What the Health Department does to keep us safe…

- Investigate communicable diseases
- Test and treat STDs and TB
- Immunize
- Inspect restaurants, camps, swimming pools, tattoo parlors, hotels
- Test public beach water
- Promote health education and wellness
- Enhance Public Health Emergency Preparedness

plus much more…
Infectious Disease Epidemiology

- Salmonella
- Gonorrhea
- West Nile Virus
- Pertussis
- Group A Streptococcus
ECDOH Epidemiology and Surveillance

Core Activities
Epidemiology and Surveillance

- Receive disease reports
- Investigate single reports and outbreaks
- Follow-up on food-related illness reports
- Evaluate communicable disease trends
- Facilitate rabies post-exposure prophylaxis for exposed persons
Information Dissemination

- Communicate with colleagues at NYS Dept. of Health Western Regional Office
- Respond to public inquiries
  - Citizens
  - Healthcare professionals
  - School nurses, daycares
- Alert professionals and the public to current public health issues
- Lecture at community, academic and professional organizations
Communicable Disease Reporting Process
NEW YORK STATE DEPARTMENT OF HEALTH

Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10, 2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

- Anaplasmosis
- Amebiasis
- Animal bites for which rabies prophylaxis is given
- Anthrax
- Arboviral infection
- Babesiosis
- Botulism
- Brucellosis
- Campylobacteriosis
- Chancroid
- Chlamydia trachomatis infection
- Cholera
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- E.coli 0157:H7 infection
- Ehrlichiosis
- Encephalitis

- Foodborne Illness
- Giardiasis
- Glanders
- Gonococcal infection
- Haemophilus influenzae (invasive disease)
- Hantavirus disease
- Hemolytic uremic syndrome
- Hepatitis A
- Hepatitis A in a food handler
- Hepatitis B (specify acute or chronic)
- Hepatitis C (specify acute or chronic)
- Pregnant hepatitis B carrier
- Herpes infection, infants aged 60 days or younger
- Hospital associated infections (as defined in section 2.2 10NYCRR)

- Influenza, laboratory-confirmed
- Legionellosis
- Listeriosis
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Measles
- Meliodosis
- Meningitis
- Aspergillus or viral
- Haemophilus
- Meningococcal
- Other (specify type)
- Meningococcemia
- Monkeypox
- Mumps
- Pertussis
- Plague
- Poliomyelitis
- Psittacosis
- Q Fever
- Rabies
- Rocky Mountain spotted fever
- Rubella (including congenital rubella syndrome)
- Salmonellosis
- Severe Acute Respiratory Syndrome (SARS)
- Shigatoxin-producing E.coli (STEC)
- Shigellosis
- Smallpox
- Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin)
- Staphylococcal enterotoxin B poisoning
- Streptococcal infection (invasive disease)
- Group A beta-hemolytic strep
- Group B strep
- Streptococcus pneumoniae
- Syphilis, specify stage
- Tetanus
- Toxic shock syndrome
- Transmissible spongiform encephalopathies (TSE)
- Trichinosis
- Tuberculosis current disease (specify site)
- Tularemia
- Typhoid
- Vaccinia disease
- Vibriosis
- Viral hemorrhagic fever
- Yersiniosis
Reporting of Communicable Diseases

- **Who**: Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, and schools.

- **What**: Any suspected or confirmed case(s) of diseases on the reportable disease list, any disease outbreak, or any unusual illness.

- **Where**: Local health department where the patient resides.
Case Reporting

- **Direct to Epi & Surveillance**
  - Phone, Fax, Mail from patients’ healthcare providers and laboratories

- **Referrals**
  - Calls from the community
  - Other county health departments
  - NYSDOH
  - Other states’ epidemiologists
The Surveillance Pyramid

Population exposures
Person becomes ill
Person seeks care
Specimen obtained
Lab tests for organism
Lab-confirmed case
Reported to health dept./CDC
Fraction of Cases Identified
Laboratory Result Reporting

- **Electronic Clinical Laboratory Reporting System (ECLRS)**
  - “Automatic” reporting by laboratory
  - Lab result, demographics, ordering physician
  - Reports retrieved daily by local health dept.
  - Access limited to NYSDOH and local health department where patient resides
# Investigation: clinical data, patient interview

## Data Ascertainment
- **Symptoms:** onset, duration
- **Exposure window, contagious period**
  - Possible exposure sources:
    - Food history
    - Recent healthcare exposures
    - Travel
    - Animal contact
- **Treatment**
- **Occupation**
  - Food handler? Healthcare worker? School? Daycare?
- **Private home? Apt complex? Long-term care facility?**
  - Ill contacts?

## Outcome of Investigation
- **Work or school exclusion?**
  - Notify employer/school nurse
- **Restaurant inspection**
- **Notify DOH of healthcare-acquired infections**
- **Prophylaxis of potentially exposed contacts** (ex. Pertussis, hepatitis A, influenza)
- **Epi-links identified?**
- **Health advisories, press releases, food recalls**

*All pertinent data entered into CDESS*
Communicable Disease Electronic Surveillance System (CDESS)

- Electronic case reporting to NYSDOH
- County and NYSDOH can quickly access case information
- Analyze disease trends (monthly, yearly)
  - Enables Counties and NYSDOH to compute county-specific case counts for reportable diseases
  - Distributions by age, gender, race
# CDESS Statistics Report - Frequency Parameters

## Choose From Disease List

### Reportable Diseases
- MENINGOCOCCAL INFECTION
- MIDDLE EAST RESPIRATORY SYNDROME (MERS-CoV)
- MONKEYPOX
- MUMPS
- PERTUSSIS
- PLAGUE
- POLIO - Generic
- POLIO, NONPARALYTIC

### Selected Diseases
- PERTUSSIS

## Select Report Parameters

Choose either 1 or 2 columns. 2 Columns = Group and Frequency, 1 Column = Frequency

Available Filter Columns:
- SERIALNO
- CASEYEAR
- PROGRAMAREA
- CITYCODE
- ZIPCODE
- CENSUSTRACT
- LATITUDE
- LONGITUDE

Available Filter Values:
- Age Range = <1
- Age Range = 1-4
- Age Range = 5-9
- Age Range = 10-14
- Age Range = 15-19

Selected Filter Values:
- Age Range = 1-4
- Age Range = 5-9
- Age Range = 10-14
- Age Range = 15-19

Selected Report Columns:
- CASEYEAR
## Confirmed Pertussis Cases by Year

**Erie County**

<table>
<thead>
<tr>
<th>Month</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>6</td>
<td>15</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>February</td>
<td>1</td>
<td>12</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>March</td>
<td>3</td>
<td>11</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>April</td>
<td>0</td>
<td>13</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>4</td>
<td>15</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>June</td>
<td>25</td>
<td>29</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>July</td>
<td>29</td>
<td>16</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>August</td>
<td>27</td>
<td>17</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>September</td>
<td>17</td>
<td>18</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>October</td>
<td>16</td>
<td>10</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>November</td>
<td>11</td>
<td>10</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>December</td>
<td>9</td>
<td>10</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>148</td>
<td>176</td>
<td>45</td>
<td>88</td>
</tr>
</tbody>
</table>

*Provisional data*
## Confirmed Pertussis Cases by Age
### Erie County

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>6</td>
<td>15</td>
<td>18</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>1-4</td>
<td>5</td>
<td>14</td>
<td>26</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>5-9</td>
<td>8</td>
<td>33</td>
<td>43</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>10-14</td>
<td>3</td>
<td>64</td>
<td>58</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>15-19</td>
<td>2</td>
<td>10</td>
<td>23</td>
<td>10</td>
<td>35</td>
</tr>
<tr>
<td>20-29</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30-39</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>40-49</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>&gt;50</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
<td><strong>148</strong></td>
<td><strong>176</strong></td>
<td><strong>45</strong></td>
<td><strong>88</strong></td>
</tr>
</tbody>
</table>

*Provisional data
Influenza Surveillance – Erie County

Positive Influenza Laboratory Results Reported to Erie County - Three Seasons

*Positive influenza tests (viral culture, DFA/IFA, or rapid antigen tests) reported to ECLRS.*
2013 Reported Gonorrhea and Chlamydia Cases by Age and Gender
Erie County

**Gonorrhea**

- Male
- Female

- Age groups: < 15, 15 - 19, 20 - 29, 30 - 39, 40+

- Total cases: N=1,057

**Chlamydia**

- Male
- Female

- Age groups: < 15, 15 - 19, 20 - 29, 30 - 39, 40+

- Total cases: N=4,892
Syndromic Surveillance

- Real-time indicators
  - Clinical signs that can be classified into syndromes
    - Fever, Respiratory, rash, GI, Neurological, Carbon Monoxide, Asthma
  - NOT a specific diagnosis

  Example:
  
  Cough + Sore Throat + Fatigue + Fever = Influenza like illness
  Abdominal pain + diarrhea = Possible salmonella during an outbreak

- Data often gathered from emergency department admissions and reported within 24 hours
- Goal is early identification of public health events before they might otherwise be detected
ED Syndromic Surveillance System

Short Term (30 Day) Trend Report for
ERIE

Syndrome: Respiratory

Ending Date 02/15/10

COUNTS

DATE

COUNT 179 178 167 167 157 157 143 163 148 148 144 144 158 177 159 178 153 153 154 160 200 144 144 220 176 165 170 184 137

FLAGS

C1 = Mild Sensitivity  C2 = Moderate Sensitivity  N = Data Missing, Result May Not Valid
<table>
<thead>
<tr>
<th>ED PFI</th>
<th>ED Name</th>
<th>Day of Visit</th>
<th>Resp.</th>
<th>GI</th>
<th>Fever</th>
<th>Asthma</th>
<th>Rash</th>
<th>Neuro</th>
<th>Hypothermia</th>
<th>Carbon Monoxide</th>
<th>Other</th>
<th>Missing Chief Complaints</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0280</td>
<td>BERTRAND CHAFFEE HOSPITAL</td>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>0207</td>
<td>BUFFALO GENERAL HOSP - KALEIDA HEALTH</td>
<td></td>
<td>19</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>93</td>
<td>0</td>
<td>130</td>
</tr>
<tr>
<td>0210</td>
<td>ERIE COUNTY MEDICAL CENTER</td>
<td></td>
<td>13</td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>118</td>
<td>0</td>
<td>146</td>
</tr>
<tr>
<td>0267</td>
<td>KENMORE MERCY HOSPITAL</td>
<td></td>
<td>11</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>38</td>
<td>0</td>
<td>69</td>
</tr>
<tr>
<td>0213</td>
<td>MERCY HOSPITAL (BUFFALO)</td>
<td></td>
<td>22</td>
<td>12</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>69</td>
<td>0</td>
<td>119</td>
</tr>
<tr>
<td>5780</td>
<td>MERCY HOSPITAL OF BUFFALO@MERCY AMBULATORY CARE CENTER</td>
<td></td>
<td>12</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>39</td>
<td>0</td>
<td>68</td>
</tr>
<tr>
<td>0215</td>
<td>MILLARD FILLMORE HOSP (BUFFALO) - KALEIDA HEALTH</td>
<td></td>
<td>15</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>43</td>
<td>0</td>
<td>75</td>
</tr>
<tr>
<td>3067</td>
<td>MILLARD FILLMORE SUBURBAN (AMHERST) - KALEIDA HEALTH</td>
<td></td>
<td>17</td>
<td>17</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>78</td>
<td>0</td>
<td>120</td>
</tr>
<tr>
<td>0218</td>
<td>SISTERS OF CHARITY HOSPITAL</td>
<td></td>
<td>20</td>
<td>16</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>57</td>
<td>3</td>
<td>104</td>
</tr>
<tr>
<td>0292</td>
<td>ST JOSEPHS HOSPITAL OF CHEEKTOWAGA</td>
<td></td>
<td>14</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>68</td>
</tr>
<tr>
<td>0208</td>
<td>WOMEN AND CHILDREN'S HOSPITAL OF BUFFALO - KALEIDA HLTH</td>
<td></td>
<td>74</td>
<td>19</td>
<td>32</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>0</td>
<td>142</td>
</tr>
</tbody>
</table>
## Syndromic Surveillance

<table>
<thead>
<tr>
<th>Medical Record Number</th>
<th>Chief Complaint Text</th>
<th>Age</th>
<th>Sex</th>
<th>Patient Zip Code</th>
<th>Discharge Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESP DISTRESS</td>
<td>RESP DISTRESS</td>
<td></td>
<td>F</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>resp distress</td>
<td>resp distress</td>
<td></td>
<td>F</td>
<td></td>
<td>Discharged</td>
</tr>
<tr>
<td>diff breathing</td>
<td>diff breathing</td>
<td></td>
<td>M</td>
<td></td>
<td>Discharged</td>
</tr>
<tr>
<td>fever</td>
<td>fever</td>
<td></td>
<td>M</td>
<td></td>
<td>Discharged</td>
</tr>
<tr>
<td>Fever</td>
<td>Fever</td>
<td></td>
<td>M</td>
<td></td>
<td>Discharged</td>
</tr>
<tr>
<td>Difficulty Breathing, Cough</td>
<td>Difficulty Breathing, Cough</td>
<td></td>
<td>F</td>
<td></td>
<td>Discharged</td>
</tr>
<tr>
<td>Pale, Shallow Breaths, Cold</td>
<td>Pale, Shallow Breaths, Cold</td>
<td></td>
<td>M</td>
<td></td>
<td>Admitted</td>
</tr>
<tr>
<td>respiratory</td>
<td>respiratory</td>
<td></td>
<td>F</td>
<td></td>
<td>Discharged</td>
</tr>
<tr>
<td>fever</td>
<td>fever</td>
<td></td>
<td>M</td>
<td></td>
<td>Discharged</td>
</tr>
<tr>
<td>Difficulty breathing, retracting, fever</td>
<td>Difficulty breathing, retracting, fever</td>
<td></td>
<td>F</td>
<td></td>
<td>Admitted</td>
</tr>
<tr>
<td>resp distress</td>
<td>resp distress</td>
<td></td>
<td>F</td>
<td></td>
<td>Discharged</td>
</tr>
<tr>
<td>resp distress</td>
<td>resp distress</td>
<td></td>
<td>M</td>
<td></td>
<td>Discharged</td>
</tr>
</tbody>
</table>

Click on column headings to sort.
Rabies – Erie County

### Positive Animals

<table>
<thead>
<tr>
<th>Year</th>
<th>Raccoons</th>
<th>Bats</th>
<th>Skunks</th>
<th>Fox</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>19</td>
<td>12</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>2010</td>
<td>8</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>2011</td>
<td>12</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>2012</td>
<td>17</td>
<td>18</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>42</td>
</tr>
<tr>
<td>2013</td>
<td>9</td>
<td>17</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>2014</td>
<td>6</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>2 (cats)</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>86</td>
<td>21</td>
<td>5</td>
<td>4</td>
<td>187</td>
</tr>
</tbody>
</table>

### Number of Rabies Investigations (2012-2014)

<table>
<thead>
<tr>
<th>Year</th>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3240</td>
</tr>
<tr>
<td>2013</td>
<td>2684</td>
</tr>
<tr>
<td>2014</td>
<td>3121</td>
</tr>
<tr>
<td>Total</td>
<td>9045</td>
</tr>
</tbody>
</table>

### Persons Approved for Rabies Post-Exposure Propylaxis, Erie County 2011-2014

- **2011**: 
  - Number of persons PEP recommended: 382
  - Number of persons completing PEP: 319
- **2012**: 
  - Number of persons PEP recommended: 498
  - Number of persons completing PEP: 356
- **2013**: 
  - Number of persons PEP recommended: 381
  - Number of persons completing PEP: 279
- **2014**: 
  - Number of persons PEP recommended: 471
  - Number of persons completing PEP: 371
Questions?
Case Study:

Can I have a little bacteria with that please?
How it all begins...

9/7/11  Local hospital ER admits a 25 year old man with diarrhea

*Stool specimen is collected
9/9/11 Lab testing confirms patient has **Salmonellosis**

- Incubation Period – 12 to 72 hours
- Symptoms
  - Diarrhea
  - Nausea
  - Vomiting
  - Fever
- Spread
  - Person to person by fecal oral route
  - Eating or drinking contaminated food or water
The detective work begins...

9/10/11 Health Department receives laboratory report

Epidemiologist interviews the patient....

What should we ask ???????????

✅ Who  ✅ What  ✅ When  Where  How
The detective work begins...

Epidemiologist asks the patient:

- Symptoms and date of onset
  - Diarrhea and vomiting began on 9/6/11
- Food history 12 – 72 hours prior to onset of illness
  - Ate sub (turkey, lettuce, tomato, mayo) from local restaurant on 9/4/11
- Activities 12 – 72 hours prior to onset
  - Nothing to note
- Friends or family members ill?
  - Friend with whom he ate at this restaurant became ill with diarrhea at same time

Who    What    When     Where               How
Epidemiologists act on the information...

9/11/11: Request made to Environmental Health staff to inspect suspect restaurant

What should they look for ????
Epidemiologists act on the information…

Environmental Health staff look for:

- Proper holding temperatures of food items
- Proper preparation and storage of food items
- Proper glove usage
- Ill food handler
But wait, there’s more…

9/12/11 Another lab confirmed Salmonellosis case is reported

Case #2 interviewed:

- Case is employee at local restaurant
- Symptom onset 9/6/11
- Case worked and ate at suspect restaurant on 9/4/11

*Case 2 has same date of exposure and symptom onset date as case #1

*Public health law requires food handler with Salmonellosis withheld from work until person has 2 consecutive negative stool samples collected at least 24 hours apart

✅ Who    ✅ What    ✅ When    ✅ Where    ✅ How
Findings of 9/12/11 inspection

VIOLATIONS

• Improper sanitation of food preparation surfaces
• Improper sanitizing of wiping cloths
• Storage of raw chicken with produce
• Washing of produce and chicken in same sink
• Employees did not change gloves after handling raw chicken

Other information: Additional employees have called in sick complaining of diarrhea

Who
What
When
Where
How
Health Department intervenes….  

9/14/11

- Restaurant owner asked to voluntarily close and sanitize entire restaurant
- All restaurant employees requested to submit stool specimens for testing before returning to work

Health Department continued to receive reports of persons with Salmonellosis linked to eating at restaurant on 9/4/11.
Action…

While closed, the restaurant will:

- Sanitize food contact surfaces with commercial sanitizer
- Discard all food in open containers

After re-opening:

- Daily health department inspections for a period of time
- Employees will attend food safety seminar
21 cases of Salmonellosis linked to the restaurant

- 8 food handlers
- 13 patrons
Questions?
Ebola Virus Disease (EVD) Screening and Reporting

Screening criteria for identifying a possible case of EVD:

1. Elevated temperature (recorded or subjective) or a symptom such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

   AND

2. Travel to a country with widespread Ebola virus transmission within the past 21 days (currently Guinea, Liberia, Sierra Leone) or contact with a symptomatic Ebola case within 21 days of symptom onset.

IMMEDIATELY Report Suspect Ebola Case to:

The Erie County Department of Health Office of Epidemiology and Surveillance at
(716) 858-7697 – Normal Business Hours
(716) 961-7898 – After Hours, Weekends, and Holidays
EBOLA: Assessing Risk for Travelers from Guinea, Liberia, and Sierra Leone entering U.S.

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Definition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>*High risk (direct contact)</td>
<td>Contact with Ebola/sick individual’s body fluids</td>
<td>Quarantine for 21 days Monitor for 21 days (in person)</td>
</tr>
<tr>
<td>*Some risk (direct contact)</td>
<td>Within 3 feet of an Ebola/sick individual</td>
<td>Quarantine for 21 days Monitor for 21 days (in person)</td>
</tr>
<tr>
<td>Low, but not Zero risk</td>
<td>In one of three impacted countries, but no direct contact</td>
<td>Monitor for 21 days (can be remote)</td>
</tr>
<tr>
<td>No identifiable risk</td>
<td>Did not travel to impacted country</td>
<td>No movement restrictions</td>
</tr>
</tbody>
</table>
When a suspect individual is identified:

- A phone call is placed to the Office of Epidemiology and Disease Surveillance to report the suspect. Symptom and travel history should be available for review.

- The Epidemiologist will:
  - Obtain the name, epidemiologic data and (preferably) cell phone number of the patient
  - Obtain names and demographic information for other household and close personal contacts of this patient.
  - Ask household contacts of this patient to voluntarily remain quarantined until such time as the suspect case is diagnosed.
  - Determine the patient’s hospital of choice.
Contact tracing is something that the Office of Epidemiology and Disease Surveillance does every day.

Information is collected on:
- patient
- transport personnel
- hospital personnel
- household members
- close contacts
- activities
Contact Tracing

Office of Epidemiology and Disease Surveillance speaks to each identified contact and:

- Collects the contacts information
- Educates the contact
- Assesses extent of contact and risk
- Explains monitoring and movement restrictions if necessary
Questions?