

TUSCARAWAS COUNTY HEALTH DEPARTMENT



PUBLIC HEALTH SURVEILLANCE  
AND EPIDEMIOLOGIC  
INVESTIGATION PLAN

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## STATEMENT OF PROMULGATION

The Tuscarawas County Health Department (TCHD) and the New Philadelphia City Health Department (NPCHD) **PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION PLAN** establishes the **procedures for conducting epidemiologic investigations, disease reporting and disease surveillance.**

This plan is a joint plan for TCHD and NPCHD and all program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the departments.

TCHD PHEP Office will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This **PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION PLAN** is hereby adopted, and all program areas are directed to implement it. This plan replaces previous versions of **EPIDEMIOLOGY RESPONSE PLAN, DISEASE REPORTING SOG, DISEASE INVESTIGATION AND SURVEILLANCE SOG, 24/7 PROTOCOL FOR DISEASE REPORTING, CLUSTER EVALUATION PROTOCOL, CONTAINMENT AND MITIGATION PROTOCOL, INFECTIOUS DISEASE EVALUATION PROTOCOL,** and those plans are hereby rescinded.

### *Signed Promulgation Statement on File in PHEP Office*

Katie Seward, Health Commissioner, Tuscarawas County General Health District	Date
Madhav Bhatta, PhD, Epidemiologist Tuscarawas County General Health District	Date
Contracted Epidemiologist, Medina County Health Department	Date
Board of Health President, Tuscarawas County General Health District	Date
Vickie Ionno, Health Commissioner, New Philadelphia City Health Department	Date
Board of Health President, New Philadelphia City Health Department	Date
Cleveland Clinic Union Hospital, Infectious Disease Practioner	Date
Trinity Hospitals Twin City, Infectious Disease Practioner	Date

## RECORD OF CHANGES

The Health Commissioners for the Tuscarawas County Health Department and New Philadelphia City Health Department authorize all changes to the Tuscarawas County Health Department **PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION PLAN.**

Change notifications are sent to those on the distribution list. To annotate changes:

- Add new pages and destroy obsolete pages.
- Make minor pen and ink changes as identified by letter.
- Record changes on this page.
- File copies of change notifications behind the last page of this ERP.

Change Number	Date of Change	Print Name	Title
2017.11	9/25/2017	Paul R. Westlake	PHEP Coordinator
Version Number: 2017.11	A. Combined the 2017.1 Public Health Surveillance and Epidemiological Investigation Plan, the Disease Reporting SOG and the Disease Investigation and Surveillance SOG into one document. B. Confirmed that all components of FY18 PHEP Deliverable 13 were met. C. Added Multijurisdictional Cooperation section, Page 16 D. Defined surge activity, Page 14		
Change Number	Date of Change	Print Name	Title
2018.05	05/02/2018	Paul R. Westlake	PHEP Coordinator
Version Number: 2018.05	<b><u>FOR A DETAILED LIST OF CHANGES MADE TO THIS DOCUMENT FOR THIS REVISION (2018.05), SEE THE OHIO DEPARTMENT OF HEALTH EMERGENCY RESPONSE PLAN CHANGE OF RECORD FORM, APPENDIX U, AT THE END OF THIS PLAN.</u></b>		
Change Number	Date of Change	Print Name	Title
Version Number:	[DESCRIPTION OF CHANGE]		

## RECORD OF DISTRIBUTION

A single copy of this **PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION PLAN** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
	Administration	Health Commissioner, TCHD	Katie Seward
	Epidemiology	Epidemiologist	Madhav Bhatta, PhD
	Epidemiology	Epidemiologist, Medina County HD	Brent Styer
	Clinic	Director of Nursing	Amy Kaser, RN
	Clinic	Communicable/Infectious Disease Nurse	Chelsea Martin
	Environmental Health	Environmental Health Director	Caroline Terakedis
	NPCHD Administration	Health Commissioner, NPCHD	Vickie Ionno

This plan is available to all New Philadelphia City Health Department and Tuscarawas County Health Department employees on their respective agency websites. Two copies can also be found in the department operations center (DOC) in hard copy format.

## DOCUMENT DESCRIPTION

The content of the **PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION PLAN** is intended to provide guidance for effective epidemiologic investigations and public health laboratory testing within all of Tuscarawas County. This includes providing for rapid identification of potential exposure and disease detection and establishment of protocol outlining the conditions, criteria, and situations that may necessitate a coordination of local and/or regional epidemiological and/or laboratory resources for Tuscarawas County.

For specific disease policies and procedures, see specific TCHD plans attached in the Annex:

- Annex C: Ebola and Special Pathogens Plan
- Annex D: TB Control Manual
- Annex E: Zika Virus SOP



## INTRODUCTION AND PURPOSE

Every public health jurisdiction in the country has a responsibility to develop and maintain the capability to conduct public health surveillance and epidemiologic investigation.

The purpose of this public health surveillance and epidemiologic investigation plan is to establish routine systems and processes, and to expand these systems and processes in response to incidents of public health significance, and to mount an effective response to natural and mad-made threats or disease incidents.

It is the policy of the Tuscarawas County Health Department to protect the health of the public by performing public health surveillance and infectious disease case response and investigation by qualified and knowledgeable infectious disease staff.

This plan will address the conditions, criteria, and situations that may necessitate the activation of this plan for a local response and providing uniformity and guidance for:

- Case investigation;
- Outbreak Investigation;
- Evaluation of the infectious disease surveillance system; and the
- Review of disease reports.

## SCOPE

The Scope of this standard operating procedure includes the two Health Departments in Tuscarawas County: the Tuscarawas County Health Department (TCHD) and the New Philadelphia City Health Department (NPCHD). For the purpose of this plan, both agencies will be referred to jointly as the Tuscarawas County Health Department or TCHD.

Ohio Administration Code (OAC) 3701-3-02 and 3701-3-13 sets the requirements for the reporting of infectious diseases in Ohio based on the severity of the disease or potential for epidemic spread.

## SITUATIONS AND ASSUMPTIONS

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### SITUATION

An infectious disease emergency requiring public health action.

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### ASSUMPTIONS

- Local resources will be utilized first.

- If it is determined that the local resources will be insufficient to provide the projected need of response, Regional, State and Federal assets may be considered.
- This plan encompasses all Tuscarawas County residents.
- TCHD maintains a current list of the human and other resources needed for interviewing, data entry, data analysis, specimen collection, handling and shipping.
- TCHD and NPCHD will work together on common education, training, and exercises to ensure a common foundation for epidemiological investigation.
- These epidemiologic response guidelines are directed towards acute communicable disease issues. These guidelines may not be applicable to non-infectious disease investigations.
- Response levels will not necessarily correlate to number of illnesses reported but will be dependent on the disease and the reaction (i.e. media, public) to the response.
- Compliance with National Incident Management System (NIMS) will occur throughout the epidemiologic response efforts. Specifically, the epi-response team will function as a branch under the Operations Section within the managing jurisdiction's ICS structure.
- The Northeast Central Ohio (NECO) Regional Planning and Healthcare Coalition, ODH and CDC may be involved at any response level.
- The terms "communicable disease" and "infectious disease" and mean to describe the same disease type and may be used interchangeably.
- Individual case records, outbreak investigations, and other materials relating to official business are subject to state law and county policy on public access, as well as state and federal confidentiality laws. Electronic documents related to case records and disease events and subject to the same laws.

## PATIENT CONFIDENTIALITY FOR DISEASE SURVEILLANCE

Tuscarawas County Health Department (TCHD) is committed to providing confidentiality for clients and clients' clinical records.

All TCHD & NPCHD employees are responsible for signing a confidentiality statement upon hire and are annually trained on confidential, protected health information.

## OHIO REVISED CODE 3701.17

"Protected health information" means information, in any form, including oral, written, electronic, visual, pictorial, or physical that describes an individual's past, present, or future physical or mental health status or condition, receipt of treatment or care, or purchase of health products, if either of the following applies:

- (a) The information reveals the identity of the individual who is the subject of the information.
- (b) The information could be used to reveal the identity of the individual who is the subject of the information, either by using the information alone or with other information that is available to predictable recipients of the information.

Protected health information reported to or obtained by the director of health, the department of health, or a board of health of a city or general health district is confidential and shall not be released without the written consent of the individual who is the subject of the information unless the information is released pursuant to division of this section or one of the following applies:

1. The release of the information is necessary to provide treatment to the individual and the information is released pursuant to a written agreement that requires the recipient of the information to comply with the confidentiality requirements established under this section.
2. The release of the information is necessary to ensure the accuracy of the information and the information is released pursuant to a written agreement that requires the recipient of the information to comply with the confidentiality requirements established under this section.
3. The information is released pursuant to a search warrant or subpoena issued by or at the request of a grand jury or prosecutor in connection with a criminal investigation or prosecution.
4. The director determines the release of the information is necessary, based on an evaluation of relevant information, to avert or mitigate a clear threat to an individual or to the public health. Information may be released pursuant to this division only to those persons or entities necessary to control, prevent, or mitigate disease.

Information that does not identify an individual is not protected health information and may be released in summary, statistical, or aggregate form. Information that is in a summary, statistical, or aggregate form and that does not identify an individual is a public record under section 149.43 of the Revised Code and, upon request, shall be released by the director.

Except for information released pursuant to division (B)(4) of this section, any disclosure pursuant to this section shall be in writing and accompanied by a written statement that includes the following or substantially similar language: "This information has been disclosed to you from confidential records protected from disclosure by state law. If this information has been released to you in other than a summary, statistical, or aggregate form, you shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the

release of medical or other information is not sufficient for the release of information pursuant to this section.

## CONFIDENTIALITY AS IT RELATES TO SURVEILLANCE DATA

All surveillance data is considered to be protected health information under Ohio Revised Code 3701.17. Protected Health Information/Confidential information may only be shared when reporting the disease case to the necessary party. All information being submitted to TCHD will be done so through a secure fax line, email or paper mail. In addition, reports may be made to the communicable disease nurse via phone. The ODRS system which allows reporting to the state has limited access and is also secure.

## CONFIDENTIALITY MUST BE PRESERVED IN THE FOLLOWING ACTIVITIES:

- Ensuring adequate patient care
- Performing contact investigations; Confidentiality should not be violated even if contacts refuse evaluation
- Collecting and analyzing data
- Conducting program evaluations
- Referring patients to other jurisdictions; if the patient moves to another health department jurisdiction, TCHD should notify that jurisdiction health department of the move. It will be necessary to disclose patient identifying information, but it should be assumed that all health departments have confidentiality and security laws by which they must abide

Confidentiality can be ensured by:

- Using gender neutral language
- Not mentioning the patient's health care worker, place and dates of diagnosis, or hospitalization history
- Not mentioning the location at which one was exposed
- Not confirming the name of the patient if the contact guesses his or her identity

### Additional Measures to Protect Patient Confidentiality

- Confirm the patient's identity
- Conduct any questions or exams in private
- Ensure that interpreters understand the importance of confidentiality
- Never discuss the patient's case with anyone without the patient's written permission
- Use only secure routes to send patient information and always mark confidential

- Do not leave confidential information on an answering machine
- Do not leave confidential information at the patient's door

## RESPONSE LEVELS

To guide investigation efforts the following four response levels have been created.

### EPI LEVEL 1 SITUATION:

- Only Tuscarawas County local health jurisdictions are affected
- Response can be handled independently within the county.
- One of the two local health departments, depending on jurisdiction, or a coordinated local response is able to effectively respond to the situation.
- Notification of the Epidemiologist is required for a report of a Class A Infectious Disease or one or more cases that warrant an outbreak investigation even when the response does not exceed TCHD capabilities.
- The Ohio Department of Health will be notified by the Health Commissioner or their designee (such as the Epidemiologist) in accordance with the reporting timeframes designated in the Ohio Administrative Code Chapter 3701-3.
- General notification of the incident may be made to the region as deemed necessary. The decision to notify the region will be made by the Health Commissioner and/or epidemiologist.
- ICS will be activated with at least an Incident Commander and Operations Section.
- The potential members of the local Epi-Team are in the Local Epi-Team Member Contact List.
- Most infectious disease detection and reporting will fall into this category.

### EPI LEVEL 2 SITUATION:

- Tuscarawas County local health jurisdictions are affected and require assistance from the region.
- Require additional response resources, including staff.
- Notification of the Epidemiologist is required for a report of a Class A Infectious Disease or one or more cases that warrant an outbreak investigation even when the response does not exceed TCHD capabilities.
- The Ohio Department of Health will be notified by the Health Commissioner or their designee (such as the Epidemiologist) in accordance with the reporting timeframes designated in the Ohio Administrative Code Chapter 3701-3.
- TCHD's Health Commissioner or epidemiologist will notify the other epidemiologists in the NECO region, or other regions as needed.

- Response will be managed by the local epi-response team with assistance from the other (NECO or other region's) epidemiologists.
- Updates out to the region will be made as determined by the Health Commissioner and the epidemiologists managing the investigation.
- The ICS structure will expand as needed.
- If more than one jurisdiction is involved or additional assistance is necessary move to Level 3.

### EPI LEVEL 3 SITUATION:

- More than one local health department is affected within the region
- Assistance and additional resources is required from the state and/or region.
- A level 3 situation would likely occur in the event of a wide-spread outbreak.
- The ICS structure will expand as needed.

### EPI LEVEL 4 SITUATION:

- More than one region in the state or multiple states are affected.
- A situation of this magnitude would potentially involve local, regional, state, and federal assistance.
- A pandemic may produce a level 4 situation.
- The ICS structure will expand as needed.

## EPIDEMIOLOGY STAFF

### EPIDEMIOLOGISTS

Tuscarawas County Health Department contracts for Epidemiologists. Signed MOUs are on file in the Administration Office with:

Madhav Bhatta, PhD, MPH  
P. O. Box 5190  
319 Lowry Hall  
Kent, Ohio 44242  
Tel: (330) 672-6511  
Cell: (205) 602-7569  
[mbhatta@kent.edu](mailto:mbhatta@kent.edu)

Medina County Health Department  
Epidemiology Staff  
4800 Ledgewood Dr.  
Medina, OH 44256  
Tel: 330-723-9688  
[bstyer@medinalhealth.org](mailto:bstyer@medinalhealth.org)

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## EPIDEMIOLOGIST TIERS DEFINED

TCHD utilizes both Tier 1 and Tier 2 Epidemiologists.

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### TIER 1

- Newly graduated Master's degree with minimal experience but from a Master's program with a focus on epidemiology and/or analysis and assessment; or
  - Bachelor's or other nonepidemiology professional degree or certification (e.g., RN, MD/DO, DDS/DMD, DVM, PhD, RS) without formal academic epidemiology training and with at least 2 years' experience performing epidemiology work under the guidance of a Tier 2 or Tier 3 epidemiologist. (Guidance can be received from an epidemiologist in the same agency or in other organizations.)
  - Carries out simple data collection, analysis, and reporting in support of surveillance and epidemiologic investigations.
- 

### TIER 2

- Master's degree with a focus in epidemiology with 2 or more years' work experience in epidemiology in a public health agency; or
  - Doctoral-level epidemiologist; or
  - Other nonepidemiology professional degree or certification (e.g., RN, MD/DO, DDS/DMD, DVM, PhD, RS) with specific epidemiology training (e.g., MPH degree, CDC Epidemic Intelligence Service program) or at least 4 years' experience performing epidemiologic work under the guidance of a Tier 3 epidemiologist.
  - Carries out simple and more complex and nonroutine data collection, analysis, and interpretation tasks and can work independently; or may supervise a unit or serve as a project leader or surveillance coordinator.
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## DIRECTOR OF NURSING

The Director of Nursing is responsible for managing the medical clinic staff and operations, which includes public health surveillance and epidemiological investigations.

## DIRECTOR OF ENVIRONMENTAL HEALTH

The Environmental Health Director is responsible for the management of the Environmental Health division staff and operations. During public health surveillance and epidemiological investigations, the Environmental Health Director and Staff serve as advisors and informational resources to address water safety, solid waste management, food inspections and food borne illness investigations.

## INFECTIOUS & COMMUNICABLE DISEASE NURSE

The TCHD Infectious and Contagious Disease Nurse reports to the DON. This person, among other duties, reports and investigates communicable, infectious disease to the Ohio Department of Health as set forth by the ABC Guide to Communicable Diseases (See *Appendix 4 – Ohio Department of Health’s Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio*). They also collaborate with physician offices and clinics to ensure treatment and/or follow-up of patients with communicable or infectious disease occurring. Provides education on communicable, infectious diseases to the public, physicians, clinics etc. Monitors resources such as the Epi Center, NORS, NRDM for trends, outbreaks, etc.

## COMMUNICATIONS AND PUBLIC INFORMATION

### NOTIFICATION AND COMMUNICATION

TCHD will provide regular communication to other local health departments and other health partners as needed. This will be conducted through established pathways such as the Ohio Public Health Communication System (OPHCS) and the NECO Epidemiology list serve.

Notification of the region and implementation of a coordinated regional epidemiological response will depend on the severity of the incident.

### TACTICAL COMMUNICATIONS

Communication between members of the epi-response team will occur using the most appropriate means available based on the situation. In most scenarios, telephone and e-mail will suffice with use of MARCS reserved for communication with members of the team conducting field work.

The primary means of communication will be existing phone lines, internet access and cell phones. MARCS radios or other two-way radio systems may also be used. Alternate types of communication equipment may need to be used and these could include HAM radios, and runners;

Through internet connectivity forms, surveys, and access to enter data directly into the Ohio Disease Reporting System (ODRS), the National Outbreak Reporting System (NORS) or other applicable systems will be maintained. If internet connectivity is not available or is lost, use paper forms and enter the information upon restoration of connectivity.



## COMMUNICATIONS

Communication systems, including telephone lines, fax machines, copy machines, and computers (tabletop and/or laptops, printers and internet access) may be used to maintain communications with appropriate partners, ODH, and other government/non-government agencies.

- Report and manage cases utilizing the Ohio Disease Reporting System (ODRS);
- Prepare Ohio Public Health Communication System (OPHCS) alerts, public health warnings and advisories, and other forms of communication:

The back-up plan if communications equipment, including radio communications, needs maintenance or becomes unavailable includes:

- Contacting TCHD's contractual IT support company
- Contacting the EOC and EMA to send IT support
- Contacting any available on-site IT personnel

The TCHD's communications equipment is interoperable.

- Radio channels/frequencies will be pre-designated
- Security measures will be taken to ensure efficient communications among all site personnel.

## PUBLIC INFORMATION

A Public information officer (PIO) will be assigned if the event warrants and public information will be funneled through this person to:

- Ensure that information released will be closely coordinated with the local, regional, and state PIO;
- Ensure that all staff members provide consistent information
- Public information templates have been developed, as well as a list of potential resources for agent specific information and are located in **TCHD Communications SOP, ERF #3, #4.**

## EMERGENCY RESPONSE PLAN ACTIVATION

- The TCHD Emergency Response Plan (ERP) should be activated when:
  - The situation is urgent in nature
  - Staff's daily work must be redirected to address the situation
  - An interdisciplinary response is needed
  - The response will last more than one day
- See [Attachment I - TCHD Emergency Response Plan](#) and [Attachment II - Activation of the ERP SOP](#).

- Other TCHD Response plans may be activated and utilized on an as needed basis. See *Table 2* at the end of this document for a list of potential plans that may be referenced.

## REPORTING REQUIREMENTS

It is Ohio Law that healthcare providers (physicians, hospitals, infection preventionists) with knowledge of a case or suspect case of a disease which is required to be reported, laboratorians that examine specimens of human origin with evidence of diseases which are required to be reported, or any individual having knowledge of a person suffering from a disease suspected of being communicable are required to report it to the necessary agency. Individuals living in Tuscarawas County will be reported to the Tuscarawas County Health Department.

- ORC 3701-3-3 describes the rules and regulations for individuals to report an infectious disease. These include:
  - Health Care providers
  - Any individual who has knowledge of a person suffering from a disease
- See ORC 3701-3-4 for laboratory reporting requirements

## HEALTHCARE PROVIDERS MUST REPORT THE FOLLOWING:

- Name of case or suspect case
- Diagnosis or suspected diagnosis
- Date of birth of case or suspect case
- Sex of case or suspect case
- Telephone number of case or suspect case
- Street address, including city, state and zip code of case or suspect case
- Supplementary surveillance information
- Healthcare provider name, telephone number and street address (including city, state and zip code)

## LABORATORIANs MUST REPORT THE FOLLOWING:

- Name of case or suspect case
- Date of birth of case or suspect case
- Sex of case or suspect case
- Street address, including city, state and zip code of case or suspect case
- Laboratory test information
  - Specimen identification number
  - Specimen collection date
  - Specimen type

- Test name
- Test result
- Organism and serotype, as applicable
- Healthcare provider name, telephone number and street address (including city, state and zip code)

## REPORTING REQUIREMENT TIMELINE

Per ORC 3701-3-5

See *Appendix 4 – Ohio Department of Health's Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio*

Class A Diseases

- Report **IMMEDIATELY**
  - Reported to TCHD immediately upon discovery.
  - During normal business hours, TCHD shall notify ODH-BIDC at 614-995-5599
  - After hours, TCHD shall notify the ODH 24/7 emergency phone number 614-722-7221
- General response to Class A disease reports
  - All case reports are investigated in a timely manner per recommendations set forth in the Ohio Infectious Disease Control Manual (IDCM):  
<http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx>
  - Cases are reported to ODH per Ohio Administrative Code 3701-3-6 via the Ohio Disease Reporting System (ODRS)

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## CLASS B AND C DISEASES AND OUTBREAKS

- Report to ODH by end of next business day

When the Tuscarawas County Health Department receives a report that report must be forwarded to ODH by electronically entering the case into the Ohio Disease Reporting System (ODRS).

## RECEIVING DISEASE REPORTS

The Tuscarawas County Health Department 24/7 emergency contact system will receive, evaluate and respond to reports of communicable diseases, including bioterrorism agents and other serious diseases of public health significance. This system will allow for rapid notification and response.

- Disease reports may be made by phone, fax, mail or electronically and may originate from any lab, health care facility, health care provider, health department, citizen, blood bank or ODRS.

- Infectious disease is generally reported by the local hospital infection control practitioner after processing in their lab but can be received by other sources.
- If there is a public health emergency the Health Commissioner will be notified by the on-call staff and the 24/7 call down list will be initialized.

DRAFT

## EMERGENCY CONTACT PERSONNEL:

- Preferably be someone who has received training in communicable diseases
- Be able to receive communicable disease reports from providers and to consult and manage using the ODH guidelines
- Be able to refer various other types of emergencies
- Be able to appropriately document calls

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## STAFF WHO TAKE 24/7 EMERGENCY CALLS INCLUDE:

- Health Commissioner
- Director of Nursing
- Division Directors

If the Health Commissioner and/or Medical Director do not receive the call they will be contacted by the on-call staff as the situation dictates.

## NORMAL BUSINESS HOUR PROCEDURES

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### TUSCARAWAS COUNTY HEALTH DEPARTMENT

- Tuscarawas County Health Department hours of service are 8am to 4pm, Monday through Friday.
- Personal visit or mail: 897 E. Iron Ave., Dover, OH 44622
- Telephone: 330-343-5555
- Email: [director@tchdnow.org](mailto:director@tchdnow.org)
- Fax: 330-343-1601

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### NEW PHILADELPHIA CITY HEALTH DEPARTMENT

- Personal Visit or mail: 150 E. High Street, Suite 011, New Philadelphia, OH 44663
- Telephone: 330-364-4491, ext. 1208
- Fax: 330-364-8830
- Email: [vionno@newphilaoh.com](mailto:vionno@newphilaoh.com)

## AFTER-HOURS, WEEKENDS AND HOLIDAYS PROCEDURES

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### TUSCARAWAS COUNTY HEALTH DEPARTMENT

- All case reports made after-hours are initiated via telephone call or fax to the TCHD normal business hours phone number. After hours answering service will contact TCHD Health Commissioner.

- The TCHD telephone message when the phone is not answered states the following:  
*“Thank you for calling the Tuscarawas County Health Department. The Health Department is currently closed. If this is a public health emergency please dial (614) 462-8825.”*
  - Once the caller hangs up and dials the after-hours phone number they will be able to speak to a person who is able to receive and appropriately direct the call for further evaluation. The caller is asked for their name and a call back number. The after-hours answering service then calls the on-call staff to relay the phone message.
- Online submission is available on the TCHD website. See below.

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## NEW PHILADELPHIA CITY HEALTH DEPARTMENT

- After Hours (24/7/365): 330-343-4488 (New Philadelphia Police Department)
- All case reports made after-hours are initiated via telephone call to New Philadelphia Police Department, who will contact the NPCHD Health Commissioner.

## REPORTING ONLINE

- The public may also fill out the online communicable disease reporting form located at <http://www.tchdnow.org/communicable-disease-reporting.html>.
- Individuals filling out the online form are asked to provide their first and last name in the boxes and in the comment section please place patient name, date of birth, disease being reported, and contact number for the physician or medical office.
- All information is forwarded to a secure email and is confidential.
- The Health Commissioner receives the forms 24/7 and passes the information on to the appropriate staff member.
- A copy of the communicable disease laws can also be accessed at this website.

## RESPONSE TO DISEASE REPORTS

- The communicable disease nurse will be responsible for the daily entry of new cases and updates to cases in ODRS.
- When a report is received, the communicable disease nurse will verify that the patient resides in Tuscarawas County. New Philadelphia City Health Department works all New Philadelphia City Jurisdiction cases.
- All positive reportable disease lab reports from TCHD clients will be verified by the ordering TCHD physician.
- TCHD communicable disease nurse confirms the diagnosis by lab report and ODH case definitions. The ordering physician, outside of TCHD, is contacted to determine if the patient

has been notified, if clinical symptoms are present and what, if any, treatment has been provided.

- The nurse will then call the affected individual or parent/guardian. Any information that is necessary will be obtained.
- The nurse will instruct the individual on treatment, prevention and the potential source of infection/illness. Any questions the individual has will be addressed. It may be necessary to send the individual information regarding the infection/illness.
- If the nurse is unable to reach the individual by phone, contact will be initiated via mail. If the client does not respond after two written letters all information will be submitted via ODRS and the case will be closed. 3 attempts will be made by phone at varying times of the day.
- The communicable disease nurse will be responsible for performing timely follow-up on cases missing key information in ODRS. Monthly adhoc Query Reports will be run for assessment of timeliness of disease reporting in ODRS.
- Class A reportable diseases will be entered into ODRS immediately/upon receipt; all others should be entered within 24 hours. The case will remain open until all the information needed to close the case is available and entered.
- The communicable disease nurse is expected to consult with the Director of Nursing, Epidemiologist, and/or Health Commissioner to seek any needed guidance before a case is closed. In their absence, the Medical Director can be consulted.
- Case investigation is prioritized based upon the severity of the public health threat. Class A diseases are investigated immediately upon receipt.

## PUBLIC HEALTH SURVEILLANCE

Tuscarawas County Health Department (TCHD) encompasses both passive disease surveillance and active disease surveillance. TCHD maintains a system that is compatible with the statewide system including:

- Maintaining a supply of current communicable disease report forms
- Supporting training of staff to accurately and efficiently use ODRS
- Receiving, evaluating, data entry, and transmitting completed reports to the State via ODRS
- Investigating each communicable disease reported to gather epidemiological and laboratory data for local, state, and national surveillance
- Conducting detailed follow up to prevent future cases, identify the etiological agent, and identify the mode of transmission
- Consulting with state epidemiological staff or special divisions whenever any unusual circumstances occur
- Implementing control measures as recommended by the State
- Determine when an outbreak rises to the level of public activation of the ERP; this should be considered when;
  - The situation is urgent in nature
  - Staff's daily work must be redirected to address the situation
  - An interdisciplinary response is needed
  - The response will last more than one day

## PUBLIC HEALTH SURVEILLANCE DEFINED

Surveillance is the systematic collection, analysis and communication of disease-specific findings. Surveillance allows identification and monitoring of important public health events. It also allows for evaluation of interventions. Current surveillance programs in place at TCHD include ongoing routine active and passive surveillance for reportable conditions and highly active surveillance during specific events. All surveillance and response activities take place with the strict attention to confidentiality requirements.

## ROUTINE PASSIVE SURVEILLANCE

Routine passive surveillance meets the Health Department's legally mandated infectious disease reporting and response requirements. It relies predominantly on the ability of the medical clinic and biomedical laboratory staff to recognize and report communicable diseases as required by Ohio law.



Health Department Infectious Disease (ID) staff receive these confidential reports via fax, phone, mail, or electronic submission. The ID staff then contacts the health care providers who are treating the case subject, reviews disease-specific information, and intervenes as needed.

Interventions typically include case interviews and contact notifications. The basic process of assuring treatment and education for infected individuals, as well as identification, notification and referral of their contacts is similar for many reportable conditions.

## ROUTINE ACTIVE SURVEILLANCE

Routine active surveillance includes a more in-depth form of routine surveillance in which the ID staff reaches out to the more frequent reporters in the County on a weekly basis. The goals of this surveillance type include: rapid reporting, reduction in lag time between case identification and reporting, improved communication and relationship between the Health Department and key community disease informants. The frequency and number of locations monitored via routine active surveillance may be modified in terms of frequency and/or locations as determined by the ID staff based on issues at the time. The ID staff or designee will make these weekly calls.

## HIGHLY ACTIVE SURVEILLANCE

Highly active surveillance is event specific. It begins when surveillance staff recognizes that additional surveillance is needed to identify the magnitude and distribution of an event. The decision to implement highly active surveillance will be made by the Health Commissioner or ID team which would be made up of the Health Commissioner, Environmental Health Director, Director of Nursing and ID staff person.

While this kind of surveillance often results in identification of more cases, and a “snowballing” of cases and contact identifications, it also can help clarify risks or underlying issues associated with the disease. If a decision is made to contact the media, TCHD’s Public Information Officer or designee, would do so.

## SURVEILLANCE SYSTEMS

The purpose of the Tuscarawas County Health Department infectious disease surveillance system is to prevent or reduce the spread of infectious illnesses in the County, as well as to be in compliance with OAC Section 3701-03 for reporting requirements of communicable diseases.

If a potential outbreak is detected through surveillance, public health shall notify the public within 6 hours and make appropriate recommendations to limit the spread of disease.

## OHIO DISEASE REPORTING SYSTEM (ODRS)

### PURPOSE

- ODRS is used to report class A, B, and C infectious diseases to the ODH.

### ACCESS

- TCHD Epidemiology staff are granted access to ODRS via the ODRS Administrator (i.e – TCHD Epidemiologists, Director of Nursing, Contagious Disease Nurse).
- A user agreement is signed by the new users and ODRS Administrator
- TCHD Health Commissioner will ensure onboarding of new Epidemiology staff are to be registered with the Ohio Disease Reporting System (ODRS) within 5 business days of hire.
- TCHD ODRS users should include:
  - Tier 1 and 2 Epidemiologist
  - Director of Nursing (DON)
  - Infections Disease Nurse
  - Others as assigned by DON

### MONITORING

- ODRS users should access ODRS at least once per day

### REPORTING

- All Class A, B, and C diseases should be reported in ODRS per the timeline requirements outlined in ORC 3701-3-6.
- Enteric, foodborne, person to person, zoonotic, and waterborne outbreaks should be entered into ODRS within 30 days of initial report and closed within 90 days.

## NATIONAL OUTBREAK REPORTING SYSTEM (NORS)

### PURPOSE

- NORS is used to report foodborne, waterborne, person to person enteric, zoonotic, and long-term care/institution outbreaks such as norovirus, salmonella, and campylobacter.

### ACCESS

- The TCHD Epidemiologist, Director of Nursing and Infectious Disease Nurse have access to NORS

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## REPORTING

- Outbreaks shall be entered into NORS within 30 days and closed within 90 days.
- Norvirus must be entered within 7 days

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## EPICENTER

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### PURPOSE

- Epicenter is used to monitor, in real-time, early indicators of potential disease outbreaks, seasonal illness, bioterrorism by health care registration chief complaints from hospital emergency departments and Urgent Care facilities.

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### ACCESS

- Epicenter access is granted by ODH via a signed user agreement.
- The TCHD Epidemiologist, Director of Nursing, and Infectious Disease Nurse shall maintain access to Epicenter.

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### MONITORING

- Epicenter acts as a self-monitoring system and will alert local Epicenter users via email if an alert is present.

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## NATIONAL RETAIL DATA MONITOR (NRDM)

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### PURPOSE

- NRDM is used to monitor early indicators of infectious disease outbreaks by examining sales of over the counter medications/products.

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### ACCESS

- TCHD Epidemiologist, Director of Nursing, and Infectious Disease Nurse shall maintain access to NRDM.

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### MONITORING

- TCHD shall monitor NRDM periodically.

## COMPONENTS AND OPERATION OF THE INFECTIOUS DISEASE SURVEILLANCE SYSTEM

The infectious disease surveillance system is an ongoing collection of data collected from initial reports of diseases, that may be received by via fax, mail, e-mail, phone or online form and can originate from any lab, health care facility, health care provider, health department, citizen, blood bank or ODRS.

This surveillance encompasses all Tuscarawas County residents, with the NPCHD being responsible for the city of New Philadelphia residents, and the TCHD being responsible for the remainder of the county.

### DATA

The data that is collected is stored on ODRS and is necessary to close the case. All information that is transferred is transferred securely to protect patient identification.

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### DATE ANALYSIS

The communicable disease RN is responsible for monthly adhoc query reports are completed for assessment of timeliness of disease reporting. The communicable disease RN also does the initial analysis; however, analysis may be done by the Director of Nursing, Epidemiologist, Medical Director or Health Commissioner.

Information regarding communicable diseases are released each month via the Health Commissioner's Board of Health report. These reports are made to the Board of Health but made available to all TCHD employees, the general public and the media.

Reports are distributed via paper copy or electronically

### EVALUATION PROTOCOL

When evaluating the surveillance system, indicate the level of usefulness by describing actions taken as a result of the data from the surveillance system. Characterize the entities that have used the data to make decisions and take actions. List other anticipated uses of the data.

Evaluate the system for each of the following attributes:

1. Simplicity
2. Flexibility
3. Acceptability

4. Sensitivity
5. Predictive value positive
6. Representativeness
7. Timeliness

Evaluate the resources used to operate the system including direct cost and indirect costs. Make a list of your conclusions and recommendations. State whether the system is meeting its objectives and address the need to continue and/or modify the surveillance system.

## DISEASE OUTBREAKS

- The Communicable Disease Nurse should alert the Health Commissioner and other Communicable Disease Staff to situations involving an unusual number of cases if a particular illness occurring in a given timeframe or specific location.
- An investigation should be initiated within 3 hours of the initial notification.
- Verify the diagnosis of individuals affected by the outbreak by reviewing clinical and laboratory results and establish the existence of an outbreak. Collect and submit lab specimens as necessary.
- If an outbreak is determined, consult with health officials and department directors to determine whether the Tuscarawas County Emergency Operations Plan (TCHD ERP) should be activated. Activate if necessary.
- TCHD environmental will be notified in the event of illness associated with food or water sources or any zoonotic illness.
- If an outbreak occurs in daycare in Tuscarawas County, both the Ohio Department of Job and Family Services and the Tuscarawas County Department of Job and Family Services need to be notified in a timely manner.
- TCHD Director of Environmental shall also be notified.
- Implement public health prevention and control measures within 6 hours.
- Contact local healthcare providers/community partners to alert them of the situation. The Health Commissioner of Epidemiologist should issue an OPHCS alert within 12 hours of an investigation or positive result.
- Investigate and prepare and submit an investigation report.
- Contact ODH to update them and request assistance, if needed.
- At the conclusion of an outbreak investigation, the ODH Outbreak Reporting form should be completed and submitted to ODH. A template of this form may be found at: <http://www.odh.ohio.gov/pdf/IDCM/obkreport.doc> .

## OUTBREAK DETECTION

The purpose of this section is to determine what additional investigation is required, assess what control measures are needed, assign responsibilities, management of cases to minimize transmission and ongoing evaluation of outbreak control measures.

TCHD monitor the incidence of disease outbreaks through a variety of surveillance systems. Additionally, outbreaks may be detected by reviewing disease surveillance reports:

- Citizens who call TCHD to report an outbreak
- Local Healthcare providers and/or school nurses who treat initial cases
- TCHD may receive more case reports for a particular disease than is normally expected.

## OUTBREAK INVESTIGATION

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### PURPOSE

The purpose of an outbreak investigation is to identify cases associated with reported incident and determine a common source.

Initiation of an outbreak investigation will occur within 3 hours of initial notification.

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### EPI RESPONSE TEAM

Outbreak response teams may be deployed when necessary by the Health Commissioner utilizing the Incident Command System (ICS) model. The response team will consult with the epidemiologist to determine the methodology for the outbreak investigation and control activities. Additional responsibilities of the response team may include:

- Initiate and manage data collection
- Determine ongoing modes of communication between team members
- Arrange regular team meetings
- Determine resource needs
- Determine inventory needs
- Decide on communication modes to get information to the general population
- Decide when investigation has been completed
- Collaborate on final report

The team may need to work with state and local partners when necessary. ICS forms should be utilized.

Epi response team should consist of:

- Epidemiologist
- Health Commissioner
- Medical Director
- Director of Nursing
- Director of Environmental
- Infectious Disease Nurse
- PHEP Director
- PHEP Coordinator
- Others as determined necessary

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## OUTBREAK ASSESSMENT

An ongoing assessment will be conducted by the response team. Questions that should be addressed may include:

- Are all cases being located and are appropriate control measures instituted?
- Are new cases occurring?
- Is the community informed regarding the status of the outbreak and control measures?
- Is transmission ongoing?
- How long will active surveillance continue?
- What control measures should be implemented?
- What is the time frame for control measures?
- What resources will need to be obtained?
- What laboratory services are needed?

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## INVESTIGATION PROCESS

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### CONFIRM THE EXISTENCE OF AN OUTBREAK

- Verify Diagnosis through lab results and/or symptom identification
- For specimen submission forms and instructions see requirements set forth in the Ohio Infectious Disease Control Manual (IDCM):  
<http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx>
- A hard copy of the IDCM

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### ESTABLISH EXISTENCE OF AN OUTBREAK

- Compare current numbers from the previous weeks/months or a comparable time period during previous years

- Calculate expected numbers of cases and compare to observed numbers
- Make sure communities that see regular fluctuations in populations such as colleges or migrant farming areas are not the cause of the increase in the number of cases
- Communicate with neighboring counties and State officials to determine if there is an increase in a particular disease
- Ensure the rise in numbers is not due to changes in reporting procedures, case definition, diagnostic procedures, or increased awareness at the national or local level.

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### DEVELOP A HYPOTHESIS

- Look for a common exposure
- Source of the outbreak
- Mode of transmission
- Population at risk

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### DEVELOP A CASE DEFINITION

- Criteria:
  - Clinical (Symptoms) *i.e.: 3 or more loose stools within 24 hours*
  - Epidemiologic (person, place and time) *i.e.: between April 5<sup>th</sup> and 7<sup>th</sup>*
  - Laboratory (for confirmed cases only)
  - Location *i.e.: who ate at "x" restaurant*
- Categories
  - Probable
  - Confirmed
  - Not Confirmed

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### CASE INVESTIGATION/INTERVIEWS

- Develop a questionnaire and interview cases
- Create a line listing of cases
- Perform descriptive Epidemiology/Analysis of cases
  - a. Person
    - i. Population at risk, including age, sex, race, ethnicity, etc.
  - b. Place
    - i. Where cases are occurring geographically
  - c. Time
    - i. Epidemic Curve
    - ii. Incubation period
    - iii. Magnitude and time course of outbreak



- Pattern of spread
- Current place in course of epidemic
- Evaluation of control measure effectiveness
  - Identify outliers

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## INSPECTION (FOODBORNE OUTBREAKS ONLY)

Environmental health shall inspect the place of incident and examine methods of cooking and handling of food products, determine origin, and assess the health, food handling, and hygiene history of food handlers.

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## CONTROL AND PREVENTION MEASURES

- TCHD shall make recommendations and interventions for the containment, prevention, and treatment of the disease within 6 hours of the identification of the agent/disease.
- Measures may include:
  - Isolation/Quarantine
  - Education
  - Mass vaccination/prophylaxis clinics
- See [Attachment V - TCHD NON-PHARMACEUTICAL INTERVENTION PLAN](#).

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## OUTBREAK RISK COMMUNICATIONS

- More information regarding risk communication can be found in TCHD's Risk Communication Policy and Procedure. General principles include:
- Public media: messages should be clear and prompt
- Designated Public Information Officer (PIO)
- Media messages should be coordinated with PIO
- Fact sheets, letters, blast fax and face to face meetings should be utilized when appropriate

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## CONCLUDING ACTIONS

- After primary epidemiologic response to an event has ended and/or the transmission of the disease has ceased or is contained, secondary response shall continue until no further cases are observed.
- Generally, once a lab confirmed case has not been reported within two incubation periods, an outbreak may be declared over.
- Debriefings should be made with all persons involved.
  - Topics should include communication and coordination, media communication, resource allocation, suggestions for future outbreaks.

- A report of outbreak control activities should be prepared by the EPI or designee within one month of the completion of the investigation.
- Prepare final reports:
  - The *ODH Outbreak Reporting Form* should be sent to ODH upon completion of an outbreak investigation. (*Appendix 2*)
  - For Enteric Diseases, use either ODRS or the *Ohio Enteric Case Investigation Form* and submit to ODH (*Appendix 3*).
- Complete an After-Action Report (AAR) with key stakeholders. HSEEP templates will be used. See [Attachment III - Development of an AAR/IP SOP](#).
  - The outbreak evaluation may also prove a need for modification to protocols, policies and procedures and these written recommendations should be made from the committee to the Health Commissioner.
- A summary and outbreak press release may also need to be developed.

## CLUSTER EVALUATION PROTOCOL

Tuscarawas County Health Department's (TCHD) cluster evaluation protocol involves a number of steps that include collecting information, evaluating and responding to the concern, conducting an assessment and investigating a potential cluster. This protocol helps to identify roles and responsibilities of individuals involved. This protocol is not intended to cover every possible situation or variable which may arise during an assessment.

Assessment is defined as the collection, analysis and evaluation of data and related information among a group of people in a geographic area over a defined period of time.

Cluster investigation is a study to determine risk factors or potential causes of greater than expected number of cases occurring among a group of people in a geographic area over a defined period of time.

Tuscarawas County Health Department will have the primary responsibility for responding to health concerns within the jurisdictional lines. TCHD may find it necessary to reach out to the Ohio Department of Health for guidance or assistance during a cluster evaluation.

The response protocols that TCHD will follow for cluster evaluation come from the *Ohio Department of Health's Ohio Community Cancer Concerns Protocol (2013)* and *CDC's Guidelines for Investigating Clusters of Health Events*. The protocol steps include:

Step I: Collect information, evaluate, and respond to the concern

Step II: Verify reported cases

Step III: Determine resources available to conduct the assessment

Step IV: Establish a case definition and population

Step V: Conduct the assessment

Step VI: Release the assessment findings and evaluate the process Step VII: Conduct a cluster investigation

## STEP I: COLLECT INFORMATION, EVALUATE, AND RESPOND TO THE CONCERN

Often concerns of disease clusters are expressed to TCHD via phone, email, contact form, or in person. The person who receives the initial contact from a resident should work to collect as much information as possible. The employee may wish to collect the following information:

1. Name, address, phone number, email, date received, method of inquiry, preferred method of contact
2. Nature of the concern
3. Geographic area of concern
4. Population of concern
5. Information on perceived environmental exposures

Once information is collected it should be passed onto the Director of Nursing, Director of Environmental, Health Commissioner and Epidemiologist. The appropriate individuals will then review the information and determine the need for further action. Additional investigation may be necessary if:

- Multiple cases of one type of illness or disease have been identified
- Unusual diseases identified in a particular population
- An unusual geographical pattern is suggested

A written response to the concerned citizen should be constructed with a copy kept for documentation. The written response should include the following:

- A summary of the concern
- Reasons for no further action OR
- Reasons for further action
- Any relevant data
- Resources
- Contact information
- Invitation for additional questions or concerns

## STEP II: VERIFY REPORTED CASES

Review relevant health data that is available as well as any reported environmental exposures. Once data has been reviewed meet with the designed team to review. Assess any confirmed cases and environmental information to determine if any unusual geographic pattern is suggested or if any of the following criteria exists:

- Multiple cases of one disease or illness
- Unusual types of disease or illness
- Verified known environmental risk factors

If any of the criteria above exists then proceed to step III, if not then end the assessment.

## STEP III: DETERMINE RESOURCES AVAILABLE TO CONDUCT THE ASSESSMENT

Assessments may require significant resources including staff time and funding. If resources are lacking it may be necessary to partner with another local health department or reach out to the state health department for assistance. In order to determine what resources are necessary the following must be identified:

- Determine what case data is already available
- Determine population denominator for the geographic area
- Determine any supplemental data
- Reference the population with comparable data

Once data is identified then the following must be assessed:

- Estimated amount of funding necessary for staff, travel, software and equipment
- Amount of time staff will be devoted to the investigation
- Epidemiological and statistical capacity
- Support from stakeholders

Once the appropriate resources are available proceed to Step IV.

## STEP IV: ESTABLISH A CASE DEFINITION AND POPULATION

The case criteria and population denominator need to be established to proceed any further. It is necessary to determine a case definition from the criteria used in Steps I and II. Considerations include:

- Disease and illness types
- Vital statistics
- Demographics

It is also important to determine the study population by geographic area or time period. Finally, determine if the case definition and study population will serve to answer the initial concern. If not, then end the investigation; otherwise proceed to step V.

## STEP V: CONDUCT THE ASSESSMENT

1. Identify one or more defined objectives
2. Generate a line listing of relevant cases for the defined study population. Mapping may be necessary
3. Determine a plan of analysis
4. Conduct an analysis and create tables of results
5. Collect risk factor information
6. Collect environmental exposure information
7. Prepare a draft summary
8. Provide verbal and/or written status reports to stakeholders

## STEP VI: RELEASE THE ASSESSMENT FINDINGS AND EVALUATE THE PROCESS

Once findings are made available to the public, recommendations for further action should be discussed to determine next steps. It is important to obtain approval from necessary stakeholders prior to the findings being released. Method of distribution should be considered. After the release it is essential to evaluate the process to determine what worked, what did not work and what could be done to improve future projects. Based on the results of the assessment the team made decide to proceed to step VII and initiate a cluster investigation.

## STEP VII: CONDUCT A CLUSTER INVESTIGATION

During this step TCHD may find it essential to team with other local health departments, academic institutions, researchers, physicians, or state agencies to complete the investigation. There are no procedures for this step however similar procedures completed in Steps V and VI may be used.

## POTENTIAL PROBLEMS

- There may be problems encountered when evaluating a cluster outbreak. Oftentimes health events being evaluated in cluster evaluations are rare and increases of the health events tend to be slow and over a period of time especially with chronic disease.
- Some clusters may occur by chance only

Defining the geographical area is often a challenge and an area that is too small or too large may result in inaccurate data. It may be necessary to physically map data as it becomes available

## COMMUNICABLE DISEASE

- Upon diagnosis of a reportable communicable disease the clinic/lab/provider will notify TCHD or complete the information in ODRS and submit it electronically
  - Initial reports of diseases may be received by fax, mail, email, or phone and can originate from any lab, health care facility, health care provider, health department, citizen, blood bank, or ODRS.
- Case follow up will be delegated to a public health nurse.
- If the case is reported via phone to TCHD, the nurse will enter the information into ODRS
- All positive reportable disease lab reports from TCHD clients will be verified by the ordering TCHD physician.
- TCHD communicable disease nurse confirms the diagnosis by lab report and ODH case definitions. The ordering physician, outside of TCHD, is contacted to determine if the patient has been notified, if clinical symptoms are present and what, if any, treatment has been provided.
- The nurse will then call the affected individual or parent/guardian. Any information that is necessary will be obtained.
- The nurse will instruct the individual on treatment, prevention/interventions, and the potential source of infection/illness. Any questions the individual has will be addressed. It may be necessary to send the individual information regarding the infection/illness.
- If the nurse is unable to reach the individual by phone, contact will be initiated via mail. If the client does not respond after two written letters all information will be submitted via ODRS and the case will be closed. 3 attempts will be made by phone at varying times of the day.
- The communicable disease nurse will be responsible for performing timely follow-up on cases missing key information in ODRS. Monthly adhoc Query Reports will be run for assessment of timeliness of disease reporting in ODRS.
- All positive HIV and Syphilis lab reports are securely faxed to Canton City Health Department. The Canton City Health Department works all positive HIV and Syphilis cases for Tuscarawas County.
- If a source or contact investigation is initiated, named contacts or source cases are not given the name of the index case. They are told that “you have been named as someone who may

have been exposed to \_\_\_\_\_". They are referred for medical evaluation to their own healthcare provider or one of the TCHD providers.

- Suspected outbreaks should be reported promptly to ODH (614-995-5599) during normal business hours and (614-722-7221) 24/7 ODH number for class A events.

## SURGE EVENT

Medical surge describes the ability to provide adequate medical evaluation and care during an event that exceeds the limits of our normal medical infrastructure.

- A. If additional staff is required during a surge event, requests will be made through the Incident Commander/Department Coordinator.
  1. Additional epidemiologists, nursing staff and other investigation personnel may be assigned from programs within the TCHD by the Health Commissioner.
    - a. In the event TCHD resources are depleted, a request will be made to the Northeast Central Ohio (NECO) Regional Healthcare and Planning Consortium through a signed mutual aid agreement.
  2. At the discretion of the IC/DC and the scope of the event, additional requests for assistance may be made to the Ohio Department of Health.
  3. See **ANNEX 1 – Northeast Central Ohio Regional Epidemiology Surveillance and Investigation – Disease Transmission Limitation Strategy Concept Plan.**
- B. Requests made to the TCHD Health Commissioner for assistance during surge events in other jurisdictions will need to be addressed on a case-by-case basis.
  1. If manpower allows, epidemiological staff will participate in Regional Epidemiological Response Teams (e.g., mobilize local health staff cross-jurisdictionally) and assist with
    - a. Planning
    - b. Training
    - c. Response

## COMMUNITY PARTNERSHIPS

During a public health surveillance or epidemiological investigation, it is often necessary to utilize TCHD community partnerships. The involvement of these partnerships will vary dependent on the incident.

## COLLABORATION WITH LOCAL ICP PERSONNEL

Local hospital collaboration is of paramount importance during these events. Many of the initial disease reports come from the hospitals, and their epidemiology labs and their Infection Control Practitioners (ICPs) are very valuable for surveillance and investigation activities.

This plan was reviewed and written in collaboration with the following Infection Control Practitioners:

Cleveland Clinic - Union Hospital:

Karen Stewart, RN, CIC

659 Boulevard

Dover, OH 44622

330-343-3311, ext 2156

[karens@unionhospital.org](mailto:karens@unionhospital.org)

Trinity Hospital – Twin City

Christine Daugherty, DON, ICP

819 N. 1<sup>st</sup> St.

Dennison, OH 44621

740-922-7450, ext 2050

[cdaugherty@trinitytwincity.org](mailto:cdaugherty@trinitytwincity.org)

## PARTNERSHIPS AND SUPPORTING AGENCIES

The following is a list of critical partners that may be utilized in a public health emergency or epidemiological investigation and the services that they provide. Complete contact information is found in *Appendix 1- TCHD Contact List*.

This Public Health Surveillance and Epidemiological Response Plan may be shared as necessary with the appropriate responding community partners to include, but not necessarily limited to the, following:

Agency	Responsibilities
Cleveland Clinic Union Hospital	<ul style="list-style-type: none"> <li>• Protect/treatment to responders and public</li> <li>• Reporting of infectious disease to include gathering necessary information</li> <li>• Epidemiological laboratory services</li> <li>• Infection Control Practitioner</li> </ul>
Trinity Hospitals Twin City	<ul style="list-style-type: none"> <li>• Protect/treatment to responders and public</li> </ul>



	<ul style="list-style-type: none"> <li>• Reporting of infectious disease to include gathering necessary information</li> <li>• Epidemiological laboratory services</li> <li>• Infection Control Practitioner</li> </ul>
Emergency Medical Services	<ul style="list-style-type: none"> <li>• Protection/treatment, medical transport to responders and public</li> </ul>
Tuscarawas County Emergency Management Agency (TC EMA)	<ul style="list-style-type: none"> <li>• Coordinate County EOC Operations</li> <li>• Coordination of resources and resource requests</li> <li>• Notification of and collaboration with other County EMAs</li> </ul>
Law Enforcement	<p>Upon request &amp; availability, if warranted:</p> <ul style="list-style-type: none"> <li>• Security;</li> <li>• Traffic control;</li> <li>• Area control;</li> <li>• Enforcement of quarantine and isolation plans.</li> </ul>
Long Term Care Facilities	<ul style="list-style-type: none"> <li>• Reporting of infectious disease to include gathering necessary information</li> <li>• Long term and skilled nursing care for patients</li> </ul>
Northeast Central Ohio (NECO) Regional Healthcare Coalition and Epidemiology Group	<ul style="list-style-type: none"> <li>• Provide assistance with public information</li> <li>• Regional surveillance support</li> <li>• Regional Strike Teams</li> </ul>
Tuscarawas County Community Organizations Active in Disasters (COAD) – formerly Planned Partners	<ul style="list-style-type: none"> <li>• Partnerships with public and private groups involved in disaster and emergency responses.</li> <li>• Resource availability</li> <li>• Subject Matter Experts (SMEs)</li> </ul>
Access and Functional Needs Workgroup	<p>Assist with location of, interview of, education of, and assessing the needs of individuals with functional and/or special needs:</p> <ul style="list-style-type: none"> <li>• Elderly;</li> <li>• Developmental disabilities;</li> <li>• Physical disabilities;</li> <li>• Transportation issues;</li> <li>• Language barriers.</li> </ul>
School System/Superintendents through East Central Ohio Education Center	<ul style="list-style-type: none"> <li>• Public education and information;</li> <li>• Transportation resources (upon request);</li> <li>• Surveillance and reporting</li> </ul>
Elected Officials	<ul style="list-style-type: none"> <li>• Responsible for the emergency operations in their jurisdictions;</li> </ul>

	<ul style="list-style-type: none"> <li>• Cooperation with the EMA director and support of EOC operations;</li> <li>• Access City/Township assets to support operations per EOC requests; and</li> <li>• Participate and support Joint Public Information Center operations.</li> </ul>
Ohio Department of Health	<ul style="list-style-type: none"> <li>• Report to Centers for Disease Control and Prevention and other applicable entities as needed</li> <li>• Coordinate communication, response, and resources within the Ohio Department of Health and other state and federal entities, as necessary</li> <li>• Statewide surveillance and support to include assistance with statewide and other jurisdictions, as necessary</li> <li>• Bureau of Public Health Laboratory</li> </ul>

## ROLES AND RESPONSIBILITIES

Depending on the incident, TCHD may either lead or support the response. TCHD uses the Incident Command System (ICS) to structure and organize response activities when leading an incident response. Similarly, when supporting an incident response, TCHD utilizes the NIMS principles for a multiagency coordination system to coordinate response efforts with those efforts of the existing incident command structure and other supporting agencies/entities.

For detailed information, see [Attachment IV – Public Health Operations Guide \(PHOG\)](#)

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### LEAD AGENCY

TCHD is the Lead Agency for epidemiologic response requiring outbreak investigation that occurs in Tuscarawas County. The purpose of the Epidemiology & Surveillance Branch is to gather information in order to guide the response and to select strategies to mitigate morbidity and mortality.

- The TCHD Health Commissioner (or designee), is the incident commander (IC) and will coordinate the DOC.
- The levels of activation will determine the TCHD ICS structure.

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### SUPPORT ROLE/UNIFIED COMMAND

- At the request for support from partner agencies, TCHD will provide support for emergency response and/or to participate in a multi-agency coordination center (MACC).
- The Health Commissioner (or designee) will report to the partner agency's incident command post or the Tuscarawas County EOC to assume the role of the TCHD Department Commander (DC) within that agency's Incident Command System or the MACC. This person must have the authority to make decisions regarding TCHD operations.

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## MULTIJURISDICTIONAL COOPERATION

In the event of surveillance or investigation across jurisdictional or county boundaries, TCHD will follow the guidelines and procedures as defined in **Annex 1 - North East Central Ohio (NECO) Regional (Public Health) Epidemiology Surveillance and Investigation – Disease Transmission Limitation Strategy Concept Plan**.

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## OTHER AGENCIES

The organizations that have responsibilities for human infectious disease related laboratory activities during a human infectious disease emergency in Ohio are the Ohio Department of Health (ODH), Ohio Department of Agriculture (ODA), and Ohio Environmental Protection Agency (OEPA). Laboratory coordination includes guidance on specimen collection and transport to the Ohio Department of Health Laboratories (ODHL) for specimen confirmation and coordination for shipment to Centers for Disease Control and Prevention (CDC) laboratories as needed.

## INCIDENT DOCUMENTATION

In addition to the outbreak report, depending on the size and cost of the response, additional post-event activities may be necessary to ensure that the event is documented for the public record, to determine the costs of the event, and to enhance efficiency of operations for future efforts. In this regard, the evaluation of the epidemiological response should include the following information:

- Expenditures and in-kind costs incurred in the operation
- Identified successes and opportunities for improvement
- Recommended changes in emergency response plan
- Implications for the public health infrastructure

## AFTER ACTION REPORT & IMPROVEMENT ACTION PLAN

An After-Action Report needs to be completed in accordance with [Attachment III – Development of an AAR/IP SOP](#). The AAR/IP will be used to collect key information that will be used to improve

any future epidemiological response, identify changes that may need to be made to the Emergency Response Plan or this plan, and to identify training needs that will be placed into the TCHD Multi-Year Training and Exercise Plan (MYTEP).

## PLAN DEVELOPMENT AND MAINTENANCE

See the “Plan Development and Maintenance” section of the Tuscarawas County Emergency Response Plan - Base Plan for details on how this plan, and all TCHD plans, are developed and maintained.

This plan has been developed with input and collaboration from Cleveland Clinic Union Hospital’s Infection Control Practitioner; Trinity Hospital Twin City’s ICP; TCHD’s and NPCHD’s Epidemiologist; TCHD and NPCHD Directors of Nursing; TCHD and NPCHD Contagious Disease Nurses; Jefferson County/Regional Epidemiological Plan; and the Ohio Department of Health PHEP FY18 Guidance.

This plan is to be reviewed annually and updated on an as-needed basis. Any changes will be documented on the Record of Change page at the front of this document.

## TRAINING AND REQUIREMENTS FOR EPIDEMIOLOGICAL STAFF

The TCHD will ensure training for Epidemiological Response. Components of Epidemiological Response will be exercised individually annually. The Epidemiological Response training, exercise, and evaluation plan is contained in the Multi-Year Training and Exercise Plan. Epidemiology response personnel must review this plan and be familiar with its contents.

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### TIER 1 & TIER 2 EPIDEMIOLOGISTS

- TCHD maintains a Tier 1 and a Tier 2 Epidemiologist. This Epidemiologists will meet the competency criteria outlined by the CDC.
- The TCHD Health Commissioner, or their designee, will ensure onboarding of new Epidemiology staff are to be registered with the Ohio Disease Reporting System (ODRS) within 5 business days of hire.
- TCHD’s contracted Epidemiologist(s) shall attend all NECO Region Epidemiology workgroup meetings and trainings and ODH Quarterly meetings.

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### COMMUNICABLE DISEASE NURSE

- The TCHD Health Commissioner, or their designee, will ensure onboarding of new Epidemiology staff are to be registered with the Ohio Disease Reporting System (ODRS) within 5 business days of hire.
- Set up accounts, passwords and orient to the following systems:
  - Ohio Disease Reporting System (ODRS)
  - Epi Center
  - RODS
  - Ohio Public Health Communications System (OPHCS)
  - National Outbreak Reporting System (NORS)
- The TCHD Infectious Disease/Contagious Disease nurse, or their representative, will attend the NECO Regional Infection Control Committee meetings.

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## PERSONNEL TRAINING OBJECTIVES

In addition to the above position-specific requirements, TCHD personnel who may be involved in an investigation or surge situation must:

- Review this plan and be familiar with its contents.
- Understand Epidemiological Response, its mission, purpose, and methods of operation;
- Possess the knowledge and skills to perform tasks effectively;
- Be cross-trained to work in other functional areas assigned; and
- Understand the performance standards and measures for successfully activating and operating all the functions in the plan.

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## TRAINING STRATEGIES

- Outbreak and investigation training, ODRS training, and training on other relevant epidemiological response functions is provided to members of the TCHD Epi-Team and other key Health Department staff.
- A “Just in Time” training (JITT) approach with the aid of ODH information, CDC resources and locally developed materials will be utilized to provide relevant disease information, plan review, and preparation for other specialized tasks such as conduction interviews.
- Cross-training individuals for various epidemiological response roles is ideal. This will allow individuals to rest without affecting the flow of the response, as well as allow for flexibility of staffing.

## OTHER RESPONSE PLANS THAT MAY BE REFERENCED

The following table provides a list of Plans that may be referenced on an as-needed basis.

Table 2

PLAN NAME	AGENCY	LOCATION
Tuscarawas County Emergency Response Plan (ERP), including its Attachments, Appendices and Annexes.	TCHD	<a href="http://www.tchdnow.org/emergency-preparedness.html">http://www.tchdnow.org/emergency-preparedness.html</a>
TCHD Ebola and Other Special Pathogens Plan, Version 2017.4	TCHD	<a href="http://www.tchdnow.org/uploads/4/2/8/6/42860741/ebola000.pdf">http://www.tchdnow.org/uploads/4/2/8/6/42860741/ebola000.pdf</a>
TCHD Non-Pharmaceutical Interventions & Isolation and Quarantine Plan, Version 2017.3	TCHD	<a href="http://www.tchdnow.org/uploads/4/2/8/6/42860741/npianiso.pdf">http://www.tchdnow.org/uploads/4/2/8/6/42860741/npianiso.pdf</a>
TB Control Manual	TCHD	<a href="http://www.tchdnow.org/uploads/4/2/8/6/42860741/tbprotocolsmay17.pdf">http://www.tchdnow.org/uploads/4/2/8/6/42860741/tbprotocolsmay17.pdf</a>
Zika Virus Protocol	TCHD	<a href="http://www.tchdnow.org/uploads/4/2/8/6/42860741/zika_policy_1_may17_-_copy.pdf">http://www.tchdnow.org/uploads/4/2/8/6/42860741/zika_policy_1_may17_-_copy.pdf</a>
Responder Health and Safety Plan	TCHD	Annex 3 of this plan
Northeast Central Ohio (NECO) Regional Public Health Epidemiological Surveillance and Investigation	NECO	Annex 1 of this plan
ODH Public Health Laboratory Microbiology Client Services Manual, 2013 Revision	ODH	Annex 2 of this plan
Public Health Operations Guide (PHOG)	TCHD	<a href="http://www.tchdnow.org/uploads/4/2/8/6/42860741/attachment_i_-">http://www.tchdnow.org/uploads/4/2/8/6/42860741/attachment i -</a>

		<a href="#">public health operations guide phog .pdf</a>
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## AUTHORITIES AND REFERENCES

Reference	Location
Ohio Department of Health Infectious Disease Control Manual	<a href="http://www.odh.ohio.gov/healthResources/infectiousDiseaseManual.aspx">http://www.odh.ohio.gov/healthResources/infectiousDiseaseManual.aspx</a>
Ohio Administrative Code Chapter3701-3	<a href="http://www.odh.ohio.gov/rules/final/f3701-3.aspx">http://www.odh.ohio.gov/rules/final/f3701-3.aspx</a>

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## TCHD APPROVED ACRONYMS

ACRONYM	DESCRIPTION
AAR	After-Action Report
AAR/IP	After-Action Report / Improvement Plan
BID	ODH, Bureau of Infectious Diseases
BOH	Board of Health
CBRNE	Chemical, Biological, Radiological, Nuclear, & Explosive
CDC	Centers for Disease Control & Prevention
DOC	Department Operations Center
EMA	Emergency Management Agency
EOC	Emergency Operations Center
ERP	Emergency Response Plan
EVD	Ebola Virus Disease
HC	Health Commissioner
HCC	Health Care Coalition
HDOC	Health Department Operations Center
HIPAA	Health Insurance Portability & Accountability Act of 1996
IC	Incident Commander



ICP	Infection Control Practitioner
ICS	Incident Command System
IP	Improvement Plan
JITT	Just in Time Training
LHD	Local Health Department/District
MYTEP	Multi-year Training and Exercise Plan
NECO	Northeast Central Ohio Regional Health Coalition
NIMS	National Incident Management System
NPCHD	New Philadelphia City Health Department
NRC	Nuclear Regulatory Commission
NRF	National Response Framework
OAC	Ohio Administrative Code
ODH	Ohio Department of Health
ODRS	Ohio Disease Reporting System
OPHCS	Ohio Public Health Communications System
ORC	Ohio Revised Code
PHEP	Public Health Emergency Preparedness
PHI	Protected Health Information

PIO	Public Information Officer
POC	Points of Contact
PPE	Personal Protective Equipment
SOG	Standard Operating Guidelines
SOP	Standard Operating Procedures
TC	Tuscarawas County
TCDOC	Tuscarawas County Health Department Operations Center
TCEMA	Tuscarawas County Emergency Management Agency
TCEOC	Tuscarawas County Emergency Operations Center
TCGHD	Tuscarawas County General Health District
TCHD	Tuscarawas County Health Department
TEP	Training and Exercise Plan

## ATTACHMENTS

- I. TCHD EMERGENCY RESPONSE PLAN
- II. TCHD ACTIVATION OF THE EMERGENCY RESPONSE PLAN SOP
- III. TCHD DEVELOPMENT OF AN AFTER-ACTION PLAN SOP
- IV. PUBLIC HEALTH OPERATIONS GUIDE

## V. NON-PHARMACEUTICAL INTERVENTIONS & ISOLATION SOP

### APPENDICES

1. TCHD CONTACT LIST
2. OHIO DEPARTMENT OF HEALTH OUTBREAK REPORTING FORM
3. OHIO ENTERIC CASE INVESTIGATION FORM
4. ODH KNOW YOUR ABC'S: A QUICK GUIDE TO REPORTABLE INFECTIOUS DISEASE IN OHIO – 3/22/18

### ANNEXES

- A. NECO REGIONAL EPIDEMIOLOGY PLAN
- B. ODH PUBLIC HEALTH LABORATORY – MICROBIOLOGY CLIENT SERVICES MANUAL
- C. TCHD EBOLA AND SPECIAL PATHOGENS PLAN
- D. TCHD TB SURVEILLANCE SOP
- E. TCHD ZIKA VIRUS PROTOCOL