Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter
June 2017

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Zika Fever Update (June 23, 2017)

The total number of Zika Cases reported in the state of Florida

Infection Type	Infection Count 2016	Infection Count 2017
Travel-Related Infections of Zika	1,456	69
Locally Acquired Infections of Zika	285	4
Undetermined	49	15
Pregnant Women with Lab-Evidence of Zika	299	61

Note, these categories are not mutually exclusive and cannot be added together. Please visit our website to see the full list of travel-related cases by county.

The total number of Zika Cases reported in Hillsborough County

Infection Type	Hillsborough County 2016	Hillsborough County 2017
Travel-Related Infections of Zika	46	4

There are no areas of ongoing, active transmission of Zika by mosquitoes in Florida. All previous Zika zones in the following areas of Miami-Dade County have been lifted after 45 days with no evidence of active transmission and no additional people infected. It is not uncommon, however, for there to be isolated incidents of locally acquired Zika.

Florida Food Recalls (May 25 – June 22)

Brand Names	Food	Date of Recall	Health Risk	Link to Recall
House of Thaller	Selected Pine Nut Hummus Products	6/21/2017	Listeria	Details
United Natural Trading LLC	Products Containing Organic and Natural Chopped Dates	6/20/2017	Listeria	Details
Supreme Cuisine	Meat and Poultry Fat and Lard Products	6/17/2017	Packaging defect may cause spoilage	Details
Willis Ocean Inc	Uneviscerated Scomber Fish	6/16/2017	Clostridium Botulinum	Details
Chic-A-Peas, LLC	Chic-a-Peas Baked Crunchy Chickpeas 2 oz. packages	6/16/2017	Listeria	Details
NOW Health Group Inc.	Ellyndale® Nutty Infusions™	6/16/2017	Listeria	Details
New England Natural Bakers	Evoke Organic Classic Swiss & Athlete Fuel	6/15/2017	Listeria	Details
Bulletproof 360, Inc.	Collagen Protein Bars and Bites	6/15/2017	Listeria	Details
Kroger	12 oz. packages of Simple Truth Dry Roasted Macadamia Nuts	6/14/2017	Listeria	Details
Gomacro	Limited Number of Macrobars and Thrive Bars	6/14/2017	Listeria	Details
Wildway LLC	Certain Grain-Free Granola Products	6/14/2017	Listeria	Details
Global Garlic Inc.	Queso Freso/Whole Milk Cheese	6/5/2017	Listeria	Details
Smuckers Foods of Canada Corp.	Golden Temple®, Swad®, and Maya® flour products in the U.S.	5/31/2017	E. coli 0121	Details
Caverflo.com	Caverflo Natural Herbal Coffee	5/25/2017	Undeclared Active Pharmaceutical Ingredients & Milk	Details

Health Advisories and Alerts

- **CDC Travel Health Alert- Chickenpox (varicella) in Pakistan**: Health officials in Pakistan have reported a large outbreak of chickenpox, also known as varicella. Cases in children and adults, including deaths, have been reported in 10 districts. More than half of the cases have occurred in the Faisalabad District.

- **The new CDC Yellowbook 2018 is available for free online.** CDC Health Information for International Travel (commonly called the Yellow Book) is published every two years as a reference for health professionals providing care to international travelers and is a useful resource for anyone interested in staying healthy abroad. The fully revised and updated CDC Yellow Book 2018 codifies the U.S. government's most current travel health guidelines, including pretravel vaccine recommendations, destination-specific health advice, and easy-to-reference maps, tables, and charts.

Epi in the News

- First Cases of H3N2 Dog Flu Confirmed in Florida

Notable Disease Trends: Cryptosporidium ("Crypto")

What is Crypto?

Crypto is a microscopic parasite that causes symptoms like watery diarrhea and abdominal cramps. The parasite can be found in water, food, soil, or contaminated surfaces. It is passed from person to person through contaminated fecal matter. Crypto spores can be shed in a person's stool for up to two weeks after their symptoms stop.

Crypto is not killed by chlorination in swimming pools at normal chlorine levels. This is why it is important to avoid swimming for two weeks after you have diarrhea, and avoid swallowing any pool water. Ingesting as few as ten spores can make someone sick.

For more information on crypto, see the CDC website here: https://www.cdc.gov/parasites/crypto/general-info.html

Crypto in Hillsborough County

Figure 1 shows the number of crypto cases reported in Hillsborough County residents by month from 2015 through May 2017. The number of cases tends to be higher in the summer months when people are more likely to have recreational water exposure.

Crypto Prevention

- Wash hands with soap and water before eating and after using the restroom, handling animals, or handling dirt or soil. Hand sanitizer is not effective against crypto.
- Do not go swimming for at least two weeks after being ill with diarrhea.
- Do not swallow pool water or other untreated water.
- Prevent contact and contamination with a partner's feces during sex.

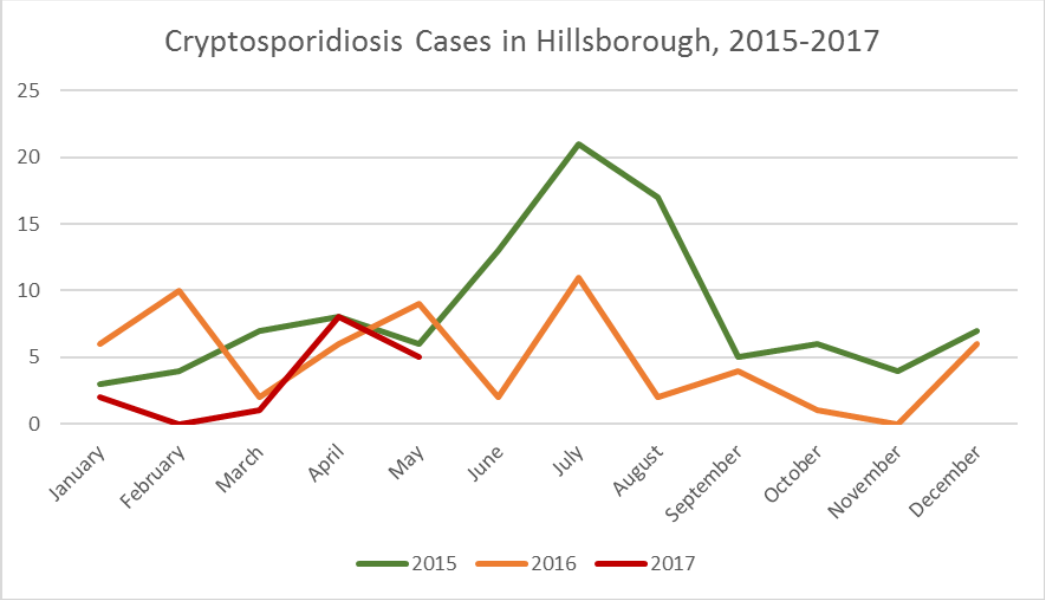

Figure 1.

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2014	2015	2016**		Jan-May 2016**	Jan-May 2017**
Vaccine Preventable Diseases						
Diphtheria	0	0	0	0.00	0	0
Measles	0	0	0	0.00	0	0
Mumps	1	1	2	1.33	0	0
Pertussis	65	41	72	59.33	32	20
Poliomyelitis	0	0	0	0.00	0	0
Rubella	0	0	1	0.33	1	0
Smallpox	0	0	0	0.00	0	0
Tetanus	0	0	0	0.00	0	0
Varicella	59	74	70	67.67	27	10
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	1	3	3	2.33	2	0
H. influenzae (Invasive Disease in children <5)	3	2	4	3.00	1	1
Listeriosis	2	2	0	1.33	0	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	12	16	9	12.33	3	4
Meningococcal Disease	2	2	2	2.00	2	0
Staphylococcus aureus (VISA, VRSA)	0	0	0	0.00	0	0
S. pneumoniae (Invasive Disease in children <6)	5	2	3	3.33	1	0
Enteric Infections						
Campylobacteriosis	155	152	261	189.33	103	137
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	351	101	62	171.33	34	16
Cyclospora	4	1	1	2.00	0	0
Escherichia coli, Shiga toxin-producing (STEC)	6	16	12	11.33	4	9
Giardiasis	64	55	105	74.67	41	32
Hemolytic Uremic Syndrome	1	2	1	1.33	1	2
Salmonellosis	343	287	308	312.67	96	90
Shigellosis	66	216	76	119.33	10	79
Typhoid Fever	0	0	1	0.33	1	1
Viral Hepatitis						
Hepatitis A	5	5	5	5.00	1	3
Hepatitis B (Acute)	59	62	55	58.67	14	26
Hepatitis C (Acute)	29	48	32	36.33	17	8
Hepatitis +HBsAg in Pregnant Women	35	27	23	28.33	19	5
Hepatitis D, E, G	0	1	0	0.33	0	1

