

# EpiNotes

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### Zika Fever Update (October 25, 2017)

On October 12, 2017 a [locally acquired case of Zika virus](#) was confirmed in Manatee County. There is no evidence of ongoing, active transmission of Zika. According to CDC guidance, this isolated case does not constitute a Zika zone.

#### 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	165
Locally Acquired Infections of Zika	296	1
Undetermined	49	32
Pregnant Women with Lab-Evidence of Zika	299	109

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	9



## Florida Food Recalls (October 1 – October 25)

Brand Names	Food	Date of Recall	Health Risk	Link to Recall
Spicely Organics	Organic Tarragon	10/16/2017	Salmonella	<a href="#">Details</a>

## Health Advisories and Alerts

- [CDC Health Alert Network HAN 408](#): The purpose of this HAN advisory is to remind clinicians assessing patients currently in or recently returned from hurricane-affected areas to be vigilant in looking for certain infectious diseases, including leptospirosis, dengue, hepatitis A, typhoid fever, vibriosis, and influenza.
- [Update: Interim Guidance for the Diagnosis, Evaluation, and Management of Infants with Possible Congenital Zika Virus Infection — United States, October 2017](#)
  - Related Flow Chart: [Evaluation and Management for Infants with Possible Congenital Zika Infection](#)
- **CDC Travel Notices:**
  - [Chikungunya in Italy](#) and [Malaria in Italy](#)
  - [Malaria in South Africa](#)
  - [Cholera in Chad](#)
  - [Plague in Madagascar](#)
  - [Malaria in Cyprus](#)

## Epi in the News

- [Suspected leptospirosis cases increasing in Puerto Rico after Hurricane Maria](#)
- [NYC Health Department Investigates Community Cluster of Legionnaires' Disease in Downtown Flushing, Queens](#)

## Influenza Season

Week 40 (October 1, 2017) marked the official start of influenza season. During flu season, the Florida Department of Health puts out a weekly publication, the [Florida Flu Review](#), summarizing influenza and other respiratory virus surveillance. A new edition to the Flu Review this year is a monthly summary of statewide varicella (chickenpox) and pertussis data.

As of week 42, Hillsborough County is reporting mild influenza activity. No outbreaks of influenza or influenza like illness have been reported in the county so far this season.

## Post-Irma Carbon Monoxide Surveillance

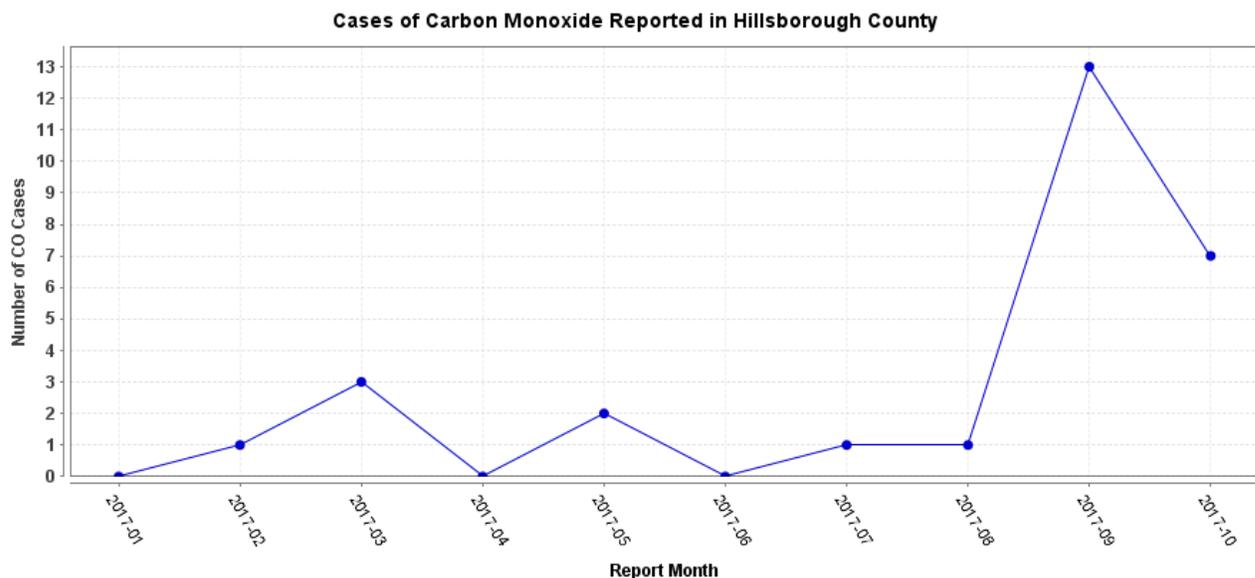
Carbon monoxide (CO) is a colorless, odorless gas that is produced when burning fuels such as gasoline, charcoal, wood, or natural gas. When carbon monoxide begins to accumulate in the air someone breathes it can cause sudden illness and death.

