

Mission:

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



Ron DeSantis
Governor

Vision: To be the **Healthiest State** in the Nation

ESSENCE-FL Visits of Interest (VOI): Guidance for County Health Department (CHDs) Follow-up and Response

Version 1.3 (June 19, 2019)

Posted at: www.floridahealth.gov/SurveillanceInvestigationGuide

CHD Expectations

1. ESSENCE-FL users who have signed up receive flagged visits known as Visits of Interest (VOI) via email 365 days per year at 10am each day.
2. It is the responsibility of each county to monitor ESSENCE-FL VOI and conduct necessary follow up.
3. While the automatically generated ESSENCE-FL VOI email is sent at 10am each day, counties are encouraged to save their own query within ESSENCE-FL to access the most up to date data.
4. Most of our ED/UC data arrive every 2 hours, so monitoring this query once or twice during the day can be useful in seeing the visits as early as possible.
5. Counties are encouraged to investigate all possible reportable diseases identified through ESSENCE-FL queries, though most of the flagged diseases do not need to be investigated after hours or on weekends or holidays.
6. Counties should mark Reporter Type = ESSENCE-FL Query in Merlin for all reportable disease cases first identified in ESSENCE-FL.
7. Counties are encouraged to put procedures in place to conduct ESSENCE-FL VOI and general ESSENCE-FL surveillance.
8. For both Group 1 and Group 2 diseases (see below), counties are encouraged to send an email to essence.help@flhealth.gov indicating they are investigating a VOI. Some counties produce a report or an email detailing the follow up on these ESSENCE-FL VOIs and send it to us daily. Communication back to the ESSENCE-FL team is greatly appreciated and minimizes the emails sent to the county.

Background

- All 67 counties have two designated ESSENCE-FL users who serve as the points of contact for ESSENCE-FL related tasks.
- Users need to access ESSENCE-FL to obtain the MRN for following up with the emergency department (ED)/urgent care (UC). A small percentage of facilities send a visit ID number instead of an MRN.
- ESSENCE-FL searches the chief complaint (CC) and the discharge diagnosis (DD) for these VOI terms, which are reportable disease terms (along with some misspellings/truncations).
- Discharge diagnoses are more accurate than patient chief complaints, but they are less timely. When a discharge diagnosis provides a different diagnosis than the chief complaint, indicating the patient does not have a reportable disease, follow up is not necessary (e.g., patient chief complaint: possible measles with a discharge diagnosis of hand, foot, and mouth disease).

- Chief complaints are, at times, simply what the patient reports (e.g., “I think I have measles”). When it is clear that the CC only represents the patient impression, discretion should be used in determining whether follow up should be done and the urgency of the follow up. Often additional data fields within ESSENCE-FL can help in making this determination.
- The ESSENCE-FL BOE Team has historically reviewed the statewide VOI each day and sent follow up emails to the counties for a **subset** of these VOI to ensure that these ED/UC visits are being investigated
- The ESSENCE-FL VOI serve as a tool within ESSENCE-FL, but it is just one of the many ways to use ESSENCE-FL.
- When a chief complaint or a discharge diagnosis reads “history of <insert disease>” judgment should be used in determining whether follow up is necessary. For example, “history of West Nile” does not require follow up.
- The Group 1 diseases listed below require immediate attention, regardless of the day of the week. The Group 2 diseases (and the other VOI hits not listed below) only need to be followed up on during normal business hours. Certain clusters of Group 2 diseases (e.g., tularemia or melioidosis) would require immediate attention.
- When a VOI involves a resident from one county who was seen in another county, please coordinate with the other county to minimize duplication of efforts. For out-of-state residents (listed in ESSENCE-FL as Region = Other), the county in which the visit occurred (Region of Hospital) will be contacted.
- Counties may choose to follow up on some of the non-Group 1 diseases on the weekend, holidays, or after hours at their discretion.
- Visits of Interest indicating a reportable disease not listed below (in neither Group 1 nor Group 2) should be investigated as well.
- On weekends and holidays, BOE follow up with the counties will be conducted by telephone. Follow up phone calls from the ESSENCE-FL BOE Team, directed to the county’s afterhours phone numbers, will only be initiated for Group 1 diseases (and, very infrequently, certain clusters of Group 2 diseases). Additionally, an email with all the visit details will be sent to the two ESSENCE-FL county contacts, the primary CHD epidemiology contact, the on call epidemiologists, the appropriate regional/regional environmental epidemiologist, and specified BOE staff (case reviewer and program leads). Note: The ESSENCE-FL BOE Team will attempt to verify if there is a corresponding visit in Merlin before following up on these Group 1 disease VOI.
- In the event of outbreaks or diseases/conditions of public health importance, some non-group 1 diseases may be followed up on, but that will be communicated clearly at the time.
- The ESSENCE-FL BOE Team expects information back from the county on the same day as the visit shows up for the Group 1 diseases listed below (this information includes: case/no case, Merlin number (if applicable), and disease control measures implemented). The ESSENCE-FL team does not expect information back on the other diseases listed below or flagged by the VOI query (beyond stating that the county is investigating); for these diseases, investigation is handled at the county level using normal protocol.

Group 1 and Group 2 Diseases (listed on next two pages)

Group 1 Diseases (Weekend follow up conducted)
Anthrax
Amebic encephalitis
Botulism, foodborne, wound, and unspecified
Diphtheria
Glanders
Measles
Meningococcal disease
MERS
Plague
Rabies (human)
Ricin toxin poisoning
Rubella
Smallpox
Viral hemorrhagic fevers
Group 2 Diseases (No weekend follow up conducted)
Arboviral diseases not otherwise listed
Babesiosis
Brucellosis
Chikungunya
Cholera (Vibrio cholera type O1)
Ciguatera
Dengue fever
Eastern Equine Encephalitis
Haemophilus influenzae invasive disease in children < 5 years old
Hanta Virus Infection
Hemolytic uremic syndrome (HUS)
Hepatitis A
Herpes B virus, possible exposure (will typically show as "monkey bite" in ESSENCE-FL)
Legionellosis
Leptospirosis
Listeriosis
Malaria
Melioidosis
Mercury poisoning
Mumps
Neurotoxic shellfish poisoning
Pertussis
Psittacosis
Scombroid
Saint Louis Encephalitis

Tularemia
Typhoid Fever
Typhus fever, epidemic
Venezuelan equine encephalitis
Vibriosis (excluding cholera O1)
VRSA
West Nile Virus
Yellow fever
Zika fever
Clusters of illness or other visits of PH importance (e.g., travel related visits of note and illness associated with special events or schools, work places, child care centers, or group living facilities)