



HOUSTON EPI UPDATE

BUREAU OF EPIDEMIOLOGY

OFFICE OF SURVEILLANCE AND PUBLIC HEALTH PREPAREDNESS



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Houston Department of
Health and Human Services

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2014 notifiable MDRO

CRE and MDR-A are reportable conditions starting April 2014.

Hospital Control Measures

- Hand hygiene practices
- Contact precautions
- Cohabitant screening
- Staff / patient cohorting
- ↓ invasive devices on unit
- Review control measures with transfer facility

Change in nomenclature

Severe Acute Respiratory Syndrome (SARS) is now called Novel Coronavirus Causing Severe Respiratory Disease.

Reporting Packet

The new 2014 reporting packet for Houston Department of Health and Human Services can be found [here](#).

“WILTED WOES” TABLETOP EXERCISE

On November 22, 2013, the Houston Department of Health and Human Services (HDHHS) along with local health agencies, health practitioners, and representatives from the food industry collaborated in the Wilted Woes tabletop exercise. The scenario-based investigation exercise involved members of each field going through their current procedures following the events of a foodborne outbreak. Overall, health care practitioners were made aware of the need to promptly provide isolates from clinical specimens of all suspected cases of foodborne illness to their local health department. Prompt reporting of suspect cases leads to the quick identification and response to outbreaks. Infection control personnel and private clinicians were encouraged to remind fellow practitioners to promptly test and submit isolates of suspect cases and report them to their relative health departments.



ENHANCED FLU MORTALITY SURVEILLANCE

In December 2013, public health (PH) agencies in the greater Houston area were notified by hospital IPs that they noticed individuals with rapidly deteriorating respiratory conditions resulting in mortalities. The multi-jurisdiction epidemiological investigation which included clinical and laboratory information concluded that the mortalities were flu related.

Collaboration with 7 hospitals identified 15 flu related mortalities (47% were 2009 H1N1) in Houston over a two month period. Further testing identified an individual with oseltamivir-resistant influenza. Hospital reporting complements other components of influenza surveillance in Houston by providing information regarding the severity of influenza in the population and antiviral resistance.



SCABIES IN LONG-TERM CARE FACILITIES

In 2013, there were three reports of scabies outbreaks in the City of Houston. Two of these were in long term care facilities (LTCF). It is important to prevent and control the transmission of scabies in LTCF because it is highly contagious and can cause problems in group settings. Management of scabies in LTCFs begins by distinguishing between scabies and crusted scabies. There are eight steps you can follow for effective scabies management:

1. Look for scabies in patients & staff.
2. Create a team to notify, educate, treat, & disinfect.
3. Detect & monitor for cases/contacts at risk.
4. Control spread with contact precautions & cohorting of patient/staff. Consider fomite transmission (crusted scabies).
5. Treat all cases and contacts at the same time with topical treatment to prevent re-infestation and transmission
6. Wear protective clothing if laundering infected clothing or bedding. Treat non-washables too. Disinfect environment in cases of crusted scabies.
7. Monitor for new cases and healing of infested individuals.
8. Report two or more cases to your local public health agency.

Resources:

- Link to [scabies in institutional settings](#) from CDC.

EPI NEWS YOU CAN USE

From Texas DSHS regarding MDRO and clinical specimens:

Q: Why are we being asked to save isolates for up to three months?

A: Facilities are not required to save specimens. It is up to each facility if they want to save specimens. You may choose to save the specimen just a few days or up to the three months.

However, DSHS is encouraging facilities to do so to:

- 1) Help identify strains of these pathogens, in particular for *Klebsiella* and *Acinetobacter* species.
- 2) Enable epidemiologic linking of specimens in the case of an outbreak/cluster.
- 3) Help to determine if the pathogen strain changes over time, and therefore may affect the treatment plan for difficult to treat patients.

Q: My facility wants to save the isolates, what do we do and will DSHS provide supplies?

A: DSHS will not be providing supplies for saving, storing or shipping isolates. If you choose to freeze the specimen, please suspend it in trypticase soy broth with 20% glycerol and freeze at -20°C. We recommend freezing specimens at -20°C in 0.5ml to 1ml volumes in cryotubes.

Helpful links:

- Link to 2014 TX DSHS [EpiCase Criteria](#) Guide.
- Follow HDHHS on [Facebook](#) and [twitter](#)
- CDC Healthcare Preparedness Activities [All-Hazard Self-Assessment](#) Tool includes 26 question sets on various topics (Planning framework, staffing considerations, infection control, etc.)
- Visit the Public [Health Preparedness website](#) for the Houston Department of Health and Human Services