EpiNotes

December 2019
Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter

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Articles and Attachments Included This Month

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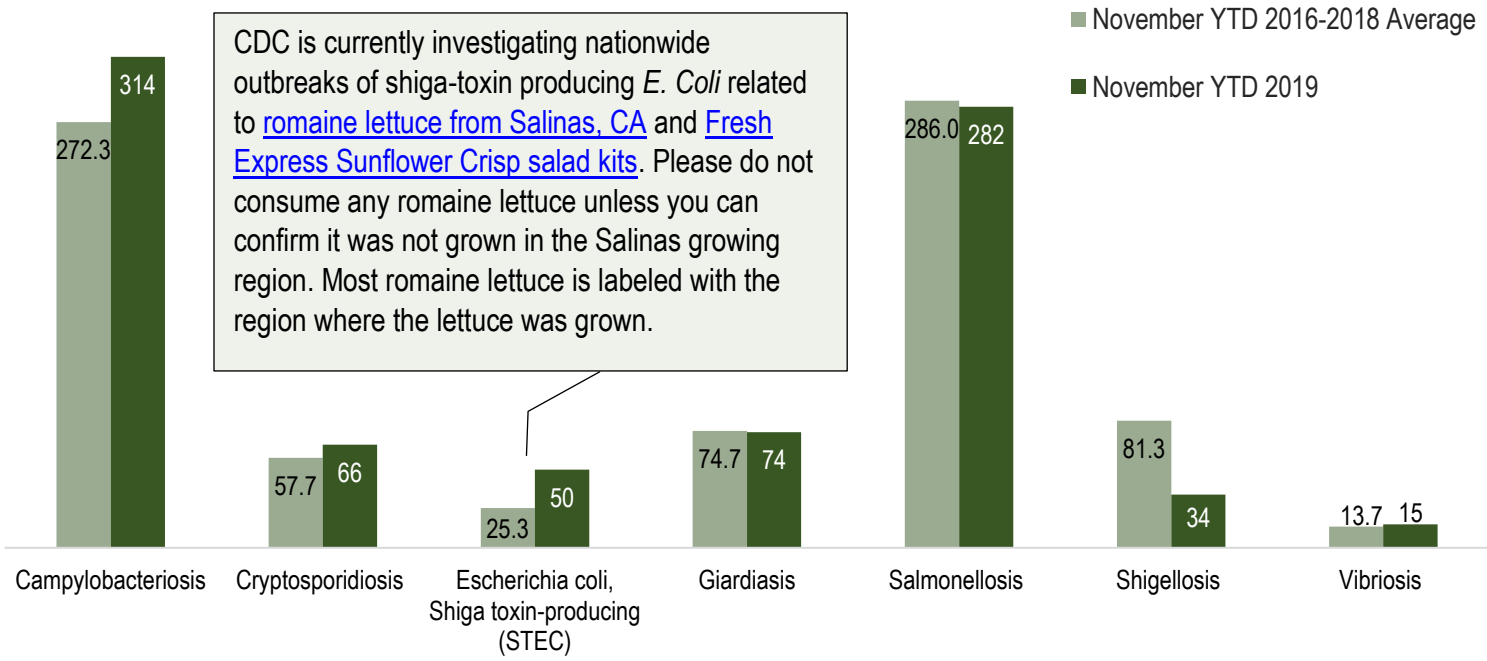
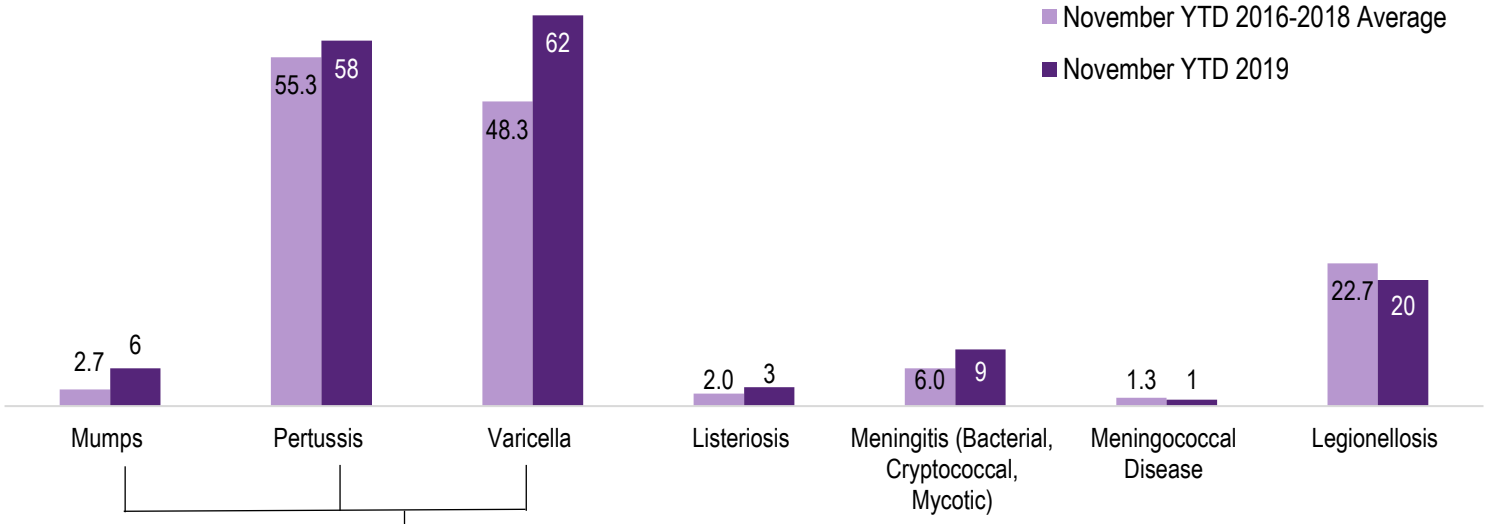
Health Advisories, News, and Alerts

