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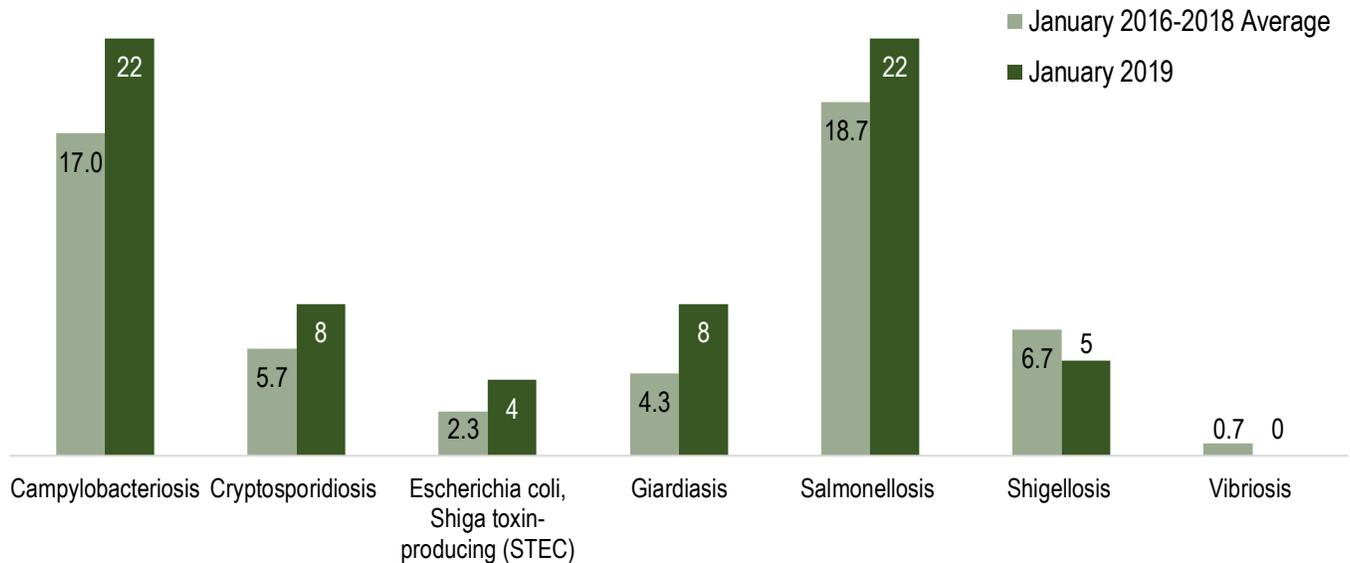
## Health Advisories, News, and Alerts

- [\*\*DOH-MIAMI-DADE IDENTIFIES CASE OF HEPATITIS A IN FOOD WORKER; ENCOURAGES VACCINATION\*\*](#)
- [\*\*FREE Continuing Education from MMWR and Medscape:\*\*](#) Update: Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Postexposure Prophylaxis and for Preexposure Prophylaxis for International Travel
- [\*\*2019 Child/Adolescent and Adult Immunization Schedules are now available!\*\*](#)
- **CDC Travel Notices:**
  - [\*\*Drug Resistant Infections in Mexico:\*\*](#) Recently, some US residents returning from Tijuana, Baja California, Mexico, were diagnosed with infections caused by an antibiotic-resistant form of *Pseudomonas aeruginosa* bacteria after receiving an invasive medical procedure.
  - [\*\*Yellow Fever in Nigeria\*\*](#)
  - [\*\*Ebola in Democratic Republic of the Congo\*\*](#)

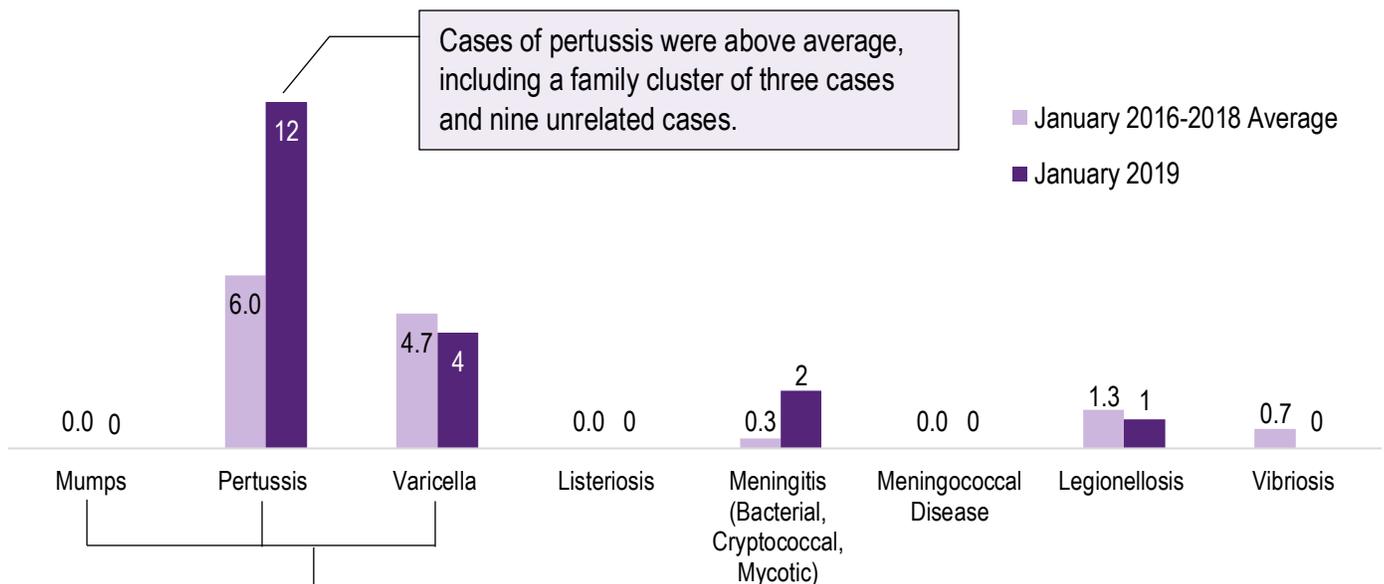
**Mission:** To protect, promote & improve the health of all people in Florida through integrated state & community efforts.

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

## January Reportable Disease Summary – Enteric Infections



## January Reportable Disease Summary – Other Common Reportable Infections

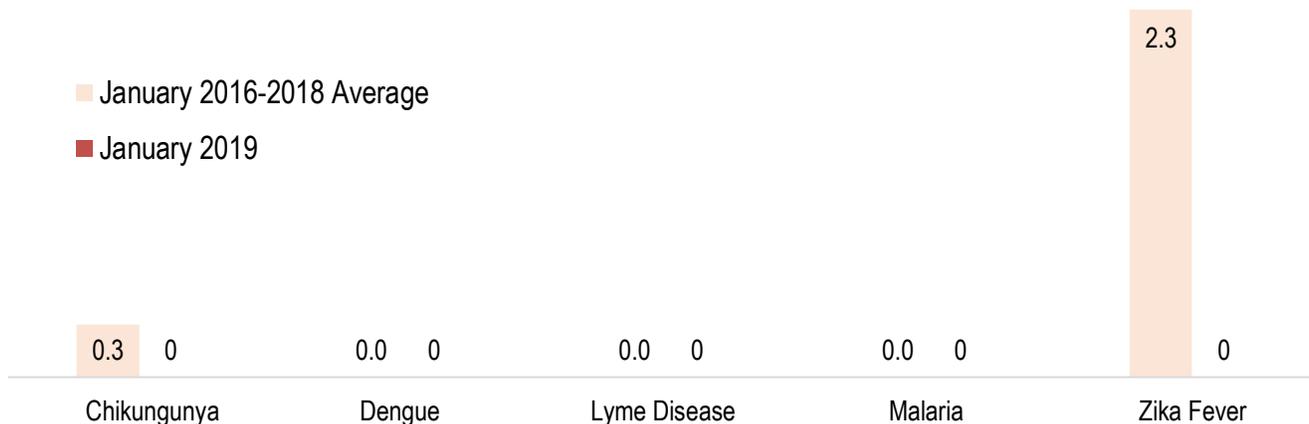


These vaccine reportable diseases are summarized monthly in the state Vaccine Preventable Disease Report, which is available online at: <http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/vaccine-preventable-disease-report-archive.html>

## January Reportable Disease Summary – Arboviral Infections

Cases of any infection are reported based on the county where the person’s home address is. Hillsborough County has reported infections of imported mosquito-borne diseases every year, which means the individual was infected while traveling outside of the county. Hillsborough County did not have any infections of chikungunya, dengue, zika, or malaria acquired through mosquitos in our county in 2018.

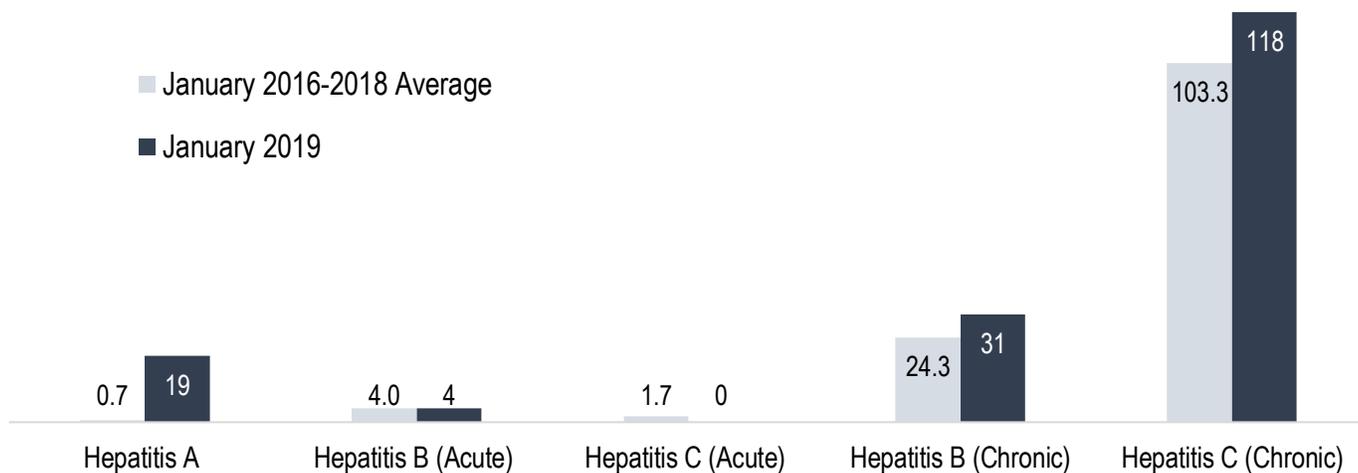
The Florida Department of Health releases a weekly arboviral surveillance report that is available here: <http://www.floridahealth.gov/%5C/diseases-and-conditions/mosquito-borne-diseases/surveillance.html>



The data in these charts represent the most common reportable diseases investigated by the Epidemiology Program. All of the state’s reportable disease data is available for the public to search on FL CHARTS here: <http://www.flhealthcharts.com/charts/CommunicableDiseases/default.aspx> To build your own search, click on the link for “Reportable Diseases Frequency Report”.

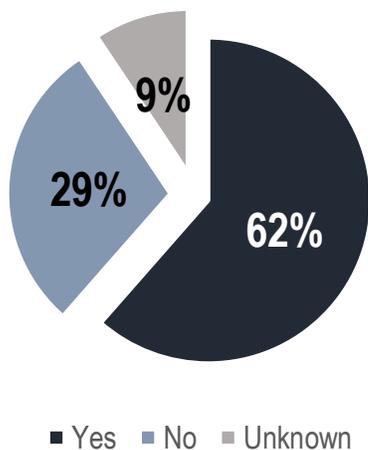
The case numbers for 2018 and 2019 are provisional and subject to change until the yearly database is closed, usually around April of the following year. Once the numbers are finalized, the state puts together a comprehensive Florida Annual Morbidity Statistics Report that details case trends and notable outbreak investigations. The report for 2017 and previous years are available at: <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html>

## January Reportable Disease Summary – Viral Hepatitis



Hillsborough County is currently experiencing a large increase in infections of hepatitis A, which is a viral infection transmitted through the fecal-oral route. There is a vaccine available to prevent hepatitis A.

