

## EpiTimes Volume 7 Issue 9

### Long-Term Care and Flu

#### Vaccinate Health Care Providers in Long-Term Care Facilities

Influenza (flu) is a contagious viral infection that affects the respiratory system – your nose, throat and lungs. Flu can be a serious health threat for people 65 and older and those of any age living with certain chronic medical conditions such as asthma, diabetes, heart disease, and kidney and liver disorders. Health care providers in long-term care (LTC) facilities have direct or indirect contact with residents, who often are older adults, people with disabilities, and people with chronic medical conditions receiving care.

Besides vaccinating residents to protect them from flu, it is very important for health care workers to get vaccinated against flu also. Annual flu vaccination reduces flu illnesses and more serious flu outcomes that can result in hospitalization, or even death. Vaccinated workers in LTC facilities may protect residents as well as the employees themselves.

Some studies suggest an association between high flu vaccination coverage rates among health care providers and increased protection against flu among people in LTC facilities and hospitals. Preventing flu among health care providers may help reduce the spread of flu in vulnerable LTC resident populations. Despite the benefits of vaccination in the LTC setting, vaccination coverage among workers in LTC facilities is the lowest among all medical providers.

Health care providers who do not get a flu vaccine are at increased risk of becoming infected with flu in the workplace. If infected, they may spread flu to other people around them, including LTC residents and other health care providers. This may happen even before they are having symptoms since people infected with flu may be able to spread it to others one day **before** they get symptoms to 5 to 7 days **after** becoming sick. Vaccination of health care providers is especially important if they care for certain patient populations, such as patients who are frail older adults 65 years of age and older or those who are immune-compromised. Sick health care providers should stay away from LTC residents.

Flu vaccination prevents millions of flu illnesses and tens of thousands of flu hospitalizations each year. CDC recommends that everyone 6 months and older, including health care providers, get their flu vaccine by the end of October, or as soon as possible after that date. Since it takes about two weeks after vaccination for antibodies to develop in the body and provide protection, CDC recommends that people are vaccinated by the end of October so that they are protected before flu becomes prevalent in the community and in LTC facilities. Beyond October, however, vaccination efforts continue throughout the flu season to vaccinate as many people as possible.

#### Florida Department of Health Pasco County

Main Office  
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**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  
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## Long-Term Care and Flu, continued

### Improving Flu Vaccination Coverage among Health Care Providers in LTC Facilities

During the 2017-2018 flu season, [vaccination coverage](#) among health care providers in LTC facilities remained low (67.4%). This puts anyone in those settings at increased risk of flu infection and possible [severe flu complications](#). By comparison, vaccination coverage of HCP in hospital settings was nearly 92%.

So what can be done to improve vaccination coverage rates among health care workers in LTC settings? There are some [proven interventions to consider](#). Some strategies that employers can use to reduce barriers to vaccination include offering flu vaccination:

- On-site over multiple days and shifts.
- Free of charge.
- With frequent and strong promotion.

### Flu Vaccination Toolkit for Long-Term Care Employers

To help LTC employers increase flu vaccination in LTC settings, the [National Vaccine Program Office](#) and CDC launched a Flu [Toolkit for Long-Term Care Employers](#). This comprehensive toolkit can help LTC owners and administrators understand the importance of flu vaccination, and guide them in providing access to flu vaccination for their employees. This toolkit includes information about:

- [Importance of Vaccination](#)
- [Vaccination Coverage](#)
- [Resources for Increasing Influenza Awareness](#)
- [Successful Best Practices](#)

Make sure your health care providers and LTC facility residents are protected by encouraging annual flu vaccination!

Source: [CDC](#)



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## 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 September 30-October 6, 2018, the following arboviral activity was recorded in Florida.

**WNV activity:** One human case of WNV infection was reported this week in Duval County. One horse and one zebra with WNV infection were reported this week in Gilchrist and Levy counties. Two mosquito pools tested positive for WNV in Duval and Sarasota counties. Thirty-four sentinel chickens tested positive for antibodies to WNV this week in Alachua, Bay, Brevard, Charlotte, Duval, Hillsborough, Indian River, Lee, Leon, Manatee, Nassau, Putnam, Volusia, and Walton counties. In 2018, positive samples from 15 humans, two blood donors, four horses, one zebra, one crow, 27 mosquito pools, and 396 sentinel chickens have been reported from 29 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 2018, there have been no positive samples reported.

**EEEV activity:** No human cases of EEEV infection were reported this week. No horses with EEEV infection were reported this week. No sentinel chickens tested positive for antibodies to EEEV this week. In 2018, positive samples from three humans, 51 horses, one mule, one donkey, one owl, one emu, five emu flocks, two mosquito pools, and 143 sentinel chickens have been reported from 31 counties.

**International Travel-Associated Dengue Fever Cases:** Five cases of dengue fever were reported this week in persons that had international travel. In 2018, 28 travel-associated cases have been reported.

**Dengue Fever Cases Acquired in Florida:** No cases of locally acquired dengue fever were reported this week. In 2018, 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 2018, three travel-associated cases have been reported.

**Chikungunya Fever Cases Acquired in Florida:** No cases of locally acquired chikungunya fever were reported this week. In 2018, no cases of locally acquired chikungunya fever have been reported.

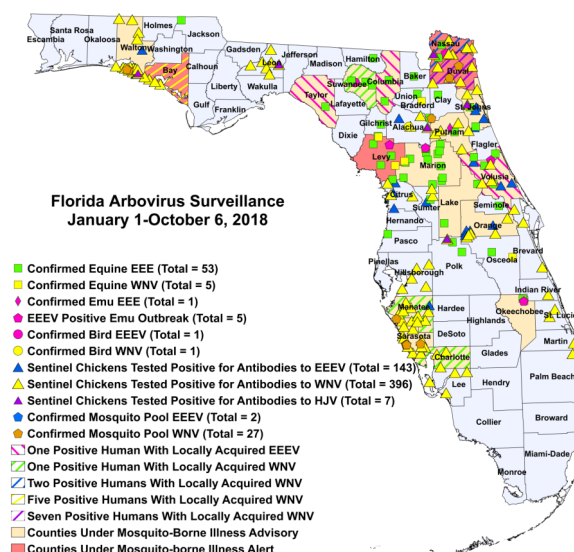
**International Travel-Associated Zika Fever Cases:** Two cases of Zika fever were reported this week in persons that had international travel. In 2018, 74 cases have been reported.

**Zika Fever Cases Acquired in Florida:** No cases of locally acquired Zika fever were reported this week. In 2018, no cases of locally acquired Zika fever have been reported.

**Advisories/Alerts:** Charlotte, Columbia, Lake, Manatee, Marion, Okeechobee, Orange, Putnam, Sarasota, St. Johns, Suwannee, Taylor, Volusia, and Walton counties are currently under a mosquito-borne illness advisory. Bay, Duval, Levy, and Nassau counties are currently under a mosquito-borne illness alert. No other counties are currently under mosquito-borne illness advisory or alert.

There are no areas of ongoing, active Zika transmission in Florida. 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 or 2017, including up-to-date numbers, please visit <https://zikafreefl.org/>.

There is a Level 2 (Alert) Travel Health Notice from the CDC for multiple countries in Africa, the Caribbean, Central and South America, 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 Notice for Brazil and a Level 1 Travel Health Notice in Nigeria related to the transmission of yellow fever virus. Additional information on travel health notices can be found at the following link: <http://wwwnc.cdc.gov/travel/notices>. For a map of arboviral disease activity in the United States, please visit the following link: [https://wwwn.cdc.gov/arboNET/maps/ADB\\_Diseases\\_Map/index.html](https://wwwn.cdc.gov/arboNET/maps/ADB_Diseases_Map/index.html).



Epidemiology Disease Summary		September		YTD	
		2018	2017	2018	2017
<b>CNS Diseases and Bacteremias</b>					
	Creutzfeldt-Jacob Disease (CJD)	-	-	-	1
	Haemophilus influenzae	-	-	10	6
	Legionellosis	4	2	18	7
	Meningitis, Bacterial or Mycotic	1	-	2	4
	Meningococcal Disease	-	-	-	1
	S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	-	-
	Strep pneumoniae Invasive Disease, Drug-Resistant	2	-	5	2
	Strep pneumoniae Invasive Disease, Drug-Susceptible	1	1	8	5
<b>Enteric Infections</b>					
	Campylobacteriosis	10	8	115	73
	Cholera (Vibrio cholerae Type O1)	-	-	-	-
	Cryptosporidiosis	1	1	8	9
	Cyclosporiasis	-	1	2	1
	Escherichia coli Shiga Toxin-Producing (STEC)	1	2	14	8
	Giardiasis	2	6	21	17
	Hemolytic Uremic Syndrome (HUS)	-	-	-	1
	Listeriosis	-	-	-	-
	Salmonellosis	18	8	113	97
	Scombroid Poisoning	3	-	1	-
	Shigellosis	-	-	15	24
	Typhoid Fever	-	1	3	1
	Vibriosis	-	-	2	3
<b>Vaccine Preventable Diseases</b>					
	Measles	-	-	-	-
	Mumps	-	-	4	1
	Pertussis	3	-	14	3
	Varicella	1	-	11	8
<b>Vector Borne, Zoonoses</b>					
	Brucellosis	-	-	-	-
	Chikungunya Fever	-	-	-	-
	Eastern Equine Encephalitis Neuroinvasive Disease	-	-	-	-
	Ehrlichiosis/Anaplasmosis	-	-	-	1
	Herpes B Virus, Possible Exposure	-	-	2	-
	Lyme Disease	2	1	5	3
	Malaria	-	-	1	-
	Rabies, Animal	-	1	1	1
	Rabies, Possible Exposure	24	13	162	99
	Rocky Mountain Spotted Fever and Rickettsiosis	-	-	-	-
	West Nile Virus Neuroinvasive Disease	-	-	-	-
	Zika Virus Disease and Infection	-	-	1	-
<b>Viral Hepatitis</b>					
	Hepatitis A	4	3	28	4
	Hepatitis B, Acute	7	5	42	47
	Hepatitis B, Chronic	9	6	88	81
	Hepatitis B, Surface Antigen in Pregnant Women	1	-	6	7
	Hepatitis C, Acute	2	-	14	15
	Hepatitis C, Chronic	85	65	750	753
	Hepatitis C, Perinatal	-	-	2	-
	Hepatitis D	-	-	2	-
<b>Other</b>					
	Carbon Monoxide Poisoning	2	2	4	7
	Hansen's Disease (Leprosy)	-	-	-	1
	Influenza-Associated Pediatric Mortality	-	-	-	-
	Lead Poisoning	8	22	108	66
	Mercury Poisoning	-	-	-	1
	Pesticide-Related Illness and Injury	-	-	-	-
<b>Total</b>		<b>191</b>	<b>148</b>	<b>1582</b>	<b>1358</b>

## STD Morbidity Statistics

- Chlamydia = 126
- Gonorrhea = 30
- Syphilis = 3
- HIV = 2

If you are pregnant and have genital herpes, you may be offered herpes medicine towards the end of your pregnancy to reduce the risk of having any symptoms and passing the disease to your baby.

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## HIV Outreach Statistics

- 81 individuals were tested for HIV
- 0 individuals were tested for Syphilis
- 57 rapid Hepatitis tests performed



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## Jail Linkage Statistics

- 59 rapid HIV tests performed (0 – positive)
- 43 Hepatitis tests performed (5 – positive)
- 59 individuals were HIV post-test counseled

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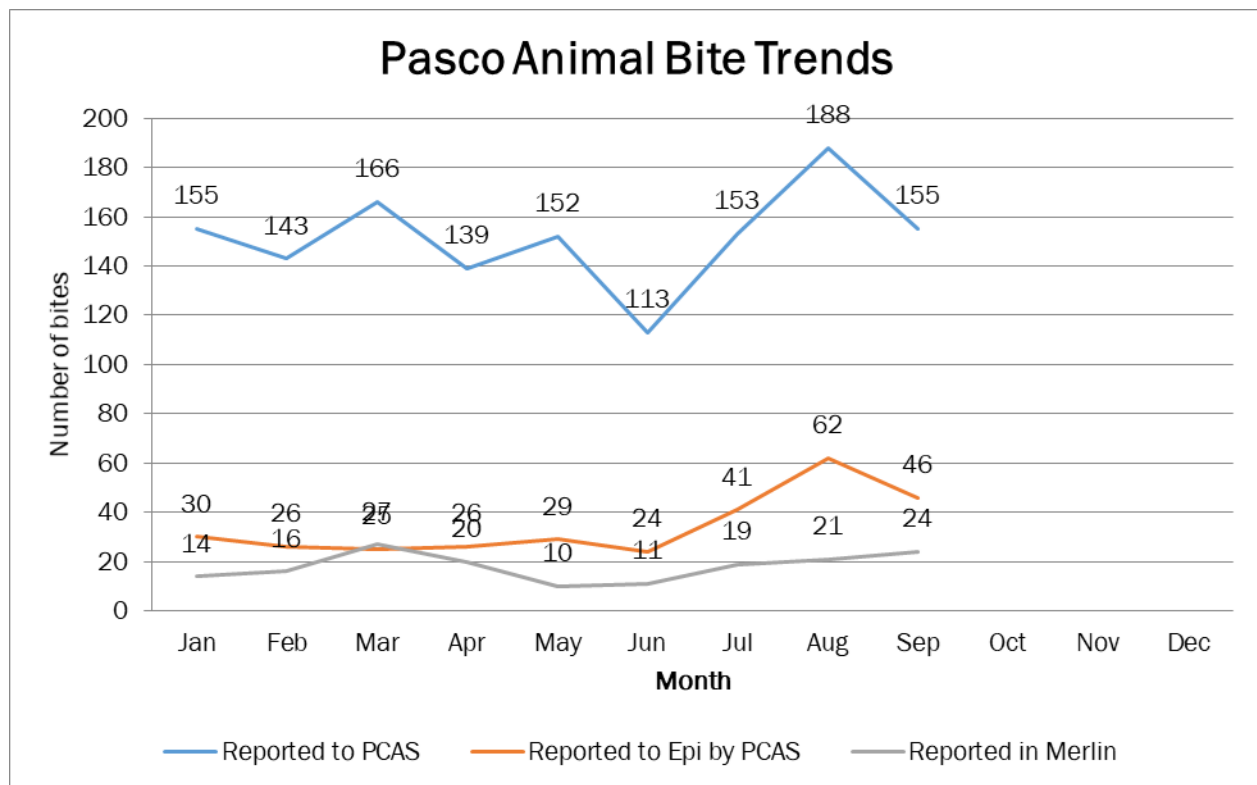
## Tuberculosis & Refugee Health Statistics

- 3 TB cases
- 4 Suspect cases
- 21 LTBI clients
- 2 new refugees

## Animal Bites



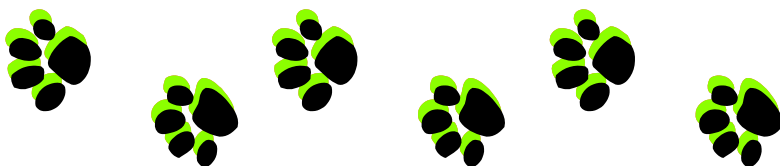
- Pasco County Animal Services (PCAS) received 155 animal bites in September
- PCAS reported 46 of 155 (30%) cases to PCHD for follow-up
- 24 of 46 (52%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 8 animal specimens for rabies testing (0 positive)



**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.



## Steve's Real Food Voluntarily Recalls One Lot of Turducken Recipe, One Lot of Quest Emu, and One Lot of Quest Beef Due to Possible *Salmonella* and *L. Mono* Contamination

**FOR IMMEDIATE RELEASE** — September 7, 2018 — Steve's Real Food of Salt Lake City, Utah is voluntarily recalling one lot of 5lb Turducken Recipe, one lot of 2lb Quest Emu Diet, and one lot of 2lb Quest Beef Diet, due to their possible *Salmonella* and/or *L. mono* contamination.

*Salmonella* and *L. mono* can affect animals eating the products and there is risk to humans from handling contaminated pet products. Symptoms of infection in people include nausea, vomiting, diarrhea or bloody diarrhea, abdominal cramping and fever. Consumers exhibiting these signs after having contact with this product should contact their healthcare providers.

Pets with *Salmonella* and/or *L. mono* infections may be lethargic and have diarrhea or bloody diarrhea, fever, and vomiting. Some pets will have only decreased appetite, fever and abdominal pain. Infected, but otherwise healthy pets can be carriers and infect other animals or humans. If your pet has consumed the recalled product and has these symptoms, please contact your veterinarian.

PRODUCT NAME/SIZE	LOT #	UPC	BEST BY DATE
Steve's Real Food Turducken Recipe/5#	J155	6-91730-15304-5	6/4/19
Quest Emu Diet/2#	B138	6-91730-17103-2	8/18/19
Quest Beef Diet/2#	A138	6-91730-17101-8	8/18/19

The affected products were nationally distributed and are identified with the following UPC codes and the "Best by" date located on the front of the bag.

