



# Epi Watch

A Monthly Epidemiology Newsletter



Division of Disease Control  
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## Pinellas County Health Department

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To report diseases or request  
information call:

(Mon-Fri, 8-5, Area code 727):

Epidemiology	824-6932
Hepatitis	824-6932
HIV/AIDS	824-6903
Immunizations	824-6936
STD	824-6911
Tuberculosis	824-6953
<b>Non-business hours</b>	<b>824-6900</b>
<b>Fax (not for reporting HIV/AIDS)</b>	<b>820-4270</b>

*Epi Watch* is a monthly newsletter produced and distributed by the Pinellas County Health Department Epidemiology Program. For more information, or to add your e-mail address to the distribution list, please contact Andrea Dopico: [andrea\\_dopico@doh.state.fl.us](mailto:andrea_dopico@doh.state.fl.us)

## **Disease Surveillance and Reporting: Rule 64D-3 Revisions** **Disease Control Division**

The Florida Department of Health recently completed an extensive revision of Chapter 64D-3 of the Florida Administrative Code, which governs disease reporting. The purpose of this revision is to update, clarify, and streamline rule language and to reduce redundancy.

The changes became effective November 20, 2006 and may be accessed at [www.flrules.org](http://www.flrules.org) (search for rule number 64D-3). The revisions are expected to enhance disease reporting efficiency while clarifying reporting and testing requirements for healthcare providers, laboratories, hospitals, and others.

In addition, the Pinellas County Health Department is working to further streamline disease reporting by establishing a new county-wide reporting system. **Effective immediately, in Pinellas County, all reportable diseases and conditions, except HIV/AIDS and HIV exposed newborns, can be faxed to: (727) 820-4270.**

Some noteworthy changes to Chapter 64D-3 include:

- Revised and standardized reporting timeframes into three major categories:
  - **Suspect Immediately** (newly added): Report upon *initial* suspicion or upon ordering laboratory test (24 hours a day, 7 days a week by phone).
  - **Immediately** Report immediately upon diagnosis confirmed clinically or by laboratory results (24 hours a day 7 days a week by phone).
  - **Next Business Day** (previously within 72 hours): Report next business day upon diagnosis confirmed clinically or by laboratory results.
- Adds new diseases/conditions to the list of reportable diseases:
  - The list of infections classified as an STD is expanded, *see 64D-3.029(22)*.
  - **Reportable by practitioners and laboratories:** HPV-exposed infants or newborns and conjunctivitis in neonates less than or equal to 14 days old; abnormal cervical cytologies/histologies; novel or pandemic human influenza strains; influenza associated pediatric mortality; SARS; California serogroup viruses; hepatitis D, E, and G; varicella; varicella mortality; epidemic typhus fever; and cancer-- including benign and borderline intracranial and central nervous system tumors.
- Mandates routine testing during pregnancy on the first prenatal visit and at 28 to 32 weeks gestation for chlamydia, gonorrhea, hepatitis B, HIV, and syphilis with an opt-out approach. If the woman appears at delivery, or within 30 days postpartum, with no record of prenatal care and/or testing after the 27<sup>th</sup> week of gestation then the woman should be tested for hepatitis B (HbsAg), HIV, and syphilis at delivery or prior to discharge. Specimens submitted to labs by the practitioner should state that the specimen is from a pregnant or postpartum woman. Emergency departments may satisfy testing requirements by referring pregnant women (12 or more weeks of gestation) presenting with no record of prenatal care to the county health department for testing.
- Creates a new single disease reporting form that may be used by healthcare providers, laboratories, hospitals, and others to report diseases and conditions **EXCEPT** HIV/AIDS. This form is available at: [http://www.doh.state.fl.us/disease\\_ctrl/epi/topics/surv.htm](http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm)  
For STD reporting, this form replaces the Florida Confidential Report.

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## Information related to HIV/AIDS Reporting:

Previously, HIV/AIDS reporting laws for both laboratories and providers included:

- 1) Repeatedly reactive HIV EIA tests with confirmatory HIV Western Blot tests as of July 1, 1997 (**for both labs and providers**)
- 2) Diagnostic qualitative or quantitative HIV PCR/viral load or virologic (e.g. NAAT) tests as of July 1, 1997 (**for both labs and providers**)
- 3) CD4 tests <200 or <14% on HIV positive patients (**for providers**)
- 4) Any of the 26 AIDS-related opportunistic infections with verified HIV positive status (**for providers**)

The *new* HIV/AIDS reporting law, which took effect on **November 20, 2006**, adds the following:

- 1) All detectable *and* undetectable HIV viral load tests on patients (**for labs**)
- 2) All positive HIV virologic tests (e.g. p24 AG, NAT/NAAT, viral cultures) on patients (**for labs**)
- 3) All CD4 tests, with or without confirmed HIV infection (**for labs**)
- 4) All labs that have HIV positive tests in persons  $\geq 13$  years of age must also report a serologic testing algorithm for recent HIV seroconversion (STARHS) test result. See F.A.C. 64D-3.029 (3,\*11) for further details (**for labs**)
- 5) All HIV exposed newborns (i.e. infants  $\leq 18$  months of age) born to an HIV infected woman on the next business day (**for providers**)
- 6) All HIV detectable viral load cases if an HIV/AIDS surveillance staff member calls your office for more information (**for providers**)

HIV/AIDS reporting providers have up to two weeks to report HIV/AIDS cases, whereas laboratories have only three days to report their HIV or CD4 test results.

