

64D-3.029 Diseases or Conditions to be Reported.

(1) Diseases or conditions listed in subsection (3) below are identified by the Department as being of public health significance. These diseases or conditions 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 to the Department, which includes the County Health Departments. Reporters are not prohibited from reporting diseases or conditions not listed by rule. Reports should include all associated testing results performed (e.g. serogroup, serotype, and antimicrobial susceptibility results). Physicians and other healthcare providers using point of care tests for diagnosis of infectious diseases must report test results to the Department when they are indicative of an infectious disease reportable directly to the Department by laboratories unless such point of care testing is subject to routine reflex testing by a supplementary or confirmatory testing the results of which would be reportable.

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

(a) *“Reportable Diseases or Conditions”* – The definitions of “suspected case” and “confirmed case” for reportable diseases or conditions are set forth in “Surveillance Case Definitions for Select Reportable Diseases in Florida,” 2014, incorporated by reference, available online at: <https://www.flrules.org/Gateway/reference.asp?No=Ref-04150>.

(b) *“Suspect Immediately”* – A reportable 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 Department after-hours duty official at (850) 245-4401.

(c) *“Immediately”* – A reportable 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 Department 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 Reportable Diseases or Conditions to Be Reported”*.

Practitioner Reporting				Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes			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	Timeframes			
	Immediately Suspect	Immediately	Next Business Day			Other	Immediately Suspect	Immediately	Next Business Day
Any case, cluster of cases, outbreak, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting such as a hospital, school or other institution, not listed in this rule that is of urgent public health significance. This includes human cases, clusters, or outbreaks spread person-to-person, by animals or vectors or	X	X		Detection in one or more specimens of etiological agents of a disease or condition not listed in this Rule that is of urgent public health significance. This includes the identification of etiological agents that are suspected to be the cause of clusters, or outbreaks spread person-to-person, by animals or vectors or from an environmental, food, or waterborne source of exposure; those that result from a deliberate act of		X	X		

Practitioner Reporting					Laboratory Reporting						
Reportable Diseases or Conditions	Timeframes				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	Timeframes				
	Immediately	Suspect	Immediately	Next Business Day			Other	Immediately	Suspect	Immediately	Next Business Day
from an environmental, food 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.					terrorism; and unexplained deaths due to unidentified infectious or chemical causes.						
Acquired Immune Deficiency Syndrome (AIDS)				2 Weeks	Acquired Immune Deficiency Syndrome (AIDS)	Laboratory Reporting Not Applicable					
Amebic Encephalitis			X		<i>Naegleria fowleri</i> , <i>Balamuthia mandrillaris</i> , or <i>Acanthamoeba</i> species				X		
Anthrax	X	X			<i>Bacillus anthracis</i>	X	X	X			
Antimicrobial resistance surveillance	Practitioner Reporting Not Applicable				Antimicrobial resistance surveillance (for organisms not otherwise listed in this table), <i>Acinetobacter baumannii</i> , <i>Citrobacter</i> species, <i>Enterococcus</i> species, <i>Enterobacter</i> species, <i>Escherichia coli</i> species, <i>Klebsiella</i> species, <i>Pseudomonas aeruginosa</i> , <i>Serratia</i> species, isolated from a normally sterile site *3					X	
Arsenic Poisoning *4a				X	Laboratory results as specified in the surveillance case definition *4a					X	
Arboviral infections, not otherwise listed in this table (disease due to)				X	Including but not limited to: Flaviviridae, Togaviridae (e.g. Western equine encephalitis), Bunyaviridae	X				X	
Botulism, foodborne, other (includes wound and unspecified)	X	X			<i>Clostridium botulinum</i> or botulinum toxin	X	X	X			
Botulism, infant				X	<i>Clostridium botulinum</i> or botulinum toxin	X				X	
Brucellosis	X	X			<i>Brucella</i> species	X	X	X			
California serogroup viruses (disease due to)				X	California serogroup viruses such as Jamestown Canyon, Keystone, and Lacrosse	X				X	
Campylobacteriosis *4b				X	<i>Campylobacter</i> species *4b					X	
Cancer (except non-				6 Months	Pathological or tissue diagnosis of						6

