Duval County Epidemiology Surveillance Report

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

February 2015

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 – February 2015

The month of February 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 continues while cases of influenza A decrease, cases of influenza B begin to increase, which is typical for this time of year. DOH-Duval observed a decreasing trend in enteric illnesses for February and continues to monitor them.

Information on the increasing trend in carbapenem-resistant Enterobacteriaceae (CRE) is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* features a Shigellosis in a Duval County Daycare in February 2015.

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Notable Investigation of the Month:

Shigellosis Outbreak in a Daycare, Duval County 2015

The FDOH-Duval Epidemiology Program is investigating the first outbreak of ***Shigella sonnei*** for this reporting year. During the interview of a reported case and routine daycare follow-up, the investigator was advised that children were sent home during the last week of February with a mild GI illness. Several attendees returned with notes from physicians indicating they could return to the facility due the absence of blood in the stool.

Sixteen of the fifty attendees (32%) aged one through five and a teacher experienced symptoms including: fever, nausea, vomiting, diarrhea, and abdominal cramping. Six attendees have been confirmed for *S. sonnei* through hospital and private laboratories.

The daycare facility has an open room arrangement with activities allowing for classes to be combined during the day. The facility is currently cohorting returning attendees who have recovered and is in the process of obtaining stool specimens to document negative stools before releasing from the group.

An education packet was faxed to the daycare and infection control measures reviewed. Two site visits have been made to review measures and deliver stool kits to the facility. DCF was informed of the outbreak. The investigation is ongoing and specimens are being sent to the BPHL to release attendees from cohorting. *- Rebecca Alcantara, RN, BSN*

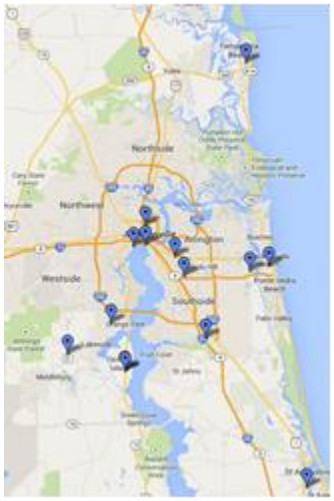
References:

http://www.cdc.gov/shigella/general-information.html

http://www.floridahealth.gov/diseases-and-conditions/shigellosis/

http://www.floridahealth.gov/diseases-and-conditions/shigellosis/_documents/rule64d-3.040fac.pdf

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

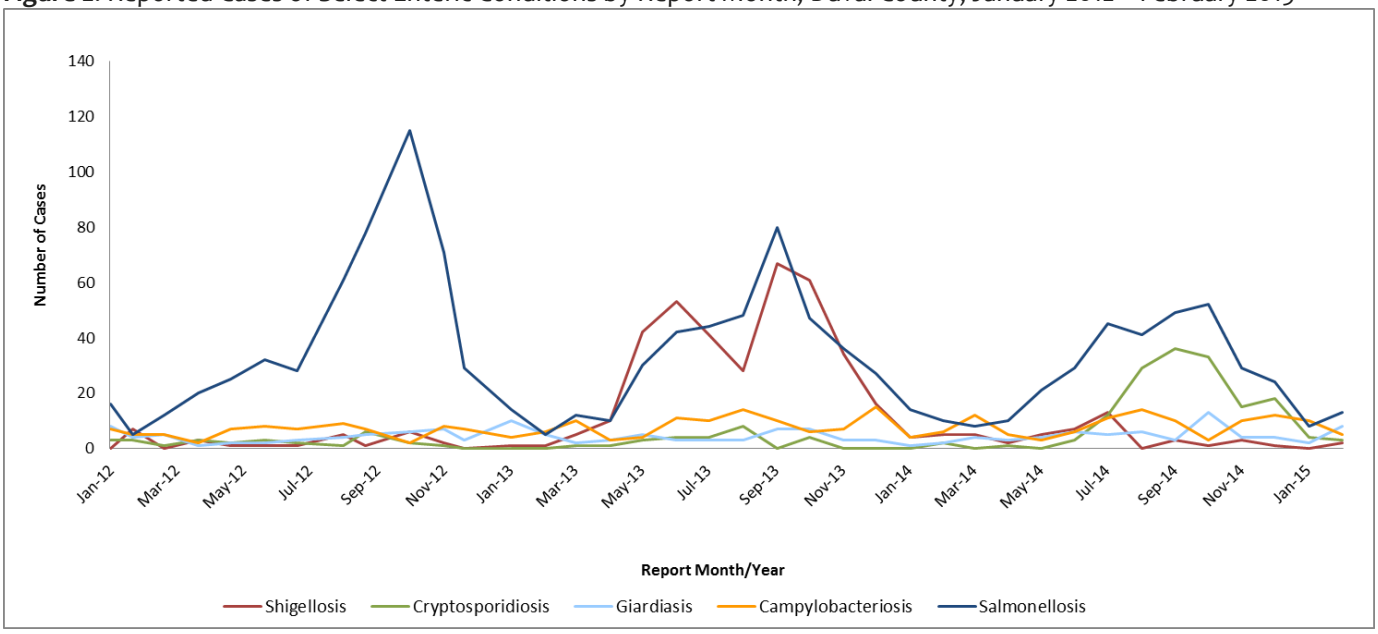
Reported cases of salmonellosis continued at a plateau during the month of January (Figure 2). Eleven (11) cases of salmonellosis were reported in February in Duval County residents, which is higher than the expected number for this time of year (Figure 2&3). The mean number of cases for the same time period during the previous five years was 9.2 cases for February. The most represented age group of reported cases of salmonellosis for 2015 (7/15, 46.6%) occurred in the 0-4 age group. Cases of campylobacteriosis (5), cryptosporidiosis (3) decreased while cases of giardiasis (8) and shigellosis (2) continue to increase in January (Figure 2).