- **Outbreak of *E. coli* Infections Linked to Romaine Lettuce**
- **Outbreak of *E. coli* Infections Linked to Fresh Express Sunflower Crisp Chopped Salad Kits**
- Health Department Partners With Hillsborough County Public Schools To Offer Flu Shots
  Upcoming events on 12/17 at Riverview High School and 12/19 at Plant City High School, both from 5:00pm-7:00pm.
- The National Survey on Drug Use and Health (NSDUH) is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services. RTI International, a not-for-profit contract research organization located in Research Triangle Park, NC, will be conducting the NSDUH in our metropolitan area during 2020. A limited number of household addresses are randomly selected to represent the population of the United States. If selected, your participation matters since no other household can take your place.
- **CDC Travel Notices:**
  - Polio in Africa and Asia
  - Dengue in Asia and the Pacific Islands

January-November Reportable Disease Summary - Enteric Infections

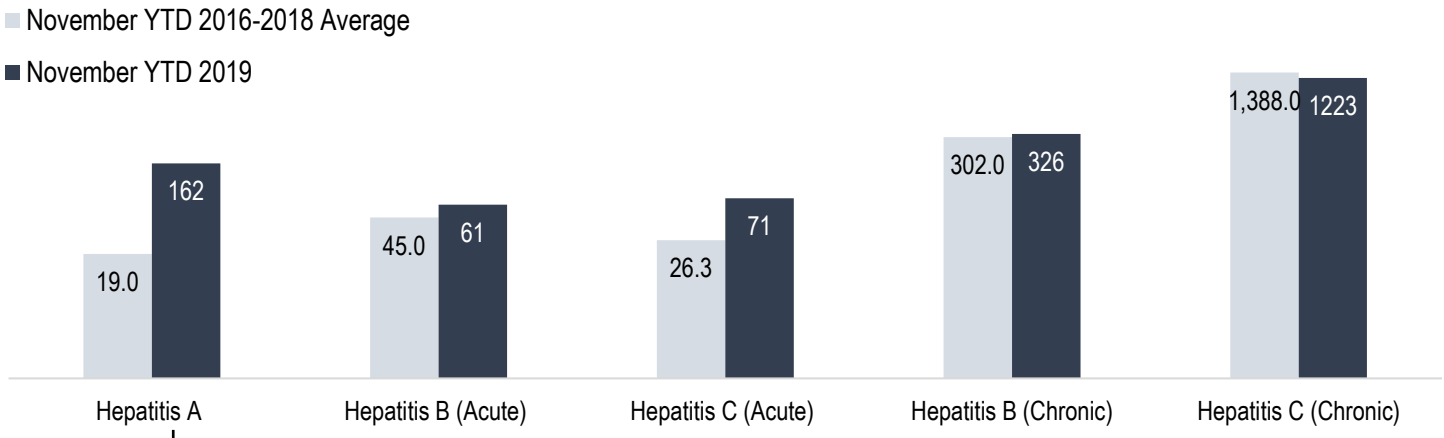


January-November Reportable Disease Summary - Other Common Reportable Infections



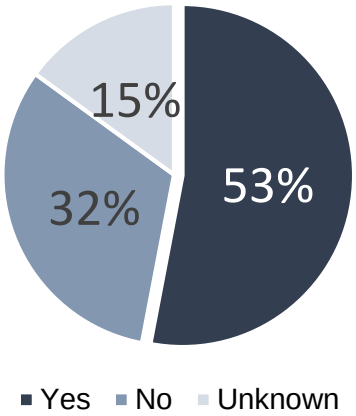
These vaccine reportable diseases are summarized monthly in the state Vaccine Preventable Disease Report, which is available online at: http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/vaccine-preventable-disease-report-archive.html

January-November 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.

Cases who Report Drug Use as a Risk Factor

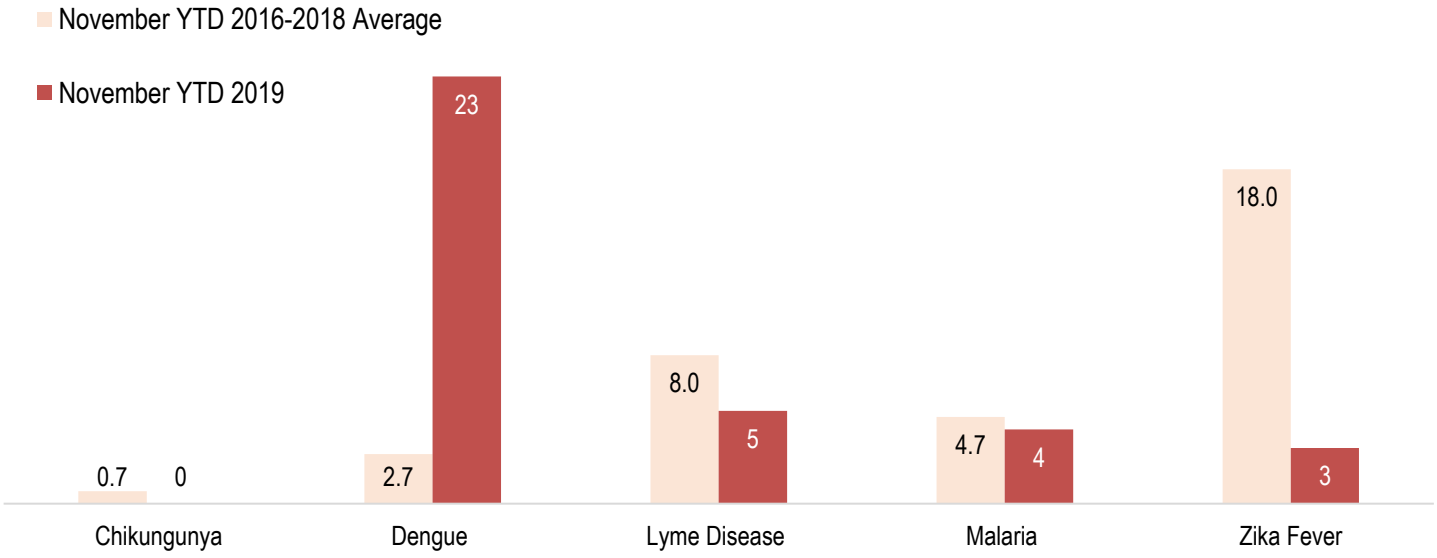


January 2018 to November 2019 Case Summary	
Total Number of cases	243
Number of cases acquired in Florida or Unknown	238
Age	
Mean	39
Median	38
Min-max	7-71
Cases by Age Category	**Number (%)**
0-18	3 (1)
19-29	44 (18)
30-39	88 (37)
40-49	64 (27)
50-59	29 (12)
60+	10 (4)
Gender	**Number (%)**
Female	73 (31)
Male	165 (69)
Race	**Number (%)**
White	191 (80)
Black	16 (7)
Other	27 (11)
Unknown race	2 (1)
Ethnicity	**Number (%)**
Non-Hispanic	200 (84)
Hispanic	35 (15)
Unknown ethnicity	3 (1)

January-November 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. In 2019, Hillsborough County has reported one infection of dengue fever in an individual who did not travel. A mosquito-borne illness advisory was issued and at this time no additional cases have been identified.

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 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

Florida Food Recalls (November 15, 2019 – December 15, 2019)

Brand Name	Food	Date of Recall	Health Risk	
White Castle	Frozen Cheeseburger and Hamburger Sliders	12/6/2019	Listeria monocytogenes	Details
Hodgson Mill	Unbleached Flour	11/27/2019	E. coli	Details
Wild Harvest	Organic All-Purpose Flour	11/27/2019	E. coli	Details
Okami & Trader Joes	Ready to Eat Sushi, Salads, and Spring Rolls	11/27/2019	Listeria monocytogenes	Details
Missa Bay, LLC	Salad Products	11/21/2019	E. coli O157:H7	Details

From CDC: Lead Hazards in Some Holiday Toys and Toy Jewelry

Many children get toys and toy jewelry as gifts during the holiday season. Some toys, especially imported toys, antique toys, and toy jewelry, may contain lead. Although lead is invisible to the naked eye and has no smell, exposure to lead can seriously harm a child's health.

Young children tend to put their hands, toys, or other objects—which may be made of lead or contaminated with lead or lead dust—into their mouths. If you have a small child in your household, make sure the child does not have access to toys, jewelry, or other items that may contain lead.

Lead in Toys

Lead may be found in the paint, metal, and plastic parts of some toys and toy jewelry, particularly those made in other countries, as well as antique toys and collectibles.

- In 2008, the Consumer Product Safety Improvement Act (CPSIA) was signed into law, requiring toys and infant products to be tested to mandatory standards before being sold, CPSIA and Lead Fact Sheet.
- **The use of lead in plastics has not been banned.** Lead softens plastic, making a toy more flexible to return to its original shape. Lead may also be used in plastic toys to stabilize molecules from heat.
- Lead dust can form on toys when some plastics are exposed to sunlight, air, and detergents that break down the chemical bond between the lead and plastics.
- Lead also may be combined with other metals, such as tin, to create alloys that are used to make toys.

To reduce children's risk for exposure, the U.S. Consumer Product Safety Commission (CPSC) tests and issues recalls of toys that could potentially expose children to lead. Learn more at the CDC Lead website.

Continue reading this article from CDC here: https://www.cdc.gov/features/leadintoys/index.html

Hillsborough County Weekly Influenza Report (Week 50, 2019)

Flu Level:

Mild

Flu Trend:

Stable

For statewide data see the **Florida Flu Review**.

Flu Activity This Week (December 8 – December 14)

- There was little change in influenza activity from week 49 to week 50.
- Positive influenza labs overall remained stable and although so far influenza B has been predominant this season, in recent weeks there has been a shift with an increasing percentage of tests positive for influenza A (Figure 1).
- No influenza or ILI outbreaks were reported during week 50.

Flu Activity This Season (September 29 – December 14)

- Total Outbreaks: Sixteen outbreaks of influenza or ILI have been reported during the 2019-2020 flu season.
- Total Deaths: Hillsborough County has reported **no** pediatric mortalities in the current flu season.

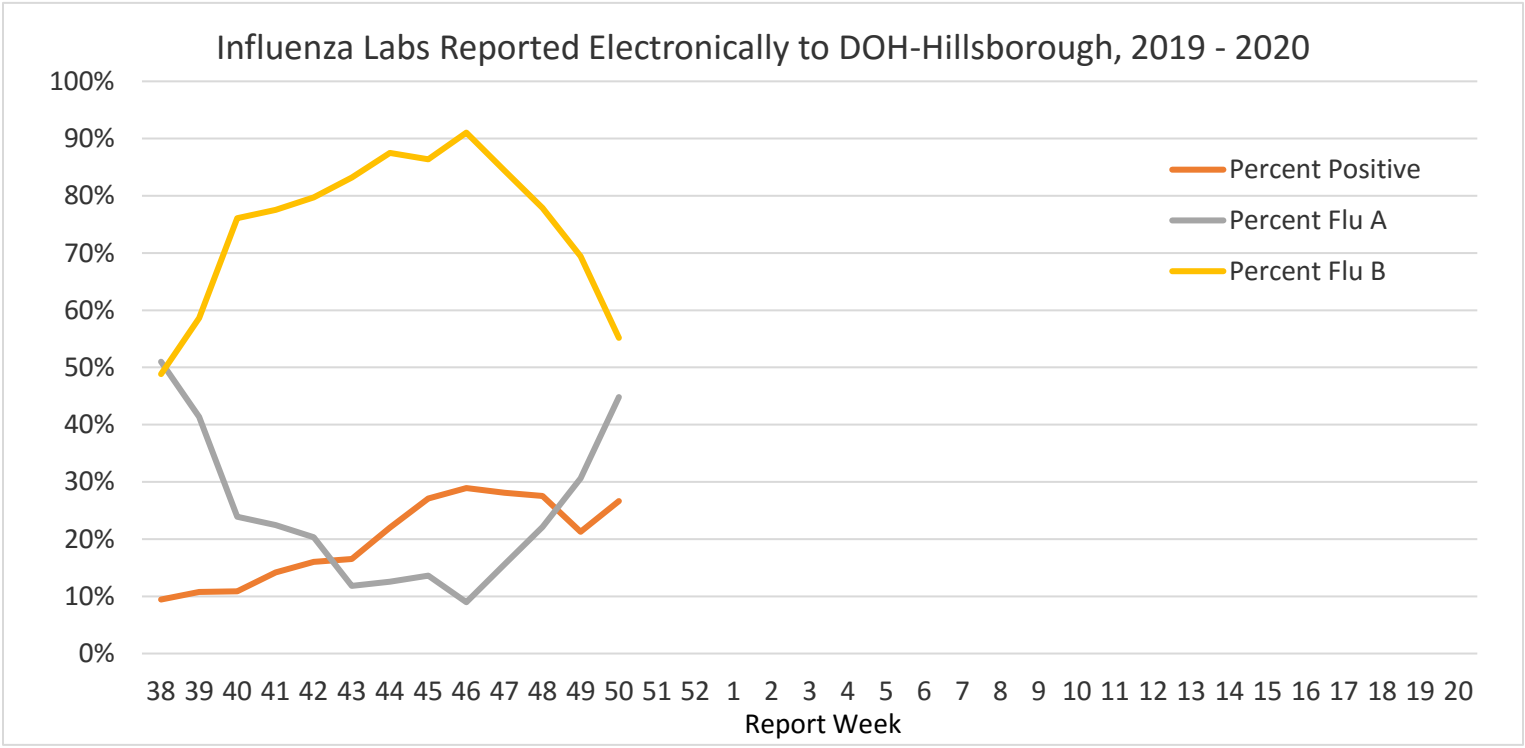


Figure 1: In week 50, the percentage of positive influenza tests increased for influenza A and decreased for influenza B. Overall the percentage of tests positive remained around the same level.

Hepatitis A Testing Guidance for Health Care Providers

- Who should be tested?
  - Persons who have symptoms that are consistent with hepatitis A, which can include fever, fatigue, loss of appetite, nausea, vomiting, diarrhea, abdominal pain, dark urine, clay-colored stool, and jaundice.

- Who should **not** be tested?
  - Persons who do not have symptoms that are consistent with hepatitis A, even in the presence of elevated liver enzymes.[1]

  - **Please note: Testing persons with no symptoms can lead to false positive results or results that are not clinically significant. Diagnostic IgM tests for viral hepatitis are highly sensitive and specific when used on specimens from persons with symptoms of acute hepatitis. However, their use among persons without symptoms of hepatitis A can lead to false positive IgM tests. This lowers the positive predictive value of the test.[2]**

Diagnostic Laboratory Tests

- Serologic testing for IgM anti-HAV
  - IgM is present 5–10 days before onset of illness and up to 6 months after.[3]
  - Indicative of current or recent infection.
  - Readily available through commercial laboratories.

- Serologic testing for IgG anti-HAV
  - IgG develops during convalescent phase of illness and persists for life, conferring immunity.
  - Indicative of past infection or immunization.
  - Not diagnostically helpful with acute symptom presentation.

- Serologic testing for anti-HAV total antibody
  - Detects IgM and IgG but does not distinguish between them.
  - A positive result may indicate current or past infection or previous vaccination.
  - Not diagnostically helpful with acute symptom presentation.

If you have any questions, please contact your local health department for further guidance. Use this hyperlink to provide CHD contact information.
http://www.floridahealth.gov/all-county-locations.html?utm_source=floridahealth.gov/programs-and-services/county-health-departments/find-a-county-health-department/index

References

1. Pratt DS, Kaplan MM. Evaluation of abnormal liver-enzyme results in asymptomatic patients. N England Journal of Medicine 2000;342:1266--71.
2. Centers for Disease Control and Prevention. Positive Test Results for Acute Hepatitis A Virus Infection Among Persons With No Recent History of Acute Hepatitis - United States, 2002-2004. MMWR 2005; 54(18);453-456. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5418a1.htm
3. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky, J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015. https://www.cdc.gov/vnes/pubs/pinkbook/index.html

This is an official

CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
December 16, 2019, 1400 EST (2:00 PM EST)
CDCHAN-00423

Guidance for Using Rapid Diagnostic Tests for Ebola in the United States

Summary

In October 2019, the U.S. Food and Drug Administration (FDA) allowed marketing of the OraQuick® Ebola Rapid Antigen Test, a rapid diagnostic test (RDT) for detecting Ebola virus in both symptomatic patients and recently deceased people. This is the first Ebola RDT that FDA has allowed for marketing in the United States. The RDT should be used only in cases where more sensitive molecular testing is not available. All OraQuick® Ebola Rapid Antigen Test results are presumptive; all test results (positive and negative) must be verified through real-time reverse transcriptase polymerase chain reaction (rRT-PCR) testing at a Laboratory Response Network (LRN) laboratory located in 49 states and at the Centers for Disease Control and Prevention (CDC). Interpretation of RDT results should be done with caution and in consultation with relevant public health authorities to ensure appropriate testing and interpretation of results. RDT results should not be used to rule out Ebola infection or to determine the use or type of infection prevention and control precautions when managing a patient with Ebola compatible symptoms and epidemiologic risk factors. Healthcare providers with a patient with possible Ebola virus infection should first contact their local or state public health authorities before any testing is performed. CDC is available to provide consultation, technical assistance, and confirmatory testing as necessary.

Background

Ebola virus disease (Ebola) is a rare and deadly disease caused by infection with viruses within the genus *Ebolavirus*. There are four known species within genus *Ebolavirus* that are known to cause disease in humans: Ebola virus (species *Zaire ebolavirus*), Sudan virus (species *Sudan ebolavirus*), Bundibugyo virus (species *Bundibugyo ebolavirus*), and Taï Forest virus (species *Taï Forest ebolavirus*). People can become infected through contact with blood or body fluids of a person infected with or who has died of Ebola. Ebola virus can also be spread through contact with contaminated objects or infected animals. Symptoms of Ebola can include fever, headache, muscle and joint pain, abdominal pain, weakness and fatigue, gastrointestinal symptoms including diarrhea and vomiting, and bleeding or bruising.

An outbreak of Ebola (associated with *Zaire ebolavirus*) is occurring in the South Kivu, North Kivu, and Ituri provinces in northeastern Democratic Republic of the Congo (DRC). First declared on August 1, 2018, the outbreak is the second largest Ebola outbreak in history and the largest that has ever occurred in DRC. As of December 9, 2019, more than 3,200 confirmed cases and more than 2,000 confirmed deaths have been reported. Despite this, the risk of Ebola virus infection for most U.S.-based travelers to DRC is low, and the risk of global spread of Ebola to the United States and elsewhere is also low. Only those going to the outbreak area or who otherwise have contact with an Ebola-infected person (living or deceased) are at risk. Family and friends caring for people with Ebola and health care workers who do not use correct infection control precautions are at higher risk (1).

The OraQuick® Ebola Rapid Antigen Test was originally developed as a tool for rapid presumptive diagnosis of Ebola in outbreak settings and is useful in low-resource areas where access to more sensitive molecular testing is difficult. This test is not intended to be used for general Ebola infection screening or testing of asymptomatic people or those without risk factors and compatible symptoms of

Ebola. The test has shown to be capable of detecting antigens for three species of *Ebolavirus*: *Zaire ebolavirus, Bundibugyo ebolavirus*, and *Sudan ebolavirus* (2)·; however, the test cannot differentiate between species. In the United States, presumptive testing for Ebola virus (*Zaire ebolavirus*) is available at 69 Laboratory Response Network (LRN) laboratories located in 49 states using rRT-PCR, accessible through coordination with state or local public health authorities. Molecular testing at CDC is available to confirm these results and is also required to differentiate between species of *Ebolavirus*.

Recommendations

CDC recommends that Ebola virus testing be conducted only for people who have an epidemiologic risk factor within 21 days of symptom onset and who have an Ebola compatible clinical syndrome. The signs and symptoms of Ebola are non-specific, both in the early and advanced clinical course. Because most travelers are at low to no risk of becoming infected with Ebola, other more common differentials with similar clinical symptomatology such as malaria, dengue, influenza, or typhoid should be considered. Since August 1, 2018, CDC has received clinical inquiries from state and local health departments for 49 ill returning travelers from DRC or the surrounding countries. Of these, testing for Ebola virus was recommended for one returning traveler. The traveler tested negative for Ebola and was subsequently diagnosed with malaria.

Healthcare providers interested in testing for Ebola virus in ill returning travelers should isolate the patient and contact their state or local public health authorities. An assessment of epidemiologic risk factors for Ebola and clinical presentation and history should be made as quickly as possible to ensure patient care is not compromised. CDC is available to provide consultation, technical assistance, and confirmatory testing as necessary.

State public health authorities or healthcare facilities in the United States considering integrating the OraQuick® Ebola Rapid Antigen Test into their Ebola testing algorithms or preparedness protocols should consider the following:

1. The RDT should be used only in circumstances where more sensitive molecular testing is not available.
2. RDTs should be used only in collaboration and consultation with relevant public health authorities to ensure appropriate testing and interpretation of results.
3. All results (positive and negative) from the OraQuick® Ebola Rapid Antigen Test are presumptive and must be verified through rRT-PCR testing that is available at 69 LRN laboratories located in 49 states and at CDC. Testing at LRN laboratories is coordinated through state or local public health authorities.
4. Per existing protocols, specimens that test positive by the Ebola virus rRT-PCR assay at an LRN laboratory must be forwarded to CDC for confirmatory testing.
5. Negative RDT results alone should not be used to rule out Ebola virus infection or to determine the use or type of infection prevention and control precautions when managing a patient with compatible symptoms and epidemiologic risk factors.
6. The OraQuick® Ebola Rapid Antigen Test may result in false positive results in patients that have elevated rheumatoid factor levels (2). Additionally, potential cross-reactivity of the test with Ebola vaccines or therapeutics is possible and has not been evaluated, and patients who have received vaccines or therapeutics against Ebola virus may have false positive or other confounding results (2). It is important to consult with public health authorities prior to the use of RDTs and to aid in the interpretation of RDT results.
7. Facilities that collect and handle specimens from patients with suspected cases of Ebola should ensure adequate biosafety protocols are in place for the handling and disposal of all potentially infectious materials to avoid risk of inadvertent exposure (3). For healthcare providers collecting specimens, appropriate personal protective equipment should be used (4,5).

References

1. CDC. Traveler's Health - Ebola in Democratic Republic of the Congo, 29 Oct. 2019. wwwnc.cdc.gov/travel/notices/alert/ebola-democratic-republic-of-the-congo.
2. OraSure Technologies, Inc. OraQuick® Ebola Rapid Antigen Test customer letter. Bethlehem, PA. 2019. https://www.orasure.com/docs/pdfs/products/ebola/Ebola_Instruction_PI-ENG.pdf.
3. 2019 US Government Guidance on Managing Solid Waste Contaminated with a Category A Infectious Substance. https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/docs/transporting-infectious-substances/6821/cat-waste-planning-guidance-final-2019-08.pdf.
4. CDC. Guidance on Personal Protective Equipment (PPE) To Be Used by Healthcare Workers during Management of Patients with Confirmed Ebola or Persons under Investigation (PUIs) for Ebola who are Clinically Unstable or Have Bleeding, Vomiting, or Diarrhea in U.S. Hospitals, Including Procedures for Donning and Doffing PPE. https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html.
5. CDC. For U.S. Healthcare Settings: Donning and Doffing Personal Protective Equipment (PPE) for Evaluating Persons Under Investigation (PUIs) for Ebola Who Are Clinically Stable and Do Not Have Bleeding, Vomiting, or Diarrhea. https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html.

For More Information

OraSure product information
https://www.orasure.com/products-infectious/products-infectious-OraQuick®-ebola.asp

FDA press release
https://www.fda.gov/news-events/press-announcements/fda-allows-marketing-first-rapid-diagnostic-test-detecting-ebola-virus-antigens

CDC Ebola information
https://www.cdc.gov/vhf/ebola/index.html

CDC Traveler's Health: Ebola in Democratic Republic of the Congo
https://wwwnc.cdc.gov/travel/notices/alert/ebola-democratic-republic-of-the-congo

Ebola Case Definition and Criteria for Person Under Investigation
https://www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/case-definition.html

CDC Assessing Viral Hemorrhagic Fever Risk in a Returning Traveler
https://www.cdc.gov/vhf/abroad/assessing-vhf-returning-traveler.html

The Laboratory Response Network Partners in Preparedness
https://emergency.cdc.gov/lrn/

WHO Ebola information
https://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease

CDC-INFO
https://www.cdc.gov/cdc-info/index.html or 1-800-232-4636

CDC Emergency Operations Center (24 Hour EOC)
770-488-7100

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##

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 ○ Asian/Pacific islander ○ Black ○ White ○ Other ○ 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**

- ☎ ☐ Amebic encephalitis
- **!** ☐ Anthrax
- ☐ Arsenic poisoning
- **!** ☐ Arboviral diseases not otherwise listed
- ☐ Babesiosis
- **!** ☐ Botulism, foodborne, wound, and unspecified
- ☐ Botulism, infant
- **!** ☐ Brucellosis
- ☐ California serogroup virus disease
- ☐ Campylobacteriosis
- ☐ Carbon monoxide poisoning
- ☐ Chancroid
- ☐ Chikungunya fever
- ☎ ☐ Chikungunya fever, locally acquired
- ☐ Chlamydia
- **!** ☐ Cholera (*Vibrio cholerae* type O1)
- ☐ Ciguatera fish poisoning
- ☐ Conjunctivitis in 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 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 ug/dL)
- ☐ Legionellosis
- ☐ Leptospirosis
- ☎ ☐ Listeriosis
- ☐ Lyme disease
- ☐ Lymphogranuloma venereum (LGV)
- ☐ Malaria
- **!** ☐ Measles (rubeola)
- **!** ☐ Melioidosis
- ☐ Meningitis, bacterial or mycotic
- **!** ☐ Meningococcal disease
- ☐ Mercury poisoning
- ☐ Mumps
- ☎ ☐ 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
- **!** ☐ 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