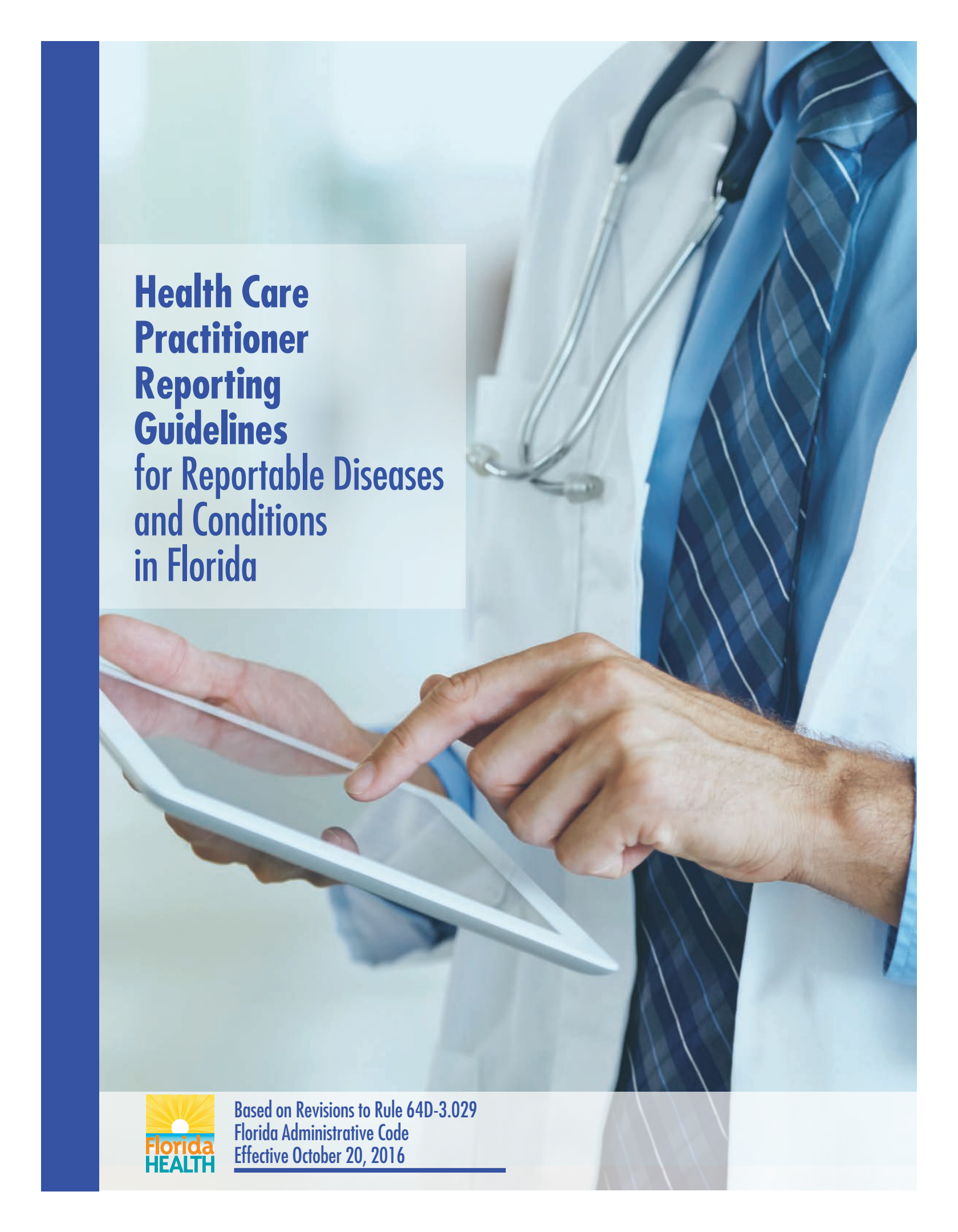




Health Care Practitioner Reporting Guidelines for Reportable Diseases and Conditions in Florida



Based on Revisions to Rule 64D-3.029
Florida Administrative Code
Effective October 20, 2016

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 (Department) of diseases and conditions of public health significance under section 381.0031, Florida Statutes, and Chapter 64D-3, Florida Administrative Code. Practitioners, hospitals, medical facilities, laboratories, schools, nursing homes, state institutions, and other locations providing health services are required to notify the Department 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, Florida Administrative Code. Laboratory notification of test results does not nullify the practitioner's obligation to also notify the Department of the disease or condition. The public health system depends upon notification of diseases by physicians, laboratorians, infection preventionists and other health care practitioners to monitor the health of the community and to guide preventive action.

Practitioners are required to notify the Department 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.

The Department has updated the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, Florida Administrative Code (effective October 20, 2016), and section 381.985, Florida Statutes (effective July 1, 2017), related to reporting elevated blood lead levels and screening results to the Department. In an effort to assist practitioners in meeting their obligations to notify the Department of reportable diseases and conditions, the Department has prepared this guide. This guide is not intended to cover every aspect of Chapter 64D-3, Florida Administrative Code, but rather to provide a summation and explanation of practitioner reporting requirements.

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

1. Visit www.FloridaHealth.gov/DiseaseReporting
2. Contact the Department's Central Office (see page 2 of this guide)
3. Contact your local county health department (visit www.FloridaHealth.gov/CHDEpiContact to locate contact information)

The included list of reportable diseases and conditions is current as of October 2016. This list is not static and will change over time.

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 "Carina Blackmore".

Carina Blackmore, DVM, PhD, Dipl ACVPM
Director, Division of Disease Control and Health Protection
State Epidemiologist
Florida Department of Health

Table of Contents

AFTER-HOURS Notification Information	1
I. Contact Information, Florida Department of Health	2
II. Frequently Asked Questions (FAQs)	3
1. What are the practitioner notification requirements for reportable diseases under Chapter 64D-3, Florida Administrative Code?	3
2. Whom should practitioners notify when a reportable disease or condition is identified?	3
3. When should notification of reportable diseases or conditions occur?	3
4. What information are practitioners required to submit to the Department?	4
5. Do notification requirements for practitioners and laboratories differ?	4
6. What information do practitioners need to provide laboratories to enable laboratories to fulfill their notification requirements?	5
7. Should practitioners call the Department about suspected cases of diseases or conditions of a highly infectious nature of urgent public health importance?	5
8. Are there special testing requirements for STDs in pregnant women that impact practitioner notification?	5
9. Are there diseases or conditions with exceptions or special practitioner notification requirements?	6
10. Are laboratory results required to be submitted electronically?	7
11. Does the Health Insurance Portability and Accountability Act (HIPAA) affect notification requirements?	7
III. Notification Timeframes	8
<i>Suspect Immediately</i>	8
<i>Immediately</i>	8
Next Business Day	8
Other	8
Difference between the <i>Suspect Immediately</i> and <i>Immediately</i> notification timeframes	9
IV. Table of Reportable Diseases or Conditions to Be Reported	10
V. Notations, Table of Reportable Diseases or Conditions to Be Reported	16
VI. One Page Practitioner Guide	19
VII. Practitioner Disease Notification Form	20

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 regular county health department business hours shall be made to the after-hours duty official.

- To locate local county health department after-hours disease reporting phone number, visit www.FloridaHealth.gov/CHDEpiContact

Record your county health department contact information below.

Business hours phone: _____

Fax: _____

After-hours phone: _____

- If unable to reach the county health department after-hours official, contact:
Bureau of Epidemiology after-hours phone: (850) 245-4401
Bureau of Public Health Laboratories after-hours phone: (866) 352-5227 (866-FLA-LABS)

Coming soon: “What’s Reportable?” app for iOS and Android

Florida Department of Health

For local county health department contact information, visit www.FloridaHealth.gov/CHDEpiContact

To obtain more copies of this guide, visit www.FloridaHealth.gov/DiseaseReporting

I. Contact Information, Florida Department of Health

To contact the Department about a reportable disease or condition during regular business hours or receive consultation regarding diagnosis and management of patients and contacts, practitioners should contact their county health department.

Visit www.FloridaHealth.gov/CHDEpiContact to obtain local county health department contact information.

For technical consultation or consultation regarding disease notification, diagnosis, and management of patients and contacts, contact the Department's Central Office:

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 Section

Phone: (850) 245-4334

Immunization Section

(850) 245-4342

Sexually Transmitted Disease and Viral

Hepatitis 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

Disease Reporting Information for Health Care Providers and Laboratories

www.Floridahealth.gov/DiseaseReporting

Florida Birth Defects Registry

www.FloridaHealth.gov/AlternateSites/FBDR/

Florida Cancer Registry

www.floridahealth.gov/diseases-and-conditions/cancer/cancer-registry/index.html

Florida Lead Poisoning Prevention Program

www.floridahealth.gov/environmental-health/lead-poisoning/index.html

Florida Meaningful Use Public Health Reporting

www.FloridaHealth.gov/MeaningfulUse

Electronic Laboratory Reporting

email: ELR@flhealth.gov

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

Tampa

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

Miami

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

Bureau of Public Health Laboratories 24/7 Phone: (866) 352-5227 (866-FLA-LABS)

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?