Norovirus activity remains elevated in Florida. During February, six confirmed outbreaks of norovirus GII, and nine outbreaks of gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. There was one reported norovirus GII outbreak in Duval County during the month of January at a local nursing home (Source: FDENS EpiCom & DOH- Duval surveillance).

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 2012 – February 2015



Additional Enteric Disease Trends Update

Figure 3: Reported Cases of Salmonellosis by Report Week- Duval County - 2012-2015

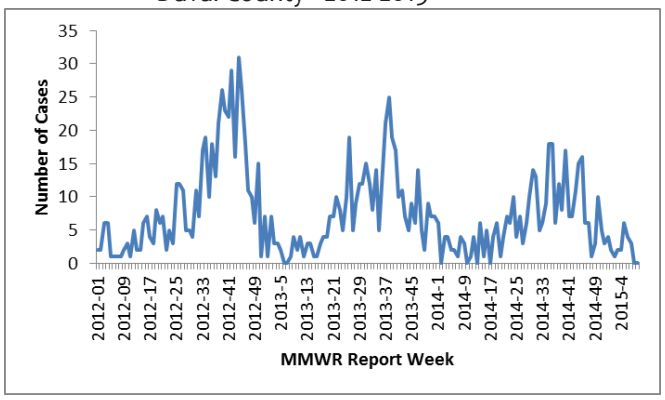
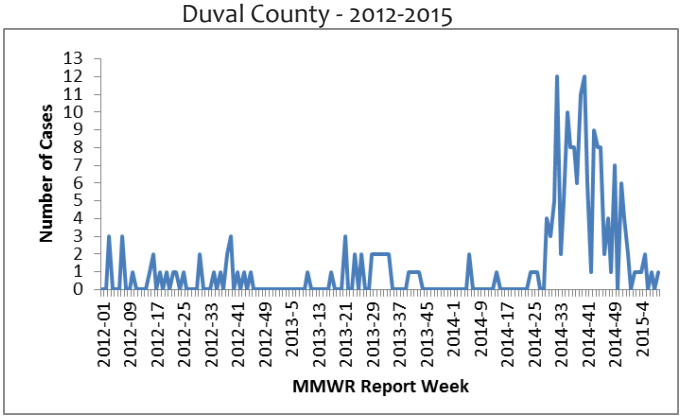


Figure 4: Reported Cases of Cryptosporidiosis Report Week- Duval County - 2012-2015



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a moderate level in Duval County. In Duval County, ED visits for ILI as monitored through ESSENCE has remained above 2% for 2015 except during week four when it dropped down to 1.95% (Figure 7). In February, fifteen (15) positive influenza results were tested within Duval County at the Bureau of Public Health Labs (BPHL) -Jacksonville. ILI ED visits have plateaued in all age groups (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)