As seen in Figure 1, reported cases of carbon monoxide poisoning increased during the power outages following hurricane Irma. Statewide, 249 cases of CO poisoning were reported in September of 2017.

Important power outage-related CO poisoning prevention measures:

- Gas powered generators can produce [up to 100x more](#) CO than a car's exhaust.
- Always use generators outside, **more than 20 feet away** from home, doors, and windows. Do not place near an open window.
- Install battery operated CO detectors within the home near sleeping areas, especially when a generator is being used.
- Never use a charcoal grill, hibachi, lantern, or portable camping stove inside a home, tent, or camper.

More information is available from the [Florida DOH](#) and [CDC](#).



**Figure 1.** Confirmed and probable cases of carbon monoxide poisoning reported in Hillsborough County in 2017, by month of report.

## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2014	2015	2016		Jan-Sept 2016	Jan-Sept 2017
<b>Vaccine Preventable Diseases</b>						
Diphtheria	0	0	0	0.00	0	0
Measles	0	0	0	0.00	0	0
Mumps	1	1	2	1.33	2	4
Pertussis	65	41	72	59.33	51	39
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	55	26
<b>CNS Diseases &amp; Bacteremias</b>						
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	3
Listeriosis	2	2	0	1.33	0	2
Meningitis (Bacterial, Cryptococcal, Mycotic)	12	16	9	12.33	5	6
Meningococcal Disease	2	2	2	2.00	2	0
Staphylococcus aureus (VISA, VRSA)	0	0	0	0.00	0	1
<i>S. pneumoniae</i> (Invasive Disease in children <6)	5	2	3	3.33	2	0
<b>Enteric Infections</b>						
Campylobacteriosis	155	152	261	189.33	200	251
Cholera	0	0	0	0.00	0	0
Cryptosporidiosis	351	101	62	171.33	57	36
Cyclospora	4	1	1	2.00	1	12
Escherichia coli, Shiga toxin-producing (STEC)	6	16	12	11.33	12	11
Giardiasis	64	55	105	74.67	75	57
Hemolytic Uremic Syndrome	1	2	1	1.33	1	3
Salmonellosis	343	287	308	312.67	230	230
Shigellosis	66	216	76	119.33	48	148
Typhoid Fever	0	0	1	0.33	1	2
<b>Viral Hepatitis</b>						
Hepatitis A	5	5	5	5.00	3	6
Hepatitis B (Acute)	59	62	55	58.67	35	52
Hepatitis C (Acute)	29	48	32	36.33	28	23
Hepatitis +HBsAg in Pregnant Women	35	27	23	28.33	22	11
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-Sept 2016	Jan-Sept 2017
<b>Vectorborne, Zoonoses</b>						
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	1
Leptospirosis	0	1	0	0.33	0	0
Lyme Disease	11	12	7	10.00	7	9
Malaria	11	2	6	6.33	5	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)	4	3	3	3.33		
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
<b>Others</b>						
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	1	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	16	17
Melioidosis	0	0	0	0.00	0	0
Vibriosis	7	11	11	9.67	9	20

## Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-To-Date	
	2014	2015	2016		Jan-Sept 2016	Jan-Sept 2017
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	18	20	20	19.33	19	21
Lead	208	246	154	202.67	119	123
Mercury	0	13	0	4.33	0	0
Pesticide	2	1	2	1.67	2	5
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	NA	NA
Gonorrhea	1848	1991	2345	2061.33	NA	NA
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	NA	NA
Syphilis, Infectious	208	222	223	217.67	NA	NA
Tuberculosis						
TB	49	41	43	44.33	35	20
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	58	27	1	28.67	1	61
Food and Waterborne Outbreaks	3	2	1	2.00	1	8

"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.

13<sup>th</sup> World  AIDS Day

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# BLOCK PARTY

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**FRIDAY 12/1/17 • 7 AM TO 3 PM**

**FREE HIV AND STD TESTING**  
ages 13 and older

**MUSIC • FOOD • FREE EDUCATIONAL INFORMATION & FLU SHOTS**

 **SPECIALTY CARE CENTER**  
1105 E. Kennedy Blvd.  
Tampa, FL 33602  
More info: 813-307-8064



**This is an official**  
**CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
October 24, 2017, 13:30 ET (1:30 PM ET)  
CDCHAN-00408

## **Advice for Health Care Providers Treating Patients in or Recently Returned from Hurricane-Affected Areas, Including Puerto Rico and the US Virgin Islands**

### **Summary**

The Centers for Disease Control and Prevention (CDC) is working with federal, state, territorial, and local agencies and global health partners in response to recent hurricanes. CDC is aware of media reports and anecdotal accounts of various infectious diseases in hurricane-affected areas, including Puerto Rico and the US Virgin Islands (USVI). Because of compromised drinking water and decreased access to safe water, food, and shelter, the conditions for outbreaks of infectious diseases exist.

The purpose of this HAN advisory is to remind clinicians assessing patients currently in or recently returned from hurricane-affected areas to be vigilant in looking for certain infectious diseases, including leptospirosis, dengue, hepatitis A, typhoid fever, vibriosis, and influenza. Additionally, this Advisory provides guidance to state and territorial health departments on enhanced disease reporting.

### **Background**

Hurricanes Irma and Maria made landfall in Puerto Rico and USVI in September 2017, causing widespread flooding and devastation. Natural hazards associated with the storms continue to affect many areas. Infectious disease outbreaks of diarrheal and respiratory illnesses can occur when access to safe water and sewage systems are disrupted and personal hygiene is difficult to maintain. Additionally, vector borne diseases can occur due to increased mosquito breeding in standing water; both Puerto Rico and USVI are at risk for outbreaks of dengue, Zika, and chikungunya.

Health care providers and public health practitioners should be aware that post-hurricane environmental conditions may pose an increased risk for the spread of infectious diseases among patients in or recently returned from hurricane-affected areas; including leptospirosis, dengue, hepatitis A, typhoid fever, vibriosis, and influenza. The period of heightened risk may last through March 2018, based on current predictions of full restoration of power and safe water systems in Puerto Rico and USVI.

In addition, providers in health care facilities that have experienced water damage or contaminated water systems should be aware of the potential for increased risk of infections in those facilities due to invasive fungi, nontuberculous *Mycobacterium* species, *Legionella* species, and other Gram-negative bacteria associated with water (e.g., *Pseudomonas*), especially among critically ill or immunocompromised patients.

Cholera has not occurred in Puerto Rico or USVI in many decades and is not expected to occur post-hurricane.

