Health Care Practitioner Reporting Guidelines for Reportable Diseases and Conditions in Florida

Based on Revisions to Chapter 64D-3,
Florida Administrative Code,
Effective June 4, 2014

Florida HEALTH

To All State of Florida Licensed Practitioners

Dear Colleagues:

All practitioners, hospitals and laboratories in Florida are required to notify the Florida Department of Health (DOH) of diseases or conditions of public health significance under Section 381.0031, *Florida Statutes* and Chapter 64D-3, *Florida Administrative Code* (*FAC*). Practitioners, hospitals, medical facilities, laboratories, schools, nursing homes, state institutions or other locations providing health services are required to notify DOH of diseases or conditions and the associated laboratory test results listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, *FAC*. Laboratory notification of test results does not nullify the practitioner's obligation to also notify DOH of the disease or condition. The public health system depends upon notification of diseases by physicians, laboratorians, infection preventionists and other health care providers to monitor the health of the community and to provide the basis for preventive action.

Practitioners are required to notify DOH of certain diseases of urgent public health importance upon initial clinical suspicion of the disease, **prior** to confirmatory diagnosis. Diseases warranting notification 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 for providing laboratories with all necessary information for the laboratories to fulfill laboratory notification requirements.

DOH has updated the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, *FAC*, effective June 6, 2014. In an effort to assist practitioners in meeting their obligations to notify DOH of reportable diseases and conditions, DOH has prepared this guide. This guide is not intended to cover every aspect of Chapter 64D-3, *FAC*, but rather to provide a summation and explanation of practitioner notification requirements.

To obtain more information, such as the updated version of Chapter 64D-3, *FAC*, or other important reporting documents and guidelines, please:

1. Visit http://floridahealth.gov/diseasereporting.
2. Contact the Florida Department of Health (see page 1 of this guide).
3. Contact your local county health department (visit http://floridahealth.gov/chdepicontact to locate contact information).

The included list of reportable laboratory findings is current as of June 2014. This list is not static and will change as the technology of laboratory diagnostics evolves.

We hope you will find this guide a useful aid as we all work to improve reportable disease and condition surveillance, prevention and control in Florida. The assistance and support of health care providers are invaluable. Thank you for your partnership.

Sincerely,

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

Notifications before or after the county health department (CHD) regular business hours shall be made to the CHD after-hours duty official.

- To locate CHD after-hours disease reporting phone, visit http://floridahealth.gov/chdepicontact

  Record your CHD's contact information below.

  Business hours phone: _____

  Fax: _____

  After-hours phone: _____

- If unable to reach CHD after-hours official:
  Bureau of Epidemiology after-hours phone: (850) 245-4401
  Bureau of Public Health Laboratories after-hours phone: (866) 352-5227 (866-FLA-LABS)

I. Contact Information, Florida Department of Health

To notify the Florida Department of Health (DOH) of reportable diseases or conditions during regular business hours *or receive consultation regarding diagnosis and management of patients and contacts, contact your local county health department (CHD).*

Visit http://floridahealth.gov/chdepicontact to obtain CHD contact information.

For technical consultation or consultation regarding disease notification, diagnosis and management of patients and contacts, contact DOH central offices:

Division of Disease Control and Health Protection
Phone: (850) 245-4300
Physical: 4025 Esplanade Way
Mailing: 4052 Bald Cypress Way, A-09
Tallahassee, Florida 32399-1720

Bureau of Epidemiology
Phone: (850) 245-4401, accessible 24/7
Confidential Fax: (850) 414-6894

Bureau of Communicable Diseases
HIV/AIDS and Hepatitis Section
Phone:(850) 245-4334

Immunization Section
(850) 245-4342

Sexually Transmitted Disease Section
(850) 245-4303

Tuberculosis Control Section
(850) 245-4350
(800) 4TB-INFO

Useful websites:
Diseases and Conditions
www.floridahealth.gov/diseases-and-conditions/index.html

Disease Reporting Information for Health Care Providers and Laboratories
http://floridahealth.gov/diseasereporting

Florida Birth Defects Registry
www.floridahealth.gov/AlternateSites/FBDR/

Florida Cancer Data System
http://fcds.med.miami.edu/inc/welcome.shtml

Florida Lead Poisoning Prevention Program
www.floridahealth.gov/%5C/healthy-environments/lead-poisoning/index.html

Florida Meaningful Use Public Health Reporting
www.floridahealth.gov/meaningfuluse

Electronic Laboratory Reporting
ELR@flhealth.gov

For laboratory consultation or to arrange for receipt of specimens, contact the Bureau of Public Health Laboratories:

Jacksonville
Phone: (904) 791-1500
Fax: (904) 791-1567
Physical: 1217 North Pearl Street
Jacksonville, Florida 32202
Mailing: P.O. Box 210
Jacksonville, Florida 32231

