

EpiNotes

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

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Attachments: The following documents are attached at the end of this newsletter

1. **Dimethyl Disulfide Health Advisory:** Background, symptoms, toxicity, medical treatment, and testing information related to the use of dimethyl disulfide in Hillsborough County
2. **Dengue Fever – Information for Clinicians**
3. **Chikungunya Fever – Information for Clinicians**
4. **West Nile Fever and Neuroinvasive Disease – Information for Clinicians**
5. **Reportable Diseases/Conditions in Florida - Practitioner List**
6. **Florida Department of Health, Practitioner Disease Report Form**

TO REPORT A DISEASE:

Epidemiology
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813.307.8000
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Mission: To protect, promote & improve the health of all people in Florida through integrated state & community efforts.

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

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



Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-June 14	Jan-June 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	42	21
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	39	38
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	3	1	1	1.67	1	2
<i>H. influenzae</i> (Invasive Disease in children <5)	2	2	3	2.33	2	1
Listeriosis	1	5	2	2.67	1	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	5	11	12	9.33	7	8
Meningococcal Disease	3	6	3	4.00	3	2
<i>Staphylococcus aureus</i> (VISA, VRSA)	1	1	0	0.67	0	0
<i>S. pneumoniae</i> (Invasive Disease in children <6)	5	7	5	5.67	4	1
Enteric Infections						
Campylobacteriosis	105	134	189	142.67	71	137
Cholera	1	0	0	0.33	0	0
Cryptosporidiosis	77	59	354	163.33	18	37
Cyclospora	2	9	4	5.00	1	0
<i>Escherichia coli</i> , Shiga toxin-producing (STEC)	22	30	20	24.00	11	15
Giardiasis	54	56	64	58.00	19	23
Hemolytic Uremic Syndrome	1	2	1	1.33	0	1
Salmonellosis	331	303	362	332.00	126	113
Shigellosis	36	63	68	55.67	27	181
Typhoid Fever	0	0	0	0.00	0	0
Viral Hepatitis						
Hepatitis A	5	10	5	6.67	4	4
Hepatitis B (Acute)	39	56	61	52.00	25	32
Hepatitis C (Acute)	26	38	28	30.67	14	22
Hepatitis +HBsAg in Pregnant Women	38	30	35	34.33	18	17
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-June 14	Jan-June 15
Vectorborne, Zoonoses						
Chikungunya	N/A	N/A	36	N/A	0	8
Dengue	5	4	6	5.00	3	3
Eastern Equine Encephalitis	0	1	0	0.33	0	0
Ehrlichiosis/Anaplasmosis	0	2	2	1.33	1	0
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	9	12	9	10.00	3	3
Malaria	7	8	11	8.67	5	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	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)	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	7	9
Melioidosis	0	0	0	0.00	0	0
Vibriosis	13	13	7	11.00	3	4

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-June 14	Jan-June 15
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	14
Carbon Monoxide	4	5	22	10.33	7	7
Lead	329	173	246	249.33	149	146
Mercury	0	0	0	0.00	0	0
Pesticide	4	13	42	19.67	3	0
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	104	98
HIV Infection	327	403	443	391.00	228	239
STDs						
Chlamydia	7124	7220	7461	7268.33	2870	2960
Gonorrhea	2160	2023	1848	2010.33	694	687
Syphilis, Congenital	6	3	4	4.33	3	2
Syphilis, Latent	129	189	166	161.33	71	84
Syphilis, Early	117	124	141	127.33	52	54
Syphilis, Infectious	155	156	208	173.00	89	89
Tuberculosis						
TB	51	54	51	52.00	N/A	N/A
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	74	73	55	67.33	51	0
Food and Waterborne Outbreaks	4	4	3	3.67	2	0

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July 31, 2015

Dimethyl Disulfide Health Advisory

Disease Reporting Requirements for Health Care Professionals

Acute pesticide-related illness and injury is listed as a reportable disease in the State of Florida under Statute 381.0031, Chapter 64D-3, *Florida Administrative Code (F.A.C.)*. Health care providers, laboratories, and other public health personnel are required to report the occurrence of reportable diseases as defined in the Chapter. **Report suspected pesticide-related illness and injury to the Florida Department of Health in Hillsborough County at (813) 307-8010.**

Background

In August and September 2013 and 2014, the Florida Department of Health (DOH) received complaints of health effects following a strong chemical odor in Hillsborough County. Based on reported use of pesticides in the area, the Florida Department of Agriculture and Consumer Services (DACCS) informed DOH that the odor was likely due to a newly approved soil fumigant, Paladin, which contains dimethyl disulfide (DMDS) as the active ingredient. DMDS has a sulfurous odor.

DMDS products are used to control a wide range of weeds, soil-borne plant pathogens and nematodes. Paladin was first commercially used in Florida in 2012, but the product was not applied to a significant amount of acreage until 2013. DMDS applications are made before planting to fields that will be used to grow a variety of fruits, vegetables and ornamental crops.

