Healthcare Practitioner Reporting Guidelines of Notifiable Diseases or

Based on Chapter 64D-3 revisions, November 24, 2008
Version 1.1

To all State of Florida Licensed Practitioners

Dear Colleagues:

Reporting suspect and confirmed notifiable diseases or conditions in the State of Florida is mandated under Florida Statute 381.0031, Rule 64D-3, *Florida Administrative Code* (*F.A.C.*). Persons in charge of laboratories, practitioners, hospitals, medical facilities, schools, nursing homes, state institutions, or other locations providing health services are required to report diseases or conditions and the associated laboratory test results listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3, *F.A.C.* Reporting test results by a laboratory does not nullify the practitioner's obligation to also report the disease or condition.

Physicians, laboratorians, infection control practitioners, and other healthcare providers play a key role in the state and local public health department efforts to control notifiable diseases. The public health system depends upon reports of disease to monitor the health of the community and to provide the basis for preventive action.

Practitioners are required to report upon the initial clinical suspicion of the disease, **prior** to confirmatory diagnosis, certain diseases of urgent public health importance. Diseases warranting *report upon suspicion* (termed "*Suspect Immediately*") should be reported 24 hours a day, seven days a week, so the necessary public health response can be initiated in a timely and effective manner. Practitioners are also responsible to supply laboratories with all necessary information for the laboratories to fulfill the specified laboratory reporting requirements.

In an effort to assist practitioners to meet their obligations to report notifiable diseases and conditions, the Florida Department of Health has prepared this guide. This guide is not intended to cover every aspect of Rule 64D-3, *F.A.C.*, but rather to provide a summation and explanation of practitioner reporting requirements. To obtain more information, such as the updated version of Rule 64D-3, *F.A.C.*, or other important reporting documents and guidelines, please visit www.floridadiseasecontrol.com/epi/topics/surv.htm or contact the Florida Department of Health (specific contact information is found on page 1 of this guide), or contact your local county health department.

We hope you will find this guide a useful aid as we all work to improve notifiable disease and condition reporting, prevention, and control in the state of Florida. The assistance and support of healthcare providers is invaluable. Thank you for your partnership.

Sincerely,

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Table of Contents

		Page(s)
AFTER-HOURS Reporting Information		i
I.	**Contact Information, Florida Department of Health**	1
II.	**Frequently Asked Questions**	2-5
	1. What are the practitioner reporting requirements under Chapter 64D-3, *F.A.C.*?	2
	2. What information is required to be reported by practitioners to county health departments?	2
	3. What information must practitioners provide laboratories to enable laboratories to fulfill their reporting requirements?	3
	4. Do reporting requirements for practitioners and laboratories differ?	3
	5. Where should practitioners report notifiable diseases or conditions?	3
	6. When should reports of notifiable diseases or conditions be submitted?	3
	7. How do I obtain contact information for local county health departments?	3
	8. Should suspect cases of diseases or conditions of a highly infectious nature designated of urgent public health importance be reported?	4
	9. Are there special practitioner reporting requirements for HIV and AIDS?	4
	10. Are there special testing requirements for sexually transmitted diseases (STD) in pregnant women that impact practitioner reporting?	4
	11. Are there special reporting requirements for tuberculosis (TB)?	4
	12. Are there special reporting requirements for cancer and how should cancer cases be reported?	5
	13. Are there special reporting requirements for lead, and how should lead poisoning cases and laboratory test results be reported?	5
	14. Are laboratory results required to be reported electronically?	5
	15. Does the Health Insurance Portability and Accountability Act (HIPAA) change the obligation of providers to report notifiable diseases or conditions?	5
III.	**Reporting Timeframes**	6
	1. *"Suspect Immediately"*	
	2. *"Immediately"*	
	3. *"Next Business Day"*	
	4. *"Other"*	
	What is the difference between the "*Suspect Immediately*" and "*Immediately*" reporting designation?	6
IV.	**Table of Notifiable Diseases or Conditions**	7-13
V.	**Notations, Table of Notifiable Diseases or Conditions**	14-15
VI.	**One Page Practitioner Guide**	16
VII.	**Practitioner Single Disease Reporting Form**	17

AFTER-HOURS reporting of *Suspect Immediately* and *Immediately* notifiable diseases or conditions, accessible 24 hours a day, 7 days a week (24/7):

Reports that need to be made outside of the county health department (CHD) business day shall be made to the CHD after-hours duty official.

- Locate CHD after-hours disease reporting contact information:
  http://www.doh.state.fl.us/disease_ctrl/epi/topics/contact.htm

  ► CHD after-hours: _____(*record telephone number*)

- Bureau of Epidemiology after-hours: 850-245-4401*(if unable to contact the CHD after-hours official)*
- Bureau of Laboratories after-hours: 1-866-FLA LABS (866-352-5227)

I. Contact Information, Florida Department of Health

To report notifiable diseases or conditions, *or receive consultation regarding diagnosis and management of patients and contacts, contact your local county health department (CHD).*
To obtain CHD contact information visit: http://www.doh.state.fl.us/disease_ctrl/epi/topics/contact.htm

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For technical consultation or consultation regarding disease reporting, diagnosis and management of patients and contacts, contact the State Health Offices:

Electronic Laboratory Reporting
ELR@doh.state.fl.us

Division of Disease Control
Telephone: 850-245-4300
Physical: 2585 Merchants Row Boulevard
Mailing: 4052 Bald Cypress Way, Bin #A-09
Tallahassee, Florida 32399-1720

Bureau of Environmental Public Health Medicine
Telephone: 850-245-4299
Confidential Fax: 850-922-8473
http://www.doh.state.fl.us/environment/medicine/index.html

- **Childhood Lead Poisoning Prevention Program**
  http://www.doh.state.fl.us/environment/community/lead/
- **Florida Birth Defects Registry**
  www.fbdr.org

Bureau of Epidemiology
Telephone: 850-245-4401, accessible 24/7
Confidential Fax: 850-414-6894
http://www.doh.state.fl.us/disease_ctrl/epi/

- **Florida Cancer Data System**
  Telephone: 305-243-4600
  http://www.fcds.med.miami.edu

Bureau of Family and Community Health
Infant, Maternal and Reproductive Health Unit
Telephone: 850-245-4465
Confidential Fax: 850-245-4047
http://www.doh.state.fl.us/family/mch/index.html

Bureau of HIV/AIDS
Telephone: 850-245-4430
http://www.doh.state.fl.us/disease_ctrl/aids/

- **Hepatitis Prevention Program** Telephone: 850-245-4334
  http://www.doh.state.fl.us/disease_ctrl/aids/hep/

Bureau of Immunization
Telephone: 850-245-4342
Confidential Fax: 850-922-4195
http://www.doh.state.fl.us/disease_ctrl/immune/
OR http://www.immunizeflorida.org/

Bureau of Sexually Transmitted Diseases Prevention and Control
Telephone: 850-245-4604
Confidential Fax: 850-414-8103
http://www.doh.state.fl.us/disease_ctrl/std/

Bureau of Tuberculosis and Refugee Health
Telephone: 850-245-4350
Confidential Fax: 850-921-9906
http://www.doh.state.fl.us/disease_ctrl/tb/

For laboratory consultation or to arrange for receipt of specimens, contact the Bureau of Laboratories:
Bureau of Laboratories: http://www.doh.state.fl.us/lab/index.html

Bureau of Laboratories-Jacksonville
Physical: 1217 Pearl Street Zip: 32202
Mailing: P.O. Box 210 Zip: 32231
Jacksonville, FL
Telephone: 904-791-1500 Fax: 904-791-1567

Bureau of Laboratories-Miami
1325 N.W. 14th Avenue
Miami, FL 33125
Telephone: 305-324-2432 Fax: 305-324-2429

Bureau of Laboratories-Tampa
3602 Spectrum Boulevard
Tampa, FL 33612
Telephone: 813-974-8000 Fax: 813-974-3425

Bureau of Laboratories-Lantana
A.G. Holley Complex
Physical: 1199 W Lantana Road, Bldg #31
Zip: 33462
Mailing: P.O. Box 3738 Zip: 33462
Lantana, FL
Telephone: 561-540-1170 Fax: 561-540-1172

Bureau of Laboratories-Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Telephone: 850-595-8895 Fax: 850-595-6380

Bureau of Laboratories after-hours:
1-866-FLA LABS (866-352-5227), accessible 24/7
(During business hours, please utilize contact information abov e)

II. Frequently Asked Questions

1. What are the practitioner reporting requirements under Chapter 64D-3, *F.A.C.*?

Each licensed practitioner and medical examiner who diagnoses, treats, or suspects a case or an occurrence of a disease or condition listed in the Table of Notifiable Diseases or Conditions, Chapter 64D-3.029, *F.A.C*., (pages 7-13 of this guide) is required to report the notifiable disease or condition. The public health system depends upon reports of disease to monitor the health of the community and to provide the basis for preventive action.

Practitioners are also required to supply laboratories with specific information at the time the specimen is sent to or received by the laboratory (see question 3 in this guide). The information contained in practitioner reports supplements the data provided by laboratories. Therefore, laboratory reporting does not nullify the practitioner's obligation to report a disease or condition.

Duplicate reporting of the same illness may occur, although laboratories and practitioners have different reporting requirements (see question 4 in this guide). Public health authorities justify this potential duplication of effort on the basis of the importance of this information to the health of the public. All persons with reporting responsibilities should verify that report systems are in place at the medical practices and hospitals in which they work and at the laboratories they use.

2. What information is required to be reported by practitioners to county health departments?

As per Chapter 64D-3.030, *F.A.C.,* Notification by Practitioners*,* report content must include:

(a) The patient's:

1. First and last name, including middle initial;
2. Address, including city, state, and zip code;
3. Telephone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (Hispanic/non-Hispanic);
8. Pregnancy status, if applicable;
9. Social Security number;
10. Date of onset of symptoms;
11. Diagnosis;

(b) Type of diagnostic tests (for example culture, IgM, serology, nucleic acid amplification test, or Western Blot);
(c) Type of specimen (for example stool, urine, blood, mucus, etc.);
(d) Date of specimen collection;
(e) Specimen collection site (for example cervix, eye, etc., if applicable);
(f) Diagnostic test results including: reference range, titer when quantitative procedures are performed, and all available results concerning additional characterization of the organism;
(g) For Tuberculosis, the 15-digit spoligotype (octal code) must be reported;
(h) Treatment given;
(i) Name, address, and telephone number of the attending practitioner;
(j) Other necessary epidemiological information as well as additional specimen collection or laboratory testing requested by the county health department director or administrator or their designee.

3. What information must practitioners provide laboratories to enable laboratories to fulfill their reporting requirements?

Practitioners are responsible to assist laboratories to fulfill laboratory reporting requirements. Practitioners are responsible to obtain and provide the following information to laboratories at the time a specimen is sent to or received by the laboratory.

(a) The patient's:

1. First and last name, including middle initial;
2. Address, including city, state, and zip code;
3. Telephone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (Hispanic / non-Hispanic);
8. Pregnancy status if applicable;
9. Social Security number

(b) Type of specimen (for example stool, urine, blood, mucus, etc.);

(c) Date of specimen collection;

(d) Specimen collection site (for example cervix, eye, etc., if applicable);

(e) Submitting provider's: name, address including street, city, zip code, telephone number with area code of the provider requesting the test, and National Provider Identification (NPI) Number.

4. Do reporting requirements for practitioners and laboratories differ? Yes, practitioners and laboratories have slightly different lists of notifiable diseases or conditions and associated laboratory test results that they must report. Please refer to the Table of Notifiable Diseases or Conditions on pages 7-13 of this guide. Additionally, there are reporting requirements for practitioners (such as treatment information) that are not applicable to laboratories.

5. Where should practitioners report notifiable diseases or conditions?

Any report of a notifiable disease or condition should be reported to the county health department (CHD). Please note the following reporting exceptions:

- Cancer is not reportable through the local CHD, but rather directly to the statewide cancer registry, the Florida Cancer Data System (FCDS).
- Congenital abnormalities are reportable to the Florida Department of Health, Division of Environmental Health, Florida Birth Defects Registry, 4052 Bald Cypress Way, Bin A-8, Tallahassee, Florida 32399-1720. Information on reporting formats can be obtained from the Florida Birth Defects Registry at the address above or on-line at: www.fbdr.org.

6. When should reports of notifiable diseases or conditions be submitted?

Reports of notifiable diseases or conditions should be submitted according to timeframes specified in the Table of Notifiable Diseases or Conditions pages 7-13 of this guide. For a description of the requirements for each Reporting Timeframe, see page 6 of this guide. (Reporting via telephone should be followed with a subsequent written report within 72 hours, by facsimile, electronic data transfer, or other confidential means of communication.)

7. How do I obtain contact information for local county health departments?

Please visit: http://www.doh.state.fl.us/disease_ctrl/epi/topics/contact.htm to find a listing of current county health department epidemiology contacts. It is important to know how to contact the local county health department epidemiology staff during business hours as well as after hours to report diseases with reporting timeframes of "*Suspect Immediately*" and "*Immediately*" in the Table of Notifiable Diseases or Conditions.

8. Should *suspect* cases of diseases or conditions of a highly infectious nature designated of urgent public health importance be reported?

Yes, practitioners are required to report *suspected* cases of certain diseases of urgent public health importance. Practitioners should refer to the column labeled as "*Suspect Immediately*" to determine which diseases or conditions should be reported upon initial suspicion of disease, prior to confirmatory diagnostic results. Requests for laboratory test identification of an organism are considered evidence that the disease is considered as part of the practitioner's differential diagnosis and should be reported. Diseases warranting *report upon suspicion* ("*Suspect Immediately*") should be reported immediately, 24 hours a day, seven days a week, to the local county health department. Upon confirmation of the disease or presence of the agent, the physician should also report the confirmation to the appropriate county health department.

9. Are there special practitioner reporting requirements for HIV and AIDS?

Yes, practitioners should report all HIV or AIDS cases within two weeks using the Adult HIV/AIDS Confidential Case Report, CDC 50.42A Rev. 03/2007, or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003. Practitioners need to complete an additional form, the Department of Health Addendum for Adult HIV/AIDS Confidential Case Report, DH Form 2134 when reporting a case of HIV or AIDS age 13 or older. All forms are available at county health departments or at the Department of Health, Bureau of HIV/AIDS, Surveillance Section, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715.

In addition, practitioners must report all HIV exposed newborns or infants less than 18 months of age born to a HIV infected woman by the next business day. Cases should be reported using the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003.

10. Are there special testing requirements for sexually transmitted diseases (STD) in pregnant women that impact practitioner reporting?

Yes, practitioners attending a woman for prenatal care must test the woman for chlamydia, gonorrhea, hepatitis B, HIV and syphilis at initial examination and then again at 28 to 32 weeks gestation. Practitioners attending a woman at delivery or within 30 days postpartum who has no record of prenatal HIV/STD testing must test the woman for hepatitis B, HIV, and syphilis. Practitioners attending a woman who presents to an emergency department at 12 weeks gestation or greater with no record of prenatal care must either test the woman for HIV/STD or provide her with a written referral to the local county health department. Prior to any required testing, a woman must be notified of the tests to be performed and of the right to refuse testing. If a woman refuses testing, she must sign a statement to that effect or the practitioner must document the refusal(s) in the medical record. For further information, please contact the Bureau of Sexually Transmitted Disease Prevention and Control at (850) 245-4303 or the Bureau of Family and Community Health at (850) 245-4465.

11. Are there special reporting requirements for tuberculosis (TB)?

Yes, practitioners should report positive TB diagnostic tests (positive acid-fast bacilli [AFB] smears, positive AFB cultures identified as *Mycobacterium tuberculosis* complex, and positive nucleic acid amplification) or positive histologic evidence indicative of tuberculosis. For initial TB isolates, the 15 –digit spoligotype (octal code) must be reported. If spoligotyping is not available, the isolate must be submitted to the Department of Health, Bureau of Laboratories—Jacksonville.

12. Are there special reporting requirements for cancer and how should cancer cases be reported?

Yes, all health care facilities, freestanding radiation therapy centers, ambulatory patient care centers, and any practitioner licensed to practice medicine in the state of Florida are required to report to the Florida Cancer Data System (FCDS) all cancer diagnoses and/or treatment within six months. All cases must be transmitted to the FCDS electronically in accordance with the FCDS Data Submission Policies and Procedures outlined in the *FCDS Data Acquisition Manual*. The data must be submitted in the current North American Association of Central Cancer Registries (NAACCR) Version transfer record layout. The FCDS data field positions and field lengths are standardized using the NAACCR transfer record layout, data definitions, and data exchange guidelines. For more information, log onto the FCDS web site www.fcds.med.miami.edu.

13. Are there special reporting requirements for lead and how should lead poisoning cases and laboratory test results be reported?

All practitioners are required to report lead poisoning cases (results of 10 micrograms per deciliter or greater) to the local county health department. Practitioners that use hand held and/or on-site blood lead testing devices should also report the results of **all** blood lead tests performed regardless of result value to the Bureau of Environmental Public Health Medicine, Childhood Lead Poisoning Prevention Program, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1712, (850) 245-4277.

14. Are laboratory results required to be reported electronically?

Yes, laboratories are required to report test results electronically. For information about Electronic Laboratory Reporting (ELR), please contact the Florida Department of Health Electronic Laboratory Reporting project manager at: elr@doh.state.fl.us. Practitioners conducting in-house laboratory testing should review the laboratory reporting guidelines as well as practitioner guidelines to ensure reporting compliance to aid in an effective and timely public health response.

Please note: Electronic laboratory reporting does not remove the requirement to report by telephone those diseases with reporting timeframes of "*Suspect Immediately*" and "*Immediately*" in the Table of Notifiable Diseases or Conditions.

15. Does the Health Insurance Portability and Accountability Act (HIPAA) change the obligation of providers to report notifiable diseases or conditions?

No, HIPAA does not change the obligation to report or the obligation to cooperate with the Department's epidemiologic investigations. HIPAA Section 45 CFR 160.203(c) specifically defers to state law "reports of disease, injury, child abuse, birth or death for the conduct of public health" and 45 CFR section 164.512(b) "A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions."

Florida Statute Section 381.0031 requires licensed health care practitioners to report diseases of public health significance to the Florida Department of Health. Chapter 64D-3, *Florida Administrative Code*, specifies the disease to be reported (see the Table of Notifiable Diseases or Conditions, pages 8-14 of this guide). These state requirements are not reduced or changed by the federal law.

III. Reporting Timeframes

1. ! ***"Suspect Immediately"*** – A notifiable condition of a highly infectious nature designated of urgent public health importance. **Report immediately 24 hours a day, seven days a week (24/7), by phone upon initial clinical suspicion or laboratory test order.**

Report without delay upon the occurrence of any of the following: initial clinical suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or suspected diagnosis. The goal of the "*Suspect Immediately*" timeframe is to notify public health authorities as soon as possible during the case evaluation period so the necessary public health response (issuance of isolation, quarantine, prophylaxis, anti-toxin request, etc.) can be initiated in a timely and effective manner to prevent further exposure or infection. Reports that need to be made outside of the county health department (CHD) business day shall be made to the CHD after-hours duty official. If unable to contact the CHD, the Florida Department of Health, Bureau of Epidemiology after-hours duty official should be contacted at (850) 245-4401.

2. ☏ ***"Immediately"*** – A notifiable condition of urgent public health importance. **Report immediately 24 hours a day, seven days a week (24/7), by phone.**

Report without delay upon the occurrence of any of the following: an indicative or confirmatory test result, finding, or diagnosis. Reports that need to be made outside of the county health department business day shall be made to the county health department after-hours duty official. If unable to do so, the Florida Department of Health, Bureau of Epidemiology after-hours duty official should be contacted at (850) 245-4401.

*3. "**Next Business Day**"* – Report no later than the close of the county health department next business day following confirmatory testing or diagnosis.

*4. "**Other**"* – Other reporting timeframe. Specific timeframes are indicated in the "*Other*" column of the Table of Notifiable Diseases or Conditions.

What is the difference between the "*Suspect Immediately*" and "*Immediately*" reporting designation?
Diseases that are listed as "*Suspect Immediately*" or "*Immediately*" should be reported as soon as possible, 24 hours a day, seven days a week (24/7), by phone. Diseases that are listed as "*Suspect Immediately*" should be reported upon *initial suspicion*. Reports should occur prior to a confirmatory diagnosis when the disease in question is considered highly suspect. Requests for laboratory test identification of an organism are considered evidence that the disease is part of the clinician's differential diagnosis and should be reported. The goal of the "*Suspect Immediately*" timeframe is to notify public health authorities as soon as possible during the case evaluation period so the necessary public health response (issuance of isolation, quarantine, prophylaxis, anti-toxin request, etc.) can be initiated in a timely and effective manner to prevent further exposure or infection. "*Immediately*" also applies to high priority diseases but they should be reported following confirmatory testing or diagnosis.

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
Notifiable Diseases or Conditions	Reporting Timeframe				Agents, Notifiable Laboratory Requests and Results	Reporting Timeframe				Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
	Suspect Immediately	***Immediately***	*Next Business Day*	*Other*		***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*		
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 in this Rule 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.	!	☎			Detection in one or more specimens of etiological agents of a disease or condition not listed in this Rule that is of urgent public health significance	!	☎				Positive by any method
Acquired Immune Deficiency Syndrome (AIDS)				2 Wk	Not Applicable						
Amebic Encephalitis		☎			*Naegleria fowleri, Balamuthia mandrillaris, or Acanthamoeba* species (excluding *A. kerititis*)		☎				Positive by any method
Anaplasmosis/ Ehrlichiosis			X		*Anaplasma phagocytophilum, Ehrlichia chaffeensis,* or *E. ewingii*			X		✉	Positive by any method
Anaplasmosis/ Ehrlichiosis, undetermined or unspecified			X		*Anaplasma* or *Ehrlichia* species, other			X		✉	Positive by any method
Anthrax	!	☎			*Bacillus anthracis*	!	☎			✉	Positive by any method
Arsenic†			X		Arsenic, results indicative of arsenic poisoning†			X			Elevated inorganic or total urinary arsenic levels >50 µg/L total for a 24-hr urine or >50 µg/g creatinine (Speciation is required in all cases where total urine arsenic is elevated to differentiate the amount of organic and inorganic arsenic. Positive total arsenic laboratory test results from specimens taken within 72 hours of consumption of seafood are **not** acceptable.)
Botulism, foodborne, other (includes wound and unspecified)	!	☎			*Clostridium botulinum* or botulinum toxin	!	☎			✉	Positive culture or toxin in food, blood or stool
Botulism, infant			X		*Clostridium botulinum* or botulinum toxin			X		✉	Positive culture or toxin in food, blood or stool
Brucellosis	!	☎			*Brucella abortus, B. canis, B. melitensis, B. suis*	!	☎			✉	Positive by any method
California serogroup virus neuroinvasive and non-neuroinvasive disease			X		California serogroup viruses (California encephalitis, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus)			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Campylobacteriosis			X		*Campylobacter* species			X			Positive by any method

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Practitioner Reporting					Laboratory Reporting						
Notifiable Diseases or Conditions	Reporting Timeframe				Agents, Notifiable Laboratory Requests and Results	Reporting Timeframe				Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
	Suspect Immediately	***Immediately***	*Next Business Day*	*Other*		***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*		
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)¥				6 Mo	Cancer, pathological or tissue diagnosis				6 Mo		Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)
Carbon monoxide poisoning			X		Carbon monoxide, results indicative of carbon monoxide poisoning			X			A volume fraction ≥ 0.09 (9%) of carboxyhemoglobin (COHb) in blood
Chancroid			X		*Haemophilus ducreyi*			X			Positive by any method
Chlamydia including in pregnant women and neonates, children ≤ 12 years of age‡			X		*Chlamydia trachomatis*			X			Positive by any method
Cholera	!	☎			*Vibrio cholerae*	!	☎			✉	*Vibrio cholerae* O1 or O139 positive culture or significant serology
Ciguatera fish poisoning (Ciguatera)			X		Not Applicable						
Congenital anomalies Ψ				6 Mo	Not Applicable						
Conjunctivitis in neonates ≤ 14 days old			X		Not Applicable						
Creutzfeldt-Jakob disease (CJD)			X		CJD, 14-3-3 protein from CSF or any brain pathology suggestive of CJD			X			Positive by any method; contact Bureau of Epidemiology to arrange appropriate autopsy and specimen collection
Cryptosporidiosis			X		*Cryptosporidium parvum*			X			Positive by any method
Cyclosporiasis			X		*Cyclospora cayetanensis*			X		✉	Positive by any method
Dengue			X		Dengue virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Diphtheria	!	☎			*Corynebacterium diphtheriae*	!	☎			✉	Positive culture or histopathologic evidence
Eastern equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Eastern equine encephalitis virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Ehrlichiosis/ Anaplasmosis			X		*Anaplasma phagocytophilum, Ehrlichia chaffeensis,* or *E. ewingii*			X		✉	Positive by any method
Ehrlichiosis/ Anaplasmosis – undetermined or unspecified			X		*Ehrlichia* or *Anaplasma* species, other			X		✉	Positive by any method
Encephalitis, other (non-arboviral)			X		Encephalitis, isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic virus			X			Positive culture or nucleic acid amplification or antigen detection
Enteric disease due to *Escherichia coli* O157:H7		☎			*Escherichia coli* O157:H7		☎			✉	Positive *E. coli* O157 culture, or positive shiga toxin in stool
Enteric disease due to other pathogenic *Escherichia coli*		☎			*Escherichia coli,* non O157:H7		☎				Positive *E. coli* culture, or positive shiga toxin in stool, including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, enteroaggregative strains and shiga toxin positive strains *E. coli* – non O157:H7 that produce Shiga-like toxin should be sent to the Bureau of Laboratories - Jacksonville

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
Notifiable Diseases or Conditions	Reporting Timeframe				Agents, Notifiable Laboratory Requests and Results	Reporting Timeframe				Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
	Suspect Immediately	***Immediately***	*Next Business Day*	*Other*		***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*		
Giardiasis (acute)			X		*Giardia* species			X			Positive by any method
Glanders	!	☎			*Burkholderia mallei*	!	☎			✉	Positive by any method
Gonorrhea, including antibiotic resistant and gonorrhea in pregnant women and neonates; children ≤ 12 years of age‡			X		*Neisseria gonorrhoeae*			X			Positive by any method; report susceptibility test results (zone sizes for disk diffusion; MICs for E-test or agar dilution) for: fluoroquinolones, cephalosporins
Granuloma inguinale			X		*Calymmatobacterium granulomatis*			X			Donovan bodies found
Haemophilus influenzae, meningitis and invasive disease	!	☎			*Haemophilus influenzae*	!	☎			✉	Positive culture from any sterile site (such as blood or CSF) or detection of *H. influenzae* type b antigen in CSF
Hansen's disease (Leprosy)			X		*Mycobacterium leprae*			X			Demonstration of acid-fast bacilli in biopsy specimens from lepromatous lesions
Hantavirus infection		☎			Hantavirus		☎			✉	Positive IgM or rising IgG titer or positive RNA by nucleic acid amplification or positive immunohistochemistry
Hemolytic uremic syndrome		☎			Not Applicable						
Hepatitis A		☎			Hepatitis A Virus		☎				Positive serology for IgM anti-HAV; include all results (positive or negative) for additional serologic markers of hepatitis and alanine aminotransferase (ALT)
Hepatitis B, C, D, E and G; including Hepatitis B surface antigen (HBsAg)-positive in a pregnant woman or a child up to 24 months old			X		Hepatitis B, C, D, E and G Virus			X			Positive serology for HBsAg (confirmed by neutralization), IgM anti-HBc, HBeAg, or HBV DNA; Anti-HCV positive (repeat reactive) by screening assay with a signal to cut-off ratio predictive of a true positive as determined by the particular assay (e.g., ≥3.8 for EIA or ≥8 for CIA) and all positive confirmatory assay (e.g., RIBA or nucleic acid amplification); include s/co in the results section of the laboratory report; detection of any hepatitis D, E or G marker; include all results (positive or negative) for additional hepatitis serologic markers and alanine aminotransferase (ALT)
Herpes simplex virus (HSV), infants up to 60 days old with disseminated infection with liver involvement, encephalitis & infections limited to skin, eyes and mouth; anogenital in children ≤12 yrs of age‡			X		HSV 1 or HSV 2			X			DFA, PCR, DNA or culture, 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection
Human immunodeficiency virus (HIV)				2 Wk	Human immunodeficiency virus (HIV) ¶ς				3 Day		Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): positive result on any HIV virologic test (e.g. p24 AG, nucleic acid amplification test (NAT/NAAT) or viral culture); all viral load (detectable and undetectable) test results

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
Notifiable Diseases or Conditions	Reporting Timeframe				Agents, Notifiable Laboratory Requests and Results	Reporting Timeframe				Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
	Suspect Immediately	***Immediately***	*Next Business Day*	*Other*		***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*		
Human immunodeficiency virus (HIV) exposed newborn, infant ≤ 18 months of age born to a HIV infected woman			X		Human immunodeficiency virus (HIV) exposed newborn, infant ≤ 18 months of age born to a HIV infected woman				3 Day		All HIV test results (e.g., positive or negative immunoassay, positive or negative virologic tests) for those < 18 months of age
Not Applicable					CD-4 absolute count and percentage of total lymphocytes				3 Day		All CD4s, with or without confirmed HIV infection
Human papillomavirus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs, anogenital in children ≤12 yrs of age‡			X		Human papillomavirus (HPV)			X			DNA
Human papillomavirus, practitioners need not report, unless licensed as a pathologist			X		Human papillomavirus (HPV)			X			1) Positive test for any high risk human papillomavirus (HPV) type (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 59, 68, etc)*15 2) Abnormal cervical and anogenital cytologies consistent with "Bethesda 2001 Terminology"* 3) Abnormal histologies including*15: a. cervical vaginal intraepithelial neoplasia (CIN 1, 2, or 3) b. vulvar intraepithelial neoplasia (VIN 1, 2, or 3) c. vaginal intraepithelial neoplasia (VAIN 1, 2, or 3) d. anal intraepithelial neoplasia (AIN 1, 2, or 3)
Influenza due to novel or pandemic strains	!	☎			Influenza virus, detection of a novel or pandemic strain of influenza virus from a human	!	☎			✉	Positive by any method
Influenza-associated pediatric mortality in persons aged < 18 years		☎			Influenza virus – associated pediatric mortality in persons aged <18 years (if known)		☎			✉	Positive by any method
Lead poisoning (blood lead level ≥ 10 µg/dL) (Practitioners conducting on site blood lead analysis must also comply with laboratory reporting requirements)			X		Lead, all blood lead test results			X			All blood lead tests performed (laboratories and practitioners that conduct on site blood lead analysis); report electronically to Bureau of Environmental Public Health Medicine, Childhood Lead Poisoning Prevention Program
Legionellosis			X		*Legionella* species			X			Positive culture, DFA, positive immunohistochemistry or other similar method using validated reagents, or urine antigen or acute/convalescent serology showing a rising titer to *L. pneumophila*
Leptospirosis			X		*Leptospira interrogans*			X			Positive by any method
Listeriosis		☎			*Listeria monocytogenes*		☎				Positive by any method from any sterile site (such as blood or CSF)
Lyme disease			X		*Borrelia burgdorferi*			X			Positive by any method, if a first step assay is performed, a positive or equivocal result needs to be reported only if a second step assay (immunoblot) is positive, equivocal, or will not be performed
Lymphogranuloma Venereum (LGV)			X		*Chlamydia trachomatis*			X			Positive by any method

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
Notifiable Diseases or Conditions	Reporting Timeframe				Agents, Notifiable Laboratory Requests and Results	Reporting Timeframe				Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
	Suspect Immediately	***Immediately***	*Next Business Day*	*Other*		***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*		
Malaria			X		*Plasmodium falciparum, P. malariae, P. ovale, P. vivax*			X		✉	Positive blood smear or nucleic acid amplification
Measles (Rubeola)	!	☎			Measles virus	!	☎			✉	Paired sera showing rising IgG titer, single serum showing measles IgM antibody, nucleic acid amplification or positive viral culture; *IgM serum antibody or viral culture test orders should be reported as "Suspect Immediately," but not IgG results*
Melioidosis	!	☎			*Burkholderia pseudomallei*	!	☎			✉	Positive by any method
Meningitis, bacterial, cryptococcal and other mycotic (meningococcal or *H. influenzae* or pneumococcal reported separately)			X		Meningitis, isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid			X			Positive by any method
Meningococcal disease, includes meningitis and meningococcemia	!	☎			*Neisseria meningitidis* (serogroup needed)	!	☎			✉	Positive culture from any sterile site (such as blood or CSF), nucleic acid amplification, positive immunohistochemistry or Gram-stain showing Gram-negative diplococci in CSF or blood
Mercury poisoning			X		Mercury, results indicative of mercury poisoning			X			Demonstration of mercury blood value of ≥10µg/dL in urine, ≥10µg/dL blood, or ≥5µg/g hair
Mumps			X		Mumps virus			X			Paired sera showing rising IgG titer, single serum showing mumps IgM antibody, nucleic acid amplification or positive viral culture
Neurotoxic shellfish poisoning		☎			Neurotoxic shellfish poisoning, indicative results		☎				Detection of neurotoxin from stool or from food samples in epidemiologically implicated shellfish
Pertussis		☎			*Bordetella pertussis*		☎				Positive culture, nucleic acid amplification, or DFA
Pesticide-related illness and injury			X		Pesticide, results indicative of pesticide related illness and injury			X			Detection of specific pesticide or its metabolic product in a clinical or biological specimen, or demonstration of abnormal cholinesterase levels in red blood cells or plasma
Plague	!	☎			*Yersinia pestis*	!	☎			✉	Positive by any method
Poliomyelitis, paralytic and non-paralytic	!	☎			Poliovirus	!	☎			✉	Positive viral culture or nucleic acid amplification
Psittacosis (Ornithosis)			X		*Chlamydophila psittaci* (formerly known as *Chlamydia psittaci*)			X		✉	Positive culture or serologic evidence
Q Fever			X		*Coxiella burnetii*			X		✉	Positive by any method
Rabies, animal or human		☎			Rabies virus	!	☎				Only the State of Florida Bureau of Laboratories is approved for rabies testing
Rabies, possible exposure[Б]	!	☎			Not Applicable						
Ricin poisoning/toxicity	!	☎			Ricin toxin	!	☎			✉	Positive by any method
Rocky Mountain spotted fever			X		*Rickettsia rickettsii*			X		✉	Positive by any method

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
Notifiable Diseases or Conditions	Reporting Timeframe				Agents, Notifiable Laboratory Requests and Results	Reporting Timeframe				Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
	Suspect Immediately	***Immediately***	*Next Business Day*	*Other*		***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*		
Rubella, including congenital	!	☎			Rubella virus	!	☎			✉	Paired sera showing rising IgG titer, single serum showing rubella IgM antibody, nucleic acid amplification or positive viral culture; *IgM serum antibody or viral culture test orders should be reported as "Suspect Immediately," but not IgG results*
Salmonellosis			X		*Salmonella* species by species serogroup and serotype			X			Positive by any method
St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease			X		St. Louis encephalitis virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin			X			Toxin detection in urine or epidemiologically-linked food specimen
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease	!	☎			SARS–associated Coronavirus (SARS-CoV)	!	☎			✉	Positive by any method
Shigellosis			X		*Shigella* species by species and serogroup			X			Positive by any method
Smallpox	!	☎			Variola virus (orthopox virus)	!	☎			✉	Positive by any method
Staphylococcus aureus - community associated mortality††			X		*Staphylococcus aureus* - community associated mortality††			X		✉	Laboratories with an isolate from a patient that died from community associated *Staphylococcus aureus* must submit isolates to Department of Health, Bureau of Laboratories. When pneumonia was present, a suitable respiratory specimen for viral testing should be submitted if available
Not Applicable					*Staphylococcus aureus* isolated from a normally sterile site			X			Antibiotic susceptibilties must be included; reports must be received electronically. Electronic reports are to be reported directly to the State Office.
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA,VRSA)		☎			*Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA)		☎			✉	*Staphylococcus aureus* isolate showing reduced susceptibility to glycopeptides (e.g. vancomycin, teicoplanin) detected and defined according to Clinical and Laboratory Standards Institute (CLSI), MIC=4-8 µg/ml (VISA), MIC≥16 µg/ml (VRSA); Antibiotic sensitivities must be included.
Staphylococcus enterotoxin B		☎			*Staphylococcus* enterotoxin B		☎			✉	Positive for toxin in blood or urine by any method
Streptococcal disease, invasive, Group A			X		*Streptococcus pyogenes,* Group A, isolated from a normally sterile site			X			Positive culture from any sterile site (such as blood or CSF), does not include throat specimens
Not Applicable					*Streptococcus pneumoniae* isolated from a normally sterile site			X			Positive culture from any sterile site (such as blood or CSF), include antibiotic susceptibility pattern
Streptococcus pneumoniae, invasive disease in children < 5 years, drug sensitive and resistant			X		*Streptococcus pneumoniae* isolated from a normally sterile site			X			Positive culture from any sterile site (such as blood or CSF), include antibiotic susceptibility pattern
Syphilis			X		*Treponema pallidum*			X			Reactive/positive by any method
Syphilis in pregnant women and neonates		☎			*Treponema pallidum*		☎				Reactive/positive by any method

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
Notifiable Diseases or Conditions	Reporting Timeframe				Agents, Notifiable Laboratory Requests and Results	Reporting Timeframe				Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
	Suspect Immediately	***Immediately***	*Next Business Day*	*Other*		***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*		
Tetanus (clinically compatible, laboratory confirmation not required)			X		*Clostridium tetani*			X			Positive culture
Toxoplasmosis (acute)			X		*Toxoplasma gondii*			X			Positive by any method
Trichinellosis (Trichinosis)			X		*Trichinella spiralis*			X			Positive biopsy or serology
Tuberculosis (TB) Ж			X		*Mycobacterium tuberculosis* complex Ж			X			Positive Acid-fast bacilli (AFB) smear, culture, nucleic acid amplification, histologic evidence; 15-digit spoligotype (octal code) must be reported. If spoligotyping is not available, the isolate must be submitted to the Bureau of Laboratories
Tularemia	!	☎			*Francisella tularensis*	!	☎			✉	Positive by any method
Typhoid fever		☎			*Salmonella* serotype Typhi		☎			✉	Positive by any method
Typhus fever			X		*Rickettsia felis, R. typhi*			X		✉	Positive by any method
Typhus fever	!	☎			*Rickettsia prowazekii*	!	☎			✉	Positive by any method
Vaccinia disease	!	☎			Vaccinia virus	!	☎			✉	Positive by any method
Varicella (Chickenpox)ю; Varicella mortality (clinically compatible, laboratory confirmation not required)			X		Varicella virus			X			Paired sera showing rising IgG titer, nucleic acid amplification, DFA or positive viral culture
Venezuelan equine encephalitis virus neuroinvasive and non-neuroinvasive	!	☎			Venezuelan equine encephalitis virus	!	☎			✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Vibriosis (non-cholera Vibrio infections, cholera reported separately)			X		*Vibrio* species, all non-cholera *Vibrio* species including, *V. alginolyticus, V. damsela, V. fluvialis, V. furnissii, V. hollisae, V. mimicus, V. parahaemolyticus,V. vulnificus*			X		✉	Positive by any method
Viral hemorrhagic fevers	!	☎			Arenaviruses (Lassa, Machupo); Filoviruses (Ebola, Marburg)	!	☎			✉	Positive by any method
West Nile virus neuroinvasive and non-neuroinvasive disease			X		West Nile virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Western equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Western equine encephalitis virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Yellow fever	!	☎			Yellow fever virus		☎			✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence

V. Notations, Table of Notifiable Diseases or Conditions

! *Suspect Immediately*, refer to page 7 for additional information regarding reporting timeframes.

☏ *Immediately*, refer to page 7 for additional information regarding reporting timeframes.

¶ ✉ Submission of isolates or specimens for confirmation:

a. Each laboratory that obtains a human isolate or a specimen from a patient shall send specimens (such as isolates, sera, slides, or diagnostic preparations) to the Florida Department of Health, Bureau of Laboratories for confirmation or additional characterization of the organism.
b. Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, Bureau of Laboratories, pursuant to subsection 64D-3.003(4), *F.A.C.*, are required to supply the laboratories with sufficient information to comply with the provisions of this section.
c. For the address of your closest Florida Department of Health, Bureau of Laboratories location refer to page 1. *After* normal business hours contact 1-866-FLA-LABS (1-866-352-5227). This location will receive isolates or specimens and maintain a record to indicate the date that these specimens were submitted to the laboratory.
d. Laboratories shall submit isolates or specimens to the Florida Department of Health, Bureau of Laboratories for confirmation or additional characterization of the organism for any notifiable disease as requested by the county health department director or administrator or their designee. Some additional information regarding such requests can be found in the document "Surveillance Case Definitions for Select Reportable Diseases in Florida" available at: http://www.doh.state.fl.us/disease_ctrl/epi/surv/CaseDefinitions.html
e. Laboratories are not prohibited from submitting isolates or specimens from a patient for a disease or condition that is not designated in the Table of Notifiable Diseases or Conditions to be Reported in this Rule.

† Special reporting requirements for arsenic: Organic arsenic found in fish is not believed to be toxic. Total arsenic tests do not distinguish between the organic arsenic and inorganic, the more toxic form. For this reason, cases with positive total arsenic tests with a history of fish consumption within 72 hours of the sampling, do not need to be reported.

¥ Notification within six months of diagnosis and within six months of each treatment.

‡ Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or under, excluding neonates. Reporting of a Sexually Transmitted Disease case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to Section 39.201, F.S.

Ψ Exceptions are located in 64D-3.035, *F.A.C.*

π Special requirements for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion):

a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report a serologic testing algorithm for recent HIV seroconversion (STARHS) test result.
b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS. The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 *ml* to the Florida Department of Health, Bureau of Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202.
c. Laboratories electing to send a blood specimen will contact the Florida Department of Health, Bureau of Laboratories at (904) 791-1500 to receive specimen maintenance and shipping instructions (see “d” below).
d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the Centers for Disease Control and Prevention will not be required to send a specimen to the Florida Department of Health, Bureau of Laboratories.
    i. Confirmed HIV-1 positive serum or plasma by Western Blot (WB), or Immunofluorescence Assay (IFA) will be shipped to the **Retrovirology Department** at the Bureau of Laboratories-Jacksonville or Bureau of Laboratories-Miami. The optimal quantity of serum required for STARHS testing is 0.5 ml per aliquot. However, if less than 0.5 ml of the remnant sample is available for STARHS testing the sample should still be sent to the Bureau of Laboratories.
    ii. Short-term (less than one week) storage of samples in the refrigerator (2 to 8℃) is acceptable, but for long term storage (more than one week), samples must be frozen at -20℃ or colder. Effort should be made to avoid repeated freezing and thawing of samples, as this may give unreliable results.

iii. Laboratories are responsible for shipping specimens in conformity with all safety and labeling regulations. The frequency of specimen shipments to the Bureau of Laboratories will be determined by the shipping laboratory, considering factors such as specimen retention policies and freezer/storage space.
iv. Complete the HIV Incidence Surveillance Laboratory form for each shipment. The form must include the laboratory name and the laboratory-assigned accession number for each specimen. Use black, non-smearing ink and please print clearly.
v. The Bureau of HIV/AIDS provides specimen mailing containers and labels. The containers are the property of the State of Florida and must not be used for any purpose other than the shipment of STARHS specimens to the Bureau of Laboratories. In addition, the Bureau of HIV/AIDS has established a billing account with FedEX to off-set shipping costs incurred by the screening laboratory. For additional specimen mailing containers or FedEx labels, please contact the Bureau of HIV/AIDS, HIV Incidence Surveillance Coordinator (850) 245-4430. Note: If FedEx does not make regular pick-ups at your facility, call the carrier to schedule pick-up, FedEx (800) 463-3339..

ς If a genotype is performed, the fasta files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.

* Special reporting requirements for laboratories and pathologists:
a. Report to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1716, (850) 245-4303.
b. Paper reports are not required. In accordance with Section 64D-3.031(5)(b), *F.A.C.*, once Electronic Laboratory Reporting is initiated with the Department, all reports should be made electronically.

Б Includes a bite or other significant exposure to a human or domestic animal (including all pets and livestock) by an animal:
a. That results in rabies prophylaxis for the person exposed, rabies testing or quarantine of the animal causing the exposure, or
b. That is capable of transmitting herpes B viruses (includes exposures from non-human primates).

†† As specified in the surveillance case definition for mortality in a person infected with community associated *Staphylococcus aureus*. For *S. aureus* mortality cases, a *S. aureus* isolate shall be sent to the Florida Department of Health, Bureau of Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202, (904) 791-1500. When pneumonia was present prior to death, a suitable respiratory specimen for viral testing should be submitted if available if the following:
a. Death occurred outside a hospital setting *or* if death occurred in the hospital setting a clinical culture positive for *S. aureus* that was obtained $\leq$ 48 hours after admission to the hospital.
b. **Exclusion Criteria**
i. Hospitalized within the year prior to death. For children less than one year old, a hospitalization other than childbirth, OR
ii. Admission to a nursing home, skilled nursing facility, or hospice within the last year, OR
iii. Dialysis within the last year, OR
iv. Surgery within the last year, OR
v. Indwelling catheters or medical devices that pass through the skin into the body in the last year.

Ж Special reporting requirements for Tuberculosis:
a. Test results must also be submitted by laboratories to the Bureau of Tuberculosis and Refugee Health.
b. All initial culture positive isolates must be spoligotyped and the 15-digit octal code reported. Providers may send isolates to the Florida Department of Health, Bureau of Laboratories—Jacksonville.

ю Special reporting requirements for varicella (chickenpox):
In addition to the information required to be reported listed on page 2, practitioners shall also provide dates o varicella vaccination.

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 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, 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...."

To obtain more copies of this guide, visit: http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

VII. Practitioner Single Disease Reporting Form

The Practitioner Single Disease Report Form is available online at:
http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

Practitioners, laboratories, and blood banks are an invaluable part of Florida's public health and disease surveillance system. For more information, please call your local county health department or the appropriate Bureau within the Florida Department of Health or visit our website at http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

For additional information on disease reporting, consult Chapter 64D-3, *Florida Administrative Code*.

Notes

Florida
HEALTH