

EpiNotes

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

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TO REPORT A DISEASE:

Epidemiology

813.307.8010

After Hours Emergency

813.307.8000

Food and Waterborne Illness

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Tuberculosis

Chris Lutz

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Teething and Diarrhea

Mackenzie Tewell, MA, MPH, CPH

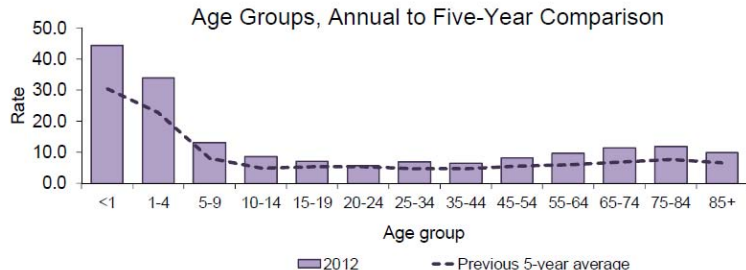
FDOH-Hillsborough epidemiologists work to keep community partners aware of the burden of enteric illnesses in our community. This may be through follow up with medical providers or to notify child care center directors of a child diagnosed with a reportable illness. During these calls, it is not uncommon to hear child care providers and parents commonly refer to the idea that diarrhea in young children is caused by teething. While a common misconception among parents and medical providers, the notion of teething diarrhea is medically unsound. If children in daycare are assumed to have teething diarrhea when they are ill, the health of other children at the facility may be compromised.

Infants begin teething around six months of age, and generally have all their deciduous teeth by 30 months. During this time period, children's passive immunity from their mother's antibodies is decreasing at the same time that they are being introduced to a host of new bacteria, viruses and parasites (Markman 2009). The belief that teething causes diarrhea dates back to Hippocrates (Markman, 2009) and has been reported among various nations and cultures (Coreil, et al.; Markman, 2009; Sarrell, et al. 2005; Wake, et al. 2000). Studies have shown that parents and medical providers alike believe children who are teething may experience diarrhea and other symptoms including fever, irritability (Markman, 2009; Sarrell, et al. 2005; Wake, et al., 2000), vomiting, ear infections, and wheezing or asthma exacerbation (Sarrell, et al. 2005) drooling, strong urine, red cheeks or rashes (Wake, et al., 2000). A study by Coreil et al. (1995) surveyed 215 physicians and pediatric nurses in Florida and found that 34.9% believed there is an association between teething and diarrhea. Nearly 50% of these individuals placed blame on changes in eating habits for the increase in diarrhea, followed by increased salivation (44%), stress (30.7%) and pure coincidence (24%) (p. 592).

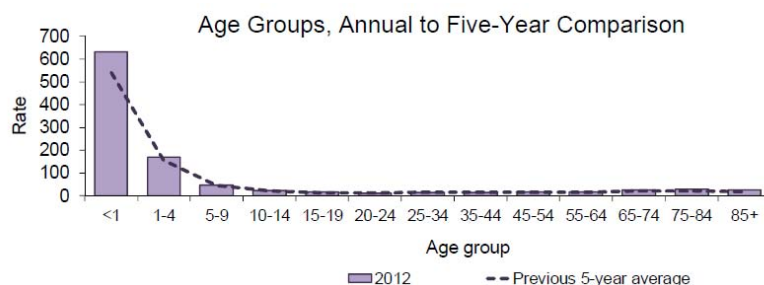
Beliefs in teething diarrhea appear to be based upon anecdotal evidence. Various reputable organizations including the American Academy of Pediatrics have published on this topic, stating that diarrhea and other systemic illnesses associated with teething are simply “unfounded” (Markman, 2009, p. e62). Due to the “frequent minor illnesses and rapid developmental change” of teething-age children (Sarrell, et al., 2005, p. 122), it is easy to use teething as a “scapegoat” for diarrhea (Wake, et al., 2000, p. 1378). Instead, Sarrell and colleagues (2005) suggest that diarrheal illnesses that occur during the teething years should be seen as having a “temporal” rather than “causal” association (p. 122). Though teething does not actually cause diarrhea, experts do say that more “localized symptoms” such as “biting/mouthing, drooling, gum rubbing, and irritability” and a “low-grade fever” are likely to be seen in children who are teething (Markman, 2009, p. e62).

In the state of Florida, enteric bacteria that can be identified with a stool culture are most commonly diagnosed in children ages four and under. Below are four charts that provide the 2012 incidence rates for Campylobacteriosis, Salmonellosis, Shigellosis and Shiga Toxin-producing *E. coli* infections in Florida. While some of these infections may be foodborne, many are due to rudimentary hand washing habits, contaminated toys or objects, or commonly seen with teething children, the placing of one’s hands in their mouth. Because of the high incidence levels of enteric bacterial infections in young children, it is important to look past the idea that teething causes diarrhea, and consider other sources of infections including bacteria, viruses and parasites.

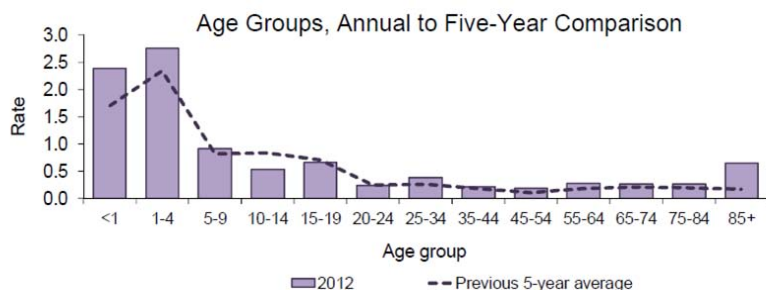
Reported Campylobacteriosis Incidence Rate per 100,000 Population in Florida, 2012



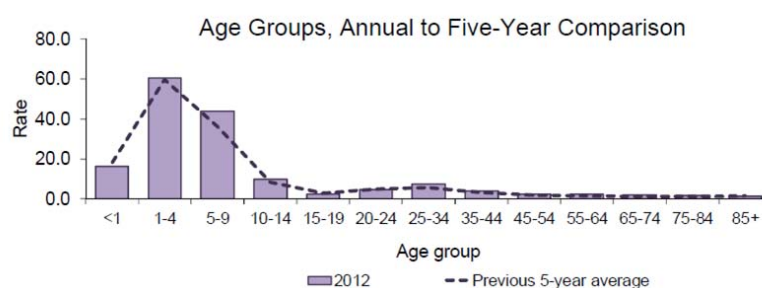
Reported Salmonellosis Incidence Rate per 100,000 Population in Florida, 2012



Reported Shiga Toxin-Producing *E. coli* Incidence Rate per 100,000 Population in Florida, 2012



Reported Shigellosis Incidence Rate per 100,000 Population in Florida, 2012



FDOH-Hillsborough encourages medical providers to consider stool testing for children experiencing gastrointestinal infections to ensure a proper diagnosis. This also helps the Epidemiology Program prevent and monitor for outbreaks of enteric illness, provide proper guidance for excluding sick children, as well as cleaning recommendations and fact sheets for parents of children in child care facilities or schools. Accordingly, child care centers should avoid guessing whether or not a child's diarrhea may be infectious, and exclude children once they have had more than one "abnormally loose stool within a 24 hour period." This exclusion is outlined in the Hillsborough County Ordinance No. 13-5 and Rules and Regulations for Child Care Facilities.

As always, FDOH-Hillsborough epidemiologists are happy to answer any questions regarding infectious conditions and diseases and disease outbreaks and can be reached at (813) 307-8010.

References:

Coreil, J., Price, L., & Barkey, N. (1995). Recognition and management of teething diarrhea among Florida pediatricians. *Clin Pediatr*, 34, 591-596.

Markman, L. (2009). Teething: Facts and fiction. *Pediatr. Rev.*, 30, e59-e64.

Sarrell, E. M., Horev, Z., Cohen, Z., & Cohen, H. A. (2005). Parents' and medical personnel's beliefs about infant teething. *Patient Education and Counseling*, 57, 122-125.

Wake, M., Hesketh, K., & Lucas, J. (2000). Teething and tooth eruption in infants: A cohort study. *Pediatrics*, 106, 1374-1379.

Important Changes to the Florida Reportable Disease List and Disease Report Form



On June 4, 2014, revisions to the Table of Reportable Diseases or Conditions to Be Reported, Rule 64D-3.029, Florida Administrative Code became effective and change reporting requirements within the state of Florida. These changes impact health care practitioners, hospitals and laboratories. A summary of these revisions are provided in a letter that is attached to this newsletter. An updated version of Practitioner Disease Report Form also accompanies these revisions, and is provided in this newsletter.

The updated list of reportable diseases and conditions and the new Practitioner Disease Report Form can both be found at <http://www.floridahealth.gov/diseasereporting> and are attached to each edition of EpiNotes.

Chikungunya Information



As the outbreak of Chikungunya Fever in the Caribbean nears 400,000 people, Florida became the first state to report cases of the virus in Americans with no international travel. Chikungunya Fever is spread through *Aedes aegypti* and *Aedes albopictus* mosquitoes, the same that carry the virus that causes Dengue Fever. These mosquitoes frequently bite during the daytime.

Signs and symptoms of Chikungunya Fever begin 3 to 7 days after the mosquito bites, and most commonly include fever and joint pain, though others have reported headaches, muscle pain, joint swelling and a rash. Chikungunya does not usually cause death, but can result in joint pain that persists for months or years. Most will recover in about a week.

Chikungunya is considered a reportable condition in the state of Florida, and is reflected in the updated table of reportable diseases and conditions that is attached to this newsletter. Here are some guidelines for reporting and testing for Chikungunya in the state of Florida:

- Positive laboratory results for Chikungunya should be reported to the Florida Department of Health in Hillsborough County (FDOH-Hillsborough)
 - If the patient has had international travel, the positive lab can be reported the next business day
 - If the patient has NOT had international travel, the positive lab should be reported 24/7 by phone to the FDOH-Hillsborough Epidemiology Program
- Serology testing is preferred for detecting the Chikungunya virus. If a patient has been symptomatic for less than 7 days, PCR testing is suggested in addition to serology testing.
 - Quest Diagnostics is the currently the only commercial laboratory that will conduct testing for Chikungunya. If a patient's insurance does not cover testing at Quest, please contact FDOH-Hillsborough for additional guidance
 - The FDOH Bureau of Public Health Laboratories is able to conduct testing for Chikungunya under extenuating circumstances (e.g., lacking insurance or adequate insurance coverage), and must be arranged through local county health departments
 - Additional information about testing can be found here:
<http://www.cdc.gov/chikungunya/hc/diagnostic.html>
- Encourage patients who are suspected of having Chikungunya to stay indoors while they are symptomatic. If they must go outside, they should take precautionary measures against mosquito bites (<http://www.cdc.gov/chikungunya/prevention/index.html>)
 - FDOH-Hillsborough is working closely with Hillsborough County Mosquito Control to reduce the mosquito burden in the neighborhoods of those who are infected with Chikungunya.

FDOH-Hillsborough is always happy to answer any questions providers may have about Chikungunya. The Epidemiology Program can be reached at (813) 307-8010.

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan-June 2013	Jan-June 2014
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	50	42
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	26	39
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	3	1	1.33	0	1
Haemophilus influenzae (Invasive Disease)	16	8	14	12.67	7	7
In Children 5 Years or Younger	2	2	2	2.00	1	2
Listeriosis	3	1	5	3.00	1	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	21	5	11	12.33	6	7
Meningococcal Disease	1	3	6	3.33	2	3
Staphylococcus aureus (VISA, VRSA)	1	1	1	1.00	0	0
Streptococcal Disease, Group A (Invasive Disease)	17	18	17	17.33	9	12
Streptococcus pneumoniae (Invasive Disease)	100	55	59	71.33	31	39
Drug Resistant	54	29	29	37.33	13	24
Drug Susceptible	46	26	30	34.00	18	15
Enteric Infections						
Campylobacteriosis*	120	105	133	119.33	66	71
Cholera	0	1	0	0.33	0	0
Cryptosporidiosis	38	77	59	58.00	19	18
Cyclospora	1	2	9	4.00	0	0
Escherichia coli, Shiga toxin-producing (STEC)**	24	22	30	25.33	14	11
Giardiasis†	81	54	56	63.67	29	19
Hemolytic Uremic Syndrome	0	1	2	1.00	0	0
Salmonellosis	349	331	304	328.00	99	126
Shigellosis	378	36	63	159.00	3	27
Typhoid Fever	0	0	0	0.00	0	0
Viral Hepatitis						
Hepatitis A	4	5	10	6.33	2	4
Hepatitis B (Acute)	26	39	56	40.33	21	30
Hepatitis C (Acute)	7	26	38	23.67	22	14
Hepatitis +HBsAg in Pregnant Women	50	38	31	39.67	7	17
Hepatitis D, E, G	0	1	0	0.33	0	0

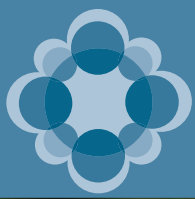
Reportable Disease Surveillance Data



Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan-June 2013	Jan-June 2014
Vectorborne, Zoonoses						
Chikungunya	0	0	0	0.00	N/A	3
Dengue	4	5	4	4.33	2	3
Eastern Equine Encephalitis††	0	0	1	0.33	1	0
Ehrlichiosis/Anaplasmosis	0	0	1	0.33	1	1
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	7	9	12	9.33	0	4
Malaria	7	7	8	7.33	5	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)	2	5	6	4.33	2	2
Rabies (Human)	0	0	0	0.00	0	0
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	0	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	1	0
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	12	8	18	12.67	7	7
Melioidosis	0	0	0	0.00	0	0
Vibriosis	8	14	13	11.67	7	3

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan-June 2013	Jan-June 2014
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	53	53
Mercury	0	0	0	0.00	0	0
Pesticide	15	4	4	7.67	3	3
Influenza						
Influenza, Pediatric Associated Mortality	0	0	1	0.33	1	1
Influenza, Novel or Pandemic Strain	7	0	0	2.33	0	0
HIV/AIDS						
AIDS	192	172	231	198.33	113	113
HIV Infection	318	327	403	349.33	181	229
STDs						
Chlamydia	7288	7124	7220	7210.67	4600	4985
Gonorrhea	2343	2160	2023	2175.33	1135	1052
Syphilis, Congenital	3	6	3	4.00	4	2
Syphilis, Latent	134	129	189	150.67	202	315
Syphilis, Early	91	117	124	110.67	198	261
Syphilis, Infectious	124	155	156	145.00	147	185
Tuberculosis						
TB	46	51	54	50.33	20	19
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	13	74	73	53.33	65	4
Food and Waterborne Outbreaks	3	4	4	3.67	3	1



Take Action Now!



2014-2015 School Entry Requirements

Before attending school in Florida (kindergarten through 12th grade), each child must provide a Form DH 680, *Florida Certification of Immunization*, documenting the following vaccinations:

Public/Non-Public Schools Kindergarten through 12th Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine
- Two or three doses of hepatitis B (Hep B) vaccine
- Three, four, or five doses of polio vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine† for kindergarten and grades one through six
- One dose of varicella vaccine† for grades seven through twelve

Seventh Grade Requirements:

In addition to kindergarten through 12th grade requirements, students must have the following vaccinations:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve

Need health insurance for your child?
Apply online at www.floridakidcare.org or
call 1-888-540-5437 for an application.

Fl♥**rida KidCare**

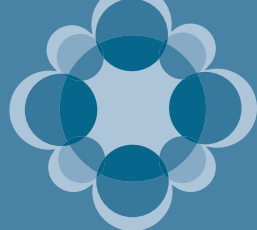
* If the fourth dose of vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for kindergarten.

†Varicella vaccine is not required if varicella disease is documented by the healthcare provider.

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

Immunizing Florida. Protecting Health.





Are Your Students Up-To-Date?



Tdap and Varicella Phase-In Schedule

School Year/ Grades	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
1 Varicella*	6-12	7-12	8-12	9-12	10-12	11-12	12	—
2 Varicella*	K-5	K-6	K-7	K-8	K-9	K-10	K-11	K-12
Tdap**	7-11	7-12	7-12	7-12	7-12	7-12	7-12	7-12

* Or a health care provider's documentation of evidence of disease

** Tetanus/Diphtheria/Pertussis vaccine

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

FREE BACK TO SCHOOL PHYSICALS AND IMMUNIZATIONS

 Parent or legal guardian must accompany child at all times.

 Immunization record is required for free immunizations to school-aged children.

 Free school physicals for any school-aged (K-12) child

 No sports, Head Start or child care physicals will be available.

 Not eligible to participate: Florida KidCare, Medicaid or private insurance.

SATURDAY, JULY 26, 2014

Tampa General Hospital at Healthpark

8:00 a.m. – 11:00 a.m.

5802 North 30th Street,

Tampa, 33610

Walk-ins Only

SATURDAY, AUGUST 9, 2014

Ed and Myrtle Lou Swindle Medical Arts Center

9 a.m. – 1 p.m.

1601 West Timberlane Drive,

Plant City, 33566

Appointment Required -Call 443-3048

SATURDAY, AUGUST 16, 2014

Eisenhower Middle School

9 a.m. – 1 p.m.

7620 Old Big Bend Road,

Gibsonston, 33534

Walk-ins Only

Howard W. Blake High School
Project LINK/St. Joseph's Hospital

9 a.m. – 1 p.m.

1701 North Boulevard,

Tampa, 33607

Appointment Required

Call 443-3048

Webb Middle School

8 a.m. – 1 p.m.

6035 Hanley Road,

Tampa, 33634

Walk-ins Only

SPORTS PHYSICALS FOR HILLSBOROUGH COUNTY ATHLETES

SATURDAY, JULY 12, 2014

All athletes

D1 Westchase Sports Medicine

9 a.m. – 1 p.m.

6918 Gunn Hwy., Suite C,

Tampa, 33625

Appointment Required • Call 410-2685

APPOINTMENT LINES OPEN JUNE 10, 2014








2014

Back to School Coalition of Hillsborough County: Catholic Charities Mobile Medical, Florida Department of Health-Hillsborough County Department, Hillsborough County Family & Aging Services Department, Hillsborough County Public Schools, Project LINK, St. Joseph's Hospitals, South Florida Baptist Hospital, Tampa General Hospital, University Area Community Development Corporation, Florida Hospitals, USF Pediatrics & Ronald McDonald Care Mobile, Kid Care, Plant City Kiwanis Club, The Kiwanis Club of Tampa, AHCA, Amerigroup, Better Health, Sunshine State Health Plan, Prestige Healthchoice, Healthy Schools, LLC

REGRESO A LA ESCUELA

EXÁMENES FÍSICOS Y VACUNACIÓN GRATIS

-  Padre, madre o tutor legal tiene que acompañar al niño en todo momento.
-  Se exige registro de vacunación para vacunación gratuita de niños en edad escolar.
-  Examen físico gratuito para niños de cualquier edad (K-12) que entran al sistema escolar de la Florida por primera vez.
-  No se hacen exámenes para deporte, Head Start o guardería infantil.
-  No elegibles para participar: Florida KidCare, Medicaid, o seguros privados.

SÁBADO, 26 DE JULIO DE 2014

Tampa General Hospital at Healthpark
8:00 a.m. – 11:00 a.m.
5802 North 30th Street,
Tampa, 33610
No se requiere cita

SÁBADO, 9 DE AGOSTO DE 2014

Ed and Myrtle Lou Swindle Medical Arts Center
9 a.m. – 1 p.m.
1601 West Timberlane Drive,
Plant City, 33566
Se requiere cita • Llame al 443-3048

SÁBADO, 16 DE AGOSTO DE 2014

Eisenhower Middle School
9 a.m. – 1 p.m.
7620 Old Big Bend Road,
Gibsonston, 33534
No se requiere cita

Howard W. Blake High School
Project LINK/St. Joseph's Hospital
9 a.m. – 1 p.m.
1701 North Boulevard,
Tampa, 33607
Se requiere cita
Llame al 443-3048

Webb Middle School
8 a.m. – 1 p.m.
6035 Hanley Road,
Tampa, 33634
No se requiere cita

EXÁMENES FÍSICOS PARA ATLETAS DEL CONDADO DE HILLSBOROUGH

SÁBADO, 12 DE JULIO DE 2014

Todos los atletas
D1 Westchase Sports Medicine
9 a.m. – 1 p.m.
6918 Gunn Hwy., Suite C,
Tampa, 33625
Se requiere cita • Llame al 410-2685

PUEDE LLAMAR PARA HACER UNA CITA A PARTIR DEL DÉCIMO DE JUNE DE 2014



Back to School Coalition of Hillsborough County: Catholic Charities Mobile Medical, Florida Department of Health-Hillsborough County Department, Hillsborough County Family & Aging Services Department, Hillsborough County Public Schools, Project LINK, St. Joseph's Hospitals, South Florida Baptist Hospital, Tampa General Hospital, University Area Community Development Corporation, Florida Hospitals, USF Pediatrics & Ronald McDonald Care Mobile, Kid Care, Plant City Kiwanis Club, The Kiwanis Club of Tampa, AHCA, Amerigroup, Better Health, Sunshine State Health Plan, Prestige Healthchoice, Healthy Schools, LLC

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

July 1, 2014

Dear practitioners, hospitals and laboratories licensed in Florida:

Revisions have been made to the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, *Florida Administrative Code (FAC)*, **effective June 4, 2014. These changes affect you.**

All practitioners, hospitals and laboratories licensed in Florida are required to notify the Florida Department of Health (DOH) of diseases or conditions of public health significance under Section 381.0031, *Florida Statutes* and Chapter 64D-3, *FAC*. Practitioners, hospitals, medical facilities, laboratories, schools, nursing homes, state institutions or other locations providing health services are required to notify DOH of diseases or conditions and the associated laboratory test results listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, *FAC*.

Revisions in 2014 were made in part to comply with the Governor's rule reduction initiative to simplify and streamline language in all administrative rules. Additional changes were made to reflect current public health needs for disease reporting and to align with national public health priorities.

A short description of the *revisions* to rule 64D-3.029, *FAC*, is included below. **The full text of the revised rule along with guidance documents for health care providers and laboratories are posted on the Disease Reporting Information for Health Care Providers and Laboratories website (<http://floridahealth.gov/diseasereporting>).** Disease reporting requirements differ for health care providers and laboratories.

