Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter
February 2016

# EpiNotes

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## Articles and Attachments Included This Month



## Hillsborough County Experiencing Increased Influenza Activity

**Mackenzie Tewell, MA, MPH, CPH**

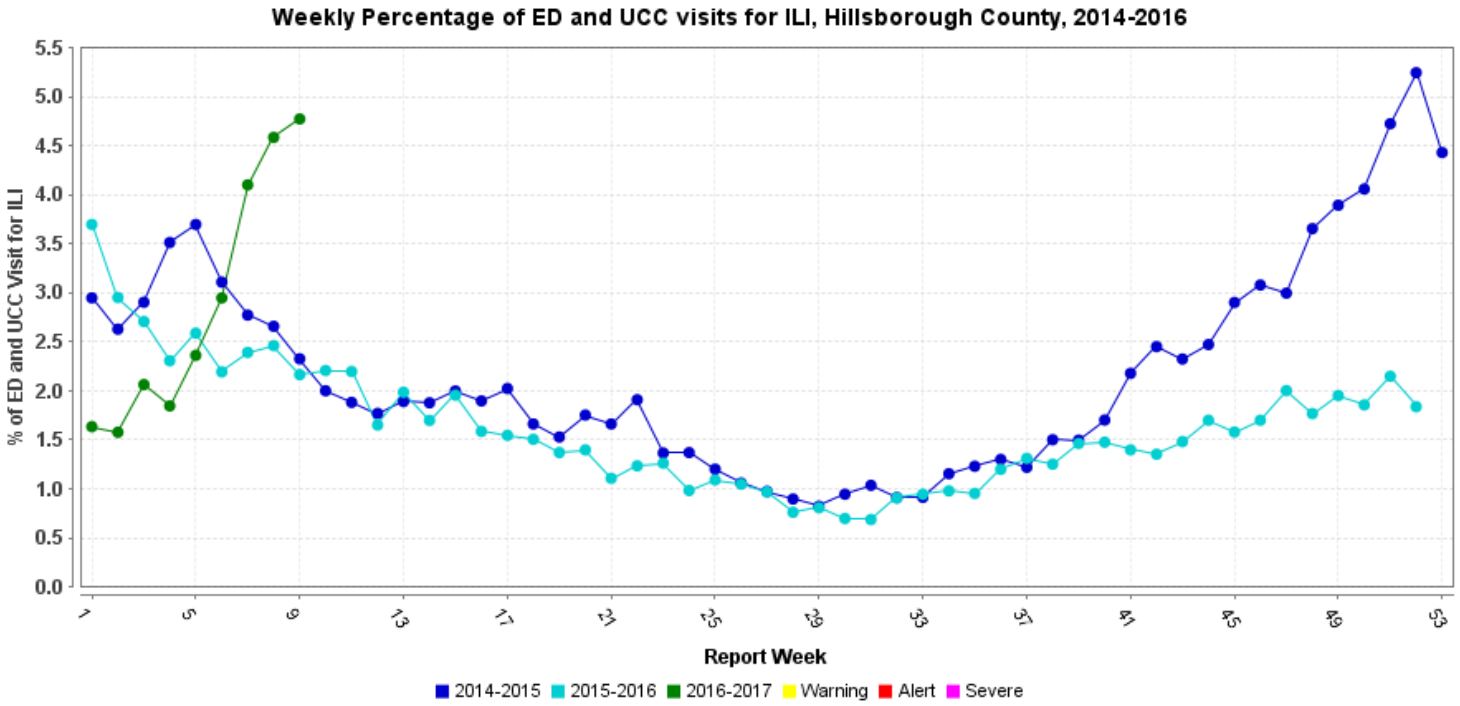
Hillsborough County is experiencing moderate flu activity based upon the six surveillance systems used to evaluate flu levels on a weekly basis. According to emergency department and urgent care center data, influenza activity in Hillsborough County has been elevated since late November 2015, but activity has increased significantly since the last week of January 2016 (see graph on page 2). Most positive tests have been for Influenza type A. Of the positive tests that have been subtyped, Influenza A 2009 H1N1 has been the predominant strain.

