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**Hypothermia-related Deaths, Kansas
October 2012—April 2013**

By Henri Menager

During the 2012-2013 cold season, hypothermia was reported as the immediate or contributing cause of death for 13 Kansas residents. The data was collected from death certificates submitted to the Kansas Department of Health and Environment for deaths occurring October 1, 2012 to April 30, 2013. This count may not be final, as some deaths are still being reviewed.

The first death occurred on December 9, 2012 and the last on April 8, 2013. The youngest was 15 years old, and the oldest was 98 years old. There were five women (38.5%) and eight men (61.5%). The average age was 41 for women and 71 for men. At the time of death, four (30.8%) were married and nine (69.2%) were widowed, divorced, or never married.

The place of death was the following: three (23.0%) in a hospital, five (38.5%) at their residence, and five (38.5%) outdoors. All decedents were white non-Hispanic. Of all the decedents, only one (7.7%) had a few college credits, and the remaining 12 (92.3%) had high school level of education or less.

Although preliminary, the above demographic distribution of the decedents this season is consistent with findings from the previous two years in Kansas and with published literature. Hypothermia occurs when the body's core temperature falls below 95° F. The main risk factors include old age, substance abuse, mental illness, and increased contact with substances that promote heat loss, such as water.



Death from hypothermia is highly preventable if sound public health strategies are put in place to prevent accidental exposure to excessive cold.^{1, 2, 3}

1. Centers for Disease Control and Prevention (CDC). Hypothermia-related deaths—United States, 1999-2002 and 2005. *MMWR Morb Mortal Wkly Rep.* 2006 Mar 17;55(10):282-4. PubMed PMID: 16543884.
2. Centers for Disease Control and Prevention (CDC). Hypothermia-related deaths—United States, 2003-2004. *MMWR Morb Mortal Wkly Rep.* 2005 Feb 25;54(7):173-5. PubMed PMID: 15729219.
3. Centers for Disease Control and Prevention (CDC). Hypothermia-related deaths—Philadelphia, 2001, and United States, 1999. *MMWR Morb Mortal Wkly Rep.* 2003 Feb 7;52(5):86-7. PubMed PMID: 12588005.



Vaccine-Preventable Disease Surveillance Indicators Quarterly Report

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 (KDHE) from January 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 indicators, unknown is considered a valid response for transmission setting and if the patient is older than 18 years for vaccination status. This methodology was applied to all VPD cases shown in this report. 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, ethnicity, hospitalization, and death were completed for at least 93% of all VPDs reported from January 1 to March 31, 2013. Local health departments completed investigations for at least 90% of all the reported VPDs. Completeness of vaccination status was more than 90% for all reported diseases except for *Haemophilus influenzae*.

All surveillance indicators were completed for the two influenza-associated pediatric mortality cases, two mumps cases, and one meningococcal case. Completeness of all indicators reached at least 94% for pertussis cases.

Still room for improvement... Completeness of onset date was 67% and 68% for *Haemophilus influenzae* and *Streptococcus pneumoniae* cases, respectively. Transmission setting was completed for only 81% of varicella cases and vaccination status was completed for only 86% of *Haemophilus influenzae* cases.

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

VPD Indicators Reported from January 1, 2013 to March 31, 2013 in Kansas[‡]

Indicators	<i>Haemophilus influenzae</i> , invasive	Influenza-associated Pediatric Mortality	Meningococcal Disease	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	21	2	1	2	65	72	89
% of cases with date of birth	100%	100%	100%	100%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%	100%	100%
% of cases with race	100%	100%	100%	100%	95%	100%	97%
% of cases with ethnicity	100%	100%	100%	100%	95%	93%	93%
% of cases with onset date	67%	100%	100%	100%	94%	68%	93%
% of cases with hospitalized noted	95%	100%	100%	100%	97%	97%	97%
% of cases with died noted	95%	100%	100%	100%	98%	99%	96%
% of cases with vaccination status	86%	100%	100%	100%	97%	92%*	96%
% of cases with transmission setting	N/A§	N/A§	N/A§	100%	95%	N/A§	81%
% of investigations completed by local health departments†	90%	100%	100%	100%	97%	97%	97%

[‡] Indicator regarding median (range) number of days from report to case acceptance is not included in this quarterly report due to some discrepancies that occurred during data extraction for the multiple months. This problem is being addressed.

* Indicator is 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.

Vaccine-Preventable Disease Surveillance Indicators for April 2013

by Chelsea Raybern, MPH

Below are the completeness and quality of specific surveillance indicators for VPDs reported to KDHE from April 1 to April 30, 2013. The bolded percentages represent the indicators that have less than 90% completion. Changes have been made in how the completeness of two indicators (transmission setting and vaccination status) are calculated. Before, fields for completeness of indicators that were marked as unknown or left blank were considered unanswered. Beginning with the March 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, and death were completed for all VPDs reported from April 1 to April 30, 2013. Completeness of hospitalization was at least 95% for all reported VPDs except for *Streptococcus pneumoniae*. All surveillance indicators were completed for the one measles case except for completing the investigation, and all surveillance indicators were completed for the one meningococcal case except for vaccination status. For pertussis cases, all surveillance indicators were completed except for onset date and completed investigations. The median number of days for local health departments to accept *Haemophilus influenzae* and pertussis 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 red represent improvement.

Still room for improvement...Completeness of onset date was less than 90% for more than half of the reported diseases (*Haemophilus influenzae*, pertussis, *Streptococcus pneumoniae*, and varicella) and completeness of this indicator decreased for *Haemophilus influenzae*, pertussis, *Streptococcus pneumoniae*, and varicella, when compared to last month's data. Completed investigations were lower than 90% for more than half of the reported diseases (*Haemophilus influenzae*, measles, pertussis, and varicella) and vaccination status was lower than 90% for *Haemophilus influenzae*, meningococcal disease, and *Streptococcus pneumoniae* cases. Completeness for many of the surveillance indicators for *Streptococcus pneumoniae* declined when compared to last month's data. Even though the median number of days for local health departments to accept *Haemophilus influenzae* cases was zero, the range was zero to 21 days. The median number of days for local health departments to accept *Streptococcus pneumoniae* and varicella cases was one with a range of zero to seven days and zero to 15 days, respectively.

The goal is to reach 90% or higher completion on all indicators, therefore please focus on completing these fields in EpiTrax for all VPDs. 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.

VPD Indicators Reported from April 1, 2013 to April 30, 2013 in Kansas

Indicators	<i>Haemophilus influenzae</i> , Invasive	Measles	Meningococcal disease	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	6	1	1	18	16	39
% 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%	81%	92%
% of cases with ethnicity	100%	100%	100%	100%	81%	92%
% of cases with onset date	67%	100%	100%	89%	69%	82%
% of cases with hospitalized noted	100%	100%	100%	100%	88%	95%
% of cases with died noted	100%	100%	100%	100%	100%	100%
% of cases with vaccination status	83%	100%	0%	100%	81%*	90%
% of cases with transmission setting	N/A§	100%	N/A§	100%	N/A§	85%
% of investigations completed by local health departments†	83%	0%	100%	83%	94%	87%
Median # of days from report to case acceptance (range)‡	0 (0 - 21)	0 (0)	5 (5)	0 (0-4)	1 (0-7)	1 (0-15)

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

§ Indicator field is not included in supplemental disease form.

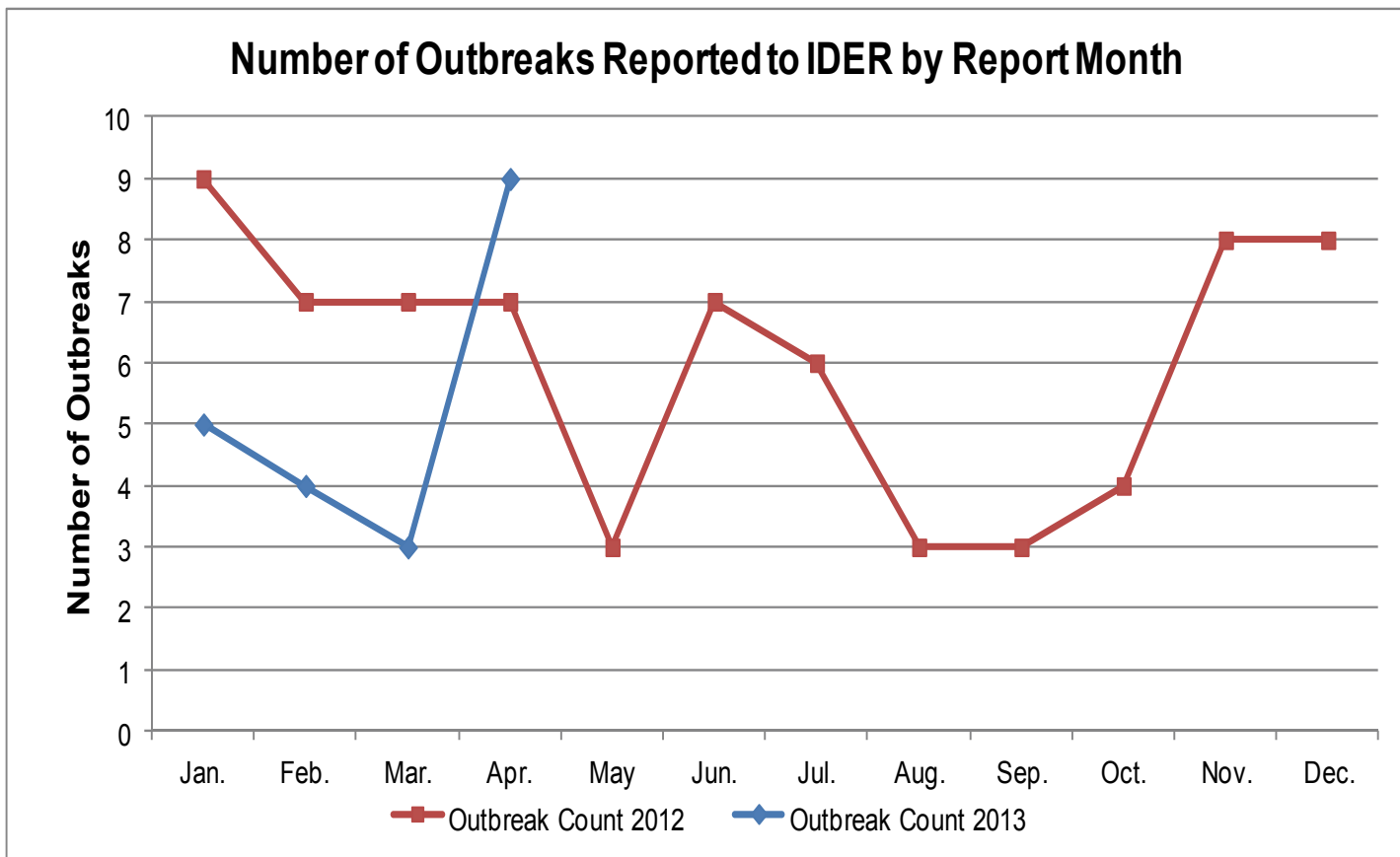
† Status includes when local health department completes investigation, approves the case, or when the case is closed by state.

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

Disease	Month Reported to EpiTrax - April 2013						
	State Case Status					Grand Total	3 Year Average (2010-2012)
	Confirmed	Probable	Suspect	Not a Case	Unassigned		
Count	Count	Count	Count	Count	Count	Count	Count
Botulism, infant	0	0	0	0	1	1	0
Brucellosis	0	0	0	1	1	2	1
Campylobacteriosis	13	1	16	1	28	59	38
Cryptosporidiosis	5	5	0	0	2	12	10
Giardiasis	6	0	0	0	1	7	7
<i>Haemophilus influenzae</i> , invasive disease (Including Hib)	5	0	0	0	1	6	3
Hepatitis A	0	2	0	3	0	5*	35
Hepatitis B Pregnancy Event	0	0	0	0	4	4	6
Hepatitis B virus infection, chronic	1	15	0	13	13	42	38
Hepatitis B virus infection, perinatal	0	0	0	0	1	1	0
Hepatitis B, acute	0	1	0	3	1	5	6
Hepatitis C virus, past or present	60	0	6	35	80	181	159
Hepatitis C, acute	0	0	0	0	2	2	1
Hepatitis Delta co- or super-infection, acute (Hepatitis D)	0	0	0	0	1	1	0
Influenza-associated Pediatric Mortality	1	0	0	0	0	1	0
Listeriosis	0	0	0	1	0	1	0
Lyme Disease (<i>Borrelia burgdorferi</i>)	0	0	0	5	6	11	26
Measles (Rubeola)	0	0	0	1	1	2	3
Meningitis, Bacterial Other	0	0	0	0	2	2	2
Meningococcal disease (<i>Neisseria meningitidis</i>)	1	0	0	0	0	1	0
Norovirus	0	0	0	1	0	1	31
Outbreak Case - Unknown Etiology	2	0	0	0	10	12	1
Pertussis	8	3	0	2	7	20*	39
Rabies, animal	11	0	2	2	4	19	11
Salmonellosis	41	0	0	0	0	41	30
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	7	0	0	0	0	7	10
Shigellosis	5	0	0	0	0	5	12
Spotted Fever Rickettsiosis (RMSF)	0	0	0	4	7	11	16
Streptococcal disease, invasive, Group A	4	0	0	0	0	4	3
Streptococcal disease, invasive, Group B	1	0	0	0	0	1	0
<i>Streptococcus pneumoniae</i> , invasive disease	13	0	0	0	3	16	12
Transmissible Spongiform Enceph (TSE / CJD)	0	0	0	0	2	2	1
Typhoid Fever (<i>Salmonella typhi</i>)	1	0	0	0	0	1	0
Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA)	0	0	0	0	1	1	0
Varicella (Chickenpox)	12	13	0	9	14	48	49
West Nile virus non-neuroinvasive disease	0	0	0	3	0	3	2
Grand Total	197	40	24	84	195	538	

* Hepatitis A antibody totals or negative pertussis labs are no longer received or entered into EpiTrax. Therefore, the counts are going to be lower this year than in the past due to changes in the laboratory entry protocols.

MONTHLY OUTBREAK SUMMARIES



Facility Type	Organism	Transmission	County	Reported Date
Medical Facility	Hepatitis C virus, past or present	Indeterminate/Other/Unknown	Oklahoma	04/01/2013
Other	Cryptosporidiosis	Animal Contact	Thomas	04/03/2013
Private Home	Pertussis	Person-to-Person	Pawnee	04/05/2013
Restaurant	Outbreak Case—Unknown Etiology	Indeterminate/Other/Unknown	Shawnee	04/10/2013
School or College	Scabies	Person-to-Person	Sherman	04/10/2013
School or College	Varicella (Chickenpox)	Person-to-Person	Pottawatomie	04/10/2013
Multistate	Salmonellosis	Animal Contact	Multi-state	04/12/2013
Child Care Center	Varicella (Chickenpox)	Person-to-Person	Shawnee	04/16/2013
Restaurant	Outbreak Case—Unknown Etiology	Food	Shawnee	04/28/2013