DETECT, TEST and REPORT Notifiable Diseases and Outbreaks

Alabama Department of Public Health (ADPH)
Bureau of Communicable Diseases
Infectious Diseases & Outbreaks Division

rev. 01/19/2016
Important Information

- You must attend the **entire program. No partial credit will be awarded**

- There is no commercial support or sponsorship for the program

- There will be no endorsement of products displayed in conjunction with the activity
Purpose of this Presentation

Become knowledgeable of:

- All divisions within the Bureau of Communicable Disease
- Notifiable Disease Rules and the diseases and conditions which requires reporting to public health
- Importance of DETECT-TEST-REPORT - what constitutes an outbreak and how reporting protects the public from potential outbreaks
Purpose of this Presentation

- Importance of healthcare infection control readiness (emerging infectious diseases)
- Healthcare-associated infections reporting & surveillance
- Reporting animal bites/exposures (rabies)
Objectives

- Identify the divisions within the Bureau of Communicable Disease and the purpose reporting Notifiable Disease/Conditions
- Verbalize what the Notifiable Disease/Condition Awareness campaign means (DTR)
- Be knowledgeable of the Notifiable Disease Rules and identify the most accurate diagnosis and test methods
- Verbalize what constitutes an outbreak and information required to investigate an outbreak
Bureau of Communicable Diseases

- Infectious Diseases & Outbreaks (ID&O), www.adph.org/epi
- Immunization (IMM), www.adph.org/immunization
- Sexually-transmitted Infections (STI), www.adph.org/std
- Tuberculosis (TB), www.adph.org/tb
Infectious Diseases & Outbreaks (ID&O) Mission

To protect the residents of Alabama and prevent illness by investigating and monitoring infectious (e.g., Salmonella, influenza, and hepatitis), Zoonotic (e.g., rabies, spotted fever rickettsiosis, and West Nile fever), and Environmental (e.g., Legionnaires’ disease, chemical, and toxin) diseases, conditions, and exposures.
Infectious Diseases & Outbreaks (ID&O) Branches

- Analysis & Reporting (A & R)
- Surveillance
- Healthcare Infection Control & Prevention
- Toxicology
- Zoonotic
Notifiable Diseases/Conditions

Purpose of Notifiable Diseases
- Prevent disease
- Education to providers, patients and community
- Confirm disease

ADPH administrative code authorizes and requires reporting http://www.alabamaadministrativecode.state.al.us/docs/hlth/420-4-1.pdf
Notifiable Diseases/Conditions

**Liability** – Reporters of cases or suspected cases of notifiable diseases, outbreak, or cases of public health importance will have immunity from civil or criminal liability, http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/22-11A-2.htm

**Penalty** - failure to report is considered guilty of a misdemeanor, and upon conviction may be fined $100-$500, alisondb.legislature.state.al.us/alison/codeofalabama/1975/22-11A-6.htm
ADPH is exempt from Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules

ADPH is a public health authority as defined by HIPAA to collect or receive protected health information (PHI) for the purpose of surveillance, investigations, and interventions of notifiable diseases, without authorization of the patient.

http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf
Notifiable Disease Rules Amended

Notifiable Disease Rules Highlights Effective 12/31/14

Additions

- Minimum data element to be reported by all reporters also include patient's race, ethnicity, payor source, and the reporter's facility.
- Laboratories are required to report electronically to EPI and must include test method and result reference range.
- Report Immediate, Extremely Urgent (4 hours) and Immediate, Urgent (24 hours) disease when "presumptive" diagnosed, not confirmed.
- ALTs must be reported with all acute hepatitis reports.
- Reporters cannot assume or delegate laboratories to report for them.

Changes

- Standard Notification diseases must be reported in 5 days, instead of 7 days.
- Only report acute hepatitis B and C cases
- E. Coli, shiga-toxin producing (STEC), legionellosis, and hemolytic syndrome moved to 24-hour notification category.
- Arboviral disease must include any resulted test, because negative help classify the case.

Removed

- Histoplasmosis
- Encephalitis, viral
- Toxic shock syndrome

Who Must Report

- Physicians
- Dentists
- Nurses
- Medical Examiners
- Hospital Administrators
- Nursing Home Administrators
- Laboratory Directors*
- School Principals
- Child Care Center/Head Start Directors

*Must submit electronically
ADPH expects multiple reports
Minimum Data Elements

- Name of disease or health condition
- Patient’s Name
- DOB
- Gender
- Race
- Ethnicity
- Address
- Phone
- Payor source
- Date of onset, date of lab results, and/or date of diagnosis
- Reporter’s Name
- Phone
- Facility
- Additional Information
- Supplemental Investigation
Report within 4 hours of Presumptive Diagnosis
Immediate, Extremely Urgent

- Anthrax, human
- Botulism ★
- Plague
- Poliomyelitis, paralytic
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
- Smallpox
- Tularemia
- Viral hemorrhagic fever
- Cases related to nuclear, biological, or chemical terroristic agents ★

★ Must request permission from Epidemiology before testing

Report within 24 hours **Presumptive Diagnosis**

Immediate, Urgent

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brucellosis</td>
<td>Novel influenza A virus infections</td>
</tr>
<tr>
<td>Cholera</td>
<td>(i.e., potential new strain)</td>
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<tr>
<td>Diphtheria</td>
<td>Pertussis</td>
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<tr>
<td><em>E. coli</em>, shiga toxin-producing (STEC)</td>
<td>Poliovirus infection, nonparalytic</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em>, invasive disease*</td>
<td>Rabies, human and animal</td>
</tr>
<tr>
<td>Hemolytic uremic syndrome (HUS), post-diarrheal</td>
<td>Rubella</td>
</tr>
<tr>
<td>Hepatitis A, including ALT</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>Typhoid fever</td>
</tr>
<tr>
<td>Measles (rubeola)</td>
<td>Yellow fever</td>
</tr>
<tr>
<td>Meningococcal Disease <em>(Neisseria meningitidis)</em></td>
<td>Outbreaks of any kind</td>
</tr>
<tr>
<td></td>
<td>Cases of potential public health importance</td>
</tr>
</tbody>
</table>
Report within **5 days of Diagnosis**

Standard Notification

- Anaplasmosis
- Arboviral disease (including all resulted tests)
- Babesiosis
- Campylobacteriosis
- Chancroid
- *Chlamydia trachomatis*
- Cryptosporidiosis
- Dengue
- Ehrlichiosis
- Giardiasis
- Gonorrhea
- Hansen’s disease (Leprosy)
- Hepatitis B, C, and other viral (acute only), including ALT
- Human Immunodeficiency Virus infection (including asymptomatic infection, AIDS, CD4 counts, and viral load)
- Influenza-associated pediatric mortality
- Lead, exposure screening test result
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Perinatal HIV Exposure (<18 months of age)
- Psittacosis
- Q Fever
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis
- *Staphylococcus aureus*, Vancomycin-intermediate (VISA) and Vancomycin-resistant (VRSA)
- *Streptococcus pneumoniae*, invasive disease*
- Syphilis
- Tetanus
- Trichinellosis (Trichinosis)
- Varicella
- Vibriosis
How to REPORT

- Immediate, Extremely Urgent must be reported within 4 hrs of presumptive diagnosis by telephone

7/24/365 Phone: 1-800-338-8374
How to REPORT

Immediate, Urgent must be reported within 24 hrs of presumptive diagnosis

- Phone: 1-800-338-8374 (still requires a lab report)
- Contact your local Area Investigator
- Email lab report and patient demographics to cdfax@adph.state.al.us
- Fax lab report and patient demographics to (334) 206-3734
- Online, REPORT Card: http://www.adph.org/epi/ will prompt a call requesting the lab report

Best method of reporting
How to REPORT

- Standard within 5 days of diagnosis
  - E-mail lab report and patient demographics to cdfax@adph.state.al.us
  - Fax lab report and patient demographics to (334) 206-3734
  - Online, REPORT Card: https://www.adph.org/Extranet/Forms/Form.asp?ss=s&formID=4799
    This method will prompt a call requesting lab report
  - Phone 1-800-338-8374 (still requires a lab report)
Notifiable Disease/Condition Awareness Campaign

- **DETECT** - Decrease Epidemiological Threats with Environmental Controls and Testing

- **TEST** - Take Epidemiological Specimens Today

- **REPORT** - Rules for Every Provider and Organization to Report on Time
Infectious Diseases & Outbreaks Website

The Infectious Diseases & Outbreaks Division’s mission is to protect the residents of Alabama and prevent illness by monitoring and investigating infectious (e.g., *Salmonella*, influenza, and hepatitis), zoonotic (e.g., rabies, spotted fever rickettsiosis, and West Nile fever), and environmental (e.g., Legionnaire’s disease, chemical and toxin) diseases, conditions, and exposures.

**Infectious Diseases & Outbreaks News**
- Effective 12/31/14, the **Notifiable Disease Rules (Chapter 420-4-1)** have been updated. A **Synopsis of the Rules Revisions** and/or Notifiable Disease Rules Highlights (see below) are available for easy reference.
- Healthcare providers who have been contacted about submitting specimens for an outbreak need to review the **ID&O Partner Instructions**.
- The Infectious Diseases & Outbreaks Division has the **DETECT, TEST** and **REPORT** Notifiable Diseases awareness campaign to determine Alabama’s true disease burden.
- For healthcare providers interested in Ebola, see **ADPH Healthcare Providers** and **ADPH ALERT/HAN**.
- Physicians, dentists, nurses, medical examiners, hospital administrators, nursing home administrators, lab directors, school principals, and day care directors are responsible for reporting Notifiable Diseases in Alabama. To report an Immediate Urgent or Standard Notification Notifiable Disease, please submit a **REPORT Card**.
- If you are a healthcare provider and would like to report adult lead exposure, please complete an **ABLES Investigation Response Form**. To learn more about **Management Guidelines for Blood Lead Levels in Adults**, visit the Health Education Services website.
- **EV-D68** – For healthcare providers who have a patient who died and tested positive for enterovirus and/or rhinovirus, ADPH requests a specimen be submitted to test for **Enterovirus D68 (EV-D68) in Alabama** and complete **Patient Summary Form** and contact the Infectious Diseases & Outbreaks Division at 1-800-338-8374. Patients who test positive for enterovirus may need to read **Enterovirus D68 Flyer**.
- For healthcare providers who have a patient with **Acute Neurologic Illness**, please complete the...
DTR Notifiable Diseases awareness campaign emphasizes different disease control actions needed to reduce the impact of Alabama's reportable diseases and create a robust notifiable disease system.
DETECT

DETECT Notifiable Diseases involves surveillance, investigation, and recommendations for reportable diseases. Public health surveillance is the ongoing, systematic collection (i.e., reported by providers or electronic lab systems), analysis, interpretation, and dissemination of data about a health-related event to reduce morbidity and mortality and to improve health. Public health recommendations are given to stop the transmission and to prevent further disease in the population.
TEST Notifiable Disease involves obtaining a timely specimen, ordering the appropriate lab test, and utilizing the proper lab test method to determine if a patient meets the notifiable disease case definition.
TEST

- Notifiable disease specimens tested at BCL, especially during cluster/outbreak
  - Get specimen to County Health Department (CHD) courier service (free), call CHD for courier time Mon-Fri, except holidays
  - Send UPS or FedEx overnight (not free)

- Send specimens to both reference labs and BCL
REPORT Notifiable Disease is a reminder for all reporting entities to report notifiable diseases in a timely manner.

REPORT is vital to ensure Alabama's Notifiable Diseases are investigated quickly to reduce further possible exposure and to treat those infected.
# ID&O Investigations and Cases

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Investigations</th>
<th>Cases</th>
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</thead>
<tbody>
<tr>
<td>Anthrax</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Arboviral diseases (includes West Nile virus)</td>
<td>98</td>
<td>10</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Botulism</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>20</td>
<td>2</td>
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<tr>
<td>Campylobacteriosis</td>
<td>571</td>
<td>557</td>
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<tr>
<td>Cholerae</td>
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<td>1</td>
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<tr>
<td>Cryptosporidiosis</td>
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<td>214</td>
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<td>Dengue</td>
<td>14</td>
<td>3</td>
</tr>
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<td><em>E. coli</em>, Shiga toxin-producing (includes O157:H7)</td>
<td>106</td>
<td>103</td>
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<td>Ehrlichiosis/Anaplasmosis</td>
<td>22</td>
<td>14</td>
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<td>Giardiasis</td>
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<td>202</td>
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<td>Hansen's disease (Leprosy)</td>
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<td>0</td>
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<td>Hemolytic Uremic Syndrome (HUS)</td>
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<td>2</td>
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<tr>
<td>Hepatitis A, acute</td>
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<td>22</td>
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<tr>
<td>Hepatitis B, acute</td>
<td>146</td>
<td>83</td>
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<tr>
<td>Hepatitis C, acute</td>
<td>165</td>
<td>66</td>
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<td>Disease</td>
<td>Cases 15YR</td>
<td>Cases 15YR</td>
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<tr>
<td>--------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Histoplasmosis</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Influenza-associated pediatric mortality</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Legionellosis</strong></td>
<td>80</td>
<td>50</td>
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<td>Leptospirosis</td>
<td>1</td>
<td>1</td>
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<td>Listeriosis</td>
<td>8</td>
<td>2</td>
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<tr>
<td>Lyme disease</td>
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<td>Malaria</td>
<td>10</td>
<td>9</td>
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<td>Psittacosis</td>
<td>12</td>
<td>0</td>
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<td>Q Fever</td>
<td>1</td>
<td>0</td>
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<td><strong>Rabies, animal</strong></td>
<td>66</td>
<td>65</td>
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<tr>
<td>Rabies, human</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SARS-CoV (Severe Acute Respiratory Syndrome-associated Coronavirus)</td>
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<td>0</td>
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<tr>
<td><strong>Salmonellosis</strong></td>
<td>1267</td>
<td>1248</td>
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<tr>
<td><strong>Shigellosis</strong></td>
<td>710</td>
<td>698</td>
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<tr>
<td>Spotted Fever Rickettsiosis</td>
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<td>257</td>
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<tr>
<td>Tularemia</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Typhoid fever</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>VISA (Vancomycin-intermediate <em>Staphylococcus aureus</em>)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>VRSA (Vancomycin-resistant <em>Staphylococcus aureus</em>)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vibriosis (non-cholerae)</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total 05/27/2015 - 04/27/2016</strong></td>
<td>5434</td>
<td>3670</td>
</tr>
</tbody>
</table>
Disease Investigation Process

- ID&O receives notifiable disease reports and/or labs
- Area Investigators investigate cases to report to CDC
  - Complete investigation form
  - Review labs
  - Call healthcare provider
  - Call patient / parents
  - Document information in Alabama NEDSS Based System (ALNBS)
Notifiable Diseases/Conditions

Special Categories

- Emerging Infectious Diseases
- Rabies Exposures
- Healthcare-Associated Infections (HAI)
- Cases of Public Health Importance
- Outbreaks & Clusters
Emerging Infectious Diseases

Emerging means infections that have increased recently or are threatening to increase in the near future. These infections could be:

• Completely new (MERS, Middle East Respiratory Syndrome)
• Completely new to an area (Chikungunya in Florida, Ebola, Avian Influenza)
• Reappearing in an area (Dengue in South Florida and Texas)
• Caused by bacteria that have become resistant to antibiotics, (VRSA Vancomycin-resistant *Staphylococcus aureus* and drug-resistant TB)
Emerging Infectious Diseases

- These diseases are often travel related. Always check the latest travel health notices found on the CDC website. http://wwwnc.cdc.gov/travel/destinations/list

- CDC and ADPH recommend clinicians inquire about international travel as a part of their ill patient screening.

Example of waiting room signage
ADPH has created the Alabama Emergency Response Technology (ALERT) to push Health Alert Network (HAN) messages via email to healthcare providers statewide.

MDs receive ALERTs via email per the Board of Medical Examiners (BME) database. The Center for Emergency Preparedness obtain updated email addresses from the BME database monthly.
Healthcare-associated Infections

Healthcare-associated infections (HAIs), also known as nosocomial infections, are infections that patients get while receiving treatment for medical or surgical conditions.

HAIs occur in all settings of care, including hospitals, surgical centers, ambulatory clinics, and long-term care facilities such as nursing homes and rehabilitation facilities.
Healthcare-associated Infections

The Healthcare Infection (HAI) Reporting Rules mandate Alabama hospitals to report certain HAIs to ADPH using the National Healthcare Safety Network.

- catheter-associated urinary tract infections (CAUTI)
- central line-associated blood stream infections (CLABSI)
- surgical site infections (SSIs) associated with colon surgeries and abdominal hysterectomies

For more information related to HAI visit our website at [http://adph.org/hai/](http://adph.org/hai/)
Rabies

Rabies is a deadly viral disease that infects the central nervous system of mammals. It is almost always fatal to humans.

It is transmitted through saliva or other direct contact with infected neural tissue.

It is preventable if proper post-exposure treatment protocol is followed before a person becomes symptomatic.
420-4-4-.03 Reporting Of Exposures. Suspected exposures to humans by animals capable of transmitting the rabies virus shall be reported to the county health department. Must be reported within 48 hours.
How to Report Rabies Exposures

- Notify your local County Health Department
- OR
- Complete an ADPH Rabies Exposure Report located online at: [http://adph.org/epi/](http://adph.org/epi/). Click on Rabies (left side of page) and scroll to Rabies Resources.
Rabies Exposure Investigation

- Exposure investigations are performed by the Bureau of Environmental Services at the county health department.

- Exposures can only be confirmed by a licensed physician or a licensed medical professional (PA, CRNP)

- Provider resources are available online at http://adph.org/epi/.
Outbreaks, Clusters, Cases of Public Health Importance, & Environmental Exposures

1. **Outbreak**: two or more cases of a similar illness, from different households, shown by an investigation to result from a common exposure.

2. **Cluster**: an unusual aggregation of cases grouped in time or space. The purpose of identifying clusters is to trigger further investigations to determine whether they might represent an outbreak.

3. **Case of public health importance**: an unusual individual case determined by a reporting healthcare provider.

4. **Environmental Exposure**: any serious human exposure to an environmental contaminant.
Outbreaks

- An outbreak is defined as 2 or more similarly ill people, from separate households, with a common exposure.

- Single cases of certain rare and serious conditions will be investigated, such as gastrointestinal anthrax, botulism, or nosocomial legionella.

Outbreaks of Any Kind are reportable within 24 hours and include both notifiable diseases and diseases not required individually to be reported (e.g., norovirus, head lice, flu).
Outbreak Investigations

Multiple ADPH Internal Partners may be involved in an outbreak investigation:

- Bureau of Communicable Diseases (BCD)
- Bureau of Clinical Laboratories (BCL)
- Bureau of Environmental Services (BES)
- General Counsel (GC)
- Office of Radiation Control (ORC)
- Center for Emergency Preparedness (CEP)
Outbreak Investigation Actions

- Disease Reporter notifies Infectious Diseases & Outbreaks (ID&O) 1-800-338-8374 or local Area Investigator (AI)
- AI contacts facility to gather contact information and request specimens
- AI interviews (ill and not ill) and provides education to the facility
- Bureau of Clinical Laboratories (BCL) tests clinical and food specimens
- County environmentalist assesses the facility; if applicable
- Epidemiologists develop questionnaires, perform data analyses, and produce reports
Outbreak Investigation Tools

- Epidemiology Investigation Report
- Surveillance Line List
- Hypothesis Generating Questionnaire
- Specific Outbreak Questionnaire
- Environmental Assessment Forms
- Disease Investigation Forms
- Specimen kit
Facilities may be directed to complete a surveillance line list or the AI may request information to complete the line list.
Hypothesis Generating Questionnaire

GL Resp Skin Hypothesis Generating Questionnaire

* Investigator: ____________________________

* Interview Date: ____________

Outbreak Name: ____________________________

Complete 1-3 questionnaires on ill individuals only.

"Hello, my name is _______ and I am with the Alabama Department of Public Health. We are investigating gastrointestinal, respiratory, or skin disease and you were identified as an individual with symptoms. We have some questions to help us determine the source of this illness. To ensure accurate and scientific results from this interview, I must read the questions exactly as written."

Demographics

Patient Last Name: ____________________________

Patient First Name & Middle Initial: ____________________________

Age in years: _______

Sex: _______ Female _______ Male _______ Unknown

Ethnicity: _______ Hispanic _______ Non Hispanic _______ Unknown

Race: _______ (mark all that apply)

DeTECT: ____________

Detectable Epidemiological Threats
ALABAMA DEPARTMENT OF PUBLIC HEALTH

If child under 14 years of age, Parent Name (Last, First Name): ____________________________

Patient Address: ____________________________

Job or School: ____________________________

Include name and address, location:

Do you work in . . .

☐ Food Service
☐ Child Care
☐ Health Care
☐ Other

Occupation/Job Title: ____________________________

What day did symptoms begin? ____________

What time did symptoms begin? ____________

Did you travel the week before your first symptom? Yes No Unknown

Where (location(s)) & When (date(s) & time(s)):

Did you come in contact with any animals go to a fair, or visit a farm the week before your first symptom? Yes No Unknown

Where (location(s)) & When (date(s)) & Types of animals:

Did you swim the week before your first symptom? Yes No Unknown

Where (location(s)) & When (date(s)):

Did you attend any group gatherings or activities the week before your first symptom? Yes No Unknown

Where (location(s)) & When (date(s)):

DETECT: ____________

Detectable Epidemiological Threats
ALABAMA DEPARTMENT OF PUBLIC HEALTH
Specimens

- Stool
- Stool
- More Stool
- Blood
- Sputum
- Nasal

Together, we can get this stool to the BCL!
ADPH DTR One-page Flyers

Bed Bugs
Botulism
C. diff
Cryptosporidium
Exclusion and Readmission Criteria for Communicable Diseases in Schools and Childcare Centers
Childcare Exclusion Supplement
E. Coli
Enterovirus D68 (EV-D68)
Enterovirus D68 (EV-D68) Spanish
Fifth Disease
Food Cross Contamination
Hand, Foot, and Mouth Disease
Head Lice
Impetigo
Influenza in People and Pigs
Keep Bats Out
Legionella
Lymphocytic Choriomeningitis Virus
Meningococcal Disease and Vaccine
Mononucleosis
Norovirus
Outbreak Investigation Actions
PFOS and Fish Consumption Advisory
Psittacosis Flyer
Rabies Flow Chart
Rabies Prophylaxis
Rabies Prophylaxis Providers
Reduce Mosquitoes
Salmonella
Scabies
Shigella
Shingles
Specimen - General Public
Specimen - Healthcare Provider
Stop Dog Bites
Tickborne Diseases
Vibriosis
# Outbreak Investigations

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<thead>
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<th>Pathogen</th>
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<th>2014</th>
<th>2015</th>
<th>2016*</th>
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<td>Undetermined</td>
<td>26</td>
<td>36</td>
<td>33</td>
<td>59</td>
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<tr>
<td>Identified</td>
<td>60</td>
<td>52</td>
<td>101</td>
<td>175</td>
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<tr>
<td>Total Outbreaks</td>
<td>86</td>
<td>88</td>
<td>134</td>
<td>234</td>
<td>103</td>
</tr>
</tbody>
</table>


More information can be found on the ADPH Web page
http://www.adph.org/epi/Default.asp?id=5548

DTR has helped to get the word out to report outbreaks timely!!!
ADPH Contact Information

- County Health Department (CHD)
  http://adph.org/administration/assets/countylist.pdf
- Area Investigators (AI)
  http://www.adph.org/epi/default.asp?id=1438
- Infectious Diseases & Outbreaks (ID&O)
  1-800-338-8374 http://www.adph.org/epi/
Questions?

Thank you