EPI NOTES

Hillsborough County Health Department
Disease Surveillance Newsletter
May 2010

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Travel Information for Mosquito-borne Illness

Kevin B. Reed, MPH

Summer is the time of year when vacation, travel abroad, and outdoor activities are common. As many of these activities could involve exposure to insects, mosquito-borne illness is a concern. The following topics may help to increase knowledge and awareness of mosquito-borne illnesses.

Some of the common travelers' illnesses that are transmitted to humans by infected mosquitoes include:

West Nile Virus (WNV): West Nile is believed to be a seasonal epidemic in North America, typically beginning in the summer and continuing into the fall. Symptoms of WNV include fever, headache, body aches, nausea, vomiting, swollen lymph glands and a skin rash on the chest, stomach or back. There is no specific treatment for WNV, and care is based on symptoms as well as the general health of the sick individual.

Dengue Fever: Dengue fever is the most common cause of fever in travelers returning from the Caribbean, Central America, and South Central Asia. The disease is caused by four similar types of viruses and is spread through the bites of infected mosquitoes. The mosquitoes that spread Dengue fever usually bite at dusk and dawn but may bite at any time during the day, especially indoors, in shady areas, or when the weather is cloudy. Symptoms of Dengue fever include: fever, severe headache, pain behind the eyes, joint and muscle pain, rash, nausea/vomiting, hemorrhagic (bleeding) manifestations. There is no

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specific treatment for DEN, and care is based on symptoms.

Saint Louis encephalitis virus (SLE): Most cases of SLE disease have occurred in the eastern and central United States. Most persons infected with SLE have no apparent illness. In more severe cases, symptoms of SLE include: fever, headache, nausea, vomiting, and tiredness. Severe neuroinvasive disease (including inflammation of the brain) occurs more commonly in older adults. In rare cases, long-term disability or death can result. There is no specific treatment for SLE infection and care is based on symptoms.

Yellow Fever Virus (YF): Symptoms of Yellow Fever include: fever, chills, headache, backache, myalgia, prostration, nausea, and vomiting. There is no specific treatment for YF, and care is based on symptoms. YF is a vaccine preventable illness.

Malaria: A parasitic illness that is transmitted to humans by infected mosquitoes. Symptoms of malaria include fever, chills, sweats, headache, nausea, fatigue and shaking. Most cases diagnosed in the United States are in travelers and immigrants from countries where malaria transmission occurs, such as sub-Saharan Africa and South Asia. There are antimalarial drugs that can prevent a person from getting malaria. If a person does acquire malaria, then treatment is based on several factors including severity of disease, pregnancy status and the part of the world where infection was acquired. Travelers to areas where malaria is of concern should discuss pre-exposure treatment for malaria with their medical providers.
Source: www. cdc.gov

To protect yourself from mosquito bites, you should remember to **SWAT**:
• **S**tay inside with screened doors and windows when mosquitoes are biting
• **W**hen outside, wear clothes that cover your skin
• **A**pply mosquito repellant
• **T**urn over containers of standing water where mosquitoes lay eggs

Insect Repellent Information:
For adults, look for a repellent that contains one of the following active ingredients: DEET, picaridin (KBR 3023), Oil of Lemon Eucalyptus/PMD, or IR3535. Always follow the instructions on the label when you use the repellent. For more information, please refer to: http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/protection-against-mosquitoes-ticks-insects-arthropods.aspx
For children, The American Academy of Pediatrics approves the use of repellents with up to 30% DEET on children over 2 months old. For more information, please refer to:
http://www.healthychildren.org/English/safety-prevention/at-play/pages/Insect-Repellents.aspx

Vaccine Information

Required Vaccinations:
The only vaccine required by International Health Regulations is yellow fever vaccination for travel to certain countries in sub-Saharan Africa and tropical South America.

Routine Vaccinations
Be sure that you and your family are up to date on your routine vaccinations. If you are not sure which vaccinations are routine, look at the schedules below.
Recommended Adult Immunization Schedule — United States:
http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm
Recommended Childhood and Adolescent Immunization Schedule — United States:
http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm
Vaccine Recommendations for Infants and Children: http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-7/vaccine-recommendations-for-infants-and-children.aspx

Recommended Vaccinations:
Vaccines are recommended to protect travelers from illnesses present in other parts of the world and to prevent the importation of infectious diseases across international borders. Which vaccinations you need depends on a number of factors including your destination, whether you will be spending time in rural areas, the season of the year you are traveling, your age, health status, and previous immunizations. For destination specific vaccine recommendations, please refer to:
http://wwwnc.cdc.gov/travel/destinations/list.aspx
Ideally, schedule vaccination appointments with your medical provider 4 to 6 weeks before your trip. If it is less than 4 weeks before you leave, you should still see your doctor. You might still benefit from shots or medications and other information about how to protect yourself from illness and injury while traveling.

