

Orientation Program for Infection Control Professionals



Module 7:
Communicable
Diseases

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Module 7: Communicable Diseases

Objectives

At the completion of this module, the ICP will:

1. Identify communicable disease which are on the national and provincial reportable diseases list
2. Describe the surveillance activities required to identify reportable communicable diseases
3. Demonstrate a knowledge of the reporting process for reportable diseases
4. Identify key contacts for public health
5. Determine the process for contact tracing for reportable communicable diseases
6. Determine the role of IPC in immunization delivery in your facility
7. Demonstrate a knowledge of the national surveillance system for influenza

Number of hours

- Key Concepts – 1
- Methods – 2

Required text

- Heymann, D (2008) Control of Communicable Diseases Manual – 19th Edition

Other suggested readings

- Guideline for Meningococcal Disease Management
http://www.health.gov.nl.ca/health/publichealth/cdc/meningococcal_management.pdf
- Guideline for invasive group A Streptococcus management
http://www.health.gov.nl.ca/health/publichealth/cdc/invasive_groupa_streptococcal_management.pdf
- FluWatch: <http://origin.phac-aspc.gc.ca/fluwatch/>

Instructions

Read the material. Write out your answers to the questions and discuss them with your mentor. It is recommended that a one hour session with a Communicable Disease Control Nurse (CDCN) be included in the orientation period.

Overview

Infection Prevention and Control staff and Public Health staff have a number of intersecting roles within the hospital and the community. The first contact with a communicable disease such as tuberculosis may be in the hospital but the contact tracing and follow-up is done in the community. The timely reporting to public health allows for prompt identification of contacts and appropriate follow-up. Communicable diseases (CDs) are made reportable in the provinces and territories of Canada by provincial and territorial statute. The purpose of making a specific communicable disease reportable is to facilitate both tracking and the required control efforts by public health personnel. The List of Reportable Communicable Diseases in British Columbia is found in Appendix A.

Key Concepts

Definitions

Refresh your memory on these key terms that are used frequently in the public health arena.

Key terms

Chain of infection	
Reservoir	
Occurrence	
Mode of transmission	
Incubation period	
Period of communicability	
Susceptibility	

Differentiate between a communicable and reportable disease

What is a communicable disease?
What is a reportable disease?
Go to the Reportable Communicable Disease list in Appendix A and determine if Methicillin-resistant Staphylococcus aureus is on that list.

Surveillance

How will you find out about any reportable communicable diseases in your facility?
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Reporting

How are reportable communicable diseases reported in your facility?	
Responsibility	To Whom
Micro Lab	
Public Health Lab	
IPC	
Other	

Follow-up

Who is defined as a contact?	
What is contact tracing?	
Who is responsible for contact tracing in your facility/Regional Health Authority?	
What does post-exposure mean?	

Prevention

Immunization has been recognized as one of the most important contribution to the control of communicable diseases over the past several decades. The ICP collaborates frequently with Occupational Health and Public Health on issues involving the immunization of staff and patients. This requires knowledge of immunization recommendations.

Immunization Manual
Identify the web site or hard copy of the immunization policies for your province.
Bookmark the site of the Canadian Immunization Guide as a favourite: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php
Why is it important for employees to have the hepatitis B vaccination?

Methods

Communicable diseases on the reportable disease list

Identify five diseases on the Reportable Disease List
1.
2.
3.
4.
5.

Surveillance

You have been called by the media to find out more about the case of meningococcal disease admitted during the night. You have no information on this case. How are you going to find out about this case?

Time to apply your knowledge!

Your investigations reveal that there is a case of meningococcal disease in the ICU.	
Is this a reportable disease?	
Why should you notify public health?	
Whom should you notify?	
Is there a policy in your facility regarding the follow-up for meningococcal disease?	

Reporting

Public Health Contacts

Reportable communicable diseases must be reported to public health officials as soon as they are identified. Discuss with your mentor the key public health officials in your area.

Key Public Health Staff	Name	Contact Information
Health Unit		
Regional Medical Health Officer		
Communicable Disease Control Nurse		

Key Public Health Staff	Name	Contact Information
Public Health Laboratory		
Other		

Reporting requirements

What are the reporting requirements relating to meningococcal disease in your facility?

Follow-up

Contact tracing

The doctor in the Emergency Room intubated the patient without the use of personal protective equipment	
Define a close contact of a meningococcal case?	
Is the doctor considered a close contact?	
Who is responsible for identifying close contacts of the case?	
Does the doctor require chemoprophylaxis?	
If the doctor is recommended to have the prophylaxis; who provides the medication?	
How is the close contacts list developed?	

Post-exposure

You have been called to the Patient Care Unit where a nurse has had a needle stick injury. The nurse is very concerned about contracting hepatitis B, hepatitis C and HIV.	
Does your institution have a policy for post exposure prophylaxis for needle stick injuries?	
Who does the follow-up for this exposure in your facility?	
What is the policy for hepatitis B vaccination for staff?	

