

EpiTimes Volume 6 Issue 11

NIAID scientists link cases of unexplained anaphylaxis to red meat allergy

While rare, some people experience recurrent episodes of anaphylaxis — a life-threatening allergic reaction that causes symptoms such as the constriction of airways and a dangerous drop in blood pressure — for which the triggers are never identified. Recently, researchers at the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, found that some patients' seemingly inexplicable anaphylaxis was actually caused by an uncommon allergy to a molecule found naturally in red meat. They note that the allergy, which is linked to a history of a specific type of tick bite, may be difficult for patients and health care teams to identify.

As the researchers describe in their article published in *Allergy*, six of the 70 study participants evaluated for unexplained frequent anaphylaxis tested positive for an allergy to galactose- α -1,3-galactose, or alpha-gal, a sugar molecule found in beef, pork, lamb and other red meats. The six adult male participants all had IgE antibodies — immune proteins associated with allergy — to alpha-gal in their blood. After implementing diets free of red meat, none of them experienced anaphylaxis in the 18 months to 3 years during which they were followed.

While the prevalence of allergy to alpha-gal, or "alpha-gal syndrome" is not known, researchers have observed that it occurs mostly in people living in the Southeast region of the United States and certain areas of New York, New Jersey and New England. This distribution may occur because most people with an allergy to alpha-gal, including all six participants evaluated at NIH, have a history of bites from juvenile *Amblyomma americanum*, or Lone Star ticks.

"Alpha-gal allergy appears to be yet another reason to protect oneself from tick bites," said NIAID Director Anthony S. Fauci, M.D. "Food allergies can range from an inconvenience to a life-threatening condition and pose a serious and growing public health problem that urgently requires more research."

The study authors say physicians may have mistakenly diagnosed these patients as having unexplained anaphylaxis because alpha-gal allergy presents differently from more common food allergies and routine allergy tests do not typically scan for antibodies to alpha-gal. Furthermore, most allergic reactions to common food allergens, such as peanuts or crustacean shellfish, begin about 5 to 30 minutes after a person is exposed. For unknown reasons, allergic reactions to alpha-gal may occur between 3 to 6 hours after red meat consumption, making it difficult to identify what substance caused the reaction. Some episodes may even begin overnight when a person is sleeping, which is a particularly uncommon presentation for anaphylaxis.

"This unusually long time gap between a meal and an allergic reaction is probably a big reason that alpha-gal allergies are often initially misdiagnosed," said Dean Metcalfe, M.D., chief of the Mast Cell Biology Section in the Laboratory of Allergic Diseases in NIAID's Division of Intramural Research. "If you start to have trouble breathing in the middle of the night, you probably are not going to blame the hamburger you had for dinner."

Florida Department of Health Pasco County

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Epidemiology Manager:
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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)

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Study co-author and allergy researcher at the University of Virginia Thomas Platts-Mills, M.D., first discovered the connection between the alpha-gal syndrome and exposure to Lone Star tick bites in 2002. He recognized that patients who had unusual allergic reactions to the cancer drug cetuximab, which contains alpha-gal molecules, also shared a history of Lone Star tick bites. Researchers are still unsure how Lone Star tick bites lead to alpha-gal allergies.

“We often think of ticks as carriers of infectious diseases, such as Lyme disease, but the research strongly suggests that bites from this particular species of tick can lead to this unusual allergy,” said Melody C. Carter, M.D., staff clinician in the Mast Cell Biology Section in the Laboratory of Allergic Diseases in NIAID’s Division of Intramural Research, who co-authored the study. “The association is increasingly clear, but we still need to discover exactly how these two events are linked and why some people with similar exposure to tick bites seem to be more prone to developing alpha-gal allergy than others.”

