

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

Carlos Mercado, MBA
 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

Sophia Hector
 813.307.8045 Fax 813.307.8027

Tuberculosis

Irma B. Polster
 813.307.8015 x4758 Fax 813.975.2014

Articles and Attachments Included This Month

Zika Fever Update.....	1
Florida Food Recalls.....	2
Health Advisories and Alerts.....	2
Epi in the News.....	2
Seasonal Influenza Surveillance & Vaccination.....	3
Notable Disease Trends: RSV and Hand, Foot & Mouth.....	4
NEW! Reportable Disease Lists and Guidance Documents.....	5
Reportable Disease Surveillance Data.....	6
Hillsborough Provider Awareness Letter: Mumps.....	9
CDC HAN 405: Cyclosporiasis.....	10
West Nile - Information for Clinicians.....	11
Reportable Diseases/Conditions in Florida, Practitioner List.....	12
FDOH, Practitioner Disease Report Form.....	13

Zika Fever Update (August 30, 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	1,122	121
Locally Acquired Infections of Zika	285	10
Undetermined	49	30
Pregnant Women with Lab-Evidence of Zika	299	101

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	8

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 (July 25 – August 30)

Brand Names	Food	Date of Recall	Health Risk	Link to Recall
Expresco Foods Inc.	Chicken Skewer Products	8/23/2017	Listeria	Details
Amrita Health Foods	Protein Bars	8/2/2017	Listeria	Details
The AMPT Life, LLC	AMPT Coffee	8/1/2017	Undeclared Active Pharmaceutical Ingredients & Milk	Details
Bush Brothers & Company®	Baked Beans in 28 Ounce Cans Due to a Can Seam Issue	7/28/2017	Packaging defect may cause spoilage	Details
Grande Produce	Papaya “Caribeña”	7/27/2017	Salmonella	Details

Health Advisories and Alerts

- [CDC Health Alert Network HAN 405](#): The Centers for Disease Control and Prevention (CDC), State and Local Health Departments, and the Food and Drug Administration (FDA) are investigating an increase in reported cases of cyclosporiasis. Healthcare providers should consider a diagnosis of cyclosporiasis in patients with prolonged or remitting-relapsing diarrheal illness.
- **CDC Travel Notices:**
 - [Rabies in Malaysia](#)
 - [Malaria in Cape Verde](#)
 - [Cholera in Yemen](#)
- [Notes from the Field: Ongoing Transmission of Candida auris in Health Care Facilities — United States, June 2016–May 2017](#)

Epi in the News

- [Announcement: Temporary Total Depletion of US Licensed Yellow Fever Vaccine Addressed by Availability of Stamaril Vaccine at Selected Clinics](#)
- [CDC reports 11 H3N2v flu cases linked to Ohio fair](#)

Seasonal Influenza Surveillance & Vaccination

Influenza is an illness caused by viruses that infect the respiratory system and are passed from person to person via coughing, sneezing, or touching contaminated objects. In the United States, most influenza cases occur between October and May, with the peak of influenza season generally occurring between November and March. [Read more about influenza at through the CDC.](#)

The Epidemiology Program at DOH-Hillsborough conducts routine influenza surveillance year round. We have multiple databases we consider when assessing the activity level of influenza in our community, including ESSENCE-FL (a system that looks at trends in emergency department chief complaint data), death record data, influenza labs reported by local providers, and samples tested by our state laboratory. Each county reports weekly influenza activity to the state, who provides this information to CDC to create an overview of activity in the country. Weekly reports of influenza activity are available from the [state of Florida](#) as well as [the CDC](#).

Influenza Vaccine

Influenza vaccines **should be received every influenza season**, even if the vaccine remains the same as the previous year. The live attenuated influenza vaccine (nasal spray) is not recommended for the 2017-2018 season due to concerns that it may not be as effective against H1N1 strains.

For the 2017-2018 season, the trivalent vaccine will contain the following strains of virus:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like (B/Victoria lineage) virus

Quadrivalent vaccines will also contain a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

See the [CDC's website for more information](#) on the 2017-2018 influenza vaccine recommendations.