**Hepatitis A Cases That Report Drug Use as Risk Factor**



January 2018 to Date Case Summary	
Total Number of cases	103
Number of cases acquired in Florida or Unknown	96
Age	
Mean	38
Median	38
Min-max	19-71
Cases by Age Category	Number (%)
0-18	0 (0)
19-29	20 (21)
30-39	38 (40)
40-49	27 (28)
50-59	8 (8)
60+	3 (3)
Gender	
Female	28 (29)
Male	68 (71)
Race	
White	86 (90)
Black	2 (2)
Other	6 (6)
Unknown race	2 (2)
Ethnicity	
Non-Hispanic	85 (89)
Hispanic	9 (9)
Unknown ethnicity	2 (2)

## Florida Food Recalls (January 20, 2019 – February 20, 2019)

Brand Name	Food	Date of Recall	Health Risk	
Lean Culinary Services, LLC	Ready to Eat Chicken Salad Products	2/19/2019	Listeria	<a href="#">Details</a>
Richwell Group, Inc.	Siluriformes Products (Sheat fish)	2/5/2019	Without Benefit of Inspection	<a href="#">Details</a>
Sound Shellfish (WA-1400-SS) and Hama Hama Company (WA-0259-SP)	Eld Inlet oysters	1/29/2019	Norovirus-like Illness	<a href="#">Details</a>
Oskri Organics Corporation of Lake Mills	All Nut Butters	1/28/2019	Listeria	<a href="#">Details</a>
Whole Foods Market	Various Prepared Food Items	1/24/2019	Salmonella	<a href="#">Details</a>
Thrive Market, Inc.	Nut Butters	1/24/2019	Listeria	<a href="#">Details</a>
Satur Farms	Baby Spinach and Mesclun	1/23/2019	Salmonella	<a href="#">Details</a>
General Mills	Gold Medal Unbleached Flour - Five Pound Bags	1/23/2019	Salmonella	<a href="#">Details</a>

## GREATER TAMPA BAY AREA RESIDENTS URGED TO TAKE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

To better understand and address the health needs of communities in the Greater Tampa Bay area, the Florida Department of Health in Hillsborough, Pasco, Pinellas and Polk counties and local area hospitals are partnering on a comprehensive survey.

The 2019 Community Health Needs Assessment (CHNA) surveys residents on nutrition, physical activity, access to care and mental health. To take the survey, visit <http://bit.ly/healthsurvey2019> before April 21, 2019. A link to the survey is also available on participating county health department websites.

Survey partners include: Advent Health, BayCare, Johns Hopkins All Children’s Hospital, Lakeland Regional Health, Moffitt Cancer Center, Tampa General Hospital, and other area health organizations in the four-county area. Although county health departments developed their own surveys in the past, this is an opportunity for counties in the region to work together on a more comprehensive regional survey.

Data collected from the CHNA survey will help local health departments and healthcare providers better understand the needs of the community. The survey will be used to develop a community health improvement plan, which will address the issues residents are most concerned about.

## Hillsborough County Weekly Influenza Report (Week 7, 2019)

Flu Level:

**Moderate**



Flu Trend:

**Stable**



For statewide data see the [Florida Flu Review](#).

### Flu Activity This Week (February 10 - February 16)

- Influenza like illness (ILI) activity slightly decreased this week and is within levels seen at this time during previous seasons. (Figure 1)
- Positive influenza labs received electronically increased and are mostly influenza type A.
- One influenza outbreak was reported in a child care center in week 7.
- No pediatric mortalities were reported in Hillsborough County in week 7.

### Flu Activity This Season (September 30 - February 16)

- Total Outbreaks: Thirteen outbreaks of influenza or ILI have been reported during the 2018-2019 flu season.
- Total Deaths: Hillsborough County has reported **no** pediatric mortalities in the current flu season.