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	Immediately Suspect	Immediately	Next Business Day			Other	Immediately Suspect	Immediately	Next Business Day
melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) *5									Months
Carbon monoxide poisoning			X	A volume fraction ≥ 0.09 (9%) of carboxyhemoglobin in blood				X	
CD-4 absolute count and percentage of total lymphocytes	Practitioner Reporting Not Applicable			CD-4 absolute count and percentage of total lymphocytes *6					3 days
Chancroid			X	<i>Haemophilus ducreyi</i>				X	
Chlamydia *7			X	<i>Chlamydia trachomatis</i>				X	
Cholera	X	X		<i>Vibrio cholerae</i>	X	X	X		
Ciguatera fish poisoning			X	Ciguatera fish poisoning	Laboratory Reporting Not Applicable				
Congenital anomalies *8				6 Months	Congenital anomalies	Laboratory tests as specified in Rule 64D-3.035			
Conjunctivitis in neonates < 14 days old			X	Conjunctivitis in neonates < 14 days old	Laboratory Reporting Not Applicable				
Creutzfeld-Jakob disease (CJD)*9			X	14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD *9				X	
Cryptosporidiosis *4b			X	<i>Cryptosporidium</i> species *4b				X	
Cyclosporiasis			X	<i>Cyclospora cayetanensis</i>	X			X	
Dengue			X	Dengue virus	X			X	
Diphtheria	X	X		<i>Corynebacterium diphtheriae</i>	X	X	X		
Eastern equine encephalitis			X	Eastern equine encephalitis virus	X			X	
Ehrlichiosis/Anaplasmosis			X	<i>Anaplasma</i> species or- <i>Ehrlichia</i> species	X			X	
<i>Escherichia coli</i> Shiga toxin-producing (disease due to) *4b			X	<i>Escherichia coli</i> Shiga toxin-producing *4b	X			X	
Giardiasis (acute) *4b			X	<i>Giardia</i> species *4b				X	
Glanders	X	X		<i>Burkholderia mallei</i> ,-	X	X	X		
Gonorrhea *7			X	<i>Neisseria gonorrhoeae</i>				X	
Granuloma inguinale			X	<i>Calymmatobacterium granulomatis</i>				X	
<i>Haemophilus influenzae</i> ,	X	X		<i>Haemophilus influenzae</i> , all ages,	X	X	X		

Practitioner Reporting				Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes			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	Timeframes			
	Immediately Suspect	Immediately	Next Business Day			Other	Immediately Suspect	Immediately	Next Business Day
meningitis and invasive disease_in children < 5 years old				isolated from a normally sterile site *10					
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*4b, 11		X		Hepatitis A*4b, 11			X		
Hepatitis B, C, D, E and G *11			X	Hepatitis B, C, D, E and G Virus*11				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 B virus, possible exposure		X		Herpes B virus, possible exposure	Laboratory Reporting Not Applicable				
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 *12			X	HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *12				X	
HSV – anogenital in children < 12 years of age *7, 12			X	HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *12				X	
Human immunodeficiency virus (HIV) infection				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.*13, 14				3 days
Human immunodeficiency virus (HIV) Exposed Newborn – infant < 18 months of age born to a HIV infected woman			X		All HIV test results (e.g., positive or negative immunoassay, positive or negative virologic tests) for those < 18 months of age				3 days

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	Immediately	Suspect	Immediately	Next Business Day			Other	Immediately	Suspect	Immediately
Human papillomavirus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children < 6 years of age *7			X		HPV DNA				X	
Human papillomavirus (HPV) – anogenital papillomas in children ≤ 12 years of age *7			X		HPV DNA				X	
Human papillomavirus (HPV)	Practitioner Reporting Not Applicable				HPV DNA *3				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		
Influenza	Practitioner Reporting Not Applicable				Influenza virus, all test results (positive and negative) *3				X	
Lead poisoning *4, 15			X		All blood lead test results (positive and negative) *3, 4, 15				X	
Legionellosis			X		<i>Legionella</i> species				X	
Leptospirosis			X		<i>Leptospira interrogans</i>				X	
Listeriosis		X			<i>Listeria monocytogenes</i>	X		X		
Lyme disease			X		<i>Borrelia burgdorferi</i>				X	
Lymphogranuloma Venereum (LGV)			X		<i>Chlamydia trachomatis</i>				X	
Malaria			X		<i>Plasmodium</i> species	X			X	
Measles (Rubeola)	X	X			Measles virus *16	X	X	X		
Melioidosis	X	X			<i>Burkholderia pseudomallei</i>	X	X	X		
Meningitis, bacterial or mycotic			X		Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X	
Meningococcal disease	X	X			<i>Neisseria meningitidis</i>	X		X		
Mercury poisoning *4a			X		Laboratory results as specified in the surveillance case definition *4a				X	
Mumps			X		Mumps virus				X	
Neonatal Abstinence Syndrome *17				6 months	Neonatal Abstinence Syndrome	Laboratory Reporting Not Applicable				

Practitioner Reporting					Laboratory Reporting					
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	Immediately Suspect	Immediately	Next Business Day	Other			Immediately Suspect	Immediately	Next Business Day	Other
Neurotoxic shellfish poisoning		X			Laboratory results as specified in the surveillance case definition *4a			X		
Pertussis		X			<i>Bordetella pertussis</i>			X		
Pesticide-related illness and injury *4			X		Laboratory results as specified in the surveillance case definition *4				X	
Plague	X	X			<i>Yersinia pestis</i>	X	X	X		
Poliomyelitis	X	X			Poliovirus	X	X	X		
Psittacosis (Ornithosis)			X		<i>Chlamydophila psittaci</i>	X			X	
Q Fever			X		<i>Coxiella burnetii</i>	X			X	
Rabies, animal or human		X			Rabies virus		X	X		
Rabies, possible exposure *18	X	X			Rabies, possible exposure	Laboratory Reporting Not Applicable				
Respiratory syncytial virus	Practitioner Reporting Not Applicable				Respiratory syncytial virus, all test results (positive and negative) *3				X	
Ricin toxicity	X	X			Ricinine (from <i>Ricinus communis</i> castor beans)	X	X	X		
Rocky Mountain spotted fever and other Spotted Fever Rickettsioses			X		<i>Rickettsia rickettsii</i> and other Spotted Fever <i>Rickettsia</i> species	X			X	
Rubella, including congenital	X	X			Rubella virus *16	X	X	X		
St. Louis encephalitis (SLE)			X		St. Louis encephalitis virus	X			X	
Salmonellosis *4b			X		<i>Salmonella</i> species *4b				X	
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin				X	
Severe acute respiratory disease syndrome-associated with a Coronavirus infection	X	X			Coronavirus associated with severe acute respiratory disease	X	X	X		
Shigellosis *4b			X		<i>Shigella</i> species *4b				X	
Smallpox	X	X			Variola virus (orthopox virus)	X	X	X		
<i>Staphylococcus aureus</i> isolated from a normally sterile site	Practitioner Reporting Not Applicable				<i>Staphylococcus aureus</i> isolated from a normally sterile site *3				X	
<i>Staphylococcus aureus</i> with intermediate or full resistance to vancomycin (VISA, VRSA)		X			<i>Staphylococcus aureus</i> with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition *4	X		X		
Staphylococcus enterotoxin B		X			Staphylococcus enterotoxin B	X		X		

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	Immediately Suspect	Immediately	Next Business Day			Other	Immediately Suspect	Immediately	Next Business Day
<i>Streptococcus pneumoniae</i> , invasive disease in children < 6 years, drug sensitive and resistant			X					X	
Syphilis			X					X	
Syphilis in pregnant women and neonates		X					X		
Tetanus			X					X	
Trichinellosis (Trichinosis)			X					X	
Tuberculosis (TB) *20			X		X			X	
Tularemia	X	X			X	X	X		
Typhoid fever *4b		X			X		X		
Typhus fever (epidemic)	X	X			X	X	X		
Vaccinia disease	X	X			X	X	X		
Varicella (Chickenpox) *21			X					X	
Varicella mortality			X					X	
Venezuelan equine encephalitis	X	X			X	X	X		
Vibriosis (infections by <i>Vibrio</i> species and closely related organisms, other than Cholera)			X		X			X	
Viral hemorrhagic fevers	X	X			X	X	X		
West Nile virus (disease due to)			X		X			X	
Yellow fever	X	X			X		X		

*1 – Submission of isolates or specimens for confirmation to the Florida Department of Health, Bureau of Public Health Laboratories:

a. 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.

b. Hospitals, practitioners and laboratories submitting specimens for reportable laboratory tests, pursuant to subsection 64D-3.031(3), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

c. For the address of the closest Florida Department of Health laboratory location, contact 1-866-352-5227.

d. Laboratories shall submit isolates or specimens for confirmation or additional characterization of the organism for any reportable disease listed in the *Table of Reportable Diseases or Conditions to be Reported* in this Rule as requested by the Department.

e. 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* in this rule.

*2 – Include MIC (minimum inhibitory concentration), zone sizes for disk diffusion; MICs for E-test or agar dilution and interpretation (susceptible, intermediate, resistant).

*3 – Paper reports are not required. Applies only to laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), F.A.C.

*4 – a. Surveillance Case Definitions for Select Reportable Diseases in Florida, 2014.

b. Reports should include occupational information (e.g. employer name, address, phone number).

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

*6 – All CD-4 absolute count and percentage of total lymphocytes, with or without confirmed HIV infection.

*7 – Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or younger, excluding neonates. Reporting of a sexually transmissible disease (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.

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

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

*10 – For *Haemophilus influenzae* test results associated with persons older than 4 years of age, only electronic reporting is required, in accordance with subsection 64D-3.031(5), F.A.C.

*11 – 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 if testing is conducted as part of a pregnancy panel. For laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), F.A.C., all test results performed (positive and negative) are to be submitted, including screening test results (positive and negative).

*12 – 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.

*13 – 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 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 testing. The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 ml to the Bureau of Public Health Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202-3926 or 1325 NW 14th Avenue, Miami, Florida 33125.

c. Laboratories electing to send a blood specimen will contact the Incidence and Resistance Coordinator, HIV/AIDS and Hepatitis Section, Florida Department of Health, 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.

*14 – If a genotype is performed, the fasta files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.

*15 – 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 electronically. This reporting requirement pertains to: 1) laboratories and, 2) 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) less than 10 µg/dL must be reported within 10 business days. Electronic reporting of results is preferred.

*16 – 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.

*17 – Each hospital licensed under Chapter 395, F.S., 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, F.A.C., then it need not comply with the reporting requirements of subsection 64D-3.029(1), F.A.C.

*18 – Exposure to Rabies, as defined in Rule 64D-3.028, F.A.C., that results in rabies prophylaxis for the person exposed, rabies testing, isolation or quarantine of the animal causing the exposure.

*19 – For *Streptococcus pneumoniae* test results associated with persons older than 5 years, only electronic reporting is required, in accordance with subsection 64D-3.031(5), F.A.C.

*20 – Test results must be submitted by laboratories to the Department of Health, Tuberculosis Control Section, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850) 245-4350.

*21 – Practitioners shall also provide dates of varicella vaccination.

Rulemaking Authority 381.0011(2), 381.003(2), 381.0031(8), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(3), (4), 381.003(1), 381.0031(2), (4), (5), (6), (8), 383.06, 384.25, 385.202, 392.53 FS. History–New 11-20-06, Amended 11-24-08, 6-4-14.