



Health Alert



City of Chicago
Richard M. Daley, Mayor

Disease Control Programs

Chicago Department of Public Health
Bechara Choucair, M.D., Commissioner

Updated Guidance for Reportable Disease Reporting to CDPH

Date: May 20, 2010

To: **Chicago:** Microbiology Lab Personnel
Infection Control Professionals
Primary Care Providers
Emergency Room Directors
Infectious Disease Physicians

From: Dr. Joshua Jones, Medical Director, Tuberculosis Program
Dr. Julie Morita, Deputy Commissioner, Bureau of Public Health and Safety
Dr. Kathleen Ritger, Medical Director, Communicable Disease Program
Dr. William Wong, Medical Director, STI/HIV/AIDS Division

Effective immediately, CDPH is encouraging use of the Illinois Department of Public Health's INEDSS system to submit reportable disease reports to CDPH. Hospitals and laboratories will still report to CDPH. However, reporters should now enter their reports into IDPH's web-based INEDSS system. Submitting a case in INEDSS automatically routes the report to the appropriate local health jurisdiction, based on patient's address. Each hospital's data are kept separate in INEDSS. Only reports entered by your hospital are visible to you.

INEDSS is secure and available over any internet connection; hospitals will NOT need to install special software. Hospitals located outside Chicago use INEDSS to report cases, and CDPH already uses INEDSS to report cases to IDPH. All legally reportable conditions can be reported through INEDSS except HIV/AIDS and syphilis.¹ Submitting reports through INEDSS fulfills your legal obligation.

Getting an INEDSS account

INEDSS is accessible through the IDPH Portal: www.idphnet.com. Most Illinois hospitals are registered on the IDPH Portal. Each hospital has a Portal Registration Authority (PRA), which is the person who grants users access to various parts of the portal. If you already have access to the IDPH Portal but don't yet have INEDSS access, you can ask the PRA for your hospital to grant you access to INEDSS. The PRA sends an email to dph.security@illinois.gov to request access for you. You can also contact the Illinois CMS helpdesk 800-366-8768, option 1 then option 15 for assistance.

If you are not yet registered in the IDPH Portal, you will need to register. Go to www.idphnet.com and click on the red link "Sign Up Now." Provide the information requested. On the application list, click the box next to "INEDSS." At the bottom of the screen, click the link to see the PRA list. Choose the PRA from your hospital by clicking the button. If you do not hear anything within 2 weeks, contact either your PRA or the IDPH Helpdesk to check on the status of your request.

¹ A current list of reportable diseases, timeframes for reporting, and conditions for which telephone notification is requested is available on page 2 of the May 2010 edition of **CD Info** which accompanies this alert.

Support for INEDSS

- 1) For specific information on how to use INEDSS, see the Provider Reporting manual posted on IDPH Portal (under Applications).
- 2) For general INEDSS support, contact Illinois CMS Helpdesk 800-366-8768, option 1 then 15. Password resets and changes are done over the phone.
- 3) For questions about general INEDSS usage, contact INEDSS team at IDPH at 217-785-7165 or go through CMS Helpdesk
- 4) For content and condition-specific questions, consult the relevant CDPH disease control program at the numbers below:
 - Vaccine Preventable Diseases: 312-746-5911
 - Viral Hepatitis: 312-746-6197
 - TB: 312-746-6229, or jones_joshua@cdph.org
 - Sexually Transmitted Infections: 312-413-3680, 312-413-8047, or 312-413-8045
 - HIV/AIDS: 312-747-9614 or 312-747-9613
 - All other Communicable Diseases: 312-746-5377 or 312-746-5925

General guidance for entering cases in INEDSS

The system requires reporters to first search for the person to see if they are already in INEDSS. If they are, reporters are to add their report to the person's record in INEDSS. If they are not, the reporter will need to create a record in INEDSS. Reporters are expected to provide as much information as they can. Very few fields are mandatory: only first and last name. INEDSS has a large number of data fields. Refer to the paper reporting forms or current CHES screens to see which fields are particularly important for which conditions. Reporters can save report as draft instead of submitting. When reporters have entered all the data they have, they are to click "Submit to LHD." Once submitted, the case report is visible to the appropriate program staff at the local health department. Reporters can see when the Local Health Department (LHD) has reviewed and/or processed their case report. All submitted reports (and drafts) from all users at each hospital are visible in the "My Cases" screen (all users at the hospital have the same report list).

General information about Electronic Laboratory Reporting (ELR)

A large amount of reportable lab results come into INEDSS automatically. LHD users can merge them with reports that reporters submit. Currently, reporters **cannot** see ELR results in their "My Cases" list (this function may be available in December 2010). When available, reporters will only see results for tests ordered by their hospital.