Practitioner and medical facility reporting requirements are described in Rules 64D-3.0030 and 64D-3.0032, Florida Administrative Code. **Each licensed practitioner, medical facility, 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-3.029, Florida Administrative Code, is required to notify the Department of that case or occurrence.** See pages 10-15 for the *Table of Reportable Diseases or Conditions to Be Reported*. The public health system depends on notification of disease to monitor the health of the community and to inform preventive actions.

Laboratories are also required to notify the Department 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 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 notification systems are in place at the medical practices and hospitals in which they work and at the laboratories they use.

2. Whom should practitioners notify when a reportable disease or condition is identified?

Notification of a reportable disease or condition should be made directly to the county health department in the county where the patient resides. It is important to know how to contact county health department 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 10-15).

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 10-15). For a description of the requirements for each notification timeframe, see page 8. 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 Department?

As per Rule 64D-3.030, Florida Administrative Code, report content must include:

- a. The patient's:
 1. First and last name, including middle initial
 2. Address (including street, 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. Specimen collection date
- d. Specimen type (e.g., stool, urine, blood, mucus)
- 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
- g. For Tuberculosis, the 15-digit spoligotype (octal code)
- h. Treatment given
- i. Attending practitioner's:
 1. Name
 2. Address (including street, city, state, and ZIP code)
 3. Telephone number (including area code)
 4. National provider identifier (NPI)
- j. 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 notification requirements. For example, practitioners are required to report treatment information, which is not applicable for laboratories. Submission methods also differ; laboratories are required to submit results electronically. Please refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 10-15) for specific requirements for practitioners and 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. Date of specimen collection
- c. Type of specimen (e.g., stool, urine, blood, mucus)
- 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 call the Department about suspected cases of diseases or conditions of a highly infectious nature of urgent public health importance?

Yes, practitioners are required to call the Department about 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 10-15); the column labeled as **Suspect Immediately** designates which diseases or conditions should result in notifying the Department 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) call their county health department about diseases designated as **Suspect Immediately**. Upon confirmation of the disease or presence of the agent, the practitioner should also call their county health department of confirmation.

8. Are there special testing requirements for 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/STDs or provide her with a written referral to their 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 Department's Sexually Transmitted Disease and Viral Hepatitis Section (see page 3 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. The Florida Birth Defects Registry (FBDR) 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, Florida Administrative Code. FBDR 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 (≥ 5 $\mu\text{g/dL}$) should be submitted to the 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 < 5 $\mu\text{g/dL}$ 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 ≥ 13 years old or the Pediatric HIV Confidential Case Report, CDC 50.42B (revised March 2013) for cases in people < 13 years old. Practitioners should contact their county health department for these forms.
- **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). Practitioners should contact their county health department for these forms.

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 Department's ELR liaison at 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 10-15).

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 Department of reportable diseases or conditions or the obligation to cooperate with the Department's 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, medical facilities, and laboratories in Florida are required to notify the Department of diseases or conditions of public health significance under section 381.0031, Florida Statutes and Florida Administrative Code, Chapter 64D-3. Administrators of laboratories, practitioners, hospitals, medical facilities, schools, nursing homes, state institutions, or other locations providing health services are required to notify the Department 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, Florida Administrative Code (see pages 10-15). These state requirements are not reduced or changed by the federal law.

III. Notification Timeframes



Suspect Immediately

These reportable diseases and conditions are of immediate public health concern due to their highly infectious nature or need for immediate intervention. **Practitioners should call their county health department immediately, 24 hours a day, seven days a week by phone upon initial clinical suspicion or laboratory test order.**

Practitioners should call their county health department without delay upon the occurrence of any of the following: initial clinical suspicion, suspected diagnosis, receipt of a specimen with an accompanying request for an indicative or confirmatory test, and findings indicative thereof. The goal of the *Suspect Immediately* timeframe is to call 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, mosquito control notification) can be initiated in a timely and effective manner to prevent further exposure or infection.