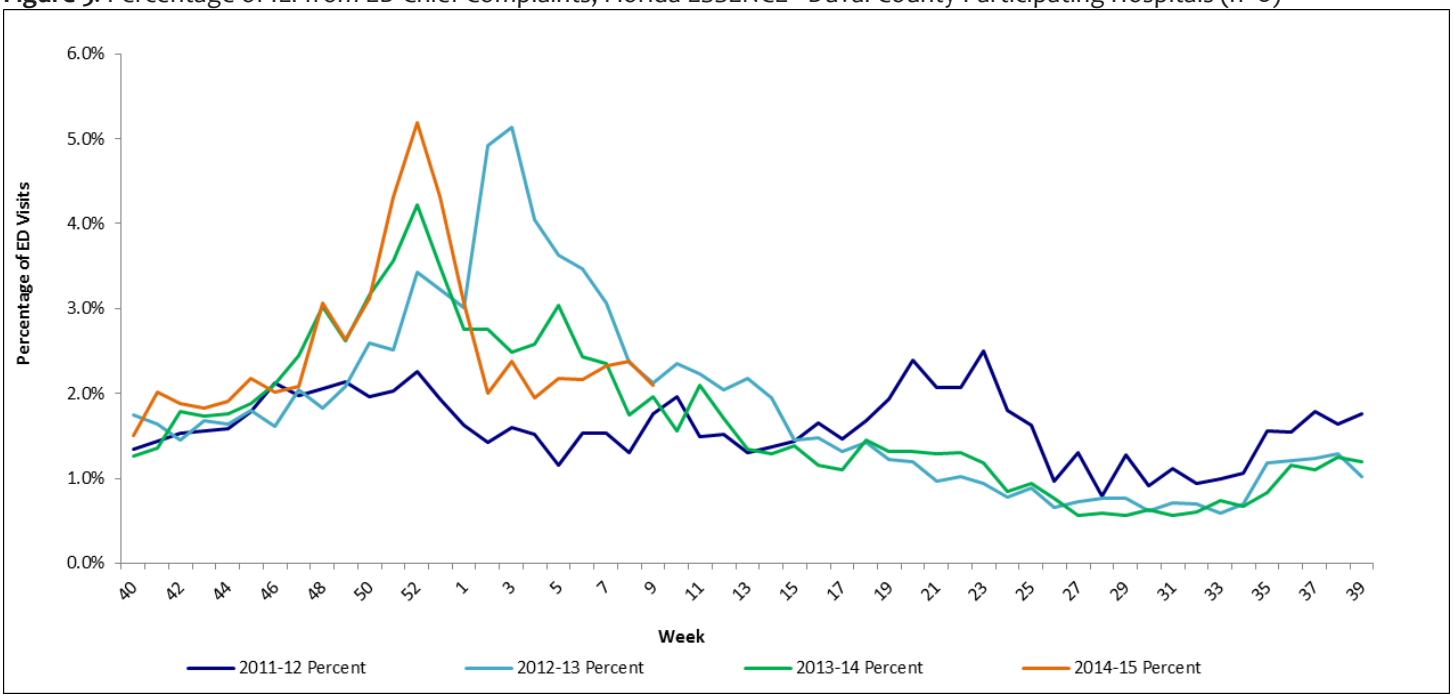
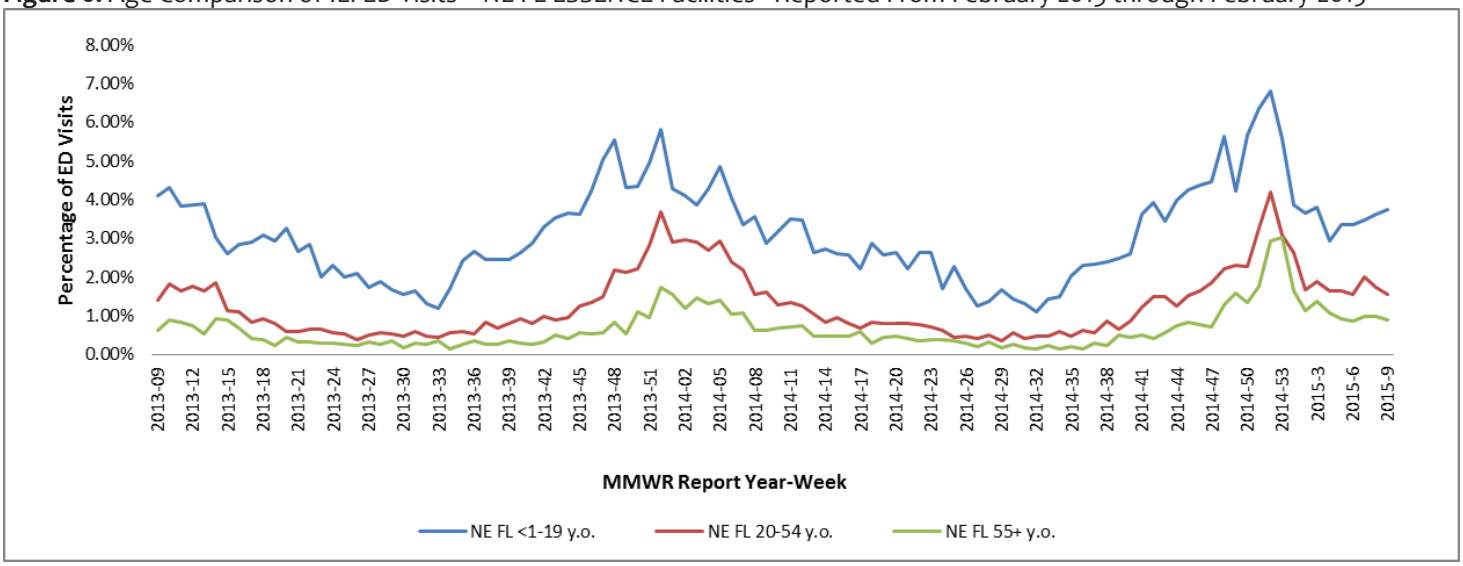


Figure 6: Age Comparison of ILI ED Visits – NE FL ESSENCE Facilities - Reported From February 2013 through February-2015



Respiratory Disease & ILI Overview Continued

Summary

Within the month of February, two (2) specimen tested positive for influenza B Victoria, nine (9) specimens were positive for influenza A H3, three (3) specimen were positive for influenza B Yamagata and one (1) influenza A unspecified were tested by the Bureau of Public Health Laboratories (BPHL).

Influenza A H3 was positive in thirty-nine (39) specimens, influenza A unspecified (61), influenza B Florida (42), influenza B Victoria (2), influenza B Yamagata (3), influenza B unspecified (29) and Unknown (1) were detected by private labs (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, 2012 to Week 8, 2015 as Reported by Merlin - Duval County

