Public Health Field Notes

Volume 21, Issue 1 June, 2016

District Contacts

Molly O'Dell
Medical Director
(540) 585-3304

Gary Coggins
Environmental Health Manager
(540) 585-3342

Brenda Burrus
Nurse Manager Senior
(540) 585-3356

Tiffany Norman
Business Manager
(540) 585-3327

Paige Bordwine
Epidemiologist
(540) 585-3325

Dear Clinicians,

Robert Wood Johnson Foundation board members believe that America can become a nation where getting healthy, staying healthy, and making sure our children grow up healthy are top priorities. RWJF is committed to a vision of an America where we all strive together to build a national **Culture of Health** that enables all in our diverse society to lead healthy lives, now and for generations to come.

"*To do that we must disrupt the status quo and catalyze a national movement that will cultivate a shared vision of a culture of health, build demand for it among all Americans and discover and invest in solutions*" Risa Lavizzo-Mourey

As we practitioners of medicine, let us bear in mind those components of our practice that support one or more of the features of a culture of health:

- Good health flourishes across geographic, demographic and social sectors
- Attaining the best health possible is valued by our entire society
- Individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible

David Linkous
Local Health Emergency Coordinator
(540) 585-3298

Connect With Us
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After hours emergency contact

(540) 585-3339

This number is monitored after hours; please leave a message and your call will be returned! Report:

- Animal bites,
- Reportable diseases within 24 hours of diagnosis and
- Exposure to chemical, biological or radiological events.

- Business, government, individuals, and organizations work together to build healthy communities and lifestyles
- Everyone has access to affordable, quality health care because it is essential to maintain, or reclaim, health
- No one is excluded
- Health care is efficient and equitable.
- The economy is less burdened by excessive and unwarranted health care spending
- Keeping everyone as healthy as possible guides public and private decision-making
- Americans understand that we are all in this together

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Lifelong Learning

A book I want to read is The Life Project: The Extraordinary Story of Our Ordinary Lives. Helen Peterson, a geneticist and journalist, has written the book which tracks the 1946, 1958, 1970, 1991 and 2000 randomly sampled British cohorts, providing information ranging from punch-cards to fully sequenced genomes. Researchers have followed all these individuals for their entire lives yielding insights into the causes of health and illness, in Britain, from the cradle to the grave. In a recent book review, I was encouraged to read that when a child reads for pleasure, it is a positive predictor for outcomes later in life, regardless of the socio-economic status of the parents.

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Chronic Disease Self-Management Workshops

Thanks to the collaboration between the New River Agency on Aging and the New River Health District, we are offering another CDSMP workshop starting this week at Warm Hearth. Please keep referring your patients by sending an email to brenda.burrus@vdh.virginia.gov

Communicable Diseases

The updated list of reportable diseases in attached. We are actively engaged in carrying out the Zika Response Plan in New River and the testing algorithm is attached for your reference. We are providing all persons eligible for public health testing thorough mosquito control and prevention education and expectations. We will commence targeted mosquito control education at the neighborhood level and are working with our localities to assure that mosquito control resources are available in all our localities. If you use the Quest Zika testing, please provide mosquito control and prevention point of testing education to those patients. If you need information, flyers or materials, let me know.

In May we treated four new cases of syphilis and will be investigating 75 contacts associated with those cases. Please be on the lookout for

signs or symptoms of syphilis, the great pretender!
http://www.cdc.gov/std/syphilis/default.htm
If you suspect a case of syphilis or any other reportable disease, give a call to your local health department or fax in an Epi-1, attached.

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Rabies

Rabies Data to Date, 2016 totals: 6 animals, from three species, tested positive for rabies involving 211 case investigations for human exposure, resulting in 28 persons who received rabies post-exposure prophylaxis.

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Injury Prevention

Over the Memorial Day weekend, our VDH surveillance team monitored near-drowning incidents in urgent cares and emergency departments. There were 15 visits related to near-drowning and 8 of these were in children under the age of 10. Swimming is a life long skill which enables children and adults to safely enjoy Virginia's water resources. For education materials go to: www.swimhealthyva.com

Have a safe summer!

Sincerely,

Molly O'Dell, MD, MFA
Medical Director
To subscribe, please email us

		MMWR Year																					
County	**Condition**	**2016**	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**	**2008**	**2007**	**2006**	**2005**	**2004**	**2003**	**2002**	**2001**	**2000**	**1999**	**1998**	**1997**	**1996**	**1995**
Floyd County	Campylobacteriosis	0	2	3	2	2	2	1	3	1	5	0	2	0	2	3	2	0	2	0	2	0	1
	Cryptosporidiosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	E. coli infection, shiga toxin producing	0	1	1	1	0	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
	Giardiasis	1	0	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	1	0
	Haemophilus influenzae, invasive	0	0	0	1	0	0	0	2	1	2	0	0	1	0	0	0	0	0	0	1	0	0
	Hepatitis A, acute	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
	Hepatitis B, acute	0	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0
	Hepatitis C, acute	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kawasaki syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1
	Lead - elevated blood levels in children	0	2	1	0	0	0	0	0	0	0	0	0	1	0	1	2	1	1	0	0	0	0
	Legionellosis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0
	Listeriosis	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
	Lyme disease	7	53	48	53	33	8	15	13	5	2	0	0	0	0	0	0	0	0	0	2	0	1
	Malaria	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
	Pertussis	0	0	10	3	4	69	0	0	1	1	3	5	0	0	1	1	0	0	0	0	0	0
	Salmonellosis	0	4	5	3	3	2	2	1	2	1	2	7	3	0	0	1	3	1	3	3	1	2
	Shigellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	Spotted Fever Rickettsiosis (including RMSF)	0	3	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Staph aureus, methicillin resistant (MRSA)	1	6	3	2	2	2	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0
	Streptococcal infection, Group A, invasive	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Streptococcus pneumoniae, invasive (age lt 5)	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Toxic Substance	0	0	0	1	1	0	0	6	0	2	0	0	0	0	1	0	0	0	0	0	0	0

	Exposure																						
	Varicella (Chickenpox)	0	0	1	0	0	0	1	1	1	5	1	3	0	0	0	0	0	0	0	0	0	0
Giles County	Amebiasis	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Arboviral Infection - Other Than WNV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Campylobacteriosis	2	2	4	1	4	4	3	4	1	3	0	0	1	4	1	3	2	1	1	2	1	4
	Cryptosporidiosis	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	E. coli infection, shiga toxin producing	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Giardiasis	0	0	0	0	0	0	1	1	0	0	2	0	1	0	2	0	0	1	1	1	2	0
	Haemophilus influenzae, invasive	0	2	2	1	0	0	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
	Hepatitis A, acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Hepatitis B, acute	1	0	0	2	1	1	0	0	0	1	0	1	0	1	1	0	0	0	1	0	0	0
	Hepatitis C, acute	0	1	1	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Kawasaki syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	Lead - elevated blood levels in children	0	0	0	0	1	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0
	Legionellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0
	Lyme disease	4	12	16	6	10	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Meningococcal disease (Neisseria meningitidis)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
	Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
	Pertussis	0	1	3	2	1	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
	Salmonellosis	0	1	3	4	1	3	1	2	2	5	1	2	3	4	2	3	0	1	0	2	2	5
	Shigellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
	Spotted Fever Rickettsiosis (including RMSF)	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staph aureus, methicillin resistant (MRSA)	3	5	10	7	9	2	3	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Streptococcal infection, Group A, invasive	0	0	0	2	0	0	0	0	0	2	1	0	1	0	0	2	0	0	0	0	0	0
	Toxic Substance Exposure	0	2	0	0	0	2	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0
	Varicella (Chickenpox)	1	0	0	0	1	0	0	1	2	1	6	0	1	0	0	0	0	0	0	0	0	0

	Vibrio infection - non-cholera	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Yersiniosis	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery County	Amebiasis	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
	Arboviral Infection - Other Than WNV	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
	Arboviral Infection - West Nile Virus	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Campylobacteriosis	1	7	11	9	8	11	2	6	5	8	11	11	15	7	13	12	20	6	10	3	12	12
	Cryptosporidiosis	0	2	3	0	1	0	1	0	3	1	0	0	0	2	1	1	0	0	0	0	1	0
	E. coli infection, shiga toxin producing	0	3	1	2	0	0	5	3	3	3	0	1	1	2	2	1	1	1	0	0	0	0
	Ehrlichiosis/anaplasmosis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Giardiasis	2	6	3	4	0	4	2	3	4	3	1	3	5	3	2	0	2	1	2	1	5	6
	Haemophilus influenzae, invasive	2	5	1	0	1	0	1	1	1	4	2	0	1	0	1	0	0	0	0	0	0	0
	Hemolytic uremic syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	Hepatitis A, acute	0	0	0	0	1	0	0	0	2	1	0	0	0	1	0	2	1	0	0	0	0	1
	Hepatitis B, acute	0	0	2	0	1	4	1	2	3	2	1	1	5	2	2	3	1	1	0	0	0	1
	Hepatitis C, acute	1	2	1	2	3	3	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	Kawasaki syndrome	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	1	0	0
	Lead - elevated blood levels in children	1	0	1	0	0	0	1	1	1	0	3	0	1	3	1	2	2	0	1	0	1	0
	Legionellosis	0	0	1	0	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	2	16	1
	Listeriosis	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Lyme disease	9	93	72	57	44	13	39	18	24	4	1	2	0	0	2	1	3	2	1	1	1	1
	Malaria	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
	Meningococcal disease (Neisseria meningitidis)	0	0	0	0	0	1	0	0	0	0	0	1	0	1	1	1	1	1	0	1	0	0
	Mumps	0	0	0	1	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	1	5
	Pertussis	3	4	9	7	2	3	3	3	1	2	2	10	2	0	0	1	0	0	1	0	0	0
	Rubella (including cogenital)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Salmonellosis	7	6	6	8	11	7	17	12	15	11	6	11	8	9	13	12	9	12	9	17	7	4
	Shigellosis	0	0	0	0	0	0	1	1	0	1	0	0	0	0	2	7	0	1	0	0	5	0
	Spotted Fever Rickettsiosis (including RMSF)	1	1	1	1	1	0	1	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0
	Staph aureus, methicillin resistant (MRSA)	4	10	14	18	12	9	6	17	6	1	0	0	0	0	0	0	0	0	0	0	0	0
	Streptococcal infection, Group A, invasive	3	2	1	0	0	1	3	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0
	Streptococcus pneumoniae, invasive (age lt 5)	0	0	0	1	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
	Toxic Substance Exposure	0	5	4	5	0	3	4	1	7	7	0	0	4	2	1	4	0	2	1	0	0	0
	Tuberculosis	0	0	1	1	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Typhoid fever (Salmonella typhi)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Varicella (Chickenpox)	1	7	3	0	14	2	2	5	13	11	36	5	2	0	0	0	0	0	0	0	0	0
	Vibrio infection - non-cholera	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
	Yersiniosis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pulaski County	Arboviral Infection - Other Than WNV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	Campylobacteriosis	5	9	7	1	4	2	1	2	2	1	1	2	0	1	3	2	4	0	14	5	5	7
	Cryptosporidiosis	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	E. coli infection, shiga toxin producing	0	0	0	0	0	0	1	0	0	0	2	1	1	0	1	0	0	2	0	0	0	0
	Ehrlichiosis/anaplasmosis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Giardiasis	0	0	0	1	2	0	0	0	0	2	2	1	1	1	1	0	0	0	0	1	1	0
	Haemophilus influenzae, invasive	0	1	1	3	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0
	Hemolytic uremic syndrome	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hepatitis A, acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	2	0	1	1
	Hepatitis B, acute	0	1	0	2	5	1	5	4	16	7	0	2	12	6	4	4	1	1	0	0	2	1
	Hepatitis C, acute	1	1	4	8	12	2	2	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0
	Influenza-associated mortality (less than age 18)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Kawasaki syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
	Lead - elevated blood levels in children	0	0	1	0	0	2	0	1	0	0	2	0	1	4	1	1	1	0	0	0	1	2
	Legionellosis	0	0	1	1	1	0	0	0	0	0	2	0	0	1	1	0	0	0	0	0	2	0
	Listeriosis	0	1	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0
	Lyme disease	5	62	42	29	21	3	24	6	2	3	0	0	0	1	0	0	0	0	0	0	0	0
	Meningococcal disease (Neisseria meningitidis)	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	1	1	0
	Mumps	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	4
	Pertussis	1	4	2	2	5	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Salmonellosis	1	3	4	2	8	6	2	6	4	7	2	3	4	4	3	2	3	5	7	4	7	5
	Shigellosis	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1
	Spotted Fever Rickettsiosis (including RMSF)	0	3	0	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	Staph aureus, methicillin resistant (MRSA)	4	15	12	13	15	4	6	5	7	1	0	0	0	0	0	0	0	0	0	0	0	0
	Streptococcal infection, Group A, invasive	0	0	2	0	0	1	1	2	1	2	1	1	0	1	1	0	0	0	0	0	0	0
	Toxic Substance Exposure	0	3	1	1	3	0	1	0	1	1	1	0	1	0	0	0	3	1	0	0	0	0
	Tuberculosis	0	0	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Varicella (Chickenpox)	0	1	0	0	0	0	0	3	0	2	2	1	6	0	0	0	0	0	0	0	0	0
	Yersiniosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Radford City	Arboviral Infection - Other Than WNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Campylobacteriosis	0	1	2	0	1	2	0	4	0	0	3	1	1	2	5	2	1	5	4	6	4	1
	E. coli infection, shiga toxin producing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
	Giardiasis	0	0	0	0	0	0	0	1	0	0	1	0	3	2	1	0	0	0	0	2	1	0
	Haemophilus influenzae, invasive	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0
	Hepatitis A, acute	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
	Hepatitis B, acute	0	0	0	0	2	2	0	1	4	1	0	1	1	0	1	2	1	0	1	0	0	0
	Hepatitis C, acute	1	0	2	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Lead - elevated blood levels in children	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2	2	0	0	1	0	0	0
Legionellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Listeriosis	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lyme disease	1	13	9	8	9	1	15	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Malaria	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Meningococcal disease (Neisseria meningitidis)	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	0	1	0	1	1
Mumps	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Pertussis	1	2	3	4	2	6	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Salmonellosis	2	1	7	4	2	6	1	0	1	3	0	4	3	3	2	1	2	3	3	3	4	3
Shigellosis	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2	1	0	2	0	0	0
Spotted Fever Rickettsiosis (including RMSF)	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Staph aureus, methicillin resistant (MRSA)	0	6	3	8	5	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcal infection, Group A, invasive	0	1	1	1	3	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0
Toxic Substance Exposure	0	1	2	0	0	1	3	0	0	0	0	1	5	2	3	0	0	0	0	1	0	0
Toxic-shock syndrome, staphylococcal	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Varicella (Chickenpox)	0	0	1	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Vibrio infection - non-cholera	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

This report was built using the following criteria:
Data refreshed on: 06/01/2016
Counties: Floyd County Giles County Montgomery County Pulaski County Radford City
States: Virginia

Report run on: 06/01/2016

MAIL THE TOP TWO COPIES TO YOUR LOCAL HEALTH DEPARTMENT

VIRGINIA DEPARTMENT OF HEALTH Confidential Morbidity Report

Patient's Name (Last, First, Middle Initial):	SSN: _____-_____-_____ Home #: ( ) _____ - _____ Work #: ( ) _____ - _____
Patient's Address (Street, City or Town, State, Zip Code):	City or County of Residence

Date of Birth: (mm/dd/yyyy)	Age:	Race: American Indian/Alaskan Native Asian Black/African American Hawaiian/Pacific Islander White Unknown Other (specify):	Hispanic: Yes No	Sex: F M

DISEASE OR CONDITION:	Pregnant: Yes No Unknown	Death: Yes No Death Date:

Date of Onset:	Date of Diagnosis:	Influenza: (Report # and type only. No patient identification) Number of Cases: Type, if Known:

Physician's Name: Phone: ( ) Address:

Hospital Admission? Yes No Hospital Name: Date of Admission: Medical Record Number:

Laboratory Information and Results

Source of Specimen:	Date Collected:

Laboratory Test and Findings:

Name/Address of Lab: CLIA Number:

Other Information

Comments: (e.g., Risk situation [food handling, patient care, day care], Treatment [including dates], Immunization status [including dates], Signs/Symptoms, Exposure, Outbreak Associated, etc.)

Name, Address, and Phone Number of Person Completing this Form:	Date Reported:
	Check here if you need more of these forms, or call your local health department. (Be sure your address is complete.)

For Health Department Use

	Date Received:
	NEDSS Patient ID:

Please complete as much of this form as possible. Include a copy of office notes for the illness diagnosis and additional supporting lab reports if available. Fax or mail to the Montgomery County Health Department

Montgomery County Health Department
210 South Pepper Street, Suite A
Christiansburg, Virginia 24073
Fax 540-381-7108

Public Health Zika Testing§ Algorithm

- Public health testing conducted by DCLS (Trioplex RT-PCR of serum and urine and IgM MAC ELISA of serum) for individuals in these categories requires approval by local health departments. CDC conducts all Zika PRNT testing to confirm positive IgM test results.
- Commercial testing (Real Time RT-PCR of serum only) is available through Focus Diagnostics, Inc.

Revised 5/20/16

Algorithm will continue to be updated as new information becomes available

I. Pregnant women who:

- **(with or without symptoms of Zika¶)** traveled to Zika-affected area† within the past 12 weeks
- **(with or without symptoms of Zika¶)** have a sexual partner* who traveled to a Zika-affected area† and had symptoms of Zika¶ during or within 2 weeks of travel or was confirmed to have Zika
- did not travel to a Zika-affected area † and do not have an ill sexual partner who traveled, but who have a history of mosquito bite(s) and have ≥2 symptoms of Zika¶

II. Infants who:

- were born to a mother who had a positive or inconclusive test result for Zika
- were diagnosed with microcephaly or intracranial calcifications (including by fetal ultrasound)
- have ≥2 symptoms of Zika¶ in the first 2 weeks of life not explained by another etiology

III. Individuals who traveled to a Zika-affected area† and have ≥2 symptoms of Zika¶ during or within 2 weeks of travel

IV. Individuals who did not travel to a Zika-affected area † and who have ≥3 symptoms of Zika¶ not explained by another etiology AND:**

- have a pregnant sexual partner* OR are a sexual or household contact to someone suspected or confirmed to have Zika
- have a history of mosquito bite(s) within 2 weeks of symptom onset

V. A person diagnosed with Guillain-Barré Syndrome not known to be associated with another etiology

§PCR testing performed on blood specimens must be done within 7 days of symptom onset (testing by DCLS or Focus Diagnostics). CDC recommends that PCR testing on urine be done <14 days after symptom onset (testing available through DCLS); urine must be paired with a matched serum specimen. IgM testing at DCLS can be done from ≥6-8 days up to 2 weeks after symptom onset; pregnant women with Zika exposure during pregnancy (or exposure within the 8 weeks before conception) can be tested by IgM from 2-12 weeks after exposure. Further details about timing of testing can be found on the DCLS testing instructions. Other scenarios can be discussed with the local health department on a case-by-case basis.

¶Symptoms of Zika are: fever, rash, arthralgia, or conjunctivitis; OR complications of pregnancy (e.g., fetal loss in 2nd or 3rd trimester, microcephaly, intracranial calcifications).

†An updated list of Zika-affected areas can be found here: http://www.cdc.gov/zika/geo/index.html

*For this algorithm, "sexual partner" refers only to individuals who had sex without using barrier protection (during vaginal intercourse, anal intercourse, or oral sex).

**Persons with only suspected local mosquito exposure will be offered PCR testing (i.e., the timing of symptom onset must be appropriate for PCR testing).