



Department of Health Pasco County

Main Office

10841 Little Road
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(727) 861-5260

www.pasco.floridahealth.gov

Administrator

Mike Napier, MS

Epidemiology Manager

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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) 861-5260 ext. 3655 (W. Pasco) or (352) 834-6150 (E. Pasco)

HIV (testing): (352) 834-6146

After Hours:

Pager (727) 257-1177

Answering Service (727) 815-4088

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Vibrio vulnificus

How do persons get infected with Vibrio vulnificus?

People can get infected with *Vibrio vulnificus* when they eat raw shellfish, particularly oysters. The bacterium is frequently isolated from oysters and other shellfish in warm coastal waters during the summer months. Since it is naturally found in warm marine waters, people with open wounds can be exposed to *Vibrio vulnificus* through direct contact with seawater. There is no evidence of person-to-person transmission of *Vibrio vulnificus*.

How can Vibrio vulnificus infection be diagnosed?

Vibrio vulnificus infection is diagnosed by stool, wound, or blood cultures. Notifying the laboratory when this infection is suspected helps because a special growth medium should be used to increase the diagnostic yield. Doctors should have a high suspicion for this organism when patients present with stomach illness, fever or shock following the ingestion of raw seafood, especially oysters, or with a wound infection after exposure to seawater.

What type of illness does Vibrio vulnificus cause?

Vibrio vulnificus can cause disease in those who eat contaminated seafood or have an open wound that is exposed to warm seawater containing the bacteria. Ingestion of *Vibrio vulnificus* can cause vomiting, diarrhea and abdominal pain. *Vibrio vulnificus* can also cause an infection of the skin when open wounds are exposed to warm seawater; these infections may lead to skin breakdown and ulcers. Healthy individuals typically develop a mild disease; however *Vibrio vulnificus* infections can be a serious concern for people who have weakened immune systems, particularly those with chronic liver disease. The bacterium can invade the bloodstream, causing a severe and life-threatening illness with symptoms like fever, chills, decreased blood pressure (septic shock) and blistering skin lesions. *Vibrio vulnificus* bloodstream infections are fatal about 50 percent of the time. A recent study showed that people with these pre-existing medical conditions were 80 times more likely to develop *Vibrio vulnificus* bloodstream infections than healthy people. Wound infections may also be serious in people with weakened immune systems. The wound may heal poorly and require surgery. Sometimes amputation may even be needed for recovery.

How common is Vibrio vulnificus infection?

Vibrio vulnificus is a rare cause of disease, but it is also underreported. Between 1988 and 2006, the Centers for Disease Control and Prevention (CDC) received reports of more than 900 *Vibrio vulnificus* infections from the Gulf Coast states, where most cases occur. Before 2007, there was no national surveillance system for *Vibrio vulnificus*, but CDC collaborated with Alabama, Florida, Louisiana, Texas and Mississippi to monitor the number of cases in the Gulf Coast region. In 2007, infections caused by *Vibrio vulnificus* and other vibrio species became nationally notifiable.

What are some tips for preventing Vibrio vulnificus infections?

- Do not eat raw oysters or other raw shellfish.
- Cook shellfish (oysters, clams, mussels) thoroughly.
- For shellfish in the shell, either a) boil until the shells open and continue boiling for 5 more minutes, or b) steam until the shells open and then continue cooking for 9 more minutes. Do not eat those shellfish that do not open during cooking. Boil shucked oysters at least 3 minutes, or fry them in oil at least 10 minutes at 375 °F.
- Avoid cross-contamination of cooked seafood and other foods with raw seafood and juices from raw seafood.
- Eat shellfish promptly after cooking and refrigerate leftovers.
- Avoid exposure of open wounds or broken skin to warm salt or brackish water, or to raw shellfish harvested from such waters.
- Wear protective clothing (e.g., gloves) when handling raw shellfish.

For more information on *Vibrio vulnificus*, go to www.cdc.gov/vibrio/vibriov or call the Florida Department of Health Pasco County, (352) 521-1450 ext. 6144.

PASCO HIV/AIDS/TB 2nd Quarter Summary



	2015	2015	2014
<u>Disease</u>	<u>Apr - Jun</u>	<u>YTD (Jun)</u>	<u>YTD (Jun)</u>
HIV*	21	42	30
AIDS*	12	23	24
TB**	-	-	-

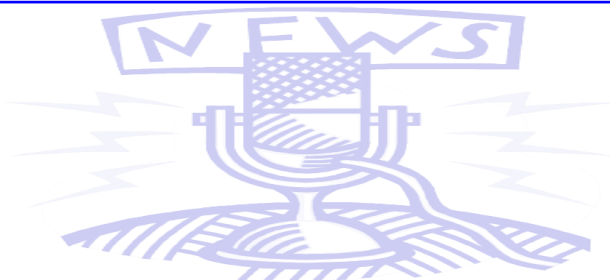
*Florida Department of Health, Bureau of HIV/AIDS (excluded DOC cases from report)

**Bureau of TB & Refugee Health

Department of Health - Pasco County offers **FREE RAPID HIV TESTING.**

Get tested today and receive results in 20 minutes!

For more information please visit www.pasco.floridahealth.gov or call (352) 834-6146



New Research Reveals the Trends and Risk Factors behind America's Growing Heroin Epidemic

July 7, 2015—Most demographic groups are increasingly using heroin and other drugs. During the past decade, heroin use has increased across the United States among men and women, most age groups, and all income levels, with some of the greatest increases occurring in demographic groups that have had historically lower rates of heroin use, according to a new *Vital Signs* report.

A wider variety of people are using heroin. Rates remained highest among males, 18–25 year olds, people with annual incomes less than \$20,000, people living in urban areas, and people with no health insurance or those enrolled in Medicaid. However, rates increased significantly across almost all study groups. They doubled among women and more than doubled among non-Hispanic whites.

It is common for people who use heroin to use other drugs. Nearly all (96 percent) people who reported heroin use also reported using at least one other drug in the past year. More than half (61 percent) used at least three other drugs. Prescription opioid painkiller abuse or dependences was the strongest risk factor for heroin abuse or dependence; 45% of people who used heroin also abused or were dependent on prescription opioid painkillers in the past year.

As heroin abuse or dependence increased, so have heroin-related overdose deaths. From 2002 through 2013, the rate of heroin-related overdose deaths nearly quadrupled.

Everyone can learn more about the risks of using heroin and other drugs. Learn how to recognize and respond to opioid overdose. Get help for substance abuse problems (1-800-662-HELP). For more information about prescription drug overdose, please visit CDC's Injury Center.

Preparing Your Family for Disasters and Emergencies

In the event of a natural disaster or emergency, the Florida Department of Health (DOH) recommends Floridians take the following steps:

PREPARE and PLAN

Make an emergency plan for your family and pets that includes:

- What you and your family will do.
- What to have on hand.
- Where to go and what to take with you if you have to evacuate.

Make an emergency supply kit that includes:

- Water- at least one gallon per person, per day.
- Healthy, nonperishable food.
- Medicine.
- Glasses, hearing aids, medical devices, first aid kit.
- Clothing and bedding.
- Important documents- list of property, contacts, medical information.
- Other items- personal hygiene, spare keys, TTYs with extra batteries, battery-powered radio and flashlight.



More tips:

- Have cash on hand and keep your car's gas tank full.
- Let others know your intended evacuation destination and route.
- Take food safety precautions, i.e. turn your refrigerator and freezer temperature to the coldest settings.
- Locate forms of identification and important papers.
- If you're in a flood zone, review your flood insurance policy.
- Locate shelters in your area, including special needs and pet-friendly shelters.
- Become familiar with local resources like the county health department, emergency management office, etc., and federal agencies like the American Red Cross, Federal Emergency Management Agency (FEMA), etc.

Additional items for People with Disabilities or Access and Functional Needs:

- Mark all items with fluorescent tape, large print or Braille.
- Be sure to have items specific to your disability like:
 - o Spare parts, batteries or chargers for equipment and supplies
 - o Repair kits.
 - o Walker, crutches or canes.
 - o Dialysis equipment.
 - o Oxygen.
 - o Talking or Braille clock.
 - o Cards, notification that you have a disability.
 - o Electronic communicator.
 - o Other specialty equipment and supplies you need.

STAY INFORMED

- Follow local alerts/evacuation notices on the radio, television, Internet and other warning systems.
- Evacuate or seek medical attention quickly if instructed by authorities.
- Follow your family's emergency plan.
- Limit use of your telephone or cell phone; make sure phones and TTY are fully charged and back-up batteries are available.
- Wait for official notice that the emergency is over.

For further information on how to create an emergency plan for your family and pets, and for a copy of the Florida Department of Health's Emergency Preparedness Guide, visit www.floridahealth.gov.

Making a Disaster Supply Kit

A disaster supply kit for your home or an evacuation should include items in six basic areas: (1) water, (2) food, (3) first aid supplies and medications, (4) clothing and bedding, (5) tools and emergency supplies, and (6) important family documents. You will need a supply kit if you are confined to your home. It is also valuable if you evacuate to a place other than a well-stocked shelter or if you're unsure of the shelter's supplies.

Tips for Making Your Kit

- Keep loose items in airtight plastic bags.
- Gather the kit's items in easy-to-carry containers or duffle bags. Put kit within reach of your most often used exit.
- Check and update your kit and family needs at least once a year.

Tips for Water & Food Supplies

- A normally active person needs to drink at least two quarts of water daily. Heat and intense activity can double this amount. Children, nursing mothers and those with special needs may require more.
- Food preparation and sanitation require another two quarts (minimum) per person daily.
- Purchased bottled water that has been sealed is best for storage. It meets FDA guidelines for food, is not as vulnerable to temperature changes as unsealed water and has no shelf life. (Some bottles do have expiration dates, but this is mainly for inventory control.) If for any reason you must disinfect water, use unscented bleach in the ratio of 8 drops per gallon, about 1/8 teaspoon, and let the mixture sit 30 minutes before use.
- Choose compact, lightweight foods that do not require refrigeration, cooking or preparation and foods that use little or no water.
- Hand washing with soap and water is extremely important. However, in the event water for hand washing is unavailable, use alcohol-based sanitizer.

DOH recommends at least a three-day supply of food and water in your kit, including:

- One gallon of water per person per day
- Ready-to-eat canned meats, fruits and vegetables
- Staples (salt, sugar, pepper, spices, etc.)
- Powdered milk and canned juices
- High-energy snacks and comfort/stress foods
- Food for infants and individuals with special needs
- Pedialyte (to restore hydration if needed)
- Mess kits or paper cups, plates and plastic utensils and
- Non-electric can opener, utility knife



For tools and emergency supplies, DOH recommends:

- Cash or traveler's checks, coins
 - Map of the area for locating shelters
 - Battery-operated radio and flashlight, extra batteries
 - Fire extinguisher
 - Pliers and shut-off wrench to turn off household water and/or gas
 - Compass, signal flare, whistle and tube tent
 - Plastic sheeting, storage containers and bucket with tight lid
 - Plastic garbage bags and ties for sanitation
 - Tape (duct, masking)
 - Candles and matches in a waterproof container
 - Paper, pencil
 - Needles, thread
 - Medicine dropper
 - Aluminum foil
 - Toilet paper, moistened towelettes, and towels
-

- Soap, liquid detergent, disinfectant and unscented household chlorine bleach
- Feminine supplies and personal hygiene items
- Infant supplies (diapers, bottles and pacifiers)

For Clothing and bedding supplies, DOH recommends:

- At least complete change of clothing and footwear per person
- Sturdy shoes, work boots, hats and gloves
- Blankets or sleeping bags and pillows
- Rain gear

DOH recommends having first aid kits for your home and cars, including:

- A three-day supply of each person's vital medications
- Prescription drugs in original packaging (bottles)
- Sterile adhesive bandages in assorted sizes
- 2-inch and 4-inch sterile gauze pads (4-6)
- 2-inch and 3-inch sterile roller bandages (3 rolls)
- Triangular bandages (3)
- Latex gloves (at least 2 pairs)
- Cleansing agent, soap and moistened towelettes
- Antiseptic and antibiotic ointment
- Petroleum jelly or other lubricant
- Assorted sizes of safety pins
- Scissors, tweezers, needle and thermometer
- Tongue depressors (2)
- Non-prescription drugs
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication, antacid and laxative
- Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
- Activated charcoal (use if advised by the Poison Control Center)
- Sunscreen
- Mosquito repellent, with DEET when appropriate
- Extra prescription glasses, sunglasses and/or contact lenses
- Hearing aid and batteries
- Personal items required to perform basic daily functions



DOH recommends copies of the following important family documents are kept in a waterproof, portable container within kits:

- Insurance policies
- Contracts and deeds
- Stocks and bonds
- Social Security cards and passports
- Immunization records and prescriptions
- Bank account numbers
- Credit card account numbers and company names and telephone numbers
- Inventory of valuable household goods
- Family records (birth, marriage, death certificates) and wills
- Current photographs of family members

For further information, please contact your local county health department or visit www.floridahealth.gov or www.floridadisaster.org.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Chikungunya Fever– Information for Clinicians

Please contact Department of Health Pasco County (DOH-Pasco) by the next business day if you suspect a patient has a chikungunya infection to ensure prompt mosquito control efforts.

Chikungunya, a dengue-like illness, has been identified in the Caribbean, Central America, and South America. Outbreaks have been documented in Africa, Southern Europe, Southeast Asia, the Indian subcontinent, and islands in the Indian and Pacific Oceans, prior to the introduction into the Caribbean in December 2013. An infected person should avoid mosquito bites while ill to prevent infection of local mosquitoes.

Transmission occurs through the bite of an infected mosquito. Chikungunya infection can also occur in neonates (aged <1 month) via transmission from infected mothers during the intrapartum period.

Incubation period is 1-12 days.

Clinical Presentation: A majority of people infected with chikungunya virus become symptomatic. Infection is characterized by acute fever and polyarthralgia, other symptoms may include headache, myalgia, arthritis, or rash. Relapse of joint pain and fatigue may occur within three months after acute illness. Chronic joint pain and fatigue of several weeks to years duration is seen in some patients, especially those > 45 years of age or with preexisting joint disease. Persons at risk for more severe acute disease include: neonates exposed intrapartum, adults > 65 years of age, and persons with underlying medical conditions (e.g., hypertension, diabetes, or cardiovascular disease).

Patients with suspected chikungunya fever also should be evaluated, tested and managed for possible dengue virus infection if travel was to areas where both are present as co-infection is possible. Aspirin is not advised in case of co-infection with dengue.

Please contact your County Health Department if you have a patient that has:

- Acute onset of high fever and polyarthralgia with or without recent (2 weeks prior to onset) travel to an endemic area including the Caribbean, Central and South America.

Laboratory testing

Polymerase Chain Reaction (PCR) can be used to detect viral RNA in serum samples collected during the first week post-symptom onset. Virus-specific IgM and neutralizing antibody testing should be requested for serum specimens taken > 1 week post-onset. Both acute (< 1 week post onset) and convalescent (> 1 week post onset) sera should be collected. Your County Health Department can provide guidance on how and when to submit samples to the Department of Health Bureau of Public Health Laboratories.

Resources:

Department of Health Pasco County phone number: (352) 521-1450 option 2

DOH Bureau of Epidemiology: <http://www.floridahealth.gov/%5C/diseases-and-conditions/chikungunya/index.html>

Centers for Disease Control and Prevention: <http://www.cdc.gov/chikungunya/hc/clinicalevaluation.html>

Florida Department of Health in Pasco County

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Dengue Fever - Information for Clinicians

Please contact Department of Health Pasco County (DOH-Pasco) by the next business day if you suspect a patient has dengue to ensure prompt mosquito control efforts.

Dengue infection is caused by any of four distinct but closely related dengue virus (DENV) serotypes (called DENV-1, -2, -3, and -4). Dengue is currently the most frequent cause of acute febrile illness among returning U.S. travelers from the Caribbean, Central and South America, and Asia.

Transmission occurs through the bite of an infected mosquito. Dengue may also be transmitted from mother to fetus in utero or to neonate at parturition. **An infected person should avoid mosquito bites while ill to prevent infection of local mosquitoes.**

Incubation period is two to 14 days.

Clinical presentation can range from a mild non-specific febrile syndrome, to classic dengue fever or "break-bone fever", or in the most severe forms of the disease (2-4% of cases), dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS). More than 20% of cases may be asymptomatic. Dengue should be considered when locally acquired infection is suspected, or in persons that live in or have traveled to a dengue endemic area in the two weeks prior to symptom onset and have fever. In addition, one or more of the following signs and symptoms may be present:

- Headache or retro-orbital pain
- Myalgia, bone pain, and/or arthralgia
- Anorexia and nausea
- Rash
- Thrombocytopenia
- Leukopenia

Hemorrhagic fever or shock symptoms may appear after the febrile phase and include abdominal pain or tenderness, persistent vomiting, mucosal bleeding, liver enlargement, clinical fluid accumulation, or laboratory results indicating an increase in hematocrit concurrent with a rapid decrease in platelets.

Patients at risk for severe disease:

Previously infected with another dengue virus	Diabetes mellitus
Pregnant women	Chronic renal failure
Infants	Sickle cell anemia
Elderly	

Patients with suspected dengue fever also should be evaluated, tested and managed for possible chikungunya virus infection if travel was to areas where both are present as co-infection is possible.

Laboratory testing

Polymerase chain reaction (PCR) can be used to detect viral RNA in serum samples collected during the first 5 days post symptom onset. Testing for DENV specific IgM antibodies should be requested for serum specimens taken ≥ 6 days after onset. Approximately 20% of dengue patients that have been previously exposed to another dengue serotype may show elevated IgG titers and have transient or no elevated dengue IgM titers, making identification of such cases difficult without PCR testing on the acute sample. Your CHD can provide guidance on how and when to submit samples to the Department of Health (DOH) Bureau of Public Health Laboratories.

Resources: Department of Health Pasco County phone number: (352) 521 – 1450 option 2

DOH Bureau of Epidemiology: <http://www.floridahealth.gov/diseases-and-conditions/dengue/index.html>

Centers for Disease Control and Prevention: <http://www.cdc.gov/dengue/clinicallab/clinical.html>

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West Nile Fever and Neuroinvasive Disease - Information for Clinicians

Please contact Department of Health Pasco County (DOH-Pasco) by the next business day if you suspect West Nile virus infection to ensure prompt mosquito control efforts.

Transmission: West Nile virus is transmitted to humans primarily through the bites of infected mosquitoes. Other modes of transmission include blood transfusion and organ transplantation.

Incubation period: Two to 15 days.

Clinical presentation: The clinical spectrum for WNV infection includes asymptomatic infection or mild illness (fever and headache), aseptic meningitis, and encephalitis that can progress to coma and death. West Nile virus infection cases are often categorized into two primary groups: neuroinvasive disease and non-neuroinvasive disease. Approximately 80% of those infected show no clinical symptoms. Twenty percent have mild symptoms, and less than 1% experience the neuroinvasive form of illness.

Neuroinvasive disease such as aseptic meningitis, encephalitis, or acute flaccid paralysis (AFP). Symptoms include

- Fever
- Stiff neck
- Altered mental status
- Seizures
- Limb weakness
- Cerebrospinal fluid (CSF) pleocytosis
- Abnormal neuroimaging.

