



# Prevention Handbook

(Updated 1/28/25)

*Our Mission:*

We protect and empower our community by providing resources, prevention strategies, and recovery services, that address substance misuse and behavioral health, promoting long-term wellness.

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## WELCOME

Welcome to Thrive! We are here to help and support you. be successful in keeping with resolving any issues that brought you through our doors and to help you make positive changes in your life. The Prevention Works Program is licensed and accredited by the Florida Department of Children and Families. The program includes orientation, individual, family, and group counseling sessions, drug testing, and referral services. The program utilizes several evidence-based Prevention curriculums, depending upon the youth's needs.

We understand that our clients have multiple stressors and demands in their lives; however, we ask you to **make this program a priority**. The program will not work and cannot accommodate sporadic attendance. Please contact our office you have any questions or concerns. We will be happy to assist you. **Office Number: 772-770-4811.**

Below are a few important reminders and responsibilities:

- ✓ You **MUST** attend group **EACH WEEK.** Group is a weekly commitment that helps clients begin to change their thinking, perception, and behaviors.
- ✓ You **MUST** contact our office if there is a need to reschedule a session (family, group, individual).
- ✓ You **MUST** attend the individual/ family sessions **as scheduled.**
- ✓ You will be dropped from the program for unexcused absences. Any and all absences **MUST** be excused.
- ✓ Individual sessions are scheduled by your counselor based on your needs. It is your responsibility to make sure you attend these sessions.
- ✓ Complete homework assignments and community service hours if applicable.

## Juvenile: Prevention Group Ground Rules

**Group is meant to be a safe place where all members can learn, grow and heal. In order to accomplish this goal there are certain guidelines we ask all members to follow.**

- Be on time. Members should arrive minimum 15 minutes before group starts. This will allow for check in time and bathroom usage.  
NOTE: Members who have to complete a **drug test** should arrive **30 Minutes early**.
- Individuals will not be allowed into the room after group has started; bathroom breaks are before and after group only.
- Confidentiality is top priority. Do not discuss any information (such as what is shared, who is here, etc.) outside of the group. What happens in the group stays in the group.
- Cell phones must be set on silent and are not to be used during the group; ear buds must be put away.
- Mature conduct is required; show respect for the agency property, staff, and other group members
- Participation is required; sleeping or keeping head down is not permitted in group and will result in an absence.
- No vaping or smoking at any time on agency property.
- No one under the influence will be permitted into group.
- Appropriate clothing must be worn (no midriffs, low cut tops, miniskirts, short shorts, exposed underwear, etc. No shirts with profanity, drug or alcohol related, sexually explicit, etc. will be allowed).
- No weapons or illicit drugs including alcohol, cigarettes or vapes are permitted on agency property.
- Parents/Guardians are expected to arrive promptly at the end of group to pick up their child.
- Please do not park in staff parking lot.

## **Prevention Client Contract**

- I will attend all scheduled appointments and provide 24 hour notice if I need to reschedule an appointment.
- I agree to attend and participate in, individual, family and group counseling as indicated by my counselor.
- I agree that my clothing will be appropriate (no midriffs, low cut tops, miniskirts, short shorts, exposed underwear, any shirts printed with profanity, drug or alcohol related, sexually explicit, etc.)
- I agree to conduct myself in a mature manner showing respect for the agency property and staff.
- I agree to NOT smoke/vape at any time on agency property.
- I agree to NOT attend any session under the influence of any illicit substance.
- I agree to NOT bring any weapons or illicit drugs, including alcohol, cigarettes and vapes, to this agency.
- Observed urine screens will be conducted randomly. I understand I will not be released from this program with a positive urine drug screen. At a minimum, I must have 30 consecutive days with no positive drug screens. I also understand that if I am not already testing on the hotline, and I test positive for a random test, I may be placed on the hotline and will be required to pay a weekly drug testing fee.
- The above expectations have been explained to me and I understand that if I do not comply with this contract, I may be unsuccessfully discharged, and my case will be referred back to the referring agency.

## **Prevention Parent/Guardian Contract**

Your child has been referred to this agency's Prevention Program. Although this program is voluntary, it is **EXTREMELY** important for you to understand that parental involvement in the program has a direct effect on exactly how well your child does.

- I understand that I am responsible for providing transportation to and from counseling appointments and group.
- I understand that I may be asked to attend parent and/or family group sessions.
- I understand that my child may be randomly drug tested.
- I understand that if my child tests positive for drugs and or alcohol, (after the initial baseline test) they may be placed on the Hotline, and they may be required to pay the hotline fee.

## **Prevention Client Rights**

According to Florida Statutes 397.501 clients receiving substance abuse services from any service provider are guaranteed protection of the rights outlined below and service providers must ensure protection of such rights:

- (1) RIGHT TO INDIVIDUAL DIGNITY.
- (2) RIGHT TO NONDISCRIMINATORY SERVICES.

- (3) RIGHT TO QUALITY SERVICES.
- (4) RIGHT TO COMMUNICATION.
- (5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS.
- (6) RIGHT TO EDUCATION OF MINORS.
- (7) RIGHT TO CONFIDENTIALITY OF CLIENT RECORDS.

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual client are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records may not be disclosed without the written consent of the client to whom they pertain except that appropriate disclosure may be made without such consent:

- 1. To medical personnel in a medical emergency.
- 2. To service provider personnel if such personnel need to know the information in order to carry out duties relating to the provision of services to a client.
- 3. To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the client's name and other identifying information will not be disclosed.
- 4. In the course of review of records on service provider premises by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payer providing financial assistance or reimbursement to the service provider;
- 5. Upon court order based on application showing good cause for Disclosure (See Florida Statutes)

(8) RIGHT TO COUNSEL.

(9) RIGHT TO HABEAS CORPUS.

(10) LIABILITY AND IMMUNITY.

(a) Service provider personnel who violate or abuse any right or privilege of a Client under this chapter are liable for damages as determined by law.

(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts.

(11) RIGHT TO REFUSE SERVICES

(12) RIGHT TO RECEIVE FULL INFORMATION REGARDING THE PROGRAM PROCESS.

(13) RIGHT TO ALL OTHER CONSTITUTIONAL AND LEGAL RIGHTS.

(14) RIGHT TO GIVE EXPRESSED AND INFORMED CONSENT.

(15) RIGHT TO RECEIVE TIMELY SERVICES BY A QUALIFIED PROFESSIONAL.

(16) RIGHT TO PRIVACY FOR COUNSELING SESSIONS.

(17) RIGHT TO BE FREE FROM ABUSE AND TO REPORT ABUSE. 1(800)96-ABUSE.

(18) RIGHT TO PARTICIPATE IN THE DEVELOPMENT OF AN INDIVIDUALIZED PREVENTION PLAN AND DISCHARGE PLAN IN ACCORDANCE WITH 65D-30.

(19) RIGHT TO ACCESS A SYSTEM FOR FILING A GRIEVANCE SHOULD THEY FEEL RIGHTS HAVE BEEN VIOLATED.

(See complete Grievance Procedure included in this packet)

(20) RIGHT TO A LOGGING AND TRACKING SYSTEM OF FILED GRIEVANCES UNTIL RESOLVED OR CONCLUDED BY ACTIONS OF THE GOVERNING BODY.

(21) RIGHT TO AGENCY'S ANALYSIS OF TRENDS TO IDENTIFY OPPORTUNITIES FOR IMPROVEMENT.

## **GRIEVANCE:**

Individuals receiving substance abuse services are guaranteed the protection of fundamental rights specified in subsections FS 397.50I(4).

As a client receiving prevention services you have a right to file a grievance if you feel any of your client rights have been violated. Grievance forms are located in the facility lobby.

A grievance must be reported to the primary counselor within 5 days of incident. At such time a grievance form will be filed. The primary counselor submits the written grievance directly to the Executive Director. Within 2 days a scheduled session will occur between the client, counselor, and Executive Director. At this time a grievance will be reviewed and a resolution determined. If resolved, immediate steps will be taken to implement the resolution. The client shall be informed of the final resolution in writing no later than 2 business days after the resolution.

**CLIENT ABUSE MUST BE REPORTED TO THE DEPARTMENT OF CHILDREN AND FAMILIES: 1(800)96-ABUSE, OR 561-227-6680 (SAMH office)**

## **KNOW YOUR RIGHTS:**

Contact the local Substance Abuse/Mental Health office 561-227-6680

## **Prevention Grievance Procedure**

As an individual receiving substance abuse services you have a right to file a grievance if you feel any of your client rights have been violated. Grievance forms are located in the facility lobby. Grievances may be filed in the following manner;

1. The first step is to approach the person involved and attempt to resolve the problem.
2. If there is no resolution, the next step is to discuss any problems with your counselor.
3. If the counselor and the client are unable to resolve the issue, then the client completes a Grievance form (located in the lobby) and returns it to his/her counselor.
4. The counselor brings the form to the Chief Clinical Officer and the Chief Executive Officer within 24 hours.
5. The Chief Clinical Director investigates the grievance and attempts to resolve it within five (5) business days of the receipt of the form.
6. If the issue is not resolved in 5 days it is brought back to the Chief Executive Officer. The Executive Director attempts to resolve the issue and has 3 days from the date of receipt of the grievance form in which to make a determination regarding the grievance. The client will be notified in writing of the decision. The decision of the Chief Executive Director is final.

If the client still believes the issue remains unresolved, the client has the right to contact:

1. The Abuse Registry 1-800-96ABUSE
2. The Department of Children and Families SAMH Office - 561-227-6680.
3. Local Florida Advocacy - 1-800-342-0823

## **Prevention Infection Control**

It is the policy of Thrive to orient clients to general information related to the agency's infection control policies and procedures. By signing below I acknowledge that I have been oriented to the following infection control policy and procedures: SAC is committed to the health of all clients. Reducing the spread of disease and infection is everyone's responsibility.

### **Basic guidelines include:**

- Call your physician or health department if you are ill.
- Do not come to a session if you have any known and untreated communicable diseases, fever, or infectious cough.
- Always wash your hands after using the restroom.
- Cover your mouth when sneezing or coughing; wash hands
- Cover open wounds
- If you are bleeding, ask staff for assistance.
- If you see blood or other infectious substances, do not touch; ask staff for assistance.
- Hand sanitizers are located throughout the office. Inform staff if soap or sanitizers are empty
- Get tested; ask your doctor or health department about HIV and TB Testing

## **Prevention HIPPA Privacy Notice**

This notice describes how private health information about you may be used and disclosed and how you can get to this information. Please review this carefully.

### **Your Information Rights:**

- Although your client file is the physical property of Thrive, the information belongs to you. You have the right to:
- Receive a copy of this Notice of Privacy Practices
- Inspect and copy your client file.
- Request that changes be made to your file
- Request communication of your health record by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information.
- Revoke your authorization to disclose health information except to the extent that action has already been taken.

### **Thrive has the following responsibilities:**

- Maintain the privacy of your client file.
- Provide you with a copy of our Notice of Privacy Practices
- Follow the terms of this notice
- Tell you if we cannot agree to something you have requested
- Agree to all reasonable request you may have regarding communication with you to maintain privacy.



### **Understanding Your Health Record/ Information:**

Each time Thrive provides a service, information is added to your client file. This private health information includes the following:

- Name, address, telephone number
- Social Security Number
- Reason why you are a client
- Family History
- Mental Health Diagnosis
- Information you discuss in session.
- Goals for counseling
- Medical Healthy History
- Times and dates of services provided
- Any papers you furnish to help with your service

### **The information in your file can be used for the following purpose:**

- Planning your care, service, and prevention plan
- Communication between therapists
- Billing purposes- to confirm that services were actually provided for grants and third party payers.
- To improve the care that you receive and the ways we measure whether or not our services work

### **Use and Disclosure for Services, Payment, and Health Operations:**

- We will use information in your file for services (i.e. information will be recorded in your file and used to decide on plan of services. We will share information with staff providing services as needed).
- We will use information in your file for payment. (i.e. We are required by third party payers that we are providing services. At times funding sources may ask to look at your client file to see if we are providing these services and if they are helping. If others review your file they are required to keep all of your information private).
- We will use information in your file for agency business operation (i.e. your file may be reviewed by certain staff to make sure we are following all agency policies. In addition, your file may be reviewed to determine if we are providing quality services. Auditors that check our financial reports may also view your file. This information will then be used to make our services more helpful.

### **Uses and Disclosures of Your Information That DO NOT Require Your Consent:**

- The following are ways in Thrive may use and disclose your private health information **without** your consent:
- Business Associates: There are some services provided at Thrive through agreements with business associates (i.e. Consultants hired to analyze data, work on computer systems, or provide clinical supervision. To protect your file we require that business associates keep your file private.)
- Abuse or Neglect: We are required to report information from your client file if we believe that a child or an elderly person has been abused or neglected. In addition, we must report if we believe that you have abused or neglected a child or elderly person.
- Marketing and Fundraising: We may contact you to provide appointment reminders. We may also send you information about our agency such as newsletters, events, etc. If you do not wish to receive these newsletters, please provide a written request that the agency not send them to you.

