



Division of Acute Disease
Epidemiology (DADE)

CHES Club

for providers

March/April 2011

Inside this issue

– 2 –

Foodborne Disease

– 4 –

**Interview with
Julie Schlegel**

– 5 –

**Important Information
about CHES
and
CHES Deployments**

– 6 –

**New Providers
and
Doctors Care Recognition**

– 7 –

By The Numbers

What do you know about CHES?

Test your knowledge and that of your co-workers, then email your Name(s) &/or Organization with answers to bellaw@dhec.sc.gov. The May/June CHES newsletter will recognize those participating.

One or more answers may be correct for each question.

1. STDs need to be entered under Data Entry as a:
 - a) Morbidity Report
 - b) Lab Report
2. Which two dates are the same when reporting in a Morbidity Report?
 - a) Lab Report Date
 - b) Morbidity Date
 - c) Date of Diagnosis
3. Susie tried to log in to CHES but it didn't work. What should she do?
 - a) Wait until another day, and try it again. CHES may be down for repairs.
 - b) Call the Help Desk. Maybe her password isn't working.
 - c) CHES is too complicated. Quit trying.
4. Chlamydia and Gonorrhea can be entered in the same report before pressing SUBMIT.
 - a) Yes
 - b) No
 - c) On the same patient.
5. The Condition for Hepatitis A in the Morbidity Report is
 - a) Hep A
 - b) Hepatitis
 - c) Hepatitis A
6. The hospital micro lab has a positive blood culture with Methicillin resistant Staph aureus.
 - a) Call within 24 hours.
 - b) Enter under Morbidity Report.
 - c) Follow instructions for reporting MRSA BSI found on the CHES Club website.
7. The Help Desk number is
 - a) 803-917-2095
 - b) 800-917-4020
 - c) 800-917-2093
8. Ann W. Bell, CHES Coordinator, is on the Help Desk:
 - a) Monday
 - b) Tuesday afternoons
 - c) Never

CHES Club *for providers*

Foodborne Disease – Julie Schlegel, MSP Foodborne Epidemiologist

page 2

The spectrum of foodborne diseases is constantly changing. A century ago, typhoid fever, tuberculosis and cholera were common foodborne diseases. Improvements in food safety, pasteurization and disinfection of water supplies have greatly reduced cases of those diseases. Today other foodborne infections have taken their place, creating new challenges to ensuring food safety.

The national Centers for Disease Control and Prevention (CDC) estimates that each year 31 major pathogens cause 9.4 million illnesses, 55,000 hospitalizations and 1,350 deaths in the U.S. due to foodborne disease. A variety of pathogens are responsible for these illnesses, including bacteria, viruses, parasites and chemicals. Norovirus causes the most illness (58%), followed by nontyphoidal *Salmonella* spp. (11%), *Clostridium perfringens* (10%) and *Campylobacter* spp. (9%).

Some of the current food safety challenges include:

- New and emerging pathogens and antibiotic resistance
- Widely distributed food items, making outbreak identification difficult
- Unexpected food items causing illness, such as bagged spinach, prepackaged items and peanut butter

To meet these challenges it is necessary for all of those involved in public health—private and public sector to collaborate to quickly identify, report and investigate these illnesses to prevent future cases.

Norovirus

CDC estimates approximately 21 million cases of Norovirus occur annually in the U.S. Because many milder cases are not diagnosed or reported, the actual number of infections is underreported.

Norovirus is estimated to cause more cases of foodborne disease than any other pathogen. Norovirus is extremely contagious and only 10

viral particles are needed to cause illness. Food can become contaminated with Norovirus via an ill foodhandler. However, the most common way Norovirus is transmitted is through direct person-to-person contact. Environmental surfaces can also become contaminated by an ill person.

A typical case of Norovirus becomes ill 24 to 48 hours after exposure and will have watery diarrhea, vomiting and abdominal cramping and sometimes a low-grade fever.

The majority of cases recover within 72 hours, without medical intervention although dehydration can occur. Victims continue to shed the virus intermittently in their stool for up to several weeks following infection. There is short-term strain-specific immunity (several months) following infection.

Outbreaks of Norovirus are common, especially in institutional or group settings such as catered meals, long term care facilities, schools and prisons. Frequent and thorough environmental surface cleaning is paramount to control outbreaks, as is excluding ill staff and heightened hand hygiene.

S.C. Reportable Conditions

Norovirus outbreaks (not individual cases) are reportable to DHEC immediately by phone.

Continued on page 3 >>>

Additional Information:

WASH HANDS is a joint project with ETV and DHEC. If children (and adults) put the video's lessons into action, they can slow the spread of colds, flu and other communicable diseases.

www.scetv.org/education/etvkids/grownups/index.html

Foodborne Disease...continued

Salmonellosis

CDC estimates that approximately 40,000 cases of salmonellosis are reported annually in the U.S. Because many milder cases are not diagnosed or reported, the actual number of infections may be 30 or more times greater.

Nontyphoidal Salmonella infection can cause gastroenteritis, characterized by diarrhea, abdominal cramps, and fever. However, illness ranging from asymptomatic carriage to bacteremia is also possible. The illness usually lasts four to seven days, and most persons recover without treatment. Rarely, complications such as development of reactive arthritis occur following Salmonella infection.

Salmonella live in the intestinal tract of humans and other animals, including birds and reptiles. Salmonella are usually transmitted to humans by eating foods contaminated with animal feces. Contaminated foods are often of animal origin, such as poultry, beef, milk, or eggs. However, other foods may also become contaminated via cross-contamination or by an infected food handler.

S.C. Reportable Conditions

Salmonellosis and Campylobacter infection are reportable to DHEC within seven days. Both should be entered in CHES under Data Entry as Lab Report. Susceptibilities can be entered when using this reporting method.

Campylobacter

Campylobacter is one of the most common causes of diarrheal illness in the U.S. It is estimated to affect over 2.4 million persons every year, or 0.8 percent of the population. Campylobacteriosis occurs much more frequently in the summer months than in the winter.

Campylobacter is found in the gastrointestinal tract of healthy birds. Campylobacter jejuni have been isolated from feces of 30 percent to 100 percent of chickens, turkeys and waterfowl. It can be assumed that most raw poultry meat is contaminated with Campylobacter. Eating undercooked poultry or other food that has been contaminated with raw poultry is the most frequent source of this infection. Consuming raw dairy products, such as unpasteurized milk is also associated with infection.

Campylobacter infection can cause diarrhea (with or without visible or occult blood), abdominal pain, malaise and fever. While most patients with mild illness recover within one week, approximately 20 percent relapse or have a prolonged or severe illness.

Rarely, complications such as development of Guillain-Barre syndrome or reactive arthritis occur following Campylobacter infection.

Additional Information:

DHEC's website offers more information on Foodborne Disease and Safe Practices
www.scdhec.gov/food

References for Article and More Information:
Scallan E, Hoekstra RM, Angulo FJ, Tauxe RV, Widdowson M-A, Roy SL, et al. Foodborne illness acquired in the United States—major pathogens. Emerg Infect Dis [serial on the Internet]. 2011 Jan [date cited].
www.cdc.gov/EID/content/17/1/7.htm

www.cdc.gov/foodsafety/resources/CDCandFoodSafety_121410.pdf

www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus-factsheet.htm

www.cdc.gov/salmonella/

www.cdc.gov/nczved/divisions/dfbmd/diseases/campylobacter/

CHES Club *for providers*

Interview with Julie Schlegel

page 4



Julie Schlegel, MSP
Foodborne Epidemiologist

What does a foodborne epidemiologist do in DHEC?

I help our local staff monitor for increases of enteric disease and investigate suspected foodborne disease outbreaks. Part of that includes working with other states and federal agencies to investigate suspected national outbreaks related to food products.

What is the background needed to be an epidemiologist?

It varies. I have a master's degree in Healthcare Planning and eight years experience in communicable disease epidemiology.

How does CHES entry by providers help the Disease Surveillance team?

Victims of foodborne disease need to be interviewed quickly about the foods they consumed--before they forget what and where they have eaten. CHES entry by providers helps DHEC reach the patients much quicker and can help us collect leftover contaminated foods before they get thrown away.

Do you have any requests of CHES users?

Yes, please try to enter complete and accurate demographic information on patients. This helps us reach the patient quickly without having to contact the provider for additional information. And thanks to all of you for your help with controlling communicable disease in South Carolina!!

Where have you worked or lived?

I've lived in several states (SC, NC and FL), as well as Germany and Spain.

Do you have any special interests or anything else you would like to share?

I love cooking, traveling and foreign languages. I also enjoy writing short stories. I have a 2-year-old son, so I have recently developed new interests in Thomas the Train and the characters of Sesame Street!

17th Annual SC DHEC Epi Conference
May 17th & 18th, 2011
Radisson Hotel, Columbia, SC

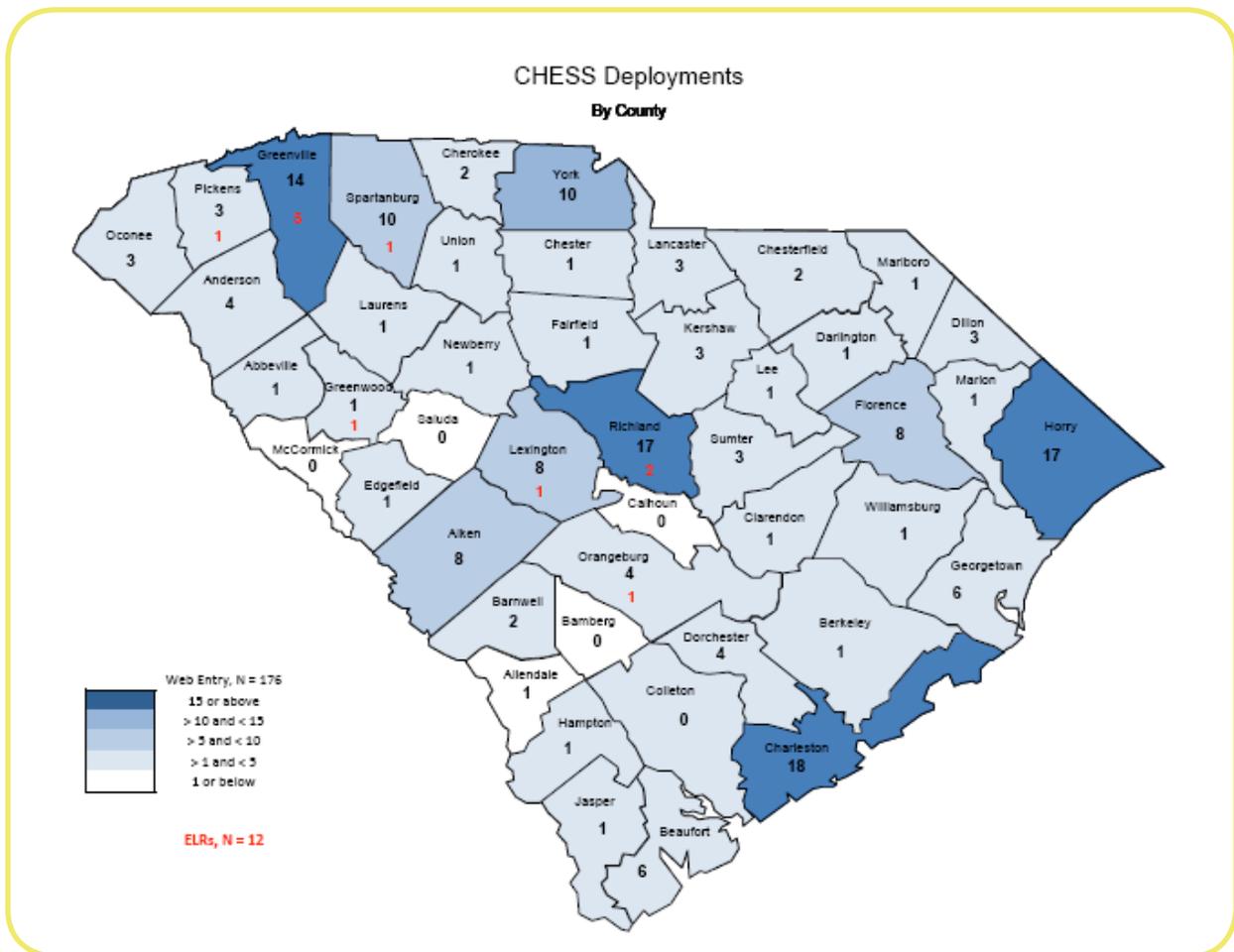
Registration Deadline is April 30, 2011
www.dhec.sc.gov/health/disease/acute/conference.htm

CHESS Club *for providers*

page 5

Important Information about CHESS

1. 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.
2. CHESS passwords are good for 90 days but to keep your account active you must log in to CHESS once every 30 days. Making an entry in CHESS at least once a month will keep your account active.
3. 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.



CHES Club *for providers*

page 6

New Providers

Joint Base Charleston
Public Health Division



Carolina Pines
Regional Medical Center



Shiland Family Medicine
Fort Mill

A BIG THANK YOU to Doctors Care locations that use CHES to report 2011 Reportable Diseases

Doctors Care - Aiken Mall	Doctors Care - Lexington
Doctors Care - Augusta Rd	Doctors Care - Moncks Corner
Doctors Care - Beaufort	Doctors Care - North Aiken
Doctors Care - Bluffton	Doctors Care - Northwoods
Doctors Care - Cayce	Doctors Care - Orangeburg
Doctors Care - Charleston West	Doctors Care - Orangeburg
Doctors Care - Congaree	Doctors Care - Ridgeview
Doctors Care - Conway 501	Doctors Care - Strand
Doctors Care - Dorchester Rd	Doctors Care - Summerville
Doctors Care - East Blackstock	Doctors Care - Sumter
Doctors Care - Forest Acres	Doctors Care - Surfside
Doctors Care - Greer	Doctors Care - Wateree
Doctors Care - Hoffmeyer	Doctors Care - West Ashley

Useful Links to Remember

S.C. DHEC A-Z Disease Resources
[www.dhec.sc.gov/health/disease/
acute/diseases.htm](http://www.dhec.sc.gov/health/disease/acute/diseases.htm)

CHES Password Changes
www.scdhec.gov/citrix

CHES Data Entry
<https://chessweb.dhec.sc.gov/>

CHES Club
[www.dhec.sc.gov/health/disease/
chess/clubhouse.htm](http://www.dhec.sc.gov/health/disease/chess/clubhouse.htm)

2011 Disease/Condition (as of March 31, 2011)

Disease/Condition in SC	Case Status		Total
	Confirmed	Probable	
Aseptic meningitis	28	0	28
Campylobacteriosis	74	1	75
Cryptosporidiosis	20	1	21
Giardiasis	18	0	18
Group A Streptococcus, invasive	45	0	45
Group B Streptococcus, invasive	12	0	12
Haemophilus influenzae, invasive	16	0	16
Hepatitis	2	2	4
Hepatitis A, acute	3	0	3
Hepatitis B virus infection, Chronic	19	79	98
Hepatitis B, acute	8	1	9
Hepatitis C Virus Infection, past or present	756	8	764
Influenza, human isolates	456	0	456
Legionellosis	2	0	2
Listeriosis	2	0	2
Lyme disease	0	0	0
Malaria	0	0	0
Mumps	0	1	1
Neisseria meningitidis, invasive (Mening. disease)	4	0	4
Novel Influenza A Virus Infections	7	0	7
Pertussis	11	12	23
Q fever, Acute	1	0	1
Salmonellosis	96	0	96
Shiga toxin-producing Escherichia coli (STEC)	5	0	5
Shigellosis	8	0	8
Spotted Fever Rickettsiosis	0	1	1
Strep pneumoniae, invasive	165	0	165
Streptococcus pneumoniae, invasive disease (IPD)	5	0	5
Toxic-shock syndrome, staphylococcal	0	1	1
Varicella (Chickenpox)	0	0	0