

EpiNotes

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

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The Importance of Early Detection of Mosquito-Borne Illnesses

By Amanda Pullman, B.S., MT
Epidemiologist



It is important for providers to be aware of the increase in mosquito-borne illnesses during the warmer months, so they are capable of identifying and appropriately testing for mosquito-borne disease in clinically compatible patients. By appropriately testing patients, providers can assist the Epidemiology Program with conducting accurate surveillance and reporting of these diseases.

Typically, mosquito activity peaks from June to September, but cases can occur at any time of the year in Florida due its warm, moist climate which provides an ideal environment for continuous mosquito breeding. In some cases, mosquito-borne illnesses can be life-threatening to those who become infected. For these reasons, the Florida Department of Health - Hillsborough County (FDOH-HC) Epidemiology Program conducts disease surveillance of the following mosquito-borne diseases: Saint Louis Encephalitis (SLE), West Nile virus (WNV), Eastern Equine Encephalitis (EEE), Dengue Fever, Malaria, yellow fever, and Highlands J virus (HJV).

Already this year, the FDOH-HC Epidemiology Program has reported five cases of mosquito-borne illness: two cases of Dengue Fever imported from the Caribbean; two cases of Malaria imported from Africa; and one Eastern Equine Encephalitis (EEE) acquired in Hillsborough County. The EEE case is the first case in Hillsborough County since 2010 and occurred earlier in the year than we would typically see. As seen so far in 2013, mosquito-borne illnesses can be acquired locally or abroad and therefore providers should consider travel history in diagnosing mosquito-borne illnesses.

The local county health department's public health response relies heavily on laboratory criteria. For that reason, it is very important that providers order appropriate laboratory tests when a mosquito-borne illness is suspected. Specimens taken while the patient is acutely ill, as well as follow-up convalescent phase specimens, are required to better understand when and where patients may have acquired their infection. Supportive labs such as CBC and differentials (thrombocytopenia, leukopenia) can also help in determining whether a patient has a mosquito-borne illness. Providers can help by ordering the proper lab tests which allows Epidemiology staff to know what type of response should be taken if cases are identified. Diagnosing and reporting this information as soon as possible to the FDOH-HC Epidemiology Program leads to the notification of Hillsborough County Mosquito and Aquatic Weed Control. Mosquito Control will then spray pesticides around the patient's residence to prevent infecting the local mosquitoes, reducing risk of additional cases locally.

When people travel to areas endemic for mosquito-borne illnesses, they can be bitten by infected mosquitoes, get sick, and upon returning to Florida, may be bitten by a local mosquito. As a result, local mosquitoes would be infected and pose risk of local transmission to human population. For example, Dengue and Malaria are not endemic in our mosquito populations with the exception of a few sporadic cases of Dengue in the Florida Keys (Dengue outbreak in 2009-2010). This outbreak was due to the introduction of the disease to the native mosquito population by residents who traveled to endemic areas. The same could happen with Malaria which would be of even greater consequence. Providers should keep in mind the relevant clinical and epidemiological information while ordering labs for patients with travel history and symptoms consistent with mosquito-borne illness. All positive lab results should have specimens forwarded to the Florida Bureau of Public Health Laboratories in Tampa for confirmation. For more detailed information on laboratory criteria, please contact the FDOH-HC Epidemiology Program or please refer to [Surveillance and Control of Selected Mosquito-borne Diseases in Florida](#) for further guidance.

Resources for Physicians and Healthcare Providers

[Dengue information for healthcare practitioners](#) (1143 KB PDF)

[Dengue Guide for Clinicians in Florida](#) (18 KB)

[Information for dengue patients](#) (English and Spanish) (269 KB PDF)

References

[Surveillance and Control of Mosquito-borne Diseases in Florida, 2012 Guidebook](#) (2.8 MB PDF)

Hillsborough County Mosquito Control:

<http://www.hillsboroughcounty.org/publicworks/transmaintenance/mosquitocontrol/>

Florida Bureau of Environmental Public Health Medicine:

<http://www.doh.state.fl.us/environment/medicine/arboviral/index.html>

Centers for Disease Control and Prevention

http://www.cdc.gov/ncidod/diseases/list_mosquitoborne.htm

More information is available on our [Prevention](#) page

Week 17, 2012-2013 Florida Flu Review

- On April 1, 2013, the World Health Organization (WHO) reported that confirmed human infection with novel avian influenza A(H7N9) virus was identified in China. The first onset of illness was on February 19, 2013. WHO reports 126 total confirmed cases as of April 29, all in or with recent travel to China. Twenty-four infected individuals have died. FDOH continues to actively monitor the situation.
 - There is no evidence that avian influenza A(H7N9) virus is capable of sustained person-to-person transmission.
 - There is no evidence of avian influenza A(H7N9) virus infection in the United States or any countries other than China. No travel advisories to China are in effect.
 - On April 5, FDOH distributed a [CDC Avian Influenza A\(H7N9\) virus Health Advisory](#) to state, county and community health partners via EpiCom, Florida's health alert notification system.
 - More information on avian influenza A(H7N9) virus and other novel and variant influenza viruses can be found at: <http://www.doh.state.fl.us/Environment/medicine/arboviral/zoonoses/Zoonotic-avian.html>
 - Avian influenza A(H7N9) virus is a kind of influenza normally found in birds. These are the first identified cases of human infection with avian influenza A(H7N9) virus.
- All Florida counties reported Mild or No influenza activity. No counties reported Moderate influenza activity. Thirty-three counties reported declining influenza activity.
- Emergency department and urgent care center influenza-like illness (ILI) visits have decreased overall in recent weeks. In emergency departments and urgent care centers reporting to ESSENCE-FL, the statewide percent of emergency department visits for ILI was less than 3%.
 - In the Panhandle ILI visits increased in the current week.
 - In Northeast, Central and South Florida, emergency department visits for ILI decreased in the current week.
- Nationally (including Florida), the most common subtypes of influenza detected this season have been influenza A H3, followed by influenza B. In the last few weeks, influenza B is the commonly detected subtype in Florida and nationwide.
 - In week 17, three of the 21 specimens submitted for influenza testing at BPHL tested positive for influenza B. Influenza B, influenza A H3 and 2009 influenza A H1N1 have been detected. All of these are seasonal strains of influenza.
 - Nationally (including Florida), almost all circulating influenza is a good match for the vaccine.
- Two influenza or ILI outbreaks (epidemiologically linked cases of influenza in a single setting) were reported in week 17.
- No pediatric influenza-associated deaths were reported in week 17.
 - Eight pediatric influenza-associated deaths have been reported in the 2012-2013 season.
- The preliminary estimated number of Florida to pneumonia or influenza in week 16 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 pneumonia and influenza deaths for week 16 within expected levels.
- Because of low influenza activity in most regions of the state, Florida reported Sporadic influenza activity to CDC in week 17.
 - This activity level represents the geographic spread of influenza in Florida.

Reportable Disease Surveillance Data

| Disease Category | Annual Totals | | | 3 Year Average | Year-to-date | |
|---|---------------|------|------|----------------|--------------|------------|
| | 2010 | 2011 | 2012 | | Jan-Mar 12 | Jan-Mar 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 | 34 | 11 |
| 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 | 21 | 9 |
| CNS Diseases & Bacteremias | | | | | | |
| Creutzfeldt-Jakob Disease | 0 | 0 | 3 | 1.00 | 0 | 0 |
| Haemophilus influenzae (Invasive Disease) | 11 | 16 | 8 | 11.67 | 0 | 4 |
| 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 | 1 | 3 |
| Meningococcal Disease | 1 | 1 | 3 | 1.67 | 0 | 2 |
| Staphylococcus aureus (VISA, VRSA) | 0 | 1 | 2 | 1.00 | 1 | 0 |
| Streptococcal Disease, Group A (Invasive Disease) | 20 | 17 | 18 | 18.33 | 4 | 3 |
| Streptococcus pneumoniae (Invasive Disease) | 105 | 100 | 55 | 86.67 | 20 | 23 |
| Drug Resistant | 60 | 54 | 29 | 47.67 | 10 | 9 |
| Drug Susceptible | 45 | 46 | 26 | 39.00 | 10 | 14 |
| Enteric Infections | | | | | | |
| Campylobacteriosis | 76 | 120 | 105 | 100.33 | 29 | 21 |
| Cholera | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Cryptosporidiosis | 14 | 38 | 76 | 42.67 | 28 | 4 |
| Cyclospora | 3 | 1 | 2 | 2.00 | 0 | 0 |
| Escherichia coli, Shiga toxin-producing (STEC) | 13 | 24 | 23 | 20.00 | 7 | 3 |
| Giardiasis | 100 | 81 | 54 | 78.33 | 12 | 17 |
| Hemolytic Uremic Syndrome | 1 | 0 | 1 | 0.67 | 0 | 0 |
| Salmonellosis | 302 | 349 | 332 | 327.67 | 43 | 41 |
| Shigellosis | 134 | 378 | 36 | 182.67 | 11 | 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 | 6 | 11 |
| Hepatitis C (Acute) | 12 | 7 | 26 | 15.00 | 9 | 9 |
| Hepatitis +HBsAg in Pregnant Women | 40 | 50 | 38 | 42.67 | 8 | 3 |
| 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-Mar 12 | Jan-Mar 13 |
| Vectorborne, Zoonoses | | | | | | |
| Dengue | 7 | 4 | 5 | 5.33 | 0 | 2 |
| Eastern Equine Encephalitis | 2 | 0 | 0 | 0.67 | 0 | 1 |
| Ehrlichiosis/Anaplasmosis | 3 | 0 | 0 | 1.00 | 0 | 1 |
| Leptospirosis | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Lyme Disease | 4 | 7 | 10 | 7.00 | 2 | 0 |
| Malaria | 5 | 7 | 7 | 6.33 | 0 | 1 |
| 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 | 1 |
| Rabies (Human) | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Rabies (Possible Exposure) | 55 | 94 | 91 | 80.00 | 26 | 21 |
| 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 | 2 | 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-Mar 12 | Jan-Mar 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 | 122 | 21 |
| Mercury | 1 | 0 | 0 | 0.33 | 0 | 0 |
| Pesticide | 4 | 15 | 4 | 7.67 | 1 | 1 |
| 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 | 36 | 60 |
| HIV Infection | 346 | 318 | 327 | 330.33 | 73 | 109 |
| STDs | | | | | | |
| Chlamydia | 7012 | 7288 | 7124 | 7141.33 | 1778 | 1763 |
| Gonorrhea | 1951 | 2343 | 2160 | 2151.33 | 538 | 527 |
| Syphilis, Congenital | 7 | 3 | 6 | 5.33 | 4 | 1 |
| Syphilis, Latent (Late) | 145 | 134 | 129 | 136.00 | 32 | 32 |
| Syphilis, Early | 82 | 91 | 117 | 96.67 | 33 | 32 |
| Syphilis, Infectious | 118 | 124 | 155 | 132.33 | 38 | 38 |
| Tuberculosis | | | | | | |
| TB | 86 | 46 | 51 | 61.00 | 8 | 12 |
| Food and Waterborne Illness Outbreaks | | | | | | |
| Food and Waterborne Cases | 147 | 13 | 74 | 78.00 | NA | NA |
| Food and Waterborne Outbreaks | 10 | 3 | 4 | 5.67 | NA | NA |



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 | <ul style="list-style-type: none"> • Cryptosporidiosis | <ul style="list-style-type: none"> ! Ricin toxicity |
| <ul style="list-style-type: none"> + Acquired Immune Deficiency Syndrome (AIDS) | <ul style="list-style-type: none"> • Cyclosporiasis | <ul style="list-style-type: none"> • Rocky Mountain spotted fever |
| <ul style="list-style-type: none"> + Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn) | <ul style="list-style-type: none"> • Dengue | <ul style="list-style-type: none"> ! Rubella (including congenital) |
| STD – (813) 307- 8022 Fax (813) 307-8027 | <ul style="list-style-type: none"> ! Diphtheria | <ul style="list-style-type: none"> • St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive) |
| <ul style="list-style-type: none"> • Chancroid | <ul style="list-style-type: none"> • Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) | <ul style="list-style-type: none"> • Salmonellosis |
| <ul style="list-style-type: none"> • Chlamydia | <ul style="list-style-type: none"> • Ehrlichiosis | <ul style="list-style-type: none"> • Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP) |
| <ul style="list-style-type: none"> • Conjunctivitis (in neonates ≤ 14 days old) | <ul style="list-style-type: none"> • Encephalitis, other (non-arboviral) | <ul style="list-style-type: none"> ! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease |
| <ul style="list-style-type: none"> • Gonorrhea | <p>Enteric disease due to: <i>Escherichia coli</i>, O157:H7 <i>Escherichia coli</i>, other pathogenic <i>E. coli</i> including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains</p> | <ul style="list-style-type: none"> • Shigellosis |
| <ul style="list-style-type: none"> • Granuloma inguinale | <ul style="list-style-type: none"> • Giardiasis (acute) | <ul style="list-style-type: none"> ! Smallpox |
| <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> ! Glanders | <ul style="list-style-type: none"> • <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA) |
| <ul style="list-style-type: none"> • Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years) | <ul style="list-style-type: none"> ! Haemophilus influenzae (meningitis and invasive disease) | <ul style="list-style-type: none"> • <i>Staphylococcus enterotoxin B</i> (disease due to) |
| <ul style="list-style-type: none"> • Lymphogranuloma venereum (LGV) | <ul style="list-style-type: none"> • Hansen's disease (Leprosy) | <ul style="list-style-type: none"> • Streptococcal disease (invasive, Group A) |
| <ul style="list-style-type: none"> • Syphilis | <ul style="list-style-type: none"> • Hantavirus infection | <ul style="list-style-type: none"> • <i>Streptococcus pneumoniae</i> (invasive disease) |
| <ul style="list-style-type: none"> • Syphilis (in pregnant women and neonates) | <ul style="list-style-type: none"> • Hemolytic uremic syndrome | <ul style="list-style-type: none"> • Tetanus |
| TB CONTROL – (813) 307-8015 x 4758 Fax- (813) 975-2014 | <ul style="list-style-type: none"> • Hepatitis A | <ul style="list-style-type: none"> • Toxoplasmosis (acute) |
| <ul style="list-style-type: none"> • Tuberculosis (TB) | <ul style="list-style-type: none"> • Hepatitis B, C, D, E, and G | <ul style="list-style-type: none"> • Trichinellosis (Trichinosis) |
| CANCER – Tumor Registry Database | <ul style="list-style-type: none"> • Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old) | <ul style="list-style-type: none"> ! Tularemia |
| <ul style="list-style-type: none"> + Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) | <ul style="list-style-type: none"> ! Influenza due to novel or pandemic strains | <ul style="list-style-type: none"> • Typhoid fever |
| EPIDEMIOLOGY – (813) 307-8010 Fax (813) 276-2981 | <ul style="list-style-type: none"> ! Influenza-associated pediatric mortality (in persons < 18 years) | <ul style="list-style-type: none"> ! Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection) |
| <ul style="list-style-type: none"> ! Any disease outbreak | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> infection) |
| <ul style="list-style-type: none"> ! 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. | <ul style="list-style-type: none"> • Legionellosis | <ul style="list-style-type: none"> ! Vaccinia disease |
| <ul style="list-style-type: none"> • Amebic encephalitis | <ul style="list-style-type: none"> • Leptospirosis | <ul style="list-style-type: none"> • Varicella (Chickenpox) |
| <ul style="list-style-type: none"> • Anaplasmosis | <ul style="list-style-type: none"> • Listeriosis | <ul style="list-style-type: none"> • Varicella mortality |
| <ul style="list-style-type: none"> ! Anthrax | <ul style="list-style-type: none"> • Lyme disease | <ul style="list-style-type: none"> ! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) |
| <ul style="list-style-type: none"> • Arsenic poisoning | <ul style="list-style-type: none"> • Malaria | <ul style="list-style-type: none"> • Vibriosis (Vibrio infections) |
| <ul style="list-style-type: none"> ! Botulism (foodborne, wound, unspecified, other) | <ul style="list-style-type: none"> ! Measles (Rubeola) | <ul style="list-style-type: none"> ! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo) |
| <ul style="list-style-type: none"> • Botulism (infant) | <ul style="list-style-type: none"> ! Melioidosis | <ul style="list-style-type: none"> • West Nile virus disease (neuroinvasive and non-neuroinvasive) |
| <ul style="list-style-type: none"> ! Brucellosis | <ul style="list-style-type: none"> • Meningitis (bacterial, cryptococcal, mycotic) | <ul style="list-style-type: none"> • Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) |
| <ul style="list-style-type: none"> • California serogroup virus (neuroinvasive and non-neuroinvasive disease) | <ul style="list-style-type: none"> ! Meningococcal disease (includes meningitis and meningococemia) | <ul style="list-style-type: none"> ! Yellow fever |
| <ul style="list-style-type: none"> • Campylobacteriosis | <ul style="list-style-type: none"> • Mercury poisoning | |
| <ul style="list-style-type: none"> • Carbon monoxide poisoning | <ul style="list-style-type: none"> • Mumps | |
| <ul style="list-style-type: none"> ! Cholera | <ul style="list-style-type: none"> • Neurotoxic shellfish poisoning | |
| <ul style="list-style-type: none"> • Ciguatera fish poisoning (Ciguatera) | <ul style="list-style-type: none"> • Pertussis | |
| <ul style="list-style-type: none"> • Congenital anomalies | <ul style="list-style-type: none"> • Pesticide-related illness and injury | |
| <ul style="list-style-type: none"> • Creutzfeldt-Jakob disease (CJD) | <ul style="list-style-type: none"> ! Plague | |
| | <ul style="list-style-type: none"> ! Poliomyelitis, paralytic and non-paralytic | |
| | <ul style="list-style-type: none"> • Psittacosis (Ornithosis) | |
| | <ul style="list-style-type: none"> • Q Fever | |
| | <ul style="list-style-type: none"> • Rabies (human, animal) | |
| | <ul style="list-style-type: none"> ! Rabies (possible exposure) | |

! = 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

