



ANNUAL REPORT OF COMMUNICABLE DISEASES

**Board of Health
November 10, 2016**

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Overview

- DCoDPH Communicable Disease Control Program
- Communicable disease cases and rates for past 5 years
 - Gonorrhea, chlamydia, early syphilis
 - HIV, AIDS
 - Tuberculosis
 - Other communicable diseases
- Challenges with STD, TB, and communicable disease control programs



Communicable Disease Control Program

The Communicable Disease Control Program's primary objectives are to:

- investigate and report suspected or confirmed communicable diseases to the N.C. Division of Public Health
- ensure that appropriate control measures have been prescribed in accordance with the N.C. Communicable Disease Law and Rules.



Communicable Disease Capacity





Communicable Disease Reporting

- Reporting forms provided on website.
- Clinicians mail/fax forms to DCoDPH.
- Public health nurses (PHN) contact providers to gather more data as needed to determine if case definitions are met.
- PHNs enter data electronically in the NC Electronic Disease Surveillance System.

NC Electronic Disease Surveillance System

NC EDSS EVENT ID# _____

North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Communicable Disease Branch

Confidential Communicable Disease Report—Part 1

NC DISEASE CODE
(see reverse side for code)

ATTENTION HEALTH CARE PROVIDERS:
Please report relevant clinical findings about this disease event to the local health department.

Patient's Last Name: _____ First: _____ Middle: _____ Suffix: _____ Maiden/Other: _____ Alias: _____

Birthdate (mm/dd/yyyy): _____ Sex: M F Trans. Parent or Guardian (of minor): _____ Patient Identifier: _____
SSN

Patient's Street Address: _____ City: _____ State: _____ ZIP: _____ County: _____ Phone: _____

Age: _____ Age Type: Years Months Weeks Days

Race (check all that apply): White Black/African American American Indian/Alaska Native Native Hawaiian or Pacific Islander

Ethnic Origin: Asian Hispanic Non-Hispanic Other Unknown

Was patient hospitalized for this disease? (>24 hours) Yes No

Did patient die from this disease? Yes No

Is the patient pregnant? Yes No

Patient is associated with (check all that apply):

- Child Care (child, household contact, or worker in child care)
- School (student or worker)
- College/University (student or worker)
- Food Service (food worker)
- Health Care (health care worker)
- Correctional Facility (inmate or worker)
- Long Term Care Facility (resident or worker)
- Military (active military, dependent, or recent retiree)
- Travel (outside continental United States in last 30 days)

In what geographic location was the patient MOST LIKELY exposed?

- In patient's county of residence
- Outside county, but within NC - County: _____
- Out of state - State/Territory: _____
- Out of USA - Country: _____
- Unknown

CLINICAL INFORMATION

Is/has patient asymptomatic for this disease? Y N U

If yes, symptom onset date (mm/dd/yyyy): ____/____/____

Specify symptoms: _____

If a sexually transmitted disease, give specific treatment details:

1. Date patient treated (mm/dd/yyyy): _____ 2. Date patient treated (mm/dd/yyyy): _____

Medication: _____ Medication: _____

Dosage: _____ Dosage: _____

Duration: _____ Duration: _____

DIAGNOSTIC TESTING

Provide lab information below OR attach a copy of lab results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

Reporting Physician/Practitioner: _____ Health Care Provider for this disease (if not reporting physician): _____

Contact Person/Title: _____ Contact Person/Title: _____

Phone: (____) _____-____-____ Fax: (____) _____-____-____ Phone: (____) _____-____-____ Fax: (____) _____-____-____

LOCAL HEALTH DEPARTMENT USE ONLY

Initial Date of Report to Public Health: ____/____/____

Initial Source of Report to Public Health:

- Health Care Provider (specify):
 - Hospital
 - Private clinic/practice
 - Health Department
 - Correctional facility
- Laboratory
- Other

