

# EPI NOTES

## Hillsborough County Health Department Disease Surveillance Newsletter August 2010

### Director

Douglas Holt, MD

(813) 307-8008

### Communicable Disease Director

Charurut Somboonwit, MD

(813) 307-8008

### Community Health Director

Leslene Gordon, PhD, RD, LD/N

(813) 307-8015, ext. 7107

### Disease Control Manager

Vacant

(813) 307-8015, ext. 6307

### Environmental Administrator

Brian Miller, RS

(813) 307-8015, ext. 5901

### Epidemiology

Warren R. McDougale Jr., MPH

(813) 307-8010 Fax (813) 276-2981

### TO REPORT A DISEASE:

#### Epidemiology

(813) 307-3010

#### After Hours Emergency

(813) 307-8000

#### Food and Waterborne Illness

Douglas A. King

(813) 307-8059 Fax (813) 272-7242

#### HIV/AIDS Surveillance

Erica Botting

(813) 307-8011

#### Lead Poisoning

Cynthia O. Keeton

307-8015, ext. 7108 Fax 272-6915

#### Sexually Transmitted Disease

Wendell Evans

(813) 307-8022 Fax (813) 307-8027

#### Tuberculosis

Chris Lutz

307-8015 ext. 4758 Fax 975-2014

## Program Managers Update

Warren R. McDougale Jr., MPH

Currently there are two mosquito-borne diseases of special concern to health care providers in Hillsborough County. This summer, Eastern Equine Encephalitis (EEE) has caused two human deaths and five equine deaths in our county. Because of these deaths, the Hillsborough County Health Department has issued a mosquito-borne illness alert for our county (included below in this newsletter).

Additionally, Dengue Fever cases are occurring in returning travelers from Key West, Puerto Rico, Central America and the Caribbean. Directions for collecting and shipping Dengue Fever specimens to the Department of Health Laboratory in Tampa are included in this newsletter. Please feel free to share the information provided in this newsletter to anyone who may benefit. If our office can be of any further assistance, please feel free to contact us at 813-307-8010.

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# Mosquito-Borne Illness Alert Issued for Hillsborough County

## 2<sup>nd</sup> Death Attributed to Eastern Equine Encephalitis Confirmed in Hillsborough County

**\* This is a copy of the press release from 07/29/2010 \***

TAMPA FL, -- The Hillsborough County Health Department has elevated the “Mosquito-Borne Illness Advisory” for the county to a “Mosquito-Borne Illness Alert” due to further increased mosquito-borne disease activity. The health department was notified late yesterday afternoon through our disease surveillance system that an infant residing in the Greater Brandon area of Hillsborough County has died from Eastern Equine Encephalitis, (EEE). The specific date of the death is not available at this time.

“Losing a child is one of the most difficult experiences any family can endure, and words of true comfort are hard to find,” said Douglas Holt, Director Hillsborough County Health Department. “We offer our deepest condolences to the family for their loss.

This is the second death in the state attributed to Eastern Equine Encephalitis since 2008.

Mosquito-Borne Illness Alerts are declared when additional human cases of locally-acquired endemic or exotic arboviral disease have been confirmed, or when evidence of intense virus transmission activity has been detected in animal surveillance systems.

“Since there is no vaccine to help protect people, we hope that area residents will take every precaution possible to prevent being bitten by mosquitoes this season,” said Warren McDougle, Epidemiology Program Manager, Hillsborough County Health Department. “There are numerous mosquito repellents commercially available to include natural products that don’t contain DEET.”

Surveillance data has indicated a continued rise in arbovirus transmission activity, such as West Nile virus (WNV) and Eastern Equine Encephalitis (EEE). In the past several months, five horses in Hillsborough County have tested positive for Eastern Equine Encephalitis. The presence of this disease in the animal population indicates the increased potential for human infections. The Hillsborough County Health Department is working closely with Hillsborough County Mosquito Control to reduce the risk of mosquito borne disease throughout the County.

The Hillsborough County Health Department first issued a Mosquito-Borne Illness Advisory for the County April 23<sup>rd</sup>.

Hillsborough County Mosquito Control and the health department continue surveillance and prevention efforts and encourage everyone to take basic precautions to help limit exposure to mosquitoes by following the Florida Department of Health recommendations.

