

SURVEILLANCE SYSTEM

Surveillance of reportable diseases is the ongoing systematic collection, analysis, and dissemination of health data about cases that meet the case definitions for infectious conditions as published by the Centers for Disease Control and Prevention (MMWR; May 2, 1997/vol.46/No. RR-10). These case definitions and any revisions to them are available on the CDC website, http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm.

The data provide the basis for detecting disease outbreaks, for identifying person characteristics, and for calculating incidence, geographic distribution, and temporal trends. They are used to initiate prevention programs, evaluate established prevention and control practices, suggest new intervention strategies, identify areas for research, document the need for disease control funds, and help answer questions from the community.

Data collected are reported weekly to the National Notifiable Diseases Surveillance System (NNDSS) operated by the Centers for Disease Control and Prevention. There the data are combined for national analyses and are reported in the weekly publication, *Morbidity and Mortality Weekly Report*. Ongoing analysis of this extensive database has led to better diagnosis and treatment methods, national vaccine schedule recommendations, changes in vaccine formulation, and the recognition of new or resurgent diseases. Selected data also are reported in the *Kentucky Epidemiologic Notes and Reports*.

Kentucky Revised Statue 214.010 mandates reporting by physicians. Under the authority of the general preventable disease statute, KRS 211.180, the Cabinet for Health Services has also promulgated an administrative regulation, 902 KAR 2:020, which extends reporting responsibility to hospitals, clinical laboratories, nurses, and all other health care professionals. Despite this legal framework the system depends on active, voluntary participation of medical personnel.

Adverse health data for the 2003 calendar year are reported on the Kentucky Reportable Disease Form (EPID 200, rev. Jan/01) to the local health department or the Kentucky Department for Public Health. Local health department surveillance personnel investigate case reports and proceed with the recommended public health measures, requesting assistance from the Division of Epidemiology and Health Planning when needed. A Desk Reference with case definitions, the EPID 200 form, and supplemental forms on certain diseases, is available to all health departments, hospitals, and other health care providers to assist their reporting. Reports are forwarded to the Division of

Epidemiology and Health Planning by mail or fax or in urgent circumstances may be reported by telephone (**toll-free 1-888-973-7678**) 24 hours a day, seven days a week. When reports are received, they are scrutinized carefully and, when appropriate, additional steps are initiated to assist local health departments in planning interventions.

Explanatory Notes

The reporting period for the data in this report is December 29, 2002, through January 3, 2004. Frequency counts include only cases reported as having occurred during this time period and confirmed in accordance with the case definitions.

The EPID 200A and EPID 200 on pages 7 and 9 respectively were revised in January 2003 to reflect changes in the reporting regulation and the reporting FAX number. These documents are available on the CHS web site, <http://chs.ky.gov/publichealth/>.

Population figures used in computing rates for the time period are based on 2001 estimates from the Kentucky State Data Center, Urban Studies Institute, University of Louisville, Louisville, Kentucky.

All maps provide disease incidence rates by Kentucky Area Development Districts, which may differ from the local health department districts in composition.