

EpiNotes

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

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TO REPORT A DISEASE:

Epidemiology

813.307.8010

After Hours Emergency

813.307.8000

Food and Waterborne Illness

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Articles and Attachments Included This Month

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Zika Fever Update

Florida Zika Fever Cases as of May 25, 2016

County	Number of Cases (all travel related)
Alachua	4
Brevard	3
Broward	17
Clay	2
Collier	1
Hillsborough	3
Lee	5
Martin	1
Miami-Dade	48
Orange	10
Osceola	5
Palm Beach	7
Pasco	1
Pinellas	4
Polk	3
Santa Rosa	1
Seminole	3
St. Johns	2
Volusia	2
Total (not involving pregnant women)	122
Cases involving pregnant women regardless of symptoms*	36

*Counties of pregnant women will not be shared. All cases are travel-associated.

There have been no locally-acquired cases of Zika in Florida. For more information on the Zika virus, click [here](#).

Continued on Page 2

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
Dr. Celeste Philip, MD, MPH
State Surgeon General & Secretary



Recent Zika Reports in MMWR

[Possible Zika Virus Infection Among Pregnant Women — United States and Territories, May 2016](#)

In February 2016, CDC, in collaboration with state, local, tribal, and territorial health departments, launched two comprehensive surveillance systems to report and monitor pregnancies and congenital outcomes among symptomatic and asymptomatic women with laboratory evidence of Zika virus infection in the United States and territories. As of May 12, 2016, there were 157 and 122 pregnant women with laboratory evidence of possible Zika virus infection residing in participating U.S. states and U.S. territories, respectively. This report launches the weekly reporting of pregnant women with laboratory evidence of possible Zika virus infection in U.S. states and territories. Monitoring all pregnant women with possible Zika virus infection during pregnancy, whether asymptomatic or symptomatic, will enhance understanding of possible adverse outcomes and allow better estimates of the number of pregnancies at risk for adverse outcomes. This information will assist health care providers who counsel pregnant women and will facilitate planning services for affected families.

[Comparison of Test Results for Zika Virus RNA in Urine, Serum, and Saliva Specimens from Persons with Travel-Associated Zika Virus Disease — Florida, 2016](#) **Authored by FDOH**

A comparison of reverse-transcription polymerase chain reaction (RT-PCR) test results for urine and serum specimens from 66 persons with Zika virus disease with both specimens collected on the same date indicated that approximately twice as many urine specimens (61) than serum specimens (31) tested positive. No results from RT-PCR testing of serum specimens were positive >5 days after symptom onset; results from testing nine of 11 urine specimens were positive. A further comparison of 53 persons with Zika virus disease with urine, saliva, and serum specimens collected on the same date found positive results from testing in 49 (92%) urine specimens, 43 (81%) saliva specimens, and 27 (51%) serum specimens.

[Interim Guidance for Zika Virus Testing of Urine — United States, 2016](#)

On the basis of the newly available data, CDC recommends that Zika virus rRT-PCR be performed on urine collected <14 days after onset of symptoms in patients with suspected Zika virus disease. Zika virus rRT-PCR testing of urine should be performed in conjunction with serum testing if using specimens collected <7 days after symptom onset. A positive result in either specimen type provides evidence of Zika virus infection. Procedures for the collection and submission of body fluids, including urine specimens, have been described previously. CDC recommendations for Zika virus testing of serum and other clinical specimens remain unchanged at this time. CDC will continue to review and update guidance for Zika virus testing as new data become available.

FDOH-Hillsborough Epidemiology Program is Moving

The FDOH-Hillsborough Epidemiology Program will be relocating its office. While phone and fax numbers and mailing address will remain the same, our physical location will change. Beginning in July, 2016 the department will be located at 4704B W Montgomery Ave, Tampa, FL. 33616. We hope that our relocation will not cause any interruptions in service. As a reminder all our contact information is below.

Mailing Address:
Epidemiology Program
Florida Department of Health – Hillsborough
P.O. Box 5135
Tampa, FL 33675

Phone: (813) 307-8010
Fax: (813) 276-2981

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2013	2014	2015**		Jan-Apr 2015	Jan-Apr 2016
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	14	29
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	29	18
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	1	1	3	1.67	2	2
<i>H. influenzae</i> (Invasive Disease in children <5)	2	3	2	2.33	1	1
Listeriosis	5	2	2	3.00	0	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	11	12	16	13.00	4	3
Meningococcal Disease	6	3	2	3.67	2	1
<i>Staphylococcus aureus</i> (VISA, VRSA)	1	0	0	0.33	0	0
<i>S. pneumoniae</i> (Invasive Disease in children <6)	8	5	3	5.33	1	1
Enteric Infections						
Campylobacteriosis	134	189	276	199.67	73	83
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	59	354	99	170.67	24	24
Cyclospora	9	4	1	4.67	0	0
<i>Escherichia coli</i> , Shiga toxin-producing (STEC)	30	19	28	25.67	12	8
Giardiasis	56	64	55	58.33	11	32
Hemolytic Uremic Syndrome	2	1	2	1.67	1	1
Salmonellosis	297	361	307	321.67	53	89
Shigellosis	63	68	239	123.33	59	11
Typhoid Fever	0	0	0	0.00	0	1
Viral Hepatitis						
Hepatitis A	10	5	5	6.67	2	0
Hepatitis B (Acute)	56	59	67	60.67	20	9
Hepatitis C (Acute)	38	29	47	38.00	12	14
Hepatitis +HBsAg in Pregnant Women	30	35	28	31.00	8	15
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-Apr 2015	Jan-Apr 2016
Vectorborne, Zoonoses						
Chikungunya	N/A	34	9	N/A	8	1
Dengue	4	6	7	5.67	0	2
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	2	0
Malaria	8	11	2	7.00	1	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	4	3	4.00	1	2
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
Zika Fever	NA	NA	NA	NA	0	3
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	5	2
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-Apr 2015	Jan-Apr 2016
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	5	22	27	18.00	6	14
Lead	173	243	297	237.67	96	50
Mercury	0	0	13	4.33	0	0
Pesticide	13	39	38	30.00	14	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	69	64
HIV Infection	324	330	406	353.33	104	150
STDs						
Chlamydia	7913	7304	7490	7569.00	2799	3231
Gonorrhea	2031	1848	1996	1958.33	658	840
Syphilis, Congenital	4	4	3	3.67	2	0
Syphilis, Latent	156	166	183	168.33	54	77
Syphilis, Early	349	141	149	213.00	54	77
Syphilis, Infectious	334	208	227	256.33	82	94
Tuberculosis						
TB	53	49	41	47.67	10	12
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 years (2015 and 2016) 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.