Common Excuses for Not Vaccinating Against Influenza

- “I never get the flu” or “I’m healthy, why do I need a vaccine”
 - Vaccines are most effective when a high percentage of the population receives them. By vaccinating yourself you are helping to protect your loved ones or others in the community who may be at risk for serious consequences from influenza.
- “The flu vaccine doesn’t work.”
 - Vaccine effectiveness changes every year because influenza viruses change over time. Even if the influenza vaccine is not perfectly matched to circulating strains, it can help people who do get influenza have a milder course of illness.
- “The flu vaccine gives me the flu.”
 - Injectable flu shots are either made with viruses that are inactivated and cannot make you sick, or without viruses at all. The most common side effects that people report after receiving the vaccine are much less severe than symptoms of influenza infection.

[More information](#) on these misconceptions is provided by CDC.

Notable Disease Trends: RSV and Hand, Foot & Mouth

Two other respiratory viral illnesses that circulate around same time as influenza include respiratory syncytial virus (RSV) and hand, foot & mouth disease (HFMD). These illnesses are not individually reportable to the health department, however outbreaks of these illnesses are.

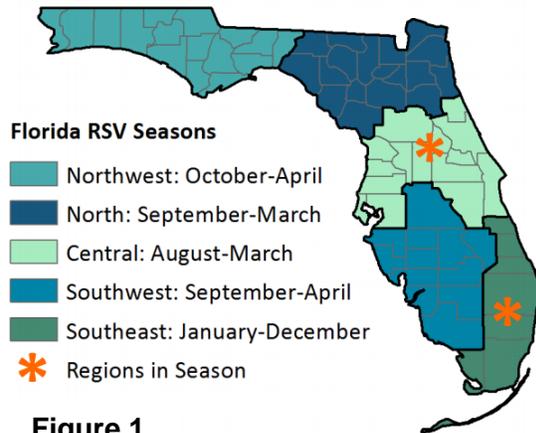
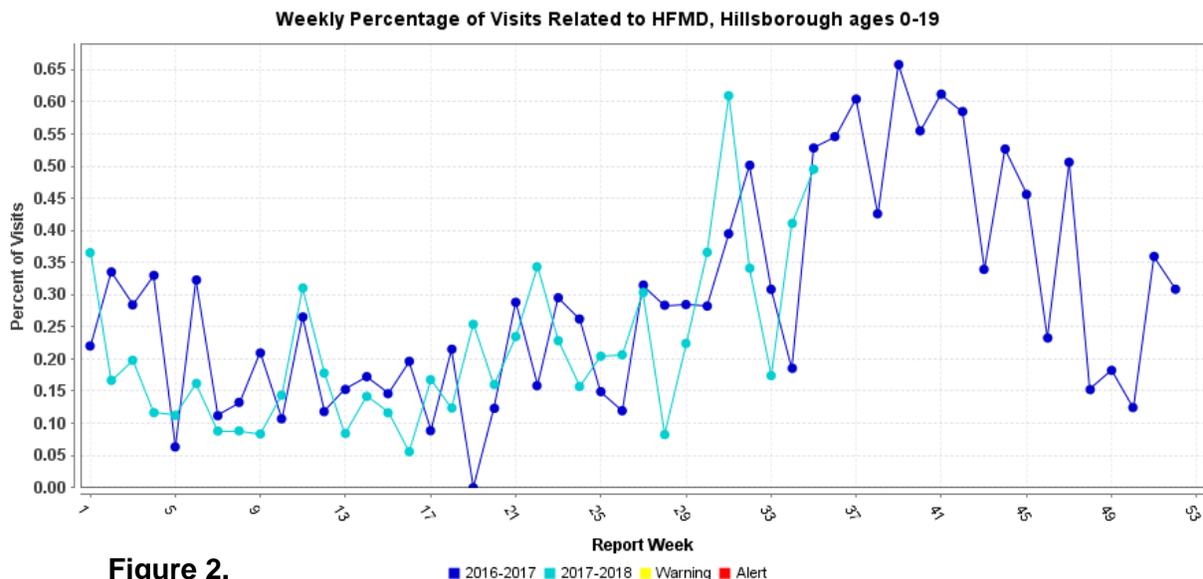


Figure 1.

RSV tends to circulate in Florida at slightly different times in regions of the state. Figure 1 is taken from the week 31-32 [Florida Flu Review](#) and shows the regional seasonality. Hillsborough County is in the central region and RSV season began this month, in August. Children with RSV should stay home until 24 hours fever free without the use of fever reducing medication.

