Kentucky
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF EPIDEMIOLOGY
& HEALTH PLANNING
# Epidemiologic Notes & Reports

Volume 35 Number 1 January 2000

Kentucky Reportable Diseases/Conditions

Cabinet for Health Services
Department for Public Health

902 KAR 2:020 requires health professionals to report the following diseases to the **local health department** serving the jurisdiction in which the patient resides or to the Kentucky Department for Public Health. (Copes of 902 KAR 2:020 available upon request.)

In this issue. . . .

I. REPORTING REQUIRED WITHIN 24 HOURS – BY TELEPHONE OR FAX*

Anthrax
Botulism
Cholera
Diphtheria
Encephalitis
- California group
- Eastern Equine
- St. Louis
- Western

Group A Streptococcal Infection, invasive
Haemophilus influenzae invasive disease
Hansen's disease (Leprosy)
Hantavirus infection
Measles
Meningococcal infection
Pertussis
Plague

Poliomyelitis
Psittacosis
Rabies, Human
Rubella
Rubella syndrome, congenital
Syphilis, primary, secondary early latent or congenital
Tetanus
Typhoid fever
Yellow fever

II. REPORTING REQUIRED WITHIN 1 BUSINESS DAY – BY TELEPHONE OR FAX*

Escherichia coli O157:H7
Ehrlichiosis
Hepatitis A
Lyme disease
Malaria

Mumps
Rocky Mountain Spotted Fever
Shigellosis
Tuberculosis

Animal conditions known to be communicable to man
Suspected foodborne infections or intoxications
Waterborne outbreaks

III. REPORTING REQUIRED WITHIN 5 BUSINESS DAYS

**AIDS
Brucellosis
Chancroid
Chlamydia trachomatis infection
Gonorrhea
Hepatitis B, **acute**

Hepatitis B, in women or a child born in or after 1992
Hepatitis C, **acute**
Histoplasmosis
**HIV infection
Lead poisoning
Legionellosis

Listeriosis
Rabies post-exposure prophylaxis
Syphilis, other than primary, secondary, early latent or congenital
Tularemia

IV. REPORTING REQUIRED BY LABORATORIES – PREFERABLY WITHIN 1 BUSINESS DAY

Campylobacter isolates

Influenza virus isolate
Cryptosporidium oocysts

Salmonella isolates

(Continued on page 2)

(Kentucky Reportable Diseases/Conditions Continued from page 1)

V. REPORTING REQUIRED IN A TIMELY FASHION – PREFERABLY WITHIN 72 HOURS

Extraordinary number of cases of any disease or condition.

VI. REPORTING REQUIRED WITHIN 3 MONTHS

Asbestosis Coal workers' pneumoconiosis Silicosis

VII. REPORTS OF ANIMAL BITES SHALL BE REPORTED TO THE LOCAL HEALTH DEPARTMENT WITHIN 12 HOURS IN ACCORDANCE WITH KRS 258.065.

REPORTS SHALL INCLUDE:

1. **The disease or condition being reported;**
2. **Patient's name, age, date of birth, address and telephone number;**
3. **Physician's (or reporting institution's/person's) name and telephone number;**
4. **Clinical, epidemiologic, and laboratory information pertinent to the disease.**

AVAILABILITY OF REPORTS:

* Kentucky Reportable Disease Form EPID 200 (Rev. 9/99) page 29 of the Kentucky Reportable Disease Desk Reference or by calling **(502) 564-3261, 1 (888) 9 REPORT (973-7678)**, or faxing **(502) 564-0542**.

** To report HIV/AIDS or obtain report forms in Louisville area (Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, of Trimble counties) call the HIV/AIDS Louisville Jefferson County Surveillance Program at **(502) 574-6574**. In all other Kentucky Counties, contact the HIV/AIDS Branch at **(502) 564-6539**.

CONSULTATION:

Consultation about Reportable Diseases is available **24 hours a day – 7 days a week** :

1. **Monday through Friday 8 AM through 4:30 PM by calling:**
   (502) 564-3261 or **(502) 564–3418** or **(502) 564-7243**
2. **After 4:30 PM Weekdays, Weekends, or Holidays by calling:**
   1 (888) 9 REPORT (973-7678) leave name and phone number with answering service person for on-call person to return call.

REPORT SUBMISSION:

Reports on individual reportable disease should be submitted within the time specified by:

1. **Mailing reports** to the local health department or the Surveillance and Health Data Branch, Division of Epidemiology and Health Planning, 275 East Main Street Mailstop: HS2CB, Frankfort, KY 40621.
2. **Faxing** to Surveillance and Health Data Branch **(502) 564-0542**

NOTE: It is not necessary to speak to a division staff person to report any reportable disease, unless consultation is needed. Reports should be **faxed** into the Surveillance and Data Branch at **(502) 564-0542.**
HIV/AIDS Reports should not be faxed or case information given to any answering service, to protect individuals rights to privacy and confidentiality.

HELPING KENTUCKY SMOKERS MAKE PROGRESS IN QUITTING

According to the 1997 Behavioral Risk Factor Surveillance System (BRFSS), an estimated 30.7 percent of adults in Kentucky were current smokers (Table 1). From this data, differences in attempts to quit smoking by age were found. Overall, 50.4 percent of adult smokers in Kentucky had made one unsuccessful attempt to quit smoking in the past year. Of Young adult smokers, 18-34 years of age 63 percent had tried to stop smoking. This compares to 43.5 percent of smokers 35-55 years of age, and 42.6 percent of smokers older than 55 years.

Cessation attempt information by race and income was even more revealing. Nearly half (45.8 percent) of all White smokers surveyed reported having tried to quit smoking. Almost two-thirds (63.5 percent) of African-American smokers, and three-fourths (75.4 percent) of Hispanic smokers reported attempting to quit smoking. Of those smokers with income less than $25,000, 37.8 percent were current smokers. Of these smokers 50.1 percent had tried to quit.

Smoking cessation programs need to be made more available and accessible to all individuals who want to quit. Population-based strategies that promote quitting should include mass media campaigns to impact health, normative beliefs, and local policies (private and public) that have a impact on and restrict smoking.

In 1994, the Agency for Health Care Policy and Research (AHCPR) conducted an extensive literature review on smoking cessation interventions and published a comprehensive clinical practice guideline on the subject (Pamplet 0695, March 1996, USDHHS, PHS) . This guideline contains strategies and recommendations designed to assist clinicians, cessation specialists, health care administrators, insurers, and purchasers in identifying tobacco users, and providing them with the educational tools to implement, support, and deliver effective smoking cessation interventions.

The AHCPR clinical practice guideline states that individual (brief and more intensive), group, and telephone counseling can help people quit smoking, particularly when combined with FDA-approved pharmacotherapy (e.g., nicotine patch & gum, nasal spray and inhaler, or Ziban tablet). The AHCPR guideline recommends State action on cessation treatment to include: (1) establishing population-based counseling and treatment programs, such as cessation helplines; (2) implementing health care system changes such as tobacco-user identification/screening, providing clinician training and feedback, designating staff to be responsible for cessation treatment; (3) covering treatment for tobacco use under both public and private insurance; and (4) eliminating cost barriers to treatment for underserved populations, particularly the uninsured.

Table 1: Tobacco Prevalence by Race and Income Kentucky (n =2,911,915), 1997*

Age	% Current Smokers	% of Smokers Tried to Quit
18-34 years (n =933,784)	34.9	63.0
35-55 years (n=1,105,927)	35.9	43.5
>55 years (n =867,976	19.6	42.6
All adults (n=2,911,915)	30.7	50.4

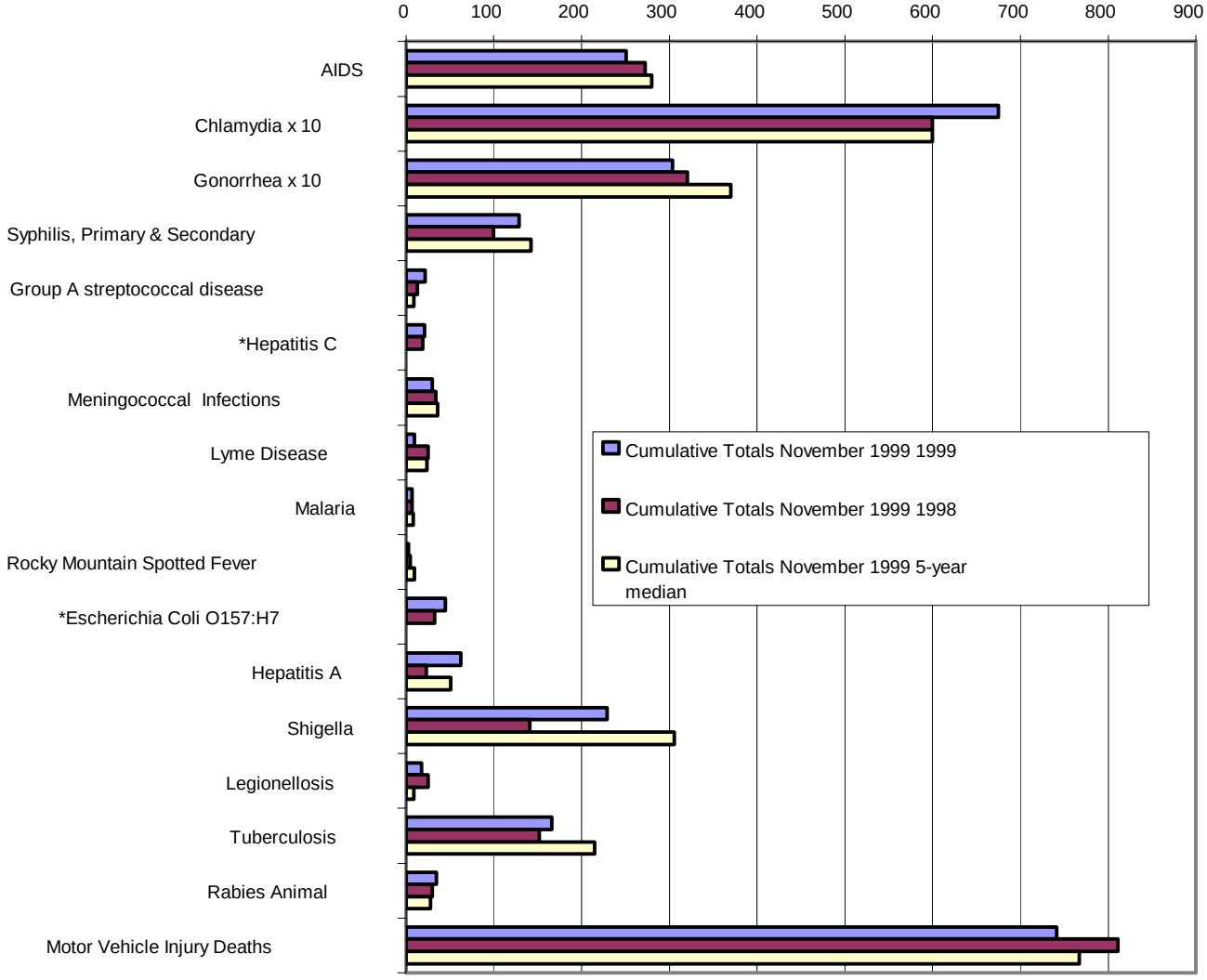
* BRFSS state aggregate weighted data
Note. Age data missing for 4,228 residents
* Summary statistics compiled by Ellen J. Hahn and M.K. Rayens, University of Kentucky College of Nursing

Table 2: Tobacco Prevalence by Race and Income Kentucky (n =2,911,915), 1997+

Race and Income	% Current Smokers	% of Smokers Tried to Quit
White (n =2,695,279)	30.7	45.8
African-American (n=186,489)	32.4	63.5
Hispanics (n= 12,765)	13.8	75.4
Other (n= 12,765)	20.7	68.2
<$25,000/year (n= 988,391)	37.8	50.1
<$25,000/year (n=1,424,790)	27.1	46.9

+ BRFSS state aggregate weighted data
Note. Racial data missing for 3,507 residents; income data missing for 498,735 residents.
+ Summary statistics compiled by Ellen J. Hahn and M.K. Rayens, University of Kentucky College of Nursing

CASES OF SELECTED REPORTABLE DISEASES IN KENTUCKY, YEAR TO DATE (YTD)
THROUGH NOVEMBER 1999



SENTINEL INFLUENZA	
SENTINEL REPORTS	OCTOBER – DECEMBER 16 1999
FLU –LIKE SYMPTOMS	422
CONFIRMED ISOLATES	8

Vaccine Preventable Diseases		
Diseases	1999 YTD	1998 Annual Totals
Diphtheria	0	0
Haemophilus influenzae b	7	7
Hepatitis B	42	44
Measles	2	0
Mumps	0	1
Pertussis	25	93
Polio	0	0
Rubella	0	0
Tetanus	0	0

*** Historical data are not available.**
Disease numbers reflect only those cases which meet the CDC surveillance definition.
Contributed by: Patricia Beeler, Surveillance and Health Data Branch.

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KENTUCKY PUBLIC HEALTH ASSOCIATION

Is hosting an
Indoor Air Quality "Tools for Schools"

Pre-workshop on March 27, 2000
Executive Inn West
Louisville, KY

For more information, contact:
Cary Nesselrode at (502) 564-4856
Or Vonia Grabeel at (606) 231-9791

Funding for this training has been provided by the National Association of counties and the National Association of City and County Health Officials through a grant from the EPA Indoor Environments Division.

NEW INFECTION CONTROL LISTSERVE

The Division of Epidemiology and Health Planning's infection control listserve was initiated December 10, 1999. There are two separate lists, one for infection control professionals in hospital settings and one for surveillance personnel and Epi-Rapid Responders in the health departments across the state. The purpose for this listserve is to provide prompt exchange of information concerning infectious diseases. The mobility of the population demands that we are cognizant of events that may impact our community from many miles away.

Please remember that any information submitted via a listserver goes to all the members on the list, and a reply to the message also goes to all the members on the list. Replies or comments not required by all list-serve members should be directed to Dr. Sue Billings, DVM, MSPH at **502-564-3418** or e-mail: **sue.billings@mail.state.ky.us**

The participants in this listserve agree that posted messages are intended only for public health professionals with a 'need to know', and that sharing of any information with persons other than public health professionals requires the clear consent of the person who posted it.