

## Existing, Emerging, and Re-emerging Communicable Diseases

The Existing, Emerging, and Re-emerging Communicable Diseases priority has four sets of objectives: statewide communicable disease surveillance and response; vaccine preventable diseases and immunization; foodborne and waterborne disease control; and antibiotic and antimicrobial resistance.

### Progress in Meeting Objectives—Specific Findings

***Vaccine preventable diseases and immunizations.*** This objective seeks to increase the percentage of children and adults who are fully immunized with vaccines recommended for routine use by the national Advisory Committee on Immunization Practices. According to the National Immunization Survey, 82.9% of Wisconsin children aged 19 months to 35 months were fully immunized in 2004, up from 74.2% in 2000 (**2010 target:** 90% or higher).

Among Wisconsin school-age children (grades K-12) in the 2004-2005 school year, 98.0% met the statutory immunization requirement (**2010 target:** 97% or higher). This means they were immunized, on schedule to be immunized, or their parents signed a waiver of the requirement. The percentage for 2004-2005 cannot be compared to earlier data because Milwaukee Public Schools data were not included in the statewide totals beginning in 2003-2004 (due to a computer system change).

An annual flu shot is recommended for adults 65 and older and for people with chronic health conditions. In 2004, an estimated 74% of Wisconsin adults age 65 and older reported they had a flu shot in the previous 12 months (**2010 target:** 90% or higher). This was similar to the proportion of older adults who received a flu shot in previous years (70% in 2001, 74% in 2002, 72% in 2003). Among adults (18 and older) with diabetes, 66% in 2004 (compared with 61% in 2001) reported they had a flu shot in the previous 12 months.

Among adults with diabetes in 2002-2004, African Americans were less likely than whites to have received a flu shot in the past 12 months (63% vs. 67%) and less likely to have ever received a pneumonia shot (49% vs. 60%).

***Foodborne and waterborne disease control.*** (Findings listed under *Environmental and Occupational Health Hazards.*)

***Statewide communicable disease surveillance and response.*** According to results of the HFS 140 reviews conducted in 93 of 94 local health departments in 2005, all met the following objectives:

*By 2010, at least 85% of communicable disease reports will be received by the local or state public health agency within the timeframe specified by HFS 145.04(3)(a) and HFS 145.04(3)(b).*

*By 2010, 100% of local health departments will have documented capacity to respond to outbreaks of communicable disease as defined by HFS 140.*

### Selected Accomplishments and DHFS Activities

- Developed the Wisconsin Pandemic Influenza Plan, which is considered the “gold standard” for state plans by the U.S. Centers for Disease Control and Prevention.
- Created a West Nile Virus surveillance system, including other arboviral diseases (La Crosse, St. Louis).
- Enhanced surveillance for Lyme disease, Ehrlichiosis and other tick-borne diseases, invasive bacterial diseases, and variant Creutzfeldt-Jakob disease cases.
- Began influenza-like illness surveillance and enhanced avian influenza surveillance.
- Established the Wisconsin Antibiotic Resistance Network to promote appropriate antibiotic use in order to reduce antibiotic-resistant organisms.
- Developed and tested a state and local Public Health Preparedness System for bioterrorism and disease outbreak.
- Participated in developing the Wisconsin Animal Health Emergency Plan.
- Increased epidemiologic capacity by adding epidemiologists in the public health consortia.
- Increased investigations of food and waterborne disease outbreaks, from an annual average of 24 investigations in 2000-2003 to 43 in 2004.
- Based on screening of Hmong refugees, the U.S. State Department initiated a Hepatitis A vaccination campaign in the Thai camp, ending an outbreak among refugees nationwide.
- Vaccination program helped decrease Hepatitis A on American Indian reservations.

### New and Emerging Issues

- To assure both common language and common processes in managing disasters and threats to communities, public health preparedness officials in state and local governmental agencies are moving toward the concept of Incident Command System (ICS). All agencies that receive federal preparedness funding must use ICS, which is part of the National Incident Management System. Key managers are required to take the full series of ICS courses with curricula developed by the U.S. Department of Homeland Security. Emergency management plans are in place; DHFS has completed exercises with partner agencies and local health departments.
- Methicillin-resistant Staphylococcus aureus (MRSA): Currently designing a new surveillance plan for community-acquired MRSA.