



Disease Outbreak Information Packet

A Guide for Manatee County Health Care Providers

DISEASE INFORMATION
PREVENTION RECOMMENDATIONS
REPORTING INSTRUCTIONS

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To report diseases or request information, call extension:

Epidemiology

Opt. 4

Epidemiology is the study of the patterns and distribution of health and illness in a population and the determination of the factors that influence population health. DOH-Manatee’s Office of Epidemiology represents the Department’s coordinated effort to control communicable diseases.

HIV/AIDS

Opt. 5

HIV/AIDS prevention, education, and case management services

Sexually Transmitted Infections

Opt. 5

Sexually Transmitted Infection (STI) services:

- Testing and examination
- Treatment
- Consultation and educational services

Animal Bites

Opt. 3

All bites from mammals to humans are required to be reported to DOHManatee. People bitten by animals that may have rabies should seek immediate treatment to prevent contracting the disease.

Tuberculosis

Opt. 5

The Tuberculosis (TB) Clinic provides identification and treatment to any Manatee County residents who have (or are suspected to have) active tuberculosis.

Immunizations

Opt. 5

DOH-Manatee offers a wide variety of immunizations (vaccines) for children and adults. Immunizations are a safe, effective way to prevent serious diseases. We offer:

- Childhood immunizations (required for school and child care)
- Adult and travel immunizations

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Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

March 14, 2024

Dear Community Partner,

The mission of the Florida Department of Health in Manatee County (DOH-Manatee) is "to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts." DOH-Manatee's Epidemiology Program represents this mission through a coordinated effort to control the spread of communicable diseases, including outbreaks, throughout the community.

Florida Statutes Section 381.0031 and *Florida Administrative Code* Chapter 64D-3 require health care practitioners to report outbreaks of any disease or any cluster of cases to the health department. 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. The public health system depends upon notification of diseases and outbreaks 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.

We hope you will find this guide a useful aid as we all work to improve outbreak surveillance, prevention, and control in Manatee County. The assistance and support of community partners are invaluable. We look forward to a 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.

Respectfully,

A handwritten signature in black ink that reads "Jennifer Bencie".

Jennifer Bencie, MD, MSA
Administrator/County Health Officer

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in Manatee County**
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HIPAA and Disease Reporting

To: Licensed Health Care Providers

Rule 64D-3.029 of the Florida Administrative Code (FAC), revised in 2014, sets forth disease reporting responsibilities and protections in the state. It is important for health care providers to understand these requirements and how they are impacted by the Privacy Rule of HIPAA (the Health and Insurance Portability and Accountability Act).

Review or Inspection of Medical Records

Health care providers are sometimes unsure how HIPAA affects the authority of the Department and its county health departments to obtain copies of patient records. HIPAA allows disclosure of protected health information from patient records for communicable disease investigation. It grants this access without patient consent 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.” (45 CFR section 154.512(b))

Furthermore, Section 381.031(3), Florida Statutes (F.S.), requires licensed health care providers to allow Department personnel access to communicable disease information in patient records, stating “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

State law requires licensed health care practitioners (including providers, laboratories, and hospitals) to report diseases of public significance to the Department of Health (Section 381.0031(7), F.S.) and specifies the diseases required to be reported (Chapter 64D-3, FA).

The federal HIPAA law does not reduce or change the obligation to report cases of certain diseases and to cooperate with the Department’s epidemiological investigations. HIPAA defers to state law with respect to “reports of disease, injury, child abuse, birth, or death for the conduct of public health” (Section 45 CFR 160.203(c)). Also, health care providers are specifically allowed to report these and other matters containing protected health information to the public health authority without notice to their patients (Section 45 CFR 164.512(b)).

Gastrointestinal (GI) Illness

Gastrointestinal (GI) illness occurs frequently in the United States. Roughly 267 million episodes of diarrhea are recorded in the U.S. each year, with 612,000 hospitalizations. Additionally, approximately 3,000 deaths each year are attributed to GI illness in the U.S. The causative agents for GI illness include viruses (e.g. Hepatitis A and norovirus), bacteria (e.g. *E. coli* and *Salmonella*), and parasites (e.g. *Cryptosporidium* and *Cyclospora*). Illness is most commonly transmitted through direct contact with an infected individual or contact with a contaminated surface.

