

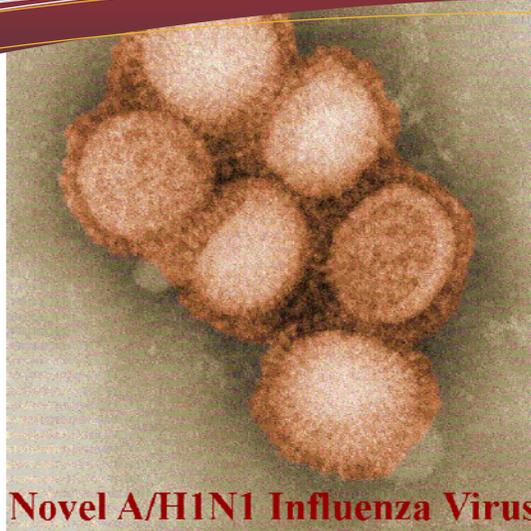


“Please be kind...report on time!”

HSR-1 Response on H1N1

Novel influenza A (H1N1) is a new flu virus that was first detected in late April, 2009. The virus has been able to infect individuals and has continued to spread from person-to-person, prolonging an outbreak of H1N1 illness within the United States. As of October 25, 2009, internationally numbers continue to grow with an approximated total of 440,000 laboratory confirmed cases and 5700 confirmed deaths, according to the World Health Organization. Many infectious disease specialists concur that novel influenza A (H1N1) flu spreads in the same way that regular seasonal influenza viruses spread; which is primarily through the coughs and sneezes of people who are ill with the virus.

During 2008-2009 flu season in Region 1, only four cases were confirmed with H1N1 and of the four H1N1 laboratory confirmed cases only one has been found to reside in the jurisdiction of Health Service Region-1 with the remaining 3 cases falling into two local jurisdictions, those being the South Plains Public Health District (1 case) and the Lubbock Health Department (2 cases).



Novel A/H1N1 Influenza Virus

CDC/ C.S. Goldsmith and A. Balish 2009

According to the Center for Disease Control (CDC), from April 15-July24, 2009, the U.S. reported 43,771 confirmed and probable cases of (H1N1), of these 5,011 were hospitalized and 302 died. (On, July 24, 2009 case counts were discontinued) The State of Texas can account for 5218 PCR H1N1 confirmed cases with 28 confirmed deaths. Regionally, HSR-1 did experience an influx of reported cases that did not result in suspected or probable cases. The surge of ILI reporting with H1N1 required the assistance of numerous partners across Health Service Region 1. These include hospitals, clinics, laboratories and local health departments, all of which created the backbone to our operational activity for the HSR-1 response during that period. The time and sacrifice spent by HSR-1 staff members and Health Service Region 1 partners in protecting HSR-1 in this ongoing event has been significant and is greatly appreciated. As the spread of H1N1 continues, it is important to continue taking preventive actions to help reduce the chance of illness with the H1N1 or seasonal flu.

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The CDC recommends the following precautions.

- 1: Cover your nose and mouth with tissue when coughing or sneezing and discarding the tissue appropriately.
- 2: Wash your hands often, especially after coughing or sneezing
- 3: Avoid touching your eyes, nose or mouth. Germs are more likely to spread that way, and
- 4: Stay home if you get sick while limiting your contact with others to keep from infecting them.

Please, continue to be informed on the H1N1, by visiting the Texas Department of State Health Services and /or the Centers for Disease Control websites. Which can be found respectively at www.texasflu.org and www.pandemicflu.gov .

 TEXAS Department of State Health Services Specimen Acquisition: (512) 458-7598		G-2A Specimen Submission Form (SEP 2008) Rev 2 CLIA #45D060644 Laboratory Services Section P. O. Box 149347, Austin, Texas 78714-9347 Courier: 1100 W. 49th Street, Austin, Texas 78756 (888) 963-7111 x7318 or (512) 458-7318 http://www.dshs.state.tx.us/lab		Place DSHS Bar Code Label Here	
Section 1. SUBMITTER INFORMATION - (** REQUIRED)				Section 5. ORDERING PHYSICIAN INFORMATION - (** REQUIRED)	
Submitter/FBI Number **		Submitter Name **		Ordering Physician's Name **	
NPI Number **		Address **		Ordering Physician's NPI Number **	
City **		State **		Ordering Physician's UPIN	
Zip Code **		Phone **		Section 6. PAYOR SOURCE - (REQUIRED)	
Contact		Fax		THE SUBMITTER WILL BE BILLED, if the required information is not provided or is inaccurate. If THSteps, Medicaid, or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided below. If private insurance is indicated, the required billing information below is designated with an asterisk (*). Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance, or DSHS Program.	
Clinic Code		<input type="checkbox"/> THSteps (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (8) Medicaid/Medicare #:		<input type="checkbox"/> Submitter (3) <input type="checkbox"/> Private Insurance (4)	
Section 2. PATIENT INFORMATION - (** REQUIRED)				<input type="checkbox"/> BT Grant (1719) <input type="checkbox"/> Title V - Family Planning (6) <input type="checkbox"/> HIV / STD (1608) <input type="checkbox"/> Title Y - Prenatal Care (5143) <input type="checkbox"/> Immunizations (1609) <input type="checkbox"/> Title X - Family Planning (12) <input type="checkbox"/> IDEAS (1610) <input type="checkbox"/> Title XX - Family Planning (13) <input type="checkbox"/> Refugee (7) <input type="checkbox"/> Zoonosis (1620) <input type="checkbox"/> Tuberculosis (1619) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Title V - Child Health & Dental (5142)	
NOTE: Patient name on specimen is REQUIRED & MUST match name on this form & Medicare/Medicaid card.					
Last Name **		First Name **		MI	
Address **			Telephone Number		
City **		State **		Country of Origin / Bi-National ID #	
Zip Code **		DOB (mm/dd/yyyy) **		Age	
Sex		SSN		Pregnant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Date of Collection ** (REQUIRED)		Time of Collection		Collected By	
<input type="checkbox"/> AM <input type="checkbox"/> PM		Medical Record # / Alien # / CUI		Previous DSHS Specimen Lab Number	
ICD Diagnosis Code **		Date of Onset		Diagnosis / Symptoms	
Risk		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outbreak association: <input type="checkbox"/> Surveillance		Address *	
<input type="checkbox"/> Abscess (site) <input type="checkbox"/> Lesion (site) <input type="checkbox"/> Sputum: Induced <input type="checkbox"/> Blood <input type="checkbox"/> Lymph node (site) <input type="checkbox"/> Sputum: Natural <input type="checkbox"/> Blood: Filter paper <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Throat swab <input type="checkbox"/> Bone marrow <input type="checkbox"/> Oral fluid <input type="checkbox"/> Tissue (site) <input type="checkbox"/> Bronchial washings <input type="checkbox"/> Plasma <input type="checkbox"/> Urethral <input type="checkbox"/> Cervical <input type="checkbox"/> Rectal swab <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input type="checkbox"/> Serum <input type="checkbox"/> Vaginal <input type="checkbox"/> Eye Acute date: / / <input type="checkbox"/> Wound (site) <input type="checkbox"/> Feces/stool Conv. date: / / <input type="checkbox"/> Other: _____ <input type="checkbox"/> Gastric		<input type="checkbox"/> HMO / Managed Care / Insurance Company Name *		City * State * Zip Code *	
Section 3. SPECIMEN SOURCE OR TYPE				Responsible Party *	
<input type="checkbox"/> Abscess (site) <input type="checkbox"/> Lesion (site) <input type="checkbox"/> Sputum: Induced <input type="checkbox"/> Blood <input type="checkbox"/> Lymph node (site) <input type="checkbox"/> Sputum: Natural <input type="checkbox"/> Blood: Filter paper <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Throat swab <input type="checkbox"/> Bone marrow <input type="checkbox"/> Oral fluid <input type="checkbox"/> Tissue (site) <input type="checkbox"/> Bronchial washings <input type="checkbox"/> Plasma <input type="checkbox"/> Urethral <input type="checkbox"/> Cervical <input type="checkbox"/> Rectal swab <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input type="checkbox"/> Serum <input type="checkbox"/> Vaginal <input type="checkbox"/> Eye Acute date: / / <input type="checkbox"/> Wound (site) <input type="checkbox"/> Feces/stool Conv. date: / / <input type="checkbox"/> Other: _____ <input type="checkbox"/> Gastric				Insurance Phone Number *	
Responsible Party's Insurance ID Number *		Group Name		Group Number	
"I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to the Texas Department of State Health Services, Laboratory Services Section." Signature of patient or responsible party.					
Signature *				Date *	
Section 4. REFERENCE SEROLOGY / IMMUNOLOGY		Section 7. HIV / HCV SCREENING		Section 8. SYPHILIS SEROLOGY	
<input type="checkbox"/> Arbovirus (SLE / West Nile) @ * <input type="checkbox"/> Aspergillosis Immunodiffusion <input type="checkbox"/> Brucellosis \$ @ <input type="checkbox"/> Cat-scratch disease IgG \$ @ <input type="checkbox"/> Cytomegalovirus <input type="checkbox"/> IgG \$ <input type="checkbox"/> IgM <input type="checkbox"/> Ehrlichia IgG \$ <input type="checkbox"/> Fungal CF panel * <input type="checkbox"/> Hantavirus IgG / IgM \$ @ <input type="checkbox"/> Acute Hepatitis Panel <input type="checkbox"/> Hepatitis A (total Ab) <input type="checkbox"/> Hepatitis A IgM <input type="checkbox"/> Hepatitis B surface Ab <input type="checkbox"/> Hepatitis B surface Ag <input type="checkbox"/> Hepatitis B core (total Ab) <input type="checkbox"/> Hepatitis B core IgM <input type="checkbox"/> Hepatitis B eAg <input type="checkbox"/> Hepatitis B eAb		<input type="checkbox"/> HCV <input type="checkbox"/> HIV * <input type="checkbox"/> HIV Western blot only * • Justification: _____		<input type="checkbox"/> RPR only - Test of cure <input type="checkbox"/> RPR - Syphilis screen * <input type="checkbox"/> VDRL (CSF only) <input type="checkbox"/> RPR Syphilis confirmation * • Justification: _____	
<input type="checkbox"/> Hepatitis C IgG * <input type="checkbox"/> Legionellosis IgG \$ <input type="checkbox"/> Lyme disease IgG / IgM @ <input type="checkbox"/> Mumps <input type="checkbox"/> IgG \$ <input type="checkbox"/> IgM @ <input type="checkbox"/> Plague \$ @ <input type="checkbox"/> Q fever IgG \$ <input type="checkbox"/> Rickettsial panel (RMSF, typhus) \$ <input type="checkbox"/> Rubella, Syphilis, Hep B sAg * <input type="checkbox"/> Rubella, Syphilis, Hep B sAg, HIV * <input type="checkbox"/> Rubella Screen (Title V - Family Planning) <input type="checkbox"/> Rubella <input type="checkbox"/> IgG \$ <input type="checkbox"/> IgM @ <input type="checkbox"/> Rubeola <input type="checkbox"/> IgG \$ <input type="checkbox"/> IgM @ <input type="checkbox"/> Toxoplasma <input type="checkbox"/> IgG \$ <input type="checkbox"/> IgM <input type="checkbox"/> Tularemia \$ @ <input type="checkbox"/> Varicella Zoster IgG \$ <input type="checkbox"/> Other: @		Section 9. CDC REFERENCE TESTS		Section 10. VIROLOGY	
<input type="checkbox"/> Chagas disease @ <input type="checkbox"/> Cystercercosis @ <input type="checkbox"/> Echinococcus @ <input type="checkbox"/> HIV-2 @ <input type="checkbox"/> HTLV-I @ <input type="checkbox"/> Leptospirosis @ <input type="checkbox"/> Toxocariasis @ <input type="checkbox"/> Other: @		<input type="checkbox"/> Electron microscopy <input type="checkbox"/> Influenza surveillance Vaccine received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reference culture (Virus ID on isolate) Suspected: _____ Submitted on: _____ <input type="checkbox"/> Virus isolation (comprehensive) <input type="checkbox"/> Other: _____			
Section 11. MOLECULAR STUDIES					
<input type="checkbox"/> PCR for: <input type="checkbox"/> PFGE for: <input type="checkbox"/> Other:					
NOTES: Each test block (ex. Virology) requires a separate form and specimen. Please see the form's instructions for details on how to complete this form. Visit our web site at http://www.dshs.state.tx.us/lab/ . ▲ = Document time & date specimens were removed from FREEZER / REFRIGERATOR in the bottom center box. • Justification is required. \$ = Requires acute and convalescent specimens. * = Reflex test(s) will be performed on positive results. @ = Provide patient history on reverse side of form to avoid delay of specimen processing.					
▲ REQUIRED for cold shipments REMOVAL from FREEZER / REFRIGERATOR DATE TIME		FOR LABORATORY USE ONLY Specimen Received: <input type="checkbox"/> Room Temp. <input type="checkbox"/> Cold <input type="checkbox"/> Frozen			

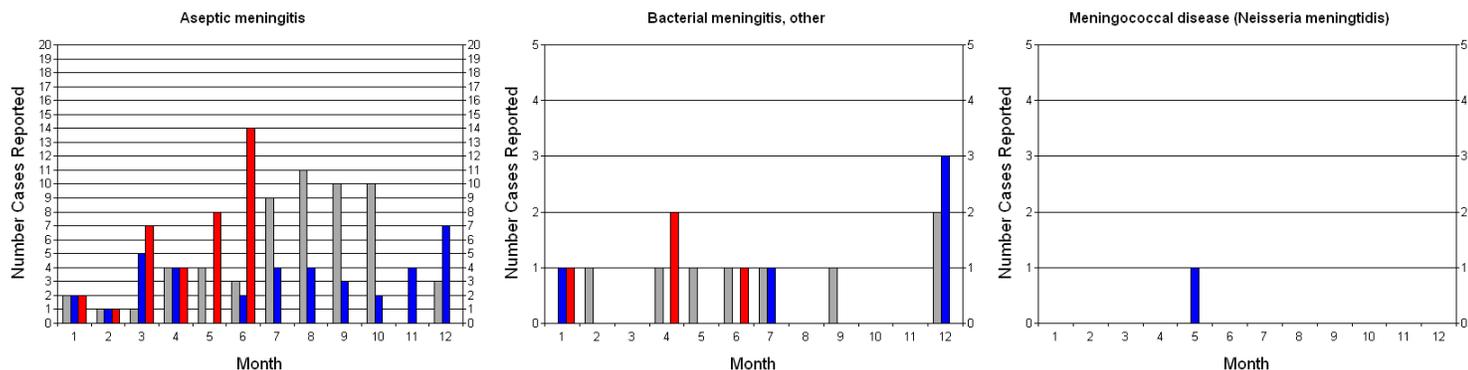
Table 1: Select reportable conditions, DSHS HSR 1, all public health jurisdictions, Semi-Annual Comparison, 2007 through June 30, 2009
 Data source: Texas NEDSS Database. 2009 data is preliminary.

Condition	2007 - 1st Six Months							2008 - 1st Six Months							2009 - 1st Six Months						2008 Total	2007 Total	
	Jan	Feb	Mar	Apr	May	Jun	Total	Jan	Feb	Mar	Apr	May	Jun	Total	Jan	Feb	Mar	Apr	May	Jun			Total
Aseptic meningitis	2	1	1	4	4	3	15	2	1	5	4		2	14	2	1	7	4	8	14	36	58	
Bacterial meningitis, other		1		1	1	1	4	1					1	1	1		2			1	4	8	
Campylobacteriosis	5	3	3	5	10	20	46	8	1	5	4	14	8	40	5	2	5	9	15	16	52	141	
Cryptosporidiosis				1		1	2						3	3	4		2		1	7	14	19	
Escherichia coli, Shiga toxin-producing		1	1		2		4		1				2	3			1	1	1	3	10	4	
Group A Streptococcus, invasive	3	2	2	1		2	10	5	4	4	2	3	1	19	3	5	2	1	1	2	13	19	
Group B Streptococcus, invasive	1	3	2	4	2	2	14	3	6	6	3	1	1	20	7	1	2	2	4	18	35	31	
Hepatitis A, acute						1	1	1	1					2	1		2		1	2	6	4	
Hepatitis B, acute		1			2	1	4	1	1			1	1	4					1		1	7	13
Hepatitis C, acute	1	1	1	2	1	3	9	1				1	2	2	1	1	2	1		5	5	12	
Legionellosis	1						1														1	2	
Listeriosis												1	1	2							2	0	
Lyme disease		1	1		2	1	5								1		2			3	6	6	
Mumps																2		1			3	2	
Neisseria meningitidis, invasive												1		1							1	0	
Pertussis			2	8	5	10	25		1		1		2	2	1	1	1	4	3	10	3	45	
Q fever, Acute											1	2	7	10							10	1	
Salmonellosis	2	4	7	16	2	10	41	5	7	8	2	21	123	166	7	8	5	9	8	16	53	94	
Shigellosis	3	2	2	3	1	2	13	4					8	12	58	37	43	41	47	17	243	30	
Strep pneumoniae, invasive	9	11	11	11	8	3	53	14	22	20	4	9	4	73	13	22	16	14	1	82	103		
Varicella (Chickenpox)	110	236	127	210	114	5	802	45	60	33	22	42		202	9	12	17	17	42	4	101	946	
Yersiniosis																1					1	0	

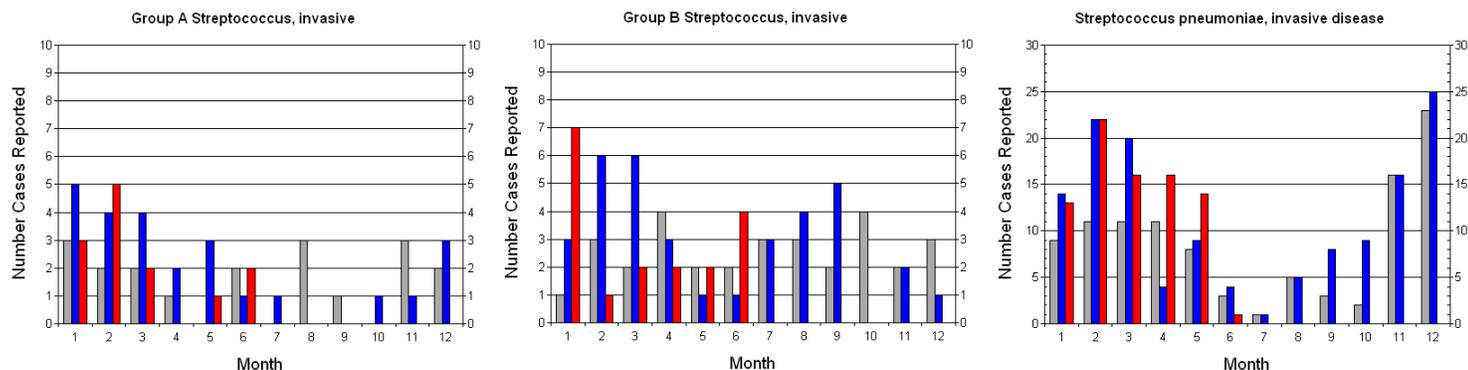
Chart 1: Select reportable conditions, DSHS HSR 1, all public health jurisdictions, January 01 2007 through June 30 2009, by Month.
Data source: Texas NEDSS Database. 2009 data is preliminary.



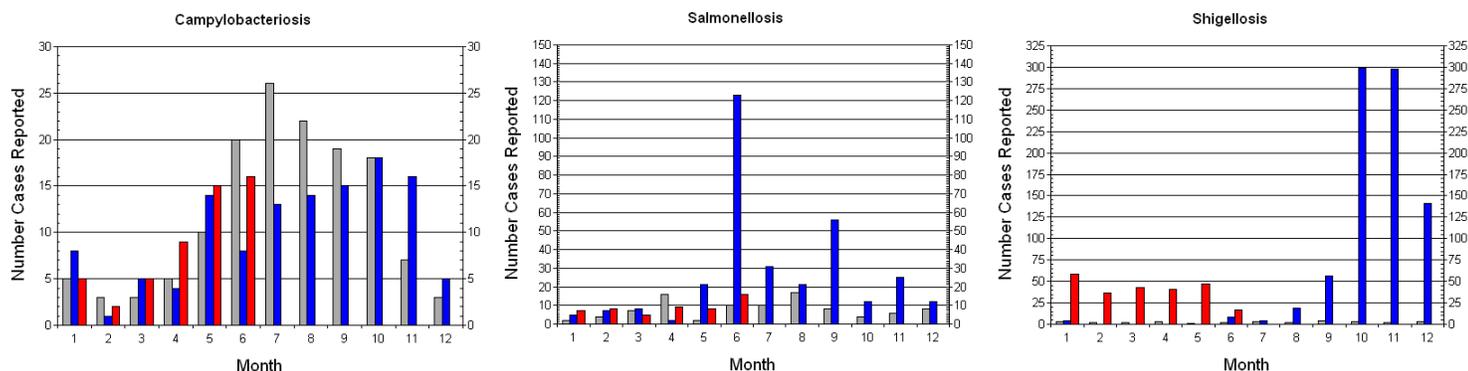
Meningitis



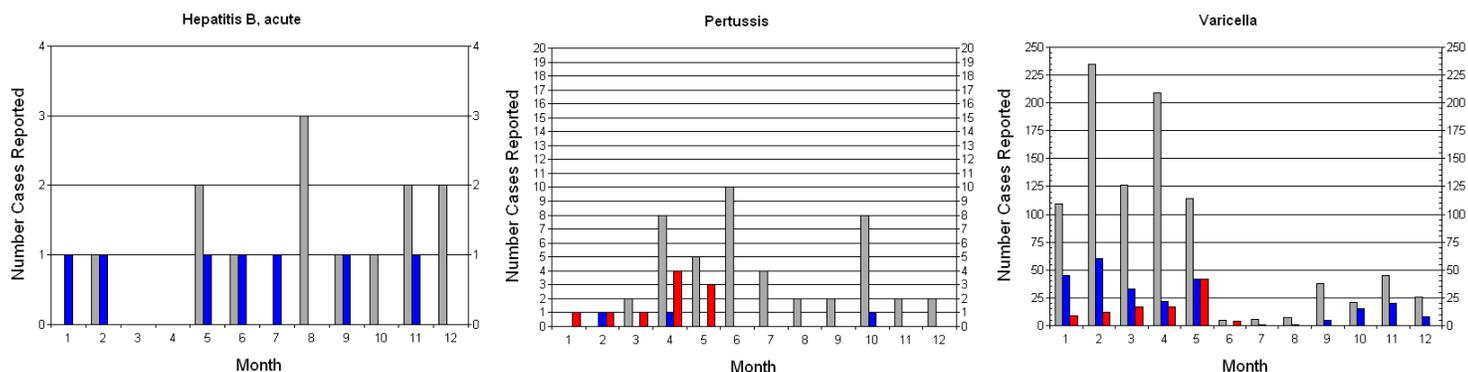
Invasive Streptococcal Disease



Gastrointestinal Disease



Vaccine Preventable Disease



Health Service Region 1 EPI's: Roles and Responsibilities

Health Service Region 1 is one of eight health service regions of the Department of State Health Services, the state governmental agency responsible for bringing comprehensive public health services to the citizens of Texas. Health Service Region 1 serves a 41- county area in the Panhandle and South Plains. The Health Service Region 1 mission is to support the residents of West Texas as we work to improve the health of our communities by, 1) providing public health consultation, education, promotion, prevention, treatment, and regulation and 2) utilizing public resources efficiently, effectively, and responsibly to achieve defined public health outcomes.

The Epidemiology and Surveillance section routinely collects data on communicable diseases and reports these data to the central office in Austin, Texas. Surveillance data are typically obtained through provider-initiated reports (passive surveillance) or health department solicited reports (active surveillance). The collection of this data helps describe the pattern of disease occurrence in an area and subsequently trigger disease control and prevention efforts. The activities of the Epidemiology and Surveillance section include the collection, analysis, interpretation, and dissemination of communicable disease data as well as, disease investigation and assistance with disease control methods.

Health Service Region 1 also has within the epidemiology and surveillance section an Epidemiology Response Team (ERT). The purpose of the ERT is to monitor disease incidence within the region to rapidly detect and address disease outbreaks, including bioterrorism events, using surveillance activities and reporting systems. The ERT also functions as regional specialists on bioterrorism response and prevention, and control of infectious diseases and conducts epidemiological investigations, rapid needs assessments, bioterrorism response training, and bioterrorism response event planning activities.

The epidemiology section understands the importance of local health departments, hospitals and rural clinics and the undisputable role they play in making our job easier. We applaud all of you for your professionalism and your eagerness to help keep Texas healthy. We look forward to helping you in any capacity in which you may need us. Please call any of us in the Epidemiology and Surveillance section at the numbers provided on the back page of this issue if you would like for us to visit you or provide you with any information you may need.

Thank you for being a part of our team!!!

Sincerely,

Satish Bagdure, Donnie Diaz and Kevin McClaran

SHARPS, Overdose and Poison Reporting Procedures

Several of our providers in HSR 1 had questions about reporting contaminated sharp injuries and overdose / poison reporting procedures. We have provided some resources/guidelines to report these conditions.

Contaminated Sharps Injury Reporting

Texas Blood borne Pathogen regulations require governmental entity reporting of contaminated sharps injuries. Please follow these steps to report contaminated sharps injury:

- a. Complete Contaminated Sharps Injury Reporting Form Pub No EF59-1066 (6/04)
- b. This form can be obtained at:

http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/

- c. Fax the form to:

Stormi Valdez

Texas Department of State Health Services
6302 Iola Avenue

Lubbock TX 79424

Fax No: 806.783.6408



Overdose & Poison Reporting Procedure

To report a controlled substance overdose, either call your local poison center at 1-800-222-1222 or fax the form at the following link to your local poison center.

- a. Complete SB43 Reporting Form
- b. Form can be obtained at:

<http://www.dshs.state.tx.us/epidemiology/epipoison.shtm#rco>

- c. Fax the form to:

Texas Panhandle Poison Center in
Amarillo

Fax No: 806-354-1667



IMPORTANT: Availability of H1N1 Influenza Testing

The DSHS Austin Laboratory and the Texas Laboratory Response Network laboratories provide public health laboratory testing for influenza surveillance to:

- Detect the distribution and spread of the virus,
- to detect new variants of the virus, and
- to assist in outbreak investigations.

Clinical disease management in individuals is not a primary goal of public health laboratory testing.

Diagnostic testing, if desired, should be performed through commercial laboratory services.

Specimens submitted to the DSHS and LRN laboratories must be from one of the following categories:

1. Patients hospitalized for at least 48 hours with influenza-like-illness symptoms. Symptoms are fever greater than 100°F **and** cough and/or sore throat plus **one or both** of the following conditions:
 - Severe illness such as lower respiratory tract infections or pneumonia
 - Unusual presentation in children, adults > 64 years of age, and immunocompromised individuals.
2. Patients who have died with influenza-like-illness and have no other known causes of death (specimens must be collected before death).
3. Individuals with influenza-like-illness who are part of a critical public health investigation as identified by the DSHS Health Service Region (HSR), DSHS Infectious Disease Control Unit (IDCU) or local health department **and** communicated by the HSR or IDCU to the state or LRN laboratory.
4. Providers who are participants in the DSHS viral culture surveillance system as designated by the DSHS IDCU. A limited number specimens may also be submitted by providers enrolled in the CDC Influenza-Like-Illness Surveillance Network (ILINet). (see adjacent column for a short description of these programs).

Specimens not meeting the criteria above will not be tested by the state or LRN laboratories. If testing is desired for specimens not meeting criteria, they should be submitted to a commercial reference laboratory for testing.

Syndrome in the Spotlight



Influenza Like Illness

With the arrival of the new pandemic strain of influenza, influenza-like-illness (ILI) surveillance is more important than ever. We are asking participation from the region’s healthcare providers to assist us in several forms of surveillance:

1. CDC Influenza-Like-Illness Surveillance Network (ILINet). This surveillance focuses on number of ILIs seen in a healthcare provider’s clinic. Providers report the total number of patient visits each week along with the number of patients exhibiting ILI symptoms by 4 different age groups. Data is submitted to the CDC on a weekly basis. This process has been reported to take less than 20 minutes per week. In addition, enrolled providers can submit a limited number viral cultures for H1N1 testing to the state laboratory at no charge.
2. Regional ILI Surveillance. Identified healthcare providers (flu sentinels) provide numbers of ILI seen in their clinic based on means of assessing illness (culture, rapid flu test results, clinical presentation only). In addition, any known institutional ILI outbreaks or closures are conveyed. Flu sentinels report these numbers, by county, on a weekly basis.
3. Influenza Culture Surveillance. We are recruiting hospital laboratories across the region to participate in submitting specimens for PCR/culture testing. This involves sending no more than 1 or 2 specimens to the laboratory on a weekly basis during flu season.
4. School Absenteeism Reporting. We are asking school districts in the region to report school absenteeism using the Syndromic Surveillance Information System (SYRIS). Numbers of absent students along with numbers of enrolled students are reported on a daily basis utilizing the web-based SYRIS program. This surveillance gives us an opportunity to detect and respond to early stages of influenza outbreaks in our region.

Resulting data from these surveillance activities can be viewed on the Texas Department of State Health Services website: www.texasflu.org. Click on link: “Latest DSHS Weekly Flu Surveillance Report”.

Again your participation is crucial to our surveillance efforts! To volunteer to participate in these ILI surveillance activities, and/or to obtain additional information, contact Kevin McClaran, HSR 1 Influenza Surveillance Coordinator, at (806) 783-6463 or email: kevin.mcclaran@dshs.state.tx.us.

Attention: Resources Available!
Resources for influenza information, including posters and coloring books will be available from DSHS Health Service Region 1. Call (806) 744-3577 for more information and availability.



Texas Department of State Health Services
Health Service Region 1
Epidemiology
6302 Iola Avenue
Lubbock, TX 79424

EPI ✦ ***Tōme Newsletter***

Texas Department of State Health Services, Health Service Region 1, Epidemiology Response Team Contact Information

Name	Position	Phone	Email
Satish Bagdure	Epidemiologist III (Team Lead)	(806) 783-6461	satish.bagdure@dshs.state.tx.us
Vacant	Epidemiologist II	(806) 783-6465	
Donnie Diaz	Epidemiologist I	(806) 783-6467	donnie.diaz@dshs.state.tx.us
Kevin McClaran	Epidemiologist I	(806) 783-6463	kevin.mcclaran@dshs.state.tx.us
Vacant	Public Health Technician II	(806) 783-6448	
24/7 telephone number: (806) 778-7391		FAX number: (806) 783-6466	
Physical/Mailing Address: 6302 Iola Avenue, Lubbock, TX 79424			