



Florida Department of Health

Updates to Rule 64D-3.029

Focus Area: Surveillance

Guidance document number 2014-2

**Interim Guidance on Merlin Reporting for
County Health Departments (CHDs) Related to Updates to
Rule 64D-3.029, Florida Administrative Code**

Version 1.0 July 2, 2014

Note: This document may become outdated as situations change. Documents on this topic dated after July 2, 2014, supersede this one. This document will be posted on the Surveillance and Investigation Guidance website (<http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/surveillance-and-investigation-guidance/index.html>).

Summary:

- Updates to Rule 64D-3.029, *Florida Administrative Code (FAC)* became effective June 4, 2014.
- This rule includes the *Table of Reportable Diseases or Conditions to Be Reported* that dictates what health care practitioners and laboratories are required to report to the Florida Department of Health.
- These changes will affect county health department investigation and reporting practices. The Bureau of Epidemiology (BOE) is currently working to update Merlin to accommodate these changes.
- This guidance document summarizes the changes made to Rule 64D-3.029, *FAC*, the changes that will occur in Merlin, and provide guidance on reporting.
- Resources for health care practitioners and laboratories are available on the Disease Reporting Information for Health Care Providers and Laboratories website (www.floridahealth.gov/diseasereporting) and modifiable versions of these documents are available on the BOE intranet website (http://dohiws/Divisions/Disease_Control/epi/default.html).

Background:

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*.

Revisions have been made to the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, *FAC*, **effective June 4, 2014**. Revisions in 2014 were made in part to comply with the rule reduction initiative to simplify and streamline language in all of the *FAC*. Additional changes were made to reflect current public health needs for disease reporting and to align with national public health priorities.

The full text of the revised rule as well as materials and guidance documents for health care providers and laboratories for distribution are available on the Disease Reporting Information for Health Care Providers and Laboratories website (<http://floridahealth.gov/diseasereporting>).

Additionally, BOE is currently working case definition and Merlin updates to accommodate the updates to reportable diseases and conditions for the 2014 reporting year. Most of the changes will be in the next Merlin release, which is currently scheduled for mid-July. Below is guidance on how to handle reporting and documenting diseases that have been impacted by changes to Rule 64D-3.029, FAC.

A. Diseases removed from the *Table of Reportable Diseases or Conditions to Be Reported*

1. Diseases removed
 - a. Encephalitis, other (non-arboviral)
 - b. Endemic typhus fever (*Rickettsia typhi*)
 - c. Invasive Streptococcal disease, group A
 - d. *Staphylococcus aureus*, community-associated mortality
 - e. Toxoplasmosis
2. Merlin changes (completed July 1, 2014)
 - a. Disease codes were expired (i.e., old cases will still be accessible, but new cases cannot be added)
 - i. Encephalitis (Other, Non-Arboviral) – 03236
 - ii. Staphylococcus aureus, Community-Associated Mortality – 04111
 - iii. Streptococcal Invasive Disease (Group A) – 03400
 - iv. Toxoplasmosis – 13090
 - v. Typhus Fever, Endemic (*Rickettsia typhi*) - 08100
 - b. After disease codes are expired in Merlin, you will continue to be able to see existing cases, but you will not be able to make any updates to these cases.
3. Guidance
 - a. Cases can no longer be entered into Merlin.

B. Diseases added to the *Table of Reportable Diseases or Conditions to Be Reported*

1. Diseases added
 - a. Neonatal abstinence syndrome (NAS)
2. No Merlin changes will be made
3. Guidance
 - a. **No action needs to be taken by CHDs, health care providers or laboratories.**
 - b. 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.

C. Diseases updated in the *Table of Reportable Diseases or Conditions to Be Reported*

1. Arboviral infections
 - a. Update
 - i. Expanded to include any arboviral infections not specifically listed in the *Table of Reportable Diseases or Conditions to Be Reported*
 - b. Merlin changes (to be implemented in a future release scheduled for mid-July)