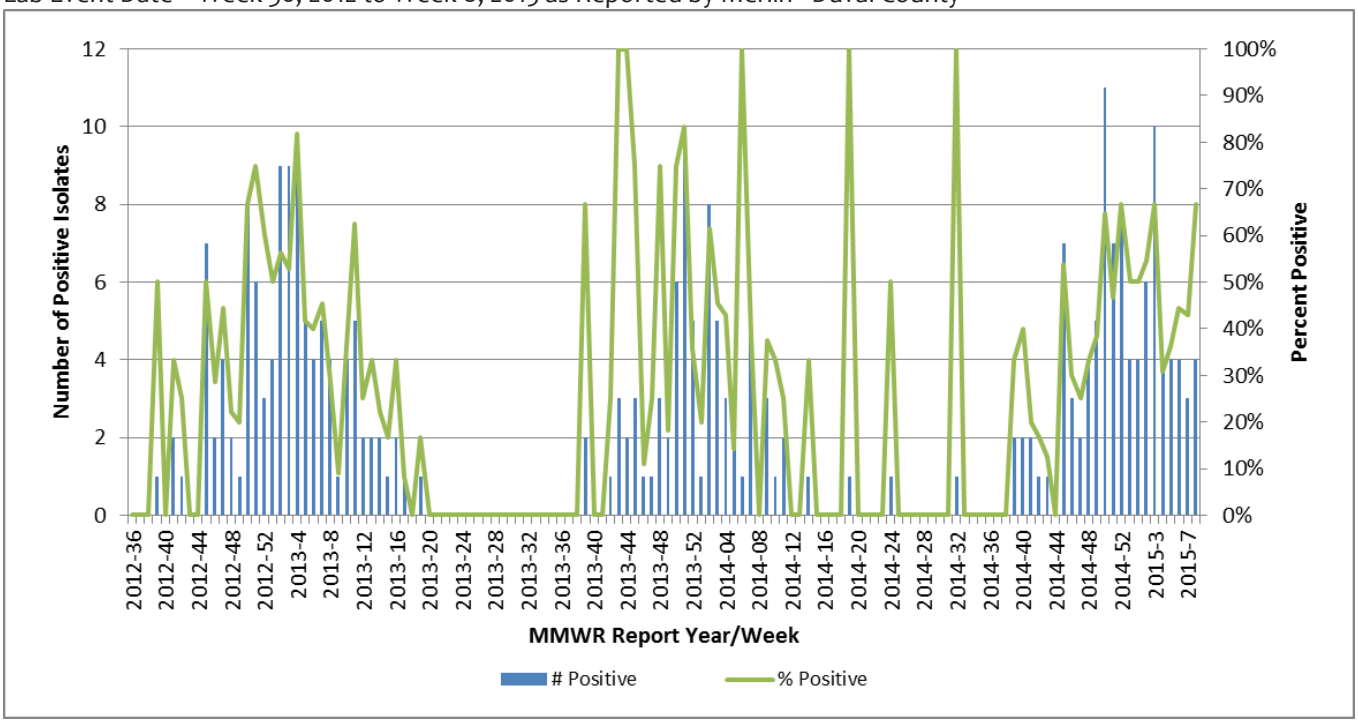
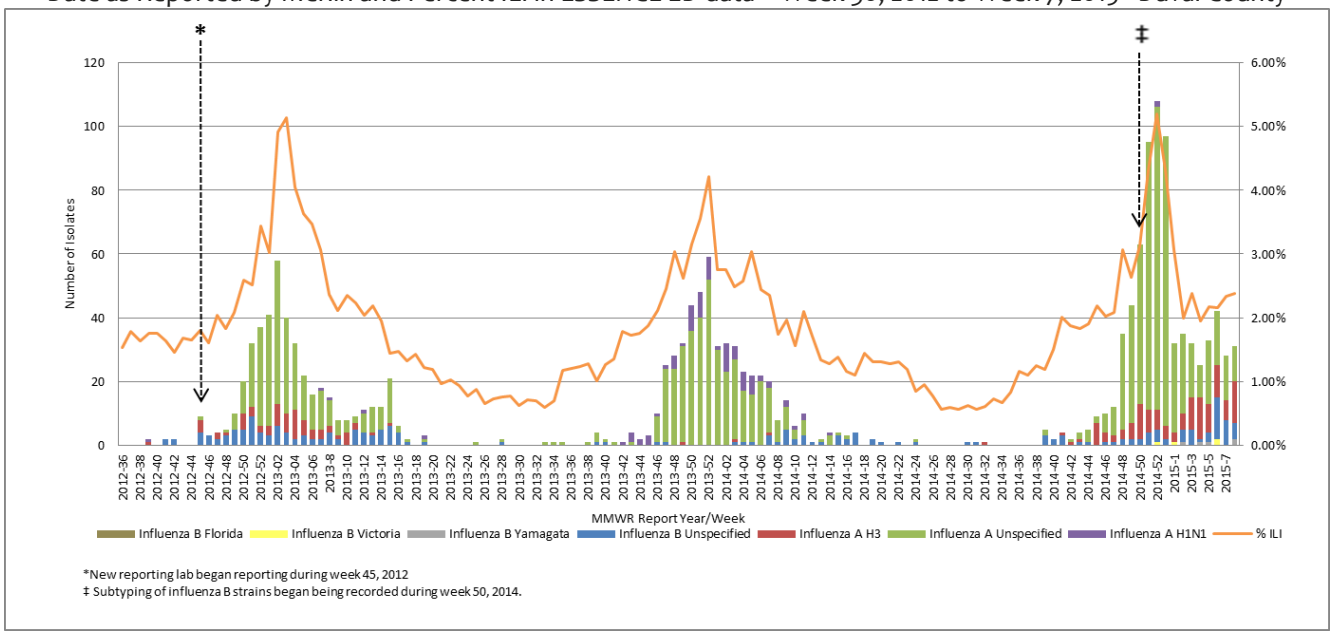


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 36, 2012 to Week 7, 2015 - Duval County



Respiratory Virus Surveillance (NREVSS N. Region)

