EPI NOTES

Hillsborough County Health Department
Disease Surveillance Newsletter
April 2012

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Scabies

By Kiley Workman, Public Health Associate

Scabies Outbreaks in Health Care Facilities, Hillsborough County:

The Hillsborough County Health Department (HCHD) was notified of two outbreaks of scabies occurring in long-term health facilities in February and March. In both facilities, residents and staff were affected. A visitor to one of the facilities was also diagnosed as having scabies. In one facility, treatment and prophylaxis was required for an entire unit and their staff. The outbreak in the second facility resulted in treatment and prophylaxis of the entire facility, all staff and their family members.

Signs and Symptoms:

The most common symptoms of scabies include itching and a skin rash. Severe itching, the most common symptom of scabies, is usually the first symptom to be experienced. The rash is usually pimple-like (papular) and itchy (pruritic). The head, face, neck, palms, and soles often are involved in infants and very young children, but usually not in adults and older children. The rash may spread to the entire body, but usually begins on a small area of skin.

Tiny burrows sometimes are seen on the skin and appear as tiny raised and crooked (serpiginous) grayish-white or skin-colored lines on the skin surface. They are found most often in the webbing between the fingers, in the skin folds on the wrist, elbow, or knee, and on the penis, breast, or shoulder blades.

Symptoms usually do not appear for up to two months (average 2-6 weeks) after being infested for those who have never had scabies. If a person has had scabies before, symptoms typically appear much sooner (1-4 days) after exposure.

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Crusted scabies is a severe form of scabies that can develop in the elderly, persons who are immunocompromised, or persons who have conditions that prevent them from itching and/or scratching (spinal cord injury, paralysis, loss of sensation, mental debility). For more information on crusted scabies, please refer to: http://www.cdc.gov/parasites/scabies/health_professionals/crusted.html

Transmission:

In the general population, the scabies mite is usually spread through prolonged skin-to-skin contact with an infested person. Household and sexual contacts of infested persons are at high risk of getting scabies. It can also spread through infested bedding, clothing, furniture, and/or healthcare workers, which is typically how outbreaks occur in healthcare facilities. Even if asymptomatic, an infested person can transmit scabies until they are successfully treated and the mites and eggs are destroyed.

Control Measures:

It is recommended that treatment be paired with environmental control measures in order to best prevent reinfestation. A coordinated treatment effort is essential. Typically, you can begin treatment of the person, then begin environmental decontamination 12 hours later. Since scabies has a long incubation period, it is also recommended that close contacts be treated at the same time as the symptomatic patient(s).

Bedding, clothing, and towels used by infested persons or their household, sexual, and close contacts anytime during the three days before treatment should be washed in hot water and dried in a hot dryer, or by dry-cleaning. Anything that cannot be washed (such as furniture, stuffed animals and other toys) can be set aside in a plastic bag, if possible, and away from people for at least 72 hours. This is usually enough time to starve the mites, since people are their only food source.

Adapted From:
http://www.cdc.gov/parasites/scabies/

Additional Resources:
http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001833/
http://www.mayoclinic.com/health/scabies/DS00451/

Respiratory Disease Hits Several States Including Florida

The Florida Department of Health recommends protecting yourself and others from whooping cough

TALLAHASSEE – The Florida Department of Health (DOH) advises parents, childcare workers and healthcare providers to verify the children they care for are properly immunized against pertussis, a respiratory disease also known as whooping cough. DOH and the Centers for Disease Control (CDC) experts also advise new parents, grandparents and relatives to get fully immunized before being around an infant. Since January 1, 2012, DOH has identified 112 confirmed and probable cases of pertussis, with at least one case in twenty-two Florida counties. Counties include Alachua (3), Broward (2), Citrus(1), Clay(1), Collier(4), Miami-Dade(15), Duval(2), Escambia(1), Gulf(1), Hillsborough(35), Lee(13), Leon(1), Martin(1), Monroe(4), Nassau(3), Orange(3), Osceola(3), Palm Beach(7), Pasco(5), Polk(5), Seminole(1) and Volusia (1).

The occurrences in Florida are consistent with the rise in cases seen across the United States. Recently, outbreaks have occurred in Montana, North Carolina, Texas, Wisconsin, and Washington State.

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Family members are most often the transmission source of pertussis to infants. A typical case of pertussis starts with a cough, runny nose, sneezing and a low-grade fever. After 1-2 weeks, the coughing becomes more severe. Rapid coughing fits can occur that often end with a whooping sound. Pertussis is spread when infected individuals cough or sneeze while in close contact with others. **Pertussis is most dangerous for infants and children**, and usually a milder disease in adolescents and adults. Pertussis is treated with antibiotics.

