EpiNotes

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

Director
Douglas Holt, MD
813.307.8008
Medical Director (HIV/STD/EPI)
Charurut Somboonwit, MD
813.307.8008
Medical Director (TB/Refugee)
Beata Casanas, MD
813.307.8008
Medical Director (Vaccine Outreach)
Jamie P. Morano, MD, MPH
813.307.8008
Community Health Director
Leslene Gordon, PhD, RD, LD/N
813.307.8015 x7107
Disease Control Director
Faye Coe, RN
813.307.8015 x6321
Environmental Administrator
Brian Miller, RS
813.307.8015 x5901
Epidemiology
Warren R. McDougle Jr., MPH
813.307.8010 Fax 813.276.2981

TO REPORT A DISEASE:
Epidemiology
813.307.8010
After Hours Emergency
813.307.8000
Food and Waterborne Illness
James Ashworth
813.307.8015 x5944 Fax 813.272.7242
HIV/AIDS Surveillance
Erica Botting
813.307.8011
Lead Poisoning
Cynthia O. Keeton
813.307.8015 x7108 Fax 813.272.6915
Sexually Transmitted Disease
Carlos Mercado
813.307.8015 x4501 Fax 813.307.8027
Tuberculosis
Chris Lutz
813.307.8015 x4758 Fax 813.975.2014

Attachments, Information and Links

Hillsborough County Reportable Disease Surveillance Data (Page 2)

Hillsborough County Cryptosporidiosis Notification for Providers (Page 5) – information for medical providers about cryptosporidiosis in Hillsborough County (originally sent out 9/11/2014)

Hillsborough County Press Release on Cryptosporidiosis (Page 7) – information for the general public about cryptosporidiosis in the community (originally sent out 9/26/2014)

Florida Department of Health's Webpage on Influenza - contains information on flu surveillance, flu prevention, and the Weekly Florida Influenza Surveillance Report

CDC's Webpage on Seasonal Influenza for Healthcare Providers – contains great information on clinical information, diagnostic tests, antiviral drugs, vaccine recommendations, and much more

CDC HAN 370: Acute Neurologic Illness with Focal Limb Weakness of Unknown Etiology in Children (originally released 9/25/2014)

Health Care Facility Preparedness Checklist for Ebola Virus Disease (link to PDF document)

Health Care Provider Preparedness Checklist for Ebola Virus Disease (link to PDF document)

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan-Aug 13	Jan-Aug 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	73	58
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	33	41
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	3	1	1.33	0	1
H. influenzae (Invasive Disease in children <5)	2	2	2	2.00	1	2
Listeriosis	3	1	5	3.00	4	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	21	5	11	12.33	9	10
Meningococcal Disease	1	3	6	3.33	2	3
Staphylococcus aureus (VISA, VRSA)	1	1	1	1.00	0	0
S. pneumoniae (Invasive Disease in children <6)	10	5	7	7.33	5	4
Enteric Infections						
Campylobacteriosis	120	105	134	119.67	92	114
Cholera	0	1	0	0.33	0	0
Cryptosporidiosis	38	77	59	58.00	25	92
Cyclospora	1	2	9	4.00	9	4
Escherichia coli, Shiga toxin-producing (STEC)	24	22	30	25.33	19	14
Giardiasis	81	54	56	63.67	33	39
Hemolytic Uremic Syndrome	0	1	2	1.00	0	0
Salmonellosis	349	331	303	327.67	157	203
Shigellosis	378	36	63	159.00	5	32
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	28	40
Hepatitis C (Acute)	7	26	38	23.67	28	21
Hepatitis +HBsAg in Pregnant Women	50	38	30	39.33	17	23
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-Aug 13	Jan-Aug 14
Vectorborne, Zoonoses						
Chikungunya	N/A	N/A	N/A	N/A	N/A	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	2	2
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	7	9	12	9.33	10	6
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	9	7
Melioidosis	0	0	0	0.00	0	0
Vibriosis	8	13	13	11.33	9	3

Reportable Disease Surveillance Data

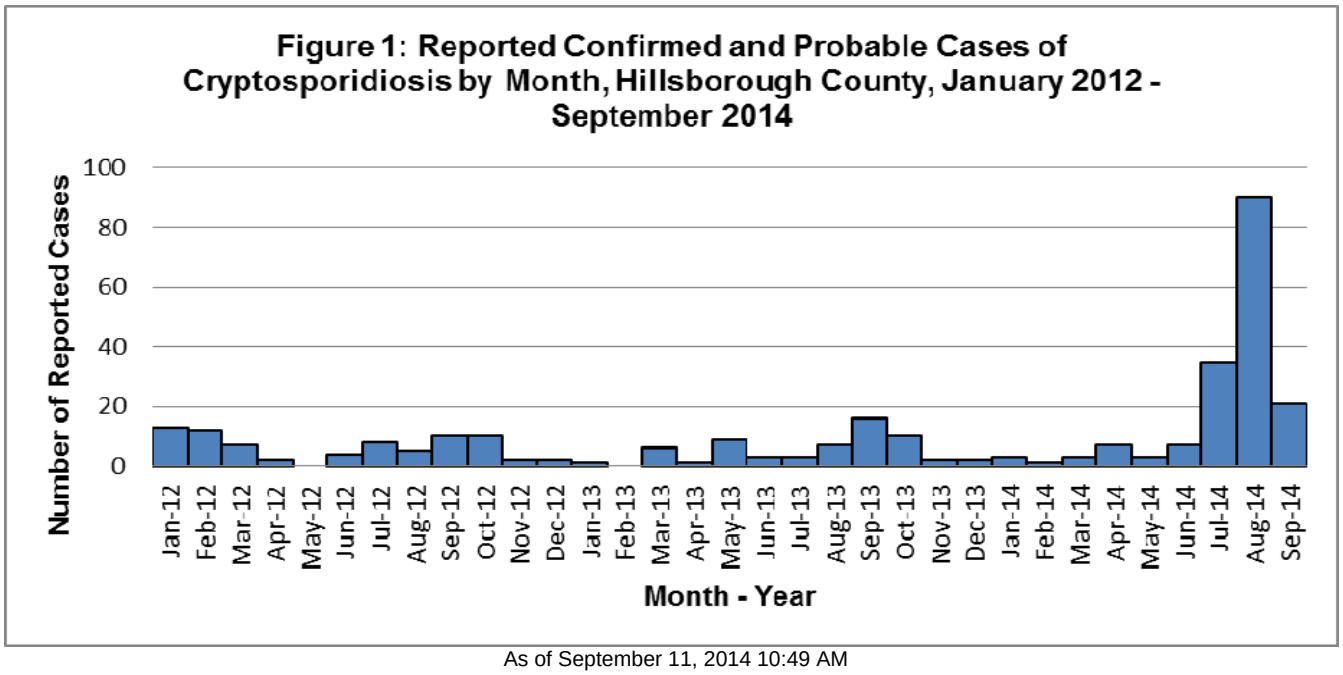
Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan-Aug 13	Jan-Aug 14
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	13	4	5	7.33	0	7
Lead	193	329	173	231.67	63	164
Mercury	0	0	0	0.00	0	0
Pesticide	15	4	13	10.67	10	3
Influenza						
Influenza, Pediatric 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	156	127
HIV Infection	318	327	403	349.33	240	310
STDs						
Chlamydia	7288	7124	7220	7210.67	4337	4591
Gonorrhea	2343	2160	2023	2175.33	1206	1157
Syphilis, Congenital	3	6	3	4.00	1	3
Syphilis, Latent	134	129	189	150.67	85	103
Syphilis, Early	91	117	124	110.67	78	95
Syphilis, Infectious	124	155	156	145.00	83	133
Tuberculosis						
TB	46	51	54	50.33	NA	NA
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

September 11, 2014

ATTN: Clinicians / Pediatricians / Infection Preventionists / Emergency Department Staff
RE: Increase in Reported Cases of cryptosporidiosis

Dear Community Partners,

The Florida Department of Health in Hillsborough County (FDOH-Hillsborough) is monitoring an increase in reported cases of cryptosporidiosis. Cryptosporidiosis is an infectious diarrheal disease of the intestinal tract caused by the microscopic parasite *Cryptosporidium parvum*. Since the beginning of July, Hillsborough County has reported 146 cases of cryptosporidiosis (Figure 1).



As of September 11, 2014 10:49 AM

What are the signs and symptoms of Crypto? The most common manifestation of cryptosporidiosis is watery diarrhea. Other signs and symptoms include:

- Stomach cramps or pain
- Nausea
- Vomiting
- Fever
- Weight loss
- Loss of appetite
- Dehydration

How long after infection do signs and symptoms appear? Signs and symptoms of cryptosporidiosis generally begin 2 to 14 days (average 7 days) after becoming infected with the parasite.

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

www.FloridasHealth.com
www.hillscountyhealth.org
TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh

How long will signs and symptoms last? In persons with healthy immune systems, illness usually lasts about 1 to 2 weeks. The symptoms of Crypto may come and go, with individuals experiencing symptoms, feeling better, and then becoming ill again.

Is there any treatment for Crypto? Generally, persons with healthy immune systems need no specific treatment. Nitazoxanide may be used and has shown to be effective in persons with healthy immune systems.

How is Crypto spread?

- Person to person transmission occurs through the fecal-oral route. People infected with Crypto shed the parasite in their stool.
- Crypto is commonly spread by swallowing recreational water that is contaminated with human or animal feces. Recreational water can include swimming pools, splash pads, water parks, hot tubs, or interactive fountains, rivers, streams, ponds and lakes.
- Crypto is spread by swallowing water or beverages contaminated with stool from humans or animals infected with Crypto.
- Crypto may be spread by eating uncooked food contaminated with Crypto. Thoroughly wash all vegetables and fruits you plan to eat raw.
- Crypto may be spread by exposure to human feces through sexual contact.

How can Crypto be prevented?

- Hand washing with soap and water is the best measure to prevent the spread of Crypto. **Hand sanitizer is not effective against Crypto.**
- People with diarrhea should not swim or share a bath with others while they are having diarrhea *and* for two weeks after their symptoms end. People will continue to shed the parasite in their stool for weeks after feeling better, and it can spread in bodies of water even without a fecal accident.
- **Crypto is resistant to cleaning with bleach.** It is recommended that contaminated surfaces and items be soaked with 3% hydrogen peroxide for at least 20 minutes.

Recent investigations indicate that symptomology, duration and severity of illness vary greatly among laboratory confirmed cases. Given the number of cases of cryptosporidiosis FDOH-Hillsborough Epidemiology Program is seeing in the community, please consider testing for cryptosporidiosis when patients present with diarrheal illnesses.

Any questions can be directed to the FDOH-Hillsborough Epidemiology Program at (813) 307-8010.

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

www.FloridasHealth.com
www.hillscountyhealth.org
TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh

For Immediate Release
September 26, 2014

Contact:
Steve Huard, Public Information Officer
Florida Department of Health in Hillsborough County
(813) 298-2024, Cell
(813) 307-8044, Desk

CRYPTOSPORIDIOSIS REPORTS RISE IN HILLSBOROUGH

The Florida Department of Health in Hillsborough County (DOH-Hillsborough) is asking for the public's help to prevent the spread of cryptosporidiosis (Crypto), a disease that spreads easily person to person in households, child-care settings and schools, through swimming in contaminated water or from contact with animals. Crypto is a parasitic disease that can cause loose, watery diarrhea, stomach cramps, nausea, vomiting and slight fever. These symptoms may come and go, with individuals experiencing symptoms, feeling better, and then becoming ill again.

According to Mackenzie Tewell, DOH-Hillsborough Epidemiologist, symptoms may appear 1-14 days after Crypto is swallowed, but usually around 7 days.

Cryptosporidiosis is often spread by hands contaminated with feces during toilet use or diaper-changing. From the hands, it can spread to surfaces, toys and food. It also spreads easily in water, including chlorinated swimming pools.

“Many cases of Crypto start with one or two episodes of loose stools,” said Tewell. “It’s important that parents don’t delay in contacting their health care provider to arrange stool testing, because Crypto can spread easily in household and among classmates.”

DOH-Hillsborough continues to see a rise in the number of cases of cryptosporidiosis, and numbers have increased greatly since the beginning of school. Since July 1, 2014, 201 cases of cryptosporidiosis have been reported by DOH-Hillsborough, as compared to 11 cases during the same time period last year. Nearly 70% of these cases have been in individuals under the age of 18.

To help prevent Crypto, practice good hand washing before preparing or eating food, after using the toilet, before and after tending to someone who is ill with diarrhea and after changing diapers. To keep water free from contamination, children and adults should not swim in pools, splash pads, or hot tubs with diarrhea and until two weeks after their diarrhea has stopped.

