

# Broward County Health Department

## 2006 Epidemiology Notifiable Disease Summary



## **Introduction**

The primary mission of the Epidemiology Program is the investigation and management of notifiable disease reports from our community partners, the early recognition of disease outbreaks and the analysis of disease trends in the community. The Epidemiology Program is responsible for reporting and controlling communicable diseases and conditions that may significantly affect public health as specified in the Florida Administrative Code Chapter 64D-3. Epidemiology investigates various reportable diseases, outbreaks, and clusters of symptoms or syndromes, excluding HIV/AIDS, tuberculosis, and sexually transmitted diseases. The Broward County Health Department relies heavily on the coordinated efforts of the community, hospitals, private physicians, laboratories and the school system in the reporting of communicable diseases.

## **Methods**

All the data in this report was obtained from the Florida Department of Health's reporting system Merlin. Data was analyzed using SPSS and Microsoft Excel. Reporting in Merlin for the year 2006 continues until March 31, 2006, therefore there are more disease cases that occurred in 2006, than are described in this report. All cases included in this report are confirmed cases. This report only details only diseases that are of acute status when reported to the health department. Data for tuberculosis and sexually transmitted diseases are not included in this report. Rates were calculated per 100,000 population, using the 2005 estimated population numbers for Broward County. Rates were reported from Merlin incidence reports. Data for 2005 and 2006 were extracted from Merlin on January 4<sup>th</sup>, 2007.

## **Interpreting the Data**

Data on the occurrence of communicable disease were obtained through passive and sometimes active surveillance. The proportion of cases that are not reported varies for each disease. Most often, the less common, more severe reportable diseases are more completely reported than the more common but less severe diseases. Incidence rates based on small frequencies may be unreliable and should be interpreted with caution. For cases that did not have a date of onset, date of report was used.

## **Acknowledgments**

The Epidemiology Program would like to recognize all the nurses, physicians and laboratories that have participated in disease reporting through 2006.

Did you know that you are required by Florida statute\*\* to report certain diseases to your local public health department?

\* Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3

- Any disease outbreak (in a community, hospital or other institution or a foodborne or waterborne outbreak)
- Any grouping or clustering (patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism)
- Acquired Immune Deficiency Syndrome (AIDS) +
- Anthrax
- Botulism (foodborne, wound, unspecified, other)
- Botulism (infant)
- Brucellosis
- California serogroup virus (neuroinvasive and non-neuroinvasive disease)
- Campylobacteriosis
- Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) +
- Chancroid
- Chlamydia
- Cholera
- Ciguatera fish poisoning (Ciguatera)
- Clostridium perfringens*, epsilon toxin (disease due to)
- Congenital anomalies
- Conjunctivitis (in neonates ≤ 14 days old)
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Diphtheria
- Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
- Ehrlichiosis [human granulocytic (HGE), human monocytic (HME), human other or unspecified agent]
- Encephalitis, other (non-arboviral)
- Enteric disease due to:
  - Escherichia coli*, O157:H7
  - Escherichia coli*, Other (known serotype)
- Giardiasis (acute)
- Glanders
- Gonorrhea
- Granuloma inguinale
- Haemophilus influenzae* (meningitis and invasive disease)
- Hansen's disease (Leprosy)
- Hantavirus infection
- Hemolytic uremic syndrome
- Hepatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)
- Herpes simplex virus (HSV) (in infants up to six (6) months of age with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 yrs)
- Human Immunodeficiency Virus (HIV) (all, and including neonates born to an infected woman, exposed newborn) +
- Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age; anogenital in children ≤ 12 yrs; cancer associated strains)
- Influenza due to novel or pandemic strains
- Influenza-associated pediatric mortality (in persons aged < 18 yrs)
- Lead poisoning

- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Lymphogranuloma venereum (LGV)
- Malaria
- Measles (Rubeola)
- Melioidosis
- Meningitis (bacterial, cryptococcal, mycotic)
- Meningococcal disease (includes meningitis and meningococemia)
- Mercury poisoning
- Mumps
- Neurotoxic shellfish poisoning
- Pertussis
- Pesticide-related illness and injury
- Plague
- Poliomyelitis
- Psittacosis (Ornithosis)
- Q Fever
- Rabies (human, animal)
- Rabies (possible exposure)
- Ricin toxicity
- Rocky Mountain spotted fever
- Rubella (including congenital)
- St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
- Salmonellosis
- Saxitoxin poisoning (including Paralytic shellfish poisoning) (PSP)
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- Shigellosis
- Smallpox
- Staphylococcus aureus* (with intermediate or full resistance to vancomycin, VISA, VRSA)
- Staphylococcus enterotoxin B*
- Streptococcal disease (invasive, Group A)
- Streptococcus pneumoniae* (invasive disease)
- Syphilis
- Syphilis (in pregnant women and neonates)
- Tetanus
- Toxoplasmosis (acute)
- Trichinellosis (Trichinosis)
- Tuberculosis (TB)
- Tularemia
- Typhoid fever
- Typhus fever (epidemic)
- Typhus fever (endemic)
- Vaccinia disease
- Varicella (Chickenpox)
- Varicella mortality
- Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
- Vibriosis (Vibrio infections)
- Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
- West Nile virus disease (neuroinvasive and non-neuroinvasive)
- Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
- Yellow fever

= Report immediately upon initial suspicion or laboratory test order, 24/7 by phone

= Report immediately upon diagnosis or test result, 24/7 by phone

Report next business day  
+ = Other reporting timeframe

**You are an invaluable part of Florida's disease surveillance system:** For more information, please call the epidemiology unit at your local county health department or the Bureau of Epidemiology, Florida Department of Health: 850-245-4401 [http://www.doh.state.fl.us/disease\\_control/epi/index.html](http://www.doh.state.fl.us/disease_control/epi/index.html)

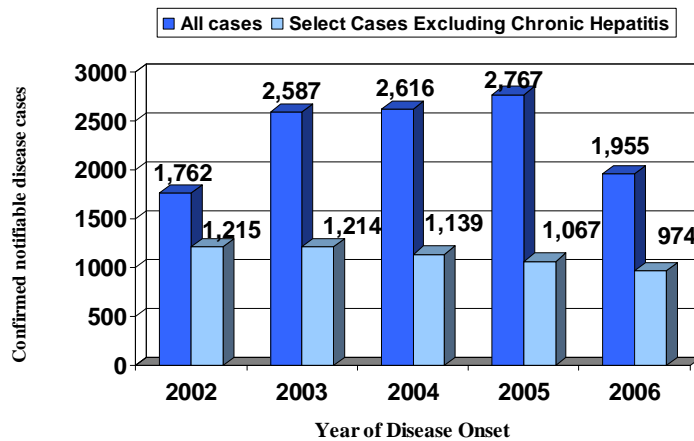
\*\*Section 381.0031(1,2), Florida Statutes provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The DOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance ... and shall furnish a copy of said list to the practitioners...."

**BROWARD COUNTY HEALTH DEPARTMENT EPIDEMIOLOGY UNIT**  
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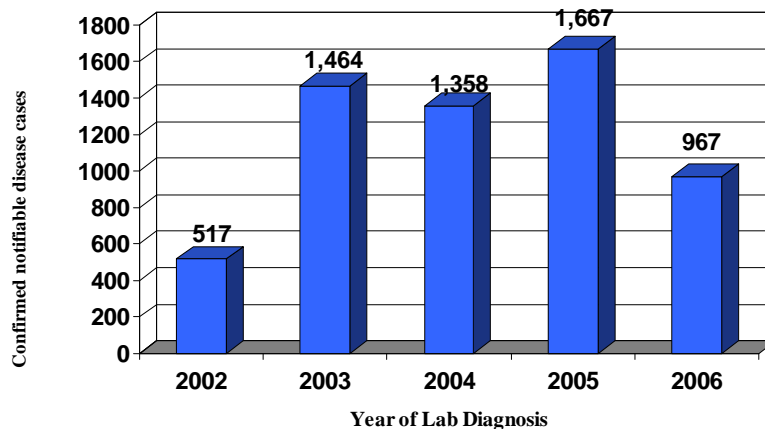
## Notifiable Diseases

The total number of all cases that occurred and were reported in Broward has increased by 11% in the last five years (Figure 1). The total number of all cases increased from 2002 to 2005 by 57% then decreased in 2006 by 29.3%. Since 2003 chronic hepatitis C has accounted for over half of the reported notifiable diseases in Broward, therefore changes in hepatitis C affect the trends of all the cases. The five year trend for chronic hepatitis C is the same as the trend for all cases, in that cases increased from 2002 to 2005 (222%) then decreased in 2006 by 42% (Figure 2). The five year trend for diseases excluding chronic hepatitis C and B shows a 19.8% decrease from 2002 to 2006 versus an 11% increase when chronic hepatitis are included (Figure 1). Following figures one and two, the remainder of this report examines only acute communicable diseases that occurred and were reported in Broward County.

**Figure 1. Five Year Confirmed Notifiable Disease Trends for Broward County, FL, 2002-2006**



**Figure 2. Five Year Chronic Hepatitis C Trends for Broward County, Florida, 2002-2006**



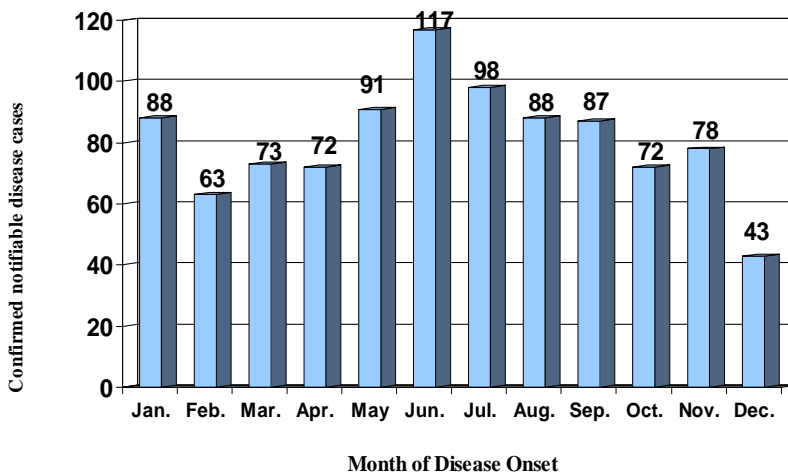
Excluding sexually transmitted diseases, and chronic hepatitis, the most frequently reported diseases in Broward County in 2006 were salmonellosis, campylobacteriosis, giardiasis, and susceptible & drug resistant *Streptococcus pneumoniae* (Table 1). The disease rankings are similar for both 2005 and 2006 (Table 1).

**Table 1. Top 20 of the Most Frequently Reported Communicable Diseases by Onset Date, Broward County, FL 2005 & 2006**

2006			2005		
Disease	Num.	Rank	Disease	Num.	Rank
Salmonellosis	314	1	Salmonellosis	344	1
Campylobacteriosis	76	2	Campylobacteriosis	74	2
Giardiasis	67	3	Giardiasis	64	3
Streptococcal pneumoniae(drug resistant)	65	4	Shigellosis	64	4
Shigellosis	52	5	Cryptosporidiosis	55	5
Streptococcal pneumoniae(susceptible)	43	6	Streptococcal pneumoniae(drug resistant)	54	6
Cryptosporidiosis	42	7	Streptococcal pneumoniae(susceptible)	52	7
Hepatitis B (acute)	42	8	Hepatitis HBsAg	51	8
Streptococcal Disease(invasive group A)	36	9	Hepatitis B (acute)	46	9
Meningitis - Other	34	10	Streptococcal Disease-invasive group A	33	10
Hepatitis A	27	11	Hepatitis A	32	11
Hepatitis HBsAg	27	12	Haemophilus influenzae - Bacteremia	27	12
Haemophilus influenzae - Bacteremia	24	13	Animal Bite (PEP recommended)	27	13
Lead Poisoning	19	14	Lead Poisoning	25	14
Legionella	18	15	Meningitis - Other	25	15
Animal Bite (PEP recommended)	16	16	Cyclosporiasis	22	16
Listeriosis	9	17	Meningitis - Meningococcal disease	11	17
Ciguatera	8	18	Listeriosis	9	18
Malaria	7	19	Mercury Poisoning	8	19
Cyclosporiasis	5	20	Legionella	6	20

More diseases were reported to have occurred in June than in any other month followed by July and May (98 and 91 cases respectively). December, because of reporting delays had the least number of reported diseases, followed by February (43 and 63 cases respectively) (Figure 3).

**Figure 3. Confirmed Notifiable Disease by Month Broward County, FL, 2006**



In the past five years, the number of cases acute infectious diseases has decreased from 1,215 in 2002 down to 974 in 2006 (Table 2). *Streptococcal pneumoniae* invasive group A was the only disease that increased each year for the last five years (Table 2). Acute hepatitis B, hepatitis in pregnant women, and lead poisoning, were the only diseases that declined each year for the last five years. Although there were no cases of ciguatera for three years, it may be on the rise, as there were no cases in 2002 and 8 cases in 2006 (Table 2). Legionella may be another disease on the rise. There were 4.5 times more cases of Legionella in 2006 (18) than there were in 2002 (4). There were 21 diseases that increased by at least one case, 18 that decreased by one case and 3 diseases that stayed the same over the five-year time span.

There same number of diseases that decreased by at least one case from 2005 to 2006 also increased by at least one case, while six diseases had no change (Table 2). Ciguatera, legionella, *Streptococcus pneumonia* group A and drug resistant *Streptococcus pneumoniae* were the only diseases that were greater in 2006 than in 2005, by more than two cases (Table 2).

For both 2005 and 2006, diseases that exceeded the five year average for each respective disease include; cryptosporidiosis, listeriosis, lyme disease, pertussis, animal bites, *E. Coli* (not serogrouped), *Haemophilus influenzae* bacteremia, *Streptococcus pneumoniae* group A, and drug resistant *Streptococcus pneumoniae* (Table 2).

**Table 2. Selected Notifiable Diseases by Year of Onset, Broward County, FL , 2002-2006**

Disease						5 Year
	2002	2003	2004	2005	2006	Avg
Campylobacteriosis	101	100	94	74	76	89
Ciguatera	0	2	0	0	8	2
Cryptosporidiosis	13	31	43	55	42	37
Cyclosporiasis	8	3	1	22	5	8
Dengue	3	0	0	0	2	1
Encephalitis other (excluding WNV)	1	0	0	1	0	0
E. Coli (O157:H7)	0	0	0	0	0	0
E. Coli Shiga Toxin + (non-O157)	4	0	1	0	0	1
E. Coli Shiga Toxin + (not-serogrouped)	0	0	0	4	4	2
Enterohemorrhagic E. Coli (EHEC) O157:57	5	3	9	1	3	4
Giardiasis	105	80	85	64	67	80
Haemophilus influenzae (Pneumonia)	0	3	0	0	1	1
Haemophilus influenzae (Bacteremia)	22	12	11	27	24	19
Hepatitis A	137	44	29	32	27	54
Hepatitis B (acute)	35	83	65	46	42	54
Hepatitis HBsAg	89	60	55	51	27	56
Lead Poisoning	82	70	49	25	19	49
Legionella	4	8	20	6	18	11
Listeriosis	3	7	3	9	9	6
Lyme Disease	0	0	0	4	5	2
Malaria	9	12	11	5	7	9
Meningitis						
Group B Strep	3	1	0	0	4	2
Listeria monocytogenes	1	0	0	1	3	1
Other	28	32	20	25	34	28
Strep pneumoniae	2	1	6	5	4	4
Meningococcal disease	3	3	7	11	5	6
Meningococemia, disseminated	5	5	0	0	0	2
Mercury Poisoning	2	0	2	8	3	3
Mumps	2	2	0	0	1	1
Pertussis	0	6	1	4	4	3
Rabies (Animal)	11	2	4	8	2	5
Animal Bite (PEP recommended)	10	0	6	27	16	12
Salmonellosis	291	340	302	344	314	318
Shigellosis	126	222	155	64	52	124
Streptococcal Disease (invasive, group A)	15	22	26	33	36	26
Streptococcal pneumoniae (invasive, drug resistant)	87	45	70	54	65	64
Streptococcal pneumoniae (invasive, susceptible)	0	4	54	52	43	31
Tetanus	0	0	1	1	0	0
Tuberculosis						
Typhoid Fever	5	2	2	3	2	3
Vibrio vulnificus	0	1	2	4	2	2
Vibrio other	3	2	3	5	0	3
West Nile Virus, Neuroinvasive	0	4	2	0	0	1
<b>Total</b>	<b>1,215</b>	<b>1,214</b>	<b>1,139</b>	<b>1,067</b>	<b>976</b>	<b>1,122</b>

## Enteric Diseases

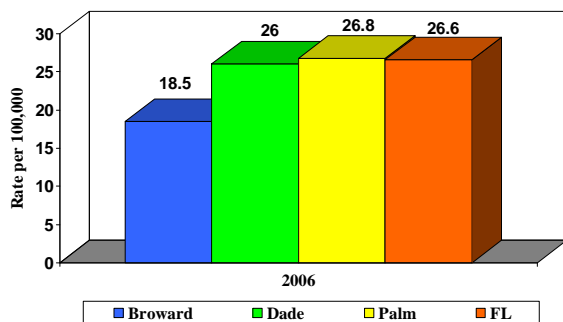
Bacterial enteric diseases were the most reported communicable diseases in 2006 as they were through the five-year period. The most common enteric disease was salmonellosis with 314 cases in 2006, down from 344 reported cases in 2005. Ciguatera, *E. Coli* not serogrouped and listeriosis were the only diseases that increased in 2006 over the average of the last three years.