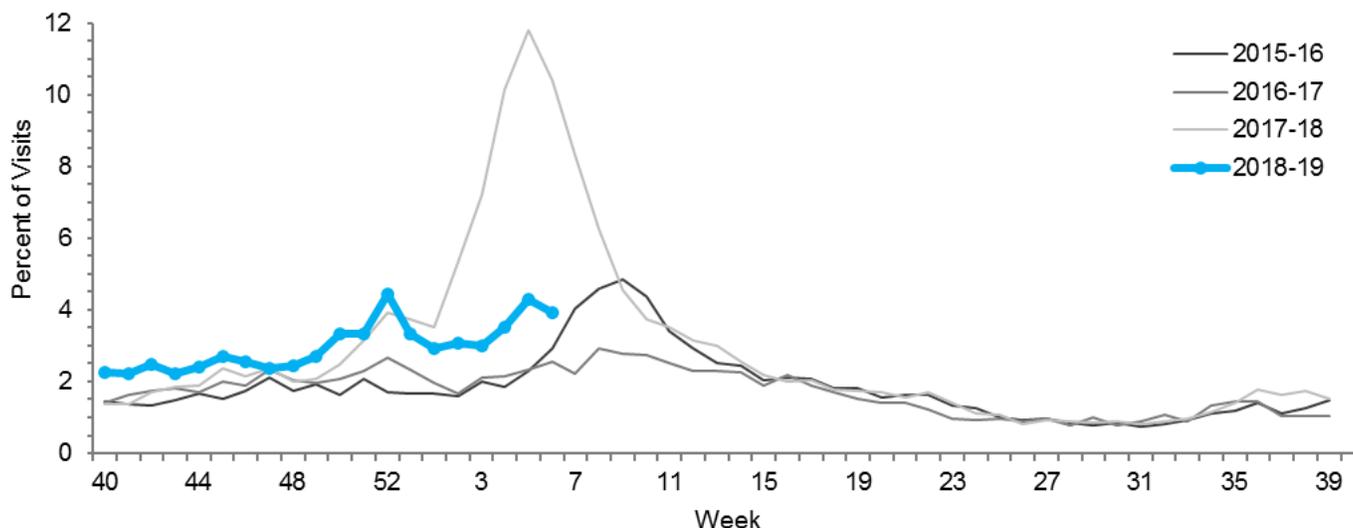


Figure 1: In week 7, the percent of emergency department and urgent care center visits for ILI\* in Hillsborough County decreased slightly and is within levels seen in previous seasons.

\*Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) measures trends in ILI visits from emergency departments (ED) and urgent care clinics (UCC). Participating EDs and UCCs in Hillsborough County (n=21) electronically transmit visit data into ESSENCE-FL daily or hourly. The ESSENCE-FL ILI syndrome captures visits with chief complaints that include the words “influenza” or “flu,” or chief complaints that include the words “fever” and “cough,” or “fever” and “sore throat.”

# New Synthetic Cannabinoid: 4F-MDMB-BINACA

**Purpose:** The objective of this public announcement is to notify public health and public safety, law enforcement, clinicians, medical examiners and coroner, laboratory personnel, and all other related communities about new information surrounding the emergent synthetic cannabinoid 4F-MDMB-BINACA.

**Summary:** 4F-MDMB-BINACA, first identified in seized drug casework in the United States in December of 2018, has been identified in eight blood specimens associated with post-mortem death investigations and driving under the influence of drugs (DUID) investigations. 4F-MDMB-BINACA is very similar in structure to the popular synthetic cannabinoid 5F-ADB (5F-MDMB-PINACA), differing by the removal of one carbon (-CH<sub>2</sub>-) linkage from the carbon chain (or tail) portion of the molecule. 5F-ADB has been associated with a large number of adverse events, including death. The pharmacology and toxicity of 4F-MDMB-BINACA have not been explicitly studied; but its relation to 5F-ADB and association with drug user deaths lead professionals to believe this new synthetic cannabinoid would be an active novel psychoactive substance (NPS) and retain the potential to cause adverse events.

**Background:** Synthetic cannabinoids (“Spice” or “K2”) are chemically manufactured drugs, often associated with unknown biological effects and health risks, a dangerous combination for any recreational drug user. Synthetic cannabinoids can be prepared (e.g. plant material, powder) and packaged (e.g. foil packaging) in a variety of forms. Recently, synthetic cannabinoids have been identified in combination with more traditional drug supplies, including the heroin supply in Philadelphia, PA; a circumstance that led to more than 160 drug overdoses in the city over one weekend from the drug combination 5F-ADB, fentanyl, and heroin. Adverse effects reported in association with synthetic cannabinoid use include neurological abnormalities (e.g., psychosis, agitation, irritability, paranoia, confusion, anxiety, etc.), psychiatric episodes (e.g., hallucinations, delusions, self-harm, etc.), other physical ailments (e.g., tachycardia, hypertension, arrhythmia, chest pain, tachypnea, gastrointestinal distress, acute kidney injury, nausea, vomiting, fever, hyperglycemia, hypokalemia, etc.), and death.

## Demographics

### Age:

- Adolescent to Adult

### Sex:

- Male (n=5), Female (n=1)

### Case Type:

- Death (n=5), DUID (n=3)

### Specimen Type:

- Blood (n=8)

### Date of Collection:

- Dec. 2018, Jan. 2019

### Other Notable Findings:

- 5F-MDMB-PICA (n=4)
- 5F-ADB (n=2)
- No Other Findings (n=3)

## Recommendations for Public Health

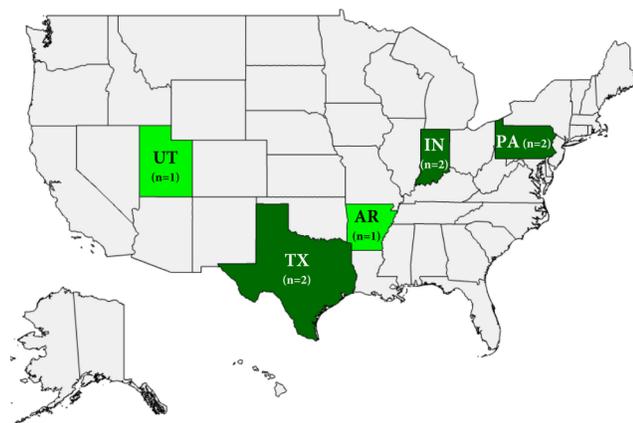
- Explore methods for rapidly identifying drug overdose outbreaks.
- Engage local poison centers and clinicians to assist with treatment of patients.
- Track and monitor geographical drug trends.
- Track demographics and known risk factors for decedents and overdose patients.
- Raise awareness about the risks and dangers associated with synthetic cannabinoids.
- Develop public health messaging about synthetic cannabinoids.

## Recommendations for Clinicians

- Become familiar with the signs and symptoms associated with synthetic cannabinoid use; can range from profound agitated delirium to sedation, difficulty in arousal, and bradycardia. Symptoms can alternate and overlap.
- Be aware that clinical conditions may change rapidly and unpredictably.
- Be mindful that illicit drugs have limited quality control, containing undeclared substances that impact the expected clinical effects or findings.
- Counsel about the dangers of synthetic cannabinoid products and other drugs.

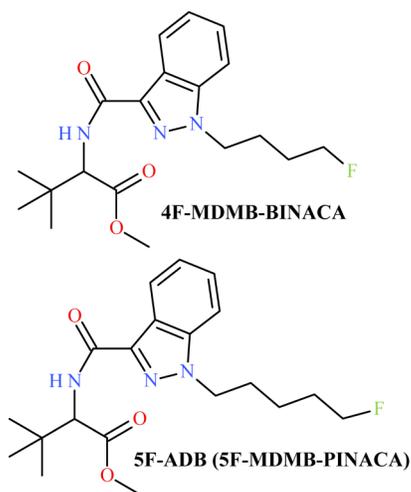
## Recommendations for ME's & Coroners

- Test for new synthetic cannabinoids and their biomarkers in suspected synthetic cannabinoid overdose cases.
- Consider testing for synthetic cannabinoids if circumstances result in an unspecified drug fatality.
- Be aware that ELISA screening for synthetic cannabinoids may not be specific or specialized for the newest generation of compounds; consider mass spectrometry-based screening.
- Be aware that concentrations of synthetic cannabinoids in biological specimens can be very small in comparison to other drugs or NPS; GC-MS sensitivity may not be adequate.



## Recommendations for Laboratories

- Utilize analytical data available publicly for the identification of 4F-MDMB-BINACA and other synthetic cannabinoids if reference standards are not available to your laboratory.
- Develop sensitive and up-to-date testing procedures for synthetic cannabinoids.
- Prioritize analytical testing of seized drug samples taken from drug overdose scenes during death investigations.
- Share data on synthetic cannabinoid drug seizures with local health departments, medical examiners, and coroners.



**Acknowledgements:** This report was prepared by Alex J. Krotulski, MSFS; M.J. Menendez, J.D.; Lewis Nelson, M.D.; and Barry K. Logan, PhD, F-ABFT. Funding was received from the Centers for Disease Control and Prevention (CDC) and the National Institute of Justice (NIJ) of the U.S. Department of Justice (DOJ) (Award Number 2017-R2-CX-0021). The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the Centers for Disease Control and Prevention and/or the Department of Justice.

### References:

CDC: [Acute Poisonings from Synthetic Cannabinoids — 50 U.S. Toxicology Investigators Consortium Registry Sites, 2010–2015](#)  
 CDC: [Synthetic cannabinoids: What are they? What are their effects?](#)  
 NIH: [Synthetic Cannabinoids \(K2/Spice\)](#)  
 NPS Discovery: [4F-MDMB-BINACA Monograph](#)

## Rapid NPS Testing Now Available:

If your agency suspects synthetic cannabinoid toxicity with no identifiable cause of death or your jurisdiction is noticing an increase in overdose patients requiring analytical testing, contact NPS Discovery at the Center for Forensic Science Research and Education; a non-profit organization in collaboration with the DOJ and CDC, which has received funding to provide rapid testing of novel drug outbreaks in the United States.

Website: [npsdiscovery.org](http://npsdiscovery.org) Email: [npsdiscovery@frfoundation.org](mailto:npsdiscovery@frfoundation.org)



**Our local not-for-profit hospitals and the department of health want to hear from you!**

**These organizations are working together to get the community's perspective on the most pressing health and wellness needs. The results of this survey will be used to help us to understand your community health concerns so that improvements can be made.**

**We encourage you to take 15 minutes to fill out the survey below. Your voice is important to ensure these organizations have the best understanding of the needs of our community.**

**Thank you!**

<http://bit.ly/healthsurvey2019>





# COMUNIDAD

**¡Nuestros hospitales locales sin fines de lucro y el departamento de salud quieren saber de usted!**

Estas organizaciones están trabajando juntas para obtener la perspectiva de la comunidad sobre las necesidades de salud y bienestar más apremiantes. Los resultados de esta encuesta se utilizarán para ayudarnos a comprender las inquietudes de salud de su comunidad para que se puedan realizar mejoras.

Le recomendamos que dedique 15 minutos a completar la encuesta debajo. Su voz es importante para garantizar que estas organizaciones comprendan mejor las necesidades de nuestra comunidad.

