LORD FAIRFAX HEALTH DISTRICT

VDH VIRGINIA DEPARTMENT OF HEALTH

2023 Communicable Disease Report

LORD FAIRFAX HEALTH DISTRICT

Serving the Counties of Clarke, Frederick, Page, Shenandoah, Warren and the City of Winchester

Lord Fairfax Health District
2023 Communicable Disease Report

Our Mission

Through partnerships and collaboration, LFHD promotes the health and well-being of our communities through education, prevention, and access to quality public health services.

Our Vision

LFHD works alongside the communities we serve to create a safe, healthy, and equitable environment for all.

LFHD is committed to the following values:

Community: Connecting to our communities through partnerships and service.

Compassion: Providing services with knowledge, expertise, and compassion.

Equity: Providing equitable access to high quality public health services for all residents of LFHD.

Trust: Earning trust through transparent communication and practice.

Table of Contents

2023 LFHD Population Estimates*

Clarke County	15,442
Frederick County	96,359
Page County	23,341
Shenandoah County	44,566
Warren County	41,552
Winchester City	28,734
TOTAL	**249,994**

*Weldon Cooper Center for Public Service: https://www.coopercenter.org/virginia-population-estimates

District News and Updates

January 1, 2023
Virginia implemented surveillance changes based upon the Centers for Disease Control and Prevention (CDC)'s approved 2022 Council of State and Territorial Epidemiologists (CSTE) position statements. Noteworthy updates include:

- The COVID-19 case definition was updated to better meet long-term surveillance goals by removing probable case ascertainment based on clinical criteria and epidemiologic linkage and removing suspect case ascertainment based on positive serologic test results.
- The organisms for Carbapenemase-producing organisms (CPO) were expanded to include but not limited to Enterobacterales, *Acinetobacter baumannii*, and *Pseudomonas aeruginosa.* The previous position statement limited the case definition to *Escherichia coli and Enterobacter and Klebsiella species.*

April 2023
The Virginia Reportable Disease list was updated to specify that COVID-19 is a reportable condition on its own merit and is reportable within a 3-day timeframe. The previous list made COVID-19 reportable as "Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV)" to be reported immediately.

May 11, 2023
The federal government ended the COVID-19 Public Health Emergency and Virginia's Public Health Emergency also ended. Most tools, like vaccines, treatments and testing, remained available, but certain data sources and reporting were affected.

May 22, 2023
Virginia adopted the CDC's new lead case definition. Confirmed blood lead levels ≥ 3.5 µg/dL are referred to as blood lead levels at or above the CDC blood lead reference value. Previously, the confirmed level was ≥ 5 µg/dL.

October 25, 2023
The Lord Fairfax Health District welcomes Tara Blackley as our new health director bringing more than 20 years of public health experience to the role.

Communicable Disease Summary

In 2023, the Lord Fairfax Health District (LFHD) conducted hundreds of communicable disease investigations in response to reports from healthcare providers and laboratories. To be included in annual case counts, the case must meet condition-specific surveillance case definitions, which include clinical and/or laboratory criteria. All communicable disease data are primary surveillance data from LFHD and the Virginia Department of Health.

Table 1 shows counts of cases meeting surveillance case definitions for selected conditions in 2023 and the previous four years.

Table 1. Reported cases of selected diseases, Lord Fairfax Health District, 2019 – 2023.

Disease	2019	2020	2021	2022	2023	5 Year Average
Arboviral disease*	1	1	0	0	1	**0.60**
Arsenic, elevated levels	2	0	1	2	0	**1.00**
Botulism, infant	0	0	1	0	0	**0.20**
Campylobacteriosis	88	72	77	49	73	**71.80**
Carbapenemase-producing organism	6	2	3	5	25	**8.20**
Chlamydia trachomatis infection	783	703	647	636	661	**686.00**
Cryptosporidiosis	23	16	11	15	27	**18.40**
Cyclosporiasis	0	0	0	0	0	**0.00**
E. coli infection, shiga toxin-producing	4	13	19	7	11	**10.80**
Ehrlichiosis/Anaplasmosis	13	6	6	6	8	**7.80**
Giardiasis	6	7	7	8	6	**6.80**
Gonorrhea	151	123	124	163	118	**135.80**
Haemophilus influenzae, invasive	10	2	2	8	6	**5.60**
Hemolytic uremic syndrome	1	0	4	0	0	**1.00**
Hepatitis A, acute	6	8	2	0	2	**3.60**
Hepatitis B, acute	5	6	2	1	3	**3.40**
Hepatitis B, chronic	21	18	25	28	29	**24.20**
Hepatitis C, acute	12	13	10	5	3	**8.60**
Hepatitis C, chronic	446	246	262	203	185	**268.40**
HIV	6	1	14	14	14	**9.80**
Latent TB infection	5	1	2	8	11	**5.40**
Lead, elevated levels**	27	26	27	21	36	**27.40**
Legionellosis	7	12	8	7	7	**8.20**
Leptospirosis	0	0	0	0	0	**0.00**
Listeriosis	1	0	1	3	0	**1.00**
Lyme disease	122	59	85	167	156	**117.80**
Malaria	1	0	0	0	1	**0.40**

Meningococcal disease (Neisseria meningitidis)	0	0	1	0	0	**0.20**
Mpox	0	0	0	4	0	**0.80**
Mumps	0	0	0	0	0	**0**
Pertussis	13	3	0	1	3	**4.00**
Salmonellosis	50	26	60	41	32	**41.80**
Shigellosis	9	1	3	4	4	**4.20**
Spotted Fever Rickettsiosis (including RMSF^)	21	3	3	2	2	**6.20**
Streptococcus pneumoniae, invasive (age < 5)	2	1	1	0	3	**1.40**
Streptococcus, Group A, invasive	9	9	6	11	23	**11.60**
Syphilis - early stage	11	14	16	13	19	**14.60**
Toxic-shock syndrome, streptococcal	0	0	1	1	2	**0.80**
Tuberculosis	3	3	1	4	5	**3.20**
Varicella (Chickenpox)	7	8	5	6	32	**11.60**
Vibriosis	1	0	0	1	4	**1.20**
Yersiniosis	1	0	0	3	1	**1.00**

