EpiNotes

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

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TO REPORT A DISEASE:

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Influenza Update

Influenza

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It is spread by breathing in respiratory droplets from someone who has the flu, typically through their sneeze or cough. An infected individual can spread the virus one day before symptoms begin and up to ten days after becoming ill. Symptoms of the flu include fever, cough, sore throat, runny or stuffy nose, body aches and headache. Some people, such as the elderly, young children, and people with chronic health conditions are at high risk for serious flu complications.

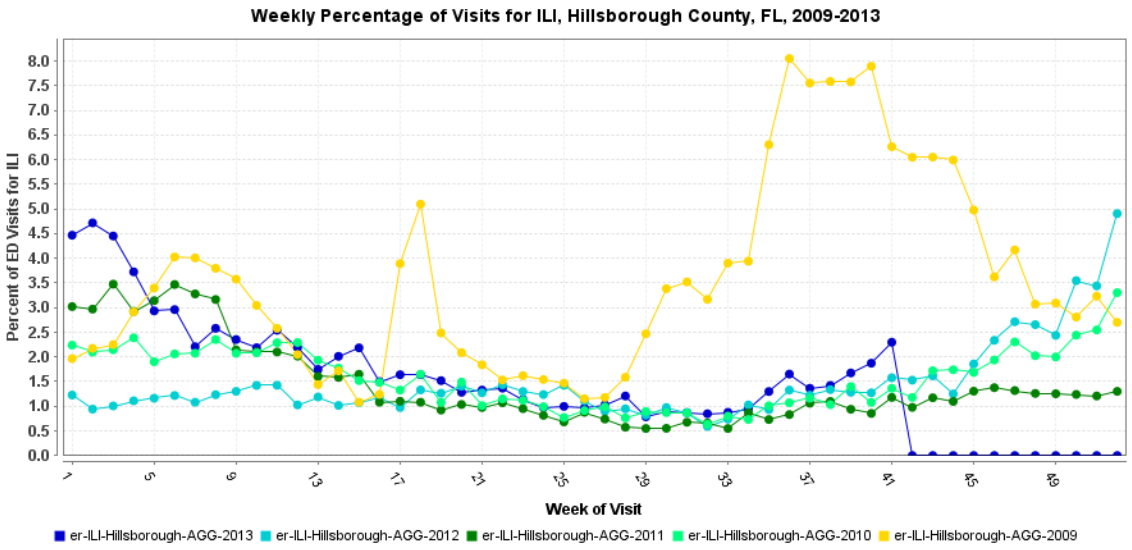
2013-2014 Influenza Update

- Hillsborough County has reported mild influenza activity up to this point in the season. Twenty-two counties in Florida are reporting increased influenza activity.
- Emergency department (ED) and urgent care center (UCC) influenza-like illness (ILI) visits have increased overall in recent weeks. In emergency departments and urgent care centers reporting to ESSENCE-FL, the statewide percent of emergency department visits for ILI is at or near typical levels for this time of year in all regions of Florida including Hillsborough County.
- In Florida, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) in recent weeks has been influenza A (2009 H1N1).
- Florida reported sporadic influenza activity to CDC in week 40. This activity level represents the geographic spread of influenza in Florida.

Although influenza activity remains mild, it is important to take precautions to protect yourself against the flu, including: Receiving

the 2013-2014 seasonal influenza vaccine. The flu vaccine is one of the best measures to prevent infection. It is not too late to receive this season's vaccine.

- Practice respiratory etiquette. Cover your cough with a tissue or cough into your upper sleeve or elbow to reduce the chances of spreading the virus to others.
- Hand washing. Frequently wash your hands with soap and warm water for at least 20 seconds.
- Stay home when sick. Influenza can spread quickly indoors, especially if people are attending daycares, schools, and workplaces when sick. If you think you have the flu, do not risk infecting others.



Summit on Healthcare Reform and Adult Immunization Practices

Please join The Immunization Task Force of Hillsborough County for a terrific program on upcoming changes associated with the Patient Protection and Affordable Care Act. The Summit will include changes in standard of care as well as important changes in billing and coding of immunizations. The event will be November 12, 2013 from 5:30 PM to 8:30 PM. Please see the attached flyer and register at http://itfhc.eventbrite.com if you are interested.

Handling enteric illness outbreaks in sensitive situations

Mackenzie Tewell, MA, MPH, CPH
Marly Sadou, BS

In the past two months, Florida Department of Health (FDOH) in Hillsborough County has seen a number of gastrointestinal illness outbreaks, including *Shigella sonnei* in a local school, *Cryptosporidium* associated with a hotel pool, and a number of Noro-like illnesses reported in assisted living facilities, nursing homes, schools and childcare facilities. Often, these illnesses are contagious, and can spread from person to person from inadequate hand washing, contamination of food or drink, or through shared water sources, such as pools, hot tubs, interactive fountains or rivers.

Due to physical proximity, shared objects and surfaces, and insufficient hand washing procedures, treatment and control measures are often stricter among children in schools and childcare facilities than

among the general adult population, presenting a challenge to healthcare providers, epidemiologists, facilities and parents alike. This article will discuss one such example experienced during the most recent shigellosis outbreak.

FDOH epidemiologists, like many healthcare providers, reference the American Academy of Pediatrics *Red Book* when working to determine appropriate prophylaxis, treatment, prevention and control measure recommendations for individuals with reportable conditions. Unfortunately, the *Red Book* does not offer explicit instructions on handling what FDOH calls "sensitive situations," often leading to discrepancies in the information shared with those infected concerning return to work, childcare or school. Florida Statute 64D-3.028 defines sensitive situations as "a setting in which the presence of a case would increase significantly the probability of spread of the diagnosed or suspected disease or condition," including, but not limited to: "schools, childcare facilities, hospitals and other patient-care facilities, food storage, food processing establishments or food outlets." During outbreaks, FDOH has a number of exclusions and treatment protocols which are employed to prevent the spread based upon situation sensitivity and attack rates, and may be adjusted as deemed necessary throughout the course of the outbreak investigation.

The *Red Book* suggests most cases of shigellosis do not require treatment, instead promoting prevention of dehydration as a "mainstay of treatment" (2012, p. 647). During the most recent outbreak, a number of parents were alarmed to receive a call from FDOH suggesting health directives different from that of their health provider's. Not only did FDOH-Hillsborough recommend antibiotic treatment, but required the child be excluded from school until they had completed five full days of treatment *or* two consecutive negative stool samples taken at least 24 hours apart. Moreover, due to a number of antibiotic resistances associated with *Shigella*, testing of children was essential to ensure effective treatment was offered. In some cases, lab results were not received for many days, creating a lag time between the doctor's visit and treatment. Children were often recovered by the time they received lab confirmation of their infection. In accordance with FDOH policy, these confirmed, yet recovered, cases had to be removed from school and excluded until treatment completion or negative stool results, creating an understandable frustration among parents.

In the future, FDOH-Hillsborough hopes to find avenues for ensuring exclusionary measures are accurately communicated and enforced in sensitive situations. FDOH-Hillsborough epidemiologists greatly appreciate the cooperation from healthcare providers and will gladly answer questions about exclusion and how related treatments may satisfy these exclusion requirements. Collaboration and communication are the most effective methods for improving both patient and public health.

Links:
Florida Administrative Code 64D-3: https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64D-3

Additional Resources

FLORIDA FLU REVIEW:
http://www.floridahealth.gov/diseases-and-conditions/influenza/weekly-flu-report.html
FLORIDA ARBOVIRUS SURVEILLANCE:
http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/surveillance.html

