STREAMLINING

Condition	Number of Cases Reported in 2010	Considerations taken into account for decision to streamline	Current Process	Proposed Process	Outcome
Category 1 (immediately notifiable reportable conditions)	147 (should decrease with changes to animal bite reporting)		Full investigation	Full investigation • case meets case definition (clinical and laboratory)	No change
Category2 (notifiable conditions reportable within 24hr)	110		Full investigation	Full investigation • case meets case definition (clinical and laboratory)	No change
Category 3 (notifiable conditions reportable within 3 or more days.)	1271		Full to modified investigation	Investigations vary by condition. Collect only required 5930metrics and highlighted PHIMS fields for reporting - no patient interview. • Campylobacter, Chlamydia, Giardia, Chronic Hepatitis B &C, Norovirus - modified investigation by age and attributes (see individual category) - send letter and educational materials • Gonorrhea and Syphilis full investigation to include long form when randomly selected	↓ time • Contacting and interviewing cases ↑ time • Collecting info from reporters • Preparing/ mailing letters -educational materials

Campylobacter	55	➢ Common source outbreaks rare ➢ Person to person transmission rare ➢ Not reportable to CDC ➢ Other LHJ's are or have altered follow-up • Sea King – Investigate suspected outbreaks – send letter/fact sheet/survey with self addressed stamped envelope /fax/callback. • Clark Co – investigate outbreaks, complete required fields in PHIMS.	Full investigation • Lost to follow-up and close out of case completed after multiple attempts to contact the case fail.	No investigation unless an outbreak. • Mail letter and fact sheet or refer to internet resources to reinforce prevention food safety and personal hygiene practices	↓ time • Conducting interviews and follow-up ↑ time • Collecting required information from health care provider, • preparing/ mailing letters -educational materials
Giardiasis	23(2 in children less than or = to 5)	➢ Most cases seen July – October associated with drinking from surface water sources, or swimming. ➢ Small outbreaks associated with contaminated food, person to person transmission in childcare, contaminated recreational water. ➢ Other LHJ's are or have altered follow-up • Sea King - No investigation unless outbreak suspected or child < 6 or in sensitive occupation – send letter/fact sheet/survey with	Full investigation and follow-up • Lost to follow-up and close out of case completed after multiple attempts to contact the case fail.	No investigation unless an outbreak associated with child care or recreational water. • Send a letter and fact sheet or refer them to internet resources to reinforce prevention and personal hygiene practices	↓ number of interviews and follow-up ↑ time • collecting required information from health care provider, • preparing/ mailing letters -educational materials

		self addressed stamped envelope /fax/callback. • Clark Co – No investigation unless outbreak complete required fields in PHIMS with info from provider.			
Hepatitis B acute and chronic	53(2acute)	➢ May have had conditions for years before diagnosed or reported. Diagnosed elsewhere and we received monitoring test results from health care provider. ➢ Other LHJ's are or have altered follow-up • Sea King - Hep B cases are enrolled in perinatal Hep B program if pregnant • Clark Co –investigate acute and chronic in women childbearing age and pregnant women, all others receive an informational letter and brochure. Enter info from reporters into PHIMS.	Enter information from reporters into PHIMS – • Follow up all acute and newly reported chronic cases. • Completes PHIMS case reports with info we receive from all reporters.	Complete Interview if Acute, Chronic Pregnant, or Perinatal Hepatitis B • Follow-up cases to identify contacts recommend HBIG and vaccine and prevent illness and complete required reporting. Chronic cases of Hepatitis B • Send letter and brochure or refer to internet resources to reinforce responsible behavior, self care, and contact management. • Enter info from reporter into PHIMS reporting system http://www.liverfoundation.org/downloads/alf_download_22.pdf http://www.cdc.gov/hepatitis/B/index.htm	**Slight** ↓ time • Interviews and follow-up ↑ time • Collecting required information from health care provider, • Preparing/ mailing letters -educational materials
Hepatitis C acute and chronic	309 (0 Acute)	➢ Years before diagnosed ➢ Sexual and mother-to-child transmission documented but rare ➢ Testing is incomplete – often lacks confirmatory testing ➢ By the time case is reported it is often chronic	Enter info from reporters into PHIMS – investigate all acute and newly reported chronic as time permits. • Completes PHIMS case reports with info we receive	Acute Hepatitic C diagnosis • Full interview Hepatitis C AB+ diagnosis • Enter information from lab slip into PHIMS as not confirmed. Chronic Hepatitis C diagnosis • Send letter and Liver Association	No change