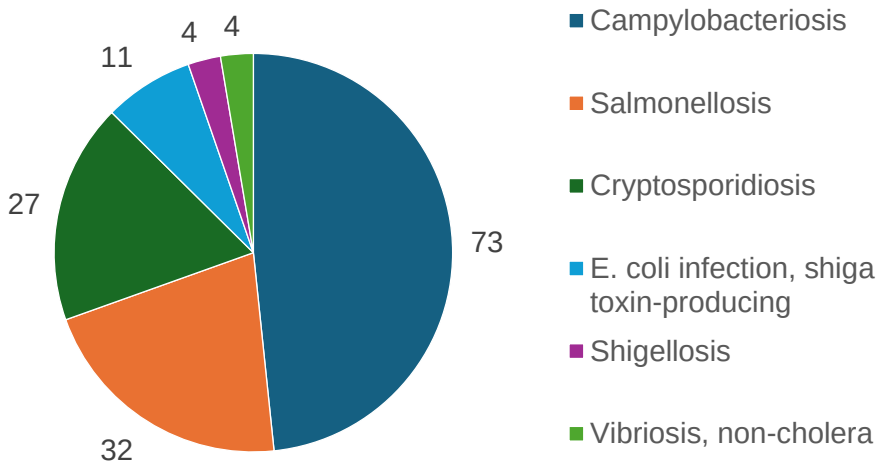
*Arboviral infection = Chagas disease, Chikungunya neuroinvasive disease, Dengue, West Nile infection, and Zika virus disease; **Refer to Page 2 for blood lead level classification information; ^RMSF = Rocky Mountain Spotted Fever

Foodborne Illness

The Foodborne Diseases Active Surveillance Network (FoodNet) conducts surveillance for infections caused by *Campylobacter, Cryptosporidium, Cyclospora, Listeria, Salmonella*, Shiga toxin-producing *Escherichia coli* (STEC), *Shigella, Vibrio, and Yersinia*. Figure 1 shows the number of confirmed cases of illness caused by FoodNet agents in LFHD in 2023.

There were 151 cases observed in 2023. The majority of cases (48%) were caused by *Campylobacter*.

Figure 1. Number of foodborne illness cases, by causal agent, LFHD, 2023.



Public Health Action

LFHD investigates each reported case of a foodborne illness. During the investigation, we will provide prevention information, identify potential sources of infection, and recommend control measure to prevent further disease transmission. An environmental health specialist will also inspect facilities, including restaurants, when indicated during an investigation

For Healthcare Providers

If a foodborne illness is suspected, conduct confirmatory testing whenever possible. All positive isolates from stool specimens (except those positive for *Campylobacter* or *Cryptosporidium*) are forwarded by local laboratories to the state laboratory, Division of Consolidated Laboratory Services (DCLS), for confirmatory testing. LFHD uses this information to identify outbreaks of foodborne illness.

iGAS and STSS

Group A Streptococcus (GAS) is a type of bacterium that can cause disease that ranges from mild to severe. The most common infections caused by GAS are strep throat and skin infections, such as impetigo. Serious disease can result when the bacteria invade internal parts of the body, such as the bloodstream, which is called invasive group A strep disease (iGAS). iGAS can also lead to Streptococcal toxic shock syndrome (STSS), which causes blood pressure to drop rapidly and organs to fail. The frequency of severe, iGAS infections appears to be increasing in Virginia and LFHD. In 2023, the CDC noted an increase in iGAS cases specifically in children in the United States.

Figure 2. iGAS and STSS cases, LFHD, 2019-2023.

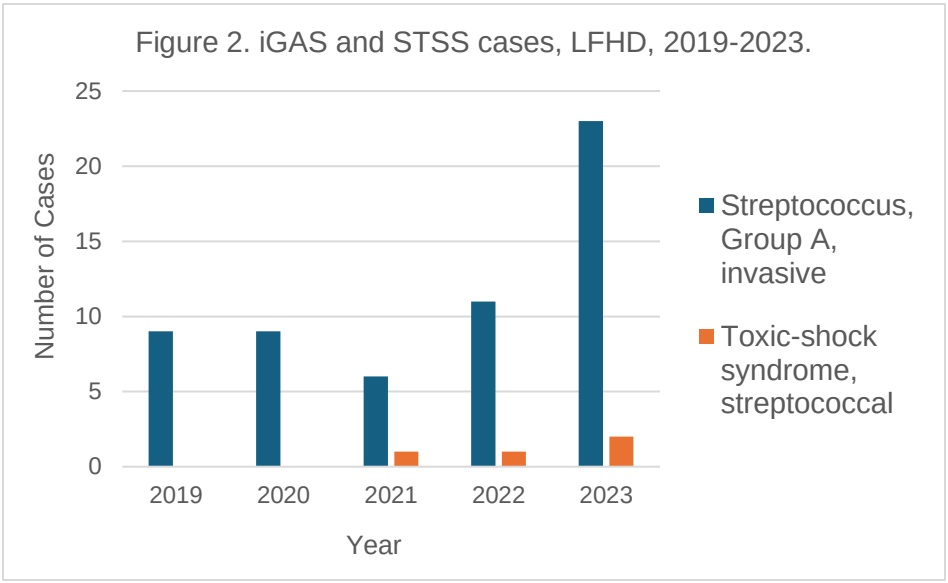
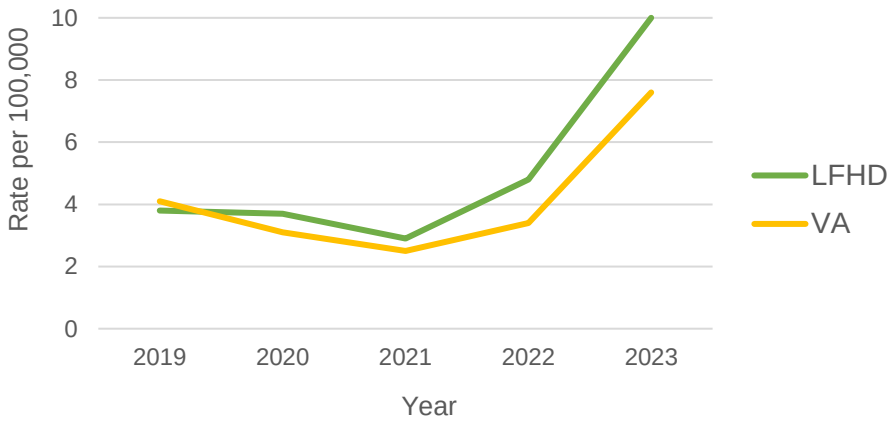


Figure 3: iGAS and STSS rates by year, LFHD and VA, 2019– 2023.



Public Health Action

LFHD's goals for the investigation of iGAS infections and STSS are to identify risk factors for invasive disease, prevent further transmission by identifying possible carriers and/or close contacts and providing prevention and control recommendations, and identify and investigate outbreaks or potential outbreaks in high risk (e.g., congregate care) settings. Additionally, LFHD assures laboratories forward iGAS isolates to DCLS for further testing that aids in identifying trends and strains with increased pathogenic potential.

For Healthcare Providers

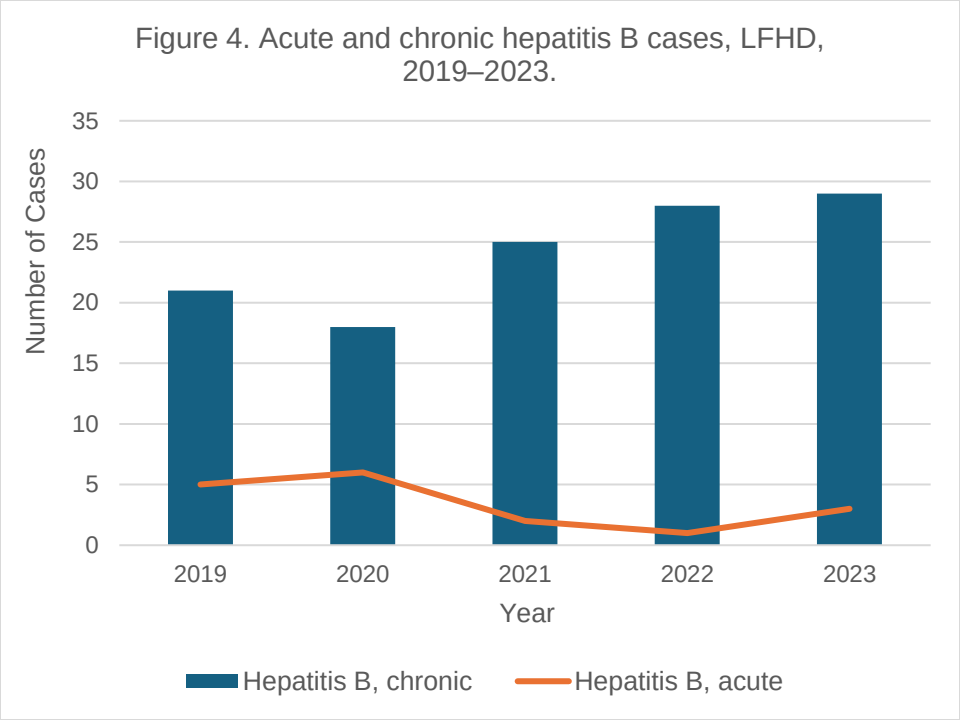
Consider iGAS as a possible cause of severe illness, including in children and adults with concomitant viral respiratory infections. Educate patients, especially those at increased risk, on signs and symptoms of iGAS requiring urgent medical attention, especially necrotizing fasciitis, cellulitis and toxic shock syndrome. Notify your local health department (LHD) as soon as possible about severe iGAS cases affecting minors or clusters of any iGAS infections. All cases of iGAS or STSS should be reported within 3 days to VDH.

Hepatitis B and C

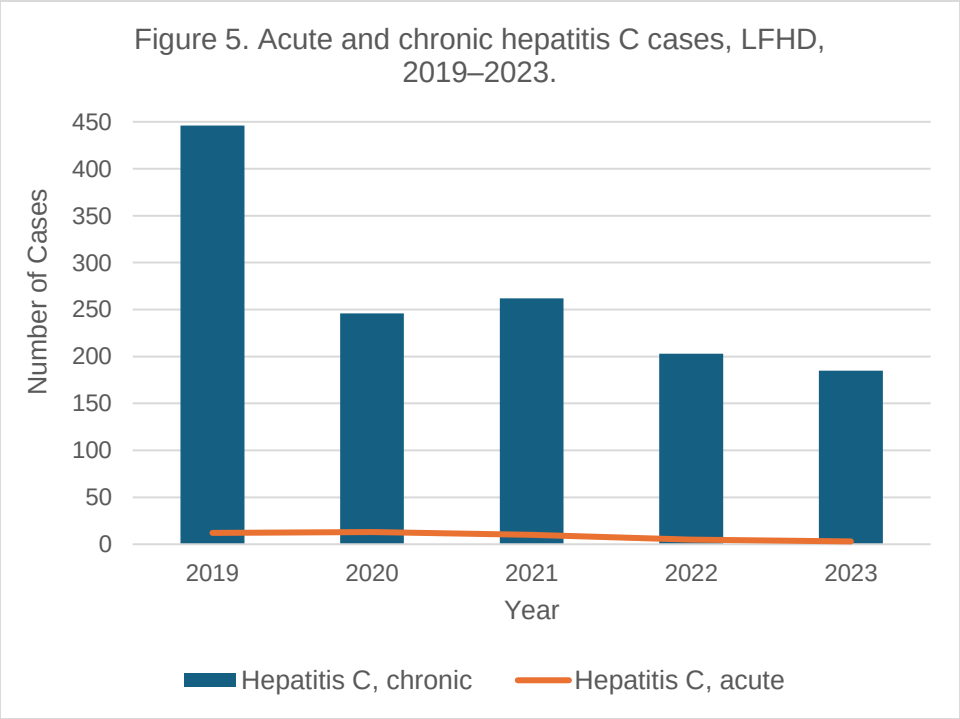
Hepatitis, or liver inflammation, can be caused by a variety of factors, including infection with hepatitis viruses; hepatitis B and C can range from a mild, acute illness to serious chronic conditions. Sharing items that may be contaminated with blood is a risk factor for both hepatitis B and C, and the ongoing opioid epidemic in the U.S. is likely related to an increase in acute hepatitis C infections.

Surveillance for chronic hepatitis B and C is challenging, since many people are asymptomatic and may not seek health care. Chronic hepatitis case counts for a given year represent cases newly reported to public health that year; they do not reflect year of diagnosis or year of infection.

The numbers of acute and chronic hepatitis B cases in LFHD from 2019 to 2023 are shown in Figure 4. Chronic hepatitis B cases have been increasing in the district since 2021 and acute cases increased from 2022 to 2023.



The numbers of acute and chronic hepatitis C cases in LFHD from 2019 to 2023 are shown in Figure 5. Both acute and chronic hepatitis C cases have been decreasing since 2021.



Public Health Action

LFHD investigates reported cases of acute and chronic hepatitis B and C; investigations for high-risk cases, such as pregnant individuals, are prioritized.

During a hepatitis C investigation, we aim to identify potential sources of infection and risks to others, prevent further spread, and lessen the demand on healthcare systems by educating and linking people to early treatment.

During a hepatitis B investigation, we determine whether high risk situations or behaviors are associated with the case, identify high risk contacts so they can be tested and immunized if uninfected or educated on prevention measures if already infected, and identify and remediate lapses in infection prevention practices in healthcare facilities.

LFHD clinics provide hepatitis B and C testing for patients and also offers the hepatitis B vaccine.

For Healthcare Providers

Hepatitis C

Clinicians should universally screen all adults 18 and older at least once in their lifetime and all pregnant people during each pregnancy. Some individuals with recognized risk factors, such as people who currently or have previously injected drugs, should be screened more often. Clinicians should initiate hepatitis C testing with an HCV antibody test with reflex to nucleic acid amplification test (NAT) for HCV RNA if the antibody test is positive/reactive.

Hepatitis C can be cured in more than 95% of cases with just 8-12 weeks of well-tolerated oral-only treatment with direct-acting antiviral (DAA) agents. Curative DAA treatment is recommended for essentially everyone with hepatitis C. There are patient assistance programs available for individuals who need help paying for medication.

For more information about Hepatitis C, including testing and treatment guidelines, visit the CDC's Hepatitis C website.

Hepatitis B

Ensure your patients have received the hepatitis B vaccine. The vaccine is currently recommended for all adults from 19-59 years of age. Those 60 years or older should get the vaccine if they have increased risk for hepatitis B.

The CDC recommends screening all adults aged 18 and older for hepatitis B at least once in their lifetime using a triple panel test. Testing susceptible people periodically, regardless of age, with ongoing risk for exposures while risk for exposures persists is also recommended.

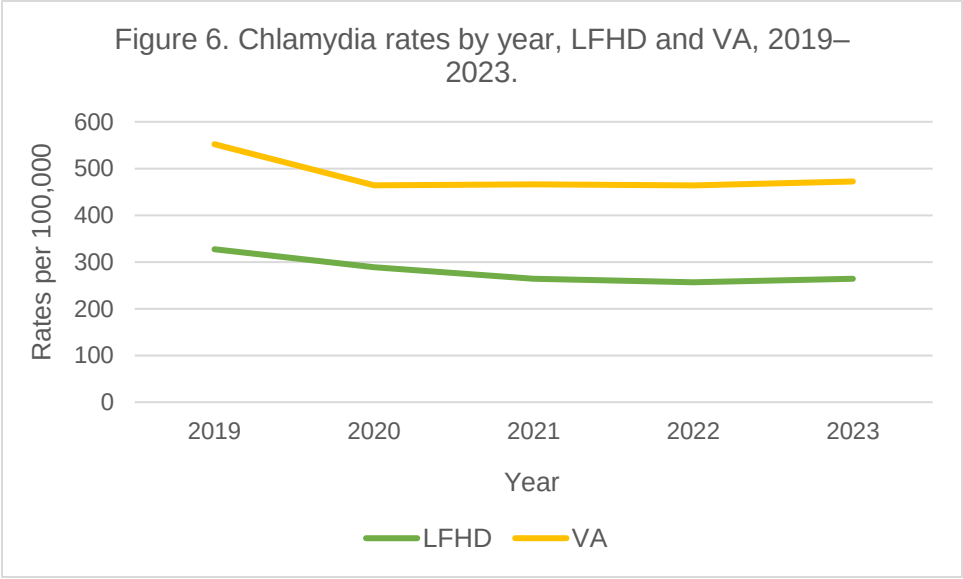
For more information about Hepatitis B, including testing and vaccination guidelines, visit the CDC's Hepatitis B website.

Chlamydia and Gonorrhea

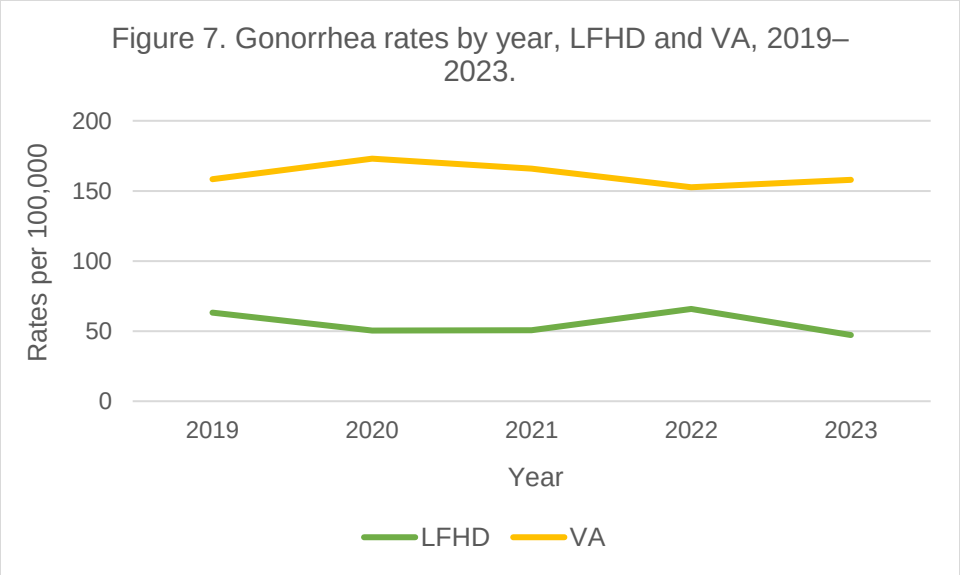
Chlamydia and gonorrhea are common sexually transmitted infections (STI) in the United States that anyone who is sexually active can get by having vaginal, oral or anal sex. Most people who have chlamydia and many with gonorrhea have no symptoms, so it is important to get tested regularly if you are sexually active.

Chlamydia, caused by a bacteria called *Chlamydia trachomatis*, can cause permanent damage to a woman's reproductive system, but it is easily cured with the right treatment. Figure 6 shows the incidence rate of chlamydia in comparison with the rest of Virginia for the past five years.

Figure 6. Chlamydia rates by year, LFHD and VA, 2019–2023.



Gonorrhea, caused by a bacteria called *Neisseria gonorrhoeae*, has developed resistance to most of the antibiotic drugs prescribed to treat it, therefore getting the correct treatment is important. Untreated gonorrhea can cause serious and permanent health problems, such as pelvic inflammatory disease and disseminated gonococcal infection. Figure 7 shows the incidence rate of gonorrhea in comparison with the rest of Virginia for the past five years.



Public Health Response

LFHD clinics offer reproductive health services, which include STI testing, treatment, and education on prevention. The district also ensures case data is reported to the CDC and monitors for trends through surveillance.

For Healthcare Providers

Take a thorough sexual health history from all patients as part of their routine medical care. Screen for STIs following the CDC screening guidelines for patient populations and treat according to CDC treatment guidelines. Report cases of chlamydia and gonorrhea to your local health department.

For more information on chlamydia and gonorrhea, including testing and treatment guidelines, visit the CDC's websites for chlamydia and gonorrhea.

Lyme Disease and Other Tick-borne Illnesses

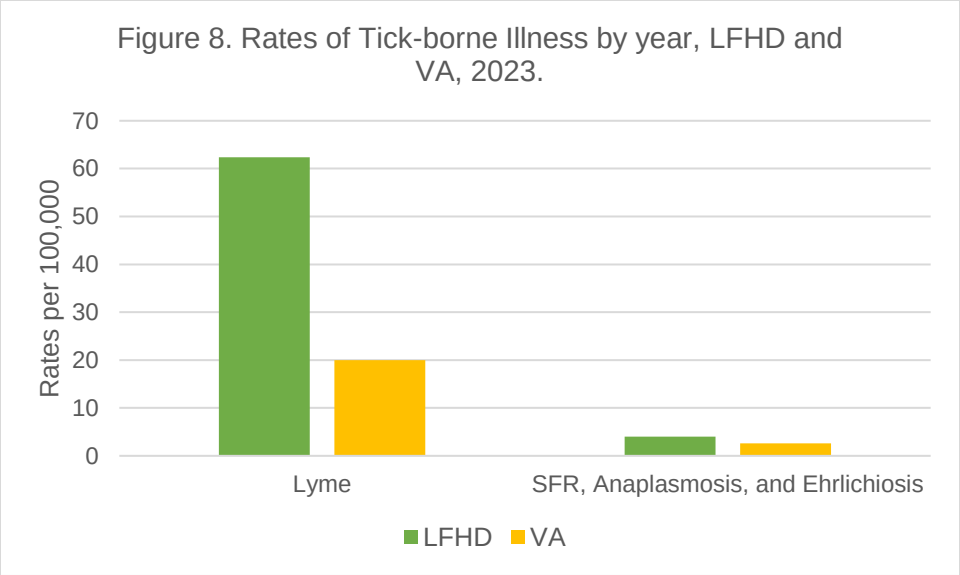
Among the 16 tick species in Virginia, only three species commonly bite people: American Dog Tick, Blacklegged Tick, and Lone Star Tick. Each tick can potentially transmit disease depending on its life stage and how long it has been attached and feeding on an individual. The Asian Longhorned Tick has only recently been identified in the U.S. and prefers to feed on livestock animals, wildlife, and domestic animals. However, reports of Asian Longhorned Ticks feeding on humans in the U.S. has caused increased attention from public health agencies.

Reportable tick-borne diseases in Virginia include Anaplasmosis, Babesiosis, Lyme Disease, *Rickettsia parkeri* disease, Rocky Mountain Spotted Fever, and Tularemia. Other tick-borne illnesses that are found in Virginia but are not currently reportable are

acquired red meat (alpha-gal) allergy, *Borrelia miyamotoi* Disease, Heartland Virus Disease, Powassan virus, and southern tick associated rash illness (STARI).

Beginning January 1st of 2022, all health districts in Virginia began classifying Lyme disease cases based solely on the laboratory diagnostics received. This transition to a "Lab Only" approach to Lyme disease surveillance eliminates the requirement of seeking out clinical details. The Council of State and Territorial Epidemiologists (CSTE) approved of this surveillance approach for states who classify as "high incidence." High incidence states are those that have had an average Lyme disease incidence of ≥10 Confirmed cases per 100,000 for a period of three consecutive years, which includes Virginia.

Figure 8 shows the rates of Lyme Disease and other tick-borne illnesses for LFHD and Virginia in 2023. Rates of all tick-borne illnesses were higher in the district than compared to the state.



Public Health Action

Along with conducting surveillance and reporting cases to the CDC, the Virginia Department of Health (VDH) offers tick identification through the Virginia Tick Survey. If you find a tick on your person or a family member, safely remove it, complete a corresponding survey, and mail it to VDH. Your participation in this project will significantly help develop the picture of tick ecology and risk of tick-borne diseases in Virginia. This service is available year-round and you are welcome to submit multiple surveys.

For Healthcare Providers

Refer to VDH's Tickborne Disease website for disease-specific information on symptoms, preferred tests, and treatment. If you suspect your patient has a tick-borne

illness that does not have a commercial test available, such as Heartland virus, contact your local health department to request testing through the Centers for Disease Control and Prevention as applicable.

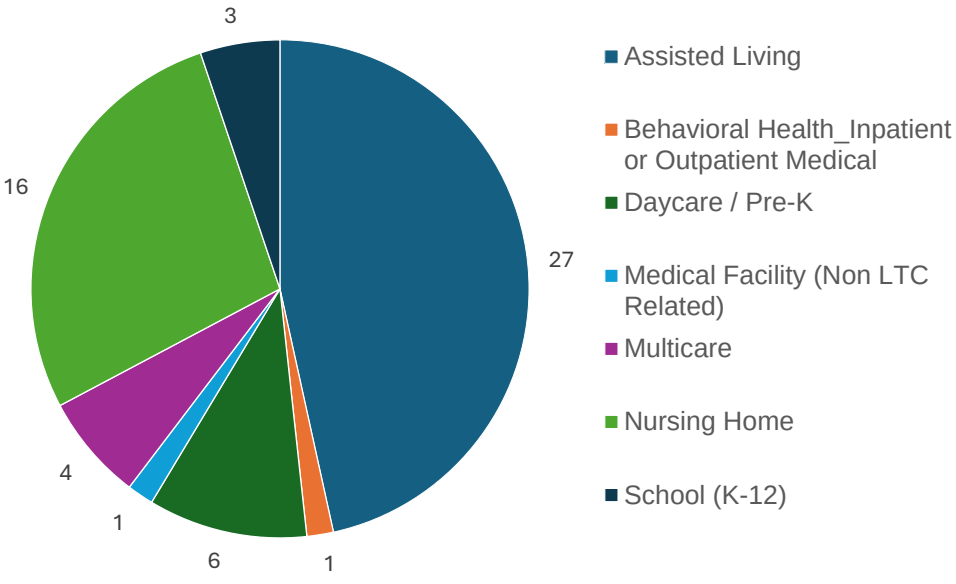
Respiratory Illness

The Virginia Department of Health (VDH) monitors the trends and intensity of respiratory illness activity year-round for public health surveillance, which includes COVID-19, RSV, and seasonal influenza (flu). Influenza surveillance involves monitoring a variety of data sources, including syndromic surveillance, outbreak surveillance, laboratory surveillance, hospital surveillance, wastewater surveillance and sentinel surveillance, and this data is reported by region. Data can be viewed on VDH's Respiratory Illness Dashboard and is updated weekly.

LFHD is also one of seven districts in the state that participates in VDH's COVID-Associated Hospitalization Surveillance Network (RES-NET); RES-NET involves conducting in-depth investigations into selected hospitalizations related to COVID-19 for our selected catchment area.

In 2023, there were 58 respiratory outbreaks in the district. The majority of respiratory outbreaks were caused by COVID-19 (79%) followed by respiratory syncytial virus, or RSV (10%). Figure 9 shows respiratory outbreaks by setting in 2023.

Figure 9. Respiratory outbreaks in LFHD, by setting, 2023



Public Health Actions

LFHD monitors surveillance trends for respiratory illnesses and participated in Influenza Sentinel Surveillance Program during the 2023 – 2024 influenza season. Respiratory outbreaks are investigated, and illness-specific guidance is provided to prevent further transmission. Additionally, residents can make an appointment at their local LFHD health department to receive their seasonal flu and COVID-19 vaccines.

For Healthcare Providers

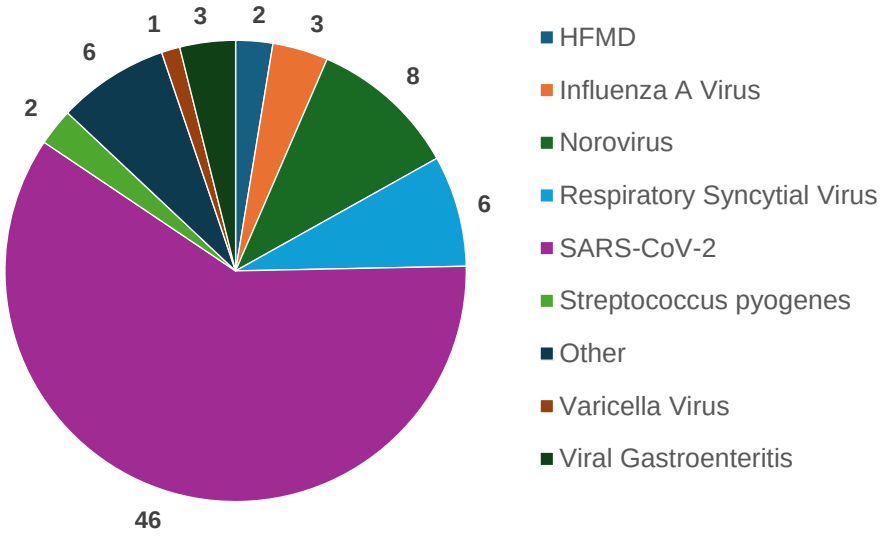
Encourage patients to stay up to date with vaccinations and get their annual flu vaccine. If you are interested in participating in the Influenza Sentinel Surveillance Program, you can learn more about the program here or contact one of LFHD's epidemiologists for more information.

Outbreaks

VDH describes an outbreak as an increase in the number of cases of a disease above what is normally expected in a specific location or population over a specific time period. The increase is often sudden. When 2 or more persons are experiencing similar symptoms, you should report this to your local health department (LHD) to help determine if an outbreak is occurring.

In 2023, LFHD investigated 77 outbreaks of illness. The majority of outbreaks (58%) were caused by COVID-19. The majority of these outbreaks occurred in assisted living facilities and nursing homes (78%).

Figure 10. Outbreaks in LFHD, by etiology, 2023



Public Health Action

LFHD conducts an investigation for each reported outbreak to determine the causative agent and provide infection control guidance to prevent further transmission. Testing through the state laboratory, site visits to review infection control practices, and employee education are all offered during an outbreak investigation.

For Healthcare Providers

Report all suspected outbreaks for any disease to your local health department. Emphasize proper hand hygiene to staff and patients to help prevent outbreaks before they start. Stay up to date on communicable disease notifications for Virginia by reading VDH Clinician Letters and reach out to your local health department if you have any local concerns or questions.

County Specific Case Counts

Table 2. Reported cases of selected diseases in LFHD by locality, 2023.

Disease	Clarke	Frederick	Page	Shenandoah	Warren	Winchester	Total
Arboviral Disease*	0	0	0	0	0	1	**1**
Arsenic	0	0	0	0	0	0	**0**
Botulism	0	0	0	0	0	0	**0**
Campylobacteriosis	2	16	10	26	10	9	**73**
Carbapenemase-producing organism	13	2	0	2	4	4	**25**
Chlamydia trachomatis	18	228	41	123	106	145	**661**
Cryptosporidiosis	1	13	4	3	2	4	**27**
Cyclosporiasis	0	0	0	0	0	0	**0**
E. coli infection, shiga toxin-producing	2	4	1	1	2	1	**11**
Ehrlichiosis/Anaplasmosis	1	3	2	0	2	0	**8**
Giardiasis	0	1	2	0	2	1	**6**
Gonorrhea	6	28	8	14	28	34	**118**
Haemophilus influenzae, invasive	0	3	2	1	0	0	**6**
Hemolytic uremic syndrome	0	0	0	0	0	0	**0**
Hepatitis A, acute	0	1	0	0	1	0	**2**
Hepatitis B, acute	0	2	0	1	0	0	**3**
Hepatitis B, chronic	1	9	4	6	2	7	**29**
Hepatitis C, acute	0	1	0	0	1	1	**3**
Hepatitis C, chronic	5	59	16	28	44	33	**185**
HIV	0	4	2	5	1	2	**14**
Latent TB infection	0	5	0	1	2	3	**11**

Lead, elevated levels**	0	7	2	11	8	8	**36**
Legionellosis	1	1	0	3	2	0	**7**
Leptospirosis	0	0	0	0	0	0	**0**
Listeriosis	0	0	0	0	0	0	**0**
Lyme disease	12	58	6	30	35	15	**156**
Malaria	1	0	0	0	0	0	**1**
Meningococcal disease (Neisseria meningitidis)	0	0	0	0	0	0	**0**
Mpox	0	0	0	0	0	0	**0**
Mumps	0	0	0	0	0	0	**0**
Pertussis	0	1	0	0	2	0	**3**
Salmonellosis	2	14	3	4	4	5	**32**
Shigellosis	0	2	2	0	0	0	**4**
Spotted Fever Rickettsiosis (including RMSF^)	0	2	0	0	0	0	**2**
Streptococcus pneumoniae, invasive (age lt 5)	0	3	0	0	0	0	**3**
Streptococcus, Group A, Invasive	2	4	3	4	6	4	**23**
Syphilis, early	0	4	3	3	2	7	**19**
Toxic-shock syndrome, streptococcal	0	1	0	0	1	0	**2**
Tuberculosis	0	1	0	2	1	1	**5**
Varicella (Chickenpox)	3	1	2	3	23	0	**32**
Vibriosis	1	2	0	1	0	0	**4**
Yersiniosis	0	0	0	1	0	0	**1**

*Arboviral infection = Chagas disease, Chikungunya neuroinvasive disease, Dengue, West Nile infection, and Zika virus disease; **Refer to Page 2 for blood lead level classification information; ^RMSF = Rocky Mountain Spotted Fever

LFHD Contact Information

Health Department	Address	Phone	Fax
Clarke County	100 N. Buckmarsh Street, Berryville VA 22611	540-955-1033	540-955-4094
Frederick/Winchester (Medical)	10 Baker Street, Winchester, VA 22601	540-722-3470	540-722-3475
Page County	75 Court Lane, Luray, VA 22835	540-743-6528	540-743-3811
Shenandoah County	494 N. Main Street, #100, Woodstock, VA	540-459-3733	540-459-8267
Warren County	465 W. 15th Street, Suite 200, Front Royal, VA 22630	540-635-3159	540-635-9698
After Hours Contact		540-665-8611	

Epidemiology	Office Phone	Cell Phone
District Epidemiologist	540-771-3725	804-517-5773
District Epidemiologist Jr.	540-459-6069	540-303-7934

Disease Reporting Information

Physicians, persons in charge of medical laboratories, and agencies with contractual agreements with VDH are required to report certain conditions. Unless previously reported, every licensed care provider who provides care to any patient who has, is suspected of having, or has died from a reportable disease is required to report. The Regulations for Disease Reporting and Control describe what disease must be reported to VDH and the methods to use to report.

Non-rapid reportable conditions can be reported through VDH's Confidential Morbidity Report Portal online.

The Virginia Reportable Disease List provides details on all reportable conditions (see Appendix A).

Outbreak Reporting Information

Section 32.1-37 of the Code of Virginia requires the person in charge of any residential or day program, service or facility licensed or operated by any agency of the Commonwealth, school, or summer camp to report the presence or suspected presence of an outbreak to the LHD. This includes child care facilities, assisted living facilities,

correctional or other detention facilities, mental health programs, and other group settings where outbreaks of illness might occur. Additional information about those required to report can be found in the Administrative Code under 12VAC5-90-90. Other healthcare providers are also encouraged to report suspected outbreaks to the LHD.

Outbreaks can be reported through VDH's Suspected Outbreak Reporting Portal online or directly to the local health department by phone. The LFHD Suspected Outbreak Form (see Appendix B) can also be used to report an outbreak and provides an example of the information needed by the epidemiology team.

Data Source

Reportable disease data was accessed from the Virginia Electronic Dease Surveillance System (VEDSS) once 2023 data was finalized and reported to the Centers for Disease Control and Prevention (CDC) in August 2024. Outbreak data was accessed from the Virginia Outbreak Surveillance System (VOSS).

Acknowledgements and Feedback

This report was prepared by Clarissa Bonnefond, MPH, District Epidemiologist with the Lord Fairfax Health District, and approved by LFHD Health Director, Tara Blackley, MA, MPH, MBA.

Appendix A

VIRGINIA REPORTABLE DISEASE LIST

Reporting of the following diseases is required by state law (Sections 32.1-36 and 32.1-37 of the Code of Virginia and 12 VAC 5-90-80 of the Board of Health Regulations for Disease Reporting and Control). Report all conditions when suspected or confirmed to your local health department (LHD). Reports may be submitted by Confidential Morbidity Report Portal (Epi-1 form), computer-generated printout, CDC or VDH surveillance form, or upon agreement with VDH, by means of secure electronic submission.

REPORT IMMEDIATELY

- Anthrax *(Bacillus anthracis)*
- Botulism *(Clostridium botulinum)*
- Brucellosis *(Brucella spp.)*
- Cholera *(Vibrio cholerae O1/O139)*
- Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV)
- Diphtheria *(Corynebacterium diphtheriae)*
- Disease caused by an agent that may have been used as a weapon
- *Haemophilus influenzae* infection, invasive
- Hepatitis A
- Influenza-associated deaths if younger than 18 years of age
- Influenza A, novel virus
- Measles (Rubeola)
- Meningococcal disease *(Neisseria meningitidis)*
- Outbreaks, all (including foodborne, healthcare-associated, occupational, toxic substance-related, waterborne, and any other outbreak)
- Pertussis *(Bordetella pertussis)*
- Plague *(Yersinia pestis)*
- Poliovirus infection, including poliomyelitis
- Psittacosis *(Chlamydophila psittaci)*
- Q fever *(Coxiella burnetti)*
- Rabies, human and animal
- Rubella [a], including congenital rubella syndrome
- Smallpox (Variola virus)
- Syphilis *(Treponema pallidum)*, congenital, primary, secondary, and other
- Tuberculosis, active disease (*Mycobacterium tuberculosis* complex) *
- Tularemia *(Francisella tularensis)*
- Typhoid/Paratyphoid infection (*Salmonella* Typhi, *Salmonella* Paratyphi (all types))
- Unusual occurrence of disease of public health concern
- Vaccinia, disease or adverse event
- Vibriosis (*Vibrio* spp.) [d]
- Viral hemorrhagic fever
- Yellow fever

