



# LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

## ACUTE COMMUNICABLE DISEASE

## CONTROL PROGRAM

(ACDC)

Presented by:

Veronica Rosales-Herrera, MSN, RN, PHN



# OBJECTIVES

1. Discuss the Acute Communicable Disease Control Program (ACDC)
2. Describe the role of Public Health Nurses (PHNs) in ACDC
3. Discuss Mandatory Reporting
4. Review case scenario and ACDC response





# ACDC'S MISSION AND VISION STATEMENTS

## MISSION

Los Angeles County residents are free of preventable infectious disease (excluding TB, STD, and HIV/AIDS); Public Health is prepared to meet the challenge of emerging diseases

## VISION

To prevent and control infectious disease (excluding TB, STD, and HIV/AIDS) in Los Angeles County by implementing tools for surveillance, outbreak response, education, and preparedness activities

# ACDC Units



## 1. Food Safety



Investigates diseases such as Salmonella, E- coli, Shigellosis, Norovirus, and foodborne disease outbreaks

## 2. Healthcare Outreach Unit



Liaisons to about 99 acute care hospitals by collaborating with the hospital's Infection Preventionist. The focus of this unit includes healthcare-associated infections (HAIs) and antimicrobial stewardship among other projects

## 3. Hepatitis, Antimicrobial Resistance, Influenza & SNF (HARIS)



Investigates influenza in community and long term care facilities, performs outreach activities for over 300 skilled nursing facilities (SNFs) in LA County, and they follow Hep A, B, C, and D cases and outbreaks

## 4. Vectorborne Disease



Investigates West Nile Virus, Meningococcal, Dengue, Zika, Malaria

## 5. Planning and Evaluation



Does strategic and operational planning, quality improvement, annual morbidity and special studies

## 6. Response & Control



Investigates- outbreaks in acute care hospitals and in complex health facilities, anthrax, botulism, and Ebola, and they do Bioterrorism planning

## 7. Automated Disease & Syndromic Surveillance



Conducts disease surveillance through a variety of electronic systems from a range of sources including hospitals and laboratories. Monitors systems to provide an early detection of disease outbreaks

## 8. EPI/Data Support



Reviews community outbreak forms and performs disease surveillance

# Role of the PHN



**Surveillance**



**Consultation**



**Outbreak Investigation**



**Education**



# ACDC PHN COLLABORATION



Case interviews



Specimen collection



Education



Prophylactic  
Treatment/Vaccination



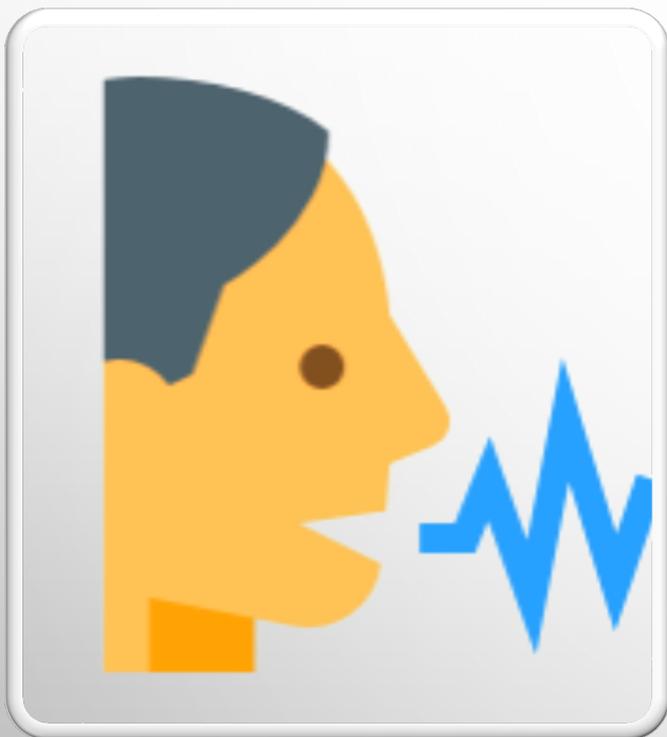
Identification of sensitive  
occupations/situations  
(SOS)



Environmental Health



# MANDATORY DISEASE REPORTING



- **CCR, TITLE 17, SEC. 2500 & 2505,**  
MANDATES THE REPORTING OF OVER 85  
DISEASES/CONDITIONS TO PUBLIC HEALTH

- ACDC SERVES AS LEAD FOR  
SURVEILLANCE & INVESTIGATION OF  
COMMUNICABLE DISEASE CASES AND  
OUTBREAKS

*(OTHER THAN TB, STDS, AND HIV/AIDS)*





Please Post  
Revised January 2019.



## REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/ coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

**Note:** This list is specific to Los Angeles County and differs from state and federal reporting requirements \*

- ☛ Report **immediately** by telephone (for both confirmed and suspected cases)
- ☛ Report by telephone **within 1 working day** from identification
- ☛ Report by electronic transmission (including FAX), telephone or mail **within 1 working day** from identification
- ☛ Report by electronic transmission (including FAX), telephone or mail **within 7 calendar days** from identification
- ★ Mandated by and reportable to the Los Angeles County Department of Public Health
- ± Report electronically via the **National Healthcare Safety Network** (<https://www.cdc.gov/nhsn/index.html>) if enrolled. If not enrolled, use the LAC DPH **CRE Case Report Form** (<http://publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf>)
- For TB reporting questions: contact the TB Control Program (213) 745-0800 or visit [www.publichealth.lacounty.gov/tb/healthpro.htm](http://www.publichealth.lacounty.gov/tb/healthpro.htm)
- For HIV/STD reporting questions: contact the Division of HIV and STD Programs. HIV (213) 351-8518, STDs (213) 388-7441 [www.publichealth.lacounty.gov/dhsp/ReportCase.htm](http://www.publichealth.lacounty.gov/dhsp/ReportCase.htm)

For laboratory reporting: [www.publichealth.lacounty.gov/lab/index.htm](http://www.publichealth.lacounty.gov/lab/index.htm) For veterinary reporting: [www.publichealth.lacounty.gov/vet/index.htm](http://www.publichealth.lacounty.gov/vet/index.htm)

### REPORTABLE COMMUNICABLE DISEASES

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>☛ Amebiasis</li> <li>☛ Anaplasmosis</li> <li>☛ Anthrax, human or animal</li> <li>☛ Babesiosis</li> <li>☛ Botulism: infant, foodborne, or wound</li> <li>☛ Brucellosis, animal; except infections due to <i>Brucella canis</i></li> <li>☛ Brucellosis, human</li> <li>☛ Campylobacteriosis</li> <li>☛ Carbapenem-Resistant <i>Enterobacteriaceae</i> (CRE), including <i>Klebsiella sp.</i>, <i>E. coli</i>, and <i>Enterobacter sp.</i>, in acute care hospitals or skilled nursing facilities ★ ±</li> <li>☛ Chancroid ■</li> <li>☛ Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting)</li> <li>☛ Chikungunya Virus Infection</li> <li>☛ <i>Chlamydia trachomatis</i> infection, including lymphogranuloma venereum (LGV) ■</li> <li>☛ Cholera</li> <li>☛ Ciguatera Fish Poisoning</li> <li>☛ Coccidioidomycosis</li> <li>☛ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)</li> <li>☛ Cryptosporidiosis</li> <li>☛ Cyclosporiasis</li> <li>☛ Cysticercosis or Taeniasis</li> <li>☛ Dengue Virus Infection</li> <li>☛ Diphtheria</li> <li>☛ Domolo Acid (Amnesic Shellfish) Poisoning</li> <li>☛ Ehrlichiosis</li> <li>☛ Encephalitis, specify etiology: viral, bacterial, fungal or parasitic</li> <li>☛ <i>Escherichia coli</i>, shiga toxin producing (STEC) including <i>E. coli</i> O157</li> <li>☛ Flavivirus infection of undetermined species</li> <li>☛ Foodborne Disease</li> <li>☛ Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source</li> </ul> | <ul style="list-style-type: none"> <li>☛ Giardiasis</li> <li>☛ Gonococcal Infection ■</li> <li>☛ <i>Haemophilus influenzae</i>, invasive disease only, all serotypes, less than 5 years of age</li> <li>☛ Hantavirus Infection</li> <li>☛ Hemolytic Uremic Syndrome</li> <li>☛ Hepatitis A, acute infection</li> <li>☛ Hepatitis B, specify acute or chronic</li> <li>☛ Hepatitis C, specify acute or chronic</li> <li>☛ Hepatitis D (Delta), specify acute or chronic</li> <li>☛ Hepatitis E, acute infection</li> <li>☛ Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS) ■ (§2641.30-2643.20)</li> <li>☛ Human Immunodeficiency Virus (HIV), acute infection ■ (§2641.30-2643.20)</li> <li>☛ Influenza deaths, confirmed cases only, <b>all ages</b> ★</li> <li>☛ Influenza, novel strains, human</li> <li>☛ Legionellosis</li> <li>☛ Leprosy (Hansen's Disease)</li> <li>☛ Leptospirosis</li> <li>☛ Listeriosis</li> <li>☛ Lyme Disease</li> <li>☛ Malaria</li> <li>☛ Measles (Rubeola)</li> <li>☛ Meningitis, specify etiology: viral, bacterial, fungal, or parasitic</li> <li>☛ Meningococcal Infection</li> <li>☛ Mumps</li> <li>☛ Myelitis, acute flaccid ★</li> <li>☛ Novel virus infection with pandemic potential</li> <li>☛ Paralytic Shellfish Poisoning</li> <li>☛ Pertussis (Whooping Cough)</li> <li>☛ Plague, human or animal</li> <li>☛ Poliovirus Infection</li> <li>☛ Psittacosis</li> <li>☛ Q Fever</li> <li>☛ Rabies, human or animal</li> <li>☛ Relapsing Fever</li> <li>☛ Respiratory Syncytial Virus, deaths less than 5 years only</li> </ul> | <ul style="list-style-type: none"> <li>☛ Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses</li> <li>☛ Rocky Mountain Spotted Fever</li> <li>☛ Rubella (German Measles)</li> <li>☛ Rubella Syndrome, Congenital</li> <li>☛ Salmonellosis, other than Typhoid Fever</li> <li>☛ Scabies, only outbreaks of 2 or more cases, any type</li> <li>☛ Scombroid Fish Poisoning</li> <li>☛ Shiga Toxin, detected in feces</li> <li>☛ Shigellosis</li> <li>☛ Smallpox (Variola)</li> <li>☛ Streptococcal Infection, outbreaks any type</li> <li>☛ Streptococcal Infection, individual case in a food handler or dairy worker</li> <li>☛ Streptococcal Infection, Invasive Group A, including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis; do <b>not</b> report individual cases of pharyngitis or scarlet fever. ★</li> <li>☛ <i>Streptococcus pneumoniae</i>, invasive ★</li> <li>☛ Syphilis ■</li> <li>☛ Tetanus</li> <li>☛ Trichinosis</li> <li>☛ Tuberculosis ■</li> <li>☛ Tularemia, animal</li> <li>☛ Tularemia, human</li> <li>☛ Typhoid Fever, cases and carriers</li> <li>☛ <i>Vibrio</i> Infection</li> <li>☛ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)</li> <li>☛ West Nile Virus (WNV) Infection</li> <li>☛ <b>Yellow Fever</b></li> <li>☛ Yersiniosis</li> <li>☛ Zika Virus Infection</li> <li>☛ OCCURRENCE OF ANY UNUSUAL DISEASE</li> <li>☛ OUTBREAKS OF ANY DISEASE, including diseases not listed above. Specify if in an institution and/or the open community.</li> </ul> |
|---|---|--|

### REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>☛ Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810)</li> </ul> | <ul style="list-style-type: none"> <li>☛ Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)</li> </ul> | <ul style="list-style-type: none"> <li>☛ Pesticide-Related Illnesses (Health and Safety Code § 105200)</li> </ul> |
|---|---|---|

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System

Tel: (888) 397-3993 or (213) 240-7821 - Fax: (888) 397-3778 or (213) 482-5508

Health Professionals Reporting Webpage: [www.publichealth.lacounty.gov/clinicians/report](http://www.publichealth.lacounty.gov/clinicians/report)

# Reportable Disease and Conditions List



# DISEASE REPORTING URGENCY



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|---|--|--|





# CASE SCENARIO



# CASE SCENARIO



**A 19 y/o student arrived with a group of 5 students from Indonesia approximately a week prior to onset of symptoms.**



**All 6 students:**

- **were part of a work study program**
- **resided together in an apartment**
- **worked at a local amusement park**







Can you name  
this disease?





# Smallpox

## Incubation

10-14 days (range 7-17 days)

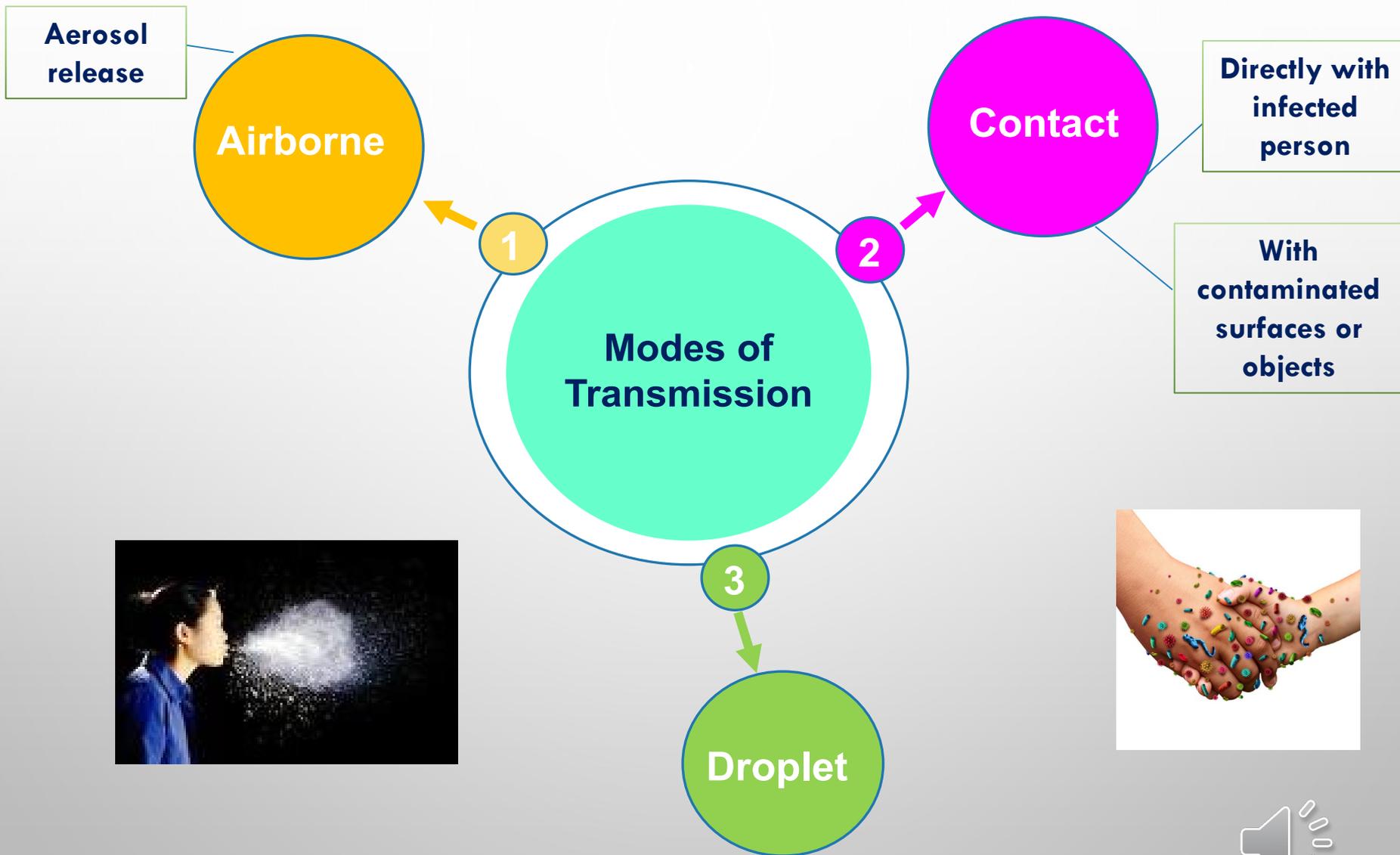
## Flu-like symptoms

Acute onset of malaise, fevers, rigors,  
vomiting, headache, backache

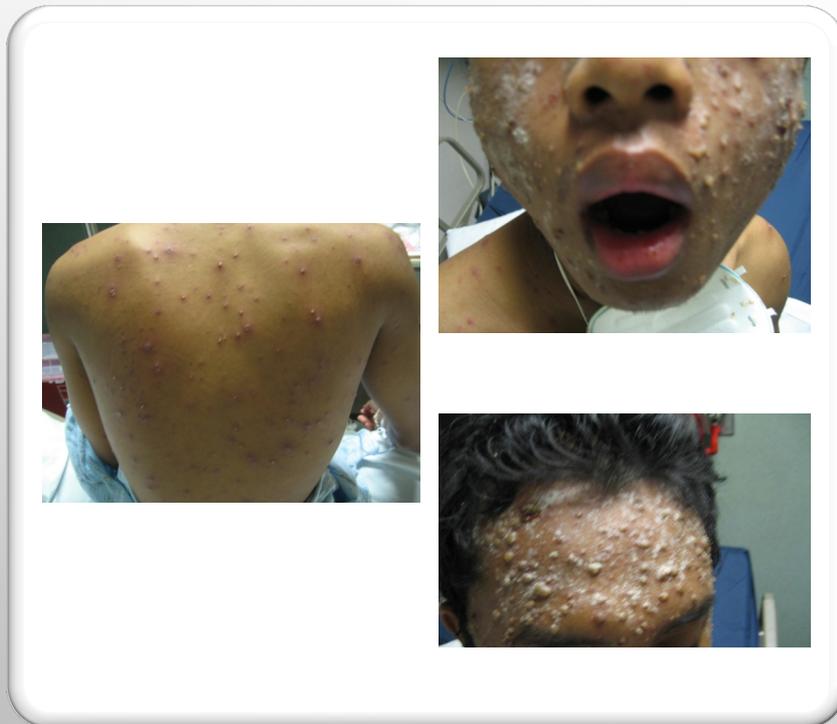
## Rash

2-3 days after symptom onset





# FINAL DIAGNOSIS



# CHICKEN POX!





# Thoughts for Prevention



WHAT ISOLATION PRECAUTIONS  
SHOULD BE TAKEN WHEN A  
SMALLPOX CASE IS SUSPECTED?

Suspect cases should be **immediately**  
placed into airborne and contact  
isolation precautions





# Thoughts for Prevention



WHAT IS THE TIME FRAME FOR  
REPORTING A SUSPECTED SMALLPOX  
CASE TO PUBLIC HEALTH?

**IMMEDIATELY!**

**Smallpox is a highly contagious disease  
Considered a potential Bioterrorist Agent**

- ✉ Salmonellosis (other than Typhoid Fever) +
- ☎ SARS (Severe Acute Respiratory Syndrome)
- ☎ Scabies (Atypical or Crusted) ★
- ☎ Scombroid Fish Poisoning
- ☎ Shiga Toxin (detected in feces)
- ✉ Shigellosis
- ☎ Smallpox (Variola)





# Thoughts for Prevention



HOW MANY PEOPLE COULD HAVE  
POTENTIALLY BEEN EXPOSED TO THIS  
CASE?

**MANY!!**





# Thoughts for Prevention



WHAT PUBLIC HEALTH NURSING DUTIES  
WOULD WE UTILIZE IN THIS  
SCENARIO?



Surveillance



Outbreak investigation



Education



Consultation





# Thoughts for Prevention



WHAT IS THE MODE OF TRANSMISSION  
FOR SMALLPOX?

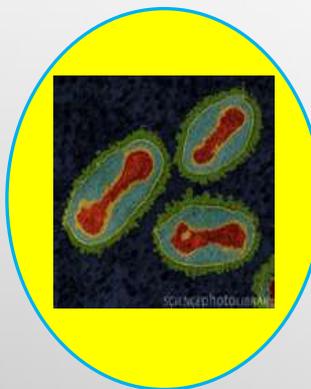
Smallpox is transmitted through

- **Airborne**
- **Contact**
  1. **Direct**
  2. **Indirect**
- **Droplet**





# Thoughts for Prevention



## PUBLIC HEALTH IMPLICATIONS :

1. WHAT IMPACT COULD THIS HAVE ON THE SURROUNDING COMMUNITY?
2. HOW CAN AN OUTBREAK BE PREVENTED?
3. WHAT HAVE YOU LEARNED TODAY ABOUT PROTECTING YOUR OWN HEALTH?





# RESOURCES

## 1. CENTERS FOR DISEASE CONTROL & PREVENTION

[HTTP://WWW.CDC.GOV/](http://www.cdc.gov/)

## 2. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

[HTTP://WWW.CDPH.CA.GOV/PAGES/DEFAULT.ASPX](http://www.cdph.ca.gov/PAGES/DEFAULT.ASPX)





# CONTACT INFORMATION

WEBSITE: [HTTP://PUBLICHEALTH.LACOUNTY.GOV/ACD/](http://publichealth.lacounty.gov/acd/)

ADDRESS: 313 N. FIGUEROA STREET, 2<sup>ND</sup> FLOOR

LOS ANGELES, CA 90012

PHONE: (213) 240-7941

FAX (213) 482-4856



**THANK YOU!**