Summary

Circulation of influenza A and RSV have begun to decrease during the month of February, while circulation of influenza B is beginning to increase. 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 18.76% (198/1055) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of January was 10.48% (39/372) (Figure11). In January, the percent positive for influenza was 19.2% and for RSV was 14.2%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 5/12/2013-2/28/2015*

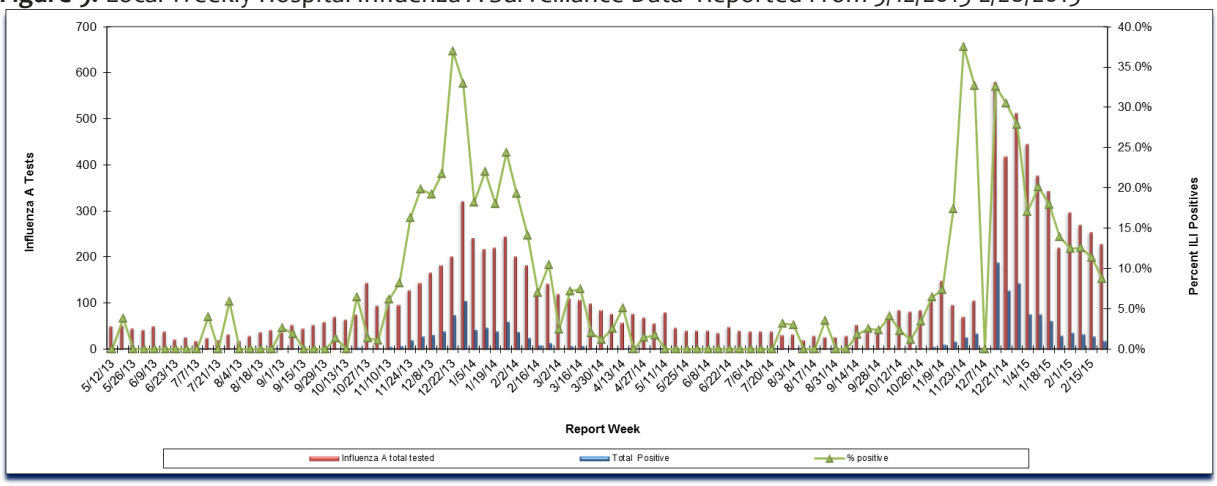


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 5/12/2013-2/28/2015*

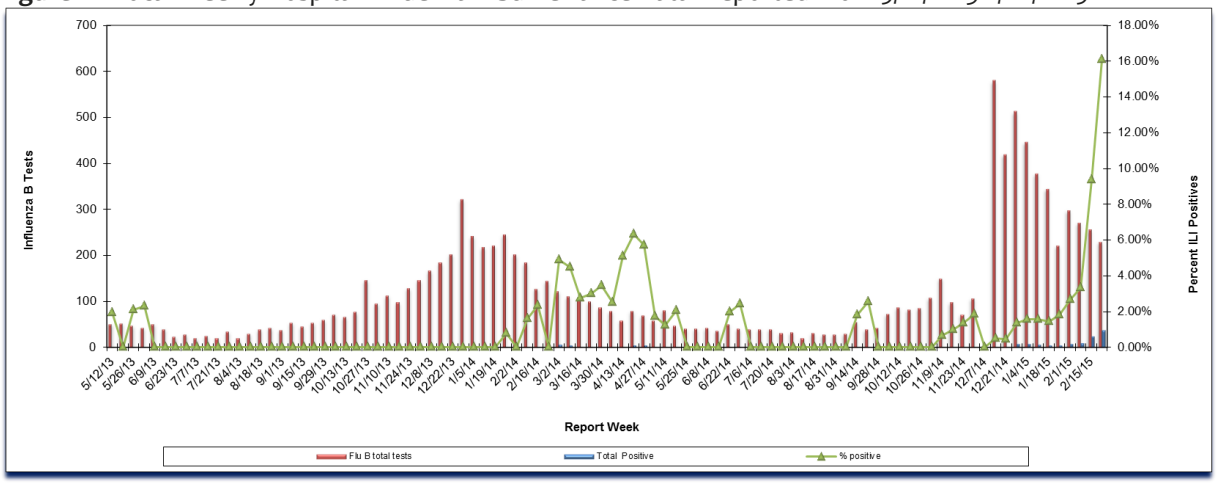
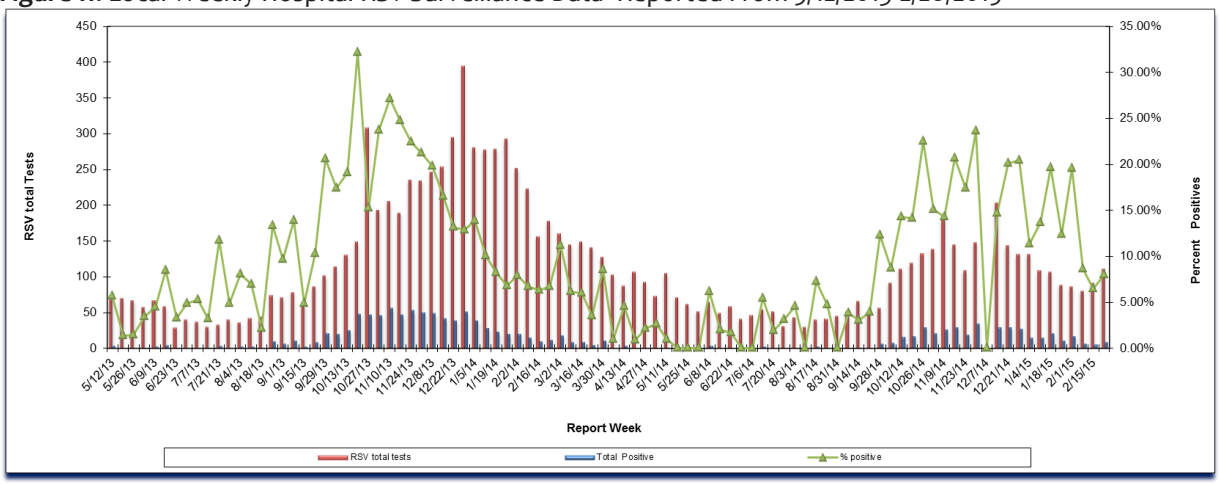


