EPI NOTES

Hillsborough County Health Department
Disease Surveillance Newsletter
March 2012

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Message from the Program Manager

By Warren R. McDougle Jr., MPH

It is interesting how issues in public health can quickly change. Last year we had a normal flu season and a shigellosis outbreak throughout our community. Currently we are seeing a lower than normal flu season and the incidence of shigellosis has returned to normal. These issues have been replaced with varicella (chickenpox) and pertussis (whooping cough). Chickenpox cases have resulted in unimmunized students being excluded from school for 21 days.

In Hillsborough County several of the cases of chickenpox have been in immunized children. This has raised concern about the proper storage and handling of the varicella vaccine in the health care provider offices. The CDC discourages transporting varicella-containing vaccines to off-site clinics. The vaccine manufacturer recommends transport and storage at temperatures of 35°F to 45°F for no more than 72 continuous hours prior to reconstitution. The vaccine must be discarded after reconstitution if not used within 30 minutes. The vaccine cannot be refrozen.

We continue to experience pertussis cases, especially in children less than 1 year of age. These cases are concerning but preventable by early recognition of suspected pertussis cases in young children and adults. Diagnosis by laboratory confirmation, treating the cases early, prophylaxing contacts, as well as stressing the need to update immunizations, especially in healthy adults, is extremely important in preventing the spread of this disease.

In the past, vaccinating children for pertussis was felt to be the only prevention needed. Now we know that cases are spread by adults whose

Continued on Page 2

Continued from Page 1

own immunity has waned and who don't know they have pertussis. Infants too young to be vaccinated are most susceptible, and the respiratory disease is most severe and occasionally fatal in this age group.

An outbreak of cryptosporidiosis (crypto) has occurred in a local childcare center. Individual cases of crypto and outbreaks are rare and the actual cause of outbreaks is usually difficult to identify. The medication used to treat crypto cases in children is Alinia suspension, however this medication is on back order and not available at this time. Children under one year of age cannot take any medication for this condition. Some of our cases were under one year of age and this presented a challenge for investigators and health care providers as they worked to stop this outbreak.

Norovirus was late to arrive in our area this year. We were hearing of outbreaks in counties all around us before they were reported here. That changed rather quickly and now we have numerous long term care centers dealing with outbreak issues. According to the newspapers the Tampa Bay Lightning hockey team has been dealing with norovirus as well. We provided information to the team on measures to slow or prevent the spread of the virus when they are practicing, playing and traveling.

I would also like to introduce new members to our epidemiology team. Mr. Patrick Rodriguez is the epidemiologist responsible for the Perinatal Hepatitis B program, Ms. Rebecca Snider is a Florida Epidemic Intelligence Service Fellow, Mrs. Amy Pullman and Mrs. Seyi Omaivboje are infectious disease epidemiologists and Ms. Kiley Workman is a CDC Associate. Each of these new team members have special skill sets and work ethics that has increased our ability to meet our public health mission.

The Dreaded Norovirus

By Rebecca Snider, MS

The first reported outbreak of norovirus in Hillsborough County was received at the health department on January 11, 2012. Since the beginning of the year, six norovirus outbreaks have been reported to the Hillsborough County Health Department (HCHD).

We are providing the following information to help people learn how to protect themselves from norovirus in the community and assist others who may have this illness. This information was taken from the Centers for Disease Control and Prevention (CDC) website at http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm.

What is norovirus?
Noroviruses are a group of viruses that cause gastroenteritis in people.

How do you get norovirus?
Noroviruses are found in the stool or vomit of infected people. People can become infected with the virus in several ways, including:

- Touching surfaces or objects contaminated with norovirus and then placing their hand in their mouth;
- Having direct contact with another person who is infected and showing symptoms;
- Eating food or drinking liquids that are contaminated with norovirus.

What are the symptoms of norovirus?
The symptoms of norovirus usually appear within 24-48 hours after exposure. Illness typically includes nausea,

Continued on Page 3

Continued from Page 2

vomiting, diarrhea, and stomach cramping. Sometimes people additionally have a low-grade fever, chills, headache, muscle aches, and a general sense of tiredness. The onset is sudden and the infected person may feel very sick. The illness is usually brief, with symptoms lasting only about 1 or 2 days though nausea may persist up to a week.

How long are you contagious?
People infected with norovirus are contagious from the moment they begin feeling ill to at least three days after recovery. **Some people may be contagious for as long as two weeks after recovery. Therefore, it is particularly important for people to use good hand washing and other hygienic practices after they have recently recovered from norovirus illness.**

Can norovirus infections be prevented?
Yes. You can decrease your chance of coming in contact with noroviruses by following these steps:

- Wash your hands frequently, especially after going to the bathroom and changing diapers and before eating or preparing food.
- Thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness by using a bleach-based household cleaner. *(Make sure it contains bleach and is not just made by a bleach company.)*
- Immediately remove and wash clothing or linens that may be contaminated with virus after an episode of illness (use hot water and soap).
- Flush or discard any vomit and stool in the toilet and make sure that the surrounding area is kept clean.
- Persons caring for ill family members need to make sure not to put their hands in their mouths, or eat, until they have washed their hands with soap and hot water.

Individuals that have nausea, vomiting, or diarrhea need to stay home until 24 hours after symptoms have resolved.

Remember to wash your hands frequently!

Reportable Disease Surveillance Data

Disease	2009	2010	2011	3 Year Average	Jan-Feb 2011	Jan-Feb 2012
AIDS	253	193	NA	N/A	NA	NA
AMEBIC ENCEPHALITIS	1	0	0	0.3	0	0
ANIMAL BITE, PEP RECEIVED	72	55	95	74.0	27	20
ANTHRAX	0	0	0	0.0	0	0
ARSENIC	1	0	0	0.3	0	0
BOTULISM, FOODBORNE	0	0	0	0.0	0	0
BOTULISM, INFANT	1	0	0	0.3	0	0
BRUCELLOSIS	2	0	1	1.0	0	0
CALIFORNIA SEROGROUP, NEUROINVASIVE	0	0	0	0.0	0	0
CAMPYLOBACTERIOSIS	69	76	120	88.3	13	19
CARBON MONOXIDE POISONING	0	7	13	6.7	1	1
CHLAMYDIA	5058	NA	NA	N/A	NA	NA
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	1	0	0	0.3	0	0
CRYPTOSPORIDIOSIS	38	14	38	30.0	8	20
CYCLOSPORIASIS	2	3	1	2.0	0	0
DENGUE	3	7	4	4.7	0	4
DIPHTHERIA	0	0	0	0.0	0	0
EHRLICHIOSIS, HUMAN GRANULOCYTIC	0	1	0	0.3	0	0
EHRLICHIOSIS, HUMAN MONOCYTIC	0	1	0	0.3	0	0
EHRLICHIOSIS/ANAPLASMOSIS, UNDETER.	1	1	0	0.7	0	0
ENCEPHALITIS, CALIFORNIA/LACROSSE	0	0	0	0.0	0	0
ENCEPHALITIS, HERPES	0	0	0	0.0	0	0
ENCEPHALITIS, NON-ARBOVIRAL	0	0	0	0.0	0	0
ENCEPHALITIS, OTHER	0	0	0	0.0	0	0
ENCEPHALITIS, EEE	0	2	0	0.7	0	0
ENCEPHALITIS, SLE	0	0	0	0.0	0	0
ENCEPHALITIS, WN	0	0	0	0.0	0	0
ENTEROHEMORRHAGIC E. COLI (O157:H7)	0	0	0	0.0	0	0
E. COLI SHIGA TOXIN + NOT SEROGROUP	0	0	0	0.0	0	0
E. COLI SHIGA TOXIN + NON O157:H7	0	0	0	0.0	0	0
E. COLI SHIGA TOXIN PRODUCING - 0800	11	13	24	16.0	3	6
FOOD AND WATERBORNE CASES	74	NA	NA	N/A	NA	NA
FOOD AND WATERBORNE OUTBREAKS	18	NA	NA	N/A	NA	NA
GIARDIASIS	101	100	81	94.0	9	11
GONORRHEA	1574	NA	NA	N/A	NA	NA
H. INFLUENZAE PNEUMONIA	0	0	0	0.0	0	0
H-FLU, PRIMARY BACTEREMIA, INVASIVE	13	11	16	13.3	3	0
H-FLU, SEPTIC ARTHRITIS	0	0	0	0.0	0	0
HANSEN'S DISEASE (LEPROSY)	1	1	0	0.7	0	0
HANTAVIRUS	0	0	0	0.0	0	0
HEMOLYTIC UREMIC SYNDROME	0	1	0	0.3	0	0
HEPATITIS A, ACUTE	13	6	6	8.3	2	0
HEPATITIS B, ACUTE	29	49	27	35.0	6	5
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	65	40	49	51.3	9	7
HEPATITIS B, PERINATAL ACUTE	0	1	0	0.3	0	0
HEPATITIS B, CHRONIC	317	279	316	304.0	41	48
HEPATITIS C, ACUTE	14	12	7	11.0	1	5
HEPATITIS C, CHRONIC	1391	1699	1628	1572.7	272	255
HEPATITIS D	1	0	0	N/A	0	0

NR = Not reportable by law for that year N/A = Not applicable NA = Not available (no data received)

Disease	2009	2010	2011	3 Year Average	Jan-Feb 2011	Jan-Feb 2012
HEPATITIS E, NON-A, NON-B, ACUTE	0	0	0	0.0	0	0
HEPATITIS G	0	0	0	0.0	0	0
HEPATITIS UNSPECIFIED, ACUTE	0	0	0	0.0	0	0
HIV INFECTION	355	346	NA	N/A	NA	NA
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	0	0	0	0.0	0	0
INFLUENZA-A, NOVEL OR PANDEMIC STRAINS	321	7	7	111.7	0	0
LEAD POISONING	77	249	199	175.0	51	8
LEGIONELLOSIS	8	7	12	9.0	0	1
LEPTOSPITOSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	2	3	2.3	1	1
LYME DISEASE	11	4	8	7.7	1	0
MALARIA	2	5	7	4.7	1	0
MEASLES	0	0	0	0.0	0	0
MENINGITIS, GROUP B STREP	0	0	0	0.0	0	0
MENINGITIS, H-FLU	0	0	0	0.0	0	0
MENINGITIS, LISTERIA MONOCYTOGENES	0	0	0	0.0	0	0
MENINGITIS BACTERIAL CYPTOCOCCAL	28	28	21	25.7	6	0
MENINGITIS, STREP, PNEUMONIAE	0	0	0	0.0	0	0
MENINGOCOCCAL DISEASE	1	1	1	1.0	0	0
MERCURY POISONING	0	1	0	0.3	0	0
MUMPS	2	1	1	1.3	0	0
NEUROTOXIC SHELLFISH POISONING	0	0	0	0.0	0	0
PERTUSSIS	25	30	31	28.6	6	26
PESTICIDE RELATED ILLNESS	0	4	16	6.7	0	1
POLIO, PARALYTIC	0	0	0	0.0	0	0
PSITTACOSIS	0	0	0	0.0	0	0
Q FEVER	0	0	0	0.0	0	0
RABIES ANIMAL	5	4	2	3.7	0	2
ROCKY MOUNTAIN SPOTTED FEVER	0	4	1	1.7	0	0
RUBELLA	0	0	0	0.0	0	0
SALMONELLOSIS	337	302	353	330.7	25	27
SHIGELLOSIS	21	134	377	177.3	102	8
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS, COM. ASSOC. MORTALITY	2	0	0	0.7	0	1
STAPH AUREUS, VISA/VRSA	0	0	1	0.3	0	1
STREP DISEASE, INVASIVE GROUP A	14	17	17	16.0	1	2
STREP PNEUMO, INVASIVE DRUG RESIST.	54	60	54	56.0	18	7
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	45	46	42.0	12	7
SYPHILIS, CONGENITAL	0	NA	NA	N/A	NA	NA
SYPHILIS, EARLY	NR	NA	NA	N/A	NA	NA
SYPHILIS, INFECTIOUS	82	NA	NA	N/A	NA	NA
SYPHILIS, LATENT	106	NA	NA	N/A	NA	NA
TETANUS	0	1	0	0.3	0	0
TOXOPLASMOSIS	0	4	1	1.7	0	0
TUBERCULOSIS	79	85	NA	N/A	NA	NA
THPHOID FEVER	0	1	0	0.3	0	0
TYPHUS FEVER, ENDEMIC (MURIN)	2	0	2	0.7	0	0
VARICELLA	28	48	47	41.0	2	17
VIBRIO ALGINOYTICUS	1	2	5	2.7	0	0
VIBRIO CHOLERA NON-01	0	0	0	0.0	0	0
VIBRIO FLUVIALIS	2	0	0	0.7	0	0
VIBRIO HOLLISAE	1	0	0	0.3	0	0
VIBRIO PARAHAEMOLYTICUS	2	4	1	2.3	0	1
VIBRIO VULNIFICUS	0	4	2	2.0	0	0
VIBRIO, OTHER	1	2	0	1.0	0	0
WEST NILE	0	0	0	0.0	0	0
YELLOW FEVER	0	0	0	0.0	0	0

