

# Local Health Officer Role in Communicable Disease Reporting

Joel Massey, MD  
Epidemic Intelligence Service Officer  
Local Health Officer Summit  
April 9, 2016



# 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](http://www.dide.wv.gov)

**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

# Disease Surveillance

“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](http://www.cdc.gov/mmwr/pdf/other/su6103.pdf)

# Reportable Disease Rule Summary Table

## 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:

December 2015

Category I Report suspect or confirmed cases immediately to the Local Health Department	Category II Report within 24 hours to the Local Health Department	Category III Report within 72 hours to the Local Health Department	Category IV Report within 1 week to the Local Health Department	Category V Report within 1 week to the state health department
<ul style="list-style-type: none"> <li>• Anthrax</li> <li>• Bioterrorist event</li> <li>• Botulism</li> <li>• Foodborne outbreak</li> <li>• Intentional exposure to an infectious agent or biological toxin</li> <li>• Middle East respiratory syndrome coronavirus (MERS-CoV)</li> <li>• Novel influenza infection, animal or human</li> <li>• Orthopox infection, including smallpox and monkeypox</li> <li>• Outbreak or cluster of any illness or condition<sup>1</sup></li> <li>• Plague</li> <li>• Rubella</li> <li>• Rubella, congenital syndrome</li> <li>• Rubeola (Measles)</li> <li>• SARS coronavirus infection</li> <li>• Smallpox</li> <li>• Tularemia</li> <li>• Viral hemorrhagic fevers<sup>2</sup></li> <li>• Waterborne outbreak</li> </ul>	<ul style="list-style-type: none"> <li>• Animal bites</li> <li>• Brucellosis</li> <li>• Cholera</li> <li>• Dengue fever</li> <li>• Diphtheria</li> <li>• <i>Hemophilus influenzae</i>, invasive disease<sup>3</sup></li> <li>• Hemolytic Uremic Syndrome, postdiarrheal</li> <li>• Hepatitis A, acute<sup>4</sup></li> <li>• Hepatitis B, acute, chronic or perinatal<sup>4</sup></li> <li>• Hepatitis D<sup>4</sup></li> <li>• Meningococcal disease, invasive</li> <li>• Mumps, acute infection</li> <li>• Pertussis (whooping cough)</li> <li>• Poliomyelitis</li> <li>• Q-fever (<i>Coxiella burnetii</i>)</li> <li>• Rabies; human or animal</li> <li>• Shiga toxin-producing <i>Escherichia coli</i> (STEC)<sup>5</sup></li> <li>• <i>Staphylococcus aureus</i> with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities<sup>3</sup></li> <li>• Tuberculosis; all forms<sup>3</sup></li> <li>• Typhoid fever (<i>Salmonella typhi</i>)</li> <li>• Yellow fever</li> <li>• Any other unusual condition or emerging infectious disease</li> </ul>	<ul style="list-style-type: none"> <li>• Campylobacteriosis</li> <li>• Cryptosporidiosis</li> <li>• Cyclospora</li> <li>• Giardiasis</li> <li>• Listeriosis</li> <li>• Salmonellosis (except Typhoid fever)<sup>3</sup></li> <li>• Shigellosis<sup>3</sup></li> <li>• Trichinosis</li> <li>• Vibriosis</li> </ul>	<ul style="list-style-type: none"> <li>• Acute flaccid myelitis (AFM)</li> <li>• Anaplasmosis</li> <li>• Arboviral infection</li> <li>• Babesiosis</li> <li>• Chickenpox (numerical totals only)</li> <li>• Ehrlichiosis</li> <li>• Hantavirus pulmonary syndrome</li> <li>• Influenza-related death in an individual less than 18 years of age</li> <li>• Legionellosis</li> <li>• Leptospirosis</li> <li>• Lyme disease</li> <li>• Malaria</li> <li>• Psittacosis</li> <li>• Respiratory syncytial virus (RSV) – related death in an individual ≤ 5 years of age</li> <li>• Spotted fever rickettsiosis</li> <li>• Streptococcal disease, invasive Group B</li> <li>• Streptococcal toxic shock syndrome</li> <li>• <i>Streptococcus pneumoniae</i>, invasive<sup>3</sup></li> <li>• Tetanus</li> <li>• Toxic Shock Syndrome</li> <li>• Tuberculosis, latent infection</li> </ul>	<ul style="list-style-type: none"> <li>• AIDS</li> <li>• Chancroid</li> <li>• Chlamydia</li> <li>• Gonococcal conjunctivitis of the newborn (within 24 hours)</li> <li>• Gonococcal disease, drug resistant (within 24 hours)</li> <li>• Gonococcal disease, all other</li> <li>• Hepatitis C, acute<sup>4</sup></li> <li>• HIV</li> <li>• Pelvic inflammatory disease</li> <li>• Syphilis (late)</li> <li>• Syphilis, primary, secondary or early latent (less than 1 year duration) or congenital (within 24 hours)</li> </ul>
<sup>1</sup> In any setting		<sup>3</sup> Including results of susceptibility testing		<sup>4</sup> Including results of hepatitis A and B serologies, transaminase levels and bilirubin
<sup>2</sup> Including filoviruses such as Ebola and Marburg and arenaviruses such as Lassa fever		<sup>5</sup> Including but not limited to <i>E coli</i> O157: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: <a href="http://www.dide.wv.gov">www.dide.wv.gov</a>			West Virginia Department of Health & Human Resources Bureau for Public Health 350 Capitol Street, Room 125 Charleston, WV 25301 Phone: 304.558.5358, ext 1 In WV: 800.423.1271, ext 1 Answering service: 304.925.9946 Fax: 304.558.8736	

[www.dhhr.wv.gov/oeps/disease/Reporting/documents/reportable-disease-charts/provider-color-chart.pdf](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 ( $\leq$  5 years old)
- Mosquito-borne diseases
- Spotted fever rickettsiosis
- Carbapenem-resistant enterobacteriaceae (CRE)

# Category V Reportable Diseases

**Report within one week to BPH in order to:**

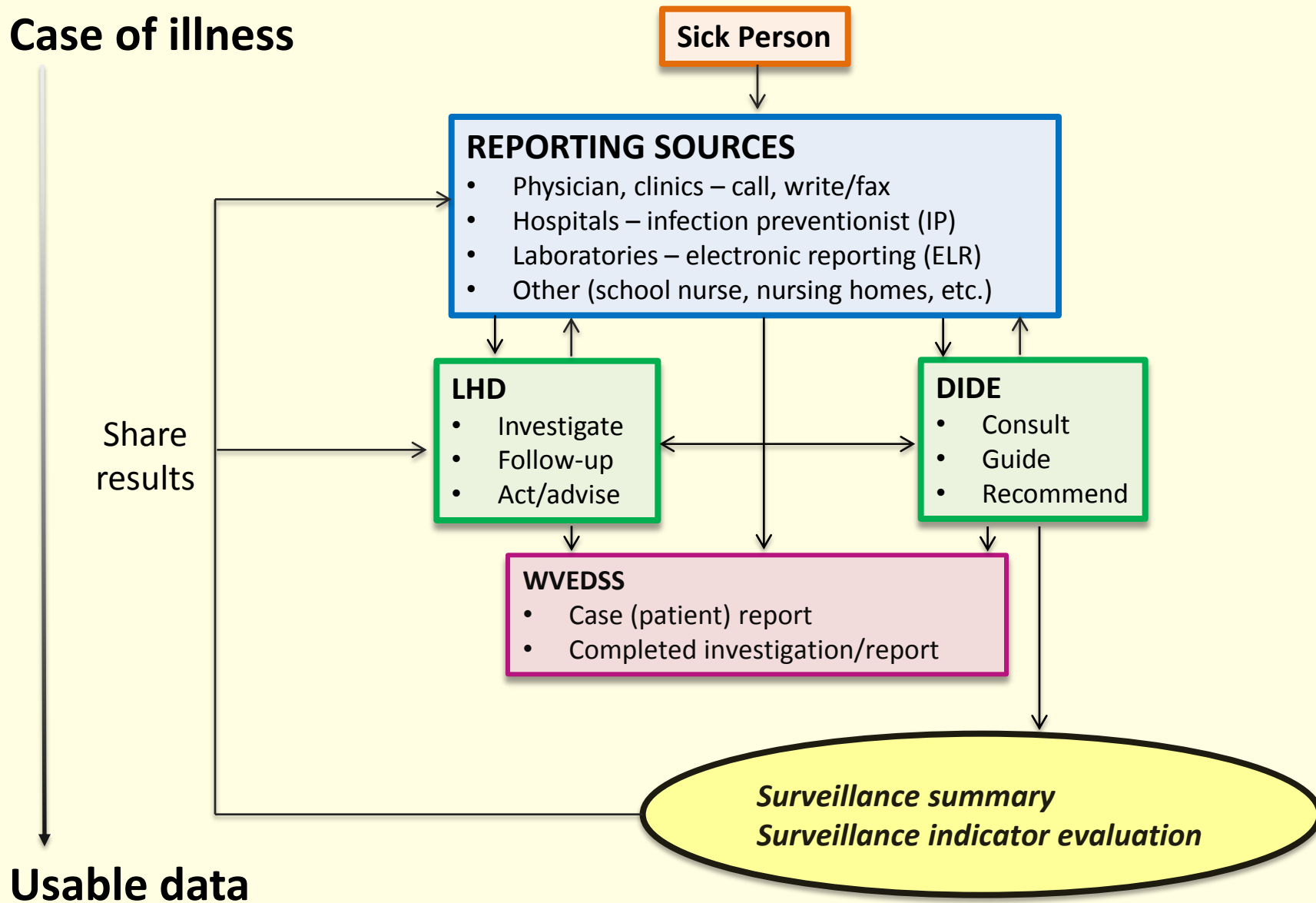
- Facilitate disease surveillance at the state level

**Examples:**

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

# Surveillance Pathway

## Case of illness



# Surveillance Methods

- Active vs. passive surveillance
- Paper reports vs. electronic laboratory reporting (ELR)
- West Virginia Electronic Disease Surveillance System (WVEDSS)
- Surveillance protocols

WVDHHR > Office of Epidemiology and Prevention Services > Infectious Disease Epidemiology > Invasive Bacterial and Vaccine Preventable Diseases > Vaccine Preventable Diseases > Rubeola (Measles)

## Rubeola (Measles)

### Reporting Guidelines

- Suspect or confirmed cases immediately to local health department by phone and follow up with written report

### Protocol

- Measles Protocol
- CDC Surveillance Manual for Measles

### Current Case Definition

- CDC Case Definition

### Required Forms

- WVEDSS Measles Case Report
- Measles Case Report
- Measles Outbreak Line Listing Form
- Measles Specimen Submission Form (NEW - February 3, 2015)
- VPD Referral Testing Guidance

“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](http://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

**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



## 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](http://www.dide.wv.gov)

WVDHHR > Office of Epidemiology and Prevention Services > Infectious Disease Epidemiology > Surveillance Data

## 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.

MONTHLY  
REPORT

ANNUAL REPORT

EVALUATION

RESOURCES

### Resources

Quick Surveillance Guide

A essential info only document to help handle an investigation of a given condition.

A to Z Diseases

Alphabetic listing of conditions with information on the DIDE/OEPS website.

WV Surveillance Regions

Map of regional distribution of counties for disease surveillance efforts.

US Census

West Virginia projected data points for the previous year based on the most recent US census data.

### 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

Zoonotic Diseases

WVEDSS

WV Law Related To  
Reporting and Confidentiality

WV Reportable Disease  
Manual

Surveillance Data

2014 Surveillance Evaluation

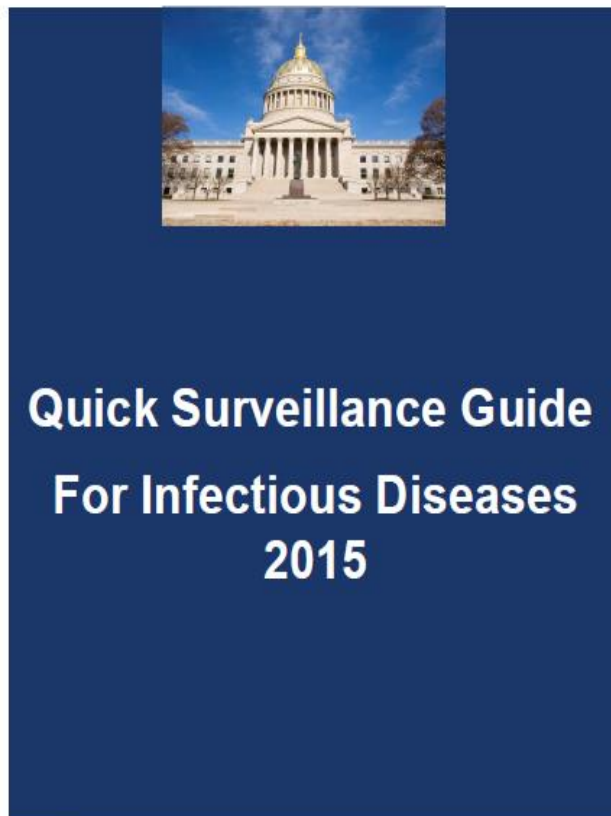
Training Resources

All News and  
Announcements

# Quick Surveillance Guide

## Surveillance guide: your key to successful disease reporting!

[www.dhhr.wv.gov/oeps/disease/surveillance/documents/surveillance-main/qi-guide.pdf](http://www.dhhr.wv.gov/oeps/disease/surveillance/documents/surveillance-main/qi-guide.pdf)



### Table of Contents

<a href="#">It's Your Call – Getting in Contact with Patients</a>	4
<a href="#">It's Your Call – Getting Clinical Information</a>	5
<a href="#">At Your Fingertips – Resources for Disease Reporting and Investigation</a>	6-7
<a href="#">Food and Water-Borne Diseases</a>	8-20
<a href="#">Hepatitis B and C</a>	21-24
<a href="#">Vaccine Preventable Diseases</a>	25-31
<a href="#">Invasive Bacterial Disease</a>	32-33
<a href="#">Zoonotic Diseases</a>	34-45

**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

# Find Your LHD Score

[www.dhhr.wv.gov/oeps/disease/Surveillance/Pages/Data-Feedback.aspx](http://www.dhhr.wv.gov/oeps/disease/Surveillance/Pages/Data-Feedback.aspx)

## Evaluation of 2014 Surveillance Data Indicators in WVEDSS

County	Region	*Lost to follow-up		Demographic information complete		Risk factor information complete		**Vaccine information complete		Reporting to CDC		Outbreak (OB)	Reporting	
		count	%	total #	% complete	count	%	count	%	total # cases	% timely (reported within 30 days)	total #	% reporting within 1 hour of notification	% with report completed
Barbour	NE	0	0%	4	100%	3	75%	1	100%	4	50%	0	0%	0
Berkeley	E	15	19%	133	66%	69	77%	28	80%	107	72%	2	0%	100
Boone	W	3	14%	20	85%	14	70%	8	89%	31	42%	1	100%	100
Braxton	C	0	0%	7	43%	4	67%	1	33%	7	14%	0	0%	0
Brooke	NW	1	17%	9	78%	8	89%	4	100%	10	70%	3	100%	100
Cabell	W	15	31%	45	89%	36	84%	25	76%	74	15%	4	75%	100
Calhoun	NW	0	0%	3	67%	3	100%	2	100%	3	67%	1	100%	100
Clay	NW	2	29%	6	50%	3	60%	0	0%	7	86%	1	100%	100
Doddridge	NE	1	17%	6	50%	4	100%	3	100%	9	56%	0	0%	0
Fayette	S	1	4%	23	91%	13	57%	9	90%	31	16%	3	67%	67
Gilmer	NW	0	0%	4	50%	4	100%	1	100%	5	20%	1	0%	100
Grant	E	1	13%	8	100%	8	100%	1	100%	10	100%	2	100%	100

# Where To Go For Help

## 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

### NORTHWESTERN REGION

#### Frances Nicholson

Mid-Ohio Valley Health Dept.  
211 6th St.  
Parkersburg, WV 26101  
Phone: 304.485.7374 Ext.177  
Fax: 304.485.7499  
E-mail: Frances.M.Nicholson@wv.gov

### WESTERN REGION

#### Debra Ellison

Cabell-Huntington Health Dept.  
703 7th Avenue  
Huntington, WV 25701  
Phone: 304.523.6483  
Work Mobile 304.972.3033  
Fax: 304.523.6403  
E-mail: Debra.C.Ellison@wv.gov

### CENTRAL REGION

#### Lindsey Mason

Kanawha-Charleston Health Dept.  
108 Lee Street  
Charleston, WV 25323  
Phone: 304.348.1088  
Mobile: 724.570.1064  
Fax: 304.348.8149  
E-mail: Lindsey.J.Mason@wv.gov



### NORTHEASTERN REGION

#### Bob White

Monongalia Co. Health Dept  
453 Van Voorhis Road  
Morgantown, WV 26505  
Phone: 304.598.5100  
Office Phone: 304.598.5132  
Mobile: 304.685.8839  
Fax: 304.598.5122  
E-mail: Bob.W.White@wv.gov

### EASTERN REGION

#### Kimberly Kline

Pendleton Co. Health Dept.  
PO Box 520  
273 Mill Road  
Franklin, WV 26807-0520  
Phone: 304.358.7882  
Mobile: 304.358.8328  
Fax: 304.358.2471  
E-mail: Kimberly.S.Kline@wv.gov

### SOUTHERN REGION

#### Michelle Kirby

Beckley-Raleigh Co. Health Dept.  
1602 Harper Road  
Beckley, WV 25801  
Phone: 304.253-2198  
Mobile: 304.575.9994  
Fax: 304.252.1471  
E-mail: Michelle.D.Kirby@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: Sherif.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

## 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

## Special considerations:

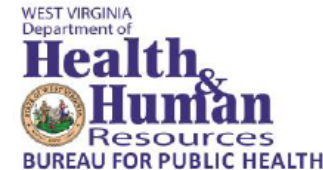
- 7.8 If there is ongoing risk to public health, and the HCP or facility fails to take corrective action within a reasonable period of time, a complaint shall be filed to the licensing board or Office of Health Facility Licensure and Certification.
- 7.9: If there is potential bloodborne (or other serious) pathogen exposure, patient notification shall occur.

# Outbreak Investigation Protocols

[www.dhhr.wv.gov/oeps/disease/ob/Documents/protocols/community-outbreak-protocol.pdf](http://www.dhhr.wv.gov/oeps/disease/ob/Documents/protocols/community-outbreak-protocol.pdf)

## 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

LHD nurse sees a positive  
serology for pertussis

*Ask the LHO!*

LHD starts contact  
tracing, prophylaxis

Clinical  
reference

Diagnostic  
confirmation

Outbreak etiology  
and action recorded

# Outbreak Toolkits

[www.dhhr.wv.gov/oeps/disease/ob/Pages/OutbreakToolkits.aspx](http://www.dhhr.wv.gov/oeps/disease/ob/Pages/OutbreakToolkits.aspx)

## A to Z List of Diseases

WVDHHR > Office of Epidemiology and Prevention Services > Infectious Disease Epidemiology > Outbreaks >

## Resources For Reporting Diseases

## Food and Water-borne Diseases

## Healthcare Associated Infections

## Influenza

## Invasive Bacterial and Vaccine Preventable Diseases

## Outbreaks ← 1

## Outbreak Toolkits ← 2

## Zoonotic Diseases

## WVEDSS

## WV Law Related To Reporting and Confidentiality

## WV Reportable Disease Manual

## Surveillance Data

## Training Resources

# 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

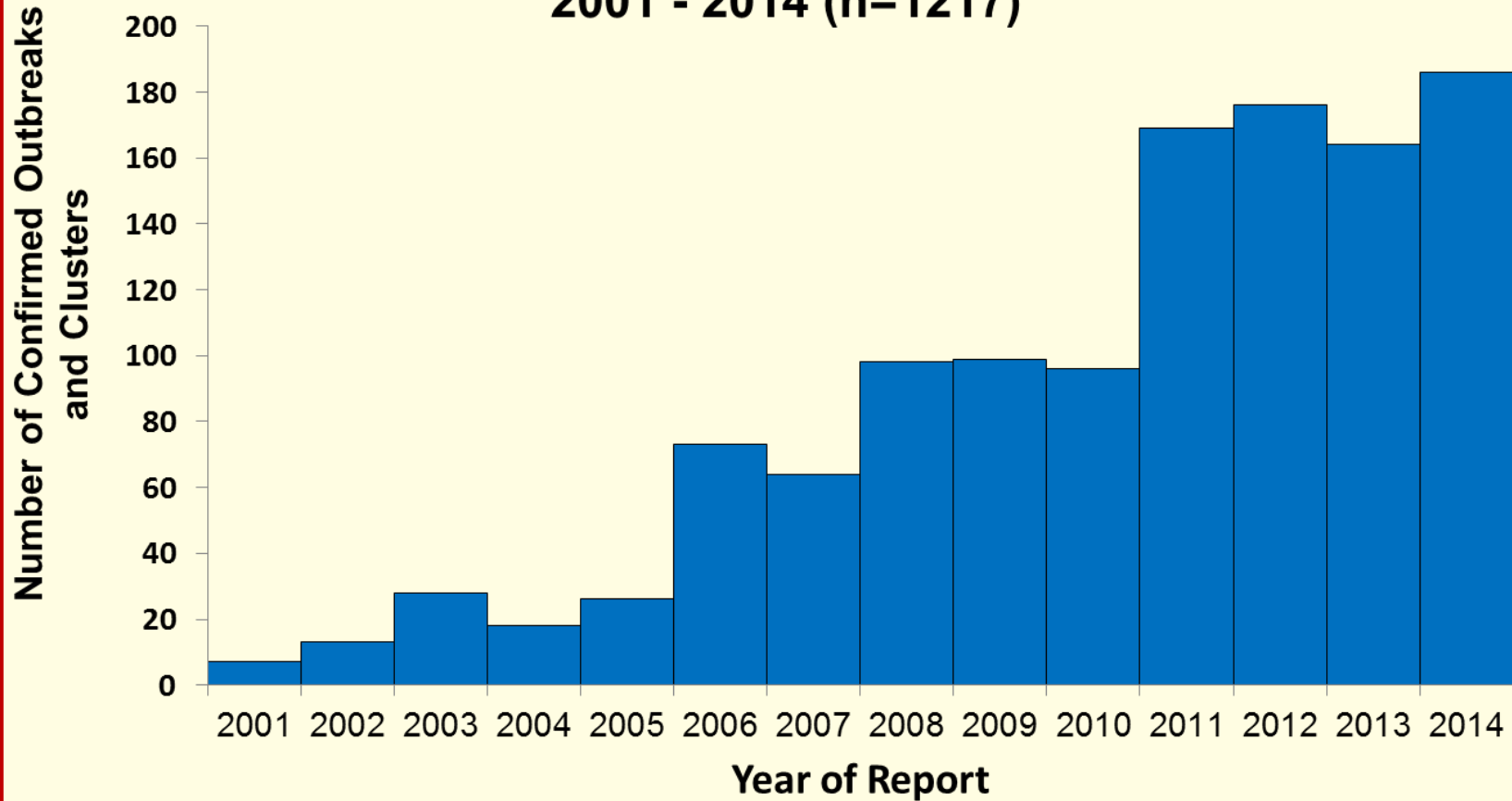
MDRO

Other



# West Virginia Outbreak Trends

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



# Outbreak Summary, 2014

[www.dhhr.wv.gov/oeps/disease/ob/documents/outbreak-report-2014.pdf](http://www.dhhr.wv.gov/oeps/disease/ob/documents/outbreak-report-2014.pdf)

<b>Outbreak Type</b>	<b>Number of Outbreaks n=186</b>	<b>Percent</b>
<b>Enteric</b>	71	38
<b>Respiratory</b>	65	35
<b>Rash</b>	39	21
<b>MDROs *</b>	9	5
<b>Other</b>	2	1

\*Multi-drug resistant organisms

# Outbreak Performance Measures

## Evaluation of 2014 Surveillance Data Indicators in WVEDSS

County	Region	*Lost to follow-up		Demographic information complete		Risk factor information complete		**Vaccine information complete		Reporting to CDC		Outbreak (OB)	Reporting	OB with Resp test		OB with FB test	ILI SP report, target=50%	
		count	%	total #	% complete	count	%	count	%	total # cases	% timely (reported within 30 days)	total #	% reporting within 1 hour of notification	% with report completed	count	%	count	% reporting by Sentinel Provider
Barbour	NE	0	0%	4	100%	3	75%	1	100%	4	50%	0	0%	0				100%
Berkeley	E	15	19%	133	66%	69	77%	28	80%	107	72%	2	0%	100	1/1	100%		94%
Boone	W	3	14%	20	85%	14	70%	8	89%	31	42%	1	100%	100	1/1	100%		97%
Braxton	C	0	0%	7	43%	4	67%	1	33%	7	14%	0	0%	0				0%
Brooke	NW	1	17%	9	78%	8	89%	4	100%	10	70%	3	100%	100	1/1	100%		97%
Cabell	W	15	31%	45	89%	36	84%	25	76%	74	15%	4	75%	100	2/2	100%		100%
Calhoun	NW	0	0%	3	67%	3	100%	2	100%	3	67%	1	100%	100	1/1	100%		106%
Clay	NW	2	29%	6	50%	3	60%	0	0%	7	86%	1	100%	100				61%
Doddridge	NE	1	17%	6	50%	4	100%	3	100%	9	56%	0	0%	0				0%
Fayette	S	1	4%	23	91%	13	57%	9	90%	31	16%	3	67%	67	0/1	0%		0%
Gilmer	NW	0	0%	4	50%	4	100%	1	100%	5	20%	1	0%	100				0%
Grant	E	1	13%	8	100%	8	100%	1	100%	10	100%	2	100%	100	1/1	100%		91%
Greenbrier	S	1	5%	17	88%	15	94%	2	50%	27	37%	10	90%	100	9/10	90%		100%
Hampshire	E	3	21%	46	67%	14	78%	3	50%	21	95%	3	33%	100	1/1	100%		100%
Hancock	NW	5	29%	20	55%	15	83%	6	100%	23	87%	2	50%	100	1/1	100%		42%
Hardy	E	3	25%	19	89%	13	76%	3	60%	18	89%	3	67%	100	1/1	100%		0%
Harrison	NE	4	21%	34	88%	25	78%	12	80%	36	83%	2	100%	100				0%
Jackson	W	1	8%	14	93%	11	79%	2	50%	16	31%	4	50%	100	1/1	100%	1/2 50%	100%
Jefferson	E	7	30%	64	70%	16	64%	8	67%	33	30%	3	67%	100	1/1	100%		73%
Kanawha	C	7	5%	149	87%	134	96%	87	94%	211	81%	35	100%	97	15/15	100%		6%
Lewis	C	0	0%	5	0%	3	60%	1	33%	6	17%	0	0%	0				0%
Lincoln	W	13	62%	18	89%	13	76%	7	78%	28	36%	2	50%	50				91%
Logan	W	6	13%	39	100%	34	87%	13	93%	56	71%	1	0%	100				94%
Marion	NE	2	20%	16	63%	13	81%	6	75%	16	63%	5	80%	100				100%
Marshall	NW	1	13%	15	73%	9	69%	4	67%	17	0%	2	100%	100				0%
Mason	W	2	13%	13	77%	11	85%	7	78%	24	50%	0		0				58%

## 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

# Protect Confidentiality (continued)

## **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](http://www.dhhr.wv.gov/oeps/disease/Reporting/Documents/HIPAA_Letter.pdf)



Earl Ray Tomblin  
Governor

STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Commissioner's Office  
350 Capitol Street, Room 702  
Charleston, West Virginia 25301-3712  
Telephone: (304) 558-2971 Fax: (304) 558-1035

Karen L. Bowling  
Cabinet Secretary

February 10, 2016

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](http://www.sos.wv.gov) under Administrative Law, Search for Rules. You will be able to search for the rule by name or number.

## 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.

# Resources

BPH Commissioner's HIPAA Letter:

[www.dhhr.wv.gov/oeps/disease/Reporting/Documents/HIPAA\\_Letter.pdf](http://www.dhhr.wv.gov/oeps/disease/Reporting/Documents/HIPAA_Letter.pdf)

Colored reportable disease chart:

[www.dhhr.wv.gov/oeps/disease/Reporting/documents/reportable-disease-charts/provider-color-chart.pdf](http://www.dhhr.wv.gov/oeps/disease/Reporting/documents/reportable-disease-charts/provider-color-chart.pdf)

DIDE at: [www.dide.wv.gov](http://www.dide.wv.gov)

Outbreak toolkit:

[www.dhhr.wv.gov/oeps/disease/ob/Pages/OutbreakToolkits.aspx](http://www.dhhr.wv.gov/oeps/disease/ob/Pages/OutbreakToolkits.aspx)

# Resources (continued)

Quick surveillance guide:

[www.dhhr.wv.gov/oeps/disease/surveillance/documents/surveillance-main/qi-guide.pdf](http://www.dhhr.wv.gov/oeps/disease/surveillance/documents/surveillance-main/qi-guide.pdf)

Regional epidemiologist listing:

[www.dhhr.wv.gov/oeps/disease/documents/re\\_map.pdf](http://www.dhhr.wv.gov/oeps/disease/documents/re_map.pdf)

Reportable disease rule:

[apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=25071&Format=PDF](http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=25071&Format=PDF)

Training resources:

[www.dhhr.wv.gov/oeps/disease/Training/Pages/default.aspx](http://www.dhhr.wv.gov/oeps/disease/Training/Pages/default.aspx)

# Contact Information

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](mailto:joel.g.massey@wv.gov)

# Respiratory Program Updates

Shannon McBee, MPH, CHES  
Epidemiologist  
Influenza Coordinator



# INFLUENZA



# Reportable Disease Rule ( WV Code 16-3-1; 64CSR7)

## **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



# Changes to Reportable Disease Rule

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)**

WEST VIRGINIA  
Department of  
**Health & Human  
Resources**  
BUREAU FOR PUBLIC HEALTH



# **NON-INFLUENZA RESPIRATORY SURVEILLANCE**



# Electronic Laboratory Reporting

- Enterovirus (non-polio)
- Human Metapneumovirus
- Parainfluenza virus
- Respiratory Syncytial Virus

Category IV report within 1 week to the  
local health department

RSV related death in an individual  $\leq 5$  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**  
**Office: (304) 356-4019**  
**Fax: (304) 558-8736**  
**Email: [Shannon.M.Mcbee@wv.gov](mailto:Shannon.M.Mcbee@wv.gov)**