

FLORIDA HEALTH CARE PLANS REPORTABLE DISEASE REPORT

REPORT SUBMITTED TO COUNTY MEMBER RESIDES IN

PATIENT INFORMATION:

NAME: _____ MRN: _____

DOB: _____ SEX: _____ RACE: _____ PHONE#: _____

ADDRESS _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

DIAGNOSIS (chronic or acute if applicable) _____ DATE OF ONSET _____

TEST ORDERED _____ RESULTS _____

(Fax copy of lab work to Health Dept. with Form)

TREATMENT _____

NOTIFY:

<input type="checkbox"/> East Volusia-Epi 274-0633 Fax: 274-0641	<input type="checkbox"/> West Volusia-Epi 274-0588 Fax: 274-0641	<input type="checkbox"/> Volusia County After Hours On-Call Pager: 316-5030	<input type="checkbox"/> Flagler County After Hours On-Call Pager: 691-1585
<input type="checkbox"/> TB- Volusia County 274-0654 Fax: 274-0658	<input type="checkbox"/> TB-Flagler County 437-7350 ext. 2240 Fax: 586-5150	<input type="checkbox"/> AIDS/HIV-Volusia 274-0664 DO NOT LEAVE MESSAGE	<input type="checkbox"/> AIDS/HIV-Flagler 437-7350 ext 2212 DO NOT LEAVE MESSAGE
<input type="checkbox"/> STD-Volusia County (SEE BACK OF FORM) 274-0662 Fax: 274-0527		<input type="checkbox"/> STD-Flagler County (SEE BACK OF FORM) 437-7350 ext. 2212 Fax: 437-7353	

WILD ANIMAL BITES

<input type="checkbox"/> Daytona Beach 386/274-0694 FAX 274-0698	<input type="checkbox"/> Deland 386/822-6250 FAX 822-6251	<input type="checkbox"/> Orange City 386/775-5289 FAX 775-5292	<input type="checkbox"/> New Smyrna Beach 386/424-2061 FAX 424-2019	<input type="checkbox"/> Flagler 386/437-7358 FAX 437-7353
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RABIES VACCINE REQUIRES AN AUTHORIZATION NUMBER FOR THE HEALTH DEPT

DOMESTIC ANIMAL BITES: Call Animal Control in city of occurrence. Attempt to find out vaccine status of animal and discuss with Health Department advisability of Rabies Vaccine. Complete Animal Bite Incident Report. form.

PROVIDER INFORMATION: This section must be completed

Florida Health Care Plan Physician/Provider Name	Person Reporting
Address	(Area Code) Telephone
City	State
	Zip
	Date

CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

Florida Statutes (Chapter 384.25) requires that patients with sexually transmitted diseases be reported to the
DEPARTMENT OF HEALTH

HIV/AIDS reports MUST be mailed

Mail or Fax other reports to:

Volusia County Health Department
Attention: STD Dept.
P.O. Box 9190
Daytona Beach, FL 32120-9190
(386) 274-0659 Fax: (386) 274-0641

Flagler County Health Department
Attention: STD Dept.
P.O. Box 847
Bunnell, FL 32110-0847
(386) 437-7350 ext. 2212 Fax (386) 437-7353

PATIENT INFORMATION

Patient Name (Last, First, Middle) SSN			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnic Origin: <input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> Black, Not Hispanic <input type="checkbox"/> Hispanic, Black <input type="checkbox"/> Hispanic, White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other _____
Address			Date of Birth	
Town/City	State	Zip	(Area Code) Telephone	

TEST INFORMATION

<input type="checkbox"/> CHLAMYDIA	<input type="checkbox"/> GONORRHEA	<input type="checkbox"/> SYPHILIS	<input type="checkbox"/> HIV / OTHER
(Date of Positive Test)	(Date of Positive Test)	(Date of Positive Test)	(Date of Positive Test)
(Reporting Laboratory)	(Reporting Laboratory)	(Reporting Laboratory)	(Reporting Laboratory)
Select Treatment <input type="checkbox"/> Azithromycin (Zithromax) 1 gm orally x1 dose <input type="checkbox"/> Doxycycline (Vibramycin) 100 mg bid x 7 days <input type="checkbox"/> Other _____ "Pregnant" <input type="checkbox"/> Erythromycin 500 mg qid x 7 days <input type="checkbox"/> Azithromycin 1gm orally x1 dose <input type="checkbox"/> Amoxicillin 500mg TID x 7 days <input type="checkbox"/> Other _____	Select Treatment <input type="checkbox"/> Cefixime (Suprax) 400 mg orally <input type="checkbox"/> Ceftriaxone (Rocephin) 125 mg IM <input type="checkbox"/> Ciprofloxacin 400 mg orally <input type="checkbox"/> Ofloxacin 400 mg orally <input type="checkbox"/> Spectinomycin 2 gm IM <input type="checkbox"/> Ceftizoxime 500 mg IM <input type="checkbox"/> Enoxacin 400 mg orally <input type="checkbox"/> Lomefloxacin 400mg orally <input type="checkbox"/> Norfloxacin 800 mg orally <input type="checkbox"/> Other _____	Test Type & Result/Titer <input type="checkbox"/> RPR _____ <input type="checkbox"/> MHATP _____ <input type="checkbox"/> FTA _____ <input type="checkbox"/> HATTS _____ Select Tx & Date (M/D/Y) <input type="checkbox"/> 2.4mu BIC ____/____/____ <input type="checkbox"/> 2.4mu BIC ____/____/____ <input type="checkbox"/> 2.4mu BIC ____/____/____ <input type="checkbox"/> Doxycycline 100 mg <input type="checkbox"/> Tetracycline 100 mg orally Qid x 14 days. <input type="checkbox"/> Other _____	Test Type & Result <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Other _____ Treatment _____ (For any disease) If pregnant, was partner treated? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, was partner referred to the County Health Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Date of Treatment)	(Date of Treatment)	(Date of Treatment)	(Date of Treatment)