Among the study participants with alpha-gal allergy evaluated at NIH, two also had a rare condition called indolent systemic mastocytosis, or ISM. People with ISM have an abnormally elevated number of mast cells, an immune cell type which contributes to anaphylaxis and other allergic symptoms by releasing histamine and other chemicals that cause inflammation. The participants with ISM experienced more severe reactions than those without ISM, even though they had lower levels of antibodies to alpha-gal. This finding builds on evidence that mast cell abnormalities may increase the likelihood of people developing allergies and experiencing severe reactions, including allergies and reactions to alpha-gal.

For more information about the unexplained anaphylaxis trial, see [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT00719719) using identifier NCT00719719.

For more information on tickborne diseases, please visit the NIAID Tickborne Diseases web portal.

NIAID conducts and supports research — at NIH, throughout the United States, and worldwide — to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these illnesses. News releases, fact sheets and other NIAID-related materials are available on the NIAID website.

About the National Institutes of Health (NIH): NIH, the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

Reference

M Carter, et al. [Identification of alpha-gal sensitivity in patients with a diagnosis of idiopathic anaphylaxis](#). Allergy DOI: 10.1111/all.13366 (2017).

Source: [NIH](#)

The tick associated with this allergy is most common in the SE US (*Amblyomma americanum* or the Lone Star tick) and can also transmit the organisms that cause ehrlichiosis, southern tick-associated rash illness (STARI) as well as Heartland virus:

<https://www.cdc.gov/ticks/tickbornediseases/lone-star-tick.html>

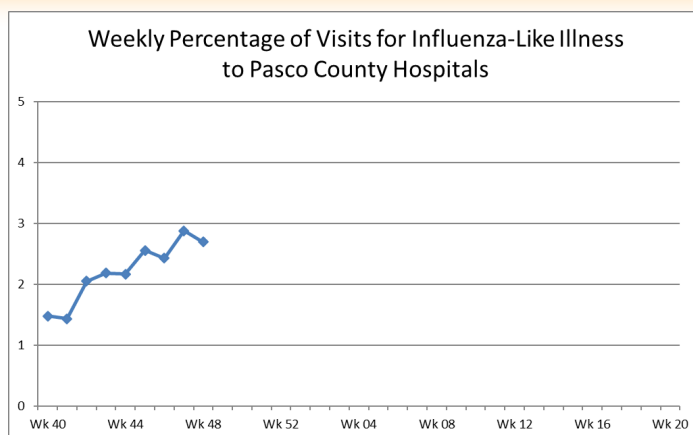
https://www.cdc.gov/stari/resources/A_americanum_with%20references.pdf

Tick bite prevention: https://www.cdc.gov/ticks/avoid/on_people.html

Influenza Update

State influenza and ILI activity:

- Influenza activity has been steadily increasing over the last few weeks. In week 48:
 - Visits to EDs among pregnant women increased notably and was well above levels observed during the previous two flu seasons at this time.
- Five outbreaks were reported: (3) influenza, (1) ILI, and (1) respiratory syncytial virus (RSV); 32 outbreaks of influenza and ILI have been reported since the start of the 2017-18 season. More outbreaks have been reported so far this season than in previous seasons at this time, which may be an early indication of a more severe influenza season.
- All regions are currently in RSV season. RSV activity remains high and well above previous seasons.



National influenza activity:

- Influenza activity has continued to increase and was above the national baseline for the first time this season. The Centers for Disease Control and Prevention (CDC) noted that several flu activity indicators were higher than typically observed for this time of year.
- As in Florida, influenza A (H3) has been the most common influenza subtype reported to the CDC. The CDC has continued to report extensive genetic diversity in the HA genes of influenza A (H3) viruses submitted to CDC for phylogenetic analysis.

Immunizations and prevention:

- Flu vaccines can vary in effectiveness from season to season but they continue to be the best way to prevent influenza infection and serious influenza complications.
- Interim vaccine effectiveness (VE) estimates for Australia's 2017 influenza season revealed very low VE estimates for influenza A (H3) viruses. VE estimates were higher for influenza A 2009 (H1N1) viruses (50%) and influenza B viruses (57%).
 - VE estimates for the United States are not currently available, and while influenza A (H3) viruses have been most common so far this season, it is still unknown what viruses will predominate this season.
- Getting vaccinated is important because it also protects people around you, including those who are more vulnerable to complications from influenza infection and those who cannot get vaccinated themselves. 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: www.floridahealth.gov/findaflushot.

Treatment:

- The CDC recommends the use of antiviral treatment as soon as possible for all persons with suspected influenza who are at higher risk for complications: children <2 years, adults age ≥65, and pregnant women, and those with underlying medical conditions; administer treatment within 48 hours of illness onset.

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.

Florida Arbovirus Surveillance

Arbovirus surveillance in Florida includes endemic mosquito-borne viruses such as West Nile virus (WNV), Eastern equine encephalitis virus (EEEV), and St. Louis encephalitis virus (SLEV), as well as exotic viruses such as dengue virus (DENV), chikungunya virus (CHIKV) and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included. During the period of November 26-December 2, 2017, the following arboviral activity was recorded in Florida.

WNV activity: One human case of WNV infection was reported this week from Volusia County. No horses with WNV infection were reported this week. Two sentinel chickens tested positive for antibodies to WNV this week in Orange and Sarasota counties. In 2017, positive samples from four human cases, one blood donor, one hundred seventy-nine sentinel chickens, four horses, one eagle, and two mosquito pools have been reported from twenty-two counties.

SLEV activity: No human cases of SLEV infection were reported this week. No sentinel chicken tested positive for antibodies to SLEV this week. In 2017, positive samples from eleven 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. One sentinel chicken tested positive for antibodies to EEEV this week in Walton County. In 2017, positive samples from one human, six horses, one deer, and forty-one sentinel chickens have been reported from thirteen counties.

International Travel-Associated Dengue Fever Cases: No cases of dengue fever were reported this week in persons that had international travel. In 2017, 17 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: No cases of chikungunya fever were reported this week in persons 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.

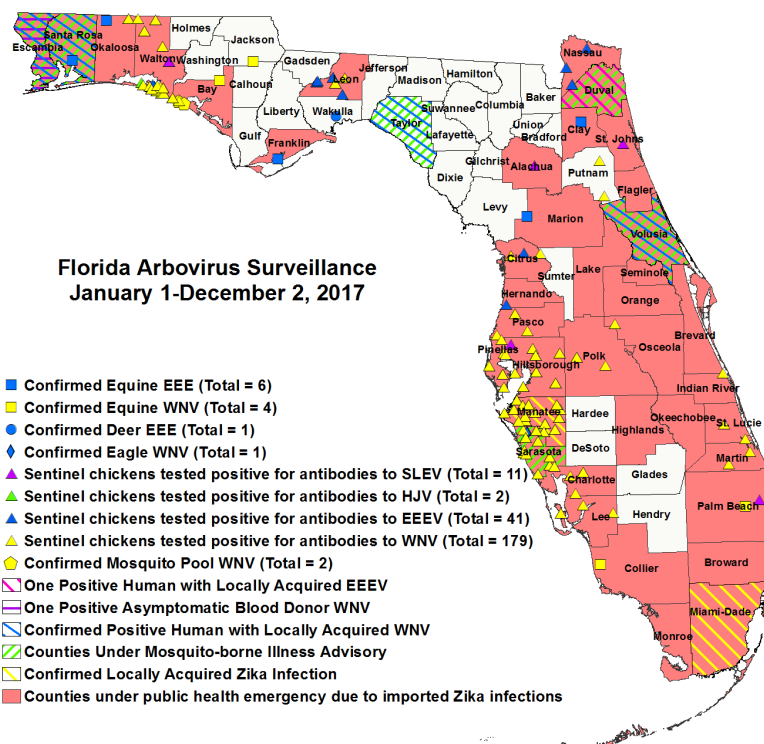
International Travel-Associated Zika Fever Cases: Six cases of Zika fever were reported this week in persons that had international travel. In 2017, 195 cases have been reported.

Zika Fever Cases Acquired in Florida: No cases of locally acquired Zika fever were reported this week. In 2017, two cases of locally acquired Zika fever have been reported from two counties. 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, Sarasota, Taylor, and Volusia 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 two locally-acquired Zika infections (Manatee and Miami-Dade counties): 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	November		YTD	
	2017	2016	2017	2016
CNS Diseases and Bacteremias				
Creutzfeldt-Jacob Disease (CJD)	-	-	1	-
Haemophilus influenzae	-	-	6	6
Legionellosis	2	-	11	6
Meningitis, Bacterial or Mycotic	-	1	4	3
Meningococcal Disease	-	-	1	1
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	-	1
Strep pneumoniae Invasive Disease, Drug-Resistant	-	1	2	3
Strep pneumoniae Invasive Disease, Drug-Susceptible	3	3	9	17
Enteric Infections				
Campylobacteriosis	16	5	103	84
Cholera (Vibrio cholerae Type O1)	-	-	-	-
Cryptosporidiosis	-	2	9	10
Cyclosporiasis	-	-	1	3
Escherichia coli Shiga Toxin-Producing (STEC)	-	2	9	14
Giardiasis	-	3	20	16
Hemolytic Uremic Syndrome (HUS)	-	-	1	-
Listeriosis	-	-	-	-
Salmonellosis	17	16	128	133
Shigellosis	2	4	34	21
Typhoid Fever	-	-	1	-
Vibriosis	-	1	3	4
Vaccine Preventable Diseases				
Measles	-	-	-	-
Mumps	-	-	1	1
Pertussis	4	-	9	12
Varicella	1	2	11	10
Vector Borne, Zoonoses				
Brucellosis	1	-	2	-
Chikungunya Fever	-	-	-	-
Eastern Equine Encephalitis Neuroinvasive Disease	-	-	-	1
Ehrlichiosis/Anaplasmosis	-	-	1	1
Lyme Disease	1	-	5	7
Malaria	1	1	1	1
Rabies, Animal	2	-	4	2
Rabies, Possible Exposure	14	23	125	150
Rocky Mountain Spotted Fever and Rickettsiosis	1	-	3	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	-	-	9
Viral Hepatitis				
Hepatitis A	-	1	5	5
Hepatitis B, Acute	5	6	67	84
Hepatitis B, Chronic	10	3	100	80
Hepatitis B, Surface Antigen in Pregnant Women	-	2	11	8
Hepatitis C, Acute	1	3	20	27
Hepatitis C, Chronic	69	65	877	979
Other				
Carbon Monoxide Poisoning	1	-	13	7
Hansen's Disease (Leprosy)	-	-	1	-
Influenza-Associated Pediatric Mortality	-	-	-	-
Lead Poisoning	1	1	20	36
Mercury Poisoning	-	-	1	1
Pesticide-Related Illness and Injury	-	-	-	1
Total	150	145	1616	1744

STD Morbidity Statistics

- Chlamydia = 74
- Gonorrhea = 24
- Syphilis = 2
- HIV = 1

Men rarely have health problems linked to chlamydia. Infection sometimes spreads to the tube that carries sperm from the testicles, causing pain and fever.

HIV Outreach Statistics

- 27 individuals were tested for HIV
- 0 individuals were tested for Syphilis
- 4 rapid Hepatitis tests performed



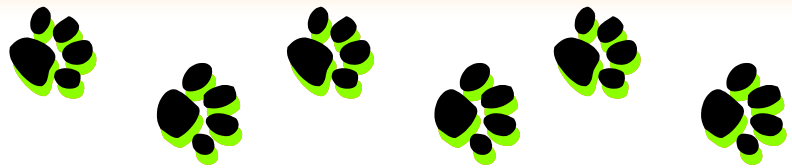
Jail Linkage Statistics

- 64 rapid HIV tests performed (0 – positive)
- 40 Hepatitis tests performed (4 – positive)
- 0 RPR tests performed (0 – positive)
- 0 Gonorrhea/Chlamydia tests performed (0 – positive)
- 64 individuals were HIV post-test counseled

