

DEPARTMENT OF HEALTH

Division of Disease Control	
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CHAPTER 64D-3, CONTROL OF COMMUNICABLE DISEASES AND CONDITIONS WHICH MAY SIGNIFICANTLY AFFECT PUBLIC HEALTH

64D-3.001 Definitions, Repealed.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6) FS. Law Implemented 381.0011(4), 381.003(1), 381.0031 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.61, Amended 7-21-96, Formerly 10D-3.061, Amended 6-4-00, Repealed 11-20-06.

Editorial Note: See 64D-3.028

64D-3.002 Notifiable Diseases or Conditions to Be Reported, Human, Repealed.

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), 384.23, 384.25, 385.202, 392.53 FS. History–New 12-29-77, Amended 6-7-82, 11-6-85, Formerly 10D-3.62, Amended 2-26-92, 9-7-93, 11-1-94, 7-21-96, Formerly 10D-3.062, Amended 11-2-98, 7-5-99, 6-4-00, 12-24-02, 6-9-03, Repealed 11-20-06.

Editorial Note: See 64D-3.029

64D-3.003 Notification by Laboratories, Repealed.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.66, Amended 2-26-92, 7-21-96, Formerly 10D-3.066, Amended 11-2-98, 7-5-99, 6-4-00, 6-9-03, Repealed 11-20-06.

Editorial Note: See 64D-3.031

64D-3.0031 Notification by Others, Repealed.

Specific Authority 381.0031(6) FS. Law Implemented 381.0031(2), (6) FS. History–New 6-9-03, Repealed 11-20-06.

Editorial Note: See 64D-3.033

64D-3.004 Notifiable Disease Case Report Content, Repealed.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (4), (5), 384.25, 392.53 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.68, 10D-3.068, Amended 7-5-99, 6-4-00, 6-9-03, Repealed 11-20-06.

Editorial Note: See 64D-3.036

64D-3.005 Authority, DOH County Health Department Director or Administrator and State Health Officer, Repealed.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 384.33 FS. Law Implemented 154.04, 381.0011(4), 381.003(1), 384.28 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.74, Amended 7-21-96, Formerly 10D-3.074, Repealed 11-20-06.

Editorial Note: See 64D-3.037

64D-3.006 Reports, Medical Facilities and Freestanding Radiation Therapy Centers, Repealed.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New 12-29-77,

Amended 6-7-82, Formerly 10D-3.77, Amended 2-26-92, 7-21-96, Formerly 10D-3.077, Amended 11-2-98, 7-5-99, 6-4-00, Repealed 11-20-06.

Editorial Note: See 64D-3.032 & 64D-3.034

64D-3.007 Quarantine, Requirements, Repealed.

Specific Authority 381.0011(6)(a), (13), 381.003(2), 384.33 FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4., 384.28 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.81, Amended 7-21-96, Formerly 10D-3.081, Amended 6-4-00, 6-9-03, Repealed 11-20-06.

Editorial Note: See 64D-3.038

64D-3.0071 Public Health Emergency, Repealed.

Specific Authority 381.0011(6)(a), (13), 381.003(2) FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4. FS. History–New 6-9-03, Repealed 11-20-06.

Editorial Note: See 64D-3.038

64D-3.008 Transportation and Removal of Quarantined Persons and Animals, Repealed.

Specific Authority 381.0011(4), (6)(a), (13), 381.003(2), 384.33 FS. Law Implemented 381.0011(6), 381.003(1), 384.28 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.82, Amended 7-21-96, Formerly 10D-3.082, Repealed 11-20-06.

Editorial Note: See 64D-3.038

64D-3.009 Laboratory Examinations, Release From Quarantine, Repealed.

Specific Authority 381.0011(4), (6), (13), 381.003(2) FS. Law Implemented 381.0011(6), 381.003(1) FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.86, 10D-3.086, Repealed 11-20-06.

Editorial Note: See 64D-3.038

64D-3.010 Quarantine Disinfection Procedures, Concurrent and Terminal, Repealed.

Specific Authority 381.0011(4), (6), (13), 381.003(2) FS. Law Implemented 381.0011(6), 381.003(1) FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.87, Amended 7-21-96, Formerly 10D-3.087, Repealed 11-20-06.

Editorial Note: See 64D-3.038

64D-3.011 Control of Communicable Diseases, Public and Nonpublic Schools, Grades Preschool, and Kindergarten Through 12; Forms and Guidelines, Repealed.

Specific Authority 232.032(1), 381.0011(13), 381.003(1), (2), 381.005(2) FS. Law Implemented 232.032(1), 381.0011(4), 381.003(1), 381.005(1)(i) FS. History–New 12-29-77, Amended 6-7-82, 11-6-85, Formerly 10D-3.88, Amended 2-26-92, 9-20-94, 9-21-95, 4-7-96, Formerly 10D-3.088, Amended 7-14-99, 1-22-01, 7-23-01, 8-7-02, Repealed 11-20-06.

Editorial Note: See 64D-3.046

64D-3.012 Diseased Animals, Repealed.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 381.0031(6) FS. Law Implemented 381.0011(6), (10), 381.003(1), 381.0031(1), 823.04 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.90, 10D-3.090, Amended 6-9-03, Repealed 11-20-06.

Editorial Note: See 64D-3.039

64D-3.013 Procedures for Control of Specific Communicable Diseases, Repealed.

Specific Authority 381.0011(6), (13), 381.003(2), 381.006(16), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (6), (8), 381.003(1), 381.0031, 384.25, 384.27 FS. History–New 12-29-77, Amended 6-14-78, 6-7-82, 11-6-85, Formerly 10D-3.91, Amended 7-5-87, 7-19-89, 2-26-92, 10-20-93, 11-1-94, 7-21-96, Formerly 10D-3.091, Amended 7-5-99, 6-4-00, 12-24-02, 6-9-03, Repealed 11-20-06.

Editorial Note: See 64D-3.040

64D-3.014 Sensitive Situations, Repealed.

Specific Authority 381.0011(6)(a), (13), 381.003(2) FS. Law Implemented 381.0011(4), (6), 381.003(1) FS. History–New 6-7-82, Amended 11-6-85, Formerly 10D-3.93, 10D-3.093, Amended 6-4-00, Repealed 11-20-06.

Editorial Note: See 64D-3.040(4)(a)

64D-3.015 Diseases Designated as Sexually Transmissible Diseases, Repealed.

Specific Authority 381.0011(13), 381.003(2), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (8), 381.003(1), 384.23, 384.25 FS. History– New 7-5-87, Amended 9-7-93, 5-20-96, 1-1-97, Formerly 10D-3.096, Amended 7-5-99, 6-4-00, 12-24-02, Repealed 11-20-06.

Editorial Note: See 64D-3.028(23)

64D-3.016 Reporting Requirements for Practitioners for Sexually Transmissible Diseases (STDs), Including HIV and AIDS, Repealed.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011, 381.003(1), 381.0031, 384.25 FS. History–New 7-5-87, Amended 2-7-90, 2-26-92, 5-20-96, 1-1-97, Formerly 10D-3.097, Amended 6-7-98, 7-5-99, 8-5-99, 6-4-00, 1-15-03, Repealed 11-20-06.

Editorial Note: See 64D-3.030

64D-3.017 Reporting Requirements for Laboratories, Repealed.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 381.0031, 384.25 FS. History–New 7-5-87, Amended 2-26-92, 5-20-96, 1-1-97, Formerly 10D-3.099, Amended 6-4-00, 12-24-02, Repealed 11-20-06.

Editorial Note: See 64D-3.031

64D-3.018 Partner Notification, Repealed.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 384.26 FS. History–New 7-5-87, Amended 2-7-90, 2-26-92, Formerly 10D-3.100, Amended 1-15-03, Repealed 11-20-06.

Editorial Note: See 64D-3.041

64D-3.019 Blood Testing of Pregnant Women, Repealed.

Specific Authority 381.0011(13), 381.003(2), 384.25, 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 384.25, 384.26, 384.31 FS. History–New 7-5-87, Amended 2-26-92, Formerly 10D-3.101, Amended 8-5-99, 6-4-00, 12-24-02, Repealed 11-20-06.

Editorial Note: See 64D-3.042

64D-3.020 Enforcement and Penalties, Repealed.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 384.34(4) FS. Law Implemented 381.0011, 381.003(1), 381.0031, 384.34 FS. History–New 7-5-87, Amended 5-20-96, Formerly 10D-3.102, Amended 6-4-00, Repealed 11-20-06.

Editorial Note: See 64D-3.047

64D-3.021 Definitions, Repealed.

Specific Authority 381.0011(4), (13), 381.003(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.52, 392.53(1), 392.565 FS. History–New 7-19-89, Amended 5-20-96, Formerly 10D-3.104, Amended 9-17-98, Repealed 11-20-06.

Editorial Note: See 64D-3.028

64D-3.022 Reporting Requirements for Individuals, Repealed.

Specific Authority 381.0011(13), 381.003(2), 392.53(2), 392.66 FS. Law Implemented 381.0011, 381.003(1)(a), 392.53, 392.64 FS. History–New 7-19-89, Amended 2-26-92, 5-20-96, Formerly 10D-3.105, Amended 9-17-98, 7-12-05, Repealed 11-20-06.

Editorial Note: See 64D-3.030

64D-3.023 Reporting Requirements for Laboratories, Repealed.

Specific Authority 381.0011(13), 381.003(2), 392.53(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.53 FS. History–New 7-19-89, Amended 2-26-92, Formerly 10D-3.106, Amended 9-17-98, 7-12-05, Repealed 11-20-06.

Editorial Note: See 64D-3.031

64D-3.024 Patient Treatment and Follow-up, Repealed.

Specific Authority 381.0011(13), 381.003(2), 392.64(1), 392.66 FS. Law Implemented 381.0011, 381.003(1)(a), 392.55(2), (3), 392.56(2)(b), 392.59, 392.61, 392.64(1) FS. History–New 7-19-89, Amended 2-26-92, Formerly 10D-3.109, Amended 9-17-98, 10-23-02, Repealed 11-20-06.

Editorial Note: See 64D-3.043

64D-3.025 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis control, Repealed.

Specific Authority 381.0011(4), (13), 381.003(2), 392.61(4), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.61(4) FS. History-New 9-17-98, 4-6-00, Repealed 11-20-06.

Editorial Note: See 64D-3.044

64D-3.026 Execution of Certificate for Involuntary Hold, Repealed.

Specific Authority 381.0011(4), (13), 381.003(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.55, 392.56, 392.565, 392.59, 392.62, 392.64(2) FS. History–New 9-17-98, Amended 10-23-02, Repealed 11-20-06.

Editorial Note: See 64D-3.045

64D-3.027 Reporting of Congenital Anomalies, Repealed.

Specific Authority 381.0011(13), 381.0031(6) FS. Law Implemented 381.0011(7), 381.0031 FS. History–New 7-5-99, Amended 6-4-00, Repealed 11-20-06.

Editorial Note: See 64D-3.035

64D-3.028 Definitions

When used in Chapter 64D-3, F.A.C., the following terms shall mean:

(1) “*15 Digit Spoligotype (Octal Code)*” – Spoligotyping (spacer oligonucleotide typing) is an amplification-based genotyping method that determines the presence or absence of 43 spacer sequences in the direct repeat region in the *M. tuberculosis* chromosome. The complement of spacers is initially recorded in binary code and then converted to the reportable 15 digit octal code commonly referred to as the ‘spoligotype’.

(2) “*Authorized Representative*” – An employee of the Department or personnel assigned to the Department by another state or federal agency supervised and approved by the Department.

(3) “*BED*” – The BED HIV-1 Capture EIA is the assay currently used in STARHS for performing HIV incidence surveillance. The FDA has labeled the assay for surveillance use not for diagnostic or clinical use.

(4) “*Carrier*” –

(a) A person who harbors pathogenic organisms of a communicable disease but who does not show clinical evidence of the disease; or

(b) A person to whom evidence points as the source of one (1) or more cases of any communicable disease but who refuses to submit clinical specimens to the Department or county health department for examination; or

(c) A person who, in the judgment of the State Health Officer or county health department director or administrator or their designee, is suspected to be a carrier and who refuses to submit to examination when ordered to do so for good cause shown by the State Health Officer or county health department director or administrator or their designee; or

(d) A person reported to the Department or the county health department to be a carrier by the health authorities of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member; or

(e) An animal which, in the judgment of the State Health Officer or county health department director or administrator or their designee, is suspected to harbor pathogenic organisms of a communicable disease without presentation of clinical evidence of disease.

(5) “*Case*” – An instance of a suspected or diagnosed disease or condition in a person or animal.

(6) “*Communicable Disease*” – An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly, through an intermediate plant or animal host, vector or the inanimate environment.

(7) “*Contact*” – A person or animal that has been in such association with an infected person or animal or a contaminated environment as to have had opportunity to acquire the infection. This will include household members or persons who frequent the dwelling of the case or carrier. For sexually transmitted diseases contact means a sex/needle sharing partner.

(8) “*County Health Department*” – A public health department created under Part 1, Chapter 154, F.S.

(9) “*Department*” – The State of Florida, Department of Health.

(10) “*Electronic Data Transfer*” – The sending and receiving of messages via standard electronic formats and established file transfer protocols, which contain data elements that would normally be contained on a typical business document or form.

(11) “*Enteric Disease*” – An infection or condition transmitted by ingestion of such agents as *Campylobacter jejuni*, *Cyclospora cayetanensis*, *Cryptosporidium parvum*, *Escherichia coli* O157:H7 and other pathogenic *E. coli*, hepatitis A, *Giardia lamblia*, *Salmonella* species, *Shigella* species and *Vibrio cholerae*.

(12) “*Epidemiological Investigations*” – An inquiry into the incidence, distribution and source of diseases or conditions to determine its cause, means of prevention or control, and efficacy of control measures.

(13) “*Epizootic*” – The occurrence in animals in a community, institution, region or other defined area of a group of cases of an illness of similar nature in excess of normal expectancy.

(14) “*Exposure to Rabies*” – Any bite, scratch or other situation in which saliva or nervous tissue of a potentially rabid animal enters an open or fresh wound, or comes in contact with mucous membranes by entering the eye, mouth or nose of another animal or person.

(15) “*Fasta Files*” – Standard text-based format for representing nucleic acid sequences that are generated when performing a genotype.

(16) “*Health Authorities*” – The State Health Officer or any local county health department director or administrator or their designee; any chief health official of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member.

(17) *Health Level 7(HL7)* – An industry standard for electronic data exchange between healthcare entities.

(18) “*Human Immunodeficiency Virus (HIV) Exposed Newborn*” – An infant 18 months of age or younger born to a HIV infected woman.

(19) “*Outbreak*” – An increase in the number of cases of a disease or condition compared to the expected number in a particular period of time and geographical area. For diseases where the expected number is zero, a single case constitutes an outbreak.

(20) “*Practical Method of Quarantine*” – A location where a person infected with or exposed to an infectious agent that threatens public health will have food, clothing and shelter as necessary while separated and restricted from contact with people who have not been infected with that disease or immunized against that infection.

(21) “*Probable*” – A case that meets the clinical criteria for a communicable disease and the epidemiologic criteria for likely exposure to the infectious agent but is unable to be confirmed.

(22) “*Sensitive Situation*” – A setting in which the presence of a case would increase significantly the probability of spread of the diagnosed or suspected disease or condition and would, therefore, constitute a public health hazard. Examples of such settings are: schools, child-care facilities, hospitals and other patient-care facilities, food storage, food processing establishments or food outlets.

(23) “*Sexually Transmissible Disease*” – Acquired Immune Deficiency Syndrome (AIDS), Chancroid, Chlamydia trachomatis, Gonorrhea, Granuloma Inguinale, Hepatitis A through D, Herpes simplex virus (HSV), Human immunodeficiency virus Infection (HIV), Human papillomavirus (HPV), Lymphogranuloma Venereum (LGV), and Syphilis.

(24) “*Source of Infection*” – The person, animal, object or substance from which an infectious agent passes directly or indirectly to the host.

(25) “*STARHS*” – Serologic Testing Algorithm for Recent HIV Seroconversion – A surveillance test performed on confirmed HIV positive specimens using the BED assay, approved by the Food and Drug Administration for surveillance purposes.

(26) “*Suspect*” or “*Suspect Case*” – A person or animal whose medical history and symptoms suggest the imminent development of a notifiable or other communicable disease or condition, or a person or animal with disease not yet diagnosed.

(27) “*Terminal Disinfection*” – Cleaning procedures designed to eradicate infectious agents or unsafe conditions from the physical environment.

(28) “*Urgent Public Health Significance*” – A characteristic of a disease or condition that requires rapid public health response due to the:

- a) Potential to cause significant morbidity or mortality;
- b) Potential for infectiousness between humans or spread to humans; and
- c) The number of cases.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031, 384.23, 392.52, FS. History–New11-20-06, Amended 11-24-08.

Editorial Note: History Formerly 10D-3.61, 10D-3.061, 64D-3.001, 64D-3.014, 64D-3.015 and 64D-3.021.

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 Rule 64D-3.030 – 3.033, 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 or conditions not listed by rule.

