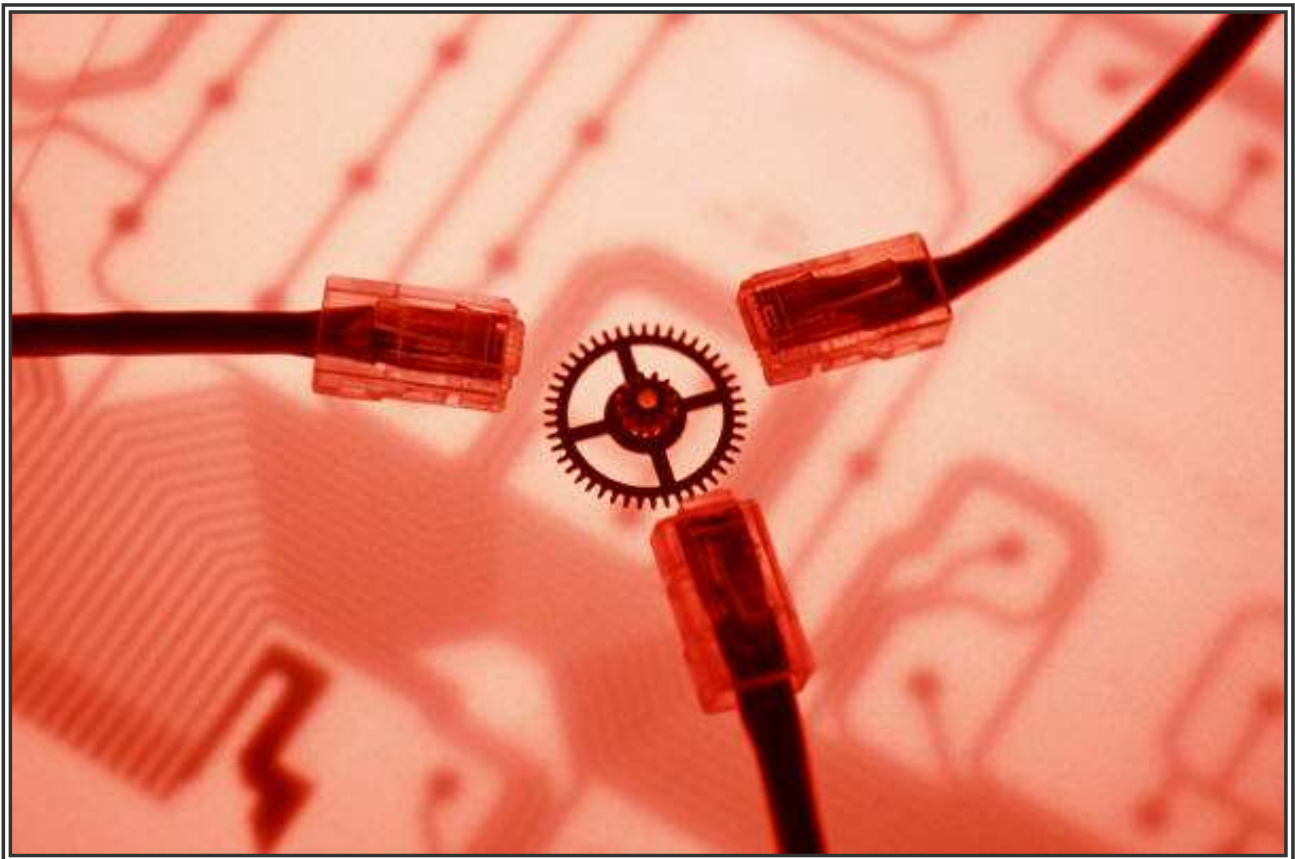




# Provider Reporting Resource





**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

July 25, 2016

Dear Health Care Provider:

As the Administrator of Florida Department of Health in St. Lucie County, I would like to request your assistance in the control of reportable communicable diseases. Effective disease control relies on effective surveillance. We have created this resource manual to provide you and your staff with the information and tools necessary to assist us in this effort. Inside, you will find a list of reportable diseases, local contacts, fax numbers and email addresses, basic information you will find helpful routinely, and reporting forms. To assist you in the reporting of communicable diseases and maintain the most current information in your copy of this manual, we have included several Provider Contact Update Forms for later use.

Early reporting and investigation makes the most of our resources, limits the spread of disease and reduces the severity of communicable diseases through education, early intervention and treatment. The St. Lucie County Health Department staff has developed this *Provider Reporting Resource* with you, our partner, in mind. It is meant to assist you in meeting your public health obligation. We trust it will assist you in complying with the mandatory reporting of suspected and confirmed communicable diseases and outbreaks.

We value your cooperation and look forward to working with you and your staff. To assist you in the reporting of communicable diseases, we have personnel you will be able to reach 24 hours a day, seven days a week, 365 days a year. The number to call outside of regular business hours is 772-462-3800.

Thank you in advance for your cooperation.

Sincerely,

Clint Sperber  
Administrator

**Mission:**

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



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

June 4, 2014

## TO LICENSED HEALTH CARE PROVIDERS

Re: Communicable Disease Investigation and Reporting

As Rule 64D-3.029, *Florida Administrative Code (FAC)*, has been revised and updated, it is important that the requirements imposed by the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) be understood and followed especially in regard to disease reporting responsibilities and protections.

### **Review or inspection of medical records:**

Issues have occasionally arisen concerning the impact of HIPAA on the authority of the Department and its county health departments in obtaining copies of records of patients suspected of being infected with a communicable disease. The applicable section of the HIPAA regulations allowing disclosure of protected health information from patient records for communicable disease investigation is 45 CFR section 154.512(b) which provides that access without patient consent may be granted to "A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions." Furthermore, Section 381.031(3), *Florida Statutes (F.S.)*, affirmatively requires licensed health care providers to allow department personnel access to communicable disease information in patient medical records and specifically provides: "Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary." This same statute creates an exception to confidentiality laws and also provides security to the practitioner by stating: "A health care practitioner...may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section."

### **Reporting cases of communicable disease:**

HIPAA does not change the obligation of health care providers, laboratories, and hospitals to report cases of disease listed in Chapter 64D-3, *FAC*, or the obligation to cooperate with the Department's epidemiology investigations.

HIPAA Section 45 CFR 160.203(c) specifically defers to state law with respect to "reports of disease, injury, child abuse, birth, or death for the conduct of public health." Also, health care providers are specifically allowed to report these and other matters that contain protected health information to the public health authority without notice to your patient (45 CFR 164.512(b)). In fact, Section 381.0031(7), *F.S.*, requires licensed health care practitioners to report diseases of public significance to the Department of Health. Chapter 64D-3, *FAC*, specifies the diseases required to be reported. These state requirements are not reduced or changed by the federal law.

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**Florida Department of Health**

Division of Disease Control & Health Protection • Bureau of Epidemiology  
4052 Bald Cypress Way, Bin A-12 • Tallahassee, FL 32399-1720  
PHONE: 850/245-4401 • FAX 850/413-9113

**www.FloridaHealth.gov**

TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fldoh

June 25, 2014

Tracking communicable disease is of great importance. This is especially so in light of bio-terrorist concerns and other emerging disease threats. Our ability to track communicable diseases has allowed this state to successfully respond to health threats, such as an anthrax bioterrorist attack, introductions of measles, chikungunya fever, Middle Eastern Respiratory Syndrome (MERS), dengue fever, an influenza pandemic, and numerous outbreaks of enteric infections related to restaurants, nursing homes, and child care centers. The backbone of communicable disease surveillance and investigation is practitioner reporting.

Let me again emphasize the importance of disease reporting and our appreciation of your efforts to report timely. Please visit our website at [www.floridahealth.gov/DiseaseReporting](http://www.floridahealth.gov/DiseaseReporting) for more information about disease reporting.

Diseases and conditions should be reported to your county health department. Please visit <http://www.floridahealth.gov/CHDEpiContact> to obtain your county health department disease reporting contact information.

We look forward to continued public health and health care practitioner partnership that fosters a rapid response to public health investigations and to the success of protecting, promoting, and improving the health of all people in Florida through integrated state, county, and community efforts.

Sincerely,



Kimberly A. Tendrich  
Chief Privacy Officer



Anna M. Likos, MD, MPH  
Director, Division of Disease Control and Health  
Protection  
State Epidemiologist

**Florida Department of Health in St Lucie County**  
**Surveillance and Reporting Contact Information**

5150 NW Milner Drive

Port St Lucie, FL 34983

	<b>HIV/AIDS</b>	<b>STDs</b>	<b>Communicable Diseases</b>	<b>Tuberculosis</b>
Phone	772-462-3875	772-462-3815 or 772-462-3806	772-462-3883	772-462-3866
Confidential Fax	772-462-3809	772-873-8591	772-873-8593	772-462-3826

**After Hours Phone: 772-462-3800**

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



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





## To All State of Florida Licensed Practitioners

Dear Colleagues:

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

Practitioners are required to notify DOH of certain diseases of urgent public health importance upon initial clinical suspicion of the disease, **prior** to confirmatory diagnosis. Diseases warranting notification upon suspicion (termed *Suspect Immediately*) should be reported 24 hours a day, seven days a week, so the necessary public health response can be initiated in a timely and effective manner. Practitioners are also responsible for providing laboratories with all necessary information for the laboratories to fulfill laboratory notification requirements.

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

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

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

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

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

Sincerely,

A handwritten signature in blue ink that reads "Anna M. Likos MD, MPH".

Anna M. Likos, MD, MPH  
Director  
Division of Disease Control and Health Protection  
State Epidemiologist  
Florida Department of Health

A handwritten signature in blue ink that reads "Susanne Crowe".

Susanne Crowe, MHA  
Interim Chief  
Bureau of Public Health Laboratories  
Florida Department of Health



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

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

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

Record your CHD's contact information below.

Business hours phone: 772-462-3883

Fax: 772-873-8593

After-hours phone: 772-462-3800

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

## I. Contact Information, Florida Department of Health

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

Visit <http://floridahealth.gov/chdepcontact> to obtain CHD contact information.

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

### Division of Disease Control and Health Protection

Phone: (850) 245-4300  
Physical: 4025 Esplanade Way  
Mailing: 4052 Bald Cypress Way, A-09  
Tallahassee, Florida 32399-1720

### Bureau of Epidemiology

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

### Bureau of Communicable Diseases

HIV/AIDS and Hepatitis Section  
Phone: (850) 245-4334

Immunization Section  
(850) 245-4342

Sexually Transmitted Disease Section  
(850) 245-4303

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

### Useful websites:

Diseases and Conditions

[www.floridahealth.gov/diseases-and-conditions/index.html](http://www.floridahealth.gov/diseases-and-conditions/index.html)

Disease Reporting Information for Health Care Providers and Laboratories

<http://floridahealth.gov/diseasereporting>

Florida Birth Defects Registry

[www.floridahealth.gov/AlternateSites/FBDR/](http://www.floridahealth.gov/AlternateSites/FBDR/)

Florida Cancer Data System

<http://fcds.med.miami.edu/inc/welcome.shtml>

Florida Lead Poisoning Prevention Program

[www.floridahealth.gov/5C/healthy-environments/lead-poisoning/index.html](http://www.floridahealth.gov/5C/healthy-environments/lead-poisoning/index.html)

Florida Meaningful Use Public Health Reporting

[www.floridahealth.gov/meaningfuluse](http://www.floridahealth.gov/meaningfuluse)

### Electronic Laboratory Reporting

[ELR@flhealth.gov](mailto:ELR@flhealth.gov)

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

### Jacksonville

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

### Miami

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

### Pensacola

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

### Tampa

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

### Bureau of Public Health Laboratories

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

## II. Frequently Asked Questions (FAQs)

### 1. What are the practitioner notification requirements for reportable diseases under Chapter 64D-3, Florida Administrative Code (FAC)?

Practitioner and medical facility reporting requirements are described in Rule 64D-3.0030 and 3.0032, FAC. Each licensed practitioner and medical examiner who diagnoses, treats, or suspects a case or an occurrence of a disease or condition listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.0029, FAC, (see pages 9-18) is required to notify the Florida Department of Health (DOH) of that case or occurrence. The public health system depends upon notification of disease to monitor the health of the community and to provide the basis for preventive action.

Practitioners are also required to supply laboratories with specific information at the time the specimen is sent to or received by the laboratory (see FAQ #4). The information contained in practitioner reports supplements the data provided by laboratories. Therefore, laboratory notification does not nullify the practitioner's obligation to notify DOH of a disease or condition.

Laboratories are also required to notify DOH of reportable diseases and conditions. Duplicate reporting of the same illness may occur, though laboratories and practitioners have different reporting requirements (see FAQ #5). Information contained in practitioner reports supplements data provided by laboratories by providing additional information on symptoms, pregnancy status, treatment, occupation, illness in family members, etc. Laboratory submission of test results to the county health department does not nullify the practitioner's obligation to also report the disease or condition. Practitioners also play an important role in supplying laboratories with all necessary information to fulfill laboratory notification requirements. Public health authorities will identify any duplicate reports received and de-duplicate the records. Although multiple reports may be received, this is preferable to not receiving any report, which would likely lead to additional transmission and increased morbidity. All people with reporting responsibilities should verify that report systems are in place at the medical practices and hospitals in which they work and at the laboratories they use.

### 2. Who should practitioners notify of reportable diseases or conditions?

Notification of a reportable disease or condition should be made directly to the county health department (CHD) in the county where the patient resides. It is important to know how to contact the local CHD epidemiology staff during business hours as well as after hours for notification of *Suspect Immediately* and *Immediately* reportable diseases or conditions in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18). Visit <http://floridahealth.gov/chdepcontact> to obtain CHD contact information.

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

### 3. When should notification of reportable diseases or conditions occur?

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

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

#### **4. What information are practitioners required to submit to the Florida Department of Health?**

As per Chapter 64D-3.030, *Florida Administrative Code (FAC)*, Notification by Practitioners, report content must include:

- a) The patient's:
  1. First and last name, including middle initial
  2. Address, including city, state and ZIP Code
  3. Telephone number, including area code
  4. Date of birth
  5. Sex
  6. Race
  7. Ethnicity (Hispanic or non-Hispanic)
  8. Pregnancy status (if applicable)
  9. Social security number
  10. Date of symptom onset
  11. Diagnosis
- b) Type of diagnostic tests (e.g., culture, IgM, serology, nucleic acid amplification test, Western blot)
- c) Type of specimen (e.g., stool, urine, blood, mucus)
- d) Specimen collection date
- e) Specimen collection site (e.g., cervix, eye, if applicable)
- f) Diagnostic test results, including reference range, titer when quantitative procedures are performed, and all available results concerning additional characterization of the organism
- i) Name, address and telephone number of the submitting practitioner
- j) National provider identifier (NPI)
- k) Other necessary epidemiological information as well as additional specimen collection or laboratory testing requested by the county health department director or administrator or their designee

#### **5. Do notification requirements for practitioners and laboratories differ?**

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

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

#### **6. What information do practitioners need to provide laboratories to enable laboratories to fulfill their notification requirements?**

Practitioners are responsible for assisting laboratories to fulfill their notification requirements. Practitioners are responsible for obtaining and providing the following information to laboratories at the time a specimen is sent to or received by the laboratory:

- a) The patient's:
  1. First and last name, including middle initial

2. Address, including city, state and ZIP Code
  3. Telephone number, including area code
  4. Date of birth
  5. Sex
  6. Race
  7. Ethnicity (Hispanic or non-Hispanic)
  8. Pregnancy status (if applicable)
  9. Social security number
- b) Type of specimen (e.g., stool, urine, blood, mucus)
  - c) Date of specimen collection
  - d) Specimen collection site (e.g., cervix, eye, if applicable)
  - e) Submitting practitioner's information, including name, address (street, city, ZIP Code), telephone number and National Provider Identifier (NPI)

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

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

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

Yes, practitioners attending a woman for prenatal care must test the woman for chlamydia, gonorrhea, hepatitis B, HIV and syphilis at initial examination and then again at 28 to 32 weeks gestation. Practitioners attending a woman at delivery or within 30 days postpartum who has no record of prenatal HIV/STD testing must test the woman for hepatitis B, HIV and syphilis. Practitioners attending a woman who presents to an emergency department at 12 weeks gestation or greater with no record of prenatal care must either test the woman for HIV/STD or provide her with a written referral to the local county health department. Prior to any required testing, a woman must be notified of the tests to be performed and of the right to refuse testing. If a woman refuses testing, she must sign a statement to that effect or the practitioner must document the refusal(s) in the medical record. For further information, please contact the Sexually Transmitted Disease Section (see page 1 for contact information).

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

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

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

- Neonatal abstinence syndrome (NAS)
- Lead poisoning

Details are provided for each disease or condition below.

**Notification process is different:**

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

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

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

**Special notification forms are required:**

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

**10. Are laboratory results required to be submitted electronically?**

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

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

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

**11. Does the Health Insurance Portability and Accountability Act (HIPAA) affect notification requirements?**

No, HIPAA does not change the obligation of practitioners to notify the Florida Department of Health (DOH) of reportable diseases or conditions or the obligation to cooperate with DOH epidemiologic investigations. HIPAA Section 45 *CFR* 160.203(c) specifically includes an exception for procedures established under state law providing for “reports of disease, injury, child abuse, birth or death for the conduct of public health” and 45 *CFR* section 164.512(b) states that “A covered entity may disclose protected health information for the public health activities and purposes...to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions”.

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

### III. Notification Timeframes

#### **Suspect Immediately**

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

Notify DOH without delay upon the occurrence of any of the following: initial clinical suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof or suspected diagnosis. The goal of the *Suspect Immediately* timeframe is to notify public health authorities as soon as possible during the case evaluation period so the necessary public health response (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request) can be initiated in a timely and effective manner to prevent further exposure or infection.

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



#### **Immediately**

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

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

#### **Next Business Day**

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

#### **Other**

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



#### **Submit isolates or specimens for confirmation**

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






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






Practitioners should notify DOH of diseases that are listed as *Suspect Immediately* or *Immediately* as soon as possible, 24 hours a day, seven days a week, by phone.

Practitioners should notify DOH of diseases that are listed as *Suspect Immediately* upon **initial suspicion**. Notification should occur prior to a confirmatory diagnosis when the disease in question is considered highly suspect. Requests for laboratory test identification of an organism are considered evidence that the disease is part of the clinician's differential diagnosis and should be reported. The goal of the *Suspect Immediately* timeframe is to notify public health authorities as soon as possible during the case evaluation period so the necessary public health response (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request) can be initiated in a timely and effective manner to prevent further exposure or infection. *Immediately* also applies to high-priority diseases but notification should occur **following confirmatory testing or diagnosis**.








IV. Table of Reportable Diseases or Conditions to Be Reported

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












#### IV. Table of Reportable Diseases or Conditions to Be Reported

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


#### IV. Table of Reportable Diseases or Conditions to Be Reported

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










**IV. Table of Reportable Diseases or Conditions to Be Reported**

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













**IV. Table of Reportable Diseases or Conditions to Be Reported**

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

#### IV. Table of Reportable Diseases or Conditions to Be Reported










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

#### IV. Table of Reportable Diseases or Conditions to Be Reported













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









IV. Table of Reportable Diseases or Conditions to Be Reported

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

#### IV. Table of Reportable Diseases or Conditions to Be Reported

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

#### IV. Table of Reportable Diseases or Conditions to Be Reported

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


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

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

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

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

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

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

- a. Each laboratory that obtains a human isolate or a specimen from a patient shall send isolates or specimens (such as sera, slides or diagnostic preparations) for confirmation or additional characterization of the organism.
- b. Hospitals, practitioners and laboratories submitting specimens for reportable laboratory tests, pursuant to subsection 64D-3.031(3), *Florida Administrative Code (FAC)*, are required to supply the laboratories with sufficient information to comply with the provisions of this section.
- c. For the address of the closest BPHL location, see page 1.
- d. Laboratories shall submit isolates or specimens for confirmation or additional characterization of the organism for reportable diseases listed in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18).
- e. Laboratories are not prohibited from submitting isolates or specimens from a patient for a disease or condition that is not designated in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18).

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

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

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

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

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

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

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

- \*8 Exceptions are located in Rule 64D-3.035, *FAC*.
- \*9 Practitioners should contact the DOH Bureau of Epidemiology at (850) 245-4401 to arrange appropriate autopsy and specimen collection.
- \*10 For *Haemophilus influenzae* test results associated with people >4 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), *FAC*.
- \*11 Special reporting requirements for hepatitis B (acute and chronic), C (acute and chronic), D, E, G: Positive results should be accompanied by any hepatitis testing conducted (positive and negative results), all serum aminotransferase levels, and if applicable, pregnancy test result or indication that testing was conducted as part of a pregnancy panel. For laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), *FAC*, all test results performed (positive and negative) are to be submitted, including screening test results (positive and negative).
- \*12 A 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection.
- \*13 Special requirements for Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS):
  - a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report STARHS test results.
  - b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS testing. The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 mL to BPHL-Jacksonville or BPHL-Miami (see page 1 for addresses).
  - c. Laboratories electing to send a blood specimen will contact the Incidence and Resistance Coordinator, HIV/AIDS and Hepatitis Section, DOH at (850) 245-4430 to receive specimen maintenance and shipping instructions.
  - d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the Centers for Disease Control and Prevention will not be required to send a specimen to DOH.
- \*14 If a genotype is performed, the FASTA files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.
- \*15 Special reporting requirements for reporting blood lead tests:
  - a. All blood lead tests (positive and negative results) must be submitted to DOH electronically. This reporting requirement pertains to all laboratories and practitioners that conduct on-site blood lead analysis (i.e., practitioners that use portable lead care analyzers or other devices to perform blood lead analysis).
  - b. Results produced by on-site blood lead analysis devices (i.e., portable lead care analyzers or other portable devices used to perform blood lead analysis) less than 10 micrograms/deciliter must be reported within 10 business days. Electronic reporting of results is preferred.
- \*16 IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG orders or results.

- \*17 Each hospital licensed under Chapter 395, *F.S.*, shall report each case of neonatal abstinence syndrome occurring in an infant admitted to the hospital. If a hospital reports a case of neonatal abstinence syndrome to the Agency for Health Care Administration in its inpatient discharge data report, pursuant to Chapter 59E-7, *FAC*, then it need not comply with the reporting requirements of subsection 64D-3.029(1), *FAC*.
- \*18 Exposure to rabies (as defined in Rule 64D-3.028, *FAC*) that results in rabies prophylaxis for the person exposed, rabies testing, isolation or quarantine of the animal causing the exposure.
- \*19 For *Streptococcus pneumoniae* test results associated with people >5 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), *FAC*.
- \*20 Test results must be submitted by laboratories to the DOH Tuberculosis Control Section, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850) 245-4350.
- \*21 Practitioners shall also provide dates of varicella vaccination.

# Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



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

To report a disease or cluster of illness to Florida Department of Health - St. Lucie's Epidemiology Program (EPI), please call:

(772) 462-3883 8am-5pm M-F or

(772) 462-3800 for after hours, weekends or holidays and ask to speak with the person on call

! 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) 245-4444 x2198

+ Congenital anomalies

+ Neonatal abstinence syndrome (NAS)

## Cancer

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

## HIV/AIDS (772) 462-3875

+ Acquired immune deficiency syndrome (AIDS)

+ Human immunodeficiency virus (HIV) infection

• HIV, exposed infants <18 months old born to an HIV-infected woman

## STDs (772) 462-3815

• 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 (772) 462-3863

• Tuberculosis (TB)

## All Others please see (EPI) at top

! 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

! 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

☎ Dengue fever, locally acquired

! 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 or 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

• Legionellosis

• Leptospirosis

☎ Listeriosis

• Lyme disease

• Malaria

! Measles (rubeola)

! Melioidosis

• Meningitis, bacterial or mycotic

! Meningococcal disease

• Mercury poisoning

• Mumps

☎ Neurotoxic shellfish poisoning

☎ Pertussis

• Pesticide-related illness and injury, acute

! Plague

! Poliomyelitis

• Psittacosis (ornithosis)

• Q Fever

☎ Rabies, animal 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

\*Section 381.0031 (2), *Florida Statutes* (F.S.), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), F.S. provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."

# Florida Department of Health, Practitioner Disease Report Form



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

## Patient Information

SSN: \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle: \_\_\_\_\_

Parent name: \_\_\_\_\_

Gender:  Male  Female  Unk  
 Pregnant:  Yes  No  Unk

Birth date: \_\_\_\_\_ Death date: \_\_\_\_\_

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

Ethnicity:  Hispanic  Non-Hispanic  Unk

Address: \_\_\_\_\_

ZIP: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Emer. phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information

MRN: \_\_\_\_\_

Date onset: \_\_\_\_\_ Date diagnosis: \_\_\_\_\_

Died:  Yes  No  Unk

Hospitalized:  Yes  No  Unk

Hospital name: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Insurance: \_\_\_\_\_

Treated:  Yes  No  Unk

Specify treatment:

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

## Provider Information

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Reportable Diseases and Conditions in Florida

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

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

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Amebic encephalitis                               | <input type="checkbox"/> Glanders   | <input type="checkbox"/> Melioidosis   | <input type="checkbox"/> Staphylococcal enterotoxin B poisoning  |
| <b>!</b> <input type="checkbox"/> Anthrax                                  | <input type="checkbox"/> Gonorrhea  | <input type="checkbox"/> Meningitis, bacterial or mycotic  | <input type="checkbox"/> Streptococcus pneumoniae invasive disease in child <6 years old   |
| <input type="checkbox"/> Arsenic poisoning                                 | <input type="checkbox"/> Granuloma inguinale  | <b>!</b> <input type="checkbox"/> Meningococcal disease  | <input type="checkbox"/> Syphilis  |
| <input type="checkbox"/> Arboviral disease not listed here                 | <b>!</b> <input type="checkbox"/> Haemophilus influenzae invasive disease in child <5 years old   | <input type="checkbox"/> Mercury poisoning   | <input type="checkbox"/> Syphilis in pregnant woman or neonate   |
| <input type="checkbox"/> Botulism, infant                                  | <input type="checkbox"/> Hansen's disease (leprosy)   | <input type="checkbox"/> Mumps   | <input type="checkbox"/> Tetanus   |
| <b>!</b> <input type="checkbox"/> Botulism, foodborne                      | <input type="checkbox"/> Hantavirus infection   | <input type="checkbox"/> Neurotoxic shellfish poisoning  | <input type="checkbox"/> Trichinellosis (trichinosis)  |
| <b>!</b> <input type="checkbox"/> Botulism, wound or unspecified           | <input type="checkbox"/> Hemolytic uremic syndrome (HUS)  | <input type="checkbox"/> Pertussis   | <input type="checkbox"/> Tuberculosis (TB)   |
| <b>!</b> <input type="checkbox"/> Brucellosis                              | <input type="checkbox"/> Hepatitis A  | <input type="checkbox"/> Pesticide-related illness and injury, acute   | <input type="checkbox"/> Tularemia   |
| <input type="checkbox"/> California serogroup virus disease                | <input type="checkbox"/> Hepatitis B, C, D, E, and G  | <b>!</b> <input type="checkbox"/> Plague   | <input type="checkbox"/> Typhoid fever (Salmonella serotype Typhi)   |
| <input type="checkbox"/> Campylobacteriosis                                | <input type="checkbox"/> Hepatitis B surface antigen in pregnant woman or child <2 years old  | <b>!</b> <input type="checkbox"/> Poliomyelitis  | <b>!</b> <input type="checkbox"/> Typhus fever, epidemic   |
| <input type="checkbox"/> Carbon monoxide poisoning                         | <input type="checkbox"/> Herpes B virus, possible exposure  | <input type="checkbox"/> Psittacosis (ornithosis)  | <b>!</b> <input type="checkbox"/> Vaccinia disease   |
| <input type="checkbox"/> Chancroid   | <input type="checkbox"/> Herpes simplex virus (HSV) in infant <60 days old  | <input type="checkbox"/> Q Fever   | <input type="checkbox"/> Varicella (chickenpox)  |
| <input type="checkbox"/> Chikungunya fever                                 | <input type="checkbox"/> HSV, anogenital in child <12 years old   | <input type="checkbox"/> Rabies, animal  | <b>!</b> <input type="checkbox"/> Venezuelan equine encephalitis   |
| <input type="checkbox"/> Chikungunya fever, locally acquired               | <input type="checkbox"/> Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child <6 years old | <input type="checkbox"/> Rabies, human   | <input type="checkbox"/> Vibriosis (infections of Vibrio species and closely related organisms, excluding Vibrio cholerae type O1)   |
| <input type="checkbox"/> Chlamydia   | <input type="checkbox"/> HPV, anogenital papillomas in child <12 years old  | <b>!</b> <input type="checkbox"/> Rabies, possible exposure  | <b>!</b> <input type="checkbox"/> Viral hemorrhagic fevers   |
| <b>!</b> <input type="checkbox"/> Cholera (Vibrio cholerae type O1)        | <input type="checkbox"/> Influenza A, novel or pandemic strains   | <b>!</b> <input type="checkbox"/> Ricin toxin poisoning  | <input type="checkbox"/> West Nile virus disease   |
| <input type="checkbox"/> Ciguatera fish poisoning                          | <input type="checkbox"/> Influenza-associated pediatric mortality in child <18 years old  | <input type="checkbox"/> Rocky Mountain spotted fever or other spotted fever rickettsiosis                           | <b>!</b> <input type="checkbox"/> Yellow fever   |
| <input type="checkbox"/> Conjunctivitis in neonate <14 days old            | <input type="checkbox"/> Lead poisoning   | <b>!</b> <input type="checkbox"/> Rubella  | <b>!</b> <input type="checkbox"/> Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed above that is of urgent public health significance. Please specify: |
| <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)                   | <input type="checkbox"/> Legionellosis  | <input type="checkbox"/> St. Louis encephalitis  |  |
| <input type="checkbox"/> Cryptosporidiosis                                 | <input type="checkbox"/> Leptospirosis  | <input type="checkbox"/> Salmonellosis   |  |
| <input type="checkbox"/> Cyclosporiasis                                    | <input type="checkbox"/> Listeriosis  | <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning)   |  |
| <input type="checkbox"/> Dengue fever                                      | <input type="checkbox"/> Lyme disease   | <b>!</b> <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection    |  |
| <input type="checkbox"/> Dengue fever, locally acquired                    | <input type="checkbox"/> Lymphogranuloma venereum (LGV)   | <input type="checkbox"/> Shigellosis   |  |
| <b>!</b> <input type="checkbox"/> Diphtheria                               | <input type="checkbox"/> Malaria  | <b>!</b> <input type="checkbox"/> Smallpox   |  |
| <input type="checkbox"/> Eastern equine encephalitis                       | <b>!</b> <input type="checkbox"/> Measles (rubeola)   | <input type="checkbox"/> Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA) |  |
| <input type="checkbox"/> Ehrlichiosis/anaplasmosis                         |   |  |  |
| <input type="checkbox"/> Escherichia coli infection, Shiga toxin-producing |   |  |  |
| <input type="checkbox"/> Giardiasis, acute                                 |   |  |  |

