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VPD Triumvirate



CoolClips.com

Name a more iconic trio...



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Epi



Lab

Immunizations

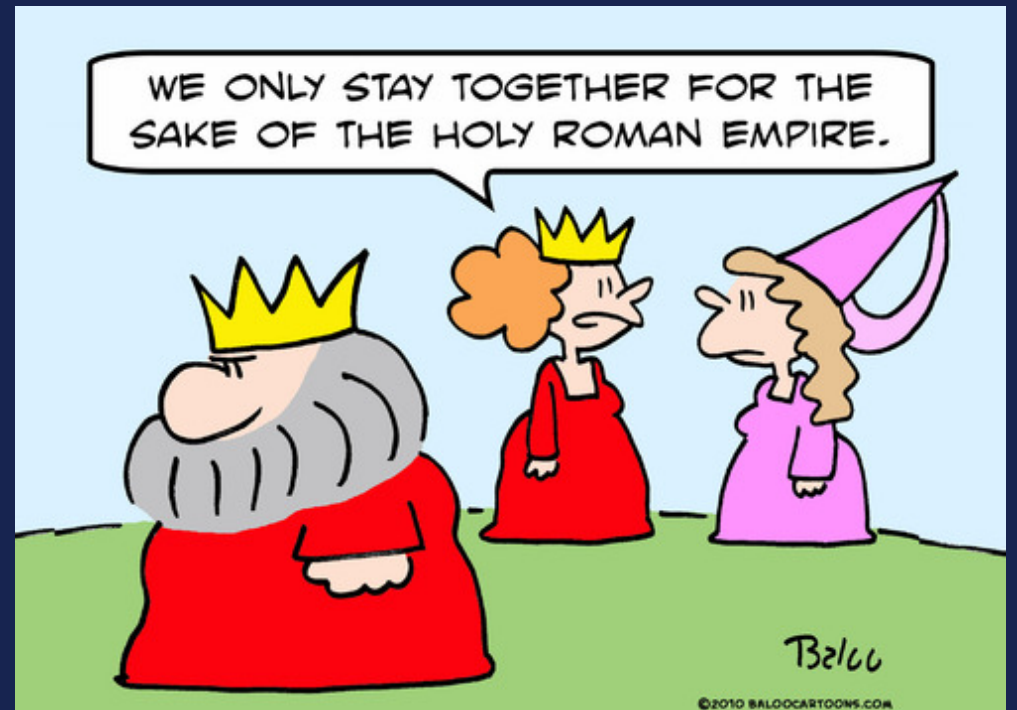
Summary

- Epi Updates
Rundown of conditions
- Immunizations
- Lab Q&A



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General VPD Updates

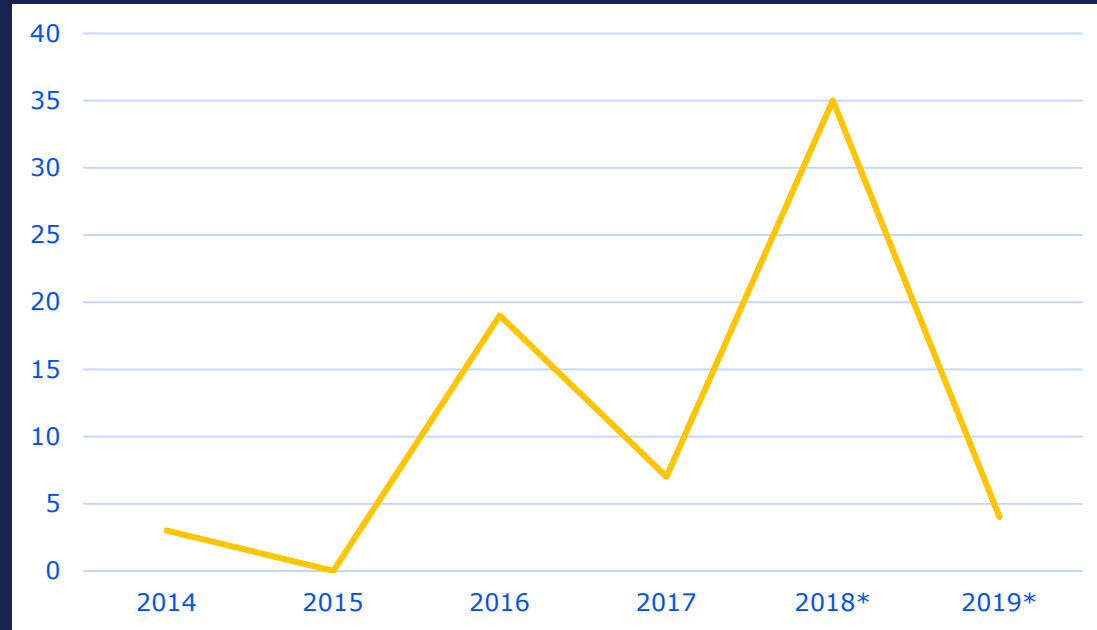
1. Outbreaks in households do not need an outbreak name
 - a. You can use an outbreak name but needs to have "household" or "family" or "fam" in the name (e.g., Mumps/0519/TravisFam/01 or Mumps/0519/Travis/GarzaFam/02
2. New case tracks
3. New Pertussis Death Worksheet
4. New Measles Contact Tracing Form
5. Please count ALL immigration detention center or ORR shelter cases in NBS.
 - a. Street Address 2: Immigration Detention Center
6. VPDTexas@dshs.texas.gov



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Acute Flaccid Myelitis



*data is provisional as of 9/17/2019

- We have been seeing an increase in cases every two years
- Unsure what will happen this year due to media attention end of 2018



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Activities

- Hypothesis Generating Questionnaire
 - 73% of all U.S. 2018 confirmed AFM cases completed interview
- 60 day follow-up has new questions
 - Refer to page 3 of the 2019 AFM patient summary form
 - Can be done with medical records
- 6-month and 12-month follow-ups for 2018 cases and on
 - Refer to page 3 of the 2019 AFM patient summary form (same as the 60 day questions)
 - This can be completed all at once if needed.

Influenza-associated Pediatric Deaths

- CDC asks that influenza-associated pediatric deaths get reported as soon as possible, ideally, within two weeks of death
- Don't wait until the case report form is 100% complete before reporting to central office
- Minimum information required to initiate report to CDC
 - Child is \leq 17 years of age
 - A laboratory test was positive for influenza
 - The child was symptomatic
 - There was no period of complete recovery between illness and death



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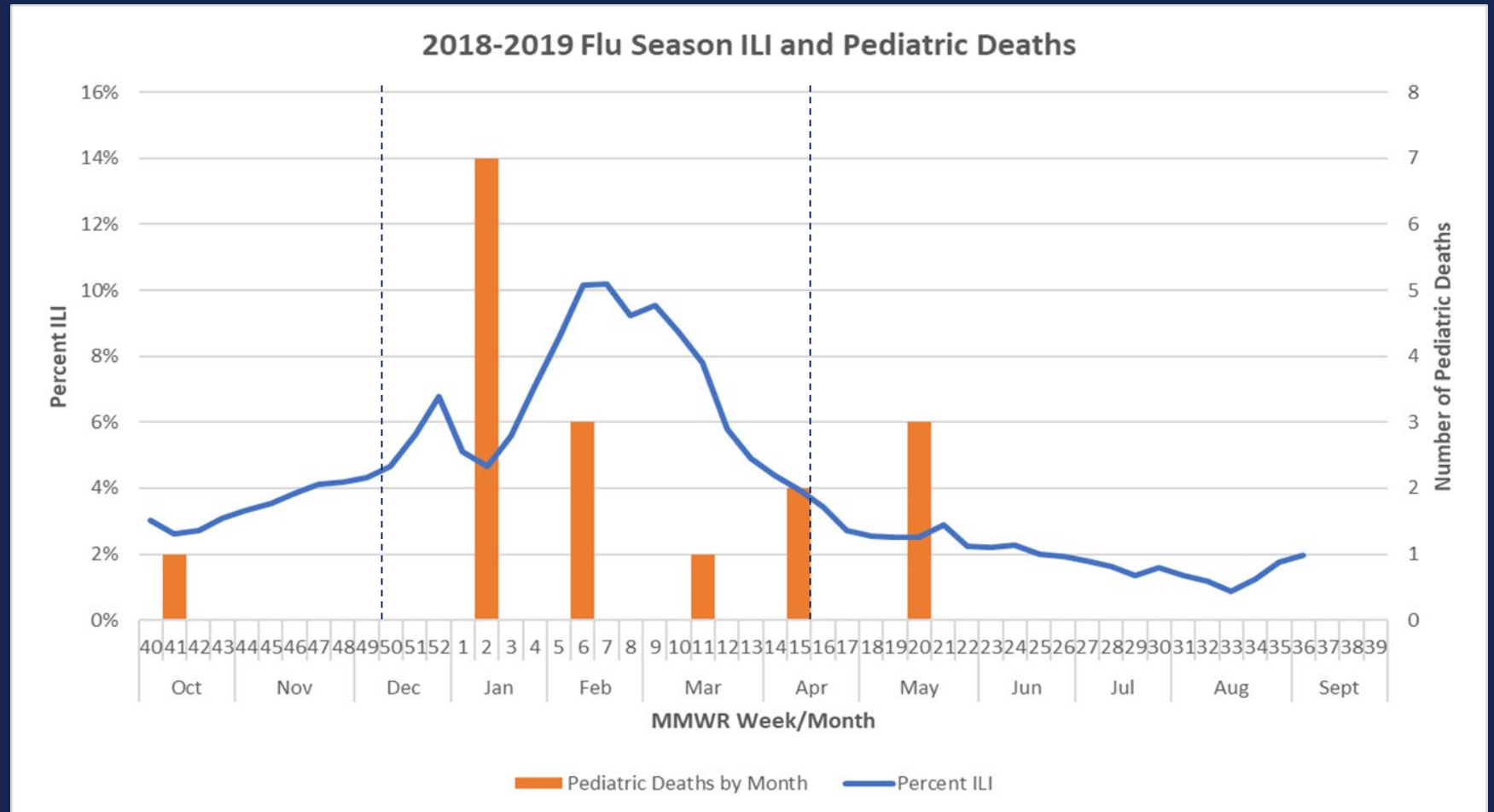
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Influenza-associated Pediatric Deaths



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Hepatitis A

- Since March 2017, hepatitis A outbreaks have been occurring primarily through person-to-person contact across the U.S.
 - Injection and non-injection drug use
 - People experiencing unstable housing or homelessness
 - MSM
 - People who are currently or were recently incarcerated
 - People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C.
- **This has not affected Texas, yet...**
- **Consider:**
 - **Careful interviews**
 - **Ask for tox screens!**
 - **If questionable, ask for a PCR test (CDC can do this)**



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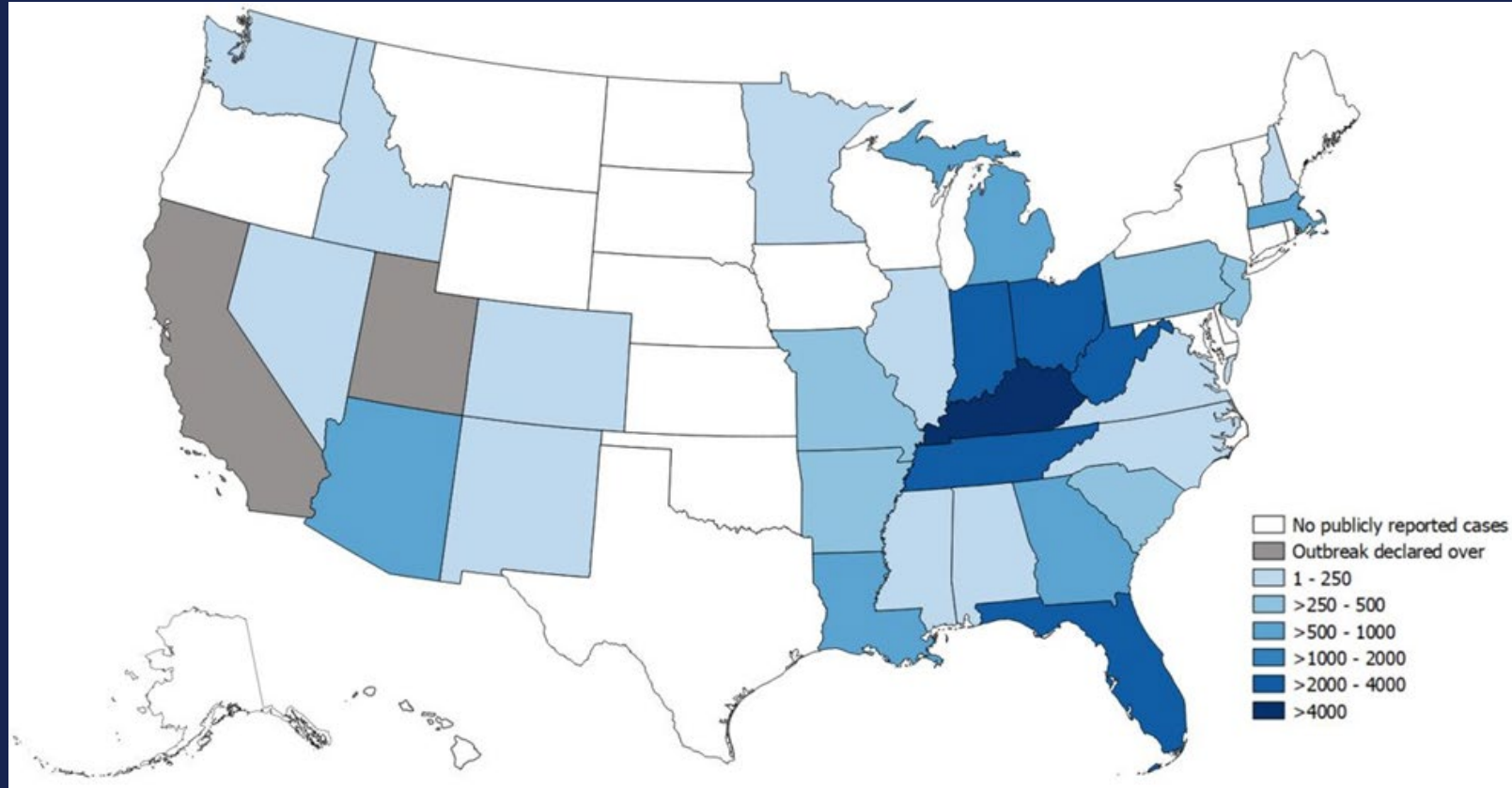
U.S. Numbers: State-Reported Hepatitis A Outbreak Cases as of September 13, 2019



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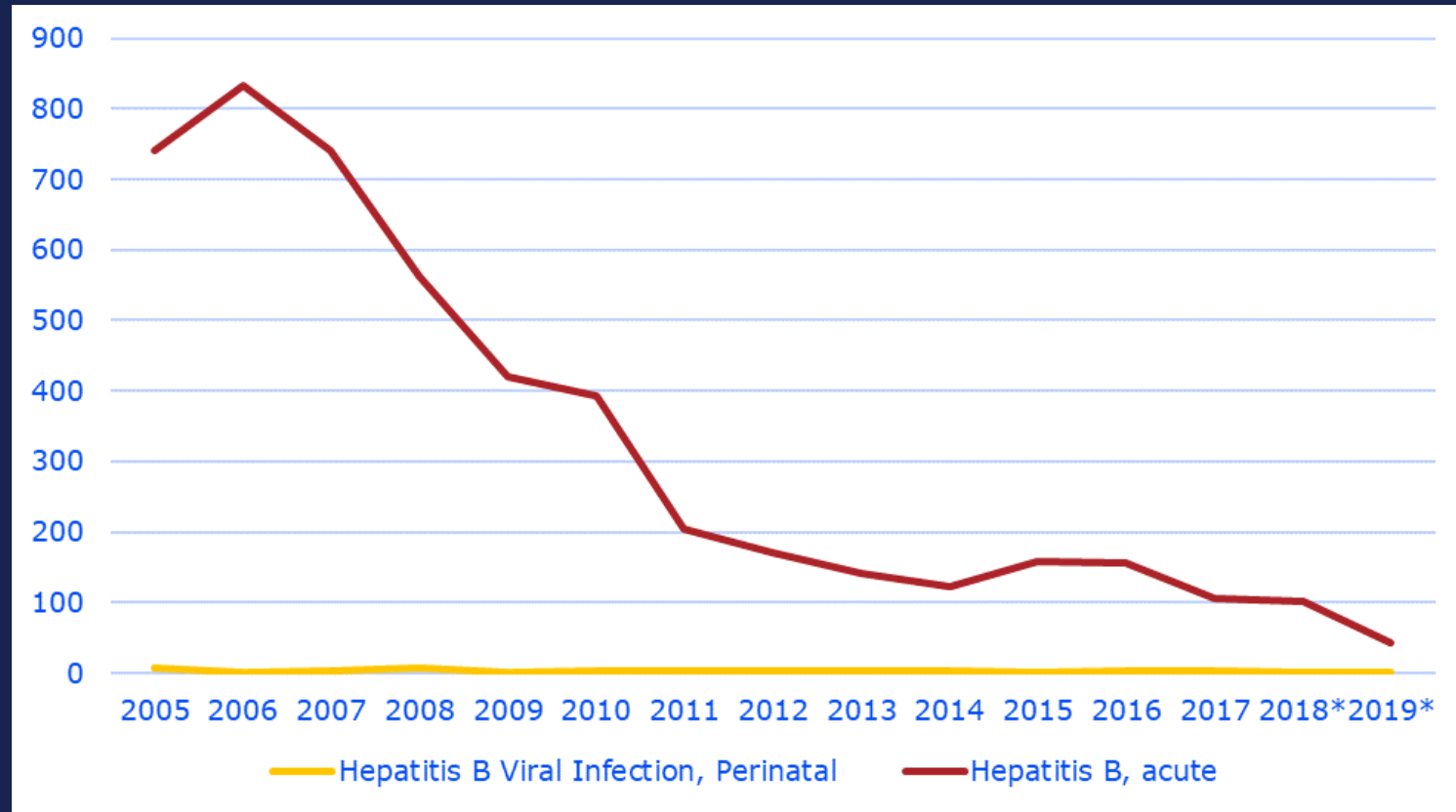
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Hepatitis B, acute and perinatal



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	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*	2019*
Hepatitis B, Perinatal	8	1	3	8	1	2	4	4	2	3	1	2	2	1	0

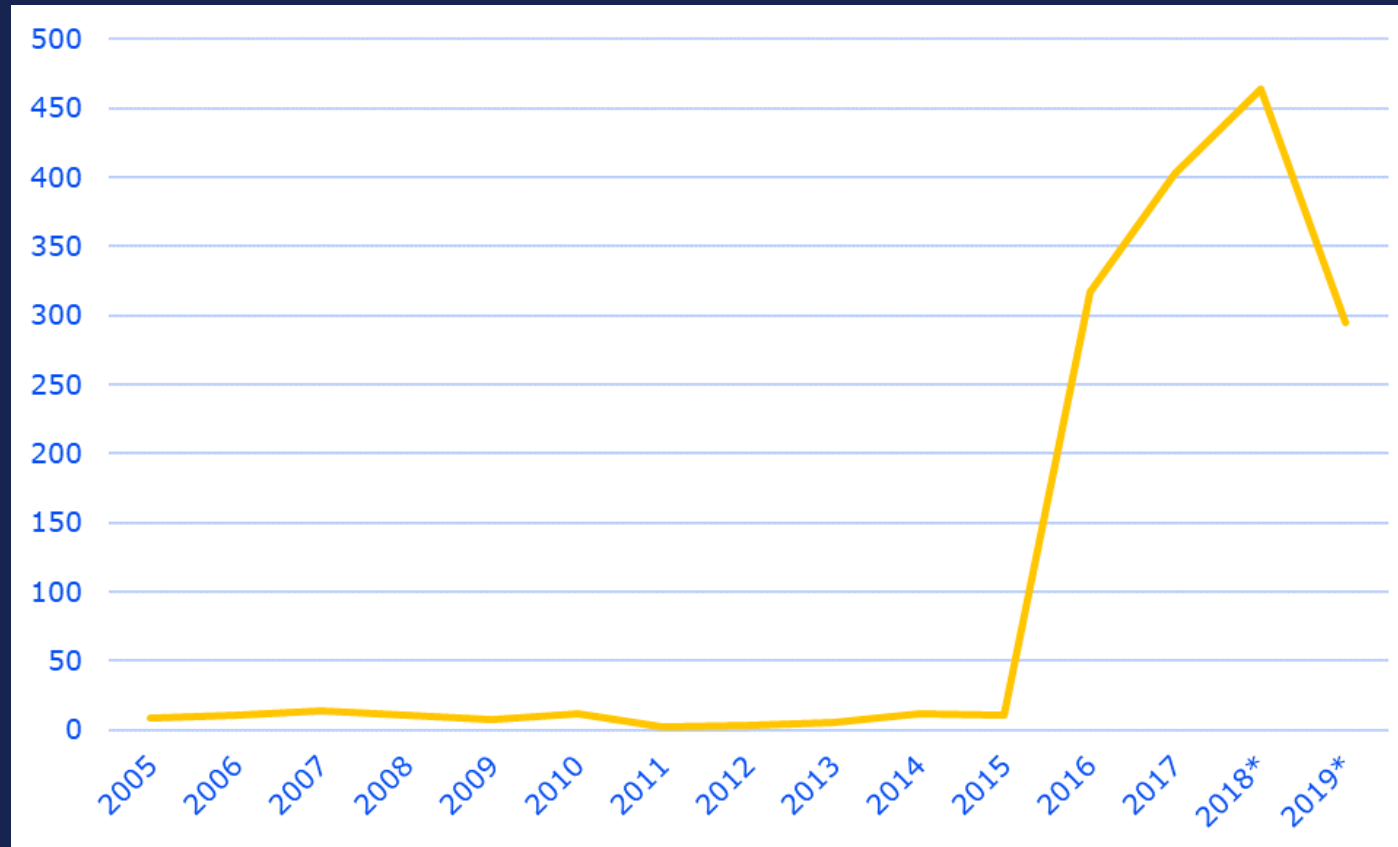
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Haemophilus influenzae, invasive



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Only *Haemophilus influenzae*, invasive type B was reportable prior to 2016.

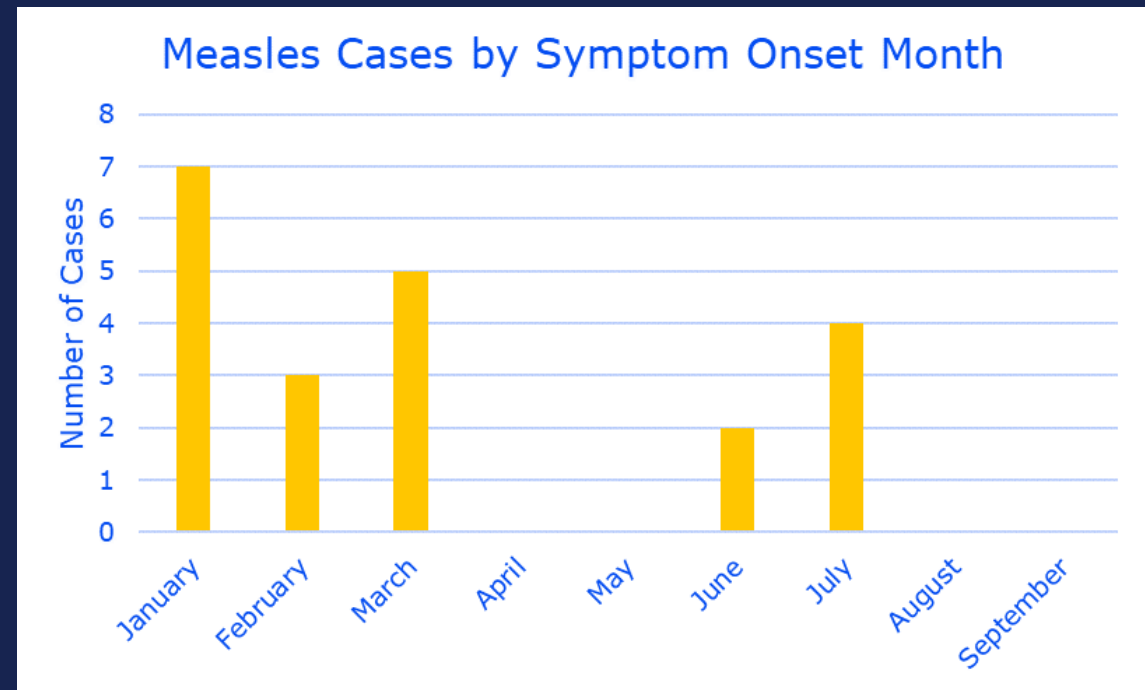
Measles



- 21 measles cases for 2019
- El Paso outbreak ended on September 3rd

Age Range	Number of Cases
<18 years	9
18+ years	12
Total	21

Genotype	Number of Cases
B3	9
D8	9
Not genotyped	3
Total	21



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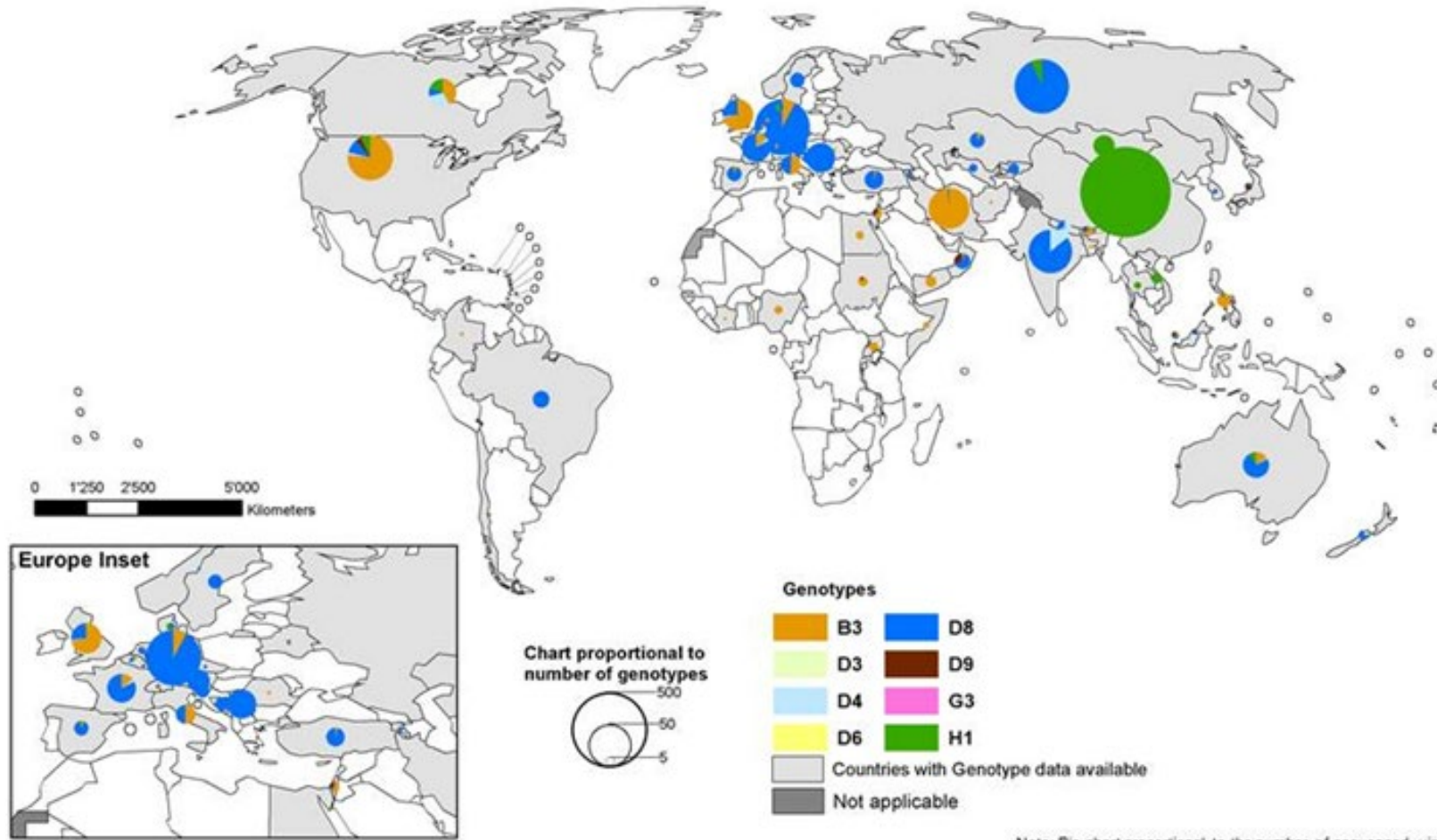
Distribution of measles genotypes year 2015



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Data source: MeaNS Database;
Data in HQ as of 7 March 2016



Cases of Measles in Texas, 2019*

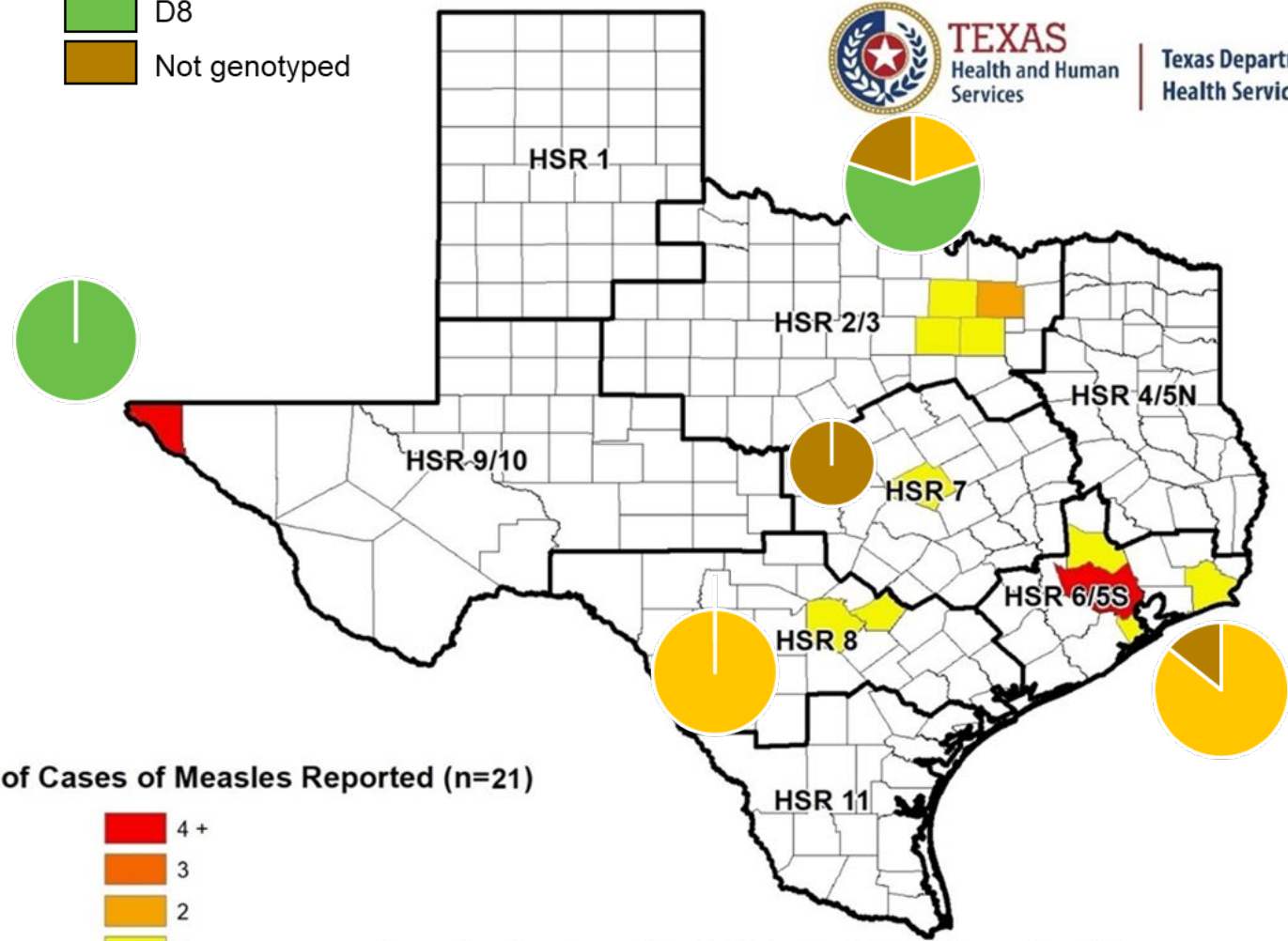
Measles Genotype

- B3
- D8
- Not genotyped



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No. of Cases of Measles Reported (n=21)

- 4 +
- 3
- 2
- 1
- No Cases Reported

Source: Texas Department of State Health Services, Infectious Disease Control Unit.



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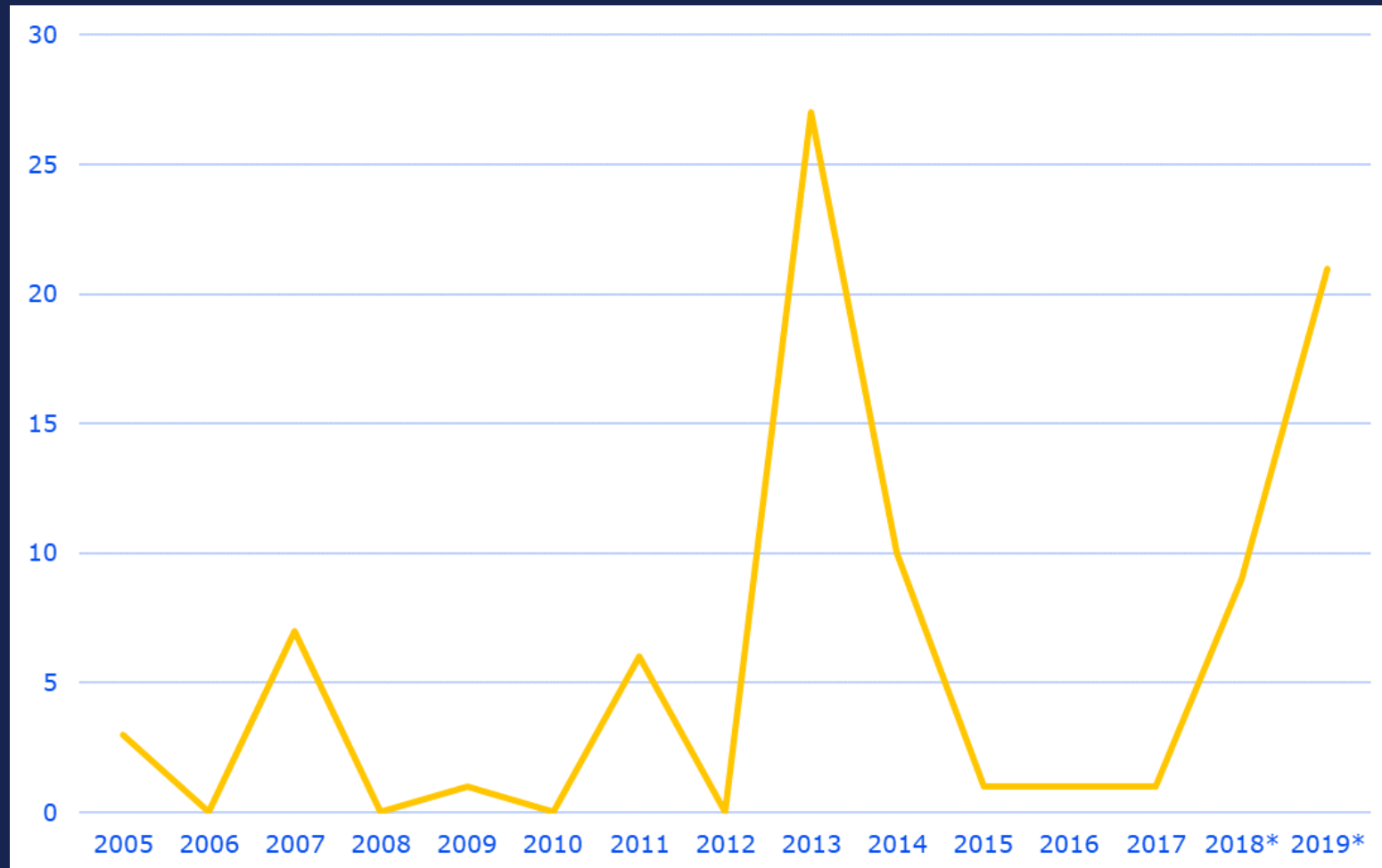
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Texas Measles Cases, 2005-2019*



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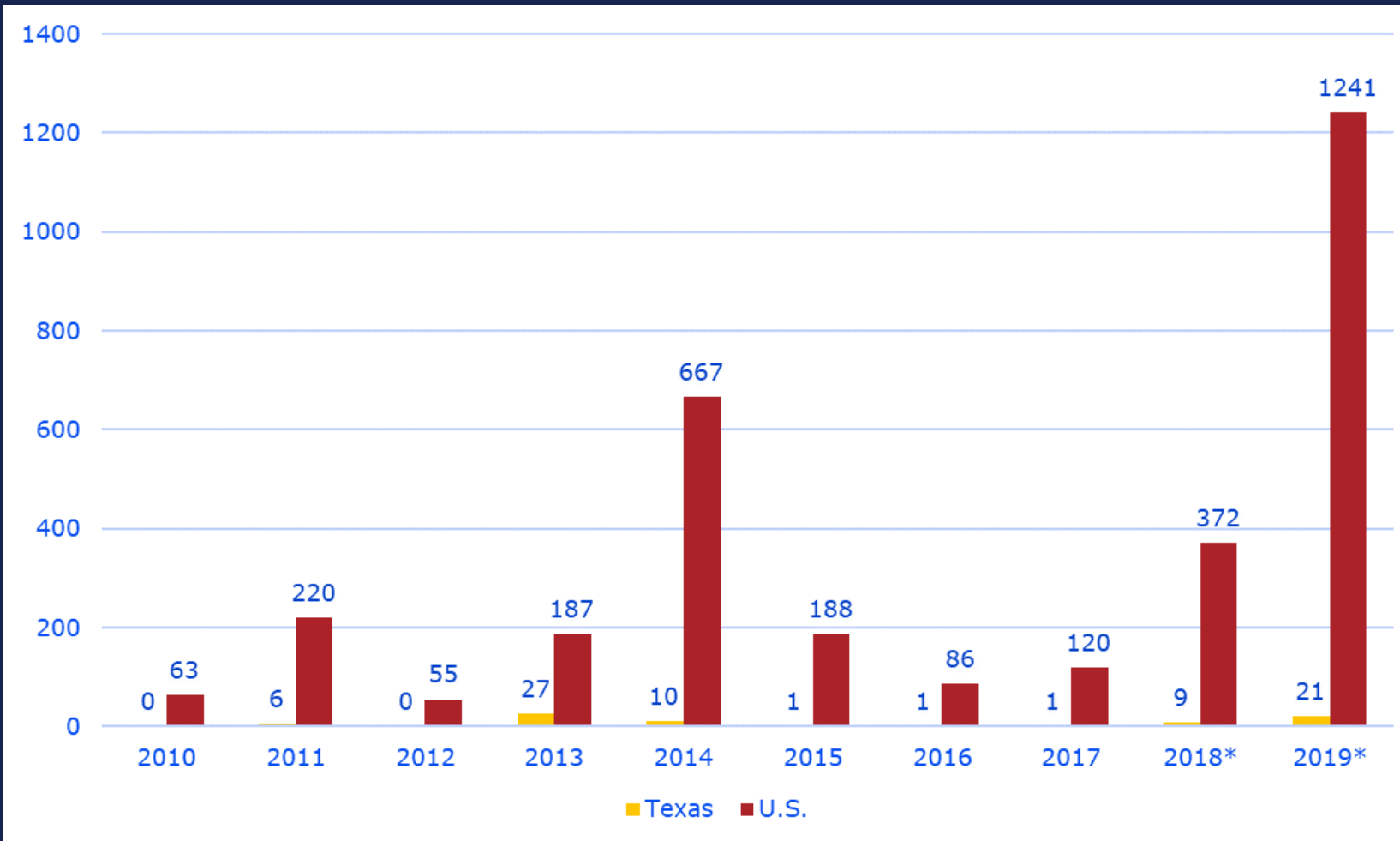


Measles Cases Texas vs U.S.



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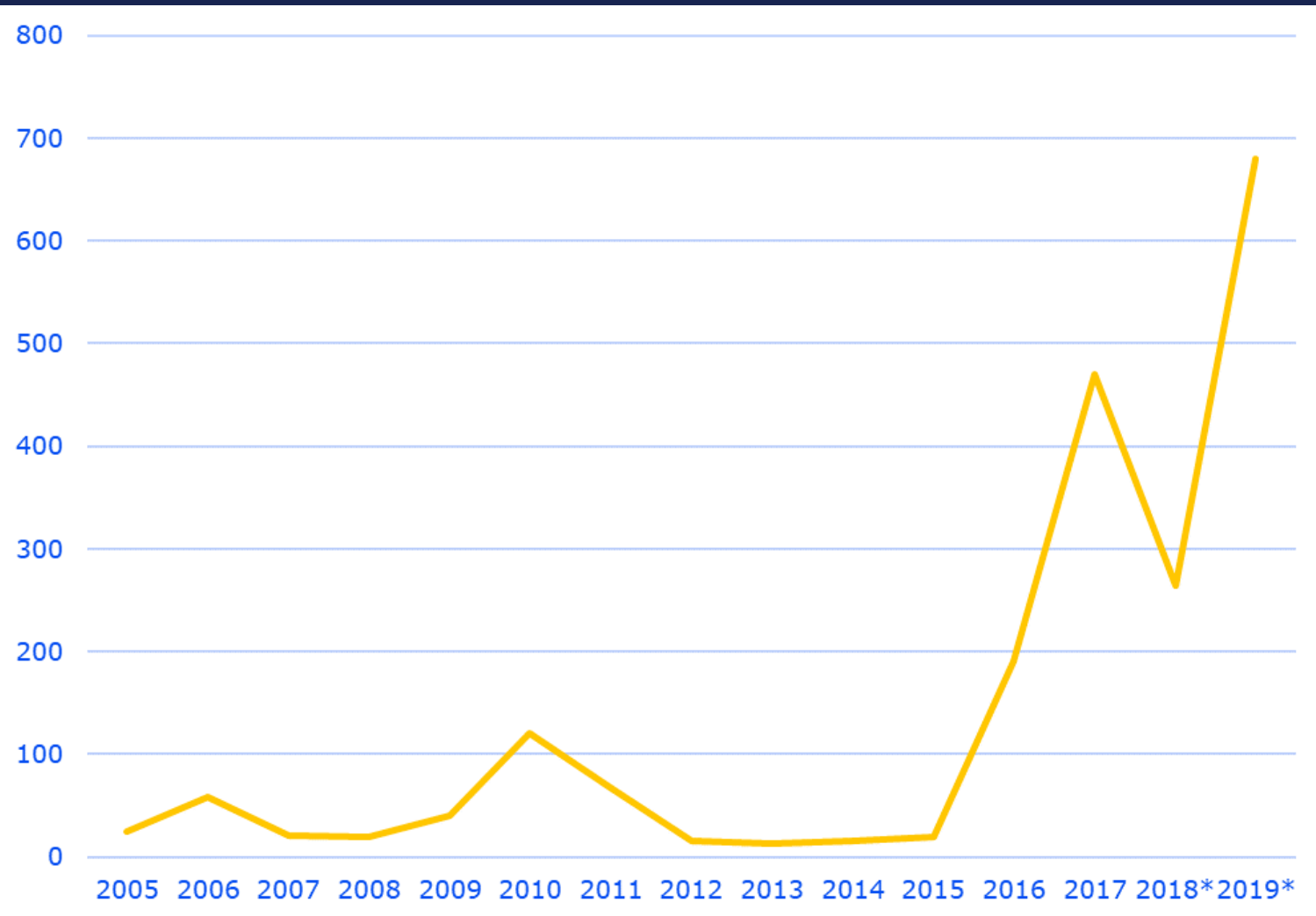
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Investigation Tips

- Don't forget to ask about:
 - How rash progressed
 - Immunization history
 - Any travel?
 - Measles endemic country (Mexico does not count)
 - City in U.S. with measles cases
 - Air travel (even within U.S.)
 - Any contact with someone who recently traveled
- Refer to the Investigation Guidelines
- New Measles/Rubella Case Track
 - **New infection timeline at end of form**
- New Measles Investigation Contact Tracing Tool

Mumps



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n.b.



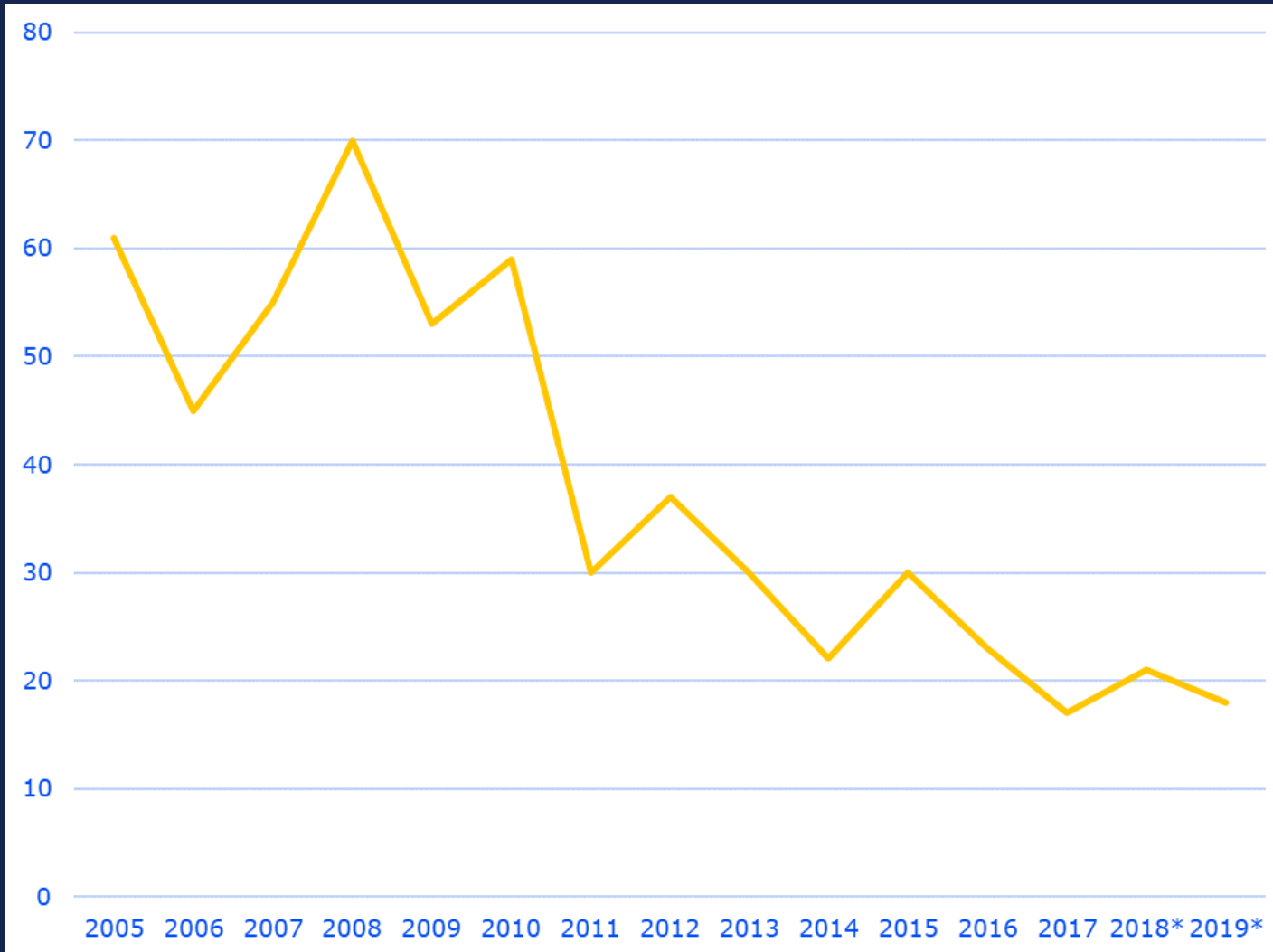
1. 17 outbreaks in 2017 and 2018
 - a. 52 outbreaks in 2019 (keep in mind the immigration related cases count as multiple outbreaks)
2. Immigration Detention Facility Mumps began October 2018
3. CDC is asking for additional information for all mumps cases:
 - a. Occupation
 - b. Attends daycare/school and what type
 - c. Congregate setting AND transmission setting
 - d. Very specific lab information
 - i. Collection date
 - ii. Received at lab date
 - iii. Accession numbers
 - iv. Received by public health date/result date

Meningococcal Disease, invasive



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New Information

- New information requested by CDC:
 - Complement-inhibitor (pg 2)
 - Sorority/fraternity (pg 4)

CONTACTS (Refer to Investigation Guidance for a description of close contacts)

For the following questions, please ask about the two weeks prior to symptom onset and up until the patient was appropriately treated.

Where was the patient living (select all that apply)? Single-family dwelling Duplex, triplex, etc. Apartment/Condo/Townhome
 Dormitory Military barracks Hospital or rehab facility Nursing home or similar Retirement home Camp
 Other: _____ Unknown Name of location: _____

Was the patient in a detention center, correctional facility, halfway house, or shelter (e.g., jail, prison, etc.)? Yes No Unknown
 If yes, name/location of facility: _____

How many people live in the patient's household? _____

During the two weeks prior to onset, did any member of the patient's household have a similar illness? Yes No Unknown
 If yes, name of person: _____ Date of onset: ____/____/____ Symptoms: _____
 If yes, name of person: _____ Date of onset: ____/____/____ Symptoms: _____

Did the patient attend, visit, or work at a school? Yes, student Yes, faculty/staff Yes, visitor No Unknown
 If a college student, college year: Fr So Jr Sr Other Name/location of school: _____
 Does the college student live on or off campus? On campus Off campus Name/location of residence: _____
 Does the college student participate in Greek life? Yes No Name/location of Greek organization: _____

How many people did the patient... (Indicate a number for all of the following.)

Kiss: _____ Share a sleeping area: _____ Share a toothbrush: _____ Share food or utensils: _____ Share drinks: _____ Share drugs: _____
 Share (brass or wind) band instruments: _____ Share cigarettes: _____

Did the patient perform mouth to mouth resuscitation on anyone? Yes No Unknown
 If yes, name of person: _____ Date performed: ____/____/____

Did the patient attend, stay, visit, or work at a childcare center, home daycare, nursing home, or similar facility? Yes No Unknown
 If yes, school/facility name: _____ Date last attended/worked/visited before onset: ____/____/____
 Total contacts (#): _____ students/residents _____ staff Total close contacts (#): _____ students/residents _____ staff

Did anyone associated with the facility have a similar illness during the two weeks prior to onset? Yes No Unknown
 If yes, name of person: _____ Date of onset: ____/____/____ Symptoms: _____ (if needed, attach list to this report)

Is the patient employed? Yes No Unknown Occupation: _____
 Name/location of employer: _____ Date last worked before treatment: ____/____/____
 Description of job duties: _____

COMPLEMENT INHIBITOR INFORMATION

Does the patient have complement component deficiency/inhibition (or is taking Soliris/eculizumab) Yes No Unknown
 Has the patient taken Eculizumab/Soliris at time of disease onset or up to 3 months prior to disease onset? Yes No Unknown
 Has the patient taken Ravulizumab/ultomiris at the time of disease onset or up to 8 months prior to disease onset? Yes No Unknown
 (Complete rest of section if yes indicated for question above)

Indication for eculizumab treatment Paroxysmal nocturnal hemoglobinuria (PNH) Generalized myasthenia gravis (gMG)
 Atypical hemolytic uremic syndrome (aHUS) Other: _____ Unknown

Date eculizumab treatment started: ____/____/____ Unknown
 Date eculizumab treatment ended: ____/____/____ Ongoing Unknown

Was the patient taking antibiotics at the time of disease onset? Yes No Unknown
 If yes, antibiotic name: _____ Date antibiotic started: ____/____/____ Daily dose: _____

UNDERLYING CONDITIONS*

Does the patient have any underlying health conditions? Yes (check all that apply) No Unknown

HIV/AIDS Diabetes Renal failure/Dialysis Cancer, specify: _____ Heart failure/CHF CVA/Stroke Cirrhosis / Liver failure
 Asthma Other chronic lung disease Asplenia (functional or anatomic)/ Splenectomy Cochlear implant Immunosuppressive therapy (Steroids, Chemotherapy, Radiation) Atherosclerotic Cardiovascular Disease (ASCVD) / (CAD Other: _____
 Other prior illness within two weeks of onset? Yes, specify: _____ No Unknown

HEALTH BEHAVIORS (record underlying conditions in NBS) Do any of the following apply to the patient?
 Yes (check behaviors below) No Unknown Refused to answer
 Current smoker Alcohol, drinks per week: _____ Intravenous drug use (IVDU), current Other, specify: _____

*Record all underlying conditions and health behaviors in NBS

TREATMENT HISTORY

Did the patient receive antibiotics? Yes, one Yes, multiple No Unknown

Pertussis

1. Case definition is changing January 1, 2020
 - a. Won't need 14 day cough
2. New Pertussis Death Worksheet



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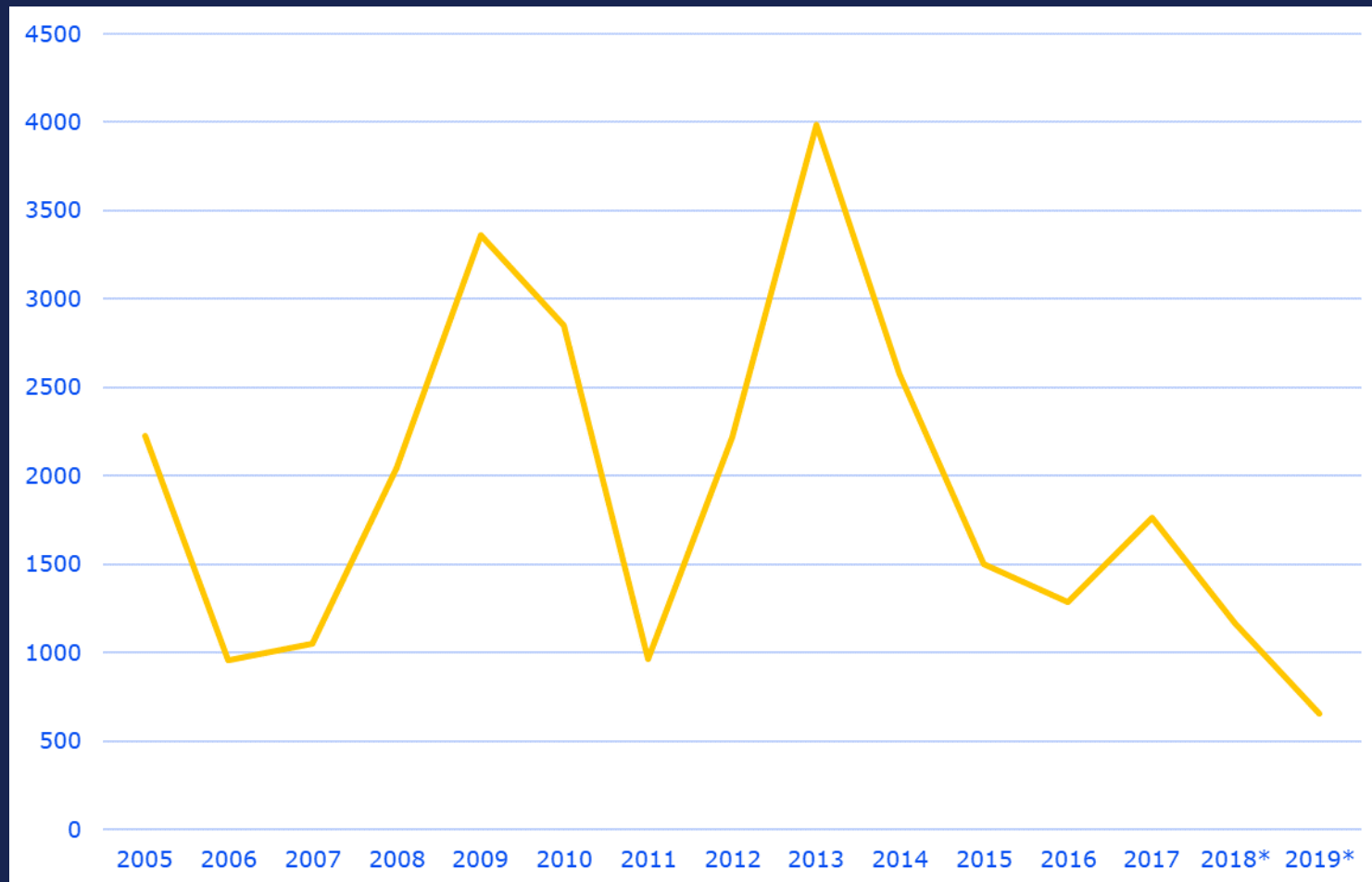
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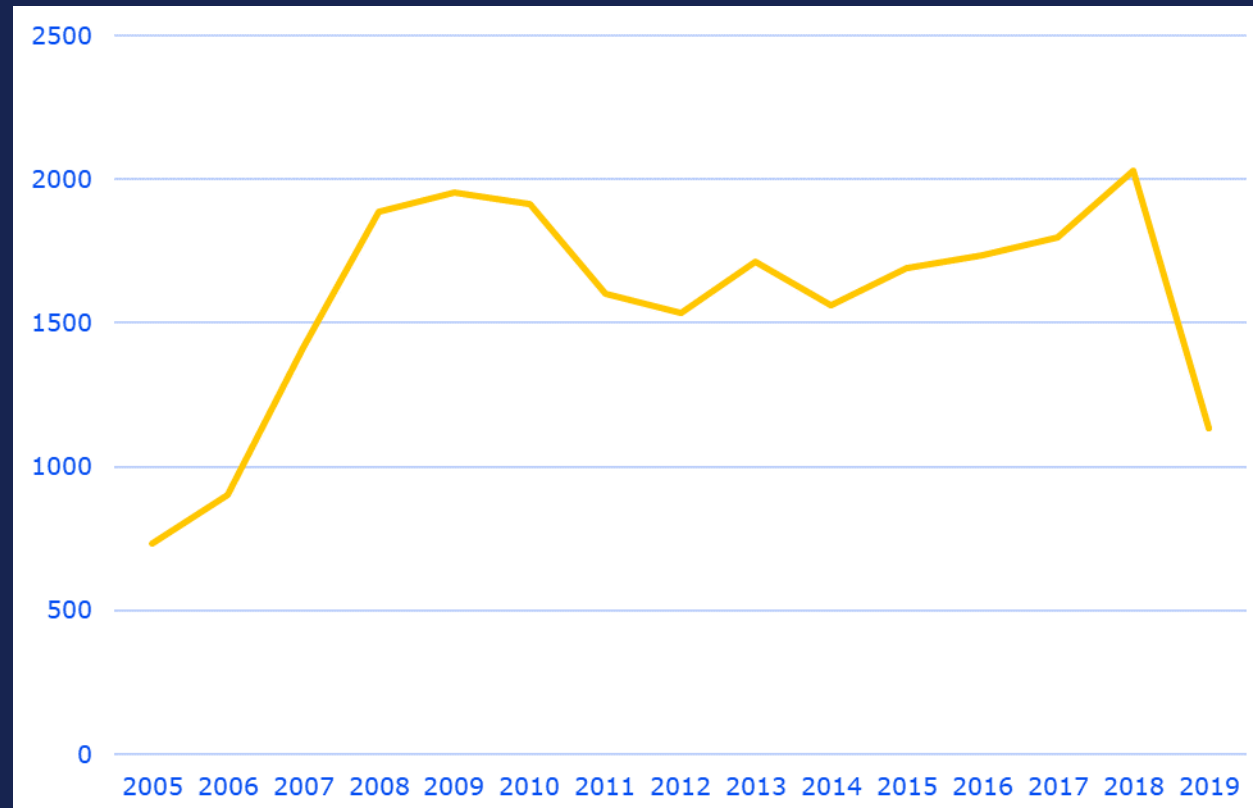
Texas Pertussis Cases



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Streptococcus pneumoniae, invasive

1. S. pneumo State Plan – HB970
 - a. We need case tracks now



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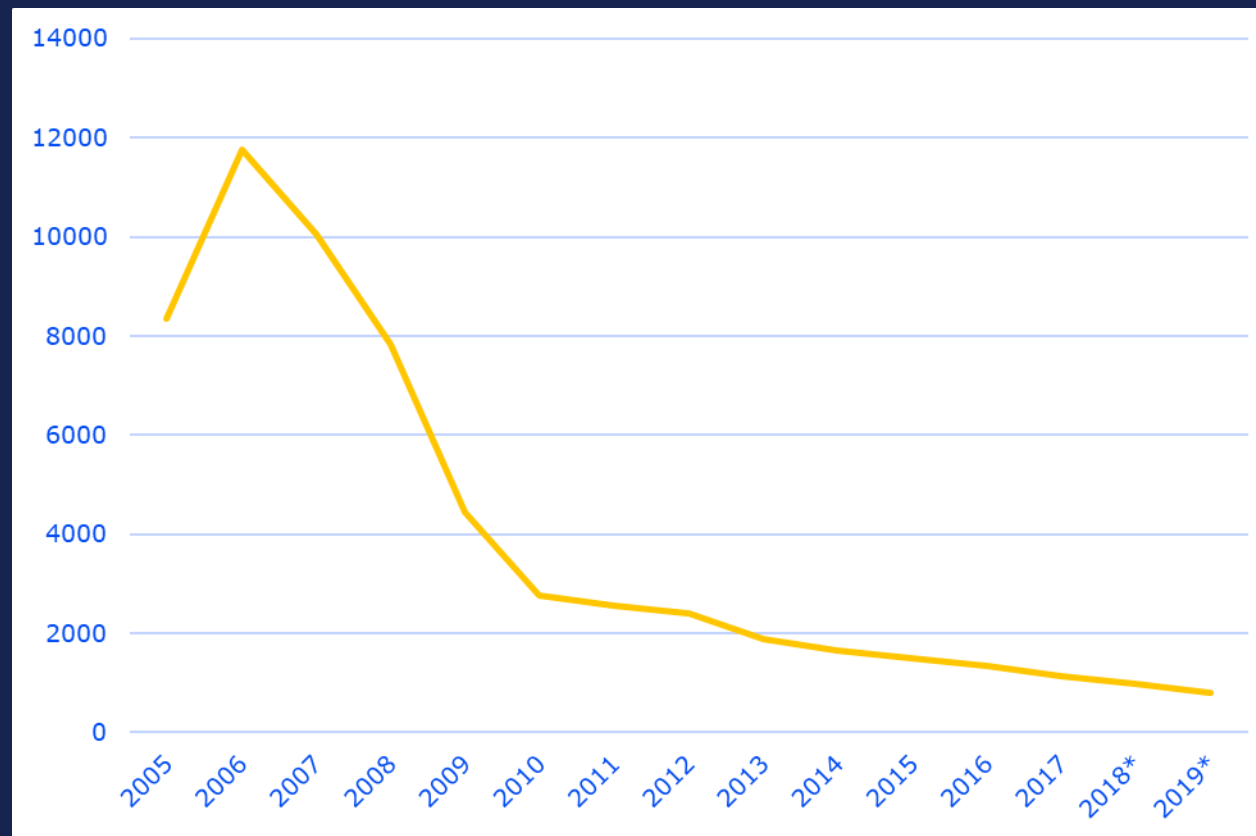


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Varicella

1. We need medical records for varicella hospitalizations



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VPD et al.



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*	2019*
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Poliomyelitis, paralytic	0	0	0	0	0	0	0	0	1 (1)	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	2	0	1	2	0
Rubella, Congenital Syndrome (CRS)	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
Tetanus	0	1	0	3	1	0	2	3	2	4	2	2	1	1	1

1. Diphtheria

a. Cutaneous if toxin producing was added 2019

2. Polio

a. Last case in 2013

3. Rubella and Congenital Rubella Syndrome (CRS)

4. Tetanus



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Thank you

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FluTexas@dshs.texas.gov