

EpiNotes

Florida Department of Health - Hillsborough County Disease Surveillance Newsletter May 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

Diagnosing, Testing, and Identifying Cases of Natural and Breakthrough Varicella

By Kevin Baker, BSHE, CHES

**This article will refer to cases of varicella in unvaccinated persons as natural varicella.*

The Centers for Disease Control and Prevention (CDC) notes that incidence of varicella is at its peak during the late winter to early spring months each year. Even though summer is almost here, cases of varicella are still occurring so it is important to be watchful for new cases.

Diagnosing varicella can be tricky depending on if the case has been vaccinated against the disease. While varicella is popularly known for its presentation of rash and fever in a natural case, any person who experiences symptoms after being vaccinated is called a breakthrough case. If a provider is suspecting a case of natural or breakthrough varicella, it is required by law to notify the Florida Department of Health – Hillsborough County (FDOH-HC) Epidemiology Program by the next business day so Epidemiology staff can investigate the case. Providers do not need to have lab confirmation in order to report a case of varicella. Refer to the Reportable Disease List and Disease Report Forms at the end of the newsletter for information on which diseases are required and when they are required to be reported to your local county health department.

In natural varicella, a child may start with a runny nose and develop a fever. These symptoms then alleviate and are replaced by a maculopapular rash that usually appears on the head, then trunk, and then the extremities. The rash will then develop into a vesicular rash, which will usually crust over within 4-5 days. In breakthrough varicella, it is common to see no sign of fever and a mild maculopapular rash with or without vesicles that heals quicker than in a natural varicella case.

Natural varicella is extremely contagious. According to the CDC, studies show about 90% of susceptible close contacts will get varicella after exposure to persons with disease. People with breakthrough varicella are also contagious. One study of varicella transmission in a household setting found that persons with mild breakthrough varicella (< 50 lesions) were one third as contagious as persons with natural varicella. However, persons with breakthrough varicella with 50 or more lesions can be just as contagious as persons with natural varicella.

What if a child comes into a clinic with rash illness and has been fully vaccinated against varicella? Should a varicella diagnosis be immediately ruled out? Unfortunately, varicella vaccines are not 100% effective, so providers should never rule out a varicella diagnosis if s/he believes that the patient has had exposures to and experiencing symptoms of varicella. In breakthrough varicella, cases tend to present mild symptoms associated with the disease, which makes it difficult to differentiate between varicella and rashes of other etiologies (e.g., scabies, bug bites, bed bugs, etc.). The following table shows common symptomology and infectivity of a natural case vs. a breakthrough case of varicella:

SYMPTOMOLOGY AND INFECTIVITY OF NATURAL VS. BREAKTHROUGH CASES OF VARICELLA ZOSTER VIRUS (VZV)		
	NATURAL CASE	BREAKTHROUGH
FEVER/RUNNY NOSE	More prevalent	Less prevalent
RASH	Maculopapular to vesicular rash	Maculopapular, with or without vesicles
RASH PROGRESSION	Face → Trunk → Extremities	Varied
NUMBER OF LESIONS	200-500 in 2-4 crops	Typically less than 50
RASH DURATION	Typically 4-5 days	Typically 2-4 days
INFECTIVITY	Up to 90% of susceptible close contacts will develop illness	<50 lesions: About 1/3 as infectious as natural case >50 lesions: As infectious as natural case

The FDOH-HC Epidemiology Program recommends that providers follow up a varicella diagnosis with proper testing protocol. It is preferred by the FDOH - Bureau of Public Health Laboratories to have PCR testing done on the patient's vesicular fluid. Other types of testing are not considered conclusive if the patient has been vaccinated. Collecting vesicular fluid for testing consists of using a 26-gauge sterile needle to break a vesicle, a Dacron swab to swab up the fluid, and a sterile container to store the specimen. There are other specimen collection methods for varicella PCR testing which can be found at <http://www.cdc.gov/chickenpox/lab-testing/collecting-specimens.html>. When collecting the specimen, it is recommended that the healthcare worker use appropriate PPE to prevent infection. The Epidemiology Program is happy to offer consultation services to providers who are interested in providing varicella PCR testing to their patients.

