

EpiNotes

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

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TO REPORT A DISEASE:

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Pertussis Information

Adlin Santiago, RN

Pertussis is an acute infectious, reportable disease caused by the bacterium *Bordetella pertussis*. Humans are the only known hosts. Transmission occurs by close contact with respiratory secretions or airborne droplets, most commonly sneezing, coughing, or sharing personal items such as utensils, glasses, or toothbrushes. Neither infection nor immunization provides lifelong immunity.

The clinical course of pertussis is divided into three stages:

1. **Catarrhal stage:** Begins with runny nose, sneezing, low-grade fever, and a mild cough. The cough gradually becomes more severe. This stage lasts about 1-2 weeks.
2. **Paroxysmal stage:** Paroxysms or bursts of numerous, rapid coughs, and a high pitched whoop on inspiration. During paroxysm attacks the patient may become cyanotic. Vomiting or exhaustion commonly follows the episode. The patient does not appear to be ill between attacks. Duration of this stage is about 1 to 6 weeks but may persist for up to 10 weeks.
3. **Convalescent stage:** Cough becomes less severe and disappears in about 2 to 3 weeks.

Infected people are most contagious during the catarrhal stage and the first 2 weeks after cough onset.

The most common complication, and the cause of most pertussis related deaths, is secondary bacterial pneumonia. Other complications are seizures, encephalopathy due to hypoxia, otitis media, anorexia, dehydration, pneumothorax, hernias, rectal prolapse, difficulty sleeping, urinary incontinence, and rib fracture. Young infants are at increased risk of respiratory failure attributable to apnea or secondary bacterial pneumonia and are at risk of cardiopulmonary failure from pulmonary hypertension.

Bordetella pertussis is a small, aerobic gram-negative rod, requiring a special media for isolation. Culture or PCR is used to detect organism. Specimens from the posterior nasopharynx, not the throat, should be

obtained using a Dacron or Rayon swab, and not a cotton swab. See Figures 1 and 2 for proper technique for obtaining this specimen. Cultures are less likely to be positive if performed later in the course of illness (more than 2 weeks after cough onset), on specimens from persons who have received antibiotics, or have been completely vaccinated. Serology testing for titers is also available and can be performed on specimens collected up to 12 weeks following cough onset. See the chart below for the optimal timing of pertussis diagnostic testing.

Proper technique for obtaining a nasopharyngeal specimen for isolation of *Bordetella pertussis*

Figure 1

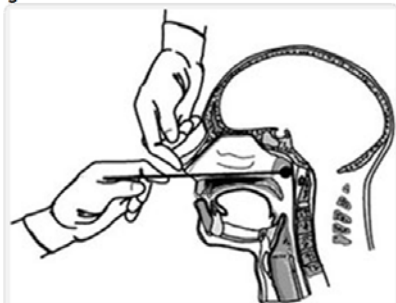


Image: Manual for the Surveillance of Vaccine-Preventable Diseases, 4th ed, 2008

Figure 2

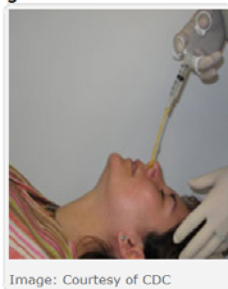
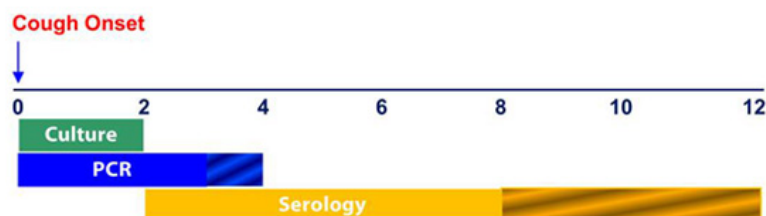


Image: Courtesy of CDC

Optimal Timing for Diagnostic Testing (weeks)



Antimicrobial agents administered during the catarrhal stage may ameliorate the disease. After the cough is established, antimicrobial agents have no discernible effect on the course of illness but are recommended to limit spread of organisms to others. Azithromycin, Erythromycin, or Clarithromycin are the first line agents for treatment and prophylaxis. Household and other close contacts that are unimmunized or underimmunized should have pertussis immunization initiated or continued using recommended schedule by age.

Chemoprophylaxis is recommended for all household contacts of the patient and other close contacts including children in child care, young infant, pregnant woman, and person who has contact with infants. **Chemoprophylaxis should be given even if the contact is fully immunized therefore limiting secondary transmission.** If 21 days have elapsed since onset of cough, chemoprophylaxis has limited value but should be considered for high risk household contacts. The agents, doses, and duration of prophylaxis are the same as for treatment.

