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Disease Reporting: Who, What, Where, How and Why

Case Report

On Monday, April 29, 1991, a Public Health Nurse (PHN) called the Section of Epidemiology to report a possible case of measles (rubeola). Subsequent serologic testing confirmed the diagnosis of acute measles. The patient was a 45-year-old Southcentral Alaska resident who had traveled to Washington State and to Vancouver, BC, in early April. He developed malaise, fever and cough on April 17; this was associated with mild conjunctivitis and photophobia. On April 23 he noticed a cranial rash which rapidly spread to involve his trunk and extremities; on exam, his physician noted oral lesions consistent with Koplik spots. Although the physician mentioned measles to the patient as a possible diagnosis on that day, he did not report this to us. On April 29 the PHN was told anecdotally of the measles case by her clerk, who had heard a rumor about it in the community.

By the time we were informed--6 days after the diagnosis was suspected--it was too late to institute standard measles control measures. [MMR vaccine is effective in preventing measles if given within 72 hours of exposure; immune globulin is effective if given within 6 days of exposure.] The patient's contacts were identified and interviewed, and community surveillance was established. Fortunately, no secondary cases occurred.

This case points out that some health care providers are unaware of the importance of reporting to the Section of Epidemiology certain diseases which may require specific public health interventions for their control. Health care providers are required by Alaska law (7 AAC 27.005) to report specific diseases or adverse health events.

Disease reports can be made through the Rapid Telephonic Reporting (RTR) System 24-hours-a-day in either of two ways: in the Anchorage dialing area, call 561-4234 to leave a recorded message; outside the Anchorage area, call toll-free by dialing (800) 478-1700.

In addition to the reportable diseases listed below, other reportable events include:

- Epidemics or outbreaks of an unusual number of cases of any infectious disease and severe reactions to any vaccine;
- diseases which are known or suspected to be related to environmental exposure to toxic/hazardous material; and
- diseases which may possibly arise as a result of a worker's occupation.

Disease-reporting by Alaska's health care providers is the backbone of Alaska's disease surveillance system. We are grateful for your past assistance and continued support.

CORRECTION

In the last Bulletin (No. 9), we incorrectly stated that the three influenza virus isolates circulating in Alaska were identical to the three antigens contained in the 1990-91 vaccine. Actually, 1990-91 influenza vaccine contained A/Taiwan/1/86-like, A/Shanghai/16/89-like, and B/Yamagata/16/88-like antigens. B/Victoria/2/87-like virus was not included in the 1990-91 vaccine formulation.

Suspected (or diagnosed) cases of certain diseases are considered **PUBLIC HEALTH EMERGENCIES** and should be reported **immediately** by calling 561-4406 (if outside Anchorage, call collect) during the hours of 8:00 am - 5:00 pm, or at other times, by calling Section of Epidemiology staff directly. Diseases that are public health emergencies are:

Anthrax	Paralytic Shellfish Poisoning	Rubeola ("Hard" measles)
Botulism	Poliomyelitis	Smallpox
Diphtheria	Rabies	Tetanus
Meningococcal Meningitis	Rubella (German measles)	

Other diseases or events required to be reported when suspected or diagnosed include the following:

Acquired Immune Deficiency Syndrome	Hepatitis (non-A, non-B)	Salmonella
Amebiasis	Legionnaire's Disease	Shigella
Brucellosis	Leprosy	Syphilis
Campylobacter	Malaria	Trichinosis
Cholera	Meningitis (Viral & Bacterial)	Tuberculosis
Echinococcus	Mumps	Tularemia
Encephalitis	Pertussis	Typhoid
Giardia	Plague	Yellow Fever
Gonorrhea	Psittacosis	Yersinia
Hepatitis (A and B)	Reye Syndrome	
	Rheumatic Fever	

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- Diseases which are known or suspected to be related to environmental exposure to toxic/hazardous material; and
- Diseases which may possibly arise as a result of a worker's occupation.