



EPI UPDATES

January
2015

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Closing Cases in EpiTrax

by Shannon Sandall

All 2014 cases that were routed to your Local Health Department (LHD) should be reviewed and closed (per normal protocol) by **Friday, February 20**.

Please note that TB Infection, TB Disease, STI/HIV, blood lead, and hepatitis B pregnancy event cases are not included in this expectation.

Please follow these steps when closing a case in EpiTrax:

When the case has been investigated and all notes and supplemental form information has been entered in the "Investigation" tab, the Investigator will click the "Complete" button to move the case to their supervisor or approve the case under their own role.

The Status at this time is "**Investigation Complete**." The supervisor or the same Investigator will "Approve" the case to be moved to the State for final approval.

DISEASE	JURISDICTIONS	STATUS
Hepatitis C virus, past or present	Out of State Route to Local Health Depts.	Investigation Complete Investigator: Shannon Sandall Brief note: <input type="text"/> <input type="button" value="Save"/> Action required: <input checked="" type="radio"/> Approve <input type="radio"/> Reopen Assign to queue: <input type="text"/> Assign to investigator: Shannon Sandall

Once the Supervisor or Investigator has "Approved" the case to be moved to the Kansas Department of Health and Environment (KDHE), the case status will change to "**Approved by Local Health Dept.**"

DISEASE	JURISDICTIONS	STATUS
Hepatitis C virus, past or present	Out of State Route to Local Health Depts.	Approved by Local Health Dept. Investigator: Shannon Sandall Brief note: <input type="text"/> <input type="button" value="Save"/> Action required: <input type="radio"/> Approve <input checked="" type="radio"/> Reopen

At this point, the case has been moved to KDHE. KDHE will determine if all required information has been added to the CMR. If so, the case will be closed. If not, the CMR will be reopened and the LHD alerted.

If you have any questions, or require assistance, please contact Bonnie Liscek, Director of Surveillance, at 785-296-6543 or bliscek@kdheks.gov.

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Kansas Disease Investigation Guideline Updates

by Mary Ella Vajnar

The following disease investigation guidelines have been updated and posted to the Kansas Department of Health and Environment website at http://www.kdheks.gov/epi/disease_investigation_guidelines.htm:

Diphtheria (Revised 12/14)

Hepatitis B (Revised 12/14)

Hepatitis C (Revised 12/14)

Meningitis, Bacterial (Revised 12/14)

Streptococcus Group A, Invasive (Revised 12/14)

Streptococcus pneumoniae, Invasive (Revised 12/14)

Disease Reporting and Disease Control Performance Measures

by Daniel Neises, MPH

Public Health Emergency Preparedness Cooperative Agreement
 Capability #13: Public Health Surveillance and Epidemiological Investigation
Budget Period 3 (July 2014 – June 2015), as of 1/6/15

Selected Diseases:

Disease	Case Classification Criteria
Hepatitis A	confirmed
Salmonellosis	confirmed, excluding typhoid fever
<i>E. coli</i> , STEC	confirmed
Shigellosis	confirmed
Tularemia	confirmed and probable
Varicella	confirmed and probable
Botulism	confirmed, excluding infant botulism
Measles	confirmed
Meningococcal disease	confirmed
Pertussis	confirmed, with laboratory results

Disease Reporting: Proportion of selected disease reports received by a public health agency within the awardee-required timeframe. Calculated by using EpiTrax fields:

(Lab Test Date or Date Diagnosed – Presumptive) – (Date Reported to Public Health) ≤ KDHE-required disease reporting timeframe

Disease Control: Proportion of reports of selected disease for which initial control measures were initiated within an appropriate timeframe. Calculated by using EpiTrax fields:

(Date LHD Investigation Started) – (Date Reported to Public Health) ≤ CDC-required timeframe

Disease Reporting

Disease	KDHE Required Timeframe	Statewide Received	Statewide Received On Time	%	% change from previous month
Hepatitis A	7 days	3	3	100	-
Salmonellosis	7 days	258	254	98	-1
<i>E. coli</i> , STEC	7 days	35	35	100	-
Shigellosis	7 days	25	24	96	-4
Tularemia	7 days	9	9	100	-
Varicella	7 days	138	127	92	-
Botulism	4 hours*	-	-	-	-
Measles	4 hours*	9	8	89	-
Meningococcal disease	4 hours*	-	-	-	-
Pertussis	4 hours*	106	93	88	+2

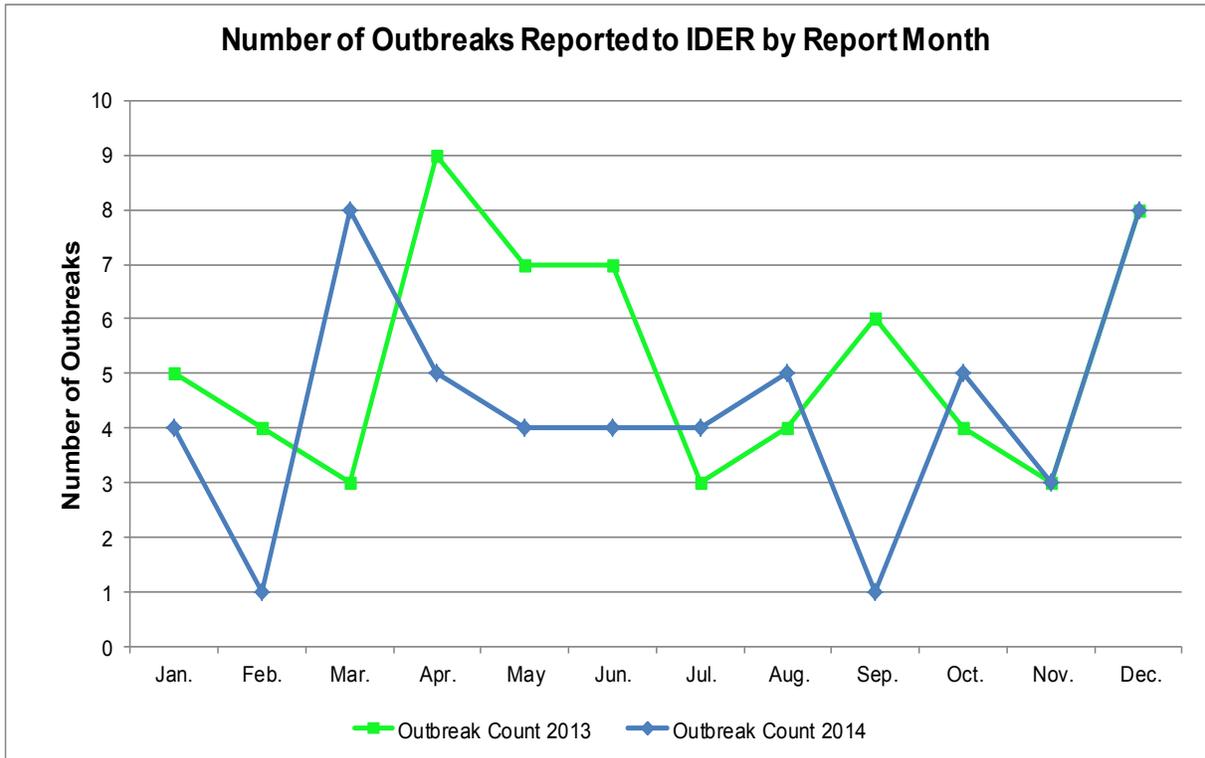
*Because EpiTrax does not capture time reported to public health, KDHE is allowed to "consider cases as immediately reported if the selected case event date and date of first report to a health department occur on the same date."

Disease Control

Disease	CDC Required Timeframe	Statewide Received	Statewide Investigated On Time	%	% change from previous month
Hepatitis A	7 days	3	3	100	-
Salmonellosis	3 days	258	212	82	+1
<i>E. coli</i> , STEC	3 days	35	32	91	+1
Shigellosis	3 days*	25	19	76	-3
Tularemia	2 days	9	8	89	-
Varicella	1 day*	138	120	87	-1
Botulism	1 day	-	-	-	-
Measles	1 day	9	9	100	-
Meningococcal disease	1 day	-	-	-	-
Pertussis	1 day*	106	81	76	-3

*Collecting data for these diseases is optional. KDHE has defined these timeframes, not CDC.

Monthly Outbreak Summaries



Date Reported	Facility Type	Transmission	Disease	County
12/8/2014	School or college	Person-to-Person	Pertussis	Harvey
12/15/2014	Adult care facility	Person-to-Person	Influenza	Shawnee
12/18/2014	School or college	Person-to-Person	Pertussis	McPherson
12/29/2014	Adult care facility	Person-to-Person	Influenza	Johnson
12/31/2014	Other	Person-to-Person	Influenza	Sedgwick
12/31/2014	Other	Person-to-Person	Influenza	Sedgwick
12/31/2014	Adult care facility	Person-to-Person	Influenza	Shawnee
12/31/2014	Hospital	Person-to-Person	Influenza	Douglas



Vaccine-Preventable Disease Surveillance Indicators

by Anne Straily, DVM, 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 October 1 to December 31, 2014 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! Local health departments completed almost all indicators for the one mumps case, except for the symptom profile, and almost all indicators for the one measles case except for race and ethnicity. Date of birth, gender, and race were at least 97% complete for all *Haemophilus influenzae*, pertussis, *Streptococcus pneumoniae*, and varicella cases reported during this quarter. The indicator for ethnicity was at least 93% completed for all pertussis and varicella cases.

Still room for improvement... Less than 90% of *Haemophilus influenzae* and *Streptococcus pneumoniae* cases had ethnicity, onset date, vaccine status, and death recorded. More than half of the pertussis and varicella indicators (onset date, hospitalization, death, vaccination status and transmission setting) were less than 90% complete. Local health departments accepted and completed investigations within their required time limits (3 and 14 days, respectively) for less than 90% of *Haemophilus influenzae*, *Streptococcus pneumoniae*, pertussis, and varicella cases. Only 20% of varicella cases and 65% of pertussis cases had a completed symptom profile.

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 Anne Straily at (785) 296-5588 or astraily@kdheks.gov.

VPD Indicators Reported from October 1 to December 31, 2014 in Kansas[†]

Indicators	<i>Haemophilus influenzae</i> , invasive	Measles	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	9	1	1	206	35	166
% of cases with date of birth	100%	100%	100%	97.6%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%	100%
% of cases with race	100%	0%	100%	97.6%	100%	98.8%
% of cases with ethnicity	66.7%	0%	100%	98.1%	88.6%	93.4%
% of cases with onset date [‡]	77.8%	100%	100%	81.6%	77.1%	59.3%
% of cases with hospitalized noted	100%	100%	100%	84.5%	82.9%	73.7%
% of cases with died noted	88.9%	100%	100%	85.4%	74.3%	78.4%
% of cases with vaccination status*	77.8%	100%	100%	77.2%	80% [§]	65.3%
% of cases with transmission setting [¶]	N/A**	100%	100%	75.7%	N/A**	44.9%
% of investigations completed by local health departments within 14 days ^{§§}	77.8%	100%	100%	65%	82.9%	86.7%
% of cases accepted within 3 days of report to LHD ^{¶¶}	88.9%	0%	100%	78.2%	82.9%	78.3%
Median # of days from report to case acceptance (range) ^{¶¶}	1 (0-6)	7 (7)	0 (0)	0 (0-63)	1	0 (0-79)
% of cases with completed symptom profiles	N/A**	100%	0%	65%	N/A**	19.9%

[‡]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 not included in supplemental disease form; *S. pneumoniae* and *H. influenzae* do not have clinical case definitions.

^{§§}Status calculated based on when local health department completes investigation.

^{¶¶}Time from public health report date to when local health department accepts case.

EpiTrax Data Quality Indicators

by Sheri Tubach

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. A table of the previous month's statewide indicators and performance measures will be included in this newsletter each month. In the next several months, a separate breakdown of data completeness will be provided directly to the individual local health departments. 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. For questions about this data, please contact Sheri Tubach at (785) 296-6215 or email at stubach@kdheks.gov.

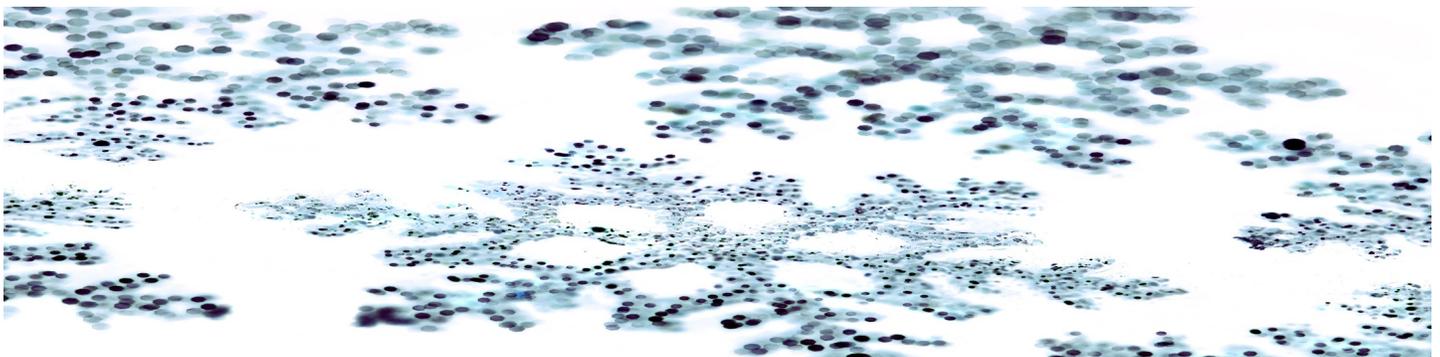
December 2014		State's Total Number of Cases* = 164	
EpiTrax Indicators			
	Number of Cases with Field Completed	Percent Completed	
Address City	164	100	
Address County	164	100	
Address Zip	164	100	
Date of Birth	164	100	
Died	152	92.7	
Ethnicity†	146	89.0	
Hospitalized	154	93.9	
Occupation	78	47.6	
Onset Date	143	87.2	
Pregnancy††	71	83.5	
Race †	152	92.7	
Sex †	164	100	
Date LHD investigation started	159	97.0	
Date LHD investigation Completed	152	92.7	
Performance Measures			
	Number of Cases	Percent of Cases	
Cases accepted by LHDs for case investigation within three days of report to public health	139	84.8	
Cases that had investigations completed by LHDs within 14 days of report to public health	144	87.8	

* 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.



News From KDHE

Changes to EpiTrax Training

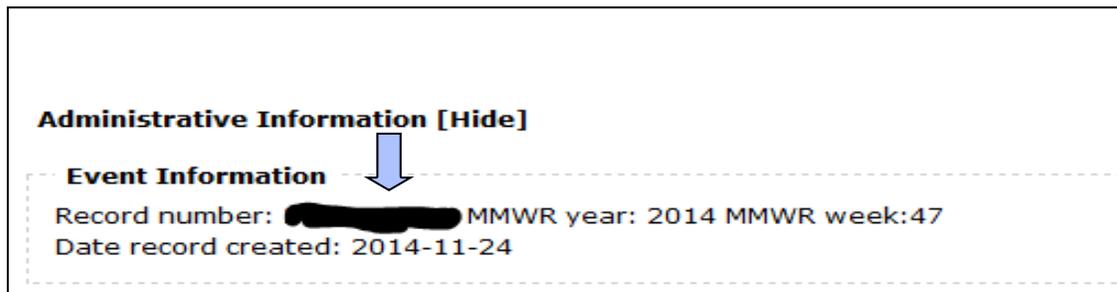
by Shannon Sandall

It is highly recommended that EpiTrax users finish all of the training modules in KS TRAIN before being granted access to the production site. In order to make this process easier, we have developed a training plan in KS TRAIN. Beginning February 1, 2015, all potential users will be asked to complete the training plan before being granted access to the EpiTrax production site. If a Local Health Department has individuals that need to gain access to EpiTrax, please contact the EpiTrax Coordinator, Shannon Sandall, (785)296-7127 or ssandall@kdheks.gov.

Deleting Cases in EpiTrax

by Shannon Sandall

If you create or come across a case in EpiTrax that needs to be deleted, please contact EpiTrax Administration at epiadmin@kdheks.gov. We would be happy to delete the CMR for you. When you notify us that a CMR needs to be deleted, please provide the EpiTrax Record Number. Please do not send any patient information via email. The record number can be found on the Administrative Tab, as illustrated below.



A Fond Farewell

By Elizabeth Lawlor

After 5 ½ years at KDHE as an infectious disease epidemiologist, it is with some sadness and hesitancy that I say goodbye as I start my next adventure. I will be leaving KDHE this week and heading to the Johnson County (KS) Department of Health and Environment where I will continue working as an epidemiologist. I am thrilled that I still have the pleasure of being involved with the great public work that occurs in this state.

When I came to Kansas in 2009, I never imagined I would stay for as long as I have, but between working with like-minded passionate public health professionals as well as the warmth people have shown me, I now consider Kansas home. Getting to know nurses and investigators throughout the state has been one of my favorite parts of working at KDHE. I have developed friendships with many of you and can sincerely say I will miss the opportunities to catch up, as we did when working outbreaks or discussing hepatitis or pertussis. Thank you all for making my time at KDHE so wonderful! It makes it that much harder to leave, but I am so grateful to have had the opportunity to work with such wonderful people.



Disease	Reported Disease Counts - December 2014						Grand Total	3 Year Avg. 2011-2013
	Not Available	Confirmed	Not a Case	Probable	Suspect	Unknown		
	Count	Count	Count	Count	Count	Count	Count	Count
Brucellosis	1	0	0	0	0	0	1	0
Campylobacteriosis	24	5	1	0	11	0	41	41
Carbapenem-resistant Enterobacteriaceae	0	0	0	0	1	2	3	1
Chikungunya Fever	1	0	0	0	0	0	1	0
Cryptosporidiosis	0	0	0	3	0	0	3	7
Dengue	0	0	1	0	0	0	1	0
Ebola Active Monitoring	8	0	0	0	0	0	8	0
Ehrlichiosis, <i>Ehrlichia chaffeensis</i>	0	0	1	0	0	0	1	2
Giardiasis	3	6	0	0	2	0	11	11
<i>Haemophilus influenzae</i> , invasive	1	1	0	0	0	0	2	5
Hepatitis A	0	1	2	1	0	0	4	37
Hepatitis B virus infection, chronic	6	0	246	25	0	0	277	40
Hepatitis B virus infection, perinatal	1	0	0	0	0	0	1	0
Hepatitis B, acute	1	0	1	1	0	0	3	5
Hepatitis C virus, past or present	129	40	41	1	6	0	217	159
Hepatitis C, acute	2	0	0	0	0	0	2	3
Influenza	1	18	11	0	2	0	32	1
Legionellosis	1	0	0	0	0	0	1	4
Lyme Disease (<i>Borrelia burgdorferi</i>)	5	2	4	0	0	0	11	9
Measles (rubeola)	1	0	0	0	0	0	1	2
Mumps	1	1	3	0	1	0	6	3
Pertussis	26	17	26	4	12	0	85	138
Poliovirus infection, nonparalytic	0	0	1	0	0	0	1	0
Q Fever (<i>Coxiella burnetii</i>), Acute	0	0	1	0	0	0	1	1
Rabies, animal	6	2	1	0	0	0	9	7
Rubella	0	0	35	0	0	0	35	18
Salmonellosis	1	21	1	0	0	0	23	25
Shiga toxin-producing <i>Escherichia coli</i>	6	3	1	0	4	0	14	12
Shigellosis	0	4	0	0	0	0	4	7
Spotted Fever Rickettsiosis (RMSF)	7	0	4	0	0	0	11	10
Streptococcal disease, invasive, Group A	1	5	0	0	0	0	6	3
<i>Streptococcus pneumoniae</i> , invasive	1	11	0	0	0	0	12	13
Transmissible Spongiform Enceph	0	0	1	0	0	0	1	1
Tularemia (<i>Francisella tularensis</i>)	1	0	1	0	0	0	2	0
Varicella (Chickenpox)	14	3	25	13	0	0	55	50
West Nile virus non-neuroinvasive disease	0	0	1	0	0	0	1	6
Grand Total	249	141	409	48	39	2	888	620