

Madison County Health Department
Explanation of Reportable Disease Data
Calendar Year 2013

The attached table shows the *confirmed* cases of reportable diseases and conditions reported to Madison County Health Department (MCHD) over the last 5 years. The data includes only cases that meet clinical case definition and/or confirmation by laboratory testing or are epidemiologically linked to a confirmed case. It is assumed that not all cases are detected, reported and confirmed. However, the reports received are indicative of what is occurring in Madison County.

The Kentucky Department for Public Health (KDPH) uses the National Electronic Data Surveillance System (NEDSS) that was implemented on January 1, 2012.

In 2013, MCHD responded to two (2) Norovirus outbreaks and one (1) Influenza outbreak in three (3) different Long-term Care Facilities. These outbreaks occurred in February and March. The affected facilities implemented the standard Public Health recommendations quickly and thoroughly. The outbreaks were well managed and resolved in a timely manner without complications.

Fifty-one (51%) percent of MCHD diseases reported in 2013 were positive Hepatitis C Virus (HCV) results. Kentucky is rated highest in the nation for Hepatitis C Cases. In 2011, the Kentucky rate was at 3.2, whereas the USA rate is 0.4. This is a reflection of one major risk factor: injectible drug use, a tremendous issue facing our society. Many of the HCV reports received are the result of chronic infections.

In Kentucky, only acute Hepatitis C cases are normally required to be reported. However, since January 1, 2014, the Kentucky Department for Public Health is requesting the assistance of Kentucky Healthcare Providers with an active surveillance project to help us estimate the number of pregnant women and children aged five years and less who are infected with hepatitis C virus (HCV) seen in birthing hospitals, medical practices, and clinics throughout the Commonwealth. To date, Kentucky has over 300 HCV positive pregnant women.

KAR 2:020 requires that healthcare providers report over 70 diseases or conditions which have epidemiological significance. Reports may also be received from private and public laboratories. For **2013**, MCHD had a total of **252 Case Reports** (16 more than 2012) with **58 confirmed illnesses** (29 less than 2012). These consisted of: 18 Reportable categories, *without* Tuberculosis or Sexually Transmitted Diseases. A few were reported as “suspect” or “probable” cases.

Once reports are received we analyze them, study the disease process using multiple resources, determine case definition (or lack thereof) and often contact providers for more information. The Primary Care Provider notifies the patient of the diagnosis prior to our involvement except in unusual circumstances (such as difficulty in notifying patients, etc., when our assistance is requested). Many of these reports require patient education concerning the particular pathogen including communicability, control and prevention of spread, contact investigation and referrals, etc. We then report our findings into NEDSS. Attached is the Kentucky Reportable Disease form, “EPID 200,”

which lists all diseases or conditions reportable in KY. In outbreak situations, we partner with community providers to provide support, information, contact investigations, resources, referrals, etc.

MCHD continues to voluntarily participate in year round influenza-like illness surveillance in accordance with state requests as outlined by KDPH.

Note of Interest: We anticipate another *possible* outbreak of Pertussis in the coming months related to the recent events of 800 cases within 2 weeks that occurred in California. As of June 10, there have been 3,458 cases of pertussis reported to the California Department of Public Health (CDPH) in 2014, more cases than reported in the entire year of 2013. Since our 2012 Pertussis outbreak, KDPH has continued to supply MCHD with free Tdap (Tetanus/Diphtheria/Pertussis) vaccine for Madison County residents in an effort to help keep our “community immunity” as high as possible. We are seeing occasional cases of Pertussis, but they are becoming much less frequent.

<http://www.cdc.gov/hepatitis/Statistics/2011Surveillance/Table4.1.htm>

KENTUCKY REPORTABLE DISEASES AND CONDITIONS

Cabinet for Health Services Department for Public Health

902 KAR 2:020 requires health professionals to report the following diseases to the local health department serving the jurisdiction in which the patient resides or to the Department for Public Health.

- | | | |
|---|---|--|
| <input type="checkbox"/> AIDS** ▼ Animal bites ① Animal conditions known to be communicable to man | Hansen's Disease Hantavirus infection Hepatitis A ① Hepatitis B, acute ① Hepatitis B, Perinatal <input type="checkbox"/> Hepatitis C, acute <input type="checkbox"/> Histoplasmosis <input type="checkbox"/> HIV infection** Influenza virus isolates | Ricin poisoning <input type="checkbox"/> Rocky Mountain spotted fever Rubella Rubella syndrome, congenital Salmonellosis Shigellosis Silicosis |
| Botulism, including infant Brucellosis Campylobacteriosis <input type="checkbox"/> Chancroid <input type="checkbox"/> <i>Chlamydia trachomatis</i> Cholera Coal workers' pneumoconiosis | ILI's in long term care facilities <input type="checkbox"/> Lead poisoning <input type="checkbox"/> Legionellosis Listeriosis <input type="checkbox"/> Lyme Disease <input type="checkbox"/> Lymphogranuloma venereum <input type="checkbox"/> Malaria Measles Meningococcal infection ① Mumps Mycotoxins-T2 Pertussis | Smallpox Staphylococcal enterotoxin B ① Streptococcal disease, invasive Group A <input type="checkbox"/> <i>Streptococcus pneumoniae</i> , drug-resistant invasive disease Syphilis, primary, secondary early latent or congenital <input type="checkbox"/> Syphilis, other than primary secondary, early latent or congenital |
| Cryptosporidiosis Diphtheria E. coli, O157:H7 E. coli, shiga toxin positive <input type="checkbox"/> Ehrlichiosis Encephalitis, California group Encephalitis, Eastern Equine Encephalitis, St. Louis Encephalitis, Venezuelan Equine Encephalitis, Western Equine Encephalitis, West Nile ① Foodborne outbreak/intoxication <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Granuloma inguinale Haemophilus influenzae , invasive disease | Measles Meningococcal infection ① Mumps Mycotoxins-T2 Pertussis Plague Poliomyelitis Psittacosis Q fever Rabies, animal Rabies, human <input type="checkbox"/> Rabies post-exposure prophylaxis | Tetanus ① Toxic shock syndrome <input type="checkbox"/> Toxoplasmosis ① Tuberculosis Tularemia Typhoid fever Vibrio parahaemolyticus Vibrio vulnificus Viral hemorrhagic fevers ① Waterborne outbreaks Yellow fever |

POSSIBLE INDICATOR OF BIOTERRORISM—REPORT IMMEDIATELY.

- REPORTING REQUIRED WITHIN 24 HOURS—by telephone or FAX, followed by written report.**
- ① **REPORTING REQUIRED WITHIN 1 BUSINESS DAY—by telephone or FAX, followed by written report.**
- REPORTING REQUIRED WITHIN 5 BUSINESS DAYS**
- ▼ **Report animal bites within 12 hours to the local health department in accordance with KRS 258.065.**

REPORT IMMEDIATELY by TELEPHONE to the Local Health Department or the KDPH:

- Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent.
- An outbreak, epidemic, related public health hazard or act of bioterrorism, such as SMALLPOX.

Kentucky Department for Public Health in Frankfort
Telephone: (502) 564-3418 or 1-888-9-REPORT
Fax: (502) 696-3803

*To report HIV/AIDS or to obtain report forms in the Louisville area (Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble counties), call the HIV/AIDS Louisville Jefferson County Surveillance Program at: 502-574-6574. In all other Kentucky counties contact the HIV/AIDS Branch at: 502-564-6539. **NEVER REPORT AN HIV/AIDS CASE BY FAX MACHINE OR ANSWERING MACHINE.**



Madison County
Reportable Disease Summary
2009-2013

Statistics based on calendar year.

| CONFIRMED DISEASE | 2009 | 2010 | 2011 | 2012 | 2013 | TOTAL |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| Campylobacteriosis | 3 | 4 | 9 | 9 | 11 | 36 |
| Escherichia coli ; shiga toxin positive | 1 | . | 5 | 1 | 0 | 7 |
| Group A Strep; invasive disease | . | 1 | . | . | 0 | 1 |
| Haemophilus Influenza | . | 2 | . | . | 0 | 2 |
| Hepatitis A | 1 | . | . | 1 | 4 | 6 |
| Hepatitis B; acute | 3 | 2 | 2 | 6 | 7 | 20 |
| Hepatitis C; acute | . | 1 | 1 | 1 | 2 | 5 |
| Histoplasmosis | 2 | . | . | . | 0 | 2 |
| Influenza | 266 | 27 | 75 | 10 | 8 | 386 |
| Legionella | 2 | . | . | . | 3 | 5 |
| Pertussis | 20 | 12 | 2 | 41 | 8 | 83 |
| Rabies, animal | 2 | . | 1 | . | 0 | 3 |
| Rabies, PEP | . | . | . | 1 | 0 | 1 |
| Salmonella | 10 | 18 | 9 | 14 | 9 | 60 |
| Shigella | . | 2 | . | . | 1 | 3 |
| Strep Pneumoniae; drug-resistant invasive disease | 1 | 5 | 2 | 1 | 1 | 10 |
| Streptococcal Toxic Shock Syndrome | . | 1 | . | 1 | 0 | 2 |
| Tuberculosis | 1 | . | 1 | 1 | 0 | 3 |
| Ehrlichiosis | | | | | 1 | 1 |
| Perinatal Hepatitis B | | | | | 3 | 3 |
| Hansen's Disease/Leprosy | | | | | 1 | 1 |
| Rocky Mountain Spotted Fever | | | | | 1 | 1 |
| TOTAL | 312 | 75 | 107 | 87 | 60 | 641 |

*Data Source: Business Objects & local epi surveillance/reports.
Report created by Karen King, RN, Nurse Supervisor*

Madison County
Chlamydia, Gonorrhea and Syphilis Statistics
2009-2013

| | <u>2009</u> | <u>2010</u> | <u>2011</u> | <u>2012</u> | <u>2013</u> |
|------------------|-------------|-------------|-------------|-------------|-------------|
| Chlamydia | 183 | 284 | 301 | 314 | 341 |
| Gonorrhea | 23 | 50 | 40 | 39 | 68 |
| Syphilis | 3 | 1 | 2 | 4 | 3 |

This table includes sexually transmitted infection data from all sources.

Data Source: STD Program, Kentucky Department for Public Health
Report created by Karen King, RN, Nurse Supervisor