EpiNotes

Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter
April 2015

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April Showers Bring Summer Mosquitos

By Samantha Spoto, MSPH, CPH

Warmer weather and rain showers mark the beginning of mosquito season in Florida. In Hillsborough County, the most frequently reported mosquito-borne diseases last year were Chikungunya, Malaria, and Dengue Fever, see Table 1 on page 2. While these individuals were infected while traveling out of the country, the species of mosquitos capable of carrying these diseases are present in Florida. If a provider suspects that a patient is infected with a mosquito-borne virus, even if it was acquired out of the country, it is important the health department receives this information quickly. Some laboratory testing can take up to two weeks for results to be received, especially for Chikungunya. The DOH-Hillsborough Epidemiology Program works with Mosquito Control to prevent introduction of these diseases into our local mosquito populations.

Mosquitos in Florida also carry diseases that cycle within our bird and horse populations such as West Nile, Eastern Equine Encephalitis, and Saint Louis Encephalitis. When a person is infected, the effects of these viruses can range from asymptomatic infections or mild illness to encephalitis or possibly death. Mosquito Control maintains flocks of sentinel chickens that are tested weekly for antibodies to these endemic diseases in order to detect when these viruses are present in local mosquito populations. In Hillsborough County, one sentinel chicken has tested positive for antibodies to West Nile Virus so far in 2015. The Florida Department of Health releases weekly *Florida Arboviral Surveillance* reports online, available on their website (http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/surveillance.html); see a selected map on page 3.

The best way to prevent mosquito bites is to **Drain** and **Cover**. Looking around the outside of your home to identify and remove sources of standing water will help prevent mosquitos from breeding and reduce the number of mosquitos in your yard. Make sure things like garbage cans, potted plants, gutters or toys are emptied when they collect water from rain or sprinklers. Keeping the pH of your swimming pool at correct levels and changing water at least once a week in pet bowls and bird baths will also prevent mosquito breeding. To protect the inside of your home, cover your doors and windows with screens and check them for holes regularly.

When spending time outside, protect yourself from mosquito bites by covering your body with shoes, socks, long pants and long sleeves and apply mosquito repellent to bare skin and clothing. Repellents with DEET, picaridin, oil of lemon eucalyptus, and IR3535 are effective when used according to the label. Use mosquito netting to protect children younger than 2 months.

Table 1 Reported Cases of Mosquito-Borne Illness by Year, 2010-2014.

	2010		2011		2012		2013		2014	
Disease	**Hillsborough**	**State**	**Hillsborough**	**State**	**Hillsborough**	**State**	**Hillsborough**	**State**	**Hillsborough**	**State**
Chikungunya	0	0	0	0	0	0	0	0	35	480
Dengue Fever	7	198	4	79	6	136	4	181	7	105
Eastern Equine Encephalitis	2	4	0	0	0	2	1	2	0	1
Malaria	5	139	7	106	7	65	8	60	12	69
St. Louis Encephalitis	0	0	0	0	0	0	0	0	0	2
West Nile Virus	0	12	0	24	1	76	0	8	0	19

The information in Table 1 includes confirmed, probable and suspect cases reported in each year 2010-2014. The number of cases reported in the state of Florida includes the number reported by Hillsborough County.

Florida Arbovirus Surveillance
January 01-April 25, 2015
Confirmed Equine EEE (Total = 2)
Sentinel chickens tested positive for antibodies to HJV (Total = 1)
Sentinel chickens tested positive for antibodies to SLEV (Total = 1)
Sentinel chickens tested positive for antibodies to WNV (Total = 3)
Sentinel chickens tested positive for antibodies to EEEV (Total = 11)
Santa Rosa
Escambia
Okaloosa
Holmes
Jackson
Walton
Washington
Gadsden
Jefferson
Leon
Madison
Hamilton
Nassau
Bay
Calhoun
Liberty
Wakulla
Suwannee
Columbia
Baker
Duval
Taylor
Lafayette
Union
Bradford
Clay
St. Johns
Gulf
Franklin
Gilchrist
Alachua
Putnam
Dixie
Flagler
Levy
Marion
Volusia
Citrus
Sumter
Lake
Seminole
Hernando
Orange
Pasco
Brevard
Pinellas
Hillsborough
Polk
Osceola
Indian River
Manatee
Hardee
Okeechobee
St. Lucie
Highlands
Sarasota
DeSoto
Martin
Charlotte
Glades
Lee
Hendry
Palm Beach
Collier
Broward
Miami-Dade
Monroe

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-Mar 14	Jan-Mar 15
Vaccine Preventable Diseases						
Diphtheria	0	0	0	0.00	0	0
Measles	0	0	0	0.00	0	0
Mumps	0	0	2	0.67	0	0
Pertussis	119	95	65	93.00	14	10
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	45	65	59	56.33	13	23
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	3	1	1	1.67	1	2
H. influenzae (Invasive Disease in children <5)	2	2	3	2.33	0	0
Listeriosis	1	5	2	2.67	0	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	5	11	12	9.33	2	3
Meningococcal Disease	3	6	3	4.00	2	1
Staphylococcus aureus (VISA, VRSA)	1	1	0	0.67	0	0
S. pneumoniae (Invasive Disease in children <6)	5	7	5	5.67	4	1
Enteric Infections						
Campylobacteriosis	105	134	189	142.67	33	51
Cholera	1	0	0	0.33	0	0
Cryptosporidiosis	77	59	354	163.33	7	17
Cyclospora	2	9	4	5.00	0	0
Escherichia coli, Shiga toxin-producing (STEC)	22	30	20	24.00	5	10
Giardiasis	54	56	64	58.00	15	9
Hemolytic Uremic Syndrome	1	2	1	1.33	0	1
Salmonellosis	331	303	362	332.00	47	29
Shigellosis	36	63	68	55.67	16	42
Typhoid Fever	0	0	0	0.00	0	0
Viral Hepatitis						
Hepatitis A	5	10	5	6.67	1	2
Hepatitis B (Acute)	39	56	61	52.00	12	15
Hepatitis C (Acute)	26	38	28	30.67	7	7
Hepatitis +HBsAg in Pregnant Women	38	30	35	34.33	10	6
Hepatitis D, E, G	1	0	0	0.33	0	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-Mar 14	Jan-Mar 15
Vectorborne, Zoonoses						
Chikungunya	N/A	N/A	36	N/A	0	6
Dengue	5	4	6	5.00	2	0
Eastern Equine Encephalitis	0	1	0	0.33	0	0
Ehrlichiosis/Anaplasmosis	0	2	2	1.33	0	0
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	9	12	12	11.00	1	1
Malaria	7	8	11	8.67	3	1
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)	5	6	5	5.33	2	1
Rabies (Human)	0	0	0	0.00	0	0
Rocky Mountain Spotted Fever	1	1	0	0.67	0	1
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)	0	0	0	0.00	0	0
Venezuelan Equine Encephalitis	0	0	0	0.00	0	0
West Nile Virus	1	0	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	0	0	0	0.00	0	0
Glanders	0	0	0	0.00	0	0
Hansen's Disease (Leprosy)	2	2	0	1.33	0	0
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	8	18	8	11.33	2	3
Melioidosis	0	0	0	0.00	0	0
Vibriosis	13	13	7	11.00	1	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-Mar 14	Jan-Mar 15
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	4	5	22	10.33	0	6
Lead	329	173	246	249.33	124	50
Mercury	0	0	0	0.00	0	0
Pesticide	4	13	42	19.67	1	14
Influenza						
Influenza, Pediatric Associated Mortality	0	1	1	0.67	1	0
Influenza, Novel or Pandemic Strain	0	0	0	0.00	0	0
HIV/AIDS						
AIDS	172	231	178	193.67	41	51
HIV Infection	327	403	443	391.00	106	114
STDs						
Chlamydia	7124	7220	7461	7268.33	1584	1683
Gonorrhea	2160	2023	1848	2010.33	379	380
Syphilis, Congenital	6	3	4	4.33	0	1
Syphilis, Latent	129	189	166	161.33	46	42
Syphilis, Early	117	124	141	127.33	38	29
Syphilis, Infectious	155	156	208	173.00	51	59
Tuberculosis						
TB	51	54	51	52.00	7	8
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	74	73	55	67.33	0	0
Food and Waterborne Outbreaks	4	4	3	3.67	0	0

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

Florida HEALTH

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

Rick Scott
Governor

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

April 16, 2015

Dear Colleague:

After seeing several measles cases in visitors, we now have the first confirmed locally acquired measles case in a Florida resident. It is imperative to review what we know about this highly infectious but vaccine-preventable disease and remain vigilant, as new cases may be a possibility.

Measles is a highly contagious disease, transmitted by respiratory aerosols when an infected person coughs or sneezes. The virus can live for up to two hours on surfaces or in an airspace where the infected person coughed or sneezed. The incubation period ranges from 7-21 (average 10-12) days and an individual can pass the virus to others before feeling ill.

Could this be measles? Look for

- Fever (up to 105°F)
- Cough, coryza, and conjunctivitis
- Erythematous maculopapular rash typically appears behind the ears and forehead with cephalocaudal progression (neck to arms to trunk to legs)
- Rash peaks 3-4 days and starts fading by day 5 in the same order as lesions appeared
- Koplik spots—on the oral mucosa (usually opposite to 2nd molar) These spots are pathognomonic but not always visible

Remember to Identify, Isolate, and Inform

Identify: Suspect measles if you observe any of the signs and symptoms above.
Isolate: Immediately isolate individuals you suspect of measles; consider what rooms can be used in your facility for this purpose and have surgical masks of appropriate sizes available to place on individual.
Inform: ***Report suspect measles cases to the county health department immediately*** (www.floridahealth.gov/DiseaseReporting). Local health department staff will conduct a contact investigation and provide guidance as needed.

The best way to prevent the spread of measles is to ensure full MMR vaccine coverage in our community. Identify and offer vaccine to patients that have not received the full series (www.cdc.gov/measles). Thank you for your help in keeping our community safe and healthy.

Sincerely,

Anna M Likos, MD, MPH

Anna Marie Likos, MD, MPH
State Epidemiologist and Director,
Division of Disease Control & Health Protection

Florida Department of Health
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YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

Measles Practical Guide

Remember

Measles is a highly contagious disease, transmitted by respiratory aerosols when an infected person coughs or sneezes. The virus can live up to two hours on surfaces or in an airspace where the infected person coughed or sneezed. The incubation period ranges from 7-21 (average 10-12) days and an individual can pass the virus to others before feeling ill.

Prodromal phase with fever and the 3 Cs: Cough, Coryza, and Conjunctivitis. Symptoms are present 3-4 days prior to the rash onset. Fever can be as high as **105°F.** Cough, coryza and conjunctivitis tend to worsen until rash peaks.

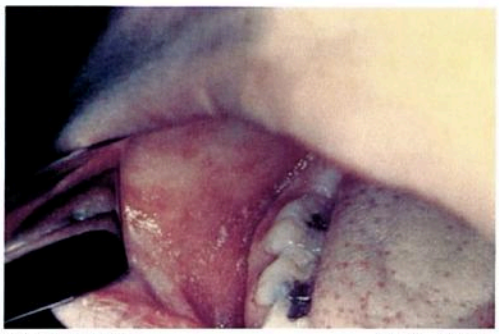
Koplik spots may develop 2-3 days after onset of symptoms, before the exanthem appears. Koplik spots are small with-bluish specks usually located on the buccal mucosa opposite to the 2nd molar. These are pathognomonic, but rarely seen.

An erythematous maculopapular rash typically appears ~3 days after onset of illness and the ill person continues to be infectious for about 4 days after rash appears. The rash initially appears behind the ears and on the forehead, spreading down the neck, upper extremities, trunks, and lower extremities (including palms and soles). Rash may last for 5-7 days before fading. Complications from measles may include: otitis media, bronchopneumonia, laryngotracheobronchitis, diarrhea, acute encephalitis, and death. The attached document and following link provide an overview of what a patient infected with measles looks like, www.cdc.gov/measles/about/photos.html.

Please isolate and report suspect measles cases to the county health department immediately (www.floridahealth.gov/DiseaseReporting). For patients presenting with fever, rash, and other symptoms, consider measles in your differential and inquire about MMR vaccine status, recent international travel, and exposure to a person with febrile rash illness.

Laboratory testing guideline. Collect serum, nasopharyngeal swab, and clean catch urine samples for IgM or RNA from suspect patients and isolate them until four days after the onset of rash while awaiting laboratory results. Local health department staff will conduct a contact investigation and provide guidance as needed.

Remember, the best way to prevent the spread of measles is to ensure full MMR vaccine coverage in our community. Identify and offer vaccine to patients that have not received the full series (www.cdc.gov/measles).



Koplik spots **CDC-PHIL**

Infant with measles - **CDC- PHIL**

FOR IMMEDIATE RELEASE
April 15, 2015

Contact: Arlease Hall
772-370-1391

MEASLES CASE CONFIRMED IN ST. LUCIE COUNTY

(St. Lucie, County FL) - The Florida Department of Health in St. Lucie County has confirmed a local case of measles today in an unvaccinated six-year-old child. Local health officials immediately notified the St. Lucie School District superintendent and are working closely with district staff to limit any potential exposure and protect the community. School and public health officials will notify parents of children with exposure risks. Measles is a serious respiratory disease caused by a virus of the same name (Measles). The disease is highly contagious and can spread to others who are unvaccinated.

“Measles is a very serious disease,” said County Health Officer Clint Sperber. “It is important for all residents to contact their doctor and make sure they have received the measles vaccination to protect themselves and others. The best way to protect yourself and others against this disease is to get vaccinated.”

The department encourages all Floridians who have not been immunized to get vaccinated immediately. Vaccinations are available through your local county health department or doctor’s office for little to no cost.

Measles is spread through the air by breathing, coughing or sneezing and is highly contagious. When that person sneezes or coughs, droplets spray into the air. It can be transmitted from four days before the rash becomes visible to four days after the rash appears. A typical case of measles begins with mild to moderate fever, cough, runny nose, red eyes and sore throat. The symptoms of measles generally begin approximately seven to 14 days after a person is exposed to someone with measles, and include the following:

- Blotchy rash
- Fever
- Cough
- Runny nose
- Red, watery eyes (conjunctivitis)
- Feeling run down, achy (malaise)
- Tiny white spots with bluish-white centers found inside the mouth (Koplik’s spots)

People who develop these symptoms should contact their health care provider right away.

Measles is very rare in countries and regions of the world that are able to keep vaccination coverage high. There are still sporadic cases of measles in the United States because visitors from other countries or U.S. citizens traveling abroad can become infected before or during travel and spread the infection to unvaccinated or unprotected persons.

Children should be immunized against measles with the combination measles, mumps and rubella vaccine (MMR) vaccine. Children should receive two doses, with the first at 12 to 15 months of age, and the second at four to six years of age. Adolescents and adults may require two doses of MMR, people with underlying health conditions should discuss additional booster doses with their health care provider to determine need.

Thank you for your assistance in this important matter. If you have any additional questions, please contact the DOH-St Lucie at (772) 462-3800. For more information, visit http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/measles/index.html.

The Centers for Disease Control and Prevention measles webpage is available at http://www.cdc.gov/measles/.

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The Florida Department of Health protects, promotes and improves the health of all people in Florida through integrated state, county and community efforts.

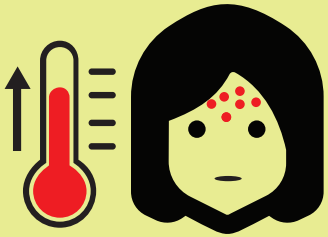
Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health, please visit www.floridahealth.gov.

Think **Measles**

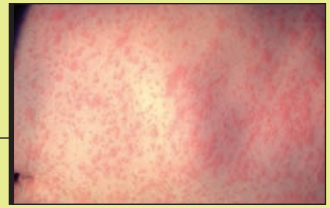
Florida Department of Health • Find county contact information at: FloridaHealth.gov

1. IDENTIFY

Suspect measles in patients with:



- Fever and rash.
- History of international travel or contact with visitors from locations with known measles outbreaks in the past 3 weeks.
- No or unknown MMR vaccine status. History of MMR vaccine **does not** exclude a measles diagnosis.



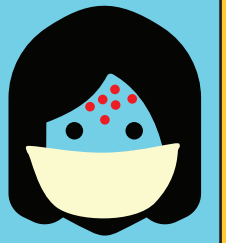
This is the skin of a patient after 3 days of measles infection.

Photo courtesy of the CDC.

Head and shoulders of boy with measles; third day of rash.

Photo courtesy of the CDC.

2. ISOLATE



- Implement airborne infection control precautions, mask and isolate patient in a negative pressure room, if available.
- Permit only staff immune to measles to be near the patient.
- Collect nasopharyngeal swab, urine, and serum for measles IgG, IgM and PCR.

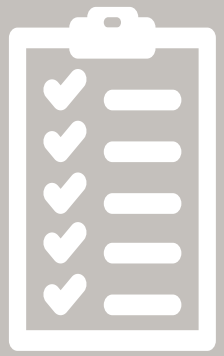
3. INFORM

Immediately report ALL suspected measles infections to your county health department. Notify other facilities of suspected measles before transport.

< FIND YOUR COUNTY

Vaccination Protects Against Measles

A single dose is 93% effective and two doses are 97% effective.



Risk Factors

- ☐ History of international travel, contact with international travelers, or domestic travel to locations with known measles outbreaks.
- ☐ No or unknown MMR vaccine status. History of MMR vaccine does not exclude a measles diagnosis.
- ☐ Contact with a person that had a febrile rash illness.

Prodrome

- ☐ Fever, cough, coryza, conjunctivitis

Rash Onset

- ☐ Fever spikes, often up to 104°F.
- ☐ Red, maculopapular rash that may become confluent—typically starts at hairline, then face and spreads down body.
- ☐ The rash may be difficult to see on darker skin.
- ☐ Koplik's spots (small, red, irregularly-shaped spots with blue-white centers found on the oral mucosa) may be present in a small number of cases.

02/03/15

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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