



EPI UPDATES

June
2014

Inside This Issue:

Disease Prevention	1
EpiTrax Trainings	1
Vaccine Preventable Disease	2
Reported Disease Counts	3
Disease Reporting	4-5
Monthly Outbreaks	5

Kansas Department of Health & Environment

Bureau of Epidemiology & Public Health Informatics

D. Charles Hunt, MPH,
State Epidemiologist
& Director, BEPHI

Lou Saadi, Ph.D., Deputy
Director & State Registrar

Sheri Tubach, MPH, MS,
Senior Epidemiologist

Daniel Neises, MPH
Senior Epidemiologist

Farah Ahmed, PhD, MPH,
Environmental Health Officer

Ingrid Garrison, DVM, MPH,
DACVPM, State Public
Health Veterinarian

Bonnie Liscek, MPS,
Director, Surveillance Systems
& Epi Updates Editor

Curtis State Office Building
1000 SW Jackson St.
Topeka, KS 66612

Email: epihotline@kdheks.gov

Epi Hotline: 877-427-7317

Fax: 1-877-427-7318

Disease Prevention for Fairs and Festivals

by Ingrid Garrison, DVM, MPH

Fairs and festivals are an important Kansas tradition. They provide an opportunity for people to explore new areas and connect with their heritage, as well as educate and entertain. Animal exhibits and animal contact areas are often part of fairs and festivals and give some people their only up close and personal look at a variety of different animals, especially those traditionally found on farms. This connection, or human-animal bond, is important especially for children. It is equally important to understand that animals can transmit diseases to people. There were approximately 200 human infectious disease outbreaks involving animals in public settings in the United States from 1996-2012. These outbreaks have substantial medical, public health, legal, and economic effects¹.

The Kansas Department of Health and Environment has developed a "Disease Prevention for Fairs and Festivals" toolkit. It is designed for fair and festival managers and public health officials to understand the considerations that should be made when organizing and operating a fair or festival. It focuses on preventing zoonotic diseases, those diseases transmitted between animals and people, and is based on the *Compendium of Measures to Prevent Disease Associated with Animals in Public Settings*¹. There is an additional section on food safety considerations.

This toolkit was sent via e-mail to all Local Health Departments, and they are encouraged to contact organizers for fairs and festivals in their county, introduce themselves, and provide a copy of this toolkit. Likewise, fair and festival operators are encouraged to review this toolkit and contact their local health department prior to the start of their fair or festival. The Kansas State Research and Extension Office distributed this toolkit electronically to all Agricultural Extension Agents in Kansas. The toolkit is available online at http://www.kdheks.gov/epi/human_animal_health.htm.

For questions regarding the information in this toolkit contact Dr. Ingrid Garrison, State Public Health Veterinarian at 785-296-1059.

1. National Association of State Public Health Veterinarians. *Compendium of Measures to Prevention Disease Associated with Animals in Public Settings*, 2013. Journal of the American Veterinary Medical Association, Vol. 243, No. 9, November 1, 2013.

EpiTrax Trainings

The recorded trainings for the new Pentaho 5 AVR system are now available on KS-TRAIN! These new courses will help you become familiar with our new reporting system which will go live on Wed. June 25.

You may locate the courses by clicking on the hyperlink provided below, or by typing "Pentaho" or the specific course number into the search bar of KS-TRAIN. Each session will take approximately 10-20 minutes to complete. The new courses are as follows:

Pentaho 5 Basics: Session 1 – Navigation [Course #: 1051624](#)

Pentaho 5 Basics: Session 2 – Interactive Reporting [Course #: 1051631](#)

Pentaho 5 Basics: Session 3 – Analysis Reporting [Course #: 1051634](#)

The EpiTrax User Group will meet on Wed. July 9 from 2–3 p.m. More details about the new AVR system will be discussed. To register visit <https://www1.gotomeeting.com/register/585974432>.

[KDHE: Enteric Diseases Webinar \(1051033\)](#) and [KDHE: Rabies Investigation Webinar \(1051035\)](#) are now available on KS-TRAIN in addition to the Pentaho trainings!

Vaccine-Preventable Disease Surveillance Indicators

by 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, from May 1 to May 31, 2014, can be found in the table below. The percentages in bold represent the indicators that have less than 90% completion. The case counts presented in this report are preliminary and are subject to change.