Notification should be directly to the county health department. Notifications before or after regular business hours shall be made to the county health department after-hours duty official. Visit www.FloridaHealth.gov/CHDEpiContact to obtain local county health department after-hours duty contact information. If unable to reach the county health department after-hours official, contact the Department's Bureau of Epidemiology after-hours duty official at (850) 245-4401.



Immediately

These reportable diseases and conditions are of urgent public health importance. **Practitioners should call their county health department by phone immediately 24 hours a day, seven days a week following an indicative or confirmatory test result, finding, or diagnosis.**

Notification should be directly to the county health department. Notifications before or after regular business hours shall be made to the county health department after-hours duty official. Visit www.FloridaHealth.gov/CHDEpiContact to obtain local county health department contact information. If unable to reach the county health department after-hours official, contact the Department's Bureau of Epidemiology after-hours duty official at (850) 245-4401.

Next Business Day

Practitioners should notify their county health department no later than the close of the next business day following confirmatory testing or diagnosis.

Other

Some diseases and conditions have other reporting timeframes. Specific timeframes are indicated in the "Other" column of the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 10-15).



Submit isolates or specimens for confirmation

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

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

Practitioners should call their county health department about diseases that are listed as *Suspect Immediately* or *Immediately* as soon as possible, 24 hours a day, seven days a week by phone. *Suspect Immediately* diseases and conditions should be reported **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 call public health authorities as soon as possible during the case evaluation so the necessary public health response (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request, mosquito control notification) 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

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 8)				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 8)			
	Suspect Immediately	Immediately	Next Business Day	Other			Suspect Immediately	Immediately	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; agents suspected to be the cause of a cluster or outbreak ‡		!			
Acquired immune deficiency syndrome (AIDS)				2 weeks	Laboratory notification not applicable					
Amebic encephalitis		☎			Naegleria fowleri, Balamuthia mandrillaris, and Acanthamoeba species			☎		
Anthrax	!				Bacillus anthracis	✉	!			
Antimicrobial resistance surveillance	Practitioner notification not applicable				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 *3				X	
Arsenic poisoning *4a			X		Laboratory results as specified in the surveillance case definition *4a				X	
Arboviral diseases not otherwise listed *5	!				Arboviruses not otherwise listed, including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae (e.g., Heartland virus, Rift Valley fever virus) *5	✉	!			
Babesiosis			X		Babesia species	✉			X	
Botulism, foodborne, wound, and unspecified	!				Clostridium botulinum and botulinum toxin in food, wound or unspecified source	✉	!			
Botulism, infant			X		Clostridium botulinum and botulinum toxin in infants <12 months old	✉			X	
Brucellosis	!				Brucella species	✉	!			
California serogroup virus disease			X		California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse)	✉			X	
Campylobacteriosis *4b			X		Campylobacter species *4b				X	
Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors *6				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		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 *7					3 days

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 8)				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 8)			
	<i>Suspect Immediately</i>	<i>Immediately</i>	Next Business Day	Other			<i>Suspect Immediately</i>	<i>Immediately</i>	Next Business Day	Other
Chancroid			X		<i>Haemophilus ducreyi</i>				X	
Chikungunya fever			X		Chikungunya virus				X	
Chikungunya fever, locally-acquired					Chikungunya virus				X	
Chlamydia *8			X		<i>Chlamydia trachomatis</i>				X	
Cholera	!				<i>Vibrio cholerae</i> type O1		!			
Ciguatera fish poisoning			X		Laboratory notification not applicable					
Congenital anomalies *9				6 months	Laboratory notification not applicable					
Conjunctivitis in neonates <14 days old			X		Laboratory notification not applicable					
Creutzfeldt-Jakob disease (CJD) *10			X		14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD *10				X	
Cryptosporidiosis *4b			X		<i>Cryptosporidium</i> species *4b				X	
Cyclosporiasis			X		<i>Cyclospora cayetanensis</i>				X	
Dengue fever *5	!				Dengue virus *5		!			
Diphtheria	!				<i>Corynebacterium diphtheriae</i>		!			
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	
Glanders	!				<i>Burkholderia mallei</i>		!			
Gonorrhea *8			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	!				<i>Haemophilus influenzae</i> isolated from a normally sterile site for all ages*11		!			
Hansen's disease (leprosy)			X		<i>Mycobacterium leprae</i>				X	

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Practitioner Notification					Laboratory Notification						
Reportable Disease or Condition	Timeframe (see page 8)				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 8)				
	Suspect Immediately	Immediately	Next Business Day	Other			Suspect Immediately	Immediately	Next Business Day	Other	
Hantavirus infection					Hantavirus						
Hemolytic uremic syndrome (HUS)					Laboratory notification not applicable						
Hepatitis A *4b, 12					Hepatitis A *4b, 12						
Hepatitis B, C, D, E, and G *12			X		Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) *12				X		
Hepatitis B surface antigen in pregnant women and children <2 years old			X		Hepatitis B surface antigen (HBsAg) for all ages				X		
Herpes B virus, possible exposure					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, and mouth; anogenital HSV in children <12 years old *7, 13			X		HSV 1 and HSV 2 in children <12 years old *13				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], viral culture). All viral load (detectable and undetectable) test results. *14, 15					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		
HPV-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old *8			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)						
Influenza A, novel or pandemic strains	!				Influenza virus, novel or pandemic strain isolated from humans		!				
Influenza	Practitioner notification not applicable				Influenza virus, all test results (positive and negative) *3				X		
Lead poisoning (blood lead level ≥5 µg/dL)*4, 16			X		Lead, all blood results (positive and negative) *3, 4, 16				X		
Legionellosis			X		Legionella species				X		
Leptospirosis			X		Leptospira species				X		

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Practitioner Notification					Laboratory Notification						
Reportable Disease or Condition	Timeframe (see page 8)				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 8)				
	Suspect Immediately	Immediately	Next Business Day	Other			Suspect Immediately	Immediately	Next Business Day	Other	
Listeriosis					Listeria monocytogenes						
Lyme disease			X		Borrelia burgdorferi				X		
Lymphogranuloma venereum (LGV)			X		Chlamydia trachomatis				X		
Malaria			X		Plasmodium species				X		
Measles (rubeola)	!				Measles virus *16		!				
Melioidosis	!				Burkholderia pseudomallei		!				
Meningitis, bacterial or mycotic			X		Isolation or demonstration of any bacterial or fungal species in CSF				X		
Meningococcal disease	!				Neisseria meningitidis isolated from a normally sterile site						
Mercury poisoning *4a			X		Mercury results indicative of poisoning as specified in the surveillance case definition *4a				X		
Mumps			X		Mumps virus				X		
Neonatal abstinence syndrome (NAS) *18				6 months	Laboratory notification not applicable						
Neurotoxic shellfish poisoning					Brevetoxin associated with neurotoxic shellfish poisoning as specified in the surveillance case definition *4a						
Paratyphoid fever *4b					Salmonella serotypes Paratyphi A, Paratyphi B, and Paratyphi C *4b						
Pertussis					Bordetella pertussis						
Pesticide-related illness and injury, acute *4			X		Laboratory results as specified in the surveillance case definition *4				X		
Plague	!				Yersinia pestis		!				
Poliomyelitis	!				Poliovirus		!				
Psittacosis (ornithosis)			X		Chlamydophila psittaci				X		
Q Fever			X		Coxiella burnetii				X		
Rabies, animal or human					Rabies virus in animal or human		!				
Rabies, possible exposure *19	!				Laboratory notification not applicable						
Respiratory syncytial virus	Practitioner notification not applicable				Respiratory syncytial virus, all test results (positive and negative) *3				X		

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 8)				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 8)			
	<i>Suspect Immediately</i>	<i>Immediately</i>	Next Business Day	Other			<i>Suspect Immediately</i>	<i>Immediately</i>	Next Business Day	Other
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 *17	✉	!			
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	✉		☎		
<i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA)		☎			<i>Staphylococcus aureus</i> , 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 *20				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) *21			X		<i>Mycobacterium tuberculosis</i> complex *21	✉			X	
Tularemia	!				<i>Francisella tularensis</i>	✉	!			
Typhoid fever *4b		☎			<i>Salmonella</i> serotype Typhi *4b	✉		☎		
Typhus fever, epidemic	!				<i>Rickettsia prowazekii</i>	✉	!			
Vaccinia disease	!				Vaccinia virus	✉	!			

