Public Health Nursing Guide to Infectious Disease Surveillance & Investigation

NEPHTC New England Public Health Training Center MAPHN Massachusetts Association of Public Health Nurses

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There will be three slides today which will require some input from you:

A poll

A Word Cloud

A quick 4 question survey for NEPHTC

The links to the first two will be put in the chat box

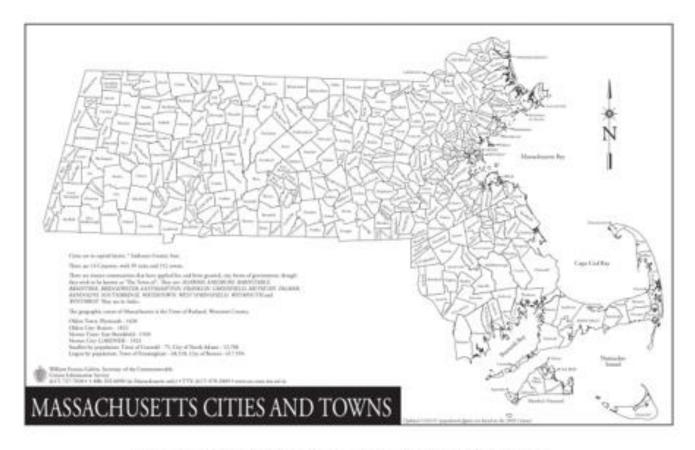
At the conclusion of the program, there is also an evaluation sheet which when completed provides the CEU for nurses .

Disclosure: This presentation is supported through a grant. I have no financial interest or relationship to disclose.

## Learning Objectives:

Navigate the process of investigating reportable diseases, recognize the capacities of the MDPH MAVEN network tools, explore tips for effective disease investigation, tracing, outreach and response for PHNs conducting disease investigations.

## **Shared Responsibility**



\*Each individual city and town has its own independent public health departments

Regulation: 105 CMR 300.00

https://www.mass.gov/regulations/105-CMR-300

MAPHN Public Health Nursing Guidebook References

https://www.maphn.org

Public Health Fact Sheets

https://www.mass.gov/fact-sheets-on-infectious-diseases

**MAVEN** Training

http://www.maven-help.maventrainingsite.com/

Core Competencies For Public Health Professionals

https://www.phf.org/resourcestools/pages/core\_public\_health\_competencies.aspx

## https://www.mass.gov/doc/105-cmr-300

#### 105 CMR

365: Standards of management of TB outside hospitals

365.200: Case management

365.600: Discharge planning from hospital into out-patient setting

MGL Chapter 111 Section 94A-C: Compulsory hospitalization of person with infectious TB



## **About Public Health Nursing**

Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing and social and public health sciences.

https://www.apha.org/apha-communities/member-sections/public-health-nursing/who-we-are



## MASSACHUSETTS ASSOCIATION OF PUBLIC HEALTH NURSES



## CELEBRATES 100 YEARS OF PUBLIC HEALTH NURSING IN MASSACHUSETTS 1010-2010

"The work we are speaking of has to do with maintaining health by removing things which disturb it...
...dirt, drink, diet, damp, and drains." - Florence Nightingale

	1910-1920	1920-1930	1930-1940	1940-1950	1950-1960	1960-1970	1970-1980	1980-1990	1990-2000	2000-2010
In 1900 T	General Motors adds a lead compound to gasoline-emission studies later show the human and environmental impact  Tuberculosis was the primary death in the United States.	First federal monies allocated for health and social welfare     Frontier Nursing Founded     1916-1923: The Framingham     Community Health and Tuberculosis     Demonstration Study pioneer community-based demonstration project     Continued growth in water demand	First human cases of eastern equine encephalitis in Massachusetts     Late 1940s: Tuberculosis     Sanitoriums begin to close.     B patients receive antibiotics and are treated outpatient.	1948: The Framingham Heart Study defines the risk factors and natural history of cardiovascular disease over the next 10-20 years  1950: Isoniazid introduced for prevention of Tuberculosis.	More water African More Bore  Continue  Contin	1965: Medicare and Medicaid come into being     1970s: Rifampin is introduced to treat Tuberculosis.	<ul> <li>1972: Laboratory for children's blood lead screening established at the Massachusetts State Laboratory Institute for testing at no charge, resulting in major impact on the epic prevalence of childhood lead poisoning and identification of the sources of poisoning.</li> </ul>	Early 1980s: Resurgence of drug resistant Tuberculosis, particularly those infected with HIX 1983: DOT/ Case Management by Public Health Nurses started.	1991: Enactment of regula- tions for use of lead determi- nation procedure, enabling local health departments to carry out their responsibili- ties to identify and correct lead hazards in homes with children 1993: WHO declares a	-2000: MA promulgates regulations for low and moderate risk owner / agent deleading, dramatically cutting deleading costs
DRINK	Prohibition increased the production of soft drinks and spurred the growth of tea rooms and cafeterias	prompted the 1926 construction of the	1930-1939: Operations on an effluent tunnel in Boston Harbor for treated sewage as well as a treatment center on Deer Island     Food and V	: Vater borne diseases investigate		vater sources, wells, unity pools, public	vaccinated with polio	•1884: The Boston Main Drainage System was completed 1985, The Massachusetts ources Authority (MWRA)	Emergency on MDR-TB through 2010: Public Health Nurses provide case management, surveillance, TB Testing and DOT services.  • 1996: The MWRA replaced	
by dammii 1908, it beg	he creation of the Wachusett Reservoir sing the Nashua River in Clinton, MA. In egan feeding the Wachusett Aqueduct.		like virus, gi la, gastroe	es in MA includes campylobacto ardia, cryptosporidiosis, shigello nteritis, schistosomiasis, e-coli d	a, salmonel- and lakes	oublic swimming holes have water tests done ly and/or seasonally.	• 1972: Clean Water Act sewage serv in the state,	nolesale drinking water and ices to certain municipalities primarily in the Boston area.	its open reservoirs with more sanitary covered storage tanks.	2010: Framingham MA     passes raw milk regulations     2009: MAPHN promulgates     a historic Memorandum of
DIET	First vitamin (86) discovered     Start of refrigeration and frozen foods     Fourty-four hours/week were spent on preparing meals & cleaning up after them	First heights and weights of babies me     Manufactured foods introduced include: Wonder Bread (1920)-Made in Framingham, MA	depression era  • 1937: MA Blue Cross • 1937: McDonald brothers open first drive-in • 1941: MA Blue Shield	School lunch program CDC accepts height and weight graphs       1946: National School Lunch Act requires school-provided meals to be nutritionally balanced and have minimum amounts of specific food groups	• 1951: Swanson produces first frozen meals; pot pies	Frozen and convenience meals flood the grocery stores 1963: The first Massachusetts McDonalds opens in West Springfield	Surge in number of single mothers     1974: Special supplemental food program introduced for Women, Infants, and Children (WIC)	Increase in fast food restaurants and chains     1980: USDA publish Dietary Guidelines for Americans	Decrease in physical conditioning of children with increase in sedentary activities     BMI added to the CDC graph     USDA modernizes its meat and poultry inspection programs in response to food safety concerns	Understanding with MSNO and MAOHN in response to HIN1 Pandemic Preparedness and Emergency Response.  -Childhood obesity identified as a global health threat to children
DAMP	1905: Annie McKay, the first school nurse in Boston     1905: Supreme Court     (In Jacobson v. Massachusetts) affirms state authority to require vaccination     1912: pneumonia vaccine first used	1918-1919: Spanish flu pandemic; death estimates range from 20 to 100 million people worldwide.  1926: First vaccine for pertussis 1929: Iron Lung developed in Boston	• 1938: March of Dimes  Moms leave the kitchens and go to the workforce for WWII.	44: first flu vaccine developed: killed virus    1948: DTP in general use	"The door that nobody else will go in seems always to swing open widely for me." -Clara Barton	1962: Sabin's Pollo vaccine licensed     1963: First vaccine for measles     1967: First vaccine for murps     1968: Hong Kor      1968: Hong Kor      1968: Pollo Health Nursee	spread spread to hum	ong Kong. It MAPHN participat	- 1992: First vaccine for hepatitis A - 1995: Varicella vaccine developed - 1998: First vaccine for Lyme Disease- (withdrawn in 2002) - 1998: First vaccine for rotavirus- (withdrawn in 1999) - 15 declared a Level 6 Pandernic sin State wide response with swift debents across the State in an unprec-	- 2003: Flu mist was the first non- shot vaccine for influenza - 2006: First HPV vaccine - 2009-2010: A huge culture change in social distancing when sick
DRAIN	Y	may be compelled to face langer, but never fear it, and with our soldiers stand and ght, I can stand and feed and urse them." - Clara Barton	peculiar intro and her organ neighborhood starting point	sa was that the nurse's duction to the patient ic relationship with the d should constitute the for a universal service " - Lillian Wald	provide surveille for mosquito be equine enceph	nce and disease investig rne diseases including Ed alitis, west nile virus, der alaria and yellow fever. • 1964: Mosquito control becomes a US effort	ations as a result, Public Hea MA have been trained to Preparedness startin	edented collabora for Pandemic g in 2005.  defented collabora Nurses, Nurses, Hospitals and pre vaccinating hund	tion with School and Occupational Private and Public Provider Sites, vide clinic coordination effectively reds of thousands of MA residents. • 1999: West Nille virus comes to North America n Nurse Association in MA formed. nmonwealth of Massachusetts Pub	

## The Cycle of Infectious Disease

#### Promote and Prevent

- Education
- Review of medical records
- Health and wellness clinics
- BOLO / Health alerts

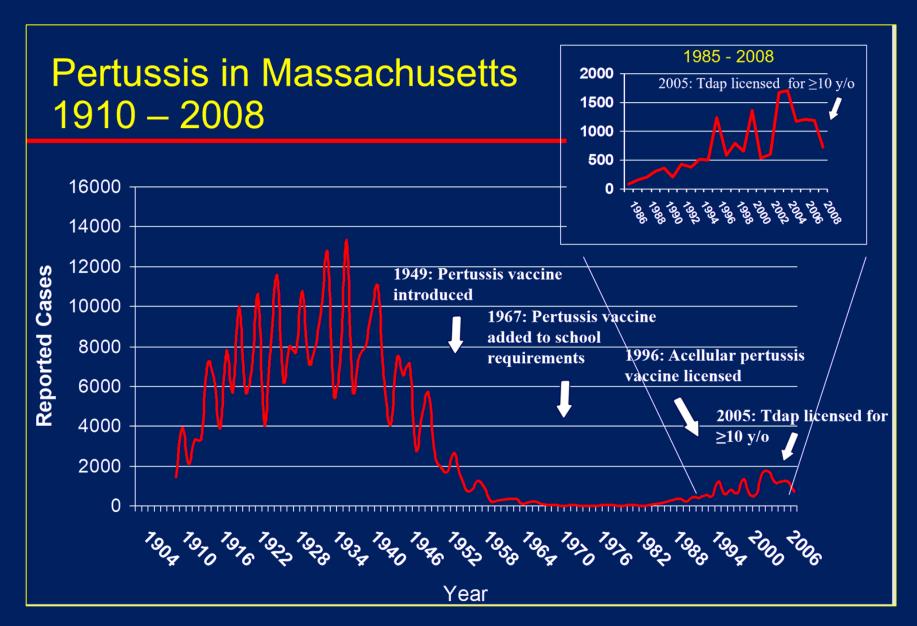
#### Contain

- Case finding
- Close contacts
- Immunization
- Restrictions
- Special precautions
- Protect others
- PSA

#### Restore

- Lab specimens
- Immunize
- Educate
- Eradicate

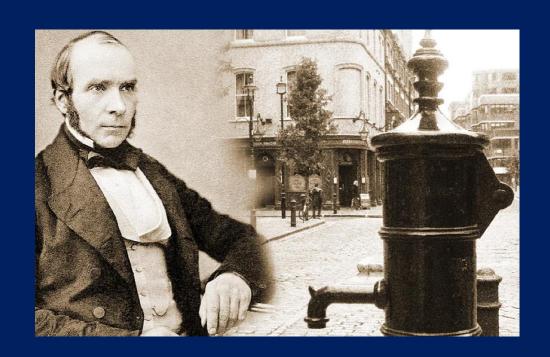
## **Control of Infectious Diseases**

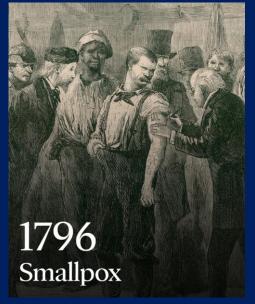


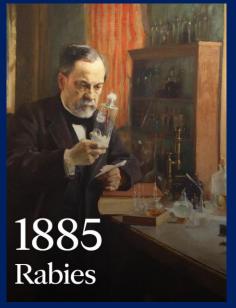
## **VPDs**

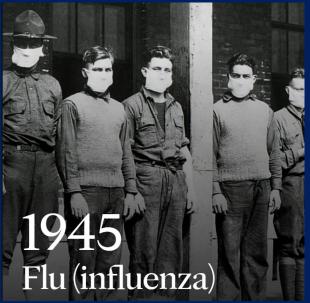
Measles, Mumps, Rubella, Polio, Chicken Pox, Meningococcal Meningitis, Influenza, Human Papillomavirus, Pertussis, Pneumonia, Hepatitis A, Hepatitis B, Tetanus, Diphtheria, Yellow Fever, Smallpox, Japanese Encephalitis, Rotavirus

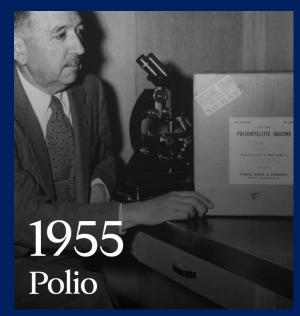
# Once upon a time in 1854, John Snow removed the handle of a water pump...









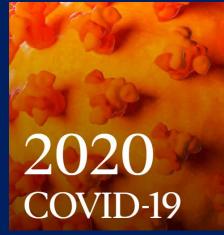














## Then Came MAVEN....

Infectious disease surveillance data collected by the Bureau of Infectious Disease and Laboratory Sciences (BIDLS) are maintained in the *Massachusetts Virtual Epidemiologic*Network (MAVEN).



#### The Guide To Surveillance Reporting and Control

https://www.mass.gov/handbook/guide-to-surveillance-reporting-and-control







MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH GUIDE TO SURVEILLANCE, REPORTING, AND CONTROL

## **Hepatitis A**



#### COMMUNICABLE AND OTHER INFECTIOUS DISEASES REPORTABLE IN MASSACHUSETTS BY **HEALTHCARE PROVIDERS\***

\*Reportable infectious diseases and conditions are not limited to those designated below. This list includes only those which are primarily reportable by clinicians. A full list of reportable diseases in Massachusetts is detailed in 105 CMR 300.100.

#### REPORT IMMEDIATELY BY PHONE!

This includes both suspected and confirmed cases.

#### All cases should be reported to your local board of health:

if unavailable, call the Massachusetts Department of Public Health: Telephone: (617) 983-6800 Confidential Fax: (617) 983-6813

#### REPORT PROMPTLY (WITHIN 24 HOURS)

This includes suspected and confirmed cases.

□ Isolates should be submitted to the State Public Health Laboratory

- Anthrax ⇒
- Any case of an unusual illness thought to have public health implications
- Any cluster/outbreak of illness, including but not limited to foodborne illness
- Botulism 
   □
- Brucellosis ⇒
- Cholera
- Chikungunya virus
- Creutzfeldt-Jakob disease (CJD) and variant CJD
- Diphtheria
- Encephalitis, any cause
- Foodborne illness due to toxins (including) mushroom toxins, ciquatera toxins, scombrotoxin, tetrodotoxin, paralyitic shellfish toxin and amnesic shellfish toxin, staphylococcus enterotoxin and others)
- · Hansen's disease (leprosy)
- ☐ Hemolytic uremic syndrome
- Hepatitis A (IgM+ only)
- Hepatitis B in pregnant women
- Hepatitis syndrome, acute possibly infectious
- ☐ Influenza, pediatric deaths (<18 years old) ⇒ ☐
  </p>
- Infection due to novel influenza A viruses 
   □
- Jamestown Canyon virus
- · Lymphocytic choriomeningitis
- Malaria
- · Meningitis, bacterial, community acquired
- Meningitis, viral (aseptic), and other infectious (non-bacterial)

- Meningococcal disease, invasive (Neisseria meninaitidis) ⇒ 🖃
- Mumps ⇒ ≡
- Pertussis
- Plaque ⇒ 
   ■
- Polio
- Powassan
- Pox virus infections in humans, including variola (smallpox), monkeypox, vaccinia, and other orthopox or parapox viruses
- Rabies in humans
- Respiratory infection thought to be due to any novel coronavirus including SARS and MERS
- Reve syndrome
- Rickettsialpox
- · Rocky Mountain spotted fever
- Rubella 2
- ☐ Tetanus
- Toxic shock syndrome
- Trichinosis
- Tuberculosis ⇒ ■
- · Evidence of tuberculosis infection
- Tularemia ⇒ □
- Typhoid fever ⇒ 
   ■
- Typhus
- Varicella (chickenpox)
- Viral hemorrhagic fevers

Animal bites should be reported immediately to the designated local authority.

Important Note: MDPH, its authorized agents, and local boards of health have the authority to collect pertinent information on all reportable diseases, including those not listed on this page, as part of epidemiological investigations (M.G.L. c. 111, s. 7).



#### COMMUNICABLE AND OTHER INFECTIOUS DISEASES REPORTABLE IN MASSACHUSETTS

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#### Reportable Diseases Primarily Detected Through Laboratory Testing

Please work with the laboratories you utilize to assure complete reporting.

- Anaplasmosis
- Amebiasis
- Babesiosis
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Ehrlichiosis
- Escherichia coli O157:H7 ⇒
- Enteroviruses (from CSF)
- Giardiasis
- Glanders ⇒ =¹
- Group A streptococcus, invasive
- Group B streptococcus, invasive in patients <1 year old
- ☐ Haemophilus influenzae, invasive 
  ☐
- Hantavirus
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Hepatitis E
- Influenza (⇒ if antiviral resistant)

- Legionellosis ⇒ =
- Listeriosis ⇒ =
- Lyme disease
- Melioidosis ⇒ =
- Norovirus
- Pneumococcal disease, invasive (Streptococcus pneumoniae) in patients <18 years old ⇒ ■
- Pneumococcal disease, invasive, penicillin-resistant
- Shiga toxin-producing organisms ⇒

Confidential Fax: (617)983-6813

- Shigellosis ⇒
- Staphylococcus aureus, methicillin-resistant (MRSA), invasive
- Staphylococcus aureus, vancomycin-intermediate (VISA) and vancomycin-resistant (VRSA) ⇒ 🖃
- Psittacosis
- Q fever
- Toxoplasmosis
- Typhus
- Vibriosis ⇒ =¹
- West Nile ⇒ 
   □
- Yellow fever
- Yersiniosis ⇒
- Zika

Report Directly to the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences 305 South Street, Boston, MA 02130

#### Sexually Transmitted Infections

- Chancroid
- Chlamydial infections (genital)
- Gonorrhea ⇒ =
- Gonorrhea resistant to Ceftriaxone ⇒ ■

Tel: (617) 983-6801

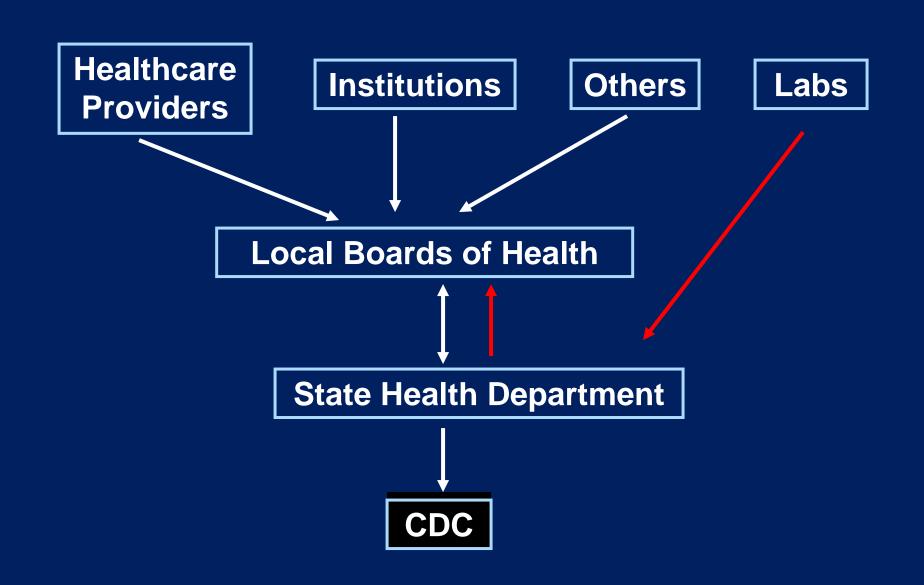
- Herpes, neonatal (onset within 60 days after birth)
- · HIV infection and AIDS
- Acute HIV infection
- Lymphogranuloma venereum
- Ophthalmia neonatorum
- Pelvic inflammatory disease
- Syphilis

⇒ Isolates should be submitted to the State Public Health Laboratory

Sample Poll: Do you monitor disease counts in your community to help drive or to direct your health education & outreach initiatives?

YES/NO

# NATIONAL DISEASE REPORTING PATHWAY



## **Pediatric Providers**

Schools,

Others

Labs

#### **MDPH**

Case & Contacts: family, significant others. co-workers

## Public Health Nurse Arrange for immunization at BOH

SLI to PHN + PCR for Pertussis

Send school sample letter to go home

Receive confirmation with copy of lab, repeats, submission receipts

Call pediatrician: vaccination history

Contact case and school: exclude students

Report to school on exclusions

Call school: identify VCC, exclusions

Complete confidential case report

#### Communique during COVID:

Employers for I & Q Employees for I & O School Nurses Occupational Health Coaches Independent Operators (i.e.: salons, etc.)

Churches

Public Offices

CIC

**Apartment Managers** 

Shelters

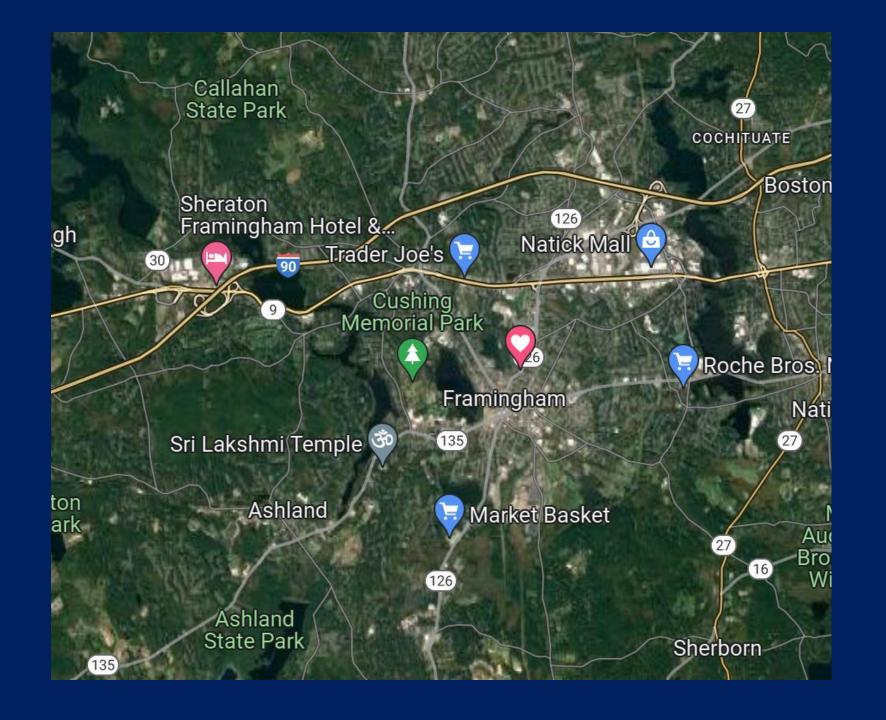
Gyms

Travel Offices

**Testing Centers** 



Count it!
Trace it!
Map it!



### Word Cloud

Please respond with an infectious disease (non-COVID) that is one of the *most frequent* in your community.

## How Did I Get This?

#### **DIRECT TRANSMISSION**

Person to Person

Bloodborne

Respiratory

**Bodily Secretions** 

Animal to Person

Bites/Stings/Scratches

Waste

Mother to Child

Placenta

Birth

#### INDIRECT TRANSMISSION

Contact with an inanimate object Contact with an organic object











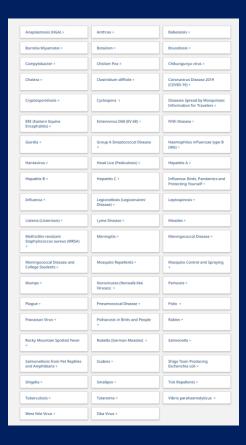
# Challenges to Communicable/Infectious Disease and Follow Up Investigations

- Public Opinions: value of a vaccine is inversely proportional to the disease level
- Public Policy & Budgets
- Reduced Public Health Workforce
- Fear of reporting

- Insufficient information
- Lack of timely reporting from providers
- HIPAA requirements
- Lack of disclosure
- Communication & Language
- Health Messaging

## Resources at your fingertips!

Example: Hepatitis A





# Additional Resources English - Hepatitis A (English, PDF 237.22 KB) Chinese - 甲型肝炎 (Chinese, Simplified, PDF 281.63 KB) Chinese - 甲型肝炎 (Chinese, Simplified, DOC 952.5 KB) Russian - Гепатит A (English, PDF 424.82 KB) Russian - Гепатит A (English, DOC 978.5 KB) Haitian Creole - Epatit A (English, PDF 413.61 KB) Haitian Creole - Epatit A (English, DOC 968 KB) Portuguese - Hepatite A (English, PDF 413.73 KB) Portuguese - Hepatite A (English, DOC 967.5 KB) Spanish - Hepatitis A (English, PDF 413.04 KB) Vietnamese - Viêm gan siêu vi A (English, PDF 485.04 KB)

Vietnamese - Viêm gan siêu vi A (English, DOC 973.5 KB)



## Hollywood Helps.... Sort of...

The Stand
And The Band Played On

Normal Heart Dallas Buyers Club

Contagion

Outbreak

28 Days Later

The Andromeda Strain

Quarantine

The Last of Us (fungus)

The Great Influenza

Clearing The Plains

Pale Rider

Blindness





## TB and LTBI

Risks of Untreated Inactive TB: Without treatment, 1 in 10 people with inactive TB will get sick with active TB disease, which can then potentially infect others.



https://www.mass.gov/clinical-advisory/recommendations-for-tuberculosis-screening-testing-and-treatment-of-us-health-care-personnel



## MAVEN Super Heroes!



Hillary Johnson, MHS
Senior Epidemiology Advisor to Local Health, Division of Epidemiology

Scott Troppy, MPH, PMP, CIC Senior Epidemiologist – MAVEN User Management & Data Visualization Lead

Kate Hamdan, MPH Surveillance Epidemiologist, MAVEN Training Team Lead

Alexandra De Jesus MPH, CIC Epidemiologist II – Pandemic Response Coordinator, Division of Epidemiology



Regulation: 105 CMR 300.00

https://www.mass.gov/regulations/105-CMR-300

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- 25th Annual MAPHN Conference at Marlborough Holiday Inn and Suites
- Wednesday May 3rd Thursday May 4th, 2023!
- Early bird registration is open!
- Hotel Information / reservations (discounted block available)
- Call For Posters!

www.maphn.org















**ALLIANCE TRAININGS** 











A quick 4 question survey for NEPHTI

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## Questions

