



Connecting the Dots: How Reporting Leads to Prevention and Education

NORTH
Dakota
Be Legendary.

Health & Human Services

Outline

- What is surveillance and how can we work together
- Importance of reporting and how it impacts overall health
- North Dakota specific rules/regulations

Surveillance

- Centers for Disease Control and Prevention (CDC): epidemiologic surveillance is “ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know.”

Surveillance

- Collecting data is merely one step
- Main **goal** is to control and/or prevent diseases
 - Any data collected must be organized and carefully examined
 - Any results need to be communicated to public health and medical communities
- In the United States, state laws mandate that healthcare providers report specified diseases and public health events to public health authorities, forming a critical component of disease surveillance.
- Two main types of surveillance – Passive and Active

Surveillance - Passive

- Passive surveillance: local and state health departments rely on health care providers or laboratories to report cases of disease
 - Efficient: simple and requires relatively few resources
 - Possibility of incomplete data due to underreporting, especially when labs are not collected
 - Most public health surveillance systems are passive

Surveillance - Active

- Active surveillance: health department contacts health care providers or laboratories requesting information about conditions or diseases to identify possible cases
 - Much more labor intensive than passive surveillance
 - Actively seeking out cases
 - Useful when important to identify all cases in a facility or a geographic location

Surveillance - Active

- Field Work
 - HAI Team
 - Field Epidemiologists
- Interviews of staff/patients/residents
- Data Collection
 - Interviews, medical record reviews, environmental assessment
- “Boots on the Ground”



Working Together

- One cannot succeed without the others help
- Like an escape room, all pieces/people must work together to be successful
- With any investigation, we also need **buy-in** from the public and our medical providers
 - All play a role in achieving this buy-in

Working Together

- We can and will help you every step of the way and you can help us
- Providing mutual expertise
- Help to ensure consistent and correct messaging
- Overall, strong collaboration leads to faster action, clear guidance and better protection for the community

