

Administrative Statistics, Statewide and Regionally

Report Time Period: 04/01/2009 – 06/30/2009

Foodborne Diseases

Days from Onset to Referral					Days from Referral to Completion				
Location	N	Average	Median	Max	Location	N	Average	Median	Max
R1	55	10.85	9	28	R1	100	10.59	8	35
R2N	104	11.59	10	45	R2N	130	9.05	7	55
R2S	79	9.28	8	51	R2S	144	23.02	21	68
R3	35	9.11	8	32	R3	54	9.26	7	69
R5	79	11.85	10	49	R5	97	7.67	5	50
R6	73	9.81	7	36	R6	97	15.94	9	61
R7	42	7.81	7	28	R7	47	12.77	9	74
R8	27	11.89	8	38	R8	31	13.48	13	48
Statewide	494	10.44	8	51	Statewide	700	13.37	9	74

Hepatitis – Acute Viral: A, B, C, D, E

Days from Onset to Referral					Days from Referral to Completion				
Location	N	Average	Median	Max	Location	N	Average	Median	Max
R1	1	19	19	19	R1	24	10.83	8	55
R2N	8	10	8	21	R2N	17	8.88	7	31
R2S	6	8.33	5	23	R2S	51	25.18	20	91
R3	6	14.33	9	41	R3	58	5.97	3	40
R5	2	6.5	7	10	R5	36	7.81	1	55
R6	8	15	12	38	R6	15	18.27	12	62
R7	2	24.5	25	42	R7	6	24.5	25	46
R8	3	2	2	3	R8	6	18.83	15	56
Statewide	36	11.75	8	42	Statewide	213	13.41	7	91

Meningitis

Days from Onset to Referral					Days from Referral to Completion				
Location	N	Average	Median	Max	Location	N	Average	Median	Max
R1	56	6.04	5	22	R1	79	8.19	7	27
R2N	77	7.48	6	43	R2N	108	4.45	3	41
R2S	60	8.03	6	26	R2S	118	23.63	22	76
R3	24	5.67	4	16	R3	48	4.44	3	25
R5	35	8.57	5	40	R5	49	10.8	5	52
R6	53	7.28	6	30	R6	65	13.75	12	41
R7	12	5.58	6	13	R7	15	10.27	7	40
R8	4	9	9	17	R8	3	18.67	20	20
Statewide	321	7.23	6	43	Statewide	485	11.88	7	76

Other Diseases

Days from Onset to Referral					Days from Referral to Completion				
Location	N	Average	Median	Max	Location	N	Average	Median	Max
R1	101	5.15	5	19	R1	186	6.09	3	43
R2N	495	5.21	4	89	R2N	1147	19.57	18	74
R2S	415	4.77	3	27	R2S	952	8.25	2	64
R3	90	6.68	5	39	R3	146	6.49	4	74
R5	108	5.84	5	46	R5	198	4.37	3	42
R6	178	6.63	4	55	R6	430	11.75	12	76
R7	26	8.19	6	32	R7	43	6.02	4	58
R8	25	7.4	5	31	R8	38	14.84	11	36
Statewide	1438	5.49	4	89	Statewide	3141	12.46	7	76

Vaccine Preventable Diseases

Days from Onset to Referral					Days from Referral to Completion				
Location	N	Average	Median	Max	Location	N	Average	Median	Max
R1	60	7.83	6	40	R1	96	7.43	5	36
R2N	92	12.22	9	92	R2N	135	8.78	7	44
R2S	71	10.61	8	59	R2S	146	12.08	7	56
R3	113	7.98	7	35	R3	147	6.59	6	38
R5	39	8.64	7	25	R5	67	6.84	2	49
R6	53	11.43	10	64	R6	100	7.89	6	56
R7	25	8.32	6	30	R7	28	5.57	2	32
R8	19	6.37	6	19	R8	20	10.1	7	33
Statewide	472	9.58	7	92	Statewide	739	8.44	6	56

Vectorborne Diseases

Days from Onset to Referral					Days from Referral to Completion				
Location	N	Average	Median	Max	Location	N	Average	Median	Max
R1	2	13.5	14	16	R1	7	8.43	6	23
R2N	9	14.78	11	56	R2N	18	13.67	12	51
R2S	1	9	9	9	R2S	13	27.92	27	60
R3	1	5	5	5	R3	4	9	7	22
R5	5	16	12	27	R5	9	3.89	2	10
R6	4	21.25	16	48	R6	9	9.33	8	23
R7	2	7	7	11	R7	5	12.8	11	24
8	6	13.67	5	36	R8	15	12.73	11	34
Statewide	30	14.5	10	56	Statewide	80	13.48	10	60



Administrative Reports Interpretation Guide

Dates:

Onset Date=the first day the case experienced symptoms. This date is a user-generated value and may not be available for all cases.

Referral Date=theoretically the date the case was referred to the Health Department and therefore entered into the MDSS. This date is automatically generated by the system as the date the case was entered into the MDSS but can be changed manually if desired, but must be no more than 90 before the system generated date. This value is available for all cases.

Completion Date=the date the case was marked as “completed.” This date is a system-generated value, is only available for cases marked as “completed” in the investigation status field. It will not change even if a case is reopened in the future. .

Please consider:

To be included in the analysis, a case must have an onset date during the specified time period (if onset date is missing, then referral date is used).

If a case is not “completed,” the number of days from referral to completion is not available and it will not be included in the Referral to Completion analysis.

If the onset date is missing, the number of days from onset to referral is not available for that case and will not be included in the Onset to Referral analysis.

Prior to the March 13th, 2009 MDSS upgrade if a case were re-opened and the investigation status marked as “completed” a second time, the case completion date was changed to the most recent date. For example, if a case was completed on Jan 1st, 2005 and then re-opened and completed again on March 1st, 2005 the completion date available for calculation is March 1st, 2005. For cases marked completed after the March 13th, 2009 MDSS upgrade, the original case completion date is static and will not change even if the case is reopened.

Theoretically, referral date is the date that the case is received by the local health department and therefore entered into the MDSS, however, this is not always the case and the referral date is changeable by the LHD.

**Statistics:**

N=number of cases used to determine the Average and Maximum values

Average=the average (also called the mean) number of days between the Onset Date the Referral Date (or between the Referral Date and the Completion Date). Additionally, the mean can be influenced by outlying values.

Median= the middle number in a given sequence of numbers

Maximum=the largest number of days between Onset to Referral (or Referral to Completion)

Additional points to consider when interpreting this report:

It is important to keep in mind that administrative report results can vary widely. Factors affecting the administrative report results include:

- 1) The date on which the report is run. The specific cases included in the analysis can change as cases are entered, investigated and closed.
- 2) The number of cases / characteristics of cases included in the analysis. Small sample sizes (N) are subject to outlying data. For example, if your jurisdiction only has a couple of VPDs during a certain time frame and it takes an unusually long time to investigate one of them or a lab report was delayed, the time between Onset and Referral and Referral and Completion may be artificially elevated. Additionally, remember that the mean is more likely to be influenced by outlying values than the median.



Disease within Categories:

Foodborne:

Amebiasis
 Botulism - Foodborne
 Campylobacter
 Cryptosporidiosis
 Escherichia coli O157:H7
 Giardiasis
 Listeriosis
 Salmonellosis
 Shiga toxin, E. Coli, Non O157
 Shiga toxin, E. Coli, Unsp
 Shigellosis
 Typhoid Fever
 Yersinia enteritis

Meningitis:

Meningitis - Aseptic
 Meningitis - Bacterial Other
 Meningococcal Disease
 Streptococcus pneumoniae, Inv

Other Diseases:

Anthrax
 Blastomycosis
 Botulism - Infant
 Botulism - Other
 Brucellosis
 Cholera
 Coccidioidomycosis
 Creutzfeldt-Jakob Disease
 Cryptococcosis
 Cyclosporiasis
 Encephalitis, Post Chickenpox
 Encephalitis, Post Mumps
 Encephalitis, Post Other
 Encephalitis, Primary
 Flu Like Disease*
 Guillain-Barre Syndrome
 Hantavirus
 Hantavirus, Other
 Hantavirus, Pulmonary
 Head Lice
 Hemolytic Uremic Syndrome
 Hemorrhagic Fever
 Hepatitis - Unspecified

Other Diseases Continued

Histoplasmosis
 Influenza
 Influenza, Novel
 Kawasaki
 Legionellosis
 Leprosy
 Leptospirosis
 Plague
 Psittacosis
 Q Fever Acute
 Q Fever Chronic
 Q Fever*
 Rabies Human
 Reye Syndrome
 Rheumatic Fever
 Rubella - Congenital
 Staphylococcus Aureus Infect.
 Strep Pneumo, Drug Resistant
 Strep Throat
 Streptococcal Dis, Inv, Grp A
 Streptococcal Toxic Shock
 Toxic Shock
 Trachoma
 Trichinosis
 Tularemia
 Unusual Outbreak or Occurrence
 VISA
 VRSA
 Vibriosis - Non Cholera

VPD:

Chickenpox (Varicella)
 Diphtheria
 H. influenzae Disease - Inv.
 Measles
 Mumps
 Pertussis
 Polio
 Rubella
 Shingles
 Tetanus
 VZ Infection, Unspecified

**Vectorborne:**

Dengue Fever
Ehrlichiosis*
Ehrlichiosis, Anaplasma
phagocytophilum
Ehrlichiosis, Ehrlichia chaffeensis
Ehrlichiosis, Ehrlichia ewingii
Ehrlichiosis, human granulocytic*
Ehrlichiosis, human monocytic*
Ehrlichiosis, human other/undetermined
Ehrlichiosis human, other, unsp*
Encephalitis, California
Encephalitis, Eastern Equine
Encephalitis, Powassan
Encephalitis, St. Louis
Encephalitis, Western Equine
Lyme Disease
Malaria
Rocky Mt Spotted Fever
Typhus
West Nile Virus
Yellow Fever