**Table 3. Number and Percent Change for the Average of 3 Years for Reportable Enteric Diseases, Broward County, FL, 2004–2006**

Disease	2004	2005	2006	3 Yr Avg.	% change from Avg.
Campylobacteriosis	94	74	76	81.3	-6.6
Ciguatera	0	0	8	2.7	200.0
Cryptosporidiosis	43	55	42	46.7	-10.0
Giardiasis	85	64	67	72.0	-6.9
Salmonellosis	302	344	314	320.0	-1.9
Shigellosis	155	64	52	90.3	-42.4
Typhoid Fever	2	3	2	2.3	-14.3
<i>E.Coli</i> (O157:H7)	0	0	0	0.0	0.0
<i>E.Coli</i> Shiga Toxin (non-O157)	1	0	0	0.3	-100.0
<i>E.Coli</i> Shiga Toxin + (not-serogrouped)	0	4	4	2.7	50.0
Enterohemorrhagic <i>E. Coli</i> (EHEC) O157	9	1	3	4.3	-30.8
Listeriosis	3	9	9	7.0	28.6

Broward’s rates for salmonellosis, shigellosis, giardiasis, and campylobacteriosis were lower than the surrounding counties and for the state (Figures 4–7).

**Figure 4. State and Tri-County Area Comparison of Reported Cases of Salmonella, FL, 2006**



**Figure 5. State and Tri-County Area Comparison of Reported Cases of Shigella, FL, 2006**

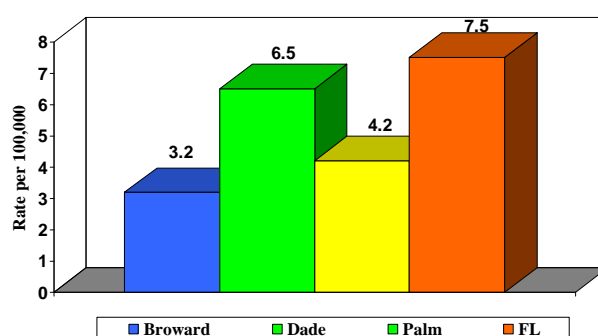


Figure 6. State and Tri-County Area Comparison of Reported Cases of Campylobacteriosis, FL, 2006

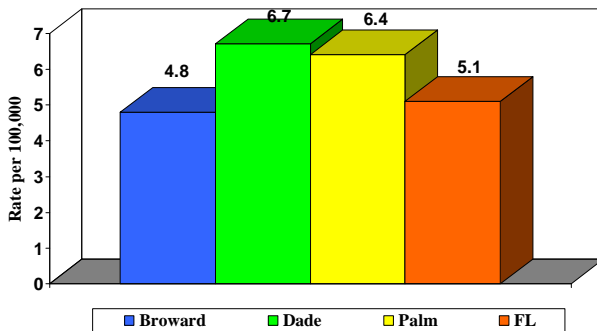


Figure 7. State and Tri-County Area Comparison of Reported Cases of Giardiasis, FL, 2006

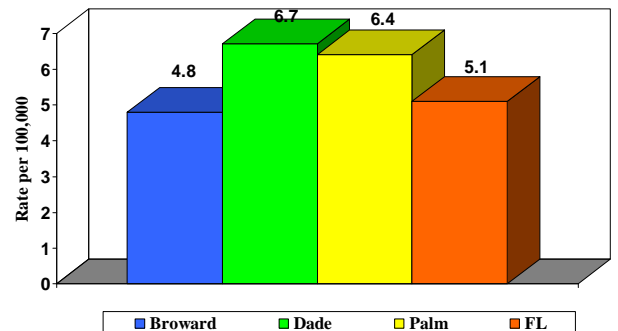
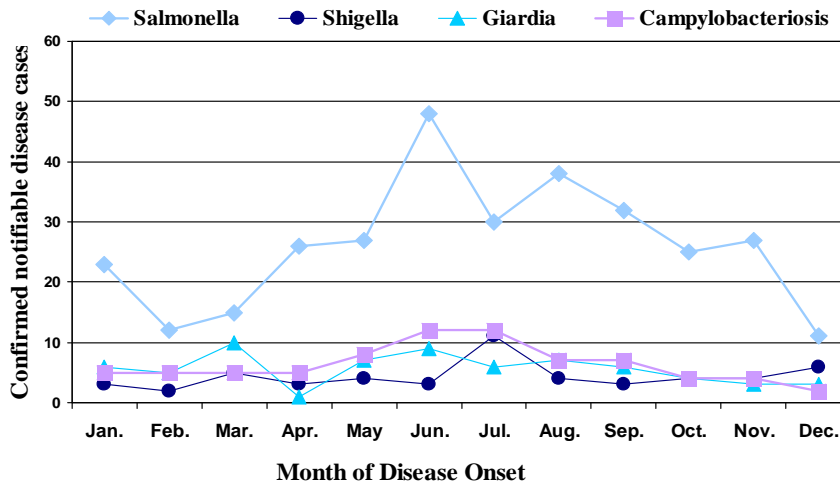
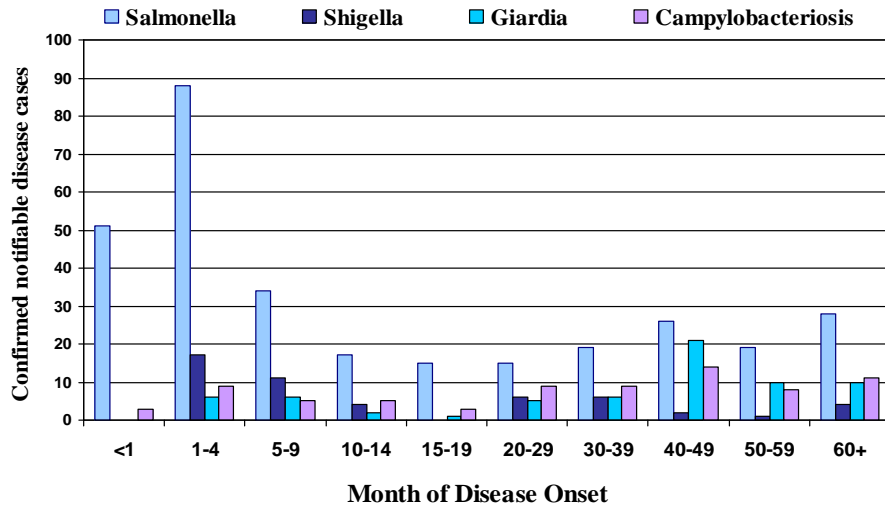


Figure 8. Enteric Disease by Month, Broward County, FL, 2006



Some of the enteric diseases continue to follow a seasonal pattern. This is most evident with cases of salmonellosis, which had the largest number of cases reported in June and August. The largest number of giardiasis cases were reported in March followed by June (Figure 8). Shigellosis showed a peak in cases in July followed by December. The number of cases of enteric diseases decreased from July to December. Salmonellosis was the most frequently reported enteric disease for each month of 2006 (Figure 8).

**Figure 9. Confirmed Enteric Disease by Age, Broward County, FL, 2006**

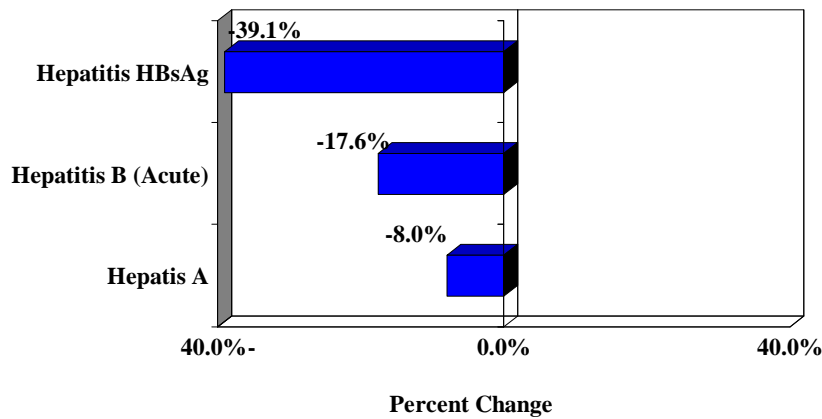


The majority of Salmonellosis cases were reported in young children with 55% of the cases occurring in children under the age of ten (Figure 9). The frequency of Campylobacteriosis was highest in individuals between the ages of 40-49 and those over 60 years old. Giardiasis had a similar age distribution with the highest number of cases occurring in individuals over the age of 40 (Figure 9). The distribution of cases of Shigellosis was similar to that of salmonellosis with most of the cases occurring in children under the age of nine (Figure 9).

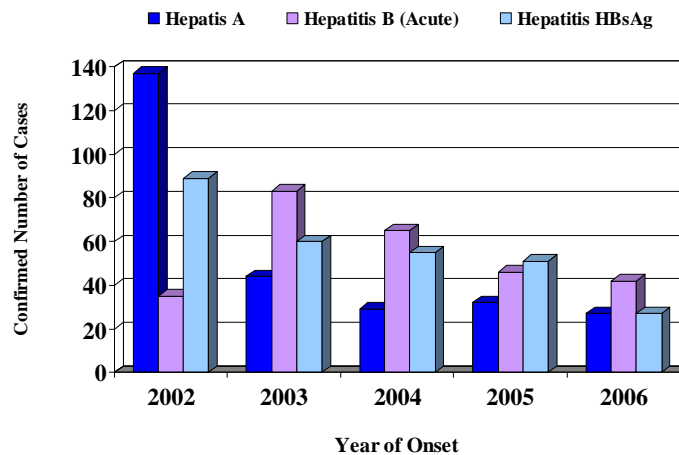
## Hepatitis

Hepatitis A, acute B and in pregnant women have all decreased over the average of the last three years, with the largest decline shown in hepatitis in pregnant women (HBsAg) and smallest in Hepatitis A (Figure 10). Since 2002 acute hepatitis B had declines in each year except for in 2003 where there was a 137% increase (Figure 11). Hepatitis B in pregnant women decreased each year and hepatitis A had declines in each year in the past five years except for a slight increase in 2005 (Figure 11).

**Figure 10. Percent Change from the Average of 3 Years for Selected Reportable Hepatitis Disease, Broward County, FL, 2004–2006**

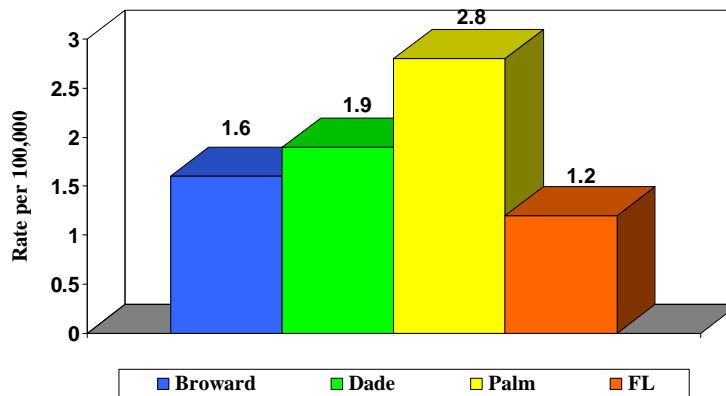


**Figure 11. Five-Year Trend of Selected Hepatitis Disease, Broward County, FL, 2002–2006**

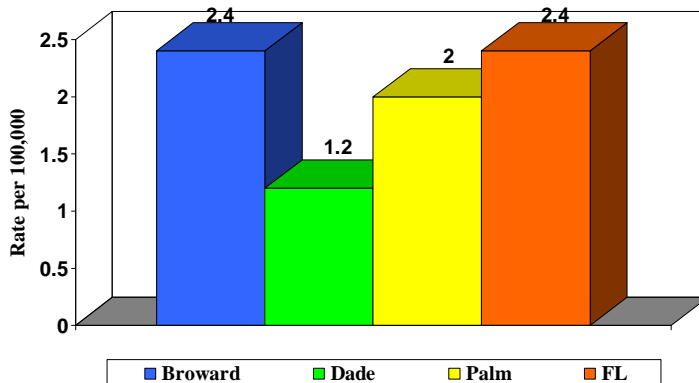


The rate of hepatitis A cases in Broward in 2006 was slightly higher than that of the state and lower than Dade and Palm Beach counties (Figure 12). Broward's rate of acute hepatitis B was more than two times higher than Dade County, but equal to the rate of the state (Figure 13). Broward's rate of hepatitis in pregnant women was similar to Dade and slightly lower than the states, while Palm Beach's rate was almost three times higher than Broward's rate (Figure 14).

**Figure 12. State and Tri-County Area Comparison of Reported Cases of Hepatitis A, FL, 2006**



**Figure 13. State and Tri-County Area Comparison of Reported Cases of Hepatitis B (Acute), FL, 2006**



There were no reported cases of hepatitis B in children and young adults under the age of 20 (Figure 15). There was one reported case of hepatitis B in pregnant women in the 15–

19 age group (Figure 15). The highest number of cases in hepatitis A was seen in persons between the ages of 20–39, followed by those over the age of 60 years old. Most acute hepatitis B cases were seen in persons between the ages of 40–49 followed by those in the 30–39 year old age group. Women between the ages of 20–29 accounted for the largest number of hepatitis B (HBsAg) in pregnant women, followed by women between 30–39 years old (Figure 15).

Figure 14. State and Tri-County Area Comparison of Reported Cases of Hepatitis B(HBsAg in Pregnant Women), FL, 2006

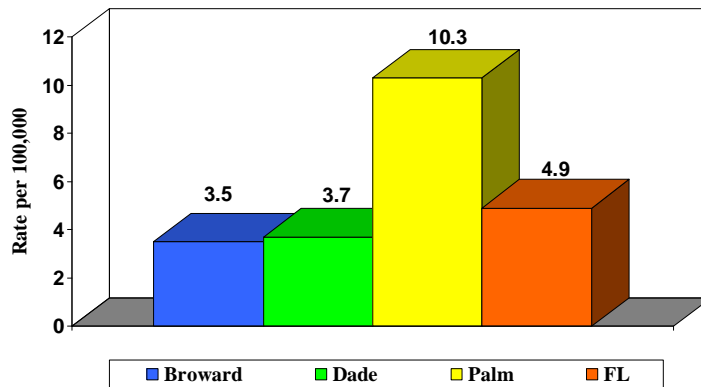
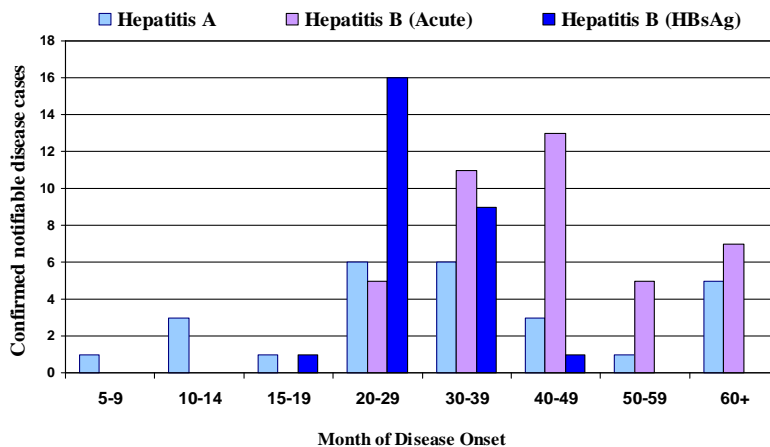


Figure 15. Reported Cases of Acute Hepatitis by Age, Broward County, FL, 2006



## Central Nervous System and *Haemophilus Influenzae* Infections

**Table 5. Number and Percent Change of the Average of 3 Years for Reportable Central Nervous System Diseases and *H. Influenzae* Broward County, FL, 2004-2006**

Disease	2004	2005	2006	3 Yr Avg.	% change from Avg.
Meningitis					
Group B Strep	0	0	4	1.3	200.0
Listeria monocytogenes	0	1	3	1.3	125.0
Other	20	25	34	26.3	29.1
Strep pneumoniae	6	5	4	5.0	-20.0
Meningococcal disease	7	11	5	7.7	-34.8
Meningococemia, disseminated	0	0	0	0.0	0.0
Encephalitis other (excluding WNV)	0	1	0	0.3	-100.0
Haemophilus influenzae					
Pneumonia	0	0	1	0.3	200.0
Bacteremia	11	27	24	20.7	16.1
West Nile Virus, Neuroinvasive	2	0	0	0.7	-100.0

In 2006 in Broward, group B strep, *Listeria monocytogenes*, other bacterial meningitis, all had numbers higher than the average number of cases for the years 2004 to 2006 (Table 5). Other bacterial meningitis cases occurred in every month except August and the highest number of cases occurred in November (Figure 16). *Haemophilus influenzae*, bacteremia occurred in every month in 2006 except in December, with the highest number of cases occurring in January (Figure 16). Seventy-one percent of *Haemophilus influenzae* bacteremia cases occurred among adults aged 60 years old and older. Group B strep occurred only in babies younger than one year old and one case in an individual between the ages of 30-39 (Figure 17).

**Figure 16. Central Nervous System Diseases by Month, Broward County, FL, 2006**

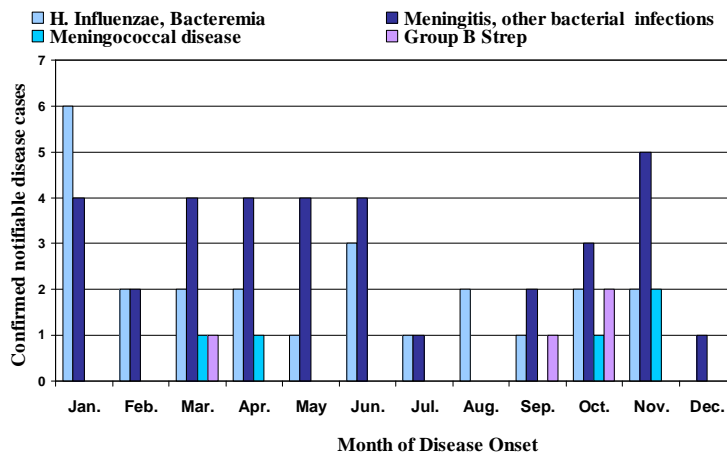
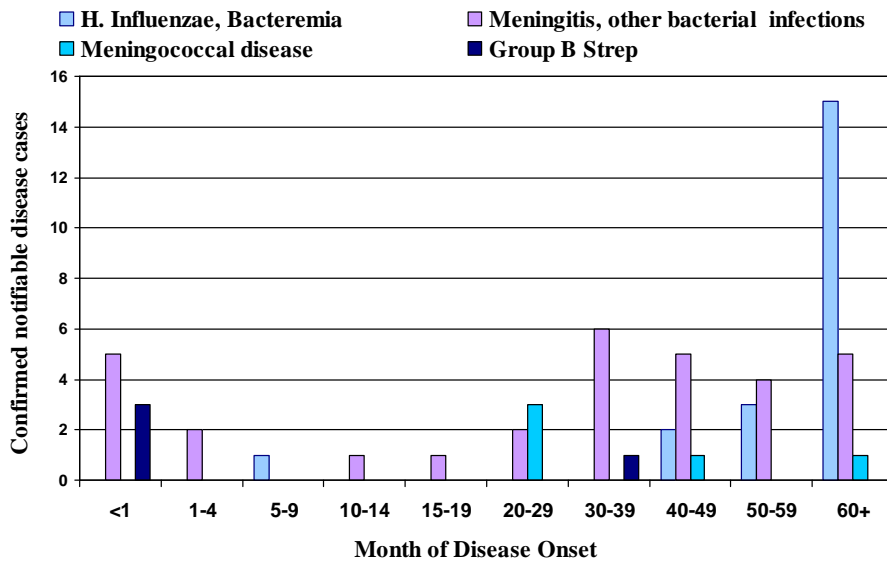


Figure 17. Central Nervous System Diseases by Age, Broward County, FL, 2006



# Appendix

**Rates per 100,000 for Selected Notifiable Disease by Year of Onset, Broward County, FL 2002-2006**

<b>Disease</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Campylobacteriosis	6.0	5.9	5.4	4.3	4.8
Ciguatera	0.0	0.1	0.0	0.0	0.5
Cryptosporidiosis	0.8	1.8	2.5	2.7	2.8
Cyclosporiasis	0.5	0.2	0.1	1.3	0.3
Dengue	0.2	0.0	0.0	0.0	0.1
Encephalitis other (excluding WNV)	0.1	0.0	0.6	0.1	0.0
E.Coli (O157:H7)	0.0	0.0	0.0	0.0	0.0
E. Coli Shiga Toxin + (non-O157)	0.2	0.0	0.1	0.0	0.0
E. Coli Shiga Toxin + (not-serogrouped)	0.0	0.0	0.0	0.1	0.0
Enterohemorrhagic E. Coli (EHEC) O157:57	0.3	0.2	0.5	0.1	0.2
Giardiasis	6.3	4.7	4.9	3.7	4.0
Haemophilus influenzae (Pneumonia)	0.0	0.2	0.0	0.0	0.0
Haemophilus influenzae (Bacteremia)	1.3	0.7	0.6	1.6	1.4
Hepatitis A	8.2	2.6	1.7	1.7	1.6
Hepatitis B (acute)	2.1	4.9	3.7	3.3	2.4
Hepatitis HBsAg	25.7	17.0	15.5	5.6	3.5
Lead Poisoning	4.9	4.1	2.8	1.6	1.3
Legionella	0.2	0.5	1.1	0.3	1.1
Listeriosis	0.2	0.4	0.2	0.6	0.5
Lyme Disease	0.0	0.0	0.0	0.1	0.3
Malaria	0.5	0.7	0.6	0.3	0.3
Meningitis					
Group B Strep	0.2	0.1	0.0	0.1	0.2
Listeria monocytogenes	0.6	0.0	0.0	0.1	0.2
Other	1.7	1.9	1.1	1.3	2.2
Strep pneumoniae	0.1	0.1	0.3	0.3	0.2
Meningococcal disease	0.2	0.2	0.4	0.5	0.3
Meningococemia, disseminated	0.3	0.3	0.0	0.0	0.0
Mercury Poisoning	0.1	0.0	0.1	0.4	0.2
Mumps	0.1	0.1	0.0	0.1	0.1
Pertussis	0.0	0.4	0.1	0.2	0.2
Rabies (Animal)	0.7	0.1	0.2	0.5	0.1
Animal Bite (PEP recommended)	0.6	0.0	0.3	1.4	0.9
Salmonellosis	17.3	19.9	17.4	20.1	18.5
Shigellosis	7.5	13.0	8.9	3.7	3.2
Streptococcal Disease (invasive, group A)	0.9	1.3	1.5	2.1	2.2
Streptococcal pneumoniae (invasive, drug resistant)	5.2	2.6	4.0	2.9	3.5
Streptococcal pneumoniae (invasive, susceptible)	0.0	0.2	3.1	3.1	2.7
Tetanus	0.0	0.0	0.1	0.1	0.0
Typhoid Fever	0.3	0.1	0.1	0.2	0.1
Vibrio vulnificus	0.0	0.1	0.1	0.2	0.2
Vibrio other	0.2	0.1	0.2	0.2	0.1
West Nile Virus, Neuroinvasive	0.0	0.2	0.1	0.0	0.0

**Top 12 of the Most Reported Communicable Diseases by Age Group, Broward County, FL, 2006**

Rank	<1	1-4	5-9	10-14	15-19	20-29	30-39	40-49	50-59	60+	Total
1	Salmonellosis 51	Salmonellosis 88	Salmonellosis 34	Salmonellosis 17	Salmonellosis 15	Hepatitis HBsAg 16	Salmonellosis 19	Salmonellosis 26	Salmonellosis 19	Salmonellosis 28	Salmonellosis 314
2	Meningitis Other 5	Shigellosis 17	Shigellosis 11	Campylobacteriosis 5	Campylobacteriosis 3	Salmonellosis 15	Hepatitis B (acute) 11	Giardiasis 21	Strep Pneumoniae susceptible 11	Strep Pneumoniae Drug-R 22	Campylobacteriosis 76
3	Pertussis 4	Lead Poisoning 12	Giardiasis 6	Shigellosis 4	Strep Pneumoniae Drug-R 2	Campylobacteriosis 9	Campylobacteriosis 9	Campylobacteriosis 4	Giardiasis 10	Strep Pneumoniae susceptible 17	Giardiasis 67
4	Strep Disease Invasive Group A 4	Campylobacteriosis 9	Campylobacteriosis 5	Cryptosporidiosis 3	Lyme Disease 2	Shigellosis 6	Hepatitis HBsAg 9	Strep Pneumoniae Drug-R 14	Strep Pneumoniae Drug-R 10	H. Influenzae Bacteremia 15	Strep Pneumoniae Drug-R 65
5	Campylobacteriosis 3	Giardiasis 6	Cryptosporidiosis 2	Hepatitis A 3	Cryptosporidiosis 1	Hepatitis A 6	Cryptosporidiosis 8	Hepatitis B (acute) 13	Campylobacteriosis 8	Legionella 14	Shigellosis 52
6	Meningitis Group B Strep 3	Cryptosporidiosis 5	Ciguatera 1	Lead Poisoning 3	Giardiasis 1	Cryptosporidiosis 5	Strep Pneumoniae Drug-R 8	Cryptosporidiosis 12	Hepatitis B (acute) 5	Strep Disease Invasive Group A 13	Strep Pneumoniae susceptible 43
7	Lead Poisoning 2	Strep Disease Invasive Group A 3	Hepatitis A 1	Giardiasis 2	Hepatitis A 1	Giardiasis 5	Giardiasis 6	Strep Disease Invasive Group A 8	Animal Bite, PEP 5	Campylobacteriosis 11	Cryptosporidiosis 42
8	No Disease 0	Meningitis Other 2	H. Influenzae Bacteremia 1	EHEC O157:57 2	Hepatitis HBsAg 1	Hepatitis B (acute) 5	Shigellosis 6	Strep Pneumoniae susceptible 8	Meningitis Other 4	Giardiasis 10	Hepatitis B (acute) 42
9	No Disease 0	Malaria 1	Lead Poisoning 1	Ciguatera 1	Meningitis Other 1	Animal Bite, PEP 4	Hepatitis A 6	Meningitis Other 4	Strep Disease Invasive Group A 4	Hepatitis B (acute) 7	Strep Disease Invasive Group A 36
10	No Disease 0	No Disease 0	Strep Disease Invasive Group A 1	Meningitis Other 1	No Disease 0	Meningococcal disease 3	Meningitis Other 6	Hepatitis A 3	Cryptosporidiosis 2	Hepatitis A 5	Meningitis Other 34
11	No Disease 0	No Disease 0	No Disease 0	Strep Disease Invasive Group A 1	No Disease 0	Strep Pneumoniae Drug-R 3	Strep Disease Invasive Group A 4	Ciguatera 2	H. Influenzae Bacteremia 3	Meningitis Other 5	Hepatitis A 27
12	No Disease 0	No Disease 0	No Disease 0	Strep Pneumoniae Drug-R 1	No Disease 0	Strep Pneumoniae susceptible 3	Strep Pneumoniae susceptible 4	Shigellosis 2	Meningitis Strep pneumoniae 2	Listeriosis 5	Hepatitis HBsAg 27

Source: Florida Dept. of Health Reporting System, Merlin