REPORT WITHIN 3 DAYS

- Amebiasis *(Entamoeba histolytica)*
- Arboviral infections (e.g., CHIK, dengue, EEE, LAC, SLE, WNV, Zika)
- Babesiosis *(Babesia spp.)*
- Campylobacteriosis *(Campylobacter spp.)*
- *Candida auris*, infection or colonization [b]
- Carbapenemase-producing organism, infection or colonization *
- Chancroid *(Haemophilus ducreyi)*
- Chickenpox (Varicella virus)
- Chlamydia trachomatis infection
- Coronavirus disease 2019 (COVID-19 or SARS-CoV-2)
- Cryptosporidiosis *(Cryptosporidium spp.)*
- Cyclosporiasis *(Cyclospora spp.)*
- Ehrlichiosis/Anaplasmosis *(Ehrlichia spp., Anaplasma phagocytophilum)*
- Giardiasis *(Giardia spp.)*
- Gonorrhea *(Neisseria gonorrhoeae)* *
- Granuloma inguinale *(Calymmatobacterium granulomatis)*
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome (HUS)
- Hepatitis B (acute and chronic)
- Hepatitis C (acute and chronic)
- Hepatitis, other acute viral
- Human immunodeficiency virus (HIV) infection
- Influenza, confirmed [e]
- Lead, blood levels
- Legionellosis *(Legionella spp.)*
- Leprosy/Hansen's disease *(Mycobacterium leprae)*
- Leptospirosis *(Leptospira interrogans)*
- Listeriosis *(Listeria monocytogenes)*
- Lyme disease *(Borrelia spp.)*
- Lymphogranuloma venereum *(Chlamydia trachomatis)*
- Malaria *(Plasmodium spp.)*
- Mumps
- Neonatal abstinence syndrome (NAS)
- Ophthalmia neonatorum
- Rabies treatment, post-exposure
- Salmonellosis *(Salmonella spp.)*
- Shiga toxin-producing *Escherichia coli* infection [c]
- Shigellosis *(Shigella spp.)*
- Spotted fever rickettsiosis *(Rickettsia spp.)*
- Streptococcal disease, Group A, invasive or toxic shock
- *Streptococcus pneumoniae* infection, invasive and <5 years of age
- Syphilis *(Treponema pallidum)*, if not primary, secondary, or congenital
- Tetanus *(Clostridium tetani)*
- Toxic substance-related illness
- Trichinosis (Trichinellosis) *(Trichinella spiralis)*
- Tuberculosis infection
- Vancomycin-intermediate or vancomycin-resistant *Staphylococcus aureus* infection *
- Yersiniosis *(Yersinia spp.)*

LEGEND

- Reportable by directors of laboratories. Additional condition-specific requirements for directors of laboratories available here. These and all other conditions listed must be reported by physicians and directors of medical care facilities.
- Laboratories must submit initial isolate or other initial specimen to the Division of Consolidated Laboratory Services (DCLS) within 7 days of identification. All specimens must be identified with patient and physician information, and the LHD must be notified within the timeframe specified below.
- * Include available antimicrobial susceptibility findings in report.

a Laboratories report AFB, *M. tuberculosis* complex or any other mycobacteria, and antimicrobial susceptibility for *M. tuberculosis* complex.
b Includes submission of *Candida haemulonii* specimens to DCLS.
c Laboratories that use EIA without a positive culture should forward positive stool specimens or enrichment broth to DCLS.
d Includes reporting of *Photobacterium damselae* and *Grimontia hollisae*.
e By culture, antigen detection by direct fluorescent antibody (DFA), or nucleic acid detection.

ALL REPORTS ARE CONFIDENTIAL AND SHOULD INCLUDE -

1. *the disease or condition diagnosed or suspected*
2. *patient's name, date of birth, age, sex, race/ethnicity, pregnancy status, address, and telephone number*
3. *physician's name, address, and telephone number*
4. *method of diagnosis, if available*

VDH VIRGINIA DEPARTMENT OF HEALTH

Effective January 2023

For more info, please visit https://www.vdh.virginia.gov/clinicians/

Appendix B

LORD FAIRFAX HEALTH DISTRICT

Suspected Outbreak Form

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

All known or suspected outbreaks are reportable to your local health department. Use this form to gather as much information as possible. Call 540-722-3470 or 540-771-3725; fax to 540-722-3475.

Contact Information Date: _____

Name_____ Phone number _____ Email _____

Facility: _____

Address: _____ City: _____ Zip: _____

Outbreak Information

Disease Suspected:			Residents/ Students/Other	Staff
First Symptom Onset Date :		Number Ill		
		Number Hospitalized		
Affected Area:	☐ One classroom, wing, or floor ☐ Multiple wings or floors ☐ Whole facility	Total Number in Facility		
		For vaccine-preventable diseases only (e.g. pertussis, mumps):		
		Number ill who are vaccinated		
		Total number vaccinated		

Signs & Symptoms

Respiratory	☐ Fever ☐ Cough ☐ Sore Throat ☐ Congestion ☐ Other _____	**Rash**	☐ Suspect Scabies ☐ Suspect MRSA ☐ Suspect Hand, Foot, and Mouth Disease ☐ Other _____ Please describe progression of the rash:
GI	☐ Vomiting ☐ Diarrhea ☐ Abdominal Cramps ☐ Fever ☐ Other _____	**Other**	Please describe symptoms:

Lab: Please describe any relevant lab results _____

Infection Control Measures Currently Implemented

☐ Emphasized hand hygiene	☐ Served meals in rooms
☐ Isolated or cohorted sick residents	☐ Used paper plates, cups, etc
☐ Excluded sick staff from work	☐ Removed food and drinks from common areas
☐ Cohorted staff to work only with sick OR with well	☐ Posted signs to limit visitors
☐ Conducted thorough environmental cleaning	☐ Closed facility to new admissions
☐ Discontinued group activities	☐ Used personal protective equipment