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

(a) “*Notifiable 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,” August 2008, incorporated by reference, available online at: http://www.doh.state.fl.us/disease_ctrl/epi/surv/CaseDefAug2008.pdf

(b) “*Suspect Immediately*” – A notifiable condition or 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 case, cluster of cases, or outbreak of a disease or condition 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 those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.	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.		X	X		
Acquired Immune Deficiency Syndrome (AIDS)				2 Weeks	Not Applicable					
Amebic Encephalitis		X			<i>Naegleria fowleri, Balamuthia mandrillaris, or Acanthamoeba spp.</i>			X		
Anthrax	X	X			<i>Bacillus anthracis</i>	X	X	X		
Arsenic*2			X		Laboratory results as specified in the surveillance case definition for arsenic poisoning *2				X	
Botulism, foodborne	X	X			<i>Clostridium botulinum</i> or botulinum toxin	X	X	X		
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, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus viruses	X			X	
Campylobacteriosis			X		<i>Campylobacter</i> species				X	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) *3				6 Months	Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)					6 Months
Carbon monoxide poisoning			X		A volume fraction ≥ 0.09 (9%) of carboxyhemoglobin in blood				X	
CD-4	Not Applicable				CD-4 absolute count and percentage					3 days

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
					of total lymphocytes*4					
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*5			X		<i>Chlamydia trachomatis</i>				X	
Cholera	X	X			<i>Vibrio cholerae</i>	X	X	X		
Ciguatera fish poisoning (Ciguatera)			X		Not Applicable					
Congenital anomalies*6				6 Months	Not Applicable					
Conjunctivitis in neonates < 14 days old			X		Not Applicable					
Creutzfeld-Jakob disease (CJD) *7			X		14-3-3 protein from CSF or any brain pathology suggestive of CJD*7				X	
Cryptosporidiosis			X		<i>Cryptosporidium parvum</i>				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 virus neuroinvasive and non-neuroinvasive disease			X		Eastern equine encephalitis virus	X			X	
Ehrlichiosis/Anaplasmosis			X		<i>Anaplasma phagocytophilum, Ehrlichia chaffeensis, or E. ewingii</i>	X			X	
Ehrlichiosis/Anaplasmosis – undetermined or unspecified			X		<i>Ehrlichia or Anaplasma</i> species, other	X			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> *8		X			<i>Escherichia coli</i> *8			X		
Giardiasis (acute)			X		<i>Giardia</i> species				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*5			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> *9				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			Hantavirus	X		X		
Hemolytic uremic syndrome		X			Not Applicable					
Hepatitis A*10		X			Hepatitis A*10			X		

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
Hepatitis B, C, D, E and G Virus*10			X		Hepatitis B, C, D, E and G Virus*10			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 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth*11			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*11			X		
HSV – anogenital in children < 12 years of age*5*11			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*11			X		
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*12*13				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	
Human papillomavirus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years of age*5			X		HPV DNA			X		
HPV – anogenital in children <12 years of age*5			X		HPV DNA			X		
Human papillomavirus ONLY physicians licensed as pathologists need report as directed under Laboratory Reporting *14 →			X		1) Positive test for any high risk human papillomavirus (HPV) type (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 59, 68, etc)*15 2) Abnormal cervical and anogenital cytologies consistent with “Bethesda 2001 Terminology”*15 3) Abnormal histologies including*15: a. cervical vaginal intraepithelial neoplasia (CIN 1, 2, or 3) b. vulvar intraepithelial neoplasia (VIN 1, 2, or 3) c. vaginal intraepithelial neoplasia (VAIN 1, 2, or 3) d. anal intraepithelial neoplasia (AIN 1, 2, or 3)			X		

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
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*16			X		All blood lead test results*16				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*17	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	
Meningococcal Disease, includes meningitis and meningococemia	X	X			<i>Neisseria meningitidis</i> (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			<i>Bordetella pertussis</i>			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			<i>Yersinia pestis</i>	X	X	X		
Poliomyelitis, paralytic and non-paralytic	X	X			Poliovirus	X	X	X		
Psittacosis (Ornithosis)			X		<i>Chlamydophila psittaci</i> (formerly known as <i>Chlamydia psittaci</i>)	X			X	
Q Fever			X		<i>Coxiella burnetii</i>	X			X	
Rabies, animal		X			Rabiesvirus		X	X		
Rabies, human		X			Rabiesvirus		X	X		
Rabies, possible exposure*18	X	X			Not Applicable					
Ricin toxicity	X	X			Ricin toxin (from <i>Ricinus communis</i> castor beans)	X	X	X		
Rocky Mountain spotted fever			X		<i>Rickettsia rickettsii</i>	X			X	
Rubella, including congenital	X	X			Rubella virus*17	X	X	X		
St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease			X		St. Louis encephalitis virus	X			X	

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
Salmonellosis			X		<i>Salmonella</i> 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		<i>Shigella</i> species by species serogroup			X		
Smallpox	X	X			Variola virus (orthopox virus)	X	X	X		
<i>Staphylococcus aureus</i> - community associated mortality*19			X		<i>Staphylococcus aureus</i> - community associated mortality*20	X				
Not Applicable					<i>Staphylococcus aureus</i> isolated from a normally sterile site *21			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.*22	X		X		
Staphylococcus enterotoxin B		X			Staphylococcus enterotoxin B	X		X		
Streptococcal disease, invasive, Group A			X		<i>Streptococcus pyogenes</i> , Group A, isolated from a normally sterile site (does not include throat specimens)			X		
<i>Streptococcus pneumoniae</i> , invasive disease	Not Applicable				<i>Streptococcus pneumoniae</i> isolated from a normally sterile site*23			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*23			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) *24			X		<i>Mycobacterium tuberculosis</i> complex*24			X		
Tularemia	X	X			<i>Francisella tularensis</i>	X	X	X		
Typhoid fever		X			<i>Salmonella typhi</i>	X		X		
Typhus fever (outbreak)	X	X			<i>Rickettsia prowazekii</i>	X	X	X		
Typhus fever (endemic)			X		<i>Rickettsia typhi</i> , <i>R. felis</i>	X		X		
Vaccinia disease	X	X			Vaccinia virus	X	X	X		
Varicella (ChickenPox) *25			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.</i>	X		X		

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
					<i>hollisae, V. mimicus, V. parahaemolyticus, V. vulnificus</i>					
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, sera, slides or diagnostic preparations) to the Florida Department of Health, Bureau of Laboratories for confirmation or additional characterization of the organism.
- b. Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, Bureau of 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.
- c. For the address of your closest regional Florida Department of Health laboratory location, contact 1-866-352-5227. This location will receive isolates or specimens and maintain a record to indicate the date that these specimens were submitted to the laboratory.
- d. Laboratories shall submit isolates or specimens to the Florida Department of Health, Bureau of Laboratories for confirmation or additional characterization of the organism for any notifiable disease as requested by the county health department director or administrator or their designee. Some additional information regarding such requests can be found in the document "Surveillance Case Definitions for Select Reportable Diseases in Florida"
- 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 Notifiable Diseases or Conditions to be Reported* in this Rule.

*2 – Special reporting requirements for Arsenic: Test results should only be reported if the test occurred 72 hours after the patient’s consumption of seafood.

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

Exceptions are located in Rule 64D-3.038, F.A.C.

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

*5 – 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 a 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.

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

*7 – Practitioners should contact the Department of Health, Bureau of Epidemiology at (850

245-4401 to arrange appropriate autopsy and specimen collection.

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

*9 – 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.

*10 – Special reporting requirements for Hepatitis:

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

*11 – 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.

*12 – 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 Pearl 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.

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

*14 – Practitioners need not report, unless licensed as a pathologist.

*15 – Special reporting requirements for laboratories and pathologists:

a. Report to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1716, (850) 245-4303.

b. Paper reports are not required. In accordance with Section 64D-3.031(5)(c), F.A.C., once Electronic Laboratory Reporting is initiated with the Department, all reports should be made electronically.

*16 – 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. 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. All such reports must be received by the Department electronically.

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

- *18 – 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 or quarantine of the animal causing the exposure; or
 - b. That is capable of transmitting herpes B viruses (includes exposures from nonhuman primates).
- *19 – As specified in the surveillance case definition for mortality in a person infected with community associated *Staphylococcus aureus*. For *S. aureus* mortality cases, a *S. aureus* culture shall be sent to the Florida Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904) 791-1500. When pneumonia was present, a suitable respiratory specimen for viral testing should be submitted if available.
- *20 – Laboratories that have an isolate from a patient known to have died from community associated *Staphylococcus aureus* must submit isolates to Florida Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904) 791-1500.
- *21 – Special reporting requirements for *Staphylococcus aureus*:
 - a. Antibiotic sensitivities must be included.
 - b. Paper reports are not required. In accordance with Section 64D-3.031(5)(c), F.A.C., once Electronic Laboratory Reporting is initiated with the Department, all reports should be made electronically.
- *22 – Special reporting requirements for *Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA):
 - a. Antibiotic sensitivities must be included.
- *23 – Special reporting requirements for *Streptococcus pneumoniae*:
 - a. Antibiotic sensitivities must be included.
- *24 – 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.
- *25 – 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, Amended 11-24-08.

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

64D-3.030 Notification by Practitioners.

(1) Each practitioner licensed under Chapters 458, 459, 460, 462, 464, 467 and 474, F.S., and medical examiner appointed pursuant to Chapter 406, F.S., who diagnoses, treats or suspects a case, or who suspects an occurrence of a disease or condition listed in the Table of Notifiable Diseases or Conditions to be Reported, Rule 64D-3.029, F.A.C., including in persons who at the time of death were so affected, shall report or cause to be reported all such diagnoses or suspicions per this rule. Reporting of specimen results by a laboratory to a county health department director, administrator or designee does not nullify the practitioner’s obligation to report said disease or condition.

