EpiNotes

Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter
August 2015

Director
Douglas Holt, MD
813.307.8008
Medical Director (HIV/STD/EPI)
Charurut Somboonwit, MD
813.307.8008
Medical Director (TB/Refugee)
Beata Casanas, MD
813.307.8008
Medical Director (Vaccine Outreach)
Jamie P. Morano, MD, MPH
813.307.8008
Community Health Director
Leslene Gordon, PhD, RD, LD/N
813.307.8015 x7107
Disease Control Director
Faye Coe, RN
813.307.8015 x6321
Environmental Administrator
Brian Miller, RS
813.307.8015 x5901
Epidemiology
Warren R. McDougle Jr., MPH
813.307.8010 Fax 813.276.2981

TO REPORT A DISEASE:
Epidemiology
813.307.8010
After Hours Emergency
813.307.8000
Food and Waterborne Illness
James Ashworth
813.307.8015 x5944 Fax 813.272.7242
HIV/AIDS Surveillance
Erica Botting
813.307.8011
Lead Poisoning
Cynthia O. Keeton
813.307.8015 x7108 Fax 813.272.6915
Sexually Transmitted Disease
Carlos Mercado
813.307.8045 Fax 813.307.8027
Tuberculosis
Chris Lutz
813.307.8015 x4758 Fax 813.975.2014

Articles and Attachments: The following are included this month:

1. **Back to School Immunizations Summary (below)**
2. **CDC provides Ebola PPE guidance clarifications to assist U.S. healthcare personnel (page 2)**
3. **Informational Flyer on FREE flu shots**
4. **Florida Flu Review Week 31-32: August 2 to August 15**
5. **Reportable Diseases/Conditions in Florida - Practitioner List**
6. **Florida Department of Health, Practitioner Disease Report Form**

BACK TO SCHOOL IMMUNIZATIONS OUTREACH SUMMARY: AUGUTS 22, 2015

DOH staff promoted the mission of public health by providing vaccinations for the community at the Leto High School and Middleton High School Back to School Immunizations Outreach events on August 22nd, 2015. The DOH staffing apportionment was 34, two of whom volunteered from outside DOH. Three staff worked at Middleton High School and 31 at Leto High School. Below is some information on services provided at these events.

BTS Outreach Event Location 2015	#Clients Served	Total #680's Provided (for both those who received vaccine & those who did not)	#Vaccines provided	#clients given vaccinations	#680's certified and provided to those who did not need vaccinations
Leto High School	309	309	360	192	117
Middleton High School	119	119	145	77	42
Total	428	428	505	268	160

CDC provides Ebola PPE guidance clarifications to assist U.S. healthcare personnel

CDC has clarified its guidance regarding personal protective equipment (PPE) for healthcare personnel caring for suspected and confirmed Ebola patients in U.S. healthcare facilities.

Based on feedback from healthcare facilities that have implemented the current guidance (originally posted October 2014), the guidance clarifies the use of fluid-resistant and impermeable gowns and coveralls. Specifications are provided in the guidance to assist facilities in selecting and ordering the recommended garments.

In addition to clarifying the specifications of gowns and coveralls recommended, the PPE guidance for confirmed Ebola patients is being updated with additional explanation, including:

- Expanding the rationale why respiratory protection is recommended when caring for an Ebola patient;
- Clarifying that the trained observer should not serve as an assistant for taking off (doffing) PPE;
- Suggesting that a designated doffing assistant or "buddy" might be helpful, especially in doffing with the Powered Air Purifying Respirator (PAPR) option;
- Modifying the PAPR doffing procedure to make the steps more clear;
- Changing the order of boot cover removal. Boot covers are now removed after the gown or coverall;
- Emphasizing the importance of frequent cleaning of the floor in the doffing area.

The updated PPE guidance for **confirmed** Ebola patients can be found on CDC's website: http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html.

CDC's PPE guidance for **clinically stable persons under investigation** for Ebola can be found here: http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html

The **frequently asked questions** page can be found here: http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/faq.html

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-July 14	Jan-July 15
Vaccine Preventable Diseases						
Diphtheria	0	0	0	0.00	0	0
Measles	0	0	0	0.00	0	0
Mumps	0	0	2	0.67	0	0
Pertussis	119	95	65	93.00	54	24
Poliomyelitis	0	0	0	0.00	0	0
Rubella	0	0	0	0.00	0	0
Smallpox	0	0	0	0.00	0	0
Tetanus	0	0	0	0.00	0	0
Varicella	45	65	59	56.33	41	46
CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease	3	1	1	1.67	1	2
H. influenzae (Invasive Disease in children <5)	2	2	3	2.33	2	1
Listeriosis	1	5	2	2.67	2	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	5	11	12	9.33	9	11
Meningococcal Disease	3	6	3	4.00	3	2
Staphylococcus aureus (VISA, VRSA)	1	1	0	0.67	0	0
S. pneumoniae (Invasive Disease in children <6)	5	7	5	5.67	4	1
Enteric Infections						
Campylobacteriosis	105	134	189	142.67	98	164
Cholera	1	0	0	0.33	0	0
Cryptosporidiosis	77	59	354	163.33	35	45
Cyclospora	2	9	4	5.00	4	0
Escherichia coli, Shiga toxin-producing (STEC)	22	30	20	24.00	13	17
Giardiasis	54	56	64	58.00	27	31
Hemolytic Uremic Syndrome	1	2	1	1.33	0	2
Salmonellosis	331	303	362	332.00	168	152
Shigellosis	36	63	68	55.67	29	205
Typhoid Fever	0	0	0	0.00	0	0
Viral Hepatitis						
Hepatitis A	5	10	5	6.67	4	4
Hepatitis B (Acute)	39	56	61	52.00	30	41
Hepatitis C (Acute)	26	38	28	30.67	17	28
Hepatitis +HBsAg in Pregnant Women	38	30	35	34.33	19	20
Hepatitis D, E, G	1	0	0	0.33	0	0

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-July 14	Jan-July 15
Vectorborne, Zoonoses						
Chikungunya	N/A	N/A	36	N/A	3	9
Dengue	5	4	6	5.00	3	3
Eastern Equine Encephalitis	0	1	0	0.33	0	0
Ehrlichiosis/Anaplasmosis	0	2	2	1.33	2	1
Leptospirosis	0	0	0	0.00	0	0
Lyme Disease	9	12	9	10.00	3	9
Malaria	7	8	11	8.67	9	2
Plague	0	0	0	0.00	0	0
Psittacosis	0	0	0	0.00	0	0
Q Fever (Acute and Chronic)	0	0	0	0.00	0	0
Rabies (Animal)	5	6	5	5.33	4	1
Rabies (Human)	0	0	0	0.00	0	0
Rocky Mountain Spotted Fever	1	1	0	0.67	0	0
St. Louis Encephalitis	0	0	0	0.00	0	0
Trichinellosis	0	0	0	0.00	0	0
Tularemia	0	0	0	0.00	0	0
Typhus Fever (Epidemic)	0	0	0	0.00	0	0
Venezuelan Equine Encephalitis	0	0	0	0.00	0	0
West Nile Virus	1	0	0	0.33	0	0
Western Equine Encephalitis	0	0	0	0.00	0	0
Yellow Fever	0	0	0	0.00	0	0
Others						
Anthrax	0	0	0	0.00	0	0
Botulism, Foodborne	0	0	0	0.00	0	0
Botulism, Infant	0	0	0	0.00	0	0
Brucellosis	0	0	0	0.00	0	0
Glanders	0	0	0	0.00	0	0
Hansen's Disease (Leprosy)	2	2	0	1.33	0	0
Hantavirus Infection	0	0	0	0.00	0	0
Legionellosis	8	18	8	11.33	7	13
Melioidosis	0	0	0	0.00	0	0
Vibriosis	13	13	7	11.00	3	6

