



ANNUAL REPORT OF COMMUNICABLE DISEASES

**Board of Health
February 6, 2014**

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Overview

- DCoDPH Communicable Disease Control Program
- Communicable disease cases and rates for past 6 years
 - Gonorrhea, chlamydia, early syphilis
 - HIV, AIDS
 - Tuberculosis
 - Other communicable diseases
- Challenges with STD, TB, and communicable disease control programs



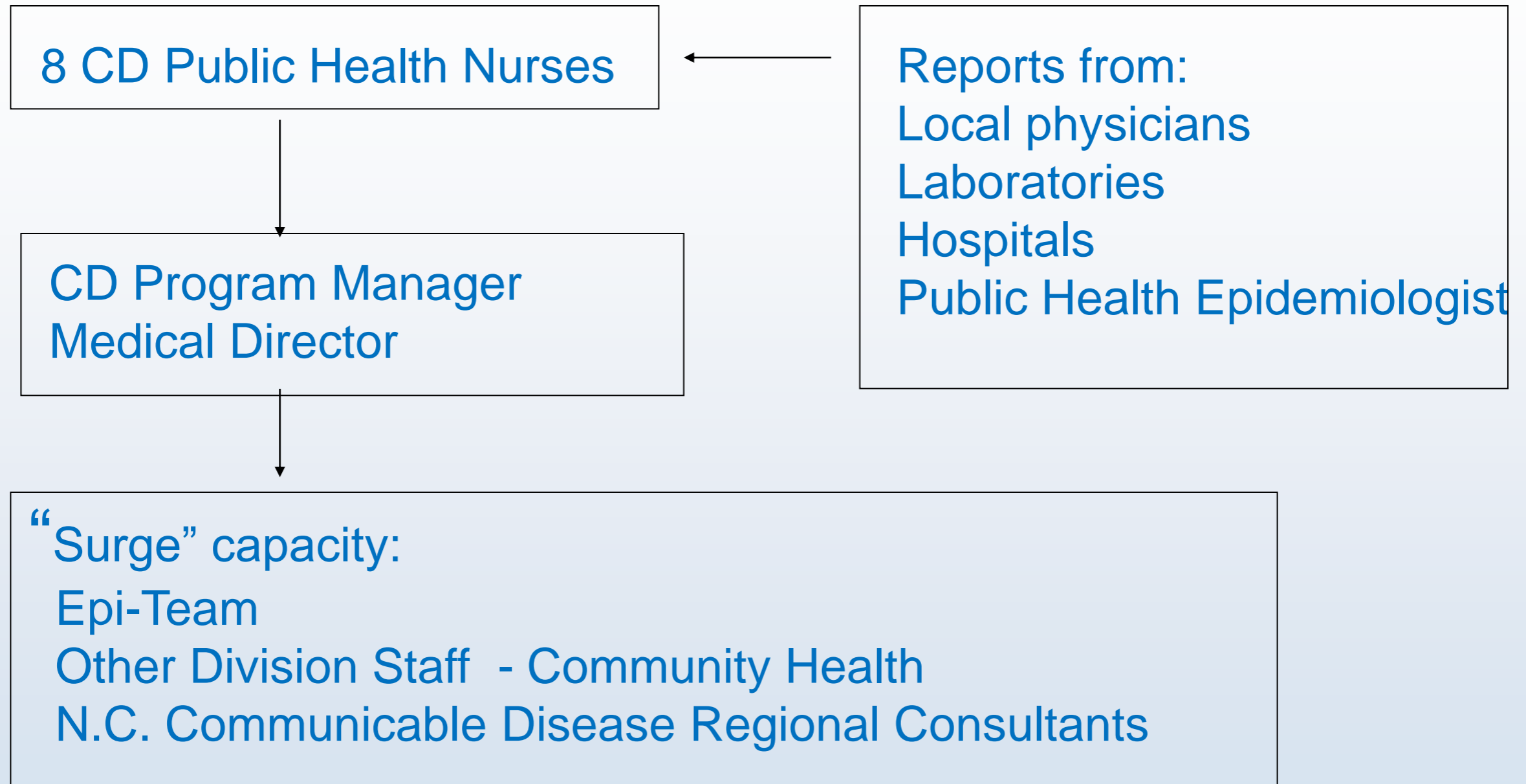
Communicable Disease Control Program

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 Other Unknown Hispanic Non-Hispanic

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) Correctional Facility (inmate or worker)

School (student or worker) Long Term Care Facility (resident or worker)

College/University (student or worker) Military (active military, dependent, or recent retiree)

Food Service (food worker) Travel (outside continental United States in last 30 days)

Health Care (health care worker)

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
____/____/____						____/____/____	
____/____/____						____/____/____	
____/____/____						____/____/____	

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): _____

Information for Health Care Providers

- DCoDPH provides updates to community partners on website, through quarterly newsletters, quarterly Public Health Preparedness Meetings.
- Use blastfax system to distribute N.C. Memos and Health Alerts





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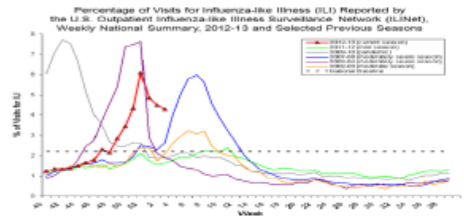
Human Services Building
414 East Main Street,
Durham, North Carolina 27701

Durham County Communicable Disease Update for Healthcare Providers

Issue 8 | January 2013

Seasonal Influenza

- During January 13-19, influenza activity remains elevated in the United States.
- North Carolina continues to have widespread flu activity. There have been 33 flu deaths in N.C. this season, 76% of which have been in persons > 65 years of age.
- According to the Centers for Disease Control and Prevention (CDC), 80.4% of the influenza viruses tested are influenza A, of which 62.8% are H3N2 viruses that are of the same lineage/component included in this year's flu vaccine.
- The majority of the flu viruses are susceptible to



Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2012-13 and Selected Previous Seasons

oseltamivir and zanamivir; however, rare sporadic cases of oseltamivir-resistant 2009 H1N1 and A (H3N2) viruses have been detected worldwide.

Antiviral therapy is most effective when started within 48 hours of illness onset. However, antiviral treatment might still be beneficial in patients with severe or progressive illness and

hospitalized patients, even when started more than 48 hours after illness onset.

- The Immunization Clinic continues to provide free, state-supplied flu vaccines to persons ≥ 6 months of age on a walk-in basis from 8:30 a.m. — 5:00 p.m., Monday — Friday.


Noroviruses

- In 2012, a new strain of norovirus was detected in Australia called GII.4 Sydney. This strain is currently the leading cause of norovirus outbreaks in the U.S.
- Symptoms develop 12 to 48 hours after being exposed to norovirus with acute onset of vomiting, watery, non-bloody diarrhea with abdominal cramps, low-grade fever.

- Durham County has experienced several outbreaks of norovirus infections this fall/winter season already, primarily in long term care facilities.
- Real-time polymerase chain reaction is the most widely used test for detecting norovirus, but is not widely available.
- Health care providers should report all possible outbreaks of acute gastroenteritis including

norovirus, to the Department of Public Health.

- Proper hand washing is the best way to prevent norovirus transmission; alcohol based sanitizers.