HFMD tends to increase as children return to school in the fall. Figure 2 shows the percentage of ED visits in Hillsborough County with chief complaints or discharge diagnoses related to symptoms of HFMD**. Since persons with HFMD may be contagious prior to illness onset and for weeks after recovery, there are no specific exclusion criteria for child care/school settings. As with all other illnesses, children with a fever should stay home until fever free 24 hours without medication.

**Data are from participating Urgent Care Center (UCC) and Hospital Emergency Departments (ED) in Hillsborough County. Visits are searched for key terms related to HFMD. This graph is not inclusive of all HFMD diagnoses and may include visits not related to HFMD.



NEW! Reportable Disease Lists and Guidance Documents

The Bureau of Epidemiology is pleased to provide updated materials for health care providers and laboratories providing guidance on required disease reporting in Florida.

All practitioners, hospitals and laboratories in Florida are required to notify the Florida Department of Health (DOH) of diseases or conditions of public health significance under section 381.0031, Florida Statutes, and Chapter 64D-3, Florida Administrative Code. Practitioners, hospitals, medical facilities, laboratories, schools, nursing homes, state institutions or other locations providing health services are required to notify DOH of diseases or conditions and the associated laboratory test results listed in the Table of Reportable Diseases or Conditions to Be Reported, Rule 64D-3.029, Florida Administrative Code.

DOH has updated the Table of Reportable Diseases or Conditions to Be Reported, Rule 64D-3.029, Florida Administrative Code, and section 381.985, Florida Statutes, related to reporting elevated blood lead levels and screening results to DOH. These revisions were made in 2016 and 2017 to reflect current public health needs for disease reporting and to align with national public health priorities. A brief summary of updates to reportable disease and condition requirements is included below. The full text of the revised rule is posted on the Disease Reporting Information for Health Care Providers and Laboratories website (www.FloridaHealth.gov/DiseaseReporting).

Summary of changes to general reportable disease and condition requirements:

1. Added Zika fever as explicitly reportable (previously reportable under other arboviral infections) and specified that notification should occur upon initial suspicion (i.e., clinical suspicion or laboratory test order), but after-hours reporting is not required.
2. Updated reporting timeframe for dengue fever to be upon initial suspicion (i.e., clinical suspicion or laboratory test order), but after-hours reporting is not required.
3. Updated reporting timeframe for arboviral infections not otherwise listed in the Table of Reportable Diseases or Conditions to Be Reported from next business day to suspect immediately (i.e., laboratories and health care providers should call DOH immediately, 24 hours a day, seven days a week, by phone upon initial clinical suspicion or laboratory test order).
4. **Added babesiosis as a reportable disease.**
5. Expanded leptospirosis to include all species of *Leptospira*, rather than just interrogans.
6. Lowered the blood lead level considered as lead poisoning from ≥ 10 $\mu\text{g}/\text{dL}$ to ≥ 5 $\mu\text{g}/\text{dL}$. **Note that all blood lead level results should be submitted to DOH, but results ≥ 5 $\mu\text{g}/\text{dL}$ should be reported on the next business day.** Results < 5 $\mu\text{g}/\text{dL}$ should be submitted to DOH within 10 business days.
7. Added requirement that all *Salmonella* isolates or specimens be forwarded to DOH for confirmation.
8. Specified that isolates or specimens required to be submitted to DOH for confirmation must be submitted within two weeks from the time the isolate or specimen is received by a laboratory, unless otherwise noted by DOH.

Guidance documents and one-page reportable disease lists for distribution to health care providers and laboratories, as well as a practitioner report form are attached and are available on the Disease Reporting Information for Health Care Providers and Laboratories website (www.FloridaHealth.gov/DiseaseReporting).