In addition, practitioners attending a woman for prenatal care should be aware that the woman should be tested for chlamydia, gonorrhea, hepatitis B, **HIV**, and syphilis at the initial examination related to her current pregnancy *and* at 28 to 32 weeks gestation – unless the woman can provide documentation of HIV infection. Prior to any testing, the woman should be allowed to “**opt out**” of any or all of these tests. She should be told what tests will be performed and that she has the right to refuse any of these tests. Any test refused should be documented in the chart through a signed form by the patient or, if patient refuses to sign, the provider should document the refusal in the chart.

If the woman appears at delivery, or within 30 days postpartum, with no record of prenatal care and/or testing after the 27<sup>th</sup> week of gestation, then the woman should be tested for hepatitis B (HbsAg), HIV, and syphilis at delivery or prior to discharge. Specimens submitted to labs by the practitioner should state that the specimen is from a pregnant or postpartum woman. Finally, any hospital emergency department may satisfy this rule by referring any woman, not receiving prenatal care after the 12<sup>th</sup> week of gestation, to the county health department. The referral should be made in writing and a copy of the referral should be sent to the county health department.

HIV/AIDS cases may be reported *ONLY* by MAIL or by TELEPHONE.

- By telephone call **(727) 824-6903**
- By mail send to:

**Beth Sudduth, MPH**

Pinellas County Health Department  
Surveillance, Room 3-148  
205 Dr. M. L. King St N  
St. Petersburg, FL 33701

*please double envelope and mark inside envelope “CONFIDENTIAL”*

The Disease Control Division at the Pinellas County Health Department thanks you for your cooperation in reporting laboratory results and cases to our programs. We look forward to a continuing partnership in protecting the health of our county. Further information about this rule change can be accessed at:

[http://www.doh.state.fl.us/disease\\_ctrl/epi/topics/surv.htm](http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm)

[http://www.doh.state.fl.us/disease\\_ctrl/std/index.html](http://www.doh.state.fl.us/disease_ctrl/std/index.html)

<http://www.pinellashealth.com/HIVAIDS.asp>

NA = Not Available

**Selected Reportable Diseases/Conditions in Pinellas County**

<b>Disease</b>	<b>2006 November</b>	<b>2006 Year-to-Date</b>	<b>2005 Year-to-Date</b>	<b>2005 Total</b>
AIDS	19	213	137	160
Animal Bite, PEP Recommended	3	37	42	48
Animal Rabies			5	5
Arboviral Illness (Human):		3	3	3
Dengue				
EEE				
SLE				
WNV			18	18
CA/LaCrosse				
Botulism				
Campylobacteriosis	4	25	39	39
Chlamydia	240	2621	2180	2505
Creutzfeldt-Jakob disease (CJD)			2	2
Cryptosporidiosis		8	13	15
Cyclosporiasis			57	57
<i>E. coli O157:H7</i>		2	1	3
Giardiasis	2	32	26	30
Gonorrhea	129	1480	1252	1436
<i>H. influenzae</i> :				
Meningitis				
Pneumonia		3	1	1
Primary bacteremia		4	6	6
Epiglottitis				
Hansen Disease			1	1
Hemolytic Uremic Syndrome (HUS)		1	1	1
Hepatitis, Acute Viral:		5	9	9
A				
B	2	20	33	36
C	2	9	7	7
Non-A, Non-B			1	1
Hepatitis B: Pregnant woman +HBsAg	2	26	30	33
Hepatitis, Chronic Viral				
B	19	149	121	131
C	119	1231	1255	1378
HIV	16	171	210	232
Lead Poisoning:				
Total:	1	20	29	30
Children < 6 years:		6	11	12
Legionellosis		12	8	8
Listeriosis		2	1	1
Lyme Disease	1	5	4	4
Malaria		3	1	1
Meningitis:				
Group B Strep				
<i>S. pneumoniae</i>		2	6	6
Other bacterial		7	4	5
Meningococcal Disease	1	6	5	7
Mercury Poisoning		3		
Mumps			1	1
Pertussis		19	11	13
Plague (Bubonic & Pneumonic)				
Rocky Mountain Spotted Fever		3		
Salmonellosis	18	155	185	212
Shigellosis		18	152	169
<i>Streptococcal</i> disease, Inv. Group A	3	14	10	11
<i>S. pneumoniae</i> , Inv. disease (DR)		17	21	27
<i>S. pneumoniae</i> , Inv. disease (Suscept)	1	21	27	29
Syphilis:				
Total	4	131	82	95
Infectious (P and S)	3	37	38	41
Early Latent	1	57	27	32
Late Syphilis(Late Latent; Neurosyphilis)	2	37	17	22
Congenital				
Tuberculosis	1	27	1	27
<i>Vibrio</i> infections		6	5	5

Provisional cases reported by the Pinellas County Health Department. Blank cells indicate no cases reported.

For a complete list of reportable diseases and guidelines for reporting please visit: [http://www.doh.state.fl.us/disease\\_ctrl/epi/topics/surv.htm](http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm)