

# EPI Notes



Hillsborough County Health Department  
Disease Surveillance Newsletter  
March 15, 2010



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## Norovirus Information

Epidemiologists with the Hillsborough County Health Department have identified and confirmed outbreaks of norovirus in our county. These outbreaks have occurred in hospital staff, schools and nursing homes. These types of outbreaks have been reported locally and statewide at a level higher than last year at this time. We are providing the following information which is taken from the Centers for Disease Control and Prevention (CDC) website to help people learn how to protect themselves from norovirus in the community or assist others who may have this illness.

### What is norovirus?

Noroviruses are a group of viruses that cause gastroenteritis in people.

### How do you get norovirus?

Noroviruses are found in the stool or vomit of infected people. People can become infected with the virus in several ways, including:

- touching surfaces or objects contaminated with norovirus, and then placing their hand in their mouth;
- having direct contact with another person who is infected and showing symptoms;
- eating food or drinking liquids that are contaminated with norovirus.

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### **What are the symptoms of norovirus?**

The symptoms of norovirus usually appear within 24-48 hours after exposure. Illness usually includes nausea, vomiting, diarrhea, and some stomach cramping. Sometimes people additionally have a low-grade fever, chills, headache, muscle aches, and a general sense of tiredness. The illness often begins suddenly, and the infected person may feel very sick. The illness is usually brief, with symptoms lasting only about 1 or 2 days but nausea may persist up to a week.

### **How long are you contagious?**

People infected with norovirus are contagious from the moment they begin feeling ill to at least three days after recovery. **Some people may be contagious for as long as two weeks after recovery. Therefore, it is particularly important for people to use good hand washing and other hygienic practices after they have recently recovered from norovirus illness.**

### **Can norovirus infections be prevented?**

Yes. You can decrease your chance of coming in contact with noroviruses by following these steps:

- Wash your hands frequently, especially after toilet visits and changing diapers and before eating or preparing food.
- Thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness by using a bleach-based household cleaner. *(make sure it contains bleach and is not just made by a bleach company)*
- Immediately remove and wash clothing or linens that may be contaminated with virus after an episode of illness (use hot water and soap).
- Flush or discard any vomit and stool in the toilet and make sure that the surrounding area is kept clean.
- Persons caring for ill family members need to make sure not to put their hands in their mouths, or eat, until they have washed their hands with soap and hot water.

***Individuals that have nausea, vomiting, or diarrhea need to stay home until 24 hours after symptoms have resolved.***

## Reportable Diseases in Hillsborough County

DISEASE	2007 Yr end	2008 Yr end	2009 Yr end	3YR AVG (2007-2009)	Jan-Feb 09	Jan-Feb 10
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	7	9
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	11	5
CARBON MONOXIDE POISONING	NR	NR	0	0.0	0	4
CHLAMYDIA	5167	6,127	5,058	5,450.7	N/A	N/A
CIGUATERA	0	0	0	0.0	0	0
CREUTZFELDT-JAKOB DISEASE	0	0	1	0.3	0	0
CRYPTOSPORIDIOSIS	46	33	38	39.0	4	1
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, UNDETERMINED	0	0	1	0.3	0	0
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 (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	1	0	0	0.3	0	0
E. COLI, SHIGA TOXIN PRODUCING - 0800	0	1	11	4.0	0	1
FOOD AND WATERBORNE CASES	64	46	74	61.3	20	23
FOOD AND WATERBORNE OUTBREAKS	17	21	18	18.7	8	3
GIARDIASIS	86	90	101	92.3	8	15
GONORRHEA	2067	2,059	1,574	1,900.0	N/A	N/A
H. INFLUENZAE PNEUMONIA	5	1	0	2.0	0	0
H-FLU, PRIMARY BACTEREMIA, INVASIVE	2	13	13	9.3	6	2
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	0
HEPATITIS A, ACUTE	16	15	13	14.7	1	1
HEPATITIS B, ACUTE	38	38	29	35.0	7	6
HEPATITIS B, MATERNAL (HBsAg+ Pregnant)	62	57	65	61.3	12	7
HEPATITIS B, PERINATAL ACUTE	0	0	0	0.0	0	0
HEPATITIS B, CHRONIC	121	218	317	218.7	41	45
HEPATITIS C, ACUTE	2	4	14	6.7	0	2
HEPATITIS C, CHRONIC	1349	1,423	1,391	1,387.7	167	263
HEPATITIS D	NR	NR	1	0.3	0	0
HEPATITIS E, NON-A NON-B, ACUTE	0	0	0	0.0	0	0
HEPATITIS G	1	0	0	NR	0	0
HEPATITIS UNSPEC, ACUTE	0	0	0	0.0	0	0
HIV INFECTION	423	441	0	288.0	0	0
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	1	1	0	0.7	0	0
INFLUENZA-A, NOVEL OR PANDEMIC STRAINS	NR	NR	321	0.0	0	5
LEAD POISONING	17	56	77	50.0	4	12
LEGIONELLOSIS	9	11	8	9.3	1	0
LEPTOSPIROSIS	0	0	0	0.0	0	0

