



# EpiTimes Volume 8 Issue 10

## Be Antibiotics Aware: Smart Use, Best Care

**Be Antibiotics Aware** is the Centers for Disease Control and Prevention's (CDC) national educational effort to help improve antibiotic prescribing and use and combat antibiotic resistance.

Antibiotic resistance is one of the most urgent threats to the public's health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. More than 2.8 million antibiotic-resistant infections occur in the United States each year, and more than 35,000 people die as a result.

Antibiotics save lives, but any time antibiotics are used, they can cause side effects and lead to antibiotic resistance. About 30 percent of antibiotics, or 47 million prescriptions, are prescribed unnecessarily in doctors' offices and emergency departments in the United States, which makes improving antibiotic prescribing and use a national priority.

Helping healthcare professionals improve the way they prescribe antibiotics, and improving the way we take antibiotics, helps keep us healthy now, helps fight antibiotic resistance, and ensures that these life-saving drugs will be available for future generations.

### When Antibiotics Are Needed

Antibiotics are only needed for treating certain infections caused by bacteria. We rely on antibiotics to treat serious, life-threatening conditions such as pneumonia and [sepsis](#), the body's extreme response to an infection. Effective antibiotics are also needed for people who are at high risk for developing infections. Some of those at high risk for infections include patients undergoing surgery, patients with end-stage kidney disease, or patients receiving cancer therapy (chemotherapy).

### When Antibiotics Aren't Needed

Antibiotics do not work on viruses, such as those that cause colds, flu, bronchitis, or runny noses, even if the mucus is thick, yellow, or green.

Antibiotics are only needed for treating infections caused by bacteria, but even some bacterial infections get better without antibiotics. Antibiotics aren't needed for many sinus infections and some ear infections. Antibiotics save lives, and when a patient needs antibiotics, the benefits usually outweigh the risk of side effects and antibiotic resistance. When antibiotics aren't needed, they won't help you, and the side effects could still cause harm. Common side effects of antibiotics can include:

- rash,
- nausea,
- diarrhea, and
- yeast infections.

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**Confidential fax:** (727) 861-4844

**Environmental:** (727) 841-4425, Option 3

**Animal Control** (report animal bites): (727) 834-3216

Fax: (813) 929-1218

**STD/HIV:** (727) 484-3655 (W.

Pasco) or (352) 834-6150 (E.

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## Be Antibiotics Aware, cont.

More serious side effects include [Clostridioides difficile](#) infection (also called C. difficile or C. diff), which causes severe diarrhea that can lead to severe colon damage and death. People can also have severe and life-threatening allergic reactions.

### What You Can Do To Feel Better

Talk with your healthcare professional about the best treatment for your or your loved one’s illness. If you need antibiotics, take them exactly as prescribed. Talk with your healthcare professional if you have any questions about your antibiotics, or if you develop any side effects especially severe diarrhea, since that could be a C. difficile infection, which needs to be treated immediately.

Respiratory viruses usually go away in a week or two without treatment. Ask your healthcare professional about the best way to feel better and get relief from symptoms while your body fights off the virus. To stay healthy and keep others healthy:

- Clean your hands.
- Cover coughs.
- Stay home when sick.
- Get recommended vaccines, such as the [flu](#) vaccine.

To learn more about antibiotic prescribing and use, visit [CDC’s Antibiotic Prescribing and Use website](#).

Source: [CDC](#)

# Viruses or Bacteria What’s got you sick?

Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Condition	Common Cause			Are Antibiotics Needed?
	Bacteria	Bacteria or Virus	Virus	
Strep throat	✓			Yes
Whooping cough	✓			Yes
Urinary tract infection	✓			Yes
Sinus infection		✓		Maybe
Middle ear infection		✓		Maybe
Bronchitis/chest cold (in otherwise healthy children and adults)*		✓		No*
Common cold/runny nose			✓	No
Sore throat (except strep)			✓	No
Flu			✓	No

\* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won't help you feel better.