Health care facilities should maximize efforts to immunize all health care professionals with Tdap and to prevent transmission of pertussis. All health care staff should observe respiratory precautions when examining a patient with a cough illness or suspected pertussis. Recommended prevention measures include vaccination, proper hand washing, respiratory etiquette, healthy hydration, rest, and social isolation when ill.

The Florida Department of Health in Hillsborough County Epidemiology Program is charged with the control of communicable diseases and conditions that may significantly affect public health as specified in Florida Administrative Code (F.A.C.) Chapter 64D-3. FDOH-Hillsborough is requesting health care providers notify the Epidemiology Program of any confirmed or suspect pertussis cases by phone at (813) 307-8010 or fax at (813) 276-2981.

Influenza Update (Weeks 3-7)



Hillsborough County

- In the last five weeks, the County has reported MILD flu activity
- In the same time frame, we have investigated three influenza outbreaks in elementary schools
 - Influenza A and B were confirmed via rapid test in all three outbreaks.
- We are still receiving reports of positive influenza labs, including hospitalizations and ICU admission from hospitals and private providers

Continued on Next Page

- At this time, more than 60% of the reported hospitalizations this flu season have been in people 18 to 64 years old.
 - Average age for admission is 48.9 years old
 - Average age for ICU admission is 58 years old
- All adults who were hospitalized with flu had chronic underlying conditions, such as obesity, metabolic disorders (diabetes), and cardiovascular disease.
- So far, FIVE influenza associated deaths have been reported since January
 - All influenza Type A
 - No pediatric cases
 - Average age: 43.6 years old
 - Four males and one female
 - All had chronic underlying medical conditions

Statewide

- Most Florida counties reported mild influenza activity. In week 7, nine counties reported increasing influenza activity; 35 counties indicated activity is at a plateau
- Emergency department (ED) and urgent care center (UCC) ILI visits have decreased in recent weeks and is as expected for this time of year; although still too early to tell, it appears that the influenza season has peaked.
- While activity statewide is at expected levels, those at high risk for infection, such as pregnant women are among those presenting to EDs and UCCs for care.
- 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).
- No pediatric influenza-associated deaths were reported in week 7. Three pediatric influenza-associated deaths have been reported in the 2013-2014 season.
- Because of regional influenza activity in some regions of the state, Florida reported regional influenza activity to CDC in week 7. This activity level represents the geographic spread of influenza in Florida.

CDC INFLUENZA DIVISION KEY POINTS

- The predominant virus so far this season is H1N1, which is an Influenza Type A.
- This is the H1N1 virus that emerged in 2009 to cause a pandemic. This virus has continued to circulate since the pandemic as a seasonal flu virus, but this is the first flu season since the pandemic that this virus has circulated so widely.
- Seasonal flu is responsible for severe illness and death every year, but who is most affected each season can vary depending on the predominant circulating virus.
- Throughout the season, CDC has received several reports of severe flu illness among young and middle-aged adults, many of whom were infected with the 2009 H1N1 virus. Some hospitalizations and deaths have been reported.
- These severe flu outcomes are a reminder that flu can be a very serious disease for anyone, including young, previously healthy adults.
- CDC urges people who still have not been vaccinated to get vaccinated now.
- All flu vaccines this season are designed to protect against H1N1.
- Influenza vaccination is especially important for people in the most vulnerable groups.
- People at high risk for serious flu complications include: people with underlying chronic medical conditions such as asthma, diabetes, heart disease, or neurological conditions; pregnant women; those younger than 5 years or older than 65 years of age; or anyone with a weakened immune system. A full list of high risk factors is available at http://www.cdc.gov/flu/about/disease/high_risk.htm