To reduce the risk of being bitten by mosquitoes, Florida Department of Health, (FDOH) recommends that individuals remain diligent in their personal prevention efforts. These efforts should include the **“5 D’s”** for prevention:

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- **Dusk and Dawn** – Avoid being outdoors when mosquitoes are seeking blood. For many species, this is during the dusk and dawn hours.
- **Dress** – Wear clothing that covers most of your skin.
- **DEET** – When the potential exists for exposure to mosquitoes, repellents containing DEET (N, N-diethyl-methyltoluamide, or N, N-diethyl-3-methylbenzamide) are recommended. Picaridin and oil of lemon eucalyptus are other repellent options.
- **Drainage** – Check around your home to rid the area of standing water, which is where mosquitoes can lay their eggs. *Make sure that pools and spas have continuous circulation and appropriate chlorination to prevent mosquitoes from laying eggs.*

Area physicians should contact their county's health department if they suspect an individual may have contracted a mosquito-borne illness. Department of Health laboratories provide testing services for physicians treating patients with clinical signs of mosquito-borne disease.

Symptoms may include fever, headache, tiredness, and body aches, occasionally with a skin rash (on the trunk of the body) and swollen lymph glands.

DOH continues to conduct statewide surveillance for mosquito-borne illnesses, including WNV and Eastern Equine Encephalomyelitis (EEE), St. Louis Encephalitis (SLE), malaria and dengue. Residents are encouraged to report dead birds via the web site <http://myfwc.com/bird/>. For more information on mosquito-borne illnesses, visit DOH's Environmental Health Website at <http://www.doh.state.fl.us/environment/community/arboviral/index.htm>, or the CDC website at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>. You may also call the WNV Hotline at

1-888-880-5782 or contact your local county health department.

## Eastern Equine Encephalitis Frequently Asked Questions:

### **What is Eastern equine encephalitis (EEE)?**

EEE is a rare disease that is caused by a virus spread by infected mosquitoes. EEE virus (EEEV) is one of a group of mosquito-transmitted viruses that can cause inflammation of the brain (encephalitis). In the United States, approximately 5-10 EEE cases are reported annually.

### **How do people get infected with EEEV?**

EEEV is transmitted through the bite of an infected mosquito. Disease transmission does not occur directly from person to person.

### **Where and when have most cases of EEE occurred?**

Most cases of EEE have been reported from Atlantic and Gulf Coast states. Cases have also been reported from the Great Lakes region. EEE cases occur primarily from late spring through early fall, but in subtropical endemic areas (e.g., the Gulf States), rare cases can occur in winter.

### **Who is at risk for infection with EEEV?**

Anyone in an area where the virus is circulating can get infected with EEEV. The risk is highest for people who live in or visit woodland habitats, and people who work outside or participate in outdoor recreational activities, because of greater exposure to potentially infected mosquitoes.

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**How soon do people get sick after getting bitten by an infected mosquito?**

It takes 4 to 10 days after the bite of an infected mosquito to develop symptoms of EEE.

**What are the symptoms of EEEV disease?**

Severe cases of EEEV infection (EEE, involving encephalitis, an inflammation of the brain) begin with the sudden onset of headache, high fever, chills, and vomiting. The illness may then progress into disorientation, seizures, and coma. Approximately a third of patients who develop EEE die, and many of those who survive have mild to severe brain damage.

**How is EEE diagnosed?**

Diagnosis is based on tests of blood or spinal fluid. These tests typically look for antibodies that the body makes against the viral infection.

**What is the treatment for EEE?**

There is no specific treatment for EEE. Antibiotics are not effective against viruses, and no effective anti-viral drugs have been discovered. Severe illnesses are treated by supportive therapy which may include hospitalization, respiratory support, IV fluids, and prevention of other infections.

**How can people reduce the chance of getting infected with EEEV?**

Prevent mosquito bites. There is no vaccine or preventive drug.

- Use insect repellent containing DEET, picaridin, IR3535 or oil of lemon eucalyptus on exposed skin and/or clothing. The repellent/insecticide permethrin can be used on clothing to protect through several washes. Always follow the directions on the package.
- Wear long sleeves and pants when weather permits.
- Have secure, intact screens on windows and doors to keep mosquitoes out.
- Eliminate mosquito-breeding sites by emptying standing water from flowerpots, buckets, barrels, and other containers. Drill holes in tire swings so water drains out. Keep children's wading pools empty and on their sides when they aren't being used.

**What should I do if I think a family member might have EEE?**

Consult your healthcare provider for proper diagnosis.

