

EPI NOTES

Hillsborough County Health Department Disease Surveillance Newsletter November 2012

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Epidemiology Program Update

By Kevin Baker, CHES

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The Hillsborough County Health Department's (HCHD) Epidemiology Program is responsible for monitoring and reporting over 50 reportable diseases, as well as outbreaks. Through the end of September, our program has been notified of over 3,000 cases of reportable illnesses. This past month, we have had a variety of special cases and outbreaks in our community that will be discussed in this article.

Flu reporting for the 2012-2013 season started on September 30, 2012. So far, we are observing mild flu activity in the county. However, our Emergency Department data (ESSENCE) indicates a marked increase in influenza-like illness visits over the past week.

During September, there was a noticeable rise in salmonellosis cases among infants in Citrus County. We found that Hillsborough County was also seeing a rise in infant salmonellosis cases. Because of this increase, interviews of *Salmonella* illness in infants were focused more on infant exposures, but no links between those cases were identified.

Pertussis (Whooping Cough) cases continue to be reported throughout the county. From January 1, 2012 through September 30, 2012, 93 cases have been reported. During the same time in 2011, only 27 cases were reported.

We have investigated three suspect norovirus outbreaks in public schools in the last few weeks, though none were laboratory confirmed. Another recently reported outbreak of hand, foot, and mouth disease in a childcare facility was investigated by our staff. Education was provided to the childcare facility and to the parents in order to reduce the risk of future infection.

Continued on Page 2

Continued from Page 1

Using our ESSENCE system, a cluster of three cases of bloody diarrhea and vomiting were detected. After further investigation, it was found to be a family outbreak. Two of the cases were children who attend childcare and the third was their parent who is a healthcare worker. Two of the cases provided stool samples and both tested positive for *Shigella sonnei*.

We have also investigated a couple of mosquito-borne illness cases of note. We reported an imported case of Dengue Fever who had traveled to Haiti during the exposure period. Two to three weeks after returning to the U.S., the case became symptomatic. The case reported being bitten by mosquitoes while abroad, as well as here in Hillsborough County. The case tested IgG and IgM positive for Dengue Fever. We also reported an imported case of Dengue Hemorrhagic Fever. The case had travel history to the US Virgin Islands. The case slept in open housing with no mosquito nets. Laboratory testing was PCR positive for Dengue Virus Type 1. This strain of Dengue is known to cause hemorrhagic fever.

Our Epidemiology Program staff works to not only monitor these diseases, but also educate our cases on ways they can prevent themselves from becoming infected or infecting others in the future. Through our work, we fulfill the Florida Department of Health's mission, which is to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

Food Safety for the Holidays

By Kiley Workman

While the holidays are a time of celebration, the stress involved in food preparation can be overwhelming—and potentially dangerous—if food safety is not taken into consideration. According to the Centers for Disease Control and Prevention, 1 in 6 Americans get sick from foodborne illnesses each year. So before you plan your holiday meal, the Hillsborough County Health Department would like to offer a few tips to help keep you and your loved ones safe this holiday season.

Keep it clean

Safe food preparation starts with clean hands. Washing your hands before preparation, in between handling raw ingredients, and after you've finished cooking will reduce your risk of being exposed to harmful bacteria.

Your kitchen should also be kept clean. Kitchen surfaces that need to be cleaned include water faucets, stovetops, countertops, and cutting boards. To clean these surfaces properly, use hot water and soap followed by a bleach and water solution or a commercial kitchen-cleaning agent. Whichever product you use, remember to follow the product directions.

Wash all fresh produce with water in order to remove existing bacteria and minimize any bacterial contamination. Any produce with a firm skin (such as potatoes and apples) should be rubbed, or scrubbed with a clean brush, under running water. Even produce with an inedible skin, such as melon, should be scrubbed and rinsed before preparing them. By cutting unwashed produce you can introduce bacteria from the skin to the part that you eat. You should also rinse packaged fruits and vegetables labeled "ready to eat" or "washed".

Separate

Cross contamination can occur easily in the kitchen if you are not diligent about preventing it. Make sure to keep raw meat, poultry, and seafood separate from the rest of your food preparation area. This includes washing your hands, knives, forks, cutting boards, etc between raw and ready-to-eat food preparation.

Continued on Page 3

Continued from Page 2

Check the temperature

The appearance of food can be misleading and should not be used to determine whether or not an item is done. For example, ground beef tends to turn brown before it reaches 160° F. To be confident that your food is safe, use a meat thermometer and make sure that all the food you put on the table meets the minimum internal temperature requirements shown below.



Steaks & Roasts	Fish	Pork	Ground Beef	Egg Dishes	Chicken Breasts	Whole Poultry
145 °F	145 °F	160 °F	160 °F	160 °F	165 °F	165 °F

USDA Food Safety and Inspection Service

Fresh beef and pork need to rest at room temperature for 3 minutes before you take the temperature. For all other items, the temperature can be taken immediately after removing it from the heat source. Additionally, stuffing, whether cooked alone or in a turkey, needs to be heated to at least 165° F. All leftovers should also be reheated to at least 165° F before being consumed.

Refrigerate

All leftovers should be put in the refrigerator within 2 hours of preparation. This is to keep food out of the “danger zone”, which is between 40 ° F and 140 ° F. Storing food in the “danger zone” creates an ideal environment for bacteria to grow. Using an appliance thermometer, you can verify that your refrigerator is at or below 40 ° F to discourage bacterial growth.

