

# EpiNotes

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

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## Notice to Health Care Providers: Updated Guidelines for Evaluation of Severe Respiratory Illness Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

This information is taken from an official CDC Health Update. The full HAN is attached at the end of this document or, to view online, visit: <http://emergency.cdc.gov/HAN/han00348.asp>

### Summary:

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 Middle East Respiratory Syndrome Coronavirus (MERS-CoV), a novel coronavirus that was first reported to cause human infection in September 2012. No cases have been reported in the United States. The purpose of this HAN Advisory is to provide updated guidance to state health departments and health care providers in the evaluation of patients for MERS-CoV infection including expansion of availability of laboratory testing and, in consultation with WHO, expansion of the travel history criteria for patients under investigation from within 10 to 14 days for investigation and modification of the case definition. Please disseminate this information to infectious diseases specialists, intensive care physicians, internists, infection preventionists, as well as to emergency departments and microbiology laboratories.

## Investigation of an Outbreak of Cyclosporiasis in the United States

This information is based on the 7/30/13 update and taken from: <http://www.cdc.gov/parasites/cyclosporiasis/outbreaks/investigation-2013.html>

On June 28, 2013, CDC was notified of 2 laboratory-confirmed cases of *Cyclospora* infection in Iowa residents who had become ill in June and did not have a history of international travel during the 14 days before the onset of illness. Since that date, CDC has been collaborating with public health officials in multiple states and the US Food and Drug Administration (FDA) to investigate an outbreak of

cyclosporiasis. Preliminary details of the ongoing investigation are highlighted below.

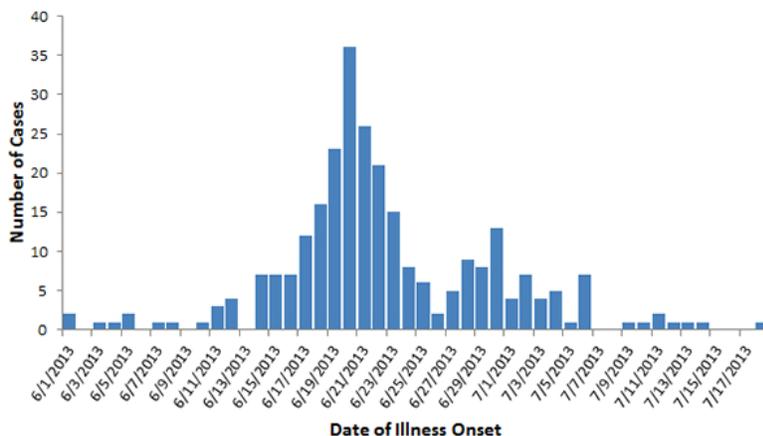
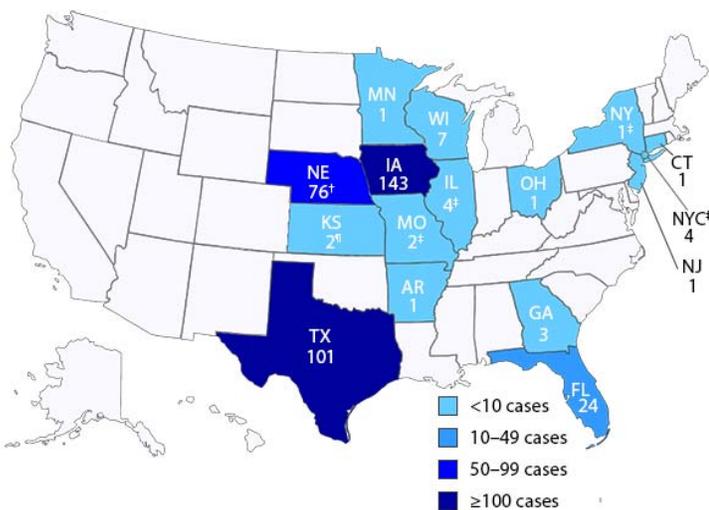
Highlights

Epidemiologic Investigation

- As of July 29, 2013 (5pm EDT), CDC has been notified of 372 cases of *Cyclospora* infection from the following 16 health departments: Iowa, Texas, Nebraska, Florida, Wisconsin, Illinois, New York City, Georgia, Missouri, Arkansas, Connecticut, Kansas, Minnesota, New Jersey, New York, and Ohio.
- Most of the illness onset dates have ranged from mid-June through early July.
- At least 21 persons reportedly have been hospitalized in three states.
- Nebraska and Iowa have performed investigations within their states and have shared the results of those investigations with CDC. Based on their analysis, *Cyclospora* infections in their states are linked to a salad mix. CDC will continue to work with federal, state, and local partners in the investigation to determine whether this conclusion applies to the increase in cases of cyclosporiasis in other states.
- It is not yet clear whether the cases from all of the states are part of the same outbreak.
- Additional cases are currently under investigation and will be included on this page as states confirm them. Cases in this outbreak are defined as laboratory-confirmed *Cyclospora* infection in a person who became ill in June or July, 2013, and had no history of travel outside of the United States or Canada during the 14 days prior to onset of illness.
- Previous outbreak investigations have implicated various types of fresh produce.

**Cyclosporiasis cases notified to CDC, by state\***

**Confirmed Cyclosporiasis Cases, United States, June—July 2013\***



\* Data are current as of 5pm EDT, 7/29/13. Data are preliminary and subject to change.  
 A total of 372 cases of *Cyclospora* infection have been reported from 15 states and 1 city. The number of cases identified in each area is as follows: Iowa (143), Texas (101), Nebraska (76)†, Florida (24), Wisconsin (7), Illinois (4)‡, New York City (4)‡, Georgia (3), Kansas (2)¶, Missouri (2)‡, Arkansas (1), Connecticut (1), Minnesota (1), New Jersey (1), New York (1)‡, and Ohio (1).

N=273. Data are current as of 5pm EDT, 7/29/13. Data are preliminary and subject to change. Cases reported to CDC as of 5pm on 7/29/13 for which onset of illness dates were available. A case is defined as laboratory-confirmed *Cyclospora* infection in a person with onset of illness in June or July 2013 and no known travel outside of the United States and Canada in the 14 days before onset of illness. It is not yet known whether all reported cases are part of the same outbreak.

† Includes one case that might be travel associated  
 ‡ Includes one case that was likely acquired out of state.  
 ¶ Includes two cases that were likely acquired out of state.

#### Cyclosporiasis in Florida

- The Florida Department of Health (FDOH) has reported 24 cases of cyclosporiasis that meet the outbreak case definition.
- Staff are re-interviewing those affected to carefully examine food items and the ingredients those patients were exposed to
- Onset dates of *Cyclospora* cases in Florida range from the beginning of June to mid-July.
- Currently, there are no links to common restaurants found among the 24 cases, as in other states. Additionally, no common food items or events, like a social gathering, have been identified among those affected.

#### Cyclosporiasis in Hillsborough County

- FDOH - Hillsborough has reported 3 cases of cyclosporiasis from the beginning of June to mid-July.

### **Introducing FDOH – Hillsborough Epidemiology Program New Staff Member**



Mackenzie Tewell is a recent graduate from the University of South Florida with a master of applied anthropology and a master of public health with a concentration in health education. Her interests are sexual health, health disparities and social determinants of health. In her free time, she enjoys group fitness classes, thrift shopping, cooking, baking and exploring local restaurants. She is thrilled to be working with the FDOH - Hillsborough Epidemiology Program, where she will be focusing on enteric illnesses.

## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-June 12	Jan-June 13
<b>Vaccine Preventable Diseases</b>						
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	65	47
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	33	26
<b>CNS Diseases &amp; Bacteremias</b>						
Creutzfeldt-Jakob Disease	0	0	3	1.00	2	0
Haemophilus influenzae (Invasive Disease)	11	16	8	11.67	1	6
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	2	2
Staphylococcus aureus (VISA, VRSA)	0	1	2	1.00	1	0
Streptococcal Disease, Group A (Invasive Disease)	20	17	18	18.33	7	9
Streptococcus pneumoniae (Invasive Disease)	105	100	55	86.67	0	0
Drug Resistant	60	54	29	47.67	19	12
Drug Susceptible	45	46	26	39.00	16	18
<b>Enteric Infections</b>						
Campylobacteriosis*	76	120	105	100.33	54	59
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	14	38	76	42.67	36	18
Cyclospora	3	1	2	2.00	0	0
Escherichia coli, Shiga toxin-producing (STEC)**	13	24	23	20.00	11	13
Giardiasis†	100	81	54	78.33	18	29
Hemolytic Uremic Syndrome	1	0	1	0.67	0	0
Salmonellosis	302	349	332	327.67	113	92
Shigellosis	134	378	36	182.67	17	1
Typhoid Fever	1	0	0	0.33	0	0
<b>Viral Hepatitis</b>						
Hepatitis A	6	4	5	5.00	0	2
Hepatitis B (Acute)	49	26	39	38.00	13	21
Hepatitis C (Acute)	12	7	26	15.00	13	22
Hepatitis +HBsAg in Pregnant Women	40	50	38	42.67	12	8
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-June 12	Jan-June 13
<b>Vectorborne, Zoonoses</b>						
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	5
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	54	45
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
<b>Others</b>						
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	6
Melioidosis	0	0	0	0.00	0	0
Vibriosis	12	8	14	11.33	1	6

## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-June 12	Jan-June 13
<b>Chemicals/Poisoning</b>						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	7	13	4	8.00	2	0
Lead	247	193	330	256.67	203	53
Mercury	1	0	0	0.33	0	0
Pesticide	4	15	4	7.67	3	3
<b>Influenza</b>						
Influenza, Pediatric Associated Mortality	0	0	0	0.00	0	1
Influenza, Novel or Pandemic Strain	7	7	0	4.67	0	0
<b>HIV/AIDS</b>						
AIDS	193	192	172	185.67	70	106
HIV Infection	346	318	327	330.33	124	188
<b>STDs</b>						
Chlamydia	7012	7288	7124	7141.33	3554	3610
Gonorrhea	1951	2343	2160	2151.33	1092	989
Syphilis, Congenital	7	3	6	5.33	5	1
Syphilis, Latent	145	134	129	136.00	59	75
Syphilis, Early	82	91	117	96.67	62	63
Syphilis, Infectious	118	124	155	132.33	79	68
<b>Tuberculosis</b>						
TB	86	46	51	61.00	20	27
<b>Food and Waterborne Illness Outbreaks</b>						
Food and Waterborne Cases	147	13	74	78.00	71	64
Food and Waterborne Outbreaks	10	3	4	5.67	3	3



Distributed via the CDC Health Alert Network  
June 7, 2013, 20:00 ET 08:00 PM ET  
CDCHAN-00348

(/HAN) This is an official  
CDC HEALTH UPDATE

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## Notice to Health Care Providers: Updated Guidelines for Evaluation of Severe Respiratory Illness Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

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### Summary

*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 Middle East Respiratory Syndrome Coronavirus (MERS-CoV), a novel coronavirus that was first reported to cause human infection in September 2012. No cases have been reported in the United States. The purpose of this HAN Advisory is to provide updated guidance to state health departments and health care providers in the evaluation of patients for MERS-CoV infection including expansion of availability of laboratory testing and, in consultation with WHO, expansion of the travel history criteria for patients under investigation from within 10 to 14 days for investigation and modification of the case definition. Please disseminate this information to infectious diseases specialists, intensive care physicians, internists, infection preventionists, as well as to emergency departments and microbiology laboratories.*

### Background

MERS-CoV, formerly called “novel coronavirus,” is a beta coronavirus that was first described in September 2012, when it was reported to have caused fatal acute lower respiratory illness in a man in Saudi Arabia. Genetic sequence analyses have shown that this new virus is different from other known human coronaviruses, including the one that caused severe acute respiratory syndrome (SARS). Diagnosis relies on testing with real time reverse transcription polymerase chain reaction (RT-PCR) assays. There is no specific treatment for MERS-CoV infection; care is supportive.

As of June 7, 2013, 55 laboratory-confirmed cases of MERS-CoV infection have been reported to WHO—two from France, three from Italy, two from Jordan, two from Qatar, 40 from Saudi Arabia, two from Tunisia, one from the United Arab Emirates, and three from the United Kingdom (UK). Additional details can be found in the June 7, 2013 *MMWR* Early Release ([http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0607a1.htm?s\\_cid=mm62e0607a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0607a1.htm?s_cid=mm62e0607a1_w)) ([http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0607a1.htm?s\\_cid=mm62e0607a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0607a1.htm?s_cid=mm62e0607a1_w)). To date, all cases have a direct or indirect link to one of four countries: Saudi Arabia, Qatar, Jordan, and the United Arab Emirates. **No cases have been reported in the United States.** Illness onsets were from April 2012 through May 2013. Of the 55 cases, 31 were fatal, for a case-fatality rate of 56%. The median age of cases is 56 years. All of the patients were aged  $\geq 24$  years, except for two children, one aged 2 years and one aged 14 years.

Eight clusters of illnesses have been reported by six countries (France, Italy, Jordan, Saudi Arabia, Tunisia, and UK). These clusters provide clear evidence of human-to-human transmission of MERS-CoV. The largest cluster reported to date consists of 25 cases, 14 of which were fatal, associated with a health-care facility in Al-Ahsa governorate in Saudi Arabia. Two of the case-patients in that cluster were health-care personnel who acquired the infection after exposure to patients with confirmed MERS-CoV infection.

The first case reported by France was in a person with an underlying immunosuppressive condition who initially had abdominal pain and diarrhea and subsequently developed respiratory complications. This case raises the possibility that presentations may not initially include respiratory symptoms. Among cases reported to WHO in which more detailed information is available, most are reported to have chronic underlying medical conditions or immunosuppression; such persons may be at increased risk of MERS-CoV infection or severe disease, or both. In some instances, sampling with nasopharyngeal swabs did not detect MERS-CoV by PCR; however, MERS-CoV was detected by PCR in lower respiratory tract specimens from those same patients. Therefore, lower tract respiratory specimens should be a priority for collection and PCR testing, in addition to nasopharyngeal swabs.

### Recommendations

Recommendations and guidance on MERS-CoV case definitions, case investigation, specimen collection and shipment for testing, and infection control (including use of personal protective equipment) are available at the CDC MERS website (<http://www.cdc.gov/coronavirus/MERS/index.html>) (<http://www.cdc.gov/coronavirus/MERS/index.html>). Information and guidance posted on this website may change as we learn more about the virus. Please check CDC’s MERS website regularly for the most current information. State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100 or [eoereport@cdc.gov](mailto:eoereport@cdc.gov) (<mailto:eoereport@cdc.gov>)).

# Surveillance

As a result of investigations suggesting incubation periods for MERS CoV may be longer than 10 days, the time period for considering MERS in persons who develop severe acute lower respiratory illness days after traveling from the Arabian Peninsula or neighboring countries\* has been extended from within 10 days to within 14 days of travel.

In particular, persons who meet the following criteria for “patient under investigation” (PUI) should be reported to state and local health departments and evaluated for MERS-CoV infection:

- A person with an acute respiratory infection, which may include fever ( $\geq 38^{\circ}\text{C}$ ,  $100.4^{\circ}\text{F}$ ) and cough; AND
- Suspicion of pulmonary parenchymal disease (e.g., pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation); AND
- History of travel from the Arabian Peninsula or neighboring countries\* within 14 days; AND
- Symptoms not already explained by any other infection or etiology, including clinically indicated tests for community-acquired pneumonia† according to local management guidelines.

In addition, the following persons may be considered for evaluation for MERS-CoV infection:

- Persons who develop severe acute lower respiratory illness of known etiology within 14 days after traveling from the Arabian Peninsula or neighboring countries\* but who do not respond to appropriate therapy; OR
- Persons who develop severe acute lower respiratory illness who are close contacts‡ of a symptomatic traveler who developed fever and acute respiratory illness within 14 days of traveling from the Arabian Peninsula or neighboring countries.\*

In addition, CDC recommends that clusters of severe acute respiratory illness (SARI) should be investigated and, if no obvious etiology is identified, local public health officials should be notified and testing for MERS-CoV conducted if indicated.

CDC requests that state and local health departments report PUIs for MERS-CoV and clusters of SARI with no identified etiology to CDC. To collect data on PUIs, please use CDC’s Interim Health Departments MERS-CoV Investigation Form available at <http://www.cdc.gov/coronavirus/mers/guidance.html> (<http://www.cdc.gov/coronavirus/mers/guidance.html>). State health departments should FAX completed investigation forms to CDC at 770-488-7107 or attach in an email to [eocreport@cdc.gov](mailto:eocreport@cdc.gov) (<mailto:eocreport@cdc.gov>) (subject line: MERS-CoV Patient Form).

## Laboratory Testing

Testing of specimens for MERS-CoV is currently being conducted at CDC. The Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) on June 5, 2013, to authorize the use of the CDC Novel Coronavirus 2012 Real-time RT-PCR Assay (NCV-2-12 rRT-PCR Assay) to test for MERS-CoV in clinical respiratory, blood and stool samples. This EUA is needed because, at this time, no FDA-approved tests that identify MERS-CoV in clinical specimens are available. This assay will be deployed to Laboratory Response Network (LRN) laboratories in all 50 states over the coming weeks. Updated information about laboratories with the capacity to conduct MERS testing with the NCV-2-12 rRT-PCR Assay will be provided on CDC’s MERS website (<http://www.cdc.gov/coronavirus/mers/case-def.html> (<http://www.cdc.gov/coronavirus/mers/case-def.html>)).

To increase the likelihood of detecting MERS-CoV, CDC recommends collection of specimens from different sites-- for example, a nasopharyngeal swab and a lower respiratory tract specimen such as sputum, bronchoalveolar lavage, bronchial wash, or tracheal aspirate. Specimens should be collected at different times after symptom onset, if possible. Lower respiratory tract specimens should be a priority for collection and PCR testing; stool specimens are of lower priority. Specimens should be collected with appropriate infection control precautions <http://www.cdc.gov/coronavirus/mers/case-def.html> (<http://www.cdc.gov/coronavirus/mers/case-def.html>).

## Case Definitions

The MERS-CoV case definition continues to evolve and is available at <http://www.cdc.gov/coronavirus/mers/case-def.html> (<http://www.cdc.gov/coronavirus/mers/case-def.html>). In consultation with WHO, the definition of a probable case of MERS has been updated to also include persons with severe acute respiratory infection with no known etiology with an epidemiologic link to a confirmed MERS-CoV case.

## Infection Control

There is clear evidence of limited human-to-human transmission, possibly involving different modes, such as droplet and contact transmission, but further studies are required to better understand the risks. Until the transmission characteristics of MERS-CoV are better understood, patients under investigation and probable and confirmed cases should be managed in healthcare facilities using standard, contact, and airborne precautions. As information becomes available, these recommendations will be re-evaluated and updated as needed.

\* Countries considered to be on or neighboring the Arabian Peninsula include Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

† Examples of respiratory pathogens causing community-acquired pneumonia include influenza A and B, respiratory syncytial virus, adenovirus, *Streptococcus pneumoniae*, and *Legionella pneumophila*.

‡ Close contact is defined as 1) any person who provided care for the patient, including a health-care worker or family member, or who had other similarly close physical contact, or 2) any person who stayed at the same place (e.g., lived with or visited) as the patient while the patient was ill.

## For more information:

For additional information, please consult the CDC MERS website at: <http://www.cdc.gov/coronavirus/mers/index.html> (<http://www.cdc.gov/coronavirus/mers/index.html>)

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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### HAN Message Types

- **Health Alert:** Conveys the highest level of importance; warrants immediate action or attention. Example: [HAN00001 \(/HAN/han00001.asp\)](#)
- **Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action. Example: [HAN00346 \(/HAN/han00346.asp\)](#)
- **Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action. Example: [HAN00342 \(/HAN/han00342.asp\)](#)
- **Info Service:** Provides general information that is not necessarily considered to be of an emergent nature. Example: [HAN00345 \(/HAN/han00345.asp\)](#)

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This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

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### Additional Resources

- [HAN Archive By Year \(/HAN/dir.asp\)](#)
- [HAN Types \(/HAN/hantable.asp\)](#)
- [Sign Up for HAN E-mail Updates \(/HAN/updates.asp\)](#)
- [HAN Jurisdictions \(/HAN/hanjuris.asp\)](#)
- Page last reviewed: June 7, 2013
- Page last updated: June 7, 2013
- Content source: CDC Emergency Risk Communication Branch (ERCB), Division of Emergency Operations (DEO), [Office of Public Health Preparedness and Response \(OPHPR\)](#) (<http://www.cdc.gov/phpr/>)



# Florida Department of Health – Hillsborough County

Division of Community Health • Office of Epidemiology

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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)*.

<b>AIDS, HIV – (813) 307-8011</b> <b>DO NOT FAX</b>	<ul style="list-style-type: none"> <li>• Cryptosporidiosis</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Ricin toxicity</b></li> </ul>
+ Acquired Immune Deficiency Syndrome (AIDS)	<ul style="list-style-type: none"> <li>• Cyclosporiasis</li> </ul>	<ul style="list-style-type: none"> <li>• Rocky Mountain spotted fever</li> </ul>
+ Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)	<ul style="list-style-type: none"> <li>• Dengue</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Rubella (including congenital)</b></li> </ul>
<b>STD – (813) 307- 8022</b> <b>Fax (813) 307-8027</b>	<ul style="list-style-type: none"> <li>! <b>Diphtheria</b></li> </ul>	<ul style="list-style-type: none"> <li>• St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)</li> </ul>
• Chancroid	<ul style="list-style-type: none"> <li>• Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</li> </ul>	<ul style="list-style-type: none"> <li>• Salmonellosis</li> </ul>
• Chlamydia	<ul style="list-style-type: none"> <li>• Ehrlichiosis</li> </ul>	<ul style="list-style-type: none"> <li>• Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)</li> </ul>
• Conjunctivitis (in neonates ≤ 14 days old)	<ul style="list-style-type: none"> <li>• Encephalitis, other (non-arboviral)</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease</b></li> </ul>
• Gonorrhea	<p style="color: blue;">Enteric disease due to:</p> <p style="color: blue;"><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"> <li>• Shigellosis</li> </ul>
• Granuloma inguinale	<ul style="list-style-type: none"> <li>• Giardiasis (acute)</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Smallpox</b></li> </ul>
• 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"> <li>! <b>Glanders</b></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)</li> </ul>
• 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"> <li>! <b>Haemophilus influenzae (meningitis and invasive disease)</b></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Staphylococcus enterotoxin B</i> (disease due to)</li> </ul>
• Lymphogranuloma venereum (LGV)	<ul style="list-style-type: none"> <li>• Hansen's disease (Leprosy)</li> </ul>	<ul style="list-style-type: none"> <li>• Streptococcal disease (invasive, Group A)</li> </ul>
• Syphilis	<ul style="list-style-type: none"> <li>• Hantavirus infection</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Streptococcus pneumoniae</i> (invasive disease)</li> </ul>
• Syphilis (in pregnant women and neonates)	<ul style="list-style-type: none"> <li>• Hemolytic uremic syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Tetanus</li> </ul>
<b>TB CONTROL – (813) 307-8015 x 4758</b> <b>Fax- (813) 975-2014</b>	<ul style="list-style-type: none"> <li>• Hepatitis A</li> </ul>	<ul style="list-style-type: none"> <li>• Toxoplasmosis (acute)</li> </ul>
• Tuberculosis (TB)	<ul style="list-style-type: none"> <li>• Hepatitis B, C, D, E, and G</li> </ul>	<ul style="list-style-type: none"> <li>• Trichinellosis (Trichinosis)</li> </ul>
<b>CANCER – Tumor Registry Database</b>	<ul style="list-style-type: none"> <li>• Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Tularemia</b></li> </ul>
+ Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)	<ul style="list-style-type: none"> <li>! <b>Influenza due to novel or pandemic strains</b></li> </ul>	<ul style="list-style-type: none"> <li>• Typhoid fever</li> </ul>
<b>EPIDEMIOLOGY – (813) 307-8010</b> <b>Fax (813) 276-2981</b>	<ul style="list-style-type: none"> <li>! <b>Influenza-associated pediatric mortality (in persons &lt; 18 years)</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)</b></li> </ul>
! <b>Any disease outbreak</b>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> infection)</li> </ul>
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"> <li>• Legionellosis</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Vaccinia disease</b></li> </ul>
• Amebic encephalitis	<ul style="list-style-type: none"> <li>• Leptospirosis</li> </ul>	<ul style="list-style-type: none"> <li>• Varicella (Chickenpox)</li> </ul>
• Anaplasmosis	<ul style="list-style-type: none"> <li>• Listeriosis</li> </ul>	<ul style="list-style-type: none"> <li>• Varicella mortality</li> </ul>
! <b>Anthrax</b>	<ul style="list-style-type: none"> <li>• Lyme disease</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</b></li> </ul>
• Arsenic poisoning	<ul style="list-style-type: none"> <li>• Malaria</li> </ul>	<ul style="list-style-type: none"> <li>• Vibriosis (Vibrio infections)</li> </ul>
! <b>Botulism (foodborne, wound, unspecified, other)</b>	<ul style="list-style-type: none"> <li>! <b>Measles (Rubeola)</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)</b></li> </ul>
• Botulism (infant)	<ul style="list-style-type: none"> <li>! <b>Melioidosis</b></li> </ul>	<ul style="list-style-type: none"> <li>• West Nile virus disease (neuroinvasive and non-neuroinvasive)</li> </ul>
! <b>Brucellosis</b>	<ul style="list-style-type: none"> <li>• Meningitis (bacterial, cryptococcal, mycotic)</li> </ul>	<ul style="list-style-type: none"> <li>• Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</li> </ul>
• California serogroup virus (neuroinvasive and non-neuroinvasive disease)	<ul style="list-style-type: none"> <li>! <b>Meningococcal disease (includes meningitis and meningococemia)</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Yellow fever</b></li> </ul>
• Campylobacteriosis	<ul style="list-style-type: none"> <li>• Mercury poisoning</li> </ul>	
• Carbon monoxide poisoning	<ul style="list-style-type: none"> <li>• Mumps</li> </ul>	
! <b>Cholera</b>	<ul style="list-style-type: none"> <li>• Neurotoxic shellfish poisoning</li> </ul>	
• Ciguatera fish poisoning (Ciguatera)	<ul style="list-style-type: none"> <li>• Pertussis</li> </ul>	
• Congenital anomalies	<ul style="list-style-type: none"> <li>• Pesticide-related illness and injury</li> </ul>	
• Creutzfeldt-Jakob disease (CJD)	<ul style="list-style-type: none"> <li>! <b>Plague</b></li> </ul>	
	<ul style="list-style-type: none"> <li>! <b>Poliomyelitis, paralytic and non-paralytic</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• Psittacosis (Ornithosis)</li> </ul>	
	<ul style="list-style-type: none"> <li>• Q Fever</li> </ul>	
	<ul style="list-style-type: none"> <li>• Rabies (human, animal)</li> </ul>	
	<ul style="list-style-type: none"> <li>! <b>Rabies (possible exposure)</b></li> </ul>	

! = 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