## Dengue Information for Clinicians

Dengue infection is caused by any of four distinct but closely related dengue virus (DENV) serotypes (called DENV-1, -2, -3, and -4). Dengue viruses are flaviviruses, a family which includes other medically important vector-borne viruses (e.g., West Nile virus, St. Louis encephalitis virus, etc.). 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. It is widespread throughout the tropics and sub-tropics and an outbreak was recently identified in Key West, Florida. The primary method of **transmission** is through the bite of an infected *Aedes aegypti* mosquito. Dengue may also be transmitted from mother to fetus in utero or to neonate at parturition. **Incubation** period is 3-14 days. Infected persons may be asymptomatic in up to 53-89% of cases. **Clinical presentation** in those who become ill can range from a mild non-specific febrile syndrome, to classic dengue fever (DF), or in the most severe forms of the disease (2-4% of cases), dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS). Early clinical recognition and treatment for those who develop DHF or DSS can save lives. Dengue should be considered when persons that live in or have traveled to a dengue endemic area in the two weeks prior to symptom onset have **fever and two of the following signs and symptoms:**

- Aches and pains (headache, retro-orbital pain, myalgia, arthralgia)
- Anorexia and nausea
- Rash
- Positive tourniquet test
- Leucopenia
- Warning signs for severe disease. Warning signs typically manifest after a two to seven day febrile phase and include abdominal pain or tenderness, persistent vomiting, mucosal bleeding, liver enlargement greater than two centimeters, clinical fluid accumulation, lethargy/restlessness, 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	Obesity
Elderly	

**Laboratory testing** is necessary to confirm whether local transmission is occurring and to identify circulating virus types (PCR). Serum samples collected during the first five days post onset should be submitted for PCR testing to DOH Tampa Laboratory. Most convalescent serum samples ( $\geq 6$  days onset) should be submitted for IgM antibody detection by ELISA at a commercial laboratory. Either PCR or ELISA samples can be collected in a red or tiger top tube. Your county health department can provide guidance on how and when to submit samples to DOH Laboratories. The Florida Department of Health is relying on physicians to identify suspect cases of dengue and report them to their county health department. **Please contact your county health department by the next business day if you suspect dengue to ensure prompt mosquito control efforts.**

### Resources:

Local County Health Department phone number: (813) 307- 8010

CDC guidelines for clinical management of dengue infection

<http://www.cdc.gov/dengue/clinlab/clinical.html>

FL DOH dengue and general arbovirus information:

<http://myfloridaeh.com/medicine/arboviral/index.html>

More information on the 2009 Key West dengue outbreak:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5919a1.htm>

# Dengue Clinical Sample Submission Guidelines

When dengue is suspected in a patient, a sample should be promptly submitted to either the DOH Bureau of Laboratories in Tampa or a commercial laboratory such as Quest or LabCorp. The following categories will help you determine which laboratory is appropriate:

## DOH Bureau of Laboratories

- (1) Acute sample ( $\leq 5$  days post onset)
  - Submit to BOL-Tampa
- (2) Only available sample is convalescent ( $\geq 6$  days post onset) **without travel** to endemic country or Key West (suspect local transmission outside of Key West)
  - Submit to BOL-Tampa or BOL-Jacksonville
  -

## Commercial Laboratory

- (3) Only available sample is convalescent ( $\geq 6$  days post onset) **with travel** to endemic country or Key West

To submit a sample to the state laboratory, collect a red top or tiger top tube and follow packaging and shipping guidelines for diagnostic specimens (<https://www.doh.state.fl.us/lab/laboratoryservices.htm>). If the sample is acute (collected five or fewer days post onset), the sera should be shipped frozen on dry ice to the address below: Note: although this is best for detecting virus, viral RNA may still be detectable in freshly collected acute serum that is immediately sent overnight to the laboratory in a cooler with frozen gel ice.

