

# EpiNotes

## Florida Department of Health - Hillsborough County Disease Surveillance Newsletter June 2013

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### TO REPORT A DISEASE:

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813.307.8010

#### After Hours Emergency

813.307.8000

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## Enhanced Hepatitis Surveillance Project 2013



### Background

Florida has seen an increase in the number of chronic hepatitis C cases in young adults (18-30 years) over the past several years (perhaps starting as early as 2005). While the statewide rate of chronic hepatitis C has shown an overall decline, during that same time period there has been an increase in the statewide incidence rate among young adults infected with hepatitis C, with rates doubling in the last eight years (~50 cases per 100,000 to ~100 cases per 100,000).

In late 2011, the Florida Department of Health (FDOH) received funds from the Centers for Disease Control and Prevention (CDC) to conduct enhanced surveillance of this population to identify their risk factors for acquiring hepatitis C. The Bureau of Epidemiology (DCBE) organized an enhanced surveillance project and 14 county health departments (CHDs) volunteered to participate from March through July 2012. Following the successful investigations conducted by CHD staff participating in the project, FDOH applied for additional hepatitis surveillance funding and was one of seven health departments nationally to receive funding through CDC-RFA-PS13-1303 Viral Hepatitis Prevention and Surveillance cooperative agreement. Funds have been awarded for the November 1, 2012-October 31, 2013 grant year to support a Chronic Hepatitis Surveillance Project. The grant is a three-year cooperative agreement with yearly renewals. Funding for subsequent years is dependent on performance during the initial grant year.

### Purpose

The Hepatitis Surveillance Project has three main goals. The first goal is to collect risk factor information for all newly identified cases of acute and chronic hepatitis B and C that fall within the selection criteria. A more detailed case report form (CRF) will be used in chronic hepatitis C case investigations for those cases meeting inclusion criteria for the project.

The second goal of the project is to identify cases of hepatitis C that may have been misclassified as chronic infection when they were in fact acute infections. The majority of hepatitis cases are identified by FDOH through electronic laboratory reporting (ELR). These laboratory reports do not contain symptom information and because most cases are never interviewed or investigated, it is unknown if the patient was symptomatic at the time of testing. Without this information, it is possible that many acute hepatitis cases are being misreported as chronic infections. The CRF that will be used during the project is designed to collect symptom information from patients at the time of his/her hepatitis test. The additional information will be used to estimate the number of acute hepatitis C cases in those aged 18-30 that are misclassified as chronic cases.

The third goal of the project is to improve the accuracy of chronic hepatitis reporting in Florida\_. Investigators participating in the project will ensure that all cases that meet inclusion criteria are in fact Florida residents and that cases had not been previously reported to FDOH or other state health departments.

Data collected through enhanced surveillance efforts will be analyzed by the project coordinator at the DCBE. Reports on collected surveillance data will be produced quarterly. Reports will be shared with CHDs and the Florida Viral Hepatitis Council (VHC) for action plans. Surveillance data will be shared through publications in Epi Update and a Grand Rounds presentation to DCBE and CHDs. Data will also be included with press releases to publicize the Hepatitis Prevention Section's outreach activities, such as Hepatitis Testing Day and World Hepatitis Day.

The project will allow DCBE to complete the following performance measures for the Viral Hepatitis Surveillance Grant:

- Increase the percentage of chronic hepatitis B and C cases among those aged less than 30 years that are interviewed or investigated to 75% in the participating counties (baseline 45%).
- Increase the percentage of acute hepatitis B and C cases that are interviewed or investigated to 95% (baseline 91%).
- Increase the percentage of cases of chronic hepatitis C among those aged 18-30 years for which symptom information (present or absent) is recorded to 90% (baseline 85%).
- Increase the percentage of cases of chronic hepatitis C among those aged 18-30 years for which risk factor information (present or absent) is recorded to 90% (baseline 85%).
- 100% of cases that are interviewed or investigated will have data entry completed into the statewide surveillance system, Merlin.
- Increase the percentage of cases of chronic hepatitis C among those aged 18-30 years for which demographic information is recorded to 100%.

## Methods

FDOH will work with select counties to attempt to interview all reported cases (suspect, probable, and confirmed) of acute and chronic hepatitis B and C among those aged 18-30 with a CHD notified date between January 1, 2013 and October 31, 2013. Participating counties will submit weekly reports with investigation updates to the project coordinator. Investigators will also attend monthly conference calls with the project coordinator to evaluate the effectiveness of the CRF and to monitor progress in completing grant performance measures.

**Ngan Lam and Patrick Rodriguez – Investigators for FDOH-Hillsborough County**  
**They can be reached at 813-307-8010**

## Florida Arbovirus Surveillance (January 1 - June 22, 2013)

Arbovirus surveillance in Florida includes endemic mosquito-borne viruses such as West Nile virus (WNV), Eastern equine encephalitis virus (EEEV), St. Louis encephalitis virus (SLEV), and Highlands J virus (HJV) and exotic viruses such as dengue virus (DENV) and California encephalitis group viruses (CEV). Malaria, a non-viral mosquito-borne disease is also included. During the period of June 16 - 22, 2013 the following arboviral activity was recorded in Florida:

**DENV activity:** No locally acquired dengue cases have been reported in 2013.

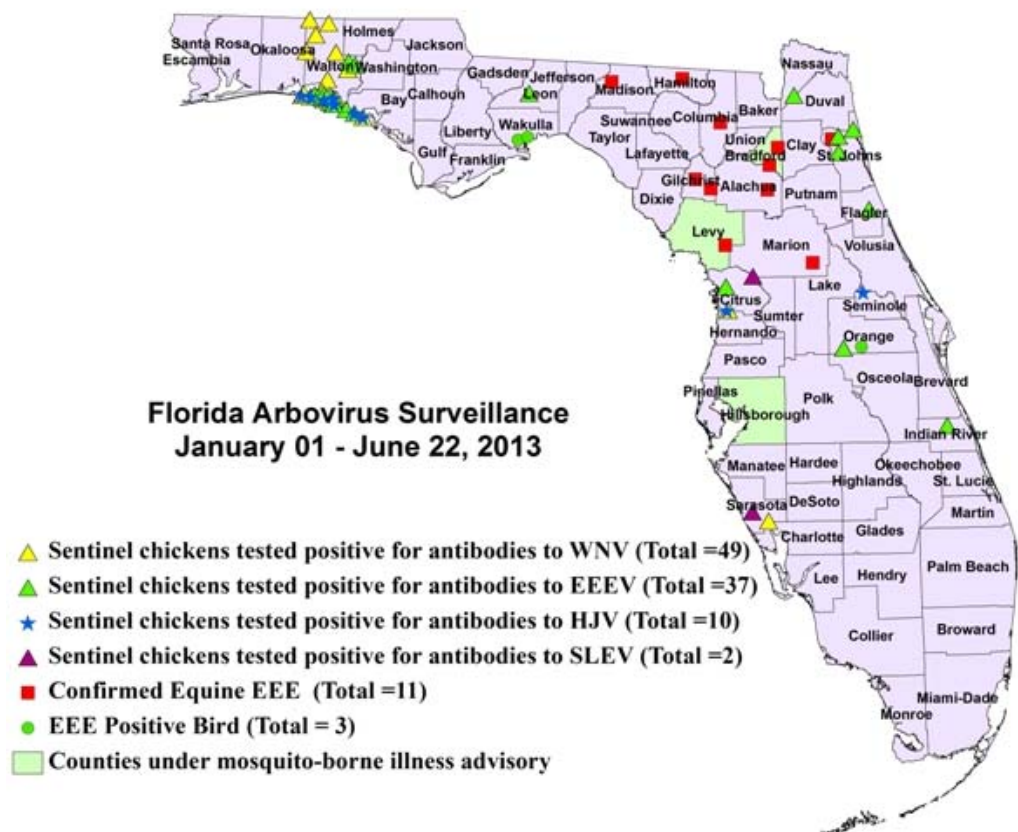
**EEEV activity:** No human cases of EEEV infection were reported this week. Two horses with EEEV infection were reported this week in Bradford County. Two sentinel chickens tested positive for antibodies to EEEV this week in Nassau and St. Johns Counties. In 2013, positive samples from two humans, three birds, 11 equines, and 37 sentinel chickens have been received from 19 counties.