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan 13	Jan 14
Vaccine Preventable Diseases						
Diphtheria	0	0	0	0.00	0	0
Measles	0	0	0	0.00	0	0
Mumps	1	0	0	0.33	0	0
Pertussis	31	119	96	82.00	4	5
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	0	0	0	0.00	0	0
Varicella	46	45	65	52.00	3	0
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	3	1	1.33	0	0
Haemophilus influenzae (Invasive Disease)	16	8	14	12.67	2	0
In Children 5 Years or Younger	2	2	2	2.00	0	0
Listeriosis	3	1	5	3.00	0	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	21	5	11	12.33	1	1
Meningococcal Disease	1	3	6	3.33	1	1
Staphylococcus aureus (VISA, VRSA)	1	1	1	1.00	0	0
Streptococcal Disease, Group A (Invasive Disease)	17	18	17	17.33	3	4
Streptococcus pneumoniae (Invasive Disease)	100	55	59	71.33	13	8
Drug Resistant	54	29	29	37.33	6	3
Drug Susceptible	46	26	30	34.00	7	5
Enteric Infections						
Campylobacteriosis*	120	105	133	119.33	3	10
Cholera	0	1	0	0.33	0	0
Cryptosporidiosis	38	77	59	58.00	1	5
Cyclospora	1	2	9	4.00	0	0
Escherichia coli, Shiga toxin-producing (STEC)**	24	22	30	25.33	1	3
Giardiasis†	81	54	56	63.67	5	4
Hemolytic Uremic Syndrome	0	1	2	1.00	0	0
Salmonellosis	349	331	304	328.00	19	20
Shigellosis	378	36	63	159.00	0	0
Typhoid Fever	0	0	0	0.00	0	0
Viral Hepatitis						
Hepatitis A	4	5	10	6.33	0	0
Hepatitis B (Acute)	26	39	56	40.33	4	5
Hepatitis C (Acute)	7	26	38	23.67	3	3
Hepatitis +HBsAg in Pregnant Women	50	38	31	39.67	0	3
Hepatitis D, E, G	0	1	0	0.33	0	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan 13	Jan 14
Vectorborne, Zoonoses						
Dengue	4	5	4	4.33	2	0
Eastern Equine Encephalitis††	0	0	1	0.33	0	0
Ehrlichiosis/Anaplasmosis	0	0	1	0.33	0	0
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	7	9	12	9.33	0	0
Malaria	7	7	8	7.33	0	1
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)	2	5	0	2.33	0	2
Rabies (Human)	0	0	0	0.00	0	0
Rabies (Possible Exposure)	94	91	102	95.67	8	15
Rocky Mountain Spotted Fever	0	1	1	0.67	0	0
St. Louis Encephalitis††	0	0	0	0.00	0	0
Toxoplasmosis	1	1	1	1.00	1	0
Trichinellosis	0	0	0	0.00	0	0
Tularemia	0	0	0	0.00	0	0
Typhus Fever (Epidemic and Endemic)	2	0	0	0.67	0	0
Venezuelan Equine Encephalitis††	0	0	0	0.00	0	0
West Nile Virus††	0	1	0	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	1	0	0	0.33	0	0
Glanders	0	0	0	0.00	0	0
Hansen's Disease (Leprosy)	0	2	2	1.33	0	0
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	12	8	18	12.67	0	0
Melioidosis	0	0	0	0.00	0	0
Vibriosis	8	14	13	11.67	0	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan 13	Jan 14
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	13	4	4	7.00	0	0
Lead	193	330	329	284.00	4	1
Mercury	0	0	0	0.00	0	0
Pesticide	15	4	4	7.67	0	0
Influenza						
Influenza, Pediatric Associated Mortality	0	0	1	0.33	0	0
Influenza, Novel or Pandemic Strain	7	0	0	2.33	0	0
HIV/AIDS						
AIDS	192	172	231	198.33	5	12
HIV Infection	318	327	403	349.33	11	35
STDs						
Chlamydia	7288	7124	7220	7210.67	1010	1091
Gonorrhea	2343	2160	2023	2175.33	309	269
Syphilis, Congenital	3	6	3	4.00	1	0
Syphilis, Latent	134	129	189	150.67	20	19
Syphilis, Early	91	117	124	110.67	18	25
Syphilis, Infectious	124	155	156	145.00	26	35
Tuberculosis						
TB	46	51	54	50.33	4	0
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	13	74	73	53.33	6	0
Food and Waterborne Outbreaks	3	4	4	3.67	1	0



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.)

Patient Information:

DH2136,10/06

Last Name

Area Code + Phone Number

First Name

MI

Date of Birth (MMDDYYYY)

Address

City

State

Zip Code

Gender:

☐ Male
☐ Female

Ethnicity: ☐ Hispanic
☐ Non-Hispanic
☐ Unknown

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

Disease Specific Information:

Date of Onset:

Disease Fatal? ☐ Yes ☐ No

Patient Hospitalized? ☐ Yes ☐ No

Discharge Date:

Hospital Name: _____

Medicaid Number or Insurance: _____

Pregnancy Status:

☐ Not Pregnant

☐ Pregnant

Number of Months _____

Disease or Condition Reporting: For HIV/AIDS and HIV exposed newborns please report per forms indicated in F.A.C. 64D-3.

Report immediately upon:

! = Initial suspicion 24/7 by phone

☎ = Diagnosis 24/7 by phone

- ☐ Anthrax ☎ !
- ☐ Botulism, foodborne ☎ !
- ☐ Botulism, infant
- ☐ Botulism, other/wound/unspecified ☎ !
- ☐ Brucellosis ☎ !
- ☐ California serogroup virus disease
- ☐ Campylobacteriosis
- ☐ Chancroid
- ☐ Chlamydia
- ☐ Cholera ☎ !
- ☐ Ciguatera fish poisoning
- ☐ Clostridium perfringens epsilon toxin
- ☐ Conjunctivitis, in neonatal ≤14 days
- ☐ Creutzfeldt-Jakob disease (CJD)
- ☐ Cryptosporidiosis
- ☐ Cyclosporiasis
- ☐ Dengue
- ☐ Diphtheria ☎ !
- ☐ Eastern equine encephalitis virus disease
- ☐ Ehrlichiosis, human granulocytic (HEG)
- ☐ Ehrlichiosis, human monocytic (HME)
- ☐ Ehrlichiosis, human other or unspecified species
- ☐ Encephalitis, other (non-arboviral)