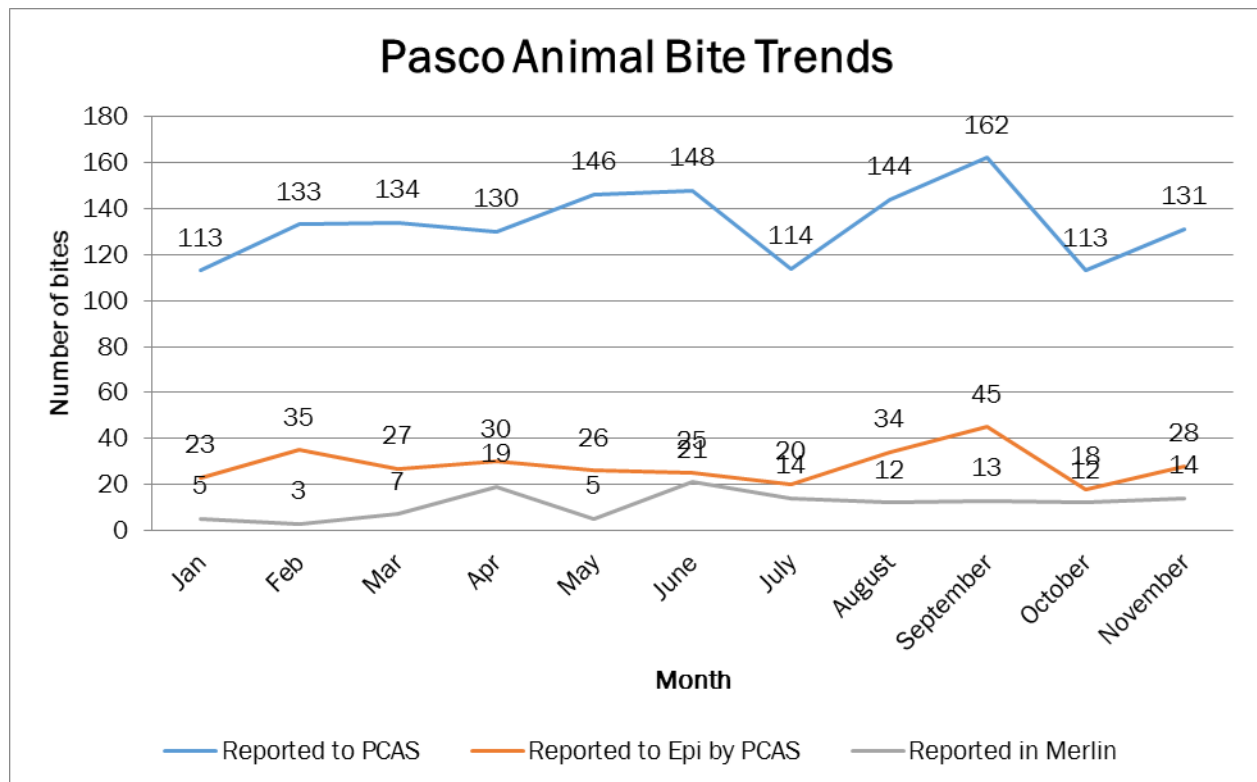
Tuberculosis & Refugee Health Statistics

- 6 TB cases
- 4 Suspect cases
- 11 LTBI clients
- 3 new refugees
- 9 Follow up immunization visits

Animal Bites



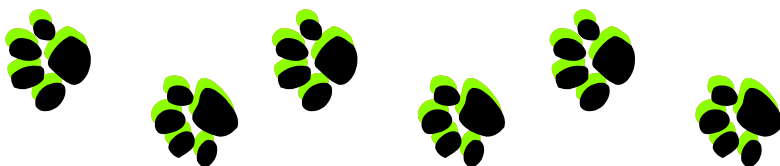
- Pasco County Animal Services (PCAS) received 131 animal bites in November
- PCAS reported 28 of 131 (26%) cases to PCHD for follow-up
- 14 of 28 (50%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 15 animal specimens for rabies testing (2 positive)



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.



