

Lincoln County Communicable Disease Response Plan

January 2023

This document contains the plans and protocols regarding the investigation, identification, and containment of illnesses caused by pathogens, radiological hazards, and toxins. This is a hazard-specific annex to the Lincoln County All-Hazards Emergency Operations Plan. Should an actual event occur, the response may vary depending on the type of emergency situation. This plan will be reviewed and updated annually or as necessary by the Health Director, Public Health Emergency Preparedness Coordinator, or designee. This version supersedes all previous versions of this document.

Promulgation of Authorization

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public’s health and safety in Lincoln County against communicable diseases. City-County Board of Health for Lincoln County acknowledges that Lincoln County Health Department has the responsibility and duty to execute this plan in defense of public health.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. Lincoln County Health Department, in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercise required to support this plan.

All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the Public Health Emergency Preparedness and Response Capabilities National Standards (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

All partners and stakeholders are responsible for advising Lincoln County Health Department of any changes in their own procedures or operations that could affect any emergency responses undertaken.

This plan is hereby approved for implementation. It supersedes all previous editions.



Signature
Amy Fantozzi, Chair
Board of Health

1-10-2023

Date



Signature
Brad Black, MD
Health Officer

1-12-2023

Date

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
1/2016	Total re-write		
3/2020	Updated active surveillance contact list and expanded active surveillance list.		
2/2022	Added paragraph about outbreaks and emergency events		
1/2023	Added promulgation of authorization. Updated active surveillance contact list.		

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Introduction

Communicable disease outbreaks, epidemic and pandemics are a threat to the public health and well-being. This plan was developed to be specific for guidelines for the prevention, mitigation and response to communicable diseases. Montana law requires the reporting of suspected communicable diseases to the local Health Department. Timely reporting of suspected disease helps public health officials to conduct follow-up on cases of significance to protect the public's health, limit further spread of disease and assure that those affected are screened and treated appropriately. This will also help identify outbreaks or emerging health concerns.

Purpose

This plan was developed to ensure communicable disease monitoring and to reduce disease-related morbidity and mortality in an effort to save lives, mitigate loss and assist in preventing further catastrophe. The role of the LCHD is to:

- Gather and report communicable disease data: As directed by Montana ARM Chapter 114, data regarding reportable illnesses in the jurisdiction to Montana Department of Health and Human Services (DPHHS) will be gathered and sent in a confidential manner
- Education: Provide accurate and comprehensive information about communicable diseases to the affected individual and provide guidance to health professionals as needed
- Delineate responsibilities to LCHD staff members: A team approach is considered the most successful manner to monitor and respond to emergency events
- Create a partnership with key surveillance partners and stakeholders: Communicate with designated key surveillance partners regarding the most effective methods of reporting and response during planning

Scope & Authority

This communicable disease response plan is limited in scope to events that affect or potentially affect public health. This plan also contains activities that will be conducted during non-emergency phases. The implementation and responsibility of activation of the response portion of this plan is the Health Department Director, Health Officer, Board of Health or appointed designee(s) of these listed individuals and entities.

Protocol

Reportable diseases and suspicious trends should be reported to the Health Department as soon as possible for investigation. Those requiring immediate reporting include: Anthrax, Botulism, Plague, Poliomyelitis, SARS-CoV disease, Smallpox, Tularemia, Viral Hemorrhagic Fevers or any unusual illness or cluster of illnesses. A list of these reportable diseases and conditions and the timelines within which they must be reported are found on Appendix A. Reportable diseases fall within HIPAA medical privacy exceptions for release of information; therefore, patient consent is not required.

Reporting Contacts

For reporting during regular hours: Monday–Friday 8:00–5:00 phone the Communicable Disease Coordinator at 406-283-2463 or fax reports to 406-283-2466.

For reporting after hours, holidays and weekends follow the 24/7 Emergency Contact System Protocol by calling the Lincoln County Sheriff's Office Dispatch. Dispatch will call the public health call down list until someone is available to take the report:

- **Health Department 24/7 contact: Lincoln County Sheriff's Department Dispatch at 406-293-4112.**

If you are unable to locate anyone locally and the report requires immediate response, please phone the Department of Public Health and Human Services (DPHHS) Communicable Disease 24/7 reporting number at 406-444-3075 and they will put you in contact with someone from CD/EPI at DPHHS.

Routine Disease Surveillance Protocol

The following protocol has been developed to ensure consistency in reporting and investigation of reportable communicable diseases. This protocol is applicable to all communicable diseases that may be reported in Lincoln County.

