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

EpiNotes

Director
Douglas Holt, MD
813.307.8008

Medical Director (HIV/STD/EPI)
Charurut Somboonwit, MD
813.307.8008

Medical Director (TB/Refugee)
Beata Casanas, MD
813.307.8008

Medical Director (Vaccine Outreach)
Jamie P. Morano, MD, MPH
813.307.8008

Community Health Director
Leslene Gordon, PhD, RD, LD/N
813.307.8015 x7107

Disease Control Director
Faye Coe, RN
813.307.8015 x6321

Environmental Administrator
Brian Miller, RS
813.307.8015 x5901

Epidemiology
Warren R. McDougle Jr., MPH
813.307.8010 Fax 813.276.2981

TO REPORT A DISEASE:

Epidemiology
813.307.8010

After Hours Emergency
813.307.8000

Food and Waterborne Illness
Patrick Rodriguez
813.307.8015 x5944 Fax 813.272.7242

HIV/AIDS Surveillance
Erica Botting
813.307.8011

Lead Poisoning
Cynthia O. Keeton
813.307.8015 x7108 Fax 813.272.6915

Sexually Transmitted Disease
Carlos Mercado
813.307.8045 Fax 813.307.8027

Tuberculosis
Irma B. Polster
813.307.8015 x4758 Fax 813.975.2014

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Zika Fever Update – As of July 27, 2016

County	Number of Cases (all travel related)
Alachua	5
Brevard	6
Broward	55
Charlotte	1
Citrus	2
Clay	3
Collier	4
Duval	6
Escambia	2
Highlands	1
Hillsborough	10
Lake	1
Lee	6
Manatee	1
Martin	1
Miami-Dade	96
Okaloosa	2
Okeechobee	1
Orange	40
Osceola	18
Palm Beach	18
Pasco	6
Pinellas	7
Polk	12
Santa Rosa	1
Seminole	12
St. Johns	3
St. Lucie	1
Volusia	5
Total cases not involving pregnant women	**328**
Cases involving pregnant women regardless of symptoms*	**53**

Information on Zika Fever Table: *Counties of pregnant women will not be shared. All cases are reported in this table are travel-associated. **There have been no locally-acquired cases of Zika in Florida**. For more information on the Zika virus, click here.

The department is expanding its ongoing investigations with two additional possible non-travel related Zika virus cases in Miami-Dade and Broward counties (There are currently 4 total investigations into non-travel related Zika virus ongoing.)

Below is the latest guidance for clinicians to order testing for Zika Fever. We will continue to work with you on any questions you have concerning your patient.

Please keep in mind that Zika Fever testing is now commercially available for symptomatic patients through Quest and Lab Corp.

LabCorp:

- Test code 139600
- 1 mL serum in red-top tube or gel-barrier tube
- 1 mL urine in plastic urine container without preservative
- Transfer serum to a plastic transport tube; freeze both serum and urine.
- LabCorp Phone number: 1-800-877-5227
- Find out more here

Quest:

- Test code 87798
- 2 mL serum in a standard red-top or serum separator Vacutainer® tube.
- Allow blood to clot at room temperature. Centrifuge and separate the serum from the cells or gel, transfer to a plastic tube and refrigerate within 4 hours of collection.
- Their website says: "Order Zika test separately from other tests - on a separate test requisition. In order to maintain specimen stability and integrity, it is required that specimens are collected by Quest Patient Service Centers (PSCs) or by Hospital Clients. In office phlebotomists (IOPs) are not approved to collect specimens at this time. Specimens should not be left in lock boxes."
- Quest phone number: 1-866-697-8378
- Find out more here

Informational Links

Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States, July 2016: CDC has updated its interim guidance for health care providers in the United States caring for pregnant women with possible Zika virus exposure, based on emerging data indicating Zika virus RNA can be detected for prolonged periods in some pregnant women. To increase the proportion of pregnant women with Zika virus infection who receive a definitive diagnosis, this guidance includes recommendations to expand real-time reverse transcription–polymerase chain reaction testing.

Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus — United States, July 2016: CDC has updated interim guidance for the prevention of sexual transmission of Zika virus. The recommendations apply to all men and women who have traveled to or reside in areas with active Zika virus transmission and their sex partners. The recommendations in this report replace those previously issued and are now updated to reduce the risk for sexual transmission of Zika virus from both men and women to their sex partners. This guidance will be updated as more information becomes available.

Projected Zika Virus Importation and Subsequent Ongoing Transmission after Travel to the 2016 Olympic and Paralympic Games — Country-Specific Assessment, July 2016

Suspected Female-to-Male Sexual Transmission of Zika Virus — New York City, 2016

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2013	2014	2015**		Jan – June 15	Jan – June 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	21	37
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	38	34
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	1	1	3	1.67	2	2
H. influenzae (Invasive Disease in children <5)	2	3	2	2.33	1	1
Listeriosis	5	2	2	3.00	1	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	11	12	16	13.00	8	3
Meningococcal Disease	6	3	2	3.67	2	2
Staphylococcus aureus (VISA, VRSA)	1	0	0	0.33	0	0
S. pneumoniae (Invasive Disease in children <6)	8	5	3	5.33	1	1
Enteric Infections						
Campylobacteriosis	134	189	276	199.67	137	140
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	59	354	99	170.67	37	39
Cyclospora	9	4	1	4.67	0	0
Escherichia coli, Shiga toxin-producing (STEC)	30	19	28	25.67	15	17
Giardiasis	56	64	55	58.33	23	56
Hemolytic Uremic Syndrome	2	1	2	1.67	1	1
Salmonellosis	297	361	307	321.67	112	145
Shigellosis	63	68	239	123.33	181	22
Typhoid Fever	0	0	0	0.00	0	1
Viral Hepatitis						
Hepatitis A	10	5	5	6.67	4	2
Hepatitis B (Acute)	56	59	67	60.67	30	15
Hepatitis C (Acute)	38	29	47	38.00	19	20
Hepatitis +HBsAg in Pregnant Women	30	35	28	31.00	16	21
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 – June 15	Jan – June 16
Vectorborne, Zoonoses						
Chikungunya	N/A	34	9	N/A	8	1
Dengue	4	6	7	5.67	3	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	NA	6
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	9	4
Melioidosis	0	0	0	0.00	0	0
Vibriosis	13	7	11	10.33	4	5

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2013	2014	2015**		Jan – June 15	Jan – June 16
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	5	22	27	18.00	7	14
Lead	173	243	297	237.67	121	81
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	93	103
HIV Infection	324	330	406	353.33	165	225
STDs						
Chlamydia	7913	7304	7490	7569.00	3685	4303
Gonorrhea	2031	1848	1996	1958.33	881	1170
Syphilis, Congenital	4	4	3	3.67	3	0
Syphilis, Latent	156	166	183	168.33	105	105
Syphilis, Early	349	141	149	213.00	70	111
Syphilis, Infectious	334	208	227	256.33	111	116
Tuberculosis						
TB	53	49	41	47.67	17	21
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?

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
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- ! ☐ Diphtheria
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- ☐ *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
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- ☐ Mumps
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- ☐ Pesticide-related illness and injury, acute
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- ! ☐ 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

Revised June 4, 2014

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

Florida HEALTH

Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

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

July 22, 2016

Dear Prenatal Providers:

The Department of Health is currently investigating possible non-travel related cases of Zika virus disease in Miami-Dade and Broward Counties. We must remain vigilant and increase our level of questioning when considering Zika virus disease. **Remember to identify, test and inform**. Please contact your county health department (CHDs) immediately if you suspect a patient has Zika fever (per rule 64D-3.029, Florida Administrative Code), to ensure prompt mosquito control efforts.

Mosquito repellent, and other materials (see attachment) to prevent Zika transmission will be distributed from the CHDs to OB/GYNs, midwives and other providers consulting with pregnant women living or working in the areas where we are conducting our investigations. Please consider prioritizing distribution of kits to the following women:

- Women who have traveled or have partners who have traveled to a Zika-affected country
- Women who may not have screens on their windows or doors
- Women who may not easily receive messages to “drain and cover”

Included with this letter are:

- CDC Interim Guidelines for Pregnant Women During a Zika Virus Outbreak—United States, 2016 MMWR
- Zika virus one-pager for clinicians focusing on diagnosis and testing
- Zika virus one-pager for obstetricians focusing on prevention
- Mosquito bite prevention information for travelers in English and Spanish

This is an evolving situation and the Department will provide updated guidance to ACOG, local hospitals and other providers as available. Additional resources you may find useful:

- Current Zika virus information from CDC: http://www.cdc.gov/zika
- Florida mosquito-borne disease information including weekly surveillance reports: http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/index.html
- Contact information for county and state DOH: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/index.html

Please share this information with any relevant partners. The department’s CHDs and Bureau of Epidemiology are available to assist you with questions about Zika virus testing protocols and sample submission requests. Thank for your important role in caring for our residents and visitors.

Respectfully,

Celeste Philip, MD, MPH

Florida Department of Health
Office of the State Surgeon General
4052 Bald Cypress Way, Bin A-00 • Tallahassee, FL 32399-1701
PHONE: 850/245-4210 • FAX: 850/922-9453
FloridaHealth.gov

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Zika Fever: Information for Clinicians

Version 2.0 (June 7, 2016)

DOH: www.flhealth.gov/zika
CDC: www.cdc.gov/zika/

Please contact your county health department immediately if you suspect a patient has Zika fever to ensure prompt mosquito control efforts.

Zika fever, a dengue-like illness caused by a mosquito-borne flavivirus, has been identified in numerous countries in Central and South America, Mexico and the Caribbean including Puerto Rico. **Zika virus infection during pregnancy can cause certain birth defects including microcephaly**. Fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities. Possible links to Zika virus infection and Guillain-Barre syndrome (GBS) are also suspected.

Transmission occurs through the bite of an infected mosquito. Perinatal, in utero, sexual and transfusion transmissions have also been reported. **Suspect Zika fever cases should be advised to avoid mosquito bites while ill to prevent infection of local mosquitoes.** Potentially infected men with pregnant partners should either abstain from sex or use condoms consistently and correctly during intercourse for the duration of the pregnancy.

Incubation period is approximately 2 to 14 days.

Clinical Presentation: Only about 1 in 5 people infected with Zika virus are symptomatic. Zika fever is a mild illness with symptoms similar to those of mild dengue fever. Severe disease requiring hospitalization is uncommon. Treatment is symptomatic and illness typically resolves within a week. Co-infections with dengue or chikungunya are possible and should be considered. Aspirin and other non-steroidal anti-inflammatory drugs are not advised in case of co-infection with dengue. Pregnant women with fever should be treated with acetaminophen. Signs/symptoms of Zika fever may include:

- Acute fever (often low grade)
- Maculopapular rash
- Arthralgia
- Conjunctivitis
- Myalgia
- Headache
- Retro-orbital pain
- Vomiting

Laboratory testing: Polymerase chain reaction (PCR) can be used to detect viral RNA in serum and urine during the first week of illness and in urine alone for samples collected one to three weeks after illness onset. Serum antibody tests are recommended for samples collected ≥4 days after illness onset. However, cross-reaction with related flaviviruses (e.g. dengue) is common and results may be difficult to interpret. Dengue IgM antibody testing should be run on samples from patients with positive Zika IgM antibody tests due to cross-reactivity. Zika virus PCR testing of serum and urine is currently commercially available. Zika virus PCR testing for samples other than serum and urine, as well as Zika IgM antibody testing, is available at Florida Department of Health for patients who meet the following testing criteria.