Miami
Phone: (305) 324-2432
Fax: (305) 324-2560
Address: 1325 Northwest 14th Avenue
Miami, Florida 33125

Pensacola
Phone: (850) 595-8895
Fax: (850) 595-6380
Address: 50 West Maxwell Street
Pensacola, Florida 32501

Tampa
Phone: (813) 974-8000
Fax: (813) 974-3425
Address: 3602 Spectrum Boulevard
Tampa, Florida 33612

Bureau of Public Health Laboratories
Phone: (866) 352-5227 (866-FLA-LABS), accessible 24/7
(During regular business hours, use contact information above)

II. Frequently Asked Questions (FAQs)

1. **What are the practitioner notification requirements for reportable diseases under Chapter 64D-3*, Florida Administrative Code* (*FAC*)?**
   Practitioner and medical facility reporting requirements are described in Rule 64D-3.0030 and 3.0032, *FAC*. 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 Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.0029, *FAC*, (see pages 9-18) is required to notify the Florida Department of Health (DOH) of that case or occurrence. The public health system depends upon notification 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 FAQ #4). The information contained in practitioner reports supplements the data provided by laboratories. Therefore, laboratory notification does not nullify the practitioner's obligation to notify DOH of a disease or condition.

   Laboratories are also required to notify DOH of reportable diseases and conditions. Duplicate reporting of the same illness may occur, though laboratories and practitioners have different reporting requirements (see FAQ #5). Information contained in practitioner reports supplements data provided by laboratories by providing additional information on symptoms, pregnancy status, treatment, occupation, illness in family members, etc. Laboratory submission of test results to the county health department does not nullify the practitioner's obligation to also report the disease or condition. Practitioners also play an important role in supplying laboratories with all necessary information to fulfill laboratory notification requirements. Public health authorities will identify any duplicate reports received and de-duplicate the records. Although multiple reports may be received, this is preferable to not receiving any report, which would likely lead to additional transmission and increased morbidity. All people 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. **Who should practitioners notify of reportable diseases or conditions?**
   Notification of a reportable disease or condition should be made directly to the county health department (CHD) in the county where the patient resides. It is important to know how to contact the local CHD epidemiology staff during business hours as well as after hours for notification of *Suspect Immediately* and *Immediately* reportable diseases or conditions in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18). Visit http://floridahealth.gov/chdepicontact to obtain CHD contact information.

   Please note that there are some diseases with different notification requirements. See FAQ #9 for additional information on exceptions.

3. **When should notification of reportable diseases or conditions occur?**
   Notification of reportable diseases or conditions should be submitted according to timeframes specified in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18). For a description of the requirements for each notification timeframe, see page 7. Notification via telephone should be followed with a subsequent written report within 72

hours by facsimile, electronic data transfer or other confidential means of written communication.

4. **What information are practitioners required to submit to the Florida Department of Health?**
   As per Chapter 64D-3.030, *Florida Administrative Code* (*FAC*), 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 or non-Hispanic)
      8. Pregnancy status (if applicable)
      9. Social security number
      10. Date of symptom onset
      11. Diagnosis
   b) Type of diagnostic tests (e.g., culture, IgM, serology, nucleic acid amplification test, Western blot)
   c) Type of specimen (e.g., stool, urine, blood, mucus)
   d) Specimen collection date
   e) Specimen collection site (e.g., cervix, eye, 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
   i) Name, address and telephone number of the submitting practitioner
   j) National provider identifier (NPI)
   k) 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

5. **Do notification requirements for practitioners and laboratories differ?**
   Yes, practitioners and laboratories have slightly different lists of reportable diseases or conditions and associated laboratory test results that they must report, as well as different required notification methods (e.g., laboratories are required to submit electronic results). Please refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18). Additionally, there are notification requirements for practitioners, such as treatment information, that are not applicable for laboratories.

   Please note that laboratory notification does not nullify the practitioner notification requirements.

6. **What information do practitioners need to provide laboratories to enable laboratories to fulfill their notification requirements?**
   Practitioners are responsible for assisting laboratories to fulfill their notification requirements. Practitioners are responsible for obtaining and providing 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 or non-Hispanic)
8. Pregnancy status (if applicable)
9. Social security number

b) Type of specimen (e.g., stool, urine, blood, mucus)
c) Date of specimen collection
d) Specimen collection site (e.g., cervix, eye, if applicable)
e) Submitting practitioner's information, including name, address (street, city, ZIP Code), telephone number and National Provider Identifier (NPI)

7. Should practitioners notify the Florida Department of Health (DOH) of suspect cases of diseases or conditions of a highly infectious nature of urgent public health importance?

Yes, practitioners are required to notify DOH of suspected cases of certain diseases of urgent public health importance. Practitioners should refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18); the column labeled as *Suspect Immediately* designates which diseases or conditions should result in DOH notification upon initial suspicion of disease, prior to confirmatory diagnostic results. Requests for laboratory tests for identification of an organism are considered evidence that the disease is considered as part of the practitioner's differential diagnosis and should be reported. Practitioners should immediately (24 hours a day, seven days a week) notify the local county health department of diseases designated as *Suspect Immediately*. Upon confirmation of the disease or presence of the agent, the practitioner should also report the confirmation to the appropriate county health department.

8. Are there special testing requirements for sexually transmitted diseases (STDs) in pregnant women that impact practitioner notification?

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 Sexually Transmitted Disease Section (see page 1 for contact information).

9. Are there diseases or conditions with exceptions or special practitioner notification requirements?

Yes, there are exceptions or special notification requirements for the diseases below.

- Cancer
- Congenital anomalies
- HIV/AIDS and HIV-exposed infants

- Neonatal abstinence syndrome (NAS)
- Lead poisoning

Details are provided for each disease or condition below.

Notification process is different:

- **Cancer:** all health care facilities, laboratories, freestanding radiation therapy centers, ambulatory patient care centers and any practitioner licensed to practice medicine in the state of Florida are required to notify the Florida Cancer Data System (FCDS) of all cancer diagnoses or treatment within six months. All cases must be transmitted electronically to FCDS in accordance with the FCDS Data Submission Policies and Procedures outlined in the FCDS Data Acquisition Manual. For more information, visit the FCDS website (http://fcds.med.miami.edu/inc/path.shtml).
- **Congenital anomalies:** notification by licensed hospitals or licensed practitioners occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7, *Florida Administrative Code* (*FAC*). The Florida Birth Defects Registry compiles data from linked administrative data sets to identify infants born with congenital anomalies in Florida.
- **NAS:** notification by licensed hospitals occurs when NAS cases are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7, *FAC*. The Florida Birth Defects Registry compiles data from linked administrative data sets to identify infants born with NAS in Florida.

Positive and negative laboratory results should be submitted, not just case information:

- **Lead poisoning:** cases (≥10 micrograms per deciliter [µg/dL]) should be submitted to the local county health department. Additionally, results produced by on-site blood lead analysis devices (i.e., portable lead care analyzers or other portable devices used to perform blood lead analysis) of <10 µg/dL must be submitted within 10 business days electronically. For questions, contact the Florida Lead Poisoning Prevention Program at (850) 245-4401.

Special notification forms are required:

- **HIV or AIDS:** case notification should occur within two weeks using the Adult HIV Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥13 years old or the Pediatric HIV Confidential Case Report, CDC 50.42B (revised March 2013) for cases in people <13 years old. Please contact your local county health department for these forms (visit http://floridahealth.gov/chdepicontact to obtain CHD contact information).
- **HIV-exposed newborns or infants <18 months old born to an HIV-infected woman:** notification should be by the next business day. Practitioners should complete the Pediatric HIV Confidential Case Report, CDC 50.42B (revised March 2003). Please contact your local county health department for these forms (visit http://floridahealth.gov/chdepicontact to obtain CHD contact information).

10. Are laboratory results required to be submitted electronically?

Yes, laboratories are required to submit test results electronically. For information about electronic laboratory reporting (ELR), please contact the Florida Department of Health ELR

liaison at ELR@flhealth.gov. Practitioners conducting in-house laboratory testing should review the laboratory reporting guidelines as well as practitioner guidelines to ensure compliance to aid in an effective and timely public health response.

Please note: ELR does not remove the requirement to report by telephone those diseases with notification timeframes of *Suspect Immediately* and *Immediately* in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18).

11. **Does the Health Insurance Portability and Accountability Act (HIPAA) affect notification requirements**?
No, HIPAA does not change the obligation of practitioners to notify the Florida Department of Health (DOH) of reportable diseases or conditions or the obligation to cooperate with DOH epidemiologic investigations. HIPAA Section 45 *CFR* 160.203(c) specifically includes an exception for procedures established under state law providing for "reports of disease, injury, child abuse, birth or death for the conduct of public health" and 45 *CFR* section 164.512(b) states that "A covered entity may disclose protected health information for the public health activities and purposes…to 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".

All practitioners, hospitals and laboratories in Florida are required to notify DOH of diseases or conditions of public health significance under Section 381.0031, *Florida Statutes* and *Florida Administrative Code* (*FAC*), Chapter 64D-3. People in charge of laboratories, practitioners, hospitals, medical facilities, schools, nursing homes, state institutions or other locations providing health services are required to notify DOH of diseases or conditions and the associated laboratory test results listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.0029, *FAC* (see pages 9-18). These state requirements are not reduced or changed by the federal law.

III. Notification Timeframes

! *Suspect Immediately*

Reportable disease or condition of a highly infectious nature of urgent public health importance; **notify the Florida Department of Health (DOH) immediately 24 hours a day, seven days a week, by phone upon initial clinical suspicion or laboratory test order.**

Notify DOH 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 (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request) can be initiated in a timely and effective manner to prevent further exposure or infection.

Notification should be directly to the local county health department (CHD). Notifications before or after CHD regular business hours shall be made to the CHD after-hours duty official. Visit http://floridahealth.gov/chdepicontact to obtain CHD contact information. If unable to reach CHD after-hours official, contact the DOH Bureau of Epidemiology after-hours duty official at (850) 245-4401.

Immediately

Reportable disease or condition of urgent public health importance**; notify DOH immediately 24 hours a day, seven days a week, by phone.** Report without delay upon the occurrence of any of the following: an indicative or confirmatory test result, finding or diagnosis.

Notification should be directly to the local CHD. Notifications before or after CHD regular business hours shall be made to the CHD after-hours duty official. Visit http://floridahealth.gov/chdepicontact to obtain CHD contact information. If unable to reach CHD after-hours official, contact the DOH Bureau of Epidemiology after-hours duty official at (850) 245-4401.

Next Business Day

Notify DOH no later than the close of the next CHD business day following confirmatory testing or diagnosis.

Other

Other reporting timeframe; specific timeframes are indicated in the “Other” column of the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18).

Submit isolates or specimens for confirmation

Laboratories are required to send specimens, isolates, sera, slides or diagnostic preparations for certain etiologic agents to the DOH Bureau of Public Health Laboratories for confirmation or additional characterization of the organism.

Difference between the *Suspect Immediately* and *Immediately* notification timeframes

Practitioners should notify DOH of diseases that are listed as *Suspect Immediately* or *Immediately* as soon as possible, 24 hours a day, seven days a week, by phone. Practitioners should notify DOH of diseases that are listed as *Suspect Immediately* **upon initial suspicion**. Notification 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 (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request) can be initiated in a timely and effective manner to prevent further exposure or infection. *Immediately* also applies to high-priority diseases but notification should occur **following confirmatory testing or diagnosis**.

IV. Table of Reportable Diseases or Conditions to Be Reported

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
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 †	!				Detection in one or more specimens of etiological agents of a disease or condition not listed that is of urgent public health significance ‡		!			
Acquired immune deficiency syndrome (AIDS)				2 weeks	Laboratory notification not applicable					
Amebic encephalitis		☎			*Naegleria fowleri, Balamuthia mandrillaris,* and *Acanthamoeba* species			☎		
Anthrax	!				*Bacillus anthracis*	✉	!			
Antimicrobial resistance surveillance	Practitioner notification not applicable				Antimicrobial susceptibility results for *Acinetobacter baumannii, Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*, and *Serratia* species isolated from a normally sterile site *3				X	
Arsenic poisoning *4a			X		Laboratory results as specified in the surveillance case definition *4a				X	

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Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
Arboviral diseases not otherwise listed			X		Including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae	✉			X	
Botulism, foodborne, wound, and unspecified	!				*Clostridium botulinum* and botulinum toxin from food, wound or unspecified source	✉	!			
Botulism, infant			X		*Clostridium botulinum* and botulinum toxin for infants <12 months old	✉			X	
Brucellosis	!				*Brucella* species	✉	!			
California serogroup virus disease			X		California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse)	✉			X	
Campylobacteriosis *4b			X		*Campylobacter* species *4b				X	
Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors *5				6 months	Pathological or tissue diagnosis of cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors					6 months
Carbon monoxide poisoning			X		A volume fraction ≥0.09 (9%) of carboxyhemoglobin in blood				X	
CD-4 absolute count and percentage of total lymphocytes	Practitioner notification not applicable				CD-4 absolute count and percentage of total lymphocytes *6					3 days
Chancroid			X		*Haemophilus ducreyi*				X	

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Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
Chikungunya fever			X		Chikungunya virus				X	
Chikungunya fever, locally-acquired		☎			Chikungunya virus				X	
Chlamydia *7			X		*Chlamydia trachomatis*				X	
Cholera	!				*Vibrio cholerae* type O1	✉	!			
Ciguatera fish poisoning			X		Laboratory notification not applicable					
Congenital anomalies *8				6 months	Laboratory notification not applicable					
Conjunctivitis in neonates <14 days old			X		Laboratory notification not applicable					
Creutzfeldt-Jakob disease (CJD) *9			X		14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD *9				X	
Cryptosporidiosis *4b			X		*Cryptosporidium* species *4b				X	
Cyclosporiasis			X		*Cyclospora cayetanensis*	✉			X	
Dengue fever			X		Dengue virus	✉			X	
Dengue fever, locally-acquired		☎			Dengue virus	✉			X	
Diphtheria	!				*Corynebacterium diphtheriae*	✉	!			

IV. Table of Reportable Diseases or Conditions to Be Reported

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
Eastern equine encephalitis			X		Eastern equine encephalitis virus	✉			X	
Ehrlichiosis/anaplasmosis			X		*Anaplasma* species and *Ehrlichia* species	✉			X	
Escherichia coli infection, Shiga toxin-producing *4b			X		*Escherichia coli*, Shiga toxin-producing or Shiga toxin *4b	✉			X	
Giardiasis, acute *4b			X		*Giardia* species *4b				X	
Glanders	!				*Burkholderia mallei*	✉	!			
Gonorrhea *7			X		*Neisseria gonorrhoeae*				X	
Granuloma inguinale			X		*Klebsiella granulomatis*				X	
Haemophilus influenzae invasive disease in children <5 years old	!				*Haemophilus influenzae* isolated from a normally sterile site for all ages*10	✉	!			
Hansen's disease (leprosy)			X		*Mycobacterium leprae*				X	
Hantavirus infection		☎			*Hantavirus*	✉		☎		
Hemolytic uremic syndrome (HUS)		☎			Laboratory notification not applicable					
Hepatitis A *4b, 11		☎			Hepatitis A *4b, 11			☎		
Hepatitis B, C, D, E, and G *11			X		Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) *11				X	

IV. Table of Reportable Diseases or Conditions to Be Reported

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
Hepatitis B surface antigen in pregnant women or children <2 years old			X		Hepatitis B surface antigen (HBsAg) for all ages				X	
Herpes B virus, possible exposure		☎			Laboratory notification not applicable					
Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes; anogenital HSV in children <12 years old *7, 12			X		HSV 1 and HSV 2 for children <12 years old *12				X	
Human immunodeficiency virus (HIV) infection				2 weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory test (e.g., Western blot, IFA). Positive result on any HIV virologic test (e.g., p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results. *13, 14					3 days
HIV, exposed infants <18 months old born to an HIV-infected woman			X		All HIV test results (e.g., positive and negative immunoassay, positive and negative virologic tests) for children <18 months old					3 days
Human papillomavirus (HPV)	Practitioner notification not applicable				HPV DNA *3				X	

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
HPV, associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old *7			X		HPV DNA *3				X	
Influenza-associated pediatric mortality in children <18 years old		☎			Influenza virus in children <18 years old who died (if known)	✉		☎		
Influenza A, novel or pandemic strains	!				Influenza virus, novel or pandemic strain isolated from humans	✉	!			
Influenza	Practitioner notification not applicable				Influenza virus, all test results (positive and negative) *3				X	
Lead poisoning *4, 15			X		Lead, all blood test results (positive and negative) *3, 4, 15				X	
Legionellosis			X		*Legionella* species				X	
Leptospirosis			X		*Leptospira interrogans*				X	
Listeriosis		☎			*Listeria monocytogenes*	✉		☎		
Lyme disease			X		*Borrelia burgdorferi*				X	
Lymphogranuloma venereum (LGV)			X		*Chlamydia trachomatis*				X	
Malaria			X		*Plasmodium* species	✉			X	
Measles (rubeola)	!				Measles virus *16	✉	!			

IV. Table of Reportable Diseases or Conditions to Be Reported

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
Melioidosis	!				*Burkholderia pseudomallei*	✉	!			
Meningitis, bacterial or mycotic			X		Isolation or demonstration of any bacterial or fungal species in CSF				X	
Meningococcal disease	!				*Neisseria meningitidis* isolated from a normally sterile site	✉		☎		
Mercury poisoning *4a			X		Laboratory results as specified in the surveillance case definition *4a				X	
Mumps			X		Mumps virus				X	
Neonatal abstinence syndrome (NAS) *17				6 months	Laboratory notification not applicable					
Neurotoxic shellfish poisoning		☎			Laboratory results as specified in the surveillance case definition *4a			☎		
Pertussis		☎			*Bordetella pertussis*			☎		
Pesticide-related illness and injury, acute *4			X		Laboratory results as specified in the surveillance case definition *4				X	
Plague	!				*Yersinia pestis*	✉	!			
Poliomyelitis	!				Poliovirus	✉	!			
Psittacosis (ornithosis)			X		*Chlamydophila psittaci*	✉			X	
Q Fever			X		*Coxiella burnetii*	✉			X	
Rabies, animal or human		☎			Rabies virus		!			

IV. Table of Reportable Diseases or Conditions to Be Reported

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
Rabies, possible exposure *18	!				Laboratory notification not applicable					
Respiratory syncytial virus	Practitioner notification not applicable				Respiratory syncytial virus, all test results (positive and negative) *3				X	
Ricin toxin poisoning	!				Ricinine (from *Ricinus communis* castor beans)	✉	!			
Rocky Mountain spotted fever and other spotted fever rickettsioses			X		*Rickettsia rickettsii* and other spotted fever *Rickettsia* species	✉			X	
Rubella	!				Rubella virus *16	✉	!			
St. Louis encephalitis			X		St. Louis encephalitis virus	✉			X	
Salmonellosis *4b			X		*Salmonella* species *4b				X	
Saxitoxin poisoning (paralytic shellfish poisoning)			X		Saxitoxin				X	
Severe acute respiratory disease syndrome associated with coronavirus infection	!				Coronavirus associated with severe acute respiratory disease	✉	!			
Shigellosis *4b			X		*Shigella* species *4b				X	
Smallpox	!				Variola virus (orthopox virus)	✉	!			
Staphylococcal enterotoxin B poisoning		☎			Staphylococcal enterotoxin B	✉		☎		

IV. Table of Reportable Diseases or Conditions to Be Reported

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA)		☎			*Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA); laboratory results as specified in the surveillance case definition *4	✉		☎		
Staphylococcus aureus invasive infection	Practitioner notification not applicable				*Staphylococcus aureus* isolated from a normally sterile site *3				X	
Streptococcus pneumoniae invasive disease in children <6 years old			X		*Streptococcus pneumoniae* isolated from a normally sterile site for all ages *19				X	
Syphilis			X		*Treponema pallidum*				X	
Syphilis in pregnant women and neonates		☎			*Treponema pallidum* in pregnant women and neonates			☎		
Tetanus			X		*Clostridium tetani*				X	
Trichinellosis (trichinosis)			X		*Trichinella spiralis*				X	
Tuberculosis (TB) *20			X		*Mycobacterium tuberculosis* complex *20	✉			X	
Tularemia	!				*Francisella tularensis*	✉	!			
Typhoid fever *4b		☎			*Salmonella* serotype Typhi *4b	✉		☎		
Typhus fever, epidemic	!				*Rickettsia prowazekii*	✉	!			
Vaccinia disease	!				Vaccinia virus	✉	!			

IV. Table of Reportable Diseases or Conditions to Be Reported

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 7)				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)			
	Suspect Immediately	***Immediately***	Next Business Day	Other			***Suspect Immediately***	***Immediately***	Next Business Day	Other
Varicella (chickenpox) *21			X		Varicella virus				X	
Venezuelan equine encephalitis	!				Venezuelan equine encephalitis virus	✉	!			
Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)			X		*Vibrio* species excluding *Vibrio cholerae* type O1, *Photobacterium damselae* (formerly *V. damsela*), and *Grimontia hollisae* (formerly *V. hollisae*)	✉			X	
Viral hemorrhagic fevers	!				Arenaviruses (e.g., Lassa, Machupo, Lujo, new world), Filoviruses (e.g., Ebola, Marburg), or viruses not otherwise listed that cause viral hemorrhagic fever	✉	!			
West Nile virus disease			X		West Nile virus	✉			X	
Yellow fever	!				Yellow fever virus	✉		☎		

V. Notations, Table of Reportable Diseases or Conditions to Be Reported

! *Suspect Immediately*: see page 7 for additional information on notification timeframes.

☎ *Immediately*: see page 7 for additional information on notification timeframes.

† This includes human cases, clusters, or outbreaks spread person-to-person, by animals or vectors or from an environmental, foodborne or waterborne source of exposure; those that result from a deliberate act of terrorism; and unexplained deaths possibly due to unidentified infectious or chemical causes.

‡ This includes the identification of etiological agents that are suspected to be the cause of clusters or outbreaks spread person-to-person; by animals; by vectors; or from an environmental, foodborne, or waterborne source of exposure. This also includes etiological agents that are suspected to be the cause of clusters or outbreaks resulting from a deliberate act of terrorism and unexplained deaths due to unidentified infectious or chemical causes.

✉ *1 Submission of isolates or specimens for confirmation to the Florida Department of Health (DOH) Bureau of Public Health Laboratories (BPHL):

a. Each laboratory that obtains a human isolate or a specimen from a patient shall send isolates or specimens (such as sera, slides or diagnostic preparations) for confirmation or additional characterization of the organism.
b. Hospitals, practitioners and laboratories submitting specimens for reportable laboratory tests, pursuant to subsection 64D-3.031(3), *Florida Administrative Code* (*FAC*), are required to supply the laboratories with sufficient information to comply with the provisions of this section.
c. For the address of the closest BPHL location, see page 1.
d. Laboratories shall submit isolates or specimens for confirmation or additional characterization of the organism for reportable diseases listed in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18).
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 Reportable Diseases or Conditions to Be Reported* (see pages 9-18).

*2 Include minimum inhibitory concentration (MICs) zone sizes for disk diffusion, MICs for E-test or agar dilution and interpretation (susceptible, intermediate, resistant).

*3 Paper reports are not required. Notification is only required for laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), *FAC*.

*4 a. Surveillance Case Definitions for Select Reportable Diseases in Florida, 2014, are located on the DOH website (http://floridahealth.gov/diseasecasedefinitions).
b. Reports should include occupational information (e.g., employer name, address, phone number).

*5 Notification within six months of diagnosis and within six months of each treatment.

*6 All CD-4 absolute counts and percentage of total lymphocytes, with or without confirmed HIV infection.

*7 Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any child ≤12 years old, excluding neonates. Reporting of a sexually transmissible disease (STD) case to a county health department does not

relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to Section 39.201, *Florida Statutes* (*F.S.*).

*8 Exceptions are located in Rule 64D-3.035, *FAC*.

*9 Practitioners should contact the DOH Bureau of Epidemiology at (850) 245-4401 to arrange appropriate autopsy and specimen collection.

*10 For *Haemophilus influenzae* test results associated with people >4 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), *FAC*.

*11 Special reporting requirements for hepatitis B (acute and chronic), C (acute and chronic), D, E, G: Positive results should be accompanied by any hepatitis testing conducted (positive and negative results), all serum aminotransferase levels, and if applicable, pregnancy test result or indication that testing was conducted as part of a pregnancy panel. For laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), *FAC*, all test results performed (positive and negative) are to be submitted, including screening test results (positive and negative).

*12 A 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.

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

a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report STARHS test results.
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 testing. The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 mL to BPHL-Jacksonville or BPHL-Miami (see page 1 for addresses).
c. Laboratories electing to send a blood specimen will contact the Incidence and Resistance Coordinator, HIV/AIDS and Hepatitis Section, DOH at (850) 245-4430 to receive specimen maintenance and shipping instructions.
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 DOH.

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

*15 Special reporting requirements for reporting blood lead tests:

a. All blood lead tests (positive and negative results) must be submitted to DOH electronically. This reporting requirement pertains to all laboratories and practitioners that conduct on-site blood lead analysis (i.e., practitioners that use portable lead care analyzers or other devices to perform blood lead analysis).
b. Results produced by on-site blood lead analysis devices (i.e., portable lead care analyzers or other portable devices used to perform blood lead analysis) less than 10 micrograms/deciliter must be reported within 10 business days. Electronic reporting of results is preferred.

*16 IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG orders or results.

*17 Each hospital licensed under Chapter 395, *F.S.*, shall report each case of neonatal abstinence syndrome occurring in an infant admitted to the hospital. If a hospital reports a case of neonatal abstinence syndrome to the Agency for Health Care Administration in its inpatient discharge data report, pursuant to Chapter 59E-7, *FAC*, then it need not comply with the reporting requirements of subsection 64D-3.029(1), *FAC*.

*18 Exposure to rabies (as defined in Rule 64D-3.028, *FAC*) that results in rabies prophylaxis for the person exposed, rabies testing, isolation or quarantine of the animal causing the exposure.

*19 For *Streptococcus pneumoniae* test results associated with people >5 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), *FAC*.

*20 Test results must be submitted by laboratories to the DOH Tuberculosis Control Section, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850) 245-4350.

*21 Practitioners shall also provide dates of varicella vaccination.

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014

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 http://floridahealth.gov/diseasereporting for more information. To report a disease or condition, contact your local CHD epidemiology program (http://floridahealth.gov/chdepicontact). If unable to reach your CHD, please call the 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
- ! 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
- ☎ Dengue fever, locally acquired
- ! 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 or 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
- • 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
- ☎ 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

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), 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, Section 381.0031 (4), *F.S.* 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…"

Florida Department of Health, Practitioner Disease Report Form

Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, *Florida Administrative Code* (*FAC*). This can be filled in electronically.

Florida HEALTH

Print Form

Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

Gender: ◯ Male ◯ Female ◯ Unk

Pregnant: ◯ Yes ◯ No ◯ Unk

Birth date: _____ **Death date:** _____

Race: ◯ American Indian/Alaska Native ◯ Asian/Pacific Islander ◯ Black ◯ White ◯ Other ◯ Unk

Ethnicity: ◯ Hispanic ◯ Non-Hispanic ◯ Unk

Address: _____

ZIP: _____ **County:** _____

City: _____ **State:** _____

Home phone: _____

Other phone: _____

Emer. phone: _____

Email: _____

Medical Information

MRN: _____

Date onset: _____ **Date diagnosis:** _____

Died: ◯ Yes ◯ No ◯ Unk

Hospitalized: ◯ Yes ◯ No ◯ Unk

Hospital name: _____

Date admitted: _____ Date discharged: _____

Insurance: _____

Treated: ◯ Yes ◯ No ◯ Unk

Specify treatment:

Laboratory testing: ◯ Yes ◯ No ◯ Unk Attach laboratory result(s) if available.

