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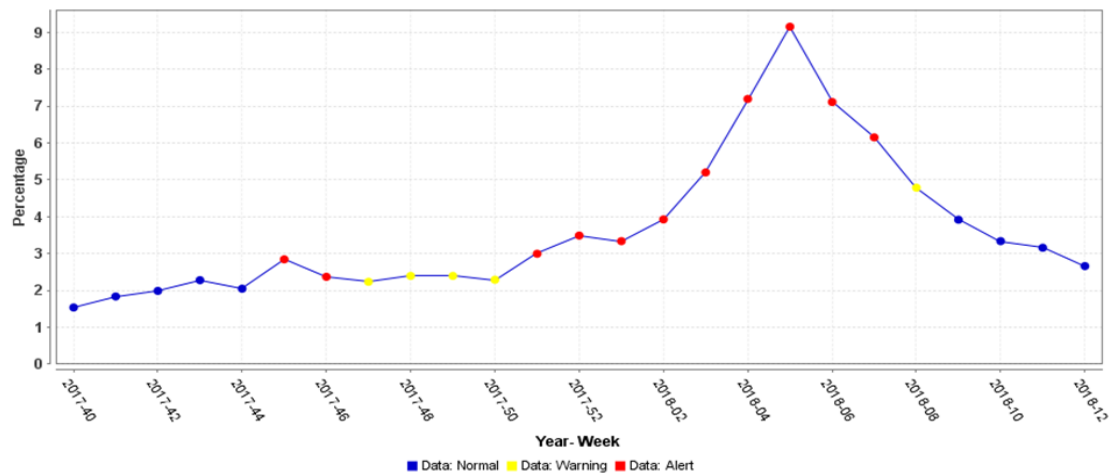
2017-18 Flu Season Coming to an End

By Suzi Turner

The goal of influenza surveillance is to detect changes in the influenza virus, detect outbreaks, and identify severe presentations of influenza infection. Palm Beach County relies on a variety of surveillance systems which include syndromic data from hospital emergency department visits, positive influenza laboratory results from hospitals and private physicians, school health reports, and influenza-specific reports from long-term care facilities.

Since October 1, 2017, the official start of the 2017-2018 influenza season, the Palm Beach County Epidemiology Department has investigated 40 influenza outbreaks. As of week 13 (ending March 31, 2018) 484 outbreaks of influenza and influenza-like-illness (ILI) have been reported statewide since the beginning of the 2017-18 season. Across Florida, seven influenza-associated pediatric deaths have been confirmed this influenza season. At this period in the flu season, Influenza A activity has steadily decreased over the last few weeks in Palm Beach County. However, Influenza B cases are increasing slowly. This late-season circulation of Influenza B is associated with a second yet milder wave. Nationally and across Florida, influenza A (H3) has been the most common strain of influenza identified.

ESSENCE Weekly Percentage of ILI Visits, Palm Beach County Hospitals (n=15), 2017-2018



Similar to that of Florida, influenza activity has decreased nationally but remains well above the national baseline at this time. State data indicates that influenza activity peaked during week 5 (ending February 3, 2018). The Centers for Disease Control and Prevention (CDC) reported a preliminary interim vaccine efficacy estimate of 36%. Of note, CDC estimated vaccine efficacy against influenza A (H3N2) viruses among children aged 6 months – 8 years to be 51% (Flannery et al., 2018). **The CDC continues to recommend vaccination now and as long as influenza viruses are circulating. The Florida Department of Health recommends that sick people stay home until fever-free for at least 24 hours (without the use of fever-reducing medication), and that everyone use good handwashing practices.** Source: <http://dx.doi.org/10.15585/mmwr.mm6706a2>

Mosquito Season Precautions

By Sydney Agnew

The return of warmer weather and afternoon thunderstorms during our Florida summer also leads to the dreaded increase of mosquitoes. Besides causing annoying, itchy bites, mosquitoes can carry viral or parasitic diseases that can range from mild illness to extremely severe. Mosquito-borne diseases that are native to Florida include West Nile Virus, Eastern Equine Encephalitis (EEE), and St. Louis Encephalitis (SLE). Local transmission of other viruses such as Yellow Fever, Dengue Fever, Zika Fever, Chikungunya Fever, and Malaria have occurred in Florida and are monitored closely. It's extremely important to stop mosquitoes from living and multiplying by draining any standing water around your home or business, covering your skin with clothing, using mosquito repellent while outside, and making sure all doors and windows are covered with screens to prevent mosquitos from entering the house. Contrary to popular belief, different species of mosquitos actually tend to bite during the day, so make sure to wear your mosquito repellent if you're planning on doing any sort of outdoor activity.

Yellow Fever Outbreak in Brazil

By Ana Howerton

Yellow fever is a viral infection caused by the yellow fever virus. The infection is endemic in some areas of Africa and South America and is transmitted by the bite of infected mosquitoes of the genus *Aedes* and *Haemagogus*. The incubation period is 3 to 6 days after being bitten by an infected mosquito. Most of the people infected with the virus are asymptomatic or have mild symptoms such as fever, headaches, muscle aches, nausea, vomiting, and fatigue. However, a small percentage of patients can develop a more severe clinical presentation with high fever, bleeding, jaundice, and liver and kidney failure.

There is not a specific treatment for the infection. An outbreak of yellow fever has been reported in the Minas Gerais, Espírito Santo, Bahia, São Paulo and Tocantins states of Brazil since the end of 2017 and has led the CDC to issue a travel notice for the South American country. It is recommended that individuals going to endemic areas get the yellow fever vaccine before traveling, use mosquito repellent, and wear protective clothing. Information about the vaccine can be found in the following link: <https://www.cdc.gov/yellowfever/vaccine/index.html>

<https://www.cdc.gov/yellowfever/index.html>



Think You've Been Exposed to Pesticides? FPIC Can Help!

If you think you might have been exposed to pesticides or are looking for more information on pesticides you use at home, you can call the Florida Poison Information Center (FPIC) for help. Specifically trained healthcare providers and toxicologists from FPIC can provide guidance 24 hours a day on treatment specific to the pesticide exposure or other hazardous substances FPIC can be reached toll free at:

1 800 222 1222.



Overview of Pesticide-Related Illness Cases and Pesticide Safety in Palm Beach County, 2008 - 2017

By Briana O'Sullivan



With the warmer weather of summer comes increases in unwanted pests like mosquitoes, ants, and cockroaches. To get rid of these nuisances, pesticides are often used. Pesticides can vary in form and application, but are generally defined as any substance used to kill, deter, or control any plant or animal considered to be harmful to crops, animals, or humans. When a person is exposed to pesticides either through direct contact, inhalation, or ingestion, they can become ill.

Pesticide-related illnesses and injuries are reportable by healthcare providers to local health departments in Florida. From 2008 through 2017, there were 157 cases of pesticide-related illness reported to Epidemiology at the Florida Department of Health in Palm Beach County. The majority of cases were female (61%), with a median age of 38 years (range 1 to 83 years).

A third of the exposures to pesticides that resulted in injury in Palm Beach County were reported as unintentional, but the majority of intents were unknown (64%). Pesticide-related illnesses during this ten-year span were as likely to be reported as related to work (43%) as not related (45%). The two most common exposure sites for cases were at school (36%) and private residences (35%). Over a third of cases (38%) reported that they were doing routine activities outdoors when they were exposed to pesticides.

Of this data set, only 25 cases (16%) had information on their route of exposure to pesticides. For cases with this information available, most reported being exposed to pesticides in multiple ways. The most commonly reported route was inhalation (84%), followed by dermal (68%), and ocular (56%).

Few of the pesticide-related illnesses reported over this ten-year period in Palm Beach County had severe outcomes. One out of five cases (20%) reported that they visited the emergency department for their illness. Of those, only four, or 12.5%, of all those who reported going to the hospital were admitted for their illness.

Thankfully, there are lots of ways you can protect yourself and your family from illness due to pesticide exposure. You should always follow the label instructions for how to apply your chosen pesticide and never use an outdoor pesticide indoors. Do not eat or touch your skin, eyes, or mouth until after you have thoroughly washed your hands after spraying pesticides. Make sure that pesticides are stored in dry, secure areas that small children cannot access to prevent them from accidentally ingesting pesticides.





Lyme Disease

A TICKING Time Bomb

By Jayasree Hari

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and can be transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints, the heart, and the nervous system.

Lyme disease is more prevalent in northeastern United States. The highest incidence of Lyme

disease cases being: Connecticut, Delaware, Massachusetts, Maryland, Maine, Missouri, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Virginia, Vermont, and Wisconsin. Fortunately, Florida is not among the worst places for acquiring Lyme disease. Each year, approximately 30,000 cases of Lyme disease are reported to CDC. Florida sees 132 confirmed cases (per 100,000). The long-term cost of Lyme disease to

families, school systems, the health care system and the economy is shocking, approximately \$60,000 per year, per patient. Parents are losing their jobs and their homes due to the inability to work and the cost of chronic Lyme disease treatment. Children are often unable to attend school and costs for educating them are increasing.

The above facts and figures were gleaned from reports by the CDC, FDA, NIH, International Lyme and Associated Disease Society (ILADS), Lyme Disease Association (LDA), Yale, Johns Hopkins, National Library of Medicine, Florida Department of Health.

Dress appropriately

When hiking/being in wooded outdoor environment wear a cap or camping hat, pants, long socks and tuck your pant legs into your socks, shirts with sleeves hiking boots.

Stay on marked trails

Grab a map and stay clear of thick brush, high grass, and overgrown bushes.

Wear repellent

Spray both skin and clothing with tick spray

Strip/Shower/Check

After hiking strip to your underwear and look for any obvious ticks, then shower, before you dress have someone check for tick.

Removing a tick

Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible without twisting or jerking. Clean the area with soap and water or rubbing alcohol or iodine scrub. Dispose the live tick by immersing it in alcohol and placing in a sealed bag. Monitor yourself for 30 days for fever, rash and body aches. If you experience any of these symptoms call your provider.

Be TICK Smart!



Tick Hotspots

Be sure to check these areas carefully!

in and around ears

in hair

under arms

inside of belly button

around waist

behind knees

Source: Centers for Disease Control and Prevention
www.cdc.gov/ticks

HIKE IT BABY

What's In Your Cannonball?

Hair

10 million microbes

Spit

8 million microbes in a single drop

Hands

5 million microbes

Feces

140 billion microbes

Nose, mouth, skin

Billions of microbes

Skin products

Lotions, cosmetics, soaps

Sweat

1 or 2 soda cans

Urine

1 cup

Summer is Just Around the Corner!

Time to Review Your Swimming Safety Tips

By Russell Kopit

Swimming and other water-related activities are excellent ways to get the physical activity and health benefits needed for a healthy life. However, they are not risk-free. CDC's Healthy Swimming website (<https://www.cdc.gov/healthywater/swimming/>) provides information for all groups of individuals involved in a healthy and safe swimming experience about how to maximize the health benefits of swimming while minimizing the risk of illness and injury. We all share the water we swim in, and each of us needs to do our part to help keep ourselves, our families, and our friends healthy. To help protect yourself and other swimmers from germs or injury, here are a few easy and effective steps **all swimmers** can take each time we swim in a public pool or hot tub.

Well maintained pools are less likely to spread germs. Injuries and drownings are less likely in pools that have trained staff and adequate safety equipment. Before you swim, you can check the pool yourself using the following checklist:

Before you get in....

Check the pool!

- Check the pool's latest inspection results.
- Make sure the drain at the bottom of the deep end is visible.
- Check that the drain covers at the bottom appear to be secured and in good repair.
- Use pool test strips to make sure the water's pH and free chlorine or bromine concentration are correct.
- pH 7.2–7.8



- Free chlorine concentration of at least 3 ppm in hot tubs/spas and at least 1 ppm in other places with treated water.
- Free bromine concentration of at least 4 ppm in hot tubs/spas and at least 3 ppm in other places with treated water.



- Check for a lifeguard:
 - If on duty, a lifeguard should be focused on the swimmers and not distracted.
 - If no lifeguard is on duty, a "No Lifeguard on Duty" sign should be posted.
 - Check to see where safety equipment, such as a rescue ring or pole, is available.



Check yourself! Keep urine, feces, sweat, blood, and dirt out of the water.

- Stay out of the water if you have diarrhea (and for 48 hours after the diarrhea stops!)
- Stay out of the water if you have an open wound (for example, from surgery or a piercing) that is not covered with a waterproof bandage.
- Shower before you get in the water. Rinsing off in the shower for just 1 minute removes most of the dirt or anything else on your body.

Once you are in...

- Don't urinate or defecate in the water.
- Don't swallow the water.
- Keep an eye on children at all times; kids can drown in seconds and in silence.

Every hour—everyone out!

- Take children 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.
- Dry ears thoroughly with a towel after swimming.

Information in this article was obtained from the CDC website:
<https://www.cdc.gov/healthywater/swimming/>

Wherever You Go, Wherever You Are: Be Healthy and Stay Safe

By Shanese Doss

As the spring begins and summer approaches, many people will be looking forward to enjoying their travel destinations. From cruising the Caribbean, safaris in South Africa, or relaxing in Rio de Janeiro; travelers will be exposed to various health issues in their specific destinations. When traveling, stay healthy and safe with these tips from [CDC Travelers' Health](#).

Area-specific Precautions:

- Get ALL routine and recommended vaccines needed for travel destination.
 - Popular destinations in Europe (England, Italy, and Greece) and Indonesia have reported measles outbreaks, so make sure you're up-to-date on the MMR (measles, mumps, and rubella) vaccination.
- Go to Travel health specialist or health care provider for info on precautions.
 - Check out 'Travel Notices' on the CDC's webpage for information on current health issues and outbreaks related to your destination.
 - Cholera activity in several countries in Africa and Asia.
 - Yellow Fever outbreak is ongoing in Brazil and Nigeria.
- Many popular spring break destinations throughout the Caribbean, Central America, South America, Pacific Islands, and Mexico still have a risk of Zika.

Be prepared:

- Before leaving, inquire about health insurance coverage abroad.
- Pack a travel medical kit that you may need.
- Check state and federal notices for security risks.

For more information: <https://wwwnc.cdc.gov/travel/>

Be careful:

- Be cautious with what you eat; try to eat foods that have been fully cooked or served hot. Stay away from raw produce, unless you can peel it yourself. Food-borne illnesses like Salmonellosis and Campylobacteriosis are commonly due to ingesting the bacteria in contaminated food. Avoid drinking water that is not bottled or sealed as well as avoiding ice, which is probably made from tap water.
- Get food and water advice from CDC's mobile app [Can I eat this?](#)
- Practice safe sex to reduce your risk of Sexually Transmitted Infection.
- Use insect repellent while traveling to protect against mosquito-borne illness like: Chikungunya, Dengue, Yellow Fever, Malaria, and Zika.

Home, sweet home:

- If you become ill once you have returned home, **seek medical attention** and make sure you inform your provider of your recent travel.
- Keep in mind places, events, activities, or other sources to assist your provider on understanding your exposures, symptoms, and diagnosis.
- If you traveled to a country with risk of ZIKA:
 - If you are pregnant, inform your doctor about your recent travel, even if you have no symptoms to determine if testing is needed.
 - Try to avoid mosquito bites to reduce risk of mosquitoes back home spreading the virus.

Travel Vaccines to Get Before Your Trip!

| Travel Destination | All Travelers | Most Travelers | Some Travelers |
|--|---|------------------------------|--|
| Brazil: | Routine vaccinations should be up to date before traveling to any destination | -Hepatitis A -Typhoid | -Hepatitis B -Malaria -Rabies -Yellow Fever **Reported outbreak in several states** |
| Caribbean: (Inquire about recommendations for specific island. Some islands have no risk of disease, but require proof of vaccine) | | -Hepatitis A -Typhoid | -Hepatitis B -Malaria -Rabies |
| China: | | -Hepatitis A -Typhoid | Hepatitis B -Malaria -Japanese Encephalitis -Rabies -Polio -Yellow Fever |
| Europe: (Inquire about recommendations for specific country. Some have no risk of disease, but require proof of vaccine) | | -Hepatitis A -Hepatitis B | -Rabies -Measles **Reported outbreak in several countries** |
| India: | | -Hepatitis A -Typhoid | - Cholera - Hepatitis B - Malaria - Japanese Encephalitis - Yellow Fever - Rabies |
| Japan: | | - Hepatitis A - Typhoid | -Hepatitis A -Hepatitis B -Japanese Encephalitis -Rabies |
| South Africa: | | -Hepatitis A -Typhoid | -Hepatitis B -Malaria -Rabies -Yellow Fever |

| CENTRAL NERVOUS SYSTEM AND INVASIVE DISEASES: | TOTAL THIS WEEK | TOTAL THIS YEAR | TOTAL SAME TIME LAST YEAR |
|---|-----------------|-----------------|---------------------------|
| H. influenzae Invasive Disease | 0 | 7 | 8 |
| Meningococcal Disease | 0 | 0 | 0 |
| Listeriosis | 0 | 0 | 1 |
| S. pneumoniae Invasive Disease, Drug-Resistant | 0 | 9 | 1 |
| S. pneumoniae Invasive Disease, Drug-Susceptible | 0 | 14 | 11 |
| Meningitis, Bacterial or Mycotic | 1 | 1 | 2 |
| Creutzfeldt-Jakob Disease (CJD) | 0 | 0 | 1 |
| Influenza-Associated Pediatric Mortality | 0 | 1 | 0 |
| Staphylococcus aureus, Resistance to Vancomycin (GISA/VISA) | 0 | 0 | 0 |
| VACCINE PREVENTABLE DISEASES: | | | |
| Mumps | 0 | 2 | 0 |
| Pertussis | 0 | 4 | 4 |
| Varicella (Chickenpox) | 0 | 9 | 14 |
| HEPATITIS: | | | |
| Hepatitis A | 0 | 4 | 4 |
| Hepatitis B, Acute | 4 | 22 | 17 |
| Hepatitis B, Chronic | 6 | 106 | 146 |
| Hepatitis B, HBsAg in Pregnant Women | 3 | 15 | 15 |
| Hepatitis C, Acute | 2 | 12 | 6 |
| Hepatitis C, Chronic | 37 | 492 | 397 |
| Hepatitis C, Perinatal | 0 | 1 | 0 |
| Hepatitis E | 0 | 0 | 0 |
| OTHER DISEASES: | | | |
| Malaria | 0 | 0 | 1 |
| Mercury Poisoning | 0 | 3 | 3 |
| Pesticide-Related Illness or Injury, Acute | 0 | 2 | 2 |
| Rocky Mountain Spotted Fever or Spotted Fever Rickettsiosis | 0 | 0 | 0 |
| Zika Virus Disease and Infection, Non-Congenital | 0 | 1 | 3 |

| ENTERIC DISEASES: | TOTAL THIS WEEK | TOTAL THIS YEAR | TOTAL SAME TIME LAST YEAR |
|--|-----------------|-----------------|---------------------------|
| Campylobacteriosis | 3 | 68 | 49 |
| Cryptosporidiosis | 0 | 3 | 1 |
| Cyclosporiasis | 0 | 0 | 0 |
| Giardiasis, Acute | 4 | 21 | 20 |
| Salmonellosis | 12 | 83 | 77 |
| Shiga Toxin-Producing E. coli (STEC) Infection | 6 | 15 | 7 |
| Shigellosis | 1 | 12 | 7 |
| Typhoid Fever (Salmonella serotype Typhi) | 1 | 1 | 8 |
| Vibriosis (Vibrio cholerae, Type Non-O1) | 0 | 0 | 0 |
| Vibriosis (Vibrio alginolyticus) | 0 | 1 | 2 |
| Vibriosis (Vibrio fluvialis) | 0 | 1 | 0 |
| Vibriosis (Vibrio parahaemolyticus) | 0 | 2 | 1 |
| Vibriosis (Vibrio vulnificus) | 0 | 0 | 0 |
| Vibriosis (Other Vibrio Species) | 1 | 1 | 1 |
| OTHER DISEASES: | | | |
| Rabies, Animal | 1 | 3 | 0 |
| Rabies, Possible Exposure | 6 | 76 | 23 |
| Herpes B Virus, Possible Exposure | 0 | 0 | 0 |
| Arsenic Poisoning | 0 | 0 | 0 |
| Babesiosis | 0 | 0 | 0 |
| Brucellosis | 0 | 0 | 0 |
| Carbon Monoxide Poisoning | 0 | 7 | 4 |
| Chikungunya Fever | 0 | 0 | 0 |
| Ciguatera Fish Poisoning | 0 | 3 | 1 |
| Dengue Fever | 0 | 0 | 0 |
| Hansen's Disease (Leprosy) | 0 | 0 | 0 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 0 | 0 |
| Lead Poisoning | 1 | 10 | 6 |
| Legionellosis | 0 | 6 | 8 |
| Lyme Disease | 0 | 0 | 0 |

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016



Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department?

FDOH / Palm Beach County Disease Reporting Telephone Numbers

AIDS/HIV - (561) 840-3137, (no faxing allowed); **STD** - (561) 803-7326 or 7316, Fax - (561) 840-0148

TB Control - (561) 803-7342, Fax - (561) 840-0171

All Other EPI - (561) 671-4184, Fax - (561) 837-5330 M-F 8AM - 5PM
(561) 840-4500 Evenings after 5PM and Weekends

- ! 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

Birth Defects (850) 617-1440

- + Congenital anomalies
- + Neonatal abstinence syndrome (NAS)

Cancer (305) 243-4600

- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors

HIV/AIDS (561) 840-3137

- + Acquired immune deficiency syndrome (AIDS)
- + Human immunodeficiency virus (HIV) infection
 - HIV-exposed infants <18 months old born to an HIV-infected woman

STDs (561) 803-7326 or 7316

- Chancroid
- Chlamydia
- Conjunctivitis in neonates <14 days old
- Gonorrhea
- Granuloma inguinale
- 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 papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- Lymphogranuloma venereum (LGV)
- Syphilis

☎ Syphilis in pregnant women and neonates

Tuberculosis (561) 803-7342

Tuberculosis (TB)

All Others EPI (561) 671-4184

- ! 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

☎ Amebic encephalitis

! Anthrax

- Arsenic poisoning

! Arboviral diseases not otherwise listed

- Babesiosis
- ! Botulism, foodborne, wound, and unspecified

- Botulism, infant

! Brucellosis

- California serogroup virus disease
- Campylobacteriosis
- Carbon monoxide poisoning
- Chikungunya fever

☎ Chikungunya fever, locally acquired

! Cholera (*Vibrio cholerae* type O1)

- Ciguatera fish poisoning
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis

! Dengue fever

! Diphtheria

- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute

! Glanders

! *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 and children <2 years old

☎ Herpes B virus, possible exposure

! Influenza A, novel or pandemic strains

☎ Influenza-associated pediatric mortality in children <18 years old

- Lead poisoning (blood lead level ≥5 µg/dL)
- Legionellosis
- Leptospirosis

☎ Listeriosis

- Lyme disease
- Malaria

! Measles (rubeola)

! Melioidosis

- Meningitis, bacterial or mycotic

! Meningococcal disease

- Mercury poisoning
- Mumps

☎ Neurotoxic shellfish poisoning

☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)

☎ 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

- Tetanus

- Trichinellosis (trichinosis)

! 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

! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

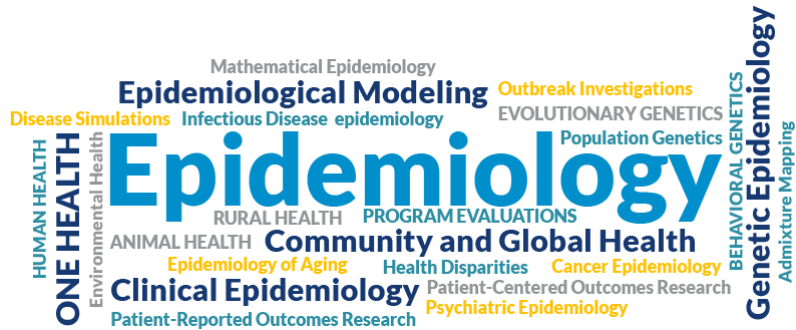
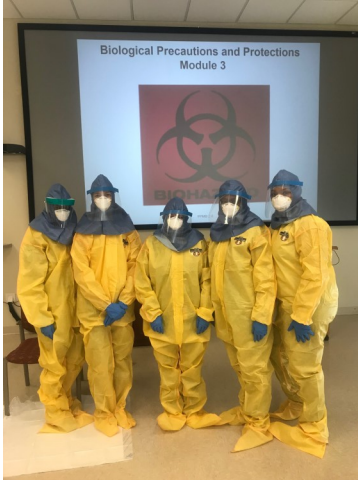
*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, 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..."



Did you know that you are required to report certain diseases to your local county health department?

You are an invaluable part of disease surveillance in Florida!

Please visit <http://floridahealth.gov/diseasereporting> for more information. To report a disease or condition, contact your local CHD epidemiology program (<http://floridahealth.gov/chdepcontact>). If unable to reach your CHD, please call the Bureau of Epidemiology at (850)245-4401.



Florida Department of Health - Palm Beach County
Division of Epidemiology and Communicable Diseases
800 Clematis Street, West Palm Beach, FL 33401
Phone: 561-671-4184 Fax: 561-837-5330