Non-neuroinvasive disease (e.g., West Nile fever). Symptoms include

- Fever
- Headache
- Myalgias
- Arthralgias
- Rash
- Gastrointestinal symptoms

Patients at risk for severe disease:

Individuals over 50 years of age
Immunosuppressed patients

Laboratory testing

Testing for WNV specific IgM antibodies should be requested for serum specimens or CSF. XXX CHD can provide guidance on how and when to submit samples to the Department of Health (DOH) Bureau of Public Health Laboratories.

Resources:

Department of Health Pasco County phone number: (352) 521- 1450 Option 2

DOH Bureau of Epidemiology: <http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/index.html>

Centers for Disease Control and Prevention: <http://www.cdc.gov/westnile/index.html>

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2nd Quarter 2015 Disease Summary



<u>Disease/Condition*</u>	2015	2015	2014	2014
	<u>Apr - Jun</u>	<u>YTD</u>	<u>Apr - Jun</u>	<u>YTD</u>
CAMPYLOBACTERIOSIS	37	53	14	27
CARBON MONOXIDE POISONING	1	2	0	1
CHOLERA (VIBRIO CHOLERAЕ TYPE O1)	0	0	1	1
CREUTZFELDT-JAKOB DISEASE (CJD)	1	1	1	1
CRYPTOSPORIDIOSIS	4	6	3	5
EHRlichiosis/ANAPLASMOSIS	0	1	0	0
ESCHERICHIA COLI, SHIGA TOXIN-PRODUCING (STEC)	1	4	4	8
GIARDIASIS, ACUTE	6	9	7	12
HAEMOPHILUS INFLUENZAE INVASIVE DISEASE	0	1	0	1
HEMOLYTIC UREMIC SYNDROME (HUS)	0	1	0	0
HEPATITIS A	0	2	4	7
HEPATITIS B, ACUTE	12	31	12	25
HEPATITIS B, CHRONIC	24	50	19	32
HEPATITIS B, SURFACE ANTIGEN IN PREGNANT WOMEN	1	4	2	5
HEPATITIS C, ACUTE	2	2	5	5
HEPATITIS C, CHRONIC	268	561	174	319
LEAD POISONING	9	17	5	16
LEGIONELLOSIS	2	2	1	3
LISTERIOSIS	0	1	0	1
LYME DISEASE	4	4	1	1
MALARIA	0	0	1	1
MENINGITIS, BACTERIAL OR MYCOTIC	0	1	0	0
MERCURY POISONING	0	0	1	1
MUMPS	0	1	2	2
PERTUSSIS	7	12	8	15
RABIES, ANIMAL	0	1	1	3
RABIES, POSSIBLE EXPOSURE	60	109	48	98
ROCKY MOUNTAIN SPOTTED FEVER	0	0	1	1
SALMONELLOSIS	35	53	18	43
SHIGELLOSIS	3	3	3	5
STREP PNEUMONIAE INVASIVE DISEASE, DRUG-RESISTANT	1	1	2	5
STREP PNEUMONIAE INVASIVE DISEASE, DRUG-SUSCEPTIBLE	0	4	2	7
VARICELLA (CHICKENPOX)	10	16	2	9
VIBRIOSIS (VIBRIO ALGINOLYTICUS)	1	1	0	0
VIBRIOSIS (VIBRIO CHOLERAЕ TYPE NON-O1)	0	0	1	2
VIBRIOSIS (VIBRIO VULNIFICUS)	0	1	0	0
WEST NILE VIRUS NEUROINVASIVE DISEASE	0	0	0	0
TOTAL	489	955	343	662

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



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

Florida Department of Health in Pasco County - Epidemiology

13941 15th Street, Dade City, FL 33525

Phone (352) 521 - 1450 option 2

After Hours Reporting (727) 257 - 1177 (pager)

Confidential Fax (352) 521 - 1435

- ! 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
- ! 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
- ☎ Dengue fever, locally acquired
- ! Diphtheria
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute
- ! Glanders
- Gonorrhea

- Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women or children <2 years old
- ☎ Herpes B virus, possible exposure
- 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
- 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
- ☎ 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

*Section 381.0031 (2), *Florida Statutes (F.S.)*, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."