DOH BOL Tampa –Virology  
3602 Spectrum Boulevard  
Tampa, FL 33612  
Phone: 813-974-5990  
Fax: 813-974-5776

DOH BOL Jacksonville-Virology  
1217 Pearl Street  
Jacksonville, FL 32202  
Phone: 904-791-1540  
Fax: 904-791-1542

A completed Florida Department of Health laboratory submission form should accompany all specimens ([http://www.doh.state.fl.us/lab/PDF\\_Files/doh\\_form.pdf](http://www.doh.state.fl.us/lab/PDF_Files/doh_form.pdf)). The name of the contact at the county health department who approved sample submission to BOL should be included on the submission form. For acute samples, indicate Arbovirus PCR and Arbovirus Antibody. For convalescent samples, indicate only Arbovirus Antibody. In both cases, the following steps should be completed:

- Write dengue in the comments section on the bottom of the form
- Fill in date of onset and travel in the mandatory arbovirus section
- Include date of specimen collection at the top of the form
- Fill in Health Care Provider Information box with the name, address, and contact phone of the person to whose attention the final laboratory report is to be sent

Prior to requesting that a commercial lab forward a specimen to DOH Bureau of Laboratories please consult with the Arbovirus Surveillance Coordinator. The DOH laboratory specimen submission form should be filled out in full by the CHD and faxed to BOL with a note stating from which commercial laboratory the specimen has been requested. If commercial lab results are already available, fax them along with the submission form.



# Reportable Disease Surveillance Data

Disease	2007	2008	2009	3 Year Average	Jan-July 2009	Jan-July 2010
AIDS	249	326	NA	N/A	NA	NA
AMEBIC ENCEPHALITIS	NR	NR	1	N/A	0	0
ANIMAL BITE, PEP RECEIVED	20	15	72	35.7	43	33
ANTHRAX	0	0	0	0.0	0	0
ARSENIC	NR	1	1	N/A	1	0
BOTULISM, FOODBORNE	0	0	0	0.0	0	0
BOTULISM, INFANT	0	0	1	0.3	1	0
BRUCELLOSIS	0	0	2	0.7	0	0
CALIFORNIA SEROGROUP, NEUROINVASIVE	1	1	0	0.7	0	0
CAMPYLOBACTERIOSIS	57	82	69	69.3	42	45
CARBON MONOXIDE POISONING	NR	NR	0	N/A	0	4
CHLAMYDIA	5167	6127	5058	5450.7	NA	NA
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	0	0	1	0.3	1	0
CRYPTOSPORIDIOSIS	46	33	38	39.0	12	7
CYCLOSPORIASIS	2	7	2	3.7	2	3
DENGUE	2	4	3	3.0	1	3
DIPHtheria	0	0	0	0.0	0	0
EHRlichiosis, HUMAN GRANULOCYtic	0	0	0	0.0	0	1
EHRlichiosis, HUMAN MONOCYtic	0	0	0	0.0	0	1
EHRlichiosis/ANAPLASMOSIS, UNDETER.	0	0	1	0.3	0	1
ENCEPHALITIS, CALIFORNIA/LACROSSE	0	0	0	0.0	0	0
ENCEPHALITIS, HERPES	0	0	0	0.0	0	0
ENCEPHALITIS, NON-ARBOVIRAL	0	0	0	0.0	0	0
ENCEPHALITIS, OTHER	0	0	0	0.0	0	0
ENCEPHALITIS, EEE	0	0	0	0.0	0	2
ENCEPHALITIS, SLE	0	0	0	0.0	0	0
ENCEPHALITIS, WN	0	0	0	0.0	0	0
ENTEROHEMORRHAGIC E. COLI (O157:H7)	4	1	0	1.7	0	0
E. COLI SHIGA TOXIN + NOT SEROGROUP	2	1	0	1.0	0	0
E. COLI SHIGA TOXIN + NON O157:H7	1	0	0	0.3	0	0
E. COLI SHIGA TOXIN PRODUCING - 0800	0	1	11	4.0	6	8
FOOD AND WATERBORNE CASES	64	46	74	61.3	63	42
FOOD AND WATERBORNE OUTBREAKS	17	21	18	18.7	13	11
GIARDIASIS	86	90	101	92.3	59	55
GONORRHEA	2067	2059	1574	1900.0	NA	NA
H. INFLUENZAE PNEUMONIA	5	1	0	2.0	0	0
H-FLU, PRIMARY BACTEREMIA, INVASIVE	2	13	13	9.3	9	4
H-FLU, SEPTIC ARTHRITIS	1	1	0	0.7	0	0
HANSEN'S DISEASE (LEPROSY)	0	1	1	0.7	0	0
HANTAVIRUS	0	0	0	0.0	0	0
HEMOLYTIC UREMIC SYNDROME	1	0	0	0.3	0	1
HEPATITIS A, ACUTE	16	15	13	14.7	10	1
HEPATITIS B, ACUTE	38	38	29	35.0	16	27
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	62	57	65	61.3	37	26
HEPATITIS B, PERINATAL ACUTE	0	0	0	0.0	0	0
HEPATITIS B, CHRONIC	121	218	317	218.7	187	178
HEPATITIS C, ACUTE	2	4	14	6.7	5	7
HEPATITIS C, CHRONIC	1349	1423	1391	1387.7	696	1012
HEPATITIS D	NR	NR	1	0.3	1	0