This recall is being initiated after the firm was notified by the Washington Department of Agriculture when sample was collected and tested positive for *Salmonella* and/or *L. mono*. The firm did conduct their own test which resulted in a negative result for both *Salmonella* and *L. mono*. However, because of their commitment to overall safety and quality, Steve's Real Food is conducting a voluntary recall of this product. Consumers should also follow the safe handling tips published on the Steve's Real Food packaging, when disposing of the affected product.

No pet or human illnesses from this product have been reported to date.

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

Consumers are encouraged to check the lot code and best buy date of any 5lb frozen Turducken, 2lb Quest Emu or 2lb Quest Beef. Any product with the noted lot code and best buy dates should be returned to the specialty retailer where product was purchased for a full refund. Consumers with questions may contact Steve's Real Food at 888-526-1900, Monday – Friday 9:00am to 4:00pm MTN.



## Bravo Packing, Inc. Recalls Performance Dog Raw Pet Food Because of Possible *Salmonella* Health Risk to Humans and Animals

**FOR IMMEDIATE RELEASE** — September 12, 2018 — Bravo Packing, Inc. of Carneys Point, NJ is recalling all Performance Dog products, a frozen raw pet food, because it has the potential to be contaminated with *Salmonella*. *Salmonella* can cause illness in animals eating the products, as well as people who handle contaminated pet products, especially if they have not thoroughly washed their hands after having contact with the products, infected animals or any surfaces exposed to these products.

Healthy people infected with *Salmonella* should monitor themselves for some or all of the following symptoms: nausea, vomiting, diarrhea or bloody diarrhea, abdominal cramping and fever. Rarely, *Salmonella* can result in more serious ailments, including arterial infections, endocarditis (an infection of the heart muscle), arthritis, muscle pain, eye irritation and urinary tract symptoms. People who have these symptoms after having contact with this product or an animal that has eaten this product should contact their healthcare providers.

Pets with *Salmonella* infections may be lethargic and have diarrhea or bloody diarrhea, fever, and vomiting. Some pets will have decreased appetite, fever and abdominal pain. Pets exposed to contaminated food can be infected without showing symptoms. If your pet has consumed the recalled product and has these symptoms, please contact your veterinarian. Infected animals can also shed *Salmonella* through their feces and saliva, spreading pathogens into the home environment and to humans and other animals in the household.

No human or animal illnesses have been reported to date.

Bravo Packing, Inc. is voluntarily recalling this product after a sample of Performance Dog, collected during an FDA inspection, tested positive for *Salmonella*.

Performance Dog generally works with the distributor Tefco, located in Brooklyn, New York, that fills orders to brick-and-mortar retail stores or to consumers directly.

Performance Dog comes frozen in 2-pound and 5-pound plastic sleeves. The recalled product has manufacture date code 071418. The manufacture date codes are printed on the boxes that contain the plastic sleeves, but not on the individual plastic sleeves. Therefore, if the cardboard box has been discarded, there are no unique identification numbers on the individual sleeves that allow customers to determine that they possess the recalled products. If you purchased this product since July 14, 2018 and cannot determine whether it is affected by the recall, the FDA recommends that you exercise caution and throw the product away.

Consumers with questions should contact Bravo Packing, Inc. at 856-299-1044 (Monday – Friday, 6:00AM-2:00PM, Saturday 4:00AM-9:00AM EST) or through the company's website at [www.bravopacking.com](http://www.bravopacking.com).



## Cargill Meat Solutions Recalls Ground Beef Products due to Possible *E. Coli* O26 Contamination

**WASHINGTON, Sept. 19, 2018** – Cargill Meat Solutions, a Fort Morgan, Colo. establishment, is recalling approximately 132,606 pounds of ground beef products made from the chuck portion of the carcass that may be contaminated with *Escherichia coli* O26, the U.S. Department of Agriculture's Food Safety and Inspection Service (FSIS) announced today.

The ground beef items were produced and packaged on June 21, 2018. The following products are subject to recall: [Product list](#)

The products subject to recall bear establishment number "EST. 86R" inside the USDA mark of inspection. These items were shipped to retail locations nationwide.