NR = Not reportable by law for that year N/A = Not applicable NA = Not available (no data received)

FLORIDA DEPARTMENT OF HEALTH – PRACTITIONER DISEASE REPORT FORM

(Please complete the following information to report the suspect or diagnosis of a disease which is reportable under *Florida Administrative Code* 64D-3.)

DH2136,10/06

Patient Information:

Last Name | Area Code + Phone Number | ☐ Please check here if you would like more copies of the form

First Name | MI | Date of Birth (MMDDYYYY) | Social Security Number (no dashes)

Address

City | State | Zip Code

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/AlaskaNative ☐ Native Hawaiian/Pacific Islander ☐ Unknown ☐ Other: _____

Disease Specific Information:

Date of Onset: | Disease Fatal? ☐ Yes ☐ No

Patient Hospitalized? ☐ Yes ☐ No | Discharge Date:

Hospital Name:

Medicaid Number or Insurance:

Pregnancy Status: ☐ Not Pregnant ☐ Pregnant Number of Months___

Disease or Condition Reporting: For HIV/AIDS and HIV exposed newborns please report per forms indicated in *F.A.C.* 64D-3.

Report immediately upon:

❗ = Initial suspicion 24/7 by phone

☎ = Diagnosis 24/7 by phone

- ☐ Anthrax ☎❗
- ☐ Botulism, foodborne ☎❗
- ☐ Botulism, infant
- ☐ Botulism, other/wound/unspecified ☎❗
- ☐ Brucellosis ☎❗
- ☐ California serogroup virus disease
- ☐ Campylobacteriosis
- ☐ Chancroid
- ☐ Chlamydia
- ☐ Cholera ☎❗
- ☐ Ciguatera fish poisoning
- ☐ *Clostridium perfringens* epsilon toxin
- ☐ Conjunctivitis, in neonatal ≤14 days
- ☐ Creutzfeldt-Jakob disease (CJD)
- ☐ Cryptosporidiosis
- ☐ Cyclosporiasis
- ☐ Dengue
- ☐ Diphtheria ☎❗
- ☐ Eastern equine encephalitis virus disease
- ☐ Ehrlichiosis, human granulocytic (HEG)
- ☐ Ehrlichiosis, human monocytic (HME)
- ☐ Ehrlichiosis, human other or unspecified species
- ☐ Encephalitis, other (non-arboviral)
- ☐ Enteric disease due to *Escherichia coli* O157:H7 ☎
- ☐ Enteric disease due to other pathogenic *Escherichia coli* ☎
- ☐ Giardiasis (acute)
- ☐ Glanders ☎❗
- ☐ Gonorrhea
- ☐ Granuloma inguinale
- ☐ *Haemophilus influenzae*, meningitis and invasive disease ☎❗
- ☐ Hansen's disease
- ☐ Hantavirus infection ☎
- ☐ Hemolytic uremic syndrome ☎
- ☐ Hepatitis, acute A ☎
- ☐ Hepatitis, acute B, C, D, E, G
- ☐ Hepatitis, chronic B, C
- ☐ Hepatitis B surface antigen positive in pregnant woman or child up to 24 months
- ☐ Herpes simplex virus (HSV) in infants up to six months
