



Division of Acute Disease
Epidemiology (DADE)

CHES Club

for providers

Jan/Feb 2011

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By The Numbers

CHES is South Carolina's electronic entry surveillance system for reportable conditions.

- It improves disease surveillance and response.
- It links hospitals, labs and physicians to local and state public health professionals.
- It encourages faster reporting of diseases.
- It gives public health care professionals more complete information on cases.
- It builds a reporting database that can be used for detailed analysis.
- It offers flexibility to expand and change as needed.

The S.C. Department of Health and Environmental Control's Division of Acute Disease Epidemiology extends a big thanks to each organization that is entering reportable conditions (diseases) in CHES. In this issue, we recognize those hospitals in the state that use CHES.

Useful links

CHES Password Changes
www.scdhec.gov/citrix

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

CHES Club
www.dhec.sc.gov/health/disease/ches/clubhouse.htm

S.C. DHEC
www.dhec.sc.gov

S.C. DHEC A-Z Disease Resources
www.dhec.sc.gov/health/disease/acute/diseases.htm

South Carolina influenza surveillance consists of mandatory and voluntary reporting systems for year-round influenza surveillance. These networks provide information on influenza virus strain, subtype and influenza disease burden. Influenza conditions that are mandatory are found on the 2011 List of Reportable Conditions <http://www.scdhec.gov/health/disease/reportables.htm>.

Mandatory reporting: **Positive confirmatory tests**

Positive influenza culture, PCR, DFA, and IFA results should be reported to DHEC within seven days electronically via CHES or using a DHEC 1129 card. This includes the individual patient's name and contact information.

Positive rapid antigen test reporting

Summary numbers of positive rapid influenza tests and influenza type identified should be sent to DHEC's regional health offices by fax or email before noon on Monday for the preceding week. These are numbers of patients and do not include patient information.

Laboratory confirmed hospitalizations

DHEC requires weekly submission of laboratory confirmed influenza hospitalizations. Hospitals should report these to their DHEC regional public health office by noon on Monday for the preceding week.

Laboratory confirmed deaths

Lab confirmed influenza deaths in adults should be reported to DHEC within seven days. Lab confirmed influenza deaths in children under age 18 should be reported within 24 hours. These include results from viral culture, PCR, rapid flu tests, DFA, IFA or autopsy results consistent with influenza. Hospitals should report deaths to their DHEC regional public health office by noon on Monday for the preceding week. Additionally, positive PCR, culture, DFA, and IFA results associated with influenza deaths should be submitted to DHEC's regional public health

office electronically via CHES or on an 1129 card. Positive rapid tests associated with deaths should be reported in the summary report of positive rapid tests.

Novel or avian influenza reporting

Any novel or avian influenza strain, excluding the recent 2009 H1N1, should be reported immediately by phone. These cases should also be sent to the DHEC regional public health office electronically via CHES or on an 1129 card.

Voluntary networks: **Laboratory Viral Isolate Network**

Viral isolate surveillance is essential for identifying circulating influenza strain subtype information, and the identification of new strains that may need to be included in the next year's influenza vaccine. Participating providers receive culture media, packaging, processing and shipping labels in order to submit a subset of specimens to the Bureau of Labs (BOL).

Influenza-Like Illness (ILINet) Sentinel Providers Network

ILINet focuses on the number of patients presenting with influenza-like symptoms in the absence of another known cause. ILI is defined as fever (temperature of >100°F) plus a cough and/or a sore throat in the absence of another known cause. Providers submit weekly reports to the national Centers for Disease Control and Prevention of the total number of patients seen in a week and the number of those patients with ILI symptoms by age group.

If you have questions about the state's influenza surveillance or wish to participate in any of our voluntary networks, contact Chasity Springs, the Acute Disease Epidemiology influenza surveillance coordinator, at springcb@dhec.sc.gov or (803) 898-0870.

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What is and is not entered into CHES for flu tests:

There are several conditions in CHES for influenza; however only one should be used. This is the **Condition: influenza, human isolates. Resulted Test: positive confirmatory test such as viral culture, PCR, DFA, or IFA.** Investigations should not be created for rapid tests since these are entered as summary data. The novel influenza condition should not be used for any of the currently circulating strains (including 2009 H1N1).

Current Flu Season:

The flu causes mild to severe respiratory illness and can be deadly. This year's flu season appears to be more typical than that of the pandemic virus that was seen during 2009 and 2010 and caused serious illness among children and young adults. Influenza virus activity in the state is currently at widespread status, which means that at least half of the regions are seeing illness. Data from October 2010 through January 22 show 7654 positive rapid flu tests reported by healthcare providers, 102 lab-confirmed cases, 234 lab confirmed influenza hospitalizations and eight lab confirmed influenza deaths. Over the past few weeks we have seen increased ILI, greater numbers of positive cultures, PCRs, and rapid tests, and increased influenza associated hospitalizations. As always, it is not too late to get vaccinated.

Testing:

Many providers perform rapid diagnostic tests. A positive rapid test usually means that the patient has the flu. However, a negative rapid test does not mean that a patient does not have the flu. In addition to test results, providers should use their clinical judgement to determine whether or not patients should be treated for the flu. As a reminder, DHEC's Bureau of Laboratories (BOL) continues to offer influenza culture and/or PCR testing, free of charge, for the following groups:

- Patients with influenza-like illness (ILI) who are admitted to hospitals
- Fatalities associated with ILI
- Patients with ILI seen at facilities participating in the Viral Culture Surveillance Network

Reminder

S.C. DHEC

S.C. Influenza Activity & Surveillance

www.scdhec.gov/health/disease/acute/flu.htm

**includes the weekly surveillance report, Flu Watch.*

S.C. DHEC

Flu in South Carolina

www.scdhec.gov/flu

CDC

Flu Activity & Surveillance

www.cdc.gov/flu/weekly/fluactivitysurv.htm

CDC

Seasonal Influenza Information
for Health Professionals

www.cdc.gov/flu/professionals

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Interview with Chasisty Springs

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What responsibilities are associated with your position as flu coordinator?

As you can imagine, my primary responsibility is to coordinate and manage our statewide influenza surveillance system. South Carolina has a rather unique influenza surveillance system that consists of both mandatory and voluntary components.

What is the difference between mandatory and voluntary flu surveillance?

The mandatory components are the conditions listed on our List of Reportable Conditions www.scdhec.gov/health/disease/reportables.htm. These include positive cultures, PCRs, DFAs, IFAs, rapid tests, influenza hospitalizations, and deaths. The voluntary components consist of two networks of sentinel providers. In the viral culture network, providers receive specimen testing kits from our BOL and submit specimens to the BOL for testing. There are approximately 100 viral culture providers. This helps us to determine the types of influenza that are circulating throughout the state and also aides nationally in determining what strains are included in future vaccines. ILINet is a network of providers that report the total number of patients seen with influenza like illness on a weekly basis. Currently, 44 providers report online or via fax. This is a national system and is very useful in helping us gauge the extent of flu activity in the state and nationally. Any provider that has questions or wants to enroll in either voluntary network can email me at springcb@dhec.sc.gov.

What flu tests/results need to be entered electronically into CHES or by 1129 card?

Positive influenza culture, PCR, DFA, and IFA results should be entered into CHES or submitted via 1129 card. Positive rapid tests and lab confirmed influenza hospitalizations and deaths should be reported to the regional public health office on the appropriate reporting worksheet. These were included in the start of season health alert www.scdhec.gov/health/disease/han/docs/HAN-20100929-01.pdf.



Chasisty Brown Springs, MSPH
Influenza Epidemiologist

What information on flu in South Carolina have you found most surprising since you began?

I came onboard as influenza surveillance coordinator in 2008, so my first flu season was the 2008-09 season. Just as the season was ending and I thought that we'd had a mild one, 2009 H1N1 emerged. This made for an interesting second season for me. This 2010-11 season seems to be more of a typical season. So, it was interesting for me to see the pandemic response during the previous season. The most surprising thing to me is the way in which flu viruses are constantly changing. As a result, I now understand the importance of annual vaccination to protect us from the currently circulating strains.

What item of interest would you like to share about yourself or what do you do for relaxation when not counting flu cases?

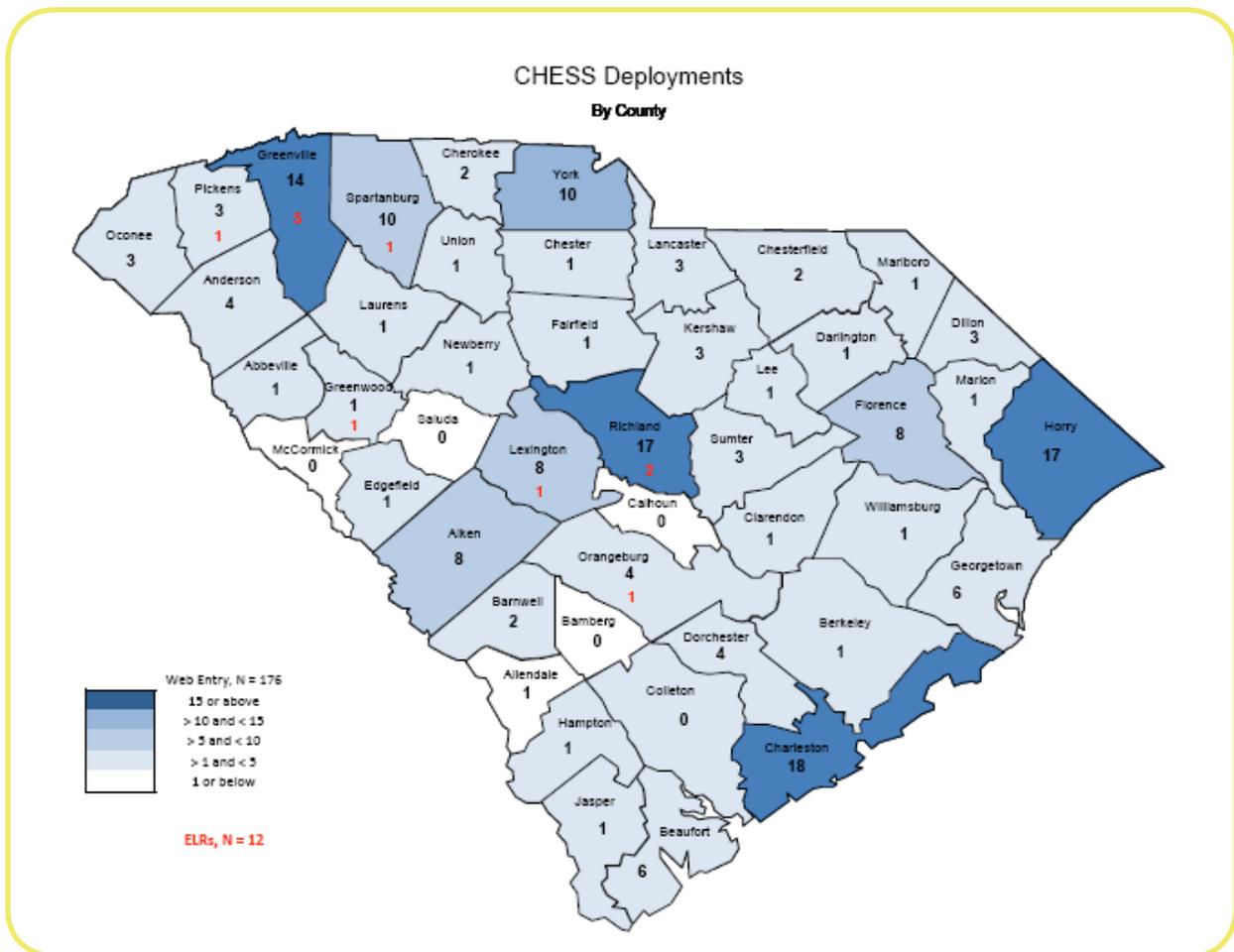
I love to work in my yard. This includes planting any and everything and coming up with new landscaping projects. I also like to try my hand at various crafts such as making jewelry and greeting cards, and to round things out I like to complete small home improvement projects. In the spring and summer, the Lowe's staff and I are best friends! One interesting thing is that my sister and brother-in-law are contestants on Season 11 of the Biggest Loser. They are the Red Team and have been an inspiration to our entire family.

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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.



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New Providers

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Palmetto Primary Care
Physicians Lab – Charleston



Any Lab Test Now
Charleston



Colleton Medical Center Lab
and Infection Prevention



Williamsburg Regional Hospital
Infection Prevention



Fairfield Memorial
Hospital Lab



Allendale County
Hospital

Doctors Care – Dutch Fork
Doctors Care – Bluffton

Doctors Care – Beaufort
Doctors Express – Beaufort

A BIG THANK YOU to hospitals entering electronically using CHES!!

Abbeville Area Medical Center
Aiken Regional Medical Center
Allendale County Hospital
AnMed Health Medical Center
Beaufort Memorial Hospital
Cannon Memorial Hospital
Carolinas Hospital System
Chester Regional Medical Center
Coastal Carolina Hospital
Colleton Medical Center
Conway Hospital
East Cooper Medical Center
Fairfield Memorial Hospital
Georgetown Memorial Hospital
Grand Strand Regional Medical Center
Hampton Regional Medical Center
Hilton Head Hospital
Kershaw Health
Laurens County Hospital
Marion Regional Hospital
Marlboro Park Hospital
Oconee Medical Center
Piedmont Medical Center
Spartanburg Regional Medical Center
Springs Memorial Hospital
St. Francis – Downtown Greenville
St. Francis – Eastside (Greenville)
Tuomey Regional Medical Center
Waccamaw Community Hospital
Wallace Thomson Hospital
Williamsburg Regional Hospital

2011 Disease/Condition (as of Feb 28, 2011)

2011 Disease/Condition (As of February 28)	Case Status		Total
	Confirmed	Probable	
Aseptic meningitis	14	0	14
Campylobacteriosis	37	0	37
Cryptosporidiosis	12	0	12
Giardiasis	7	0	7
Group A Streptococcus, invasive	22	0	22
Group B Streptococcus, invasive	6	0	6
Haemophilus influenzae, invasive	6	0	6
Hepatitis A, acute	3	0	3
Hepatitis B virus infection, Chronic	8	52	60
Hepatitis B, acute	4	0	4
Hepatitis C Virus Infection, past or present	499	4	503
Influenza Outbreak	1	0	1
Influenza, human isolates	239	0	239
Listeriosis	2	0	2
Neisseria meningitidis, invasive (Mening. disease)	3	0	3
Pertussis	8	5	13
Q fever, Acute	1	0	1
Salmonellosis	69	0	69
Shigellosis	5	0	5
Spotted Fever Rickettsiosis	0	1	1
Strep pneumoniae, invasive	100	0	100
Streptococcus pneumoniae, invasive disease (IPD)	1	0	1