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2014	2015	2016		Jan-July 2016	Jan-July 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	4
Pertussis	65	41	72	59.33	39	31
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	41	20
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	1	3	3	2.33	2	1
<i>H. influenzae</i> (Invasive Disease in children <5)	3	2	4	3.00	1	2
Listeriosis	2	2	0	1.33	0	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	12	16	9	12.33	4	6
Meningococcal Disease	2	2	2	2.00	2	0
Staphylococcus aureus (VISA, VRSA)	0	0	0	0.00	0	0
<i>S. pneumoniae</i> (Invasive Disease in children <6)	5	2	3	3.33	1	0
Enteric Infections						
Campylobacteriosis	155	152	261	189.33	149	204
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	351	101	62	171.33	45	24
Cyclospora	4	1	1	2.00	1	6
Escherichia coli, Shiga toxin-producing (STEC)	6	16	12	11.33	12	10
Giardiasis	64	55	105	74.67	61	42
Hemolytic Uremic Syndrome	1	2	1	1.33	1	3
Salmonellosis	343	287	308	312.67	161	157
Shigellosis	66	216	76	119.33	26	122
Typhoid Fever	0	0	1	0.33	1	1
Viral Hepatitis						
Hepatitis A	5	5	5	5.00	3	4
Hepatitis B (Acute)	59	62	55	58.67	25	40
Hepatitis C (Acute)	29	48	32	36.33	25	15
Hepatitis +HBsAg in Pregnant Women	35	27	23	28.33	22	9
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-July 2016	Jan-July 2017**
Vectorborne, Zoonoses						
Chikungunya	33	10	1	14.67	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	2	5
Malaria	11	2	6	6.33	3	3
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	4
Rabies (Human)	0	0	0	0.00	0	0
Rocky Mountain Spotted Fever	0	0	0	0.00	0	1
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	8	12
Melioidosis	0	0	0	0.00	0	0
Vibriosis	7	11	11	9.67	8	12

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2014	2015	2016		Jan-July 2016	Jan-July 2017**
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	18	20	20	19.33	17	7
Lead	208	246	154	202.67	89	111
Mercury	0	13	0	4.33	0	0
Pesticide	2	1	2	1.67	0	3
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	4814	4967
Gonorrhea	1848	1991	2345	2061.33	1334	1536
Syphilis, Congenital	4	4	2	3.33	NA	NA
Syphilis, Latent	166	199	210	191.67	NA	NA
Syphilis, Early	141	147	198	162.00	125	91
Syphilis, Infectious	208	222	223	217.67	148	110
Tuberculosis						
TB	49	41	43	44.33	23	14
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	58	27	1	28.67	NA	NA
Food and Waterborne Outbreaks	3	2	1	2.00	NA	NA

*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 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.

Mission:

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



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

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

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>

Florida Department of Health in Hillsborough County

Division of Community Health • Office of Epidemiology
P.O. Box 5135 • Tampa, FL 33675-5135
PHONE: 813-307-8010 • FAX 813-276-2981
www.FloridaHealth.gov



This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
August 7, 2017, 1400 ET (2:00 PM ET)
CDCHAN-00405

**Increase in Reported cases of *Cyclospora cayetanensis*
Infection, United States, Summer 2017**

Summary

The Centers for Disease Control and Prevention (CDC), State and Local Health Departments, and the Food and Drug Administration (FDA) are investigating an increase in reported cases of cyclosporiasis. The purpose of this HAN Advisory is to notify public health departments and healthcare facilities and to provide guidance to healthcare providers of the increase in reported cases. Please disseminate this information to healthcare providers in hospitals and emergency rooms, to primary care providers, and to microbiology laboratories.

Healthcare providers should consider a diagnosis of cyclosporiasis in patients with prolonged or relapsing-diarrheal illness. Testing for *Cyclospora* is not routinely done in most U.S. laboratories, even when stool is tested for parasites. Healthcare providers must specifically order testing for *Cyclospora*, whether testing is requested by ova and parasite (O&P) examination, by molecular methods, or by a gastrointestinal pathogen panel test. Cyclosporiasis is a nationally notifiable disease; healthcare providers should report suspect and confirmed cases of infection to public health authorities.

Background

Cyclosporiasis is an intestinal illness caused by the parasite *Cyclospora cayetanensis*. People can become infected with *Cyclospora* by consuming food or water contaminated with the parasite; it is not transmitted directly from one person to another person. The most common symptom of cyclosporiasis is watery diarrhea, which can be profuse. Other common symptoms include anorexia, fatigue, weight loss, nausea, flatulence, abdominal cramping, and myalgia; vomiting and low-grade fever may also occur. Symptoms of cyclosporiasis begin an average of 7 days (range: 2 days to ≥ 2 weeks) after ingestion of the parasite. If untreated, the illness may last for a few days to a month or longer, and may have a relapsing course. The treatment of choice for cyclosporiasis is trimethoprim/sulfamethoxazole (TMP/SMX). No effective alternative treatments have yet been identified for persons who are allergic to or cannot tolerate TMP/SMX, thus observation and symptomatic care is recommended for these patients.

