



Division of Acute Disease
Epidemiology (DADE)

CHESS Club

for providers

July/August 2011

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S.C. CHESS Hospitals

Thank you for your participation in the electronic entry of reportable diseases using CHESS. Training hospital staff across the state has shown me that hospital communication and processes are different and customized to the individual hospital and sometimes the area of the state. The most common statement I can make about hospital CHESS reporting is that "Hospital Infection Preventionists (IP) and /or Lab/ Staff perform CHESS entry of Reportable Diseases." Did you notice the "and/or"? This is the challenge for me. To help with this challenge, I've compiled a short survey that can be found under **Notices** on the **CHESS Dashboard** or on the DHEC website at www.scdhec.gov/health/disease/chess/clubhouse.htm.

This information will help me know who to contact about specific diseases, and it may prove valuable to the communication process in your hospital.

Many of you have already responded to my email request for this information, so you do not need to submit again. One comprehensive lab survey and one from Infection Prevention are sufficient.

Thank you, Ann W. Bell

Creating a Shortcut for CHESS and CHESS Password on Your Computer Desktop

This is very helpful to have on all computers in your section or office, as it provides a quicker link to CHESS for data entry. It does **not** load any software onto the computer. The password site icon on your desktop also serves as a reminder to keep your password updated. Citrix is only used to change your password.

1. Right click on any blank area of the desktop and select > **New**> then >**Shortcut**.
 - a. For CHESS, type <https://chessweb.dhec.sc.gov/> in the box, and press Next.
 - b. For CHESS password, type www.scdhec.gov/citrix in the box, and press Next.
2. A **Create Shortcut** box will pop up and include an address field and Browse. Type the address of the website for the shortcut in the box.
 - a. For CHESS, type <https://chessweb.dhec.sc.gov/> in the box, and press Next.
3. The pop up box will request you type a name for this shortcut.
 - a. For the **CHESS** address, type **CHESS** and press Finish.
 - b. For the password address, type **CHESS Password** and press Finish.

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Public Health: Then and Now by Ann W. Bell, MT-C ASCP

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The Department of Health and Environmental Control (DHEC) is the Public Health agency for SC. Its mission is "We promote and protect the health of the public and the environment." With that mission, DHEC has the responsibility to

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injury
- Promote healthy behavior
- Respond to disasters and assist in recovery and
- Assure access to health services

South Carolina is not novel in its responsibility to the citizens of the state. Public Health responsibilities are based on the basic needs of survival (air, water, food, shelter, and care/mutual support) which stretch back to the beginning of time. In the 1700's BC, Hammurabi tribes recognized the need to protect mothers and infants for the overall survival of the tribe.

Moving into the early Greek and Roman Civilizations, we are reminded of the importance they placed on physical activity (Olympics), good nutrition, and sanitation. They paid for access to an infrastructure that provided protection of water and sewage because they recognized the connection between "bad water" and sickness and death. This was also the time the Hippocratic Oath was written.

During the Middle Ages, many nations abandoned the advancements made by the Greeks and Romans in hygiene and sanitation. These steps backward resulted in a correlating increase in incidence of the bubonic plague or "Black Death" as well as an increase in smallpox.

Fortunately, as the 14th century Renaissance moved into the 17th century settlement of North America, there was a return to the Greek and Roman roots, with emphasis once again on sanitation and

hygiene. It was during this time, that modern day science and Public Health were founded.

In Charleston SC, old world contagious and vector-born diseases, such as smallpox, diphtheria, malaria, and yellow fever became endemic as immigrants settled the continent. In 1698, to control plagues, the provincial legislature began requiring incoming vessels to produce evidence that no persons on board were suffering from any contagious disease before the ship docked in Charleston. This resulted in the first public health officer in America being created by provincial legislature in 1712. He was empowered to board and inspect all incoming ships before passengers were allowed to come on shore in Charleston.

As the 19th century dawned, the Age of Enlightenment in Europe paved the way for the "Great Sanitary Awakening" and birth of modern Public Health. Intellectuals worked to advance knowledge in Europe, but with the drastic changes in every aspect of human life due to the Industrial Revolution; smallpox, yellow fever, and high infant mortality continued to plague Europe and parts of North America.

In the City of Charleston, SC, as early as 1808, a board of health with 13 commissioners was established. The commissioners and the physician who served as Public Health Officer were volunteers. Looking back, the duties of Public Health fell on the shoulders of mostly volunteers, such as the Ladies Benevolent Society of Charleston, who recognized the need for care of the sick and needy. Their volunteer care was the beginning of visiting nursing programs and Public Health nursing in SC. Later, in 1824, the Medical University of South Carolina was established by state legislature. This predated the Civil War (1861 – 1865), when poor sanitation and nutrition killed more people than combat.

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Public Health: Then and Now...*Continued*

Meanwhile, in Europe, John Snow, physician to Queen Victoria and a mathematician became the founder of epidemiology with his detailed observations of the cholera epidemic and safety procedures that reduced disease. This was before the connection of disease to the science of bacteriology was identified by Robert Koch, a German physician. Koch identified the cause of anthrax, tuberculosis, and cholera.

In 1878, Frenchman Louis Pasteur published "The Germ Theory and Its Applications to Medicine and Surgery" (science of bacteriology and disease prevention), while in SC, the General Assembly created the State Board of Health. The State Board of Health was charged with numerous public health functions, including investigating the causes and means of preventing diseases, supervising the quarantine system, and creating a system of vital statistics

In 1923, Charles-Edward Amory Winslow was professor of Public Health at Yale University where he defined public health as the science and art of preventing disease; prolonging life; and organizing community efforts for the sanitation of the environment, control of communicable diseases,

education of the individual in personal hygiene, organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health.

During the 20th C, many achievements occurred, including programs for immunization, control of infectious diseases, safer and healthier foods, and programs dealing with chronic health programs. The average life span increased to 74 years and infant mortality decreased.

As we enter the 21st C, new measures in Public Health will continue to promote and protect the health of the public and the environment. With decreased public funds and increased needs of people in the current economy, there continues to be a need for us all to work together in ensuring a robust Public Health.

References:

DHEC Public Health 101 Online Course

What is Public Health?

www.whatispublichealth.org developed by the Association of Schools of Public Health.

South Carolina's public health agency is DHEC (Department of Health and Environmental Control).

As citizens of SC, you are governed by the rules of this agency, but you also benefit from the services provided by DHEC. For those of you in healthcare, you also have responsibilities to public health. One of these is reporting of reportable diseases to DHEC. At this time, you have the choice of mailing an 1129 card or entering the information electronically. DHEC Division of Acute Disease Epidemiology requests that you enter electronically so the information is readily available for analysis and investigation. With computer entry, the disease you report from your lab can be available to DHEC public health staff much sooner. Outbreaks and epidemics can be identified and traced within days. In some cases, your report may be part of a statewide, national, or international investigation. ***Your support of public health is important.***

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CHESS Password Maintenance

1. Individual CHESS accounts are set up for each user in an organization who is responsible for entry of Reportable Diseases to DHEC. If you do not have your own account, please email me at bellaw@dhec.sc.gov
2. Do not let anyone use your user name and password to access CHESS. You will be liable for anything they enter under your account.
3. User names are set up with part of your last name, then ending with part of your first name. Example: smithjo
4. Temporary passwords are given to you with the format of 5 numbers #####@ month (first 3 letters with last letter capitalized). Ex: 12345@auG
5. Temporary passwords expire shortly after they are used to login the first time, so it is important to change to your personal password when you log in. If you are not prompted on the Citrix site to change your password, click on the yellow key . There are fields to enter your Old password, New password, and Confirm password.
 - a. Old password is the one you used to enter this website. This could be a temporary password or the one you are changing at the end of 90 days.
 - b. New password must meet the qualifications listed to the right of the box. It must contain a minimum of 8 characters and at least 3 of the 4 types (Upper Case, lower case, numeric, symbol).
 - c. Confirm password you created by entering your new password.
6. When your new password is created, for the next 90 days you may enter it with your user name on the CHESS log in page for data entry.
7. It is necessary to log in at least once every 30 days to remain active. If you don't need to make an entry, then you can login and out, to maintain activity.
8. It is important to write down the week that your password will turn 90 days, because the system does not prompt you to change it. For many of you, there may be another password you use and change every 90 days. Change your CHESS password at the same time, and they will always be synchronized and active. Don't worry if the first time, your CHESS password is not 90 days old. 90 is the maximum, not the minimum.

Note that the Help Desk 800-917-2093 is open Monday – Friday, except State Holidays, from 9am-4:30pm to help you with your account.

When you set up your password the first time, you cannot use any part of your name, but you may use another word or name that is 6 characters long. Add 01 to the front or end of the password, then next time you change it, you will only need to change the 1 to 2. You can also use the password from other accounts, as long as they are tailored to meet the requirements of CHESS. (minimum of 8 characters, 3 of the 4 types – caps, lower case, numbers, symbols).

Thank you for your active use of CHESS.

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In Memory of Dr. George Thomas (Tom) Fabian

Medical Director for Public Health Preparedness
DHEC Division of Acute Disease Epidemiology (DADE)



Dr. Tom Fabian worked at DHEC for 14 years and prior to that served for 27 years in the Air Force where he achieved the rank of Colonel. His last military assignment was the Hospital Commander at Shaw AFB.

Following retirement from the Air Force, he served at DHEC as the District Health Director for the Upper Savannah Public Health District (DHEC) from 1997-2007 before moving to DADE as a Medical Director.

He worked in DADE until his death on August 11, a short 13 weeks after being diagnosed with pancreatic cancer. His loving wife Bettie and their two children, Mary Ann and Thomas, were present.

Dr. Fabian may best be known for his extensive knowledge and presentations on Pandemic Influenza Planning and H1N1. He traveled throughout the state giving presentations to regional medical groups, community groups, and emergency preparedness planners.

His knowledge, compassion, and intelligence will keep his memory alive at DHEC. We at DHEC will never forget Tom's commitment or the legacy of integrity that he leaves us.

New Providers



Cannon Hospital
Infection Preventionist



Regional Medical Center of
Orangeburg & Calhoun Counties Lab

Premier Family Medicine in Greenville

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Important Information about CHESS

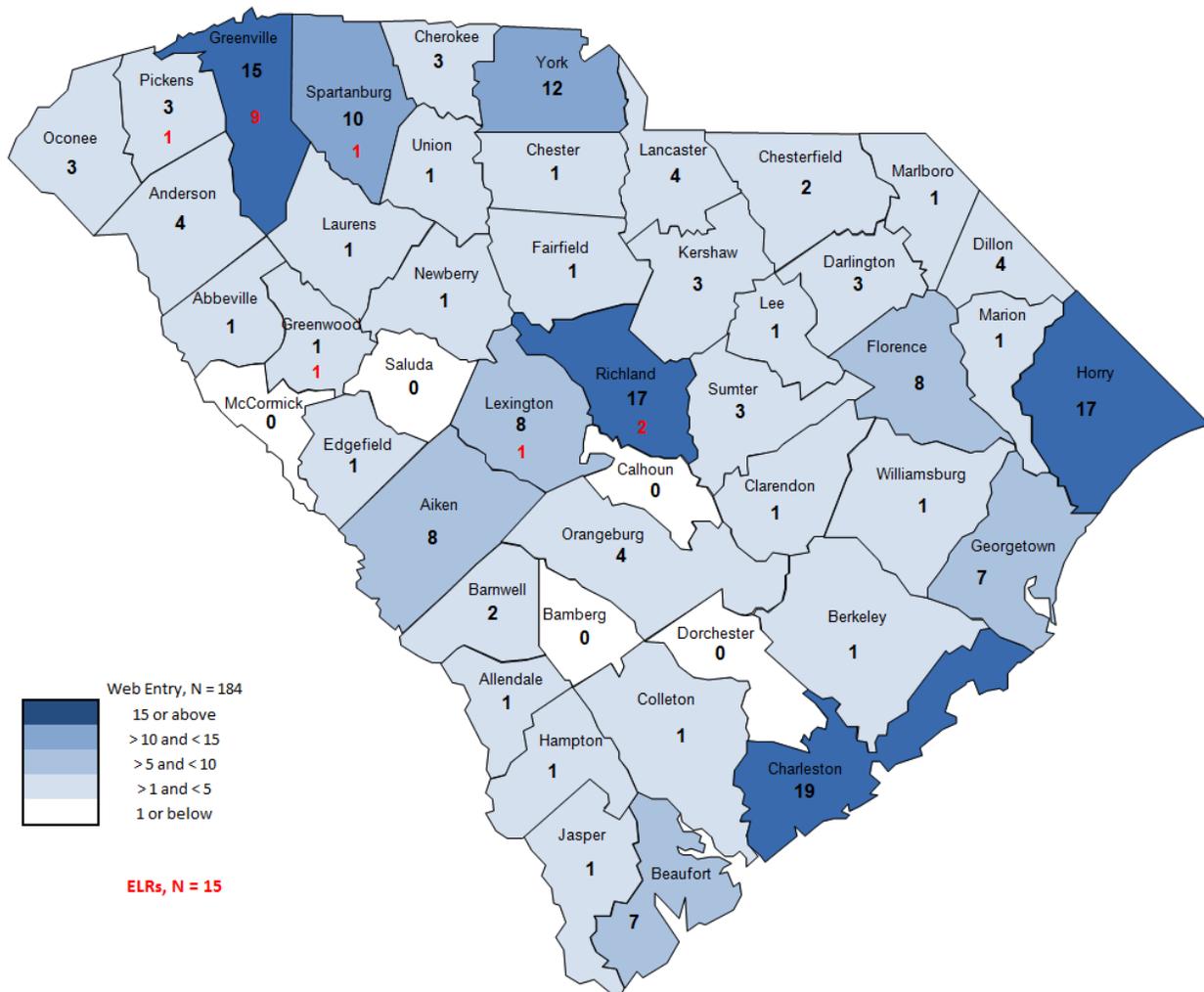
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To schedule a deployment or find out more information about electronic reporting of SC 2011 Reportable Diseases/Conditions, please contact Ann W. Bell at 1-800-917-2093 or bellaw@dhec.sc.gov. Also contact Ann if you or your office needs retraining.

Anytime you have problems with accessing CHESS, please call the Help Desk 1-800-917-2093. Someone is there to help you Monday – Friday 9:00am – 4:30pm, except State holidays.

CHESS Deployments

By County



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By The Numbers

2011 Disease/Condition (as of August 22, 2011)

Disease/Condition (as of 8/22)	Case Status		Total
	Confirmed	Probable	
Aseptic meningitis	120	1	121
Campylobacteriosis	278	14	292
Creutzfeldt-Jakob Disease	0	1	1
Cryptosporidiosis	56	40	96
Dengue Fever	1	1	2
Diphtheria	0	0	0
Ehrlichiosis, chaffeensis	1	0	1
Encephalitis/meningitis, Calif serogroup viral	0	1	1
Giardiasis	67	3	70
Group A Streptococcus, invasive	79	0	79
Group B Streptococcus, invasive	35	0	35
Haemophilus influenzae, invasive	54	0	54
Hemolytic uremic synd, postdiarrheal	1	0	1
Hepatitis A, acute	10	0	10
Hepatitis B virus infection, Chronic	69	267	336
Hepatitis B, acute	24	0	24
Hepatitis C Virus Infection, past or present	2,194	12	2206
Hepatitis C, acute	1	0	1
Hepatitis Delta co- or super-infection, acute	1	0	1
Hepatitis E, acute	1	0	1
Influenza, human isolates	495	0	495
Legionellosis	10	0	10
Listeriosis	5	0	5
Lyme disease	13	6	19

list continued on next page

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2011 Disease/Condition (as of August 22, 2011)

Malaria	3	0	3
Neisseria meningitidis, invasive (Mening. disease)	9	0	9
Novel Influenza A Virus Infections	7	0	7
Pertussis	51	43	94
Q fever, Acute	1	0	1
Salmonellosis	826	5	831
Shiga toxin-producing Escherichia coli (STEC)	13	0	13
Shigellosis	35	0	35
Spotted Fever Rickettsiosis	9	16	25
Staphylococcus aureus, Vancomycin-resistant	1	0	1
Strep pneumoniae, invasive	327	0	327
Streptococcal toxic-shock syndrome	1	0	1
Toxic-shock syndrome, staphylococcal	0	3	3
Tuberculosis	58	0	58
Tularemia	0	0	0
Varicella (Chickenpox)	12	0	12
Vibrio parahaemolyticus	3	0	3
Vibrio spp., non-toxigenic, other or unspecified	1	0	1
Vibrio vulnificus infection	1	0	1
West Nile Fever	0	1	1
Yersiniosis	3	0	3