

# Disease Surveillance Annex

1. **Lead Agency/Division:** The Office of Epidemiology
2. **Support Agencies/Divisions:** Division of Nursing  
Division of Community Health Assessment and Health Promotion (CHAHP)

## 3. Introduction

### A. Purpose

The purpose of the Disease Surveillance Annex is to provide for Disease Surveillance during an emergency/disaster area to ensure that Public Health is not compromised.

### B. Scope

This Annex provides the basis for the processes and methodologies that will be utilized to perform Communicable Disease and/or non-Communicable Disease Surveillance as needed before, during and after emergency/disaster situations or in response to a Communicable Disease Emergency that is not preceded by or the result of an emergency/disaster situation including that may require surveillance measures beyond routine surveillance.

## 4. Policies

- A. Ongoing Disease Surveillance is essential before during and after emergency or disaster situations to mitigate, prepare for, respond to, and recover from the possible impacts of communicable disease on the public health. Ohio Revised Code 3701.17, 3701.23, 3701.24 and Ohio Administrative Code 3701-3-01 through 3701-3-25 address communicable disease surveillance, investigation procedures, and legal authority.

## 5. Situation and Assumptions

### A. Situation

1. Emergencies and Disasters can create situations that cause, promote, and enhance the potential impact and spread of communicable disease among the public; moreover, natural disease outbreaks may constitute an emergency situation without an antecedent event if left uncontrolled.
2. Certain hazards that may result in emergency and or disaster situations inherently increase the potential for communicable disease to impact the public. Hazards that could warrant the activation of this annex include but are not limited to flooding, acts of terrorism, incidents that cause mass sheltering of displaced populations, natural emergence of a new pathogen, etc.

3. Certain hazards may result in situations in which monitoring is needed for non-communicable diseases that may result from exposure to chemicals and/or radiation. This surveillance may need to occur over months to years.

## B. Planning Assumptions

1. Unchecked accumulation of debris, the consumption of contaminated food or water, the inadequate disposal of sewage, and increased numbers of animal or insect vectors, unvaccinated or susceptible populations can result in conditions ideal for the development and spread of communicable disease that could impact the public if not addressed early in the emergency cycle; furthermore, mass sheltering of displaced populations, or situations that can increase frequency of contact among individuals can also create ideal conditions for the development and spread of communicable disease.
2. In an effort to mitigate the potential impacts of communicable disease, the Akron Health Department Office of Epidemiology engages in routine communicable disease surveillance on a daily basis to detect and analyze trends in communicable disease activity. The Akron City Health Department Office of Epidemiology has developed Standard Operating Guidelines for targeted surveillance, enhanced surveillance, and investigative processes that consider increasing levels of intensity that may result from an uncontrolled hazard that causes an emergency or disaster situation to occur.
3. Communicable Disease Surveillance can be used to detect possible communicable disease cases or outbreaks before there is clinical recognition or laboratory confirmation. Communicable Disease Surveillance can also be use to search for new cases or assess the effect of prophylactic or preventive measures once an outbreak has been identified.
4. Communicable Disease Surveillance will incorporate a variety of active and passive surveillance methods, assessment of surrogate data, and may involve diverse health and non-health related settings.
5. Non-communicable Disease Surveillance may involve different partnerships, case definitions, reporting, and confirmation mechanisms than is normally used in Communicable Disease Surveillance.
6. All Akron Health Department staff members with roles in the response process have completed Incident Command System (ICS) training necessary to ensure the ability of The Akron Health Department to respond in an effective, efficient, coordinated, timely manner to incidents of varying size, scope, and complexity.

## **6. Direction and Control**

1. In accordance with the Akron City Charter, subject to the direction and control of the Akron Health Commission, the Director of Health (or designee) has full executive and administrative authority over the operations of the Akron Health Department. Such authority shall be exercised in accordance with all applicable state statutes and municipal ordinances.
2. In some areas of activity Akron Health Department authority is defined by contract with the State of Ohio.
3. Division and office managers have delegated authority for direction and control of their respective units, and will utilize their personnel to the maximum extent possible. Managers will identify individuals who may be released to assist in emergency response efforts.
4. Department employees are encouraged to maintain a current family preparedness plan in order to better respond for assignment in an emergency.
5. During emergency operations, the Akron Health Department Administration will provide a central point of contact to coordinate emergency services of The Department.

## **7. Concept of Operations**

### **A. General**

1. In many cases, emergencies/disasters can cripple or destroy a community's capability to provide treated water, debris removal, sewage treatment, vector control, and other operations/procedures associated with mitigating the potential impacts of communicable disease in the area(s) affected by the emergency/disaster. Communicable diseases may also occur due to the introduction of a pathogen into a susceptible community, which is not the result of a preceding emergency/disaster situation.
2. Should an incident occur which has the potential to enhance the possibility or probability of the presence of communicable disease, the Office of Epidemiology, at its discretion can employ enhanced surveillance that may include targeted surveillance of the impacted area or institution or involve more widespread surveillance of the surrounding area, conduct investigations, and coordinate with surrounding jurisdictions, the region, and, if necessary, the State and Federal Governments for additional surveillance and investigation resources in an effort to reduce the potential impact resulting from the incident.

3. In some cases, assistance from other disciplines and agencies may be necessary. The Akron Health Department may request assistance from Hospital Infection Control Practitioners (ICP's), the Barberton Health District, the Summit County Health District, the Summit County Emergency Management Agency (EMA), the Northeast Central Ohio (NECO) Health Departments, the Ohio Department of Health Bureau of Infectious Disease Control (BIDC), and the Centers for Disease Control and Prevention (CDC).
4. Requests for assistance will be in accordance with the Akron Health Department Communicable Disease Procedure Standard Operating Guidelines (December 2005), the Summit County Emergency Operations Plan (EOP), any existing mutual aid agreements, memorandums of understanding, or pre-incident established guidance for doing so, including but not limited to the National Incident Management System (NIMS), the National Response Plan (NRP), and all incident management structures, procedures, processes, and protocols outlined therein.
5. For long-term non-communicable disease surveillance, the Akron Health Department may request assistance and guidance from the Ohio Department of Health (ODH), the CDC, or academic institutions or governmental agencies that have experience and expertise in the surveillance of the specific diseases being monitored.

## B. Organization and Responsibilities

### 1. Office of Epidemiology

#### *Routine Surveillance:*

Carried out on a regular basis for Communicable Disease Surveillance.

- a. Review disease reports from Centralized Communicable Disease Registry (CCDR), Ohio Disease Reporting System (ODRS), schools and other institutions.
- b. Review deaths due to communicable disease.
- c. Address calls from the public or health care practitioners concerning potential disease occurrences.
- d. Review Real-time Outbreak and Disease Surveillance System (RODS).
- e. Review reports from other local health department epidemiologists and communicable disease staff.
- f. Report any unusual incidents of disease to BIDC as required by law.

### **Enhanced Surveillance:**

Enhanced Surveillance is carried out as needed for seasonal disease, new or unusual diseases, or suspected outbreaks. This may be targeted to a particular area or institution or broadened to involve the entire jurisdiction or beyond. Federal and state entities may provide specific guidance for conducting enhanced communicable or non-communicable disease surveillance depending on the incident:

- a. Coordinate surveillance efforts with surrounding jurisdictions as necessary.
- b. Review and collect clinical diagnoses of communicable disease.
- c. Review and collect signs/symptoms of potential communicable diseases.
- d. Review and collect results of laboratory tests.
- e. Review and monitor absenteeism rates associated with communicable disease.
- f. Review and collect information regarding deaths attributable to communicable disease.
- g. Review pharmacy records for prescriptions associated with communicable disease.
- h. Review information available on the RODS system.
- i. Review Emergency Medical Services (EMS) run data.
- j. Oversee data collection from sources indicated in the routine surveillance and targeted surveillance sections above.
- k. Oversee data analysis.
- l. Coordinate efforts as necessary with surrounding jurisdictions and region.
- m. Review the case definition of the disease, disease symptomatology, specific syndrome, likely victims, and illness severity to determine appropriate productive sources for surveillance.
- n. Develop and/or provide surveillance report forms for sites.
- o. Determine surveillance reporting timeframe.
- p. Contact likely sites.
- q. Notify and provide appropriate procedures and contact information to ICPs, infectious disease physicians, and local laboratories.

- r. Notify Health Department administration that the Incident Command System should be initiated, establish a timeframe for surveillance updates, and assist in the development of necessary Incident Action Plans (IAPs).
- s. Notify ODH and establish timeframe for surveillance updates.
- t. Notify NECO epidemiologists.
- u. Establish database to enter and analyze surveillance data.
- v. Develop procedure to communicate surveillance results.
- w. Reassess surveillance needs regularly during the incident to determine intensity, scope, and personnel that need to be changed.

## **2. Division of Nursing**

- a. Assist with surveillance activities as needed.
- b. Assist with communication of information to hospitals, health care providers, and the public.

## **3. CHAHP**

- a. Assist with surveillance activities as needed.
- b. Provide back-up epidemiological expertise if needed.
- c. Provide death certificates for communicable disease review.

## **8. Mitigation and Preparedness Activities**

### **1. Office of Epidemiology**

- a. Establish network for communicable disease surveillance.
- b. Develop templates for communicable disease surveillance data collection and analysis.
- c. Educate communicable disease partners on current and potential surveillance measures.
- d. Maintain contact list of communicable disease partners.
- e. Develop additional surveillance support in the CHAHP division.
- f. Conduct surveillance training for support divisions.

- g. Identify potential partners for non-communicable disease surveillance.

## **2. Division of Nursing**

- a. Participate in surveillance training.

## **3. CHAHP**

- a. Participate in surveillance training.
- b. Develop expertise in communicable disease surveillance.

## **9. Response and Recovery Actions**

### **1. Office of Epidemiology**

- a. Conduct routine and/or enhanced surveillance.
- b. Enter cases into ODRS.
- c. Prepare regular updates on disease surveillance and outbreak investigations activities.
- d. Communicate regularly with ODH.
- e. Do statistical analysis.
- f. Conduct after-action report and improvement plan (IP) process.

### **2. Division of Nursing**

- a. Assist Office of Epidemiology with surveillance activities as needed.
- b. Participate in after-action report and IP process.

### **3. CHAHP**

- a. Assist Office of Epidemiology with surveillance activities as needed.
- b. Participate in after-action report and IP process.

## **10. Training**

### **A. Office of Epidemiology**

1. The Akron Health Department Office of Epidemiology will provide training on communicable disease surveillance for support divisions.

## **11. Annex Maintenance and Revision**

The Annex will be reviewed and/or revised annually or as required by Mandate, Law, Policy, Directive, or Order. The annual review cycle will follow that which is outlined in the basic plan *Development and Maintenance* section; moreover, this Annex may be revised based on instances including but not limited to: best practices, changes in government structure, changes in equipment, changes in infrastructure, or as the result of After Action Reports (AAR), Improvement Plans (IP), Drills, Tabletops (TTX), Functional Exercises (FE), and Full Scale Exercises (FSE).

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