Cyclosporiasis occurs in many countries but is more common in tropical and sub-tropical regions. Previous outbreaks in the United States have been linked to various types of imported fresh produce (e.g., basil, cilantro, mesclun lettuce, raspberries, and snow peas). To date, no commercially frozen or canned produce has been implicated. In the United States, most of the reported cases and outbreaks have occurred during the spring and summer months, especially during May through August or September.

As of August 2, 2017, 206 cases of *Cyclospora* infections have been reported to CDC in persons who became infected in the United States and became ill on or after May 1, 2017. These cases have been reported from 27 states, most of which have reported relatively few cases. Eighteen cases reported hospitalization; no deaths have been reported. At this time, no specific vehicle of interest has been identified, and investigations to identify a potential source of infection are ongoing. It is too early to say

whether cases of *Cyclospora* infection in different states are related to each other and/or to the same food item(s).

The number of cases (206) reported in 2017, is higher than the number of cases reported by this date in 2016. As of August 3, 2016, 88 *Cyclospora* infections had been reported in persons who became infected in the United States and became ill on or after May 1, 2016.

Recommendations for Healthcare Providers

- Consider a diagnosis of cyclosporiasis in patients who have prolonged or remitting-relapsing diarrheal illness.
- If indicated, healthcare providers should specifically order testing for *Cyclospora*, whether testing is requested by ova and parasite (O&P) examination, by molecular methods, or by a gastrointestinal pathogen panel test. Several stool specimens may be required because *Cyclospora* oocysts may be shed intermittently and at low levels, even in persons with profuse diarrhea.
- Report cases to local health departments. Contact the local health department if assistance is needed with reporting or submitting specimens.

For More Information

CDC Cyclosporiasis: <http://www.cdc.gov/parasites/cyclosporiasis/>

CDC Cyclosporiasis Resources for Healthcare Providers:

https://www.cdc.gov/parasites/cyclosporiasis/health_professionals/index.html

CDC DPDx Laboratory Identification of Parasites of Public Health Concern:

<https://www.cdc.gov/dpdx/cyclosporiasis/index.html>

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

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance

Health Advisory May not require immediate action; provides important information for a specific incident or situation

Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

HAN Info Service Does not require immediate action; provides general public health information

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

West Nile Fever and Neuroinvasive Disease - Information for Clinicians

Please contact Hillsborough County Health Department (CHD) by the next business day if you suspect West Nile virus infection to ensure prompt mosquito control efforts.

Transmission: West Nile virus is transmitted to humans primarily through the bites of infected mosquitoes. Other modes of transmission include blood transfusion and organ transplantation.

Incubation period: Two to 14 days.

Clinical presentation: The clinical spectrum for WNV infection includes asymptomatic infection or mild illness (fever and headache), aseptic meningitis, and encephalitis that can progress to coma and death. West Nile virus infection cases are often categorized into two primary groups: neuroinvasive disease and non-neuroinvasive disease. Approximately 80% of those infected show no clinical symptoms. Twenty percent have mild symptoms, and less than 1% experience the neuroinvasive form of illness.

Neuroinvasive disease such as aseptic meningitis, encephalitis, or acute flaccid paralysis (AFP). Symptoms include

- Fever
- Stiff neck
- Altered mental status
- Seizures
- Limb weakness
- Cerebrospinal fluid (CSF) pleocytosis
- Abnormal neuroimaging.

Non-neuroinvasive disease (e.g., West Nile fever).

Symptoms include

- Fever
- Headache
- Myalgias
- Arthralgias
- Rash
- Gastrointestinal symptoms

Patients at risk for severe disease:

Individuals over 60 years of age

Immunosuppressed patients

Laboratory testing:

Testing for WNV specific IgM antibodies should be requested for serum specimens or CSF.

Hillsborough CHD can provide guidance on how and when to submit samples to the Department of Health (DOH) Bureau of Public Health Laboratories.

