

# EPIGRAM

PRODUCED BY DISEASE CONTROL SERVICES  
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## PUBLIC HEALTH ADVISORY: HEPATITIS A

### Public Health Advisory

From January 1 through November 28, 2018, 385 cases of hepatitis A virus (HAV) infection have been reported in Florida. This is more than three times the previous five-year average of 126 cases. The increase in hepatitis A cases to date is predominantly in the Tampa Bay and Orlando metropolitan areas. Most of the cases do not involve international travel exposures. Although infections have occurred across all demographic groups, approximately 68% of the recent cases are among males. The median age of cases is 37 years and the highest rates of disease are among persons 30-49 years. Common risk factors include injection and non-injection drug use, homelessness, and men having sex with men (MSM). In response, Celeste Philip, MD, MPH, State Surgeon General and State Health Officer, used a public health advisory on November 28, 2018.

Local and state health departments across the country have worked closely with the Centers for Disease Control and Prevention (CDC) to respond to similar outbreaks since March 2017. This year, health departments in Arkansas, California, Indiana, Kentucky, Massachusetts, Michigan, Missouri, North Carolina, Ohio, Tennessee, West Virginia and Utah have investigated more than 8,000 outbreak associated cases of hepatitis A among persons who are homeless, persons who use drugs, men who have sex with men, and their close direct contacts.

HAV is transmitted person-to-person through the fecal-oral route, which may include, but is not limited to, some types of sexual contact, and poor hand hygiene after going to the bathroom or changing diapers. HAV can also be spread through fecal-contaminated food or water. While most patients with HAV infections will fully recover, 77% of recent cases in Florida have required hospitalization.

The CDC Advisory Committee on Immunization Practices recommends that the following persons be vaccinated against HAV:

- ✦ All children at age 1 year
- ✦ Persons who are at increased risk for infection
- ✦ Persons who are at increased risk for complications from HAV

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### 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

### FLORIDA DEPARTMENT OF HEALTH NASSAU COUNTY CONTACTS

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(904) 557-9183  
Catherine.Jackson-Banks@flhealth.gov

### FLORIDA DEPARTMENT OF HEALTH NASSAU COUNTY

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



- ✦ Users of injection and non-injection drugs
- ✦ Persons who are homeless
- ✦ Men who have sex with men
- ✦ Persons who have chronic liver disease
- ✦ Persons traveling to or working in countries that have high or intermediate endemicity of HAV
- ✦ Persons who have clotting-factor disorders
- ✦ Household members and other close personal contacts of adopted children newly arriving from countries with high or intermediate HAV endemicity
- ✦ Persons having direct contact with persons who have HAV.

Health care providers are also reminded to immediately report all cases of hepatitis A to your county health department to ensure a prompt public health response in order to prevent disease among close contacts.

The Department of Health (DOH) will continue to work closely with community partners to raise awareness and promote vaccination by:

- ✦ Providing education to persons who report drug use, homelessness and/or MSM activity.
- ✦ Encouraging proper hand hygiene and offering HAV vaccination.
- ✦ Collaborating with community partners associated with Federally Qualified Health Centers, local jails, drug treatment centers, homeless shelters, hospitals, the Florida Department of Children and Families, and managing entities, among others, to increase vaccination access to their clients.
- ✦ Providing all high-risk clients who present to county health departments for various services (including HIV, STD, TB) with the opportunity to receive HAV vaccination.
- ✦ Encouraging support of the CDC recommendations for Syringe Services Programs (SSP) to reduce new HAV infections by offering HAV vaccination to all high-risk clients who seek health care services at the SSP.
- ✦ Enhancing HAV and HAV vaccine information resources on the Department of Health's webpage and developing audience-specific educational materials for clients and the public.
- ✦ Providing regular updates and messaging to the medical community.
- ✦ Continuing to work closely with the CDC to ensure Florida has sufficient vaccine and other resources for an effective response.

### **Nassau County Response**

The Florida Department of Health in Nassau County (DOH-Nassau) has set up an incident management team to manage this hepatitis A immunization and mobilization response. The local county response will include a targeted vaccination campaign to promote herd immunity in high-risk individuals and prevent transmission to the general population. DOH-Nassau will be working with local partners to identify high-risk individuals in the community and administer vaccine, continue routine disease surveillance efforts, and will provide hepatitis A prevention education to high-risk groups and the general community.

No recent cases of hepatitis A have been reported in Nassau County. Hepatitis A cases should be reported to DOH-Nassau by phone immediately 24 hours a day, seven days a week following an indicative or confirmatory test result, finding, or diagnosis.

**The number of reported hepatitis A cases steadily increased each month since April 2018 and has remained at or above the previous 5-year-average all year.** The number of cases reported in November increased from the previous month and was the highest reported to date in 2018. ▼

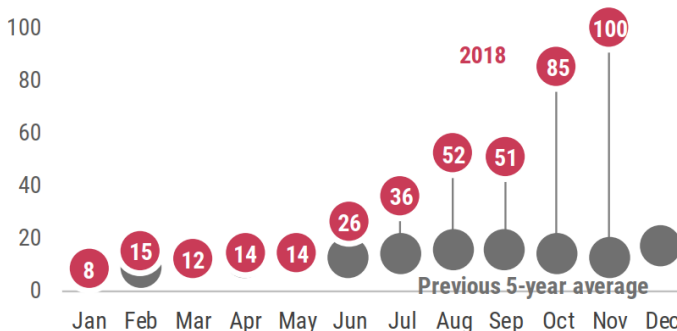


Figure 1. Hepatitis A cases reported in Florida by month, 2018<sup>1</sup>.

<sup>1</sup> Florida Department of Health. Hepatitis A Surveillance. [http://www.floridahealth.gov/%5C/diseases-and-conditions/vaccine-preventable-disease/hepatitis-a/\\_documents/2018-november-hepatitis-a-summary.pdf](http://www.floridahealth.gov/%5C/diseases-and-conditions/vaccine-preventable-disease/hepatitis-a/_documents/2018-november-hepatitis-a-summary.pdf)

## INFLUENZA SURVEILLANCE

### County influenza and influenza-like illness (ILI) activity

Nassau County reported mild flu activity for week 52 (December 23-29). Visits to emergency departments for ILI have been increasing in recent weeks and are slightly higher than levels observed in previous seasons at this time. No influenza or ILI outbreaks have been reported in Nassau County during the 2018-19 flu season. ILI activity expected to continue to increase in the coming weeks.

### State influenza and ILI activity<sup>2</sup>

- ✦ In week 52, ILI activity continued to increase and was above levels observed at this time in past flu seasons (Fig. 2). DOH reported widespread influenza activity to CDC for week 52.
- ✦ Since July, the most common influenza subtype detected at the Florida Department of Health Bureau of Public Health Laboratories (BPHL) has been influenza A 2009 (H1N1). Influenza A (H3) viruses continue to be consistently identified at BPHL as well.
- ✦ Two new outbreaks of influenza or ILI were reported in week 52. Sixty-one influenza or ILI outbreaks have been reported in Florida so far this season.
- ✦ No new influenza-associated pediatric deaths were reported in week 52. Two influenza-associated pediatric deaths have been reported in Florida so far this season, both in unvaccinated children.

### **County Influenza Activity Maps<sup>2</sup>**

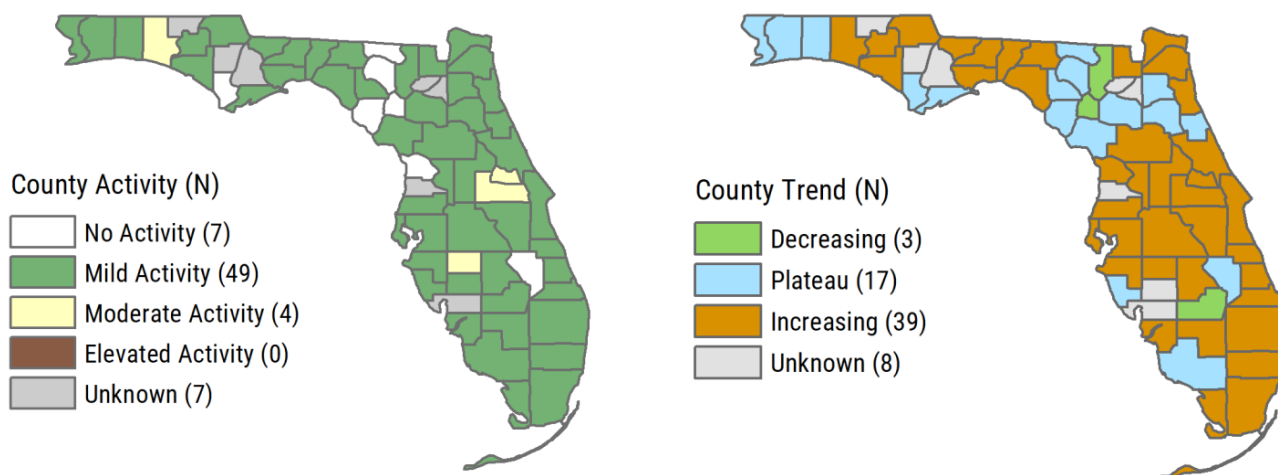


Figure 2. The majority of counties reported no activity or mild activity for week 52. The majority of counties reported increasing activity for week 52.

### Recommendations

- ✦ **People who have not been vaccinated for the 2018-19 influenza season should do so as soon as possible.** Influenza vaccines are safe and are the best way to protect yourself and your loved ones from influenza and its potentially severe complications. Getting vaccinated for influenza can: keep you from getting sick with flu, reduce your risk of flu-associated hospitalization, be life-saving in children, and help protect women during and after pregnancy and can offer protection from flu to the baby for several months after birth.
- ✦ In addition to getting vaccinated, DOH recommends you take everyday precautions to prevent the spread of influenza and other respiratory viruses, including: wash your hands often with soap and water (if soap is not available, use an alcohol-based sanitizer); avoid touching your eyes, nose and mouth; and if you do get sick, stay home until fever-free for at least 24 hours without the use of a fever-reducing medication.

<sup>2</sup> Florida Department of Health. Florida Flu Review. [www.floridahealth.gov/floridafu](http://www.floridahealth.gov/floridafu)

## ARBOVIRUS SURVEILLANCE

In Nassau County in 2018, there were four confirmed cases of Eastern equine encephalitis virus (EEEV) infection in horses and one outbreak of EEEV in an emu flock. Thirteen sentinel chickens tested positive for EEEV, one sentinel chicken tested positive for Highlands J Virus and 94 sentinel chickens tested positive for West Nile virus. Four human cases of West Nile virus (WNV) infection were reported in 2018. Nassau County is currently under a mosquito-borne illness alert.

In cooler weather there is less mosquito activity, however in Florida there is a risk of mosquito-borne disease transmission year round. **DOH-Nassau continues to advise the public to remain diligent in their personal mosquito protection efforts by remembering to “Drain and Cover.”**

### **DRAIN standing water to stop mosquitoes from multiplying.**

- ✦ Drain water from garbage cans, house gutters, buckets, pool covers, coolers, toys, flower pots or any other containers where sprinkler or rain water has collected.
- ✦ Discard old tires, drums, bottles, cans, pots and pans, broken appliances and other items that aren't being used.
- ✦ Empty and clean birdbaths and pet's water bowls at least once or twice a week.
- ✦ Protect boats and vehicles from rain with tarps that don't accumulate water.
- ✦ Maintain swimming pools in good condition and appropriately chlorinated. Empty plastic swimming pools when not in use.

### **COVER skin with clothing or repellent.**

- ✦ Clothing - Wear shoes, socks, and long pants and long-sleeves. This type of protection may be necessary for people who must work in areas where mosquitoes are present.
- ✦ Repellent - Apply mosquito repellent to bare skin and clothing.
- ✦ Always use repellents according to the label. Repellents with DEET, picaridin, oil of lemon eucalyptus, para-menthane-diol, and IR3535 are effective.
- ✦ Use mosquito netting to protect children younger than 2 months old.

### **COVER doors and windows with screens to keep mosquitoes out of your house.**

- ✦ Repair broken screening on windows, doors, porches, and patios.

## UPCOMING EVENTS & TRAININGS

- ✦ Emergency Medicine Learning & Resource Center (EMLRC) and Florida College of Emergency Physicians (FCEP)'s *Street Drugs in the Sunshine State— What you Need to Know* project is a continuation of the Street Drugs Webinar Series and will focus on updates and emerging trends in the area of opioid and synthetic drug use. Funded by an educational grant from the Florida Department of Health, this series of six webinars will be created by experts in the field of emergency medicine and/or toxicology. Webinars will review signs and symptoms, presentations, common forms, and on-site treatment of new emerging drug trends, as well as provide updates on safe prescribing practices, toxidromes, and treatment protocols. For more information visit <https://www.emlrc.org/education/streetdrugs2/>.
- ✦ DOH and the American Cancer Society presented *Major Modifiable Cancer Risk Factors and Strategies for Prevention* as part of the Cancer Free Florida Webinar Series on December 12, 2018.
- ✦ On November 29, 2018, CDC hosted a Clinician Outreach and Communication Activity (COCA) call on *Hepatitis A Outbreaks in Multiple States: CDC Recommendations and Guidance*. Free continuing education (CE) for this webinar is available until January 1, 2021. The webinar recording is available online at: [https://emergency.cdc.gov/coca/calls/2018/callinfo\\_112918.asp](https://emergency.cdc.gov/coca/calls/2018/callinfo_112918.asp)
- ✦ On November 31, 2018, CDC hosted a COCA call on *Acute Flaccid Myelitis (AFM): What Health Care Providers Need to Know*. Free CE is available for this webinar is available until December 18, 2020. The webinar recording is available online at: [https://emergency.cdc.gov/coca/calls/2018/callinfo\\_111318.asp](https://emergency.cdc.gov/coca/calls/2018/callinfo_111318.asp)

## NOVEMBER 2018: REPORTED CASES IN NASSAU COUNTY

### Confirmed, Probable, Suspect Cases of Multiple Diseases with Report Date 11/01/18 to 11/30/18 with Three-Year Period Comparison for Nassau County

Disease Name	Selection Date		Comparison Date 1		Comparison Date 2		Comparison Date 3	
	11/01/18-11/30/18		11/01/17-11/30/17		11/01/16-11/30/16		11/01/15-11/30/15	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
<b>NASSAU COUNTY</b>								
Campylobacteriosis	1	4.5%	4	21.1%	2	11.1%	1	6.7%
Cryptosporidiosis	2	9.1%	0	0.0%	0	0.0%	0	0.0%
Escherichia coli, Shiga Toxin-Producing (STEC) Infection	0	0.0%	0	0.0%	0	0.0%	1	6.7%
Giardiasis, Acute	1	4.5%	0	0.0%	1	5.6%	2	13.3%
Hepatitis B, Chronic	0	0.0%	1	5.3%	0	0.0%	0	0.0%
Hepatitis B, Pregnant Women	0	0.0%	1	5.3%	0	0.0%	1	6.7%
Hepatitis C, Chronic	7	31.8%	2	10.5%	9	50.0%	7	46.7%
Rabies, Possible Exposure	1	4.5%	0	0.0%	2	11.1%	0	0.0%
Salmonellosis	9	40.9%	8	42.1%	3	16.7%	2	13.3%
Strep pneumoniae Invasive Disease, Drug-Resistant	0	0.0%	2	10.5%	0	0.0%	1	6.7%
Strep pneumoniae Invasive Disease, Drug-Susceptible	0	0.0%	1	5.3%	0	0.0%	0	0.0%
Vibriosis (Excluding Cholera)	0	0.0%	0	0.0%	1	5.6%	0	0.0%
West Nile Virus Neuroinvasive Disease	1	4.5%	0	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>22</b>	<b>100.0%</b>	<b>19</b>	<b>100.0%</b>	<b>18</b>	<b>100.0%</b>	<b>15</b>	<b>100.0%</b>
<b>STATEWIDE</b>								
Campylobacteriosis	330	7.1%	330	6.6%	269	5.9%	254	6.9%
Cryptosporidiosis	50	1.1%	53	1.1%	50	1.1%	53	1.4%
Escherichia coli, Shiga Toxin-Producing (STEC) Infection	60	1.3%	47	0.9%	61	1.3%	31	0.8%
Giardiasis, Acute	81	1.7%	82	1.6%	88	1.9%	86	2.3%
Hepatitis B, Chronic	65	1.4%	49	1.0%	64	1.4%	45	1.2%
Hepatitis B, Pregnant Women	409	8.8%	378	7.5%	399	8.8%	296	8.0%
Hepatitis C, Chronic	1787	38.4%	2089	41.7%	1997	44.0%	1574	42.7%
Rabies, Possible Exposure	315	6.8%	309	6.2%	313	6.9%	258	7.0%
Salmonellosis	667	14.3%	727	14.5%	537	11.8%	606	16.5%
Strep pneumoniae Invasive Disease, Drug-Resistant	9	0.2%	20	0.4%	21	0.5%	11	0.3%
Strep pneumoniae Invasive Disease, Drug-Susceptible	20	0.4%	45	0.9%	24	0.5%	16	0.4%
Vibriosis (Excluding Cholera)	11	0.2%	16	0.3%	16	0.4%	7	0.2%
West Nile Virus Neuroinvasive Disease	13	0.3%	3	0.1%	1	0.0%	1	0.0%
Other remaining conditions in FL (not shared with Nassau County)	833	17.9%	861	17.2%	699	15.4%	444	12.1%
<b>TOTAL</b>	<b>4650</b>	<b>100.0%</b>	<b>5009</b>	<b>100.0%</b>	<b>4539</b>	<b>100.0%</b>	<b>3682</b>	<b>100.0%</b>

Table 1. Confirmed, probable, and suspect case counts for reportable diseases and conditions in Nassau County and Florida, November 2015 through November 2018.

For more information on disease reporting and a list of reportable diseases and conditions, visit <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/index.html>

EpiCom is the Florida Department of Health's disease outbreak communication system. This system is used to communicate essential information regarding public health issues to partners throughout the state. EpiCom is used by DOH staff and public health partners such as hospital infection control practitioners, physicians' offices, and school nurses. To request access please contact [EpiCom.Administrator@flhealth.gov](mailto:EpiCom.Administrator@flhealth.gov).

## EPIGRAM

PRODUCED BY DISEASE CONTROL SERVICES

EDITOR: EMILY CASON, MPH

CONTRIBUTOR: KIM GEIB, DNP, ARNP, A-GNP-C, CPH

## 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 healthcare 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.** Electronic versions of the reportable disease list can be found at: <http://nassau.floridahealth.gov/programs-and-services/infectious-disease-services/index.html>.

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 can be found at [http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/\\_documents/reportable-diseases/\\_documents/reportable-diseases-list-practitioners.pdf](http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/reportable-diseases/_documents/reportable-diseases-list-practitioners.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>. The Florida Department of Health in Nassau County Epidemiology Program produces a monthly Epigram newsletter which provides important updates on infectious disease surveillance for medical providers. Past Epigram issues are available online at: <http://nassau.floridahealth.gov/programs-and-services/infectious-disease-services/epidemiology/epigrams.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



# 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**

• Gonorrhea

• 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...