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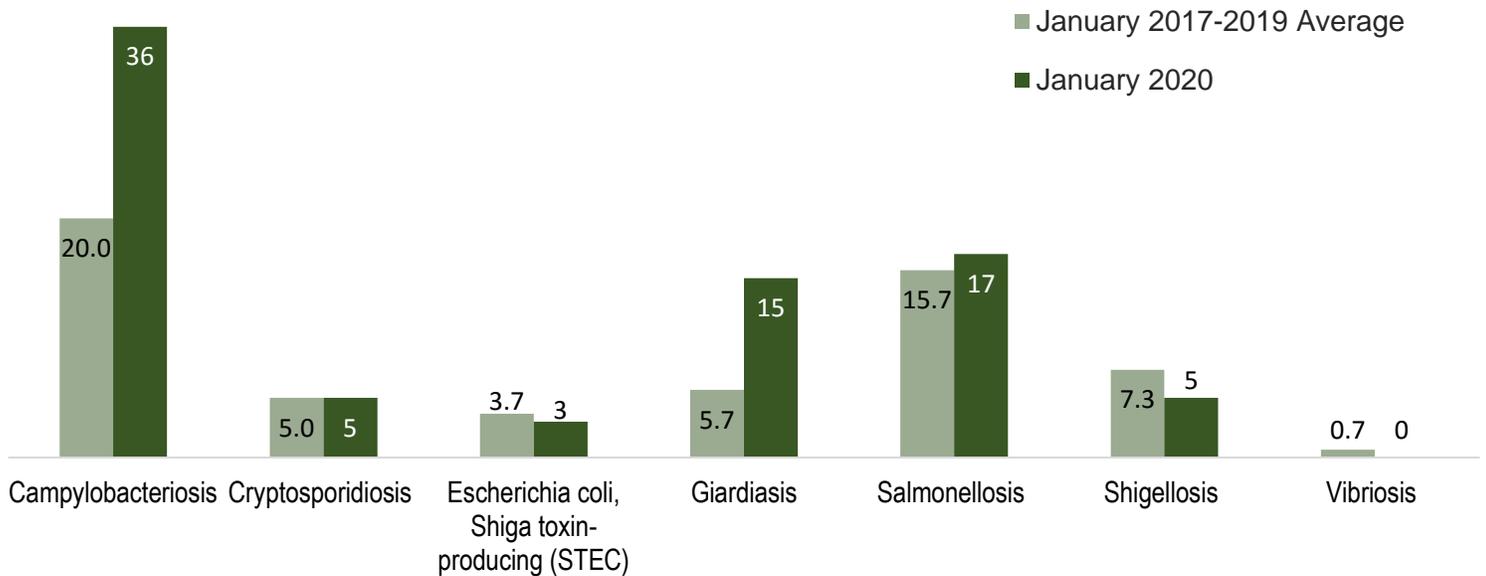
## Health Advisories, News, and Alerts

- [CDC HAN No. 428 - Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus \(COVID-19\)](#)
- [CDC, States Update Number of Hospitalized EVALI Cases and EVALI Deaths](#)
- [State Surgeon General Briefs Florida Senate on COVID-19 and Ongoing Preparedness Efforts](#)
- **CDC Travel Notices:**
  - [Coronavirus in China, South Korea, Italy, and Iran](#)- CDC recommends travelers avoid all nonessential travel to China, South Korea, Italy, and Iran.
  - Coronavirus in [Japan](#)- CDC recommends older adults and those with chronic medical conditions should consider postponing nonessential travel.
  - [Polio in Africa](#)

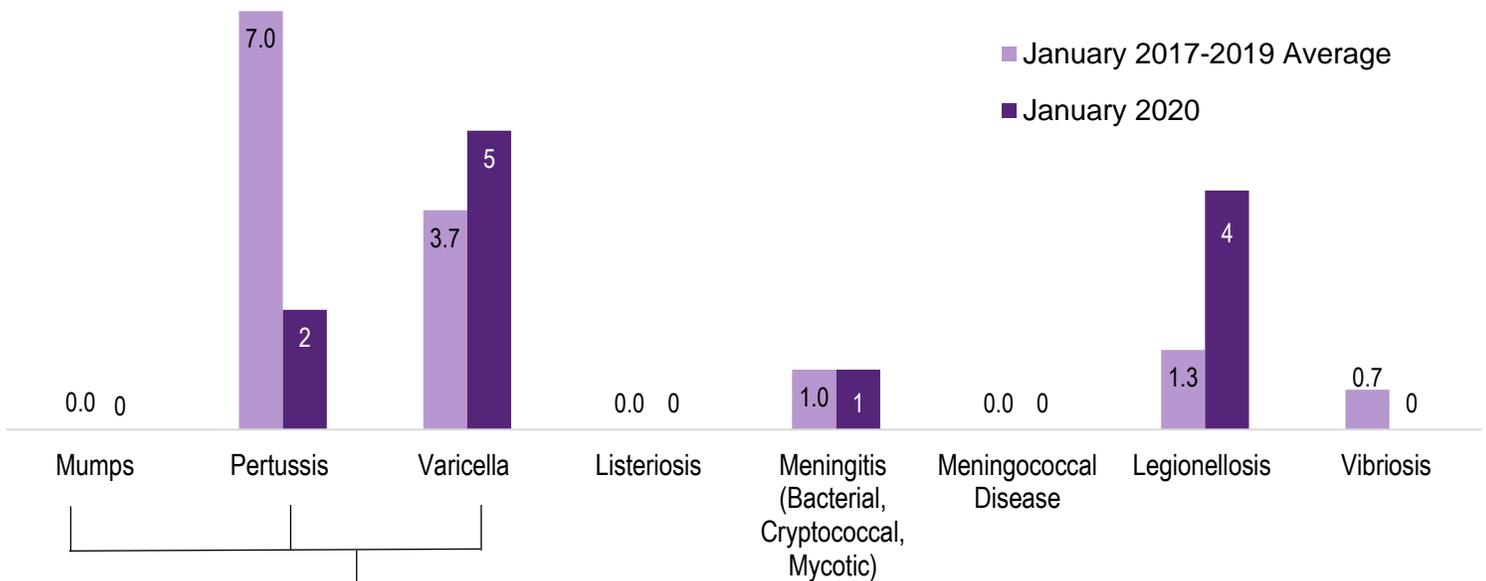
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## Hillsborough County January Reportable Disease Summary - Enteric Infections

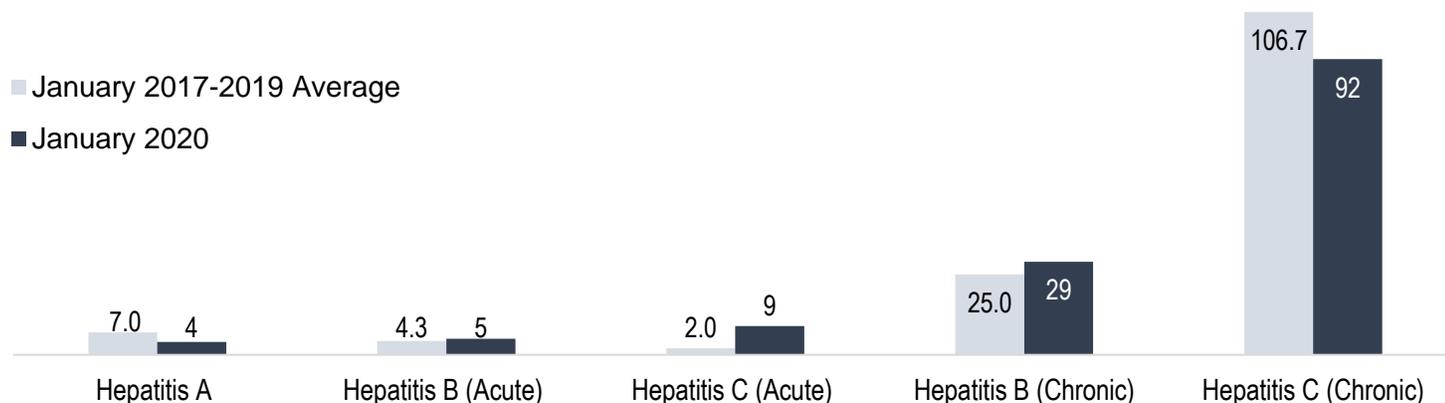


## Hillsborough County January Reportable Disease Summary - Other Common Reportable Infections



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>

## Hillsborough County January Reportable Disease Summary - Viral Hepatitis



## Hillsborough County 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. 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 no additional cases were 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>

No cases of dengue, chikungunya, zika, malaria, or Lyme disease were reported in Hillsborough County in January 2020.

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-amr1.html>

## Florida Food Recalls (January 20, 2020 – February 26, 2020)

Brand Name	Food	Date of Recall	Health Risk	
Nopalina	Flax Seed Fiber products	1/28/2020	Salmonella	<a href="#">Details</a>
Quesos La Ricura	Cheese	1/24/2020	Shiga toxin producing E. coli	<a href="#">Details</a>
Premo, Fresh Grab	Sandwiches	1/22/2020	Listeria monocytogenes	<a href="#">Details</a>
Morrison's, Savannah Classics, Piccadilly	Cornbread Dressing and Bread Stuffing	1/21/2020	Listeria monocytogenes	<a href="#">Details</a>

## 2019 Novel Coronavirus Information (COVID-19)

- On March 1, 2020 the Florida Department of Health [announced two presumptive positive cases](#) of COVID-19 in Hillsborough and Manatee residents.
- The Florida Department of Health provides updated information and counts [on the state website](#).
- The State Surgeon General issued a Declaration of Public Health Emergency related to COVID-19, attached to this newsletter.
- Also attached to this newsletter is updated guidance from the Florida Department of Health for medical providers, as well as an updated algorithm for providers in evaluating patients for possible COVID-19. Please note that the Florida PUI (person under investigation) criteria differ from the CDC PUI criteria.
- The CDC is hosting a COCA call for clinicians regarding COVID-19 on Thursday March 5, 2020 from 2:00pm -3:00pm. Call in information is available [on their website](#).

## Hillsborough County Weekly Influenza Report (Week 8, 2020)

Flu Level:

**Elevated**



Flu Activity This Week (February 16 – February 22)

- Influenza activity is still elevated in Hillsborough County, although there was a decrease in ED and UCC visits in week 8.
- Positive influenza labs overall decreased and most tests were positive for influenza A.
- Two influenza-like illness outbreaks were reported in week 8.

Flu Trend:

**Decreasing**



Flu Activity This Season (September 29 – February 22)

- Total Outbreaks: Thirty-one outbreaks of influenza or ILI have been reported during the 2019-2020 flu season.
- Total Deaths: Hillsborough County has reported one pediatric mortality in the current flu season.

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

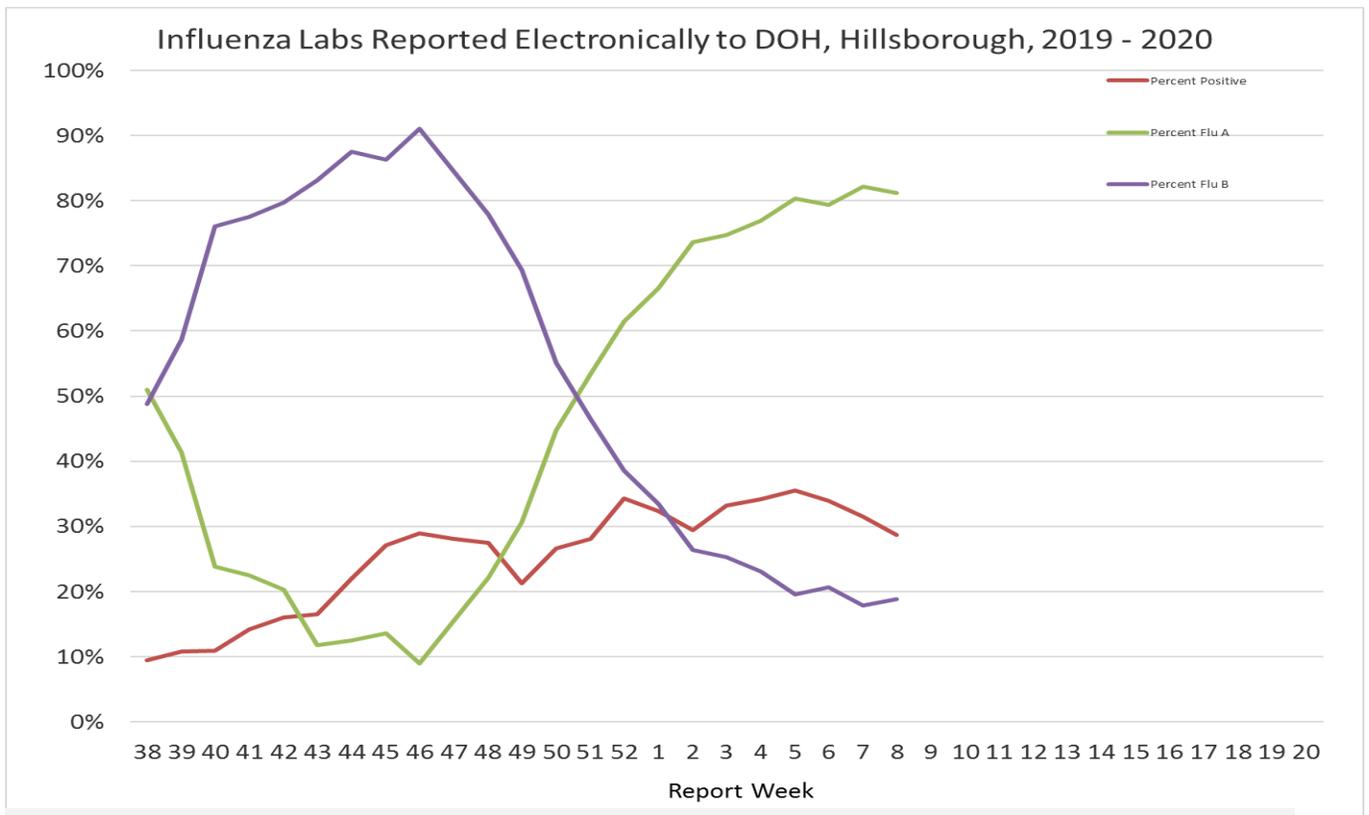


Figure 1: In week 8, the percentage of positive influenza tests decreased overall, with little change in the percent positive for influenza A vs influenza B.

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Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DECLARATION OF PUBLIC HEALTH EMERGENCY**

**WHEREAS**, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that appears to occur through respiratory transmission and presents with symptoms similar to those of influenza; and

**WHEREAS**, as of February 29, 2020, COVID-19 has spread throughout China and to 67 other countries and territories, including 62 cases within the United States; and

**WHEREAS**, the Centers for Disease Control and Prevention recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

**WHEREAS**, on January 30, 2020, the World Health Organization declared a public health emergency of international concern related to COVID-19; and

**WHEREAS**, on January 31, 2020, the United States Department of Health and Human Services declared that a public health emergency exists nationwide as a result of confirmed cases of COVID-19 in the United States; and

**WHEREAS**, one Hillsborough County resident and one Manatee County resident have tested presumptively positive for COVID-19; and

**WHEREAS**, on March 1, 2020, Governor Ron DeSantis issued Executive Order 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and therefore directed that a Public Health Emergency be declared in the State of Florida; and

**WHEREAS**, implementation of basic precautions of infection control and prevention, including staying at home when ill and practicing respiratory and hand hygiene are necessary to slow or prevent the spread of COVID-19; and

**WHEREAS**, COVID-19 is a communicable disease with significant morbidity and mortality, and presents a severe danger to public health; and

**WHEREAS**, COVID-19 is a threat to public health in Florida.

**NOW, THEREFORE**, I, Scott A. Rivkees, M.D., State Surgeon General and State Health Officer, by virtue of Executive Order Number 20-51 issued by Governor Ron DeSantis, the authority vested in me by section 381.00315, Florida Statutes, and after consultation with

Governor Ron DeSantis and public health officials within the Department of Health, do hereby declare that a public health emergency exists in the State of Florida. In order to respond to this emergency, the following shall commence:

**Section 1.** In order to protect public health, I find it is necessary for the Florida Department of Health to request assistance from the Centers for Disease Control and Prevention to address this public health emergency.

**Section 2.** In order to protect public health, I find it is necessary to advise individuals in the State of Florida that have traveled to an area that the Centers for Disease Control and Prevention has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or have been in close contact with an individual that has traveled to such an area, that develop symptoms of fever, cough, shortness of breath, or difficulty breathing within 14 days of such travel or close contact should immediately contact the Florida Department of Health in their current county and self-isolate until cleared by the Florida Department of Health.

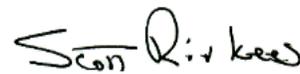
**Section 3.** In order to protect public health, I find it is necessary to advise any individuals who believe they may have been exposed to COVID-19 to contact their local county health department **prior to** travelling to any physician's office, emergency department, hospital, or urgent care center, to ensure proper protective measures are taken to prevent further risk of spread to others.

**Section 4.** In order to protect public health, I find it is necessary to remind health care providers, hospitals, and labs that they are required to immediately report all suspected cases of COVID-19 to the local county health department to ensure a prompt public health response to prevent disease among close contacts.

**Section 5.** In order to protect public health, the Florida Department of Health will maintain an Incident Management Team to coordinate the public health response for the State of Florida.

**Section 6.** In order to protect public health, the Florida Department of Health, at such time when necessary, may take actions to protect the public health, pursuant to the authority of section 381.00315, Florida Statutes, including quarantine, isolation and other interventions.

Issued this 1st day of March 2020, in Department of Health offices, Tallahassee, Leon County, Florida.



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Scott A. Rivkees, M.D.  
State Surgeon General

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## **Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19)**

February 28, 2020

The Florida Department of Health (Department) would like to update health care providers and laboratories on the detection and reporting of coronavirus disease 2019 (COVID-19). The outbreak has now spread from China with sustained community transmission in many countries, currently causing an outbreak of respiratory illness that originated in China. The Department is collaborating with the Centers for Disease Control and Prevention (CDC) to conduct surveillance for persons who may have been exposed to or infected with COVID-19 while traveling to impacted countries or with contact to a case and arrange for confirmatory testing.

As of February 28, 2020, 15 COVID-19 infections have been confirmed in the United States and an additional 46 COVID-19 infections have occurred in persons repatriated to the United States with exposures in Wuhan City or on the Diamond Princess Cruise Ship. Limited person-to-person transmission was detected in the U.S. No cases of COVID-19 have been identified in Florida. Since the outbreak began in December, over 78,000 confirmed cases have been reported in China. Although the outbreak is slowing in China cases continue to be reported. Please continue to monitor the CDC website for updates: [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

**All health care providers should be prepared to identify, collect specimens, and care for patients under investigation for COVID-19.**

**Health care providers should immediately notify both infection control personnel at their health care facility and their county health department ([FloridaHealth.gov/chdepcontact](http://FloridaHealth.gov/chdepcontact)) if they identify a person meeting the patient under investigation (PUI) for COVID-19 criteria below.**

Clinical Features		Risk Criteria
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	<b>AND</b>	Any person, including health care workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	<b>AND</b>	A history of travel from an affected geographic area with sustained community transmission <sup>5</sup> within 14 days of symptom onset
Fever <sup>1</sup> with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	<b>AND</b>	No source of exposure has been identified

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## Specimen Collection for a PUI for COVID-19

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not recommended. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset.

## Health Care Infection Prevention and Control Recommendations

CDC currently recommends a cautious approach to patients under investigation for COVID-19. Such patients should be asked to wear a surgical mask as soon as they are identified. They should be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Health care personnel entering the room should use contact and airborne precautions, including the use of eye protection (e.g., goggles or a face shield). For more information, please refer to CDC's detailed infection control guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

## Hospital and Health Care Professional Preparedness

The Department recommends that hospitals and health care professionals prepare to identify and treat patients with novel coronavirus. The CDC has developed preparedness checklists to guide this effort. They can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>

## Additional Resources

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

<sup>1</sup>Fever may be subjective or confirmed.

<sup>2</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

<sup>3</sup>Close contact is defined as—

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case – *or* –
- b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

<sup>4</sup>Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

<sup>5</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. A list of affected areas can be found at [www.cdc.gov/coronavirus/2019-ncov/travelers/](http://www.cdc.gov/coronavirus/2019-ncov/travelers/)

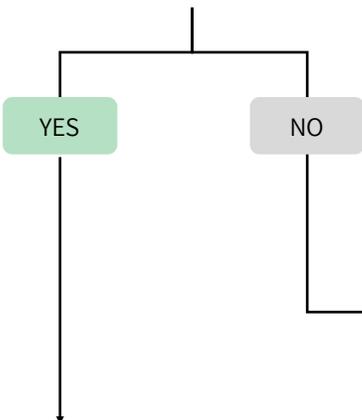


**Only consider persons with travel to an affected geographic area<sup>1</sup> or close contact<sup>2</sup> with a laboratory-confirmed<sup>3,4</sup> COVID-19 patient within 14 days of symptom onset or persons with severe respiratory illness<sup>5</sup> without an alternative diagnosis.**

- Ask the patient to wear a surgical mask.
- Evaluate the patient in a private room with the door closed, ideally an airborne isolation room, if available.
- Initiate contact and airborne precautions, including use of eye protection (e.g., goggles or a face shield) for all health care professionals and other staff entering the room.
- Visit [www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html) for additional recommendations on infection control recommendations for patients under investigation for COVID-19 in health care settings.

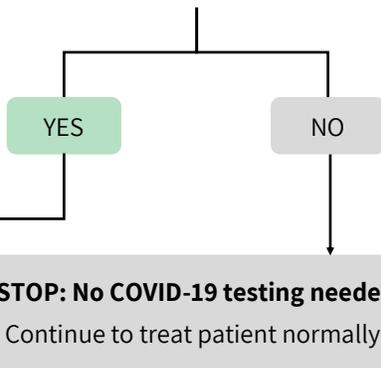
**A. Person traveled to or from an affected geographic area<sup>1</sup> with widespread or sustained community transmission.**

Does the person have fever<sup>6</sup> **and** symptoms of lower respiratory illness (e.g., cough, shortness of breath)?



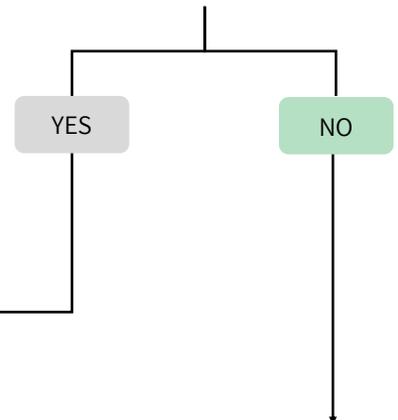
**B. Person had close contact<sup>2</sup> with a laboratory-confirmed<sup>3,4</sup> COVID-19 patient**

Does the person have fever<sup>6</sup> **or** symptoms of lower respiratory illness (e.g., cough, shortness of breath)?



**C. Person with severe acute lower respiratory illness<sup>5</sup> and fever requiring hospitalization.**

Does the person have an alternative explanatory diagnosis (e.g., influenza)?



**This patient meets the criteria for a patient under investigation for COVID-19.** The Florida Department of Health asks that you **immediately** notify both infection control personnel at your health care facility and your county health department ([FloridaHealth.gov/CHDEpiContact](http://FloridaHealth.gov/CHDEpiContact)).

<sup>1</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. Countries with CDC Level 2 or 3 Travel Health Notices include: China, South Korea, Iran, Italy, and Japan (as of February 28, 2020). A current list of affected areas can be found at [www.cdc.gov/coronavirus/2019-ncov/travelers/](http://www.cdc.gov/coronavirus/2019-ncov/travelers/).

<sup>2</sup>Close contact is defined as: (1) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or (2) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings

<sup>3</sup>Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

<sup>4</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.

<sup>5</sup>Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

<sup>6</sup>Fever may be subjective or confirmed.



# **Candida auris Update: Information for Clinicians and Laboratorians**

Version 7.0 February 24, 2020

**Contact the state and county health department if *Candida auris* infection or colonization is suspected. This is a nationally notifiable disease of public health concern. State point of contact: Nychie Dotson, PhD, MPH, CIC [Nychie.Dotson@FLHealth.gov](mailto:Nychie.Dotson@FLHealth.gov).**

This is an update to Florida Department of Health (FDOH) detection and reporting guidance for multidrug-resistant *Candida auris* (*C. auris*). **We are actively identifying cases in Miami-Dade and Broward counties.** This important emerging fungal pathogen causes invasive infections, is drug resistant, persists in the environment, and is transmitted in health care settings. Additionally, *C. auris* can be misidentified using standard laboratory methods.

Since 2017, FDOH has identified 35 clinical cases of *C. auris* infections and 106 colonizations (including 18 clinical cases) for a total of 123 confirmed cases in Florida. As of December 31, 2019, the Centers for Disease Control and Prevention (CDC) reported 988 confirmed cases of *C. auris* infection in 16 states.

**While *C. auris* has been introduced from abroad, most Florida cases have resulted from local transmission in health care settings, especially in nursing homes and other long-term care facilities providing ventilator care.** *C. auris* typically affects ill patients, often those who are ventilator-dependent, have tracheostomies, and are colonized with other resistant pathogens. Some patients can be colonized with *C. auris* and do not have symptoms. Patients colonized with *C. auris* are still capable of transmitting *C. auris* to others and are at risk of developing invasive infections. Patients with *C. auris* bloodstream infections have a 30-day mortality rate of 39% and a 90-day rate of 58%.<sup>1</sup> CDC reports 90% of isolates show resistance to at least one antifungal and 30% have resistance to at least two antifungal drug classes.

FDOH is responding to the spread of *C. auris* by implementing a CDC containment strategy. FDOH, in collaboration with county health departments and facilities, provides ongoing technical assistance for conducting surveillance, works with laboratories to ensure the use of proper *C. auris* detection methods, and provides guidance to facilities for infection prevention including hand hygiene, environmental cleaning, and contact precaution strategies. Without these urgent activities for containment, it is likely Florida will follow the trend of other U.S. and international locations where *C. auris* has become endemic. Despite being a new emerging threat, infection control recommendations are similar to those for other multidrug-resistant organisms (MDROs) or *Clostridioides difficile* (*C. difficile*). Facilities that care for people with other MDROs or *C. difficile* are typically capable of caring for similar patients who have *C. auris*.

## **Recommendations:**

- 1. Test and identify all yeast isolates to the species level for specimens obtained from the bloodstream and other normally sterile invasive body sites (e.g., cerebrospinal fluid).**
  - *C. auris* is commonly misidentified as *Candida haemulonii* and other *Candida* species, as conventional biochemical identification is not reliable for speciation. More information can be found at CDC: [cdc.gov/fungal/candida-auris/recommendations.html](https://cdc.gov/fungal/candida-auris/recommendations.html)

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<sup>1</sup>[wwwnc.cdc.gov/eid/article/24/10/18-0649\\_article](https://wwwnc.cdc.gov/eid/article/24/10/18-0649_article)

2. **Test and identify all *Candida* isolates from non-sterile, non-invasive sites to determine species when:**
  - Clinically indicated in the care of a patient.
  - A case of *C. auris* infection or colonization has been detected in your facility or unit.
  - An increase in unidentified *Candida* species infections in a patient care unit is identified.
  - The patient has had inpatient health care at a facility outside the U.S. in the previous one year, especially if in a country with documented *C. auris* transmission:  
[cdc.gov/fungal/candida-auris/tracking-c-auris.html#world](https://cdc.gov/fungal/candida-auris/tracking-c-auris.html#world).  
Note: Colonization for longer than one year has been identified among some *C. auris* patients; consider determining the *Candida* species isolated from patients with remote exposure to health care abroad.
  
3. **Screen patients who are at high risk of *C. auris*, including:**
  - Close health care contacts of patients with newly identified *C. auris* infection or colonization.
  - Patients who have had an overnight stay in a health care facility outside the U.S. in the previous one year, especially if in a country with documented *C. auris* cases.
    - i. Strongly consider screening when patients have had such inpatient health care exposures outside the United States and have infection or colonization with carbapenemase-producing gram-negative bacteria. *C. auris* co-colonization with these organisms has been observed regularly.
  - Facilities may also work with FDOH to further develop screening protocols based on local epidemiology and resource capacity.

**Please contact the Health Care-Associated Infection Prevention Program at [HAI\\_Program@FLHealth.gov](mailto:HAI_Program@FLHealth.gov) for assistance. Screening is available at no cost.**

#### **Infection Prevention Measures:**

- Patients with *C. auris* in acute care hospitals and long-term acute care hospitals should be managed using contact precautions and placed in single rooms whenever possible. When single rooms are not available, facilities should implement strategies to minimize transmission between roommates, including cohorting by MDRO, ensuring beds have spatial separation of at least three feet between roommates, carefully disinfecting the environment and shared equipment, and changing personal protective equipment and performing hand hygiene between roommates. Residents with *C. auris* in nursing homes, including skilled nursing homes with ventilator units, should be managed using either contact precautions or enhanced barrier precautions, depending on the situation. Guidance for when enhanced barrier precautions would apply can be found at CDC: [cdc.gov/hai/containment/PPE-Nursing-Homes](https://cdc.gov/hai/containment/PPE-Nursing-Homes)
  - CDC recommends continuing appropriate transmission-based precautions for the entire duration of the patient's stay in the facility. Routine retesting for *C. auris* colonization is not recommended. Any retesting should be done in consultation with the HAI prevention program. Additional guidance may be found at: [cdc.gov/fungal/candida-auris/c-auris-infection-control.html](https://cdc.gov/fungal/candida-auris/c-auris-infection-control.html)
  
- Enforce good hand hygiene practices, following the World Health Organization's My Five Moments for Hand Hygiene ([who.int/gpsc/tools/Five\\_moments/en/](https://who.int/gpsc/tools/Five_moments/en/)). Alcohol-based hand sanitizer is preferred over soap and water except when hands are visibly soiled.



- Clean and disinfect rooms (daily and terminal) as well as shared and mobile equipment of patients with *C. auris* infection or colonization using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris*. Current products with *C. auris* claims are:
  - Medline Micro-Kill Bleach Germicidal Bleach Wipes
  - Clorox Hydrogen Peroxide Disinfectant
  - Clorox Hydrogen Peroxide Disinfectant Wipes
  - Diversey Oxivir 1 Spray
  - Diversey Oxivir 1 Wipes
  - Diversey Oxivir Wipes
  - Diversey Avert Sporicidal Disinfectant Cleaner
  - Ecoloab OxyCide Daily Disinfectant Cleaner
  - PDI Sani Prime Spray
  - PDI Sani Cloth Prime

Due to the limited number of products with *C. auris* claims, CDC and EPA identified additional products effective against *C. auris*. CDC testing confirmed their efficacy for use against *C. auris*:

- Oxivir TB Spray
- Oxivir TB Wipes
- PDI Super Sani-Cloth

If none of the above products are feasible, use an EPA-registered hospital-grade disinfectant effective against *C. difficile* spores following all manufacturers' directions for use (i.e., List K: [epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium](http://epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium)).

Some disinfectant products, including those solely dependent on quaternary ammonium compounds (QACs), may not be effective against *C. auris*, despite EPA-registered label claims for fungi and *C. albicans*.

- Communicate the patient's *C. auris* status when transferring them to other facilities.

### **Reporting:**

Immediately notify the state and county health department at 813-307-8010 if *C. auris* is suspected or identified to arrange confirmatory testing and conduct surveillance screening.

### **Additional Resources:**

[cdc.gov/fungal/candida-auris](http://cdc.gov/fungal/candida-auris)

[cdc.gov/fungal/candida-auris/health-professionals.html](http://cdc.gov/fungal/candida-auris/health-professionals.html)

[who.int/gpsc/tools/Five\\_moments/en/](http://who.int/gpsc/tools/Five_moments/en/)

# 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>! 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Specify in comments below.</li> </ul> |
|--|---|--|--|

**Comments:**

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