The most common symptoms associated with GI illnesses are diarrhea, vomiting, nausea, and abdominal pain. Other symptoms may include fever, headache, and bodyaches.

Health care facilities and other institutional settings are particularly at risk for outbreaks of GI illness because of increased person-to-person contact.

Recommendations for Preventing the Spread of Infections

- If a gastrointestinal illness is suspected, place the patient on Contact Precautions and encourage any individual entering the patient-care area to wear a gown and gloves. Contact Precautions should remain in effect for a minimum of 48 hours after the resolution of symptoms.
- Place ill residents in a private room. If a private room is not available, place (cohort) residents with GI illness with one another.
- Those staff members who have recovered from recent suspected GI infections associated with an outbreak may be best suited to care for symptomatic patients until the outbreak resolves.
- Minimize patient movements within a ward or unit during outbreaks.
- Restrict symptomatic and recovering patients from leaving the patient-care area unless it is for essential care or treatment.
- Suspend group activities for the duration of an outbreak.
- Actively promote adherence to hand hygiene among health care personnel, patients, and visitors in patient-care areas affected by outbreaks.
- During an outbreak, soap and water are preferred over antibacterial gels.

Environmental Cleaning

- Perform routine cleaning and disinfection of frequently touched environmental surfaces and equipment in isolation and cohorted areas as well as in high-traffic clinical areas. Frequently touched surfaces include, but are not limited to, toilets, faucets, hand/bedrailing, telephones, door handles, computer equipment, and kitchen preparation surfaces.
- Increase the frequency of cleaning and disinfection of patient-care areas and frequently touched surfaces during GI outbreaks.
- Clean and disinfect surfaces starting from the areas with a lower likelihood of contamination (tray tables, counter tops) to areas with highly contaminated surfaces (toilets, bathroom fixtures). Change mop heads when new solutions are prepared or after cleaning large spills of fecal material.
- Wear a mask, gown, and gloves when cleaning up vomit or diarrhea.

Staff Leave and Policy

- Exclude ill personnel from work for a minimum of 48 hours after the resolution of symptoms.
- Establish protocols for staff cohorting in the event of an outbreak. Ensure staff care for one patient cohort on their ward and do not move between patient cohorts. Patient cohorts may include symptomatic, asymptomatic, or asymptomatic unexposed patient groups.
- Exclude non-essential staff, students, and volunteers from working in areas experiencing outbreaks.

Reporting Requirements

As with all outbreaks, notify the Florida Department of Health in Manatee County as required by state and local public health regulations. The State of Florida mandates reporting any outbreaks of disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community of any defined setting that is of urgent public health significance.

Gastrointestinal Specimen Collection Information

DOH-Manatee can assist with laboratory diagnosis during a gastrointestinal outbreak. The Department can supply sterile collection containers and submit the specimens to the Bureau of Public Health Laboratories in Tampa (BPHL-Tampa) for testing. BPHL will test for norovirus as well as other common gastrointestinal pathogens.

Preferred Specimen Types

Whole stool is the preferred clinical specimen for laboratory diagnosis. Ideally, specimens should be collected during the acute phase of illness (within 48 to 72 hours after symptoms start) while stools are still liquid or semi-solid. Vomit may also be submitted for testing.

Storage and Shipping Instructions

Specimens should be kept refrigerated at 39°F (4°C) if testing is done within 2 to 3 weeks.

If the specimens are shipped to a laboratory for testing, each sample should be:

- Sealed in a separate bag, and
- On frozen refrigerant packs in an insulated, waterproof polystyrene container

If testing will be done more than 3 weeks after the specimens are collected, they should be frozen at -4°F (-20°C) or -94°F (-70°C). When the specimens are stored in this way, norovirus can be detected for at least five years.

Please label each specimen container with the patient's name, date of birth, and the date the specimen was collected.

Respiratory Illness

Between 15% and 40% of the population will develop illness from influenza, or “the flu”, every year. On average, influenza is attributed to approximately 114,000 hospitalizations and 36,000 deaths each year in the United States. Anyone can get the flu (even healthy people), and serious problems from influenza can happen at any age. Some people who are at higher risk for complications from influenza include people with asthma, adults over age 65, pregnant women, and children younger than 5.

Common symptoms of influenza include fever, cough, sore throat, muscle or body aches, headaches, and fatigue. Some people may have vomiting and diarrhea, though this is more common in children than adults.

It is important to note that there are other causes of respiratory illness. Other viruses such as rhinoviruses, adenoviruses, and enteroviruses can all cause similar symptoms. It may be difficult to distinguish between viruses that cause a cold versus influenza.

If there is one laboratory-confirmed influenza-positive case along with other cases of respiratory infection, an influenza outbreak might be occurring.

Recommendations for Health Care Facilities

- Place ill residents in a private room. If a private room is not available, place (cohort) residents suspected of having influenza with one another. Continue to isolate ill residents until at least 24 hours after fever subsides.
- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
- Wear a gown if soiling of clothes with a resident’s respiratory secretions is anticipated.
- Wear a facemask (surgical or procedure mask) upon entering the resident’s room. Remove the facemask when leaving the resident’s room and dispose of the facemask in a waste container.
- Change gloves and gowns after each resident encounter and perform hand hygiene.
- Perform hand hygiene before and after touching the resident, after touching the resident’s environment, or after touching the resident’s respiratory secretions. Gloves do not replace the need for performing hand hygiene.

- If movement or transport is necessary, have the resident wear a facemask if possible.
- Communicate information about patients with suspected, probable, or confirmed influenza to appropriate personnel before transferring them to other departments.
- All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately. Treatment should not wait for laboratory confirmation of influenza. Antiviral treatment works best when started within the first two days of symptoms. However, these medications can still help when given after 48 hours to those that are very sick, such as those who are hospitalized or have progressive illness.

Additional Measures to Reduce Transmission

Consider these measures to reduce transmission among residents and health care personnel:

- Have symptomatic residents stay in their own rooms as much as possible, including restricting them from common activities and serving meals in their rooms.
- Limit the number of large group activities in the facility and consider serving all meals in resident rooms if possible when the outbreak involves multiple units of the facility.
- Avoid new admissions or transfers to units with symptomatic residents.
- Limit visitation and exclude ill persons from visiting the facility via posted notices. Consider restricting visitation by children during community outbreaks of influenza.
- Monitor staff absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from work until at least 24 hours after they no longer have a fever.
- Restrict staff movement from facility areas having illness to areas not affected by the outbreak.
- Administer the current season's influenza vaccine to unvaccinated residents and health care personnel as per current vaccination recommendations.

Reporting Requirements

As with all outbreaks, notify the Florida Department of Health in Manatee County as required by state and local public health regulations. The State of Florida mandates reporting any outbreaks of disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community of any defined setting that is of urgent public health significance.

Respiratory Specimen Collection Information

DOH-Manatee can assist with laboratory testing of respiratory specimens during an outbreak. The Department can supply the viral media swabs and submit the specimens to the Bureau of Public Health Laboratories (BPHL) in Tampa for testing. BPHL will test for influenza as well as other common respiratory viruses.

Beyond the first few days after onset, the probability of recovering virus is low. Specimens should be collected only from acute cases (less than three days post onset). In an outbreak situation, it is not necessary to collect a specimen from all cases. The laboratory suggests sampling three to five persons who have been symptomatic for less than three days.

Collection Instructions

1. Collect a nasal and/or throat swab. If collecting two swabs, send both swabs in one tube.
 - a. Nasal: using the large swab, insert swab 2 cm (3/4") into nares and rotate against the nasal mucosa.
 - b. Throat: using the large swab, vigorously rub swab on both tonsillar surfaces and the posterior pharynx.
2. Place swab(s) in the transport media. Break off the top of the shaft at the score and tighten the cap securely. Label the tube with the patient's name, date of birth, and the date of collection. Place in a zip seal bag. Please only place one specimen in each zip seal bag.
3. Please provide the following information to DOH-Manatee at the time of specimen submittal:
 - a. Did the patient receive the influenza vaccine this flu season?
 - b. Has the patient been treated with antiviral medication?
 - c. What was the date of symptom onset?

Rash Illness

Skin rashes can occur from a variety of factors, including infections, heat, allergens, immune system disorders and medications. Rashes involve changes in the color or texture of skin. Often, the cause of a rash can be determined from its visible characteristics and other symptoms. Some rashes, such as those due to heat or allergens, are not contagious. Common causes of contagious rashes can include impetigo, shingles, and chickenpox.

Most rash illnesses are transmitted through direct contact, although other modes of transmission may be possible.

Health care facilities and other institutional settings are particularly at risk for rash outbreaks because of increased person-to-person contact.

Recommendations to Prevent the Spread of Infections

- Isolate persons with active disease by excluding or grouping together (cohorting) persons who are ill.
- For immunocompetent residents, any lesions should be completely covered and contact precautions should be followed.
- Any health care personnel who develop lesions should cover them with a taped dressing and, in addition to standard contact precautions, the health care worker should be removed from direct care of patients at high risk for severe complications.
- In residential and healthcare settings, airborne infection isolation and contact precautions should be followed.
- Exposed health care workers and staff should be instructed to immediately report fever, skin lesions, or other symptoms and should be immediately placed on sick leave if any of these symptoms occur.

Reporting Requirements

As with all outbreaks, notify the Florida Department of Health in Manatee County as required by state and local public health regulations. The State of Florida mandates reporting any outbreaks of disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community of any defined setting that is of urgent public health significance.

Common Rash Illnesses

Illnesses associated with rashes often vary from one another in specific ways. Below you will find more precise recommendations for common types of rash illnesses. With all infectious rash illnesses, good hand hygiene is important to control transmission.

Impetigo: Common in children, this infection is from bacteria that live in the top layers of the skin. It appears as red sores that turn into blisters, ooze, then crust over.

- Trim fingernails.
- If you have impetigo, always use a clean washcloth and towel each time you wash.
- Do not share towels, clothing, razors, or other personal care products with anyone.
- Avoid touching any oozing blisters.
- Wash hands thoroughly after touching infected skin.

MRSA: MRSA stands for Methicillin-Resistant *Staphylococcus aureus*. It causes an infection that is resistant to several common antibiotics. Hospital-associated MRSA happens to people in health care settings. Community-associated MRSA happens to people who have close skin-to-skin contact with others, such as athletes involved in football and wrestling.

- Cover skin lesions.
- Avoid contact with wound drainage and dispose of dressings properly.
- Do not share personal items such as towels or other personal care items.
- Wash and dry laundry on “hot” settings.

Scabies: Scabies is an itchy skin condition caused by the microscopic mite *Sarcoptes scabiei*. Scabies spreads quickly in crowded conditions where there is frequent skin-to-skin contact between people. Hospitals, child care centers, and nursing homes are examples. Sharing clothes, towels, and bedding can sometimes spread scabies. This can happen much more easily when the infested person has “crusted scabies”.

- Prevent scabies by avoiding direct skin-to-skin contact with an infested person or with items such as clothing or bedding used by an infested person.
- Treat all household members simultaneously to prevent reinfestation.
- Bedding and clothing worn next to the skin that were used during the 4 days before the start of treatment should be washed in hot water.
- Remove clothing that cannot be laundered and store for several weeks.

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated August 18, 2021



Florida Department of Health

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

- ! 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
- 📞 Coronavirus disease (COVID-19)
- Chancroid
- Chikungunya fever
- 📞 Chikungunya fever, locally acquired
- Chlamydia
- ! Cholera (*Vibrio cholerae* 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
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute
- ! Glanders
- Gonorrhoea
- Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- Hansen's disease (leprosy)
- 📞 Hantavirus infection
- 📞 Hemolytic uremic syndrome (HUS)
- 📞 Hepatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women and children <2 years old
- 📞 Herpes B virus, possible exposure
- 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 (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- 📞 Pertussis
- Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- Psittacosis (ornithosis)
- Q Fever
- 📞 Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- St. Louis encephalitis
- Salmonellosis
- Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- Shigellosis
- ! Smallpox
- 📞 Staphylococcal enterotoxin B poisoning
- 📞 *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- *Streptococcus pneumoniae* invasive disease in children <6 years old
- Syphilis
- 📞 Syphilis in pregnant women and neonates
- Tetanus
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- ! Tularemia
- 📞 Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- West Nile virus disease
- ! Yellow fever
- ! Zika fever

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



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