Public Health Surveillance
2010 Deepwater Horizon Response

RADM Scott Deitchman, MD, MPH
Incident Manager, CDC Deepwater Horizon Response
Associate Director
NCEH/ATSDR
Initial Response

- April 30: Contacted affected states to offer technical assistance
  - States expressed interest in enhanced surveillance
- Developed and disseminated draft enhanced surveillance plan and tool to the states
  - One state adapted CDC surveillance form
  - Three states implemented enhanced surveillance using existing systems
- Health effects under surveillance: respiratory, cardiovascular, ocular, dermal, GI symptoms
CDC Surveillance Plan

• Coordinate state-based surveillance
  – Collect daily state surveillance data
  – Provide timely reports back to states

• Conduct national surveillance
  – BioSense: monitoring 21 ED chief complaint and final diagnosis syndromes in 86 facilities
  – National Poison Data System: Tracking calls for 60 PCC related to oil spill exposure, seafood contamination, and dispersant exposure

• Provide epidemiologic and surveillance technical support when requested

• Publish summarized data on CDC’s website
Emergency Preparedness and Response

Health Surveillance

Please note: Following this report, new reports will be released less often. Beginning with the next report, new reports will provide two weeks of data.

UPDATE: This information is current as of September 29, 2010, 1:00 PM ET.

The Gulf Coast Oil Spill has the potential to affect human health in addition to the effects already seen on animal and marine life. CDC, along with the affected Gulf Coast states, has developed a plan to track the potential short-term health effects related to the oil spill in the affected communities. Surveillance systems track changes in the number and severity of illnesses and injuries in a population, alerting public health officials to trends that require further investigation.

Environmental Surveillance

CDC has reviewed the results of EPA’s sampling efforts in response to the oil spill in the Gulf of Mexico. In our review, CDC has used information on the health effects associated with the chemicals detected in the EPA’s samples. CDC’s review is designed to determine whether these pollutants in your community may cause health problems.

Read more...
<table>
<thead>
<tr>
<th>Surveillance System</th>
<th>Description</th>
<th>Reporting Periods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BioSense</strong></td>
<td>- Monitoring 21 ED chief complaint and final diagnosis syndromes in 86 facilities in affected states (VA, DoD, civilian)</td>
<td>Initially daily, then weekly</td>
</tr>
<tr>
<td></td>
<td>- Pilot to assess 5 Mental Health syndromes in BioSense</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Providing state-specific reports to each state.</td>
<td></td>
</tr>
<tr>
<td><strong>National Poison Data System (NPDS)</strong></td>
<td>- Tracking calls for 60 PCC in affected states related to: 1) oil spill exposure AND 2) seafood contamination and dispersant exposure related to oil spill</td>
<td>Initially daily, then weekly</td>
</tr>
<tr>
<td></td>
<td>- PCC calls come from: - private citizens - paramedics - healthcare providers etc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Providing state-specific call reports to AL, MS.</td>
<td></td>
</tr>
</tbody>
</table>
# State-based Surveillance

<table>
<thead>
<tr>
<th>State</th>
<th>Surveillance Activity</th>
<th>Description</th>
<th>Reporting</th>
</tr>
</thead>
</table>
| LA    | Line list and questionnaire, EARS (syndromic surveillance), PCC, and SEET hotline | - Conducting surveillance on patients who indicate oil exposure; follow-up with questionnaire  
  - Querying EARS for “oil”  
  - Began May 3, 2010  
  - State link to weekly surveillance summary available | Weekly |
| MS    | Drop-in, sentinel surveillance | - Collecting data in 5 coastal EDs using a modified ILI tool  
  - Began May 9, 2010  
  - Began June 11, 2010 collecting specific data on oil-related visits from coastal EDs | Weekly |
<table>
<thead>
<tr>
<th>State</th>
<th>Surveillance Activity</th>
<th>Description</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL</td>
<td>ESSENCE (syndromic surveillance)</td>
<td>-Monitoring in 6 ED’s in coastal counties for symptoms</td>
<td>Weekly beginning July 11 (previously daily)</td>
</tr>
<tr>
<td></td>
<td>FL Poison Information Center Network (FPICN)</td>
<td>Querying ESSENSE for “oil”</td>
<td>FPICN data also aggregated in the National PCC data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Began May 1</td>
<td></td>
</tr>
<tr>
<td>AL</td>
<td>Drop-in ED surveillance using CDC form</td>
<td>-Collecting data in coastal EDs and urgent care facilities among patients indicating oil exposure</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Began May 18</td>
<td></td>
</tr>
</tbody>
</table>
Total Exposure Visits in Alabama, May 30 to July 31, 2010

- Total Exposure Visits
- Percent Total Visits

Percentage of visits that were related to the oil spill compared to total visits
 Calls to Poison Control Centers and BP Medical Support Hotline

Total Oil Spill Calls to the Gulf States
April 30 to September 25, 2010

- Chart courtesy A. Wolkin, CDC

*Gulf Oil Spill call surveillance started on April 30, so the first bar represents data only for April 30 to May 1
Surveillance Data Characteristics and Update

- States sent CDC aggregate data
  - CDC does not have “line listed” data
- States stopped collecting DWH-specific data in October
Gulf States Population Survey: Behavioral Health Surveillance using BRFSS Methods
Proposed Objective & Specific Aims

• **Objective:** Conduct behavioral health surveillance that meets needs of:
  – States (public health & mental health)
  – Federal agencies (CDC, SAMHSA, ACF, DHHS/ASPR)

• **Specific aims:**
  – Identify need for and use of behavioral health services
  – Rapidly transmit data, findings, & recommendations to state and Federal stakeholders and others as appropriate
  – Consult with stakeholders regarding use and utility of the information
  – Identify longer-term information needs
Behavioral Risk Factor Surveillance System (BRFSS)

- Largest, on-going telephone health survey system
- Tracks health conditions and risk behaviors
- Conducted by the 50 state health departments, District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands
- Provides state-specific information about many health issues
Planning Assumptions

• States
  – Active participants in planning
  – Receive data files for their areas
• Leverage BRFSS infrastructure: states & CDC
• Standardized questionnaire across the 4 states
  – Development facilitated by use of pre-tested “off-the-shelf” questions
    – BRFSS modules
    – Others
Survey Questionnaire
82 Questions

• 2009 BRFSS core questions
• Modified versions of 2009 BRFSS core questions
• Optional BRFSS Social Context Module
  – 2009 AL, LA
• Optional BRFSS Anxiety & Depression Module
  – 2008 MS, LA; 2006 AL, FL, MS, LA
• Optional BRFSS Intimate Partner Violence Module
  – 2006 LA
• Optional BRFSS Mental Illness/Stigma Module
  – 2007 LA, MS; 2009 MS
• 2010 DWH CASPER Survey (Alabama)
• New questions
<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Aug 2010</td>
<td>BP announces support for BH; $3M to CDC for GPS</td>
</tr>
<tr>
<td>6 Oct 2010</td>
<td>Solicitation posted for GPS data collection</td>
</tr>
<tr>
<td>7 Oct 2010</td>
<td>Received OMB clearance for survey instrument</td>
</tr>
<tr>
<td>28 Oct 2010</td>
<td>Contract bids and proposals received</td>
</tr>
<tr>
<td>29 Oct 2010</td>
<td>BRFSS technical panel review</td>
</tr>
<tr>
<td>29 Nov 2010</td>
<td>Contract award issued</td>
</tr>
<tr>
<td>14 Dec 2010</td>
<td>Survey interviews start</td>
</tr>
<tr>
<td>8 Apr 2011</td>
<td>Initial data &amp; tabulations shared with SAMHSA</td>
</tr>
<tr>
<td>5 Aug 2011</td>
<td>Quarterly reporting to include first 6 months of data</td>
</tr>
</tbody>
</table>
Questions?

For more information please contact CDC Emergency Operations Center

Telephone: 770-488-7145
E-mail: cdcinfo@cdc.gov
Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.