NR = Not reportable by law for that year

N/A = Not applicable

NA = Not available (no data received)

Disease	2007	2008	2009	3 Year Average	Jan-July 2009	Jan-July 2010
HEPATITIS E, NON-A, NON-B, ACUTE	0	0	0	0.0	0	0
HEPATITIS G	1	0	0	0.3	0	0
HEPATITIS UNSPECIFIED, ACUTE	0	0	0	0.0	0	0
HIV INFECTION	423	441	NA	N/A	NA	NA
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	1	1	0	0.7	0	0
INFLUENZA-A, NOVEL OR PANDEMIC STRAINS	NR	NR	321	N/A	207	7
LEAD POISONING	17	56	77	50.0	32	44
LEGIONELLOSIS	9	11	8	9.3	3	8
LEPTOSPITOSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	1	2	1.7	0	2
LYME DISEASE	1	2	11	4.7	1	2
MALARIA	1	4	2	2.3	0	3
MEASLES	0	0	0	0.0	0	0
MENINGITIS, GROUP B STREP	2	2	0	1.3	0	0
MENINGITIS, H-FLU	1	0	0	0.3	0	0
MENINGITIS, LISTERIA MONOCYTOGENES	0	1	0	0.3	0	0
MENINGITIS BACTERIAL CRYPTOCOCCAL	9	21	28	19.3	15	18
MENINGITIS, STREP, PNEUMONIAE	1	1	0	0.7	0	0
MENINGOCOCCAL DISEASE	6	2	1	3.0	0	1
MERCURY POISONING	0	0	0	0.0	0	0
MUMPS	3	5	2	3.3	1	1
NEUROTOXIC SHELLFISH POISONING	0	0	0	0.0	0	0
PERTUSSIS	18	28	25	23.7	19	17
PESTICIDE RELATED ILLNESS	0	0	0	0.0	0	0
POLIO, PARALYTIC	0	0	0	0.0	0	0
PSITTACOSIS	0	0	0	0.0	0	0
Q FEVER	2	0	0	0.7	0	0
RABIES ANIMAL	7	4	5	5.3	4	3
ROCKY MOUNTAIN SPOTTED FEVER	2	1	0	1.0	0	3
RUBELLA	0	1	0	0.3	0	0
SALMONELLOSIS	285	242	337	288.0	131	130
SHIGELLOSIS	44	30	21	31.7	10	14
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS, COM. ASSOC. MORTALITY	NR	1	2	N/A	2	0
STAPH AUREUS, VISA/VRSA	0	0	0	0.0	0	0
STREP DISEASE, INVASIVE GROUP A	8	10	14	10.7	8	10
STREP PNEUMO, INVASIVE DRUG RESIST.	48	55	54	52.3	42	35
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	28	35	32.7	22	25
SYPHILIS, CONGENITAL	4	2	0	2.0	NA	NA
SYPHILIS, EARLY	NR	NR	NR	N/A	NA	NA
SYPHILIS, INFECTIOUS	115	121	82	106.0	NA	NA
SYPHILIS, LATENT	NR	NR	106	N/A	NA	NA
TETANUS	1	1	0	0.7	0	1
TOXOPLASMOSIS	2	2	0	1.3	0	0
TUBERCULOSIS	82	69	79	76.7	49	51
TYPHUS FEVER, ENDEMIC (MURIN)	1	1	1	1.0	0	2
VARICELLA	42	62	28	44.0	21	31
VIBRIO ALGINOYTICUS	1	1	1	1.0	0	1
VIBRIO CHOLERA NON-01	0	0	0	0.0	0	0
VIBRIO FLUVIALIS	0	0	2	0.7	0	0
VIBRIO HOLLISAE	0	0	1	0.3	0	0
VIBRIO PARAHAEMOLYTICUS	0	0	2	0.7	0	1
VIBRIO VULNIFICUS	0	1	0	0.3	0	0
VIBRIO, OTHER	0	0	1	0.3	1	2
WEST NILE	0	0	0	0.0	0	0
YELLOW FEVER	0	0	0	0.0	0	0

NR = Not reportable by law for that year

N/A = Not applicable

NA = Not available (no data received)



# Hillsborough County Health Department

Disease Reporting Telephone Numbers

AIDS, HIV – (813) 307-8011 (DO NOT FAX)

STD – (813) 307-8022, Fax – (813) 307-8027

TB Control – (813) 307-8015 X 4758, Fax – (813) 975-2014

All Others – (813) 307-8010, Fax – (813) 276-2091

After Hours Reporting All Diseases – (813) 307-8000



Section 381.0031 (1,2), Florida Statutes, provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The DOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance...and shall furnish a copy of said list to the practitioners...."

## Reportable Diseases/Conditions in Florida Practitioner\* Guide 11/24/08

\*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, Florida Administrative Code (FAC).

<b>AIDS, HIV – (813) 307-8011</b> <b>DO NOT FAX</b>	<ul style="list-style-type: none"> <li>• Congenital anomalies</li> </ul>	<ul style="list-style-type: none"> <li>• Psittacosis (Ornithosis)</li> </ul>
<ul style="list-style-type: none"> <li>+ Acquired Immune Deficiency Syndrome (AIDS)</li> </ul>	<ul style="list-style-type: none"> <li>• Creutzfeldt-Jakob disease (CJD)</li> </ul>	<ul style="list-style-type: none"> <li>• Q Fever</li> </ul>
<ul style="list-style-type: none"> <li>+ Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)</li> </ul>	<ul style="list-style-type: none"> <li>• Cryptosporidiosis</li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Rabies (human, animal)</b></li> </ul>
<b>STD – (813) 307- 8022</b> <b>Fax (813) 307-8027</b>	<ul style="list-style-type: none"> <li>• Cyclosporiasis</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Rabies (possible exposure)</b></li> </ul>
<ul style="list-style-type: none"> <li>• Chancroid</li> </ul>	<ul style="list-style-type: none"> <li>• Dengue</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Ricin toxicity</b></li> </ul>
<ul style="list-style-type: none"> <li>• Chlamydia</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Diphtheria</b></li> </ul>	<ul style="list-style-type: none"> <li>• Rocky Mountain spotted fever</li> </ul>
<ul style="list-style-type: none"> <li>• Conjunctivitis (in neonates ≤ 14 days old)</li> </ul>	<ul style="list-style-type: none"> <li>• Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Rubella (including congenital)</b></li> </ul>
<ul style="list-style-type: none"> <li>• Gonorrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Ehrlichiosis</li> </ul>	<ul style="list-style-type: none"> <li>• St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)</li> </ul>
<ul style="list-style-type: none"> <li>• Granuloma inguinale</li> </ul>	<ul style="list-style-type: none"> <li>• Encephalitis, other (non-arboviral)</li> </ul>	<ul style="list-style-type: none"> <li>• Salmonellosis</li> </ul>
<ul style="list-style-type: none"> <li>• Herpes Simplex Virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years old)</li> </ul>	<ul style="list-style-type: none"> <li>Enteric disease due to:  <i>Escherichia coli</i>, O157:H7  <i>Escherichia coli</i>, other pathogenic  <i>E. coli</i> including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains</li> </ul>	<ul style="list-style-type: none"> <li>• Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)</li> </ul>
<ul style="list-style-type: none"> <li>• Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)</li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Glanders</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease</b></li> </ul>
<ul style="list-style-type: none"> <li>• Lymphogranuloma venereum (LGV)</li> </ul>	<ul style="list-style-type: none"> <li>• Hansen's disease (Leprosy)</li> </ul>	<ul style="list-style-type: none"> <li>• Shigellosis</li> </ul>
<ul style="list-style-type: none"> <li>• Syphilis</li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Hantavirus infection</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Smallpox</b></li> </ul>
<ul style="list-style-type: none"> <li>☎ <b>Syphilis (in pregnant women and neonates)</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Haemophilus influenzae (meningitis and invasive disease)</b></li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Staphylococcus aureus (infection with intermediate or full resistance to vancomycin, VISA, VRSA)</b></li> </ul>
<b>TB CONTROL – (813) 307-8015 x 4758</b> <b>Fax- (813) 975-2014</b>	<ul style="list-style-type: none"> <li>☎ <b>Hemolytic uremic syndrome</b></li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Staphylococcus enterotoxin B (disease due to)</b></li> </ul>
