FLORIDA DEPARTMENT of STATE

RON DESANTIS
Governor

LAUREL M. LEE
Secretary of State

February 17, 2021

Amanda Bush
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, Bin A-02
Tallahassee, FL 32399-1703

Attention: Deann Peltz

Dear Ms. Bush:

Your adoption package for Emergency Rule 64DER21-2, F.A.C. was received, electronically, by the Florida Department of State, Administrative Code and Register at 4:17 p.m. on February 17, 2021. After review, it appears that the package meets statutory requirements and those of Rule 1-1.010, F.A.C. and is deemed filed for adoption at the time received, as indicated above. The effective date is February 17, 2020.

Sincerely,

Ernest L. Reddick
Program Administrator

ELR/ag

Grosenbaugh, Anya C.

From:	Peltz, Deann <Deann.Peltz@flhealth.gov>
Sent:	Wednesday, February 17, 2021 4:17 PM
To:	Reddick, Ernest L.; Grosenbaugh, Anya C.; Administrative Code
Cc:	Bush, Amanda; St Laurent, Louise R; Lamia, Christine E; Young, Wanda
Subject:	64DER21-2 > Emergency Rule Adoption
Attachments:	64DER21-2 Pkg to DOS (emerg rule) - 20210217.pdf; 64DER21-2 Coded Rule.docx
Importance:	High

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Ernie and Anya:

Attached is the adoption package for the above-referenced **emergency** rule(s) which has been fully-executed by the State Surgeon General. Pursuant to Emergency Rule 1ER20-3 which became effective on 4/17/20, this package is hereby being submitted electronically for adoption today and the documents bearing original signatures will be mailed thereafter. Also attached is an MS Word version of the proposed emergency rule adoption text.

Thank you for your attention to this matter, and we look forward to receipt of your approval of this adoption package.

Sincerely,

Deann L. Peltz
Senior Legal Assistant
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, Bin A-02
Tallahassee, FL 32399-1703
850-617-1422 | 850-245-4790 Fax
Deann.Peltz@flhealth.gov
www.floridahealth.gov

Florida HEALTH

Values: (ICARE)
I nnovation: We search for creative solutions and manage resources wisely.
C ollaboration: We use teamwork to achieve common goals & solve problems.
A ccountability: We perform with integrity & respect.
R esponsiveness: We achieve our mission by serving our customers & engaging our partners.
E xcellence: We promote quality outcomes through learning & continuous performance improvement.

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: To be the Healthiest State in the Nation

***PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from state officials regarding state business are publi available to the public and media upon request. Your email may, therefore, be subject to public disclosure.*

Please consider the environment before printing this email.

February 17, 2021

VIA U.S. MAIL & EMAIL: Ernest.Reddick@DOS.MyFlorida.com; anya.grosenbaugh@DOS.MyFlorida.com

Mr. Ernest L. Reddick, Program Administrator
BUREAU OF ADMINISTRATIVE CODE
Florida Department of State – The Capitol
500 S. Bronough Street, Room 701
Tallahassee, FL 32399

Re: ***Dept. of Health: Division of Disease Control***
Rule 64DER21-2, F.A.C. – (Emergency) Rule Adoption Package

Dear Mr. Reddick:

Enclosed are the **original and one (1) copy** of the rule adoption package in anticipation of adoption of the above-referenced EMERGENCY rule(s). Each package includes the following documents:

1. Certification of the Department of Health Emergency Rule Filed with the Department of State;
2. Designation of Rule the Violation of Which is a Minor Violation Certification;
3. Statement of Facts, etc.;
4. Proposed rule text (double-spaced);

The proposed rule text was provided in Microsoft Word format via email. Should you have any questions regarding the enclosures, Amanda Bush is the attorney handling this rule promulgation and can be contacted directly at 245-4027, Amanda.Bush@flhealth.gov, or the mailing address below; also, my direct line is 617-1422.

If you deem this rule adoption package to be in order, please send your approval email to the handling attorney and me at Deann.Peltz@flhealth.gov. Thank you for your attention to this matter.

