



Under the Scope

Florida Department of Health in Indian River County



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Diseases & Conditions Reportable to Public Health - Who is Responsible?

Who is required to report?

Healthcare providers, veterinarian, licensed medical facilities and laboratories are all required by law (F.S. 381.0031, F.A.C. 64D-3) to report certain diseases, conditions and diagnoses and suspected outbreaks to the Health Department. Even animal control and wildlife officers, and animal laboratories are required to report. The list of reportable diseases and conditions in Florida is on page 2, and can also be found on the Florida Department of Health website at <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/documents/reportable-diseases-fl.pdf>. Reporting requirements for laboratories differ, and can be found at <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/documents/laboratorypacket.pdf>

Is reporting to the Health Department a violation of HIPAA?

No, protected health information (PHI) can be disclosed to public health authorities and their authorized agents for public health purposes including but not limited to public health surveillance, investigations and interventions.

Health Insurance Portability and Accountability Act of 1996 ("HIPAA") §1178(b):

"Public Health – Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention".

How do I report a disease or condition to the Health Department?

Reports of diseases or conditions can be made via telephone or fax weekdays from 8:00 am to 5:00 pm. After hours, on weekends and holidays, reports can be made via telephone to the public health professional on call:

Phone: 772-794-7472 (24/7)

Fax: 772-794-7482

What does the Health Department do with this information?

Our goal is to prevent disease spread and outbreaks. The primary task of public health surveillance systems is to quickly detect diseases of public health significance so interventions can be undertaken to reduce morbidity and mortality. Cases must be identified and contacted early so disease control measures can be implemented quickly. Cases are interviewed to identify risk factors for disease, allowing for effective targeting of appropriate public health interventions.

Department of Health in Indian River County is part of the national reportable disease surveillance system, where epidemiologic trends are monitored state wide by Department of Health and nationwide by the Centers for Disease Control and Prevention (CDC). These data guide public health policy development and research. Locally, we use these data to implement disease control measures (e.g., administering post exposure prophylaxis; exclusion of ill workers from sensitive workplace situations; and providing education on disease prevention), and to detect and respond to outbreaks.

Thanks to all of you who serve as our eyes and ears in the community. Without you our public health surveillance system wouldn't work. Thanks again for your partnership!

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



**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, 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...."

Selected Reportable Diseases/Conditions, Jan 1, 2013 - December 31, 2013

with 3-year Comparison, Indian River County

Cases (rate per 100,000 population)	Florida		Indian River County	
	CY 2013	CY 2013	CY 2012	CY 2011
Enteric Diseases				
Campylobacteriosis	2,630 (13.7)	40 (28.3)	36 (25.7)	23 (16.6)
Cryptosporidiosis	414 (2.2)	12 (8.5)	4 (2.9)	11 (7.9)
<i>Escherichia coli</i> , Shiga toxin producing	544 (2.8)	1 (0.7)	1 (0.7)	3 (2.2)
Giardiasis	1,126 (5.9)	18 (12.7)	14 (10.0)	11 (7.9)
Salmonellosis	6,350 (33.1)	45 (31.8)	75 (53.6)	44 (31.7)
Shigellosis	1,108 (5.8)	1 (0.7)	88 (62.9)	4 (2.9)
<i>Vibrio alginolyticus</i>	49 (0.3)	1 (0.7)	1 (0.7)	0
<i>Vibrio parahaemolyticus</i>	55 (0.3)	0	1 (0.7)	1 (0.7)
<i>Vibrio vulnificus</i>	41 (0.2)	0	0	1 (0.7)
Vector Borne, Zoonoses				
Dengue Fever	173 (0.9)	1 (0.7)	0	0
Lyme Disease	185 (1.0)	3 (2.1)	2 (1.4)	0
Malaria	54 (0.3)	0	0	1 (0.7)
Rabies, Animal	105 (0.6)	1 (0.7)	0	2 (1.4)
Rabies, Possible Human Exposure	2,738 (14.3)	32 (22.6)	10 (7.2)	21 (15.1)
CNS & Invasive Diseases				
<i>Haemophilus influenzae</i> (invasive disease)	272 (1.4)	0	0	3 (2.2)
Meningitis (Bacterial, Cryptococcal, Mycotic)	156 (0.8)	0	1 (0.7)	0
<i>Staphylococcus</i> Enterotoxin B Poisoning	1 (0.01)	1 (0.7)	0	0
<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant	521 (2.7)	2 (1.4)	1 (0.7)	1 (0.7)
<i>Streptococcus pneumoniae</i> , invasive disease, susceptible	583 (3.0)	5 (3.5)	2 (1.4)	3 (2.2)
Streptococcal disease, invasive, Group A	302 (1.6)	3 (2.1)	2 (1.4)	2 (1.4)
Vaccine Preventable				
Mumps	8 (0.04)	0	0	1 (0.7)
Pertussis	739 (3.9)	5 (3.5)	0	1 (0.7)
Varicella	661 (3.4)	7 (5.0)	7 (5.0)	10 (7.2)
Viral Hepatitis				
Hepatitis A	135 (0.7)	0	0	2 (1.4)
Hepatitis B (+HBsAg in pregnant women)	487 (2.5)	1 (0.7)	2 (1.4)	2 (1.4)
Hepatitis B, Acute	377 (2.0)	2 (1.4)	1 (0.7)	0
Hepatitis B, Chronic	4,455 (23.2)	13 (9.2)	19 (13.6)	23 (16.6)
Hepatitis C, Acute	219 (1.1)	0	2 (1.4)	0
Hepatitis C, Chronic	25,046 (130.3)	177 (125.1)	166 (118.7)	155 (111.6)
Hepatitis D	1 (0.01)	1 (0.7)	0	0
HIV / AIDS*				
HIV	5,938 (30.9)	12 (8.5)	17 (13.9)	14 (10.1)
AIDS	3,282 (17.1)	7 (4.9)	11 (9.0)	8 (5.8)
STDs*				
Chlamydia	79,617 (414.3)	504 (356.2)	476 (340.3)	418 (300.9)
Gonorrhea	20,665 (107.5)	67 (47.4)	119 (85.1)	138 (99.3)
Infectious Syphilis	1,473 (7.7)	3 (2.1)	3 (2.1)	4 (2.9)
Others				
Carbon Monoxide poisoning	179 (0.9)	0	1 (0.7)	0
Lead poisoning	761 (4.0)	3 (2.1)	4 (2.9)	2 (1.4)
Legionellosis	265 (1.4)	5 (3.5)	3 (2.1)	2 (1.4)
Mercury Poisoning	5 (0.03)	0	1 (0.7)	0
Pesticide-related illness or injury	70 (0.4)	0	2 (1.4)	3 (2.2)
Saxitoxin Poisoning (Paralytic Shellfish Poisoning)	3 (0.02)	1 (0.7)	0	0
Tuberculosis*	652 ()	2 (1.4)	4 (2.9)	2 ()

*2013 data are provisional and subject to change; YTD as of 12/31/2013