

**Guidelines for Surveillance and Investigation of Infectious Diseases
Health Service Region 11 – February 2007**

REPORTING

The chart below indicates which Texas Department of State Health Services program monitors a particular infectious disease or condition in Region 11:

Notifiable Condition	Regional Program
Acquired immune deficiency syndrome (AIDS)	HIV/STD
Amebiasis	EPI
Anthrax	ZC, EPI
Arbovirus infection	ZC
Botulism, foodborne	EPI
Botulism, infant, wound, and other	EPI
Brucellosis	ZC
Campylobacteriosis	EPI
Chancroid	HIV/STD
Chickenpox (varicella)	IMM
<i>Chlamydia trachomatis</i> infection	HIV/STD
Creutzfeldt-Jakob disease (CJD)	EPI
Cryptosporidiosis	EPI
Cyclosporiasis	EPI
Cysticercosis	ZC
Dengue	ZC
Diphtheria	IMM
Ehrlichiosis	ZC
Encephalitis (specify etiology)	EPI (non-arboviral) ZC (arboviral)
<i>Escherichia coli</i> , enterohemorrhagic	EPI
Gonorrhea	HIV/STD
<i>Haemophilus influenzae</i> type b infections, invasive	IMM
Hansen's disease (leprosy)	TB
Hantavirus infection	ZC
Hemolytic uremic syndrome (HUS)	EPI
Hepatitis A (acute)	EPI
Hepatitis B, C, D, E, and unspecified (acute)	EPI (IMM for Hep B)
Hepatitis B (acute & chronic) identified prenatally or at delivery	IMM
Human immunodeficiency virus (HIV) infection	HIV/STD
Legionellosis	EPI
Leishmaniasis	ZC
Listeriosis	EPI
Lyme disease	ZC
Malaria	EPI
Measles (rubeola)	IMM
Meningitis (specify type)	EPI
Meningococcal infections, invasive	EPI

Notifiable Condition	Regional Program
Mumps	IMM
Pertussis	IMM
Plague	ZC, EPI
Poliomyelitis, acute paralytic	IMM
Q fever	ZC
Rabies, human	ZC
Relapsing fever	ZC
Rubella (including congenital)	IMM
Salmonellosis, including typhoid fever	EPI
Severe Acute Respiratory Syndrome (SARS)	EPI
Shigellosis	EPI
Smallpox	EPI
Spotted fever group rickettsioses	ZC
<i>Staphylococcus aureus</i> , vancomycin-resistant (VISA and VRSA)	EPI
Streptococcal disease (group A, B, <i>S. pneumo</i>), invasive	EPI
Syphilis	HIV/STD
<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection	ZC
Tetanus	IMM
Trichinosis	ZC
Tuberculosis (includes all <i>M. tuberculosis</i> complex)	TB
Tularemia	ZC, EPI
Typhus	ZC
<i>Vibrio</i> infection, including cholera	EPI
Viral hemorrhagic fever	EPI
West Nile Fever	ZC
Yellow fever	ZC
Yersiniosis	EPI

NOTE: Non-infectious notifiable conditions are not included in this list. Please go to www.dshs.state.tx.us/idcu/investigation/conditions/ for the complete list of Notifiable Conditions.

INVESTIGATION

For the **EPI** diseases, the Region 11 Epidemiology program investigates diseases in counties not covered by local health departments and consults as requested and needed in counties covered by a local health department. For other diseases, please work with the Regional Zoonosis Control (**ZC**), Immunization (**IMM**), Tuberculosis Elimination (TB), or HIV/STD programs, as applicable. Some local health departments divide the responsibility for various diseases differently than we do in the Regional office.

The text below describes the standard procedure for EPI disease investigations, whether conducted by the Region or by a local health department.

The EPI-1 form

Sometimes local health departments will receive EPI-1 forms (the universal reporting form) from health care providers, and sometimes local health departments will complete an EPI-1 form based on laboratory reports, a phone call from a provider, or other information. Depending on what is received, the local or Regional health department will either complete an EPI-1 or screen the incoming EPI-1.

Screening or completing the EPI-1 involves the following activities:

- a. Screening the EPI-1 form for missing information, clusters or patterns of disease reports, and unusual and/or suspicious disease reports.
- b. Contacting the hospitals, laboratories and medical providers to obtain missing information or lab reports.
- c. Receiving clarification or confirmation of unusual or suspicious reports.
- d. Obtaining the correct home address of the patient whenever possible. This is becoming increasingly important to understanding the spatial distribution of diseases. You should attempt to get a street address for *all* conditions. PO boxes and most rural route box numbers are not street addresses.

Beyond the EPI-1 form: more detailed investigations

The following EPI, zoonotic, and vaccine-preventable diseases always require that an additional case investigation form be completed, even on a single case:

Immediately reportable:

Anthrax
 Botulism, foodborne
Haemophilus influenzae type b infection, invasive
 Measles (use rash-fever illness case track record)
 Meningococcal infections, invasive
 Plague
 Smallpox (form is on CDC website or obtainable from Region 11)
 Tularemia
 Viral hemorrhagic fever
 Yellow fever (mosquito-borne illness case investigation form)
 Outbreaks, exotic diseases, unusual group expressions of illness

Reportable within one work day:

Brucellosis
 Hepatitis A (acute)
 Hepatitis B (acute & chronic) identified prenatally or at delivery
 Pertussis
 Q fever
 Rubella (including congenital) (use rash-fever illness case track record)
Vibrio infection, including cholera

Reportable within one week:

Arbovirus infection (mosquito-borne illness case investigation form)
 Botulism, infant, wound, and other
 Chickenpox (varicella)
 Creutzfeldt-Jakob disease (CJD)
 Cryptosporidiosis
 Cysticercosis
 Dengue (mosquito-borne illness case investigation form)
 Ehrlichiosis (Rickettsial disease investigation form)
 Encephalitis (mosquito-borne illness case investigation form if caused by St. Louis, California, Eastern equine, Western equine or Venezuelan equine encephalitis viruses or West Nile virus)
Escherichia coli, enterohemorrhagic
 Hantavirus infection
 Hemolytic uremic syndrome (HUS)
 Hepatitis B, C, D, E, and unspecified (acute)
 Influenza-associated pediatric mortality
 Legionellosis
 Leishmaniasis
 Listeriosis
 Lyme disease (Lyme Borreliosis form)
 Malaria (form is on CDC website, or obtainable from Region 11)
 Meningitis, bacterial (note: infection due to *Neisseria meningitidis* is **immediately** reportable)
 Mumps
 Relapsing fever (tick-borne relapsing fever investigation form)
 Salmonellosis: typhoid fever only (typhoid fever surveillance report)
 Spotted fever group rickettsioses (Rickettsial disease investigation form)
 Streptococcal disease (group A, B, *S. pneumo*), invasive
Taenia solium and undifferentiated *Taenia* infection
 Tetanus
 Trichinosis (call Region 11 ZC)
 Typhus, murine (Rickettsial disease investigation form)
 West Nile fever (mosquito-borne illness case investigation form)
 Yersiniosis

Please note that this list mostly corresponds to the list of DSHS and CDC investigation forms found at

<http://www.dshs.state.tx.us/idcu/investigation/> (EPI diseases) and
<http://www.dshs.state.tx.us/idcu/health/zoonosis/forms/> (zoonoses) and
http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/forms/
 (vaccine-preventables)

Of course, there are other conditions, including tuberculosis and certain sexually transmitted diseases, which also require investigation forms. Please consult the Regional Tuberculosis Elimination and HIV/STD programs for further information.

These are the minimum requirements. Local Health Departments may always choose to investigate additional cases or assume responsibility for additional communicable diseases.

FAQs:

Q. Now that we are using NEDSS, do you still want the paper EPI-1 forms, investigation forms and supporting materials?

A. Yes. For the EPI conditions that require a detailed investigation, please send us the EPI-1 form in advance so that we can know to expect the investigation form, the laboratory reports, and any other supporting materials. You can then send the investigation form and any other information after you have completed the investigation.

For zoonotic and vaccine-preventable conditions, please follow the procedures recommended by the Regional Zoonosis Control and Immunization programs.

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Q. Once we have completed an investigation form for an EPI condition, do we send it to the Region or to Austin?

A. To the Region, please. Zoonotic disease investigation forms also need to be sent to the Region.

For vaccine-preventable conditions, please follow the procedures recommended by the Regional Immunization program.

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Q. Do you want us to call you if we have a report of an outbreak, an immediately reportable condition, or a condition reportable within one working day?

A. Yes, please. Outbreaks of any disease frequently have an impact on multiple public health jurisdictions, and we can help coordinate joint investigations if necessary. Outbreaks and urgent disease reports often end up requiring notification of or consultation with staff in Austin, and we coordinate that communication. Also, many of the urgent conditions are likely suspects for bioterrorism agents.

* * *

Q. It's confusing to remember which Regional program does which diseases! Why can't you people work together?

A. The Regional Epidemiology, Immunization and Zoonosis Control programs do work together closely. If you're not sure whom to contact, you can always ask the Epidemiology program. If we don't have the answer, we'll refer you to someone who does.

* * *

Q. I don't like the DSHS form for Disease X. Can we use our own investigation form for this condition?

A. Yes, as long as it includes **all** of the information on the DSHS form. Questions on the DSHS form should be asked in the same way (with the same choices) on your department's form, to ensure consistency at the Regional and state level. For example, one question from the DSHS mosquito-borne illness case investigation form asks:

Average number of hours spent outdoors each day (in last 30 days):
 Less than 2 2 – 4 5 – 8 >8

If you instead ask "Do you spend time outside each day? Yes No", then your data will not be consistent with those collected elsewhere in the state.

As another example, many DSHS forms include lists of symptoms for which you should determine whether or not the patient experienced each symptom. If the symptom list on your department's form does not include every symptom on the DSHS form, then your data will not be consistent with those of the rest of the state.

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Q. I still have questions! What about _____?

A. Please contact us, and we will get you the answers as quickly as possible. Your suggestions will help us revise these written guidelines to make them a more useful resource to you.

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