Keep up the good work! The indicators date of birth and gender were completed for at least 94% of all VPDs reported from May 1 to May 31, 2014. All of the indicators were completed for the two *Haemophilus influenzae* cases, and all of the indicators except for completed investigations were completed for the one rubella case. All but two indicators (transmission setting and completed investigations) were at least 90% complete for varicella cases reported in May. More than half of the indicators (date of birth, gender, race, ethnicity, onset date, hospitalization, death, and vaccination status) were at least 92% complete for pertussis cases, and completeness of many of these indicators has improved when compared to last month's data. The percentages highlighted in red represent improvement.

Still room for improvement...Percent of completed investigations was much lower than 90% for pertussis, rubella, *Streptococcus pneumoniae*, and varicella cases. More than half of the indicators (race, ethnicity, onset date, hospitalization, death, vaccination status, and completed investigations) were less than 90% complete for *Streptococcus pneumoniae* cases. The median number of days for local health departments to accept pertussis cases was two with a range of zero to 36 days. Even though the range number of days for local health departments to accept *Streptococcus pneumoniae* cases has improved when compared to last month's data, the median number of days to accept cases was five days.

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 Chelsea Raybern at (785) 296-0339 or craybern@kdheks.gov.

VPD Indicators Reported from May 1 to May 31, 2014 in Kansas

Indicators	<i>Haemophilus influenzae</i> , invasive	Pertussis	Rubella	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	2	51	1	14	20
% of cases with date of birth	100%	94%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%
% of cases with race	100%	92%	100%	71%	100%
% of cases with ethnicity	100%	94%	100%	64%	90%
% of cases with onset date [‡]	100%	96%	100%	50%	95%
% of cases with hospitalized noted	100%	98%	100%	64%	95%
% of cases with died noted	100%	98%	100%	71%	95%
% of cases with vaccination status*	100%	94%	100%	71% [§]	100%
% of cases with transmission setting [¶]	N/A**	82%	100%	N/A**	85%
% of investigations completed by local health departments ^{§§}	100%	61%	0%	71%	80%
Median # of days from report to case acceptance (range) ^{¶¶}	1 (0-1)	2 (0-36)	3 (3)	5 (0-8)	0 (0-11)

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

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

[§]Indicator is 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.

^{§§}Status includes when local health department completes investigation, approves the case, or when the case is closed by state.

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

Disease	Reported Disease Counts - May 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)	2	0	1	1	0	0	4	2
Brucellosis	0	0	0	1	0	0	1	0
Campylobacteriosis	20	19	1	0	15	0	55	48
Carbapenem-resistant	1	0	0	0	1	2	4	0
Chikungunya Fever	1	0	0	0	0	0	1	0
Cryptosporidiosis	1	2	0	2	0	0	5	9
Ehrlichiosis,	3	6	4	1	0	0	14	7
Giardiasis	3	5	0	0	1	0	9	9
HUS - Hemolytic Uremic Syndrome	0	3	0	1	0	0	4	0
<i>Haemophilus influenzae</i> ,	1	1	0	0	0	0	2	5
Hepatitis A	2	0	2	0	0	0	4	40
Hepatitis B virus infection, chronic	10	2	72	22	0	0	106	39
Hepatitis B, acute	0	0	9	1	0	0	10	9
Hepatitis C virus, past or present	60	52	62	5	4	0	183	174
Hepatitis C, acute	0	1	0	0	0	0	1	2
Influenza	0	2	1	0	0	0	3	0
Legionellosis	4	0	0	0	0	0	4	2
Listeriosis	5	0	0	0	0	0	5	1
Lyme Disease (<i>Borrelia burgdorferi</i>)	16	0	12	1	2	0	31	29
Malaria (<i>Plasmodium</i> spp.)	1	1	0	0	0	0	2	2
Measles (rubeola)	2	0	0	0	0	0	2	3
Meningitis, Bacterial Other	2	0	0	0	0	0	2	2
Mumps	1	0	1	0	0	0	2	5
Norovirus	3	2	0	0	0	0	5	2
Outbreak Case - Unknown Etiology	0	0	0	0	2	0	2	4
Pertussis	33	9	2	4	0	0	48	68
Q Fever (<i>Coxiella burnetii</i>), Acute	1	0	0	0	0	0	1	3
Rabies, animal	6	9	5	1	1	0	22	16
Rubella	1	0	94	0	0	0	95	1
Salmonellosis	1	28	4	0	0	0	33	44
Shiga toxin-producing	2	13	1	0	4	0	20	9
Shigellosis	4	1	0	0	0	0	5	7
Spotted Fever Rickettsiosis (RMSF)	46	0	7	3	0	0	56	45
Streptococcal disease,	0	4	0	0	0	0	4	2
<i>Streptococcus pneumoniae</i> ,	3	10	0	0	0	0	13	14
Transmissible Spongiform Enceph	1	0	0	0	0	0	1	1
Tularemia (<i>Francisella tularensis</i>)	3	1	0	0	1	0	5	3
Varicella (Chickenpox)	13	1	6	7	2	0	29	73
West Nile virus	0	0	9	0	0	0	9	4
Grand Total	252	172	293	50	33	2	802	682

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:

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

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	17	17	100	0
Salmonellosis	7 days	342	336	98	0
<i>E. coli</i> , STEC	7 days	87	85	98	+2
Shigellosis	7 days	33	33	100	0
Tularemia	7 days	19	18	95	+2
Varicella	7 days	286	271	95	0
Botulism	4 hours*	-	-	-	-
Measles	4 hours*	1	0	0	-
Meningococcal disease	4 hours*	1	1	100	0
Pertussis	4 hours*	199	139	70	-2

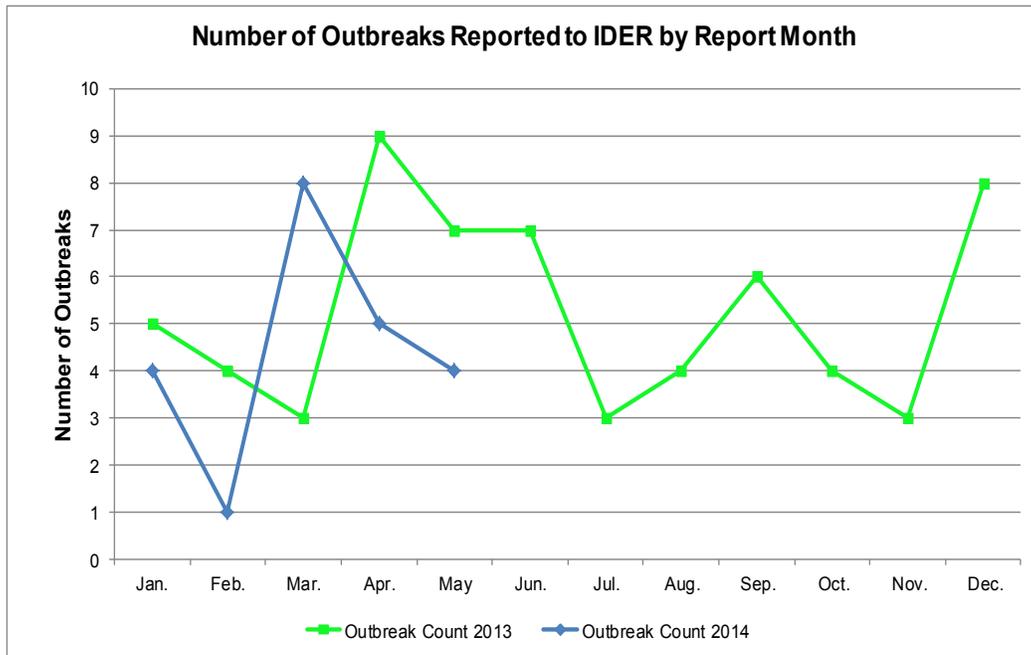
*Because EpiTrax does not capture time reported to public health, KDHE is allowed to "consider cases as immediately reported if the select-ed case event date and date of first report to a health department occur on the same date."

Disease Control

Disease	CDC Required Timeframe	Statewide Received	Statewide Investigated On Time	%	% Change from Previous Month
Hepatitis A	7 days	17	17	100	0
Salmonellosis	3 days	342	276	81	+3
<i>E. coli</i> , STEC	3 days	87	67	77	+7
Shigellosis	3 days*	33	25	76	+2
Tularemia	2 days	19	18	95	+2
Varicella	1 day*	286	253	88	+1
Botulism	1 day	-	-	-	-
Measles	1 day	1	1	100	-
Meningococcal disease	1 day	1	1	100	0
Pertussis	1 day*	199	169	85	-2

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

Monthly Outbreak Summaries



Date Reported	Facility Type	Transmission	Disease	County
5/9/2014	Restaurant	Indeterminate / Other / Unknown	Outbreak Case - Unknown Etiology	Stevens
5/15/2014	Religious Facility	Person-to-Person	Shiga toxin-producing <i>Escherichia coli</i> (STEC)	Harvey
5/16/2014	Child Care Center	Person-to-Person	Shigellosis	Brown
5/19/2014	Restaurant	Food	Outbreak Case - Unknown Etiology	Johnson