

Introduction to Communicable Disease Surveillance and Investigation in North Carolina



Communicable Disease Program Components

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Technical Assistance &
Training Program



Our Vision:

*Healthy People in
Healthy Communities*

Our Mission:

*Promote Physical and
Mental Health and
Prevent Disease,
Injury, and Disability*

**THIS IS PUBLIC
HEALTH.**
whatispUBLIChealth.org

**THIS IS
PUBLIC HEALTH.**

thisispUBLIChealth.org

**C'EST ÇA LA SANTÉ
PUBLIQUE**

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這是公共衛生

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यो सार्वजनिक स्वास्थ्य हो ।

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Public Health

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

Learning Objective

NC EDSS

Recognize the key features of the state's mandatory electronic disease reporting system



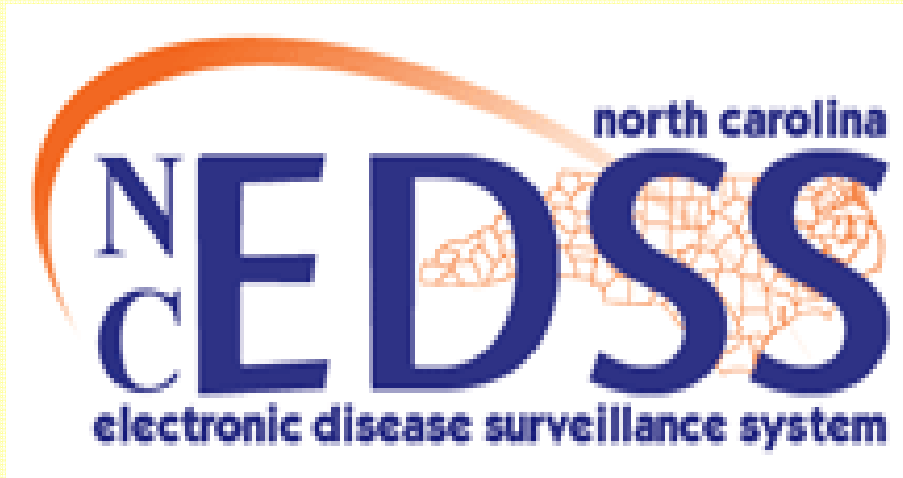


In the beginning....



***...there was paper...
and lots of it.***

What is NC EDSS?



NC EDSS Brings Major Changes to the way Data is Exchanged and Reported



NC EDSS Replaces Databases

TIMS - Tuberculosis

NETSS - General CD + VPD

STD*MIS - STD

HARS - HIV

Perinatal Hepatitis B Database

What Diseases have been Phased into NC EDSS and When?

2007

TB, LTBI, TST in 14 highest-morbidity LHDs

2008

- TB, LTBI, TST in remaining LHDs
- General communicable diseases - all LHDs
- Vaccine-preventable diseases - all LHDs
- Chlamydia & Gonorrhea - all LHDs

January 2013

HIV & Syphilis –DPH Field Service Regional Offices only

What does NC EDSS give to NC public health system?

- LHD access to their data
- Increases data sharing among LHDs
- Statewide outbreak management
- Better tracking of lab results
- Stores lab data with case data
- Creates centralized repository of person-based public health data
- Analysis of morbidity patterns across diseases
- Co-morbidity of specific can be tracked with NC EDSS patients (e.g., HIV/TB, Syphilis/Hepatitis B)

Record Management

Paper



Electronic



You still have to manage the public record, even if the records are protected by confidentiality laws and/or HIPAA.

Learning Objective

Record Management/Record Retention

Identify regulatory authority for public records management and retention



Public Record Defined

NCGS 131-1

- **All documents**, papers, letters, maps, books, photographs, films, sound recordings, magnetic or other tapes, electronic data-processing records, artifacts, or other documentary material,
- **Regardless of physical form or characteristics,**
- **Made in connection with the transaction of public business**
- **By any agency of North Carolina government or its subdivisions,...**
- **Any county, unit, special district or other political subdivision of government.**
- The public records and public information ...are the property of the people. Therefore, it is the policy of this State that the people may obtain copies of their public records and public information free or at minimal cost unless **otherwise specifically provided by law.**

Destruction of Records

NCGS 132-3

Prohibition. - No public official may destroy, sell, loan, or otherwise dispose of any public record, except in accordance with G.S. 121-5 and G.S. 130A-99, **without the consent of the Department of Cultural Resources.**

Whoever unlawfully removes a public record from the office where it is usually kept, or alters, defaces, mutilates or destroys it shall be guilty of a Class 3 misdemeanor.

Records Management Program

NCGS 132-8.1

Department of Cultural Resources shall administer a records management program

- to establish standards, procedures, and techniques for effective management of public records,
- to make continuing surveys of paper work operations,
- to recommend improvements in current records management practices including the use of space, equipment, and supplies employed in creating, maintaining, and servicing records.

The duty of each head of a state agency and the governing body of each county to cooperate with the Department of Cultural Resources.

**RECORDS RETENTION AND DISPOSITION
SCHEDULE
LOCAL HEALTH DEPARTMENTS**

North Carolina Department of Cultural
Resources

Division of Historical Resources

Archives and Records Section

Government Records Branch

September 7, 2007

STANDARD - 13. EPIDEMIOLOGY RECORDS

Public health records created or received in local health departments and used to manage and monitor epidemiology programs.

These are not individual patient clinical records.

Local Rule #1

EPIDEMIOLOGY OUTBREAK INVESTIGATION RECORDS

Records concerning actions taken by public health nurses (PHN) to control the spread of a communicable disease.

May include copies of letters of notification of exposure sent out to daycares, restaurants, etc.

- Destroy in office responses from negative-exposures after 1 year.
- Destroy remaining records in office after 5 years.

(Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.)

Local Rule #2

COMMUNICABLE DISEASE SURVEILLANCE FORMS/CASE REPORTS

Records concerning detailed information on client's risk factors including lifestyle and demographics.

- Forward original reports to the North Carolina DHHS, and the Centers for Disease Control and Prevention for statistical purposes.
- Destroy remaining records in office after 5 years. Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.

NC Electronic Disease Surveillance System
 North Carolina Department of Health and Human Services
 Division of Public Health • Epidemiology Section
 Communicable Disease Branch

NC EDSS EVENT ID#

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

ANTHRAX
 Confidential Communicable Disease Report—Part 2
 NC DISEASE CODE: 3

ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease. Enter all information from this form into the NC EDSS question packages.

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy)	SSN	
							/	/
<input type="checkbox"/> NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.								
Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State	
/ /						/ /		
/ /						/ /		
/ /						/ /		

<p>PREDISPOSING CONDITIONS</p> <p>Any immunosuppressive conditions? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Specify _____</p>	<p>CLINICAL FINDINGS (continued)</p> <p>Elevated CSF protein <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Elevated CSF cell count <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Encephalomyelitis/meningoencephalitis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Joint pains (arthralgias) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Muscle aches / pains (myalgias) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Skin lesions <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Please describe (check all that apply):</p> <p><input type="checkbox"/> Papule</p> <p><input type="checkbox"/> Pustule</p> <p><input type="checkbox"/> Vesicle</p> <p><input type="checkbox"/> Bullae</p> <p><input type="checkbox"/> Ulcer</p> <p>Skin lesion characterized by coal black scab surrounded by non-tender swollen rim (black eschar) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Oropharyngeal/mucosal lesion(s) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>(stomatitis) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Cough <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Onset date (mm/dd/yyyy): / /</p> <p>Productive <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Describe (check all that apply):</p> <p><input type="checkbox"/> Clear <input type="checkbox"/> Purulent <input type="checkbox"/> Bloody (hemoptysis)</p> <p>Shortness of breath/difficulty breathing/ respiratory distress <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Acute Respiratory Distress Syndrome (ARDS) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Pneumonia <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Did the patient have a chest x-ray? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>If yes, describe (check all that apply):</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Infiltrate</p> <p><input type="checkbox"/> Diffuse infiltrates/findings suggestive of ARDS</p> <p><input type="checkbox"/> Mediastinal widening</p> <p><input type="checkbox"/> Pleural effusion</p> <p><input type="checkbox"/> Hilar adenopathy</p> <p><input type="checkbox"/> Other _____</p>	<p>Chest CT scan performed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Describe (check all that apply):</p> <p><input type="checkbox"/> Infiltrate</p> <p><input type="checkbox"/> Pleural effusion</p> <p><input type="checkbox"/> Mediastinal adenopathy</p> <p><input type="checkbox"/> Hemorrhagic pleural effusion</p> <p><input type="checkbox"/> Other _____</p> <p>Chest pain <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Nausea <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Vomiting <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Abdominal pain or orange <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Diarrhea <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Describe (select all that apply):</p> <p><input type="checkbox"/> Bloody</p> <p><input type="checkbox"/> Non-bloody</p> <p><input type="checkbox"/> Watery</p> <p><input type="checkbox"/> Other _____</p> <p>Maximum number of stools in a 24-hour period: _____</p> <p>Bacteremia <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Date of positive blood culture (mm/dd/yyyy): / /</p> <p>Septicemia / sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Other symptoms, signs, clinical findings, or complications consistent with this illness <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Please specify: _____</p> <p>Clinical classification</p> <p><input type="checkbox"/> Cutaneous</p> <p><input type="checkbox"/> Gastrointestinal</p> <p><input type="checkbox"/> Inhalational</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Oropharyngeal</p> <p><input type="checkbox"/> Meningitis/meningoencephalitis</p>
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NC Electronic Disease Surveillance System
 North Carolina Department of Health and Human Services
 Division of Public Health - Epidemiology Section
 Communicable Disease Branch

NC EDSS EVENT ID#

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

Confidential Communicable Disease Report—Part 1

NC DISEASE CODE
 (see reverse side for code)

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

Birthdate (mm/dd/yyyy): _____ Sex: M F Trans. Parent or Guardian (of minors): _____ 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 Other 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)
 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/was patient symptomatic 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/Provider: _____ 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): _____

DHHS 2124 (Revised January 2009) EPIDEMIOLOGY

Local Rule #3

COMMUNICABLE DISEASE (CD) REPORT CARDS

Cards or computerized database containing information on reports of communicable diseases.

- Forward cards to DHHS as required.
- Destroy remaining records in office after 5 years. Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.

Local Rule #4

HEPATITIS B CARRIER SURVEILLANCE REPORTS

Destroy in office after 5 years.

Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.

Local Rule #5

SEXUAL TRANSMITTED DISEASES (STD) EPIDEMIOLOGIC REPORTS

Destroy in office after 5 years.

Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.

Local Rule #6

PUBLIC RECORDS WITH SHORT-TERM VALUE GUIDELINES FOR THEIR RETENTION AND DISPOSITION

- **Preliminary** or rough drafts containing no significant information **that is not also contained** in the final drafts of the records;
- The records described above **may be destroyed or otherwise disposed of when their reference value ends.**
- These guidelines are not intended to serve as authorization to destroy or otherwise dispose of unscheduled records. They are intended to **complement the use of an approved records retention and disposition schedule** for the creating government or agency, not replace or supersede it.

Learning Objectives

Policies and Procedures

Differentiate between the terms policy and procedure

Identify policies required by NC LHD

Accreditation and Selected NC Agreement Addenda (510, 536, 541 and 894)



Policy Development

What is a Policy?

A policy is an agreed-upon course of action for handling a specific set of circumstances. Policies must take into account various levels of legislation/regulation which impact health care delivery.

Why do we need policies?

- To provide a way to prove a standard of care
- To affect safe practice
- To affect accountability
- To inform staff of the components of a quality assurance and improvement program
- To establish staff expectations of self and others
- To provide a framework for consistency in methods of practice
- To set procedural standards of practice

Types of Policies

Administrative

- A broad description of what the agency does and why.
- Includes the objectives, rules, and regulations which guide organizational activities and direct allocation of resources.
- Should be consistent with agency mission statement.

Program

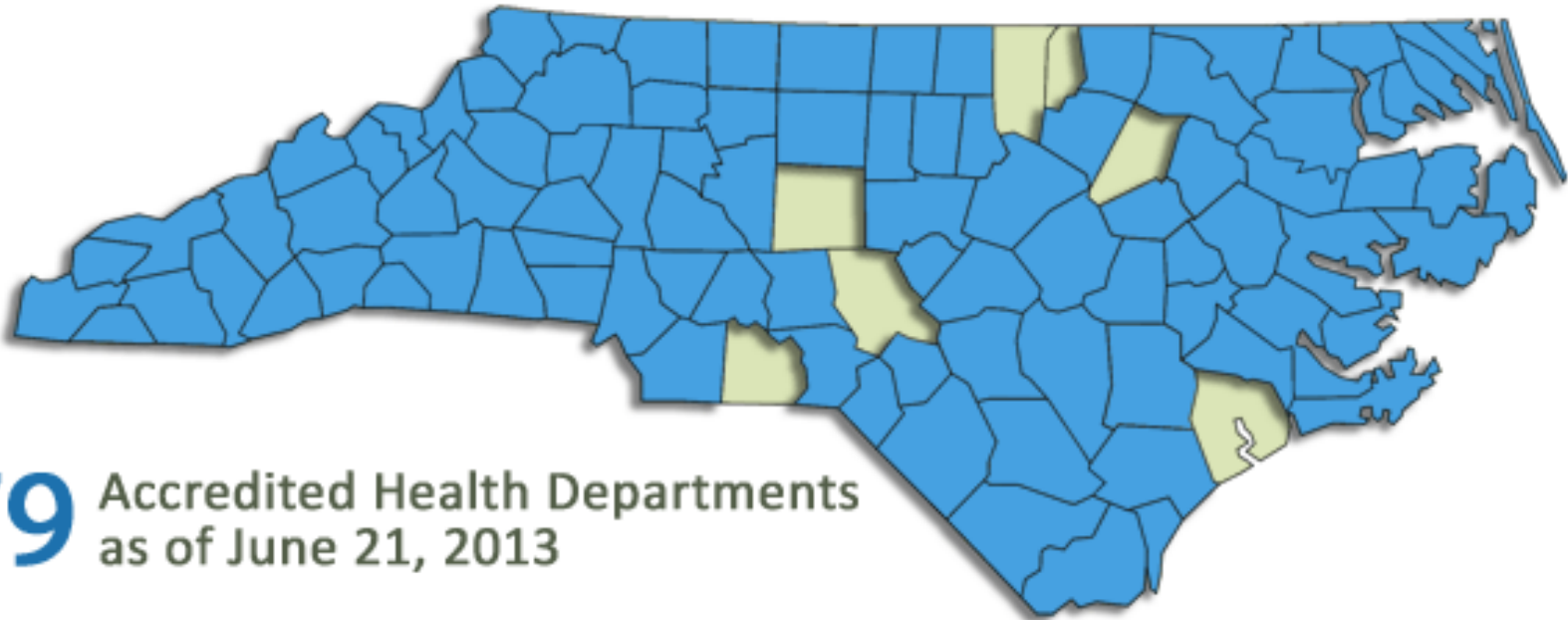
- A description of what and why as they apply to individual programs.
- Includes the objectives and rules which direct a specific program focus and activities.
- Should be consistent with overall agency policies.

Procedures

- Detailed description of how and by whom (discipline/position) the work is to be done.
- Should be consistent with policy statements.

LHD Accreditation

Assuring the health of North Carolina through local health department accreditation

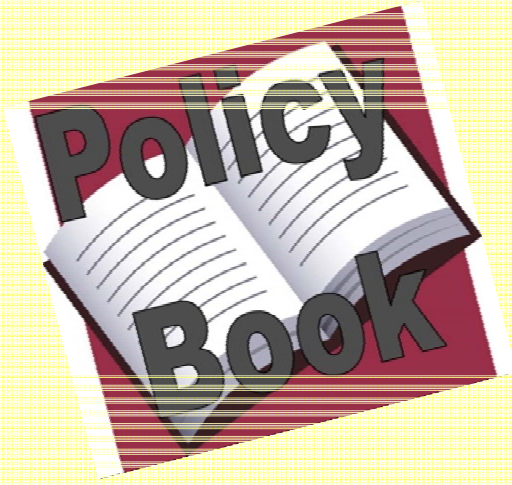


79 Accredited Health Departments
as of June 21, 2013

Policy on Policies

The agency determines the written format for their policies and procedures; develops and adopts a written policy and procedure.





Policies Required by LHD Accreditation

Activity 15.2: *The local health department shall develop and adopt program policies and procedures that meet the following criteria:*

---refer to the federal and state legislation, rules or regulations, or local rules or ordinances that provide the authority to carry out agency programs and activities, and

---delineates desired outcomes.

Activity 15.3: *The local health department shall have a written procedure providing for annual review, and revision if necessary of all policies.*

Activity 31.1: *The local health department shall develop and implement policies and procedures regarding the administration of the local health department and shall assure policies and procedures are accessible to staff.*

Important LHD Accreditation Policy!

Activity 15.6:

The local health department shall ensure that program policies and procedures are *accessible to all staff*.

Documentation: Program policies AND evidence demonstrating accessibility by all health department staff.



What are Agreement Addenda?

Division of Public Health and the local health departments execute a Consolidated Agreement to establish the terms and conditions governing the use of federal and State funds.

Agreement Addenda are prepared before the start of each fiscal year for each funded program Activity in order to establish annual program objectives to be achieved by the local health departments.

NC AGREEMENT ADDENDA

AA-510

LHD agrees to develop and implement a policy incorporating all of the aforementioned items. Policy will be electronically available to Regional Communicable Disease Nurse Consultant upon request.

The Local health department agrees to:

Two (2) staff trained to use NC EDSS and two (2) active users at all times

Monitor workflows on a timely basis

Enter lab reports and physician reports on a timely basis

DPH administers security

No sharing of passwords

Immediately notify DPH if user leaves position or employment with the agency

NC AGREEMENT ADDENDA

AA 536/541

Have policies and procedures electronically available that address the following areas of STD Program Services:

- a. Overview of the STD Program
- b. Clinical Service Staffing
- c. Clinical Service Staff Qualifications
- d. Clinical Service Staff Orientation
- e. Clinical Service Staff Development
- f. Examination, Testing, Treatment, Counseling and Referral
- g. NC EDSS Reporting
- h. Outreach Services within the Community (formerly named STD Community Surveillance)

NC AGREEMENT ADDENDA

AA-894 (proposed) STD Drugs

Local health departments may use these state funds to provide Expedited Partner Therapy (EPT) provided the local health department has a policy consistent with CDC and DPH guidelines for this practice and approval from the Office of Pharmacy Affairs (OPA) to use drugs purchased through the 340B Pricing Program to provide this service.

CD and STD Manual Sample Policies

North Carolina
Sexually Transmitted Diseases
Public Health Program Manual

March 2013

Technical Assistance and Training Program
Medical Consultation Unit
Communicable Disease Branch
Epidemiology Section
North Carolina Division of Public Health

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STD Program Framework	LHD Support Services
Sexually Transmitted Diseases	Disease Investigation & NC EDSS Reporting
Clinical Assessment	Training Opportunities
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Treatment Guidelines & Standing Orders	NC Laws & Rules
Appendix	

http://epi.publichealth.nc.gov/cd/lhds/manuals/std/hc/ctoc.html

2012
North Carolina
Division of Public Health
Communicable Disease Manual

Public Health Management of Reportable
Diseases and Conditions

NC Division of Public Health - Epidemiology Section
Communicable Disease Branch
1902 Mail Service Center
Raleigh, NC 27699-1902
919 - 733 - 3419 (main number - 24 hours)
919 - 735 - 4899 (secure fax)

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Diseases & Conditions Reportable in North Carolina	Other Diseases of Public Health Significance (CAMRSA, Influenza, Norovirus)
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Press Releases	Communicable Disease Control
Outbreak Investigations	Technical Assistance & Training Program
Appendices	Sample Policies/Procedures & Standing Order Templates
NC Electronic Disease Surveillance System (NC EDSS)	Additional Communicable Disease Manuals (HIV, Tuberculosis, STD, TB, Vaccine-Preventable)

Page Last Updated March 04, 2013

http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/ctoc.html

<http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/ctoc.html>
<http://epi.publichealth.nc.gov/cd/lhds/manuals/std/ctoc.html>

Review

Learning Objective

NC EDSS

Recognize the key features of the state's mandatory electronic disease reporting system



Learning Objective

Record Management/Record Retention

Identify regulatory authority for public records management and retention



Learning Objectives

Policies and Procedures

Differentiate between the terms policy and procedure

Identify policies required by NC LHD

Accreditation and Selected NC Agreement Addenda (510, 536, 541 and 894)



References

Developing Policies and Procedures.

<http://www.ncpublichealthnursing.org/2012>

PHN Manual Dev PP Section final.doc

North Carolina Local Health Department Accreditation

http://nciph.sph.unc.edu/accred/health_depts/index.htm

North Carolina Department of Cultural Resources

<http://www.ncdcr.gov/archives/ForGovernment/RetentionSchedules/LocalSchedules.aspx>

Public Health Pledge

I pledge to do all within my power to safeguard human and environmental health through prevention, protection, and education efforts.

I will accept the responsibility to use my talents, training, and professional experience to instill public trust in all my public health endeavors.

It is my personal commitment to serve my community with integrity and pride.