Reportable Disease Surveillance Data

Disease Category	Annual Totals			3 Year Average	Year-to-date	
	2012	2013	2014		Jan-July 14	Jan-July 15
Chemicals/Poisoning						
Arsenic	0	0	0	0.00	0	0
Carbon Monoxide	4	5	22	10.33	7	10
Lead	329	173	246	249.33	155	174
Mercury	0	0	0	0.00	0	0
Pesticide	4	13	42	19.67	3	14
Influenza						
Influenza, Pediatric Associated Mortality	0	1	1	0.67	1	0
Influenza, Novel or Pandemic Strain	0	0	0	0.00	0	0
HIV/AIDS						
AIDS	172	231	178	193.67	115	119
HIV Infection	327	403	443	391.00	262	289
STDs						
Chlamydia	7124	7220	7461	7268.33	3914	3994
Gonorrhea	2160	2023	1848	2010.33	995	967
Syphilis, Congenital	6	3	4	4.33	3	2
Syphilis, Latent	129	189	166	161.33	99	117
Syphilis, Early	117	124	141	127.33	76	75
Syphilis, Infectious	155	156	208	173.00	120	124
Tuberculosis						
TB	51	54	51	52.00	N/A	N/A
Food and Waterborne Illness Outbreaks						
Food and Waterborne Cases	74	73	55	67.33	58	0
Food and Waterborne Outbreaks	4	4	3	3.67	3	0

Children's Board Family Resource Centers in Town 'N Country

Free Flu Shots for Adults

AROUND THE CENTER

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

The flu is different from a cold. The flu usually comes on suddenly. People who have the flu often experience fever, chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, and fatigue. Some people may have vomiting and diarrhea, though this is more common in children than adults. Some people, such as senior citizens, young children, and people with certain health conditions, are at high risk for serious flu complications.

The best way to prevent the flu is by getting vaccinated each year with a flu shot.

Dates: September 1 & 29, 2015

Time: 1:00pm to 5:30pm

Children's Board Family Resource Centers in Town 'N Country
Managed by The Children's Home, Inc.
7520 W. Waters Ave., #8
Tampa, FL 33615
813-356-1703
ljordan@childrenshome.org
Hours: Monday - Thursday: 9:00am to 6:00pm
Friday & Saturday: 9:00am to 1:00pm

Walgreens

Walgreens immunization-trained pharmacists will administer the flu vaccine.

Children's Board HILLSBOROUGH COUNTY | FAMILY RESOURCE CENTERS
www.ChildrensBoard.org

Children's Board Family Resource Centers are administered by the Healthy Start Coalition of Hillsborough County. Managing partners include: Champions for Children, The Children's Home, Inc., Family Community Advisory Councils, REACHUP, Inc. and St. Joseph's Children's Hospital Children's Advocacy Center.

All programs and services are at no charge to families and individuals.

www.familysupporthc.org

Florida FLU REVIEW

Summer 2015

Weeks 31-32: August 2 to August 15, 2015

Posted August 19, 2015
Produced by the Bureau of Epidemiology (BOE), Florida Department of Health (FDOH)

Posted on the BOE website: **floridahealth.gov/floridaflu**

Contributors: Heather Rubino, PhD; Ellen Dugan, MPH; Brandon Ramsey, BS; Leah Eisenstein, MPH; Lea Heberlein-Larson, MPH; Valerie Mock; Janet Hamilton, MPH

Summary

National influenza activity:

- **In Minnesota, the first case of human infection with influenza A H3N2 variant virus (H3N2v) in the US in 2015 (week 29) occurred after direct exposure to swine. No evidence of human-to-human transmission of H3N2v or any influenza-like illness among the case's contacts was reported.** Swine influenza viruses do not normally infect humans, although sporadic human infections with swine influenza viruses (e.g, H3N2v, H1N1v, H1N2v) have occurred. More information can be found here: http://www.cdc.gov/flu/swineflu/.
- Highly pathogenic avian influenza (HPAI) H5 viruses have been identified in U.S. backyard and commercial flocks of birds during the spring and summer of 2015. HPAI H5 has not been identified in Florida birds, but identifications are anticipated. No humans have been identified with HPAI infection in Florida or the rest of the nation.
    - To learn more about HPAI, please visit: http://www.floridahealth.gov/diseases-and-conditions/diseases-from-animals/novel-influenza-viruses.html.

State influenza and influenza-like illness (ILI)[1] activity:

- Emergency department (ED) and urgent care center (UCC) ILI visits reported into ESSENCE-FL (Florida's syndromic surveillance system) remain low, which is typical for this time of year.
- In week 31, the preliminary estimated number of deaths due to pneumonia and influenza in Florida is slightly higher than levels seen in previous years at this time.
- In weeks 31 and 32, 20 specimens were submitted to Bureau of Public Health Laboratories (BPHL) for influenza testing. Two specimens (19%) tested positive for influenza A (H3) by polymerase chain reaction (PCR).

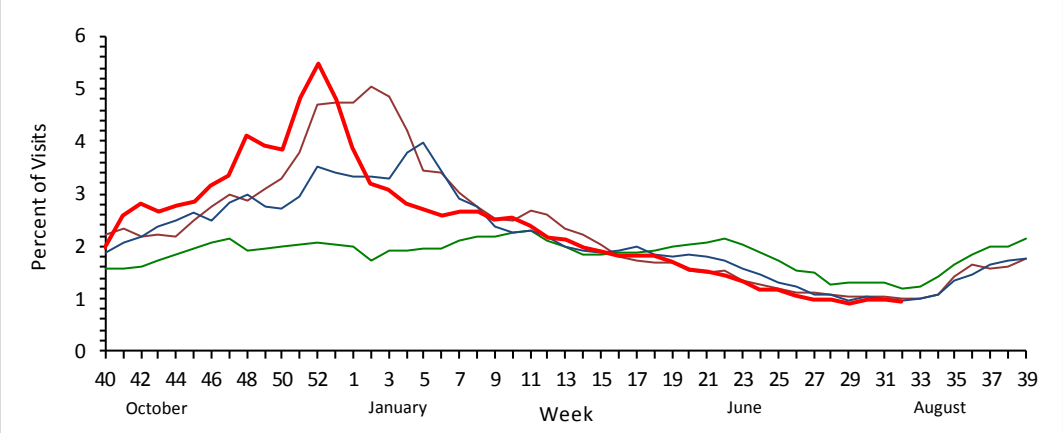
Table 1. Summary of Florida ILI Activity, Weeks 31 through 32, 2015

Measure	Difference From Previous Week		Current Week 32	Previous Week 31	Data Source[2]
Percent of ED and UCC visits due to ILI	N/A	0.0%	1.0%	1.0%	ESSENCE-FL
Percent of laboratory specimens positive for influenza	▲	28.6%	28.6%	0.0%	Laboratory Surveillance
Number of reported ILI outbreaks	N/A	0	0	0	EpiCom

ED and UCC Visits for ILI[3] by Flu Season

ED = emergency department, UCC = urgent care center

The percent of ILI visits to ESSENCE-FL participating facilities remains low and is slightly below levels seen in previous years at this time.



The figure to the left shows the percent of visits to EDs and UCCs with chief complaints of ILI, as reported by participating ESSENCE-FL facilities (N=243) from week 40, 2011 through week 32, 2015, accessed August 19, 2015.

2014-2015
2013-2014
2012-2013
2011-2012

[1] Influenza-like illness (ILI) is considered to be a fever >100°F AND sore throat and/or cough in the absence of another known cause.
[2] The Florida Department of Health (DOH) uses many different surveillance systems to measure influenza activity. A summary of all these systems can be found on our website at: floridahealth.gov/floridaflu
[3] As of April 30, 2015, **FLS** was added to list of abbreviations in ESSENCE-FL and is now expanded to **Flu Like Symptoms.** As a result of this change, any visit with a chief complaint containing FLS will now code into the ILI syndrome and the Influenza subsyndrome. Historical records have been reprocessed to reflect this change.

P&I Mortality

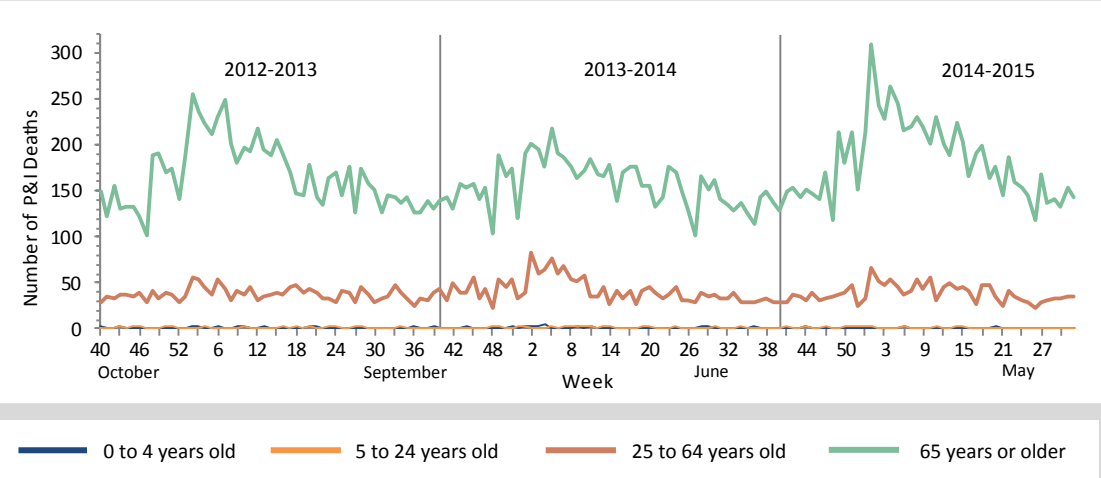
P&I = Pneumonia and Influenza

The figure below shows P&I deaths for all Florida counties by age group from week 40, 2012 through week 32, 2015, as reported into ESSENCE-FL. *Vital statistics death records data are currently considered to be complete through week 31, 2015.*

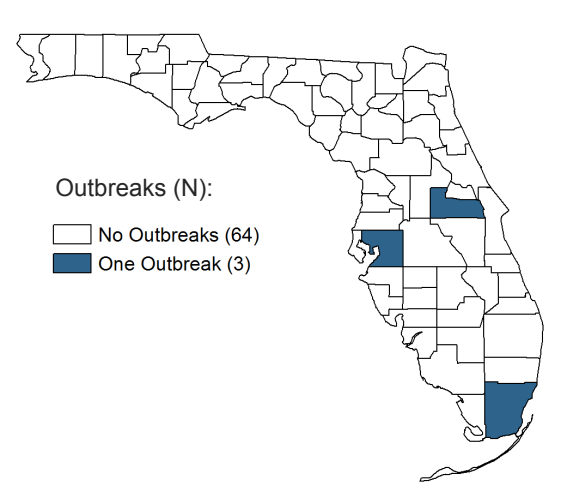
The total number of P&I deaths reported in week 31 is slightly higher than levels seen in previous years at this time.

168 preliminary estimated P&I deaths have been reported for week 31, 2015.

Based on a multi-year regression model to predict P&I mortality in the Florida population, no excess deaths were reported for week 31, 2015. The upper bound of the 95% confidence interval for prediction is 202 deaths.



Influenza and ILI Outbreaks



Three outbreaks of influenza or ILI have been reported since week 20, 2015.

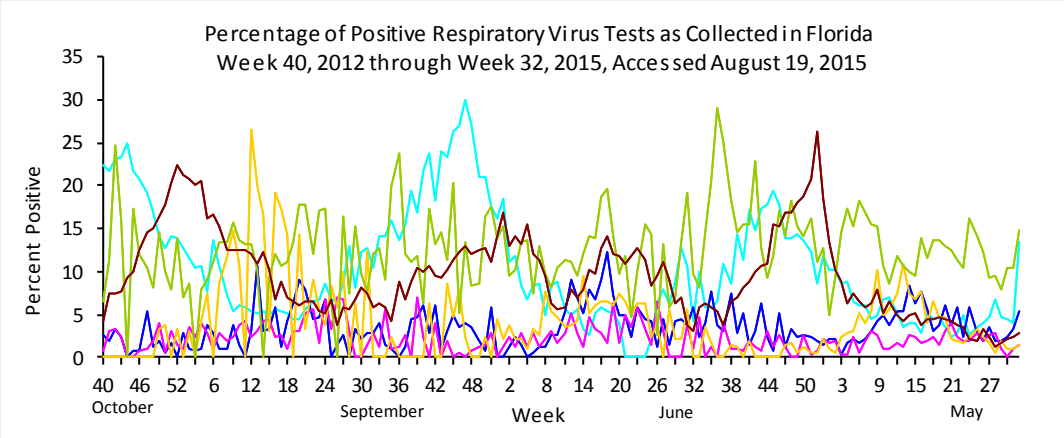
The map to the left shows the number of outbreaks reported in each Florida county since week 20, 2015, as reported by 11 a.m. August 19, 2015. In the last 13 weeks, three outbreaks have been reported into EpiCom.

