

Appendix I: Measure Number 7.5a.1

Core epidemiology measures the **Bureau of Epidemiology** will be using to determine the % of components of public health response to disease reports system in place for the CHD Snapshot.

Accessibility

1. The BOE will conduct two sets of after-hours phone drills. Each drill will consist of an after-hours evening and weekend phone call to the CHD to report an immediately notifiable condition. One point is awarded if the BOE can speak with a CHD employee or representative (not just an answering service) within 15 minutes to report the notifiable disease. The CHD will need to REPORT the immediately notifiable condition back to the BOE after-hours on-call number within 1 hour of the start of the drill. One point will be awarded for a report made to the BOE within the time frame. There are a possible 8 points (2 points per phone call and 4 points per set of drills) for this measure. Answer is 'acceptable' if the CHD responded to phone drills and received at least **6/8 points**.

Data Quality

2. Run the **Merlin Data Quality Report** for each CHD for the previous report year to obtain the total number of cases with at least one unknown value using the selected diseases or conditions listed below (confirmed and probable cases only). Calculate the percentage of cases with at least one unknown value. Answer 'acceptable' if the CHD has **30% or less error rate** for all data points. Case Manager selection will be "All".

- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Glanders
- H.influenzae
- Hantavirus Infection
- Hepatitis A
- HUS
- Influenza-associated pediatric mortality
- Listeriosis
- Meningococcal Disease
- Neurotoxic Shellfish poisoning
- Pertussis
- Plague
- Polio
- Rabies (human)
- Ricin toxicity
- Rubella
- Salmonellosis
- Shigellosis

- SARS
- Smallpox
- Staph aureus (VISA or VRSA)
- Staph enterotoxin B
- Tularemia
- Typhoid fever
- Typhus fever
- Vaccinia Disease
- Venezuelan equine encephalitis virus disease
- Viral hemorrhagic fevers
- Yellow fever

The variables that will be evaluated are those that are “required” in Merlin:

DAYCARE

DXSTATUS

ETHNICITY

GENDER

HOSPITALIZED (new for 2010)

IMPORTED

OCCUPATION

ORIGIN

OUTBREAK

RACE

Timeliness

3. Run the **Merlin Performance Report** for each CHD for the previous report year, 2010.

Review the percentage of confirmed and probable cases for all diseases, **except** the ones listed below, reported from the CHD to BOE within **14 days**. Answer is ‘acceptable’ if the total for the CHD is **75%** or higher. Cases of the following diseases or conditions will NOT be included in the analysis:

- Anaplasmosis
- Arboviruses
- Arsenic poisoning
- Carbon monoxide poisoning
- CJD
- Dengue
- Hansen's disease (Leprosy)
- Hepatitis B (chronic or in pregnant women)
- Hepatitis C (chronic)
- Lead poisoning
- Legionellosis
- Leptospirosis
- Lyme disease
- Mercury poisoning
- Pesticide-related illness and injury

- Psittacosis
- Q fever
- Rabies (animal or possible exposure)
- Rocky Mountain Spotted Fever
- Toxoplasmosis
- Trichinosis

Education/Training

4. Percent of **Bi-weekly Epidemiology Conference Calls or Regional Epidemiology Calls and Grand Rounds** calls where at least one epidemiologist called in and participated or requested the recording by contacting the BOE and receiving the file electronically.

For counties with populations greater than 100,000 people, answer ‘acceptable’ if someone from the county health department called in to at least **20 Bi-weekly Epidemiology Conference Calls or Regional Conference Calls** in the 2010 calendar year, as well as at least **3 Grand Rounds** presentations.

For counties with less than 100,000 people, answer ‘acceptable’ if someone from the health department called in to at least **12 Bi-weekly Epidemiology Conference Calls or Regional Conference Calls** in the 2010 calendar year, as well as at least **3 Grand Rounds** presentations.

Surveillance and Investigation

5. Counties are asked to report the county activity code each week (by Tuesday at 5 p.m.) during the influenza season. To determine their code, it is necessary to: communicate with health care providers, monitor syndromic surveillance if available, be aware of possible influenza-like illness (ILI) and or influenza outbreaks in the community. Percentage of overall reporting for the season, meaning number of weeks reported/33 (33=weeks of the Influenza Season, Weeks 1-20 and 40-53 of the year 2010). Answer ‘acceptable’ if the percentage is over **75%**.

Effectiveness of Investigations

6. Percentage of sporadic cases versus outbreaks of Salmonellosis, Meningococcal Disease, Shigellosis and Hepatitis A.

Number of cases that are reported as outbreak related/number of cases that are reported as sporadic cases = %? Unknown values will not be included in the calculation.

- Answer ‘acceptable’ if the percentage for Salmonellosis is less than 10%.
- Answer ‘acceptable’ if the percentage for Meningococcal Disease is less than 1%.
- Answer ‘acceptable’ if the percentage for Shigellosis is less than 25%.
- Answer ‘acceptable’ if the percentage for Hepatitis A is less than 10%.

The data will be extracted from Merlin using SAS.

The final score for question 6 will be answered ‘acceptable’ if the County scored an ‘acceptable’ for **3 or more** of the previous percentages.

Final Score

There are 6 measures that will be calculated. If the CHD receives an “acceptable” for at least 4/ 6 (67%) measures, the CHD will be considered having the requirements in the CHD Snapshot for Epidemiology.

Current Results for some of these measures can be found on the QI SharePoint website: <http://def.sharepoint.doh.ad.state.fl.us/DiseaseControl/EPI/QI/default.aspx> or by running the Merlin Analysis programs.

If you need access to the QI SharePoint website, please contact Katherine McCombs.