INEDSS contains lab results from these labs: LabCorp, Mayo, Quest, OSF, ACL (only H1N1 results). Sometime in 2010, INEDSS may also contain lab results from these labs: Stroger, Provident, UIC, Rush.

Condition specific instructions

- 1) TB: Please provide an answer to all questions that are currently listed on the 2008 version of the Report of Verified Case of Tuberculosis (RVCT) form. If it is easier for the reporter, a paper RVCT form may be faxed to CDPH TB Control Program at 312 746-5134.
- 2) STI: Only chlamydia and gonorrhea are to be entered in INEDSS. Syphilis should still be reported by completing the confidential morbidity report form and faxing or mailing it to the Office of STI Surveillance at FAX 312-355-1915. Users currently using CHES to report syphilis should now report cases via the paper report form.
- 3) HIV/AIDS should continue to be reported to the Office of HIV/AIDS Surveillance by paper hard copy via the confidential HIV/AIDS morbidity report form; do not fax HIV/AIDS morbidity reports.
- 4) Other Communicable Diseases, including Viral Hepatitis and Vaccine Preventable Diseases: Some diseases are sufficiently urgent that CDPH requests a phone call be made as well as a report entered in INEDSS. Please refer to page 2 of the May 2010 **CD Info** newsletter for a list of the diseases that require a phone call as well as an INEDSS report. Phone numbers to call are listed in the footnotes.

Training

IDPH will host INEDSS training sessions for disease reporters in Chicago based on demand. Please send requests for training sessions to jones_joshua@cdph.org.



CD Info



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May 2010

Bechara Choucrair, MD, Commissioner

CDInfo is a surveillance newsletter intended to promote prevention of morbidity and mortality by providing useful data and practical recommendations for clinicians, laboratorians, and infection control personnel who diagnose, treat or report infectious diseases in Chicago.

Morbidity for selected infectious diseases and events, Chicago, 2005 - 2009

<i>Reportable Disease or Event</i>	2005	2006	2007	2008	2009 ¹	5-year median
Cryptosporidiosis	24	27	26	19	16	24
<i>E. coli</i> O157:H7 Disease	4	16	5	5	6	5
Foodborne disease outbreaks ²	11	14	20	14	10	14
<i>H. influenzae</i> (type b) Disease (invasive)	2	1	1	0	0	1
<i>H. influenzae</i> (non-type b) Disease (invasive)	21	19	24	30	34	24
Hepatitis A (acute)	56	40	40	38	43	40
Hepatitis B (acute)	99	70	59	52	50	59
Hepatitis C (acute)	9	3	3	0	0	3
Histoplasmosis	17	21	18	26	21	21
Legionellosis	22	25	36	37	31	31
Listeriosis	7	10	8	5	10	8
Lyme Disease	10	14	7	11	4	10
Meningococcal Disease (invasive) ³	13	12	21	29	7	13
Mumps	5	73	30	14	10	14
Pertussis	78	50	26	76	48	50
Pneumococcal Disease (invasive) in child aged < 5 yrs.	17	28	26	25	18	25
Salmonellosis	305	280	413	289	287	289
Shigellosis	144	148	141	229	98	144
Streptococcal Disease, Group A (invasive)	79	91	99	100	86	91
Tuberculosis Disease (active)	329	287	259	214	202	259
Typhoid Fever	9	7	4	4	3	4
Varicella	100	137	55	70	50	70
West Nile Virus Infection	41	29	11	4	1	11
Yersiniosis	6	6	9	6	5	6

¹ As of May 1, 2010. Counts may change as additional investigative information is obtained.

² A foodborne disease outbreak is defined as an incident in which two or more persons experience a similar illness and have no other exposures that could account for their illnesses other than consuming the same meal or food item, or consuming items from the same food service establishment.

³ Totals include confirmed cases and cases meeting the Centers for Disease Control and Prevention's definition of a probable case.

Reportable Infectious Diseases and Conditions in Illinois



Stop and Report: It is the responsibility of physicians, physician assistants, nurses, nurse aides or any other person having knowledge of any of the following diseases, **confirmed or suspected**, to report the case to the Chicago Department of Public Health (CDPH) within the specified time frame via INEDSS (Illinois National Electronic Disease Surveillance System)[†]

¹⁻⁶ = indicates that a phone call should be made to specified program (see below) in conjunction with an INEDSS report.

