

64D-3.029 Diseases or Conditions to be Reported.

(1) Diseases or conditions listed in subsection (3) below are of public health significance identified by the Department as of the date of these rules which must be reported by the practitioner, hospital, laboratory, or other individuals via telephone (with subsequent written report within 72 hours, see Rules 64D-3.030-.033, F.A.C.), facsimile, electronic data transfer, or other confidential means of communication to the County Health Department having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient’s residence is located consistent with the specific section and time frames in subsection (3) below relevant to the practitioners, hospitals and laboratories, respectively. Reporters are not prohibited from reporting diseases and/or conditions not listed by rule.

(2) Definitions to be used with subsection (3) below:

(a) *“Notifiable Diseases or Conditions”* – The definitions of “case” and “suspected case” for reportable diseases or conditions are set forth in “Surveillance Case Definitions for Select Reportable Diseases in Florida,” incorporated by reference, available online at: www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm. For any disease or condition for which Florida surveillance case definitions do not exist, the CDC case definitions set forth in Nationally Notifiable Infectious Diseases, Definition of Terms Used in Case Classification, incorporated by reference, available online at: www.cdc.gov/epo/dphsi/case_def/definition_of_terms.htm should be used. Also see the footnotes to subsection (3).

(b) *“Suspect Immediately”* – A notifiable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: Initial suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or suspected diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after-hours duty official at (850) 245-4401.

(c) *“Immediately”* – A notifiable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: An indicative or confirmatory test, findings indicative thereof, or diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after-hours duty official at (850) 245-4401.

(d) *“Next Business Day”* – Report before the closure of the County Health Department’s next business day following suspicion or diagnosis.

(e) *“Other”* – Report consistent with the instruction in and footnotes to subsection (3) below.

(3) *“Table of Notifiable Diseases or Conditions to Be Reported”*.

Practitioner Reporting				Laboratory Reporting						
Notifiable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes			
	Suspect Immediately	Immediately	Next Business Day	Other			Suspect Immediately	Immediately	Next Business Day	Other
Any disease outbreak in a community, hospital or other institution or a foodborne or waterborne outbreak	X	XX			Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak		X	XX		
Any grouping or clustering of patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism	X	XX			Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism.		X	XX		
Acquired Immune Deficiency Syndrome (AIDS)				2 Weeks	Not Applicable					
Anthrax	X	X			<i>Bacillus anthracis</i>	X	X	X		
Botulism, foodborne	X	X			<i>Clostridium botulinum</i> or botulinum toxin	X	X	X		

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Botulism, infant			X		<i>Clostridium botulinum</i> or botulinum toxin	X		X		
Botulism, other (includes wound and unspecified)	X	X			<i>Clostridium botulinum</i> or botulinum toxin	X	X	X		
Brucellosis	X	X			<i>Brucella abortus, B. melitensis, B. suis, B. canis</i>	X	X	X		
California serogroup virus neuroinvasive and non-neuroinvasive disease			X		California encephalitis virus, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus				X	
Campylobacteriosis			X		<i>Campylobacter</i> species				X	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)*2				6 Months	Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)				6 Months	
CD-4	Not Applicable				CD-4 absolute count and percentage of total lymphocytes*3				3 days	
Chancroid			X		<i>Haemophilus ducreyi</i>				X	
Chlamydia			X		<i>Chlamydia trachomatis</i>				X	
Chlamydia in pregnant women and neonates			X		<i>Chlamydia trachomatis</i>				X	
Chlamydia in children ≤ 12 years of age*4			X		<i>Chlamydia trachomatis</i>				X	
Cholera	X	X			<i>Vibrio cholerae</i>	X	X	X		
Ciguatera fish poisoning (Ciguatera)			X		Not Applicable					
<i>Clostridium perfringens</i> , epsilon toxin (disease due to)			X		<i>Clostridium perfringens</i> , epsilon toxin				X	
Congenital anomalies*5				6 Months	Not Applicable					
Conjunctivitis in neonates ≤ 14 days old			X		Not Applicable					
Creutzfeld-Jakob disease (CJD)*6			X		14-3-3 protein from CSF or any brain pathology suggestive of CJD*6				X	
Cryptosporidiosis			X		<i>Cryptosporidium parvum</i>				X	
Cyclosporiasis			X		<i>Cyclospora cayetanensis</i>	X			X	
Dengue			X		<i>Dengue virus</i>				X	
Diphtheria	X	X			<i>Corynebacterium diphtheriae</i>	X	X	X		
Eastern equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Eastern equine encephalitis virus	X			X	