Please report diseases and conditions of public health significance as listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, *FAC* to your county health department. Visit <http://floridahealth.gov/chdepcontact> for county health department disease reporting contact information.

Summary of changes for general communicable diseases reporting effective June 4, 2014:

1. Added diseases and conditions to the list of reportable diseases and conditions:
 - a. Neonatal abstinence syndrome
2. Updated diseases and conditions on the list of reportable diseases and conditions:
 - a. Arboviral infections not otherwise listed: now explicitly listed as reportable
 - b. Possible exposure to herpes B virus: now explicitly listed as reportable (previously captured under possible exposure to rabies)
 - c. Vibriosis: now includes other closely related species *Photobacterium damsela* (formerly *Vibrio damsela*) and *Grimontia hollisae* (formerly *Vibrio hollisae*)
 - d. Rocky Mountain spotted fever: expanded to include all spotted fever rickettsioses

Florida Department of Health

Division of Disease Control & Health Protection • Bureau of Epidemiology
4052 Bald Cypress Way, Bin A-12 • Tallahassee, FL 32399-1720
PHONE: 850/245-4401 • FAX 850/413-9113

www.FloridasHealth.com

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fidoH

3. Removed diseases from the list of reportable diseases and conditions:
 - a. Encephalitis, other (non-arboviral)
 - b. Endemic typhus fever (*Rickettsia typhi*)
 - c. Invasive streptococcal disease, group A
 - d. *Staphylococcus aureus*, community-associated mortality
 - e. Toxoplasmosis
4. Separated health care provider and laboratory reporting requirements for organisms:
 - a. Human papillomavirus (HPV)
 - i. Health care providers: health care providers are only required to report HPV-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old and anogenital papillomas in children <12 years old.
 - ii. Laboratories: laboratories participating in electronic laboratory reporting (ELR) are required to report all positive HPV DNA test results.
 - b. *Haemophilus influenzae*
 - i. Health care providers: health care providers are only required to report invasive disease in children <5 years old.
 - ii. Laboratories: laboratories participating in ELR are required to submit isolates from normally sterile sites from all ages.
 - c. *Streptococcus pneumoniae*
 - i. Health care providers: health care providers are only required to report invasive disease in children <6 years old.
 - ii. Laboratories: laboratories participating in ELR are required to submit isolates from normally sterile sites from all ages.
5. Updated viral hepatitis reporting requirements for laboratories:
 - a. **All** laboratories should report:
 - i. Any associated viral hepatitis testing (positive and negative results) *after* an initial positive hepatitis result is received.
 - ii. All liver function test results.
 - iii. Pregnancy status at time of testing.
 - b. Laboratories participating in **ELR** should report all tests (positive and negative), including screening tests (positive and negative), and pregnancy status at time of testing.
6. Expanded antimicrobial resistance surveillance by requiring laboratories participating in electronic laboratory reporting to report susceptibilities:
 - a. All bacteria individually listed in the list of reportable diseases and conditions (e.g., *Neisseria meningitidis*, *Salmonella* species, *Neisseria gonorrhoeae*)
 - b. *Acinetobacter baumannii*
 - c. *Citrobacter* species
 - d. *Enterococcus* species
 - e. *Enterobacter* species
 - f. *Escherichia coli*
 - g. *Klebsiella* species
 - h. *Pseudomonas aeruginosa*
 - i. *Serratia* species

July 1, 2014

7. Added reporting of all (positive and negative) influenza and respiratory syncytial virus (RSV) results for all laboratories participating in ELR
8. Expanded required isolate submission to the Bureau of Public Health Laboratories (BPHL) to include:
 - a. *Listeria monocytogenes*
 - b. *Mycobacterium tuberculosis*

Note: Many but not all diseases require specimen or isolate submission to BPHL. More than 95 diseases and conditions are reportable in Florida; 51 of these require specimen or isolate submission to BPHL for further analysis or confirmation. Submission should occur at the time of identification and without specific request by the Florida Department of Health staff.

For further information, please contact the Bureau of Epidemiology at (850) 245-4401.

Thank you very much for your surveillance and reporting efforts throughout the year! Your partnership is essential as we continue to work together to prevent and control these diseases.

Sincerely,

A handwritten signature in blue ink that reads "Anna M. Likos MD".

Anna M. Likos, MD, MPH
Director
Division of Disease Control and Health Protection
State Epidemiologist
Florida Department of Health

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



Did you know that you are required* to report certain diseases to your local county health department?

