



# ALEXANDRIA HEALTH DEPARTMENT

Communicable Disease

Phone: 703.746.4951

FAX: 703.746.4953

## REPORT TO CLINICIANS July 2014



*Healthy People, Healthier Communities*

## Introduction

This Alexandria Health Department (AHD) Communicable Disease Report to Clinicians summarizes cases of reportable disease investigated by AHD in calendar year 2013. For this report, sexually transmitted infections (STI) and tuberculosis (TB) are presented separately from other communicable diseases.

### Case Definitions

Public health surveillance case definitions are published by the Centers for Disease Control and Prevention (CDC) each year to standardize reporting of diseases across the country ([CDC Case Definitions](#)<sup>1</sup>). This ensures that disease-specific morbidity is comparable between different states and jurisdictions. Public health case definitions are used to standardize disease reporting and should not be used to diagnose patients.

### Disease Surveillance

The reported disease burden is an estimate of the true incidence of disease since not all persons that are ill seek medical care and not all cases are reported to the health department. AHD relies on physicians and laboratories to report cases to improve public health functions such as disease control and prevention.

Caution is urged in interpreting rates. Localities like Alexandria with small populations may have only a few reported cases of disease resulting in relatively high disease rates. Both the number of cases and incidence rates should be weighed when considering morbidity by city or county.

### Data Source

Unless otherwise noted, data presented here are AHD primary surveillance data available in the Virginia Electronic Disease Surveillance System (VEDSS) as of May 14, 2014. All 2013 data are considered provisional.

### Acknowledgements

*We would like to thank all community partners, especially healthcare providers, infection control practitioners, laboratorians, and public safety personnel who report cases to the Alexandria Health Department. Also, we wish to acknowledge the hard work and dedication of the AHD employees who investigate and control communicable diseases in Alexandria.*

*This report was prepared by AHD Epidemiologist Kelly Hay, MPH, and approved by AHD Health Director Stephen A. Haering, MD, MPH, FACPM; any errors are solely their responsibility. Feedback is welcome: [kelly.hay@vdh.virginia.gov](mailto:kelly.hay@vdh.virginia.gov) or [stephen.haering@vdh.virginia.gov](mailto:stephen.haering@vdh.virginia.gov).*

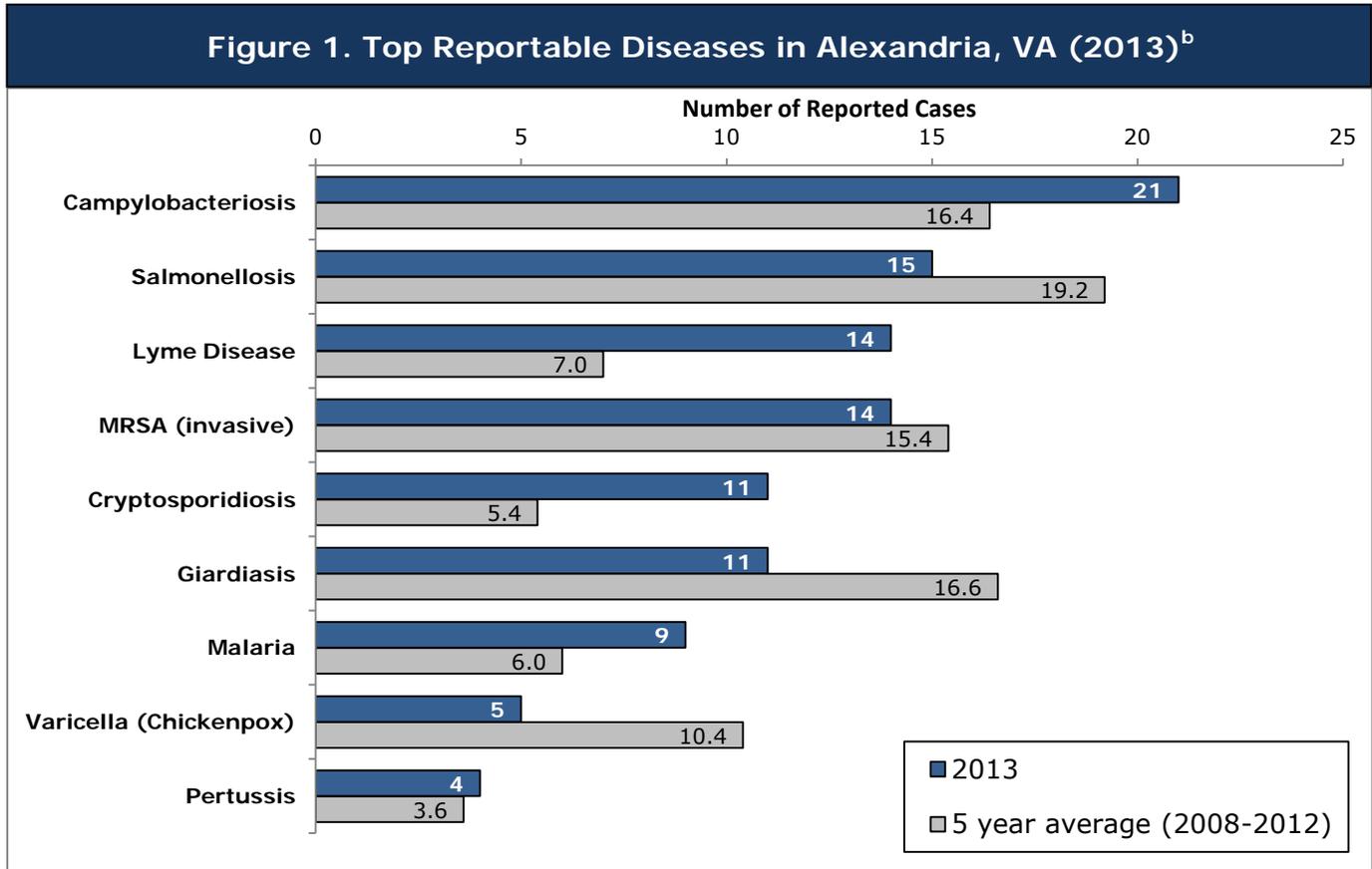
### **Resources for Health Care Professionals**

- Free email subscription service to receive information about public health topics affecting the lives of Virginians: <https://vms.vdh.virginia.gov/vdhcomm/>
- Clinicians' letters from the State Health Commissioner, training opportunities, best practices, and meaningful use info: [vdh.state.va.us/clinicians/](http://vdh.state.va.us/clinicians/)
- Alexandria Health Department: [alexandriava.gov/health](http://alexandriava.gov/health)
  - Information for healthcare providers practicing in the City of Alexandria: [alexandriava.gov/65006](http://alexandriava.gov/65006)

# 2013 Summary of Selected Communicable Diseases

## Program Highlights

The Alexandria Health Department Communicable Disease Team (AHD CD Team) promptly investigates diseases required to be reported by state law. The CD Team helps to control and to prevent further illness in the community. In 2013, the team investigated 362 reports of disease<sup>a</sup> and two outbreaks in Alexandria. A summary of the top reportable diseases in Alexandria is available in Figure 1.



### Box 1. Public Health Tips for *Healthy People, Healthier Communities*

- 1. Promote vaccination** among your patients and staff according to the Advisory Committee on Immunization Practices (ACIP) guidelines:
  - [Immunization Schedules](#)<sup>2</sup>
  - [Recommended Vaccines for Healthcare Workers](#)<sup>3</sup>
  - [ACIP Complete Recommendations](#)<sup>4</sup>
  - [Information on Vaccines and Vaccine-preventable Diseases](#)<sup>5</sup>
- 2. Encourage healthy behaviors**
  - Cough into your sleeve
  - Wash your hands
  - Stay home when sick. This is especially important for people who work in high-risk settings (direct patient care, daycare, or food handling). Patients should not return to work until 24 hours after diarrhea and/or fever resolve (*without the use of fever-reducing medication*).
- 3. Report suspected outbreaks** or any unusual occurrence of public health concern. Healthcare providers are the foundation of disease surveillance in our community.

