

EpiNotes

Florida Department of Health - Hillsborough County Disease Surveillance Newsletter March 2013

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Carbapenem-resistant Enterobacteriaceae: A Growing Problem in Health Care Settings

By Samantha Hooper
Epidemiology Practice Institute Intern

The full MMWR report is available at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6209a3.htm?s_cid=mm6209a3_w.

In a recent Morbidity and Mortality Weekly Report the Centers for Disease Control and Prevention (CDC) detailed the growing problem of carbapenem-resistant Enterobacteriaceae (CRE) infections in acute hospital settings. Enterobacteriaceae are a family of gram-negative bacteria that are commonly found in the gastrointestinal tract of humans and other animals. Through several different mechanisms of the bacteria, CRE have become resistant to at least one of the carbapenem antibiotics. CRE has been a rising problem in the last several years. The percentage of Enterobacteriaceae that were carbapenem-resistant was 1.2% in 2001, and has increased to 4.2% in 2011. In the first half of 2012, 4.6% of hospitals participating in national surveillance systems for healthcare acquired infections reported at least one infection of CRE.

Why is CRE a problem?

Enterobacteriaceae are one of the most common sources of infections in healthcare settings. A rising number of these organisms that are carbapenem-resistant could have a large impact on patient outcomes. CRE infections are resistant to multiple classes of antibiotics, which limits treatment options and these infections can lead to high morbidity and mortality. Patients infected with CRE can often face additional hospitalizations and admission to intensive care units. Mortality rates can be up to 50%.

Carbapenem-resistant Enterobacteriaceae: CDC Recommendations for Health Care Settings



What can healthcare facilities do to prevent CRE infections?

Currently, the CDC recommends eight measures to prevent CRE infections in healthcare facilities.

1. Hand hygiene: Facilities should educate all personnel on proper hand hygiene techniques, monitor adherence to hand hygiene policies, and provide access to hand hygiene stations and supplies.
2. Contact precautions: Facilities should utilize special contact precautions when directly interacting with infected or colonized patients. Examples of contact precautions include performing hand hygiene before donning a gown and gloves, donning gown and gloves before entering the affected patient's room, and removing gloves and gown before exiting the patient room. Further CDC recommended contact precautions for preventing healthcare acquired infections can be found here: <http://www.cdc.gov/mrsa/prevent/healthcare/precautions.html>
3. Education of healthcare personnel: All professionals who care for patients that could be potentially infected with CRE should be educated on how to prevent transmission of the organisms.
4. Use of devices: The use of catheters, tubes, and other healthcare devices place patients at risk for infections; therefore, the use of devices should be minimized and should be routinely reviewed to assure that all devices are necessary.
5. Patient cohorting: Patients colonized or infected with CRE should be placed in a single patient room or with other CRE patients in order to reduce the risk of infection to others not infected with CRE.
6. Laboratory Notification: Laboratories should have protocols in place to ensure rapid notification of appropriate persons when CRE is identified from clinical specimens
7. Antimicrobial Stewardship: In order to reduce the percentage of Enterobacteriaceae that are carbapenem resistant, physicians should ensure that antimicrobials are used only when appropriately indicated and that the narrowest spectrum antimicrobial that is appropriate is used.
8. CRE Screening: Screening for CRE is recommended in patients who have been epidemiologically linked to infected or colonized patients.

For more information, visit the CDC's toolkit for control of carbapenem-resistant Enterobacteriaceae at: <http://www.cdc.gov/hai/organisms/cre/cre-toolkit/f-level-prevention.html>

Notice to Health Care Providers: Updated Guidelines for Evaluation of Severe Respiratory Illness Associated with a Novel Coronavirus



The following is the summary from CDC-issued Health Alert Network advisory issued on March 8, 2013.

“The Centers for Disease Control and Prevention (CDC) is working closely with the World Health Organization (WHO) and other partners to better understand the public health risk posed by a novel coronavirus that was first reported to cause human infection in September 2012. The purpose of this HAN Advisory is to provide guidance to state health departments and health care providers in the evaluation of patients for novel coronavirus infection. Please disseminate this information to infectious disease specialists, intensive care physicians, internists, infection preventionists, as well as to emergency departments and microbiology laboratories.”

For more information, the full HAN report is available here:
<http://emergency.cdc.gov/HAN/han00343.asp>

Human Case of Eastern Equine Encephalitis Confirmed in Hillsborough County



The Florida Department of Health, Hillsborough County (FDOH-HC) has confirmed the first human case of locally acquired Eastern Equine Encephalitis (EEE) for 2013. The individual was most likely infected earlier this month in the Northwestern part of Hillsborough County and is now recovering under physician care. The last human confirmed case of EEE in Hillsborough County was in August 2010. As a precaution, the Florida Department of Health, Hillsborough County has issued an advisory to the community in order to better educate the public on the symptoms of EEE and the prevention of mosquito-borne illnesses. In addition, the FDOH-HC is working closely with the Hillsborough County Mosquito and Aquatic Weed Control to reduce the risk of mosquito-borne disease throughout the county.