(2) Any request for laboratory test identification shall be considered a suspicion of disease. However, practitioners need only to report suspected cases if indicated in the “suspect

immediately” column under practitioners in the Table of Notifiable Diseases or Conditions to be Reported, Rule 64D-3.029, F.A.C.

(3) Any report of a notifiable disease or condition required by this rule, except for cancer, congenital anomalies and HIV/AIDS, shall be reported on the Florida Department of Health Disease Report Form (DH Form 2136, 3/06), incorporated by reference, available at the Department of Health, Division of Disease Control, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399-1714, or on a form supplied by the provider that includes the following:

- (a) The patient’s:
 1. First and last name, including middle initial;
 2. Address, including city, state and zip code;
 3. Telephone number, including area code;
 4. Date of birth;
 5. Sex;
 6. Race;
 7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);
 8. Pregnancy status if applicable;
 9. Social Security number;
 10. Date of onset of symptoms;
 11. Diagnosis.
- (b) Type of diagnostic tests (for example culture, IgM, serology, Mantoux TB skin test, nucleic acid amplification test or Western Blot);
- (c) Type of specimen (for example stool, urine, blood, mucus, etc.);
- (d) Date of specimen collection;
- (e) Site (for example cervix, eye, etc., if applicable);
- (f) Diagnostic test results including: reference range, titer when quantitative procedures are performed, and all available results concerning additional characterization of the organism;
- (g) For Tuberculosis, the 15-digit spoligotype (octal code) must be reported;
- (h) Treatment given;
- (i) Name, address and telephone number of the attending practitioner;
- (j) Other necessary epidemiological information as well as additional specimen collection or laboratory testing requested by the county health department director or administrator or their designee.

(4) The practitioner who first authorizes, orders, requests or submits a specimen to a licensed laboratory for testing for any agent listed in Rule 64D-3.029, F.A.C., shall obtain and provide the information required by sub-subparagraph 64D-3.031(3)(a)1.-9., F.A.C., at the time the specimen is sent.

(5) Special reporting requirements for HIV and AIDS:

(a) All cases of HIV or AIDS, which meet the Centers for Disease Control and Prevention (CDC) case definitions set forth in CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, published in Morbidity and Mortality Weekly Report (MMWR) Vol. 48 [RR-13, December 10, 1999], incorporated by reference, available online at: www.cdc.gov/mmwr/PDF/RR/RR4813.pdf, shall be reported on the Adult HIV/AIDS Confidential Case Report, CDC 50.42A Rev. 03/2007, incorporated by reference, or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference, along with the Department of Health Addendum for Adult HIV/AIDS Confidential Case Report, DH Form 2134, (09/08), incorporated by reference. All forms are available at county health departments or at the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715, (850) 245-4334.

(b) HIV exposed newborns shall be reported on the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference in paragraph 64D-3.030 (5) (a), F.A.C.

(6) Each practitioner who makes a diagnosis of or treats any notifiable disease or condition shall make their patient medical records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 383.06, 384.25(1), 384.33, 392.53(1), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 384.23, 384.25, 385.202, 392.53 FS. History—New 11-20-06, Amended 11-24-08.

Editorial Note: History- Formerly 10D-3.097, 64D-3.016 and 64D-3.022.

64D-3.031 Notification by Laboratories.

(1) Each person or designee who is in charge of a public, federal, private, military or hospital laboratory responsible for receiving the initial order to perform serologic, immunologic, microscopic, biochemical, molecular or cultural tests on specimens derived from a human body or an animal or for collecting the specimen shall report or cause to be reported any laboratory test suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., per this rule.

(2) Receipt of a laboratory test order requesting the identification of reportable agents shall be considered by the laboratory as an indication of suspected diagnosis. However, laboratories need only to report suspected cases if indicated in the “suspect immediately” column under laboratories in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C.

(3) To allow follow-up of laboratory findings suggestive of or diagnostic of diseases or conditions in the Table of Notifiable Diseases or Conditions, the form upon which the information will be reported shall be furnished by the laboratory that includes the following information:

(a) The Patient’s:

1. First and last name, including middle initial;
2. Address including street city, state and zip code;
3. Phone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);
8. Pregnancy status if applicable;
9. Social Security number;

(b) The Laboratory

1. Name, address and telephone number of laboratory performing test;
2. Type of specimen (for example stool, urine, blood, mucus, etc.);
3. Date of specimen collection;
4. Site (for example cervix, eye, etc., if applicable);
5. Date of report;
6. Type of tests performed and results, including reference range, titer when quantitative procedures are performed, and including all available results on speciating, grouping or typing of organisms;
7. Submitting provider’s name, address including street, city, zip code and telephone number, including area code;
8. National Provider Identification (NPI) Number.

(4) Laboratories located out of state, licensed under Part 1, Chapter 483, F.S., who collect specimens in Florida or who receive the initial order for testing from a practitioner, blood bank,

plasmapheresis center or other health care provider located in Florida, shall report in the same way as if the findings had been made by a laboratory located in Florida.

(5) Upon the Department's implementation of its Electronic Laboratory Reporting System (ELR) for laboratory findings suggestive of or diagnostic of diseases or conditions, reports will be submitted electronically to the Department using Health Level Seven (HL7) version 2.3.1 format or ASCII delimited flat files which reflect comparable content to HL7 version 2.3.1. utilized by the Department of Health. The CDC Implementation Guide, Health Level Seven Specifications for Electronic Laboratory-Based Reporting of Public Health Information, October 1997, using version 2.3.1 of the Health Level Seven (HL7) Standard Protocol, incorporated by reference, is available online at: <http://www.cdc.gov/nedss/ELR/HL7Spec.pdf>.

(a) The Department's ELR System shall include:

1. The initial contact with the reporting laboratory;
2. A content review and testing of the laboratories' HL7 transmissions; and
3. The transition from testing to production for the HL7 laboratory transmissions.

(b) The Department and laboratory will agree on a date of implementation

(c) Laboratories reporting electronically through ELR and the Department shall agree to a date that the transmission of findings suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Disease or Conditions, Rule 64D-3.029 F.A.C., electronically in HL7 version 2.3.1 format to the Department is acceptable and considered good faith reporting and the laboratory will no longer be required to submit paper forms pursuant to subsection 64D-3.031(3), F.A.C.;

(d) The Department shall ensure access to the laboratory findings suggestive of or diagnostic of disease or conditions listed in the Table of Notifiable Diseases or Conditions to authorized representatives of the department.

(6) This section does not prohibit a laboratory from making a report by telephone, in writing, or facsimile to the county health department having jurisdiction for the area in which the office of the submitting practitioner or the patient's residence is located.

(7)(a) In order to study disease incidence, each laboratory licensed to perform tests for any notifiable disease or condition shall report the test volume for each related diagnostic test performed for the notifiable diseases listed in 64D-3.029, F.A.C.

(b) Reports are to be filed annually on or before April 1 of each year to the Department electronically in a format agreed upon by the department and the laboratory with the following information:

1. Type of diagnostic test;
2. Patient's date of birth;
3. Patient's sex;
4. Race;
5. Ethnicity (specify if of Hispanic descent or not of Hispanic descent).

(8) Each laboratory licensed to perform tests for any reportable disease or condition shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(7), 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25(1), 392.53(1) FS. History—New 11-20-06, Amended 11-24-08.

Editorial Note: History- Formerly 10D-3.66, 10D-3.066, 64D3.003, 64D-3.017 and 64D-3.023

64D-3.032 Notification by Medical Facilities.

(1) The chief administrative officer of each facility licensed under Chapter 395, F.S., or freestanding radiation therapy centers, as defined in Section 408.07(20), F.S., shall either personally or by appointing an individual from the staff, hereinafter referred to as "reporting individual," report all cases or suspect cases of diseases or positive laboratory findings indicating

the presence of a disease or condition listed in Rule 64D-3.029, F.A.C., in all persons admitted to, attended to, or residing in the facility per this rule.

(2) The chief administrative officer of each Department of Defense or Veterans Administration (VA) facility located in Florida is requested to appoint an individual from the staff, hereinafter referred to as "reporting individual," to be responsible for reporting all cases or suspected cases of disease or positive laboratory findings indicating the presence of a disease or condition listed in Rule 64D-3.029, F.A.C., in all persons admitted to, attended to, or residing in the facility per this rule.

(3) Reporting of a case or suspected case of disease or condition or positive laboratory findings by a facility or center fulfills the requirements of the licensed practitioner and laboratory director to report. It remains the responsibility of the practitioner or laboratory director to ensure that the report is made as stipulated in Rule 64D-3.029, F.A.C.

(4) Each facility that reports a notifiable disease or condition or a positive laboratory finding indicating the presence of a notifiable disease shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 383.06, 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History—New 11-20-06, Amended 11-24-08.

Editorial Note: Formerly 10D-3.77, 10D-3.077 and 64D-3.006(1), (2).

64D-3.033 Notification by Others.

(1) In addition to the individuals required to report under Section 381.0031, F.S., the following persons are required to report suspected rabies exposure to humans as well as conditions that they diagnose or suspect in animals pursuant to subsection 64D-3.039(2), F.A.C.:

(a) Animal control officers operating under Section 828.27, F.S.;

(b) Employees or agents of a public or private agency, animal shelter, or other facility that is operated for the collection and care of stray, neglected, abandoned, or unwanted animals;

(c) Animal disease laboratories licensed under Section 585.61, F.S.;

(d) Wildlife officers operating under Section 372.07, F.S.;

(e) Wildlife rehabilitators permitted by the Fish and Wildlife Conservation Commission under Rule 68A-9.008, F.A.C.; and

(f) Florida state park personnel operating under Section 258.007, F.S.

(2) Reports are to be submitted to the county health department having jurisdiction for the area in which the event occurred.

(3) Reports are to be submitted within time frames and by means as specified in subsections 64D-3.029(1) and (3), F.A.C.

(4) Reports shall include as much of the following as is available to the reporter:

(a) The animal's:

1. Name;

2. Species;

3. Breed;

4. Sex;

5. Color;

6. Age;

7. Rabies vaccination status;

8. Date of onset of signs;

9. Signs;

10. Ownership status (Owned/feral/wild).

(b) If the animal is owned, the animal owner's:

1. First and last name, including middle initial;

2. Address, including street, city, state and zip code;

3. Telephone number, including area code.

- (c) Where relevant, the exposed person's:
1. First and last name, including middle initial;
 2. Address, including street, city, state and zip code;
 3. Telephone number, including area code;
 4. Age;
 5. Sex;
 6. Date of exposure;
 7. The geographic location where the exposure occurred or location of the animal sighting if no person was exposed;
 8. Date of onset of symptoms;
 9. Name, address and telephone number, including the area code of the reporter; and
 10. Any other epidemiological information requested by the Department.

(d) Reports from an Animal Disease Laboratory shall include:

1. The submitting veterinarian's;
 - a. First and last name, including middle initial;
 - b. Address, including street, city, state and zip code;
 - c. Telephone number, including area code.
2. Type of diagnostic tests (for example culture, IgM, serology, Western Blot or culture);
3. Type of specimen (for example feces, urine, blood, mucus, etc.);
4. Date of specimen collection;
5. Site (for example cloaca, eye, etc., if applicable);
6. Diagnostic test results, including titer when quantitative procedures are performed, and including all available results on grouping or typing of organisms.

Specific Authority 381.0031(6) FS. Law Implemented 381.0031(2), (6) FS. History—New 11-20-06.

Editorial Note: Formerly 64D-3.0031

64D-3.034 Cancer Reporting.

(1) Reporting Requirements:

(a) Each facility and laboratory licensed under Chapters 395 and 483, and Section 408.07(20), F.S., respectively and practitioners licensed under Chapters 458, 459, 464, F.S., are required to report to the Florida Cancer Data System as required by Section 385.202, F.S., within six (6) months of each diagnosis and within six (6) months of the date of each treatment.

(b) Each facility shall submit each cancer case report electronically. Those facilities with fewer than 35 cancers annually requiring abstracting may submit paper copies or portions of the medical record, provided the copies contain all of the required information as per paragraph (1)(c).

(c) The data items, coding schemes, definitions, record layouts and reporting procedures are to follow the guidance provided in the Florida Cancer Data System Data Acquisition Manual (2005, or current year edition), incorporated by reference, available at: <http://fcds.med.miami.edu/inc/downloads.shtml>.

(2) Notwithstanding subsection (1), each facility, center and laboratory that reports cancer cases to the Florida Cancer Data System shall make its records available for on-site review by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.77, 10D-3.077 and 64D-3.006(3), (5).

64D-3.035 Congenital Anomaly Reporting.

(1) Congenital anomalies include major structural congenital defects, genetic disorders, and other congenital disorders.

(2) Notifiable congenital anomalies include all those diagnosed in:

(a) Infants who are born alive and have the anomaly diagnosed before their first birthday, including infants who at the time of death are so diagnosed; or

(b) Fetuses that are not born alive, but completed 19 weeks of gestation. In the absence of a gestational age estimate, a congenital anomaly in a fetus that is not born alive must be reported if the fetus had a weight of at least 500 grams.

(3) The reporting of congenital anomalies shall apply to each infant or fetus born, expelled or extracted in Florida on July 4, 1999, or later.

(4) A licensed hospital or licensed practitioner as defined in Section 381.0031(1), F.S., shall report information regarding each congenital anomaly.

(a) Each hospital licensed under Chapter 395, F.S., shall report to the Department's Florida Birth Defects Registry each congenital anomaly occurring in an infant admitted to the hospital. If a hospital reports a congenital anomaly 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 Rule 64D-3.035, F.A.C., for that anomaly.

(b) Each licensed practitioner who diagnoses a congenital anomaly shall report it to the Department's Florida Birth Defects Registry, except if the anomaly occurs in an infant admitted to a hospital licensed under Chapter 395, F.S.

(c) Physician or hospital reports shall be made no sooner than the date of birth, expulsion or extraction, and no later than 60 days after the date on which the diagnosis was made, or the date of the birth, expulsion or extraction, whichever is later, except as indicated in paragraph 64D-3.035(4)(a), F.A.C.

(d) Reports shall be sent to the Florida Department of Health, Division of Environmental Health, Florida Birth Defects Registry, 4052 Bald Cypress Way, Bin A-8, Tallahassee, Florida 32399-1720. Information on reporting formats can be obtained from the Florida Birth Defects Registry at the above address or on-line at: www.fbdr.org.

Specific Authority 381.0011(13), 381.0031(6) FS. Law Implemented 381.0011(7), 381.0031 FS. History—New 11-20-06.

Editorial Note: Formerly 64D-3.027

64D-3.036 Notifiable Disease Case Report Content is Confidential.

All information contained in laboratory reports, notifiable disease or condition case reports and in related epidemiological investigatory notes is confidential as provided in Section 381.0031(4), F.S., and will only be released as determined as necessary by the State Health Officer or designee for the protection of the public's health due to the highly infectious nature of the disease, the potential for further outbreaks, and/or the inability to identify or locate specific persons in contact with the cases.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (4), (5), 384.25, 392.53 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.68, 10D-3.068 and 64D-3.004.

64D-3.037 Authority of the DOH County Health Department Director or Administrator and State Health Officer.

(1) The State Health Officer, or the county health department director or administrator or their designee, shall have the authority to give public notice of quarantine as defined in Rule 64D-3.038, F.A.C., and to initiate or terminate conditions of quarantine for purposes of controlling the spread of notifiable diseases or other disease conditions.

(2) The persons in charge of all premises upon which a person or persons or animals are quarantined shall allow access to the county health department director or administrator, the State

Health Officer, or either of their designated representatives to assure that provisions of this chapter and orders applicable to the cases involved are observed.

(3) The State Health Officer, or the county health department director or administrator or their designee, shall have the authority to designate a setting as a sensitive situation as defined in subsection 64D-3.028(22), F.A.C., and to initiate or terminate conditions to control the spread of disease in such settings.

(4) The quarantine shall remain in effect until the situation no longer represents a public health hazard as determined by the county health department director or administrator or their designated representative.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 384.33 FS. Law Implemented 154.04, 381.0011(4), 381.003(1), 384.28 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.74, 10D-3.074 and 64D-3.005.

64D-3.038 Quarantine Orders and Requirements.

(1) Quarantine orders shall be issued by the State Health Officer, or the county health department director or administrator, or their designee in writing; include an expiration date or specify condition(s) for ending of quarantine; and restrict or compel movement and actions by or regarding persons, animals or premises consistent with the protection of public health and accepted health practices except as otherwise governed by subsection (6).

(2) For the purpose of orders regarding quarantine, the term “actions” encompasses isolation, closure of premises, testing, destruction, disinfection, treatment, protocols during movement and preventive treatment, including immunization.

(3) Subjects or objects of quarantine orders shall be accessible at all times to the Department or its designees for purposes related to declaration, enforcement, maintenance, modification or abolition of such orders. The prohibition shall remain in effect until the situation no longer represents a public health hazard as determined by the county health department director or administrator or their designated representative.

(4) Where quarantine is used pursuant to Section 381.00315(1)(b)4., F.S., the subject individual may choose isolation in their domicile and such closure as needed to ensure that isolation, unless the Department determines that the subject individual's domicile is not a practical method of quarantine.

(5) Whenever provisions of this chapter require laboratory specimens to be submitted for the identification of specific microorganisms in order to determine eligibility for release from quarantine, such examination shall be performed in a laboratory approved by the Department for performing such tests.

(6) For zoonosis control and prevention, any animal determined by the Department to be a significant threat to human health shall be humanely euthanized in accordance with the American Veterinary Medical Association’s 2000 Report of the AVMA Panel on Euthanasia, incorporated by reference, available from the Florida Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720. Such an order shall be issued in writing.

(7) Transportation or removal of quarantined persons or animals with written orders issued shall be made in accordance with orders issued by the State Health Officer, or the county health department director or administrator or their designee.

(8) Quarantine Disinfection Procedures: Collection of contaminated matter and quarantine disinfection procedures shall be in accordance with orders issued by the State Health Officer, or the county health department director or administrator or their designee.

(a) Concurrent disinfection is required of infectious or potentially infectious secretions or excretions of any quarantined person or animal or of objects contaminated by such secretions and/or excretions.

(b) Terminal disinfection shall be carried out at the termination of the period of quarantine and shall be applied to the quarters vacated.

Specific Authority 381.0011(6)(a), (13), 381.003(2), 384.33 FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4., 384.28 FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.81, 10D-3.081, 64D-3.007, 64D-3.0071, 64D-3.008, 64D-3.009 and 64D-3.010.

64D-3.039 Diseased Animals.

(1) No person shall bring into this state or offer for sale domestic or feral animals infected with a disease communicable from animals to humans.

(2) Any grouping or clustering of animals having similar diseases, symptoms or syndromes that may indicate the presence of a threat to humans including those for biological agents associated with terrorism shall be reported.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 381.0031(6) FS. Law Implemented 381.0011(6), (10), 381.003(1), 381.0031(1), 823.04 FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.90, 10D-3.090 and 64D-3.012.

64D-3.040 Procedures for Control of Specific Communicable Diseases.

(1) Psittacosis (Ornithosis)

(a) All cases and suspected cases of psittacosis in people or birds shall be reported to the county health department director or administrator or their designee.

(b) Birds suspected of being infected or having been associated with infected birds shall not be removed from any premises until the State Health Officer or the county health department director or administrator or their designee, has investigated the situation and issued orders which may include quarantine, laboratory examination or prescribed treatment according to recommendations of the National Association of State Public Health Veterinarians, Inc., published in the Compendium of Measures to Control *Chlamydophila psittaci* Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis), 2008, incorporated by reference, available from the Department of Health, Division of Environmental Health, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1720.

(2) Rabies Control in Humans

(a) Reporting of Suspected Human Exposure to Rabies – Any person having knowledge of an incident in which a person is bitten by or otherwise exposed to any known or suspected rabid animal shall notify the county health department director or administrator or their designee where the bite occurred immediately by telephone, facsimile, electronic data transfer or other confidential means.

(b) Prevention in Humans – Persons bitten or otherwise exposed to suspect rabid animals shall be evaluated for post-exposure treatment by the county health department director or medical director or their designee according to recommendations of Human Rabies Prevention-United States, 2008, Recommendations of the Advisory Committee on Immunization Practices (ACIP), published in the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Vol. 57 No. RR-3, May 26, 2008, incorporated by reference, available online at: <http://www.cdc.gov/mmwr/PDF/rr/rr5703.pdf>.

(3) Rabies Control in Animals

(a) The county health department director or administrator or their designee shall promptly investigate reported bites or exposures by suspected rabid animals.

(b) The county health department director or administrator or their designee shall cause to be captured, confined or seized suspected rabid animals and isolate and quarantine or humanely euthanize and provide for laboratory examination, as outlined in the guidebook, Rabies Prevention and Control in Florida 2008, incorporated by reference, available at:

www.myfloridaeh.com/community/arboviral/Zoonoses/RabiesguideUpdated.pdf. This includes animals involved in human exposure (bite and non-bite) and animals exposed to rabid or suspected rabid animals. Other methods of controlling rabies in domestic or wild animals shall be

administered by order of the county health department director or administrator or their designee according to recommendations of the Florida Rabies Advisory Committee.

(c) Upon official request from the health agency of another state or country, the appropriate county health department designee shall provide assistance in locating and placing in quarantine the suspect animal as required for proper completion of investigation of a potential rabies exposure incident.

(d) Epizootic Rabies. The State Health Officer, or the county health department director or administrator or their designee shall declare an area wide quarantine when prevalence of rabies so indicates. The conditions of the quarantine shall control the movement, sale, impoundment or required euthanasia of animals in the quarantine area as specified by departmental policy and procedure guidelines as defined in paragraph 64D-3.040(3)(b), F.A.C.

(4) *Shigella* and *salmonella* infections other than enteric disease outbreaks in child care settings, for which see subsection 64D-3.040(5), F.A.C., and Typhoid Fever, for which see subsection 64D-3.040(6), F.A.C.

(a) Sensitive Situations

1. Persons with laboratory-confirmed or probable cases of *Shigella* and *Salmonella* infections (excluding typhoid fever) shall be prohibited from being present in sensitive situations until they are determined by the county health department director or administrator or their designee no longer to be a public health hazard. Release as no longer a public health hazard may be obtained by order of the director/administrator as provided for in subsections 64D-3.040(3),(4), F.A.C., for *Salmonella*, or by the infected person's submitting a minimum of two (2) stool specimens in satisfactory condition to one of the Department's laboratories or other clinical laboratory acceptable to the Department and meeting the following conditions:

- a. The specimens are negative for these organisms.
- b. The first specimen shall not be obtained sooner than forty-eight (48) hours after the cessation of any antibiotic therapy for those cases receiving antibiotics.
- c. The second and subsequent specimen shall not be obtained sooner than at 24-hour intervals.

2. Persons who are contacts to probable or confirmed cases of *shigella* and *salmonella* infections (excluding typhoid fever);

a. Who have symptoms of an enteric illness or who have had such symptoms during the past two (2) weeks shall be presumed to be infected and shall be managed as a case as outlined in subparagraph 64D-3.040(4)(a)1, F.A.C.; or

b. Persons who are contacts to probable or confirmed cases of *Shigella* and *Salmonella* infections (excluding typhoid fever) and who do not have symptoms of an enteric illness or who have not had those symptoms during the past two (2) weeks may be permitted to continue in their sensitive situation at the discretion of the county health department director or administrator or their designee.

3. Persons infected with *Salmonella* (excluding typhoid fever) without symptoms may attend schools or child care settings at the discretion of the county health department director or administrator or their designee, provided adequate sanitary facilities and hygienic practices exist.

(b) Non-sensitive Situations

Cases, Contacts, and Carriers of *Salmonella* or *Shigella* who are not in non-sensitive situations should be counseled regarding disease transmission, food preparation and hand washing practices. Follow-up or release based on stool culture results is not required.

(5) Enteric disease outbreaks in child care settings [for typhoid fever, see subsection 64D-3.040(6), F.A.C.]. In the event of an outbreak in a child care setting of one of these diseases, the county health department director or administrator or their designee shall implement control procedures as defined in "Guidelines for Control of Outbreaks of Enteric Disease in Child Care Settings," dated March 2000, incorporated by reference, available online at:

www.doh.state.fl.us/disease%5Fctrl/epi/surv/enteric.pdf.

(6) Typhoid Fever

(a) Cases: Enteric isolation procedures are required for all cases during the acute stages of illness. The patient shall be under the supervision of the county health department director or administrator or their designee until bacteriologic cultures are obtained from feces and are negative in no less than three consecutive specimens taken at least 24 hours apart and not earlier than 1 month after onset of illness, provided the patient has been off antibiotic therapy for a period of 1 week. If any one specimen of this series yields typhoid organisms, then at least an additional three negative consecutive specimens of feces taken at least 24 hours apart are required for release of the case.

(b) Household contacts of a typhoid case who may be excreting *S. typhi* as determined by the county health department director or administrator or their designee and who are involved in food processing, food preparation or food service for public consumption or in any occupation bringing them in contact with children, ill persons, or the elderly or are present in other sensitive situations, as defined in subsection 64D-3.028(22), F.A.C., are prohibited from returning to such occupation or situation until no less than three specimens of feces taken at least 24 hours apart are negative for typhoid organisms. In addition, other appropriate tests may be required at the discretion of the county health department director or administrator or their designee.

(7) Perinatal Hepatitis B

(a) Infants born to HBsAg-positive mothers shall receive hepatitis B immune globulin and hepatitis B vaccine once physiologically stable, preferably within 12 hours of birth, and complete the hepatitis B vaccine series according to the recommended vaccine schedule. Testing infants for HBsAg and antibody to hepatitis B surface antigen (anti-HBs) six (6) months after the completion of the hepatitis B vaccine series is recommended to monitor the success or failure of therapy.

(b) Household members, sexual and needle-sharing partners of HBsAg-positive prenatal/postpartum hepatitis B women should be tested to determine susceptibility to the hepatitis B virus, and, if susceptible should receive the hepatitis B vaccine series.

(8) Vibrio Infections. All food service establishments serving raw oysters shall display, either on menus or on table placards, the following notice: "Consumer Information: There is risk associated with consuming raw oysters. If you have chronic illness of the liver, stomach or blood or have immune disorders, you are at greater risk of serious illness from raw oysters, and should eat oysters fully cooked. If unsure of your risk, consult a physician."

Specific Authority 381.0011(6), (13), 381.003(2), 381.006(16), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (6), (8), 381.003(1), 381.0031, 384.25, 384.27 FS. History—New 11-20-06, Amended 11-24-08.

Editorial Note: History—Formerly 10D-3.91, 10D-3.091, and 64D-3.013.

64D-3.041 Epidemiological Investigations.

(1) The Department and its authorized representatives, when deemed necessary to protect the public's health, may conduct epidemiological investigations and follow-up to confirm the diagnosis, treatment and causes of any disease or condition to determine appropriate methods of outbreak and communicable disease control. Such investigations shall be considered official duties of the Department and may include, but are not limited to:

(a) Review of pertinent, relevant medical records by authorized representatives of the Department, if necessary to confirm the diagnosis; to investigate causes; to identify other related cases in an area, community, or workplace; to determine if a person with a reportable notifiable disease or condition has received adequate treatment to render themselves non-infectious or if exposed has received prophylaxis, if appropriate. Such review of records may occur without patient consent and shall be conducted at reasonable times and with such notice as is deemed reasonable under the circumstances.

(b) Perform interviews with an infected person or persons knowledgeable about the case to collect pertinent and relevant information about the cause(s) of or risk factors for the notifiable disease or condition.

(c) Conduct notification services by authorized Department representatives to inform persons who may have been in such association with an infected person or animal or a contaminated environment and who have had opportunity to acquire the infection. These will include, but are not limited to: household contacts, sexual partners, correctional facilities inmates and employees, patrons, employees or owners of business establishments, preschool staff and students, school staff and students, and other individuals who may have been in an infected persons' social, business or environmental network.

(d) Medical examination or testing of persons exposed to or at risk of the notifiable disease or condition.

(e) Obtain from public or private businesses or institutions the identities and locating information of persons, travelers, passengers or transportation crews with a similar or common potential exposure to the infectious agent as a reported case (such exposure may be current or have occurred in the past).

(f) Interview or administer questionnaires confidentially to any resident of a community or any agent, owner, operator, employer, employee or client of a public or private business or institution, that is either epidemiologically associated with an outbreak, or with the reported case or has had similar exposure as the reportable case.

(g) Collect environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or notifiable disease or condition.

(h) Enter a place of employment for the purpose of conducting epidemiological investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records and materials within the place of employment which are relevant, pertinent and necessary to the investigation of an outbreak of notifiable diseases or conditions during regular working hours or at other reasonable times with such notice as is reasonable under the circumstances.

(2) Information gathered in the course of an epidemiological investigation and follow-up shall be confidential to the degree permitted under the provisions of Sections 119.0712, 381.0031(4), 384.29, and 392.65, F.S.

Specific Authority 381.0011(7), 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1) (c), 384.26, 392.54 FS.

History– New 11-20-06, Amended 11-24-08.

Editorial Note: History-Formerly 10D-3.100, and 64D- 3.018.

64D-3.042 STD Testing Related to Pregnancy.

(1) Practitioners attending a woman for prenatal care shall cause the woman to be tested for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as follows:

- (a) At initial examination related to her current pregnancy; and again
- (b) At 28 to 32 weeks gestation.

(2) Exceptions to the testing outlined in subsection (1) above are as follows:

(a) A woman, who tested positive for hepatitis B surface antigen (HbsAg) during the initial examination related to her current pregnancy, need not be re-tested at 28-32 weeks gestation.

(b) A woman, with documentation of HIV infection or AIDS need not be re-tested during the current pregnancy.

(3) Women who appear at delivery or within 30 days postpartum with:

- (a) No record of prenatal care; or
- (b) Prenatal care with no record of testing;

(c) Prenatal care with no record of testing after the 27th week of gestation shall be considered at a high risk for sexually transmissible diseases and shall be tested for hepatitis B surface antigen (HBsAg), HIV and syphilis prior to discharge.

(4) Emergency Departments of hospitals licensed under Chapter 395, F.S., may satisfy the testing requirements under this rule by referring any woman identified as not receiving prenatal care after the 12th week of gestation, to the county health department.

(a) The referral shall be in writing; and

(b) A copy shall be submitted to the county health department having jurisdiction over the area in which the emergency department is located.

(5) Prior to any testing required by this rule, practitioners shall:

(a) Notify the woman which tests will be conducted;

(b) Inform the woman of her right to refuse any or all tests;

(c) Place a written statement of objection signed by the woman each time she refuses required testing in her medical record specifying which tests were refused. If the woman refuses to sign the statement, the provider shall document the refusal in the medical record. No testing shall occur for the infections specified in the refusal statement of objection.

(6) Women who had a serologic test for syphilis during pregnancy that was reactive, regardless of subsequent tests that were non-reactive shall be tested as soon as possible at or following delivery.

(7)(a) Specimens shall be submitted to a laboratory licensed under Part I, Chapter 483, F.S., to perform tests for chlamydia, gonorrhea, hepatitis B surface antigen (HBsAg), HIV and syphilis.

(b) The practitioner submitting the specimens for testing to a licensed laboratory shall state that these specimens are from a pregnant or postpartum woman.

(8) Practitioners required by law to prepare birth and stillbirth certificates shall document on the certificate if chlamydia, gonorrhea, hepatitis B, HIV, syphilis infections or genital herpes or genital human papilloma virus were present and/or treated during this pregnancy.

(9) Nothing in this rule shall prohibit a practitioner from testing these women for other sexually transmissible diseases in accordance to prevailing national standards, community disease distribution or the professional judgment of the practitioner.

Specific Authority 381.0011(13), 381.003(2), 382.003(7), 384.25, 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 381.004(3)(c), 382.008(6), 382.013(5), 384.25(2), 384.26, 384.31 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.101 and 64D-3.019.

64D-3.043 Tuberculosis Treatment and Follow-up.

(1) An individualized treatment plan shall be prescribed by providers licensed under Chapter 458, 459 or 464, F.S., for each person in their care who has suspected or confirmed active Tuberculosis.

(a) The treatment plan must be consistent with current standards of medical practice and include information regarding:

1. Provisions for treatment to cure;
2. Provisions for follow-up;
3. Delivery of treatment, e.g., directly observed therapy if appropriate;
4. A case management approach as defined by Department guidelines.

(b) The treatment plan must be documented on TB Medical Report and Treatment Plan, DH Form 1173, 02/98, incorporated by reference, available online at: www.doh.state.fl.us/disease%5Fctrl/tb/tbforms/dohpdfforms/1173/DH1173-TBTxPlan02-98.pdf.

(2) The county health department director, administrator or their designee shall document the case management approach as defined in Department guidelines “Tuberculosis (TB) Case Management/Team Approach,” 4/98, incorporated by reference, available from the Department of Health, Bureau of TB and Refugee Health, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1720.

(3) The county health department shall provide a complete explanation of Tuberculosis, the medical risks associated with Tuberculosis, the need to comply with the prescribed course of the treatment plan, and the consequences of non-compliance with the treatment plan to each patient suspected or proven to have Tuberculosis, to the patient's legal guardian or to the patient's caregiver. The explanation shall be culturally, developmentally, educationally and linguistically appropriate and tailored to the understanding of the patient, the patient's legal guardian or the patient's caregiver.

Specific Authority 381.0011(13), 381.003(2), 392.53, 392.64(1), 392.66 FS. Law Implemented 381.0011, 381.003(1)(a), 392.53, 392.55(2), (3), 392.56(2)(b), 392.59, 392.61, 392.64(1) FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.109 and 64D-3.024.

64D-3.044 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control.

(1) In addition to the criteria listed in Section 392.61(4), F.S., the factors used to determine the distribution of funds for each county will be the number of reported Tuberculosis cases in a county during the most recent 5 year period for which complete annualized morbidity data is available.

(2) Any additional grant funding provided by state or federal agencies for specific projects in specifically identified areas of the state will not result in the formula in subsection (1) being adjusted.

Specific Authority 381.0011(4), (13), 381.003(2), 392.61(4), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.61(4) FS. History–New 11-20-06.

Editorial Note: Formerly 64D-3.025.

64D-3.045 Execution of Certificate for Involuntary Hold for Tuberculosis.

(1) Pursuant to the provisions of Section 392.565, F.S., when the treating physician determines that a request for an Order for Involuntary Hold is warranted, the treating physician shall immediately telephone the Medical Executive Director of A.G. Holley State Hospital at (561) 582-5666, who is the State Health Officer's designee as defined in this rule, to report the facts of the situation and to determine if the person meets the criteria for involuntary hold.

(2) The treating physician shall complete the form, "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing," DH Form 1201, 01/98, incorporated by reference, available at the local county health department or by contacting the A.G. Holley State Hospital, 1199 Lantana Road, Lantana, Florida 33462-1514, (561) 582-5666. The certificate shall state that the person appears to meet the requirements specified in Section 392.565, F.S., as well as the following criteria:

(a) The person has active Tuberculosis or is reasonably suspected of having active Tuberculosis and poses a threat to the public health as evidenced by the following:

1. The person is not taking medications as prescribed; or
2. The person is not following the recommendations of the treating physician; or
3. The person is not seeking treatment for signs and symptoms compatible with Tuberculosis;

or

4. The person evidences a disregard for the health of the public; and

(b) The person has been counseled, pursuant to the requirements of Section 392.56(2)(b), F.S.;

(c) All other less restrictive means of obtaining compliance have been exhausted; and

(d) No other less restrictive alternative is available.

(3) The treating physician shall send the completed "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing", incorporated by reference in subsection 64D-3.045(2), F.A.C., by facsimile to the Medical Executive Director of A.G. Holley State Hospital.

(4) If the Medical Executive Director agrees that the person meets the criteria for involuntary hold, the designee of the State Health Officer shall sign an "Order for Involuntary Hold," DH Form 1202, 01/98, incorporated by reference, available at A.G. Holley State Hospital, 1199 Lantana Road, Lantana, Florida 33462-1514, (561) 582-5666.

(5) Facsimile copies of the certificates for involuntary hold shall satisfy the filing requirement for petitions under Section 392.55 or 392.56, F.S.

Specific Authority 381.0011(4), (13), 381.003(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1) (a), 392.55, 392.56, 392.565, 392.59, 392.62, 392.64(2) FS. History—New 11-20-06. Editorial Note: Formerly 64D-3.026.

64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes.

(1)(a) Immunization and Documentation Requirements:

(b) A student may attend a public or non-public school, grades preschool through 12 or an adult education class if younger than 21, if prior to admittance, attendance or transfer, they present one of the following for inspection for validity by an authorized school official:

1. DH Form 680, Florida Certification of Immunization (July 2008), incorporated by reference, available from Department of Health (DOH) county health departments (CHDs) or physicians' offices.

2. Documentation of receipt of or exemption from must be noted for the following immunizations: diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella, mumps, varicella and hepatitis B. The manner and frequency of administration of the immunizations shall conform to recognized standards of medical practice.

(2) Specific immunization requirements by grade, in addition to those in paragraph (1)(a), which must be documented prior to admittance, attendance or transfer:

(a) Preschool – Completion of Haemophilus influenzae type b vaccination.

(b) Preschool or kindergarten effective with the 2001/2002 school year – completion of varicella vaccination. Each subsequent year thereafter the next highest grade will be included in the requirement so that students transferring into Florida schools are added to the varicella immunized cohort.

1. 7th Grade – Completion of a tetanus-diphtheria booster.

2. Additional Documentation Requirements for Exemptions.

3. For exemption from the rubeola immunization the practitioner must include with DH Form 680, Florida Certification of Immunization, incorporated by reference in subsection 64D-3.046(1), F.A.C., documentation on their own stationery of the physician's request for exemption, asserting that the student had an illness comprised of a generalized rash lasting three or more days, a fever of 101 degrees Fahrenheit or greater, a cough, and/or coryza, and/or conjunctivitis and, in the physician's opinion, has had the ten-day measles (rubeola) or serologic evidence of immunity to measles.

(c) Forms are to be fully executed by a practitioner licensed under Chapters 458, 459, 460, F.S., or their authorized representative (where permitted in the particular certification) per instructions for the appropriate school year as provided in DH Form 150-615, Immunization Guidelines-Florida Schools, Child Care Facilities and Family Day Care Homes (July 2008), incorporated by reference, available online at:

www.doh.state.fl.us/disease_ctrl/immune/schoolguide.pdf.

(d) Florida SHOTS (State Health Online Tracking System) Electronically Certified DH Form 680 produced by a CHD or a physician's office, as provided in subsection (7), may be utilized.

(e) DH Form 681, Religious Exemptions for Immunizations (English/Spanish/Haitian-Creole) (February 2002), incorporated by reference, available at DOH CHDs, must be issued and signed by the local county health department medical director or designee.

(f) Otherwise, required immunizations not performed must be accounted for under the Temporary or Permanent Medical Exemptions, DH Form 680, Florida Certification of Immunization, Parts B and C, incorporated by reference in subsection 64D-3.046(1), F.A.C.

(3) Documentation Requirements for Schools:

(a) The original of the form(s) required under paragraph (1)(a) shall remain in the student's cumulative health record.

(b) Antigen doses by dates of immunization shall be transferred as data elements through the Florida Automated System for Transferring Education Records (FASTER).

(c) Compliance Reporting:

1. Each public and nonpublic school with a kindergarten and/or seventh grade shall submit an annual compliance report. The report shall be completed on DH Form 684, Immunization Annual Report of Compliance for Kindergarten and Seventh Grade (January 2007), incorporated by reference, available at DOH CHDs. The report shall include the immunization status of all children who were attending kindergarten and seventh grades at the beginning of the school year. The report shall be forwarded to the CHD director/administrator no later than October 1 of each school year where the data will be compiled on DH Form 685, Kindergarten and Seventh Grade Annual Report of Compliance County Summary (November 2006), incorporated by reference, available at DOH CHDs; or electronically generated by the Department of Education.

2. After consultation with the Department of Education, the Department of Health shall require compliance reports from public and nonpublic schools and preschools for selected grades (K-12 and preschool) in special situations of vaccine preventable disease outbreak control or identified need for monitoring through surveys for immunization compliance levels. Such reports shall include the status of all children who were attending school at the beginning of the school year. Reports shall be forwarded to the CHD director/administrator within a specified period, as determined by the DOH.

(4) Homeless, Transfers and Juvenile Justice – A temporary exemption to requirements of subsection (2) above not to exceed 30 days may be issued by an authorized school official for any of the following, consistent with the definitions in Section 1003.01, F.S.:

(a) A homeless child.

(b) A transfer student.

(c) A student who enters a juvenile justice education program or school.

(5) Notwithstanding subsection (2), the Department may:

(a) Designate any required immunization as unnecessary or hazardous, according to recognized standards of medical practice.

(b) Upon determination that a shortage of vaccine exists, approve issuance of temporary medical exemption with extended expiration dates by practitioners or authorized school officials until such time as, in the DOH's opinion, vaccine will be available in sufficient quantity for such deferred vaccinations to be completed.

(6) Florida SHOTS (State Health Online Tracking System) Opt Out Provision – Parents or guardians may elect to decline participation in the Florida immunization registry, Florida SHOTS, by submitting a Florida SHOTS Notification and Opt Out Form to the DOH. The form, either a DH Form 1478 (English) or DH Form 1478S (Spanish) or DH Form 1478H (Haitian-Creole), incorporated by reference, is available from the DOH, Bureau of Immunization, 4052 Bald Cypress Way, Bin # A-11, Tallahassee, FL 32399-1719. The immunization records of children whose parents choose to opt-out will not be shared with other entities that are allowed by law to have access to the children's immunization record via authorized access to Florida SHOTS.

(7) Florida SHOTS Private Provider Participation – Any health care practitioner licensed in Florida under Chapters 458, 459 or 464, F.S., may request authorization to access Florida SHOTS by filling out a DH Form 1479, Authorized Private Provider User Agreement for Access to

Florida SHOTS (January 2007), incorporated by reference, available from the DOH Bureau of Immunization, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719. The DH Form 1479 will be returned to the Department of Health for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the DOH. The authorized user and the applicable licensing authority or agency shall notify the DOH, Bureau of Immunization Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

(8) Florida SHOTS School and Licensed or Registered Child Care Facility Participation – Any public or nonpublic school, or licensed or registered child care facility may request authorization to access Florida SHOTS by completing a DH Form 2115, Authorized School and Licensed or Registered Child Care Facility User Agreement for Access to Florida SHOTS (January 2007), incorporated by reference, available from the DOH, Bureau of Immunization, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719. The DH Form 2115 will be returned to the DOH for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the DOH. The authorized user and the applicable licensing authority or agency shall notify the DOH, Bureau of Immunization Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

Specific Authority 381.0011(13), 381.003(1), (2), 381.005(2), 1003.22 FS. Law Implemented 381.0011(4), 381.003(1), 381.005(1)(i), 1003.22 FS. History–New 11-20-06, Amended 7-15-07, 7-28-08.

Editorial Note: Formerly 10D-3.88, 10D-3.088 and 64D-3.011.

64D-3.047 Enforcement and Penalties.

(1) Any practitioner, hospital or laboratory who is subject to the provisions of this rule who fails to report a disease or condition as required by this rule or otherwise fails to act in accordance with this rule is guilty of a misdemeanor of the second degree, and, upon conviction thereof, shall be fined not more than five hundred dollars (\$500.00) as provided in Section 775.082 or 775.083, F.S. Each violation is considered a separate offense.

(2) All violations by practitioners, hospitals or laboratories shall be reported to the appropriate professional licensing authorities and public financing programs.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 384.34(4) FS. Law Implemented 381.0011, 381.003(1), 381.0031, 384.34 FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.102 and 64D-3.020.