

Epi Monthly Report

REPORTABLE DISEASES / CONDITIONS IN FLORIDA PRACTITIONER GUIDE 12/06

January 2007

Dear Colleagues:

The Florida Department of Health has completed an extensive rewrite of the Florida Administrative Code section governing disease reporting. The Miami-Dade County Health Department has compiled an informational package to update you on the current reporting guidelines and forms.

The changes include:

Revision and standardization of reporting timeframes in three major categories:

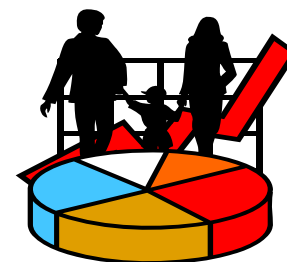
- **Suspect Immediately** (newly added): Report upon initial suspicion or laboratory test order (24 hours a day, 7 days a week by phone)
- **Immediately**: Report immediately upon diagnosis confirmed clinically or by laboratory results (24 hours a day, 7 days a week by phone).
- **Next Business Day** (previously within 72 hours): Report next business day upon diagnosis confirmed clinically or by laboratory test results.

Additional reporting and testing requirements:

- **Reportable by practitioners**: HIV exposed infants or newborns and conjunctivitis in neonates less than or equal to 14 days old.
- **Reportable by laboratories**: CD-4 counts, viral load, and STARHS.
- **Reportable by practitioners and laboratories**: HPV cancer associated strains; abnormal cervical cytologies/histologies; novel or pandemic human influenza strains; influenza associated pediatric mortality; SARS; California serogroup viruses; hepatitis D, E and G; varicella; varicella mortality; epidemic typhus fever; and cancer, including benign and borderline intracranial and central nervous system tumors.
- Requires routine testing during pregnancy for chlamydia, gonorrhea, hepatitis B, HIV, and syphilis with an opt-out approach.

Other important guidelines include:

- All physicians are required by Florida Statute [Section 381.0031(1, 2) to report conditions on the list as well as any suspected outbreaks.
- Please call us immediately to report diseases marked with a "!" or "()". These cases require a timely public health response. **We have included a laminated**



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chart with the reportable diseases, time frames and contact information.

- Reports for all other diseases/conditions need to be faxed within the next business day of diagnosis, except for HIV/AIDS reports. **HIV/AIDS reports should not be faxed and need to be mailed.**

You are a critical part of our surveillance system. By reporting these illnesses in a timely manner, you assist us greatly in the early detection of outbreaks which improves disease control and prevention in the future, and facilitates early diagnosis of diseases. **We can also assist in testing specimens, such as arbovirus, through the State Laboratory free of charge.**

Remember to immediately send isolates for diseases such as *Haemophilus influenzae*, meningococcal disease and typhoid fever to the State Laboratory for confirmation and typing.

In order to assist you with reporting, enclosed are the following materials:

- A list of health department staff with contact phone numbers
- A general reporting form
- Reporting forms for sexually transmitted diseases, animal bites, tuberculosis, childhood lead poisoning, hepatitis A and B, perinatal hepatitis B and HIV.

We take this opportunity to encourage you to join the Medical Reserve Corps (MRC), a group of volunteer health care professionals and community members who are trained to respond to public health crises in the County. If you are interested, please fill out and return the attached form.

If you have any other questions, please call the Office of Epidemiology and Disease Control at (305) 470-5660.

Thank you in advance for your assistance in the surveillance and control of communicable diseases and other conditions in Miami-Dade County.

Sincerely,

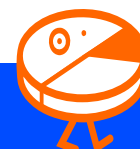
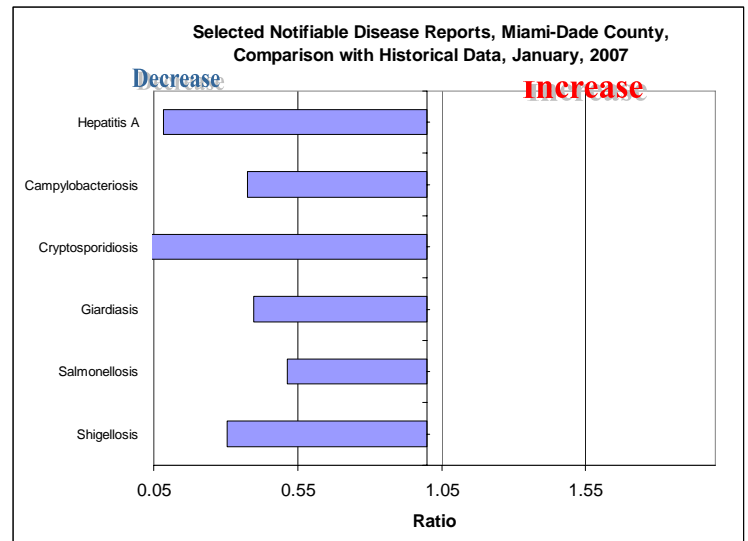
Fermin Leguen, MD, MPH,
Chief Physician
Miami-Dade County Health Department

This information is available online at www.dadehealth.org

TO REPORT ANY DISEASE AND FOR INFORMATION CALL:

Office of Epidemiology and Disease Control

Childhood Lead Poisoning Prevention Program	(305) 470-6877
Hepatitis	(305) 470-5536
Other diseases and outbreaks	(305) 470-5660
HIV/AIDS Program	(305) 470-6999
STD Program	(305) 325-3242
Tuberculosis Program	(305) 324-2470
Special Immunization Program	(786) 845-0550





Florida Administrative Code State Mandated Reportable Diseases/Conditions, Practitioner Guide 12/06

Congenital anomalies (352)334-1653(Tel) (352)334-1361(Fax)	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) + (305)243-4600(Tel)	
HIV/AIDS	(305)470-6999(Tel) (No Fax Reporting)
Acquired Immune Deficiency Syndrome (AIDS) + Human Immunodeficiency Virus (HIV)[all, including neonates born to an infected woman, exposed newborn] +	
STD	(305)325-3242/3585(Tel) (305)547-1432(Fax)
(Sexually Transmitted Diseases)	
Chancroid	
Chlamydia	
Gonorrhea	
Granuloma Inguinale	
Herpes Simplex Virus (HSV) [in neonates and infants up to 8 months of age with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years]	
Human Papillomavirus (HPV) [associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs; cancer associated strains]	
Lymphogranuloma Venereum (LGV)	
Syphilis	
	Syphilis (in pregnant women and neonates)
Tuberculosis (TB)	(305)324-2470(Tel) (305)547-5571(Fax)
Special Immunization Program (786)845-0550(Tel) (786)845-0598(Fax)	
! Diphtheria	
! Measles (Rubeola)	
Mumps	
	Pertussis
! Poliomyelitis	
! Rubella (including congenital)	
Tetanus	
Varicella (Chickenpox)	
Varicella mortality	
Epidemiology	(305)470-5660 (Tel) (305)470-5533 (Fax)
(Office of Epidemiology and Disease Control)	
! Anthrax	
! Botulism (foodborne, wound, unspecified, other)	
Botulism (infant)	
! Brucellosis	
California serogroup virus (neuroinvasive and non-neuroinvasive disease)	
Campylobacteriosis	
! Cholera	
Ciguatera fish poisoning (Ciguatera)	
Clostridium perfringens, epsilon toxin (disease due to)	
Conjunctivitis (in neonates ≤ 14 days old)	
Creutzfeldt-Jakob Disease (CJD)	
Cryptosporidiosis	
Cyclosporiasis	
	Dengue
Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)	
Ehrlichiosis [human granulocytic (HGE), human monocytic (HME), human other or unspecified agent]	
Encephalitis, other (non-arboviral)	
	Enteric disease due to:
E. coli, O157:H7	
E. coli, Other (known serotype)	
Giardiasis (acute)	
! Glanders	
! Haemophilus influenzae (meningitis and invasive disease)	

Hansen's Disease (Leprosy)	
	Hantavirus infection
	Hemolytic Uremic Syndrome
! Influenza due to novel or pandemic strain	
	Influenza-associated pediatric mortality (in persons < 18 yrs)
Legionellosis	
Leptospirosis	
	Listeriosis
Lyme Disease	
Malaria	
! Melioidosis	
	Meningitis (bacterial, cryptococcal, mycotic)
! Meningococcal Disease (includes meningitis and meningococemia)	
Mercury Poisoning	
	Neurotoxic shellfish poisoning
Pesticide-related illness and injury	
! Plague	
Psittacosis (Ornithosis)	
Q Fever	
	Rabies (human, animal)
! Rabies (possible exposure)	
! Ricin toxicity	
Rocky Mountain spotted fever	
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 (with intermediate or full resistance to vancomycin, VISA, VRSA)
	Staphylococcus enterotoxin B
Streptococcal Disease (invasive, Group A)	
Streptococcus pneumoniae (invasive disease)	
Toxoplasmosis (acute)	
Trichinellosis (Trichinosis)	
! Tularemia	
	Typhoid Fever
! Typhus Fever (epidemic)	
Typhus Fever (endemic)	
! Vaccinia Disease	
! 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	
! Any disease outbreak (in a community, hospital, or other institution or a foodborne or waterborne outbreak)	
! Any grouping or clustering (patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism)	
Hepatitis (viral)	(305)470-5536(Tel) (305)470-5533(Fax)
	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)	
Lead Poisoning	(305)470-6877(Tel) (305)470-5533 (Fax)

! = Report immediately upon initial suspicion or laboratory test order, 24/7 by phone

= Report immediately upon diagnosis or test result, 24/7 by phone

Report next business day

+ = Other reporting time frame

You are an invaluable part of Florida's disease surveillance system: For more information, please call the Miami-Dade County Health Department Office of Epidemiology and Disease control at (305)470-5660 or the Bureau of Epidemiology at (850)245-4401 http://www.doh.state.fl.us/disease_control/epi/index.html

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 Miami-Dade County Health Department serves as a 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..."



AVIAN FLU WATCH

Unless indicated, information is current as of
February 27, 2007



- **Since 2003, 274 human cases of avian influenza (H5N1) have been confirmed** by the World Health Organization (WHO). Of these, 167 have been fatal.
- **Countries with confirmed human cases** include Cambodia, China, Djibouti, Indonesia, Thailand, Vietnam, Iraq, Azerbaijan, Egypt and Turkey.
- **No human cases of avian influenza (H5N1) have been reported in the United States.**
- **The most recent confirmed human case of infection with H5N1 occurred in Lao People's Democratic Republic.** The first human case to be reported there is a 15-year-old female who developed influenza-like symptoms February 10th. On February 15th she was hospitalized with fever and respiratory symptoms. Her close contacts are being investigated and monitored on a daily basis; to date these people are healthy. There have been more human cases of H5N1 in Egypt. Recently a 5-year-old male was hospitalized with symptoms February 14th; his condition remains stable. One week prior to symptom onset, the 5-year-old was exposed to sick birds. Close contacts remain healthy but have been placed under close observation. February 15th a 37-year-old female was admitted to the hospital with symptoms. She died the following day. A week prior to symptom onset she was involved in the slaughter and de-feathering of sick birds. Also, a 17-year-old female who developed symptoms January 25th but was initially treated for seasonal influenza. She was admitted to the hospital February 1st with fever and difficulty breathing; she died February 2nd. Initial source exposure investigations indicate the presence of sick and dead poultry at her home prior to symptom onset. To date Egypt has had 22 confirmed H5N1 human cases, 13 have been fatal.
- **H5N1 has been confirmed in birds in several other countries since 2003.** H5N1 has been documented in birds in more than 30 countries in Europe & Eurasia, South Asia, Africa, East Asia and the Pacific, and the Near East. For a list of these countries, visit the World Organisation for Animal Health Web Site at http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm.
- **No restrictions on travel to affected countries have been imposed.** Travelers should avoid contact with live poultry and monitor their health for ten days after returning from an affected country.

SOURCES: World Health Organization; World Organisation for Animal Health; Centers for Disease Control and Prevention

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Why does Florida need influenza sentinel providers?

Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. An influenza sentinel provider conducts surveillance for influenza-like illness (ILI) in collaboration with the Florida State Health Department, Bureau of Epidemiology and the Centers for Disease Control and Prevention (CDC). Data reported by sentinel providers, in combination with other influenza surveillance data, provides a national picture of influenza virus and ILI activity in the U.S. and Florida.

What data do sentinel providers collect and how do they report?

Sentinel providers report the total number of patient visits each week and number of patient visits for ILI by age group (0–4 years, 5–24 years, 25–64 years, and ≥ 65 years) year round. These data are transmitted once a week via the internet or via fax to a central database at CDC. Most providers report that it takes **less than 30 minutes a week** to compile and report their data. In addition, sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

Who can be an Influenza Sentinel Provider?

Providers of any specialty (e.g., family practice, internal medicine, pediatrics, infectious diseases) in any type of practice (e.g., private practice, public health clinic, urgent care center, emergency room, university student health center) are eligible to be sentinel providers.

Why Volunteer?

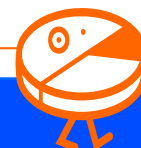
Epidemics of influenza usually occur during the winter months and are responsible for approximately 36,000 deaths per year in the United States. Influenza and pneumonia together were the eighth leading cause of death in Florida in 2004, with over 3,000 deaths statewide. Serious complications due to influenza can also occur in persons with chronic health conditions such as heart disease, diabetes, or HIV. Recently, human infections and deaths from bird flu (influenza A H5N1) reported worldwide since 2003 have generated great concern for this or another strain's potential for a pandemic.

Data from sentinel providers are critical for monitoring the impact of influenza. In combination with other influenza surveillance data, they can be used to guide prevention and control activities, vaccine strain selection, and patient care. Sentinel providers receive feedback on the data submitted, summaries of Florida and national influenza data, a free subscription to CDC's Morbidity and Mortality Weekly Report (valued at \$150.00) and the Emerging Infectious Diseases Journal. Most importantly, the data provided are critical for protecting the public's health.

For more information, please contact **Erin O'Connell** at 305-470-5660.

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Miami-Dade County Health Department, Office of Epidemiology and Disease Control. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, contact Diana Rodriguez, Managing Editor at 305-470-5660.



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February 2007
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Monthly Report
Selected Reportable Diseases/Conditions in Miami-Dade County,
January 2007

Diseases/Conditions	2007 this Month	2007 Year to Date	2006 Year to Date	2005 Year to Date	2004 Year to Date	2003 Year to Date
AIDS ^{Provisional}	66	66	141	109	121	108
Campylobacteriosis	5	5	2	0	3	6
<i>Chlamydia trachomatis</i>	416	416	338	344	210	296
Ciguatera Poisoning	0	0	0	0	0	0
Cryptosporidiosis	0	0	0	0	0	2
Cyclosporiasis	0	0	0	0	0	0
Dengue Fever	0	0	0	0	0	0
<i>E. coli</i> , O157:H7	0	0	0	0	0	0
<i>E. coli</i> , Non-O157	0	0	0	0	0	0
Encephalitis (except WNV)	0	0	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0	0	0
West Nile Fever	0	0	0	0	0	0
Giardiasis, Acute	8	8	3	2	5	1
Gonorrhea	155	155	117	142	86	143
Hepatitis A	1	1	2	1	1	0
Hepatitis B	0	0	1	0	0	0
HIV ^{Provisional}	104	104	123	137	152	120
Influenza A (H5)	0	0	0	0	0	0
Influenza Isolates	0	0	0	0	0	0
Influenza Novel Strain	0	0	0	0	0	0
Influenza, Pediatric Death	0	0	0	0	0	0
Lead Poisoning	5	5	7	0	4	3
Legionnaire's Disease	0	0	0	1	0	0
Leptospirosis	0	0	0	0	0	0
Lyme disease	0	0	0	0	0	0
Malaria	0	0	0	0	0	0
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	0	0	0	0	0	0
Meningococcal Disease	2	2	0	1	1	1
Mumps	0	0	0	0	0	0
Pertussis	2	2	0	0	0	0
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	16	16	9	5	5	12
Shigellosis	6	6	4	4	8	13
<i>Streptococcus pneumoniae</i> , Drug Resistant	0	0	0	0	0	4
Syphilis, Infectious	8	8	30	18	18	21
Syphilis, Other	37	37	30	46	54	89
Tetanus	0	0	0	0	0	0
Toxoplasmosis	0	0	0	0	0	0
Tuberculosis ^{Provisional}	N/A	N/A	19	14	12	24
Typhoid Fever	0	0	0	1	0	0
<i>Vibrio cholera</i> Type O1	0	0	0	0	0	0
<i>Vibrio cholera</i> Non-O1	0	0	0	0	0	0

* Data on AIDS are provisional at the county level and are subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

