

**Notifiable Diseases
among
Coastal Health District
residents,
November 2005-
January 2006**



For more information about this brochure, contact:
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Disease/condition/pathogen	Total
Aseptic (Viral) Meningitis	5
Campylobacteriosis	4
Chlamydia	118
Giardiasis	4
Gonorrhea	78
Haemophilus influenza	1
Hepatitis A (Acute)	1
Hepatitis B (Acute)	4
Hepatitis B (Chronic)	2
Hepatitis B (Infection)	4
Hepatitis C (Infection)	4
Latent TB Infection	3
Legionellosis	1
Listeriosis (Invasive)	2
Cryptococcal meningitis	3
Meningitis	2
Salmonellosis	35
Shigellosis	34
Streptococcus A	2
Streptococcus B	5
Streptococcus pneumoniae	13
Yersinia enterocolitica	1

COASTAL HEALTH DISTRICT
"protecting and advancing the public's health"
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Coastal Health District
"protecting and advancing the public's health"

Volume 1, Winter 05-06

Coastal Health

Website Resources to Track Diseases

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All Georgia physicians, laboratories and other health care providers are required by law to report patients diagnosed with one of the state's notifiable diseases, both lab confirmed and clinical diagnosis. The method you are most likely using is FORM 395 Notifiable Disease Report Form. Now, the state is happy to offer electronic reporting through the use of SENDSS.

The only requirement for the use of SENDSS is that your office have internet access. A password is easily obtained and there are no costs involved.



State Electronic Notifiable Disease Surveillance System

To get started, go to <https://sendss.state.ga.us> and click on the link for a registration form. For more information, contact Annette Neu, Infectious Disease Coordinator/Public Health Liaison at (912) 262-3092.

New Coastal Health District Website

The Coastal Health District's updated website www.gachd.org is here to help you.

Click on our section for Health Professionals to learn more about public health services available to our pro-

fessional partners. For more information, contact Melissa Ippensen at (912) 262-3018

Save the Date

Annual Breast-feeding Conference

May 25, 2006

262-2341 For details

Flu Season

Each year from October to mid-May, Georgia's Division of Public Health tracks cases of influenza (flu) throughout the state with the help of volunteer sentinel physicians. While each individual case of influenza is not reportable to health authorities, we monitor influenza

activity by watching the percent of doctors' visits that are for "influenza-like illness" .

We need your help. Data from our volunteers allows public health to better monitor, prevent and control the spread of influenza viruses.

For more information,



Flu Season Peeks

contact
Cristina Pasa,
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Think Avian Flu! Protect yourself and your community

Screen **hospitalized/ambulatory** patients with T >38°C (>100.4°F) AND cough or sore throat or shortness of breath

FOR

Travel to an affected country AND contact with potentially infected poultry or human case of avian influenza ≤10 days before symptom onset

Screen **hospitalized** patients with CXR-confirmed pneumonia/ARDS or unexplained severe respiratory illness

FOR

Travel to an affected country ≤10 days before symptom onset

- ✓ Report patients with above exposure history immediately to **infection control** and **public health** as potential *Avian Influenza* patients.
- ✓ Testing should include rapid testing for influenza A, and PCR of nasopharyngeal specimen for influenza at the GA Public Health Lab.
- ✓ Viral culture should NOT be performed because of danger to lab workers and agriculture.
- ✓ Acute- (within 1 week of illness onset) and convalescent-phase after 3 weeks of illness onset. Serum sample should be collected and stored in case testing for antibody to the avian influenza virus should be needed.
- ✓ **Infection control measures** for potential Avian Influenza patients:
 - Standard Precautions: Careful hand hygiene
 - Contact & Droplet Precautions: Gloves, gown, eye protection ≤3 feet from the patient
- ✓ **Airborne Precautions:** *Patient in negative pressure, airborne isolation room; use a fit-tested NIOSH-approved N-95 respirator in room.*

MRSA* is spreading in the community . . . Don't presume susceptibility

MRSA (Methicillin Resistant Staphylococcus Aureus) infections have been common in hospitals and other health care facilities since the 1960's. In the healthcare setting, risk factors for MRSA infections include broad-spectrum antibiotic use, surgery, indwelling catheters, exposure to MRSA patients, colonization, and prolonged hospital or ICU stay. Infection control measures for healthcare-associated MRSA (HAMRSA) have been defined.

Community-associated MRSA (CAMRSA) includes cases of MRSA infection with no exposure to the healthcare system in the previous year. Since the 1990's, reports of MRSA infections in injecting drug users, children, families, athletic teams, military personnel, and American Indian/ Alaska Native populations have been published. More recently, CAMRSA infections have been reported in numerous correctional facilities, and in men who have sex with men. The majority of reported infections have been skin or soft tissue infections with a range of severity, but some infections have been invasive. Molecular studies suggest that strains of MRSA causing community-associated disease are distinct from HAMRSA strains.



Common Misdiagnosis:
Spider Bites or MSSA

Given the potential severity of these infections, challenges in controlling transmission in closed settings, the expanding burden of CAMRSA and the need to define risk factors and control measures for CAMRSA, the Georgia Division of Public Health is requesting reports of **severe disease or death** caused by CAMRSA by adding these infections to the list of notifiable diseases. To address infection control measures, we also ask that **clusters of disease** limited to skin and soft tissues be reported (clusters of any disease are notifiable). Because MRSA is a common laboratory isolate, and because the great majority of MRSA are not community associated, information documenting no recent history of hospitalization, dialysis, residence in a long-term care facility, or an indwelling medical device will be required to distinguish CAMRSA cases.