PROVIDER INFORMATION

Florida Health Care Plan Physician/Provider Name	Person Reporting
Address	(Area Code) Telephone
City	State
Zip	Date

Reportable Diseases/Conditions in Florida

Practitioner* List 11/24/08

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

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, Florida Administrative Code (FAC).

- ! = 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

! Any disease outbreak	Granuloma inguinale •	! Rabies (possible exposure)
! Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.	! <i>Haemophilus influenzae</i> (meningitis and invasive disease)	! Ricin toxicity
Acquired Immune Deficiency Syndrome (AIDS)+	Hansen's disease (Leprosy) •	Rocky Mountain spotted fever •
Amebic encephalitis •	☎ Hantavirus infection	! Rubella (including congenital)
Anaplasmosis •	☎ Hemolytic uremic syndrome	St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive) •
! Anthrax	☎ Hepatitis A	Salmonellosis •
Arsenic poisoning •	Hepatitis B, C, D, E, and G •	Saxitoxin poisoning including paralytic shellfish poisoning (PSP) •
! Botulism (foodborne, wound, unspecified, other)	Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old) •	! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
! Botulism (infant) •	Herpes simplex virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 yrs) •	Shigellosis •
! Brucellosis	Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)+	! Smallpox
California serogroup virus (neuroinvasive and non-neuroinvasive disease) •	Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs) •	☎ <i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
Campylobacteriosis •	! Influenza due to novel or pandemic strains	☎ Staphylococcal enterotoxin B (disease due to)
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)+	☎ Influenza-associated pediatric mortality (in persons aged < 18 yrs)	Streptococcal disease (invasive, Group A) •
Carbon monoxide poisoning •	Lead poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC •	Streptococcus pneumoniae (invasive disease) •
Chancroid •	Legionellosis •	Syphilis •
Chlamydia •	Leptospirosis •	☎ Syphilis (in pregnant women and neonates)
! Cholera	Listeriosis	Tetanus •
Ciguatera fish poisoning (Ciguatera) •	Lyme disease •	Toxoplasmosis (acute) •
Congenital anomalies •	Lymphogranuloma venereum (LGV) •	Trichinellosis (Trichinosis) •
Conjunctivitis (in neonates ≤ 14 days old) •	Malaria •	Tuberculosis (TB) •
Creutzfeldt-Jakob disease (CJD) •	! Measles (Rubeola)	! Tularemia
Cryptosporidiosis •	! Melioidosis	☎ Typhoid fever
Cyclosporiasis •	Meningitis (bacterial, cryptococcal, mycotic) •	! Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)
Dengue •	! Meningococcal disease (includes meningitis and meningococemia)	Typhus fever (disease due to <i>Rickettsia typhi</i> , <i>R. felis</i> infection) •
! Diphtheria	Mercury poisoning •	! Vaccinia disease
Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) •	Mumps •	Varicella (Chickenpox) •
Ehrlichiosis •	☎ Neurotoxic shellfish poisoning	Varicella mortality •
Encephalitis, other (non-arboviral) •	☎ Pertussis	! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
☎ Enteric disease due to: <i>Escherichia coli</i> , O157:H7 <i>Escherichia coli</i> , other pathogenic <i>E. coli</i> including entero-toxicogenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains	Pesticide-related illness and injury •	Vibriosis (Vibrio infections) •
Giardiasis •	! Plague	! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
! Glanders	! Poliomyelitis, paralytic and non-paralytic	West Nile virus disease (neuroinvasive and non-neuroinvasive) •
Gonorrhea •	Psittacosis (Ornithosis) •	Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) •
	Q Fever •	! Yellow fever
	☎ Rabies (human, animal)	

You are an invaluable part of Florida's disease surveillance system.

For more information, please call the epidemiology unit at your local county health department or the Bureau of Epidemiology, Florida Department of Health (FDOH): 850-245-4401 or visit http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

**Section 381.0031(1,2), Florida Statutes provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The FDOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance ... and shall furnish a copy of said list to the practitioners...."