- ☐ HSV anogenital in children≤12 yrs
- ☐ Human papilloma virus (HPV) anogenital in children≤12 yrs
- ☐ HPV assocated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- ☐ HPV cancer associated strains
- ☐ Influenza – due to novel or pandemic strains ☎❗
- ☐ Influenza – assocated pediatric mortality in persons <18 yrs ☎
- ☐ Lead poisoning
- ☐ Legionellosis
- ☐ Leptospirosis
- ☐ Listeriosis ☎
- ☐ Lyme disease
- ☐ Lymphogranuloma Venereum (LGV)
- ☐ Malaria
- ☐ Measles (Rubeola) ☎❗
- ☐ Melioidosis ☎❗
- ☐ Meningitis, bacterial, cryptococcal, other mycotic
- ☐ Meningococcal disease ☎❗
- ☐ Mercury poisoning
- ☐ Mumps
- ☐ Neurotoxic shellfish poisoning
- ☐ Pertussis ☎
- ☐ Pesticide-related illness and injury
- ☐ Plague ☎❗
- ☐ Poliomyelitis ☎❗
- ☐ Psittacosis (Ornithosis)
- ☐ Q Fever
- ☐ Rabies, animal ☎
- ☐ Rabies, human ☎
- ☐ Rabies possible exposure (animal bite) ☎❗
- ☐ Ricin toxicity ☎❗
- ☐ Rocky Mountain spotted fever
- ☐ Rubella ☎❗
- ☐ St. Louis encephalitis virus disease
- ☐ Salmonellosis
- ☐ Saxitoxin poisoning, including paralytic shellfish poisoning (PSP)
- ☐ Severe acute respiratory syndrome (SARS) ☎❗
- ☐ Shigellosis
- ☐ Smallpox ☎❗
- ☐ *Staphylococcus aureus*, intermediate or full resistance to vancomycin ☎
- ☐ Staphylococcus enterotoxin B ☎
- ☐ Streptococcal disease, invasive Group A
- ☐ *Streptococcal pneumoniae*, invasive disease
- ☐ Syphilis
- ☐ Syphilis, pregnancy or neonate ☎
- ☐ Tetanus
- ☐ Toxoplasmosis, acute
- ☐ Trichinellosis (Trichinosis)
- ☐ Tuberculosis (TB)
- ☐ Tularemia ☎❗
- ☐ Typhoid fever ☎
- ☐ Typhus fever, endemic
- ☐ Typhus fever, epidemic ☎❗
- ☐ Vaccinia disease ☎❗
- ☐ Varicella (chickenpox) Date of vaccination __/__/__
- ☐ Varicella mortality
- ☐ Venezuelan equine encephalitis virus disease ☎❗
- ☐ Vibriosis, Vibrio infections
- ☐ Viral hemorrhagic fevers ☎❗
- ☐ West Nile virus disease
- ☐ Western equine encephalitis virus disease
- ☐ Yellow fever ☎❗

☐ Any Outbreak, grouping, or clustering of patients having similar disease, symptoms, syndromes: ☎❗ _____

Provider Information:

Name:

Address:

City, State, Zip:

Phone: ( ) Provider Fax: ( )

Email:

County Health Department Fax: 813-276-2981

CHD After-Hours Phone Number: 813-307-8000

Medical Information:

Diagnosis Date:

Test Conducted? ☐ Yes ☐ No

Please attach lab record (if available)

Lab Name:

Lab Test Date: | Lab Results:

Treatment Provided? ☐ Yes ☐ No | Test Method:

Treatment:

Medical Record Number:

