

EPI NOTES

Hillsborough County Health Department
Disease Surveillance Newsletter
September 2010

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Information on Hepatitis B and Preventing Perinatal Transmission

By Neekan Aeini

Preventing hepatitis B transmission from infected mothers to their newborns is an integral part of the national strategy to eliminate hepatitis B in the United States. Hepatitis B is a liver disease caused by the hepatitis B virus (HBV). The disease ranges in severity from a mild illness lasting a few weeks (acute) to a serious long-term (chronic) illness that can lead to liver disease or liver cancer. Common symptoms include: fever, joint pain, yellow skin or eyes (jaundice), loss of appetite, dark urine, light-colored stools, nausea, stomach pain, vomiting, and feeling very tired. Ninety percent of adults infected will recover fully and have life-long immunity to HBV; ten percent of infected adults do not clear the infection and will be chronically infected. An estimated 1.2 million people in the United States are living with hepatitis B. Many do not know they are infected. Each year an estimated 43,000 people become infected with hepatitis B. In the U.S. the virus kills an estimated 12,000-15,000 people and worldwide approximately 600,000 die each year.

Transmission: The hepatitis B virus 50-100 times more infectious than HIV. It is easily transmitted through contact with infectious blood, semen, vaginal and bodily fluids exchanged during sex and by sharing contaminated needles to inject drugs. Additionally, it can be transmitted through occupational exposure from a needle stick and from an infected mother to her newborn.

Vaccination: Hepatitis B vaccination is recommended for all infants, older children and adolescents who were not vaccinated

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previously, and adults at risk for HBV infection.

Populations at Risk:

- Persons with multiple sex partners
- Men who have sex with men
- Household and sex contacts of HBV positive partners
- Persons who have used injection drugs
- Hemodialysis patients
- Persons who have recently or previously been incarcerated
- Healthcare and public safety workers
- Immigrants or persons born to mothers from countries with high prevalence of hepatitis B (A map of the geographic distribution of chronic hepatitis B infections worldwide can be seen here: http://www.cdc.gov/hepatitis/HBV/PDFs/HBV_figure3map_08-27-08.pdf)

Perinatal Hepatitis B

Hepatitis B virus infection in a pregnant woman poses a serious risk to her infant at birth. Without post-exposure immunoprophylaxis, approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately 25% of whom will eventually die from chronic liver disease.

Preventing perinatal HBV transmission is an important component of the national strategy to eliminate hepatitis B in the United States. National guidelines call for the following:

- Universal screening of pregnant women for HBsAg during each pregnancy
- Case management of HBsAg-positive mothers and their infants
- Provision of immunoprophylaxis for infants born to infected mothers, including hepatitis B vaccine and hepatitis B immune globulin within 12 hours of birth
- Routine vaccination of all infants with the hepatitis B vaccine series, with the first dose administered at birth

As stated in the Florida Administrative code 64d-3.042, **practitioners attending a woman for prenatal care must test for hepatitis B at the initial examination related to her current pregnancy and again at 28-32 weeks gestation. All positive results must be reported to your county health department.** The mother can then be voluntarily enrolled into the Perinatal Hepatitis B Prevention Program and provided case management.

The CDC has created a checklist of policies and procedures to be followed by prenatal care providers to prevent perinatal hepatitis B virus transmission. This checklist can be viewed at the link below and on page 4.

<http://www.cdc.gov/hepatitis/HBV/PDFs/PrenatalCareProviderPoliciesAndProcedures.pdf>

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Hepatitis B Vaccine & Testing Schedule for at Risk Infants (born to +HBsAg mothers)

Rule 64D-3.040 (Procedures for Control of Specific Communicable Disease states):

- Hepatitis B Vaccine Dose 1 and Hepatitis B Immune Globulin (HBIG)
 - Given at birth, within 12 hours
 - Both vaccines should be given at the same time, but at different sites
- Hepatitis B Vaccine Dose 2
 - Given at one (1) month of age
- Hepatitis B Vaccine Dose 3
 - Given at six (6) months of age
- Post Vaccination Serology Testing
 - Performed at nine (9) months of age
 - Required for hepatitis B surface Antigen (HBsAg) **and** hepatitis B surface antibody (HBsAb) to monitor the success of therapy

For more information on the Perinatal Hepatitis B Prevention Program, please contact the Hillsborough County Coordinator, Neekan Aeini, at 813-307-8010 or at Neekan_Aeini@doh.state.fl.us .

Current Events and Findings

Senator John Kerry Introduces Bill to Create National Hepatitis Strategy Kerry introduced a bill directing the Department of Health and Human Services to develop a national strategy to prevent and control viral hepatitis. The bill would authorize funding of almost \$600 million over five years to combat the disease. For more information, please visit <http://thehill.com/blogs/healthwatch/other/112919-kerry-pushes-600-million-bill-to-create-national-hepatitis-strategy>

Hepatitis B Linked to Lymphoma

A recent study published in Lancet Oncology has confirmed that in addition to causing liver cancer, hepatitis B can cause non-Hodgkin lymphoma. Researchers say that those infected with hepatitis B are approximately twice as likely to develop lymphoma. For more information, please visit http://www.nlm.nih.gov/medlineplus/news/fullstory_101806.html

Resources

Viral Hepatitis

<http://www.cdc.gov/hepatitis/>

http://www.doh.state.fl.us/disease_ctrl/aids/hep/index.html

Hepatitis B

http://www.hepb.org/resources/printable_information.htm

Perinatal Hepatitis B

<http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm#section2>

http://www.doh.state.fl.us/disease_ctrl/immune/hep_b/index.htm

Testing & Immunization

<http://www.immunize.org/catg.d/p2110.pdf>



Prenatal Care Provider Policies and Procedures to Prevent Perinatal Hepatitis B Virus Transmission

Prenatal care providers should test every woman for hepatitis B surface antigen (HBsAg) during an early prenatal visit (e.g., in the first trimester), even if a woman has been previously vaccinated or tested.

In addition, prenatal care settings should incorporate each of the following actions into their policies and protocols:

For a pregnant woman with a *positive* HBsAg test result

- Report the positive test result to the health department.
- Provide a copy of the original laboratory report indicating the pregnant woman's HBsAg status to the hospital where the delivery is planned and to the health-care provider who will care for the newborn.
- Attach an alert notice or sticker to the woman's medical record to remind the delivery hospital/nursery that the infant will need hepatitis B vaccine and HBIG at birth.
- Educate the mother about the need for immunoprophylaxis of her infant at birth, and obtain consent for immunoprophylaxis before delivery. Consider printing additional reminder notices for mothers about the importance of immunoprophylaxis for infants and attaching the notices to the inside front or back cover of the medical record.
- Advise the mother that all household, sexual, and needle-sharing contacts should be tested for HBV infection and vaccinated if susceptible.
- Provide information to the mother about hepatitis B, including modes of transmission, prenatal concerns (e.g., infants born to HBsAg-positive mothers may be breastfed), medical evaluation and possible treatment of chronic hepatitis B, and substance abuse treatment (if appropriate).
- Refer the mother to a medical specialist for evaluation of chronic hepatitis B.

For a pregnant woman with a *negative* HBsAg test result

- Provide a copy of the original laboratory report indicating the pregnant woman's HBsAg status to the hospital where the delivery is planned and to the health-care provider who will care for the newborn.
- Include information in prenatal care education about the rationale for and importance of newborn hepatitis B vaccination for all infants.
- Administer the hepatitis B vaccine series if the patient has a risk factor for HBV infection during pregnancy (e.g., injection-drug use, more than one sex partner in the previous 6 months or an HBsAg-positive sex partner, evaluation or treatment for a sexually-transmitted disease [STD]).
- Repeat HBsAg testing upon admission to labor and delivery for HBsAg-negative women who are at risk for HBV infection during pregnancy or who have had clinical hepatitis since previous testing.



