REPORTABLE DISEASE

SURVEILLANCE

IN VIRGINIA

1988

Virginia Department of Health

Office of Epidemiology

Reportable Disease Surveillance in Virginia, 1988

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INTRODUCTION

All Virginians are at risk of acquiring diseases that are transmissible from person-to-person or from animal-to-man through direct or indirect contact. The institution of control measures to limit the spread of disease depends on health departments receiving timely notification of disease occurrence, conducting case investigations of individuals with disease to identify and minimize risk factors for further transmission, and investigating outbreaks of disease.

The notification that leads to disease investigation and control is accomplished through disease surveillance, a cornerstone of any effort to prevent the spread of communicable disease. Epidemiologic surveillance is defined as the ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice. The timely dissemination of these data to those who need to know is also an integral part of surveillance, as is the application of collected data to prevention and control. A surveillance system, therefore, includes data collection, analysis, and dissemination to provide public health interventions.

The Virginia Department of Health's Office of Epidemiology is responsible for the ongoing statewide surveillance of diseases reported according to the provisions of the Code of Virginia and the Regulations for Disease Reporting and Control, with the goal of reducing the incidence of notifiable diseases in the Commonwealth. Physicians, laboratories, and medical care facilities report cases of the notifiable diseases to the health department serving the jurisdiction in which they practice. Health directors, public health nurses, sanitarians, and epidemiology staff in the health departments act on these case reports to ensure that disease appropriate control measures are instituted. Morbidity reports are then forwarded through district and regional offices to the Office of Epidemiology. Confidentiality of patient and provider identities is provided throughout the process.

In the Office of Epidemiology, case reports are further reviewed and statewide statistics are tabulated and maintained. Disease surveillance data are submitted weekly to the Centers for Disease Control and published in the Morbidity and Mortality Weekly Report. Information regarding disease prevention and control, as well as disease-specific statistical information is published monthly in the Virginia Epidemiology Bulletin and distributed to all local health departments, physicians and veterinarians licensed in Virginia, hospital infection control practitioners and to other health care professionals. This report is the first annual summary of surveillance data produced and distributed by the Virginia Department of Health.

This report represents the results of statewide disease surveillance activities for diseases reported to the Centers for Disease Control (CDC) during calendar year 1988. The report is formatted into four sections. The first section is a brief description of the person, place, and time characteristics of the diseases reported to the health department.

Person factors include age, race, and sex. Age is divided into groups corresponding to the decades of life. Race is coded as white, black, or other. The other category includes Hispanics, American Indians, Alaskan Natives, and Asian/Pacific Islanders. Place factors reflect geographic location of the cases by

city/county, health district, and health region. Time indicates month of onset, or in some cases, month of report to CDC. Some cases reported in 1988 experienced onset of symptoms in 1987.

Section two consists of a table listing the reported number of cases and rate per 100,000 population of some of the reported diseases by city/county, district, and region. The third section contains maps for selected reported diseases showing rates per 100,000 population for each city and county. The rates have been divided into four categories on these maps using the following schematic: (1) localities reporting zero cases; (2) localities whose disease rate is greater than zero and up to the mean for the state; (3) localities whose disease rate is greater than the mean and up to one standard deviation above the mean for the state; (4) localities whose disease rate is greater than one standard deviation above the mean for the state. Categories (2) and (3) are combined for diseases with a small mean and standard deviation.

The fourth section includes the Regulations for Disease Reporting and Control, upon which the Virginia surveillance process is based.

This book can be used as a reference for local health departments and others interested in disease occurrence to compare the morbidity in their locality with that in other areas and to identify epidemiologic characteristics of the various diseases. Because morbidity fluctuates over time (Table 1), persons responsible for disease surveillance and control must identify the changes that are occurring as well as factors that may explain the observed increases and decreases. The Office of Epidemiology hopes that this report will be a useful tool for that purpose.