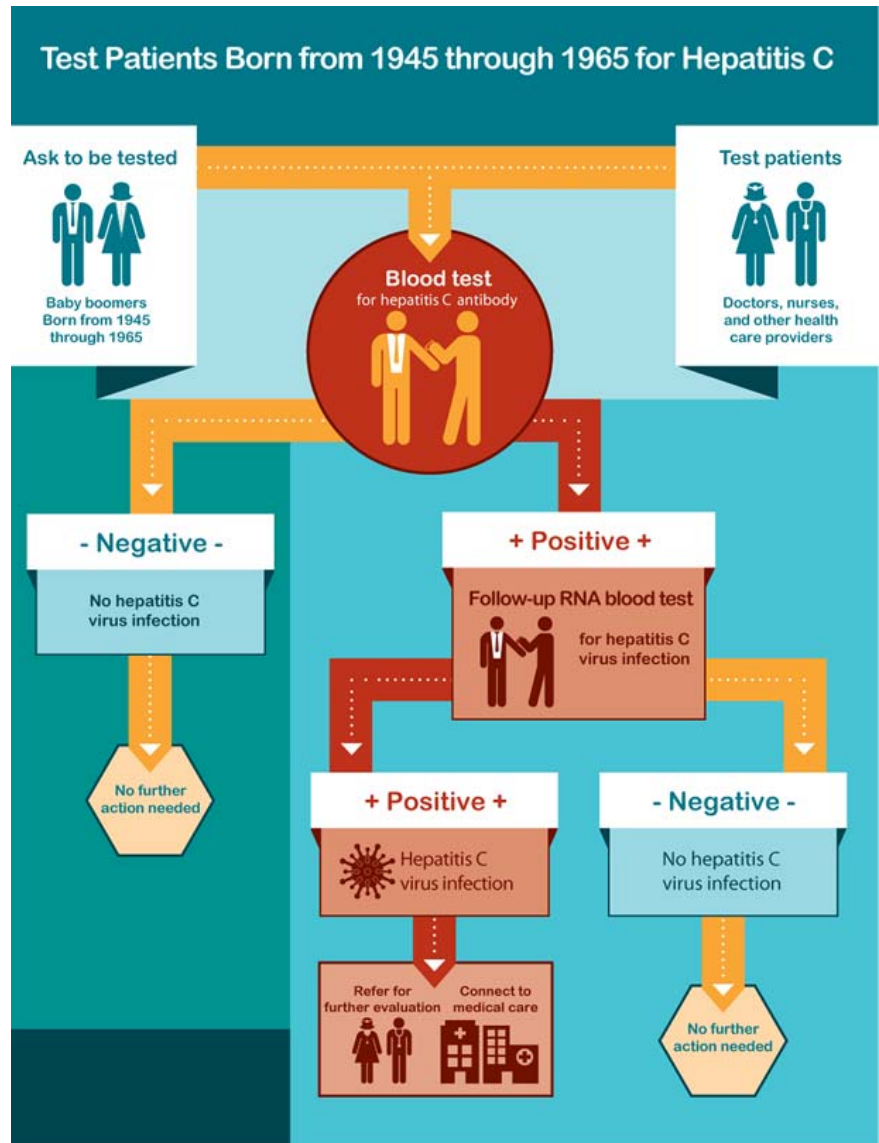
Taking the time to accurately identify natural and breakthrough cases of varicella will lead to the prevention of future cases. The FDOH-HC Epidemiology Program continues to monitor every case of varicella that is reported, so the earlier the staff receives a lab result or physician diagnosis of varicella, the quicker they can intervene to prevent the chain of transmission surrounding that patient. If there are any questions regarding diagnosing and/or PCR testing a patient for varicella, providers can refer to the [CDC Varicella website](http://www.cdc.gov/chickenpox/) or contact the FDOH-HC Epidemiology Program at 813-307-8010.