To learn more about antibiotic prescribing and use, visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use).

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## Influenza Update

### Influenza & influenza-like illness (ILI) activity summary:

In week 44, ILI and influenza activity increased and was above levels observed at this time in previous seasons.

**Get your flu shot now. Annual vaccination is the best way to protect yourself and your loved ones from influenza and its potentially severe complications.**

The Florida Department of Health reported local geographic spread of influenza to the Centers for Disease Control and Prevention (CDC) for week 44 (up from sporadic geographic spread in previous weeks).

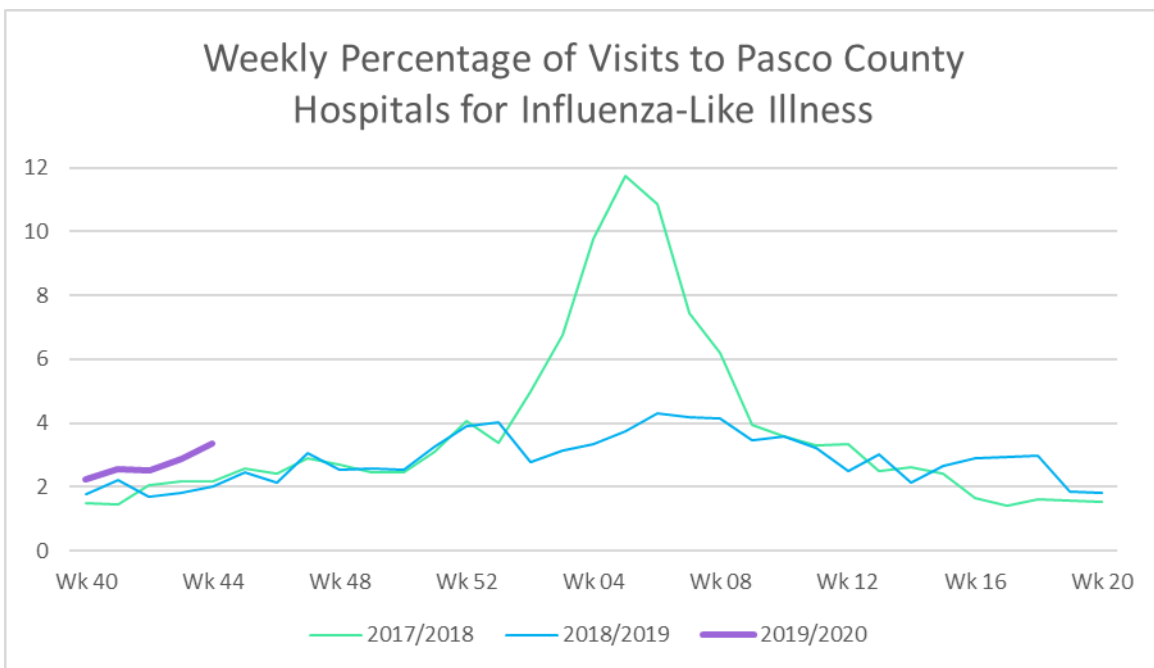
**During the last four weeks, influenza B Victoria lineage was the most common subtype identified at the Bureau of Public Health Laboratories.** It is still too early to say what strain will predominate during the 2019-20 influenza season; however, influenza vaccines are designed to protect against the three or four strains experts believe will circulate during the season.

**In week 44, nine outbreaks were reported (three ILI outbreaks and six influenza-associated outbreaks).** For more information about these outbreaks, see page 5. Information on respiratory syncytial virus-associated outbreaks and other respiratory disease outbreaks is also available (see pages 14-15).

**The majority of county health departments reported no or mild activity in week 44.**

The percent of specimens testing positive for rhinovirus remained higher than other respiratory viruses under surveillance, including influenza. For more information, see page 4.

CDC recommends antiviral treatment be initiated as soon as possible for people with confirmed or suspected influenza who are at higher risk for complications (children <2 years, adults ≥65 years, pregnant women, and people with underlying medical conditions). Treatment should be administered within 48 hours of illness onset. For more information, contact your health care provider.



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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), Zika virus (ZIKV), and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included. During the period of October 27-November 2, 2019, the following arboviral activity was recorded in Florida.

**WNV activity:** No human cases of WNV infection were reported this week. One horse with WNV infection was reported this week in Broward County. Sixty-nine sentinel chickens tested positive for antibodies to WNV this week in Brevard, Charlotte, Citrus, Duval, Hernando, Hillsborough, Indian River, Manatee, Nassau, Orange, Palm Beach, Pasco, Pinellas, Polk, St. Johns, and Volusia counties. In 2019, positive samples from one human, one blood donor, nine horses, one eagle, and 594 sentinel chickens have been reported from 31 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 2019, positive samples from three sentinel chickens have been reported from three counties.

**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 2019, positive samples from 28 horses, one emu, one eagle, and 110 sentinel chickens have been reported from 31 counties.

**International Travel-Associated Dengue Fever Cases:** Eleven cases of dengue fever were reported this week in persons that had international travel. In 2019, 325 travel-associated cases have been reported.

**Dengue Fever Cases Acquired in Florida:** No cases of locally acquired dengue fever were reported this week. In 2019, 12 cases of locally acquired dengue fever have been reported.

**International Travel-Associated Chikungunya Fever Cases:** Two cases of chikungunya fever were reported this week in persons that had international travel. In 2019, seven travel-associated cases have been reported.

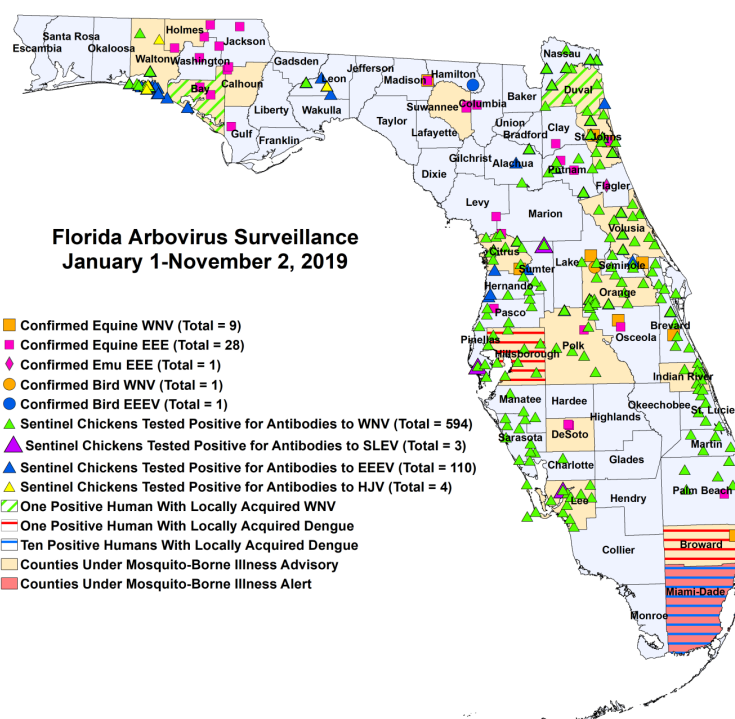
**Chikungunya Fever Cases Acquired in Florida:** No cases of locally acquired chikungunya fever were reported this week. In 2019, no cases of locally acquired chikungunya fever have been reported.

**International Travel-Associated Zika Fever Cases:** No cases of Zika fever were reported this week in persons that had international travel. In 2019, 36 travel-associated cases have been reported.

**Zika Fever Cases Acquired in Florida:** No cases of locally acquired Zika fever were reported this week. In 2019, no cases of locally acquired Zika fever have been reported.

