

Public Health Emergency Preparedness

BRAZORIA COUNTY HEALTH DEPARTMENT

PUBLIC HEALTH MATTERS

DECEMBER 2010



MISSION STATEMENT

BRAZORIA COUNTY WILL BE PREPARED FOR AND READY TO RESPOND TO A HEALTH AND MEDICAL EVENT DUE TO EITHER A MAN-MADE OR NATURAL DISASTER

Safe, Effective and (Almost) Painless Flu Shots Are a No-Brainer Decision

Ever driven the family across town for all-you-can-eat barbecue and dessert buffet? Congratulations! You've already faced more expense, physical discomfort and health risk than a decade's worth of seasonal influenza shots.

So if you're an immunization holdout, the Texas Department of State Health Services (DSHS) has an urgent message for you: It's flu season again, shots are available and none of the standard excuses for avoiding them hold water.

For example, DSHS' Dr. Bob Kaspar says there's no record of anyone getting flu from a flu shot — ever. "We use inactivated vaccines [containing killed viruses] in the shots. And when you're vaccinated it may reduce the risk of infecting other people with high-risk conditions."

Don't like needles? Considering the host of far more painful experiences we face without fear (paintball welts, band-aid removal, brain freezes from Slurpees), the barely noticeable sting from a shot is a trivial price for a season's worth of flu protection.

And if you're relying on the old "I don't need shots because I never get the flu" excuse, Kaspar notes that influenza strains vary from year to year. Even in the (unlikely) case that you had some natural resistance to last year's flu, this year's model still could flatten you like a steamroller.

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LOCAL PHEP STAFF MEMBER SPEAKS AT STATEWIDE MEETING

Tamara Tisdale, Assets Controller for PHEP, formulated the idea of using an on-line survey tool, SurveyMonkey, to collect influenza surveillance data on a weekly basis from school nurses, physicians and hospitals in Brazoria County. During the 2009-2010 flu season, PHEP had an 80% response rate compared to a 8% response rate in previous years. This improved response rate gave PHEP much better surveillance data. Previously, the data was tabulated on a paper form and submitted by fax. Using SurveyMonkey allowed the data submitters to enter their data directly into the on-line survey and submit it electronically.

Dana Birnberg, MPP, Coordinator for Public Health Emergency Preparedness, Texas Department of State Health Services, asked Tamara to present this new and innovative approach to disease surveillance because she believed that it has state wide applications.

Tamara made her presentation in Austin on October 27, 2010, to regional and state DSHS personnel and local PHEP directors and staff from across the state at the quarterly Public Health Emergency Preparedness meeting. The presentation was well received.

PHEP has also been asked to present at the January meeting. The presentation will cover a real-time throughput evaluation tool developed earlier this year by PHEP.

Tamara has been with PHEP for two years.

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DISEASES REPORTED TO BRAZORIA COUNTY HEALTH DEPARTMENT BY MONTH FOR 2010

Reportable Diseases	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Bacterial Meningitis													0
Campylobacteriosis	1	4	2		1	1	1			1			11
Chlamydia	19	10	7	6	22	5	10	15		15	7		116
Clostridium difficile		1											1
Cryptosporidiosis													0
Dengue													0
E. Coli									1	2			3
Gonorrhea	6	3	1	2	8		2	6	2	1	2		33
Guardiasis													0
Haemophilus Influenza		1	1										2
Hantavirus				1									1
Hepatitis A, acute	2		2	2				1	1	1			9
Hepatitis B, acute	2	2		1	5	2	1	2	3	3	1		22
Hepatitis C, acute	11	4	1		7		7	20	7	3			60
HIV infection, Adult					1		1				1		3
Invasive Group A Strep			1			1			1		1		4
Invasive Group B Strep			2	1		1	3		1	3			11
Legionellosis													0
Lyme Disease											1		1
Malaria													0
Meningitis (Viral)	1					3	3	5	2	4			18
Pertussis				2	1	1	1	1	1		1		8
Salmonellosis	4	5	3	2	1	3	4	8	14	10	6		60
Shigellosis								6	1	1			8
Streptococcus pneumoniae, invasive	5	3	2	3	2	1	1		1	1			19
Syphilis	2					3	2	3		1	2		13
Tuberculosis	1	1						1					3
Varicella -Chicken Pox	11	1	1	2	3		1	1	1	1	4		26
Vibrio						4	2	1					7
West Nile Virus													0

“No health department, state or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.”
 —Public Health Reports, 1946

Specified diseases and conditions are mandated by State laws and regulations to be reported to the local health department. Report by email (info@brazoria-county.com), fax (979-864-1501) or phone (979-864-1166).

PHEP TEAM

Cathy Sbrusch, RN, BSN, CIC	Health Services Director
Jo Mapel, RN, BSN, MPH	Team Leader
Jan Prejean, RN	Disease Surveillance
Barbara Perkins, BA, MEd	Facilitator
Stephanie Smith, MPH, RD	SNS Coordinator
Tamara Tisdale	Assets Analyst

CONTACT US

432 E. Mulberry Angleton, Tx 77515
979-864-1166 Fax: 979-864-3694



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Some people, Kaspar acknowledged, are in great health and just not that worried about flu. “They *should* be concerned, though, if only for their kids, friends, co-workers and strangers they come in contact with. For all of these people, seasonal flu means a week or more of lost school, lost work time and maybe even lost pay.”

Knowledge is Good Medicine

In addition to promoting immunization, DSHS also wants us to know more about flu prevention and special risks. For example, the agency is hopeful that the 2010 flu season will be milder than last year and include no unusual threat on par with the H1N1 cases of last year. But even “regular” flu can pose a serious risk for children, the elderly and folks with chronic health conditions such as heart or lung disease, kidney disease, neurologic disorders or suppressed immune systems.

Other groups with elevated risk include pregnant women and people who are obese (with Body Mass Indexes of 40 or higher).

“Also, for reasons we don’t fully understand, some perfectly healthy people without any high-risk conditions may become extremely ill and even die from influenza,” Kaspar said. “It’s worth protecting yourself regardless of your health status.”

Even people who’ve had their shots should practice smart prevention strategies at home, at work or in public. Learn more about these steps at TexasFlu.org. In addition to those tips, try to stay as warm as you can this winter. Although sweaters and mittens aren’t quite the mighty weapons against flu that our parents and teachers once believed, Kaspar conceded that, “Mom wasn’t totally wrong. There does seem to be an association between cold weather, low humidity and respiratory infection.”

As great as prevention is, the best way to avoid seasonal flu is to get your shots. If there’s no program available in your workplace or school, call 2-1-1 or DSHS’ toll-free hotline, 800-252-9152. You also can Google Flu Vaccine Finder to find a clinic. *From Texas Health Matters*

With the approaching holiday season, remember to be careful with fireworks!



CATs, RATs, & DOGs

The Texas Department of State Health Services (DSHS) has developed a Rapid Response Force (RRF) to respond to any public health emergency in the state. This concept is built on an “all hazards” approach and is scalable depending on the situation. The overall goal of DSHS was to devise a mechanism to quickly provide adequate public health resources anywhere in the state to ensure a uniform, timely public health assessment and appropriate response to public health emergencies and events. Since the RRF is scalable, it allows DSHS to provide diverse human resources with expertise in various areas to compliment a regional and local health department’s needs in any event and ultimately it ensures success for local public health in every response by having the full support of a state agency to protect the public health of Texas. There are three components of this force: Rapid Assessment Team (RAT), Command Assistance Team (CAT), and the Diversified Occupation Group (DOG).

Rapid Assessment Team (RAT)

A Rapid Assessment Team provides an extensive but quick assessment of the health and medical capabilities during an emergency event and reports to the DSHS Commissioner. This team includes two to four people with public health and medical backgrounds that are experienced and trained to evaluate the State’s health and medical responsibilities of Emergency Support Function 8 (ESF-8). There is close coordination with local emergency officials, local public health, Regional Liaison Officers, and Trauma Regional Advisory Councils to determine possible needs.

Command Assistance Team (CAT)

A Command Assistance Team is a deployable Incident Management Team that will respond to a region to assist or supplement the regional or local response. Four teams have been pre-identified to respond to an event within 24 hours of notification, of which one team is a specialized team for deployment into austere environments. Each CAT has 18 DSHS members with a wide range of experience identified by skill sets who can fulfill the command and general staff roles within the ICS structure.

Diversified Occupation Group (DOG)

A Diversified Occupation Group is a strike team based on a public health specialty field (epidemiologists, nurses, sanitarians, etc.). It may also be a strike team organized for a specific purpose such as a logistic team to support field operations, a medical strike team, or a medical special needs (MSN) team to support MSN shelter operations. Some of these DOG teams are pre-identified to ensure a prompt and adequate response and include both DSHS staff and private contractors.

Second Annual CAT Training

The Second Annual CAT Training was held June 29-30, 2010 in Austin, TX. Prior to this training, all new members attended the new member orientation where they learned about roles and responsibilities, notification procedures, possible missions, and expectations. The first day of the training, all CATs were welcomed by Dr. David Lakey, Dr. Adolfo Valadez, and Dr. James Morgan. Immediately following a safety briefing, all participants made their way outside near the DSHS Austin lab to set up the ZUMRO tents. The 4 CAT teams set up 3 tents: 2 Zumrow 860 shelters and a Quad. The teams had to first unload the two trainers. The larger 36’ trailer held a 860 shelter and the Quad tent, 2 A/C units, heat pumps and a mounted generator. The smaller 30’ trailer had an 860 shelter tent, 2 A/C Units, heat pumps, and a 20KW generator. All can be interconnected. The 860 shelter tent is 860 square feet and the Quad is 540 square feet. The set up of the tents took about 2.5 hours. The teams then ate “Heater Meal” lunches in the cooled tents. Following the take down of the tents, the teams regrouped and debriefed on the day’s activities. The second day of the CAT Training was cut short due to Hurricane Alex approaching South Texas, but the teams still met with the DSHS Travel Team and were given the opportunity to ask any questions regarding notification and deployment.

National Notifiable Diseases Surveillance System

History

In 1878, Congress authorized the U.S. Marine Hospital Service (i.e., the forerunner of the Public Health Service [PHS]) to collect morbidity reports regarding cholera, smallpox, plague, and yellow fever from U.S. consuls overseas; this information was to be used for instituting quarantine measures to prevent the introduction and spread of these diseases into the United States. In 1879, a specific Congressional appropriation was made for the collection and publication of reports of these notifiable diseases. The authority for weekly reporting and publication of these reports was expanded by Congress in 1893 to include data from states and municipal authorities. To increase the uniformity of the data, Congress enacted a law in 1902 directing the Surgeon General to provide forms for the collection and compilation of data and for the publication of reports at the national level. In 1912, state and territorial health authorities--in conjunction with PHS--recommended immediate telegraphic reporting of five infectious diseases and the monthly reporting, by letter, of 10 additional diseases. The first annual summary of The Notifiable Diseases in 1912 included reports of 10 diseases from 19 states, the District of Columbia, and Hawaii. By 1928, all states, the District of Columbia, Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, the State and Territorial Health Officers authorized a conference of state and territorial epidemiologists whose purpose was to determine which diseases should be reported to PHS. In 1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases.

The list of nationally notifiable infectious diseases is revised periodically. For example, a disease may be added to the list as a new pathogen emerges, or a disease may be deleted as its incidence declines. Public health officials at state health departments and CDC continue to collaborate in determining which diseases should be nationally notifiable; CSTE, with input from CDC, makes recommendations annually for additions and deletions to the list of nationally notifiable diseases. However, reporting of nationally notifiable diseases to CDC by the states is voluntary. Reporting is currently mandated (i.e., by state legislation or regulation) only at the state level. The list of diseases that are considered notifiable, therefore, varies slightly by state. All states generally report the internationally quarantinable diseases (i.e., cholera, plague, and yellow fever) in compliance with the World Health Organization's International Health Regulations.

Data on selected notifiable infectious diseases are published weekly in the *MMWR* and at year-end in the annual *Summary of Notifiable Diseases, United States*.

<http://www.cdc.gov/ncphi/diss/nndss/nndsshis.htm>

1-800-511-1632

24/7/365

To report:

Public Health Emergencies or

Immediately Reportable Diseases

Notifiable Conditions

This form expires on January 31, 2011.
Go to <http://www.dshs.state.tx.us/idcu/investigation/conditions/>
or call your local or regional health department for updates.

Report suspected cases to your local or regional health department*

A – L	When to Report	L – Y	When to Report
Acquired immune deficiency syndrome (AIDS) ^{1, 2}	Within 1 week	Leishmaniasis ³	Within 1 week
Amebiasis ³	Within 1 week	Listeriosis ^{3, 4}	Within 1 week
Anthrax ^{3, 4}	Call Immediately	Lyme disease ³	Within 1 week
Arbovirus infection ^{3, 5}	Within 1 week	Malaria ³	Within 1 week
Asbestosis ⁶	Within 1 week	Measles (rubeola) ³	Call Immediately
Botulism, foodborne ^{3, 4}	Call Immediately	Meningitis (specify type) ³	Within 1 week
Botulism, infant, wound, and other ^{3, 4}	Within 1 week	Meningococcal infections, invasive ^{3, 4}	Call Immediately
Brucellosis ^{3, 4}	Within 1 work day	Mumps ³	Within 1 week
Campylobacteriosis ³	Within 1 week	Pertussis ³	Within 1 work day
Cancer ⁷	See rules ⁷	Pesticide poisoning, acute occupational ⁶	Within 1 week
Chancroid ¹	Within 1 week	Plague (<i>Yersinia pestis</i>) ^{3, 4}	Call Immediately
Chickenpox (varicella) ⁸	Within 1 week	Poliomyelitis, acute paralytic ³	Call Immediately
<i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Q fever ³	Within 1 work day
Chromosomal results (fetus and infant only) ⁹	See rules ⁹	Rabies, human ³	Call Immediately
Contaminated sharps injury ¹⁰	Within 1 month	Relapsing fever ³	Within 1 week
Controlled substance overdose ¹¹	Call Immediately	Rubella (including congenital) ³	Within 1 work day
Creutzfeldt-Jakob disease (CJD) ³	Within 1 week	Salmonellosis, including typhoid fever ³	Within 1 week
Cryptosporidiosis ³	Within 1 week	Severe Acute Respiratory Syndrome (SARS) ³	Call Immediately
Cyclosporiasis ³	Within 1 week	Shigellosis ³	Within 1 week
Cysticercosis ³	Within 1 week	Silicosis ⁶	Within 1 week
Dengue ³	Within 1 week	Smallpox ³	Call Immediately
Diphtheria ³	Call Immediately	Spinal cord injury ¹²	Within 10 work days
Drowning/near drowning ¹²	Within 10 work days	Spotted fever group rickettsioses ³	Within 1 week
Ehrlichiosis ³	Within 1 week	<i>Staph. aureus</i>, vancomycin-resistant (VISA and VRSA) ^{3, 4}	Call Immediately
Encephalitis (specify etiology) ³	Within 1 week	Streptococcal disease (group A, B, <i>S. pneumo</i>), invasive ³	Within 1 week
<i>Escherichia coli</i> , enterohemorrhagic ^{3, 4}	Within 1 week	Syphilis – primary and secondary stages ^{1, 13}	Call within 1 work day
Gonorrhea ¹	Within 1 week	Syphilis – all other stages ^{1, 13}	Within 1 week
<i>Haemophilus influenzae</i> type b infections, invasive ³	Call Immediately	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ³	Within 1 week
Hansen's disease (leprosy) ³	Within 1 week	Tetanus ³	Within 1 week
Hantavirus infection ³	Within 1 week	Traumatic brain injury ¹²	Within 10 work days
Hemolytic Uremic Syndrome (HUS) ³	Within 1 week	Trichinosis ³	Within 1 week
Hepatitis A ³	Within 1 work day	Tuberculosis (includes all <i>M. tuberculosis</i> complex) ^{4, 14}	Within 1 work day
Hepatitis B, C, D, E, and unspecified (acute) ³	Within 1 week	Tularemia ^{3, 4}	Call Immediately
Hepatitis B identified prenatally or at delivery (acute & chronic) ³	Within 1 week	Typhus ³	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) ³	Within 1 work day	<i>Vibrio</i> infection, including cholera ^{3, 4}	Within 1 work day
Human immunodeficiency virus (HIV) infection ^{1, 2}	Within 1 week	Viral hemorrhagic fever, including Ebola ³	Call Immediately
Influenza-associated pediatric mortality ³	Within 1 work day	West Nile Fever ³	Within 1 week
Lead, child blood, any level & adult blood, any level ⁶	Call/Fax Immediately	Yellow fever ³	Call Immediately
Legionellosis ³	Within 1 week	<i>Yersiniosis</i> ³	Within 1 week

In addition to specified reportable conditions, **any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available.**

- ¹ Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.
- ² Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3041 for details.
- ³ Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/>. Investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- ⁴ Lab isolate must be sent to DSHS lab. Call 512-458-7598 for specimen submission information.
- ⁵ Reportable Arbovirus infections include neuroinvasive and non-neuroinvasive California serogroup, Eastern Equine (EEE), Dengue, Powassan, St. Louis Encephalitis (SLE), West Nile, and Western Equine (WEE).
- ⁶ Please refer to specific rules and regulations for environmental and toxicology reporting and who to report to at <http://www.dshs.state.tx.us/epitox/default.shtm>.
- ⁷ Please refer to specific rules and regulations for cancer reporting and who to report to at <http://www.dshs.state.tx.us/tcr/lawrules.shtm>.
- ⁸ Varicella reporting form is at http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/forms/f11_11046.pdf. Call local health dept for copy with their fax number.
- ⁹ Please refer to specific rules and regulations for birth defects reporting and who to report to at http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm.
- ¹⁰ Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/.
- ¹¹ Contact local poison center at 1-800-222-1222. For instructions, forms, and fax numbers see <http://www.dshs.state.tx.us/epidemiology/epipoison.shtm#rcso>.
- ¹² Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/default.shtm>.
- ¹³ Laboratories should report syphilis test results within 3 work days of the testing outcome.
- ¹⁴ MTB complex includes *M.tuberculosis*, *M.bovis*, *M.africanum*, *M.canettii*, *M.microti*, *M.caprae*, and *M.pinnipedii*. Please see rules at <http://www.dshs.state.tx.us/idcu/disease/tb/>.

Call Immediately 24/7 Phone Number – 1-800-705-8868

*Find contact information for your local or regional health department at <http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>

Department of State Health Services – Business Hours 1-800-252-8239 / After Hours 512-458-7111

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