Disease reports may be received by LCHD by phone or confidential fax from hospitals, laboratories, physicians, the State Health Department, individuals or other health jurisdictions.

All reports will be reviewed by the Communicable Disease Coordinator, Disease Intervention Specialist or a team member within 24 hours of receipt. The team member assigned will be responsible for case investigation, implementation of control measures and follow up, and completion and submission of reporting forms.

In the event of a report of communicable disease the following steps should be taken:

1. Confirm the report of communicable disease. This may be done by contacting the laboratory or health-care provider.
2. If the report comes as a result of testing by a physician.
 - a. Contact the physician to coordinate notification of the patient, assure that the physician knows the diagnosis and has communicated that to the patient before the Health Department makes contact with the patient.
 - b. Physicians should also be encouraged to inform the patient that the Health Department may be calling to investigate communicable diseases.

3. Notify other professionals as necessary. This may include:
 - a. The Sanitarian in cases of food borne illness, rabies or when exposure is not limited to humans.
 - b. The Health Officer and/or other medical providers in cases requiring mass prophylaxis, unusual events or when large numbers of people are involved.
 - c. Veterinarians would be notified in the case of animal illness or when increased surveillance of the animal population is required.
4. If the reported illness involves a case or case contact outside of Lincoln County, fax the information to MT DPHHS at 1-800-616-7460 for referral to the appropriate jurisdiction.
5. Locate the appropriate disease specific form and interviewing tool available from the DPHHS CD/Epi. In the cases of animal bites or potential rabies exposure follow the Rabies Prevention and Control Policy and Procedure.
6. Review recommendations for treatment, isolation and communicability. The standard resource is the current American Public Health Association Control of Communicable Diseases Manual – current edition is 21st dated 2022.
7. Initiate contact with the individual named in the report maintaining confidentiality in all contacts.
8. Conduct case investigation using the appropriate and most current guidelines. Solicit information about potential source, other contacts and treatment.
9. Educate the client about the disease and appropriate precautions including treatment, work restrictions, follow-up testing and prevention of spread of the disease.
10. Follow-up with any contacts assuring compliance with screening and treatment as appropriate. If contacts are out-of-county, report them via epass or fax to DPHHS.
11. Assure that necessary steps are taken to eliminate exposure of others to disease. This may include closure of food establishments, quarantine of animals or isolation of people. Increased surveillance may be implemented to identify additional cases. In taking these steps the Board of Health may be required to take action.
12. In the event that a communicable disease is of interest to the general public and the media assure that accurate information is given to the media and that client confidentiality is protected. Press releases and media contact are the responsibility of the Public Information Officer in consultation with the Lead Local Public Health Official, Health Officer or Board of Health.

13. Cases will be reported to MT DPHHS within 7 days or within the time guidelines for that specific disease.
14. For most reportable communicable diseases, data entry is required through Montana Infectious Disease Information System (MIDIS) to complete case reports. Those diseases requiring paper forms may be faxed via the MT DPHHS confidential fax line 1-800-616-7460. *Email is not an acceptable method of disease reporting.*
15. Conduct ongoing surveillance and case investigation until all cases have resolved and potential incubation periods have expired.
16. Highly active surveillance will be utilized to solicit case reports throughout an outbreak or as long as the potential remains utilizing the active surveillance contact list.

During outbreaks, emergency events or a surge in cases, prioritization of cases may have to occur. The prioritized individuals will be those at highest risk of severe disease and congregate settings (schools, long term care facilities, corrections, group homes, etc.). During these events, staff may be pulled from other health department duties and trained in proper case investigation and contact tracing.

Active Surveillance Protocol

The following active surveillance contact list is utilized by the Communicable Disease Coordinator to conduct ongoing surveillance on a weekly basis. This is not an exhaustive list of providers or surveillance partners.

In the event of an outbreak or public health emergency the following expanded contact list would be contacted on a daily or more frequent basis to elicit case reports and assure ongoing reporting. Providers would be contacted by phone and/or fax as appropriate.

In the event of a mass outbreak or public health emergency all providers in Lincoln County would be notified of events however the following people have been designated as key contacts and are responsible for dissemination of information within their facilities.

