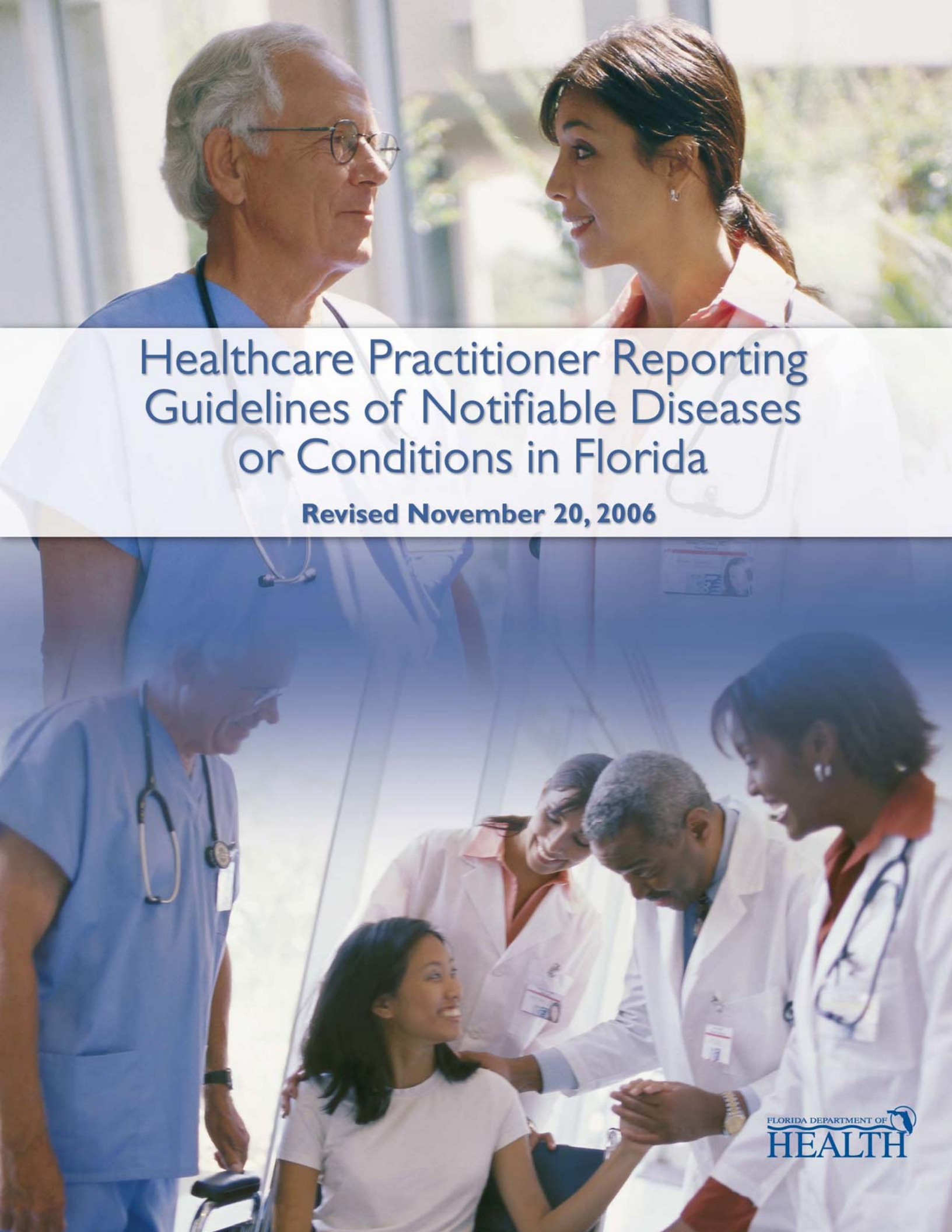

Healthcare Practitioner Reporting Guidelines of Notifiable Diseases or Conditions in Florida

Revised November 20, 2006

FLORIDA DEPARTMENT OF HEALTH

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, Chapter 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, Chapter 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 health care 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.

Effective with the November 20, 2006, revision of Chapter 64D-3 *F.A.C.*, 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* ("*Suspect Immediately*") should be reported 24 hours a day, seven days a week, so the appropriate public health response can be initiated in a timely and effective manner. Practitioners are also responsible for supplying 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 Chapter 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 Chapter 64D-3, *F.A.C.*, or other important reporting documents and guidelines, please visit http://www.doh.state.fl.us/disease_ctrl/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,

Russell W. Eggert, M.D., M.P.H.
Director
Division of Disease Control
Florida Department of Health

Max Salfinger, M.D.
Chief
Bureau of Laboratories
Florida Department of Health

Table of Contents

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 county health department 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 Community Environmental Health
Telephone: 850-245-4299
Confidential Fax: 850-922-8473
http://www.myfloridaeh.com/community/

- **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 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 above)

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 8-14 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 practitioner have different reporting requirements (see question 4 in this guide). Public health authorities justify this potential duplicity 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;
(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 requested by the county health department.

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 and telephone number, with area code of the provider requesting the test.

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 8-14 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 county health department, but rather directly to the statewide cancer registry, the Florida Cancer Data System (FCDS).
- Human Papilloma Virus cancer associated strains are reportable directly to Florida Department of Health, Bureau of STD Prevention and Control using the Florida Single Disease Report Form see VII.
- 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 above address 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 8-14 of this guide. For a description of the requirements for each Reporting Timeframe, see page 7 of this guide. (Reporting via telephone should be followed with 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, effective with the November 20, 2006, revision of Chapter 64D-3, *F.A.C.*, 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 as soon as possible, 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. 01/2003, or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003. Practitioners need to complete a 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, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715.

In addition, effective with the November 20, 2006, revision of 64D-3, *F.A.C.,* 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 refer her to the local county health department in writing. 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 any special reporting requirements for Tuberculosis?

Yes, practitioners should report positive TB diagnostic tests (Mantoux TB skin test, AFB smears, culture, and nucleic acid amplification) or positive histologic evidence indicative of tuberculosis infection or disease. All 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. The Department will provide mailing materials and pay mailing costs.

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 diagnosis 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 a hand held and/or on-site blood lead testing technology will also be impacted by the reporting requirement that requires all blood lead tests to be reported. Practitioners using these devices should also report the results of **all** blood lead tests performed regardless of result value to the Bureau of Community Environmental Health, Childhood Lead Poisoning Prevention Program, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1712, (850) 245-4277

14. Are laboratory results required to be reported electronically?

Yes, effective with the November 20, 2006, revision of Chapter 64D-3, F.A.C. 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 should check with laboratory facilities with which they regularly contract to ensure the laboratories are aware of this change and are pursuing electronic laboratory reporting compliance. 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 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. What needs to be reported by practitioners regarding Human Papilloma Virus (HPV) cancer associated strains?

Practitioners need only to report the presence of cancer associated strains of HPV, not all abnormal cytologies/histologies. The most likely way practitioners will have knowledge of the presence of high risk HPV strains is through positive laboratory reports on Digene HPV tests.

16. 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 appropriate 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 business day shall be made to the county health department after-hours duty official. If unable to contact the county health department, 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 closure of the county health department next business day following confirmatory testing or diagnosis.

*4. "**Other**"* – Other reporting timeframe. Specific timeframes are specified 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 appropriate 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						
	Reporting Timeframe					Reporting Timeframe					
Notifiable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Agents, Notifiable Laboratory Requests and Results	Suspect Immediately	Immediately	Next Business Day	Other	Submit isolates or specimens for confirmation‡	Findings to Report to Public Health
Any disease outbreak in a community, hospital or institution; foodborne or waterborne outbreak; any grouping or clustering of patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism	!	☎			Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism	!	☎				Positive by any method
Acquired Immune Deficiency Syndrome (AIDS)				2 Wk	Not Applicable						
Anthrax	!	☎			*Bacillus anthracis*	!	☎			✉	Positive by any method
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 culture
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)
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						
Clostridium perfringens, epsilon toxin (disease due to)			X		*Clostridium perfringens,* epsilon toxin			X			Isolation from clinical specimen or detection of the epsilon toxin by ELISA from same isolation
Congenital anomalies ¤				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

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
	Reporting Timeframe					Reporting Timeframe					
Notifiable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Agents, Notifiable Laboratory Requests and Results	Suspect Immediately	Immediately	Next Business Day	Other	Submit isolates or specimens for confirmation‡	Findings to Report to Public Health
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, human granulocytic (HGE)			X		*Ehrlichia phagocytophilia*			X			Positive by any method
Ehrlichiosis, human monocytic (HME)			X		*Ehrlichia chaffeensis*			X			Positive by any method
Ehrlichiosis, human other or unspecified agent			X		*Ehrlichia* 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, positive shiga toxin in stool
Enteric disease due to other pathogenic *Escherichia coli*		☎			*Escherichia coli,* non O157:H7		☎				Positive *E. coli* culture, positive shiga toxin in stool, including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, enteroaggregative strains and shiga toxin positive strains
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: quinolones, floraquinolones, 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)

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*		
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 6 months with disseminated infection with liver involvement, encephalitis & infections limited to skin, eyes and mouth; anogenital in children ≤12 yrs of age§			X		Herpes simplex virus (HSV) 1 or Herpes simplex virus 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)†				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
Human immunodeficiency virus (HIV) exposed newborn, infant ≤ 18 months of age born to a HIV infected woman			X		Not Applicable						
Not Applicable					CD-4 absolute count and percentage of total lymphocytes				3 Day		All CD4s, with or without confirmed HIV infection
Human papilloma virus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs, anogenital in children ≤12 yrs of age§			X		Human papilloma virus (HPV)			X			DNA
Human papilloma virus (HPV) cancer associated strains ⌂;			X		Human papilloma virus (HPV)			X			DNA typing of HPV strains 16, 18, 31, 33, 35, 36, 45. Abnormal histologies consistent with Bethesda 2001 Terminology of ASC-US, ASC-H, HSIL, LSIL, CIN 1, CIN 2, CIN 3 and AGC to the Bureau of STD Prevention and Control; reports must be received electronically in HL-7 format
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

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		
Lead poisoning, (lead results indicative of lead poisoning: blood lead level ≥ 10 µg/dL)			X		Lead, all blood lead tests with detectable blood lead values			X			All blood lead tests performed; report electronically to Bureau of Community Environmental Health, Childhood Lead Poisoning Prevention Program
Legionellosis			X		*Legionella* species			X			Positive culture, nucleic acid amplification, DFA, positive immunohistochemistry 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 culture 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
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 ≥20µg/dL in urine, ≥20µg/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

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*		
Poliomyelitis	!	☎			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††	!	☎			Not Applicable						
Ricin poisoning/toxicity	!	☎			Ricin toxin	!	☎			✉	Positive by any method
Rocky Mountain spotted fever			X		*Rickettsia rickettsii*			X			Positive by any method
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						Positive culture
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 culture
Smallpox	!	☎			Variola virus (orthopox virus)	!	☎			✉	Positive by any method
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).
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

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		
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
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) §§			X		*Mycobacterium tuberculosis* complex §§			X			Positive 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 typhi*		☎			✉	Positive culture
Typhus fever (endemic)			X		*Rickettsia felis, R. typhi*			X			Positive by any method
Typhus fever (epidemic)	!	☎			*Rickettsia prowazekii*	!	☎			✉	Positive by any method
Vaccinia disease	!	☎			Vaccinia virus	!	☎			✉	Positive by any method
Varicella (Chickenpox)◊; 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 culture
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 Bureau of Laboratories for confirmation and/or additional characterization of the organism. Contact information for the Bureau of Laboratories is found on page 1 of this guide.

b. Persons submitting specimens for reportable laboratory tests to the 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.

¶ 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.

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

† 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 **Retrovirology Department** at the Bureau of Laboratories-Jacksonville or Bureau of Laboratories-Miami.

c. 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 Bureau of Laboratories. Laboratories that use a nationally-based laboratory for confirmatory HIV testing should contact their representative at that laboratory to ensure they are shipping specimens directly to a STARHS laboratory.

d. Information below describes the specimen transport model that originating laboratories should use to ship remnant diagnostic blood or serum specimens to the Bureau of Laboratories for testing for recent HIV-1 infection using STARHS.

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°C) is acceptable, but for long term storage (more than one week), samples must be frozen at -20°C 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 DHL to off-set shipping costs incurred by the screening laboratory. For additional specimen mailing containers or DHL labels, please contact the Bureau of HIV/AIDS, HIV Incidence Surveillance Coordinator (850) 245-4430. Note: If DHL does not make regular pick-ups at your facility, call the carrier to schedule pick-up, DHL (800) 225-5345.

⌂ Practitioners need only to report the presence of cancer associated strains, not all abnormal cytologies directly to the Bureau of Sexually Transmitted Diseases Prevention and Control.

†† 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 and/or quarantine of, the animal causing the exposure; or

b. That is capable of transmitting herpes B viruses (includes exposures from non-human primates).

§§ Special reporting requirements for Tuberculosis:

a. Test results must also be submitted by laboratories to the Bureau of Tuberculosis and Refugee Health;

b. All 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. The Department will provide mailing materials and pay mailing costs

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

VI. One Page Practitioner Guide

Reportable Diseases/Conditions in Florida Practitioner* Guide 12/06

Did you know that you are required by Florida statute to report certain diseases to your local public health department?**

* Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3

- Any disease outbreak (in a community, hospital or other institution or a foodborne or waterborne outbreak)
- Any grouping or clustering (patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism)
- Acquired Immune Deficiency Syndrome (AIDS) +
- Anthrax
- 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) +
- Chancroid
- Chlamydia
- Cholera
- Ciguatera fish poisoning (Ciguatera)
- *Clostridium perfringens*, epsilon toxin (disease due to)
- 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 [human granulocytic (HGE), human monocytic (HME), human other or unspecified agent]
- Encephalitis, other (non-arboviral)
- Enteric disease due to:
  - *Escherichia coli*, O157:H7
  - *Escherichia coli*, Other (known serotype)
- Giardiasis (acute)
- 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 six (6) months of age 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) (all, and including neonates born to an infected woman, exposed newborn) +
- Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs; cancer associated strains)
- Influenza due to novel or pandemic strains
- Influenza-associated pediatric mortality (in persons aged < 18 yrs)
- Lead poisoning
- 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
- 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* (with intermediate or full resistance to vancomycin, VISA,VRSA)
- Staphylococcus enterotoxin B
- 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 (epidemic)
- Typhus fever (endemic)
- 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

= Report immediately upon initial suspicion or laboratory test order, 24/7 by phone

= Report immediately upon diagnosis or test result, 24/7 by phone

Report next business day

+= Other reporting timeframe

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: **850-245-4401** **http://www.doh.state.fl.us/disease_control/epi/index.html**

****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 DOH 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/surv/FL_Single_Disease_Report_v8a.pdf.

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

Notes

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

Bonita J. Sorensen, M.D., M.B.A.
Deputy State Health Officer