Special Considerations:
If you have a weakened immune system due to illnesses such as diabetes or HIV, refer to:
http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-8/immunocompromised-traveler.aspx

If you are pregnant or breastfeeding, refer to:
http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-8/traveling-while-pregnant.aspx

For more information on these or other communicable diseases of concern to travelers, please refer to:
www.cdc.gov

May is Hepatitis Month

1 in 12 people worldwide are living with either chronic Hepatitis B or Hepatitis C

1 in 4 of those chronically infected will die from liver cancer or liver failure

About 1/3 of chronic Hepatitis B infections in the United States start in perinatal and early childhood

Every 30–45 seconds, one person dies from Hepatitis B, a vaccine-preventable disease

What is World Hepatitis Day?
The third annual World Hepatitis Day will take place on Wednesday, May 19, 2010, as part of an ongoing campaign launched by the World Hepatitis Alliance. An entirely patient-led initiative, World Hepatitis Day aims to raise awareness of hepatitis B and hepatitis C, prevent new infections and to deliver real improvements in health outcomes for people living with hepatitis B and C.

About Viral Hepatitis
Hepatitis means inflammation of the liver frequently caused by hepatitis B and C viruses. Together they kill approximately one million people a year. Five hundred million people around the world are currently infected with chronic hepatitis B or C. Unlike hepatitis C, hepatitis B can be prevented through effective vaccination.

Hepatitis Prevention Program
This program serves adults 18 years and older at risk for hepatitis. The goals of the program are to raise state-wide awareness of viral hepatitis, coordinate intervention, prevention and disease control programs, and track burden of disease through hepatitis case surveillance and reporting.

Perinatal Hepatitis B Prevention Program
In Florida, an estimated 500 hepatitis B positive women give birth each year. This program ensures that all children born to hepatitis B positive mothers are properly vaccinated and immunized against hepatitis B. It also provides counseling and resources for mothers and their contacts, and coordinates with local health providers to emphasize the importance of screening and vaccination to all pregnant mothers and their newborns.

Resources for screening, prevention and vaccination
Centers for Disease Control, Hepatitis Branch 1-800-443-7232
www.cdc.gov/hepatitis/HBV/PDFs/ChronicHepBTestingFlwUp.pdf

World Hepatitis Day
http://www.worldhepatitisday.org

Hepatitis B Foundation 215-489-4900
http://www.hepb.org

Please visit the hepatitis booth outside the Specialty Care clinic in the downtown building through the month of May!

Reportable Disease Surveillance Data

Disease	2007	2008	2009	3 Year Average	Jan-Apr 2009	Jan-Apr 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	15	15
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	16	20
CARBON MONOXIDE POISONING	NR	NR	0	0.0	0	4
CHLAMYDIA	5167	6127	5058	5450.7	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	6	4
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	2
FOOD AND WATERBORNE CASES	64	46	74	61.3	25	33
FOOD AND WATERBORNE OUTBREAKS	17	21	18	18.7	10	7
GIARDIASIS	86	90	101	92.3	23	30
GONORRHEA	2067	2059	1574	1900.0	N/A	N/A
H. INFLUENZAE PNEUMONIA	5	1	0	2.0	0	0
H-FLU, PRIMARY BACTEREMIA, INVASIVE	2	13	13	9.3	7	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	0
HEPATITIS A, ACUTE	16	15	13	14.7	4	1
HEPATITIS B, ACUTE	38	38	29	35.0	13	13
HEPATITIS B, MATERNAL (HBsAg+ PREGNANT)	62	57	65	61.3	22	13
HEPATITIS B, PERINATAL ACUTE	0	0	0	0.0	0	0
HEPATITIS B, CHRONIC	121	218	317	218.7	101	98
HEPATITIS C, ACUTE	2	4	14	6.7	1	5
HEPATITIS C, CHRONIC	1349	1423	1391	1387.7	371	586
HEPATITIS D	NR	NR	1	0.3	0	0

Disease	2007	2008	2009	3 Year Average	Jan-Apr 2009	Jan-Apr 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	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	7
LEAD POISONING	17	56	77	50.0	14	26
LEGIONELLOSIS	9	11	8	9.3	1	2
LEPTOSPITOSIS	0	0	0	0.0	0	1
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 CYPTOCOCCAL MYCOTIC	9	21	28	19.3	6	14
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	0
NEUROTOXIC SHELLFISH POISONING	0	0	0	0.0	0	0
PERTUSSIS	18	28	25	23.7	12	8
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	3
RUBELLA	0	1	0	0.3	0	1
SALMONELLOSIS	285	242	337	288.0	51	60
SHIGELLOSIS	44	30	21	31.7	5	6
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	5
STREP PNEUMO, INVASIVE DRUG RESIST.	48	55	54	52.3	34	23
STREP PNEUMO, INVASIVE SUSCEPTIBLE	35	28	35	32.7	16	23
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	1	1	1.0	0	0
VARICELLA	42	62	28	NA	11	9
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 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

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

FLORIDA DEPARTMENT OF HEALTH

**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 FDOH county health departments serve as the Department's representative in this reporting requirement. Furthermore,

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 | Gender: ☐ Male ☐ Female | Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

City | State | Zip Code

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 ☐ Other: _____
☐ Black
☐ Asian
☐ American Indian/AlaskaNative
☐ Native Hawaiian/Pacific Islander
☐ 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 ☎ !
- ☐ Gonorrhea
- ☐ 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 assocated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- ☐ HPV cancer associated strains
- ☐ Influenza – due to novel or pandemic strains ☎ !
- ☐ Influenza – assocated 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:

County Health Department Fax: ___-___-____
CHD After-Hours Phone Number: ___-___-____

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: