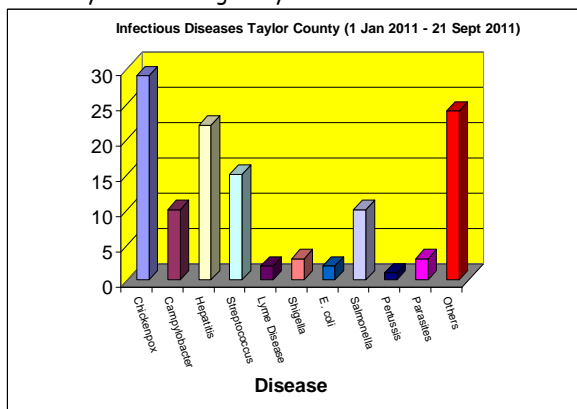


Infectious Diseases

The diseases we report include all of the notifiable conditions. The complete listing of notifiable conditions is located on our city website:

http://www.abilenetx.com/Health/documents/NotifiableConditionsexpJan2011_000.pdf

The graph below depicts data collected from infectious disease reports showing which diseases were reported and how many times during the year.



Disease Surveillance & Reporting

Public health surveillance involves systematic collection, analysis, and dissemination of data regarding adverse health conditions. Surveillance involves investigating individual cases as well as epidemics. Only residents of Taylor County are counted in our surveillance.

In public health surveillance data are used to monitor disease trends; detect, respond to, and study new disease threats, outbreaks, or epidemics; identify risk factors; and plan, implement, and assess intervention and prevention services.

Most case reports must include the patient's name, date of birth, sex, race/ethnicity, city of residence, date of onset, physician's name, and method of diagnosis. Surveillance data are obtained from laboratory reports and case investigation forms. Social and demographic information is collected to determine patterns of disease in the population, identify case contacts, and target control measures. Reports should be given to the local public health department.

Surveillance is subject to limitations which affect many data collections systems. Underreporting is an ubiquitous problem, but its extent differs among diseases.

SMART - MRC

The mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing volunteers.

The Support and Medical Alert Response Team (SMART) is the local MRC and participates in community awareness activities such as mass prophylaxis, vaccination clinics, and emergency scenarios as needed.

SMART - MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Community members, non-health professionals, can fill key support positions as well.

If you are interested in volunteering for your local SMART - MRC unit please contact us for an application.

Charlotte Lambert
325.676.6356

<http://smartmrc.com/>



CBRNE

CBRN is an initialism for *chemical, biological, radiological, and nuclear*. It is commonly used worldwide to refer to incidents or weapons in which any of these four hazards have presented themselves. The term *CBRN* is a replacement for the cold war term *NBC* (nuclear, biological, and chemical), which has replaced the term *ABC* (atomic, biological, and chemical) that was used in the fifties. The addition of *R* for *radiological* is a consequence of the "new" threat of a radiological weapon. Since the start of the new millennium, a new term - *CBRNE* - was introduced as a replacement term for *CBRN*. The *E* in this term represents the enhanced explosives threat.

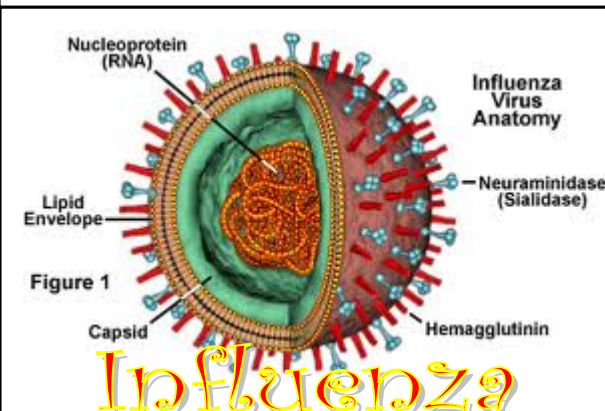
CBRNE weapons/agents are often referred to as weapons of mass destruction (WMD). However, this is not entirely correct. Although *CBRNE* agents often cause mass destruction, this is not necessarily the case. Terrorist use of *CBRNE* agents may cause a limited number of casualties, but a large terrorizing and disruption of society. Terrorist use of *CBRNE* agents, intended to cause terror instead of mass casualties, is therefore often referred to as weapons of mass disruption. A *CBRNE* incident differs from a hazardous material incident in both effect, scope, and intent.

CBRNE incidents are responded to under the assumption that they are deliberate, malicious acts with the intention to kill, sicken, and/or disrupt society.

Abilene-Taylor County Public Health District Epidemiology Report



30 September 2011



Abilene-Taylor County Public Health District
P.O. Box 2818, 850 N. 6th St.
Abilene, Texas 79604-2818

Check our websites for public health, epidemiology, and preparedness information:
www.abilenepublichealth.org
www.abilenetx.com/Health/epidemiology.htm

Wayne R. Rose, Epidemiologist, MPA, BA, AA, AAS

Ph: 325.676.6355, Cell: 325.370.0823,
Fax: 325.676.6358
Email: wayne.rose@abilenetx.com

Statewide Number for Reporting Infectious Diseases:
800-705-8868

Request For Volunteer Influenza Sentinels

Each year our communities are faced with the impending flu season and its impact on our citizen's health. Although influenza is not a reportable condition in Texas, it causes significant illness among healthy people each flu season. As new emerging respiratory infections may face our communities, like the H1N1 swine flu, enhancing current influenza surveillance is an important step towards timely detection and continued monitoring of diseases that affect our county. With this information that we are able to collect from schools, clinics, hospitals, physician's offices, etc., we are able to educate our communities and prepare them for future public health emergency situations.

We, at the Abilene-Taylor County Public Health District, would like to partner with your organization, your office, clinic, school, hospital, etc., to monitor flu activity throughout Taylor County. The reporting period that the Department of State Health Services adheres to for influenza reporting is from Fall through Spring. We would like to start the reporting in October 2011 through March 2012.

The reporting criteria is based upon the CDC case definition. That is, for influenza-like illness (ILI) and confirmed flu cases:

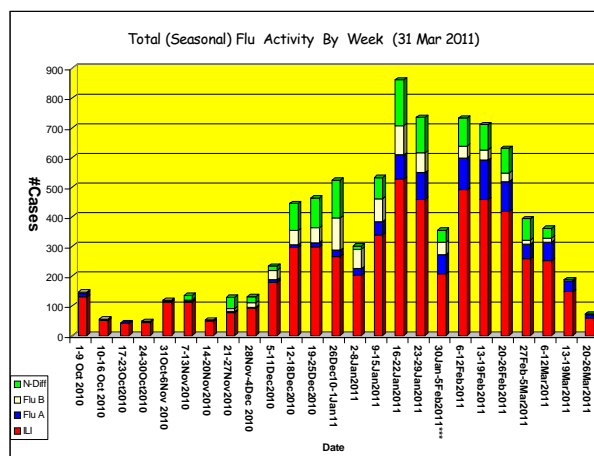
- Influenza-like illness (ILI) activity: ILI is defined as fever > 100° F AND cough and/or sore throat. Report all patients that meet the case definition unless tests confirm a cause other than influenza. For example, a patient with fever, cough, and vomiting or a patient with fever and sore throat should be reported as having ILI unless a lab result confirms another diagnosis. Then again, a patient with fever, chills, body aches, and nasal congestion but no cough or sore throat is not considered a case of ILI.
- Lab confirmed case: Flu case confirmed by rapid test, culture, antigen detection, or PCR. Separate into Influenza A, B, and ND (not differentiated flu). "Non-Differentiated Flu" is when it tests positive using a rapid test that tests for the presence of flu but does not differentiate between Influenza A and Influenza B.

Some rapid flu tests do differentiate between Flu A and Flu B. It is assumed that rapid flu tests are requested due to the patient's clinical symptoms so the physician can treat for the flu if necessary.

You would report using the Weekly Influenza Surveillance Report template that can be faxed ([325-676-6358](tel:325-676-6358)) or emailed. Send us your email address and we'll send you the template and you can reply to us electronically at flu.report@abilenetx.com. You would be sending in your reports to us on Mondays before noon for the previous week. There's no need to submit a negative report in all areas. Statistics must be supplied to the DSHS Regional office by us on Mondays.

If you would like to join our efforts in influenza surveillance please reply to us with an office contact and telephone number so we may begin reporting the week of 2-8 October 2011. Your first report would be due to us before noon, 10 Oct 2011. Please fax to: (325.676.6358) or email: flu.report@abilenetx.com.

For your information here is what last year's flu surveillance looked like. Note ***30Jan2011-5Feb2011 was during the snow/ice blizzard and there was a dearth of reporting. Peaks are usually from mid-January to mid-February.



**Medical Staff: Get your flu shot!!
Don't be on the giving end or the
receiving end of the flu virus!!!**

Notes On The 2011-2012 Vaccine

The 2011--12 U.S. seasonal influenza vaccine virus strains are identical to those contained in last year's vaccine. These include A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus strain is derived from a 2009 pandemic influenza A (H1N1) virus.

Routine annual influenza vaccination is recommended for all persons aged ≥6 months. Although the new vaccine is like last year's, annual vaccination is still recommended. Children 6 months - 8 years require 2 doses of vaccine given at least 4 weeks apart during their first season of vaccination to optimize immune response. Children in this age group who received at least 1 dose of the 2010--11 seasonal vaccine will require only 1 dose of the 2011--12 vaccine. Children who did not get at least one dose last year or those who cannot be determined to have had one last year, should receive 2 doses this year.

The intranasally administered live attenuated influenza vaccine (LAIV), FluMist (MedImmune) is indicated for healthy, nonpregnant persons aged 2 through 49 years.

The following recommendations apply when considering influenza vaccination of persons who have or report a history of egg allergy.

- Persons who have experienced only hives following exposure to egg should receive influenza vaccine.
- Vaccine should be administered by a health-care provider who is familiar with the potential manifestations of egg allergy and in settings where personnel and equipment for rapid recognition and treatment of anaphylaxis are available.
- Vaccine recipients should be observed for at least 30 minutes for signs of a reaction.
- Persons who report having had reactions to eggs involving noticeable symptoms of egg allergy, including emergency medical intervention, should be referred to a physician with expertise in the management of allergic conditions. Without consultation this is a contraindication to receipt of influenza vaccine.

[For details from the CDC on administering flu shots to those who report being allergic to eggs and the prevention and control of influenza with vaccines, go to:](#)

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm?_cid=mm6033a3_w