The full press release is attached to the end of this document and can also be found here:
http://www.myfloridaeh.com/medicine/arboviral/pdfs/2013/Hillsborough_Advisory-3-25-13_HumanEEE.pdf

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Feb 12	Jan-Feb 13
Vaccine Preventable Diseases						
Diphtheria	0	0	0	0.00	0	0
Measles	0	0	0	0.00	0	0
Mumps	1	1	0	0.67	0	0
Pertussis	31	31	119	60.33	11	4
Poliomyelitis	0	0	0	0.00	0	0
Rubella	0	0	0	0.00	0	0
Smallpox	0	0	0	0.00	0	0
Tetanus	1	0	0	0.33	0	0
Varicella	48	46	45	46.33	6	3
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	0	3	1.00	0	0
Haemophilus influenzae (Invasive Disease)	11	16	8	11.67	0	2
In Children 5 Years or Younger	2	2	2	2.00	0	0
Listeriosis	2	3	1	2.00	1	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	28	21	5	18.00	0	1
Meningococcal Disease	1	1	3	1.67	0	1
Staphylococcus aureus (VISA, VRSA)	0	1	2	1.00	0	0
Streptococcal Disease, Group A (Invasive Disease)	20	17	18	18.33	1	3
Streptococcus pneumoniae (Invasive Disease)	105	100	55	86.67	7	13
Drug Resistant	60	54	29	47.67	3	6
Drug Susceptible	45	46	26	39.00	4	7
Enteric Infections						
Campylobacteriosis	76	120	105	100.33	7	3
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	14	38	76	42.67	5	1
Cyclospora	3	1	2	2.00	0	0
Escherichia coli, Shiga toxin-producing (STEC)	13	24	23	20.00	2	1
Giardiasis	100	81	54	78.33	4	6
Hemolytic Uremic Syndrome	1	0	1	0.67	0	0
Salmonellosis	302	349	332	327.67	17	19
Shigellosis	134	378	36	182.67	2	0
Typhoid Fever	1	0	0	0.33	0	0
Viral Hepatitis						
Hepatitis A	6	4	5	5.00	0	0
Hepatitis B (Acute)	49	26	39	38.00	1	4
Hepatitis C (Acute)	12	7	26	15.00	1	3
Hepatitis +HBsAg in Pregnant Women	40	50	38	42.67	2	0
Hepatitis D, E, G	0	0	1	0.33	0	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Feb 12	Jan-Feb 13
Vectorborne, Zoonoses						
Dengue	7	4	5	5.33	0	2
Eastern Equine Encephalitis	2	0	0	0.67	0	0
Ehrlichiosis/Anaplasmosis	3	0	0	1.00	0	1
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	4	7	10	7.00	0	0
Malaria	5	7	7	6.33	0	0
Plague	0	0	0	0.00	0	0
Psittacosis	0	0	0	0.00	0	0
Q Fever (Acute and Chronic)	0	0	0	0.00	0	0
Rabies (Animal)	4	2	5	3.67	2	0
Rabies (Human)	0	0	0	0.00	0	0
Rabies (Possible Exposure)	55	94	91	80.00	14	8
Rocky Mountain Spotted Fever	4	0	1	1.67	0	0
St. Louis Encephalitis	0	0	0	0.00	0	0
Toxoplasmosis	4	1	1	2.00	0	1
Trichinellosis	0	0	0	0.00	0	0
Tularemia	0	0	0	0.00	0	0
Typhus Fever (Epidemic and Endemic)	0	2	0	0.67	0	0
Venezuelan Equine Encephalitis	0	0	0	0.00	0	0
West Nile Virus	0	0	1	0.33	0	0
Western Equine Encephalitis	0	0	0	0.00	0	0
Yellow Fever	0	0	0	0.00	0	0
Others						
Anthrax	0	0	0	0.00	0	0
Botulism, Foodborne	0	0	0	0.00	0	0
Botulism, Infant	0	0	0	0.00	0	0
Brucellosis	0	1	0	0.33	0	0
Glanders	0	0	0	0.00	0	0
Hansen's Disease (Leprosy)	1	0	2	1.00	0	0
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	7	12	8	9.00	1	0
Melioidosis	0	0	0	0.00	0	0
Vibriosis	12	8	14	11.33	1	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Feb 12	Jan-Feb 13
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	7	13	4	8.00	1	0
Lead	247	193	330	256.67	39	15
Mercury	1	0	0	0.33	0	0
Pesticide	4	15	4	7.67	1	0
Influenza						
Influenza, Pediatric Associated Mortality	0	0	0	0.00	0	1
Influenza, Novel or Pandemic Strain	7	7	0	4.67	0	0
HIV/AIDS						
AIDS	193	192	172	185.67	23	32
HIV Infection	346	318	327	330.33	55	61
STDs						
Chlamydia	7012	7288	7124	7141.33	1100	1018
Gonorrhea	1951	2343	2160	2151.33	359	315
Syphilis, Congenital	7	3	6	5.33	6	0
Syphilis, Latent (Late)	145	134	129	136.00	23	21
Syphilis, Early	82	91	117	96.67	19	19
Syphilis, Infectious	118	124	155	132.33	118	154
Tuberculosis						
TB	86	46	51	61.00	5	7
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	147	13	74	78.00	11	6
Food and Waterborne Outbreaks	10	3	4	5.67	2	1

