

Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) in Duval County, Epidemiology
September 2014



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 – September 2014

The month of September 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 remains low but is increasing. DOH-Duval continues to observe enteric illnesses and continues to monitor the increase in cryptosporidiosis cases statewide.

Information on the current Ebola Outbreak is highlighted in the Other Notable Trends and Statistics section. Lastly, this edition's notable investigation of the month summarizes the recent announcement of the second healthcare worker infected with Ebola in Texas.

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Second Case of Ebola in a Texas Healthcare Provider

A second health care worker at Texas Health Presbyterian Hospital who provided care for the first Ebola patient diagnosed in the United States has tested positive for the disease.

The health care worker reported a fever Tuesday and was immediately isolated at the hospital.

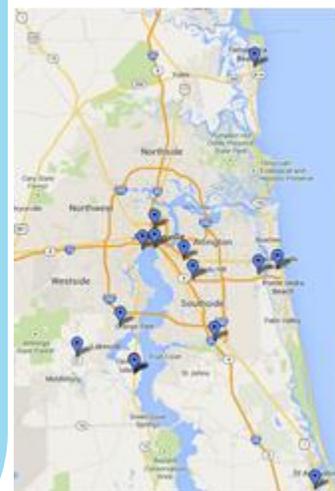
Health officials have interviewed the latest patient to quickly identify any contacts or potential exposures, and those people will be monitored. The type of monitoring depends on the nature of their interactions and the potential they were exposed to the virus.

The Texas Department of State Health Services also continues to monitor people who came into contact with the first two Ebola patients diagnosed in the state. The first was a man who had recently arrived in the U.S. from Liberia, where there is an ongoing Ebola outbreak. The second was another health care worker who provided care for the initial patient while he was in the hospital.

Ebola is a severe and often fatal illness. Ebola is spread through direct contact with blood, secretions or other bodily fluids of a sick person or exposure to contaminated objects, such as needles. It cannot be spread simply by being near someone who is infected. People only become contagious after they begin to have symptoms.

Source: Texas Department of State Health Services

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

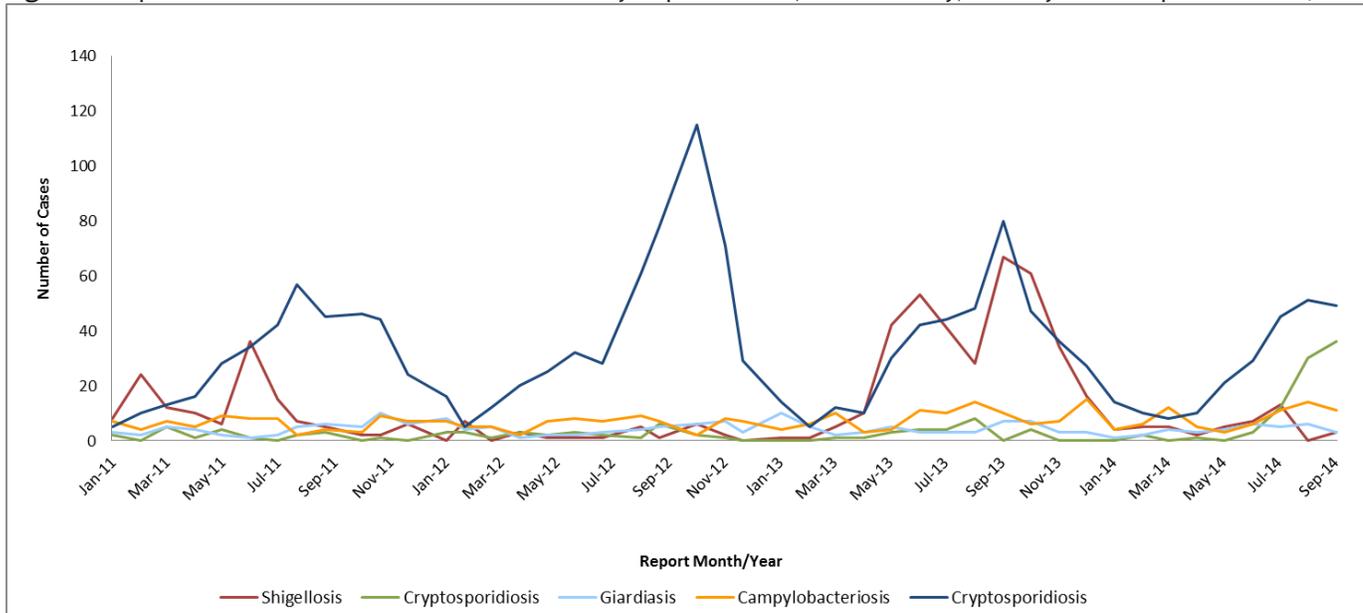
Reported cases of salmonellosis and cryptosporidiosis increased during the month of September (Figure 2). Forty-nine (49) cases of salmonellosis were reported in September in Duval residents, which is lower than the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 71.0 cases for September. The most represented age group of reported cases of salmonellosis for 2014 (109/245, 45.4%) occurred in the 0-4 age group. Cases of cryptosporidiosis continued to increase in September with thirty-six (36) cases, shigellosis (3) increased in September, while cases of campylobacteriosis (11) and giardiasis (3) both decreased (Figure 2).

Norovirus activity remains low in Florida. During September, no outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. However, during the month of September two outbreaks or cryptosporidiosis were reported, one in Baker County, the other in Hillsborough County (Source: FDENS EpiCom & DOH- Duval surveillance). During August, four (4) cryptosporidiosis outbreaks were reported in Florida via EpiCom, no outbreaks were reported in Duval County.

For prevention information, visit <http://www.cdc.gov/norovirus/> & <http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html>

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2011 – September 2014



Additional Enteric Disease Trends Update

Figure 3: Reported Cases of Salmonellosis by Report Week - Duval County - 2011-2013

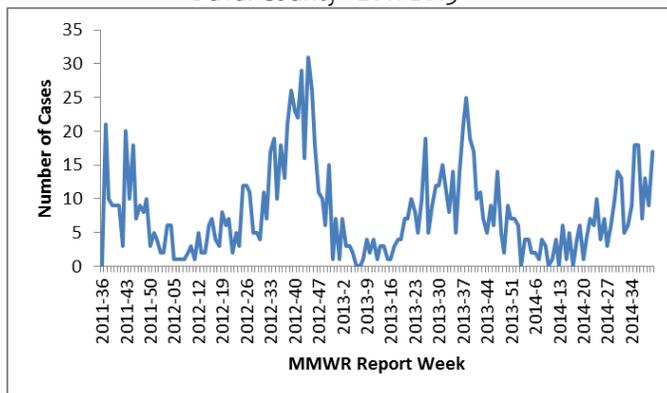
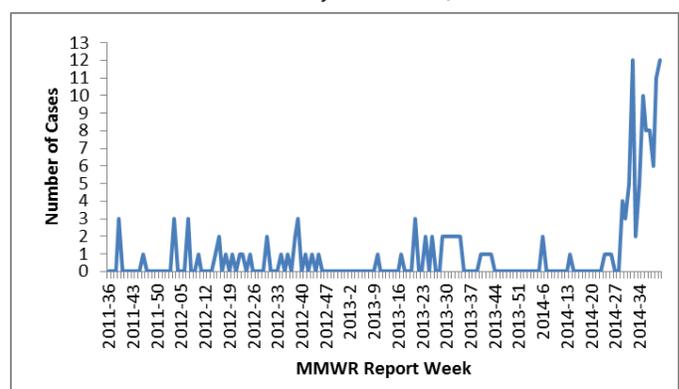


Figure 4: Reported Cases of Cryptosporidiosis Report Week - Duval County - 2011-2014



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 46-7 and week 11 (Figure 7), decreased below 2% from weeks 8-10 and weeks 12-23, and has remained below 1% for weeks 24-35. ESSENCE visits have increased above 1% during weeks 36-39. In September, there were three (3) positive influenza results within Duval County that were tested at the Bureau of Public Health Labs (BPHL) - Jacksonville. ILI ED visits in the age group of <1-19 increased (Figure 6). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, enterovirus, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: <http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html>

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

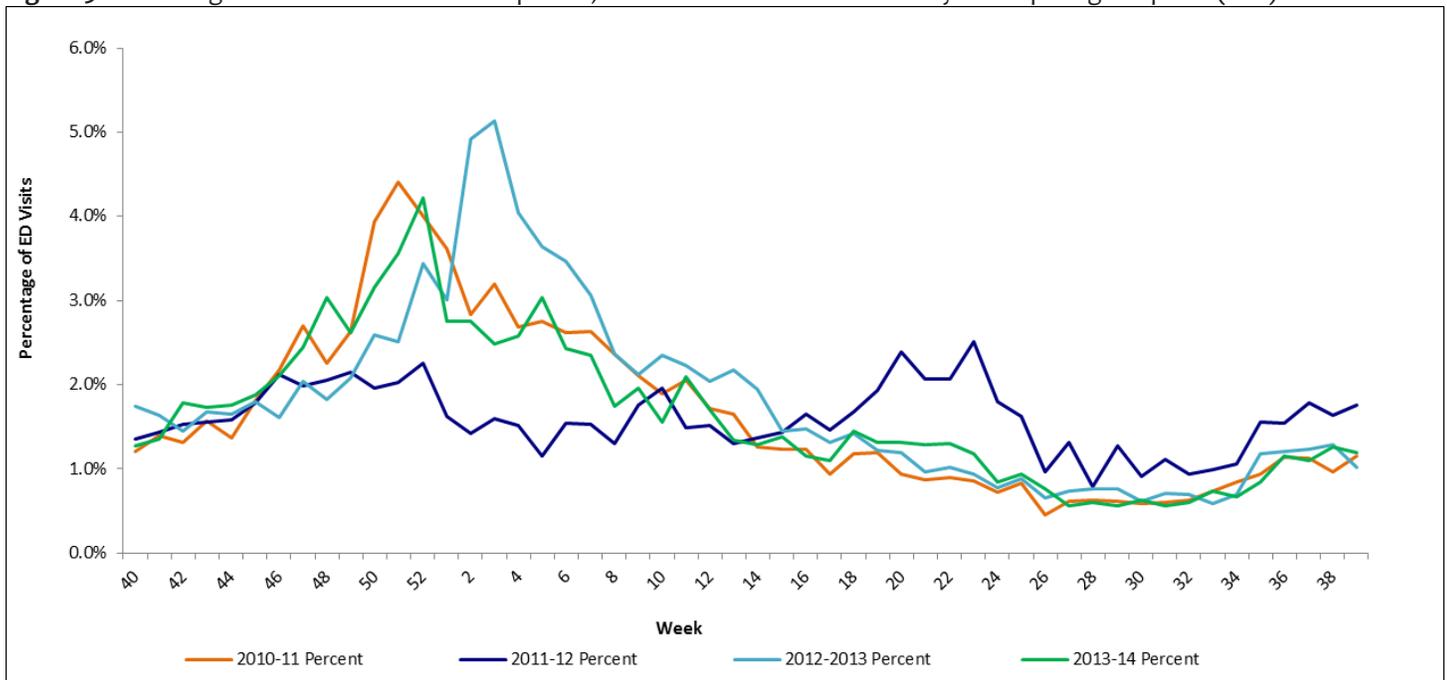
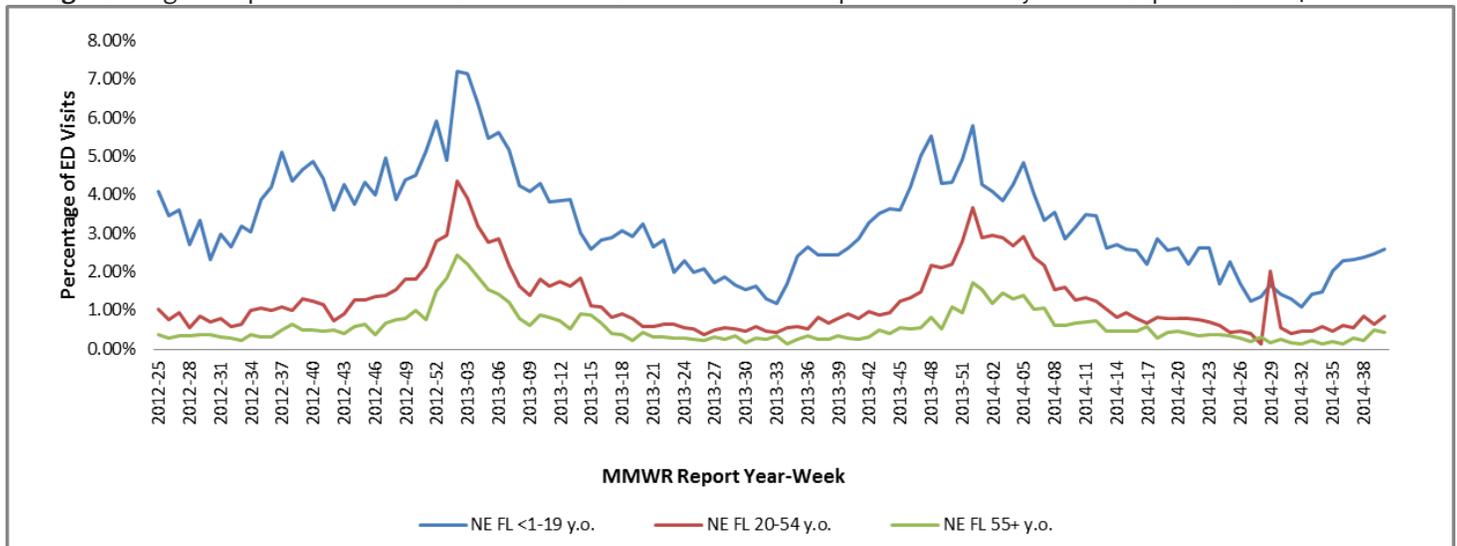


Figure 6: Age Comparison of ILI ED Visits – NE FL ESSENCE Facilities - Reported From May-2012 to September-2014



Respiratory Disease & ILI Overview Continued

Summary

Within the last month, three (3) specimens have tested positive for influenza B that were tested by the Bureau of Public Health Laboratories (BPHL). Influenza A, unspecified (2) and Influenza B, unspecified (4) were detected by private labs using rapid antigen testing (as reported through Electronic Lab Reporting (ELR), Figure 8).

Figure 7: Number of Specimens Tested by FL Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date – Week 36, 2011 to Week 40, 2013 as Reported by Merlin - Duval County

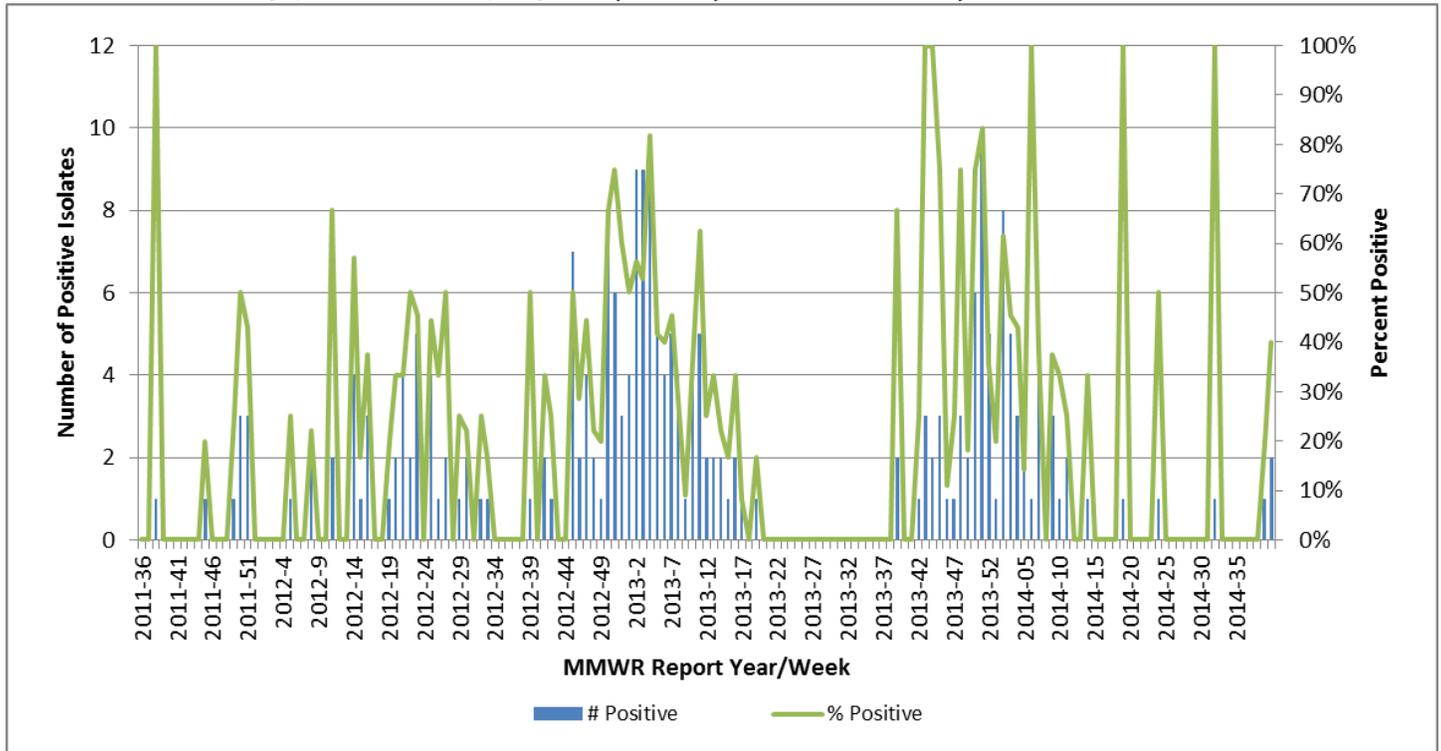
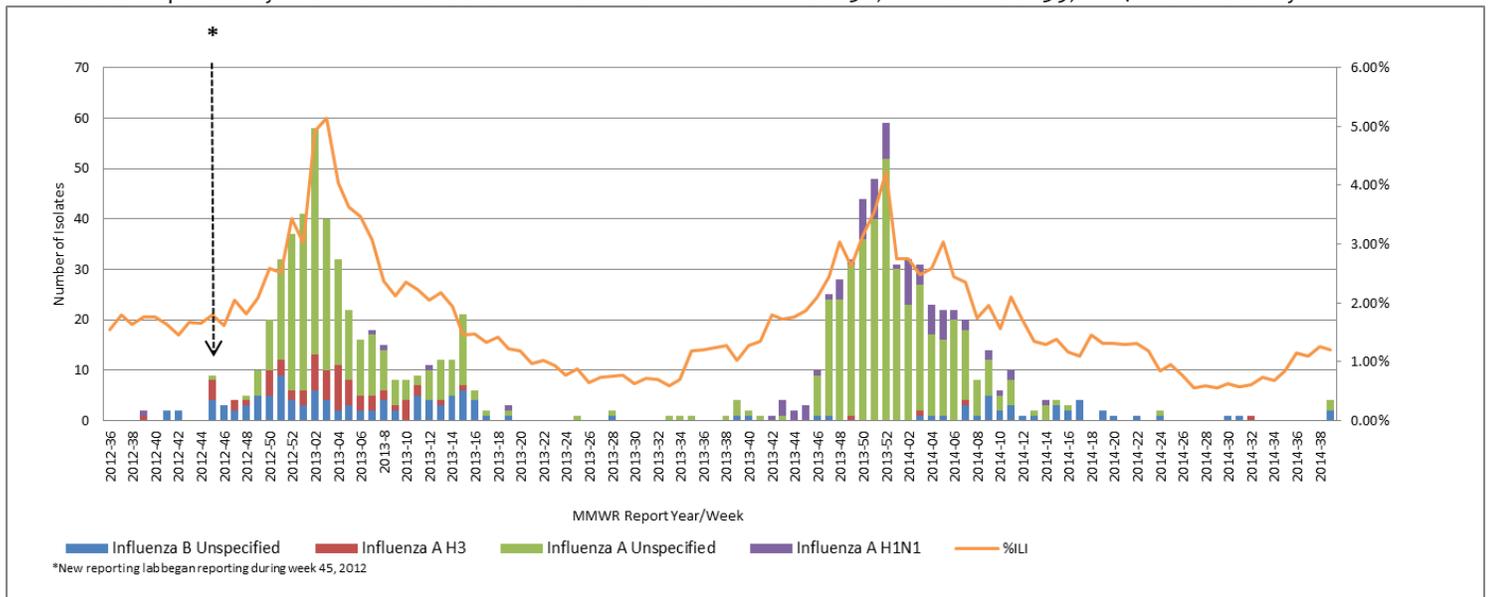


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 36, 2012 to Week 39, 2014 - Duval County



Respiratory Virus Surveillance (NREVSS N. Region)

Summary

Circulation of influenza and RSV remained at low levels for the month of September. RSV season for the North Region of Florida traditionally runs from September to March. The percent positive for influenza reported by local hospital data is 1.80% (3/166) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of September was 5.75% (13/226) (Figure 11). In August, the percent positive for influenza was 1.41% and for RSV was 3.43%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 1/20/2013-10/4/2014

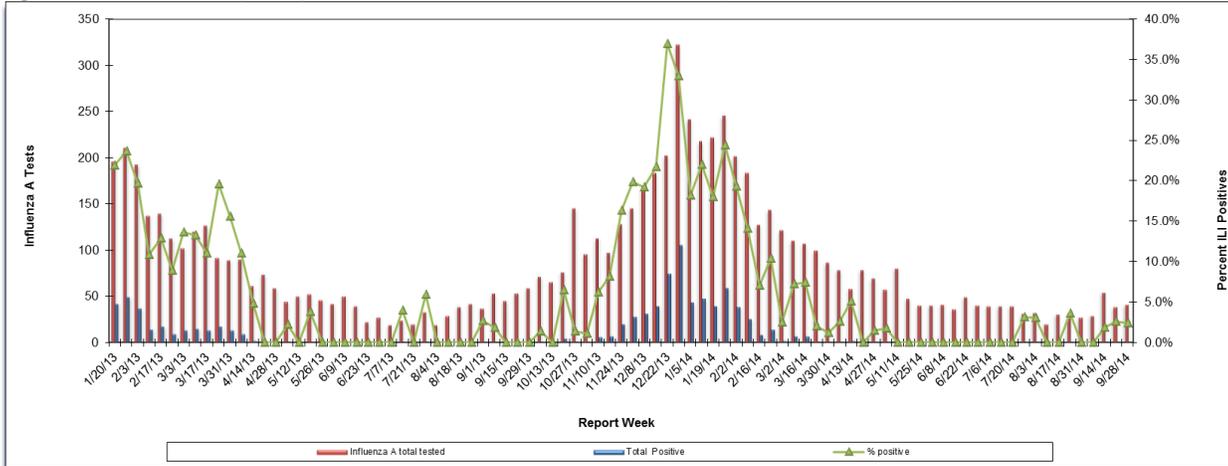


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 1/20/2013-10/4/2014

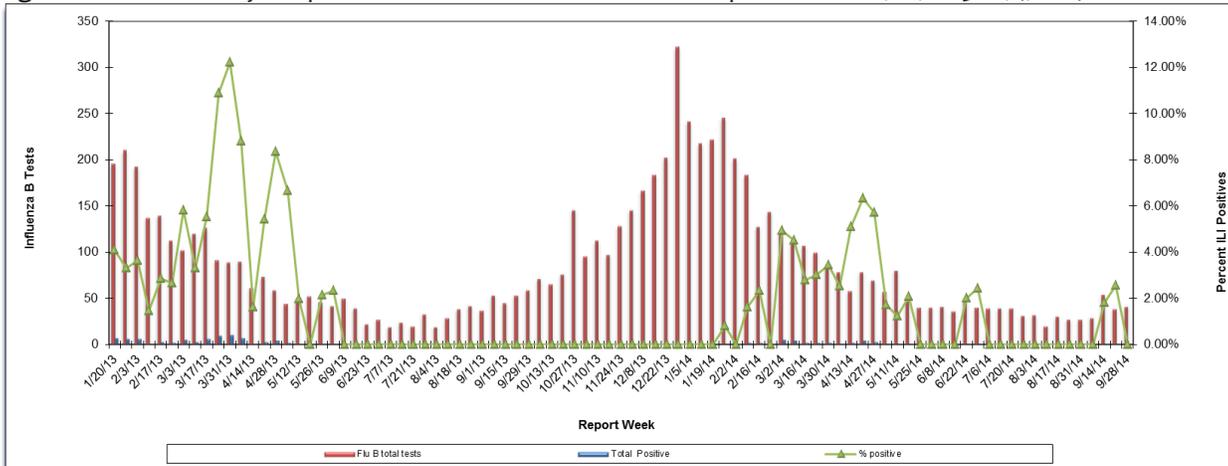
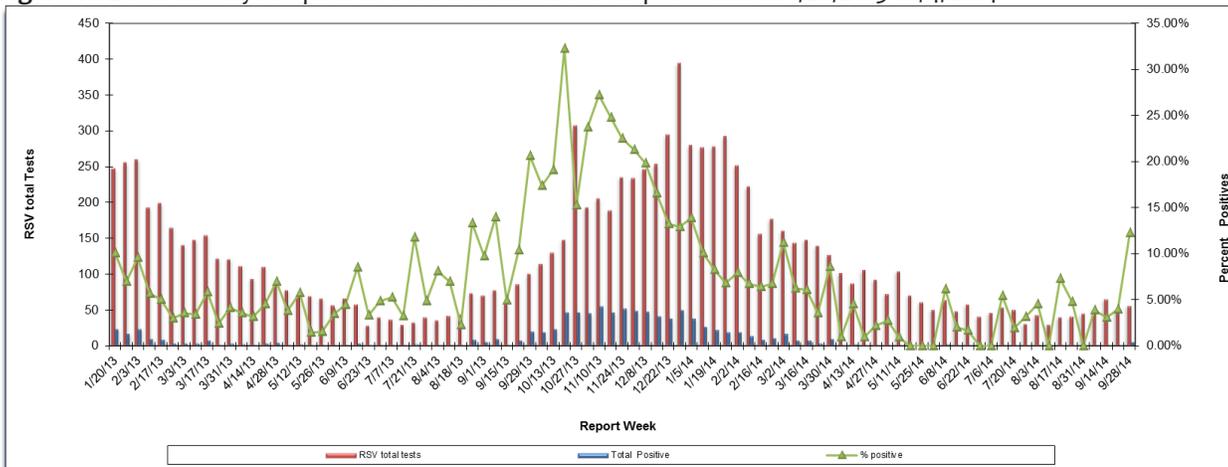


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 1/20/2013-10/4/2014



Florida Mosquito-Borne Disease 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). **Resources:** <http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>

Figure 11: Florida Arbovirus Surveillance

(January 1- October 11, 2014)

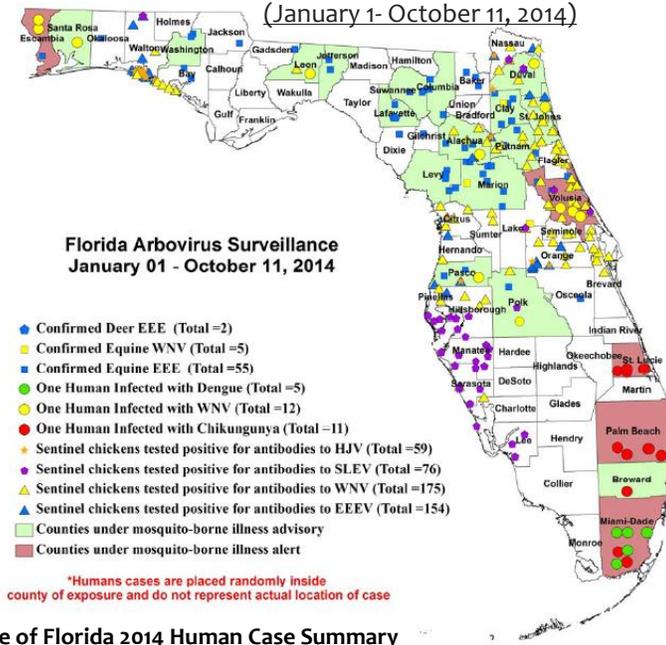


Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through October 11, 2014)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	10	5	175	-
St. Louis Encephalitis Virus	-	-	76	-
Highlands J Virus	-	-	59	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	-	55	154	-