DOH-Hillsborough County recommends that parents and caregivers take these steps to the spread of Crypto:

- Stay home when you are sick with diarrhea and/or vomiting, and do not return to daycare, school or work until symptom free for 24 hours.

- Hand sanitizer is not effective against Crypto. Do not substitute hand sanitizer for hand washing.
- Wash hands well after contact with animals, even household pets.
- While swimming, take children on frequent bathroom breaks and check diapers often.
- Do not change diapers poolside as germs can spread to surfaces or objects in and around the pool and spread illness.
- Shower before entering pools, splash pads or hot tubs.
- Wash your hands and the child's hands with soap and water after diaper changes.

Persons with symptoms of Crypto should see their health care provider for evaluation and testing. Given the number of cases of cryptosporidiosis DOH-Hillsborough Epidemiology Program is seeing in the community, DOH-Hillsborough is asking health care providers to consider testing for cryptosporidiosis when patients present with diarrheal illnesses.

To learn more about Cryptosporidiosis, go to http://www.cdc.gov/parasites/crypto/.
For information about DOH-Hillsborough County, go to http://www.hillscountyhealth.com/.

###

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 ◯ Asian/Pacific Islander ◯ Black ◯ White ◯ Other ◯ 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/chdepicontact 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/chdepicontact. See http://floridahealth.gov/diseasereporting for other reporting questions.

☎ ☐ Amebic encephalitis
! ☐ Anthrax
☐ Arsenic poisoning
☐ Arboviral disease not listed here
☐ Botulism, infant
! ☐ Botulism, foodborne
! ☐ Botulism, wound or unspecified
! ☐ Brucellosis
☐ California serogroup virus disease
☐ Campylobacteriosis
☐ Carbon monoxide poisoning
☐ Chancroid
☐ Chikungunya fever
☎ ☐ Chikungunya fever, locally acquired
☐ Chlamydia
! ☐ Cholera (*Vibrio cholerae* type O1)
☐ Ciguatera fish poisoning
☐ Conjunctivitis in neonate <14 days old
☐ 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
☐ Gonorrhea
☐ Granuloma inguinale
! ☐ *Haemophilus influenzae* invasive disease in child <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 woman or child <2 years old
☎ ☐ Herpes B virus, possible exposure
☐ Herpes simplex virus (HSV) in infant <60 days old
☐ HSV, anogenital in child <12 years old
☐ Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child <6 years old
☐ HPV, anogenital papillomas in child <12 years old
! ☐ Influenza A, novel or pandemic strains
☎ ☐ Influenza-associated pediatric mortality in child <18 years old
☐ Lead poisoning
☐ Legionellosis
☐ Leptospirosis
☎ ☐ Listeriosis
☐ Lyme disease
☐ Lymphogranuloma venereum (LGV)
☐ 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
☎ ☐ Rabies, human
! ☐ Rabies, possible exposure
! ☐ Ricin toxin poisoning
☐ Rocky Mountain spotted fever or other spotted fever rickettsiosis
! ☐ Rubella
☐ St. Louis encephalitis
☐ Salmonellosis
☐ Saxitoxin poisoning (paralytic shellfish poisoning)
! ☐ Severe acute respiratory disease syndrome associated with coronavirus infection
☐ Shigellosis
! ☐ Smallpox
☎ ☐ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
☎ ☐ Staphylococcal enterotoxin B poisoning
☐ *Streptococcus pneumoniae* invasive disease in child <6 years old
☐ Syphilis
☎ ☐ Syphilis in pregnant woman or neonate
☐ Tetanus
☐ Trichinellosis (trichinosis)
☐ Tuberculosis (TB)
! ☐ 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
! ☐ 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:

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?

FDOH-Hillsborough Disease Reporting Telephone and Fax Numbers
HIV/AIDS -813.307.8011 (DO NOT FAX) STD -813.307.8022 Fax -813.307.8027
TB -813.307.8015 X4758 Fax -813.975.2014
All Others/Epidemiology -813.307.8010 Fax -813.276.2981
After Hours Reporting All Diseases -813.307.8000

! 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 — 850.245.4444 x2198

+ Congenital anomalies
+ Neonatal abstinence syndrome (NAS)

Cancer — Tumor Registry Database

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

HIV/AIDS — 813.307.8011

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

STDs — 813.307.8022

• 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 — 813.307.8015 x4758

• Tuberculosis (TB)

All Others — 813.307.8010

! 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…"