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

EpiNotes

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Articles and Attachments Included This Month

Zika Update

Information on Limited Local Transmissions

Florida has confirmed that local transmission of Zika virus is occurring in about a 4.5 square mile area in Miami Beach within the boundaries of 8th and 63rd streets. See map on the next page.

On Monday, September 19, the Zika zone in Wynwood, which was originally about one square mile, was lifted after 45 days with no evidence of active Zika transmission. The department advises residents and visitors in Wynwood to remain vigilant about mosquito bite protection by draining all sources of standing water to keep mosquitoes from breeding and wearing bug repellent to help keep Wynwood Zika free.

Florida's small case cluster is not considered widespread transmission. If the department identifies additional areas of concern, we will notify the media and the public immediately.

Additional information on Zika in Florida

For a complete breakdown of non-travel and travel-related Zika infections to-date, please see table below.

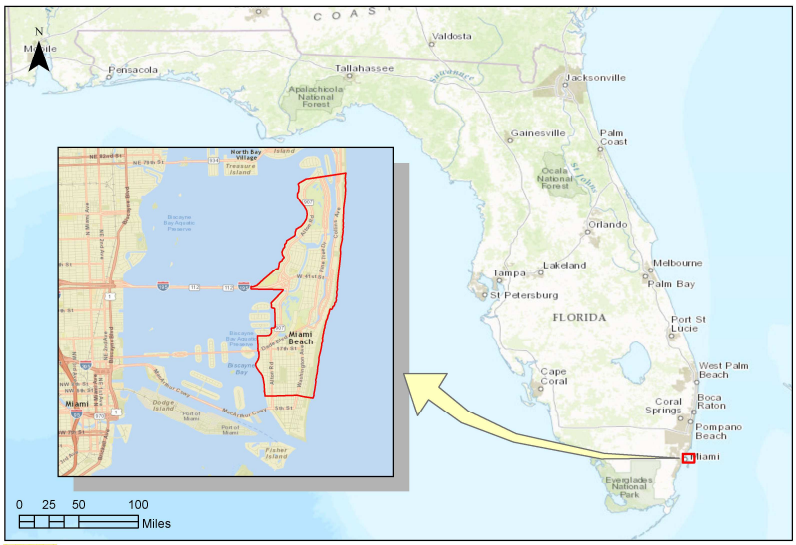
Infection Type	Count
Travel-Related Infections of Zika	700
Non-Travel Related Infections of Zika	115
Infections Involving Pregnant Women	92
Out of State Cases (not Florida Residents)	13
Undetermined	1
Total	921

Continued on Page 2

Continued from Page 1

The department is currently conducting 15 active investigations. The department has closed 22 investigations. Information regarding the investigations can be found here. If investigations reveal additional areas of active transmission, the department will announce a defined area of concern.

The department has conducted Zika virus testing for more than 8,419 people statewide. Florida currently has the capacity to test 6,505 people for active Zika virus and 7,639 for Zika antibodies. At Governor Scott's direction, all county health departments now offer free Zika risk assessment and testing to pregnant women.



Area of Active Local Zika Virus Transmission

Informational Links

CDC HAN 396: CDC Updates Guidance for Travel and Testing of Pregnant Women and Women of Reproductive Age for Zika Virus Infection Related to the Ongoing Investigation of Local Mosquito-borne Zika Virus Transmission in Miami-Dade County, Florida - The purpose of this HAN is to provide guidance for travel and testing of pregnant and reproductive age women related to Zika virus transmission in Miami-Dade County are in Florida.

CDC HAN 395: Influx of Fentanyl-laced Counterfeit Pills and Toxic Fentanyl-related Compounds Further Increases Risk of Fentanyl-related Overdose and Fatalities

CDC MMWR: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2016–17 Influenza Season

Important Notice of FDOH-Hillsborough Procedures

The Florida Department of Health – Hillsborough (FDOH-Hillsborough) is very lucky to have one of the three Bureau of Public Health Laboratories (BPHL) located within our county. Our proximity to BPHL lab allows for expedited testing of high priority diseases of public health concern. But, as a reminder, all specimens that are to be tested at BPHL must be coordinated through the local health department. For testing at BPHL of Hillsborough County patients you must call FDOH-Hillsborough at 813-307-8010. When we receive these testing requests we will:

1. Confirm that the patients is approved to be tested at BPHL.
2. Make sure that specimens have been collected correctly and are labeled and packaged appropriately.
3. Ensure all required laboratory paperwork is completed and sent back to the provider for inclusion with the specimens before shipping.