Hillsborough County Health Department

Disease Reporting Telephone Numbers
AIDS, HIV – (813) 307-8011 (DO NOT FAX)
STD – (813) 307-8022, Fax – (813) 307-8027
TB Control – (813) 307-8015 X 4758, Fax – (813) 975-2014
All Others – (813) 307-8010, Fax – (813) 276-2981
After Hours Reporting All Diseases – (813) 307-8000

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 – (813) 307-8011 DO NOT FAX	
+	Acquired Immune Deficiency Syndrome (AIDS)
+	Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)
STD – (813) 307-8027 FAX (813) 307-8027	
•	Chancroid
•	Chlamydia
•	Conjunctivitis (in neonates ≤ 14 days old)
•	Gonorrhea
•	Granuloma inguinale
•	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)
•	Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)
•	Lymphogranuloma venereum (LGV)
•	Syphilis
☎	Syphilis (in pregnant women and neonates)
TB CONTROL - (813) 307-8015 x 4758 FAX (813) 975-2014	
•	Tuberculosis (TB)
CANCER – Tumor Registry Database	
+	Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)
Epidemiology (813) 307-8010 FAX (813) 276- 2981	
!	Any disease outbreak
!	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.
•	Amebic encephalitis
•	Anaplasmosis
!	Anthrax
•	Arsenic poisoning
!	Botulism (foodborne, wound, unspecified, other)
•	Botulism (infant)
!	Brucellosis
•	California serogroup virus (neuroinvasive and non-neuroinvasive disease)
•	Campylobacteriosis
•	Carbon monoxide poisoning
!	Cholera
•	Ciguatera fish poisoning (Ciguatera)
•	Congenital anomalies
•	Creutzfeldt-Jakob disease (CJD)
•	Cryptosporidiosis
•	Cyclosporiasis
•	Dengue
!	Diphtheria
•	Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
•	Ehrlichiosis
•	Encephalitis, other (non-arboviral)
☎	Enteric disease due to: *Escherichia coli*, O157:H7 *Escherichia coli,* other pathogenic *E. coli* including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains
•	Giardiasis (acute)
!	Glanders
!	*Haemophilus influenzae* (meningitis and invasive disease)
•	Hansen's disease (Leprosy)
☎	Hantavirus infection
☎	Hemolytic uremic syndrome
☎	Hepatitis A
•	Hepatitis B, C, D, E, and G
•	Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)
!	Influenza due to novel or pandemic strains
☎	Influenza-associated pediatric mortality (in persons < 18 years)
•	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
•	Legionellosis
•	Leptospirosis
☎	Listeriosis
•	Lyme disease
•	Malaria
!	Measles (Rubeola)
!	Meliodiosis
•	Meningitis (bacterial, cryptococcal, mycotic)
!	Meningococcal disease (includes meningitis and meningococcemia)
•	Mercury poisoning
•	Mumps
☎	Neurotoxic shellfish poisoning
☎	Pertussis
•	Pesticide-related illness and injury
!	Plague
!	Poliomyelitis, paralytic and non-paralytic
•	Psittacosis (Ornithosis)
•	Q Fever
☎	Rabies (human, animal)
!	Rabies (possible exposure)
!	Ricin toxicity
•	Rocky Mountain spotted fever
!	Rubella (including congenital)
•	St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
•	Salmonellosis
•	Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
!	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
•	Shigellosis
!	Smallpox
•	Staphylococcus aureus, Community Associated Mortality
☎	*Staphylococcus aureus* (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
☎	Staphylococcus enterotoxin B (disease due to)
•	Streptococcal disease (invasive, Group A)
•	*Streptococcus pneumoniae* (invasive disease)
•	Tetanus
•	Toxoplasmosis (acute)
•	Trichinellosis (Trichinosis)
!	Tularemia
☎	Typhoid fever
!	Typhus fever (disease due to *Rickettsia prowazekii* infection)
•	Typhus fever (disease due to *Rickettsia typhi*, *R. felis* infection)
!	Vaccinia disease
•	Varicella (Chickenpox)
•	Varicella mortality
!	Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
•	Vibriosis (Vibrio infections)
!	Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
•	West Nile virus disease (neuroinvasive and non-neuroinvasive)
•	Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
!	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