a This total excludes sexually transmitted infection (STI) and tuberculosis (TB) investigations; info on these conditions is presented separately on page 3

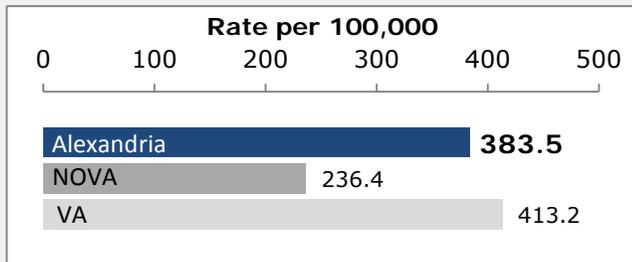
b Figure 1 does not include reported chronic hepatitis, STI, or TB cases

## Sexually Transmitted Infections (STI)

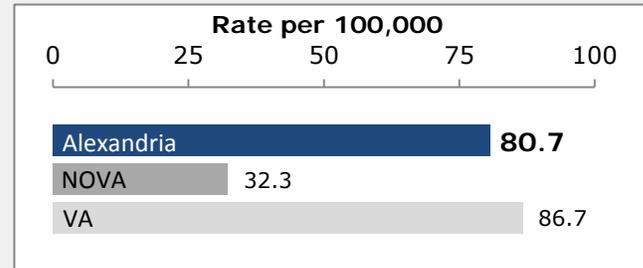
In 2013, the rates of STIs in Alexandria were higher than the rates of STIs in the Northern Virginia Region (NOVA<sup>c</sup>). The VDH Division of Disease Prevention (DDP) publishes annual reports on sexually transmitted infections; these reports summarize demographic and risk factor data and can be accessed online ([DDP Reports](#)<sup>6</sup>). A summary of 2013 data is presented in Figure 2<sup>d</sup>. Updated [STI resources](#)<sup>7</sup> (including training, treatment information, and fact sheets) are available from CDC.