State of Florida 2014 Human Case Summary

West Nile Virus Illnesses Acquired in Florida: A total of ten human cases of WNV illness acquired in Florida have been reported in 2014; one in Alachua (August), two in Escambia (July, August), one in Duval (August), one in Leon (August), one in Pasco (August), one in Polk (September) and three in Volusia (August, September) Counties. Two asymptomatic positive blood donors were reported from Santa Rosa (July) and St. Johns (September) Counties.

International Travel-Associated Dengue Fever Cases: Sixty-four cases of dengue with onset in 2014 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Bangladesh, Bolivia, Brazil (2), Caribbean, Columbia, Costa Rica (3), Cuba (25), Cuba/Bahamas, Dominican Republic (8), El Salvador (2), Guadeloupe, Guatemala, Haiti, Honduras (4), Mexico (2), Puerto Rico (5), Sri Lanka, Trinidad (2), and Venezuela (2). Counties reporting cases were: Alachua, Brevard (2), Broward (7), Clay, Collier, Highlands, Hillsborough (4), Lee, Manatee (2), Marion, Miami-Dade (29), Orange (3), Osceola (4), Palm Beach (2), Pinellas, Seminole, St. Lucie (2), and Volusia. Six of the cases were reported in non-Florida residents. In 2014, 30 of the 64 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

Dengue Fever Cases Acquired in Florida: In 2014, a total of five cases of locally acquired dengue fever have been reported. Five cases of dengue in Miami-Dade residents with onset in June and August have been reported as acquired in Miami-Dade County.