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Ehrlichiosis, human granulocytic (HGE)			X		<i>Ehrlichia phagocytophilia.</i>			X	
Ehrlichiosis, human monocytic (HME)			X		<i>Ehrlichia chaffeensis</i>			X	
Ehrlichiosis, human other or unspecified agent			X		<i>Ehrlichia species other</i>			X	
Encephalitis, other (non-arboviral)			X		Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic virus			X	
Enteric disease due to <i>Escherichia coli</i> O157:H7		X			<i>Escherichia coli</i> O157:H7	X		X	
Enteric disease due to other pathogenic <i>Escherichia coli</i> *7		X			<i>Escherichia coli</i> *7			X	
Giardiasis (acute)			X		<i>Giardia species</i>			X	
Glanders	X	X			<i>Burkholderia mallei,</i>	X	X	X	
Gonorrhea			X		<i>Neisseria gonorrhoeae</i>			X	
Gonorrhea in children ≤ 12 years of age*4			X		<i>Neisseria gonorrhoeae</i>			X	
Gonorrhea in pregnant women and neonates			X		<i>Neisseria gonorrhoeae</i>			X	
Gonorrhea (Antibiotic Resistant)			X		<i>Neisseria gonorrhoeae</i> *8			X	
Granuloma Inguinale			X		<i>Calymmatobacterium granulomatis</i>			X	
<i>Haemophilus influenzae,</i> meningitis and invasive disease	X	X			<i>Haemophilus influenzae</i>	X	X	X	
Hansen disease (Leprosy)			X		<i>Mycobacterium leprae</i>			X	
Hantavirus infection		X			<i>Hantavirus</i>	X		X	
Hemolytic uremic syndrome		X			Not Applicable				
Hepatitis A*9		X			Hepatitis A*9			X	
Hepatitis B, C, D, E and G Virus*9			X		Hepatitis B, C, D, E and G Virus*9			X	
Hepatitis B surface antigen (HBsAg)-positive in a pregnant woman or a child up to 24 months old			X		Hepatitis B surface antigen (HBsAg)			X	
Herpes simplex virus (HSV) in infants up to six (6) months of age with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth*10			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*10			X	
HSV – anogenital in children ≤			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or			X	

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12 years of age*4*10					Culture*10				
Human immunodeficiency virus (HIV)				2 Weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.*11				3 days
Human immunodeficiency virus (HIV) Exposed Newborn – infant ≤ 18 months of age born to a HIV infected woman			X		Not Applicable				
Human papilloma virus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age*4			X		HPV DNA				X
HPV – anogenital in children ≤ 12 years of age*4			X		HPV DNA				X
HPV cancer associated strains*12			X		DNA typing of HPV strains 16, 18, 31, 33, 35, 36, 45 Abnormal histologies consistent with Bethesda 2001 Terminology*13				X
Influenza due to novel or pandemic strains	X	X			Isolation of influenza virus from humans of a novel or pandemic strain	X	X	X	
Influenza-associated pediatric mortality in persons aged < 18 years		X			Influenza virus – associated pediatric mortality in persons aged < 18 years (if known)	X		X	
Lead poisoning * 14			X		All blood lead tests with detectable blood lead values*14				X
Legionellosis			X		<i>Legionella</i> species				X
Leptospirosis			X		<i>Leptospira interrogans</i>				X
Listeriosis		X			<i>Listeria monocytogenes</i>			X	
Lyme disease			X		<i>Borrelia burgdorferi</i>				X
Lymphogranuloma Venereum (LGV)			X		<i>Chlamydia trachomatis</i>				X
Malaria			X		<i>Plasmodium falciparum</i> , <i>P. vivax</i> , <i>P. ovale</i> , <i>P. malariae</i>	X			X
Measles (Rubeola)	X	X			Measles virus*15	X	X	X	
Melioidosis	X	X			<i>Burkholderia pseudomallei</i>	X	X	X	
Meningitis, bacterial, cryptococcal and mycotic (other than meningococcal or <i>H. influenzae</i> or pneumococcal)			X		Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X