- ☐ Enteric disease due to *Escherichia coli* O157:H7 ☎ !
- ☐ Enteric disease due to other pathogenic *Escherichia coli* ☎ !
- ☐ Giardiasis (acute)
- ☐ Glanders ☎ !
- ☐ Gonorrhea
- ☐ Granuloma inguinale
- ☐ *Haemophilus influenzae*, meningitis and invasive disease ☎ !
- ☐ Hansen's disease
- ☐ Hantavirus infection ☎ !
- ☐ Hemolytic uremic syndrome ☎ !
- ☐ Hepatitis, acute A ☎ !
- ☐ Hepatitis, acute B, C, D, E, G
- ☐ Hepatitis, chronic B, C
- ☐ Hepatitis B surface antigen positive in pregnant woman or child up to 24 months
- ☐ Herpes simplex virus (HSV) in infants up to six months
- ☐ HSV anogenital in children ≤12 yrs
- ☐ Human papilloma virus (HPV) anogenital in children ≤12 yrs
- ☐ HPV associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- ☐ HPV cancer associated strains
- ☐ Influenza – due to novel or pandemic strains ☎ !
- ☐ Influenza – associated pediatric mortality in persons <18 yrs ☎ !
- ☐ Lead poisoning
- ☐ Legionellosis
- ☐ Leptospirosis
- ☐ Listeriosis ☎ !
- ☐ Lyme disease
- ☐ Lymphogranuloma Venereum (LGV)
- ☐ Malaria
- ☐ Measles (Rubeola) ☎ !
- ☐ Melioidosis ☎ !
- ☐ Meningitis, bacterial, cryptococcal, other mycotic
- ☐ Meningococcal disease ☎ !
- ☐ Mercury poisoning
- ☐ Mumps
- ☐ Neurotoxic shellfish poisoning
- ☐ Pertussis ☎ !
- ☐ Pesticide-related illness and injury
- ☐ Plague ☎ !
- ☐ Poliomyelitis ☎ !
- ☐ Psittacosis (Ornithosis)
- ☐ Q Fever
- ☐ Rabies, animal ☎ !
- ☐ Rabies, human ☎ !
- ☐ Rabies possible exposure (animal bite) ☎ !
- ☐ Ricin toxicity ☎ !
- ☐ Rocky Mountain spotted fever
- ☐ Rubella ☎ !
- ☐ St. Louis encephalitis virus disease
- ☐ Salmonellosis
- ☐ Saxitoxin poisoning, including paralytic shellfish poisoning (PSP)

- ☐ Severe acute respiratory syndrome (SARS) ☎ !
- ☐ Shigellosis
- ☐ Smallpox ☎ !
- ☐ *Staphylococcus aureus*, intermediate or full resistance to vancomycin ☎ !
- ☐ *Staphylococcus enterotoxin B* ☎ !
- ☐ Streptococcal disease, invasive Group A
- ☐ *Streptococcal pneumoniae*, invasive disease
- ☐ Syphilis
- ☐ Syphilis, pregnancy or neonate ☎ !
- ☐ Tetanus
- ☐ Toxoplasmosis, acute
- ☐ Trichinellosis (Trichinosis)
- ☐ Tuberculosis (TB)
- ☐ Tularemia ☎ !
- ☐ Typhoid fever ☎ !
- ☐ Typhus fever, endemic
- ☐ Typhus fever, epidemic ☎ !
- ☐ Vaccinia disease ☎ !
- ☐ Varicella (chickenpox)
Date of vaccination ____/____/____
- ☐ Varicella mortality
- ☐ Venezuelan equine encephalitis virus disease ☎ !
- ☐ Vibriosis, *Vibrio* infections
- ☐ Viral hemorrhagic fevers ☎ !
- ☐ West Nile virus disease
- ☐ Western equine encephalitis virus disease
- ☐ Yellow fever ☎ !

☐ Any Outbreak, grouping, or clustering of patients having similar disease, symptoms, syndromes: ☎ ! _____

Provider Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ Provider Fax: (____) _____

Email: _____

Medical Information:

Diagnosis Date:

Test Conducted? ☐ Yes ☐ No

Please attach lab record (if available)

Lab Name: _____

Lab Test Date:

Lab Results: _____

Treatment Provided? ☐ Yes ☐ No

Test Method: _____

Treatment: _____

Medical Record Number: _____

County Health Department Fax: 813-276-2981
CHD After-Hours Phone Number: 813-307-8000