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2014	2015	2016**		Jan-May 2016**	Jan-May 2017**
Vectorborne, Zoonoses						
Chikungunya	33	10	1	N/A	1	0
Dengue	6	7	2	5.00	2	0
Eastern Equine Encephalitis	0	0	0	0.00	0	0
Ehrlichiosis/Anaplasmosis	2	0	0	0.67	0	0
Leptospirosis	0	1	0	0.33	0	0
Lyme Disease	11	12	7	10.00	0	2
Malaria	11	2	6	6.33	1	2
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)	4	3	3	3.33	2	2
Rabies (Human)	0	0	0	0.00	0	0
Rocky Mountain Spotted Fever	0	0	0	0.00	0	2
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	2	0	0.67	0	0
Western Equine Encephalitis	0	0	0	0.00	0	0
Yellow Fever	0	0	0	0.00	0	0
Others						
Anthrax	0	0	0	0.00	0	0
Botulism, Foodborne	0	0	0	0.00	0	0
Botulism, Infant	0	0	0	0.00	0	0
Brucellosis	0	0	1	0.33	0	0
Glanders	0	0	0	0.00	0	0
Hansen's Disease (Leprosy)	0	0	1	0.33	0	0
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	7	20	25	17.33	3	9
Melioidosis	0	0	0	0.00	0	0
Vibriosis	7	11	11	9.67	1	6

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2014	2015	2016**		Jan-May 2016**	Jan-May 2017**
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	18	20	20	19.33	14	6
Lead	208	246	154	202.67	58	104
Mercury	0	13	0	4.33	0	0
Pesticide	2	1	2	1.67	0	2
Influenza						
Influenza, Pediatric Associated Mortality	1	0	0	0.33	0	5
Influenza, Novel or Pandemic Strain	0	0	0	0.00	0	0
HIV/AIDS*						
AIDS	167	177	160	172.00	NA	NA
HIV Infection	332	361	330	341.00	NA	NA
STDs						
Chlamydia	7304	7423	8097	7608.00	3352	3477
Gonorrhea	1848	1991	2345	2061.33	894	1037
Syphilis, Congenital	4	4	2	3.33	0	2
Syphilis, Latent	166	199	210	191.67	99	111
Syphilis, Early	141	147	198	162.00	87	56
Syphilis, Infectious	208	222	223	217.67	96	79
Tuberculosis						
TB	49	41	43	44.33	14	9
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	58	27	1	28.67	0	58
Food and Waterborne Outbreaks	3	2	1	2.00	0	6

"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 (2016 and 2017) 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 2016 and 2017 are provisional and subject to change until the database closes. Counts are current as of the date and time 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).

Reportable Diseases Frequency Report – Also Available in Florida CHARTS
The frequency report is based on reportable disease information received by the Florida Department of Health as mandated under Section 381.0031, Florida Statutes, and Rule 64D-3.029, Florida Administrative Code. Depending on report criteria, counts include confirmed and/or probable cases that have occurred in Florida among Florida residents. This report does not include cases of AIDS, HIV infection, sexually transmitted diseases, or tuberculosis.

June 23, 2017

To The Hillsborough County Medical Community:

We would like to inform the medical community that the Department of Health in Hillsborough County is investigating a cluster of mumps cases in immunized family members. The Hillsborough County Epidemiology program is in the process of identifying direct contacts to the cases. Please remember that mumps is a reportable condition. Should you diagnose a case of mumps, even without laboratory confirmation, the illness should be reported to the county health department.

Mumps is a viral illness caused by a paramyxovirus. Mumps occurs worldwide; humans are the only known hosts. The virus is spread from person to person via droplets of saliva or mucus from the mouth, nose, or throat from an infected person, usually when they cough, sneeze or talk. The risk of spreading the virus increases the longer and closer the contact a person has with someone who has mumps. Mumps is less contagious than measles or chickenpox. In recent years numerous mumps outbreaks have been identified nationally in vaccinated persons on college campuses. The average incubation period for mumps is 16 to 18 days (range 12-25 days); when ill with mumps a person should avoid contact with others from the time of symptom onset/diagnosis **until 5 days after the onset of parotitis.**

The most common signs include:

- Fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite
- Swollen and tender salivary glands under ears on one or both sides (parotitis) lasting 2 or more days
- Orchitis/oophoritis (less commonly)

Recommended Laboratory Testing

Mumps testing is available at commercial laboratories. Due to the unreliable nature of serology testing in persons that have been immunized, RT-PCR testing on a buccal swab collected within 7 days of onset of parotid swelling is recommended and preferred. A buccal swab or oral swab is best obtained by massaging the parotid gland for 30 seconds prior to swabbing.