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 5/12/2013-2/28/2015*



* Data was not reported for week 50, 2014

Florida Mosquito-Borne Disease Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of 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- March 7, 2015)

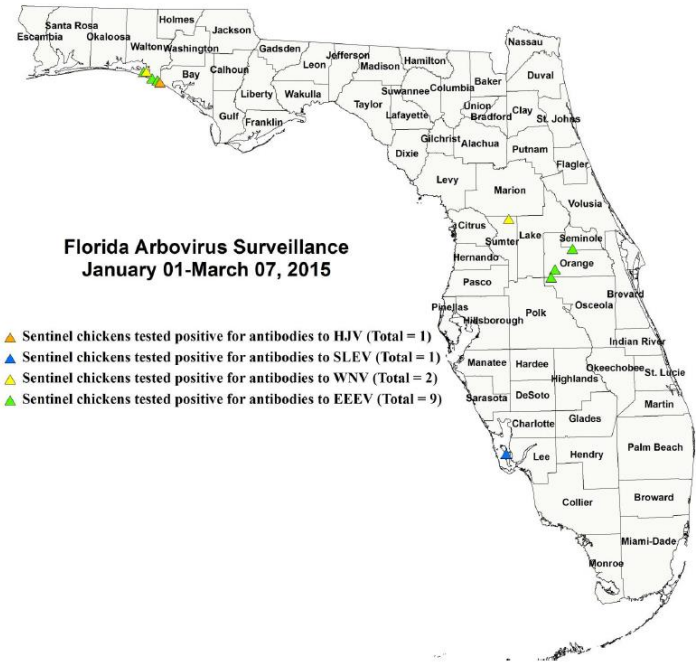


Table 1: Florida Mosquito-Borne Disease Surveillance Summary
Year to Date (through March 7, 2015)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Deer
West Nile Virus	-	-	2	-
St. Louis Encephalitis Virus	-	-	1	-
Highlands J Virus	-	-	1	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	-	-	9	-

* Case count includes two asymptomatic blood donors.

State of Florida 2015 Human Case Summary

- **International Travel-Associated Chikungunya Fever Cases:** Fifteen cases of chikungunya with onset in 2015 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: Colombia, Haiti, Honduras, India, Jamaica (2), Nicaragua (4), Puerto Rico (3), Trinidad and Tobago, and Venezuela. Counties reporting cases were: Brevard, Broward (2), Hillsborough, Miami-Dade (5), Monroe, Orange, Palm Beach, Pinellas, Seminole, and Volusia.

- **International Travel-Associated Dengue Fever Cases:** Six cases of dengue with onset in 2015 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Cuba (2), Haiti, India, Jamaica, and Philippines. Counties reporting cases were: Miami-Dade (4), Palm Beach, and Seminole. One case was reported in a non-Florida resident. In 2015, two of the six cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

- **International Travel-Associated Malaria Cases**: Nine cases of malaria with onset in 2015 have been reported. Countries of origin were: Cameroon, Egypt, Guatemala, Haiti (2), India (2), Nigeria, and Sudan. Counties reporting cases were: Broward (4), Lee, Orange, and Miami-Dade (3). Three of the cases were reported in non-Florida residents. Five cases (56%) were diagnosed with *Plasmodium falciparum*. Four cases were diagnosed with *Plasmodium vivax* (44%).

Other notable trends and statistics

Patients Face More Lethal Infections from CRE (Source: CDC.gov)

Some germs are beating even our strongest antibiotics. Rapid action by clinicians and healthcare leaders is needed to stop the rise of lethal CRE infections.

A 2013 Vital Signs report shows that antibiotics are being overpowered by lethal germs called carbapenem-resistant Enterobacteriaceae (CRE).These germs cause lethal infections in patients receiving inpatient medical care, such as in hospitals, long-term acute care facilities, and nursing homes.

In their usual forms, germs from the Enterobacteriaceae family (e.g. *E. coli*) are a normal part of the human digestive system. However, some of these germs have developed defenses to fight off all or almost all antibiotics we have today. When these germs get into the blood, bladder or other areas where germs don't belong, patients suffer from infections that are difficult, and sometimes impossible, to treat.

While CDC has warned about CRE for more than a decade, new information shows that these germs are now becoming more common. One type of CRE has been detected in medical facilities in 42 states. Even more concerning, this report documents a seven-fold increase in the spread of the most common type of CRE during the past 10 years.

