

## Communicable Disease Epidemiology Procedure

**Performance Measure #2** – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC Chapter 246-101.

### **Reporting Measure A - Percent of notifiable condition cases reported to the LHJ within the required time frame (per WAC)**

DOH will send each LHJ a report every 6 months that will show the percent of notifiable conditions that were reported to the LHJ within the time frame per WAC; the LHJ can evaluate the data to ensure notifiable conditions are reported within the required time frame to the LHJ.

*Additional Note:*

- a) For Non-STD's, the time frame will be the time from the "diagnosis date" to the "LHJ notification date".

### **CDES Procedure for Reporting Measure A (non-STD conditions):**

- Baseline analysis included all PHIMS records made visible to DOH in 2007 which met the DOH case classifications outlined in the Notifiable Conditions Surveillance and Reporting Guidelines. Of these records, only those with an "LHJ notification date", "initial report source," and "diagnosis date" were included in the baseline report for Reporting Measure A.
- Subsequent analyses will be performed every 6 months and will include cases made visible to DOH in that 6 month period which meet the DOH case classifications outlined in the Notifiable Conditions Surveillance and Reporting Guidelines. The first report in July 2008 will include cases made visible to DOH during January 1, 2008 through June 30, 2008 and the second report in January 2009 will include cases made visible to DOH during July 1, 2008 through December 31, 2008. Cases without a diagnosis date will be excluded from the analyses.
- The number of days to report a case will be calculated by subtracting the "diagnosis date" from the "LHJ notification date."
- "Initial report source" will be used to determine the reporting time frame per the WAC.
- Time frames for cases reported by "PH agency" or "other" are not defined in the WAC. For this analysis, they will be measured against the time frame specified for health care providers.
- Cases reported by a laboratory which laboratories are not required to report (i.e., campylobacteriosis, giardiasis, legionellosis) will be included in the analysis. A reporting time frame of 2 work days will be used for these conditions.
- Non-work days including holidays will be taken into account in this analysis.
- Rare diseases of public health significance, unexplained critical illness and death, and rabies PEP will be excluded from the analysis.
- CDES will provide a line list of all cases included in the report upon request.

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**Table 1: Timeliness of Reporting Notifiable Conditions to LHJs by Condition for Cases Reported to DOH during [time frame]**

Condition	# Cases Total	Cases with a Diagnosis Date # (% of total)	Cases with Diagnosis Date Reported Within WAC Time Frame # (%)
<b>Arboviral disease</b>			
<b>Botulism</b>			
...			
<b>All</b>			

**Table 2: Timeliness of Reporting Notifiable Conditions to LHJs by Initial Report Source for Cases Reported to DOH during [time frame]**

Initial Report Source	# Cases Total	Cases with a Diagnosis Date # (% of total)	Cases with Diagnosis Date Reported within WAC Time Frame # (%)
<b>Health Care Provider</b>			
<b>Health Care Facility</b>			
<b>Laboratory</b>			
<b>PH agency</b>			
<b>Other</b>			

**Reporting Measure B – Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the time frame specified in the Communicable Disease Epidemiology Procedure (this document)**

DOH will send each LHJ a report every 6 months that will show the percent of notifiable conditions where the investigation was initiated within the time frame specified in the Communicable Disease Epidemiology Procedure (see below); the LHJ can then review which conditions they are investigating and how timely they are being in their investigation.

*Additional Note:*

- a) For Non-STD's the time frame will be the time from the "LHJ notification date" to the "investigation start date."

**CDES Procedure (non-STD conditions):**

- Baseline analysis included PHIMS records made visible to DOH in 2007 which met the DOH case classifications outlined in the Notifiable Conditions Surveillance and Reporting Guidelines. Of these records, only those with an "LHJ notification date" and "investigation start date" were included in the baseline report for Reporting Measure B.
- Subsequent analyses will be performed every 6 months and will include cases made visible to DOH in that 6 month period which meet the DOH case classifications outlined in the Notifiable Conditions Surveillance and Reporting Guidelines. The first report in July 2008 will include cases made visible to DOH during January 1, 2008

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through June 30, 2008 and the second report in January 2009 will include cases made visible to DOH during July 1, 2008 through December 31, 2008. “LHJ notification date” and “investigation start date” are both required fields so no cases will be excluded.

