

# EPI NOTES

## Hillsborough County Health Department Disease Surveillance Newsletter February 2013

### Director

Douglas Holt, MD  
813.307.8008

Communicable Disease Director  
Charurut Somboonwit, MD  
813.307.8008

Community Health Director  
Leslene Gordon, PhD, RD, LD/N  
813.307.8015 x7107

Disease Control Manager  
Faye Coe, RN  
813.307.8015 x6321

Environmental Administrator  
Brian Miller, RS  
813.307.8015 x5901

Epidemiology  
Warren R. McDougale Jr., MPH  
813.307.8010 Fax 813.276.2981

### TO REPORT A DISEASE:

Epidemiology  
813.307.8010

After Hours Emergency  
813.307.8000

Food and Waterborne Illness  
James Ashworth  
813.307.8015 x5944 Fax 813.272.7242

### HIV/AIDS Surveillance

Erica Botting  
813.307.8011

Lead Poisoning  
Cynthia O. Keeton  
813.307.8015 x7108 Fax 813.272.6915

Sexually Transmitted Disease  
Carlos Mercado  
813.307.8015 x4501 Fax 813.307.8027

### Tuberculosis

Chris Lutz  
813.307.8015 x4758 Fax 813.975.2014

## Epidemiology Program Managers Update

By Warren McDougale, MPH

Happy New Year and we hope for the best in 2013. 2012 was an interesting year with many public health challenges for our state and our county. The Republican National Convention, pertussis and fungal meningitis were the issues that monopolized most of our year. The fungal meningitis outbreak was particularly perplexing as most public health officials were unfamiliar with this as a public health concern. In Hillsborough County, pertussis is on the decline, even though we continue to receive an occasional case.

2013 will provide us with the opportunity to work closely with the State Health Office Bureau of Epidemiology to investigate hepatitis B and C cases in young adults 18 to 35 years of age. This program is designed to assist us in determining the risk factors within this age group. Despite the education efforts of public health officials, the number of cases nationally, in this age group, is alarming. It is imperative we learn more about the behavior of this age group so prevention measures can be implemented to decrease cases of hepatitis.

More importantly, we look forward to our continued involvement with the citizens, community partners and our health care colleagues as we work to reduce the burden of disease in our county and state. Please let me know if our office can be of any assistance to you. All of our departments can be contacted by the numbers listed in the margin of our newsletter.

Thank you for your continued support and assistance in completing our mission.



## Week 8, 2012-2013 Florida Flu Review

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- **Most Florida counties report Mild or No influenza activity.** Six counties reported Moderate influenza activity.
- **Thirty-four counties reported that influenza activity is declining.** Most counties report flat or decreasing activity. Five counties report increasing influenza activity.
- **Emergency department influenza-like illness (ILI) visits have decreased in recent weeks.** In emergency departments reporting to ESSENCE-FL, the statewide percent of emergency department visits that are for ILI is less than 3%.
  - In the Panhandle and Central Florida, ILI visits increased in week 8, but are lower than peak levels.
  - In the Northeast, Central, and South Florida, emergency department visits for ILI continue to decline.
- **Nationally, the most common subtype of influenza detected is influenza A H3, followed by influenza B.** Florida is showing the same trend.
  - In Florida, around half of the specimens that have been submitted for influenza testing at BPHL in recent weeks are testing positive for influenza. Most of these are influenza A H3, but influenza B is also circulating, and small numbers of 2009 influenza A H1N1 specimens have also been reported. All of these are seasonal strains of influenza.
  - Specimen submission and has declined in recent weeks.
  - Nationally (including Florida) almost all circulating influenza is a good match for the vaccine.
- **Influenza outbreaks (epidemiologically linked cases of influenza in a single setting) continue to be reported by counties around the state.** Most of these are caused by influenza A and are occurring in skilled nursing facilities, nursing homes, and other long-term care facilities.
- **One pediatric influenza-associated mortality was reported in week 8, 2013.**
  - Seven pediatric influenza-associated mortalities have been reported in the 2012-2013 season.
- **The preliminary estimated number of Florida to pneumonia or influenza in week 7 is lower than the seasonal baseline, based on previous years' data.** Estimated deaths due to pneumonia and influenza are identified using preliminary death certificate data.
  - Nationwide data from CDC show higher than expected numbers of pneumonia and influenza deaths for week 7.
  - There were no excess preliminary estimated pneumonia and influenza deaths for week 7.
- **Because of lower activity in the Panhandle and declining activity in other regions, Florida is reporting Regional influenza activity to CDC in week 8.**
  - This activity level represents the geographic spread of influenza in Florida.

## Notice to Clinicians: Summary of CDC Recommendation for Influenza Antiviral Medication

The full CDC HAN is available at: <http://emergency.cdc.gov/HAN/han00339.asp>

CDC continues to recommend antiviral medications for treatment of seasonal influenza and annual vaccination as the best tools for prevention.

Evidence from past influenza seasons and the 2009 H1N1 pandemic has shown that treatment with antiviral medications can have clinical and public health benefit in reducing severe outcomes of influenza when initiated as soon as possible after illness onset.

Clinical trials and observational data show that early antiviral treatment may do the following:

- shorten the duration of fever and illness symptoms
- reduce the risk of complications from influenza (e.g., otitis media in young children, pneumonia, respiratory failure) and death
- shorten the duration of hospitalization

Below is a summary of CDC's influenza antiviral recommendations.

Summary of CDC recommendations for influenza antiviral medications for the 2012-2013 season:

Clinical benefit is greatest when antiviral treatment is administered early. When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. However, antiviral treatment might still be beneficial in patients with severe, complicated, or progressive illness and in hospitalized patients when started after 48 hours of illness onset, as indicated by observational studies.

Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who

- is hospitalized;
- has severe, complicated, or progressive illness; or
- is at higher risk for influenza complications. This list includes:
  - children aged younger than 2 years;
  - adults aged 65 years and older;
  - persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
  - persons with immunosuppression, including that caused by medications or by HIV infection;
  - women who are pregnant or postpartum (within 2 weeks after delivery);
  - persons aged younger than 19 years who are receiving long-term aspirin therapy;
  - American Indians/Alaska Natives;
  - persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40); and
  - residents of nursing homes and other chronic-care facilities.

Clinical judgment, on the basis of the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms, is important when making antiviral treatment decisions for high-risk outpatients. Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. While influenza vaccination is the first and best way to prevent influenza, a history of influenza vaccination does not rule out the possibility of influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza. Antiviral treatment also can be considered for any previously healthy, symptomatic outpatient not at high risk with confirmed or suspected influenza on the basis of clinical judgment, if treatment can be initiated within 48 hours of illness onset.

For more information: A full summary of clinical recommendations that includes the sections listed below is available at <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>



# Reportable Disease Surveillance Data

Disease	2010	2011	2012	3 Year Average	Jan 2012	Jan 2013
AIDS	193	192	NA	NA	NA	NA
AMEBIC ENCEPHALITIS	0	0	0	0.0	0	0
ANIMAL BITE, PEP RECEIVED	55	94	91	80.0	14	8
ANTHRAX	0	0	0	0.0	0	0
ARSENIC	0	0	0	0.0	0	0
BOTULISM, FOODBORNE	0	0	0	0.0	0	0
BOTULISM, INFANT	0	0	0	0.0	0	0
BRUCELLOSIS	0	1	0	0.3	0	0
CALIFORNIA SEROGROUP, NEUROINVASIVE	0	0	0	0.0	0	0
CAMPYLOBACTERIOSIS	76	120	105	100.3	7	3
CARBON MONOXIDE POISONING	7	13	4	8.0	0	0
CHLAMYDIA	7012	7288	NA	NA	NA	NA
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	0	0	3	1.0	0	0
CRYPTOSPORIDIOSIS	14	38	76	42.7	5	1
CYCLOSPORIASIS	3	1	2	2.0	0	0
DENGUE	7	4	5	5.3	0	2
DIPHtheria	0	0	0	0.0	0	0
EHRlichiosis, HUMAN GRANULOCYTIC	1	0	0	0.3	0	0
EHRlichiosis, HUMAN MONOCYTIC	1	0	0	0.3	0	0
EHRlichiosis/ANAPLASMOSIS, UNDETER.	1	0	0	0.3	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	2	0	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	13	24	23	20.0	2	1
FOOD AND WATERBORNE CASES	147	13	74	78.0	4	7
FOOD AND WATERBORNE OUTBREAKS	10	3	4	5.7	1	1
GIARDIASIS	100	81	54	78.3	4	6
GONORRHEA	1951	2343	NA	NA	NA	NA
H. INFLUENZAE PNEUMONIA	0	0	0	0.0	0	0
H-FLU, PRIMARY BACTEREMIA, INVASIVE	11	16	8	11.7	0	2
H-FLU, SEPTIC ARTHRITIS	0	0	0	0.0	0	0
HANSEN'S DISEASE (LEPROSY)	1	0	2	1.0	0	0
HANTAVIRUS	0	0	0	0.0	0	0
HEMOLYTIC UREMIC SYNDROME	1	0	1	0.7	0	0
HEPATITIS A, ACUTE	6	4	5	5.0	0	0
HEPATITIS B, ACUTE	49	26	39	38.0	1	4
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	40	50	38	42.7	2	0
HEPATITIS B, PERINATAL ACUTE	1	0	0	0.3	0	0
HEPATITIS B, CHRONIC	278	285	332	298.3	21	14
HEPATITIS C, ACUTE	12	7	26	15.0	1	3
HEPATITIS C, CHRONIC	1697	1538	1633	1622.7	111	151
HEPATITIS D	0	0	0	0.0	0	0

