

EpiNotes

Florida Department of Health - Hillsborough County Disease Surveillance Newsletter January 2014

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

Influenza Update

Mackenzie Tewell, MA, MPH, CPH & Seyi Omaivboje, MPH

In the three years following the 2009 H1N1 pandemic, the dreaded flu virus known to cause cough, fever, body aches, fatigue and sore throat has been caused primarily by seasonal Influenzas Type A H3N2 or B. This year, 2009 H1N1 is the predominant circulating strain of flu in Florida and nationwide, according to the Centers for Disease Control and Prevention (CDC). Florida has seen a number of serious complications, including death, among pregnant females with this strain of the flu.

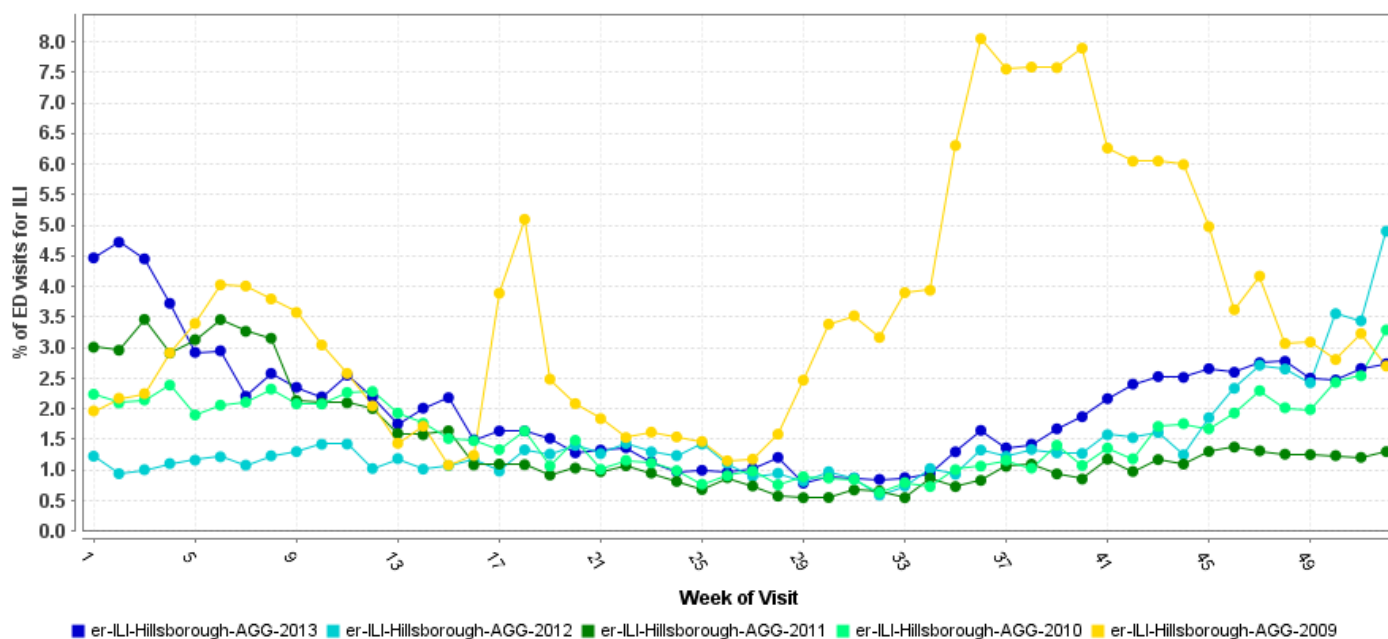
The very young (less than two) and those 65 and older are typically the most likely to experience more severe flu outcomes, which can include pneumonia, acute respiratory distress syndrome, exacerbation of already existing health issues, or even death. Others likely to experience worsened outcomes include individuals with underlying health conditions, the immunosuppressed, and pregnant women. According to a 2009 study cited by Center for Infectious Disease Research and Policy, pregnant women are four times more likely to become hospitalized from their flu infection. Due to changes in the heart, lungs and immune system during pregnancy, these females are at an increased risk for severe illness.

In early December, a cluster of six pregnant women in the western panhandle of Florida were hospitalized for complications from 2009 H1N1. Their ages ranged from 25 to 31 years old, and they were between 29 and 37.5 weeks gestation. Four delivered prematurely due to their infections,

three were placed in intensive care, and one was taken to a higher care facility. One infant was admitted into NICU. None of these six women were vaccinated this year. Cases of unvaccinated pregnant women being admitted into the ICU for flu continue to be reported throughout the state.

