

# EPI NOTES

Hillsborough County Health Department  
Disease Surveillance Newsletter  
June 2010

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## TO REPORT A DISEASE:

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## Message from the Program Manager's Desk

Warren McDougale, MPH

As oil nears Florida's shores, the public health impact may generate questions from the community, customers, partners and patients regarding reporting requirements and guidance and treatment protocols for oil spill exposures. The Division of Environmental Health (EH) is monitoring data from three panhandle hospitals and federal facilities (VA and military) through ESSENCE (an emergency department surveillance system) and monitoring calls received by our three Florida Poison Control Centers (PCCs). The Hillsborough County Health Department (CHD) epidemiology section reviews the information in ESSENCE daily. The data from ESSENCE is received from all ten hospitals with emergency rooms in Hillsborough County.

The Florida Department of Health (DOH) and the Hillsborough CHD has identified several resources for health care providers and other health care professionals. The links to the Centers for Disease Control and Prevention (CDC) and the National Library of Medicine (NLM) websites are found below:

### Centers for Disease Control and Prevention:

[http://emergency.cdc.gov/chemical/oil\\_spill\\_gm\\_2010.asp](http://emergency.cdc.gov/chemical/oil_spill_gm_2010.asp) (which has more links to specific guidance by NIOSH, NIEHS, etc.)

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### **National Library of Medicine:**

<http://disaster.nlm.nih.gov/dimrc/oilspills.html>

At this time, health care providers are encouraged to treat anyone suspected of oil spill exposure in accordance with normal medical practice for exposure to potentially toxic chemicals. However, if the provider has further questions, **Florida's Poison Control Centers (PCCs) are available to provide medical consultation to the medical community regarding questions related to the oil spill and potential exposure. The number is (888) 337-3569 and can be found on the FL Department of Environmental Protection's website at <http://www.dep.state.fl.us/deepwaterhorizon/default.htm>.**

The following are excerpts from the information provided on the CDC website listed above. We have included this information for quick reference:

### **Air quality**

State and federal agencies are working together to answer questions about how the oil spill and burning oil may affect air quality. The Agency for Toxic Substances and Disease Registry (ATSDR) and CDC are helping U.S. Environmental Protection Agency (EPA) to make sure that EPA's air sampling plans are useful for public health protection.

### **Smell**

People may be able to smell the oil spill from the shore. The smell is similar to what you can smell at a gas station. It comes from "Volatile Organic Compounds" (VOCs) in the oil. You can smell these VOCs at levels well below those that would make you sick. VOCs are also in the gas you burn in your car every day and can include benzene, toluene, ethylbenzene, xylene and naphthalene.

Exposure to low levels of VOCs may cause irritation of the eyes, nose, throat, and skin. It is possible that people with asthma may be more sensitive to the effects of inhaled VOCs.

The VOC smell may give you a headache or upset stomach, so you should stay indoors to limit your exposure, close windows and doors, and set your air conditioner to a recirculation mode. The smell may become stronger if the wind or weather changes.

### **What are the health threats of oil spill dispersants?**

For most people, brief contact with a small amount of oil spill dispersants will do no harm.

If your skin is exposed to dispersants for a long time, a rash and dry skin could develop. Dispersants can also irritate your eyes.

If you breathe in dispersants for a long time or several times they can irritate your nose, throat, and lungs.

Swallowing dispersants will cause upset stomach, vomiting, and diarrhea.

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If you are exposed to dispersants for a long time or several times they can also cause central nervous system effects; sleepiness; damage to your blood, kidney or liver; and a metallic taste in your mouth.

### **How can I avoid the health threats of oil spill dispersants?**

Most people will not be exposed to enough oil spill dispersants to be affected.

If you are working on the spill, wear nitrile or PVC gloves, coveralls, boots, and chemical splash goggles to keep dispersants off your skin and out of your eyes.

If you breathe in dispersants, move to an area where the air is clearer.

If you get dispersants on your skin, immediately wash with soap and water. If symptoms develop, seek medical attention.

If you get dispersants in your eyes, flush them with water for 15 minutes.

If you swallow dispersants, do not try to vomit, as this may get dispersants into your lungs and cause pneumonia. Wash out your mouth with water and seek medical attention.