Disease	2010	2011	2012	3 Year Average	Jan 2012	Jan 2013
HEPATITIS E, NON-A, NON-B, ACUTE	0	0	1	0.3	0	0
HEPATITIS G	0	0	0	0.0	0	0
HEPATITIS UNSPECIFIED, ACUTE	0	0	0	0.0	0	0
HIV INFECTION	346	318	NA	NA	NA	NA
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	0	0	0	0.0	0	0
INFLUENZA-A, NOVEL OR PANDEMIC STRAINS	7	7	0	4.7	0	0
LEAD POISONING	247	193	330	256.7	2	4
LEGIONELLOSIS	7	12	8	9.0	1	0
LEPTOSPIRITIS	0	0	0	0.0	0	0
LISTERIOSIS	2	3	1	2.0	1	0
LYME DISEASE	4	7	10	7.0	0	0
MALARIA	5	7	7	6.3	0	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	21	5	18.0	0	1
MENINGITIS, STREP, PNEUMONIAE	0	0	0	0.0	0	0
MENINGOCOCCAL DISEASE	1	1	3	1.7	0	1
MERCURY POISONING	1	0	0	0.3	0	0
MUMPS	1	1	0	0.7	0	0
NEUROTOXIC SHELLFISH POISONING	0	0	0	0.0	0	0
PERTUSSIS	31	31	119	60.3	11	4
PESTICIDE RELATED ILLNESS	4	15	4	7.7	0	0
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	4	2	5	3.7	2	0
ROCKY MOUNTAIN SPOTTED FEVER	4	0	1	1.7	0	0
RUBELLA	0	0	0	0.0	0	0
SALMONELLOSIS	302	349	332	327.7	17	19
SHIGELLOSIS	134	378	36	182.7	2	0
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS, COM. ASSOC. MORTALITY	0	0	0	0.0	1	0
STAPH AUREUS, VISA/VRSA	0	1	2	1.0	0	0
STREP DISEASE, INVASIVE GROUP A	20	17	18	18.3	1	3
STREP PNEUMO, INVASIVE DRUG RESIST.	60	54	29	47.7	3	6
STREP PNEUMO, INVASIVE SUSCEPTIBLE	45	46	26	39.0	4	7
SYPHILIS, CONGENITAL	7	3	NA	NA	NA	NA
SYPHILIS, EARLY	82	91	NA	NA	NA	NA
SYPHILIS, INFECTIOUS	118	124	NA	NA	NA	NA
SYPHILIS, LATENT	145	134	NA	NA	NA	NA
TETANUS	1	0	0	0.3	0	0
TOXOPLASMOSIS	4	1	1	2.0	0	1
TUBERCULOSIS	86	46	51	61.0	4	3
THYPHOID FEVER	1	0	0	0.3	0	0
TYPHUS FEVER, ENDEMIC (MURIN)	0	2	0	0.7	0	0
VARICELLA	48	46	45	46.3	6	3
VIBRIO ALGINOYTICUS	2	5	5	4.0	0	0
VIBRIO CHOLERA NON-01	0	0	1	0.3	0	0
VIBRIO FLUVIALIS	0	0	0	0.0	0	0
VIBRIO HOLLISAE	0	0	0	0.0	0	0
VIBRIO PARAHAEMOLYTICUS	4	1	4	3.0	1	0
VIBRIO VULNIFICUS	4	2	3	3.0	0	0
VIBRIO, OTHER	2	0	1	1.0	0	0
WEST NILE	0	0	1	0.3	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.)

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

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