



# The **McLennan County** Quarterly Report on Communicable Diseases & Public Health Preparedness

Date of publication **January, 2015**

Covering the quarter from **September, 2015—November, 2015**

## Reportable Disease Counts

The Health District staff investigated 99 reportable diseases during the months of September to December 2015. Roughly 80% of these diseases were caused by gastrointestinal organisms. The number of reported cases of Shigellosis has increased three times more than the previous quarter, while there is a slight decrease in the number of Campylobacteriosis cases. All reportable conditions were investigated by interviewing the patients or their parents/guardians if under 18, requesting and reviewing medical records from the providers, and obtaining information from school nurses and other high risk facilities as needed. Six (6) cases of vaccine preventable diseases were reported this quarter. Lists of diseases reported during this quarter are shown in the table.

*Continued on page 2...*

| <b>Conditions</b>                                | <b>Mar-May 2015</b> | <b>June-Aug 2015</b> | <b>Sept-Nov 2015</b> |
|--|---------------------|----------------------|----------------------|
| Anaplasma phagocytophilum                        | 1                   | 0                    | 0                    |
| Campylobacteriosis                               | 6                   | 16                   | 6                    |
| Cryptosporidiosis                                | 2                   | 6                    | 9                    |
| Hepatitis A, acute                               | 0                   | 1                    | 1                    |
| Hepatitis B Viral Infection, Perinatal           | 0                   | 0                    | 1                    |
| Hepatitis B virus infection, Chronic             | 0                   | 0                    | 0                    |
| Influenza-associated pediatric mortality         | 1                   | 0                    | 0                    |
| Legionellosis                                    | 1                   | 1                    | 2                    |
| Listeriosis                                      | 1                   | 1                    | 0                    |
| Lyme disease                                     | 0                   | 0                    | 0                    |
| Mumps  | 0                   | 0                    | 0                    |
| Pertussis  | 4                   | 3                    | 0                    |
| Salmonellosis                                    | 29                  | 31                   | 45                   |
| Shiga toxin-producing Escherichia coli (STEC)    | 0                   | 3                    | 8                    |
| Shigellosis                                      | 5                   | 4                    | 14                   |
| Spotted Fever Rickettsiosis                      | 0                   | 1                    | 0                    |
| Streptococcus pneumoniae, invasive disease (IPD) | 11                  | 3                    | 4                    |
| Streptococcus, invasive Group A                  | 3                   | 2                    | 0                    |
| Streptococcus, invasive Group B                  | 5                   | 5                    | 4                    |
| Varicella (Chickenpox)                           | 6                   | 1                    | 5                    |
| West Nile Fever                                  | 0                   | 0                    | 0                    |
| <b>Grand Total</b>                               | <b>75</b>           | <b>78</b>            | <b>99</b>            |

Epidemiology Program  
Main Phone: 254-750-5460  
Fax: 254-750-5405  
24/7 #: 254-750-5411  
[www.wacomclennanphd.org](http://www.wacomclennanphd.org)

## Reportable Disease Counts...Continued

Of the cases reported, 50% were either less than five years or more than 60 years of age and 62% of the cases were reported from the City of Waco. Zip code 76705 reported the highest number of cases followed by 76712 and 76711. Half of the reported cases were females, while the other half were males. Overall, reportable disease activity was higher in this quarter compared to the previous two quarters, but was a low quarter compared to previous years.

The Waco McLennan County Public Health District monitors the State Notifiable Condition's on a 24/7 basis. This helps us in early identification and control of outbreaks. Any suspected case that is notifiable should be reported to the health District in the timeliest method available. The list of reportable conditions is available on the WMCPHD website.

## Public Health Preparedness

### Full Scale Exercise

The Waco-McLennan County Public Health District and Waco-McLennan County Office of Emergency Management are planning to participate in a full-scale exercise scheduled for May 20-21, 2016. The goal of this exercise will be to test the receipt and distribution of Medical Countermeasures within McLennan County. This is done by activating and setting up Points of Dispensing (POD) sites. Several sites have been identified to participate in this exercise. This type of response has several components, including traffic and crowd control, site security, and logistics of securely transporting medications and supplies so multiple agencies will be participating.

This exercise will be part of a larger regional exercise being hosted by the Texas Department of State Health Services and include several counties across the State. The exercise will span several days to include an epidemiological portion for information gathering and intelligence and will culminate with the full-scale operations of actually receiving and distributing medications. The County Emergency Operations Center will be activated and exercised for this event, as well. We expect this to be a great learning opportunity, and we're excited to have the chance to meet and interact with all of the agencies that would participate in this type of response.

### Power Outages

Power outages can be a minor inconvenience or, in the event of a prolonged or widespread outage, a major catastrophe. Have you considered what you and your family would do if the power was out for days or if your entire community or city was without power for a prolonged period of time?

Building an emergency kit and making a plan with your family can help keep you and your family as safe and comfortable as possible in a variety of emergency situations. For more information, visit [www.wacomclennanphd.org](http://www.wacomclennanphd.org).

# POWER IS OUT!

## What's your plan for a widespread or long-term power outage?



# Influenza

It is not possible to predict what the remainder of this flu season will be like as flu seasons are unpredictable in a number of ways. While flu spreads every year, the timing, severity and length of the season usually varies from one season to another. Compared to previous seasons, the current flu season is extremely low. This could be due to little circulation of the flu virus in the community, lower percentages of diagnostic flu testing, or lower reporting compared to previous seasons. Through sentinel surveillance (designated sites throughout the state who report), Texas has also seen a low number of influenza-like illness thus far.

Figure 1. Number of Reported Influenza Cases in McLennan County, 2012—2016

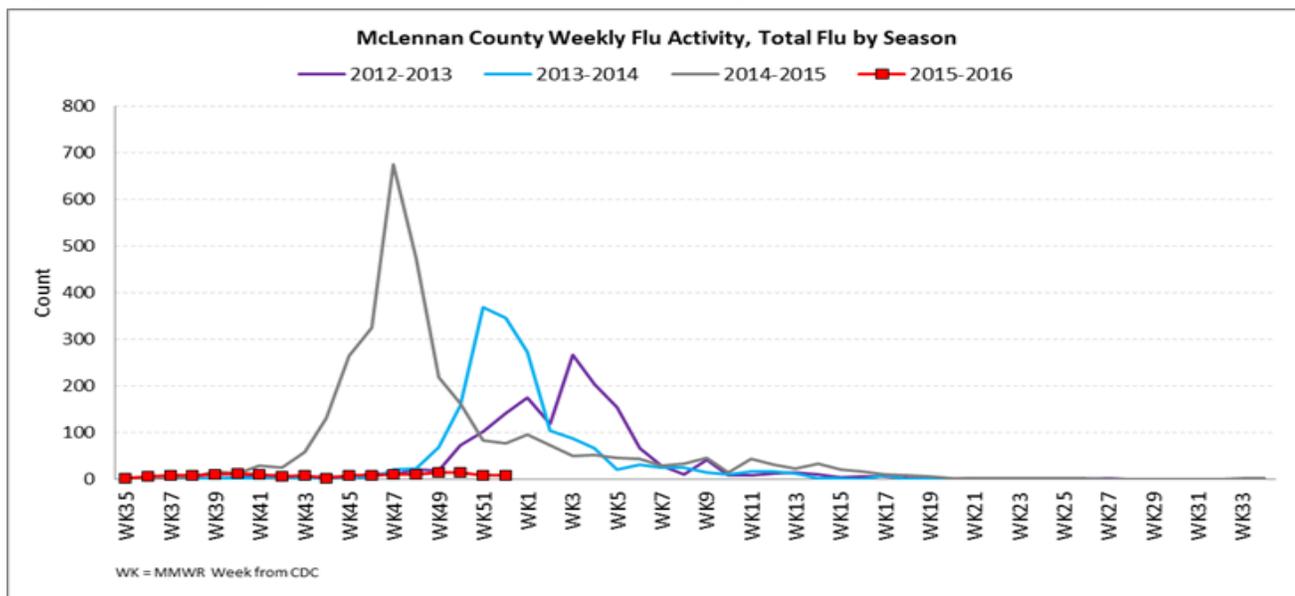
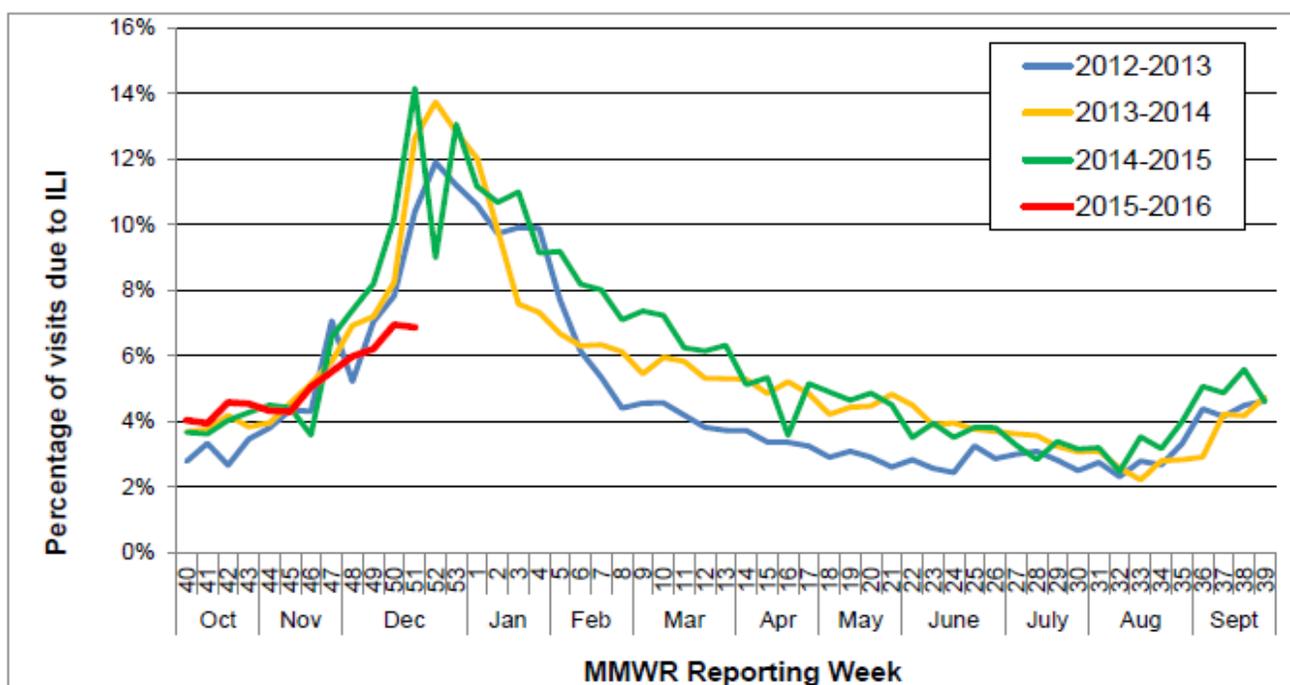


Figure 2. Percentage of Visits Due to Influenza-Like Illness Reported by Texas ILINet Participants, 2012—2016 Seasons





# Disease Reporting

On a daily basis the Epidemiology Department reviews, investigates, and reports all cases of communicable disease recognized as notifiable in Texas. This allows for monitoring of disease trends and detection of clusters and outbreaks. In addition to specified reportable conditions, **any outbreak, exotic disease, or unusual group expression of disease** that may be of public health concern should be reported by the most expeditious means available. For a current list of Notifiable Conditions, please visit: [www.wacomclennanphd.org](http://www.wacomclennanphd.org) and click on the **disease reporting tab**.

The Waco-McLennan County Public Health District has a 24-hour a day/ 7 days a week number that can be utilized to report any case of disease. The 24/7 disease reporting number is: **(254) 750-5411**

Reporting may also be done directly to Epidemiology at (254) 750-5775 or fax reports to (254) 750-5405

# Influenza Reporting

The Health District receives weekly influenza and influenza-like illness reports from a number of schools, clinics, and both of the hospitals. These reports provide us a snapshot of flu activity in the community. These reports are voluntary and the schools and clinics who provide them are greatly appreciated. The more sites (schools, clinics, nursing homes, etc.) that participate in weekly flu reporting, the better! The weekly flu reporting forms can be found at [www.wacomclennanphd.org](http://www.wacomclennanphd.org) under the disease reporting tab. If your facility does not already report weekly on flu activity to the Health District there are three easy ways to do this:

1. **Email** the weekly reporting form to the email listed on the form or;
2. **Fax** the weekly reporting form to the fax number listed on the form or;
3. **Call** the number on the reporting form and verbally give us the numbers

## Example Clinic Weekly Flu Report

FACSIMILE TRANSMITTAL SHEET

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**To:** Kahler Stone/Carol Ramirez      **FAX NUMBER:** 254-750-5405

**COMPANY:** Waco-McLennan County Public Health District      **TOTAL NO. OF PAGES INCLUDING COVER:** 1

**PHONE NUMBER:** 254-750-5775      **INFLUENZA REPORTING**

2015-2016  
**CLINIC WEEKLY ILL/FLU REPORT**  
 Submit by 3:00 each Monday for the week prior (Sunday – Saturday)

Name (Clinic): \_\_\_\_\_

Name of Reporter: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email of Reporter: \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

- Definitions:**
- Flu case confirmed by rapid test, culture, antigen detection, or PCR (Flu A, Flu B, Not Differentiated Flu) and/or,
  - Influenza-like illness activity (ILI): ILI is defined as fever over 100F and cough and/or sore throat in the absence of another diagnosis.

Please complete the table listing the **number** of flu and ILI cases seen in your facility

| TOTAL NUMBER OF PATIENTS SEEN FOR THE WEEK |     |             |             |               |                    |                  |
|--|-----|-------------|-------------|---------------|--------------------|------------------|
| County (Residence of patient)              | ILI | Rapid flu A | Rapid flu B | Rapid flu ND* | Culture/PCR- flu A | Culture/PCR+ flu |
|  |     |             |             |               |                    |                  |
|  |     |             |             |               |                    |                  |
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|  |     |             |             |               |                    |                  |
|  |     |             |             |               |                    |                  |
|  |     |             |             |               |                    |                  |

\*ND = Not Differentiated Flu

## Example General Communicable Disease Report

**Initial Provider Infectious Disease Report**

**Waco-McLennan County Public Health District**

**General Instructions**  
 This form may be used to report suspected cases and cases of notifiable conditions in Texas, listed with their reporting timeframes on the reverse side of this form or available at [www.dshs.state.tx.us/oc/investigation/forms/IDIR.pdf](http://www.dshs.state.tx.us/oc/investigation/forms/IDIR.pdf). In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. A health department epidemiologist may contact you to further investigate this infectious disease report. Information needed to classify cases of infectious disease is outlined in the SpI Case Criteria Guide found at [www.dshs.state.tx.us/oc/investigation/forms/SpICriteriaGuide.pdf](http://www.dshs.state.tx.us/oc/investigation/forms/SpICriteriaGuide.pdf).  
 Confirmed and suspected cases should be reported to your local or regional health department at the following address, phone or fax number:  
**Waco-McLennan County Public Health District**  
**225 West Waco Drive, Waco, TX 76707**  
**Phone: (254)750-5411 (24/7 reporting)**  
**Fax: (254) 750-5405**

*As indicated, cases may be reported to the Department of State Health Services at 1-800-252-8029, 817-465-7676 or after-hours at 817-465-7111*

|  |   |
|--|---|
| Disease or Condition   | Date: _____ (Check type)<br><input type="checkbox"/> Onset <input type="checkbox"/> Specimen collection<br><input type="checkbox"/> Absence <input type="checkbox"/> Office visit   |
| Physician Name   | Physician Address: <input type="checkbox"/> See Facility address below      Physician Phone: <input type="checkbox"/> See Facility phone below  |
| Diagnostic Criteria (Diagnoses: Lab Result and Specimen Source or Clinical Indicators)                             |   |
| Patient Name (Last)  | (First) (MI) Telephone (____) _____   |
| Address (Street)   | City State Zip Code County  |
| Date of Birth (month/year)   | Age Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown |
| Occupation (if student also include school name and grade)   |   |
| (if under 18) Guardian's Name  | Occupation Telephone (____) _____   |
| Was patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Hospital: _____ |   |
| Admission Date: ____/____/____   | Discharge Date: ____/____/____ Discharge status: <input type="checkbox"/> Recovering/Recovered <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown   |
| <b>FOR HEPATITIS REPORTING: Liver Function Test Date: ALT: AST:</b>  |   |
| Name of Reporting Facility   | Address   |
| Name of Person Reporting   | Title Phone Number (____) _____ extension _____   |
| Date of Report (month/year)  | E-mail  |

**Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, travel history, etc. PLEASE ATTACH LAB REPORT IF AVAILABLE.**

Confirmed     Probable     Suspected     Dropped     Duplicate, with new information  
 Entered into Epi Tracker     Entered into NEDSS (date): \_\_\_\_\_ Case ID# \_\_\_\_\_