- The number of days to initiate an investigation will be calculated by subtracting the “LHJ notification date” from the “investigation start date.”
- For the purpose of this analysis, the maximum time frames for initiating an investigation follow. LHJs should use their judgment to determine whether an investigation needs to be initiated sooner.
  - Conditions requiring the investigation be initiated the **same day** as LHJ notification: anthrax, botulism, brucellosis, cholera, diphtheria, hepatitis A (acute), *Haemophilus influenzae*, measles, meningococcal disease, paralytic shellfish poisoning, plague, polio, psittacosis, Q fever, rabies, rubella, tularemia, typhoid fever, typhus
  - Conditions requiring the investigation be initiated **within one work day** of LHJ notification: EHEC, hantavirus, hepatitis B (acute), HUS, legionellosis, leptospirosis, listeriosis, mumps, pertussis, relapsing fever, salmonellosis, shigellosis, trichinosis, unexplained critical illness or death, vibriosis, yellow fever
  - Conditions requiring the investigation be initiated **within three work days** of LHJ notification: arboviral disease, campylobacteriosis, cryptosporidiosis, cyclosporiasis, giardiasis, acute hepatitis C, hepatitis unspecified (infectious), Lyme disease, malaria, tetanus, yersiniosis
  - Rare diseases of public health significance and rabies PEP will be excluded from the analysis.
- Non-work days including holidays will be taken into account in this analysis. For example, a report received on a Friday, Saturday or Sunday will be considered initiated within one work day if the investigation is started by the following Monday. A report received on a Tuesday will be considered initiated within one work day if the investigation is started by Wednesday.
- CDES will provide a line list of all cases included in the report upon request.

**Table 3: Timeliness of LHJs Initiating Notifiable Conditions Investigations by Condition for Cases Reported to DOH during [time frame]**

Condition	# Cases Total	Cases with LHJ Investigation Start Date for which Investigation was Initiated within Specified Time Frame # (%)
<b>Arboviral disease</b>		
<b>Botulism</b>		
...		
<b>All</b>		

Note: LHJ notification date and LHJ investigation start date are required fields so all records will be included in the analysis.

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### Comments for Reporting Measure A and B:

- “Diagnosis date” is defined as the date of laboratory or clinical confirmation (per PHIMS User Manual). Examples to further clarify this definition follow:
  - o For enteric conditions, zoonotic conditions and acute hepatitis A, B and C, the “diagnosis date” should generally be the date of the initial lab result.
  - o For vaccine preventable conditions (pertussis, measles, mumps, rubella, meningococcal disease, polio, diphtheria, *H. flu*, and tetanus), the “diagnosis date” should generally be the date of the initial lab result or the date when the clinical diagnosis is certain enough to make recommendations to contacts or the date the diagnosis is documented by the health care provider, whichever is sooner.
  - o For botulism, the “diagnosis date” should generally be the date antitoxin is requested from the CDC.
- “LHJ notification date” is defined as the date the LHJ public health professional is made aware of the report via phone, fax, or email (per PHIMS User Manual). Examples to further clarify this definition follow:
  - o If a report is faxed on a Saturday, the LHJ notification date should be Monday when the fax is received by LHJ staff.
  - o If a report is left on a voice message line on a Saturday, the LHJ notification date should be the date LHJ staff listened to the message.
  - o If an on-call LHJ staff member is contacted on a Saturday, the LHJ notification date should be the Saturday the LHJ staff member was contacted.
- “Investigation start date” is defined as the date the first public health action was taken to investigate or intervene in a case (per PHIMS User Manual).
- For epidemiologically linked cases, the “LHJ notification date” should be the date the LHJ staff member is made aware of the possible epi-linked case (i.e., the date the confirmed case tells the LHJ staff members about the possible epi-linked case). The “diagnosis date” should be the date the epi-linked case is interviewed and found to have symptoms compatible with the condition. The “investigation start date” should be the date the first public health action was taken to investigate or intervene in the epi-linked case.
- All cases in 2008 should have an “LHJ notification date”, “investigation start date”, and “initial report source” since these fields are required by PHIMS.
- “Diagnosis date” should be entered into PHIMS for all cases to better evaluate the timeliness of reporting in each jurisdiction.
- For Reporting Measure A, if the LHJ notification date is sooner than the diagnosis date, the report will be considered within the time frame for reporting.

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**Reporting Measure C – Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of “measurement fields”**

This reporting measure will begin in June 2008. DOH will send each LHJ a report every 6 months that will show the percent of notifiable conditions where the “measurement fields” were complete; the LHJ can then review their performance and make adjustments.

**CDES Procedure:**

Baseline analyses will be performed in July 2008 and will include PHIMS records made visible to DOH during January 1 through June 30, 2008 which meet the DOH case classifications outlined in the Notifiable Conditions Surveillance and Reporting Guidelines and which have an “investigation status” marked as either “complete” or “unable to complete.” The “measurement fields” which will be used in the analysis are outlined below. CDES will provide a line list of all cases included in the report upon request.

**Table 4: Completeness of “Measurement Fields\*” by Condition for Cases Reported to DOH during [time frame]**

Condition	# Cases Total	Cases with a “complete” or “unable to complete” investigation status # (%)	Cases with a “complete” or “unable to complete” investigation status for which all “measurement fields” are complete # (%)
<b>Arboviral disease</b>			
<b>Botulism</b>			
...			
<b>All</b>			

\* For campylobacteriosis, listeriosis, cryptosporidiosis, salmonellosis, cyclosporiasis, shigellosis, EHEC, giardiasis, yersiniosis and acute hepatitis A, B and C, “measurement fields” include:

- age **or** date of birth
- onset date **or** diagnosis date
- hospitalized for this illness
- died from the illness
- travel out of state, out of country or outside of usual routine<sup>†</sup>
- where did the exposure likely occur<sup>†</sup>
- how was the patient likely exposed **or** no risk factors or exposures could be identified<sup>†</sup>

<sup>†</sup>These fields will be excluded from the analysis if the patient could not be interviewed

\* For pertussis, measles, mumps, rubella, meningococcal disease, polio, diphtheria, H. flu, and tetanus, “measurement fields” include:

- age **or** date of birth
- onset date **or** diagnosis date
- hospitalized for this illness
- died from the illness

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- travel out of state, out of country or outside of usual routine<sup>†</sup>
- where did the exposure likely occur<sup>†</sup>
- exposure setting identified (diphtheria, measles, mumps, rubella, pertussis only)<sup>†</sup>
- ever received [VPD] containing vaccine **or** number of doses of [VPD] vaccine prior to illness **or** vaccine up to date for [VPD]<sup>†</sup>

<sup>†</sup>These fields will be excluded from the analysis if the patient could not be interviewed

\*For rabies PEP, “measurement fields” include:

- age **or** date of birth
- animal exposure<sup>†</sup>
- type of animal exposure<sup>†</sup>
- type of animal<sup>†</sup>
- date of exposure<sup>†</sup>
- where did the exposure probably occur<sup>†</sup>
- human RIG given<sup>†</sup>
- rabies vaccine given<sup>†</sup>

<sup>†</sup>These fields will be excluded from the analysis if the patient could not be interviewed

\* For all other conditions, “measurement fields” include:

- age **or** date of birth
- onset date **or** diagnosis date
- hospitalized for this illness
- died from the illness
- travel out of state, out of country or outside of usual routine<sup>†</sup>
- where did the exposure likely occur<sup>†</sup>

<sup>†</sup>These fields will be excluded from the analysis if the patient could not be interviewed

**Table 5: Completeness of Core “Measurement Fields” for Cases Reported to DOH during [time frame] with a “Complete” or “Unable to Complete” Investigation Status**

Core “Measurement Field”	Completeness (%)
Age <b>or</b> date of birth	
Onset date <b>or</b> diagnosis date	
Hospitalized for this illness	
Died from the illness	
Travel out of state, out of country or outside of usual routine <sup>†</sup>	
Where did the exposure likely occur? <sup>†</sup>	

<sup>†</sup>These fields will be excluded from the analysis if the patient could not be interviewed

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### Comments for Reporting Measure C:

- Yes/No answers will be considered complete if either “yes” “no” or “don’t know” is marked.
- Text and date fields will be considered complete if text or a date is in the field.
- In January 2009, the same analyses will be repeated for cases made visible to DOH during July 1 to December 31, 2008 that are marked as either “complete” or “unable to complete.” Therefore, the investigation status needs to be kept up to date.
- CDES will provide a line list of all cases included in the report upon request.