TEXAS Health and Human Services | Texas Department of State Health Services

REGION 7 EPIDEMIOLOGY AND SURVEILLANCE QUARTERLY NEWSLETTER (MARCH 2017) E54-12596

In this issue:

- ⇒ Epi Team Intros w/ Investigation Focus Areas
- ⇒ Reportable Conditions Overview
- ⇒ Influenza Activity for 2016-2017
- ⇒ Outbreaks & Clusters
- ⇒ LHD Spotlight
- ⇒ Epidemiology Fun

Mission Statement

To develop or enhance regional epidemiology services for the rapid detection and control of disease outbreaks or other adverse health outcomes. This includes evaluating, enhancing and when necessary creating new surveillance and investigation systems, analyzing data, preparing recommendations and working with appropriate programs to implement interventions for desired outcomes.

Introducing…The Epidemiology Team!

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Regional Preparedness, Response & Epidemiology Manager

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Sandi Arnold, RN

Hospital Acquired Infections & Multi-drug Resistant Infections
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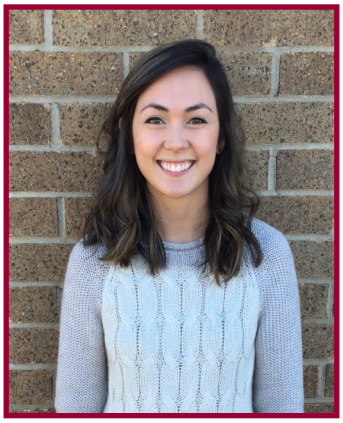


Christa Cook, MPH

Enteric/Gastrointestinal Diseases
(254) 771-6775

Conner Carlsen, MPH

Vaccine Preventable Diseases
(254) 771-6755

Select Notifiable Conditions Reported in 2015, 2016, and 2017

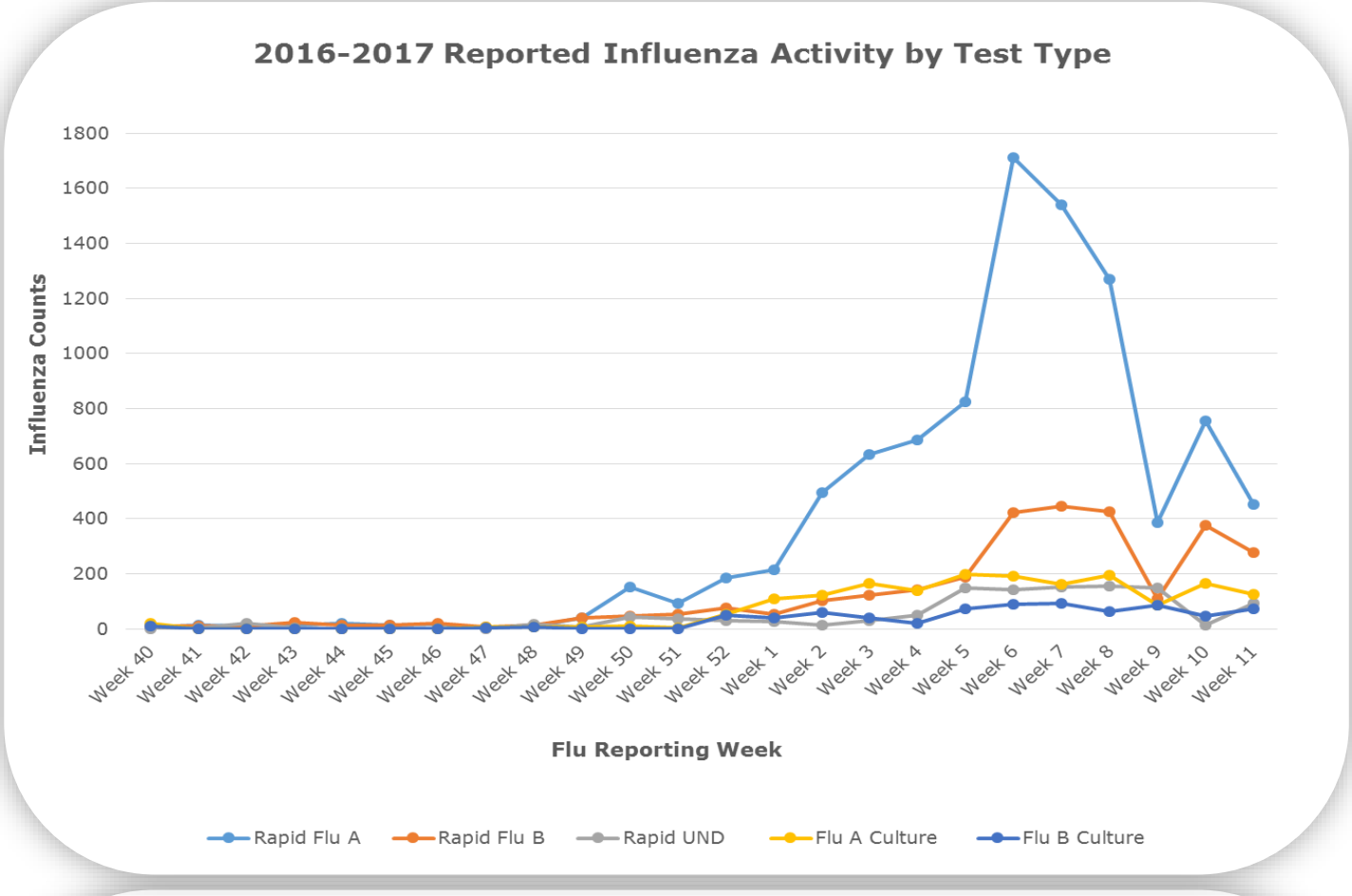
Notifiable Conditions	2015 Count	2016 Count*	2017 YTD Count*
Acute Flaccid Myelitis (AFM)	0	2	0
Amebiasis	0	2	1
Brucellosis	1	0	0
Campylobacteriosis	160	183	12
Carbapenem-resistant Enterobacteriaceae (CRE)	3	7	0
Cryptosporidiosis	29	26	3
Cyclosporiasis	9	2	1
Haemophilus influenzae, invasive**	0	10	2
Hemolytic uremic synd,postdiarrheal	2	1	1
Hepatitis A, acute	3	1	0
Hepatitis B, acute	2	5	0
Hepatitis C, acute	1	0	0
Hepatitis E, acute	0	1	0
Legionellosis	4	14	0
Listeriosis	2	1	0
Multidrug-resistant Acinetobacter (MDR-A)	4	6	1
Mumps	1	0	0
Neisseria meningitidis, invasive (Mening. disease)	3	0	0
Pertussis	42	21	0
Salmonellosis	198	202	18
Shiga toxin-producing Escherichia coli (STEC)	14	32	3
Shigellosis	265	62	5
Streptococcus pneumoniae, invasive disease (IPD)	54	68	13
Streptococcus, invasive Group A	19	25	3
Streptococcus, invasive Group B	32	52	7
Vancomycin-intermediate Staph aureus (VISA)	0	1	0
Varicella (Chickenpox)	34	23	5
Vibrio vulnificus infection	1	0	0
Vibriosis, other or unspecified	0	1	0
Yersiniosis	0	3	0
Grand Total	**883**	**751**	**75**

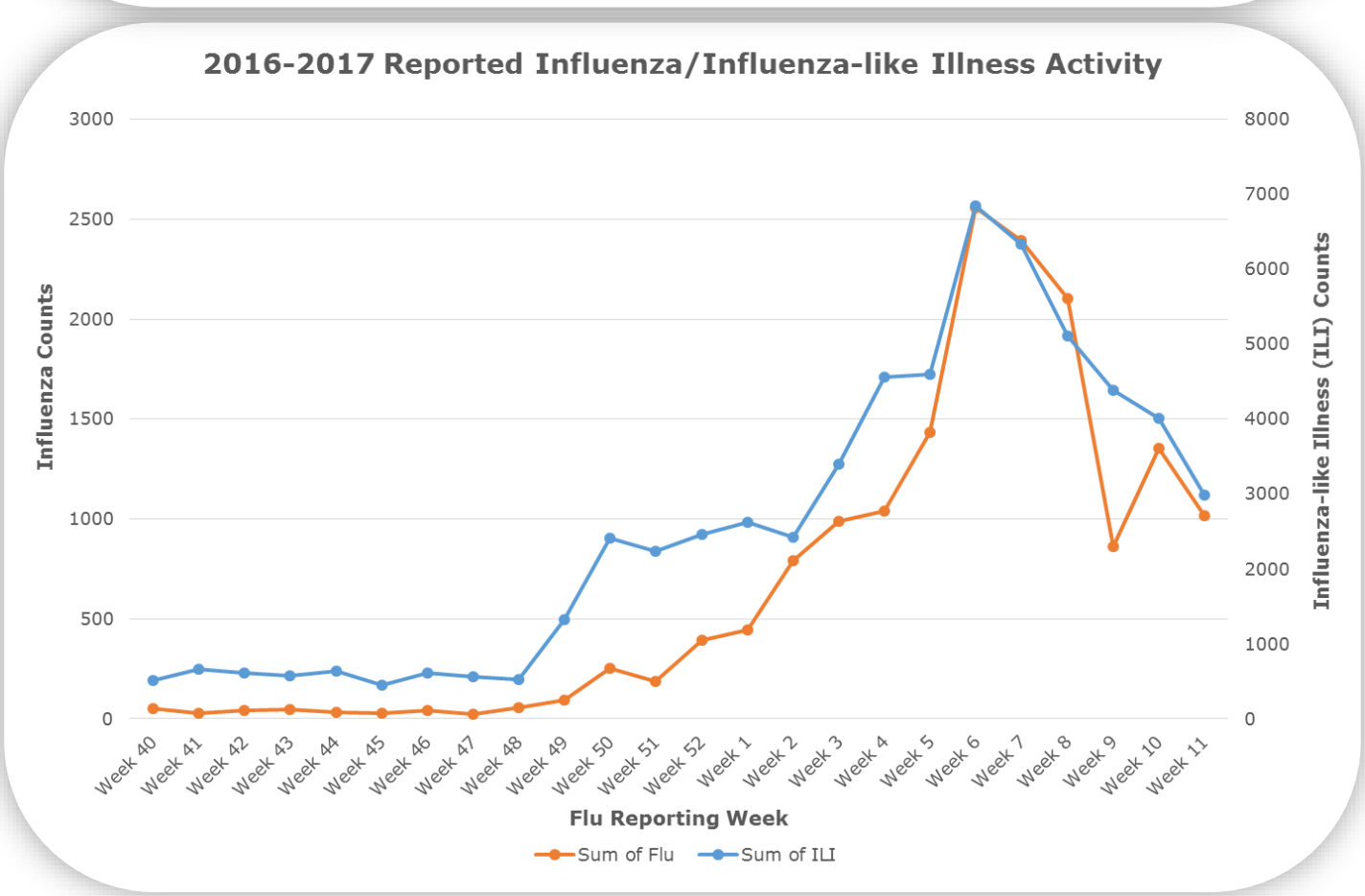
Includes confirmed and probable notifiable conditions reported to and investigated by the Texas Department of State Health Services, Region 7 Health Department. Year to Date (YTD) for 2017 includes cases reported and entered from January 2017-March 2017. Additional cases may be entered/updated.

*Data is provisional and may change as investigations are completed or updated.

**Case definition expanded in 2016 to include all H. flu, invasive regardless of type

Flu Season Trends in Region 7



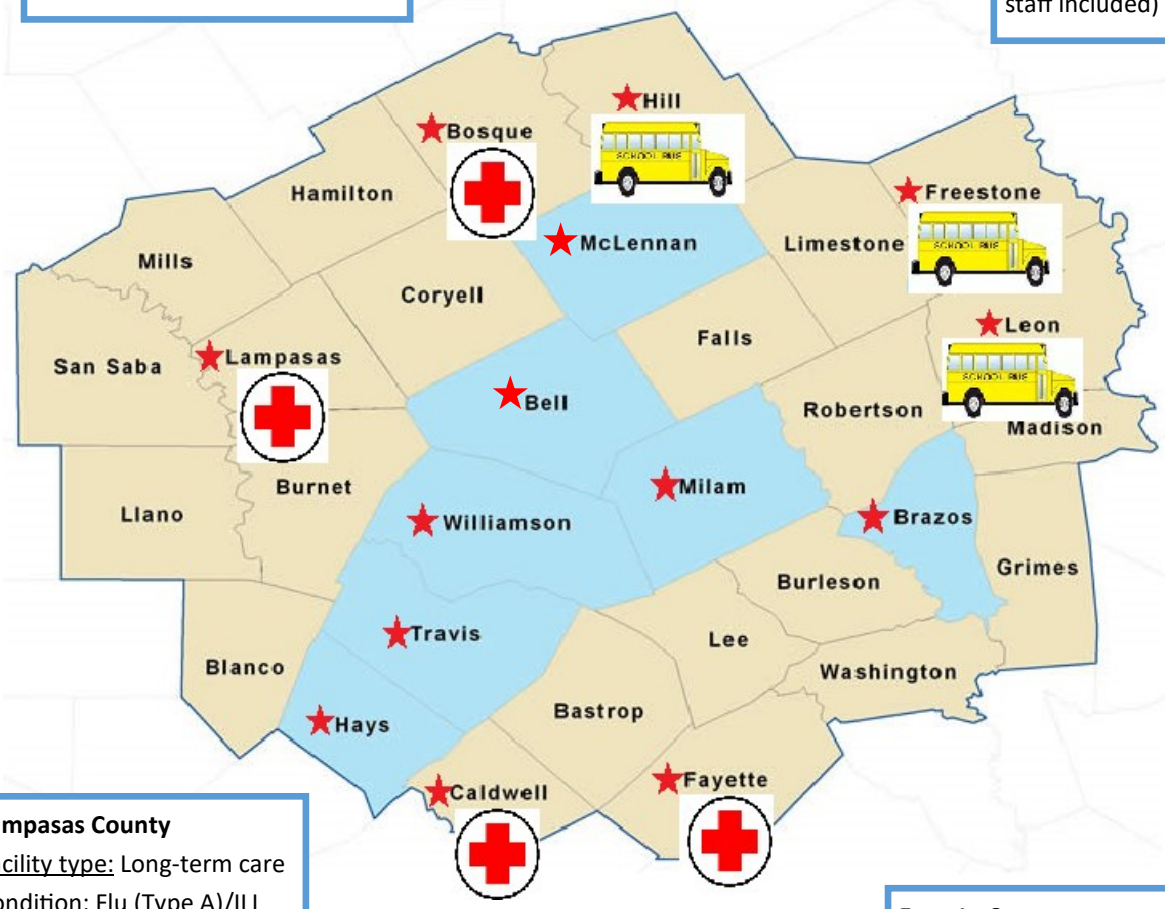


Region 7 Outbreaks, Clusters and Other Large Investigations (January-March 2017)

Bosque County
Facility type: Long-term care
Condition: RSV
Illness onset period: January
Cases: 10 confirmed (only residents were affected)

Hill County
Facility type: School/AISD
Condition: Absences due to flu/ILI
Illness onset period: 1/13-1/23
Cases: 53 ILI (students and staff included)

Freestone County
Facility type: School/AISD
Condition: Absences due to flu/ILI
Illness onset period: 2/3-2/13
Cases: 206 ILI (students and staff included)



Leon County
Facility type: School/AISD
Condition: Absences due to flu/ILI
Illness onset period: 2/3-2/13
Cases: 30 ILI (students and staff included)

Lampasas County
Facility type: Long-term care
Condition: Flu (Type A)/ILI
Illness onset period: unknown
Cases: At least 8 confirmed (additional details pending)

Caldwell County
Facility type: Long-term care
Condition: Flu (Type A)/ILI
Illness onset period: 2/19-3/5
Cases: 8 confirmed and 8 probable (only residents were affected)

Fayette County
Facility type: Long-term care
Condition: Flu (Type A)/ILI
Illness onset period: 3/6-3/11
Cases: 5 confirmed and 9 probable (residents and staff included)

County that experienced at least one outbreak, cluster, or other large investigation this quarter

School outbreak or cluster investigated by DSHS Region 7

Local Health Department Spotlight

Lacey Sanders, Epidemiologist at Bell County Health Department

Case Study

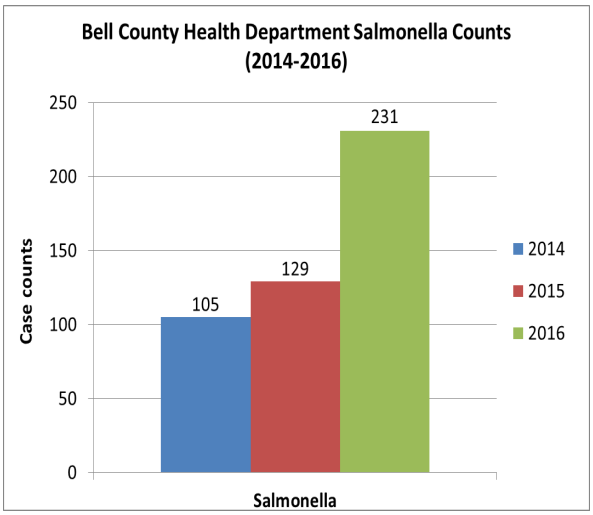
In December 2016, Bell County Health Department received lab reports on a 4-month-old with stool, CSF, and blood cultures positive for Salmonella. Medical records and the case interview revealed that the patient had been seen in October 2016 for gastrointestinal illness. Signs and symptoms included vomiting, multiple episodes of diarrhea, and fever. During the previous encounter, symptoms were believed to be caused by a viral source and the patient was sent home. In November 2016, the patient came back to the hospital with an invasive infection and was hospitalized for 6-weeks. Possible exposures included dogs and dog food in the home. The Epidemiology office provided guidance on hand hygiene when dealing with animals and animal food in the home. The importance of following up with a doctor if symptoms of illness persist for longer than expected was also stressed.

2016 Salmonella Activity Snapshot

During 2016, the number of Salmonella cases reported to the Bell County Health Department increased. The following information provides a snap shot of the time period with the highest peak in activity.

From September to December 2016, Bell County Health Department observed an increase in blood and stool cultures positive for Salmonella. Reports were received from multiple healthcare facilities. These reports included unusual clinical presentations such as bacteremia, high fever, seizure activity, and hospitalization. Although some individuals had underlying conditions, the majority were in good health.

Epidemiology investigations were conducted using the Texas Department of State Health Services (DSHS) Emerging and Acute Infectious Disease Guidelines. Additionally, a health alert was sent out to hospitals and clinics to notify them of the increase in Salmonella reports and request stool cultures when needed. Due to an electronic reporting error, Salmonella serotype results for isolates forwarded to the DSHS lab were not easily accessible. As a result, Bell County Health Department coordinated with the DSHS Foodborne Illness team to request lab results and compare serotypes.



There were no epi-links found after reviewing serotype results, requesting additional testing from hospitals and clinics, and investigating possible connections between restaurants and grocery store purchases reported by cases during the case interview.

Although there were challenges experienced (such as getting buy-in from hospitals and clinics to do additional testing), cases had strong recall because of the severity of the illness and were able to provide details needed to perform an in-depth investigation.

Epidemiology Fun

Sophia Anyatonwu, Epidemiologist II at DSHS Region 7

"There's an Epi for That" Remix

Based off of McDonald's: There's a Big Mac® For That extended jingle on YouTube (1:03). *This song was created on a Saturday evening in March after getting the Big Mac commercial stuck in my head. Enjoy.*

Oh!

Lo-cal

Re-gio-nal

State epis too

That's three kinds of epis next door to you

So, no matter where you might be at -

There's an epi for that

(*An epi for that)*

Stomach ache? Feeling tired?

Flu counts getting higher?

Watching disease flows

Investigating to and fro

There's an epi for that

Oh, Mumps around the state

Gotta find those onset dates

There's an epi for that

You gotta Zika case (oooh-oooh)

Need to make a kit fast

There's an epi for that

Yup, report's due

Clean the data up too

There's an epi for that

Wait…

There's many epis for that, actually…

Let's go!

Having fun

Outbreak's done

3-2-1

There's an epi for that

Oh, guidance free

For you and me-

Speak to an epi!...

#TheresAnEpi4that

Upcoming Meetings and Events

Dates	Meetings and Events
April 7th—8th	Austin Public Health Community Health Assessment/CASPER
April 18th—20th	DSHS CIFOR Foodborne Outbreak Response Workshop
May 24th—May 26th	James Steele Conference on Diseases Transmissible to Man

Reporting to the DSHS Region 7 Office

Remember to report the **required notifiable conditions** to the DSHS Region 7 Epidemiology office!

24/7 Phone Number: (254)-778-6744

Fax: (254)-899-0405

https://www.dshs.texas.gov/idcu/investigation/conditions/

Conclusion

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