

EpiNotes

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

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Ebola Information and Resources

General Information to Providers from the Florida Department of Health

The Florida Department of Health continues to monitor the Ebola virus disease (EVD) outbreak in Guinea, Liberia, Sierra Leone and Lagos, Nigeria. Because the outbreak area is hyper-endemic for malaria and endemic for other conditions of public health concern, such as typhoid fever, hepatitis, and cholera, it is important to remember these, more common, treatable diseases when healthcare providers are assessing patients. Community transmission of EVD is ongoing in Guinea, Liberia, and Sierra Leone. Cases in Nigeria thus far have been linked to healthcare and household-related exposures from a single imported case, and containment appears to be successful so far. The travel itinerary including dates of travel is critical to obtain if a health care provider would like to test for EVD. Important recommendations and points to remember:

- Establish whether, in the past 21 days if the patient has: 1) travel to Guinea, Liberia, Sierra Leone and Lagos, Nigeria; 2) contact with blood or bodily fluids from a suspect or known EVD patient; 3) direct contact with bats, rodents or primates, or raw bushmeat from Ebola endemic areas. If the patient has none of these exposures, then EVD testing is rarely warranted.
- Institute appropriate infection control precautions if EVD is suspected (standard, contact and droplet) and isolate the patient before proceeding further.
- Contact the county or state health department immediately if EVD is suspected and assess the patient for high or low risk exposure for EVD per the attached algorithm.
- Consider other more common treatable infections such as malaria for any traveler returning from West Africa; delays in diagnosis and treatment of malaria can result in bad outcomes including death.

Attached at the end of the newsletter are the following tools:

- Letter from Dr. Likos, Director of the FDOH Division of Disease Control & Health Protection
- Algorithm to assess sick persons with risk factors for possible EVD exposure
- Ebola sample shipping checklist
- Flyer that can be provided to students or other travelers from the outbreak countries

Information from the CDC for Infection Prevention

The Centers for Disease Control and Prevention (CDC) released [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](#). The recommendation is for standard, contact, and droplet precautions for any patients with known or suspected [Ebola hemorrhagic fever](#). Though these recommendations focus on the hospital setting, the recommendations for personal protective equipment (PPE) and environmental infection control measures are applicable to any healthcare setting. This guidance is not intended to apply to persons outside of healthcare settings. CDC continues to monitor the situation and these recommendations will be re-evaluated and updated as needed.

Information from the CDC for Laboratory Specimens and Collection

Guidance targeting laboratorians and specimen collection protocols for cases being considered for Ebola virus disease (EVD) is now posted at: <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>. Please remember to notify your local health department at 813-307-8000 if you are alerted to a patient being considered for EVD. These recommendations will be re-evaluated and updated as needed.

Latest News from Health Alert Network (HAN) Related to Ebola Virus Disease

[Health Alert Network \(HAN\) No. 368 - CDC Ebola Response Update #4](#)

[Health Alert Network \(HAN\) No. 367 - CDC Ebola Response Update #3](#)

[Health Alert Network \(HAN\) No. 366 - CDC Ebola Update #2](#)

[Health Alert Network \(HAN\) No. 365 - CDC Ebola Update #1](#)

[Health Alert Network \(HAN\) No. 364 - Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease](#)

[Health Alert Network \(HAN\) No. 363 - Ebola Virus Disease Confirmed in a Traveler to Nigeria, Two U.S. Healthcare Workers in Liberia](#)

Don't Let Crypto Ruin All Your Summer Fun

Mackenzie Tewell, MA, MPH, CPH



Cryptosporidiosis or “Crypto” is a parasitic illness that causes watery diarrhea, abdominal cramps, loss of appetite, fever, and nausea. Sometimes vomiting can occur among children. Symptoms of Crypto may be intermittent, with diarrhea relapsing after a few days of improvement. Most people recover without treatment in 6 to 14 days, though this illness can become life threatening in individuals with compromised immune systems, such as those with HIV/AIDS or undergoing cancer treatments. As with most diarrheal illnesses, it is important to monitor for dehydration. Many cases are treated with nitazoxanide (brand name: Alinia) which has been shown effective in those with healthy immune systems.

Crypto is spread through fecal-oral contamination and is commonly associated with recreational water exposure including pools, hot tubs, water parks, interactive fountains and water slides. It can also be contracted through contact with animals, contaminated drinks or food (including unwashed produce), bodies of water (ponds, rivers, lakes, oceans) or contaminated sand or soil. The incubation period ranges from 1 to 14 days, with most people showing symptoms 7 days after swallowing the parasite.

People infected with crypto shed millions of oocysts in their stool. These oocysts have an outer shell that makes it difficult to kill with bleach or chlorine. Crypto can live in properly chlorinated pools for days, and infect swimmers who swallow the water. To prevent the spread of crypto in recreational water, it is suggested those with diarrhea do not swim while they are symptomatic, and until they have been without diarrhea for 2 weeks.

The Tampa Bay area has seen an increased number of Crypto cases in 2014, particularly during the summer months. Many of these cases have been associated with recreational water exposure. The tables below provide a three year comparison of Crypto cases in Hillsborough and the surrounding counties for the year (Table 1) and for the summer months (Table 2).

Table 1. Number of reported cases of cryptosporidiosis from **January 1 until August 18**

County	2014	2013	2012
Hillsborough	66	25	49
Pinellas	117	13	20
Pasco	52	5	5
Manatee	6	2	3
Polk	27	10	14
Statewide total	645	212	280

Table 2. Number of reported cases of cryptosporidiosis from **June 1 until August 18**

County	2014	2013	2012
Hillsborough	48	8	13
Pinellas	107	5	11
Pasco	50	0	0
Manatee	5	2	1
Polk	16	6	4
Statewide total	465	83	88

Epidemiologists interview those who test positive for Crypto to determine where they may have been exposed to the parasite. These interviews with patients are generally conducted weeks after the exposure has occurred, and all exposure information may not be obtained due to poor recall. Since June 1, nearly 60% of cryptosporidiosis cases in Hillsborough County reported exposure to a recreational water facility in the greater Tampa Bay area during the two weeks prior to illness (see the chart on the following page). When a facility is named as an exposure, every effort is made to contact the facility to notify them and offer recommendations for preventing additional spread of cryptosporidiosis. Typically, hyperchlorination of pools is suggested (see the complete CDC recommendations here:

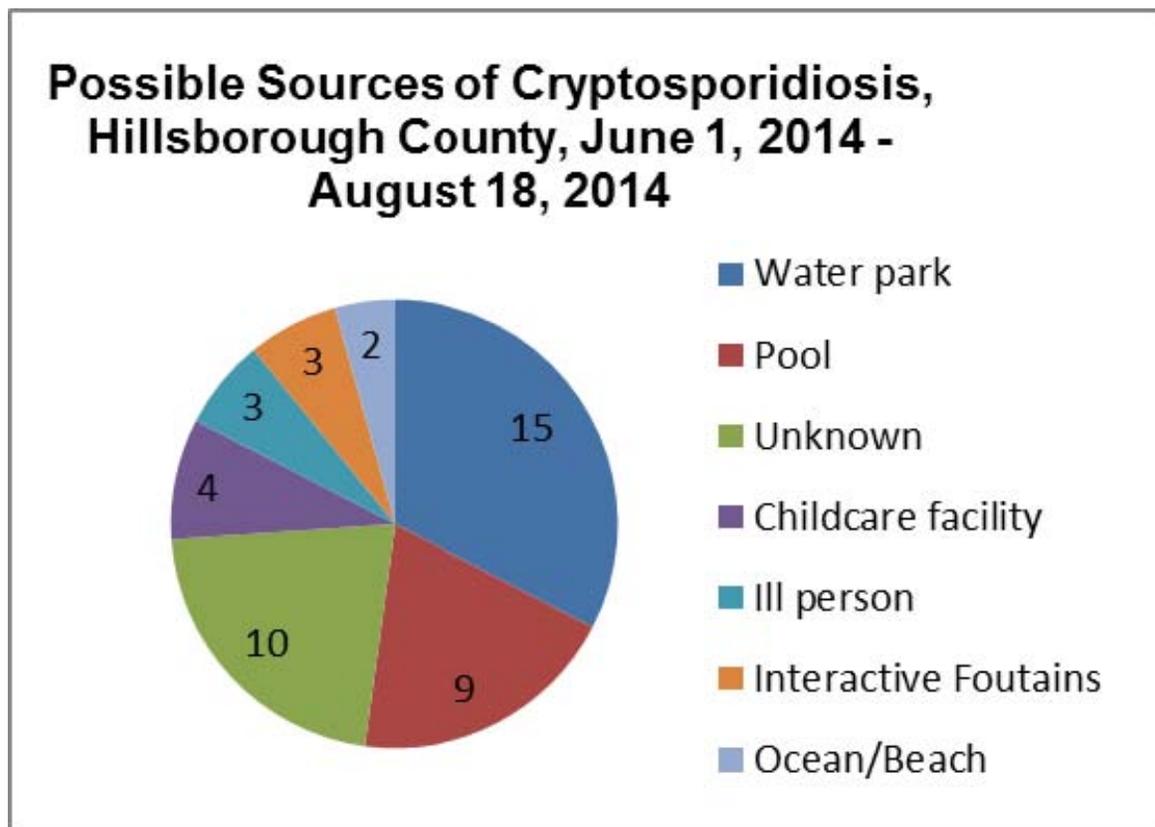
<http://www.cdc.gov/healthywater/pdf/swimming/pools/hyperchlorination-to-kill-cryptosporidium.pdf>).

Outbreaks of Crypto also occur in child care facilities or other locations where diapers are changed. Because crypto is resistant to cleaning with bleach, 3% hydrogen peroxide is recommended for disinfection. Accordingly,

hand sanitizer is not effective for killing Crypto. The best measures for preventing the spread of Crypto in child care settings are the exclusion of sick children (until they are symptom free for 24 hours) and frequent hand washing.

Tips for preventing the spread of Crypto:

- Do not swim while sick with diarrhea AND for the two weeks after diarrhea has stopped
- Shower before entering bodies of water
- Wash children thoroughly (especially their bottoms) with soap and water after they use the toilet or their diapers are changed and before they enter the water
- Take children on frequent bathroom breaks and checking their diapers often
- Change diapers in the bathroom, not at the poolside.
- Wash hands with warm water and soap for at least 20 seconds (about the same time it takes to sing "Happy Birthday" twice)



Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan-July 13	Jan-July 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	95	81.67	57	54
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	27	41
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	3	1	1.33	0	1
<i>H. influenzae</i> (Invasive Disease in children <5)	2	2	2	2.00	1	2
Listeriosis	3	1	5	3.00	2	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	21	5	11	12.33	7	9
Meningococcal Disease	1	3	6	3.33	2	3
Staphylococcus aureus (VISA, VRSA)	1	1	1	1.00	0	0
<i>S. pneumoniae</i> (Invasive Disease in children <6)	10	5	7	7.33	4	4
Enteric Infections						
Campylobacteriosis	120	105	134	119.67	78	98
Cholera	0	1	0	0.33	0	0
Cryptosporidiosis	38	77	59	58.00	23	35
Cyclospora	1	2	9	4.00	4	4
Escherichia coli, Shiga toxin-producing (STEC)	24	22	30	25.33	17	13
Giardiasis	81	54	56	63.67	31	27
Hemolytic Uremic Syndrome	0	1	2	1.00	0	0
Salmonellosis	349	331	303	327.67	127	168
Shigellosis	378	36	63	159.00	4	29
Typhoid Fever	0	0	0	0.00	0	0
Viral Hepatitis						
Hepatitis A	4	5	10	6.33	4	4
Hepatitis B (Acute)	26	39	56	40.33	22	34
Hepatitis C (Acute)	7	26	38	23.67	25	17
Hepatitis +HBsAg in Pregnant Women	50	38	30	39.33	10	18
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-July 13	Jan-July 14
Vectorborne, Zoonoses						
Chikungunya	N/A	N/A	N/A	N/A	0	13
Dengue	4	5	4	4.33	2	3
Eastern Equine Encephalitis	0	0	1	0.33	1	0
Ehrlichiosis/Anaplasmosis	0	0	2	0.67	1	2
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	7	9	12	9.33	5	4
Malaria	7	7	8	7.33	5	10
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	4	5
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
Trichinellosis	0	0	0	0.00	0	0
Tularemia	0	0	0	0.00	0	0
Typhus Fever (Epidemic)	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	2	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	13	13	11.33	13	3

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan-July 13	Jan-July 14
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	13	4	5	7.33	0	7
Lead	193	329	173	231.67	57	156
Mercury	0	0	0	0.00	0	0
Pesticide	15	4	13	10.67	7	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	140	128
HIV Infection	318	327	403	349.33	220	262
STDs						
Chlamydia	7288	7124	7220	7210.67	4337	4592
Gonorrhea	2343	2160	2023	2175.33	1206	1157
Syphilis, Congenital	3	6	3	4.00	4	2
Syphilis, Latent	134	129	189	150.67	85	90
Syphilis, Early	91	117	124	110.67	78	75
Syphilis, Infectious	124	155	156	145.00	83	78
Tuberculosis						
TB	46	51	54	50.33	34	21
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

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

August 20, 2014

The Florida Department of Health continues to actively monitor the status of the Ebola virus disease (EVD) outbreak in West Africa and prepare to detect and respond to potential EVD introductions into Florida. As of August 13, 2014, a total of 1,975 suspected and confirmed cases of Ebola and 1,069 deaths have been reported in Guinea, Liberia, Nigeria, and Sierra Leone. Community transmission is ongoing in Guinea, Liberia, and Sierra Leone. Cases in Nigeria thus far have been linked to healthcare exposure to a single imported case and containment appears to be successful so far. The Bureau of Epidemiology (BOE), Bureau of Preparedness and Response, and the Bureau of Public Health Laboratories (BPHL) will work together with county health department staff to provide relevant information to stakeholders including health care providers, diagnostic laboratories, emergency responders, travel clinics, non-governmental humanitarian organizations and universities.

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop hemorrhagic symptoms and multi-organ dysfunction leading to shock and death. The incubation period ranges from 2-21 days (8-10 average). Testing is performed using polymerase chain reaction (PCR) and serologic testing. The BPHL-Miami will have PCR testing capacity within the next several days, for samples that have been approved for testing by the county health department, BOE and CDC.

The Florida Department of Health has developed the attached algorithm for healthcare providers and public health staff to help determine when testing, infection control measures, and reporting for suspect EVD cases is indicated. Since the symptoms of EVD are nonspecific, determining if patients had travel to outbreak countries and other risk factors for EVD transmission is paramount. CDC recommends considering testing in the following exposure groups that have traveled to the 4 outbreak countries as well as one of the following:

- Individuals with high risk exposure which includes healthcare providers, family and friends in close contact with blood and bodily fluids from sick or deceased persons infected with EBV and who have febrile illness
- Individuals with low-risk exposure which includes persons who spent time in a healthcare facility or household where EVD patients are being cared for, without direct exposure to blood and bodily fluids of sick or deceased Ebola but who have fever with compatible symptoms .
- Individuals with low risk exposures such as persons with direct, unprotected contact with bats or primates from EVD-affected countries and have fever with compatible symptoms.
- Individuals with no known exposure but travel to one or more of the impacted areas with fever and compatible symptoms and no alternative diagnosis may also be considered on a case by case basis.

Florida Department of Health

Division of XXXXXXXXXXX • Bureau of XXXXXXXXXXX
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www.FloridaHealth.gov

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FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

Standard, contact, and droplet precautions are recommended for management of hospitalized patients with known or suspected EVD. Additional infection control measures might be warranted if a patient undergoes aerosol generating procedures, or if there are large amounts of body fluids present. These precautions have effectively prevented infections in health care providers working under less than optimal conditions in the outbreak area.

County Health Departments are asked to notify the BOE (Regional Epidemiologist or 850-245-4401) and coordinate any request for Ebola virus testing with BOE and the BPHL. If testing for EVD is approved by BOE and CDC, please use the attached guidance for the preparation and shipping of samples as well as the sample preparation check list.

This is an excellent opportunity to educate health care providers about EBV, reminding them about the importance of a thorough travel history and disease reporting to CHDs. This is also an excellent opportunity to encourage hospitals to review their standard operating protocols for emerging pathogens such as EVD, including infection control practices and partnerships with their local health department. Thank you all for your efforts to educate and prepare your partners for possible response to a high profile disease.

Sincerely,



Anna M. Likos, MD, MPH, Director
Division of Disease Control & Health Protection

AML/smw
Enclosures

cc:

Decision Algorithm to Assist with Testing and Monitoring of Patients with Suspected Ebola Virus Disease (EVD)

(Updated 8/18/14 – Please note this interim guidance is subject to change.)

EPIDEMIOLOGICAL RISK FACTORS

Any of the following risk factors within 3 weeks (21 days) before onset of symptoms^{1,2}:

- Contact with blood or other body fluids of a patient known to have or suspected to have EVD, **OR**
- Residence in (or travel to) an area where EVD transmission is active (Guinea, Sierra Leone, Liberia or Lagos, Nigeria), **OR**
- Direct handling of bats, rodents, or primates or raw bushmeat from disease-endemic areas

NO

EVD NOT SUSPECTED – DO NOT TEST

HIGH-RISK EXPOSURE

- Percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with confirmed or suspected EVD without appropriate personal protective equipment (PPE) **OR**
- Laboratory processing of bodily fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions **OR**
- Participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE

LOW-RISK EXPOSURE

- Persons who provided patient care or casual contact¹ (without high-risk exposure) with EVD patients in healthcare facilities in EVD outbreak affected countries **OR**
- Household member or other casual contact¹ of an EVD patient **OR**
- Persons who had direct unprotected contact with bats or primates from EVD-affected countries

NO KNOWN EXPOSURE

- Persons who had residence in (or travel to) Guinea, Sierra Leone, Liberia, or Lagos, Nigeria **WITHOUT** high- or low-risk exposures

CLINICAL CRITERIA¹⁻³

- **FEVER** $\geq 101.5^{\circ}\text{F}$ (38.6°C) **AND/OR**
- **ANY** compatible symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** unexplained hemorrhage **AND**
- Unknown or abnormal blood work including: lymphocytopenia $< 1,000$ cells/ μL , thrombocytopenia $< 150,000$ cells/ μL **AND/OR** elevated hepatic transaminases

YES

NO

- **FEVER** $\geq 101.5^{\circ}\text{F}$ (38.6°C) **AND**
- **ANY** compatible symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** unexplained hemorrhage **OR**
- Unknown or abnormal blood work including: lymphocytopenia $< 1,000$ cells/ μL , thrombocytopenia $< 150,000$ cells/ μL **AND/OR** elevated hepatic transaminases

YES

NO

- **FEVER** $\geq 101.5^{\circ}\text{F}$ (38.6°C) **AND**
- **ANY** compatible symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** unexplained hemorrhage **AND**
- Unknown or abnormal blood work including: lymphocytopenia $< 1,000$ cells/ μL , thrombocytopenia $< 150,000$ cells/ μL **AND/OR** elevated hepatic transaminases
- **AND** no alternate diagnosis

YES

NO

EVALUATION RECOMMENDATIONS

EVD SUSPECTED – TESTING INDICATED

Immediately implement infection control measures^{5,6}

Immediately report to your [County Health Department](#) or [Bureau of Epidemiology at 850-245-4401](#) to authorize testing.

See back for references and additional recommendations

EVD NOT CURRENTLY SUSPECTED – NO TESTING^{2,7}

- **High- or Low-Risk Exposures: Report to DOH to discuss the possible need for conditional release and movement restrictions⁶**

Casual contact is defined as a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended PPE (i.e., droplet and contact precautions) or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended PPE. At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute casual contact.



Additional Recommendations

Infection control recommendations^{5,6}:

- Standard, contact & droplet precautions, including gloves, fluid-resistant gowns, eye protection, face mask; additional PPE may be required
- Single patient room with private bathroom, door closed; restrict visitors
- Avoid aerosol-generating procedures
- Implement environmental infection control measures

Testing recommendations

- Conduct only essential laboratory testing, and take appropriate precautions according to laboratory recommendations⁴
- Include malaria diagnostics in initial testing as it is the most common cause of febrile illness in persons with travel history to affected countries
- Collect a minimum sample volume of 4 mL of blood in **plastic** tube; do not use pneumatic tube system for transport⁴; contact DOH to determine the proper category for shipment⁴

Follow-up recommendations for persons when EVD testing is not indicated.

- Self-monitor twice daily for fever and other symptoms for 21 days from last exposure
- Seek medical evaluation at first sign of illness

References: [CDC Ebola Website](#)

1. CDC. [Updated Case Definition for Ebola Virus Disease](#) (8/7/14)
2. CDC. [Health Advisory to Clinicians: Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease](#) (8/1/14, updated 8/8/14)
3. CDC. [Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings](#). (8/10/14)
4. CDC. [Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Patients with Suspected Infection with Ebola Virus Disease](#) (8/11/14)
5. CDC. [Infection and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](#) (8/5/14)
6. CDC. [Frequently Asked Questions: Safe Management of Patients with Ebola Virus Disease \(EVD\) in U.S. Hospitals](#) (8/6/14)
7. CDC. [Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure](#) (8/8/14)



Florida Department of Health

**Ebola Virus Disease (EVD)
Laboratory Diagnosis**

**Focus Area: Check list for specimen
submission**

Guidance document number 2014-1

Ebola Virus Diagnostic Specimen Submission Check List

Version 1.0 August 21, 2014

Before shipment of samples for Ebola virus disease testing please complete and initial the following:

- 1) **Authorization:** Consultation with your local county health department or the state health department epidemiology office at 850-245-4401 has been completed and approval for Ebola virus disease testing has been given. Specimens will not be accepted without prior approval. Name of the epidemiologist approving testing for Ebola virus disease is:
_____ (please print legibly)
- 2) **Patient Risk Assessment:** Patient risk assessment with local or state epidemiologists using the Decision Algorithm to Assist with Testing and Monitoring of Patients with Suspected Ebola Virus Disease (EVD) algorithm has determined that this patient's exposure risk is:
____ **High Risk Exposure**
____ **Low Risk Exposure**
____ **Travel to the active outbreak countries but no identified exposure**
- 3) **Specimen Collection and Processing:** Specimens should be collected following CDC's Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Patients with Suspected Infection with Ebola Virus Disease (EVD). Adhere to the OSHA Blood-borne Pathogens Standards and wear appropriate personal protective equipment. At a minimum, standard, contact, and droplet precautions should be utilized while collecting and processing the sample. All sample processing should be completed in a Class 2 Biologic Safety Cabinet (BSC) or better.
- 4) **Packaging-for Shipments by Commercial Carrier:** All suspect Ebola diagnostic specimens have been packaged according to IATA/DOT Packaging Instructions 620 for Category A agent which requires specimens be packed in a basic triple packaging system with a primary watertight container wrapped with absorbent material, secondary watertight container and an outer shipping package.
- or
- Packaging-for Transport by Local Courier:** As above, specimens should be packaged in a basic triple packaging system which consists of a primary watertight container wrapped with absorbent material, secondary watertight container and an outer shipping package. Packages transported by local courier do not require Category A documentation.

5) **Laboratory Request Form Preparation:** Complete and attach DOH Form 1847 and indicate "Ebola RT-PCR" in the "Comment/Additional Information" section in the lower right-hand corner of the form. The form should be included in the packaging between the secondary and outer package. This checklist must also be completed and placed with the completed DOH form 1847 when preparing the shipment.

6) **Package Preparation Verification:** The hospital Infection Control Practitioner (ICP) or their equivalent has examined the package and determined it is appropriately packaged as described in Ebola Virus Diagnostic Specimen Collection, Packaging and Shipping Guidance for Laboratories and County Health Departments.

Signature of reviewing ICP: _____

Print name of person preparing package: _____

7) **Ship To:** Bureau of Public Health Laboratories-Miami
1325 N.W. 14th Avenue
Miami, FL 33125
Attention: Stephen White

For additional laboratory information: Contact Stephen White at 305-325-2538 or 305-409-9925 or Aaron Monroy at 305-325-2537 or 305-797-5882.

For additional consultation with state epidemiologists: Call the state 24/7 epidemiology consultation number 850-245-4401

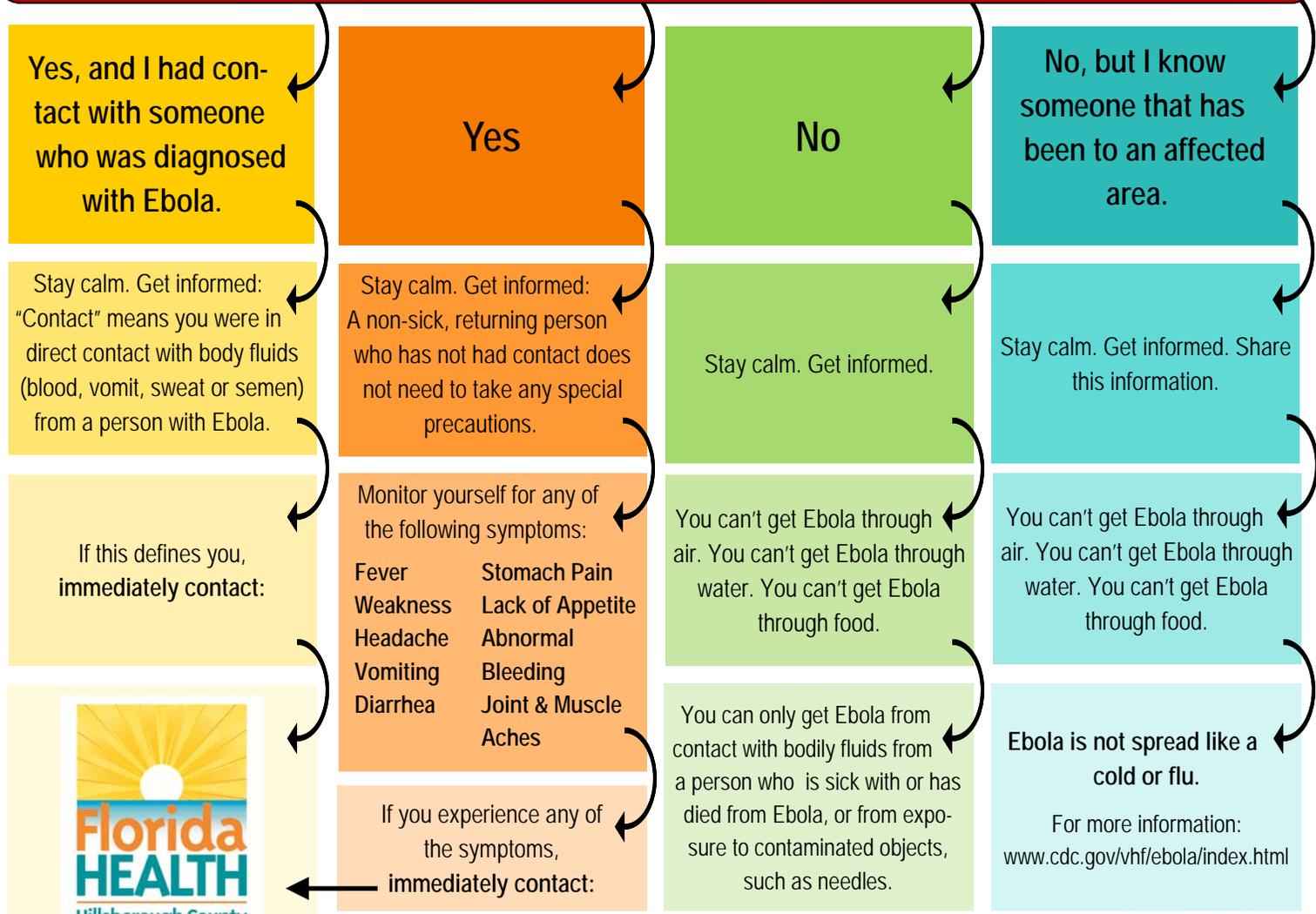
If you have been to **Sierra Leone, Guinea, Liberia** or **Nigeria** in the past month, there is a possibility that you may have been exposed to **Ebola**.



What is Ebola? Ebola is the cause of a viral hemorrhagic fever disease. Symptoms include: fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite and abnormal bleeding. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus, though 8-10 days is most common.

How does Ebola spread? You can only get Ebola from contact with bodily fluids from a person who is sick with or has died from Ebola, or from exposure to contaminated objects, such as needles.

Are you from that area or have you traveled there in the past month?



Florida Department of Health in Hillsborough County
813-307-8000

Facts about Ebola

- You can't get Ebola through air
- You can't get Ebola through water
- You can't get Ebola through food

Meningococcal Disease Can Be Life-threatening

Booster vaccination recommended at 16-18 years of age

The Advisory Committee on Immunization Practices recommends meningococcal vaccination beginning at 11 years of age, with a booster dose at 16 years of age.¹ Parents of adolescents should check with their health-care professional about the need for meningococcal vaccination.

Make sure your teen is vaccinated against the disease

Meningococcal disease (including meningococcal meningitis) is a rare but potentially life-threatening bacterial infection. It poses a serious threat to teenagers, and rates of disease are high in adolescents and young adults.^{2,3} Meningococcal disease can develop rapidly and be fatal to an otherwise healthy person within hours.² Of those who survive meningococcal disease, 1 in 5 is left with serious medical problems, including loss of a limb, brain damage, and deafness.⁴

Serious symptoms develop quickly

The bacteria that cause meningococcal disease are spread through the air via sneezing or coughing, as well as through direct contact with an infected person such as kissing or sharing a drinking glass.⁵ While meningococcal disease initially may feel like influenza, it can quickly turn deadly, with the following symptoms^{2,4}:



- Sudden onset of fever
- Headache
- Stiff neck
- Rash



- Nausea
- Vomiting
- Light sensitivity
- Altered mental status

2013 National Immunization Survey rates showed a national immunization rate of 77.8% for 1 dose of meningococcal vaccine with the rate for FL being 72.3%. The national immunization rate for the booster dose was 29.6%. To make sure all of your patients are protected it is recommended a protocol is put in place to check the immunization status of all patients, regardless of the reason for the visit, and vaccinate those that are not age appropriately vaccinated.

References: 1. Centers for Disease Control and Prevention (CDC). Updated recommendations for use of meningococcal conjugate vaccines—Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR*. 2011;60(3):72-76. 2. CDC. Meningitis: signs and symptoms. <http://www.cdc.gov/meningitis/about/symptoms.html>. Accessed November 18, 2011. 3. CDC. Active Bacterial Core Surveillance (ABCs) Report. Emerging infections program network. *Neisseria meningitidis*, 2009. 4. CDC. Meningococcal disease. In: Atkinson W, Wolfe C, Hamborsky J, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 12th ed. Washington DC: Public Health Foundation; 2011:193-204. 5. CDC. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2005;54(RR-7):1-21.

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/chdecontact> 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/chdecontact>. 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

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..."