Only once this process is completed will the laboratory accept specimens for testing. **BPHL will discard any specimens that have not been authorized by FDOH staff.**

A Special Note about Zika Testing

If Zika testing is going to be performed on a **symptomatic patient** (one or more of the following signs or symptoms: acute onset of fever, rash, arthralgia, conjunctivitis) or on a patient with possible microcephaly, contact the FDOH-Hillsborough County Epidemiology Program immediately at 813-307-8010.

FDOH is continuing to offer free Zika Virus testing to all pregnant women. In Hillsborough County pregnant women can:

1. Call our Zika Hotline (813-466-6650, option 3) and set an appointment date and time for testing at FDOH-Hillsborough.
2. Work with their OB/GYN office to collect specimens, which will then be tested through BPHL
    - Provider offices should refer to the attachment “Zika Fever Information for Providers of Obstetrical Health Care in Hillsborough County”
3. Work with their OB/GYN to have specimens collected and sent to commercial labs
    - Quest and LabCorp both have Zika virus PCR and IgM testing available

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2013	2014	2015**		Jan-Aug 2015	Jan-Aug 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	25	50
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	49	49
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	1	1	3	1.67	3	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	13	5
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	182	203
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	59	354	99	170.67	74	51
Cyclospora	9	4	1	4.67	0	1
Escherichia coli, Shiga toxin-producing (STEC)	30	19	28	25.67	20	25
Giardiasis	56	64	55	58.33	39	67
Hemolytic Uremic Syndrome	2	1	2	1.67	2	1
Salmonellosis	297	361	307	321.67	188	212
Shigellosis	63	68	239	123.33	215	51
Typhoid Fever	0	0	0	0.00	0	1
Viral Hepatitis						
Hepatitis A	10	5	5	6.67	4	3
Hepatitis B (Acute)	56	59	67	60.67	42	30
Hepatitis C (Acute)	38	29	47	38.00	29	25
Hepatitis +HBsAg in Pregnant Women	30	35	28	31.00	20	23
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-Aug 2015	Jan-Aug 2016
Vectorborne, Zoonoses						
Chikungunya	N/A	34	9	N/A	10	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	10	5
Malaria	8	11	2	7.00	2	4
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	17
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	1
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	16	13
Melioidosis	0	0	0	0.00	0	0
Vibriosis	13	7	11	10.33	8	8

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2013	2014	2015**		Jan-Aug 2015	Jan-Aug 2016
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	5	22	27	18.00	13	24
Lead	173	243	297	237.67	171	121
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	118	127
HIV Infection	324	330	406	353.33	238	302
STDs						
Chlamydia	7913	7304	7490	7569.00	5265	5865
Gonorrhea	2031	1848	1996	1958.33	1369	1613
Syphilis, Congenital	4	4	3	3.67	4	1
Syphilis, Latent	156	166	183	168.33	218	148
Syphilis, Early	349	141	149	213.00	109	137
Syphilis, Infectious	334	208	227	256.33	159	159
Tuberculosis						
TB	53	49	41	47.67	25	30
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	73	58	27	52.67	27	1
Food and Waterborne Outbreaks	4	3	2	3.00	2	1

*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).

SAVE THE DATE

Florida Health Grand Rounds Presents:
"Patient-Centered Transformation in Federally Qualified Health Centers in Florida"

October 11, 2016, 10:00 a.m. – 11:00 a.m., ET

Register for the Webinar at the following link:
https://attendee.gotowebinar.com/register/2164967359813900291

Abstract
Patient-centered practice transformation, such as the implementation of the Patient Centered Medical Home (PCMH) model has been identified as an important mechanism for improving the quality and efficiency of care delivery. Growing evidence indicates that the PCMH model results in reduced costs and reduced utilization of unnecessary services in primary care practices, however, little is known about the impact of PCMH transformation on outcomes for the nation's safety net population served by Federally Qualified Health Centers (FQHC). Dr. Harman will present results of a study that assessed the impact of PCMH transformation in FQHCs on clinical outcomes of patients with diabetes, and discuss a current proposal to evaluate implementation of the PCMH model among 48 FQHC clinic sites in Florida.

Presented By
Dr. Jeffrey Harman
Professor, Florida State University College of Medicine

Dr. Harman, a health economist, is a Professor in the Department of Behavioral Sciences and Social Medicine at the Florida State University College of Medicine. His research explores utilization and expenditures of health services, with an emphasis on the impact of health policies on services for vulnerable populations, such as individuals covered by Medicaid or suffering from mental illness.

What is Florida Health Grand Rounds?
The Florida Health Grand Rounds will be a monthly presentation (during the fall and spring semesters) given by a researcher from one of Florida's universities. The topics will have a broad focus, touching on emerging, innovative, and cross-cutting areas of public health. Florida Department of Health staff as well as researchers and staff from Florida's universities are invited to attend the Florida Health Grand Rounds via live webinar. Ideally, County Health Department staff will coordinate with their local universities to view the presentation together, allowing for opportunities for discussion and collaboration.

The goals of the Florida Health Grand Rounds are to:

- Provide attendees an opportunity to learn about various topics and research in public health being carried out by Florida's top researchers
- Create an environment where department staff and university researchers can interact, leading to an exchange of ideas and facilitating partnership building
- Provide an opportunity for Florida researchers to highlight and share their work with department staff, leading to a more efficient transition into public health practice

Please distribute this information to others that may be interested in joining!

For questions about the Florida Health Grand Rounds, please email: FLHealthGrandRounds@FLHealth.Gov

MCV4: You're not done if you give just one.
Give TWO doses to strengthen protection.

Dear Colleague:

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College Health Association (ACHA), Society for Adolescent Health and Medicine (SAHM), Centers for Disease Control and Prevention (CDC), and Immunization Action Coalition (IAC) urge you and your fellow healthcare professionals to strongly recommend and administer the second (booster) dose of meningococcal ACWY vaccine (MenACWY or "MCV4") at age 16.

MCV4 was developed to prevent meningococcal disease resulting from infection with serogroups A, C, W, or Y. Meningococcal disease is devastating and debilitating, with a staggering 10–15% case fatality rate.

ACIP Recommendations for MCV4[2]

Give dose #1 at age 11–12 years and a booster at age 16 years

Recommendations if dose #1 is delayed:

- If dose #1 is delayed until age 13–15 years, give a booster at age 16–18 years*
- If dose #1 is delayed until age 16 years or older†, no booster is recommended.

* The **minimum interval** between doses of MCV4 is 8 weeks. Thus, it is possible to give the primary dose at age 15 and the booster at 16, for example, as long as the minimum 8-week interval between doses is observed.

† Routine MCV4 vaccination of healthy persons who are not at increased risk for exposure to *Neisseria meningitidis* is not recommended after age 21 years.

In May 2005, CDC's Advisory Committee on Immunization Practices (ACIP) published its recommendation to vaccinate all 11–12 year olds with MCV4. In 2006, only 11.7% of adolescents 13–17 years of age had received a dose of MCV4; by 2013, **1-dose** coverage in children 13 years of age had grown to an impressive 78.0%.[1]

In January 2011, ACIP recommended that a second (booster) dose of MCV4 be given at age 16 in order to enhance protection in the period of greatest vulnerability to meningococcal disease – 16 to 21 years of age.[2] Unfortunately, more than four years after this recommendation was published, the **2-dose coverage rate for MCV4 in 17-year-olds is only 28.5%.**[1] By vaccinating fewer than 1 in 3 eligible teens, we are leaving millions of young adults without the protection they need.

A provider's endorsement of vaccination has long been recognized as a key factor in improving immunization rates. You are therefore in a perfect position to improve coverage by offering a strong, unequivocal recommendation for vaccination with a second dose of MCV4. We urge you to take advantage of opportunities to vaccinate during all patient encounters, including well visits, camp and sports physicals, visits for acute or chronic illness, and visits for other recommended immunizations. Additional ideas for improving your rates are available at www.Give2MCV4.org.

Why is a booster dose of MCV4 recommended at age 16?[2]

- ACIP found evidence of waning immunity 5 years post-vaccination to the protection provided by MCV4 against serogroups A, C, W, and Y. Therefore, many adolescents who received their primary dose at age 11 or 12 might have decreased protection from ages 16 through 21, when they are at greatest risk for meningococcal disease.
- Robust immune responses to a booster dose of MCV4 vaccine have been documented 3–5 years after the primary dose. The first dose primes the immune system to have a strong response to a booster – measurably stronger than the response to the first dose.

CONTINUED ON NEXT PAGE

Special Considerations for College Students

ACIP recommends:

- Persons 21 years of age and younger should have documentation of receipt of MCV4 vaccine not more than 5 years prior to college enrollment.
- If the primary dose was given before the 16th birthday, a booster dose is needed before enrollment in college. The booster can be given any time after the 16th birthday.

Remember, *you're not done if you give just one.* Let's give our patients the boost they need to provide maximum protection against meningococcal (ACWY) disease.

Signed:

ROBERT L. WERGIN, MD, FAAFP
President
American Academy of Family Physicians

SANDRA G. HASSINK, MD, FAAP
President
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JAKE BAGGOTT, MLS,
1SG (USAR retired), FACHA
President
American College Health Association

MICHAEL RESNICK, PHD, FSAHM
President
Society for Adolescent Health and Medicine

ANNE SCHUCHAT, MD
Principal Deputy Director
Centers for Disease Control and Prevention

DEBORAH WEXLER, MD
Executive Director
Immunization Action Coalition

REFERENCES

1. Centers for Disease Control and Prevention (CDC). National, regional, state, and selected local area vaccination coverage among adolescents aged 13–17 years – United States, 2014. *MMWR.* 2015;64(29):784-792.
2. Routine MCV4 vaccination of healthy persons who are not at increased risk for exposure to *Neisseria meningitidis* is not recommended after age 21 years.

Zika Fever Information for Providers of Obstetrical Health Care in Hillsborough County

UPDATED (9/21/16, updates in red)

Zika testing is now available at no cost to ALL pregnant women in Florida. The Florida Department of Health in Hillsborough County (FDOH-Hillsborough) has created a Zika Testing hotline – **813-466-6650** – to make sure this testing is available to all pregnant women. FDOH-Hillsborough advises that all pregnant women be assessed for possible Zika virus exposure at each prenatal care visit. This includes an assessment of signs and symptoms of Zika virus disease (one or more of the following signs or symptoms: acute onset of fever, rash, arthralgia, conjunctivitis), and a travel history of the woman and her partner. This assessment will determine whether or not Zika testing is recommended (see link at the end of this letter).

If Zika testing is going to be performed on a **symptomatic** patient (one or more of the following signs or symptoms: acute onset of fever, rash, arthralgia, conjunctivitis) or on a patient with possible microcephaly, contact the FDOH-Hillsborough County Epidemiology Program immediately at 813-307-8010.

If Zika testing is going to be performed for an otherwise healthy pregnant woman in **Hillsborough County** we ask that you please follow the following procedure.

1. Collect the following specimens:
    a. Urine specimen: (1-3ml) use paraffin to seal urine collection tube
    b. Two (2) Serum specimens: (1-2ml) in tiger top tubes 1-2ml (**spin before sending**)
2. Complete the attached paperwork:
    a. Healthcare Provider Questionnaire – please complete and include with specimens
    b. DH1847 lab form – please complete all highlighted fields and include with specimens
3. Store and package the specimens
    a. Urine and serum can be refrigerated or stored on ice packs until pick-up
    b. Each specimen should be in its own bag with absorbent material (See link below for additional information)
4. Schedule specimen pick-up:
    a. Call Monday – Wednesday 8:00AM – 5:00PM and Thursday 8:00 AM – 2:00 PM: **813-466-6650, option 1**
    b. Pick-ups will be Tuesday, Wednesday, and Friday by FDOH staff
    c. Please DO NOT collect specimens after 2:00PM on Thursday. Please DO NOT collect specimens on Fridays. If specimens are collected during this time, freeze them and call Monday morning to arrange pick up. Please mention when calling for pickup that the specimen is frozen.

If your office is not capable of collecting specimens, please have the patient call **813-466-6650, option 3** to schedule an appointment at FDOH-Hillsborough.

CDC Updates Guidance for Travel and Testing of Pregnant Women and Women of Reproductive Age for Zika Virus Infection Related to the Ongoing Investigation of Local Mosquito-borne Zika Virus Transmission in Miami-Dade County, Florida
https://emergency.cdc.gov/han/han00396.asp

Guidance for testing pregnant women for Zika:
http://www.acog.org/About-ACOG/News-Room/Practice-Advisories/Practice-Advisory-Interim-Guidance-for-Care-of-Obstetric-Patients-During-a-Zika-Virus-Outbreak

Laboratory packing and shipping guidance:
http://www.floridahealth.gov/diseases-and-conditions/zika-virus/_documents/laboratory-packaging-shipping-guidance-zika.pdf

Date: _____

Health Care Provider Information
Name (First, Last): _____ Practice Phone #: _____
Practice Address: _____ Practice Fax #: _____

Patient Information
Name (First, Last): _____ Age: _____ Gender _____ Race _____
Pregnant _____ Gestational age (in weeks) _____ **Expected Delivery Date:** ____/_____/_____
Address: _____ Phone #: _____

Travel and Potential Flavivirus Exposure

I would like to ask you about if you might have been exposed to Zika virus or related viruses before.

Did you travel outside the United States (or to a US territory: Puerto Rico, USVI, Am Samoa) in the last two weeks?
☐ Yes ☐ No **or in the last six months?** ☐ Yes ☐ No

If yes:	Name of country(s): _____ Dates of travel: Start date:____/_____/_____ End date: ____/_____/_____
	Name of country(s): _____ Dates of travel: Start date:____/_____/_____ End date: ____/_____/_____
	Name of country(s): _____ Dates of travel: Start date:____/_____/_____ End date: ____/_____/_____

Medical Information

[In the past month], have you had any of these symptoms? New for you, not long standing problems.

Fever ☐ Yes ☐ No If yes, first date with this ____/_____/_____ How many days did it last? _____
(report of subjective fever is acceptable)

Rash ☐ Yes ☐ No If yes, first date with this ____/_____/_____ How many days did it last? _____
Was the rash itchy? ☐ Yes ☐ No
(NOT asking about localized rash or secondary to topical exposures)

Conjunctivitis (*not allergic type*) ☐ Yes ☐ No
If yes, first date with this ____/_____/_____ How many days did it last? _____

Joint Pain ☐ Yes ☐ No If yes, first date with this ____/_____/_____ How many days did it last? _____
(NOT chronic or post-trauma pain)

For this illness, did you go to a clinic/hospital to be checked? ☐ Yes ☐ No
If yes, what did the doctor/nurse decide that you had? _____

Other exposures

In the last month, have you had sex with someone who had recently returned from a country where Zika has been spreading? (By recently returned, we mean your partner had returned sometime during the 2 months *before* the time you had sex)

Your Answer ☐ Yes ☐ No ☐ Unknown If yes, gestational age (in weeks)

For females: Are you pregnant or think you might be pregnant?
☐ Yes ☐ No ☐ Unknown

DH1847, 13/05

Florida HEALTH

Bureau of Public Health Laboratories

FOR LAB USE ONLY

Merlin # _____

For Health Department Use Only

Patient Information

Specimen Collection Date:

Local Patient Identifier(Chart, Jail, Prison ID, etc.):

Last Name: First Name: MI:

DOB (MM/DD/YYYY): County:

SSN: Sex:

Street Address:

City: State: Zip

Race: Ethnicity

Parent/Guardian Name: Pt phone #:

Health Care Provider Information

HCP/DAU Number:

Provider Name: Physician UPIN:

Street Address:

City: State: Zip: County:

Contact Name: Phone:

Insurance Information

Medicare #: Medicaid #

HMO/Ins Name #: MediPass

ICD9 Diagnosis Codes:

Programs: Special Project ID | Program Component

Note: For more information or to see a complete list of available tests, visit www.doh.state.fl.us/lab

SEROLOGY

Circle Specimen Type(s): Blood Serum Urine Cervical Urethral Other _____

0430 ☐ Amplified GC/CT
0380 ☐ Chronic Hepatitis Panel (HBsAg, HBsAb, HBcAb, HAVAb, HCVAb)
0390 ☐ HCV RNA NAAT
0350 ☐ Hepatitis A Total Ab (HAVAb)
0360 ☐ Hepatitis A IgM
0340 ☐ Hepatitis B Panel (Includes HBsAg, HBsAb, HBcAb)
0320 ☐ Hepatitis BcAb
0370 ☐ Hepatitis BcAb IgM
0310 ☐ Hepatitis BsAb
0300 ☐ Hepatitis BsAg
0330 ☐ Hepatitis C Antibody Screen (HCVAb)
0250 ☐ Syphilis screen (RPR) w/Confirmation if Reactive
4000 ☐ Rubella Screen
0240 ☐ Syphilis Confirmation EIA (Total Antibody)
0210 ☐ Syphilis Confirmation FTA-Abs

For HIV-1/2 related services use DH1628

MICROBIOLOGY/PARASITOLOGY

List Specimen Type(s): _____

2600 ☐ Aerobic Culture, miscellaneous
2300 ☐ Aerobic Isolate Identification
2500 ☐ Anaerobic Culture
2400 ☐ Anaerobic Isolate ID
2100 ☐ Beta Strep Culture
0700 ☐ Gonorrhea Culture
3000 ☐ Legionella Culture
2700 ☐ Pertussis Smear
2800 ☐ Pertussis Culture
2810 ☐ Pertussis PCR
1900 ☐ Stool Culture
2000 ☐ Typing, Salmonella

1200 ☐ Blood Parasite***
1000 ☐ Intestinal O & P
1410 ☐ Parasitic Microscopy
1400 ☐ Parasitic Serology
1100 ☐ Pinworm Slide

***Provide recent travel history below (Include Dates):

MYCOBACTERIOLOGY

Circle Specimen Type(s): CSF Sputum Bronchial Wash Tissue

Other _____

Specimen: Processed ☐ Not processed ☐

3100 ☐ AFB Smear/TB Culture
3140 ☐ Nucleic Acid Amplification for TB (Real-Time PCR), Respiratory specimens only
3200 ☐ AFB Culture for Identification (Referred Isolate)
3300 ☐ TB Drug Susceptibilities (Referred Isolate)

VIROLOGY

Circle Specimen Type(s): CSF Acute Serum Convalescent Serum Urine Stool Swab _____ **Other** _____
(for swabs indicate specimen source, eg NP, throat, vulva, etc...)

1510 ☐ Arbovirus Antibody**
1670 ☐ Arbovirus Culture**
1500 ☐ Arbovirus IgM**
1680 ☐ Arbovirus PCR**
1540 ☐ CMV IgG
1870 ☐ CNS Panel (Arbovirus/Enterovirus) CSF
1500 ☐ Dengue**
1710 ☐ Ehrlichia IgG IFA**
1800 ☐ Enterovirus Culture
1810 ☐ Enterovirus PCR*
0900 ☐ Herpes Simplex Culture
0800 ☐ Herpes Simplex Smear DFA
0836 ☐ Herpes Simplex Smear DFA Type 1/2
0838 ☐ Herpes Simplex Type 1/2 IgG
9100 ☐ Influenza AB RT-PCR
1610 ☐ Influenza Culture
1714 ☐ Lyme**

1740 ☐ Measles IgG
1750 ☐ Measles IgM*
1755 ☐ Measles PCR*
1660 ☐ Mumps IgG
1664 ☐ Mumps IgM*
1668 ☐ Mumps PCR*
1830 ☐ Norovirus PCR
9500 ☐ Q Fever*
1620 ☐ Respiratory Virus Culture
1770 ☐ Respiratory Virus PCR*
1716 ☐ Rickettsia (RMSF) IgG**
1720 ☐ Rubella IgM*
1300 ☐ Toxoplasma IgG
1570 ☐ Varicella Zoster IgG
0920 ☐ Varicella Zoster PCR*
0910 ☐ Varicella Zoster Smear
Other: _____

* Tests are only available through prior arrangement with the Virology Laboratory

** Complete the following Mandatory Information:

Date of Onset: ____/____/____ **Tick Bite? ☐ Yes ☐ No Mosquito Bites? ☐ Yes ☐ No**

Clinical Symptoms: __Rash __Fever __Joint pain/arthralgia __Red eyes/Conjunctivitis

Pregnant __Yes __No Gestational age ____ (in weeks)

MYCOLOGY

List Specimen Source: _____

3500 ☐ Mycology Referred Isolate ID
3510 ☐ Mycology Serology

Comments/ Additional Information:
Arbo ZIKA RT-PCR - 1537 Arbo ZIKA IgM ELISA - 1539

Travel outside US __Yes __No (list countries, territories, and dates)

Travel to Miami Dade County __Yes __No

Travel 1mi Wynwood area or other area of local transmission *if declared* __Yes __No

Laboratory Copy (Page 1)

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
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☐ 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
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☐ Malaria
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☐ Meningitis, bacterial or mycotic
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☎ ☐ Syphilis in pregnant woman or neonate
☐ Tetanus
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☐ Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
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Comments