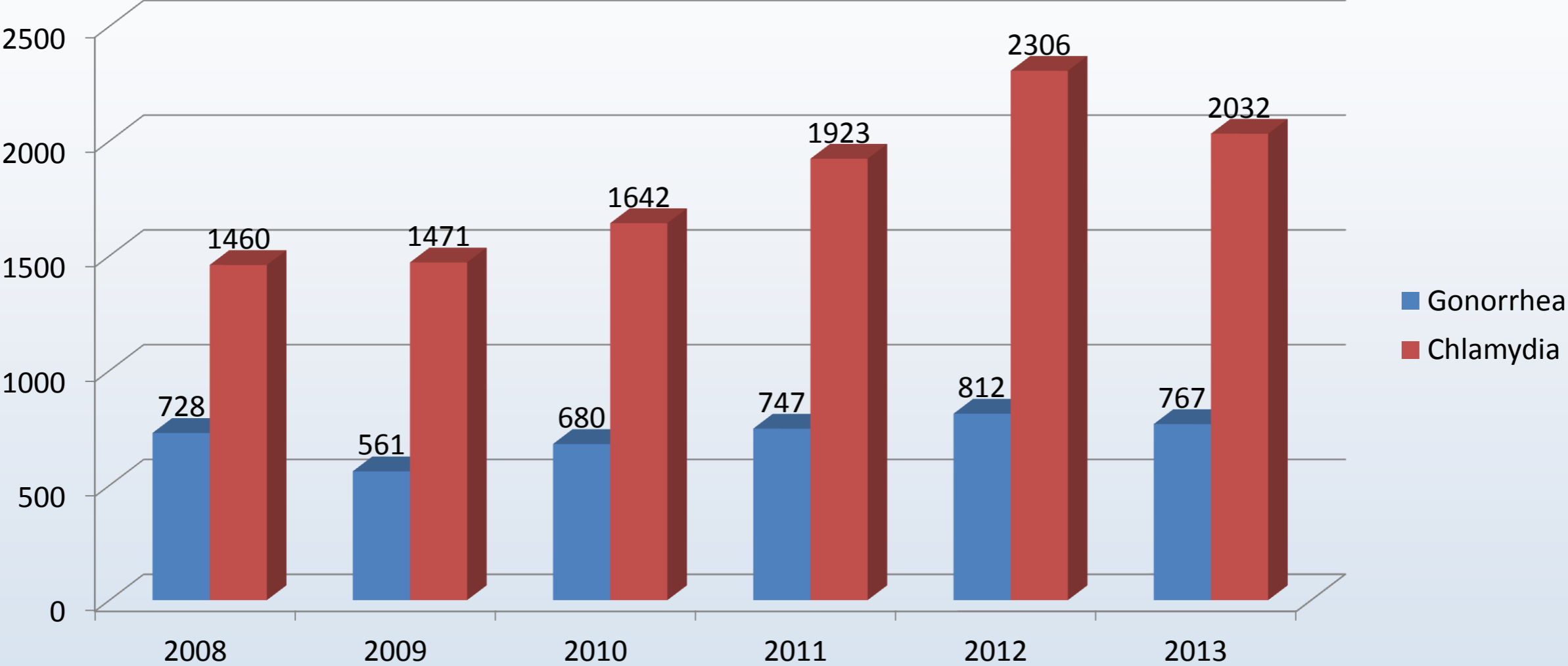


Important Numbers

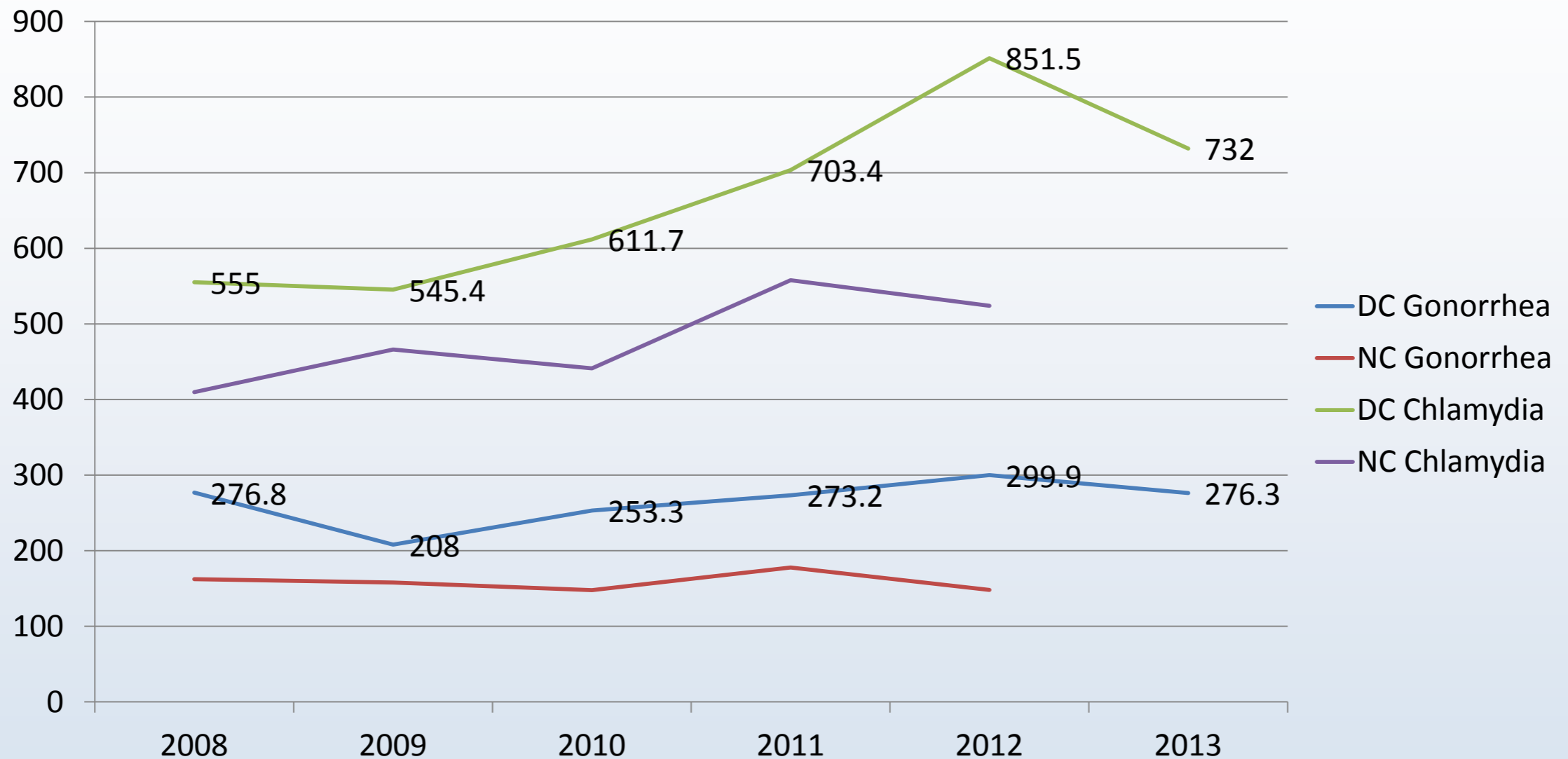
Main Number	(919) 560-7600
Communicable Disease Control Program	(919) 560-7635
Immunization Clinic	(919) 560-7608
Tuberculosis Clinic	(919) 560-7633

Gonorrhea and Chlamydia

Durham County Reported Cases, 2008-2013*



Gonorrhea and Chlamydia, Durham County and NC Rates, 2008-2013*

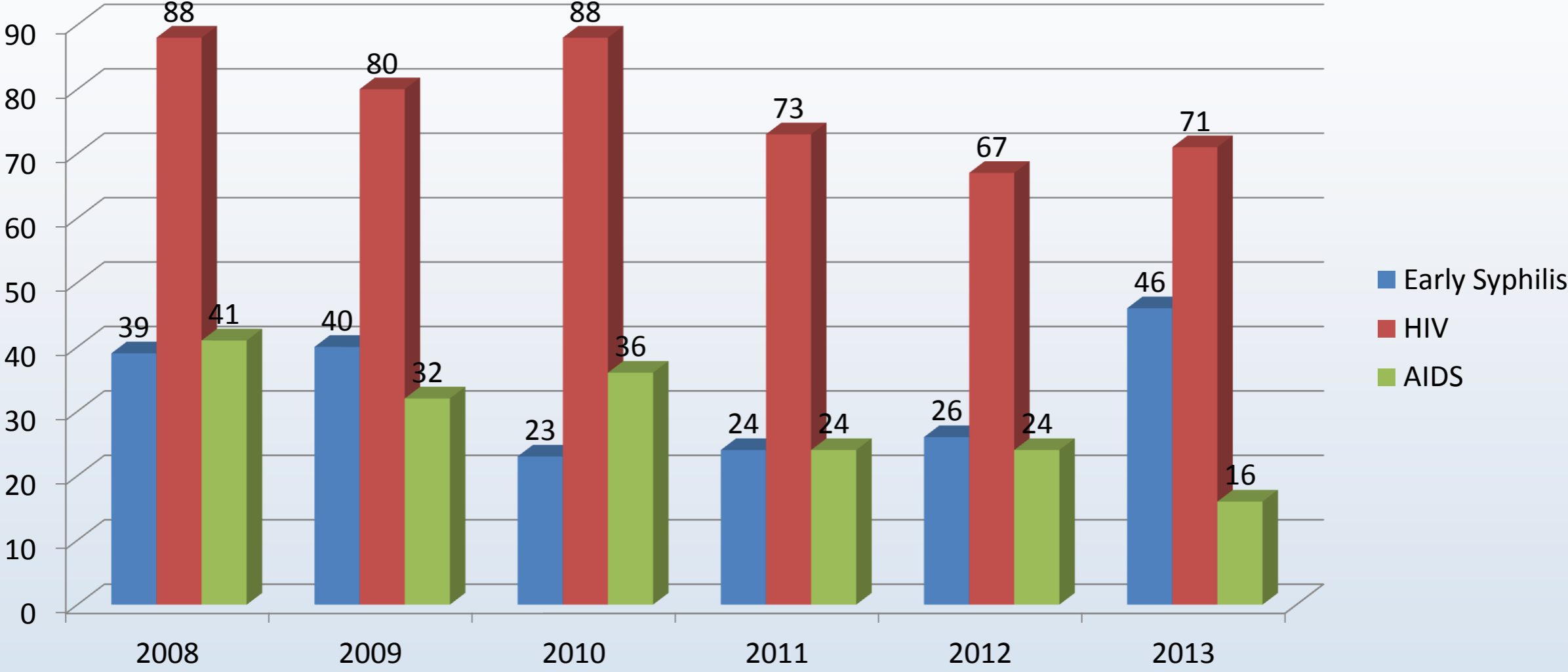


*2013 DC rates are based on preliminary numbers provided by the NC HIV/STD Prevention and Care Branch.



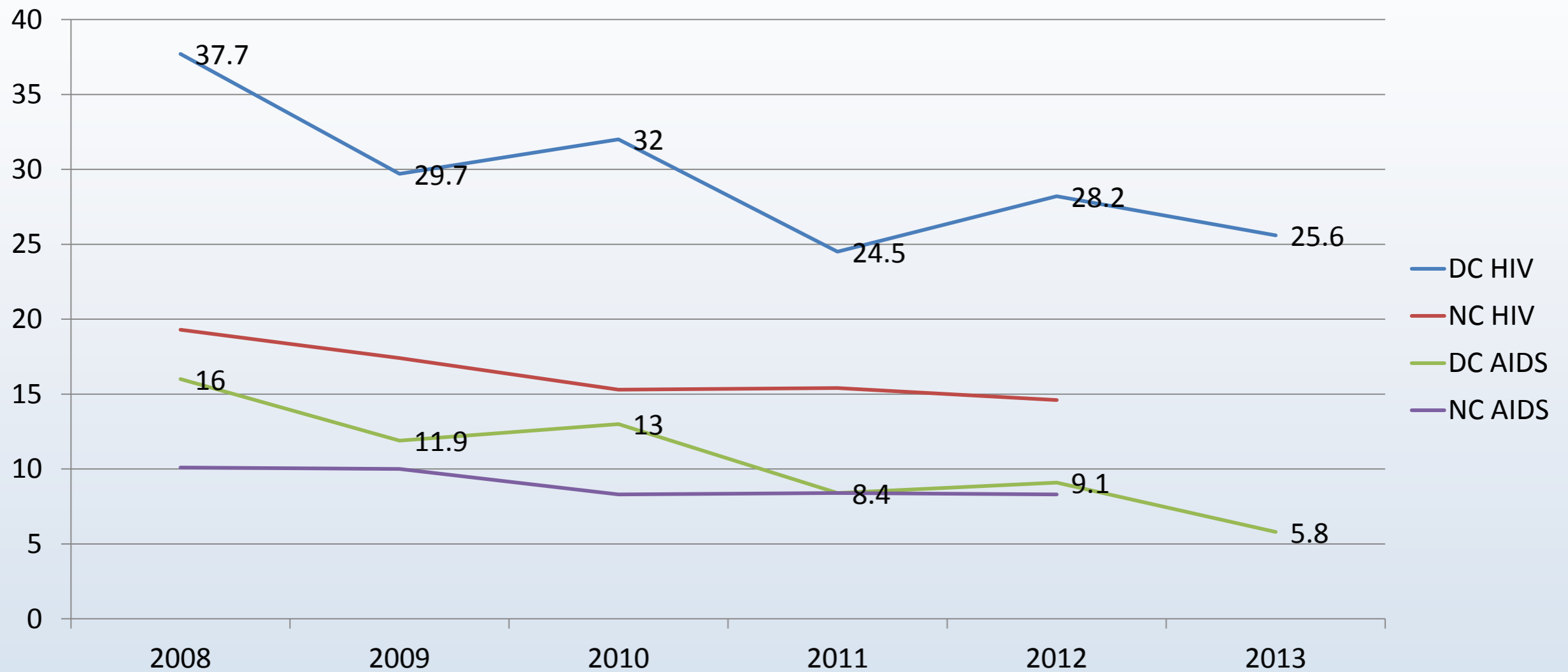
Syphilis, HIV, AIDS

Durham County Reported Cases, 2008-2013*



*2013 DC data are based on preliminary numbers provided by the NC HIV/STD Prevention and Care Branch.

HIV and AIDS by Year of Diagnosis, Durham County and NC Rates, 2008-2013*



*2013 DC rates are based on preliminary numbers provided by the NC HIV/STD Prevention and Care Branch.

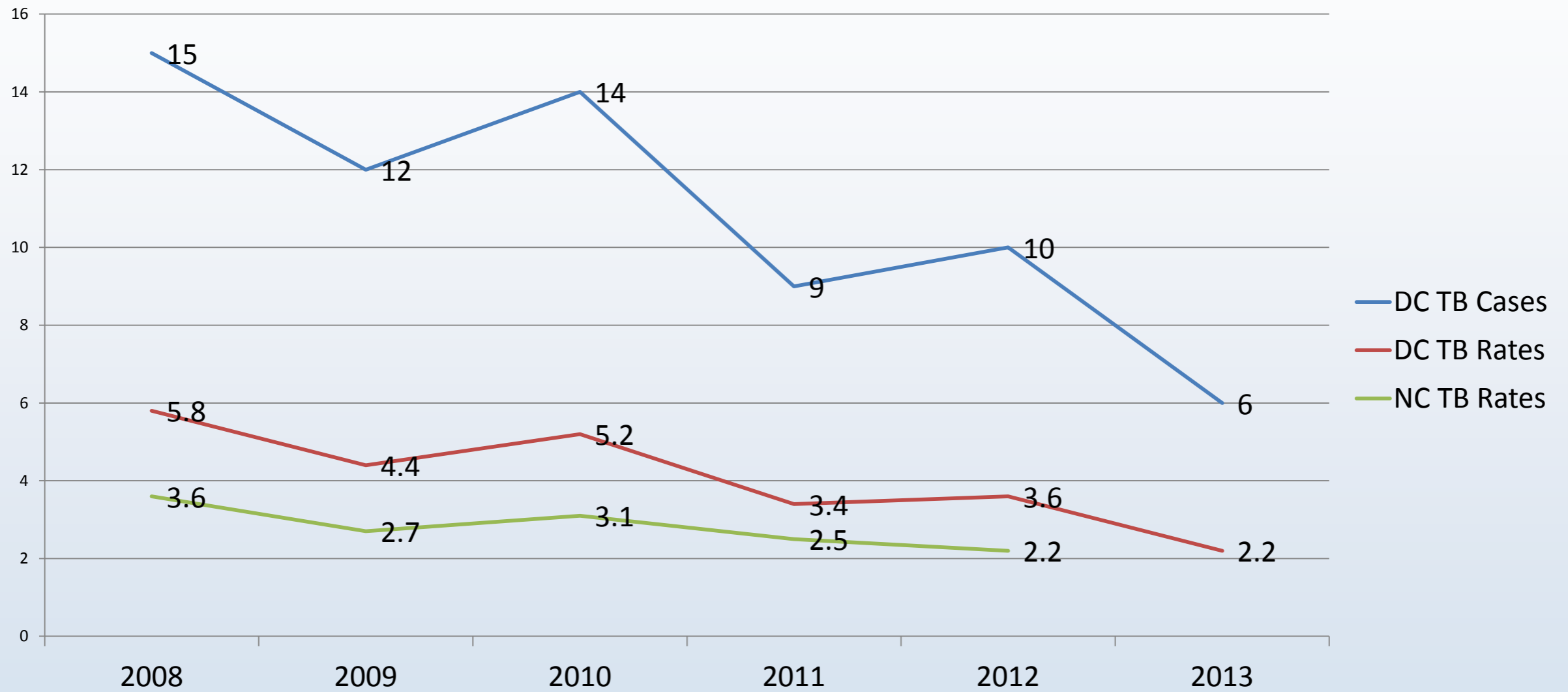
STD Program Challenges

- Persistently high chlamydia rates in the county - expedited partner therapy is used as often as possible; however, DIS assistance with partner tracking would be helpful.
- Clients presenting to the DCoDPH STD Clinic for other medical services not related to sexually transmitted infections.
- Staffing shortages - several patients per day are turned away from the STD clinic, but advised to return the next clinic day.



Tuberculosis

Durham County Cases/Rates and NC Rates, 2008-2013



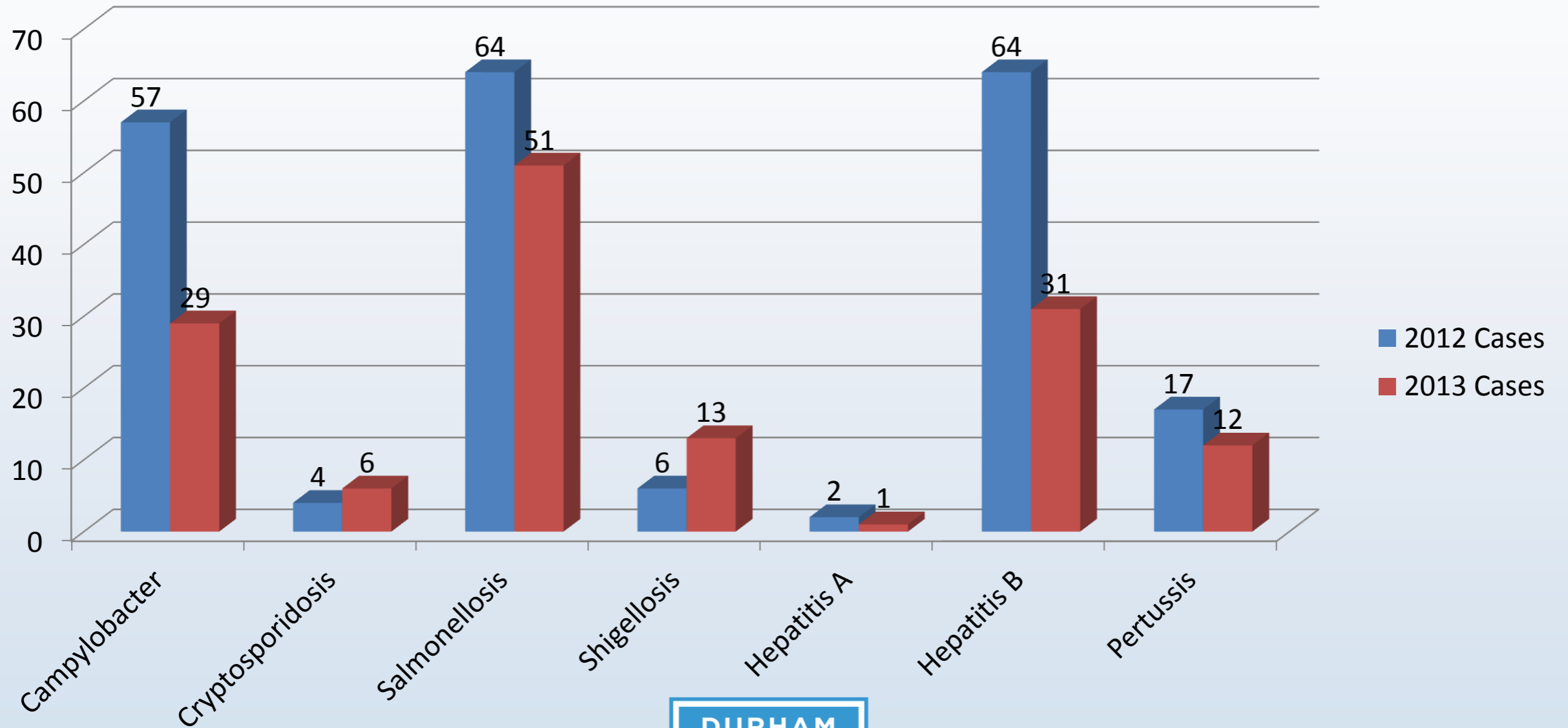
TB Program Challenges:

- Evaluation of suspected and confirmed TB cases (30 clients in 2013) – some needed temporary housing until evaluation was completed.
- Coordination of care for homeless TB health law violator - need of social work services.
- Daily observed therapy for 24 months for one case of multi-drug resistant TB.
- Tubersol shortage – screening has not been available for low risk population (i.e. daycare, college students)

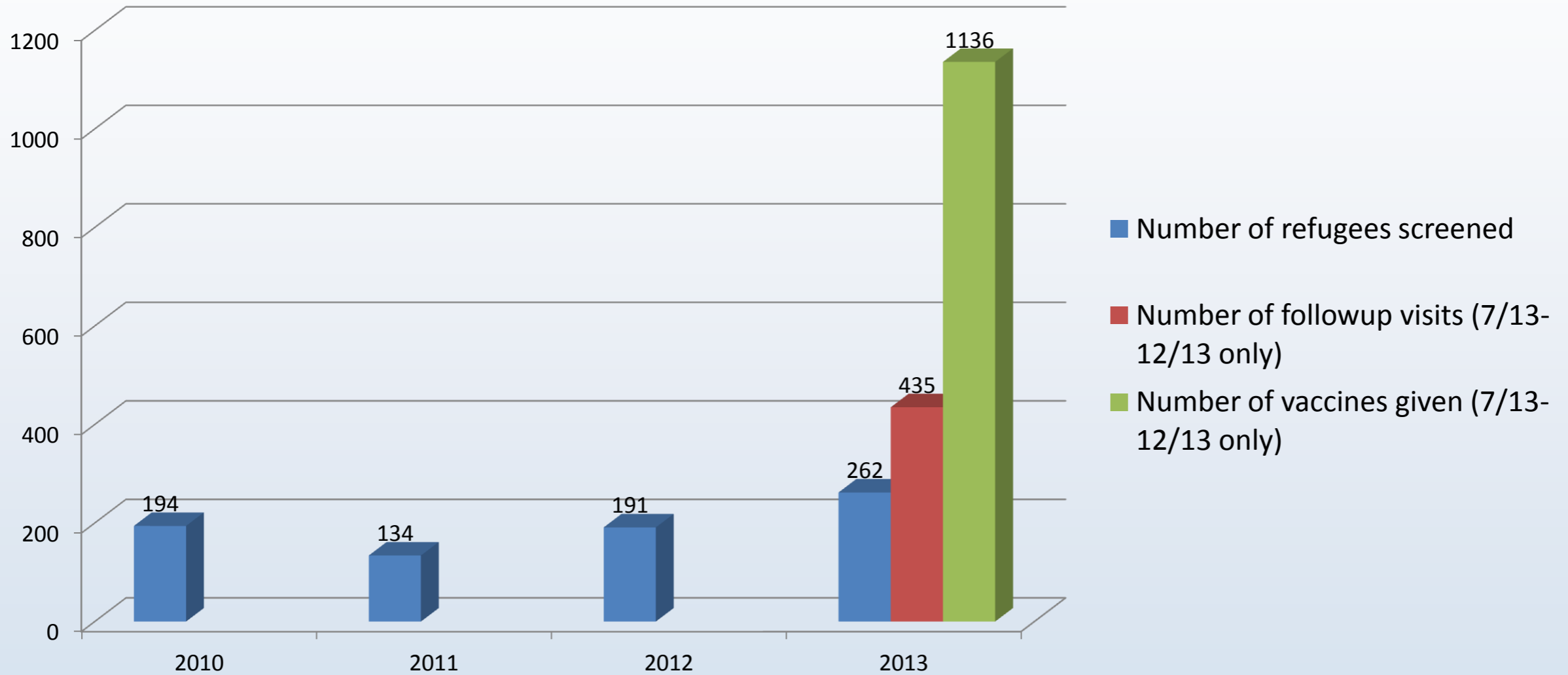


Communicable Diseases

Food-borne and Vaccine Preventable Illnesses*



Communicable Disease Screening and Prevention for Refugees



Rabies Control

- For 2013, DCoDPH Communicable Disease program conducted the following:
 - Reviewed 412 domestic bite reports and recommended confinement at home, with vet or shelter
 - Reviewed 147 wild animal reports and followed up on rabies testing of animals at State Laboratory
 - Made 1152 phone calls regarding rabies management with Animal Control and the public
 - Referred 76 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.
- Increase in numbers of refugees in need of CD screening and vaccine-preventable disease prevention.
- The addition of rabies control and prevention (in an organized and meaningful way) as part of CD responsibilities.



Durham County Summary

- Durham County rates of gonorrhea and chlamydia have slightly decreased in 2013. However, the number of cases and rates of early syphilis nearly doubled in 2013, and is being investigated by the State.
- Rates of HIV and AIDS reported per year of diagnosis continue to decline in the county.
- The number of confirmed TB cases in the county is at its lowest over 6 years, but the number of suspected cases requiring evaluation has remained high.
- In general, the number of communicable diseases reported in the county has declined; however, this may be due to under-reporting from local healthcare providers.