Resources:

Hillsborough County Health Department Epidemiology phone number: 813-307-8010

DOH Bureau of Epidemiology: <http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/index.html>

Centers for Disease Control and Prevention: <http://www.cdc.gov/westnile/index.html>

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)



Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

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

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- ! 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

- ! 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
- + Acquired immune deficiency syndrome (AIDS)
- 📞 Amebic encephalitis
- ! Anthrax
 - Arsenic poisoning
- ! Arboviral diseases not otherwise listed
 - Babesiosis
- ! Botulism, foodborne, wound, and unspecified
 - Botulism, infant
- ! Brucellosis
 - California serogroup virus disease
 - Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
 - Carbon monoxide poisoning
 - Chancroid
 - Chikungunya fever
- 📞 Chikungunya fever, locally acquired
 - Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
 - Ciguatera fish poisoning
- + Congenital anomalies
 - Conjunctivitis in neonates <14 days old
 - Creutzfeldt-Jakob disease (CJD)
 - Cryptosporidiosis
 - Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
 - Eastern equine encephalitis
 - Ehrlichiosis/anaplasmosis
 - *Escherichia coli* infection, Shiga toxin-producing
 - Giardiasis, acute
- ! Glanders
 - Gonorrhea
 - Granuloma inguinale

- ! *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 and children <2 years old
- 📞 Herpes B virus, possible exposure
 - 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 immunodeficiency virus (HIV) infection
 - HIV-exposed infants <18 months old born to an HIV-infected woman
 - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- 📞 Influenza-associated pediatric mortality in children <18 years old
 - Lead poisoning (blood lead level ≥5 µg/dL)
 - Legionellosis
 - Leptospirosis
- 📞 Listeriosis
 - Lyme disease
 - Lymphogranuloma venereum (LGV)
 - Malaria
- ! Measles (rubeola)
- ! Melioidosis
 - Meningitis, bacterial or mycotic
- ! Meningococcal disease
 - Mercury poisoning
 - Mumps
- + Neonatal abstinence syndrome (NAS)
- 📞 Neurotoxic shellfish poisoning
- 📞 Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- 📞 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
 - Syphilis
- 📞 Syphilis in pregnant women and neonates
 - 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
- ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, 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, subsection 381.0031(4), Florida Statutes, 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..."

Practitioner Disease Report Form

Complete the following information to notify the Florida Department of Health of a reportable disease or condition. This can be filled in electronically.



Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ).

Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

Gender: Male Female Unknown If female, pregnant: Yes No Unknown

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

Race: American Indian/Alaska native White Asian/Pacific islander Other Black Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Address: _____

ZIP: _____ **County:** _____

City: _____ **State:** _____

Home phone: _____

Other phone: _____

Emergency phone: _____

Email: _____

Medical Information

MRN: _____

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

Died: Yes No Unknown

Hospitalized: Yes No Unknown

Hospital name: _____

Date admitted: _____ **Date discharged:** _____

Insurance: _____

Treated: Yes No Unknown

Specify treatment:

Laboratory testing: Yes No Unknown **Attach laboratory result(s) if available**

Provider Information

Physician: _____

Address: _____

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

Phone: _____

Fax: _____

Email: _____

To obtain local county health department contact information, see www.FloridaHealth.gov/CHDEpiContact. See www.FloridaHealth.gov/DiseaseReporting for other reporting questions. 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 county health department for these forms (visit www.FloridaHealth.gov/CHDEpiContact to obtain 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 (<http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

Reportable Diseases and Conditions in Florida ! Notify upon suspicion 24/7 by phone 📞 Notify upon diagnosis 24/7 by phone