**Figure 2 a-d. Rate of Sexually Transmitted Infections- Alexandria, NOVA<sup>c</sup> and VA (2013)**

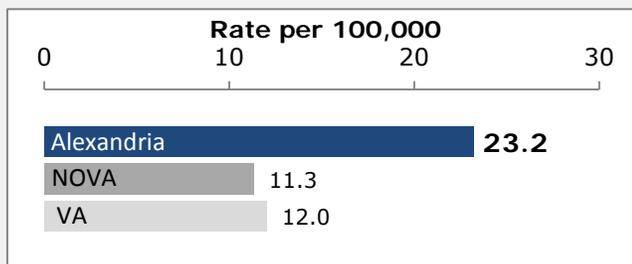
### a. Chlamydia



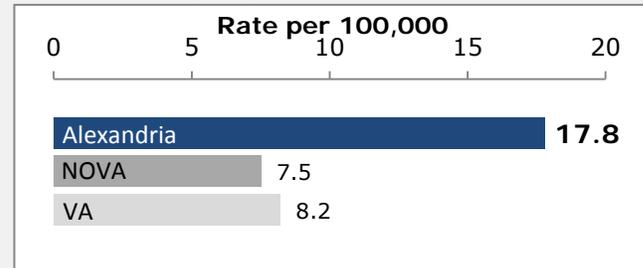
### b. Gonorrhea



### c. New HIV Diagnoses



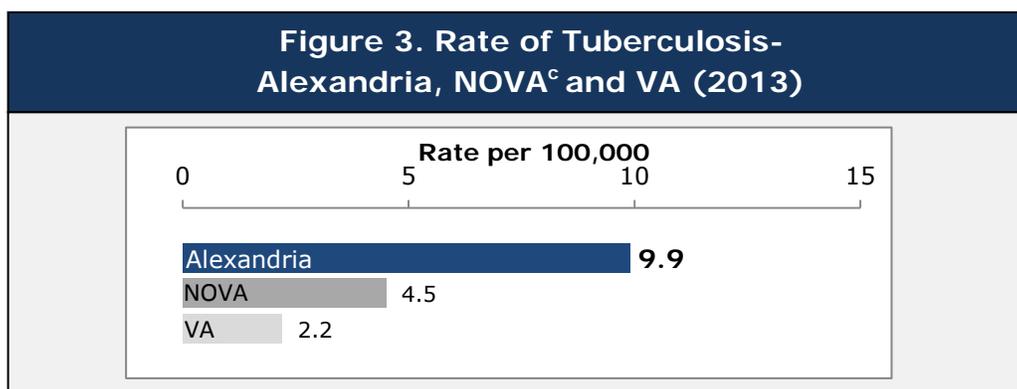
### d. Total Early Syphilis



## Tuberculosis (TB)

In 2013, the rate of Tuberculosis in Alexandria was the highest in Virginia. The VDH Division of Disease Prevention publishes annual reports on Tuberculosis in Virginia that summarize demographic and risk factor data and can be accessed online ([DDP Reports](#)<sup>8</sup>). A summary of 2013 data is presented in Figure 3<sup>d</sup>. Updated [TB resources](#)<sup>9</sup> (including training, treatment information, and fact sheets) are available from CDC.

**Figure 3. Rate of Tuberculosis- Alexandria, NOVA<sup>c</sup> and VA (2013)**



<sup>c</sup> The Northern Virginia Region includes Alexandria, Arlington, Fairfax, Loudoun, and Prince William Health Districts  
<sup>d</sup> Data as of 6/13/14; data for 2013 are preliminary and may be incomplete due to reporting delays

## Spotlight: Travel-related Illness

Disease knows no borders - a fact illustrated by the spread of Severe Acute Respiratory Syndrome (SARS) (2003), pandemic H1N1 (2009-10), and Middle East Respiratory Syndrome (MERS) (2012-present). Recent [travel health notices](#)<sup>10</sup> from CDC have also addressed Ebola and polio concerns.

The Alexandria population is highly mobile: people travel abroad to visit friends and relatives, as well as for work, leisure, adoption, and volunteer opportunities. Since 2010,

approximately 8% of all reportable diseases among Alexandria residents were epidemiologically determined to have been acquired internationally. The most frequent reportable diseases acquired internationally among Alexandria residents from 2010-2013 are shown in Table 1.

**Table 1. Top Internationally-acquired Diseases, Alexandria, VA: 2010-2013**

Disease	No. Acquired Internationally (% of total)	Total Cases
Malaria	33 (100)	33
Giardiasis	18 (30)	61
Campylobacteriosis	12 (20)	59
Dengue	3 (100)	3
Typhoid Fever	2 (100)	2

From 2010-2013, the 83 individuals who acquired infections abroad reported travel to 33 different countries; the most frequently visited countries were Sierra Leone (24% of travelers), Ethiopia (10%), and India (8%). Travel-related illness was similarly distributed between males (45%) and females (55%). Fifty-three percent of cases were among blacks, 42% among whites, and 5% among Asians; seventeen percent of cases were among Hispanics (of any race). 82% of cases occurred among adults ( $\geq 18$  years of age).

When evaluating a patient with a probable travel-related illness, a clinician should consider the items summarized in Box 2. Clinicians can access up-to-date, destination-specific information for pre-travel and post-travel consultations at [cdc.gov/travel](http://cdc.gov/travel).

### Box 2. [Important Elements of a Medical History in an Ill Returned Traveler](#)<sup>11</sup>

- **Severity of illness**
- **Travel itinerary and duration of travel**
- **Timing of onset of illness in relation to international travel**
- **Past medical history and medications**
- **History of a pre-travel consultation**
  - Travel immunizations
  - Adherence to prophylaxis (e.g., malaria, typhoid fever)
- **Individual exposures**
  - Type(s) of accommodations
  - Insect precautions taken (e.g., repellent, bed nets)
  - Source(s) of drinking water
  - Ingestion of raw meat or seafood or unpasteurized dairy products
  - Insect or arthropod bites
  - Freshwater exposure (e.g., swimming, rafting)
  - Animal bites and scratches
  - Body fluid exposure (e.g., tattoos, sexual activity)
  - Medical care while overseas (e.g., surgery, injections, or transfusions)

#### **What if I suspect that a patient has an emerging infection, such as MERS-CoV or H7N9?**

Please call the AHD CD Team immediately at 571.259.8549. We can provide laboratory assistance (if a suspect case meets CDC's criteria for testing) and information on infection prevention and control.

## Spotlight: Infection Control for Outpatient Settings

With the number of office visits in the U.S. increasing every year, coupled with the emergence and re-emergence of infectious diseases, infection control in the outpatient setting is increasingly important to prevent the spread of infection.

### Box 3. [Basic Infection Prevention Recommendations for Outpatient Settings](#)<sup>12</sup>

#### ***Provide Resources for Infection Prevention and Control (administrative measures)***

- Assure all office staff are immunized ([Recommended Vaccines for Healthcare Workers](#)<sup>3</sup>)
- Assure sufficient and appropriate supplies are available
  - Hand hygiene products, personal protective equipment, injection equipment
- Assure at least one individual with training in infection prevention is available to the facility
- Develop written policies and procedures based upon evidence-based guidelines, regulations, or standards<sup>12</sup>

#### ***Educate and Train Healthcare Personnel (HCP) on Both HCP and Patient Safety***

- Provide job- or task-specific infection prevention education and training to all HCP in the facility (including those employed by outside agencies or available by contract or volunteer basis)
- Focus on principles of both HCP safety and patient safety
- Provide training upon orientation and repeat periodically (at least annually)
- Document competencies upon hiring and periodically (at least annually)

#### ***Monitor and Report Healthcare-Associated Infections (HAI)***

- Adhere to local, state, and federal requirements regarding [HAI surveillance](#)<sup>13</sup>, [reportable diseases](#)<sup>14</sup>, and [outbreak reporting](#)<sup>15</sup>
- Perform regular audits and competency evaluations of HCP adherence to infection prevention practices

#### ***Adhere to Standard Precautions***

- Institute and enforce policies on appropriate use of personal protective equipment (PPE), hand hygiene, safe injection practices, and respiratory hygiene/ cough etiquette

#### ***Environmental Cleaning***

- Establish policies and procedures for routine cleaning and disinfection of environmental surfaces
- Focus on surfaces in proximity to patients and surfaces that are frequently touched
- Select [EPA-registered disinfectants](#)<sup>16</sup> or detergents/disinfectants labeled for use in healthcare
- Follow manufacturer's recommendations for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal)

#### ***Establish Triage Policies That Separate Potentially Contagious Patients from Other Patients***

- Focus on specific syndromes involving diagnostic uncertainty (e.g., diarrhea, febrile respiratory illness, febrile rash)
- Assure prompt implementation of infection prevention measures at the first point of encounter with the facility (e.g., reception and triage areas). To the extent possible, this includes prompt placement of such patients into a single-patient room and a systematic approach to transfer when appropriate

#### **What if I have questions about infection prevention recommendations or training?**

Please contact the CD Team at 703.746.4951. We will provide infection prevention recommendations for your office and training for your staff.

## Contact Information for Reportable Diseases (list on page 7) \*

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For diseases listed in <b>black</b>	For diseases listed in <b>RED</b>
<p><b>Timeframe:</b> Submit form within 3 days of suspected or confirmed diagnosis</p> <p><b>Report Form:</b> <a href="#">Epi-1 form</a><sup>18</sup></p> <p><b>Report Method:</b> Mail or fax</p> <p>Alexandria Health Department Attn: Communicable Disease 4480 King Street Alexandria, VA 22302 Fax: 703.746.4953</p>	<p><b>Timeframe:</b> Report <u>immediately</u> by the most rapid means available</p> <p><b>Report Form:</b> <a href="#">Epi-1 form</a><sup>18</sup></p> <p><b>Report Method:</b> Phone</p> <p><u>Monday – Friday (8:00 a.m. – 5:00 p.m.)</u> Office phone: 703.746.4951</p> <p><u>Evenings and Weekends (24/7):</u> Cell phone: 571.259.8549</p>

\*List of reportable diseases also available [online](#)<sup>17</sup>.

## AHD Services

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An overview of our services, including program descriptions, locations, phone numbers, and hours of operation, is available in our Guide to Services and Programs ([English](#) and [En Espanol](#))<sup>19</sup>.

AHD [clinic schedules](#)<sup>20</sup> are also available online.

## Working for Our Communities

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The AHD Communicable Disease Team investigates diseases reported by healthcare providers, labs, schools, and other community partners; provides public health recommendations to help mitigate the impact of diseases; monitors disease trends in the community; and analyzes data to guide program and policy development. We also provide disease-specific and infection control and prevention training. If you are interested in communicable disease training for your staff, please contact us.

# Virginia Reportable Disease List

Reporting of the following diseases is required by state law (Sections 32.1-36 and 32.1-37 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health *Regulations for Disease Reporting and Control* - <http://www.vdh.virginia.gov/epidemiology/regulations.htm>). Report all conditions when suspected or confirmed to your local health department within three days, except those listed in **RED**, which must be reported immediately by the most rapid means available.

<ul style="list-style-type: none"> <li>Acquired immunodeficiency syndrome (AIDS)</li> <li>Amebiasis</li> <li><b>I</b> <b>ANTHRAX</b></li> <li>Arboviral infection (e.g., dengue, EEE, LAC, SLE, WNV)</li> <li><b>BOTULISM</b></li> <li><b>I</b> <b>BRUCELLOSIS</b></li> <li>Campylobacteriosis</li> <li>Chancroid</li> <li>Chickenpox (Varicella)</li> <li><i>Chlamydia trachomatis</i> infection</li> <li><b>I</b> <b>CHOLERA</b></li> <li>Creutzfeldt-Jakob disease if &lt;55 years of age</li> <li>Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li><b>I</b> <b>DIPHThERIA</b></li> <li><b>DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON</b></li> <li>Ehrlichiosis/Anaplasmosis</li> <li><b>I</b> <i>Escherichia coli</i> infection, Shiga toxin-producing</li> <li>Giardiasis</li> <li>Gonorrhea</li> <li>Granuloma inguinale</li> <li><b>I</b> <b>HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE</b></li> <li>Hantavirus pulmonary syndrome</li> <li>Hemolytic uremic syndrome (HUS)</li> <li><b>HEPATITIS A</b></li> <li>Hepatitis B (acute and chronic)</li> <li>Hepatitis C (acute and chronic)</li> <li>Hepatitis, other acute viral</li> <li>Human immunodeficiency virus (HIV) infection</li> <li># Influenza               <ul style="list-style-type: none"> <li><b>I</b> (report <b>INFLUENZA A, NOVEL VIRUS</b> immediately)</li> <li><b>INFLUENZA-ASSOCIATED DEATHS IN CHILDREN &lt;18 YEARS OF AGE</b></li> </ul> </li> <li>Lead, elevated blood levels</li> <li>Legionellosis</li> <li>Leprosy (Hansen disease)</li> <li><b>I</b> <b>LISTERIOSIS</b></li> <li>Lyme disease</li> <li>Lymphogranuloma venereum</li> <li>Malaria</li> <li><b>MEASLES (RUBEOLA)</b></li> <li><b>I</b> <b>MENINGOCOCCAL DISEASE</b></li> </ul>	<ul style="list-style-type: none"> <li><b>I</b> <b>MONKEYPOX</b></li> <li>Mumps</li> <li><b>I</b> <b>MYCOBACTERIAL DISEASES (INCLUDING AFB), (IDENTIFICATION OF ORGANISM) AND DRUG SUSCEPTIBILITY</b></li> <li>Ophthalmia neonatorum</li> <li><b>OUTBREAKS, ALL</b> (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, and waterborne)</li> <li><b>I</b> <b>PERTUSSIS</b></li> <li><b>I</b> <b>PLAGUE</b></li> <li><b>I</b> <b>POLIOVIRUS INFECTION, INCLUDING POLIOMYELITIS</b></li> <li><b>PSITTACOSIS</b></li> <li><b>I</b> <b>Q FEVER</b></li> <li><b>RABIES, HUMAN AND ANIMAL</b></li> <li>Rabies treatment, post-exposure</li> <li><b>RUBELLA, INCLUDING CONGENITAL RUBELLA SYNDROME</b></li> <li><b>I</b> <b>SALMONELLOSIS</b></li> <li><b>SEVERE ACUTE RESPIRATORY SYNDROME (SARS)</b></li> <li><b>I</b> <b>SHIGELLOSIS</b></li> <li><b>SMALLPOX (VARIOLA)</b></li> <li>Spotted fever rickettsiosis</li> <li><i>Staphylococcus aureus</i> infection, invasive methicillin-resistant (MRSA) and <b>I</b> vancomycin-intermediate or vancomycin-resistant</li> <li><b>I</b> <b>Streptococcal disease, Group A, invasive or toxic shock</b></li> <li><i>Streptococcus pneumoniae</i> infection, invasive, in children &lt;5 years of age</li> <li>Syphilis (report <b>PRIMARY</b> and <b>SECONDARY</b> immediately)</li> <li>Tetanus</li> <li>Toxic substance-related illness</li> <li>Trichinosis (Trichinellosis)</li> <li><b>I</b> <b>TUBERCULOSIS (TB), ACTIVE DISEASE</b></li> <li>Tuberculosis infection in children &lt;4 years of age</li> <li><b>TULAREMIA</b></li> <li><b>I</b> <b>TYPHOID/PARATYPHOID FEVER</b></li> <li><b>UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN</b></li> <li><b>VACCINIA, DISEASE OR ADVERSE EVENT</b></li> <li><b>VIBRIO INFECTION</b></li> <li><b>VIRAL HEMORRHAGIC FEVER</b></li> <li><b>YELLOW FEVER</b></li> <li><b>I</b> <b>YERSINIOSIS</b></li> </ul>
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**I** These conditions are reportable by directors of laboratories. In addition, these and all other conditions except mycobacterial disease (other than TB) and invasive MRSA infection are reportable by physicians and directors of medical care facilities. Reports may be by computer-generated printout, [Epi-1 form](#), CDC surveillance form, or upon agreement with VDH, by means of secure electronic transmission.

**I** A laboratory identifying evidence of these conditions shall notify the local health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS) or, for TB, to DCLS or other lab designated by the Board.

**A** Laboratories that use a Shiga toxin EIA methodology but do not perform simultaneous culture for Shiga toxin-producing *E. coli* should forward all positive stool specimens or positive enrichment broths to DCLS for confirmation and further characterization.

**#** Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus must be reported immediately by rapid means.

Note: 1. Some healthcare-associated infections are reportable. Contact the VDH Healthcare-Associated Infections Program at (804) 864-8141 or see 12 VAC 5-90-370 for more information.

2. Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 or see 12 VAC 5-90-150-180 for more information.

**Alexandria Health Department Communicable Disease Team**

**To report conditions in RED, call 571.259.8549**

For general inquiries, call 703.746.4951

## Resources

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1. Nationally Notifiable Diseases Surveillance System: Case Definitions. Available at [www.cdc.gov/nndss/script/casedefDefault.aspx](http://www.cdc.gov/nndss/script/casedefDefault.aspx)
2. CDC Immunization Schedules. Available at [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html)
3. Recommended Vaccines for Healthcare Workers. Available at [www.cdc.gov/vaccines/adults/rec-vac/hcw.html](http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html)
4. ACIP Recommendations. Available at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
5. Vaccines and Preventable Diseases. Available at [www.cdc.gov/vaccines/vpd-vac/default.htm](http://www.cdc.gov/vaccines/vpd-vac/default.htm)
6. VDH HIV/AIDS and Sexually Transmitted Disease Data and Statistics. Available at [www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/](http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/)
7. Sexually Transmitted Diseases. Available at [www.cdc.gov/std/default.htm](http://www.cdc.gov/std/default.htm)
8. VDH TB Surveillance Reports. Available at [www.vdh.virginia.gov/TB/EpidemiologyandSurveillance.htm](http://www.vdh.virginia.gov/TB/EpidemiologyandSurveillance.htm)
9. Tuberculosis. Available at [www.cdc.gov/tb/](http://www.cdc.gov/tb/)
10. Travel Health Notices. Available at [wwwnc.cdc.gov/travel/notices](http://wwwnc.cdc.gov/travel/notices)
11. Post-travel Evaluation: General Approach to the Returned Traveler. Available at [wwwnc.cdc.gov/travel/yellowbook/2014/chapter-5-post-travel-evaluation/general-approach-to-the-returned-traveler](http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-5-post-travel-evaluation/general-approach-to-the-returned-traveler)
12. Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. Available at [www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html](http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html)
13. VDH Healthcare-associated Infections Resources for Ambulatory Care Settings. Available at [www.vdh.virginia.gov/Epidemiology/Surveillance/HAI/ambulatory.htm](http://www.vdh.virginia.gov/Epidemiology/Surveillance/HAI/ambulatory.htm)
14. Rules and Regulations of the Board of Health- Commonwealth of Virginia. Available at [www.vdh.virginia.gov/epidemiology/Regulations.htm](http://www.vdh.virginia.gov/epidemiology/Regulations.htm)
15. Fact Sheet: Outbreak Reporting Requirement for Facilities and Programs. Available at [www.vdh.virginia.gov/epidemiology/documents/pdf/Fact\\_Sheet\\_Outbreak\\_Reporting\\_Requirement\\_07012008\\_2.pdf](http://www.vdh.virginia.gov/epidemiology/documents/pdf/Fact_Sheet_Outbreak_Reporting_Requirement_07012008_2.pdf)
16. Selected EPA-registered Disinfectants. Available at [www.epa.gov/oppad001/chemregindex.htm](http://www.epa.gov/oppad001/chemregindex.htm)
17. Virginia Reportable Disease List. Available at [www.vdh.virginia.gov/epidemiology/documents/pdf/reportable\\_disease\\_list.pdf](http://www.vdh.virginia.gov/epidemiology/documents/pdf/reportable_disease_list.pdf)
18. Epi-1 Reporting Form. Available at [www.vdh.virginia.gov/Epidemiology/documents/pdf/Epi1.pdf](http://www.vdh.virginia.gov/Epidemiology/documents/pdf/Epi1.pdf)
19. AHD Guide to Services and Programs. Available at [www.alexandriava.gov/11474](http://www.alexandriava.gov/11474)
20. AHD Clinical and Public Health Nursing Services. Available at [www.alexandriava.gov/11444](http://www.alexandriava.gov/11444)