**Advisories/Alerts:** Bay, Broward, Calhoun, Citrus, DeSoto, Duval, Hillsborough, Holmes, Indian River, Lee, Orange, Polk, St. Johns, Suwannee, Volusia, and Walton counties are currently under a mosquito-borne illness advisory. Miami-Dade County is currently under a mosquito-borne illness alert. No other counties are currently under mosquito-borne illness advisory or alert.

There is a Level 2 Travel Health Notice for Nigeria related to the transmission of yellow fever virus. There are also Level 1 Travel Health Notices for Central and South America, Mexico, the Caribbean, Asia, the Pacific Islands, Africa, the Middle East, France, and Spain related to the transmission of dengue virus, for Burundi related to malaria transmission, and for Ethiopia related to chikungunya transmission. Additional information on travel health notices can be found at the following link: [wwwnc.cdc.gov/travel/notices](http://wwwnc.cdc.gov/travel/notices). For a map of arboviral disease activity in the United States visit: [wwwn.cdc.gov/arbonet/maps/ADB\\_Diseases\\_Map/index.html](http://wwwn.cdc.gov/arbonet/maps/ADB_Diseases_Map/index.html).



Epidemiology Disease Summary	October		YTD	
	2019	2018	2019	2018
<b>CNS Diseases and Bacteremias</b>				
Creutzfeldt-Jacob Disease (CJD)	-	-	1	-
Haemophilus influenzae	1	-	9	10
Legionellosis	2	-	14	18
Meningitis, Bacterial or Mycotic	-	-	1	2
Meningococcal Disease	-	-	-	-
S. aureus Infection, Intermediate Resistance to Vancomycin (VISA)	-	-	-	-
Strep pneumoniae Invasive Disease, Drug-Resistant	2	-	9	5
Strep pneumoniae Invasive Disease, Drug-Susceptible	2	-	14	8
<b>Enteric Infections</b>				
Campylobacteriosis	12	9	100	124
Cholera (Vibrio cholerae Type O1)	-	-	-	-
Cryptosporidiosis	3	2	24	10
Cyclosporiasis	-	-	6	2
Escherichia coli Shiga Toxin-Producing (STEC)	-	-	7	15
Giardiasis	-	2	8	23
Hemolytic Uremic Syndrome (HUS)	-	-	-	-
Listeriosis	1	-	1	1
Salmonella Typhi Infection	-	-	4	3
Salmonellosis	14	14	102	127
Shigellosis	1	-	8	15
<b>Vaccine Preventable Diseases</b>				
Measles	-	-	-	-
Mumps	1	-	1	3
Pertussis	1	11	17	25
Varicella	4	-	16	11
<b>Vector Borne, Zoonoses</b>				
Babesiosis	-	-	1	-
Brucellosis	-	-	-	-
Chikungunya Fever	1	-	1	-
Dengue Fever	-	-	3	-
Eastern Equine Encephalitis Neuroinvasive Disease	-	-	-	-
Ehrlichiosis/Anaplasmosis	-	-	-	-
Herpes B Virus, Possible Exposure	-	-	-	2
Lyme Disease	-	1	4	5
Malaria	-	-	4	1
Rabies, Animal	2	-	4	1
Rabies, Possible Exposure	11	19	184	181
Rocky Mountain Spotted Fever and Rickettsiosis	-	-	1	-
West Nile Virus Neuroinvasive Disease	-	-	-	-
Zika Virus Disease and Infection	-	-	-	1
<b>Viral Hepatitis</b>				
Hepatitis A	6	9	400	36
Hepatitis B, Acute	3	5	60	46
Hepatitis B, Chronic	14	14	115	99
Hepatitis B, Perinatal	-	-	-	-
Hepatitis B, Pregnant Women	-	-	7	5
Hepatitis C, Acute	4	-	62	17
Hepatitis C, Chronic	62	68	643	752
Hepatitis C, Perinatal	-	-	1	2
Hepatitis D	-	-	1	2
<b>Other</b>				
Carbon Monoxide Poisoning	-	-	6	4
Hansen's Disease (Leprosy)	-	-	-	-
Influenza-Associated Pediatric Mortality	-	-	1	-
Lead Poisoning	7	8	53	105
Mercury Poisoning	-	-	-	-
Pesticide-Related Illness and Injury	-	-	-	-
Scombroid Poisoning	-	2	2	3
Vibriosis	-	-	7	2
<b>Total</b>	<b>154</b>	<b>164</b>	<b>1902</b>	<b>1666</b>