Please contact the Hillsborough County Epidemiology program at 813-307-8010 for consultation or to report suspected cases.

For additional information on Mumps please refer the CDC's site: https://www.cdc.gov/mumps/hcp.html

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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

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

Health Care Provider and Laboratory Notice – June 20, 2017

Detection and Reporting of Emerging Drug Resistant *Candida auris*

The Florida Department of Health (Department) provides the following update to health care providers and laboratories on the detection and reporting of multi-drug resistant *Candida auris*. *C. auris* is an important emerging pathogen that causes invasive infections with high mortality and can be transmitted in health care settings. Initial analysis of *C. auris* infections reported in 2012–2015 from three continents indicates 60% mortality among infected persons. Furthermore, 93% of these isolates were resistant to fluconazole and 41% were resistant to two or more antifungal classes. As of June 12, 2017, CDC has identified 86 cases of *C. auris* infection in eight states. The Department has received a report of one Florida case of *C. auris* infection that was acquired by the patient while receiving health care in another country. There is no evidence of further transmission to date.

Laboratory Identification:

C. auris can be difficult to detect, as conventional biochemical identification has not been reliable. Facilities should suspect *C. auris* if:

- An isolate is identified as *Candida haemulonii*
- An isolate is identified as *Candida* and unable to be further speciated
- An increase in unidentified *Candida* species infections in a patient care unit is identified

Laboratories experiencing an increase in unidentified *Candida* species infections or identification of rare *Candida* species should report the occurrence as described below.

Infection Prevention Measures:

Patients with *C. auris* infection or colonization should be placed in a single patient room on contact precautions. Since *C. auris* can persist on surfaces in health care environments, CDC recommends daily and terminal cleaning and disinfection of rooms of patients with *C. auris* using an Environmental Protection Agency-registered hospital-grade disinfectant effective against *Clostridium difficile* spores.

Reporting:

Any health care provider or laboratorian who suspects or identifies *C. auris* in a patient should notify their county health department epidemiology program or the Bureau of Epidemiology at 850-245-4401 to arrange confirmatory identification of the organism through the state public health laboratory.

Please refer to CDC's recommendations for health care facilities and laboratories for more detailed information, available at: https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html.

Kelli T. Wells, M.D.
Deputy Secretary for Health

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Florida HEALTH

Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

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

May 30, 2017

Dear Colleague:

As Florida approaches the warm summer months when swimming activities are more common and when the majority of the primary amebic meningoencephalitis (PAM) cases are diagnosed, the Florida Department of Health (DOH) would like to remind physicians about the availability of the investigational drug, miltefosine, for the treatment of infections caused by free living amebae. The infections include those caused by *Naegleria fowleri, Balamuthia mandrillaris* and *Acanthamoeba* species. Physicians who suspect they have a patient that has an infection due to free living amebae are directed to contact the Centers for Disease Control and Prevention (CDC) **immediately** at **770-488-7100**. Confirmatory testing or laboratory evidence of a free living amebae infection is not a prerequisite for contacting CDC. CDC physicians will offer direct consultation services and will coordinate the release of miltefosine for treatment. The drug can be delivered within hours of the initial consultation in most cases. Additional guidance regarding specimen collection, shipping instructions, and treatment recommendations are also available from CDC.

There have been 143 reported cases of PAM from 1962-2016 with four known survivors. The treatment regime for three of the survivors included miltefosine.

Amebic encephalitis is a reportable disease in Florida and any suspected case needs to be reported to the county health department or state health department (850-245-4401) within one day. These types of infections should be considered for persons presenting with meningitis like symptoms and a recent history of fresh water exposure. Early diagnosis and reporting are likely critical factors for the effectiveness of any medical treatment regimen. Thank you for your help in keeping our communities safe and healthy.

Sincerely,

Carina Blackmore

Carina Blackmore, DVM, PhD
Division Director and State Epidemiologist

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06.30.2017
7AM - 3PM

FLORIDA DEPARTMENT OF HEALTH IN
HILLSBOROUGH COUNTY

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Florida HEALTH
Hillsborough County

RESOURCE GUIDE FOR CLINICIANS: ZIKA VIRUS

CDC has developed many tools to assist and inform providers who care for pregnant women, women of reproductive age, or infants. These tools are intended to equip healthcare providers with information they need to identify, counsel, report, and follow potential cases.

MATERIALS FOR CARE OF PREGNANT WOMEN	
Healthcare Provider Toolkit for Health Departments	This toolkit includes resources to assist obstetricians with identification, diagnosis, and reporting of Zika virus infection in pregnant women. https://www.cdc.gov/zika/pdfs/uszpr_toolkit_ob.pdf
Healthcare Providers Caring for Pregnant Women	This webpage includes information about current travel guidance. https://www.cdc.gov/zika/hc-providers/pregnant-woman.html
Know Your Zika Risk Web App	This tool can be used to help patients learn more about Zika, why they might be at risk, and how to protect themselves and others. https://www.cdc.gov/zika/pregnancy/index.html
Information and Materials for Pregnant Women	This webpage outlines special precautions and testing recommendations for pregnant women who live in or frequently travel to areas with risk of Zika virus. https://www.cdc.gov/zika/pregnancy/protect-yourself.html
Pretest Counseling Materials	The following factsheets apply to different testing scenarios: presenting for care 1) within two weeks of possible exposure, 2) two to twelve weeks after possible exposure, or 3) for those with exposure to areas with a CDC Zika Travel Notice. • **For Pregnant Women Who May Have Been Exposed to Zika within the Past Two Weeks:** https://www.cdc.gov/zika/pdfs/pcr.pdf >> **Pretest Counseling Script (<2 wks):** https://www.cdc.gov/zika/pdfs/pretestingcounselingscript_past2wks.pdf • **For Pregnant Women Who May Have Been Exposed to Zika 2-12 Weeks Ago:** https://www.cdc.gov/zika/pdfs/igm.pdf >> **Pretest Counseling Script (2-12 wks):** https://www.cdc.gov/zika/pdfs/pretestingcounselingscript_2to12.pdf • **For Pregnant Women with Exposure to Areas with a CDC Zika Travel Notice:** https://www.cdc.gov/zika/pdfs/living_in.pdf >> **Pretest Counseling Script (CDC Zika Travel Notice):** https://www.cdc.gov/zika/pdfs/pretestingcounselingscript_livingin.pdf
Pretest Counseling Webpage	These materials assist providers with counseling pregnant women about Zika virus testing and informing them of what they might expect. https://www.cdc.gov/zika/hc-providers/pregnant-women/patient-counseling.html
Zika Pregnancy Testing Algorithm & Zika Pregnancy Testing Interactive Tool	These materials are intended to help healthcare providers apply the updated recommendations for Zika virus testing during clinical practice, assist with interpretation of results, and inform clinical management for a pregnant woman with possible exposure to Zika virus. • **Zika Pregnancy Testing Algorithm:** https://www.cdc.gov/zika/pdfs/testing_algorithm.pdf • **Zika Pregnancy Testing Interactive Tool:** http://www.cdc.gov/zika/widget
Zika Screening Tool for Pregnant Women	CDC recommends that pregnant women be asked at each prenatal care appointment if they may have been exposed to Zika. This material can help providers screen their patients and identify if Zika virus testing is indicated. https://www.cdc.gov/zika/pdfs/zikapreg_screeningtool.pdf

CS279786-A June 9, 2017

MATERIALS FOR CARE OF INFANTS	
Assessment of Infant Hearing	This material is intended to assist clinicians conducting hearing assessments on infants testing positive for Zika virus infection. It includes an algorithm with testing and result interpretation recommendations. https://www.cdc.gov/zika/pdfs/hearing-test-algorithm-infants.pdf
Clinical Evaluation and Management of Infants with Congenital Zika Infection	This series of webcast recordings presents discussions on clinical evaluation and management considered by CDC when interim guidance for health care providers was developed. https://www.cdc.gov/zika/hc-providers/webcast-clinicalevalution.html
Healthcare Providers Caring for Infants and Children	This webpage gives a summary of recommended testing and clinical management for infants with possible Zika virus exposure. The page also includes links for infant follow-up care, information on congenital Zika Syndrome and other birth defects, and guidance for infant evaluation. https://www.cdc.gov/zika/hc-providers/infants-children.html
Implementing CDC Guidance for Infant Neuroimaging and Infant and Placental Zika Virus Testing	This tool organizes CDC recommendations for evaluating infants with possible congenital Zika exposure by maternal Zika virus exposure status and maternal laboratory test results. https://www.cdc.gov/zika/pdfs/placental-testing-guidance.pdf
Measuring Head Circumference Factsheet	This resource is intended to educate healthcare providers about how to measure an infant's head circumference in a consistent and accurate way. https://www.cdc.gov/zika/pdfs/microcephaly_measuring.pdf
Measuring Head Circumference Video	This video demonstrates how to correctly measure an infant's head circumference. https://www.youtube.com/watch?v=HWV1JdAhsSo
Microcephaly and Other Birth Defects	This page includes an overview of microcephaly and congenital Zika syndrome. https://www.cdc.gov/zika/healtheffects/birth_defects.html
Pediatric Evaluation & Outpatient Management for First 12 Months (pocket guide)	This tool outlines CDC recommendations for the initial evaluation and outpatient management during the first 12 months of life for infants with possible congenital Zika virus infection. Within this pocket guide is an evaluation algorithm and an outpatient management checklist. https://www.cdc.gov/zika/pdfs/pediatric-evaluation-follow-up-tool.pdf
USZPR Healthcare Provider Toolkit for Health Departments	This toolkit includes resources to assist pediatricians with identification, diagnosis, and reporting of Zika virus infection in infants. https://www.cdc.gov/zika/pdfs/uszpr_toolkit_peds.pdf
What to Know	The following materials are designed to assist pediatricians in having conversations with parents about birth defects and tracking infant development. • **What to Know: If Your Doctor Suspects Microcephaly during Pregnancy:** https://www.cdc.gov/zika/pdfs/whattoknow-doctor-suspects-microcephaly.pdf • **What to Know: If Your Baby was Born with Congenital Zika Syndrome:** https://www.cdc.gov/zika/pdfs/whattoknow-congenital-zika-syndrome.pdf • **What to Know: If Your Baby May Have Been Affected by Zika but Has No Related Health Conditions at Birth:** https://www.cdc.gov/zika/pdfs/whattoknow-affected-by-zika-no-related-conditions.pdf
Zika-Related Birth Defects Surveillance	This webpage includes information on tracking birth defects, data collection, and data use. https://www.cdc.gov/zika/reporting/birth-defects.html

MATERIALS FOR CARE OF WOMEN OF REPRODUCTIVE AGE	
Caring for Reproductive-Age Women	This webpage has a summary of recommendations for women and men who are planning to conceive in the near future. It also includes links to more information about Zika exposure, testing, risks, patient counseling, and reproductive planning. https://www.cdc.gov/zika/hc-providers/women-reproductive-age.html
Preconception Counseling Tool	This guide gives recommendations for counseling women and men living in or frequently traveling to areas with a CDC Zika travel notice. Recommendations include key questions to ask patients and sample scripts to guide discussion between the provider and patient. https://www.cdc.gov/zika/pdfs/preconception-counseling.pdf
Preventing Unintended Pregnancy During the Zika Virus Outbreak	This page covers information about types of reversible, emergency, and permanent contraceptive methods. https://www.cdc.gov/zika/pregnancy/preventing-pregnancy.html
Reproductive Planning Resources for Physicians	This webpage includes information on preconception care, preventing pregnancy, and tools to help providers implement contraceptive guidance. https://www.cdc.gov/zika/hc-providers/reproductive-age/reproductive-planning.html
Travel Counseling Guide	This guide provides recommendations for providers counseling women and men of reproductive age who are considering travel to areas with risk of Zika. This material includes recommendations from CDC's interim guidance and talking points to cover while discussing recommendations. https://www.cdc.gov/zika/pdfs/travelcounceling-fs.pdf
Women and their Partners Trying to Become Pregnant	This webpage includes travel guidance by geographical location and recommendations for women and men who live in or frequently travel to an area with risk of Zika. https://www.cdc.gov/zika/pregnancy/women-and-their-partners.html
Women Thinking About Having a Baby	This factsheet gives recommendations for women to protect themselves from getting Zika virus from mosquito bites and sexual transmission. https://www.cdc.gov/zika/pdfs/zika-plan-your-pregnancy.pdf