Provider Information

Physician: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Fax:** _____

Email: _____

Reportable Diseases and Conditions in Florida

! Notify upon suspicion 24/7 by phone ☎ **Notify upon diagnosis 24/7 by phone**

HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥13 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people <13 years old. Please contact your local county health department for these forms (visit http://floridahealth.gov/chdepicontact to obtain CHD contact information). **Congenital anomalies** and **neonatal abstinence syndrome** notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 *FAC*. **Cancer** notification should be directly to the Florida Cancer Data System (see http://fcds.med.miami.edu). All other notifications should be to the CHD where the patient resides.
To obtain CHD contact information, see http://floridahealth.gov/chdepicontact. See http://floridahealth.gov/diseasereporting for other reporting questions.

- ☎ ☐ Amebic encephalitis
- ! ☐ Anthrax
- ☐ Arsenic poisoning
- ☐ Arboviral disease not listed here
- ☐ Botulism, infant
- ! ☐ Botulism, foodborne
- ! ☐ Botulism, wound or unspecified
- ! ☐ Brucellosis
- ☐ California serogroup virus disease
- ☐ Campylobacteriosis
- ☐ Carbon monoxide poisoning
- ☐ Chancroid
- ☐ Chikungunya fever
- ☎ ☐ Chikungunya fever, locally acquired
- ☐ Chlamydia
- ! ☐ Cholera (*Vibrio cholerae* type O1)
- ☐ Ciguatera fish poisoning
- ☐ Conjunctivitis in neonate <14 days old
- ☐ Creutzfeldt-Jakob disease (CJD)
- ☐ Cryptosporidiosis
- ☐ Cyclosporiasis
- ☐ Dengue fever
- ☎ ☐ Dengue fever, locally acquired
- ! ☐ Diphtheria
- ☐ Eastern equine encephalitis
- ☐ Ehrlichiosis/anaplasmosis
- ☐ *Escherichia coli* infection, Shiga toxin-producing
- ☐ Giardiasis, acute
- ! ☐ Glanders
- ☐ Gonorrhea
- ☐ Granuloma inguinale
- ! ☐ *Haemophilus influenzae* invasive disease in child <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 woman or child <2 years old
- ☎ ☐ Herpes B virus, possible exposure
- ☐ Herpes simplex virus (HSV) in infant <60 days old
- ☐ HSV, anogenital in child <12 years old
- ☐ Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child <6 years old
- ☐ HPV, anogenital papillomas in child <12 years old
- ! ☐ Influenza A, novel or pandemic strains
- ☎ ☐ Influenza-associated pediatric mortality in child <18 years old
- ☐ Lead poisoning
- ☐ Legionellosis
- ☐ Leptospirosis
- ☎ ☐ Listeriosis
- ☐ Lyme disease
- ☐ Lymphogranuloma venereum (LGV)
- ☐ Malaria
- ! ☐ Measles (rubeola)
- ! ☐ Melioidosis
- ☐ Meningitis, bacterial or mycotic
- ! ☐ Meningococcal disease
- ☐ Mercury poisoning
- ☐ Mumps
- ☎ ☐ Neurotoxic shellfish poisoning
- ☎ ☐ Pertussis
- ☐ Pesticide-related illness and injury, acute
- ! ☐ Plague
- ! ☐ Poliomyelitis
- ☐ Psittacosis (ornithosis)
- ☐ Q Fever
- ☎ ☐ Rabies, animal
- ☎ ☐ Rabies, human
- ! ☐ Rabies, possible exposure
- ! ☐ Ricin toxin poisoning
- ☐ Rocky Mountain spotted fever or other spotted fever rickettsiosis
- ! ☐ Rubella
- ☐ St. Louis encephalitis
- ☐ Salmonellosis
- ☐ Saxitoxin poisoning (paralytic shellfish poisoning)
- ! ☐ Severe acute respiratory disease syndrome associated with coronavirus infection
- ☐ Shigellosis
- ! ☐ Smallpox
- ☎ ☐ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- ☎ ☐ Staphylococcal enterotoxin B poisoning
- ☐ *Streptococcus pneumoniae* invasive disease in child <6 years old
- ☐ Syphilis
- ☎ ☐ Syphilis in pregnant woman or neonate
- ☐ 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
- ! ☐ 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 above that is of urgent public health significance. Please specify:

Comments

Revised June 4, 2014

NOTES

Florida
HEALTH