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Sep 12	Jan-Sep 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	99	79
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	40	39
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	0	3	1.00	3	0
Haemophilus influenzae (Invasive Disease)	11	16	8	11.67	3	10
In Children 5 Years or Younger	2	2	2	2.00	0	1
Listeriosis	2	3	1	2.00	1	5
Meningitis (Bacterial, Cryptococcal, Mycotic)	28	21	5	18.00	1	9
Meningococcal Disease	1	1	3	1.67	3	2
Staphylococcus aureus (VISA, VRSA)	0	1	2	1.00	1	0
Streptococcal Disease, Group A (Invasive Disease)	20	17	18	18.33	12	15
Streptococcus pneumoniae (Invasive Disease)	105	100	55	86.67	45	41
Drug Resistant	60	54	29	47.67	23	19
Drug Susceptible	45	46	26	39.00	22	22
Enteric Infections						
Campylobacteriosis*	76	120	105	100.33	91	101
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	14	38	76	42.67	61	30
Cyclospora	3	1	2	2.00	2	9
Escherichia coli, Shiga toxin-producing (STEC)**	13	24	23	20.00	18	22
Giardiasis†	100	81	54	78.33	45	39
Hemolytic Uremic Syndrome	1	0	1	0.67	0	0
Salmonellosis	302	349	332	327.67	235	214
Shigellosis	134	378	36	182.67	30	51
Typhoid Fever	1	0	0	0.33	0	0
Viral Hepatitis						
Hepatitis A	6	4	5	5.00	2	2
Hepatitis B (Acute)	49	26	39	38.00	27	34
Hepatitis C (Acute)	12	7	26	15.00	17	34
Hepatitis +HBsAg in Pregnant Women	40	50	38	42.67	25	21
Hepatitis D, E, G	0	0	1	0.33	1	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Sep 12	Jan-Sep 13
Vectorborne, Zoonoses						
Dengue	7	4	5	5.33	2	2
Eastern Equine Encephalitis††	2	0	0	0.67	0	1
Ehrlichiosis/Anaplasmosis	3	0	0	1.00	0	2
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	4	7	10	7.00	7	10
Malaria	5	7	7	6.33	6	6
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	3	4
Rabies (Human)	0	0	0	0.00	0	0
Rabies (Possible Exposure)	55	94	91	80.00	74	74
Rocky Mountain Spotted Fever	4	0	1	1.67	1	1
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	1	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	2	2
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	7	12	8	9.00	5	12
Melioidosis	0	0	0	0.00	0	0
Vibriosis	12	8	14	11.33	9	11

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Sep 12	Jan-Sep 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	271	69
Mercury	1	0	0	0.33	0	0
Pesticide	4	15	4	7.67	4	10
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	103	174
HIV Infection	346	318	327	330.33	212	296
STDs						
Chlamydia	7012	7288	7124	7141.33	5456	5551
Gonorrhea	1951	2343	2160	2151.33	1651	1541
Syphilis, Congenital	7	3	6	5.33	6	1
Syphilis, Latent	145	134	129	136.00	83	107
Syphilis, Early	82	91	117	96.67	87	94
Syphilis, Infectious	118	124	155	132.33	116	115
Tuberculosis						
TB	86	46	51	61.00	31	44
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	147	13	74	78.00	72	63
Food and Waterborne Outbreaks	10	3	4	5.67	4	3

“Summit on Healthcare Reform and Adult Immunization Practices”

Are you curious about Healthcare Reform?
Do you have questions regarding Adult Immunizations within your practice?
Do you have questions about billing for medical services once Healthcare Reform goes into effect?

Plan to attend the ***Summit on Healthcare Reform and Adult Immunization Practices.***

WHEN: November 12, 2013 from 5:30 p.m. to 8:30 p.m.
WHERE: Mainsail, 5108 Eisenhower Blvd. S, Tampa 33634
Attendance is FREE for local practitioners. Dinner is included.
Register now for this event at:
http://itfhc.eventbrite.com
(Registration closes on October 31, 2013)

Featured speakers will include:

Beata Casanas, D.O.,FACP
Executive Medical Director, Florida Department of Health, Hillsborough County
Associate Professor of Medicine, University of South Florida

Sarah Steinhardt, PharmD, J.D.
USF College of Pharmacy

Martha Price, M.D.
Family Practice

Kathleen G. Bailey, C.P.A., M.B.A., C.P.C., C.P.C.-I
Dean of Online Programs, Ultimate Medical Academy

SPONSORED BY

The Immunization Task Force of Hillsborough County

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 | Area Code + Phone Number | ☐ Please check here if you would like more copies of the form

First Name | MI | Date of Birth (MMDDYYYY) | Social Security Number (no dashes)

Address

City | State | Zip Code

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/AlaskaNative ☐ Native Hawaiian/Pacific Islander ☐ Unknown ☐ 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 assocated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- ☐ HPV cancer associated strains
- ☐ Influenza – due to novel or pandemic strains ☎❗
- ☐ Influenza – assocated 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:

County Health Department Fax: 813-276-2981

CHD After-Hours Phone Number: 813-307-8000

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: