

Inside This Issue:

Chikungunya Virus	1
Reported Disease Counts	2
Disease Reporting	3-4
Monthly Outbreaks	4

Kansas Department of Health & Environment

Bureau of Epidemiology & Public Health Informatics

D. Charles Hunt, MPH,
State Epidemiologist
& Director, BEPHILou Saadi, Ph.D., Deputy
Director & State RegistrarSheri Tubach, MPH, MS,
Senior EpidemiologistDaniel Neises, MPH
Senior EpidemiologistFarah Ahmed, PhD, MPH,
Environmental Health OfficerIngrid Garrison, DVM, MPH,
DACVPM, State Public
Health VeterinarianBonnie Liscek, MPS,
Director, Surveillance Systems
& *Epi Updates* EditorCurtis State Office Building
1000 SW Jackson St.
Topeka, KS 66612Email: epihotline@kdheks.gov

Epi Hotline: 877-427-7317

Fax: 1-877-427-7318

Travel-Associated Chikungunya Virus Cases in Kansas

by Amie Worthington

Chikungunya is a viral disease transmitted by the bite of infected mosquitoes. Chikungunya outbreaks have occurred in countries in Africa, Asia, Europe, and the Indian and Pacific Oceans. In late 2013, the first local transmission of chikungunya virus in the Americas was identified in Caribbean countries and territories. Local transmission means that mosquitoes in the area have been infected with the virus and are spreading it to people.

During 2014, the Kansas Department of Health and Environment identified the state's first two cases of travel-associated chikungunya virus. The patients, both of whom are adults from Sedgwick County, reported recent, but separate, travel to the Caribbean.

Chikungunya virus is not currently found in the continental United States. However, the mosquitoes that most commonly transmit chikungunya virus—*Aedes aegypti* and *Aedes albopictus*—have been found in the U.S., including Kansas. This creates a growing concern that chikungunya virus could become established in local mosquito populations and pose additional risks to people.

The most common symptoms of Chikungunya virus are fever and joint pain but may include headache, muscle pain, joint swelling, or rash. Chikungunya disease does not often result in death, but the symptoms can be severe and disabling.

Chikungunya virus infection should be considered in patients with acute onset of fever and arthralgia, especially travelers who recently returned from areas with known virus transmission. Currently, chikungunya testing is available through Focus Diagnostics.

There is no vaccine or medications to prevent chikungunya virus infection, but steps can be taken to reduce your risk of contracting the disease. Reduce mosquito exposure by practicing the following:

- Use air conditioning or window/door screens;
- Use mosquito repellents containing DEET on exposed skin;
- Wear long-sleeved shirts and long pants; and
- Empty standing water from outdoor containers.

If a case is identified, mosquito avoidance should be encouraged to help prevent further spread of the virus.

"Chikungunya Virus." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 02 July 2014. Web. 08 July 2014.



Congratulations to Chelsea Raybern on the arrival of her little girl, Amelia Grace Raybern on June 25th. The VPD surveillance indicators will be returning next month.

Disease	Reported Disease Counts - June 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
<i>Anaplasma phagocytophilum</i> (f. HGE)	3	0	0	1	0	0	4	3
Babesiosis	0	0	0	0	0	1	1	1
Brucellosis	1	0	0	0	0	0	1	1
Campylobacteriosis	35	25	1	0	29	0	90	72
Carbapenem-resistant Enterobacteriaceae	0	0	0	0	1	5	6	0
Chikungunya Fever	3	0	0	1	0	0	4	0
Coccidioidomycosis	1	0	0	0	0	0	1	1
Cryptosporidiosis	0	2	0	4	0	0	6	9
Dengue	1	0	1	0	0	0	2	45
Ehrlichiosis, <i>Ehrlichia chaffeensis</i> (f. HME)	14	4	2	2	0	0	22	19
Ehrlichiosis, <i>Ehrlichia ewingii</i>	0	1	0	0	0	0	1	0
Ehrlichiosis/Anaplasmosis, undetermined	0	0	0	1	0	0	1	0
Giardiasis	3	9	0	0	1	0	13	14
HUS - Hemolytic Uremic Syndrome postdiarrheal	3	0	0	0	0	0	3	0
<i>Haemophilus influenzae</i> , invasive disease (Including Hib)	2	1	0	0	0	0	3	2
Hepatitis A	0	0	3	1	0	0	4	33
Hepatitis B virus infection, chronic	11	1	66	15	0	0	93	34
Hepatitis B, acute	2	2	7	0	0	0	11	6
Hepatitis C virus, past or present	99	106	63	0	5	0	273	160
Hepatitis C, acute	1	2	0	0	0	0	3	2
Influenza	0	1	1	0	0	0	2	0
Legionellosis	3	0	0	0	0	0	3	4
Lyme Disease (<i>Borrelia burgdorferi</i>)	13	0	17	2	1	0	33	44
Measles (rubeola)	6	3	0	0	1	0	10	2
Meningitis, Bacterial Other	2	0	1	0	0	0	3	3
Mumps	2	1	0	0	0	0	3	5
Non-Reportable Condition	1	0	0	0	0	0	1	0
Pertussis	16	9	6	0	2	1	34	93
Rabies, animal	7	3	4	0	0	0	14	14
Rubella	0	0	103	0	0	0	103	2
Salmonellosis	10	49	4	1	0	0	64	43
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	9	16	11	1	1	0	38	16
Shigellosis	1	1	0	0	1	0	3	7
Spotted Fever Rickettsiosis (RMSF)	36	0	27	12	1	0	76	74
Streptococcal disease, invasive, Group A	1	4	0	0	2	0	7	4
<i>Streptococcus pneumoniae</i> , invasive disease	3	9	1	0	0	0	13	13
Transmissible Spongiform Enceph (TSE / CJD)	3	0	1	0	0	0	4	2
Tularemia (<i>Francisella tularensis</i>)	7	0	0	0	0	0	7	6
Varicella (Chickenpox)	31	0	5	0	0	0	36	47
West Nile virus non-neuroinvasive disease	1	0	2	0	0	0	3	7
Yersiniosis	0	1	0	0	0	0	1	0
Grand Total	331	250	326	41	45	7	1,000	787

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

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](#):

$$\frac{(\text{Lab Test Date or Date Diagnosed – Presumptive}) - (\text{Date Reported to Public Health})}{\leq \text{KDHE-required disease reporting timeframe}}$$

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

$$\frac{(\text{Date LHD Investigation Started}) - (\text{Date Reported to Public Health})}{\leq \text{CDC-required timeframe}}$$

Disease Reporting

Disease	KDHE Required Timeframe	Statewide Received	Statewide Received On Time	%	% Change from Previous Month
Hepatitis A	7 days	15	15	100	0
Salmonellosis	7 days	389	382	98	0
<i>E. coli</i> , STEC	7 days	95	93	98	0
Shigellosis	7 days	35	35	100	0
Tularemia	7 days	25	24	96	+1
Varicella	7 days	314	299	95	0
Botulism	4 hours*	-	-	-	-
Measles	4 hours*	3	2	67	+67
Meningococcal disease	4 hours*	1	1	100	0
Pertussis	4 hours*	198	138	70	0

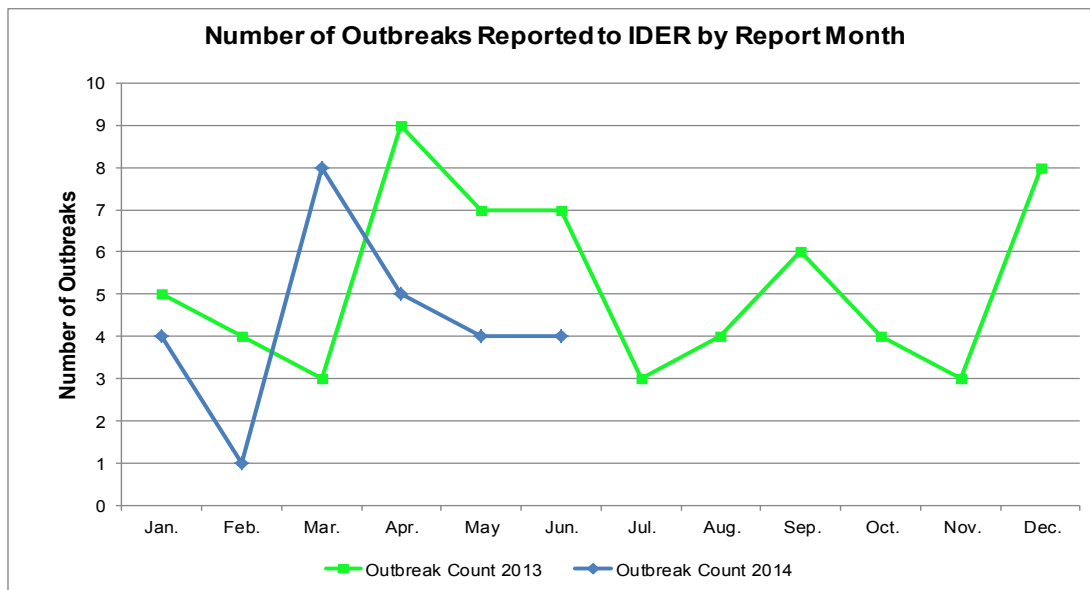
*Because EpiTrax does not capture time reported to public health, KDHE is allowed to "consider cases as immediately reported if the selected case event date and date of first report to a health department occur on the same date."

Disease Control

Disease	CDC Required Timeframe	Statewide Received	Statewide Investigated On Time	%	% Change from Previous Month
Hepatitis A	7 days	15	15	100	0
Salmonellosis	3 days	389	315	81	0
<i>E. coli</i> , STEC	3 days	95	68	72	-3
Shigellosis	3 days*	35	27	77	+1
Tularemia	2 days	25	21	84	-11
Varicella	1 day*	314	279	89	+1
Botulism	1 day	-	-	-	-
Measles	1 day	3	3	100	0
Meningococcal disease	1 day	1	1	100	0
Pertussis	1 day*	198	168	85	0

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

Monthly Outbreak Summaries



Date Reported	Facility Type	Transmission	Disease	County
6/3/2014	Multi-State	Person-to-Person	Measles	Johnson
6/9/2014	School or College	Person-to-Person	Pertussis	Pottawatomie
6/11/2014	Private Home	Animal Contact	Shiga-toxin E coli	Morris
6/19/2014	Prison or Jail	Food	<i>Clostridium perfringens</i>	Shawnee