May is Hepatitis Awareness Month

Viral hepatitis is a condition that affects millions of Americans and can cause serious medical complications including liver cancer. This year, for Hepatitis Awareness Month, the Centers for Disease Control and Prevention (CDC) has decided to focus its efforts on hepatitis C in baby boomers. Many of the people in the baby boomer generation (people born between 1945 and 1965) may be infected with hepatitis C and not know it. Increased awareness among baby boomers could help prevent long term liver damage and reduce the number of serious liver-related complications in this aging population.

About 3 million adults are chronically infected with hepatitis C and 3 in 4 of these do not know they are infected. The key to protecting patients' health and preventing complications is as simple as asking the right questions. It is recommended that all people born between 1945 and 1965 be tested for evidence of hepatitis C infection. Ask patients if they have ever been tested and, if not, offer them the test. Should the screening test come back positive, the importance of follow-up testing cannot be overstressed. A positive screening antibody test should be followed-up with an RNA blood test to see if a person is currently infected. Connecting patients who test positive with medical care as soon as possible will make treatment less complicated.

The Florida Department of Health, in turn, is beginning an enhanced surveillance project for chronic hepatitis in young adults (aged 18-30). This population presents an interesting opportunity in that they represent recent exposure. Since these infections are most likely caused by recent disease transmission activities, they can be targeted for public health intervention. The goal of the project is to understand disease transmission in the young adult population and to link these cases to care in order to prevent more serious complications later in life.



Routine screening for hepatitis is performed at Florida Department of Health-Hillsborough County (FDOH-HC) at 1105 E. Kennedy Blvd. Tampa, FL 33602. If you have questions regarding viral hepatitis, please contact the FDOH-HC at 813-307-8010.

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Apr 12	Jan-Apr 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	35	16
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	23	18
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	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	28	21	5	18.00	1	4
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	5	6
Streptococcus pneumoniae (Invasive Disease)	105	100	55	86.67	26	24
Drug Resistant	60	54	29	47.67	13	9
Drug Susceptible	45	46	26	39.00	13	15
Enteric Infections						
Campylobacteriosis	76	120	105	100.33	36	41
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	14	38	76	42.67	30	9
Cyclospora	3	1	2	2.00	0	0
Escherichia coli, Shiga toxin-producing (STEC)	13	24	23	20.00	8	4
Giardiasis	100	81	54	78.33	16	24
Hemolytic Uremic Syndrome	1	0	1	0.67	0	0
Salmonellosis	302	349	332	327.67	74	60
Shigellosis	134	378	36	182.67	13	0
Typhoid Fever	1	0	0	0.33	0	0
Viral Hepatitis						
Hepatitis A	6	4	5	5.00	0	1
Hepatitis B (Acute)	49	26	39	38.00	8	15
Hepatitis C (Acute)	12	7	26	15.00	9	12
Hepatitis +HBsAg in Pregnant Women	40	50	38	42.67	10	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-Apr 12	Jan-Apr 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	4	1
Malaria	5	7	7	6.33	1	3
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	2
Rabies (Human)	0	0	0	0.00	0	0
Rabies (Possible Exposure)	55	94	91	80.00	34	31
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	3	3
Melioidosis	0	0	0	0.00	0	0
Vibriosis	12	8	14	11.33	1	1

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Apr 12	Jan-Apr 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	138	34
Mercury	1	0	0	0.33	0	0
Pesticide	4	15	4	7.67	2	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	49	72
HIV Infection	346	318	327	330.33	91	136
STDs						
Chlamydia	7012	7288	7124	7141.33	2799	2735
Gonorrhea	1951	2343	2160	2151.33	866	746
Syphilis, Congenital	7	3	6	5.33	4	1
Syphilis, Latent (Late)	145	134	129	136.00	56	42
Syphilis, Early	82	91	117	96.67	49	43
Syphilis, Infectious	118	124	155	132.33	58	53
Tuberculosis						
TB	86	46	51	61.00	10	14
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

- + 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.)

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