

**WASATCH COUNTY HEALTH DEPARTMENT**  
**COMMUNICABLE DISEASE SURVEILLANCE & INVESTIGATION PROTOCOL**

**I. Background**

The successes of public health and medicine dramatically reduced the risk of epidemics and early loss of life due to infectious agents during the twentieth century; however, the recent emergence of new diseases and the rapid spread of diseases to the United States from other parts of the world highlight the continuing threat to health from infectious diseases. Continual attention to these threats and cooperation among all health care providers, government agencies, and other entities that are partners in protecting the public's health are crucial to maintain and improve the health of the citizens of Wasatch County<sup>1</sup>.

In an effort to improve epidemiologic activities in the State, the Utah Department of Health implemented UT-NEDSS/TriSano – a secure electronic disease surveillance and reporting system – in January 2009. The system was designed to support Utah state and local public health agency surveillance and epidemiologic needs, including receiving or entering disease reports, conducting case/outbreak investigations, managing cases/outbreaks, analyzing data, reporting to the Centers for Disease Control and Prevention (CDC), etc. The system (and accompanying database) resides and is maintained on servers managed by the Utah Department of Technology Services. The website to access UT-NEDSS/TriSano is: <https://health.utah.gov/utnedss/>. For more detailed information on the use of UT-NEDSS/TriSano, see the **separate** document entitled “UT-NEDSS/TriSano User Guide.”

This document outlines the Wasatch County Health Department’s approach to communicable and infectious disease control and emphasizes surveillance, investigations, and reporting to identify and control preventable causes of infectious diseases. Utah Administrative Rule 386-702 “Communicable Disease Rule” identifies reporting requirements and authorizations for communicable and infectious diseases, outbreaks, and unusual occurrence of any disease (See *Section IV “References” for link to the Rule*). This protocol has been adopted with the intent of reducing disease morbidity and mortality through the rapid implementation of established practices and procedures<sup>1</sup>.

## II. Concept of Operations

The Utah Department of Health has declared 73 conditions (i.e., diseases) to be of concern to the public health and reportable as required or authorized by Section 26-6-6 and Title 26, Chapter 23b of the Utah Health Code (*See Appendix 1 for complete list*)<sup>1</sup>. The Wasatch County Health Department (WCHD) engages in public health surveillance to detect these conditions/diseases and conducts investigations when cases are encountered. Following is a brief description of surveillance and disease investigations, including the procedures taken during these activities (*See Appendix 2 for the WCHD Surveillance & Disease Investigation Flowchart*).

### A. Surveillance

Public health surveillance is the collection, analysis, summarization, and dissemination of data for the purpose of preventing and controlling the spread of disease. Data can be collected either passively or actively. Passive surveillance is when healthcare providers (or other external sources) report a disease case to the local or state health department based on a published list of conditions. Active surveillance is when the local or state health department regularly seeks out information from healthcare providers (or other external sources) about disease cases or signs of a disease (e.g., abnormal drug sales at a pharmacy). WCHD's routine surveillance is passive – data is collected, analyzed, summarized, and disseminated after a disease case is reported to the department. Active surveillance is used once the Enhanced Surveillance System is activated (*See “Annex B: Enhanced Surveillance” of the Wasatch County Public Health Emergency Response Plan*).

WCHD's routine surveillance system is comprised of four elements: disease reports from clinicians, laboratories, and the public; disease reports from schools within the Wasatch County School District; testing administered by WCHD for Sexually Transmitted Diseases (STDs); and testing administered by WCHD for Tuberculosis (TB). Below is a description of each element, including the procedures to be taken by appropriate staff members when diseases are reported.

#### 1. Reports from the Clinicians, Laboratories, and the Public

##### Description

The Communicable Disease Specialist monitors disease reports from clinicians, laboratories, and the public. These reports may come to WCHD via UT-NEDSS/TriSano, fax, phone call, or in-person. As part of

routine surveillance, the Communicable Disease Specialist performs multiple checks each day on UT-NEDSS/TriSano for any new cases assigned to Wasatch County. For reports of confirmed cases of reportable diseases that are received from sources other than UT-NEDSS/TriSano, the Communicable Disease Specialist enters the information onto UT-NEDSS/TriSano to create a new morbidity event.

### Procedure

- A disease case is reported to WCHD from a clinician's office, a lab, or the public
- The Communicable Disease Specialist determines whether the disease is reportable
  - For reports from clinicians and laboratories:
    - If the disease is **not** reportable, the Communicable Disease Specialist provides clinician with helpful information as requested
    - If the disease is reportable, the Communicable Disease Specialist ensures the case is confirmed, records information in the Communicable Disease Log (date WCHD received report, patient's name, patient's age, disease, source of report, and patient's clinician), enters appropriate information into UT-NEDSS/TriSano (if applicable), and ensures the patient has been notified of their case status by the diagnosing clinician before further surveillance activities proceed
  - For reports from the public:
    - If the disease is **not** reportable, the Communicable Disease Specialist will refer the person to a clinician for diagnosis, treatment, and follow-up
    - If the disease is reportable, the Communicable Disease Specialist will ensure the case is confirmed, record information in the Communicable Disease Log (date WCHD received report, patient's name, patient's age, disease, source of report, and patient's clinician), enter appropriate information into UT-NEDSS/TriSano, and proceed with surveillance activities
- The Communicable Disease Specialist determines the case's disease category

- The Communicable Disease Specialist ensures an investigation is conducted according to the procedures outlined for the identified disease category
- Once the disease investigation has concluded, the Communicable Disease Specialist ensures that all appropriate information is entered into UT-NEDSS/TriSano and that the date the investigation closed (and initials of investigator) are recorded in the Communicable Disease Log to allow for analysis, summarization, and dissemination of the data to all appropriate parties

## 2. Reports from Schools (in the Wasatch County School District)

### Description

The WCHD School Nurse monitors schools within the Wasatch County School District for reports of diseases. The following procedure applies to cases of diseases that are identified as reportable.

### Procedure

- A disease case is reported to the WCHD School Nurse from a school in the Wasatch County School District and/or a guardian of a child enrolled in a school in the Wasatch County School District
- The WCHD School Nurse determines whether the disease is reportable
  - If the disease is **not** reportable, the WCHD School Nurse provides guidance on treatment, interventions, etc (as appropriate)
  - If the disease is reportable, the WCHD School Nurse ensures the case is confirmed
    - For cases of Chickenpox, the WCHD School Nurse notifies the Communicable Disease Specialist, records information in the Communicable Disease Log (date WCHD received report, patient’s name, patient’s age, disease, source of report, and patient’s clinician), enters appropriate information into UT-NEDSS/TriSano, and proceeds with surveillance activities
    - For other “Communicable Diseases” and all Category A Diseases, the WCHD School Nurse refers the case to the

Communicable Disease Specialist. The Communicable Disease Specialist records information in the Communicable Disease Log (date WCHD received report, patient's name, patient's age, disease, source of report, and patient's clinician), enters appropriate information into UT-NEDSS/TriSano, and follows the investigation procedure for the specified disease category

- For STDs, the WCHD School Nurse refers the case to the WCHD Nursing Director. The WCHD Nursing Director records information in the Communicable Disease Log (date WCHD received report, patient's name, patient's age, disease, source of report, and patient's clinician), enters appropriate information into UT-NEDSS/TriSano, and follows the investigation procedure for STDs

- The WCHD School Nurse ensures an investigation is conducted according to the procedure outlined for "Communicable Diseases"
- Once the disease investigation has concluded, the WCHD School Nurse enters appropriate information into UT-NEDSS/TriSano and records the date (and initials) when the investigation closed in the Communicable Disease Log
- The Communicable Disease Specialist ensures that all appropriate information is entered into UT-NEDSS/TriSano and the Communicable Disease Log to allow for analysis, summarization, and dissemination of the data to all appropriate parties

### 3. Testing for STDs (administered by WCHD)

#### Description

The WCHD Nurse Practitioner offers residents of Wasatch County examinations and/or testing for STDs. The following procedure applies to STD cases that are WCHD clients.

#### Procedure

- A Wasatch County resident makes an appointment with the WCHD Nurse Practitioner to be examined and or tested for a STD



- If the case of TB is “Latent,” the WCHD Immunization Nurse follows-up with the client, provides treatment (as applicable), and submits required information to the Utah Department of Health (UDOH)
- If the case of TB is “Active,” the WCHD Immunization Nurse notifies the Communicable Disease Specialist, records information in the Communicable Disease Log (date WCHD received report, patient’s name, patient’s age, disease, source of report, and patient’s clinician), enters appropriate information into UT-NEDSS/TriSano, notifies the client of their disease status, and proceeds with surveillance activities
- For reports from clinicians and labs, the WCHD Immunization Nurse records information in the Communicable Disease Log (date WCHD received report, patient’s name, patient’s age, disease, source of report, and patient’s clinician), enters appropriate information into UT-NEDSS/TriSano, and ensures the patient has been notified of their case status by the diagnosing clinician before further surveillance activities proceed
- The WCHD Immunization Nurse sets up treatment for the patient, as appropriate, and conducts an investigation according to the procedure outlined for “Communicable Diseases”
- Once the disease investigation has concluded, the WCHD Immunization Nurse enters appropriate information into UT-NEDSS/TriSano and records the date (and initials) when the investigation closed in the Communicable Disease Log
- The Communicable Disease Specialist ensures that all appropriate information is entered into UT-NEDSS/TriSano and the Communicable Disease Log to allow for analysis, summarization, and dissemination of the data to all appropriate parties

## **B. Disease Investigation**

Reportable Diseases fall within three general categories: Category A Diseases, Sexually Transmitted Diseases (a.k.a., Sexually Transmitted Infections), and Communicable Diseases. Below is a description of each category, including the procedures to be taken when cases of disease are encountered.

## 1. Category A Diseases

### Description

The Centers for Disease Control and Prevention (CDC) designate diseases as “Category A” if they exhibit the following characteristics: they can be easily disseminated or transmitted from person-to-person; they result in high mortality rates and have the potential for major public health impact; they might cause public panic and social disruption; and they require special action for public health preparedness<sup>2</sup>.

The diseases designated as “Category A” are: **Anthrax** (*Bacillus anthracis*), **Botulism** (*Clostridium botulinum*), **Plague** (*Yersinia pestis*), **Smallpox** (variola major), **Tularemia** (*Francisella tularensis*), and **Viral Hemorrhagic Fevers** (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo]).

### Procedure

- A case of a “Category A” disease is reported to Wasatch County Health Department
- The Communicable Disease Specialist notifies the Health Director and the rest of the Wasatch County Health Department Disease Investigation Team (DIT) of the “Category A” disease case
- The Communicable Disease Specialist works with the Emergency Response Coordinator and the reporting entity to determine if the case is the result of a bioterrorism incident
  - If the case is **not** the result of a bioterrorism incident, the Communicable Disease Specialist will continue the case investigation according to procedures for “Communicable Diseases” (See #3 *Communicable Diseases*)
  - If the case is the result of a bioterrorism incident, the Communicable Disease Specialist will continue with the Category A Disease Investigation procedures
- The Communicable Disease Specialist requests the Health Director to activate the DIT
- Once the DIT is activated, a member of the DIT contacts appropriate law enforcement agencies (e.g., Wasatch County Sheriff’s Department, FBI, etc) to notify them concerning the situation and coordinate law enforcement actions

- ❑ A member of the DIT contacts the Utah Department of Health to notify them concerning the situation and coordinate further public health actions
- ❑ The DIT conducts an Enhanced Disease Investigation according to protocols and procedures found in “Annex C: Enhanced Disease Investigation” of the *Wasatch County Public Health Emergency Response Plan* (including coordination with partner agencies)
- ❑ Once the Enhanced Disease Investigation has concluded, the Communicable Disease Specialist submits the case report(s) to the Utah Department of Health via UT-NEDSS/TriSano and prints a hardcopy for WCHD record-keeping.
- ❑ The Communicable Disease Specialist stores all forms, lab reports, and any other material pertinent to the investigation in the disease-specific file located in the two “epidemiology” drawers found in the WCHD main office

## 2. Sexually Transmitted Diseases

### Description

Diseases that are acquired primarily through sexual contact are designated as Sexually Transmitted Diseases (STDs) or Sexually Transmitted Infections (STIs). Seven of the 73 diseases identified by State law as reportable are STDs.

The STDs designated as reportable are: **Acquired Immunodeficiency Syndrome (AIDS), Chancroid, Chlamydia, Gonorrhea, Human Immunodeficiency Virus (HIV) infection, Pelvic Inflammatory Disease (PID), and Syphilis.**

### Procedure

- ❑ A STD case is reported to Wasatch County Health Department
- ❑ A member of the WCHD Nursing Staff is assigned by the WCHD Nursing Director to investigate the STD case. The investigator ensures the patient has been notified of their case status by the diagnosing clinician before further investigation activities proceed
  - If the report is from the patient’s clinician, proceed with the STD investigation

- If the report is from a hospital (or other healthcare facility) and the clinician is unavailable, the investigator will collect information from the facility's infection control staff (See *Appendix 5 for complete list of Infection Control Specialists for healthcare facilities in Utah*)
  - If the report is for a patient of the WCHD Nurse Practitioner, the WCHD Nurse Practitioner will proceed with the STD investigation
- The investigator interviews the patient's clinician or the healthcare facility's infection control staff to collect all available information required by UDOH (as identified on the case report form found on UT-NEDSS/TriSano)
  - Information to be collected from the clinician or infection control staff includes: the patient's full name, contact information (phone number and address), pregnancy status, race and ethnicity, diagnosis, treatment information, and any other information the clinician is able to provide
  - Materials available for assisting with STD investigations are stored in a black binder in the bottom "epidemiology" drawer located in the WCHD main office
- The investigator interviews the patient to collect the remainder of the information required by UDOH (as identified on the case report form found on UT-NEDSS/TriSano)
  - A contact record must be completed for each "Contact" (i.e., sexual contact) named by the patient
- The investigator interviews each contact of the patient to collect the remainder of the information identified on the contact record
  - It is important that during the interview with contacts, the investigator **at no time** reveals from whom they got the contact's name (i.e., the original patient)
  - During the interview with the contact, the investigator will encourage the contact to be tested for the STD in question and to receive treatment.\*
  - If a contact is tested and results are positive, a new case record must be completed for the contact – the contact becomes a new case

- ❑ Once the investigation is complete, the investigator submits the case report to the Utah Department of Health via UT-NEDSS/TriSano and prints a hardcopy for WCHD record-keeping.
- ❑ WCHD stores all forms, lab reports, and any other material pertinent to the investigation in the disease-specific file located in the two “epidemiology” drawers found in the WCHD main office
- \* Contacts may go to their primary care clinician to be tested for an STD or they may set up an appointment with WCHD to schedule an exam and lab test (excluding HIV testing). Contacts can also be treated by the WCHD Nurse Practitioner.

### 3. Communicable Diseases

#### Description

The remainder of the reportable diseases, those that are not Category A or STDs, fall within this category. The following procedure is used to investigate cases of these diseases.

**Please note** – although the procedure identifies the Communicable Disease Specialist as the investigator, there are three exceptions when a WCHD staff member other than the Communicable Disease Specialist will be the investigator. These exceptions are: the WCHD School Nurse investigates cases of Chickenpox detected at schools in the Wasatch County School District, the WCHD Nursing Director investigates cases of Hepatitis B in pregnant women, and the WCHD Immunization Nurse investigates all active cases of TB.

#### Procedure

- ❑ A case of a communicable disease is reported to Wasatch County Health Department.
  - If assistance is needed, the Communicable Disease Specialist will notify the WCHD Nursing Director and request the assistance of nursing staff
- ❑ The Communicable Disease Specialist (or assisting nursing staff) ensures the patient has been notified of their case status by a clinician before further investigation activities proceed

- If the report is from the patient's clinician, proceed with the communicable disease investigation
- If the report is from a hospital (or other healthcare facility) and the clinician is unavailable, the Communicable Disease Specialist will collect information from the facility's infection control staff (*See Appendix 5 for complete list of Infection Control Specialists for healthcare facilities in Utah*)
- The Communicable Disease Specialist (or assisting nursing staff) interviews the patient's clinician or the healthcare facility's infection control staff to collect all available information about the case (e.g., patient's full name, contact information, onset date, treatment information, etc)
- The Communicable Disease Specialist (or assisting nursing staff) determines whether the reported case is epi-linked (i.e., is this case connected to any other reported case of the disease?)
  - If the case is **not** epi-linked, the Communicable Disease Specialist (or assisting nursing staff) will continue with the communicable disease investigation
  - If the case is epi-linked, the Communicable Disease Specialist will notify the Health Director, request to activate the DIT, request to initiate Enhanced Surveillance (*See "Annex B: Enhanced Surveillance" of the Wasatch County Public Health Emergency Response Plan*), and request the DIT to conduct an Enhanced Disease Investigation (*See "Annex C: Enhanced Disease Investigation" of the Wasatch County Public Health Emergency Response Plan*)
- The Communicable Disease Specialist (or assisting nursing staff) determines whether the reported disease is transmitted via the environment
  - If the reported disease is **not** transmitted via the environment, the Communicable Disease Specialist (or assisting nursing staff) will continue with the communicable disease investigation
  - If the reported disease is transmitted via the environment, the Communicable Disease Specialist (or assisting nursing staff) will notify the Environmental Health Director and request the assistance of environmental health staff in conducting investigation activities (e.g., collection of environmental samples)

- The Communicable Disease Specialist (or assisting nursing staff) conducts the communicable disease investigation using forms created by UDOH (found on UT-NEDSS/TriSano) and according to guidelines found in UDOH Disease Plans
  - Electronic copies of UDOH disease plans can be found on the Communicable Disease Specialist's computer or online at: <http://health.utah.gov/epi/report.html>
- The Communicable Disease Specialist (or assisting nursing staff) submits all completed case report to the Utah Department of Health via UT-NEDSS/TriSano upon completion of the disease investigation
- The Communicable Disease Specialist stores all forms, lab reports, and any other material pertinent to the investigation in the disease-specific file located in the two "epidemiology" drawers found in the WCHD main office

### **III. Organization and Assignment of Responsibilities**

#### **A. Organization**

1. WCHD's routine surveillance system is organized as follows: the Communicable Disease Specialist monitors disease reports from the public, clinicians, and laboratories; the WCHD School Nurse monitors for cases of diseases found within the Wasatch County School District; the WCHD Nurse Practitioner tests for Sexually Transmitted Diseases (STDs); and the WCHD Immunization Nurse tests for Tuberculosis (TB).

In the event that the Communicable Disease Specialist is not available for monitoring disease reports from clinicians, laboratories, and the public, the Emergency Response Coordinator will serve as the primary back-up and the Nursing Director will serve as the secondary back-up; the WCHD Nursing staff will follow that program's established chain of command to make assignments for monitoring disease reports from the Wasatch County School District and testing for STDs/TB.

2. WCHD's disease investigations are conducted according to the following organization: the WCHD Communicable Disease Specialist has primary responsibility to investigate all cases of Category A Diseases and most cases of Communicable Diseases found in residents of Wasatch County (exceptions include: cases of Chickenpox detected at schools in the Wasatch County School District, cases of Hepatitis B in pregnant women, and active cases of TB); the WCHD Nursing Staff has primary responsibility to investigate all cases of STDs.

In the event that the Communicable Disease Specialist is not available for investigating Category A and Communicable Diseases, the Emergency Response Coordinator will serve as the primary back-up and the Nursing Director will serve as the secondary back-up; the WCHD Nursing staff will follow that program's established chain of command to make assignments for investigating STDs.

3. The WCHD Disease Investigation Team (DIT) consists of the following personnel: WCHD Health Director, WCHD Emergency Response Coordinator, WCHD Communicable Disease Specialist, WCHD Nursing

Director, WCHD Environmental Health Director, and WCHD Public Information Officer.

Whenever DIT is activated, the Communicable Disease Specialist will notify the UDOH Regional Epidemiologist assigned to Wasatch County. DIT may assign tasks to WCHD staff as needed.

## **B. Assignment of Responsibilities (in alphabetical order)**

### Communicable Disease Specialist

- Serves as a member of the DIT
  - Updates DIT on surveillance data
  - Updates DIT on case information
  - Notifies UDOH Regional Epidemiologist of situation and requests assistance if needed
- Has primary responsibility to monitor disease reports from clinicians, laboratories, and the public
- Has primary responsibility to conduct disease investigations for all Category A Diseases and most Communicable Diseases
- Serves as the WCHD point-of-contact with UDOH Bureau of Epidemiology
- Serves as the WCHD point-of-contact with healthcare providers (i.e., clinicians) and healthcare facility infection control staff
- Serves as WCHD's primary UT-NEDSS/TriSano administrator

### Emergency Response Coordinator

- Serves as a member of the DIT
  - Provides expertise on emergency issues (i.e., Category A diseases, etc)
- Serves as primary backup to Communicable Disease Specialist in performing routine surveillance and conducting disease investigations

- ❑ Serves as backup Public Information Officer
- ❑ Serves as WCHD's backup UT-NEDSS/TriSano administrator

#### Environmental Health Director

- ❑ Serves as a member of the DIT
  - Provides expertise on environmental issues
- ❑ Coordinates the Environmental Health Program's role in disease investigations
  - Assigns environmental health staff to assist with investigations
  - Oversees environmental inspections and specimen testing

#### Health Director

- ❑ Serves as a member of the DIT
  - Holds final decision-making authority
- ❑ Serves as the WCHD point-of contact to public officials (e.g., Board of Health, LEPC, city and county officials) and other responding agencies

#### Immunization Nurse

- ❑ Has primary responsibility to administer TB testing and treatment (as appropriate) to WCHD clients
- ❑ Has primary responsibility to conduct disease investigations for all cases of TB in residents of Wasatch County

#### Nurse Practitioner

- ❑ Has primary responsibility to administer STD testing and treatment (as appropriate) to WCHD clients
- ❑ Has responsibility to conduct disease investigations for cases of STDs in residents of Wasatch County that are assigned by the Nursing Director

### Nursing Director

- Serves as a member of the DIT
  - Provides expertise on medical issues
- Coordinates the Nursing Program's role in disease investigations
  - Assigns nursing staff to conduct and/or assist with investigations
  - Oversees WCHD's STD testing and treatment
- Serves as secondary backup to Communicable Disease Specialist (after the Emergency Response Coordinator) in performing routine surveillance and conducting disease investigations

### Public Information Officer

- Serves as a member of the DIT
- Serves as the primary point-of-contact for media
- Creates press releases and coordinates all risk communication efforts

### School Nurse

- Has primary responsibility to monitor for cases of disease found within the Wasatch County School District
- Has primary responsibility to conduct disease investigations for all cases of Chickenpox detected in the Wasatch County School District

### UDOH Regional Epidemiologist

- Serves as a resource to the DIT
  - Provides expertise on epidemiologic investigations and data analysis
- Serves as an additional contact with UDOH Bureau of Epidemiology

#### IV. **References**

- <sup>1</sup> Utah Administrative Rule R386-702. Communicable Disease Rule. Rule can be accessed at: <http://www.rules.utah.gov/publicat/code/r386/r386-702.htm>
- <sup>2</sup> Centers for Disease Control and Prevention Emergency Preparedness & Response: Bioterrorism Agents/Diseases. Information can be accessed at: <http://www.bt.cdc.gov/agent/agentlist-category.asp#a>

# APPENDIX 1

## REPORTABLE DISEASES IN UTAH

UTAH LAW REQUIRES THAT THE FOLLOWING DISEASES BE REPORTED TO YOUR LOCAL HEALTH DEPARTMENT OR THE UTAH DEPARTMENT OF HEALTH **IMMEDIATELY**.  
1-888-EPI-UTAH (374-8824)

- Anthrax ☎
- Botulism ☎
- Cholera ☎
- Diphtheria ☎
- *Haemophilus influenzae* (invasive disease) ☎
- Hepatitis A ☎
- Measles (Rubeola) ☎
- Meningococcal disease ☎
- Plague ☎
- Poliomyelitis (paralytic) ☎
- Rabies (human and animal) ☎
- Rubella ☎
- Severe Acute Respiratory Syndrome (SARS) ☎
- Smallpox ☎
- *Staphylococcus aureus* with resistance (VRSA) or intermediate resistance (VISA) to vancomycin isolated from any site ☎
- Syphilis (primary or secondary) ☎
- Tuberculosis ☎
- Tularemia ☎
- Typhoid (cases and carriers) ☎
- Viral hemorrhagic fever ☎
- Yellow Fever ☎

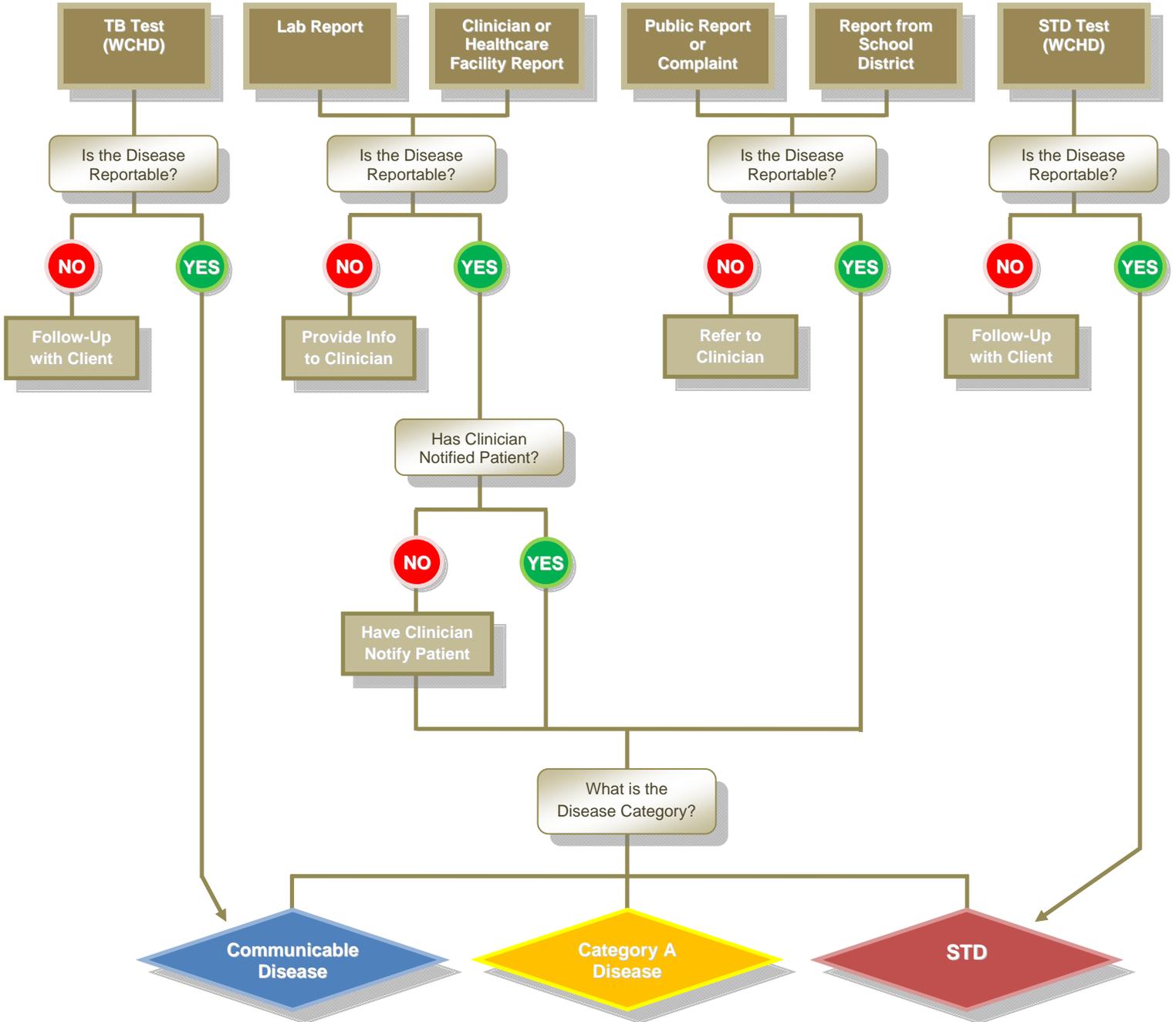
UTAH LAW REQUIRES THAT THE FOLLOWING DISEASES BE REPORTED TO YOUR LOCAL HEALTH DEPARTMENT OR THE UTAH DEPARTMENT OF HEALTH WITHIN **3 WORKING DAYS AFTER IDENTIFICATION**

- Acquired Immunodeficiency Syndrome (AIDS)
- Adverse event resulting after smallpox vaccination
- Amebiasis
- Arbovirus infection, including Saint Louis encephalitis and West Nile virus infection
- Brucellosis
- Campylobacteriosis
- Chancroid
- Chickenpox
- *Chlamydia trachomatis* infection
- Coccidioidomycosis
- Colorado tick fever
- Creutzfeldt-Jakob disease and other transmissible human spongiform encephalopathies
- Cryptosporidiosis
- *Cyclospora* infection
- Dengue fever
- Echinococcosis
- Ehrlichiosis (human granulocytic, human monocytic, or unspecified)
- Encephalitis
- Shiga toxin-producing *Escherichia coli* (STEC) infection
- Giardiasis
- Gonorrhea (sexually transmitted and ophthalmia neonatorum)
- Hansen disease (leprosy)
- Hantavirus infection and pulmonary syndrome
- Hemolytic Uremic Syndrome (post-diarrheal)
- Hepatitis B (cases and carriers)
- Hepatitis C (acute and chronic infection)
- Hepatitis (other viral)
- Human Immunodeficiency Virus (HIV) infection
- Influenza-associated hospitalization
- Influenza-associated death in a person less than 18 years of age
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis
- Mumps
- Norovirus (formerly called Norwalk-like virus) infection
- Pelvic inflammatory disease (PID)
- Pertussis
- Poliovirus infection (nonparalytic)
- Psittacosis
- Q Fever
- Relapsing fever (tick-borne or louse-borne)
- Rocky Mountain spotted fever
- Rubella (congenital syndrome)
- Salmonellosis
- Shigellosis
- Streptococcal disease (invasive, organism isolated from a normally sterile site)
- Syphilis (early latent, latent, and congenital)
- Tetanus
- Toxic-Shock Syndrome (staphylococcal or streptococcal)
- Trichinosis
- Vibriosis

**ALSO REPORTABLE: UNUSUAL DISEASES OR OUTBREAKS OF ANY KIND**  
**☎=TELEPHONE REPORTING REQUIRED**

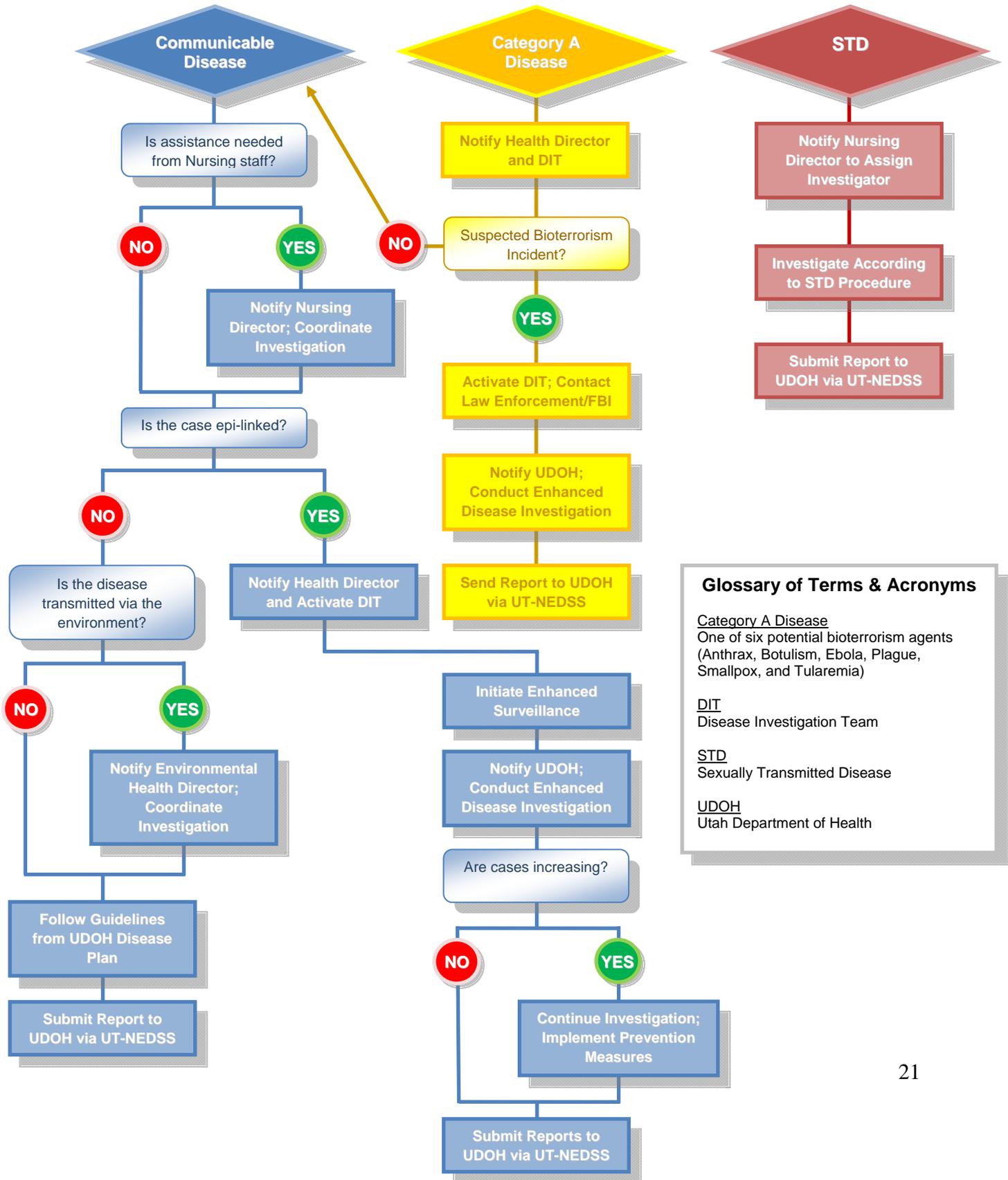
## APPENDIX 2

### WCHD DISEASE SURVEILLANCE FLOWCHART



### APPENDIX 3

## WCHD DISEASE INVESTIGATION FLOWCHART



## APPENDIX 4

### HEALTHCARE PROVIDERS IN WASATCH COUNTY

#### HOSPITALS AND CLINICS

- **Heber Valley Medical Center**  
Phone: (435) 654-2500  
Fax: (435) 654-2576
  
- **IHC Family Practice**
  - **Tod Berg, MD**  
Phone: (435) 654-6321  
Fax: (435) 654-6364
  - **Todd Haderlie, MD**  
Phone: (435) 654-1234  
Fax: (435) 654-0337
  - **Greg Tayler, MD**  
Phone: (435) 654-3535  
Fax: (435) 654-2853
  - **Wes Webster, PA**  
Phone: (435) 654-3535  
Fax: (435) 654-2853
  
- **IHC Urgent Care Clinic**
  - **Wayne Graham, MD**  
Phone: (435) 657-4400  
Fax: (435)
  
- **Summit Pediatrics**
  - **David Larson, MD**  
Phone: (435) 657-0101  
Fax: (435) 657-1096
  
- **Spring Creek Family Practice**
  - **Cynthia Campbell, FNP**  
Phone: (435) 654-4192  
Fax: (435) 654-4067

#### HOSPITALS AND CLINICS (CONTINUED)

- **Wasatch Medical Clinic**
  - **Neal Burton, MD**  
Phone: (435) 654-1501  
Fax: (435) 654-2030
  - **Stanton McDonald, MD**  
Phone: (435) 654-1501  
Fax: (435) 654-2030
  - **Gregory Pitts, MD**  
Phone: (435) 654-1501  
Fax: (435) 654-2030
  - **Robert Salazar, PA**  
Phone: (435) 654-1501  
Fax: (435) 654-2030

#### INDIVIDUAL PRACTICES

- **Dermatology**
  - **Steven Kern, MD**  
Phone: (435) 654-5444
  
- **Ophthalmology**
  - **Gordon Olsen, MD**  
Phone: (435) 654-6360
  
- **Orthopedics**
  - **John B. Fassio, MD**  
Phone: (435) 654-3090

## APPENDIX 5

CDEP Case Outbreak and Surveillance Team (COST)  
Summary of Communicable Disease Responsibilities by Program Staff  
April 2008

### **Bacterial diseases epidemiologist**

(Susan Mottice 8-6172. Rachelle -bkup 8-6185)

- Anthrax ☎
- Group A streptococcal disease (GAS), invasive
- Group B streptococcal disease (GBS), invasive
- *H. influenzae* ☎
- Listeriosis
- Meningococcal disease ☎
- Methicillin-resistant *S. aureus* (MRSA) – NR
- Non Vibrio cholera
- *S. pneumoniae*
- Toxic-shock syndrome, staphylococcal and streptococcal (TSS and STSS)
- Vancomycin-resistant *S. aureus* (VRSA) ☎

### **Foodborne epidemiologist (Marilee Poulson, 8-6692 JoDee 8-6195 or Felicia 8-9182)**

- Botulism ☎
- Campylobacter
- *E. coli*
- Hemolytic-uremic syndrome (HUS)
- Norovirus
- Salmonella
- Shigella
- Trichinosis
- Typhoid fever ☎
- Vibrio cholera ☎

### **Infection control/viral diseases epidemiologist (Felicia Alvarez 8-9182. JoDee bkup 8-6195)**

- CJD
- Coccidioidomycosis
- *Cryptosporidium* (Jodee and Felicia)
- Cytomegalovirus -NR
- Encephalitides (SLE, EEE, etc.)
- Fifth's Disease - NR
- Hepatitides A, B, C, D, E, other (non-A, non-B)
- Histoplasmosis - NR
- Legionellosis
- Mononucleosis - NR
- Severe Acute Respiratory Syndrome (SARS) ☎
- Viral and aseptic meningitis
- Viral hemorrhagic fever ☎

### **Head Lice and Bed Bugs – Veronica Ramos 8-9102**

### **Vaccine-preventable diseases epidemiologist (Rachelle Boulton 8-6185. Susan bkup 8-6172)**

- Chickenpox
- Diphtheria ☎
- Influenza (human-primary, animal-secondary)
- Measles (rubeola) ☎
- Mumps
- Pertussis ☎
- Poliomyelitis ☎
- Reye syndrome - NR
- Rubella ☎
- Smallpox ☎
- Tetanus
- Vaccinia/adverse events resulting from smallpox vaccination

### **Vectorborne/zoonotic disease epidemiologist (JoDee Summers 8-6195. Felicia bkup 8-9182)**

- Amebiasis
- Arboviral infection
- Babesiosis - NR
- Brucellosis
- Colorado tick fever
- *Cryptosporidium* (Jodee and Felicia)
- *Cyclospora*
- Dengue fever
- Echinococcosis
- Ehrlichiosis
- Hantavirus
- Giardia
- Influenza-animal (primary)
- Leptospirosis - NR
- Lyme disease
- Malaria
- Plague ☎
- Psittacosis
- Q fever
- Rabies ☎
- Relapsing fever
- Rocky Mountain spotted fever
- Toxoplasmosis - NR
- Tularemia ☎
- Typhus - NR
- West Nile virus (WNV)
- Yellow fever

Rachel Herlihy - 8-6623; Melissa Stevens-Diamond 8-6810, cell 544-8330

All other diseases, any available epidemiologist

☎ Call IMMEDIATELY

☎ Syphilis -all stages/congenital : report to STD 8-6096. ☎ TB - report to TB prgm 8-6096)

NR = Not Reportable

## APPENDIX 6

### INFECTION CONTROL SPECIALISTS – UTAH HOSPITALS

<b>Bear River Health District</b>		
<b>Bear River Valley Hospital</b> Debra Hall – Infection Control Phone: 435-279-8177  Shari Scott – Backup Phone: 435-257-4395	<b>Brigham City Community Hosp</b> John Nelson Phone: 435-734-4208 Fax: 435-723-5085	<b>Logan Regional Hospital</b> Debbie Moore – Infection Control Phone: 435-716-5427  Neil Perkes – Backup Phone 435-716-1000
<b>Central Utah Health District</b>		
<b>Central Valley Medical Center</b> Yvette Larsen – Infection Control Phone: 435-623-3041  Randy Allimsom – Backup Phone: 435-623-3279	<b>Delta Community Med Center</b> Marsha Nickel – Infection Control Phone: 435-864-5591	<b>Fillmore Medical Center</b> Marsha Nickel – Infection Control Phone: 435-864-5591
<b>Gunnison Valley Hospital</b> Infection Control Phone: 435-528-7246	<b>Sanpete Hospital</b> Sauna Olsen – Infection Control Phone: 435-462-4135	<b>Sevier Valley Hospital</b> Cami Blackham – Infection Control Phone: 435-896-8271  Camille Ogden – Backup Phone: 435-896-8271
<b>Wayne Community Health Cntr</b> Dr. J Chappell – Infection Control Phone: 435-425-3744  Brenda Brian – Backup Phone: 435-425-3744 x 109		
<b>Davis County Health District</b>		
<b>Davis Hospital &amp; Med Center</b> Kathleen Pena – Infection Control Phone: 801-807-1000  Karla Johnson – Backup Phone: 801-807-7011	<b>Hill Air Force Base – Hosp</b> Capt Amy Amrine – Infection Control Phone: 801-586-9646	<b>Lakeview Hospital</b> Pam Clark – Infection Control Phone: 801-299-2525  Elayne Shutt – Backup Phone: 801-299-2211
<b>South Davis Community Hosp</b> Scott Anderson – Infection Control Phone: 801-295-2361		
<b>Salt Lake Valley Health District</b>		
<b>Alta View Hospital</b> Vickie Anderson – Infection Control Phone: 801-501-2385  Ruth Kleckner – Backup Phone: 801-501-2385	<b>Cottonwood Hospital</b> Vickie Anderson – Infection Control Phone: 801-501-2385  Ruth Kleckner – Backup Phone: 801-501-2385	<b>Jordan Valley Hospital</b> Tami Corsi – Infection Control Phone: 801-562-4266  Connie Wheeler – Backup Phone: 801-561-8888
<b>LDS Hospital</b> Carrie Taylor – Infection Control Phone: 801-408-5364  Sharon Sumner – Backup Phone: 801-408-5364	<b>Pioneer Valley Hospital</b> Clarice (Candy) Rick – Infection Control Phone: 801-964-3192	<b>Primary Children’s Med Center</b> Sharon Soutter – Infection Control Phone: 801-662-6312

<b>Salt Lake Valley Health District (continued)</b>		
<b>Rivendell of Utah</b> Rita Fowler – Infection Control Phone: 801-561-3377	<b>Salt Lake Regional Med Center</b> Candy Rick – Infection Control Phone: 801-350-8127	<b>Salt Lake Specialty Med Center</b> April Lassen Phone: 801-964-3555
<b>St. Mark’s Hospital</b> Kristine Hegmann – Infection Control Phone: 801-268-7790	<b>Shriner’s Hospital for Children</b> Linda Rowley – Infection Control Phone: 801-536-3645	<b>U of U Medical Center</b> Louise Eutropius – Inf. Control Phone: 801-585-3124  Britt Brinton – Backup Phone: 801-585-7334
<b>Veterans Admin Med Center</b> Susan O’Conner-Wright Phone: 801-582-1565 x 1708		
<b>Southeastern Utah Health District</b>		
<b>Allen Memorial Hospital</b> Tracy Harris – Infection Control Phone: 435-259-7191  Victoria Gigglioti – Backup Phone: 435-259-7191	<b>Castle View Hospital</b> Pam Konakis – Infection Control Phone: 435-637-4800	<b>San Juan Hospital</b> Julee Slade – Infection Control Phone: 435-587-2166 x 154
<b>Southwest Utah Health District</b>		
<b>Beaver Valley Hospital</b> Debra Barton – Infection Control Phone: 435-438-7178  Karla Evans – Backup Phone: 435-438-7100	<b>Dixie Regional Medical Center</b> Linda Rider – Infection Control Phone: 435-251-1677  Amber Bringhurst – Backup Phone: 435-	<b>Garfield Memorial Hospital</b> Jeanne Shakespeare Phone: 435-676-8811
<b>Kane County Hospital</b> Mike Church Phone: 435-644-4139  Justin Brinkerhoff – Backup Phone: 435-644-4100	<b>Milford Valley Memorial Hosp</b> Nancy Carter Phone: 435-387-2411  Michelle Barton – Backup Phone: 435-387-2411	<b>Valley View Medical Center</b> Janet Malachowski Phone: 435-235-2914
<b>Summit County Health District</b>		
<b>No Hospitals in Summit County</b>		
<b>Tooele County Health District</b>		
<b>Mountain West Medical Center</b> Kip Thompson Phone: 435-843-3746  Jolee Perez – Backup Phone: 435-843-3746		
<b>Tri-County Health District</b>		
<b>Ashley Valley Hospital</b> Ruth Christensen Phone: 435-789-3342 x 226  Julie Merckly – Backup Phone: 435-781-1218	<b>Uinta Basin Medical Center</b> Misty Gillroy Phone: 435-722-4691 x 1316  Victoria Holzman – Backup Phone: 435-722-4691 x 1382	<b>U &amp; O Ft. Dushesne Clinic</b> Randall Sharp Phone: 435-722-5122  Trish Delikat Phone: 435-752-6839

<b>Utah County Health District</b>		
<b>American Fork Hospital</b> Kathleen Bowen Phone: 801-855-3261  Karen Singson Phone: 801-855-3261	<b>Mountain View Hospital</b> Pauline Smith Phone: 801-465-7474  Marguerite Smith – Backup Phone: 801-465-7112	<b>Orem Community Hospital</b> Kathleen Bowen Phone: 801-357-3313  Karen Singson Phone: 801-357-3313
<b>Timpanogos Regional Med Cnt</b> Diane Mayberry Phone: 801-714-6048  Paula Stausburg – Backup Phone: 801-714-6047	<b>Utah State Hospital</b> Joyce Foster Phone: 801-344-4631  Gayle Bluemel – Backup Phone: 801-344-4220	<b>Utah Valley Regional Med Cntr</b> Kathleen Bowen Phone: 801-357-3590  Karen Singson Phone: 801-357-3590
<b>Wasatch County Health District</b>		
<b>Heber Valley Medical Center</b> Michele Ludlow Phone: 435-657-4377		
<b>Weber-Morgan Health District</b>		
<b>McKay Dee Hospital</b> Doe Kley Phone: 801-387-3294  Connie Bohman – Backup Phone: 801-387-3190	<b>Ogden Regional Medical Cntr</b> Jeanette Smythe Phone: 801-479-2467  Marilyn Peterson Phone: 801-479-2446	
<b>Miscellaneous Facilities</b>		
<b>Utah State Prison</b> Pauline Sturdy Phone: 801-576-7091  Richard Gardner – Backup Phone: 801-576-7114		