Defrost your turkey properly

Turkeys must be kept at a safe temperature while defrosting. If the bird is thawed at any temperature above 40 ° F, dangerous bacteria that were present upon freezing can grow again. For that reason, you should never defrost the turkey on your kitchen counter. Instead, you can thaw your turkey in the refrigerator or in cold water. Frozen turkeys take about 24 hours per 5 pounds to defrost in the refrigerator. To defrost it in water, you may immerse it in your sink or in a large container filled with cold water. Expect it to take about 30 minutes per pound. There are many additional resources on holiday food safety.

The USDA Meat and Poultry Hotline (1-888-MPHotline) is available on weekdays year round—including holidays.

Have a wonderful holiday season!

Additional Web Sources:

<http://www.foodsafety.gov/>

<http://cdc.gov/foodsafety/>

<http://www.holidayfoodsafety.org/>



FLORIDA
DEPARTMENT OF HEALTH
FLORIDA'S DEPARTMENT OF HEALTH
WORKING TO PROTECT, PROMOTE, AND
IMPROVE YOUR HEALTH

Reportable Disease Surveillance Data

Disease	2009	2010	2011	3 Year Average	Jan-Oct 2011	Jan-Oct 2012
AIDS	253	193	192	212.7	160	119
AMEBIC ENCEPHALITIS	1	0	0	0.3	0	0
ANIMAL BITE, PEP RECEIVED	72	55	95	74.0	81	82
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	1	0
CALIFORNIA SEROGROUP, NEUROINVASIVE	0	0	0	0.0	0	0
CAMPYLOBACTERIOSIS	69	76	120	88.3	110	97
CARBON MONOXIDE POISONING	0	7	13	6.7	9	2
CHLAMYDIA	6611	7012	7288	6970.3	6217	6104
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	1	0	0	0.3	0	3
CRYPTOSPORIDIOSIS	38	14	38	30.0	35	73
CYCLOSPORIASIS	2	3	1	2.0	0	2
DENGUE	3	7	4	4.7	4	4
DIPHTHERIA	0	0	0	0.0	0	1
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	21	21
FOOD AND WATERBORNE CASES	86	147	13	82.0	NA	NA
FOOD AND WATERBORNE OUTBREAKS	12	10	3	8.3	NA	NA
GIARDIASIS	101	100	81	94.0	64	48
GONORRHEA	2015	1951	2343	2103.0	1924	1826
H. INFLUENZAE PNEUMONIA	0	0	0	0.0	0	0
H-FLU, PRIMARY BACTEREMIA, INVASIVE	13	11	16	13.3	13	6
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	3	2
HEPATITIS B, ACUTE	29	49	27	35.0	18	34
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	65	40	49	51.3	42	32
HEPATITIS B, PERINATAL ACUTE	0	1	0	0.3	0	0
HEPATITIS B, CHRONIC	317	279	316	304.0	243	271
HEPATITIS C, ACUTE	14	12	7	11.0	6	24
HEPATITIS C, CHRONIC	1391	1699	1628	1572.7	1299	1396
HEPATITIS D	1	0	0	0.3	0	0

Disease	2009	2010	2011	3 Year Average	Jan-Oct 2011	Jan-Oct 2012
HEPATITIS E, NON-A, NON-B, ACUTE	0	0	0	0.0	0	1
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	256	275
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	179	313
LEGIONELLOSIS	8	7	12	9.0	10	7
LEPTOSPIRITIS	0	0	0	0.0	0	0
LISTERIOSIS	2	2	3	2.3	3	1
LYME DISEASE	11	4	8	7.7	6	8
MALARIA	2	5	7	4.7	7	6
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	21	N/A
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	1	0
NEUROTOXIC SHELLFISH POISONING	0	0	0	0.0	0	0
PERTUSSIS	25	30	31	28.6	28	109
PESTICIDE RELATED ILLNESS	0	4	16	6.7	15	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	2	4
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	280	296
SHIGELLOSIS	21	134	377	177.3	362	36
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	2
STREP DISEASE, INVASIVE GROUP A	14	17	17	16.0	13	13
STREP PNEUMO, INVASIVE DRUG RESIST.	54	60	54	56.0	43	23
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	45	46	42.0	40	22
SYPHILIS, CONGENITAL	3	7	3	4.3	3	6
SYPHILIS, EARLY	135	82	91	103	70	95
SYPHILIS, INFECTIOUS	100	118	124	114	91	131
SYPHILIS, LATENT	181	145	134	153	134	87
TETANUS	0	1	0	0.3	0	0
TOXOPLASMOSIS	0	4	1	1.7	0	1
TUBERCULOSIS	84	86	46	72	31	36
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	36	43
VIBRIO ALGINOYTICUS	1	2	5	2.7	5	4
VIBRIO CHOLERA NON-01	0	0	0	0.0	0	1
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	3
VIBRIO VULNIFICUS	0	4	2	2.0	2	3
VIBRIO, OTHER	1	2	0	1.0	0	0
WEST NILE	0	0	0	0.0	0	1
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.)

DH2136,10/06

Patient Information:

Last Name

First Name

Address

City

Area Code + Phone Number

MI

Date of Birth (MMDDYYYY)

State

Zip Code

☐ Please check here if you would like more copies of the form

Social Security Number (no dashes)

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ 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 _____

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

☐ Other: _____

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