Symptoms and Toxicity

DMDS has an odor threshold of approximately 7 ppb, which is lower than the level considered by the EPA to be safe based on health risk (55 ppb). As a result of the low odor threshold, unpleasant odors are likely to occur in and around areas of application. In some individuals, the odor of DMDS alone may cause nausea, headache, and dizziness. Often, these symptoms will fade when the odor goes away.

DMDS products generally have a **low to moderate toxicity**. DMDS may cause irritation of the upper respiratory tract, eyes, and skin. Upper respiratory tract irritation may result in sneezing, coughing, sore throat, dyspnea, chest tightness, and a feeling of suffocation. DMDS has not been shown to cause allergic sensitization, birth defects, reproductive toxicity, or mutagenicity.

Medical Treatment and Testing

There is no laboratory test available to determine DMDS levels in biological samples (blood, urine, etc.). Poisonings are treated symptomatically and with supportive care. Call the Florida Poison Information Center Network (FPICN) at 1-800-222-1222 for additional questions about poisoning information and treatment recommendations.

Florida Department of Health – Hillsborough County

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Tampa, FL 33675-5135
PHONE: (813) 307-8010 • FAX: (813) 276-2981

www.FloridasHealth.com

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

Hillsborough Paladin Investigation, 2014

In 2014, Paladin application began in Hillsborough County during the second week of August and continued until September 6th. The first complaint of an illness was reported to DOH on August 28th. DOH conducted an investigation into a total of 66 complaints and wrote a report on the findings. View the final DOH report and Q&A document at <http://www.floridahealth.gov/environmental-health/pesticide-poisoning/index.html>

Additional Information about Acute Pesticide-Related Illness and Injury

DOH has developed an online training titled "Recognition, Management, and Reporting of Acute Pesticide Poisonings in Florida" for physicians and nurses. The training provides information on pests and pesticides, recognition of exposed patients, treatment, prevention, and reporting to DOH. This training has been approved for 1.5 CME/CE credits and is available at:

<https://stellared.learningexpressce.com/index.cfm?fa=view&eventID=4190>

Reportable Diseases/Conditions in Florida Practitioner List

http://hillsborough.floridahealth.gov/programs-and-services/infectious-disease-services/reportable-disease-list-form/_documents/reportable-diseases-list-practitioners.pdf

Florida Department of Health, Practitioner Disease Report Form

http://hillsborough.floridahealth.gov/programs-and-services/infectious-disease-services/_documents/practitioner-disease-report-form-2014-06-20.pdf

Please call the Florida Department of Health in Hillsborough County Epidemiology Program with any questions at (813) 307-8010.

Dengue Fever - Information for Clinicians

Please contact your County Health Department (CHD) by the next business day if you suspect a patient has dengue to ensure prompt mosquito control efforts.

Dengue infection is caused by any of four distinct but closely related dengue virus (DENV) serotypes (called DENV-1, -2, -3, and -4). Dengue is currently the most frequent cause of acute febrile illness among returning U.S. travelers from the Caribbean, Central and South America, and Asia.

Transmission occurs through the bite of an infected mosquito. Dengue may also be transmitted from mother to fetus in utero or to neonate at parturition. **An infected person should avoid mosquito bites while ill to prevent infection of local mosquitoes.**

Incubation period is two to 14 days.

Clinical presentation can range from a mild non-specific febrile syndrome, to classic dengue fever or “break-bone fever”, or in the most severe forms of the disease (2-4% of cases), dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS). More than 20% of cases may be asymptomatic. Dengue should be considered when locally acquired infection is suspected, or in persons that live in or have traveled to a dengue endemic area in the two weeks prior to symptom onset **and have fever. In addition, one or more of the following signs and symptoms may be present:**

- Headache or retro-orbital pain
- Myalgia, bone pain, and/or arthralgia
- Anorexia and nausea
- Rash
- Thrombocytopenia
- Leukopenia

Hemorrhagic fever or shock symptoms may appear after the febrile phase and include abdominal pain or tenderness, persistent vomiting, mucosal bleeding, liver enlargement, clinical fluid accumulation, or laboratory results indicating an increase in hematocrit concurrent with a rapid decrease in platelets.

Patients at risk for severe disease:

Previously infected with another dengue virus	Diabetes mellitus
Pregnant women	Chronic renal failure
Infants	Sickle cell anemia
Elderly	

Patients with suspected dengue fever also should be evaluated, tested and managed for possible chikungunya virus infection if travel was to areas where both are present as co-infection is possible.

Laboratory testing

Polymerase chain reaction (PCR) can be used to detect viral RNA in serum samples collected during the first 5 days post symptom onset. Testing for DENV specific IgM antibodies should be requested for serum specimens taken ≥ 6 days after onset. Approximately 20% of dengue patients that have been previously exposed to another dengue serotype may show elevated IgG titers and have transient or no elevated dengue IgM titers, making identification of such cases difficult without PCR testing on the acute sample. Your CHD can provide guidance on how and when to submit samples to the Department of Health (DOH) Bureau of Public Health Laboratories.

