Bureau of Epidemiology & Public Health Informatics

Kansas Department of Health and Environment

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Bureau of Epidemiology & Public Health Informatics

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Healthy and Safe Swimming Week: May 18-24, 2015

by Lindsey Martin Webb, MPH

The week before Memorial Day is **Healthy and Safe Swimming Week** (formerly Recreational Water Illness and Injury Awareness Week). This is the ideal time to reach out to public pool operators, residential pool owners, the media, and the general public to promote healthy and safe swimming in your community.

This year's Health and Safe Swimming Week theme is: **Make a Healthy Splash: Share the Fun, Not the Germs**. It focuses on the role of swimmers, aquatics and beach staff, residential pool owners, and public health officials in preventing drowning, pool chemical injuries, and outbreaks of illnesses. The theme highlights swimmer hygiene and the need for swimmers to take an active role in helping to protect themselves and prevent the spread of germs.

Local health departments are ideally situated to raise awareness of recreational water illnesses, to encourage pool operators to take appropriate action to keep people safe and well, and to advocate for healthy and safe swimming. Health departments can utilize the **Healthy and Safe Swimming Week 2015 Toolkit**, which includes community outreach suggestions and a list of resources. Posters on pool safety and swimmer hygiene are available for download from CDC; laminated posters on pool chemical safety can be ordered for free and distributed to swimming pool operators in your community.

Recreational water illnesses (RWIs) are caused by germs spread by swallowing, breathing in mists or aerosols of, or having contact with contaminated water in swimming pools, hot tubs, water parks, water play areas, interactive fountains, lakes, rivers, or oceans. RWIs can also be caused by chemicals in the water or chemicals that evaporate from the water and cause indoor air quality problems. Diarrhea is the most common RWI, and it is often caused by germs like Crypto (short for *Cryptosporidium*), *Giardia*, norovirus, *Shigella*, and *E. coli* O157:H7. Other common RWIs include skin, ear, respiratory, eye, neurologic, and wound infections. Children, pregnant women, and people with weakened immune systems are most at risk for RWIs. Even when properly treated with chemicals, the water can still have germs. Swimmers should follow these **4 easy steps** to help keep germs out of the water and stay healthy:

1. Stay out of the water of water if you have diarrhea.
2. Shower before you get in the water.
3. Do not pee or poop in the water.
4. Do not swallow the water.

A Big Welcome

Please join us in welcoming Mychal Davis. Mychal is the new epidemiologist in charge of vaccine preventable diseases for the Kansas Department of Health and Environment. In his epidemiologist role, he will be responsible for epidemiological consultation and conducting outbreak investigations, among other duties. Mychal was previously employed with Cerner in Kansas City, Missouri, where he was an Analyst. He is originally from Omaha, Nebraska. He attended Kansas State University where he received his Bachelor of Science in Animal Sciences and Masters in Public Health, with a focus in Infectious Diseases.

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 5/7/15

Selected Diseases:

Disease	Case Classification Criteria
Hepatitis A	confirmed
Salmonellosis	confirmed, excluding typhoid fever
E. coli, 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

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Disease Reporting

Disease	KDHE Required Timeframe	Statewide Received	Statewide Received On Time	%	% Change From Previous Month
Hepatitis A	7 days	6	6	100	-
Salmonellosis	7 days	357	351	98	-
E. coli, STEC	7 days	56	56	100	-
Shigellosis	7 days	44	43	97	-
Tularemia	7 days	13	13	100	-
Varicella	7 days	234	214	91	-1
Botulism	4 hours*	-	-	-	-
Measles	4 hours*	10	9	90	-
Meningococcal disease	4 hours*	**2**	**1**	50	**NA**
Pertussis	4 hours*	189	169	89	+1

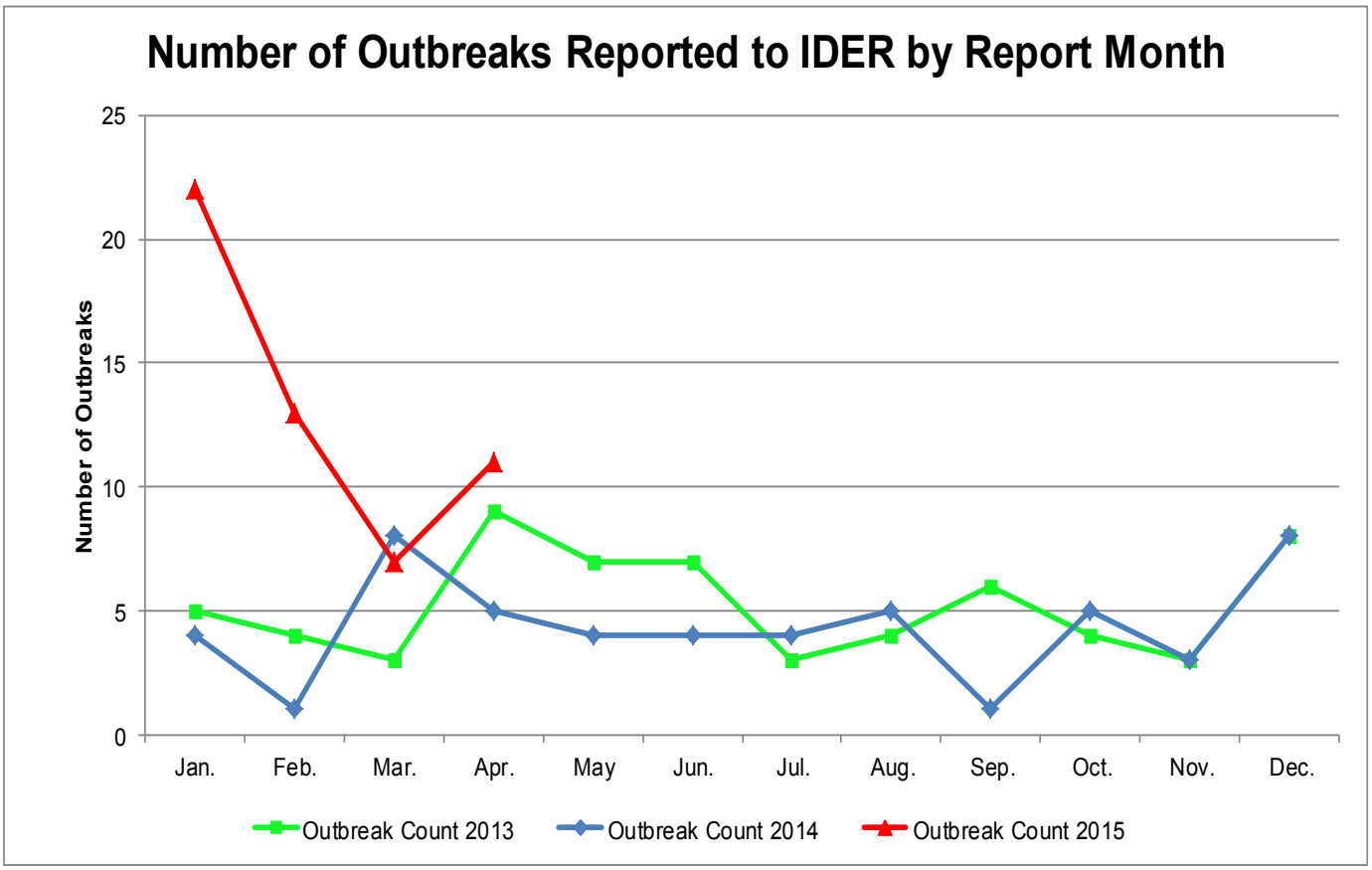
**Because EpiTrax does not capture time reported to public health, KDHE is allowed to "consider cases as immediately reported if the selected case event date and date of first report to a health department occur on the same date."*

Disease Control

Disease	CDC Required Timeframe	Statewide Received	Statewide Investigated On Time	%	% Change From Previous Month
Hepatitis A	7 days	6	6	100	-
Salmonellosis	3 days	357	264	74	-1
E. coli, STEC	3 days	56	44	79	+1
Shigellosis	3 days*	44	33	75	+3
Tularemia	2 days	13	9	75	-
Varicella	1 day*	234	206	88	-
Botulism	1 day	-	-	-	-
Measles	1 day	10	10	100	-
Meningococcal disease	1 day	**2**	**2**	100	**NA**
Pertussis	1 day*	189	153	81	+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
4/2/2015	Restaurant	Indeterminate / Other/ Unknown	Norovirus	Sedgwick
4/7/2015	Adult Care Facility	Person-to-Person	Norovirus	Shawnee
4/9/2015	Restaurant	Food	Unknown Etiology	Saline
4/9/2015	Restaurant	Food	Unknown Etiology	Haskell
4/13/2015	Adult Care Facility	Person-to-Person	Respiratory Syncytial Virus (RSV)	Lyon
4/13/2015	School or College	Person-to-Person	Pertussis	Sedgwick
4/15/2015	Child care center	Person-to-Person	Campylobacteriosis	Reno
4/17/2015	Restaurant	Food	Unknown Etiology	Johnson
4/17/2015	Private Home	Animal Contact	Salmonellosis	Statewide
4/21/2015	Other	Food	Norovirus	Riley
4/29/2015	Other	Person-to-Person	Pertussis	Sedgwick

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 April 1 to April 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! All but two indicators were 100% completed for *Haemophilus influenzae* and the one meningococcal case. The indicators date of birth, gender, race, and ethnicity were greater than 90% completed for all pertussis, *Streptococcus pneumoniae*, and varicella cases. The indicators hospitalized, mortality, and transmission setting were greater than 90% completed for pertussis and varicella cases, and over 90% of these cases were accepted within three days of report to the local health department.

Still room for improvement… Only 50% of reported *Haemophilus influenzae* cases had vaccination status noted or were accepted within three days of report to the LHD. Less than 90% of varicella and *Streptococcus pneumoniae* cases had the onset date noted. Less than 90% of *Streptococcus pneumoniae* cases had information on the indicators hospitalized, mortality, and vaccination. Additionally, less than 90% were accepted and completed within the appropriate time frame. As in previous months, less than 90% of pertussis and varicella cases had completed symptom profile information.

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 April 1 to April 30, 2015 in Kansas

Indicators	*Haemophilus influenzae*, invasive	Meningococcal	Pertussis	*Streptococcus pneumoniae*, invasive	Varicella
Number of reported cases	2	1	32	23	30
% of cases with date of birth	100%	100%	100%	100%	93.3%
% of cases with gender	100%	100%	100%	100%	100%
% of cases with race	100%	100%	100%	91.3%	100%
% of cases with ethnicity	100%	100%	100%	91.3%	93.3%
% of cases with onset date‡	100%	100%	90.6%	**78.3%**	**83.3%**
% of cases with hospitalized noted	100%	100%	96.9%	**82.6%**	93.3%
% of cases with died noted	100%	**0%**	96.9%	**82.6%**	96.7%
% of cases with vaccination status*	**50.0%**	100%	**87.5%**	**82.6%§**	93.3%
% of cases with transmission setting¶	N/A**	**0%**	90.6%	N/A**	90.0%
% of investigations completed by local health departments within 14 days§§	100%	100%	**71.9%**	**82.6%**	**60.0%**
% of cases accepted within 3 days of report to LHD¶¶	**50.0%**	100%	90.6%	**65.2%**	90.0%
Median # of days from report to case acceptance (range)¶¶	8 (2-13)	0 (0)	0 (0-7)	1 (0-32)	0 (0-6)
% of cases with completed symptom profiles	N/A**	N/A**	**81.3%**	N/A**	**33.3%**

*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. For questions, contact Sheri Tubach at stubach@kdheks.gov.

April 2015	State's Total Number of Cases* = 269	
EpiTrax Indicators		
EpiTrax Field	**Number of Cases with Field Completed**	**Percent Completed**
Address City	262	97
Address County	269	100
Address Zip	262	97
Date of Birth	267	99
Died	224	83
Ethnicity†	222	83
Hospitalized	227	84
Occupation	127	47
Onset Date	196	73
Pregnancy††	134	67
Race †	233	87
Sex †	269	100
Date LHD Investigation Started	255	95
Date LHD Investigation Completed	210	78
Persons Interviewed	188	70
Persons Lost to Follow-Up	11	4
Persons Refused Interview	6	2
Persons Not Interviewed	64	24
Performance Measures		
	Number of Cases	**Percent of Cases**
Cases accepted by LHDs for case investigation within three days of report to public health	209	78
Cases that had investigations completed by LHDs within 14 days of report to public health	219	81

* 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.

