
• Arsenic poisoning	• Lyme disease	! Typhus fever (disease due to Rickettsia prowazekii infection)
! Botulism (foodborne, wound, unspecified, other)	• Malaria	• Typhus fever (disease due to Rickettsia typhi, R. felis infection)
• Botulism (infant)	! Measles (Rubeola)	! Vaccinia disease
! Brucellosis	! Melioidosis	• Varicella (Chickenpox)
• California serogroup virus (neuroinvasive and non-neuroinvasive disease)	• Meningitis (bacterial, cryptococcal, mycotic)	• Varicella mortality
• Campylobacteriosis	! Meningococcal disease (includes meningitis and meningococemia)	! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
• Carbon monoxide poisoning	• Mercury poisoning	• Vibrios (Vibrio infections)
! Cholera	• Mumps	! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
• Ciguatera fish poisoning (Ciguatera)	☎ 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