



# EPI UPDATES

December  
2015

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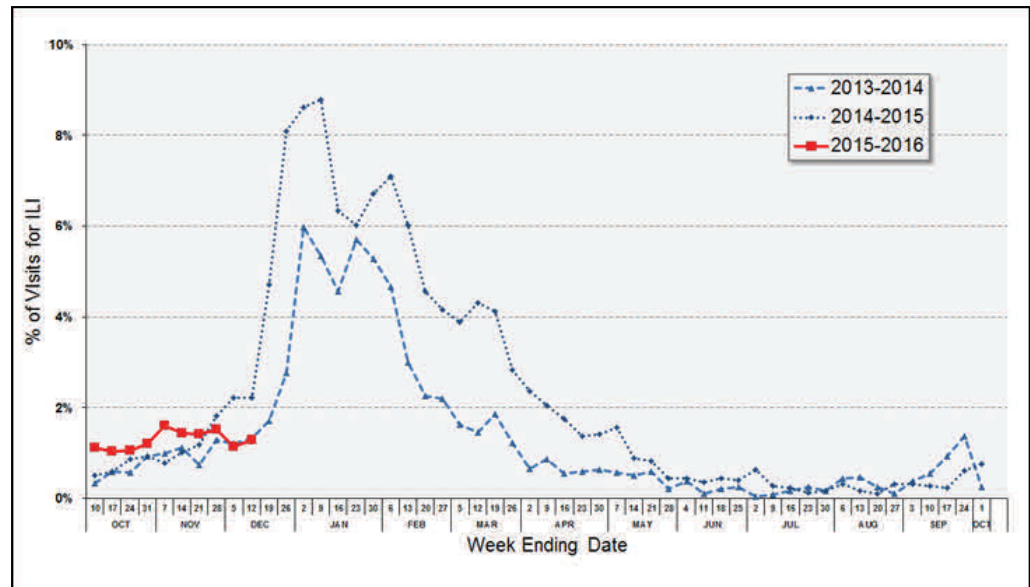
## Influenza Activity in Kansas

by Amie Worthington

Influenza is not a nationally notifiable disease, nor is it a notifiable disease in Kansas. Kansas utilizes sentinel sites to track influenza-like illness (ILI). The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) is a collaboration between the CDC and state, local and territorial health departments. Influenza-like illness is defined by the CDC as fever ( $\geq 100^{\circ}\text{F}$ ) with cough and/or sore throat, in the absence of a known cause other than influenza. ILINet sites are also asked to submit up to two specimens per week to the Kansas Health and Environmental Laboratories (KHEL) for PCR testing.

Thirty-six ILINet sites in Kansas report the number of patients seen who meet the ILI definition weekly compared to the total number of patients seen for any reason. Currently, 1.2% of patient visits to the sentinel sites are due to ILI (Figure 1). This is below our regional baseline of 1.7%. Typically, influenza activity peaks in United States during December, January, or February.

**Figure 1: Percentage of visits for influenza-like illness reported by ILINet sites, Kansas, October 2015-December 2015 and previous two surveillance periods.**



KHEL has not reported any positive influenza specimens by PCR for the 2015-2016 season as of December 12<sup>th</sup>. If an influenza outbreak is identified, please report to the EpiHotline (877-427-7317) for investigation guidance. KDHE will coordinate specimen collection and testing during outbreaks.

With most of the flu season still to come, getting a flu vaccine now can still protect from illness this season. Each season flu causes millions of illnesses, hundreds of thousands of hospitalizations, and thousands or sometimes tens of thousands of deaths. CDC recommends annual flu vaccination for everyone 6 months or older.

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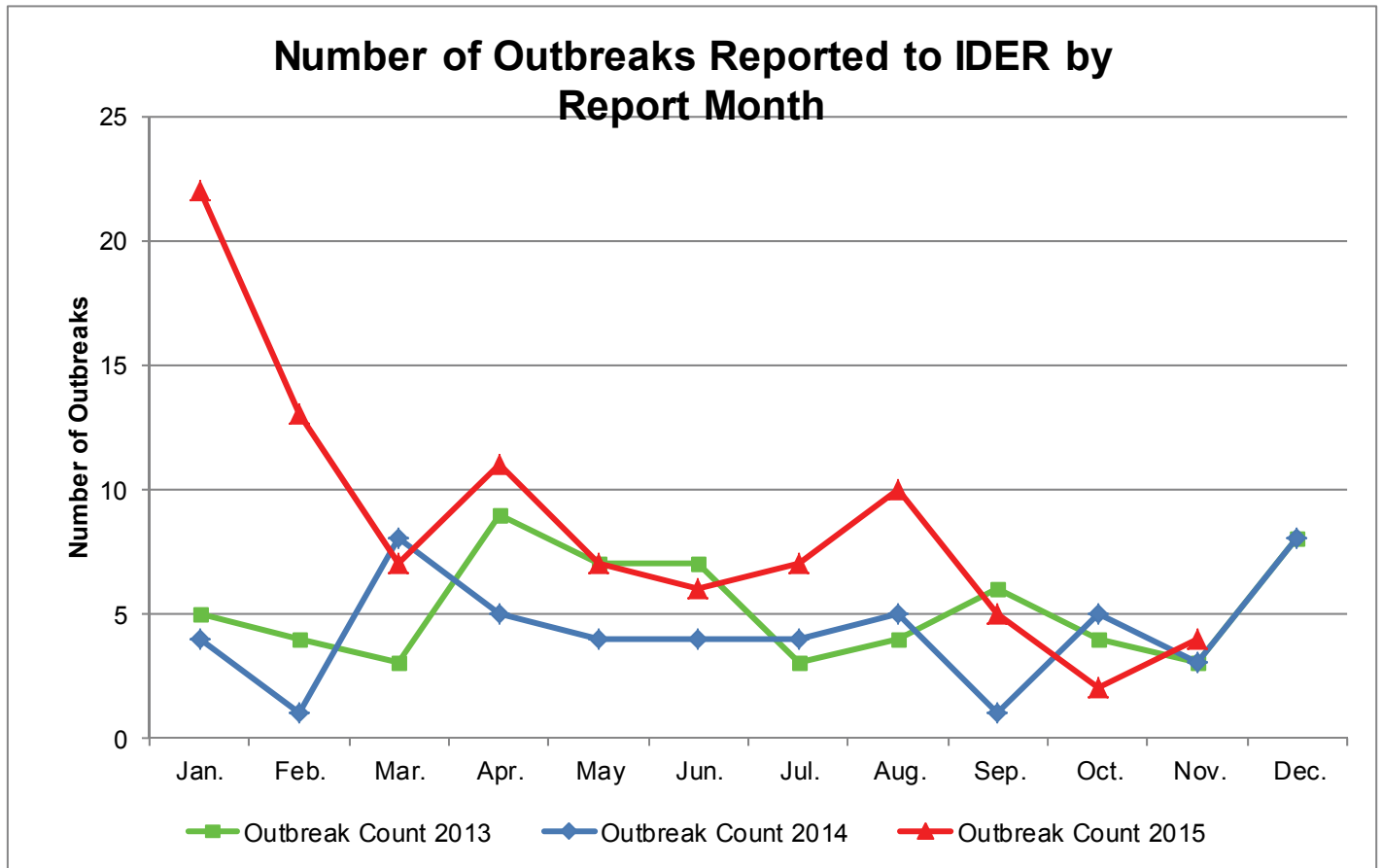
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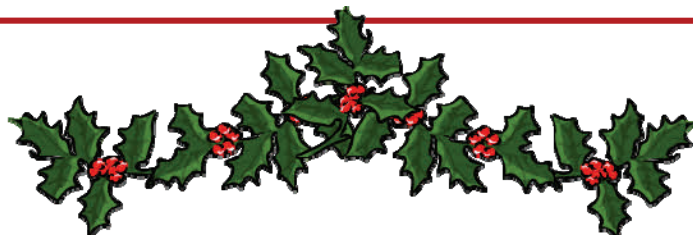
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Date Reported	Facility Type	Transmission	Disease	County
11/5/2015	Other	Person-to-Person	Varicella (Chickenpox)	Harper
11/10/2015	Adult Care Facility	Person-to-Person	Norovirus	Sedgwick
11/10/2015	Child Care Center	Person-to-Person	Shiga toxin-producing <i>Escherichia coli</i> (STEC)	Ellis
11/16/2015	Restaurant	Food	Unknown Etiology	Mitchell

### EpiTrax Password Resets

If you are locked out of EpiTrax or need a password reset, please contact Bekah Gonzales at (785) 296-7732 or [epitraxadmin@kdheks.gov](mailto:epitraxadmin@kdheks.gov).



## Vaccine-Preventable Disease Surveillance Indicators

by Mychal Davis, 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 November 1 to November 30, 2015 can be found in the table below. The bolded percentages represent the indicators that have less than 90% completion. The case counts presented in this report are preliminary numbers and are subject to change.

**Keep up the good work!** The date of birth, gender, ethnicity, and race indicators were over 90% for all vaccine preventable diseases reported in the month of November. *Haemophilus influenzae* and *Streptococcus pneumoniae* cases had all but two indicators meet the 90% benchmark.

**Still room for improvement...** Six of the ten indicators for varicella fell below the 90% benchmark. Pertussis had four of the ten indicators fall below the 90% benchmark.

Please continue to focus on completing these fields in EpiTrax for all VPDs as the goal is to reach 90% or higher completion on all indicators. For questions regarding this data, please contact Mychal Davis at (785) 368-8208 or [mdavis@kdheks.gov](mailto:mdavis@kdheks.gov).

VPD Indicators Reported from November 1 to November 30, 2015 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	4	36	9	14
% of cases with date of birth	100%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%
% of cases with race	100%	94%	100%	100%
% of cases with ethnicity	100%	94%	100%	100%
% of cases with onset date <sup>‡</sup>	<b>75%</b>	<b>83%</b>	<b>89%</b>	<b>64%</b>
% of cases with hospitalized noted	100%	92%	100%	<b>86%</b>
% of cases with died noted	<b>75%</b>	92%	100%	<b>86%</b>
% of cases with vaccination status*	100%	<b>81%</b>	<b>89%</b>	<b>86%</b>
% of cases with transmission setting <sup>¶</sup>	N/A**	<b>78%</b>	N/A**	<b>57%</b>
% of cases with completed symptom profiles	N/A**	<b>75%</b>	N/A**	<b>50%</b>

\*Excludes cases with a State Case Status of "Out of State" or "Not a Case."

‡Data is pulled from onset date field within the clinical tab, not the investigation tab.

\*Unknown is considered a valid response if patient is older than 18 years of age.

§Indicator considered complete if either polysaccharide or conjugate pneumococcal vaccine history is documented.

¶¶Unknown is considered a valid response for this indicator.

\*\*Indicator field is not included in supplemental disease form; *S. pneumoniae* and *H. influenzae* do not have clinical case definitions.

§§ Status is calculated based on when local health department completes investigation.

¶¶¶ Time is from public health report date to when local health department accepts case.

## EpiTrax Data Quality Indicators

by Sheri Tubach, MPH, MS

The Bureau of Epidemiology and Public Health Informatics has implemented a set of monthly quality indicators and performance measures to encourage data quality improvement in EpiTrax and timeliness of investigations. The first column is the EpiTrax field. The second column represents the number of cases with data in the field, and the third column, Percent Completed, represents the frequency of completion of the data field in EpiTrax. The indicators in red text represent a decrease in the percent complete since last month. In order to align with preparedness targets for initiation of disease control measures and to set goals for case investigation completeness, targets for these measures are shown in the table below. We hope that these targets will help local health departments prioritize case investigations. County level indicators are now emailed to each local health department monthly. For questions, contact Sheri Tubach at [stubach@kdheks.gov](mailto:stubach@kdheks.gov).

November	State's Total Number of Cases* = 201	
EpiTrax Indicators		
EpiTrax Field	Number of Cases with Field Completed	Percent Completed
Address City	194	97
Address County	201	100
Address Zip	192	96
Date of Birth	200	100
Died	172	86
Ethnicity†	162	81
Hospitalized	174	87
Occupation	90	45
Onset Date	147	73
Pregnancy††	75	78
Race †	172	86
Sex †	199	99
Date LHD Investigation Started	162	81
Date LHD Investigation Completed	143	71
Persons Interviewed	139	70
Persons Lost to Follow-Up	13	7
Persons Refused Interview	3	2
Persons Not Interviewed	43	22
Performance Measures		
	Number of Cases	Percent of Cases
Disease control measures began within the target for each disease <sup>^</sup>	125	62
Case investigations were completed within the target for each disease <sup>^</sup>	56	28

\* Calculations do not include Hepatitis B - chronic, Hepatitis C – past or present, or Rabies.

\*\* Out-of-state, discarded, deleted, or those deemed to be not a case are not included in this calculation.

† Unknown considered incomplete.

†† Pregnancy completeness calculated on females only.

<sup>^</sup> See the table on the following page for disease control and case investigation targets.

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**Disease Targets**

<b>Diseases</b>	<b>Disease Control (Days)*</b>	<b>Completed Case Investigation (Days)**</b>
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); <i>Haemophilus influenzae</i> , invasive disease; <i>Streptococcus pneumoniae</i> , 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)**

### Hepatitis C Case Definition Revisions

The national surveillance case definition for Hepatitis C was changed based on an approved Council of State and Territorial Epidemiologists (CSTE) position statement. This case definition should be used beginning January 2016 for new 2016 cases. The event name will be changed from 'Hepatitis C virus infection, past or present' to 'Hepatitis C, chronic' beginning in 2016. Both probable and confirmed cases will be accepted for Hepatitis C, acute and Hepatitis C, chronic. The threshold for elevated alanine aminotransferase (ALT) has been lowered from 400 IU/L to 200 IU/L. Additionally, minor changes to the acute Hepatitis C definition allows for seroconversion within 12 months.



Disease	Reported Disease Counts - November 2015							3 Year Avg. 2012-2014
	Not Available	Confirmed	Not a Case	Probable	Suspect	Unknown	Grand Total	
	Count	Count	Count	Count	Count	Count	Count	
Acute Flaccid Myelitis	1	0	0	0	0	0	1	0
<i>Anaplasma phagocytophilum</i> (f. HGE)	1	0	0	0	0	0	1	1
Campylobacteriosis	13	6	0	15	0	0	34	40
Carbapenem-resistant Enterobacteriaceae	0	0	0	0	1	0	1	1
Coccidioidomycosis	2	0	0	0	0	0	2	0
Cryptosporidiosis	2	3	0	3	0	0	8	6
Ebola Active Monitoring	2	0	0	0	0	0	2	1
Giardiasis	1	7	1	0	1	0	10	9
HUS - Hemolytic Uremic Syndrome postdiarrheal	1	0	0	0	0	0	1	2
<i>Haemophilus influenzae</i> , invasive disease	1	3	0	0	0	0	4	3
Hepatitis A	2	0	2	0	0	0	4	22
Hepatitis B virus infection, chronic	11	4	187	18	0	0	220	73
Hepatitis B, acute	0	0	1	3	0	0	4	3
Hepatitis C virus, past or present	95	41	80	0	6	0	222	171
Hepatitis C, acute	0	1	0	0	0	0	1	1
Influenza	0	0	9	0	0	0	9	8
Legionellosis	2	1	0	0	0	0	3	2
Listeriosis	0	1	1	0	0	0	2	0
Lyme Disease ( <i>Borrelia burgdorferi</i> )	3	0	4	1	0	0	8	19
Malaria ( <i>Plasmodium spp.</i> )	1	0	0	0	0	0	1	1
Measles (rubeola)	0	0	1	0	1	0	2	2
Meningitis, Bacterial Other	1	1	0	0	0	0	2	3
Mumps	2	0	1	0	0	0	3	5
Norovirus	2	0	1	0	0	0	3	0
Pertussis	20	5	9	6	5	0	45	142
Rabies, animal	2	2	2	1	2	0	9	11
Rubella	0	0	28	0	0	0	28	7
Salmonellosis	7	27	0	0	0	0	34	31
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	8	7	5	1	2	0	23	10
Shigellosis	5	10	0	2	0	0	17	4
Spotted Fever Rickettsiosis (RMSF)	4	0	4	0	0	0	8	14
Streptococcal disease, invasive, Group A	1	0	2	0	0	0	3	2
<i>Streptococcus pneumoniae</i> , invasive disease	5	3	0	0	0	0	8	12
Transmissible Spongiform Enceph (TSE / CJD)	2	0	0	0	0	0	2	1
Typhoid Fever ( <i>Salmonella typhi</i> )	1	0	0	0	0	0	1	0
Varicella (Chickenpox)	16	0	12	2	0	0	30	47
West Nile virus non-neuroinvasive disease	0	0	5	1	0	0	6	9
<b>Grand Total</b>	<b>214</b>	<b>122</b>	<b>355</b>	<b>53</b>	<b>18</b>	<b>0</b>	<b>762</b>	<b>663</b>