**WNV activity:** No human cases of WNV infection have been reported in 2013. No horse cases of WNV infection were reported this week. No sentinel chickens tested positive this week for antibodies to WNV. In 2013, positive samples from 49 sentinel chickens have been received from four counties.

**SLEV activity:** No sentinel chickens tested positive for antibodies to SLEV this week. In 2013, two positive samples have been received from two counties.

**HJV activity:** No sentinel chickens tested positive for antibodies to HJV this week. In 2013, 10 positive samples have been received from four counties.

**Advisories/Alerts:** Bradford, Hillsborough, and Levy counties are currently under a mosquito-borne illness advisory. No other counties are currently under mosquito-borne illness advisory or alert.



## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-May 12	Jan-May 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	55	37
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	30	22
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	0	3	1.00	1	0
Haemophilus influenzae (Invasive Disease)	11	16	8	11.67	1	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	6
Meningococcal Disease	1	1	3	1.67	1	2
Staphylococcus aureus (VISA, VRSA)	0	1	2	1.00	1	0
Streptococcal Disease, Group A (Invasive Disease)	20	17	18	18.33	7	8
Streptococcus pneumoniae (Invasive Disease)	105	100	55	86.67	35	27
Drug Resistant	60	54	29	47.67	19	10
Drug Susceptible	45	46	26	39.00	16	17
Enteric Infections						
Campylobacteriosis	76	120	105	100.33	48	51
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	14	38	76	42.67	36	16
Cyclospora	3	1	2	2.00	0	0
Escherichia coli, Shiga toxin-producing (STEC)	13	24	23	20.00	9	9
Giardiasis	100	81	54	78.33	16	28
Hemolytic Uremic Syndrome	1	0	1	0.67	1	0
Salmonellosis	302	349	332	327.67	96	80
Shigellosis	134	378	36	182.67	14	1
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	11	18
Hepatitis C (Acute)	12	7	26	15.00	10	20
Hepatitis +HBsAg in Pregnant Women	40	50	38	42.67	10	5
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-May 12	Jan-May 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	0
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	47	40
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	1	1
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	7	12	8	9.00	3	4
Melioidosis	0	0	0	0.00	0	0
Vibriosis	12	8	14	11.33	1	4

## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-May 12	Jan-May 13
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	7	13	4	8.00	2	0
Lead	247	193	330	256.67	144	42
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	68	94
HIV Infection	346	318	327	330.33	111	175
STDs						
Chlamydia	7012	7288	7124	7141.33	3086	3011
Gonorrhea	1951	2343	2160	2151.33	957	825
Syphilis, Congenital	7	3	6	5.33	5	1
Syphilis, Latent (Late)	145	134	129	136.00	51	67
Syphilis, Early	82	91	117	96.67	55	50
Syphilis, Infectious	118	124	155	132.33	62	61
Tuberculosis						
TB	86	46	51	61.00	NA	NA
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

## Disease Specific Information:

Date of Onset:   
 Patient Hospitalized? ☐ Yes ☐ No Disease Fatal? ☐ Yes ☐ No  
 Discharge Date:   
 Hospital Name: \_\_\_\_\_  
 Medicaid Number or Insurance: \_\_\_\_\_

Pregnancy Status:  
☐ Not Pregnant  
☐ Pregnant  
 Number of Months \_\_\_\_\_

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

**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  $\leq 14$  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  $\leq 12$  yrs
- ☐ Human papilloma virus (HPV) anogenital in children  $\leq 12$  yrs
- ☐ HPV associated laryngeal papillomas or recurrent respiratory papillomatosis in children  $\leq 6$  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**