DISEASE	2007 Yr end	2008 Yr end	2009 Yr end	3YR AVG (2007-2009)	Jan-Feb 09	Jan-Feb 10
LISTERIOSIS	2	1	2	1.7	0	1
LYME DISEASE	1	2	11	4.7	1	0
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, MYCOTIC	9	21	28	19.3	4	2
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	0	0
NEUROTOXIC SHELLFISH POISONING	0	0	0	0.0	0	0
PERTUSSIS	18	28	25	23.7	4	5
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	2	1
ROCKY MOUNTAIN SPOTTED FEVER	2	1	0	1.0	0	0
RUBELLA	0	1	0	0.3	0	0
SALMONELLOSIS	285	242	337	288.0	28	40
SHIGELLOSIS	44	30	21	31.7	3	3
SMALLPOX	0	0	0	0.0	0	0
STAPH AUREUS, COMMUNITY ASSOCIATED 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	4	1
STREP PNEUMO, INVASIVE DRUG RESIST	48	55	54	52.3	16	12
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	28	35	32.7	8	9
SYPHILIS, CONGENITAL	4	2	0	2.0	N/A	N/A
SYPHILIS, INFECTIOUS	115	121	82	106.0	N/A	N/A
SYPHILIS, LATENT	N/A	0	106	0.0	N/A	N/A
TETANUS	1	1	0	0.7	0	1
TOXOPLASMOSIS	2	2	0	1.3	0	0
TUBERCULOSIS	82	69	79	76.7	N/A	N/A
TYPHUS FEVER, ENDEMIC (MURIN)	1	0	2	1.0	0	0
VARICELLA*	42	62	28	NA	8	1
VIBRIO ALGINOLYTICUS	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	0
WEST NILE FEVER	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

<p><b>!</b> Any disease outbreak</p> <p><b>!</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.</p> <p>Acquired Immune Deficiency Syndrome (AIDS)+</p> <p>Amebic encephalitis*</p> <p>Anaplasmosis*</p> <p><b>!</b> Anthrax</p> <p>Arsenic poisoning*</p> <p><b>!</b> Botulism (foodborne, wound, unspecified, other)</p> <p>Botulism (infant)*</p> <p><b>!</b> Brucellosis</p> <p>California serogroup virus (neuroinvasive and non-neuroinvasive disease)*</p> <p>Campylobacteriosis*</p> <p>Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)+</p> <p>Carbon monoxide poisoning*</p> <p>Chancroid*</p> <p>Chlamydia*</p> <p><b>!</b> Cholera</p> <p>Ciguatera fish poisoning (Ciguatera)*</p> <p>Congenital anomalies*</p> <p>Conjunctivitis (in neonates ≤ 14 days old)*</p> <p>Creutzfeldt-Jakob disease (CJD)*</p> <p>Cryptosporidiosis*</p> <p>Cyclosporiasis*</p> <p>Dengue*</p> <p><b>!</b> Diphtheria</p> <p>Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)*</p> <p>Ehrlichiosis*</p> <p>Encephalitis, other (non-arboviral)*</p> <p><b>☎</b> 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</p> <p>Giardiasis*</p> <p><b>!</b> Glanders</p> <p>Gonorrhea*</p>	<p>Granuloma inguinale*</p> <p><b>!</b> <i>Haemophilus influenzae</i> (meningitis and invasive disease)</p> <p>Hansen's disease (Leprosy)*</p> <p><b>☎</b> Hantavirus infection</p> <p><b>☎</b> Hemolytic uremic syndrome</p> <p><b>☎</b> Hepatitis A</p> <p>Hepatitis B, C, D, E, and G*</p> <p>Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)*</p> <p>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)*</p> <p>Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)+</p> <p>Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs)*</p> <p><b>!</b> Influenza due to novel or pandemic strains</p> <p><b>☎</b> Influenza-associated pediatric mortality (in persons aged &lt; 18 yrs)</p> <p>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*</p> <p>Legionellosis*</p> <p>Leptospirosis*</p> <p><b>☎</b> Listeriosis</p> <p>Lyme disease*</p> <p>Lymphogranuloma venereum (LGV)*</p> <p>Malaria*</p> <p><b>!</b> Measles (Rubeola)</p> <p><b>!</b> Melioidosis</p> <p>Meningitis (bacterial, cryptococcal, mycotic)*</p> <p><b>!</b> Meningococcal disease (includes meningitis and meningococemia)</p> <p>Mercury poisoning*</p> <p>Mumps*</p> <p><b>☎</b> Neurotoxic shellfish poisoning</p> <p><b>☎</b> Pertussis</p> <p>Pesticide-related illness and injury*</p> <p><b>!</b> Plague</p> <p><b>!</b> Poliomyelitis, paralytic and non-paralytic</p> <p>Psittacosis (Ornithosis)*</p> <p>Q Fever*</p> <p><b>☎</b> Rabies (human, animal)</p>	<p><b>!</b> Rabies (possible exposure)</p> <p><b>!</b> Ricin toxicity</p> <p>Rocky Mountain spotted fever*</p> <p><b>!</b> Rubella (including congenital)</p> <p>St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)*</p> <p>Salmonellosis*</p> <p>Saxitoxin poisoning including paralytic shellfish poisoning (PSP)*</p> <p><b>!</b> Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease</p> <p>Shigellosis*</p> <p><b>!</b> Smallpox</p> <p><i>Staphylococcus aureus</i>, community associated mortality*</p> <p><b>☎</b> <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)</p> <p><b>☎</b> Staphylococcal enterotoxin B (disease due to)</p> <p>Streptococcal disease (invasive, Group A)*</p> <p><i>Streptococcus pneumoniae</i> (invasive disease)*</p> <p>Syphilis*</p> <p><b>☎</b> Syphilis (in pregnant women and neonates)</p> <p>Tetanus*</p> <p>Toxoplasmosis (acute)*</p> <p>Trichinellosis (Trichinosis)*</p> <p>Tuberculosis (TB)*</p> <p><b>!</b> Tularemia</p> <p><b>☎</b> Typhoid fever</p> <p><b>!</b> Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)</p> <p>Typhus fever (disease due to <i>Rickettsia typhi</i>, <i>R. felis</i> infection)*</p> <p><b>!</b> Vaccinia disease</p> <p>Varicella (Chickenpox)*</p> <p>Varicella mortality*</p> <p><b>!</b> Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)</p> <p>Vibriosis (Vibrio infections)*</p> <p><b>!</b> Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)</p> <p>West Nile virus disease (neuroinvasive and non-neuroinvasive)*</p> <p>Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)*</p> <p><b>!</b> Yellow fever</p>
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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 381.002(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...."