## Comments





\*\*\*PLEASE ENCLOSE LAB\*\*\*

FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

TO REPORT STD CONTACT: Elsie Belizaire 772-462-3804 Fax: 772-873-8591 Or HIV/AIDS Patricia Weiner 772-462-3875

PROVIDER INFORMATION

DATE REPORTED \_\_\_\_\_

Physician/Provider Name \_\_\_\_\_

Person Reporting (Print Name) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

County \_\_\_\_\_

PATIENT INFORMATION

Medical Record #: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male  Female

SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Race: White  Black  Asian/Pacific Islander  American Indian/Pacific Islander Ethnicity: Hispanic  Non-Hispanic

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

If female, pregnancy status:  Not Pregnant  Pregnant LMP \_\_\_\_\_ EDD \_\_\_\_\_ Weeks \_\_\_\_\_

OB Provider: \_\_\_\_\_

Most Recent HIV Test Date: \_\_\_\_\_ Result: Positive  Negative

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If pregnant, was partner treated? YES  NO  Treatment: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Table with 3 columns: CHLAMYDIA, GONORRHEA, SYPHILIS. Each column contains treatment options and a 'PLEASE ATTACH LAB\*' checkbox.

Comments: \_\_\_\_\_

TO REPORT A SEXUALLY TRANSMITTED DISEASE PHONE OR FAX: AREA 15 SURVEILLANCE DEPARTMENT, FLORIDA DEPARTMENT OF HEALTH IN ST LUCIE COUNTY 5150 NW MILNER DR. PORT ST. LUCIE, FL 34983 PHONE: (772) 462-3815 CONFIDENTIAL FAX: (772) 873-8591

\*\*\*PLEASE ENCLOSE LAB\*\*\*

# Laboratory Reporting Guidelines for Reportable Diseases and Conditions in Florida



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





## To All State of Florida Licensed Laboratories and Blood Banks

Dear Colleagues:

All practitioners, hospitals and laboratories in Florida are required to notify the Florida Department of Health (DOH) of diseases or conditions of public health significance under Section 381.0031, *Florida Statutes* and Chapter 64D-3, *Florida Administrative Code (FAC)*. Laboratories, practitioners, hospitals, medical facilities, schools, nursing homes, state institutions or other locations providing health services are required to notify DOH of diseases or conditions and the associated laboratory test results listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, *FAC*. The public health system depends upon notification of diseases by physicians, laboratorians, infection preventionists and other health care providers to monitor the health of the community and to provide the basis for preventive action.

Laboratories are required to report the receipt of a laboratory test order for some diseases, as this is considered suspicion of the disease. Diseases warranting notification upon suspicion (termed *Suspect Immediately*) should be reported 24 hours a day, seven days a week, so the necessary public health response can be initiated in a timely and effective manner.

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

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

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

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

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

Sincerely,

A handwritten signature in blue ink that reads "Anna M. Likos MD".

Anna M. Likos, MD, MPH  
Director  
Division of Disease Control and Health Protection  
State Epidemiologist  
Florida Department of Health

A handwritten signature in blue ink that reads "Susanne Crowe".

Susanne Crowe, MHA  
Interim Chief  
Bureau of Public Health Laboratories  
Florida Department of Health

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

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

To locate CHD after-hours disease reporting phone, visit <http://floridahealth.gov/chdepcontact>  
Record your CHD's contact information below.

Business hours phone: **772-462-3883** \_\_\_\_\_

Fax: **772-873-8593** \_\_\_\_\_

After-hours phone: **772-462-3800** \_\_\_\_\_

- If unable to reach CHD after-hours official:
 

Bureau of Epidemiology after-hours phone:	(850) 245-4401
Bureau of Public Health Laboratories after-hours phone:	(866) 352-5227 (866-FLA-LABS)

## I. Contact Information, Florida Department of Health

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

Visit <http://floridahealth.gov/chdepiconact> to obtain CHD contact information.

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

### Division of Disease Control and Health Protection

Phone: (850) 245-4300  
Physical: 4025 Esplanade Way  
Mailing: 4052 Bald Cypress Way, A-09  
Tallahassee, Florida 32399-1720

### Bureau of Epidemiology

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

### Bureau of Communicable Diseases

HIV/AIDS and Hepatitis Section  
Phone: (850) 245-4334

Immunization Section  
(850) 245-4342

Sexually Transmitted Disease Section  
(850) 245-4303

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

### Useful websites:

Diseases and Conditions

[www.floridahealth.gov/diseases-and-conditions/index.html](http://www.floridahealth.gov/diseases-and-conditions/index.html)

Disease Reporting Information for Health Care Providers and Laboratories

<http://floridahealth.gov/diseasereporting>

Florida Birth Defects Registry

[www.floridahealth.gov/AlternateSites/FBDR/](http://www.floridahealth.gov/AlternateSites/FBDR/)

Florida Cancer Data System

<http://fcds.med.miami.edu/inc/welcome.shtml>

Florida Lead Poisoning Prevention Program

[www.floridahealth.gov/%5C/healthy-environments/lead-poisoning/index.html](http://www.floridahealth.gov/%5C/healthy-environments/lead-poisoning/index.html)

Florida Meaningful Use Public Health Reporting

[www.floridahealth.gov/meaningfuluse](http://www.floridahealth.gov/meaningfuluse)

### Electronic Laboratory Reporting

[ELR@flhealth.gov](mailto:ELR@flhealth.gov)

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

### Jacksonville

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

### Miami

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

### Pensacola

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

### Tampa

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

### Bureau of Public Health Laboratories

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

## II. Frequently Asked Questions (FAQs)

### 1. What are the laboratory notification requirements for reportable diseases under Chapter 64D-3, Florida Administrative Code (FAC)?

Each person in charge of a public, federal, private, military or hospital laboratory responsible for receiving the initial order to perform serologic, immunologic, microscopic, biochemical, molecular, or culture tests on specimens derived from a human body or an animal or for collecting the specimen **shall report or cause to be reported any laboratory test suggestive of or diagnostic of diseases or conditions listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.0029, FAC, (see pages 9-18)**. The public health system depends upon notification of disease to monitor the health of the community and to provide the basis for preventive action.

Per 64D-3.031(4), FAC, laboratories located out of state, licensed under Chapter 483, Part 1, *Florida Statutes*, that collect specimens in Florida or that receive the initial order for testing from a practitioner, blood bank, plasmapheresis center, or other health care provider located in Florida, shall notify the Florida Department of Health (DOH) of reportable disease laboratory findings in the same way as if the findings had been obtained by a laboratory located in Florida (see FAQs #2 and #4 for who to notify and what information to include).

Practitioners are also required to notify DOH of reportable diseases and conditions. Duplicate reporting of the same illness may occur, though laboratories and practitioners have different reporting requirements (see FAQ #5). Information contained in practitioner reports including symptoms, pregnancy status, treatment, occupation, illness in family members, etc. supplements data provided by laboratories. Laboratory submission of test results to the county health department does not nullify the practitioner's obligation to also report the disease or condition. Practitioners also play an important role in supplying laboratories with all necessary information to fulfill laboratory notification requirements.

Public health authorities will identify any duplicate reports received and de-duplicate the records. Although multiple reports may be received, this is preferable to not receiving any report, which would likely lead to additional transmission and increased morbidity. All people with reporting responsibilities should verify that report systems are in place at the medical practices and hospitals in which they work and at the laboratories they use.

### 2. Who should laboratories notify of reportable diseases or conditions?

Notification of reportable disease or condition laboratory results should be made directly to the county health department (CHD) in the county where the patient resides. It is important to know how to contact the local CHD epidemiology staff during business hours as well as after hours for notification of **Suspect** **Immediately** and **Immediately** reportable diseases or conditions in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18). Visit <http://floridahealth.gov/chdepcontact> to obtain CHD contact information.

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

### 3. When should notification of reportable diseases or conditions occur?

Notification of reportable diseases or conditions should be submitted according to timeframes specified in the *Table of Reportable Diseases or Conditions to Be Reported* (see

pages 9-18). For a description of the requirements for each notification timeframe, see page 7. Notification via telephone should be followed with a subsequent written report within 72 hours by facsimile, electronic data transfer or other confidential means of written communication.

#### 4. What information are laboratories required to submit to the Florida Department of Health?

As per Chapter 64D-3.031, *Florida Administrative Code (FAC)*, Notification by Laboratories, report content must include:

- a) The patient's:
  1. First and last name, including middle initial
  2. Address, including city, state and ZIP Code
  3. Telephone number, including area code
  4. Date of birth
  5. Sex
  6. Race
  7. Ethnicity (Hispanic or non-Hispanic)
  8. Pregnancy status (if applicable)
  9. Social security number
- b) The laboratory's:
  1. Name, address and telephone number
  2. Type of specimen (e.g., stool, urine, blood, mucus)
  3. Specimen collection date
  4. Specimen collection site (e.g., cervix, eye, if applicable)
  5. Date of report
  6. Type of tests performed and results, including reference range; titer when quantitative procedures are performed; all available results on speciation, grouping, or typing of organisms; and antimicrobial susceptibilities
- c) The submitting practitioner's:
  1. Name, address and telephone number
  2. National provider identifier (NPI)

#### 5. Do notification requirements for laboratories and practitioners differ?

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

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

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

county health department of diseases designated as *Suspect Immediately*. Upon confirmation of the disease or presence of the agent, the laboratory should also report the confirmation to the appropriate county health department.