- **Public Safety:** If we believe that you may be a threat to the health and safety of the public, we have to notify law enforcement (i.e. if you threaten to harm your neighbor, we must notify law enforcement and your neighbor).
- **Law Enforcement:** We may disclose information from your client file as required by law or in response to a subpoena, with the appropriate court order.

**In These Rare Circumstances We May Also Use and Disclose Your Information WITHOUT Your Consent:**

- **Worker's Compensation:** We may disclose information from your client file as required by worker's compensation laws.
- **Public Health:** As required by law, we may disclose information from your client file to public health authorities that prevent or control disease, injury, or disability.
- **Correctional Institution:** Should you be placed in jail or prison, we may share information from your client file as needed.
- **Coroners/ Medical Examiners:** In the event of your death, we may share information necessary with a coroner or medical examiner.
- **Government Agencies:** If your private health information is requested by some government agencies, we may be required to share it with them (i.e. if someone was concerned about your possible involvement with a terrorist plan or a plan to hurt the president, that information may be shared with the authorities).
- **Investigation:** Federal law makes it possible for information from your client file to be released to authorities if someone believes that Thrive has broken a law or been a danger to clients, workers, or the public. Client files may also be reviewed if Thrive is accused of not following professional standards.

Any use of information from your client file outside of this notice will not occur without your written permission. A request for disclosure can be made by contacting Thrive. Allow 7-10 days for a response to the request; the fee is \$1.00 per page. You have a right to request an accounting of all disclosures in the six years prior to the date on which the accounting is requested.

This Notice of Privacy cannot cover every possible use and disclosure of your private health information. Changes to this notice will be posted in the office lobby. If you have any questions, please contact Carrie Maynard/ Executive Director at 772-770-4811.

All persons have a right to file a complaint with the Office for Civil Rights, US Department of Health and Human Services, if they believe their privacy rights have been violated. The complaint must be filed within 180 days of the incident.

The Address is:

Office for Civil Rights, US Dept. of HHS, Atlanta Federal Center, Suite 3B70, Atlanta, GA 30303-8909. Phone (404) 562-7886, Fax: (404) 562-7881, TDD: (404) 331-2867.

**All complaints are protected and no individual will be retaliated against for filing a complaint.**

## **HIV (Human Immunodeficiency Virus) & AIDS (Acquired Immunodeficiency Syndrome)**

**According to the Center for Disease Control and Prevention (CDC), in the US in 2018, 1 in 5 people had a sexually transmitted infection (STI), totaling nearly 68 million infections that year. 26 million of those infections were new STIs and of those, almost half were among people 15-24 years of age.**

HIV is a virus that can make you sick. HIV weakens your immune system, your body's built-in defense against disease and illness. You can have HIV without knowing it. You may not look or feel sick for years, but you can still pass the virus on to other people. Without HIV treatment, your immune system can become too weak to fight off serious illnesses. HIV can also damage other parts of your body. Eventually, you can become sick with life-threatening infections. This is the most serious stage of HIV infection and it is called AIDS.

### **There is no cure for HIV... but there is treatment.**

- There is no cure for HIV, but with proper treatment, most people with HIV can avoid getting AIDS and can stay healthy for a long time.
- Anti-HIV drugs have to be taken every day. They cannot get rid of HIV, but they can keep it under control.

### **Who can get HIV?**

Anyone can be infected with HIV, no matter:

- Your age
- Your sex
- Your race or ethnic origin
- Who you have sex with

### **How does HIV get passed from one person to another?**

Only five body fluids can contain enough HIV to infect someone:

1. Blood
2. Semen (including pre-cum)
3. Rectal fluid
4. Vaginal fluid
5. Breast milk

HIV can only be passed when one of these fluids from a person with HIV gets into the bloodstream of another person—through broken skin, the opening of the penis or the wet linings of the body, such as the vagina, rectum, or foreskin. HIV cannot pass through healthy unbroken skin.

### **The two main ways that HIV can get passed between you and someone else are:**

- Through unprotected sex (anal or vaginal without a condom)
- By sharing needles or other equipment to inject drugs (including steroids)

### **HIV can also be passed by:**

- Sharing needles or ink to get a tattoo
- Sharing needles or jewelry to get a body piercing
- Sharing acupuncture needles
- To a fetus or baby during pregnancy, birth, or breast-feeding.

### **HIV cannot be passed by:**

- Talking, shaking hands, working, or eating with someone who has HIV.
- Hugs or kisses
- Coughs or sneezes
- Swimming pools
- Toilet seats or water fountains
- Bed sheets or towels
- Forks, spoons, cups, food.
- Insects or animals

### **HIV and SEX**

This means:

- Vaginal or anal sex without a condom
- Oral sex without a condom or dental dam (a piece of latex used to cover the vulva or anus)
- Sharing sex toys

## **How to Protect Yourself:**

- Use Condoms
- Get tested for STDs
- Vaccinate
- Mutual Monogamy
- Reduce Number of Sex Partners
- Abstinence

For more information on all of the above, please visit [www.cdc.gov/std/prevention/default.htm](http://www.cdc.gov/std/prevention/default.htm)

## **HIV and Pregnancy**

HIV can pass from a woman to her baby:

- During pregnancy
- Through breastfeeding
- At birth

## **HIV and SUBSTANCE USE**

- Use a clean, new needle and syringe every time you use
- Use your own equipment (pipes, bills, straws, cookers, alcohol, water, etc.)
- Never share equipment; even with your sex partner.
- Get new needles and supplies from your local harm reduction program, needle exchange program, or community health center.
- Get tested for HIV and HEP-C. If you know that you have HIV or HEP-C, you can take steps to protect yourself and others.

## **Alcohol and Other Drugs can affect a person's judgment and increase risk of getting or transmitting HIV.**

### **COMMONLY USED SUBSTANCES AND HIV RISK:**

**Alcohol:** Excessive alcohol consumption, notably binge drinking, can be an important risk factor for HIV because it is linked to risky sexual behaviors and among people living with HIV can hurt treatment outcomes.

**Opioids:** Opioids, a class of drugs that reduce pain, include both prescription drugs and Heroin. They are associated with HIV risk behaviors such as sharing needles when infected and risky sex, and have been linked to a recent HIV outbreak.

**Methamphetamine:** "Meth" is linked to risky sexual behavior that place people at greater HIV risk. It can be injected, which also increases HIV risk if people share needles and other injection equipment.

**Crack Cocaine:** Crack cocaine is a stimulant that can create a cycle in which people quickly exhaust their resources and turn to other ways to get the drug, including trading sex for drugs or money, which increases HIV risk.

**Complex Health and Social Needs:** People who are alcohol dependent or use drugs often have other complex health and social needs. Research shows that people who use substances are more likely to be homeless, face unemployment, live in poverty, and experience multiple forms of violence, creating challenges for HIV prevention efforts.

**Stigma and Discrimination Associated with Substance Use:** Often, illicit drug use is viewed as a criminal activity rather than a medical issue that requires counseling and rehabilitation. Fear of arrest, stigma, feelings of guilt, and low self-esteem may prevent people who use illicit drugs from seeking treatment services, which places them at greater risk for HIV.

**Lack of Access to Health Care System:** Since HIV testing often involves questioning about substance use histories, those who use substances may feel uncomfortable getting tested. As a result, it may be harder to reach people who use substances with HIV prevention services.

### **For information on taking a free and confidential HIV test please contact:**

JOHN MAY- Indian River County Health Department  
1900 27<sup>th</sup> Street  
Vero Beach, FL. 32960

WORK- 772-794-7477 CELL- 772-473-5268  
HIV education is also provided in SAC's adult groups.

# Reportable Diseases/Conditions in Florida

## Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016



Florida Department of Health

### Did you know that you are required\* to report certain diseases to your local county health department (CHD)?

#### You are an invaluable part of disease surveillance in Florida!

Please visit [www.FloridaHealth.gov/DiseaseReporting](http://www.FloridaHealth.gov/DiseaseReporting) for more information. To report a disease or condition, contact your CHD epidemiology program ([www.FloridaHealth.gov/CHDEpiContact](http://www.FloridaHealth.gov/CHDEpiContact)). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ Report immediately 24/7 by phone
- Report next business day
- + Other reporting timeframe

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance</li> <li>+ Acquired immune deficiency syndrome (AIDS)</li> <li>☎ Amebic encephalitis</li> <li>! Anthrax</li> <li>• Arsenic poisoning</li> <li>! Arboviral diseases not otherwise listed</li> <li>• Babesiosis</li> <li>! Botulism, foodborne, wound, and unspecified</li> <li>• Botulism, infant</li> <li>! Brucellosis</li> <li>• California serogroup virus disease</li> <li>• Campylobacteriosis</li> <li>+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors</li> <li>• Carbon monoxide poisoning</li> <li>• Chancroid</li> <li>• Chikungunya fever</li> <li>☎ Chikungunya fever, locally acquired</li> <li>• Chlamydia</li> <li>! Cholera (<i>Vibrio cholerae</i> type O1)</li> <li>• Ciguatera fish poisoning</li> <li>+ Congenital anomalies</li> <li>• Conjunctivitis in neonates &lt;14 days old</li> <li>• Creutzfeldt-Jakob disease (CJD)</li> <li>• Cryptosporidiosis</li> <li>• Cyclosporiasis</li> <li>! Dengue fever</li> <li>! Diphtheria</li> <li>• Eastern equine encephalitis</li> <li>• Ehrlichiosis/anaplasmosis</li> <li>• <i>Escherichia coli</i> infection, Shiga toxin-producing</li> <li>• Giardiasis, acute</li> <li>! Glanders</li> <li>• Gonorrhoea</li> <li>• Granuloma inguinale</li> </ul> | <ul style="list-style-type: none"> <li>! <i>Haemophilus influenzae</i> invasive disease in children &lt;5 years old</li> <li>• Hansen's disease (leprosy)</li> <li>☎ Hantavirus infection</li> <li>☎ Hemolytic uremic syndrome (HUS)</li> <li>☎ Hepatitis A</li> <li>• Hepatitis B, C, D, E, and G</li> <li>• Hepatitis B surface antigen in pregnant women and children &lt;2 years old</li> <li>☎ Herpes B virus, possible exposure</li> <li>• Herpes simplex virus (HSV) in infants &lt;60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children &lt;12 years old</li> <li>+ Human immunodeficiency virus (HIV) infection</li> <li>• HIV-exposed infants &lt;18 months old born to an HIV-infected woman</li> <li>• Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children &lt;6 years old; anogenital papillomas in children ≤12 years old</li> <li>! Influenza A, novel or pandemic strains</li> <li>☎ Influenza-associated pediatric mortality in children &lt;18 years old</li> <li>• Lead poisoning (blood lead level ≥5 µg/dL)</li> <li>• Legionellosis</li> <li>• Leptospirosis</li> <li>☎ Listeriosis</li> <li>• Lyme disease</li> <li>• Lymphogranuloma venereum (LGV)</li> <li>• Malaria</li> <li>! Measles (rubeola)</li> <li>! Melioidosis</li> <li>• Meningitis, bacterial or mycotic</li> <li>! Meningococcal disease</li> <li>• Mercury poisoning</li> <li>• Mumps</li> <li>+ Neonatal abstinence syndrome (NAS)</li> <li>☎ Neurotoxic shellfish poisoning</li> <li>☎ Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C)</li> <li>☎ Pertussis</li> </ul> | <ul style="list-style-type: none"> <li>• Pesticide-related illness and injury, acute</li> <li>! Plague</li> <li>! Poliomyelitis</li> <li>• Psittacosis (ornithosis)</li> <li>• Q Fever</li> <li>☎ Rabies, animal or human</li> <li>! Rabies, possible exposure</li> <li>! Ricin toxin poisoning</li> <li>• Rocky Mountain spotted fever and other spotted fever rickettsioses</li> <li>! Rubella</li> <li>• St. Louis encephalitis</li> <li>• Salmonellosis</li> <li>• Saxitoxin poisoning (paralytic shellfish poisoning)</li> <li>! Severe acute respiratory disease syndrome associated with coronavirus infection</li> <li>• Shigellosis</li> <li>! Smallpox</li> <li>☎ Staphylococcal enterotoxin B poisoning</li> <li>☎ <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA)</li> <li>• <i>Streptococcus pneumoniae</i> invasive disease in children &lt;6 years old</li> <li>• Syphilis</li> <li>☎ Syphilis in pregnant women and neonates</li> <li>• Tetanus</li> <li>• Trichinellosis (trichinosis)</li> <li>• Tuberculosis (TB)</li> <li>! Tularemia</li> <li>☎ Typhoid fever (<i>Salmonella</i> serotype Typhi)</li> <li>! Typhus fever, epidemic</li> <li>! Vaccinia disease</li> <li>• Varicella (chickenpox)</li> <li>! Venezuelan equine encephalitis</li> <li>• Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)</li> <li>! Viral hemorrhagic fevers</li> <li>• West Nile virus disease</li> <li>! Yellow fever</li> <li>! Zika fever</li> </ul> |
|--|---|---|

Coming soon: "What's Reportable?" app for iOS and Android

\*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."