Active surveillance contact list:

Name	Title	Phone	Email	Cell Phone
Quinn Nordwick	CPMC Lab	406-283-7090	qnord@cabinetpeaks.org	
Lacey Poirier	CPMC Infection Control	406-283-7059	lacpoi@cabinetpeaks.org	
Emily Gary	Libby Clinic Nurse	406-293-8711	emilygary25@yahoo.com	

Allison Mischenko	CHC Nurse	406-283-6912	allison.mischenko@northwestchc.org	
Krystal Fleenor	Eureka Health Nurse	406-297-3145	kfleenor@logan.org	

Expanded active surveillance contacts:

Name	Title	Phone	Email	Cell Phone
Sarah Soete	Libby Care Center Nurse	406-293-6285	ssoete@cascadiahc.com	
Dan Demmerly	Mountain View Manor Administrator	406-297-2541	ddemmerly@good-sam.com	
Joel Graves	Superintendent, Eureka School District	406-297-5650	jgraves@teameureka.net	
Ron Goodman	Superintendent, Libby School District	406-293-8811	goodmanrw@libbyschools.org	
Jacob Francom	Superintendent, Troy School District	406-295-4606	jfrancom@troyk12.org	

Appendix A

Communicable Disease Reporting in Montana

Immediately report suspected or confirmed cases to your [local health department](#)
If your Local Public Health Jurisdiction is unavailable – Call 406-444-0273 (available 24/7)

All reportable diseases listed below whether suspected or confirmed, or any unusual incident of unexplained illness or death in a human or animal with potential human health implications must be reported immediately to your local health jurisdiction as required by the Administrative Rules of Montana ([ARM 37.114.203](#))

Acquired Immune Deficiency Syndrome (AIDS)	Lyme disease
Anaplasmosis	Lymphogranuloma venereum
Anthrax ^①	Malaria
Arboviral diseases, neuroinvasive and non-neuroinvasive ^① (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)	Measles (rubeola) ^①
Arsenic poisoning (urine levels ≥ 70 micrograms/liter total Arsenic, or ≥ 35 micrograms/liter methylated plus inorganic arsenic)	Meningococcal disease (<i>Neisseria meningitidis</i>) ^①
Babesiosis	Mercury poisoning (urine level ≥ 200 micrograms/liter or urine level ≥ 20 micrograms/liter elemental mercury/gram of creatinine or blood level ≥ 10 micrograms/liter elemental, organic, and inorganic mercury)
Botulism (infant, foodborne, other, and wound) ^①	Mumps
Brucellosis ^①	Pertussis
Cadmium poisoning (blood level ≥ 5 micrograms/liter or urine level ≥ 3 micrograms/liter)	Plague (<i>Yersinia pestis</i>) ^①
Campylobacteriosis	Poliomyelitis ^①
<i>Candida auris</i> ^①	Psittacosis
Chancroid	Q Fever (<i>Coxiella burnetii</i>), acute and chronic
<i>Chlamydia trachomatis</i> infection	Rabies, human ^① and animal (including exposure to a human by a species susceptible to rabies infection)
Coccidioidomycosis	Rubella, including congenital ^①
Colorado tick fever	Salmonellosis (including <i>Salmonella</i> Typhi and Paratyphi) ^①
Cryptosporidiosis	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease ^①
Cyclosporiasis	Shigellosis ^①
Dengue virus infection	Smallpox ^①
Diphtheria ^①	Spotted fever rickettsiosis
Ehrlichiosis	<i>Streptococcus pneumoniae</i> , invasive disease
<i>Escherichia coli</i> , Shiga-toxin producing (STEC) ^①	Streptococcal toxic shock syndrome (STSS)
Gastroenteritis outbreak	Syphilis
Giardiasis	Tetanus
Gonorrheal infection	Tickborne relapsing fever
Granuloma inguinale	Toxic shock syndrome, non-streptococcal (TSS)
<i>Haemophilus influenzae</i> , invasive disease ^①	Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Hansen's disease (leprosy)	Trichinellosis (Trichinosis) ^①
Hantavirus pulmonary syndrome/infection ^①	Tuberculosis ^① (including latent tuberculosis infection)
Hemolytic Uremic Syndrome, post-diarrheal	Tularemia ^①
Hepatitis A, acute	Varicella (chickenpox)
Hepatitis B, acute, chronic, perinatal	<i>Vibrio cholerae</i> infection (Cholera) ^①
Hepatitis C, acute, chronic,	Vibriosis ^①
Human Immunodeficiency Virus (HIV)	Viral hemorrhagic fevers
Influenza (including hospitalizations and deaths) ^①	Yellow fever
Lead Poisoning (blood levels ≥ 5 micrograms/deciliter)	Outbreak in an Institutional or congregate setting
Legionellosis	
Leptospirosis	
Listeriosis ^①	

^①a specimen must be sent to the Montana Public Health Laboratory for confirmation. Additional specimens may be requested by CDEpi.