On Aug. 16, 2018, FSIS was notified of an investigation of *E. coli* O26 illnesses. FSIS, the Centers for Disease Control and Prevention, and state public health and agriculture partners determined that raw ground beef was the probable source of the reported illnesses. The epidemiological investigation identified 17 illnesses and one death with illness onset dates ranging from July 5 to July 25, 2018.

The Cargill Meat Solutions' ground beef products were identified following further investigation related to Recall 072-2018, conducted on Aug. 30, 2018, where ground beef products were recalled in connection with the *E. coli* O26 outbreak. FSIS' traceback information indicated that case-patients consumed ground beef products purchased at various retail stores that were supplied by Cargill Meat Solutions.

*E. coli* O26, like the more common *E. coli* O157:H7, is a serovar of Shiga toxin-producing *E. coli* (STEC). People can become ill from STECs 2–8 days (average of 3–4 days) after exposure to the organism.

Most people infected with STEC O26 develop diarrhea (often bloody) and vomiting. Some illnesses last longer and can be more severe. Infection is usually diagnosed by testing of a stool sample. Vigorous rehydration and other supportive care is the usual treatment; antibiotic treatment is generally not recommended. Most people recover within a week, but rarely, some develop a more severe infection. Hemolytic uremic syndrome (HUS), a type of kidney failure, is common with STEC O26 infection. HUS can occur in people of any age but is most common in children under 5 years old, older adults and persons with weakened immune systems. It is marked by easy bruising, pallor and decreased urine output. Persons who experience these symptoms should seek emergency medical care immediately.

FSIS is concerned that some product may be frozen and in consumers' freezers. Consumers who have purchased these products are urged not to consume them. These products should be thrown away or returned to the place of purchase.

FSIS routinely conducts recall effectiveness checks to verify recalling firms notify their customers of the recall and that steps are taken to make certain that the product is no longer available to consumers. When available, the retail distribution list(s) will be posted on the FSIS website at [www.fsis.usda.gov/recalls](http://www.fsis.usda.gov/recalls).

FSIS advises all consumers to safely prepare their raw meat products, including fresh and frozen, and only consume ground beef that has been cooked to a temperature of 160°F. The only way to confirm that ground beef is cooked to a temperature high enough to kill harmful bacteria is to use a food thermometer that measures internal temperature, <http://1.usa.gov/1cDxcDQ>. Consumers should take proper precautions when handling raw meat products. Proper hand washing after handling raw meat, poultry and eggs can greatly reduce the risk of bacterial cross-contamination to other foods and kitchen surfaces. It is important to prevent cross-contamination by washing counter tops and sinks with hot, soapy water.

Media with questions regarding the recall can contact April Nelson with Cargill corporate affairs at (952) 742-9150 or at [april\\_nelson@cargill.com](mailto:april_nelson@cargill.com). Consumers with questions regarding the recall can call 1-844-419-1574.

Consumers with food safety questions can "Ask Karen," the FSIS virtual representative available 24 hours a day at AskKaren.gov or via smartphone at m.askkaren.gov. The toll-free USDA Meat and Poultry Hotline 1-888-MPHotline (1-888-674-6854) is available in English and Spanish and can be reached from 10 a.m. to 6 p.m. (Eastern Time) Monday through Friday. Recorded food safety messages are available 24 hours a day. The online Electronic Consumer Complaint Monitoring System can be accessed 24 hours a day at: <http://www.fsis.usda.gov/reportproblem>.

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## Staff News and Upcoming Events

### Free Test Fridays

The Florida Department of Health-Pasco County is offering Free Test Fridays. For more information, contact Rob at 727-619-0260.

1st Friday – Little Road Health Department 9 am to 3 pm

2nd Friday – Dade City Health Department 10 am to 3 pm

3rd Friday – Wesley Chapel Health Department 10 am to 3 pm

4th Friday – Main Street Health Department 12 noon to 4 pm

### Pasco Public Defender Mobile Medical Unit

The Florida Department of Health-Pasco County is 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.

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## Resources

### Florida Health Alert Network

Everbridge is a public health notification system that allows us to disseminate pertinent public health information regarding outbreaks or disease trends more efficiently. Everbridge provides users with a wide range of methods to receive information on a variety of communication devices. To register, please visit <https://www.surveymonkey.com/r/SD3R5QN>

### 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](http://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 (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..."