**7. Are laboratories required to send isolates or specimens to the Florida Department of Health (DOH) Bureau of Public Health Laboratories (BPHL)?**

Yes, laboratories are required to send specimens, isolates, sera, slides or diagnostic preparations for certain etiologic agents to DOH BPHL for confirmation or additional characterization of the organism. Laboratories should refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18); the column labeled *Submit Isolates or Specimens for Confirmation* designates etiologic agents for which specimens, isolates, slides or other relevant diagnostic materials must be sent.

Submission of specimens by laboratories is encouraged in any instance where additional characterization or confirmation of the organism is needed in order to confirm the etiology of diseases of public health importance. During epidemiological investigations, public health investigators may request that specimens or isolates for **any** disease or condition be sent to BPHL for further characterization or to confirm the etiology of the disease.

See page 1 for BPHL contact information. The BPHL Clinical Specimen Submission Form (see <http://floridahealth.gov/laboratoryreferencedocuments>) must be completed at the time of submission.

**8. Does the Florida Department of Health (DOH) conduct surveillance for antimicrobial susceptibility?**

Yes, DOH does conduct antimicrobial susceptibility surveillance. Effective June 4, 2014, DOH has expanded the list of organisms for which susceptibility data must be reported. Previously, susceptibility data were required for *Streptococcus pneumoniae* isolated from a sterile site (all laboratories) and *Staphylococcus aureus* isolated from a sterile site (only laboratories participating in electronic laboratory reporting [ELR]). Effective June 4, 2014, laboratories participating in ELR are required to report any available susceptibility data for all reportable bacteria, as well as the following bacteria isolated from sterile sites: *Acinetobacter baumannii*, *Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa* and *Serratia* species.

**9. Are there exceptions or special laboratory notification requirements?**

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

- Isolates with antimicrobial susceptibility results
- Cancer
- Congenital anomalies
- Hepatitis B, C, D, E and G viruses
- HIV/AIDS and HIV-exposed infants
- Human papillomavirus (HPV)
- *Haemophilus influenzae*
- Influenza virus
- Lead poisoning
- Respiratory syncytial virus



- *Streptococcus pneumoniae*
- *Staphylococcus aureus*

Details are provided for each disease or agent below.

**Notification process is different:**

- **Cancer:** all laboratories must notify the statewide cancer registry, the Florida Cancer Data System (FCDS), of every biopsy and surgical resection specimen of cancer (excluding non-melanoma skin cancers) and benign and borderline tumors of the brain and central nervous system (CNS) from patient encounters within Florida. All notification must be electronic. Each laboratory has multiple submission options. Details of those options and the laboratory submission file layout can be found on the FCDS website (<http://fcds.med.miami.edu/inc/path.shtml>).

**All laboratory test results (both positive and negative) must be submitted by ALL laboratories:**

- **Lead:** all blood results
- **HIV:** all results for children <18 months old

**All laboratory test results (both positive and negative) must be submitted by ONLY laboratories participating in electronic laboratory reporting (ELR):**

- **Hepatitis B, C, D, E and G viruses:** all viral test results, all liver function test results and pregnancy status
- **Influenza virus:** all test results
- **Respiratory syncytial virus:** all test results

**Additional notification requirements for laboratories participating in ELR:**

- **Antimicrobial susceptibility:** all results for *Acinetobacter baumannii*, *Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa* and *Serratia* species isolated from a normally sterile site
- ***Haemophilus influenzae*:** notification required for isolation from a normally sterile site for all ages (not just in children <5 years old).
- **HPV:** notification required for all positive HPV tests.
- ***Streptococcus pneumoniae*:** notification required for isolation from a normally sterile site for all ages (not just in children <6 years old).
- ***Staphylococcus aureus*:** notification required for isolation from a normally sterile site.

**10. Are laboratories required to submit laboratory test results electronically?**

Yes, laboratories are required to submit test results electronically. The Florida Department of Health (DOH) has established an electronic laboratory reporting (ELR) process that includes transmitting test results in Health Level Seven (HL7) messaging format or ASCII delimited flat files, which reflect comparable content to HL7 version 2.5.1 utilized by DOH. Laboratories should contact the DOH ELR liaison at [ELR@flhealth.gov](mailto:ELR@flhealth.gov) for enrollment information and guidelines to begin the process of meeting this standard in the shortest possible timeframe. Please visit <http://floridahealth.gov/meaningfuluse> for information on Meaningful Use for ELR.

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

### III. Notification Timeframes

#### **Suspect Immediately**

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

Notify DOH without delay upon the occurrence of any of the following: initial clinical suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof or suspected diagnosis. The goal of the *Suspect Immediately* timeframe is to notify public health authorities as soon as possible during the case evaluation period so the necessary public health response (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request) can be initiated in a timely and effective manner to prevent further exposure or infection.

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



#### **Immediately**

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

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

#### **Next Business Day**

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

#### **Other**

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



#### **Submit isolates or specimens for confirmation**

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

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













Practitioners should notify DOH of diseases that are listed as *Suspect Immediately* or *Immediately* as soon as possible, 24 hours a day, seven days a week, by phone.

Practitioners should notify DOH of diseases that are listed as *Suspect Immediately* upon **initial suspicion**. Notification should occur prior to a confirmatory diagnosis when the disease in question is considered highly suspect. Requests for laboratory test identification of an organism are considered evidence that the disease is part of the clinician's differential diagnosis and should be reported. The goal of the *Suspect Immediately* timeframe is to notify public health authorities as soon as possible during the case evaluation period so the necessary public health response (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request) can be initiated in a timely and effective manner to prevent further exposure or infection. *Immediately* also applies to high-priority diseases but notification should occur **following confirmatory testing or diagnosis**.




IV. Table of Reportable Diseases or Conditions to Be Reported

Laboratory Notification						Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition		Timeframe (see page 7)			
		<b>Suspect Immediately</b>	<b>Immediately</b>	Next business day	Other			<b>Suspect Immediately</b>	<b>Immediately</b>	Next business day	Other
Detection in one or more specimens of etiological agents of a disease or condition not listed that is of urgent public health significance ‡		!				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 †	!				
<i>Acanthamoeba</i> species			☎			Amebic encephalitis		☎			
Acquired immune deficiency syndrome (AIDS)	Laboratory notification not applicable					AIDS					2 weeks
<i>Anaplasma</i> species	✉			X		Ehrlichiosis/anaplasmosis			X		
Antimicrobial susceptibility results for <i>Acinetobacter baumannii</i> , <i>Citrobacter</i> species, <i>Enterococcus</i> species, <i>Enterobacter</i> species, <i>Escherichia coli</i> , <i>Klebsiella</i> species, <i>Pseudomonas aeruginosa</i> , and <i>Serratia</i> species isolated from a normally sterile site *3				X		Antimicrobial resistance surveillance	Practitioner notification not applicable				
Any bacterial or fungal species in CSF				X		Meningitis, bacterial or mycotic			X		
Arboviruses not otherwise listed, including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae	✉			X		Arboviral diseases not otherwise listed			X		

#### IV. Table of Reportable Diseases or Conditions to Be Reported

Laboratory Notification					Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)			
		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other
<b>Arenaviruses (e.g., Lassa, Machupo, Lujo, new world)</b>		<b>!</b>				<b>Viral hemorrhagic fevers</b>	<b>!</b>			
Arsenic results indicative of poisoning *4a				X		Arsenic poisoning *4a			X	
<b>Bacillus anthracis</b>		<b>!</b>				<b>Anthrax</b>	<b>!</b>			
<b>Balamuthia mandrillaris</b>						<b>Amebic encephalitis</b>				
<b>Bordetella pertussis</b>						<b>Pertussis</b>				
<b>Borrelia burgdorferi</b>				X		Lyme disease			X	
<b>Brevetoxin associated with neurotoxic shellfish poisoning *4a</b>						<b>Neurotoxic shellfish poisoning</b>				
<b>Brucella species</b>		<b>!</b>				<b>Brucellosis</b>	<b>!</b>			
<b>Burkholderia mallei</b>		<b>!</b>				<b>Glanders</b>	<b>!</b>			
<b>Burkholderia pseudomallei</b>		<b>!</b>				<b>Melioidosis</b>	<b>!</b>			
California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse)				X		California serogroup virus disease			X	
<b>Campylobacter species *4b</b>				X		<b>Campylobacteriosis *4b</b>			X	

#### IV. Table of Reportable Diseases or Conditions to Be Reported

Laboratory Notification						Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition		Timeframe (see page 7)			
		Suspect Immediately	Immediately	Next business day	Other			Suspect Immediately	Immediately	Next business day	Other
Cancer, pathological or tissue diagnosis of cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors					6 months	Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors *5					6 months
Carbon monoxide poisoning, a volume fraction ≥0.09 (9%) of carboxyhemoglobin in blood				X		Carbon monoxide poisoning			X		
CD-4 absolute count and percentage of total lymphocytes *6					3 days	CD-4 absolute count and percentage of total lymphocytes	Practitioner notification not applicable				
Chikungunya virus				X		Chikungunya fever			X		
<i>Chlamydia trachomatis</i>				X		Chlamydia *7			X		
<i>Chlamydia trachomatis</i>				X		Lymphogranuloma venereum (LGV)			X		
<i>Chlamydophila psittaci</i>				X		Psittacosis (ornithosis)			X		
Ciguatoxin	Laboratory notification not applicable					Ciguatera fish poisoning			X		
<i>Clostridium botulinum</i> and botulinum toxin for infants <12 months old				X		Botulism, infant			X		
<i>Clostridium botulinum</i> and botulinum toxin from food, wound or unspecified source		!				Botulism, foodborne, wound, and unspecified	!				
<i>Clostridium tetani</i>				X		Tetanus			X		

**IV. Table of Reportable Diseases or Conditions to Be Reported**

Laboratory Notification					Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)			
		<b>Suspect Immediately</b>	<b>Immediately</b>	Next business day	Other		<b>Suspect Immediately</b>	<b>Immediately</b>	Next business day	Other
Congenital anomalies	Laboratory notification not applicable				Congenital anomalies *8				6 months	
Conjunctivitis in neonates <14 days old	Laboratory notification not applicable				Conjunctivitis in neonates <14 days old			X		
<b>Coronavirus associated with severe acute respiratory disease</b>		<b>!</b>			<b>Severe acute respiratory disease syndrome associated with coronavirus infection</b>	<b>!</b>				
<b>Corynebacterium diphtheriae</b>		<b>!</b>			<b>Diphtheria</b>	<b>!</b>				
<i>Coxiella burnetii</i>				X	Q Fever			X		
Creutzfeldt-Jakob disease (CJD), 14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD *9				X	CJD *9			X		
<i>Cryptosporidium</i> species *4b				X	Cryptosporidiosis *4b			X		
<i>Cyclospora cayetanensis</i>				X	Cyclosporiasis			X		
Dengue virus				X	Dengue fever			X		
Eastern equine encephalitis virus				X	Eastern equine encephalitis			X		
<i>Ehrlichia</i> species				X	Ehrlichiosis/anaplasmosis			X		
<i>Escherichia coli</i> , Shiga toxin-producing or Shiga toxin *4b				X	<i>Escherichia coli</i> infection, Shiga toxin-producing *4b			X		



IV. Table of Reportable Diseases or Conditions to Be Reported

Laboratory Notification					Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)			
		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other
Filoviruses (e.g., Ebola, Marburg)		!				Viral hemorrhagic fevers	!			
<i>Francisella tularensis</i>		!				Tularemia	!			
<i>Giardia</i> species *4b				X		Giardiasis, acute *4b			X	
<i>Grimontia hollisae</i> (formerly <i>Vibrio hollisae</i> )				X		Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)			X	
<i>Haemophilus ducreyi</i>				X		Chancroid			X	
<i>Haemophilus influenzae</i> isolated from a normally sterile site for all ages*10		!				<i>Haemophilus influenzae</i> invasive disease in children <5 years old	!			
<i>Hantavirus</i>						Hantavirus infection				
Hemolytic uremic syndrome (HUS)	Laboratory notification not applicable					HUS				
Hepatitis A *4b, 11						Hepatitis A *4b, 11				
Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) *11				X		Hepatitis B, C, D, E, and G *11			X	
Hepatitis B surface antigen (HBsAg) for all ages				X		Hepatitis B surface antigen in pregnant women or children <2 years old			X	
Herpes B virus, possible exposure	Laboratory notification not applicable					Herpes B virus, possible exposure				

#### IV. Table of Reportable Diseases or Conditions to Be Reported

Laboratory Notification						Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition		Timeframe (see page 7)			
		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other			<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other
Herpes simplex virus (HSV) 1 and HSV 2 for children <12 years old *12				X		Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes; anogenital HSV in children <12 years old *7, 12			X		
Human immunodeficiency virus (HIV), repeatedly reactive enzyme immunoassay, followed by a positive confirmatory test (e.g., Western blot, IFA). Positive result on any HIV virologic test (e.g., p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results. *13, 14					3 days	HIV Infection					2 weeks
HIV, exposed infants <18 months old born to an HIV-infected woman, all HIV test results (e.g., positive and negative immunoassay, positive and negative virologic tests) for children <18 months old					3 days	HIV, exposed infants <18 months old born to an HIV-infected woman			X		
Human papillomavirus (HPV) DNA *3				X		HPV	Practitioner notification not applicable				
HPV DNA *3				X		HPV, associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old *7			X		













#### IV. Table of Reportable Diseases or Conditions to Be Reported

Laboratory Notification					Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)			
		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other
<a href="#">Influenza virus in children &lt;18 years old who died (if known)</a>						<a href="#">Influenza-associated pediatric mortality in children &lt;18 years old</a>				
Influenza virus, all test results (positive and negative) *3				X		Influenza	Practitioner notification not applicable			
<a href="#">Influenza virus, novel or pandemic strain isolated from humans</a>		<b>!</b>				<a href="#">Influenza A, novel or pandemic strains</a>	<b>!</b>			
<i>Klebsiella granulomatis</i>				X		Granuloma inguinale			X	
Lead, all blood test results (positive and negative) *3, 4, 15				X		Lead poisoning *4, 15			X	
<i>Legionella</i> species				X		Legionellosis			X	
<i>Leptospira interrogans</i>				X		Leptospirosis			X	
<a href="#">Listeria monocytogenes</a>						Listeriosis				
<a href="#">Measles virus *16</a>		<b>!</b>				<a href="#">Measles (rubeola)</a>	<b>!</b>			
Mercury results indicative of poisoning *4a				X		Mercury poisoning *4a			X	
Mumps virus				X		Mumps			X	
<i>Mycobacterium leprae</i>				X		Hansen's disease (leprosy)			X	
<i>Mycobacterium tuberculosis</i> complex *20				X		Tuberculosis (TB) *20			X	
<a href="#">Naegleria fowleri</a>						<a href="#">Amebic encephalitis</a>				

**IV. Table of Reportable Diseases or Conditions to Be Reported**

Laboratory Notification						Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition		Timeframe (see page 7)			
		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other			<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other
<i>Neisseria gonorrhoeae</i>				X		Gonorrhea *7			X		
<i>Neisseria meningitidis</i> isolated from a normally sterile site						<b>Meningococcal disease</b>	<b>!</b>				
Neonatal abstinence syndrome (NAS) *17	Laboratory notification not applicable					NAS *17				6 months	
Pesticide results indicative of related illness and injury *4				X		Pesticide-related illness and injury, acute *4			X		
<i>Photobacterium damsela</i> (formerly <i>Vibrio damsela</i> )				X		Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)			X		
<i>Plasmodium</i> species				X		Malaria			X		
<b>Poliovirus</b>		<b>!</b>				<b>Poliomyelitis</b>	<b>!</b>				
<b>Rabies virus</b>		<b>!</b>				<b>Rabies, animal or human</b>					
Rabies, possible exposure *18	Laboratory notification not applicable					<b>Rabies, possible exposure *18</b>	<b>!</b>				
Respiratory syncytial virus, all test results (positive and negative) *3				X		Respiratory syncytial virus	Practitioner notification not applicable				
<b>Ricinine (from <i>Ricinus communis</i> castor beans)</b>		<b>!</b>				<b>Ricin toxin poisoning</b>	<b>!</b>				
<i>Rickettsia prowazekii</i>		<b>!</b>				<b>Typhus fever, epidemic</b>	<b>!</b>				
<i>Rickettsia rickettsii</i> and other spotted fever <i>Rickettsia</i> species				X		Rocky Mountain spotted fever and other spotted fever rickettsioses			X		

#### IV. Table of Reportable Diseases or Conditions to Be Reported

Laboratory Notification					Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)			
		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other
Rubella virus *16		!				Rubella	!			
Salmonella serotype Typhi *4b						Typhoid fever *4b				
Salmonella species *4b				X		Salmonellosis *4b			X	
Saxitoxin				X		Saxitoxin poisoning (paralytic shellfish poisoning)			X	
Shiga toxin *4b				X		Escherichia coli infection, Shiga toxin-producing *4b			X	
Shigella species *4b				X		Shigellosis *4b			X	
St. Louis encephalitis virus				X		St. Louis encephalitis			X	
Staphylococcal enterotoxin B						Staphylococcal enterotoxin B poisoning				
Staphylococcus aureus isolated from a normally sterile site *3				X		Staphylococcus aureus invasive infection	Practitioner notification not applicable			
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA, VRSA); laboratory results as specified in the surveillance case definition *4						Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA)				
Streptococcus pneumoniae isolated from a normally sterile site for all ages *19				X		Streptococcus pneumoniae invasive disease in children <6 years old			X	
Treponema pallidum				X		Syphilis			X	

**IV. Table of Reportable Diseases or Conditions to Be Reported**

Laboratory Notification					Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)			
		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other		<b>Suspect</b> <b>Immediately</b>	<b>Immediately</b>	Next business day	Other
<i>Treponema pallidum</i> in pregnant women and neonates						Syphilis in pregnant women and neonates				
<i>Trichinella spiralis</i>				X		Trichinellosis (trichinosis)			X	
Vaccinia virus		<b>!</b>				Vaccinia disease	<b>!</b>			
Varicella virus				X		Varicella (chickenpox) *21			X	
Variola virus (orthopox virus)		<b>!</b>				Smallpox	<b>!</b>			
Venezuelan equine encephalitis virus		<b>!</b>				Venezuelan equine encephalitis	<b>!</b>			
<i>Vibrio cholerae</i> type O1		<b>!</b>				Cholera	<b>!</b>			
<i>Vibrio</i> species excluding <i>Vibrio cholerae</i> type O1				X		Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)			X	
Viral hemorrhagic fever, viruses not otherwise listed that cause viral hemorrhagic fever		<b>!</b>				Viral hemorrhagic fevers	<b>!</b>			
West Nile virus				X		West Nile virus disease			X	
Yellow fever virus						Yellow fever	<b>!</b>			
<i>Yersinia pestis</i>		<b>!</b>				Plague	<b>!</b>			


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

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

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

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

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

-  \*1 Submission of isolates or specimens for confirmation to the Florida Department of Health (DOH) Bureau of Public Health Laboratories (BPHL):
- a. Each laboratory that obtains a human isolate or a specimen from a patient shall send isolates or specimens (such as sera, slides or diagnostic preparations) for confirmation or additional characterization of the organism.
  - b. Hospitals, practitioners and laboratories submitting specimens for reportable laboratory tests, pursuant to subsection 64D-3.031(3), *Florida Administrative Code (FAC)*, are required to supply the laboratories with sufficient information to comply with the provisions of this section.
  - c. For the address of the closest BPHL location, see page 1.
  - d. Laboratories shall submit isolates or specimens for confirmation or additional characterization of the organism for reportable diseases listed in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18).
  - e. Laboratories are not prohibited from submitting isolates or specimens from a patient for a disease or condition that is not designated in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18).
- \*2 Include minimum inhibitory concentration (MICs) zone sizes for disk diffusion, MICs for E-test or agar dilution and interpretation (susceptible, intermediate, resistant).
- \*3 Paper reports are not required. Notification is only required for laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), *FAC*.
- \*4
- a. Surveillance Case Definitions for Select Reportable Diseases in Florida, 2014, are located on the DOH website (<http://floridahealth.gov/diseasecasedefinitions>).
  - b. Reports should include occupational information (e.g., employer name, address, phone number).
- \*5 Notification within six months of diagnosis and within six months of each treatment.
- \*6 All CD-4 absolute counts and percentage of total lymphocytes, with or without confirmed HIV infection.
- \*7 Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any child ≤12 years old, excluding neonates. Reporting of a sexually transmissible disease (STD) case to a county health department does not

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

- \*8 Exceptions are located in Rule 64D-3.035, *FAC*.
- \*9 Practitioners should contact the DOH Bureau of Epidemiology at (850) 245-4401 to arrange appropriate autopsy and specimen collection.
- \*10 For *Haemophilus influenzae* test results associated with people >4 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), *FAC*.
- \*11 Special reporting requirements for hepatitis B (acute and chronic), C (acute and chronic), D, E, G: Positive results should be accompanied by any hepatitis testing conducted (positive and negative results), all serum aminotransferase levels, and if applicable, pregnancy test result or indication that testing was conducted as part of a pregnancy panel. For laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), *FAC*, all test results performed (positive and negative) are to be submitted, including screening test results (positive and negative).
- \*12 A 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection.
- \*13 Special requirements for Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS):
  - a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report STARHS test results.
  - b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS testing. The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 mL to BPHL-Jacksonville or BPHL-Miami (see page 1 for addresses).
  - c. Laboratories electing to send a blood specimen will contact the Incidence and Resistance Coordinator, HIV/AIDS and Hepatitis Section, DOH at (850) 245-4430 to receive specimen maintenance and shipping instructions.
  - d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the Centers for Disease Control and Prevention will not be required to send a specimen to DOH.
- \*14 If a genotype is performed, the FASTA files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.
- \*15 Special reporting requirements for reporting blood lead tests:
  - a. All blood lead tests (positive and negative) must be submitted to DOH electronically. This reporting requirement pertains to all laboratories and practitioners that conduct on-site blood lead analysis (i.e., practitioners that use portable lead care analyzers or other devices to perform blood lead analysis).
  - b. Results produced by on-site blood lead analysis devices (i.e., portable lead care analyzers or other portable devices used to perform blood lead analysis) less than 10 micrograms/deciliter must be reported within 10 business days. Electronic reporting of results is preferred.
- \*16 IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG orders or results.



- \*17 Each hospital licensed under Chapter 395, *F.S.*, shall report each case of neonatal abstinence syndrome occurring in an infant admitted to the hospital. If a hospital reports a case of neonatal abstinence syndrome to the Agency for Health Care Administration in its inpatient discharge data report, pursuant to Chapter 59E-7, *FAC*, then it need not comply with the reporting requirements of subsection 64D-3.029(1), *FAC*.
- \*18 Exposure to rabies (as defined in Rule 64D-3.028, *FAC*) that results in rabies prophylaxis for the person exposed, rabies testing, isolation or quarantine of the animal causing the exposure.
- \*19 For *Streptococcus pneumoniae* test results associated with people >5 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), *FAC*.
- \*20 Test results must be submitted by laboratories to the DOH Tuberculosis Control Section, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850) 245-4350.
- \*21 Practitioners shall also provide dates of varicella vaccination.

# Reportable Diseases/Conditions in Florida

## Laboratory List (Practitioner Requirements Differ)

Effective June 4, 2014



Did you know that you are required\* to report certain laboratory results to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit <http://floridahealth.gov/diseasereporting> for more information. To report a laboratory result, 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.

- ! 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
- 📧 Submit isolate or specimen for confirmation

! Detection in one or more specimens of etiological agents of a disease or condition not listed that is of urgent public health significance; agents suspected to be the cause of a cluster or outbreak

### Arboviruses

- Arboviruses not otherwise listed, including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae 📧
- California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse) 📧
- Chikungunya virus
- Dengue virus 📧
- Eastern equine encephalitis virus 📧
- St. Louis encephalitis virus 📧
- West Nile virus 📧

! Venezuelan equine encephalitis virus 📧

### General

- 📞 *Acanthamoeba* species
- *Anaplasma* species 📧
- Any bacterial or fungal species in CSF
- Arsenic results indicative of poisoning
- ! *Bacillus anthracis* 📧
- 📞 *Balamuthia mandrillaris*
- 📞 *Bordetella pertussis*
- *Borrelia burgdorferi*
- 📞 Brevetoxin associated with neurotoxic shellfish poisoning
- ! *Brucella* species 📧
- ! *Burkholderia mallei* 📧
- ! *Burkholderia pseudomallei* 📧
- *Campylobacter* species
- + Cancer, pathological or tissue diagnosis of cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors (see Rule 64D-3.034, *Florida Administrative Code*)
- Carbon monoxide, volume fraction  $\geq 0.09$  (9%) of carboxyhemoglobin in blood
- + CD-4 absolute count and percentage of total lymphocytes
- *Chlamydia trachomatis*
- *Chlamydia psittaci* 📧
- CJD, 14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD
- ! *Clostridium botulinum* and botulinum toxin from food, wound or unspecified source 📧
- *Clostridium botulinum* and botulinum toxin from infants <12 months old 📧
- *Clostridium tetani*
- ! Coronavirus associated with severe acute respiratory disease 📧
- ! *Corynebacterium diphtheriae* 📧
- *Coxiella burnetii* 📧
- *Cryptosporidium* species

- *Cyclospora cayatanensis* 📧
- *Ehrlichia* species 📧
- *Escherichia coli*, Shiga toxin-producing 📧
- ! *Francisella tularensis* 📧
- *Giardia* species
- *Haemophilus ducreyi*
- ! *Haemophilus influenzae* isolated from a normally sterile site from children <5 years old 📧
- 📞 *Hantavirus* 📧
- 📞 *Hepatitis A*
- Hepatitis B, C, D, E, and G viruses
- Hepatitis B surface antigen (HBsAg)
- Herpes simplex virus (HSV) 1 and HSV 2 from children <12 years old
- + Human immunodeficiency virus (HIV) test results (e.g., positive and negative immunoassay, positive and negative virologic tests) from children <18 months old
- + HIV, repeatedly reactive enzyme immunoassay, followed by a positive confirmatory test (e.g., Western blot, IFA). Positive result on any HIV virologic test (e.g., p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.
- 📞 Influenza virus from children <18 years old who died (if known) 📧
- ! Influenza virus, novel or pandemic strain isolated from humans 📧
- *Klebsiella granulomatis*
- Lead, all blood results (positive and negative)
- *Legionella* species
- *Leptospira interrogans*
- 📞 *Listeria monocytogenes* 📧
- ! Measles virus 📧
- Mercury results indicative of poisoning
- Mumps virus
- *Mycobacterium leprae*
- *Mycobacterium tuberculosis* complex 📧
- 📞 *Naegleria fowleri*
- *Neisseria gonorrhoeae*
- 📞 *Neisseria meningitidis* isolated from a normally sterile site 📧
- Pesticide results indicative of related illness and injury
- *Plasmodium* species 📧
- ! Poliovirus 📧
- ! Rabies virus from animal or human
- ! Ricinine (from *Ricinus communis castor* beans) 📧
- ! *Rickettsia prowazekii* 📧
- *Rickettsia rickettsii* and other spotted fever *Rickettsia* species 📧
- ! Rubella virus 📧
- 📞 *Salmonella* serotype Typhi 📧
- *Salmonella* species

- Saxitoxin associated with paralytic shellfish poisoning
- Shiga toxin 📧
- *Shigella* species
- 📞 Staphylococcal enterotoxin B 📧
- 📞 *Staphylococcus aureus*, intermediate or full resistance to vancomycin (VISA, VRSA) 📧
- *Streptococcus pneumoniae* isolated from a normally sterile site from children <6 years old
- *Treponema pallidum*
- 📞 *Treponema pallidum* from pregnant women and neonates
- *Trichinella spiralis*
- ! *Vaccinia virus* 📧
- Varicella virus
- ! *Variola virus* (orthopox virus) 📧
- 📞 Yellow fever virus 📧
- ! *Yersinia pestis* 📧

### Vibrio and related species

- ! *Vibrio cholerae* type O1 📧
- *Vibrio* species excluding *Vibrio cholerae* type O1 📧
- *Photobacterium damsela* (formerly *Vibrio damsela*) 📧
- *Grimontia hollisae* (formerly *Vibrio hollisae*) 📧

### Viral hemorrhagic fever

! Viruses not listed that cause viral hemorrhagic fever 📧

! Arenaviruses (e.g., Lassa, Machupo, Lujo, new world) 📧

! Filoviruses (e.g., Ebola, Marburg) 📧

### Only reportable for laboratories participating in electronic laboratory reporting (ELR)

- Antimicrobial susceptibility results for isolates from a normally sterile site for *Acinetobacter baumannii*, *Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*, and *Serratia* species
- *Haemophilus influenzae* isolated from a normally sterile site, all ages
- Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) and all liver function tests
- Human papillomavirus (HPV) DNA
- Influenza virus, all test results (positive and negative)
- Respiratory syncytial virus, all test results (positive and negative)
- *Staphylococcus aureus* isolated from a normally sterile site
- *Streptococcus pneumoniae* isolated from a normally sterile site, all ages

\*Section 381.0031 (2), *Florida Statutes* (F.S.), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), F.S. provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."

## VII. Bureau of Public Health Laboratories Clinical Specimen Submission Form

Laboratories are required to send specimens, isolates, sera, slides or diagnostic preparations) for certain etiologic agents to DOH BPHL for confirmation or additional characterization of the organism. Laboratories should refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18); the column labeled *Submit Isolates or Specimens for Confirmation* designates etiologic agents for which specimens, isolates, slides or other relevant diagnostic materials must be sent.

Submission of specimens by laboratories is encouraged in any instance where additional characterization or confirmation of the organism is needed in order to confirm the etiology of diseases of public health importance. During epidemiological investigations, public health investigators may request that specimens or isolates for **any** disease or condition be sent to BPHL for further characterize or confirm the etiology of the disease.

See page 1 for BPHL contact information. The BPHL Clinical Specimen Submission Form (see <http://floridahealth.gov/laboratoryreferencedocuments>) must be completed at the time of submission.