International Travel-Associated Chikungunya Fever Cases: Two hundred and seventy-two cases of chikungunya with onset in 2014 have been reported in individuals with travel history to a chikungunya endemic country or area experiencing an outbreak in the two weeks prior to onset. Countries of origin were: Antigua (2), Antigua/Barbuda, Bequia, Cuba (4), Dominica/Guadalupe, Dominican Republic (80), El Salvador, Grenada, Guyana (7), Haiti (104), Haiti/Dominican Republic, Honduras, Jamaica (9), Martinique (2), Philippines, Puerto Rico (50), Puerto Rico/Dominican Republic (2), South America, St. Lucia, St. Thomas/St. Martin/Bahamas, and Trinidad/Tobago. Counties reporting cases were: Alachua (2), Brevard (3), Broward (45), Charlotte (2), Clay (2), Duval (8), Escambia, Flagler, Hernando (2), Highlands, Hillsborough (19), Indian River, Lake (2), Lee (7), Leon (2), Manatee (2), Marion, Miami-Dade (51), Monroe, Nassau, Okaloosa (2), Orange (32), Osceola (9), Palm Beach (34), Pasco (3), Pinellas (8), Polk (15), Santa Rosa, Sarasota (2), Seminole (6), St. Johns, St. Lucie (3), and Volusia (2). Twenty-one of the cases were reported in non-Florida residents.

Chikungunya Fever Cases Acquired in Florida: In 2014, a total of eleven cases of locally acquired chikungunya fever have been reported. One case of chikungunya fever with onset in July was acquired in Broward County. Two cases of chikungunya fever with onset in June were acquired in Miami-Dade County. Four cases of chikungunya fever with onset in July were acquired in Palm Beach County. Four cases of chikungunya fever with onset in July and August were acquired in St. Lucie County.

International Travel-Associated Malaria Cases: Forty-eight cases of malaria with onset in 2014 have been reported. Countries of origin were: Angola (3), Cameroon, Dominican Republic, East Africa, Equatorial Guinea (2), Ghana, Ghana/Rwanda, Ghana/Senegal, Ghana/Togo, Guatemala, Guyana, Haiti, Honduras, India (5), Ivory Coast (3), Kenya (2), Nigeria (6), Nigeria/Ethiopia, Papua New Guinea, Peru, Sierra Leone (5), Sudan, Uganda (2), and multiple sub-Saharan African countries (3). Counties reporting cases were: Broward (6), Clay, Duval, Escambia, Hernando, Hillsborough (8), Leon, Miami-Dade (10), Okaloosa (2), Orange (6), Osceola (2), Palm Beach (4), Pasco, Pinellas (2), Santa Rosa, and Seminole. Eleven of the cases were reported in non-Florida residents. Thirty-four cases (71%) were diagnosed with Plasmodium falciparum. Ten cases (21%) were diagnosed with Plasmodium vivax. Two cases (4%) were diagnosed with Plasmodium malariae. Two cases (4%) were diagnosed with Plasmodium ovale.

Other notable trends and statistics

Ebola Outbreak Update (Source: CDC.gov)

- On October 10, a healthcare worker at Texas Presbyterian Hospital who provided care for the index patient reported a low-grade fever and was referred for testing. The healthcare worker has tested positive for Ebola according to preliminary tests by the Texas Department of State Health Services' laboratory. The healthcare worker was isolated after the initial report of a fever and remains so now. CDC confirms that the healthcare worker is positive for Ebola.
- CDC is implementing enhanced entry screening at five U.S. airports that receive over 94% of travelers from Guinea, Liberia, and Sierra Leone.
- A confirmed case of Ebola has been reported in Spain.
- On September 30, 2014, CDC confirmed the [first travel-associated case of Ebola to be diagnosed in the United States](#). The patient passed away on October 8, 2014.
- New cases continue to be reported from Guinea, Liberia, and Sierra Leone.
- Nigeria and Senegal have not reported any new cases since September 5, 2014, and August 29, 2014, respectively. All contacts in both countries have now completed their 21-day follow up, with no further cases of Ebola reported.
- The Democratic Republic of the Congo (DRC) has reported cases of Ebola. These cases are not related to the ongoing outbreak of Ebola in West Africa. Outbreak Update - As of October 5, 2014***
- As of October 5, 2014, there have been 70 cases of Ebola virus disease reported in the Democratic Republic of the Congo. In total, 43 deaths have been reported. This outbreak is unrelated to the current outbreak of Ebola in West Africa.

Countries with Widespread Transmission

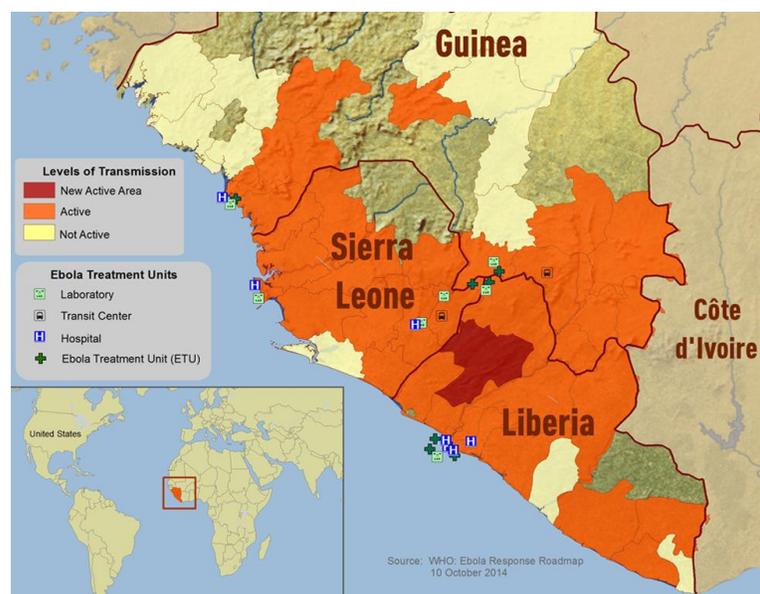
Country	Total Cases	Lab-Confirmed Cases	Total Deaths
Guinea	1350	1097	778
Liberia	4076	943	2316
Sierra Leone	2950	2593	930
Total	8376	4633	4024

Countries with Travel-associated Cases

Country	Total Cases	Lab-Confirmed Cases	Total Deaths
Senegal	1	1	0
Spain	1	1	0
United States	2	2	1
Total	4	4	1

Countries with Localized Transmission

Country	Total Cases	Lab-Confirmed Cases	Total Deaths
Nigeria	20	19	8
Total	20	19	8



Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, September 2014

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2014	2013	Mean†	Median¶	2014	2013	2014	2013	Mean†	Median¶	2014	2013
A. Vaccine Preventable Diseases												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0.2	0	0	9
Mumps	0	0	0	0	0	0	1	0	1	1	1	2
Pertussis	4	2	3.8	4	46	20	45	69	47	36	633	488
Rubella	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	1	0	0	0	0	2	4
Varicella	7	3	3	3	37	45	65	55	61.2	55	442	520
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	0	0	0	0	0	1	0	0	1.4	0	14	16
<i>H. influenzae</i> (invasive)	1	0	1.4	2	14	19	9	9	14.2	14	212	213
Meningitis (bacterial, cryptococcal, mycotic)	0	1	1	1	13	10	9	8	13.6	14	100	113
Meningococcal Disease	0	0	0	0	2	0	5	6	3.6	4	35	47
Staphylococcus aureus (VISA, VRSA)	0	0	0	0	0	1	3	0	0.6	0	3	3
<i>Streptococcus pneumoniae</i> (invasive disease)												
Drug resistant	1	1	1.4	1	15	25	9	31	31.8	31	344	430
Drug susceptible	0	2	2.2	2	20	24	7	28	32.4	31	354	454
Streptococcal Disease, Group A, Invasive	0	0	0.6	0	8	7	0	25	19	19	184	232
C. Enteric Infections												
Campylobacteriosis	11	10	5	4	74	75	165	166	143.2	141	1756	1599
Cryptosporidiosis	36	0	3.2	3	84	21	488	51	57.8	45	1337	294
Cyclosporiasis	0	0	0	0	0	6	1	0	2	1	29	46
Giardiasis	3	7	7	6	34	45	107	122	151.2	122	879	837
Hemolytic Uremic Syndrome	0	2	0.4	0	0	2	1	2	1	1	5	8
Listeriosis	1	0	0.4	0	2	2	5	3	4.6	5	31	33
Salmonellosis	52	84	71	79	243	295	787	828	864.2	859	4228	4237
Shiga Toxin-Producing <i>E. coli</i> (STEC)	0	4	1.4	1	2	6	24	18	10.4	11	130	100
Shigellosis	3	67	16.4	5	46	248	131	157	122	115	1860	643
Typhoid Fever	0	0	0.2	0	0	1	0	2	1.8	1	12	9

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2014	2013	Mean†	Median¶	2014	2013	2014	2013	Mean†	Median¶	2014	2013
D. Viral Hepatitis												
Hepatitis A	0	1	0.4	0	0	4	12	25	19.2	21	90	91
Hepatitis B +HBsAg in pregnant women	4	4	2.6	4	41	41	55	35	40.2	35	403	384
Hepatitis B, Acute	1	1	1.2	1	14	10	41	37	27.2	25	316	268
Hepatitis C, Acute	2	0	0.2	0	10	2	16	26	15.2	13	153	191
E. Vector Borne, Zoonoses												
Animal Rabies	0	0	.6	1	1	2	9	7	12.2	9	68	76
Ciguatera	0	0	0	0	0	0	8	7	2.8	2	58	40
Dengue Fever	0	1	0.2	0	0	3	8	31	21	20	80	131
Eastern Equine Encephalitis††	0	0	0	-	0	0	0	0	0	-	1	2
Ehrlichiosis/Anaplasmosis¶¶	0	0	.2	-	1	0	0	4	2.6	-	31	22
Leptospirosis	0	0	0	0	0	0	0	0	0.2	0	0	1
Lyme Disease	0	0	0.2	0	1	1	18	22	17.2	19	115	110
Malaria	0	1	0.8	1	1	4	4	7	8.8	9	53	48
St. Louis Encephalitis††	0	0	0	-	0	0	0	0	0	-	0	0
West Nile Virus††	2	0	1.8	-	2	1	10	3	7.2	-	16	4
F. Others												
Botulism-infant	0	0	0	0	0	0	0	0	0.2	0	0	1
Brucellosis	0	0	0	0	1	0	0	0	0.4	0	3	5
Carbon Monoxide Poisoning	4	0	0	0	5	23	8	25	13	10	100	123
Hansens Disease (Leprosy)	0	0	0	0	0	0	0	1	0.6	1	5	6
Legionellosis	0	0	0.6	1	7	12	27	29	23.8	25	230	187
Vibrios	2	2	.2	-	7	12	18	24	16.8	-	126	144

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2014 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 September 2014

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	7	78%	6	75%
Female	2	22%	2	25%
Race	Area 4	%	Duval	%
White	1	11%	1	13%
Black	8	89%	7	88%
Hispanic	0	0%	0	0%
Other	0	0%	0	0%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	0	0%	0	0%
20-24	4	44%	4	50%
25-29	3	33%	2	25%
30-39	1	11%	1	13%
40-49	1	11%	1	13%
50+	0	0%	0	0%
Total Cases	9		8	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	164	31%	113	29%
Female	368	69%	283	71%
Race	Area 4	%	Duval	%
White	116	22%	68	17%
Black	242	45%	226	57%
Hispanic	19	4%	17	4%
Other	155	29%	85	21%
Age	Area 4	%	Duval	%
0-14	1	1%	0	0%
15-19	161	30%	112	28%
20-24	190	36%	148	37%
25-29	91	17%	66	17%
30-39	72	14%	59	15%
40-54	12	2%	10	3%
55+	5	1%	1	1%
Total Cases	532		396	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	84	48%	70	49%
Female	91	52%	74	51%
Race	Area 4	%	Duval	%
White	34	19%	24	17%
Black	97	55%	89	62%
Hispanic	6	3%	6	4%
Other	38	22%	25	17%
Age	Area 4	%	Duval	%
0-14	0	0%	0	0%
15-19	23	13%	15	10%
20-24	53	30%	45	31%
25-29	37	21%	30	21%
30-39	36	21%	33	23%
40-54	19	11%	16	11%
55+	7	4%	5	3%
Total Cases	175		144	

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.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/>

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 5, three in Clay, one in St Johns, and one in Nassau County, provide regional coverage. The 13 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Clay (Clay), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Vincent's (Duval), St. Vincent's Clay (Clay), and St. Vincent's Southside (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.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html>

Influenza Surveillance Reports:

<http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.htm>

Reportable Diseases/Conditions in Florida

Laboratory List (Practitioner Requirements Differ)

Effective June 4, 2014



Did you know that you are required* to report certain laboratory results to your county health department?

DOH-Duval Disease reporting telephone numbers:

AIDS, HIV - (904) 253-2989, (904) 253-2955

STD - (904) 253-2974, Fax - (904) 253-2601

TB Control - (904) 253-1070, Fax - (904) 253-1943

All Others- (904) 253-1850, Fax - (904) 253-1851, After Hours Emergency - (904) 434-6035

- ! 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
- 📧 Submit isolate or specimen for confirmation

! Detection in one or more specimens of etiological agents of a disease or condition not listed that is of urgent public health significance; agents suspected to be the cause of a cluster or outbreak

Arboviruses

- Arboviruses not otherwise listed, including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae 📧
- California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse) 📧
- Chikungunya virus
- Dengue virus 📧
- Eastern equine encephalitis virus 📧
- St. Louis encephalitis virus 📧
- West Nile virus 📧
- ! Venezuelan equine encephalitis virus 📧

General

- 📞 *Acanthamoeba* species
- *Anaplasma* species 📧
- Any bacterial or fungal species in CSF
- Arsenic results indicative of poisoning
- ! *Bacillus anthracis* 📧
- 📞 *Balamuthia mandrillaris*
- 📞 *Bordetella pertussis*
- *Borrelia burgdorferi*
- 📞 Brevetoxin associated with neurotoxic shellfish poisoning
- ! *Brucella* species 📧
- ! *Burkholderia mallei* 📧
- ! *Burkholderia pseudomallei* 📧
- *Campylobacter* species
- + Cancer, pathological or tissue diagnosis of cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors (see Rule 64D-3.034, Florida Administrative Code)
- Carbon monoxide, volume fraction ≥ 0.09 (9%) of carboxyhemoglobin in blood
- + CD-4 absolute count and percentage of total lymphocytes
- *Chlamydia trachomatis*
- *Chlamydia psittaci* 📧
- CJD, 14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD
- ! *Clostridium botulinum* and botulinum toxin from food, wound or unspecified source 📧
- *Clostridium botulinum* and botulinum toxin from infants <12 months old 📧
- *Clostridium tetani*
- ! Coronavirus associated with severe acute respiratory disease 📧
- ! *Corynebacterium diphtheriae* 📧
- *Coxiella burnetii* 📧
- *Cryptosporidium* species

- *Cyclospora cayentanensis* 📧
- *Ehrlichia* species 📧
- *Escherichia coli*, Shiga toxin-producing 📧
- ! *Francisella tularensis* 📧
- *Giardia* species
- *Haemophilus ducreyi*
- ! *Haemophilus influenzae* isolated from a normally sterile site from children <5 years old 📧
- 📞 Hantavirus 📧
- 📞 Hepatitis A
- Hepatitis B, C, D, E, and G viruses
- Hepatitis B surface antigen (HBsAg)
- Herpes simplex virus (HSV) 1 and HSV 2 from children <12 years old
- + Human immunodeficiency virus (HIV) test results (e.g., positive and negative immunoassay, positive and negative virologic tests) from children <18 months old
- + HIV, repeatedly reactive enzyme immunoassay, followed by a positive confirmatory test (e.g., Western blot, IFA). Positive result on any HIV virologic test (e.g., p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.
- 📞 Influenza virus from children <18 years old who died (if known) 📧
- ! Influenza virus, novel or pandemic strain isolated from humans 📧
- *Klebsiella granulomatis*
- Lead, all blood results (positive and negative)
- *Legionella* species
- *Leptospira interrogans*
- 📞 *Listeria monocytogenes* 📧
- ! Measles virus 📧
- Mercury results indicative of poisoning
- Mumps virus
- *Mycobacterium leprae*
- *Mycobacterium tuberculosis* complex 📧
- 📞 *Naegleria fowleri*
- *Neisseria gonorrhoeae*
- 📞 *Neisseria meningitidis* isolated from a normally sterile site 📧
- Pesticide results indicative of related illness and injury
- *Plasmodium* species 📧
- ! Poliovirus 📧
- ! Rabies virus from animal or human
- ! Ricinine (from *Ricinus communis castor* beans) 📧
- ! *Rickettsia prowazekii* 📧
- *Rickettsia rickettsii* and other spotted fever *Rickettsia* species 📧
- ! Rubella virus 📧
- 📞 *Salmonella* serotype Typhi 📧
- *Salmonella* species

- Saxitoxin associated with paralytic shellfish poisoning
- Shiga toxin 📧
- *Shigella* species
- 📞 Staphylococcal enterotoxin B 📧
- 📞 *Staphylococcus aureus*, intermediate or full resistance to vancomycin (VISA, VRSA) 📧
- *Streptococcus pneumoniae* isolated from a normally sterile site from children <6 years old
- *Treponema pallidum*
- 📞 *Treponema pallidum* from pregnant women and neonates
- *Trichinella spiralis*
- ! Vaccinia virus 📧
- Varicella virus
- ! Variola virus (orthopox virus) 📧
- 📞 Yellow fever virus 📧
- ! *Yersinia pestis* 📧

Vibrio and related species

- ! *Vibrio cholerae* type O1 📧
- *Vibrio* species excluding *Vibrio cholerae* type O1 📧
- *Photobacterium damsela* (formerly *Vibrio damsela*) 📧
- *Grimontia hollisae* (formerly *Vibrio hollisae*) 📧

Viral hemorrhagic fever

- ! Viruses not listed that cause viral hemorrhagic fever 📧
- ! Arenaviruses (e.g., Lassa, Machupo, Lujo, new world) 📧
- ! Filoviruses (e.g., Ebola, Marburg) 📧

Only reportable for laboratories participating in electronic laboratory reporting (ELR)

- Antimicrobial susceptibility results for isolates from a normally sterile site for *Acinetobacter baumannii*, *Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*, and *Serratia* species
- *Haemophilus influenzae* isolated from a normally sterile site, all ages
- Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) and all liver function tests
- Human papillomavirus (HPV) DNA
- Influenza virus, all test results (positive and negative)
- Respiratory syncytial virus, all test results (positive and negative)
- *Staphylococcus aureus* isolated from a normally sterile site
- *Streptococcus pneumoniae* isolated from a normally sterile site, all ages

*Section 381.0031 (2), Florida Statutes (F.S.), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 385; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), F.S. provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."