Yorgo's Foods Inc Is Recalling All Flavored and Unflavored Food Products (Hommus; Tahini Sauces; Yogurt Dip, Salads, Tzatziki, Grape Leaves; Taboule) Due to Possible Health Risk

FOR IMMEDIATE RELEASE — November 15, 2017 — Yorgo's Foods Inc. of Manchester NH, a family-owned company, started in 1993, is recalling all Greek-style food products it manufactures, out of an abundance of caution, as they have the potential to be contaminated with *Listeria monocytogenes*, an organism which can cause serious and sometimes fatal infections in pregnant women, young children, frail or elderly people, those with weakened immune systems and in unborn fetuses. Although healthy individuals may suffer only short-term symptoms such as high fever, severe headache, stiffness, nausea, abdominal pain and diarrhea, *Listeria* infection can cause miscarriages and stillbirths among pregnant women.

The recalled products were distributed to retail stores nationwide. A complete list of the recalled Yorgo's Foods products and product photos can be found at the end of this Recall Notice. Most of the recalled products were distributed in 8, 12, 16 and 32 ounce plastic cups or 2 and 5 pound plastic bags.

These products should be discarded or returned to the grocery store where purchased for credit. No illnesses have been reported to date in connection with these products.

This issue was identified after routine FDA environmental sampling identified *Listeria monocytogenes* in the processing environment and in one sample of "Original Tahini Sauce". Manufacturing of all foods has been voluntarily suspended while the FDA and company continue to investigate the source of the problem and eliminate it. During this time, we appreciate the patience of our loyal customers and consumers while we enhance our food safety program in cooperation with the FDA to again deliver tasty, wholesome and safe Greek-style foods.

Consumers with questions may contact the company at 1-603-624-5830, M-F 9am- 4pm or go to the company website at <https://www.yorgofoods.com/>.



Yorgo's Foods Inc, continued

UPC #	PRODUCT	SIZE	UPC #	PRODUCT	SIZE
7 56248 10002 5	ORIGINAL HOMMUS	8 OZ	7 56248 10049 0	YOGURT DIP CILANTRO & CHIVE	8 OZ
7 56248 10008 7	VEGETABLE HOMMUS	8 OZ	7 56248 10053 7	TZATZIKI	8 OZ
7 56248 10015 5	GARLIC HOMMUS	8 OZ	7 56248 10100 8	ORIGINAL HOMMUS	5 LB
7 56248 10016 2	ROASTED RED PEPPER HOMMUS	8 OZ	7 56248 10057 5	TABOULE SALAD	5 LB
7 56248 10018 6	LEMON PEPPER HOMMUS	8 OZ		VEGETABLE HOMMUS	5LB
7 56248 10019 3	CHIPOLTE PEPPER HOMMUS	8 OZ		BABA GHANNOUJ	5LB
7 56248 10003 2	BABA GHANNOUJ	8 OZ		GARLIC HOMMUS	5LB
7 56248 10031 5	SUNDRIED TOMATO HOMMUS	8 OZ		ROASTED RED PEPPER	5LB
7 56248 10032 2	GREEN OLIVE HOMMMUS	8 OZ		TAHINI SAUCE	5LB
7 56248 10067 4	SPINACH HOMMUS AND ARTICHOKE	8 OZ		GRAPE LEAVES	5LB
7 56248 10034 6	GARLIC AND CHIVE HOMMUS	8 OZ		FALAFEL	5LB
7 56248 10004 9	GRAPE LEAVES	8 OZ		TZATZIKI	5 LB
0078 7208	TRADER JOE'S CILANTRO & CHIVE YOGURT DIP	8 OZ	7 56248 10068 1	CHICKPEA SALAD	5LB
0078 7239	TRADER JOE'S TAHINI SAUCE	8 OZ	7 56248 10069 8	BLACK BEAN SALAD	5LB
7 56248 10005 6	ORIGNAL HOMMUS	16 OZ	7 56248 10071 1	THREE BEAN SALAD	5LB
7 56248 10014 8	GARLIC HOMMUS	16 OZ	7 56248 10001 8	TABOULE SALAD	7 OZ
7 56248 10017 9	ROASTED RE PEPPER HOMMUS	16 OZ	7 56248 10007 0	TABOULE SALAD	14 OZ
7 56248 10006 3	BABA GHANNOUJ	16 OZ	7 56248 10061 2	CHICKPEA SALAD	12 OZ
7 56248 10010 0	ORIGINAL HOMMUS	32 OZ	7 56248 10062 9	BLACK BEAN SALAD	12 OZ
7 56248 10016 2	PARTY TRAY RED PEPPER HOMMUS	2LB	7 56248 10063 6	THREE BEAN SALAD	12 OZ
7 56248 10097 1	PARTY TRAY ORIGNAL HOMMUS	2LB	7 56248 10064 3	VEGAN HOPPIN SALAD	12 OZ

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Staff News and Upcoming Events

HIV Outreach staff participated in events at Victorious Life Church in Zephyrhills, 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 Florida Department of Health-Pasco County will be offering Free Test Fridays starting in January. Free rapid HIV and Hepatitis C testing will be provided at the Little Road location on January 5 from 9am to 3pm, and at the Main Street location in downtown New Port Richey on January 26 from 12pm to 4pm. For more information, contact Rob at 727-619-0260.

The Florida Department of Health-Pasco County will be partnering with the Pasco Public Defender Mobile Medical Unit to provide free rapid HIV and Hepatitis C testing. 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.

1/3/2018	1/10/2018	1/11/2018	1/12/2018	1/16/2018	1/18/2018	1/22/2018
9:30 am to 1:00 pm	9:00 am to 2:00 pm	9:00 am to 1:00 pm	9:30 am to 1:30 pm	12:00 to 3:00 pm	9:00am to 1:00pm	9:00am to 1:00pm
A Helping Rock	Dollar General	Vine Church	1st Presbyterian Church	New Life Assembly of God	ACTS	The Rope Center
7124 Forbes Road	16024 Shady Hills Road	4743 Allen Road	7540 Ridge Road	38012 Trilby Road	12525 U.S. Hwy 19	14121 Water Tower Drive
Zephyrhills, FL 33540	Shady Hills, FL 34610	Zephyrhills, FL 33541	Port Richey, FL 34668	Dade City, FL 33525	Hudson, FL 34667	Hudson, FL 34667
Call Alex 352-834-6146	Call Rob 727-619-0260	Call Alex 352-834-6146	Call Rob 727-619-0260	Call Alex 352-834-6146	Call Rob 727-619-0260	Call Rob 727-619-0260

1/22/2018	1/23/2018	1/24/2018	1/26/2018	1/29/2018	1/31/2018
9:00 am to 1:00 pm	9:00am to 2:00pm	9:00am to 1:00 pm	9:00am to 11:00am	9:00 am to 11:30 am	9:00 an to 2:00 pm
Pasco Co. Health Department	Homeless Coalition of Pasco County	Atonement Lutheran	Christian Secure Ministries	Holy Ground	Volunteer Way
13941 15th Street	5652 Pine Street	29617 S.R. 54	5609 U.S. Hwy 19 South	8835 Denton Ave	10002 Moon Lake Road
Dade City, FL 33525	New Port Richey, FL 34652	Wesley Chapel, FL 33543	New Port Richey, FL 34652	Hudson, FL 34667	New Port Richey, FL 34653
Call Alex 352-834-6146	Call Rob 727-619-0260	Call Alex 352-834-6146	Call Rob 727-619-0260	Call Rob 727-619-0260	Call Rob 727-619-0260

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

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?

- ! 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...