Accordingly, the number of flu outbreaks has increased alongside the overall countywide activity levels, and all have been limited to settings predominated by children including Head Start facilities and both private and public elementary and middle schools. Typically, flu cases in children precede increased activity in adults. Therefore, it still beneficial to receive this year's flu vaccine. It is best to receive the vaccine as soon as possible, as it takes about two weeks to develop antibodies from the vaccination. The flu can be dangerous for young children, adults over 65 years of age, pregnant women and the immunocompromised, and vaccination of healthy individuals can prevent poor outcomes when these vulnerable groups are exposed to influenza.

Symptomatic persons should seek early medical attention to obtain antiviral medications which can help to shorten the duration of flu symptoms. These

Continued on Page 2

Individuals should stay home from school or work until they are fever free for 24 hours without the use of a fever reducing medication. Additionally, increased frequency of hand washing, coughing into a tissue, one's sleeve, or the crook of their elbow, and frequent sanitizing of high touch objects can help limit the spread within a household.




## State Influenza and ILI Activity

Florida reported "regional" activity to the Centers for Disease Control and Prevention (CDC) in week 7. The flu season is now underway. In recent weeks, there has been an increase in reported outbreaks and a notable increase in emergency department (ED) and urgent care center (UCC) ILI visits in children less than 18 years old and pregnant women. Influenza activity in Florida often peaks in late January and February. After a slow start to the flu season, current activity levels are consistent with those historic trends. The preliminary estimated number of deaths due to pneumonia and influenza is similar to levels seen in previous seasons at this time. Fifty-one counties reported "increasing" activity in week 7. In week 7, 16 counties reported "moderate" activity and 47 counties reported "mild" activity. One influenza-associated pediatric death was reported in week 7 in a vaccinated Collier County resident with underlying health conditions. Four influenza-associated pediatric deaths have been reported so far this season. While rare, Florida receives reports of influenza-associated pediatric deaths each season. Annual vaccination remains the best way to protect children against the flu. In recent weeks, influenza A 2009 (H1N1) has been the most commonly identified influenza subtype by the Bureau of Public Health Laboratories (BPHL). The complete version of the Florida Weekly Influenza Surveillance Report is available at http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-surveillance-reports/index.html

For additional information visit:
http://www.cdc.gov/flu/index.htm
http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html

**Zika Fever Information**

General information about Zika virus and disease - CDC

Information about Zika virus for travelers and travel health providers

Travel notices related to Zika virus

Fight Mosquitos with these simple tips (YouTube Video)

Florida Department of Health Newroom – Zika Daily Updates Posted Here

Florida Department of Health Information on Zika

# Reportable Disease Surveillance Data

| Disease Category | Annual Totals | | | 3 Year Average | Year-To-Date | |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2015** | | Jan-15 | Jan-16 |
| Vaccine Preventable Diseases | | | | | | |
| Diphtheria | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Measles | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Mumps | 0 | 2 | 1 | 1.00 | 0 | 0 |
| Pertussis | 94 | 65 | 41 | 66.67 | 0 | 9 |
| Poliomyelitis | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Rubella | 0 | 0 | 0 | 0.00 | 0 | 1 |
| Smallpox | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Tetanus | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Varicella | 65 | 59 | 74 | 66.00 | 5 | 7 |
| CNS Diseases & Bacteremias | | | | | | |
| Creutzfeldt-Jakob Disease | 1 | 1 | 3 | 1.67 | 0 | 1 |
| *H. influenzae* (Invasive Disease in children <5) | 2 | 3 | 2 | 2.33 | 0 | 1 |
| Listeriosis | 5 | 2 | 2 | 3.00 | 0 | 0 |
| Meningitis (Bacterial, Cryptococcal, Mycotic) | 11 | 12 | 16 | 13.00 | 0 | 0 |
| Meningococcal Disease | 6 | 3 | 2 | 3.67 | 0 | 0 |
| Staphylococcus aureus (VISA, VRSA) | 1 | 0 | 0 | 0.33 | 0 | 0 |
| *S. pneumoniae* (Invasive Disease in children <6) | 8 | 5 | 3 | 5.33 | 0 | 0 |
| Enteric Infections | | | | | | |
| Campylobacteriosis | 134 | 189 | 276 | 199.67 | 15 | 15 |
| Cholera | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Cryptosporidiosis | 59 | 354 | 99 | 170.67 | 5 | 10 |
| Cyclospora | 9 | 4 | 1 | 4.67 | 0 | 0 |
| Escherichia coli, Shiga toxin-producing (STEC) | 30 | 19 | 28 | 25.67 | 0 | 2 |
| Giardiasis | 56 | 64 | 55 | 58.33 | 3 | 4 |
| Hemolytic Uremic Syndrome | 2 | 1 | 2 | 1.67 | 0 | 1 |
| Salmonellosis | 297 | 361 | 307 | 321.67 | 13 | 32 |
| Shigellosis | 63 | 68 | 239 | 123.33 | 7 | 3 |
| Typhoid Fever | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Viral Hepatitis | | | | | | |
| Hepatitis A | 10 | 5 | 5 | 6.67 | 0 | 0 |
| Hepatitis B (Acute) | 56 | 59 | 67 | 60.67 | 4 | 4 |
| Hepatitis C (Acute) | 38 | 29 | 47 | 38.00 | 1 | 2 |
| Hepatitis +HBsAg in Pregnant Women | 30 | 35 | 28 | 31.00 | 2 | 7 |
| Hepatitis D, E, G | 0 | 0 | 1 | 0.33 | 0 | 0 |

# Reportable Disease Surveillance Data

| Disease Category | Annual Totals | | | 3 Year Average | Year-To-Date | |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2015** | | Jan-15 | Jan-16 |
| Vectorborne, Zoonoses | | | | | | |
| Chikungunya | N/A | 34 | 9 | N/A | 5 | 0 |
| Dengue | 4 | 6 | 7 | 5.67 | 0 | 0 |
| Eastern Equine Encephalitis | 1 | 0 | 0 | 0.33 | 0 | 0 |
| Ehrlichiosis/Anaplasmosis | 2 | 2 | 0 | 1.33 | 0 | 0 |
| Leptospirosis | 0 | 0 | 1 | 0.33 | 0 | 0 |
| Lyme Disease | 12 | 11 | 16 | 13.00 | 0 | 0 |
| Malaria | 8 | 11 | 2 | 7.00 | 0 | 0 |
| 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 | 4 | 3 | 4.00 | 0 | 0 |
| Rabies (Human) | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Rocky Mountain Spotted Fever | 1 | 0 | 0 | 0.33 | 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 | 0 | 0 | 2 | 0.67 | 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 | 0 | 0 | 0.67 | 0 | 0 |
| Hantavirus Infection | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Legionellosis | 18 | 8 | 21 | 15.67 | 0 | 1 |
| Melioidosis | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Vibriosis | 13 | 7 | 11 | 10.33 | 0 | 0 |

# Reportable Disease Surveillance Data

| Disease Category | Annual Totals | | | 3 Year Average | Year-To-Date | |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2015** | | Jan-15 | Jan-16 |
| Chemicals/Poisoning | | | | | | |
| Arsenic | 0 | 0 | 0 | 0.00 | 0 | 0 |
| Carbon Monoxide | 5 | 22 | 27 | 18.00 | 3 | 11 |
| Lead | 173 | 243 | 297 | 237.67 | 11 | 6 |
| Mercury | 0 | 0 | 13 | 4.33 | 0 | 0 |
| Pesticide | 13 | 39 | 38 | 30.00 | 7 | 0 |
| Influenza | | | | | | |
| Influenza, Pediatric Associated Mortality | 1 | 1 | 0 | 0.67 | 0 | 0 |
| Influenza, Novel or Pandemic Strain | 0 | 0 | 0 | 0.00 | 0 | 0 |
| HIV/AIDS* | | | | | | |
| AIDS | 216 | 180 | 197 | 197.67 | 23 | 15 |
| HIV Infection | 324 | 330 | 406 | 353.33 | 29 | 38 |
| STDs | | | | | | |
| Chlamydia | 7913 | 7304 | 7490 | 7569.00 | 521 | 456 |
| Gonorrhea | 2031 | 1848 | 1996 | 1958.33 | 131 | 112 |
| Syphilis, Congenital | 4 | 4 | 3 | 3.67 | 1 | 0 |
| Syphilis, Latent | 156 | 166 | 183 | 168.33 | 9 | 1 |
| Syphilis, Early | 349 | 141 | 149 | 213.00 | 8 | 2 |
| Syphilis, Infectious | 334 | 208 | 227 | 256.33 | 17 | 4 |
| Tuberculosis | | | | | | |
| TB | 53 | 49 | 41 | 47.67 | 3 | 1 |
| Food and Waterborne Illness Outbreaks | | | | | | |
| Food and Waterborne Cases | 73 | 58 | 27 | 52.67 | 0 | 0 |
| Food and Waterborne Outbreaks | 4 | 3 | 2 | 3.00 | 0 | 0 |

*Current HIV Infection data by year of report reflects any case meeting the CDC definition of 'HIV infection' which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV in Florida. If a case is later identified as being previously diagnosed and reported from another state, the case will no longer be reflected as a Florida case and the data will be adjusted accordingly. Data from the most recent calendar year (2015) are considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in Florida. The final year-end numbers are generated in July of the following year, after duplicate cases are removed from the dataset, as is customary of HIV surveillance in the US.

** Includes confirmed and probable cases reported in Florida residents (regardless of where infection was acquired) by date reported to the Bureau of Epidemiology in Merlin. Data for 2015 and 2016 are provisional and subject to change. Counts are current as of the date above, but may change. Please note that counts presented in this table may differ from counts presented in other tables or reports, depending on the criteria used.

Changes in case definitions can result in dramatic changes in case counts. Please see Florida Surveillance Case Definitions on the Bureau of Epidemiology for information on case definition changes (http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/case-def-archive.html).

**Feb. 24, 2016**

# FLU SEASON IS HERE – FLU VACCINE KEY TO PROTECTING FLORIDA'S FAMILIES

**Contact:**
Communications Office
NewsMedia@flhealth.gov
850-245-4111

**Tallahassee, Fla.**—It's not too late to get your flu shot! Flu season may have started slowly, but we are now seeing increased influenza activity throughout the U.S. and Florida, particularly in children. Increased activity in children typically comes ahead of increased influenza activity in other age groups.

"It is crucial for Floridians to get vaccinated to help protect themselves and others from influenza," said State Surgeon General and Secretary of Health Dr. John Armstrong. "Floridians who do contract influenza should seek medical care early in the course of illness because medications exist that can reduce the number of days spent with the flu."

The Florida Department of Health continues to urge residents to reduce their risk of severe outcome from infection by getting vaccinated against influenza. It is not too late to get vaccinated. The flu vaccine is safe and remains the best way to protect yourself and others from the flu.

All individuals six months of age and older should receive the flu vaccine every year. The flu vaccine is offered in many locations, including doctor's offices, clinics, health departments, retail stores, pharmacies, health centers and by many employers and schools. Click here to search for a flu vaccine location.

The Centers for Disease Control and Prevention has received reports of poor outcomes from influenza infection, particularly in unvaccinated people. Clinicians are reminded to use antiviral medication to treat suspected influenza in high-risk patients, those with progressive disease, and all hospitalized patients as soon as possible as these medications are most effective when administered early.

This is particularly important for individuals at high risk of severe complications from influenza, such as:

- People 65 years of age and older;
- Pregnant women;
- Children under the age of 5;
- Immunocompromised individuals; and
- People with chronic medical conditions.

Antiviral use is also important for prevention for people who have been vaccinated for less than two weeks and for unvaccinated people caring for those at high risk such as employees of hospitals, clinics and nursing homes.

For further information regarding influenza surveillance information, messaging and guidance, visit the influenza homepage at www.floridahealth.gov/floridaflu.

**About the Florida Department of Health**

The department works to protect, promote and improve 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.

This is an official

# CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
February 23, 2016, 14:15 EST (2:15 PM EST)
CDCHAN-00388

## Update: Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016

**Summary:** The Centers for Disease Control and Prevention (CDC) recently published recommendations for protecting people against sexual transmission of Zika virus (1). As stated in that report, information about possible sexual transmission of Zika virus was based on one published report of transmission from a man to a woman, one published report in which Zika virus was detected in semen of a man with hematospermia, and one case of possible sexual transmission then under investigation in Texas. An additional case of Zika virus detected in semen in a man was reported after the CDC recommendations were published (2). As of February 23, 2016, CDC and state public health departments are investigating 14 additional reports of possible sexual transmission of the virus, including several involving pregnant women. While additional investigations are being completed, CDC is issuing this HAN Advisory as a strong reminder to state, local, and US territorial public health departments, clinicians, and the public to be aware of and adhere to current recommendations for preventing sexual transmission of Zika virus, particularly for men with pregnant partners. These recommendations may change as more information becomes available.

### Background

CDC is working with state, local, and US territorial public health departments, US Government agencies, and international partners in response to outbreaks of Zika virus disease (Zika) in multiple territories and countries in the Americas. Accumulating evidence links maternal Zika virus infection with congenital microcephaly, miscarriages, and other adverse fetal outcomes (3). In addition, there are reports of a possible association with Guillain-Barré syndrome (4). No vaccine or specific antiviral drug is currently available to prevent or treat Zika.

Zika virus is spread primarily by the bite of infected *Aedes* species mosquitoes (most commonly, *Aedes aegypti*). In areas where Zika virus transmission is ongoing, people should follow precautions to prevent mosquito bites (http://www.cdc.gov/zika/prevention/). Sexual transmission of Zika virus also can occur and is of particular concern during pregnancy. In early February 2016, the Dallas County Department of Health and Human Services announced an occurrence of sexually transmitted Zika infection (5). On February 5, 2016, following the confirmation of this Texas sexual transmission event, CDC published interim guidelines for preventing sexual transmission of Zika virus (1).

As of February 23, 2016, CDC and state public health departments are investigating 14 additional reports of possible sexual transmission of the virus, including several events involving possible transmission to pregnant women. In two of these new suspected sexual transmission events that have been investigated to date, Zika virus infection has been confirmed in women whose only known risk factor was sexual contact with an ill male partner who had recently travelled to an area with local Zika virus transmission; testing for the male partners is pending. For four additional suspected sexual transmission events, preliminary laboratory evidence (IgM antibody test) is available for the women, but confirmatory testing is still pending. For eight suspected events, the investigation is ongoing. In all events for which information is available, travelers reported symptom onset within 2 weeks prior to their non-traveling female partner's symptom onset.

Because these reports suggest sexual transmission may be a more likely means of transmission for Zika virus than previously considered, CDC is issuing this HAN Advisory to underscore the importance of adhering to the interim guidance published on February 5 and outlined below. The recommendations, which apply to men who reside in or have traveled to areas with active Zika virus transmission (http://wwwnc.cdc.gov/travel/notices/) and their sex partners, will be revised as more information becomes available.

**Recommendations for men and their pregnant partners**
Men who reside in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy. Pregnant women should discuss their male partner's potential exposures to mosquitoes and history of Zika-like illness (http://www.cdc.gov/zika/symptoms) with their health care provider; providers can consult CDC's guidelines for evaluation and testing of pregnant women (6).

**Recommendations for men and their nonpregnant sex partners**
Men who reside in or have traveled to an area of active Zika virus transmission who are concerned about sexual transmission of Zika virus might consider abstaining from sexual activity or using condoms consistently and correctly during sex. Couples considering this personal decision should take several factors into account. Most infections are asymptomatic, and when illness does occur, it is usually mild with symptoms lasting from several days to a week; severe disease requiring hospitalization is uncommon. The risk for acquiring vector-borne Zika virus in areas of active transmission depends on the duration and extent of exposure to infected mosquitoes and the steps taken to prevent mosquito bites (http://www.cdc.gov/zika/prevention). After infection, Zika virus might persist in semen when it is no longer detectable in blood; studies to determine the duration of persistence in semen are not yet completed.

Accumulating evidence of sexual transmission suggests that exposure to Zika virus includes unprotected sexual contact with a symptomatic male partner who resides in or has traveled to an area of active Zika virus transmission. Zika virus testing is currently recommended to establish a diagnosis of infection in exposed persons with signs or symptoms consistent with Zika virus disease, and may be offered to asymptomatic pregnant women with possible exposure to Zika virus (6). However, interpretation of results is complex, and health care providers should contact their state, local, or territorial health department for assistance with arranging testing and interpreting results. At this time, testing of exposed, asymptomatic men for the purpose of assessing risk for sexual transmission is not recommended. Sexual transmission of Zika virus from infected women to their sex partners has not been documented, nor has transmission from persons who are asymptomatically infected. Sexual transmission of many infections, including those caused by other viruses, is reduced by consistent and correct use of latex condoms.

As we learn more about the incidence and duration of seminal shedding from infected men and the utility and availability of testing in this context, recommendations to prevent sexual transmission of Zika virus will be updated.

**References**

1. Oster AM, Brooks JT, Stryker JE, et al. Interim Guidelines for prevention of sexual transmission of Zika virus — United States, 2016. MMWR Morb Mortal Wkly Rep 2016;65:120–121. http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1.htm
2. Atkinson B, Hearn P, Afrough B, et al. Detection of Zika virus in semen [letter]. Emerg Infect Dis. 2016 May [*cited February 22, 2016*]. http://dx.doi.org/10.3201/eid2205.160107
3. Martines RB, Bhatnagar J, Keating MK, et al. Evidence of Zika virus infection in brain and placental tissues from two congenitally infected newborns and two fetal losses — Brazil, 2015. *MMWR Morb Mortal Wkly Rep*. 2016;65 (Early Release)(06):1-2. http://www.cdc.gov/mmwr/volumes/65/wr/mm6506e1.htm?s_cid=mm6506e1_e. Published February 19, 2016.
4. European Centre for Disease Prevention and Control. Rapid risk assessment: Zika virus epidemic in the Americas: potential association with microcephaly and Guillain-Barré syndrome – 10 December

2015. http://ecdc.europa.eu/en/publications/Publications/zika-virus-americas-association-with-microcephaly-rapid-risk-assessment.pdf. Published 2015. Accessed Feb 1, 2016.
5. Dallas County Health and Human Services. DCHHS reports first Zika virus case in Dallas County acquired through sexual transmission. February 2, 2016. http://www.dallascounty.org/department/hhs/press/documents/PR2-2-16DCHHSReportsFirstCaseofZikaVirusThroughSexualTransmission.pdf
6. Oduyebo T, Petersen EE, Rasmussen SA, et al. Update: interim guidelines for health care providers caring for pregnant women and women of reproductive age with possible Zika virus exposure—United States, 2016. MMWR Morb Mortal Wkly Rep 2016;65. http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2.htm?s_cid=mm6505e2_e

**For More Information**

- General information about Zika virus and disease: http://www.cdc.gov/zika/
- Zika virus information for clinicians: http://www.cdc.gov/zika/hc-providers/index.html
- Protection against mosquitoes: http://wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/protection-against-mosquitoes-ticks-other-arthropods
- Travel notices related to Zika virus: http://wwwnc.cdc.gov/travel/notices
- Information about Zika virus for travelers and travel health providers: http://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/zika
- HAN Advisory: Recognizing, managing, and reporting Zika virus infections in travelers returning from Central America, South America, the Caribbean, and Mexico. January 15, 2016. http://emergency.cdc.gov/han/han00385.asp
- Pan American Health Organization PAHO): http://www.paho.org/hq/index.php?option=com_content&view=article&id=11585&Itemid=41688&lang=en
  Approximate distribution of *Aedes aegypti* and *Ae. albopictus* mosquitoes in the United States: http://www.cdc.gov/chikungunya/resources/vector-control.html

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

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**Categories of Health Alert Network messages:**

| | |
|---|---|
| **Health Alert** | Requires immediate action or attention; highest level of importance |
| **Health Advisory** | May not require immediate action; provides important information for a specific incident or situation |
| **Health Update** | Unlikely to require immediate action; provides updated information regarding an incident or situation |
| **HAN Info Service** | Does not require immediate action; provides general public health information |

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

February 1, 2016

Dear Health Care Partners:

As of December 30, 2015, the Florida Department of Health is no longer receiving notification from the Centers for Disease Control and Prevention of persons arriving from the countries in West Africa (i.e. Guinea, Liberia and Sierra Leone) most recently impacted by Ebola virus disease (EVD). As a result, the Department will no longer conduct 21-day monitoring of persons arriving from these countries.

The threat of EVD among travelers from West Africa has diminished greatly. However, Florida will continue to have a large number of residents and visitors who travel internationally and providers are encouraged to always collect travel histories from patients. Patient travel history and risk behavior information can facilitate diagnosis as well as help ensure implementation of appropriate personal protective and infection control precautions early in patient assessment. Additionally, please continue to notify your county health department of all patients with reportable conditions, such as malaria, dengue, or suspected EVD. The Department remains available to assist health care providers in ruling out and testing for EVD among patients with risk factors for infection at any time.

Please contact your county health department at any time if you have questions.

Sincerely,

Anna M. Likos, MD, MPH

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

AML/sp

# 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 -813.307.8045 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 — 813.307.8045

• 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