<ul style="list-style-type: none"> <li>• Tuberculosis (TB)</li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Hepatitis A</b></li> </ul>	<ul style="list-style-type: none"> <li>• Streptococcal disease (invasive, Group A)</li> </ul>
<b>CANCER – Tumor Registry Database</b>	<ul style="list-style-type: none"> <li>• Hepatitis B, C, D, E, and G</li> </ul>	<ul style="list-style-type: none"> <li>• Streptococcus pneumoniae (invasive disease)</li> </ul>
<ul style="list-style-type: none"> <li>+ Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)</li> </ul>	<ul style="list-style-type: none"> <li>• Tetanus</li> </ul>
<b>EPIDEMIOLOGY – (813) 307-8010</b> <b>Fax (813) 276-2981</b>	<ul style="list-style-type: none"> <li>! <b>Influenza due to novel or pandemic strains</b></li> </ul>	<ul style="list-style-type: none"> <li>• Toxoplasmosis (acute)</li> </ul>
<ul style="list-style-type: none"> <li>! <b>Any disease outbreak</b></li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Influenza-associated pediatric mortality (in persons &lt; 18 years)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Trichinellosis (Trichinosis)</li> </ul>
<ul style="list-style-type: none"> <li>! <b>Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Lead Poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Tularemia</b></li> </ul>
<ul style="list-style-type: none"> <li>• Amebic encephalitis</li> </ul>	<ul style="list-style-type: none"> <li>• Legionellosis</li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Typhoid fever</b></li> </ul>
<ul style="list-style-type: none"> <li>• Anaplasmosis</li> </ul>	<ul style="list-style-type: none"> <li>• Leptospirosis</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Typhus fever (disease due to Rickettsia prowazekii infection)</b></li> </ul>
<ul style="list-style-type: none"> <li>! <b>Anthrax</b></li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Listeriosis</b></li> </ul>	<ul style="list-style-type: none"> <li>• Typhus fever (disease due to Rickettsia typhi, R. felis infection)</li> </ul>
<ul style="list-style-type: none"> <li>• Arsenic poisoning</li> </ul>	<ul style="list-style-type: none"> <li>• Lyme disease</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Vaccinia disease</b></li> </ul>
<ul style="list-style-type: none"> <li>! <b>Botulism (foodborne, wound, unspecified, other)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Malaria</li> </ul>	<ul style="list-style-type: none"> <li>• Varicella (Chickenpox)</li> </ul>
<ul style="list-style-type: none"> <li>• Botulism (infant)</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Measles (Rubeola)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Varicella mortality</li> </ul>
<ul style="list-style-type: none"> <li>! <b>Brucellosis</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Melioidosis</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</b></li> </ul>
<ul style="list-style-type: none"> <li>• California serogroup virus (neuroinvasive and non-neuroinvasive disease)</li> </ul>	<ul style="list-style-type: none"> <li>• Meningitis (bacterial, cryptococcal, mycotic)</li> </ul>	<ul style="list-style-type: none"> <li>• Vibriosis (Vibrio infections)</li> </ul>
<ul style="list-style-type: none"> <li>• Campylobacteriosis</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Meningococcal disease (includes meningitis and meningococemia)</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)</b></li> </ul>
<ul style="list-style-type: none"> <li>• Carbon monoxide poisoning</li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Mercury poisoning</b></li> </ul>	<ul style="list-style-type: none"> <li>• West Nile virus disease (neuroinvasive and non-neuroinvasive)</li> </ul>
<ul style="list-style-type: none"> <li>! <b>Cholera</b></li> </ul>	<ul style="list-style-type: none"> <li>• Mumps</li> </ul>	<ul style="list-style-type: none"> <li>• Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</li> </ul>
<ul style="list-style-type: none"> <li>• Ciguatera fish poisoning (Ciguatera)</li> </ul>	<ul style="list-style-type: none"> <li>☎ <b>Neurotoxic shellfish poisoning</b></li> </ul>	<ul style="list-style-type: none"> <li>! <b>Yellow fever</b></li> </ul>
	<ul style="list-style-type: none"> <li>☎ <b>Pertussis</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• Pesticide-related illness and injury</li> </ul>	
	<ul style="list-style-type: none"> <li>! <b>Plague</b></li> </ul>	
	<ul style="list-style-type: none"> <li>! <b>Poliomyelitis, paralytic and non-paralytic</b></li> </ul>	

- ! = 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

