

Technical Notes – County Level Surveillance Indicators

County level surveillance indicators and performance measures will be emailed to local health departments each month. This report will include metrics at the county, peer group, and state levels. The data will be downloaded from EpiTrax on the 15th of each month and sent to each county by the 20th. Reportable diseases in this report do not include Chronic Hepatitis B, Hepatitis C, or Animal Rabies. All other reportable diseases are included. Cases that are from out of state, discarded, deleted, or those deemed to not be a case are also not included. Included cases are those that were reported to public health from the first day to the last day of the preceding month. EpiTrax fields analyzed for completeness are city, county, zip code, date of birth, died, ethnicity, hospitalized, occupation, onset date, pregnancy, race, sex, date LHD investigation started, and date LHD investigation completed. An “unknown” answer in the ethnicity, race, or sex fields is considered incomplete. Pregnancy status is only calculated for females.

Follow-up status includes whether an interview was conducted, the case-patient was lost to follow-up or refused to be interviewed. If none of these fields are selected the case-patient is considered not to be interviewed. Follow-up Status is located in the “Investigation” tab under “Interview Information”. Diseases that do not have a form are not included in this calculation. If the form can be completed without interviewing the case patient and only collecting clinical information from the physician or the hospital you may select “Interviewed” and that the respondent was “Other”. Also, if the investigation was completed and follow-up status is not marked then the case will be counted as not interviewed so it is important that field is completed.

The field “Date LHD investigation started” should be completed for all diseases. It is located at the bottom of the “Administrative” tab. KDHE uses this data as a proxy for when disease control measures have been initiated. It is defined by the CDC as “the first substantive activity by public health staff to prevent or control the spread of disease.” Examples of control measures include identification of source of infection, identification of potentially exposed individuals, contact tracing, and exclusion of cases from child care or food handling. Calling a healthcare provider to discuss a case patient or sending a letter to request a call back **should not** be considered the initiation of a control measure. Also, the “Date LHD investigation started” **should not** be the same as the date the local health department accepts the case unless a disease control measure has been initiated on that same day. If the disease investigator attempts to initiate a control measure but is unable to do so, the date of that first attempt should be recorded as the “Date LHD investigation started.” For example, the initial date the LHD telephones a case to conduct an interview should be entered as the “Date LHD investigation started,” even if the interview is not completed on that date. This field is used to calculate the timeliness of implementation of disease control measures. Disease control is the proportion of disease reports for which initial public health control measure(s) were initiated within the appropriate timeframe. In other words, are local health departments (LHD) investigating diseases in a timely manner?

The EpiTrax field “Date LHD investigation completed” should be entered for all cases. It is also located at the bottom of the “Administrative” tab. This is the date that the LHD has completed all the requirements of the case investigation.

KDHE has selected targets for disease control and for completed case investigations based on the disease and the immediacy of needed public health actions. These targets should help LHD investigators prioritize disease investigations. These targets are listed in the table below.

Diseases	Disease Control (Days)*	Completed Case Investigation (Days)**
Anthrax, Botulism, Brucellosis, Cholera, Diphtheria, Hantavirus Pulmonary Syndrome, Hepatitis A, Influenza deaths in children <18 years of age, Measles, Meningitis, bacterial, Meningococemia, Mumps, Plague, Poliomyelitis, Q Fever, Rabies, human, Rubella, Severe acute respiratory syndrome (SARS), Smallpox, Tetanus, Tularemia, Viral hemorrhagic fever, Yellow fever	1	3
Varicella	1	5
Pertussis	1	14
Campylobacter infections, Cryptosporidiosis, Cyclospora infection, Giardiasis, Hemolytic uremic syndrome, postdiarrheal, Hepatitis B, acute, Legionellosis, Listeriosis, Salmonellosis, including typhoid fever, Shigellosis, Shiga-toxin <i>Escherichia coli</i> (STEC), Trichinosis, Vibriosis (not cholera)	3	5
Arboviral disease (including West Nile virus, Chikungunya, and Dengue), Haemophilus influenzae, invasive disease, Streptococcus pneumoniae, invasive	3	7
Ehrlichiosis / Anaplasmosis, Lyme disease, Malaria, Spotted Fever Rickettsiosis	3	14
Hepatitis B, chronic, Hepatitis C, past or present, Hepatitis C, acute, Leprosy (Hansen disease), Psittacosis, Streptococcal invasive, drug-resistant disease from Group A Streptococcus, Toxic shock syndrome, streptococcal and staphylococcal, Transmissible spongiform encephalopathy (TSE) or prion disease	N/A	N/A

***Disease Control:** Calculated by using EpiTrax fields: **(Date LHD Investigation Started) – (Date Reported to Public Health)**

****Completed Case Investigation:** Calculated by using EpiTrax fields: **(Date LHD Investigation Completed) – (Date Reported to Public Health)**