Why are CRE so alarming?
Even though these infections are not common, their rise is alarming because they kill up to half of people who get severe infections from them. In addition to causing lethal infections among patients, CRE are especially good at giving their antibiotic-fighting abilities to other kinds of germs.This means that in the near future, more bacteria will become immune to treatment, and more patients' lives could be at risk from routine bladder or wound infections. Without serious efforts to stop CRE in medical facilities, and without rapid improvement in the way doctors everywhere prescribe antibiotics, CRE will likely become a problem in the community, among otherwise healthy people not receiving medical care.

How can CRE be stopped?
There have been major successes in stopping CRE in medical facilities in the United States, and nationally in other countries. Stopping CRE will take a rapid, coordinated, and aggressive "Detect and Protect" action that includes intense infection prevention work and antibiotic prescribing changes. CDC released a CRE prevention toolkit reiterating practical CRE prevention and control steps. Leadership and medical staff in hospitals, long-term acute care hospitals, nursing homes, health departments, and even outpatient practices must work together to implement these recommendations to protect patients from CRE.

Outbreaks highlight the importance of CDC and state health departments working collaboratively to identify and stop spread of antibiotic resistant pathogens. In the FY 16 budget, CDC has requested funding to support State Antibiotic Resistance Prevention Programs [370 KB] in all 50 states and 10 large cities and a regional lab network [275 KB] to help identify and to respond faster to outbreaks. This funding would provide critical national infrastructure to prevent the growing threat of CRE and other drug-resistant pathogens.

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, February 2015

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	**2015**	2014	Mean†	Median¶	2015	2014
A. Vaccine Preventable Diseases												
Diphtheria	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Measles	**0**	0	0	0	0	0	**1**	0	0.2	0	3	0
Mumps	**0**	0	0	0	0	0	**1**	0	0	0	1	0
Pertussis	**7**	3	1.2	1	10	4	**35**	46	32.6	37	59	129
Rubella	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Tetanus	**0**	0	0	0	0	0	**0**	1	0.4	0	1	2
Varicella	**3**	3	2.8	3	8	7	**79**	53	71.8	82	137	95
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	**0**	0	0	0	0	0	**5**	1	1	1	7	1
H. influenzae (invasive)	**2**	0	1.6	1	3	2	**14**	28	22.8	24	36	63
Meningitis (bacterial, mycotic)	**2**	1	1.2	1	4	3	**9**	8	14	15	21	21
Meningococcal Disease	**0**	0	0	0	0	0	**5**	4	6.2	7	8	10
Staphylococcus aureus (VISA, VRSA)	**0**	0	0.4	0	0	0	**0**	0	0.6	0	1	0
Streptococcus pneumoniae (invasive disease)												
Drug resistant	**1**	6	5.6	6	2	7	**4**	71	69.2	71	19	128
Drug susceptible	**1**	3	3.4	3	2	10	**45**	83	77.2	76	84	157
C. Enteric Infections												
Campylobacteriosis	**5**	6	5	5	15	12	**157**	164	133.4	143	325	336
Cryptosporidiosis	**3**	2	1.4	2	8	2	**42**	47	35.4	34	102	86
Cyclosporiasis	**0**	0	0	0	0	0	**0**	1	2.8	1	0	1
E. coli Shiga Toxin-Producing (STEC) Infection	**0**	0	0	0	0	0	**11**	8	5.6	4	15	21
Giardiasis	**8**	2	4.2	4	10	3	**90**	65	85.6	80	161	146
Hemolytic Uremic Syndrome	**0**	0	0	0	0	0	**2**	1	0.4	0	3	2
Listeriosis	**0**	0	0	0	0	0	**3**	1	2.4	2	3	6
Salmonellosis	**13**	11	9.2	10	21	26	**213**	254	236.4	245	525	616
Shigellosis	**2**	5	8.6	6	2	9	**156**	139	91.8	117	221	236
Typhoid Fever	**0**	0	0	0	0	0	**2**	0	1	0	2	1

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	**2015**	2014	Mean†	Median¶	2015	2014
D. Viral Hepatitis												
Hepatitis A	**0**	0	0	0	0	0	**9**	7	10.4	10	20	14
Hepatitis B: Acute	**0**	0	0.4	0	1	0	**36**	28	23.4	25	59	56
Hepatitis B: surface antigen pregnant women	**6**	1	3	2	8	9	**36**	35	36	35	60	76
Hepatitis C: Acute	**0**	1	0.2	0	1	1	**9**	9	11.4	11	22	22
E. Vector Borne, Zoonoses												
Ciguatera Fish Poisoning	**0**	0	0	0	0	0	**6**	1	1.8	1	7	5
Dengue Fever	**0**	0	0	0	0	0	**4**	8	6.2	4	8	27
Eastern Equine Encephalitis††	**0**	0	0	0	0	0	**0**	1	0.2	0	0	1
Ehrlichiosis/Anaplasmosis¶¶	**0**	0	0	0	0	0	**1**	1	0.6	0	1	1
Leptospirosis	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Lyme Disease	**0**	0	0.2	0	0	0	**9**	6	5.2	6	17	10
Malaria	**0**	0	0.2	0	1	1	**4**	4	5.8	6	13	10
Rabies: Animal	**0**	0	0.2	0	0	0	**5**	11	9.8	10	13	18
St. Louis Encephalitis††	**0**	0	0	0	0	0	**0**	0	0	0	0	0
West Nile Virus††	**0**	0	0	0	0	0	**0**	0	0.2	0	0	0
F. Others												
Botulism-infant	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Brucellosis	**0**	0	0	0	0	0	**1**	0	0.4	0	2	0
Carbon Monoxide Poisoning	**1**	0	0.6	0	1	0	**15**	16	8	6	30	34
Hansens Disease (Leprosy)	**0**	0	0	0	0	0	**1**	0	0.2	0	1	0
Legionellosis	**1**	1	0.8	1	3	2	**31**	21	13	12	57	42
Vibrios	**0**	0	0	0	0	0	**6**	3	-	-	15	6

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2014 and 2015 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

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	13	100%	13	100%
Female	0	0%	0	0%
Race	**Area 4**	**%**	**Duval**	**%**
White	7	54%	7	54%
Black	6	46%	6	46%
Hispanic	0	0%	0	0%
Other	0	0%	0	0%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	1	8%	1	8%
20-24	3	23%	3	23%
25-29	6	46%	6	46%
30-39	1	8%	1	8%
40-49	2	15%	2	15%
50+	0	0%	0	0%
Total Cases	13		13	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	146	31%	123	32%
Female	326	69%	259	68%
Race	**Area 4**	**%**	**Duval**	**%**
White	99	21%	69	18%
Black	229	49%	210	55%
Hispanic	13	3%	12	3%
Other	131	28%	91	24%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	4	1%	4	1%
15-19	123	26%	104	27%
20-24	202	43%	164	43%
25-29	71	15%	53	14%
30-39	57	11%	44	12%
40-54	12	3%	11	2%
55+	3	1%	2	1%
Total Cases	472		382	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	87	59%	73	58%
Female	61	41%	53	42%
Race	**Area 4**	**%**	**Duval**	**%**
White	28	19%	20	16%
Black	97	66%	90	71%
Hispanic	2	1%	2	2%
Other	21	14%	14	11%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	22	15%	20	16%
20-24	43	29%	36	29%
25-29	39	26%	33	26%
30-39	29	20%	26	21%
40-54	12	8%	10	8%
55+	3	2%	1	1%
Total Cases	148		126	

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for February 2015
*Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns. Please note that STD numbers are provisional.
For more STD surveillance data see: http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/

Data Dictionary

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

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014

Did you know that you are required* to report certain diseases to your local 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

! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
+ Acquired immune deficiency syndrome (AIDS)
☎ Amebic encephalitis
! Anthrax
• Arsenic poisoning
• Arboviral diseases not otherwise listed
! Botulism, foodborne, wound, and unspecified
• Botulism, infant
! Brucellosis
• California serogroup virus disease
• Campylobacteriosis
+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
• Carbon monoxide poisoning
• Chancroid
• Chikungunya fever
☎ Chikungunya fever, locally acquired
• Chlamydia
! Cholera (*Vibrio cholerae* type O1)
• Ciguatera fish poisoning
+ Congenital anomalies
• Conjunctivitis in neonates <14 days old
• Creutzfeldt-Jakob disease (CJD)
• Cryptosporidiosis
• Cyclosporiasis
• Dengue fever
☎ Dengue fever, locally acquired
! Diphtheria
• Eastern equine encephalitis
• Ehrlichiosis/anaplasmosis
• *Escherichia coli* infection, Shiga toxin-producing
• Giardiasis, acute
! Glanders
• Gonorrhea
• Granuloma inguinale
! *Haemophilus influenzae* invasive disease in children <5 years old
• Hansen's disease (leprosy)
☎ Hantavirus infection
☎ Hemolytic uremic syndrome (HUS)
☎ Hepatitis A
• Hepatitis B, C, D, E, and G
• Hepatitis B surface antigen in pregnant women or children <2 years old
☎ Herpes B virus, possible exposure
• Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
+ Human immunodeficiency virus (HIV) infection
• HIV, exposed infants <18 months old born to an HIV-infected woman
• Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
! Influenza A, novel or pandemic strains
☎ Influenza-associated pediatric mortality in children <18 years old
• Lead poisoning
• Legionellosis
• Leptospirosis
☎ Listeriosis
• Lyme disease
• Lymphogranuloma venereum (LGV)
• Malaria
! Measles (rubeola)
! Melioidosis
• Meningitis, bacterial or mycotic
! Meningococcal disease
• Mercury poisoning
• Mumps
+ Neonatal abstinence syndrome (NAS)
☎ Neurotoxic shellfish poisoning
☎ Pertussis
• Pesticide-related illness and injury, acute
! Plague
! Poliomyelitis
• Psittacosis (ornithosis)
• Q Fever
☎ Rabies, animal or human
! Rabies, possible exposure
! Ricin toxin poisoning
• Rocky Mountain spotted fever and other spotted fever rickettsioses
! Rubella
• St. Louis encephalitis
• Salmonellosis
• Saxitoxin poisoning (paralytic shellfish poisoning)
! Severe acute respiratory disease syndrome associated with coronavirus infection
• Shigellosis
! Smallpox
☎ Staphylococcal enterotoxin B poisoning
☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
• *Streptococcus pneumoniae* invasive disease in children <6 years old
• Syphilis
☎ Syphilis in pregnant women and neonates
• Tetanus
• Trichinellosis (trichinosis)
• Tuberculosis (TB)
! Tularemia
☎ Typhoid fever (*Salmonella* serotype Typhi)
! Typhus fever, epidemic
! Vaccinia disease
• Varicella (chickenpox)
! Venezuelan equine encephalitis
• Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
! Viral hemorrhagic fevers
• West Nile virus disease
! Yellow fever

*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 395; 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…"