Sincerely,

Deann L. Peltz
Senior Legal Assistant

/dlp

Enclosures

cc: Amanda G. Bush, Chief Legal Counsel (w/o encs.)

CERTIFICATION OF THE DEPARTMENT OF HEALTH

EMERGENCY RULE FILED WITH THE DEPARTMENT OF STATE

I hereby certify that an immediate danger to the public health, safety or welfare requires emergency action and that the attached rule is necessitated by the immediate danger. I further certify that the procedures used in the promulgation of this emergency rule were fair under the circumstances and that the rule otherwise complies with Section 120.54(4), F.S. The adoption of this rule was authorized by the head of the agency and this rule is hereby adopted upon its filing with the Department of State.

Rule No. 64DER21-2

Under the provision of Section 120.54(4)(d), F.S., this rule takes effect upon filing unless a later time and date less than 20 days from filing, is set out below:

Effective Date: _____
(month) (day) (year)

Scott A. Rivkees, MD

State Surgeon General, Department of Health
Title

17
Number of Pages Certified

DESIGNATION OF RULE THE VIOLATION OF WHICH IS A MINOR VIOLATION

CERTIFICATION

Pursuant to Section 120.695(2)(c)3, Florida Statutes, I certify as agency head, as defined by section 20.05(1)(b), Florida Statutes, that:

[X] All rules covered by this certification are not rules the violation of which would be a minor violation pursuant to Section 120.695, F.S.

[ ] The following parts of the rules covered by this certification have been designated as rules the violation of which would be a minor violation pursuant to Section 120.695, F.S.:

Rule No(s).

Rules covered by this certification:

Rule No.: 64DER21-2

Scott A. Rivkees, MD

State Surgeon General, Department of Health
Title

Department of Health, Emergency Rule 64DER21-2

Diseases or Conditions to be Reported.

STATEMENT OF FACTS AND REASONS FOR FINDING IMMEDIATE DANGER

Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza. COVID-19 is a communicable disease with significant morbidity and mortality and presents a severe danger to public health. On March 1, 2020, a Public Health Emergency was declared by the Surgeon General to exist statewide in accordance with Executive Order 20-51. On March 9, 2020, Governor Ron DeSantis issued Executive Order 20-52 declaring that a state of emergency exists in the State of Florida. The declaration of public health emergency and state of emergency still exist. Therefore, there is an immediate need to adopt rules setting forth the procedures to report the spread of COVID-19 to protect the health, safety and welfare of Florida's citizens.

STATEMENT OF AGENCY REASONS THAT PROCEDURE IS FAIR UNDER THE CIRCUMSTANCES

COVID-19 presents a public health threat to the state of Florida. The Surgeon General has declared a statewide Public Health Emergency due to the spread of COVID-19. There is an immediate need to set forth continued and clarified procedures for the reporting of this communicable disease in the State of Florida.

64DER21-2 (64D-3.029) Diseases or Conditions to be Reported.

(1) through (2) No change

(3) *"Table of Reportable Diseases or Conditions to Be Reported"*

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Any case, cluster of cases, outbreak, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting such as a hospital, school or other institution, not listed in this rule that is of urgent public health significance. This includes human cases, clusters, or outbreaks spread person-to-person, by animals or vectors or from an environmental, food or waterborne source of exposure; those that result from a deliberate act of terrorism; and unexplained deaths possibly due to unidentified infectious or chemical causes.	X	X			Detection in one or more specimens of etiological agents of a disease or condition not listed in this Rule that is of urgent public health significance. This includes the identification of etiological agents that are suspected to be the cause of clusters, or outbreaks spread person-to-person, by animals or vectors or from an environmental, food, or waterborne source of exposure; those that result from a deliberate act of		X	X		

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
					terrorism; and unexplained deaths due to unidentified infectious or chemical causes.					
Acquired Immune Deficiency Syndrome (AIDS)				2 weeks	Acquired Immune Deficiency Syndrome (AIDS)	Laboratory Reporting Not Applicable				
Amebic Encephalitis		X			*Naegleria fowleri, Balamuthia mandrillaris, or Acanthamoeba* species			X		
Anthrax	X	X			*Bacillus anthracis*	X	X	X		

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Antimicrobial resistance surveillance	Practitioner Reporting Not Applicable				Antimicrobial resistance surveillance (for organisms not otherwise listed in this table), *Acinetobacter baumannii, Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli* species, *Klebsiella* species, *Pseudomonas aeruginosa*, *Serratia* species, isolated from a normally sterile site *3				X	
Arsenic Poisoning *4a			X		Laboratory results as specified in the surveillance case definition *4a				X	

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Arboviral infections, not otherwise listed in this table (disease due to) *5	X				Including but not limited to: Flaviviridae, Togaviridae (e.g. chikungunya, Western equine encephalitis), Bunyaviridae (e.g. Heartland, Rift Valley Fever) *5	X	X			
Babesiosis			X		Babesia spp.	X			X	
Botulism, foodborne, other (includes wound and unspecified)	X	X			*Clostridium botulinum* or botulinum toxin	X	X	X		
Botulism, infant			X		*Clostridium botulinum* or botulinum toxin	X			X	
Brucellosis	X	X			*Brucella* species	X	X	X		
California serogroup viruses-(disease due to)			X		California serogroup viruses such as Jamestown Canyon, Keystone, and Lacrosse	X			X	
Campylobacteriosis *4b			X		*Campylobacter* species *4b				X	

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) *6				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 absolute count and percentage of total lymphocytes	Practitioner Reporting Not Applicable				CD-4 absolute count and percentage of total lymphocytes *7					3 days
Chancroid			X		*Haemophilus ducreyi*				X	
Chlamydia *8			X		*Chlamydia trachomatis*				X	
Cholera	X	X			*Vibrio cholerae*	X	X	X		
Ciguatera fish poisoning			X		Ciguatera fish poisoning	Laboratory Reporting Not Applicable				
Congenital anomalies *9				6 months	Congenital anomalies	Laboratory tests as specified in Rule 64D-3.035, F.A.C.				

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Conjunctivitis in neonates < 14 days old			X		Conjunctivitis in neonates < 14 days old	Laboratory Reporting Not Applicable				
Coronavirus (COVID-19) *23		X			Coronavirus (COVID-19) *23			X		
Creutzfeld-Jakob disease (CJD) *10			X		14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD *10				X	
Cryptosporidiosis *4b			X		*Cryptosporidium* species *4b				X	
Cyclosporiasis			X		*Cyclospora cayetanensis*	X			X	
Dengue *5	X				Dengue virus *5	X	X			
Diphtheria	X	X			*Corynebacterium diphtheriae*	X	X	X		
Eastern equine encephalitis			X		Eastern equine encephalitis virus	X			X	
Ehrlichiosis/Anaplasmosis			X		*Anaplasma* species or *Ehrlichia* species	X			X	

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Escherichia coli Shiga toxin-producing (disease due to) *4b			X		*Escherichia coli* Shiga toxin-producing *4b	X			X	
Giardiasis (acute) *4b			X		*Giardia* species *4b				X	
Glanders	X	X			*Burkholderia mallei*	X	X	X		
Gonorrhea *8			X		*Neisseria gonorrhoeae*				X	
Granuloma inguinale			X		*Calymmatobacterium granulomatis*				X	
Haemophilus influenzae, meningitis and invasive disease, in children < 5 years old	X	X			*Haemophilus influenzae*, all ages, isolated from a normally sterile site *11	X	X	X		
Hansen disease (Leprosy)			X		*Mycobacterium leprae*				X	
Hantavirus infection		X			*Hantavirus*	X		X		
Hemolytic uremic syndrome		X			Not Applicable					
Hepatitis A *4b, 12		X			Hepatitis A*4b, 12			X		
Hepatitis B, C, D, E and G *12			X		Hepatitis B, C, D, E and G Virus *12				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	

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Herpes B virus, possible exposure		X			Herpes B virus, possible exposure	Laboratory Reporting Not Applicable				
Herpes simplex virus (HSV) in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth *13			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *13				X	
HSV – anogenital in children < 12 years of age *8, 13			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *13				X	

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Human immunodeficiency virus (HIV) infection				2 weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.*14, 15					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

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Human papillomavirus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children < 6 years of age *8			X		HPV DNA				X	
Human papillomavirus (HPV) – anogenital papillomas in children < 12 years of age *8			X		HPV DNA				X	
Human papillomavirus (HPV)	Practitioner Reporting Not Applicable				HPV DNA *3				X	
Influenza due to novel or pandemic strains	X	X			Isolation of influenza virus from humans of a novel or pandemic strain	X	X	X		
Influenza-associated pediatric mortality in persons aged < 18 years		X			Influenza virus – associated pediatric mortality in persons aged < 18 years (if known)	X		X		
Influenza	Practitioner Reporting Not Applicable				Influenza virus, all test results (positive and negative) *3				X	

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Lead poisoning *4, 16			X		All blood lead test results (positive and negative) *3, 4, 16				X	
Legionellosis			X		*Legionella* species				X	
Leptospirosis			X		*Leptospira species*				X	
Listeriosis		X			*Listeria monocytogenes*	X		X		
Lyme disease			X		*Borrelia burgdorferi*				X	
Lymphogranuloma Venereum (LGV)			X		*Chlamydia trachomatis*				X	
Malaria			X		*Plasmodium* species	X			X	
Measles (Rubeola)	X	X			Measles virus *16	X	X	X		
Melioidosis	X	X			*Burkholderia pseudomallei*	X	X	X		
Meningitis, bacterial or mycotic			X		Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X	
Meningococcal disease	X	X			*Neisseria meningitidis*	X		X		

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Mercury poisoning *4a			X		Laboratory results as specified in the surveillance case definition *4a				X	
Mumps			X		Mumps virus				X	
Neonatal Abstinence Syndrome *18				6 months	Neonatal Abstinence Syndrome	Laboratory Reporting Not Applicable				
Neurotoxic shellfish poisoning		X			Laboratory results as specified in the surveillance case definition *4a			X		
Pertussis		X			*Bordetella pertussis*			X		
Pesticide-related illness and injury *4			X		Laboratory results as specified in the surveillance case definition *4				X	
Plague	X	X			*Yersinia pestis*	X	X	X		
Poliomyelitis	X	X			Poliovirus	X	X	X		
Psittacosis (Ornithosis)			X		*Chlamydophila psittaci*	X			X	

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Q Fever			X		*Coxiella burnetii*	X			X	
Rabies, animal or human		X			Rabies virus		X	X		
Rabies, possible exposure *19	X	X			Rabies, possible exposure	Laboratory Reporting Not Applicable				
Respiratory syncytial virus	Practitioner Reporting Not Applicable				Respiratory syncytial virus, all test results (positive and negative) *3				X	
Ricin toxicity	X	X			Ricinine (from *Ricinus communis* castor beans)	X	X	X		
Rocky Mountain spotted fever and other Spotted Fever Rickettsioses			X		*Rickettsia rickettsii* and other Spotted Fever *Rickettsia* species	X			X	
Rubella, including congenital	X	X			Rubella virus *17	X	X	X		
St. Louis encephalitis (SLE)			X		St. Louis encephalitis virus	X			X	
Salmonellosis *4b			X		*Salmonella* species *4b	X			X	
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin				X	
Severe acute respiratory disease syndrome-associated with a Coronavirus infection	X	X			Coronavirus associated with severe acute respiratory disease	X	X	X		

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Shigellosis *4b			X		*Shigella* species *4b				X	
Smallpox	X	X			Variola virus (orthopox virus)	X	X	X		
Staphylococcus aureus isolated from a normally sterile site	Practitioner Reporting Not Applicable				*Staphylococcus aureus* isolated from a normally sterile site *3				X	
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA,VRSA)		X			*Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition *4	X		X		
Staphylococcus enterotoxin B		X			Staphylococcus enterotoxin B	X		X		
Streptococcus pneumoniae, invasive disease in children < 6 years, drug sensitive and resistant			X		*Streptococcus pneumoniae*, all ages, isolated from a normally sterile site *20				X	
Syphilis			X		*Treponema pallidum*				X	

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Syphilis in pregnant women and neonates		X			*Treponema pallidum*			X		
Tetanus			X		*Clostridium tetani*				X	
Trichinellosis (Trichinosis)			X		*Trichinella spiralis*				X	
Tuberculosis (TB) *21			X		*Mycobacterium tuberculosis* complex *21	X			X	
Tularemia	X	X			*Francisella tularensis*	X	X	X		
Typhoid fever and paratyphoid fever *4b		X			*Salmonella enterica* serotype Typhi and *Salmonella enterica* serotypes Paratyphi A, Paratyphi B, and Paratyphi C *4b	X		X		
Typhus fever (epidemic)	X	X			*Rickettsia prowazekii*	X	X	X		
Vaccinia disease	X	X			Vaccinia virus	X	X	X		
Varicella (Chickenpox) *22			X		Varicella virus				X	
Varicella mortality			X		Varicella virus				X	
Venezuelan equine encephalitis	X	X			Venezuelan equine encephalitis virus	X	X	X		

Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Vibriosis (infections by *Vibrio* species and closely related organisms, other than Cholera)			X		All non-cholera *Vibrio* species *Photobacterium damselae*, (formerly *V. damsela*); *Grimontia hollisae* (formerly *V. hollisae*)	X			X	
Viral hemorrhagic fevers	X	X			Ebola, Marburg, Lassa, Machupo Lujo, new world Arena, or Congo-Crimean hemorrhagic fever viruses	X	X	X		
West Nile virus (disease due to)			X		West Nile virus	X			X	
Yellow fever	X	X			Yellow fever virus	X		X		
Zika fever *5	X				Zika fever virus *5	X	X			

*1 through *22 No change.

*23– Special reporting requirements for COVID-19:

a. All test results (positive, negative, and inconclusive results), including screening test results, must be immediately reported and accompanied by the type of test performed (e.g. PCR, antibody, antigen).

b. Point-of-Care Test Reporting Requirements – Practitioners, laboratories, facilities, and all others using point-of-care tests for the diagnosis of COVID-19, including those operating under CLIA waivers, must report both the negative and positive test results to the Department within 24 hours of test administration.

c. In addition to the data element fields required by Rules 64D-3.030 and 64D-3.031, all test results reported must include the CLIA number of the reporting practitioner, laboratory or facility.

d. All test results must be submitted electronically, using one of the electronic reporting methods listed below. Registration in one of these methods, must be completed within 7 days of the effective date of this rule, or within 7 days of obtaining the ability to conduct testing. Until electronic laboratory reporting has been established, test results must be submitted by facsimile to the Florida Department of Health's Bureau of Epidemiology confidential fax line, 850-414-6894, or to the patient's local county health department. List of county health department reporting contact information can be found at www.FLhealth.gov/chdepicontact. For enrollment into electronic laboratory reporting or the direct entry web portal, visit www.FloridaHealth.gov/ElectronicReportingRegistration.

1. Electronic laboratory reporting for reporting entities that can generate an electronic comma-separated value (CSV) or Health Level 7 (HL7) formatted message.

2. Web portal for entities that perform COVID-19 testing and are unable to generate an electronic CSV or HL7 formatted message. Such entities may include long-term care facilities, assisted living facilities, nursing homes, rehabilitation centers, schools, colleges, universities, or other congregate care settings.

3. National Healthcare Safety Network (NHSN) COVID-19 module for CMS-certified long-term care facilities. Test data submitted to NHSN will be reported to appropriate state and local health departments using standard electronic laboratory messages.

Rulemaking Authority 381.0011(2), 381.003(2), 381.0031(8), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(3), (4), 381.003(1), 381.0031(2), (4), (5), (6), (8), 383.06, 384.25, 385.202, 392.53 FS. History–New 11-20-06, Amended 11-24-08, 6-4-14, 10-20-16,___.