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Practitioner Notification					Laboratory Notification					
Reportable Disease or Condition	Timeframe (see page 8)				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 8)			
	<i>Suspect Immediately</i>	<i>Immediately</i>	Next Business Day	Other			<i>Suspect Immediately</i>	<i>Immediately</i>	Next Business Day	Other
Varicella (chickenpox) *22			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					
Zika fever *5	!				Zika virus *5		!			

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

 **Suspect Immediately:** see page 8 for additional information on notification timeframes.

 **Immediately:** see page 8 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 Department's Bureau of Public Health Laboratories (BPHL):
- 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.
 - Hospitals, practitioners and laboratories submitting specimens for reportable laboratory tests, pursuant to subsection 64D-3.031(3), Florida Administrative Code, are required to supply the laboratories with sufficient information to comply with the provisions of this section.
 - For the address of the closest BPHL location, see page 2.
 - 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 10-15).
 - 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 10-15).
 - Submission should occur within two weeks from the time the isolate or specimen is received by the laboratory, unless otherwise noted by the Department.
- *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), Florida Administrative Code.
- *4
- Surveillance Case Definitions for Select Reportable Diseases in Florida are located on the Department's website (www.FloridaHealth.gov/DiseaseCaseDefinitions).
 - Reports should include occupational information (e.g., employer name, address, phone number).
- *5 Report on suspicion of infection. Reports should occur without delay on initial suspicion but reports do not need to be made after-hours. Reports on initial suspicion are to allow for disease control measures to be immediately implemented (such as notification of mosquito control) in order to prevent local transmission.

V. Notations, Table of Reportable Diseases or Conditions to Be Reported (Continued)

- *6 Notification within six months of diagnosis and within six months of each treatment.
- *7 All CD-4 absolute counts and percentage of total lymphocytes, with or without confirmed HIV infection.
- *8 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 case to the county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to section 39.201, Florida Statutes.
- *9 Exceptions are located in Rule 64D-3.035, Florida Administrative Code.
- *10 Practitioners should contact the Department's Bureau of Epidemiology at (850) 245-4401 to arrange appropriate autopsy and specimen collection.
- *11 For *Haemophilus influenzae* test results associated with people >4 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), Florida Administrative Code.
- *12 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), Florida Administrative Code, all test results performed (positive and negative) are to be submitted, including screening test results (positive and negative).
- *13 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.
- *14 Special requirements for Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS):
 - a. Laboratories that report confirmed positive HIV tests in persons ≥ 13 years old must also report STARHS 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. 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 2 for addresses).
 - c. Laboratories electing to send a blood specimen will contact the Incidence and Molecular Coordinator, HIV/AIDS Section, 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 the Department.
- *15 Laboratories shall submit a genotype for each confirmed positive HIV specimen on a FASTA file containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.

V. Notations, Table of Reportable Diseases or Conditions to Be Reported (Continued)

- *16 Special reporting requirements for reporting blood lead tests:
 - a. All blood lead tests (positive and negative results) must be submitted to the Department 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) <5 µg/dL must be reported within 10 business days. Electronic reporting of results is preferred.
- *17 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.
- *18 Each hospital licensed under Chapter 395, Florida Statutes 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, Florida Administrative Code, then it need not comply with the reporting requirements of subsection 64D-3.029(1), Florida Administrative Code.
- *19 Exposure to rabies (as defined in Rule 64D-3.028, Florida Administrative Code) that results in rabies prophylaxis for the person exposed, rabies testing, isolation or quarantine of the animal causing the exposure.
- *20 For *Streptococcus pneumoniae* test results associated with people >5 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), Florida Administrative Code.
- *21 Test results must be submitted by laboratories to the Department's Tuberculosis Control Section, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850) 245-4350.
- *22 Practitioners shall also provide dates of varicella vaccination.

VI. One Page Practitioner Guide

List available electronically at www.FloridaHealth.gov/DiseaseReporting

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

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

Florida Department of Health



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

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's 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

! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance + Acquired immune deficiency syndrome (AIDS) ☎ Amebic encephalitis ! Anthrax • Arsenic poisoning ! Arboviral diseases not otherwise listed • Babesiosis ! Botulism, foodborne, wound, and unspecified • Botulism, infant ! Brucellosis • California serogroup virus disease • Campylobacteriosis + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors • Carbon monoxide poisoning • Chancroid • Chikungunya fever ☎ Chikungunya fever, locally acquired • Chlamydia ! Cholera (<i>Vibrio cholerae</i> type O1) • Ciguatera fish poisoning + Congenital anomalies • Conjunctivitis in neonates <14 days old • Creutzfeldt-Jakob disease (CJD) • Cryptosporidiosis • Cyclosporiasis ! Dengue fever ! Diphtheria • Eastern equine encephalitis • Ehrlichiosis/anaplasmosis • <i>Escherichia coli</i> infection, Shiga toxin-producing • Giardiasis, acute ! Glanders • Gonorrhea • Granuloma inguinale	! <i>Haemophilus influenzae</i> invasive disease in children <5 years old • Hansen's disease (leprosy) ☎ Hantavirus infection ☎ Hemolytic uremic syndrome (HUS) ☎ Hepatitis A • Hepatitis B, C, D, E, and G • Hepatitis B surface antigen in pregnant women and children <2 years old ☎ Herpes B virus, possible exposure • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old + Human immunodeficiency virus (HIV) infection • HIV-exposed infants <18 months old born to an HIV-infected woman • Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old ! Influenza A, novel or pandemic strains ☎ Influenza-associated pediatric mortality in children <18 years old • Lead poisoning (blood lead level ≥5 µg/dL) • Legionellosis • Leptospirosis ☎ Listeriosis • Lyme disease • Lymphogranuloma venereum (LGV) • Malaria ! Measles (rubeola) ! Melioidosis • Meningitis, bacterial or mycotic ! Meningococcal disease • Mercury poisoning • Mumps + Neonatal abstinence syndrome (NAS) ☎ Neurotoxic shellfish poisoning ☎ Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) ☎ Pertussis	• Pesticide-related illness and injury, acute ! Plague ! Poliomyelitis • Psittacosis (ornithosis) • Q Fever ☎ Rabies, animal or human ! Rabies, possible exposure ! Ricin toxin poisoning • Rocky Mountain spotted fever and other spotted fever rickettsioses ! Rubella • St. Louis encephalitis • Salmonellosis • Saxitoxin poisoning (paralytic shellfish poisoning) ! Severe acute respiratory disease syndrome associated with coronavirus infection • Shigellosis ! Smallpox ☎ Staphylococcal enterotoxin B poisoning ☎ <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) • <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old • Syphilis ☎ Syphilis in pregnant women and neonates • Tetanus • Trichinellosis (trichinosis) • Tuberculosis (TB) ! Tularemia ☎ Typhoid fever (<i>Salmonella</i> serotype Typhi) ! Typhus fever, epidemic ! Vaccinia disease • Varicella (chickenpox) ! Venezuelan equine encephalitis • Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! Viral hemorrhagic fevers • West Nile virus disease ! Yellow fever ! Zika fever
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Coming soon: "What's Reportable?" app for iOS and Android

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

Florida Department of Health

For local county health department contact information, visit www.FloridaHealth.gov/CHDEpiContact

To obtain more copies of this guide, visit www.FloridaHealth.gov/DiseaseReporting

VII. Practitioner Disease Notification Form

Form available electronically at www.FloridaHealth.gov/DiseaseReporting

Practitioner Disease Report Form

Complete the following information to notify the Florida Department of Health of a reportable disease or condition. This can be filled in electronically.

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ).



Patient Information	Medical Information
SSN: _____	MRN: _____
Last name: _____	Date onset: _____ Date diagnosis: _____
First name: _____	Died: ☐ Yes ☐ No ☐ Unknown
Middle: _____	Hospitalized: ☐ Yes ☐ No ☐ Unknown
Parent name: _____	Hospital name: _____
Gender: ☐ Male ☐ Female ☐ Unknown	Date admitted: _____ Date discharged: _____
If female, pregnant: ☐ Yes ☐ No ☐ Unknown	Insurance: _____
Birth date: _____ Death date: _____	Treated: ☐ Yes ☐ No ☐ Unknown
Race: ☐ American Indian/Alaska native ☐ White	Specify treatment: _____
☐ Asian/Pacific islander ☐ Other	
☐ Black ☐ Unknown	
Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown	Laboratory testing: ☐ Yes ☐ No ☐ Unknown Attach laboratory result(s) if available
Address: _____	Provider Information
ZIP: _____ County: _____ State: _____	Physician: _____
City: _____	Address: _____
Home phone: _____	City: _____ State: _____ ZIP: _____
Other phone: _____	Phone: _____
Emergency phone: _____	Fax: _____
Email: _____	Email: _____