- | | | | |
|--|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Amebic encephalitis ! <input type="checkbox"/> Anthrax <input type="checkbox"/> Arsenic poisoning ! <input type="checkbox"/> Arboviral diseases not otherwise listed <input type="checkbox"/> Babesiosis ! <input type="checkbox"/> Botulism, foodborne, wound, and unspecified <input type="checkbox"/> Botulism, infant ! <input type="checkbox"/> Brucellosis <input type="checkbox"/> California serogroup virus disease <input type="checkbox"/> Campylobacteriosis <input type="checkbox"/> Carbon monoxide poisoning <input type="checkbox"/> Chancroid <input type="checkbox"/> Chikungunya fever 📞 <input type="checkbox"/> Chikungunya fever, locally acquired <input type="checkbox"/> Chlamydia ! <input type="checkbox"/> Cholera (<i>Vibrio cholerae</i> type O1) <input type="checkbox"/> Ciguatera fish poisoning <input type="checkbox"/> Conjunctivitis in neonates <14 days old <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD) <input type="checkbox"/> Cryptosporidiosis <input type="checkbox"/> Cyclosporiasis ! <input type="checkbox"/> Dengue fever ! <input type="checkbox"/> Diphtheria <input type="checkbox"/> Eastern equine encephalitis <input type="checkbox"/> Ehrlichiosis/anaplasmosis <input type="checkbox"/> <i>Escherichia coli</i> infection, Shiga toxin-producing <input type="checkbox"/> Giardiasis, acute ! <input type="checkbox"/> Glanders | <ul style="list-style-type: none"> <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Granuloma inguinale ! <input type="checkbox"/> <i>Haemophilus influenzae</i> invasive disease in children <5 years old <input type="checkbox"/> Hansen's disease (leprosy) 📞 <input type="checkbox"/> Hantavirus infection 📞 <input type="checkbox"/> Hemolytic uremic syndrome (HUS) 📞 <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B, C, D, E, and G <input type="checkbox"/> Hepatitis B surface antigen in pregnant women and children <2 years old 📞 <input type="checkbox"/> Herpes B virus, possible exposure <input type="checkbox"/> 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 <input type="checkbox"/> Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old ! <input type="checkbox"/> Influenza A, novel or pandemic strains 📞 <input type="checkbox"/> Influenza-associated pediatric mortality in children <18 years old <input type="checkbox"/> Lead poisoning (blood lead level ≥5 ug/dL) <input type="checkbox"/> Legionellosis <input type="checkbox"/> Leptospirosis 📞 <input type="checkbox"/> Listeriosis <input type="checkbox"/> Lyme disease <input type="checkbox"/> Lymphogranuloma venereum (LGV) <input type="checkbox"/> Malaria ! <input type="checkbox"/> Measles (rubeola) | <ul style="list-style-type: none"> ! <input type="checkbox"/> Melioidosis <input type="checkbox"/> Meningitis, bacterial or mycotic ! <input type="checkbox"/> Meningococcal disease <input type="checkbox"/> Mercury poisoning <input type="checkbox"/> Mumps 📞 <input type="checkbox"/> Neurotoxic shellfish poisoning 📞 <input type="checkbox"/> Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) 📞 <input type="checkbox"/> Pertussis <input type="checkbox"/> Pesticide-related illness and injury, acute ! <input type="checkbox"/> Plague ! <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Psittacosis (ornithosis) <input type="checkbox"/> Q Fever 📞 <input type="checkbox"/> Rabies, animal or human ! <input type="checkbox"/> Rabies, possible exposure ! <input type="checkbox"/> Ricin toxin poisoning <input type="checkbox"/> Rocky Mountain spotted fever and other spotted fever rickettsioses ! <input type="checkbox"/> Rubella <input type="checkbox"/> St. Louis encephalitis <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning) ! <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection <input type="checkbox"/> Shigellosis ! <input type="checkbox"/> Smallpox 📞 <input type="checkbox"/> Staphylococcal enterotoxin B poisoning | <ul style="list-style-type: none"> 📞 <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) <input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old <input type="checkbox"/> Syphilis 📞 <input type="checkbox"/> Syphilis in pregnant women and neonates <input type="checkbox"/> Tetanus <input type="checkbox"/> Trichinellosis (trichinosis) <input type="checkbox"/> Tuberculosis (TB) ! <input type="checkbox"/> Tularemia 📞 <input type="checkbox"/> Typhoid fever (<i>Salmonella</i> serotype Typhi) ! <input type="checkbox"/> Typhus fever, epidemic ! <input type="checkbox"/> Vaccinia disease <input type="checkbox"/> Varicella (chickenpox) ! <input type="checkbox"/> Venezuelan equine encephalitis <input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! <input type="checkbox"/> Viral hemorrhagic fevers <input type="checkbox"/> West Nile virus disease ! <input type="checkbox"/> Yellow fever ! <input type="checkbox"/> Zika fever ! <input type="checkbox"/> Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed above that is of urgent public health significance. Specify in comments below. |
|--|---|--|--|

Comments:

Coming soon:
"What's Reportable?" app
 for iOS and Android