**Tables include preliminary confirmed and probable cases reported in Florida residents (regardless of where infection was acquired) by date reported to the Bureau of Epidemiology as captured in the reportable disease surveillance system (Merlin). Merlin data for 2015 were finalized in April 2016 and case counts for 2016 will be finalized in April 2017. Data for 2016 are preliminary and will change. Preliminary case counts are current as of the date and time above, but may change. A percentage of cases will be determined not to be cases after additional review and this percentage varies by disease. For example, 4% of meningococcal cases reported in 2014 were later determined not to be true cases and were removed from final case counts. Counts presented in these tables 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-definition-archive.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/chdepcontact> to obtain CHD contact information).

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

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

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

Comments



BACK 2 SCHOOL COALITION of Hillsborough County



Presents

Fair Participant Criteria

- ✓ Parent or legal guardian must accompany child at all times
- ✓ Immunization record is required to receive shots
- ✓ **Free Physicals** for children K-12
- ✓ **Free Immunizations** for Medicaid or uninsured children K-12
- ✓ No Sports, Head Start or Child Care Physicals

Appointment Line: (813) 443.3048

REGISTER TO ATTEND EVENT ONLINE @

www.back2schoolfair.org

2016 Back 2 School Fairs

Saturday, July 16, 2016

Swindle Medical Center

Site Coordinator: Heather Coats

Event Time: 9:00am - 1:00pm

1601 West Timberlane Drive, Plant City, 33566

For Appointment, Please call 813.443.3048

Saturday, July 23, 2016

Lennard High School

Site Coordinator: Cassandra Blaylock

Event Time: 9:00am - 1:00pm

2342 Shell Point Road E., Ruskin, 33570

For Appointment, Please call 813.443.3048

Saturday, July 23, 2016

Shaw Elementary School

Site Coordinator: Francis Joseph

Event Time: 9:00am - 1:00pm

11311 N 15th St, Tampa, FL 33612

For Appointment, Please call 813.443.3048

Saturday, July 30, 2016

Middleton High School

Site Coordinator: Tina Young

Event Time: 9:00am - 1:00pm

4801 N 22nd Street, Tampa, 33610

For Appointment, Please call 813.443.3048

Saturday, Aug 6, 2016

Blake High School

Site Coordinator: Tina Young

Event Time: 9:00am - 1:00pm

1701 North Boulevard, Tampa, 33607

For Appointment, Please call 813.443.3048

“ It Takes A Village ”

The Coalition Core Team:



COALICIÓN DE REGRESO A LA ESCUELA

del Condado de Hillsborough
Presenta



Criterios para participación en la feria

- ✓ El padre, madre o representante legal debe acompañar al niño en todo momento
- ✓ Se necesita expediente de inmunizaciones para recibir vacunas
- ✓ Examen físico gratis para niños K-12
- ✓ Vacunas gratis para niños con Medicaid o sin seguro K-12
- ✓ No se hacen exámenes físicos para deportes, Head Start o cuidado de niños

Teléfono para citas: (813) 443.3048

REGÍSTRESE EN LÍNEA PARA ASISTIR A UN EVENTO EN

WWW.back2schoolfair.ORG

2016 Ferias de regreso a la escuela

Sábado, 16 de julio, 2016

Swindle Medical Center

Coordinador: Heather Coats

Hora del evento: 9:00am - 1:00pm

1601 West Timberlane Drive, Plant City, 33566

Para una cita, por favor llame al 813.443.3048

Sábado, 23 de julio, 2016

Lennard High School

Coordinador: Cassandra Blaylock

Hora del evento: 9:00am - 1:00pm

2342 Shell Point Road E., Ruskin, 33570

Para una cita, por favor llame al 813.443.3048

Sábado 23 de julio, 2016

Shaw Elementary School

Coordinador: Francis Joseph

Hora del evento: 9:00am - 1:00pm

11311 N 15th St, Tampa, FL 33612

Para una cita, por favor llame al 813.443.3048

Sábado 30 de julio, 2016

Middleton High School

Coordinador: Tina Young

Hora del evento: 9:00am - 1:00pm

4801 N 22nd Street, Tampa, 33610

Para una cita, por favor llame al 813.443.3048

Sábado 6 de agosto, 2016

Blake High School

Coordinador: Tina Young

Hora del evento: 9:00am - 1:00pm

1701 North Boulevard, Tampa, 33607

Para una cita, por favor llame al 813.443.3048

"Se necesita un pueblo"

Equipo de la coalición:

