



# EPI UPDATES

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## Assessment of Immunization Policies of Four-Year Colleges and Universities in Kansas

Chelsea Raybern, MPH

A list of four-year colleges and universities, both public and private, in Kansas was collected, and a survey was administered by telephone to all 25 schools. The survey consisted of questions about the institution's immunization policy, the amount of time allowed for students to become compliant with that policy, and immunizations offered by the institution's student health center. Surveys were conducted by telephone calls to student health services at each institution. If the institution had no student health facility, then interviews were administered to staff deemed most knowledgeable about immunization policies by each college or university.

Of the 25 four-year colleges and universities in Kansas, all (100.0%) completed the survey; 8 (32.0%) were public institutions and 17 (68.0%) were private institutions. Twenty-one (84.0%) schools require students to be immunized against at least one vaccine-preventable disease (VPD): 8 (38.1%) public schools and 13 (61.9%) private schools. Seven (87.5%) of the eight public schools require vaccination against meningococcal disease; all seven are regents' schools and are therefore mandated to require all incoming students living in student housing to be vaccinated against meningococcal disease or to have documentation of student refusal. The one public school that does not require immunization against meningococcal disease does require students to be vaccinated against measles, mumps, and rubella. Of the 17 private schools, 13 have an immunization policy in place. All 13 (100.0%) require students to be immunized for meningococcal disease. Nine (69.2%) private schools require vaccination against mea-

sles, mumps, and rubella. Six (46.2%) private schools require tetanus, five (38.5%) require diphtheria, three (23.1%) require pertussis and polio, and only one (7.7%) requires vaccination against varicella and pneumococcal disease. No schools, public or private, require influenza, hepatitis A, hepatitis B, or human papillomavirus (HPV) immunizations, Table 1.

**Table 1: Immunizations Required by Four-Year Colleges and Universities in Kansas**

Disease Name	# of Public Institutions (%) n=8	# of Private Institutions (%) n=13
Meningococcal disease	7 (87.5%)	13 (100.0%)
Measles	2 (25.0%)	9 (69.2%)
Mumps	2 (25.0%)	9 (69.2%)
Rubella	2 (25.0%)	9 (69.2%)
Tetanus	0 (0.0%)	6 (46.2%)
Diphtheria	0 (0.0%)	5 (38.5%)
Pertussis	0 (0.0%)	3 (23.1%)
Polio	0 (0.0%)	3 (23.1%)
Varicella	0 (0.0%)	1 (7.7%)
Pneumococcal	0 (0.0%)	1 (7.7%)
Influenza	0 (0.0%)	0 (0.0%)
Hepatitis A	0 (0.0%)	0 (0.0%)
Hepatitis B	0 (0.0%)	0 (0.0%)
HPV	0 (0.0%)	0 (0.0%)

Eleven (44.0%) of the 25 four-year colleges and universities in Kansas offer immunizations against VPDs; seven (63.6%) are public universities and four (36.4%) are private institutions. The influenza vaccine is offered by all 11 colleges and universities that offer immunizations to students. All (100.0%) public schools that offer immunizations offer hepatitis A, hepatitis B, meningococcal, and Tdap

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(Tetanus-Diphtheria-Pertussis) vaccines along with the influenza vaccine. Two (50.0%) of the private schools offer meningococcal, Tdap, and varicella vaccines, Table 2. All of the colleges and universities that offer immunizations have an immunization policy in place.

Overall, more than 80% of four-year colleges and universities in Kansas have an immunization policy in place. Approximately half of the institutions with a policy require students to be immunized against more than one VPD. There are more institutions that do not offer immunizations to students than those that do, and a majority of these schools require students to be immunized against at least one VPD. A larger proportion of public universities compared to private colleges and universities have an immunization requirement, but a larger proportion of private schools require students to be vaccinated against multiple diseases. There is also a greater proportion of public universities that offer immunizations to students than private institutions.

The full report can be found at [http://www.kdheks.gov/immunize/download/College\\_Report\\_2013.pdf](http://www.kdheks.gov/immunize/download/College_Report_2013.pdf).

**Table 2: Immunizations Offered by Four-Year Colleges and Universities in Kansas**

Vaccine	# Of Public Institutions (%) n=7	# Of Private Institutions (%) n=4
Hepatitis A	7 (100.0%)	1 (25.0%)
Hepatitis B	7 (100.0%)	1 (25.0%)
HPV	6 (85.7 %)	1 (25.0%)
Influenza	7 (100.0%)	4 (100.0%)
Meningococcal	7 (100.0%)	2 (50.0%)
MMR (Measles- Mumps- Rubella)	4 (57.1%)	1 (25.0%)
Pneumococcal	3 (42.9%)	1 (25.0%)
Polio	4 (57.1%)	1 (25.0%)
Td (Tetanus- Diphtheria)	6 (85.7 %)	2 (50.0%)
Tdap	7 (100.0%)	2 (50.0%)
Varicella	4 (57.1%)	2 (50.0%)

## CALENDAR OF UPCOMING EVENTS:

### 8<sup>th</sup> Annual Governor's Public Health Conference

**When:** Mon. Apr. 29—Wed. May 1

**Where:** DoubleTree by Hilton Hotel Wichita Airport, Wichita, Kan.

**Register:**

<http://webs.wichita.edu/?u=conferences&p=/publichealth/>

### EpiTrax Training Webinar Series—Rabies Form Updates and Investigation Tips

**When:** Thurs. May 2 from 9:30 a.m. - 11:00 a.m.

**Register:** <https://www1.gotomeeting.com/register/991019129>

**When:** Thurs. May 2 from noon - 1:30 p.m.

**Register:** <https://www1.gotomeeting.com/register/839214809>

(Note: The same session will be given twice).



## PHBPP Launches Website

The Kansas Perinatal Hepatitis B Prevention Program (PHBPP) has launched their website, <http://www.kdheks.gov/immunize/phbpp.htm>. Hepatitis B can be transmitted from a hepatitis B positive woman to her infant. However, with the proper post-exposure prophylaxis (HBIG, hepatitis B vaccination series) and testing following the immunization series (HBsAg and anti-HBs), these infections can be prevented up to 95% of the time. The website contains key steps to prevent perinatal hepatitis B infections for local health departments, prenatal care providers, hospitals, and pediatricians. Additionally, the PHBPP Manual can be found at ([http://www.kdheks.gov/hiv/download/Perinatal\\_Hepatitis\\_B\\_Prevention\\_Manual.pdf](http://www.kdheks.gov/hiv/download/Perinatal_Hepatitis_B_Prevention_Manual.pdf)). It contains more detailed information on how to prevent these infections and keep Kansas infants healthy.

For additional information, please contact the Perinatal Hepatitis B Prevention Coordinator, Elizabeth Lawlor at 785-368-8208.

## Vaccine-Preventable Disease Surveillance Indicators

Chelsea Raybern, MPH

The completeness and quality of specific surveillance indicators for vaccine-preventable diseases (VPDs) reported to the Kansas Department of Health and Environment (KDHE) from March 1 to March 31, 2013 can be found in the table below. The bolded percentages represent the indicators that have less than 90% completion. Changes have been made in how the completeness of two indicators are calculated: transmission setting and vaccination status. Initially, for completeness of indicators, fields that were marked as unknown or left blank were considered unanswered. Beginning with the March 2013 indicators, unknown is considered a valid response for transmission setting and if the patient is older than 18 years for vaccination status. The case counts presented in this report are preliminary numbers and are subject to change.

**Keep up the good work!** Date of birth, gender, race, hospitalization, and death were completed for at least 90% of all VPDs reported from March 1 to March 31, 2013. All surveillance indicators were completed for the one meningococcal case and one mumps case. Completeness of surveillance indicators was at least 92% for all reported pertussis cases. Investigations were completed for at least 90% of cases for more than half of the reported diseases (meningococcal disease, mumps, pertussis, and *Streptococcus pneumoniae*). The median number of days for local health departments to accept *Streptococcus pneumoniae* and varicella cases was zero. When compared to last month's surveillance data, completeness of indicators has improved for some diseases. The percentages and numbers highlighted in green represent improvement.

**Still room for improvement...**Completeness of onset date was less than 90% for half of the reported diseases (*Haemophilus influenzae*, *Streptococcus pneumoniae*, and varicella). Completed investigations were much lower than 90% for *Haemophilus influenzae* and varicella cases. Completeness for many of the surveillance indicators for varicella has declined when compared to last month's data. The median number of days for local health departments to accept *Haemophilus influenzae* cases was 14 days, and even though the median number of days for local health departments to accept varicella cases was zero, the range was 0 to 16 days.

Please focus on completing these fields in EpiTrax for all VPDs, as the goal is to reach 90% or higher completion on all indicators. For the one timeliness indicator, report to case acceptance, the data shows delayed case acceptance, so please work towards accepting cases and starting the investigation the same day the local health department receives notification.

For questions regarding this data, please contact Chelsea Raybern at (785) 296-0339 or [craybern@kdheks.gov](mailto:craybern@kdheks.gov).

### VPD Indicators Reported from March 1 to March 31, 2013 in Kansas.

Indicators	<i>Haemophilus influenzae</i> , invasive	Meningococcal disease	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	9	1	1	13	14	34
% of cases with date of birth	100%	100%	100%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%	100%
% of cases with race	100%	100%	100%	100%	100%	91%
% of cases with ethnicity	100%	100%	100%	100%	100%	88%
% of cases with onset date	78%	100%	100%	92%	71%	88%
% of cases with hospitalized noted	100%	100%	100%	100%	100%	91%
% of cases with died noted	100%	100%	100%	100%	93%	91%
% of cases with vaccination status	100%	100%	100%	92%	86%*	91%
% of cases with transmission setting	N/A§	N/A§	100%	92%	N/A§	74%
% of investigations completed by local health departments†	78%	100%	100%	92%	93%	76%
Median # of days from report to case acceptance (range)‡	14 (0-17)	0 (0)	0 (0)	2 (0-3)	0 (0-12)	0 (0-16)

\* Indicator considered complete if either polysaccharide or conjugate pneumococcal vaccine history is documented

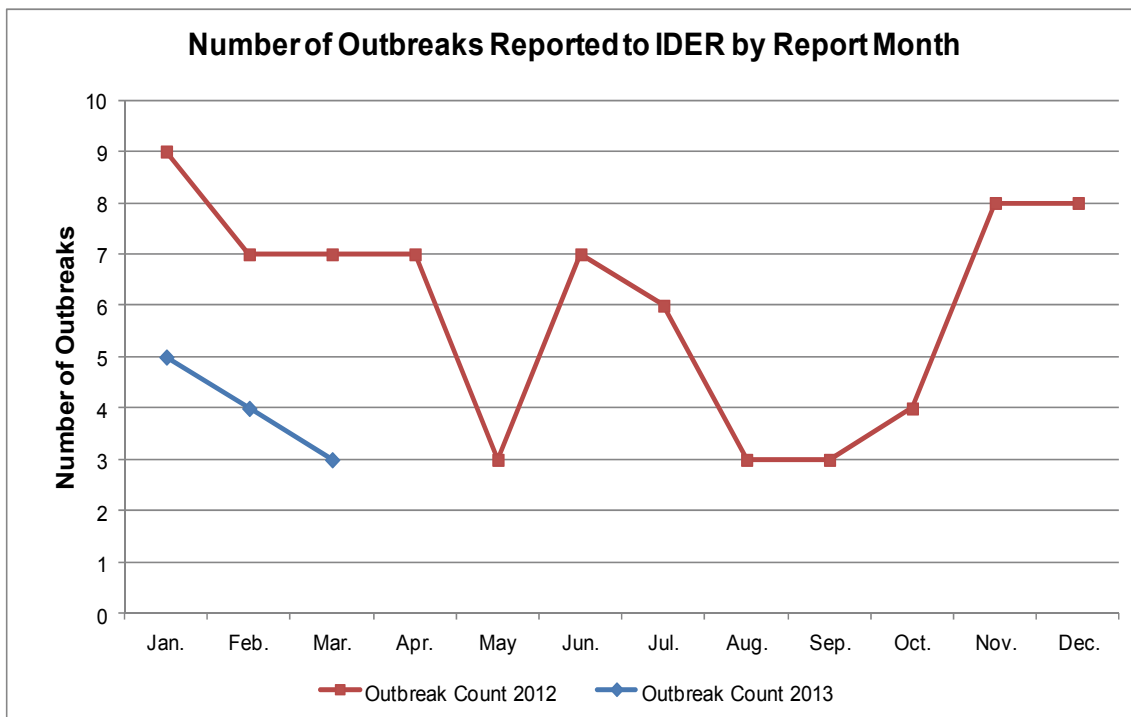
§ Indicator field not included in supplemental disease form