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

For Immediate Release
March 25, 2013

Contact:

Steve Huard, Public Information Officer
Florida Department of Health, Hillsborough County
(813) 298-2024, Cell

Human Case of Eastern Equine Encephalitis Confirmed Mosquito-Borne Disease Advisory Issued for Hillsborough County

TAMPA – The Florida Department of Health, Hillsborough County has confirmed the first human case of locally acquired Eastern Equine Encephalitis or EEE for 2013 in the Northwestern part of Hillsborough County. The individual was most likely infected earlier this month, and is currently recovering under physicians care. The last human case of locally acquired Eastern Equine Encephalitis in Hillsborough County was in August of 2010. The Florida Department of Health, Hillsborough County is issuing an advisory for the community to take precautions to prevent being bitten by mosquitoes.

“We are thankful that this individual is recovering, and doing well,” said Dr. Douglas Holt, MD, Director, Florida Department of Health, Hillsborough County. “While it’s unusual that we see a case of EEE so early in the year, it’s not that surprising given that we’ve had a very mild winter locally”.

According to Dr. Holt, it’s important for residents to stay vigilant year round because infections carried by mosquitos or arbovirus’ like EEE, and West Nile Virus remain active in our community year round.

Mosquito-Borne Illness advisories are declared when human cases of locally-acquired endemic or exotic arboviral disease have been confirmed, or when evidence of intense virus transmission activity has been detected in animal surveillance systems.

According to Amanda Pullman, Epidemiologist, Florida Department of Health, Hillsborough County, symptoms may include fever, headache, irritability, restlessness, drowsiness, anorexia, vomiting, diarrhea, cyanosis, convulsions, and coma.

Eastern Equine Encephalitis is a rare disease that is caused by a virus spread by infected mosquitoes. The EEE virus is one of a group of mosquito-transmitted viruses that can cause inflammation of the brain (encephalitis). In the United States, approximately 5-10 EEE cases are reported annually. EEE is only transmitted through the bite of an infected mosquito, and does not occur directly from person to person.

The Florida Department of Health, Hillsborough County is working closely with Hillsborough County Mosquito and Aquatic Weed Control, <http://www.hillsboroughcounty.org/mosquito>, to reduce the risk of mosquito-borne disease throughout the county.

Florida Department of Health – Hillsborough County

Division of Public Health Preparedness

P.O. Box 5135

Tampa, FL 33675-5135

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www.FloridasHealth.com**www.hillscountyhealth.org**

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: fldoh

The Florida Department of Health, Hillsborough County continues to remind all residents and visitors to avoid being bitten by mosquitoes. Hillsborough County Mosquito and Aquatic Weed Control and the health department continue surveillance and prevention efforts and encourage everyone to take basic precautions to help limit exposure by following these simple, yet effective recommendations.

The public is advised to DRAIN and COVER

Stop mosquitoes from living and multiplying around your home or business. Protect yourself from mosquito bites and the diseases they carry.

Drain standing water to stop mosquitoes from multiplying.

DISCARD: Old tires, drums, bottles, cans, pots and pans, broken appliances and other items that aren't 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 that 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.

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, picaridin, oil of lemon eucalyptus, and IR3535 are effective. Use mosquito netting to protect children younger than 2 months. Keep mosquitoes out of your house. Repair broken screens on windows, doors, porches, and patios.

More information on preventing mosquito-borne disease please visit:

<http://www.floridashealth.com/Environment/medicine/arboviral/Prevention.html>.

The Florida Department of Health continues to conduct statewide surveillance for mosquito-borne illnesses, including WNV and Eastern Equine Encephalitis (EEE), St. Louis Encephalitis (SLE), malaria and dengue. For more information on mosquito-borne illnesses, please visit The Florida Department of Health's Environmental Health Website at

<http://doh.state.fl.us/Environment/medicine/arboviral/index.html>, and for more on Eastern Equine Encephalitis please visit <http://www.doh.state.fl.us/Environment/medicine/arboviral/EasternEquine.html>, or the CDC website at <http://www.cdc.gov/EasternEquineEncephalitis/index.html>.

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Florida Department of Health – Hillsborough County

Division of Community Health • Office of Epidemiology

P.O. Box 5135

Tampa, FL 33675-5135

PHONE: (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- 8022 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)**
- ! **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* (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