To obtain local county health department contact information, see www.FloridaHealth.gov/CHDEpiContact. See www.FloridaHealth.gov/DiseaseReporting for other reporting questions. 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 2013) for cases in people <13 years old. Please contact your county health department for these forms (visit www.FloridaHealth.gov/CHDEpiContact to obtain 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 (<http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

Reportable Diseases and Conditions in Florida **Notify upon suspicion 24/7 by phone** **Notify upon diagnosis 24/7 by phone**

- | | | | |
|---|--|---|--|
| ☐ Amebic encephalitis | ☐ Gonorrhea | ☐ Melioidosis | ☐ <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) |
| ☐ Anthrax | ☐ Granuloma inguinale | ☐ Meningitis, bacterial or mycotic | ☐ <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old |
| ☐ Arsenic poisoning | ☐ <i>Haemophilus influenzae</i> invasive disease in children <5 years old | ☐ Meningococcal disease | ☐ Syphilis |
| ☐ Arboviral diseases not otherwise listed | ☐ Hansen's disease (leprosy) | ☐ Mercury poisoning | ☐ Syphilis in pregnant women and neonates |
| ☐ Babesiosis | ☐ Hantavirus infection | ☐ Mumps | ☐ Tetanus |
| ☐ Botulism, foodborne, wound, and unspecified | ☐ Hemolytic uremic syndrome (HUS) | ☐ Neurotoxic shellfish poisoning | ☐ Trichinellosis (trichinosis) |
| ☐ Botulism, infant | ☐ Hepatitis A | ☐ Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) | ☐ Tuberculosis (TB) |
| ☐ Brucellosis | ☐ Hepatitis B, C, D, E, and G | ☐ Pertussis | ☐ Tularemia |
| ☐ California serogroup virus disease | ☐ Hepatitis B surface antigen in pregnant women and children <2 years old | ☐ Pesticide-related illness and injury, acute | ☐ Typhoid fever (<i>Salmonella</i> serotype Typhi) |
| ☐ Campylobacteriosis | ☐ Herpes B virus, possible exposure | ☐ Plague | ☐ Typhus fever, epidemic |
| ☐ Carbon monoxide poisoning | ☐ 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 | ☐ Poliomyelitis | ☐ Vaccinia disease |
| ☐ Chancroid | ☐ Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old | ☐ Psittacosis (ornithosis) | ☐ Varicella (chickenpox) |
| ☐ Chikungunya fever | ☐ Influenza A, novel or pandemic strains in children <18 years old | ☐ Q Fever | ☐ Venezuelan equine encephalitis |
| ☐ Chikungunya fever, locally acquired | ☐ Lead poisoning (blood lead level ≥5 ug/dL) | ☐ Rabies, animal or human | ☐ Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) |
| ☐ Chlamydia | ☐ Legionellosis | ☐ Rabies, possible exposure | ☐ Viral hemorrhagic fevers |
| ☐ Cholera (<i>Vibrio cholerae</i> type O1) | ☐ Leptospirosis | ☐ Ricin toxin poisoning | ☐ West Nile virus disease |
| ☐ Ciguatera fish poisoning | ☐ Listeriosis | ☐ Rocky Mountain spotted fever and other spotted fever rickettsioses | ☐ Yellow fever |
| ☐ Conjunctivitis in neonates <14 days old | ☐ Lyme disease | ☐ Rubella | ☐ Zika fever |
| ☐ Creutzfeldt-Jakob disease (CJD) | ☐ Lymphogranuloma venereum (LGV) | ☐ St. Louis encephalitis | ☐ 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. Specify in comments below. |
| ☐ Cryptosporidiosis | ☐ Malaria | ☐ Salmonellosis | |
| ☐ Cyclosporiasis | ☐ Measles (rubeola) | ☐ Saxitoxin poisoning (paralytic shellfish poisoning) | |
| ☐ Dengue fever | | ☐ Severe acute respiratory disease syndrome associated with coronavirus infection | |
| ☐ Diphtheria | | ☐ Shigellosis | |
| ☐ Eastern equine encephalitis | | ☐ Smallpox | |
| ☐ Ehrlichiosis/anaplasmosis | | ☐ Staphylococcal enterotoxin B poisoning | |
| ☐ <i>Escherichia coli</i> infection, Shiga toxin-producing | | | |
| ☐ Giardiasis, acute | | | |
| ☐ Glands | | | |

Comments: _____

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

NOTES

NOTES