! 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

Birth Defects

- + Congenital anomalies
- + Neonatal abstinence syndrome (NAS)

Cancer

- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors

HIV/AIDS

- + Acquired immune deficiency syndrome (AIDS)
- + Human immunodeficiency virus (HIV) infection
- HIV, exposed infants <18 months old born to an HIV-infected woman

STDs

- Chancroid
- Chlamydia
- Conjunctivitis in neonates <14 days old
- Gonorrhea
- Granuloma inguinale
- Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
- Lymphogranuloma venereum (LGV)
- Syphilis
- ☎ Syphilis in pregnant women and neonates

Tuberculosis

- Tuberculosis (TB)

All Others

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance

☎ Amebic encephalitis

! Anthrax

- Arsenic poisoning
- Arboviral diseases not otherwise listed

! Botulism, foodborne, wound, and unspecified

- Botulism, infant

! Brucellosis

- California serogroup virus disease
- Campylobacteriosis
- Carbon monoxide poisoning
- Chikungunya fever

☎ Chikungunya fever, locally acquired

! Cholera (*Vibrio cholerae* type O1)

- Ciguatera fish poisoning
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue fever

☎ Dengue fever, locally acquired

! Diphtheria

- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute

! Glanders

! *Haemophilus influenzae* invasive disease in children <5 years old

- Hansen's disease (leprosy)

☎ Hantavirus infection

☎ Hemolytic uremic syndrome (HUS)

☎ Hepatitis A

- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women or children <2 years old

☎ Herpes B virus, possible exposure

! Influenza A, novel or pandemic strains

☎ Influenza-associated pediatric mortality in children <18 years old

- Lead poisoning

- Legionellosis

- Leptospirosis

☎ Listeriosis

- Lyme disease

- Malaria

! Measles (rubeola)

! Melioidosis

- Meningitis, bacterial or mycotic

! Meningococcal disease

- Mercury poisoning

- Mumps

☎ Neurotoxic shellfish poisoning

☎ Pertussis

- Pesticide-related illness and injury, acute

! Plague

! Poliomyelitis

- Psittacosis (ornithosis)

- Q Fever

☎ Rabies, animal or human

! Rabies, possible exposure

! Ricin toxin poisoning

- Rocky Mountain spotted fever and other spotted fever rickettsioses

! Rubella

- St. Louis encephalitis

- Salmonellosis

- Saxitoxin poisoning (paralytic shellfish poisoning)

! Severe acute respiratory disease syndrome associated with coronavirus infection

- Shigellosis

! Smallpox

☎ Staphylococcal enterotoxin B poisoning

☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)

- *Streptococcus pneumoniae* invasive disease in children <6 years old

- Tetanus

- Trichinellosis (trichinosis)

! Tularemia

☎ Typhoid fever (*Salmonella* serotype Typhi)

! Typhus fever, epidemic

! Vaccinia disease

- Varicella (chickenpox)

! Venezuelan equine encephalitis

- Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)

! Viral hemorrhagic fevers

- West Nile virus disease

! Yellow fever

*Section 381.0031 (2), *Florida Statutes* (F.S.), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), F.S. provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."

Florida Department of Health, Practitioner Disease Report Form



Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, *Florida Administrative Code (FAC)*. This can be filled in electronically.

Print Form

Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

Gender: ☐ Male ☐ Female ☐ Unk **Pregnant:** ☐ Yes ☐ No ☐ Unk

Birth date: _____ **Death date:** _____

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

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unk

Address: _____

ZIP: _____ **County:** _____

City: _____ **State:** _____

Home phone: _____

Other phone: _____

Emer. phone: _____

Email: _____

Medical Information

MRN: _____

Date onset: _____ **Date diagnosis:** _____

Died: ☐ Yes ☐ No ☐ Unk

Hospitalized: ☐ Yes ☐ No ☐ Unk

Hospital name: _____

Date admitted: _____ **Date discharged:** _____

Insurance: _____

Treated: ☐ Yes ☐ No ☐ Unk

Specify treatment: _____

Laboratory testing: ☐ Yes ☐ No ☐ Unk **Attach laboratory result(s) if available.**

Provider Information

Physician: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Fax:** _____

Email: _____

Reportable Diseases and Conditions in Florida

Notify upon suspicion 24/7 by phone **Notify upon diagnosis 24/7 by phone**

HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥ 13 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people < 13 years old. Please contact your local county health department for these forms (visit <http://floridahealth.gov/chdepcontact> to obtain CHD contact information).

Congenital anomalies and neonatal abstinence syndrome notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 FAC. Cancer notification should be directly to the Florida Cancer Data System (see <http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

To obtain CHD contact information, see <http://floridahealth.gov/chdepcontact>. See <http://floridahealth.gov/diseasereporting> for other reporting questions.