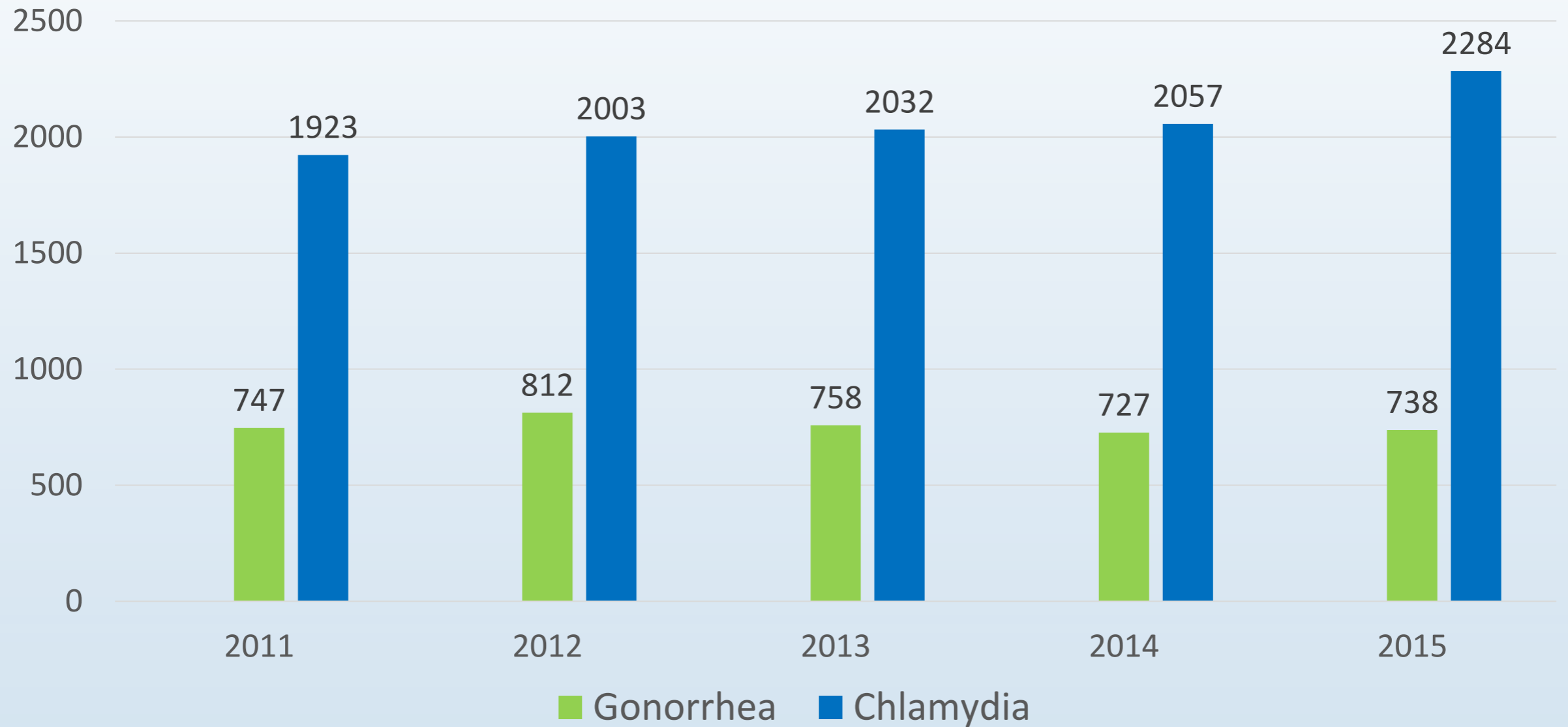
Is the patient part of an outbreak of this disease? Yes No

Outbreak setting:

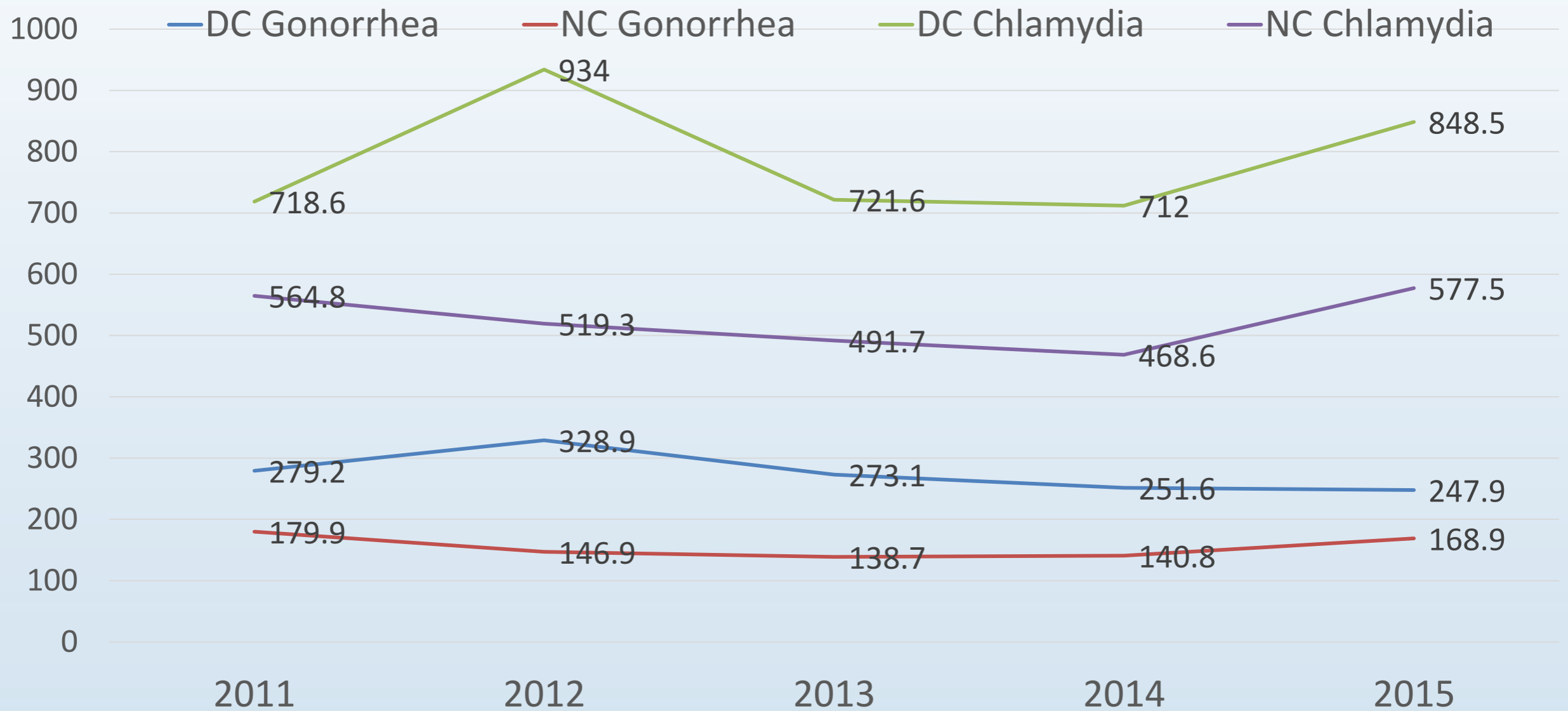
- Restaurant/Retail (name): _____
- Household (specify index case): _____
- Child Care (name): _____
- Other (specify): _____
- Community (specify index case): _____

Gonorrhea and Chlamydia

Durham County Reported Cases, 2011-2015

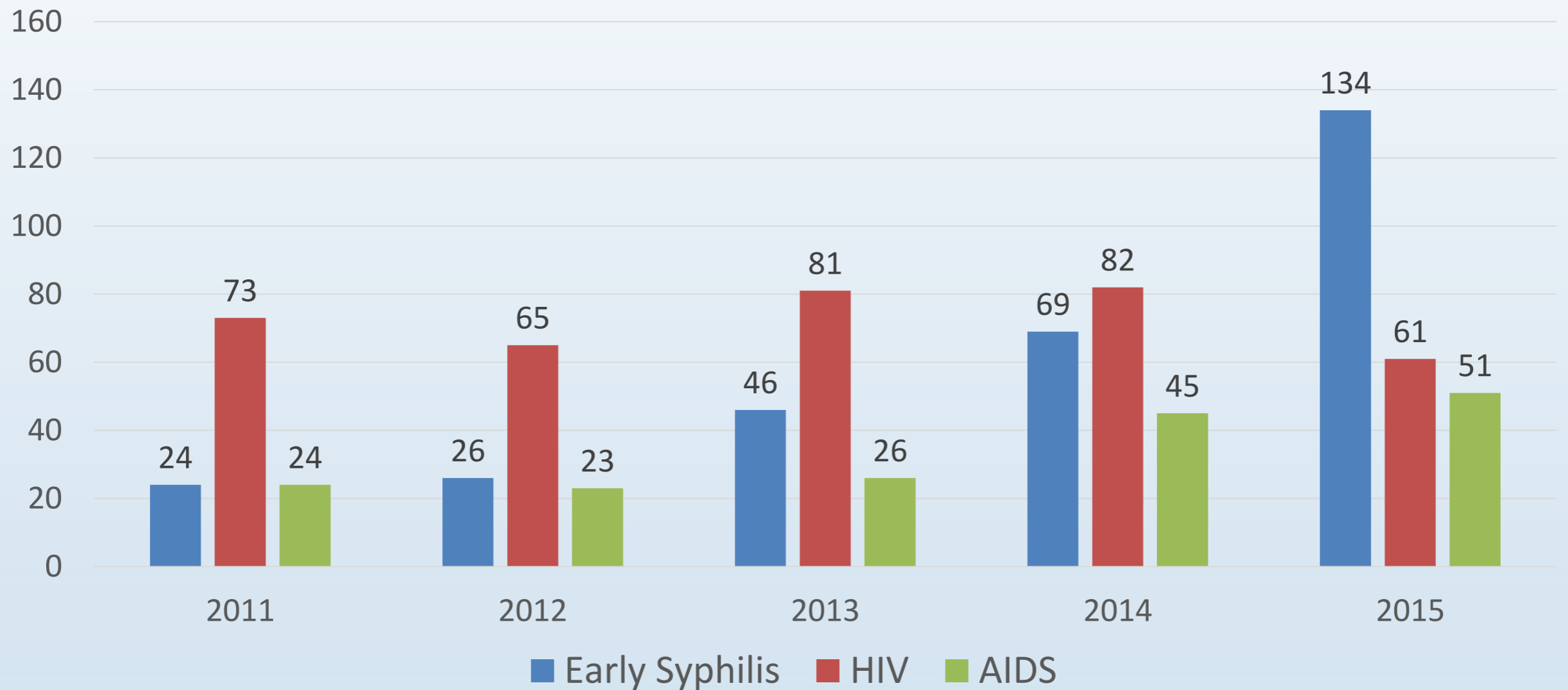


Gonorrhea and Chlamydia, Durham County and NC Rates per 100,000; 2011-2015

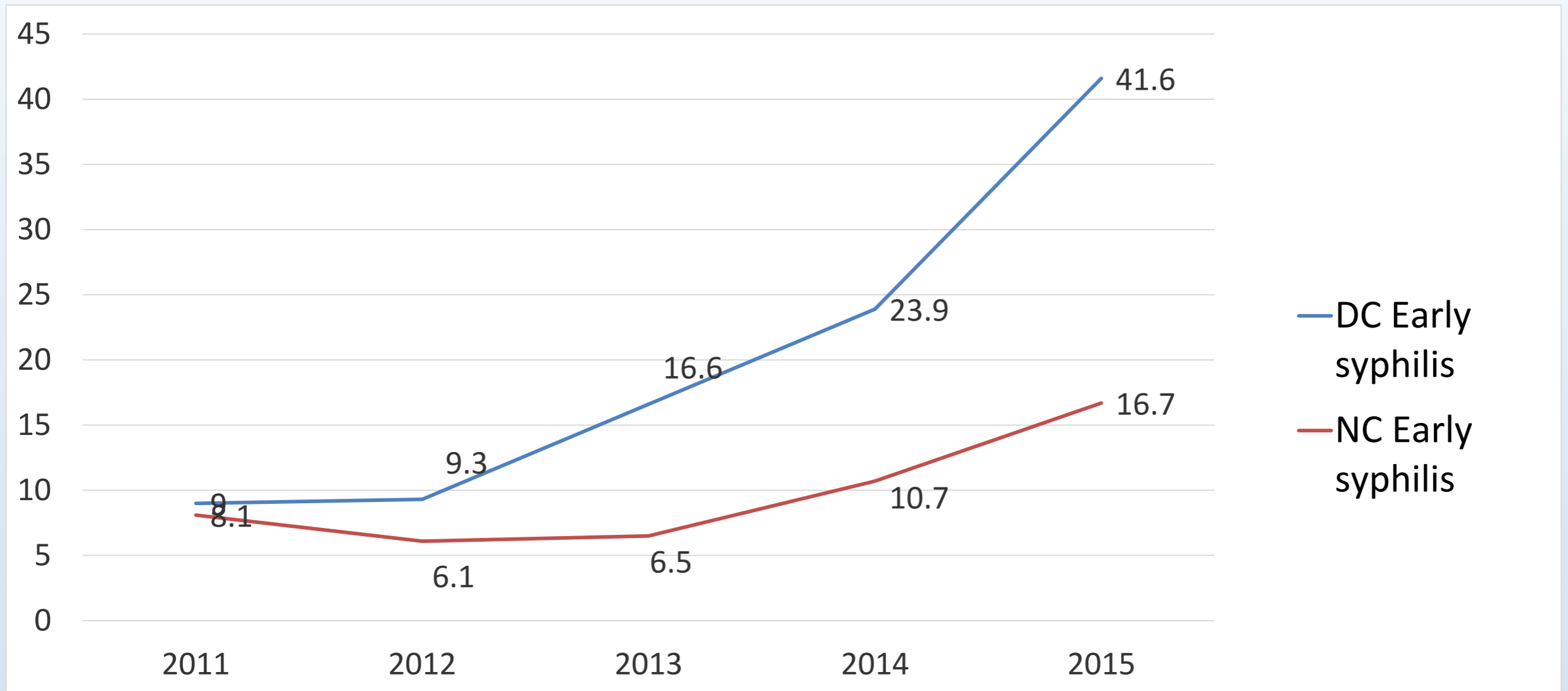


Syphilis, HIV, AIDS

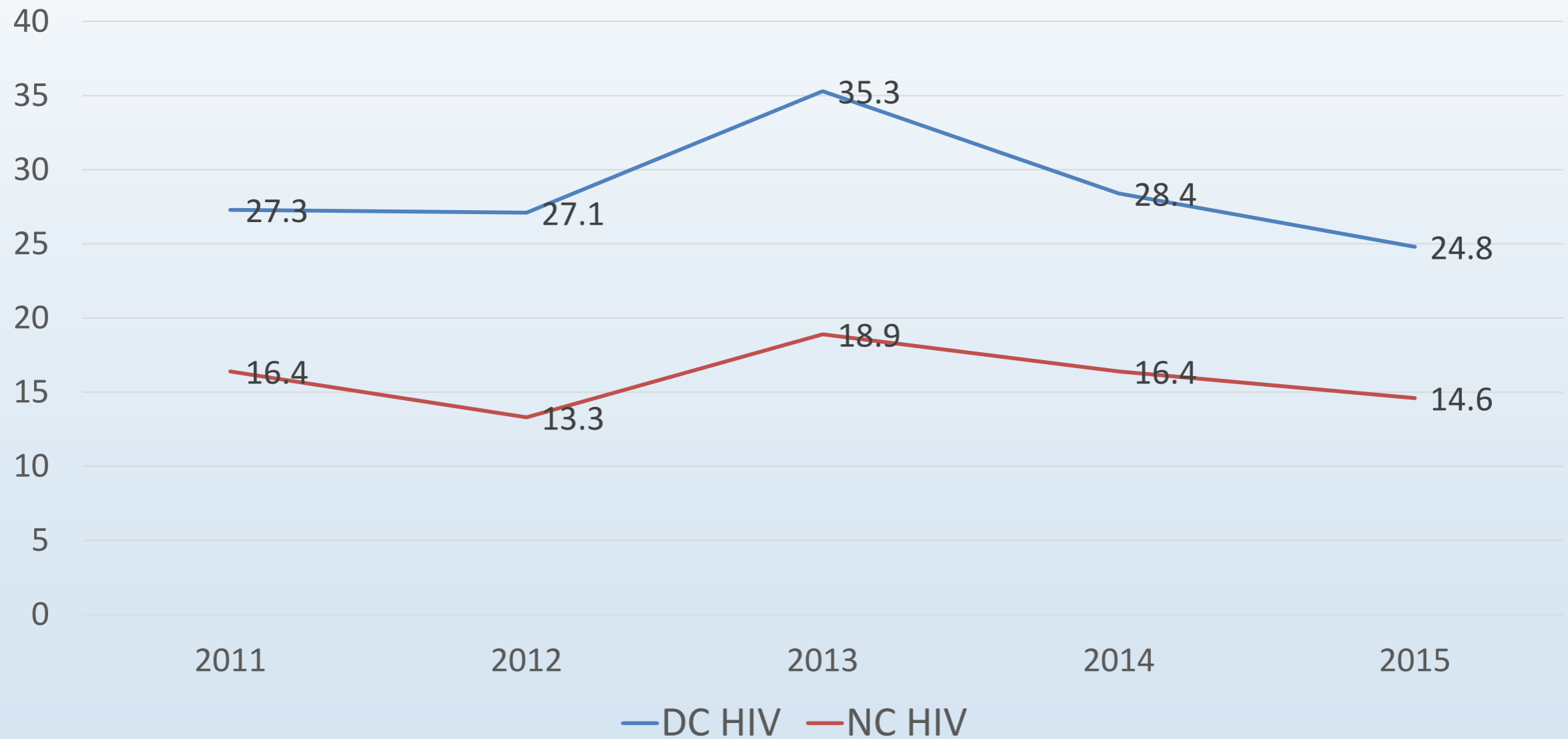
Durham County Reported Cases, 2011-2015



Early Syphilis by Year of Diagnosis, Durham County and NC Rates per 100,000; 2011-2015



HIV Infections by Year of Diagnosis, Durham County and NC Rates per 100,000; 2011-2015



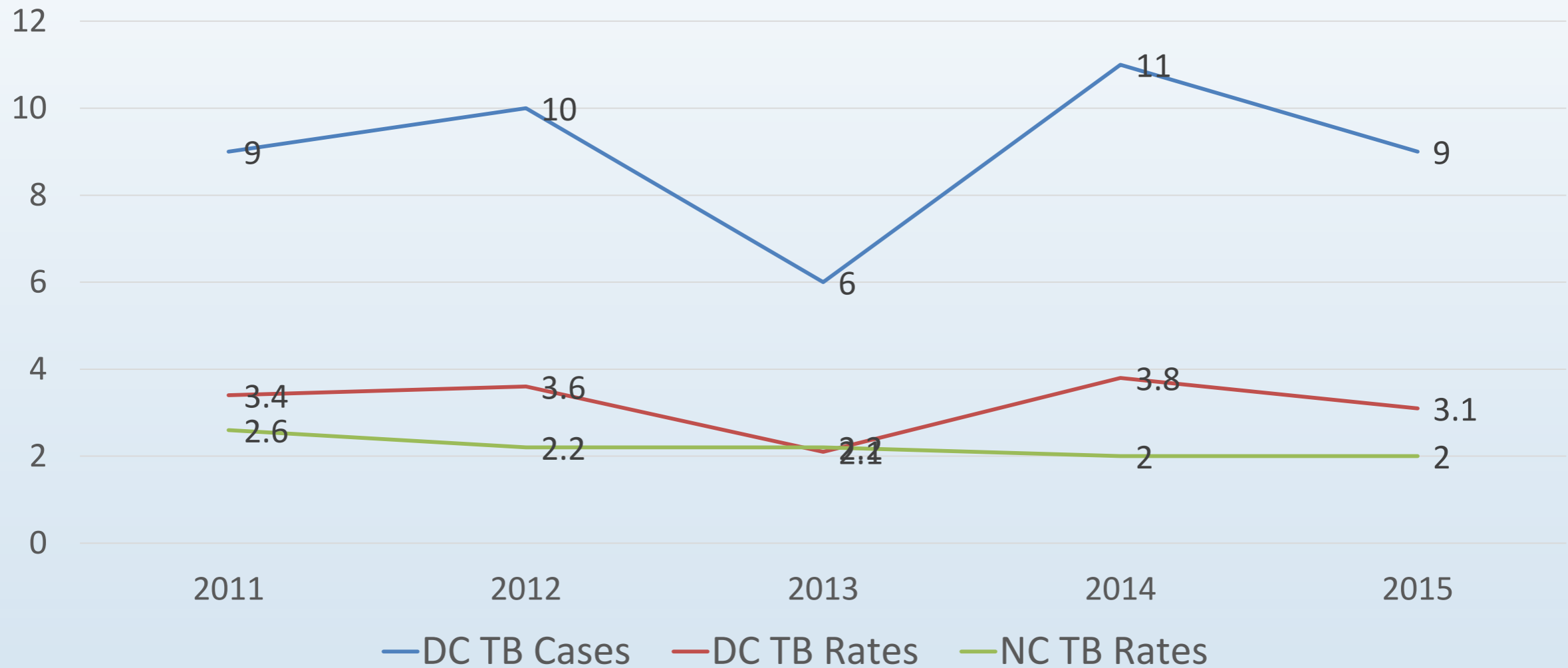
STD/HIV Program Challenges

- Significant increase in early syphilis cases – additional local Disease Intervention Specialist needed; working on local syphilis action plan with State.
- Increase in chlamydia cases and rates – need to increase expedited partner therapy; continue increased screening through testing only and testing of extragenital sites.
- Staffing shortages and clinic process – requesting more PHN support to improve efficiency; lengthy documentation in electronic medical records, and lab system interface impacts the number of patients seen per day.



Tuberculosis

Durham County Cases/Rates and NC Rates, 2011-2015



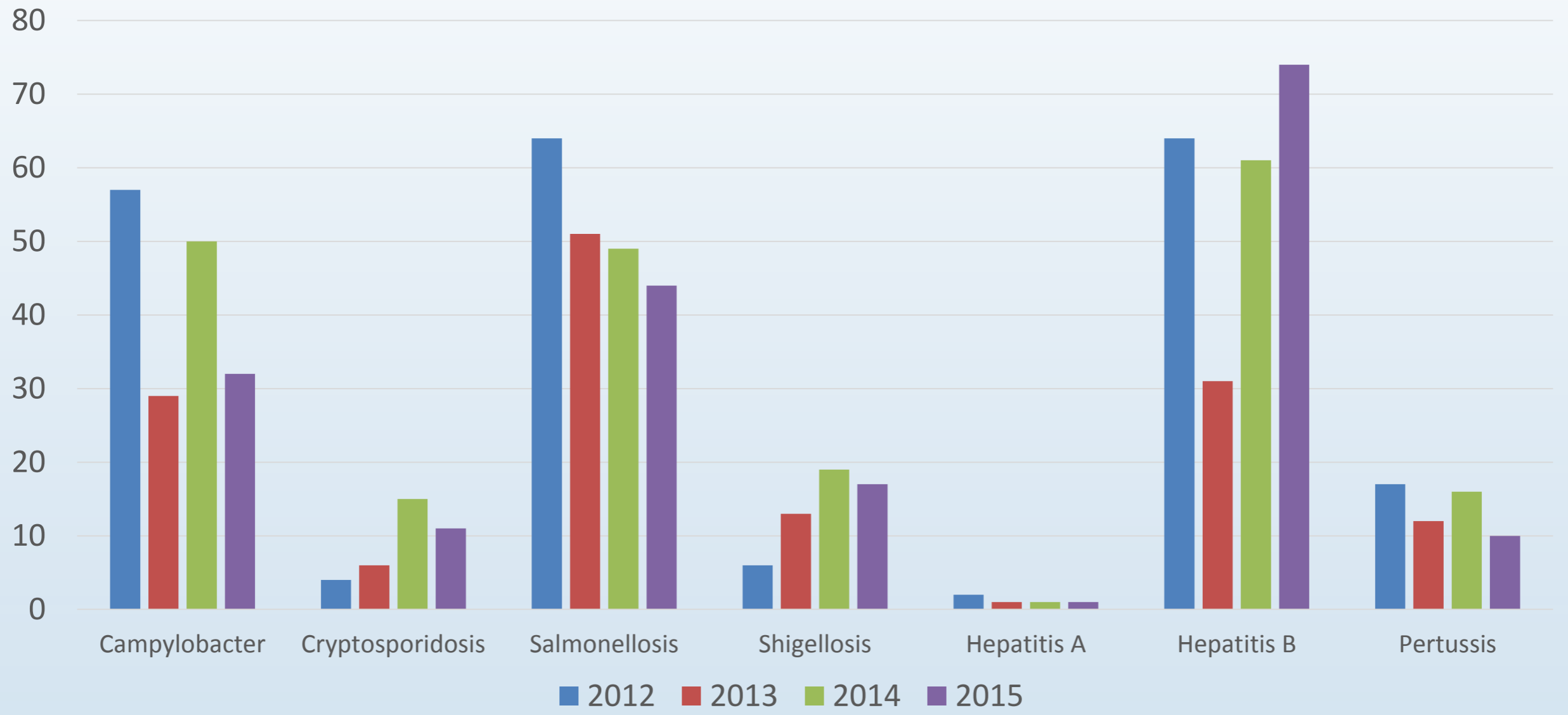
TB Program Challenges:

- Management of suspected cases - contribute to work load in addition to confirmed cases, need to work with Duke on some referrals
- Follow-up of cases – becomes complicated when patients move out of jurisdiction or travel requiring skype video
- Contact investigations - coordination with other counties for large investigations (e.g. nail salon)
- Staffing shortages – has affected “med start” appointments for latent TB infections



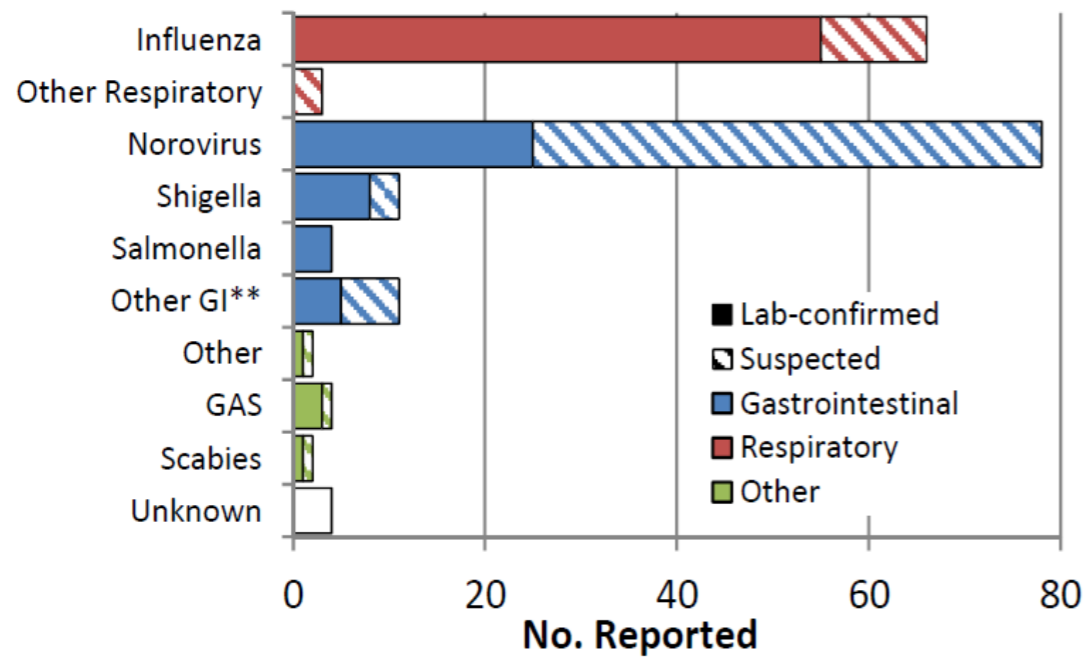
Communicable Diseases

Food-borne and Vaccine Preventable Illnesses*

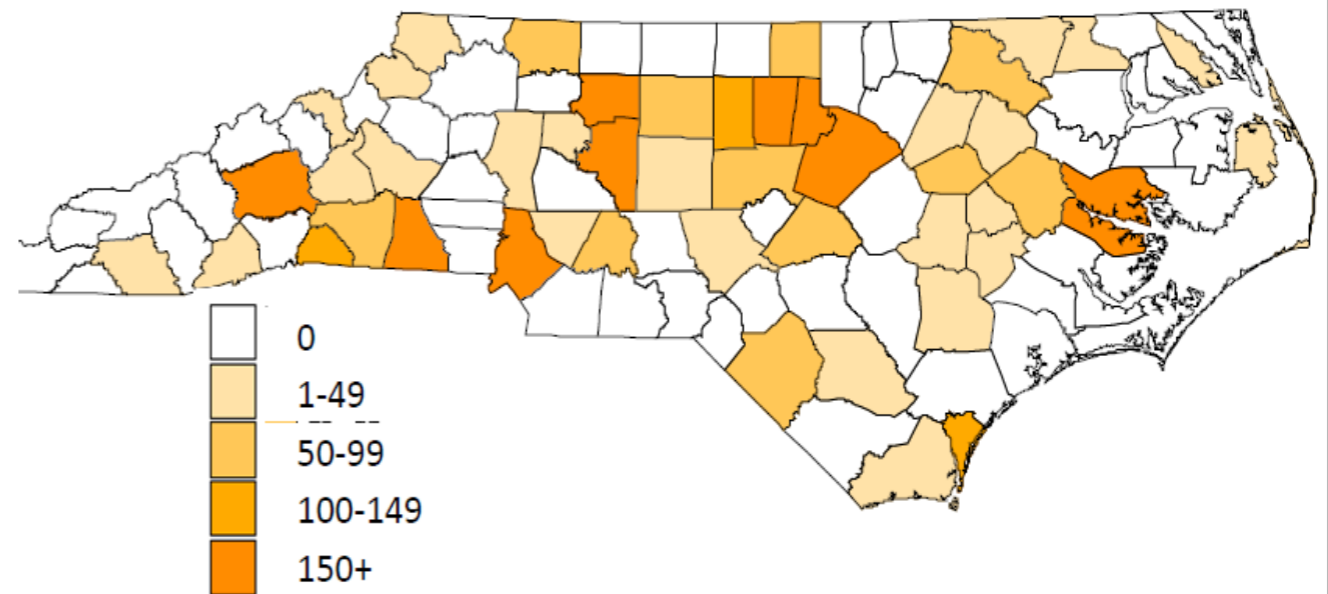


NC Outbreak Report Summary, 2015

Etiology*



Outbreak-associated Cases by County



*Includes 185 reported outbreaks

**Lab-confirmed: *C. botulinum*, *C. perfringens*, *C. difficile*, *E. coli* O103, *Cryptosporidium*



Rabies Control and Prevention

- For 2015, DCoDPH Communicable Disease program conducted the following:
 - Reviewed 450 domestic bite reports and recommended confinement at home, with vet or shelter
 - Reviewed 113 wild animal reports and followed up on rabies testing of animals at State Laboratory
 - Referred 57 persons for rabies post-exposure prophylaxis



Communicable Disease Program Challenges:

- Lack of adequate reporting by local healthcare providers.
- Developing and implementing effective methods by which to communicate with healthcare providers and others in the community.
- Challenges for managing volume of calls regarding rabies control and prevention activities – results in 60-65% effort for 1 CD nurse; consider additional staffing or redistribution of other CD responsibilities.
- Staffing shortages – need more cross-training to increase capacity in the event of an outbreak



Durham County Communicable Disease Summary

- Durham County has had nearly a 2-fold increase in early syphilis cases and rates from 2014 to 2015.
- In 2015, rates of chlamydia and gonorrhea have remained high; fortunately, the HIV rate has decreased in Durham County.
- The CD program continue to deal with the increased work involved with rabies control and prevention, and CD outbreaks (i.e. norovirus).
- Challenges for all of the DCoDPH CD programs involve staffing (due to vacant positions) and efficiency due to shifting priorities.

