# EpiNotes

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

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## Attachments, Information and Links

**Hillsborough County Reportable Disease Surveillance Data** (Page 2)

**Florida Department of Health Press Release 10/25/14 –** Gov. Scott Issues Executive Order Requiring Mandatory Health Monitoring for Anyone Returning from Ebola-Affected Areas (Page 5)
http://newsroom.doh.state.fl.us/2014/10/21/information-on-ebola-virus-disease/

**Florida Department of Health Ebola Virus Disease Information Sheets**
http://www.floridahealth.gov/diseases-and-conditions/ebola/index.html
-Health Care Actions for Ebola (Page 7)
-We Can Keep Communities Safe (Page 8)
-Florida's Response to Emerging Infectious Disease (Page 9)
-Contact Tracing Can Stop Infectious Disease Outbreaks (Page 10)
-Ebola Awareness Information for Emergency Medical Services (Page 11)
-Florida Practices T.E.A.C.H to Prevent Ebola Exposure (Page 12)

**Florida Department of Health Personal Protective Equipment Guidance for Health Care Workers: Ebola Virus** (Page 13)
-Video Demonstration of Lower Risk PPE
https://www.youtube.com/watch?v=SvkiSKiwvQQ
-Video Demonstration of Higher Risk PPE
https://www.youtube.com/watch?v=9BNQ56-RXLI

**Florida Department of Health Decision Algorithm to Assist with Identifying Testing and Monitoring of Patients with Suspected Ebola Virus Disease** (Page 22)
http://www.floridahealth.gov/diseases-and-conditions/ebola/_documents/algorithm-for-testing-of-suspected-evd.pdf

For Updated EVD Guidance from the Florida Department of Health:
http://www.floridahealth.gov/diseases-and-conditions/ebola/index.html

For Updated Information about the Ongoing EVD Outbreak in West Africa:
http://www.cdc.gov/vhf/ebola/

# Reportable Disease Surveillance Data

| Disease Category | Annual Totals | | | 3 Year Average | Year-to-date | |
|---|---|---|---|---|---|---|
| | 2011 | 2012 | 2013 | | Jan-Sept 13 | Jan-Sept 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 | 1 |
| Pertussis | 31 | 119 | 95 | 81.67 | 76 | 55 |
| 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 | 37 | 45 |
| **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 | 5 | 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 | 98 | 121 |
| Cholera | 0 | 1 | 0 | 0.33 | 0 | 0 |
| Cryptosporidiosis | 38 | 77 | 59 | 58.00 | 29 | 257 |
| Cyclospora | 1 | 2 | 9 | 4.00 | 9 | 4 |
| Escherichia coli, Shiga toxin-producing (STEC) | 24 | 22 | 30 | 25.33 | 21 | 16 |
| Giardiasis | 81 | 54 | 56 | 63.67 | 37 | 47 |
| Hemolytic Uremic Syndrome | 0 | 1 | 2 | 1.00 | 0 | 0 |
| Salmonellosis | 349 | 331 | 303 | 327.67 | 201 | 234 |
| Shigellosis | 378 | 36 | 63 | 159.00 | 51 | 35 |
| Typhoid Fever | 0 | 0 | 0 | 0.00 | 0 | 0 |
| **Viral Hepatitis** | | | | | | |
| Hepatitis A | 4 | 5 | 10 | 6.33 | 6 | 4 |
| Hepatitis B (Acute) | 26 | 39 | 56 | 40.33 | 32 | 43 |
| Hepatitis C (Acute) | 7 | 26 | 38 | 23.67 | 33 | 22 |
| Hepatitis +HBsAg in Pregnant Women | 50 | 38 | 30 | 39.33 | 21 | 25 |
| 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-Sept 13 | Jan-Sept 14 |
| **Vectorborne, Zoonoses** | | | | | | |
| Chikungunya | N/A | N/A | N/A | N/A | N/A | 20 |
| Dengue | 4 | 5 | 4 | 4.33 | 0 | 4 |
| 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 | 6 | 9 |
| 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 | 3 |
| 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 | 12 | 7 |
| Melioidosis | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Vibriosis | 8 | 13 | 13 | 11.33 | 37 | 0 |

# Reportable Disease Surveillance Data

| Disease Category | Annual Totals | | | 3 Year Average | Year-to-date | |
|---|---|---|---|---|---|---|
| | 2011 | 2012 | 2013 | | Jan-Sept 13 | Jan-Sept 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 | 68 | 188 |
| 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 | 169 | 139 |
| HIV Infection | 318 | 327 | 403 | 349.33 | 280 | 346 |
| **STDs** | | | | | | |
| Chlamydia | 7288 | 7124 | 7220 | 7210.67 | 5458 | 5804 |
| Gonorrhea | 2343 | 2160 | 2023 | 2175.33 | 1524 | 1469 |
| Syphilis, Congenital | 3 | 6 | 3 | 4.00 | 2 | 4 |
| Syphilis, Latent | 134 | 129 | 189 | 150.67 | 108 | 129 |
| Syphilis, Early | 91 | 117 | 124 | 110.67 | 93 | 120 |
| Syphilis, Infectious | 124 | 155 | 156 | 145.00 | 115 | 161 |
| **Tuberculosis** | | | | | | |
| TB | 46 | 51 | 54 | 50.33 | 45 | 31 |
| **Food and Waterborne Illness Outbreaks** | | | | | | |
| Food and Waterborne Cases | 13 | 74 | 73 | 53.33 | 71 | 51 |
| Food and Waterborne Outbreaks | 3 | 4 | 4 | 3.67 | 4 | 2 |