SAMPLE PRESENTATIONS	
Zika Virus & Infants Grand Rounds Toolkit	This presentation is intended to inform pediatricians and other providers about updated guidance regarding Zika virus and infants including an overview of Zika virus, clinical management of infants with possible Zika virus infection, and tips for families and caregivers of infants with possible Zika virus infection. https://www.cdc.gov/zika/pdfs/zika-grand-rounds_peds.pdf • **Facilitated Discussion Guide & FAQ:** This guide outlines sample language for the presenter and responses to frequently asked questions. https://www.cdc.gov/zika/pdfs/facilitationguidefaqs_pediatricians.pdf
Zika Virus & Pregnancy Grand Rounds Toolkit	This presentation is intended to inform obstetricians of updated guidance regarding Zika virus and pregnancy including diagnosing, testing, and prevention, as well as standard precautions in the healthcare environment. https://www.cdc.gov/zika/pdfs/zikagrandrounds_pregnancy.pdf • **Facilitated Discussion Guide & FAQ:** This guide outlines sample language for the presenter and responses to frequently asked questions. https://www.cdc.gov/zika/pdfs/facilitationguidefaqs_pregnancy.pdf

OTHER RESOURCES	
Communication Resources	Current communication tools and resources, including videos, fact sheets, and posters, for use and distribution. https://www.cdc.gov/zika/comm-resources/index.html
Healthcare Provider Toolkit for Health Departments	This toolkit includes resources to assist obstetricians with identification, diagnosis, and reporting of Zika virus infection in pregnant women. https://www.cdc.gov/zika/pdfs/uszpr_toolkit_ob.pdf
OSTLTS Communication Resource Center	Customizable communication products for state, tribal, local and territorial public health agencies. https://www.cdc.gov/stltpublichealth/collab-space/index.html
Protect Your Pregnancy from Zika	This material, meant for low literacy audiences, is intended to inform pregnant women about Zika transmission and prevention. https://www.cdc.gov/zika/pdfs/low-lit-pregnancy-protection.pdf
Roadmap for Parents of Babies with Congenital Zika Syndrome	This newly developed roadmap is designed as a guide to help parents of babies with birth defects related to congenital Zika infection navigate the series of screenings and tests recommended during their baby's first year of life. https://www.cdc.gov/zika/pdfs/roadmap-for-parents.pdf
Roadmap for Parents of Babies Infected with Zika Before Birth Who Appear Healthy	This roadmap is meant to help parents whose babies were infected with Zika before birth and appear healthy with navigating the series of screenings and tests recommended during their baby's first year of life. https://www.cdc.gov/zika/pdfs/roadmap-for-parents-babies-infected-before-birth.pdf
Zika Can Pass Through Sex	This material, meant for low literacy audiences, is intended to inform men and women about prevention of sexual transmission of Zika virus. https://www.cdc.gov/zika/pdfs/low-lit_condom.pdf

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014

Did you know that you are required* to report certain diseases to your local county health department?

FDOH-Hillsborough Disease Reporting Telephone and Fax Numbers
HIV/AIDS -813.307.8011 (DO NOT FAX) STD -813.307.8045 Fax -813.307.8027
TB -813.307.8015 X4758 Fax -813.975.2014
All Others/Epidemiology -813.307.8010 Fax -813.276.2981
After Hours Reporting All Diseases -813.307.8000

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎ Report immediately 24/7 by phone
• Report next business day
+ Other reporting timeframe

Birth Defects 850.245.4444 x2198

+ Congenital anomalies
+ Neonatal abstinence syndrome (NAS)

Cancer Tumor Registry Database

+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors

HIV/AIDS 813.307.8011

+ Acquired immune deficiency syndrome (AIDS)
+ Human immunodeficiency virus (HIV) infection
• HIV, exposed infants <18 months old born to an HIV-infected woman

STDs 813.307.8045

• Chancroid
• Chlamydia
• Conjunctivitis in neonates <14 days old
• Gonorrhea
• Granuloma inguinale
• Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
• Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
• Lymphogranuloma venereum (LGV)
• Syphilis
☎ Syphilis in pregnant women and neonates

Tuberculosis 813.307.8015 x4758

• Tuberculosis (TB)

All Others 813.307.8010

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

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners…"

Florida Department of Health, Practitioner Disease Report Form

Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, *Florida Administrative Code* (*FAC*). This can be filled in electronically.