† Status includes when local health department completes investigation, approves the case, or when the case is closed by state

‡ Time from public health report date to when local health department accepts case

Disease	Month Reported to EpiTrax - March 2013						
	State Case Status					Grand Total	Average 2010—2012
	Not Available	Confirmed	Not a Case	Probable	Suspect		
Count	Count	Count	Count	Count	Count	Count	
Amebiasis ( <i>Entamoeba histolytica</i> )	0	0	0	0	1	1	2
Botulism, wound	0	0	0	1	0	1	0
Campylobacteriosis	6	0	11	0	25	42	44
Coccidioidomycosis	0	0	0	0	1	1	0
Cryptosporidiosis	4	1	0	1	4	10	6
Dengue	0	0	0	0	1	1	0
Giardiasis	3	0	0	0	2	5	15
<i>Haemophilus influenzae</i> , invasive disease (Including Hib)	8	0	0	0	1	9	2
Hepatitis A	0	2	1	1	1	5	42
Hepatitis B pregnancy event	0	0	0	0	6	6	3
Hepatitis B virus infection, chronic	1	10	0	14	10	35	34
Hepatitis B, acute	0	3	0	2	3	8	5
Hepatitis C virus, past or present	79	1	6	34	59	179	176
Hepatitis C, acute	1	0	0	0	1	2	0
Lyme Disease ( <i>Borrelia burgdorferi</i> )	0	0	0	6	6	12	10
Measles (Rubeola)	0	0	0	1	1	2	0
Meningococcal disease ( <i>Neisseria meningitidis</i> )	0	0	0	0	1	1	0
Mumps	0	0	1	1	2	4	4
Outbreak Case - Unknown Etiology	4	0	0	0	1	5	16
Pertussis	6	3	1	0	4	14	60
Q Fever ( <i>Coxiella burnetii</i> ), acute	0	0	0	1	1	2	1
Rabies, animal	8	0	1	5	6	20	13
Salmonellosis	16	0	0	0	1	17	20
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	1	0	1	0	0	2	5
Shigellosis	1	0	0	0	0	1	13
Spotted Fever Rickettsiosis (RMSF)	0	1	0	1	1	3	4
Streptococcal disease, invasive, Group A	4	0	0	0	3	7	4
<i>Streptococcus pneumoniae</i> , invasive disease	11	0	0	0	3	14	15
Typhoid Fever ( <i>Salmonella typhi</i> )	1	0	0	0	0	1	0
Varicella (Chickenpox)	5	12	0	16	19	52	54
<b>Grand Total</b>	<b>159</b>	<b>33</b>	<b>22</b>	<b>84</b>	<b>164</b>	<b>462</b>	

**MONTHLY OUTBREAK SUMMARIES**



Facility Type	Organism	Transmission	County	Reported Date
Restaurant	Outbreak Case - Unknown Etiology	Indeterminate / Other / Unknown	Douglas	03/04/2013
Restaurant	Outbreak Case - Unknown Etiology	Indeterminate / Other / Unknown	Johnson	03/04/2013
Restaurant	Outbreak Case - Unknown Etiology	Indeterminate / Other / Unknown	Barton	03/11/2013