FLORIDA JOINT INFORMATION CENTER
State Emergency Response Team
www.FloridaDisaster.org

**FOR IMMEDIATE RELEASE:**
Saturday, October 25, 2014

**CONTACT:** 850-921-0217
ESF14@em.myflorida.com
Floridadisaster.org

**Gov. Scott Issues Executive Order Requiring Mandatory Health Monitoring for Anyone Returning from Ebola-Affected Areas**

*Governor Calls on DOH to Determine Risk Level for Returning Citizens, in Absence of CDC Info.*

**LAKELAND, Fla. –** Today, Governor Rick Scott signed an Executive Order mandating twice-daily 21-day health monitoring for people returning from CDC designated Ebola-affected areas.

Governor Scott said, "This executive order will give the Florida Department of Health the authority they need to conduct 21-day health monitoring and risk assessments for all those who have returned or will return to Florida from the CDC designated Ebola-affected areas of Guinea, Liberia, and Sierra Leone. We have asked the CDC to identify the risk levels of all returning individuals from these areas, but they have not provided that information. Therefore, we are moving quickly to require the four individuals who have returned to Florida already – and anyone in the future who will return to Florida from an Ebola area – to take part in twice daily 21-day health evaluations with DOH personnel.

"I want to be clear that we are taking this aggressive action at the state level out of an abundance of caution in the absence of much-needed Ebola risk classification information from the CDC. We are using what information is available to our Department of Health through the CDC's Epi-X web-based system, which monitors individuals who travel to areas with infectious diseases, including Ebola. Using this system, we know that four individuals have already returned to Florida after traveling to Ebola-affected areas. Following the news of Dr. Craig Spencer testing positive for Ebola in New York, DOH began working to identify anyone who has already returned to Florida after traveling to an Ebola area and is aggressively investigating how much risk these individuals pose for contracting the disease. We will take further action to protect the health of these individuals, and our communities, if we determine any of them are at a 'high risk' of contracting the disease. Further action by the Florida Department of Health will include mandatory quarantine of anyone we suspect is at high-risk of testing positive for Ebola due to the type of contact they had with the disease.

"Mandatory twice-daily health monitoring will help us obtain important information that will assist us in caring for the Floridians who are returning to our state and preventing

any spread of this deadly disease if one of these individuals ever develops possible Ebola symptoms within 21 days of their return. Again, we are glad we do not have a case of Ebola in Florida, but we will continue to do everything in our power to ensure we never do."

Governor Scott's full executive order is available here.

Governor Scott's mandate to the Florida Department of Health today mirrors the Department of Defense's post-deployment requirements for military men and women deployed in Ebola-affected areas.

**###**

# Health Care Actions for **Ebola**

FloridaHealth.gov • Florida Department of Health

## 1. IDENTIFY

**Ask about Travel History**

- Did the person travel to/from Western Africa within 21 days of symptom onset?

**Look for Symptoms**

- Fever, headache, joint and muscle weakness, fatigue, diarrhea and vomiting.

## 2. ISOLATE

**If Both Criteria are Met:**

- Don personal protective equipment.
- Move the patient to a private room with a private bathroom.
- Close the door.
- Post isolation signs on the doors of the patient's room.

## 3. INFORM

**Call your County Health Department.**

< FIND YOUR COUNTY

## Patient Care

**Follow All Instructions for Donning & Doffing Personal Protective Equipment:**

- Wear water-impermeable protection from head to toe, to include: a gown, leg-high covers or boots, hat, face mask, face shield and double gloves.
- Follow team-based care protocol.

**Practice Infection Control Guidelines Including:**

- Washing hands frequently.
- Decontaminating surfaces and equipment.

**Patient testing may be considered per CDC guidelines.**

## A Person Under Investigation has Risk Factors & Consistent Symptoms

**Risk Factors**

- ☐ Traveled to/from an area where Ebola transmission is active.
- ☐ Handled bats or non-human primates in an area where Ebola transmission is active.
- ☐ Within the past 21 days before symptom onset, has had contact with blood, other bodily fluids or human remains of a patient known to have, or is suspected to have, Ebola.

**Symptoms**

- ☐ Has a fever.
- ☐ Has severe headache, abdominal pain, muscle pain, vomiting, diarrhea or unexplained hemorrhage.

Local county contact information can be found at FloridaHealth.gov.

10/21/14

# We Can Keep Communities Safe if Ebola Happens in Florida

FloridaHealth.gov • Florida Department of Health

## Could YOU have Ebola?

- Have you traveled within the last 21 days to **Guinea, Liberia or Sierra Leone,** and/or touched a person with Ebola? Do you also have a fever?

**IF SO:**

- **CALL** your health care professional or local emergency room.
- You may be hospitalized and tested. If you test positive for Ebola, you will stay in the hospital and be kept safe in isolation for treatment.

## Does SOMEONE YOU KNOW have Ebola?

- Did you touch someone with Ebola and active secretions (saliva, sweat, vomit, diarrhea or blood)?

**IF SO:**

- **CALL** your local county health department immediately.
- You may be asked to stay home and be monitored by health care professionals for a 21-day period.

## Do you live in a COMMUNITY where a person is being treated for Ebola?

- Stay calm.
- People who have been exposed to the Ebola virus are at home and being monitored by health care professionals.
- Reduce your exposure to all viruses: wash your hands often with soap and water.

## Do you work in a HEALTH CARE FACILITY treating a person with Ebola?

- Practice infection control guidelines.
- Follow warning signs posted outside of patient rooms.
- If caring for the patient:
  - Follow all instructions for donning and doffing personal protective equipment.
  - Wear water-impermeable protection from head to toe, to include: a gown, leg-high covers or boots, hat, face mask, face shield and double gloves.
  - No skin should be exposed.

**Local county contact information can be found at FloridaHealth.gov.**

10/21/14, 4:48 pm

# Florida's Response to Emerging Infectious Disease

FloridaHealth.gov • Florida Department of Health • #FLHealthFacts

## STATE-LEVEL ACTIONS

### Case in the U.S., Not in Florida

Provide messages emphasizing infection control practices.

Implement enhanced disease surveillance.

Develop risk communication strategies.

Conduct daily calls with local health departments.

Consider activating Joint Information Center.

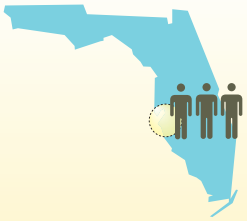
### Single Case in Florida

Activate State Emergency Response Team, Level 2.

Deploy disease control expertise.

Announce case and implement risk communication strategies.

Consider declaring local public health emergency.

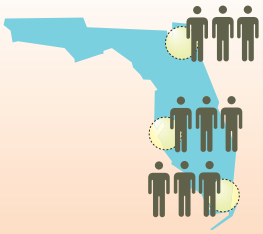


### Multiple Cases in a Single Florida County

Continue activation of State Emergency Response Team, Level 2, including law enforcement, mass care, fire and EMS.

Support of ESF 8 and ESF 14 by DOH Office of Communications.

Consider declaring State Public Health Emergency.



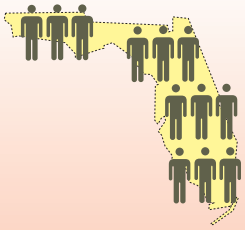
### Multiple Cases in Multiple Florida Counties

Activate State Emergency Response Team, Level 1.

Declare State Public Health Emergency.

Deploy State Medical Response Teams and other resources.

Consider declaring State of Emergency.



### Widespread Cases in Florida

Continue activation of State Emergency Response Team, Level 1.

Continue State Public Health Emergency.

Consider declaring State of Emergency.

Consider requesting Federal Disaster Declaration.

## LOCAL-LEVEL ACTIONS

Monitor situation.

Disseminate information to health care partners.

Focus on disease surveillance.

Activate County Emergency Operations Center.

Conduct contact tracing.

Ensure isolation and quarantine.

Implement social distancing.

Continue activation of County Emergency Operations Center.

Assess health care system capacity.

Continue contact tracing.

Establish alternate care sites.

Consider activation of local continuity of operations plans.

Request additional resources for personnel personal protective equipment and supplies.

**Local county contact information can be found at FloridaHealth.gov.**

10/15/14

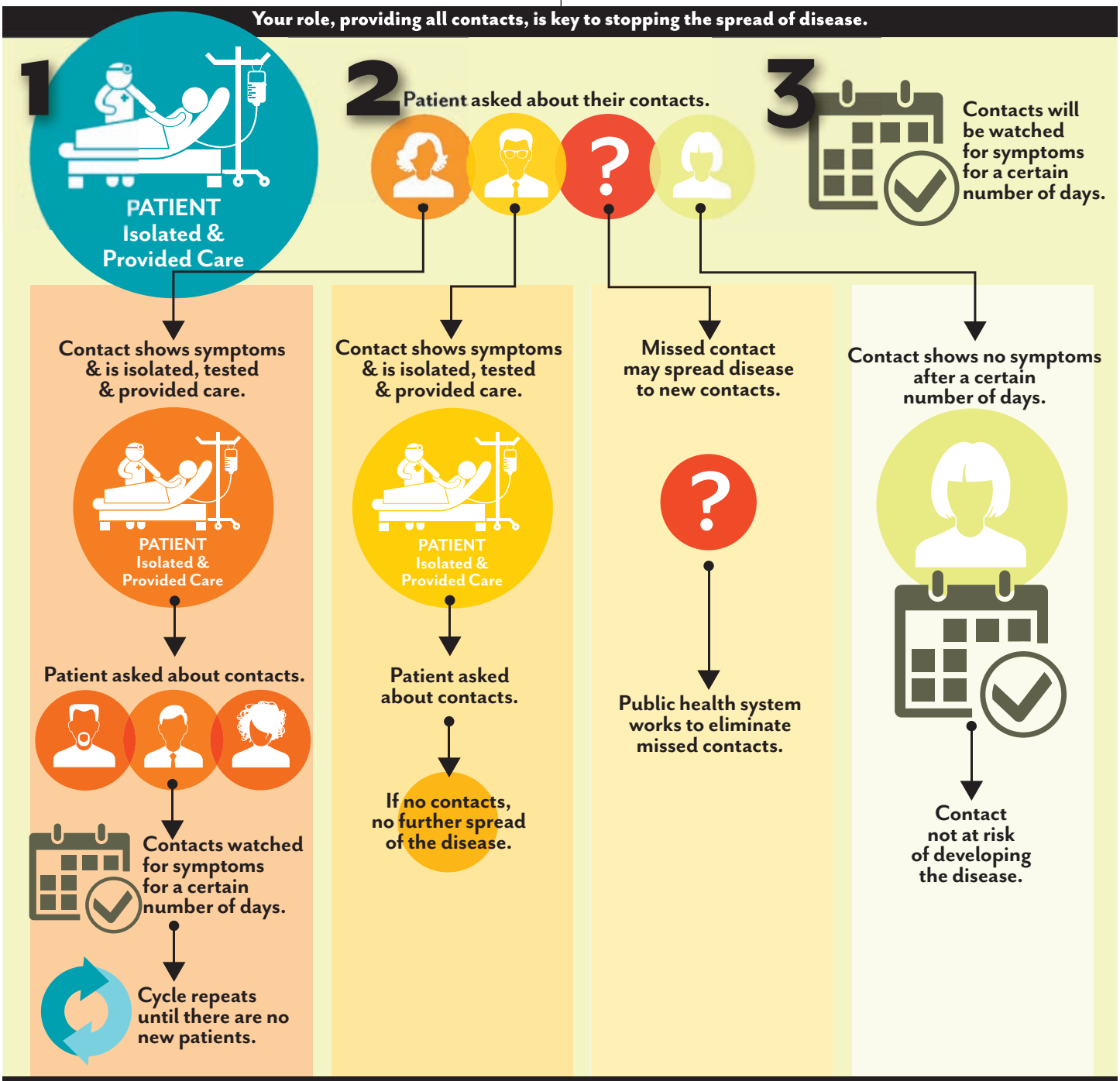
# Contact Tracing Can Stop Infectious Disease Outbreaks

**FloridaHealth.gov • Florida Department of Health**

**If you are diagnosed with certain diseases, you will be asked by a local public health official—an epidemiologist—about everyone with whom you have had contact. The epidemiologist will talk to each person and ask them about their health. This is called contact tracing, and is a core public health function.**

- Contact tracing tracks and prevents the spread of disease.
- Epidemioligists find everyone that has been in contact with a sick patient.
- Contacts are watched for symptoms for a certain number of days.

**Your role, providing all contacts, is key to stopping the spread of disease.**




**Local county contact information can be found at FloridaHealth.gov.**

10/14/14

# Ebola Awareness Information for **Emergency Medical Services**

FloridaHealth.gov • Florida Department of Health

**1**

**In the last 21 days, did the individual have:**

- HISTORY OF TRAVEL TO:
  - Guinea?
  - Liberia?
  - Sierra Leone?
- PHYSICAL CONTACT OR EXPOSURE to body fluids from another person with Ebola—*including those working in labs?*

**no** → **Continue care. Transport per routine & appropriate protocol(s).**

**yes** ↓

**2**

**Does the individual have sudden onset of fever?**

**no** → **Continue care. Transport per routine & appropriate protocol(s).**

**yes** ↓

**3**

**Perform hand hygiene & don Personal Protective Equipment (PPE):**

Head-to-toe coverage with water-impervious materials so NO SKIN, MUCOUS MEMBRANES OR HAIR IS EXPOSED.

**and** →

**Remember: safe removal of PPE is essential.**

- Make sure PPE training is up to date.
- Use extreme caution when removing PPE to avoid contamination of eyes, mucous membranes & clothing.
- Follow established decontamination procedures.
- Monitor exposure risk by communicating with receiving hospital.

Local county contact information can be found at FloridaHealth.gov.

10/20/14

# Florida Practices T.E.A.C.H to Prevent Ebola Exposure

FloridaHealth.gov • Florida Department of Health

## T — Train

Staff should **train** in the safe use of protective equipment.

## E — Exposure

No skin should be **exposed** when wearing protective equipment.

## A — Actively Monitor

Trained staff should **actively monitor** the donning & doffing of protective equipment on attending staff.

## C — Clean & Disinfect

**Clean & disinfect** protective equipment during donning and doffing and practice hand washing.

## H — Hand Awareness

Avoid contaminating protective equipment by knowing what your **hands** are doing at all times.

Local county contact information can be found at FloridaHealth.gov.

10/27/14, 1:53 pm

# Personal Protective Equipment Guidance
## For Health Care Workers: Ebola Virus

FloridaHealth.gov • Florida Department of Health

**Suspected EVD is immediately reportable to the Department of Health according to Florida Law (Chapter 64D-3, F.A.C)**

This guidance is intended for health care workers who come into contact with individuals either potentially or actually infected with the Ebola virus. The entire risk continuum, from initial presentation of a person with suspected symptoms to ongoing care of a seriously ill person should be considered when selecting appropriate PPE. Examples of lower risk PPE and higher risk PPE are given. At all risk levels, however, every assurance should be made that health care personnel caring for the patient have no exposed skin, hair, or mucous membranes. The consideration of specific PPE materials should be based on duration of contact and severity of patient symptoms. Rigorous, repeated PPE training and demonstrated competency is required by those using PPE in care of an Ebola patient.

**Patient Encounter Risks:**

Lower Risk – no direct or potential direct contact with patient's blood or bodily fluids (e.g., sweat, vomit, feces, urine) and/or contact with linens, objects and environmental surfaces contaminated with the patient's blood or bodily fluids. No participation in aerosol generating medical procedures (e.g., endotracheal intubation, airway suctioning, bronchoscopy, aerosolized or nebulized medication administration, etc.). Patient is in early, mildly symptomatic stage of illness, when virus levels are low.