In light of the severe outcomes for pregnant women with the flu, Medicaid is extending vaccination coverage for pregnant females over 21 years of age until March 31, 2014 at county health departments and physician's offices only. Flu vaccination is suggested for all pregnant women during any trimester, and even offers protection for their infants until six months of age. Though late in the flu season, the flu vaccine may still offer some protection against infection. FDOH-Hillsborough is requesting health care providers notify the Epidemiology Program of any flu related hospitalizations or admissions in pregnant women or previously healthy young or middle-aged individuals at (813) 307-8010.

Weekly Percentage of ED Visits for ILI, Hillsborough County, 2009-2013



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-Dec 12	Jan-Dec 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	119	96
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	45	65
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	0	3	1.00	3	1
Haemophilus influenzae (Invasive Disease)	11	16	8	11.67	8	14
In Children 5 Years or Younger	2	2	2	2.00	0	0
Listeriosis	2	3	1	2.00	1	5
Meningitis (Bacterial, Cryptococcal, Mycotic)	28	21	5	18.00	5	11
Meningococcal Disease	1	1	3	1.67	3	6
Staphylococcus aureus (VISA, VRSA)	0	1	2	1.00	1	1
Streptococcal Disease, Group A (Invasive Disease)	20	17	18	18.33	18	17
Streptococcus pneumoniae (Invasive Disease)	105	100	55	86.67	55	59
Drug Resistant	60	54	29	47.67	29	29
Drug Susceptible	45	46	26	39.00	26	30
Enteric Infections						
Campylobacteriosis*	76	120	105	100.33	105	133
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	14	38	76	42.67	77	59
Cyclospora	3	1	2	2.00	2	9
Escherichia coli, Shiga toxin-producing (STEC)**	13	24	23	20.00	22	30
Giardiasis†	100	81	54	78.33	54	56
Hemolytic Uremic Syndrome	1	0	1	0.67	1	2
Salmonellosis	302	349	332	327.67	331	304
Shigellosis	134	378	36	182.67	36	63
Typhoid Fever	1	0	0	0.33	0	0
Viral Hepatitis						
Hepatitis A	6	4	5	5.00	5	10
Hepatitis B (Acute)	49	26	39	38.00	39	56
Hepatitis C (Acute)	12	7	26	15.00	26	38
Hepatitis +HBsAg in Pregnant Women	40	50	38	42.67	38	31
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-Dec 12	Jan-Dec 13
Vectorborne, Zoonoses						
Dengue	7	4	5	5.33	4	4
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	9	12
Malaria	5	7	7	6.33	7	8
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	5	4
Rabies (Human)	0	0	0	0.00	0	0
Rabies (Possible Exposure)	55	94	91	80.00	91	102
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	1	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	1	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	8	18
Melioidosis	0	0	0	0.00	0	0
Vibriosis	12	8	14	11.33	14	13

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2010	2011	2012		Jan-Dec 12	Jan-Dec 13
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	7	13	4	8.00	4	5
Lead	247	193	330	256.67	329	173
Mercury	1	0	0	0.33	0	0
Pesticide	4	15	4	7.67	4	13
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	169	231
HIV Infection	346	318	327	330.33	276	403
STDs						
Chlamydia	7012	7288	7124	7141.33	7115	7216
Gonorrhea	1951	2343	2160	2151.33	2164	2040
Syphilis, Congenital	7	3	6	5.33	5	3
Syphilis, Latent	145	134	129	136.00	109	158
Syphilis, Early	82	91	117	96.67	117	120
Syphilis, Infectious	118	124	155	132.33	154	157
Tuberculosis						
TB	86	46	51	61.00	51	54
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	147	13	74	78.00	72	73
Food and Waterborne Outbreaks	10	3	4	5.67	4	4



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: _____ Disease Fatal? ☐ Yes ☐ No

Patient Hospitalized? ☐ Yes ☐ No Discharge Date: _____

Hospital Name: _____

Medicaid Number or Insurance: _____

Pregnancy Status:
☐ Not Pregnant
☐ Pregnant

Number of Months _____

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

☐ Other: _____

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