EpiTimes Volume 6 Issue 10

Florida bat bite victim dies of rabies

HIGHLANDS COUNTY, Fla. - A victim of a bat bite in Florida has died of rabies, health officials said.

The Florida Department of Health confirmed that a bat likely transmitted rabies to the victim in Highlands County. Officials did not say when the bite occurred, WKMG reports.

Officials said the bite victim, who lived in Highlands County, did not seek treatment.

"It is important to avoid direct contact with wildlife," said Mara Gambineri, spokeswoman of the Florida Health Department. "If you believe you may have been exposed to rabies, including any physical contact with a bat, contact your health care provider and your county health department right away."

Gambineri said it is important for bite victims to receive treatment as quickly as possible.

According to the Florida Department of Health, rabies can cause a nearly 100 percent fatal illness in humans and other mammals.

The virus is present in some wildlife in Florida and can spread to unvaccinated pets, which then pose a high risk to the pet owner and their family.

The main wildlife sources of rabies in Florida are raccoons and bats. Outside cats are by far the most common domestic animal found to have rabies in the state of Florida because they are often not kept up to date on vaccinations.

Dogs, cats and ferrets are required by law to be vaccinated against rabies in Florida.

Source: News4Jax

Florida Department of Health Pasco County
Main Office
10841 Little Road
New Port Richey, FL 34654
(727) 861-5260
www.pasco.floridahealth.gov

Administrator:
Mike Napier, MS

Epidemiology Manager:
Garik Nicholson, MPH, CIC

Office Hours:
Mon-Fri 8am—5pm

To report a disease, disease outbreak or request information call:
Epidemiology: (352) 521-1450, Option 2
Confidential fax: (352) 521-1435

TB: (727) 861-5260, ext. 0253
Confidential fax: (727) 861-4844

Environmental: (813) 558-5173

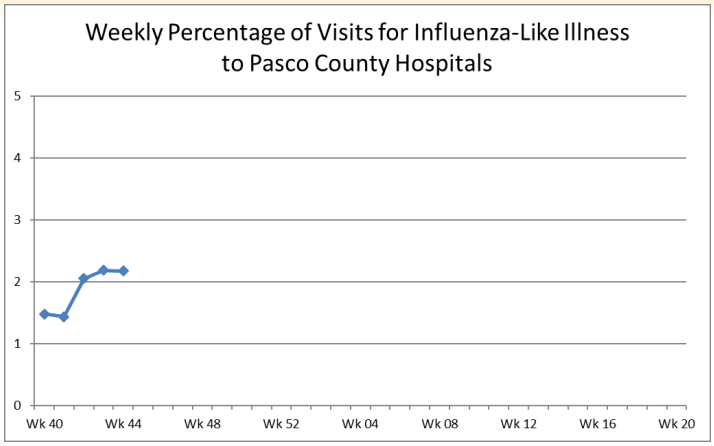
Animal Control (report animal bites): (727) 834-3216
Fax: (813) 929-1218

STD/HIV: (727) 484-3655 (W. Pasco) or (352) 834-6150 (E. Pasco)

HIV (testing)**:** (727) 619-0260 (W. Pasco) or (352) 834-6146 (E. Pasco)

After Hours:
Pager (727) 257-1177
Answering Service (866) 568-0119

Epi Times editor:
Jennie Pell, MPH, CPH, CIC
Epidemiologist
(352) 521-1450, ext. 6145
jennie.pell@flhealth.gov



Influenza Update

State influenza and influenza-like illness (ILI) activity:

- During week 43, influenza activity increased but remained at low levels overall across the state, although preliminary data indicate some high-risk subpopulations (children) are seeing larger increases in flu activity (see page 10). Influenza activity is expected to increase as we head into the winter months.
    - Flu activity in children often precedes activity in other age groups. Influenza spreads easily among children based on their close interactions with one another (less than 6 feet) and hygiene practices. Sick children should stay home from school. People are most infectious early in the course of their illness (within the first few days of symptoms and even one day before symptom onset).
    - Flu vaccines are safe and continue to be the best way to protect children against influenza infection. Children who have not yet been vaccinated for the 2017-18 influenza season should get vaccinated as soon as possible.
    - To locate a flu shot near you, contact your physician, your local county health department, or use the Florida Department of Health's flu shot locator: http://www.floridahealth.gov/programs-and-services/prevention/flu-prevention/locate-a-flu-shot.html.
- No influenza-associated pediatric deaths were reported. No influenza-associated pediatric deaths have been reported so far during the 2017-18 season.
- Florida reported sporadic activity to the Centers of Disease Control and Prevention (CDC) in week 43.
- The majority of counties reported no influenza activity or mild influenza activity. Six counties reported moderate influenza activity.
- One outbreak of RSV was reported.
- Since July, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) has been influenza A (H3). It is still too early to say if influenza A (H3) will continue to predominate throughout the season.
- Respiratory syncytial virus (RSV) activity in children <5 years increased, and has remained higher than levels observed in previous seasons for several weeks in a row (see page 12).

National influenza activity:

- Influenza activity remains at low levels nationally.
- Consistent with the trend observed in Florida, influenza A (H3) has been the most common influenza subtype reported to the Centers for Disease Control and Prevention (CDC) by public health laboratories across the nation since July.
- In week 42, one human infection with novel influenza A virus was reported in Ohio. The individual was infected with influenza A (H1N2v) virus after exposure to a swine in a fair setting in August 2017. No person-to-person transmission was identified.
- The CDC Advisory Committee on Immunization Practices (ACIP) voted in favor of the recommendation that live attenuated influenza vaccine (LAIV) should not be used during the 2017-18 influenza season. This recommendation follows concerns about lower effectiveness of LAIV during the 2013-14 and 2015-16 influenza seasons against influenza A 2009 (H1N1) viruses. The ACIP continues to recommend annual influenza vaccination with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) for everyone aged six months and older.
- There is an increased risk for highly pathogenic avian influenza (HPAI) virus identification in birds as we enter the fall migratory season. HPAI has not been identified in Florida birds (and would be expected to be observed in northern states first), but identifications are possible. No human HPAI infections have been identified in Florida or any other states.
    - To learn more about HPAI, please visit: www.floridahealth.gov/novelflu.

Florida Arbovirus Surveillance

Andrea Morrison, PhD, MSPH, Dana Giandomenico, MPH, and Danielle Stanek, DVM, DOH Bureau of Epidemiology; Lea Heberlein-Larson, Maribel Castaneda, and Valerie Mock, DOH Bureau of Public Health Laboratories; Carina Blackmore, DVM, PhD, DOH Division of Disease Control and Health Protection.

During the period of October 29-November 4, 2017, the following arboviral activity was recorded in Florida.

WNV activity: No human cases of WNV infection were reported this week. No horses with WNV infection were reported this week. Twenty-two sentinel chickens tested positive for antibodies to WNV this week in Charlotte, Manatee, Pasco, Pinellas, Sarasota, and Walton counties. In 2017, positive samples from one human case, one blood donor, one hundred thirty-seven sentinel chickens, three horses, one eagle, and two mosquito pools have been reported from eighteen counties.

SLEV activity: No human cases of SLEV infection were reported this week. No sentinel chickens tested positive for antibodies to SLEV this week. In 2017, positive samples from ten sentinel chickens have been reported from seven counties.

EEEV activity: No human cases of EEEV infection were reported this week. No horses with EEEV infection were reported this week. Two sentinel chickens tested positive for antibodies to EEEV this week in Nassau and Walton counties. In 2017, positive samples from one human, six horses, one deer, and thirty-eight sentinel chickens have been reported from thirteen counties.

International Travel-Associated Dengue Fever Cases: Two cases of dengue fever were reported this week in persons that had international travel. In 2017, 13 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: No cases of locally acquired dengue fever were reported this week. In 2017, no cases of locally acquired dengue fever have been reported.

International Travel-Associated Chikungunya Fever Cases: One case of chikungunya fever was reported this week in a person that had international travel. In 2017, two travel-associated cases have been reported.

Chikungunya Fever Cases Acquired in Florida: No cases of locally acquired chikungunya fever were reported this week. In 2017, no cases of locally acquired chikungunya fever have been reported.

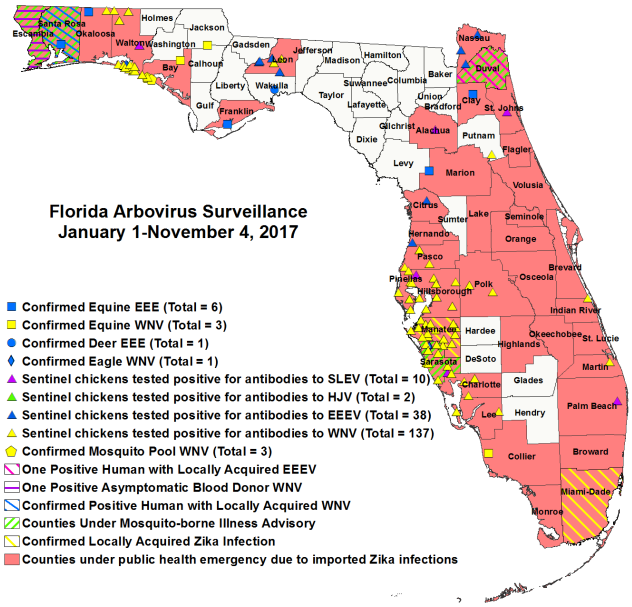
International Travel-Associated Zika Fever Cases: Six cases of Zika fever were reported this week in persons that had international travel. In 2017, 174 cases have been reported.

Zika Fever Cases Acquired in Florida: No cases of locally acquired Zika fever were reported this week. In 2017, one case of locally-acquired Zika fever has been reported. In addition, eleven cases of locally acquired Zika fever exposed in 2016 and tested in 2017 have been reported.

Advisories/Alerts: Duval, Escambia, Santa Rosa, and Sarasota counties are currently under a mosquito-borne illness advisory. No other counties are currently under mosquito-borne illness advisory or alert. Forty counties are currently under a declared public health emergency due to the identification of travel-associated Zika infections and one locally-acquired Zika infection (Manatee County): Alachua, Bay, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Escambia, Flagler, Franklin, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Leon, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, St. Johns, St. Lucie, Santa Rosa, Sarasota, Seminole, Volusia, and Walton counties.

There are no areas of ongoing, active Zika transmission in Florida. On June 2nd, CDC removed the cautionary area designation for Miami-Dade County after more than 45 days since the last confirmed local case. For additional information on current CDC recommendations, please visit https://www.cdc.gov/zika/intheus/florida-update.html. For additional information on Zika virus cases from 2016, please visit https://zikafreefl.org/.

There is a Level 2 (Alert) Travel Health Notice from the CDC for multiple countries in the Caribbean, Central and South America, Mexico, Cape Verde, Southeast Asia, and Pacific Islands related to Zika virus transmission and an association with poor pregnancy outcomes. Pregnant women should consider postponing travel to these areas. There is also a Level 2 Travel Health for Brazil related to the transmission of Yellow Fever virus. There is a Level 1 (Watch) Travel Health Notice from the CDC for Brazil and Italy related to the transmission of chikungunya virus. There is also a Level 1 Travel Health Notice for Sri Lanka and Vietnam related to the transmission of dengue virus. Additional information on travel health notices can be found at the following link: http://wwwnc.cdc.gov/travel/notices.



Epidemiology Disease Summary	October		YTD	
	2017	2016	2017	2016
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)	-	-	1	-
Haemophilus influenzae	-	-	6	6
Legionellosis	2	-	9	6
Meningitis, Bacterial or Mycotic	-	-	4	2
Meningococcal Disease	-	-	1	1
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	-	1
Strep pneumoniae Invasive Disease, Drug-Resistant	-	-	2	2
Strep pneumoniae Invasive Disease, Drug-Susceptible	1	-	6	14
Enteric Infections				
Campylobacteriosis	14	11	87	79
Cholera (Vibrio cholerae Type O1)	-	-	-	-
Cryptosporidiosis	-	1	9	8
Cyclosporiasis	-	-	1	3
Escherichia coli Shiga Toxin-Producing (STEC)	1	1	9	12
Giardiasis	3	2	20	13
Hemolytic Uremic Syndrome (HUS)	-	-	1	-
Listeriosis	-	-	-	-
Salmonellosis	14	22	111	117
Shigellosis	8	1	32	17
Typhoid Fever	-	-	1	-
Vibriosis	-	-	3	3
Vaccine Preventable Diseases				
Measles	-	-	-	-
Mumps	-	1	1	1
Pertussis	2	1	5	12
Varicella	2	-	10	8
Vector Borne, Zoonoses				
Brucellosis	1	-	1	-
Chikungunya Fever	-	-	-	-
Eastern Equine Encephalitis Neuroinvasive Disease	-	-	1	1
Ehrlichiosis/Anaplasmosis	-	-	-	1
Lyme Disease	-	1	4	7
Malaria	-	-	-	-
Rabies, Animal	1	-	2	2
Rabies, Possible Exposure	12	18	111	127
Rocky Mountain Spotted Fever and Rickettsiosis	-	-	2	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	-	-	9
Viral Hepatitis				
Hepatitis A	1	1	5	4
Hepatitis B, Acute	13	5	62	78
Hepatitis B, Chronic	10	10	90	77
Hepatitis B, Surface Antigen in Pregnant Women	2	1	11	6
Hepatitis C, Acute	4	3	19	24
Hepatitis C, Chronic	82	74	812	914
Other				
Carbon Monoxide Poisoning	6	-	13	7
Hansen's Disease (Leprosy)	-	-	1	-
Influenza-Associated Pediatric Mortality	-	-	-	-
Lead Poisoning	2	10	19	35
Mercury Poisoning	-	-	1	1
Pesticide-Related Illness and Injury	-	-	-	1
Total	181	163	1473	1599

STD Morbidity Statistics

- Chlamydia = 108
- Gonorrhea = 38
- Syphilis = 2
- HIV = 3

Herpes infection can be passed from you to your unborn child and cause a potentially deadly infection (neonatal herpes). It is important that you avoid getting herpes during pregnancy.

HIV Outreach Statistics

- 63 individuals were tested for HIV
- 0 individuals were tested for Syphilis
- 34 rapid Hepatitis tests performed

Jail Linkage Statistics

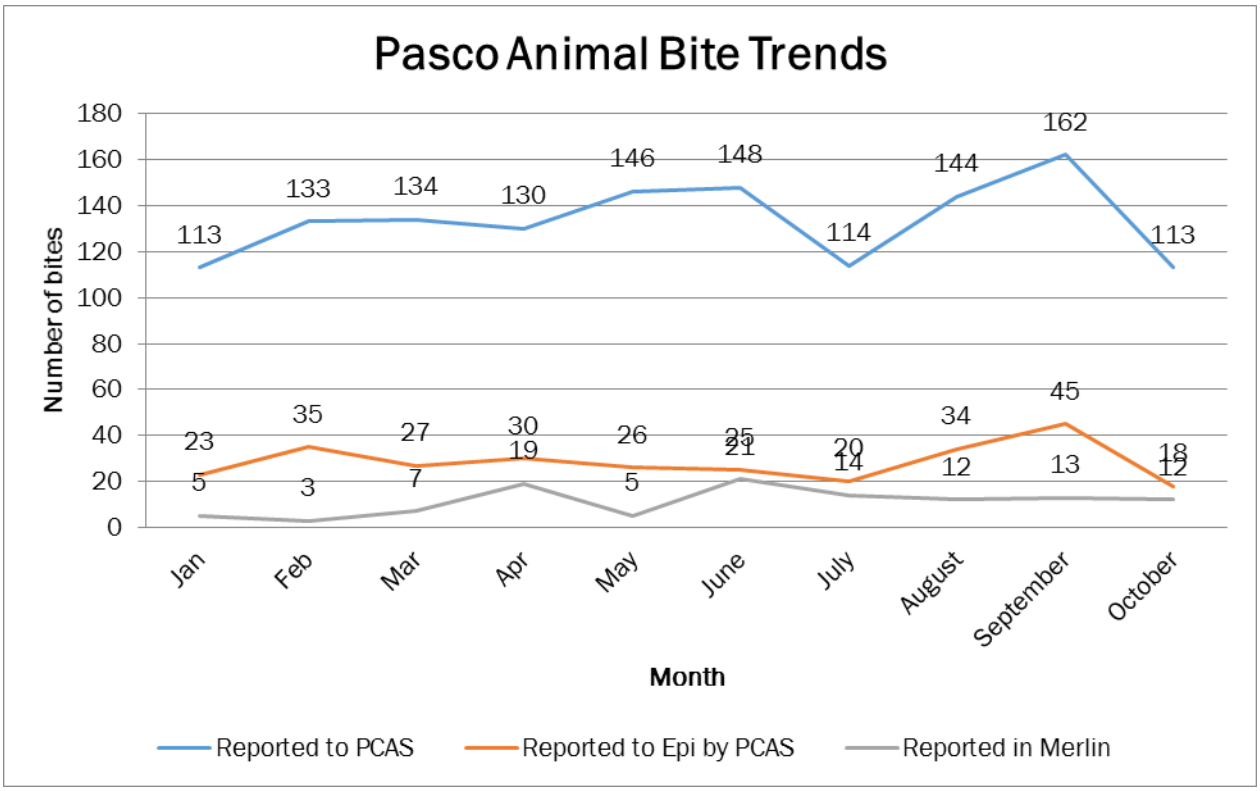
- 81 rapid HIV tests performed (0 – positive)
- 61 Hepatitis tests performed (14 – positive)
- 0 RPR tests performed (0 – positive)
- 0 Gonorrhea/Chlamydia tests performed (0 – positive)
- 81 individuals were HIV post-test counseled

Tuberculosis & Refugee Health Statistics

- 6 TB cases
- 2 Suspect cases
- 9 LTBI clients
- 0 new refugees
- 15 Follow up immunization visits

Animal Bites

- Pasco County Animal Services (PCAS) received 113 animal bites in October
- PCAS reported 18 of 113 (16%) cases to PCHD for follow-up
- 12 of 18 (67%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 7 animal specimens for rabies testing (1 positive)



Reported to PCAS = Animal exposures reported to PCAS by community or Epi.
Reported to Epi by PCAS = Exposures that require Epi's attention due to the severity of bite, type of animal, inability to locate animal, victim and/or owner and need for rabies prophylaxis.
Reported in Merlin = Involves situations where the animal or person could not be located or exposure victim either accepts or declines rabies vaccinations.

Chikungunya and Malaria Reported in Italy

What is the current situation?

The World Health Organization (WHO) has reported locally transmitted cases of chikungunya in four areas of Italy: Rome, the coastal area of Anzio (about 30 miles south of Rome), the city of Latina (about 15 miles east of Anzio), and the town of Guardavalle in Calabria Region. Local transmission means that mosquitoes in those areas of Italy have been infected with chikungunya and are spreading it to people.

Chikungunya is spread through mosquito bites and can cause symptoms such as fever, headache, nausea, vomiting, rash, and pain in the eyes, joints, and muscles.

Public health officials are responding by spraying for mosquitoes, issuing guidelines for healthcare providers, and educating the public about chikungunya and how to prevent mosquito bites.

What can travelers do to prevent chikungunya?

- Prevent mosquito bites.
- Discuss your travel plans with your healthcare provider if you're in one of the following groups, which may be more likely to get chikungunya, have severe disease, or be at higher risk for other reasons:
- People who have arthritis
- People with serious underlying medical conditions (such as high blood pressure, heart disease, or diabetes)
- People older than 65
- Women who are late in their pregnancies, because of the risk of severe disease for babies born at the time their mother is sick
- Long-term travelers, including missionaries, humanitarian aid workers, and people visiting friends and relatives
- People who might have difficulty avoiding mosquito bites, such as those planning to spend a lot of time outdoors or staying in rooms without window screens or air conditioning

Learn more about chikungunya, how to prevent it, and what to do if you think you are infected at CDC's chikungunya page for travelers.

Source: CDC

On October 3, 2017, Italy reported four cases of locally transmitted *P. falciparum* malaria among migrant agricultural workers in Ginosa, which is in the Taranto Province of the Apulia region of Italy. The four patients were males, between 21–37 years of age, and lived in camps with other migrant workers in the Ginosa area. Three of the patients were from Morocco where there is no malaria, and one is from Sudan which is a malaria-endemic country. All reported no travel for the past two months. Italian public health authorities continue to investigate this outbreak.

Italy was declared free of malaria by the World Health Organization in 1970. However, the mosquitoes that transmit malaria, specifically *Anopheles labrachiae*, *An. manulipennis*, *An. superpictus*, and possibly *An. sacharovi*, are present. Thus, rare autochthonous cases have been reported including *P. vivax* in Tuscany in 1997 and *P. vivax* in Latina Province in 2009.

Given the focal, limited nature of this outbreak so far, CDC recommends only mosquito avoidance measures for travelers to agricultural areas of Ginosa. These measures include using insect repellent when outdoors, staying in an air-conditioned or well-screened area, and sleeping under an insecticide-treated bed net. CDC will continue to monitor the malaria situation in Italy and will update these recommendations as needed.

See the CDC malaria website for additional health information about malaria, including prevention of mosquito bites and drugs for malaria prevention. For general health information for travelers to all areas of the world, see the CDC Travelers' Health website.

Source: CDC

Spicely Organics Recalls Organic Tarragon Because Of Possible Health Risk

FOR IMMEDIATE RELEASE — October 16, 2017 — Organic Spices, Inc. dba Spicely Organics of Fremont, CA is recalling 0.4 oz. Organic Tarragon Lot No. OTW100134 because it has the potential to be contaminated with *Salmonella*, an organism which can cause serious and sometimes fatal infections in young children, frail or elderly people, and others with weakened immune systems.

The product was distributed in: Alaska, Arizona, California, Colorado, Hawaii, Illinois, Indiana, Kansas, Maryland, Michigan, Minnesota, Nevada, New Mexico, New York, Ohio, Oregon, Pennsylvania, Texas, Virginia, Washington and Wisconsin. It reached customers through retails stores and e-commerce.

The Spicely Organics organic Tarragon leaves were packaged in 0.4oz (11g) glass jars with black caps with marks "best if used by: 12/31/20 OTW100134".

The recall was initiated as a result of routine sampling program that revealed that the raw material contained *Salmonella*. To date there have been no reports of illnesses.

Consumers who have purchased this product can return it to the point of sale for a full refund.

This recall is being made with the knowledge of the US Food and Drug Administration.

If you have any questions, please contact us at 1-510-440-1044 ext. 1001 from Monday to Friday 7:00am – 2:30pm PST. We appreciate your assistance in this matter.

Florida Department of Health
Pasco County

13941 15th Street
Dade City, Florida 33525
Phone: 352-521-1450, option 2
Fax: 352-521-1435

Epidemiology Manager:
Garik Nicholson, MPH, CIC
Epidemiology Staff:
Armando Avellanet, DIS
Carol Bunting, RN
Deb Hensley, MPH, MHA
Jennie Pell, MPH, CPH, CIC
Zelda Young, DIS

Staff News and Upcoming Events

HIV Outreach staff participated in events at New Life Assembly of God in Dade City, Central Pasco Girls Academy in Land O' Lakes, Pasco Juvenile Detention Center in San Antonio, A Helping Rock in Zephyrhills, Atonement Lutheran Church in Wesley Chapel, and Vine Church in Zephyrhills.

The Pasco Public Defender Mobile Medical Unit will be parked outside the Florida Department of Health-Pasco County in Dade City on Mondays, December 4, 11, and 18.. The Mobile Medical Unit offers free basic medical care for uninsured, free health screenings for all ages, and free flu shots. No appointment is needed. For more information, please call 352-521-1450, option 1 or visit their website, where you can also find a calendar with all of their stops for the month.

Hepatitis C Consultation Service

The Clinician Consultation Center (CCC) provides no-cost, up-to-date, expert clinical advice to support clinicians managing patients with hepatitis C (HCV) and co-morbidities such as HIV co-infection or substance use disorder. Advice provided is based on federal treatment guidelines, current medical literature, and clinical best practices. Consultation topics include: HCV transmission & prevention, HCV screening & diagnostic testing, HCV staging & monitoring, regimen selection & dosing, drug interactions, HIV/HCV management strategies, prior HCV treatment failure, ESRD/chronic kidney disease, HCV in pregnancy, and management of clinical problems— including cirrhosis and anemia.

Call for a Phone Consultation

(844) HEP-INFO or (844) 437-4636

Monday-Friday, 9 a.m.—8 p.m. EST

Submit a Case for Consultation Online

For non-urgent HCV management consultation

nccc.ucsf.edu

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?

Florida Department of Health - Pasco County, Epidemiology Program
13941 15th Street, Dade City, FL 33525
Phone: 352-521-1450, option 2 Fax: 352-521-1435
After-hours pager: 727-257-1177

!	**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…