Working with Arizona Department of Health Services:
A Pima County Perspective
2012 Arizona Infectious Disease Conference
Investigation of Reportable Diseases

Arizona Administrative Code* Requires Providers To:

Report Communicable Diseases

to the Local Health Department

- Anthrax
- Acute meningitis: viral
- Bacterial meningitis
- Brucellosis
- Campylobacteriosis
- Chlamydia infection
- Cholera
- Crimean-Congo hemorrhagic fever
- Coxsackie virus
- Cryptosporidiosis
- Cytomegalovirus infection
- Dengue
- Diarrhea, nausea, or vomiting
- Echinococcus
- Enteric or systemic disease
- Encephalitis, viral or parovirus
- Enterohemorrhagic Escherichia coli
- Escherichia coli
- E. coli
- Gonorrhea
- Herpesvirus infection
- Hemolytic uremic syndrome
- Hepatitis A
- Hepatitis B and D
- Hepatitis C
- Hepatitis E
- Herpes genitalis
- HIV infection and related disease
- Influenza-associated mortality in a child
- Kawasaki disease
- Legionnaires disease
- Leprosy
- Listeriosis
- Lyme disease
- Lymphocytic choriomeningitis
- Malaria
- Measles (rubella)
- Meningococcal meningitis
- Mumps
- Nipah virus (virus)
- Plague
- Poliomyelitis
- Rabies
- Rabies in a human
- Relapsing fever
- Rheumatic fever
- Rocky Mountain spotted fever
- Rubella (German measles)
- Rubella syndrome, congenital
- Salmonellosis
- Scarlet fever
- Severe acute respiratory syndrome
- Shigellosis
- Smallpox
- Syphilis
- Tetanus
- Typhoid fever
- Tuberculosis, active disease
- Tuberculosis latent infection in a child 2 years of age or younger (positive screening test result)
- Tularaemia
- Typhoid fever
- Tularaemia
- Unexplained death with a history of fever
- Vaccine-related adverse event
- Varicella-zoster virus or VZV-associated complications
- Varicella-zoster virus (VZV)
- Varicella (chickenpox)
- Viral hemorrhagic fever
- West Nile virus infection
- Yellow fever
- Yaws

* Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.
* Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
* Submit a report within 24 hours after detecting an outbreak.

www.azdhs.gov/phs/oidu/bcp_rpt.htm

A.A.C. R9-6-202
Effective 04/01/2008
Jurisdictions

Centers for Disease Control and Prevention

Arizona Department of Health Services

Pima County Health Department

Morbidity: ex salmonella

- Compare results across nation
- Compare results across county and state
- Specimen sent to ADHS for further testing (subtyping and PFGE pattern)
- PCHD interviews cases that test + for salmonella
# Communicable Disease Report

**Important Instructions:** Please complete sections 1-3 for all reportable conditions. In addition, complete Section 4 for STDs and HIV/AIDS cases, Section 5 for hepatitis, and Section 6 for tuberculosis. Once completed, return to your county or tribal health agency. If reporting through MEDIS, go to [www.azdhs.gov](http://www.azdhs.gov).

## 1. Patient Information

<table>
<thead>
<tr>
<th>Patient's Name (Last, First, Middle)</th>
<th>Date of Birth</th>
<th>Race (check all that apply):</th>
<th>Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>White</td>
<td>Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black</td>
<td>Native American</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asian</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnancy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Street Address:**

<table>
<thead>
<tr>
<th>City:</th>
<th>Zip code:</th>
</tr>
</thead>
</table>

**Patient's Occupation or School:**

**Guardian:** (not necessary for STD)

**Outcome:**

<table>
<thead>
<tr>
<th>Is the patient any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare worker</td>
</tr>
<tr>
<td>Food worker/processor</td>
</tr>
<tr>
<td>School or childcare worker or attendee</td>
</tr>
</tbody>
</table>

**Facility Name & Address:**

**Is the patient deceased?**

<table>
<thead>
<tr>
<th>Died Date</th>
</tr>
</thead>
</table>

## 2. Reportable Condition Information / Lab Results

<table>
<thead>
<tr>
<th>Date Collected</th>
<th>Date Finalized</th>
<th>Specimen Type</th>
<th>Lab Test</th>
<th>Lab Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td></td>
<td>CSF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td>NP Swab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum</td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>Sputum</td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 3. Reporter & Provider Information

**Reporting Source (Physician or other reporting source):**

**Provider (if different from Reporter):**

**Provider Street Address:**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip code:</th>
<th>Telephone#</th>
</tr>
</thead>
</table>

**Laboratory Name, Address and Telephone:**

## 4. Sexually Transmitted Diseases (STD) and HIV/AIDS

**Diagnosis:**

- Syphilis (specify below):
  - Primary
  - Secondary
  - Early Latent (<1 year)
  - Late (> 1 year)
  - Congenital
  - Mother's Name:
  - Mother's DOB:
  - Other Syphilis
  - Neurological symptoms:

<table>
<thead>
<tr>
<th>Chlamydia</th>
<th>PID</th>
<th>Gonorrhea</th>
<th>PID</th>
<th>Herpes</th>
<th>Chancroid</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HIV/AIDS Risk Factors</th>
<th>Risk</th>
<th>DU</th>
<th>Sex with IDU</th>
<th>Sex with males</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient had Sexual Contact with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males only</td>
</tr>
<tr>
<td>Females only</td>
</tr>
<tr>
<td>Both</td>
</tr>
</tbody>
</table>

**Marital Status:**

<table>
<thead>
<tr>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Divorced</td>
</tr>
<tr>
<td>Widowed</td>
</tr>
<tr>
<td>Separated</td>
</tr>
<tr>
<td>Domestic</td>
</tr>
<tr>
<td>Unknown partner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Last Negative HIV Test:</th>
</tr>
</thead>
</table>

## 5. Hepatitis Panel

- Hepatitis A Serology Results:
  - Hepatitis A Antibody (acute IgM anti-HAV) | Pos | Neg | Unk |

- Hepatitis B Serology Results:
  - Hepatitis B Surface Antigen (HBsAg) | Pos | Neg | Unk |
  - Hepatitis B core Antibody IgM (HBsAb-igm) | Pos | Neg | Unk |
  - Hepatitis B core Antibody Total (HBsAb) | Pos | Neg | Unk |
  - Hepatitis B Surface Antibody (HBsAb) | Pos | Neg | Unk |
  - Hepatitis B e Antigen (HBsAg) | Pos | Neg | Unk |
  - Symptoms consistent with acute hepatitis | Yes | No | Unk |
  - Jaundice | Yes | No | Unk |

- Liver Function Test: ALT: _____, AST: _____

## 6. Tuberculosis (TB)

- Site of Disease:
  - Pulmonary
  - Extrapulmonary

- TB Infection in a Child 5 and Under (Positive TB skin test result):

- Medicine and Dosage:

**Version:** 06/2009

**Comments:**

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This form is located online at [www.azdhs.gov](http://www.azdhs.gov).

[http://www.azdhs.gov/phs/oids/investigations/forms.htm](http://www.azdhs.gov/phs/oids/investigations/forms.htm)
MEDSIS Features

- Patient Search
- Case entry
- Case Details
- Case Notes
- DSO
- Provider
- Reporter
- Patient Search
- Patient
- Observations
- Case entry
- Case Details
- Case Notes
- DSO
- Provider
- Reporter
Reporting from ADHS to the CDC

- The data must be extracted and cleaned, compiled to be reported to the Centers for Disease Control and Prevention (CDC) for the CDC’s National Electronic Telecommunications System for Surveillance (NETSS)

<table>
<thead>
<tr>
<th>S/CASE</th>
<th>MEDSIS</th>
<th>IDONVIL</th>
<th>DTOSTET</th>
<th>DTOPCPMT</th>
<th>RECLACD</th>
<th>RECLCS MREDDC</th>
<th>PVRID DETECTD</th>
<th>DTOSVQ</th>
<th>IMPORTCD</th>
<th>IDSTACD</th>
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</thead>
<tbody>
<tr>
<td>JTS</td>
<td></td>
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</tr>
</tbody>
</table>
Monthly Disease Surveillance Aberration Reports

Pima County Health Department
Confirmed and Probable Salmonellosis Cases, 2006-2011

<table>
<thead>
<tr>
<th>Month</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>13</td>
<td>14</td>
<td>10</td>
<td>16</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Feb</td>
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<td>11</td>
<td>13</td>
<td>9</td>
<td>8</td>
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<tr>
<td>Mar</td>
<td>11</td>
<td>17</td>
<td>11</td>
<td>10</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>Apr</td>
<td>12</td>
<td>17</td>
<td>5</td>
<td>18</td>
<td>13</td>
<td>11</td>
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<td>May</td>
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<td>Dec</td>
<td>13</td>
<td>25</td>
<td>11</td>
<td>17</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Mean and SD based on 2006-2010 cases, data is from 8/15/2011 MEDSiS extract
Epidemiology Data Management

The case information in MEDSIS can be used for baseline data for surveillance, trainings, and for future reports to the CDC. They are kept in files in the ADHS Portal.
Communication

Case/Outbreak Investigation Update

Case's Initials: [Field]
Primary Investigator: [Field]
Case's Age/DOB: [Field]
Secondary Investigator: [Field]
Medisys ID: [Field]
Morbidity: [Field]
Is this an outbreak? [Yes/No]

If an outbreak, please fill out the following information:
(Please fill out as more information becomes available)

<table>
<thead>
<tr>
<th>Outbreak Name</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # Symptomatic</td>
<td>Total # in Facility</td>
</tr>
<tr>
<td>Range/Length of Time of Symptoms</td>
<td>Case Definition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Situational Update 1

Action Plan

CMO/Manager Comments
Projected Outcomes

- Improved data capturing
- Results in improved surveillance
- Efficient management of cases
- Cost reduction for the state, counties and local health departments.
- Communication on clinical guidance and infection control measures to health partners.
My Thoughts

- Documentation may seem timely, but is extremely helpful in writing reports or for future investigations.

- Questions??

- ADHS and other jurisdictions can be a great resource!
References:


Chen, Z. Spring 2012 Lecture 3. Architecture. CPH 678 Health Informatics. MEZCOPH.
