EPI NOTES

Hillsborough County Health Department
Disease Surveillance Newsletter
July 2012

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TO REPORT A DISEASE:

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Information about the Hillsborough County Health Department's investigation form

At the end of this issue of EpiNotes, you will find a disease investigation form for Hillsborough County providers. This form includes all of the basic information that Hillsborough County epidemiologists would need to investigate a reportable disease. Ideally, a provider would complete this form and fax it to the HCHD Epidemiology Program, along with the Florida Department of Health – Practitioner Disease Report Form, when reporting a notifiable disease or condition. This would allow our follow-up to begin in a timely manner. Normally, if all the information on the investigation form is supplied, we would not need to request additional information from the provider. We are hoping that this will improve the reporting and investigation process, saving everyone time and energy.

Feel free to contact the HCHD Epidemiology Program with any questions at (813) 307-8010.

Talking to parents about vaccines

By Kiley Workman

The Hillsborough County Health Department (HCHD) continues to see a rise in cases of pertussis, also known as whooping cough, throughout the county. This year, there have been 68 cases through the end of July. To give some perspective of the increase, this time last year there were only 23 reported cases of pertussis in the county. As shown in the graph below, there has been a steady rise in the number of reported cases of pertussis in the past few years. When looking at this graph, it is important to note that these are just reported cases of pertussis. The HCHD considers this to be an underestimate of the actual burden of pertussis in the community.

The best protection against whooping cough is to be fully vaccinated.

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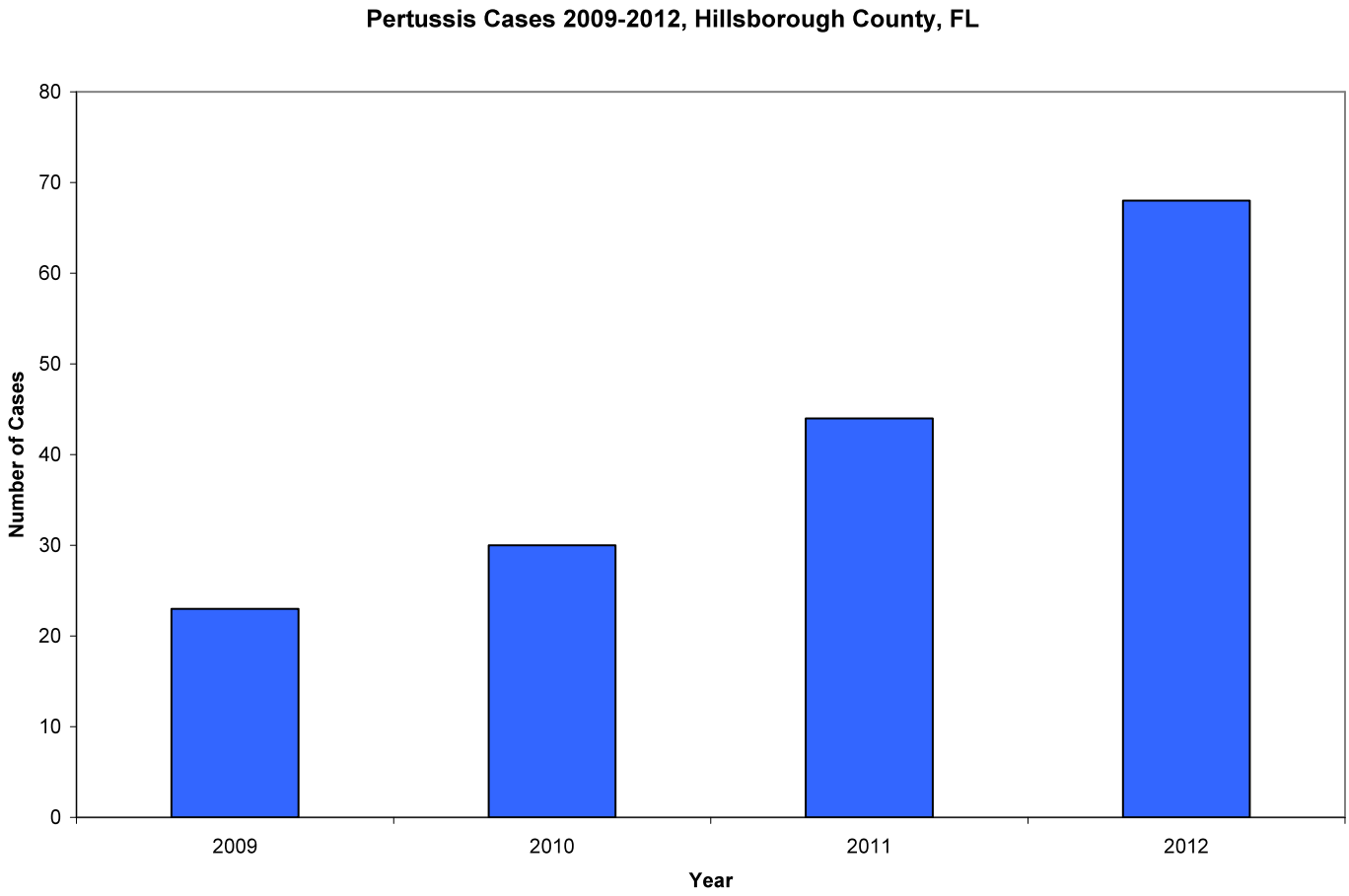

Young children, especially babies, are most at risk for serious complications, even death, if they get pertussis. That being said, children will not be fully vaccinated until they complete the DTaP series (usually at 15-18 months of age). The best protection for babies is to complete their vaccine series and to ensure that their close contacts are properly immunized. Anyone who comes into close contact with an infant, especially families and caregivers, should be vaccinated with Tdap at least two weeks before contact with the baby.

Even though vaccines are the most effective measures in preventing pertussis and other vaccine preventable diseases, they are still hotly disputed in the community. For that reason, the HCHD would like to give providers a few tips on how to talk to patients and parents about vaccines. These guidelines and the case example are taken from the Autism Science Foundation.

Making the CASE for Vaccines

Corroborate: Identify and acknowledge the parent's concern. Try to find something that you and the parent can agree on. This could be a shared concern on what is best for their family or even agreeing that the evidence for and against vaccines can be confusing.

About me: Share your own experience with vaccines as a person, not a medical provider. Explain the information you found useful when you have made vaccine decisions for yourself and your family.

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Science: Describe the scientific evidence using simple, clear language. Provide the patient with additional resources.

Explain/advise: Based on the science and using your discussion with the parent, give them your professional advice.

To show how this framework can be used in a conversation with a parent who is concerned about autism from vaccines, an example is shown below:

Corroborate: There's certainly been a lot of coverage on television about vaccines and autism so I can understand why you have questions.

About Me: I always want to make sure I'm up to date on the latest information so that I can do what's best for my patients, so I've researched this thoroughly. In fact, I just returned from a recent training where they discussed this…

Science**:** The scientific evidence does not support a causal link. The Centers for Disease Control and Prevention, the American Academy of Pediatrics, the National Institutes of Health, (etc.) all reviewed the data and all reached the same conclusion. Dozens of studies have been done. None show a link. In fact, the latest autism science indicates…

Explain/Advise: Vaccines are critical to maintaining health and wellbeing. They prevent diseases that cause real harm. Choosing not to vaccinate does not protect children from autism, but does leave them open to diseases. I have chosen to vaccinate my children because I want to protect them from disease.

Additional Resources

CDC - Pertussis

Immunization Action Coalition - Talking to Parents about Vaccines

CDC - If you choose not to vaccinate your child, understand the risks and responsibilities

Autism Science Foundation

Reportable Disease Surveillance Data

Disease	2009	2010	2011	3 Year Average	Jan-June 2011	Jan-June 2012
AIDS	253	193	192	212.7	111	70
AMEBIC ENCEPHALITIS	1	0	0	0.3	0	0
ANIMAL BITE, PEP RECEIVED	72	55	95	74.0	53	54
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	63	58
CARBON MONOXIDE POISONING	0	7	13	6.7	8	2
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	3
CRYPTOSPORIDIOSIS	38	14	38	30.0	21	38
CYCLOSPORIASIS	2	3	1	2.0	0	2
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	14	12
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	31	21
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	9	1
H-FLU, SEPTIC ARTHRITIS	0	0	0	0.0	0	0
HANSEN'S DISEASE (LEPROSY)	1	1	0	0.7	0	1
HANTAVIRUS	0	0	0	0.0	0	0
HEMOLYTIC UREMIC SYNDROME	0	1	0	0.3	0	1
HEPATITIS A, ACUTE	13	6	6	8.3	2	0
HEPATITIS B, ACUTE	29	49	27	35.0	12	16
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	65	40	49	51.3	25	16
HEPATITIS B, PERINATAL ACUTE	0	1	0	0.3	0	0
HEPATITIS B, CHRONIC	317	279	316	304.0	136	167
HEPATITIS C, ACUTE	14	12	7	11.0	1	13
HEPATITIS C, CHRONIC	1391	1699	1628	1572.7	738	761
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-June 2011	Jan-June 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	318	339.7	167	139
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	119	206
LEGIONELLOSIS	8	7	12	9.0	1	3
LEPTOSPITOSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	2	3	2.3	1	1
LYME DISEASE	11	4	8	7.7	3	5
MALARIA	2	5	7	4.7	3	3
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	1
MENINGITIS BACTERIAL CYPTOCOCCAL	28	28	21	25.7	15	1
MENINGITIS, STREP, PNEUMONIAE	0	0	0	0.0	0	0
MENINGOCOCCAL DISEASE	1	1	1	1.0	1	2
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	20	76
PESTICIDE RELATED ILLNESS	0	4	16	6.7	6	4
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	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	109	130
SHIGELLOSIS	21	134	377	177.3	293	18
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	9	7
STREP PNEUMO, INVASIVE DRUG RESIST.	54	60	54	56.0	38	19
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	45	46	42.0	29	17
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	84	86	46	72	NA	19
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	22	33
VIBRIO ALGINOYTICUS	1	2	5	2.7	1	2
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	1	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)

Attached is the list of reportable diseases for the state of Florida.

Providers are mandated by law to notify their local health department and provide them with necessary information when any of their patients meet the criteria listed on the attached form.

At this time, we require additional information on one of your patients. Please either **fax** this information or **call** our office and ask to speak with_____

Please provide all the requested information. It is vital to our investigation.

Patient's Name: _____

Date of Birth: _____

Patient Race and Ethnicity (English Speaking or Other Language): _____

Address:_____

City: _____ Zip: _____

Phone: _____

At the time of testing, was the patient symptomatic or asymptomatic? _____

If symptomatic, what symptoms? _____

Date of symptom onset:_____

Treatment (including start and end date): _____

_____

If patient is a child, do they attend daycare/school/camp? _____
If yes, please list the name of the facility/facilities:
_____

If the patient is an adult, do they work and if yes where? _____

Patient's travel history, including dates and locations:_____

Has the patient or the patient's parent been notified of the lab result? _____

Thank you for your cooperation.

Hillsborough County Health Department • Epidemiology Program
Post Office Box 5135 • Tampa, FL 33675-5135
Telephone: (813) 307-8010 • Fax: (813) 276-2981 • http://www.hillscountyhealth.org

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