## VIII. Packaging and Shipping of Infectious Substances and Diagnostic Specimens

Proper packaging and shipping of infectious substances and diagnostic specimens are defined in the International Air Transport Association (IATA), Department of Transportation (DOT) and United States Postal Service (USPS) regulations. It is the sender's responsibility to properly classify, identify, package, mark, label, and document shipments for transport. Consult the following websites to ensure compliance with packaging and shipping regulations:

International Air Transport Association (IATA)  
[www.iata.org](http://www.iata.org)

World Health Organization  
[www.who.int/en/](http://www.who.int/en/)

U.S. Government Printing Office  
[www.access.gpo.gov](http://www.access.gpo.gov)

Office of Health and Safety (OHS)  
[www.cdc.gov/od/ohs](http://www.cdc.gov/od/ohs)

Florida Department of Health Bureau of Public Health Laboratories  
<http://floridahealth.gov/laboratoryreferencedocuments>

## Services Provided

- Home visitation
- Case management and follow up
- Ensure compliance with prescribed medical treatment
- Initiate care of the pregnant woman
- Provide education on prenatal care
- Provide education on postnatal care
- Make referrals and linkages with other appropriate community services
- Consultation with CMS, laboratories, pediatricians , county health departments and other service providers on the Treasure Coast
- Advocate on behalf of the mother and baby



## Florida Department of Health in St. Lucie

Trude Tuohy-Kersey, RN

(772) 462-3817

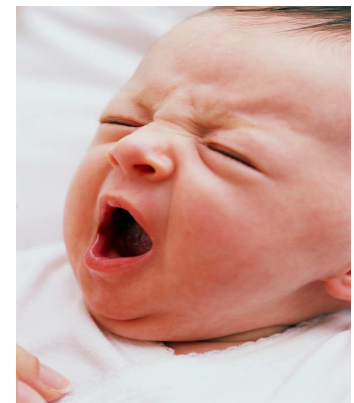


[www.stluciecountyhealth.com](http://www.stluciecountyhealth.com)

Florida Department  
of Health in St. Lucie  
County

*"Working Towards  
Healthy Moms and  
Healthy Babies"*

## HUG ME Nurse Program



## HUG ME Nurse Program

The Florida Department of Health in St. Lucie County, thanks to funding from the Hug Me Program, has provided a registered nurse who acts as a liaison between mothers and their babies who need specialized medical care for their HIV infection or exposure. This RN coordinates services between hospitals, medical providers, Children's Medical Services, surveillance and other primary care and prevention programs.

The goal of this program is to ensure healthy babies by preventing the maternal HIV transmission to the baby. The Hug Me Nurse will educate the mother/parents on proper HIV medical treatment and ensure that the HIV infected mother is in treatment.



Using a multidisciplinary approach we can work together as a team, to make sure these babies get the best start in life!

To make a referral, call  
772-462-3817.



PROUDLY SERVING OUR COMMUNITY SINCE 1947



## PUBLIC HEALTH: STARTS HERE

### WHY WE CARE ABOUT THE HEALTH OF ST. LUCIE COUNTY

Our goal is to provide you with important public health information to help you make informed decisions about your personal health and the health of your loved ones.

Our mission is to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. Our dedicated staff play a vital role in supporting and carrying out our mission by providing caring and professional services to our clients.

With the support of our community partners, the Florida Department of Health in St. Lucie County is able to develop and implement health initiatives that benefit our residents and visitors.

We hope that you will continue to allow us the opportunity to serve you and your family's public health needs.

For more information visit:  
[www.stlucie.floridahealth.gov](http://www.stlucie.floridahealth.gov)

### WE ACCEPT THE FOLLOWING HEALTH INSURANCE PROVIDERS

In an effort to help make St. Lucie County a healthier place to live, work, and play, we have partnered with local and statewide health care providers to give you access to Florida Department of Health services in St. Lucie County.

For specific services, please contact patient care at: **(772) 462-3800**



#### FLORIDA DEPARTMENT OF HEALTH IN ST. LUCIE COUNTY LOCATIONS

##### FORT PIERCE

714 Avenue C  
 Fort Pierce, FL 34950  
 (772) 462-3800

##### GWENDA THOMPSON TRADES CAREER CENTER

3855 S. U.S. 1  
 Fort Pierce, FL 34982  
 (772) 462-3800

##### PORT ST. LUCIE

Larry J. Lee Public Health Building  
 5150 NW Milner Drive  
 Port St. Lucie, FL 34983  
 (772) 462-3800

##### ST. LUCIE WEST

531 NW Lake Whitney Place  
 Port St. Lucie, FL 34986  
 (772) 785-6124 for WIC services  
 (772) 462-3800 for Dental services

[www.stluciecountyhealth.com](http://www.stluciecountyhealth.com)



WE ARE OPEN  
 MONDAY - FRIDAY  
 8AM TO 5PM

**(772) 462-3800**

## FIND YOUR ST. LUCIE COUNTY PUBLIC HEALTH SERVICES

[www.stluciecountyhealth.com](http://www.stluciecountyhealth.com)

LOOK INSIDE FOR THE HEALTH CARE SERVICE AND PROGRAM THAT IS **BEST FOR YOU**

## CONNECTING PEOPLE TO PUBLIC HEALTH SERVICES



For hours of operation and specific service information, please contact the departments directly. Most services are by appointments.

### Environmental Health (772) 873-4931

Countywide services designed to educate, regulate, permit and inspect facilities and operations such as septic systems, biomedical waste generators, public swimming pools, water well construction, group care sanitation inspections, safe food handling and disease control.

### Birth & Death Certificates (772) 873-4932

Computer birth records from 1917 to present for persons born in the State of Florida may be purchased in person at the Vital Statistics office. Death Certificates (of persons who died in any county in Florida) are available from 2009 to present. Previous years may be obtained from the Bureau of Vital Statistics in Jacksonville.

### Dental Care (772) 462-3800

The dental care program provides services to Medicaid recipients. Please call to verify insurance. Services may include exams, x-rays, cleanings, sealants, fillings, extractions and more. Limited services available for adults.

### Tobacco Prevention Program (772) 785-6135

Provides a comprehensive approach to prevent, reduce tobacco use, and prevent exposure to second hand smoke. Services include education and training. Also oversees a county-wide Students Working Against Tobacco (SWAT) Program.

### School Health Services (772) 462-3800

A multi-faceted program serving public schools and consulting with private schools. Services include health screenings for growth and development, dental, scoliosis, hearing and vision. We also assess and monitor for communicable disease as well as the provision of health education to prevent disease.

### Immunizations/Vaccines (772) 462-3800

Immunizations such as (tetanus Td/Tdap), polio, Hepatitis A and B, chicken pox, MMR and immunization form 680 are available. Travel Shots - Provides many vaccines required and recommended for foreign travel. Pneumonia shots are available year round.

### Epidemiology & Disease Control (772) 462-3883

The Epidemiology Program is responsible for monitoring, investigating and reporting select communicable diseases. Staff conduct food/waterborne illness investigations, rabies prevention efforts, case management for lead poisoning and hepatitis B perinatal prevention.

### Public Health Preparedness (772) 873-4911

As the county lead for public health and medical needs during an emergency, we work with community partners to build resiliency through planning, training and exercising. The program coordinates DOH-St. Lucie's Medical Reserve Corps, a volunteer program focusing on health improvement initiatives and response to disasters.

### Teen Clinic (772) 785-6184

Provides confidential STI and family planning services for teens. The Teen Zone clinic offers education, pregnancy testing, STI/HIV testing, STI treatment, birth control, and case management for teens age 13-19 at no cost.

### Tuberculosis (TB) Program (772) 462-3863

Testing, diagnostic evaluations, treatment and follow-up for active TB disease and latent TB infection.

### Refugee Health Program (772) 462-3800

Refugee Health assessments, immunizations and necessary follow up or referrals are provided within 90 days to eligible qualified clients.

### \*Sexually Transmitted Infections (772) 462-3815

Provides confidential HIV, Syphilis, Gonorrhea, and Chlamydia testing by appointment or walk in services.

For counseling or education regarding Sexually Transmitted Infections (STI) please call 772-462-3815.

### \*Hepatitis Program (772) 462-3883

Provides counseling, education and testing for Hepatitis A, B, and C. Vaccines for Hepatitis A and B are available for those at risk or who qualify.

### \*HIV/AIDS Services (772) 462-3819

Provides HIV/AIDS prevention, community mobilization, education, counseling, testing and linkage services; drug assistance program, case management, primary and specialty care services are available by contracted medical providers for qualified individuals.

\* ALL COUNSELING AND TESTING IS CONFIDENTIAL

1 in 8 people with HIV don't know they're infected.

## WOMEN, INFANTS AND CHILDREN SERVICES



### WIC Program (772) 462-3900 or (772) 785-6124

Services include nutrition education, nutrition counseling, nutritious foods and breastfeeding support for eligible pregnant, breastfeeding, and post-partum Women, Infants and Children under age 5. Call the Fort Pierce office at 462-3900 or St. Lucie West office at 785-6124 for an appointment.



### Child Health/Well Check Visit (772) 462-3800

Screening, well-child exams for infants and children in addition to childhood, adolescent immunizations, school physicals and acute care.

### Pregnancy Testing (772) 462-3800

Pregnancy tests are offered to facilitate the application for Medicaid.

### Family Planning Program (772) 462-3800

Annual exams (pap smear), counseling and birth control methods for men and women of childbearing age at reduced or no cost. Female and male sterilizations available for qualified clients.

### Healthy Start Program (772) 462-3893

Provides case management, home visits, childbirth, parenting, and breastfeeding classes and support, infant CPR classes, smoking cessation, nutritional counseling, postpartum depression counseling, family planning counseling, and infant growth and development monitoring for pregnant women and infants up to age three.

### Safe Kids St. Lucie County (772) 462-3501

Based on the needs of the community, the coalition implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries.

### Financial Eligibility (772) 462-3800

Patients eligible for Florida Department of Health family planning services will receive services either reduced or at no cost based on the guidelines established within the policy.

**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

## Acknowledgement of Receipt for Provider Reporting Resource

I, \_\_\_\_\_, acknowledge receipt of the Provider Reporting Resource which the staff of Florida Department of Health in St. Lucie County has delivered to

\_\_\_\_\_ on \_\_\_\_\_  
Provider name Date

\_\_\_\_\_  
Signature of Provider Designee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Florida Department of Health in St. Lucie County Employee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date