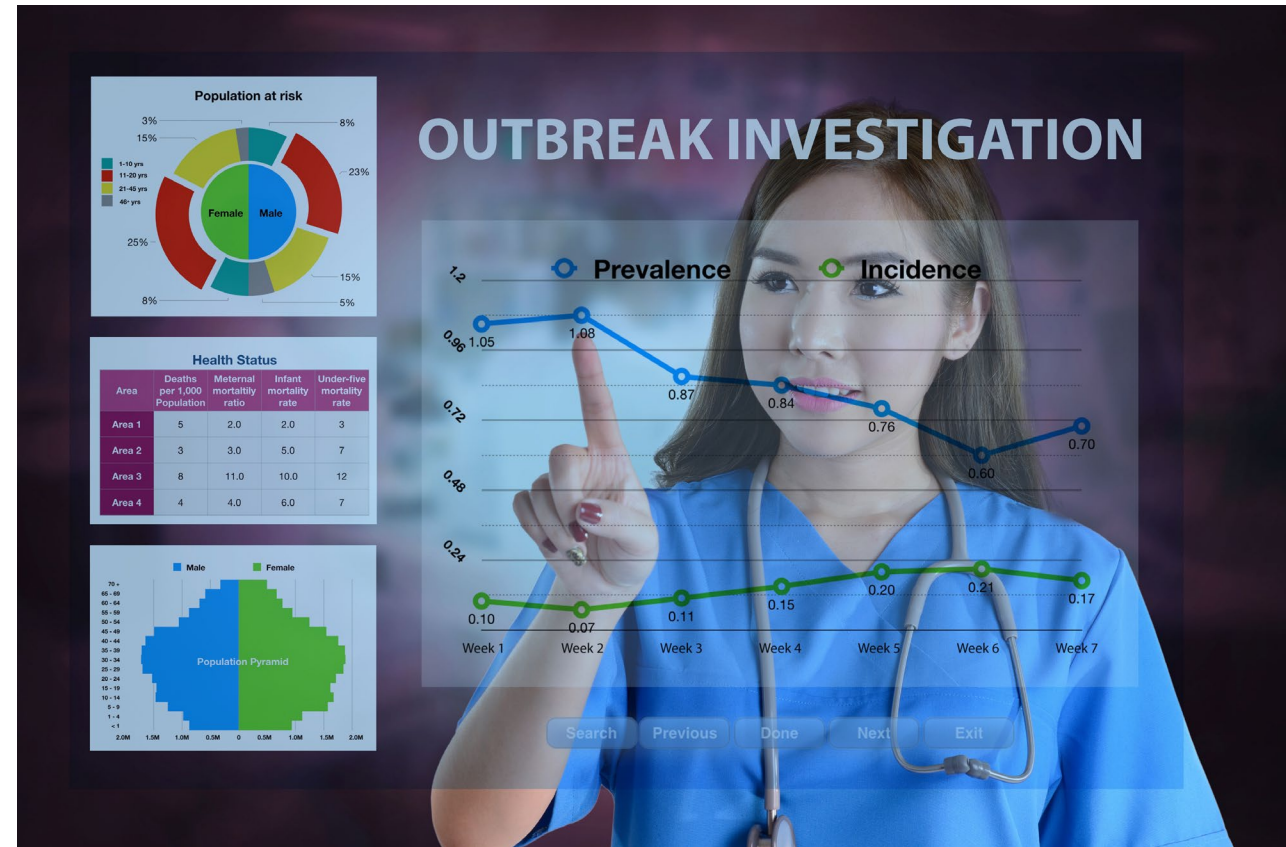


Importance of Reporting

1. Detect Outbreaks
2. Monitor Trends
3. Inform Prevention and Provide Education
4. Protect Vulnerable Groups
5. Legal Requirements
6. Support Clinicians

Detect Outbreaks (and Clusters)

- **Outbreak:** When there are more disease cases than what is usually expected:
 - For a given time (e.g., within 2 weeks)
 - Within a specific location (e.g., linked by institution, affiliation, exposure, small geographic area)
 - For a target population (e.g., students, long-term care residents)
- **Cluster:** An aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known.



Detect Outbreaks

- All Nosocomial Outbreaks* are reportable to Disease Control (this includes respiratory, and non-respiratory related outbreaks) – Although only reportable via ELR, outbreaks of influenza, RSV, COVID-19, or other respiratory diseases at a healthcare facility (facility transmission is occurring) need to be reported using the online outbreak reporting form or by calling 701-328-2378.

NORTH Dakota | Health & Human Services | **Mandatory Reportable Infectious Conditions**
 Be Legendary. | **If highlighted red, report immediately: 800-472-2180 or 701-328-2378**
Report all other conditions within one business day

Acute Flaccid Myelitis	Hepatitis D	Respiratory Panel Results ³
Alpha-gal Syndrome	Hepatitis E	Respiratory Syncytial Virus ³
Anaplasmosis	HIV/AIDS infection ²	• Pediatric deaths
Anthrax	Influenza ³	Rocky Mountain spotted fever
Arboviral infection (other)	• Pediatric deaths	Rubella
Babesiosis	• Suspect novel, PCR influenza A unsubtypeable	Salmonellosis
Botulism	Jamestown Canyon virus disease	SARS-CoV-2 ³
Brucellosis	Laboratory incidents with possible release of category A agents or novel influenza virus	• Pediatric deaths
Campylobacteriosis	La Crosse encephalitis	Scabies outbreaks in institutions
Candida auris	Legionellosis	Shigellosis
Carbapenem-resistant organisms	Leptospirosis	Smallpox
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Chickenpox (varicella)	Measles (rubeola)	St. Louis encephalitis
Chikungunya virus disease	Melioidosis	Streptococcus pneumoniae infection (invasive)
Chlamydial infection	Meningococcal disease (invasive)	Syphilis
Cholera	Mpox	Tetanus
Cluster of severe or unexplained illnesses and deaths	Mumps	Tickborne disease (other)
Coccidioidomycosis	Nipah virus infections	Trichinosis
Creutzfeldt-Jakob disease	Nosocomial (healthcare-associated) outbreaks	Tuberculosis ⁴
Cryptosporidiosis	Novel severe acute illness	• Disease
Cyclosporiasis	Parasitoid Organism	• Infection
Dengue	Pertussis	Tularemia
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Ehrlichiosis	Pregnancy in person infected with:	Viral hemorrhagic fevers
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Hantavirus	Rabies (all results)	
Hemolytic uremic syndrome	• Human and Animal	
Hepatitis A		
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 3. Electronic laboratory reports only
 4. TB: All positive PPD & IGRA results. All results for AFB Smears, cultures and rapid methodologies performed when *M. tuberculosis* complex is suspected.

How to Report: • Secure website: <https://hhs.nd.gov/healthreportcard> • Telephone: 701-328-2378 or 800-472-2180 • Secure Fax: 701-328-0355 • Electronic laboratory report: <https://www.hhs.nd.gov/electronic-laboratory-reporting>

North Dakota Administrative Code 33-06-01, North Dakota Century Code 23-07-01 Updated 12/2023

Detect Outbreaks

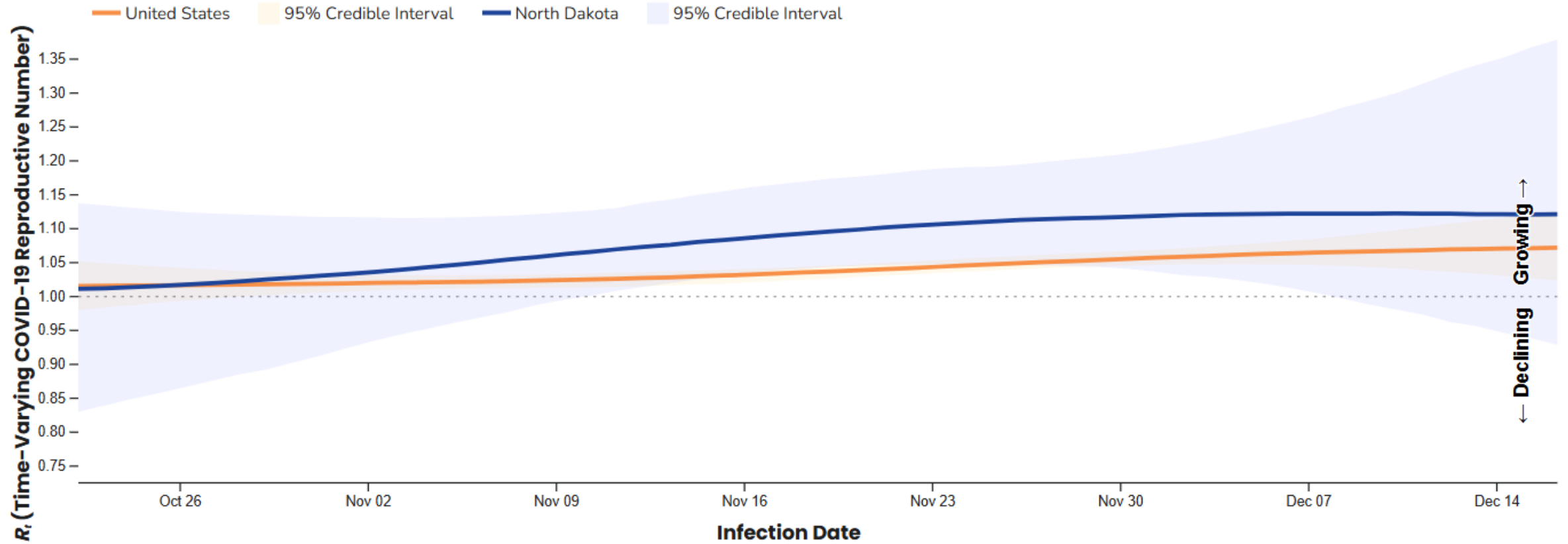
- Nosocomial outbreaks are clusters of healthcare-associated infections (HAIs)—infections acquired in hospitals, long-term care, or clinics, not present on admission—caused by pathogens like bacteria, viruses (e.g., norovirus, influenza), or fungi spreading among vulnerable patients, often linked to invasive procedures, devices, or poor infection control, requiring strict prevention like hand hygiene, sterilization, and antibiotics stewardship to control and prevent serious illness.

Monitor Trends

- A **disease trend** is the long-term pattern or direction (increasing, decreasing, or stable) of a disease's occurrence, prevalence, or impact in a population, observed over time through data analysis, helping health officials understand changes, predict future outbreaks, and evaluate interventions like vaccination or behavior modification

Monitor Trends

[Download Data \(CSV\)](#)



Monitor Trends

- Trends of increasing cases of flu/respiratory disease in a facility can lead to recommendations such as limiting number of visitors or posting of restrictions
- Monitoring trends can also lead to changes in recommendations by evaluating prevention effectiveness

FLU ALERT

VISITOR RESTRICTIONS

For the health of our patients and community, the following visitor restrictions are currently in place:



- **People with flu-like symptoms are not permitted to visit.**
- Symptoms include cough, sore throat, aches, fever.



It's okay to visit if you are healthy, but please follow these guidelines:

- **Wash your hands** before and after visiting a patient.
- **Cover your cough** with a tissue or your sleeve.

Please be aware:

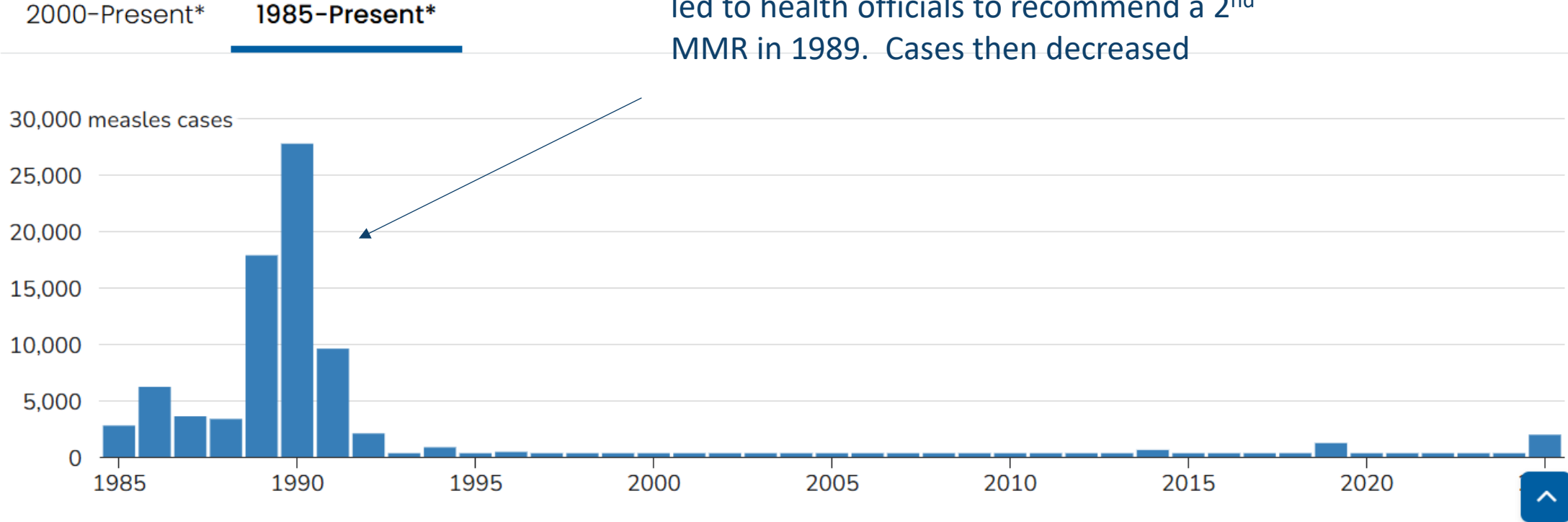
- Visits are limited to healthy, immediate family members only (ages 12 and older).
- Patients may be called by dialing 334-528 followed by their room number.
- The number of visitors and the length of visits may be limited.

Monitor Trends

Yearly measles cases

as of December 23, 2025

Trend of increasing measles cases in late 80s led to health officials to recommend a 2nd MMR in 1989. Cases then decreased



Inform Prevention and Provide Education

1. Actionable guidance for isolation, PPE, and control measures
2. Public Health partnerships for investigation and containment
3. Protection of patients, staff and facilities
 - Reduces health-care associated infections
4. Evaluation of effectiveness of prevention strategies

Inform Prevention and Provide Education

- Actionable guidance for isolation, PPE, and control measures
 - Reporting helps to identify patterns, which allows for targeted training and education
 - Education around flu prevention and control would not be as effective if performed in April – July as it not flu season.
 - Data helps develop effective prevention strategies, guidelines (like for schools/childcare), and control measures.

Inform Prevention and Provide Education

- Public Health partnerships for investigation and containment
 - Enables health departments to provide accurate, timely information to affected individuals, families, schools, and communities about treatment, isolation, and prevention
 - Timely reporting allows prevention to be proactive vs reactive.
 - Allows Public Health response to be more effective and efficient

Inform Prevention and Provide Education

- Protection of patients, staff and facilities
 - It's almost always cheaper to prevent disease than to respond to it later.
 - Vaccines cost far less than hospitalizations
 - Preventing outbreaks avoids emergency responses, staffing surges, and supply shortages
 - Chronic diseases managed early reduce lifelong healthcare costs



Inform Prevention and Provide Education

- Evaluation of effectiveness of prevention strategies
 1. Shows what actually works
 2. Improves use of resources
 3. Identifies gaps and weaknesses
 4. Prevents disease spread early
 5. Guides policy and planning
 6. Builds public trust

Protect Vulnerable Groups

- Vulnerable populations are at higher risk of severe infection and/or death from infection
- People living in congregate settings, such as LTC, are considered vulnerable due to increased exposure frequency
- By talking to patients/residents or reviewing medical records, we can find out more about the person's risk factors, educate doctors and patients, and make recommendations to prevent spread of the disease, especially amongst the most vulnerable

Protect Vulnerable Groups

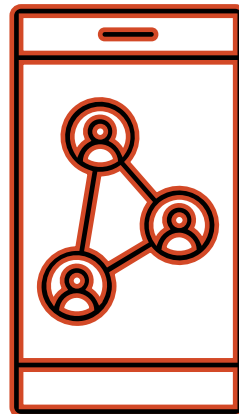
- Proactive measures (screening, surveillance, vaccination, routine testing) catch diseases before symptoms are severe or widespread.
 - Earlier treatment is often more effective and less invasive
 - Survival rates and quality of life are higher
 - Complications and long-term disability are reduced
- The most important reason on why it is important to have timely reporting
 - Ensuring those who are at highest risk are protected first and foremost
- Rising illness amongst vulnerable populations can often signal delivery gaps in prevention, care or surveillance.
 - What are we missing?!?

Legal Requirements

- In North Dakota, like other states, state law mandates that healthcare providers report specified diseases and public health events to public health authorities
- These rules identify which communicable diseases must be reported, by whom, how quickly, and what information needs to be included

Legal Requirements

- Reportable Diseases – Chapter 23-07
 - <https://ndlegis.gov/cencode/t23c07.pdf?0=>
- Reportable Condition Rules – Article 33-06
 - <https://ndlegis.gov/information/acdata/pdf/33-06-01.pdf>



