Objectives

- Demonstrate knowledge of the responsibilities of local health officers as defined in the reportable disease rule.

- Define communicable disease surveillance, and describe how surveillance is conducted and evaluated.

- Describe the process of an outbreak investigation, reporting requirements, and available investigation resources.
What is Epidemiology?

Epidemiology is the basic science of public health.

Epidemiologists ask:
- Who is getting ill?
- What is the illness?
- When do people get ill?
- Where are people getting ill?
- Why are people getting ill?
- How can we stop people from getting ill?
Mission: Manage communicable disease threats through technical assistance, investigations, education, and prevention.

Management requires surveillance of:

- Foodborne diseases
- Invasive bacterial disease
- Vaccine preventable disease
- Hepatitis
- Zoonotic diseases
- Healthcare associated infections

www.dide.wv.gov
Legal Authority

The West Virginia Reportable Disease Rule (64CSR7) enables the Bureau for Public Health (BPH) and local health departments (LHD) to:

- Conduct surveillance for reportable diseases
- Take action to prevent and control disease
- Conduct special epidemiological studies
- Validate surveillance data
- Investigate outbreaks
- Protect the identity of persons and facilities
- Exclude from school or food service work
Local Health Officer (LHO) definition from 64CSR7-2:

2.34 The Local Health Officer — the individual who fulfills the duties and responsibilities of the health officer for a local board of health, or his or her designee.
Responsibilities of LHO from 64CSR7-16

16.2 Annually notify reporting sources of reporting requirements:
   - Healthcare providers (HCP)
   - Healthcare facilities
   - Laboratories
   - Veterinarians/animal control officers/humane shelters (for animal bites and rabies exposures)

16.3 Maintain a record of information...and reports...give the information and reports to their successor
Responsibilities of LHO from 64CSR7-16

16.4 Upon receipt of a reportable disease report, the LHO shall:

- Investigate the source, identify contacts, look for unreported cases, and implement prevention and control methods
- Act in accordance with protocols
- Ensure lab specimen submission
- Provide patient and contact instructions to control spread
- Report any disease in this rule within the specified time frame
Responsibilities of LHO from 64CSR7-16

16.6–16.8 If a HCP, facility, or lab fails to report a reportable disease or outbreak, the LHO shall:

- Investigate the alleged reportable disease and report it
- Notify the responsible provider or facility
- Request an explanation for the failure to report
- Report to the Commissioner the name and address of the provider, facility, lab, or other responsible party and the reason for failure to comply with reporting requirements
The West Virginia Reportable Disease Rule (64CSR7) enables BPH and LHD to:

- Conduct surveillance for reportable diseases
- Take action to prevent and control disease
- Conduct special epidemiological studies
- Validate surveillance data
- Investigate outbreaks
- Protect the identity of persons and facilities
- Exclude from school or food service work
“Public health surveillance is the systematic, ongoing collection, management, analysis, and interpretation of data followed by the dissemination of these data to public health programs to stimulate public health action.”

www.cdc.gov/mmwr/pdf/other/su6103.pdf
## West Virginia Reportable Infectious Diseases
**Facilities and Providers (WV Code 16-3-1; 64CSR7)**

Reporting of the following communicable diseases is required by law as follows:

<table>
<thead>
<tr>
<th>Category I</th>
<th>Category II</th>
<th>Category III</th>
<th>Category IV</th>
<th>Category V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report suspect or confirmed cases immediately to the Local Health Department</td>
<td>Report within 24 hours to the Local Health Department</td>
<td>Report within 72 hours to the Local Health Department</td>
<td>Report within 1 week to the Local Health Department</td>
<td>Report within 1 week to the state health department</td>
</tr>
<tr>
<td>Anthrax</td>
<td>Animal bites</td>
<td>Canine distemper</td>
<td>Acute flaccid myelitis (AFM)</td>
<td>AIDS</td>
</tr>
<tr>
<td>Bioterrorist event</td>
<td>Brucellosis</td>
<td>Cryptosporidiosis</td>
<td>Anaplasmosis</td>
<td>Chancroid</td>
</tr>
<tr>
<td>Botulism</td>
<td>Cholera</td>
<td>Cyclospora</td>
<td>Arborval infection</td>
<td>Chlamydia</td>
</tr>
<tr>
<td>Foodborne outbreak</td>
<td>Dengue fever</td>
<td>Giardiasis</td>
<td>Babesiosis</td>
<td>Gonococcal conjunctivitis of the newborn</td>
</tr>
<tr>
<td>Intentional exposure to an infectious agent or biological toxin</td>
<td>Diphtheria</td>
<td>Listeriosis</td>
<td>Chickenpox (numerical totals only)</td>
<td>Gonococcal disease, drug resistant (within 24 hours)</td>
</tr>
<tr>
<td>Middle East respiratory syndrome coronavirus (MERS-CoV)</td>
<td>Hemophilus influenzae, invasive disease</td>
<td>Salmonellosis (except Typhoid fever)</td>
<td>Ehrlichiosis</td>
<td>Gonococcal disease, all other</td>
</tr>
<tr>
<td>Novel influenza infection, animal or human</td>
<td>Hemolytic Uremic Syndrome, postdiarrheal</td>
<td>Shigellosis</td>
<td>Hantavirus pulmonary syndrome</td>
<td>Hepatitis C, acute</td>
</tr>
<tr>
<td>Orthopox infection, including smallpox and monkeypox</td>
<td>Hepatitis A, acute</td>
<td>Trichinosis</td>
<td>Influenza-related death in an individual less than 18 years of age</td>
<td>HIV</td>
</tr>
<tr>
<td>Outbreak or cluster of any illness or condition</td>
<td>Hepatitis B, acute, chronic or perinatal</td>
<td>Vibrios</td>
<td>Legionellosis</td>
<td>Pelvic inflammatory disease</td>
</tr>
<tr>
<td>Plague</td>
<td>Hepatitis D</td>
<td></td>
<td>Leptospirosis</td>
<td>Syphilis (late)</td>
</tr>
<tr>
<td>Rubella</td>
<td>Meningococcal disease, invasive</td>
<td></td>
<td>Lyme disease</td>
<td>Syphilis, primary, secondary or early latent</td>
</tr>
<tr>
<td>Rubella, congenital syndrome</td>
<td>Mumps, acute infection</td>
<td></td>
<td>Malaria</td>
<td>(less than 1 year duration) or congenital</td>
</tr>
<tr>
<td>Rubella (Measles)</td>
<td>Pertussis (whooping cough)</td>
<td></td>
<td>Psittacosis</td>
<td>(within 24 hours)</td>
</tr>
<tr>
<td>SARS Coronavirus infection</td>
<td>Poliomyelitis</td>
<td></td>
<td>Respiratory syncytial virus (RSV) – related death in an individual ≤ 5 years of age</td>
<td>Respiratory syncytial virus (RSV) – related death in an individual ≤ 5 years of age</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Q-fever (Coxiella burnetii)</td>
<td></td>
<td>Spotted fever rickettsioses</td>
<td>Spotted fever rickettsioses</td>
</tr>
<tr>
<td>Tularemia</td>
<td>Rabies; human or animal</td>
<td></td>
<td>Streptococcal disease, invasive Group B</td>
<td>Streptococcal disease, invasive Group B</td>
</tr>
<tr>
<td>Viral hemorrhagic fevers</td>
<td>Shiga toxin-producing <em>Escherichia coli</em> (STEC)</td>
<td></td>
<td>Streptococcal toxic shock syndrome</td>
<td>Streptococcal toxic shock syndrome</td>
</tr>
<tr>
<td>Waterborne outbreak</td>
<td><em>Staphylococcus aureus</em> with glycopeptide-intermediate (GISA/VISA) or glycopeptidase-resistant (GRSA/VRSA) susceptibilities</td>
<td></td>
<td>Streptococcus pneumoniae, invasive</td>
<td>Tetanus</td>
</tr>
<tr>
<td></td>
<td>*Typhoid fever (Salmonella typhi)</td>
<td></td>
<td></td>
<td>Toxic Shock Syndrome</td>
</tr>
<tr>
<td></td>
<td>*Yellow fever</td>
<td></td>
<td></td>
<td>Tuberculosis, latent infection</td>
</tr>
</tbody>
</table>

1. In any setting
2. Including results of susceptibility testing
3. Including results of hepatitis A and B serologies, transaminase levels and bilirubin
4. Including but not limited to *E coli* 0157:H7

Report name, address, telephone number, date of birth, sex, race, ethnicity and the physician’s name, office address, office phone and fax numbers, using the appropriate disease reporting form in the West Virginia Reportable Disease Protocol Manual: [www.dhhr.wv.gov](http://www.dhhr.wv.gov/oeps/disease/Reporting/documents/reportable-disease-charts/provider-color-chart.pdf)
Healthcare providers and facilities report:

By telephone call to the LHD followed by written report:

- Category I (immediately notify)
- Category II (notify within 24 hours)

To the LHD:

- Category III (within 72 hours)
- Category IV (within 1 week)

To the state health department, i.e., Division of Infectious Disease Epidemiology (DIDE):

- Category V (within 1 week)
Category I Reportable Diseases

Report immediately to LHD in order to:

- Prevent or control disease
- Coordinate multi-agency response
- Facilitate laboratory confirmation
- Respond to community concerns

Examples:

- Category A bioterrorism agents
- Viral hemorrhagic fevers – e.g., Ebola
- Novel influenza
- Middle East Respiratory Syndrome (MERS)
- Rubella and Rubella Congenital Syndrome
Category II Reportable Diseases

Report within 24 hours to LHD in order to:

- Prevent or control disease
- Facilitate laboratory confirmation

Examples:

- Animal bites
- Hepatitis
- Tuberculosis
- Emerging infections (Zika)
- Some vaccine-preventable diseases
  - Mumps
  - Pertussis
  - Invasive Meningococcal Disease
Category III Reportable Diseases

Report within 72 hours to LHD in order to:

- Prevent and control disease
- Promptly recognize outbreaks
- Improve recall of food history and other risk factors
- Facilitate molecular typing of selected pathogens

Examples:

- Campylobacter
- Shigella
- Salmonella
Category IV Reportable Diseases

Report within one week to LHD in order to:

- Facilitate disease surveillance

Examples:

- Acute flaccid myelitis
- Respiratory Syncytial Virus (RSV) deaths (< 5 years old)
- Mosquito-borne diseases
- Spotted fever rickettsiosis
- Carbapenem-resistant enterobacteriaceae (CRE)
Report within one week to BPH in order to:

- Facilitate disease surveillance at the state level

Examples:

- Human Immunodeficiency Virus (HIV)
- Sexually transmitted infections
- Hepatitis C lab results
Surveillance Pathway

Case of illness

Sick Person

REPORTING SOURCES
- Physician, clinics – call, write/fax
- Hospitals – infection preventionist (IP)
- Laboratories – electronic reporting (ELR)
- Other (school nurse, nursing homes, etc.)

LHD
- Investigate
- Follow-up
- Act/advise

DIDE
- Consult
- Guide
- Recommend

WVEDSS
- Case (patient) report
- Completed investigation/report

Surveillance summary
Surveillance indicator evaluation

Usable data

Share results
Surveillance Methods

- Active vs. passive surveillance
- Paper reports vs. electronic laboratory reporting (ELR)
- West Virginia Electronic Disease Surveillance System (WVEDSS)
- Surveillance protocols
“Public health surveillance is the systematic, ongoing collection, management, analysis, and interpretation of data followed by the dissemination of these data to public health programs to stimulate public health action.”

www.cdc.gov/mmwr/pdf/other/su6103.pdf
The West Virginia Reportable Disease Rule (64CSR7) enables BPH and LHD to:

- Conduct surveillance for reportable diseases
- **Take action to prevent and control disease**
- Conduct special epidemiological studies
- Validate surveillance data
- Investigate outbreaks
- Protect the identity of persons and facilities
- Exclude from school or food service work
Keep illness from occurring through

- Immunization
- Hand hygiene
- Respiratory hygiene/cough etiquette
- Infection prevention in health facilities
- Mosquito, tick, and rodent control
- Food safety
- Clean indoor air
Disease Control

After illness has occurred, keep it from spreading.

- Isolation
- Furlough or quarantine
- Effective treatment of case
- Prophylaxis or immunization of contacts
- Infection control in health facilities
Legal Authority

The West Virginia Reportable Disease Rule (64CSR7) enables BPH and LHD to:

- Conduct surveillance for reportable diseases
- Take action to prevent and control disease
- **Conduct special epidemiological studies**
- Validate surveillance data
- Investigate outbreaks
- Protect the identity of persons and facilities
- Exclude from school or food service work
Special Studies defined in 64CSR7-8

8.2 The Commissioner may conduct...cross sectional studies, case control studies, cohort studies...Information may be released in aggregate for the purposes of informing the public about the health risk or the quality of the surveillance system.

Special studies may be indicated when the status of a health condition threatens the well-being of the population, or when a substantial change in the incidence of a disease is noted.

- Predictors of Hepatitis B vaccine coverage
- Antibiotic prescribing patterns
The West Virginia Reportable Disease Rule (64CSR7) enables BPH and LHD to:

- Conduct surveillance for reportable diseases
- Take action to prevent and control disease
- Conduct special epidemiological studies
- Validate surveillance data
- Investigate outbreaks
- Protect the identity of persons and facilities
- Exclude from school or food service work
Evaluating Surveillance Data

Website: www.dide.wv.gov

SURVEILLANCE DATA

Public health surveillance is the systematic collection, consolidation and use of epidemiologic information to monitor health problems to facilitate disease prevention or control.

In West Virginia, the Reportable Disease Rule (64CSR-7) mandates which diseases and conditions must be reported to public health authorities. It also defines the responsibilities of different individuals and facilities in disease control and prevention.

Surveillance data, findings, and results of the evaluation (of surveillance data) are valuable in setting priorities, program planning and implementation, and assessment of program effectiveness.

Resources

<table>
<thead>
<tr>
<th>Quick Surveillance Guide</th>
<th>A essential info only document to help handle an investigation of a given condition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A to Z Diseases</td>
<td>Alphabetic listing of conditions with information on the DIDE/OEPS website.</td>
</tr>
<tr>
<td>WV Surveillance Regions</td>
<td>Map of regional distribution of counties for disease surveillance efforts.</td>
</tr>
<tr>
<td>US Census</td>
<td>West Virginia projected data points for the previous year based on the most recent US census data.</td>
</tr>
</tbody>
</table>
Quick Surveillance Guide

Surveillance guide: your key to successful disease reporting!

Table of Contents

- It's Your Call – Getting in Contact with Patients
- It's Your Call – Getting Clinical Information
- At Your Fingertips – Resources for Disease Reporting and Investigation
- Food and Water-Borne Diseases
- Hepatitis B and C
- Vaccine Preventable Diseases
- Invasive Bacterial Disease
- Zoonotic Diseases

Office of Epidemiology and Prevention Services
Division of Infectious Disease Epidemiology
350 Capitol Street, Room 125
Charleston, West Virginia 25301
Surveillance indicators: measure adequacy of case investigations (completeness), timeliness of notification, and timeliness of public health response.

Example
Proportion of pertussis cases with:
- Completed demographics (age, race, etc.)
- Completed vaccination history
- Confirmed isolation by laboratory culture
- Contacts identified
- Reporting to public health within 24 hours
- Correct control measure initiated in recommended time frame
### Evaluation of 2014 Surveillance Data Indicators in WVEDSS

<table>
<thead>
<tr>
<th>County</th>
<th>Region</th>
<th><strong>Lost to follow-up</strong></th>
<th><strong>Demographic information complete</strong></th>
<th><strong>Risk factor information complete</strong></th>
<th><strong>Vaccine information complete</strong></th>
<th>Reporting to CDC</th>
<th>Outbreak (QB)</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>count</td>
<td>%</td>
<td>total #</td>
<td>% complete</td>
<td>count</td>
<td>%</td>
<td>count</td>
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<tr>
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<td>78%</td>
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<td>89%</td>
<td>4</td>
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<td>Cabell</td>
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<td>45</td>
<td>89%</td>
<td>36</td>
<td>84%</td>
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<td>Doddridge</td>
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<td>50%</td>
<td>4</td>
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<tr>
<td>Fayette</td>
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<td>1</td>
<td>4%</td>
<td>23</td>
<td>91%</td>
<td>13</td>
<td>57%</td>
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<tr>
<td>Gilmer</td>
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<td>50%</td>
<td>4</td>
<td>100%</td>
<td>1</td>
</tr>
<tr>
<td>Grant</td>
<td>E</td>
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<td>13%</td>
<td>8</td>
<td>100%</td>
<td>8</td>
<td>100%</td>
<td>1</td>
</tr>
</tbody>
</table>
Resources for successful surveillance reporting:

- Reportable disease rule
- Quick surveillance guide
- DIDE disease protocol
- Regional epidemiologists
- DIDE surveillance team
Regional Epidemiologists

Surveillance Regions and Current Coverage by Regional Epidemiologists

**NORTHEASTERN REGION**

**Bob White**
Monongalia Co. Health Dept
453 Van Voorhis Road
Morgantown, WV 26505
Phone: 304.598.5100
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Mobile: 304.685.8839
Fax: 304.598.5122
E-mail: Bob.W.White@wv.gov

**NORTHWESTERN REGION**

**Frances Nicholson**
Mid-Ohio Valley Health Dept.
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Fax: 304.485.7499
E-mail: Frances.M.Nicholson@wv.gov

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**Debra Ellison**
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Huntington, WV 25701
Phone: 304.523.6483
Work Mobile 304.972.3033
Fax: 304.523.6403
E-mail: Debra.C.Ellison@wv.gov

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Mobile: 304.575.9994
Fax: 304.252.1471
E-mail: Michelle.D.Kirby@wv.gov

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**Kimberly Kline**
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273 Mill Road
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Phone: 304.358.7882
Mobile: 304.358.8328
Fax: 304.358.2471
E-mail: Kimberly.S.Kline@wv.gov

**CENTRAL REGION**

**Lindsey Mason**
Kanawha-Charleston Health Dept.
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Charleston, W.Va. 25323
Phone: 304.348.1088
Mobile: 724.570.1064
Fax: 304.348.8149
E-mail: Lindsey.J.Mason@wv.gov

**REGIONAL EPIDEMIOLOGIST LIAISON**

**Sheriff Ibrahim**
Division of Infectious Disease Epidemiology
WVDHHR/BPH/OEPS
350 Capitol St. Room 125
Charleston, WV 25301-3715
Office: 304-558-5358  Mobile: 304-553-9165
Fax: 304-558-8736
Email: Sheriff.M.Ibrahim@wv.gov

Last Updated: August 2015
The West Virginia Reportable Disease Rule (64CSR7) enables BPH and LHD to:

- Conduct surveillance for reportable diseases
- Take action to prevent and control disease
- Conduct special epidemiological studies
- Validate surveillance data
- Investigate outbreaks
- Protect the identity of persons and facilities
- Exclude from school or food service work
Outbreak Investigation

Responsibilities of LHO from 64CSR7-7

7.1 Outbreaks are immediately reportable regardless of the setting.

7.2 The LHO...shall notify the Bureau immediately by calling (800) 423-1271.

7.3 The LHO shall collaborate in investigation of the outbreak or cluster with:

- Other LHOs
- The BPH
- Other states
- Federal public health officials
Outbreak Investigation (continued)

Special considerations:

- **7.8** If there is ongoing risk to public health, and the HCP or facility fails to take corrective action within a reasonable period of time, a complaint shall be filed to the licensing board or Office of Health Facility Licensure and Certification.

- **7.9** If there is potential bloodborne (or other serious) pathogen exposure, patient notification shall occur.
General Outbreak Investigation / Notification Protocol

This protocol addresses outbreaks that are not linked to healthcare facilities such as hospitals, long-term care facilities, etc.). For healthcare-associated outbreaks please see http://www.dhhr.wv.gov/oeps/disease/hai/documents/hai-protocol.pdf.

Definition of an ‘Outbreak’

1. Outbreaks are defined as an increase in the number of cases of a disease over and above the expected number of cases.

2. Definitions of common community-associated outbreaks
   - An influenza or influenza-Like Illness (ILI) outbreak is defined as
     - Three or more cases of influenza-like illness in a congregate setting within a 3-day period (e.g., daycare, sports team, etc.), or
     - Two or more laboratory-confirmed cases of influenza within a 3-day period in a congregate setting (e.g., classroom, daycare), or
     - Increased absenteeism in association with ILI and/or laboratory confirmed influenza (e.g., schools, workplaces).
Characterizing the Outbreak

Pertussis reported to LHD by lab/provider

LHD nurse sees a positive serology for pertussis

LHD starts contact tracing, prophylaxis

Outbreak etiology and action recorded
Alternative Outbreak Characterization

Pertussis reported to LHD by lab/provider

Ask the LHO!

Diagnostic confirmation

Outbreak etiology and action recorded

LHD nurse sees a positive serology for pertussis

LHD starts contact tracing, prophylaxis
OUTBREAK TOOLKITS

Click on a disease group to view related toolkits. Then, click on the toolkit you would like to view.

DISEASE TOOLKITS

- Respiratory
- Gastrointestinal
  - Rash
  - VPDs
  - MDRO
  - Other

A to Z List of Diseases
Resources For Reporting Diseases
Food and Water-borne Diseases
Healthcare Associated Infections
Influenza
Invasive Bacterial and Vaccine Preventable Diseases
Outbreaks
Outbreak Toolkits
Zoonotic Diseases
WVEDSS
WV Law Related To Reporting and Confidentiality
WV Reportable Disease Manual
Surveillance Data
Training Resources
West Virginia Outbreak Trends

Confirmed Outbreaks or Clusters, West Virginia, 2001 - 2014 (n=1217)

Year of Report

Number of Confirmed Outbreaks and Clusters


0 20 40 60 80 100 120 140 160 180 200
Outbreak Summary, 2014

<table>
<thead>
<tr>
<th>Outbreak Type</th>
<th>Number of Outbreaks</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enteric</td>
<td>71</td>
<td>38</td>
</tr>
<tr>
<td>Respiratory</td>
<td>65</td>
<td>35</td>
</tr>
<tr>
<td>Rash</td>
<td>39</td>
<td>21</td>
</tr>
<tr>
<td>MDROs*</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*Multi-drug resistant organisms
# Outbreak Performance Measures

## Evaluation of 2014 Surveillance Data Indicators in WVEDSS

<table>
<thead>
<tr>
<th>County</th>
<th>Region</th>
<th><em>% Lost to follow-up</em></th>
<th>Demographic information complete</th>
<th>Risk factor information complete</th>
<th><strong>Vaccine information complete</strong></th>
<th>Reporting to CDC</th>
<th>% timely (reported within 30 days)</th>
<th>% reporting within 15 days of notification</th>
<th>% with care completed</th>
<th>OE with Resp. test</th>
<th>DB with FB test</th>
<th>ILI report, targets 50%</th>
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The West Virginia Reportable Disease Rule (64CSR7) enables BPH and LHD to:

- Conduct surveillance for reportable diseases
- Take action to prevent and control disease
- Conduct special epidemiological studies
- Validate surveillance data
- Investigate outbreaks
- Protect the identity of persons and facilities
- Exclude from school or food service work
Responsibilities of LHO from 64CSR7-20:

20.1 Any epidemiologic information collected...is confidential and exempt from disclosure in:
- Freedom of Information Act
- Subpoena (unless accompanied by court order)

20.2 Individual information may be released to:
- The patient or patient’s legal representative
- The patient’s provider
- Individuals who maintain and operate the reporting system
- Staff of LHD or BPH responsible for treating disease
- Manager of daycare, school, restaurant, other facility where case resides or is in attendance
Responsibilities of LHO from 64CSR7-20:

20.3 In the case of a licensed facility, LHO may release confidential information to the public when there is clear and convincing need to protect the public’s health.
Protect Confidentiality (continued)

A letter from the Commissioner details how 64CSR7 and other privacy protection laws are in agreement, and can be found here: www.dhhr.wv.gov/oeps/disease/Reporting/Documents/HIPAA_Letter.pdf

Dear Health Care Provider:

State and local health department personnel and state and regional epidemiologists in West Virginia may collect, and health care providers must report, information including personally identifiable health information (PHI), in accordance with the West Virginia Legislative Rule 64CSR7 - Reportable Diseases, Events and Conditions. To review the rule, visit the Secretary of State’s website at www.sos.wv.gov under Administrative Law, Search for Rules. You will be able to search for the rule by name or number.
Legal Authority

The West Virginia Reportable Disease Rule (64CSR7) enables BPH and LHD to:

- Conduct surveillance for reportable diseases
- Take action to prevent and control disease
- Conduct special epidemiological studies
- Validate surveillance data
- Investigate outbreaks
- Protect the identity of persons and facilities
- Exclude from school or food service work
Responsibilities of LHO from 64CSR7-22:

22.1 When a pupil or school personnel suffers from a reportable disease, potentially putting other students or personnel at risk of disease, the individual may be excluded by the LHO, individual’s physician, or school administrator.

22.2 The individual may return upon presentation of a certificate of health to school officials from a physician, LHO, or authorized representative.
Responsibilities of LHO from 64CSR7-23:

23.1 Food service management training may be provided by LHD at the discretion of the LHO.

23.3 LHO may advise a medical examination of a food service worker by a physician approved by the LHO. In addition, the LHO may exclude the individual from specific work activities until the exam is completed and the individual no longer presents a threat to public health.

23.4 LHO may require any laboratory examinations necessary to detect any condition in the food service worker or in the food service facility, which might constitute a hazard to the public’s health.
BPH Commissioner’s HIPAA Letter:

Colored reportable disease chart:

DIDE at: www.dide.wv.gov

Outbreak toolkit:
www.dhhr.wv.gov/oeps/disease/ob/Pages/OutbreakToolkits.aspx
Quick surveillance guide:

Regional epidemiologist listing:

Reportable disease rule:

Training resources:
www.dhhr.wv.gov/oeps/disease/Training/Pages/default.aspx
Joel Massey, MD
Epidemic Intelligence Service Officer
Division of Infectious Disease Epidemiology
West Virginia Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301-3715
Office: (304) 356-4007
Fax: (304) 558-8736
Email: joel.g.massey@wv.gov
Respiratory Program Updates

Shannon McBee, MPH, CHES
Epidemiologist
Influenza Coordinator
INFLUENZA
Laboratories:
Report the following to the Division of Infectious Disease Epidemiology by fax at (304)-558-8736 within the required timeframe:

- Positive Lab Results (RT-PCR, immunofluorescence, or culture only)- aggregate weekly

Providers and Facilities:
Report within required time frame to local health department

- Pediatric deaths-within 1 week
- Outbreaks-immediately
Influenza-like Illness (ILI) totals have been repealed from the reportable disease rule.

Providers no longer need to report ILI to local health departments and local health departments no longer need to report this data to the Division of Infectious Disease Epidemiology.
Program Plan for LHD

Activity
Local Health Departments Will Recruit And Maintain An Actively Reporting Influenza Sentinel Provider

Indicator
Percent Of Time An Influenza Sentinel Provider Reports To The ILINet During The Influenza Surveillance Period October (Previous Year) Through May (Current Year)

Target
50%
(≥17 Of The 33 Weeks October Through May)
NON-INFLUENZA RESPIRATORY SURVEILLANCE
Electronic Laboratory Reporting

- Enterovirus (non-polio)
- Human Metapneumovirus
- Parainfluenza virus
- Respiratory Syncytial Virus
Changes to the Reportable Disease Rule

Category IV report within 1 week to the local health department

RSV related death in an individual ≤5 years of age
Contact Information

Shannon McBee, MPH, CHES
Epidemiologist, Influenza Coordinator
Division of Infectious Disease Epidemiology
Office of Epidemiology & Prevention Services
West Virginia Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301-3715
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Fax: (304) 558-8736
Email: Shannon.M.Mcbee@wv.gov