

## DISEASE REPORTING

Step by Step Guide

Florida Department of Health in Hernando County
Department of Epidemiology
7551 Forest Oaks Blvd.
Spring Hill, FL 34606-2437

PH: 352-540-6897 FAX: 352-688-5067



# Easy As 1-2-3 Disease Reporting Introduction

- The FL Department of Health in Hernando County has revised the Disease Reporting webpage for your convenience. It is our goal to make the Disease Reporting process, Easy as 1-2-3.
- Look for the Easy As 1-2-3 logo on our webpage to access Step By Step instructions on how to properly report Infectious Diseases and conditions.

## Easy As 1-2-3 Disease Reporting Step One

#### Step One (Visit)

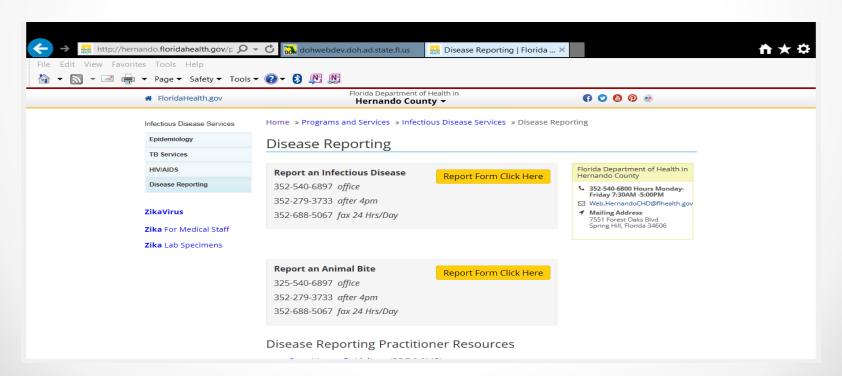
Visit: <a href="http://hernando.flhealth.gov/">http://hernando.flhealth.gov/</a>
 and Click on Report A Disease



## Easy As 1-2-3 Disease Reporting Step Two

#### **Step Two (Complete)**

Select Click Here and Complete the appropriate
 Report Form to report an Infectious Disease or Animal Bite.



### Easy As 1-2-3 Disease Reporting Report Forms

Infectious Disease

Report Form

Florida Department of Health, Practitioner Disease Report Form Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, Florida Administrative Code (FAC). This can be filled in electronically. Died: () Yes () No () Unk sed: (i) Yes (i) No (i) Unk de Chi Yes Chi No Chi Unit Laboratory (1) Yes (1) No (1) Unk teeting: Attach biocology resultes if available Provider Information State: \_\_\_\_\_ ZIP: Meningth, bacterial or mycotic Meningococcal dheuse Mercury polioning Streptiscoccus preumonior in disease in child-c6 years old Arbovital dheave not listed her Syphills in progrant woman or Solution, foodborn Botalism, wound or unspecified Pague Polomysitts Pultacois proits Tularemia Campylobacteriosh Hepatith 8 surface antigen in pregnant woman or child <2 years old Typhan fevor, epidemic Carbon monocide potioning Vaccinia dheare 🆀 🔲 Herpes 🛭 virus, possible exposus Variorita (chickenpos) Venezuelan equino encep Chilumpumo lever, locally acquired Rables, human HPV, anogenital popilism as in child <12 West Mission charge Influenza A, novel or pundemic strain: Please complete the Disease Report Form and fax with history and labs. Phone: 352-540-6897 Fax: 352-688-5067  $\overline{+}$ 

**Animal Bite** Report Form

Complete all applicable fields • Complete all applicable fields

ANIMAL BITE REPORT Florida RABIES CONTROL INVESTIGATION HEALTH			N	DOH USE ONLY  Date Received:  Case Number  Day10:		
. Name of Person bitten (Last, First)	2. Male	Female	3. Date	of Birth	4. Telephone	
. Address of Person Bitten	City		Stat	e	Zip Code	
. Guardian	7. Part of bo	dy that wa	s bit or so	ratched		
. Place of attack			9. Date	of Attack		
0. Doctor seen Yes No Antibiotics Given? Yes No		Tetanus given?			S:	
1. Type of Animal Dog Other Den		Stray		Spaye	ered	
2. Animal owner if known	13. Name of A					
4. Animal Owner's Address  BELOW FOR HEALTH DEPA 5. Circumstances of Attack:□Unknown □	RTMENT/A	State  NIMAL  Provoi	SERV	ICES U	SE ONLY	
5. Circumstances of Attack: Unknown	Sick/Hurt Rebies Tag I	No. Va	voked ccination	Date 🗖	1 YR 🗖 3 YR	
7. Has Quarantine Agreement been signed?	⊒yes □No I	Unable t From Da		Animal To E	Date	
Location of Quarantine				0	in	
8. Animal survived quarantine, victim notified						
	uthanasia Date		Regi	uested 🗆	Not Warranted	
8. Animal survived quarantine, victim notified 9. Cause of Death: Illness Injury III	uthanasia Date 19. Head exar Results: 🗖	mination is	NEGAT	TVE UN	SATISFACTORY	
8. Animal survived quarantine, victim notified 9. Cause of Death: Illness Injury IE 0. Veterinarian IDId IDId Not See Animal 1. Head Sent to lab on:	uthanasia Date 19. Head exar Results: 🗖	mination is	NEGAT	TVE UN	SATISFACTORY	
8. Animal survived quarantine, victim notified 9. Cause of Death: Illness Injury IE 0. Veterinarian IUI Illness Injury IE 1. Head Sent to lab on: 2. I PEP Recommended Information Refur	uthanasia Date 19. Head exar Results: 🗖	mination is POSITIVE U make cont	NEGAT	TVE UN	SATISFACTORY	

## Easy As 1-2-3 Disease Reporting Step Three

#### Step Three (FAX)

- Double check that all relevant fields on the Report Form are completed accurately.
- Gather patient history and laboratory results for report form submission.
- Fax Report Form, History and Labs to: Florida Department of Health in Hernando County Epidemiology Department.

FAX: 352-688-5067

### Easy As 1-2-3 Disease Reporting Contact Us

The Florida Department of Health in Hernando County Epidemiology Department welcomes your feedback on our improvements. Please feel free to contact us with any questions pertaining to Disease Reporting or any other Epidemiological concerns.

**Epidemiology Hours of Operation** 

Monday – Friday 7:30am – 4:00pm

Phone: 352-540-6897 or

352-279-3733 after 4:00pm