

# EPI NOTES

## Hillsborough County Health Department Disease Surveillance Newsletter August 2012

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## The Hillsborough County Health Department Prepares for the RNC

With the 2012 Republican National Convention (RNC) coming to the Tampa Bay Area very soon, the Hillsborough County Health Department (HCHD) is working closely with its community partners to ensure the health of all residents and visitors. The HCHD Epidemiology Program will be closely monitoring its surveillance systems during this period in an effort to rapidly detect any diseases or outbreaks of public health importance. Our healthcare providers play a vital role in our disease surveillance. During the next couple of weeks, we are asking that our providers be especially diligent in reporting diseases to us and informing us of anything unusual that they notice. Thank you for your help with this. The HCHD Epidemiology Program can be reached by phone at (813) 307-8010 or by fax at (813) 276-2981.

## Hillsborough County Disease/Illness Update

The HCHD wanted to take the opportunity to brief the medical community on what has recently been reported to us from our community.

- Two norovirus outbreaks (spread from person to person) in long term care facilities
- Multiple *Vibrio vulnificus* cases linked to Gulf of Mexico water exposure or consumption/handling of raw oysters and multiple *Vibrio alginolyticus* cases linked to Gulf of Mexico and other water exposure
- An increase in syphilis cases, especially among men who have sex with men (MSM)

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- Continued pertussis cases, especially in our school aged population

The HCHD will continue to keep the medical community informed about important public health issues occurring in the Tampa Bay Area.

## Press Release: Health Warning for Raw Oyster Consumers and Swimmers in the Gulf of Mexico and Tampa Bay

Contact: Steve Huard, Public Information Officer Hillsborough County Health Department  
(813) 307-8044

### Health Warning for Raw Oyster Consumers and Swimmers in the Gulf of Mexico, and Tampa Bay

TAMPA - Health officials warn Tampa Bay area residents and visitors, particularly those with underlying health conditions, of a potentially life-threatening illness from the bacteria, *Vibrio vulnificus*. This illness can result from eating raw or undercooked oysters or by swimming or wading with open wounds in local waters.

This year, two Hillsborough county residents lost their lives to *Vibrio vulnificus* infections. In addition, five other cases of *Vibrio* have been reported in our county.

The microscopic bacterial organism, *Vibrio vulnificus*, occurs naturally in coastal areas of the Gulf of Mexico, Atlantic and Pacific Oceans. It is especially common during the summer months when water temperatures are warmer.

Infections are most often due to consumption of raw oysters and other undercooked or raw shellfish. Additionally, infection can result from exposure of open wounds or sores to seawater.

Depending on the type of exposure, *Vibrio* bacteria can cause several types of illness ranging from wound infections to serious gastrointestinal disease.

Overall death rates from *Vibrio vulnificus* infection exceed 40 percent, and for certain high-risk individuals, fatality increases dramatically.

Serious complications and death are more likely to occur in high-risk individuals with the following conditions:

- Liver disease (for example: hepatitis, cirrhosis, alcoholism)
- Diabetes
- Cancer (for example: lymphomas, leukemia, Hodgkin's disease)
- Iron overload disease (also known as hemochromatosis)
- Any illness or medical treatment that weakens the body's immune system (forexample: HIV)

Some tips for preventing *Vibrio* infections, particularly among immunocompromised patients, including those with underlying liver disease:

- Do not eat raw oysters or other raw shellfish.
- Cook shellfish (oysters, clams, mussels) thoroughly.
- For shellfish in the shell, either a) boil until the shells open and continue boiling for 5 more minutes, or b) steam

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until the shells open and then continue cooking for 9 more minutes. Do not eat those shellfish that do not open during cooking. Boil shucked oysters at least 3 minutes, or fry them in oil at least 10 minutes at 375F.

- Avoid cross-contamination of cooked seafood and other foods with raw seafood and juices from raw seafood.
- Eat shellfish promptly after cooking and refrigerate leftovers.
- Avoid exposure of open wounds or broken skin to warm salt or brackish water, or to raw shellfish harvested from such waters.
- Wear protective clothing (e.g., gloves) when handling raw shellfish.

Anyone who experiences signs of skin infection, such as redness or swelling, after contact with seawater, or becomes ill after eating raw or undercooked seafood, should seek medical attention immediately.

For more information on *Vibrio vulnificus* please visit

<http://www.cdc.gov/nczved/divisions/dfbmd/diseases/vibriov/>

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## How to Reduce Your Risk of Disease During Hurricane Season

By Kevin Baker, CHES

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The Hillsborough County Health Department wants everyone to be prepared for hurricane season each year. An important aspect of preparedness is infectious disease control after a hurricane hits. There are different types of diseases that may be present during this time, such as waterborne, injury-based, and mosquito-borne illnesses, just to name a few.

Waterborne illnesses, such as cholera, giardiasis, salmonellosis, and shigellosis can infect residents of areas that have just experienced a natural disaster. These waterborne illnesses can infect an individual through contact with contaminated flood water or poor hygiene (e.g., inadequate hand washing). Injury-based illnesses, such as methicillin-resistant *Staphylococcus aureus* (MRSA) and tetanus can infect a person who has sustained an injury during or after a hurricane. Mosquito-borne illnesses, such as malaria, dengue, and Eastern equine encephalitis (EEE), also become more prevalent due to the large amounts of standing water, a common breeding place for mosquitoes.

Listed below are just a few of many steps that you can take to reduce your risk of exposure and transmission of disease, not only during hurricane season, but year round as well:

### **Tips to Avoid Waterborne Illnesses**

- Basic hygiene measures, like frequent hand washing or use of an alcohol hand gel, especially after using the restroom or changing diapers and before eating.
- Do not let anyone play in floodwater. Floodwater can be contaminated with fecal matter.
- Sanitize anything that has come in contact with floodwater such as toys, dishes, or furniture. Use ¼ cup of bleach in one gallon of water to disinfect toys and other dishes. For more information regarding sanitization, please contact your local health department's environmental health program.

### **Tips to Avoid Injury-Based Illnesses**

- Wear protective equipment if operating machinery during post-hurricane cleanup activities.
- Make sure that all wounds are kept clean, dry, and bandaged and away from floodwater. If you think a wound has become infected, consult a health care provider.

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- Stay up-to-date on your tetanus vaccine. If you are unsure of your vaccine status, consult a health care provider for information and recommendation.

### **Tips to Avoid Mosquito-Borne Illnesses**

To protect against mosquito bites, DOH urges the public to remain diligent in their personal mosquito protection efforts. These should include the “Drain & Cover” method for prevention:

- **Drain** standing water to stop mosquitoes from multiplying.
  - **Discard:** Old tires, drums, bottles, cans, pots and pans, broken appliances, and other items that are not being used.
  - **Empty and Clean:** Birdbaths and pet’s water bowls at least once or twice a week.
  - **Protect:** Boats and vehicles from rain with tarps so they don’t accumulate water.
  - **Maintain:** The water balance (pool chemistry) of swimming pools. Empty plastic swimming pools when not in use.
- **Cover** your skin with clothing and use mosquito repellent. **Cover** doors and windows with screens to keep mosquitoes out.
  - **Clothing:** If you must be outside when mosquitoes are active, cover up. Wear shoes, socks, long pants, and long sleeves.
  - **Repellent:** Apply mosquito repellent to bare skin and clothing. Always use repellents according to the label. Repellents with DEET (products with concentrations of up to 30 percent DEET are generally recommended), picaridin, oil of lemon eucalyptus, and IR535 are effective. Use mosquito netting to protect children younger than 2 months.

### **Additional Resources**

[Florida DOH - Before, During, & After the Storm](#)

[Florida DOH – Health Risks After a Storm - Tips on How to Protect Your Family](#)

[Florida DOH - Tetanus Vaccines for Individuals who Suffer Wounds](#)

[Florida DOH – Mosquito-borne Diseases in Florida](#)

[CDC - Infectious Disease after a Disaster](#)

[CDC – After a Hurricane: Key Facts about Infectious Disease](#)



# Reportable Disease Surveillance Data

Disease	2009	2010	2011	3 Year Average	Jan-July 2011	Jan-July 2012
AIDS	253	193	192	212.7	130	80
AMEBIC ENCEPHALITIS	1	0	0	0.3	0	0
ANIMAL BITE, PEP RECEIVED	72	55	95	74.0	58	60
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	77	73
CARBON MONOXIDE POISONING	0	7	13	6.7	9	2
CHLAMYDIA	6611	7012	7288	6970.3	4592	4393
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	1	0	0	0.3	0	3
CRYPTOSPORIDIOSIS	38	14	38	30.0	26	43
CYCLOSPORIASIS	2	3	1	2.0	0	2
DENGUE	3	7	4	4.7	0	1
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	15	13
FOOD AND WATERBORNE CASES	86	147	13	82.0	3	72
FOOD AND WATERBORNE OUTBREAKS	12	10	3	8.3	1	4
GIARDIASIS	101	100	81	94.0	36	28
GONORRHEA	2015	1951	2343	2103.0	1289	1351
H. INFLUENZAE PNEUMONIA	0	0	0	0.0	0	0
H-FLU, PRIMARY BACTEREMIA, INVASIVE	13	11	16	13.3	11	1
H-FLU, SEPTIC ARTHRITIS	0	0	0	0.0	0	0
HANSEN'S DISEASE (LEPROSY)	1	1	0	0.7	0	2
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	13	21
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	65	40	49	51.3	29	23
HEPATITIS B, PERINATAL ACUTE	0	1	0	0.3	0	0
HEPATITIS B, CHRONIC	317	279	316	304.0	169	198
HEPATITIS C, ACUTE	14	12	7	11.0	3	15
HEPATITIS C, CHRONIC	1391	1699	1628	1572.7	858	954
HEPATITIS D	1	0	0	0.3	0	0

Disease	2009	2010	2011	3 Year Average	Jan-July 2011	Jan-July 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	198	171
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	137	253
LEGIONELLOSIS	8	7	12	9.0	1	3
LEPTOSPIROSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	2	3	2.3	1	1
LYME DISEASE	11	4	8	7.7	4	6
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	0
MENINGITIS BACTERIAL CRYPTOCOCCAL	28	28	21	25.7	17	1
MENINGITIS, STREP, PNEUMONIAE	0	0	0	0.0	0	0
MENINGOCOCCAL DISEASE	1	1	1	1.0	1	3
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	23	85
PESTICIDE RELATED ILLNESS	0	4	16	6.7	12	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	1
RUBELLA	0	0	0	0.0	0	0
SALMONELLOSIS	337	302	353	330.7	135	153
SHIGELLOSIS	21	134	377	177.3	314	25
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	11	9
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	3	7	3	4.3	3	6
SYPHILIS, EARLY	135	82	91	103	50	77
SYPHILIS, INFECTIOUS	100	118	124	114	69	102
SYPHILIS, LATENT	181	145	134	153	70	70
TETANUS	0	1	0	0.3	0	0
TOXOPLASMOSIS	0	4	1	1.7	0	0
TUBERCULOSIS	84	86	46	72	30	21
THYPHOID FEVER	0	1	0	0.3	0	0
TYPHUS FEVER, ENDEMIC (MURIN)	2	0	2	0.7	2	0
VARICELLA	28	48	47	41.0	28	36
VIBRIO ALGINOYITICUS	1	2	5	2.7	2	4
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	1	1
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





# 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.
- ! 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)
- ! Melioidosis
- 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.)

## Patient Information:

DH2136,10/06

Last Name

Area Code + Phone Number

First Name

MI

Date of Birth (MMDDYYYY)

Address

City

State

Zip Code

Gender:

☐ Male  
☐ Female

Ethnicity: ☐ Hispanic  
☐ Non-Hispanic  
☐ Unknown

Race: ☐ White  
☐ Black  
☐ Asian  
☐ American Indian/Alaska Native  
☐ Native Hawaiian/Pacific Islander  
☐ Unknown

## 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 associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- ☐ HPV cancer associated strains
- ☐ Influenza – due to novel or pandemic strains ☎ !
- ☐ Influenza – associated 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:

## 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:

County Health Department Fax: 813-276-2981  
CHD After-Hours Phone Number: 813-307-8000