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International Disease Surveillance Conference to Be Held in Indianapolis

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The threats of terrorism and pandemic influenza have greatly increased the urgency to improve international disease surveillance. Public health officials have joined forces to meet the need for rapid detection of bioterrorism events and naturally occurring disease outbreaks. To share the latest information and build on past successes, Indianapolis will host the sixth annual conference of the International Society for Disease Surveillance (ISDS), the leading professional association for biosurveillance, on October 10-12.

The ISDS selected Indianapolis as the conference site based on the success, expertise, and teamwork of the Regenstrief Institute, the Indiana State Department of Health (ISDH), the Marion County Health Department (MCHD), and many hospitals across Indiana. In just three short years, the ISDH Public Health Emergency Surveillance System has grown to include near real-time syndromic surveillance data from over 70 hospital emergency departments.

This year's conference theme, "Expanding Horizons", is meant to challenge ISDS members to grow and improve in all areas of biosurveillance. Focused meeting tracks will explore the latest practices to expand surveillance horizons both in public health practice and in academic and applied research. These include:

- Novel Applications: the innovative, non-traditional use of tools or data of public health surveillance in other areas
- Automated Data Acquisition and Processing: the process of data gathering, organizing, and processing from data feed to signal
- Analytical Methods: tools for analyzing and interpreting data to assess the state of public health

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- Public Health Practice: the use of data and analysis to protect public health and animal health
- Evaluation and Performance: the assessment of data, analysis tools, systems, and public health practice

Internationally recognized as a leader in health informatics, Regenstrief Institute will serve as the formal host for the 2007 meeting, with Dr. Shaun Grannis serving as the Organizing Chair. Additionally, Dr. Joseph Gibson of the MCHD and Michael Wade of the ISDH are active members of the conference planning committee.

The 2007 ISDS conference promises to be a cutting-edge event, and interested professionals are encouraged to attend.

For additional conference information, please visit the ISDS Web site at:
<http://syndromic.org/conference/2007/>

Epidemiology Field Manual Available Soon

Stephanie English
District 6 Field Epidemiologist

The ISDH Surveillance and Investigation Unit has developed a resource for local health departments (LHD) to use when investigating communicable disease cases and outbreaks. The *ISDH Epidemiology Field Manual* is an all encompassing manual that provides the investigator with all of the needed information in one easy-to-use reference. Sections of the manual will contain reporting forms and information for every reportable communicable disease in Indiana. The manual will also provide information on calculating general statistics.

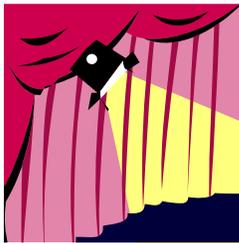
ISDH Communicable Disease Epidemiologists are currently reviewing a draft of the manual. Revisions will be made after the review has been completed, and printing is scheduled for completion at the end of the summer. The District Field Epidemiologists will distribute one manual to each LHD and provide training on its contents.

News from District 6

Stephanie English
District 6 Field Epidemiologist

Deb Hopseker has taken a promotion within the Public Health Preparedness and Emergency Response Division. She will supervise all District Public Health Coordinators in addition to directing the SNS Mass Prophylaxis Program. She will be dearly missed by her District 6 team. Our best wishes and congratulations go to Deb.

Anyone interested in the District 6 Public Health Coordinator position should check the State of Indiana job bank at <http://www.in.gov/jobs/stateemployment/fe/apply.html>.



OUTBREAK SPOTLIGHT....

Outbreak Spotlight is a regularly occurring feature in the Indiana Epidemiology Newsletter to illustrate the importance of various aspects of an outbreak investigation. The event described below highlights an investigation of a gastroenteritis outbreak at a long-term care facility .

Jennifer Wyatt, MPH
District 4 Field Epidemiologist

Background

On December 12, 2006, a representative of the Regency Place of Lafayette (RPL) notified the Indiana State Department of Health (ISDH) about an increase in the number of ill residents in one wing of the long-term care facility. RPL indicated that at least 18 residents had developed symptoms of gastroenteritis, characterized primarily by diarrhea, vomiting, and nausea on or around December 10. The ISDH immediately notified the Tippecanoe County Health Department (TCHD) of the possible outbreak.

Epidemiologic Investigation

The ISDH and TCHD initiated a collaborative investigation of this outbreak. An outbreak questionnaire was not developed and distributed, because residents' symptoms had mostly subsided by the time the investigation began. Information that was collected included symptoms, duration of illness, onset of illness, and number of individuals infected. Approximately 18 (12%)

of the residents became ill. Symptoms experienced among residents included nausea, vomiting, and diarrhea. Onset dates ranged from December 10 through December 12. No staff members became ill. According to RPL, illness lasted approximately two days and self-resolved. According to the case data, the illness appeared to be transmitted person to person and not through food or another point source within the facility.

Environmental Assessment

No facility inspection was conducted, since the illness appeared to be transmitted person to person. However, the TCHD recommended that RPL implement several control measures, such as increased handwashing among residents and staff, exclusion of ill staff members, and increased environmental disinfection using freshly prepared bleach solution.

Laboratory Results

Stool specimens from three RPL residents were submitted to the ISDH Laboratories for analysis. One specimen was deemed unsatisfactory due to improper collection procedures. The specimens were tested for both bacterial and viral agents. Two specimens were positive for *Norovirus*. These specimens tested negative for *Campylobacter*, *E. coli* O157:H7, *Salmonella*, and *Shigella*.

Conclusions

This investigation confirms that an outbreak of viral gastroenteritis occurred among the residents and staff at RPL. The causative agent of this outbreak was *Norovirus*. According to the onset dates of cases, illness was most likely transmitted person to person rather than through food or another point source within the facility. Facility management and staff quickly implemented control measures, which assisted in the rapid control of the outbreak.

In general, most viral gastroenteritis can be prevented by strictly adhering to the following guidelines:

- Thoroughly wash hands with soap and water before preparing and serving food;
- Thoroughly wash hands with soap and water after using the restroom;
- Thoroughly wash hands with soap and water after assisting anyone who is ill with diarrhea and/or vomiting;
- Persons with diarrhea and/or vomiting should not prepare food for others and should limit direct contact with others as much as possible;
- Patients ill with diarrhea and/or vomiting should not attend meals and activities with other residents who are not experiencing symptoms, and;
- Staff with diarrhea and/or vomiting should be excluded from health care and long-term care facilities until symptoms cease.

The management and staff of RPL were very cooperative throughout the investigation and promptly implemented several control measures to prevent further spread of illness. The TCHD staff responded appropriately and in a timely manner to identify and control the spread of the virus. The collaborative effort between TCHD, ISDH, and RPL ensured rapid control and prevention of additional cases.

In Memoriam



Vivie Dunn
1949 – 2007

On June 27, 2007, the Epidemiology Resource Center (ERC) and the Indiana State Department of Health lost one of its longest serving professional staff members with the death of Vivie Dunn. Vivie E. Dunn had worked with the Indiana State Department of Health (ISDH) as a medical entomologist since 1978. She first started in this position with the Vector Control Program in the Division of Sanitary Engineering. Then, two years ago, the program was moved to the ERC.

Vivie was born in Maryland and raised in Newark, Delaware, where she graduated from Christiana High School. She received her Bachelor of Science degree in Entomology from the University of Delaware. During this time, she studied and became fascinated with mosquitoes, a fascination that served her and the State of Indiana well. Vivie then received her Master of Science degree in Biology, working with mites, from Idaho State University.

She came to work at the then Indiana State Board of Health in 1978 as an entomologist responsible for assisting local health departments, businesses, and citizens in the southern third of Indiana. Vivie was stationed in Newburgh where she served until her death.

During her tenure with the ISDH, Vivie developed a reputation for her competence, enthusiasm, and her ability to work well with a variety of people. She was extremely popular on the lecture circuit, never hesitating to give talks about subjects as diverse as head lice, ticks, mosquitoes,

hantavirus, and birds. She spoke with schools, 4-H clubs, nurses, environmental health specialists, and naturalists, just to mention a few groups.

Vivie was extremely energetic, contributing greatly to the success of the Arbovirus Surveillance Program through the years. In this capacity, she dealt competently with St. Louis Encephalitis Virus; the introduction of *Aedes albopictus*, the Asian Tiger Mosquito; West Nile Virus; and Lyme Disease. She showed leadership, guiding local health departments in her geographic area through everything from collection and identification of specimens to control of vector populations.

Vivie was also active in the Indiana Vector Control Association, serving one year as President, and the Indiana Environmental Health Association, receiving the award of Sanitarian of the Year in 1988. She was an active member of the American Mosquito Control Association, the Entomological Society of America, the Indiana State Academy of Science, and was accredited as a Registered Professional Entomologist.

Vivie was also very involved in her community, participating in the local chapter of the Indiana Audubon Society and Holy Rosary Catholic Church in Evansville, where she sang in the choir.

Vivie will be greatly missed by all of us.



INDIANA STATE DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM PRESENTS:

Immunizations from A to Z

Immunization Health Educators offer this FREE, one-day educational course that includes:

- Principles of Vaccination
- Childhood and Adolescent Vaccine-Preventable Diseases
- Adult Immunizations
 - Pandemic Influenza
- General Recommendations on Immunization
 - Timing and Spacing
 - Indiana Immunization Requirements
 - Administration Recommendations
 - Contraindications and Precautions to Vaccination
- Safe and Effective Vaccine Administration
- Vaccine Storage and Handling
- Vaccine Misconceptions
- Reliable Resources

This course is designed for all immunization providers and staff. Training manual, materials, and certificate of attendance are provided to all attendees. Please see the Training Calendar for presentations throughout Indiana. Registration is required. To attend, schedule/host a course in your area or for more information, please reference

<http://www.IN.gov/isdh/programs/immunization.htm>.

ISDH Data Reports Available

The ISDH Epidemiology Resource Center has the following data reports and the Indiana Epidemiology Newsletter available on the ISDH Web Page:

http://www.IN.gov/isdh/dataandstats/data_and_statistics.htm

HIV/STD Quarterly Reports (1998-June 06)	Indiana Mortality Report (1999, 2000, 2001, 2002, 2003, 2004, 2005)
Indiana Cancer Incidence Report (1990, 95, 96, 97, 98)	Indiana Infant Mortality Report (1999, 2002, 1990-2003)
Indiana Cancer Mortality Report (1990-94, 1992-96)	Indiana Natality Report (1998, 99, 2000, 2001, 2002, 2003, 2004, 2005)
Combined Cancer Mortality and Incidence in Indiana Report (1999, 2000, 2001, 2002, 2003)	Indiana Induced Termination of Pregnancy Report (1998, 99, 2000, 2001, 2002, 2003, 2004, 2005)
Indiana Health Behavior Risk Factors (1999, 2000, 2001, 2002, 2003, 2004, 2005)	Indiana Marriage Report (1995, 97, 98, 99, 2000, 2001, 2002)
Indiana Health Behavior Risk Factors (BRFSS) Newsletter (9/2003, 10/2003, 6/2004, 9/2004, 4/2005, 7/2005, 12/2005, 1/2006, 8/2006, 10/2006, 5/2007)	Indiana Infectious Disease Report (1997, 98, 99, 2000, 2001, 2002, 2003, 2004, 2005)
Indiana Hospital Consumer Guide (1996)	Indiana Maternal & Child Health Outcomes & Performance Measures (1990-99, 1991-2000, 1992-2001, 1993-2002, 1994-2003, 1995-2004)
Public Hospital Discharge Data (1999, 2000, 2001, 2002, 2003, 2004, 2005)	

HIV Disease Summary

Information as of June 30, 2007 (based on 2000 population of 6,080,485)

HIV - without AIDS to date:

372	New HIV cases from July 2006 thru June 30, 2007	12-month incidence	6.47 cases/100,000
3,765	Total HIV-positive, alive and without AIDS on June 30, 2007	Point prevalence	65.45 cases/100,000

AIDS cases to date:

326	New AIDS cases from July 2006 thru June 30, 2007	12-month incidence	5.67 cases/100,000
4,038	Total AIDS cases, alive on June 30, 2007	Point prevalence	70.20 cases/100,000
8,301	Total AIDS cases, cumulative (alive and dead)		

REPORTED CASES of selected notifiable diseases

Disease	Cases Reported in June MMWR Weeks 23-26		Cumulative Cases Reported January – June MMWR Weeks 1-26	
	2006	2007	2006	2007
	Campylobacteriosis	33	62	178
Chlamydia	1,725	1,619	10,361	10,477
Cryptosporiosis	5	9	25	29
Cyclosporiasis	0	0	1	1
<i>E. coli</i> O157:H7	8	6	22	17
Haemophilus influenzae	2	11	35	31
Hepatitis A	5	0	15	5
Hepatitis B	8	5	22	20
Gonorrhea	778	779	4,507	4,325
Legionellosis	5	1	10	10
Listeriosis	0	0	5	6
Lyme Disease	5	3	7	10
Measles	0	0	1	0
Meningococcal, invasive	3	0	14	14
Mumps	4	1	10	1
Pertussis	25	12	105	26
Rocky Mountain Spotted Fever	2	1	3	2
Salmonellosis	54	67	254	278
Shigellosis	14	6	68	30
Streptococcus pneumoniae (invasive, all ages)	49	64	354	355
Streptococcus pneumoniae (invasive, drug resistant)	18	19	100	102
Streptococcus pneumoniae (invasive, <5 years of age)	4	7	33	23
Syphilis (Primary and Secondary)	5	3	39	22

REPORTED CASES of selected notifiable diseases (cont.)

Disease	Cases Reported in June MMWR Weeks 23-26		Cumulative Cases Reported January – June MMWR Weeks 1-26	
	2006	2007	2006	2007
Tuberculosis	14	6	67	68
Yersiniosis	1	1	5	7
Animal Rabies	1 (bat)	1 (bats)	3 (bats)	6 (bats)

For information on reporting of communicable diseases in Indiana, call the *Epidemiology Resource Center* at (317) 233-7125.



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