Higher Risk – direct or potential direct contact with the patient's blood or bodily fluids (e.g., sweat, vomit, feces, urine), processing of laboratory specimens, and/or contact with linens, objects and environmental surfaces contaminated with the patient's blood or bodily fluids. Also includes participation in aerosol generating medical procedures (e.g., endotracheal intubation, airway suctioning, bronchoscopy, aerosolized or nebulized medication administration, etc.). Patient is in a later stage of illness, significantly symptomatic when virus levels are high.

**PPE for Lower Risk Encounters**

All persons entering the patient room or transporting patients should wear at least:

- Fluid impermeable single use head-to-toe coverall
- Single use nitrile gloves (double glove with smaller size as base layer and larger size as outer layer)
- Single use impermeable shoe/boot covers
- Eye protection (tight fitting goggles or face shield)
- Fluid resistant facemask or N-95 respirator

**PPE for Higher Risk Encounters**

- Durable single use fluid impermeable head-to-toe coverall suit, such as Tyvek®
- Fluid impermeable leg covers/surgical booties
- Single use nitrile gloves (double glove with smaller size as base layer and larger size as outer layer). Outer gloves should have extended cuffs.
- Taping/sealing of outer gloves and footwear edges/openings to coverall suit
- Single-use fluid impermeable apron that covers the torso to the level of the mid-calf should be used if Ebola patients have vomiting or diarrhea. If a PAPR will be worn, consider selecting an apron that ties behind the neck to facilitate easier removal during the doffing procedure
- Use a full face piece air purifying respirator (APR) or, if more practical, a full face piece powered air purifying respirator (PAPR)
    - APR is generally practical only for short durations (e.g., one hour or less)
    - Requires appropriate cleaning/disinfection prior to reuse

**Important General Guidance and Resources**

- Use of any respirator (e.g., N-95, full face piece APR or PAPR) requires proper medical clearance, training and fit testing if applicable per OSHA standards for healthcare workers found at: https://www.osha.gov/SLTC/healthcarefacilities/standards.html
- Follow correct donning/doffing low-risk and high-risk checklist procedures with strict hand hygiene
- PPE donning is done prior to entering patient room/location
- Use separate dedicated areas for donning and doffing of PPE
- Use a well-trained monitor and/or assistant for observation of donning and doffing PPE
- An additional trained staff with appropriate PPE may be needed to aid those donning and doffing PPE. Additional exposed staff must be kept to a minimum number.
- Appropriately clean/disinfect PPE during doffing procedures
- Links to the FDOH training videos for proper donning and doffing of PPE are high-risk PPE http://youtu.be/9BNQ56-RXLI and low-risk PPE http://youtu.be/SvkiSKiwvQQ
- Re-useable full face piece respirators must be cleaned and disinfected according to the manufacturer's reprocessing instructions and hospital policies that meet the requirements of CFR, Title 29, Part 1910, Appendix B-2 to §1910.134: Respirator Cleaning Procedures (Mandatory), found at: http://www.ecfr.gov/cgi-bin/text-idx?rgn=div6&node=29:5.1.1.1.8.9.
- FDOH guidance for disinfection of reusable PPE
- Additional infection prevention/control guidance from the U.S. Centers for Disease Control and Prevention is available at: http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html

Checklist for Donning and Doffing Personal Protective Equipment (PPE)

**Low Risk**

Employee_____

Don Time_____ Donning Vitals_____

Doff Time_____ Doffing Vitals_____

The goal in using this PPE is that no skin be exposed while caring for a patient.

Pre-donning: (with a trained monitor)

- ◻ Staff can be in their usual work clothing; Shoes should be of a type that can be disinfected.
- ◻ Complete an equipment inventory.
- ◻ Verify the size of the coverall suit is correct for your use.
- ◻ Perform a vitals health check and record on this checklist.
- ◻ Remove all jewelry and watches.
- ◻ Long hair should be pulled back and secured using a hair net or hair band.
- ◻ Hydrate with at least a few ounces of water.
- ◻ Wash hands with soap and water or use hand sanitizer.

Donning: (with a trained monitor)

- ◻ Don the inner nitrile gloves.
- ◻ Put on the coverall suit, and zip to mid chest.
- ◻ Be sure the cuffs are over the inner gloves.
- ◻ Be seated and pull on the shoe cover booties.
- ◻ The N-95 face mask is then donned as it will need to stay in place under the hood.
- ◻ Pull the hood up over the head and zip the coverall suit fully. If any skin is still exposed, then an additional separate hood should be used.
- ◻ At this point, an optional outer plastic apron can be worn and tied by your monitor.
- ◻ The full face shield should then be donned and adjusted for fit.
- ◻ The next step is to put on the outer nitrile gloves, pulling the glove over the cuffs of the coverall. Taping the outer gloves to the cuffs is optional.
- ◻ With assistance, stretch to ensure the fit of the garments and gloves by reaching up and over the head and to the left and right.
- ◻ If your gloves have moved, tape the outer gloves to the cuffs of the coverall. Leave a tab for tape removal later.
- ◻ Record the time, and complete the safety checklist of the PPE with your monitor.

**Remember, while using PPE:**

• Keep gloved hands away from face
• Avoid touching or adjusting the PPE
• Limit surfaces and items touched
• Seek immediate assistance if any part of gloves, coverall or detachable hood becomes torn

Doffing: (with a trained monitor in appropriate protective equipment to observe and assist)

- The removal of PPE using the appropriate methods is critical to preventing an infection from occurring.
- Remember, in general, the outside and sleeves of the coverall suit, the outside of the additional hood, and the external gloves are considered "contaminated," regardless of whether there is visible soil.
- The areas considered "clean" that can be touched when removing PPE include inside the gloves, inside of the coverall suit and the inside of the additional hood.