Print Form

Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

Gender: ○ Male ○ Female ○ Unk

Pregnant: ○ Yes ○ No ○ Unk

Birth date: _____ **Death date:** _____

Race: ○ American Indian/Alaska Native ○ Asian/Pacific Islander ○ Black ○ White ○ Other ○ Unk

Ethnicity: ○ Hispanic ○ Non-Hispanic ○ Unk

Address: _____

ZIP: _____ **County:** _____

City: _____ **State:** _____

Home phone: _____

Other phone: _____

Emer. phone: _____

Email: _____

Medical Information

MRN: _____

Date onset: _____ **Date diagnosis:** _____

Died: ○ Yes ○ No ○ Unk

Hospitalized: ○ Yes ○ No ○ Unk

Hospital name: _____

Date admitted: _____ Date discharged: _____

Insurance: _____

Treated: ○ Yes ○ No ○ Unk

Specify treatment: _____

Laboratory testing: ○ Yes ○ No ○ Unk Attach laboratory result(s) if available.

Provider Information

Physician: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Fax:** _____

Email: _____

Reportable Diseases and Conditions in Florida

! **Notify upon suspicion 24/7 by phone** ☎ **Notify upon diagnosis 24/7 by phone**

HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥13 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people <13 years old. Please contact your local county health department for these forms (visit http://floridahealth.gov/chdepicontact to obtain CHD contact information). **Congenital anomalies** and **neonatal abstinence syndrome** notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 *FAC*. **Cancer** notification should be directly to the Florida Cancer Data System (see http://fcds.med.miami.edu). All other notifications should be to the CHD where the patient resides.
To obtain CHD contact information, see http://floridahealth.gov/chdepicontact. See http://floridahealth.gov/diseasereporting for other reporting questions.

☎ ☐ Amebic encephalitis
! ☐ Anthrax
☐ Arsenic poisoning
☐ Arboviral disease not listed here
☐ Botulism, infant
! ☐ Botulism, foodborne
! ☐ Botulism, wound or unspecified
! ☐ Brucellosis
☐ California serogroup virus disease
☐ Campylobacteriosis
☐ Carbon monoxide poisoning
☐ Chancroid
☐ Chikungunya fever
☎ ☐ Chikungunya fever, locally acquired
☐ Chlamydia
! ☐ Cholera (*Vibrio cholerae* type O1)
☐ Ciguatera fish poisoning
☐ Conjunctivitis in neonate <14 days old
☐ Creutzfeldt-Jakob disease (CJD)
☐ Cryptosporidiosis
☐ Cyclosporiasis
☐ Dengue fever
☎ ☐ Dengue fever, locally acquired
! ☐ Diphtheria
☐ Eastern equine encephalitis
☐ Ehrlichiosis/anaplasmosis
☐ *Escherichia coli* infection, Shiga toxin-producing
☐ Giardiasis, acute
! ☐ Glanders
☐ Gonorrhea
☐ Granuloma inguinale
! ☐ *Haemophilus influenzae* invasive disease in child <5 years old
☐ Hansen's disease (leprosy)
☎ ☐ Hantavirus infection
☎ ☐ Hemolytic uremic syndrome (HUS)
☎ ☐ Hepatitis A
☐ Hepatitis B, C, D, E, and G
☐ Hepatitis B surface antigen in pregnant woman or child <2 years old
☎ ☐ Herpes B virus, possible exposure
☐ Herpes simplex virus (HSV) in infant <60 days old
☐ HSV, anogenital in child <12 years old
☐ Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child <6 years old
☐ HPV, anogenital papillomas in child <12 years old
! ☐ Influenza A, novel or pandemic strains
☎ ☐ Influenza-associated pediatric mortality in child <18 years old
☐ Lead poisoning
☐ Legionellosis
☐ Leptospirosis
☎ ☐ Listeriosis
☐ Lyme disease
☐ Lymphogranuloma venereum (LGV)
☐ Malaria
! ☐ Measles (rubeola)
! ☐ Melioidosis
☐ Meningitis, bacterial or mycotic
! ☐ Meningococcal disease
☐ Mercury poisoning
☐ Mumps
☎ ☐ Neurotoxic shellfish poisoning
☎ ☐ Pertussis
☐ Pesticide-related illness and injury, acute
! ☐ Plague
! ☐ Poliomyelitis
☐ Psittacosis (ornithosis)
☐ Q Fever
☎ ☐ Rabies, animal
☎ ☐ Rabies, human
! ☐ Rabies, possible exposure
! ☐ Ricin toxin poisoning
☐ Rocky Mountain spotted fever or other spotted fever rickettsiosis
! ☐ Rubella
☐ St. Louis encephalitis
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☐ Saxitoxin poisoning (paralytic shellfish poisoning)
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☐ 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