### **What is in the oil that could be harmful?**

The oil spill may contain two types of oil: diesel fuel and crude oil. Crude oil likely makes up the largest part of the spill because it would have come from the well about 5000 feet below the surface.

Both diesel and crude oil are mixtures of different hydrogen and carbon based chemicals normally called hydrocarbons. Because they are mixtures, different oils can be harmful in different ways.

Diesel is harder to burn than everyday gasoline and lasts longer in the environment when it is spilled. The diesel, if released from the drilling rig, enters the air slowly and can be detected by smell even when only small amounts of diesel are in the air.

The crude oil involved in this oil spill is what is called medium sweet crude.

The “sweet” means it contains less sulfur compounds, which means it is less toxic. Medium crude usually contains fewer chemicals that enter the air as easily as some other oil types. Medium crude also tends to contain fewer chemicals that pose a threat over long periods of time in contrast to other oil types.

Based on data from oil recovered from other wells in this area, we expect that the more hazardous substances found in crude oil, benzene and sulfides, will make up less than 1% of this oil spill.

### **What is in the air?**

Over time, many of the compounds that make up these oil mixtures will enter the air. The wind will then spread these vapors over a distance, lowering their concentration in any one area.

When these vapors reach the coast, you will probably be able to smell them. Based on what we know about these chemicals and our previous experiences with oil spills, we expect the level of vapors in the air

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will be below the level that can hurt you. Tests of the air can tell us more.

Strong smells affect different people in different ways. Some people may experience nausea, vomiting, or headaches. Leaving the area affected by the smell should help to stop your symptoms, if the smell is causing them. If you have to be outside, a respirator with an odor control feature may provide some relief from the smell. Based on what we know now, you do not need to use a respirator for your safety, but using one may make you more comfortable. Most hardware stores stock NIOSH certified N95 respirators with odor control or charcoal filter layers; check the label to make sure the mask is an N95 respirator with odor control or an N95 with a charcoal layer. Follow the manufacturer's instructions carefully to be sure you are using the mask properly.

For now, if the smell bothers you, stay indoors, close the doors and windows, and turn on your central air conditioning. If you have a window air conditioner, instead of a central unit, it may be better not to use the air conditioner or to turn the settings to the recirculating mode, which closes the outside ventilation feature.

### **What will be coming ashore with the oil?**

It will take time for the oil to reach the shore. During this time, we are working to break up the oil using other chemicals, so that less of it makes it to shore. This oil is usually a greater hazard for wildlife than humans. You will hear more about the harm for wildlife as the cleanup continues.

Any chemicals from the oil that do reach the shore may still have an odor and look a bit like asphalt or road tar. It is important to stay away from any oil that reaches shore because coming into close contact with the oil for long periods of time can be hazardous. Avoid touching any of the oil you find.

If some of the oil gets on your bare skin, wash it off as soon as possible. If you develop a rash, see your doctor or other health care provider. Tell them how you came in contact with the oil, and then have your provider contact the Poison Control Center at 1-800-221-2221.

### **Can the oil harm my children?**

Children tend to be more sensitive than adults to oil and other forms of pollution. What might be annoying to you could be a real problem for them, particularly if your child is an infant or toddler, or has a pre-existing condition.

Like adults, children should avoid contact with the oil. If some of the oil gets on your children's bare skin, wash it off as soon as possible. Watch your children carefully for rashes or dark, sticky spots on their skin that are hard to wash off. If you see any of these symptoms, see your doctor or other health care provider.

If you have any questions concerning exposure or treatment, please feel free to contact the poison control centers (888) 337-3569. If you have questions about reporting of a case of illness as a result of exposure to the oil, please contact our office at 813-307-8010.

# Reportable Disease Surveillance Data

Disease	2007	2008	2009	3 Year Average	Jan-May 2009	Jan-May 2010
AIDS	249	326	0	191.7	N/A	N/A
AMEBIC ENCEPHALITIS	NR	NR	1	0.0	0	0
ANIMAL BITE, PEP RECEIVED	20	15	72	35.7	28	22
ANTHRAX	0	0	0	0.0	0	0
ARSENIC	NR	1	1	0.0	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	26	24
CARBON MONOXIDE POISONING	NR	NR	0	0.0	0	4
CHLAMYDIA	5167	6127	5058	5450.7	2677	2711
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	0	0	1	0.3	0	0
CRYPTOSPORIDIOSIS	46	33	38	39.0	6	5
CYCLOSPORIASIS	2	7	2	3.7	0	0
DENGUE	2	4	3	3.0	0	1
DIPHThERIA	0	0	0	0.0	0	0
EHRlichiosis, HUMAN GRANULOCYtic	0	0	0	0.0	0	0
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	0
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	3	3
FOOD AND WATERBORNE CASES	64	46	74	61.3	25	35
FOOD AND WATERBORNE OUTBREAKS	17	21	18	18.7	10	8
GIARDIASIS	86	90	101	92.3	35	39
GONORRHEA	2067	2059	1574	1900.0	845	711
H. INFLUENZAE PNEUMONIA	5	1	0	2.0	0	0
H-FLU, PRIMARY BACTEREMIA, INVASIVE	2	13	13	9.3	8	3
H-FLU, SEPTIC ARTHRITIS	1	1	0	NR	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	4	1
HEPATITIS B, ACUTE	38	38	29	35.0	15	23
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	62	57	65	61.3	27	17
HEPATITIS B, PERINATAL ACUTE	0	0	0	0.0	0	0
HEPATITIS B, CHRONIC	121	218	317	218.7	130	120
HEPATITIS C, ACUTE	2	4	14	6.7	4	5
HEPATITIS C, CHRONIC	1349	1423	1391	1387.7	467	721
HEPATITIS D	NR	NR	1	0.3	0	0

Disease	2007	2008	2009	3 Year Average	Jan-May 2009	Jan-May 2010
HEPATITIS E, NON-A, NON-B, ACUTE	0	0	0	0.0	0	0
HEPATITIS G	1	0	0	NR	0	0
HEPATITIS UNSPECIFIED, ACUTE	0	0	0	0.0	0	0
HIV INFECTION	423	441	0	NA	0	0
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	1	1	0	0.7	0	0
INFLUENZA-A, NOVEL OR PANDEMIC STRAINS	NR	NR	321	0.0	14	7
LEAD POISONING	17	56	77	50.0	16	30
LEGIONELLOSIS	9	11	8	9.3	1	5
LEPTOSPITOSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	1	2	1.7	0	1
LYME DISEASE	1	2	11	4.7	1	1
MALARIA	1	4	2	2.3	0	2
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	11	15
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	0	1
NEUROTOXIC SHELLFISH POISONING	0	0	0	0.0	0	0
PERTUSSIS	18	28	25	23.7	17	14
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	3	3
ROCKY MOUNTAIN SPOTTED FEVER	2	1	0	1.0	0	5
RUBELLA	0	1	0	0.3	0	0
SALMONELLOSIS	285	242	337	288.0	64	76
SHIGELLOSIS	44	30	21	31.7	7	7
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS, COM. ASSOC. MORTALITY	NR	1	2	0.0	1	0
STAPH AUREUS, VISA/VRSA	0	0	0	0.0	0	0
STREP DISEASE, INVASIVE GROUP A	8	10	14	10.7	6	6
STREP PNEUMO, INVASIVE DRUG RESIST.	48	55	54	52.3	38	28
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	28	35	32.7	21	24
SYPHILIS, CONGENITAL	4	2	0	2.0	N/A	N/A
SYPHILIS, EARLY	NR	NR	NR	0.0	103	85
SYPHILIS, INFECTIOUS	115	121	82	106.0	53	45
SYPHILIS, LATENT	N/A	0	106	0.0	50	40
TETANUS	1	1	0	0.7	0	1
TOXOPLASMOSIS	2	2	0	1.3	0	0
TUBERCULOSIS	82	69	79	76.7	36	34
TYPHUS FEVER, ENDEMIC (MURIN)	1	1	1	1.0	0	0
VARICELLA	42	62	28	NA	18	15
VIBRIO ALGINOYTICUS	1	1	1	1.0	0	0
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	0
VIBRIO VULNIFICUS	0	1	0	0.3	0	0
VIBRIO, OTHER	0	0	1	0.3	0	1
WEST NILE	0	0	0	0.0	0	0
YELLOW FEVER	0	0	0	0.0	0	0

# Reportable Diseases/Conditions in Florida

Practitioner\* List 11/24/08

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

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

- ! = 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

! Any disease outbreak	Granuloma inguinale*	! Rabies (possible exposure)
! 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.	! <i>Haemophilus influenzae</i> (meningitis and invasive disease)	! Ricin toxicity
Acquired Immune Deficiency Syndrome (AIDS)+	Hansen's disease (Leprosy)*	Rocky Mountain spotted fever*
Amebic encephalitis*	☎ Hantavirus infection	! Rubella (including congenital)
Anaplasmosis*	☎ Hemolytic uremic syndrome	St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)*
! Anthrax	☎ Hepatitis A	Salmonellosis*
Arsenic poisoning*	Hepatitis B, C, D, E, and G*	Saxitoxin poisoning including paralytic shellfish poisoning (PSP)*
! Botulism (foodborne, wound, unspecified, other)	Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)*	! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
Botulism (infant)*	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 yrs)*	Shigellosis*
! Brucellosis	Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)+	! Smallpox
California serogroup virus (neuroinvasive and non-neuroinvasive disease)*	Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs)*	<i>Staphylococcus aureus</i> , community associated mortality*
Campylobacteriosis*	! Influenza due to novel or pandemic strains	☎ <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)+	☎ Influenza-associated pediatric mortality (in persons aged < 18 yrs)	☎ Staphylococcal enterotoxin B (disease due to)
Carbon monoxide poisoning*	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*	Streptococcal disease (invasive, Group A)*
Chancroid*	Legionellosis*	<i>Streptococcus pneumoniae</i> (invasive disease)*
Chlamydia*	Leptospirosis*	Syphilis*
! Cholera	☎ Listeriosis	☎ Syphilis (in pregnant women and neonates)
Ciguatera fish poisoning (Ciguatera)*	Lyme disease*	Tetanus*
Congenital anomalies*	Lymphogranuloma venereum (LGV)*	Toxoplasmosis (acute)*
Conjunctivitis (in neonates ≤ 14 days old)*	Malaria*	Trichinellosis (Trichinosis)*
Creutzfeldt-Jakob disease (CJD)*	! Measles (Rubeola)	Tuberculosis (TB)*
Cryptosporidiosis*	! Melioidosis	! Tularemia
Cyclosporiasis*	Meningitis (bacterial, cryptococcal, mycotic)*	☎ Typhoid fever
Dengue*	! Meningococcal disease (includes meningitis and meningococemia)	! Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)
! Diphtheria	Mercury poisoning*	Typhus fever (disease due to <i>Rickettsia typhi</i> , <i>R. felis</i> infection)*
Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)*	Mumps*	! Vaccinia disease
Ehrlichiosis*	☎ Neurotoxic shellfish poisoning	Varicella (Chickenpox)*
Encephalitis, other (non-arboviral)*	☎ Pertussis	Varicella mortality*
☎ Enteric disease due to: <i>Escherichia coli</i> , O157:H7 <i>Escherichia coli</i> , other pathogenic <i>E. coli</i> including entero-toxicogenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains	Pesticide-related illness and injury*	! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
Giardiasis*	! Plague	Vibriosis (Vibrio infections)*
! Glanders	! Poliomyelitis, paralytic and non-paralytic	! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
Gonorrhea*	Psittacosis (Ornithosis)*	West Nile virus disease (neuroinvasive and non-neuroinvasive)*
	Q Fever*	Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)*
	☎ Rabies (human, animal)	! Yellow fever

You are an invaluable part of Florida's disease surveillance system.

For more information, please call the epidemiology unit at your local county health department or the Bureau of Epidemiology, Florida Department of Health (FDOH): 850-245-4401 or visit [http://www.doh.state.fl.us/disease\\_ctrl/epi/topics/surv.htm](http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm)



\*\*Section 391.0031(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 FDOH 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...."

