Introduction

Background

The *Florida Morbidity Statistics Report* is the official record of the occurrence of reportable diseases in Florida and this edition marks the fifty-eighth publication since 1945. The data contained here are final, unless otherwise noted. The mission of the Florida Department of Health is to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts. Per section 381.003, Florida Statutes "The Department shall conduct a communicable disease prevention and control program as part of fulfilling its public health mission." This report directly supports the mission of the Department by identifying patterns and trends in the incidence of disease that are used as the scientific basis for development of disease control and prevention strategies and policies.

Disease control and prevention are core functions of any public health agency. Protection of the public's health from existing, emerging, and re-emerging diseases requires diligence in all aspects of public health. Public health partners identifying and characterizing emerging trends in disease are the physicians, nurses, laboratorians, hospital infection preventionists, and other health care professionals who participate in reportable disease surveillance. Without their participation, the ability to recognize and intervene in emerging public health issues would be much more limited.

Acknowledgements

The Bureau of Epidemiology thanks all program areas within the Florida Department of Health that contributed to this report including the sections of HIV/AIDS, Immunization, Sexually Transmitted Diseases (STD) and Viral Hepatitis, and Tuberculosis Control. Finally, many thanks are extended to the county health department staff and other public health professionals who are involved in reportable disease surveillance, either through disease control activities, case investigations, data collection, laboratory testing, or other essential functions.

Purpose

The *Florida Morbidity Statistics Report* is compiled in a single reference document to:

- Summarize annual morbidity from reportable communicable and environmental diseases in Florida.
- Describe patterns of disease that can be assessed over time, compared with trends from other states, and act as an aid in directing future disease prevention and control efforts.
- Provide a resource to medical and public health authorities at county, state, and national levels.

Data Sources

Data presented in this report are based on reportable disease information received by county and state health department staff from physicians, hospitals, and laboratories throughout the state obtained through passive and active surveillance. Reporting of suspected and confirmed reportable diseases and conditions in the state of Florida is mandated under section 381.0031, Florida Statutes and Florida Administrative Code Chapter 64D-3. People in charge of laboratories, hospitals, medical facilities, or other facilities providing health services (which can include schools, nursing homes, and state institutions) are required to report certain diseases and conditions and the associated laboratory test results as listed in the Table of Notifiable Diseases or Conditions to be Reported, Florida Administrative Code Chapter 64D-3. Reporting of test results by a laboratory does not nullify a practitioner's obligation to report the disease or condition. These data are the basis for providing useful information on reportable diseases and conditions in Florida to health care workers and policymakers, and would not be possible without the cooperation of the extensive network involving both private and public sector participants. Data are collected by multiple means:

- Passive surveillance relies on physicians, laboratories, and other health care providers to report diseases to the Florida Department of Health confidentially in one of three forms: electronically, by telephone, or by facsimile. Increasingly, information about cases of reportable diseases and conditions is passed from providers, especially laboratories, to the Department as electronic records. This occurs automatically, without the involvement of a person after the electronic transmission process has been established between the Department and the reporting partner.

- Active surveillance entails Department staff regularly contacting hospitals, laboratories, and physicians in an effort to identify all cases of a given disease or condition.

References

The following references were used in many of the disease-specific chapters within Section 2: Data Summaries for Selected Reportable Diseases/Conditions of Frequent Occurrence.

Centers for Disease Control and Prevention. CDC A-Z Index. Available at www.cdc.gov/az/a.html.

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Interpreting the Data

Information in this report should be interpreted in light of the limitations below.

1. Underreporting

   The data presented in this report are primarily based on passive reporting by health care providers and laboratories across Florida. Case reporting is most often dependent upon a person becoming ill, seeking medical attention, the health care provider ordering laboratory testing, and finally the health care provider or laboratory reporting the case. Frequently, not all steps in this process occur, so the number of reported cases represents a fraction of the true number of cases of reportable illnesses occurring in Florida each year. Evaluations of infectious disease reporting systems have indicated that the completeness of reporting varies by disease. The less common but more severe reportable diseases such as bacterial meningitis, diphtheria, polio, botulism, anthrax, tuberculosis, and congenital syphilis are more completely reported than the more common diseases with less severe symptoms such as hepatitis A or campylobacteriosis. Variation in identified disease incidence at the local level probably reflects, to varying degrees, both differences in the true incidence of disease and differences in the vigor with which surveillance is performed.