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Meningococcal Disease, includes meningitis and meningococemia	X	X			Neisseria meningitidis (serogroup needed)	X	X	X		
Mercury poisoning			X		Laboratory results as specified in the surveillance case definition for mercury poisoning				X	
Mumps			X		Mumps virus				X	
Neurotoxic shellfish poisoning		X			Laboratory results as specified in the surveillance case definition for Neurotoxic shellfish poisoning			X		
Pertussis		X			Bordetella pertussis			X		
Pesticide-related illness and injury			X		Laboratory results as specified in the surveillance case definition for pesticide related illness and injury				X	
Plague	X	X			Yersinia pestis	X	X	X		
Poliomyelitis	X	X			Poliovirus	X	X	X		
Psittacosis (Ornithosis)			X		Chlamydophila psittaci (formerly known as Chlamydia psittaci)	X			X	
Q Fever			X		Coxiella burnetii	X			X	
Rabies, animal		X			Rabiesvirus		X	X		
Rabies, human		X			Rabiesvirus		X	X		
Rabies, possible exposure*16	X	X			Not Applicable					
Ricin toxicity	X	X			Ricin toxin (from Ricinus communis castor beans)	X	X	X		
Rocky Mountain spotted fever			X		Rickettsia rickettsii				X	
Rubella, including congenital	X	X			Rubella virus*15	X	X	X		
St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease			X		St. Louis encephalitis virus	X			X	
Salmonellosis			X		Salmonella species by species serogroup and serotype				X	
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin				X	
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease	X	X			SARS-associated Coronavirus (SARS-CoV)	X	X	X		
Shigellosis			X		Shigella species by species serogroup				X	
Smallpox	X	X			Variola virus (orthopox virus)	X	X	X		
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA, VRSA)		X			Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition.	X		X		
Staphylococcus enterotoxin B		X			Staphylococcus enterotoxin B	X		X		
Streptococcal disease, invasive, Group A			X		Streptococcus pyogenes, Group A, isolated from a normally sterile site (does not include throat				X	

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				specimens)				
<i>Streptococcus pneumoniae</i> , invasive disease	Not Applicable			<i>Streptococcus pneumoniae</i> isolated from a normally sterile site			X	
<i>Streptococcus pneumoniae</i> , invasive disease in children < 5 years, drug sensitive and resistant			X	<i>Streptococcus pneumoniae</i> isolated from a normally sterile site			X	
Syphilis			X	<i>Treponema pallidum</i>			X	
Syphilis in pregnant women and neonates		X		<i>Treponema pallidum</i>		X		
Tetanus			X	<i>Clostridium tetani</i>			X	
Toxoplasmosis, acute			X	<i>Toxoplasma gondii</i>			X	
Trichinellosis (Trichinosis)			X	<i>Trichinella spiralis</i>			X	
Tuberculosis (TB)*17			X	<i>Mycobacterium tuberculosis</i> complex*17			X	
Tularemia	X	X		<i>Francisella tularensis</i>	X	X	X	
Typhoid fever		X		<i>Salmonella typhi</i>	X		X	
Typhus fever (epidemic)	X	X		<i>Rickettsia prowazekii</i>	X	X	X	
Typhus fever (endemic)			X	<i>Rickettsia typhi</i> , <i>R. felis</i>			X	
Vaccinia disease	X	X		Vaccinia virus	X	X	X	
Varicella (ChickenPox)*18			X	Varicella virus			X	
Varicella mortality			X	Varicella virus			X	
Venezuelan equine encephalitis virus neuroinvasive and non-neuroinvasive	X	X		Venezuelan equine encephalitis virus	X	X	X	
Vibriosis (Vibrio infections, other than Cholera)			X	All non-cholera <i>Vibrio</i> species including, <i>V. alginolyticus</i> , <i>V. damsela</i> , <i>V. fluvialis</i> , <i>V. furnissii</i> , <i>V. hollisae</i> , <i>V. mimicus</i> , <i>V. parahaemolyticus</i> , <i>V. vulnificus</i>	X		X	
Viral hemorrhagic fevers	X	X		Ebola, Marburg, Lassa, Machupo viruses	X	X	X	
West Nile virus neuroinvasive and non-neuroinvasive disease			X	West Nile virus	X		X	
Western equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X	Western equine encephalitis virus	X		X	
Yellow fever	X	X		Yellow fever virus	X		X	

*1 – Submission of isolates or specimens for confirmation:

a. Each laboratory that obtains a human isolate or a specimen from a patient shall send specimens (such as isolates, serums, slides or diagnostic preparations) to the Florida Department of Health, Bureau of Laboratories. Contact 1(866)352-5227 for the address of your regional laboratory, which will maintain a record indicating the date that these specimens were submitted to the laboratory.

b. Persons submitting specimens for reportable laboratory tests to the Florida Department of Health Laboratories, pursuant to subsection 64D-3.003(4), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

*2 – Notification within six months of diagnosis and within six months of each treatment.

Exceptions are located in Rule 64D-3.007, F.A.C.

*3 – All CD4s, with or without confirmed HIV infection.

*4 – Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or under, excluding neonates. Reporting of an STD case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to Section 39.201, F.S.

*5 – Exceptions are located in Rule 64D-3.035, F.A.C.

*6 – Practitioners should contact the Department of Health, Bureau of Epidemiology at (850)245-4401 to arrange appropriate autopsy and specimen collection.

*7 – Non-O:157:H7, including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, enteroaggregative strains and shiga toxin positive strains.

*8 – Special reporting requirements for Antibiotic Resistant *Neisseria gonorrhoeae*:

a. Report susceptibility test results (zone sizes for disk diffusion; MICs for E-test or agar dilution) for the following antibiotics: Azithromycin, Cefixime, Ceftriaxone, Ciprofloxacin, Erythromycin, Ofloxacin, Penicillin, Spectinomycin, and Tetracycline.

*9 – Special reporting requirements for Hepatitis:

a. Positive results should be accompanied by any hepatitis testing conducted; and
b. All serum aminotransferase levels.

*10 – 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.

*11 – Special requirements for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion):

a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report a serologic testing algorithm for recent HIV seroconversion (STARHS) test result.

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 (Serologic Testing Algorithm for Recent HIV Seroconversion). The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 ml to the Florida Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926.

c. Laboratories electing to send a blood specimen will contact the Florida Department of Health, Bureau of Laboratories at (904) 791-1500 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 National Centers for Disease Control and Prevention will not be required to send a specimen to the Florida Department of Health Laboratory.

*12 – Practitioners need only to report the presence of cancer associated strains, not abnormal cytologies to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1712, (850) 245-4303.

*13 – Special reporting requirements for abnormal histologies:

a. Report only classifications consistent with Bethesda 2001 Terminology of ASC-US, ASC-H, HSIL, LSIL, CIN 1, CIN 2, CIN 3 and AGC to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1712, (850) 245-4303.

b. All such reports must be received by the Department electronically in HL-7 format.

*14 – Special reporting requirements for reporting blood lead tests:

a. All blood lead tests are considered evidence of a suspected case and are to be reported to the Florida Department of Health, Bureau of Community Environmental Health, Childhood Lead Poisoning Prevention Program, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1712, (850) 245-4277.

b. All such reports must be received by the Department electronically.

*15 – IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG results.

*16 – Includes a bite or other significant exposure to a human or domestic animal (including all pets and livestock) by an animal:

- a. That results in rabies prophylaxis for the person exposed, rabies testing and/or quarantine of the animal causing the exposure; or
- b. That is capable of transmitting herpes B viruses (includes exposures from nonhuman primates).

*17 – Special reporting requirements for Tuberculosis:

- a. Test results must also be submitted by laboratories to the Department of Health, Bureau of Tuberculosis and Refugee Health, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850)245-4350;
- b. The 15-digit spoligotype (octal code) must be reported. If the spoligotyping is not available, the isolate must be submitted to the Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904)791-1500. The Department will provide the mailing materials and pay mailing costs.

*18 – Special reporting requirements for Varicella (chickenpox) – Besides the information required to be reported in subsection 64D-3.030(3), F.A.C., practitioners shall also provide date of vaccination.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.62, 10D-3.062, and 64D-3.002.