		➢ No vaccine Few resources places to refer cases to for support or treatment ➢ Other LHJ's have modified follow-up • Sea King – Enter chronic Hep C into internal database not PHIMS. No letter sent. • Clark Co –no investigation send out an informational letter and brochure. Enter info from reporters into PHIMS.	from all reporters.	brochure or refer them to internet resources to reinforce responsible behavior and self care http://www.liverfoundation.org/downloads/alf_download_24.pdf http://www.cdc.gov/hepatitis/C/index.htm and enter info from reporter into PHIMS reporting system.	
Chlamydia	(335) 50.4% of reported cases were under the age of 21 in Thurston County	➢ Prevent PID, ectopic pregnancy and fertility issues, having a Chlamydia infection may make it easier to get HIV ➢ http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm ➢ http://www.cdc.gov/std/chlamydia/default.htm ➢ Other Counties have modified their procedures • Sea King – Prioritizes syphilis and GC/MSM. CT not a priority. • Clark Intended change to All pregnant, males and females <17, short form only unless EPT provided. For cases not investigated enter only demographics, no	• Currently follow-up all Chlamydia cases and their partners with a short or long form as randomized for cases and a partner management form for partners.	Chlamydia diagnosis and ≤ 21 years of age, pregnant women, men having sex with men (MSM) or provider requested follow-up • Full investigation including long form when randomly selected. Chlamydia diagnosis and > 21 years of age, not pregnant, not MSM, and no provider request for follow-up • Untreated full follow-up including entry of required information into the PHIMS-STD system. • Treated complete a modified investigation for case including entry of required information into the PHIMS-STD system.	↓ time • Contacting and interviewing cases ↑ time • Collecting info from reporters

		interview and close. (Were told they can't do it by DOH STD). • Thurston County considered interviewing all cases <25, pregnant women and provider requested follow-up and entering info we receive from reporters for those outside target. (reduction of 200 cases according to Clark County we would still need to collect treatment and other info on non interviewed cases)			
STD /EPT		➢ Gets prevention in hands of partners and contacts earlier. ➢ Removes barriers to treatment. ➢ Educate providers so less EPT done through Health Department. http://www.doh.wa.gov/cfh/STD/EPT/default.htm http://www.cdc.gov/std/treatment/default.htm	Provide EPT for identified untreated partners	Educate providers so less EPT done through Health Department.	↓ time • Coordinating prescriptions ↑ time • Educating health care providers
Supplemental questionnaires for enteric s (CDC/Pulsenet follow-up)	variable	➢ Often months between initial interview and request for follow-up questionnaire. ➢ Benefits national out break investigation.		Supplemental DOH or CDC questionnaires • Inform individuals during initial interview they may be contacted by an individual from the the WA ST DOH if additional information is needed • Refer follow-up calls to DOH CD Epi	↓ time • Re interviewing cases

Foodborne - Waterborne Illness Outbreaks	Unknown/ Variable	➢ WA ST DOH CD Epi and EH, WAC require a complete investigation anytime we receive info that two or more individuals are ill ➢ Most counties look at the specifics of each issue before embarking on a full investigation. • SeaKing follows a process for all reports; • Commercial source look at current complaint history and inspection history, shellfish, toxic exposure. • 2 ill from different households, 3 ill from same household, bloody diarrhea or other severe illness investigate.	Complete investigation dependant on circumstances of the issue and the risk to the public.	Complete investigation dependant on circumstances of the issue and the risk to the public.	No change
Lyme Disease	4 cases	➢ Time intensive - confirmatory testing rarely done. ➢ Rarely cases reported with exposure here however vector found in Mason County ➢ Other counties struggle with Lyme disease as well.		Lyme diagnosis meets clinical and case definition • Collect only 5930 metrics unless case indicates local exposure.	↓ time • Contacting and interviewing cases ↑ time • Collecting info from reporters
Norovirus in long term care and other facilities etc.	variable	➢ Time intensive often not confirmed ➢ Some counties have modified their response • Clark County has a new protocol in place they	• Receive reports of increased cases in facility. • Consult with facility about control measures.	• Investigate and follow-up if it looks like it is foodborne • Provide educational information or web links to facility re prevention and intervention • Receive facility report of # of	↓time • Collecting info daily from facilities

		provide facilities information to assist facility to conduct internal follow-up if suspect viral gastroenteritis. May intervene if it looks like it is foodborne or bacterial.	• Send educational materials. • Make an on-site visit. • Communicate daily during course of outbreak.	resident's, student's ill and # of staff ill. http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm	
Swimmers Itch	Individual cases are not reportable	➢ Considered a personal health problem and nuisance ➢ Most prevalent in the summer months	• Answer phone calls and concerns from public. • Provide educational information	Refer callers to web site or send out fact sheets and brochures: http://www.co.thurston.wa.us/health/ehadm/swimming/swimmer_itch.html http://www.co.thurston.wa.us/health/ehadm/swimming/pdf/swimmersitchfactsheet.pdf http://www.co.thurston.wa.us/health/ehadm/swimming/pdf/swim_itch_info.pdf	No real change
Head Lice	Individual cases are not reportable	➢ Considered a personal health problem and nuisance – runs in cycles	• Answer phone calls and concerns from public. • Provide educational information.	Direct callers to web site or send out fact sheets and brochures: http://www.cdc.gov/parasites/lice/ http://www.co.thurston.wa.us/health/personalhealth/communicabledisease/PDF/12_FightLic_E00L.pdf http://www.co.thurston.wa.us/health/personalhealth/communicabledisease/headlice.html	
Scabies	Individual cases are not reportable	➢ Considered a personal health problem and nuisance – runs in cycles	• Answer phone calls and concerns from public. • Provide them with educational information.	Direct callers to web site http://www.cdc.gov/parasites/scabies/	

MRSA	Individual cases are not reportable	➢ Considered a personal health problem and nuisance	• Answer phone calls and concerns from public. • Provide them with educational information.	Direct callers to web site http://www.co.thurston.wa.us/health/personalhealth/communicabledisease/MRSA.html http://www.cdc.gov/mrsa/ http://www.tpchd.org/health-wellness-1/diseases-conditions/methicillin-resistant-staphylococcus-aureus-mrsa/	

Summary List of Modifications and Changes to What We Do

Category 3 Notifiable Conditions and Other Issues

- ☑ Collect only 5930 Metics available from reporters for most Category 3 Notifiable Conditions meeting clinical and case definitions – No Case Interviews
- ☑ Distribute information to patients for Category 3 conditions; Campylobacter, Giardia, Chronic Hepatitis B & C – No Case Interviews unless case meets specific conditions
- ☑ Conduct Interviews and Follow-up and complete 5930 Metrics for Chlamydia cases meeting specific criteria - ≤ 21 yrs of age, pregnant, MSM or provider requested follow-up.
- ☑ Complete only 5930 Metrics for all other Chlamydia cases
- ☑ For all Sexually Transmitted illnesses complete long form only when randomly selected
- ☑ Reduced number of attempt to contact patients by phone calls and letters for Sexually Transmitted Diseases
- ☑ Provide educational information for Norovirus Outbreaks in health care facilities, long term care and schools, track outbreak statistics. On site only if it looks like outbreak is foodborne.
- ☑ Refer individuals to web resources or send brochures to individuals with concerns about Swimmers Itch, Head Lice, Scabies, MRSA
- ☑ Refer all WA ST and CDC supplemental questionnaires and case follow-up to WA ST DOH CDEPI