# FLORIDA DEPARTMENT OF HEALTH – PRACTITIONER DISEASE REPORT FORM

(Please complete the following information to report the suspect or diagnosis of a disease which is reportable under Florida Administrative Code 64D-3.)

DH2136,10/06

**Patient Information:**

<input style="width: 100%; height: 15px;" type="text"/> Last Name	<input style="width: 100%; height: 15px;" type="text"/> Area Code + Phone Number	<input type="checkbox"/> Please check here if you would like more copies of the form
<input style="width: 100%; height: 15px;" type="text"/> First Name	<input style="width: 15%; height: 15px;" type="text"/> <input style="width: 45%; height: 15px;" type="text"/> MI Date of Birth (MMDDYYYY)	<input style="width: 100%; height: 15px;" type="text"/> Social Security Number (no dashes)
<input style="width: 100%; height: 15px;" type="text"/> Address	<input style="width: 15%; height: 15px;" type="text"/> <input style="width: 45%; height: 15px;" type="text"/> State Zip Code	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
<input style="width: 100%; height: 15px;" type="text"/> City		

**Disease Specific Information:**

Date of Onset: <input style="width: 100%; height: 15px;" type="text"/>	Disease Fatal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date: <input style="width: 100%; height: 15px;" type="text"/>	
Hospital Name: <input style="width: 100%; height: 15px;" type="text"/>		
Medicaid Number or Insurance: <input style="width: 100%; height: 15px;" type="text"/>		

Pregnancy Status:  Not Pregnant  Pregnant

Number of Months:

Race:  White  Black  Asian  American Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other: \_\_\_\_\_

**Disease or Condition Reporting: For HIV/AIDS and HIV exposed newborns please report per forms indicated in F.A.C. 64D-3.**

**Report immediately upon:**

**! = Initial suspicion 24/7 by phone**  
**☎ = Diagnosis 24/7 by phone**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anthrax ☎!<br><input type="checkbox"/> Botulism, foodborne ☎!<br><input type="checkbox"/> Botulism, infant<br><input type="checkbox"/> Botulism, other/wound/unspecified ☎!<br><input type="checkbox"/> Brucellosis ☎!<br><input type="checkbox"/> California serogroup virus disease<br><input type="checkbox"/> Campylobacteriosis<br><input type="checkbox"/> Chancroid<br><input type="checkbox"/> Chlamydia<br><input type="checkbox"/> Cholera ☎!<br><input type="checkbox"/> Ciguatera fish poisoning<br><input type="checkbox"/> Clostridium perfringens epsilon toxin<br><input type="checkbox"/> Conjunctivitis, in neonatal ≤14 days<br><input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)<br><input type="checkbox"/> Cryptosporidiosis<br><input type="checkbox"/> Cyclosporiasis<br><input type="checkbox"/> Dengue<br><input type="checkbox"/> Diphtheria ☎!<br><input type="checkbox"/> Eastern equine encephalitis virus disease<br><input type="checkbox"/> Ehrlichiosis, human granulocytic (HEG)<br><input type="checkbox"/> Ehrlichiosis, human monocytic (HME)<br><input type="checkbox"/> Ehrlichiosis, human other or unspecified species<br><input type="checkbox"/> Encephalitis, other (non-arboviral) | <input type="checkbox"/> Enteric disease due to Escherichia coli O157:H7 ☎!<br><input type="checkbox"/> Enteric disease due to other pathogenic Escherichia coli ☎!<br><input type="checkbox"/> Giardiasis (acute)<br><input type="checkbox"/> Glanders ☎!<br><input type="checkbox"/> Gonorrhea<br><input type="checkbox"/> Granuloma inguinale<br><input type="checkbox"/> Haemophilus influenzae, meningitis and invasive disease ☎!<br><input type="checkbox"/> Hansen's disease<br><input type="checkbox"/> Hantavirus infection ☎!<br><input type="checkbox"/> Hemolytic uremic syndrome ☎!<br><input type="checkbox"/> Hepatitis, acute A ☎!<br><input type="checkbox"/> Hepatitis, acute B, C, D, E, G<br><input type="checkbox"/> Hepatitis, chronic B, C<br><input type="checkbox"/> Hepatitis B surface antigen positive in pregnant woman or child up to 24 months<br><input type="checkbox"/> Herpes simplex virus (HSV) in infants up to six months<br><input type="checkbox"/> HSV anogenital in children ≤12 yrs<br><input type="checkbox"/> Human papilloma virus (HPV) anogenital in children ≤12 yrs<br><input type="checkbox"/> HPV associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs<br><input type="checkbox"/> HPV cancer associated strains<br><input type="checkbox"/> Influenza – due to novel or pandemic strains ☎!<br><input type="checkbox"/> Influenza – associated pediatric mortality in persons <18 yrs ☎!<br><input type="checkbox"/> Lead poisoning | <input type="checkbox"/> Legionellosis<br><input type="checkbox"/> Leptospirosis<br><input type="checkbox"/> Listeriosis ☎!<br><input type="checkbox"/> Lyme disease<br><input type="checkbox"/> Lymphogranuloma Venereum (LGV)<br><input type="checkbox"/> Malaria<br><input type="checkbox"/> Measles (Rubeola) ☎!<br><input type="checkbox"/> Melioidosis ☎!<br><input type="checkbox"/> Meningitis, bacterial, cryptococcal, other mycotic<br><input type="checkbox"/> Meningococcal disease ☎!<br><input type="checkbox"/> Mercury poisoning<br><input type="checkbox"/> Mumps<br><input type="checkbox"/> Neurotoxic shellfish poisoning<br><input type="checkbox"/> Pertussis ☎!<br><input type="checkbox"/> Pesticide-related illness and injury<br><input type="checkbox"/> Plague ☎!<br><input type="checkbox"/> Poliomyelitis ☎!<br><input type="checkbox"/> Psittacosis (Ornithosis)<br><input type="checkbox"/> Q Fever<br><input type="checkbox"/> Rabies, animal ☎!<br><input type="checkbox"/> Rabies, human ☎!<br><input type="checkbox"/> Rabies possible exposure (animal bite) ☎!<br><input type="checkbox"/> Ricin toxicity ☎!<br><input type="checkbox"/> Rocky Mountain spotted fever<br><input type="checkbox"/> Rubella ☎!<br><input type="checkbox"/> St. Louis encephalitis virus disease<br><input type="checkbox"/> Salmonellosis<br><input type="checkbox"/> Saxitoxin poisoning, including paralytic shellfish poisoning (PSP) |
|--|--|---|
- Severe acute respiratory syndrome (SARS) ☎!  
 Shigellosis  
 Smallpox ☎!  
 Staphylococcus aureus, intermediate or full resistance to vancomycin ☎!  
 Staphylococcus enterotoxin B ☎!  
 Streptococcal disease, invasive Group A  
 Streptococcal pneumoniae, invasive disease  
 Syphilis  
 Syphilis, pregnancy or neonate ☎!  
 Tetanus  
 Toxoplasmosis, acute  
 Trichinellosis (Trichinosis)  
 Tuberculosis (TB)  
 Tularemia ☎!  
 Typhoid fever ☎!  
 Typhus fever, endemic  
 Typhus fever, epidemic ☎!  
 Vaccinia disease ☎!  
 Varicella (chickenpox)  
 Date of vaccination \_\_\_/\_\_\_/\_\_\_  
 Varicella mortality  
 Venezuelan equine encephalitis virus disease ☎!  
 Vibriosis, Vibrio infections  
 Viral hemorrhagic fevers ☎!  
 West Nile virus disease  
 Western equine encephalitis virus disease  
 Yellow fever ☎!
- Any Outbreak, grouping, or clustering of patients having similar disease, symptoms, syndromes: ☎! \_\_\_\_\_

**Provider Information:**

Name:

Address:

City, State, Zip:

Phone: ( )  Provider Fax: ( )

Email:

**Medical Information:**

Diagnosis Date:

Test Conducted?  Yes  No Please attach lab record (if available)

Lab Name:

Lab Test Date:  Lab Results:

Treatment Provided?  Yes  No Test Method:

Treatment:

Medical Record Number:

**County Health Department Fax: - - - - -**  
**CHD After-Hours Phone Number: - - - - -**