

Public Health Surveillance 2010 Deepwater Horizon Response

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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

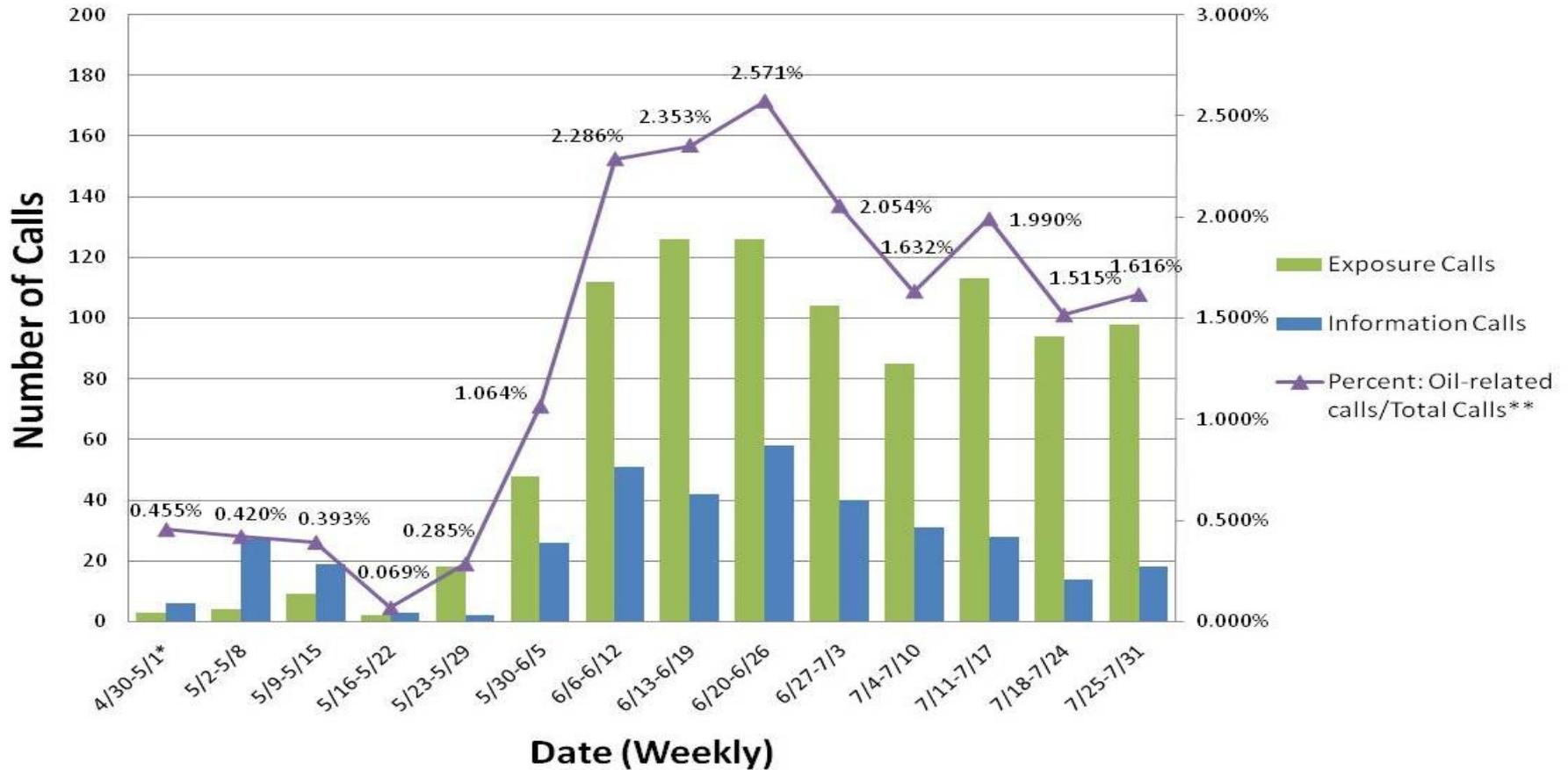
- Coordinate state-based surveillance
 - collect daily state surveillance data
 - provide timely reports back to states
- Conduct national surveillance
 - BioSense
 - National Poison Data System
- Provide epidemiologic and surveillance technical support when requested
- Publish summarized data on CDC's website

National Surveillance (7/31/10)

Surveillance System	Description	Reporting Periods	Findings
BioSense	<p>-Monitoring 21 ED chief complaint and final diagnosis syndromes in 86 facilities in affected states (VA, DoD, civilian)</p> <p>-Pilot to assess 5 Mental Health syndromes in BioSense</p> <p>-Providing state-specific reports to each state.</p>	Recently changed from daily to weekly	<p>No anomalies detected since 5/17/10</p> <p>Rash anomaly in FL DoD facility, unrelated to DWH event</p>
National Poison Data System (NPDS)	<p>-Tracking calls for 60 PCC in affected states related to:</p> <ol style="list-style-type: none"> 1) oil spill exposure AND 2) seafood contamination and dispersant exposure related to oil spill <p>-PCC calls come from:</p> <ul style="list-style-type: none"> - private citizens - paramedics - healthcare providers etc <p>-Providing state-specific call reports to AL, MS.</p>	Recently changed from daily to weekly	<ul style="list-style-type: none"> - 1028 total exposures calls: <ul style="list-style-type: none"> - 504 minor health effects - 121 moderate health effects - 4 major health effects - remaining calls - no or un-related health effects - Common reported health effects: <ul style="list-style-type: none"> - headache (n=247) - nausea (n=165) - cough/choke (n=114) <p>-Since June 2nd, few calls regarding potential exposure to contaminated seafood (n=51) and dispersants (n=66)</p>

Calls to Poison Control Centers (NPDS)

Total Oil Spill Calls to the Gulf States April 30 to July 31, 2010



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

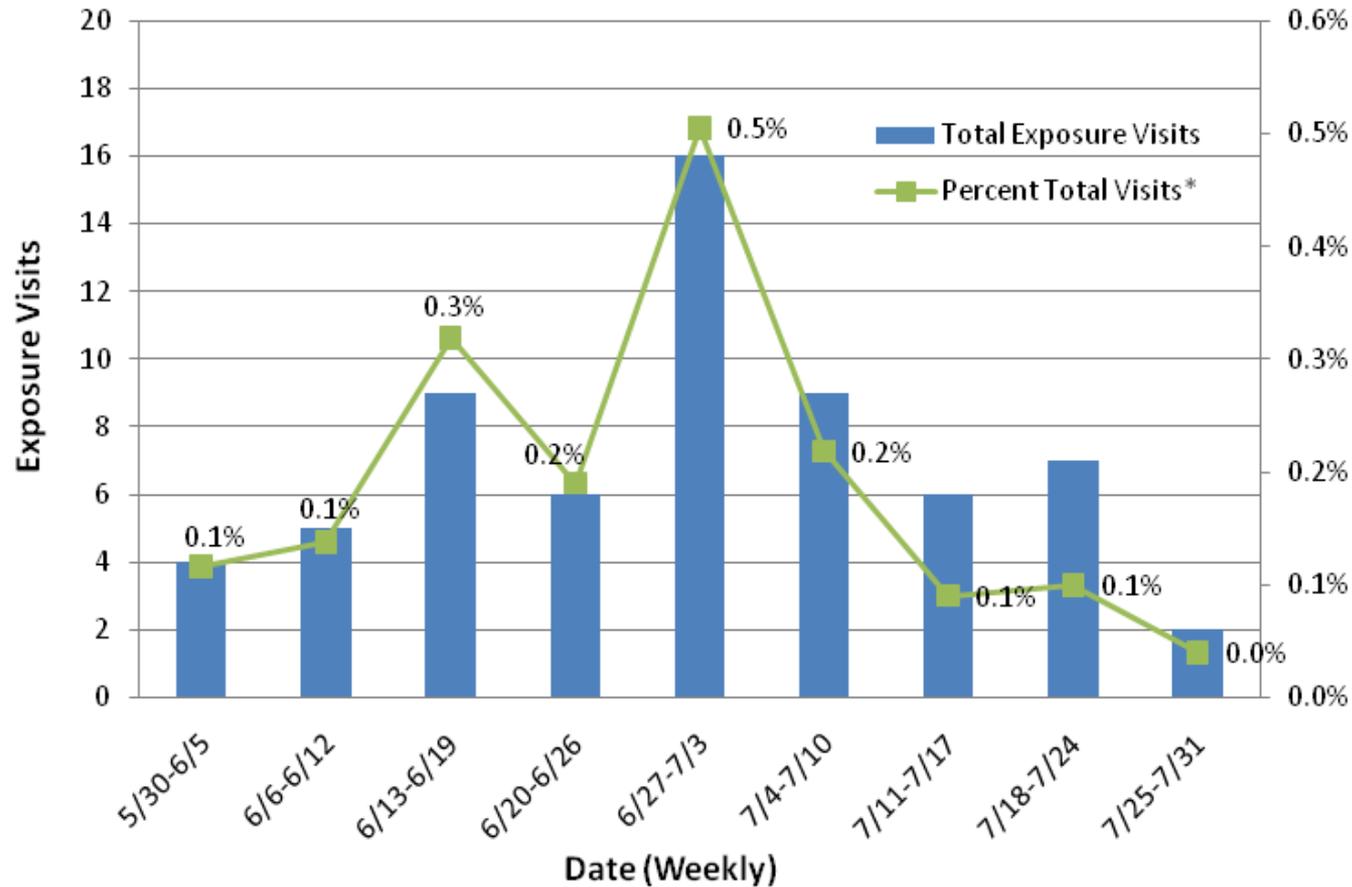
State-based Surveillance (7/31/10)

State	Surveillance Activity	Description	Reporting	Summary of Findings
LA	Line list and questionnaire, EARS (syndromic surveillance) , PCC, and SEET hotline	<ul style="list-style-type: none"> -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	<p>Exposure cases:</p> <ul style="list-style-type: none"> - 324 total reports of health effects believed to be related to exposure <p>Total by worker status:</p> <ul style="list-style-type: none"> - 241 (74%) occupational - 83 (34%) non-occupational <p>General population health effect primarily related to odors</p>
MS	Drop-in, sentinel surveillance	<ul style="list-style-type: none"> -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	<p>Since June 11:</p> <ul style="list-style-type: none"> - 47 oil-related visits reported <p>Majority of health effects reported are of rash, respiratory, and mental health complaints</p>

State-based Surveillance (7/31/10)

State	Surveillance Activity	Description	Reporting	Findings
FL	<p>ESSENCE (syndromic surveillance)</p> <p>FL Poison Information Center Network (FPICN)</p>	<p>-Monitoring in 6 ED's in coastal counties for symptoms</p> <p>Querying ESSENCE for "oil"</p> <p>-Began May 1</p>	<p>Weekly beginning July 11 (previously daily)</p> <p>FPICN data also aggregated in the National PCC data</p>	<p>Total of 15 ED visits with health effects after contact with crude oil related pollutants. (ESSENCE)</p> <p>Often multiple exposure routes – inhalation, dermal, and ingestion</p> <p>Health effects range from throat/ocular irritation, dizziness, short of breath, nausea/vomiting, diarrhea, cough, bronchospasm, headache, rash</p>
AL	<p>Drop-in ED surveillance using CDC form</p>	<p>-Collecting data in coastal EDs and urgent care facilities among patients indicating oil exposure</p> <p>-Began May 18</p>	<p>Weekly</p>	<p>Total exposure visits to date are 94</p> <p>7 reports of oil exposure via inhalation and dermal contact</p> <p>Health effects included respiratory symptoms, cardiovascular symptoms, dermal irritation, headache, and vomiting</p>

Total Exposure Visits in Alabama, May 30 to July 31, 2010



*Percentage of visits that were related to the oil spill compared to total visits

Surveillance Trend Data

- Overall decreasing trends in state's exposure reports
- Calls to Poison Centers (PCC) for oil-related exposures
 - Peaked in June
 - Now maintain a slow downward trend

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:
 - Document behavioral health impacts of oil spill
 - 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 5 states
- Target: Start calls within 6 weeks
- Development facilitated by use of pre-tested “off-the-shelf” questions
 - BRFSS modules
 - Others

Options for Survey Implementation

- Stand-alone survey
 - Contract with single vendor to conduct survey in all 5 states, or
 - States collect data through supplements to their existing BRFSS survey contracts
- Supplement existing BRFSS with additional questions
 - States collect data through supplements to their existing BRFSS survey contracts

Next Steps

- 16 August: BP announces funding support for behavioral health
- \$3 M from SAMHSA to CDC for survey
- Manager: CDC PH Surveillance Program Office, Division of Behavioral Surveillance (BRFSS program):
 - Coordinate development & implementation
 - Engage state & federal partners
- Immediate next steps
 - Identify participants for planning process
 - Select option
 - Define sample size, areas
 - Refine objectives & survey content

Questions?

For more information please contact CDC Emergency Operations Center

Telephone: 770-488-7145

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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.

Centers for Disease Control and Prevention
Agency for Toxic Substances and Disease Registry

