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Why Report?

This issue of Disease Prevention News focuses on disease surveillance. Surveillance data, which are acquired through reporting, are used to monitor variations in disease trends, respond to disease threats, identify risk factors for disease, and recommend and assess disease intervention/prevention strategies. Another component of surveillance is the feedback of information to health care providers. The ultimate goal is to improve public health and welfare and reduce health care costs.

Obviously, health care professionals are an integral part of the reporting process. Ideally disease reporting would be a habit. Unfortunately, this often is not the case. Some health practitioners think reporting is voluntary when, in fact, it's "the law." Others worry about patient confidentiality, however maintaining the confidentiality of reported cases is also "the law." Many may feel overwhelmed as they try to keep track of what, when, how, and to whom diseases/conditions should be reported. So, we want to take this opportunity to remind you of some reporting benefits and to review the reporting process. We also want to tell everyone who reported in 1996 that we really appreciate you--thanks!!

Here are a few good reasons to report:

Reports help improve patient care.

Health care providers who promptly report notifiable conditions share vital information with their colleagues. Up-to-date information regarding morbidity and mortality within a community provides physicians with a "jump start" for making accurate diagnoses. The sooner a physician can make the correct diagnosis, the sooner the patient can be treated. The Texas Department of Health provides surveillance data to health care providers in a variety of ways including the award-winning TDH WEB Page; our award-winning biweekly newsletter, *Disease Prevention News*; and the *Epidemiology in Texas Annual Report*.

Reports help stop outbreaks.

Health professionals who report perform another essential service -- they help stop the spread of disease. For example, when hepatitis A, measles, or meningococcal meningitis cases are reported, health department personnel quickly mobilize to determine who should receive chemoprophylaxis to prevent additional cases. Likewise, when the health department is notified of sexually transmitted disease or tuberculosis cases, investigators attempt to locate case contacts. More specifically, in August, 1995 notification of a dengue fever outbreak in Reynosa, Mexico, allowed the Texas Department of Health to mount a public education campaign to prevent a similar outbreak in South Texas. Two months later, in October, the Texas department of Health received reports of several cases of *Salmonella agona* infection. Most of the patients had eaten at a particular restaurant where a Mexican dish was being prepared in an unsanitary manner. Recommendations were made to diminish the chance for new cases.

Noncommunicable disease reporting is also important. For instance, pesticide poisoning surveillance data provided the basis for the 1993 Environmental Protection Agency's Worker Protection Standard, which requires training and education in the safe use of pesticides for agricultural workers. The 1988 report of a single silicosis case led to the identification of 10 confirmed silicosis cases and the OSHA investigation of hazardous exposures to silica dust in an entire industry. These findings led to changes in the industry and

Continued ☛

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Subscription Renewal Due

continued monitoring of similar occupational settings. A single elevated blood lead level report, similarly led to the identification of home-based lead battery assembly as a cottage industry that exposed dozens of persons without proper protective equipment.

Reports help us recognize new disease threats.

Through disease reports, several newly recognized diseases have been detected in Texas. Lyme disease and ehrlichiosis both occur here; in the past, Rocky Mountain spotted fever, tick-borne relapsing fever, and tularemia were the only tick-borne diseases reported. Seven cases of hantavirus pulmonary syndrome have been reported since 1993. During 1994 and 1995, 110 *Escherichia coli* O157:H7 cases were reported. In 1996 over 100 cases of *Cyclospora* infection and 76 cases of mercury poisoning in Texas after exposure to a beauty cream were identified.

How do you report?

Texas law requires designated professionals to provide specific information regarding certain disease and other adverse health conditions. Form 6-101a, *Reportable Conditions in Texas*, included in this issue, provides comprehensive information regarding who, what, when, where, and how notifiable conditions should be reported.

You should call your local health department when laboratory results indicate that a patient has a reportable condition; its your clinical impression that a patient has a reportable condition; you recognize an outbreak or something new; you think your patient may have exposed others; or you think a situation exists that puts the public at risk. As mentioned on Form 6-101a, diseases that spread rapidly or have serious conse-

quences, unusual conditions, and outbreaks must be reported immediately. Tuberculosis and rubella cases are to be reported within one working day. Other reportable conditions should be reported within one week of identification. But the best rule to follow is to report as soon as possible. You can reach your local health department by calling (800) 705-8868. This number may also be called after hours and on weekends to report public health emergencies requiring immediate attention.

How do you discover new things?

Another good habit would be to save the "evidence" for follow-up investigation. In 1993 an infection control practitioner contacted TDH to report an unusual case of pneumonia and submitted a serum sample to the TDH Laboratory. Subsequently, the first hantavirus case in Texas was confirmed. In 1994 in Webb County, a common-source listeriosis outbreak due to a frozen vegetable mix was confirmed because the hospital laboratory had saved the *Listeria* isolates. Unfortunately, in 1996 two purported cases of vancomycin resistant *Staphylococcus aureus* infection could not be confirmed because the isolates in both situations had been discarded.

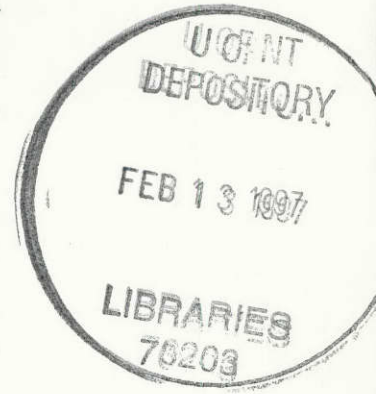
What's in it for you?

Because reporting is so important, TDH remains committed to reducing as many reporting barriers as possible. In addition to ongoing efforts to streamline the reporting process we are also trying to improve the means by which information is provided to health professionals in Texas. One source of information that is growing daily is the TDH *World Wide Web* site, <http://www/tdh.state.tx.us>. Also, in urgent circumstances, TDH can dispatch public health alerts to infection control practitioners and local health de-

partment personnel via FAX modem. And of course you can still reach us by telephone. The following telephone numbers provide access to TDH epidemiologists and physicians who can provide information regarding some of the most common health topics.

We hope this material will be useful to you. Once again, thanks to everyone who reports.

Prepared by Julie Rawlings, MPH, TDH Infectious Disease Epidemiology and Surveillance Division.



Who to call?

Chronic Diseases	(512) 458-7200	Other Infectious Diseases	(800) 252-8239
Food and Drug Safety	(512) 719-0222	Reporting	(800) 705-8868
HIV/STD	(512) 490-2500	TDH Laboratories	(512) 458-7318
Immunization Division	(800) 252-9152	Texas Cancer Registry	(512) 467-2239
Injury Prevention and Control	(512) 458-7266	Tuberculosis	(512) 458-7447
NonCommunicable Diseases	(512) 458-7222	Zoonosis Control	(512) 458-7255

HAPPY NEW YEAR!!!

Excellence Awards for *Disease Prevention News*

Last August we were thrilled to receive the following special compliment from *Texas Monthly Magazine* in its recognition of the Texas Department of Health *World Wide Web* site as one of **Texas 100 Best**:

*"Stats, stats, stats--the TDH has enough disease and health data to numb the mind. ...it also has reprints of its excellent newsletter, *Disease Prevention News*..."*

On December 15, we received another wonderful surprise! The Austin Chapter of the International Association of Business Communicators informed us that *Disease Prevention News* won an Award of Excellence in the 1996 Best of Austin Awards & Evaluation Program. Entries were judged for content showing careful and imaginative planning, a clearly stated purpose, high and consistent editorial and design standards, and documentation of significant results achieved.

When we receive our award on January 8, we also will receive a written evaluation that includes recommendations for improving our publication even further. This award was especially gratifying in light of the fact that most entrants were from private businesses, most of which have financial and staffing resources far greater than ours!



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December, 1996

Dear Health Care Professional:

In Texas, our international ports of entry and increasing population leave us vulnerable to new public health threats. At the Texas Department of Health (TDH), we are concerned about our ability to detect and deal with these new threats while continuing to track the more familiar diseases. You can help by reporting diseases to the public health system.

The Texas Communicable Disease Prevention and Control Act requires physicians and other health professionals to report certain diseases and health conditions. Timely reporting helps us contain outbreaks quickly, preventing the spread of sometimes deadly and often costly diseases. Reporting enables epidemiologists to provide intervention and prevention strategies to health care professionals. Reporting also provides data for monitoring disease trends.

Because disease reporting is so important, we have tried to make it easy. Any notifiable condition may be reported by dialing **1-800-705-8868**. This number can also be used after hours and on weekends to report foodborne botulism, human rabies, or other diseases requiring immediate attention.

For nonemergency conditions, you may prefer to report in writing. TDH can send you a booklet containing "private provider report cards" for the initial reporting of any condition.

You are an important part of the public health system in this state--in many cases, the sentinel for mobilizing the system to action. Please keep the toll-free number and list of reportable diseases close by. Your participation in disease reporting will enable TDH to improve the public's health and reduce health care costs.

For more information, or to order reporting materials, please call TDH's Infectious Disease Epidemiology and Surveillance Division at (512) 458-7676. Information about "hot" disease topics is available on the World Wide Web at <http://www.tdh.state.tx.us>.

Sincerely,

A handwritten signature in black ink, appearing to read "Patti J. Patterson".

Patti J. Patterson, MD
Commissioner of Health

Reportable Conditions in Texas



Several Texas laws require specific information regarding reportable conditions to be provided to the Texas Department of Health. The Communicable Disease Prevention and Control Act (Health & Safety Code, Chapter 81) requires physicians, dentists, veterinarians, and chiropractors to report, after the first professional encounter, each patient examined who is suspected of having a reportable disease. Also required to report are certain individuals from hospitals, laboratories, and schools. Detailed rules on the reporting of notifiable diseases and conditions and the duties of local health authorities may be found in Article 97, Title 25, Texas Administrative Code.

Diseases reportable immediately by telephone to local health departments or Texas Department of Health by name, age, sex, race/ethnicity, DOB, address, telephone number, disease, date of onset, physician, and method of diagnosis.

TDH Infectious Disease Epidemiology
& Surveillance Division
(CALL TOLL-FREE 1-800-252-8239)

TDH Immunization Division
(CALL TOLL-FREE 1-800-252-9152)

Botulism, foodborne	Plague	Diphtheria	Pertussis
Cholera	Rabies, human	<i>Haemophilus influenzae</i>	Poliomyelitis,
Meningococcal infections, invasive ¹	Viral hemorrhagic fevers	type b infections, invasive ¹	acute paralytic
	Yellow Fever	Measles (rubeola)	

Outbreaks, exotic diseases, and unusual group expressions of illness which may be of public health concern also should be reported immediately.

Diseases reportable to local health departments² by name, age, sex, race/ethnicity, DOB, address, telephone number, disease, date of onset/occurrence, physician, and method of diagnosis. Report these diseases on a weekly basis except for rubella and tuberculosis which should be reported within one working day.

Acquired immune deficiency syndrome (AIDS) ³	Hansen's disease (leprosy)	Relapsing fever
Amebiasis	Hantavirus infection	Rocky Mountain spotted fever
Anthrax	Hemolytic uremic syndrome (HUS)	Rubella
Asbestosis ⁴	Hepatitis, acute viral (specify type) ⁶	Salmonellosis, including typhoid
Botulism (infant)	Injuries (specify type) ⁷	Shigellosis
Brucellosis	Spinal cord injury	Silicosis ⁴
Campylobacteriosis	Near drowning	Streptococcal disease, invasive
Chancroid ⁵	Lead, adult elevated blood ⁴	Group A
<i>Chlamydia trachomatis</i> infection ⁵	Lead, childhood elevated blood ⁴	Syphilis ⁵
Cryptosporidiosis	Legionellosis	Tetanus
Dengue	Listeriosis	Trichinosis
Ehrlichiosis	Lyme disease	Tuberculosis ⁹
Encephalitis (specify etiology)	Malaria	Tuberculosis infection in persons
<i>Escherichia coli</i> O157:H7 infection	Meningitis (specify type) ⁸	less than 15 years of age ⁹
Gonorrhea ⁵	Mumps	Typhus
	Pesticide poisoning, acute occupational ⁴	<i>Vibrio</i> infections

By number only: Chickenpox

By last 4 digits of social security number; sex; race/ethnicity; DOB; city, county, and zip of patient's residence; and name, address, and telephone number of physician: HIV infection in persons 13 years of age and older.

By name; sex; race/ethnicity; DOB; city, county, and zip of patient's residence; and name, address, and telephone number of physician: HIV infection in persons less than 13 years of age.

¹Includes meningitis, septicemia, cellulitis, epiglottitis, osteomyelitis, pericarditis, and septic arthritis.

²The local or regional health department shall collect reports of diseases and transmit them at weekly intervals to TDH.

³Reported by physician only once per case, following initial physician diagnosis.

⁴The Occupational Disease Reporting Act (Health & Safety Code, Chapter 84) requires physicians and directors of laboratories to report these occupationally related diseases to the Texas Department of Health at 512/458-7269.

⁵Syphilis, gonorrhea, chancroid, and laboratory-confirmed *Chlamydia trachomatis* infections are reportable in accordance with Sections 97.132, 97.134, and 97.135 of TAC. Form STD-27, "Confidential Report of Sexually Transmitted Disease," shall be used to report these sexually transmitted diseases. Questions may be directed to 512/490-2505.

⁶Includes types: A; B; C; D (Delta); E; non-A, non-B; and unspecified.

⁷The Injury Prevention and Control Act (Health & Safety Code, Chapter 87) requires physicians, medical examiners, and Justices of the Peace to report these injuries to local health departments or to the Texas Department of Health 512/458-7266.

⁸Includes aseptic/viral, bacterial (specify etiology), fungal, and other.

⁹Report tuberculosis on Form TB-400, "Report of Case and Patient Services." Questions may be directed to 512/458-7448.

Disease Reporting

Initial reporting of any reportable disease may be made by calling (800) 705-8868. An EPI-1 form may also be used to initially report notifiable conditions except:

- Foodborne botulism, cholera, invasive meningococcal infections, plague, rabies in humans, viral hemorrhagic fevers, and yellow fever. Call (800) 252-8239 immediately to report these diseases.
- Diphtheria, invasive *Haemophilus influenzae* type b infections, measles, pertussis, and acute paralytic poliomyelitis. Call (800) 252-9152 immediately to report these diseases.
- Rubella. Call (800) 252-9152 within one work day.
- Chancroid, *Chlamydia trachomatis* infections, gonorrhea, and syphilis. Use form STD-27 to report these sexually transmitted diseases. Call your regional office to order forms.
- HIV/AIDS. Use form HIV-1 to report HIV in persons > 13 years of age and form CDC 50.42A to report AIDS in persons > 13 years of age. To report HIV or AIDS in persons ≤ 13 years of age, use form CDC 50.42B. Call your regional office to order forms.
- TB and tuberculosis infections in persons < 15 years of age. Use TB-400 forms to report. Call your regional office to order forms.

Disease Investigation Forms

In addition to an initial report, many reportable diseases require further investigation for confirmation.

A) Call the Infectious Disease Epidemiology and Surveillance Division at (800) 252-8239 to request investigation forms for the following diseases:

Arboviral infections(mosquito-borne illness)	Lyme disease
Botulism (infant and foodborne)	Malaria
Brucellosis	Meningitis (specify type)
Dengue	Relapsing fever
Ehrlichiosis	Rocky Mountain spotted fever
Encephalitis (specify etiology)	Trichinosis
<i>Escherichia coli</i> O157:H7	Typhoid fever
Hantavirus infection	Typhus
Hepatitis(viral)	<i>Vibrio</i> infections (except Cholera)
Legionellosis	

B) Call the Immunization Division at (800) 252-9152 to request investigation forms for the following diseases:

Mumps

Tetanus

C) Call the Bureau of Epidemiology at (512) 458-7268 to request investigation forms for the following conditions:

Elevated blood lead levels

Occupationally acquired diseases

Near drowning

Spinal cord injuries

To report outbreaks, exotic diseases, and unusual group expressions of illness which may be of public health concern, call the Infectious Disease Epidemiology and Surveillance division at (800) 252-8239 or (512) 458-7218. Forms are **available and required** for foodborne and waterborne outbreaks.

Active Surveillance of Vaccine-Preventable Diseases

In 1995, the Immunization Division initiated an active surveillance system to monitor vaccine-preventable disease occurrence. To prevent duplication of surveillance activities, regional and local health departments were queried about any existing active surveillance systems. Austin Health and Human Services/Travis County Health Department, Dallas County Health Department, Houston Health and Human Services, and the San Antonio Metropolitan Health District either had existing active surveillance systems or requested that local agencies and physicians in their areas not be contacted. This active surveillance system was designed to enhance and assist, rather than replace, current surveillance activities. Prior to the implementation of the active surveillance system, surveillance activities relied solely upon hospitals, laboratories, health providers, day-care centers, and schools reporting vaccine-preventable disease cases to their local health departments or to the Texas Department of Health.

The Immunization Division enlisted nearly 500 active surveillance sentinels from Texas. The selected sites included large private hospitals, all public hospitals, school districts with more than 5,000 students, day-care centers, major private clinics, and universities with more than 10,000 students. The sentinels were rotated every 3 months, so that 125 sites were routinely contacted every 2 weeks for a calendar quarter and asked about cases of measles, mumps, rubella,

pertussis, and varicella diagnosed in the facility. If a case was identified through these calls, it was determined if the case had previously been reported. If it had not, the local health department was immediately contacted, and a case investigation was initiated at that time.

Over the course of 1995, the active surveillance project collected information on 7,148 cases of varicella from participating sentinels. Six suspected measles cases and six suspected rubella cases were detected through this system, as were 17 suspected cases of pertussis and 24 suspected cases of mumps.

Over the year, approximately 2,800 telephone calls were placed to sentinels to collect this information. This clearly demonstrates the labor-intensive nature of active surveillance systems. However, these suspected cases may not have otherwise been reported to local or regional health departments. As a result, control measures may not have been initiated in a timely manner, and the potential for further disease transmission may have been great. In future years, the Immunization Division hopes to expand the active surveillance system's ability to identify unreported cases of vaccine-preventable diseases by enlisting more sentinels.

For further information contact the TDH Immunization Division at (800) 252-9152.

Prepared by Lisa Besselink, MHA, TDH Immunization Division.



The electronic versions of *Disease Prevention News* are available at the following locations:
<http://www.tdh.state.tx.us/phpep/dpnhome.htm>
TDH Healthy Texans BBS: (800) 858-5833

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All subscriptions renewals due by March 31!

Revised subscription materials were sent by separate mail to all DPN subscribers last month. This mailing included the revised subscription form, information on the new service fees for print copies, and eligibility guidelines for complimentary services. *If you have not yet received these materials and wish to renew your DPN subscription, please contact us by phone at (512) 458-7677, by FAX at (512) 458-7601, or by mail, Disease Prevention News, TDH Public Health Professional Education Program, 1100 West 49th Street, Austin, Texas, 78756-3199.*

To date, response to the revised subscription guidelines has been positive. We thank those of you who have been so prompt in providing us with feedback and updated subscription status and encourage all our readers to continue to send in their comments regarding how well we are meeting our public health goals.

Reminder:

The electronic version of *DPN* will continue to be available free of charge to everyone on the *World Wide Web* at <http://www.tdh.state.tx.us/phpep/dpnhome.htm>.