2. Reliability of Rates
   All incidence rates in this report are expressed as the number of reported cases of a disease or condition per 100,000 population unless otherwise specified. All population estimates are from the Community Health Assessment Resource Tool Set (CHARTS), a web-based data query system with community tools, health indicators, and data queries for public consumption (www.floridacharts.com/charts/default.aspx). Population estimates within CHARTS are provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management, in consultation with the Florida Legislature's Office of Economic and Demographic Research. Estimates in CHARTS are updated at least once per year, and population data were extracted from CHARTS for this report on August 7, 2014 after the annual update in CHARTS. Note that previous editions of this report may show somewhat different populations for a given year than the ones shown here, as these estimates are revised periodically. This is especially true given the recent 2010 census.

   Animal rabies is not expressed as a rate; it is only expressed as the number of cases because no reliable denominators exist for animal populations.

   Rates for diseases with only a few cases reported per year can be unstable and should be interpreted with caution. The observation of zero events is especially difficult to interpret. Rates were not generally calculated in this report when there were less than 20 cases, except as part of graphs and maps. In some cases, even though maps and graphs (e.g., by year, gender, race) may have small individual counts, rates were calculated. These maps include footnotes as a reminder that rates based on less than 20 cases are not reliable.

3. Reporting Period
   To ensure consistent case counting, the data in this report are aggregated by the date the case was reported to the Bureau of Epidemiology unless otherwise noted. The date of illness onset or the date of diagnosis may not be available for all cases. Cases reported early in 2013 may have actually had onset or been diagnosed in 2012; rarely, cases reported in 2013 may have onset or diagnosis dates prior to 2012. Additionally, cases with illness onset or diagnosis late in 2013 may not have been reported to the Bureau of Epidemiology by the end of the 2013 reporting year, and thus would not be included in this report. The reporting year is defined by the standard reporting weeks as outlined by the Centers for Disease Control and Prevention (CDC), where every year has at least 52 reporting weeks and some years have 53; there were 52 weeks in 2013. The data in this report are consistent with national surveillance data published weekly by CDC. Additionally, disease-specific reports describing data by other dates, such as disease onset and diagnosis dates, may also be published and available on the Florida Department of Health website. Diseases that use different dates to aggregate data in this report have an explanation of what date is used in the disease-specific chapter.

4. Case Definition
   Cases of most diseases are classified as confirmed, probable, or suspect at the state level using a published set of surveillance case definitions in line with national case definitions where appropriate (*Surveillance Case Definitions for Selected Reportable Diseases in Florida*, available at www.FloridaHealth.gov/DiseaseCaseDefinitions). Case classifications are reviewed at the state level for many diseases. Following CDC *Morbidity and Mortality Weekly Report* (MMWR) print criteria (available at www.cdc.gov/nndss/script/downloads.aspx), only confirmed and probable cases have been included for all diseases (i.e., suspect cases are excluded) in this report unless otherwise specified.

   Changes to case definitions can affect the number of cases reported, which can impact calculated incidence rates, but ultimately case definition changes do not change the true incidence of a disease.

Each year case definitions are evaluated for necessary revisions. A number of changes were made to reportable disease case definitions in 2013 as a result of position statements approved by the Council of State and Territorial Epidemiologists (CSTE) in 2012.

Summary of case definition changes effective January 2013:

a. Hansen's disease: revised the clinical and laboratory criteria and added a suspect case classification.

b. Influenza due to novel or pandemic strains: revised the laboratory criteria and clarified confirmed and probable case classification criteria.

c. Leptospirosis: added to the list of nationally notifiable conditions and modified clinical and laboratory criteria. Eliminated clinical criteria from confirmed case classification criteria. Epidemiologic linkage was added to "exposure events" to meet the probable case classification criteria.

d. Measles: revised the probable case classification and laboratory criteria and eliminated the suspect case classification.

e. Meningitis, bacterial or mycotic: revised laboratory criteria.

f. Rubella: updated clinical and laboratory criteria.

5. Assigning Cases to Counties
Cases are assigned to Florida counties based on the county of residence at the time of the disease identification, regardless of where they became ill or were hospitalized, diagnosed, or exposed. Cases who reside outside of Florida are not counted as Florida cases regardless of whether they became ill or were hospitalized, diagnosed, or exposed in Florida. Cases in out-of-state residents are not counted as Florida cases and are not included in this report, unless specifically noted. These cases are referred through an interstate reciprocal notification system to the state where the person resides.

6. Population Estimates
All population estimates are from the Community Health Assessment Resource Tool Set (CHARTS) (www.floridacharts.com/charts/default.aspx), a web-based data query system with community tools, health indicators, and data queries for public consumption (www.floridacharts.com/charts/default.aspx). Population estimates within CHARTS are provided by the Florida Department of Health Division of Public Health Statistics and Performance Management, in consultation with the Florida Legislature's Office of Economic and Demographic Research. Estimates in CHARTS are updated at least once per year, and population data were extracted from CHARTS for this report on August 7, 2014. Note that previous editions of this report may show somewhat different populations for a given year than the ones shown here, as these estimates are revised periodically. This is especially true given the recent 2010 census.

7. Florida Disease Codes in Merlin
Reported case data are stored in Merlin, Florida's web-based reportable disease surveillance system. When entering case data into Merlin, users assign a Florida Disease Code based on the disease. Due to changes in case definitions over time, new codes have been added and outdated codes have expired. In addition, some diseases have multiple disease codes that represent different clinical manifestations.

Diseases that include cases from multiple or expired Florida Disease Codes in this report:

a. California Serogroup Virus Disease
California Serogroup Virus Neuroinvasive Disease - 06250
California Serogroup Virus Non-Neuroinvasive Disease - 06251

b. Dengue Fever
Dengue Fever - 06100
Dengue Fever, Severe - 06101

c. Eastern Equine Encephalitis
Eastern Equine Encephalitis Neuroinvasive Disease - 06220
Eastern Equine Encephalitis Non-Neuroinvasive Disease - 06221

d. Ehrlichiosis/Anaplasmosis
Ehrlichiosis/Anaplasmosis (*Ehrlichia ewingii*) - 08383
Ehrlichiosis/Anaplasmosis, HGA (*Anaplasma phagocytophilum*) - 08381
Ehrlichiosis/Anaplasmosis, HME (*Ehrlichia chaffeensis*) - 08382
Ehrlichiosis/Anaplasmosis, Undetermined - 08384

e. Encephalitis, Other (Non-Arboviral)
Encephalitis, Other (Non-Arboviral) - 03236
Encephalitis (Herpes) - 05430 (EXPIRED)
Encephalitis (Influenza) - 48780 (EXPIRED)
Encephalitis (Measles) - 05500 (EXPIRED)
Encephalitis (Mumps) - 07220 (EXPIRED)
Encephalitis (Other) - 32390 (EXPIRED)
Encephalitis (Varicella) - 05200 (EXPIRED)

f. *H. influenzae* Invasive Disease in Children <5 Years Old
Haemophilus influenzae Invasive Disease - 03841
Cellulitis (*Haemophilus influenzae*) - 69290 (EXPIRED)
Epiglottitis (*Haemophilus influenzae*) - 46430 (EXPIRED)
Meningitis (*Haemophilus influenzae*) - 32000 (EXPIRED)
Pneumonia (*Haemophilus influenzae*) - 48220 (EXPIRED)
Septic Arthritis (*Haemophilus influenzae*) - 71100 (EXPIRED)

g. Listeriosis
Listeriosis - 02700
Meningitis (*Listeria monocytogenes*) - 32070 (EXPIRED)

h. Plague
Plague, Bubonic - 02000
Plague, Pneumonic - 02050

i. Poliomyelitis
Poliomyelitis, Nonparalytic - 04520
Poliomyelitis, Paralytic - 04590

j. Q Fever
Q Fever, Acute (*Coxiella burnetii*) - 08301
Q Fever, Chronic (*Coxiella burnetii*) - 08302
Q Fever - 08300 (EXPIRED)

l. Rubella
Rubella - 05690
Rubella, Congenital Syndrome - 77100

l. Shiga Toxin-Producing *E. coli* Infection
Escherichia coli, Shiga Toxin-Producing (STEC) Infection - 00800
Shiga Toxin-Producing *Escherichia coli* (STEC) Infection, Non-O157 - 41602 (EXPIRED)
Shiga Toxin-Producing *Escherichia coli* (STEC) Infection, O157:H7 - 41601 (EXPIRED)

m. St. Louis Encephalitis
   St. Louis Encephalitis Neuroinvasive Disease - 06230
   St. Louis Encephalitis Non-Neuroinvasive Disease - 06231

n. Typhus Fever
   Typhus Fever, Endemic (*Rickettsia typhi*) - 08100
   Typhus Fever, Epidemic (*Rickettsia prowazekii*) - 08000
   Typhus Fever - 08190 (EXPIRED)

o. Venezuelan Equine Encephalitis
   Venezuelan Equine Encephalitis Neuroinvasive Disease - 06620
   Venezuelan Equine Encephalitis Non-Neuroinvasive Disease - 06621

p. Vibriosis (Excluding Cholera)
   Vibriosis (*Grimontia hollisae*) - 00196
   Vibriosis (*Vibrio alginolyticus*) - 00195
   Vibriosis (*Vibrio cholerae* Type Non-O1) - 00198
   Vibriosis (*Vibrio fluvialis*) - 00194
   Vibriosis (*Vibrio mimicus*) - 00197
   Vibriosis (*Vibrio parahaemolyticus*) - 00540
   Vibriosis (*Vibrio vulnificus*) - 00199
   Vibriosis (Other *Vibrio* Species) - 00193

q. West Nile Virus Disease
   West Nile Virus Neuroinvasive Disease - 06630
   West Nile Virus Non-Neuroinvasive Disease - 06631

r. Western Equine Encephalitis
   Western Equine Encephalitis Neuroinvasive Disease - 06210
   Western Equine Encephalitis Non-Neuroinvasive Disease - 06211

Summary of Key Disease Trends in 2013

Sexually transmitted diseases (STDs), HIV, and AIDS are the most common reportable diseases in Florida, particularly among 15- to 54-year-olds. Chlamydia incidence has been increasing over the past 10 years, with over 80,000 cases reported in Florida in 2013. As chlamydia has increased, the number of gonorrhea cases has consistently decreased nationally and in Florida since 2006. However, in 2013, there was a slight increase in cases compared to 2012, but incidence was still lower than the previous 5-year average. A shift in treatment guidelines and recommendations for screening of women under the age of 25 contributed to the decrease in gonorrhea cases. Syphilis incidence has remained relatively stable for the past 10 years, but has been increasing since 2009, with a 16.8% increase in 2013 compared to the past five years. The incidence of HIV and AIDS has also decreased overall in the last 10 years, though both AIDS and HIV infection increased in 2013, partially due to an expansion of electronic laboratory reporting in 2012 which resulted in receiving more laboratory reports.

In the mid-1980s, tuberculosis (TB) re-emerged as a public health threat in the U.S. The number of cases of TB in Florida has decreased every year since 1994. The incidence in 2013 decreased 21.5% compared to the past five years. Over the past 20 years, the number of TB cases counted in foreign-born people has remained relatively constant while decreasing dramatically in U.S.-born people. As a consequence, the proportion of all Florida TB cases that are made up of people born in a foreign country has grown to 57.4% of all TB cases in 2013.

Florida consistently has one of the highest rates of enteric disease in the nation, with 10,000 to 12,000 cases reported annually. Enteric diseases disproportionately affect children less than five years old. Incidence continued to be high in 2013, particularly for salmonellosis, which is the most commonly reported enteric disease. Historically, shigellosis has a cyclic temporal pattern with large, community-wide outbreaks, frequently involving daycare centers, every two to three years. Shigellosis has the highest rate of outbreak-associated cases among the reportable enteric diseases (35-50% of cases over the past three years). Shigellosis activity increased in 2010 and 2011, but started decreasing in 2012 and continued to decrease in 2013. The incidence of Shiga toxin-producing *E. coli* (STEC) has increased since 2006 and continued to increase in 2013. The increase may be due, in part, to more widespread use of non-culture screening tests that detect Shiga toxin. Incidence of other enteric diseases remained relatively stable in 2013.

Despite high vaccine coverage in Florida, vaccine-preventable diseases (VPDs) continued to occur. Vaccination coverage in Florida and nationally for 2013 was published by the Centers for Disease Control and Prevention in the Morbidity and Mortality Weekly Report in August 2014 (see National, State, and Selected Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2013 available at www.cdc.gov/mmwr/preview/mmwrhtml/mm6334a1.htm?s_cid=mm6334a1_e). In 2013, VPD incidence increased overall in Florida compared to 2012. Acute hepatitis A and hepatitis B incidence has declined drastically over the past decade, likely due to increased vaccination coverage. Hepatitis A incidence increased slightly in 2013 compared to 2012, but was still 15.1% below the previous 5-year average. Acute hepatitis B incidence increased 20.3% compared to the previous 5-year average, partially due to an enhanced surveillance project that focuses on chronic hepatitis in young adults. The additional follow-up has resulted in identifying acute cases that would otherwise have been misclassified as chronic. Varicella incidence has been declining since 2008 due to effective vaccination programs. Beginning with the 2008-2009 school year, children entering kindergarten were required to receive two doses of varicella vaccine. Pertussis incidence has increased nationwide over the past 10 years, despite routine vaccine use. In Florida, there was a sharp increase in reported pertussis cases in 2012, and incidence in 2013 was 76.2% higher than the previous 5-year average.

Arboviral diseases continued to be a threat in Florida in 2013. Lyme disease, transmitted by ticks, increased in 2013, primarily due to an increase in cases imported from other states. Approximately

80% of infections were acquired in other states (primarily in the Northeast and upper Midwest U.S.) in 2013, compared to ~60% in 2012. West Nile virus (WNV) disease incidence decreased dramatically compared to 2012, when a large number of cases were reported in Duval County. The 2012 outbreak likely resulted from many factors, including higher-than-normal temperatures that influenced mosquito and bird abundance, viral replication in host mosquitoes and interactions of birds and mosquitoes. The incidence of dengue fever was high in 2013. Most notably, an outbreak of locally acquired dengue virus 1 (DENV-1) occurred in Martin County, resulting in at least 28 people being infected.

Chronic hepatitis C continues to account for a large bulk of infectious disease burden in Florida with over 19,000 confirmed and probable cases reported annually. In 2013, the rate of reported newly diagnosed chronic hepatitis C cases was higher than any previous year. The highest rates occurred among people 45 to 64 years old, which is reflective of the revised national screening guidelines. While the overall rate for this age group has remained stable over the past five years, the burden of illness within this age group has shifted from the 45- to 54-year-olds to the 55- to 64-year-olds. In contrast, the rate of chronic hepatitis C new diagnoses has continued to increase since 2005 among people aged 20 to 34 years. This trend is seen in acute hepatitis C cases as well. An enhanced surveillance project that focuses on chronic hepatitis in young adults was implemented in 2012 in Florida. The additional follow-up has resulted in identifying acute cases that would otherwise have been misclassified as chronic. Collection of risk factor information has also been improved for chronic hepatitis C cases. The majority of new hepatitis C infections in Florida are due to injection drug use (IDU). In Florida and other states, the dual increases in hepatitis C incidence and IDU among young adults has been associated with the proliferation of highly addictive prescription opioid painkillers.

For additional information on disease-specific trends, see Section 1: Summary of Selected Reportable Diseases/Conditions, Section 2: Data Summaries for Selected Reportable Diseases/Conditions of Frequent Occurrence and Section 3: Narratives for Selected Reportable Diseases/Conditions of Infrequent Occurrence.

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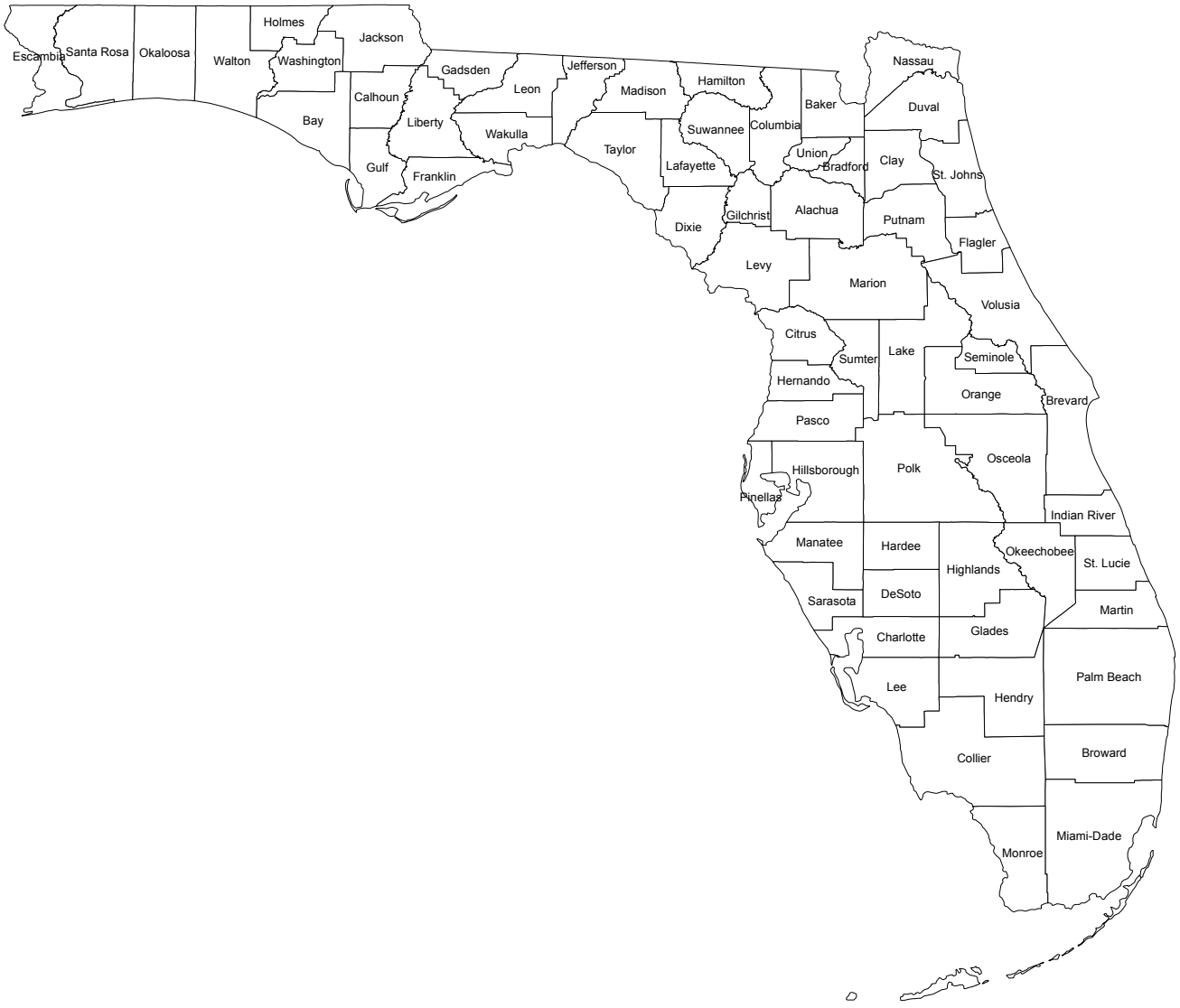
List of Reportable Diseases/Conditions in Florida, 2013

Section 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, Florida Statutes; or any laboratory licensed under Chapter 483, Florida Statutes that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." County health departments serve as the Department's representative in this reporting requirement. Furthermore, section 381.0031 (4), Florida Statutes, provide 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 . . .". This list reflects diseases and conditions that were reportable in 2013. Updates may be made in future years; *Florida Morbidity Statistics Reports* for subsequent years will reflect changes in the list.

Any disease outbreak
Any grouping or clustering of disease
Acquired immune deficiency syndrome (AIDS)
Amebic encephalitis
Anthrax
Arsenic poisoning
Botulism
Brucellosis
California serogroup virus disease
Campylobacteriosis
Cancer (excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)
Carbon monoxide poisoning
Chancroid
Chlamydia
Cholera (*Vibrio cholerae* type O1)
Ciguatera fish poisoning
Congenital anomalies
Conjunctivitis in neonates <14 days old
Creutzfeldt-Jakob disease (CJD)
Cryptosporidiosis
Cyclosporiasis
Dengue fever
Diphtheria
Eastern equine encephalitis
Ehrlichiosis/anaplasmosis
Encephalitis, other (non-arboviral)
Escherichia coli infection, Shiga toxin-producing
Giardiasis, acute
Glanders
Gonorrhea
Granuloma inguinale
Haemophilus influenzae invasive disease
Hansen's disease (leprosy)
Hantavirus infection
Hemolytic uremic syndrome (HUS)
Hepatitis A
Hepatitis B, C, D, E, and G
Hepatitis B surface antigen in pregnant women or children <2 years old
Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
Human immunodeficiency virus (HIV) infection
Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
Influenza A, novel or pandemic strains
Influenza-associated pediatric mortality in children <18 years old
Lead poisoning
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum (LGV)
Malaria
Measles (rubeola)
Melioidosis
Meningitis, bacterial or mycotic
Meningococcal disease
Mercury poisoning
Mumps
Neurotoxic shellfish poisoning
Pertussis
Pesticide-related illness and injury, acute
Plague
Poliomyelitis
Psittacosis (ornithosis)
Q fever
Rabies (human, animal, possible exposure)
Ricin toxin poisoning
Rocky Mountain spotted fever
Rubella
St. Louis encephalitis
Salmonellosis
Saxitoxin poisoning (paralytic shellfish poisoning)
Severe acute respiratory syndrome (SARS) associated with coronavirus infection
Shigellosis
Smallpox
Staphylococcal enterotoxin B poisoning
Staphylococcus aureus, intermediate or full resistance to vancomycin (VISA, VRSA)
Staphylococcus aureus, community-associated mortality
Streptococcal invasive disease (Group A)
Streptococcus pneumoniae invasive disease
Syphilis
Tetanus
Toxoplasmosis
Trichinellosis (trichinosis)
Tuberculosis
Tularemia
Typhoid fever (*Salmonella* serotype Typhi)
Typhus fever, epidemic and endemic
Vaccinia disease
Varicella (chickenpox)
Venezuelan equine encephalitis
Vibriosis (excluding cholera)
Viral hemorrhagic fevers
West Nile virus disease
Western equine encephalitis virus disease
Yellow fever

Florida County Boundaries



Florida Population Estimates by Year, Age Group, Gender, Race, and Ethnicity

Year	Population
2004	17,476,489
2005	17,876,663
2006	18,237,596
2007	18,500,958
2008	18,636,837
2009	18,711,844
2010	18,820,278
2011	18,934,175
2012	19,042,458
2013	19,318,859

Age Group	2013 Population
<1	211,231
1-4	880,025
5-9	1,112,712
10-14	1,140,733
15-19	1,200,272
20-24	1,282,463
25-34	2,403,341
35-44	2,362,567
45-54	2,697,200
55-64	2,515,421
65-74	1,900,490
75-84	1,133,668
85+	478,736
Total	19,318,859

Gender	2013 Population
Female	9,874,288
Male	9,444,571
Race	**2013 Population**
White	15,122,965
Black	3,212,321
Other	983,573
Ethnicity	**2013 Population**
Non-Hispanic	14,772,415
Hispanic	4,546,444
Total	19,318,859

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