Executive Summary

Florida Morbidity Statistics

Florida Department of Health Bureau of Epidemiology

Florida Morbidity Statistics Report Executive Summary 2011



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> Florida Department of Health: http://www.doh.state.fl.us/

Florida Morbidity Statistics Reports: http://www.doh.state.fl.us/disease_ctrl/epi/Morbidity_Report/amr.html

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Introduction

This document is an executive summary of the Florida Morbidity Statistics Report 2011. For more in-depth information about 2011 disease trends, as well as notable case and outbreak investigations, refer to the full 2011 Florida Morbidity Statistics Report, available online at http://www.doh.state.fl.us/disease_ctrl/epi/Morbidity_Report/amr.html.

The Florida Morbidity Statistics Report is the official record of the occurrence of reportable disease in Florida and this edition marks the fifty-sixth publication since 1945. The data contained here are final, unless otherwise noted. Florida Statutes Chapter 381 states, "The department shall conduct a communicable disease prevention and control program as part of fulfilling its public health mission." The mission of the Florida Department of Health is to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts. This report directly supports the mission of the Department by identifying patterns and trends in the incidence of disease that are used as the scientific basis for development of disease control and prevention strategies and policies.

Disease control and prevention are core functions of any public health agency. Protection of the public's health from existing, emerging, and re-emerging diseases requires diligence in all aspects of public health. Public health partners in identifying and characterizing emerging trends in disease are the physicians, nurses, laboratorians, hospital infection preventionists, and other health care professionals who participate in reportable disease surveillance. Without their participation, the ability to recognize and intervene in emerging public health issues would be much more limited.

The Bureau of Epidemiology thanks all program areas within the Florida Department of Health that contributed to this report including Immunization, HIV/AIDS, Sexually Transmitted Disease, Tuberculosis, Environmental Health, and Public Health Laboratories. Finally, many thanks are extended to the county health department staff and other public health professionals who are involved in reportable disease surveillance, either through disease control activities, case investigations, data collection, or other essential functions.

Purpose

The Florida Morbidity Statistics Report is compiled in a single reference document to:

- 1. Summarize annual morbidity from reportable acute communicable and environmental diseases and cancer in Florida.
- 2. Describe patterns of disease that can be assessed over time, compared with trends from other states, and act as an aid in directing future disease prevention and control efforts.
- 3. Provide a resource to medical and public health authorities at county, state, and national levels.

Data Sources

Data presented in the 2011 Florida Morbidity Statistics Report and Executive Summary are based on reportable disease information received by county and state health department staff from physicians, hospitals, and laboratories throughout the state. Data on the occurrence of reportable diseases in Florida were obtained through passive and active surveillance. Reporting of suspected and confirmed reportable diseases and conditions in the state of Florida is mandated under Florida Statute 381.0031 and Chapter 64D-3, Florida Administrative

Code (F.A.C.). People in charge of laboratories, hospitals, medical facilities, or other facilities providing health services (which can include schools, nursing homes, and state institutions) are required to report certain diseases and conditions and the associated laboratory test results as listed in the Table of Notifiable Diseases or Conditions to be Reported, Chapter 64D-3, F.A.C. Reporting of test results by a laboratory does not nullify a practitioner's obligation to report the disease or conditions. These data are the basis for providing useful information on reportable diseases and conditions in Florida to healthcare workers and policymakers, and would not be possible without the cooperation of the extensive network involving both private and public sector participants.

- 1. Passive surveillance relies on physicians, laboratories, and other healthcare providers to report diseases to the Florida Department of Health (FDOH) confidentially in one of three forms: electronically, by telephone, or by facsimile.
- 2. Active surveillance entails FDOH staff regularly contacting hospitals, laboratories, and physicians in an effort to identify all cases of a given disease or condition.
- 3. Increasingly, information about cases of reportable diseases and conditions is passed from providers, especially laboratories, to the FDOH as electronic records. This occurs automatically without the involvement of a person after the electronic transmission process has been established between FDOH and the reporting partner.

Interpreting the Data

Information in the 2011 Florida Morbidity Statistics Report and Executive Summary should be interpreted in light of the limitations below.

1. Underreporting

The data presented in this report and executive summary are primarily based on passive reporting by healthcare providers and laboratories across the state of Florida. Case reporting is most often dependent upon a person becoming ill, seeking medical attention, the healthcare provider ordering laboratory testing, and then the healthcare provider or laboratory reporting the case. Frequently, not all steps in this process occur, so the number of reported cases represents a fraction of the true number of cases of reportable illnesses occurring in Florida each year. Evaluations of infectious disease reporting systems have indicated that the completeness of reporting varies by disease. The less common, more severe reportable diseases such as bacterial meningitis, diphtheria, polio, botulism, anthrax, tuberculosis, and congenital syphilis are more completely reported than the more common but (individually) less severe diseases such as acute hepatitis C, lead poisoning, or campylobacteriosis. Variation in identified disease incidence at the local level probably reflects, to varying degrees, both differences in the true incidence of disease and differences in the vigor with which surveillance is performed.

2. Reliability of Rates

All incidence rates in this report and executive summary are expressed as the number of reported cases of a disease or condition per 100,000 population unless otherwise specified. Animal rabies is only expressed as the number of cases because no reliable denominators exist for animal populations. Rates for diseases with only a few cases reported per year can be unstable and should be interpreted with caution. The observation of zero events is especially difficult to interpret. All rates in the report and executive summary that are based on fewer than 20 events should be considered unreliable. This translates into a relative standard error of the rate of 23% or more, which is the cut-off for rate reliability used by the National Center for Health Statistics. Based on this, rates were

not generally calculated in this report and executive summary when there were less than 20 events.

3. Reporting Period

To ensure consistent case counting, the data in this report and executive summary are aggregated by the date the case was reported to the Bureau of Epidemiology unless otherwise noted. The date of illness onset or the date of diagnosis may not be available for all cases. Cases reported early in 2011 may have actually had onset or been diagnosed in 2010; rarely, cases reported in 2011 may have onset or diagnosis dates prior to 2010. Additionally, cases with illness onset or diagnosis late in 2011 may not have been reported to the Bureau of Epidemiology by the end of the 2011 reporting year, and thus would not be included in this report or executive summary. The reporting year is defined by the standard reporting weeks as outlined by the Centers for Disease Control and Prevention (CDC), where every year has at least 52 reporting weeks and some years have 53. The data in this report and executive summary are consistent with national surveillance data published weekly by CDC. Additionally, disease-specific reports describing data by other dates, such as disease onset and diagnosis dates, may also be published and available on the Florida Department of Health website.

4. Population Estimates

All population estimates are from the Community Health Assessment Resource Tool Set (CHARTS). CHARTS receives estimates from the Florida Department of Health Office of Health Statistics and Assessment in consultation with the Florida Legislature's Office of Economic and Demographic Research (EDR). Estimates are updated once per year. Note that previous editions of this report may show somewhat different populations for a given year than the ones shown here, as these estimates are revised periodically. This is especially true given the recent 2010 census.

Florida Background





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Year	Population
2002	16,772,201
2003	17,164,199
2004	17,613,368
2005	18,018,497
2006	18,440,700
2007	18,731,287
2008	18,812,155
2009	18,819,000
2010	18,788,795
2011	18,934,287

Table 2. Florida Population by Age Group, 2011

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	Age Group	2011 Population
	<1	209,739
	1-4	861,809
	5-9	1,089,617
	10-14	1,131,815
	15-19	1,213,606
	20-24	1,245,246
	25-34	2,327,217
	35-44	2,399,046
	45-54	2,716,012
	55-64	2,397,657
	65-74	1,786,874
	75-84	1,107,266
	85+	448,383
	Total	18,934,287
	35-44 45-54 55-64 65-74 75-84 85+	2,399,046 2,716,012 2,397,657 1,786,874 1,107,266 448,383

List of Reportable Diseases/Conditions in Florida, 2011

Section 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." County health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4) 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 listed in subsection (2)...". This list reflects diseases and conditions that were reportable in 2011. Updates may be made in future years; Morbidity Statistics Reports for subsequent years will reflect changes in the list.

Acquired Immunodeficiency Syndrome (AIDS) Amebic encephalitis Anthrax Arsenic poisoning Botulism **Brucellosis** California serogroup virus disease (neuroinvasive and nonneuroinvasive) Campylobacteriosis Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) Carbon monoxide poisoning Chancroid Chlamydia Cholera Ciguatera fish poisoning Congenital anomalies Conjunctivitis (in neonates <14 days old) Creutzfeldt-Jakob disease Cryptosporidiosis Cyclosporiasis Dengue Diphtheria Eastern equine encephalitis virus disease (neuroinvasive and nonneuroinvasive) Ehrlichiosis/anaplasmosis Encephalitis, other (non-arboviral) Enteric diseases due to: Escherichia coli, O157:H7 Escherichia coli, other pathogenic E, coli including enterotoxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and Shiga toxin-producing strains Giardiasis Glanders Gonorrhea Granuloma inguinale Haemophilus influenzae, invasive disease Hansen's Disease (Leprosy) Hantavirus infection Hemolytic uremic syndrome Hepatitis A Hepatitis B, C, D, E, and G Hepatitis B surface antigen in pregnant women or children <24 months old Herpes simplex virus in infants <6 months old, anogenital in children <12 years old Human immunodeficiency virus (HIV) infection Human papillomavirus in children <6 years old, anogenital in children <12 years old, cancer associated strains Influenza due to novel or pandemic strains Influenza-associated pediatric mortality (in children <18 years old) Lead poisoning Legionellosis Leptospirosis Listeriosis Lyme disease Lymphogranuloma venereum

Malaria Measles Melioidosis Meningitis (bacterial, cryptococcal, mycotic) Meningococcal disease Mercury poisoning Mumps Neurotoxic shellfish poisoning Pertussis Pesticide-related illness and injury Plague Poliomyelitis Psittacosis Q Fever Rabies (human, animal, possible exposure) Ricin toxicity Rocky Mountain spotted fever Rubella (including congenital) St. Louis encephalitis virus disease (neuroinvasive and nonneuroinvasive) Salmonellosis Saxitoxin poisoning (including paralytic shellfish poisoning) Severe acute respiratory syndrome-associated Coronavirus (SARS-CoV) disease Shigellosis Smallpox Staphylococcus aureus (with intermediate or full resistance to vancomycin) Staphylococcus aureus, methicilin resistant (MRSA), community associated mortality Staphylococcus enterotoxin B poisoning Streptococcal invasive disease (Group A) Streptococcus pneumoniae, invasive disease Syphilis Tetanus Toxoplasmosis (acute) Trichinosis Tuberculosis Tularemia Typhoid fever Typhus fever (epidemic and endemic) Vaccinia disease Varicella mortality Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) Vibriosis Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo) West Nile virus disease (neuroinvasive and non-neuroinvasive) Western equine encephalitis virus disease (neuroinvasive and nonneuroinvasive) Yellow fever Any disease outbreak Any grouping or clustering of disease

2011 Summary of Key Disease Trends

Sexually transmitted diseases (STDs), HIV, and AIDS are the most common reportable diseases in Florida, particularly among 15 to 54-year-olds. Chlamydia incidence has been increasing over the past 10 years, with over 76,000 cases reported in Florida in 2011. As chlamydia has increased, the number of gonorrhea cases has consistently decreased in past years. A shift in treatment guidelines and recommendations for screening of women under the age of 25 contributed to the decrease in gonorrhea cases. The incidence of HIV and AIDS has also decreased over the last 10 years, though both diseases increased slightly in 2011 compared to 2010. Syphilis incidence has remained relatively stable for the past 10 years, with only a 5.8% increase in 2011 compared to the previous 5-year average.

In the mid-1980s tuberculosis (TB) re-emerged as a public health threat in the U.S. The number of cases of TB in Florida has decreased every year since 1994. Over the past 20 years, the number of TB cases counted in foreign-born people has remained relatively constant while decreasing dramatically in U.S.-born people. The incidence in 2011 decreased 18.4% from the previous 5-year average.

Florida consistently has one of the highest rates of enteric disease in the nation, with 10,000 to 12,000 cases reported annually. Incidence continued to be high in 2011. Shigellosis activity increased statewide starting in June 2010 and remained high throughout 2011. An increase in non-culture diagnostic laboratory testing and a change in case definition for campylobacteriosis in 2011 contributed to a 68.4% increase in cases compared to 2010. Incidence of other enteric diseases remained relatively stable in 2011.

Despite high vaccine coverage in Florida, vaccine-preventable diseases (VPDs) continued to occur. VPD incidence decreased slightly overall in Florida in 2011 compared to 2010. Acute hepatitis A and hepatitis B incidence has declined drastically over the past decade, likely due to increased vaccination coverage. In contrast, pertussis has been increasing over the past decade, though fewer cases were reported in 2011 than in 2010. More measles cases were reported in 2011 than in any other year since 1997. Eight measles cases were reported; five (62.5%) of these infections were acquired outside the U.S. and seven (87.5%) were in unvaccinated children (vaccination status was unknown for one case in an adult).

Overall, reported tick-borne disease incidence increased by more than 60% in 2011 compared to the previous 5-year average. Lyme disease and ehrlichiosis/anaplasmosis accounted for the increase (largely due to changes in the surveillance case definition), while Rocky Mountain spotted fever incidence actually declined by 27.7%. While most people with ehrlichiosis/ anaplasmosis and Rocky Mountain spotted fever continue to acquire their infections in Florida, most people with Lyme disease continue to acquire infections in other states (primarily Northeast and upper Midwest U.S.).

Mosquito-borne disease continued to be a threat in Florida. The number of reported malaria and dengue fever cases decreased in 2011, after both diseases had large increases in activity in 2010. The large number of dengue fever cases in 2010 was partially due to infections acquired in Florida (primarily Monroe County), as well as epidemics in areas with high volumes of travelers to the U.S., such as Puerto Rico. Isolated cases of locally-acquired dengue fever were also identified in south Florida counties in 2011. The increase in malaria cases reported in 2010 was primarily due to cases imported from Haiti following a large earthquake at the beginning of the year. After several years of drought, West Nile virus illness cases began increasing in 2010 and continued to increase in 2011. While most exposures in 2010 occurred in counties located in the central and southern part of the state, cases occurring in 2011 were focused in Duval County.

Chronic hepatitis continues to account for a large bulk of infectious disease burden in Florida with over 25,000 cases reported annually. In 2011, the rate of newly diagnosed chronic hepatitis C cases was the highest it has been since 2008. Overall, the highest rates occurred among people 45 to 64 years old, with stable rates since 2008. In contrast, the rate of chronic hepatitis C new diagnoses has continued to increase since 2005 among people aged 20 to 34 years. This trend is seen in acute hepatitis C cases as well. While the overall rate of acute hepatitis C remained level in 2011, for the first time the number of cases diagnosed in young adults (aged 20 to 34 years) outpaced those in older adults. The 2011 rate of newly diagnosed chronic hepatitis B cases was the lowest it has been since 2007, with the majority of cases occurring in people 30 to 54 years old.

For additional information on disease-specific trends, refer to the full 2011 Florida Morbidity Statistics Report, available online at http://www.doh.state.fl.us/disease_ctrl/epi/ Morbidity_Report/amr.html.

Summary of Selected Reportable Diseases/Conditions

Table 3. Reported Confirmed and Probable Cases and Incidence Rate (per 100,000 Population) of Reportable Diseases/Conditions of Frequent Occurrence. Florida. 2002-2011

Ke	Reportable Diseases/Con	בומ	Gave	2/20			riedu	equerit C	Occurr	é lice		lda,	-2002							
Denortable Discass (Condition		2002		2003		2004	20	05	2006		2007		2008		2009		2010		2011	
	Number R	er Rate	e Num	ber Rat	₹	ber Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	um ber F	Rate	lumber F	ate Nui	nber R	ate
AIDS	4,638									26.3		19.7		24.7	4,062	21.6	3,188	17.0		18.2
Campylobacteriosis	6	995 5								5.1		5.4		5.9	1,120	6.0	1,211			10.8
Carbon Monoxide Poisoning		RN								R		R		ЯN	43	0.2	172			0.4
Chlamy dia	41,958		250.2 41	41,849 24;	243.8 43	43,295 245.8	8 43,324	1 240.4	49,816	270.1	60,010	320.4	69,344	368.6	72,937	387.6	74,823	398.2 7	76,035 4	401.6
Cry ptosporidiosis	-	106 0								3.9		3.9		2.9	497	2.6	408			2.3
Cyclosporiasis		32 0								0.2		0.2		0.3	40	0.2	63			0.3
Giardiasis	1,318									6.3		6.8		7.4	1,981	10.5	2,139			6.6
Gonorrhea	21,348		•	•		•		•		129.9		124.7		123.5	20,880	111.0	20,164		•	04.0
Haemophilus influenzae, Invasive Disease ¹										0.8		0.7		0.9	222	1.2	191			1.2
Hepatitis A	1,056									1.3		0.9		0.9	191	1.0	178			0.6
Hepatitis B (+HBsAg) in Pregnant Women ²	9	631 19								12.7		18.0		16.9	598	17.1	438			13.5
Hepatitis B, Acute	5	543 3								2.4		2.0		1.9	318	1.7	315			1.2
Hepatitis C, Acute										0.3		0.2		0.3	77	0.4	105			0.5
HN Infection	8,678									36.5		37.1		42.5	5,640	30.0	4,983			31.9
Lead Poisoning	-	Z A								¥		¥		¥	A	Ą	916			3.9
Legionellos is										0.9		0.8		0.8	193	1.0	172			1.0
Listeriosis ¹		28 0								0.3		0.2		0.3	25	0.1	54			0.2
Lyme Disease										0.2		0.2		0.5	110	0.6	84			0.6
Malaria										0.3		0.3		0.3	93	0.5	139			0.5
Meningitis (Bacterial, Cryptococcal, Mycotic)	-									0.9		0.7		1.1	210	1:	183			1.0
Meningococcal Disease ¹	-	126 0								0.4		0.4		0.3	52	0.3	60			0.3
Mercury Poisoning		8								0.2		0.1		0.4	21	0.1	12			¥
Pertussis										1.2		1.1		1.7	497	2.6	328			1.6
Pesticide-Related Illness and Injury	-	130 0								2.5		2.4		2.4	405	2.2	392			2.4
Rabies, Animal	-									¥		¥		¥	161	¥	121			0.6
Rabies, Possible Exposure	1,082									6.8		7.9		8.6	1,853	9.9	2,114			12.7
Salmonellosis	4,651									26.7		26.8		28.1	6,741	35.8	6,281			31.3
Shiga Toxin-Producing Escherichia coli Infection ¹										0.3		0.8		0.6	8	0.5	85			0.5
Shigellosis	2,538									8.9		12.2		4.2	461	2.5	1,212			13.9
Streptococcal Disease, Invasive Group A	0									1.7		1.6		1.5	279	1.5	268			1.3
Streptococcus pneumoniae, Invasive Disease, Drug-Resistant		610 3								4.2		3.9		4.2	627	4.1	816			3.4
Streptococcus pneumoniae, Invasive Disease, Drug-Susceptible		NR N								3.4		3.3		3.7	701	3.7	693			3.6
Syphilis	3,372									16.1		21.8		23.2	3,858	20.5	4,078			21.9
Tox oplasmos is		45 0								¥		¥		¥	4	A	10			¥
Tuberculosis	1,0									5.6		5.2		5.1	822	4.4	835			4.0
Varicella	_									0.3		7.1		9.2	1,125	6.0	677			4.5
Vibriosis ¹		87 0								0.5		0.5		0.5	112	0.6	130			0.8
West Nile Virus Disease ¹	_									₹		₹		¥	т	¥	12			0.1

For information on what is included in this disease category, see Interpreting the Data section.

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Rate is per 100,000 women aged 15-44 years. Not Applicable. Rates calculated for less than 20 cases are unreliable and therefore are not included in this table. Animal rabies is only expressed as the number of cases because no reliable denominators exist for animal populations. Prior to 2010, lead poisoning case data were primarily stored outside of the state's reportable disease surveillance system and are not able to be included in this table.

NR Not Reportable. Note that Tables 3 and 4 exclude the following reportable diseases and conditions: cancer, chancroid, congenital anomalies, conjunctivitis in neonates ≤14 days old, granuloma inguinale, herpes simplex virus in infants and children, human papillomavirus in children, lymphogranuloma venereum, novel influenza, influenza-associated pediatric mortality, *Staphylococcus aureus* community-associated mortality, and varicella mortality.

Table 4.	Reported Confirmed and Probable Cases of
Reportable Diseases	Conditions of Infrequent Occurrence, Florida, 2002-2011

Reportable Disease/Condition	0000									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Amebic Encephalitis	NR	NR	NR	NR	NR	NR	0	3	0	1
Anthrax	0	0	0	0	0	0	0	0	0	1
Arsenic Poisoning	NR	NR	NR	NR	NR	NR	1	9	14	7
Botulism, Foodborne	0	0	0	0	1	0	0	0	0	0
Botulism, Infant	0	0	1	1	0	1	1	1	1	0
Botulism, Other	0	0	2	0	0	0	0	0	0	0
Botulism, Wound	0	0	0	0	0	0	0	0	0	0
Brucellosis	6	10	8	3	5	10	10	9	9	6
California Serogroup Virus Disease ¹	0	0	4	0	1	1	1	0	0	1
Cholera	0	0	0	0	0	0	0	0	4	11
Ciguatera	7	7	4	10	32	29	53	49	20	48
Creutzfeldt-Jakob Disease	, NR	4	- 14	17	14	12	23	15	13	16
Dengue Fever ¹	21	16	13	19	20	46	33	55	195	71
Diphtheria	0	0	0	0	0	0	0	0	0	0
Eastern Equine Encephalitis Virus Disease ¹	1	2	1	5	0	0	1	0	4	0
Ehrlichiosis/Anaplasmosis ¹	5	13	7	5	6	21	12	14	14	26
Encephalitis, Other (Non-Arboviral) ¹	20	10	8	8	5	18	12	27	15	24
Glanders	NR	0	0	0	0	0	0	0	0	0
Hantavirus Infection	0	0	0	0	0	0	0	0	0	0
Hemolytic Uremic Syndrome	5	6	6	20	5	6	5	5	8	4
Hepatitis B, Perinatal	6	2	0	2	6	2	3	0	1	0
Hepatitis D	NR	NR	NR	NR	NR	1	0	1	0	0
Hepatitis E	NR	NR	NR	NR	NR	1	0	2	1	7
Hepatitis G	NR	NR	NR	NR	NR	0	0	1	0	2
Leprosy (Hansen's disease)	4	9	5	2	7	10	10	7	12	11
Leptospirosis	0	1	1	2	2	1	0	1	2	4
Measles	3	0	1	0	4	5	1	5	1	8
Melioidosis	NR	0	0	1	1	0	0	0	0	0
Mumps	7	7	9	8	15	21	16	18	10	11
Neurotoxic Shellfish Poisoning	0	0	0	4	16	1	0	0	0	0
Plague ¹	0	0	0	0	0	0	0	0	0	0
Poliomyelitis ¹	0	0	0	0	0	0	0	0	0	0
Psittacosis	3	3	1	0	1	0	2	0	0	0
Q Fever ¹	2	6	2	1	8	2	1	1	2	3
Rabies, Human	0	0	1	0	0	0	0	0	0	0
Ricin Toxin	NR	0	0	0	0	0	0	0	0	0
Rocky Mountain Spotted Fever	15	17	22	14	21	19	19	10	13	12
Rubella	5	0	0	0	1	0	3	0	0	0
Rubella, Congenital	0	0	0	0	0	0	0	0	0	0
Saxitoxin Poisoning	0	0	1	0	0	0	0	0	0	0
Severe Acute Respiratory Syndrome-Associated Coronavirus			0	0	0	0	0	0	0	0
	NR 0	NR 0	0	0	0	0	0	0	0	0
Smallpox St. Louis Encephalitis Virus Disease ¹	1	0	0	0	0	0	0	0	0	0
	1			-						
Vancomycin-Intermediate <i>Staphylococcus aureus</i> (GISA/VISA)	0	0 0	0 0	0	0	1 0	3 0	6	1	3 0
Vancomycin-Resistant <i>Staphylococcus aureus</i> (GRSA/VRSA)	0		-	0		-		0	0	-
Staphylococcus Enterotoxin B	NR	0	0	0	0	0	2	0	0	0
Tetanus	3	3	4	3	2	5	2	0	5	3
Trichinosis	0	0	0	1	1	0	1	0	0	0
Tularemia	0	0	0	1	0	0	0	1	0	0
Typhoid Fever	19	15	10	11	16	15	18	19	22	8
Typhus Fever ¹	0	0	1	0	2	1	0	1	0	2
Vaccinia Disease	0	0	0	0	0	0	0	0	0	1
Venezuelan Equine Encephalitis Virus Disease ¹	0	0	0	0	0	0	0	0	0	0
Viral Hemorrhagic Fever	0	0	0	0	0	0	0	0	0	0
Western Equine Encephalitis Virus Disease ¹	0	0	0	0	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0	0	0	0	0

For information on what is included in this disease category, see Interpreting the Data section. 1

NR Not Reportable. Note that Tables 3 and 4 exclude the following reportable diseases and conditions: cancer, chancroid, congenital anomalies, conjunctivitis in neonates ≤14 days old, granuloma inguinale, herpes simplex virus in infants and children, human papillomavirus in children, lymphogranuloma venereum, novel influenza, influenza-associated pediatric mortality, *Staphylococcus aureus* community-12 associated mortality, and varicella mortality.

Table 5. Reported Confirmed and Probable Cases and Incidence Rate (per 100,000 Population) for Selected Reportable Diseases/ Conditions by Age Group, Florida, 2011

	<1 veare	Lo Lo	1-4 vear	-	Weare	10-14	aare	15-10 ve	ore	0-24 vears	1 25.2	Voare	35.44	lagre	15-54 Ves	re L 55.	64 vear	c 65_7	1 veare	1 75-84 v	oare	864 Voc	0
Reportable Disease/Condition			inches D		rycaro Toto							r ycaro							T years				2
C.					2				ž I		ž.,		ž.,			₹		2					
	-	ž					Į							0.04							77		
Arsenic Polsoning	Э	ž	5				₹							₹							ž		A Z
Brucellosis	0	≸	0				₹							₹							₹		AA
Campylobacteriosis	74	35.3	278				6.6							6.5							16.5		6.7
Carbon Monoxide Poisoning	-	₹	-				¥							₹							₹		A
Chlamy dia*	27	12.9	0				62.1	÷	Ň	Ň	÷			137.4							¥		ΔA
Cholera	0	¥	0				¥							¥							¥		AA
Ciguatera Fish Poisoning	0	¥	2				¥							¥							¥		AA
Crvptosporidiosis	4	Ø	49				¥							2.3							3.9		AN
Ovclosporiasis	. 0	Ź					¥							₹							Į		AZ
Dendile Fever		MA					MA							MA							MA		NA
Ehrlichioeie/Ananjaemosie	• c		• c				AN A																
	- ç	5					ŝ							5							<u></u>		
Giardiasis	12	₹	247				8.2							6.4							3.8		AZ
Gonorrhea*	0	¥	ß				14.1		-	~				61.9							₹		A
Haemophilus influenzae, hvasive Disease1	12	₹	1				₹							0.9							3.0		0.3
Hepatitis A	0	₹	0				¥							¥							¥		AA
Hepatitis B (+HBsAa) in Pregnant Women ²	0	¥	0				Ø							9.1							¥		AN
Hepatitis B. Acute	0	٩	-				ΨN							3.2							AA		AN
Henafitis C. Acrite	c	MA	c				MA							MA							MA		NA
	у и		o u											0.00							- u		
	0 0	ž	0 0				₹.							0.00							0.7		
Lead Poisoning	ი	¥	160				4.2							4.9							¥		AN
Legionellosis	0	₹	-				A							¥							2.3		A
Listeriosis ¹	2	₹	0				¥							₹							₹		A
Lyme Disease	0	₹	2				¥							₹							¥		AA
Malaria	-	₹	-				¥							¥							¥		AN
Measles	0	₹	e				¥							¥							¥		AN
Menindococcal Disease ¹	-	¥	4				¥							¥							¥		AA
Mercury Poisoning	0	₹	0				¥							¥							¥		AZ
, Som Mumor	0	Ø	-				Ø							¥							Ø		AN
Pertussis	91	43.4	42				2.7							1.0							¥		٩Z
Pesticide-Related Iness and Injurv*	e	¥	30				1.9							3.3							Ø		AN
Rabies, Possible Exposure*	15	₹	95				12.4							14.5							8.2		6.5
Rocky Mountain Spotted Fever	0	¥	0				¥							¥							¥		AN
Salmonellosis	1,143	545.0	1,341 1				23.2							14.5							22.0		5.2
Shiga Toxin-Producing Escherichia coli Infection ¹	80	₹	30				¥							¥							¥		AA
Shigellosis*	65	31.0	925 1				15.4							5.4							2.3		AA
Streptococcus pneumoniae, hvasive Disease, Drug-Resistant	21	10.0	20				¥							1.9							7.2		2.0
Streptococcus pneumoniae, hvasive Disease, Drug-Susceptible	12	¥	35				AN							2.7							5.9		2.7
Syphilis*	31	14.8	-				A							43.8							2.6		₹
Tuberculosis	5	₹	16				₹							4.7							4.9		AA
Typhoid Fever	0	₹	-				¥							¥							¥		AN
Varicella	99	31.5	166	19.3 199	9 18.3	3 169	14.9	76	6.3	23 1.8	.8 73	3 3.1	47	2.0	33	0.8	10 NA	5 A	و لا	4	¥	0	AA
Vibriosis ¹	0	₹	2				¥							₹							₹		A
West Nie Virus Disease ¹	0	₹	0				¥							₹							¥		AN
· · · · · · · · · · · · · · · · · · ·	1		- 1-1	- 1-1					100												Ć		

* Cases that were missing age are excluded from this table: chlamydia (n=103); gonorrhea (n=26); pesticide-related illness and injury (n=8); rabies, possible exposure (n=2); shigellosis (n=1); and syphilis (n=1).
1 For information on what is included in this disease category, see Interpreting the Data section.
2 Rate is per 100,000 women aged 15-44 years.
NA Not Applicable. Rates calculated for less than 20 cases are unreliable and therefore are not included in this table.
Note that Tables 5 and 7 include only diseases summarized in Section 2: Selected Reportable Diseases and Conditions (as appropriate).

	85+	Salmonellosis (113)	Strep tococcus pneumoniae, Invasive Disease (111)	Campylobacteriosis (75)	Haemop hilus inf luenzae, Invasive Disease (46)	Rabies, Possible Exposure (29)	Crypt osporidiosis (19)	Tuberculosis (19)	Legionellosis (18)	Shigelosis (14)	Streptococcal Invasive Disease Group A (11)
	75-84	Salmonellosis (244)	Campylobacteriosis Campylobacteriosis (225) (183)	Strepto coccus pneumo niae, Invasive Disease (145)	Rabies, Possible Exposure (91)	Tuberculosis (54)	Cryptosporidiosis (43)	Giardiasis (42)	Haerno philus influenzae, Invasive Disease (33)	Streptococcal Invasive Disease Group A (30)	Syphilis (29)
	65-74	Salmonellosis (404)	Campylobacteriosis (225)	Streptococcus p neumoniae, Invasive Disease (202)	Rabies, Possible Exposure (182)	HIV (45)	AIDS (120)	Syphilis (94)	Giard lasis (77)	Tuberculosis (70)	Cryptosporidiosis (43)
	55-64	HIV (572)	Salmo nellosis (423)	AIDS (392)	Syphilis (269)	Rabies, Possible Exposure (267)	Chlamydia (260)	Strep tococcus pneumoniae, Invasive Disease (246)	Campylobacteriosis Campylobacteriosis (156) (236) (237)	Gonorrhea (235)	Tuberculosis (113)
	45-54	HIV (1,4.18)	AIDS (1,034)	Chlamydia (985)	Syp hilis (845)	Gonorrhea (758)	Salmonellosis (425)	Rabies, Possible Exposure (359)	s Campylobacteriosis (236)	Streptococcus pneumoniae, Invasive Disease (219)	Tuberculosis (178)
	35-44	Chlamydia (3,297)	Gonorrhea (1,485)	HIV (1,459)	Syphilis (1,050)	AIDS (960)	Rabies, Possible Exposure (349)	Salmonellosis (348)	Campylobacteriosis (156)	Giardiasis (154)	Shigellosis (13.0)
Age Group	25-34	Chlamydia (17,120)	Gonorrhea (5,095)	HIV (1,420)	Syphilis (1,003)	AIDS (640)	Salmonellosis (372)	Rabies, Possible Exposure (349)	Hepatitis B (++BsAg In Pregnant Women) (284)	Shigellosis (186)	Campy lobacteriosis (158)
A	20-24	Chlamyd ia (29,609)	Go norrhea (6,849)	HIV (749)	Syphilis (6 2)	AIDS (211)	Rabies, Possible Exposure (211)	almonellosis (192)	Campylobacteriosis (119)	Shigellosis (86)	Hepatitis B (+HBsAg In Pregnant Wo men) (72)
	15-19	Chlamydia (23,873)	Gonorrhea (5,036)	HIV (227)	Syphilis (197)	Rabies, Possible Exposure (182)	Salmonellosis (174)	Campylobacteriosis (95)	Varicella (76)	Giardiasis (56)	AIDS (50)
	10-14	Chlamydia (703)	Salmonellosis (263)	Shigellosis (174)	V aricella (169)	Gonorrhea (160)	Rabies, Possible Exposure (140)	Giardiasis (93)	Campy lobacteriosis (75)	Lead Poisoning (47)	Pertussis (31)
	5-9	Shigellosis (797)	Salmonellosis (481)	Varicella (199)	Giardiasis (151)	Rabies, Possible Exposure (139)	Lead Poisoning Campylobacterioss Rabies, Possible (160) (128) (140)	Strepto coccus pneumoniae, Invasive Disease (45)	Pertussis (40)	Lead Poisoning (32)	Cry pt osporidiosis (21)
	1-4	Salmonellosis (1,341)	Shigellosis (925)	Campylobacteriosis Campylobacteriosis (74) (278)	Giardiasis (247)	Varicella (166)		<i>Streptococcus</i> <i>pneumoniae</i> , Invasive Disease (105)	Rabies, Possible Exposure (95)	Cryptosporidiosis (49)	Pertussis (42)
	v	Salmonellosis (1,143)	Pertussis (91)	Campy lobacteriosis (74)	V aricella (66)	Shigellosis (65)	M eningitis, Other (43)	Streptococcus pneumoniae, Invasive Disease (33)	Syphilis (31)	Chlamydia (27)	Rabies, Possible Exposure (15)
	Rank	~	Ν	ო	4	ۍ	Q	~	œ	6	10

Rabies, possible exposure Invasive bacterial diseases

Table 4 includes the top ten diseases based on frequency of report by age group. These diseases are grouped by color into a few general disease families:

Lead poisoning Tuberculosis

Sexually transmitted infections

HIV/AIDS

Vaccine-preventable diseases

Enteric diseases

Table 6. Top 10 Reported Confirmed and Probable Cases of Reportable Diseases/Conditions by Age Group

Table 7. Reported Confirmed and Probable Cases of Selected Reportable Diseases/Conditions by Month of Onset*, Florida 2011

Selected Reportable Diseases	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Arsenic Poisoning	1	0	0	1	1	0	0	0	0	0	4	0
Brucellosis	0	0	1	1	1	0	1	0	1	0	0	1
Campylobacteriosis	147	143	189	200	234	211	216	163	137	127	135	137
Carbon Monoxide Poisoning	3	7	5	3	4	16	14	12	6	4	3	8
Cholera	4	1	0	0	0	1	1	0	1	1	0	2
Ciguatera Fish Poisoning	2	6	0	4	4	4	8	9	4	7	0	0
Cryptosporidiosis	36	33	27	36	27	56	56	51	29	33	21	32
Cyclosporiasis	9	6	1	5	1	12	13	1	3	1	4	2
Dengue Fever ¹	3	2	1	4	1	0	8	19	11	8	9	5
Ehrlichiosis/Anaplasmosis ¹	1	0	0	5	9	2	2	3	1	2	1	0
Giardiasis	115	71	96	60	93	110	129	142	93	121	102	123
Haemophilus influenzae, Invasive Disease ¹	26	18	27	26	27	15	11	18	10	15	16	23
Hepatitis A	6	9	8	8	5	6	9	12	17	10	4	16
Hepatitis B, Acute	20	11	21	24	19	18	23	23	19	17	17	22
Hepatitis C, Acute	10	7	5	5	12	8	7	8	13	8	5	12
Legionellosis	13	15	11	10	11	14	10	24	20	31	16	10
Listeriosis ¹	6	0	3	1	2	2	4	6	5	2	3	4
Lyme Disease	6	1	4	7	9	19	27	18	8	5	9	2
Malaria	7	8	8	5	10	8	10	19	6	6	7	5
Measles	0	1	2	1	2	0	1	0	0	0	0	1
Meningococcal Disease ¹	3	3	5	10	4	6	4	2	5	2	4	3
Mercury Poisoning	1	0	1	0	2	0	0	0	0	1	2	0
Mumps	0	0	2	0	0	0	3	0	2	1	2	1
Pertussis	25	29	14	16	16	39	53	31	25	17	22	25
Pesticide-Related Illness and Injury	28	29	98	36	36	24	37	44	30	49	25	15
Rabies, Animal ²	3	9	17	9	4	8	12	11	11	13	15	8
Rabies, Possible Exposure ³	156	167	205	175	239	231	200	208	179	201	247	202
Rocky Mountain Spotted Fever	1	0	1	3	0	0	0	1	1	1	2	2
Salmonellosis	236	173	227	359	435	515	792	743	751	773	567	352
Shiga Toxin-Producing Escherichia coli Infection ¹	5	4	13	8	14	13	15	9	8	7	4	3
Shigellosis	135	136	174	215	323	347	232	234	173	254	238	174
Streptococcus pneumoniae, Invasive Disease, Drug-Resistant	114	83	78	57	41	36	22	20	36	44	43	71
Streptococcus pneumoniae, Invasive Disease, Drug-Susceptible	115	90	79	53	41	40	25	24	43	45	60	64
Typhoid Fever	1	1	1	1	0	1	2	1	0	0	0	0
Varicella	84	74	98	125	81	33	43	57	66	62	80	58
Vibrios is ¹	6	6	13	24	22	16	20	16	9	13	8	2
West Nile Virus Disease ¹	0	0	0	0	0	1	8	7	5	2	0	0

* If no illness onset date was available, the earliest date associated with the case was used to approximate onset date. Dates associated with cases include illness onset date, diagnosis date, laboratory report date, and county health department notified date. For information on what is included in this disease category, see Interpreting the Data section.

1

2 Month of onset is based on the month of laboratory report.

Month of onset is based on the month of exposure. 3

Note that Tables 5 and 7 include only diseases summarized in Section 2: Selected Reportable Diseases and Conditions (as appropriate).