  - □ Have a monitor in place with appropriate protective equipment to observe your doffing process and assist if needed. You will need a seat to complete the doffing.
  - □ Using ***bleach wipes**, clean the outer gloves.
  - □ Then, using bleach wipes and starting at the top, wipe the full face shield, the additional hood, and the coverall suit.
  - □ Using bleach wipes, again, clean the outer gloves.
  - □ Remove the face shield, lifting up and to the front, and hand to your monitor for further disinfection.
  - □ Using bleach wipes, again, clean the outer gloves.
  - □ Remove outer gloves and dispose of along with the bleach wipes in the biohazard bag.
  - □ Using bleach wipes to clean the inner gloves.
  - □ Then, grasping at the top of the head, gently pull the additional hood up and to the front, away from your head, and place the hood into the biohazard bag.
  - □ Then use bleach wipes to clean the inner gloves.
  - □ Unzip and carefully remove the coverall suit, starting at the neckline, folding and rolling inside out, away from the body and down to the ankles.
  - □ Be careful that your gloved hands touch only the inside of the suit.
  - □ Sit down.
  - □ While seated, continue to roll the suit down and away from your shoes. The outer shoe cover booties will stay on the suit to be thrown away with the coverall. Place the suit and booties into the biohazard bag.
  - □ Bleach wipe the inner gloves again.
  - □ Remove the N-95 mask and place in the biohazard bag.
  - □ Bleach wipe the internal gloves again.
  - □ Slowly remove the inner gloves using the glove in glove technique and place into the biohazard bag.
  - □ Use hand sanitizer immediately, followed by hand washing with soap and water.
  - □ Rehydrate, then take and record vitals and the time on your safety checklist.

***In place of bleach wipes,** other disinfectant wipes approved by the hospital and PPE manufactures may be used, so long as they are labeled as a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus).

Checklist for Donning and Doffing Personal Protective Equipment (PPE)

**Long Duration-Higher Risk**

Employee_____

Don Time_____ Donning Vitals_____

Doff Time_____ Doffing Vitals_____

Pre-donning:

- □ Staff should be in scrubs or other hospital/clinic approved clothing to begin; Shoes should be of a type that can be disinfected.
- □ Complete an equipment inventory and verify that the PAPR has a fully charged battery and perform an airflow check (per manufacturer's recommendations).
- □ Verify the size of the coverall suit is correct for your use.
- □ Perform a vitals health check and record on this checklist.
- □ Remove all jewelry and watches.
- □ Long hair should be pulled back and secured using a hair net or hair band.
- □ Hydrate with at least a few ounces of water.
- □ Wash hands with soap and water.

Donning: (with a trained monitor)

- □ Put on the internal shoe cover booties that cover the lower leg.
- □ The coverall is a full body, bonded seam impermeable suit, with a hood and booties attached.
- □ Step into the coverall suit and zip up to waist level.
- □ While seated, put on external shoe cover booties and tape to the coverall suit, folding over the end of the tape to create a tab for removal later. Pre-cutting measured strips of tape will speed the donning process.
- □ Put on the inner nitrile gloves.
- □ Pull the coveralls onto your upper body and arms, zipping above the waist.
- □ Pull the cuffs down over the gloves.
- □ Have your monitor tuck the coverall hood inside the neck of the coverall suit.
- □ Your monitor should assist in securing the vinyl PAPR belt with the battery pack against small of your back and adjust the belt for a secure fit.
- □ Your monitor can now attach the air tube to the battery pack and the hood.
- □ Power on the battery pack.
- □ Don the hood, holding the outer layer of the cowl up. Your monitor can now tuck the inner layer of the cowl inside the neck of the coverall suit.
- □ The outer layer can now be lowered. Air should be comfortably flowing into the hood.
- □ Zip up the coverall suit fully and, starting at the bottom of the zipper, pull away the strip covering the built-in adhesive on the flap and seal the flap against the coverall.
- □ Don the outer Nitrile gloves, over the cuffs of the coverall suit, and tape to the coveralls, leaving a tab for tape removal later.
- □ Your monitor can now place the plastic apron over the hood (over the PAPR tubing) and tie it in the back, over the PAPR tubing.

- □ To ensure the fit of the equipment and tape, stretch first by squatting, then placing one knee to the ground and with hands stretched up and over head, lean to both the right and left.
- □ Your monitor should record the time on this safety checklist.

**Remember, while using PPE:**

• Keep gloved hands away from face
• Avoid touching or adjusting the PPE
• Limit surfaces and items touched
• Seek immediate assistance if any part of gloves or coverall becomes torn

Doffing: (with a monitor in the same PPE)

- □ Remember, in general, the outside and sleeves of the coveralls and outside front of the PAPR hood, and the external gloves are considered "contaminated," regardless of whether there is visible soil.
- □ The areas considered "clean" that can be touched when removing PPE include inside the gloves, inside of the coverall suit and the inside of the PAPR hood.
- □ The PAPR hood should always be removed outside the patient room, after the door is closed.
- □ The most contaminated garments are the apron, the outer gloves and the shoe cover booties, so they will be removed inside the patient's room.
- □ Use ***bleach wipes** to clean the outer gloves.
- □ Using both hands on one side of the neck ring of the apron, gently pull to break the neck ring and fold down the upper part of the apron; then using the same motion, break the back tie on the same side and pull the apron away. Place the apron in biohazard bag inside the patient's room.
- □ Remove tape from the outer shoe cover booties and, rolling down and away, remove the booties.
- □ Dispose of tape and booties in the biohazard bag inside the patient's room.
- □ Again use bleach wipes to clean the outer gloves.
- □ Then, using bleach wipes, starting with the top of the hood, wipe clean the PAPR hood, and the coverall suit.
- □ Use bleach wipes once more to clean the outer gloves. Remove the tape and gloves, using glove in glove technique and dispose of in the biohazard bag inside the patient's room.
- □ Using bleach wipes, clean the inner gloves.
- □ Directly outside of the patient's door, a tub lined with a biohazard bag should be stationed along with your monitor, who is also in appropriate PPE.
- □ Step directly into the tub with the biohazard bag, keeping your arms close to your sides over the bag.
- □ Your monitor should use bleach wipes on both your gloves and their gloves.
- □ All disposable items should be dropped directly into the biohazard bag in the tub.
- □ Keeping the PAPR powered on, your monitor should then remove the vinyl PAPR belt and place the battery pack onto a stable surface.
- □ The monitor will then clean the exterior of the battery pack, belt and tubing thoroughly with bleach wipes, not allowing the tubing to come in contact with the coverall suit and being careful not to get the battery pack and inlet/outlet ports wet with the bleach solution.
- □ Your monitor should then roll the outer layer of the PAPR hood up, first in the back and then the front.

- □ Then unzip the coverall suit and, starting at the neck, assist with removal by folding and rolling the suit inside out, away from the body, pushing down to the ankles into the bottom of the tub.
- □ Once the coverall suit is pushed down as far as it will go, bleach wipe both persons' gloves.
- □ Next, with the monitor holding the coverall suit down into the tub, carefully step out of the tub onto the floor, being careful not to touch the inside of the biohazard bag.
- □ Bleach wipe both of your gloves once more.
- □ You can now remove the hood using an up and over motion to the back. Your monitor then can take the hood, remove the air tube and place it into the tub.
- □ Both should bleach wipe their gloves again.
- □ Your monitor can then switch off the PAPR, and disconnect the air tubing from the battery pack.
- □ You can now remove the internal shoe cover booties and place in the biohazard bag.
- □ Bleach wipe your gloves once more.
- □ Remove the inner gloves using the glove in glove technique and place into the biohazard bag in the tub.
- □ Your monitor should then seal and dispose of the biohazard bag and attend to the reusable items.
- □ Use hand sanitizer immediately, followed by hand washing.
- □ Rehydrate, then take and record vitals and the time on your safety checklist.
- □ Proceed to the shower.

***In place of bleach wipes,** other disinfectant wipes approved by the hospital and PPE manufactures may be used, so long as they are labeled as a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus).

## How to Disinfect Personal Protective Equipment

These procedures are provided for employer use when cleaning respirators. They are general in nature and the employer, as an alternative, may use the cleaning recommendations provided by hospital and/or the manufacturer of the respirators used by their employees, provided such procedures are as effective as those required by *CFR, Title 29, Part 1910, Appendix B-2 to §1910.134: Respirator Cleaning Procedures (Mandatory)*, found at http://www.ecfr.gov/cgi-bin/text-idx?rgn=div6&node=29:5.1.1.1.8.9. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in appendix B-2. (i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user).

## Procedures for Cleaning/Disinfecting Reusable Air-Purifying Respirators (APR)

1. The Florida Department of Health recommends cleaning the respirator after each use.
2. Remove and discard filters, cartridges, or canisters. Disassemble face pieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
3. Wash components in warm (110 °F [43ºC] maximum) water with a mild detergent that includes a disinfecting agent, a cleaner recommended by the manufacturer, or a 10% bleach solution. A bleach wipe can also be used to wash the components. Alternately, the components can be submerged in a cleaning solution for a minimum of two minutes to achieve the same result.
4. Rinse components thoroughly in clean, warm (110 °F [43ºC] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on face pieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
5. Components should be hand-dried with a clean lint-free cloth or air-dried.
6. Reassemble face piece, replacing filters, cartridges, and canisters where necessary.
7. Test the respirator to ensure that all components work properly.

## Procedures for Cleaning/Disinfecting Powered Air-Purifying Respirators (PAPR)

1. Discard the PAPR hood. It will not be reused.
2. Remove and discard filters, if necessary (see manufacturer's instructions).
3. Remove the tubing from the battery pack/blower unit and, using a lint-free cloth, clean with a mild detergent that includes a disinfecting agent, a cleaner recommended by the manufacturer or a 10% bleach solution. A bleach wipe can also be used to wash the components. Alternately, the tubing can be submerged in an approved cleaning solution to achieve the same result.
4. Wipe down the battery pack/blower unit with a bleach wipe, including the outer surface, the belt, the clip, the outlet/inlet ports, and the battery pack connector pins (being careful not to bend).
5. Do not allow liquid to enter the air outlet and inlet ports. This could damage the unit.
6. Allow both the tubing and the battery pack/blower unit to completely dry before reuse or storage.
7. Be sure to inspect the unit and tubing for damage before reuse.

## Procedures for Cleaning/Disinfecting Reusable Rubber Boots

1. After removing boots, clean with a mild detergent that includes a disinfecting agent, a cleaner recommended by the manufacturer, or a 10% bleach solution. A bleach wipe can also be used. Alternately, the boots can be submerged in an approved cleaning solution for a minimum of two minutes, to achieve the same result.
2. It is not recommended to scrub the boots with a brush because it causes splashing.

8. Allow the boots to dry before reuse or storage. If submerged when cleaned, hanging them upside down will allow them to dry faster.

**Other Important Information**

Those cleaning/disinfecting reusable PPE need to protect themselves from skin and mucous membrane contact with contaminated items and splashes, by use of water impermeable gown and head covering, gloves, face mask and goggles or face shield.

Note that bleach has a shelf life. Only use bleach that is prior to the expiration date when making the cleaning solution. A 10% bleach solution requires one volume of bleach (e.g., one cup) added to 9 volumes of water (e.g., nine cups).

Other disinfecting agents used for PPE contaminated by Ebola virus should be those effective against non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus).

3M has a guidance document on how to clean and disinfect their respirator products found at: http://multimedia.3m.com/mws/media/988556O/cleaning-rr-and-papr-after-possible-ebola-exposure.pdf?&fn=RR%20and%20PAPR%20cleaning%20Ebola%20appro

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

*(Version 3.5 10/24/14 – Please note this interim guidance is subject to change.)*

- Residence in (or travel to) an area where EVD transmission is active (Guinea, Sierra Leone, Liberia, or Democratic Republic of Congo, or other countries reported by the World Health Organization) within 3 weeks (21 days) before onset of symptoms or has had direct contact with a known or suspected EVD patient[1,2]. Outpatient facilities should determine the travel history and chief complaint of patients when appointments are made and refer them to a hospital if there are concerns about EVD.

**NO** →

**EVD NOT SUSPECTED**
**Evaluate for other conditions**

**YES** ↓

1. Isolate the patient in a single room with a private bathroom and with the door closed [5,6]

**Presence of signs and symptoms of EVD**

- **Fever OR**
- **Compatible EVD symptoms** (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** hemorrhage).

**NO** →

**Report**
Asymptomatic patients with *high- or low-risk exposures* (see below) in the past 21 days to the health department

**YES** ↓

1. Implement standard, contact, droplet precautions, and ensure no exposed skin on health care providers
2. Notify personnel responsible for Infection Control Program and other appropriate staff

**Conduct Exposure Assessment**

**HIGH-RISK EXPOSURE**

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

**NO** →

**LOW-RISK EXPOSURE**

- Household members of an EVD patient **OR**
- Persons with close contact* with EVD patients in health care facilities or community settings **OR**
- Persons with direct unprotected contact with bats or primates from EVD-affected countries

**NO** →

**NO KNOWN EXPOSURE**

- Persons who had residence in (or travel to) Guinea, Sierra Leone, Liberia, or Democratic Republic of Congo **WITHOUT** high- or low-risk exposures

**YES** ↓

**EVD SUSPECTED – TESTING INDICATED**

***Immediately report to your County Health Department or DOH Bureau of Epidemiology at 850-245-4401 to authorize testing.***

**YES** ↓

**Review Case with *County Health Department* Including**

- **Severity of illness**
- **Laboratory findings (e.g. CBC, platelet counts, liver enzymes)**
- **Alternative diagnoses (e.g. malaria)**

**YES** ↓

**Florida Department of Health in Hillsborough County**
**Epidemiology Program**

**Available 24/7**
**Phone: (813) 307-8010**
**Fax: (813) 276-2981**

**See back for references and additional recommendations**

**Infection control recommendations [5,6,7]:**

- Standard, contact, and droplet precautions and ensure no exposed skin on health care workers, including gloves, fluid-resistant gowns, eye protection, face mask with careful attention to donning and doffing of PPE followed by appropriate hand hygiene; additional PPE may be required including double gloving, disposable shoe covers and leg covers
- Single patient room with private bathroom, door closed; restrict visitors
- Avoid aerosol-generating procedures; utilize aerosol precautions if performed
- Implement environmental infection control measures

**Testing recommendations**

- Conduct only essential laboratory testing, and take appropriate precautions according to laboratory recommendations[4]
- Include malaria diagnostics in initial testing as it is the most common cause of febrile illness in persons with travel history to affected countries
- Following consultation with DOH and approval for EVD testing, collect two 4 mL whole blood specimens in ***plastic*** purple top tubes; do not use pneumatic tube system for transport[4]; contact DOH to determine the proper category for shipment[4]
    - If the first specimen tests positive, no need to repeat the test for diagnostic purposes. Additional specimens may be collected for other purposes
    - If the first specimen tests negative and was collected ≥3 days after symptom onset there is no need to repeat the test for diagnostic purposes.
    - If the first specimen tests negative and was collected <3 days after symptom onset, the test may need to be repeated ≥3 days after onset if EVD still suspected and clinically indicated.

***Low risk exposure close contact is defined as:**

- being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while wearing recommended personal protective equipment (i.e., standard, contact, and droplet precautions)
- having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment
- Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

**References: Florida DOH Website  CDC Ebola Website**


1. CDC. Updated Case Definition for Ebola Virus Disease
2. CDC. Health Alert Network (HAN): Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease
3. CDC. Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings.
4. CDC. Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Patients under Investigation for Ebola Virus Disease in the United States
5. CDC. Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals
6. CDC. Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)
7. CDC. Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus
8. CDC. Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure
9. CDC. Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States

# 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…"

# 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

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