

EpiNotes

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

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Tis the Season...for Norovirus

By Mackenzie Rae Tewell, MA, MPH, CPH

Norovirus may be best known for the outbreaks it causes on cruise ships, but vacationers are not the only people at risk. Most norovirus outbreaks occur between the months of November and April, and can occur in a variety of settings including long term care facilities (LTCFs), schools, daycares, prisons or jails, and food service settings. According to the CDC, over half of reported norovirus outbreaks occur in LTCFs. Cruise ships, on the other hand, only account for 1% of all reported norovirus outbreaks.

Often called “food poisoning” or the “stomach flu,” norovirus causes vomiting, diarrhea, nausea and abdominal cramping; other symptoms may include headache, fever and muscle aches. Illness begins 12-48 hours after exposure to the virus. Most people recover in 24-60 hours, but some may develop severe complications such as dehydration. It is estimated that 21 million people will become infected with norovirus annually in the United States. Over 70,000 will require hospitalization, and around 800 will die.

Both vomit and stool contain billions of virus particles, and it takes only a small amount, about 18 particles, to cause illness. Norovirus is spread through the fecal-oral route, ingesting contaminated food or drinks, and even by swallowing virus particles that aerosolize when an infected individual vomits. Norovirus can live on surfaces for up to two weeks, and is resistant to many common cleaning agents. Cleaning recommendations include the use of freshly prepared bleach solutions (http://www.disinfect-for-health.org/wp-content/themes/disinfect/pdfs/NorovirusIncident_8.5x11_Eng_Color.pdf), or an agent on the EPA's list of approved disinfectants known to be effective against Norovirus

(http://www.epa.gov/oppad001/list_g_norovirus.pdf). Norovirus can even survive freezing temperatures and cooking up to 140 degrees Fahrenheit.

The CDC estimates that 70% of norovirus outbreaks are caused by an infected food handler. Specifically, ill food handlers who do not practice proper hand washing may contaminate ready to eat foods, including fresh fruits and vegetables, sandwiches, baked goods, or foods that were previously cooked. Food handlers should stay home when they are sick with diarrhea or vomiting, and until they have been symptom free for at least 24 hours. According to the CDC, 1 in 5 food handlers have continued working while experiencing vomiting and diarrhea. People with norovirus will continue to have the virus in their stool for weeks after symptoms have stopped, making hand washing after restroom visits and prior to handling food essential to limiting transmission.

You can decrease your chance of coming in contact with noroviruses by following these steps:

- Wash your hands frequently, especially after going to the bathroom and changing diapers and before eating or preparing food. NOTE: Hand sanitizers are NOT effective against norovirus.
- Thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness by using a bleach-based household cleaner. (*Make sure it contains bleach and is not just made by a bleach company.*)
- Immediately remove and wash clothing or linens that may be contaminated with virus after an episode of illness, for example vomiting or diarrhea accident (use hot water and soap).
- Flush or discard any vomit and stool in the toilet and make sure that the surrounding area is kept clean.
- Persons caring for ill family members need to make sure not to put their hands in their mouths, or eat, until they have washed their hands with soap and hot water.

Sources:

1. <http://www.cdc.gov/vitalsigns/norovirus/index.html>
2. <http://www.cdc.gov/norovirus/preventing-infection.html>
3. <http://www.cdc.gov/features/dsnorovirus/>
4. <http://jid.oxfordjournals.org/content/early/2012/04/19/infdis.iis251.full.pdf+html>

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan - Oct 13	Jan - Oct 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	2
Pertussis	31	119	95	81.67	84	59
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	55	50
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	0	3	1	1.33	1	1
<i>H. influenzae</i> (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	10	11
Meningococcal Disease	1	3	6	3.33	5	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	5	4
Enteric Infections						
Campylobacteriosis	120	105	134	119.67	115	147
Cholera	0	1	0	0.33	0	0
Cryptosporidiosis	38	77	59	58.00	53	334
Cyclospora	1	2	9	4.00	9	4
Escherichia coli, Shiga toxin-producing (STEC)	24	22	30	25.33	22	21
Giardiasis	81	54	56	63.67	43	55
Hemolytic Uremic Syndrome	0	1	2	1.00	0	1
Salmonellosis	349	331	303	327.67	241	305
Shigellosis	378	36	63	159.00	59	41
Typhoid Fever	0	0	0	0.00	0	0
Viral Hepatitis						
Hepatitis A	4	5	10	6.33	7	5
Hepatitis B (Acute)	26	39	56	40.33	40	52
Hepatitis C (Acute)	7	26	38	23.67	35	25
Hepatitis +HBsAg in Pregnant Women	50	38	30	39.33	23	29
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 - Oct 13	Jan - Oct 14
Vectorborne, Zoonoses						
Chikungunya	N/A	N/A	N/A	N/A	N/A	25
Dengue	4	5	4	4.33	3	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	11	6
Malaria	7	7	8	7.33	7	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	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	15	8
Melioidosis	0	0	0	0.00	0	0
Vibriosis	8	13	13	11.33	12	7

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2011	2012	2013		Jan - Oct 13	Jan - Oct 14
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	13	4	5	7.33	5	7
Lead	193	329	173	231.67	159	192
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	199	155
HIV Infection	318	327	403	349.33	311	384
STDs						
Chlamydia	7288	7124	7220	7210.67	6090	6307
Gonorrhea	2343	2160	2023	2175.33	1699	1599
Syphilis, Congenital	3	6	3	4.00	2	4
Syphilis, Latent	134	129	189	150.67	130	145
Syphilis, Early	91	117	124	110.67	102	130
Syphilis, Infectious	124	155	156	145.00	127	179
Tuberculosis						
TB	46	51	54	50.33	NA	NA
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	13	74	73	53.33	73	51
Food and Waterborne Outbreaks	3	4	4	3.67	4	2

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



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

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order

☎ Report immediately 24/7 by phone

• Report next business day

+ Other reporting timeframe

Birth Defects

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

Cancer

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

HIV/AIDS

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

STDs

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

Tuberculosis

- Tuberculosis (TB)

All Others

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

☎ Amebic encephalitis

! Anthrax

- Arsenic poisoning
- Arboviral diseases not otherwise listed

! Botulism, foodborne, wound, and unspecified

- Botulism, infant

! Brucellosis

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

☎ Chikungunya fever, locally acquired

! Cholera (*Vibrio cholerae* type O1)

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

☎ Dengue fever, locally acquired

! Diphtheria

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

! Glanders

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

- Hansen's disease (leprosy)

☎ Hantavirus infection

☎ Hemolytic uremic syndrome (HUS)

☎ Hepatitis A

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

☎ Herpes B virus, possible exposure

! Influenza A, novel or pandemic strains

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

- Lead poisoning

- Legionellosis

- Leptospirosis

☎ Listeriosis

- Lyme disease

- Malaria

! Measles (rubeola)

! Melioidosis

- Meningitis, bacterial or mycotic

! Meningococcal disease

- Mercury poisoning

- Mumps

☎ Neurotoxic shellfish poisoning

☎ Pertussis

- Pesticide-related illness and injury, acute

! Plague

! Poliomyelitis

- Psittacosis (ornithosis)

- Q Fever

☎ Rabies, animal or human

! Rabies, possible exposure

! Ricin toxin poisoning

- Rocky Mountain spotted fever and other spotted fever rickettsioses

! Rubella

- St. Louis encephalitis

- Salmonellosis

- Saxitoxin poisoning (paralytic shellfish poisoning)

! Severe acute respiratory disease syndrome associated with coronavirus infection

- Shigellosis

! Smallpox

☎ Staphylococcal enterotoxin B poisoning

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

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

- Tetanus

- Trichinellosis (trichinosis)

! Tularemia

☎ Typhoid fever (*Salmonella* serotype Typhi)

! Typhus fever, epidemic

! Vaccinia disease

- Varicella (chickenpox)

! Venezuelan equine encephalitis

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

! Viral hemorrhagic fevers

- West Nile virus disease

! Yellow fever

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

Florida Department of Health, Practitioner Disease Report Form



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

Print Form

Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

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

Birth date: _____ Death date: _____

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

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unk

Address: _____

ZIP: _____ County: _____

City: _____ State: _____

Home phone: _____

Other phone: _____

Emer. phone: _____

Email: _____

Medical Information

MRN: _____

Date onset: _____ Date diagnosis: _____

Died: ☐ Yes ☐ No ☐ Unk

Hospitalized: ☐ Yes ☐ No ☐ Unk

Hospital name: _____

Date admitted: _____ Date discharged: _____

Insurance: _____

Treated: ☐ Yes ☐ No ☐ Unk

Specify treatment: _____

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

Provider Information

Physician: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Reportable Diseases and Conditions in Florida

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

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

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

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

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

Comments