Year	Number of Confirmed and Probable Pertussis Cass Reported in Florida
2000	67
2001	30
2002	53
2003	113
2004	132
2005	208
2006	228
2007	211
2008	314
2009	497
2010	328

Source: Florida Annual Morbidity Statistics Reports available at http://www.doh.state.fl.us/disease_ctrl/epi/Morbidity_Report/amr.html.

Provisional data indicate that 312 confirmed and probable pertussis cases were reported to DOH in 2011. (See table for 2000-2010 data)

How do we prevent pertussis?

- Children 6 years of age and younger are routinely vaccinated against tetanus, diphtheria and pertussis. Ask your doctor if your children have received all the pertussis shots needed for his or her age.
- **Age-appropriate immunization** with a vaccine against pertussis is required in Florida for attendance in licensed child care centers and schools through seventh grade.
- Vaccination of children attending child care and school protects both the children who receive the vaccine, and the children surrounding them who have medical reasons that they cannot be vaccinated. When there is a pertussis outbreak in a school, children attending school with a religious, temporary medical or permanent medical exemption to pertussis vaccine may be excluded from school until the outbreak is over or they receive vaccine, both to protect them and to interrupt the outbreak.
- Because vaccine protection for pertussis, tetanus and diphtheria can fade with time, pre-teens going to the doctor for their regular check-up at age 11 or 12 years need to have a booster vaccine, called Tdap. This vaccine is required for school attendance in seventh grade. Teen and young adults who did not get a booster as a pre-teen should get one dose when they visit their health care provider.
- All adults, including pregnant women, should get a one-time dose of Tdap followed by a tetanus, diphtheria (Td) every 10 years.
- If you are age 65 years or older and anticipate being around infants, get a Tdap regardless of the timing of your last Td booster.

DOH recommends that if anyone develops a cold that includes a severe cough or a cough that lasts for two weeks or longer or if you have questions on where to get your immunizations, contact your local county health department or other local health care provider.

Additional information about school immunization and school health requirements for children can be found at these DOH Web sites:

http://www.immunizeflorida.org/community/index.htm
http://www.doh.state.fl.us/Family/School/parent/parent_info.html.

Reportable Disease Surveillance Data

Disease	2009	2010	2011	3 Year Average	Jan-Mar 2011	Jan-Mar 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	31	26
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	14	29
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	29
CYCLOSPORIASIS	2	3	1	2.0	0	0
DENGUE	3	7	4	4.7	0	0
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	6	7
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	14	12
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	4	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	7	7
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	65	40	49	51.3	11	10
HEPATITIS B, PERINATAL ACUTE	0	1	0	0.3	0	0
HEPATITIS B, CHRONIC	317	279	316	304.0	46	81
HEPATITIS C, ACUTE	14	12	7	11.0	1	9
HEPATITIS C, CHRONIC	1391	1699	1628	1572.7	385	371
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-Mar 2011	Jan-Mar 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	61	122
LEGIONELLOSIS	8	7	12	9.0	0	2
LEPTOSPITOSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	2	3	2.3	1	1
LYME DISEASE	11	4	8	7.7	1	2
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	8	1
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	13	35
PESTICIDE RELATED ILLNESS	0	4	16	6.7	2	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	1
RABIES ANIMAL	5	4	2	3.7	1	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	36	44
SHIGELLOSIS	21	134	377	177.3	140	11
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS, COM. ASSOC. MORTALITY	2	0	0	0.7	0	2
STAPH AUREUS, VISA/VRSA	0	0	1	0.3	0	1
STREP DISEASE, INVASIVE GROUP A	14	17	17	16.0	5	4
STREP PNEUMO, INVASIVE DRUG RESIST.	54	60	54	56.0	26	10
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	45	46	42.0	14	10
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	6	21
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)

SANOFI PASTEUR

You are cordially invited to an educational program titled:

The Impact of Influenza and Pertussis Disease: Effective Prevention Strategies

Presented by:

Laura L. Larson, M.D.

Medical Health Director of Infection Prevention for Tanner Health System

Tuesday, May 8th 1:00-4:30pm

At the University of South Florida, College of Public Health Auditorium

The objectives of this education program are to:

Review influenza disease, its epidemiology, and impact on all age groups

Review the burden and impact of influenza disease in older adults

Discuss current recommendations for use of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine

Examine strategies for improving Tdap vaccination coverage

This educational opportunity is being provided at **no cost** by Sanofi Pasteur.

Please RSVP by Friday, May 4th by emailing:

Warren_McDougle@doh.state.fl.us

Endorsed by:

FPHA FLORIDA PUBLIC HEALTH ASSOCIATION

www.fpha.org

bapic55.org APIC, Bay Area Chapter

www.bapic55.org

SOUTHERN HEALTH ASSOCIATION

www.southernhealth.net

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

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: