

Mission:  
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott  
Governor

**Celeste Philip, MD, MPH**  
Interim State Surgeon General

Vision: To be the Healthiest State in the Nation

FLORIDA DEPARTMENT OF HEALTH, POLK COUNTY

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POLK.FLORIDAHEALTH.GOV

## REPORT SUSPECTED CASES OF ZIKA FEVER IMMEDIATELY, UPON INITIAL SUSPICION TO YOUR COUNTY HEALTH DEPARTMENT

# EPI - Gram

## REPORT SUMMARY—ISSUE 5, MAY 2016

- Surveillance from participating hospitals that are used to monitor Influenza-Like- Illness (ILI) in Polk County have seen three consistent weeks of increased ILI activity beginning week 7 of 2016. The data suggests that influenza activity peaked between weeks 7 and 11.
- May 23-29, 2016, marks the 12th annual Healthy and Safe Swimming Week. As we enter into the summer months, healthcare providers are asked to be on the lookout for illnesses related to recreational water use.
- The Florida Department of Health releases daily updates in regards to the number of Zika cases. You can find this information at <http://www.floridahealth.gov/newsroom/all-articles.html>
- Health Departments across Ohio, Massachusetts, and Indiana are investigating several laboratory confirmed and probable cases of Mumps.

## REPORTABLE DISEASE SUMMARY:

In April 2016, the Epidemiology Program of the Florida Department of Health in Polk County (FDOH-Polk) investigated a total of 115 reportable diseases.

To date, confirmed and probable cases of Varicella (chickenpox) (16) remain above the previous 5-year average (10.4). In the month of April, FDOH-Polk Epidemiology investigated five cases of Varicella, where the previous 5-year average for the month was 1.8.

Through May 11, 2016, the FDOH-Polk Epidemiology Program has investigated and identified three confirmed Zika cases within the county, including the first sexually transmitted case identified in Florida.

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### SPECIAL POINTS OF INTEREST

- Zika Fever: "Think Zika" Poster
- Healthy and Safe Swimming Week: "Check out Health and Safe Swimming"
- Mumps Outbreak at Multiple Universities

**Outbreaks of any disease are reportable, and the Florida Department of Health in Polk County should be notified 24/7 by phone at (863) 519-8300, or after hours at (863) 413-2620.**

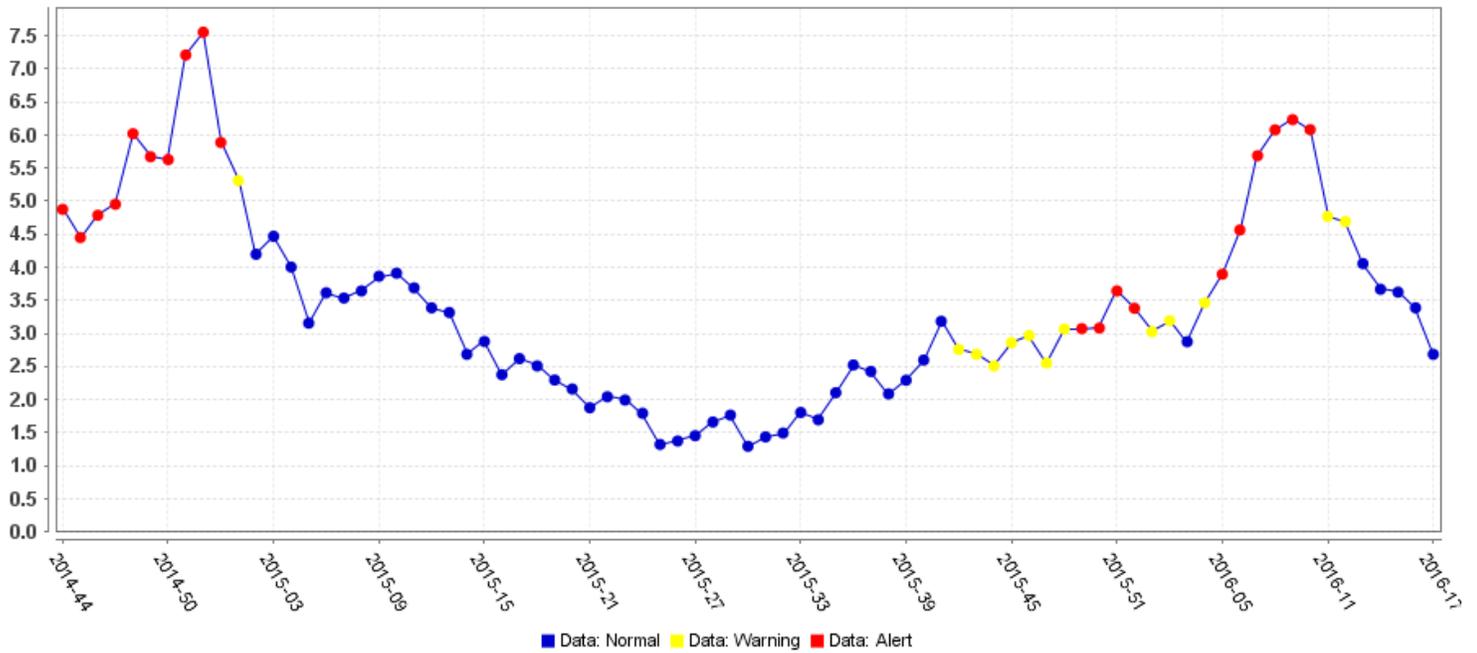
TABLE 1: PROVISIONAL CASES OF SELECTED NOTIFIABLE DISEASES, POLK COUNTY, FLORIDA, APRIL 2016

\* MEAN OF THE NUMBER OF CASES OF THE SAME MONTH IN THE PREVIOUS FIVE YEARS

Disease	POLK					FLORIDA				
	April		Mean*	Cumulative (YTD)		April		Mean*	Cumulative (YTD)	
	2016	2015		2016	2015	2016	2015		2016	2015
<b>Vaccine Preventables</b>										
Mumps	0	0	0	0	0	0	0	0	5	3
Pertussis	0	1	1	3	4	18	32	47	94	129
Varicella (Chickenpox)	5	1	1.8	16	17	60	75	85.6	315	307
<b>CNS Disease &amp; Bacteremias</b>										
Haemophilus influenzae Invasive Disease	1	0	1.6	4	1	93	23	27.8	165	107
Meningitis: Bacterial or Mycotic	1	1	0.2	3	3	12	10	12.8	46	41
Meningococcal Disease	0	0	0	0	1	1	1	4.4	6	14
Strep pneumoniae Invasive Disease: Drug-Resistant	0	0	2	3	2	27	12	43	97	71
Strep pneumoniae Invasive Disease: Drug-Susceptible	1	2	2.4	6	10	74	19	42.4	216	129
<b>Enteric Infections</b>										
Campylobacteriosis	8	9	12	38	25	111	192	174.4	550	754
Cryptosporidiosis	0	3	1.6	6	16	19	36	34.2	122	174
Escherichia coli: Shiga Toxin-Producing (STEC) Infection	0	0	0	1	3	5	12	8	43	46
Giardiasis: Acute	0	0	2.8	6	5	58	75	78.8	306	316
Salmonellosis	7	16	16.8	32	50	234	401	359	1099	1161
Shigellosis	2	15	8.8	9	47	41	137	184.8	181	581
Vibriosis (Grimontia hollisae)	1	0	0	1	0	1	0	0	1	1
<b>Viral Hepatitis</b>										
Hepatitis A	0	1	0.6	1	2	12	9	10.6	34	36
Hepatitis B: Acute	0	2	0.8	3	5	23	37	31	160	158
Hepatitis B: Chronic	8	9	4.8	27	25	461	497	388.2	1745	1849
Hepatitis B: Perinatal	0	0	0	0	0	0	0	0	0	0
Hepatitis B: Surface Antigen in Pregnant Women	0	1	1.2	3	2	17	43	42.4	94	166
Hepatitis C: Acute	4	2	0.6	7	2	11	12	16.8	81	64
Hepatitis C: Chronic	33	51	39	147	206	2102	2295	1785	9098	8737
<b>Vector Borne, Zoonoses</b>										
Hansen's Disease (Leprosy)	0	0	0	0	2	0	2	0.8	1	9
Lyme Disease	0	0	0.2	4	0	3	8	4.4	25	17
Rabies: Possible Exposure	2	27	11	45	83	215	300	232.4	963	1092
Zika Fever	0	0	0	3	0	15	0	0	98	0
<b>Other</b>										
Carbon Monoxide Poisoning	0	1	0.2	0	4	20	14	6.8	69	76
Creutzfeldt-Jakob Disease (CJD)	0	1	0.2	0	1	0	2	2.4	0	8
Lead Poisoning	3	2	3.8	6	5	68	63	69.8	211	217
Legionellosis	1	0	0.2	3	2	12	20	16.2	83	112
Listeriosis	0	0	0	0	1	4	4	2.2	8	9
Pesticide-Related Illness and Injury: Acute	0	0	0.2	0	0	0	2	2.6	0	2

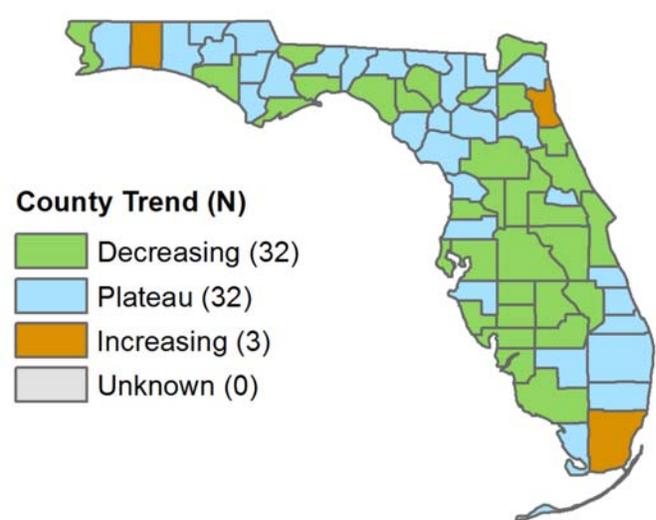
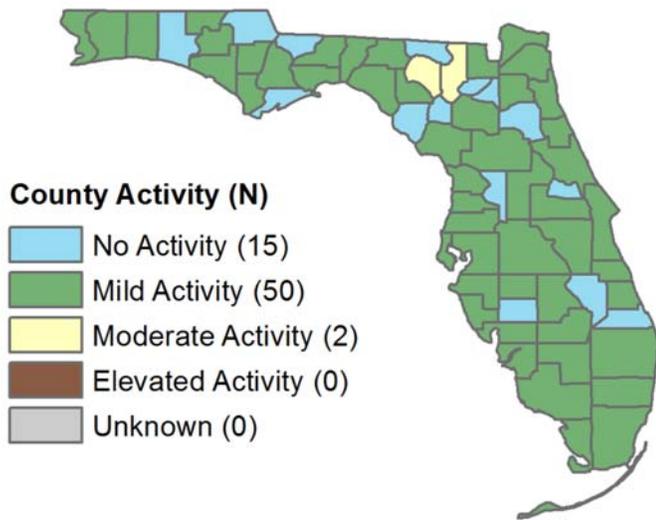
FIGURE 1: ESSENCE WEEKLY PERCENTAGE OF ILI EMERGENCY DEPARTMENT VISITS, POLK COUNTY PARTICIPATING HOSPITALS (N=5), WEEK 44, 2014 TO WEEK 17, 2016

Weekly Percentage



MAP 1: COUNTY INFLUENZA ACTIVITY LEVEL

MAP 2: COUNTY INFLUENZA ACTIVITY TREND



## FLU SUMMARY

The number of visits identified through ESSENCE to local emergency department for ILI decreased during the month of April in Polk County in comparison to previous weeks. Although flu is on the decline, numbers through the month are still above baseline

The state of Florida reported sporadic activity to the Centers for Disease Control and Prevention (CDC) in week 17 of 2016 with Influenza A 2009 H1N1 being the most predominate circulating strain. The most recent reports are posted at <http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html>

Nationally, influenza levels continue to decrease; data suggests that influenza activity peaked nationally around week 10 of 2016, which coincided with the peak in Florida.

ESSENCE: The Electronic Surveillance System for Early Notification of Community-based Epidemics is a bio-surveillance system that collects emergency department chief complaint data from participating hospitals and urgent care centers in Florida. Polk County has 5 participating hospitals.

National Healthy Swimming and Safe Swimming Week encourages the public to: check the latest inspection results for public pools, water playgrounds, hot tubs/spas, and other venues before swimming; and to complete their own simple and short inspection checklist before getting in the water.

SHARE  
THE FUN...  
not the germs



Remember,  
we share the  
water—and the  
germs in it—with  
everyone.

**Protect yourself, your family, and your friends from germs in the water!**

Pools, waterparks, hot tubs, splash pads, and spray parks are great places to have fun, be active, or just relax. But you can get sick if germs contaminate the water.

People who get into the water can carry in and spread germs.

Follow these **4 easy steps** to help keep germs out of the water and **stay healthy**:

- 1 Stay out of the water if you have diarrhea.
- 2 Shower before you get in the water.
- 3 Don't pee or poop in the water.
- 4 Don't swallow the water.

Why is this so important?

If you get into the water when you have diarrhea, **you could make others sick.**

Most outbreaks linked to the water we swim, relax, and play in are outbreaks of diarrhea. These outbreaks are caused by germs like *Cryptosporidium* (or "Crypto" for short), norovirus, and *E. coli*.

These germs—sometimes millions at a time—can spread when someone who is sick has diarrhea in the water. Other people can get sick if they swallow the germ water—even just a mouthful.

Even when it's treated properly with chemicals, **the water can still have germs.**

Pool chemicals, like chlorine or bromine, are added to the water to kill germs. But they don't work right away. If used properly, they can kill most germs within a few minutes. However, some germs, like Crypto, can live in properly treated pool water for several days.

**Let the chemicals use their power on germs**—not on your pee, poop, sweat, and dirt.

The job of pool chemicals is to kill germs. But when pee, poop, sweat, and dirt rinse off our bodies and into the pool water, the chemicals break down these other things instead of killing germs. This uses up the chemicals' power, which means there's less to kill germs. That's why it's important to **follow the 4 easy steps.**

Did you know that germs in the water can also cause skin, ear, and lung infections?



and make  
a healthy splash!



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

To receive email alerts about the addition of new resources to the Healthy Swimming website and updates to currently available resources, go to the healthy swimming homepage, <http://www.cdc.gov/healthywater/swimming/> and enter your email address in the "get email updates" box on the right side of the page.

## Keep the pee, poop, sweat, and dirt out of the water!

Without your help, even properly treated pool water can spread germs.

### Smell that "chlorine"? It's not what you think.

What you smell are actually chemicals that form when chlorine mixes with pee, poop, sweat, and dirt from swimmers' bodies. Yuck! These chemicals—not chlorine—can cause your eyes to get red and sting, make your nose run, and make you cough.

Healthy pools, waterparks, hot tubs, splash pads, and spray parks don't have a strong chemical smell.

### Shower before you get in.

Showering for just 1 minute removes most of the dirt or anything else on your body that uses up pool chemicals.

### Keep the "poo" out of the pool!

Swim diapers and swim pants can hold in solid poop for a few minutes, but they are not leak proof.

Swim diapers and swim pants do NOT stop germs or diarrhea from getting into the water.

60 min

**Every hour—everyone out!**  
If you're at the pool for the day, build in a break for kids and adults at least every hour.

- Take kids on bathroom breaks.
- Check diapers, and change them in a bathroom or diaper changing area—not poolside—to keep germs away from the pool.
- Reapply sunscreen.
- Drink plenty of fluids.

Don't poop or pee in the water.

Don't swallow the water.  
Avoid getting it in your mouth.

### Know the pool is safer.

- See the bottom of the pool even at the deep end.
- Smell little or no chemical odor.
- Ask to see inspection results.
- Use test strips to check pool chemical levels.

Stay out of the water if you have diarrhea!



Learn more at [www.cdc.gov/healthyswimming](http://www.cdc.gov/healthyswimming)

Please visit <http://www.cdc.gov/healthywater/swimming/audience-medicalprofessionals.html> for more resources geared towards informing medical professionals about recreational water illnesses (RWIs), and tools to assist healthcare professionals in instructing parents to keep their children out of recreational water while they are ill with diarrhea.

# Safe swimming

## Talk to parents about preventing recreational water illnesses

by Mei L. Castor, M.D., M.P.H.

The parents of a toddler-aged patient come to your office this summer after their child has recent onset of diarrhea. After the workup, you begin to discuss your assessment and plan with the parents. They mention that they are planning to visit a water park in the next several days and want to know if it is OK for their child to swim.



Dr. Castor

Before answering this question, it may be useful to review some information on recreational water illnesses (RWIs).

### What are RWIs?

RWIs refer to illnesses associated with use of recreational water venues such as swimming pools, hot tubs, water parks, beaches and the ocean. Numerous associations have been found between swimming in recreational water venues and subsequent illness.

RWIs comprise a broad spectrum of illnesses, including infections of the skin, eye, ear, respiratory, neurologic and gastrointestinal systems. Waterborne pathogens that have emerged as significant contributors to RWIs include the Norwalk-like viruses, *Escherichia coli* O157:H7 and the parasites *Cryptosporidium* and *Giardia*.

Infections with certain waterborne pathogens may have serious and life-threatening consequences, particularly in high-risk groups such as the immunosuppressed, pregnant women, the elderly and the young. Infections with *E. coli* O157:H7 may have disastrous consequences in the pediatric and elderly population when hemolytic uremic syndrome develops as a sequela. Another example is the significant morbidity associated with *Cryptosporidium* infections in the immunosuppressed population.

### RWIs increasing

Outbreaks of gastrointestinal illness associated with recreational water venues are on the rise.



Surveillance conducted by the Centers for Disease Control and Prevention (CDC) and the states has revealed a startling increasing trend over the past two decades (*MMWR Surveill Summ.* 2002;51:1-47). This emergence is due primarily to RWI outbreaks in the disinfected water arena as opposed to the natural water venues.

Several factors are likely contributors to the emergence of RWIs.

Many of the waterborne pathogens responsible for outbreaks are commonly found in the environment and the population. Some, such as *Cryptosporidium*, display chlorine-resistance and therefore may survive for days in swimming pools despite adequate chlorination.

Many of the pathogens have low infectious doses and can be shed for weeks even after diarrhea ends.

Diarrhea also is a common phenomenon, with surveys showing that 11% of the population has experienced diarrhea in the past month (*Emerg Inf Dis.* 1999;5:607-625).

Finally, swimming is a popular activity. It has ranked as the second most popular form of exercise in the United States, with more than 368 million person-visits annually to swimming venues, according to the U.S. Bureau of the Census.

### Sources of contamination

The route of contamination for recreational water venues varies. Natural water venues may be contaminated by infected animals defecating in watershed areas or by point source contamination (e.g., sewage effluent).

In all settings, fecal accidents as well as swimmers' bodies serve as potential sources of contamination. Fecal accidents are common, particularly in venues frequented by diapered and toddler-aged children. Showering before entering pools is a good hygiene habit that may be largely ignored. Swimming venues are environments of communal bathing and shared bathing water that may facilitate the exchange of waterborne pathogens.

Disinfected recreational water

venues provide some challenges for RWI prevention and control measures. Disinfected water venues have the potential to become contaminated when there is poor facility maintenance, resulting in inadequate disinfectant levels. In this setting, pathogens normally sensitive to chlorine, such as *E. coli* O157:H7, may spread to other swimmers. In addition, even with adequate disinfectant levels, chlorine-resistant pathogens such as *Cryptosporidium* and *Giardia* may survive to pose a health threat to swimmers.

### False sense of security

Despite this, there is an overall perception that swimming pools are always safe and uncontaminated.

The CDC conducted focus groups with parents of young children to understand how parents perceive the potential for disease transmission in swimming pools. CDC researcher Michael Beach, Ph.D., found that "many parents believed that pool water is sterile and that chlorine kills everything instantaneously. There was no awareness of the potential for swimming pools to spread illness.

"We need to get rid of these myths that contribute to the belief that chlorinated swimming pools cannot spread disease," Beach continued. "In helping the public to understand the potential for this, we can help to change swimming behaviors that will prevent disease transmission in the future."

Prevention and control strategies address issues of inadequate maintenance at disinfected water venues. However, human behavior and habits play a pivotal role in the occurrence of RWIs. A swimmer ill with diarrhea may contaminate a pool and create a risk for other swimmers.

In addition, amplification of an RWI outbreak within a community may occur due to ill swimmers who continue to swim despite their symptomatology. Multiple outbreak investigations have demonstrated that transmission occurs in all age groups, allowing spread of the outbreak to child care facilities, schools, nursing homes, etc.

### Getting the message out

The CDC has been promoting healthy swimming through its Web site, [www.cdc.gov/healthyswimming](http://www.cdc.gov/healthyswimming). The Web site provides information for the general public, pool staff, public health practitioners, travelers and health care providers. To meet the needs of these varied audiences, there is a spectrum of topics from specifics on waterborne pathogens and RWIs to disinfection guidelines for pool staff. For health care providers, there are fact sheets, question-and-answer sheets, brochures and posters that may be printed out for use in clinic waiting rooms or as handouts for patients.

The message of healthy swimming for the public is not that we shouldn't participate in swimming, but rather we should practice healthy swimming habits. Healthy swimming messages that should be communicated to parents and patients include:

- Do not swim when you have diarrhea (especially important for children in diapers).

You wouldn't drink the water you bathe in.



Why would you drink the water you swim in?

[www.healthyswimming.org](http://www.healthyswimming.org)



The CDC offers a variety of materials on recreational water illnesses to health care providers, including the poster above.

- Do not swallow pool water.
- Practice good hygiene with a shower before swimming and washing hands after using the toilet or changing diapers.
- Take your kids on bathroom breaks or check diapers often.
- Change diapers in a bathroom and not at poolside.
- Wash your child thoroughly (especially on the rear end) with soap and water before swimming.

It also may be judicious to recommend that patients ill with infectious diarrhea refrain from swimming for up to two weeks after cessation of diarrhea, particularly if they are infected with *Cryptosporidium* or *Giardia*, which may be excreted for several weeks even after symptom resolution.

The clinical scenario presented at the beginning of this article raises the issue of whether a child with diarrhea should be swimming. When health

care providers advise the parents of a child ill with diarrhea not to swim, they play a critical role in keeping recreational water venues clean and free from disease transmission. Routine guidance for diarrheal illness may extend beyond individually focused advice such as rehydration and bland diets to encompass preventive messages for the patient's community.

In addition, by providing anticipatory guidance about healthy swim-

ming behaviors to parents at well-child visits, health care providers play a critical role in keeping children and their communities healthy.

Health care providers who educate parents of both ill and healthy children have the opportunity to help keep the bath water clean and the baby healthy.

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*Dr. Castor is a preventive medicine resident at the Centers for Disease Control and Prevention.*

**REPORT SUSPECTED CASES OF ZIKA FEVER IMMEDIATELY, UPON INITIAL SUSPICION TO YOUR COUNTY HEALTH DEPARTMENT**



# Think Zika

Florida Department of Health • FloridaHealth.gov

## 1. IDENTIFY



Ask the patient about travel to areas with Zika virus activity.



Ask if the patient or fellow-travelers became ill while traveling or during the two weeks after return, and reported two of the following:

FEVER  
RASH  
JOINT PAIN  
CONJUNCTIVITIS

## 2. TEST

Order a Zika virus test for a pregnant woman who has traveled during pregnancy. Consider an ultrasound to determine if microcephaly or intracranial calcifications are present in the fetus.



For all travelers with symptoms, immediately contact your local health office to request Zika virus testing.

Test for dengue and chikungunya if the patient or fellow-travelers reported fever.

## 3. REPORT



Report any suspect Zika, dengue or chikungunya cases to your local health office **immediately** to ensure appropriate confirmatory testing and mosquito control.

For the Florida Department of Health in Polk County, call **863-519-8300**.

Afterhours:  
**863-413-2620**

Number of Mumps Cases by Year Since 2010

Year	Cases
2010	2,612
2011	370
2012	229
2013	584
2014	1,223
2015*	1,057
2016**	727

\*Cases as of January 2, 2016. Case count is preliminary and subject to change.

\*\*Cases as of April 29, 2016. Case count is preliminary and subject to change

Source: <http://www.cdc.gov/mmwr/publications/index.html>

Mumps is no longer very common although in some years there are more cases of mumps than usual because of outbreaks. As of April 29, 2016 the Centers for Disease Control and Prevention reported 727 case of mumps while the previous five-year average was 692.6.

Recently three universities from Ohio, Massachusetts, and Indiana reported numerous active cases of mumps. Students will be returning to their homes across the country as the semester comes to an end. Given the number of potentially exposed individuals and the long incubation period (12-25 days), there may be students that become ill after leaving their respective schools.

**Please report any confirmed or suspect cases to the Florida Department of Health in Polk County by phone at (863)519-8300 or after hours at (863)413-2620.**

**Director** (863) 519-7900

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Tracey Murvin Ext. 10112

**STD** (863) 519-8233

James Hinson Ext. 11200

**Environmental Health** (863) 519-8300

John Cook Ext. 12100

# 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?

To Report In Polk County:

Epidemiology Unit:	(863) 519-8300	Fax: 519-8306
Hepatitis Unit:	(863) 519-8240	Fax: 519-8639
TB Unit:	(863) 965-6259	Fax: 965-6262
STD Unit:	(863) 519-8722	Fax: 519-8737
HIV Unit:	(863) 519-7900	Ext. 11236
Animal Services:	(863) 499-2600	Fax: 499-2603

Emergency After Hours: (863) 413-2620

- ! 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
  - Gonorrhoea

- 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 1 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..."