

# EPIGRAM

PRODUCED BY DISEASE CONTROL SERVICES  
EDITOR: EMILY CASON, MPH

Nassau County  
Health Department  
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Phone: (904) 875-6100  
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Website: <http://nassau.floridahealth.gov/>

## DISEASE REPORTING

Dear Public Health Partners,

On behalf of the Florida Department of Health in Nassau County, I would like to thank you for your continued partnership in protecting, promoting and improving the health of the residents of Nassau County. As a health care provider, you play an integral role in the public health system that protects the health of the residents of and visitors to our county.

In order to initiate a timely response to reduce disease transmission in the community, we depend on your notifiable disease reporting. The State of Florida has devised a list of reportable diseases and conditions that has been adopted into legislation (See Florida Statute 381.0031(1, 2) and the Florida Administrative Code (64D-3)). Any hospital, laboratory, or practitioner licensed in Florida to practice medicine, osteopathic medicine, chiropractic medicine, or veterinary medicine who diagnoses, treats, or suspects the occurrence of a reportable disease or condition is required to notify the Florida Department of Health (DOH) under section 381.0031, Florida Statutes, and Chapter 64D-3, Florida Administrative Code. **Reporting of specimen results by a laboratory does not nullify the practitioner's obligation to report said disease or condition. Reportable diseases and conditions diagnosed without laboratory testing (e.g. possible rabies exposure, varicella, carbon monoxide poisoning) must still be reported within the specified time frame.**

It is important to note that required reporting timeframes differ depending on the urgency of the disease or condition. Any request for laboratory test identification is considered a suspicion of disease, so diseases and conditions marked "suspect immediately" on the *Table of Notifiable Diseases or Conditions to be Reported* (Rule 64D-3.029, F.A.C.) should be reported immediately 24/7 by phone upon initial suspicion, laboratory test order, or suspected diagnosis. Reportable conditions of urgent public health importance marked "immediately" should be reported immediately 24/7 by phone upon diagnosis or an indicative or confirmatory test. Other diseases and conditions should be reported the next business day or within other specified time frames. Adhering to these reporting timeframes is vital to ensure that appropriate control measures can be taken in a timely manner. A full list of reportable diseases and conditions and reporting timeframes is attached. More information on health care prac-

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BULLETINS, ADVISORIES & ALERTS FOR DISPLAY IN OFFICE

DISEASE REPORTING

Phone  
(904) 875-6100

Confidential Fax Line  
(904) 428-5630

After Hours Line  
(904) 813-6801

Bureau of Epidemiology  
24 Hour Reporting Line  
(850) 245-4401

NASSAU COUNTY HEALTH DEPARTMENT CONTACTS

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NASSAU COUNTY HEALTH DEPARTMENT LOCATIONS

Fernandina Beach Clinic  
1620 Nectarine Street  
Fernandina Beach, FL 32034  
(904) 557-9130

Yulee Clinic  
86014 Pages Dairy Road  
Yulee, FL 32097  
(904) 875-6110

Callahan Clinic  
45377 Mickler Street  
Callahan, FL 32011  
(904) 320-6010

Hilliard Clinic  
37203 Pecan Street  
Hilliard, FL 32046  
(904) 320-6020



tititioner disease reporting guidelines can be found at [http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/ documents/reportable-diseases/ documents/guidelines-health-care.pdf](http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/documents/reportable-diseases/documents/guidelines-health-care.pdf).

The Florida Department of Health in Nassau County is always available for disease reporting or reporting other urgent public health matters. For reporting during normal business hours, call the Epidemiology Program at (904) 875-6100, option 6. For after-hours reporting (nights, weekends, and holidays) please call (904) 813-6801. If you are unable to reach DOH-Nassau on-call staff after hours, contact the Bureau of Epidemiology at (850) 245-4401. Additional information on services and health department locations can be found by visiting our website at: <http://nassau.floridahealth.gov/index.html>.

We look forward to your continued partnership in making Nassau County the healthiest county in the state!

Sincerely,



Emily Cason, MPH

Epidemiologist

Florida Department of Health in Nassau County

## HEPATITIS A TESTING GUIDANCE FOR HEALTH CARE PROVIDERS

### Who should be tested?

Persons who have symptoms consistent with hepatitis A, which can include fever, fatigue, loss of appetite, nausea, vomiting, diarrhea, abdominal pain, dark urine, clay-colored stool, and jaundice.

### Who should not be tested?

Persons who do not have symptoms that are consistent with hepatitis A, even in the presence of elevated liver enzymes.<sup>1</sup> Testing persons with no symptoms can lead to false positive results or results that are not clinically significant. Diagnostic IgM tests for viral hepatitis are highly sensitive and specific when used on specimens from persons with symptoms of acute hepatitis. However, their use among persons without symptoms of hepatitis A can lead to false positive IgM tests. This lowers the positive predictive value of the test.<sup>2</sup>

### Diagnostic Laboratory Tests

Serologic testing for IgM anti-HAV	Serologic testing for IgG anti-HAV	Serologic testing for anti-HAV total antibody
IgM is present 5-10 days before onset of illness and up to 6 months after <sup>3</sup>	IgG develops during convalescent phase of illness and persists for life, conferring immunity	Detects IgM and IgG but does not distinguish between them
Indicative of current or recent infection	Indicative of past infection or immunization	A positive result may indicate current or past infection or previous vaccination
Readily available through commercial laboratories	Not diagnostically helpful with acute symptom presentation	Not diagnostically helpful with acute symptom presentation

If you have any questions, please contact DOH-Nassau at 904-875-6100 for further guidance.

1. Pratt DS, Kaplan MM. Evaluation of abnormal liver-enzyme results in asymptomatic patients. N England Journal of Medicine 2000;342:1266--71.

2. Centers for Disease Control and Prevention. Positive Test Results for Acute Hepatitis A Virus Infection Among Persons With No Recent History of Acute Hepatitis - United States, 2002-2004. MMWR 2005; 54(18):453-456. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5418a1.htm>

3. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky, J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015. <https://www.cdc.gov/vnes/pubs/pinkbook/index.html>

## INFLUENZA SURVEILLANCE

**Nassau County**

Nassau County reported mild influenza activity for week 51 (December 15-21). Influenza-like illness (ILI) activity in Nassau County has increased in recent weeks and is currently above levels observed at this time in previous seasons (Fig. 1). One influenza B outbreak has been reported in a Nassau County school this flu season.

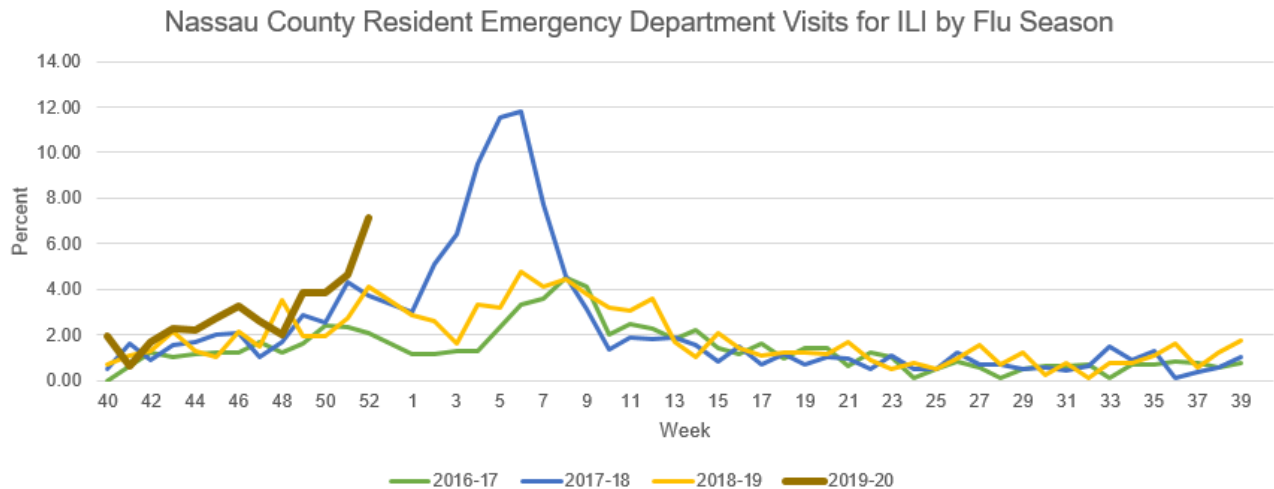


Figure 1. Percent of visits for ILI for Nassau County residents visiting facilities participating in ESSENCE-FL for the current season (weeks 40-51, 2019) and the last three seasons (2018-19, 2017-18, and 2016-17). The ESSENCE-FL ILI syndrome captures visits with chief complaints that include the words “influenza” or “flu,” or chief complaints that include the words “fever” and “cough,” or “fever” and “sore throat.”

**Florida<sup>1</sup>**

- ✦ During week 51, influenza and ILI activity in Florida increased and remained above levels observed at this time in previous seasons. Influenza and ILI activity remain particularly elevated in children for this time in the flu season. ILI activity in older adults is expected to increase as the season progresses.
- ✦ In recent weeks, influenza A 2009 (H1N1) activity has increased notably, but influenza B Victoria lineage remains the most common subtype identified at the Bureau of Public Health Laboratories. This is consistent with the national trend. Influenza A 2009 (H1N1) and influenza B Victoria lineage are both included in the 2019-20 influenza vaccines.
- ✦ In week 51, 13 outbreaks were reported (seven influenza and six ILI). The majority were reported in facilities serving children (primary or secondary schools and child daycares).

**Recommendations<sup>1</sup>**

- ✦ Annual vaccination is the best way to protect yourself and your loved ones from influenza and its potentially severe complications. Flu shots take up to two weeks to become fully effective, so it’s important to get vaccinated as soon as possible to reduce your chances of getting the flu this season. Children, pregnant women, adults aged ≥65 years, and people with underlying medical conditions are at higher risk for severe complications from influenza infection. Annual vaccination is especially important for people in these high-risk groups.
- ✦ The Centers for Disease Control and Prevention recommends antiviral treatment be initiated as soon as possible for people with confirmed or suspected influenza who are at higher risk for complications (children <2 years, adults ≥65 years, pregnant women, and people with underlying medical conditions). Treatment should be administered within 48 hours of illness onset.

<sup>1</sup>Florida Department of Health. Florida Flu Review Week 51. <http://www.floridahealth.gov/diseases-and-conditions/influenza/documents/2019-2020/2019-w51-flu-review.pdf>

## NOVEMBER 2019: REPORTED CASES IN NASSAU COUNTY

### Confirmed, Probable, and Suspect Cases of Reportable Diseases of Frequent Occurrence with Report Date 11/01/19 to 11/30/19 with Three-Year Period Comparison for Nassau County and Florida

	Nassau County		Florida	
	November 2019	November Average, 2016-2018	November 2019	November Average, 2016-2018
Arsenic Poisoning	0	0.00	1	0.33
Campylobacteriosis	1	2.33	296	309.33
Carbon Monoxide Poisoning	0	0.00	11	42.33
Chlamydia (Excluding Neonatal Conjunctivitis)	14	13.67	7988	7787.33
Ciguatera Fish Poisoning	0	0.00	1	4.33
Creutzfeldt-Jakob Disease (CJD)	0	0.00	4	3.33
Cryptosporidiosis	0	0.67	63	51.00
Cyclosporiasis	0	0.00	4	0.33
Dengue Fever	0	0.00	46	8.67
Ehrlichiosis	0	0.00	1	2.33
<i>Escherichia coli</i> , Shiga Toxin-Producing (STEC) Infection	0	0.00	68	56.00
Giardiasis, Acute	0	0.67	85	83.00
Gonorrhea (Excluding Neonatal Conjunctivitis)	5	4.00	2672	2460.67
<i>Haemophilus influenzae</i> (Invasive Disease in Children <5 Years Old)	0	0.00	7	5.67
Hepatitis A	1	0.00	202	44.67
Hepatitis B, Acute	1	0.33	80	59.00
Hepatitis B, Chronic	2	0.33	423	385.00
Hepatitis B, Pregnant Women	0	0.00	39	39.33
Hepatitis C, Acute	0	0.00	103	22.00
Hepatitis C, Chronic (Including Perinatal)	7	5.67	1706	1919.67
Lead Poisoning Cases in Children <6 Years Old	0	0.00	79	91.67
Lead Poisoning Cases in Those ≥6 Years Old	1	0.00	93	74.00
Legionellosis	0	0.00	57	50.33
Listeriosis	0	0.00	6	3.33
Lyme Disease	0	0.00	17	17.67
Malaria	0	0.00	1	5.33
Meningitis, Bacterial or Mycotic (Excluding <i>Neisseria meningitidis</i> )	0	0.00	10	8.00
Pertussis	0	0.00	27	22.00
Pesticide-Related Illness and Injury, Acute	0	0.00	4	1.00
Rabies, Animal	0	0.00	13	7.67
Rabies, Possible Exposure	0	1.00	290	311.33
Salmonellosis	6	6.67	681	646.00
Shigellosis	0	0.00	109	111.67
<i>Streptococcus pneumoniae</i> Invasive Disease, Drug-Resistant	0	0.67	17	16.33
<i>Streptococcus pneumoniae</i> Invasive Disease, Drug-Susceptible	0	0.33	63	29.67
Syphilis (Excluding Congenital)	0	0.67	322	637.67
Syphilis, Congenital	0	0.00	5	8.33
Varicella (Chickenpox)	0	0.00	70	67.33
Vibriosis (Excluding Cholera)	0	0.33	20	14.33
Zika Virus Disease and Infection	0	0.33	7	88.33

Table 1. Confirmed, probable, and suspect case counts for reportable diseases and conditions in Nassau County and Florida in November 2019 with three-year period comparison for Nassau County and Florida.

**HEALTH BULLETINS, ADVISORIES & ALERTS**

**November 2019 Press Releases & Public Information**

For additional information regarding press releases visit the Nassau County Health Department website or Florida Department of Health Online Newsroom at: <http://nassau.floridahealth.gov/> and <http://www.floridahealth.gov/newsroom/>

✦ No press releases issued in November.

**KEEP SICK AT HOME**

**IF YOU CAUGHT THE FLU, NO WORK OR SCHOOL FOR YOU!**

**You may have the flu if:**

- ✦ In addition to coughing or sneezing, you're suffering from a fever, headache, chills, or body aches.
- ✦ It came on suddenly.

**The flu is most contagious early in the illness.**

- ✦ If you believe you're coming down with the flu, go home and stay home.
- ✦ Keep your hands clean, and coughs and sneezes covered.
- ✦ Consider seeing your doctor.



**Prevent the flu— it's in your hands!**

- ✦ Wash your hands often with soap and water. If you don't have soap and water, use an alcohol-based hand sanitizer.
- ✦ Don't touch or shake hands with people who are sick.
- ✦ Clean and disinfect frequently touched surfaces.
- ✦ Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper elbow, not your hands.
- ✦ Stay home when you're sick, and keep your children home when they're sick.

For more information visit <http://www.floridahealth.gov/programs-and-services/prevention/flu-prevention/index.html>



**Keep Vaccine Between You & Disease**



# Reportable Diseases/Conditions in Florida

## Practitioner List (Laboratory Requirements Differ)



Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

### Did you know that you are required\* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit [www.FloridaHealth.gov/DiseaseReporting](http://www.FloridaHealth.gov/DiseaseReporting) for more information. To report a disease or condition, contact your CHD epidemiology program ([www.FloridaHealth.gov/CHDEpiContact](http://www.FloridaHealth.gov/CHDEpiContact)). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- ! 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

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- 📞 Amebic encephalitis
- ! Anthrax
  - Arsenic poisoning
- ! Arboviral diseases not otherwise listed
  - Babesiosis
- ! Botulism, foodborne, wound, and unspecified
  - Botulism, infant
- ! Brucellosis
  - California serogroup virus disease
  - Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
  - Carbon monoxide poisoning
  - Chancroid
  - Chikungunya fever
- 📞 Chikungunya fever, locally acquired
  - Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
  - Ciguatera fish poisoning
- + Congenital anomalies
  - Conjunctivitis in neonates <14 days old
  - Creutzfeldt-Jakob disease (CJD)
  - Cryptosporidiosis
  - Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
  - Eastern equine encephalitis
  - Ehrlichiosis/anaplasmosis
  - *Escherichia coli* infection, Shiga toxin-producing
  - Giardiasis, acute
- ! Glanders
  - Gonorrhoea
  - Granuloma inguinale

- ! *Haemophilus influenzae* invasive disease in children <5 years old
  - Hansen's disease (leprosy)
- 📞 Hantavirus infection
- 📞 Hemolytic uremic syndrome (HUS)
- 📞 Hepatitis A
  - Hepatitis B, C, D, E, and G
  - Hepatitis B surface antigen in pregnant women and children <2 years old
- 📞 Herpes B virus, possible exposure
  - Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
  - HIV-exposed infants <18 months old born to an HIV-infected woman
  - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- 📞 Influenza-associated pediatric mortality in children <18 years old
  - Lead poisoning (blood lead level ≥5 µg/dL)
  - Legionellosis
  - Leptospirosis
- 📞 Listeriosis
  - Lyme disease
  - Lymphogranuloma venereum (LGV)
  - Malaria
- ! Measles (rubeola)
- ! Melioidosis
  - Meningitis, bacterial or mycotic
- ! Meningococcal disease
  - Mercury poisoning
  - Mumps
- + Neonatal abstinence syndrome (NAS)
- 📞 Neurotoxic shellfish poisoning
- 📞 Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- 📞 Pertussis

- Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
  - Psittacosis (ornithosis)
  - Q Fever
- 📞 Rabies, animal or human
  - ! Rabies, possible exposure
- ! Ricin toxin poisoning
  - Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
  - St. Louis encephalitis
  - Salmonellosis
  - Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
  - Shigellosis
- ! Smallpox
- 📞 Staphylococcal enterotoxin B poisoning
- 📞 *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
  - *Streptococcus pneumoniae* invasive disease in children <6 years old
  - Syphilis
- 📞 Syphilis in pregnant women and neonates
  - Tetanus
  - Trichinellosis (trichinosis)
  - Tuberculosis (TB)
- ! Tularemia
- 📞 Typhoid fever (*Salmonella* serotype Typhi)
  - ! Typhus fever, epidemic
  - ! Vaccinia disease
  - Varicella (chickenpox)
- ! Venezuelan equine encephalitis
  - Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
  - West Nile virus disease
- ! Yellow fever
- ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

\*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."