Reportable Disease Surveillance Data

Disease	2007	2008	2009	3 Year Average	Jan-Aug 2009	Jan-Aug 2010
AIDS	249	326	NA	N/A	168	134
AMEBIC ENCEPHALITIS	NR	NR	1	N/A	0	0
ANIMAL BITE, PEP RECEIVED	20	15	72	35.7	53	36
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	58	48
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	13	8
CYCLOSPORIASIS	2	7	2	3.7	2	3
DENGUE	2	4	3	3.0	1	5
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	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	9
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	67	72
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	5
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	3
HEPATITIS B, ACUTE	38	38	29	35.0	18	31
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	62	57	65	61.3	38	32
HEPATITIS B, PERINATAL ACUTE	0	0	0	0.0	0	0
HEPATITIS B, CHRONIC	121	218	317	218.7	205	202
HEPATITIS C, ACUTE	2	4	14	6.7	5	7
HEPATITIS C, CHRONIC	1349	1423	1391	1387.7	837	1198
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-Aug 2009	Jan-Aug 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	225	236
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	1	1	0	0.7	0	0
INFLUENZA-A, NOVEL OR PANDEMIC STRAINS	NR	NR	321	N/A	275	7
LEAD POISONING	17	56	77	50.0	45	152
LEGIONELLOSIS	9	11	8	9.3	4	9
LEPTOSPITOSIS	0	0	0	0.0	0	0
LISTERIOSIS	2	1	2	1.7	0	2
LYME DISEASE	1	2	11	4.7	2	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	19	20
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	20	18
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	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	168	175
SHIGELLOSIS	44	30	21	31.7	11	20
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	9	13
STREP PNEUMO, INVASIVE DRUG RESIST.	48	55	54	52.3	43	37
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	28	35	32.7	24	26
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	2
TUBERCULOSIS	82	69	79	76.7	52	61
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	21	33
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	1
VIBRIO VULNIFICUS	0	1	0	0.3	0	1
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) 	<ul style="list-style-type: none"> 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 	<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"> ☎ Glanders 	<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"> • Hansen's disease (Leprosy) 	<ul style="list-style-type: none"> • Shigellosis
<ul style="list-style-type: none"> • Syphilis 	<ul style="list-style-type: none"> ☎ Hantavirus infection 	<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"> ! Haemophilus influenzae (meningitis and invasive disease) 	<ul style="list-style-type: none"> ☎ Staphylococcus aureus (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"> ☎ Hemolytic uremic syndrome 	<ul style="list-style-type: none"> ☎ Staphylococcus enterotoxin B (disease due to)
<ul style="list-style-type: none"> • Tuberculosis (TB) 	<ul style="list-style-type: none"> ☎ Hepatitis A 	<ul style="list-style-type: none"> • Streptococcal disease (invasive, Group A)
CANCER – Tumor Registry Database	<ul style="list-style-type: none"> • Hepatitis B, C, D, E, and G 	<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 surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old) 	<ul style="list-style-type: none"> • Tetanus
EPIDEMIOLOGY – (813) 307-8010 Fax (813) 276-2981	<ul style="list-style-type: none"> ! Influenza due to novel or pandemic strains 	<ul style="list-style-type: none"> • Toxoplasmosis (acute)
<ul style="list-style-type: none"> ! Any disease outbreak 	<ul style="list-style-type: none"> ☎ Influenza-associated pediatric mortality (in persons < 18 years) 	<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"> • 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"> ! Tularemia
<ul style="list-style-type: none"> • Amebic encephalitis 	<ul style="list-style-type: none"> ☎ Listeriosis 	<ul style="list-style-type: none"> ☎ Typhoid fever
<ul style="list-style-type: none"> • Anaplasmosis 	<ul style="list-style-type: none"> • Lyme disease 	<ul style="list-style-type: none"> ! Typhus fever (disease due to Rickettsia prowazekii infection)
<ul style="list-style-type: none"> ! Anthrax 	<ul style="list-style-type: none"> • Malaria 	<ul style="list-style-type: none"> • Typhus fever (disease due to Rickettsia typhi, R. felis infection)
<ul style="list-style-type: none"> • Arsenic poisoning 	<ul style="list-style-type: none"> ! Measles (Rubeola) 	<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"> ! Melioidosis 	<ul style="list-style-type: none"> • Varicella (Chickenpox)
<ul style="list-style-type: none"> • Botulism (infant) 	<ul style="list-style-type: none"> • Meningitis (bacterial, cryptococcal, mycotic) 	<ul style="list-style-type: none"> • Varicella mortality
<ul style="list-style-type: none"> ! Brucellosis 	<ul style="list-style-type: none"> ! Meningococcal disease (includes meningitis and meningococemia) 	<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"> • Mercury poisoning 	<ul style="list-style-type: none"> • Vibriosis (Vibrio infections)
<ul style="list-style-type: none"> • Campylobacteriosis 	<ul style="list-style-type: none"> ☎ Mumps 	<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"> ☎ Neurotoxic shellfish poisoning 	<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"> ☎ Pertussis 	<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"> • Pesticide-related illness and injury 	<ul style="list-style-type: none"> ! Yellow fever
	<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

