



## For This New Year, Resolve to Report!

*When health care providers make their New Year's resolutions for 1996, they should think public health.*

**WHY report?** Public health surveillance data are "information for action." With this information, public health officials:

- ◆ implement and evaluate prevention and control efforts
- ◆ identify emerging diseases
- ◆ detect outbreaks
- ◆ track morbidity and mortality of selected diseases
- ◆ identify risk factors for disease

With prompt and accurate reporting, public health officials can intervene to interrupt the spread of disease and implement effective control measures. For example, patients with tuberculosis, syphilis, measles, or meningococcal disease receive follow-up to determine sources of exposure, assess risk of transmission to others, and ensure that contacts get preventive therapy. Therapy for TB and syphilis is provided at no cost. Hepatitis A or salmonellosis reports can lead to identification of outbreaks that can then be controlled.

Summary data are used as a basis for health planning and policy making, to justify funding levels for public health programs, and for research. Surveillance data can be used to determine what influenza strains should be incorporated in each year's vaccine, to evaluate drinking water standards, and to establish guidelines for infectious disease prevention in child care facilities. Disease reporting is the backbone of surveillance, which in turn is the foundation for preventive medicine and disease control.

**WHO should report?** By Texas law, all health care providers are required to report certain diseases and health conditions. Never assume a case has been reported by someone else. Failure to report is a class B misdemeanor.

### **WHAT and WHEN should you report?**

Prompt reporting is important. Diseases that spread rapidly or have serious consequences, exotic diseases, outbreaks, and unusual expressions of illness must be reported immediately. Cases of tuberculosis and rubella are to be reported within one working day; other notifiable diseases should be reported within one week of identification. All reports are kept confidential.

**HOW do you report?** Significant improvements in 1995 have made reporting easier than ever. The Texas Department of Health (TDH) distributed a "provider report card" for initial reporting of all conditions. In addition, a statewide, toll-free phone system was developed so that health professionals can report notifiable conditions to the proper authority by simply dialing (800) 705-8868 from anywhere in the state. This number may also be called after hours and on weekends to report public health emergencies requiring immediate attention.

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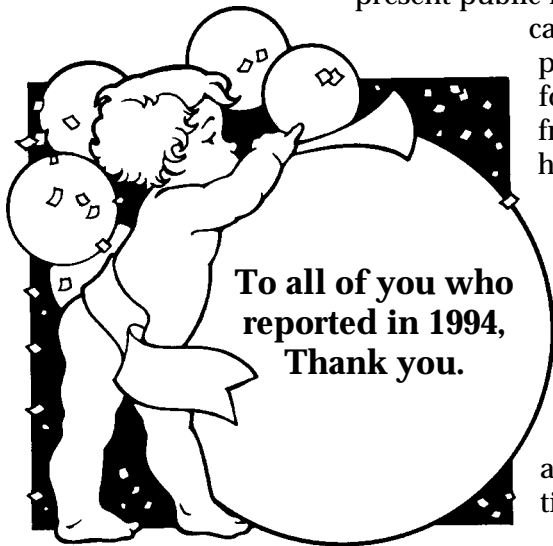
**Also in this issue:**

Childhood Lead Poisoning Now Reportable  
 Dengue Prevention Messages Pay Off  
 Ordering Information for TDH Publications

2

## What should you get in return?

Reporting is a two-way street. To develop an accurate profile of past and present public health situations, local and state health departments rely on information reported from individual health professionals. Likewise, it is important for health care providers in both the private and public sectors to learn about outbreaks, emerging infections, and other adverse health conditions in Texas.



Texas Department of Health publications such as *Disease Prevention News (DPN)* and the *TDH Epidemiology in Texas Annual Report* provide this type of feedback at the state level. Professional journals and newsletters such as the *Morbidity and Mortality Weekly Report (MMWR)* of the Centers for Disease Control and Prevention (CDC) provide public health information on reportable health conditions of national interest.

**Prepared by:** Julie Rawlings, MPH, TDH Infectious Disease Epidemiology and Surveillance Division

*For more information about the telephone system or the reporting of notifiable diseases or conditions, please call (512) 458-7676.*

## Childhood Lead Poisoning Now Reportable

*Texas lawmakers recently approved new legislation which makes childhood lead poisoning a reportable health condition.*

Effective January 1, 1996, state law requires that blood lead levels greater than or equal to 10 micrograms per deciliter in children 14 years of age or younger be reported to the Texas Department of Health.

This new reporting requirement, however, will allow TDH to monitor patterns of lead poisoning in all Texas children for the first time. This information will help the department determine the prevalence and nature of the problem of childhood lead poisoning in Texas. Surveillance of blood lead levels in children also may help the department identify areas in the state where children are at higher risk of lead poisoning and develop effective childhood lead poisoning prevention strategies.

Based on national rates of elevated blood lead reported from the National Health and Nutrition Examination Survey III, an estimated 135,000 Texas children aged 1 to 5 years had elevated blood lead levels ( $\geq 10$  ug/dL) in 1994.<sup>1</sup>

A summary of the new reporting requirement follows:

**WHAT condition must be reported?** Blood lead levels of  $\geq 10$  ug/dL in children 14 years of age or younger.

**WHAT information is required?** The child's name, address, date of birth or age, sex, race, blood lead concentration level, and test date; the name and telephone number of the testing laboratory; whether the sample is capillary or venous blood; and the name and city of the attending physician are required to be reported.

**WHO must report this information?** Persons required to report are all health care providers, which include physicians, laboratory directors, hospital administrators, registered nurses.

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**HOW must the information be reported?** For children with blood lead levels of 10-44 ug/dL, reports may be made by telephone or in writing (transmitted by mail, courier, or electronic transfer).

For children with blood lead levels  $\geq$  45 ug/dL, reports must be made by telephone **within one working day**.

**TO WHOM must the information be reported?** Reports must be made to either the local health authority or to the Texas Department of Health, Bureau of Epidemiology.

**Note:** Rules for reporting elevated lead levels in children were adopted by the Texas Board of Health on December 1, 1995, and printed in the *Texas Register* on December 15, 1995. These rules implement new sections of the Texas Health and Safety Code, Chapter 88 (Chapter 965, 74th Legislature, 1995), Reports of Childhood Lead Poisoning.

**Prepared by** Sarah Doss, MPH, Epidemiologist, Environmental and Occupational Epidemiology Program.

**Reference**

1. Brody DJ, Pirkle JL, Kramer RA, et al. Blood lead levels in the US population: Phase I of the third National Health and Nutrition Examination Survey NHANES III, 1900 to 1991). *JAMA* 1994;272:277-283.



To report elevated blood lead levels, write or call:  
 Noncommunicable Disease Epidemiology and  
 Toxicology Division  
 Bureau of Epidemiology  
 Texas Department of Health  
 1100 W 49th Street  
 Austin, TX 78756  
 (800) 588-1248



## Dengue Prevention Messages Pay Off

Information on dengue fever prevention from the Texas Department of Health, local health departments, and Texas news media apparently have helped prevent a major dengue outbreak in this state. A telephone survey of 179 households in two Texas border counties shows that residents have become well informed about dengue and how to prevent it.

The survey, using random digit dialing, was conducted in October to determine what Cameron and Hidalgo County residents knew about dengue. Seventy-one percent of those contacted responded to the survey. Respondents ages ranged from 21 to 91 years; 71% were Hispanic, and 58% were female.

Eighty-nine percent had heard about dengue. Their principle information sources were television (73%), magazines or newspapers (34%), and radio (28%). Eighty-seven percent knew the disease was transmitted by mosquitoes, and more than half (58%) had engaged in preventive actions. These measures included emptying, covering, or frequently changing standing water (73%); and avoiding mosquito bites (66%). Forty-two percent were aware of steps taken by their local health departments to protect the community: spraying for mosquitoes, providing information via posters and pamphlets, and cleaning up trash.

As of December 21, only 6 of the 25 dengue cases in Texas have been locally acquired. Although public education efforts appear to have been successful this year, people still need to remember the message next spring when the disease may reappear. For related articles on dengue, see *DPN* Vol. 55, Nos. 15 and 21.

*For more information, contact Julie Rawlings, TDH Infectious Disease Epidemiology and Surveillance Division, at (512) 458-7676.*



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## Ordering Information for TDH Publications

Public health literature for professionals and for the general public is available from the Texas Department of Health free of charge. Although TDH publications cannot be ordered by telephone or facsimile at the present time, efforts are underway to develop such a system. The present guidelines for ordering materials are as follows:

**TDH staff in the central and regional offices** must use the electronic processing method outlined on page 5 of the TDH Forms and Literature Catalog (Stock No. 15-1). This catalog should be available in your division or regional office. **TDH staff in the field offices and substations** must use Form AG-30, which should be available in those administrative offices.

**Other health professionals and the general public** may order TDH publications by submitting a written request to the TDH Materials Acquisition & Management Division, 1100 West 49th Street, Austin, Texas 78756, ATTN: Warehouse Manager. The request should include the requestor's name, the person/agency/business and address where the materials are to be sent, stock number and title of the item, quantity, and date requested. The TDH Forms and Literature Catalog (Stock No. 15-1), which lists all available TDH educational materials and their stock numbers, is ordered in the same manner.