Influenza and ILI outbreaks during the summer months are particularly interesting as they may suggest unusual or severe influenza and ILI activity. This unusual activity might indicate or bring attention to a change in the virus or the introduction of a new virus. Florida's age, ethnic, and socioeconomic demographics, as well as the large number of out-of-state and international visitors put our state at risk of novel virus introduction, underscoring the importance of surveillance for influenza and ILI outbreaks even during the summer months.

Laboratory Viral Surveillance

The figure below shows the percentage of positive tests for respiratory viruses reported by the National Respiratory and Enteric Viral Surveillance System (NREVSS) and participating and validated laboratories using electronic lab reporting (ELR) with FDOH. Currently, 11 facilities are reporting data for the 2014-2015 season; nine reporting through NREVSS and two reporting through ELR.

Rhinovirus and respiratory syncytial virus (RSV) are circulating at this time. RSV activity has increased notably in the last week. These viruses circulate annually in Florida and also regularly fluctuate between weeks, thus this trend is expected.



Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014

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

FDOH-Hillsborough Disease Reporting Telephone and Fax Numbers
HIV/AIDS -813.307.8011 (DO NOT FAX) STD -813.307.8045 Fax -813.307.8027
TB -813.307.8015 X4758 Fax -813.975.2014
All Others/Epidemiology -813.307.8010 Fax -813.276.2981
After Hours Reporting All Diseases -813.307.8000

! 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

Birth Defects — 850.245.4444 x2198

+ Congenital anomalies
+ Neonatal abstinence syndrome (NAS)

Cancer — Tumor Registry Database

+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors

HIV/AIDS — 813.307.8011

+ Acquired immune deficiency syndrome (AIDS)
+ Human immunodeficiency virus (HIV) infection
• HIV, exposed infants <18 months old born to an HIV-infected woman

STDs — 813.307.8045

• Chancroid
• Chlamydia
• Conjunctivitis in neonates <14 days old
• Gonorrhea
• Granuloma inguinale
• 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
• Lymphogranuloma venereum (LGV)
• Syphilis
☎ Syphilis in pregnant women and neonates

Tuberculosis — 813.307.8015 x4758

• Tuberculosis (TB)

All Others — 813.307.8010

! 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
☎ Amebic encephalitis
! Anthrax
• Arsenic poisoning
• Arboviral diseases not otherwise listed
! Botulism, foodborne, wound, and unspecified
• Botulism, infant
! Brucellosis
• California serogroup virus disease
• Campylobacteriosis
• Carbon monoxide poisoning
• Chikungunya fever
☎ Chikungunya fever, locally acquired
! Cholera (*Vibrio cholerae* type O1)
• Ciguatera fish poisoning
• Creutzfeldt-Jakob disease (CJD)
• Cryptosporidiosis
• Cyclosporiasis
• Dengue fever
☎ Dengue fever, locally acquired
! Diphtheria
• Eastern equine encephalitis
• Ehrlichiosis/anaplasmosis
• *Escherichia coli* infection, Shiga toxin-producing
• Giardiasis, acute
! Glanders
! *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 or children <2 years old
☎ Herpes B virus, possible exposure
! Influenza A, novel or pandemic strains
☎ Influenza-associated pediatric mortality in children <18 years old
• Lead poisoning
• Legionellosis
• Leptospirosis
☎ Listeriosis
• Lyme disease
• Malaria
! Measles (rubeola)
! Melioidosis
• Meningitis, bacterial or mycotic
! Meningococcal disease
• Mercury poisoning
• Mumps
☎ Neurotoxic shellfish poisoning
☎ 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
• Tetanus
• Trichinellosis (trichinosis)
! 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

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), 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, Section 381.0031 (4), *F.S.* 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…"

Florida Department of Health, Practitioner Disease Report Form

Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, *Florida Administrative Code* (*FAC*). This can be filled in electronically.

Print Form

Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

Gender: ◯ Male ◯ Female ◯ Unk

Pregnant: ◯ Yes ◯ No ◯ Unk

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

Race: ◯ American Indian/Alaska Native ◯ Asian/Pacific Islander ◯ Black ◯ White ◯ Other ◯ Unk

Ethnicity: ◯ Hispanic ◯ Non-Hispanic ◯ Unk

Address: _____

ZIP: _____ **County:** _____

City: _____ **State:** _____

Home phone: _____

Other phone: _____

Emer. phone: _____

Email: _____

Medical Information

MRN: _____

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

Died: ◯ Yes ◯ No ◯ Unk

Hospitalized: ◯ Yes ◯ No ◯ Unk

Hospital name: _____

Date admitted: _____ Date discharged: _____

Insurance: _____

Treated: ◯ Yes ◯ No ◯ Unk

Specify treatment:

Laboratory testing: ◯ Yes ◯ No ◯ Unk Attach laboratory result(s) if available.

Provider Information

Physician: _____

Address: _____

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

Phone: _____ **Fax:** _____

Email: _____

Reportable Diseases and Conditions in Florida

! Notify upon suspicion 24/7 by phone ☎ **Notify upon diagnosis 24/7 by phone**

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

- ☎ ☐ Amebic encephalitis
- ! ☐ Anthrax
- ☐ Arsenic poisoning
- ☐ Arboviral disease not listed here
- ☐ Botulism, infant
- ! ☐ Botulism, foodborne
- ! ☐ Botulism, wound or unspecified
- ! ☐ 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 neonate <14 days old
- ☐ Creutzfeldt-Jakob disease (CJD)
- ☐ Cryptosporidiosis
- ☐ Cyclosporiasis
- ☐ Dengue fever
- ☎ ☐ Dengue fever, locally acquired
- ! ☐ Diphtheria
- ☐ Eastern equine encephalitis
- ☐ Ehrlichiosis/anaplasmosis
- ☐ *Escherichia coli* infection, Shiga toxin-producing
- ☐ Giardiasis, acute
- ! ☐ Glanders
- ☐ Gonorrhea
- ☐ Granuloma inguinale
- ! ☐ *Haemophilus influenzae* invasive disease in child <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 woman or child <2 years old
- ☎ ☐ Herpes B virus, possible exposure
- ☐ Herpes simplex virus (HSV) in infant <60 days old
- ☐ HSV, anogenital in child <12 years old
- ☐ Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child <6 years old
- ☐ HPV, anogenital papillomas in child <12 years old
- ! ☐ Influenza A, novel or pandemic strains
- ☎ ☐ Influenza-associated pediatric mortality in child <18 years old
- ☐ Lead poisoning
- ☐ Legionellosis
- ☐ Leptospirosis
- ☎ ☐ Listeriosis
- ☐ Lyme disease
- ☐ Lymphogranuloma venereum (LGV)
- ☐ Malaria
- ! ☐ Measles (rubeola)
- ! ☐ Melioidosis
- ☐ Meningitis, bacterial or mycotic
- ! ☐ Meningococcal disease
- ☐ Mercury poisoning
- ☐ Mumps
- ☎ ☐ Neurotoxic shellfish poisoning
- ☎ ☐ Pertussis
- ☐ Pesticide-related illness and injury, acute
- ! ☐ Plague
- ! ☐ Poliomyelitis
- ☐ Psittacosis (ornithosis)
- ☐ Q Fever
- ☎ ☐ Rabies, animal
- ☎ ☐ Rabies, human
- ! ☐ Rabies, possible exposure
- ! ☐ Ricin toxin poisoning
- ☐ Rocky Mountain spotted fever or other spotted fever rickettsiosis
- ! ☐ Rubella
- ☐ St. Louis encephalitis
- ☐ Salmonellosis
- ☐ Saxitoxin poisoning (paralytic shellfish poisoning)
- ! ☐ Severe acute respiratory disease syndrome associated with coronavirus infection
- ☐ Shigellosis
- ! ☐ Smallpox
- ☎ ☐ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- ☎ ☐ Staphylococcal enterotoxin B poisoning
- ☐ *Streptococcus pneumoniae* invasive disease in child <6 years old
- ☐ Syphilis
- ☎ ☐ Syphilis in pregnant woman or neonate
- ☐ 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
- ! ☐ 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. Please specify:

Comments

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