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Chlamydial infection	Meningococcal disease (invasive) ◆	Syphilis
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Coccidioidomycosis	Nipah virus infections ◆ ◆	Trichinosis
Creutzfeldt-Jakob disease	Nosocomial (healthcare-associated) outbreaks	Tuberculosis ⁴
Cryptosporidiosis	Novel severe acute illness ◆ ◆	• Disease ◆
Cyclosporiasis	Pan-resistant Organisms ◆	• Infection
Dengue	Pertussis	Tularemia ◆ ◆
Diphtheria ◆	Plague ◆ ◆	Typhoid fever ◆
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Support Clinicians

- Early alerts improve diagnosis and response
- Current guidance informs testing and treatment
- Public Health support reduces clinical burden
- Better Patient outcomes through timely intervention
- Professional protection through compliance

Support Clinicians

- Information such as potential risk factors for diseases that include travel history and exposure history are important, especially for new and emerging diseases
- Keep current on public health alerts and travel health notices
 - **Health Alert Network (HAN)** - <https://www.hhs.nd.gov/health/emergency-preparedness-and-response/health-alert-network>
 - **Travelers Health** - <https://wwwnc.cdc.gov/travel/notices>
 - **World Health Organization (WHO)** - <https://www.who.int/emergencies/disease-outbreak-news>

North Dakota Reportable Conditions

- Mandatory Reportable Condition List
- Every state has its own rules and/or requirements regarding reportable conditions
- Notifiable diseases are of public interest by reason of their contagiousness, severity, or frequency
- North Dakota list is updated every couple years with new and emerging infections with the last update in December 2023
- <https://www.hhs.nd.gov/health/diseases-conditions-and-immunization/reportable-conditions>

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Reportable Conditions – How it works in ND

1. A person feels ill and goes to the doctor.
2. A doctor or medical provider diagnoses and/or a laboratory confirms a reportable disease.
3. The hospital, healthcare provider, or laboratory sends the information about this case to the public health department.
4. The public health department receives disease data and uses them to
 1. Identify and control disease outbreaks.
 2. Ensure that every patient is effectively treated.
 3. Provide testing and preventative care to those exposed

Reportable Conditions – How to Report

- It is important to report to public health promptly.
 - Allows us to take immediate public health action
 - Ensure that appropriate specimens are collected
- Conditions requiring immediate notification should be reported via telephone.
 - Business hours at 701-328-2378
 - After hours at 701-220-0819
- All other non-urgent reporting can be done via on-line report form, fax, electronic laboratory reporting (ELR), or telephone.



Reportable Conditions – How to Report

What type of illness outbreak are you reporting?

- Respiratory Illness
- Gastrointestinal Illness
- Healthcare-Associated Illness

This is:

- An initial report of a newly identified outbreak
- An update on an ongoing outbreak
- A summary of a recently closed outbreak

- How can I report or update on an outbreak?

- https://ndhealth.co1.qualtrics.com/jfe/form/SV_cYfUCRKpKsGJcEZ

- Call us! 701-328-2378

Reportable Conditions – Who is Required

- Healthcare providers - physicians, physician assistants, nurse practitioners, nurses, dentists, medical examiners or coroners, pharmacists, emergency medical service providers, and local health officers.
- Facility Leadership - hospitals, clinics, LTC/assisted living, labs, blood banks
- Institutions and Organizations – schools and universities, correctional facilities, funerals homes, childcare
- State Veterinarian – Zoonotic diseases

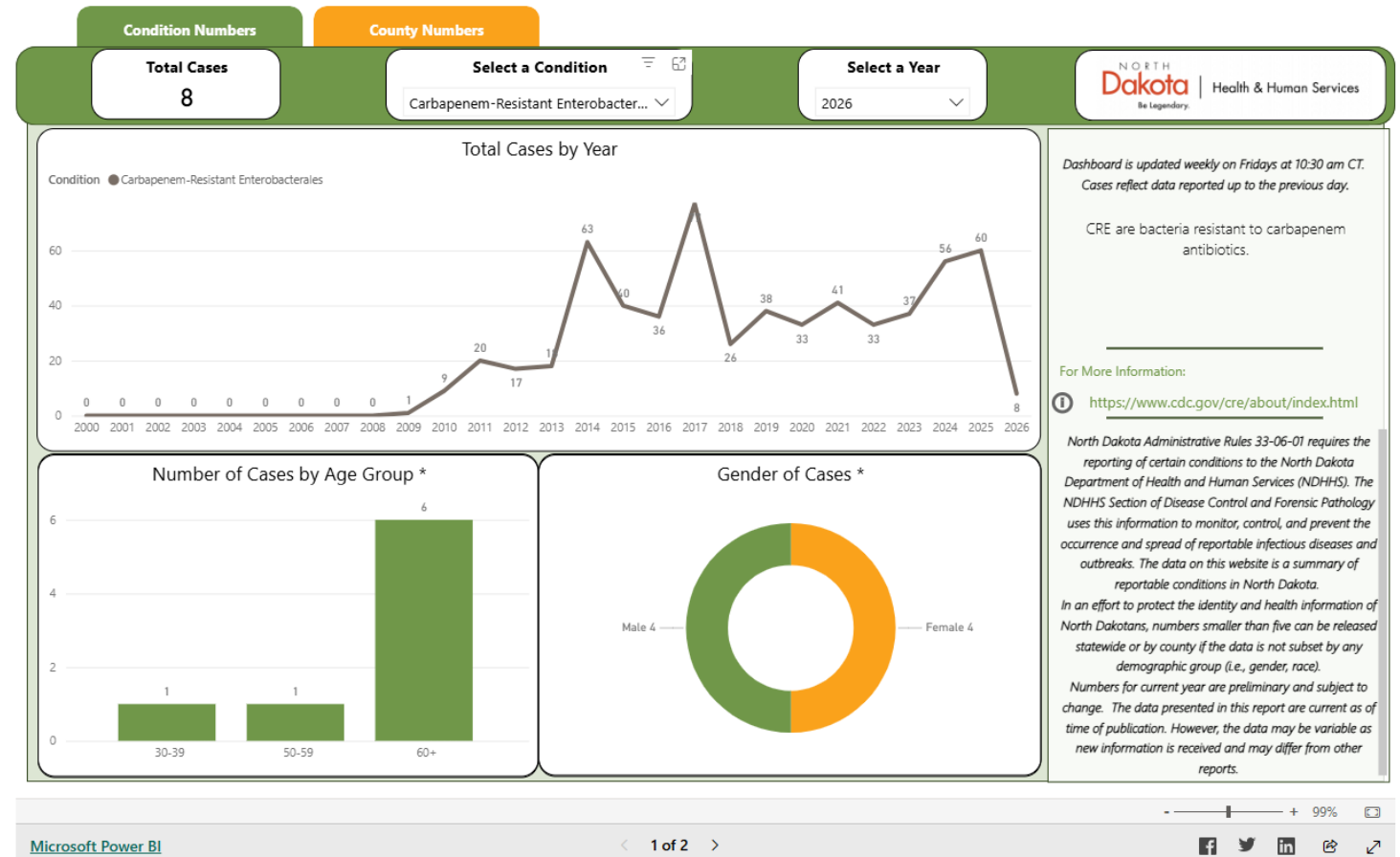
Common Barriers to Reporting

- Electronic Lab Reporting (ELR) is down, therefore, requiring manual reporting
- Limited awareness of reportable conditions, especially on conditions which are rarely seen
- Staffing and resource (time) limitations
- Confidentiality and privacy law fears

How is your information you share utilized?

- Information shared is reported on public facing disease dashboards
 - Dashboard updated weekly on Fridays
- Flu/RSV/COVID has an additional dashboard
 - <https://www.hhs.nd.gov/health/respiratory-illnesses>

<https://www.hhs.nd.gov/health/data>



Thank You!

- Brenton Nesemeier
 - bnesemeier@nd.gov