- i. New disease codes will be added for “Arboviral Disease, Other - 06000” and for “Chikungunya fever - 06540”.
 - ii. Each disease will have an extended data screen.
 - c. Guidance prior to Merlin release in mid-July
 - i. Prior to the Merlin release, please see document *Chikungunya Guidance for County Health Departments* for guidance on how to report chikungunya cases (available on the Bureau of Epidemiology intranet website (http://dohiws/Divisions/Disease_Control/epi/default.html)).
 - ii. For all other arboviral diseases that do not already have a disease code in Merlin, please contact Danielle Stanek (Danielle.Stanek@flhealth.gov) or Stephanie Moody-Geissler (Stephanie.Moody-Geissler@flhealth.gov).
 - d. Guidance after the Merlin release in mid-July
 - i. Report chikungunya cases as “Chikungunya Fever - 06540” and complete the extended data screen in Merlin.
 - ii. Disease codes already exist for many arboviral diseases (e.g., West Nile virus disease, St. Louis encephalitis, eastern equine encephalitis). Report any arboviral illness that does not fall into an existing disease code as “Arboviral Disease, Other - 06000” and complete the extended data screen in Merlin.
- 2. Possible exposure to herpes B virus
 - a. Update
 - i. Possible exposure to herpes B virus is now explicitly listed as reportable (previously captured under possible exposure to rabies).
 - b. Merlin changes (already complete)
 - i. “Monkey Bite - 07103” has already been renamed “Herpes B Virus, Possible Exposure - 07103”.
 - c. Guidance
 - i. Report all possible exposures to herpes B virus as “Herpes B Virus, Possible Exposure - 07103” in Merlin.
 - ii. Identified cases should not be reported as “Rabies, Possible Exposure - 07101” unless rabies post-exposure prophylaxis (PEP) was also recommended.
 - iii. If a bite results in possible exposure to herpes B virus **and** recommended rabies PEP, report the case as “Herpes B Virus, Possible Exposure – 07103” **and** “Rabies, Possible Exposure - 07101” in Merlin.
- 3. Vibriosis
 - a. Update
 - i. Vibriosis now includes other closely related species *Photobacterium damsela* (formerly *Vibrio damsela*) and *Grimontia hollisae* (formerly *Vibrio hollisae*).
 - b. Merlin changes (already complete)
 - i. “Vibriosis (*Vibrio hollisae*) - 00196” has been renamed “Vibriosis (*Grimontia hollisae*) - 00196”.
 - c. Guidance
 - i. Report all *Grimontia hollisae* infections as “Vibriosis (*Grimontia hollisae*) 00196” in Merlin and complete the extended data screen.
 - ii. Report all *Vibrio damsela* infections as “Vibriosis (Other *Vibrio* Species) - 00193” in Merlin and complete the extended data screen.

4. Rocky Mountain spotted fever
 - a. Update
 - i. Rocky Mountain spotted fever has been expanded to include expanded to include all spotted fever rickettsioses.
 - b. Merlin changes (to be implemented in a future release scheduled for mid-July)
 - i. The “Rocky Mountain Spotted Fever - 08200” disease code will expire (i.e., old cases will still be accessible, but new cases cannot be added).
 - ii. A new disease code for “Rocky Mountain Spotted Fever or Spotted Fever Rickettsiosis - 08309” will be created.
 - iii. All 2014 cases of “Rocky Mountain Spotted Fever - 08200” will automatically be transferred to “Rocky Mountain Spotted Fever or Spotted Fever Rickettsiosis - 08309” by the Merlin Team.
 - c. Guidance prior to Merlin release in mid-July
 - i. Continue to report all spotted fever rickettsiosis cases as “Rocky Mountain Spotted Fever - 08200” in Merlin.
 - d. Guidance after Merlin release in mid-July
 - i. Report all spotted fever rickettsiosis cases as “Rocky Mountain Spotted Fever or Spotted Fever Rickettsiosis - 08309” in Merlin and complete the extended data screen.

D. Separated health care provider and laboratory reporting requirements for some diseases in the *Table of Reportable Diseases or Conditions to Be Reported*.

1. *Haemophilus influenzae* invasive disease
 - a. Update
 - i. Health care providers and all laboratories: health care providers and all laboratories are required to report *H. influenzae* invasive disease in children <5 years old. Isolates from children <5 years old must be submitted to the Bureau of Public Health Laboratories (BPHL).
 - ii. Laboratories participating in ELR are required to report laboratory test results for *H. influenzae* from normally sterile sites among persons of all ages.
 - b. Merlin changes (to be implemented in a future release scheduled for August)
 - i. *H. influenzae* invasive disease will have auto-case creation in Merlin.
 - ii. *H. influenzae* invasive disease cases in people ≥5 years old will be auto-reported; only cases in children <5 years old will appear on county case task lists.
 - c. Guidance prior to Merlin release in August
 - i. CHDs only need to **investigate** *H. influenzae* invasive disease cases in children <5 years old.
 - ii. CHDs only need to ensure *H. influenzae* isolates are submitted to BPHL for children < 5 years old.
 - iii. For case reports received via ELR, continue to create and report *H. influenzae* invasive disease cases in people of **all** ages.
 - iv. For *H. influenzae* invasive disease case reports in people ≥5 years old received from physicians or via paper laboratory results, cases do not **need** to be investigated or created in Merlin (CHDs can **choose** to enter and report cases).
 - d. Guidance after Merlin release in August
 - i. Investigate and report all *H. influenzae* invasive disease cases in children <5 years old.

- ii. Ensure that *H. influenzae* isolates are submitted to BPHL for children <5 years old.
- iii. *H. influenzae* invasive disease cases identified via ELR in people ≥5 years old will be auto-reported (no county health department action required).
- iv. For *H. influenzae* invasive disease case reports in people ≥5 years old received from physicians or via paper laboratory results, cases do not **need** to be investigated or created in Merlin (CHDs can **choose** to enter and report cases).

2. *Streptococcus pneumoniae* invasive disease

- a. Update
 - i. Health care providers and all laboratories: health care providers and all laboratories are required to report *S. pneumoniae* invasive disease in children <6 years old.
 - ii. Laboratories participating in ELR are required to report laboratory test results for *S. pneumoniae* isolates from normally sterile sites among persons of all ages.
- b. Merlin changes (to be implemented in a future release scheduled for August)
 - i. *S. pneumoniae* invasive disease will have auto-case creation in Merlin.
 - ii. *S. pneumoniae* invasive disease cases in people ≥6 years old will be auto-reported; only cases in children <6 years old will appear on county case task lists.
- c. Guidance prior to Merlin release in August
 - i. CHDs only need to **investigate** *S. pneumoniae* invasive disease cases in children <6 years old.
 - ii. For *S. pneumoniae* invasive disease case reports in people ≥6 years old received from physicians or via paper laboratory results, cases do not **need** to be investigated or created in Merlin (CHDs can **choose** to enter and report cases).
 - iii. For case reports received via ELR, continue to create and report *S. pneumoniae* invasive disease cases in people of **all** ages.
- d. Guidance after Merlin release in August
 - i. Investigate and report all *S. pneumoniae* invasive disease cases in children <6 years old.
 - ii. *S. pneumoniae* invasive disease cases identified via ELR in people ≥6 years old will be auto-reported (no county health department action required).
 - iii. For *S. pneumoniae* invasive disease case reports in people ≥6 years old received from physicians or via paper laboratory results, cases do not **need** to be investigated or created in Merlin (CHDs can **choose** to enter and report cases).

E. Updated viral hepatitis reporting requirements for laboratories

- 1. Update
 - a. **All** laboratories should report:
 - i. Any associated viral hepatitis testing (positive and negative results) after an initial positive hepatitis result is received.
 - ii. All liver function test results.
 - iii. Pregnancy status at time of testing.

- b. Laboratories participating in **ELR** should report all associated viral hepatitis test results (positive and negative), including screening tests (positive and negative), and pregnancy status at time of testing.
 - 2. Merlin changes (to be implemented in a future release scheduled for August)
 - a. Merlin will automatically search for negative ELR results within 180 days of a positive hepatitis results and attach those results to cases.
 - b. If a positive result is received within 180 days of a previous negative result, the case will meet the acute case definition and Merlin will change an existing chronic case to acute, and the acute case will appear on the county case task list for further investigation and follow-up.
 - 3. Guidance
 - a. No action needs to be taken by county health departments.

F. Expanded antimicrobial resistance surveillance by requiring laboratories participating in electronic laboratory reporting (ELR) to report susceptibilities

- 1. Update
 - a. Laboratories participating in ELR must now report susceptibilities for all bacteria individually listed in the list of reportable diseases and conditions (e.g., *Neisseria meningitidis*, *Salmonella* species, *Neisseria gonorrhoeae*), as well as the organisms listed below:
 - Acinetobacter baumannii*
 - Citrobacter* species
 - Enterococcus* species
 - Enterobacter* species
 - Escherichia coli*
 - Klebsiella* species
 - Pseudomonas aeruginosa*
 - Serratia* species
- 2. Merlin changes (to be implemented in a future release not yet scheduled)
 - a. The antimicrobial resistance report in Merlin will be further developed.
- 3. Guidance
 - a. No action needs to be taken by county health departments.
- 4. Goal: to monitor overall changes in antimicrobial resistance patterns.

G. Updated influenza and respiratory syncytial virus (RSV) reporting for all laboratories participating in ELR

- 1. Update
 - a. Added reporting of all (positive and negative) influenza and respiratory syncytial virus (RSV) results for all laboratories participating in ELR
- 2. Merlin changes (to be implemented in a future release not yet scheduled)
 - a. An RSV Report similar to Flu Report will be developed in Merlin.
- 3. Guidance prior to future Merlin release
 - a. No action needs to be taken by county health departments.
- 4. Goal: to monitor the onset, peak, and wane of RSV and influenza seasons in Florida.

H. Expanded required isolate submission to the Bureau of Public Health Laboratories (BPHL)

- 1. Update
 - a. Expanded required isolate submission to BPHL to include:
 - Listeria monocytogenes*
 - Mycobacterium tuberculosis*

2. No Merlin changes will be made
3. Guidance
 - a. CHDs should provide assistance to ensure isolates are submitted to BPHL to support further characterization of the organism.

For further information, please contact the Bureau of Epidemiology at (850) 245-4401.

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