## Recommendations

**These recommendations apply to healthcare providers treating patients in Puerto Rico and USVI, as well as those treating patients in the continental US who recently traveled in hurricane-affected areas (e.g., within the past 4 weeks), during the period of September 2017 – March 2018.**

- Health care providers and public health practitioners in hurricane-affected areas should look for community and healthcare-associated infectious diseases.
- Health care providers in the continental US are encouraged to ask patients about recent travel (e.g., within the past 4 weeks) to hurricane-affected areas.
- All healthcare providers should consider less common infectious disease etiologies in patients presenting with evidence of acute respiratory illness, gastroenteritis, renal or hepatic failure, wound infection, or other febrile illness. Some particularly important infectious diseases to consider include leptospirosis, dengue, hepatitis A, typhoid fever, vibriosis, and influenza.
- In the context of limited laboratory resources in hurricane-affected areas, health care providers should contact their territorial or state health department if they need assistance with ordering specific diagnostic tests.
- For certain conditions, such as leptospirosis, empiric therapy should be considered pending results of diagnostic tests— treatment for leptospirosis is most effective when initiated early in the disease process. Providers can contact their territorial or state health department or CDC for consultation.
- Local health care providers are strongly encouraged to report patients for whom there is a high level of suspicion for leptospirosis, dengue, hepatitis A, typhoid, and vibriosis to their local health authorities, while awaiting laboratory confirmation.
- Confirmed cases of leptospirosis, dengue, hepatitis A, typhoid fever, and vibriosis should be *immediately* reported to the territorial or state health department to facilitate public health investigation and, as appropriate, mitigate the risk of local transmission. While some of these conditions are not listed as reportable conditions in all states, they are conditions of public health importance and should be reported.

## For More Information

- General health information about hurricanes and other tropical storms: <https://www.cdc.gov/disasters/hurricanes/index.html>
- Information about Hurricane Maria: [https://www.cdc.gov/disasters/hurricanes/hurricane\\_maria.html](https://www.cdc.gov/disasters/hurricanes/hurricane_maria.html)
- Information for Travelers:
  - Travel notice for Hurricanes Irma and Maria in the Caribbean: <https://wwwnc.cdc.gov/travel/notices/alert/hurricane-irma-in-the-caribbean>
  - Health advice for travelers to Puerto Rico: [https://wwwnc.cdc.gov/travel/destinations/traveler/none/puerto-rico?s\\_cid=ncezid-dgmq-travel-single-001](https://wwwnc.cdc.gov/travel/destinations/traveler/none/puerto-rico?s_cid=ncezid-dgmq-travel-single-001)
  - Health advice for travelers to the U.S. Virgin Islands: [https://wwwnc.cdc.gov/travel/destinations/traveler/none/usvirgin-islands?s\\_cid=ncezid-dgmq-travel-leftnav-traveler](https://wwwnc.cdc.gov/travel/destinations/traveler/none/usvirgin-islands?s_cid=ncezid-dgmq-travel-leftnav-traveler)
  - Resources from CDC Health Information for International Travel 2018 (the Yellow Book):
    - Humanitarian Aid Workers: <https://wwwnc.cdc.gov/travel/yellowbook/2018/advising-travelers-with-specific-needs/humanitarian-aid-workers>
- Post-travel Evaluation: <https://wwwnc.cdc.gov/travel/yellowbook/2018/post-travel-evaluation/general-approach-to-the-returned-traveler>

- Information about infectious diseases after a disaster:
  - <https://www.cdc.gov/disasters/disease/infectious.html>
  - Dengue: <https://www.cdc.gov/dengue/index.html>
  - Hepatitis A: <https://www.cdc.gov/hepatitis/HAV/index.htm>
  - Leptospirosis: <https://www.cdc.gov/leptospirosis/>
  - Typhoid fever: <https://www.cdc.gov/typhoid-fever/index.html>
  - Vibriosis: <https://www.cdc.gov/vibrio/index.html>
  
- Information about other infectious diseases of concern:
  - Conjunctivitis: <https://www.cdc.gov/conjunctivitis/>
  - Influenza: <https://www.cdc.gov/flu/index.htm>
  - Scabies: <https://www.cdc.gov/parasites/scabies/index.html>
  - Tetanus and wound management: <https://www.cdc.gov/disasters/emergwoundhcp.html>
    - Tetanus in Areas Affected by a Hurricane: Guidelines for Clinicians  
<https://emergency.cdc.gov/coca/cocanow/2017/2017sept12.asp>

*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.*

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**Categories of Health Alert Network messages:**

<b>Health Alert</b>	Requires immediate action or attention; highest level of importance
<b>Health Advisory</b> incident or situation	May not require immediate action; provides important information for a specific incident or situation
<b>Health Update</b> incident or situation	Unlikely to require immediate action; provides updated information regarding an incident or situation
<b>HAN Info Service</b>	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##

**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**  
Surgeon General and Secretary

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

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**FLORIDA DOH HEALTH ADVISORY**  
**Hurricanes Harvey, Irma and Maria Evacuees-Zika**  
**Version 1.0, October 18, 2017**

## Background

This year's hurricane season has brought devastation to many areas of the mainland United States and its Territories. Those affected are seeking safety and housing by evacuating to other areas. Evacuees leaving Texas, Puerto Rico and the U.S. Virgin Islands due to Hurricanes Harvey, Irma and Maria, have been arriving in Florida – and will probably continue to do so for some time. Puerto Rico and U.S. Virgin Islands experienced Zika virus epidemics and are still considered areas of risk by the Centers for Disease Control and Prevention. Brownsville, Texas was designated a Zika cautionary area from October 29, 2016-August 29, 2017. The following information is provided for health care professionals caring for women and infants who may have been exposed to Zika virus during pregnancy. General guidance related to Zika virus reporting is also included for completeness.

- Zika virus testing is available at Florida Department of Health for symptomatic patients who are uninsured, potentially exposed asymptomatic pregnant women through the end of the first post-natal week who are uninsured, infants of potentially exposed pregnant women, suspected Guillain-Barre syndrome (GBS) cases with recent potential exposure to Zika, and suspected local cases meeting criteria below.
- Health care providers for pregnant women or child evacuees born during or following the Zika epidemic in Puerto Rico or U.S. Virgin Islands should contact their county health department if they have Zika testing related questions: [Florida Department of Health Local Epidemiology Contact List](#)
- Parents of children with special medical needs, including issues related to in utero Zika virus infection, should contact Children's Medical Services (CMS) 1-855-901-5390 for information about available services.

**Please contact your county health department on the same business day of suspect Zika infections to ensure state-of-the art public health laboratory testing including:**

- Infant or fetus with microcephaly, intracranial calcifications, or other abnormalities, or poor fetal outcome diagnosed after the first trimester **and** with history of residence or travel to an area with Zika virus activity during pregnancy. Testing of both mother and infant is recommended; **testing of the infant is still recommended even if the mother previously tested negative.**
- Infant evacuees born in hurricane impacted areas since approximately September 1, 2017 who have not been tested for Zika.
- All persons with two or more of the following signs/symptoms: fever, maculopapular rash, arthralgia or conjunctivitis (GBS could follow) **and** a history of residence or travel to an area reporting Zika virus activity in the two weeks prior to illness onset.
- Suspect local cases in a county/area with no reported local Zika virus infections **and** three or more of the following signs/symptoms: fever, maculopapular rash, arthralgia or conjunctivitis.

Contact information: [Florida Department of Health Local Epidemiology Contact List](#)

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**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

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

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## FLORIDA DOH HEALTH ADVISORY Hurricanes Harvey, Irma and Maria Evacuees Version 1.0, October 18, 2017

Evacuees leaving Texas, Puerto Rico and the U.S. Virgin Islands due to Hurricanes Harvey, Irma, and Maria have been arriving in Florida – and will probably continue to do so for some time. Many are children who have educational needs and may also have special health care needs.

- The Florida Department of Education has recommended that any child who is an evacuee not be denied school entry. Federal and state laws mandate that children who have relocated due to a natural disaster will be allowed to enroll in schools, regardless of whether they currently possess the required immunization documentation.
  - To facilitate this process, all evacuees enrolling in an educational facility should receive ***an exemption from presenting proof of immunizations to last a total of 30 school days***. This exemption is issued by a designated school official.
- The Florida Department of Health will assist providers who may be asked to provide documentation of vaccinations for evacuees. The Department has promulgated Emergency Rule 64ER17-5, Florida Administrative Code, which waives the requirement to use DH Form 680 and SHOT System for the school immunization record. Immunization providers may use the equivalent record provided by the U. S. Territory of Puerto Rico to meet the requirements of Rule 64D-3.046, Florida Administrative Code. The emergency rule allows use of the Puerto Rico Immunization Registry (PRIR) record as evidence of immunization for school admission, when signed by a practitioner licensed under Chapters 458, 459, 460, or 464, Florida Statutes. The PRIR may be accessed at <https://prir.salud.gov.pr/PRIRPRD/portallInfoManager.do>.
  - The Department will be sending additional information to public and private immunization providers on how to generate proof of an evacuee's immunizations status as soon as possible. Should you have any questions, please contact the Florida Vaccines for Children Program at [FloridaVFC@FLHealth.gov](mailto:FloridaVFC@FLHealth.gov) or 1-877-888-7468.
- In addition to vaccine-related issues, we remind providers to be cognizant of special health care needs and considerations that may pertain to children who are evacuees:
  - Consider testing children who are evacuees for lead. Exposure to dust from rubble or other storm-related debris could create new lead exposure hazards in children, contributing to permanent neurological damage.
  - Evaluate the risk of child evacuees and pregnant women for Zika virus exposure. The Zika virus is endemic in Puerto Rico and US Virgin Island. Contact your county health department if you have Zika testing-related questions.
  - Parents of children with special health care needs, including issues related to Zika virus infection, should contact Children's Medical Services at 1-855-901-5390 for information about available services.
- Reportable diseases should be reported to your county health department. For a complete list of reportable diseases, please visit [www.floridahealth.gov/DiseaseReporting](http://www.floridahealth.gov/DiseaseReporting). Information on contacting your county health department is available at [www.floridahealth.gov/CHDEpiContact](http://www.floridahealth.gov/CHDEpiContact).

# 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](http://www.FloridaHealth.gov/DiseaseReporting) for more information. To report a disease or condition, contact your CHD epidemiology program ([www.FloridaHealth.gov/CHDEpiContact](http://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](http://www.FloridaHealth.gov/CHDEpiContact). See [www.FloridaHealth.gov/DiseaseReporting](http://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](http://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**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Amebic encephalitis                                      | <input type="checkbox"/> Gonorrhoea  | <input type="checkbox"/> Melioidosis  | <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA)  |
| <input type="checkbox"/> Anthrax  | <input type="checkbox"/> Granuloma inguinale   | <input type="checkbox"/> Meningitis, bacterial or mycotic   | <input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old   |
| <input type="checkbox"/> Arsenic poisoning  | <input type="checkbox"/> <i>Haemophilus influenzae</i> invasive disease in children <5 years old   | <input type="checkbox"/> Meningococcal disease  | <input type="checkbox"/> Syphilis  |
| <input type="checkbox"/> Arboviral diseases not otherwise listed                  | <input type="checkbox"/> Hansen's disease (leprosy)  | <input type="checkbox"/> Mercury poisoning  | <input type="checkbox"/> Syphilis in pregnant women and neonates   |
| <input type="checkbox"/> Babesiosis   | <input type="checkbox"/> Hantavirus infection  | <input type="checkbox"/> Mumps  | <input type="checkbox"/> Tetanus   |
| <input type="checkbox"/> Botulism, foodborne, wound, and unspecified              | <input type="checkbox"/> Hemolytic uremic syndrome (HUS)   | <input type="checkbox"/> Neurotoxic shellfish poisoning   | <input type="checkbox"/> Trichinellosis (trichinosis)  |
| <input type="checkbox"/> Botulism, infant   | <input type="checkbox"/> Hepatitis A   | <input type="checkbox"/> Paratyphoid fever ( <i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) | <input type="checkbox"/> Tuberculosis (TB)   |
| <input type="checkbox"/> Brucellosis  | <input type="checkbox"/> Hepatitis B, C, D, E, and G   | <input type="checkbox"/> Pertussis  | <input type="checkbox"/> Tularemia   |
| <input type="checkbox"/> California serogroup virus disease                       | <input type="checkbox"/> Hepatitis B surface antigen in pregnant women and children <2 years old   | <input type="checkbox"/> Pesticide-related illness and injury, acute  | <input type="checkbox"/> Typhoid fever ( <i>Salmonella</i> serotype Typhi)   |
| <input type="checkbox"/> Campylobacteriosis                                       | <input type="checkbox"/> Herpes B virus, possible exposure   | <input type="checkbox"/> Plague   | <input type="checkbox"/> Typhus fever, epidemic  |
| <input type="checkbox"/> Carbon monoxide poisoning                                | <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"/> Poliomyelitis  | <input type="checkbox"/> Vaccinia disease  |
| <input type="checkbox"/> Chancroid  | <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"/> Psittacosis (ornithosis)   | <input type="checkbox"/> Varicella (chickenpox)  |
| <input type="checkbox"/> Chikungunya fever  | <input type="checkbox"/> Influenza A, novel or pandemic strains  | <input type="checkbox"/> Q Fever  | <input type="checkbox"/> Venezuelan equine encephalitis  |
| <input type="checkbox"/> Chikungunya fever, locally acquired                      | <input type="checkbox"/> Influenza-associated pediatric mortality in children <18 years old  | <input type="checkbox"/> Rabies, animal or human  | <input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)   |
| <input type="checkbox"/> Chlamydia  | <input type="checkbox"/> Lead poisoning (blood lead level ≥5 ug/dL)  | <input type="checkbox"/> Rabies, possible exposure  | <input type="checkbox"/> Viral hemorrhagic fevers  |
| <input type="checkbox"/> Cholera ( <i>Vibrio cholerae</i> type O1)                | <input type="checkbox"/> Legionellosis   | <input type="checkbox"/> Ricin toxin poisoning  | <input type="checkbox"/> West Nile virus disease   |
| <input type="checkbox"/> Ciguatera fish poisoning                                 | <input type="checkbox"/> Leptospirosis   | <input type="checkbox"/> Rocky Mountain spotted fever and other spotted fever rickettsioses                         | <input type="checkbox"/> Yellow fever  |
| <input type="checkbox"/> Conjunctivitis in neonates <14 days old                  | <input type="checkbox"/> Listeriosis   | <input type="checkbox"/> Rubella  | <input type="checkbox"/> Zika fever  |
| <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)                          | <input type="checkbox"/> Lyme disease  | <input type="checkbox"/> St. Louis encephalitis   | <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. |
| <input type="checkbox"/> Cryptosporidiosis  | <input type="checkbox"/> Lymphogranuloma venereum (LGV)  | <input type="checkbox"/> Salmonellosis  |  |
| <input type="checkbox"/> Cyclosporiasis   | <input type="checkbox"/> Malaria   | <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning)  |  |
| <input type="checkbox"/> Dengue fever   | <input type="checkbox"/> Measles (rubeola)   | <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection            |  |
| <input type="checkbox"/> Diphtheria   |  | <input type="checkbox"/> Shigellosis  |  |
| <input type="checkbox"/> Eastern equine encephalitis                              |  | <input type="checkbox"/> Smallpox   |  |
| <input type="checkbox"/> Ehrlichiosis/anaplasmosis                                |  | <input type="checkbox"/> Staphylococcal enterotoxin B poisoning   |  |
| <input type="checkbox"/> <i>Escherichia coli</i> infection, Shiga toxin-producing |  |   |  |
| <input type="checkbox"/> Giardiasis, acute  |  |   |  |
| <input type="checkbox"/> Glanders   |  |   |  |

**Comments:**

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for iOS and Android