## STD Morbidity Statistics

- 166 Chlamydia cases
- 50 Gonorrhea cases
- 5 Syphilis cases
- 2 HIV cases

\*Provisional data

Women with gonorrhea are at risk of developing serious complications from the infection, even if they don't have any symptoms.

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## HIV Outreach Statistics

- 108 individuals were tested for HIV
- 75 rapid Hepatitis tests performed



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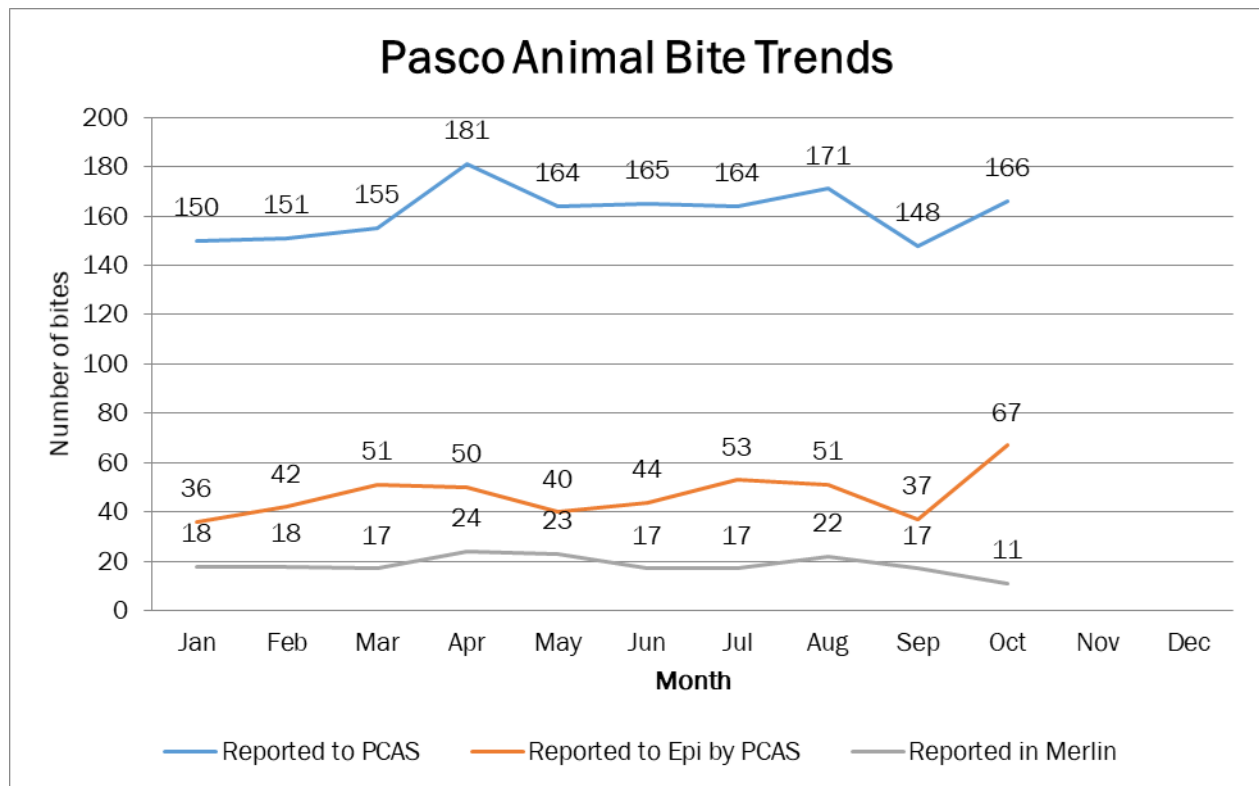
## Jail Linkage Statistics

- 67 rapid HIV tests performed (0 positive)
- 47 Hepatitis tests performed (4 positive)
- 67 individuals were HIV post-test counseled



## Animal Bites

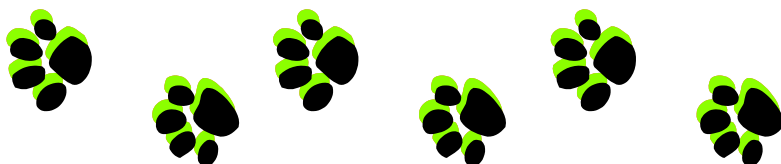
- Pasco County Animal Services (PCAS) received 166 animal bites in October
- PCAS reported 67 of 166 (40%) cases to PCHD for follow-up
- 11 of 67 (16%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 11 animal specimens for rabies testing (2 positive)



**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.



## Avoid Use of Non-Edible Food Decorative Products

FDA is advising home and commercial bakers to avoid using glitter and dust products to decorate cakes and other food items unless the products are specifically manufactured to be edible.

The agency has become aware that some non-edible decorative glitters and dusts are promoted for use on foods. Home and commercial bakers need to be aware that these types of glitters and dusts are not intended to be used directly on foods and may contain materials that should not be eaten.

Many decorative glitters and dusts are sold over the Internet and in craft and bakery supply stores under names such as luster dust, disco dust, twinkle dust, sparkle dust, highlighter, shimmer powder, pearl dust, and petal dust. A variety of online instructional videos, blogs, and articles promote the use of these glitters and dusts to decorate foods such as cakes, cupcakes, and cake pops.

Some glitters and dusts are edible and are produced specifically for use on foods. These products are made from ingredients that can be safely eaten.

Bakers should carefully check the label of decorative products they consider for use on foods. Companies that make edible glitters and dusts are required by law to include a list of ingredients on the label. Common ingredients in edible glitter or dust include sugar, acacia (gum arabic), maltodextrin, cornstarch, and color additives specifically approved for food use, including mica-based pearlescent pigments and FD&C colors such as FD&C Blue No. 1. Most edible glitters and dusts also state “edible” on the label. If the label simply says “non-toxic” or “for decorative purposes only” and does not include an ingredients list, the product should not be used directly on foods.

If a baker chooses to decorate a food item with decorations that are not edible, the decorations should be removed before the food is served and eaten.

FDA reminds commercial bakers that it is their responsibility as a food manufacturer – be it a large commercial bakery or a small, home-based business – to produce food that complies with the applicable FDA regulations and state and local laws. Manufacturers of food containing unsafe ingredients are potentially subject to FDA enforcement actions to keep unsafe products out of the marketplace.

If you have specific questions about the regulatory status of ingredients in glitter and dust used in food decorating, contact the Office of Food Additive Safety at [premarkt@fda.hhs.gov](mailto:premarkt@fda.hhs.gov).





## Florida Department of Health Pasco County



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## Resources

### **Free Hepatitis A and Hepatitis B vaccines to high risk groups**

The Florida Department of Health-Pasco County is offering free hepatitis vaccines to those in high risk groups such as recreational drug users, those experiencing homelessness, and those with direct contact with others who have hepatitis A. For more information call Denise at 813-364-5812.

### **Free Test Fridays**

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

### **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.

**Don't know where to dispose of needles and syringes safely?** Visit <https://safeneedledisposal.org/> to find a location near you.

### **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?

- ! 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...