

Surveillance Indicators for Selected VPDs

(please make sure the following data is completely and accurately entered in WVEDSS before submission to your Regional Epidemiologist and/or the state for review)

Haemophilus influenzae

- complete demographic information (name, address, gender, ethnicity, race, date of birth)
- clinical case definition (is it confirmed/probable/not a case, etc.)
- date of symptom onset
- date of report to public health
- vaccination history (including dates)
- serotype
 - please remind providers in your county to submit specimens to OLS for serotyping
- specimen source
- type of infection

Measles

- complete demographic information (name, address, gender, ethnicity, race, date of birth)
- clinical case definition (is it confirmed/probable/not a case, etc.)
- date of symptom onset
- date of report to public health
- vaccination history (including dates)
- hospitalization
- laboratory testing information
 - at least one clinical specimen should be submitted to CDC for viral isolation testing
- transmission setting
- epidemiologic data
 - part of an outbreak
 - epi-linked to another case
 - contact tracing completed

Meningococcal Disease

- complete demographic information (name, address, gender, ethnicity, race, date of birth)
- clinical case definition (is it confirmed/probable/not a case, etc.)
- date of symptom onset
- date of report to public health
- vaccination history (including dates)
- serogroup
- type of infection

Mumps

- complete demographic information (name, address, gender, ethnicity, race, date of birth)
- clinical case definition (is it confirmed/probable/not a case, etc.)
- date of symptom onset
- date of report to public health
- vaccination history (including dates)
- hospitalization
- laboratory testing information (appropriate mumps testing is available through CAMC)
- transmission setting
- epidemiologic data
 - part of an outbreak
 - epi-linked to another case
 - contact tracing completed

Pertussis

- complete demographic information (name, address, gender, ethnicity, race, date of birth)
- clinical case definition (is it confirmed/probable/not a case, etc.)
- date of symptom onset
- date of report to public health
- vaccination history (including dates)
- complications (including information on hospitalization, presence of whoop, post-tussive vomiting, and paroxysmal cough, apnea, chest x-rays for pneumonia, seizures and encephalopathy)
- antibiotic treatment
- laboratory testing (if it was not done, please indicate that)
- epidemiologic data
 - part of an outbreak
 - epi-linked to another case
 - contact tracing completed

Rubella

- complete demographic information (name, address, gender, ethnicity, race, date of birth)
- clinical case definition (is it confirmed/probable/not a case, etc.)
- date of symptom onset
- date of report to public health
- vaccination history (including dates)
- hospitalization
- laboratory testing information
- transmission setting
- epidemiologic data
 - part of an outbreak
 - epi-linked to another case
 - contact tracing completed
- Pregnancy status of confirmed cases among women of child-bearing age

Invasive *Streptococcal pneumoniae*

- complete demographic information (name, address, gender, ethnicity, race, date of birth)
- clinical case definition (is it confirmed/probable/not a case, etc.)
- date of symptom onset
- date of report to public health
- vaccination history (including dates)
- type of infection and specimen source
- underlying medical conditions (even if there are none, there is an option for this)
- antibiotic sensitivity profile
 - please remind providers in your county that antimicrobial sensitivity testing should be completed for all cases of invasive *Streptococcal pneumoniae*
- serotype
 - please remind providers in your county to submit specimens for serotyping at OLS