Please contact your county health department to request Zika virus testing for patients meeting the following criteria:

- All persons, including pregnant women, with two or more of the following signs/symptoms: fever, maculopapular rash, arthralgia or conjunctivitis (GBS could follow) **and** a history of travel to an area reporting Zika virus activity in the two weeks prior to illness onset **or** is a suspect local case should be immediately reported and tested.

OR

- Mother of an infant or fetus with microcephaly or intracranial calcifications or poor fetal outcome diagnosed after the first trimester **and** with history of travel to an area with Zika virus activity during pregnancy should be immediately reported. Testing of both mother and infant is recommended.

OR

- Pregnant women who, while pregnant, **traveled to an area reporting Zika virus activity** regardless of the length of time since the travel/illness occurred, but ideally within 2-12 weeks of travel may also be tested.

Zika Fever: Information for Providers of Obstetrical Health Care

Version 3.0 (July 21, 2016)
DOH: www.flhealth.gov/zika
CDC: www.cdc.gov/zika/

FloridaHealth.gov • Florida Department of Health

Zika fever has been identified in South and Central America as well as Mexico and the Caribbean including Puerto Rico, the U.S. Virgin Islands, and US mainland. **Zika virus infection during pregnancy can cause certain birth defects including microcephaly.** In response, the Centers for Disease Control and Prevention (CDC) issued guidance recommending:

- Pregnant women in any trimester should consider postponing travel to areas where Zika virus transmission is ongoing. Pregnant women who must travel to these areas should talk to their doctor or other health care provider first and strictly follow steps to avoid mosquito bites during the trip.
- In addition, CDC recommends that pregnant women and their sexual partners should consistently and correctly use condoms or abstain from sex for the duration of the pregnancy if the male partner traveled to an area with Zika virus activity.
- Women trying to become pregnant should consult with their health care provider before traveling to areas with Zika virus activity and strictly follow steps to prevent mosquito bites during the trip. Couples should consider delaying attempts to become pregnant for 2 months following either partner's travel. Couples should consider delaying attempts to become pregnant for 6 months if male partners experienced signs/symptoms of Zika fever during or within two weeks of travel.
- Fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities, including microcephaly or intracranial calcifications.

Transmission occurs through the bite of an infected mosquito.
Perinatal, in utero, sexual, transfusion and bodily fluids transmissions have also been reported but, to date, transmission through breastfeeding has not been reported.

Pregnant women or women trying to become pregnant should take appropriate precautions to avoid mosquito bites.

- **Bring EPA registered insect repellant** with any of the following active ingredients
  - DEET
  - Picaridin
  - Oil of lemon eucalyptus
  - IR3535
  - It is safe for pregnant or nursing women to use EPA-approved repellants **if applied according to package label instructions**.

- **Cover skin** with long-sleeved shirts and long pants
  - Apply a permethrin repellent directly to clothing or purchase pre-treated clothing. Follow the manufacturer's directions and **do not apply directly to skin.**

- **Keep mosquitoes out of hotel rooms**
  - Choose a hotel or lodging with air conditioning or screens on windows and doors.

- Other mosquito-borne diseases such as dengue fever, chikungunya fever, and malaria may also impact the fetus or newborn and pose a risk in many of the same areas Zika virus is present, emphasizing the need to strictly follow steps to prevent mosquito bites.

- Travelers returning home should be advised to avoid being bitten by mosquitoes for at least 3 weeks following return home, especially while ill, to prevent infection of local mosquitoes.

- While at home, draining standing water near residences and businesses at least weekly is recommended to keep local mosquito populations low and prevent local introductions.

Mosquito Bite Protection for Overseas Travelers

FloridaHealth.gov • Florida Department of Health

Mosquitoes spread viruses and parasites that cause diseases like chikungunya, dengue, Zika and malaria. Before you travel to areas where these diseases are found, talk to your health care provider about your health concerns, and ask about malaria prevention medicine.

Mosquitoes can live indoors and will bite at any time, day or night.

Bring Environmental Protection Agency (EPA)-registered insect repellents

When you travel to areas with mosquitoes, bring an EPA-registered insect repellent. Use products with active ingredients that are safe and effective.

- Always follow the product label instructions.
- Do not spray repellent on skin under clothing.
- If you use sunscreen, put sunscreen on first and insect repellent second.
- It is safe for pregnant or nursing women to use EPA-approved repellants if applied according to package label instructions.
- Learn more: www2.epa.gov/insect-repellents.

USE INSECT REPELLENT WITH ONE OF THESE ACTIVE INGREDIENTS	BRAND EXAMPLES* Overseas brand names may vary.
DEET	Off!, Cutter, Sawyer, Ultrathon
Picaridin (KBR 3023), Bayrepel and icaridin	Skin So Soft Bug Guard Plus, Autan (outside the U.S.)
Oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD)	Repel
IR3535	Skin So Soft Bug Guard Plus Expedition, Skin Smart

Higher percentages of active ingredient=longer protection

Cover up with clothing

- Wear long-sleeved shirts and long pants.
- Mosquitoes can bite through thin clothing. Treat clothes with permethrin or another EPA-registered insecticide for extra protection.

Use permethrin-treated clothing and gear.

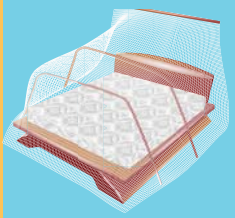
- Permethrin is an insecticide that kills mosquitoes and other insects.
- Buy permethrin-treated clothing and gear (boots, pants, socks, tents), or use permethrin to treat clothing and gear—follow product instructions closely.
- Read product information to find out how long the permethrin will last.
- Do not use permethrin products directly on skin.

Keep mosquitoes out of hotels rooms & other lodging

- Choose a hotel or lodging with air conditioning and screened windows and doors.

If you will be sleeping outside or in a room that is not well screened, buy a bed net BEFORE traveling overseas.

- Buy bed nets from an outdoor store, and choose a WHOPES-approved bed net (like Pramax*): compact, white, rectangular, with 156 holes per square inch and long enough to tuck under a mattress.
- Permethrin-treated bed nets provide more protection than untreated nets.



- Do not wash bed nets or expose them to sunlight—this will break down permethrin more quickly.
- Learn more: www.cdc.gov/malaria/malaria_worldwide/ eduction/itn.html.

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www.cdc.gov/features/StopMosquitoes

* The use of commercial names is to provide information about products; it does not represent an endorsement of these products by the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services.

If you are travelling with a baby or child:

- Always follow product instructions when applying insect repellent to children.
- Spray insect repellent onto your hands and then apply to a child's face.
- Do not apply insect repellent to a child's hands, mouth, cut or irritated skin.
- Do not use insect repellent on babies younger than 2 months.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, tents)or purchase permethrin-treated clothing and gear. Read product information to find out how long the protection will last.
- Do not use permethrin products directly on skin.
- Dress babies or small children in clothing that covers arms and legs.
- Cover cribs, strollers or baby carriers with mosquito netting.

When you return home:

- Avoid being bitten by mosquitoes for three weeks—especially if you feel sick. This will help prevent infection of local mosquitoes.
- Drain standing water near homes and businesses at least weekly. This will keep local mosquito populations low and prevent local introduction of disease.

Prevención de Picaduras de **Mosquitos para Viajeros Internacionales**

FloridaHealth.gov • Florida Department of Health

Los mosquitos transmiten virus y parásitos que pueden causar enfermedades como el chikungunya (chikunguña), dengue, Zika, y malaria (también conocido como paludismo). Antes de viajar a lugares en donde se encuentren estas enfermedades, hable con su médico, o proveedor de atención médica, sobre los medicamentos disponibles para prevención de la malaria (paludismo).

Los mosquitos pueden vivir en el interior y picarle a cualquier hora del dia o la noche

Lleve repelente para insectos registrados por la Agencia de Protección Ambiental (EPA por sus siglas en Inglés)

Cuando viaje a lugares en donde hay mosquitos, lleve un repelente para insectos registrado por la EPA. Use productos con ingredientes activos que sean seguros y efectivos.

- Siempre lea cuidadosamente las instrucciones en la etiqueta antes de aplicarse un repelente.
- No se aplique el repelente en la piel que este cubierta con ropa.
- Si usa bloqueador solar, póngase el bloqueador primero y el repelente contra insectos después.
- Mujeres embarazadas, o amamantando, pueden usar repelente para insectos registrados por la EPA si se aplica de acuerdo a las instrucciones en la etiqueta.
- Para más información, visite la página de internet de la Agencia de Protección Ambiental (EPA): www2.epa.gov/insect-repellents.

USE REPELENTE PARA INSECTOS QUE CONTENGA UNO DE LOS SIGUIENTES INGREDIENTES ACTIVOS	EJEMPLO DE PRODUCTOS COMERCIALES*BRAND EXAMPLES* En el extranjero los nombres del producto pueden variar
DEET	OFF, Cutter, Sawyer, Ultrathon
Picaridin (KBR 3023), Byrepel e Icaridin	Skin So Soft Bug Guard Plus, Autan (fuera de USA)
Aceite de eucalipto limón (OLE por sus siglas en inglés) o para-mentano-diol	Repel
IR3535	Skin So Soft Bug Guard Plus Expedition, Skin Smart

Alto porcentaje de ingrediente activo = mas larga protección

CUBRA su piel con ropa

- Use camisa de manga larga y pantalones largos.
- Los mosquitos le pueden picar a través de la ropa de material delgado. La ropa tratada con permetrina u otro insecticida que esté registrado por la EPA (por sus siglas en inglés) proporciona mayor protección.

Use ropa y equipo tratados con permetrina.

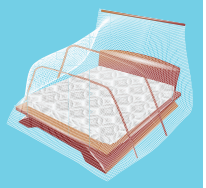
- Permetrina es un insecticida que mata mosquitos y otros insectos.
- Compre ropa y equipo (botas, pantalones, calcetines, tiendas de campaña) previamente tratados con permetrina, o use permetrina para tratar usted mismo su ropa y equipo siguiendo cuidadosamente las instrucciones del producto.
- Lea la información del producto para saber cuánto tiempo durará la protección.
- No use productos con permetrina directamente sobre la piel.

GUARDE los mosquitos fuera de habitaciones

- Seleccione un hotel o alojamiento que tenga aire acondicionado o malla de tela metálica en las puertas y ventanas.

Si va dormir al aire libre o en una habitación que no tiene protección como mallas de tela metálica en las puertas y ventanas, compre un mosquitero ANTES de viajar al extranjero

- Compre un mosquitero en su tienda local especializada en equipo para acampar recomendado por la Organización Mundial de Salud (WHO por sus siglas en Ingles) identificado como WHOPES (WHO Pesticides Evaluation Scheme) como por ejemplo Pramax*: compacto, blanco, rectangular, con 156 agujeros por pulgada cuadrada y lo suficientemente largo para poderse ajustar debajo del colchón.



- Los mosquiteros tratados con permetrina proporcionan mayor protección que los mosquiteros no tratados.
- No lave los mosquiteros ni los exponga a la luz solar. Esto inactivará el insecticida más rápido.
- Para obtener más información sobre los mosquiteros, consulte:
  - www.cdc.gov/malaria/malaria_worldwide/reduction/itn.html
  - www.cdc.gov/features/StopMosquitoes
  - www.cdc.gov/malaria/malaria_worldwide/reduction/itn.html

01/2016

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Si viaja con un bebé o un niño:

- Siempre siga las instrucciones del producto al aplicar repelente de insectos a los niños.
- Rocíe el repelente de insectos en sus manos y luego aplíquelo en la cara del niño.
- No aplique repelente de insectos a un niño en las manos, la boca, o la piel que tenga cortaduras o que este irritada.
- No utilice repelente de insectos en bebés menores de dos meses.
- Use permetrina para tratar la ropa y el equipo (como botas, pantalones, calcetines y tiendas de campaña) o compre ropa y equipo ya tratados con permetrina. Lea la información del producto para saber cuánto tiempo durará la protección.
- Vista a su bebé o niño pequeño con ropa que le cubra los brazos y las piernas.
- Cubra la cuna, el coche, o el portabebés con un mosquitero.

Cuando Regrese a Casa:

- Evite ser picado por mosquitos por tres semanas, especialmente si se siente enfermo.
- Esto ayuda a prevenir que mosquitos locales se infecten. DRENE el agua estancada cerca del hogar y locales comerciales por lo menos semanalmente. Esto ayuda a mantener baja la población de mosquitos en su zona y ayudara a prevenir la introducción de enfermedades.

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

Florida HEALTH

Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

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

July 6, 2016

Dear Colleague:

This correspondence is to inform Florida health care providers of an increase in syphilis cases in Florida. Most states have reported an increased number of sexually transmitted diseases over the past five years.

Syphilis in all stages, including primary, secondary, and congenital, has increased in Florida by 72.8 percent in the last five years from 4,142 cases reported in 2011 to 7,157 cases reported in 2015. From 2014 to 2015, Florida syphilis cases increased by 18.7 percent from 6,031 to 7,157.

Although the exact reason for the increase in syphilis is unclear, the Centers for Disease Control and Prevention (CDC) published a report on November 17, 2015, on this increase. According to Jonathan Mermin, M.D., Director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention, "America's worsening STD epidemic is a clear call for better diagnosis, treatment, and prevention. STDs affect people in all walks of life, particularly young women and men, but these data suggest an increasing burden among gay and bisexual men." This report in its entirety is available at: http://www.cdc.gov/nchhstp/newsroom/2015/std-surveillance-report-press-release.html.

Syphilis has been called "the great imitator" because it has so many possible symptoms, many of which look like symptoms of other diseases. For a complete list of symptoms and detailed information on the stages of syphilis, visit: http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm.

For further information regarding syphilis in your area, please contact your local county health department. Through integrated state, county, and community efforts, we can reduce Florida's syphilis morbidity.

Sincerely,

Anna M. Likos, MD MPH

Anna Marie Likos, MD, MPH
Acting Deputy Secretary for Health
State Epidemiologist

Florida Department of Health
Division of Disease Control and Health Protection • Bureau of Communicable Diseases - Sexually Transmitted Disease (STD) & Viral Hepatitis Section
4052 Bald Cypress Way, Bin A-19 • Tallahassee, FL 32399-1716
PHONE: 850/245-4303 • FAX 850/414-8103
FloridaHealth.gov

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Figure. Screening for Syphilis Infection in Nonpregnant Adults and Adolescents: Clinical Summary

Population	**Asymptomatic, nonpregnant adults and adolescents at increased risk for syphilis infection**
Recommendation	**Screen for syphilis infection.** **Grade: A**

Risk Assessment	Men who have sex with men and persons living with HIV have the highest risk for syphilis infection. Other factors that are also associated with increased prevalence rates include a history of incarceration or commercial sex work, geography, race/ethnicity, and being a male younger than 29 years.
Screening Tests	There are numerous screening tests for syphilis. The most common is a combination of nontreponemal and treponemal antibody tests.
Treatment and Interventions	Syphilis infection is treated with parenteral penicillin G benzathine. Dosage and route may vary depending on the stage of disease and patient characteristics.
Balance of Benefits and Harms	The USPSTF concludes with high certainty that the net benefit of screening for syphilis infection in nonpregnant persons at increased risk for infection is substantial.
Other Relevant USPSTF Recommendations	The USPSTF has made recommendations on screening for syphilis in pregnant women, as well as screening for HIV, gonorrhea, and chlamydia in sexually active adolescents and adults and behavioral counseling interventions to prevent sexually transmitted infections. These recommendations are available on the USPSTF website (www.uspreventiveservicestaskforce.org).

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org.