**¡Gracias!**

<http://bit.ly/healthsurvey2019>



# 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

- |  |   |  |  |
|--|---|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Amebic encephalitis</li> <li>! <input type="checkbox"/> Anthrax</li> <li><input type="checkbox"/> Arsenic poisoning</li> <li>! <input type="checkbox"/> Arboviral diseases not otherwise listed</li> <li><input type="checkbox"/> Babesiosis</li> <li>! <input type="checkbox"/> Botulism, foodborne, wound, and unspecified</li> <li><input type="checkbox"/> Botulism, infant</li> <li>! <input type="checkbox"/> Brucellosis</li> <li><input type="checkbox"/> California serogroup virus disease</li> <li><input type="checkbox"/> Campylobacteriosis</li> <li><input type="checkbox"/> Carbon monoxide poisoning</li> <li><input type="checkbox"/> Chancroid</li> <li><input type="checkbox"/> Chikungunya fever</li> <li>📞 <input type="checkbox"/> Chikungunya fever, locally acquired</li> <li><input type="checkbox"/> Chlamydia</li> <li>! <input type="checkbox"/> Cholera (<i>Vibrio cholerae</i> type O1)</li> <li><input type="checkbox"/> Ciguatera fish poisoning</li> <li><input type="checkbox"/> Conjunctivitis in neonates &lt;14 days old</li> <li><input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)</li> <li><input type="checkbox"/> Cryptosporidiosis</li> <li><input type="checkbox"/> Cyclosporiasis</li> <li>! <input type="checkbox"/> Dengue fever</li> <li>! <input type="checkbox"/> Diphtheria</li> <li><input type="checkbox"/> Eastern equine encephalitis</li> <li><input type="checkbox"/> Ehrlichiosis/anaplasmosis</li> <li><input type="checkbox"/> <i>Escherichia coli</i> infection, Shiga toxin-producing</li> <li><input type="checkbox"/> Giardiasis, acute</li> <li>! <input type="checkbox"/> Glanders</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Gonorrhoea</li> <li><input type="checkbox"/> Granuloma inguinale</li> <li>! <input type="checkbox"/> <i>Haemophilus influenzae</i> invasive disease in children &lt;5 years old</li> <li><input type="checkbox"/> Hansen's disease (leprosy)</li> <li>📞 <input type="checkbox"/> Hantavirus infection</li> <li>📞 <input type="checkbox"/> Hemolytic uremic syndrome (HUS)</li> <li>📞 <input type="checkbox"/> Hepatitis A</li> <li><input type="checkbox"/> Hepatitis B, C, D, E, and G</li> <li><input type="checkbox"/> Hepatitis B surface antigen in pregnant women and children &lt;2 years old</li> <li>📞 <input type="checkbox"/> Herpes B virus, possible exposure</li> <li><input type="checkbox"/> Herpes simplex virus (HSV) in infants &lt;60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children &lt;12 years old</li> <li><input type="checkbox"/> Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children &lt;6 years old; anogenital papillomas in children ≤12 years old</li> <li>! <input type="checkbox"/> Influenza A, novel or pandemic strains</li> <li>📞 <input type="checkbox"/> Influenza-associated pediatric mortality in children &lt;18 years old</li> <li><input type="checkbox"/> Lead poisoning (blood lead level ≥5 ug/dL)</li> <li><input type="checkbox"/> Legionellosis</li> <li><input type="checkbox"/> Leptospirosis</li> <li>📞 <input type="checkbox"/> Listeriosis</li> <li><input type="checkbox"/> Lyme disease</li> <li><input type="checkbox"/> Lymphogranuloma venereum (LGV)</li> <li><input type="checkbox"/> Malaria</li> <li>! <input type="checkbox"/> Measles (rubeola)</li> </ul> | <ul style="list-style-type: none"> <li>! <input type="checkbox"/> Melioidosis</li> <li><input type="checkbox"/> Meningitis, bacterial or mycotic</li> <li>! <input type="checkbox"/> Meningococcal disease</li> <li><input type="checkbox"/> Mercury poisoning</li> <li><input type="checkbox"/> Mumps</li> <li>📞 <input type="checkbox"/> Neurotoxic shellfish poisoning</li> <li>📞 <input type="checkbox"/> Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C)</li> <li>📞 <input type="checkbox"/> Pertussis</li> <li><input type="checkbox"/> Pesticide-related illness and injury, acute</li> <li>! <input type="checkbox"/> Plague</li> <li>! <input type="checkbox"/> Poliomyelitis</li> <li><input type="checkbox"/> Psittacosis (ornithosis)</li> <li><input type="checkbox"/> Q Fever</li> <li>📞 <input type="checkbox"/> Rabies, animal or human</li> <li>! <input type="checkbox"/> Rabies, possible exposure</li> <li>! <input type="checkbox"/> Ricin toxin poisoning</li> <li><input type="checkbox"/> Rocky Mountain spotted fever and other spotted fever rickettsioses</li> <li>! <input type="checkbox"/> Rubella</li> <li><input type="checkbox"/> St. Louis encephalitis</li> <li><input type="checkbox"/> Salmonellosis</li> <li><input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning)</li> <li>! <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection</li> <li><input type="checkbox"/> Shigellosis</li> <li>! <input type="checkbox"/> Smallpox</li> <li>📞 <input type="checkbox"/> Staphylococcal enterotoxin B poisoning</li> </ul> | <ul style="list-style-type: none"> <li>📞 <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA)</li> <li><input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in children &lt;6 years old</li> <li><input type="checkbox"/> Syphilis</li> <li>📞 <input type="checkbox"/> Syphilis in pregnant women and neonates</li> <li><input type="checkbox"/> Tetanus</li> <li><input type="checkbox"/> Trichinellosis (trichinosis)</li> <li><input type="checkbox"/> Tuberculosis (TB)</li> <li>! <input type="checkbox"/> Tularemia</li> <li>📞 <input type="checkbox"/> Typhoid fever (<i>Salmonella</i> serotype Typhi)</li> <li>! <input type="checkbox"/> Typhus fever, epidemic</li> <li>! <input type="checkbox"/> Vaccinia disease</li> <li><input type="checkbox"/> Varicella (chickenpox)</li> <li>! <input type="checkbox"/> Venezuelan equine encephalitis</li> <li><input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)</li> <li>! <input type="checkbox"/> Viral hemorrhagic fevers</li> <li><input type="checkbox"/> West Nile virus disease</li> <li>! <input type="checkbox"/> Yellow fever</li> <li>! <input type="checkbox"/> Zika fever</li> <li>! <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.</li> </ul> |
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Comments:

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