Resources:

Hillsborough County Health Department Epidemiology: 813-307-8010

DOH Bureau of Epidemiology: <http://www.floridahealth.gov/diseases-and-conditions/dengue/index.html>

Centers for Disease Control and Prevention: <http://www.cdc.gov/dengue/clinlab/clinical.html>

Chikungunya Fever– Information for Clinicians

Please contact your County Health Department by the next business day if you suspect a patient has a chikungunya infection to ensure prompt mosquito control efforts.

Chikungunya, a dengue-like illness, has been identified in the Caribbean, Central America, and South America. Outbreaks have been documented in Africa, Southern Europe, Southeast Asia, the Indian subcontinent, and islands in the Indian and Pacific Oceans, prior to the introduction into the Caribbean in December 2013. **An infected person should avoid mosquito bites while ill to prevent infection of local mosquitoes.**

Transmission occurs through the bite of an infected mosquito. Chikungunya infection can also occur in neonates (aged <1 month) via transmission from infected mothers during the intrapartum period.

Incubation period is 1-12 days.

Clinical Presentation: A majority of people infected with chikungunya virus become symptomatic. Infection is characterized by acute fever and polyarthralgia, other symptoms may include headache, myalgia, arthritis, or rash. Relapse of joint pain and fatigue may occur within three months after acute illness. Chronic joint pain and fatigue of several weeks to years duration is seen in some patients, especially those > 45 years of age or with preexisting joint disease. Persons at risk for more severe acute disease include: neonates exposed intrapartum, adults > 65 years of age, and persons with underlying medical conditions (e.g., hypertension, diabetes, or cardiovascular disease).

Patients with suspected chikungunya fever also should be evaluated, tested and managed for possible dengue virus infection if travel was to areas where both are present as co-infection is possible. Aspirin is not advised in case of co-infection with dengue.

Please contact your County Health Department if you have a patient that has:

- Acute onset of high fever and polyarthralgia with or without recent (2 weeks prior to onset) travel to an endemic area including the Caribbean, Central and South America.

Laboratory testing

Polymerase Chain Reaction (PCR) can be used to detect viral RNA in serum samples collected during the first week post-symptom onset. Virus-specific IgM and neutralizing antibody testing should be requested for serum specimens taken > 1 week post-onset. Both acute (< 1 week post onset) and convalescent (> 1 week post onset) sera should be collected. Your County Health Department can provide guidance on how and when to submit samples to the Department of Health Bureau of Public Health Laboratories.

Resources:

Hillsborough County Health Department Epidemiology: 813-307-8010

DOH Bureau of Epidemiology: <http://www.floridahealth.gov/%5C/diseases-and-conditions/chikungunya/index.html>

Centers for Disease Control and Prevention:

<http://www.cdc.gov/chikungunya/hc/clinicalevaluation.html>

West Nile Fever and Neuroinvasive Disease - Information for Clinicians

Please contact Hillsborough County Health Department (CHD) by the next business day if you suspect West Nile virus infection to ensure prompt mosquito control efforts.

Transmission: West Nile virus is transmitted to humans primarily through the bites of infected mosquitoes. Other modes of transmission include blood transfusion and organ transplantation.

Incubation period: Two to 15 days.

Clinical presentation: The clinical spectrum for WNV infection includes asymptomatic infection or mild illness (fever and headache), aseptic meningitis, and encephalitis that can progress to coma and death. West Nile virus infection cases are often categorized into two primary groups: neuroinvasive disease and non-neuroinvasive disease. Approximately 80% of those infected show no clinical symptoms. Twenty percent have mild symptoms, and less than 1% experience the neuroinvasive form of illness.

Neuroinvasive disease such as aseptic meningitis, encephalitis, or acute flaccid paralysis (AFP). Symptoms include

- Fever
- Stiff neck
- Altered mental status
- Seizures
- Limb weakness
- Cerebrospinal fluid (CSF) pleocytosis
- Abnormal neuroimaging.

Non-neuroinvasive disease (e.g., West Nile fever). Symptoms include

- Fever
- Headache
- Myalgias
- Arthralgias
- Rash
- Gastrointestinal symptoms

Patients at risk for severe disease:

Individuals over 50 years of age

Immunosuppressed patients

Laboratory testing

Testing for WNV specific IgM antibodies should be requested for serum specimens or CSF. Hillsborough CHD can provide guidance on how and when to submit samples to the Department of Health (DOH) Bureau of Public Health Laboratories.

Resources:

Hillsborough County Health Department phone number: 813-307-8010

DOH Bureau of Epidemiology: <http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/index.html>

Centers for Disease Control and Prevention: <http://www.cdc.gov/westnile/index.html>

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

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

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

Comments