<input type="checkbox"/> Amebic encephalitis	<input type="checkbox"/> Glanders	<input type="checkbox"/> Melioidosis	<input type="checkbox"/> Staphylococcal enterotoxin B poisoning
<input type="checkbox"/> Anthrax	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Meningitis, bacterial or mycotic	<input type="checkbox"/> Streptococcus pneumoniae invasive disease in child < 6 years old
<input type="checkbox"/> Arsenic poisoning	<input type="checkbox"/> Granuloma inguinale	<input type="checkbox"/> Meningococcal disease	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Arboviral disease not listed here	<input type="checkbox"/> Haemophilus influenzae invasive disease in child < 5 years old	<input type="checkbox"/> Mercury poisoning	<input type="checkbox"/> Syphilis in pregnant woman or neonate
<input type="checkbox"/> Botulism, infant	<input type="checkbox"/> Hansen's disease (leprosy)	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Botulism, foodborne	<input type="checkbox"/> Hantavirus infection	<input type="checkbox"/> Neurotoxic shellfish poisoning	<input type="checkbox"/> Trichinellosis (trichinosis)
<input type="checkbox"/> Botulism, wound or unspecified	<input type="checkbox"/> Hemolytic uremic syndrome (HUS)	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Tuberculosis (TB)
<input type="checkbox"/> Brucellosis	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Pesticide-related illness and injury, acute	<input type="checkbox"/> Tularemia
<input type="checkbox"/> California serogroup virus disease	<input type="checkbox"/> Hepatitis B, C, D, E, and G	<input type="checkbox"/> Plague	<input type="checkbox"/> Typhoid fever (Salmonella serotype Typhi)
<input type="checkbox"/> Campylobacteriosis	<input type="checkbox"/> Hepatitis B surface antigen in pregnant woman or child < 2 years old	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Typhus fever, epidemic
<input type="checkbox"/> Carbon monoxide poisoning	<input type="checkbox"/> Herpes B virus, possible exposure	<input type="checkbox"/> Psittacosis (ornithosis)	<input type="checkbox"/> Vaccinia disease
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Herpes simplex virus (HSV) in infant < 60 days old	<input type="checkbox"/> Q Fever	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> Chikungunya fever	<input type="checkbox"/> HSV, anogenital in child < 12 years old	<input type="checkbox"/> Rabies, animal	<input type="checkbox"/> Venezuelan equine encephalitis
<input type="checkbox"/> Chikungunya fever, locally acquired	<input type="checkbox"/> Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child < 6 years old	<input type="checkbox"/> Rabies, human	<input type="checkbox"/> Vibriosis (infections of Vibrio species and closely related organisms, excluding Vibrio cholerae type O1)
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> HPV, anogenital papillomas in child < 12 years old	<input type="checkbox"/> Rabies, possible exposure	<input type="checkbox"/> Viral hemorrhagic fevers
<input type="checkbox"/> Cholera (Vibrio cholerae type O1)	<input type="checkbox"/> Influenza A, novel or pandemic strains	<input type="checkbox"/> Ricin toxin poisoning	<input type="checkbox"/> West Nile virus disease
<input type="checkbox"/> Ciguatera fish poisoning	<input type="checkbox"/> Influenza-associated pediatric mortality in child < 18 years old	<input type="checkbox"/> Rocky Mountain spotted fever or other spotted fever rickettsiosis	<input type="checkbox"/> Yellow fever
<input type="checkbox"/> Conjunctivitis in neonate < 14 days old	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Rubella	<input type="checkbox"/> Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed above that is of urgent public health significance. Please specify:
<input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)	<input type="checkbox"/> Legionellosis	<input type="checkbox"/> St. Louis encephalitis	
<input type="checkbox"/> Cryptosporidiosis	<input type="checkbox"/> Leptospirosis	<input type="checkbox"/> Salmonellosis	
<input type="checkbox"/> Cyclosporiasis	<input type="checkbox"/> Listeriosis	<input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning)	
<input type="checkbox"/> Dengue fever	<input type="checkbox"/> Lyme disease	<input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection	
<input type="checkbox"/> Dengue fever, locally acquired	<input type="checkbox"/> Lymphogranuloma venereum (LGV)	<input type="checkbox"/> Shigellosis	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Malaria	<input type="checkbox"/> Smallpox	
<input type="checkbox"/> Eastern equine encephalitis	<input type="checkbox"/> Measles (rubeola)	<input type="checkbox"/> Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA)	
<input type="checkbox"/> Ehrlichiosis/anaplasmosis			
<input type="checkbox"/> Escherichia coli infection, Shiga toxin-producing			
<input type="checkbox"/> Giardiasis, acute			

Comments