

Be Alert for Idaho Health Alerts: your source for public health information

“Ebola Virus Disease: New PPE Guidelines, Instructions for Public Health Consultation and Reporting, and Patient Evaluation and Management,” “Request to Report Acute Limb Weakness in Idaho Children,” and “Enterovirus Infection and Severe Respiratory Illness in Children: Information for Idaho Providers” are examples of recent Health Alert Network (HAN) messages sent by Idaho Public Health Districts (PHDs) to Idaho healthcare providers. If you are not receiving these important health messages, please consider registering in the Idaho HAN. During preparations to receive a patient with Ebola virus disease in Idaho, many healthcare providers sought information from state and local public health agencies that Idaho HAN participants received through timely messages.

The Idaho HAN is an automated system designed to rapidly deliver targeted, time-critical, or updated health-related information, such as new or emerging agents in or threatening Idaho residents, disease management guidelines, increases in disease incidence, and clusters of disease of public health concern in a geographic area, including requests for participation in identifying and reporting cases.

PHDs have primary responsibility for communicating health messages to Idaho healthcare providers through the Idaho HAN. Health messages of national or statewide importance that originate from the Centers for Disease Control and Prevention (CDC) or the Idaho Department of Health and Welfare, Division of Public Health are tailored for local Idaho providers by PHDs before distribution.

Types of information that might be included in a health message sent through the HAN are:

- How to report cases of disease to public health agency officials
 - Outbreak investigation-specific information including, but not limited to, the geographic area involved, at-risk populations, patient information to report to public health, clinical signs and symptoms, specimen testing information, treatment guidelines and recommendations, and patient management
 - Information on disease-specific incidence in the community
 - Reports of unusual cases of disease in the community (including calls for cases)
 - The first reported case of illness or death associated with a seasonal disease (*e.g.*, West Nile virus)
 - Immunization information including vaccine availability (*e.g.*, shortages), changes to immunization recommendations, and vaccination clinics sponsored by the PHD
 - Educational opportunities sponsored by the PHD for patients with chronic diseases (*e.g.*, diabetes) or engaging in health risk behaviors (*e.g.*, tobacco cessation)
 - Updates to guidelines for treatment, testing, or management of certain diseases
 - Announcements targeted to the medical community for situational awareness (*e.g.*, poor air quality advisories, services provided by the PHD)
- Messages are tagged as “Alerts,” “Advisories,” “Updates,” or “Info” to let the recipient know the



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HEALTH & WELFARE

DIVISION OF
PUBLIC HEALTH

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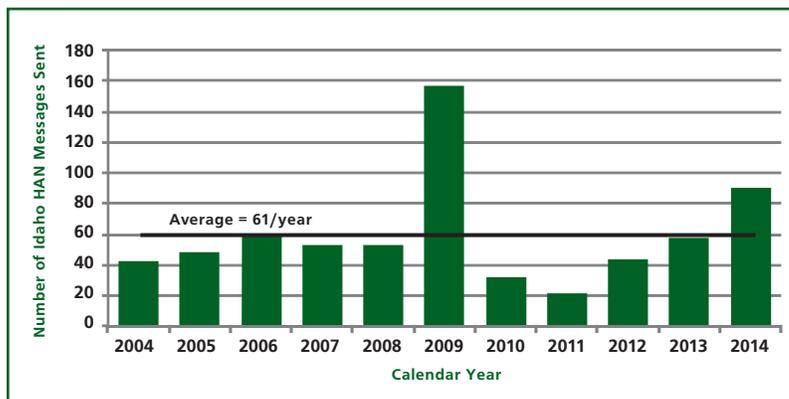
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Figure 1. Frequency of Idaho Health Alert Network messages disseminated by year, 2004–2014.*



*PHD 2 used the Idaho HAN system for disseminating health messages only during the years 2004, 2005, 2007, and 2008. PHD 3 did not use the Idaho HAN system to disseminate health information during the years 2007–2011. The spike in 2009 coincided, in part, with the influenza A (H1N1) pandemic.

level of importance, the immediacy of the action requested, and whether the message is an update to a previous message or is informational only.

Health messages are generated sparingly: the total number of messages disseminated in Idaho since 2004 has ranged from 23 to 157 per year (Figure 1). The average number of messages disseminated by each PHD ranges from 6 to 14 per year, excluding test messages (Figure 2). Test messages, which do not require a response, are sent at least twice per year. PHDs target recipients based on the information in the message and its relevance to the roles

**ROUTINE 24-Hour
Disease Reporting Line
1.800.632.5927**

**EMERGENCY 24-Hour
Reporting Line
1.800.632.8000**

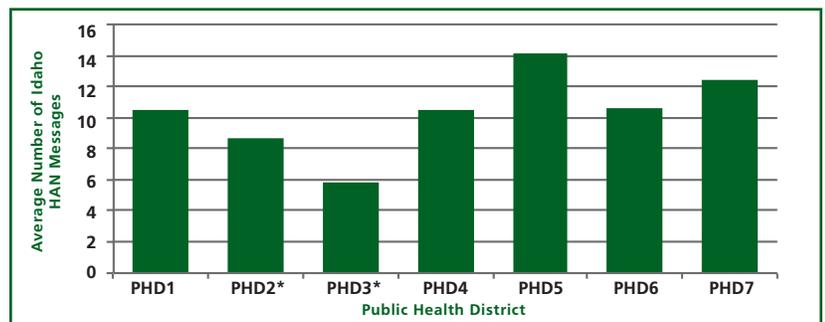
An electronic version of the Idaho Reportable Diseases Rules may be found at <http://adminrules.idaho.gov/rules/current/16/0210.pdf>.
Current and past issues are archived online at www.idb.dhw.idaho.gov.

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(e.g., primary care physician, veterinarian) the message recipient self-identifies in their Idaho HAN profile.

Healthcare providers can receive messages via e-mail after registering with the Idaho HAN. Text messaging will be available before July 1, 2015. To register with the Idaho HAN, visit the Idaho HAN registration page: https://health.dhw.idaho.gov/IDHAN/Form/User/register_user.aspx. If you experience technical difficulties registering, please refer to the “Contact Us” link on the left side of the registration page to find out how to contact your local PHD. The Idaho HAN is sponsored by the Division of Public Health’s Public Health Preparedness Program under a cooperative agreement with the CDC.

Figure 2. Average annual number of Health Alert Network messages disseminated by Public Health District* — 2004–2014.



*Averages for PHD 2 and PHD 3 are based on the years the Idaho HAN was used to disseminate health messages (See Figure 1.)

Unusually High Pertussis Incidence Continues in Idaho

From January 1 through November 15 of this year 332 cases of pertussis have been reported to public health officials. This represents the second highest year-to-date incidence of reported cases in Idaho in the last 25 years. One Idaho infant has died this year because of pertussis.

Rates of pertussis this year are highest among children aged 7–17 years. These children and adolescents can unknowingly spread the infection to their younger siblings, relatives, and contacts in daycares and schools. Adolescents should receive a dose of Tdap at 11 to 12 years of age, at the same time they are getting their vaccines against meningitis and human papilloma virus.

Figure. Weekly counts of reported cases of pertussis during January–November, 15, 2014 compared with the nine-year average.