You have been called to the Patient Care Unit where a nurse has had a needle stick injury. The nurse is very concerned about contracting hepatitis B, hepatitis C and HIV.	
What is the post exposure follow-up for hepatitis B?	
What is the follow-up required for possible exposure to HIV and hepatitis C?	
Where can the employee access the post-exposure drugs for HIV?	

Prevention

Identify the role of IPC in relation to pneumococcal immunization in your facility

Identify the role of IPC in relation to influenza immunization for patients/residents in your facility

Documentation & Reporting

Is there a requirement for documentation of your referrals to Public Health?

Other Issues

FluWatch

FluWatch is Canada's national surveillance system that monitors the spread of influenza and influenza-like illnesses on an on-going basis. FluWatch reports, posted every Friday, contain specific information for health professionals on influenza viruses circulating in Canada. Additional information can be found at: <http://www.phac-aspc.gc.ca/fluwatch/> Discuss with your mentor your facilities responsibilities for FluWatch reporting.

What is the FluWatch definition for influenza-like illness for the 2011-2012 season?	
What is the hospitals and residential institutions definition?	
Do you have any responsibilities for reporting to FluWatch for your facility?	

Ethical Issues

Are there any privacy issues regarding the reporting of communicable diseases such as HIV in your facility?

Appendix A: List of Reportable Communicable Diseases in BC

Schedule A: Reportable by all sources, including Laboratories

Acquired Immune Deficiency Syndrome
Anthrax
Botulism
Brucellosis
Chancroid
Cholera
Congenital Infections:
 Toxoplasmosis
 Rubella
 Cytomegalovirus
 Herpes Simplex
 Varicella-Zoster
 Hepatitis B Virus
 Listeriosis and any other congenital infection
Creutzfeldt-Jacob Disease
Cryptococcal infection
Cryptosporidiosis
Cyclospora infection
Diffuse Lamellar Keratitis
Diphtheria:
 Cases
 Carriers
Encephalitis:
 Post-infectious
 Subacute sclerosing panencephalitis
 Vaccine-related
 Viral
Foodborne illness:
 All causes
Gastroenteritis epidemic:
 Bacterial
 Parasitic
 Viral
Genital Chlamydia Infection
Giardiasis
Gonorrhea – all sites
Group A Streptococcal Disease, Invasive
H5 and H7 strains of the Influenza virus
Haemophilus influenzae Disease,
 All Invasive, by Type
Hantavirus Pulmonary Syndrome
Hemolytic Uremic Syndrome (HUS)
Hemorrhagic Viral Fevers
Hepatitis Viral:
 Hepatitis A
 Hepatitis B
 Hepatitis C
 Hepatitis E
Other Viral Hepatitis
Human Immunodeficiency Virus Infection
Leprosy
Lyme Disease
Measles
Meningitis: All causes
 (i) Bacterial:
 Haemophilus
 Pneumococcal
 Other

(ii) Viral
Meningococcal Disease, All Invasive
 including “Primary Meningococcal
 Pneumonia” and “Primary Meningococcal
 Conjunctivitis”
Mumps
Neonatal Group B Streptococcal Infection
Paralytic Shellfish Poisoning (PSP)
Pertussis (Whooping Cough)
Plague
Poliomyelitis
Rabies
Reye Syndrome
Rubella
Severe Acute Respiratory Syndrome (SARS)
Smallpox
Streptococcus pneumoniae Infection, Invasive
Syphilis
Tetanus
Transfusion Transmitted Infection
Tuberculosis
Tularemia
Typhoid Fever and Paratyphoid Fever
Waterborne Illness
 All causes
West Nile Virus Infection
Yellow Fever

Schedule B: Reportable by Laboratories only

All specific bacterial and viral stool pathogens:

(i) *Bacterial:*

Campylobacter
Salmonella
Shigella
Yersinia

(ii) *Viral*

Amoebiasis
Borrelia burgdorferi infection
Cerebrospinal Fluid Micro-organisms
Chlamydial Diseases, including Psittacosis
Creutzfeldt-Jacob Disease
Cryptococcal Infection
Herpes Genitalis
Human Immunodeficiency Virus Infection
Influenza virus, including the H5 and H7 strains
Legionellosis
Leptospirosis
Listeriosis
Malaria
Q Fever
Rickettsial Diseases
Severe Acute Respiratory Syndrome (SARS)
Smallpox
Tularemia
West Nile Virus Infection

July 2009

As per Health Act Communicable Disease Regulation B.C. Reg.

4/83 O.C. 6/83

includes amendments up to B.C. Reg. 70/2008, April 10, 2008

http://www.qp.gov.bc.ca/statreg/reg/H/Health/4_83.htm

PICNet welcomes your comments and feedback on these modules.
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