

# Obtaining the Physician's Cooperation in Reporting Communicable Disease

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WHEN a public health physician goes into a community, there are many intangible but very real factors that can spell the difference between his success or failure as a health officer. Gaining the confidence and cooperation of the practicing physicians in the area is certainly an important factor. However, even in a community where relationships are of the best, the reporting of communicable disease is often a distinct problem. The same physician who may extend himself to cooperate with the health department at every possible turn often is not aware of the practical importance of reporting disease. Even though State laws require the reporting of certain diseases, we have come a long way from the day when failure to report such a disease was a crime often punishable by death—death not only to the patient but to his family, friends, and sometimes an entire community.

It is the task of public health people to convince private physicians that the time they spend reporting their cases of communicable diseases is still a worthwhile investment. When these physicians are made to feel that the value received in services to them and their patients is worth the effort expended, few will fail to report.

The first step in that direction may be to

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remind the doctors of the community that the health officer considers service to the private physician and his patients one of his main duties. It is surprising how often the practicing physician thinks of the health officer as someone who looks after the health of indigents and has very little to do with him and his private patients who after all comprise a large segment of the community.

Ideally, a health officer new to an area should visit the doctors in practice there, but this may not be practical in large communities. If a personal visit is not possible then a letter introducing the new health officer and listing some of the services available to the physician through the health department may be effective. The letter should be accompanied by a list of the reportable diseases and might stress the advantages to the private physician and his patient of reporting these diseases rather than the advantages to the health department or even the community as a whole.

## Reporting by Telephone

The method of reporting disease must be kept simple. As concise as the morbidity card is, many physicians complain that neither they nor their office staff have the time to fill it in. One solution is to encourage the doctor or someone in his office to make telephone reports.

Telephone reporting actually has a number of advantages. It may give the health officer or his secretary an opportunity to learn about other similar cases by asking a few brief questions. For example, suppose Dr. Brown is reporting to me a case of infectious hepatitis

in a child. I would first ask the doctor how he felt about giving gamma globulin to family contacts. Dr. Brown might say he had not seen much infectious hepatitis and he was not too familiar with the use of gamma globulin in contacts but how did the health department feel about it. At this point I can offer a service to Dr. Brown and his patient by sharing with him the knowledge of gamma globulin's value in hepatitis contacts and by telling him that the health department can supply him with gamma globulin for this purpose. Now if there is one thing that sticks in Dr. Brown's mind about gamma globulin, it is probably the fact that it is very expensive when bought through a pharmaceutical house. If he is sold on its value, you can be sure he will report his next case of infectious hepatitis and request gamma globulin for the contacts.

By this time the doctor may not mind answering a few more questions. When asked if he has heard of any more hepatitis in his neighborhood he may remember that Dr. Smith mentioned a case to him just a few days ago. One more question, "Where does the child go to school?" will round out the picture as far as the health officer is concerned.

This entire conversation takes less than 5 minutes, yet it accomplishes the following important things:

1. The private physician has been made aware of a health department service to him and his patient because he reported a communicable disease. The reporting of that disease now means something more to him than merely satisfying a State law. If for no other reason he may now report a disease just to see what the health department has to offer.

2. The physician has been made to feel that he is an important link between his patients and the health officer whose duty it is to safeguard the health of the entire community.

3. The health officer has found at least one other case of the disease in question and has gained information that will aid him in whatever type of epidemiological investigation he may wish to institute.

From the point of view of everyone concerned this 5-minute telephone conversation has been a good investment of time.

Telephone reporting may be used very prof-

itably when an outbreak of a particular disease is anticipated. For example, in Louisville and Jefferson County, Ky., influenza of any type is not well reported by the physicians. In July 1957, Asian influenza was introduced into the community. To insure adequate reporting during the expected epidemic, a surveillance system was set up shortly after the first cases were proved by laboratory diagnosis. It first became apparent from a sudden marked increase in school absenteeism that influenza was on the upswing in the community. A conservative method of estimating probable cases of influenza from absenteeism in schools and industry was determined and was used throughout the outbreak. In order to supplement reporting through regular channels, each week the office of communicable disease control made telephone calls to the Louisville General Hospital outpatient department, health centers, the State laboratory, and 25 private physicians. These physicians were representative general practitioners and pediatricians from various sections of the city and county. In this way we were able to follow the course of the epidemic and arrive at fairly accurate, although probably conservative, statistics.

This system has been extended to other communicable diseases. When for some reason, perhaps from routine hospital or laboratory reporting, we have cause to believe that a disease is on the increase or may be prevalent in a certain section of the city, we contact the physicians in that area. We then do a check survey of the 25 representative physicians used originally in the influenza surveillance. In effect, they serve as a communicable disease barometer. Information gained in this manner to supplement reports through regular channels gives us a fairly accurate picture of infectious disease in the community.

### Special Problems

Venereal disease and tuberculosis reporting present special problems in many areas. In Louisville and Jefferson County, the problems of tuberculosis reporting are magnified because the prevalence of the disease is so high. With a few exceptions the private physicians who treat tuberculosis report both new cases and

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## Principles of Reporting Communicable Disease

Although State laws require the reporting of communicable disease, good reporting depends on a mutual understanding of practicing physicians and health authorities.

What do health authorities need? First, prompt, reasonably accurate, and reasonably complete information on certain communicable diseases such as diphtheria and typhoid fever. By such means, remedial or preventive action can be triggered, and policy, legislation, and appropriations shaped.

Next, information on diseases such as psittacosis, brucellosis, and tularemia for which immediate action is less important. Trends in incidence and effects of new types of treatment can be observed and, possibly, controls developed at some future date.

Finally, there is need to know more about unusual occurrences of diseases that are reportable and those for which no individual case report is required. I refer to outbreaks of various kinds. There is a real need for more information on unusual occurrences such as venereal disease in an identifiable group, food poisoning and food infection epidemics, and outbreaks in schools and institutions. This information is needed in order to appraise trends and develop remedial measures.

The physician should be encouraged to feel that his reports set in motion procedures which will benefit both the patient and the community. Health officers build up confidence each time they inform physicians that a case or an outbreak is being investigated, an agent isolated, or control measures instituted. The physician should be made aware that his report on typhoid fever or diphtheria may be

only one of several received. The health agency is in the key position to provide this information and to demonstrate any tie among the reports.

In developing acceptance of this function, the health officer may remind physicians that public health laboratories are at their disposal and encourage their use. Or he may elect, with far-reaching consequences, to develop methods for disseminating information on morbidity.

For one town, newsletters, statistical reports, a few paragraphs in the newspaper may all be appropriate means of carrying the word. A weekly report for an entire State is almost a necessity; some States issue monthly summaries as well. In their weekly reports, some States also describe unusual happenings or present comparisons of disease incidence. Others include information on activities of the health department, on immunization procedures, and the like. In general, Federal agencies follow the same pattern.

Routine statistical reporting in which numbers only are used does not meet the demand for pertinent information. Explanations are needed as well. The circumstances or conditions that led to the occurrence of 10 cases of infectious hepatitis are more suggestive than the number "10." Physicians, and the public as well, wish to know whether reported cases are related in any way, how disease is transmitted, the original source of infection, and elements of immunity, resistance, and recovery. Good reporting, after all, includes the concept of what carries meaning and significance.—CARL C. DAUER, M.D., *medical adviser, National Office of Vital Statistics, Public Health Service.*

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followups very poorly. Efforts to improve relationships between the health department and this particular group of physicians have not been too rewarding for many reasons. In an effort to correct this situation a letter which stated the problem frankly was sent out. The health department has many services to offer patients with tuberculosis but, by and large, the chest physicians were not making it possible for their patients to benefit from these services. Therefore, the letter asked the physicians to

suggest ways in which the health department can make these services available to their private patients.

Special problems in reporting arise in any community. In Louisville and Jefferson County, we have found that if these problems are met tactfully but frankly the results can be surprising. Here is how we met such a problem which had to do with rabies control. Rabies in our community is a serious problem, and much time and effort are spent in the con-

trol of this disease. Cooperation between the Louisville and Jefferson County Health Department and the veterinarians had not been of the best for reasons long since lost in antiquity. A number of the veterinarians failed each month to submit duplicate copies of animal vaccination certificates as required by law. A campaign to improve relationships with the veterinarians was started. Special emphasis was placed on animal epidemiology and the importance of the veterinarian's role in the control of rabies. Educational and publicity material coming from the health department stressed the importance of consulting a veterinarian when a pet had been bitten by another animal. Members of the county veterinarian's society were consulted frequently about the control of rabies in animals. The air cleared considerably. Then, a letter was sent out to all small-animal veterinarians in the county.

Here again the letter used the idea of giving something, if only interesting statistics, before asking for something. It also gave a reason for reporting that had nothing to do with State law. Twelve self-addressed stamped envelopes for monthly reporting were enclosed with each letter, thereby making compliance with our request as simple as possible.

After 2 months only 3 veterinarians had failed to send their slips in. These were called by telephone and within 3 weeks each had submitted his certificates. For the first time, 100 percent of the Jefferson County veterinarians are reporting vaccinations. As a fringe benefit of this effort we are getting more reports from the veterinarians of clinically suspected rabies in animals and more animal heads for examination. We feel that our entire rabies control program has benefited.

### **Basic Ideas**

There are many specific problems in reporting to be met in every community. We have found that the following basic ideas have been helpful to us when attacking any of these problems:

1. The public health physician who is fortunate enough to teach medical students or to talk at least occasionally to groups of physi-

cians has a prime opportunity to sell the value of reporting. It is true that few health officers have the opportunity to teach formally; but few lack the opportunity to educate informally if they will only accept the challenge.

2. Any group of doctors appreciates a frank but tactful approach.

3. Practicing physicians are very likely to think first of their patients; if we can show these physicians that they and their patients profit from good reporting, they will report.

4. Most private doctors have a sense of community responsibility but are quite naturally oriented to care for the individual patient. Because of this, they need to be reminded periodically of their importance in community health and the importance of good community health to them and their patients.

5. The idea of offering something (service, information, consultation, special laboratory and treatment procedures) before asking for something is always very appealing.

6. Any method used must be simple and require a minimum of time. Perhaps more important than all of these, the health officer himself must command the respect of his fellow physicians. He must not set himself apart; rather he must get to know the physicians in his community, for if he does his job well he will have occasion to communicate with them frequently, and it is much more difficult to communicate effectively with a stranger than with a friend. The local medical society is often a good focus around which to build such feeling. Many former problems, even difficult ones connected with the reporting of diseases, fade out in the glow of this kind of relationship.

However, no matter how good a relationship the health officer has with the physicians of his community, he will have to face one fact realistically. Rare is the community where physicians, unsolicited, will beat a path to the door of the health department for the sake of reporting communicable diseases. In the matter of reporting, the health officer must be the aggressor. It is his task to find the methods of stimulation which bring results in his community and to apply these methods as often as necessary to keep the reporting of communicable disease at a satisfactory level.