

When providing feedback on surveillance information, it is important to be aware of case reporting and the necessity of reporting requirements. An effort should be put forth to increase this awareness to everyone who reports suspected cases of disease. There are certain diseases that are **immediately** reportable:

Smallpox - Botulism - Diphtheria - Hemophilus influenza type b infection, invasive Meningococcal infection, invasive - Measles - Plague - Polio Rabies, human - viral hemorrhagic fever - Yellow fever - Anthrax - SARS – Controlled Substance Overdose – Lead poisoning – Staph. Aureus (VISA&VRSA) - Tularemia

Those reportable **within one working day:**

Brucellosis - Q Fever - Hepatitis A (acute) - Perinatal Hepatitis B - Rubella - Vibrio infection (including cholera) - Tuberculosis – Pertussis – Pediatric flu mortality

A special emphasis should be put on those diseases that are bioterrorism related. Remaining diseases are reportable **weekly.**

AIDS	Amebiasis	Asbestosis
Campylobacter	Chancroid	Chickenpox
Chlamydia	Cryptosporidiosis	Cyclosporiasis
Creutzfeldt-Jakob	Dengue	Drowning/near drowning
Ehrlichiosis	Encephalitis	E.coli
Gonorrhea	Hantavirus inf.	Hansen's Disease
Hemolytic Uremic Syndrome		HIV
Hepatitis (acute/newly diagnosed)		Legionellosis
Listeriosis	Leishmaniasis	
Lyme Disease	Malaria	Meningitis
Mumps	Relapsing Fever	Pesticide poisoning
Salmonellosis	Shigellosis	Silicosis
Spotted Fever	Syphilis	Tetanus
Streptococcal Disease (Grp A/B invasive)		
Trichinosis	Typhus	Yersiniosis
Arboviruses	Cysticercosis	Spinal Cord Injury
Taenia solium infection		Traumatic Brain Injury
West Nile Fever		



Hospital staff should report suspicious events to their Infection Control section. Others should report to the local public health department. All diseases are reportable to us at least weekly (exceptions above). Send by email or fax.

As with any notifiable condition, quick and prompt action, including reporting, must occur. Report any notifiable condition, suspected outbreaks, or unusual expressions of illness (24/7) to:

Abilene-Taylor County Public Health District

850 N. 6th St. (Box 2818)

Abilene, TX 79604-2818

Ph: 325-692-5600

Primary Contact:

Epidemiology Office (Wayne Rose)-(325)676.6355;

Fax: (325)676.6358 Cell: (325)370-0823

Secondary Contact:

Nursing Dept. (Kay Durilla, Nursing Supv.)

Phone: 325.692.5600; Fax: 325.734.5370

Other contact: Larry Johnson, Administrator; 325.692.5600

If you are a medical professional, physician, nurse, vet, dentist, pharmacist, lab, etc. and you would like to volunteer to assist the health department in a public health emergency (Protect Texas) please call Charlotte Lambert at (325)676-6356.



Check our website for public health, epidemiology, and preparedness information:
www.abilenetx.com/Health

The Role of Public Health In Public Health Emergencies



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Surveillance for diseases is a continuous process. In the case of a public health emergency such as a bioterrorism event, the Department of State Health Services and local epidemiologists review health incident reports for patterns that may indicate an outbreak is in progress. Reports are received from a variety of sources. Most likely from health care practitioners: physicians, nurses, and emergency rooms. Medical surveillance is a data gathering and analyzing system that seeks to discover acute changes in the state of the community's medical health on an on-going basis. It can detect naturally occurring outbreaks and bio-chemical terrorism.

The role of the health department may be different depending whether or not the bioterrorism event is overt or covert. In an overt threat or attack, the health department will likely not be the first agency contacted. Typically, the initial notification of an overt bioterrorism event is made to local law enforcement or fire department agencies through a 911 emergency dispatch. The police and fire department must insure that the health department is included on their notification contact lists so that we can immediately put our plans into operation. After our own plans are executed in response to a bioterrorism event, a contact is made to notify the Department of State Health Services through the Regional Office in Arlington. They will contact the state epidemiologist and others to respond to the event. The state epidemiologist will contact the CDC. When reporting a bioterrorism event we must determine:

- Who -- How many people affected/potentially affected? What agencies on the scene? Ascertain if the FBI has been contacted. If not, make sure they are notified.
- What -- Did the perpetrator identify as an agent? If so, what was it? How was it contained/packaged? Was it disseminated? If so, how? What did it the agent look like e.g., color, consistency? Was there a note? What did it say? What steps did the first responders take at the scene e.g., restricting access to the scene, decontamination of scene/victims, and transportation of victims to local hospitals?
- When -- What time did the event occur? How long were victims exposed?
- Where -- Where was the event located - city/town, address? Where are the victims e.g., if transported to medical facility, name of facility or released at the scene?

While the initial report should be as complete as possible, we will not wait until all possible information has been obtained before notifying the Department of State Health Services. Missing information can be provided in follow-up reports.

The primary role of a public health department representative who reports to the scene of a bio or chemical terrorist event is that of public health advisor/consultant to the incident commander. This person will be consulted on characteristics of potential biological agents and toxicity of potential chemical agents, requirements for agent sampling, requirements for imposing/lifting quarantine, prophylaxis, vaccination, decontamination, locations of medical facilities, triaging patients and caring for the sick, requirements for personal protection equipment, meeting mental health needs and disposing of the deceased.

The public health department representatives (at least one with a backup) designated to respond to a bio or chemical terrorist event should be recognized by incident commanders, fire and law enforcement officials as the person to go to for medical-related consultation. They should also be participating fully with first responders whenever bio or chemical terrorist event training exercises take place.



In a covert attack, public health and the epidemiology staff may be the first to suspect that a bioterrorism event has occurred, or is occurring, through the disease surveillance programs. For covert attacks, we would be working with local medical and infection control personnel and the Department of State Health Services Regional office.

Identify potential victims who were at a particular event or in an area where a large bioterrorism event occurred.

- Establish distribution and administration points for antibiotics, antitoxins, and vaccines.
- Advise on the collection and shipment of biohazardous samples for laboratory analysis
- Work with law enforcement agencies to assure the safeguarding of chain of custody documentation as evidence.
- Coordinate the establishment and disestablishment of quarantine and make recommendations for the issuance of public health advisories and emergencies.
- Work with local, state, public affairs/communications staff to assure the public remains confident in their local government and health services.
- Establish medical command post (triage) at disaster site
- Coordinate public health/medical response team efforts
- Transport of the injured
- Disposition of the deceased
- Identifying hazardous materials or infectious diseases and controlling their spread



Epidemiology Indicators

A covert biological agent attack will be initially difficult to detect. Surveillance is the key. These events could indicate that an attack with a biological agent has taken place:

- Large number of simultaneous cases with similar symptoms or disease.
- Large number of cases of a rare or unusual disease.
- High morbidity associated with a common disease.
- Failure of large numbers of patients with a common disease to respond to usual treatment (e.g., antibiotics).
- A single, confirmed case of smallpox.
- The unexplained diagnosis of two or more diseases in a single patient.
- The presence of a disease with unusual geographic or seasonal distribution.
- An illness presentation that is atypical for a given population or age group (e.g., the presence of a measles-like rash in large numbers of adult patients).
- Unusual pattern of illness or death among animal populations that precedes or accompanies human illness outbreaks.

