To prevent the perinatal transmission of hepatitis B, all pregnant women in Kentucky must be screened for hepatitis B surface antigen (HBsAg). Legislation mandating the testing became effective July 15, 1998. Administrative regulation 902.KAR 2:020 requires all licensed health professionals and facilities to report hepatitis B in a pregnant woman to the local or state health department. For over a decade, the Department for Public Health and local health departments have been tracking pregnant women seen in local health departments and the children born to these women to determine if they are properly immunized against the hepatitis B virus.

In October 1998, Glyn G. Caldwell, MD, Director, Division of Epidemiology and Health Planning and State Epidemiologist, announced expanded hepatitis B surveillance to all pregnant women in the state, not just those receiving prenatal care through local health departments. State and local health department communicable disease staff are tracking the children born to women who are HBsAg positive to assure that they receive a complete hepatitis B immunization series and post-vaccination serology.

About 50 to 60 pregnant women in Kentucky test positive for hepatitis B each year. The tracking process begins when the Surveillance & Investigations Branch receives a report of an HBsAg positive test in either a pregnant woman or in a female between the ages of 15 and 44. The local health department in the county where the woman lives will be asked to contact her provider for information on her pregnancy status, expected date of delivery and birthing center. If the woman’s address is unknown, the surveillance begins in the local health department of the provider who reported the case.

In addition to conducting the local inquiries needed for tracking the child’s birth, immunizations, and testing, local health department staff will be asked to identify the woman’s household and sexual contacts. The contacts will be offered hepatitis B immunizations through either their private provider or their local health department. The woman and her contacts will be referred to appropriate resources for medical evaluation, patient education and follow up.

The Department’s tracking procedures focus on these events:

- initial HBsAg positive test;
- child’s birth, and administration of immune globulin and vaccine dose #1;
- administration of vaccine dose #2 at one month of age;
- administration of vaccine dose #3 at six months of age; and
- post-vaccination testing, i.e., HBsAg and hepatitis B surface antibody (anti-HBs) at 12 months of age.

Complete tracking of a mother-infant pair will begin at the initial test and will end with the child’s test results. Local health department staff will contact clinical laboratories, birthing centers, and individual providers at appropriate times in the tracking process.

Questions related to surveillance and/or clinical issues may be directed to Barbara E. Sonnen, RN, at 502-564-3418, Peggy Wright, RN, at 502-564-3261, or Rhenda Mills, RN, at 502-564-4478. For hepatitis B...
Travelers to certain parts of the world continue to be exposed to yellow fever. Vaccination against the disease is needed for persons who are at risk of exposure. Some countries require yellow fever vaccination for entry.

Vaccination against yellow fever can be provided at authorized Yellow Fever Vaccination Centers only. In Kentucky there are currently 17 authorized Centers providing the vaccine; 15 of the 17 Centers make the vaccination service available to the general public.

Located in nine Kentucky counties, the authorized Centers are:

### AVAILABLE TO THE PUBLIC

<table>
<thead>
<tr>
<th>Center Name</th>
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<th>Phone Number</th>
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<tr>
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<td>Occupational Medicine Dept.</td>
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<td>Alliant Medical Pavilion</td>
<td>Alliant Health System</td>
<td></td>
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<tr>
<td>315 East Broadway</td>
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<tr>
<td>Louisville, KY 40202</td>
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<tr>
<td>Jacob Blum, M.D.</td>
<td>Corporate Health Care, P.S.C.</td>
<td>502-417-7177</td>
</tr>
<tr>
<td>4603 Spring Branch Court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louisville, KY 40241</td>
<td></td>
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</tr>
<tr>
<td>Capital Family Physicians</td>
<td></td>
<td>502-223-0231</td>
</tr>
<tr>
<td>1001 Leawood Drive, Ste. C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frankfort, KY 40601</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phyllis D. Corbitt, M.D.</td>
<td>317 East Main Street</td>
<td>606-858-3219</td>
</tr>
<tr>
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</tr>
<tr>
<td>Wilmore, KY 40390</td>
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<tr>
<td>Cecilia D. Gaynor, M.D.</td>
<td>Travel Clinic</td>
<td>606-325-2721</td>
</tr>
<tr>
<td>2301 Lexington Avenue</td>
<td></td>
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</tr>
<tr>
<td>Ashland, KY 41011</td>
<td></td>
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<tr>
<td>Khaled Jouja, M.D.</td>
<td>Owensboro Mercy Hospital</td>
<td>502-688-4453</td>
</tr>
<tr>
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<td>811 East Parrish Avenue</td>
<td></td>
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<tr>
<td>Owensboro, KY 42303</td>
<td></td>
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<tr>
<td>Kentucky Clinic South</td>
<td>Dept. of Preventive Medicine</td>
<td>606-258-6400</td>
</tr>
<tr>
<td>2400 Greatstone Point</td>
<td></td>
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<tr>
<td>Lexington, KY 40504</td>
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<tr>
<td>Lexington Clinic</td>
<td>100 Trade Street</td>
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<tr>
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<tr>
<td>Associates</td>
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<tr>
<td>Paducah-McCracken County Health</td>
<td>916 Kentucky Avenue</td>
<td>502-444-9631</td>
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<tr>
<td>Trover Clinic</td>
<td>200 Clinic Drive</td>
<td>502-825-7200</td>
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<tr>
<td>University of Louisville</td>
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<tr>
<td>International Travel Clinic*</td>
<td>250 East Liberty Street, Ste. 900</td>
<td>502-852-3691</td>
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<tr>
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* Clinic operated in collaboration with the Louisville-Jefferson County Health Department

### NOT AVAILABLE TO THE PUBLIC

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<tr>
<th>Company</th>
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<tr>
<td>Ashland, Inc.</td>
<td>Corporate Medical Department</td>
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<tr>
<td>P.O. Box 391</td>
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<tr>
<td>Ashland, KY 41114</td>
<td>General Electric Company Appliance Park</td>
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<tr>
<td>GEA Medical Center</td>
<td>Appliance Park, Bldg. 3</td>
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<tr>
<td>Louisville, KY 40225</td>
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Reportable Diseases/Conditions in Kentucky
Cabinet for Health Services
Department for Public Health

902 KAR 2:020 requires health professionals to report the following diseases to the local health department serving the jurisdiction in which the patient resides or to the Department for Public Health. (Copies of 902 KAR 2:020 available upon request.)

I. REPORTING REQUIRED WITHIN 24 HOURS - by telephone or FAX*

Anthrax
Botulism
Cholera
Diphtheria
Enceph. California group
Enceph. Eastern Equine
Enceph. St. Louis
Enceph. Western
Group A streptococcal infection
Infection, invasive
Hansen’s disease
Hantavirus infection
Haemophilus influenzae
Invasive disease
Measles
Meningococcal infection
Pertussis
Plague
Poliomyelitis
Psittacosis
Rabies, human
Rubella
Rubella syndrome, congenital
Syphilis, primary, secondary, early latent or congenital
Tetanus
Toxic shock syndrome
Typhoid fever
Yellow fever

II. REPORTING REQUIRED WITHIN 1 BUSINESS DAY - by telephone or FAX*

E. coli O157:H7
Ehrlichiosis
Hepatitis A
Lyme disease
Malaria
Mumps
Rocky Mountain spotted fever
Shigellosis
Tuberculosis

III. REPORTING REQUIRED WITHIN 5 BUSINESS DAYS

**AIDS
Brucellosis
Chancroid
Chlamydia trachomatis
Enceph. California group
Enceph. Eastern Equine
Enceph. St. Louis
Enceph. Western
Group A streptococcal infection
Infection, invasive
Hepatitis B, acute
Hepatitis B in women or a child born in or after 1992
Hepatitis C, acute
Histoplasmosis
**HIV infection
Influenza virus isolate
Influenza virus isolate
Listeriosis
Malaria
Mumps
Meningococcal infection
Pertussis
Plague
Poliomyelitis
Psittacosis
Rabies post-exposure
Rubella post-exposure
Syphilis, other than primary, secondary, early latent or congenital
Syphilis, primary, secondary, early latent or congenital
Tularemia

IV. REPORTING REQUIRED BY LABORATORIES - preferably within 1 business day.

Campylobacter isolates
Cryptosporidium oocysts
Influenza virus isolate
Salmonella isolates

V. REPORTING REQUIRED IN A TIMELY FASHION - preferably within 72 hours.

Extraordinary number of cases of any disease or condition.

VI. REPORTING REQUIRED WITHIN 3 MONTHS

Asbestosis
Coal workers’ pneumoconiosis
Silicosis

VII. REPORTS of Animal bites shall be reported to the local health department within 12 hours in accordance with KRS 258.065.

Reports shall include:
1. The disease or condition being reported;
2. Patient’s name, age, date of birth, address and telephone number;
3. Physician’s (or reporting institution’s/person’s) name and telephone number;
4. Clinical, epidemiologic, and laboratory information pertinent to the disease.

Mail reports to the local health department or the Surveillance and Investigations Branch, Division of Epidemiology and Health Planning, 275 East Main Street, Frankfort, Kentucky 40621.

* For additional information or to obtain Kentucky Reportable Disease Forms call 502-564-3418; 1-888-973-7678; or FAX 502-564-0542.

** To report HIV/AIDS or obtain report forms in Louisville area - (Bullitt, Henry, Jefferson, Shelby, Spencer, Trimble counties) call the HIV/AIDS Louisville Jefferson County Surveillance Program at 502-574-6574. In all other Kentucky counties contact the HIV/AIDS Branch at 502-564-6539.
CASES OF SELECTED REPORTABLE DISEASES IN KENTUCKY, YEAR TO DATE, (YTD) THROUGH DECEMBER 1998

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<th>1998 YTD</th>
<th>1997 TOTALS</th>
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<td>AIDs</td>
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<tr>
<td>Chlamydia x10</td>
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<td>Gonorrhea x10</td>
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<td>Syphilis, Primary &amp; Secondary</td>
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<td>Group A Strep</td>
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<td>*Hepatitis C</td>
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<td>Meningococcal Infections</td>
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<td>Lyme Disease</td>
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<td>RMSF</td>
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<td>*E. Coli O157:H7</td>
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<td>Hepatitis A</td>
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<td>Motor Vehicle Injury Deaths</td>
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Vaccine Preventable Diseases-December

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Division of Epidemiology and Health Planning Retirees

February 1, 1999

Joyce Bothe, Assistant Director
Doll Morton, Hepatitis Coordinator, Immunization Section
Ova Pittman, Area Supervisor, STD Section
Gene Simmons, MPH, Manager, TB Control Section

March 1, 1999

Clarkson Palmer, MD, MPH, Manager Communicable Disease Branch

Best wishes and many thanks to these committed employees as they begin their retirement. Each one has made significant contributions to the public health needs of Kentucky's citizens. Together they have over 128 years of service with the Cabinet for Health Services and its predecessors.

Note: Glyn G. Caldwell, MD, Director, 502-564-7243, and Michael Auslander, DVM, MSPH, Manager, Surveillance and Investigations Branch, 502-564-3418, will provide medical consultation after Dr. Palmer's retirement.

1998 Authors and Contributors

Karen M. Adams          Sandra Gambescia          Sara Robeson
Karen Asher             Linda Leber             Mary Sanderson
Michael Auslander       Rice Leach              Patty Sewell
Pat Beeler              Rhenda Mills            Gene Simmons
Joyce Bothe             David Nichols            Margaret Stapleton
Sylvia Cherry           Clarkson Palmer         Margaret Stevens
Donna Clinkerbeard      David Raines             Sharon Stumbo
Don Coffey              George Robertson         Peggy Wright

Thank you for your interest and support of the state epidemiologic newsletter.

Barbara E. Sonnen, Editor
Nancy Yates, Managing Editor
Update . . . 1998-99 Influenza

The current “flu” season is about six weeks later than the 1997-98 season. Last season’s initial isolate was identified in November 1997, whereas this year’s first specimen was identified in January 1999.

The Division of Laboratory Services, Department for Public Health, had received 47 viral specimens for influenza through February 5, 1999. Twelve of the 47 were positive. Nine specimens were influenza type A, three were influenza type B and two were respiratory syncytial virus. Seventeen are pending. The influenza B specimens were from Jefferson and Madison Counties. Two of the type A specimens were from Boone County, six came from Madison County, and one from Warren County.

Questions related to influenza may be directed to Karen M. Adams, RN, BSN, at karenm.adams@mail.state.ky.us or 502-564-3418.