‡ = indicates conditions for which IDPH currently requires an isolate or clinical materials to be submitted to the IDPH Laboratory.*

Report Immediately:

(within 3 hours)

Class I(a)

Any unusual case or cluster of cases that may indicate a public health hazard^{1,7}

Any suspected bioterrorism threat or event^{1,7}

Anthrax^{1,7,‡}

Botulism, foodborne^{1,7}

Influenza A, Novel Virus^{4,7}

Plague^{1,7,‡}

Brucellosis^{1,7,‡} (if suspected to be a bioterrorist event or part of an outbreak)

Q-fever^{1,7,‡} (if suspected to be a bioterrorist event or part of an outbreak)

Smallpox^{1,7}

Severe Acute Respiratory Syndrome^{1,7}

Tularemia^{1,7,‡} (if suspected to be a bioterrorist event or part of an outbreak)

Report Within 24 hours:

Class I(b)

Botulism: intestinal, wound, and other¹

Chickenpox (varicella)

Cholera^{1,‡}

Diphtheria^{4,‡}

Enteric *Escherichia coli* infections

(O157:H7, STEC, EHEC, EPEC, ETEC)[‡]

Foodborne or waterborne illness¹

Haemophilus influenza, meningitis and

other invasive disease[‡]

Hantavirus pulmonary syndrome¹

Hemolytic uremic syndrome, post diarrheal^{1,‡}

Hepatitis A²

Measles^{4,7}

Mumps

Neisseria meningitidis, meningitis and

invasive disease^{1,7,‡}

Pertussis (or whooping cough)^{4,‡}

Poliomyelitis⁴

Rabies, human^{1,7}

Rabies, potential human exposure^{1,7}

Rubella

Smallpox vaccination, complications of^{1,7}

Staphylococcus aureus, Methicillin resistant (MRSA) clusters of 2 or more cases in a community setting¹

Staphylococcus aureus, Methicillin resistant (MRSA) occurring in infants under 61 days of age

Staphylococcus aureus infections with intermediate or high

level resistance to Vancomycin^{1,7,‡}

Streptococcal infections, Group A, invasive and sequelae to

Group A streptococcal infections[‡]

Typhoid fever^{1,‡}

Typhus¹

Report Within 7 Days:

Class II

AIDS

Arboviral Infection (including, but not limited

to, Dengue fever, California encephalitis,

St. Louis encephalitis and West Nile Virus)[‡]

Brucellosis[‡]

Chancroid

Chlamydia

Creutzfeldt-Jakob Disease (CJD)

Cryptosporidiosis

Cyclosporiasis

Giardiasis

Gonorrhea

Hepatitis B and Hepatitis D

Hepatitis C

Histoplasmosis

HIV infection

Influenza, Deaths in persons less than 18 years of age

Legionellosis[‡]

Leprosy

Leptospirosis[‡]

Listeriosis[‡]

Malaria[‡]

Ophthalmia neonatorum (gonococcal)

Psittacosis

Q-fever[‡]

Salmonellosis (other than typhoid)[‡]

Shigellosis[‡]

Streptococcus pneumoniae,

invasive disease in children less than 5 years

Syphilis

Tetanus

Tickborne Disease, including ehrlichiosis, anaplasmosis,

Lyme disease, and Rocky Mountain spotted fever

Toxic shock syndrome,

due to staphylococcus aureus infection

Trichinosis

Tuberculosis

Tularemia[‡]

Vibriosis (Non-cholera *Vibrio* infections)[‡]

Yersiniosis

[†] <https://www.idphnet.com>; IDPH Chicago Laboratory, 2121 W. Taylor St, Chicago, IL. 60612, (P) 312-793-1322

1. Communicable Disease Surveillance: (312) 746-5925 or (312) 746-5377

2. Communicable Disease Hepatitis Surveillance: (312) 746-6197

3. Sexually Transmitted Infection Surveillance: (312) 413-8047

4. Vaccine Preventable Disease Surveillance: (312) 746-5911

5. Tuberculosis Surveillance: (312) 746-5380

6. HIV/AIDS Surveillance: (312) 747-9614 or (312) 747-9613

7. During normal business hours, cases may be reported by calling the corresponding program.

On weekends, holidays, after hours, or if no one is available to take your call, reports may be made by calling 311 and asking for the communicable disease physician on call.

All reports are confidential and should include the reportable disease, physician contact information and patient demographics.

Information reportable by law and allowed by HIPAA CFR §164.512(b)

West Side Center for Disease Control, 2160 W. Ogden Ave, Chicago, IL 60612 Phone: (312) 746-5380 Fax: (312) 746-6388

as of 5/11/2010