**To report a disease or condition in Hillsborough County, phone the appropriate office below:**

<b>PHONE FAX After Hours PHONE FAX</b>			
<b>Epidemiology</b>	813-307-8010	813-276-2981	813-307-8000
<b>Tuberculosis</b>	813-307-8015 x4758	813-975-2014	813-307-8010
<b>Food &amp; Waterborne</b>	813-307-8059	813-272-7242	813-307-8000
<b>STD</b>	813-307-8022	813-307-8022	
<b>Lead poisoning</b>	813-307-8015x7108	813-307-8094	
<b>HIV</b>	813-307-8011	Non-applicable	813-307-8000

**FL Birth Defects Registry 305-243-4600 305-243-4871**  
**Florida Cancer System 352-334-1360 352-334-1361**

# 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:

\_\_\_\_\_

Last Name

\_\_\_\_\_

Area Code + Phone Number

Please check here if you would like more copies of the form

\_\_\_\_\_

First Name

\_\_\_\_\_

MI

\_\_\_\_\_

Date of Birth (MMDDYYYY)

\_\_\_\_\_

Social Security Number (no dashes)

\_\_\_\_\_

Address

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Gender:

- Male
- Female

- Ethnicity:
- Hispanic
  - Non-Hispanic
  - Unknown

City

### Disease Specific Information:

Date of Onset: \_\_\_\_\_ Disease Fatal?  Yes  No

Patient Hospitalized?  Yes  No Discharge Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Medicaid Number or Insurance: \_\_\_\_\_

Pregnancy Status:

- Not Pregnant
- Pregnant

Number of Months \_\_\_\_\_

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

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

- Anthrax ☎☎
- Botulism, foodborne ☎☎
- Botulism, infant
- Botulism, other/wound/unspecified ☎☎
- Brucellosis ☎☎
- California serogroup virus disease
- Campylobacteriosis
- Chancroid
- Chlamydia
- Cholera ☎☎
- Ciguatera fish poisoning
- Clostridium perfringens epsilon toxin
- Conjunctivitis, in neonatal ≤14 days
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Diphtheria ☎☎
- Eastern equine encephalitis virus disease
- Ehrlichiosis, human granulocytic (HEG)
- Ehrlichiosis, human monocytic (HME)
- Ehrlichiosis, human other or unspecified species
- Encephalitis, other (non-arboviral)

- Enteric disease due to *Escherichia coli* O157:H7 ☎☎
- Enteric disease due to other pathogenic *Escherichia coli* ☎☎
- Giardiasis (acute)
- Glanders ☎☎
- Gonorrhoea
- Granuloma inguinale
- Haemophilus influenzae*, meningitis and invasive disease ☎☎
- Hansen's disease
- Hantavirus infection ☎☎
- Hemolytic uremic syndrome ☎☎
- Hepatitis, acute A ☎☎
- Hepatitis, acute B, C, D, E, G
- Hepatitis, chronic B, C
- Hepatitis B surface antigen positive in pregnant woman or child up to 24 months
- Herpes simplex virus (HSV) in infants up to six months
- HSV anogenital in children ≤12 yrs
- Human papilloma virus (HPV) anogenital in children ≤12 yrs
- HPV associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- HPV cancer associated strains
- Influenza – due to novel or pandemic strains ☎☎
- Influenza – associated pediatric mortality in persons <18 yrs ☎☎
- Lead poisoning
- Legionellosis
- Leptospirosis
- Listeriosis ☎☎
- Lyme disease
- Lymphogranuloma Venereum (LGV)
- Malaria
- Measles (Rubeola) ☎☎
- Melioidosis ☎☎
- Meningitis, bacterial, cryptococcal, other mycotic
- Meningococcal disease ☎☎
- Mercury poisoning
- Mumps
- Neurotoxic shellfish poisoning
- Pertussis ☎☎
- Pesticide-related illness and injury
- Plague ☎☎
- Poliomyelitis ☎☎
- Psittacosis (Ornithosis)
- Q Fever
- Rabies, animal ☎☎
- Rabies, human ☎☎
- Rabies possible exposure (animal bite) ☎☎
- Ricin toxicity ☎☎
- Rocky Mountain spotted fever
- Rubella ☎☎
- St. Louis encephalitis virus disease
- Salmonellosis
- 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: \_\_\_\_\_

**Hillsborough CHD – Epidemiology Program**  
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