	Reported Disease Counts - April 2015							
	Not Available	Confirmed	Not a Case	Probable	Suspect	Unknown	Grand Total	3 Year Avg. 2012-2014
Disease	Count	Count	Count	Count	Count	Count	Count	Count
Anaplasma phagocytophilum	1	0	2	0	0	0	**3**	**0**
Campylobacteriosis	19	9	0	22	0	0	**50**	**38**
Carbapenem-resistant Enterobacteriaceae	0	0	0	0	0	1	**1**	**1**
Chikungunya Fever	1	3	0	2	0	0	**6**	**0**
Cryptosporidiosis	1	2	0	1	0	0	**4**	**12**
Dengue	0	0	1	1	0	0	**2**	**0**
Ebola Active Monitoring	6	0	0	0	0	0	**6**	**N/A**
Ehrlichiosis, *Ehrlichia chaffeensis (f. HME)*	5	0	5	0	0	0	**10**	**3**
Ehrlichiosis/Anaplasmosis, undetermined	0	0	1	0	0	0	**1**	**0**
Giardiasis	4	7	0	0	0	0	**11**	**7**
HUS - Hemolytic Uremic Syndrome	0	1	0	0	0	0	**1**	**0**
Haemophilus influenzae, invasive disease	0	2	0	0	0	0	**2**	**4**
Heartland Virus	1	0	0	0	0	0	**1**	**0**
Hepatitis A	0	0	1	2	0	0	**3**	**13**
Hepatitis B virus infection, chronic	7	0	228	22	0	0	**257**	**55**
Hepatitis B, acute	0	0	4	2	0	0	**6**	**7**
Hepatitis C virus, past or present	92	56	85	2	2	0	**237**	**186**
Hepatitis C, acute	0	1	0	0	0	0	**1**	**3**
Influenza	0	2	4	0	0	0	**6**	**2**
Legionellosis	2	1	0	0	0	0	**3**	**2**
Listeriosis	0	0	13	0	0	0	**13**	**0**
Lyme Disease *(Borrelia burgdorferi)*	7	0	5	1	1	0	**14**	**21**
Measles (rubeola)	0	0	2	0	0	0	**2**	**1**
Meningococcal disease (*Neisseria meningitidis)*	0	1	0	0	0	0	**1**	**1**
Mumps	0	0	2	0	0	0	**2**	**2**
Norovirus	0	4	1	0	0	0	**5**	**2**
Outbreak Case - Unknown Etiology	0	0	2	0	3	0	**5**	**11**
Pertussis	19	9	11	1	5	0	**45**	**42**
Rabies, animal	1	21	4	0	0	0	**26**	**22**
Rubella	0	0	35	0	0	0	**35**	**30**
Salmonellosis	2	36	0	0	0	0	**38**	**33**
Shiga toxin-producing *Escherichia coli (STEC)*	3	8	6	0	0	0	**17**	**10**
Shigellosis	0	6	0	0	0	0	**6**	**7**
Spotted Fever Rickettsiosis (RMSF)	9	1	13	5	0	0	**28**	**18**
Streptococcal disease, invasive, Group A	1	8	1	0	0	0	**10**	**5**
Streptococcus pneumoniae, invasive disease	2	21	0	0	0	0	**23**	**15**
Transmissible Spongioform Enceph (TSE / CJD)	1	0	0	0	0	0	**1**	**2**
Tularemia (*Francisella tularensis)*	4	0	0	0	0	0	**4**	**1**
Varicella (Chickenpox)	16	5	16	12	0	0	**49**	**45**
West Nile virus non-neuroinvasive disease	0	0	4	0	0	0	**4**	**3**
Grand Total	**204**	**204**	**446**	**73**	**11**	**1**	**939**	**600**