

EPI NOTES

Hillsborough County Health Department
Disease Surveillance Newsletter
October 2010

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TO REPORT A DISEASE:

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Information on Salmonella Case-Control Study

Beginning in October, Hillsborough County will be participating in a Salmonella case-control study. This study is designed to identify risk factors that cause illness. Some of the basic information about the study, as well as the laboratory protocol, are included in this article.

There were 6,741 cases of salmonellosis reported in Florida in 2009. The current incidence rate (35.8 per 100,000 population per year) is up 30.8% from the previous five-year average. Florida sees a peak in incidence of this disease from June through November. The highest incidence of salmonellosis is in infants and children. The increase in 2009 was concentrated in the central region of Florida.

In order to curb the increasing incidence of salmonellosis, a better understanding of the risk factors for sporadic cases of this disease is needed. This study will determine risk factors for this disease, by serogroup/species, age, geography, and time, as data allow. The knowledge gained from this study will be applied to future prevention efforts and educational messages in Florida.

The primary objective of this study will be to determine risk factors for sporadic cases of salmonellosis in children less than 5 years old in the central region of Florida. Secondary objectives of this study will be to determine whether risk factors for these diseases vary by; serogroup/serotype, age group (infant vs. child), and county. The study design is a case-control study matched on age (<1, 1-2, 3-4) and county of residence. The goal is to collect 200 cases and 400 controls from residents of participating counties less than 5 years old, of all race/ethnicities and genders. Central Florida counties will be targeted for recruitment, because the majority of counties with the most significant increase in salmonellosis in 2009 are located in this area. The counties to be recruited include: Brevard, Hillsborough, Lake, Orange, Pinellas, Polk, Seminole, and Volusia.

Cases reported between October 4, 2010 and March 31, 2011 will be included in study. The following case definition to be employed is adapted from the official case definitions posted on the Bureau of Epidemiology website (version January

Continued on Page 2

Continued from Page 1

2010). This definition is based on the confirmed case category only. (Reference: http://www.doh.state.fl.us/disease_ctrl/epi/surv/CaseDefinitions.html)

In order for this study to be successful, it will require cooperation and support from state, regional, and county epidemiologists and administrators. The project will be guided by a steering committee, which will include members from the Bureau of Epidemiology and the Bureau of Environmental Public Health Medicine. Day-to-day aspects of the study will be coordinated by a state-level epidemiologist who can devote 100% of her time to the project for the entire study period.

The laboratory protocol for this study is presented below. For additional information on this study, or for any other questions please contact Lisha Constantine at (850) 245-4444 x2444 or Lisha_Constantine@doh.state.fl.us

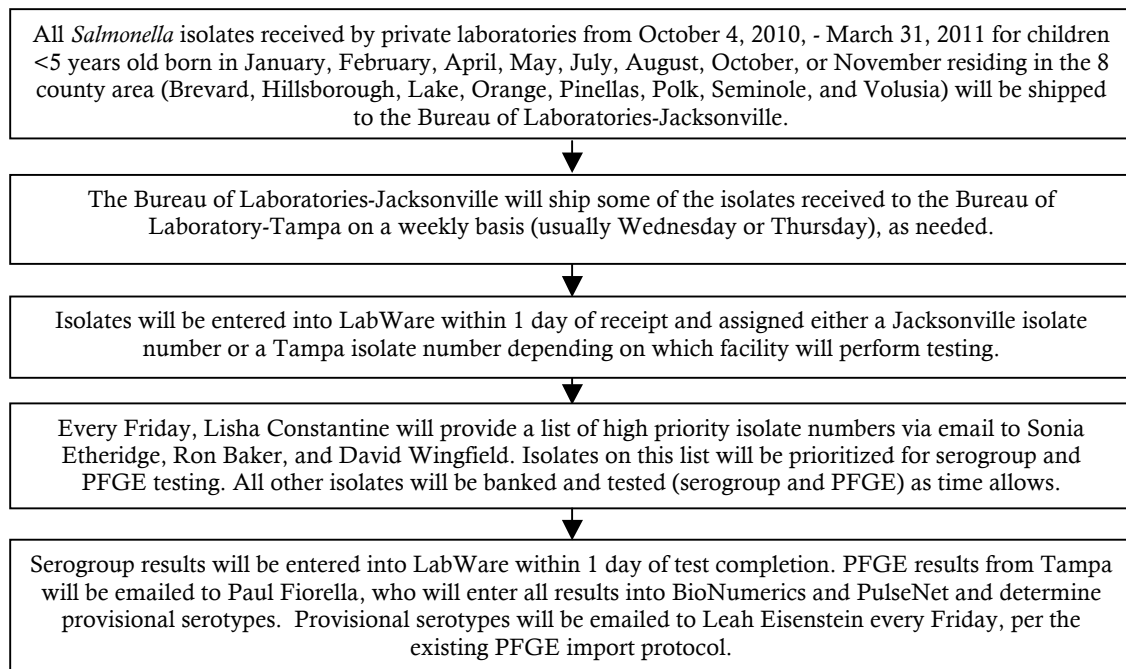
LABORATORY PROTOCOL
Bureau of Laboratories *Salmonella* Isolate Study Protocol
October 2010-March 2011

All *Salmonella* isolates for children less than 5 years old born in January, February, April, May, July, August, October, or November from an 8 county area (Brevard, Hillsborough, Lake, Orange, Pinellas, Polk, Seminole, and Volusia) will be shipped to Ron Baker's attention at the Bureau of Laboratories-Jacksonville. If the child's county of residence is unknown and the ordering facility's address is in one of the 8 counties, the isolate will be forwarded to the Bureau of Laboratories.

Each *Salmonella* isolate received by the Bureau of Laboratories should be labeled with the child's identification and date collected and accompanied by a completed Bureau of Laboratories Clinical Lab Submission Form. Sending facilities have been instructed to include their contact name and telephone number on the submission form along with "*Salmonella* Project 0-4 age Group" in the comment box at the bottom of the form to easily identify isolates associated with the enhanced surveillance effort.

Bureau of Laboratories-Tampa will assist with testing as needed.

Protocol Flow Chart



Continued on Page 3

Continued from Page 2

Salmonella Case-Control Project Points of Contact

Bureau of Epidemiology Lisha Constantine (850) 245-4444 x2444 Lisha_Constantine@doh.state.fl.us	Bureau of Laboratories - Jacksonville Ron Baker (904) 791-1600 Ron_Baker@doh.state.fl.us	Bureau of Laboratories - Tampa David Wingfield (813) 974-3497 David_Wingfield@doh.state.fl.us
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Hillsborough County Health Department Immunizations Clinic Has Moved

Main Immunizations Clinic
HARGRETT BUILDING

2002 E. 26th Ave. Tampa, FL 33605
(813) 307-8077

Clinic Operating Hours
Monday - Friday
8am - 4pm

Please note that the clinic is closed in the afternoon on the 2nd Wednesday of each month and for the whole day on the 4th Tuesday of each month. The clinic is also closed on State Holidays.

Walk-ins welcomed, but if you would like an appointment please call our office.
We accept only as many clients as can be safely seen by the closing hours.

Information on the 2010-2011 Influenza Vaccine

CDC's Advisory Committee on Immunization Practices (ACIP) voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people. While everyone should get a flu vaccine each flu season, it's especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. While flu is unpredictable, it's likely that [2009 H1N1](#) virus and regular seasonal flu viruses will cause illness in the U.S. this flu season. The [2010-2011 flu vaccine](#) will protect against three different flu viruses: H3N2, influenza B, and the H1N1 that caused so much illness last season.

Influenza (the flu) is a contagious respiratory illness caused by [influenza viruses](#). It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with [certain health conditions](#), are at high risk for serious flu complications. The best way to prevent the flu is by getting **vaccinated** each year.

Symptoms of flu

People who have the flu often feel some or all of these symptoms:

- Fever or feeling feverish/chills (*It's important to note that not everyone with flu will have a fever.*)
- Cough

Continued on Page 4

Continued from Page 3

- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue
- Some people may have vomiting and diarrhea, though this is more common in children than adults

Who is at high risk for developing flu-related complications?

- Children younger than 5, but especially children younger than 2 years old
- Adults 65 years of age and older
- Pregnant women
- People who have chronic medical conditions
- American Indians and Alaskan Natives seemed to be at higher risk of flu complications last flu season

Who should not be vaccinated against seasonal flu?

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs
- People who have had a severe reaction to an influenza vaccination in the past
- People who developed Guillian-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously
- Children younger than 6 months of age (influenza vaccine is not approved for use in this age group)
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen

Maternal Influenza Vaccination May Be Associated With Flu Protection in Infants

Published in JAMA October 4, 2010

“Babies whose mothers who receive influenza vaccines while pregnant appear less likely to be infected with flu or hospitalized for respiratory illnesses in their first six months of life”, according to a report posted online today that will appear in the February 2011 print issue of *Archives of Pediatrics & Adolescent Medicine*, one of the *JAMA/Archives* journals.

“Although influenza vaccination is recommended for pregnant women to reduce their risk of influenza complications, these findings provide support for the added benefit of protecting infants from influenza virus infection up to six months, the period when infants are not eligible for influenza vaccination but are at highest risk of severe influenza illness,” they conclude. “These findings are particularly relevant with the emergence of 2009 pandemic influenza A (H1N1) virus, which had a substantial impact on pregnant women and high hospitalization rates among young infants.”

Links to More Flu Vaccine Information

2010-11 Influenza Vaccine Dosage Chart

<http://cdc.gov/flu/pdf/dosagechart.pdf>

2010-11 Influenza Vaccine Information Statement

<http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>

2010-11 Seasonal Influenza Vaccine Doses Recommended for Children

<http://www.immunizeflorida.com/publications/flyers.htm>.



Reportable Disease Surveillance Data

Disease	2007	2008	2009	3 Year Average	Jan-Sept 2009	Jan-Sept 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	58	45
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	1	0
CALIFORNIA SEROGROUP, NEUROINVASIVE	1	1	0	0.7	0	0
CAMPYLOBACTERIOSIS	57	82	69	69.3	62	57
CARBON MONOXIDE POISONING	NR	NR	0	N/A	0	6
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	23	8
CYCLOSPORIASIS	2	7	2	3.7	2	3
DENGUE	2	4	3	3.0	1	7
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	1	1
EHRlichiosis/ANAPLASMOSIS, UNDETER.	0	0	1	0.3	1	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	7	11
FOOD AND WATERBORNE CASES	64	46	74	61.3	NA	NA
FOOD AND WATERBORNE OUTBREAKS	17	21	18	18.7	NA	NA
GIARDIASIS	86	90	101	92.3	72	81
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	9
H-FLU, SEPTIC ARTHRITIS	1	1	0	0.7	0	0
HANSEN'S DISEASE (LEPROSY)	0	1	1	0.7	0	1
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	5
HEPATITIS B, ACUTE	38	38	29	35.0	20	37
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	62	57	65	61.3	44	31
HEPATITIS B, PERINATAL ACUTE	0	0	0	0.0	0	0
HEPATITIS B, CHRONIC	121	218	317	218.7	231	215
HEPATITIS C, ACUTE	2	4	14	6.7	9	10
HEPATITIS C, CHRONIC	1349	1423	1391	1387.7	935	1351
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-Sept 2009	Jan-Sept 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	286	7
LEAD POISONING	17	56	77	50.0	61	156
LEGIONELLOSIS	9	11	8	9.3	4	10
LEPTOSPITOSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	1	2	1.7	1	2
LYME DISEASE	1	2	11	4.7	4	4
MALARIA	1	4	2	2.3	2	4
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	20	23
MENINGITIS, STREP, PNEUMONIAE	1	1	0	0.7	0	0
MENINGOCOCCAL DISEASE	6	2	1	3.0	1	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	22	25
PESTICIDE RELATED ILLNESS	0	0	0	0.0	0	4
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	5	4
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	195	217
SHIGELLOSIS	44	30	21	31.7	15	27
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	10	16
STREP PNEUMO, INVASIVE DRUG RESIST.	48	55	54	52.3	45	42
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	28	35	32.7	26	27
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	3
TUBERCULOSIS	82	69	79	76.7	63	65
THPHOID FEVER	0	0	0	0.0	0	1
TYPHUS FEVER, ENDEMIC (MURIN)	1	1	1	1.0	1	1
VARICELLA	42	62	28	44.0	27	36
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	1	2
VIBRIO VULNIFICUS	0	1	0	0.3	0	4
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).

AIDS, HIV – (813) 307-8011 DO NOT FAX	<ul style="list-style-type: none"> • Congenital anomalies 	<ul style="list-style-type: none"> • Psittacosis (Ornithosis)
<ul style="list-style-type: none"> + Acquired Immune Deficiency Syndrome (AIDS) 	<ul style="list-style-type: none"> • Creutzfeldt-Jakob disease (CJD) 	<ul style="list-style-type: none"> • Q Fever
<ul style="list-style-type: none"> + Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn) 	<ul style="list-style-type: none"> • Cryptosporidiosis 	<ul style="list-style-type: none"> Rabies (human, animal)
STD – (813) 307- 8022 Fax (813) 307-8027	<ul style="list-style-type: none"> • Cyclosporiasis 	<ul style="list-style-type: none"> ! Rabies (possible exposure)
<ul style="list-style-type: none"> • Chancroid 	<ul style="list-style-type: none"> • Dengue 	<ul style="list-style-type: none"> ! Ricin toxicity
<ul style="list-style-type: none"> • Chlamydia 	<ul style="list-style-type: none"> ! Diphtheria 	<ul style="list-style-type: none"> • Rocky Mountain spotted fever
<ul style="list-style-type: none"> • Conjunctivitis (in neonates ≤ 14 days old) 	<ul style="list-style-type: none"> • Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) 	<ul style="list-style-type: none"> ! Rubella (including congenital)
<ul style="list-style-type: none"> • Gonorrhea 	<ul style="list-style-type: none"> • Ehrlichiosis 	<ul style="list-style-type: none"> • St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
<ul style="list-style-type: none"> • Granuloma inguinale 	<ul style="list-style-type: none"> • Encephalitis, other (non-arboviral) 	<ul style="list-style-type: none"> • Salmonellosis
<ul style="list-style-type: none"> • 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) 	<p>Enteric disease due to:</p> <p> <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</p>	<ul style="list-style-type: none"> • Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
<ul style="list-style-type: none"> • Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years) 	<ul style="list-style-type: none"> • Giardiasis (acute) 	<ul style="list-style-type: none"> ! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
<ul style="list-style-type: none"> • Lymphogranuloma venereum (LGV) 	<ul style="list-style-type: none"> ! Glanders 	<ul style="list-style-type: none"> • Shigellosis
<ul style="list-style-type: none"> • Syphilis 	<ul style="list-style-type: none"> ! <i>Haemophilus influenzae</i> (meningitis and invasive disease) 	<ul style="list-style-type: none"> ! Smallpox
<ul style="list-style-type: none"> Syphilis (in pregnant women and neonates) 	<ul style="list-style-type: none"> • Hansen's disease (Leprosy) 	<ul style="list-style-type: none"> <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
TB CONTROL – (813) 307-8015 x 4758 Fax- (813) 975-2014	<ul style="list-style-type: none"> Hantavirus infection 	<ul style="list-style-type: none"> <i>Staphylococcus enterotoxin B</i> (disease due to)
<ul style="list-style-type: none"> • Tuberculosis (TB) 	<ul style="list-style-type: none"> Hemolytic uremic syndrome 	<ul style="list-style-type: none"> • Streptococcal disease (invasive, Group A)
CANCER – Tumor Registry Database	<ul style="list-style-type: none"> Hepatitis A 	<ul style="list-style-type: none"> • Streptococcus pneumoniae (invasive disease)
<ul style="list-style-type: none"> + Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) 	<ul style="list-style-type: none"> • Hepatitis B, C, D, E, and G 	<ul style="list-style-type: none"> • Tetanus
EPIDEMIOLOGY – (813) 307-8010 Fax (813) 276-2981	<ul style="list-style-type: none"> • Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old) 	<ul style="list-style-type: none"> • Toxoplasmosis (acute)
<ul style="list-style-type: none"> ! Any disease outbreak 	<ul style="list-style-type: none"> ! Influenza due to novel or pandemic strains 	<ul style="list-style-type: none"> • Trichinellosis (Trichinosis)
<ul style="list-style-type: none"> ! 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. 	<ul style="list-style-type: none"> Influenza-associated pediatric mortality (in persons < 18 years) 	<ul style="list-style-type: none"> ! Tularemia
<ul style="list-style-type: none"> • Amebic encephalitis 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> Typhoid fever
<ul style="list-style-type: none"> • Anaplasmosis 	<ul style="list-style-type: none"> • Legionellosis 	<ul style="list-style-type: none"> ! Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)
<ul style="list-style-type: none"> ! Anthrax 	<ul style="list-style-type: none"> • Leptospirosis 	<ul style="list-style-type: none"> • Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> infection)
<ul style="list-style-type: none"> • Arsenic poisoning 	<ul style="list-style-type: none"> Listeriosis 	<ul style="list-style-type: none"> ! Vaccinia disease
<ul style="list-style-type: none"> ! Botulism (foodborne, wound, unspecified, other) 	<ul style="list-style-type: none"> • Lyme disease 	<ul style="list-style-type: none"> • Varicella (Chickenpox)
<ul style="list-style-type: none"> • Botulism (infant) 	<ul style="list-style-type: none"> • Malaria 	<ul style="list-style-type: none"> • Varicella mortality
<ul style="list-style-type: none"> ! Brucellosis 	<ul style="list-style-type: none"> ! Measles (Rubeola) 	<ul style="list-style-type: none"> ! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
<ul style="list-style-type: none"> • California serogroup virus (neuroinvasive and non-neuroinvasive disease) 	<ul style="list-style-type: none"> ! Melioidosis 	<ul style="list-style-type: none"> • Vibriosis (Vibrio infections)
<ul style="list-style-type: none"> • Campylobacteriosis 	<ul style="list-style-type: none"> • Meningitis (bacterial, cryptococcal, mycotic) 	<ul style="list-style-type: none"> ! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
<ul style="list-style-type: none"> • Carbon monoxide poisoning 	<ul style="list-style-type: none"> ! Meningococcal disease (includes meningitis and meningococemia) 	<ul style="list-style-type: none"> • West Nile virus disease (neuroinvasive and non-neuroinvasive)
<ul style="list-style-type: none"> ! Cholera 	<ul style="list-style-type: none"> • Mercury poisoning 	<ul style="list-style-type: none"> • Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
<ul style="list-style-type: none"> • Ciguatera fish poisoning (Ciguatera) 	<ul style="list-style-type: none"> • Mumps 	<ul style="list-style-type: none"> ! Yellow fever
	<ul style="list-style-type: none"> Neurotoxic shellfish poisoning 	
	<ul style="list-style-type: none"> Pertussis 	
	<ul style="list-style-type: none"> • Pesticide-related illness and injury 	
	<ul style="list-style-type: none"> ! Plague 	
	<ul style="list-style-type: none"> ! Poliomyelitis, paralytic and non-paralytic 	

- ! = 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

